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Trump Support Explains COVID-19 Health Behaviors in the United States

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Abstract A wide range of empirical scholarship has documented a partisan gap in health behaviors during the COVID-19 pandemic in the United States, but the political foundations and temporal dynamics of these partisan gaps remain poorly understood. Using an original six-wave individual panel study ($n = 3{,}000$) of Americans throughout the course of the COVID-19 pandemic, we show that at the individual level, partisan differences in health behavior grew rapidly in the early months of the pandemic and are explained almost entirely by individual support for or opposition to President Trump. Our results comprise powerful evidence that Trump support (or opposition), rather than ideology or simple partisan identity, explains partisan gaps in health behavior in the United States. In a time of populist resurgence around the world, public health efforts must consider the impact of charismatic authority in addition to entrenched partisanship.

Many studies have examined the partisan correlates of health behavior during the COVID-19 pandemic in the United States (Allcott et al. 2020; Fowler and Utych 2020; MacMillen 2020; Clinton et al. 2021; Gadarian, Goodman, and Pepinsky 2021; Milosh et al. 2021). The common finding is that Democrats report more prosocial health behaviors—like wearing a mask and social distancing—compared to Republicans. These individual findings are complemented by other partisan dimensions of the pandemic, during which Republican governors were slower to shut down at the early part of the pandemic, earlier to reopen their economies than Democratic governors

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(Grossman et al. 2020), and less likely to implement mask mandates (Wright et al. 2020).

But what explains partisan differences in health behavior? Partisanship captures a number of related concepts—identity with a set of ideas (i.e., ideology), identity with and affect toward other members of the party coalition (i.e., teamsmanship), and identity with the political leader of the party (support for President Trump). Ideology increasingly separates the parties: conservatives are now typically members of the Republican Party and liberals are now typically members of the Democratic Party (Levendusky 2009). Partisan identity also increasingly acts as a social identity that aligns with other identities (Lenz 2013; Theodoridis 2017), and which makes copartisan and social cues increasingly important (Bartels 2002) and leads individuals to follow their copartisans in adopting specific behaviors (Mason 2018). In addition, during the time of this study, Republican identity also signaled support for Donald Trump, as individuals attracted to Trump's unique personality and political style (Conway, Repke, and Houck 2017; Mason, Wronski, and Kane 2021) affiliated with the Republican Party (Barber and Pope 2019). President Trump's early and consistent resistance to prosocial health behaviors suggests that his supporters may have followed his messaging in support of his governing style (Moynihan and Roberts 2021). In this manuscript, we argue that while Republican partisanship and support for Trump are empirically and theoretically related to one another, they are analytically distinct. Support for Trump has a unique effect on how Americans reacted to the COVID-19 pandemic.

Using novel individual-level panel data from a representative sample of Americans surveyed repeatedly during the first year of the COVID-19 pandemic (six waves between March 2020 and March 2021), we show that partisan differences in health behaviors are specifically a product of support for and opposition to President Trump, rather than ideological differences or partisan attachments. Our findings suggest that the partisan dynamics of the COVID-19 pandemic revolved fundamentally around President Trump himself rather than pure partisanship or ideology. Our central finding raises a cautionary alarm about the influence that charismatic leaders like Trump exert over behavior in other policy domains.

Research Design

To examine the evolution of partisan differences in health behavior over the course of the COVID-19 pandemic, we partnered with YouGov to conduct a panel survey of Americans' attitudes. By following the same respondents over the course of the pandemic, we observe changes in self-reported health behaviors and link early pandemic political orientations to a broad set of health behaviors many months later. Full text of all survey questions is

available in Supplementary Material section A. Sampling details can be found in Supplementary Material section B. Survey field dates, sample sizes, and response rates can be found in Supplementary Material table S1. This research was approved by the Institutional Review Boards at Cornell University, Syracuse University, and the University of California, Irvine.[1]

The central challenge facing most observational studies of the partisan correlates of health behavior is that it is difficult to disentangle partisanship, ideology, and opinions toward the former president as explanations for COVID-19 outcomes. Ecological analyses that estimate the relationship between health behaviors and partisanship across counties or other geographical units must rely on proxies such as presidential vote share to measure partisanship (Gollwitzer et al. 2020). Our rich panel dataset avoids these pitfalls by relying on individual-level data, which is distinguished from other studies of partisanship and COVID-19 behavior, which rely on large cross-sections (Milosh et al. 2020; Clinton et al. 2021), analyze a higher level of aggregation like counties or states (Grossman et al. 2020), or focus on a limited number of health behaviors like social distancing (Adolph et al. 2021).

Our primary dependent variables are nine indicators of COVID-19-related health behavior—from hand washing to mask wearing. In each round of the survey, respondents were asked whether they had adopted the following behaviors in response to COVID-19. A full list of dependent variables and summary statistics from Wave 1 can be found in Supplementary Material table S2.

We measure partisanship, ideology, and Trump support using three separate items. The first, *Party ID*, asks respondents to identify as Republicans, Democrats, or Others (third-party supporters, nonpartisans, and nonrespondents) based on Pew's PID3 variable (see Supplementary Material section A for question wording). *Ideology* classifies respondents as Liberal, Conservative, or Moderates and Others. *Trump Support* classifies respondents as intending to vote for President Trump in the 2020 presidential election, the Democratic candidate (Wave 1 was fielded before the conclusion of the 2020 primary season), or another candidate or abstaining.

Supplementary Material table S3 shows the joint distribution of these three variables. They are strongly related to one another: Conservatives are mostly Republicans, Democrats mostly intend to vote for the Democratic candidate in 2020, and so forth. But we do find abundant residual variation, especially with nonpartisans/third-party supporters who report roughly equal propensity to vote for Trump or the Democrat, as well as notable instances of Trump-voting Democrats and Democrat-supporting nonpartisans. This allows us to empirically disentangle the relationship between partisanship,

1. Cornell University Protocol 2003009479, Syracuse University Protocol 20-099, UC Irvine self-exemption with confirmation from the Office of Research on March 6, 2020.

ideology, and Trump support, and it further supports our contention that support for President Trump is not merely a proxy for partisanship.

We begin by examining differences in health behaviors by Trump support. Figure 1 shows the proportion of respondents reporting each of the nine health behaviors in Supplementary Material table S2, separating out Trump supporters, Biden supporters, and those who supported another candidate or abstained, across the six waves of our survey. We find clear evidence of differences in health behaviors that began in March 2020 and persisted throughout our study period. With the exception of visiting the doctor, more

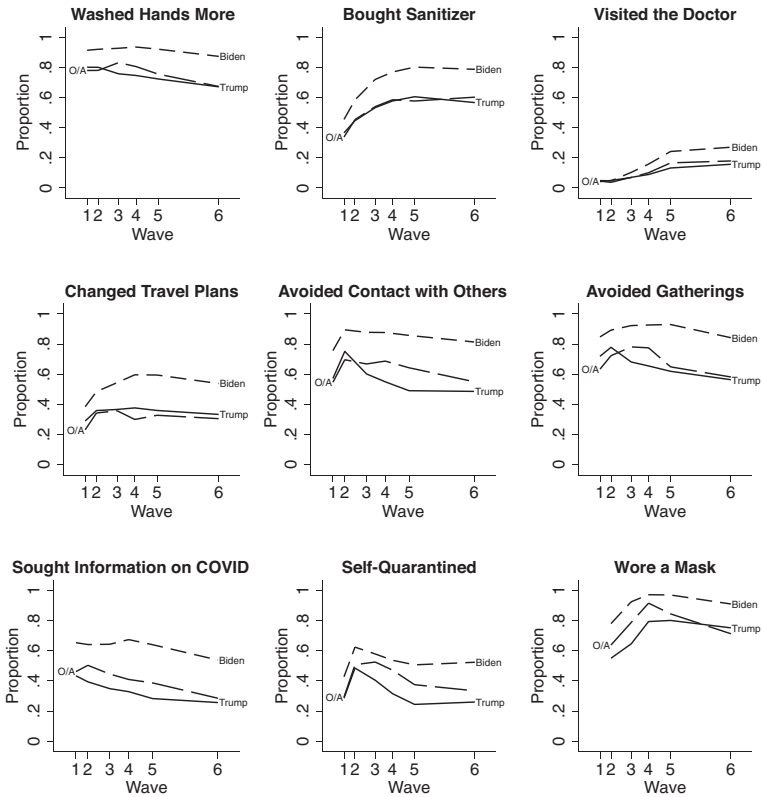

Figure 1. Health behavior by presidential support. Each line reports the unadjusted proportion of respondents reporting each health behavior, across the six waves of our survey, for respondents who reported the intent to vote for Biden, Trump, or a third-party candidate or to abstain (labeled as "O/A" for "Others/Abstain").

Biden supporters reported each of these COVID-19 health behaviors than did Trump supporters or others across each of our survey waves.

To investigate support for and opposition to President Trump more fully in light of partisanship and ideological considerations, we model the relationships among partisan identification, Trump support, and ideology and subsequent health behavior across subsequent waves using a mixed-effects logistic regression specification:

$$\begin{aligned} y_{it} = {} & \boldsymbol{\beta_{Party}}\mathbf{Party\ ID}_{i,t=1} \times \mathbf{Wave}_t + \boldsymbol{\beta_{Ideology}}\mathbf{Ideology}_{i,t=1} \times \mathbf{Wave}_t \\ & + \boldsymbol{\beta_{Trump}}\mathbf{Trump\ Support}_{i,t=1} \times \mathbf{Wave}_t + \boldsymbol{\gamma}\mathbf{X}_{i,t=1} \times \mathbf{Wave}_t \\ & + \boldsymbol{\delta}\mathbf{Z}_{it} \times \mathbf{Wave}_t + \rho_i + \varepsilon_{it} \end{aligned} \quad (1)$$

y_{it} captures dependent variables for individual i in wave t. $\mathbf{Party\ ID}_{i,t=1}$ measures party identification in the first wave of the survey using indicator variables for Democrat, Republican, and Other; $\mathbf{Ideology}_{i,t=1}$ measures ideology in the first wave of the survey using indicator variables for Liberal, Conservative, and Moderate/Other; $\mathbf{Trump\ Support}_{i,t=1}$ measures Trump support in the first wave of the survey using indicator variables for intended 2020 vote for Trump, the Democratic candidate/Biden, or a third party/abstain; $\mathbf{Wave}_t$ is a set of six indicator variables capturing each of the survey waves; and the vector of coefficients $\boldsymbol{\beta}$ captures each combination of partisanship and survey wave. The elements of $\mathbf{X}_{i,t=1}$ include indicators for other demographic and geographical variables measured in Wave 1 (see Supplementary Material table S4 for summary statistics), each modeled as fixed effects. These include gender, age, race/ethnicity, income, education, marital status, employment status, state of residence, and a measure of the urban/rural county status (nine categories). Each of these is also interacted with $\mathbf{Wave}_t$, assuming that individuals' demographic and geographic characteristics are constant across waves but allowing their relationship with each outcome to vary freely by survey wave. $\mathbf{Z}_{it}$ measures county-level COVID-19 rates at each wave of the survey: growth in total cases and growth in total deaths—both raw and per capita—relative to the fourteen days prior to the first day of each survey wave. Each measure of local COVID-19 intensity in $\mathbf{Z}_{it}$ is also interacted with $\mathbf{Wave}_t$. ρ_i is an individual-level random effect identified through the assumption that $\rho_i \sim N(0, \sigma^2)$, and ε_{it} is an error term.

This estimation strategy allows the relationship between partisanship and health outcomes to vary across waves without assuming a linear relationship between time, partisanship, and our outcome variables (Hainmueller, Mummolo, and Xu 2019). Additionally, our extensive battery of wave-by-demography fixed effects allows the relationship between each demographic variable and each outcome to vary nonlinearly across waves. State-by-wave fixed effects control for any state-level policies that vary across time and

which might encourage, for example, more mask wearing in more Democratic-led states in some points during the pandemic. Time-varying measures of COVID-19 capture local pandemic conditions which might be correlated both with partisanship and with health behaviors, while allowing their relationship to health behaviors to vary over the course of the pandemic as well—larger COVID case counts probably mattered more in the early stages of the pandemic than later. Individual random effects capture unobserved, time-invariant differences across individuals.

Before proceeding, we consider the problem of causal ordering in explanations for health behavior. If partisanship causes Trump support, then controlling for Trump support will generate posttreatment bias in our estimate of the relationship between partisanship and health behavior. But the reverse is also true: if supporting President Trump leads voters to switch partisan identities, then controlling for partisanship will generate posttreatment bias in our estimate of the effect of Trump support. The true causal interrelationships among Trump support, ideology, and partisanship are unknown: no theory nor any evidence can rule out any causal pathway in any direction from any pair of these variables. We therefore do not describe any findings as causal.

Results

We present our main results in table 1. A more detailed explanation and full results for all control variables can be found in Supplementary Material section C and table S5. Supplementary Material figures S2–S4 formally test for differences across political variables across waves.

We find that support for Trump or Biden relative to others or abstainers is a significant predictor of health behaviors across each of our models, although these differences sometimes emerged immediately and persisted over time (e.g., Wash Hands) and sometimes only emerged over time (e.g., Changed Travel Plans). Figure 2 illustrates these differences by calculating the average adjusted predicted probability of each behavior for each dependent variable, comparing Trump supporters, Biden supporters, and Others/Abstainers, with all other covariates held at their observed values.

Respondents who report in Wave 1 that they intended to vote for the Democratic candidate in the 2020 presidential election were substantially more likely to report participating in each of these health behaviors than were those who intended to vote for President Trump. These patterns are also visible for some behaviors—such as avoiding contact with others, self-quarantining, and wearing a mask—among voters who intended to vote either for a third-party candidate or not to vote at all. See Supplementary Material figure S3 for evidence that these predicted probabilities differ across Trump supporters, Biden supporters, and others.

Table 1. Trump support and health behavior, statistical results.

	Wash hands	Bought sanitizer	Visit doctor	Change travel	Avoided contact	Avoided gatherings	Sought info	Self-quarantine	Wear mask
Biden	1.57	0.46	−0.28	0.21	1.26	1.34	1.37	0.64	3.76
	(0.37)	(0.28)	(0.44)	(0.29)	(0.24)	(0.28)	(0.26)	(0.26)	(0.59)
	0.00	0.10	0.52	0.47	0.00	0.00	0.00	0.01	0.00
Trump	0.31	−0.18	−0.33	−0.72	0.13	−0.27	0.35	−0.14	1.32
	(0.38)	(0.32)	(0.54)	(0.34)	(0.27)	(0.30)	(0.29)	(0.3)	(0.56)
	0.41	0.57	0.54	0.03	0.64	0.37	0.23	0.64	0.02
Biden × Wave 2	0.47	0.36	0.74	0.65	0.55	0.63	0.13	0.16	
	(0.43)	(0.31)	(0.61)	(0.32)	(0.34)	(0.37)	(0.30)	(0.30)	
	0.28	0.24	0.23	0.04	0.11	0.09	0.67	0.59	
Biden × Wave 3	0.87	0.78	0.51	1.24	1.01	1.33	0.24	0.25	−2.00
	(0.46)	(0.34)	(0.55)	(0.34)	(0.33)	(0.39)	(0.32)	(0.31)	(0.60)
	0.06	0.02	0.36	0.00	0.00	0.00	0.46	0.43	0.00
Biden × Wave 4	0.95	0.53	1.78	1.53	1.21	1.89	0.43	0.49	−0.42
	(0.49)	(0.36)	(0.54)	(0.36)	(0.34)	(0.43)	(0.33)	(0.33)	(0.63)
	0.05	0.13	0.00	0.00	0.00	0.00	0.19	0.14	0.51
Biden × Wave 5	0.83	1.11	1.36	1.99	1.28	1.98	0.51	0.56	0.62
	(0.48)	(0.37)	(0.51)	(0.36)	(0.34)	(0.42)	(0.33)	(0.34)	(0.77)
	0.08	0.00	0.01	0.00	0.00	0.00	0.13	0.09	0.41
Biden × Wave 6	0.80	1.60	1.64	1.80	1.79	1.60	0.78	1.07	−0.52
	(0.47)	(0.39)	(0.53)	(0.38)	(0.38)	(0.42)	(0.35)	(0.34)	(0.71)
	0.09	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.46

(continued)

Table 1. Continued.

	Wash hands	Bought sanitizer	Visit doctor	Change travel	Avoided contact	Avoided gatherings	Sought info	Self-quarantine	Wear mask
Trump × Wave 2	−0.24	−0.33	0.63	0.46	−0.12	0.22	0.04	0.40	
	(0.44)	(0.35)	(0.75)	(0.38)	(0.35)	(0.37)	(0.34)	(0.35)	
	0.59	0.35	0.40	0.23	0.74	0.56	0.90	0.25	
Trump × Wave 3	0.84	0.20	1.09	0.37	0.81	1.49	0.06	0.82	−0.90
	(0.49)	(0.38)	(0.67)	(0.41)	(0.36)	(0.40)	(0.36)	(0.36)	(0.58)
	0.08	0.60	0.10	0.37	0.02	0.00	0.87	0.03	0.12
Trump × Wave 4	0.23	0.34	1.33	0.84	0.93	1.93	0.13	1.17	−0.12
	(0.49)	(0.39)	(0.66)	(0.42)	(0.37)	(0.43)	(0.37)	(0.38)	(0.61)
	0.63	0.39	0.04	0.04	0.01	0.00	0.73	0.00	0.85
Trump × Wave 5	0.21	0.16	0.29	1.23	1.05	1.31	0.31	1.04	0.11
	(0.49)	(0.41)	(0.64)	(0.43)	(0.37)	(0.41)	(0.38)	(0.39)	(0.69)
	0.66	0.70	0.65	0.00	0.00	0.00	0.43	0.01	0.88
Trump × Wave 6	0.65	0.60	−0.26	1.08	1.04	1.06	0.26	1.64	0.23
	(0.50)	(0.43)	(0.67)	(0.44)	(0.39)	(0.42)	(0.43)	(0.41)	(0.68)
	0.19	0.16	0.69	0.02	0.01	0.01	0.54	0.00	0.74
N	12,689	12,863	11,867	12,880	12,827	12,811	12,897	12,865	9,653

Note: Logistic regression coefficients with standard errors in parentheses and *p*-values. Controls are included but not shown in table due to space.

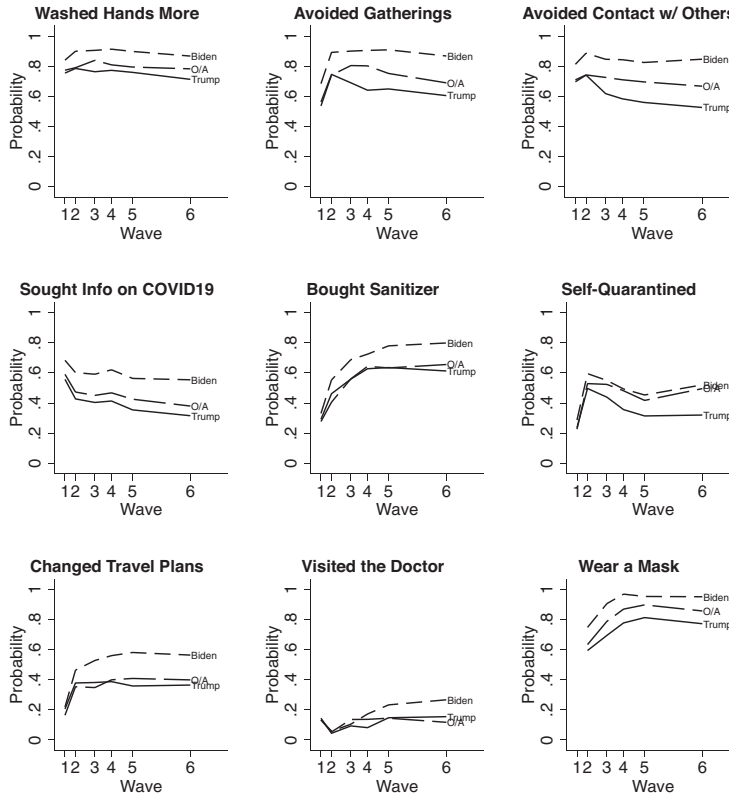

Figure 2. Trump support and health behavior, predicted probabilities. Each line estimates the average adjusted predicted probability of reporting each health behavior, across the six waves of our survey, for respondents who reported the intent to vote for Biden, Trump, or a third-party candidate or to abstain (labeled "A/O" as in figure 1).

Accounting for support for Trump eliminates the correlation between partisanship and health behavior (see Supplementary Material table S5). Once we control for intended vote choice and ideological self-positioning, Democrats and nonpartisans/third-party supporters are no more likely than Republicans to report any of the health behaviors for which we have data. Tests of the hypothesis that behaviors differ by party fail to reject the null of no difference (see Supplementary Material figure S2). This is convincing evidence that Trump himself presented an influential set of antimitigation cues to his followers. It is also a finding with substantial face validity, as Trump's deliberate downplaying of the pandemic's seriousness, as well as

antimask and antishutdown rhetoric and policies, mobilized a subset of the party to take on these positions as new party doctrine.

Finally, when we compare respondents by ideological self-positioning (net of partisan affiliation and intended presidential vote choice), we find some evidence that ideology also shapes some health behaviors during the COVID-19 pandemic (see Supplementary Material table S5). Self-identified liberals are more likely than conservatives to report washing hands more frequently, avoiding gatherings, seeking information, and self-quarantining. Differences between conservatives and moderates and other respondents whose ideological self-positioning does not fall along a liberal-conservative axis are small and largely statistically insignificant (see Supplementary Material figure S4). In all, ideology explains some additional variation in health behaviors among survey respondents, but its explanatory power pales in comparison to support for or opposition to Trump.

Taken together, our results are consistent with the interpretation that partisan differences in health behavior are explained primarily by support for and opposition to President Trump. Partisan affiliation is indeed robustly associated with health behaviors (see Supplementary Material figure S1). But these partisan differences also reflect presidential politics in a two-party, winner-take-all system, not just a deeper expression of partisan attachment or ideological attachment, meaning that our more precise measure of Trump support captures the variation in health behaviors otherwise predicted by partisanship. An implication of this finding is that future health crises would not necessarily feature the same constellation of partisan health behavior. While a causal interpretation of these results is not possible, support for and opposition to Trump is a more consistent predictor of health behavior than either ideology or partisanship.

Because Trump support is equivalent to Biden opposition, an alternative interpretation is that Biden supporters are more likely to adopt these health behaviors. Although we cannot rule this interpretation out using our data, we note that the "Others/Abstainers" in figure 2 are usually distinguishable from both Biden supporters and Trump supporters, suggesting that the central cleavage is not between Biden supporters and all other respondents. Given President Trump's outsized influence in American politics during the early stages of the COVID-19 pandemic, and the fact that our data show differences between Trump supporters and others even before Biden was the Democratic Party nominee, we conjecture that orientations toward Trump are more decisive than were orientations toward Biden. Further bolstering this interpretation, the individual panels in figure 2 show that behaviors like mask wearing, quarantining, and social distancing, all of which President Trump was quite explicit in opposing, are exactly those in which Trump supporters are distinct from Others/Abstainers.

In separate analyses reported in Supplementary Material sections D–G, we check that our results are robust to time-varying measures of our independent variables of interest (Supplementary Material figures S5–S7); to alternative measures of partisanship, ideology, and Trump support (Supplementary Material figures S8–S13); and to attrition (Supplementary Material figures S14–S16). We also allow for individual fixed effects in a dynamic panel data approach (Supplementary Material section H and table S7). Our findings remain consistent. Importantly, measuring Trump support using a measure of presidential approval rather than vote intentions—thereby focusing the analysis on Trump himself—produces substantively identical findings.

In additional analyses, we use model selection procedures to evaluate the relative performance of partisanship, ideology, and Trump support as nonnested models (Hamaker et al. 2011) (Supplementary Material table S8). We also use a double-selection regression approach (Belloni, Chernozhukov, and Wei 2016) to select among the full set of covariates, subject to a regularization penalty, and then perform statistical inference on the coefficients for partisanship, ideology, and Trump support (Supplementary Material figure S17). The results of each method are consistent with our main findings.

Discussion

Partisan differences in health behaviors over the course of a year of the COVID-19 pandemic are best explained by support for or opposition to President Trump: the observed partisan differences in health behaviors in the United States disappear when accounting for respondents' support for or opposition to the former president. We reach substantively identical conclusions using a wide range of statistical frameworks, and our results are unchanged when using alternative measures of our key independent variables. Our findings offer novel insights into what exactly partisan differences in health behavior are capturing in the COVID-19 era and are consistent with an account of Trump support as superseding partisanship or ideology as the primary axis in US politics during the height of the COVID-19 pandemic.

Future research into the political foundations of Trump support can help to disentangle the relationship between Trump support, partisanship, and ideology. Strong research designs will be essential, but the literature on American political behavior may provide evidence that can increase our confidence in the explanatory priority of Trump support. For example, Mason, Wronski, and Kane (2021) uncover the "social foundations" of Trump support by examining public opinion about Donald Trump from long before his rise to the presidency, which provides us with greater confidence that Trump support is not simply a consequence of partisanship. Other work of this form

will help to strengthen our interpretation of the association between Trump support and other beliefs and behaviors.

The finding that Trump support is the best predictor of pandemic-related health behaviors has implications for interventions that are designed to increase the uptake of COVID-19 vaccines, or to encourage other nonpharmacological measures to reduce the spread of COVID-19 and other contagious diseases. It suggests that partisan endorsements should be less effective than are endorsements by President Trump himself, or other charismatic leaders in future electoral cycles, a claim that might be tested in future research using an experimental framework. Although the COVID-19 pandemic is today less salient than it was during our study period, these implications might also be tested in other domains—such as trust in elections—where President Trump's messaging remains salient. As President Trump continues to hold rallies and mobilize supporters using populist appeals, future research may also examine the relationship between Trump support and compliance with other public health measures such as childhood vaccination, which have seen emerging partisan disagreements in recent years (Estep et al. 2022).

Looking beyond these questions about Trump support, partisanship, and ideology, our findings contribute to our understanding of contemporary partisanship in the United States as well as to our understanding of the politics of the COVID-19 pandemic. President Trump's charismatic leadership style became a focal point both of Republican politics and for his Democratic opponents. His outsized influence on public life surpassed even partisanship and ideology in explaining Americans' interpretation of the pandemic; in such a context, what one believed about the president was sufficient to predict their behaviors even during a national emergency. Future research may investigate other ways in which Trump's leadership style and "superhero" populist (Schneiker 2020) approach reoriented American partisanship, in terms of both over-time change and other policy domains. It may also look comparatively at cases such as Brazil and the Philippines, where hardline populist leaders in more fragmented partisan environments may have had similar effects on mass behavior. Finally, research on other highly polarized partisan contexts without charismatic populist leaders—Taiwan and South Korea, among others—may help to refine our understanding of the links between partisanship, populist charismatic leadership, and pandemic management.

Supplementary Material

Supplementary Material may be found in the online version of this article: https://doi.org/10.1093/poq/nfad062.

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Data Availability

Replication data and documentation are available at https://doi.org/10.7910/DVN/ZX3PXR.

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