

ADDRESSING MEDICAL MISTRUST TO
Improve Health Outcomes for
People Living with and Impacted by
HIV in the Southern United States



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Understanding Medical Mistrust and Its Implications for the Provision of HIV and STI Services in the Southern United States

As our understanding of medical mistrust (MM) has evolved, we now have a better understanding of how it affects not only racial and ethnic minorities (group-based MM) but also individuals with intersecting, marginalized identities (i.e., Black and disabled). MM is tied to instances of historical harm, such as the non-consensual sterilization of First Nations women and Latinas^{2,3}, and to the current racism and discrimination that Black, Indigenous, and People of Color (BIPOC) and other marginalized communities experience within our current medical and medical research systems⁴. MM encompasses three levels of mistrust: systems (e.g., healthcare system), interpersonal (e.g., healthcare provider and patient), and misinformation (i.e. conspiracy theories)¹. MM can exist within multiple levels simultaneously, creating significant barriers for those seeking care¹.

Health department and community-based (CBO) HIV and STI service programs, located in the South, face challenges when re-establishing trust with clients who have developed mistrust of Western Medicine and medical systems. These challenges include valid and competing narratives to distrust providers and disengage in biomedical interventions (i.e., PrEP) due to medical harms that have historically occurred in the region (e.g., The Sims' experiments on Enslaved persons and The United States Tuskegee Experiment)^{5,6,7}. Additionally, recent changes in legislation that have impacted Medicaid and banned or limited comprehensive sexual health education in state-funded schools, have resulted in individuals having inconsistent and limited access to HIV and STI services and education^{8,9}.



“
...[medical mistrust is] a protective response against the pervasive, interlocking structural inequalities that result in restricted access to resources, including housing, educational opportunities, employment, and healthcare, in addition to daily experiences of racism, stigma and discrimination¹.
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Image credit: Building Healthy Online Communities

Promising Practices from Peers – Reversing Inequity in Mpox Vaccine Distribution in Fulton County, Georgia

From June 17 to August 2, 2022, the Fulton County Board of Health reversed the distribution of the post-exposure vaccination (“PEP¹¹”) for mpox to ensure that most doses went too Black and Latino/x/e gay, bisexual, and men who have sex with men (GBMSM)¹⁰. Black and Latino/x/e GBMSM were most impacted by mpox, making up 70% of the disease burden, while most vaccines, 90%, were going to white GBMSM². During the intervention period Fulton County administered 4,794 first doses of the mpox vaccine⁶. Of those 4,794 first doses non-white individuals received 2,851 (59%) doses, white individuals received 1,865 (39%) doses, and individuals with race unknown received 78 (2%) doses¹⁰.

Fulton County Board of Health partnering with trusted CBOs enabled messaging to be quickly and accurately disseminated to community members and for CBOs to serve as trusted entities for community members to share their hesitation in taking the vaccine. For example, Fulton County learned from their CBO partners that some community members chose not to take the vaccine because of concerns of developing hyperpigmentation as a potential side effect¹⁰. This illustrates that working with trusted community partners can ensure clients’ concerns are known and can be addressed with further education and disseminating accurate information.



The Role of HIV and STI Providers to Re-Establish Trust with Community Members

Southern health departments and CBOs who provide HIV and STI services, play a vital role in re-establishing trust with community members. Trust-building starts with improving patient and provider relationships and making institutional changes.

Acknowledge the harms experienced and reframe medical mistrust as a positive protective factor⁷. Often, providers try to dispel beliefs and provide new information rather than practicing empathy and acknowledging the harm the medical system has caused and its impact on beliefs about HIV and STI services. Additionally, MM should be reframed as a protective factor developed in direct response to the historical harms of the medical system or past experiences seeking services.

Identify areas of institutional racism⁷. Determining how racism is affecting access to care for racial and ethnic minorities can illuminate opportunities to improve care and regain trust among community members. Using a racial equity lens when implementing quality improvement measures can help health departments and CBOs determine opportunities to increase access to services and rebuild trust¹¹.

Hire community liaisons or work with CBOs who are representatives of communities who have experienced or are currently experiencing harm that has resulted in medical mistrust¹⁰. These individuals can be trusted entities for community members to express their concerns about engaging in HIV and STI services. They can also be messengers of accurate medical information, as needed.



Image credit: Building Healthy Online Communities

“
I don't know if it's useful
to try to convince someone
that the government did
not create HIV to kill Black
people. However, I think it's
worthwhile to acknowledge
the hundreds of years of
institutional racism that
make someone think that.” JJ



A Tool to Further Build Capacity:

New York State Department of Health, AIDS Institute HIV Education and Training Programs: [Promoting Health Equity by Addressing Medical Mistrust](#)

This online, self-paced training consists of two separate modules designed to increase physician and non-physician health and human service providers' knowledge of medical negligence and systemic discrimination as a source of medical mistrust and introduce strategies for employing a health equity-informed approach to build current-day trust and engagement in care.

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