Strengthening Trust Through Evidence and Compassion

Susan Kressly, MD, FAAP
AAP Immediate Past-President

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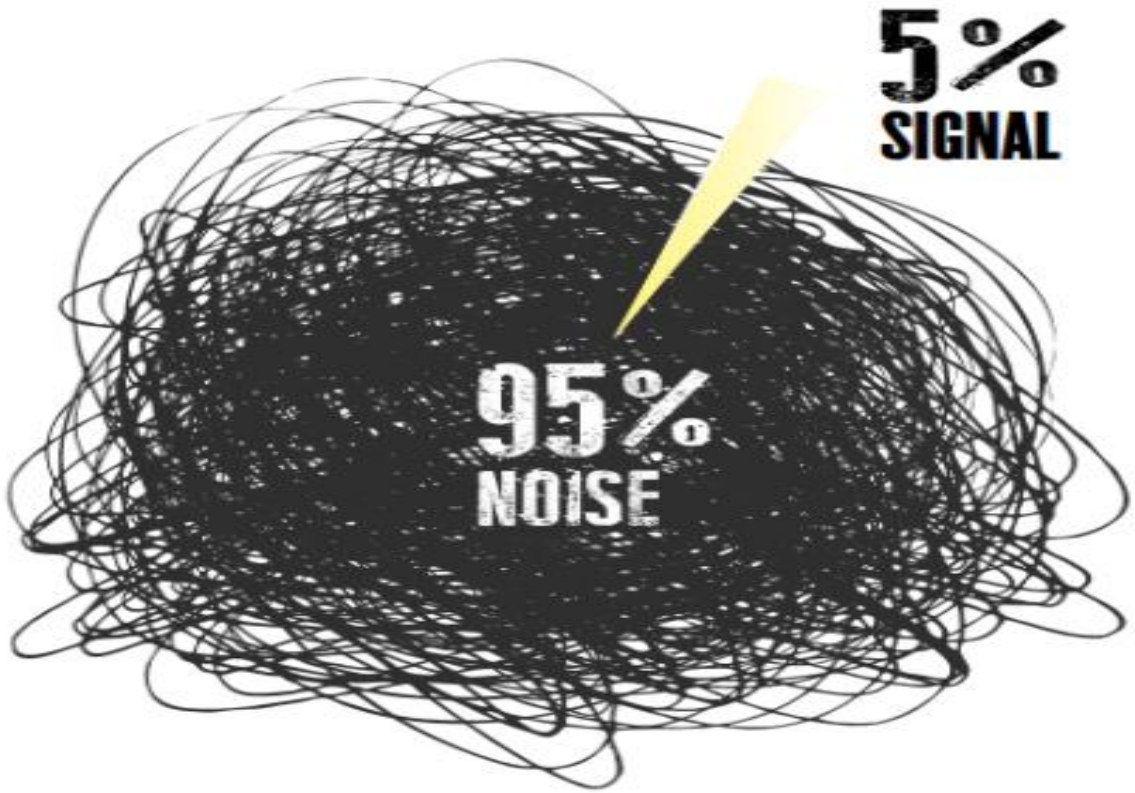
Learning Objectives

- Understand the current state of trust regarding health messaging.
- Review evidence-based frameworks used for medical recommendations
- Embrace your power in strengthening family trust through evidence and compassion.

Centering Mission and Impact in a Chaotic Environment



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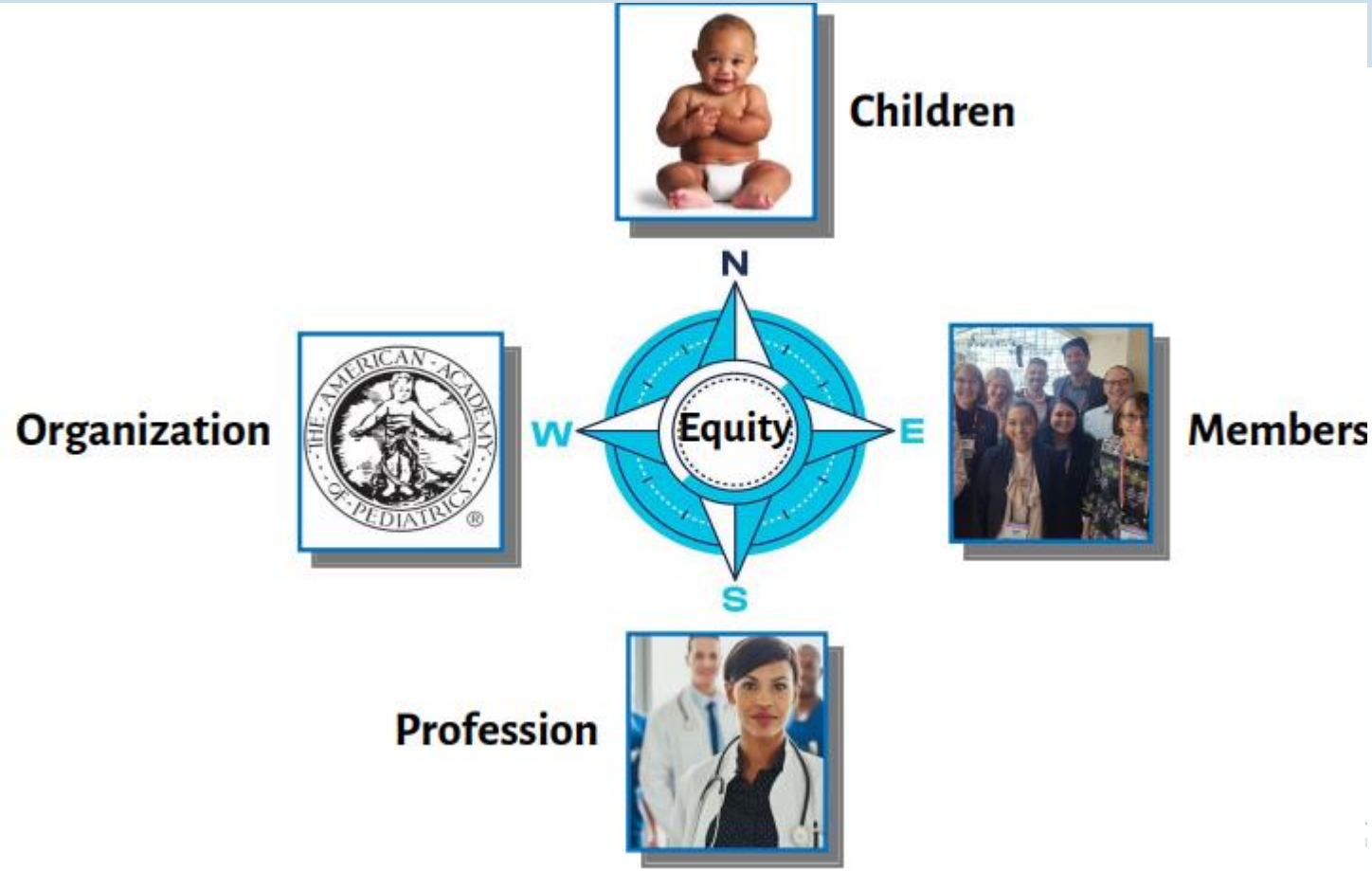
Framing Our Collective Work at the AAP



Vaccines

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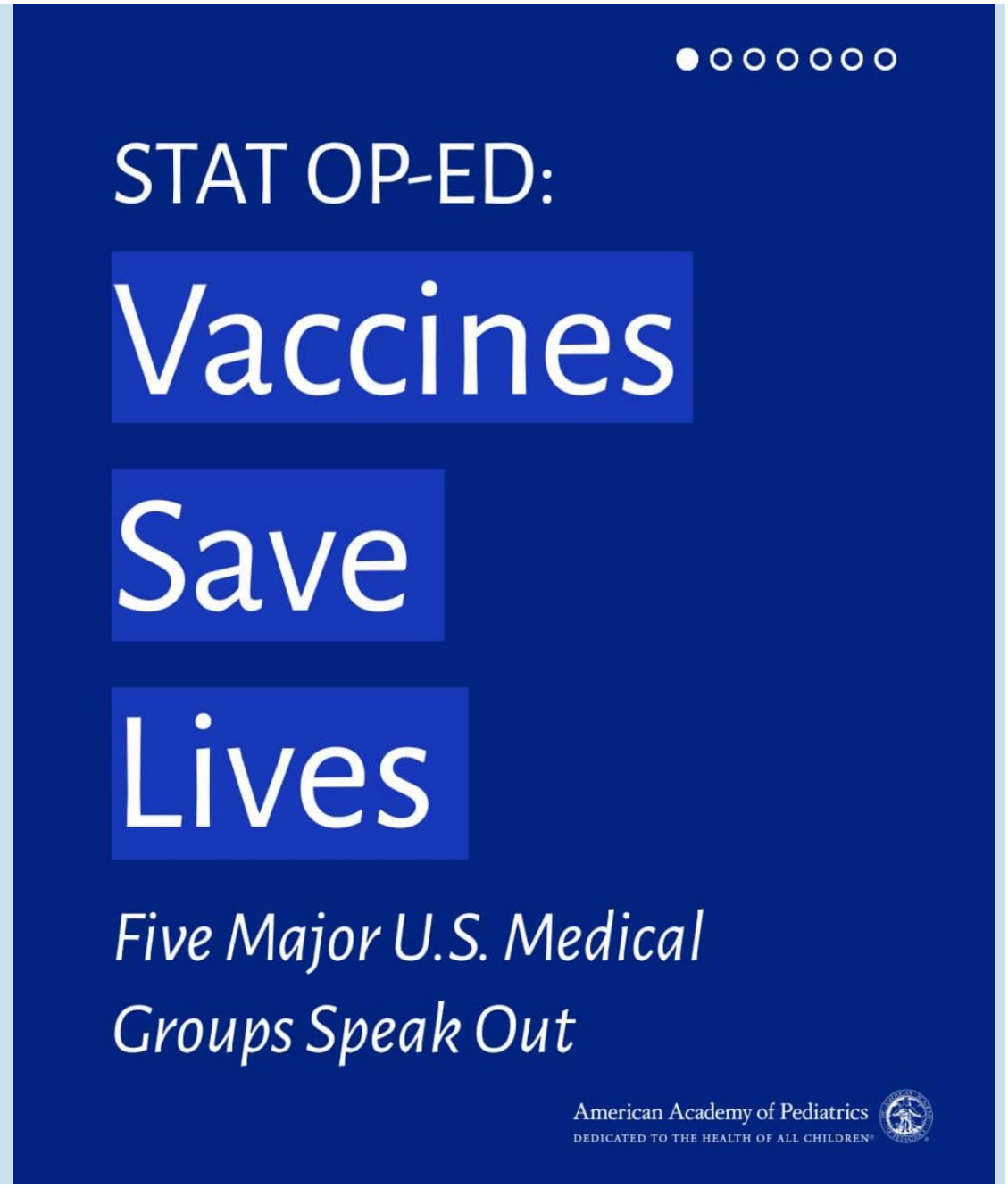
Staying Grounded in Science

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

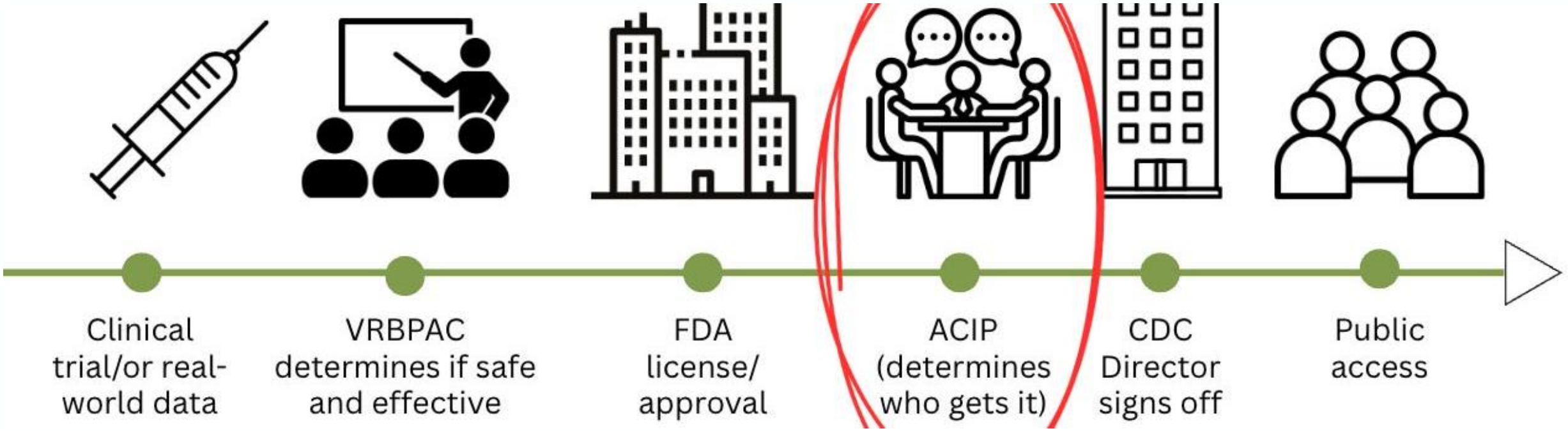


Vaccines: AAP History

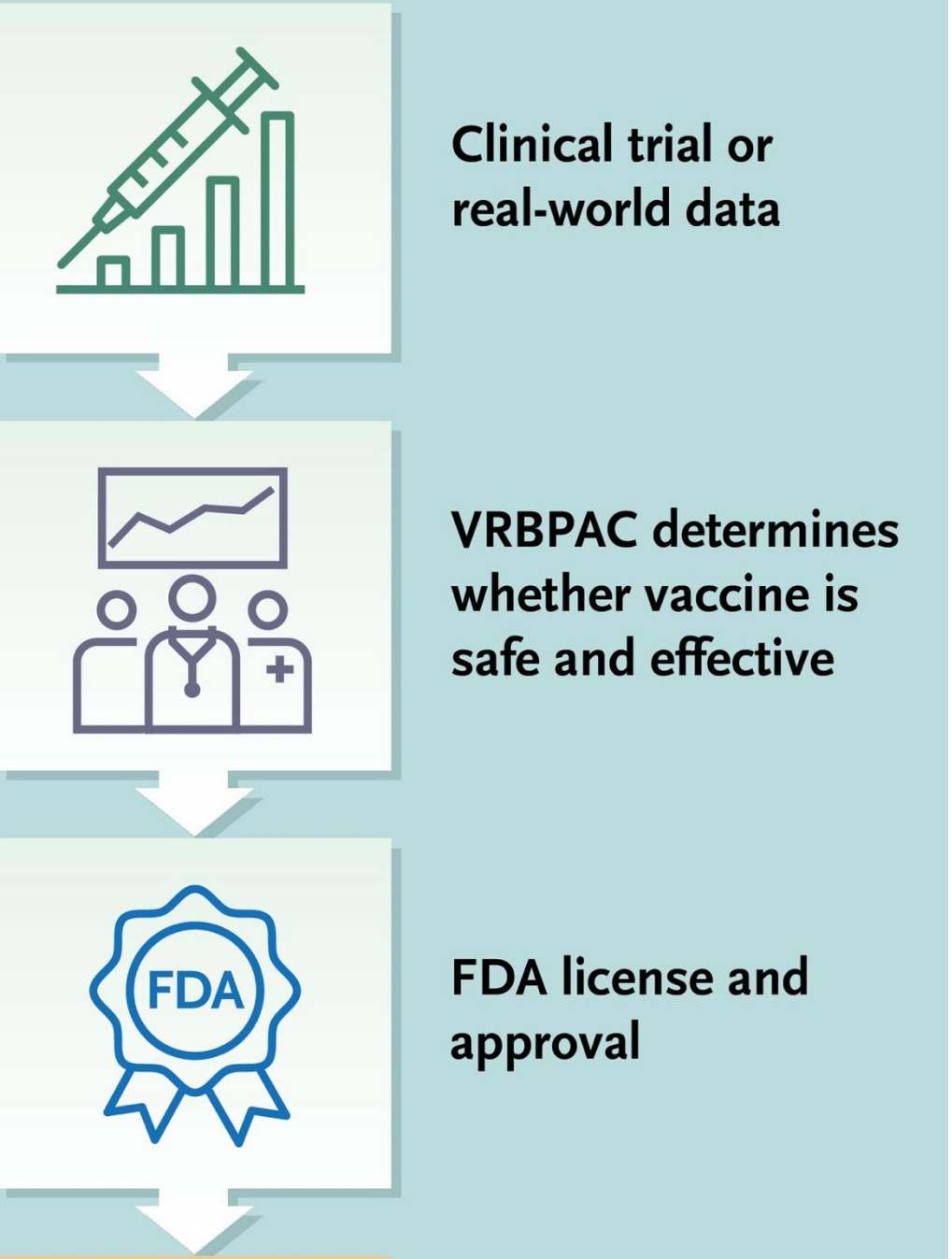
- AAP immunization recommendation process began in 1934
- 1938: Committee on Immunization Procedures published an 8-page pamphlet on recommendations for pertussis, diphtheria, tetanus and smallpox (became the *Redbook*)
- 1960s: AAP, US Government, and American Public Health Association encourages move from ad hoc committee guidance toward more formal process
- 1964 ACIP established by Surgeon General Luther Terry, MD

"Appointed members would guide the CDC and HHS, using scientific standards to evaluate and recommend use of immunizations."

Understanding How the Vaccine Process works

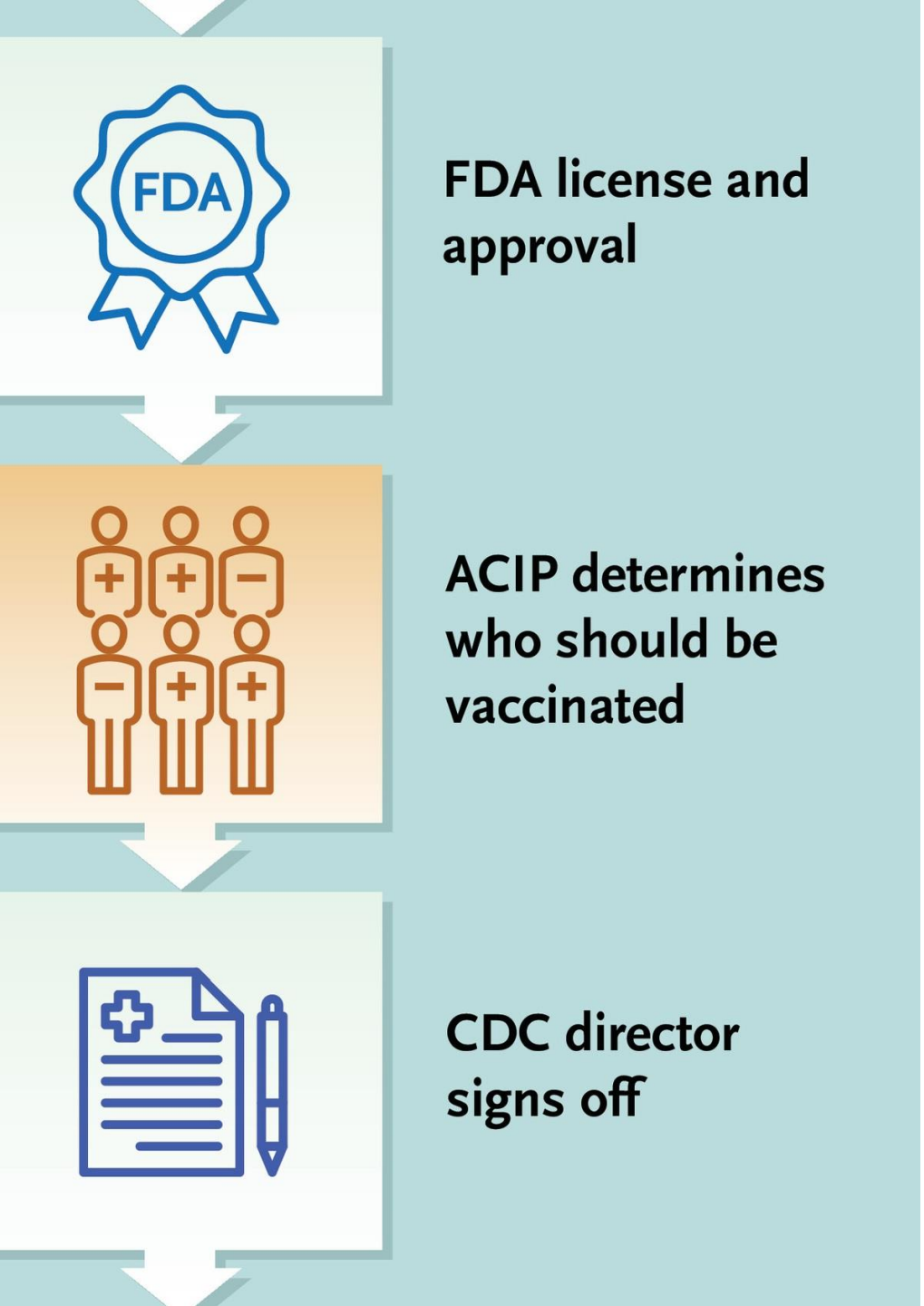


From Your Local Epidemiologist blog



Vaccines and Related Biological Products Advisory Committee

- Reviews and evaluates data concerning safety, effectiveness and appropriate use of vaccines and related biological products.
- 15 voting members including the Chair. Members and the Chair are selected by the Commissioner ***or designee*** from among authorities knowledgeable in the fields of immunology, molecular biology, rDNA, virology; bacteriology, epidemiology or biostatistics, vaccine policy, vaccine safety science, federal immunization activities, vaccine development including translational and clinical evaluation programs, allergy, preventive medicine, infectious diseases, pediatrics, microbiology, and biochemistry.
- FDA does not have to listen to this committee but usually does.



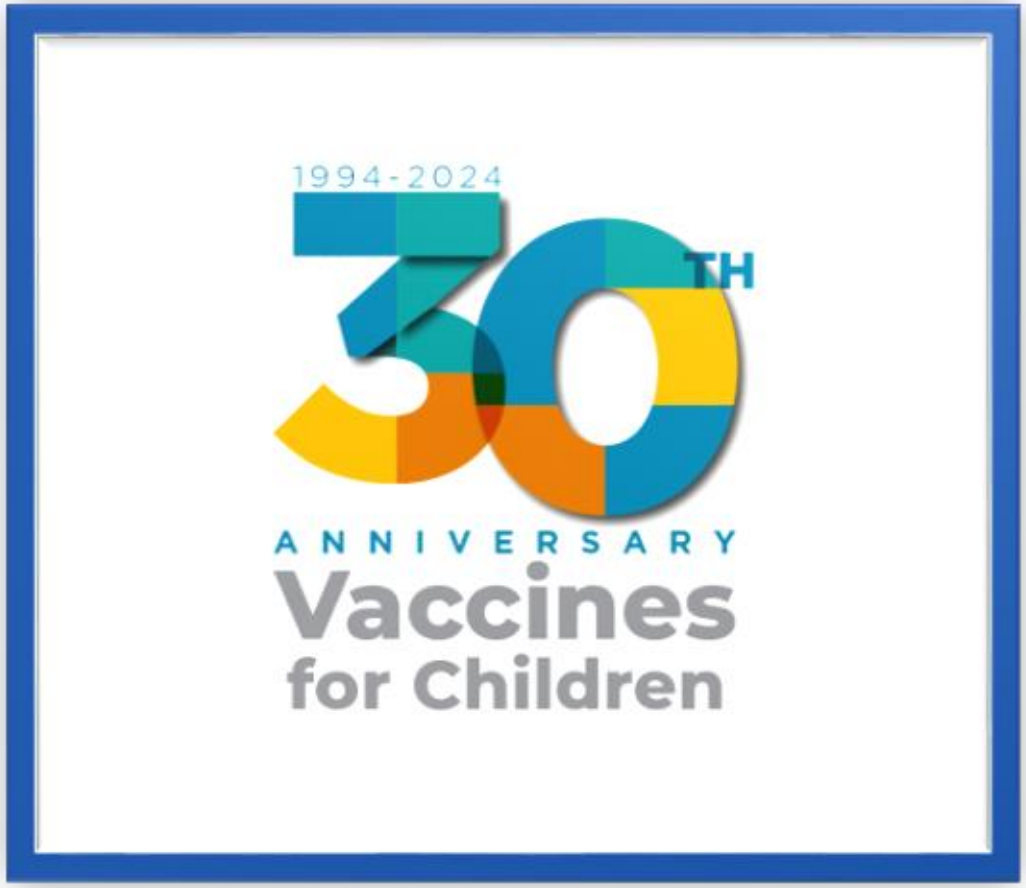
Advisory Committee on Immunization Practices

- The Committee shall provide advice for the control of diseases for which a vaccine is licensed in the U.S.
- Up to 19 Special Government Employees, including the Chair. Members shall be selected from authorities who are knowledgeable in the fields of immunization practices and public health, have expertise in the use of vaccines and other immunobiologic agents in clinical practice or preventive medicine, have expertise with clinical or laboratory vaccine research, or have expertise in assessment of vaccine efficacy and safety.
- Non-voting liaison representatives from professional expert and public health organizations (31 listed).
- Subcommittees deliberate and prepare information to be presented at meetings prior to voting.

The Vaccine Infrastructure

- Advisory Committee on Immunization Practices
- Vaccines for Children
- Vaccine Injury Compensation Fund

Vaccines For Children



- Provides free vaccines to children who are uninsured, underinsured, Medicaid-eligible, American Indian/Alaskan Native
- Was founded in response to 1989-91 measles outbreak
- Saves money, minimizes barriers to vaccination and improves private-public collaboration

https://www.cdc.gov/vaccines-for-children/about/index.html

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2023 will:

prevent **508 million** illnesses
(32 million hospitalizations)

more than the current population of the entire U.S.A.

help avoid **1,129,000** deaths

greater than the population of Seattle, WA

save nearly **$2.7 trillion** in total societal costs
(that includes $5.40 billion in direct costs)

more than $8,000 for each American

Updated 2023 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2023"

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

www.cdc.gov/vaccines/vfcprogram/

NCIRDWEB | 08/24/24

30TH ANNIVERSARY Vaccines for Children

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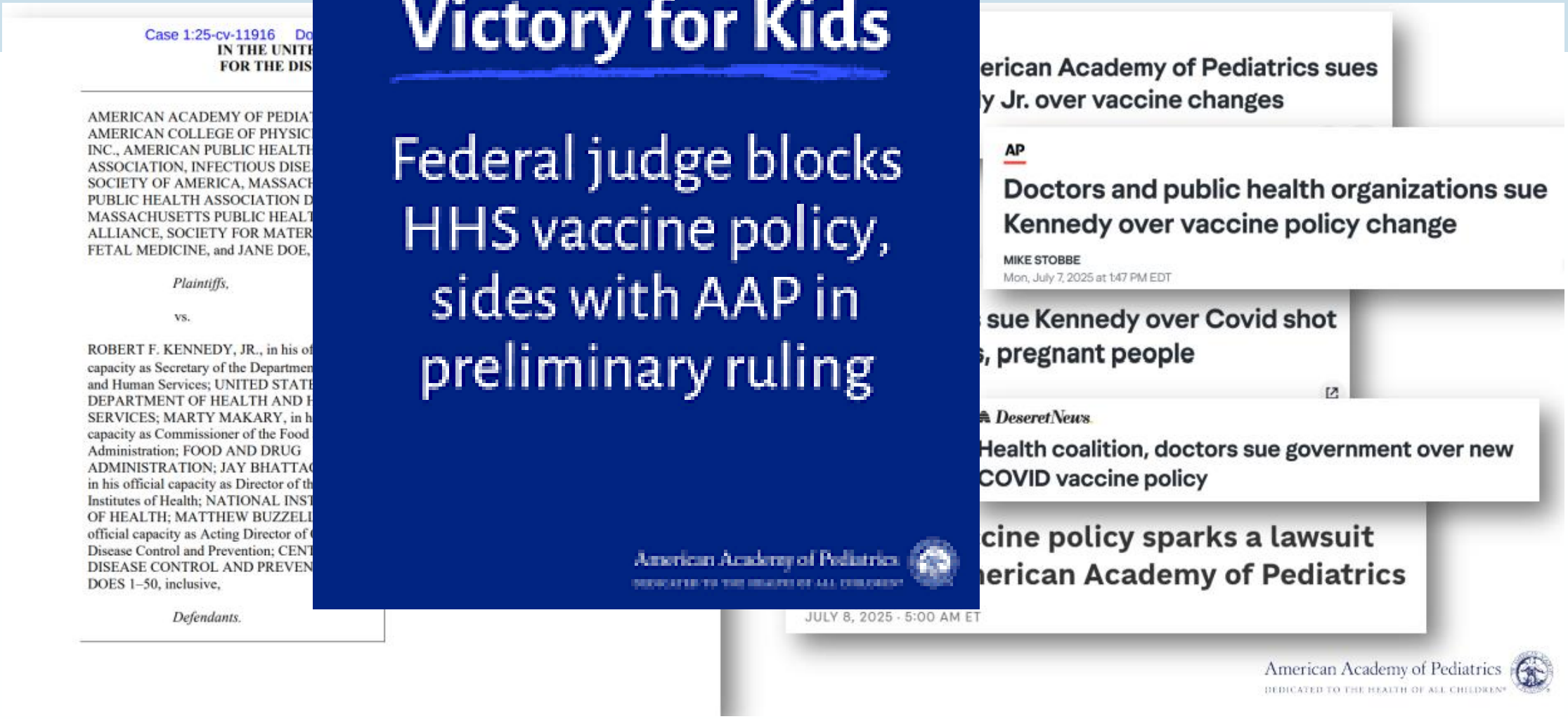

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AMERICAN ACADEMY OF PEDIA
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MASSACHUSETTS PUBLIC HEALT
ALLIANCE, SOCIETY FOR MATER
FETAL MEDICINE, and JANE DOE,

Plaintiffs,

vs.

ROBERT F. KENNEDY, JR., in his of
capacity as Secretary of the Departmen
and Human Services; UNITED STATE
DEPARTMENT OF HEALTH AND H
SERVICES; MARTY MAKARY, in h
capacity as Commissioner of the Food
Administration; FOOD AND DRUG
ADMINISTRATION; JAY BHATTA
in his official capacity as Director of th
Institutes of Health; NATIONAL INST
OF HEALTH; MATTHEW BUZZELL
official capacity as Acting Director of
Disease Control and Prevention; CENT
DISEASE CONTROL AND PREVEN
DOES 1–50, inclusive,

Defendants.

Victory for Kids

Federal judge blocks HHS vaccine policy, sides with AAP in preliminary ruling

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erican Academy of Pediatrics sues
y Jr. over vaccine changes

AP

Doctors and public health organizations sue Kennedy over vaccine policy change

MIKE STOBBE
Mon, July 7, 2025 at 1:47 PM EDT

sue Kennedy over Covid shot
, pregnant people

DeseretNews

Health coalition, doctors sue government over new COVID vaccine policy

cine policy sparks a lawsuit
erican Academy of Pediatrics

JULY 8, 2025 · 5:00 AM ET

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Evidence Frameworks

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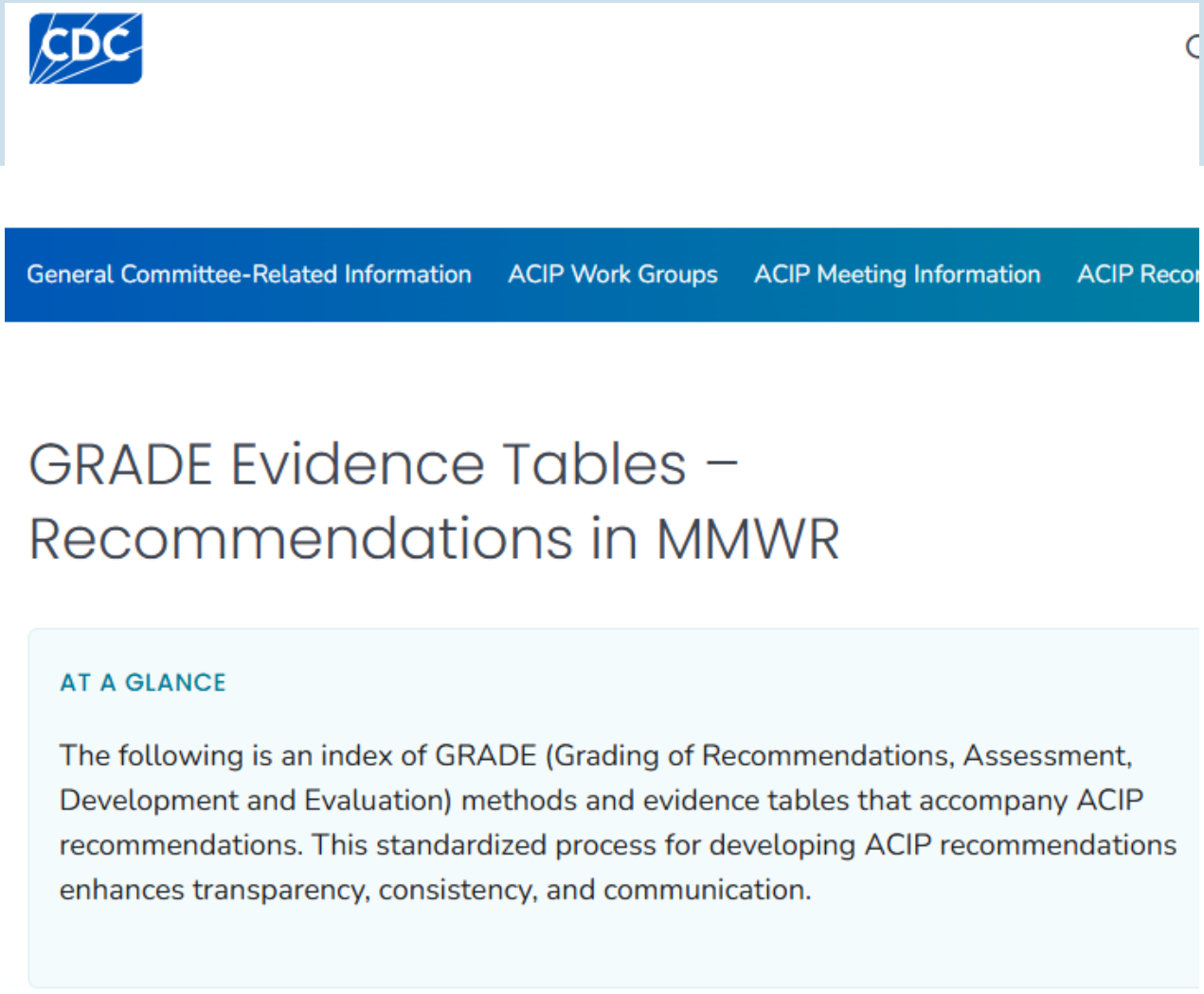
Immunization Considerations

- 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

GRADE Framework



- 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.

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"I figure there's a 40% chance of showers, and a 10% chance we know what we're talking about."

Separating Strength of Recommendations from Level of Certainty

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

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

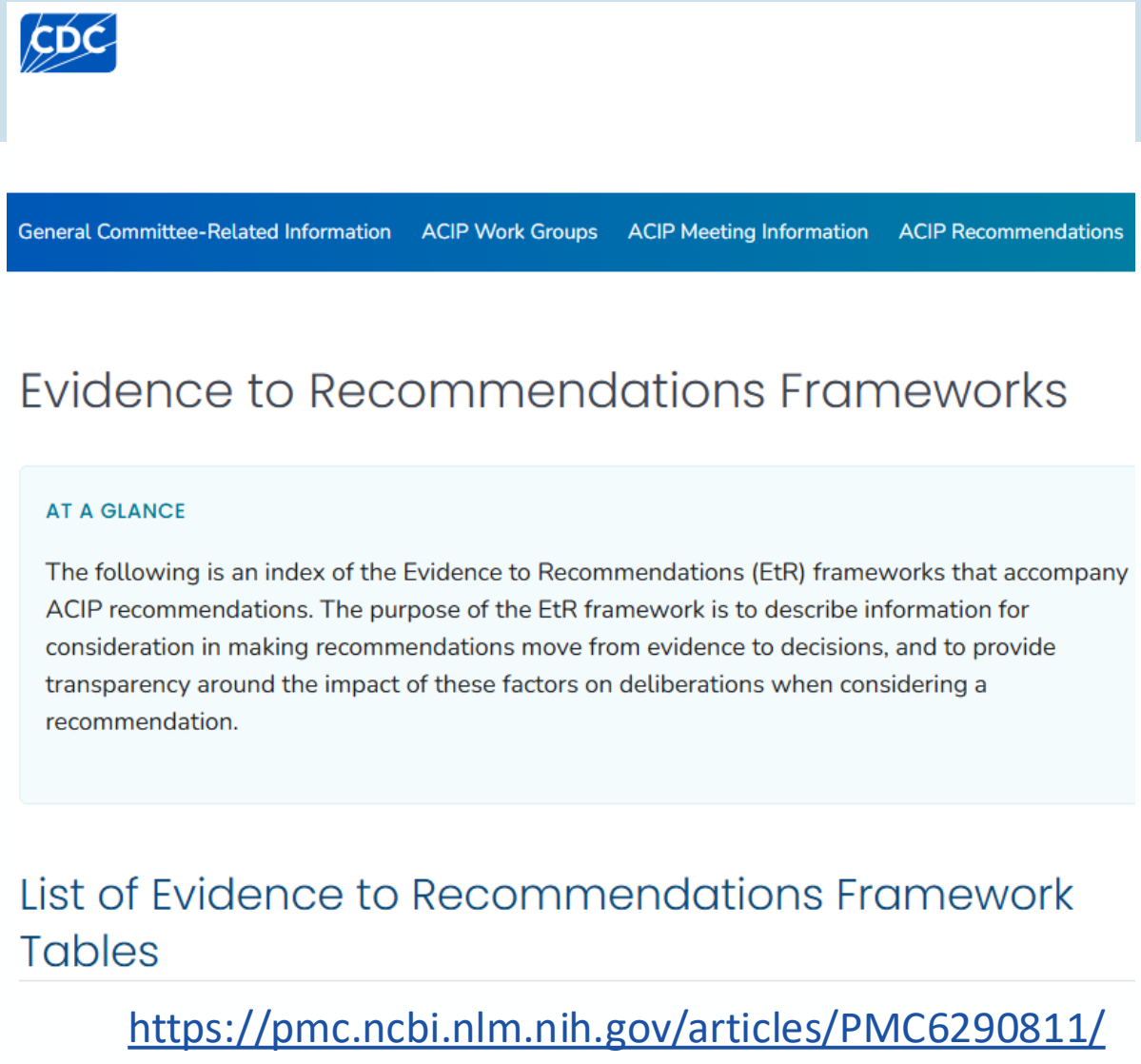
Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to 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)

Evidence to Recommendations (EtR)



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.

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USPSTF Recommendations

The U.S. Preventive Services Task Force is a scientifically independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

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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

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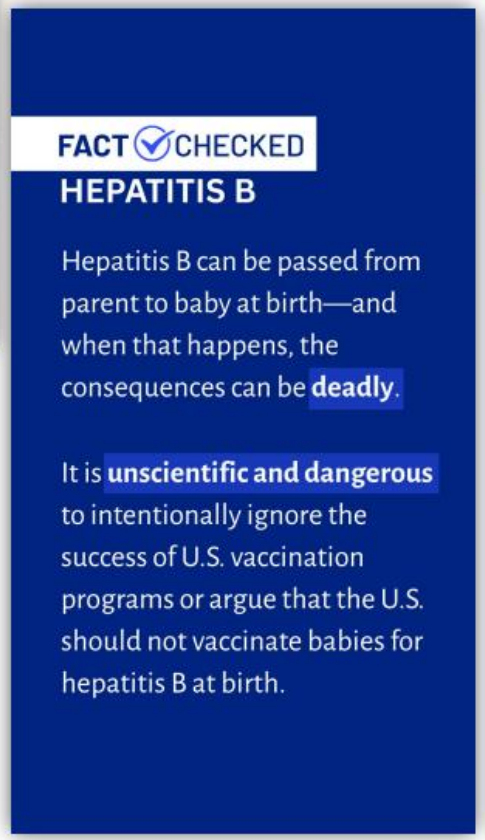
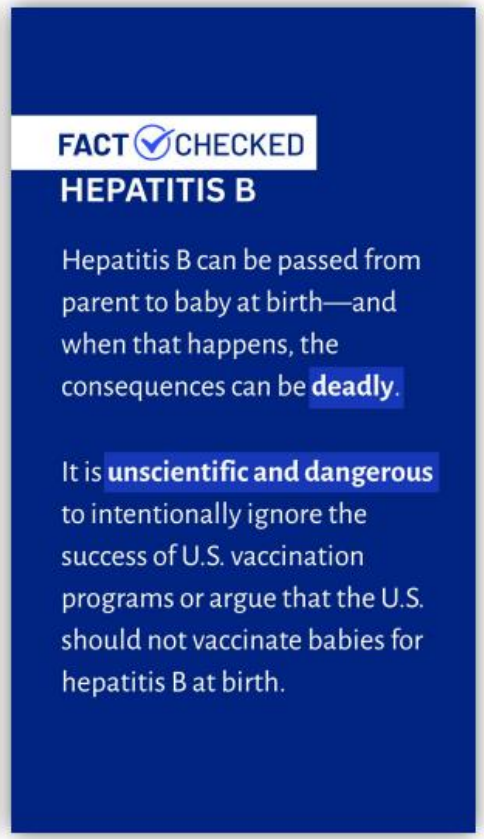
*list is incomplete

Responding to Misinformation in Real Time





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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

'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" QR Button Pin

This template prints a 2.25-inch round button.

Download

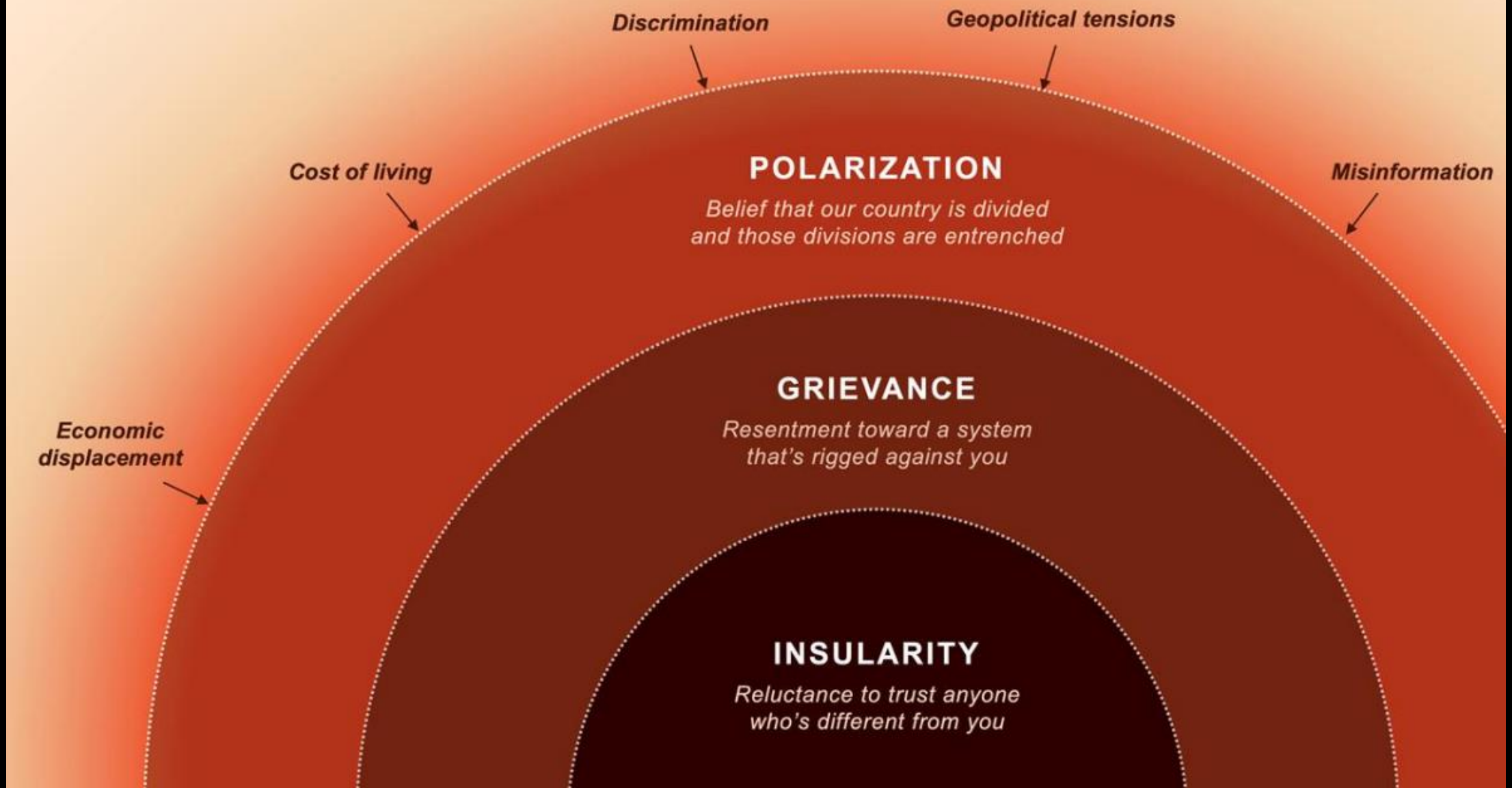
However …….

- We can’t fact check our way out of a trust crisis
- We don’t just have a misinformation problem, we have a relationship problem

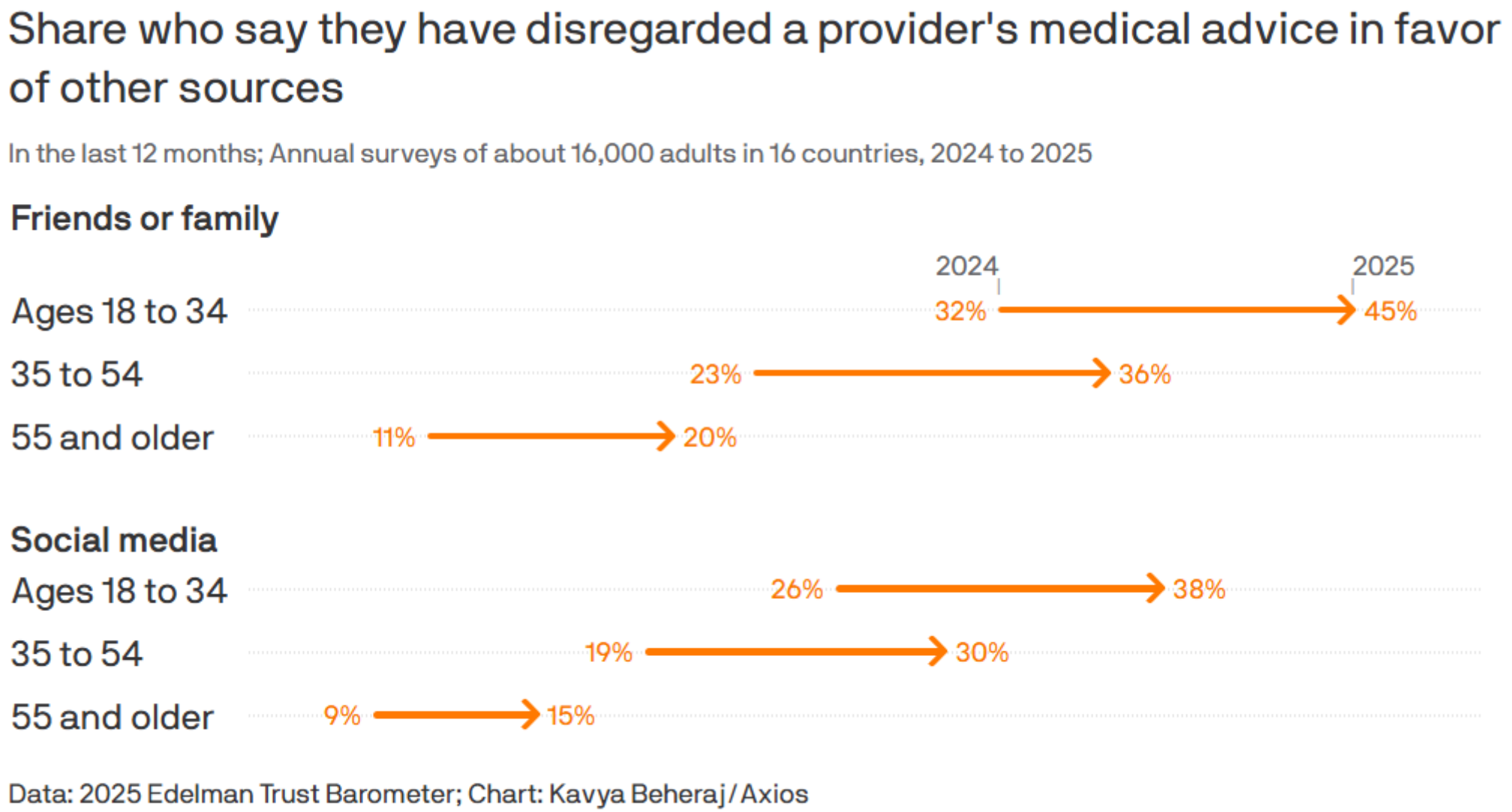
Trust

The Superpower of Pediatrics!

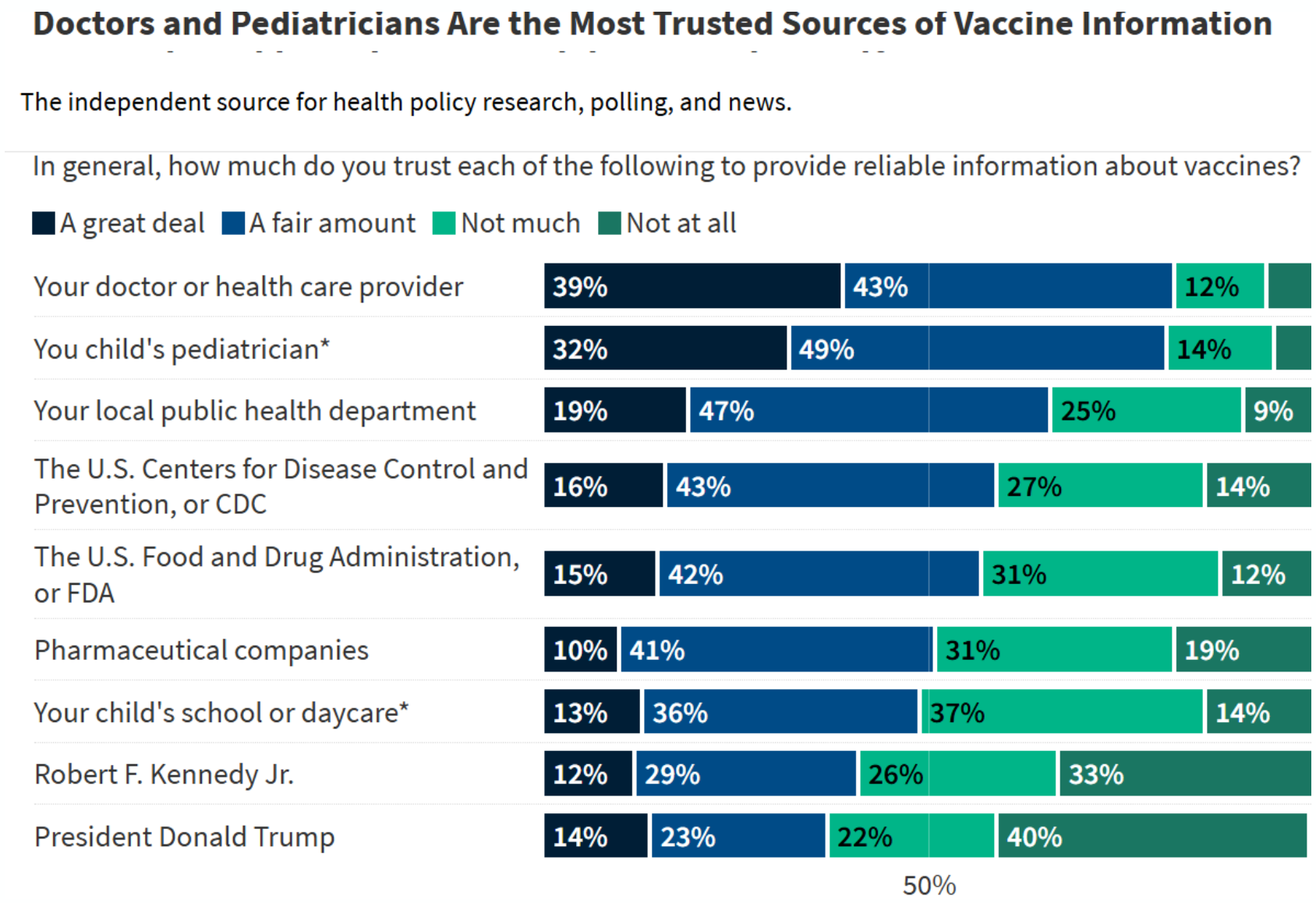
The Retreat Into Insularity



Young Adults Increasingly Taking Health Decisions into Their Own Hands



KFF Tracking Poll: Vaccine Safety and Trust



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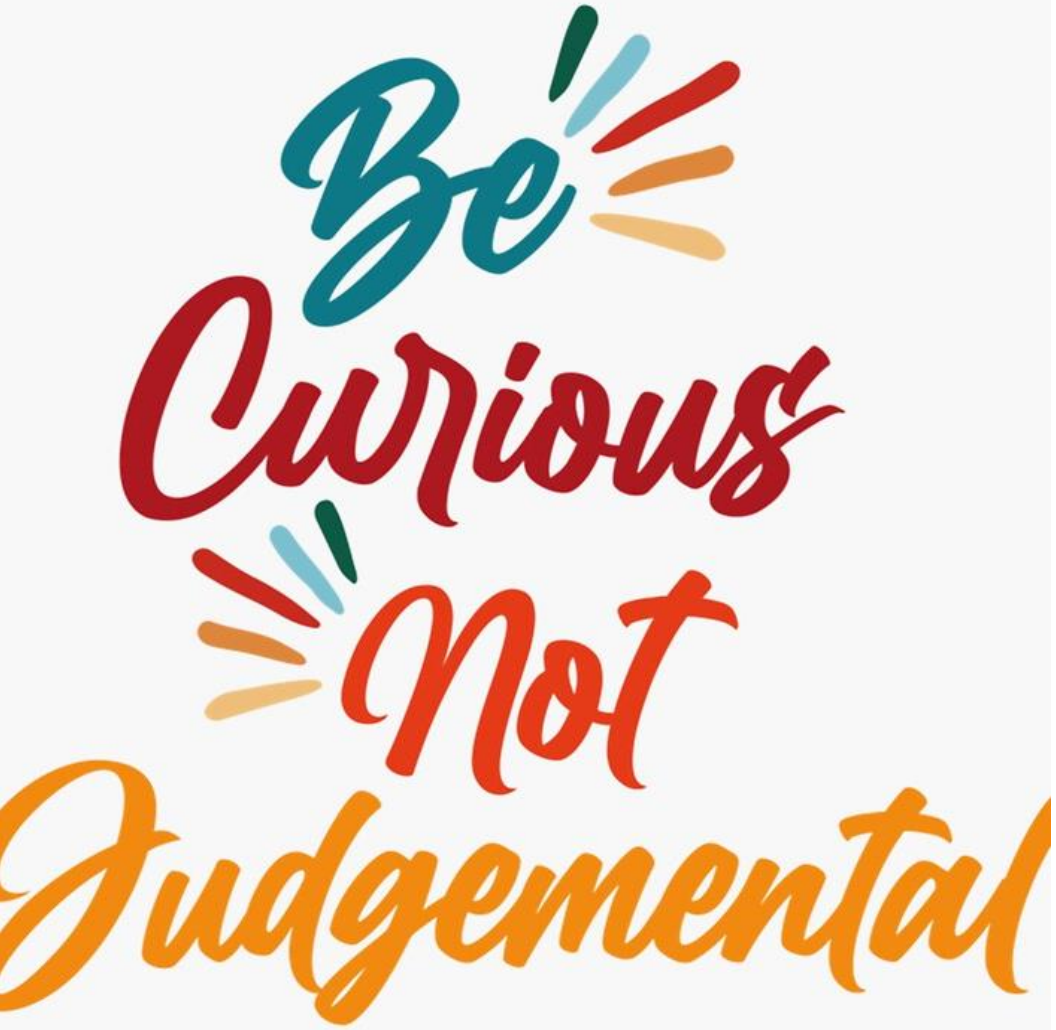
Source: [KFF May 6, 2025]

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**)



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

Teach People to Recognize Falsehoods Before they Encounter Them

Science Advances

Current Issue First release papers Archive About

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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

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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-induce 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

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 both their children and their 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 as partners** we can partner to make sure that your child thrives"
- Instead of **"misinformation/disinformation"**……"**harmful rumors/harmful lies"**
- Instead of **"all pediatricians"……"in my practice"**
- Be wary of leading with fear and risk…**emphasize children "learning/playing/thriving"**

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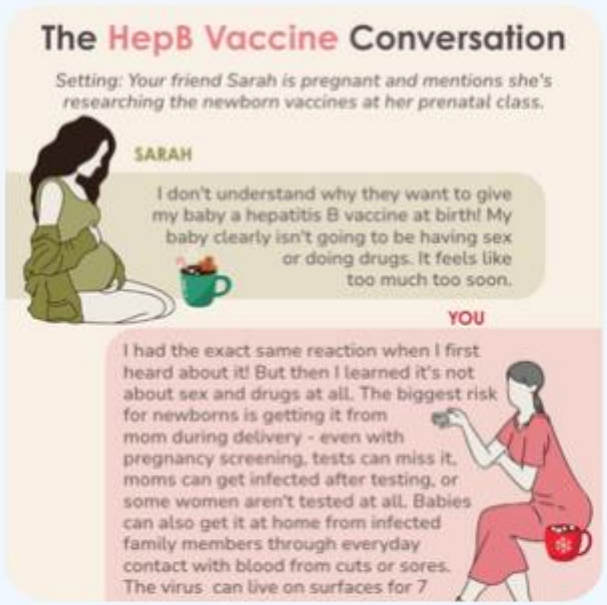
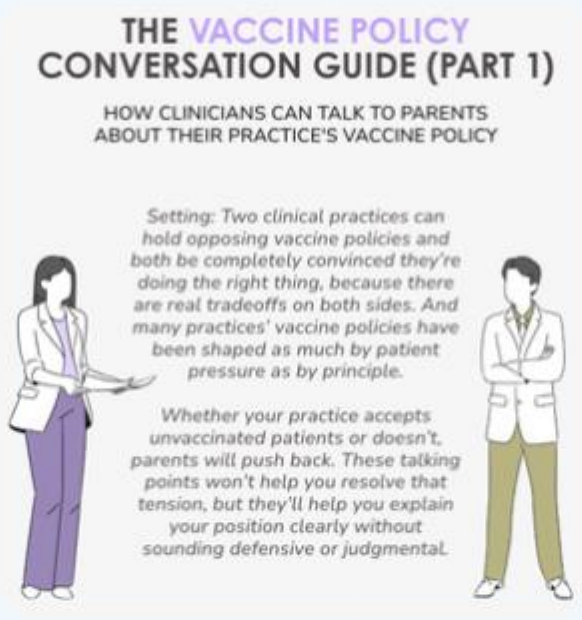
Take Advantage of Messaging Expertise

https://www.unbiasedscience.org/academy-conversation-guides



HepB Vaccine

Read Here



Vaccine Policy 1

Read Here

Vaccine Policy 2

Read Here

Opportunities

- Pediatricians often lead with our hearts; parents want connection and to feel seen/heard/valued
- Channel your inner toddler and be curious and ask questions
- Plant seeds for long-term advancement
- Engage in your medical community: not everyone shares our knowledge and passion about vaccines
- Engage in your social community: not every family has exposure to a pediatrician

Redefining Success

- Was I mindfully present with patients and families today?
- Did I try to connect with my patients as people before offering advice?
- Did I plant seeds for a trusted relationship?
- Did I ground my care and advice in facts and science?
- Did I lead with compassion?
- *"Pace yourself, so you don't wreck yourself" -Ray Bignall*

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

KEEP SHOWING UP!!

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Thank you!

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