Commentary: Preserve and Improve Trust

Tim Size, Executive Director, Rural Wisconsin Health Cooperative

The building and sustaining of trust is foundational for the engagement needed to the success of any enterprise. Particularly in an era of uncertainty such as healthcare is now experiencing, it is critical that those of us working in rural health trust that we can continue to be successful, together overcoming barriers in a way that is mutually advantageous, all of us accomplishing more together than they we can separately.

Mutual trust provides security well beyond contracts, employee manuals, rules and regulations. Trust is the glue that holds us together and it is constantly in need of regeneration as individuals and circumstances constantly change. Rural health care requires many people collaborating with each other and collaboration requires trust.

Developing relationships is based on trust that the participants will do what is “right” if afforded the opportunity and support to do so. Relationships at work are certainly equivalent in complexity to that needed within any family.

While many families rely on prior agreements regarding individual responsibilities and dispute resolution, this is not what makes a family “work.” It is the commitment to each other and shared goals that transcends rules held by a magnet to the refrigerator door.

Trust is important both within and between organizations working to preserve and improve rural health. “12 Ways Managers Can Establish a Trusting Relationship with Employees” from Forbes Coaches Council focuses on the role of trust in fostering employee engagement:

“If an employee doesn’t trust their manager, the organization suffers. Sure, ruling through fear works, but the employee will do the bare minimum amount of work needed to keep their job.”

“Smart leaders know that engaged workers bring creativity and passion to their work, which means more minds seeking more solutions to problems or streamlining processes. Members of Forbes Coaches Council have this advice:

**Employee Trust Must Be Earned**—There are many things that managers can do to establish trust with their employees, which include being open and honest about changes that will impact them.

**Say Your Name, Not Your Title**—Let your people know that you are a person first and a manager second. Act accordingly.

**Ask Your Employees What’s Most Important**—Inquire what is most important to your employees for building trust, ask how they prefer to be recognized,

“Those who never change their minds, never change anything.” – Winston Churchill

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find out how they like to receive feedback and prefer to communicate.

**Listen Effectively**—Managers establish trust by asking effective questions, then by actually listening to employees’ answers.

**Save Surprises for Birthdays**—Employees typically do not like surprise reviews, news or anything serious in nature from managers.

**Offer Your Own Trust First**—As Ernest Hemingway said, ‘The best way to find out if you can trust somebody is to trust them.’

**Be Respectful to Each Other**—The simplest path to increased trust is respect. It’s respectful recognition of accomplishments and transparency around failure.

**Demonstrate You Aren’t Afraid of Failure**—Every employee is a threat to an insecure leader. Every leader needs to work on their own fear issues, so they can focus on building the team instead of their ego.

**Lead With Integrity**—You can demonstrate you are trustworthy as a leader by keeping your word with your employees. Say what you’ll do, and then do what you say.

**Let Employees Manage Some Tasks**—Offer freedom by not micromanaging them. Provide the opportunity to manage their own activities.

**Build People Up in Any Situation**—Effective managers prioritize taking a genuine interest in their employees and providing support during rough patches.

**Don’t Have All of the Answers**—Whom do you trust? Typically, it’s someone who allows you to be you and who encourages you to continuously grow, learn—usually by making mistakes—and develop. So be inquisitive and ask lots of questions rather than supplying answers.”

With the accelerating retirement of baby boomers leading to significant workforce shortages, it is more important than ever that we learn how to maximize trust in our rural organizations. Those that do will be the most successful in the competition for caregivers and staff. Equally so, the future of our rural communities calls for a higher level of collaboration amongst rural-focused organizations and that collaboration requires earning and sustaining trust.

**“Bridging the Immunization Gap”**

RWHC’s 27th Annual $2,500 Monato Rural Health Essay Prize has been awarded to Kristen Shaver, a student at UW-Green Bay, working towards a degree in Human Biology with an emphasis in Nutritional Sciences/Dietetics for her essay, “Immunizations Among Plain Communities.”

Kristen grew up in Appleton but moved to Hortonville with her family in 2013. The transition to country living helped kindle a love for the outdoors and growing food. She decided during this time to pursue an education in nutrition.

Kristen is interested in community health and interdisciplinary care. Over the summer, she worked as an AHEC (Area Health Education Centers) intern at a public health department in the Milwaukee area and hopes to continue to gain experience in different areas of the health field. Kristen would like to become a Registered Dietitian, adopting an integrative and evidence-based practice. Following are excerpts from her paper:

**Background**—“To someone who is Mennonite, or Amish, life is centered around the Christian faith.
They devote their lives to obedience to God and nurture their children in accordance to their beliefs and values (Amish Studies). Their lifestyle is not extravagant. Still, there is something very attractive and refined about it. Perhaps it’s the simplicity, family connectedness, predictability, hospitality—things we Americans often neglect in all of our busyness.”

“Every family in a Plain Community differs in how they view healthcare and, specifically, immunizing their children. They, however, tend to approach health in the same way a lot of people do, through prevention and wellness (Amish Studies). They do their best to stay healthy but aren’t immune to colds and flus. Sickness is a part of life; it comes and goes. Needless to say, it is common for someone in this community to only use professional healthcare for emergencies. It could be for reasons such as lack of health insurance, or merely because they do not see a need to visit a doctor for a common illness. The same ideology is reflected when they have to make a decision about whether or not to vaccinate.”

An Alternative Opinion—“For the sake of privacy, I have used different names for all who have offered insight for my research. Anna, who is 21 years old, has never received a vaccination. Her mother, Beth, explained that after seeing friends whose children suffered serious adverse reactions post-vaccination, she and her husband decided that it was ‘not worth the risk.’ Beth has always been selective about which vaccinations her kids were to receive. The MMR (measles, mumps, and rubella) and DTaP (diphtheria, tetanus, and pertussis or whooping cough) are the two that Anna’s parents have become especially wary of. I could see genuine concern in Beth’s face as she talked about her friend’s baby.”

“The child was developing normally and after a scheduled vaccination (she couldn’t recall which one) at one year, the baby experienced a sudden shift in health and development. Another friend’s teenage daughter was immunized for whooping cough and she suffered with seizures after that. These were just two of the cases that they knew about. It was babies that had ‘reactions’ in other cases, they said.”

“What I have gathered is that this family, not unlike many other families, thinks vaccinations can be dangerous and should be approached with caution. ‘There may be a place for them,’ however. The issue, they believe, is that there are so many given at a young age and too many are given in combination or at the same time. The ‘overload’ on a child’s immune system is a common concern.”

Another View—“The Centers for Disease Control and Prevention (CDC) has stated that giving a child several vaccines during the same visit offers two advantages: it will give the child protection during the vulnerable early months of their lives and will mean fewer office visits and ultimately saved time and money. The CDC also states that getting multiple vaccines at the same time has been shown to be safe; they do not cause any chronic health problems. Certain combination vaccines may cause fever and, occasionally, febrile seizures, but these are only temporary. The recommended childhood vaccine schedule is in place to ensure that infants and children receive the greatest protection throughout all stages of growth and development.” (CDC–Vaccine Safety, 2018)

“Just as in any community, some parents in Plain Communities choose to vaccinate their children later rather than postpartum or in the first year of a baby’s life. Others choose certain vaccines over others. Only those they see as necessary do they agree to. Some feel that being immunized is important and will adhere to the recommended schedule, while others choose to waive a vaccination for reasons that are medical, religious, or personal.”

Measles—“With the increasing number of measles outbreaks in the U.S. this year, many states are trying
to pass bills to remove vaccination exemptions. Wisconsin is one of them.”

“In 1963, the measles vaccination program began. Before this, approximately 3 to 4 million people became infected with the highly contagious virus each year in the United States. About 500,000 of these cases were reported. Measles was, and still is, characterized by a high fever, cough, runny nose, red, watery eyes and soon after, a skin rash. Before the vaccination program, there were about 450 deaths, 48,000 hospitalizations, and 1,000 cases of encephalitis (inflammation of the brain) from measles.’ ” (CDC - Measles Vaccination, 2018)

“Something needed to change. A driven public health system and an efficacious measles vaccine were responsible for the elimination of measles from the United States in 2000. Defined by the CDC as ‘the absence of continuous disease transmission for 12 months or more in a specific geographic area,’ measles was no longer constantly present in the United States (CDC - Measles History, 2018). Despite how far we have come, 2019 marks the greatest amount of reported measles cases in the U.S. since 1994. From January 1 to May 24, 2019, 940 individual cases of measles have been confirmed in 26 states.”

**Why the increase in Measles?**—“While the majority of people in the states are adequately vaccinated, the number of individuals who are not is rising. A recommended immunization schedule for children and adults is still in place, as are certain student immunization laws that require a vaccination minimum for children entering school. It is not uncommon for a parent to seek legal exemption if they do not wish for their child to receive a vaccination. Although the decision is personal, it is common to see communities of unvaccinated people.”

“MMR is one vaccine that people are choosing to decline. Each year, American or foreign travelers, predominantly unvaccinated, acquire measles in another country where it is more prevalent. The outbreaks in

the United States occur when the traveler returns to the states and spreads measles to someone who is not protected against it. According to the CDC, 2 out of 3 of these travelers are Americans.”

“Rural areas are no safety zones from communicable disease outbreaks. Of the 23 U.S. measles outbreaks in 2014, one large outbreak of 383 cases occurred primarily in unvaccinated Amish communities in Ohio.”

**Efforts of a Wisconsin County Public Health Department**—“A public health nurse, who I will refer to as Susan, works for a county that is largely populated by Mennonite and Amish families. I reached out to her in hopes of learning more about what state health departments are doing for these communities. After corresponding via phone and email, it was clear to me that Susan and her colleagues are doing a lot to keep people safe and healthy.”

“Susan summarized what the health department does for the communities they serve in these words: ‘The Health Department prevents, promotes, and protects. The Vision is to improve and enhance the quality of life for all citizens. The Mission is to promote health, prevent disease, and protect the citizens of the county through partnerships and population-based services.’ ”

“Immunization outreach is a major part of their work, in addition to vision screenings, well water testing and water safety education, emergency preparedness, literacy projects, pregnancy education, farm safety initiatives, and newborn screening.”

“The outreach efforts include visiting Mennonite and Amish schools and arranging immunization clinics. School visits allow Susan and other public health nurses to remind families of a child who has missed vaccinations of the upcoming clinic schedule and the benefits of being immunized through letters they send home with each student. They also provide immunization brochures and schedules for local medical providers to hand out to their clients.”
A Matter of Respect and Trust

“Susan and other medical providers across the country respect a family’s choice but continue to encourage vaccinations. They do not force but consistently provide information about the recommended schedule in case the family would change their mind or become interested later on. I asked her how important the education and promotion she does for the community is in helping direct their decision on whether or not to vaccinate.”

“She replied with, ‘I think many families do trust us nurses and the Health Department and do listen to our recommendations. However, there are many obstacles we face such as a certain provider who does not recommend the full recommended schedule (they trust this provider and this is a hard barrier to break). Also, individuals receive information from ‘anti-vaccination movement supporters.’ I think it’s important to continually get the correct information out to families on vaccines and a consistent message whether that message is from the health department, their provider, etc.’”

“I think Susan might agree with the CDC that ‘high sustained [measles] vaccine coverage and rapid public health response are critical for preventing and controlling [measles] cases and outbreaks.’ (CDC - Measles Elimination in the U.S. 2019) She said that promotion comes with persistence and patience. It is lived out when spending time with families, answering questions, and becoming a trusted resource.”

Successes—“The county health department’s immunization outreach efforts last year were not short of successes. The attendance at Mennonite vaccination clinics was great. The department partnered with medical providers to reach more people with information about immunizations and other services they provide.”

Moving forward—“The question raised is, how can we ‘bridge the gap’ between sectors of a community with differing views on vaccinations? I think public health representatives, like Susan, are already living out the answer. Showing respect for another’s belief and value system and learning from someone with different views is just as important as providing scientific literature.

Concern for the side effects of vaccines are often genuine for people and these concerns should not be degraded, nor should religious or ethical convictions. Vaccines should (and will) continue to be tested for safety and efficacy to make sure they work optimally and do not harm a person.”

“People are striving to make the best-informed decisions pertaining to the welfare of their family and community. It is evident with everyone I spoke to.”

The Hermes Monato, Jr. Prize of $2,500 is awarded annually. It is open to all students of the University of Wisconsin (any campus) as well as those who will be recent graduates at the time of submission. Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health Cooperative as an entry by June 1st. Previous award winners, judging criteria and submission info are available at: http://www.rwhc.com/Awards.aspx

Growing Rural Communities

From “What can lure people to rural areas” by Tom Still, president of the Wisconsin Technology Council in the Wisconsin State Journal, 8/11:

“With the carnage of World War I just over, a popular 1919 song was ‘How Ya Gonna Keep ‘Em Down on the Farm (After They’ve Seen Paree)?’ The lyrics...
captured the worry that American soldiers who had grown up on farms or in small towns would not return to country life after seeing the bright lights of Paris. One hundred years later, those same lyrics apply—perhaps with a rock or hiphop beat.”

“In Wisconsin and across America, the decades-long march of people from rural settings to urban centers continues. The shift comes with justified worries about rural economies, healthcare delivery, basic infrastructure, schools and culture. The question is: What can stabilize rural communities in Wisconsin and elsewhere?”

“Some statistics help to outline the problem, which is national in scope:

Nearly 35% of U.S. rural counties are experiencing long-term and significant population loss, according to 2019 research released by the Carsey School of Public Policy at the University of New Hampshire.

Those counties are home to 6.2 million residents, a third fewer than lived there in 1950.

In all, the New Hampshire researchers reported 746 counties representing 24% of all U.S. counties are losing people and 91% of them are rural. That means just 9% of urban counties are depopulating. Census Bureau figures and research by groups such as the University of Wisconsin Applied Population lab confirm that while Wisconsin’s population of roughly 5.9 million people continues to grow, it’s largely confined to counties with at least a mid-sized municipality.

In fact, about half of Wisconsin’s 72 counties—almost all rural—have lost population in the decade.”

“Are there ways to ‘keep ‘em down on the farm’ when smaller farms are disappearing?”

“For many observers, it starts with broadband connectivity and much faster download and upload speeds on the internet, the ‘Paree’ of the 21st century. Most young people live a chunk of their lives online, and don’t like to be out of touch with jobs, friends or the world at large. Wisconsin must continue to improve competitive broadband access – and communities or regions must advertise good connections to attract people and businesses.”

“Shovel-ready sites are important for that reason and more. Businesses are more likely to be drawn to locations where the internet connections are strong and other utilities, such as electrical power, are in place or within reach. That’s vital if rural Wisconsin hopes to attract data centers.”

“Drawing employers to rural or small-town Wisconsin requires workers. According to a July 2019 feature in Site Selection magazine, some Wisconsin counties have an edge when it comes to workers with National Career Readiness Certificates through ACT. Site Selection ranked Wisconsin second among the 50 states for ‘rural and micropolitan’ NCRCs as well as second for rural certificate holders. Wisconsin counties showing up on the Site Selection lists were Waupaca, Polk, Manitowoc, Dodge and Walworth. Other workforce strategies are at play, often combining private and public resources.”
Once a company hires workers, those people need places to live. In many rural communities, housing stocks are old or too far outside municipalities (and broadband) to attract younger workers. Working through the Wisconsin Housing and Economic Development Authority, some communities are banding together to upgrade housing.

“As the 1919 song lamented, ‘keeping ‘em down on the farm’ isn’t easy. In Wisconsin and elsewhere, strategies to do so may lead to a more balanced economy.”

Leadership Insights: “Take a Guilt Break”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

Are you willing to give up some of your guilt? It may operate as a habit that you are more attached to than you are willing to admit. Does your guilt button get pushed when you:

- Say no to someone who asks you for something
- Delegate
- See someone else struggle
- Rest (take a lunch, vacation, break, nap)
- Do something just for yourself or for fun, especially when you…
- See that others are working”

“‘I SHOULD _______’ is a worn out path to guilt that on the surface says you are falling short and are punishing yourself for it. But guilt only offers the illusion that you are holding yourself accountable. You are putting yourself in guilt jail without looking at the facts of your case.”

Leaders often spend an inordinate and unproductive amount of time and energy feeling guilty. But you don’t have to. Guilty feelings start with your thoughts. Effective leaders reflect, holding up their beliefs to the light of day and then taking actions to shift. Consider these ideas to help you do that:

Access to energy. Think about something you feel guilty about and imagine: If I did NOT feel guilty about this, what kind of energy would I have available to me? What goals might I be energized to pursue if this weight of guilt was not hanging on me? Does this guilt serve any purpose?

Reality check. What exactly DO you feel guilty about? Guilt is about wrongdoing. Just what did you do wrong? Speak the facts only. ‘I delegated work to someone, and I was not as clear about my expectations as they needed me to be, and they failed.’ Identifying facts clearly without any drama should take about a minute. Is your experience of guilt in proportion to the ‘crime?’ For a 2nd OWI you might get 5 days to 6 months in jail for recklessly and repeatedly endangering the lives of others. Does the same time in emotional jail for a misstep in delegation seem in proportion? Use only facts to…

Amend and apologize appropriately. Spend your energy on learning to get it right next time. Apologize where appropriate. For example, ‘This delegation did not go as well as it could have. I’ll take responsibility for not being clearer, and I am going to do better next time by using this delegation form with you so we’re on the same page.’ Then MOVE ON. Amend and apologize does not apply to fixing things you did not do wrong (e.g., take a lunch break).

Let go and grow. Leaders often come from a pool of overachievers and how overachievers love control! If you feel guilty when others struggle, examine: who are
YOU to say that they don’t need this exact struggle in their growth? **Taking another’s struggle away stunts growth.** Allow people the learning they are entitled to. When you can’t let go, ask yourself, ‘Just exactly what am I hanging on to? What do I truly have control over? What am I afraid of losing if I let go, and is that really likely? And if it is likely, does it really matter?’

**Capacity for trust.** Do you unconsciously cling to guilt because on some level you believe only you can hold things together, get the work done, be responsible? Not to give you a guilt trip, but this is completely unfair to others. On the surface it might seem like protecting others, but it really says, ‘I don’t trust you, only I can be trusted.’ Guilt can also reflect a lack of trust in oneself. Say, ‘I trust myself to know when I need to take a break, say no, stop helping; I trust that I will survive it if others don’t like it.’

**Making choices.** Have you had the experience of choosing something for yourself, then being unable to enjoy it because guilt filled all the space? Ponder this riddle: you are **BOTH** not that important, indispensable **AND** you are important enough to deserve good things.

**Be a humble servant leader.** Guilt may stem from fear that if we clearly set limits, care for ourselves, say no, delegate confidently, etc., others will think we are ‘too much.’ But wallowing in guilt is not the way to prove humility. Role model humility by thanking and recognizing others genuinely, showing vulnerability, valuing the expertise of others and asking for help.”


**Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx) or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.”

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