

# Trust in Clinicians

## Older Adults' Needs

To have trust in their healthcare, older adults need clinicians who take time, communicate clearly, relate to them personally, and respect their autonomy.

## Insight for Action

The complex and sometimes insensitive character of healthcare makes older adults value clinicians who validate their experiences and priorities, while enabling their sense of autonomy in decision-making.

## Policy Perspectives

The hallmarks of building trust—attentive listening, clear communication, patience, reliability, and cultural competence and concordance—are often not aligned with medical incentives. Instead, the current system prioritizes volume of visits and focuses on administrative reporting. As a result, clinicians lack the time and space to build rapport with older adults seeking medical care. Healthcare professionals should be incentivized to build trust and long-standing, meaningful relationships that can lead to positive health outcomes and downstream cost-effectiveness<sup>1</sup>.

Policy actions, including reimbursement enhancements, that reward empathetic and engaging primary care should be pursued in the context of broader physician payment and practice reforms. Changes to higher education and medical school—from recruitment and admission practices to curricula—are also needed to increase the numbers and diversity of the workforce trained and practicing in primary care to create a pipeline of health care professionals who reflect the identities and experiences of their patients.

<sup>1</sup> Carter, Julie. "New Studies on Access to Mental Health and Substance Use Disorder Care Highlight the Need for Parity in Medicare." Medicare Rights Center, August 24, 2023.

## Hear from Older Adults

### THEMES

- There is wariness among people of marginalized identities about discrimination, inequitable care, and mistreatment in healthcare settings.
- Many older adults are wary of being overprescribed.
- There is a common desire for clinicians who take time to listen and relate personally.
- There is a common desire for clinicians who communicate clearly.
- Many older adults prioritize clinicians who share their race, culture, gender, language, or faith.
- There is a common desire for clinicians who respect an individual's wishes and perspective about their care.
- Some desire naturopathic care in balance with Western medicine.
- Many see root cause for their dissatisfactions in the consolidation of health systems.
- What helps?

“ I trust a doctor if he can sit down and tell me what he think is wrong and explain it to me and not explain it with these words that are 16 digits long. ”

**Theme:** here is a common desire for clinicians who communicate clearly.



**Sam**

71-75, Man, Rural Iowa,  
Below 138% FPL,  
Medicare Advantage

[▶ Video](#) [▶ Profile](#)



### Daniela

65-70, Woman, Suburban Pennsylvania, Below 138% FPL, Traditional Medicare

She is reluctant to go seek medical help sometimes because she doesn't want to be mistreated based on race. "You go to the emergency room, and you sit in there for hours while other people just walk in off the street, and due to color, they get called and get seen and get a doctor and go upstairs and get admitted and everything else, and you're still sitting in the waiting room.... That makes you not want to go. Because I've seen that happen plenty of times with myself."

**Theme:** There is wariness among people of marginalized identities about discrimination, inequitable care, and mistreatment in healthcare settings.

➤ [Video](#)  
➤ [Profile](#)



### Tony

71-75, Man, Urban Alabama, Below 138% FPL, Traditional Medicare

"I ain't never been to a good... doctor. [If I were to go to a good doctor] I'd smile and be happy.... The doctors, they can do a lot for you if you want to. If you want to. Sometimes the doctors just give you some pills. And they ain't going to tell you [if] you're going to feel good after you take this pill.... They ain't never tell you how you feel, when you take them pills. They just give you them pills."

**Theme:** Many older adults are wary of being overprescribed.

➤ [Video](#)  
➤ [Profile](#)



### Jodie

65-70, Woman, Rural Iowa, 138-400% FPL, Traditional Medicare and Federal/State/Union Insurance

"Sometimes it's more of a sense of feeling like [doctors are] actually listening to you, rather than just you feel like you're being patted on the head and directed back to the door. It's [about] good communication and feeling like you can tell your doctor anything and everything that's going on and they're going to not only listen but care. That makes a big difference."

**Theme:** There is a common desire for clinicians who take time to listen and relate personally.

➤ [Video](#)  
➤ [Profile](#)



### Harriet

71-75, Woman, Urban Alabama, Below 138% FPL, Medicaid & Medicare (Dual Eligible)

"Sometimes you go to some doctors, they never sit down. They just come in here and say one or two words and, gone.... But my doctor that I got now... he gets his stool and sit right there in front of you. And we talk and he asks [me if there's] anything else [I] want to know? What was this and what's that. But, when they sit down and act like you family, sit down and talk to you instead of running in and just up and gone. And you hadn't answered nothing!"

**Theme:** What helps?

➤ [Video](#)  
➤ [Profile](#)



### Sherrie

Caregiver, 71-75, Woman, Urban Alabama

"Being of color, you wanna see your own doctors. Because they know.... And sometimes a white doctor to me, they don't know the different things about our culture.... And then I like a woman doctor sometimes too."

**Theme:** Many older adults prioritize clinicians who share their race, culture, gender, language, or faith.

➤ [Video](#)  
➤ [Profile](#)

## RELATED RESEARCH

Lopez, Steve. Columnist Steve Lopez's series on California's aging population. Accessed July 8, 2024. <https://www.latimes.com/california/story/columnist-steve-lopez-series-on-californias-aging-population>.

Gonzalez, Dulce, Genevieve M. Kenney, Marla McDaniel, and Claire O'Brien. "Racial, Ethnic, and Language Concordance between Patients and Their Usual Health Care Providers." Urban Institute, March 2022. <https://www.urban.org/sites/default/files/2022-03/racial-ethnic-and-language-concordance-between-patients-and-providers.pdf>.

Fuehrer, Sheryl, Amy Weil, Lars G Osterberg, Donna M Zulman, Matthew R Meunier, and Rachel Schwartz. "Building Authentic Connection in the Patient-Physician Relationship." Journal of Primary Care & Community Health, Jan-Dec 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10823846>.

Hamel, Liz, Ana Gonzalez-Barrera, Marley Presiado, Nancy Ochieng, Juliette Cubanski, and Tricia Neuman. "Five Facts about Older Adults' Health Care Experiences by Race and Ethnicity." Kaiser Family Foundation, April 29, 2024. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/older-adults-health-care-experiences-by-race-ethnicity>.

➤ Visit [thepeoplesay.org](https://thepeoplesay.org) to watch videos of older adults sharing their aspirations for later life firsthand.

**The People Say** is a qualitative database designed to help policymakers hear the voices of the public when shaping policy. The database features first-hand insights from a diverse group of older adults and caregivers, as well as feedback from experts on policies affecting older adults. This initiative is a collaboration between the Public Policy Lab and The SCAN Foundation.