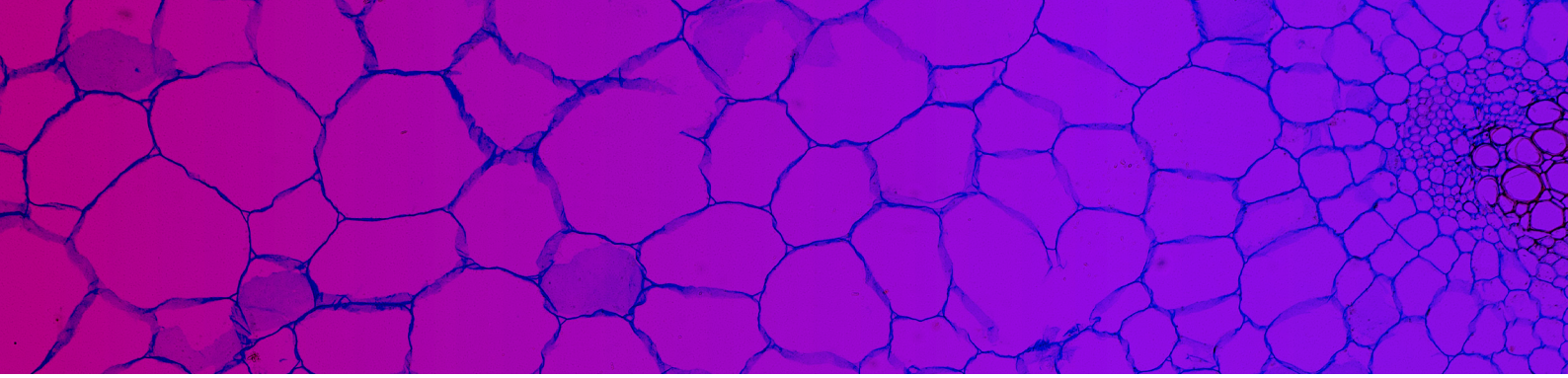
Australian Academy of Health & Medical Sciences

MEASURING TRUST IN HEALTH AND MEDICAL SCIENCE



Acknowledgement of Country

The Australian Academy of Health and Medical Sciences acknowledges the traditional custodians of the lands on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

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About the Academy

The Australian Academy of Health and Medical Sciences is the impartial, authoritative, cross-sector voice of health and medical science in Australia. We advance health and medical research in Australia and its translation into benefits for all, by fostering leadership within our sector, providing expert advice to decision-makers, and engaging patients and the public.

We are an independent, interdisciplinary body of Fellows – elected by their peers for their outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, they are a representative and independent voice, through which we engage with the community, industry and governments.

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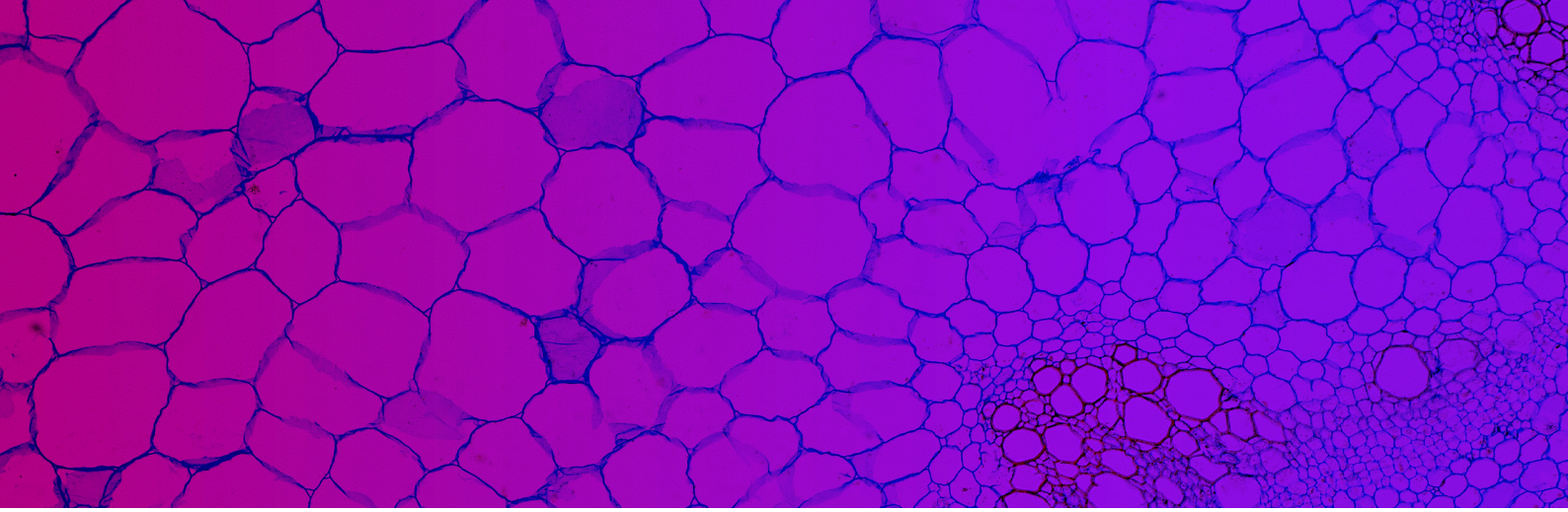
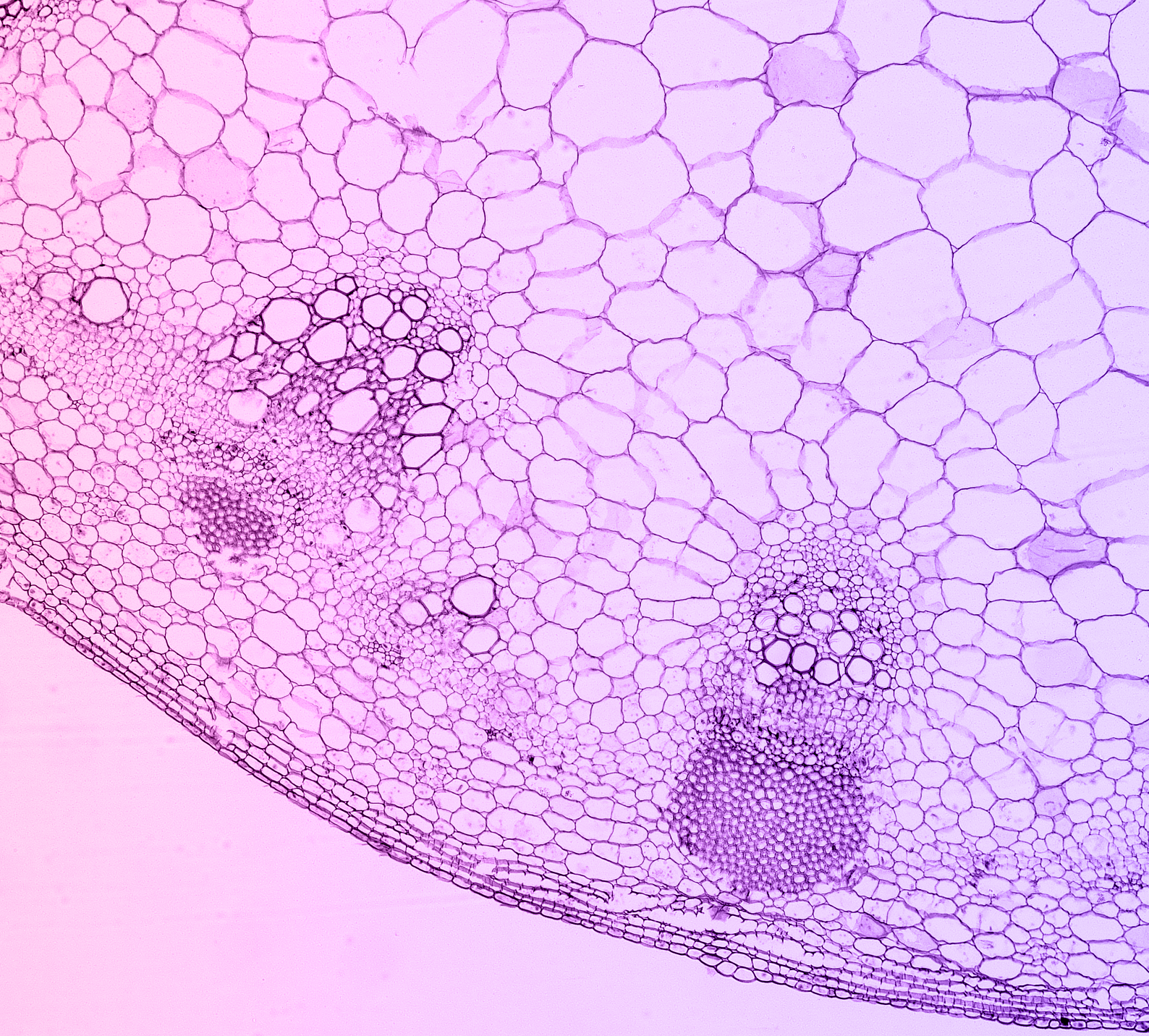


Executive summary

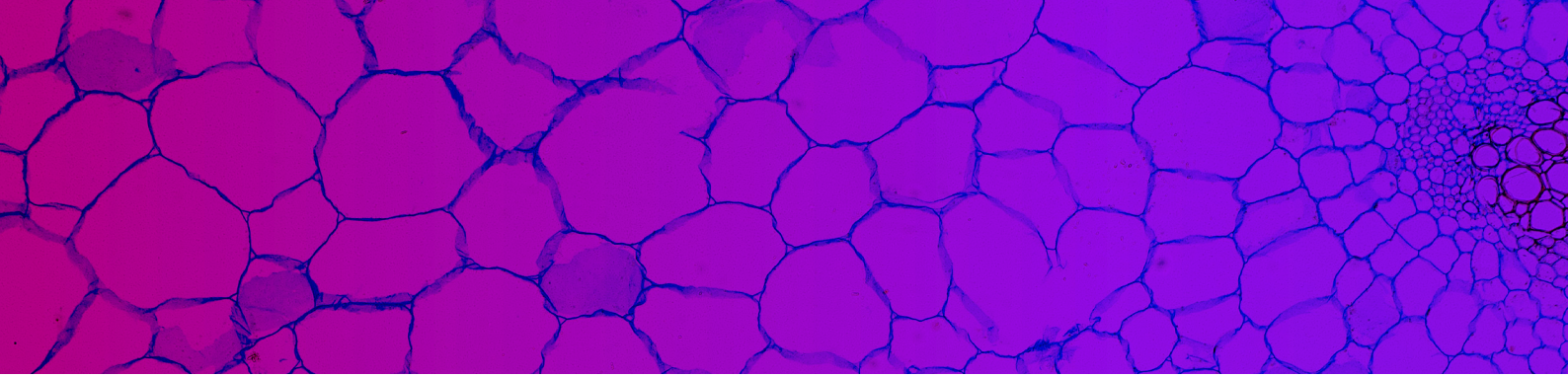
- Trust in institutions is declining globally, and Australians' trust in health and medical science (HMS) is not immune.
- Digital technologies have transformed how people find, receive and evaluate information. Social media and other online sources are increasingly perceived as carrying the same authority as traditional news media and trusted scientific, health and medical institutions, blurring the line between expert institutions and unverified online sources.
- Rising inequality is deepening scepticism toward scientific and government institutions.[1]
- Trust in HMS (i.e. collective confidence in the people, processes, institutions and evidence that comprise the HMS ecosystem) is dynamic, context-dependent and relational.[2]
- Trust in HMS shapes behaviours that impact individual and population health, including health system engagement and uptake of evidence-based interventions such as vaccination.
- Australians generally report high levels of trust in HMS, but this trust is vulnerable and unevenly distributed, and is shaped by political, media, individual and systemic factors.
- Australia's declining childhood vaccination rates show what is at stake. While trust in vaccine science remains high for the majority, a small but growing and epidemiologically significant minority are increasingly hesitant, with growing distrust in vaccine-science and health professionals central to their decision-making.
- Further representative research is needed to better understand how trust intersects with individual and systemic factors across Australian communities.
- Trusted intermediaries such as GPs play a critical role in translating HMS, and must be supported to do so effectively and equitably.
- Any efforts to strengthen trust in HMS through science communication must account for the underlying systemic conditions in which information is received and the evolving information landscape, where people increasingly encounter and assess information across diverse platforms, formats and sources.



Introduction

Public trust in HMS shapes whether and how people seek care, participate in research, follow public health guidance, and accept evidence-based treatments. This trust does not operate in a vacuum. This evidence brief explores the state of trust in HMS in Australia today, situating it within the broader constellation of factors – including risk perception, structural barriers, service satisfaction, and information and decision fatigue – that together shape health decision-making.

This evidence brief is the second in an AAHMS series on trust in HMS. Where the first evidence brief examined what trust in HMS is and how it works, this brief turns to measurement and impact. Synthesising qualitative and behavioural data, this brief first examines what Australians say about their trust in HMS, before exploring what their research involvement, information-seeking habits and health system engagement reveals about the true state and significance of trust.



Trust in context

Understanding how trust in HMS shapes behaviours such as vaccination uptake, participation in research, engagement with the health system, and information seeking is complicated by the many other factors that intersect to influence health decision-making – including:

- Risk perception.
- Structural barriers.
- Service satisfaction.
- Fatigue.

Risk perception

Risk perception plays a key role in shaping health behaviours. Individuals assess the risks of diseases and of medical interventions, and their perception of these risks can either drive or deter their participation in evidence-based health behaviours.

Risk perceptions are not formed through individual reasoning alone; they are shaped by cognitive biases and the ways that information is produced, transmitted and amplified within social environments – including digital ones. Emotionally charged, moralised or novel content is more likely to be shared and promoted by platform algorithms.[1] This can contribute to salient but low-probability risks becoming disproportionately prominent in public attention and perceived as more common or consequential than the evidence supports.[2]

This dynamic can be further intensified by the fact that a small proportion of highly active online users generate a large share of visible content, shaping the information environment in ways that do not reflect the views of society at large.[3] In the case of vaccination, for instance – when people perceive high levels of risk from a particular disease, they are more likely to get vaccinated. Conversely, if they perceive high levels of risk from vaccination, or low levels of risk of the disease in question, they are less likely to do so.[2]

This perception can be shaped by emotional responses and biases. In addition, minor events, when amplified by psychological, social or media factors, can be perceived as major crises by some individuals and groups.[2,4]

Structural barriers

Even if an individual trusts HMS and the medical and health innovations it enables, they may encounter structural barriers that impede them from engaging with evidence-based care and medical interventions. These structural barriers include:

- **Cost and affordability**: Almost half of all Australians have put off seeking necessary evidence-based medical treatment due to cost, with this number highest amongst those aged 25-34.[5]
- **Geographical barriers**, especially for people in rural and remote areas, limit access to evidence-based healthcare in Australia – impacting timely participation in critical health programs like vaccination and screening.[6]
- **Stigma and discrimination** can shape healthcare access. For example Australian data has found that in regions with more structural stigma (measured by the proportion of 'no' votes in the 2017 Marriage Law Postal Survey), people in same-sex relationships visit their GP less often and are prescribed more medication for treating mental health disorders than those in opposite-sex relationships.[7]

Cervical screening participation data illustrates these barriers well. Despite strong evidence that screening reduces cervical cancer deaths, women aged 25-34 have the lowest participation rates of any age group in Australia.[8] Women in these age groups report experiencing both psychological and practical barriers, including inflexible GP appointment times, cost when not bulk-billed, time constraints from work and childcare, and difficulty accessing a trusted or female GP.[8–10] Women from culturally and linguistically diverse (CALD) backgrounds or with lower literacy levels are disproportionately affected by these barriers.[9]

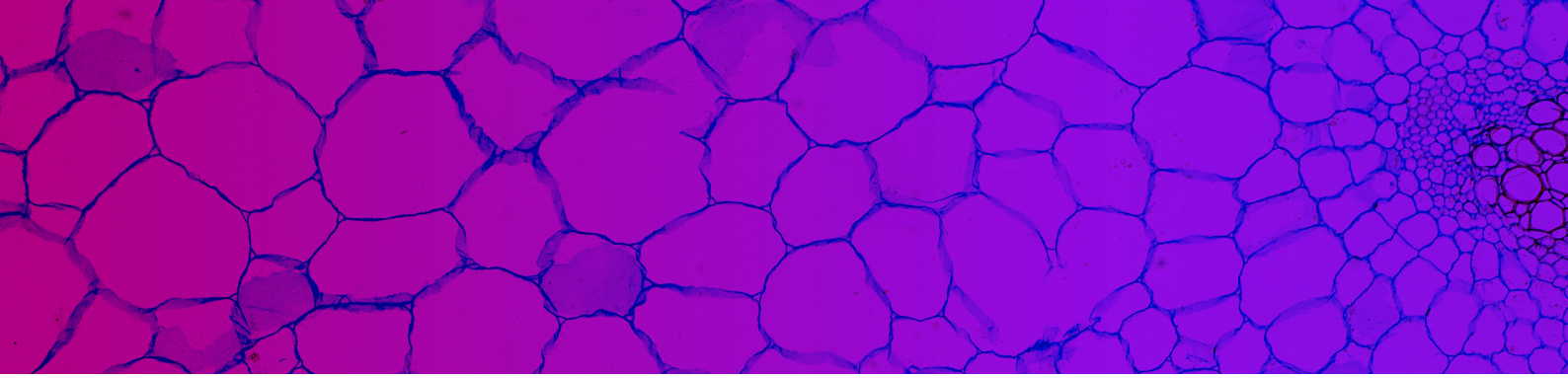
Service satisfaction

Perceptions of health service quality can also shape trust in HMS. For example:

- **Long wait times** can reduce willingness to engage in evidence-based care.[11]
- **Clinician-patient communication** – including the ability to convey evidence-based information clearly, effectively, and in culturally appropriate ways – influences whether a patient will follow through with the evidence-based interventions recommended.[12]

Fatigue or burnout

Even when individuals trust the HMS behind preventative interventions or public health measures, and are unobstructed by structural barriers, they may still fail to act on this trust. A key example of this is “vaccine fatigue” – a phenomenon where individuals, despite understanding the efficacy and safety of vaccination, disengage due to feelings of overload.[13] Emotional exhaustion and stress can also lead to disengagement – including in the face of prolonged, confusing, poorly communicated or culturally inappropriate health campaigns or directives.



What Australians say: Views on HMS

Qualitative research shows that Australian communities express comparatively high levels of trust in HMS, but that this is vulnerable and dependent on perceptions of community benefit and concerns about politicisation of HMS.

Health and medical research is broadly valued and trusted across Australian communities. In 2024, the Australian Government undertook qualitative research to inform their development of the first National Health and Medical Research Strategy.[14] The 158 participants included people from a representative range of age groups; cultural, linguistic and socioeconomic backgrounds; and disability experience, as well as individuals with low trust in health and medical research. Most participants felt that health and medical research was important, and that it could help people to stay healthy by improving understanding about health and how to treat disease.[14] In addition, most participants thought that health and medical research was done well in Australia – but that there were aspects that could be improved. Participants expected health and medical research to be ethical, transparent, timely, and responsive to community health priorities.[14]

Sources of health and medical information trusted by participants included qualified health professionals, government (e.g. Federal or State and Territory health departments), health-related advocacy organisations (e.g. Cancer Council Australia); and those with relevant lived experience of the condition.[14]

Recent qualitative research indicates that Australia has broadly high levels of trust in HMS, scientists and evidence-based health practitioners. The 2025 Edelman Trust Barometer identified healthcare as the most trusted sector in Australia (trusted by 72% of respondents) and scientists as the most trusted group of people (trusted by 77%).[15] Similarly, the 2024 Ipsos Trustworthiness Index revealed that doctors are considered the most trustworthy profession in Australia (66% of Australians surveyed said that they are trustworthy), and that scientists were trusted by 58% of those surveyed – making them the second most trusted professional group of the 21 included in the poll.[16]

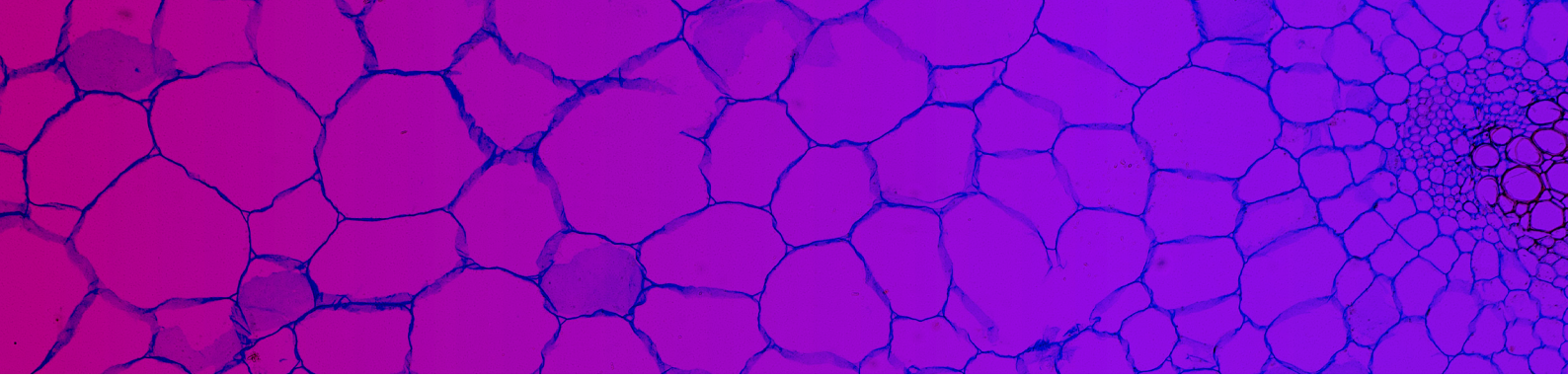
However, this trust is not uniform across Australian communities, and can be impacted by a range of factors.[17] Returning to that 2024 Australian Government research, factors that impacted on participants' perceived effectiveness of, and trust in, the health and medical research sector included:[14]

- The perceived impact of the research;
- The purpose and motivations of those funding or conducting research;
- The timeliness of research;
- The transparency of research;
- Alignment of research priorities with the needs of the community; and
- Perceived regulation of ethics and quality.

These findings echo those of an earlier survey of a representative group of 4,080 people from the Australian public conducted by the Commonwealth Scientific and Industrial Research Organisation (CSIRO) in 2021.[18] This research identified four elements that contribute to public perceptions of responsible innovation:

- Responsiveness to societal needs and priorities;
- Adequacy of ethical principles and guidelines;
- Mitigation and management of potential risks;
- Governance and regulatory arrangements surrounding the research activities.

One way to interpret the role these factors play in shaping trust in HMS is through the "social contract" framework for the relationship between science and society, in which scientists receive the freedom and funding to do their work in exchange for delivering advances that benefit that society.[19] During the COVID-19 pandemic, when scientists and health experts were highly visible in generating, interpreting and communicating evidence in response to an urgent and shared health threat, Australians accordingly reported very high levels of trust in them as information sources, with 85% identifying them as trustworthy.[20] Conversely, when science is advanced in ways that are not perceived as delivering benefit to the society that enables it, public trust is at risk of being degraded through public investment not yielding public returns.[21]



What Australians do: Trust and health behaviours

Survey and interview data about Australians' stated levels of trust in HMS suggest that while this is generally high, it is vulnerable and shaped by an array of situational, individual and structural factors. Behaviours that are influenced by trust in HMS provide another lens through which to measure trust in HMS and understand its significance, and include:

Participation and involvement in research

- Engagement with the health system.
- Participation and involvement in research.

Consumer and community involvement and engagement improves the relevance, quality, impact and ethical approach of health and medical research.[22] There are many factors that can either enable or undermine an individual's willingness or ability to participate or be involved in health and medical research[i]. Barriers to participation or involvement often include:

- Perceived or actual lack of knowledge;[23]
- Disinterest, often stemming from perceived or actual irrelevance of research to an individual and/or their community;[23]
- Power imbalances (real or perceived) between researchers and community members;[24]
- Home and family commitments;[24]
- Costs associated with involvement or participation.[24]

Trust is also a key factor. When people trust the motivations, transparency and ethical governance of researchers and their organisations, they are more willing to volunteer to participate or be involved in health and medical research.[14,23,25] Trust in intermediary institutions and professionals is also crucial. Trust in clinicians, for example, is a key enabler of research participation, particularly in clinical trial contexts such as cancer research, where clinician endorsement can shape perceptions of safety, legitimacy and value.[26]

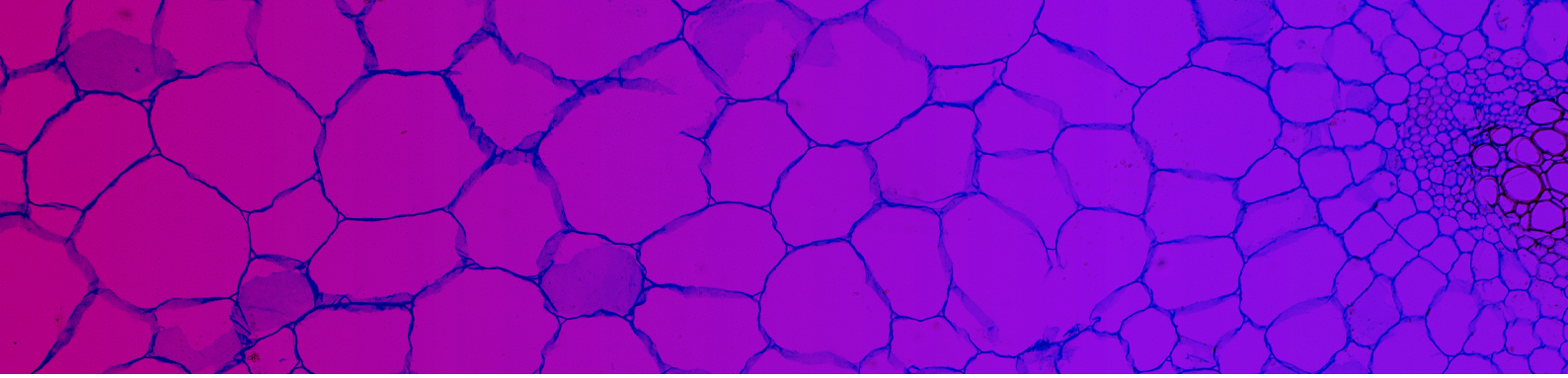
[i] *The Australian Clinical Trials Alliance (ACTA) defines research involvement as 'consumers and community representatives actively work[ing] with researchers and research organisations to help shape decisions about health research priorities, policy, and practice', and research participation as 'an individual voluntarily taking part in a research project after giving informed consent'.*[23]

Representing 5% of worldwide clinical trial activity, Australia is a globally competitive centre of community participation and involvement in health and medical research.[27] This reflects broad community openness to research involvement. A co-designed 2024 survey of 1,156 people across Australia found that only 15% of people describe themselves as uninterested in being involved in health and medical research HMR.[23]

Internationally, people who experience racial inequalities have been found to feel less confident that they will be treated with dignity and respect in health research.[28] In Australia, Aboriginal and/or Torres Strait Islander seem to have fewer opportunities to participate in clinical trials, but in fact generally do participate in trials when invited.[29,30] Nevertheless, participation and involvement in health and medical research – like trust in HMS more broadly – is not uniform or unshakable across all Australian communities and in all situations or contexts.[ii]

Comprehensive Australian data on who participates in health and medical research – or who declines due to mistrust – are limited. However, international evidence consistently identifies mistrust of anchor institutions and healthcare providers as the most commonly cited barrier to clinical trial participation among minority ethnic and lower socio-economic groups.[31] Although trust is a key enabler of involvement or participation in health and medical research, and people in Australia are generally willing to participate or be involved in health and medical research, further representative, large-scale quantitative and qualitative research is needed to better understand the demographics of research engagement and the role of trust in related decision-making across all Australian communities.

[ii] *Key demographic patterns relating to trust in HMS are explored in the Academy's first output in this series – including those relating to age, gender, educational attainment, health literacy, socioeconomic status and experience of health conditions.*[17]



Engagement with the health system

Timely and appropriate engagement with Australia's evidence-based health system – from following public health guidance, to participating in preventive screening programs, or accepting evidence-based treatments prescribed by a health practitioner – is crucial to improving the nation's health. Factors that can impact this engagement include practical barriers like costs, appointment availability and time constraints, cultural or linguistic differences, health literacy, previous experiences of the health system, and trust in HMS.[iii]

In the context of an increasingly cluttered information ecosystem and vulnerable institutional trust, Australian doctors – who enjoy even higher levels of public trust than scientists – play a key role as familiar mediators of reliable, evidenced health and medical information.[17]

Encouragingly, Australians generally report high levels of trust in their GP (who is often their primary point of contact with the health system), with this trust tending to increase as the patient-GP relationship develops. A 2023 survey of 2,400 patients aged 45 and over from 54 Australian general practices found that 77% of those who had seen the same GP for less than a year trusted them, which grew to 87% among those who had been seeing the same GP for more than a year.[32] Equivalent data are currently unavailable for younger groups, and would help to improve our understanding of trust in HMS and its mediators across Australian populations. On the one hand, ABS data show that during 2022-2023, over 70% of people aged 15-24 saw a GP, and GPs remain the most trusted sources of information about sexual health – above friends and online sources.[33] However, 63% of teenagers get health information from social media, and 42% of teenagers have made a health decision based on content they've seen on social media.[34]

Population-based screening is a cornerstone of Australia's evidence-based health system, enabling the early detection and treatment of an array of health conditions. Like other forms of health system engagement, screening participation is shaped by individual and systemic barriers – including trust. Because screening targets people who are not currently symptomatic or seeking treatment, their decision to participate is more discretionary, making it a useful behavioural indicator of trust in HMS.

[iii] *According to Australian Commission on Safety and Quality in Health Care data, patients with multiple chronic conditions, and lower education or income levels are less likely to trust the health system, while males are more likely than females to trust the healthcare system.*[32]

[iv] *Data are unavailable for the National Lung Cancer Screening Program, which was launched in 2025.*

The Federal Government operates six screening programs: the National Bowel Cancer Screening Program, National BreastScreen Australia Program, National Cervical Screening Program, National Lung Cancer Screening Program, Newborn Bloodspot Screening, and Newborn Hearing Screening.[35] For established national cancer screening programs, recent participation rates are as follows:[iv]

- National Bowel Cancer Screening Program: 42% (of eligible participants participated during 2022-2024)[36]
- National BreastScreen Australia Program: 51.7% (of eligible participants participated during 2022-2023)[37]
- National Cervical Screening Program: 77.9% (of eligible participants participated during 2020-2024)[38]

While none of these figures represent a notable decline in cancer screening participation rates, Australia's bowel and breast cancer programs are being particularly under-used by consumers, leading to delays in diagnosis and treatment of these life-threatening conditions. Groups that are at increased risk of under screening include people who: are Aboriginal and/or Torres Strait Islander, speak a language other than English at home/are a non-English speaker, are living with disability, live very remotely, or are in the lowest socioeconomic status group.[39] Men are slightly less likely than women to participate in the National Bowel Cancer Screening Program, and LGBTIQ+ people with a cervix are less likely than the general population to attend cervical screening.[39]

A 2022 umbrella review of 85 international screening program studies identified medical mistrust as a key barrier to the engagement in colorectal cancer screening among African Americans in the US, and highlighted the positive impact of a long-term trusting relationship between a patient and their healthcare provider on a patient's decision-making around screening participation.[40]

In focus: Vaccination

Australia has historically maintained high vaccination coverage, supported by strong public health infrastructure and confidence in the health system. However, childhood, adolescent and adult vaccination rates have declined since the COVID-19 pandemic.[41] Vaccination uptake is shaped by a range of structural, behavioural and attitudinal factors, making it a useful behavioural indicator of trust in HMS.

National Australian immunisation data show that following the COVID-19 pandemic, the decline in childhood vaccination rates has left coverage at key milestones below the target levels that would ensure population-level protection against vaccine-preventable diseases such as measles.[42,43 v] While overall coverage remains comparatively high by international standards, this downward trend represents a concerning shift after many years of stable or improving uptake, and demands that researchers, policymakers and health professionals address the role of trust in individuals' decision-making around immunisation.

Vaccination decision-making is a complex phenomenon. As the World Health Organization (WHO) states:

> "There are many factors that influence vaccine decision-making, including individual risk perception, attitudes, self-efficacy, barriers and motivators as well as social and cultural values, norms and traditions." [2]

[v] *For detailed analysis of the trends, patterns and themes of childhood vaccination across Australia, see the Academy's evidence brief on this topic.*[45]

This is true of vaccination across Australia, where recent data from the National Centre for Immunisation Research and Surveillance (NCIRS) suggest that declining coverage cannot be explained solely by a rise in anti-vaccination sentiment.[42] Instead, under-vaccination is the product of the interplay of complex behaviours, motivations and structural factors, including: vaccine hesitancy; delayed vaccination; practical access barriers such as appointment availability; and trust in HMS and in the institutions and professionals that deliver and translate it. The barriers most commonly cited by 2,000 parents of vaccinated, partially vaccinated and unvaccinated children surveyed by the NCIRS were:[44]

- Feeling distressed when thinking about vaccinating their child (60%).
- Access barriers (11%), e.g. competing priorities, travel difficulties, costs, appointment availability and inability to discuss vaccination in preferred language with a doctor or nurse.

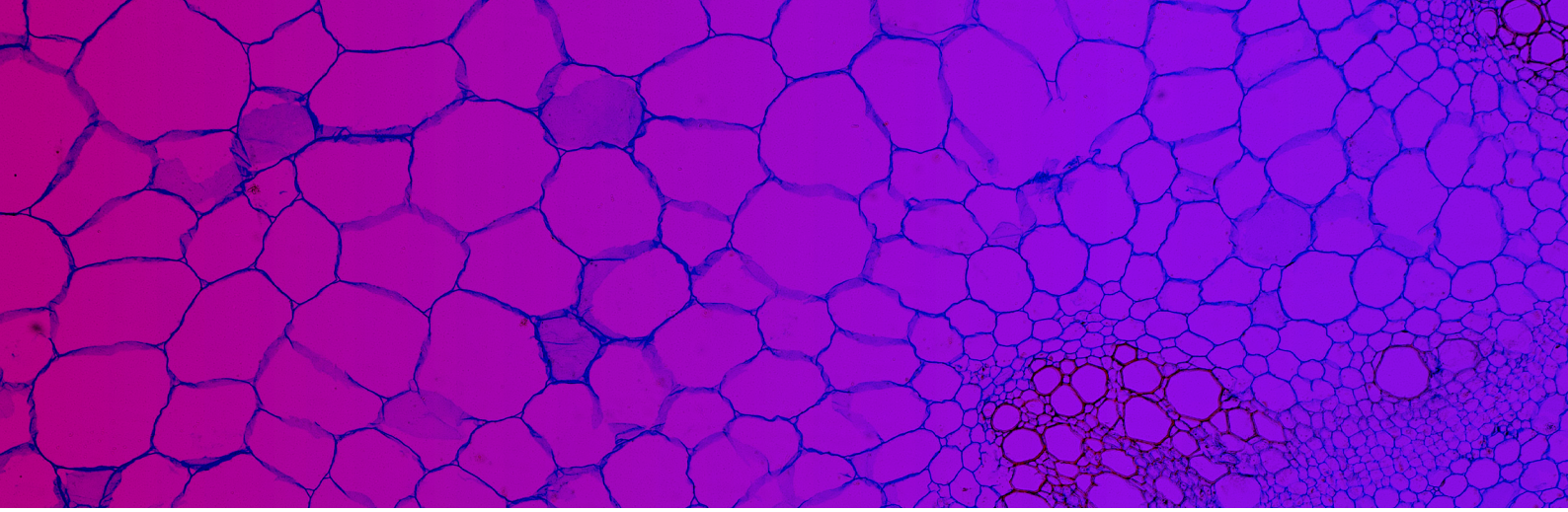
Among parents of partially vaccinated children, barriers tend to be a combination of access and acceptance factors. For parents of unvaccinated children, barriers predominantly relate to acceptance. Of the NCIRS-surveyed Australian parents of unvaccinated children, key barriers to vaccination include:[44]

- 48.8% cite their belief that vaccines are unsafe.
- 43.7% cite their lack of trust in information they receive from a doctor or nurse.
- 39.8% cite not believing that vaccines are effective for preventing diseases.
- 39.7% cite not believing that vaccinating their child helps protect others in the community.

Childhood vaccination rates are now below target across Australia, which is accompanied by declines in adolescent and adult coverage. NCIRS data show that:

- Fully vaccinated coverage at 12 months of age has dropped 4.3% since 2020.[43]
- Full coverage at two years of age is below 90%.[43]
- In 2025, 78.7% of Australian girls and 75.6% of Australian boys had received at least one dose of HPV vaccine by their fifteenth birthday – a downward trend from 86.6% and 84.9% respectively in 2020.[43]
- Nationally, only 34.1% of adults eligible to receive a free shingles vaccine had received at least one dose between 1 November 2023 and 31 December 2024.[44]
- Influenza vaccination coverage decreased in all child and adult age groups (from 6 months to >65 years) between 2023-2024.[43,44]

While declining vaccination uptake in Australia cannot be understood through trust alone, for those least likely to vaccinate, lack of trust – in both vaccine science and the communication of this by health professionals – is central to their decision-making. While trust in HMS broadly remains strong, declining vaccination rates signal a growing minority for whom distrust in vaccine science is shaping behaviour.



Conclusion

Trust in HMS is vital to the effectiveness of Australia's research ecosystem and health system. While trust is generally high, it remains fragile, influenced by political, media, individual and system factors. Public confidence in HMS can be eroded by concerns over the politicisation of science, inequities in research and in healthcare representation and access, and adverse experiences within the health system – discouraging behaviours such as participation in health and medical research and vaccination uptake.

Further qualitative, representative research into the barriers and enablers of evidence-based health behaviours is needed to help policymakers, clinicians and institutions better understand how trust intersects with individual and systemic factors across Australian communities.

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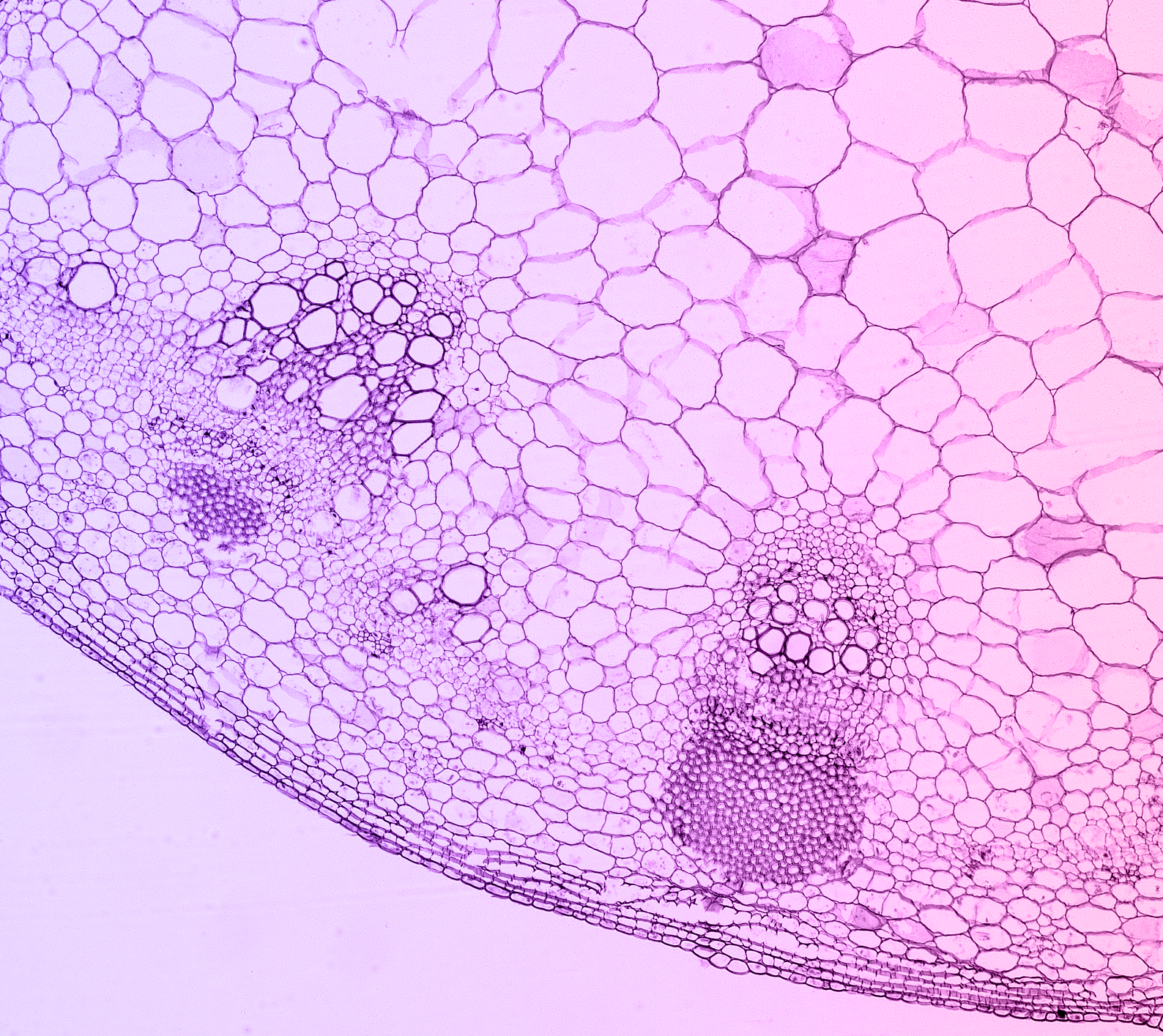

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