

VIEWPOINT

TRUST IN HEALTH CARE

Trust Between Health Care and Community Organizations

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The development of effective partnerships between health care organizations, such as hospitals and community health centers, and community organizations, such as public health departments and social services, is an important priority because of 3 converging factors: (1) the recognition that social needs, such as housing and food insecurity, have significant effects on health outcomes; (2) the shift toward value-based care and alternative payment models, which drive attention to social needs; and (3) a bipartisan focus on building a more healthy society and improving community health.

Health care organizations need to have trusted relationships with communities to achieve better outcomes.¹ While community organizations may lack resources, they have other assets that health care organizations require, including long-term, trusting relationships with their members, levers for policy change, and experience with cross-sector partnerships. However, health care organizations have often entered into such partnerships unaware of preexisting community

early detection sites), public health (which could do home asthma education visits and identify homes with mold), and housing (which could prioritize these homes for mold removal). By bringing assets together across sectors in ways that helped each group solve problems, the program reduced emergency department visits by 50% and hospitalizations by 45% from 2002 to 2009.²

How to Establish and Sustain Trust

Work with dozens of cross-sector collaborations in 100 Million Healthier Lives has revealed that building trustworthy collaborations requires knowing oneself (leading from within), knowing one another and being able to develop equitable collaboration (leading together), and knowing the purpose of the collaboration (leading for outcomes) (**Box**).³

Leading from within requires a deep understanding of an individual's or organization's own values, biases, interests, and priorities. Leading together requires a similar understanding of each other, as well as shared expectations and processes for working together: (1) knowing what matters to one another; (2) identifying shared values, interests, and assets; (3) being clear about the level of collaboration; (4) developing shared agreements and norms for the collaboration; and (5) developing mechanisms for accountability and resolving conflicts when they arise.⁴

Collaborations can be successful when partners take the time to understand each other, what brought them to this work and why it matters to them, what challenges have been encountered along the way, and what they need from others to be successful.

Identifying shared values, interests, and assets requires an understanding of shared risks, rewards, responsibilities, and resources (the "4 Rs").⁵ As the collaboration matures, these interests, assets, opportunities, and challenges also might change.⁶ This process requires investment in the partnership over time—trust is not just established, it needs to be continually nurtured. In addition, power dynamics, such as the economic power of health care institutions in communities, must be acknowledged and mitigated. Finding a way to come to the table asking, "How could we help?" and using resources as enablers rather than drivers can contribute to building trust and partnership.

Being explicit about the level of collaboration expected from each organization is also essential. Four levels of collaboration have been identified (networking, coordinating, cooperating, and collaborating), which require

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processes, the effect of its disproportionate power, or the needs and assets of the community organizations and their members, thereby eroding trust and willingness to partner. Thus, it is important for health care organizations to forge complementary partnerships with community-based organizations in ways that build trust.

Understanding the Multiple Levels of Trust

Trust is a multilevel concept that includes psychological traits, interpersonal behavior, and institutional factors. This Viewpoint focuses on "institution-based trust," while recognizing that such trust builds on 2 constructs of trust in structures and situations. Trust in structures means that agreements are honored, and trust in situations means that the process of interaction is governed by shared norms.

Collaboration in a community requires going beyond transactional, 2-group collaboration. For example, improving childhood asthma outcomes at Cambridge Health Alliance required a partnership between primary care (which could ensure that children had an asthma action plan and medicines), schools (which could serve as

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Box. Steps to Take to Build Trustworthy Collaboration**Leading From Within**

1. Develop a deep understanding of your own values, biases, interests, and priorities

Leading Together

1. Know what matters to one another
2. Identify shared values, interests, and assets
3. Be clear about the level of collaboration that the partnership will be about
4. Develop shared agreements and norms for the collaboration
5. Develop mechanisms for accountability and resolving conflicts when they arise

Leading for Outcomes

1. Develop a compelling shared vision
2. Work backward from that shared outcome to develop a concrete plan
3. Hold oneself and one other accountable for delivering on the plan
4. Agree together what a good outcome is

increasing levels of investment from each partner.³ If the partners in a collaboration are not clear about what level they are committing to, a divergent set of mutual expectations can lead to mistrust.

Despite best efforts, it is common within all collaborations for plans to go awry. Successful collaborations are not those in

which everything always goes right; they are ones that have the ability to resolve conflicts, hold one another accountable, and course correct quickly. The response to a situation in which trust has been broken can provide the opportunity to build even greater trust. Collaborations that have established norms, processes and mechanisms for accountability and resolution of conflicts when they arise, and systems for shared governance last longer and achieve more sustained results.⁷

Leading for outcomes requires (1) bringing people together under a shared, compelling vision, (2) working backward from that compelling vision about how to get there and (3) holding oneself and each other accountable for delivering on the plan, and (4) agreeing together what a good outcome is (Box).

In addition, community collaborations that partner with community members who bring lived experience of the problem that the group is trying to solve are often more effective in building trustworthy collaboration. Community members usually help everyone stay focused on what really matters and help the group make decisions based on what would work for the customer, mitigating power struggles between groups that can often thwart collaboration.

Conclusions

Health care organizations that partner in trustworthy ways with communities can have far greater influence in improving the lives of people and communities. Trust-building practices are worth developing to achieve these beneficial outcomes.

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