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Demographic indicators of trust in Federal, State and local government: Implications for Australian health policy makers

Abstract

Objective: To provide baseline findings regarding Australians' trust in Federal, State and local government.

Methods: A computer assisted telephone interviewing (CATI) survey was administrated during October to December 2009 to a random sample (n=1109) across Australia (response rate 41.2%). Binary logistic regression analyses were carried out by means of SPSS.

Results: Age, household size, household income, IRSD and ARIA were found to be significant indicators for trust in Federal, State and local government. Trust in State government is lower for older respondents and respondents living in inner and outer regional areas. Trust in local council is lower in respondents living in inner regional areas, respondents living in disadvantaged areas, and respondents in the income bracket of \$60,001 to \$100,000. Trust in Federal government is lower for older respondents and respondents living in disadvantaged areas. Of note is diminished trust in government among older, regional and lower income respondents.

Conclusions: Trust was found to be the lowest in population groups that are identified by empirical research and media to have the poorest access to government services. As a consequence, improved access to services for these populations may increase trust in health policy. Increased trust in health governance may in turn, ensure effective dissemination and implementation of health policies and that existing inequities are not perpetuated through distrust of health information and policy initiatives.

Introduction

“The question I pose to the Australian people, quite directly, is this: who do you trust to take these vital decisions about our future? Who do you trust to strike the right balance, so our firms and families can plan for the future with confidence?” John Howard, 2007 (1)

In response to the accusation that he was less than truthful with the Australian public, former Australian Prime Minister John Howard based his 2007 election campaign on the notion of trust

(2). The above quote expresses the acknowledgement by government that there is a need to create and maintain citizen trust prior to winning citizens' acceptance of government decisions, initiatives and most pertinent to this paper, "increased compliance with and respect for government agents and programs" (3) (pp. 334). This article provides baseline data regarding Australian citizens' trust in State, Federal and local government and will resonate with health policy makers interested in building citizen trust as part of health policy development and implementation.

Due to the growth of technology, developments in communication and networking, globalisation, and the growth of specialised knowledge, everyday decision-making has become increasingly complex. Humans are, more than ever, incapable of acquiring the breadth of knowledge necessary to make everyday decisions; amplifying the need for citizens to trust both individuals and institutions as a means of functioning in society (4). For example, citizens are called upon to trust governments to maintain the good of society and politicians to follow through with campaign promises. Given the increasing complexity of everyday decisions, trust provides a basic sense of security to citizens and is argued to be the basis for a well-organized society (5).

Trust has been defined as the optimistic acceptance of a vulnerable situation which is based on positive expectations of the intentions of the trusted individual or institution (6-8). By this definition, an investigation of Australians' trust in government is both timely and topical; citizens are consistently called to accept that the often contentious intentions of the government will be advantageous and positive for citizens. In recognising the importance of trust, it is of great concern that citizen trust is currently under threat. The demise of trust in Western society is increasingly noted across social science and policy literature; citizen distrust is noted as increasingly prevalent in a variety of individuals and institutions (specifically medical professionals, government, technology, healthcare, regulation, family) (9-20); however, pertinent to this paper is the concern regarding a lack of trust in government; both as an institution and in individual political actors.

As suggested above, politicians and administration are aware of the role of trust in citizen's acceptance of government and associated programs. Indeed, in relation to public acceptance of medical technology, Barnett argues that government and policymakers use increased

transparency and public opinion inclusion as a way to foster trust (21). It may be argued that regardless of public opinion, government policymakers will develop and implement policy as they see fit, despite public concerns or distrust. Hardin argues that public trust is irrelevant because most citizens lack the information they need to decide whether a government is indeed trustworthy (17). Furthermore, Peel (1998: 315) argues that discussions about Australian political culture “have tended to assume that distrust of politicians and governments stem from declining civic awareness or a lack of civic education. The problem, in other words, lies within the citizens.” Why then, would policymakers care if the public trust? An alternate approach that we take in presenting this paper is that there are individuals in government who do recognise the importance of public trust in government, and the importance of public trust in the acceptance and development of public policy. We embody the perspective of Levi (1998) who suggested that government healthcare interventions must be seen as legitimate to citizens – underlying legitimacy is the notion of trust. Public organisations build their legitimacy by working with citizens to understand what will work to facilitate change (22).

Indeed, it is evident in the empirical literature that public distrust should, if not already, influence health policymakers approaches to program development. Evidence suggests that a lack of trust in government and associated programs has significant implications for the implementation and uptake of health services and programs. For example, Whetten (2006) investigated trust in government and its association with health service use and health outcomes among HIV positive participants in the United States (23). The findings identify that while trust in government is associated with the use of services and positive health outcomes, distrust in government was associated with poor reported health. Those who distrust the government were less likely to use health services. This finding is echoed by research conducted in Australia. Peel’s (1998) research in four disadvantaged suburbs in major urban cities across Australia identified that distrust in government not only led community members to abstain from engaging in government initiatives but furthermore, it created a lack of individual initiative(3). Rather than promoting health, government programs aimed at reducing poverty related disease ended up creating disease. Similar findings are evident in the UK whereby it was found that individuals living in a materially deprived community in England were distrusting of healthcare services because of a generalised distrust in government and associated services (24). Furthermore, there are concerns

over the efficacy of UK health campaigns because the public no longer trusts the government (25).

Despite the importance of trust, and the acknowledgment that citizen trust is declining, baseline results of Australians' trust in State, Federal and local government have not been published. Furthermore, results which profile predictive demographics for Australians' trust in these forms of government remain absent in policy literature. Given the demonstrated importance of trust for developing and improving the acceptance of health policy and programmes, the following paper provides findings from a national survey conducted in Australia in 2009 investigating citizen trust in government. Findings were collected via a study funded by the Australian Research Council (ARC) and offer baseline data for researchers and members of government interested in understanding citizen trust for incorporation in the development of health policy.

Method

Data collection

Australia households with a telephone number listed in the Australian electronic white pages (EWP) were eligible for random selection for this study. All selected households were sent an approach letter on Flinders University of South Australia letterhead, detailing the purpose of the study and advising that the household would be receiving a phone call for an interview. The purpose and benefits of the research, the format of the survey, and how more information could be obtained was described in an information sheet accompanying this letter. In order to test question formats and sequence, a pilot study (n=52) was conducted with randomly selected households.

The person, aged 18 years or over, who was last to have a birthday, was randomly selected within each contacted household to complete the survey. Professional interviewers from a contracted agency conducted the study using Computer Assisted Telephone Interview (CATI) methodology from October to December 2009. This methodology allows immediate entry of data from the interviewer's questionnaire screen to the computer database. A minimum of 10 call-backs were made to telephone numbers selected, to interview household members and different times of the day or evening were scheduled for each call-back. Non-contactable or

responding persons were not replaced with other respondents. Interviews could be rescheduled to a time suitable for the respondent if they were not available to be interviewed straight away. Each interview took an average of 14.5 minutes to complete, and ten percent of each interviewer's work was validated by the interviewer's supervisor for quality purposes.

Of the initial sample of 4,100, a sample loss of 1,408 occurred due to non-connected numbers (1,060), non-residential numbers (135), ineligible households (139), and fax/modem connections (74); leaving 2692 phone numbers eligible for survey phone calls. After refusals, terminated interviews, non-contactable households, deaths, unavailable respondents and respondents who could not speak English, 1109 interviews were completed (response rate of 41.2%). As samples such as these may be disproportionate with respect to the population of interest, weighting was used to compensate for differential non-response and correct unequal sample inclusion probabilities. In order to reflect the Australian population structure 18 years and over, the data were weighted by age and sex reflecting the Australian Bureau of Statistics 2007 Estimated Residential Population.

Survey items relevant for present analysis

For the purpose of the current investigations, several survey items formulated to assess the extent to which respondents trust were analysed. All items were framed as follows: 'The next set of questions relate to how much you trust various institutions. How much do you trust ...'. Institutional trust was assessed for local council, the State government and the Federal government. For all survey items, respondents were offered distinct response options, including 'Trust them completely', 'Trust them most of the time', 'Do not trust them very much' and 'Do not trust them at all'. Further, less direct answers were also possible in the form of 'Have not thought about it', 'Not relevant' and 'Don't know' as well as the option to refuse answering a particular question.

Demographic information collected on respondents' age, sex, number of people in the household, number of children under 18 years of age in the household, marital status, work status, education, annual household income, the Socio-Economic Indexes for Areas (SEIFA)

Index of Relative Socio-Economic Disadvantage (IRSD) as well as the Accessibility/Remoteness Index of Australia (ARIA) were included in the current examination.

Data analyses

All statistical analyses were carried out by means of the statistical software package SPSS version 17.0. For analytical purposes, the outcome variables (trust items) were dichotomised. In order to combine responses based on connotation while ensuring to obtain viable cell frequencies, 'Trust them completely' and 'Trust them most of the time' replies were added together to generate the first level of the trust dichotomy ('Complete/Mostly trust'), while responses in the form of 'Do not trust them very much' as well as 'Do not trust them at all' yielded the second level ('Little/No trust'). All other response options were excluded from the present analysis.

All predictor variables representing individuals' demographic characteristics were entered into the analysis as categorical variables, the individual levels. Bivariate logistic regression analyses were performed to examine the relationship between the individual demographic predictors and the trust-related outcome variables. Only items showing an association at the level of $p < 0.25$ were entered into multiple binary logistic regression analyses (26). Following suggestions by Field (2009), for the purposes of the present investigation, the method of choice for conducting regression analyses was to enter relevant predictor variables in one block rather than stepwise procedures (27). Predictor variables that were entered into the model but returned as not significant were in turn tested against models containing only significant predictor variables. This process allowed for the comparison of several models, resulting in a final model for every outcome variable containing only variables that significantly improved the fit of the model. For each outcome variable, predictor variables included in the regression model were checked for multicollinearity.

Results

Reported in this paper are the results of the multiple binary logistic regression analyses only; bivariate logistic regression results are available on request. Additionally, table 1 highlights the

demographic characteristics of the respondents. Readers may also consult table 2 for information regarding univariate frequencies.

Throughout the following section, results have been organized by demographic predictor variable to achieve maximum coherence for interpretation and discussion. Several demographic and socio-economic variables emerged as being significant indicators for trust in Federal government, State government and the local council: age, household size, household income, IRSD and ARIA. Trust in all levels of government was not predicted by information on respondents' sex, marital status, education or the number of children cohabiting in the same household. Model fit indices and parameter estimates are reported in table 3.

Age

Age emerged as a predictor for trust in the State as well as Federal government. Trust in State and Federal government was found to be less likely for older compared to younger respondents. In particular, individuals between 30 and 44 years were 50% less likely to state having 'complete / mostly trust' in the State and Federal Government (OR=0.45, $p<.001$, and OR=0.49, $p<.001$, respectively) when compared with the youngest cohort (i.e. respondents under the age of 30). Keeping the youngest respondents as the reference category, survey respondents between 45 and 59 years were 50% less likely to trust the State Government (OR=0.53, $p<.01$) and Federal Government (OR=0.53, $p<.01$). Comparison of the oldest (60 years+) with the youngest (under 30) group showed the former to be 60% less likely to trust the State Government (OR=0.41, $p<.001$) and 35% less likely to state trusting the Federal Government (OR=0.65, $p<.05$) than the former.

Household size

Examination of the association between household size and trust in institutions yielded significant results for trust in the State as well as the Federal Government. In particular, trust in the Federal Government was more than 40% less likely for respondents living in households comprising 3 to 4 people compared to individuals from households including 5 or more people (OR=0.57, $p<.01$). Householders living with another person were approximately 40% less likely to report trusting the State Government (OR=0.58, $p<.05$) and 60% less likely to state having

‘complete / mostly trust’ in the Federal Government (OR=0.4, $p<.001$) than individuals living with four or more people. Respondents living by themselves were 40% less likely to trust the State or Federal Government (OR=0.63, $p<.05$, and OR=0.6, $p<.05$, respectively) than respondents from households comprising 5 or more individuals.

Household income

Household income as a predictor of trust contributed significantly to improved model fit for trust in the local council. Compared to respondents falling into the lowest annual household income bracket ($\leq \$30,000$), trusting the local council ‘completely’ or ‘mostly’ was around 40% less likely for households with between \$60,001 and \$100,000 (OR=0.65, $p<.05$). This pattern was confirmed when the reference category was changed to the highest income bracket (i.e. $\geq \$100,001$), for now a trend emerged for trusting the local council to be 40% less likely for those having between \$30,001 and \$60,000 in annual household income (OR=1.44, $p<.07$).

IRSD

The extent to which an individual’s background can be described as (dis)advantaged was significantly indicative of trust in the local council and the Federal government. Relative to respondents in the highest quintile (i.e. most advantaged background), individuals from a less advantaged background were observed to be consistently less likely to trust the various institutions. For instance, respondents whose background was best represented by the middle quintile (i.e. more disadvantaged) were 35% less likely to state trusting the local council (OR=0.65, $p<.07$) than individuals coming from the most advantaged background. Moving on to even more disadvantaged backgrounds, respondents from the low quintile bracket were 40% less likely than their most advantaged counterparts to indicate trusting the local council (OR=0.57, $p<.05$), and around 60% less likely to trust the Federal Government or all institutions combined (OR=0.44, $p<.001$, and OR=0.43, $p<.001$, respectively), with similar odds ratios being observed for the lowest IRSD quintile and trust in the local council (OR=0.6, $p<.05$).

ARIA

The remoteness of respondents’ residency was predictive of trust in the local council and the State government. Odds ratios were consistently lower for individuals residing in an inner

regional area compared to respondent living in a major city, implying that the former are between 30 and 40% less likely to trust the local council (OR=0.69, $p<.05$) and the State Government (OR=0.64, $p<.01$). The same was true for outer regional respondents when examining trust in the State Government, for outer regional respondents were more than 40% less likely to report having 'complete / mostly trust' than their city-living counterparts (OR=0.56, $p<.01$).

Discussion

Predictor variables across trust in local, State and Federal government included age, household size, household income, IRSD, and ARIA. Central to our discussion of the results are Job's (2005) findings that peoples' perception of whether or not a government is performing well depends largely on whether the government is providing services that are useful to that specific individual (2). Australian's public perceptions of the government stem largely from news and other media reports of government service provision (3). Studies have found a relationship between the volume of media reporting and people's perception of risk that is unrelated to the generalised level of trust in the media (28, 29), a convergence of the values of readers of elite press with media presentations over time (30) and that acceptance of and trust in 'scientific' messages in the media depends upon regular exposure to these messages (31). It is for this reason that the following discussion, in addition to peer-reviewed sources, includes media reflections which are understood to sway public opinion (32), especially in situations where government initiatives are unsuccessful (3). Indeed, we found that the least trusting respondents are those represented in the media as belonging to population groups most affected by inadequacies in government initiatives.

With regards to age, the findings indicate that as age increases, respondents are less likely to trust both the State and Federal government – the lowest trust being demonstrated in respondents aged 60+. The findings may be understood using the above argument; it is often documented that government services towards older individuals (namely seniors, 65+) are underfunded. Evidence suggests that older Australians are disadvantaged in terms of job opportunities (33), being subjected to ageism (34), transport and location (35), in their access to appropriate medical services (especially in later stages of life – aged and palliative care) (36), and are frequently socially isolated or excluded from society (37). These disadvantages are often linked to a lack of

funding or government initiatives towards aged care and community services which are widely acknowledged in the media (38-40); media being a primary source of public information.

Concerns about the priorities of local councils are prominent features of newspaper headlines: “Many local councils have lost the plot and become increasingly disconnected from the needs of the communities they represent” (41). However despite widespread criticism, trust in the local council was found to be significantly lower only in respondents with an annual household income between \$60,001 and \$100,000. Given Job’s (2005) argument, one might assume that local councils with fewer resources (lower income areas) would be less likely to be able to provide for community members and therefore, more likely to be viewed as untrustworthy. Hardin (1998:16) suggests that in the absence of experience with a given institution, individuals cannot say ‘one way or the other whether they [institutions] are trustworthy’ (17). Perhaps individuals within the middle income bracket (\$60,001-\$100,000) are more engaged with local councils and are therefore more likely to question their motives. This finding remains elusive and in need of further investigation as the role of local councils differs greatly across communities.

Inconsistent with the findings regarding income is that which suggested that individuals from a less advantaged background (rather than advantaged) were observed to be consistently less likely to trust the local council and the Federal government. One would assume that if income predicts distrust in government, that more socially advantaged respondents would be found to have lower levels of trust in government. However, Peel (1998) argues that for disadvantaged Australians, distrust is a rational, critical response to their actual experiences of distrustful and even destructive governance. Comments from Peel’s interviews with disadvantaged Australians reflect the fact that government promises are empty and that ‘nothing ever gets done’. While Peels research was conducted in the early 1990s, his findings are echoed by more recent data which emphasises an unfair distribution of government resources to disadvantaged individuals (42-44).

With regards to remoteness, individuals residing in inner and outer regional areas were found to be less trusting of State government than respondents living in major cities; inner regional were also found to be less trusting of local councils. Again, the findings may be explained by the lack of resources provided to regional and remote areas. It is well acknowledged both in media accounts and in empirical literature that resources such as education, healthcare, healthy foods and so forth are limited for regional and remote areas when compared with major cities (36, 45-

47). Additionally, a prominent feature of recent news accounts has been the impact of public policy on the health and wellbeing of rural and remote citizens. For example, government policies, such as the recent ban of cattle for export to Indonesia, have severe implications for Australian farmers (48).

We acknowledge several weaknesses in this cross-sectional study. Firstly, trust in specific politicians likely had a significant impact on the outcome of the results presented – for example, the political leaders at the time of the data collection will have had an impact on responses. Indeed, it has been found that the most significant predictor of trust in local government institutions is social trust in the individual actors (2). Nonetheless, the way in which the questions were worded, explicitly telling respondents the questions were investigating trust in institutions, was specifically done to minimise this issue. Secondly, the self-reported nature of the data collection could result in socially desirable responses or problems with recall. The response rate of 41.2% is moderately acceptable for this type of survey but the potential for survey non-response bias is acknowledged. Response rates are declining in surveys as people have become more active in protecting their privacy (49-51). The growth of telemarketing has disillusioned the community and diminished the success of legitimate social science research by means of telephone-based surveys. The use of a telephone as the mode of data collection could also result in bias. The EWP sampling strategy used in this research includes mobile phone with up to 8% of interviews undertaken on this medium. Although possible bias associated with EWP as the sampling frame is acknowledged, research on this issue has previously been undertaken (52). In addition, the growing use of mobile telephones has contributed to declining response rates for surveys administered via telephone (53).

Notwithstanding, the strength of this study includes the random nature of the sample and the large number and variety of the associated variables. This research, based on a large scale randomly selected sample of the Australian adult population, has highlighted the demographic characteristics associated with trust in government. Univariate and multivariate analyses have been undertaken on three specific institutions. Nine separate demographic variables were assessed against each level of government.

Conclusion

John Howard identified trust as being fundamental to his election campaign. Trust is acknowledged to play a role in the uptake and acceptance of health policy and adoption of health behaviours. The information in this paper provides baseline multivariate data from a national survey, identifying predictive demographic factors for distrust in State, Federal and local government. Of note is diminished trust in government among older, regional and lower income respondents. These population groups are identified by empirical research and media to have the poorest access to government services. Following Job, we argue that access to services may in itself be a factor in trust in governance (2). As a consequence, improved access to services for these populations may increase trust in health policy. Alternately, health policy makers and planners may need to concentrate more on building trust in these groups. Increased trust in health governance may in turn, ensure effective dissemination and implementation of health policies and that existing inequities are not perpetuated through distrust of health information and policy initiatives.

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