

## Educational support materials for ABIM's *Care for the Underserved* Module

### Module #14

Mistrust in physicians and healthcare organizations are believed to be important drivers of disparities in care. Many persons from ethnic minority groups are mindful of the legacy of slavery and racial discrimination that are part of our country's history. Although the abuses of the Tuskegee Syphilis Study have been eliminated through the creation of the Institutional Review Board and better oversight of medical research, some black patients continue to believe that experimentation on black patients, without their knowledge or permission, still occurs. Trust between patients and providers is very beneficial and has been associated with a variety of important outcome including patient satisfaction, adherence to treatment, continuity of care, improved delivery of preventive care, and improved self-reported health.<sup>1-4</sup>

In general, black and white patients are more satisfied with their care when their provider is race concordant (i.e. they are the same race as themselves).<sup>5</sup> Visits with race concordant providers tend to be longer, contain slower speech and are in general more positive. Patients also rate their providers as being more participatory when their provider is race concordant. Interestingly these differences in communication style do not explain the greater satisfaction patients experience in race-concordant visits. However, race concordance is associated with perceived similarity and perceived similarity predicts both patient trust in their provider and satisfaction with care.<sup>6</sup> Patient-centered communication can improve perceived similarity and trust. While the evidence is not extensive, cultural competency training may help to improve provider beliefs and attitudes, provider communication skills, and patient satisfaction with care.<sup>7</sup> Experts believe cultural competency at the level of providers (i.e. the ability to bridge cultural differences to build effective relationships with patients) and organizations (i.e. the ability to meet the needs of diverse groups of patients) may also enhance trust of minority patients, but more studies are needed to document whether or not this is true.<sup>8,9</sup>

*For further information, see the following:*

1. Musa D, Schulz R, Harris R, et al: Trust in the health care system and the use of preventive health services by older black and white adults. *Am J Public Health* 2009;99(7):1293-1299.
2. Thrasher AD, Earp JA, Golin CE, Zimmer CR: Discrimination, distrust, and racial/ethnic disparities in antiretroviral therapy adherence among a national sample of HIV-infected patients. *J Acquir Immune Defic Syndr* 2008;49:84-93.

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3. Jacobs EA, Rolle I, Ferrans CE, et al: Understanding African Americans' views of the trustworthiness of physicians. *J Gen Intern Med* 2006;21:642-647.
4. <http://sgim.org/userfiles/file/SGIM%20DTFES%20Health%20Disparities%20Training%20Guide.pdf> page 4-5, sections 2-3
5. Cooper LA, DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Roter DrPH; Patient-centered communication, ratings of care, and concordance of patient and physician race. *Ann Intern Med* 2003 vol. 139 no. 11 907-915.
6. [Street RL Jr](#), [O'Malley KJ](#), [Cooper LA](#), [Haidet P](#). understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. *Ann Fam Med*. 2008 May-Jun;6(3):198-205.
7. Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A, Smarth C, Jenckes MW, Feuerstein C, Bass EB, Powe NR, Cooper LA. [Cultural competence: a systematic review of health care provider educational interventions](#). *Medical Care*. 2005;43(4):356-373.
8. Fiscella K, Meldrum S, Franks P, Shields CG, Duberstein P, McDaniel SH, Epstein RM. Patient trust: is it related to patient-centered behavior of primary care physicians? *Med Care*. 2004;42(11):1049-55.
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