Phone Interview with Ife Johnson
Executive Director United Health Organization
Detroit Michigan
January 26, 2015

Mimi Kiser: I wanted to talk to you about trust. You were a critical part of contributing to one of the model practices that was about identifying trusted leaders as a way to engage networks and organizations that needed to be involved in reaching vulnerable and at-risk and minority populations. One of the reasons why I wanted to talk to you about this is that we're expanding.
We want to keep deepening our learning related to the MPs and try to keep those alive but develop more "how-tos" about it. Trust is one of the hardest pieces to teach people 'how to'. And it's vital in public health. This idea of trusted messenger is popping up in a lot of public health spheres. It pops up in risk communications, working with leaders in communities who are credible, etc. and there's a lot more conversation around trust in government and health services, so I feel like this issue of trusted messenger and relationships in community is an important part of our contribution.

So is trust important and if so why?

Ife Johnson: More than anything else, especially in minority or hard to reach populations because Outsiders aren't readily trusted. If you don't establish trusted relationships you'll never get in the door. It's like inviting a burglar into your house. It's a feeling that, especially for minority populations, there're been so many times they've been guinea pigs in so many situations. In a number of situations organizations use "target" communities as a fundraising mechanism. Essentially groups tell communities that "we need a grant to do this, so we'll get money then come in for a month or two, then you're on your own". We've seen this happen so many times, there's a little hesitancy to open their doors to have someone come in with a new program or idea. Or maybe they've already heard that this may be another one of those setups. So if you don't start with the fact that you can trust me when I say we're here for your best interest instead of mine, there's no conversation to be had.

MK: That last thing you said, until they hear we're here for your best interest and not ours, is something in the model practices and do we really mean that none of their interest can be on the table.

IJ: Everyone comes with an agenda, but if the agenda is all about you and none about me, if it's all about the money, we're here to get a grant for 6 months, then leave you high and dry; if it's getting community expectations all built up then - too bad, then no one's interested in that. There has to be not only something good for communities but something more long term and sustainable for the communities. It can't be another fly by night thing. There are so many instant programs that just go away. For example, you say you're going to build a community center for all the kids to play basketball after school, you get them all geared up, get them happy, get them basketballs and shorts and they're getting healthy and into sports - then it shuts down because it's out of money. And right at the point where it starts becoming something of real value, it's snatched away. And this happens often in the community, so people are hesitant to get involved. It's like the Charlie Brown football- 'I'm gonna hold it this time', but every time you get there you land on your back. Folks don't want any more of that. They want a partnership, not just something that's for you. Is it something that you at least come in with - even if it doesn't work 100%- but you come in with the right intentions and improve the community for more than just 5 minutes, its nicer than just lining your own pockets and walking away. But if its partnerships where I can do something for you and you can do something for me, then that's when it

win-win-win. And that then becomes more sustainable because we're helping each other and there's more vested interest. People no longer feel like the guinea pig.

MK: Being used, is what I've heard.

IJ: Yes.

MK: So how is trust built?

IJ: Over time, and through transference. Transfer of trust is one of the best phrases I've heard in a long time. Everyone has someone they trust, whether policemen, doctor, pastor, cousin, there's someone they trust. And part of identifying a trusted messenger is finding out who they already trust. And finding out how that person conveys messages of hope to their constituents so they are open to what I'm saying. I just met last week with the faith based nurses group, one that's modeled after the TC group. There were about 20 folks in the room, [M: this is a new group? Yes.] to talk about the role and value of the trusted messenger and I tried to talk about who in their church is already a trusted messenger, who in their church has already gained leadership and that trusted role. It's not always the pastor, its sometimes the church mother who's always there, or the person who cooks Sunday supper, but there are people always there who have a role of trust. And the nurses have a role of trust, and because they are members of the church and a part of the family already they don't have to prove anything. But one of the things that happens is that sometimes that nurse is trying to reach different groups within the church. Let's say as a nurse you're trying to reach a youth group, and you have info you're trying to provide to them. You have to find one or two of the folks the youth will listen to and build a rapport with them so you can fill them in on the background of whatever you're trying to teach, whether it's the flu or diabetes, or whatever. Explain why this is important for this group, because the leader will care about the wellbeing of their group. You start the conversation with them, and then you ask them to help you in translating that to the rest of the group then the group has that transfer of trust. And the group will start listening to you as well as the leadership of the group.

So that was one of the things we talked about. We also talked about the importance of listening. We can't always go in with all the answers and lecturing all the time; although it's important have to have a good understanding of the information that you're trying to convey. The group leader, that trusted messenger, is going to have insight into that group that you wouldn't have otherwise. By giving them an opportunity to tell you what the group needs, like an informal needs assessment, you also get an opportunity to look at your toolkit and see what you can provide to them, based on the things that they think are important and needed. If you're coming in with something they need, then they're more likely to listen. If you're addressing something they want and then you can start establishing trust that way.

But the process is long-term. It's generally not something that's going to happen in a week or two. It's about being vested in that community and willing to spend enough time there for people to know you, stay long enough and be willing to make that a home base for yourself in some form or fashion. Again, many people come and go so quickly.

MK: Ife, you said something particularly poignant that I want to go back to and that was 'If they know it is for their wellbeing, then they are willing to accept that', but how do people know that?

That feels important.

IJ: Example, if we were talking about something to young people, one thing I talked to the nurse's group about is how important it is to know your statistics and have your graphics and things that may be in some ways a means of establishing fear as well as trust. Because sometimes they're trusted because the group fears something else. Does that make sense? We're working on diabetes now, so I have this graphic that shows 29 million people have diabetes but a third don't know it. And then 89 million people are pre-diabetic and 90% don't know it and then 25% of that group in the next 3-5 years will become diabetic. These kinds of things are something people can see graphically, and see that they're in danger, that this is happening nationwide, and for our community our stats are much worse.

MK: But can anybody just tell them that information, does it have to be told in a particular way, or how do they know that you are there for their wellbeing.

IJ: One, you probably now have established yourself and been there long enough for them to see you and not that you came and went, came and went. You have probably had to support their efforts over a period of time. Like, I know your face, I trust you. But you also have to be credentialed. If some kid just walked in off the street and said '89 million people are pre-diabetic' everyone would say 'well where'd you get that from?' But if you're a nurse in that church, and they know you and know you're credentialed, they believe you and believe that you know what you're talking about. They've also had the time to see some results of your efforts. That something actually is better because of the work you've done in their community. Sometimes you even bring in an outside consultant, because sometimes "the prophets" are not treasured in their own community, so you bring in consultants to share stats. Knowledge is power, so sharing that knowledge is sharing power. They are now aware that there is an enemy we're trying to combat: Here's what your child is facing, or here's what you're community is facing, but here's what we can do about it – together - I want to help protect those folks you care about. So you have to have some sort of credentials whether professionally or personal credibility – "Street Creds" as the kids would say. Sometimes I do this through slide presentations, other times through personal conversations but they have to see this is knowledge, and believable information. And then you follow this up with 'Here's what we can do to make this better'. You can't simply tell everyone to just roll up their sleeve and get a flu shot. I mean, it took me a while to get even some of the people I was closest to, to buy into getting a flu shot simply because they had so many other people they trusted telling them it wasn't a good idea. And that gets into the problem of one of the things we didn't really talk about which is the competition between trusted messengers. And that is a really tough game to play and something that took me quite a while and some bad experiences with some folks to learn to handle.

Of course, the year Pastor Foster decided to wait a little later to get his flu shot and then came down with the flu was probably one of the best years we had for giving flu shots. He came back and showed the church his entire email between me and him about getting protected from the flu, and after he showed everyone, he said "go tomorrow and get the shot. This is the sickest I've ever been." And of course there were still some people who were scared, you know scared that they would get the flu shot and then get the flu, but we've been doing a lot of education on that and are trying to show who had the shot this year and didn't catch it and who didn't have the shot and caught it. It's taken us a few years

to assemble this empirical research based on the people we know get the shot to get folks in here who have not…

MK: One of the places I want to go now is the different levels and spheres of influence of trusted messengers, and since I've known you you've made this more of a progression into thinking about influence of trusted messenger in a church setting influencing behavior change. But when I visited in Jan of 2010, and you assembled a large number of people-now granted some came because they knew the Surgeon General was coming so they wanted to be there-but there was also people from a lot of different parts of community that you were able to assemble. You were a trusted leader in the community at that time who had a lot of trusted connections and you were bringing a resource to the community. So there's a public trust that stretched from you and between organizations and networks. You had already built trust by speaking once or twice to the pastors council, so you had a community scale public trusted messenger role, and I'm wondering how you saw yourself during that time, through the H1N1. You had influence at the individual behavioral decision making level as well as at a network and community scale. What do you think distinguished you as a trusted leader as you drew on existing trusted relationships and at the same time were building more trust in the city's minority communities? Can you talk about the trust you represented in the community and how it played out with H1N1?

IJ: Well, one of the nice things I guess is having Project Healthy Living. That was a big thing for me because that's an organization that's been in the community, trusted in the community, and trusted to provide care for thousands of folks for 40 something years. So that helped. And in that role and my previous role at Healthy Detroit, I had the opportunity to work with a lot stakeholders, go to their events, to share concerns about the community, so a lot of those things made it really easy to call upon those people who I knew and who knew me that felt comfortable with me in terms of helping that community. But I also had a lot of capital that came along with me, because my father was a pastor, it made it a lot easier to get into pastor groups, and made it easy because I knew a lot of the pastors, and a lot of them transferred a lot of trust from my father to me. There were lots of different groups in community I worked in, various activities I had been a part of, I've been in it so long that people get to know you and know you're name so they felt comfortable attending events because they also trust you not to waste their time. There are several levels of influence though – personal, educational, professional. I served as an appointee in the city government so I had that too. Everyone probably has a larger network than they think about. If you think about all your affiliations or past jobs, you would probably start putting together a huge network of people, all of whom know other people, and if you aren't afraid to tap into that then you have an outrageous number of folks you can reach at any given time. I don't think we think through how many people we actually know. When it comes time to have someone come to an event, if you start thinking about who you know, it grows exponentially. If you start thinking about how to tap into that larger network I think you would be amazed at the power that everyone has, and it's not unusual for folks to have influence if you ask. You have not if you ask not.

MK: Two more things I want to cover-one is this quote ["The environmental risk communication literature can share many lessons on public trust with public health. One study on the determinants of trust identified 3 key elements: knowledge and expertise; openness and honesty; and concern and care. It is not only the "what" that matters, but "who" is conveying the information or concerns and "how" it is communicated. Concern and care also implies listening."
Pg. 272, Larson and Heymann, JAMA, 2010].

IJ: Yea that's basically it, except the listening part needs to be underlined. You don't have a good idea of what the other person feels is important without listening. Well actually your first step is having your own heart in the right place.

MK: Your heart? There are two things I would say I've heard from you that are extensions of this that are important additions or nuances. One is that concern and care that way you talked about mutuality and that people have to know that you are not using them and you're there for them, there's something you're trying to combat together, you care deeply about them and that.

IJ: Yes, that's one of things I will always say is that 'I'm here for you. I want to help you. I need you. Let's work together'. And it's amazing what that phrase does almost more than anything else I tell them – because I actually mean it when I say it. If you can't say that phrase with conviction and have the heart and fortitude to follow through with all the work and effort it takes to prove it – you're in the wrong business.

We're doing Care Harbor, (a free temporary health clinic), so when I was at the nurses group I said I want to make sure my churches know about this because once we get the word out to the general public, y'all are going to be crowded out if you can't respond quickly. So it makes them feel like I'm doing them a great favor, prioritizing them, and saying that they're important. I become their "inside connection". And when that is conveyed everyone is much more open to being a part. I received calls soon after. They now feel they're part of the group. We've establish that comradery.

MK: There was one more thing about that definition I read, there's something about openness and honesty about being transparent, you know, how do you really know what someone's intentions are.

IJ: They're seeing that you need them like they need you. That's why you have to make it clear that it's a win-win-win. All parts get something out of it. All of us come out better at the end. They know the things I work on are to benefit them, so it keeps me accountable to them, and they stay accountable to me. The congregations keep both of us accountable. We all get something out because we all put something in. The lack of transparency is automatically suspicious. You hear it a lot, people will ask 'Well what do you get out of this?' My response is "We're doing this together. It's our program, we want to make sure you get something out of it. We're going to be doing this anyway, but we want to make sure you are involved, get something out of it and know about it because other folks are going to be coming. We want your participation. I need you to be healthy and at your best. That is what we get out of it."

MK: That's great. I don't have time to get into my last thing and that was I realized I needed to figure how people from a state health department do this. They're different, they're human beings, but they have different institutional environment. They don't have the history, flexibility, relationships like someone like Ife Johnson.

IJ: The problem we had here when we first started bringing in the city and the county health departments was that several of their representatives didn't believe the churches had very much to offer and that was a huge hurdle for them to get over.

We ended up serving as that portal, that conduit between the health department and the churches. The city and county needed numbers for vaccinations. The churches weren't going to really trust them to

come in and do it so we came up with all kinds of crazy things like “chicken wings that never flu” and whatever for both the churches and the health department to get what they needed. That helped us serve as that trusted messenger between the two.

So health departments have to find someone in the community—like me—to help them. This is a little outside the government norm, they have to be a little bit flexible to get what they want. They can get the numbers they needed and all the other statistics they need, they just have to get them in a slightly different way. They have to be willing to let the churches be churches and not a government entity.

Sometimes local governmental agencies expect everyone to fall into their mold. Like, this is how we do -- it M-F, 9-5, we send only two people, we must have forms done exactly like this, etc. If health departments can flex that a little bit, then you can have a church nurse there as people are coming through, let us fill out the paperwork, and just a little bit of flexibility goes a long way. And then the churches see that they can bring in some lifesaving resources to their congregations. Sick church members in hospitals take up a lot of the resources of the pastor, deacons and staff, so you really want your congregation to be healthy.