Appendix: Comparison of Confidence in Custodians of Public Health
ASAPH vs www.covidstates.org data

On December 4, 2025, in response to NBC News' Anne Thompson asking about the 2025 decline in trust in the FDA previously reported by the Annenberg Public Policy Center (APPC), then FDA commissioner, Dr. Marty Makary, cited contrasting data showing a decline in trust in hospitals and doctors reported in a 2024 study published in JAMA Network Open. That study used data through January 2024 from The COVID-19 States Project (a joint project of Northeastern University, Harvard University, Rutgers University, and Northwestern University, available at www.covidstates.org). The inference Makary invited was that the decline in trust of federal health agencies that our survey identified simply reflected an overall decline in trust of healthcare providers.

However, both sets of longitudinal data (the COVID States data and the Annenberg Science and Public Health (ASAPH) data) show a stable gap between trusting doctors and trusting federal health agencies (i.e., CDC, FDA) in 2023 and 2024. The decline in confidence in hospitals and doctors to "do the right thing to handle the current coronavirus (COVID-19) outbreak" reported in the COVID States dataset paper (April 2020 – January 2024) coincides with the US Federal COVID-19 Public Health Emergency Declaration (March 2020 – May 2023). There are several material differences between the datasets, but also enough similarities to look at patterns when converted to more comparable response categories.

One major difference between the COVID States data published in JAMA Network Open and the ASAPH data is that the article reports just the highest level of trust (a lot) from a 4-point scale (a lot, some, not too much, not at all) while the ASAPH press release reports the combined top two levels of trust (somewhat or very confident) from a different 4-point scale (very confident, somewhat confident, not too confident, not at all confident). Using the data publicly available at www.covidstates.org as of August 19, 2026, we created comparison graphs for the two datasets that show either the highest level of trust or the top two levels of trust.

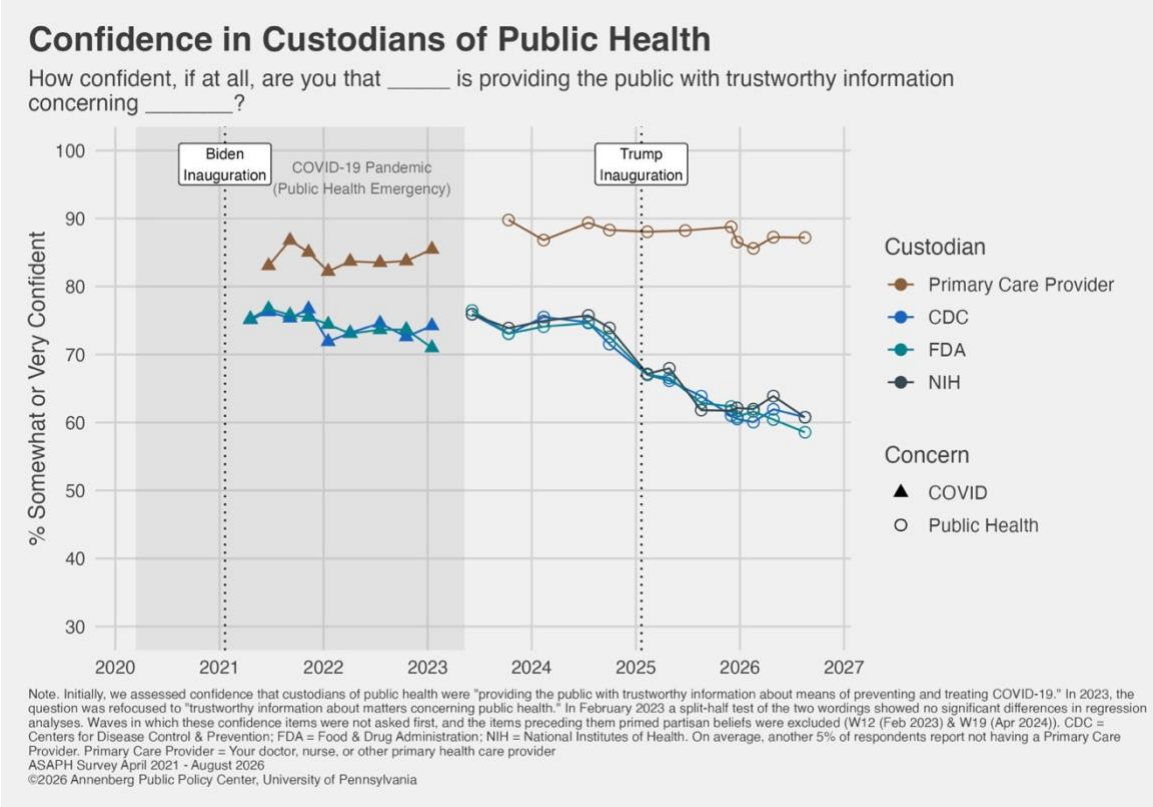
In addition to different response categories, the items themselves were different.

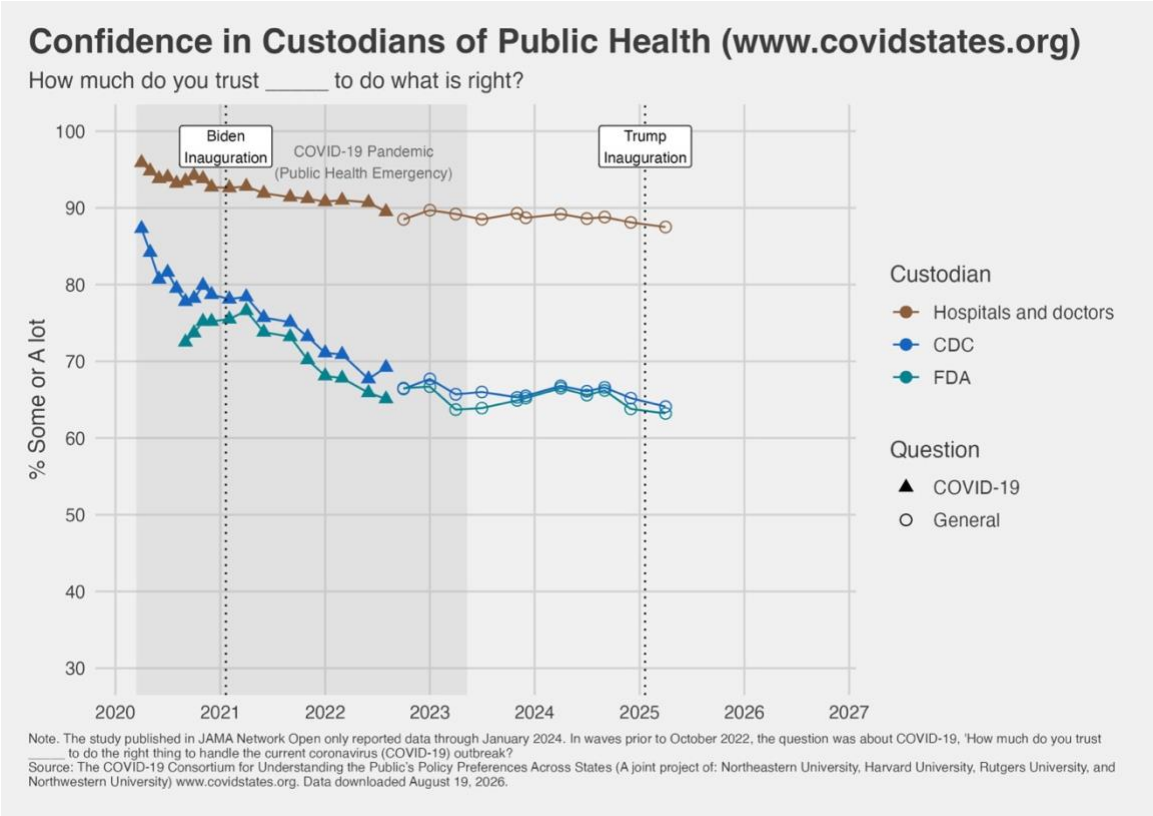
- The ASAPH question asked about information: "how confident, if at all, are you that _____ is providing the public with trustworthy information about matters concerning public health," while the COVID States question asked about action: "how much do you trust _____ to do what is right."
- Both surveys asked slightly different questions from 2020-2022 during the height of the COVID-19 pandemic response. From April 2021 to January 2023, the ASAPH question was "how confident, if at all, are you that _____ is providing the public with trustworthy information about means of preventing and treating COVID-19," while from April 2020 to August 2022, the COVID States question was "how much do you trust _____ to do the right thing to handle the current coronavirus (COVID-19) outbreak."
    - Both studies assessed change from a question focused on COVID-19 to one focused on public health. ASAPH randomly assigned half their sample in February 2023 to get the old wording and half to get the new wording. The split-half test of the two wordings showed no significant differences in regression analyses. COVID States gave both wordings to a subsample of 4,001 respondents nearly a year later, in June and July 2023. Responses to the two versions were correlated (Spearman $\rho = 0.76$; 95% CI, 0.74-0.78).

- Also, the ASAPH trust in doctors question was personalized (i.e., used "your…"), and included other professions: "your doctor, nurse, or other primary health care provider," whereas the COVID States item did not personalize and included hospitals: "hospitals and doctors."
- Additionally, another 5% of ASAPH respondents on average reported not having a primary health care provider, while the COVID States trust in doctors data includes respondents who don't have a primary healthcare provider

Finally, there are methodological differences between the two surveys.

- The ASAPH survey uses a nationally representative probability-based panel sample, while the COVID States data are from a non-probability sample.
- Additionally, these trust questions were asked before any others on the ASAPH survey, whereas the trust questions were asked close to the end of the COVID States survey in at least one wave, following questions that may have affected subsequent responses, a phenomenon known as priming.
- Both surveys asked about trust in several people and public institutions at once (fielding different subsets of items each wave and randomizing item order for each participant). In addition to doctors and federal health agencies, the ASAPH survey asked about people and institutions related to public health (e.g., Dr. Anthony Fauci, former director of the National Institute of Allergy and Infectious Diseases (NIAID), Robert F. Kennedy Jr., Secretary of Health and Human Services, the American Medical Association (AMA)), whereas the COVID States survey included people and institutions indirectly related to public health (e.g. police, social media, banks, Donald Trump, Joe Biden). Including people and institutions only indirectly related to public health may have impacted participants' responses.



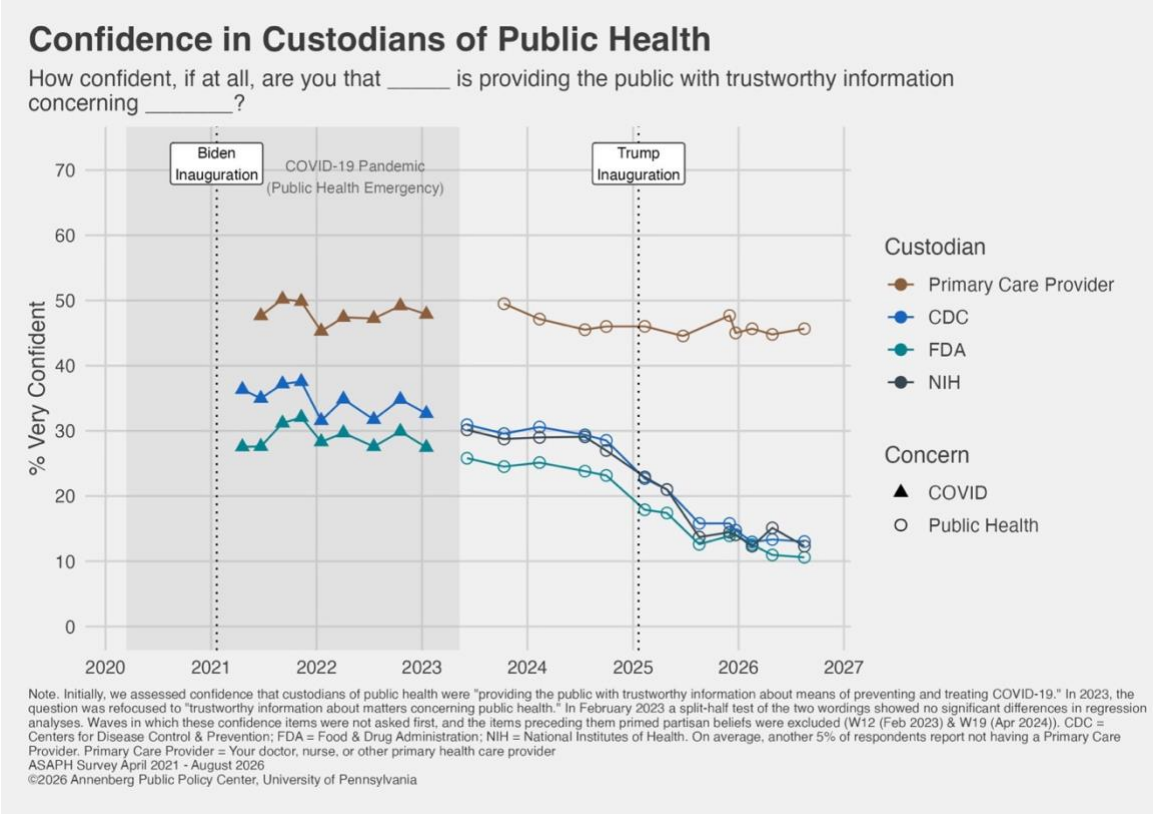


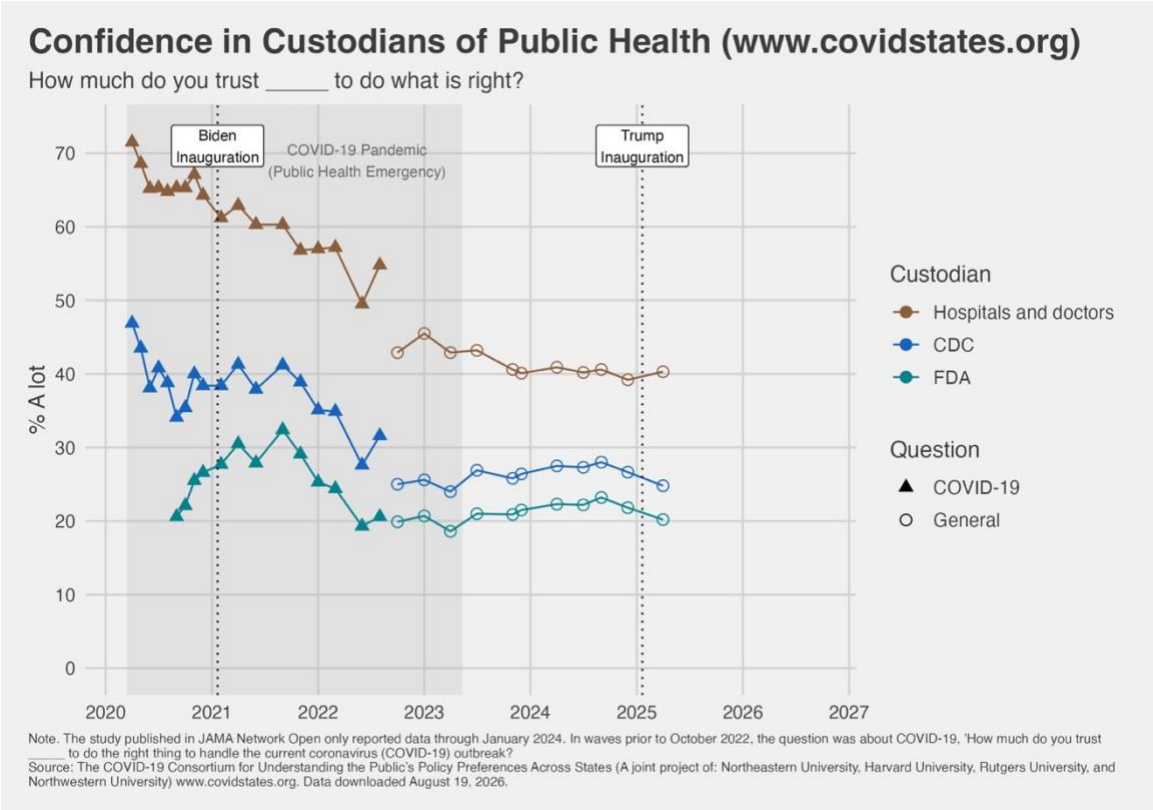
Looking at the top two levels of trust, we see that

- Both datasets show a stable gap between trusting doctors and trusting federal health agencies (i.e., CDC, FDA) in 2023 and 2024.
- Before 2023, the COVID States trust in the CDC "to do the right thing to handle the current coronavirus (COVID-19) outbreak" showed a nearly 20-percentage-point decline, while the decline in trust in hospitals and doctors to do the right thing was about a third of the size (6 percentage points). Trust in the FDA was added later but tracked with the CDC trends.
- Before 2023, the ASAPH data did not show much change in the top two levels of confidence that those custodians of public health were "providing the public with trustworthy information about means of preventing and treating COVID-19."
- Later ASAPH data, from September 2024 to August 2026, show a large decline in confidence that federal health agencies are "providing the public with trustworthy information concerning public health" (occurring in 2025), but no change for one's healthcare provider.
- The COVID States data are only posted through April 2025.

Looking instead at just the top level of trust, we see very similar results, except:

- Before 2023, the decline in the top level (a lot) of trust for hospitals and doctors as measured in the COVID States data was much larger (22 percentage points) than the decline when looking at the combined top two levels of trust (6 percentage points), while the decline in the top level of trust for the CDC was similar to the top two levels of trust (19 percentage points). Trust in the FDA again tracked with the CDC trends.





So, in response to the inference Makary invited, the decline in trust in federal agencies reported from the 2025 ASAPH data comes after a stable period of trust (2023-2024) in federal agencies

and doctors (change 6% or less), when looking at both the top two levels of trust and the top level of trust alone in both datasets. The decline he cited in trust of hospitals and doctors from April 2020-January 2024 is during the COVID-19 pandemic and responding to a question about their COVID-19 response. Inviting the inference that the 2025 decline in federal health agency trust is an ongoing trend of increasing disillusionment with the medical community does not fit with the fairly flat lines we see for trust in healthcare providers from 2023 on, in both datasets with both outcomes.