

Why public health needs a government that can be trusted to fasten its seatbelt when driving

Research in the spotlight

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- Justine Karpusheff

The vital role of trust for effective public health strategies is not a new notion. HIV and AIDS, avian flu and Ebola have all [demonstrated](#) that people are more likely to adhere to public health measures when they trust the people issuing the guidance. However, the COVID-19 pandemic has thrown the [association between public trust and public health](#) into stark relief, [especially in the UK](#).

People's confidence in public bodies is dynamic and affected by contextual factors, including health shocks. However, data suggest that trust in government has [steadily declined](#) over recent decades. In the UK, the so-called '[Cummings effect](#)' – non-compliance of politicians during the pandemic – has contributed to a steep drop in confidence. Given the continuing parade of rule-bending politicians, it is perhaps unsurprising that trust does not appear to have recovered. The [25th edition of the Ipsos Veracity Index](#) reports politicians as the least trusted profession in Britain, with only 12% of respondents trusting them to tell the truth – the lowest level since 2009. Although data from the [2022 OECD survey](#) indicate that across all OECD countries trust and distrust in government is evenly split (41.4% and 41.1% respectively), in the UK only a third of those surveyed trust their national government (35%, n=3,101).

The pandemic provides us with compelling evidence of why declining trust matters. A [2022 study of 177 countries](#) exploring infection and vaccination rates concludes that the higher the trust (government and interpersonal), the fewer the infections. A 2020 [pan-European study](#) also argued that increased trust could lead to significant decreases in mortality growth. This study

made the sobering assertion that if trust in government in Europe had been 25% higher between March and April 2020, there could have been 4,435 fewer COVID-19 deaths. Both studies urge governments to address public confidence to ensure compliance with public health measures and remind us that trust can be regained.

However, as a [Health Foundation funded study](#) shows, the relationship between public health measures and trust is complex and too many studies approach compliance through a binary lens.

This longitudinal study addresses a gap in research by generating a more '[holistic understanding](#)' of the dynamics at play. Exploring vaccine hesitancy in Bradford, before and after COVID-19 vaccinations were universally available, the study finds that people are not simply 'compliant or not – rebels or saints' and a range of reasons underlie their vaccine decisions. Those having vaccinations are driven by concerns for vulnerable loved ones, by the 'greater good' or by practical reasons, including travel. They are also persuaded by seeing others having vaccinations and trust plays an influential role. Trust can reassure people who are hesitant or, as one respondent (who had chosen not to be vaccinated) describes, can dissuade:

'Like some people have said, "Oh this person's had the jab and then they've got, they've been paralysed or something" ...So I don't know if it's true.' (Tariq)

Misinformation and the 'deluge' of information from different sources leaves people unsure who to trust. Politicians are identified as exacerbating this uncertainty. Worryingly, this leads people to lose trust further and disengage with public health messages, even when they are mostly compliant:

'The politicians not following their own messages and you know, it's not like trustworthy.' (Sofija)

'I think lots of my friends don't trust yeah, the government yeah. And then people are generally fed up with all the information. I see lots of comments about oh stop scaremongering blah, blah blah, something like that, you know. So, people I think are fed up, they don't want to hear about

it.' (Tomasz)

The threads in these studies, when weaved together, present both a case for addressing trust in government, and evidence of the potentially negative consequences of mistrust. They also offer potential solutions for effective public health interventions, providing [convincing arguments](#) for the valuable role of peer networks. Along with local government, peer networks are more likely to be trusted, particularly with [groups where trust is low](#).

It is good to see that the [UK COVID-19 Public Inquiry Terms of Reference](#) include the role of national and local government, because although trust '[comes on foot and goes away on horseback](#)', fluctuations in trust over time show us that it can be rebuilt. Learning and recommendations generated by the inquiry should aim to support a rebuilding of trust in government for effective public health, because for future resilience to health emergencies we need a government that can be trusted to fasten its seatbelt when in the driving seat.

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<https://www.health.org.uk/news-and-comment/blogs/why-public-health-needs-a-government-that-can-be-trusted>