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AMERICANS' VIEWS REGARDING EXPERTISE, INTEGRITY, AND POLICY INFLUENCE DURING THE CORONAVIRUS OUTBREAK

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1. Introduction: Why study attitudes towards influential groups during the coronavirus outbreak?

The coronavirus outbreak (COVID-19) has spread rapidly with infections now confirmed in more than 180 countries. The coronavirus outbreak poses serious policy challenges for governments worldwide. Multiple decisions and plans are being made daily at the national, state, local, and even family levels. Different groups put forward recommendations on myriad issues, from measures to slow the spread of the coronavirus to steps necessary to re-open states and cities. Which group's recommendations should be followed? What should be done when groups provide competing advice?

This brief reports on a national survey of 1,459 Americans 18 year of age or older. The survey was conducted online April 26 – May 8, 2020. The brief focuses on Americans' perceptions of groups' credibility and legitimacy in the context of the coronavirus outbreak: Business leaders, healthcare providers, international organizations, medical scientists, nationally elected officials, religious leaders, and state and local elected officials. Perceptions of stakeholders' credibility and legitimacy are important because they might affect public compliance with guidelines and inform public behaviors. Following previous research, we define credibility as public perceptions of stakeholders' expertise (their understanding of the coronavirus outbreak) and the integrity of their policy advice.[1] We explore legitimacy through public attitudes towards the stakeholders' influence in deciding what to do about the coronavirus outbreak.

The survey finds that Americans view healthcare providers – such as doctors and nurses – and medical scientists as the most credible groups. A majority of Americans view these groups as knowledgeable about the coronavirus outbreak, and perceive these groups' policy advice as best for the country as a whole (rather than as serving their own personal interests). International organizations – such as the World Health Organization (WHO) – are seen as less credible than healthcare providers and medical scientists, but more credible than other domestic groups (including elected officials, business leaders, and religious leaders). The survey also finds that Americans wish for healthcare providers, medical scientists, and international organizations to have much influence over what to do about the coronavirus outbreak.

2. Americans' views of who understand the coronavirus outbreak

A large majority of Americans view healthcare providers and medical scientists as knowledgeable about the coronavirus outbreak (combination of top two categories; 85% and

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[1] Gauchat, Gordon, Timothy O'Brien, and Oriol Mirosa. "The legitimacy of environmental scientists in the public sphere." *Climatic Change* 143, no. 3-4 (2017): 297-306.

83%, respectively). Six-in-ten Americans (57%) say healthcare providers understand the coronavirus outbreak very well; half of Americans (51%) view medical scientists understand the coronavirus outbreak very well (see Figure 2.1). Overall, this pattern may reflect a shared understanding of the current crisis as a public health matter. In this context, stakeholders with professional training in relevant fields are seen as more knowledgeable than others. More specifically, the public is signaling that doctors and nurses who are on the front line of care for those ill with the coronavirus are more informed about the issue than other groups.

Compared to healthcare providers and medical scientists, international organizations are viewed as less knowledgeable about the coronavirus outbreak. Two-thirds of Americans (68%) view international organizations – such as the WHO – as well informed; about two-in-five Americans (39%) say international organizations understand the coronavirus outbreak very well. Nevertheless, international organizations are viewed as more knowledgeable than other domestic groups, including elected officials.

Elected officials, business leaders, and religious leaders are viewed as the least knowledgeable about the coronavirus outbreak. Six-in-ten Americans view their state or local elected officials as knowledgeable, with less than one-third of Americans (27%) say their state or local elected officials understand the coronavirus outbreak very well. Less than one-fifth of Americans say national elected officials, business leaders, and religious leaders as understand the coronavirus outbreak very well (17%, 15% and 15%, respectively).

The degree to which Americans view influential groups as knowledgeable about the coronavirus outbreak varies by sociodemographic characteristics. In our analysis we explored differences based on sex, race/ethnicity, age, education, income, political ideology, type of community (urban, suburban, rural), and geographic region. Here we report on key patterns that are statistically significant and relatively large.

1. **Older adults (65+) are more likely than younger adults to view healthcare providers, medical scientists and state and local elected officials as well informed regarding the coronavirus outbreak** (see Figure 2.2). For example, 77% of adults aged 65+ say healthcare providers understand the coronavirus outbreak "very well". Among adults aged 45-64, this figure drops to 57%; and among younger adults aged 18-24, this figure drops to 41%. This pattern might be related to older adults (65+) being at higher risk for severe illness from the coronavirus. Another possible explanation for this pattern the tendency of older adults to be frequent users of medical services.

   There is little variation between age groups in views towards the knowledgeability of nationally elected officials, business leaders, and religious leaders. The age-based difference in views toward the knowledgeability of international organizations does not reach statistical significance.

2. **Respondents who describe themselves as liberals are more likely to view medical scientists and international organizations as well informed regarding the coronavirus**

outbreak than individuals who describe themselves as conservatives (see Figure 2.3). For example, 58% of liberals say medical scientists understand the coronavirus outbreak "very well", compared to 49% of conservatives and 47% of moderates.

3. **Respondents who describe themselves as conservatives are more likely to view nationally elected officials, business leaders, and religious leaders as well informed regarding the coronavirus outbreak than individuals who describe themselves as liberals** (see Figure 2.3). For example, 25% of conservatives say nationally elected officials understand the coronavirus outbreak "very well", compared to 15% of liberals and 11% of moderates.

4. **There is little variation based on political ideology in views towards the knowledgeability of healthcare providers**. In other words, across different political groups we find between 55%-60% of Americans saying healthcare providers understand the coronavirus outbreak "very well".

5. **Respondents living in urban and rural communities are more likely than respondents living in suburban communities to view groups as well informed regarding the coronavirus outbreak** (see Figure 2.4). For example, half (50%) of residents of urban communities say international organizations understand the coronavirus outbreak "very well", compared to 44% of rural and 35% of suburban respondents.

We also examined the extent to which higher levels of personal experience with the coronavirus outbreak are associated with views towards the credibility of different groups.

6. **Respondents who have been following the news about the coronavirus outbreak closely are more likely to view healthcare providers, medical scientists, international organizations, state and local elected officials, and business leaders as well informed regarding the coronavirus outbreak** (see Figure 2.5). About half (48%) of survey respondents said that they have been following the news very closely, and two-thirds (66%) of these say healthcare providers understand the coronavirus outbreak "very well". Respondents who reported following the news fairly closely, not too closely, or not at all closely were less likely to say healthcare providers understand the coronavirus outbreak "very well", with the percentages ranging from 50% to 32%.

7. **Respondents with direct experience with the coronavirus are more likely to view elected officials, business leaders, and religious leaders as well informed regarding the coronavirus outbreak** (see Figure 2.6). Although we did not ask respondents if they had been diagnosed with Covid-19, or suspected that they had had the virus, we did ask if them if they had any close friends or relatives who are or who have been sick with the coronavirus. We also asked respondents if they had any close friends or relatives who have died from the coronavirus. In our sample, 7% of respondents indicated that they had a close friend or relative who had died from the coronavirus, and an additional 15%

had a close friend or relative who had been sick with the virus.

To illustrate the link between direct experience with the coronavirus and views towards the credibility of different groups, we focus on state and local elected officials. Of those who had a friend or relative who had died, half (48%) say state and local elected officials understand the coronavirus outbreak "very well". The figure drops to 25% among those with a friend or relative who had become sick or those who do not have a friend or relative who has been sick with the coronavirus.

3. Americans' views of policy integrity during the coronavirus outbreak

In addition to appreciating their understanding of the coronavirus outbreak, Americans also have favorable impressions of healthcare providers and medical scientists' policy integrity (see Figure 3.1). More than half of Americans (54%) say healthcare providers would make policy recommendations that are best for the country as a whole. Half of Americans (50%) have similar impressions of medical scientists. Only one-in-ten Americans (9%) say healthcare providers and medical scientists would make policy recommendations that serve their own personal interests.

Americans have a less favorable impressions of international organizations' policy integrity. About two-in-five Americans (39%) say international organizations would make policy recommendations that are best for the country as a whole. Approximately one-fifth of Americans (17%) say international organizations would make policy recommendations that serve their own personal interests. Nevertheless, international organizations' policy advice is viewed more favorably than other domestic groups, including elected officials.

Americans are more critical or suspicious about the policy recommendations coming from elected officials, religious leaders, and business leaders. About one-fourth of Americans (23%) say state and local elected officials would make policy recommendations that are best for the country as a whole; less than one-fifth of Americans hold similar impressions of nationally elected officials (18%) and religious leaders (17%). Only one-in-ten Americans (11%) say business leaders would make policy recommendations that are best for the country as a whole; one-third of Americans (32%) say business leaders would make policy recommendations that serve their own personal interests.

Similarly to what we found before, Americans' impressions of groups' policy integrity vary across sociodemographic categories, specifically age (Figure 3.2) and political ideology (Figure 3.3). Further, we find that following the news about the coronavirus outbreak is associated with impressions of groups' policy integrity (Figure 3.4).

4. Americans' views of who should have influence on policy addressing the coronavirus outbreak

Most Americans believe that healthcare providers, medical scientists, and international organizations should have influence over policy addressing the coronavirus outbreak. Seven-in-ten respondents say that healthcare providers (71%) and medical scientists (71%) should have a great deal of influence in deciding what to do about the coronavirus outbreak (see Figure 4.1). Less than one-in-ten respondents say that these groups should have little or no influence. Slightly more than half of respondents (54%) say that international should have a great deal of influence.

In contrast, Americans think that other stakeholders should have less influence over policy addressing the coronavirus outbreak. Approximately two-fifths of respondents (38%) say that state and local elected officials should have a great deal of influence on policy, and about one-third (32%) say that nationally elected officials should have a great deal of influence on policy. Even fewer respondents believe that business leaders and religious leaders should be driving policy addressing the coronavirus outbreak (17% and 14%, respectively).

5. Methodology

Results are based on online survey conducted April 26 – May 8, 2020 among a national sample of 1,459 adults 18 year of age or older using the Qualtrics Panel. Qualtrics, a marketing research firm, partners with a variety of online panel providers to supply a nationally representative sample. The sample is compiled using overall demographic quotas based on census percentages for representation (i.e., age, gender, race/ethnicity, household income, and census region). To allow for greater power for analysis, we over-sampled people who identify as Black, Asian and Pacific Islander, and/or Latinx. The sample is weighted to represent the U.S. adult population living in households or group quarters. For socio-demographic composition of the sample see Technical Note 20-01 (available at https://www.tc.columbia.edu/thepublicmatters/).

The survey included several quality assurance measures, including attention checks and a speed check. Attention checks asked respondents to mark a specific answer. Respondents who failed one or more of these checks were removed from the final sample.

Most of the survey items were developed by the research team and colleagues at Teachers College. Other survey items were adapted from the General Social Survey, Gallup and Pew. The survey also included a detailed battery of survey items on sociodemographic characteristics. In addition to close-ended items, the survey asked several open-ended questions, allowing respondents to contextualized and explain their responses in greater detail.

All surveys are subject to various forms of error. One form is sampling error: the variation in results that is attributable to chance in which members of a population are randomly selected to participate in the survey. For percentages based on the entire sample, the approximate margin of error is +/- 2.5% at the customary 95 percent confidence level.[2]

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[2] https://www.langerresearch.com/moe/

Variables used in this brief:

1. Perceived expertise (knowledgeability). The survey item asked respondents to rate the level of understanding each group of stakeholders in education had of the problems facing U.S. schools. It read, "On a scale of 1 to 5, where 1 means 'not at all' and 5 means 'very well,' how well do the following groups understand the problems facing our schools?" The item included seven groups: (a) business leaders, (b) healthcare providers, (c) international organizations, (d) medical scientists, (e) nationally elected officials, (f) religious leaders, and (g) state and local elected officials. These groups were presented in a random order.

2. Perceived policy integrity. The survey item asked respondents to assess the contribution of recommendations made by each group of stakeholders. It read: "When making policy recommendations about the coronavirus outbreak, on a scale of 1 to 5, to what extent do you think the following groups would recommend what is best for the country as a whole versus what serves their own personal interests?" These groups were presented in a random order.

3. Desired policy influence. The survey item asked respondents about the level of influence that stakeholders should have in deciding what to do about problems facing U.S. schools. Specifically, it asked, "How much influence should each of the following groups have in deciding what to do about problems facing our schools?" Responses are on a 4-point scale ranging from 1 = none at all to 4 = a great deal. These groups were presented in a random order.

Figure 2.1: Perceived knowledgeability of the coronavirus outbreak, by groups (n=1,459)

	Not at all	2	3	4	Very Well
Healthcare providers	2%	3%	11%	28%	57%
Medical scientists	2%	3%	13%	32%	51%
International organizations	8%	6%	17%	29%	39%
Your state and local elected officials	6%	10%	26%	31%	27%
Nationally elected officials	12%	16%	32%	23%	17%
Business leaders	10%	19%	32%	24%	15%
Religious leaders	18%	18%	28%	22%	15%
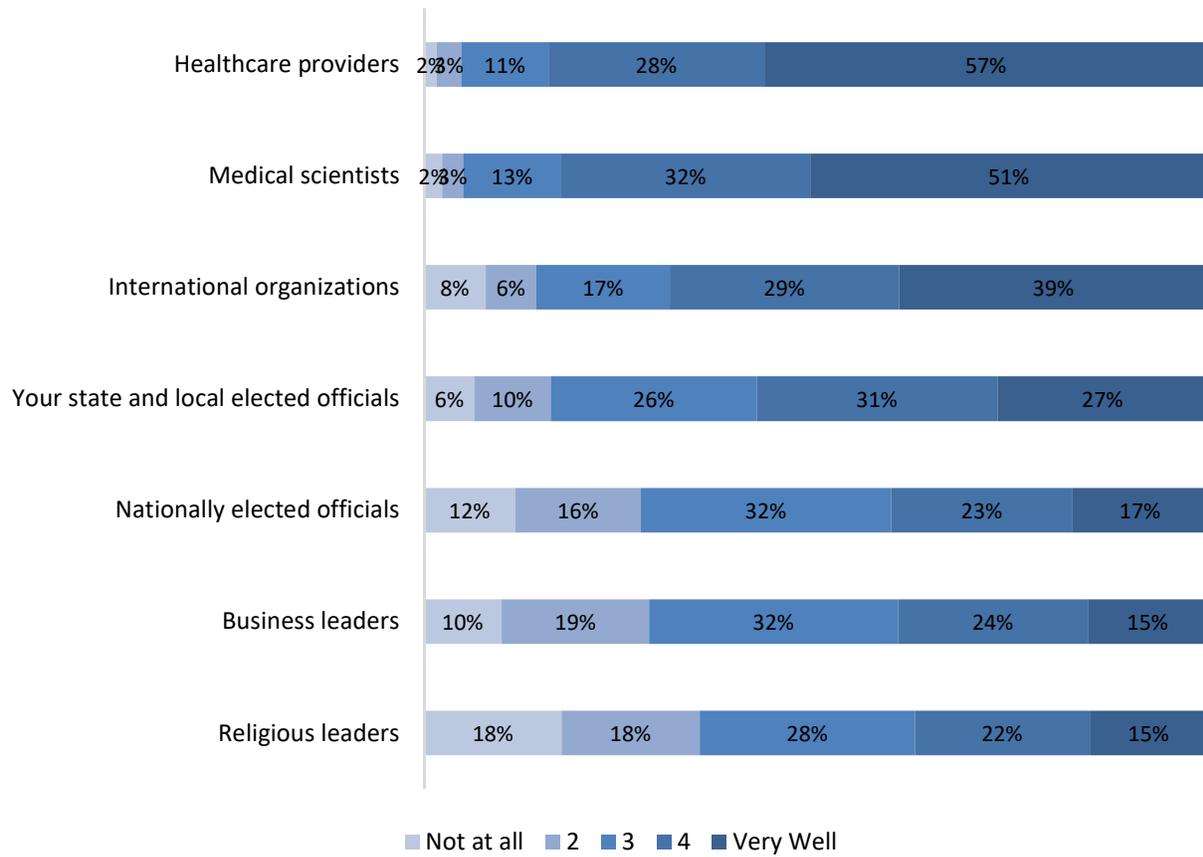
Figure 2.2: % Saying groups are well informed, by age (n=1,459)
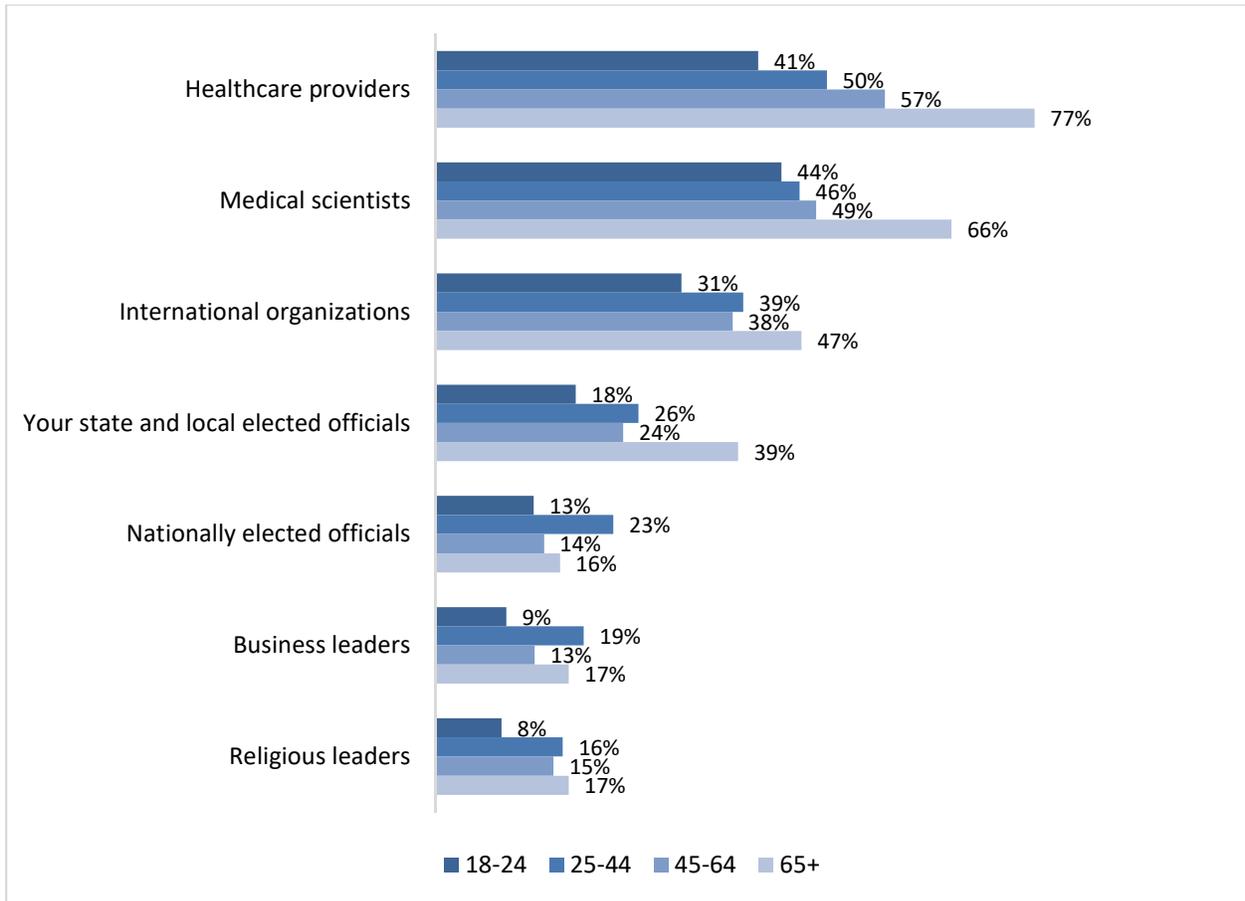
Figure 2.3: % Saying groups are well informed, by political ideology (n=1,459)
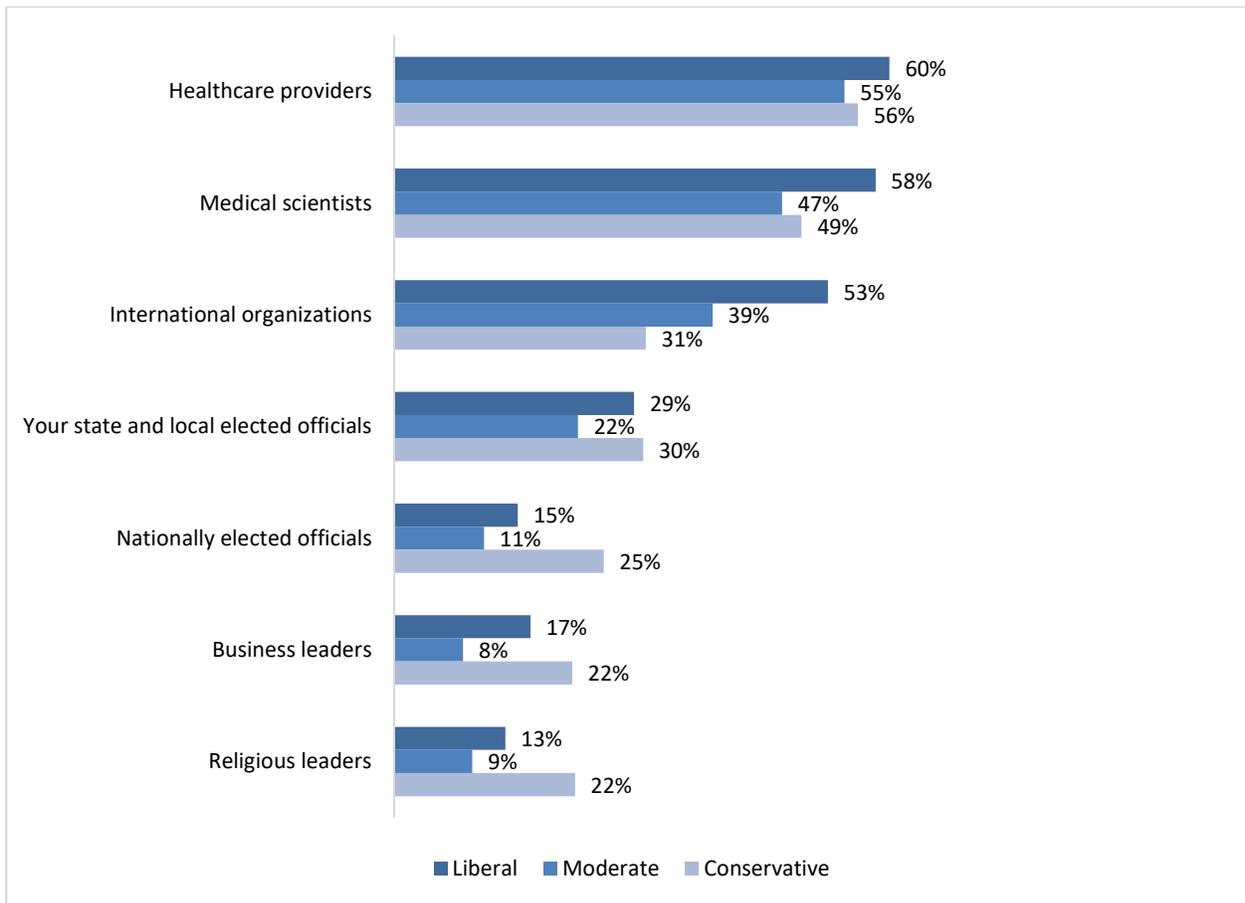
Figure 2.4: % Saying groups are well informed, by community type (n=1,459)

Healthcare providers
- Urban: 61%
- Suburban / town: 53%
- Rural: 70%

Medical scientists
- Urban: 54%
- Suburban / town: 49%
- Rural: 54%

International organizations
- Urban: 50%
- Suburban / town: 35%
- Rural: 44%

Your state and local elected officials
- Urban: 35%
- Suburban / town: 23%
- Rural: 31%

Nationally elected officials
- Urban: 26%
- Suburban / town: 14%
- Rural: 14%

Business leaders
- Urban: 25%
- Suburban / town: 12%
- Rural: 15%

Religious leaders
- Urban: 22%
- Suburban / town: 13%
- Rural: 15%

■Urban ■Suburban / town ■Rural

Figure 2.5: % Saying groups are well informed, by following news about the coronavirus outbreak (n=1,459)

Healthcare providers
- 32%
- 39%
- 50%
- 66%

Medical scientists
- 34%
- 29%
- 43%
- 62%

International organizations
- 24%
- 24%
- 35%
- 47%

Your state and local elected officials
- 26%
- 11%
- 18%
- 37%

Nationally elected officials
- 30%
- 15%
- 13%
- 21%

Business leaders
- 9%
- 12%
- 10%
- 21%

Religious leaders
- 24%
- 11%
- 10%
- 19%

■ Not at all closely   ■ Not too closely   ■ Fairly closely   ■ Very closely
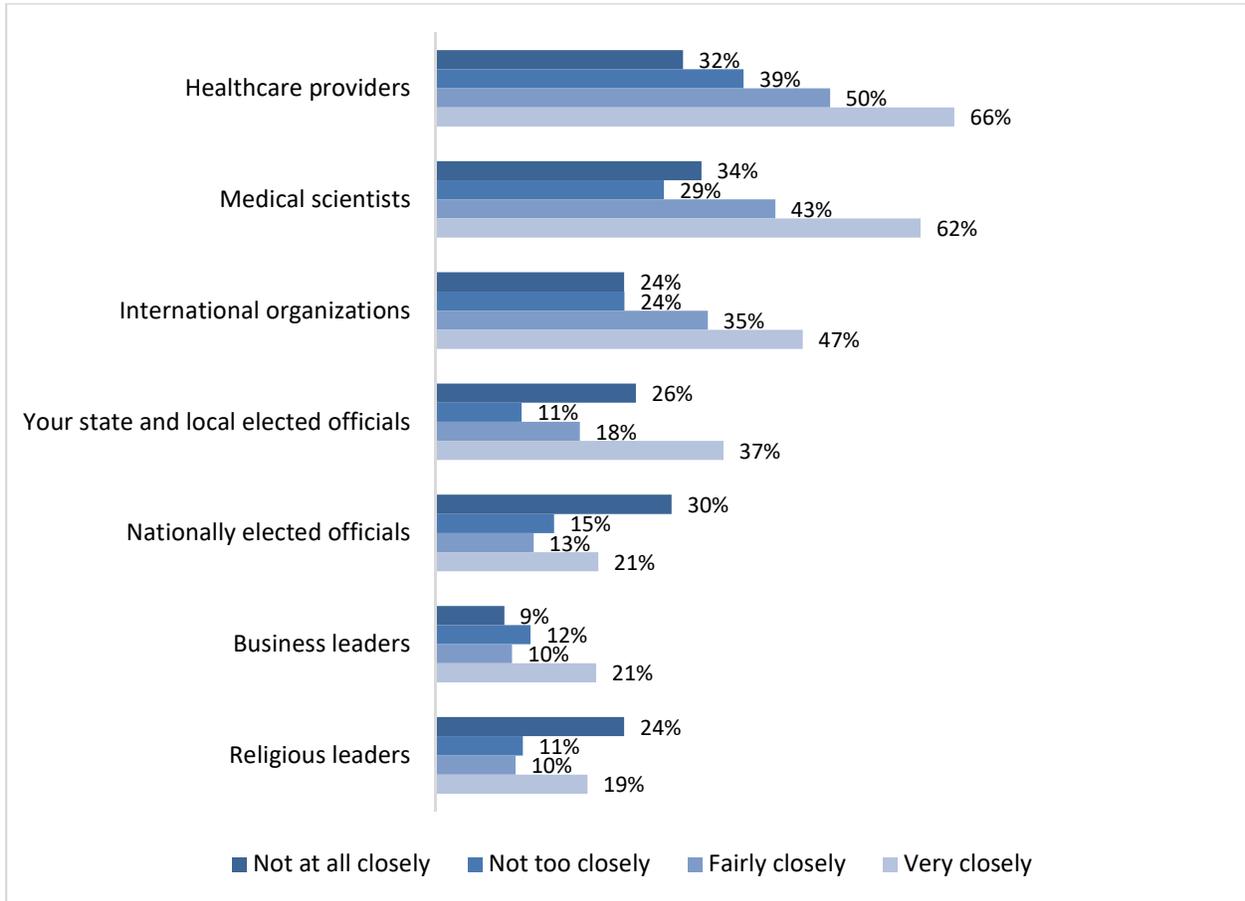
Figure 2.6: % Saying groups are well informed, by direct experience with the coronavirus (n=1,459)

	No contact with Covid-19	Know people who are sick	Know people who have died
Healthcare providers	56%	61%	54%
Medical scientists	51%	51%	51%
International organizations	38%	41%	45%
Your state and local elected officials	25%	25%	48%
Nationally elected officials	17%	13%	32%
Business leaders	15%	9%	28%
Religious leaders	15%	9%	25%
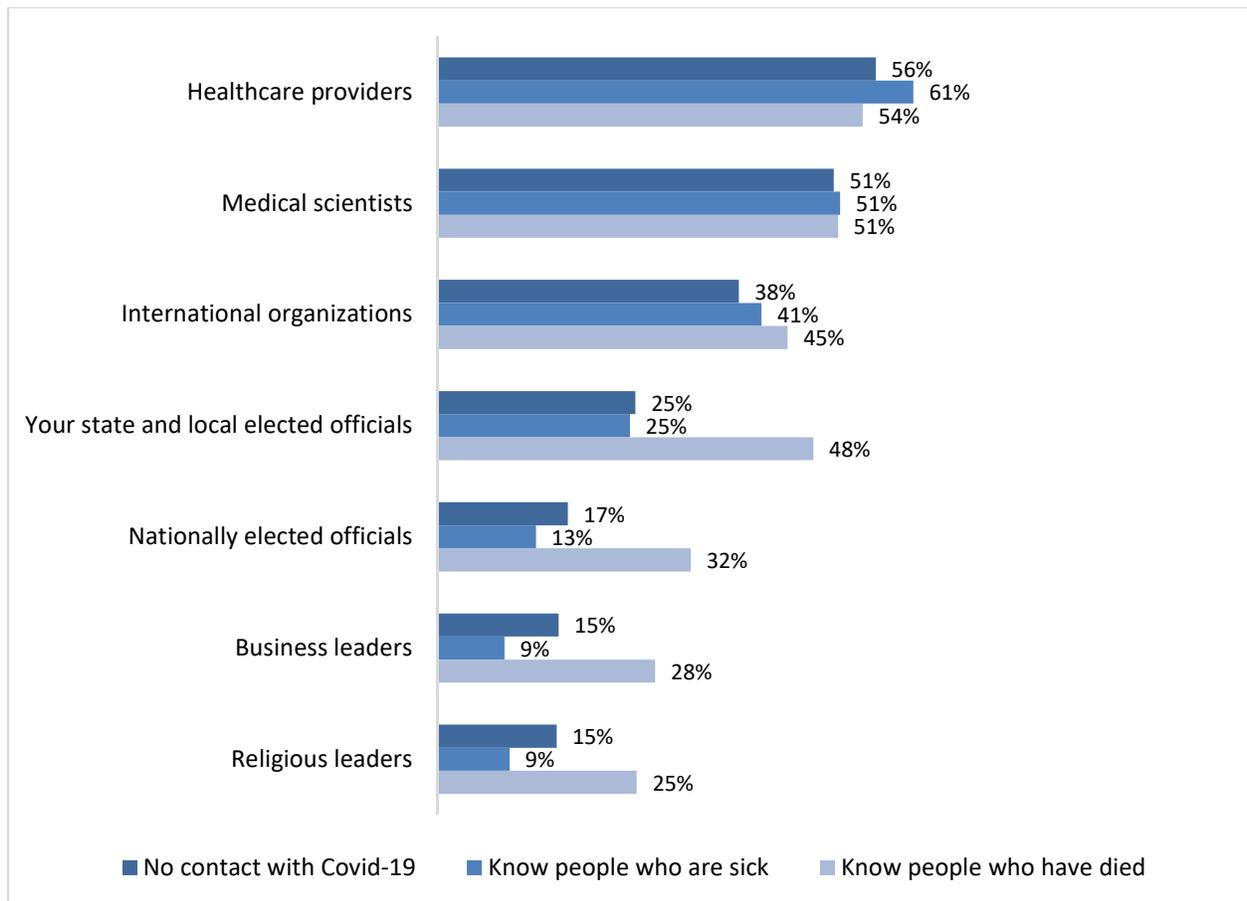
Figure 3.1: Perceived policy integrity, by groups (n=1,459)

Group	What is best for the country	2	3	4	Own personal interests
Healthcare providers	54%	16%	10%	11%	9%
Medical scientists	50%	15%	13%	12%	10%
International organizations	39%	16%	16%	12%	17%
Your state and local elected officials	23%	19%	26%	15%	16%
Nationally elected officials	18%	14%	25%	21%	23%
Religious leaders	17%	14%	26%	19%	25%
Business leaders	11%	10%	26%	21%	32%

■ What is best for the country   ■ 2   ■ 3   ■ 4   □ Own personal interests
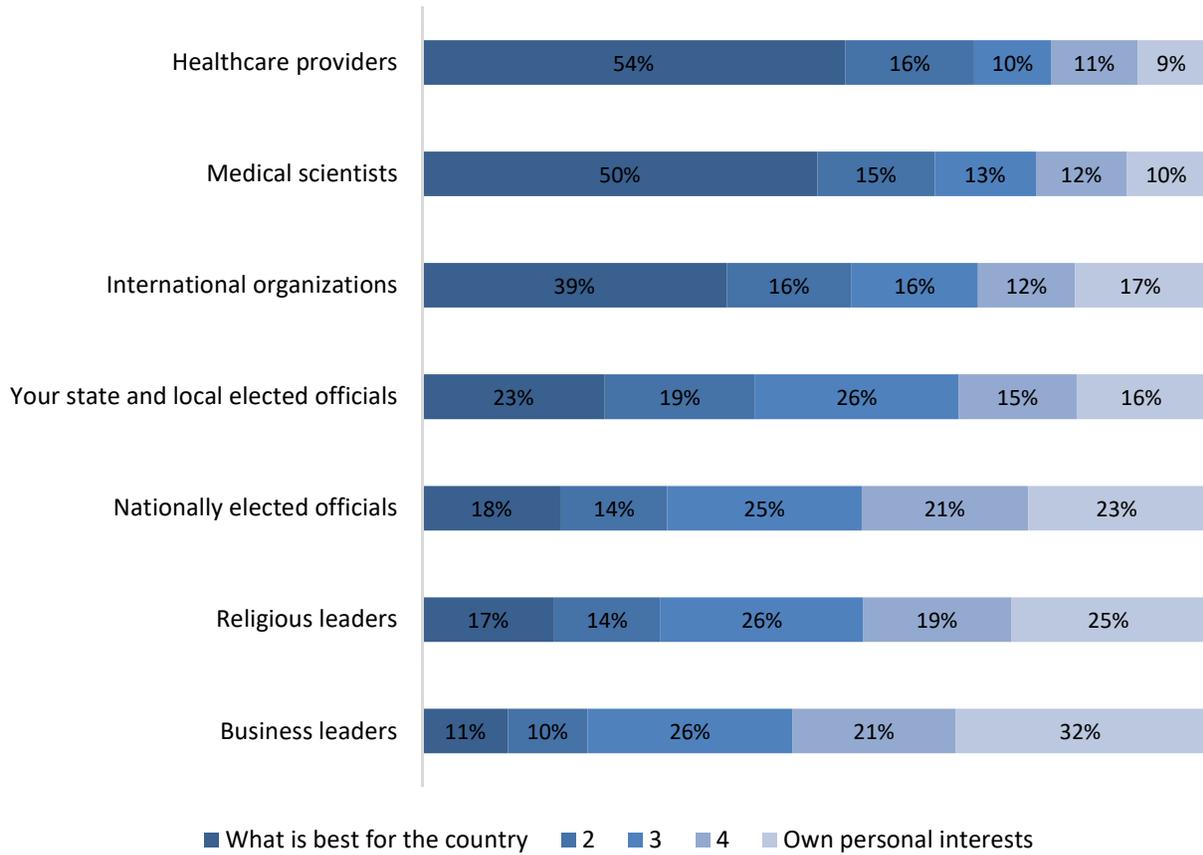
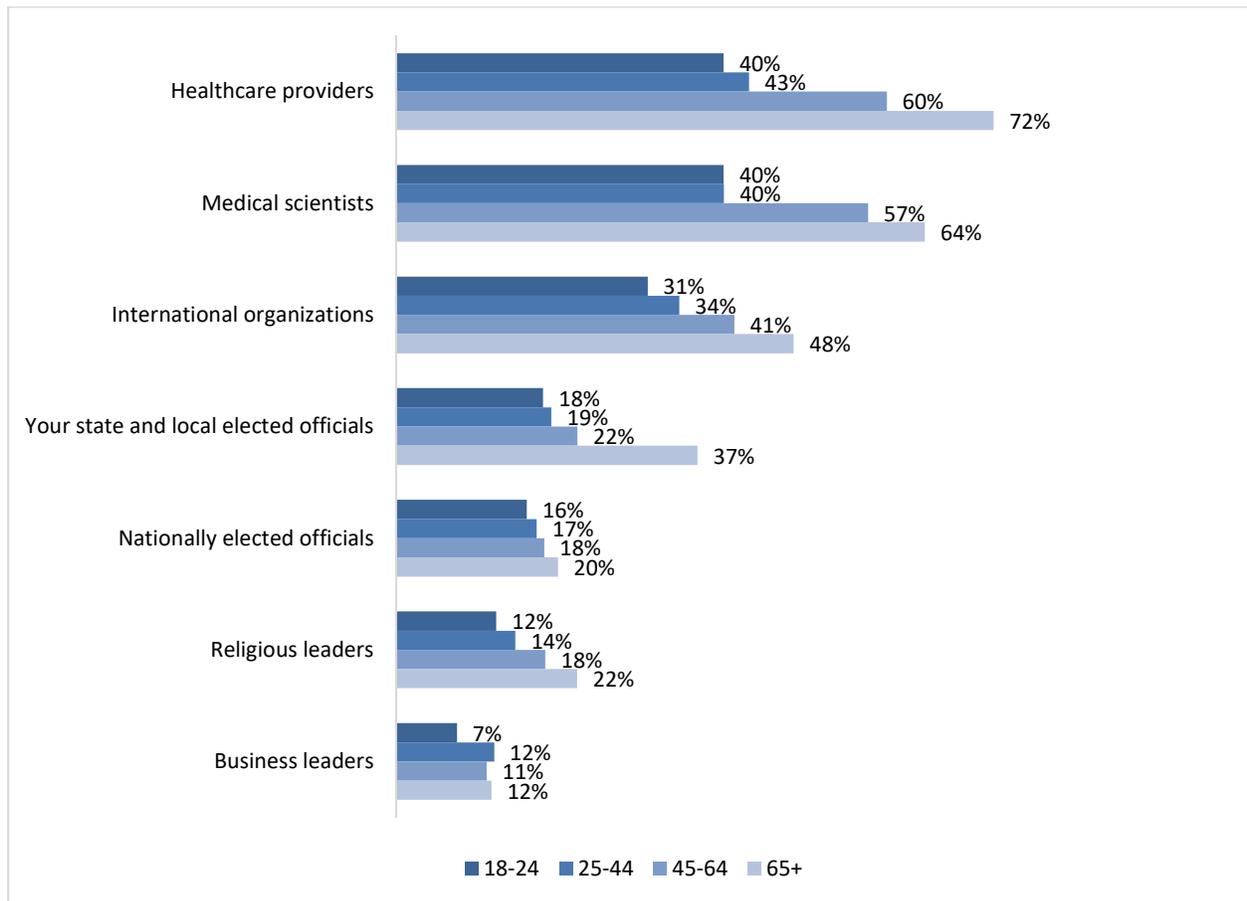**Figure 3.2:** % Saying groups' policy advice is best for the country as a whole, by age (n=1,459)

Figure 3.3: % Saying groups' policy advice is best for the country as a whole, by political ideology (n=1,459)

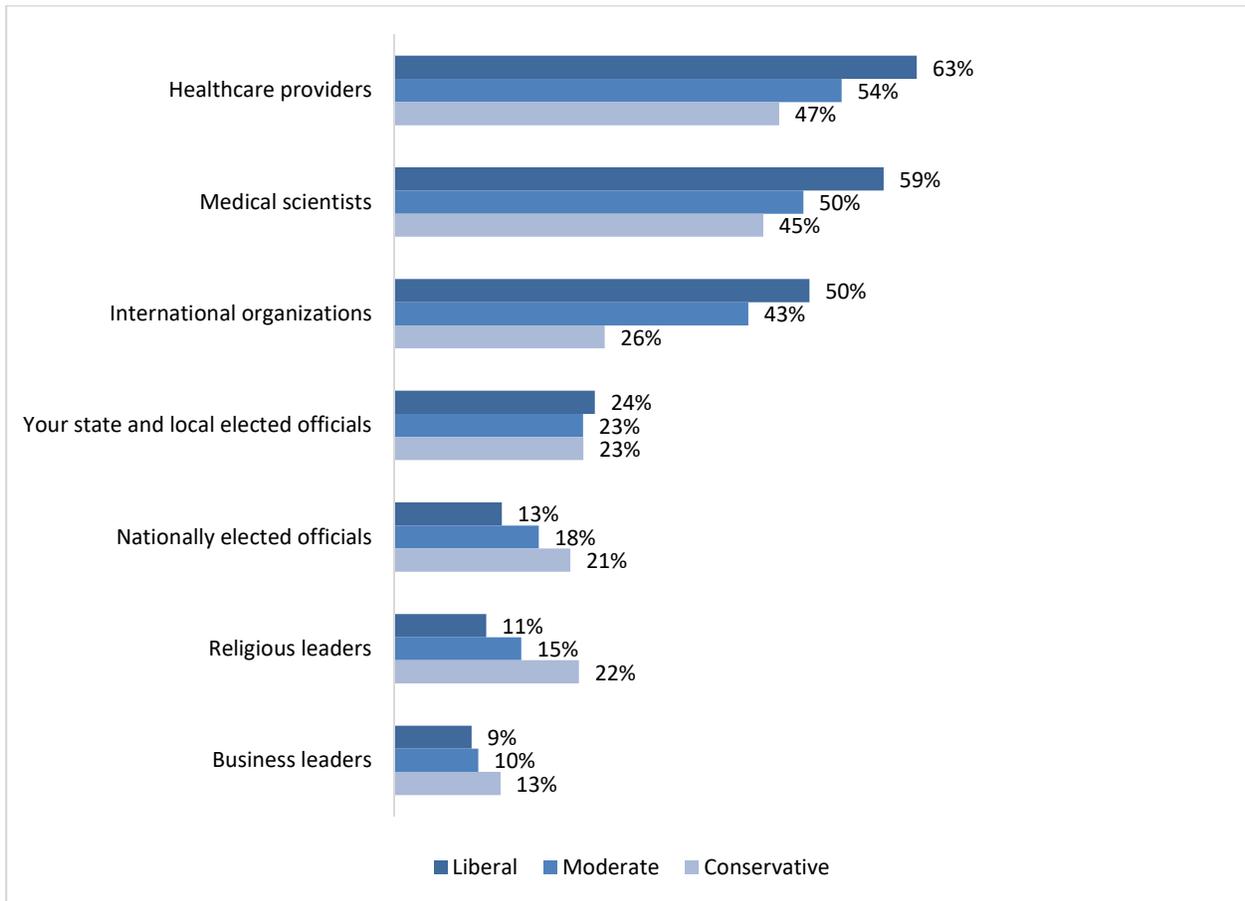|	Liberal	Moderate	Conservative
Healthcare providers	63%	54%	47%
Medical scientists	59%	50%	45%
International organizations	50%	43%	26%
Your state and local elected officials	24%	23%	23%
Nationally elected officials	13%	18%	21%
Religious leaders	11%	15%	22%
Business leaders	9%	10%	13%

■ Liberal ■ Moderate ■ Conservative

Figure 3.4: % Saying groups' policy advice is best for the country as a whole, by following news about the coronavirus outbreak (n=1,459)

Healthcare providers
- 25%
- 31%
- 50%
- 63%

Medical scientists
- 17%
- 29%
- 46%
- 60%

International organizations
- 13%
- 23%
- 34%
- 47%

Your state and local elected officials
- 9%
- 13%
- 16%
- 32%

Nationally elected officials
- 4%
- 5%
- 14%
- 24%

Religious leaders
- 16%
- 11%
- 15%
- 20%

Business leaders
- 24%
- 5%
- 7%
- 15%

■ Not at all closely   ■ Not too closely   ■ Fairly closely   ■ Very closely
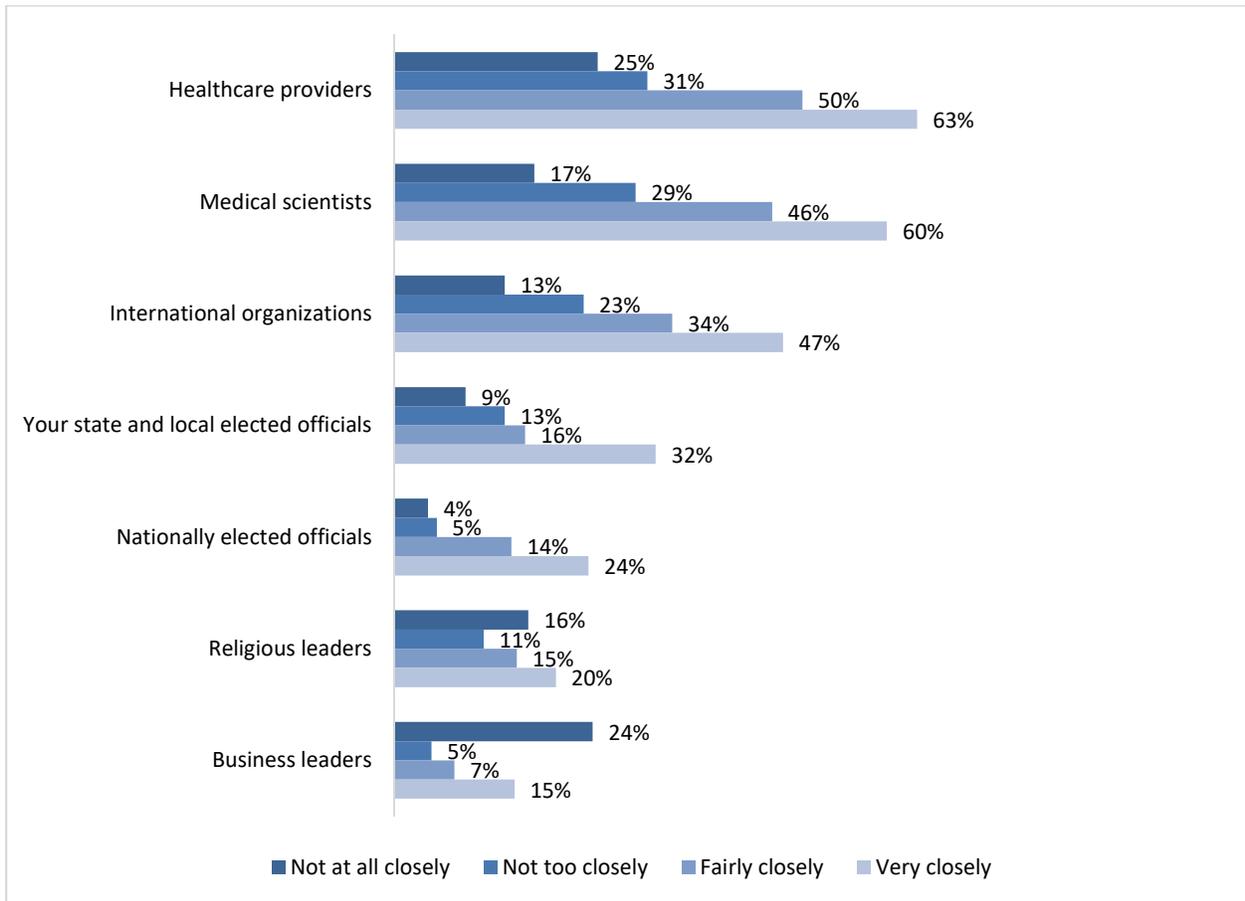
Figure 4.1: Desired stakeholder policy influence on deciding what to do about the coronavirus outbreak, by groups (n=1,459)