



The Nation's Health Podcast transcript

S26, EP7 What Americans REALLY think about vaccines, science and trust. Inside the polls with the Annenberg Public Policy Center

KATHLEEN HALL JAMIESON: So when you seed some doubt, what we're seeing in survey data is you do get some changes — some increasing reservations — not very large numbers. But enough to be concerned, for examples, in the area of measles, where really small numbers can make real differences in community even though confidence overall remains high.

SOPHIA MEADOR: *From the American Public Health Association, I'm Sophia Meador, and this is The Nation's Health Podcast.*

Vaccination is widely considered one of the greatest public health achievements in modern history. Thanks to scientists and the public health workforce, vaccines have dramatically increased life expectancy, brought us closer to eliminating deadly diseases and saved millions of lives.

But today, there is growing reason to worry that this progress is under threat.

President Trump and U.S. Health and Human Services Secretary Robert F. Kennedy Jr. have repeatedly taken actions that public health experts say could erode trust, sow doubt and create confusion around vaccines.

More recently, the president issued an executive order calling for changes to the childhood vaccine schedule, including recommending vaccines against 11 diseases rather than 17. The order also calls for separating the measles, mumps and rubella, or MMR, vaccine into three separate shots, a move experts have criticized as illogical, costly and confusing.

The Trump administrations rhetoric raise concerns about potential effects on vaccine uptake. In fact, the latest data from the Centers for Disease Control and Prevention show that fewer kindergartners were up to date on vaccines during the last school year. At the same time, the number of vaccine exemptions increased significantly from the previous school year.

So today, we're taking a closer look at what surveys and other data can tell us about public trust in vaccines, public health and science.

We're joined by a very special guest, Kathleen Hall Jamieson. She's director of the Annenberg Public Policy Center at the University of Pennsylvania and co-founder of FactCheck.org.

MEADOR: Kathleen, it is wonderful to have you on *The Nation's Health Podcast* today. I'm really looking forward to this conversation.

JAMIESON: It's a pleasure to be with you.

So, the Annenberg Public Policy Center has closely monitored public attitudes toward science, public health and, more specifically, vaccines. But before we get into what recent data is telling us about public attitudes, I think it's important for context to know how far back this polling goes and how long this has been an issue of interest?

We actually started this before COVID. We've looked intensely, for example, at attitudes toward the flu vaccine and toward MMR.

And when Zika, remember Zika? Remember the Zika problem in the U.S.? When there was the thought that there might be a vaccine, we actually asked the public whether they thought that was a good thing or not.

And we tracked public confidence in CDC against their perceptions of potentially forthcoming vaccine and found out that there's a slight increase in public confidence in CDC after that announcement.

Right, and I'm assuming it was the Zika virus outbreak in the Americas, which was predominantly over 2015 and 2016. What's changed since then?

That was just a momentary blip back during the Zika crisis, and for practical purposes, what we saw long before COVID was that there was a small part of the population that was vaccination hesitant.

And so we saw, as a driver of vaccination hesitancy before COVID, the mistaken belief that vaccines or vaccination — an amount of vaccines — were causing autism.

So, how would you assess this current moment that we're in now? What are the surveys telling us and suggesting about public attitudes toward science and public health?

First, it's really important to get past the mistaken perception that science is perceived to be in crisis. There's a crisis of confidence in institutions.

So when you say that there is a trend line somewhat down in confidence in science and scientists, and there is, unless you ask what's the trend line of confidence in other institutions, and that's pretty much institutions across the board. What you'll miss is the fact that the public is more suspicious of institutional authority. Period.

It's also more likely to say it doesn't trust experts in general. And so, if you put that together and say, "Who tells us about what medical science knows? Well, it's people perceived to

be experts," then you've got a problem because those are the people on whom we rely to get our information about what science tells us we ought to be doing.

But the good news in all of this is confidence in your healthcare provider has been very strong across this period of time.

One issue I know you've been closely tracking is public trust in the safety of vaccines.

The Trump administration and RFK Jr. have certainly raised doubts about vaccine safety, including through claims that are not supported by scientific evidence.

So I'm really curious: How has that affected the way the public understands and assesses the safety of vaccines, and what has the survey data from Annenberg shown?

To be clear, the public overwhelmingly supports vaccination, and the public overwhelmingly vaccinates on those vaccines that are most critical for children.

The public has some erosion in its perception of whether that ought to be — and I'm putting in quotation marks — “mandatory.” For practical purposes if you say across the board, are we a country that has confidence in vaccines? The answer is yes.

The confidence in some of the vaccines has eroded somewhat, but that high level of confidence overall is still substantial.

Now, that doesn't mean that the erosion isn't problematic, because if you erode confidence, for example, in the MMR vaccine, you're going to drop below the protective level of community immunity and you're going to get measles outbreaks. No surprise, that's what we have.

And so the effect of the current administration's rhetoric, and by that I mean the president of the U.S. and the health and human services secretary, has been to somewhat erode public confidence over and above an erosion that had already taken place historically.

Nonetheless, the public remains highly confident in most vaccines, including the MMR.

You mentioned that confidence in vaccines has eroded somewhat, but Annenberg actually found that confidence in the MMR vaccine, for example, has dropped about 3% since 2024.

That drop may not seem like a lot, but when it comes to herd immunity, vaccine coverage really matters. Can you break down how statistically significant those numbers are?

Yes, and what you're seeing is that we've dropped below the level, and this is in vaccination uptake — that's not simply public perception; that's an actual vaccination uptake. We've dropped below levels in some communities in which we have the community protection and consistent with the science, we're getting measles outbreaks.

The underlying problem is it doesn't take very many people to cause a very real problem, including for people who believe in vaccination, but their baby can't be vaccinated yet, or they're under, they're immune compromised, the vaccination doesn't take as well as we would like it to.

And so that small number, and it is small, even in the presence of high confidence, can mean that you're going to have problems for people, including those who've chosen to vaccinate or who would vaccinate if they were able to, but the baby isn't yet to be vaccinated.

And as we've seen, as you said, a small decline in perceptions of vaccine safety, we're also seeing declines in public trust in federal public health leaders and agencies. What has that looked like from your survey data?

Historically, we were able to assume that if you asked a question about knowledge about where the CDC was, you were asking a question for practical purposes about where medical knowledge was, where science consistent knowledge was, because the major professional medical associations were on the same page as was the CDC, as was the scientific literature.

At the point at which some CDC recommendations — and I'm emphasizing some — this is a fairly narrow number of areas in which the CDC has moved to be science-inconsistent. But in some areas, we now have a difference between what people see when they go to the CDC websites and hear when they hear representatives for health and human services, what they hear, and what the medical organizations, the nongovernmental medical organizations, are telling them.

And what we're seeing is the public, wisely, in my judgment, on those areas is saying, if there's a difference — and this is our survey question — between what the American Medical Association says about, for example, vaccination and the CDC says, which would you trust? We've seen higher trust in the American Medical Association than we see in the CDC.

That means the public is paying enough attention to recognize that, at least in that area, they're hearing things that are not consistent with they heard for a very long period of time across a whole medical establishment, the experts, the CDC, the public, and also their healthcare provider for their family.

And what that says is the public is actually behaving very smartly. But the problem is that means area by area, you've got to ask, what's the nongovernmental medical association you're going to turn to for your information, and will you be confused by groups that want to look like the reputable nongovernmental organizations and the actual nongovernmental organizations on those issues.

It just makes it a lot harder for people who are looking for science-consistent information.

Right, because CDC guidance was once uniform with nongovernmental organizations.

Well, it's not. I wouldn't even say aligned with CDC guidance. I would say that CDC and these organizations were aligned with the best available science.

Yeah, and so you could trust that World Health Organization, CDC, (National Institutes of Health), American Medical Association, your healthcare provider would all be on the same page. Much easier as a result because you have high levels of redundancy. Everybody's saying exactly the same thing. No controversy.

Now, when you start to say, "But there's a controversy," you're seeding some doubt. So when you seed some doubt, what we're seeing in survey data is you do get some changes, some increasing reservations, but on the margins — not very large numbers, but enough to be concerned, for example, in the area of measles, where very small numbers can make real differences in community, even though confidence overall remains high.

Along the lines of sowing doubt in vaccines, guidance from the Trump administration has also just been quite vague and confusing.

So, for example, the health secretary and the Trump administration have really been promoting this idea of “shared decisionmaking,” which the CDC describes as an approach in which vaccine decisions are individualized and informed through a discussion between a healthcare provider and a patient, parent or guardian.

Now that's a lot more confusing than simply having standard vaccination recommendations, right? Based on your findings, what are people hearing when they hear the phrase “shared decisionmaking?” Is that consistent with what public health officials intended it to mean?

No, the problem is, for the public, it's a new concept. And it doesn't tell you shared with whom about what, where, and when. And, for example, it includes your pharmacist. That doesn't make sense to people because when people hear “shared decisionmaking” and they hear medical, they don't ordinarily think pharmacists.

And so, if you think, "Gee, I've got to talk to somebody in the medical area before I can get my vaccine," you don't realize you can go to the pharmacy and you can talk to the pharmacist. What you're doing again is saying there must be some reason here that there's this extra step on these vaccines. So maybe I should be a little worried about those vaccines. You're increasing likely to exceeding hesitancy.

Nothing wrong with saying people should make decisions about their own health. We've always said that. No one is chasing people around with needles, trying to inject them with vaccines. For practical purposes, we've always wanted people to be consulting with those who are responsible for giving vaccines about the advisability of vaccination.

But in this environment, by being selective about those in which you're supposed to engage in this extra behavior, we increase reservations about the vaccine that's in question when

there's no scientific reason to think that there should be an extra stage or any extra worry about those specific vaccines.

As someone who knows the statistics, the science-based facts, how would you assess the current relationship between the public and vaccine science?

Health is increasingly being treated as if it has a political dimension to it, because we're hearing, for example, the president of the U.S. who has no medical credentials whatsoever, making categorical statements about what the medical science says that have no grounding in what the medical science actually says.

But there's a part of the population that has high trust in President Trump, even on issues in which there's no reason to think he has expertise. And when he's asked, "Where's the science? How do you know what you say you know? What's the justification?" and he says, "Well, I've heard some people say that." People who are attentive should be hearing there is no science that he can cite behind that, and as a result, ask themselves: Do I really want to trust the president of the U.S., even if I support him, even if I think he's a good president, about an area in which he has no credentials and no expertise?

To the extent that we're in a polarized political environment that does not trust experts to the extent it once did, what do you default to if you're in that world and you have very high levels of trust in someone such as a Republican who is in MAGA, who has very high trust in the president of the U.S.?

Again, on the margins, you increase the likelihood that some will accept what he says. For example, "don't take acetaminophen if you're pregnant." If you talk to your doctor during pregnancy, if you talk to your healthcare practitioner and you say, "I've got a high fever. What should I do?" Your options are limited to taking acetaminophen under many circumstances, and of course, you should always ask your doctor.

But someone who foregoes that or decides they're not going to do it in the presence of medical advice because the president said so, is making a big mistake. They're confusing areas of expertise, and they're confusing their ideology with what is science-consistent.

What do you see as potential consequences when people no longer overwhelmingly agree on basic facts?

Let me just pause for a moment to say there's something very important has happened when Robert Kennedy Jr., secretary of health and human services, tells people that they ought to vaccinate their children with the MMR vaccine, because he has historically not. He historically has questioned its safety, and when he's asked directly now, he tells people that they ought to take that vaccine.

What does that mean? That means that the science has proven that in the presence of vaccination hesitancy and lower levels of vaccination, what you're going to see are

measles outbreaks and the risks of measles are substantially higher than any risk of the MMR vaccine.

There's no vaccine that's risk-free. There's no medication that's risk-free. There's very little in life risk-free. The question we need to ask is: Does the risk of exposure to and hence getting the disease exceed the risk of getting the vaccine?

And Robert Kennedy Jr., now, for whatever reason — it may be that the polls are saying that it's problematic to hold the alternative position, or it may be that for practical purposes the measles outbreak has brought him around on this issue, because he's the one who ultimately is going to be held responsible for CDC and NIH behavior.

But that he is now saying that is very important and is a testament to the fact that when vaccination hesitancy drops the levels of vaccination and community immunity drops as a result, you get measles outbreaks, and the consequences for children can be extraordinarily problematic, including in rare instances, death.

If we think about the whole of our environment right now, we have the lethal combination of lower trust in institutions and high levels of political partisanship at a time in which an administration and the person who ultimately is in charge of NIH and CDC, the secretary of health and human services, are taking some science-inconsistent positions make it increasingly important that everyone who is making a health decision find individuals and organizations that they can trust when the information that's coming from those sources differs from CDC, NIH and the administration, and ask themselves, would I rather trust Robert Kennedy Jr. and the president of the U.S. on that issue, or would I rather trust the American Academy of Pediatrics, the American Medical Association and my healthcare provider?

Because we now, as individuals, can't assume that what is said to us by CDC, NIH, Robert Kennedy Jr., the president of the U.S. is necessarily going to be what you would hear if you heard the best available signs on some issues, and the absence of good information on those issues can yield behaviors that can be highly consequential for individuals and for people they love and for the community at large, including vulnerable individuals who may not be able to be vaccinated in the case of the MMR in particular, or may be immune compromised in the vaccine.

And finally, Kathleen, as we look ahead, what questions or concerns around vaccines, science communication and public trust are you watching most?

The good news is the attack on the messenger RNA technology, which led this administration to cut funding for major, important work that was being done to try to create multiple different kinds of vaccines, was highly problematic.

The fact that this administration's (Food and Drug Administration) has gone ahead to authorize the messenger RNA flu vaccine is a good sign. Any investment in this technology

at this point that increases the speed with which we are able to get vaccines is something that we ought to applaud.

The administration ought to put that funding back in place for messenger RNA technology across all of the existing vaccine platforms, all of the existing vaccines, whose promise is being explored in clinical trials.

Lastly, where can listeners go to learn more?

The Annenberg Public Policy Center has a website that you can turn to.

But you also can look to [Factcheck.org](https://factcheck.org), because Factcheck.org — which is part of the Annenberg Public Policy Center, was founded in 2003 — spun off an area within it, a subsite called [SciCheck](https://scicheck.org), which will routinely provide you with the best that we can find, with links about the best science knowledge about problematic health claims from the leadership across the political spectrum.

A big thanks to Kathleen Hall Jamieson for her time and expertise today. For more on how falling vaccinations rates could impact the public's health, check out the August issue of The Nation's Health, which is out now at thenationshealth.org.