



LEADERSHIP CORNER

FOSTERING MEDICAL TRUST IN PRIMARY CARE



At the 2025 CTC-RI Annual Conference, Cheryl R. Harding and Dr. Katherine Gergen Barnett shared a powerful presentation on medical mistrust and why it remains one of the most persistent and influential social determinants of health. Their session offered Rhode Island leaders a clear message: trust is not a soft concept. It is measurable, it is actionable, and it directly affects patient outcomes across chronic disease, cancer screening, medication adherence, and engagement in care.

Why Medical Trust Matters

Dr. Katherine Gergen Barnett, a longtime primary care leader, researcher, and policy advocate at Boston Medical Center, and Cheryl Harding, a community strategist focused on building trust between institutions and BIPOC communities, outlined how two decades of evidence link medical mistrust with lower use of care, poorer chronic disease management, reduced cancer screening, and strained patient-provider relationships. These patterns directly affect outcomes in diabetes, hypertension, and HIV care. Their message for leaders was clear: strong clinical care is not enough if patients do not trust the system or the people delivering care.

What the Data Shows

Using MHQP's 2025 Trust Composite Score, the speakers noted that Black, Asian, and Hispanic patients report lower trust in their providers compared to white patients. These gaps reflect long-standing inequities and call for intentional strategies to rebuild trust at both the system and practice levels.

Community Partnerships as a Path Forward

The presentation emphasized elevating community voices as a core strategy. Examples included restorative justice circles, community-led storytelling, empathy and communication workshops, and trust roundtables designed to help providers and community members define what trustworthy care looks like. These approaches create space for honest conversations about harm, expectations, and shared problem-solving.

You can learn more by visiting the [CTC-RI Annual Conference landing page](#), where the full [presentation slides](#) and [session recording](#) are available.

What Patients Say Builds Trust

Collaboration

- Find shared goals
- Do not rush to conclusions or care plans
- Avoid assumptions about non-adherence

Valuing Time

- Acknowledge delays
- Offer follow-up options, including telehealth
- Address transportation and other logistical challenges

What This Means for Rhode Island

As Rhode Island advances value-based care, health equity, and primary care transformation, trust must remain central. Leaders can strengthen this work by adding trust measures to dashboards, deepening community engagement, supporting communication-focused training, and creating meaningful roles for patients in improvement efforts.

The speakers' conclusion was simple: Improving trust is not optional. It is essential to delivering high-quality, equitable care in every community across the state.

Leadership Takeaways for Rhode Island

- Trust is measurable and should be tracked using tools like the Trust Composite Score to identify disparities and guide improvement.
- Building trust requires investment in communication skills, organizational culture, and community relationships.
- Community members must be treated as experts whose stories provide insight that data alone cannot capture.
- Systems should "measure what they treasure," making trust a routine part of quality and equity work.