


Older Americans' Perceptions of the Federal Government's Pandemic Response: Voices From the COVID-19 Coping Study

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Haley B. Gallo¹ , Lindsay C. Kobayashi², and Jessica M. Finlay^{2,3}

Abstract

There is limited understanding of how older adults evaluated the federal government's COVID-19 response, despite their increased health risks during the pandemic and their important role in politics. We conducted qualitative thematic analysis on a nationally representative subsample of respondents aged 55+ from the COVID-19 Coping Study ($N = 500$) who were asked: "How do you feel about federal government responses to and handling of the COVID-19 pandemic?" Analyses identified largely negative opinions about the federal government and former President Trump's leadership, though some were neutral or positive. Participants expressed concerns that the federal government was undermining science, and that sending mixed messages about personal protective equipment and masks was dangerous. Perspectives were divergent and reflective of the country's polarization surrounding COVID-19 policies. Results can inform efforts to build unity between political parties and identify strategies that governments can use to better respond to future public health crises.

Keywords

qualitative analysis, older adults, COVID-19, public opinion, government response

Introduction

Older adults, especially those with chronic health conditions (Verdery et al., 2021), are at an increased risk of COVID-19 morbidity and mortality compared to the general population (Shahid et al., 2020). In addition to increased physical health risks, older adults often experienced social isolation (Berg-Weger & Morley, 2020), disrupted access to food, medication, health and personal care, and financial strain during the pandemic (Brooks et al., 2020; Steinman et al., 2020). Given the growing number of older adults in the U.S. (Mather et al., 2015), their increased health risks during the pandemic (Shahid et al., 2020), and their greater rates of political engagement compared to younger groups (Hudson & Gonyea, 2012), the goal of this study is to help policy makers, political scientists, and gerontologists understand how late-middle-aged and older adults evaluated the federal government's response to the pandemic. We found that participants primarily discussed the broader federal government, former President Trump's leadership, and the role of science. While many expressed negative sentiments in their responses—often related to their concerns that the government was undermining science and did not care about residents—others were neutral or positive. Results may inform efforts to address growing polarization between political parties, place the 2020 election results in context,

and identify strategies that governments can use to better respond to future public health crises.

Literature Review

The Federal Government's COVID-19 Response

Federal guidelines are needed to make a public health system effective, including data-driven standards for local stay-at-home orders, systematic distribution of medical supplies, and support for under-resourced hospitals (Gordon et al., 2020). Early in the pandemic, President Trump, the World Health Organization, the U.S. Surgeon General, and the Centers for Disease Control and Prevention issued conflicting statements about the efficacy of stay-at-home orders and wearing masks, ultimately leaving prevention measures up to individual states (Adolph et al., 2021).

¹Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA, USA

²Center for Social Epidemiology and Population Health, School of Public Health, University of Michigan, Ann Arbor, MI, USA

³Social Environment and Health Program, Institute for Social Research, University of Michigan, Ann Arbor, MI, USA

Corresponding Author:

Haley B. Gallo, Leonard Davis School of Gerontology, University of Southern California, 3715 McClintock Ave, Los Angeles, CA 90089, USA.
Email: hgallo@usc.edu

This lack of federal coordination led to delayed or inconsistent guidelines for state and local governments, and caused states and hospitals to compete to purchase personal protective equipment (PPE) (Woolhandler et al., 2021).

Despite its focus on federalist policies, the federal government took several steps to prevent the spread and assuage the effects of COVID-19. For instance, Operation Warp Speed was a federal effort that supported multiple vaccine candidates and helped mitigate manufacturing challenges (U.S. Government Accountability Office, 2021). The Congress also passed multiple bills to support individuals, businesses, state and local governments, and other entities; these included the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Families First Coronavirus Response Act.

Public Opinion

Americans' views of the federal government's COVID-19 response are likely influenced by several factors, including access to information, partisanship, and media consumption (Allcott et al., 2020; Zhao et al., 2020). Political officials may withhold information or offer vague communication to influence public opinion; this was the case in the aftermath of the Fukushima nuclear accident in Japan, and may also be true for public information related to the COVID-19 pandemic (Honryo & Yano, 2021). Other scholars have argued that senior officials of the Trump administration discredited public health authorities, which undermined scientific expertise, created conflicting and misleading public communication, and fostered scientific distrust among the public (Gollust et al., 2020; Woolhandler et al., 2021).

Americans often see the world through a political lens, as partisanship is acquired at an early age and rarely changes over the life span (Iyengar et al., 2019). Partisanship influences which media outlets people use, and a lack of exposure to diverse media sources perpetuates negative views of the opposing political party (Peterson & Kagalwala, 2021). The COVID-19 pandemic and the federal government's handling of it have become controversial and divisive topics in public discourse. This division is occurring in a time of increasing affective polarization, or growing animosity between the two major political parties in the U.S. (Iyengar et al., 2019). Affective polarization can have non-political consequences, such as influencing the extent to which people take COVID-19 prevention measures. Adolph et al. (2021), for instance, found that states with Republican governors were slower to announce social distancing mandates compared to states with Democratic governors. Geographic regions with more Republicans engaged in less social distancing, and individual Republicans were less likely to be concerned about or change their behavior because of the COVID-19 pandemic compared to Democrats (Allcott et al., 2020). This may be due, in part, to news consumption and divergent messaging (Chock & Kim, 2020; Zhao et al., 2020).

Older Adults and Pandemic Politics

Older Americans are disproportionately affected by the COVID-19 pandemic and have historically been a large and influential

voting bloc. In the latter half of the 20th century, policy makers began to view older adults as a politically legitimate and powerful group, which manifested in policies that benefited this group (i.e., Medicare, the Older Americans Act, increases in Social Security benefits) (Hudson & Gonyea, 2012). Government programs that confer benefits based on age forge a political identity around protecting those programs; otherwise, older adults would be divided by separate interests and priorities just like other age groups (A. Campbell, 2011). Age-based political identities give rise to a large and politically interested electorate that both major parties attempt to mobilize during campaigns (A. Campbell, 2011). Older adults' civic participation has been a topic of study for decades (Serrat et al., 2020). Middle-aged and older adults have higher voting rates than younger adults (File, 2017), with 74% of people aged 65 and older voting in the 2020 election, compared to 69% of people aged 35–64 and 57% of people aged 18–34 (Fabina, 2021).

Older and white voters favored Donald Trump over Hillary Clinton, on average, in the 2016 Presidential election (Hudson, 2018). However, most advocates, researchers, and policy makers who focus on aging lean left on the political spectrum both ideologically and operationally (Hudson, 2018). This indicates that there may be a large group of politically right-leaning older adults whose perspectives are not typically included in gerontological studies or prominent academic discourse. Contrary to 2016 election patterns, polls and multiple media outlets predicted that older voters would vote for Joe Biden in the 2020 election, largely because of their concerns regarding the COVID-19 pandemic (e.g., Milligan, 2020; Stanton, 2020). As with any other age group, however, middle-aged and older adults were not monolithic in their views of the government's response to the pandemic and in how they voted in 2020.

Given the growing number of older adults in the U.S., their increased health risks during the pandemic, and their historic investments in politics, it is important to understand the variety of perspectives older Americans hold about the increasingly politicized topic of the federal government's response to the COVID-19 pandemic. This study is significant as it presents the depth of older adults' perceptions and experiences related to the federal government's COVID-19 response. Examining these topics through the views of late-middle-aged and older adults is especially important, as older adults are often disproportionately impacted by national emergencies physically (Cherniack, 2008), mentally (Parker et al., 2016), and financially (Al-rousan et al., 2014). The qualitative methodology employed in this study allows us to present a richer analysis than nationwide quantitative polls permit, and it helps place the 2020 general election results in context.

Research Design

Sample

Data are from the COVID-19 Coping Study, a longitudinal, mixed-methods study of adults aged 55 and older residing in

the U.S. (Kobayashi et al., 2021). The COVID-19 Coping Study aims to investigate how social, behavioral, and economic impacts of the COVID-19 pandemic affect the mental health and well-being of middle-aged and older adults. The study includes people aged 55 and older for comparisons across a wide age range, and to capture broad perspectives of those who may self-identify as “older” before the conventional U.S. societal marker of age 65 (Finlay, 2018). A total of 6938 participants from all 50 U.S. states, the District of Columbia, and Puerto Rico were recruited from April 2 to May 31, 2020 using a multi-frame online recruitment strategy. Full details of the study design and methodology are available elsewhere (Kobayashi et al., 2021). The University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board approved the study protocol (HUM00179632), and all participants provided written informed consent.

In wave 5 of the study (August 31 to November 3, 2020), participants were asked “How do you feel about federal government responses to and handling of the COVID-19 pandemic?” Of the 2472 total participants in this follow-up survey, 2338 respondents (94.6%) provided written responses to this question. We selected a stratified random sample of 500 responses representative of the U.S. population aged 55 and older to qualitatively analyze in-depth. We used American Community Survey 5-year estimates (2014–2018; Ruggles et al., 2021) to inform the selection of a stratified sample. We stratified based on age group (55–59; 60–64; 65–69; 70–74; 75–79; 80–84; 85+), gender (female; male), race/ethnicity (non-Hispanic white; non-Hispanic Black; non-Hispanic Asian; non-Hispanic other races; and Hispanic), and education (less than high school; high school diploma or equivalency; some college or two-year associate degree; four-year college or university degree; postgraduate or professional degree).

Analytic Strategy

The analysis was guided by the six steps of thematic analysis: data familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006).¹ The first and senior authors (HG and JF) read the responses and worked together to develop a codebook. The researchers adopted a three-stage coding process (J. L. Campbell et al., 2013): (1) they tested the coding scheme based on a sample of responses, (2) they negotiated coding disagreements, and (3) a single coder deployed the coding scheme on the full sample. Using NVivo 12 qualitative software, they individually coded a random subsample of 50 open-ended responses. The researchers compared codes, reconciled differences, and updated the codebook. This reconciliation process resulted in a Kappa score of >0.8. The first author coded the remaining responses using the established coding strategy. The second coder “spot-checked” a random sample of 25 multi-sentence responses, with a Kappa score of >0.95 agreement between the two coders. The researchers enhanced methodological rigor

Table 1. Stratified Random Sample (N = 500) and U.S. Population Age 55+ Demographics.

	Stratified random sample	U.S. Population ^a
	%	%
Age		
55–59	23.6	21.4
60–64	19.8	21.2
65–69	23.0	18.7
70–74	13.2	14.9
75–79	9.4	10.2
80–84	4.8	6.7
85+	6.2	6.9
Sex		
Male	40.6	46.3
Female	59.0	53.7
Other	0.4	
Race		
White	79.1	77.9
Black	7.7	8.3
Asian	4.2	4.9
Other	1.6	1.1
Hispanic	7.4	7.8

^aSource: American Community Survey 2018 data for population aged 55 and older.

through multiple strategies including peer debriefing, negative case analysis, and clear audit trails (Marshall & Rossman, 2011). The coders used iterative analyses to continually seek alternative understandings and linkages. This process led to saturation, in which the themes were well-described by and fitting with the data (Dey, 1999).

Results

Table 1 lists demographic characteristics of the random sample compared to the U.S. population aged 55 and older. The sample is representative of the U.S. population in terms of age, gender, and race/ethnicity. People with higher education were overrepresented compared to the general population, as were people from Michigan. The authors identified three overarching categories from the analysis regarding participant perceptions of the federal government’s pandemic response: (1) *broader federal government*, (2) *President Trump’s leadership*, and (3) *science*. The categories, themes, and sub-themes listed in Table 2 represent the diverse and divergent sociopolitical views that the participants expressed, including the number of participants who expressed each category, theme, and sub-theme. Below, we describe the themes within each category in-depth.

Broader Federal Government

As shown in Table 2, the category of *broader federal government* ($n = 422$) was broken into themes related to sentiment

Table 2. Thematic Coding Structure (N = 500).

Major Theme	Minor Theme	Sub-themes
Broader federal government (n = 422)	Negative (n = 364)	Inadequate (n = 60) Too political (n = 35) Lack of coordination (n = 34) Mixed messaging (n = 29) Lives lost (n = 26) Uncaring (n = 20) Economic impact (n = 16) Criminal (n = 13) Blame a political party (n = 11)
	Neutral (N = 37) Positive (N = 32)	Positive response in general (n = 23) Positive response from agencies (n = 9) Not their responsibility (n = 13)
President Trump's leadership (n = 108)	Role of the federal government (N = 25) Negative (n = 102)	Uncaring (n = 24) Lives lost (n = 14) Criminal (n = 11)
	Neutral/did the best he could (n = 2) Positive (n = 4)	
Science (n = 86)	Undermining science (n = 36) PPE (n = 30) CDC and NIH (n = 25) Scientific distrust (n = 9) Vaccines (n = 7)	Masks (n = 21) Dr. Fauci (n = 12)
	Other (n = 47)	Voting (n = 12) Congress (n = 10) Media (n = 7) Older adults (n = 6)

Note: Sub-themes and minor themes may not add up to major theme sample sizes because responses may have been coded for multiple themes.

(e.g., *negative, neutral, and positive*) and *the role of the federal government*. Participants most frequently expressed *negative sentiments* related to the broader federal government (n = 364). Many claimed that the federal government's response was *inadequate* (n = 60). "What response?!" was a common expression among respondents. Barbara (female, 65–69, white)², for example, wrote, "Furious. What response? Federal govt has failed...every attempt to 'handle' Covid [*sic*]." Like several others, Lisa (female, 55–59, Asian) said the response was "too little too late."

Many also believed that the federal government's response was *too political* (n = 35): "The government has failed. It has become a political issue which is tragic. I still see people not wearing masks" (Linda, female, 70–74, Hispanic). Others linked the prioritization of politics to unnecessary deaths. James (male, 70–74, white) noted, for instance, "Dismal, politics over science costing many lives of people with few protections." Topics such as *lack of coordination* (n = 34) and *mixed messaging* (n = 29) were also commonly shared. Michael (male, 55–59, white) expressed both themes when he wrote

From what I have seen, I am feeling very confused by the multitude of different stories and different attitudes between the Whitehouse [*sic*], the medical staff, the President, and the Congress and Senate.

You don't know who to believe and you don't know what advice to follow. No clear message for US citizens.

Some focused on the lack of coordination, stating that "the federal government does not have a unified response" (Donna, female, 55–59, Black). Others highlighted their frustration with mixed messages, stating that "messages and expectations have been disjointed and confusing for many people" (Robert, male, 65–69, white).

Participants also expressed concerns about the number of *lives lost* (n = 26) during the pandemic. Mary (female, 70–74, Hispanic), for instance, wrote that the response was "disastrous, appalling, tragic (for those who lost their lives due to the govt.'s ineptitude)." Comments about lives lost were often accompanied by statements expressing that the federal government did *not care* about them (n = 20): "It's a travesty. A total disregard for human life" (John, male, 55–59, white). Similarly, Patricia (female, 60–64, Black) shared that "the government failed ALL people by being more concerned about the economy than the people...I believe that so many people did NOT have to die had the government...provided the leadership." Participants also expressed concerns about the *economic impact* of the pandemic (n = 16). Some shared concerns related to the financial hardships they and their peers

faced. Deborah (female, 65–69, Black), for instance wrote, “The lies have resulted in...economic devastation to individuals and the whole country.” Others, however, were worried about the long-term economic impact of the relief bills. As William (male, 60–64, white) noted, “they are spending us into third world status.” Several indicated that the government was *criminally liable* ($n = 13$) and placed blame on either Democrats or Republicans ($n = 11$). Participants noted that the federal response was “criminally incompetent” (David, male, 70–74, white), and that they “hope to see quite a few convicted of their crimes after the election, and go to jail” (Richard, male, 65–69, White).

Not all respondents expressed negative sentiments about the federal government. Some participants expressed *neutral sentiments* ($n = 37$), indicating that the government did the best it could. For many, this was because of the unprecedented nature of the pandemic. Thomas (male, 65–69, white) shared, for example, “All things considered, the government has done the best they could with available covid [sic] data to date.” Charles (male, 80–84, white) wrote “I have no idea what they could have done better,” while Karen (female, 55–59, white) explained, “I feel the federal government has done what they can in such a horrible situation. No one has ever been through anything like this before.”

Others shared *positive sentiments* ($n = 32$) related to the federal government’s response, often related to the federal government as a whole or *in general* ($n = 23$). For example, Ronald (male, 75–79, white) stated, “They have done a good job considering the circumstances and the unknowns of the new virus from China.” Some emphasized the positive response the federal government has had compared to their state governments. Larry (male, 75–79, white), for instance, wrote that “Aside from the political bull on all sides, the Feds have improved, unlike many local and state authorities.” Similarly, Shirley (female, 85+, white) believed that “the federal government is doing a good job. The state of Michigan is not!!!”

Other participants, however, made a distinction between the Executive Branch and a *positive response from other federal agencies* ($n = 9$) to express differing evaluations of pandemic responses. For example, Cynthia (female, 60–64, white) believed that,

The federal civil servants are professional, competent and care about the American people but are faced with roadblocks. I give civil servants an A and the current administration an F.

Lori (female, 55–59, white) echoed this sentiment by describing her personal experiences with the government:

With regard to the question about federal and state governments, it’s an unfair question to ask about the government as a whole. I work for the federal government, but I certainly don’t share the beliefs of the president. The Trump administration does not care, but programs and people in agencies care a great deal.

Respondents also discussed the *role of the federal government* ($n = 25$) in the handling of the pandemic. While some

indicated that the government should have done more, been “more pro-active” (Pamela, female, 60–64, Asian) or “shut the country down a lot sooner and mandated mask wearing” (Sandra, female, 55–59, white), others indicated that it was *not the federal government’s responsibility* ($n = 13$). For example, participants expressed that they did not “want more government control of anything, at any level,” (Mark, male, 55–59, white), there was “too much mandatory control” (Joseph, male, 75–59, white), and “the majority of the effort should be a state or local issue” (Jeff, male, 55–59, white). A few participants discussed the constitutionality of a federal government response. Kim (female, 55–59, white) explained:

As provided by the constitution, a lot was left to the state which I think was wise for the most part. The severity of the pandemic has hit harder at different times in different geographies. It doesn’t make sense for the entire nation to follow the same set of restrictions.

Nancy (female, 70–74, Asian) recognized that even if the federal government had tried to do more, there would have been push-back from people who do not believe the federal government should have that power:

The government acted swiftly with the unknown risks of the virus and allowed states to do what is in their jurisdiction to do. If the federal government had ordered a stay at home order, the states and people who are not trusting of the government would have called it an overreach of federal authority.

President Trump’s Leadership

The second major category participants expressed was related to *President Trump’s leadership* ($n = 108$). Like the *broader federal government* theme, sub-themes were broken up into *negative* ($n = 102$), *neutral* ($n = 2$), and *positive* ($n = 4$) sentiments. Many of the negative sub-themes related to the president’s leadership were like those expressed about the federal government as a whole. For example, many indicated that the president was *uncaring* ($n = 24$). Margaret (female, 70–74, white) noted that there was a “lack of leadership. No empathy. Do not feel like this administration cares.” Others expressed concern or disgust about the *lives lost* ($n = 14$), which was often accompanied by comments related to the president’s *criminal liability* ($n = 11$). Some participants said they “consider him responsible for most of the 200,000+ deaths due to the pandemic” (Edward, male, 85+, white), and that “Trump and associates...should be prosecuted for crimes against humanity” (Sharon, female, 60–64, white). Gary (male, 70–74, white) addressed several of these themes by writing:

A TOTAL EFFIN [sic] DISASTER. TRUMP IS KILLING US. 200,000++ DEAD MOSTLY SENIORS. WE’RE EXPENDABLE. INCONSISTENT AND CONFLICTING MESSAGING. POLITICIZATION OF SCIENCE.

WORST RESPONSE ON EARTH.
CAN'T EVEN TRUST THE CDC.

Others had more *neutral* responses, stating that “President Trump is doing his best!” (Brenda, female, 55–59, white), or that the executive branch is doing “all they can” in spite of scientists with “their own political agendas” (Paul, male, 60–64, Asian). A few, however, indicated that the president had a *positive* response compared to the broader federal government or Democrats ($n = 4$):

[O]nly the President has had the positive response. The Congress is screwed up and is only interested in getting re-elected and having power. Too much desire for governmental control. Trump gets it and gets done what is needed. The Pelosi’s [Democrat, Speaker of the House of Representatives] and Schumers [Democrat, Senate Minority Leader] of the world are worthless, vile human beings who want to control our lives and thoughts - they are 1984. (Steve, male, 55–59, white).

George (male, 75–79, white) explained that “the white house [*sic*] is realistic but hampered by democrats fear mongering and destruction of nation. Democrats using crisis to destroy nation, Church, non public education, civil peace.” In contrast to other respondents who blamed the president for the number of lives lost, Diane (female, 60–64, white) wrote “I think the president has done an amazing job! Projected deaths originally were 2.4 million (if we did nothing) and the outcomes of just over 200,000 shows how well we have done.”

Science

The third major category that emerged from the analysis was related to *science* ($n = 86$). Most commonly, participants expressed concerns that the federal government was *undermining science* ($n = 36$) and that sending mixed messages about *PPE* ($n = 30$) and *masks* ($n = 21$) was dangerous. Several participants discussed undermining science in the context of politics. Cheryl (female, 60–64, Asian) noted:

The executive branch has been fouling up the works with politics and other BS so that the overall governmental response is inadequate. The CDC & other medically & scientifically competent agencies & institutions have been thwarted in their efforts to contain this epidemic.

Others wrote that “there does not seem to be much respect for science and public health experts” (Kathleen, female, 65–59, white), and that the federal government is “constantly criticizing the scientist and doctors and telling us not to believe all of what they are saying” (Betty, female, 85+, white).

Relatedly, several participants expressed personal *scientific distrust* ($n = 9$) in their responses. For some, this distrust arose out of the federal government’s “abysmal treatment of the scientific community and strong-arming the CDC (which was

once a respected part of the global community) into issuing conflicting or nonsensical statements and stances” (Kevin, male, 55–59, white). Many expressed personal scientific distrust because the federal government has undermined science and public health. Some indicated that they “CAN’T EVEN TRUST THE CDC” (Gary, male, 70–74, white). For some like Tammy (female, 55–59, Black), this distrust was related to historic inequities:

The federal government lies about the efficacy of its response and pumps up the warp speed development of a vaccine attempting to lure Black and Hispanic participants into testing the poison while the developers [are] getting rich without the responsibility to compensate for any harm. Unethical.

Some praised Operation Warp Speed and rapid vaccine development. Scott (male, 55–59, white), for example, appreciated the “strong response with travel bans and vaccine development.” On the other hand, other participants expressed concerns about the potential harm of an untested *vaccine*. Carol (female, 75–79, Black) said,

I’m also concerned about the “rush” to developing a vaccine without FULLY testing it - could prove to be very harmful to all of us. This too has been politicized!!!

Brenda (female, 55–59, white) expressed concern that because of lack of transparency and “active lying” that there would be an “erosion of trust in science and medicine” that could be “several generations long.” A few, on the other hand, trusted the president more than the scientific community, arguing that the federal government was doing well in spite of the “overstated expertise” (Tim, male, 60–64, white) and “mixed messages” (Kathy, female, 60–64, white) from scientists related to mask use.

Participants also mentioned the role of the *Centers for Disease Control and Prevention (CDC)* and the *National Institutes of Health (NIH)* ($n = 25$). Although participants largely expressed frustration related to the CDC, they expressed positive views about the NIH overall. This was primarily due to their trust in *Dr. Anthony Fauci* ($n = 12$), the director of the Institute of Allergy and Infectious Diseases. For example, one participant wrote that in contrast to the White House, “Anthony Fauci has my confidence” (Female, 80–84, white). Another wrote: “I will only take a vaccine when it is endorsed by Dr. Fauci. He is the only credible voice” (Female, 75–79, white).

Other Themes

Less commonly, participants expressed themes related to *voting* ($n = 12$), *Congress* ($n = 10$), *the media* ($n = 7$), and *older adults* ($n = 6$). While these themes overlap with some of the others discussed above, this section highlights quotations that more directly address these topics.

Participants discussed voting in the upcoming election in relation to their negative sentiments about the broader federal government or former President Trump's leadership. Bob (male, 60–64, white), for instance, said “Vote them all out,” and Elaine referenced election day by stating “November can't come fast enough” (female, 85+, white). Others more specifically addressed voting President Trump out of office because they blamed him for poorly handling the pandemic. Elizabeth (female, 55–59, white) wrote “I feel the president has totally dropped the ball and handled covid [*sic*] badly. I am looking forward to him being voted out.” Another participant explained “I would seriously consider leaving the country if 45 [the 45th president of the United States] is re-elected except that my parents are still alive” (Janet, female, 65–69, white).

Although some respondents blamed a particular party for the pandemic response, others expressed disappointment in Congress as a whole. For example, Carolyn (female, 75–79, Black) shared, “I am not pleased with the response from our elected officials, especially those in the US Senate. This has been made very political and I'm feeling that our government has not been totally truthful with the extent of this pandemic.” Another respondent expressed frustration that Congress's lack of actions directly impacted Americans. Daniel (male, 55–59, white) wrote that he was “disgusted that the two major parties continue to do so little for the hard-working middle class that is struggling paycheck to paycheck.”

A few participants expressed that they felt the federal government had a positive response, but that the media was too political and did not accurately report how well the government or the president was doing. For example, Laura (female, 55–59, white) wrote “The federal government has done a fantastic job despite all the lies and actions by the media and some state governments and organizations.” Similarly, Teresa (female, 55–59, white) wrote that the federal government had a positive response, but “I feel something needs to be done about the media lies though! How can they lie based on their political views[?] We don't know what to believe. The democrats need to let the president do his job.”

Several participants explicitly discussed how *older adults* ($n = 6$) were impacted by the government's pandemic response. Ellen (female, 65–69, Black) and Susan (female, 65–69, white) indicated that the government believes that “older adults are expendable,” with Susan adding that they are “not worth protecting.” Ken (male, 70–74, white) wrote that the president did not “care much about older adults' health and well-being unless they can donate and vote for the powers that be.” Others expressed that their age led them to seek additional support during the pandemic. For example, Betty (female, 65–69, Asian) shared that she believes the government's response was “extremely poor. As a senior I've needed help but the places I've reached out to say because of where I live and my income I don't qualify for help.” Carlos (male, 55–59, Hispanic) recognized that older adults were one of several groups who were at increased risk during the pandemic and did not

receive the help they needed: “Trump doesn't care about black people, the elderly, the obese, those with pre-existing conditions, etc.”

Discussion

This qualitative study examined how a nationwide sample of adults aged 55 and older viewed the federal government's response to the COVID-19 pandemic. Participants expressed opinions that were diverse and divergent, reflecting the growing affective polarization in the U.S. (Iyengar et al., 2019). In their responses, participants primarily discussed the broader federal government, former President Trump's leadership, and the role of science. While many participants expressed negative sentiments in their responses, others were neutral or positive. Many participants expressed frustration and anger that the government's response to the pandemic had been too politicized, various government entities were not coordinating their efforts, and that elected officials could not work together to get Americans the help they needed. Governments rely on both elected officials and career bureaucrats (Ting, 2021). Many participants explicitly differentiated the executive branch from states and other federal agencies in their assessment, with some arguing that governors and career civil servants were being hampered by the president, while others indicated the opposite. Many expressed that they wanted a unified, coordinated response from a federal government that cared about its residents. The results offer insights about how to better respond to future crises, including the need for a coordinated and unified response among both elected officials and career bureaucrats.

Federalism is a fundamental feature of public policy in the U.S., with federal, state, and local governments having overlapping authority and simultaneous competition and cooperation (Agranoff & Radin, 2015). Bowling et al. (2020) have suggested that governance under the Trump administration can be described as transactional, whereby relationships are determined by exchanges between the president and the states, and between states. They argue that this form of federalism is unpredictable, and hampered state and federal responses to the COVID-19 pandemic (Bowling et al., 2020). Although some participants praised former President Trump's handling of the pandemic or believed that he was doing the best he could, others believed that his actions were uncaring, criminal, and resulted in unnecessary deaths. Some participants expressed that the President cared about businesses and the economy more than people, which may be attributed to his business experiences before he entered politics (Just et al., 2021). In line with Hatcher's (2020) arguments, our findings suggest that in order to improve public health trust and adherence, the federal government should have transparent communication strategies, follow the advice of scientific experts, and demonstrate compassion to residents.

In addition to their comments about the broader federal government and the president, many participants also discussed the role of science in the government's handling of the pandemic. Most commonly, participants expressed that the government was undermining science and scientific agencies, leading to confusion and distrust. These findings are consistent with those in other countries that have documented the importance of trust in science and government officials. For example, one study found that older adults in the U.S. felt less supported by their federal government compared to older Canadians at the beginning of the pandemic (Reppas-Rindlisbacher et al., 2021). Additionally, a U.K. study found that opinions related to the COVID-19 pandemic were largely dependent on trust in science and health officials, though underlying societal divides such as income and educational disparities explain some of these differences (Maher et al., 2020). Opinions of the government can have implications for behaviors. In Singapore, trust in government communication was associated with higher perceived threat of the COVID-19 pandemic and a greater likelihood of adopting protective behaviors such as hand washing, avoiding crowded areas, and wearing face masks (Lim et al., 2021).

Respondents expressed strong and diverse political views in their responses, with many blaming either Democrats or Republicans for a poor federal response. These results support other polling studies, which have found that while many people say that, in theory, they want politicians to compromise, people who see the world through a stronger ideological lens are more reluctant to see their side compromise to work with the other party (Pew Research Center, 2014). Some studies suggest there is a growing political division in the U.S. (Bertrand & Kamenica, 2018), which has only been exacerbated during the COVID-19 pandemic. Lazarus et al. (2020) found that the U.S. experienced greater heterogeneity in peoples' ratings of the government response to the pandemic compared to other countries, with about an equal number of people rating the government's response well versus poorly (Lazarus et al., 2020). Others have found that politics may be driving these discrepancies, with Republicans expressing less concern and taking fewer precautions to mitigate the spread of the coronavirus compared to Democrats (Allcott et al., 2020). Although the country appears to be divided, there is experimental evidence that these political differences can be diminished. For example, correcting misperceptions about members of the opposing political party can cause people to believe the other party is less extreme and can decrease affective polarization (Ahler & Sood, 2018). Others have found that emphasizing American identity reduces animosity toward the other party (Levendusky, 2018). These observations, combined with our findings, shed light on the diverse, polarized views of middle-aged and older adults regarding the federal government's response to COVID-19 and can help inform efforts to bridge the divide under a new administration.

Strengths and Limitations

The open response nature of this study allowed us to study public opinion in participants' own words. Participants were able to address a variety of topics in a way that is not possible in quantitative, closed choice nationwide polls. Our results fill a knowledge gap capturing the complexity and diversity of middle-aged and older Americans' perceptions and emotions regarding the federal government's response to and handling of the COVID-19 pandemic in 2020. Although the sample was representative of the population aged 55 and older in terms of gender, age, and race/ethnicity, the sample was more highly educated (almost three-quarters had a college degree) and the state of Michigan was overrepresented due to the study sampling strategy (38%). The higher concentration of Michiganders may have been a benefit to this study, as Michigan is a battle ground state that is home to people with highly diverse political views. The large sample size limited deep, case-oriented analysis in the current study (Boddy, 2016). Response richness was further limited by the online survey format because we could not probe participants for further inquiry and follow-up (Finlay et al., 2021). However, the national coverage and large sample size enhance the generalizability of our findings. The online nature of the study also limited participation to only people who had technological devices and access to the internet, although there is increasing adoption of the internet, smartphones, and other devices among older adults (Anderson & Perrin, 2017). The wide age range of participants accounts for a breadth of aging experiences and perspectives, such as those who are working and retired, caring and/or being cared for, and those with high-to limited-mobility.

Conclusions

Responses ranged across extremes in regard to opinions about how the federal government handled the COVID-19 pandemic. The primarily negative sentiments participants expressed in this study can help place the results of the 2020 general election in context. Many participants were disappointed or angry with the federal government's response to the pandemic, often placing blame on former President Trump. This study also explored the views of right-wing older adults who are not typically included in gerontological scholarship. As an age group who was disproportionately impacted by COVID-19 and highly sought after as voters, older Americans' views of the government's response to the pandemic can serve as a "temperature check" for the nation. Future studies should examine public opinion of the current Biden administration's pandemic response and determine what steps can be taken to further gain public trust, especially as vaccination rates stall among certain populations and regions of the country. This study has several policy implications. The findings underlie the importance of presenting a coordinated

response, distributing a unified message, supporting policies grounded in science, and making residents feel like their government cares about them. As the country re-opens and policymakers and practitioners reach out to people who may be vaccine-hesitant, compassionate, unifying speech and policies are essential to make residents feel—and be—safe during times of public health crisis.

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ORCID iD

Haley B. Gallo  <https://orcid.org/0000-0003-4364-9048>

Notes

1. Giles & Adams (2015) found that using thematic analysis of user-generated online content to study opinions of public health topics elicited similar findings to those from more traditional methods, and other studies have used thematic analysis to study public opinion using Tweets and comments on news media reports (Astill Wright et al., 2019; Giles & Adams, 2015). Unlike many other studies that use thematic analysis to study public opinion, the current study obtained informed participant consent and made efforts to obtain a population representative sample.
2. Parenthetical information following participants' pseudonyms represents self-reported gender, age, and race/ethnicity at baseline.

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Author Biographies

Haley Gallo is a PhD candidate in the Leonard Davis School of Gerontology at the University of Southern California focusing on federal, state, and local policies that help people remain in community settings as they age.

Lindsay Kobayashi is an assistant professor of Epidemiology in the School of Public Health at the University of Michigan researching the social epidemiology of cognitive aging from a global perspective.

Jessica Finlay is a postdoctoral research fellow in the Social Environment and Health Program at the University of Michigan's Institute for Social Research. She investigates the role of built and social environments for health and well-being in later life.