

Health Professionals, Elderly Americans, and Distrust During Covid-19 in the United States

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The Covid-19 pandemic originated in China and quickly spread around the world. January 2020 marked the first confirmed case in the United States. In March 2020, the World Health Organization declared Covid-19 a pandemic (WHO, n.d.). A range of measures was implemented to slow the spread of the disease, including mask mandates and social distancing. Healthcare services, particularly hospitals, faced shortages of medical supplies and far more patients (Mohammadinia, 2023). Multiple vaccines were made and distributed. Campaigns were conducted to achieve widespread immunity. The campaigns' success, especially for elderly Americans, depended upon public trust, but many patients distrusted health authorities.

Trust in expert health guidance was crucial, especially for elderly Americans. The elderly were more susceptible to extreme illnesses due to Covid-19. Vulnerable populations needed to know when and how to seek medical attention, practice social distancing and wear masks. They also needed confidence in safe and effective vaccines. To trust the vaccines, the public had to trust the health officials who recommended them.

The elderly, SAGE (Strategic Advisory Group Experts on Immunization), health officials, the Alliance for Aging Research, ethnic minority groups, and the FDA all played important roles in trust issue management. Community health campaigns, support from trusted figures, and feedback forums partly relieved distrust in the US during the Covid-19 pandemic.

Review of Research

Vaccine debates are nothing new. False claims linking vaccines to autism once posed a global health threat (Skafle et al., 2022). In the 19th century, laws mandating vaccines faced

major resistance due to concerns about civil liberties (Wolfe, 2002). However, vaccine distrust peaked during Covid-19. This sparked problems between health guidance officials and the public, particularly the elderly. The National Institute of Health describes vaccine distrust as caused by doubts, distrust, and worries or fears concerning vaccine efficacy, protection, and safety. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, warns that achieving herd immunity with vaccination rates at only 40-50% will be prolonged; emphasizing the necessity of widespread vaccination (Powell, 2020). Therefore, vaccine distrust leads to reduced vaccine rates and delays in disease eradication.

Vaccine hesitancy was a limitation in the relationship between health officials and the public. Stanford Medicine mentions how misinformation and medical mistrust fuel vaccine hesitancy (Conger, 2021). The Strategic Advisory Group of Experts on Immunization (SAGE) promotes vaccines. In a study of vaccine hesitancy, SAGE highlights the “3 C’s” model of hesitancy: complacency, convenience, and confidence (MacDonald, 2015). Confidence refers to the trust in the safety and effectiveness of vaccines. Complacency occurs when risks of the disease are low and vaccination is not deemed necessary. Convenience focuses on factors like affordability of the vaccine/willingness to pay, accessibility, and physical availability. There was low confidence in the Covid-19 vaccine due to how quickly it was created.

The elderly faced unique challenges during Covid-19, one of which being increased health risks. Aspects like comorbidity, or the presence of two or more diseases, as well as defective immune response, malnutrition, drugs, and stress resulted in increased risk of contracting Covid-19 due to the declining of immune function (Benksim, 2020). As a result of these increased health risks, some elderly patients did not seek medical care in fear of contracting

the virus in public (Bailey, 2023). Because Covid-19 primarily took the lives of the elderly, this demographic experienced significant levels of grief and loss.

Another challenge faced by the elderly was social isolation. Even before the pandemic, elderly Americans felt socially isolated, which only increased after lockdown. The lack of social interactions for the elderly led to impacts on mental health and well-being (Lebrasseur et al., 2021). HelpAge International believes the pandemic has separated and isolated the elderly, as well as portrayed them as weak and helpless (HelpAge International, n.d.). There were also physical and financial effects of being isolated. Telemedicine could unfortunately not replace a physical examination for elderly adults. Additionally, the elderly experienced reduced outdoor exercise and no longer attended their therapies to keep them moving. The pandemic caused economic problems, and the elderly were more vulnerable to financial hardship during these times (Cocuzzo et al., 2022).

Community Outreach & Public Health Campaigns

Community outreach was used during Covid-19 to manage problems of distrust between health officials and the public. The goal was to create a trusting relationship, foster communication, and address the community needs in order to create a collaborative approach. The Homelessness and Health Response Group for Equity in Chicago “established clinical linkages for shelters... to provide outreach and health checks for high-risk groups” (Michener, 2020). There were efforts targeted toward the elderly population through community outreach. Relief activities done for older individuals during Covid-19 included providing drive through, take out, or home-delivered meals and providing well-being checks and grocery deliveries (GAO, 2020). Candlewood Valley Health and Rehabilitation developed programs of community

outreach to combat the feeling of isolation. The elderly not only were in need of basics like food and transportation, but also in need of “human interaction and activities to keep their days filled with something other than concern and worry” (Candlewood Valley, 2021). Meals On Wheels is a group focused on keeping elderly Americans safe and nourished. After Covid hit, this group served 47% more seniors than pre-pandemic and increased the number of meals distributed by 77% (Meals On Wheels America, n.d.).

Social media played an important role in spreading misinformation among the public during the pandemic. Public Health Campaigns were used to help fight the misinformation. They used language the public could understand and focused on delivering clear messages. The We Can Do This campaign is an example of a public health campaign used during Covid-19. It contains information regarding who is at increased risk for severe illness from the disease, as well as the availability and importance of early treatments (APHO, n.d.). These campaigns also often used multiple platforms to get the information to as many people as possible. The We Can Do This campaign has videos, posters, patient handouts, social media graphics, and webinar recordings on their website. There are also Spanish versions of these resources to get improved accessibility to different audiences. The Pan American Health Organization’s “We Can Stop This” campaign was another example of a campaign used during the pandemic.

Factors Influencing Trust

Covid-19 illustrated the need for a trusting relationship between health officials and the public more than ever. Unfortunately, many aspects of the pandemic increased the divide between officials and the public even more. Misinformation during Covid-19 influenced the public’s view, behavior, and decisions. Social media helped the spread of misinformation. The

Alliance for Aging Research is an advocacy whose goal is to promote and advocate for the optimal quality of life for older adults and their families. On their website, they mention that “misinformation and disinformation” about Covid-19 vaccines have been contributing to the decline in public trust relating to the vaccines, which have now been proven to be safe and prevent illness (AAR, n.d.). False claims about vaccine safety planted doubts in the public’s mind. Misinformation also led to confusion from conflicting messages, while also spreading fear and anxiety. This spread of misinformation created challenges for health officials when they did, in fact, have important and accurate messages to share.

Fear was a barrier to trust in health guidance due to the uncertainty of Covid-19. The public was faced with the unknown, which is scary to most people. Especially at the beginning of the pandemic, it was unknown how the disease spread and the long-term effects. There was also fear of contracting the virus. One study looked at particular reasons why minority groups had vaccine hesitancy when it came to the Covid-19 vaccination. There were concerns about anti-immigrant sentiments and systematic racism. For example, one person stated “we as latinos will not receive the same quality of vaccine.” Another participant stated that they had concerns about “long-term effects and not sampling enough Pacific Islands, women, people of color, [and] those with health disparities” (Shearn, 2022). These fears were common among the public, relating again to the unknown.

Credible sources were another element that contributed to increased trust among the public and health officials. One study mentions the importance of trust in medical science and how it was so difficult during this time due to political polarization and the spread of false information through social media (Leonard et al., 2022). One weapon public health officials could use to combat these issues was credibility. Gehrau found that credibility of information and

trust in health information providers was “a significant antecedent of compliance” (Gehrau et al., 2021). Therefore, if the officials recommended staying six feet away from other people, the public was more likely to follow that information and comply if it came from a trusted source or an expert opinion.

Communication Strategies

During the height of the pandemic, the FDA released an interview called *FDA Insights: Vaccines for Covid-19*. The purpose of this interview was to answer commonly asked questions about the vaccine. One common doubt that came up during this interview was in regard to the importance of the Covid-19 vaccine. Dr. Marks answered this question with the response that vaccines help protect people for many months against the virus and ultimately, if enough people are vaccinated, it “will provide herd immunity in the population” (FDA, 2020). By releasing information like this and answering common questions, people in the community, specifically the elderly, were able to hear health guidance directly. Also, receiving this direct communication from a trusted source such as the credible FDA helped the public to trust the information. Using the FAQ format also helped to address public concerns transparently and directly.

Having an accessible platform to receive information as well as updating the public frequently was an effective way of communicating with the public. For example, the World Health Organization has a website dedicated to housing all of their press conferences. Because the disease was so new, there was constantly new information and guidance, so incorporating regular updates was one way public health officials maintained trust. The Ontario Hospital Association put together a PDF containing effective communication strategies for Covid-19. The OHA pulls out examples of how people communicated well in other countries: the chancellor of

Germany used science and clear explanations of the disease while discussing the lockdown, a coronavirus virologist in Germany created a podcast to explain the science behind the virus, and British Columbia laid out rules for safe socializing instead of issuing restrictions (OHA, n.d.).

Involvement of Trusted Figures

People are more likely to trust people they recognize or know. Community leaders, celebrities, and familiar faces played an important role in helping to manage the problems of trust between health officials and the public during Covid-19. It has been shown that celebrities can impact people's attitudes and behaviors in a crisis (Yoosefi Lebni et al., 2020). Examples of celebrities who used their presence on social media to promote a pro Covid-19 vaccine message were Hilary Duff, Dwayne Johnson, and Dolly Parton (Christensen, 2023).

The American Medical Association has Covid-19 Guides for health care professionals on their website. One of these is the AMA Physician's Guide to Covid-19. It contains information on how to "prepare your practice, address patient concerns and answer your most pressing questions" (AMA, 2022). It was found in a survey that physicians and nurses were the most highly trusted sources of health information (Harris, 2023). People may have been more likely to trust their physicians that they had been going to for medical advice and support for years and who they had built a solid relationship with. This is why it was important for physicians to be up to date on all of the new information from trusted sources like the CDC, JAMA, and the WHO.

Digital Literacy

Covid-19 increased the digital literacy of the elderly. Being such a vulnerable population, it was important for the elderly to be able to access the newest information while they were

isolated at home. The use of technology to support daily activities in older adults' lives changed during the pandemic. For example, older adults reported increases in online shopping for essential items, webinars, online social activities, food delivery, social media, and networking apps. These changes helped older adults “support their health, wellness, and communication needs” (Sixsmith et al., 2022). Technology was also the main source of communication during the pandemic (Murciano-Hueso et al., 2022). Technology was used by the elderly more than ever before to communicate with loved ones, as well as access services to make their lives easier during this period of increased isolation.

Telemedicine, or meeting with a doctor online to discuss healthcare needs, existed before Covid-19, but expanded rapidly after the pandemic started. Telehealth was used to monitor quarantined patients recovering from Covid-19, as well as reaching populations that have low access to healthcare (Ali & Khoja, 2020). Telehealth spiked 766% during the first three months of the pandemic (Shaver, 2022). This was because getting medical help was not safe or feasible in person for many people, specifically the elderly.

Feedback Mechanisms

One way problems of trust during Covid-19 were addressed was the implementation of feedback mechanisms like establishing means of communication to foster questions and feedback from the public. There were hotlines, online platforms, community engagement events, and social media engagement. Clinical Care created a 24/7 hotline dedicated to patient questions and they state on their website “it can be hard to keep up” due to new information constantly coming out as well as new strains of the virus (Clinical Care Medical Center, 2021). The National Institute of Health has a recording of a question and answer session about Covid-19 on

their website. The panelists for this question and answer session were a chief for the Infectious Disease and Immunology, a Deputy Director, and a Vaccine Research Center Chief (NIH, n.d.). Many cities held virtual town halls to communicate directly with experts and healthcare professionals. These means of communication helped to build trust and transparency, correct misinformation, and use the feedback to enact change.

Challenges and Limitations

Several challenges were faced during Covid-19 that impacted the trust between the public and health officials. One of these challenges was information overload. The information fed to the public was both accurate and inaccurate, but conflicting information led to “confusion and overload of information” which can make people feel anxiety, fatigue, and “paralysis of action” (Mohammed, 2022). The amount of information made it difficult for the public to figure out what was credible and what was not. One article discusses six important pillars of communication that should be used, especially during a pandemic that causes fear and uncertainty. These pillars include 1. Be first, 2. Be right, 3. Be credible, 4. Express empathy, 5. Promote action, and 6. Show respect (Sauer et al., 2021). Failure to do these results in unwanted consequences.

Another challenge that occurred during the pandemic was the amount of politics and polarization in the media and news. One study found that politicians appeared in newspaper coverage more frequently than scientists, and appeared equally in network news (Hart et al., 2020). Through survey data, another study found that viewers who listened to Sean Hannity waited longer than those who listened to Tucker Carlson to change their behavior such as social distancing and wearing masks (Rothwell & Makridis, 2020). Both Hannity and Carlson covered

Covid-19 information differently. The influence of politics and polarization of the parties was another limiting factor in building trust between the public and those delivering news related to Covid-19. Not everyone followed the preventative measures to the same degree. Kusama (2022) found factors such as older age, higher education, and higher income were associated with greater compliance. Also, women were more likely to comply with the preventative measures than men (Otterbring & Festila, 2022). Varying levels of compliance did not help with building trust and fostering a sense of community. Pandemic control measures were put in place to reduce the rate of spread and contain the virus.

Covid-19 involved a lot of scientific information that the average person may not understand. Communicating those complex ideas to the public was an example of a communication barrier between health officials and the public. Another example was language and cultural barriers. These linguistic barriers were described as a significant contributor to health disparities in minority communities whose health communication needs could not be met in English (Ortega et al., 2022). There was not as much information available in other languages, which alienated non-English speaking communities.

Accessibility of vaccines was another challenge in increasing the Covid-19 vaccination rate. A study looking at older adults' decisions to get vaccines highlighted that "convenient and accessible opportunities for vaccination," as well as messages targeted to specific age groups, are likely to increase vaccination uptake among older adults (Shapiro et al., 2022). Three challenges were encountered in the first couple weeks of distributing vaccines: 1. balancing efficiency, equity, and protection of the vulnerable populations like the elderly, 2. Expanding the vaccination workforce, and 3. addressing vaccine hesitancy (Tewarson et al., 2021).

The beginning of the pandemic led to a strain of hospital resources and overwhelmed staff. Hospitals were forced to meet the needs of Covid-19 patients and provide their normal, routine care to non-Covid patients, all while dealing with staffing shortages and financial burdens during the pandemic (Li et al., 2023). Expanding those resources was essential to care for the elderly and build trust in the public health system. Some people thought that the healthcare system was unable to deal with the pandemic (Geyman, 2021). Additionally, with so many patients, hospitals may have struggled to provide quality care to everyone.

There were also challenges within certain demographics, such as marginalized communities, rural populations, the elderly, children, and essential workers. One study describes how “historically marginalized communities” were vulnerable to increased contraction of the virus and death (Estrada et al., 2022). This is due to where one lives, what one has access to, and what one is exposed to. A challenge faced by the rural communities is that they are more likely to contract Covid, but have less access to healthcare professionals and resources (Bradford et al., 2021). Rural communities were also less likely to follow the preventative measures of Covid. Older adults are more likely to face the intense consequences of Covid-19 such as intensive care, hospitalization, or even death. Because of this, older adults were isolated more so than younger adults. This resulted in physical, mental, emotional, social, and financial consequences (Cocuzzo et al., 2022). Children were also affected heavily during the pandemic. They missed out on social interactions with peers, which is important to their development (Oberg et al., 2022). Essential work during the pandemic came with many physical risks, practical challenges, and mental burdens. However, many essential workers did not have the finances to “opt out of this work” despite the increased risks (Civita et. al, n.d.).

Conclusion

The pandemic was an unprecedented time that caused a lot of fear, panic, anxiety, and misinformation. Establishing trust between healthcare workers and the public in the United States was one of the most important goals to slow the spread of the virus. Doing this would help more people to follow preventative measures and get vaccinated, which would assist in gaining herd immunity. Multiple challenges emerged in trust between the public and health officials, particularly among vulnerable populations, like the elderly, who faced increased health risks and social isolation.

Vaccine hesitancy was one area that needed to be addressed to instill confidence in the public. Strategies used to correct misinformation to the public included community outreach, campaigns, involvement of trusted figures, increasing the digital literacy of the elderly, and feedback forums. The pandemic was a learning experience for the world as a whole. Through it, challenges were brought to light, such as information overload, political polarization, vaccine hesitancy, disparities in healthcare, and marginalized communities facing obstacles.

The importance of trust in public health guidance was highlighted by the pandemic. In the future, identifying what causes distrust, making sure communication is transparent, and prioritizing the needs of vulnerable populations will help to build a trusting relationship between the healthcare system and the public.

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