ABSTRACT# 42

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Title: Trust and Healthcare: A qualitative analysis of trust in Spanish and English language group well-child care
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Background: Trust, in the healthcare setting, is defined as the optimistic belief that providers and systems serve patient’s best interest. It is a multidimensional concept including competence, and value congruence, and exists due to patient vulnerability. Trust has been demonstrated to impact healthcare utilization. In pediatric patients, trust is key for strong and effective provider-patient relationships though Black and Hispanic parents of children have lower trust in their physicians when compared to non-Hispanic white parents. Group well-child care (GWCC) is a model of care redesign that has been associated with increased trust among participants, and has demonstrated efficacy in serving black and Hispanic as well as and low socioeconomic families. This study aimed to describe themes related to trust among parents who participated in both English and Spanish language GWCC.

Methods: GWCC includes a 90-minute health care visit in the first year of life that takes place instead of traditional well-child care. We performed purposeful interview sampling of parents who participated in either Spanish or English Language GWCC at the Yale Primary Care Center from 2016-2017 using a semi-structured interview guide. Directed content analysis was performed using a theoretical framework for trust in healthcare.

Results: Twenty interviews were performed in total with half being parents in each Spanish and English GWCC. A majority of parents participating were mothers (81%), hispanic/latinx (56%) and 39% participated with their first liveborn child. Three themes related to trust and GWCC emerged: 1) group dynamic flattens traditional hierarchies in care, 2) opportunity for cross-validation and triangulation of information, and 3) structural competency from providers and the healthcare system is associated with trust.

Conclusions: As healthcare is redesigned strategies to increase trust in healthcare for minority patients is important to achieve the triple aim of less per capita cost, greater population health and better patient experience. In this study we characterize how trust works in the GWCC setting, and facilitates structurally competent care for families.

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