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**THE STATE OF THE NATION:
A 50-STATE COVID-19 SURVEY
REPORT #14: MISINFORMATION
AND VACCINE ACCEPTANCE**

USA, September 2020

Matthew A. Baum, Harvard University
Katherine Ognyanova, Rutgers University
Hanyu Chwe, Northeastern University
Alexi Quintana, Northeastern University
Roy H. Perlis, Harvard Medical School
David Lazer, Northeastern University
James Druckman, Northwestern University
Mauricio Santillana, Harvard Medical School
Jennifer Lin, Northwestern University
John Della Volpe, Harvard University
Matthew Simonson, Northeastern University
Jon Green, Northeastern University



Northeastern University
Network Science Institute



HARVARD Kennedy School
SHORENSTEIN CENTER
on Media, Politics and Public Policy



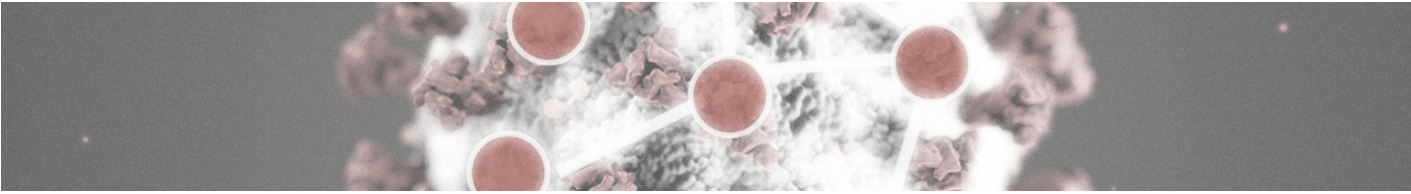
HARVARD
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Northwestern
University



Report of September 23, 2020, v.1

From: The COVID-19 Consortium for Understanding the Public’s Policy Preferences Across States

A joint project of:

Northeastern University, Harvard University, Rutgers University, and Northwestern University

Authors: Matthew A. Baum (Harvard University); Katherine Ognyanova (Rutgers University); Hanyu Chwe (Northeastern University); Alexi Quintana (Northeastern University); Roy H. Perlis (Harvard Medical School); David Lazer (Northeastern University); James Druckman (Northwestern University); Mauricio Santillana (Harvard Medical School); Jennifer Lin (Northwestern University); John Della Volpe (Harvard University); Matthew Simonson (Northeastern University); and Jon Green (Northeastern University)

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Northeastern University
Network Science Institute



COVER MEMO

Summary Memo— September 23, 2020

The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States

Partners: Northeastern University, Harvard University, Rutgers University, and Northwestern University

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From August 7 to 26 we conducted the ninth wave of a large, 50-state survey, some results of which are presented here. You can find previous reports online at www.covidstates.org.

Note on methods:

We surveyed 21,196 individuals across all 50 states plus the District of Columbia. The survey was conducted on 7-26 August 2020 by PureSpectrum via an online, nonprobability sample, with state-level representative quotas for race/ethnicity, age, and gender (for methodological details on the other waves, see covidstates.org). In addition to balancing on these dimensions, we reweighted our data using demographic characteristics to match the U.S. population with respect to race/ethnicity, age, gender, education, and living in urban, suburban, or rural areas. This was the ninth in a series of surveys we have been conducting since April 2020, examining attitudes and behaviors regarding COVID-19 in the United States.

Contact information:

For additional information and press requests contact:

- Matthew A. Baum at matthew_baum@hks.harvard.edu
- Katherine Ognyanova at katya.ognyanova@rutgers.edu
- David Lazer at d.lazer@neu.edu
- James Druckman at druckman@northwestern.edu
- Roy H. Perlis at rperlis@mgh.harvard.edu
- Mauricio Santillana at msantill@fas.harvard.edu
- John Della Volpe at john_della_volpe@hks.harvard.edu

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1. Belief in misinformation

Scholars and public health officials have expressed growing alarm over what some have termed a “[misinfodemic](#)” – a parallel epidemic of misinformation – around COVID-19. Indeed, conspiracy theories, from the [Plandemic](#) pseudo-documentary to [QAnon](#), fuel rising skepticism about scientific facts across many areas of public life, and in recent months especially with respect to COVID-19. Misperceptions, which can rapidly spread from obscurity to mass exposure via social media, may have the capacity to hinder the efficacy of public health efforts aimed at slowing the spread of the pandemic. Especially concerning, encountering false claims online may ultimately reduce the willingness of some Americans to get a COVID-19 vaccine when it becomes available.

In this report, we assess respondents’ acceptance of 11 false claims that have circulated online since the beginning of the pandemic. The statements we use include six false claims about conspiracies or risk factors and five false purported preventive treatments for COVID-19. For the conspiracies/risk factors, we asked respondents whether or not they thought each claim was accurate, or whether they were unsure about its accuracy. For the false preventive treatments, we asked participants whether or not they believed the purported treatment was effective, or whether they were unsure about its efficacy.

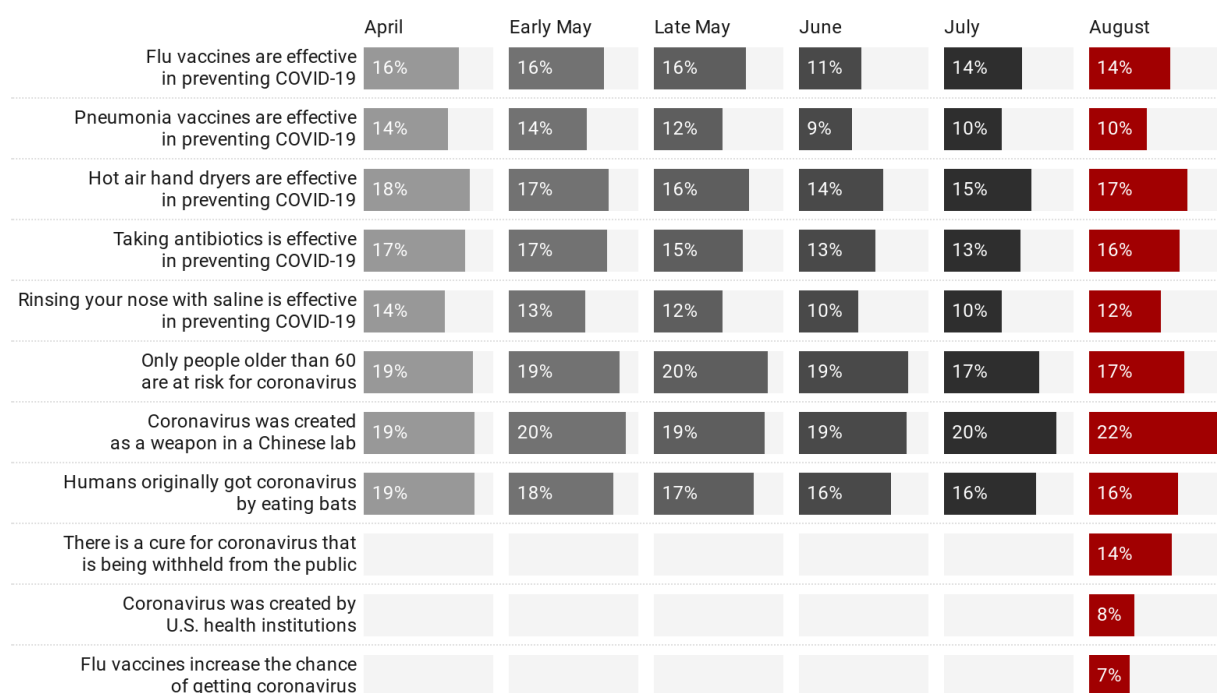
Here, we explore some of the factors associated with higher or lower likelihood of believing false claims. We then consider the association between believing false information about COVID-19 and vaccine acceptance. (See [here](#) and [here](#) for information debunking of all false claims discussed in this report.)

As shown in Figure 1, **between 7% and 22% of respondents indicate that they believe each false claim we asked about**, with the lowest level of belief associated with a claim that the flu vaccine increases the risk of contracting COVID-19 (7%) and the highest level of belief associated with the claim that COVID-19 originated as a weapon in a Chinese laboratory (22%). Other false claims believed by at least 15% of respondents include the statement that hand dryers prevent COVID-19 infections (17%), that only people over the age of 60 are at risk for COVID-19 (17%), that antibiotics can prevent COVID-19 (16%), and that humans were originally infected with COVID-19 by eating bats (16%).

Figure 1 also presents the percentages of respondents believing each false claim over time since our first survey wave in late April (with three exceptions for false claims that emerged more recently and were included in the August wave). The results indicate that, with one exception, levels of belief in the false claims, while rising and falling from month-to-month, have fallen slightly since April. The exception is the belief that COVID-19 was created as a weapon in a Chinese lab. In April, 19% of respondents believed this false claim. That number remained fairly flat, varying by one percentage point or less, until August, when it increased to 22%. In most instances, the variations over time are quite small, with the largest decline being four percentage points, for the belief that the pneumonia vaccine can be used to prevent COVID-19.

COVID-19 misperceptions among Americans

[Percent respondents who believe each statement is accurate.]



Wave 1 17-26 April 2020, 19,489 respondents. / Wave 2 2-15 May 2020, 20,305 respondents. / Wave 3 16-31 May 2020, 18,103 respondents. / Wave 5 12-28 June 2020, 22,470 respondents. / Wave 7 10-26 July 2020, 19,058 respondents. / Wave 9 7-26 August 2020, 21,196 respondents.

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
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Figure 1. Misperceptions among Americans

2. Generational differences in misinformation beliefs

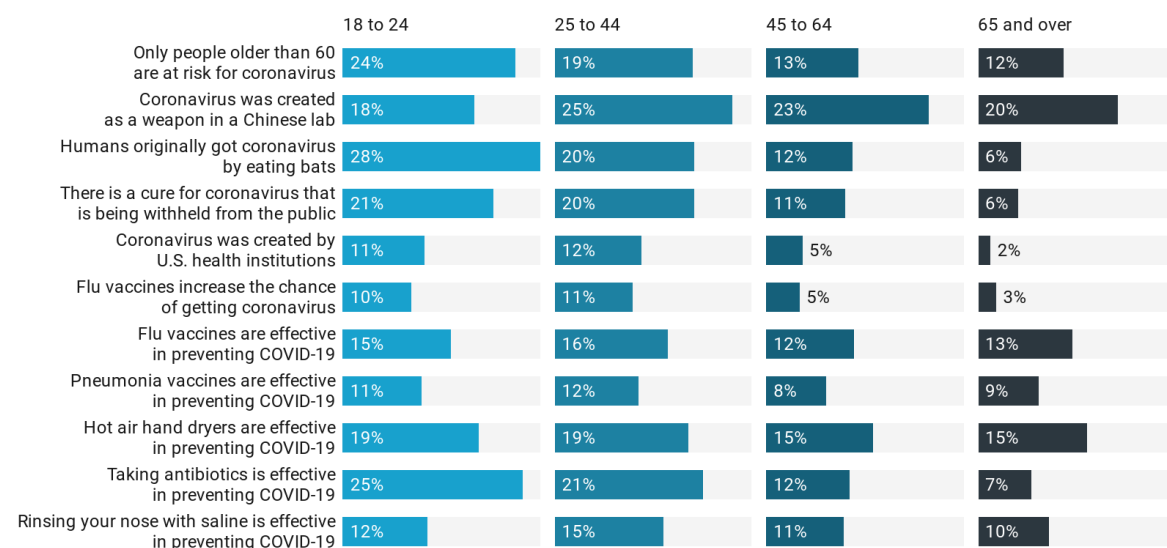
When we divide respondents in the August survey by age, we find the highest levels of belief for all 11 of the false claims among people under age 45, including four false claims that are most prevalent among people under age 25 (see Figure 2). Indeed, across the 11 false claims, we find a clear pattern: the older the age group, the lower the average level of belief in false claims. Respondents under age 25 have an 18% probability of believing a false claim. The corresponding percentages for respondents ages 25-44, 45-64, and 65+ are 17%, 12%, and 9%, respectively.

The overall highest level of belief in a false claim was 28%, for respondents under age 25 who believe the false claim that humans originally contracted COVID-19 by eating bats. The next most-highly believed claims in particular age groups are that taking antibiotics protects against COVID-19 (believed by 25% of respondents under 25), belief that COVID-19 was created in a Chinese weapons lab (25% of people ages 18-24), and the false claim that only people over the age of 60 are at risk from COVID-19 (24% of 18-24-year-olds).

The highest generational gap emerges for the claim that COVID-19 originated through human consumption of bats, which, as noted, is believed by 28% of respondents under age 25, but by only 6% of respondents age 65 or older. This was followed by the false claim that antibiotics can prevent COVID-19 infections, which, as noted, is believed by one in four respondents under 25, but by only 7% of respondents over age 65.

COVID-19 misperceptions by age group

[Percent respondents who believe each statement is accurate.]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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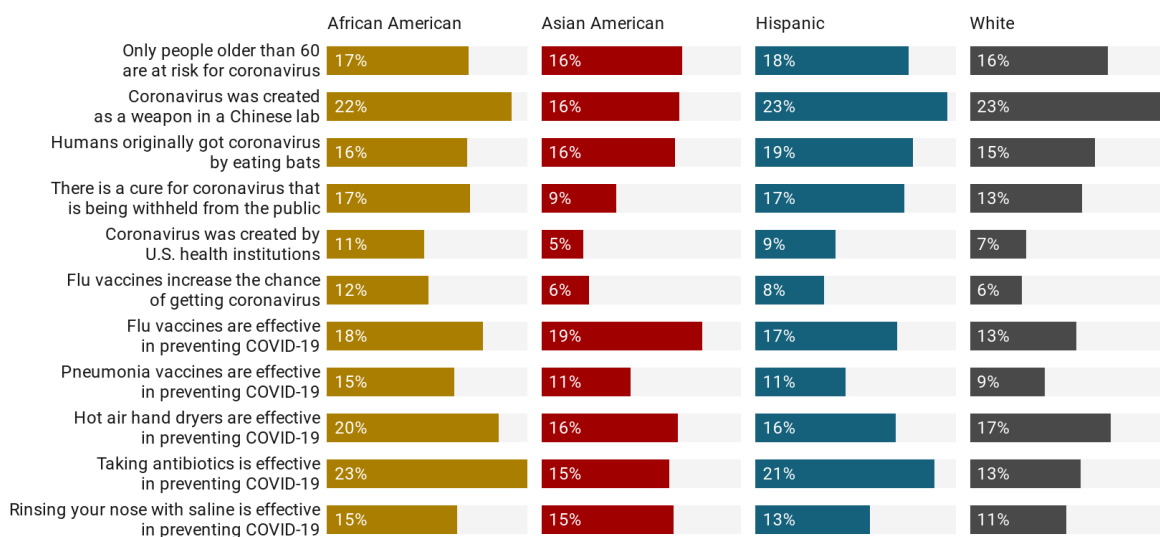
Figure 2. Misperceptions by Age Group

3. Differences across racial and ethnic groups in misinformation beliefs

We also compare belief in misinformation across racial and ethnic groups (Figure 3). **African Americans have the highest average level of belief in the 11 false claims we asked about (17%), followed by Hispanic Americans (16%), with white and Asian Americans both at 13%.** For a majority of the false claims (7 out of 11), Black respondents are *at least as likely as, or more likely than* any other group to believe the claim. At the other extreme, Asian Americans have themselves (or shared with another group) the lowest level of belief for 6 out of the 11 false claims. The highest level of belief among African American respondents emerges for the false claim that antibiotics can prevent COVID-19 (23%). The most common misperception held by Asian American respondents is that flu vaccines are effective in preventing COVID-19 (19%). Among white and Hispanic respondents, the most commonly believed false claim was that COVID-19 was created as a weapon in a Chinese lab (23% for both groups).

COVID-19 misperceptions by race and ethnicity

[Percent respondents who believe each statement is accurate.]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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Figure 3. Misperceptions by Race and Ethnicity

Also noteworthy, for all 11 false claims, African American and Hispanic respondents are more likely than whites to respond that they are “not sure” whether or not the false claims are accurate. Asian Americans, in turn, are more likely to do so than whites for 8 of the 11 false claims (see Appendix B).

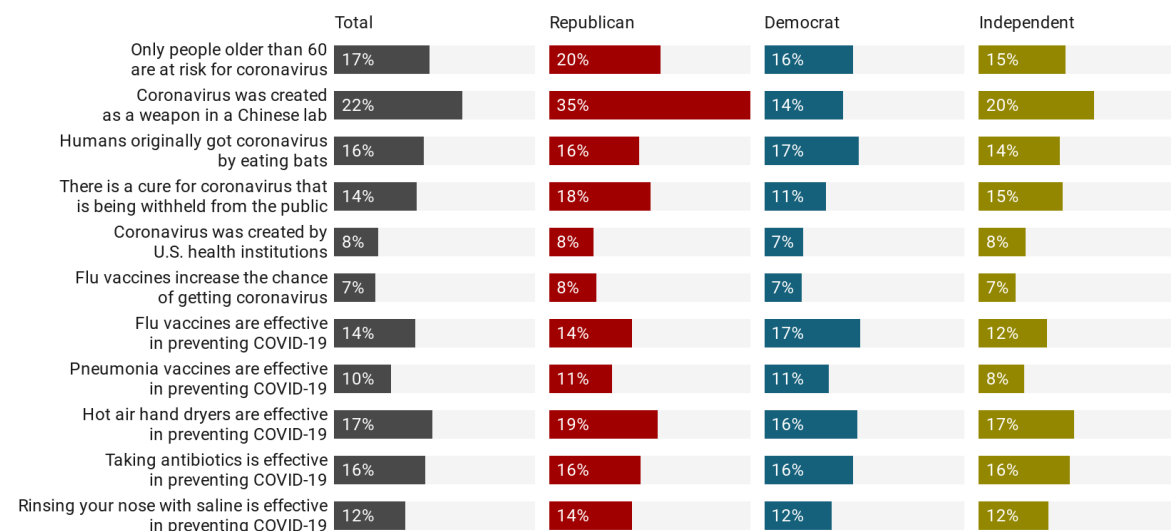
4. Partisan gaps in misinformation beliefs

We find generally small gaps across the political parties (Figure 4). Across the 11 false claims, on average, 16% of Republicans believe a given false claim, compared to 13% each for Democrats and independents. Beyond the overall averages, however, we find some noteworthy partisan differences in levels of belief across the individual false claims. Republicans are most likely to believe the majority of the claims we examined (6 out of 11 outright and another 3 tied with a second group). The most commonly believed false claim among partisans was that COVID-19 originated as a weapon in a Chinese lab, accepted as accurate by 35% of Republicans. This compares to only 14% of Democrats and 20% of Independents. The next-highest level of belief for a false claim is considerably lower: 20% of Republicans believe that only people older than 60 are at risk for COVID-19. The partisan gaps here are much smaller, as 16% of Democrats and 15% of Independents, respectively, expressed belief in this claim.

Democrats are most likely to believe two stories: that the flu vaccine can prevent COVID-19 (17%, compared to 14% of Republicans and 12% of Independents) and that the virus originated with human consumption of bats (also 17%, compared to 16% of Republicans and 14% of Independents). Independents, in turn, tie with Republicans as the partisan group most likely to believe that U.S. health institutions created COVID-19 (8%). Finally, the three partisan groups are equally likely (16%) to believe that antibiotics are effective in preventing COVID-19.

COVID-19 misperceptions by political party

[Percent respondents who believe each statement is accurate.]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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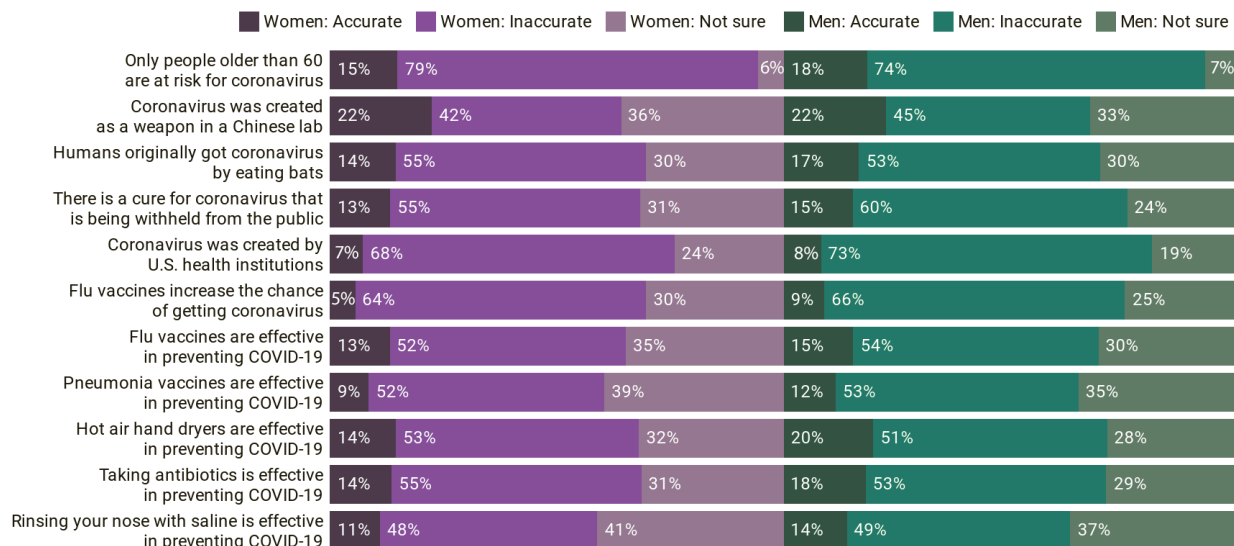
Figure 4. Misperceptions by Political Party

5. Misperceptions by gender

Strikingly, men are more likely than women to believe 10 of the 11 false claims. Overall, male respondents have a 15% chance of believing a given false claim, compared to a 12% chance for female respondents (see Figure 5). The exception is the false claim that COVID-19 was created as a weapon in a Chinese lab, with male and female respondents being equally likely to believe the claim (22%). That said, it is possible that the reason for this pattern is that men are simply more willing than women to express opinions, all else equal, due to [overconfidence bias](#). In fact, men are *also* more likely than women to believe that 7 of the 11 false claims were *inaccurate*. Indeed, women are more likely to respond “not sure” to 9 of the 11 false claims. Consequently, while we do see gender differences in beliefs in false claims, the broader patterns suggest that these differences may not constitute evidence of genuine gender gaps in misperceptions so much as male overconfidence.

COVID-19 misperceptions by gender

[Percent respondents who believe each statement is accurate.]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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Figure 5. Misperceptions by Gender

6. News consumption and misinformation beliefs

We asked respondents if they got any news about COVID-19 over the prior 24 hours from any of 31 media and information sources. Figure 6 summarizes the average level of belief across the 11 false claims included in our survey among respondents indicating that they had consumed news about the pandemic from each type of news source or media outlet.

The mobile instant messaging (MIM) apps WhatsApp and Facebook Messenger stand out. **There is a strong association between the use of MIM apps and believing misinformation. For instance, 8% of study participants reported getting news from Facebook Messenger in the 24 hours prior to taking our survey. On average, those respondents identified as accurate 26% of the false claims they were shown. For respondents who got news from WhatsApp (4%), the average likelihood of believing a false claim was 31%.** When we ask a generic question about MIM apps without specifying the platform, the corresponding level of misperceptions is 23%. This compares to the overall average level of belief across the 11 false claims of 14%.

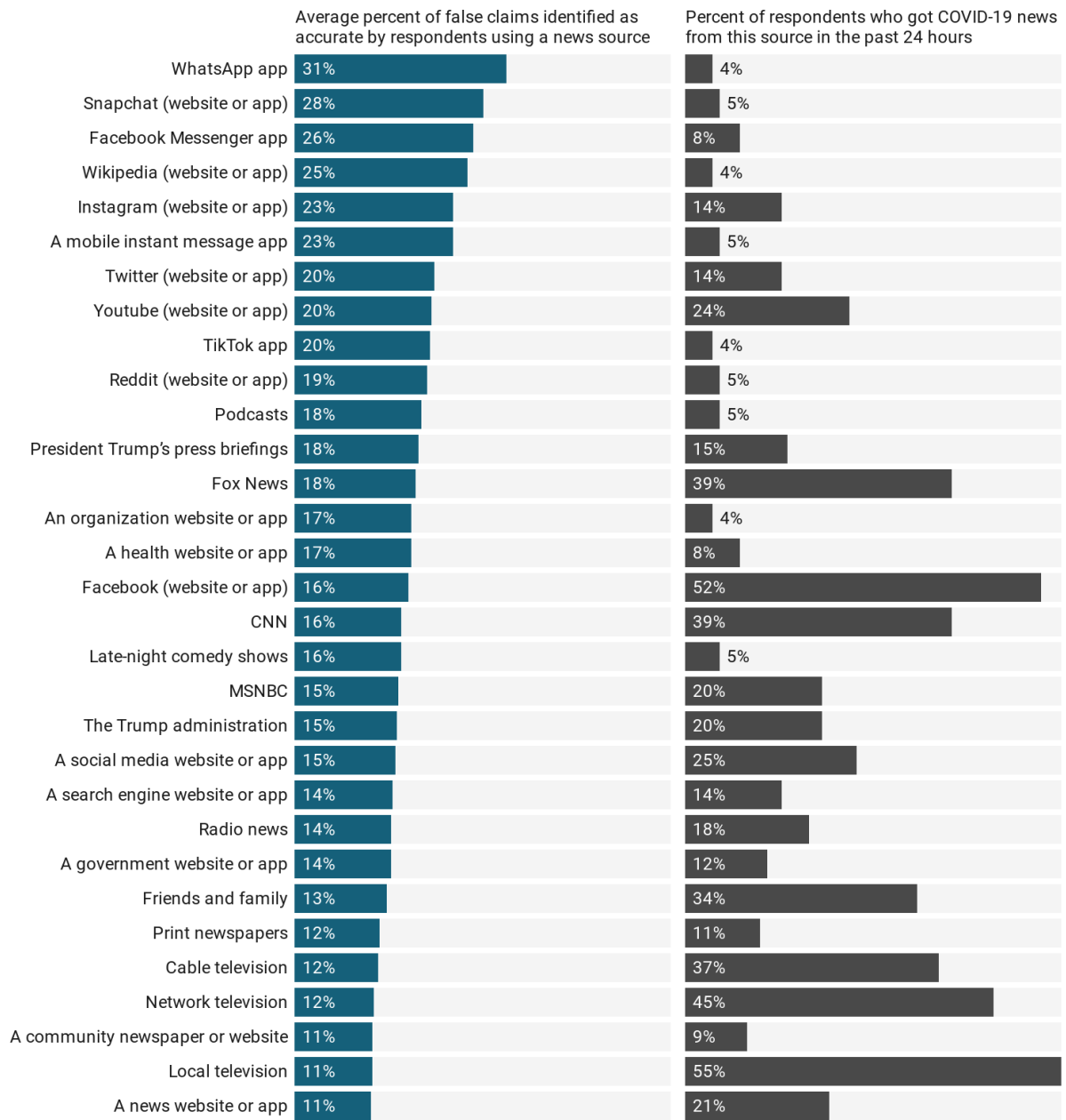
We also find relatively high levels of misperception among social media users – including 28% for Snapchat users and 23% among Instagram users – and users of Wikipedia, at 25%. This pattern is also linked to the age of the respondents who use each information source, with younger people more likely to use mobile messaging and social media, as well as to hold misperceptions about COVID-19.

Among cable television news watchers, we see generally lower levels of misperceptions, albeit slightly higher among respondents who got COVID-19-related news in the prior 24 hours from Fox News (18% of false claims believed among viewers), compared to CNN (16% of false claims) or MSNBC (15% of false claims). If we further constrain these comparisons to respondents who consumed COVID-19 news from Fox News, but not CNN or MSNBC, the corresponding average level of belief is 16%. This compares to 12% among respondents who got news from MSNBC, but not CNN or Fox, and 13% who got COVID-19 news from CNN, but not MSNBC or Fox.

The lowest levels of misperceptions emerged for respondents who indicate that they received news about the pandemic over the prior 24 hours from local television news, news websites or apps, and community newspapers (11% in each case).

COVID-19 misperceptions by news source

In the last 24 hours, did you get any news or information related to the current coronavirus (COVID-19) outbreak from the following sources? [Average percent of false claims identified as accurate by respondents who get COVID-19 news from each listed news source]



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Figure 6. Misperceptions by COVID-19 News Source

7. Misinformation Beliefs and Behavior

I. Vaccine acceptance

Exposure to and belief in misinformation may deter Americans from following public health measures, such as getting a COVID-19 vaccine if or when it becomes available. This is a particular concern given fairly substantial levels of [vaccine hesitancy](#) among Americans that may or may not be fully alleviated by reassurance from public health experts once a vaccine becomes available. We therefore turn next to an assessment of the relationship between belief in false claims and vaccine acceptance.

Figure 7 summarizes the effects of belief in false claims. Overall, we find no clear pattern across the 11 false claims. However, we do see a noteworthy distinction between the acceptance of the false conspiracy theories, on the one hand, and belief in the three false risk factors and five false methods of preventing COVID-19, on the other. **For all three false claims involving COVID-19-related conspiracies, belief is associated with lower likelihood of intention to seek the COVID-19 vaccine.** The same pattern holds for only one of the three false risk factors: the claim that the flu vaccine increases the risk of contracting COVID-19, for which 60% of respondents who do not believe the claim or are unsure about it intend to take the vaccine, compared to 51% of those who believe it to be accurate. In contrast, for the false claim that COVID-19 only affects people over age 60, we find only a one point difference between respondents who believe (60%) and do not believe or are unsure about (59%) the claim. For the false claim that COVID-19 originated with humans eating bats, we find higher levels of vaccine acceptance among respondents who believe the claim (67% vs. 58%).

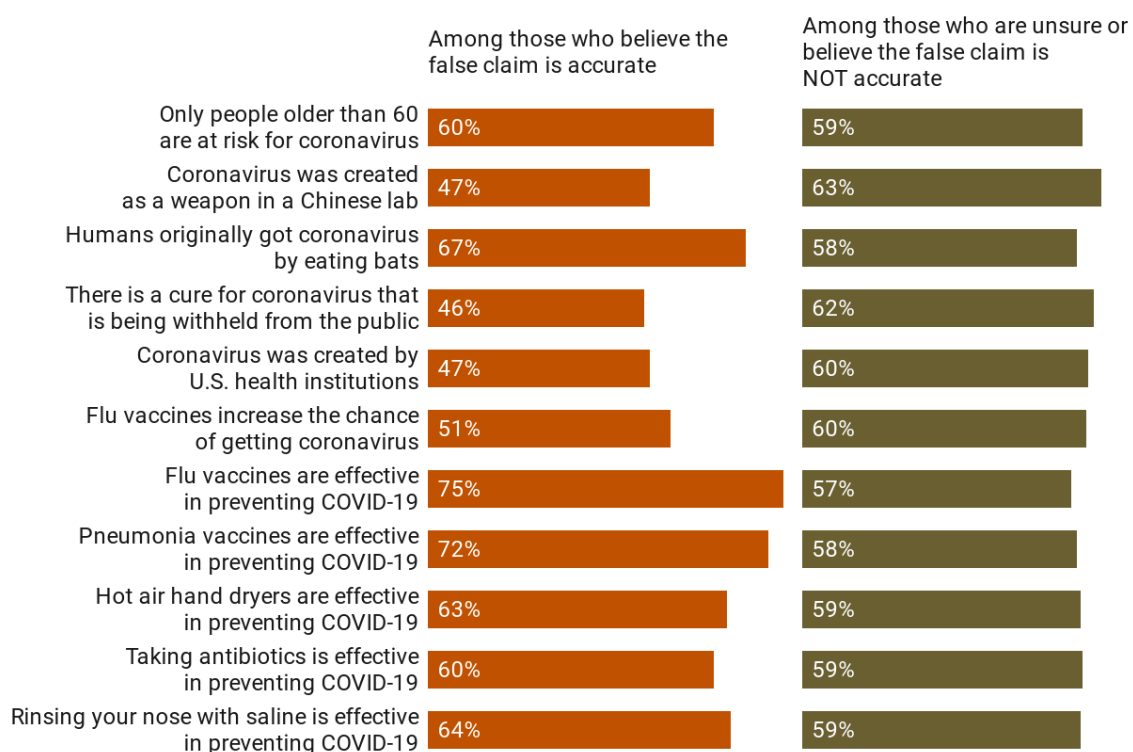
We find the largest drop in vaccine acceptance linked to believing a false claim for the belief that COVID-19 originated as a weapon in a Chinese lab. Only 47% of respondents who believe this claim to be accurate indicated that they intend to get a COVID-19 vaccine, compared to 63% of respondents who do not believe, or are unsure about, this false claim. It is possible that the real cause of this 16-percentage-point gap could be partisan identity, since Republicans are far more likely to believe this false claim than Democrats or Independents. However, when we limit the comparison to Republicans, we find a similar 15-point gap, from 45% to 60%. We find parallel patterns for Democrats (59% among those who *do* believe the claim versus 70% among respondents who *do not believe/are unsure*) and Independents (43% and 59%, respectively). This suggests that partisan identity cannot fully account for this differential.

The second-largest gap in this set of false claims involving conspiracies and risk factors (15 points) emerges for belief that US health institutions are withholding a cure for COVID-19. Fewer than half (47%) of those who believe this false claim indicate that they intend to

receive a COVID-19 vaccination, compared to 60% of respondents who do not express a belief in the claim or are unsure about its veracity. We find a 16-point gap between respondents who believe (46%) and those who do not believe or are unsure (62%), that a cure for COVID-19 exists and is being withheld from the US public. Finally, respondents who believe that the flu vaccine increases the risk of contracting COVID-19 are 9 points less likely to indicate that they intend to receive a COVID-19 vaccine than their counterparts who do not believe or are unsure about the claim (51% vs. 60%).

COVID-19 misperceptions and vaccine acceptance

[Percent respondents who said they were "somewhat likely" or "extremely likely" to get a COVID-19 vaccine when one was available]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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Figure 7. Misperceptions and Vaccine Acceptance

Interestingly, **belief in all five of the false claims focusing on COVID-19 prophylaxis are positively associated with intent to take the COVID-19 vaccine**, albeit to widely varying degrees, ranging from, at the low end, a one percentage point difference for the false claim that antibiotics can prevent a COVID-19 infection (60% vs. 59%), to, at the high end, an 18-point gap for believing that the flu vaccine can prevent COVID-19 (75% vs. 57%).

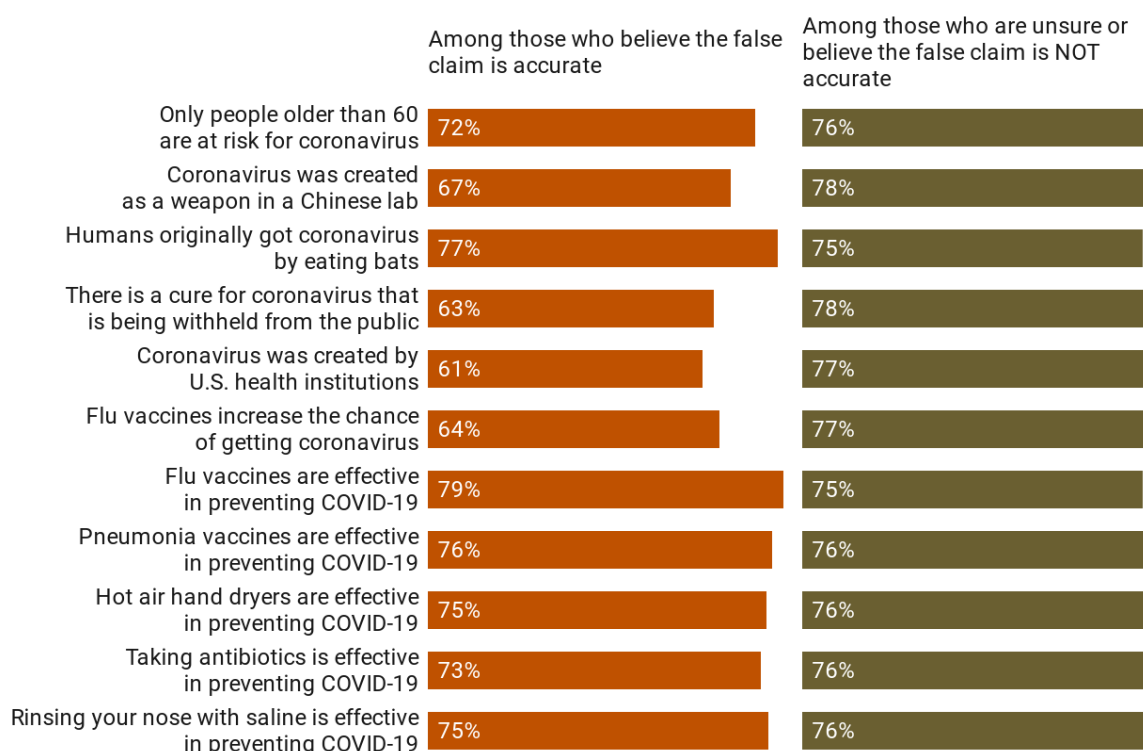
II. Mask wearing

We find a more consistent relationship between belief in false claims and mask wearing (see Figure 8). For eight out of the 11 false claims, respondents who believe the claim accurate are less likely to report following mask wearing guidelines “very closely” than their counterparts who do not believe the claim to be accurate or are uncertain.

The largest such gaps emerge for the false claim that COVID-19 was created by US health institutions (16 percentage points, with 61% mask wearing among those believing the claim, compared to 77% for those not believing the claim or expressing uncertainty), and that a cure for COVID-19 was being withheld from the public (15 points, 63% vs. 78%).

COVID-19 misperceptions and wearing a mask

[Percent respondents who said they follow recommendations to wear a mask when outside their home “very closely”]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

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Figure 8. Misperceptions and wearing a mask

The exceptions are the false claims that the pneumonia vaccine can prevent COVID-19 (76% each for respondents who believe the claim and those who either do not believe or are unsure about the claim), that humans first contracted COVID-19 from eating bats (75% mask wearing among respondents who *do not* believe the claim or are *unsure* about it,

compared to 77% among those who *do* believe it), and that the flu vaccine can prevent COVID-19 (79% mask wearing among believers vs. 75% among non-believers and those who express uncertainty).

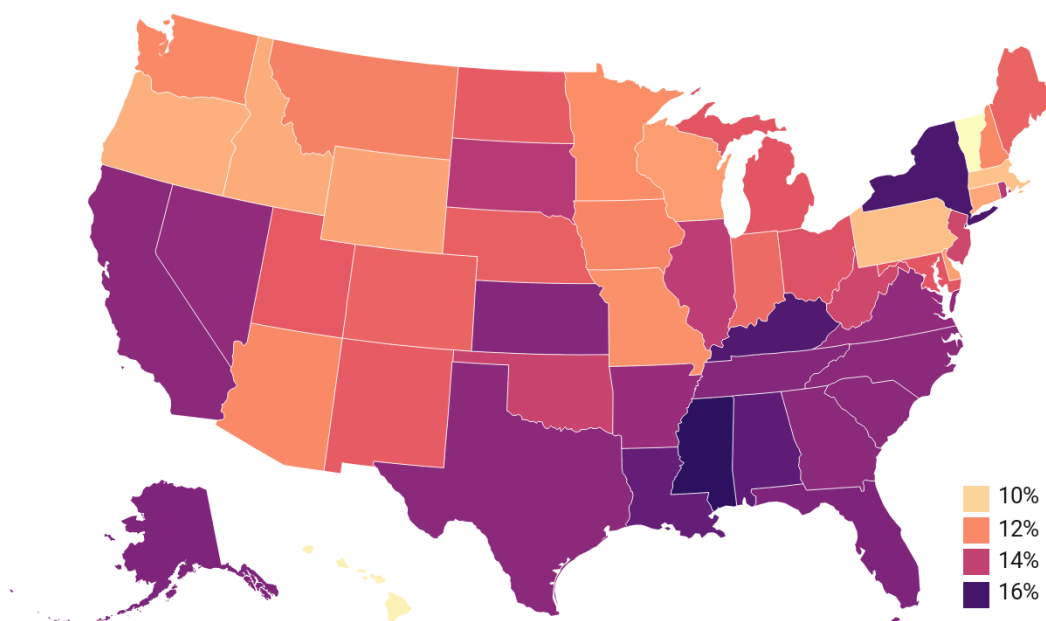
8. Misperceptions by state

We turn finally to average levels of misperception across the 11 false claims by state (see Figure 9). Here we find the highest average level of belief in false claims in the District of Columbia (22%), followed by Mississippi, New York, Kentucky, Alabama and Louisiana (16% each). At the opposite end, the lowest likelihood of believing a given false claim emerged for Vermont and Hawaii (9% each), followed by Massachusetts, Pennsylvania, Oregon, Idaho, Connecticut, Wyoming, and Delaware (11% each).

There are no obvious geographic patterns to the prevalence of misperceptions across the US. That said, we do see *some* clustering of relatively higher levels of misperceptions in the southern and southeastern portions of the country, as well as clusters of relatively low levels of beliefs in misperceptions in the northwestern, north central, and northeastern regions.

COVID-19 misperceptions by state

[Average percent of misperceptions identified as accurate by respondents from each state]



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Figure 9. Misperceptions by State

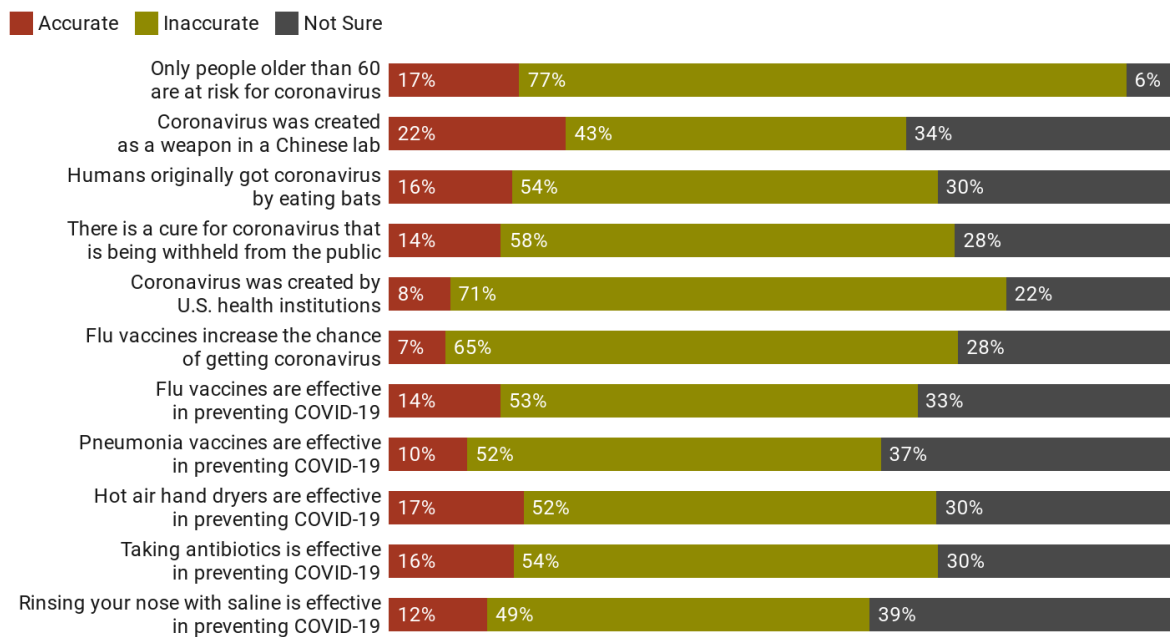
Appendix 1: Report data tables

Available online at: <https://github.com/kateto/covidstates>

Appendix 2: Misinformation figures

COVID-19 misperceptions among Americans

[Percent respondents who believe each statement is accurate]



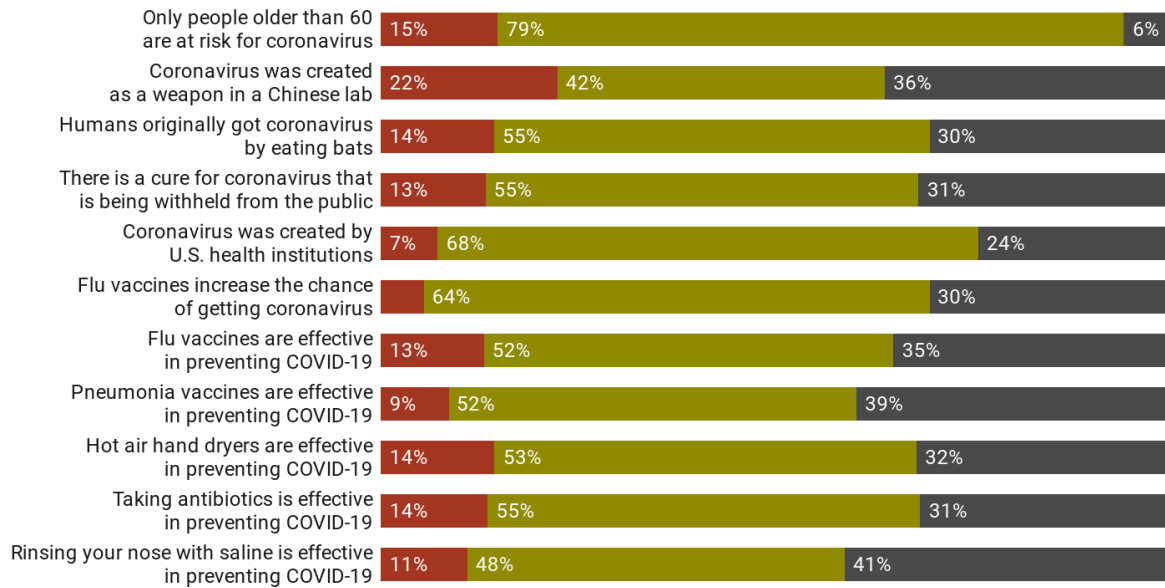
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COVID-19 misperceptions among women

[Percent respondents who believe each statement is accurate]

■ Accurate ■ Inaccurate ■ Not Sure



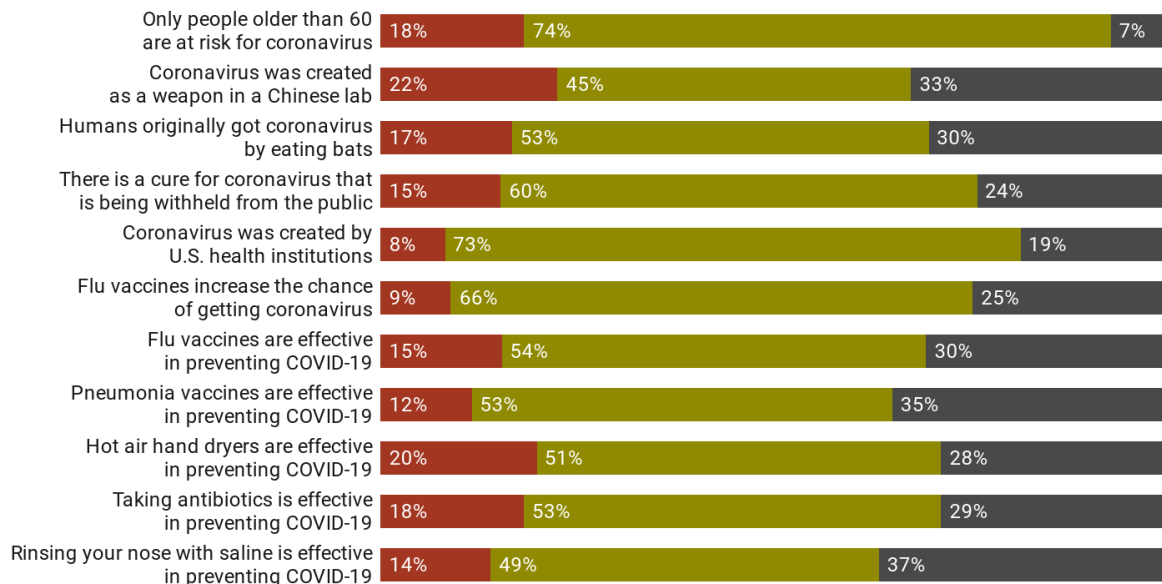
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COVID-19 misperceptions among men

[Percent respondents who believe each statement is accurate]

■ Accurate ■ Inaccurate ■ Not Sure

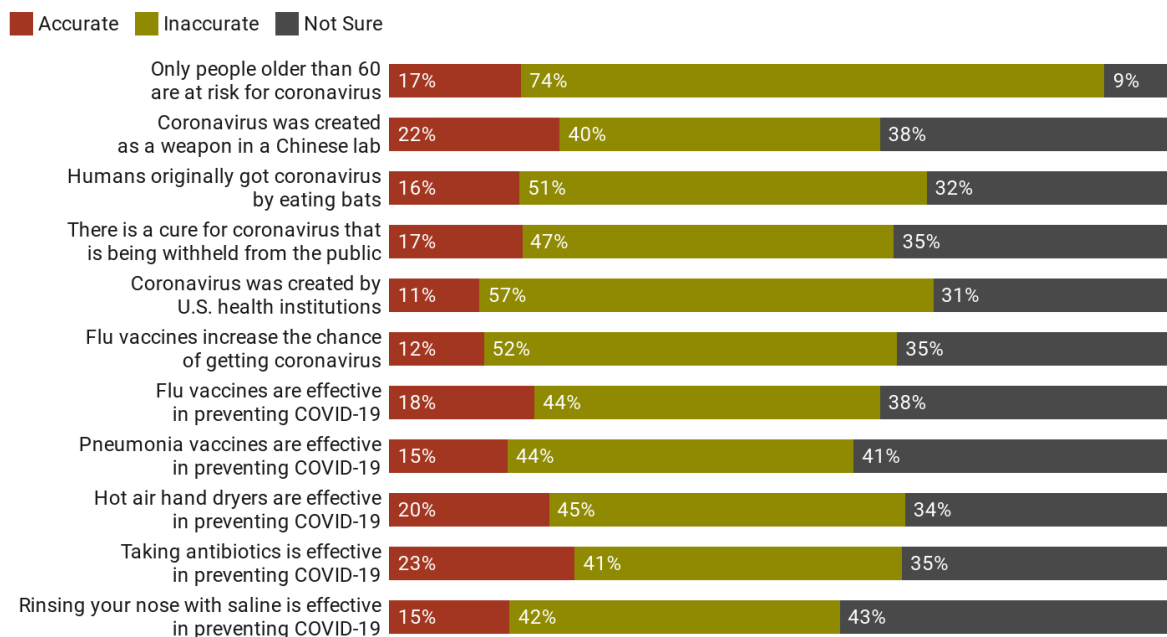


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COVID-19 misperceptions among African Americans

[Percent respondents who believe each statement is accurate]

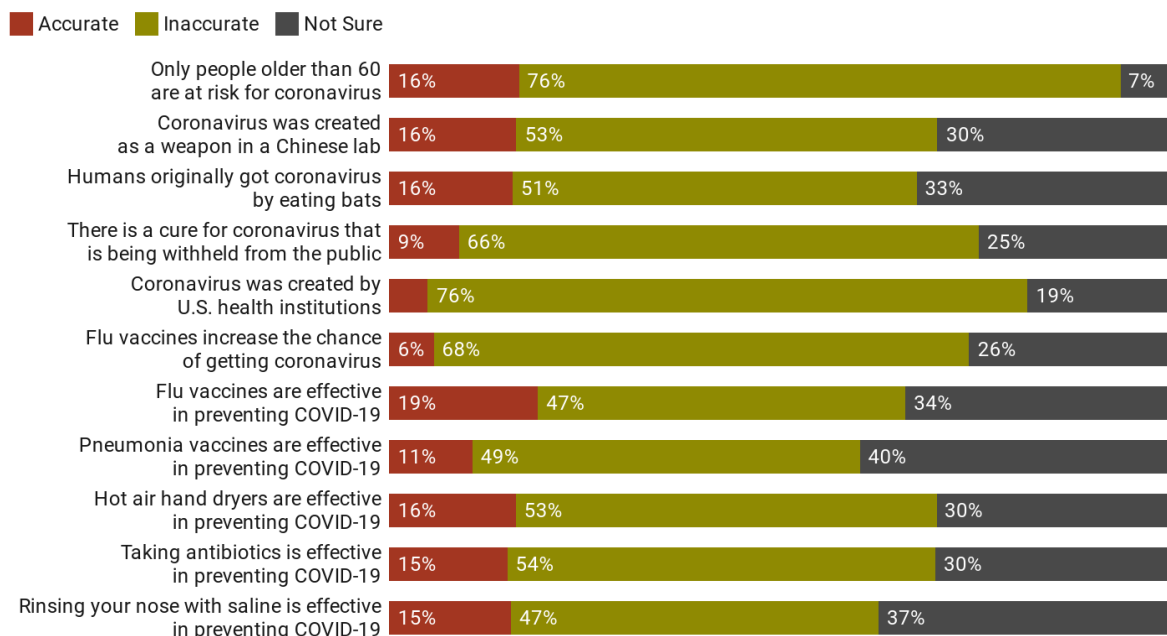


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COVID-19 misperceptions among Asian Americans

[Percent respondents who believe each statement is accurate]

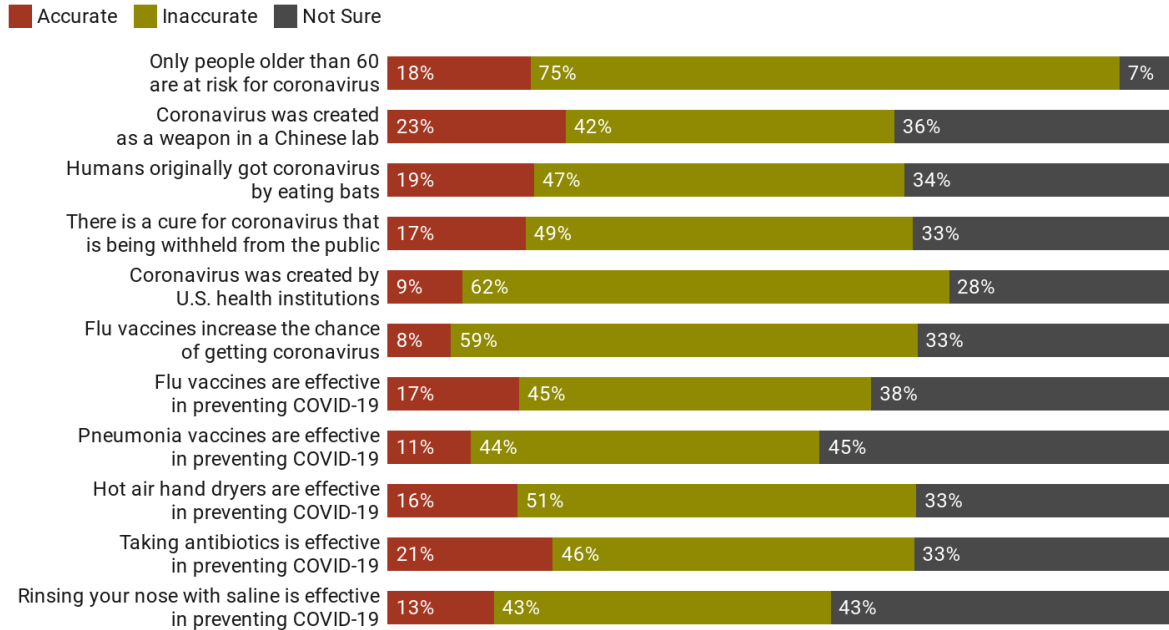


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COVID-19 misperceptions among Hispanic Americans

[Percent respondents who believe each statement is accurate]

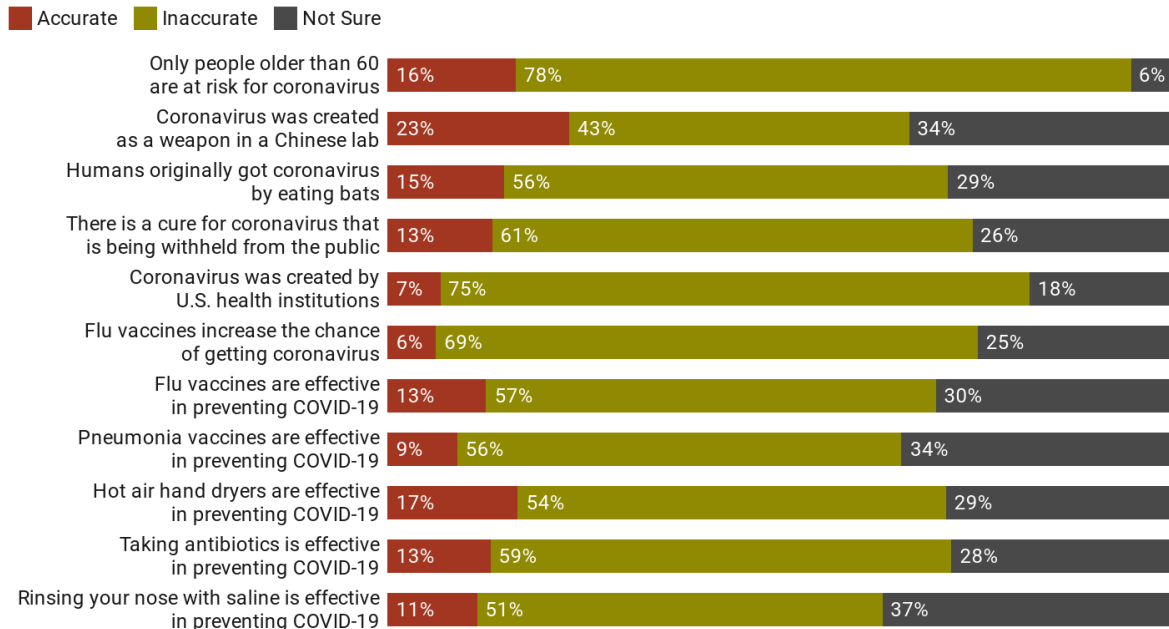


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COVID-19 misperceptions among White Americans

[Percent respondents who believe each statement is accurate]

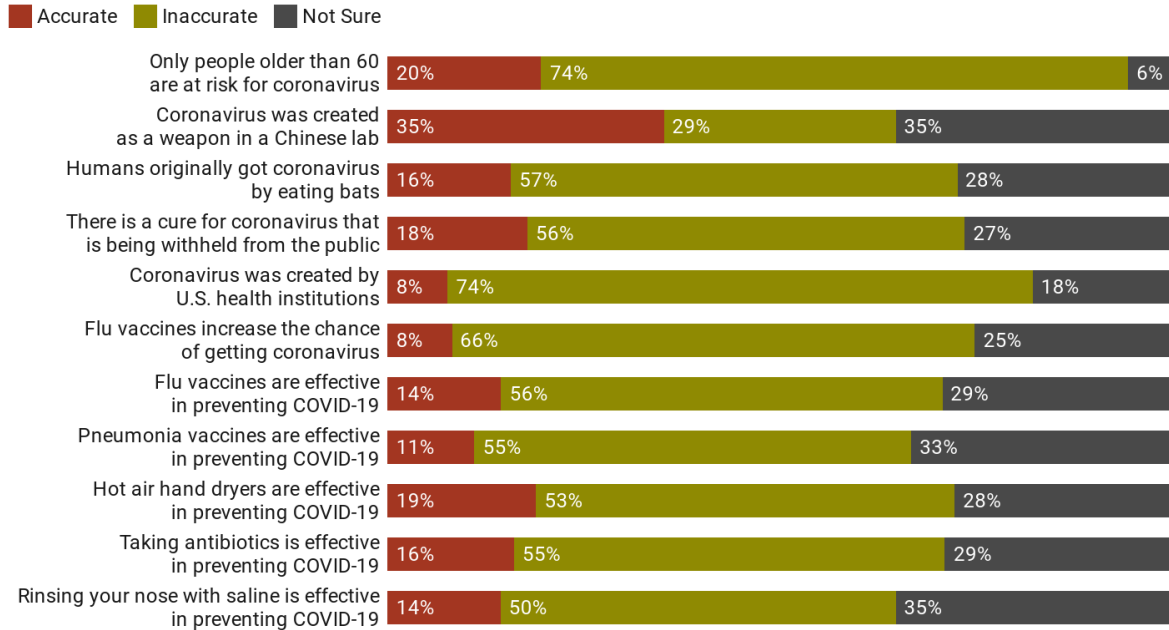


National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
 • Created with Datawrapper

COVID-19 misperceptions among Republicans

[Percent respondents who believe each statement is accurate]

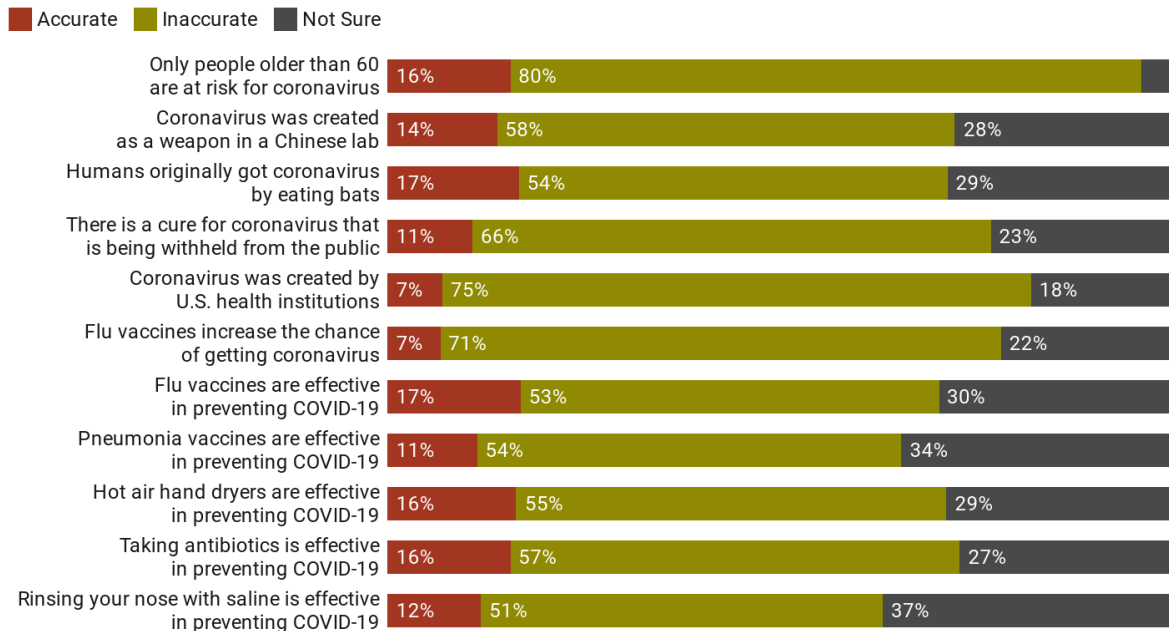


National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
 • Created with Datawrapper

COVID-19 misperceptions among Democrats

[Percent respondents who believe each statement is accurate]

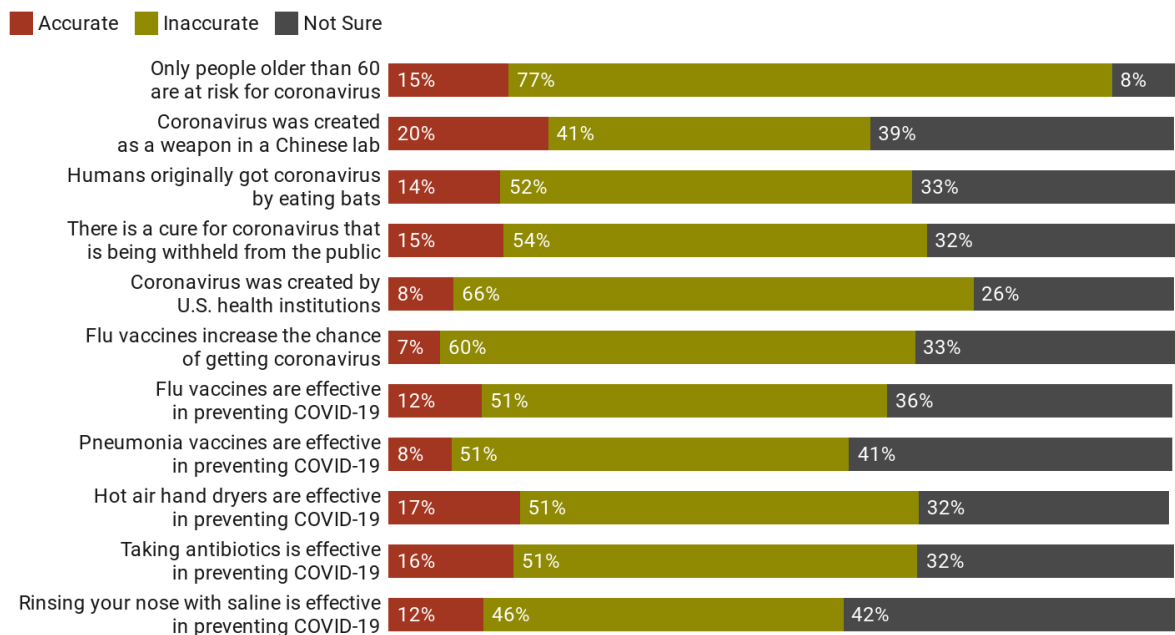


National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
 • Created with Datawrapper

COVID-19 misperceptions among Independents

[Percent respondents who believe each statement is accurate]



National sample, N = 21,196, Time period: 8/7/2020-8/26/2020

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
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