



Strengthening Your Role as a Trusted Messenger

Susan Kressly, MD, FAAP
AAP Immediate Past-President

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Disclosure

Dr. Kressly discloses that she and her husband have ownership shares in Connexin Software.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

Learning Objectives

- Understand the state of public trust and its impact on pediatric messages
- Recognize why both evidence and compassion matter in pediatric messaging
- Identify 2 things you can do in your practice to build and strengthen trust with patients and families

Trust

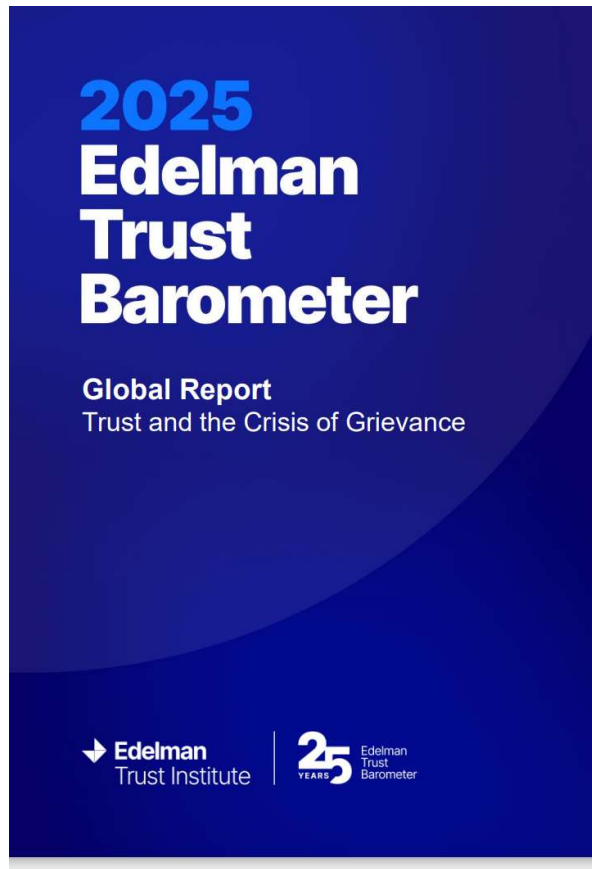


American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

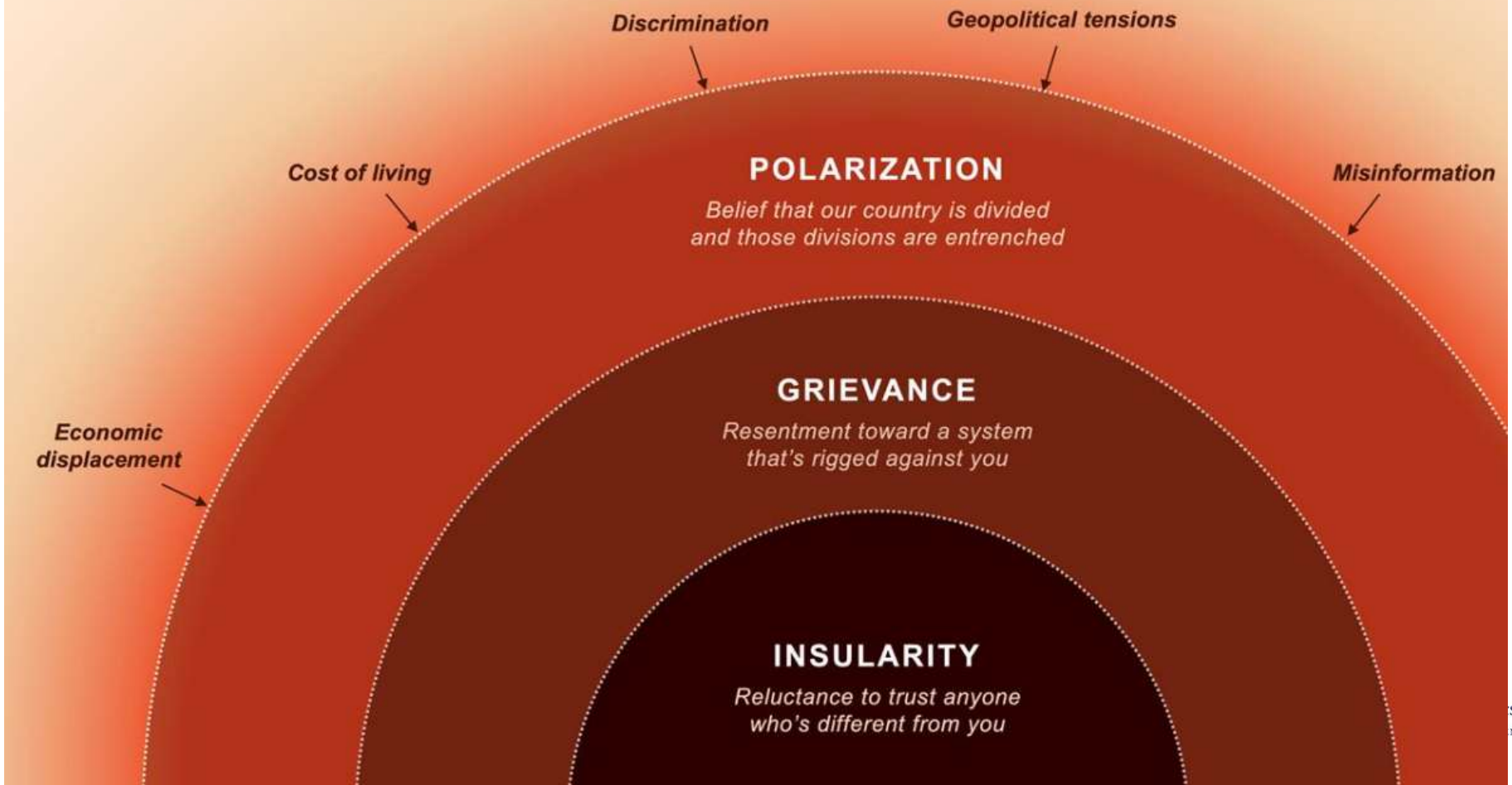


From Fears...to Polarization...to Grievance



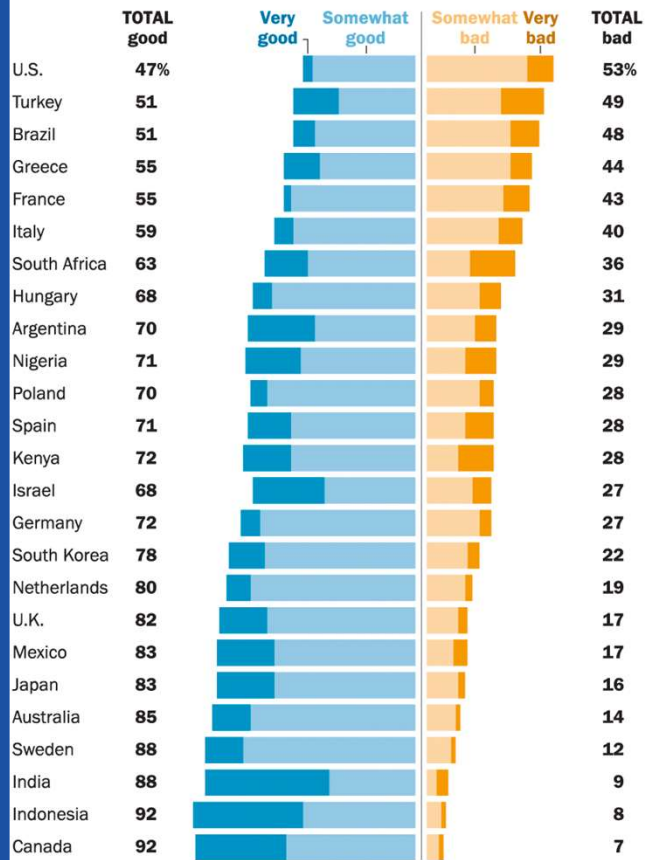
- Mass class divide
- Lack of quality information
- Deep sense the political system is broken
- Conviction that the system is unfair, business and government are making it worse, and the rich are getting richer
- Lack of hope and a belief that “my family will not be better off in five years”

The Retreat Into Insularity



In many countries, people see their fellow citizens as morally good

% who rate the morality and ethics of people in their country as ...



Note: Those who did not answer are not shown.

Source: Spring 2025 Global Attitudes Survey.

"In 25-Country Survey, Americans Especially Likely To View Fellow Citizens as Morally Bad"

PEW RESEARCH CENTER

Pew Research Center:

Asked people around the world to rate the morality and ethics of others in their country.

- The United States is the only place surveyed where more adults (ages 18 and older) describe the morality and ethics of others living in the country as bad (53%) than as good (47%).
- Previous research has shown that rising numbers of *both* Republicans and Democrats say people in the other party are immoral.

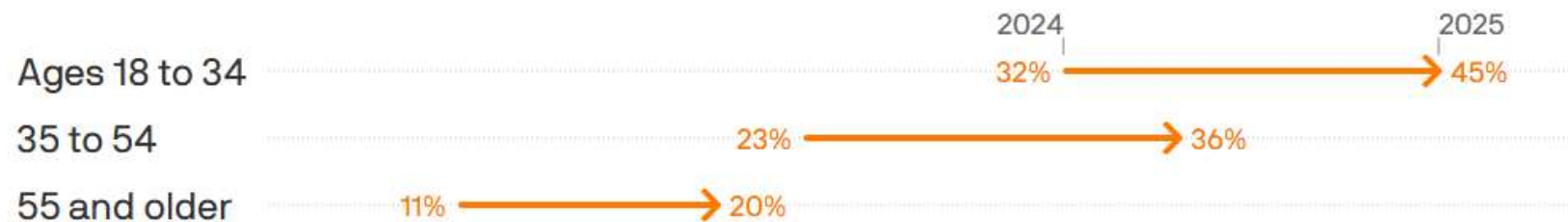


Young Adults Increasingly Taking Health Decisions into Their Own Hands

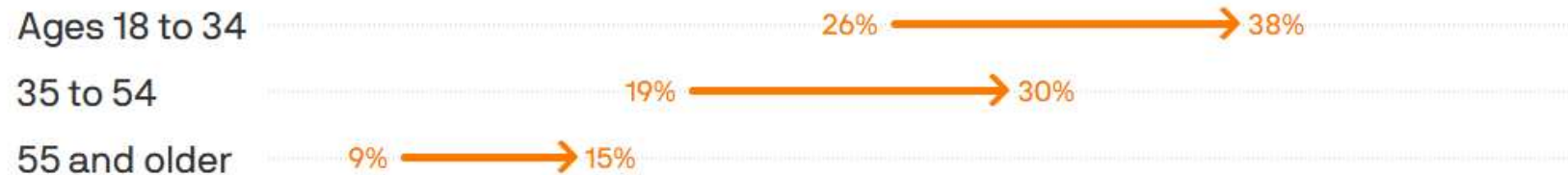
Share who say they have disregarded a provider's medical advice in favor of other sources

In the last 12 months; Annual surveys of about 16,000 adults in 16 countries, 2024 to 2025

Friends or family



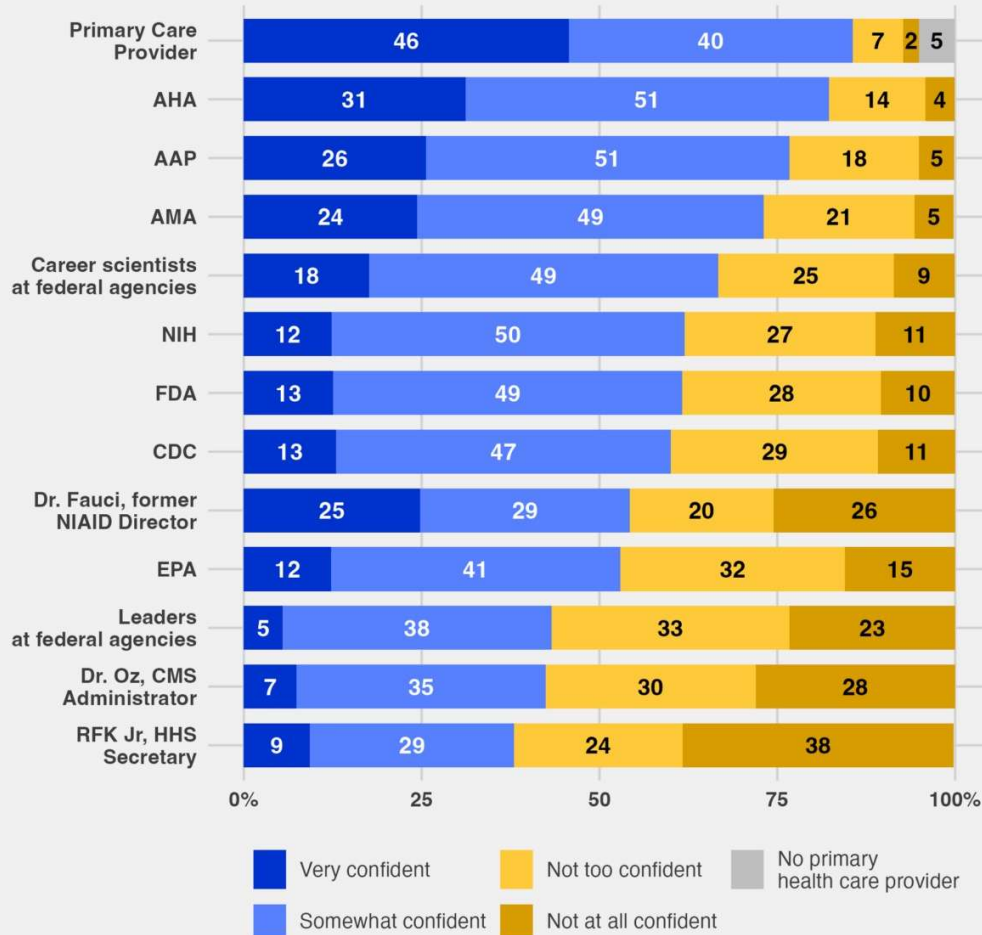
Social media



Data: 2025 Edelman Trust Barometer; Chart: Kavya Beheraj / Axios

Confidence in Custodians of Public Health

How confident, if at all, are you that _____ is providing* the public with trustworthy information about matters concerning public health**?



*For Dr. Fauci, former NIAID Director, the question said 'provided' instead of 'is providing' since he is a former federal government official.

**The EPA item asked about 'matters concerning the effects of climate change on public health'.

Source: Annenberg Science and Public Health (ASAPH) Survey Feb. 2026, N=1650, MOE=+/-3.5%

©2026 Annenberg Public Policy Center, University of Pennsylvania



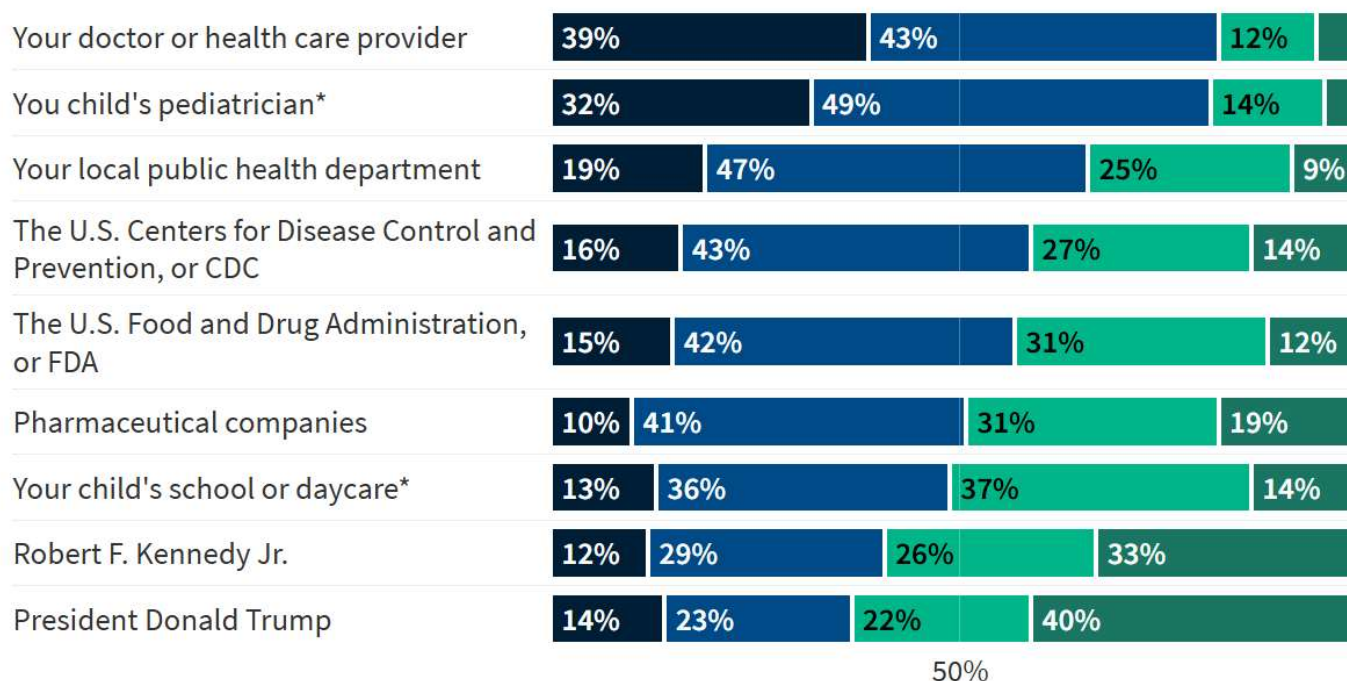
KFF Tracking Poll: Vaccine Safety and Trust

Doctors and Pediatricians Are the Most Trusted Sources of Vaccine Information

The independent source for health policy research, polling, and news.

In general, how much do you trust each of the following to provide reliable information about vaccines?

■ A great deal ■ A fair amount ■ Not much ■ Not at all



50%

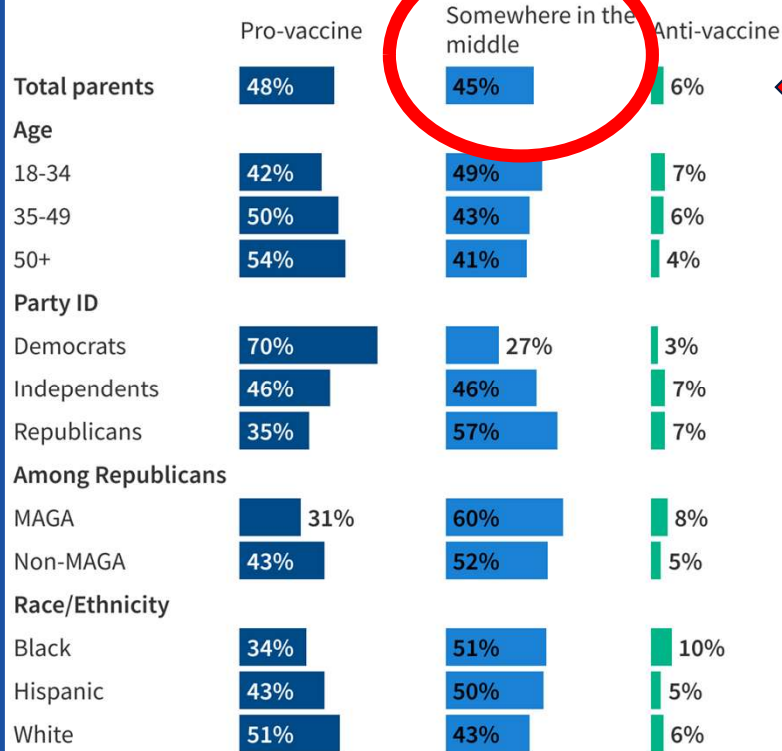
Source: [KFF May 6, 2025](#)



Figure 9

Across Groups, Few Parents Identify As Anti-Vaccine, With Most Saying They Are Pro-Vaccine or Somewhere in the Middle

Do you consider yourself to be pro-vaccine, anti-vaccine, or somewhere in the middle?

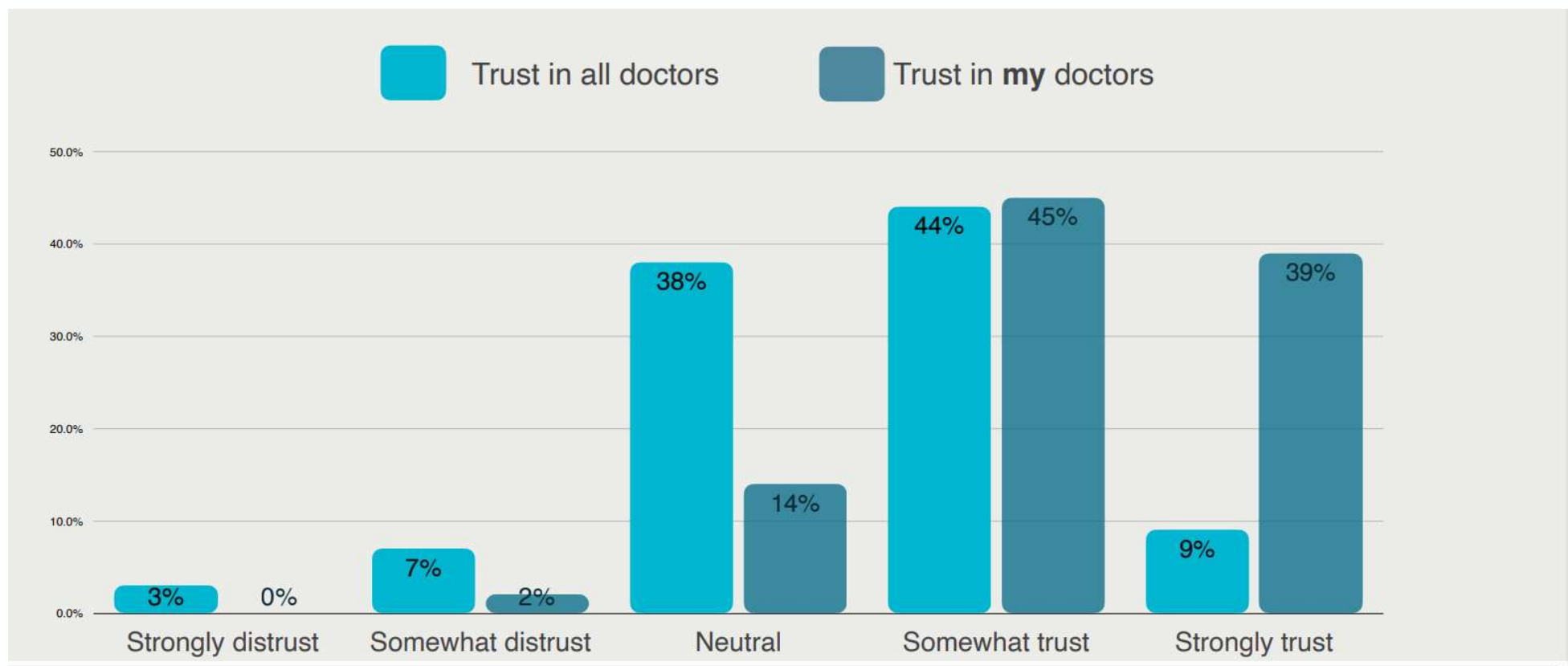


Note: Among parents of children under age 18. Independents include those who identify with 'Other' party. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. See topline for full question wording.

Source: KFF/The Washington Post Survey of Parents (July 18-August 4, 2025)

KFF | The Washington Post

Trust is Relational

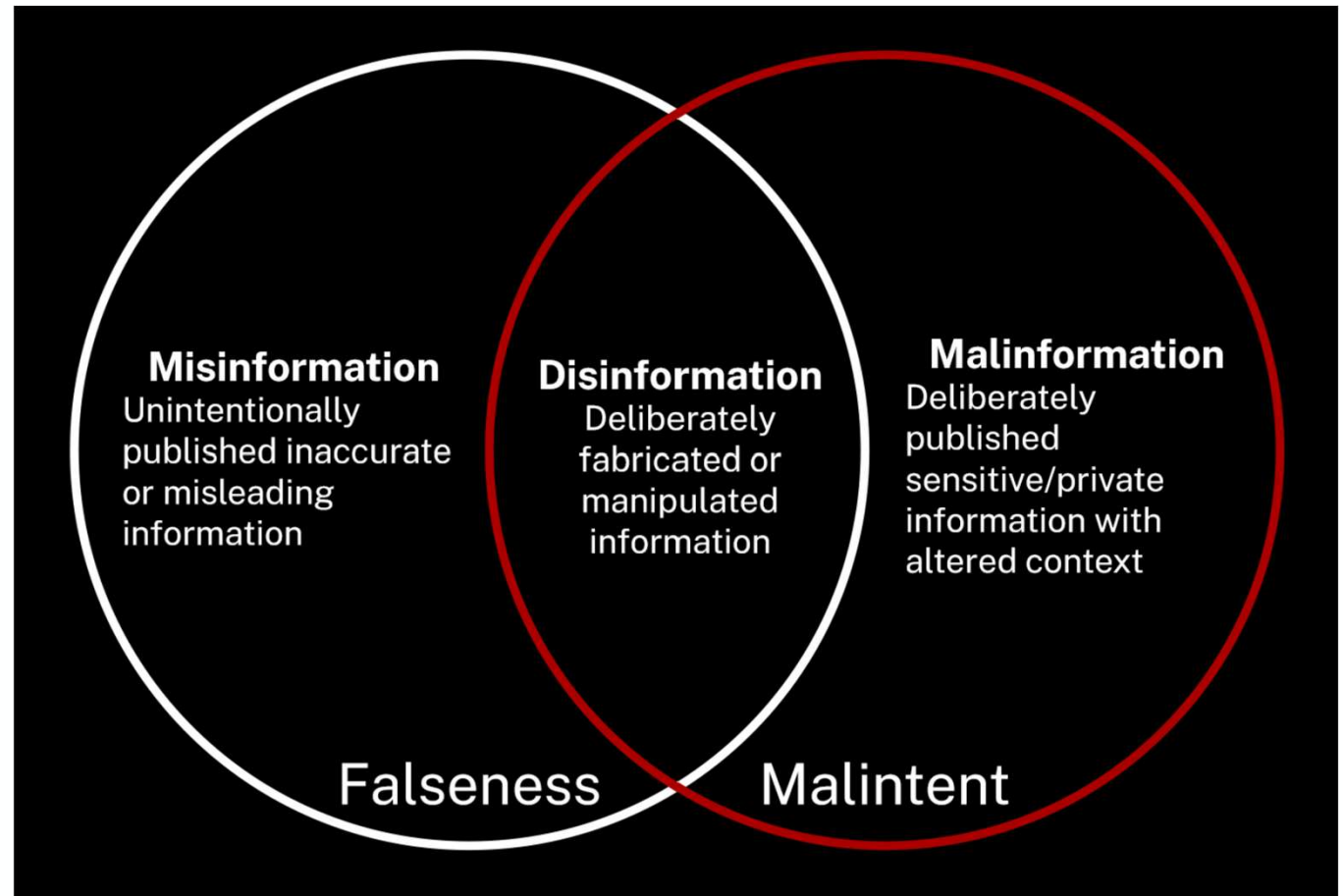


Misinformation:

unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously.

Disinformation: fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumor.

Malinformation: deliberate publication of private information for personal or corporate rather than public interest and often includes deliberate change of context, date or time of genuine content.

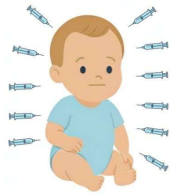


<https://library.csi.cuny.edu/misinformation/mis-dis-mal>

For community facing language: harmful rumors/harmful lies



European Country



11 injections

United States



72 injections

Source: HHS Assessment of U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries – 1/5/26



What Kind of Information Does This Represent?



Teach People to Recognize Falsehoods Before they Encounter Them

ScienceAdvances

Current Issue

First release papers

Archive

About ▼

HOME > SCIENCE ADVANCES > VOL. 8, NO. 34 > PSYCHOLOGICAL INOCULATION IMPROVES RESILIENCE AGAINST MISINFORMATION ON SOCIAL MEDIA

 | RESEARCH ARTICLE | PSYCHOLOGICAL SCIENCE



Psychological inoculation improves resilience against misinformation on social media

JON ROOZENBEEK , SANDER VAN DER LINDEN , BETH GOLDBERG , STEVE RATHJE , AND STEPHAN LEWANDOWSKY  [Authors Info & Affiliations](#)

SCIENCE ADVANCES • 24 Aug 2022 • Vol 8, Issue 34 • DOI: 10.1126/sciadv.abo6254

https://www.science.org/doi/10.1126/sciadv.abo6254?utm_source=substack&utm_medium=email

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN® 

HEALTH (MIS)COMMUNICATION

5 Logical fallacies in the era of RFK Jr.

Common rhetorical tricks that are trending right now



KRISTEN PANTHAGANI, MD, PHD

MAR 04 2026

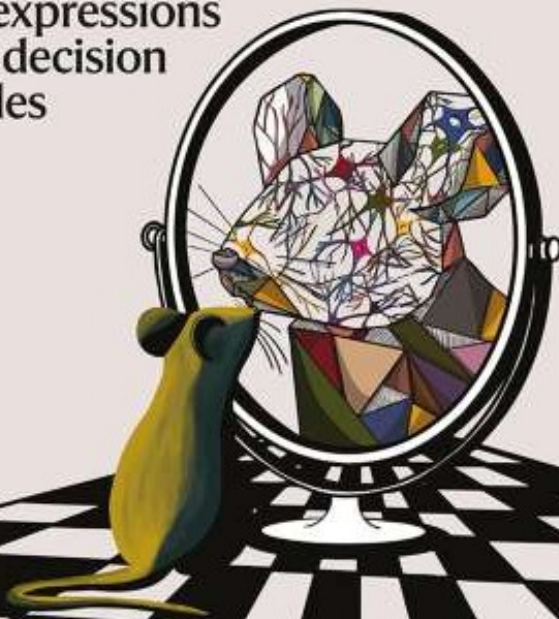
- **Appeal to nature fallacy** (Natural immunity is better than vaccine-induced immunity.)
- **The false dichotomy** (Do children need vaccines or a healthy diet? (They need both!))
- **Ad hominem fallacy** (*Doctors are all corrupt and just want to make money off keeping you sick!)*
- **Common sense fallacy** (Seems true without additional evidence. “*We are overhauling the Federal Dietary Guidelines with clarity and common sense.*”)
- **Post hoc fallacy** (If one event follows another, the first one must have caused the second. A child was diagnosed with autism after getting vaccines, therefore vaccines caused the autism.)

<https://yourlocalepidemiologist.substack.com/p/5-logical-fallacies-in-the-era-of>



nature neuroscience

Facial expressions
reflect decision
variables



“...Insufficient communication and limited engagement beyond academia have deepened the divide between science and the public. **Restoring trust requires a paradigm shift in which scientists accept that the responsibility to champion science lies with us.** We propose a new model in which **public communication and advocacy are considered as essential to our mission as rigor and reproducibility — critical not only for safeguarding science, but also for ensuring that its benefits reach all segments of the societies we serve.**”

—Excerpt from “Science Must Break It’s Silence to Rebuild Public Trust”

Miller, C.T., Basso, M.A., Batista, A.P. *et al.* Science must break its silence to rebuild public trust. *Nat Neurosci* **28**, 2169–2170 (2025). 
<https://doi.org/10.1038/s41593-025-02092-0>



The Essence of Trust

- “*I believe you are reliable and capable*” (**competence**)
- “*I believe you will act with good intention*” (**integrity/compassion**)
- “*I can depend on you to come through*” (**consistency**)



Be
Curious
Not
Judgemental

Setting the Stage for Trust

- Connect human to human
- Make NO assumptions
- Ask questions and WAIT for answers



Establishing and Strengthening a Trusting Relationship

- Communicate with clarity and compassion
- Ensure a welcoming environment
- Build cultural awareness to improve patient outcomes
- Build care delivery through a family centered focus
- Ensure continuity of care
- Continuously work at improving team trust-building skills

Five Research-Based Strategies to Build Public Trust

1. Frame your work in terms of human impact

- Move from stating a program's administrative purpose to how it responds to community concerns.
- Rather than say a program was established to "improve data collection," state "when our epidemiologists noticed an increase in pregnancy-related deaths, we knew we had to take action to protect the health of our state's residents."

2. Build trust through explanation, not appeals to expert authority

- "Trust the science" approach often feels dismissive to a skeptical public. Better to invite people into the process of discovery—shifting from "what we know" to "how we know."
- Instead of asserting "gun ownership doesn't make people safer," explain: "When people have unlocked firearms in the home, it's easier for unintentional child shootings to happen, or for someone to reach for a gun in a volatile moment."



Five Research-Based Strategies to Build Public Trust *cont.*

3. Adopt a partnership stance

- Use language that implies collaboration rather than a one-way directive; show respect for the knowledge and lived experience people bring to their own health.
- Shift from “ask your doctor” to “talk with your doctor” and “recommendations” to “steps you can take”

4. Embrace trust as dynamic, not fixed

- Trust is influenced by history and how we show up in the relationship now. Avoiding the mention of past harms can make institutions seem irresponsible.

5. Respond strategically (not defensively) to deceptive discourse

- When countering mis- and dis-information, avoid restating harmful ideas. Repeating a myth often reinforces it.
- Advance a productive, proactive frame.



Words Matter

- Instead of “parents are **confused**”... Parents are “**understandably overwhelmed**”
- Instead of “**herd immunity**”... “**Community immunity**”
- Normalize immunization: “**The vast majority of American families understand and value the importance of vaccines to keep their children and communities safe.**”
- Emphasize partnership, not medical expertise ... “**Parents are the experts** on their child, pediatricians have **special knowledge** and experience in what children need to thrive. **Together** we can make sure your child thrives,”
- Instead of “**misinformation/disinformation**”... “**harmful rumors/harmful lies**”
- Instead of “**all pediatricians**”... “**in my practice/in my experience**”



Responding to Misinformation in Real Time



FACT CHECKED

HEPATITIS B

Hepatitis B can be passed from parent to baby at birth—and when that happens, the consequences can be **deadly**.

It is **unscientific and dangerous** to intentionally ignore the success of U.S. vaccination programs or argue that the U.S. should not vaccinate babies for hepatitis B at birth.

FACT CHECKED

HEPATITIS B

Hepatitis B can be passed from parent to baby at birth—and when that happens, the consequences can be **deadly**.

It is **unscientific and dangerous** to intentionally ignore the success of U.S. vaccination programs or argue that the U.S. should not vaccinate babies for hepatitis B at birth.



AAP Vaccine Fact Checked Resources

- [Fact Checked: Receiving Multiple Vaccines Does Not Overwhelm a Child's Immune System](#)
- [Fact Checked: Aluminum in Vaccines Strengthen Immune Responses, Do Not Cause Autism, Serious Health Issues](#)
- [Fact Checked: Vaccines: Safe and Effective, No Link to Autism](#)
- [Fact Checked: Extensive Research Shows Thimerosal is Safe](#)
- [Fact Checked: Hepatitis B Vaccine Given to Newborns Reduces Risk of Chronic Infection](#)



AAP Vaccine Fact Checked Resources

- [Fact Checked: There Is No Link Between Vaccines and Sudden Infant Death](#)
- [Fact Checked: Vaccines Do Not Contain Fetal Cells, Thimerosal](#)
- [Fact Checked: Childhood Vaccines Are Carefully Studied—including with Placebos—to Ensure They're Safe and Effective](#)
- [Fact Checked: DTaP Vaccine Stops Spread of Whooping Cough](#)
- [Fact Checked: Immunizations Are Essential for Public Health and Child Safety](#)
- [Fact Checked: The Measles Vaccine is Safe and Effective](#)



Follow pediatricians for trustworthy content on children's health

As you read up on things that affect your child's health, you may come across false rumors or outdated ideas—especially on the internet and social media. It's important to find trustworthy, up-to-date information. That can be hard when the internet and social media can elevate falsehoods and products that claim to improve kids' health. Pediatricians, on the other hand, chose their demanding profession because they care deeply about children and families. Here are some pediatricians, medical researchers and children's health experts the American Academy of Pediatrics trusts to be accurate and honest and to speak from a place of caring for kids.



Dr. Tanya Altmann, MD, FAAP
Pediatrician in California
@DrTanyaAltmann
@drtanyaaltmann



Dr. Edith Bracho-Sanchez, MD, FAAP
Primary Care Pediatrician in New York
@doctora_edith
Healthy Children Podcast



Dr. Ari Brown, MD, FAAP
Pediatrician in Texas
@aribrownmd
@baby411book
@aribrownmd



Dr. Scott Hadland, MD, FAAP
Pediatrician/Adolescent Medicine Specialist in Massachusetts
@drscottheadland
@DrScottHadland



Dr. Meghan Martin, MD, FAAP
Pediatric Emergency Physician in Florida
@dr.beachgem10
@beachgem10



Dr. Tommy Martin, MD, FAAP
Internal Medicine/Pediatric Physician in Massachusetts
@dr.tommymartin
Dr. Tommy Martin
@dr.tommymartin

'Follow Pediatricians for Trustworthy Content' Flyer or Poster

This template prints an 8.5" x 11" page of pediatricians to follow in social media.



Download



Follow My Feed
healthychildren.org

"Follow My Feed" QR Button Pin

This template prints a 2.25-inch round button.

Download





What Can YOU Do?

- Amplify fact-based messages
- Provide resources to your families:
 - [Healthychildren.org](https://www.healthychildren.org)
 - [Fact Checked](#) resources
- *Continue to develop & strengthen trusted relationships with families*

Evidence Frameworks



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





Staying Grounded in Science

- Robust research
- Expert lead decision making
- Collaboration
- Transparency
- Multistakeholder input
- Robust discussion



GRADE Framework



General Committee-Related Information ACIP Work Groups ACIP Meeting Information ACIP Recommendations

GRADE Evidence Tables – Recommendations in MMWR

AT A GLANCE

The following is an index of GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methods and evidence tables that accompany ACIP recommendations. This standardized process for developing ACIP recommendations enhances transparency, consistency, and communication.

- In making healthcare decisions, patients and clinicians must weigh up the benefits and downsides of alternative strategies
- Decision makers are influenced not only by the best estimates of the expected advantages and disadvantages but also by their confidence in these estimates
- In 2010 ACIP implemented the GRADE approach for developing evidence-based recommendations.



Separating Strength of Recommendations from Level of Certainty

- Likelihood of an outcome: **40% chance of showers**
- Confidence in that assessment: **10%**





USPSTF Recommendations Categories

- Counseling
- Screening
- Preventive medication



USPSTF Pediatric & Adolescent Recommendations*

- High BP screening
- STI counseling
- Unhealthy Drug and Alcohol Use Screening & Counseling
- Tobacco use counseling
- HIV screening
- Ocular prophylaxis for GC ophthalmia neonatorum
- Skin cancer prevention counseling
- Idiopathic scoliosis screening
- Celiac disease screening
- Screening for Lipid Disorders in Children & Adolescents
- Autism spectrum disorder screening
- Iron deficiency screening
- Testicular cancer screening
- Syphilis infection during pregnancy screening
- Food insecurity screening
- High BMI in children and adolescents counseling
- Prevention of child maltreatment counseling and screening
- Speech and language delays in children screening
- Oral health in children and adolescents screening, counseling and preventive medication
- Prevention of acquisition of HIV: PEP preventive medication

*list is incomplete

Strength of Recommendations

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Based on GRADE

(From the USPSTF website)



Level of Certainty Regarding Net Benefit

Levels of Certainty Regarding Net Benefit

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: • The number, size, or quality of individual studies. • Inconsistency of findings across individual studies. • Limited generalizability of findings to routine primary care practice. • Lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: • The limited number or size of studies. • Important flaws in study design or methods. • Inconsistency of findings across individual studies. • Gaps in the chain of evidence. • Findings not generalizable to routine primary care practice. • Lack of information on important health outcomes. More information may allow estimation of effects on health outcomes.

*The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.

Based on GRADE

(From the USPSTF website)





Immunization Considerations

- Safety
- Efficacy
- Burden of disease
- Health economic data
- Other factors
- Grading of Recommendations, Assessment, Development and Evaluation ([GRADE](#)) approach and the Evidence to Recommendations (“[EtR](#)”) framework

Evidence to Recommendations (EtR)



[General Committee-Related Information](#) [ACIP Work Groups](#) [ACIP Meeting Information](#) [ACIP Recommendations](#)

Evidence to Recommendations Frameworks

AT A GLANCE

The following is an index of the Evidence to Recommendations (EtR) frameworks that accompany ACIP recommendations. The purpose of the EtR framework is to describe information for consideration in making recommendations move from evidence to decisions, and to provide transparency around the impact of these factors on deliberations when considering a recommendation.

List of Evidence to Recommendations Framework Tables

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6290811/>

- GRADE doesn't allow for other factors related to translating evidence into clinical recommendations
- Health economic data, implementation concerns and priorities
- The EtR framework (adopted in 2018) elucidates the additional factors considered in vaccine recommendation deliberations and facilitates transparency, consistency, and communication of recommendations to health care providers, partner organizations, and the public.



Every day you show up, is
a better day for kids.

KEEP SHOWING UP!!



Thank you!



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

