Building Authentic Trust to Address the Epidemic of Obesity and Chronic Diseases

Workshop Report
May 12-14, 2009

We would like to thank our workshop sponsors
Background

One of the leading challenges in Canadian public health today is the epidemic of obesity. Almost one in four Canadian adults and ½ million children are considered obese, putting them at much greater risk for developing chronic, life-threatening health conditions such as cancer, cardiovascular disease and diabetes. The impact on Canadians, our health system and our economy is significant and alarming.

There’s no “silver bullet” when it comes to addressing obesity and chronic diseases – these health conditions are influenced within a web of physical, behavioural, environmental, social, economic and political factors. Therefore, no single sector or group can hope to effectively address this problem in isolation from other sectors. The most significant advances will require collaboration and cooperation between government, business, non-governmental organizations (NGOs) and academia to improve individual and collective efforts to reduce the incidence of obesity and chronic disease.

A focus on Authentic Trust

A key limiting factor for developing and sustaining collaborations that cross sector lines is a lack of trust. Although it is rarely discussed, mistrust is pervasive between different sectors and within sectors. It is also the basis for external disapproval, where collaborations may be viewed as tainted and partners’ motivations questioned.

Solomon and Flores1 make the distinction between simple and authentic trust. Simple trust is un-reflexive; it is total acceptance of trust without hesitation. When broken, simple trust cannot be recovered. Authentic trust, however, can be built from a foundation of mistrust through commitment to establishing a continuous relationship. Authentic trust is a conscious choice; it is trust that can only be reached by actively trusting.

Authentic trust creates new opportunities and allows for relationships that would otherwise be impossible. It can provide a foundation for collaborative partnerships necessary to solve complex social problems.

In November 2008, a two-day workshop brought together 44 leaders from different sectors to start the conversation. The workshop explored building trust for the creation and translation of knowledge relevant to addressing the obesity epidemic. To build on the positive work of this first meeting, participants enthusiastically lent their support for a second meeting.

The Building Authentic Trust meeting

Approximately 50 leaders from business, government, NGOs and academia attended the second, three-day meeting in May 2009. This meeting, Building Authentic Trust to Address the Epidemic of Obesity & Chronic Diseases, had a longer-term goal of using trust as a foundational driver for enabling more effective multisectoral approaches. It aimed to continue building relationships based on a shared understanding of trust issues and solutions. It also sought to determine the degree of support for continuing this work among participants and, if so, to clarify the objectives, required resources and organizational form.

Throughout the meeting, participants strove to find a balance between discussing and understanding authentic trust issues, and determining concrete collective actions that could move collaborative efforts forward. The agenda was necessarily fluid, changing and adapting in response to the wishes of participants. Some issues were revisited many times throughout the three days. However, the meeting can generally be viewed as comprising three main parts:

- Confirming goals and context
- Digging deeper
- Mapping a way forward

Confirming goals and context (day one)

The group endorsed the goal of building authentic trust as described by Solomon and Flores. They also reviewed a set of concept maps, developed from the November meeting, that described participants’ perceptions and experiences of key strategies and barriers related to trust building (Appendix 1). The group further developed and clarified these major themes, summarized below:

**Strategies:** partnership-enabling behaviours; honest, interactive communication that enables common understanding; reciprocal knowledge; measurement and evaluation; roles and clarifications; collaborative orientation and methods; personal and collective leadership; collaborative structures

**Barriers:** Self-interest and fear; non-constructive criticism and closed-mindedness; stereotypes and misrepresentations; awareness and manipulation of knowledge delivery; system barriers; competing/conflicting worldviews; cultural, organizational and individual rigidity

The group agreed that regardless of their sector, participants have experienced common challenges in striving for collaboration. They stressed that it was important not to let past conflicts or failures determine the future of multi-sectoral collaboration to address the epidemic of obesity and chronic disease.

Digging deeper (day two)

Using panel discussions, breakout group discussions, and plenary sessions, the group spent the second day discussing more fully the key internal and external barriers, needs and strategies related to building authentic trust and working together more effectively. Participants identified two main issues that hinder collaboration:

1. Lack of support for and negative scrutiny on cross-sector collaborations, both within organizations/sectors and from external forces (e.g. media, public)
2. Challenges in making cross-sector collaborations functional and successful (e.g. organizational constraints, lack of common guidelines)

The group identified the need to find a “safe place” for potential and existing partnerships to be openly explored and nurtured without fear of disapproval or sabotage. Four key concepts for building trust collectively were also discussed in depth:

- **Stand by Me** – Participants reported the isolation they have felt when they are subjected to negative scrutiny for their collaborative work, and nobody is willing to publicly stand by them. The group explored the benefits of finding this support from a third-party, multi-sectoral voice that endorses collaboration as a way to further the common good.

- **Acknowledging organizational constraints** – Mistrust is common between sectors that may have very different perspectives, structures and goals. The group stressed the need to actively promote greater understanding of, and tolerance for, the constraints within sectors that can slow or restrict collaborative efforts.

- **Code of conduct/guiding principles** – Participants identified the need for developing shared expectations about how collaborations should function – both at a high level (e.g. guiding principles, code of conduct) and a practical level (e.g. best practices checklist for forming new collaborations). The group explored the concept of having an external brand to officially endorse collaborations that adhere to the criteria. Not only would this enhance the perception of the credibility of the collaboration, it would also improve the quality of the outcomes of collaboration.
On the final day, meeting convener Diane Finegood built on the discussion during day two to propose a framework for describing the solution space for fostering authentic trust and enabling cross sector partnerships.

**Mapping a way forward**  
*(day three)*

This conceptual model suggests that there are at least 3 zones or spaces one needs to consider when thinking about trust issues:

1. The space where two or more organizations are working together on a project
2. The space where other actors in these organizations who are not part of the collaboration operate
3. The space outside of the collaborating organizations including media and the general public

In addition to considering these three spaces as areas where challenges may arise when trying to build authentic trust, they also represent the solution space. The diagram was used to describe an additional “solution space” as either a barrier or buffer between zones one and two or a substrate to nurture collaborations.

Group members brainstormed a number of potential roles this solution space could play. A straw vote, followed by further grouping of related themes (Appendix 2), resulted in the group identifying three initial aims that could drive towards collaborative solutions:

- **Media relations** — Some participants felt unfairly attacked by media regarding their collaborative efforts. At the same time, all participants accepted that media are a powerful tool for disseminating messages to the public and affecting widespread change in the fight against obesity and chronic diseases. Participants identified opportunities to collectively develop a media strategy to address negative stereotypes and build positive relationships with media to advance the obesity/chronic disease agenda. Also stressed was the importance of shifting perceptions and building a base of support among more immediate stakeholders as the first step towards developing a larger media strategy.
1. To act as a catalyst for new collaborations;

2. To foster a think tank/innovation incubator environment that deepens our understanding of other sectors (especially in the non-overlapping parts of our respective agendas) and builds capacity to engage in authentic trusting relationships;

3. To create a buffer zone/safe space to protect partnerships and provide a “nurturing substrate” to sustain them, while clearly communicating the conditions, boundaries and limits of trust/collaboration.

Many different ideas and perspectives were offered on how this might best be accomplished. To flesh out the ways and means, and the resources required, for developing these key theme areas, the group agreed to appoint a volunteer multisectoral working group, consisting of two representatives each from government, industry, academia and non-governmental organizations. Other participants also offered their input and expertise into moving the initiative forward.

The meeting ended on a positive note, with participants expressing a renewed and increased belief in the prospects for working together more productively across organizations and sectors. They also agreed that the meeting had served as a useful catalyst for developing multisectoral partnerships to address the epidemic of obesity and chronic disease.

**Next steps**

Volunteers have been confirmed for the multisectoral working committee:

- **Jim Ball**, Director General, Strategic Initiatives and Innovations Directorate (SIID), Public Health Agency of Canada (to be represented by **Susan Russell**, Director, SIID)
- **Mary Bush**, Former Director General, Office of Nutrition Policy and Promotion, Health Canada
- **Laura Baehr**, Vice President, Marketing for Kids Television, Corus Entertainment
- **Richard Ellis**, Senior Vice President, Communications and Public Affairs, McDonald's Restaurants of Canada
- **Jon Kerner**, Chair Primary Prevention Action Group, Senior Scientific Advisor for Cancer Control and Knowledge Translation, Canadian Partnership Against Cancer
- **Stephen Samis**, Director of Health Policy, Heart & Stroke Foundation of Canada
- **Arya Sharma**, Scientific Director, Canadian Obesity Network
- **John Spence**, Associate Professor, Faculty of Physical Education and Recreation, University of Alberta

**Conveners:**

- **Diane Finegood**, Executive Director, The CAPTURE Project, Canadian Partnership Against Cancer
- **David Crouch**, Assistant Director, The CAPTURE Project, Canadian Partnership Against Cancer

**Project Manager/Facilitator:**

- **Dianne LeBreton**, President & CEO, IpicUs Inc.

The committee will develop an action plan relating to the three aims, and send the draft plan back out to the larger group for feedback. They will focus on activities that can be undertaken in the immediate term without a large investment in resources.

Recommendations have also been developed for communicating with participants about the work and outcomes of the meeting, including support for their efforts to communicate about the initiative to their own organizations.
Building Authentic Trust – Strategies Cluster Map

1. Partnership-enabling behaviors

2. Honest, interactive communication that enables common understanding

3. Reciprocal knowledge

4. Measurement & evaluation

5. Roles & clarifications

6. Collaborative orientation & methods

7. Personal & collective leadership

8. Support & resources
Building Authentic Trust to Combat the Obesity Epidemic
Strategies Cluster Map – Statements by cluster

1. Partnership-enabling behaviours
   1. Willingness to take risks and accept that outcomes may not always be perfect.
   2. Willingness to reach compromises.
   3. Willingness to admit potential weaknesses; personally, organizationally or within a sector.
   4. Understanding the needs of other sectors, for example recognizing the need for industry to make profits.
   5. Being self-aware of any assumptions or stereotypes held and willingness to confront and discuss these biases.
   6. Recognizing progress made by other sectors.
   7. Don’t needlessly criticize or demonize other sectors.
   8. Acknowledging the good work of others to foster a positive attitude.
   9. Persistence and patience at developing trust.
   10. Openness to trying new ways of doing things.
   11. Openness to feedback from others, whether solicited or not.
   12. Openness to learning from other sectors and disciplines.
   13. Having goodwill and compassion for others.
   14. Gaining a better understanding of how other sectors work and the challenges they face.
   15. Actively listening without jumping to conclusions.
   17. Acknowledging the contributions of all collaborators.

2. Honest, interactive communication that enables common understanding
   4. Ongoing dialogue between public sector and private-sector funders.
   5. Communicate openly and honestly with partners.
   6. Establishing shared awareness between partners on issues they are tackling.
   7. Providing honest and frank feedback to other collaborators.
   8. Highlighting the positive and communicating successes, however small, to help motivate further collaborative work.
   9. Openly exchanging information between sectors.
   10. Holding forums, workshops or events to get people from different sectors talking and exchanging views.
   12. Communication directly with partners, avoiding reliance on second hand information.
   13. Actively soliciting advice from other sectors and asking a lot of questions.
   14. Acknowledging and discussing any potential ethical barriers to collaboration.

3. Reciprocal Knowledge
   8. Encouraging media officers from the different organizations to work to support each other’s efforts.
   9. Ongoing communication between partners about the planning and implementation of a project and keeping partners up to date on all aspects of the project as it proceeds.
   10. Following-up with all partners involved about the results of a project.
   11. Establishing a common vocabulary between partners/sectors.
   12. Effectively exchanging and translating knowledge between sectors.
   13. Clearly communicating established objectives policies and responsibilities to all individuals involved in a project.
   14. Establishing a common space to share information and data between partners (eg. a common-portal website).
4. Measurement & Evaluation

11 Setting realistic goals for the collaborative project that all partners can reach.
21 Providing partners a variety of choices on how to proceed.
23 Establishing protocols on how to disclose conflicts of interest so that collaborative interactions are transparent.
36 Agreeing formally and explicitly on respective responsibility, including timelines and deliverables, when entering into a partnership.
53 Keeping long-term goals in mind when establishing partnerships.
54 Formulating agreements between partners on how to collectively evaluate successes.

4 Using government guidelines to level the playing field within the private sector.
6 Using a ranking or scorecard scheme to review and evaluate organizations progress. This review may rank progress related to quality standards, ethics, or codes of conduct as set by an external authority.
22 Conducting social audits to measure an organization’s social responsibility. These audits can serve as a way to measure progress and demonstrate commitment, especially in private public partnerships.
30 Focusing on qualitative research as an avenue for engaging diverse perspectives.
49 Evidence-based evaluation of the progress and competence of organizations, sectors or specific projects or people.
66 Collaboratively establishing protocols to evaluate industry sponsored research that considers the concerns of many sectors.

5. Roles & Clarifications

14 Reinforcing trust with formal documents or contracts when required.
31 Making project based decisions collaboratively, only after discussion with all partners.
34 Involving partners in all steps of the process, from project planning to the dissemination of results.
50 Mutually agreeing upon and clarifying the objectives of the project.
52 Establishing the role of each partner in the collaboration, and defining the respective responsibilities of each role.
55 Creating a jointly articulated and agreed-upon code of conduct between collaborators to address ethical issues, such as potential conflicts of interests and issues around data integrity.
69 Defining and aligning the underlying goals of collaborators to establish a common agenda.

6. Collaborative Orientation & methods

9 Starting with small collaborative projects, to build trust from these experiences.
13 Reliability in meeting commitments (deadlines, attendance, performance).
33 Keeping expectations realistic and providing people with an honest way to 'back-down' from commitments they can’t meet.
41 Giving collaborators reasonable timeframes to transition to new ways of doing things.
43 Giving partners full ‘ownership’ of the collaborative process.
46 Finding a common ground between partners to build trust upon.
51 Establishing strong personal relationships with collaborators. Establishing project objectives that benefit all partners.
63 Creating a safe environment where collaborators can speak without fear of being judged or stereotyped.
73 Utilizing a third-party facilitator who is trusted by all partners and is able to bring together diverse perspectives and mitigate conflicts.

7. Personal and Collective Leadership

17 Realizing of the importance of private sector funding and support in reaching viable solutions to the obesity epidemic.
32 Having leaders with the credibility and experience to bring diverse groups of people together.

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2This title reflects the group’s assertion that the last six statements in this cluster (4, 6, 22, 30, 49, 66) are more rightfully aligned with cluster #5 (Roles & Clarifications, see below). Therefore, the group named this cluster to reflect the first six statements only (11, 21, 23, 36, 53, 54).
38 Having leaders and team members that are enthusiastic and committed to building trust.
47 Having strong, influential, visionary leaders.
77 Shifting the paradigms of western capitalist culture so that 'community' is valued over the individual. Changing the "everyone for themselves" mindset.

8. Collaborative Structures
18 Working with private sector in a way that enhances profitability and allows for smart business plans.
24 Using case studies of successful multi-sectoral partnerships as 'road-maps' to collaboration.
35 Utilizing imaginative approaches.
39 Putting the right people in the right places.
44 Focusing on the reward of learning, regardless of actual outcomes of collaboration.
57 Encouraging collaborative efforts industry wide, so that certain companies are not at a competitive disadvantage.
61 Creating funding opportunities to support collaborative initiatives.
71 Establishing a multi-sectoral coalition funded by multiple sectors to help consolidate existing efforts. Such a coalition could serve as a platform for establishing common goals between a wide variety of organizations and sectors.
72 Establishing advisory boards of influential leaders who are committed and excited about building multi-sectoral trust.
Building Authentic Trust – Barriers Cluster Map

1. Self-interest and fear

2. Non-constructive criticism & closed-mindedness

3. Stereotypes & Misrepresentations

4. Awareness & manipulation of knowledge delivery

5. System Barriers

6. Competing/Conflicting world views

7. Cultural, organizational and individual rigidity
Barriers Cluster Map – Statements by cluster

1. Self-interest and fear
   1. Unwillingness to share power.
   14. Tendency to participate in collaborations just to get credit, not to contribute meaningfully to the project.
   45. Fear that one will not receive proper acknowledgement for their contributions to a collaborative project.
   46. Fear that collaboration will impose new limitations, especially on business strategies.
   47. Fear of stepping outside one's comfort zone.
   48. Fear of damaging one's reputation, such as researchers not collaborating or being funded by private industry out of fear of damaging their reputation.
   49. Fear of being taken advantage of.
   51. Large egos.
   56. Desire to protect one's status and job.
   57. Fear they will be compromised by stepping outside the status quo.
   58. Desire to entrench power and advance personal status.
   72. Acting in self interest only.

2. Non-constructive criticism and closed-mindedness
   4. Tendency to point out failures and not celebrate successes. For example, academia critiquing the food industry, without acknowledging its positive advances.
   13. Past breaches of trust tainting future relationships.
   16. Failing to follow through on commitments and responsibilities.
   20. Misleading marketing by industry under the guise of being socially responsible.
   21. Misinterpretation of the well-intended actions of others.
   23. Lack of sensitivity to other perspectives.
   32. ‘Jumping to conclusions’ and disagreeing without discussion.
   40. Inability, or unwillingness, to articulate your motivations to others.
   42. Holding negative emotions, such as fear or anger.
   43. Group mentality, unwillingness to challenge the status quo.
   50. Failure to share and understand alternative perspectives.
   59. Defensive narratives that prevent openness to new perspectives.
   61. Criticizing others, without offering solutions.
   65. Closed mindedness to change.
   69. Belief in superiority of one’s own sector over all others.
   71. Behaving in ways that do not correspond to verbalized intentions.

3. Stereotypes and misrepresentations
   5. Stereotyping the intentions and behaviors of other sectors.
   6. Stereotypes of government as not understanding competitive nature of business.
   7. Stereotypes of food industry, assumptions that the food industry cannot self-regulate due to inherent conflicts of interest.
   8. Stereotypes of public health organizations as impractical or radical.
   9. Stereotypes of nutrition scientists as always ‘changing their minds’.
   10. Voicing negative and untrue things about other sectors or organizations, spreading rumors.
   17. Negative portrayal of the food industry by the media.
   68. Biases against industry funded initiatives.

4. Awareness and manipulation of knowledge delivery
   18. Misunderstandings based on lack of information.
   19. Misrepresentation of health research in the media.
   22. Intentionally, or accidently, providing others with inaccurate information.
   24. Lack of understanding about the expertise of other sectors.
   26. Lack of open debate between sectors.
   29. Poor communication skills.
   30. Lack of common language between partners/sectors.
   41. Ignorance of the benefits of trust and collaboration.
   53. Dismissing value of qualitative data, thereby potentially missing alternative perspectives on a problem.
   55. Not articulating or realizing the differing agendas and goals between partners.
5. System barriers

2 Unreliable, unsustainable resources available to the public sector.
3 Unclear standards or expectations.
12 Physical separation of potential collaborators, for example researchers and clinicians working in separate buildings.
25 Lack of research that holds credibility across all sectors.
28 Lack of good 'road maps' or case studies that model successful multi-sectoral collaborations.
31 Lack of recognition that different sectors evaluate success differently.
37 Inconsistent values within an organization or sector.
38 Inadequate, or unsupportive, leadership.
44 Fickleness of government policies due to changing party platforms which create distrust in government.
52 Disorganization of efforts and resources within a sector.
66 Changes in leadership or team membership.

6. Competing/conflicting world views

11 The priority of producing profits and remaining financially viable. The reality of the bottom-line.
34 Competition for funding and public attention between sectors.
54 Differing objectives and goals between partners.
62 Conflicting interests within or between sectors.
63 Conflicting values between partners.
64 Conflicting priorities between partners.
67 Prevalence of business strategies not conducive to collaboration.

7. Cultural, organizational and individual rigidity

15 Punishing, or not rewarding, collaboration within current systems (business systems, academic system).
27 Lack of imagination.
33 Internal competition within sectors (turf wars, competition for scarce resources).
35 Inflexible positions or roles.
36 Inflexible agendas.
39 Inability to take risks and be vulnerable, especially within business.
60 Deep-set anti-business paradigm prevalent within Canadian culture.
70 Focus on getting to 'end' product, rather than on building relationships.
Appendix 2—Solution Space Discussion

1. Results of vote on proposed roles for Building Trust solution space

<table>
<thead>
<tr>
<th>Role</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalyst for new collaborations</td>
<td>28</td>
</tr>
<tr>
<td>Deepen understanding of other sectors</td>
<td>21</td>
</tr>
<tr>
<td>Innovation/incubator/think tank</td>
<td>21</td>
</tr>
<tr>
<td>Nurturing substrate</td>
<td>15</td>
</tr>
<tr>
<td>Buffer zone/safe space</td>
<td>15</td>
</tr>
<tr>
<td>Celebrate/communicate successes</td>
<td>11</td>
</tr>
<tr>
<td>Centre of expertise/excellence</td>
<td>5</td>
</tr>
<tr>
<td>Capacity-building for partnerships based on trust</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
</tr>
<tr>
<td>Deepen our understanding of trust issues</td>
<td>0</td>
</tr>
<tr>
<td>Credible enabler</td>
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<tr>
<td>Common agenda across sectors</td>
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<tr>
<td>Ensure evidence-based policy</td>
<td>0</td>
</tr>
<tr>
<td>Monitor partnerships</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Subsequent grouping of related topics

“Deepen understanding of other sectors” was grouped with “Innovation/incubator/think tank”

“Nurturing substrate” was grouped with “Buffer zone/safe space”
Appendix 3—Acknowledgments

Workshop sponsors for Building Authentic Trust meeting:

Canadian Obesity Network
Canadian Partnership Against Cancer
Heart and Stroke Foundation of Canada
International Life Sciences Institute
North America Kellogg’s
Kraft Canada Inc.
McDonald’s Restaurants of Canada
Public Health Agency of Canada

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