

THEMES OF TRUST AND BEING TRUSTED

Over the past several months, several independent interactions have moved me to take a significant amount of time for reflection on international development and the role of Catholic health care. I know you might be asking yourself, “Isn’t that your job?” and the answer to that question is, of course, yes. I guess what I’m saying is that over the past few months, this kind of reflection has knocked me over the head on several occasions, and I have recognized some interesting and common themes.



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It all started at the Jan. 15, 2015, memorial of the Haiti earthquake and the blessing of Hospital St. Francis de Sales in Port-au-Prince. While we were there, I saw the Archbishop of Port-au-Prince, and the bounce/pride in his step as he entered the compound that day. Seeing this proud moment for the Catholic Church as the Haitian Church and the church of the

USA through Catholic Relief Services, the Catholic Health Association and our members came together to celebrate this accomplishment, truly made me reflect on what happened to get us to that day! It made me think about what we had done well, where we experienced challenges and where we might go from here.

I again was knocked on the head at an Institute of Medicine conference called “Health Systems Strengthening and Public Private Partnership,” where the word trust was repeated over and over again as people talked about these partnerships and strengthening health systems. The message of trust was reiterated again at the World Bank during a meeting on religion and sustainable development, and it continued to roll around in my head as I attended my final meeting of the joint steering committee that has overseen the construction of the new Hospital St. Francis de Sales.

As I’ve already suggested, the core of this re-

lection is about being in relationship. Since that day in January, I’ve been reflecting on what that really means. What is it about relationship, sometimes called partnership, which if done well, can help us have a greater impact in our international health care development? The word that keeps popping up in nearly every interaction is trust. In order to be in a healthy relationship, you have to build trust between the parties. We all know this instinctively, because life is full of relationships, and we likely all have had very good experiences and some not-so-good experiences in relationships.

However, when we are doing charitable works, we sometimes forget they still are about a relationship that requires trust. To complicate things even more, when we are doing international development, we have to build levels of trust among diverse partners from different types of organizations and in differing cultures. Far too often, we jump to the solutions for the symptoms of a

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problem instead of solutions for the core problem. We forget to build the trust that makes for solid relationships and helps us better understand the core problem that is causing the symptoms.

Part of my reflection has been trying to listen to what was being said in these encounters about

trust, and to identify some of the key factors that influence trust in these relationships. Here are a few of my thoughts, and as a memory aid -- mostly for me -- I have organized them into an acronym.

Terminology — defining the terms. Governments, nongovernmental organizations, corporations and local institutions often use the same terms but mean different things. It is important to be sure that not only is everyone using the same terminology, but that the words mean the same thing to everyone using them.

For example, in Catholic health care we use the word “mission” in multiple ways, and a particular meaning certainly could be misinterpreted by people in our own facilities. Think how confusing the title “mission leader” might be to someone from a corporation or a government entity.

Respect — Our work in international development must involve more than casual acquaintance. Our goal should be to have a meaningful impact, so we must be in respectful and right relationship. Too often, people make the assumption that because their intentions are good and they want to be helpful, it will be easy to have fruitful international relationships. To put it bluntly, no. It takes work to be in good relationship with an international partner, and, of course, it takes trust.

Understanding — It is important to know yourself, know your partners and be comfortable when situations inevitably arise in which your opinions don't match. This means identifying and understanding your own motives for being involved and your in-country partners' motives as well.

Scoping — This term highlights two critical components that allow you to move from understanding motives to determining if action is appropriate: 1) Use an appropriate needs assessment to identify local needs and have the local partner assign priorities to them. 2) Map your assets and identify the resources you are willing to bring to the table and the time you are willing to invest. Once you have taken these steps, you can make a decision about where your relationship is headed and make sure that the prioritized needs match

the available resources and the previously identified motives of all partners.

Transparency — Too often this is seen as accounting for expenses, highlighting a statistic and posing for a photo. In reality, you must have clear agreement that lays out the roles of each party, identifies the resources required, names key decision points during the project period, outlines the plan for monitoring and evaluation of the impact, and defines the strategy for communication of said impact of projects. Transparency has to go beyond accounting for expenses and a photo opportunity.

So there's my acronym, TRUST. But to go from building TRUST to becoming TRUSTED, you have to do even more:

Equitable — We need to ensure that when in relationship, we maintain an appropriate level of parity that provides each organization a voice relative to its stake in the outcomes. There should be a definite skew towards over-emphasizing the role of the local partner. This is especially important if, as often happens, the relationship becomes one involving donors and recipients.

Development — We should implement solutions that build local capacity and that are sustainable beyond our participation.

Based on what I have heard during my international health care development work during the year, these last two steps are key to becoming trusted.

If we build trust with our international partners and pay attention to equitable, sustainable development, and if we believe in Pope Paul VI's wisdom expressed in *Populorum Progressio*, “The name for peace is development,” we will become much more than well-intentioned, casual acquaintances.

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