

TRUST IN CANADIAN GOVERNMENT: WHAT IS IT, (HOW) HAS IT CHANGED, CAN IT BE MEASURED, AND WHY DOES IT MATTER FOR POPULATION HEALTH?

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Acknowledgments

Team

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The practical problem relevant to sharing data

- Technology has the potential to change the way our health data are collected, shared, and used to improve the health of Canadians
- Evident gaps in the collection and use of informative data in healthcare – public concern regarding the confidentiality and privacy of data help to explain some of this
- Whether or not, and how these technologies are applied, is heavily dependent on the public's trust in the science, government, and related social institutions (e.g., universities, research institutes, public health) behind these technologies (e.g., the failure of Care.data)
- To foster sharing of data, we need to consider the real or perceived risk of the consumer

What is trust?

- The acceptance of vulnerability (risk) and is based on positive expectations of the person or institution we are trusting
- Consider both ‘care’ and ‘competence’
- Risk is a defining feature of trust – if there is no risk, there is no need to trust
- Trust at two levels - the institutional and the interpersonal - that are often inextricably linked; that is, trust in individuals (e.g., Trudeau), who serve as the face of institutions (e.g., Federal government), to some extent impacts trust in the organisation with which they represent

Trust and health behaviour

- Trust in government has been associated with:
 - Increased social cohesion (solidarity among community members) (1)
 - Interpersonal trust between citizens (2)
 - Public acceptance of government policy (3)
 - Acceptance of government recommended health behaviours (4-7)
 - **Negatively associated with believing misinformation and conspiracy theories (8)**
- Citizen trust is a critical consideration for government and has gained more attention than ever before
- Declining trust threatens the legitimacy of the social institutions put in place to structure the rules and norms that shape behaviour at a population level

Trust in government within Canada (CanTrust Index, 2023)

- 37% of citizens trusted the national government, up from 22% in 2022
- 54% trust in the current Liberal party, up from 43% in 2022
- 32% trust in the Prime Minister currently, falling 1% since 2022 (10)
- Data are not isolated in Canada and relate to what some have called ‘a trust crisis’ (see <https://trustgov.net/>)
- Research that might inform practical and tailored strategies to build trust are of central focus

Why are people looking to, and placing trust in, alternative forms of information?

Misinformation as a source of declining trust

- Social media has drastically changed the way that individuals come to access and consume news, providing instant updates and rapid distribution of information to consumers (21)
- Concern over the notion of what is ‘legitimate’ information - users increasingly see peers within their social media networks as authoritative and legitimate sources of information (23)
- Harms arise when this alternative form of ‘expertise’ contrasts with information that is generated by institutions with specialised expertise – for example, public health agencies
- Threats to the legitimacy of, and trust in, science and social institutions promoting health and social behaviours to support population health.
- Misinformation has been “actively propagated as a means to destabilise trust in governments” (23) (p. e277).

Trustworthiness – considerations of social inequities

- Public perceptions of care vs. competence – the relative importance may differ across populations
- Criticisms of efforts toward Reconciliation with Indigenous Peoples for historical injustices, high levels of inequity in the population, general dissatisfaction with governmental approaches to managing economic hardship, climate change and the COVID-19 pandemic – this translates to a lack of trust in other areas of government
- A critical agenda is to demonstrate trustworthiness and accountability – accounting for population(s) of focus and how/where trust needs to be restored
- Pan-Canadian Health Data Strategy, Report 3 provides a list of strategies specific to trust and data sharing

My research program at Waterloo*

- Advances our understanding of what trust is (15-18), its role in shaping health behaviour (18-27), how it relates to misinformation (28, 29), and in **generating tools for investigating and measuring trust** (19, 30-33)
- Two arms that operate in tandem to generate evidence-informed strategies for building trust in various contexts:
 1. Collecting empirical data to understand the role of trust in health behaviour;
 2. Developing, validating, and applying tools for the measurement and investigation of trust.

*Trust in Science and Technology Research Network at Waterloo

Application and opportunities for collaboration

- We have developed and validated two measures of trust to inform and evaluate interventions aiming to (re)build trust:
 - The Trust in Multidimensional Healthcare Systems Scale (TIMHSS), a validated 38-item correlated three-factor measure of trust in doctors, policies and the system - the first single measure that examines trust in the healthcare system broadly
 - Trust in Government Measure (TGM), a validated 13-item unidimensional measure of trust in Federal government – first measure to be developed and validated within the Canadian context
- These measures **will be** used to measure trust over time and inform population-level interventions to increase trust as it relates to behaviour change (data sharing?)
- **Importantly – these tools allow us to identify factors affecting trust that are *actionable* and can be used to inform interventions tailored to context and population**

How can these tools be used?

- These measures will help us to understand trust as it relates to behaviour change over time, and in response to developed interventions, in areas where this association is established:
 - the acceptance of messaging around alcohol and cancer risk (Meyer, Lunnay et al. 2022)
 - participation in government-funded cancer screening programs (Ward, Coffee et al. 2014, Ward, Coffee et al. 2015, Ward, Coffey et al. 2015)
 - vaccine uptake (Attwell, Leask et al. 2017, Ward, Attwell et al. 2017, Attwell, Meyer et al. 2018)
 - acceptance of behaviour change recommendations in primary care (Meyer and Ward 2008, Meyer 2013, Meyer and Ward 2013)
 - health policy (Meyer 2013, Ward, Meyer et al. 2015)

Application of measures

- The TGM and TIMHSS can be used in intervention and experimental studies to investigate related to health behaviours for which this association has not been established
- There is opportunity to use these measures to: 1. Identify the extent to which trust in government, providers, health policy or the health system impact data sharing behaviour; 2. Interrogate survey items to identify factors underlying low levels of trust; 3. Look at how this varies across the population
 - TIMHSS Systems factor item ‘I trust that patients’ medical information is kept confidential’
 - TGM items ‘The federal government acts in the best interest of citizens’; ‘The federal government makes decisions that support citizen autonomy (independence)’; ‘The federal government does everything they should to protect the population.’

CENTRAL MESSAGE

1. Big data projects will not work if the public do not trust
 2. We need to understand how to demonstrate trustworthiness – measurement can assist with tailored and evidence-informed interventions
 3. We need to follow through and demonstrate accountability – a need for ongoing evaluation of our efforts
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We need to “[create] transparent, pro-active two-way communication with the public to help earn and sustain their trust, and demonstrate the value of health data sharing.” - Pan-Canadian Health Data Strategy, Report 3

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