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Americans' Views on Who Influences Health Policy and Which Health Issues To Prioritize

About 7 in 10 Americans say health insurance companies have too much health policy influence; partisan disagreement about the CDC's role in health policy

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How we did this

Pew Research Center conducted this study to understand Americans' views of health issues facing the country today, the influence of various groups and institutions on health policy, and the federal government's role in certain health programs. For this analysis, we surveyed 5,085 U.S. adults from April 28 to May 4, 2025.

Everyone who took part in the survey is a member of the Center's American Trends Panel (ATP), a group of people recruited through national, random sampling of residential addresses who have agreed to take surveys regularly. This kind of recruitment gives nearly all U.S. adults a chance of selection. Interviews were conducted either online or by telephone with a live interviewer. The survey is weighted to be representative of the U.S. adult population by gender, race, ethnicity, partisan affiliation, education and other categories. Read more about the [ATP's methodology](#).

Here are the [questions used for this report](#), the [topline](#) and the [survey methodology](#).

Americans' Views on Who Influences Health Policy and Which Health Issues To Prioritize

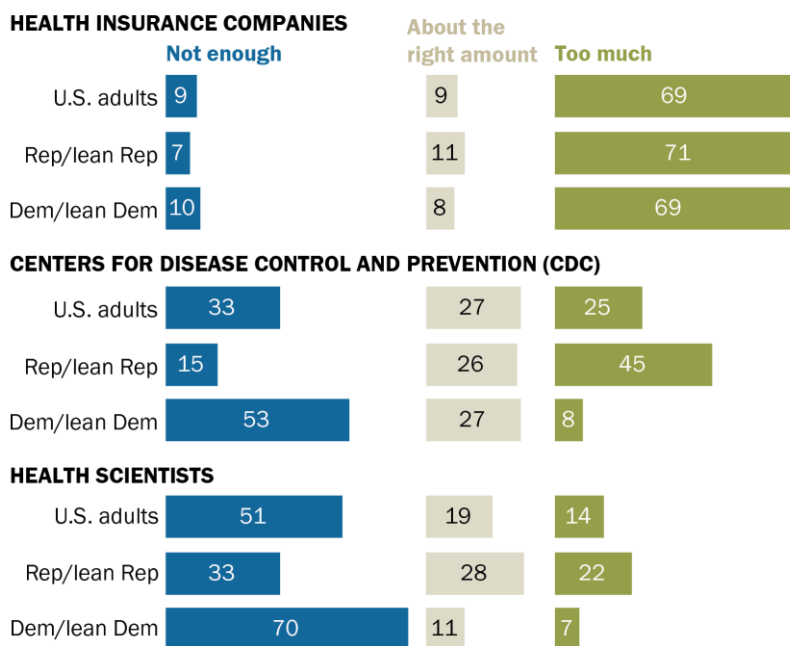
About 7 in 10 Americans say health insurance companies have too much health policy influence; partisan disagreement about the CDC's role in health policy

Americans are in the midst of ongoing discussion and debate about which health issues are most pressing and who should play a role in addressing them. According to a new Pew Research Center survey, **a solid majority of U.S. adults (69%) say health insurance companies have too much influence on public debates about health policy.**

Of the eight groups and institutions we asked about in this survey – such as Congress, the general public and federal courts – health insurance companies are the one that a majority of Americans agree has too much sway in health policy. Just 9% say they have about the right amount of influence, and an equal share say they don't have enough.

Wide agreement that insurance companies have too much influence on health policy, large partisan differences about the CDC's influence

% who say each of the following has ___ (of) influence on public debates about health policy



Note: Respondents who responded "Not sure" or did not give an answer are not shown.
Source: Survey of U.S. adults conducted April 28-May 4, 2025.
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Although politics and health policy are often deeply entangled, **this dim opinion of health insurance companies' influence is an area of notable partisan agreement.** Roughly equal shares of Democrats (including those who lean to the Democratic Party) and Republicans (and GOP leaners) express this view. Similar shares of Democrats and Republicans also say Congress has too much influence on health policy, although this view is less widely held than it is for health insurance companies.

In contrast, views are more mixed when it comes to the role of the Centers for Disease Control and Prevention (CDC). [The agency has undergone major restructuring and cuts](#) under the Trump administration, and the public is split about its health policy role. Overall, 33% say the agency doesn't have enough influence over health policy, while 25% disagree and say it has too much influence. That's about the same as the share who see the organization as having about the right amount of influence (27%).

And **Republicans and Democrats express sharply opposing views on the CDC.** While 53% of Democrats say the CDC doesn't have enough policy influence, 45% of Republicans say it has too much.

In addition to government institutions and insurance companies, health scientists also play a role in shaping health policy. And on balance, the public sees them as not having enough influence. About half of Americans express this view.

The share rises to a majority among Democrats. By a 37 percentage point margin, **Democrats are more likely than Republicans to see health scientists as not having enough influence (70% vs. 33%).** This finding tracks with our previous polling that found that [Democrats are far more supportive of scientists playing a role in policymaking than Republicans.](#)

Still, more Republicans say health scientists don't have enough policy influence (33%) than have too much influence (22%). And 28% say their influence is about right.

This survey, conducted from April 28 to May 4, 2025, builds on our work tracking [Americans' views on scientists and their influence on policy](#). We conducted the current survey to understand Americans' views on the role of health experts and institutions on health policies and programs. The survey also explored how much of a problem they feel long-standing and emerging health issues are for the nation.

Find more details on: [Which health issues are problems for the country today?](#) | [How important is the federal government's role in health programs and policies?](#) | [How much health policy influence do different groups and institutions have?](#)

Other key takeaways:

- About eight-in-ten or more Americans say cancer, obesity, heart disease and opioid addiction are major problems. These views are held equally by both Democrats and Republicans.
- While over half of Americans say measles and bird flu are *minor* problems for the country today, about one-in-four describe them as *major* problems. Roughly one-in-five say they're not problems at all. (This survey was conducted amid ongoing measles outbreaks in the United States.)
- Majorities of Americans say it's extremely important for the federal government to test drugs for safety (63%) and track the spread of contagious diseases around the country (54%).
- By a 30 percentage point margin, larger shares of Democrats than Republicans say it's extremely important for the federal government to track the spread of contagious diseases in the U.S. (69% vs. 39%).

Which health issues are problems for the country today?

As policymakers, advocates and health care professionals are debating which health issues are most urgent, we asked Americans how much of a problem eight health issues are for the country today. These include long-standing [top causes of death in the U.S.](#) like cancer and heart disease, as well as issues that have recently made headlines, like measles and bird flu.

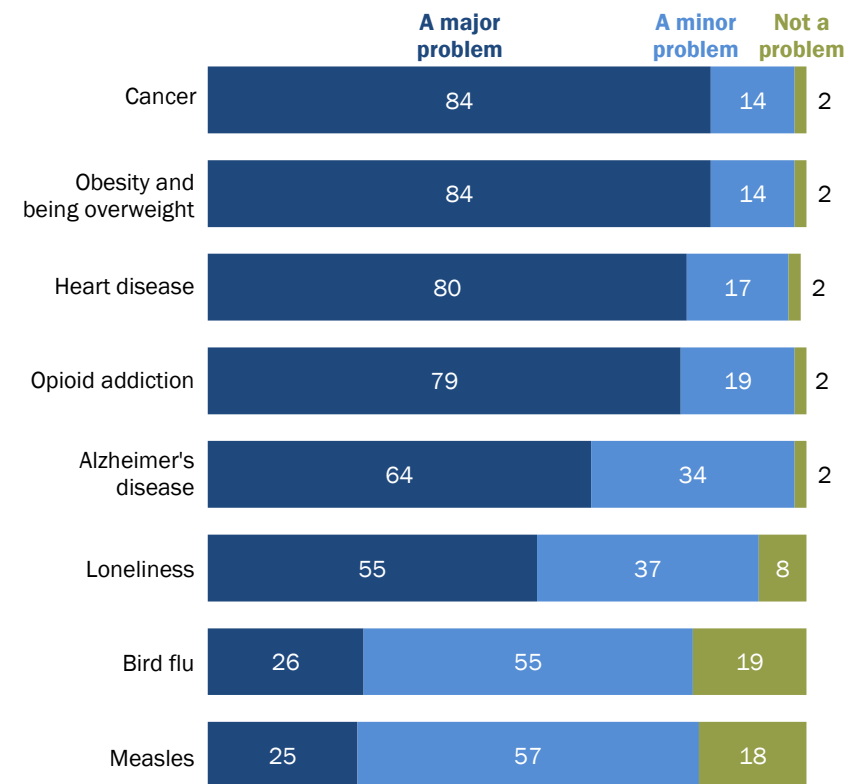
While eight-in-ten or more Americans say each of these is at least a *minor* problem, the share of Americans who say these are *major* problems differs across issues.

Large majorities of Americans say cancer (84%), obesity and being overweight (84%), heart disease (80%) and opioid addiction (79%) are major problems for the U.S. today. Smaller majorities say the same about Alzheimer's disease (64%) and loneliness (55%).

Ongoing [measles](#) and [bird flu](#) outbreaks have made recent news, but far fewer Americans say these two infectious diseases are major problems. About a quarter (26%) of Americans say bird flu is a major problem for the country today and 25% say the same about measles. In contrast, about two-in-ten Americans say each of these diseases is *not* a problem for the country today.

Large majorities say cancer and obesity are major U.S. problems; far fewer say the same for bird flu, measles

% of U.S. adults who say each of the following issues is ___ for the country today



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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Views across demographic groups

Larger shares of women (72%) than men (55%) say Alzheimer's disease is a major problem for the country. While women are more likely than men to say most of the issues we asked about are major problems, this gender gap is largest for Alzheimer's disease. Notably, women are more likely than men to be [caregivers for someone with Alzheimer's disease and to develop the disease themselves](#).

Across most of the health issues we asked about, adults ages 65 and older are more likely than adults younger than 50 to say these are major problems for the country. **Loneliness is the only issue we asked about in which adults younger than 50 are more likely than those 65 and older to say it is a major problem (60% vs. 46%).** [Refer to the appendix for details.](#)

Seeing loneliness as a major problem for the country also differs across education levels. For example, 69% of Americans with a postgraduate degree say this, compared with 45% of those with a high school degree or less education. For each of the other issues we asked about, differences by education level are smaller or there are no differences at all.

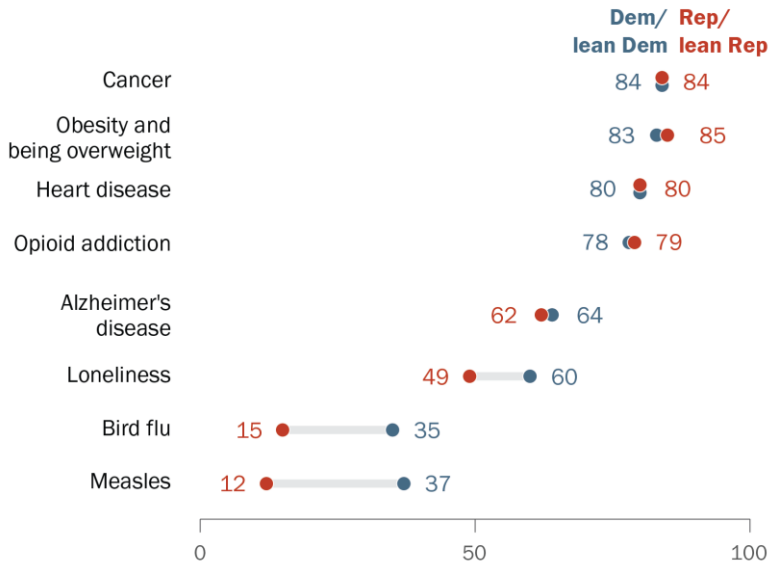
Partisan views

Republicans and those who lean to the Republican Party as well as Democrats and Democratic leaners have **very similar views on many of the health issues we asked about.**

The same shares of Republicans and Democrats say cancer (84% each) and heart disease (80% each) are major problems for the country. And nearly identical shares of Republicans and Democrats say the same about obesity and being overweight (85% and 83%, respectively), opioid addiction (79% and 78%) and Alzheimer's disease (62% and 64%).

Republicans and Democrats are largely aligned on which health issues are major problems for the country

% who say each of the following issues is a major problem for the country today



Note: Other response options included "A minor problem" and "Not a problem."

Respondents who gave other responses or did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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Yet Democrats are much more likely than Republicans to see measles and bird flu as major problems. About four-in-ten Democrats say measles is a major problem for the country, while 12% of Republicans say the same. There is a similar partisan gap for bird flu, with 35% of Democrats and 15% of Republicans saying this is a major problem for the country.

This April-May 2025 survey was conducted amid ongoing [measles outbreaks in the U.S.](#) and a continuing [outbreak of bird flu](#) mostly among animals in the country.

How important is the federal government's role in health programs and policies?

We asked about six health-related roles the federal government can play. About nine-in-ten or more U.S. adults say each is at least somewhat important for the federal government to take on.

Still, Americans differ in which of these actions they view as *extremely* important for the federal government to do. A majority (63%) say testing drugs for safety is extremely important, and a slim majority (54%) say the same about tracking the spread of contagious diseases around the country.

About half of Americans say it is extremely important for the federal government to make rules about listing ingredients on food packaging (48%).

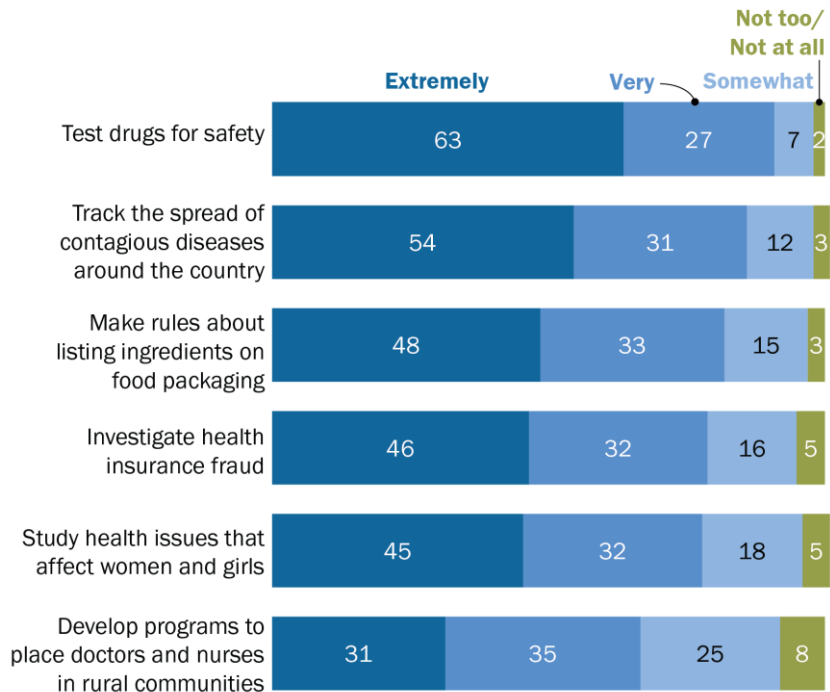
Similar shares say

investigating health insurance fraud (46%) and studying health issues that affect women and girls (45%) are extremely important. Fewer (31%) say developing programs to place health care workers in rural communities is extremely important.

Women (50%) are somewhat more likely than men (41%) to say it is extremely important for the federal government to study health issues that affect women and girls. This gender gap is driven by women younger than 50 being more likely to say this than older women as well as men over and under 50.

63% of Americans say it is extremely important for the federal government to test drugs for safety

% of U.S. adults who say each of the following is ___ important for the federal government to do



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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Partisan views

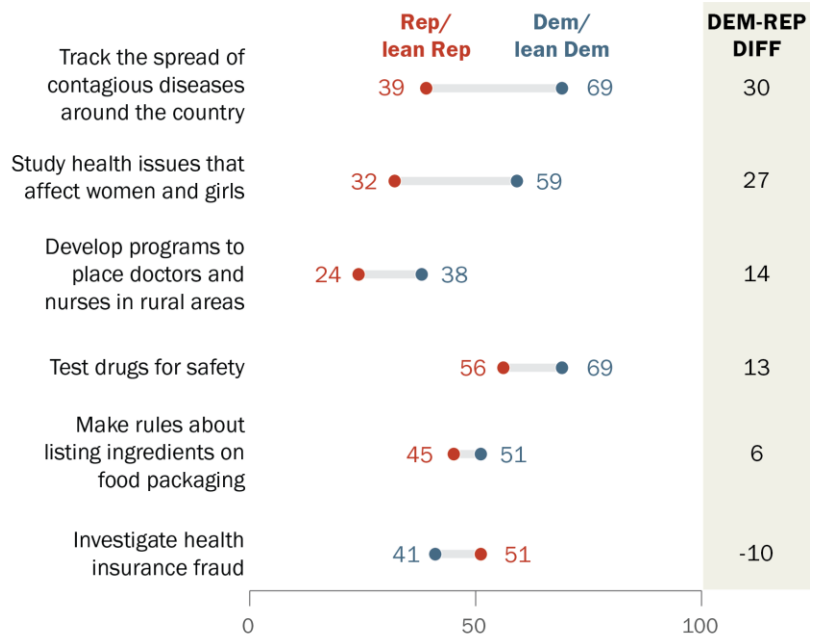
Majorities of both Democrats and Republicans – though slightly more Democrats – say it’s extremely important for the federal government to test drugs for safety (69% of Democrats and Democratic leaners, 56% Republicans and GOP leaners).

Similar shares of Democrats (51%) and Republicans (45%) also say it’s extremely important for the federal government to make rules about listing ingredients on food packaging.

In contrast, while 69% of Democrats say tracking the spread of contagious diseases around the country is extremely important for the federal government to do, 39% of Republicans say the same – a 30 percentage point difference.

Democrats are more likely than Republicans to say it is extremely important for the federal government to track the spread of contagious diseases

% who say each of the following is *extremely important* for the federal government to do



Note: Other responses included “Very important,” “Somewhat important,” “Not too important” and “Not at all important.” Respondents who gave other responses or did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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There is a similarly sized partisan gap when it comes to the importance of studying health issues that affect women and girls – 59% of Democrats but 32% of Republicans say this is extremely important for the federal government to do.

The one federal action that larger shares of Republicans than Democrats say is extremely important is investigating health insurance fraud. About half of Republicans express this view, compared with 41% of Democrats.

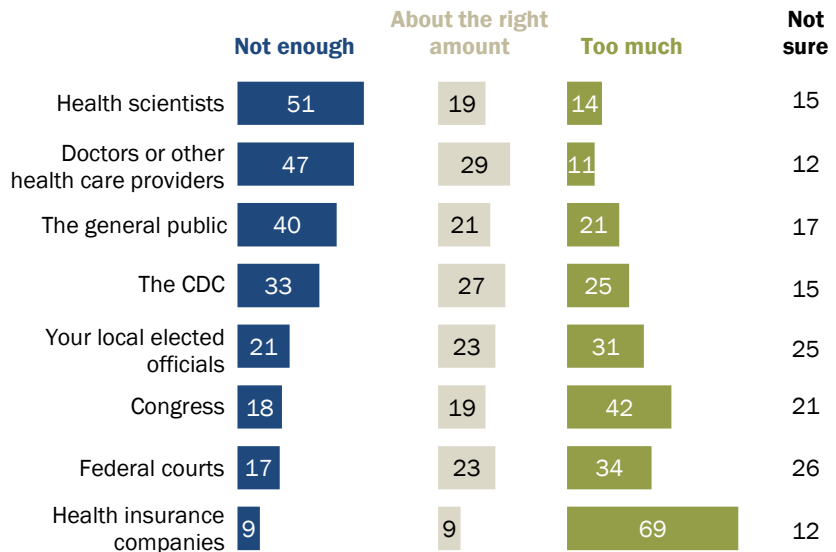
How much health policy influence do different groups and institutions have?

About half of Americans say health scientists (51%) and doctors or other health care providers (47%) don't have enough influence on public debates about health policy. These shares are far larger than those who say these groups have *too much* influence, and larger than the shares who say they have about the right amount of influence.

Similarly, roughly twice as many Americans say the general public does not have enough influence (40%) than say it has too much (21%) or about the right amount of influence (21%) on debates about health policy.

Most Americans say health insurance companies have too much health policy influence

% of U.S. adults who say each of the following has ___ (of) influence on public debates about health policy



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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In contrast, **a majority of Americans (69%) say health insurance companies have too much influence** – far more than the 9% who say they don't have enough influence and the 9% who say they have the right amount. Americans also tilt toward Congress, federal courts and their local elected officials having too much influence rather than not having enough influence.

Americans have mixed views on the role of the CDC. On balance, one-third say the CDC doesn't have enough influence on health policy, while 25% say it has too much. Another 27% say they have about the right amount of influence.

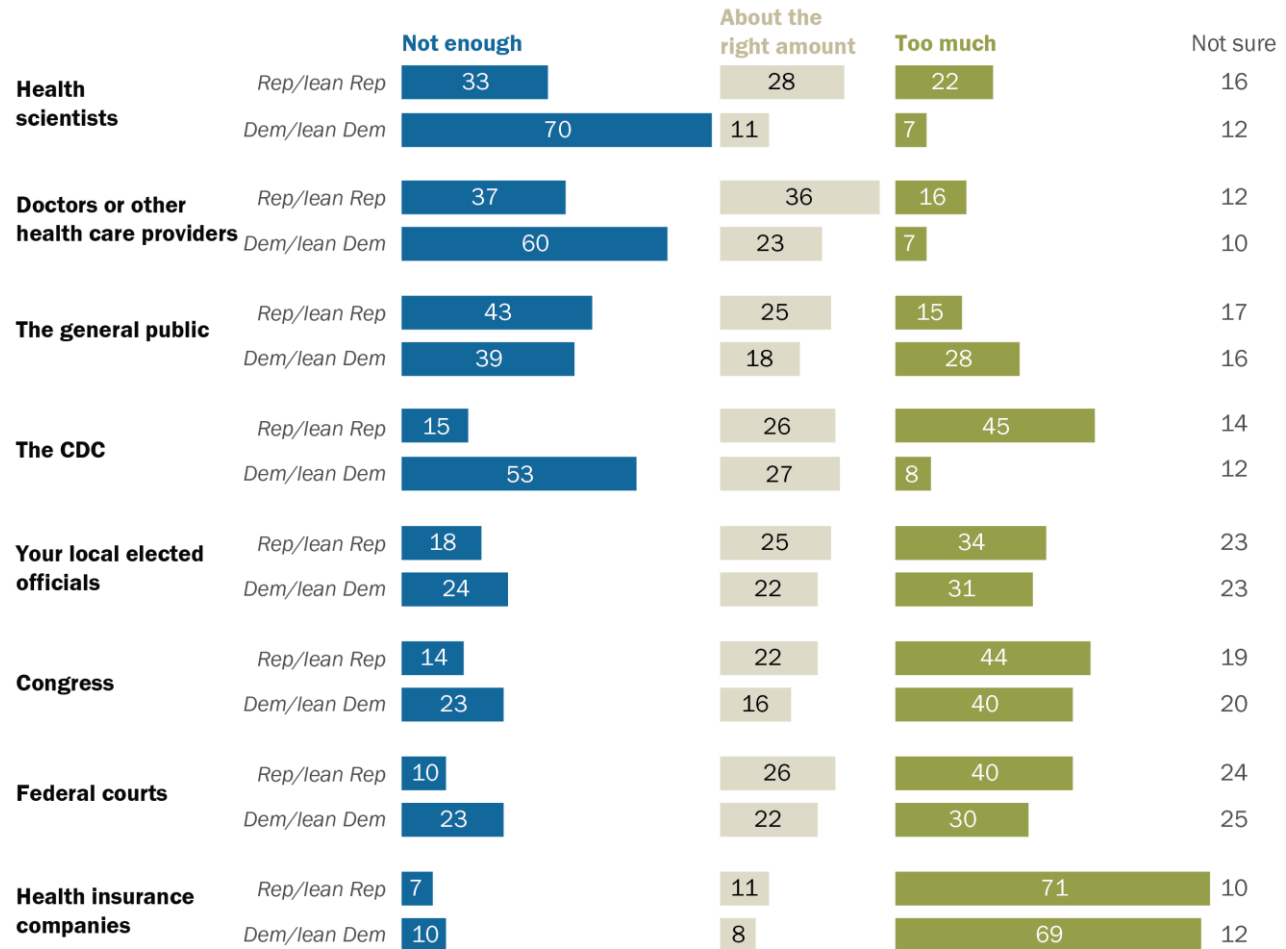
Survey respondents did express notable uncertainty about some health policy influences. For example, 26% are not sure about the influence of federal courts, and 25% say the same about their local elected officials.

Partisan views

Republicans and Democrats have similar views about the amount of influence that many of the groups we asked about have.

Partisans agree health insurance companies have too much influence, differ on CDC

% who say each of the following has ___ (of) influence on public debates about health policy



Note: Respondents who did not give an answer are not shown.

Source: Survey of U.S. adults conducted April 28-May 4, 2025.

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Partisans agree that health insurance companies have too much influence on debates about health policy – 71% of Republicans and 69% of Democrats say this, including those who lean to each party. There are also relatively small partisan differences in views of how much influence the general public, local elected officials, Congress and federal courts should have.

In contrast, there are sizable partisan differences in views of how much influence the CDC should have on health policy. About half (53%) of Democrats say the CDC doesn't have enough influence, while 45% of Republicans say it has too much influence.

Democrats are also more likely than Republicans (70% vs. 33%) to say that health scientists don't have enough influence. Overall, these findings are consistent with our past work that has shown [differences between Republicans' and Democrats' level of confidence in scientists](#) as well as [differences in views of the CDC](#) overall.

Among Republicans, opinions on health scientists' influence are mixed. One-third say health scientists don't have enough policy influence, 28% say they have about the right amount and 22% say they have too much.

Views among Republicans on health care providers' influence are also mixed, with similar shares saying these front-line clinicians have about the right amount of influence (36%) and not having enough (37%). Some 16% say providers have too much influence. In contrast, among Democrats, much larger shares say they don't have enough influence (60%) than say they have about the right amount (23%) or too much influence (7%).

Additionally, views on how much influence health scientists, health care providers and the CDC should have differ across education levels. Americans with more education are generally more likely than those with less education to say these three groups should have more influence. However, this pattern is driven by education differences among Democrats, while there are no consistent education differences among Republicans.

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pewresearch.org/science.

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Methodology

The American Trends Panel survey methodology

Overview

Data in this report comes from Wave 169 of the American Trends Panel (ATP), Pew Research Center’s nationally representative panel of randomly selected U.S. adults. The survey was conducted from April 28 to May 4, 2025. A total of 5,085 panelists responded out of 5,772 who were sampled, for a survey-level response rate of 88%.

The cumulative response rate accounting for nonresponse to the recruitment surveys and attrition is 3%. The break-off rate among panelists who logged on to the survey and completed at least one item is 1%. The margin of sampling error for the full sample of 5,085 respondents is plus or minus 1.6 percentage points.

The survey includes an [oversample](#) of non-Hispanic Asian adults in order to provide more precise estimates of the opinions and experiences of these smaller demographic subgroups. These oversampled groups are weighted back to reflect their correct proportions in the population.

SSRS conducted the survey for Pew Research Center via online (n=4,895) and live telephone (n=190) interviewing. Interviews were conducted in both English and Spanish.

To learn more about the ATP, read “[About the American Trends Panel](#).”

Panel recruitment

Since 2018, the ATP has used address-based sampling (ABS) for recruitment. A study cover letter and a pre-incentive are mailed to a stratified, random sample of households selected from the U.S. Postal Service’s Computerized Delivery Sequence File. This Postal Service file has been estimated to cover 90% to 98% of the population.¹ Within each sampled household, the adult with the next birthday is selected to participate. Other details of the ABS recruitment protocol have changed over time but are available upon request.² Prior to 2018, the ATP was recruited using landline and cellphone random-digit-dial surveys administered in English and Spanish.

¹ AAPOR Task Force on Address-based Sampling. 2016. “[AAPOR Report: Address-based Sampling](#).”

² Email pewsurveys@pewresearch.org.

A national sample of U.S. adults has been recruited to the ATP approximately once per year since 2014. In some years, the recruitment has included additional efforts (known as an “oversample”) to improve the accuracy of data for underrepresented groups. For example, Hispanic adults, Black adults and Asian adults were oversampled in 2019, 2022 and 2023, respectively.

Sample design

The overall target population for this survey was noninstitutionalized persons ages 18 and older living in the United States. It featured a stratified random sample from the ATP in which non-Hispanic Asian adults were selected with certainty. The remaining panelists were sampled at rates designed to ensure that the share of respondents in each stratum is proportional to its share of the U.S. adult population to the greatest extent possible. Respondent weights are adjusted to account for differential probabilities of selection as described in the Weighting section below.

Questionnaire development and testing

The questionnaire was developed by Pew Research Center in consultation with SSRS. The web program used for online respondents was rigorously tested on both PC and mobile devices by the SSRS project team and Pew Research Center researchers. The SSRS project team also populated test data that was analyzed in SPSS to ensure the logic and randomizations were working as intended before launching the survey.

Incentives

All respondents were offered a post-paid incentive for their participation. Respondents could choose to receive the post-paid incentive in the form of a check or gift code to Amazon.com, Target.com or Walmart.com. Incentive amounts ranged from \$5 to \$15 depending on whether the respondent belongs to a part of the population that is harder or easier to reach. Differential incentive amounts were designed to increase panel survey participation among groups that traditionally have low survey response propensities.

Data collection protocol

The data collection field period for this survey was April 28 to May 4, 2025. Surveys were conducted via self-administered web survey or by live telephone interviewing.

For panelists who take surveys online: Postcard notifications were mailed to a subset on April 28.³ Survey invitations were sent out in two separate launches: soft launch and full launch.

³ The ATP does not use routers or chains in any part of its online data collection protocol, nor are they used to direct respondents to additional surveys. Postcard notifications for web panelists are sent to 1) panelists who were recruited within the last two years and 2) panelists recruited prior to the last two years who opt to continue receiving postcard notifications.

Sixty panelists were included in the soft launch, which began with an initial invitation sent on April 28. All remaining English- and Spanish-speaking sampled online panelists were included in the full launch and were sent an invitation on April 29.

**Invitation and reminder dates for web respondents,
ATP Wave 169**

	Soft launch	Full launch
Initial invitation	April 28, 2025	April 29, 2025
First reminder	May 1, 2025	May 1, 2025
Final reminder	May 3, 2025	May 3, 2025

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Panelists participating online were sent an email invitation and up to two email reminders if they did not respond to the survey. ATP panelists who consented to SMS messages were sent an SMS invitation with a link to the survey and up to two SMS reminders.

For panelists who take surveys over the phone with a live interviewer: Prenotification postcards were mailed on April 25. Soft launch took place on April 28 and involved dialing until a total of three interviews had been completed. All remaining English- and Spanish-speaking sampled phone panelists' numbers were dialed throughout the remaining field period. Panelists who take surveys via phone can receive up to six calls from trained SSRS interviewers.

Data quality checks

To ensure high-quality data, Center researchers performed data quality checks to identify any respondents showing patterns of satisficing. This includes checking for whether respondents left questions blank at very high rates or always selected the first or last answer presented. As a result of this checking, one ATP respondent was removed from the survey dataset prior to weighting and analysis.

Weighting

The ATP data is weighted in a process that accounts for multiple stages of sampling and nonresponse that occur at different points in the panel survey process. First, each panelist begins with a base weight that reflects their probability of recruitment into the panel. These weights are then calibrated to align with the population benchmarks in the accompanying table to correct for nonresponse to recruitment surveys and panel attrition. If only a subsample of panelists was

invited to participate in the wave, this weight is adjusted to account for any differential probabilities of selection.

Among the panelists who completed the survey, this weight is then calibrated again to align with the population benchmarks identified in the accompanying table and trimmed at the 1st and 99th percentiles to reduce the loss in precision stemming from variance in the weights. Sampling errors and tests of statistical significance take into account the effect of weighting.

American Trends Panel weighting dimensions

Variable	Benchmark source
Age (detailed)	2023 American Community Survey (ACS)
Age x Gender	
Education x Gender	
Education x Age	
Race/Ethnicity x Education	
Race/Ethnicity x Gender	
Race/Ethnicity x Age	
Born inside vs. outside the U.S. among Hispanics and Asian Americans	
Years lived in the U.S.	
Census region x Metropolitan status	
Volunteerism	2023 CPS Volunteering & Civic Life Supplement
Voter registration	2020 CPS Voting and Registration Supplement
Frequency of internet use	2024 National Public Opinion Reference Survey (NPORS)
Religious affiliation	
Party affiliation x Race/Ethnicity	
Party affiliation x Age	
Party affiliation among registered voters	

Note: Estimates from the ACS are based on noninstitutionalized adults. Voter registration is calculated using procedures from Hur, Achen (2013) and rescaled to include the total U.S. adult population.

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The following table shows the unweighted sample sizes and the error attributable to sampling that would be expected at the 95% level of confidence for different groups in the survey.

Sample sizes and margins of error, ATP Wave 169

Group	Unweighted sample size	Plus or minus ...
Total sample	5,085	1.6 percentage points
Half form	At least 2,538	2.2 percentage points
Rep/lean Rep	2,319	2.3 percentage points
Half form	At least 1,142	3.2 percentage points
Dem/lean Dem	2,575	2.2 percentage points
Half form	At least 1,299	3.1 percentage points

Note: This survey includes oversamples of non-Hispanic Asian respondents. Unweighted sample sizes do not account for the sample design or weighting and do not describe a group's contribution to weighted estimates. Refer to the Sample design and Weighting sections above for details.

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Sample sizes and sampling errors for other subgroups are available upon request. In addition to sampling error, one should bear in mind that question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of opinion polls.

Dispositions and response rates

Final dispositions, ATP Wave 169

	AAPOR code	Total
Completed interview	1.1	5,085
Logged in (web)/Contacted (CATI), but did not complete any items	2.11	111
Started survey; broke off before completion	2.12	33
Never logged on (web)/Never reached on phone (CATI)	2.20	542
Survey completed after close of the field period	2.27	0
Other non-interview	2.30	0
Completed interview but was removed for data quality	2.90	1
Total panelists sampled for the survey		5,772
Completed interviews	I	5,085
Partial interviews	P	0
Refusals	R	144
Non-contact	NC	542
Other	O	1
Unknown household	UH	0
Unknown other	UO	0
Not eligible	NE	0
Total		5,772
AAPOR RR1 = $I / (I+P+R+NC+O+UH+UO)$		88%

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Cumulative response rate, ATP Wave 169

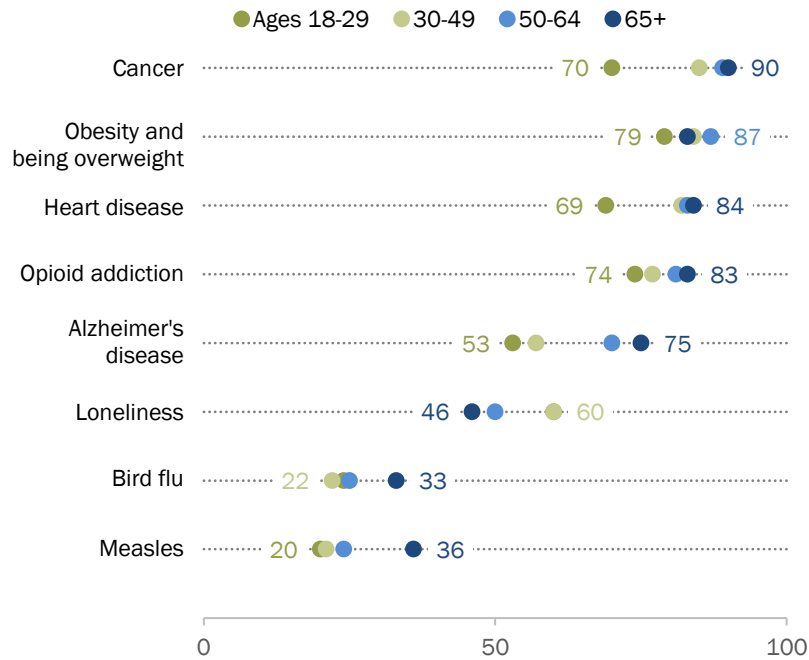
	Total
Weighted response rate to recruitment surveys	11%
% of recruitment survey respondents who agreed to join the panel, among those invited	73%
% of those agreeing to join who were active panelists at start of Wave 169	35%
Response rate to Wave 169 survey	88%
Cumulative response rate	3%

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Appendix: Detailed chart

Views of major health problems facing the country today by age groups

% who say each of the following is a major problem for the country today



Note: Other response options included "A minor problem" and "Not a problem."
Respondents who gave other responses or did not give an answer are not shown.
Source: Survey of U.S. adults conducted April 28-May 4, 2025.
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