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NOTE

Partisan endorsement experiments do not affect mass opinion on COVID-19

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ABSTRACT

The partisan politics and polarized messaging surrounding COVID-19 have attracted wide interest. We present the findings of a novel survey experiment, fielded March 21-23, 2020, on a nationally-representative sample of Americans. We found no statistically significant effects of partisan endorsements or messaging from President Trump on a wide range of health behaviors and policy attitudes. We speculate on potential explanations for these null results, such as America's saturated media environment or heterogeneous effects by party. Our results suggest that priming experiments face serious obstacles when implemented at the same time as a national crisis is unfolding.

KEYWORDS COVID 19; null effects; experiments

Introduction[1]

The global COVID-19 pandemic is the largest public health crisis in a century. Early March 2020 saw the first confirmed American fatalities from COVID-19, and by February 2021, the death toll reached more than 500,000 people in the United States. The pandemic has generated the biggest recession since the 1920s. Its political consequences included delays in state elections, resource competition between the states and the federal government, and a sharp partisan divide—especially early in the crisis—over the seriousness of the threat (Green et al. 2020) and individual attitudes and behavior (Gadarian, Goodman, and Pepinsky 2021). In this paper, we present the findings of a novel survey experiment that tests the effect of communication and framing about the virus on government trust and attitudes about policies to mitigate the pandemic. The survey was fielded March 21-23, 2020, right at the

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beginning of the lockdown period in the United States, on a nationally-representative sample of Americans. We find no significant effect of partisan framing or messages from President Trump downplaying the risk of the virus on trust in government or policy attitudes.

Theory and expectations

Partisanship is a central factor that shapes public opinion (Campbell et al. 1960), yet moments of immediate crisis tend to flatten partisan differences in defining what is a threat and identifying solutions to those threats. Crises of this magnitude traditionally create "rally around the flag" effects that increase public support for the president and presidential policies (Mueller 1973), yet the COVID-19 pandemic is an instance where party leaders split on what type of crisis the pandemic was and how to fix it. The pandemic occurred in an era of deep partisan polarization on both the elite and mass level (Levendusky 2009; Lee 2015). One implication of polarization is that the public increasingly relies heavily their own political identities like partisanship to evaluate government performance in natural disasters (Malhotra 2008; Malhotra and Kuo 2008) and public health crises (Nyhan 2014a; Finkel et al. 2020). Among the most ardent identifiers, partisanship acts as a screen on perceptions about the world (Jerit and Barabas 2012) and partisans will shift their own policy attitudes to be consistent with party positions (Lenz 2013).

Partisan polarization complicates public responses and made containment more difficult in the early part of the COVID-19 pandemic. Partisans interpret public health crises differently, and differentially trust government to be able to respond effectively to disease outbreaks (Nyhan 2014a; Greer and Singer 2017) and that affects health behaviors (Lerman, Sadin, and Trachtman 2017). Republicans expressed less worry about coronavirus than Democrats in early spring (Economist 2020), a pattern that would remain throughout the year of the pandemic (Deane, Parker, and Gramlich 2021).

Even though partisanship is a strong determinant of public responses to emerging issues like coronavirus, reality and objective conditions like deaths can impact attitudes, particularly when they are salient in the news media (Groeling and Baum 2008). Emotion also lowers the impact of partisanship on attitudes. Emergencies on scale of the COVID-19 pandemic usually raise the public's anxieties, and negative emotions, particularly fear, can lead individuals to rely less on partisanship and more on contemporary information in political decisions (Marcus 2000).

During health scares, people become anxious and in turn, want information and turn toward trusted experts like the CDC to know what policies to support and behaviors to follow (Albertson and Gadarian 2015).

Yet, while objectively the pandemic was threatening to both the lives and livelihoods of American households, the messaging from political leaders

during the early stages of the pandemic was chaotic, divided by party, and not driven by medical experts. The U.S. pandemic response in spring 2020 suffered both from a lack of coordinated information from the federal government and from President Trump's deliberate undercutting of expert messaging about the escalating pandemic (Bisbee and Lee 2020; Green et al. 2020). President Trump consistently downplayed the risk of COVID-19 by comparing it to a mild flu, decrying it as a "hoax by the Democrats", and dismissing its seriousness as late as March 10 in saying "it will go away", each undermining the public health effort (Tankersly, Haberman, and Rabin 2020). This messaging occurred in a political environment where affective polarization breeds inherent distrust among people of the opposite party (Keele 2005; Webster and Abramowitz 2017). This leaves open the question of what pandemic messages the public was open to accepting and what guided their policy preferences during the early part of one of the largest political and health catastrophes in more than a century. Were they open to messages from the president defining the threat of COVID-19 as overblown or were messages from the CDC more persuasive? Did people adopt the policy stances of the leaders of their party or did they turn to the president, as predicted by a rally effect hypothesis?

We use a survey experiment to test these possibilities. The experiment manipulated three aspects of communication about the coronavirus:(1) partisan endorsement of CDC messaging (favored by Congressional Republicans, favored by Congressional Democrats, bipartisan support); (2) issue framing, that is, the description of what type of crisis it was (economic or border security); and, (3) Trump messaging, either undermining (describing the virus as mild) or providing no Trump counter-message.

These dimensions are all meant to capture the dynamics that were happening in real time in early spring 2020. The treatments also mimic the very noisy and challenging information environment of the first months of the COVID-19 pandemic in the United States. During the early part of the pandemic, Democratic members of Congress were more likely to be tweeting about the pandemic than Republican members and urging constituents more strongly to take the pandemic seriously (Green et al. 2020). Partisan communications also differ by issue framing, with Republican members focusing on the economy and the role of China, and Democratic members focusing on public health and testing. President Trump's communication was inconsistent—he both downplayed the risk of the coronavirus and emphasized the threat of the virus, often in the same week (Bisbee and Lee 2020), both in official communication from the White House and through social media.

We test the impact of these messages on two sets of dependent variables: (1) trust in a variety of government actors to handle coronavirus and (2) support for policies to deal with the effects of coronavirus, including public

health policies, economic policies and immigration policies. We have three hypotheses. First, we hypothesize that a message linking partisanship to the CDC would lower support for policies compared to describing the CDC having bipartisan support. Second, consistent with issue description, we hypothesize that framing COVID-19 as a threat to the economy will increase support for more active economic responses, and that mentioning COVID as a threat to border security increases support for anti-immigrant and anti-minority policy responses. Evidence in support of this hypothesis would suggest that the pandemic—while directly about health—can be successfully directed to address related policy concerns. Finally, we hypothesize that commentary by President Trump that describes the coronavirus as mild reduces overall support for all policy responses, but increases support among co-partisans (Nyhan 2014b).

We find no statistically significant effects of partisan endorsements, issue framing, or messaging from President Trump on a wide range of health behaviors and policy attitudes. We consider several potential explanations for these null results, such as America's saturated media environment or heterogeneous effects by party. We conclude that priming experiments face serious obstacles when implemented at the same time as a national crisis is unfolding. Although priming experiments provide unbiased estimates of causal effects, in a cacophonous media environment, survey experiments that examine the effects of partisan primes "in real time" will be hard pressed to move respondents. By demonstrating how difficult it is to move attitudes and behaviors in a chaotic information environment like the early weeks of the COVID-19 pandemic, we show the challenges that health officials face when trying message to encourage massive collective action with only mixed cooperation from political leaders. This paper also shows how early in the pandemic partisanship shaped individual-level health attitudes, adding to the literature on the breadth of issues in the United States affected by partisan polarization.

Survey design

We fielded a large, nationally-representative survey of Americans with 3,000 respondents between March 21-23, 2020 with the survey firm YouGov to gauge how partisanship and political information shapes public health responses. As part of our survey, respondents read a statement about the political context of COVID-19. The full text appears below.

According to the Centers for Disease Control (CDC) **ARM 1** [Ø][*which Congressional Democrats have publicly supported*][*which Congressional Republican have publicly supported*][*which has enjoyed bipartisan Congressional support*] in recent days, "Reported community spread of COVID-19 in parts of the United States raises the level of concern about the immediate threat for

COVID-19 for those communities. The potential public health threat posed by COVID-19 is very high. **ARM 2** [Ø][*Experts have also argued that the coronavirus poses a serious risk to the American economy*.][*Experts have also argued that the coronavirus poses a serious risk to American border security*.] **ARM 3** [Ø][*However, despite declaring a national state of emergency, President Trump has also said that "a lot of people will have this and it's very mild"*.]

The three treatment arms vary the partisan endorsement of the CDC (Arm 1), the nature of the threat of COVID-19 (Arm 2), and information from President Trump that undermines the public health message (Arm 3); the treatment arms were varied independently with the exception that respondents only received treatments for Arm 3 if they also received treatments in Arm 2. We conducted no explicit power calculation, but a back-of-the-envelope calculation[2] indicates that with a sample size of 3000 and 20 treatment combinations, we have insufficient power to detect treatment interaction effects. We therefore focus on the main effects of each treatment arm. Our pre-analysis plan may be found at the Evidence and Governance and Politics (EGAP) registry. We report no deviation from the analysis plans that we preregistered.

We estimate treatment effects using OLS with robust standard errors. For each dependent variable, we estimate both "long" models that include each factor and their interactions, and "short" models that eliminate the interactions. There is a bias-variance tradeoff between the two models. Muralidharan, Romero, and Wüthrich (2019) explain the estimates from the short model do not equal the average treatment effect unless all of the treatment interaction effects are jointly zero. The coefficients of the main effects in the long model do identify average treatment effects, but have higher variance. In no cases do our substantive interpretations of our results depend on the choice of long versus short model, so we present here the long model only. For statistical inference, we adjust results for multiple comparisons using a Bonferroni correction.

Results

We first present results for trust in government. After treatment, we asked respondents about how much they trusted five government institutions (the Centers for Disease Control, the Food and Drug Administration, State Health Agencies, the Department of Homeland Security, the Internal Revenue Service) and three political figures (the Surgeon General, President Trump, and Vice President Pence) to handle the coronavirus outbreak. Results for the main effects of each treatment arm appear in Figure 1.

We find no consistent evidence that randomly assigning respondents to read partisan endorsements of the CDC lead to increased trust in the CDC,

[2]Based on the analysis at https://declaredesign.org/library/articles/factorial.html.

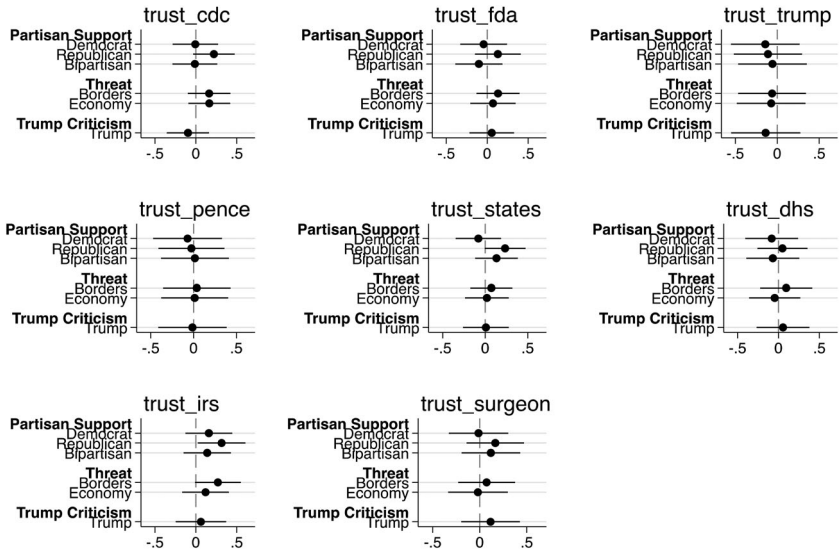

Figure 1. Effects on Trust

or in any other government institution. Likewise, we find no consistent evidence that randomly assigning respondents to read President Trump's comments undermining the threat of COVID-19 changed trust in any institution or politician. We also find no evidence that priming respondents with the *nature* of the COVID-19 threat (to the economy or to borders) affected trust in institutions or politicians.[3]

We present the results for public policy preferences in Figure 2. These include twenty different measures ranging from policies that support public health (imposing quarantines, offering free testing) to economic policies (keeping interest rates low, increasing trade with other countries). The results for these outcomes appear in Figure 2.

Once again, we find no statistically significant correlation between any treatment arm and any policy preference. The results for "cancelling all events" are significant at a Bonferroni-corrected 95% level for comparing Republican and Bipartisan endorsements of the CDC relative to no endorsement, but we also find positive but insignificant effects for Democratic endorsements (and we find no difference when comparing Republican or bipartisan to Democratic endorsements). We do not attach substantive significance to this finding, but it invites future investigation.

Although our analysis implements a strict Bonferroni correction, these findings of no general relationship between treatment conditions and trust or policy preferences hold as well when not adjusting critical *p*-values for

[3]We did not preregister this specific hypothesis, so we treat this result as exploratory.

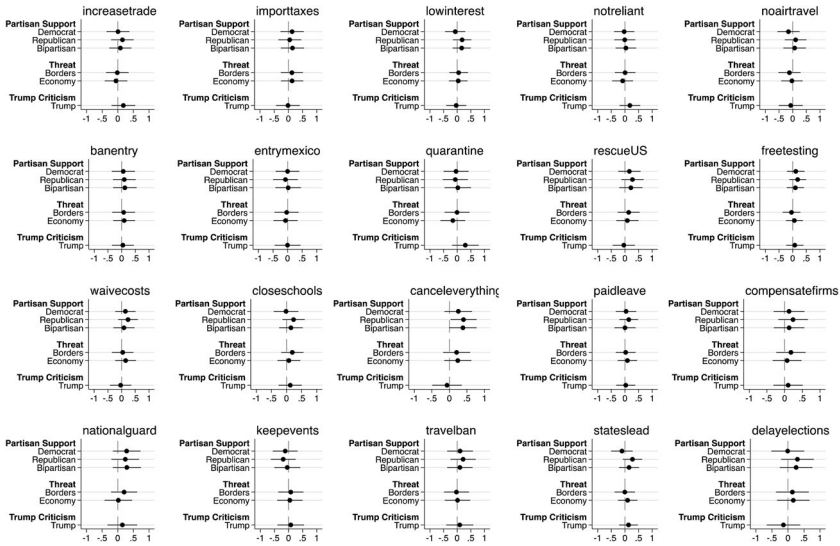

Figure 2. Effects on Policy

multiple corrections. They also hold when adjusting for a range of pretreatment covariates via the mean-centered interactions described by Lin (2013).

Discussion

Priming respondents with partisan and political information about COVID-19 did not lead to measurable changes in political trust or policy preferences. Individual partisanship is a strong and consistent predictor of individual behaviors, health attitudes, and health policy preferences in the context of COVID-19 (Gadarian, Goodman, and Pepinsky 2021), but here we find that partisan cues about the CDC or mention of the president do not affect attitudes over and above individual level partisanship. Following our preregistered analysis plan, we tested whether the null results for the experiments in aggregate can be explained by differential results by individual partisanship by interacting treatment indicators with respondents' partisanship, on the hypothesis that Republican (Democratic) respondents respond to Republican (Democratic) endorsements. We find no evidence that this is the case (results are available upon request).

If the null effects in the aggregate cannot be explained by heterogeneous effects by partisanship, an alternative explanation is that survey respondents are confronting a saturated media environment, which would explain why additional information about politicians' views has no effect. We tested this possibility by interacting treatment indictors with a binary variable that reflects higher versus lower than average self-reported attention to the

news.[4] We still find no effects of any of the experimental conditions on any of the outcomes (results are available upon request).

How, then, to interpret our results? One possibility is that the survey prime was too weak to affect our respondents in any way. To rule out this possibility, we explore whether any of our treatments affected self-reported concern about COVID-19. We do find that the Trump endorsement condition is associated with lower self-reported concern about COVID-19 among Republicans (results are available upon request). Although this analysis is not preregistered and is thus exploratory, it is reassuring evidence that our vignettes were not too weak. Another possibility is that partisan endorsements or President Trump's messaging do not shape trust in government or health policy views. Although our design does not allow us to reject the second possibility, it does not sit easily with the wealth of other correlational data that suggests—both from our own research and from our hyperpartisan political environment—that views on COVID-19 and public policy are fundamentally political.

We conclude therefore that the cacophonous political and media environment of the early COVID-19 pandemic makes it hard to detect endorsement effect using vignette experiments. Not only was the media environment saturated in the early COVID-19 pandemic, but there were mixed messages and cross-messaging throughout this period. Even if someone wanted to follow party cues, they were divided and diffuse. Unlike threats such as 9/11, which were obvious and widely broadcast, the threat from the virus was perceived and experienced unevenly, so manipulating political messages may be of limited value. Further research is needed to understand how political leaders and health officials can more consistently broadcast messages about the nature of a threat and how the public can act to protect itself.

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[4]These analyses are exploratory, they were not preregistered.

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