

Political Ideology and Socio-Demographic Factors Associated with Trust in Doctors, Scientists, and Government for Cancer Information

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ABSTRACT

An individual's trust in health information can be influenced by their perception of cancer information. This study tests the association between political ideology, sociodemographic characteristics, and trust in doctors, scientists, and government for cancer information among U.S. adults. The data were taken from the 2024 Health Information National Trends Survey (HINTS), a nationally representative survey administered by the National Cancer Institute. The data sample included 7,278 participants, all of whom were categorized in terms of trust. The categories were high trust ("a lot") versus lower levels of trust ("some," "a little," or "not at all"). Weighted prevalence estimates and weighted logistic regression models were used to evaluate the association between institutional trust and age, sex, race/ethnicity, educational attainment, household income, and political ideology. From every category, political ideology demonstrated consistent associations with trust across the three information sources. Very liberal participants had higher odds of high trust in scientists (aOR = 3.42; 95% CI: 2.20-5.33) and government (aOR = 3.45; 95% CI: 2.40-4.97). In contrast, very conservative participants had lower odds of high trust in scientists (aOR = 0.41; 95% CI: 0.26-0.66) and government (aOR = 0.48; 95% CI: 0.28-0.82). These findings show that political ideology and sociodemographic characteristics are associated with trust in major sources of cancer information. By understanding these associations, it may help inform communication strategies designed to effectively reach diverse populations.

INTRODUCTION

Trust between patients and their healthcare providers is fundamental to effective cancer communication because it influences how individuals interpret information, evaluate risks, and make decisions regarding prevention, screening, and treatment. Patients rely on doctors, scientists, and other health authorities to interpret complex medical information and guide decisions regarding prevention, diagnosis, and treatment. When trust among patients is high, they may be more likely to heed medical professionals' advice and engage in cancer-related preventive activities (Shaykevich & Wojtowycz, 2025). The converse is also true, as distrust can reduce patient compliance with treatment recommendations, discourage

participation in clinical trials, and increase patient reliance on misinformation or non-evidence-based health information sources (Blendon & Benson, 2022). Consequently, patient trust has become an important area of study in public health and health communication.

Trust in healthcare institutions is not only shaped by personal experience but also by historical and societal events. Understanding the factors that influence trust requires an understanding of historical context. One infamous example of unethical research is the US Public Health Service Untreated Syphilis Study in Tuskegee, Alabama, conducted from 1932 to 1972. The study followed Black men with syphilis to document the progression of the disease without obtaining informed consent and denied effective therapies after they became available. The CDC describes this study as a major ethical failure (CDC, 2025). Importantly, there are modern consequences to this unethical study. For example, Blendon & Benson (2022) found that a considerable level of medical mistrust persists within the Black community due to historically unethical studies and discriminatory practices against this population. In addition, according to the Pew Research Center, many Black adults are familiar with the Tuskegee study and do not believe that measures taken to protect modern researchers from committing similar unethical practices in clinical trials provide adequate protection (Funk, 2022). Another case is Henrietta Lacks, whose cancer cells were collected without her consent to establish the HeLa cell line. The Lacks case raised issues of consent, tissue rights, confidentiality, and exploitation (*Johns Hopkins Medicine*, n.d.). The discussion surrounding the Lacks case includes broader concerns about transparency and respect for patient rights in research.

While historical injustice can help explain mistrust between some racial and ethnic groups, contemporary distrust has increasingly involved broader social and political factors (Wheldon et al., 2025). In recent years, trust in medical, scientific, and governmental institutions has increasingly been impacted by political identity. For example, Ponce et al. (2025) found that public trust in science is increasingly politically polarized, with political ideology influencing scientific authority and access to health information. This result suggests that political ideology may be an important factor in the level of trust in scientific and medical institutions.

Even though past research has examined political ideology in healthcare institutions and scientific organizations, the literature tends to focus on a single institution rather than across institutions. One reason for this is that many previous studies were conducted before the recent rise in political polarization surrounding science, medicine, and public health (Van Bavel et al., 2024). Additionally, previous research has found that trust may vary with sociodemographic factors such as age, race/ethnicity, educational background, and income. However, the association between political ideology and trust across multiple institutions is still not fully understood. Addressing this gap is important because differences in institutional trust may influence how individuals interpret health information and engage with healthcare systems. These relationships are especially important in cancer-related communication on screening, prevention, and treatment, where individuals often receive cancer-related information from healthcare providers, scientists, and government agencies. Chido-Amajuoyi et al. (2023) investigated how political ideology relates to trust in government health agencies for cancer information and found that it was

strongly associated with such trust. Thus, understanding how political ideology is associated with public trust provides additional insight to improve communication.

Although previous studies have explained trust in individual healthcare and scientific institutions,

We hypothesize in this paper that individuals who identify as liberal or very liberal will tend to hold more trust in public institutions, healthcare, and scientists, and this will decrease as political conservatism increases.

METHODS

Data: This study utilized data from the 2024 Health Information National Trends Survey (HINTS), conducted by the US National Cancer Institute (NCI). HINTS is a nationally representative survey designed to assess the American public's access to and use of health information, particularly regarding cancer communication, prevention, and health behaviors (National Cancer Institute, n.d.). The survey collects information on demographics, health communication practices, trust in institutions, and attitudes toward medical and scientific information (National Cancer Institute, n.d.). The NCI HINTS provides survey weights that allow weighted analyses to produce estimates representative of the non-institutionalized adult population of the United States.

HINTS used probability-based sampling methods and oversampled populations in areas with higher concentrations of racial and ethnic minority groups to improve representativeness.

Covariates included age categorized as 18-34, 35-49, 50-64, 65-74, ≥ 75 , sex (female, male), race/ethnicity (Non-Hispanic White, Hispanic, Non-Hispanic Asian, Non-Hispanic Black or African American, Non-Hispanic other), educational attainment (less than high school, high school graduate, some college, college graduate, or more), household income (\$0 to \$19,999, \$20,000 to \$49,999, \$50,000 to \$99,999, \$100,000 or more), marital status (divorced/separated, married/living as married or living with a romantic partner, single/never married, widowed), employment status (disabled, does not work, employed, other, unemployed), and political ideology (very liberal, liberal, somewhat liberal, moderate, somewhat conservative, conservative, very conservative). Trust in doctors, scientists, and the government was assessed using the HINTS survey items asking participants how much they trusted cancer information from each source. The survey asked, “In general, how much would you trust information about cancer from each of the following?” Response options included “a lot,” “some,” “a little,” and “not at all.” Responses for each were categorized into binary variables representing high trust (“a lot”) versus other levels of trust (i.e., “some,” “a little,” or “not at all”). This was used to specifically focus the analysis on factors that are associated with strong institutional trust and to provide consistent binary outcomes from the weighted logistic regression models.

Analyses. First, I calculated the unweighted distribution of the study sample by sociodemographic characteristics and political ideology. Second, I calculated the weighted prevalence of high levels of trust in doctors, scientists, and government for each sociodemographic characteristic and political ideology. Third, a weighted logistic regression model was fit for trust in doctors. The binary outcome was a high level of trust versus a lower level of trust; covariates included sociodemographic characteristics and political ideology. I fit similarly specified weighted logistic regression models for trust in scientists and trust in government. All statistical analyses were conducted using R (version 4.6.0). The analysis used the *survey*, *svyr*, *tidyverse*, *gt*, and *gtsummary* packages.

All weighted analyses incorporated the HINTS final person-level survey weight (PERSON_FINWT0) to account for the sampling design and produce estimates representative of the US adult population. Variance estimates and 95% confidence intervals were calculated using the 50 HINTS replicated weights (PERSON_FINWT1-PERSON_FINWT50) with jackknife (JK1) replication.

Responses that were coded as missing or not ascertained were treated as missing. Observations with missing values for the trust outcome or any covariates included in a given regression model were excluded from the model using complete-case analysis. The final analytic sample size was 6,013 for trust in doctors, 5,938 for trust in scientists, and 5,914 for trust in government.

RESULTS

The analytic sample consisted of 7,278 participants. Sample characteristics are presented in Appendix Table 1. By age at survey, 16.2% of participants were 18-34 years old, 20.3% were 35-49 years old, 25.9% were 50-64 years old, 22.0% were 65-74 years old, and 15.5% were 75 years or older. The sample was mostly female (60.3%). By race/ethnicity, 55.1% of participants identified as non-Hispanic White, 20.5% as Hispanic, 15.0% as non-Hispanic Black or African American, 5.3% as non-Hispanic Asian, and 4.0% as other non-Hispanic. Almost half of the participants (47.6%) were college graduates or higher, and 27.5% of participants reported household incomes of $\geq$ \$100,000 annually.

Weighted Prevalence of high levels of trust is presented in Appendix Table 2. The prevalence of a high level of trust in doctors was lowest for 18-34-year-olds (68.3%; 95% confidence interval [CI]: 63.6% to 72.9%) and highest among adults aged $\geq$ 75 years (75.5%; 95% CI: 71.9% to 79.1%). The prevalence of high trust in scientists generally decreased with age. Adults aged 18-34 years reported the highest prevalence of high trust in scientists (61.0%; 95% CI: 54.6% to 67.5%), whereas adults aged $\geq$ 75 years reported the lowest prevalence (42.6%; 95% CI: 36.6% to 48.6%). Similarly, the prevalence of high trust in the government generally decreased with age. Adults aged 18-34 years reported the highest prevalence of high trust in government (31.4%; 95% CI: 26.3% to 36.5%), whereas adults aged $\geq$ 75 years reported the lowest prevalence (21.5%; 95% CI: 16.3% to 26.7%).

Income was also associated with trust in doctors and scientists. The prevalence of high trust in doctors generally increased with the income range. Participants with household incomes of \$0 to \$19,999 reported

the lowest prevalence of trust in doctors (60.7%; 95% CI: 56.1% to 65.3%), whereas participants with household income ranges of \$100,000 or more reported the highest prevalence (78.5%; 95% CI: 74.5% to 82.5%). In addition, the prevalence of high trust in scientists increased with the income range. Participants with household incomes of \$0 to \$19,999 reported the lowest prevalence of trust in scientists (47.6%; 95% CI: 41.4% to 53.7%), whereas participants with household income ranges of \$100,000 or more reported the highest prevalence (62.2%; 95% CI: 58.8% to 65.6%).

The prevalence of high trust in doctors, scientists, and the government generally increased with greater education. Participants with less than high school education reported the lowest prevalence of trust in doctors (58.6%; 95% CI: 49.9% to 67.4%), scientists (40.4%; 95% CI: 30.0% to 50.8%), and the government (21.9%; 95% CI: 12.0% to 31.9%). Participants with a college degree or higher had higher trust in doctors (77.5%; 95% CI: 75.0% to 80.0%), scientists (64.0%; 95% CI: 61.4% to 66.6%), and the government (35.5%; 95% CI: 32.8% to 38.3%).

Finally, political ideology was associated with participants' trust in doctors, scientists, and the government. Very liberal participants reported the highest prevalence of high trust in doctors (78.5%; 95% CI: 69.9% to 87.0%), scientists (81.8%; 95% CI: 75.7% to 88.0%), and the government (51.6%; 95% CI: 43.2% to 60.0%). In comparison, very conservative participants reported the lowest prevalence of trust in doctors (57.3%; 95% CI: 49.0% to 65.5%), scientists (32.5%; 95% CI: 24.3% to 40.8%), and the government (12.3%; 95% CI: 7.0% to 17.6%).

Regression Results. Full results from the weighted multivariable logistic regression models are presented in Appendix Table 3. The odds of a high level of trust in doctors did not vary significantly by age, sex, educational attainment, or marital status. Significant race findings include non-Hispanic Asian (aOR = 2.18; 95% CI: 1.35-3.51) and non-Hispanic Other (aOR = 0.55; 95% CI: 0.34-0.88). Significant income range findings include an income range of \$0 to \$19,999 (aOR = 0.60; 95% CI: 0.39-0.94). Significant political ideology findings include very liberal (aOR = 1.57; 95% CI: 1.01-2.45) and very conservative (aOR = 0.56; 95% CI: 0.37-0.87).

Older adults demonstrated significantly lower odds of reporting high trust in scientists compared with adults aged 18-34 years. Adults aged 65-74 years had 36% lower odds of reporting high trust in scientists (aOR = 0.64; 95% CI: 0.41-0.99), and adults aged ≥ 75 had 44% lower odds (aOR = 0.56; 95% CI: 0.32-1.00).

Male participants had significantly greater odds of reporting high trust in scientists compared with female participants (aOR = 1.21; 95% CI: 1.01-1.43).

Significant racial and ethnic differences were identified in trust in government. Compared with non-Hispanic White participants, Hispanic participants (aOR = 1.43; 95% CI: 1.08-2.19), non-Hispanic

Asian participants (aOR = 1.71; 95% CI: 1.09-2.60), and non-Hispanic Black participants (aOR = 1.65; 95% CI: 1.11-2.46) demonstrated significantly greater odds of reporting high trust in government.

Educational attainment and employment status were also associated with trust in selected models. Compared with high school graduates, participants with a college degree or higher had greater odds of high trust in government (aOR = 1.51; 95% CI: 1.03-2.22). Compared with employed participants, those who did not work had greater odds of high trust in doctors (aOR = 1.34; 95% CI: 1.02-1.78), while unemployed participants had greater odds of high trust in scientists (aOR = 1.66; 95% CI: 1.02-2.72). Marital status was not significantly associated with high trust in scientists, government, or doctors.

Political ideology was associated with trust in scientists and the government. Compared with politically moderate individuals, very liberal individuals had higher odds of reporting high trust in scientists (aOR = 3.42; 95% CI: 2.20-5.33) and the government (aOR = 3.45; 95% CI: 2.40-4.97). In contrast, conservative and very conservative individuals demonstrated significantly lower odds of reporting high trust across all institutions, particularly trust in scientists and government. Very conservative participants had 59% lower odds of reporting high trust in scientists (aOR = 0.41; 95% CI: 0.26-0.66) and 52% lower odds of reporting high trust in government (aOR = 0.48; 95% CI: 0.28-0.82).

DISCUSSION

This nationally representative study reached three central findings. First, political ideology was consistently associated with trust in doctors, scientists, and government, with trust generally increasing among liberal participants and decreasing among conservative participants. Second, trust in scientists varied significantly by age and sex. Older adults reported lower levels of trust and men reported higher levels than women. Third, racial and ethnic minority populations, including Hispanic, non-Hispanic Black, and non-Hispanic Asian participants, demonstrated higher levels of trust in government compared to non-Hispanic White participants. Examining the three central findings, the results show that trust in institutions related to cancer communication and research is associated with both demographic variables and political beliefs. Political ideology showed a consistent association across all three sources of cancer information. The differences in trust may be important because individuals rely on information from healthcare providers, scientists, and government agencies when making decisions on cancer prevention, screening, treatment, and research participation.

Connection to literature:

The relationship observed between political ideology and institutional trust is consistent with previous studies examining cancer information and public trust. Recent studies have found that trust in scientists and government health agencies has become increasingly polarized (Wheldon et al., 2025), with conservative individuals reporting lower levels of trust than liberal individuals. Studies have suggested

that growing political polarization surrounding science, medicine, and public health may contribute to these differences (Ponce et al., 2025). In this study, the findings demonstrate that political ideology remains strongly associated with trust using nationally representative 2024 HINTS data, and show that these differences occur across doctors, scientists, and government institutions. The difference in trust across these sources may therefore affect how individuals evaluate cancer-related information regarding screening, prevention, and treatment.

The lower levels of trust in scientists observed among older adults are also consistent with prior research suggesting that trust in scientific institutions varies across generations (Wheldon et al., 2025). Older individuals might have had attitudes towards science and governance formed in social and political milieus distinct from those of the young (Blendon & Benson, 2022). Moreover, divergent behaviors regarding media use could affect the way scientific knowledge is processed and accepted. While doctors continued to be among the most trusted professionals regardless of the individual's age group, varying levels of trust were identified when it came to scientists (Shaykevich & Wojtowycz, 2025).

The results related to differences in trust in government among different races/ethnic groups contribute to the broader discussion about medical mistrust in the current literature (Asan et al., 2021). Previous studies have discussed medical mistrust among racial/ethnic minority populations in the context of historical events such as the Tuskegee Syphilis Study (Reverby, 2022) and the Henrietta Lacks case (Khan, 2011). These studies provide context for understanding medical mistrust. The current study cannot determine whether these or other historical experiences explain the racial and ethnic differences observed in trust. Although some historical incidents play an important role in the evaluation of medicine and scientific research, the findings from the study imply that Hispanic, non-Hispanic Black, and non-Hispanic Asians can be more trusting of government institutions providing information related to cancer compared to non-Hispanic Whites.

Policy Implications:

The results of this study have important implications for cancer communication and public health practices. Because the results showed that political ideology was strongly associated with trust across multiple institutions, these findings suggest that public health authorities and cancer communication programs may benefit from considering their target audience when they develop messaging strategies. By emphasizing transparency, evidence-based communication, and engagement, healthcare providers may be able to conduct further studies as potential strategies for increasing trust (Lee, 2021). Physicians could be particularly helpful in this case since trust in doctors remained relatively high across political groups compared with trust in scientists and the government. Strengthening patient-provider communication could help improve patients' acceptance of cancer prevention recommendations, screening programs, and participation in clinical research (Comis et al., 2009).

Limitations and Strengths:

There are several limitations that should be considered when interpreting the results from this study. First, the cross-sectional design of HINTS prevents the determination of causal relationships between political ideology and trust. Political ideology may also be correlated with other factors, including age, education, socioeconomic status, media use, and political engagement. These factors may contribute to the observed associations and cannot be fully unraveled in this cross-sectional analysis. Second, trust was self-reported and could be subject to bias or social desirability bias. Third, the survey measured trust at a single point in time and therefore cannot show changes in trust over time. Despite these limitations, the study possesses many different strengths. The use of nationally representative HINTS data increases the generalizability of findings to the US adult population. Also, the study evaluated trust in doctors, scientists, and government institutions, allowing direct comparisons across multiple sources of cancer information.

CONCLUSION

Public trust in doctors, scientists, and the government remains an important component of cancer communication and research participation. Using nationally representative data from US adults, this study found that political ideology was consistently associated with trust across all three institutions, while age, sex, and race/ethnicity were associated with trust in specific contexts. These findings reveal the association of political and demographic factors with institutional trust and the need to develop effective communication strategies to reach diverse populations. Efforts to enhance trust could potentially help promote greater participation in cancer prevention, screening, treatment, and research.

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APPENDIX

NCIHINTS

2025-12-23

Characteristics of Sample

Table 1. Sample Characteristics

Characteristic	Overall N = 7,278 [†]
Age Category (Years)	
18-34	1,080 (16.2%)
35-49	1,355 (20.3%)
50-64	1,728 (25.9%)
65-74	1,466 (22.0%)
75+	1,036 (15.5%)
Unknown	613
Sex	
Female	4,017 (60.3%)
Male	2,646 (39.7%)
Unknown	615
Race/Ethnicity	
Hispanic	1,323 (20.5%)
Non-Hispanic Asian	342 (5.3%)
Non-Hispanic Black or African American	968 (15.0%)
Non-Hispanic Other	257 (4.0%)
Non-Hispanic White	3,548 (55.1%)
Unknown	840

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Income Level	
\$0 to \$19,999	1,573 (21.7%)
\$20,000 to \$49,999	1,803 (24.8%)
\$50,000 to \$99,999	1,891 (26.0%)
\$100,000 or more	1,996 (27.5%)
Unknown	15
Educational Attainment	
Less than High School	443 (6.6%)
High School Graduate	1,121 (16.7%)
Some College	1,941 (29.0%)
College Graduate or More	3,190 (47.6%)
Unknown	583
Marital Status	
Divorced/Separated	1,119 (16.7%)
Married/Living as married or living with a romantic partner	3,391 (50.7%)
Single, never been married	1,472 (22.0%)
Widowed	704 (10.5%)
Unknown	592
Employment Status	
Disabled	361 (5.0%)
Does Not Work	2,458 (33.8%)
Employed	3,511 (48.2%)
Other	651 (8.9%)
Unemployed	297 (4.1%)
Political Ideology	
Very Liberal	467 (7.3%)
Liberal	933 (14.5%)
Somewhat Liberal	657 (10.2%)
Moderate	2,288 (35.6%)
Somewhat Conservative	688 (10.7%)
Conservative	919 (14.3%)
Very Conservative	475 (7.4%)
Unknown	851
^a n (%)	

Appendix Table 1. Sample Characteristics

Weighted Prevalance of Trust By Source

Category	A Lot of Trust in Doctors	A Lot of Trust in Scientists	A Lot of Trust in Government
Age			
18-34	68.3% (63.6%, 72.9%)	61.0% (54.6%, 67.5%)	31.4% (26.3%, 36.5%)
35-49	73.0% (69.5%, 76.6%)	58.5% (54.3%, 62.7%)	28.4% (24.5%, 32.2%)
50-64	73.2% (69.6%, 76.7%)	54.6% (50.7%, 58.6%)	25.4% (21.7%, 29.1%)
65-74	69.5% (65.6%, 73.4%)	44.9% (40.0%, 49.7%)	24.6% (20.8%, 28.4%)
75+	75.5% (71.9%, 79.1%)	42.6% (36.6%, 48.6%)	21.5% (16.3%, 26.7%)
Sex			
Female	71.0% (68.6%, 73.5%)	54.0% (51.1%, 57.0%)	26.0% (23.4%, 28.5%)
Male	72.6% (69.3%, 76.0%)	56.4% (53.6%, 59.2%)	28.6% (25.3%, 31.9%)
Race/Ethnicity			
Hispanic	67.8% (63.1%, 72.4%)	52.5% (46.9%, 58.1%)	30.7% (25.8%, 35.7%)
Non-Hispanic Asian	85.2% (79.6%, 90.9%)	60.8% (50.9%, 70.7%)	40.1% (28.8%, 51.4%)
Non-Hispanic Black or African American	69.7% (64.6%, 74.7%)	54.3% (48.2%, 60.3%)	31.1% (25.7%, 36.5%)
Non-Hispanic Other	56.6% (46.0%, 67.1%)	52.2% (40.8%, 63.6%)	24.4% (14.5%, 34.4%)

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Non-Hispanic White	73.6% (70.7%, 76.4%)	55.7% (53.2%, 58.1%)	24.7% (22.2%, 27.3%)
Income			
\$0 to \$19,999	60.7% (56.1%, 65.3%)	47.6% (41.4%, 53.7%)	23.8% (19.5%, 28.0%)
\$20,000 to \$49,999	67.2% (62.4%, 72.0%)	49.9% (44.8%, 55.0%)	21.3% (17.3%, 25.3%)
\$50,000 to \$99,999	72.8% (69.2%, 76.3%)	53.3% (49.0%, 57.5%)	25.9% (22.1%, 29.8%)
\$100,000 or more	78.5% (74.5%, 82.5%)	62.2% (58.8%, 65.6%)	33.1% (29.5%, 36.8%)
Education			
Less than High School	58.6% (49.9%, 67.4%)	40.4% (30.0%, 50.8%)	21.9% (12.0%, 31.9%)
High School Graduate	69.6% (65.1%, 74.1%)	49.4% (43.8%, 55.1%)	22.5% (18.0%, 27.1%)
Some College	69.0% (65.6%, 72.5%)	51.8% (47.3%, 56.2%)	23.0% (20.3%, 25.6%)
College Graduate or More	77.5% (75.0%, 80.0%)	64.0% (61.4%, 66.6%)	35.5% (32.8%, 38.3%)
Marital Status			
Divorced/Separated	68.4% (63.3%, 73.6%)	49.4% (44.2%, 54.5%)	22.2% (16.9%, 27.6%)
Married/Living as married or living with a romantic partner	73.8% (70.7%, 76.9%)	54.1% (51.8%, 56.4%)	27.5% (24.9%, 30.0%)
Single, never been married	68.7% (64.1%, 73.2%)	59.6% (53.5%, 65.6%)	28.5% (23.9%, 33.1%)
Widowed	66.8% (59.1%, 74.4%)	42.5% (34.4%, 50.6%)	22.8% (16.2%, 29.5%)
Employment			
Disabled	61.5% (51.0%, 72.1%)	41.7% (28.9%, 54.4%)	17.4% (11.8%, 23.0%)
Does Not Work	74.1% (71.2%, 76.9%)	50.3% (46.6%, 54.0%)	27.0% (23.2%, 30.8%)
Employed	72.6% (70.1%, 75.1%)	57.6% (54.9%, 60.4%)	28.0% (25.5%, 30.4%)
Other	63.0% (56.7%, 69.4%)	46.1% (39.1%, 53.1%)	19.6% (11.6%, 27.5%)
Unemployed	60.6% (48.9%, 72.2%)	62.3% (53.5%, 71.0%)	32.8% (22.7%, 42.9%)
Political Ideology			
Very Liberal	78.5% (69.9%, 87.0%)	81.8% (75.7%, 88.0%)	51.6% (43.2%, 60.0%)
Liberal	80.5% (75.0%, 85.9%)	81.4% (76.7%, 86.1%)	43.1% (36.2%, 49.9%)
Somewhat Liberal	76.1% (70.0%, 82.2%)	66.2% (59.4%, 73.0%)	39.9% (32.7%, 47.1%)
Moderate	71.0% (67.5%, 74.5%)	54.2% (50.2%, 58.3%)	24.5% (21.5%, 27.5%)
Somewhat Conservative	71.3% (64.8%, 77.8%)	44.0% (36.3%, 51.6%)	20.3% (15.9%, 24.6%)
Conservative	67.3% (61.7%, 73.0%)	33.6% (28.5%, 38.6%)	13.4% (9.7%, 17.2%)
Very Conservative	57.3% (49.0%, 65.5%)	32.5% (24.3%, 40.8%)	12.3% (7.0%, 17.6%)

Appendix Table 2. Weighted Prevalence of High Trust in Doctors, Scientists, and Government

Regression Results

Table 3. Weighted Logistic Regression Predicting High Trust in Doctors

Variable	A Lot of Trust in Doctors			A Lot of Trust in Scientists			A Lot of Trust in Government		
	Odds Ratio	95% CI	p-value	Odds Ratio	95% CI	p-value	Odds Ratio	95% CI	p-value
Age Category (Years)									
18-34	—	—		—	—		—	—	
35-49	1.20	0.88, 1.65	0.2	1.07	0.69, 1.66	0.8	0.85	0.62, 1.15	0.3
50-64	1.22	0.91, 1.63	0.2	0.99	0.67, 1.45	>0.9	0.87	0.62, 1.23	0.4
65-74	0.94	0.63, 1.42	0.8	0.64	0.41, 0.99	0.046	0.80	0.50, 1.26	0.3
75+	1.42	0.89, 2.28	0.14	0.56	0.32, 1.00	0.048	0.63	0.35, 1.15	0.13
Sex									
Female	—	—		—	—		—	—	
Male	1.05	0.82, 1.35	0.7	1.21	1.01, 1.43	0.036	1.20	0.93, 1.53	0.15

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Race/Ethnicity									
Non-Hispanic White	—	—		—	—		—	—	
Hispanic	1.01	0.77, 1.34	>0.9	0.89	0.70, 1.13	0.3	1.54	1.08, 2.19	0.021
Non-Hispanic Asian	2.18	1.35, 3.51	0.003	0.91	0.56, 1.49	0.7	1.71	1.09, 2.67	0.022
Non-Hispanic Black or African American	1.02	0.68, 1.54	>0.9	0.89	0.61, 1.29	0.5	1.65	1.11, 2.46	0.016
Non-Hispanic Other	0.55	0.34, 0.88	0.016	0.79	0.47, 1.33	0.4	1.03	0.56, 1.90	>0.9
Income Level									
\$50,000 to \$99,999	—	—		—	—		—	—	
\$0 to \$19,999	0.60	0.39, 0.94	0.029	0.94	0.58, 1.50	0.8	1.04	0.65, 1.66	0.9
\$20,000 to \$49,999	0.78	0.57, 1.07	0.11	0.96	0.72, 1.28	0.8	0.82	0.56, 1.19	0.3
\$100,000 or more	1.20	0.84, 1.73	0.3	1.30	0.96, 1.75	0.083	1.31	0.96, 1.78	0.081
Educational Attainment									
High School Graduate	—	—		—	—		—	—	
Less than High School	0.66	0.40, 1.09	0.10	0.59	0.34, 1.04	0.067	0.78	0.45, 1.33	0.3
Some College	0.86	0.62, 1.18	0.3	0.95	0.71, 1.26	0.7	0.97	0.67, 1.42	0.9
College Graduate or More	1.03	0.73, 1.43	0.9	1.27	0.94, 1.72	0.12	1.51	1.03, 2.22	0.038
Marital Status									
Married/Living as married or living with a romantic partner	—	—		—	—		—	—	
Divorced/Separated	0.95	0.67, 1.34	0.7	0.95	0.70, 1.30	0.7	0.90	0.57, 1.42	0.6
Single, never been married	1.07	0.75, 1.53	0.7	1.20	0.85, 1.70	0.3	1.03	0.76, 1.38	0.9
Widowed	0.85	0.50, 1.42	0.5	0.97	0.62, 1.51	0.9	1.00	0.59, 1.69	>0.9
Employment Status									
Employed	—	—		—	—		—	—	
Disabled	0.79	0.44, 1.40	0.4	0.76	0.39, 1.48	0.4	0.75	0.41, 1.34	0.3
Does Not Work	1.34	1.02, 1.78	0.039	1.25	0.94, 1.66	0.11	1.40	0.97, 2.01	0.067
Other	0.94	0.27, 3.28	>0.9	2.08	0.54, 7.97	0.3	0.50	0.21, 1.19	0.11
Unemployed	0.79	0.46, 1.37	0.4	1.66	1.02, 2.72	0.043	1.53	0.86, 2.71	0.14

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Political Ideology			
Moderate	—	—	
Very Liberal	3.42	2.20, 5.33	<0.001
Liberal	3.57	2.43, 5.23	<0.001
Somewhat Liberal	1.55	1.07, 2.25	0.022
Somewhat Conservative	0.61	0.40, 0.92	0.020
Conservative	0.40	0.30, 0.55	<0.001
Very Conservative	0.41	0.26, 0.66	<0.001

Abbreviations: CI = Confidence Interval, OR = Odds Ratio

Appendix Table 3. Weighted Logistic Regression Models of High Trust in Doctors, Scientists, and Government. Note. Values are adjusted odds ratios (aORs) with 95% confidence intervals (CIs). Reference categories are indicated by “Reference.” Models incorporated HINTS survey weights.