

Developing community-based set of metrics of trust

February 2022

Nathan Browning MA, Kiaer Research

Past surveys conducted by the Spectrum Health Lakeland (SHL) population health department have shown that individuals living in Benton Harbor are less likely to trust SHL than individuals from surrounding areas. Research indicates that this lack of trust in physicians is associated with negative health outcomes¹. However, there is a lack of research on how trust is built and sustained in a health care setting. Understanding how to build and maintain trust will inform interventions to improve community trust with SHL.

To answer questions about trust and other health-related issues, one goal listed in the Community Health Needs Assessment Implementation Strategy from SHL is to develop and execute a Community-Based Participatory Research (CBPR) agenda. CBPR is an approach to scientific inquiry that engages community members as equal partners in all aspects of the research process: problem identification; methods selection; data collection, analysis and interpretation; and dissemination of the findings.

The subject population for this project were residents of Benton Harbor and Benton Heights. This population was selected based on findings from the 2019 CHNA, which found that the life expectancy of individuals living in these areas was significantly lower than in other communities in Berrien County. A major precondition to addressing these health disparities is trust between community members and healthcare organizations. If we cannot build trust between neighborhoods with low-life-expectancy and Spectrum Health Lakeland, achieving preventative healthcare and improving life-expectancy at the individual level will be difficult.

The research objective, in short, was to have community-based researchers collaboratively develop a set of interview questions related to trust, tap into their social networks, and conduct interviews with individuals in their sphere. The researchers were paid by the hour for their time spent working on this project. The interviews they conducted were to serve as the basis of the development of quantitative metrics that could be used to measure trust more broadly.

In the beginning, we started with three community members that we had prior relationships with, two from Benton Harbor, and one from Benton Heights. They worked with our evaluation team to establish a set of questions around trust that covered four major topics:

- How trust is defined
- What makes an individual trustworthy
- What makes a neighborhood trustworthy
- What makes an organization trustworthy (with specific probes about SHL)

¹Birkhäuser J, Gaab J, Kossowsky J, Hasler S, Krummenacher P, Werner C, et al. (2017) Trust in the health care professional and health outcome: A meta-analysis. PLoS ONE 12(2): e0170988.
<https://doi.org/10.1371/journal.pone.0170988>

The two community members from Benton Harbor had struggled finding time to conduct interviews and found that people were reluctant to talk with them about the four topics. One researcher eventually disengaged from the project without providing any of the recordings of their interviews and another was unable to send the recorded interviews from their phone, despite their best efforts to do so.

Due to the lack of engagement from Benton Harbor community members two SHL team members, Nathan Browning and Heather Rudnik, decided to conduct the interviews to ensure there were some perspectives from Benton Harbor included.

A total of 10 interviews were conducted for this project. After collecting all of the recordings, the team read through each interview transcript by themselves and then connected in long-form collaborative sessions to identify major themes, indicators, and gathered other insights that came from the interviewees' rich discussions.

An analysis of the final interview was completed. The evaluation team combed through themes, noted indicators, and interviewee transcripts to finalize the set of metrics indicative of trust.

Important indicators of data are trust in neighborhoods and trust in organizations. The indicators are grouped into similar sets that we call "constructs." Below are the preliminary constructs that emerged from this research at both levels:

Neighborhood Indicators of Trustworthiness	Organizational Indicators of Trustworthiness
<ul style="list-style-type: none"> • Opportunities to engage socially • Social connectedness & reliability • Solid infrastructure, cleanliness, & pride • Safety, peace, & crime • Youth-focused safety & engagement 	<ul style="list-style-type: none"> • Reputation/track record • Offerings match needs or listening begetting action • Caring about people • Opportunities for engagement/accessibility

Each construct has four to seven metrics associated with it that comes directly from the interviews. Despite concerns around the limited interviewee pool, this data is representative of most communities in Berrien County, as many of the same concepts came up no matter where someone lived.

Trust in neighborhoods and organizations seem to be a somewhat universal phenomenon. Nevertheless, our population health team will be validating these constructs with communities that were not reached in the preliminary interviews to ensure these findings are representative.

The process from the Institutional Review Board submission to preliminary results took about one and a half years. With more dedication and applying lessons learned from this initiative, the timeline of future projects could be greatly decreased.

After validating these constructs, SHL hopes to distribute a survey across Berrien County to create a benchmark of trust among these concepts and be able to disseminate transparently across SHL and any other community-based organization that has a stake in improving the community.