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Racial/Ethnic Differences in Barriers to Mental Health Care: An Analysis of Illness Concept, Stigma and Cultural Mistrust

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The Principles of Trustworthiness

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Association of American Medical Colleges

Results from the experimental sample indicated that cultural mistrust is a formidable barrier to care, particularly among African and Caribbean Americans.

Chinese participants on the other hand, were particularly mistrustful of mental health professionals, even as they were less mistrustful of doctors overall as compared the interviews that above all, hasty, rushed, non-communicative doctor-patient interactions do not engender confidence in medical professionals. While some of the

Mistrust of the healthcare system erects a powerful barrier to mental health care for Black Americans and is rooted in notions of self-reliance and a history of iatrogenic care. Interventions should be designed to specifically address this mistrust and further research undertaken to delineate culturally relevant myths, histories and experiences in order to best deconstruct this barrier. Furthermore, the new healthcare

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AAMC Strategic Plan

Benfer EA. Health Justice: A Framework (and Call to Action) for the Elimination of Health Inequity and Social Injustice. Am Univ Law Rev. 2015;65(2):275-351. PMID: 28221739

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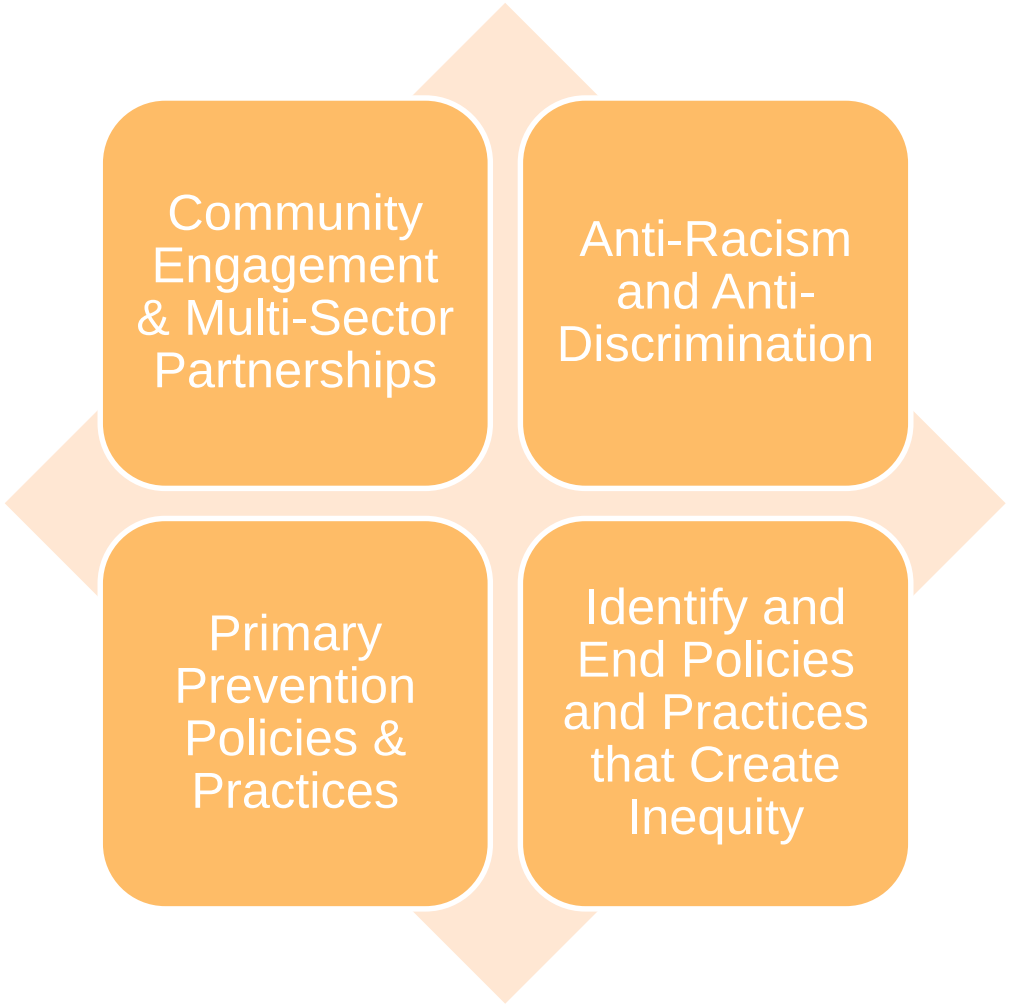

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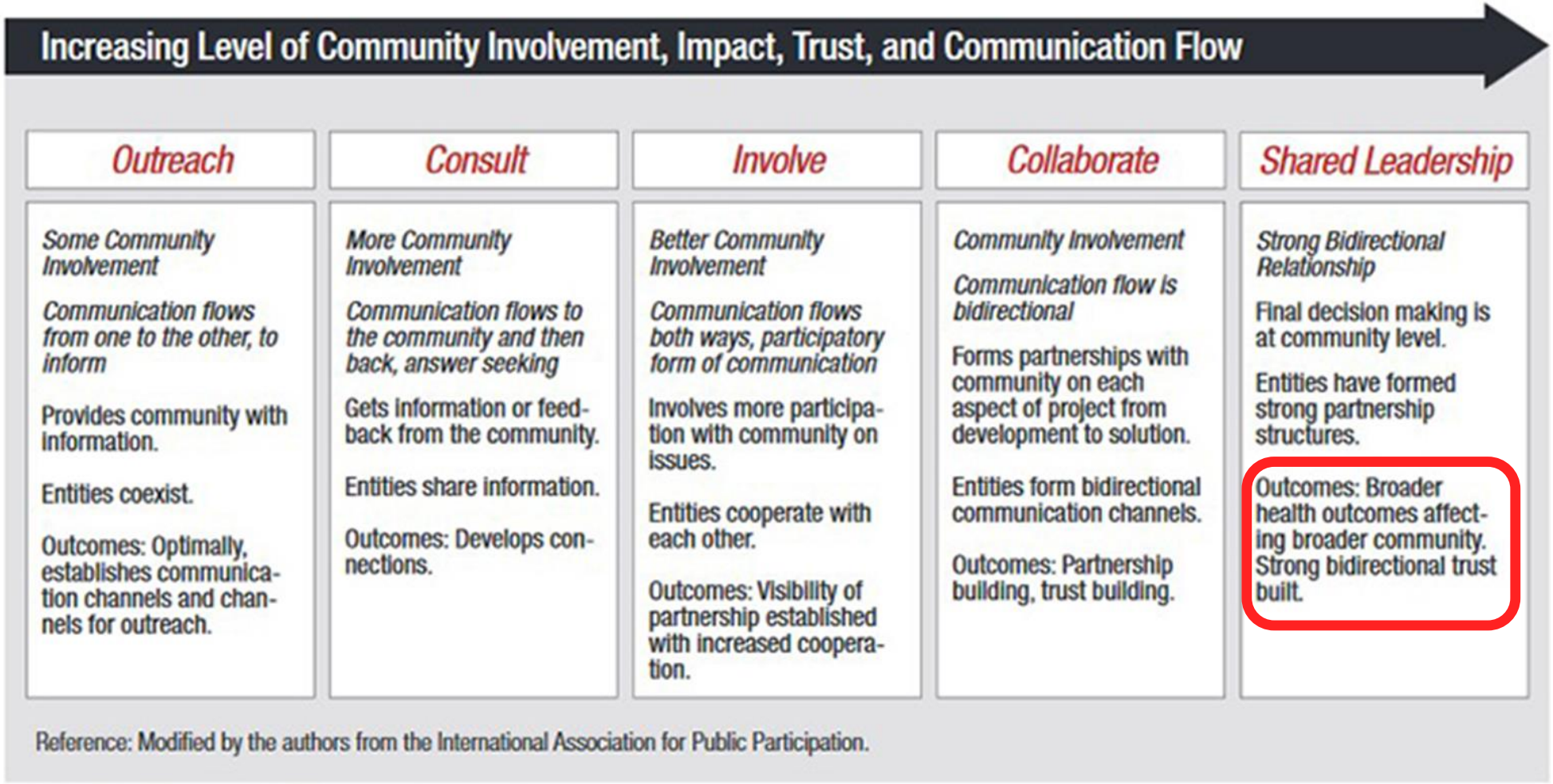

Figure 1.1. Community Engagement Continuum

Centers for Disease Control and Prevention. Principles of community engagement (2nd ed.) Atlanta (GA): CDC/ATSDR Committee on Community Engagement; 2011, pg.22.

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Community Engagement Toolkits

Communities, Social Justice, and Academic Medical Centers

Events from 2015 in Baltimore and elsewhere rekindled the national dialogue about social injustice. Let's work together to develop concrete actions that an individual, an institution, or the AAMC can take to address social determinants and health inequities.

Community Engagement, Precision Medicine, and Native Health

The 2017 AAMC Community Engagement Toolkit features presentations, discussion questions, and interviews with 17 urban-dwelling Native Americans that academic health centers can use to engage their communities in dialogue about the perceived risks and benefits of participating in the NIH All of Us Research Program and other research efforts. The All of Us Research Program was designed to deploy genetic, clinical, behavioral, and social data to deliver the right treatment to the right patient at the right time.

Social Justice Behind and Beyond the Bars: Criminal Justice, Health, and Academic Medicine

The 2018 AAMC Social Justice Behind and Beyond the Bars: Criminal Justice Health and Academic Medicine Community Engagement Toolkit features videos, resources, discussion questions that community members and academic health centers can use to:

Achieving Health Equity and Social Justice for Newly Arrived Immigrants in Arizona and Beyond

The 2019 Achieving Health Equity and Social Justice for Newly Arrived Immigrants in Arizona and Beyond Community Engagement Toolkit features videos and resources that community members and academic health centers can use to:

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Why Trustworthiness, Why Now?

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CHARGE

Collaborative for Health Equity: Act, Research, Generate Evidence

- 1000+ Participants
- Open to all
- “Professional Achievement”
- Policy Engagement
- Conduit to Local Communities
- Core Center component

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Methods

RFA for CHARGE collaborators with qualitative, interview experience

- 9 CHARGE members from 6 states + DC

Socially distanced strategies:

- Zoom, Dropbox
- Virtual trainings and co-development of materials
- Digital photos of consent docs, mailed/emailed incentives

3-way partnership (AAMC, CHARGE, Community members) on all deliverables

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AAMC Principles of Trustworthiness

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1

The community is already educated; that's why it doesn't trust you.

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2

You are not the only experts.

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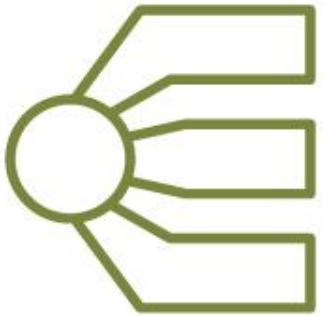
3

Without action, your organizational pledge is only performance.



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4

An office of community engagement is insufficient.

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5

It doesn't start or end with a community advisory board.

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6

Diversity is more than skin deep.

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7

There's more than one gay bar, one "Black church," and one bodega in your community.

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8

Show your work.

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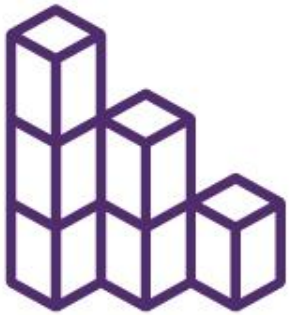
9

If you're gonna do it, take your time, do it right.



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10

The project may be over, but the work is not.

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Toolkit At a Gl
10 Principles o

Community Engagement Reflection Guide

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Deserving trust is crucial to equitably partner with the co
health justice.

Remember, though, **the process of engagement is as imp**
that community stakeholders endorse as the guiding com

1 **The community is already ed**
Words matter. Be mindful of how you frar
the community has. Mistrust is a rational
and will ask when it thinks you have answ

2 **You are not the only experts.**
People closest to injustice are also those
organization and, even if it is, there's a pc
survival tactics and strategies for decad

3 **Without action, your organiz**
Walk the walk, please. Deploy resources.
network or coalition of experts to be resp
Be authentic. Don't just say you're commi

4 **An office of community enga**
One full-time employee doesn't cut it. Don
Trustworthiness is not a "minority tax"; w
as such, should be acknowledged, incent

5 **It doesn't start or end with a**
Running your thoughts by a group of self
streets to get some unfiltered opinions. A
Make it clear to all you've done so, and ex

Community engagement is an iterative, on-going, long-term investment that is foundational to the work of demonstrating trustworthiness. It's more than building trust in one project or community interaction, but rather building trust in the organization and in the system.

Use this guide for personal self-reflection or as a tool to help your organization reflect upon all *10 Principles of Trustworthiness* as you engage with your community.

10 Principles of Trustworthiness
Principle 1 – The community is already educated, that's why it doesn't trust you. **Key Behavior: Respect and Responsibility** • How are we communicating with the community as a dialogue between equals, instead of a one-way lesson? • How do we take the time to understand local knowledge, history and its ramifications? • How do we ask the community what is needed rather than assume?
Principle 2 – You are not the only expert. **Key Behavior: Humility** • How are you using language that conveys superiority or an "us versus them" mentality? • In what ways are you partnering or trying to "lead" the coalition'? • Can you point to concrete ways you're incorporating community expertise into your work?
Principle 3 – Without action, your organizational pledge is only performance. **Key Behavior: Authenticity** • How are we following up our words with meaningful action? • How does our plan for action hold organizational leadership accountable? • How is our plan for action and related evaluation co-developed with the community?

Working Sessions and Evaluation

Facilitators:

Etsemaye P. Agonafer, MD, MPH, MS
Assistant Professor, Department of Health System Science
Kaiser Permanente Bernard J. Tyson School of Medicine

Maranda Ward, EdD, MPH
Assistant Professor
The George Washington University School of Medicine and Health Sciences

Wednesday, June 30, 2021
1:30 – 3:00 p.m. ET
REGISTER NOW

Tuesday, July 20, 2021
12:30 – 2:00 p.m. ET
REGISTER NOW

- Hear from early adopters
- Share inspiring practices
- Share challenges
- Share tools
- Discuss evaluation strategies
- Suggest Toolkit improvements

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Thank you!

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