

New White Paper Warns Falling Trust in Healthcare Institutions Poses Urgent Threat to Community Health

The report details how eroding institutional trust and rising vaccine skepticism are putting diverse communities at immediate risk.

WASHINGTON, DC, UNITED STATES, June 3, 2026 /EINPresswire.com/ -- The Health Equity Collaborative (HEC), a community of national civil rights, progressive, disability, and multicultural organizations, today released a new white paper titled "The Trust Deficit: How America's Health Institutions Lost the Public — and What It's Costing Us." The report examines the erosion of public trust in American healthcare institutions in the years following the COVID-19 pandemic, analyzes the federal policy developments that have deepened that erosion, and outlines concrete steps to restore confidence in evidence-based medicine.



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Amy Hinojosa, Founding Member of the Health Equity Collaborative

The white paper details how trust in scientists to act in the public interest fell from 87% in April 2020 to 73% by late 2024, according to Pew Research Center surveys. Over the same period, childhood vaccination rates for key vaccines including measles-mumps-rubella (MMR) declined below herd-immunity thresholds in multiple states, contributing to growing measles outbreaks. The report also documents how recent federal actions — including the dismissal of all seventeen members of the CDC's Advisory Committee on Immunization Practices (ACIP), a unilateral overhaul of the childhood vaccine schedule, and public statements by

senior health officials contradicting established scientific evidence — have compounded rather than reversed this crisis of confidence.

The report finds that the consequences of declining institutional trust are not evenly distributed. Communities already facing structural barriers to healthcare — particularly women of color, Hispanic and immigrant communities, and Native American and Alaska Native populations — are disproportionately harmed when trust in healthcare institutions erodes. Research consistently demonstrates that trust level is strongly predictive of healthcare utilization, which in turn predicts health outcomes. For this reason, HEC and health researchers increasingly recognize institutional trust as a social determinant of health.

"Trust is not a soft variable, it is a structural determinant of whether Americans seek care, follow treatment recommendations, and vaccinate their children," said Amy Hinojosa, Founding Member of HEC. "The erosion of that trust has had measurable human consequences: vaccination rates are falling, preventive care is being delayed or foregone, and maternal health disparities are widening. We are calling on Congress and state governments to act now to restore the institutional safeguards that make evidence-based healthcare possible."

The white paper's key policy recommendations include:

- Restoring and protecting the independence of ACIP and reaffirming commitment to evidence-based immunization policy, including reappointing qualified epidemiologists and immunologists to federal advisory panels
- Maintaining the evidence-based vaccine schedule used by the Vaccines for Children program, which provides vaccines at no cost to uninsured children
- Expanding equitable access to emerging medical treatments, including GLP-1 medications that disproportionately benefit communities of color most burdened by obesity-related conditions
- Establishing permanent Congressional oversight of federal health communications and strengthening statutory protections for scientific integrity within federal health agencies
- Empowering state and local public health agencies, community health workers, and nonpartisan medical societies to serve as trusted, independent validators of public health information

HEC urges lawmakers, healthcare providers, and public health stakeholders to consider the recommendations outlined in the white paper and to take immediate steps to defend the institutional integrity that underpins the nation's healthcare system.

Read the full white paper [here](#).

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