

Building Trust in Public Health Podcast Transcript



Monks, Sheryl 0:01

You're listening to JPHMP Direct Talk, a podcast series that brings you conversations that bridge the gap between public health research and practice. I'm Sheryl Monks, managing editor of the Journal of Public Health Management and Practice, and today I'm talking about building trust in public health. My guest today is Erin Fry Sosne. She is the director of strategy for the NC Division of Public Health, where she leads strategic initiatives, policy, and communications as part of the Division's Leadership Team. Thank you for joining, Erin. So glad to have you. So, I'm really eager to hear about the work you've been doing in North Carolina. So let's just jump right in. So what are some of the ways you're making public health more visible and relatable in people's daily lives?



Fry Sosne, Erin 0:58

I'm so glad you asked that, Sheryl, because it is not something that comes naturally to us in public health. And so we've been doing a lot here in North Carolina. But I think the most important thing that I want to tell you is that we're being intentional about it and we're using our data to drive decisions and so.

A lot of what we are used to doing in public health is issuing calls to action, telling people to wash their hands, to get vaccinated. And what we've been doing in our campaign, our We are North Carolina Public Health and also this is North Carolina Public Health is telling our story without a Call to action. And that doesn't feel right. It feels wrong in our public health brains, but it is exactly what our data is telling us we need to do. And so we are doing things like putting up billboards that just show public health doing our things, presenting healthy food in schools, helping communities have access to safe water in their wells. These are a lot of the like, did you know public health did these things? I think about when we see a sign by the side of the road that tells us our tax dollars are working here without saying those words exactly. That's what we're doing by telling our story. Um, and I can go into more detail later on about what exactly it looks like.



Monks, Sheryl 2:22

Yes, we'll dive down into that in just a minute, but first why is building trust in public

health so important, especially right now? And how are you working to strengthen that trust across North Carolina?

 **Fry Sosne, Erin** 2:34

Well, I'm sure that the listeners don't need me to explain to them right now why trust is such a challenge. I think often that's the elephant in the room when we're talking about it with disinformation, with folks who haven't appreciated the messages coming from public health, feeling unrelatable and being politicized in many ways, when that's not necessarily the case. But it's our job in public health to ensure people have actionable information to keep their families and communities safe, healthy and thriving. That's our part of our job and so building or I like to say earning trust is central to what we do, and it's essential for people to act on guidance, especially during emergencies or situations where the actions people take impact more than just themselves, like in the case of infectious disease. Our polling shows us when they know us, they trust us. And I'll pause there and say that again. When they know us, they trust us. And that piece is so important because so much of public health doesn't happen from a podium. Much of public health happens when engaging with somebody in their community who's doing public health work and they don't even know that it's public health. So trustworthiness is more than how we show up in the moment. We want to be transparent and humble and empathetic and listening and consistent and reliable and every adjective that I could name off right now. Like we all know, these are the things that we should do when we show up as public officials. But. A lot of the work is what we're doing, not just when it's time to show up with information or telling people what to do. We're intentionally creating an undercurrent about the value of public health every day. People really need to see that. And by making public health visible, our data shows that we are earning trust.



Monks, Sheryl 4:32

Yeah, speaking of data, what other ways are you using data on trust to guide your strategy? Can you give us some specific details?

 **Fry Sosne, Erin** 4:43

Yeah, absolutely. So we've conducted statewide trust polling and you'll hear me refer to it as wave one and Wave 2. And we were very fortunate to be able to work with

the agencies, the Nieman Collaborative and Artemis Group. And we started in February of 2024 and this was actually at time to put us all like what was happening in the world at that time, February 2024 was the time in North Carolina we were incredibly proud of uncovering that there was lead in applesauce that had been fed to children and we were seeing elevated levels of lead and it led to a big recall of certain applesauce products, cinnamon applesauce to be specific internationally actually over time. So just I I mark us there because those were the types of things that were going on at the time, which looks a little different from when we conducted our wave two in February of 2025. So just to benchmark us there, different political administration and you know, different things happening. February's a little closer. We can remember what was going on then. And the interesting thing is that our data when we pulled N Carolinians and we really sampled across the state, all the counties, we oversampled in some historically marginalized populations to try to get those sentiments and rural communities, et cetera. And our data between February 2024, wave one and February 2025, wave 2 showed actually a rise in trust. And the reason I'm bringing this up is because that is not the public narrative. The public narrative is that no one trusts us and that what we're saying is useless and you know, we're we're not appreciated. And there's a lot of anecdotes that make us feel real. We saw what happened at CDC, you know, just a few months ago. We We see these things happen and it's really important to double down on the what the data is telling us and not what the media is telling us and the headlines that are coming forward. So our data told us that eight in 10 N Carolinians viewed the state and local health department's work and services as highly important for improving the health of state residents. So that's eight and 10 and they appreciated its local presence, reliable information, role in prevention and efforts to protect the vulnerable. And that is not like what we're hearing. So I'm just like saying 8 and 10 is a lot. And and while strong trust in the North Carolina Department, health department and local health departments has grown significantly, we know that we're not the most trusted. They actually are communities trust medical professionals and friends or family the most for for recommendations. And so, you know, we we take that very seriously as well. A larger number view just from between those two two years our department is caring, effective and credible in keeping their promises and that grew 10 to 12 percentage points since the last year and importantly, familiarity with the work of NCDHHS continues to be closely tied to greater trust. So what I think the biggest finding from that data, in addition to when they know us,

they trust us, is that our brand is credible. And I think we have been pushing so hard on let's like co-brand this or let's use an influencer or let's go somewhere else. Those things matter and they're important and valuable, but it's also putting our brand on something really matters. And so you're asking kind of what specifically have we been doing and how are we using that data? Is not to be the brand police and tell everybody what they have to do because a lot of folks have been working in different ways in public health for a long time, but we are intentionally showing up. So we created a We Are North Carolina Public Health brand identity and logo. So we use our health department logo, but we're decentralized in North Carolina. So this is a shared brand that we also have with local public health and we brand everything. And what I mean by that is we are increasingly putting our logo on things. I have a sticker on the water bottle that I'm drinking out of right now that I'm showing you, Sheryl, but your listeners can't hear a sticker on my water bottle that when I'm out in the community, they see that I'm part of public health. We are putting our our logo on things and we also have, you know. Shirts, etc. We are giving it out to students in tote bags and it's not just just like people say like, oh, that's OK, it's it's swag, but it's like, no, it's about pride. It's about pride in the work that we're doing and people presenting themselves as part of public health. So that's that's one piece. The second piece is that we have intentionally invested in advertising campaigns and we've invested in this We are North Carolina Public Health campaign. We have videos that are airing out PSAs on the airwaves, kind of you name it across the board, they're popping up. I get targeted sometimes when I am scrolling Facebook at night when I'm having trouble falling asleep, I'm looking through and I will get an ad talking about what public health does every every day and and seeing billboards etcetera. So that is a piece of some of the things that we're doing.



Monks, Sheryl 10:19

So you've mentioned branding, advertising, and earlier I heard a couple of times you mentioned storytelling. Can you talk a little bit about what storytelling does to help communities understand what public health really does?



Fry Sosne, Erin 10:36

Absolutely. So first, I think it's important to talk about what is a story, because I think oftentimes we're like, stories are facts. Stories are like, you know, how many people did we vaccinate? How many? But it's not actually the stories that we're talking about

intentionally are about humans helping other humans and helping their neighbors, helping their friends. It's about real North Carolinians who are being helped by public health talking about this. So I'm going to give you some specific examples of the types of stories that we're telling and about how we're humanizing the work through our stories. So Hurricane Colleen, it's hard to believe we're over a year past the time that storm hit and we are deep in recovery and this is going to be going on for some time. And one of the things we did is we worked with local community members who were helped by the public health department during Helene to tell their stories. And we did that through written materials, also through video. So one of those is a restaurant owner who was helped, so a small business in a rural community who was helped by the Division of Public Health and the local health department to get their restaurant back open so that they could feed their community. It talked about how we didn't have access to the traditional running water or other things and we had to be crafty because we were not all about red tape and we were not all about just saying no your restaurant can't reopen because you don't meet all of the standard criteria. We said this is an emergency. People need to eat and people need to come together. And he says some words in it that are so beautiful and it just talks about putting your feet under a table with members of your community. And that public health is part of that community. And so it was this individual, this restaurant owner telling the story. We also have another story about a woman who, because of work that public health did, was able to taste her well water again and when she got back into her home it tasted like home and that's because of the health. She heard PSA's from the health department. She went out and got a test kit that was put out and a sample process at her state lab of public health and she was able to then with environmental health folks turn that water back on, get certified that what she was doing was safe for her and her family and have that taste of water, what her water tastes like, what home tastes like. So these are the types of stories that we're telling. Sometimes they're from the lens of our staff who are talking about what they do every day, why they do it, and sometimes it's from the lens of a community member who's been served.



Monks, Sheryl 13:23

Wow! I love those stories, and as you mentioned, trust isn't built only through these kinds of campaigns. It also happens in day-to-day interactions. Can you share an

example of how a simple conversation or an encounter has helped build confidence in public health?

FE Fry Sosne, Erin 13:37

Such a good question and I'm going to start with a framework that I'm testing out and you can tell me if this makes sense to you. So I've worked in policy for a long time and in policy we talk about big P policy being laws and regulations and things like that and little P policy being you know more the the relationship you have with your boss about when you can take some time off. In communications, it's not that different. We have big C communications. These are our campaigns. These are the formal channels that we do. And then we have little C communications and little C communications is almost entirely relational. And this is where people say they trust their friends and their family and we want to be like your friends and family and that we want to be another trusted member of of your community that is giving you input and advice. So I mentioned to you, I have a sticker on my water bottle that says we are NC Public Health. I go to sit on the sidelines of my kids soccer game and people ask me, actually ask me questions like, oh, what do you think about vaccines? What do you, what do you think about, you know, things in in their daily lives because they know that I work in public health because I'm being out there. But that's me in my personal life. That's me, you know, similarly talking to my, you know, my aunts and uncles at the Thanksgiving table when, you know, they're they're asking for my input because I literally am their friends and family. But on a daily basis, what this looks like is, you know, environmental health workers that are testing community pools to make sure they're safe for the summer season. When people know that that individual works in public health because they're branded, people don't-- They just think the city came out and they checked my pool. The city came out and they checked my tattoo parlor. But we want them to know where the county or whoever the government is, is we're not you know, amorphous government agency. We're public health and we're here for you. And so it's not. Those are individual conversations, but those are not necessarily a conversation where the person is trying to convince you to get vaccinated. Those are conversations where they say, oh. Public health is helping me swim safely in my pool. And what that maybe means to you is that public health's intentions, they're coming from a good place. They're coming from a place that wants to help you. And so when they hear a secondary message from public health, maybe through a campaign, maybe through a

community health worker, that's knocking on their door to ask a question that that trust, because of that trust in the people, in the relational group of folks that make up public health, they may be more likely to listen to one of our peers or to a branded message when it comes out.



Monks, Sheryl 16:24

So if someone is just about their business, if they're checking pools and doing these things, how do you prepare staff so that they feel equipped to represent public health in their communities?



Fry Sosne, Erin 16:34

Yeah, it's such a good question and and a space where we have a lot of learning. We have a lot of learning to do because some of our communities just do this so well naturally and we're not always on the front lines. I I think it's important to think in in public health we're decentralized and so our local health departments are out there doing this this hard work every day and then sometimes it's also it's also the state. So it's a tall order and I do want to say that we don't expect the person who is testing the pool to also be talking about tobacco cessation like we don't expect individuals who are part of our community to be spokespeople for the whole thing or even even that. But it's just being able to identify themselves as part of public health. And you know, it's it's an introduction that I'm here with the health department to do X. And I think some of this, I just want to zoom back for a second, talk about the storytelling elements of it because those individuals are representing us and and we've got toolkits for folks to be able to use on their own channels. We teach our team members how to write LinkedIn posts and how to share and and how to do all of that. But we have also held and and some of these are really fun, actually, we've held storytelling sessions before Thanksgiving. We've done this for multiple years now where we teach people how to tell stories and how to talk about their work in public health so that when we know they're going to go home and see folks. And we've also normalized storytelling in our work. And we do that through, for example, we have a town hall once a quarter and we invite folks to come and tell their stories about their work. And it's got the added bonus of people feeling really inspired. So a lot of this is not, you know, it's, it's workforce, it's, you know, we want people to be out there. We want them to wear branded things and we want them to identify themselves as being part of public health. But part of that too is about their their

pride in the work. And we know the more people hear these stories internally about what their colleagues are doing to help others, it it really helps morale quite a bit.



Monks, Sheryl 18:53

What are some of the barriers that staff might be facing as they are trying to build trust with community community members, and how are you helping them address those challenges?



Fry Sosne, Erin 19:02

We aren't going to tackle in this podcast or in my probably in my career the historical distrust in government or misinformation or disinformation, and it is out there and it's rampant. So some of the things we do is, you know, I mentioned some of the capacity strengthening, but I think one of the top things that we do with our team is change the narrative. We change the narrative that the public actually does trust us more than we think. And having that confidence in entering a room, entering a situation to be able to say this is what, you know, this, this is what the expertise tells us, you know, is is helpful. And I also think a key thing and this actually it came up. I was talking to some students a couple of weeks ago at NC State and they said, you know, how do I approach someone in a community who disagrees with me? And the main thing that we're always trusted, the main thing is listen with curiosity instead of judgment. And I think that's our job in in public health. You know, we talk about motivational interviewing and that's a key skill that a lot of us are taught in school or in in other settings. It's like how do you really listen with the intent to motivate and I think that is a skill we have to keep coming back to is curiosity. I use it in parenting all the time. I've got two kids and I think this is not different from how I interact with them is I start with curiosity to understand what's at the root of going on instead of jumping to conclusions to be responsive and then to think about pivoting our approach. One thing I heard that really stuck with me, it was from someone at CDC who was addressing measles in Texas. And what they said was the community doesn't want me to come in and tell them, vaccinate your children because for many of them it's too late. Their kids already had measles. What they needed and wanted at that time was to understand when they should take their kids to the hospital, when they needed to go to the doctor because they were far away and it's important for public health, for all of us, to understand that our job isn't to ram messages

through, but to listen to communities, to approach them with curiosity and to be helpful.



Monks, Sheryl 21:36

Oh, that's so good. Yes. Let's talk a little bit now about partnerships. What partnerships or collaborations have been effective in helping you connect with people and earn their trust?



Fry Sosne, Erin 21:46

We have so many partnerships and so I'm not going to name any particular organizations because I don't want to leave anybody out. I'm sure I would, but there are initiatives that we have put into place, which is a way for government to interact with a lot of community-based organizations with a lot of the public at once. So I'll give you some specific examples of those. We have a NC State Health Improvement Plan, so our Healthy People North Carolina, basically, that's a shared agenda across a whole lot of partners in the state. And we have a community council and that community council meets regularly and it includes members of the community, professionals who work in the space be they community-based organizations, etcetera, and government to talk about the issues that we're tackling, be they related to early childhood, or incarceration, or upstream things like housing and how they impact health. So we create platforms. Our community council is one space where folks are talking to each other and working on collective impact. They're working together They're working side by side. We have tele-town halls and cafecitos and these are moments where the public can call in and ask questions, participate in live discussions with public health leaders and and subject matter experts in our state and and what we call experts is not the person with the most degrees at the table, what we call experts is somebody who has knowledge and a lot of times that knowledge is really based in the community. And so part of earning that trust and having these seats at the table are about who's on the panel and maybe the person on the panel is a clinician and also a community health worker or a parent that has experienced an issue and wants to share their perspective. And I think it's really important how we we continue to show up in those spaces. And lastly, I will just say, you know it is, we we work through and a lot of the folks who join those conversations are not just traditional members of the public. They're folks who are our community partners and they when they cascade their information, when they

add their logo to something that has our logo on it, it strengthens that trust and it, strengthens that, it's a it's a visible signal. And you know, lastly, I will just say partnerships during disasters really showed that come to fruition. So I talked about Hurricane Helene previously, but it was partners that we had been working with for decades on all kinds of things, diabetes, cancer like things not specifically related to disaster response. Those were the partners that showed up during Hurricane Helene and joined with us and said how can we help? But it was a two way conversation. I want to say that because I think that's really critically important with a lot of the structures that we're putting in place is we're creating fulcrums, so folks that have been joining us for these different, you know, formal things over the years show up and say, Erin, I've got a problem. There's contamination in the soil in my community and and you know, what can I, what can I, should I do about this? Folks in my neighborhood are worried about this, they're coughing a lot, you know, where are the resources? And so being able to go forward and make those connections so that that partner who maybe I worked with on a diabetes project years ago, feels like they can trust the government enough to talk to someone they know in the government who's, maybe it's not my job to do that thing, but I can connect them to the right resource and then be able to to follow up and and respond to that. Or a community raising an issue which happened during Helene of we need to know where to go to get formula and at the time all we're hearing from the government is, you know, information about where to go, where there's a shelter. But what if we have a baby who needs formula or we're breastfeeding and we need to know, is it safe to breastfeed? If I'm drinking a certain type of water, do I need to be concerned about that? And so being able to come to the government demonstrated to us that a lot of the things we're doing is working because we did hear from community and we were able to turn around and give them guidance, tell them where to go and how to respond.



Monks, Sheryl 26:05

One of the things you touched on earlier was about how the local health department is so close with the community. And I just wonder, is that part, this is an extra question I'm just throwing in here, but I wonder is that part of the storytelling that you're doing is to make it clear to people that these are people who live in your community, they are the community along with you.

 **Fry Sosne, Erin** 26:29

I love that message so much, Sheryl, because it absolutely is. In fact, there's a there's a line in one of the videos that's like we're your neighbors and your friends because it is so true. It is the number of times, particularly, I mean those of us, I think people don't realize that we're the state government, but we don't all live here in the capital. We're all over the state and a number of times, particularly I think about during COVID when someone raised their hand and said my neighbor asked this question or my, you know, my community member is that we're not a tiny workforce. You know, we're 18,000 people at the Department of Health and Human Services statewide, but our local health departments are even more than that, and they are out there in the community every single day and absolutely they are, they are the neighbors. And I think that is a key message when you look at some of our our content, when you look at some of our storytelling, it's about neighbors helping neighbors. I mean, that is the story of Helene. Helene was about neighbors helping neighbors and I don't know that everybody realized how many of those individuals worked for the government um at the time or or you know and I think it's it's important for us to continue to be like oh by the way this is you know I'm I'm part of the government and and I think that's part of our campaign too is having people, local community members in these rural communities, you know, they, the people have been working for their health department. Their environmental health inspector has probably been there for decades and they they know each other and see each other at the grocery store, see each other, you know, at the Friday Night Football game like they're they're in the community together. And so the more they identify with public health, I think the more we're trusted.

 **Monks, Sheryl** 28:08

Yeah. And as you mentioned also earlier, you said that, you know, it's about changing the narrative that that the public actually does trust their local public health department and they do trust public health. But those stories don't make national headlines.

 **Fry Sosne, Erin** 28:21

Yeah, there is mistrust. Like, like, don't get me wrong, there's totally mistrust. It is. It is there. It is real. And we're seeing it. You know, when we say 8 in 10, there's also 2,

right? Like where's the other? Where are the other two who don't find their health department trustworthy, right? Like it's it's out there. I think we just have to recognize and I think this came through some polling we did also around vaccination recently was you know intent to get a flu or a COVID or an RSV vaccine if qualified, we did polling and we were like shocked. We were like let's go back. This data can't be right that half of people were thinking about getting a flu shot this year and that's not like, I think we so often assume so many people aren't doing the things that we're recommending, but there's a lot of people that do, they're listening and they need us to show up for them. And the more we show up, the more trust we build.



Monks, Sheryl 29:14

So if you could leave listeners with one takeaway about how public health is working to earn and maintain trust, what would it be?



Fry Sosne, Erin 29:23

So trust is earned through both visible campaigns and this everyday relational action. When when communities know us, they trust us and see the value of our work and we cannot take that for granted. We have to be intentional about earning trust and getting out there. We can't be too busy for it. It's not the extra work, it actually is the work.



Monks, Sheryl 29:50

I love that. Thank you so much, Erin. Is there anything else that you would like to say that we haven't already talked about?



Fry Sosne, Erin 29:56

Yeah, I will say one more thing is that trust is a buzz word. I think we often look at trust and say it's all or nothing, and it isn't actually all or nothing. When I think about like, does my, you know, does my spouse trust me or do my coworkers trust me? They may trust me about some things and not other things. And I think we have to recognize that that's OK. You know, my son the other day asked me a question about something at school, and I have to say I'm not an expert in that, and that's OK. We need to go to somebody else who is trusted, like I could come up with something. And I think we know as public health, we have to say when we know and we don't know things, and that breeds trust as well. But people shouldn't be trusting me on,

you know, things that I'm not an expert in at all. They should not be trusting me on fashion. They should not be trusting me on travel advice. They should not be, you know, there's lots of things they shouldn't be trusting me about. And I think that we can't think that trust means we know everything and people are going to listen to us about everything. But it doesn't mean they trust us about nothing. And it's important to understand that and and embrace that trust is not a monolith.