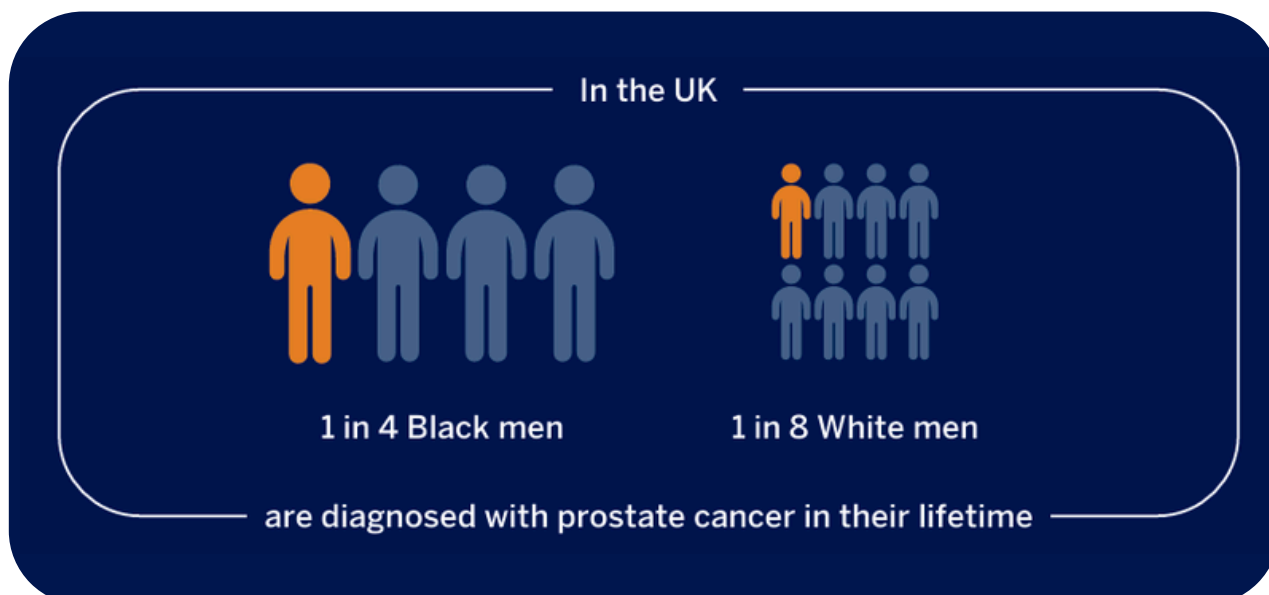


## A Summary

### Key Context

Black communities in the UK face long-standing health inequalities, including a 1 in 4 lifetime risk of prostate cancer for Black men. Trust influences whether people seek care, feel listened to, or participate in research. This project explored how trust in healthcare and research is built and can be broken down for Black communities in the UK.



### How we conducted the research



*AstraZeneca has provided sponsorship towards the evidence gathering, reporting and pilot testing phases of this independent programme and has had no involvement in its creation or organisation.*

# What we found out

## **Overall racism ‘weathers’ people**

Workshop participants described positive care, as well as experiences of being dismissed or misdiagnosed. Nearly one in three avoided seeking care after a negative experience. People connected poor care to broader inequalities in housing, education, and employment. Experts highlighted the impact of weathering. Weathering describes how people have to live with the effects of racism every day, and that builds up to affect long-term health.

## **People are trusted – but their institutions aren’t**

People often trusted individual clinicians, but not the wider system. Many linked distrust to historic and ongoing inequalities, including the Windrush scandal. Trust depended on continuity of care, fairness, and transparency. Trust was viewed as a judgement based on honesty and consistency.

## **Authenticity, not tokenism**

Representation within the healthcare setting helped people feel more comfortable, but communities stressed that empathy, communication, and competence mattered more than shared identity alone. Without structural change, representation risks feeling tokenistic. Experts called for co-production of services and long-term investment to ensure meaningful change.

## **The power of communication**

Communication was the strongest driver of trust. People relied more on family and intergenerational storytelling, friends, faith leaders, barbers, and local advocates than on official messages. Good communication was clear, culturally relevant, and created together with, not for, communities. Poor communication eroded trust quickly.

# Recommendations

## **Strengthening community partnerships for sustainability and research**

Work closely with trusted community organisations to build stable, long-term partnerships. This includes funding, training, leadership development, and shared access to data platforms such as Prostate Progress.

## **Trust-building clinics and drop-in sessions**

Create Community Trust Hubs in familiar local spaces such as churches, mosques, and community centres. These hubs can provide drop-in sessions with clinicians, help with NHS navigation, culturally relevant health events, and opportunities to share experiences that feed back into system improvements.

## **Cultural responsiveness training and engagement**

Introduce ongoing, mandatory cultural responsiveness training for healthcare and research staff, which can be incorporated into existing CPD programmes. Training should include historical context, reflective practice, communication skills, and co-production with communities.

## **Amplify local voices in health messaging**

Ensure health messages are co-created with communities, using familiar language, cultural references, and trusted local messengers. Materials should include both simple summaries and detailed information and should include photographs that represent Black healthcare professionals and patients, ensuring diversity and inclusion are reflected.

## **Trust and accountability reporting**

Develop a public Trust & Equity Index to track progress on representation, communication, engagement, and responsiveness. Publishing this annually promotes transparency and helps rebuild trust.



Scan this QR code to read the full report