

Medical mistrust impacts African American men's preventive health, but racism also matters

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Mistrust of health care providers, fueled by painful experiences with racism, makes African American men more likely to delay routine screenings and doctor's appointments, according to a new study in the journal *Behavioral Medicine* by the Health Disparities Institute (HDI) at UConn Health, with potentially serious implications for their overall health.

"Medical mistrust is significantly contributing to delays in African American men utilizing the [health care system](#)," says Dr. Wizdom Powell, the study's lead author, who is HDI director and associate professor in the Department of Psychiatry at UConn School of Medicine.

The new study reports that "medical mistrust"—defined as a suspicion or lack of trust in medical organizations—is associated with delays in African American men's routine health visits, [blood](#)

[pressure](#), and cholesterol screenings. It also found that men who report experiencing frequent everyday racism had higher odds of delaying screenings and routine health care visits. Also, those who perceived racism in health care had more medical mistrust with significantly reduced rates of preventive health care utilization.

"We must address medical mistrust and racism in and outside of health care institutions to increase lifesaving preventive health screenings among the high risk population of African American men," says Powell.

The research study analyzed associations between medical mistrust, perceived racism in health care, everyday racism, and preventive health screening delays. The cross-sectional data of 610 African American men aged 20 years and older was pulled from the African American Men's Health and Social Life study, with the majority of participants surveyed recruited from barbershops in Michigan, Georgia, California, and North Carolina, along with some from academic institutional events between 2003-2009.

For many African American men, that mistrust is rooted in personal experiences with prejudice and discrimination.

"Experience with racism in everyday life also appears to chip away at African American men's health care system trust and utilization," Powell says. "Thus, to improve African American men's health and life expectancy, we must also find ways to dismantle structural racism, as doing so is essential to eliminating long-standing health disparities."

While men, no matter their race, are less likely than women to pursue timely medical care, African

American men's utilization patterns are even more delayed. Historically, African American men delay preventive health care more often than their white male counterparts, while also reporting higher levels of medical mistrust.

This is especially concerning because African American men's [life expectancy](#) at birth is already the shortest of all demographics in the U.S. African American men are at high risk for several conditions including cardiovascular disease, heart attack, and stroke. High blood pressure affects African-American men at a higher rate than any other demographic, along with disproportionate rates of obesity and diabetes. Blood pressure, cholesterol, and other routine health screenings can catch these conditions early enough to make treatment effective, but without that early intervention, the risk of heart attack and stroke increases dramatically.

According to Powell, this new study is one of only a few investigations into the role that [medical mistrust](#) and racism play in the likelihood of African American men seeking out routine preventive health screenings.

"Our findings underscore that delays in preventive health screenings are not just due to lack of [health insurance](#) and access to [health care](#)," says Powell. "Medical mistrust is a big factor deterring African American men from seeking care."

More information: Wizdom Powell et al. Medical Mistrust, Racism, and Delays in Preventive Health Screening Among African-American Men, *Behavioral Medicine* (2019). [DOI:](#) [10.1080/08964289.2019.1585327](https://doi.org/10.1080/08964289.2019.1585327)

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