“Who Can You Trust” MPHA Policy Forum

May 3, 2018…in the community?

Welcome- Becky Sechrist, MPHA President

Moderator- Ken Bence

Panelist Introductions:

Kim Boyd: I’ve been thinking about who I grew up trusting in my community. I trusted all my elders and probably police officers. In my position, why should I expect people to trust me? Just because I wear a uniform? No way, especially not today.

Lisa Juliar: Representing MAPS, which put out a study that found 98,000 people die in hospitals each year due to error. When healthcare providers partner, we all benefit, the health outcomes are better, costs are lower, staff are happier. When you think about all of the mistakes that are made- healthcare workers do not go into the system to harm- they go in wanted to care for and heal people, but it is a system issue. When thinking about systems and consumers I thought about one of my favorite quotes. “Outsiders tend to be the first to recognize the inadequacies of our social institutions. But, precisely because they are outsiders, they are usually in a poor position to fix them.” -- Atul Gawande When I think about trust, some of the things that I think are really important are full transparency, being really honest with our colleagues and the people that we serve. Shared decision making is kind of a medical term, but coming together and sharing information and allowing people to make decisions for themselves. Also a sense of humbleness, from all directions, in that we all have things to learn from each other. People in the communities are experts in who they are and what they know and their values. The need for respectfulness goes without saying. Also being inclusive and inviting people into the system to partner with us- having a seat at the table, listening to stories and experiences.
Hellen Keller, “Alone we can do so little, together we can do so much”

Farhiya Farah: I wear numerous hats, right now I work as a public health consultant. I have worked in academia and government and I have seen both superb examples of how trust is built and terrible examples of how trust is destroyed. Recently read the book by Judith Glaser, “How Great Leaders Build Trust and Get Extraordinary Results”. One of the projects that I work on, one of my favorite, has been a cultural consultant.

Q&A: “Lisa you raised a topic of respect. Farhiya, you mentioned how you’ve seen both sides of the trust equation. I’m interested in your perspective on how trust is broken”

FF: There is numerous evidence to that. When we fail to create inclusive policy and practices in the programs. When there is no shared safe space. It is okay to disagree, but when you disagree there are no negative consequences. Mistrust is an unintentional consequence. When

conversations are had and there is no room for reflective listen misinterpretation can occur. Whereas the space to do so creates trust.

Ken B: Thank you, that goes back to what you touched on Lisa with Informed decision making and mutual respect in decision making. Any further comment on that?

LJ: Providers determining what patient and families should hear. Patients expect to hear all of the information and not monitored bits. One of the things that may create some distrust, providers want to know what to do with noncompliant patients- who is to say that they are not compliant and with what? I have my personal story in which I decided to not treat cancer with radiation and was labeled in big red as noncompliant. It turns out that I was misdiagnosed and had made the right decision. Providers have been trained to be experts and they know what to do for everyone. We are asking now to change the mindset- patients have their personal expert knowledge about their lives and what they choose to treat or not treat.

Ken B: Trust vs.fear- how do you see that evolving as you've been working in schools over the years?

Kim B: It's all about experience. I still have the feeling that I will get pulled over and get a ticket when there is another officer behind me. One example is when a student has had something stolen from a locker. If I tell them that I will look into it and follow up I need to be accountable to my word. I need to know my role. I need to know how to do it well. What good is it if I tell a parent I will follow up on their child's stolen shoes and I don't.

Ken B: How do you respond when you have felt a lack of trust?

Kim B: Lisa commented on it by being open- people have to be able to see you as a person also. Be real, be fair, be honest. That's where I'm at with building trust with parents. I can only speak to my experiences. I wear a uniform and a badge, but that is not what defines me. You have to get to know your officers as people too. It's our responsibility to show that we are people, especially working in schools. Admitting when you are wrong also helps build trust.

Ken B: How do you coach or consult with how to interact with community leaders?

FF: This is very difficult because the culture. I am not an expert on the Somali culture, but I will share my perspective and view. What I have found that works really well, is to have unrestricted agenda where the task is vigorous. It's difficult for the operator to know where the system of the processes miss communications- when it is not well aligned to the outcome that they are looking for. For example, I worked with Jewish family services and they have numerous social workers that go into the home to assess needs. More likely they are coming out, using the tools, with results that do not fit the actual situation or true reality. The tools are not reflective of the ways of being of the person and therefore not able to give the assessment that they are looking for. This really describes the power of a cultural consultant. In the US it is

looked highly upon and elder that is independent and can care for themselves, whereas in Somali culture the elderly is supposed to be cared for-that is how respect is manifested. One of the assessments is orientation of time and place- what is the name of this city or street? They may be using a different calendar, or time frame. A whole different way of being. You are not asking the right questions- false positives.

Ken B: You did a great job of introducing the value of independence in our culture- you all mentioned that you are parents- what is your perspective on how we arm our kids on how to discern what information is trust worthy or reliable.

FF: If I was in charge of the SPH- health communication has become fundamental. Get out of your comfort zone- none of MDH material said the term "autism" which was the problem. It was not called it due to playing it safe. They had the right material, but they were not first with the material. Damage control is huge. It is important to not shy away from difficult dialogues and to appropriately target the audience and both understand and relate to their beliefs. Moving forward we need to have providers that are bold, courageous, open, and hit on issues and spread info on social media just as readily as those that are spreading false information.

LJ: I sit at a table with multiple professionals and they do not all agree. When I think about kids, I teach my own kids to advocate for themselves- to believe in what they want to believe in and to stand strong for that. I also am a model that just because someone has a degree or wears a uniform they are not always right. It starts with a relationship. You cannot just use a roadmap or a checklist. Ask questions to learn and understand more, then you can come up with your own conclusions, which also may change over time.

Kim B: I agree with Lisa, for me I do not trust people in general, especially not social media. It is so important for your children to listen to what they believe in and to stand strong. For example, during the school walkouts I would ask students, "Are you walking out to just get out of class or do you know what you're doing and what you believe in." Kids are inundated on what is supposed to be right and what is supposed to be wrong based on other people's opinions.

Questions from the group discussion-

"Do we need to change based on the cultural understanding of those that we interact with?"

Kim B: In our community, we are very diverse and as officers we don't always know what we are walking into as far as what people expect. We have been looking to learn more about our community members by holding cultural community nights. In our current climate, people in the Hispanic community people are afraid to call the police and fear being deported.

LJ: In the job I do we start to create a lot of advisory councils- a lot of those councils end up being retired, white females, period. When they reach out to other communities they are

rejected. In other communities, “What would it take to trust?” If we don’t start there then we are making a lot of assumptions.

FF: A couple years ago I participated in a study with DHS, in that study there were 3 questions that were asked 1. How well qualified are your providers in your opinion? The overwhelming response with the Hispanic community was yes. 2. Are they capable of finding what ails you? Also, almost all said yes. 3. Are they able to treat you? Only about 5% said yes. That is mistrust.

Those are some of the issues, why do you feel that way? In my experience, it is lack of relatedness. The more that I can relate to you, the stronger the trust is between us. When those opportunities do not come up.

“Little Earth mass shooting- why is this incidence not getting the coverage that others do? How do our own implicit bias impact our jobs?”

LJ: Speaking from my experience, the stories that are least told are the ones involving people of disabilities. When I approach a new population, I assume competence and understanding. Everything feels that they are not important if they are not highlighted in the media. I don’t read the news for those reasons. When you are learning in the communities you are learning a lot more about those people at the ground level. I have found that I get a wider breath of information by watching “news” via social media from targeted sources. I also spend a lot of time in community.

FF: It worries me where information, and the way information is being sorted, is headed. We are in a world where there are algorithms are working behind the scenes. I feel that the biggest solution is workforce. Not having a workforce that is not reflective of the communities.

Kim B: They think of it as common place and that is wrong.

“What is some of the key information that helps you in your work in terms of building trust with people (e.g. skills and training).”

Kim B: Listening to people and working with them to give them what they need. As Lisa has had is the community with disabilities are not being heard and their needs are not being met. In the state of MN the law enforcement officers, we require a 2-4 year degree. I have a degree in social work. They do extensive background checks- knocking on neighbor’s doors.

LJ: In healthcare, there are lots of training- empathy, just culture (share mistakes and not be penalized), human factors. Something new is called co-design/ co-productive- people that will use the services are involved in the process from the time the idea comes about.

FF: As a public health practitioner and researcher, there are a lot of trainings- example IRB. As with teenagers, if you really want to understand them, it’s not that they have to listen to you, but you have to listen to them.

Our Forum's Panelists

Kim Boyd has been with the New Brighton Department of Public Safety for 25 years. She started as a Public Safety Officer in 1993 and became a Police Officer in 1995. From 1999-2006 she worked as the School Resource Officer for Irondale High School. She again returned to the Mounds View School District in 2012 to serve as Highview Middle School's Resource Officer. In between she has worked in a variety of different areas within the department including Patrol, Narcotics Investigations and Sex Trafficking. In 2002 Kim received the Northwest Youth and Family Services award for Outstanding Service to Youth. She continues to be passionate about serving the youth in the community.

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Farhiya Farah received her MPH and PhD in Environmental Health Sciences from the University of Minnesota and is a Senior Consultant at GlobeGlow Consulting and Research, Inc in the greater Minneapolis-St. Paul area. Dr Farah's work includes the provision of consulting services in multiple public health arenas including food safety training, ethnic food business, community based participatory research work, healthy homes and lead poison prevention policy, and grant Development. She has been very involved in her community and serves as a liaison between the Somali Community in Minneapolis-St. Paul area and the University of Minneapolis, the Minneapolis Public Health Department, and other community groups and organizations in the area

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Lisa Juliar is an Engagement Specialist with the Minnesota Alliance for Patient Safety (MAPS). Following a series of adverse events, Lisa became passionate about sharing her personal story to make positive changes and presented her story at the MAPS conference in 2008. Later, MAPS invited her to be the first consumer representative to serve as a Director of the Board in 2012, where she continues to serve. Lisa worked for the Minnesota Hospital Association as a Patient/Family Engagement Consultant and Co-chair of their first Patient and Family Advisory Council from 2013-2017. She was able to inspire and motivate hospitals around the state to authentically partner with their patients and families to increase safety. In April 2017, Lisa began her new adventure with the MAPS as an Engagement Specialist. Lisa's mission is to bring consumers and healthcare organizations together as equal partners. Lisa approaches her work with a fundamental philosophy that relationships are the foundation to change and we all have something to learn from each other.

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Our Forum's Moderator

Kenneth Bence is well-known in Minnesota's public health community. In addition to being a past president and current communications co-chair of MPHA, he has served on numerous other groups, including as Chair of the Minnesota Cancer Alliance Steering Committee and the state's Maternal and Child Health Advisory Task Force, and as a member of the leadership

board of the American Lung Association in Minnesota, the University of Minnesota School of Public Health Alumni Society, the Healthy Minnesota Partnership, and Protect Minnesota's Healthcare Coalitions to Prevent Gun Violence. Ken worked for 16 years for a large regional health plan based in Minneapolis, where he held the position of Director of Public Health. In that capacity, he worked with many state and local public health departments and coalitions and was an advisor to community health improvement partnerships and non-profit foundations. He is currently self-employed and working as a consultant to a health and wellness organization working to improve the health of Medicaid enrollees nationwide. A current interest is the synergy between public health and public safety in the emerging awareness of increased cancer, cardiovascular and emotional trauma risk among firefighters.