



Bridging the Trust Divide: Uncovering the Roots of Latinx Mistrust in Healthcare



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Background:

- The PACBE + (Promotoras and Community Based Education) project was designed to assess the levels of trust that the Latinx community in the Central Valley Region places in healthcare services. The project also aims to identify areas for improvements in the patient-provider dynamic and address health disparities in the community.
- Through interviews and focus groups with healthcare workers, community leaders, and members, researchers facilitated discussions about perceptions of trust and the factors that influence it.

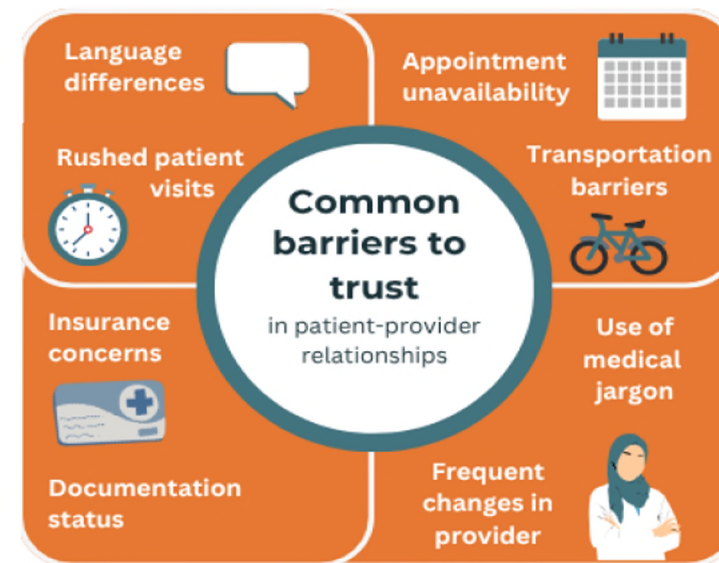
Methodology:

- Participants:**
 - Participants were chosen by Camarena Health, Kaweah Health, and Golden Valley Health Center based on certain eligibility requirements
 - The main requirements were that participants had to be 18 or older, a current or former patient of the health center, and a resident of the San Joaquin Valley
 - Community member participants were from Modesto, Merced, Madera, Lindsay, Exeter, Visalia, Woodlake, and Tulare
- Interviews:**
 - 36 one-on-one interviews were conducted with participants who were health care leaders, physicians, pas, nurses, community care coordinators, behavioral health managers, front desk workers, and medical assistants
- Procedure:**
 - Interviews with health admins, workers, and providers were conducted one-on-one.
 - Interviews were conducted over Zoom in partnership with Camarena Health, Kaweah Health, Golden Valley Health Center, and other locations in the San Joaquin Valley with varying participants

Role of participants	Number of participants involved	Number of focus groups of this type held
Community Health Workers	5-10	4
Community members	6-8	10
All Participants	80	14

Results:

- Patients feel rushed appointments, confusion when scheduling appointments, and complex medical language restrict trust between the patient and their healthcare provider. When doctors take the time to listen and explain medical issues in simpler terms, patients feel more comfortable and valued, which will strengthen trust in the relationship between the provider and patient:
 - "Trust is lost doctors are too fast and try not to hear what patients says to rush to the next appointment" - Spanish CHW Focus Group
 - "Some doctors use technical wording that the ordinary person doesn't use" - Spanish CHW Focus Group
- Limited transportation and inconvenient clinic hours make attending healthcare access difficult for rural patients. Many field workers and those without personal vehicles struggle to access healthcare, emphasizing the need for expanded services such as mobile clinics or flexible appointment hours.
 - "We would need a clinic, maybe a mobile clinic, a small clinic or something that we have there because all the field workers who come home, at 5:00 [pm] in the afternoon, at the time there are no doctors." - English CHW Focus Group
 - "The solution, there would be transportation or a mobile. That would be great. Like for those kinds of rural communities where, today this other doctor came and I'm from this area." - English CHW Focus Group
- Language barriers significantly impact patient trust and understanding. The presence of bilingual healthcare providers and translators ensures patients receive accurate medical information and feel confident about their treatment options.
 - "Having a translator for people that don't share a common language with the doctor to break down in detail what is wrong, what are the options now, what medications, and what can be done." - Spanish CHW Focus Group



Discussion:

- Overall, distrust in medical care involves a complex interaction between:
 - Internal flaws of the healthcare system
 - How patients perceive the quality of their interactions with staff
 - The length and depth of patient-provider relationships
 - The effectiveness of communication between health personnel and in the patient-provider dynamic
- The next steps for this project is to partner with local clinics and utilize the challenges and barriers identified through this study to create programs and initiatives that will directly address expressed patient concerns.

Conclusion:

Addressing the areas of distrust identified by this study can improve individual health outcomes, especially among historically marginalized groups, as well as help reduce the overarching health disparities affecting our communities.

References: References available upon request
Acknowledgements: Translational Research Center, Health Sciences Research Institute