

5 Tips for Building Trust When Communicating about Health

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Trust is the foundation for the collective action and infrastructure we need to achieve justice in health. Below are five research-supported framing strategies to shore up public trust in efforts to promote health and advance health equity. To watch a recording of a longer discussion on the topic with an explanation of the research behind it, click [here](#).

1. Frame your work in terms of relationships with communities.

Instead of leading with clinical goals or administrative milestones, communicators should center the human impact of their work. When we start our messages with data, it can seem cold—as if we are primarily concerned with the issue in abstract, intellectual terms. Instead, build in explicit cues that our work is motivated by concern for people and communities.

- **The Shift:** Move from stating a program's administrative purpose, organizational position, or statutory authority to grounding your issue in terms of community impact. Use inclusive language, and explain how the work is motivated by shared community concerns.
- **Example:** Rather than saying a program was established to "improve data collection," state that "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.

The "trust the science" approach often feels dismissive to a skeptical public. Trust is better built by inviting people into the process of discovery—shifting from "what we know" to "how we know it."

- **The Shift:** Replace assertions of facts with explanations of mechanisms.
- **Example:** Instead of just asserting that gun ownership doesn't make people safer, explain why and how: "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."

3. Adopt a partnership stance.

People frequently distrust "the system" while trusting their personal doctors. Communicators can bridge this gap by painting a picture of mutual exchange where the expert and the community member work together, each bringing essential expertise to the work of health equity.

- **The Shift:** Use language that implies collaboration rather than a one-way directive and show respect for the knowledge and lived experience people bring to their own health.
- **Example:** Shift from "ask your doctor" to "talk with your doctor," and from "what you need to know" to "what communities are asking."

4. Embrace the reality that trust is dynamic, not fixed.

Trust is not a static "yes or no" proposition; it is influenced by history and how we show up in the relationship now. Avoiding the mention of past harms can make institutions seem irresponsible.

- **The Shift:** Move away from frames where "no one is responsible" and toward those that acknowledge specific policy choices.
- **Example:** Instead of calling health disparities the result of a "complex mix of factors," explain that they "come from policy choices we've made over time," such as redlining or the placement of highways in specific neighborhoods.

5. Respond strategically (not defensively) to deceptive discourse.

When countering mis- and dis-information, the "new basics" require us to avoid restating harmful ideas, even for the purpose of debunking them. Repeating a myth often reinforces it.

- **The Shift:** Don't play in the opponent's frame. Instead, advance a productive, proactive frame.
- **Example:** Instead of denying the false accusation that doctors recommend vaccines because they get "kickbacks" from pharmaceutical companies, pivot to the parent's experience: "Being a parent means dealing with a lot of information. If you hear things that make you curious or concerned about vaccines, talk with your pediatrician."