



Strengthening Trust Through Evidence and Compassion

Susan Kressly, MD, FAAP
AAP Immediate Past-President

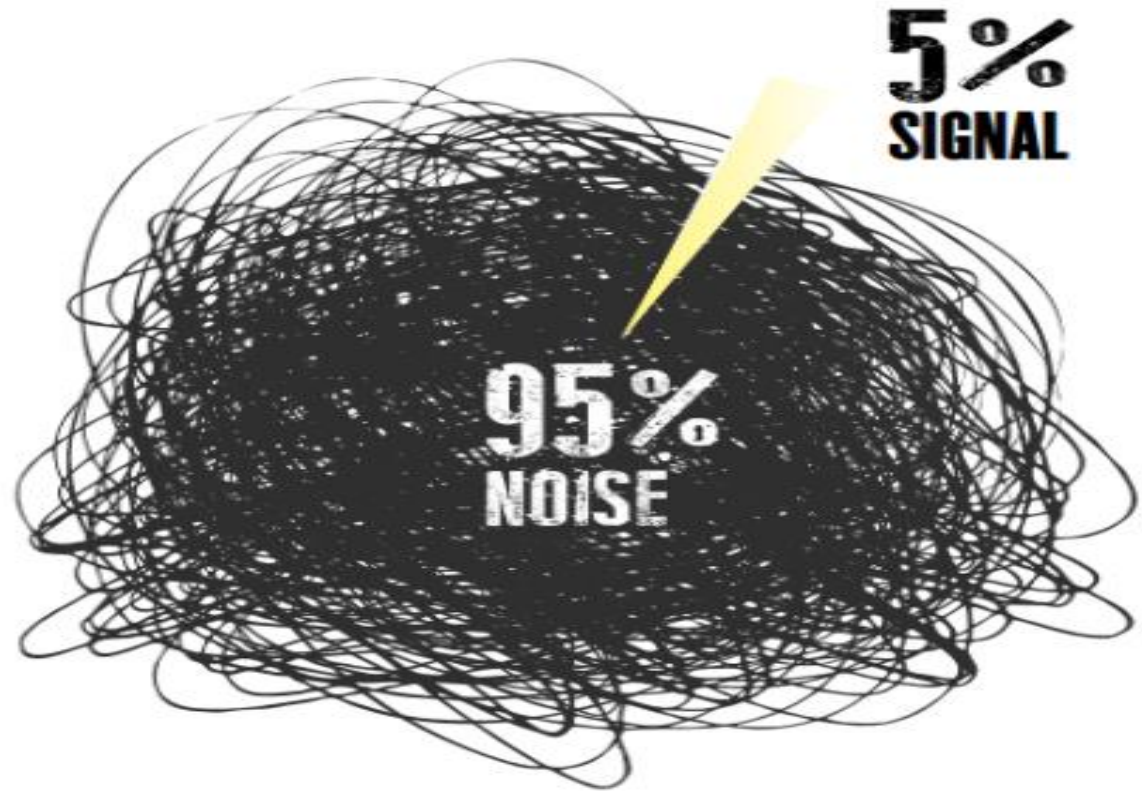
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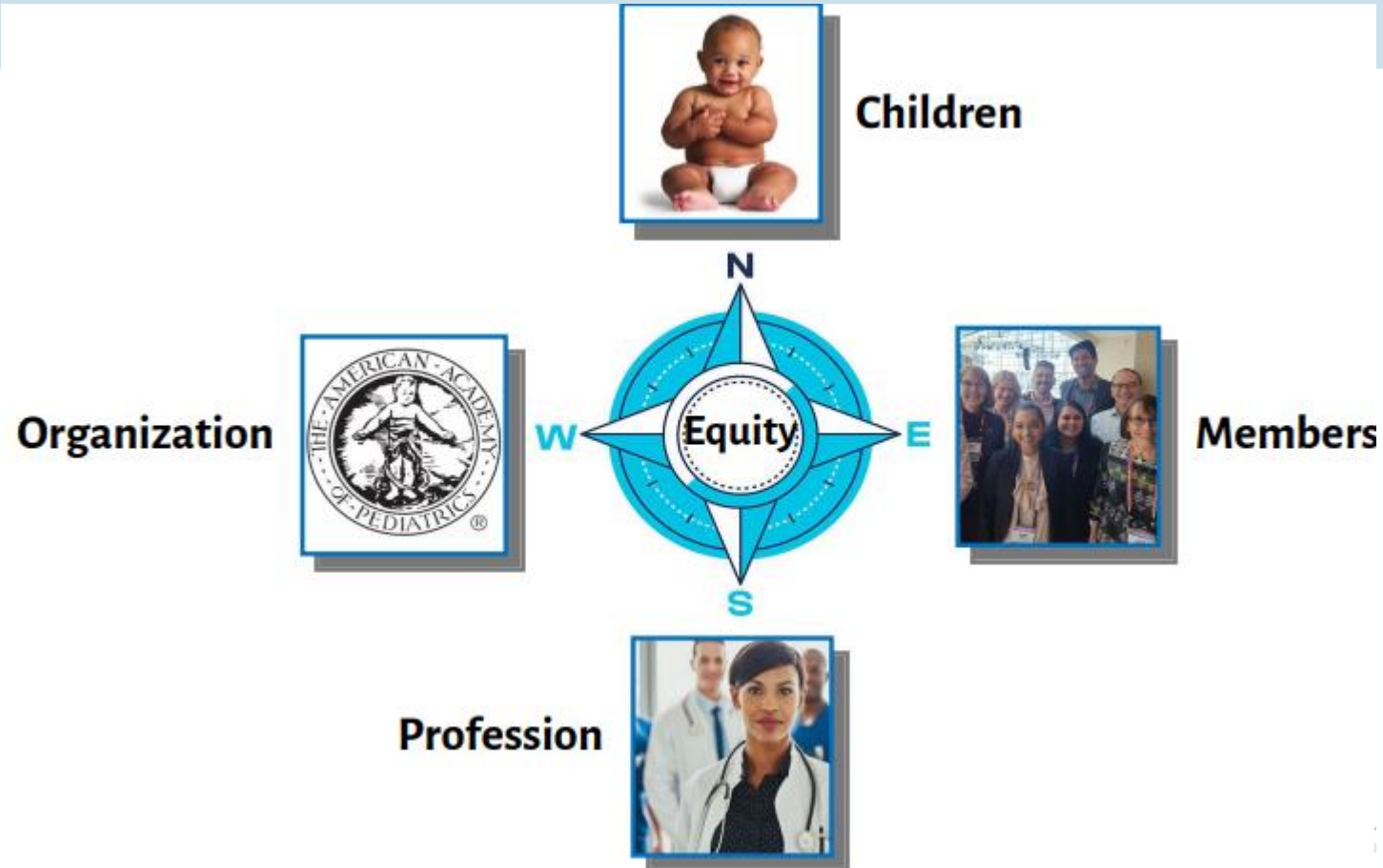
Learning Objectives

- 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



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





STAT OP-ED:

Vaccines

Save

Lives

*Five Major U.S. Medical
Groups Speak Out*

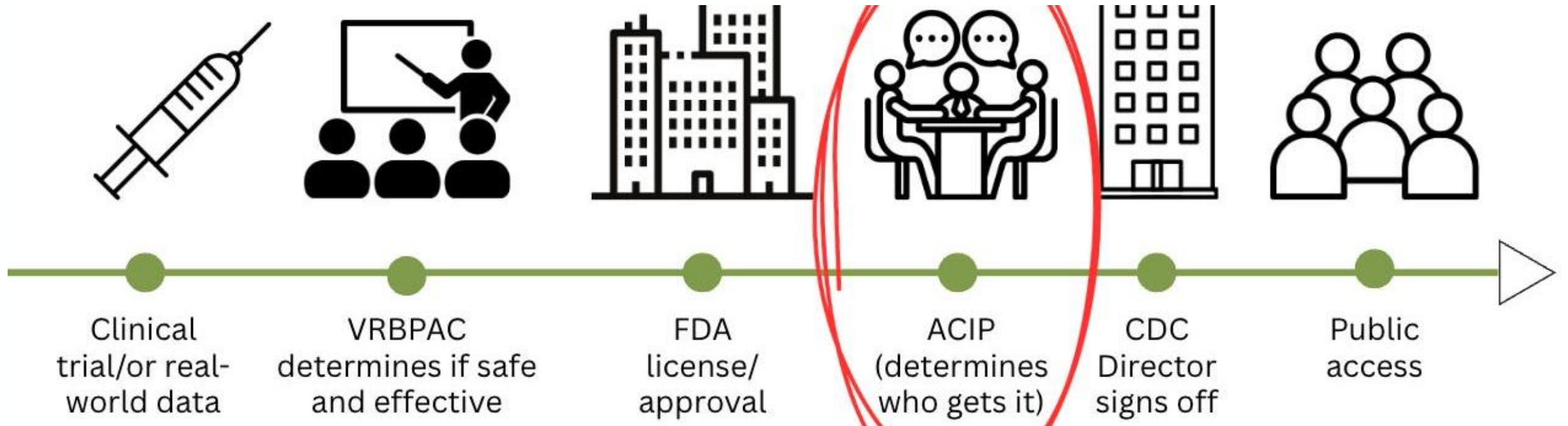


Vaccines: AAP History

- 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





Clinical trial or
real-world data



VRBPAC determines
whether vaccine is
safe and effective



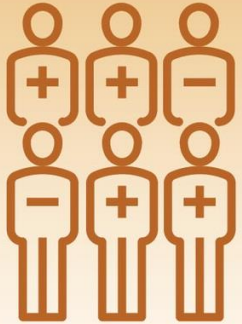
FDA license and
approval

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.



FDA license and approval



ACIP determines who should be vaccinated



CDC director signs off

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

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 \$540 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, 1994-2022"



www.cdc.gov/vaccines/vfcprogram/

H000016C | 08/24/24



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AAP
Ev

Defend
ance

Victory for Kids

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

Case 1:25-cv-11916 Doc
IN THE UNITED STATES
FOR THE DISTRICT OF

AMERICAN ACADEMY OF PEDIATRICS; AMERICAN COLLEGE OF PHYSICIANS; AMERICAN PUBLIC HEALTH ASSOCIATION; INFECTIOUS DISEASE SOCIETY OF AMERICA; MASSACHUSETTS PUBLIC HEALTH ASSOCIATION; MASSACHUSETTS PUBLIC HEALTH ALLIANCE; SOCIETY FOR MATERNAL AND FETAL MEDICINE, and JANE DOE,

Plaintiffs,

vs.

ROBERT F. KENNEDY, JR., in his official capacity as Secretary of the Department of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; MARTY MAKARY, in his official capacity as Commissioner of the Food and Drug Administration; FOOD AND DRUG ADMINISTRATION; JAY BHATTACHARJEE, in his official capacity as Director of the National Institutes of Health; NATIONAL INSTITUTES OF HEALTH; MATTHEW BUZZELLI, in his official capacity as Acting Director of the Centers for Disease Control and Prevention; CENTERS FOR DISEASE CONTROL AND PREVENTION, DOES 1–50, inclusive,

Defendants.

American Academy of Pediatrics sues
Robert F. Kennedy 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

Doctors sue Kennedy over Covid shot
policy, pregnant people

12

DeseretNews

Health coalition, doctors sue government over new
COVID vaccine policy

Vaccine policy sparks a lawsuit
American Academy of Pediatrics

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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



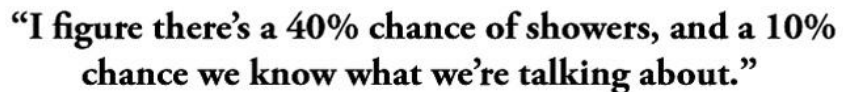
General Committee-Related Information ACIP Work Groups ACIP Meeting Information ACIP Recommendations

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.



- 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)



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.

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

*list is incomplete

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

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FACT CHECKED

Fact Checked

Fact Checked: Hepatitis B Vaccine Given to Newborns Reduces Risk of Chronic Infection

Home / News Room / Fact Checked / Fact Checked: Hepatitis B Vaccine Given to Newborns Reduces Risk of Chronic Infection



The Claim in Context

Immunizing newborns against hepatitis B is critical to reduce chronic hepatitis B later in life. False claims that call this benefit into question jeopardize the health of children. The U.S. has made significant progress in reducing chronic hepatitis B, largely due to the birth dose and completion of the infant series, and eliminating the birth dose would reverse this progress and lead to more cases of perinatally acquired hepatitis B.



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 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
@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
@drscotthadland
@DrScottHadland



Dr. Meghan Martin, MD, FAAP
Pediatric Emergency Physician in Florida
@drbeachgem10
@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



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

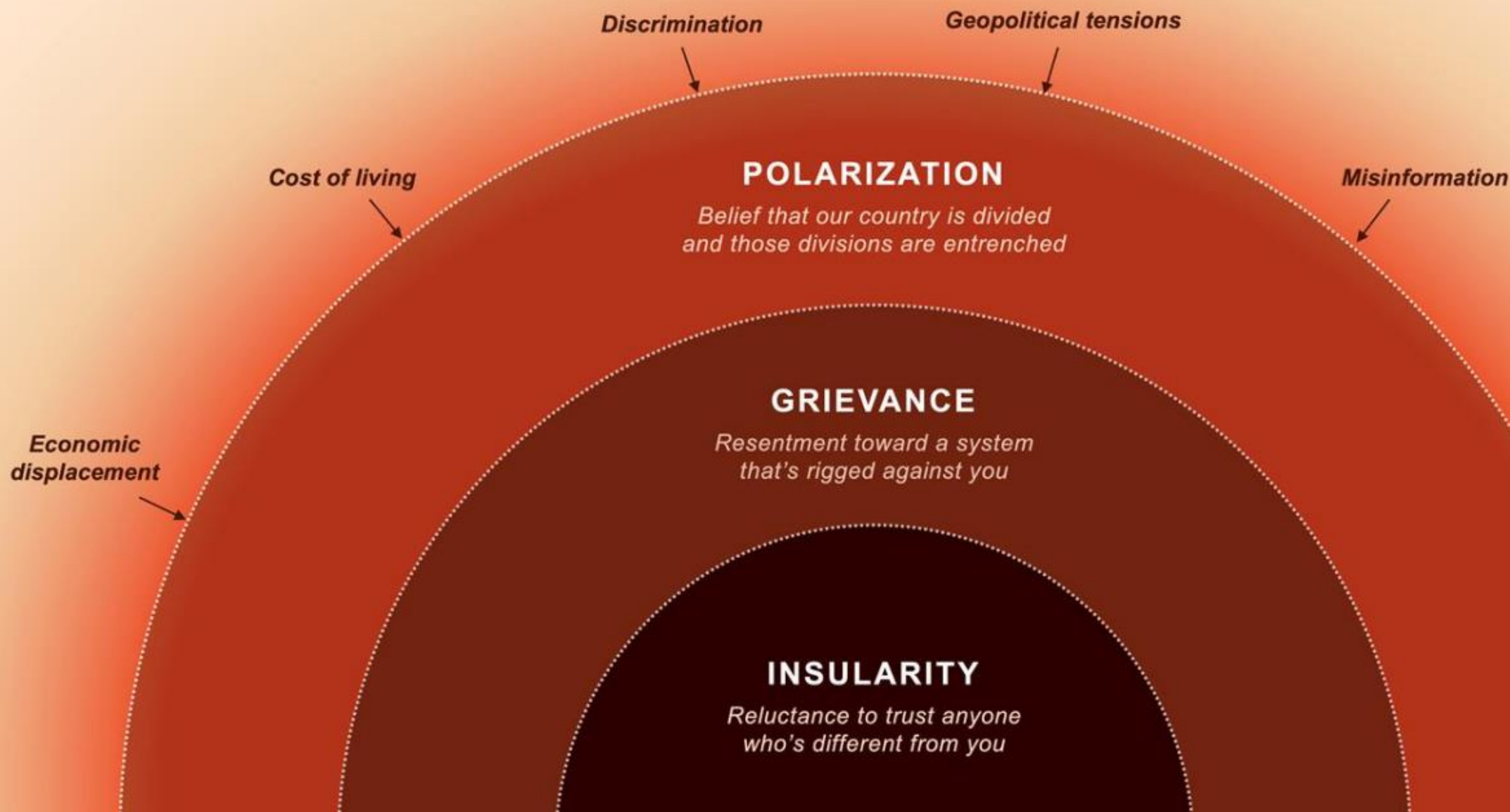


Trust

The Superpower of Pediatrics!



The Retreat Into Insularity

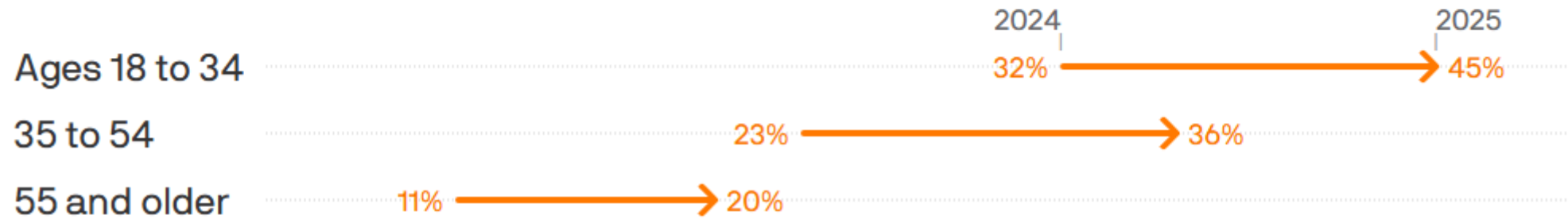


Young Adults Increasingly Taking Health Decisions into Their Own Hands

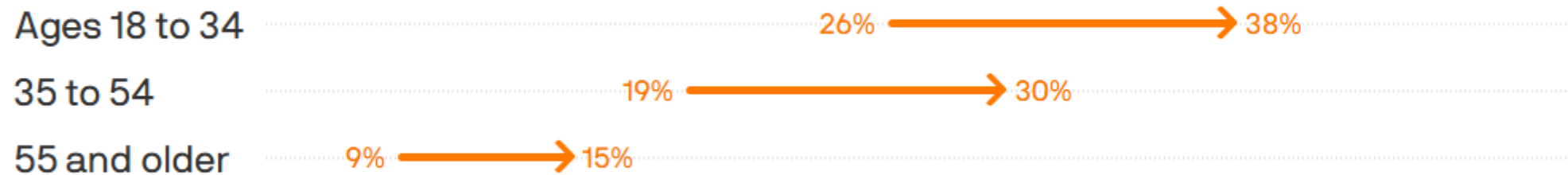
Share who say they have disregarded a provider's medical advice in favor of other sources

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

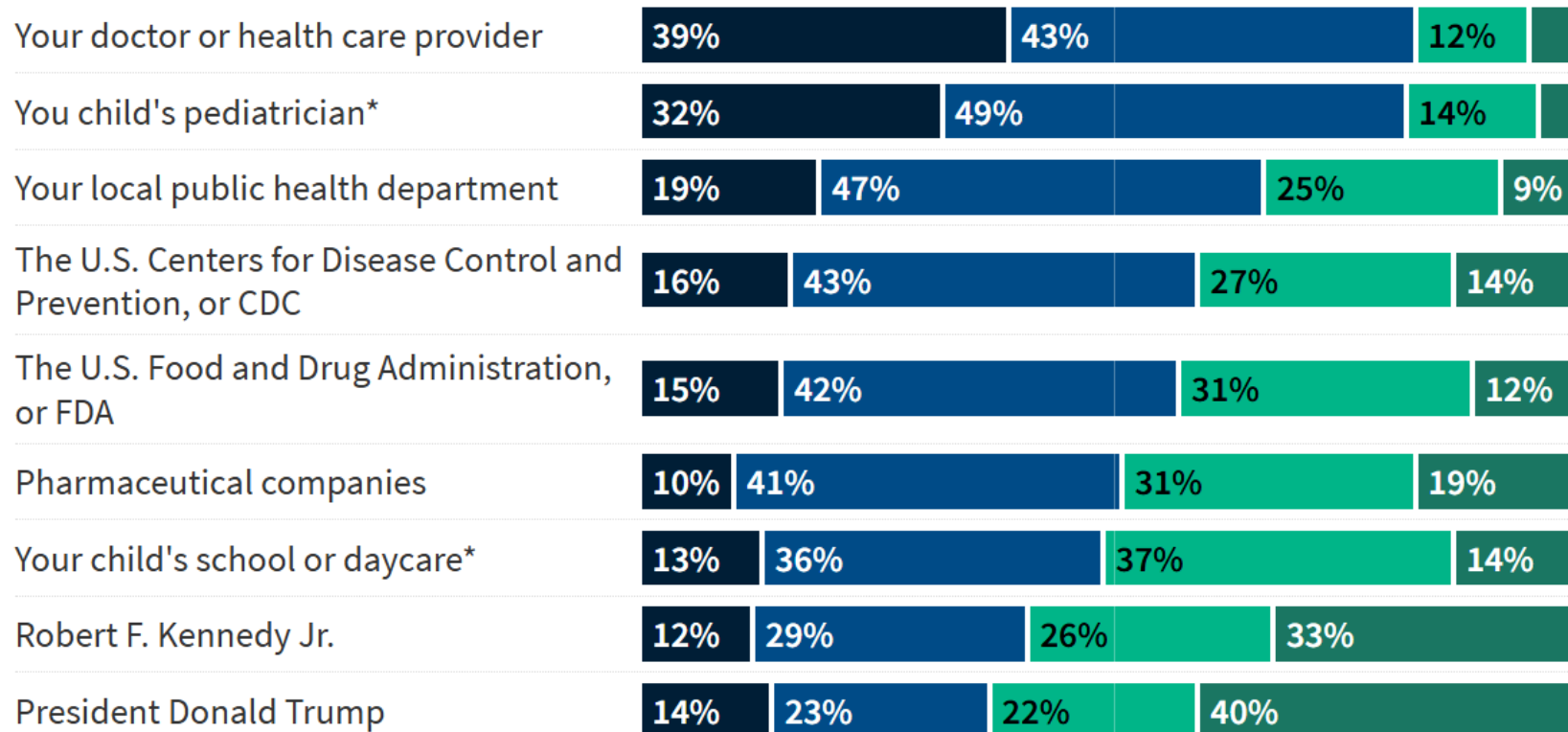
KFF Tracking Poll: Vaccine Safety and Trust

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](#)





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
Judgmental

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

ScienceAdvances

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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](#)

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

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5 Logical fallacies in the era of RFK Jr.

Common rhetorical tricks that are trending right now



KRISTEN PANTHAGANI, MD, PHD

MAR 04, 2025

- **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>



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”**

Take Advantage of Messaging Expertise

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

The HepB Vaccine Conversation

Setting: Your friend Sarah is pregnant and mentions she's researching the newborn vaccines at her prenatal class.



SARAH

I don't understand why they want to give my baby a hepatitis B vaccine at birth! My baby clearly isn't going to be having sex or doing drugs. It feels like too much too soon.

YOU

I had the exact same reaction when I first heard about it! But then I learned it's not about sex and drugs at all. The biggest risk for newborns is getting it from mom during delivery - even with pregnancy screening, tests can miss it, moms can get infected after testing, or some women aren't tested at all. Babies can also get it at home from infected family members through everyday contact with blood from cuts or sores. The virus can live on surfaces for 7



HepB Vaccine

Read Here

THE VACCINE POLICY CONVERSATION GUIDE (PART 1)

HOW CLINICIANS CAN TALK TO PARENTS ABOUT THEIR PRACTICE'S VACCINE POLICY



Setting: Two clinical practices can hold opposing vaccine policies and both be completely convinced they're doing the right thing, because there are real tradeoffs on both sides. And many practices' vaccine policies have been shaped as much by patient pressure as by principle.



Whether your practice accepts unvaccinated patients or doesn't, parents will push back. These talking points won't help you resolve that tension, but they'll help you explain your position clearly without sounding defensive or judgmental.

Vaccine Policy 1

Read Here

THE VACCINE POLICY CONVERSATION GUIDE (PART 2)

FOR CLINICIANS WHOSE PRACTICES CONTINUE TO CARE FOR FAMILIES WHO DECLINE SOME OR ALL VACCINES.



Setting: A parent tells you they don't plan to vaccinate their child. Though you disagree, dismissing the family from your practice means losing the chance to revisit the conversation, and losing the chance to address or embrace concerns or care for that child at all. This is how you might approach it.



THE UNBIASED SCIENCE PODCAST

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!!**



Thank you!



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