

HOW THE PANDEMIC RESHAPED TRUST IN CANADA

A MIXED-METHODS STUDY

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Coronavirus Variants
Rapid Response
Network



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Summary

As we came out of the pandemic phase of COVID-19, in May 2024, Canadians coast-to-coast-to-coast were ready to talk about trust in public institutions, governments, media and in each other.

- **Public trust levels varied depending on trust source:** highest were in the work of health scientists, followed by medical care providers, public health authorities. Trust in traditional media were followed by trust in governments, federal and provincial. Lowest trust was in social media.
- **There were notable differences in trust levels regionally.** Generally, trust levels were higher in PEI, Newfoundland/Labrador, Quebec, and BC. Lowest in Alberta and Saskatchewan.
- **Trust levels differed significantly by social, demographic, cultural and spiritual attributes**—not always in the expected directions.
- **Trust change (during vs before Covid) were most pronounced in public health authorities** followed by medical care providers, then health scientists. Who increased/decreased trust was dependent on social, demographic, cultural and spiritual factors.
- When asked what led to trust and change in trust, Canadians said that **trust starts with truth** even if the truth is hard, that they would like **less politics, more science**, and that **clear, consistent and empathetic communication** early on and often mattered.

Can Public Health Thrive Without Trust?

Public trust in government, public health institutions, social organizations, and health entities plays a critical role in healthcare access, treatment adherence, and crisis management effectiveness.

The COVID-19 pandemic has underscored the significance of trust, with lower levels of trust being associated with higher mortality rates and vaccine hesitancy.¹



RESEARCH ARTICLE

Canadians' trust in government in a time of crisis: Does it matter?

Hoda Herati¹, Kathleen E. Burns¹, Maria Nascimento¹, Patrick Brown², Michael Calnan³, Ève Dubé⁴, Paul R. Ward⁵, Eric Filice⁶, Bobbi Rotolo¹, Nnenna Ike¹, Samantha B. Meyer¹*

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Abstract

The ability of governments and nations to handle crises and protect the lives of citizens is heavily dependent on the public's trust in their governments and related social institutions. The aim of the present research was to understand public trust in government during a time of crisis, drawing on interview data (N = 56) collected during the COVID-19 pandemic (2021). In addition to the general public (n = 11), participants were sampled to obtain diversity as it relates to identifying as First Nations, Métis, and Inuit (n = 7), LGBT2SQ+ (n = 5), low-income (n = 8), Black Canadians (n = 7), young adult (n = 8), and newcomers to Canada (n = 10). Data were coded in consideration of social theories of trust, and specifically the nature of trust between individuals and institutions working with government in pandemic management. Canadians' trust in government was shaped by perceptions of pandemic communication, as well as decision-making and implementation of countermeasures. Data suggest that although participants did not trust government, they were accepting of measures and messages as presented through government channels, pointing to the importance of (re)building trust in government. Perhaps more importantly however, data indicate that resources should be invested in monitoring and evaluating public perception of individu-

Study Objective: Identify public perceptions of the government's response to the pandemic, specifically exploring how their perceptions related to trust in government as an institution.

Despite a general lack of trust, participants accepted government measures and messages.

Trust was shaped by perceptions of pandemic communication and transparency.

Key Findings

Highlighted the need to consider diverse perspectives and unique challenges faced by different communities.

Emphasized the need for transparent, competent, and empathetic communication to maintain and build trust in public health institutions.



Influence of COVID-19 on trust in routine immunization, health information sources and pandemic preparedness in 23 countries in 2023

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It is unclear how great a challenge pandemic and vaccine fatigue present to public health. We assessed perspectives on coronavirus disease 2019 (COVID-19) and routine immunization as well as trust in pandemic information sources and future pandemic preparedness in a survey of 23,000 adults in 23 countries in October 2023. The participants reported a lower intent to get a COVID-19 booster vaccine in 2023 (71.6%), compared with 2022 (87.9%). A total of 60.8% expressed being more willing to get vaccinated for diseases other than COVID-19 as a result of their experience during the pandemic, while 23.1% reported being less willing. Trust in 11 selected sources of vaccine information each averaged less than 7 on a 10-point scale with one's own doctor or nurse and the World Health Organization, averaging a 6.9 and 6.5, respectively. Our findings emphasize that vaccine hesitancy and trust challenges remain for public health practitioners, underscoring the need for targeted, culturally sensitive health communication strategies.

Study Objective: Assess perspectives on COVID-19 and routine immunization as well as trust in pandemic information sources and future pandemic preparedness.

Trust in Government Management of the COVID-19 Pandemic in Canada:

- **54.4%** of respondents reported Trust or Somewhat Trust
- **45.6%** of respondents reported Did not Trust, Somewhat Did not Trust, or were Unsure/Don't Remember

Trust in Sources of Information about COVID-19 Vaccines in Canada:

- My doctor or nurse
- My family and friends
- WHO, ECDC, CDC
- My government
- My employer
- News media
- Religious leaders
- Social media

HEALTH | POLITICS

Empowering public health officials requires trust in government

Reinforcing trust in both politicians and public servants will be key to meeting the next major public health crisis.

by Christopher A. Cooper

September 5, 2024

When the COVID-19 pandemic swirled in early 2020, a common thread brought Canadians together: they turned to governments to guide the way forward, keep us safe and seek a remedy.

It was a (thankfully) rare moment in our society brought on by a common existential threat. The unintended consequence was that it also brought us together in support of the common good behind our elected leaders.

Before and since then, our trust in government and politicians has been eroding.

The consequences go deeper than just fostering a political climate characterized by increasing vitriol and distrust. It is also harming us.

THE CONVERSATION

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Q Search analysis, research, academics...

Inquiry must assess how Canada's fragmented COVID-19 response lost the public's trust

Published: July 28, 2023 4.43pm EDT

It is clear that some public trust in public health, science and government has been lost in Canada and around the world. (Shutterstock)

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FIRST READING: Why nobody trusts the government anymore because of COVID

Share on Reddit in new tab

Downtowns have been laid waste and free trade is in retreat: the permanent effects of COVID-19

By Tristin Hopper

Published Jan 30, 2023 Last updated Jan 30, 2023 6 minute read

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Opinion: Canadians no longer trust their government

Trudeau's government suppresses dissent while selectively applying justice.

Barry Cooper

Feb 10, 2025 10:00 PM

StatCan COVID-19: Data to Insights for a Better Canada

Canadians' willingness to get a COVID-19 vaccine when one becomes available: What role does trust play?

POLITICS

Canadians less trusting of governments as COVID wears on for second year: poll

By Mia Rabson • The Canadian Press

Posted February 9, 2022 7:46 am · 3 min read



Trust Dynamics and Equity in Public Health: A Mixed Methods Study



MEET OUR TEAM

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What This Project is All About

OBJECTIVES

1

Investigating the **evolution of public trust in scientists, public health authorities, medical care providers and governments** during the pandemic.

2

Identify **factors influencing trust**, specifically the erosion of trust among Canadians at large and in equality-seeking communities.

3

Identify **factors** that are associated with **change in trust** in May 2024 compared to before the pandemic (March 2020)

4

Understanding how Canadians **describe trust and trust change** during the pandemic, how it impacted vaccine receipt and how to rebuild trust moving forward

What Framework Guided the Research?

Objective one

Investigating the evolution of public trust in scientists, public health authorities, medical care providers and governments during the pandemic.

Objective two

Identify factors influencing trust, specifically the erosion of trust among Canadians at large and in equity-seeking communities.

Objective three

Identify factors that are associated with change in trust (trust increased, decreased, stayed the same) in May 2024 compared to before the pandemic (March 2020).

Objective four

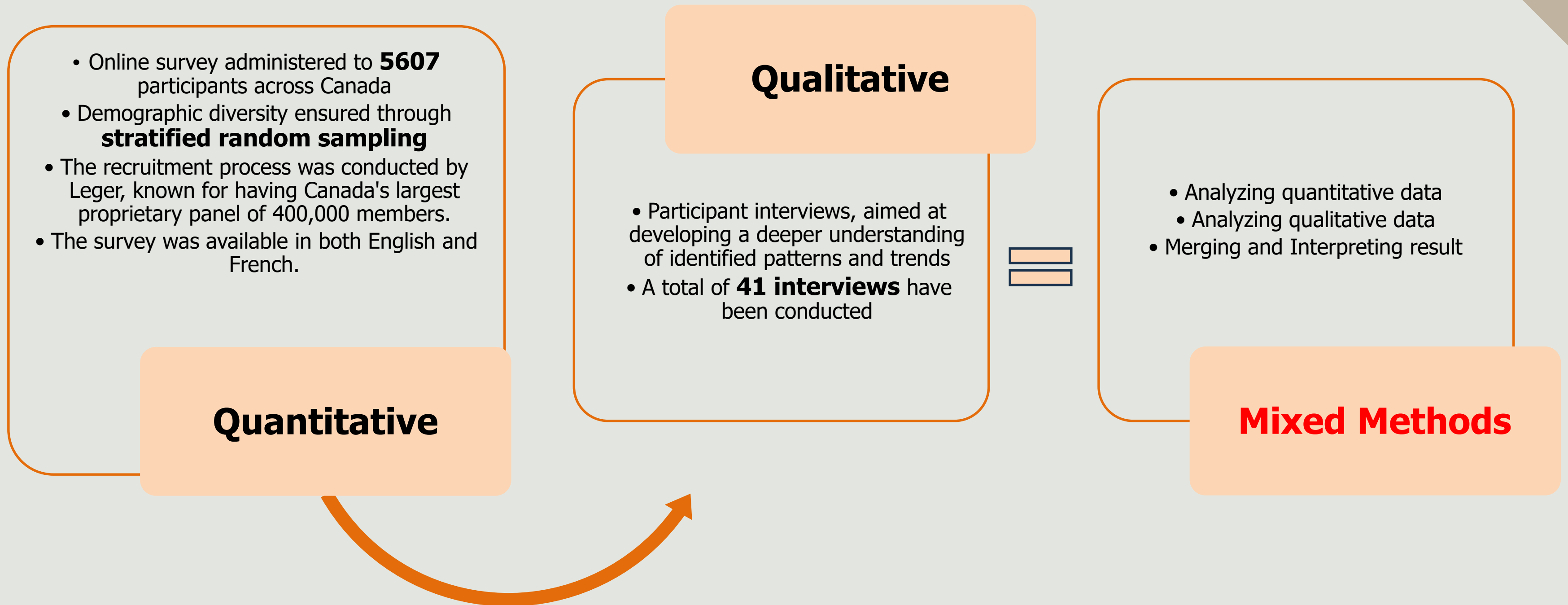
Understand how Canadians describe trust and trust change during the pandemic, how it impacted vaccine receipt and how to rebuild trust moving forward.

**Phase 1 -
Quantitative
Study**

**Phase 2-
Qualitative
Study**

**TRUST Dynamics -
Mixed Methods**

Our Approach



Integrated design: a. Qualitative sampled from survey participants, b. Similar content in quant and qual, and b. Quant and qual results side-by-side

Some Definitions

- In a vulnerable situation, the expectation that others will behave with good will, keep promises, and avoid doing harm.
- Trust is how individuals respond to “uncertain conditions”.
Trust is a psychological condition that leads to making a choice and to act in a certain way, but not the choice or the behaviour itself.
- Four main pillars: benevolence, reliability, competence and predictability.
- Honesty, consistency, and reasonableness appeared to be the most influential factors driving trust.

Measurement (example)

The following survey section will be about trust in Public Health Authorities (Public Health Agency of Canada (PHAC), and Provincial and Territorial Health Authorities (e.g. Ontario Health, Toronto Public Health, Vancouver Coastal Health, Nova Scotia Health Authority, Health PEI, Saskatchewan Health Authority)

		Strongly Trust	Trust	Neither Trust nor Distrust	Distrust	Strongly Distrust	I prefer not to answer
B1	How much did you trust Public Health Authorities' <u>management of the COVID-19 pandemic?</u> ⁴						
B2	How much did you trust the <u>sources of information</u> provided by Public Health Authorities during the pandemic? ⁴						
B3	How much did you trust the <u>decision-making processes and strategies</u> employed by Public Health Authorities in responding to pandemic or dealing with COVID-19? ⁴						
B4	How much trust did you place in the <u>effectiveness and transparency of communication</u> from Public Health Authorities regarding the COVID-19 situation? ⁴						

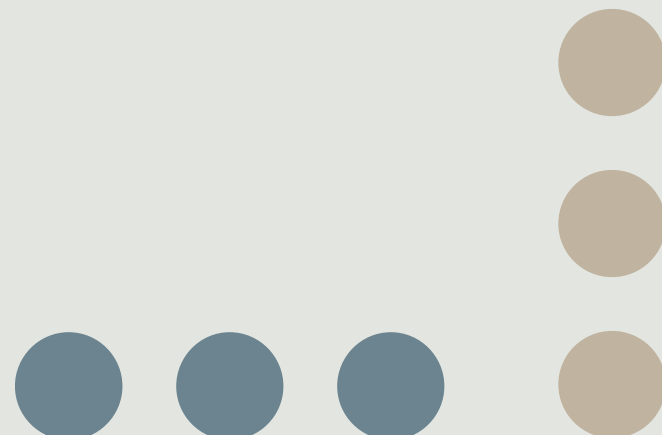
Measurement (example continued)

		Strongly Trust	Trust	Neither Trust nor Distrust	Distrust	Strongly Distrust	I prefer not to answer
B5	How much trust did you place in the <u>prevention efforts</u> (eg. masking, social distancing <u>EXCLUDING</u> vaccination) from Public Health Authorities regarding the COVID-19 situation?						
B6	How much trust did you place in the <u>vaccination efforts</u> from Public Health Authorities regarding the COVID-19 situation?						
B7	How confident are you in Public Health Authorities' ability to handle <u>unexpected health emergencies in the future?</u> ⁴						
B8	How has your trust in Public Health Authorities changed since the beginning of the COVID-19 pandemic? ⁵ Choose one only.						



Segment 1.

Who Did We Study?



2024

May

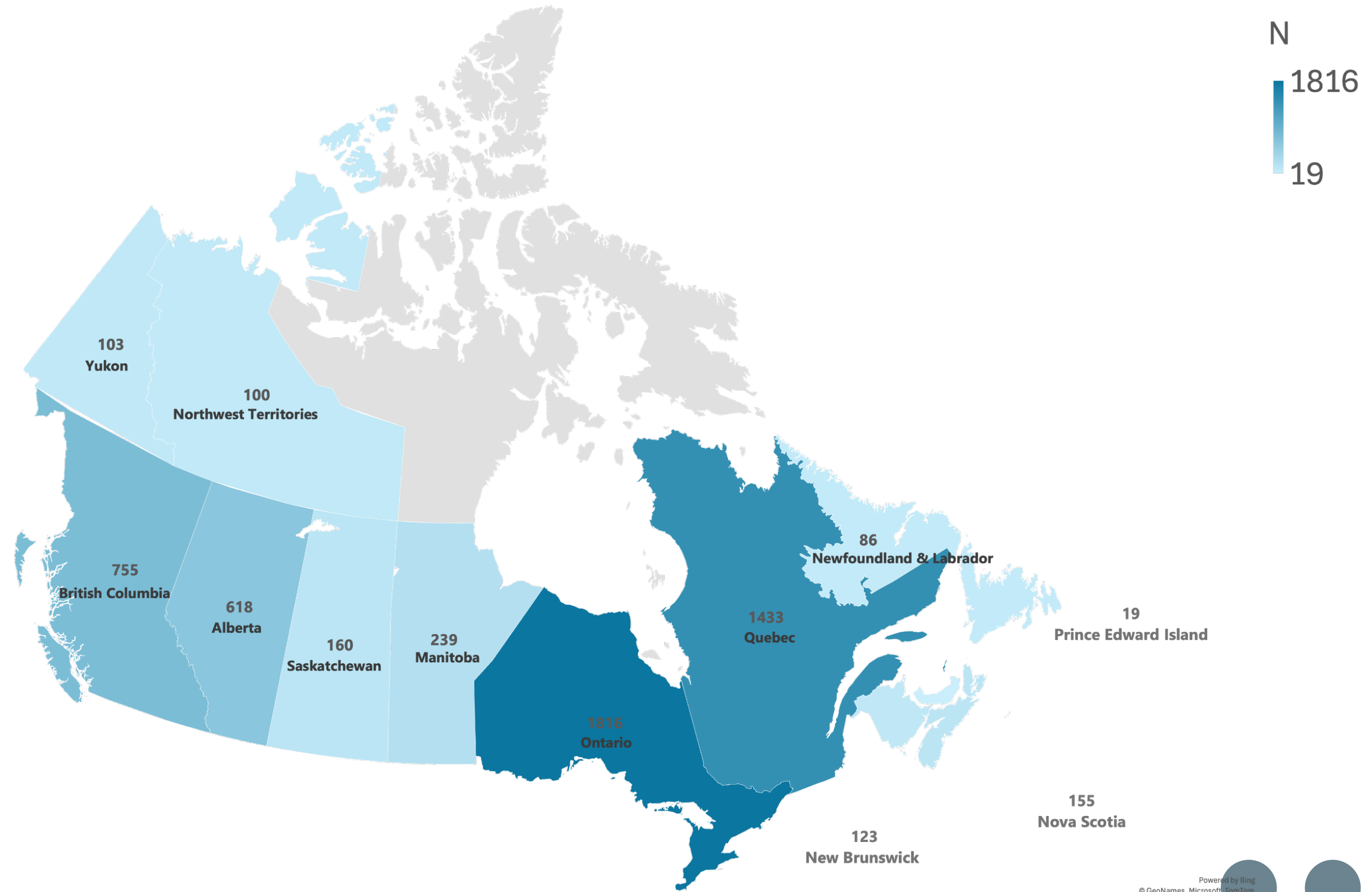
10 + 2

Provinces & Territories

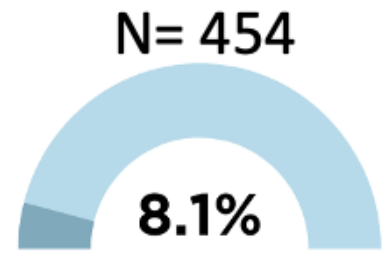
5600+

Canadian adult respondents

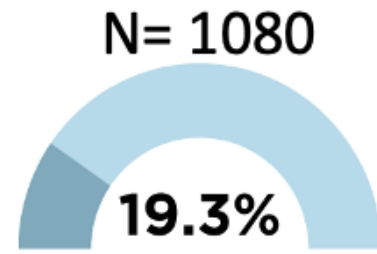
Geographic Distribution of Participants by Province and Territory



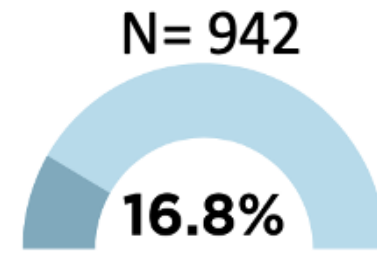
AGE



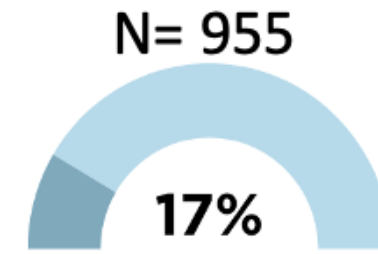
18-24 YEARS



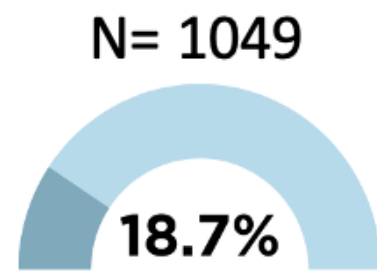
25-34 YEARS



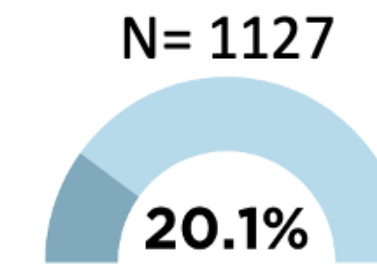
35-44 YEARS



45-54 YEARS



55-64 YEARS



65 YEARS & OLDER

SEX



GENDER



N= 1040



18.6%
ETHNIC MINORITY

ETHNICITY

N= 710



12.7%
INDIGENOUS
(FIRST NATIONS, METIS & INUIT)

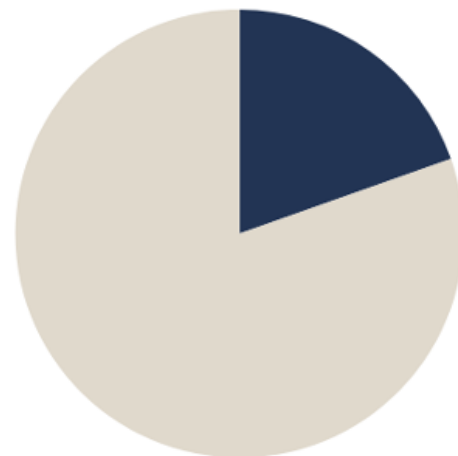
EDUCATION

N= 39



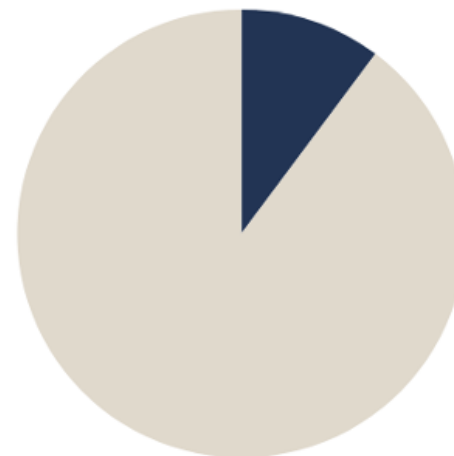
0.7%
PRIMARY SCHOOL
OR LESS

N= 1094



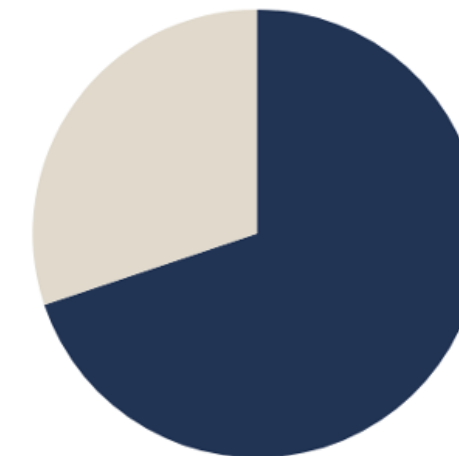
19.5%
HIGH SCHOOL

N= 515



9.2%
TRADE SCHOOL

N= 3905



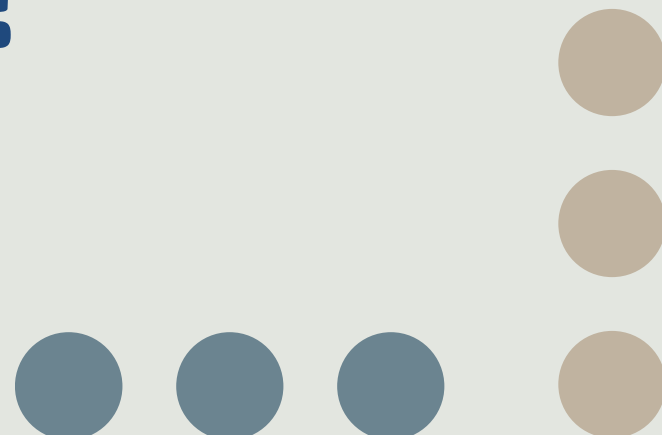
69.5%
COLLEGE OR
UNIVERSITY DEGREE



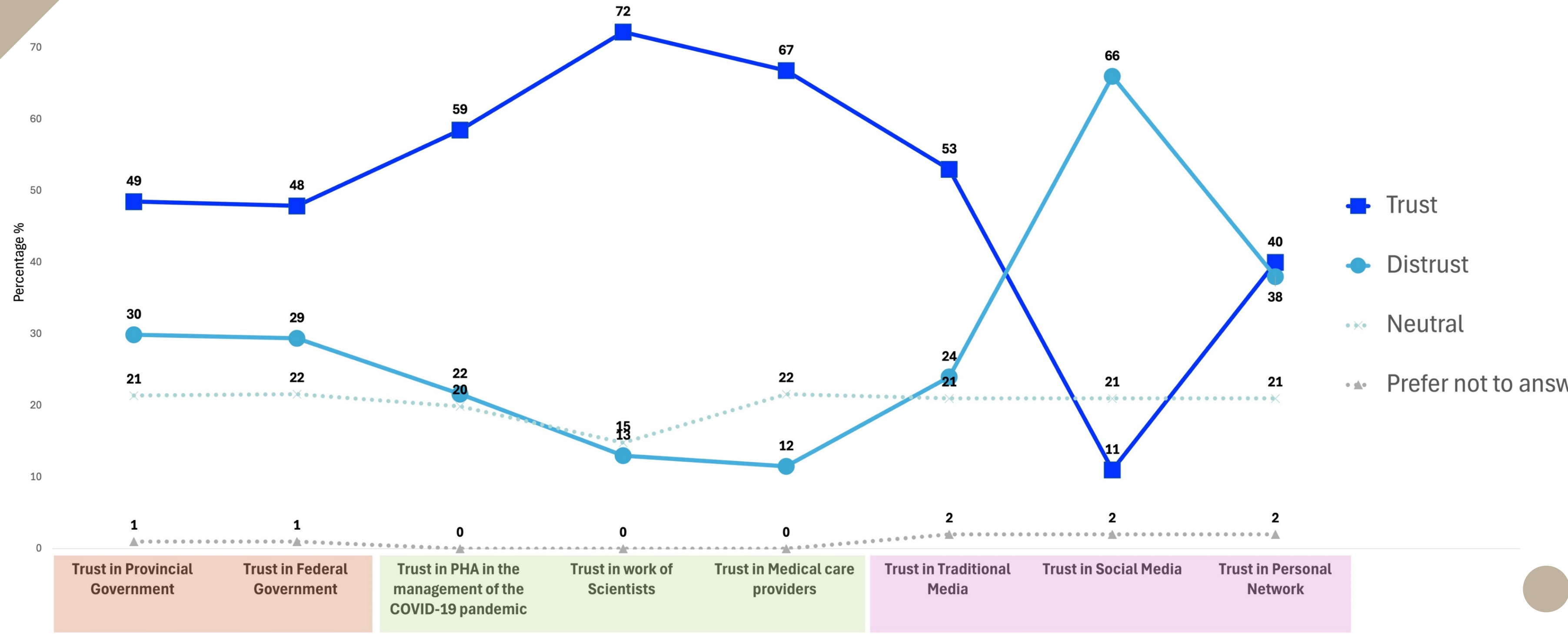
Segment 2.

Trust in **a. Governments;**
b. Public Health;
c. Medical Care Providers;
d. Health Scientists; and
e. Social and Personal Network.

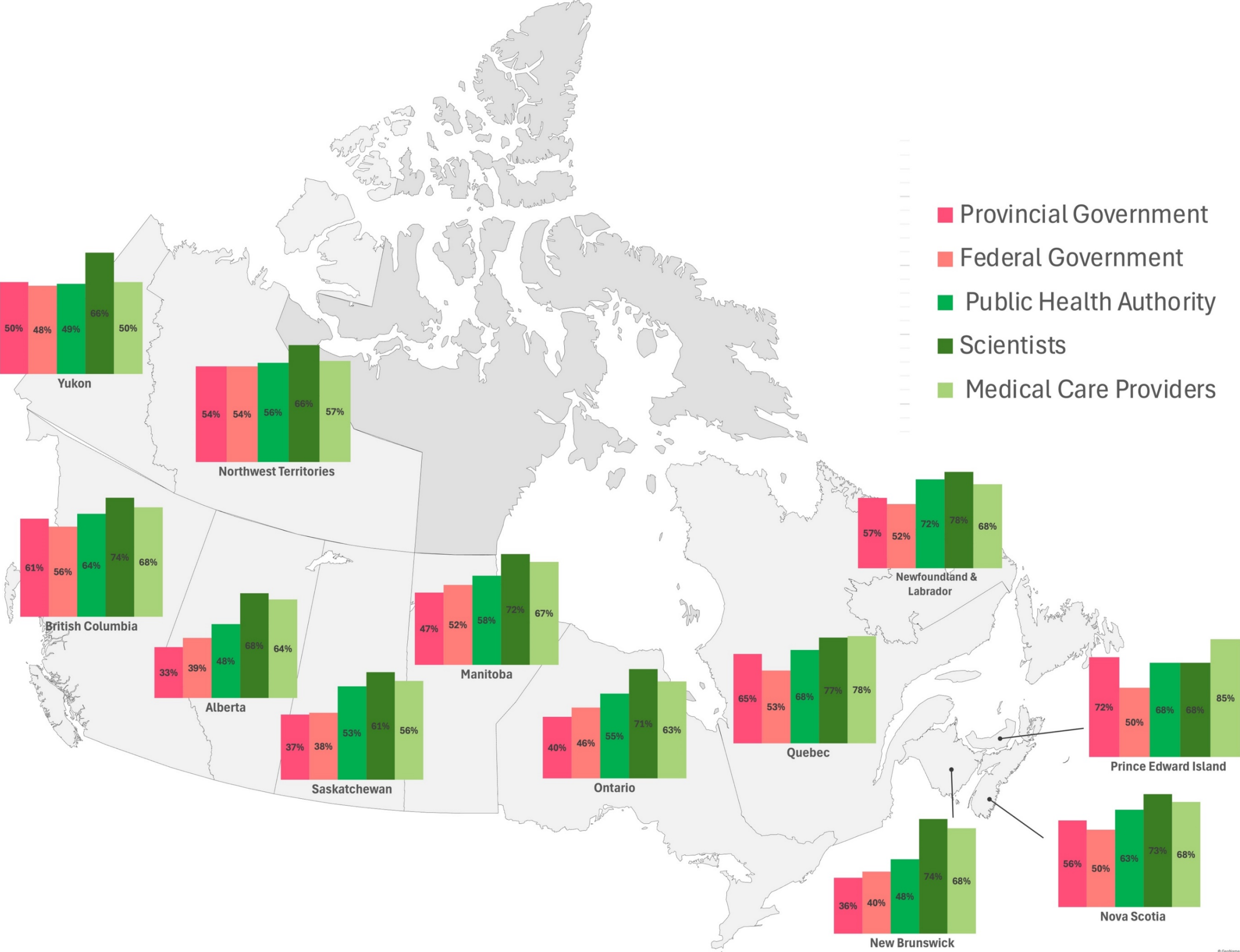
Where We Stand as of May 2024?



Prevalence of Public Trust (Distrust) in Government Institutions, Health Professionals, Social and Personal Networks



Percent Trust in Federal Government, Provincial Government, Public Health Authorities, Medical Care Providers, and Health Scientists



What we know about public trust...so far (seg 2)

High trust in the work of scientists (72%) followed by trust in medical care provider (67%), and then public health (59%). Significant distrust in social media (66%) compared to traditional media (24%).

Generally higher trust in provincial governments in Prince Edward Island (72%), Quebec (65%) compared to Federal Government.

Trust in Public Health Authorities ranged between 48% (Alberta & New Brunswick) to 72% (Newfoundland and Labrador).

Canadians trust traditional media (42–63%) more than personal networks (17–60%) or social media (5–19%).

"There were a lot of decisions that were based on politics as much as science." (P45)

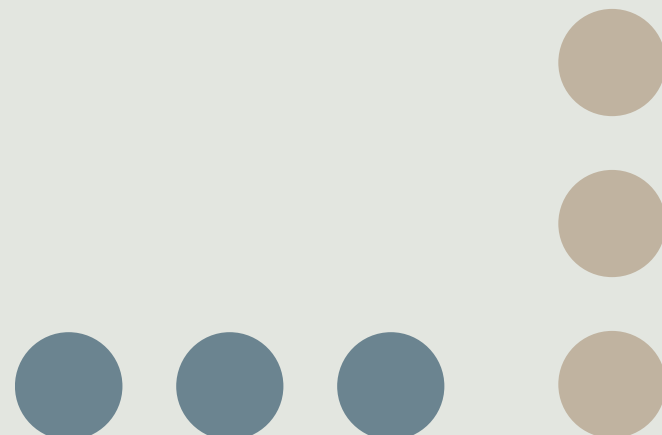
P46 (female, 65+) stated that "[Hearing from scientists] was something new to me, and I trusted them and relied on their information more than I had before."

"[Provincial governments] were trying to figure out a way to spin it, to not alienate their supporters." (P39, male, 55-64)

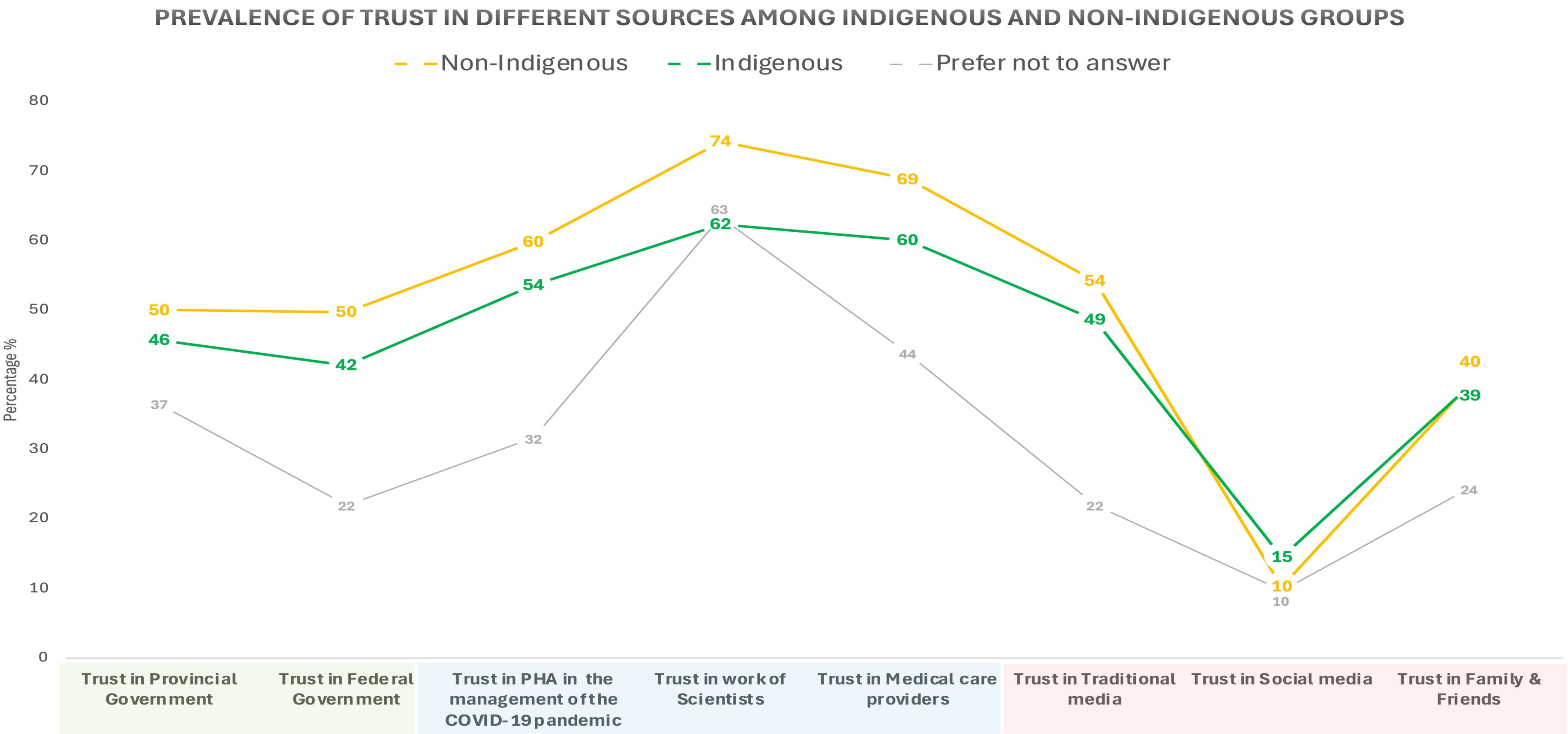
"[The CMHO] has got to do what the government says, or the premier says...[but] my GP, who I've known for 40 years of my life, would tell me the straight goods. Because not only do I know him professionally, but I also know him personally." (P57, male, 55-64)

"[The federal government is] an overview of everything, so it's not like individual communities and stuff like that. The community level, they had to be the ones to take the reins, because federally, it was just chaos." (P88, female, 25-34)

Segment 3.
TRUST DYNAMICS:
ONE COUNTRY, TWO REALITIES

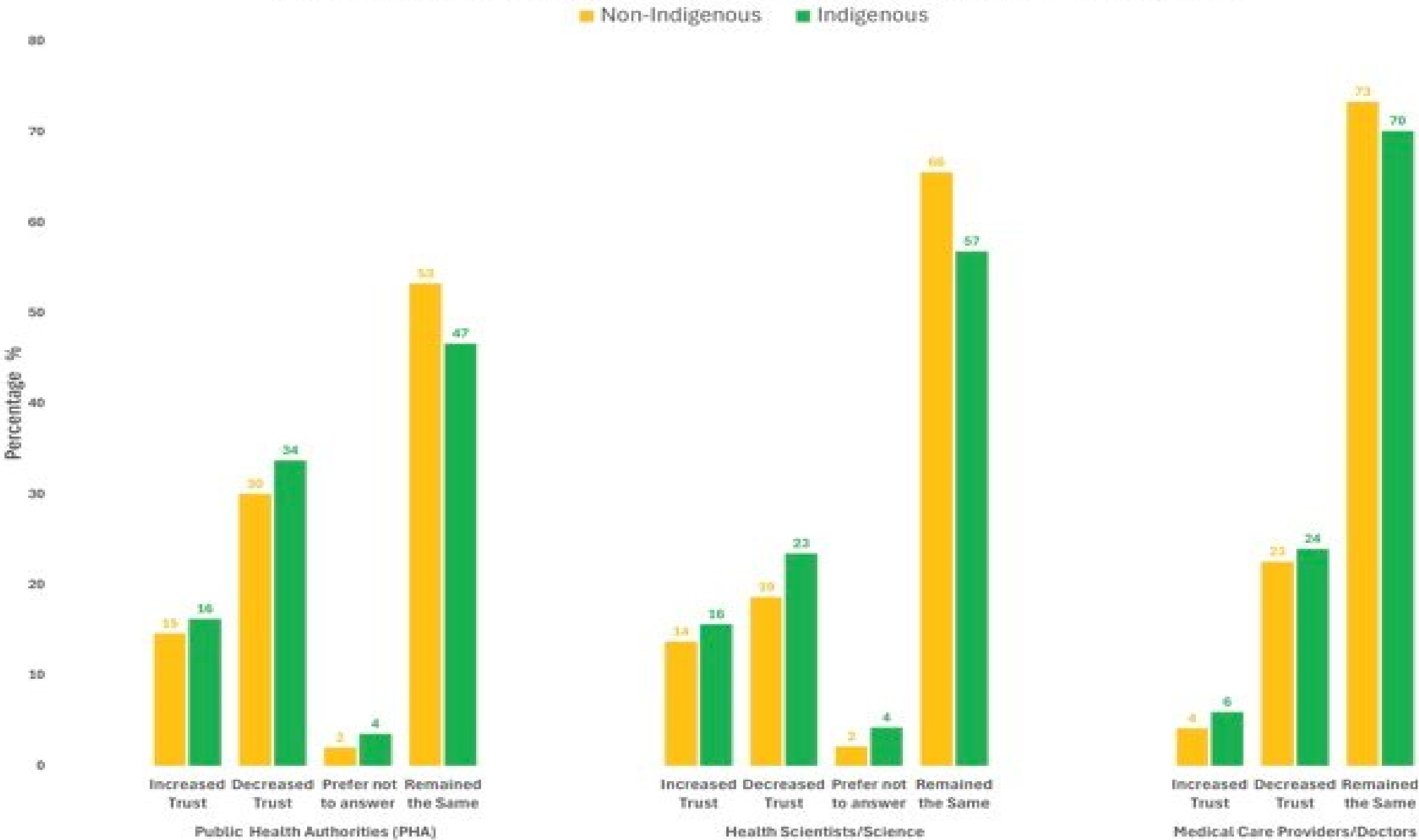


Sources of Trust: Indigenous vs. Non-Indigenous



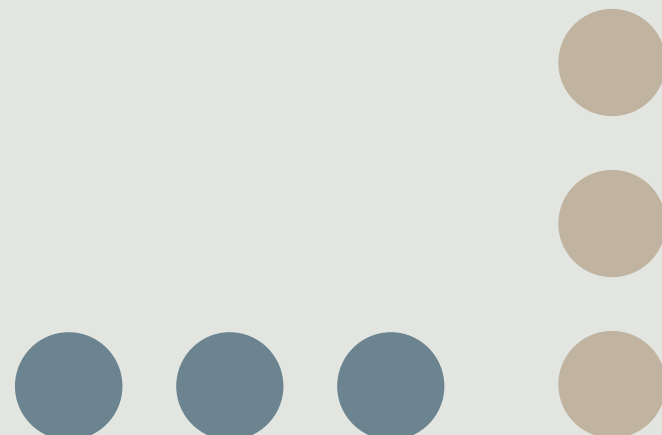
How Trust Has Changed?

Changes in Trust Toward Public Health Authorities, Health Scientists, and Medical Care Providers Since the Onset of the COVID-19 Pandemic Among Indigenous and Non-Indigenous Populations

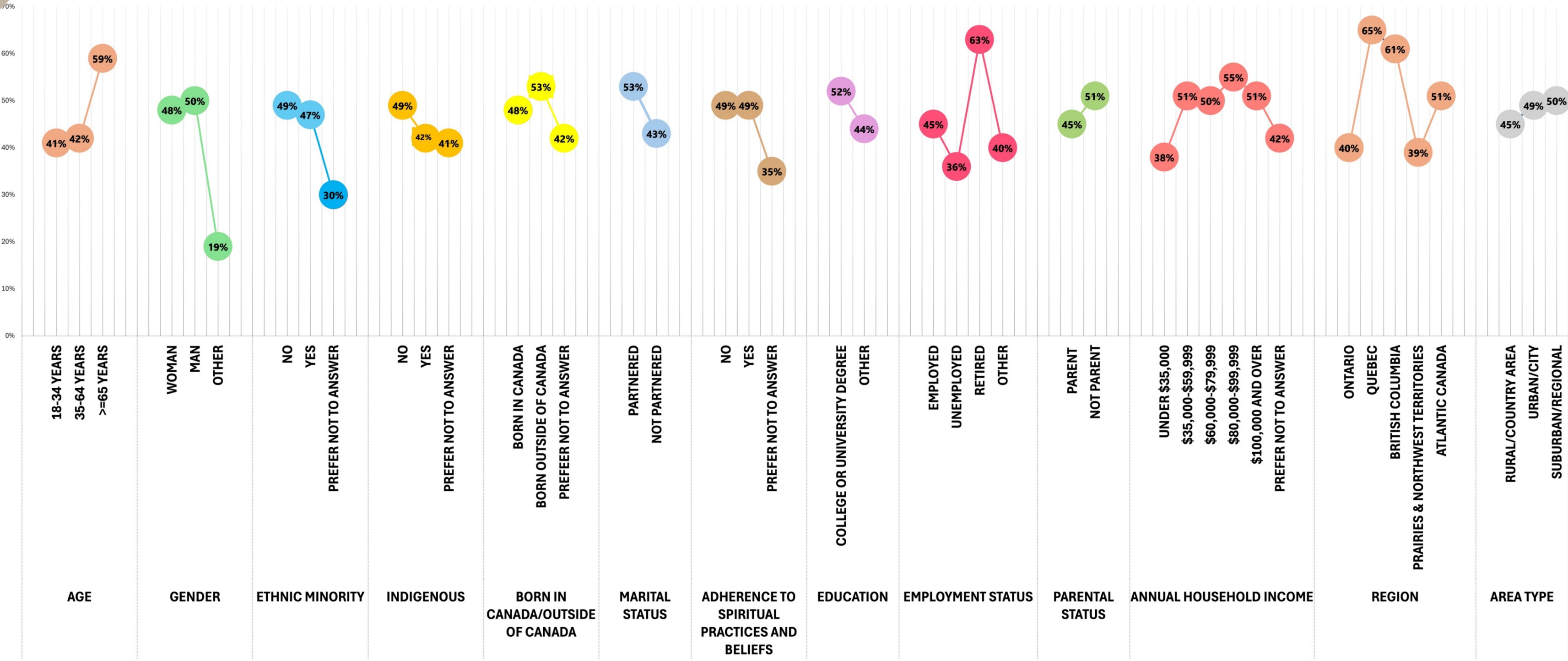


Segment 4.

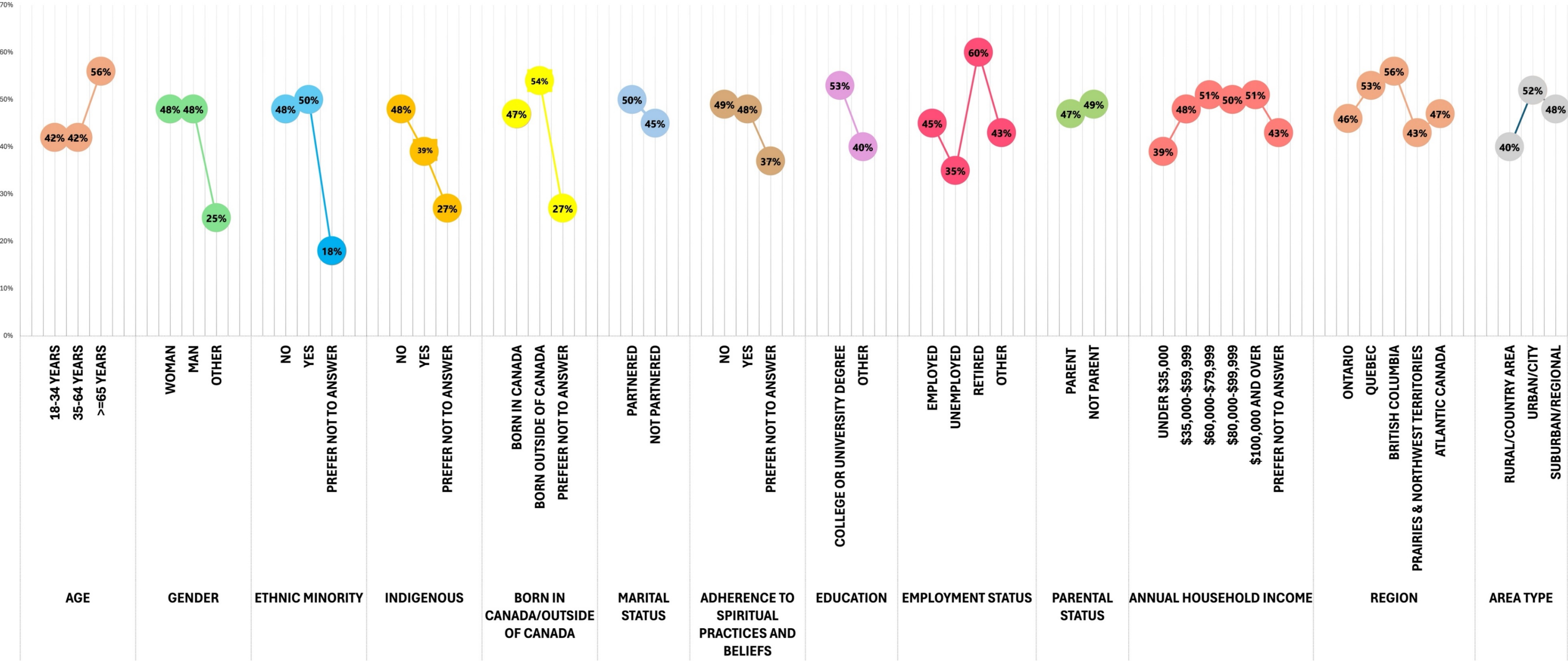
Trust vs. Socio-demographics



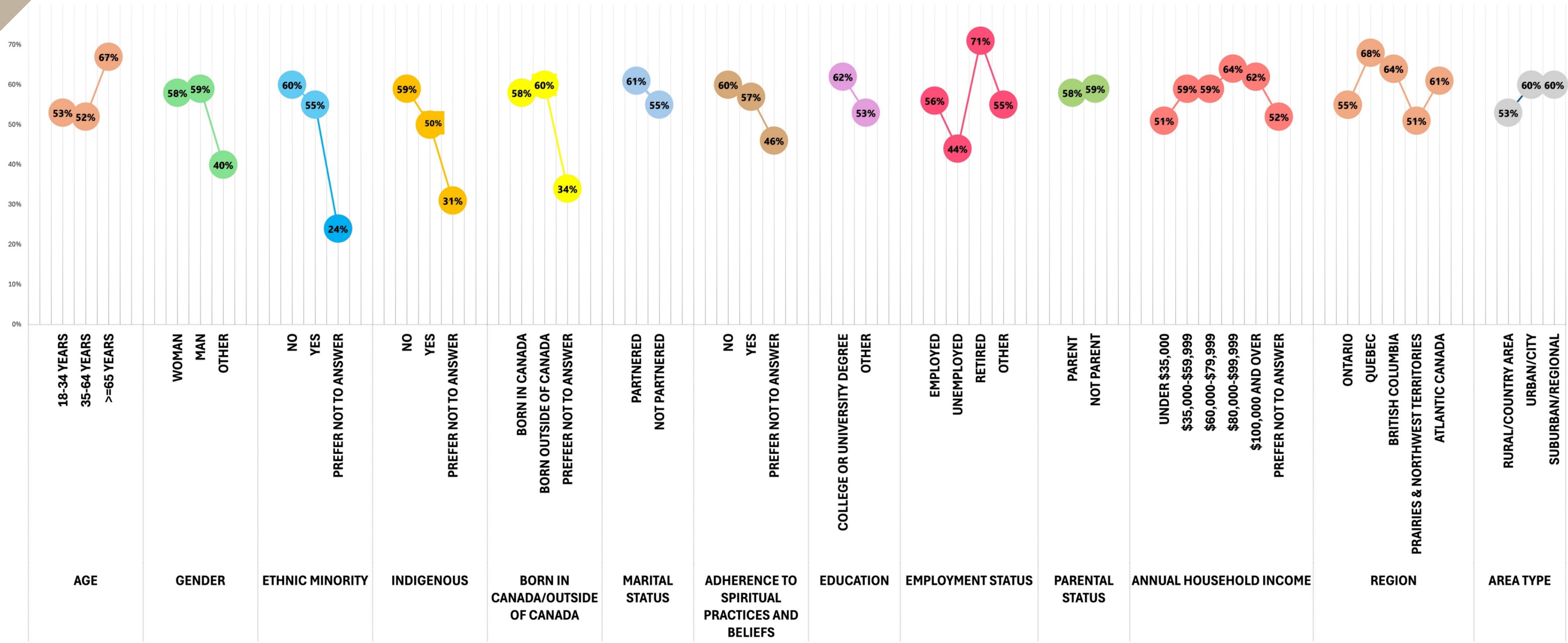
Trust in Provincial Government Among Different Sociodemographic Groups



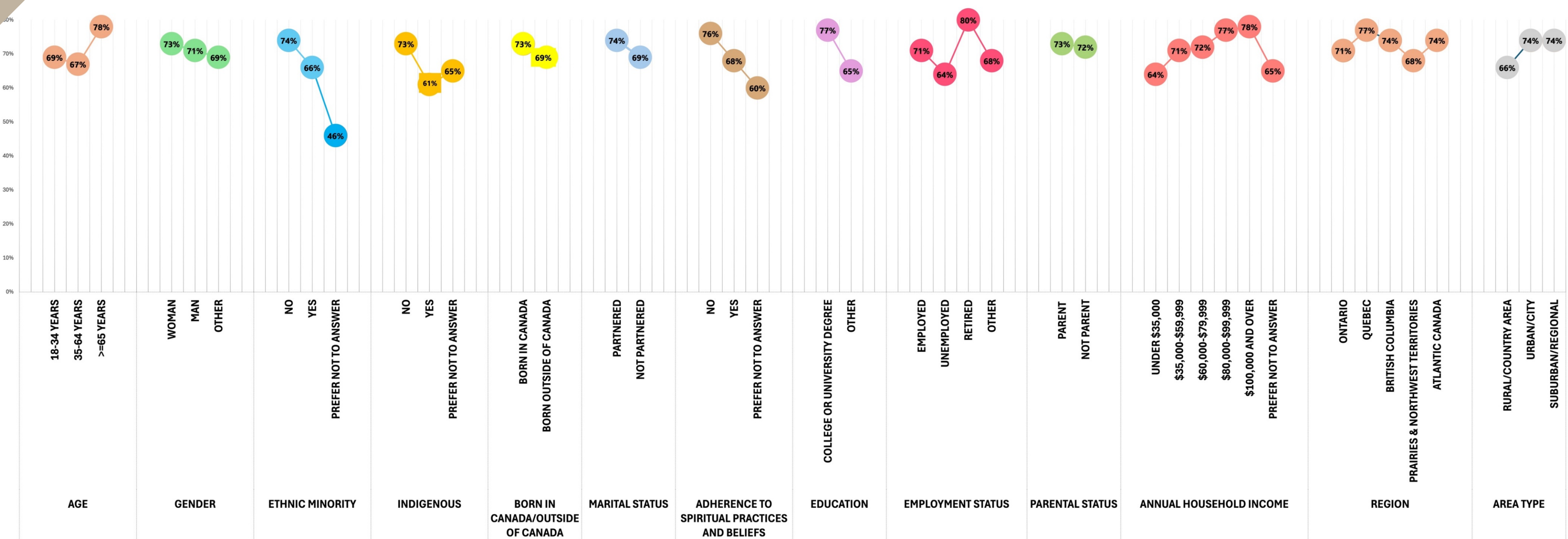
Trust in Federal Government Among Different Sociodemographic Groups



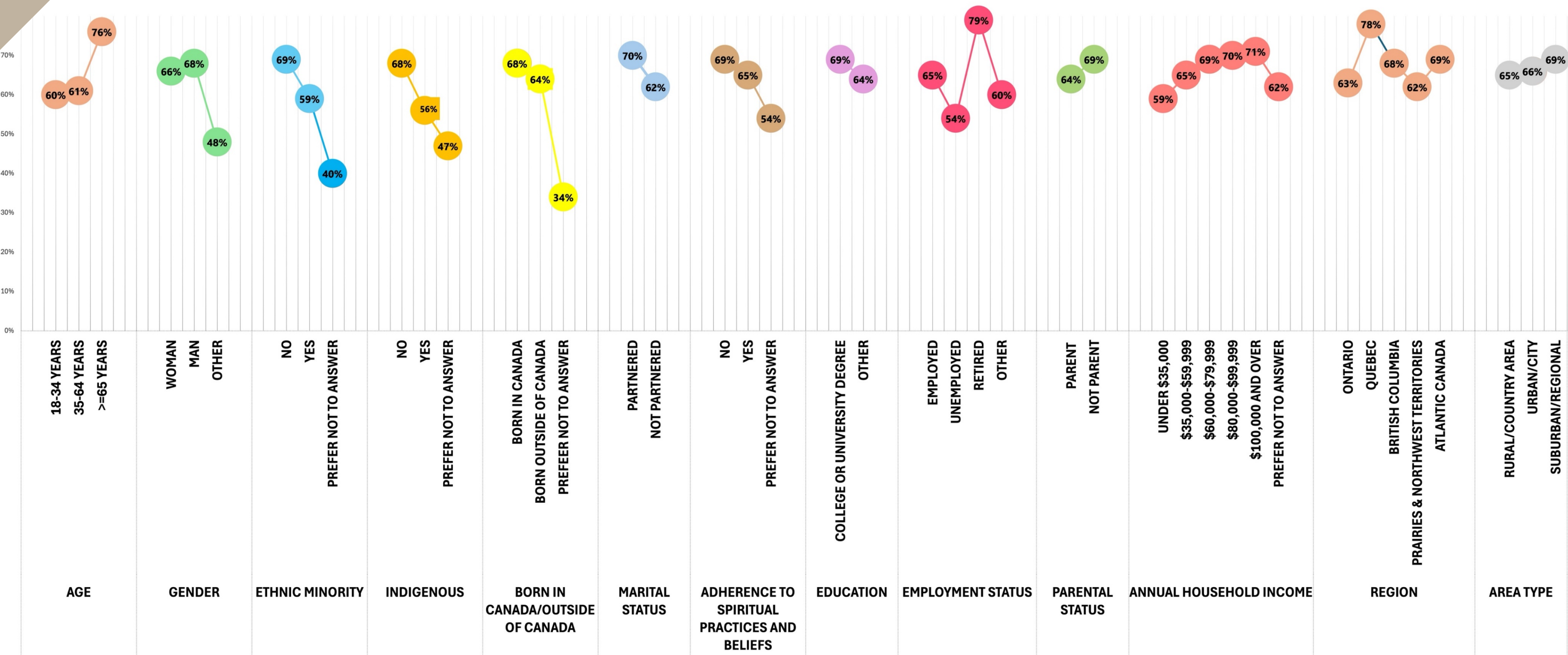
Trust in Public Health Authority Among Different Sociodemographic Groups



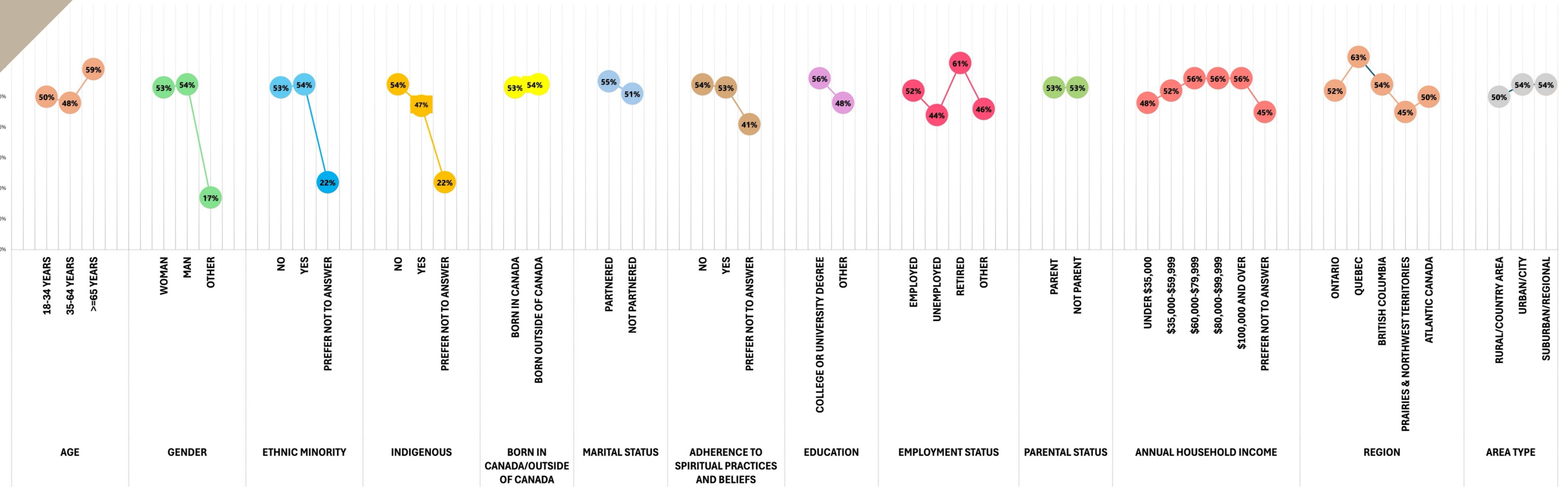
Trust in Science and Scientists Among Different Sociodemographic Groups



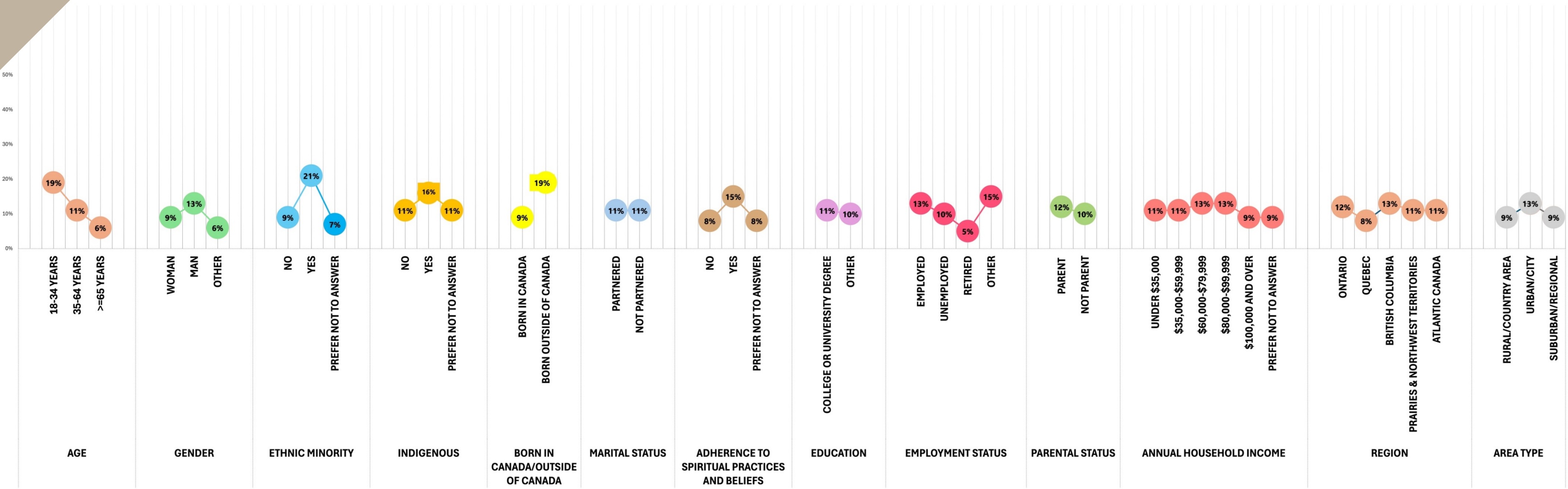
Trust in Medical Care Providers Among Different Sociodemographic Groups



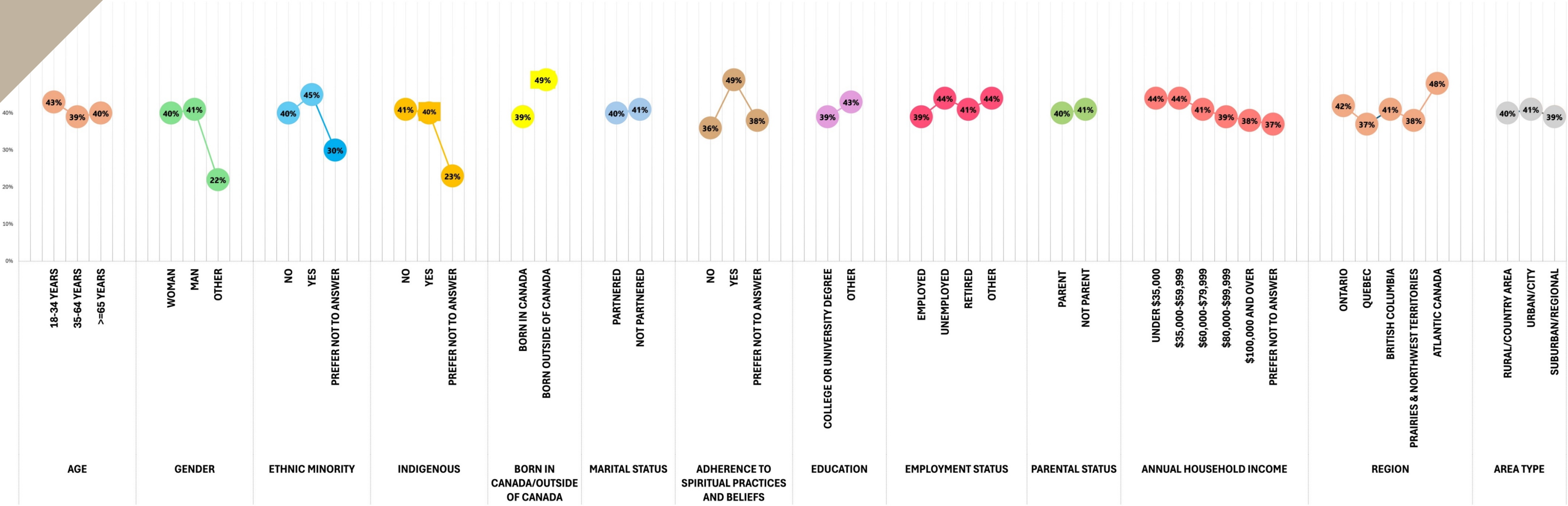
Trust in Traditional Media Among Different Sociodemographic Groups



Trust in Social Media Among Different Sociodemographic Groups



Trust in Personal Network Among Different Sociodemographic Groups



What we know about public trust...so far (seg 4)



AGE

≥65 years:

- Significantly **higher trust** in Provincial (59%), Federal (56%), PHAs (67%), Scientists (78%), Medical care providers (76%), and traditional media (59%) **than 35–64 years and 18–34 years olds**

18–34 years:

- Higher trust** in social media (19%), and personal network (43%) **than older groups**



Non-binary/Other Gender

- Lowest trust** in all sources



INCOME

< \$ 35,000/year:

- Lower trust** in all sources
- Relatively higher** trust in personal network

≥ \$100,000:

- Higher trust** in Scientists (78%), Medical Care providers (71%), and traditional media (56%) compared to other income groups



EDUCATION

College/University Graduates:

- Higher trust** all sources more—except personal networks—**compared to those with lower education**



ETHNIC MINORITY STATUS

Ethnic Minorities:

- Higher trust** in Federal Gov (50%), Traditional media (54%), social media (21%), and personal network (45%) **compared to non-ethnic minority**



ADHERENCE TO SPIRITUAL PRACTICE & BELIEF

- Lower trust** in Scientists, Medical Care Providers and PHAs **compared to those who do not adhere**



PLACE OF BIRTH

Born Outside Canada:

- Higher trust** in all sources except Scientists and Medical Care providers **compared to those born in Canada**



AREA TYPE

Urban:

- Higher trust** in Federal (52%), PHAs (60%), Scientists (74%), Social media (13%), and Personal network (41%)

Suburban:

- Higher trust** in provincial (50%), PHAs (60%), Scientists (74%), Medical Care Providers (69%)

Rural:

- Lower trust** in all sources except personal network



REGION

British Columbia & Quebec:

- Strong trust** in Provincial (61 & 65%), Federal (56 & 53%), and PHA (64 & 68%)

Ontario:

- Relatively **lower trust** in all sources

Prairies and Atlantic provinces:

- Lower trust** in governments, health institutions, and traditional media

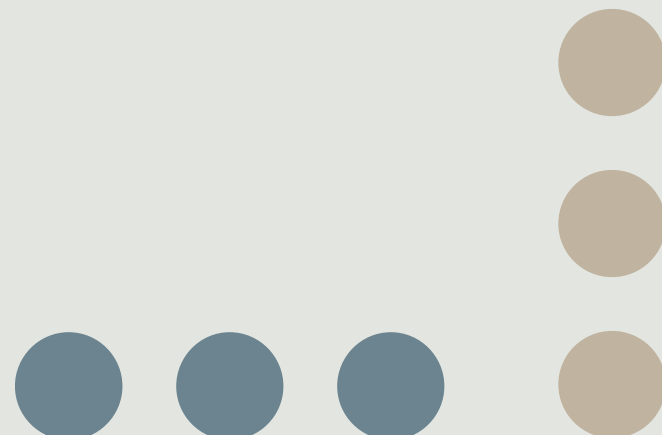


INDIGENOUS IDENTITY

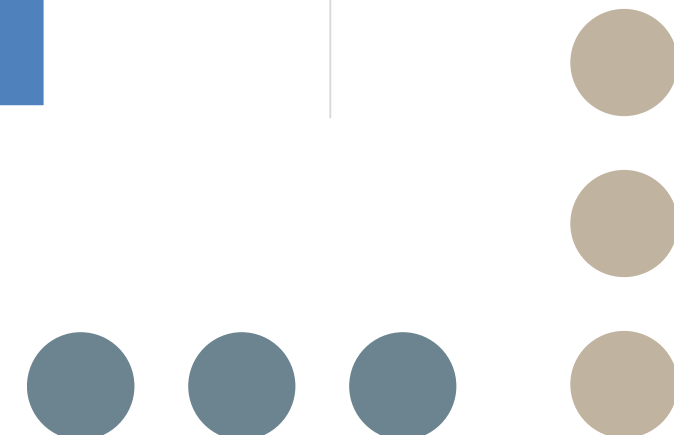
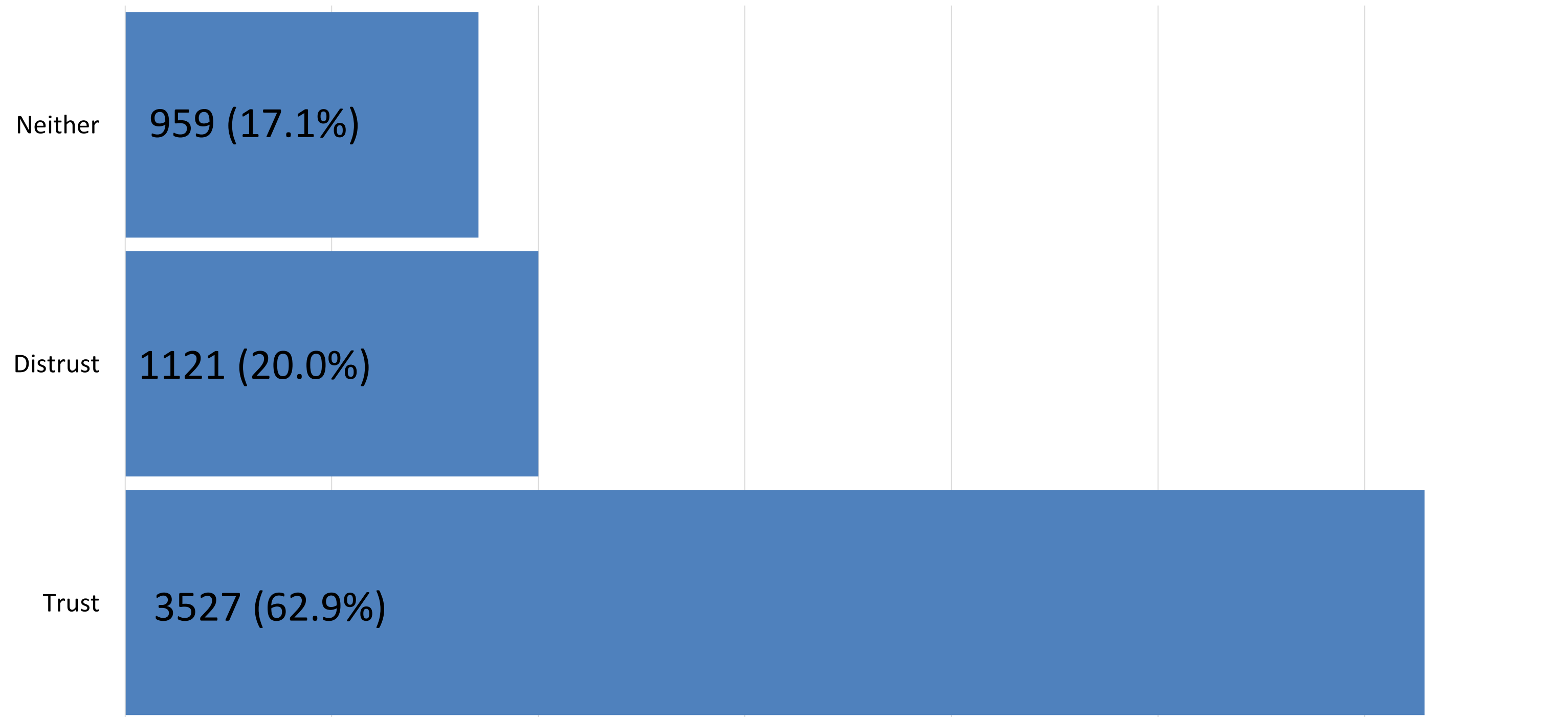
- Lower trust** in all sources except Social Media and Personal Network

Segment 5.

Trust vs. Vaccine-related Attitudes

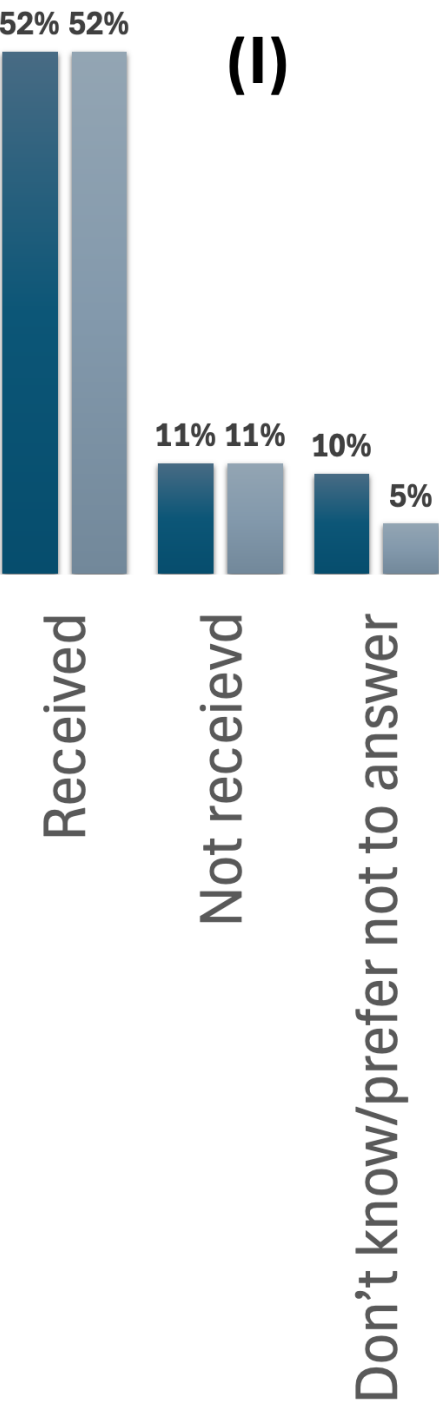


Canada-wide trust, distrust level on Covid-19 vaccines

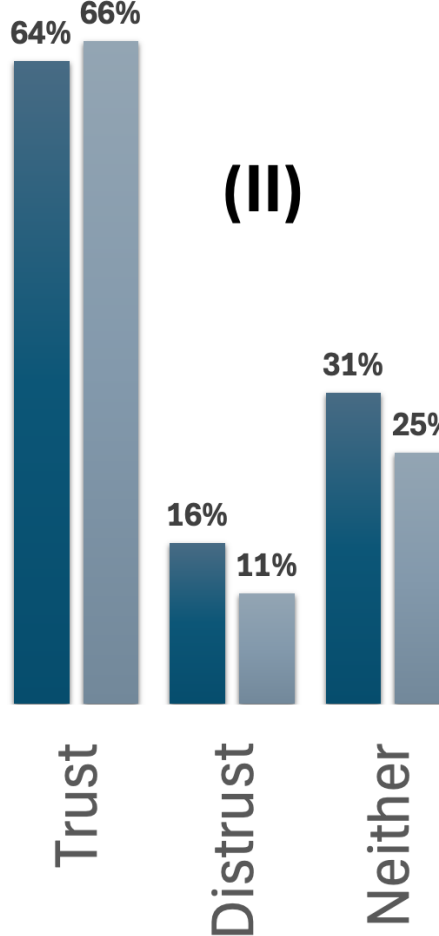


Trust in 'Government' by individuals' attitude towards COVID-19 vaccine

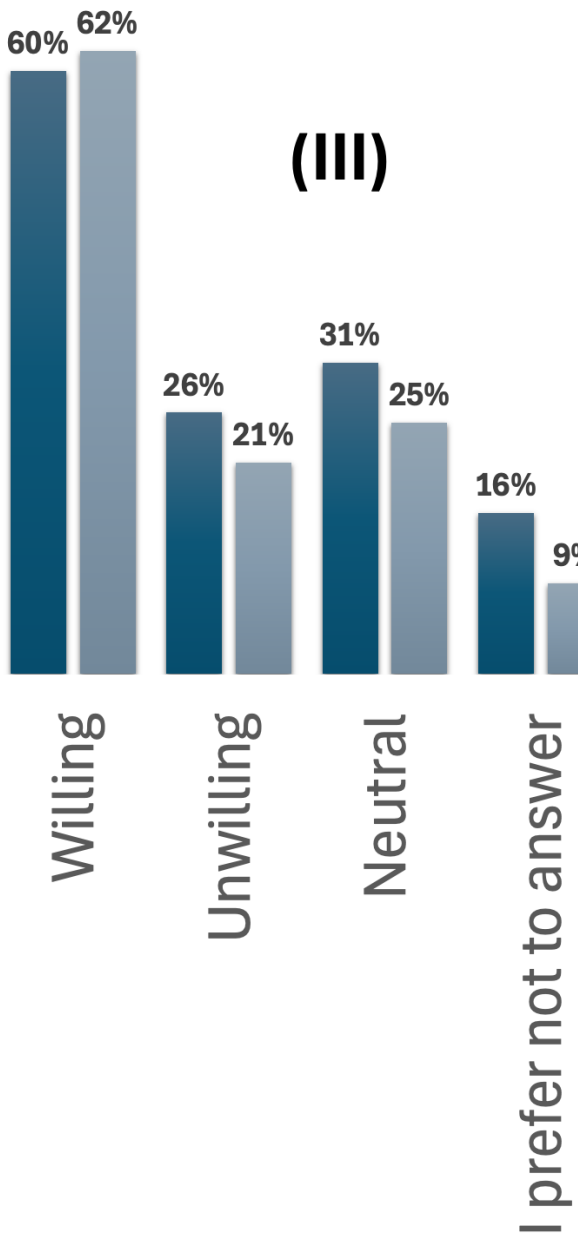
■ Trust in Provincial Government ■ Trust in Federal Government



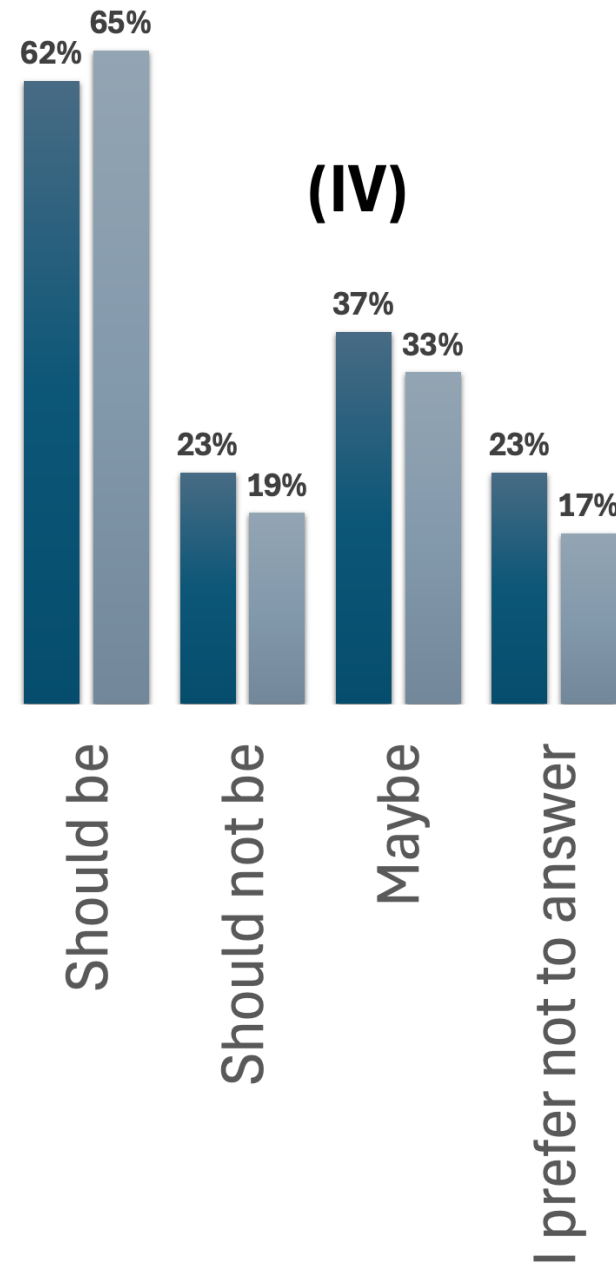
Vaccine Status



Trust in Covid-19 vaccine



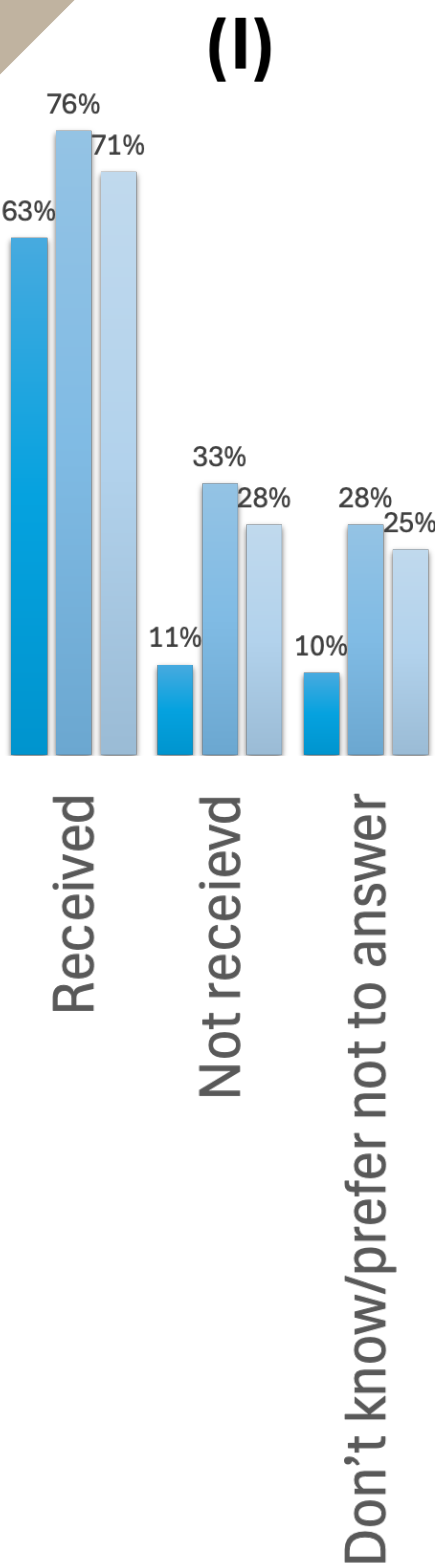
How willing were you to receive COVID-19 vaccination



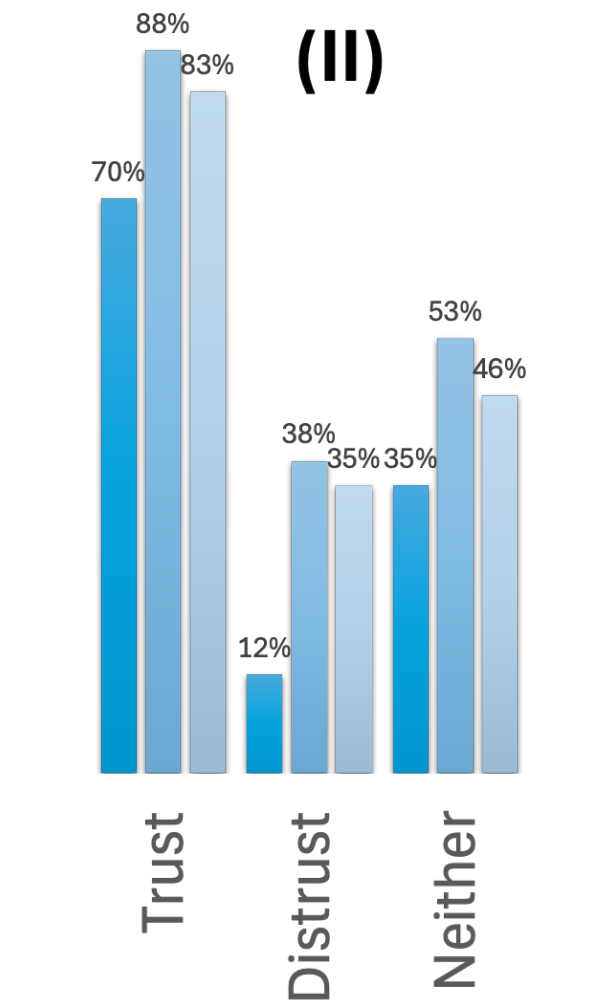
Vaccinating family against COVID-19

Trust in 'Health Instituitons' by individuals' attitude towards COVID-19 vaccine

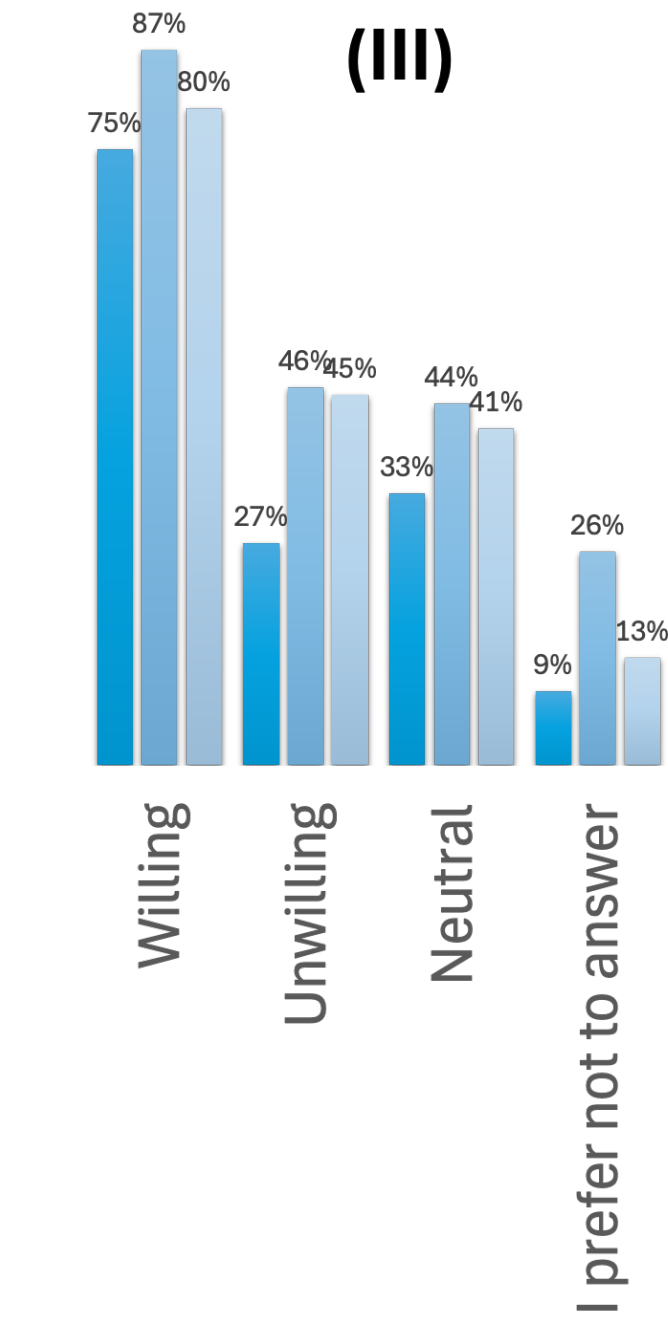
Trust in Public Health Authority Trust in Science & Scientists Trust in Medical Care Providers



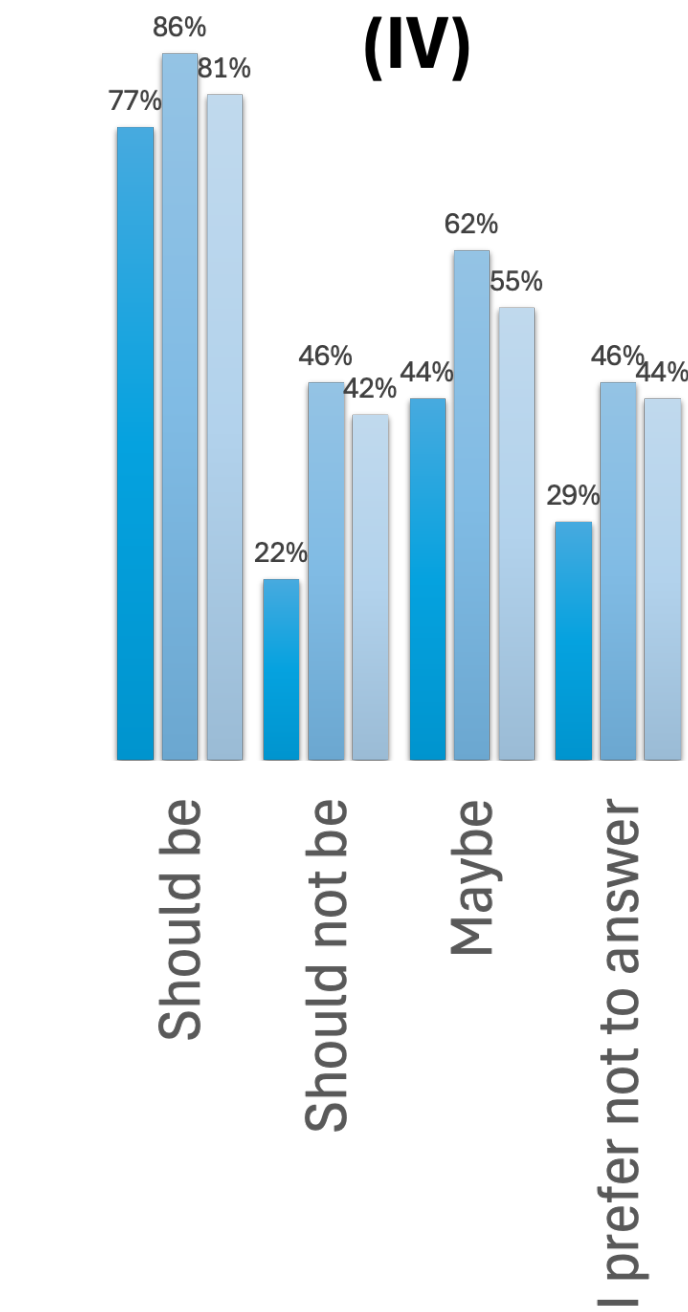
Vaccine Status



Trust in Covid-19 vaccine



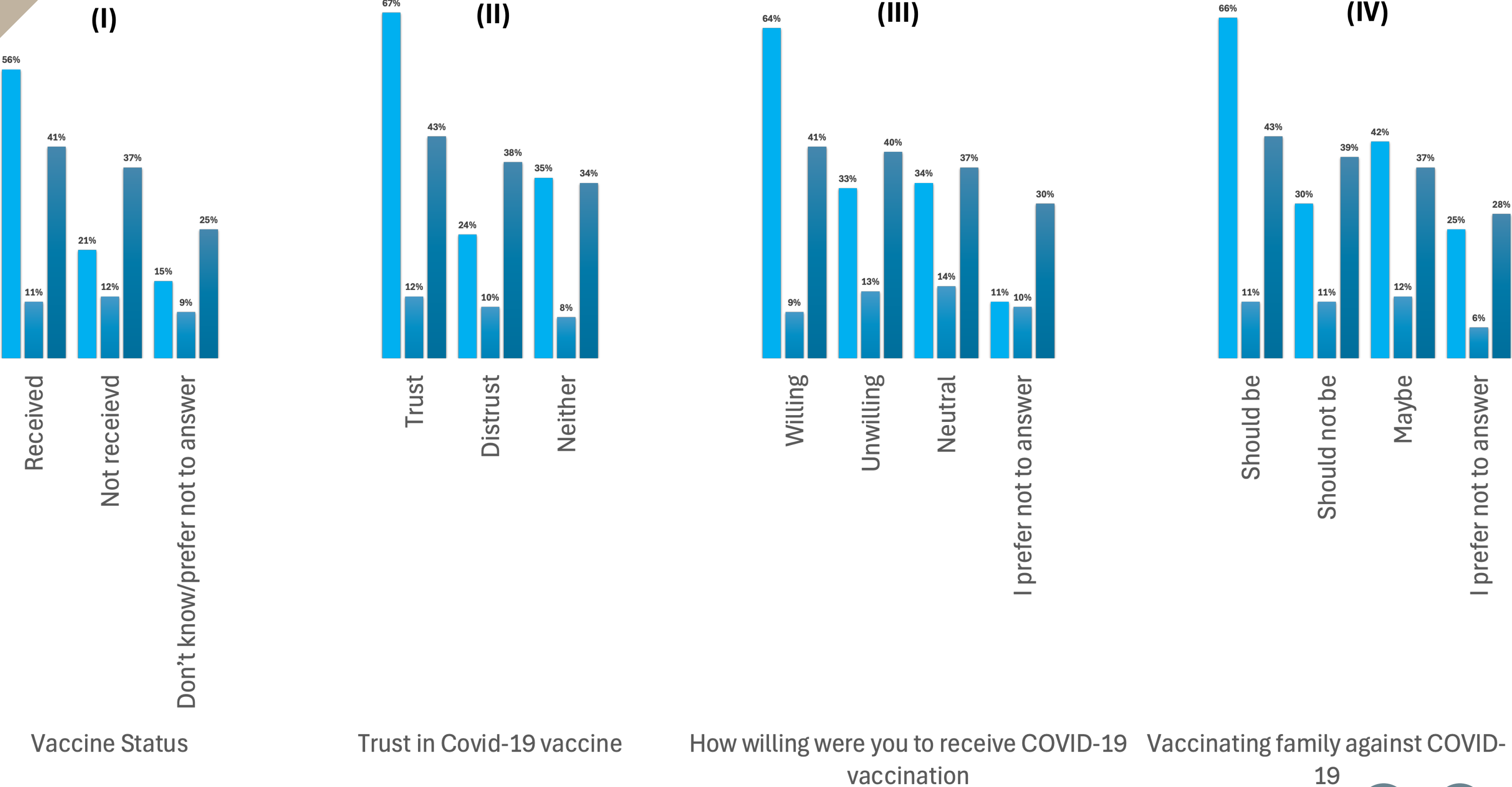
How willing were you to receive COVID-19 vaccination



Vaccinating family against COVID-19

Trust in 'Social and Personal Networks' by individuals' attitude towards COVID-19 vaccine

Trust in Traditional Media Trust in Social Media Trust in Personal Network



What we know about public trust and vaccines...so far

(seg 5)

Trust in both provincial and federal governments is higher among individuals with positive attitudes toward the COVID-19 vaccine, including those who received it, trust it, were willing to get vaccinated, or support family vaccination.

Reliance on social and personal networks, particularly social media, appears to be associated with **greater vaccine hesitancy or refusal**.

Vaccine hesitancy and opposition are linked to lower government trust.

Those who **received vaccines or were willing to receive it** had significantly higher levels of trust in:

- Public Health Authorities (70–75%)
- Scientists (83–88%)
- Medical Care Providers (80–83%)

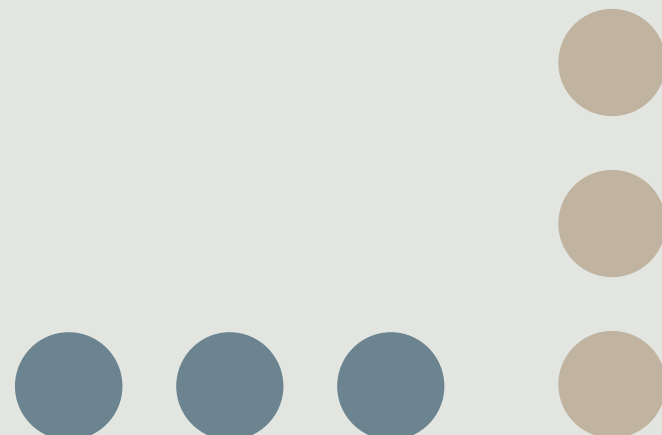
Those who supported vaccinating family members had higher trust in health institutions. On the other hand, people uncertain or opposed to family vaccination leaned more on social and personal networks, especially social media, as their trust sources

Higher trust in health institutions (such as public health authorities, science/scientists, and medical care providers) is correlated with **positive vaccine attitudes and uptake**.

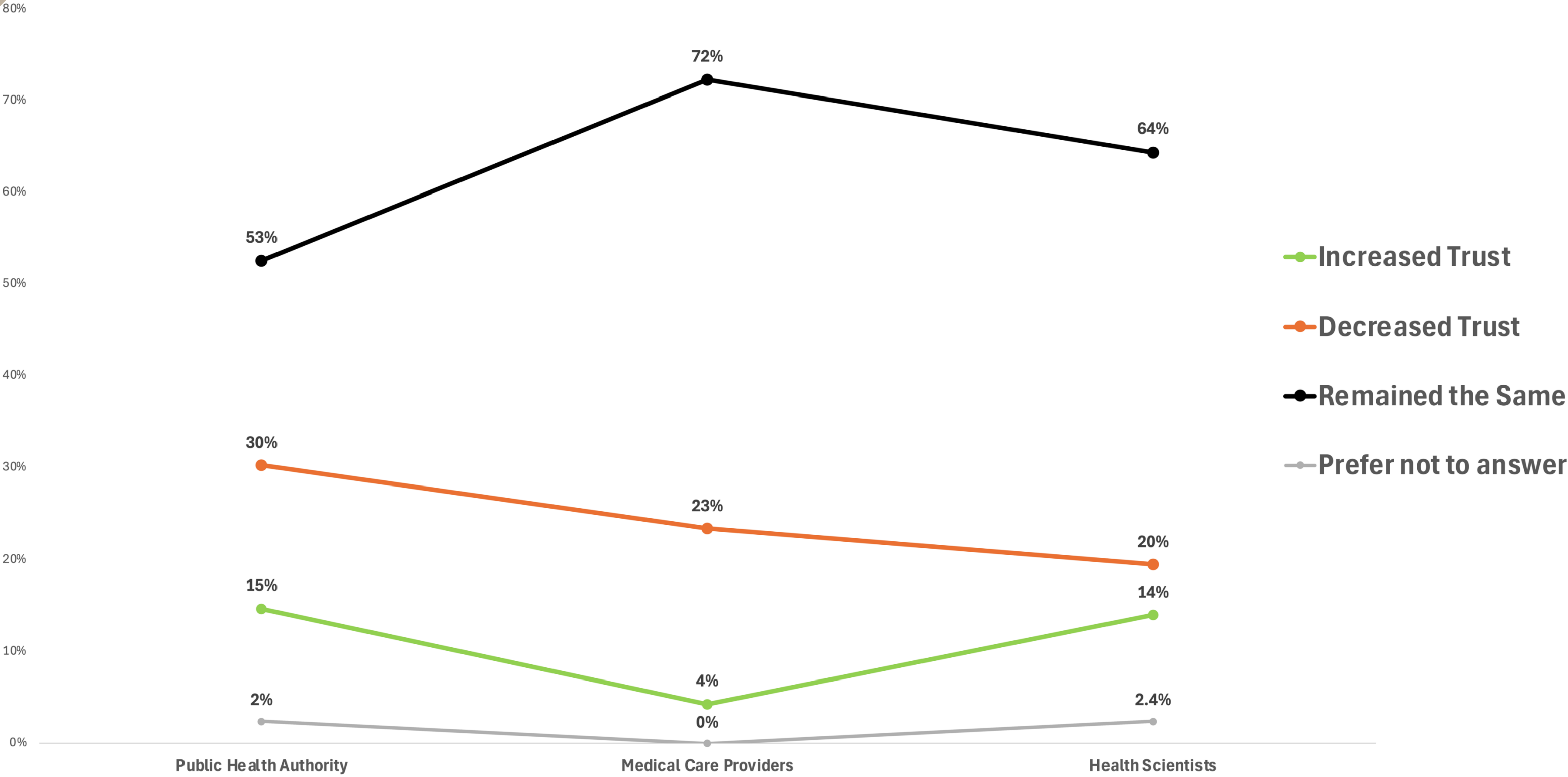
Trust in social media was notably **higher** among those who did not receive the vaccine (21%) or were unwilling (13%), compared to just 9–11% among the vaccinated or willing.

"With the vaccine trials, they bypassed a lot of the clinical trials that would normally have taken years and years to work through testing the data before the vaccine was made available. In this case, they didn't have time to do that. So that whole process was shortened. I guess theoretically, there's possibilities where that could be subverted. But I really can't see why there will be any reason for dishonesty at that point."
(P03, female, 65+)

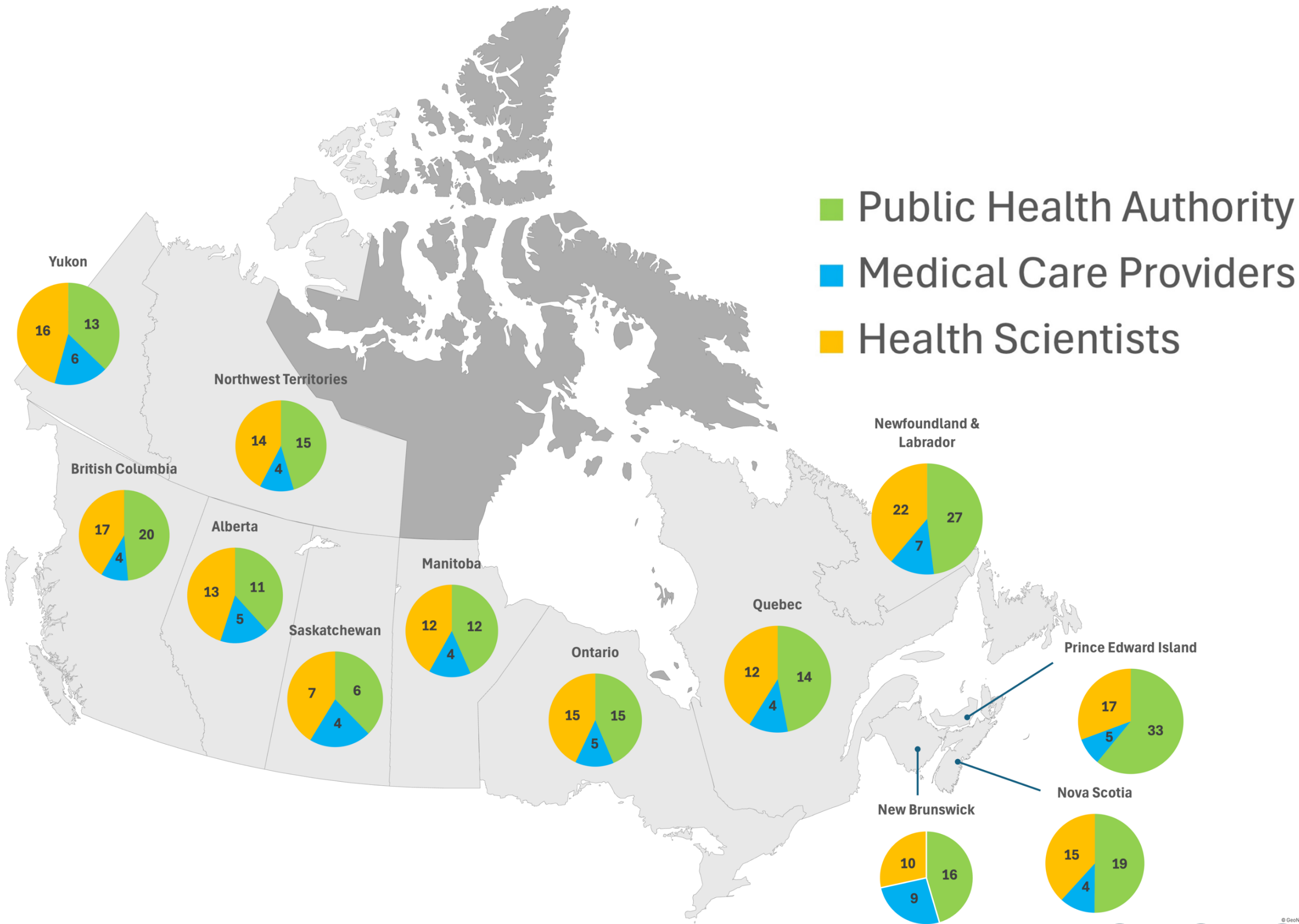
Segment 6.
From Confidence to Crisis: How Trust
Changed Before and During COVID-19



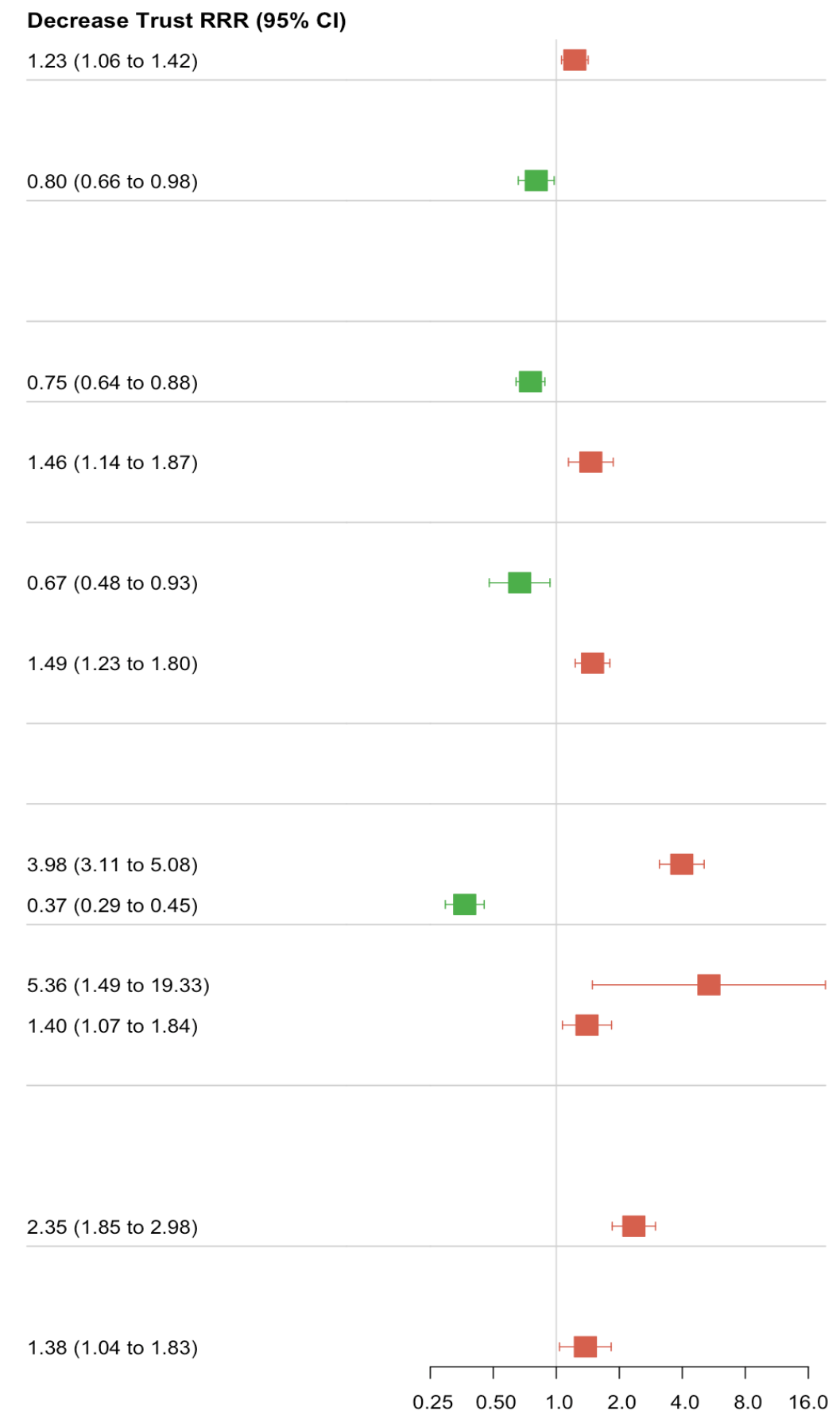
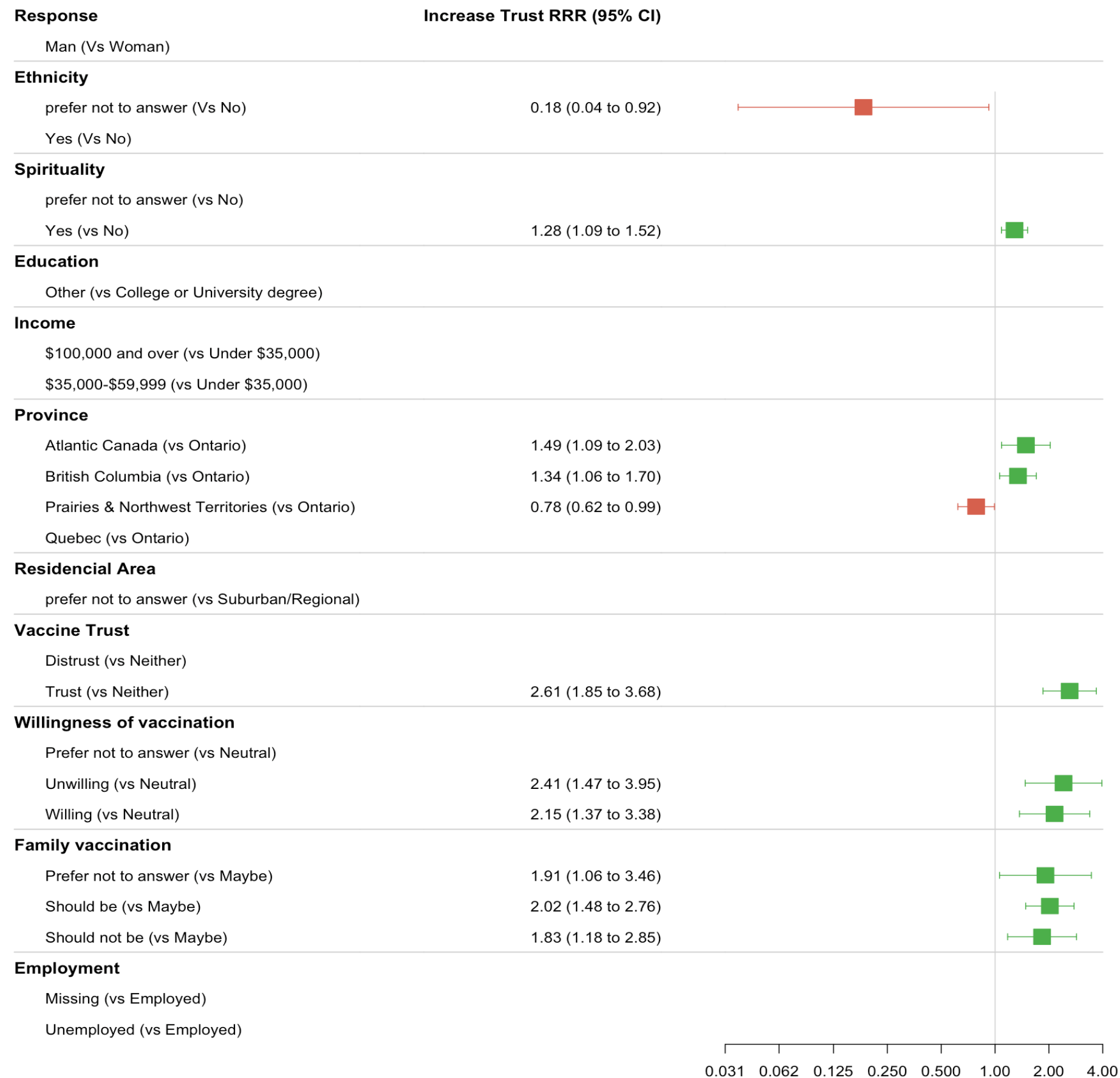
Overall Change in Trust in Public Health Authority, Medical Care Providers, and Health Scientists



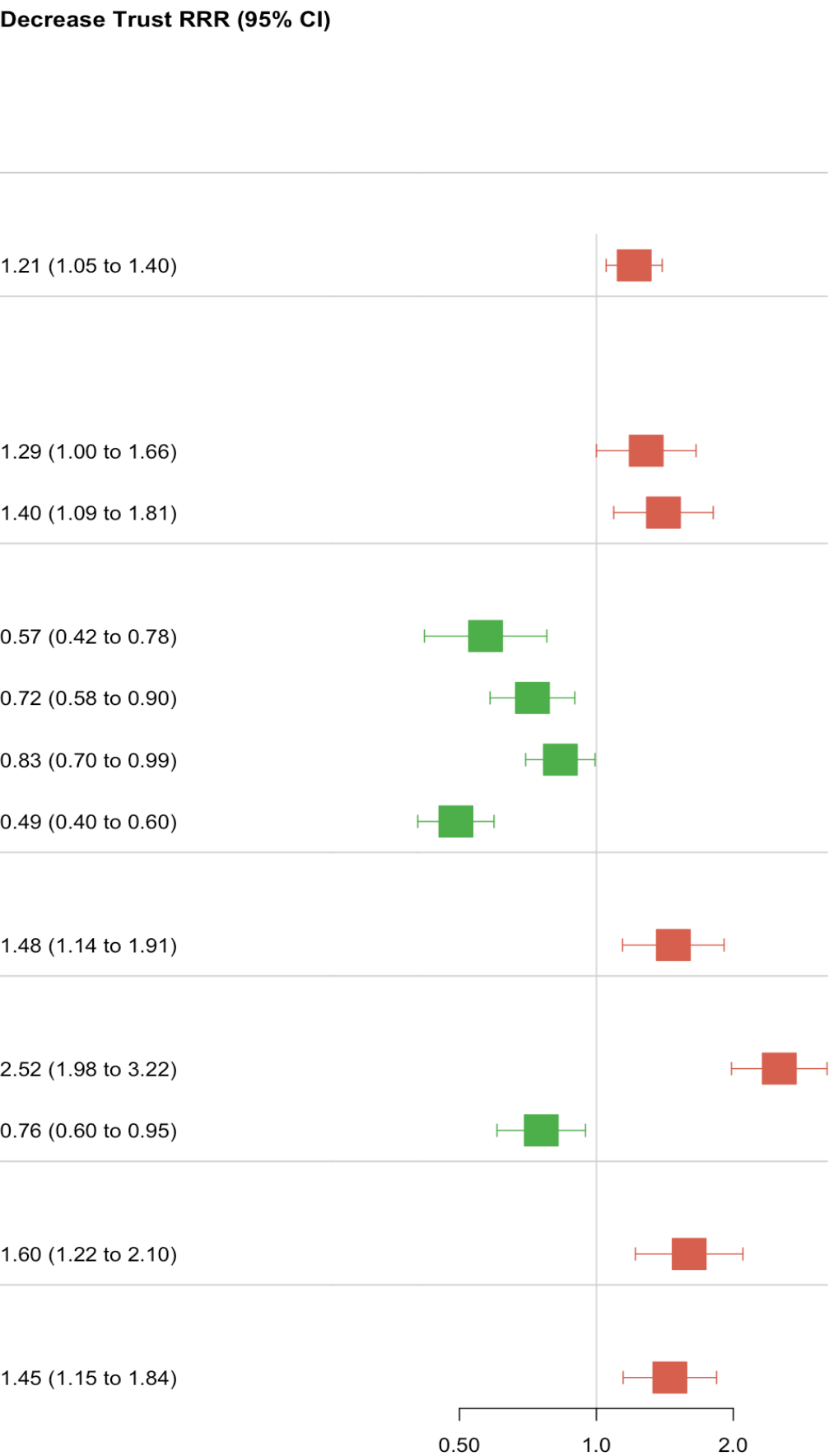
Increased Trust in Public Health Authority, Medical Care Providers, and Health Scientists During the COVID-19 Pandemic by Provinces and Territories



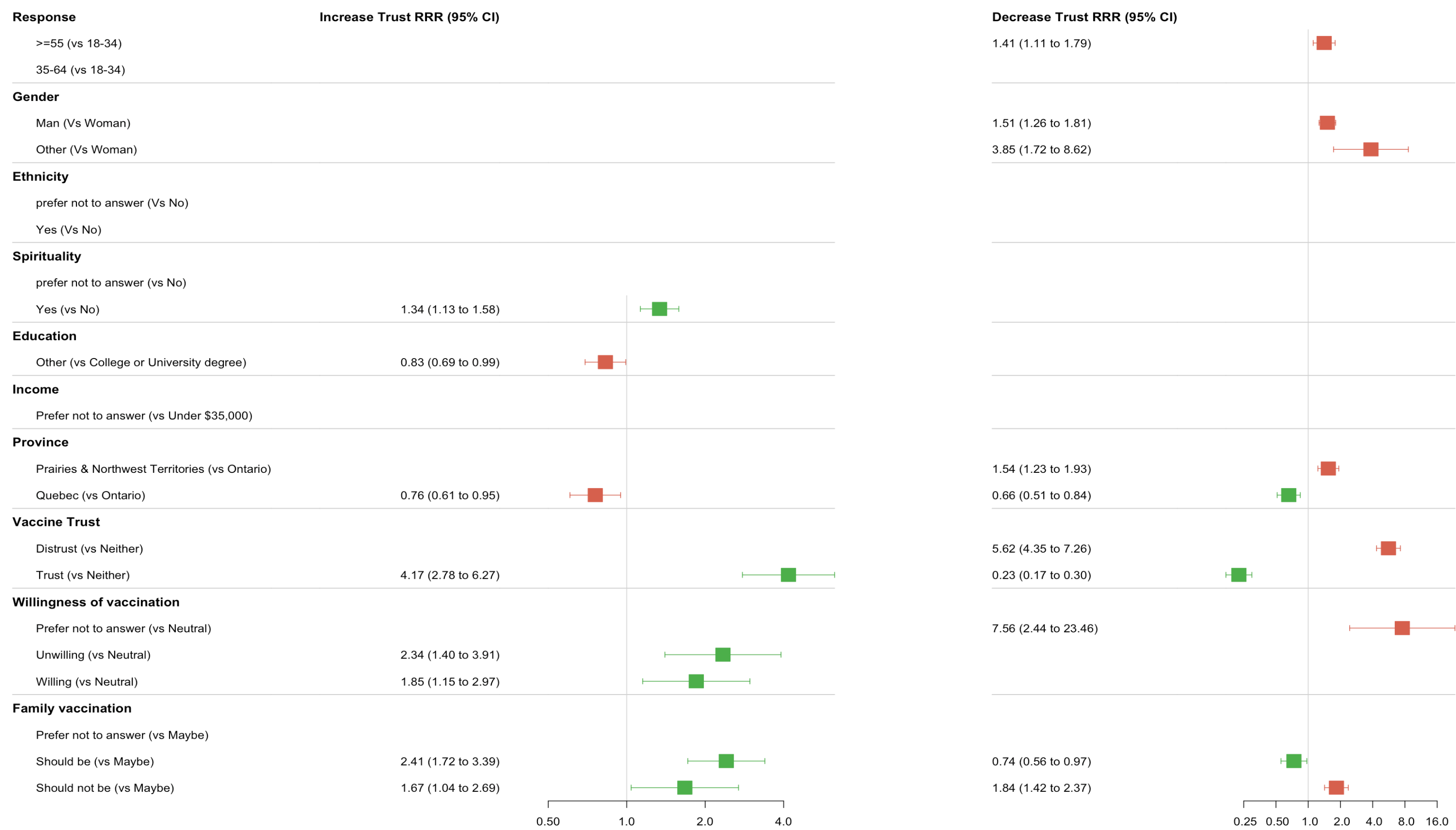
Trust in Public Health Authority



Trust in Medical Care Providers



Trust in Health Scientists



What we know about change in public trust...so far (Seg 6)



Trust in Public Health Authority

Increased Trust: Spiritual believer (28%), Residents of the British Columbia (34%) and Atlantic Canada (49%) more likely to increase trust. Trusted in COVID-19 vaccines (161%), Willingness to be vaccinated (115%) and support for family vaccination (102%) more likely to increase trust.

Decreased Trust: Men (23%), Unemployed (38%), Respondent in higher income (46%), residents of Prairies & Northwest Territories (49%) are more likely to decrease trust. Distrust in COVID-19 vaccine (298%), Unwillingness to be vaccinated (40%) and unsupported for family vaccination (135%) more likely to decrease trust.



Trust in Medical Care Provider

Increased Trust: Younger Adult (18-34), Spiritual believer (43%), lower income (under \$35,000) are more likely to increase trust. Trust in COVID-19 vaccines (137%) are more likely to increase trust in medical care provider.

Decreased Trust: Higher income (40%), not a spiritual believer, residents of the Ontario are more likely to decrease trust. Distrusted COVID-19 vaccines (153%), unwillingness to be vaccinated (60%) and unsupported for family vaccination (45%) are more likely to decrease trust.



Trust in Health Scientists

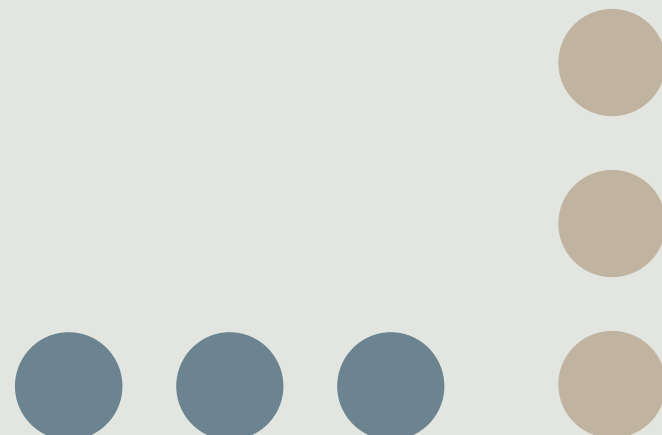
Increased Trust: Spiritual believer (34%), higher education, residents of Ontario are more likely to increase trust. Trusted in COVID-19 vaccine (31%), willingness to be vaccinated (85%), supported for family vaccination (141%) are more likely to increase trust.

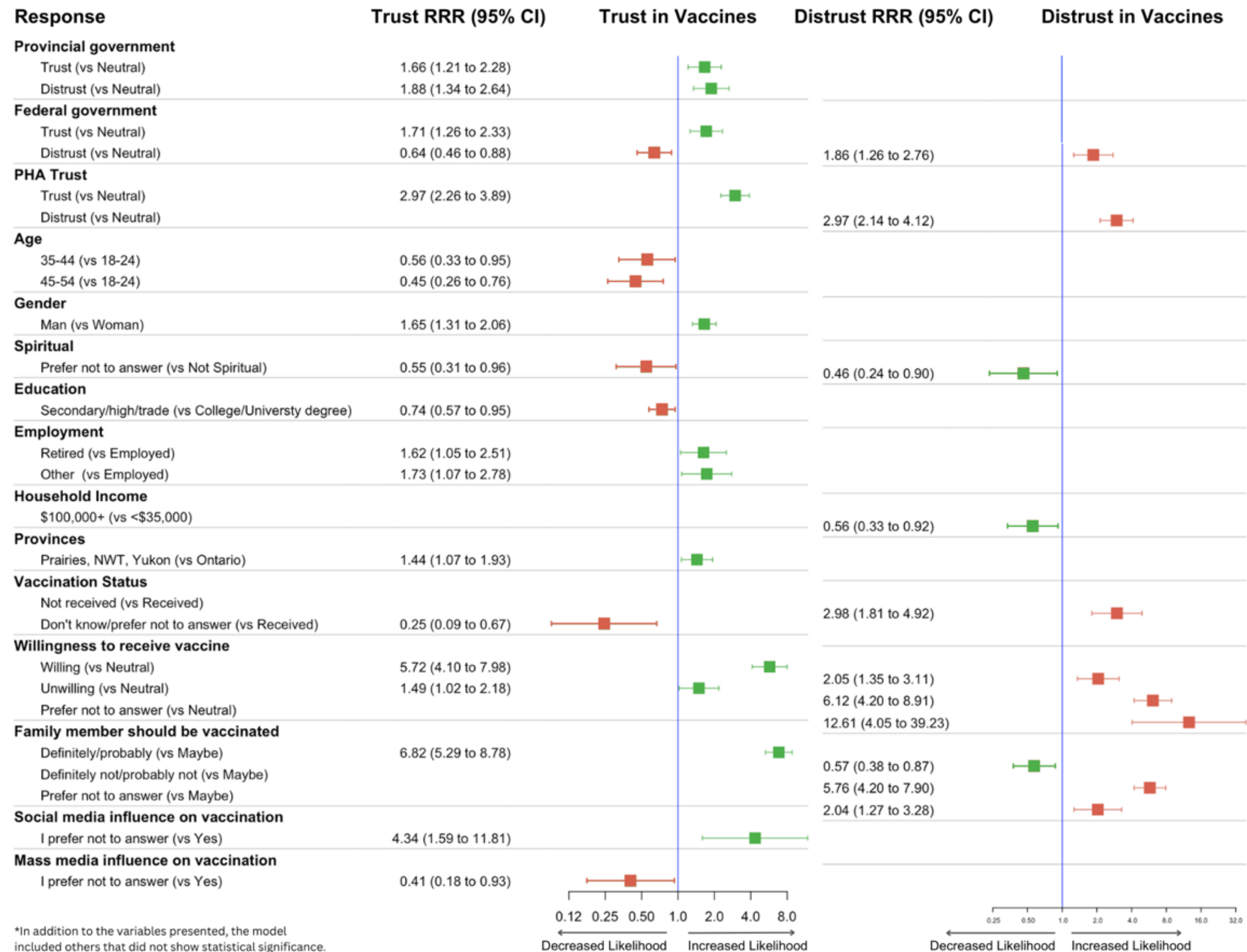
Decreased Trust: older adult (55+, 41%), men (51%) and identifies as other gender (185%), prefer not to disclose minority (83%), residents of Prairies & Northwest Territories (54%) are more likely to decrease trust. Distrusted in COVID-19 vaccines (562%), unsupported for family vaccination (85%) are more likely to decrease trust.



Segment 7.

Determinants of Vaccine Trust: What We Know





*In addition to the variables presented, the model included others that did not show statistical significance.

What we know about trust in vaccines...so far (Seg 7)

Increased vaccine trust

People who trust the provincial government, federal government, and Public Health Authorities are **66%, 71%, and nearly 200% more likely** to trust vaccines.

Men are **65% more likely** to trust vaccines than women.

Retirees (**62%**), and students/homemakers (**73%**) **show higher** vaccine trust.

Residents of the Prairies and northern territories are **44% more likely** to trust vaccines than those in Ontario.

Willingness to be vaccinated and support for family vaccination **significantly boost trust (472% and 582% respectively)**, while even the unwilling show **49% more trust**, reflecting ambivalence.

People who prefer not to disclose social media influence are **334% more likely** to trust vaccines

Decreased vaccine trust

Adults aged 35-54 years are **55% less likely** to trust vaccines than younger adults (18-24 years)

People who prefer not to disclose their spirituality are **45% less likely** to trust vaccines those who are not spiritual

Those with lower education are **26% less likely** to trust vaccines.

Non-disclosure of mass media influence is linked to **60% less trust** in vaccines.

Key Takeaways 1 – Trust in Institutions During COVID-19



Regional Differences

Highest trust in Prince Edward Island, Quebec, Newfoundland and Labrador, and BC.

Lower trust in Alberta and Saskatchewan, Ontario.



Demographic Trends

Highest trust among individuals aged >65, higher income (medical care providers, health scientists), and college educated.

Indigenous respondents showed lower trust in Government and Medical care providers. Those who said they were non-binary had lower trust.



Trust by Institution

Most trusted: Scientists, medical care providers.

Moderate trust: Public health authorities, governments.

Lower trusted: Traditional media.

Lowest trusted: Social media.

Public health agencies are trusted more by foreign-born and vaccine-confident individuals



Personal Networks

Trust is higher among immigrants (except medical care providers) and among ethnic minorities (Fed Govt, Social and personal networks).

Key Takeaways 2 – Trust Change (during vs before COVID-19) in Public Health Authorities

- Respondents from **British Columbia** were **34% more likely** than respondents from Ontario to increase trust.
- Men were **23% more likely** to decrease trust compared to women.
- Those who adhered to spiritual practices were **28% more likely** to increase trust than those who did not.
- Respondents identifying as ethnic minorities were **20% less likely** to decrease trust in public health authorities compared to those who did not identify as ethnic minorities.
- Those who trusted COVID-19 vaccines were **161% more likely** to have increased trust in public health authorities.

*"Dr. Tam, who was head of public health at the time...she was always making sense," said P67 (male, 45-54), "She tried not to make definitive statements. She would say things can change, we're working with the information we have right now. I want to hear that...from somebody I want to trust...a little bit of humility."
(P67, male, 45-54)*



Key Takeaways 3 – Trust Change (during vs before COVID-19) in Medical care providers

- Participants >35 years old were **53% less likely** to report increased trust in medical care providers.
- Who adhered to spiritual practices were **43% more likely** to report increased trust.
- Those who reported trusting vaccines were **more likely** to report **increased trust** in medical care providers.

"[The CMHO] has got to do what the government says, or the premier says...[but] my GP, who I've known for 40 years of my life, would tell me the straight goods. Because not only do I know him professionally, but I also know him personally." (P57, male, 55-64)

"I find the medical profession has always been [trustworthy]. But Ontario...is privatizing everything. It's violating the Health Act in Canada. There's no free healthcare anymore." (P09, male, 55-64)

Key Takeaways 4 – Trust Change (during vs before COVID-19) in Health Scientists

- Respondents from Quebec were **24% less likely** than respondents from Ontario to increase trust.
- Older respondents (55+) were **41% more likely to decrease trust.**
- Men were **slightly more likely** to increase trust.
- Participants who trusted in COVID-19 vaccines were **317% more likely to increase** trust in health scientists.
- Ethnic minorities were **15.2% less likely** to increase trust.

"All these scientists, they worked for various pharmaceutical companies, and these companies made big money on vaccines. [So] can you trust [them] implicitly, anybody that's a scientist or politician, when it involves money? They can't be totally transparent – they're worried about their ideas being stolen." (P11, male, 55-64)

"[I was] conscious of the fact that...the three key drug companies that expedited their development of a vaccine all had vested financial interest in being the first to market. I considered how well any company's vaccine may or may not have been developed with that in mind." (P34, male, 35-44)

Key Takeaways 5 – Trust Change (during vs before COVID-19) in Government

- Most Canadians reported no change in trust in government transparency during the pandemic:
60.6% for the **Federal Government**
53.8% for the **Provincial Government**
- **23.4%** reported **increased** trust and **16%** reported **decreased** trust in Federal Government
- **26.3%** reported **increased** trust and **20%** reported decreased trust in **Provincial Government**

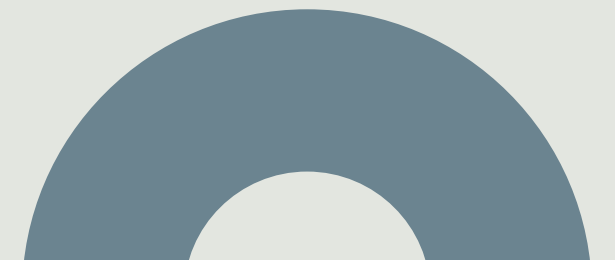


"The earlier conferences of chief medical officers of health were side by side with government leadership. Over the course of the pandemic, when we're hearing...open mic statements, that suggests that things are much more government or politically led, rather than scientifically led, and then the disappearance...of chief medical officers of health as pandemic restrictions were being lifted, in my opinion, too early. And without scientific [justification], or what the science side of things were indicating." (P06, female, 45-54)

"I don't think they had a clue what they were doing, and no more should they. This isn't a weekly event, right? So I think in general terms, they did as best they could. They were all uncharted. Even the most senior members of government, regardless of political affiliation, had not been through this before, right?" (P63, male, 45-54)



Qualitative Results: "Just be Honest With Us"



Four Key Takeaways

Uncertainty

“We were listening to what the CDC was saying, we were listening to what the Canadian government was saying – some of it merged, some of it didn’t.”

- P10 (female, 65+)

Federal vs. Provincial Governments

One Ontario resident recalled that his trust in provincial government was tainted by scandals and misinformation spread by the provincial premier, while he was “pleasantly surprised” by the humility shown by Dr. Tam. “She tried not to make definitive statements.”

- P67 (male, 45-54)

Government Honesty & Transparency

“[the government] is trying to appease everyone...and that just makes it worse. When [they try to] find the middle ground...[everyone] loses.”

- P88 (female, 25-34)

Trust in Scientists and the COVID-19 Vaccine

“Can you trust implicitly anybody ... when it involves money?”

- P11 (male, 55-64, vaccinated)

What Public Really Wanted

Trust Starts with Truth

"Yeah, be honest, be truthful and be open. Then we'll help you out. You know, whatever happened in the future, there might be some actual, real pandemic coming. We don't know, but [we] need to trust you." (P44) – note that this participant did not believe COVID-19 was a major concern, and had serious misgivings about the government's involvement in private lives"

"Be more upfront, and also to get, I think, what they needed on board from the beginning was some communication specialists, especially those educated to understand the younger generation."

Too Little, Too Late

Less Politics, More Science

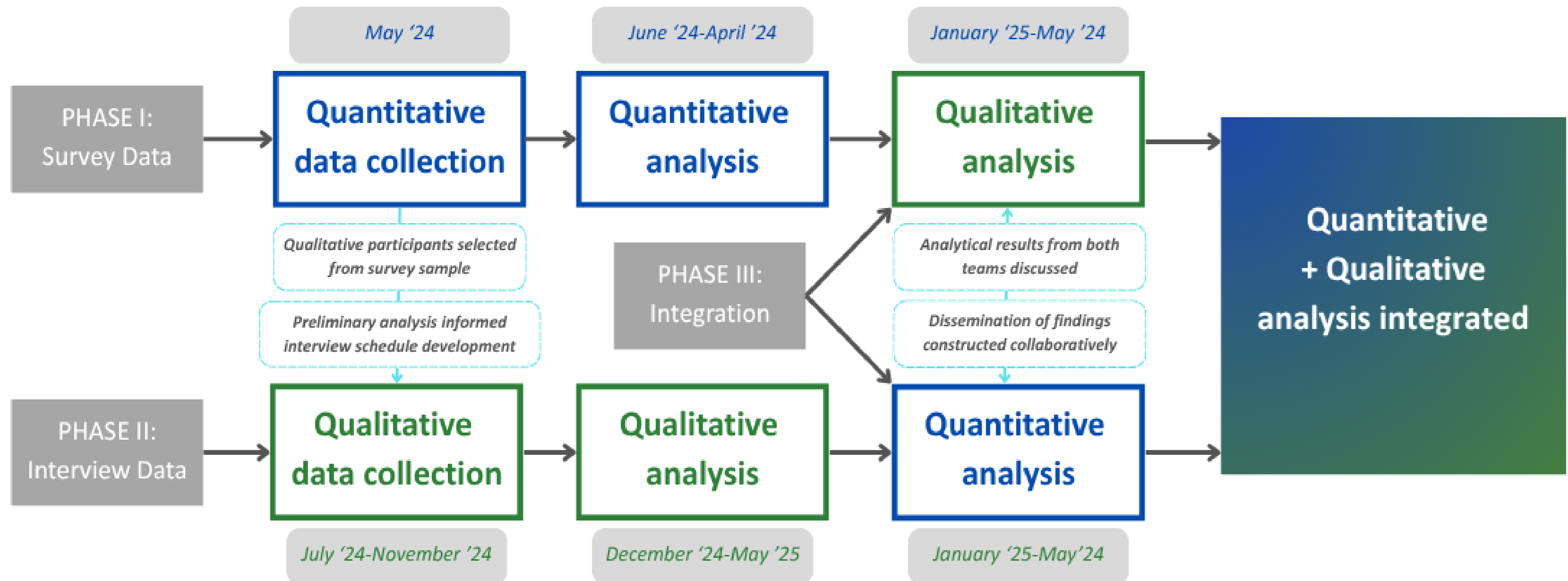
"I want it much more science based. I get it because these people are the ones making the rules and regulations and the laws because everything's gotta be passed either through ordering council or by vote of legislator, etc. I understand that. I want to if it could all be as far removed from political influences and agendas as possible."

"Canadians who participated in our study wanted reliable communication from the government and scientists. They wanted honesty. They also want to move away from polarization and towards productive discourse. Though some participants indicated that they were unlikely to ever fully regain the institutional trust they had lost, many others expressed hope and optimism. They acknowledged where communication broke down and suggested what could be done to rebuild trust again. Rebuilding lost trust, they explained, would be key to any future endeavours to keep a novel disease at bay."



Mixed Methods Project: Methodologies and Continuing Work





Trust Website

Link: <https://www.trustinhealth.ca/>

SCAN ME





Rebuilding Trust: Where Do We Begin?

Your Turn!



Ongoing

Scoping Review focused on how trust in public health institutions evolved during global health crises in English-speaking OECD countries (2002–present).

Mixed-Methods Paper

ongoing evaluation leading to a comprehensive mixed-methods paper to inform future public health responses, strategies and trust re-building.

Indigenous Arm

to explore trust and lived experiences among Indigenous communities, ensuring culturally grounded insights.

Under Review

Paper 1: Trust Dynamics and Equity in Public Health in Canada: Protocol for a Mixed-Methods Project in the post-pandemic era.

Paper 2: 'Just be honest with us': A qualitative analysis of shifting institutional trust in Canada during the COVID-19 Pandemic.

Insight into Action

Collaborative discussion with Public Health **Physicians**

Conference participation and engage in regional public health and policy conferences, eg; Canadian Conference on Global Health 2025 and Canadian Society for Epidemiology and Biostatistics 2025

Targeted dissemination to policy, academic, and community audiences

Thought provoking public facing **podcast**



(<https://research.usask.ca/about/signature-areas/signature-series-podcast.php>)

Roundtables with stakeholders across sectors



Thank You