

AMSPDC Messaging Guide

A Communications Toolkit

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Prologue: About This Toolkit

This messaging toolkit is designed to help members of the Association of Medical School Pediatric Department Chairs (AMSPDC) and external stakeholders to communicate more effectively about the need for greater federal investment in child and adolescent health.

This toolkit is grounded in public opinion research conducted by LSG among likely voters nationwide and Republican Beltway opinion elites. It translates those findings into practical messaging strategies that reflect how key decisionmakers understand and evaluate policy priorities and funding decisions.

Who This Toolkit Is For

This toolkit is intended for AMSPDC leadership, staff, members, and partners who engage policymakers inside the Washington, DC Beltway, including:

- Members of Congress and congressional staff
- Federal agency officials and senior health policy advisors involved in funding and program oversight
- Policy influencers and opinion leaders
- National, regional, and political media
- Coalition partners engaging in joint advocacy of pediatric workforce and research funding

When to Use This Toolkit

Use this toolkit when:

- Preparing for meetings with lawmakers or staff on children's health issues
- Developing talking points or one-pagers related to pediatric funding
- Responding to skepticism about the urgency or relevance of increased federal investment in child and adolescent health, pediatric workforce shortages, and research funding
- Aligning internal teams or external partners around a shared, evidence-based narrative for outreach

How to Use This Toolkit

This toolkit is designed to be practical and modular. Users can utilize the sections together or independently, depending on their needs.

- **Start with the Overview**, to understand the baseline perceptions and common misperceptions that shape how those who influence policymakers most understand and interpret the current state of child and adolescent health in America.
- **Use the Message Performance section** to identify which messages resonate most and which to avoid to create and shape perceptions.
- **Refer to the Key Language Guidance section** when drafting or refining external communications.
- **Utilize the Proof Points section** to anchor and support messages to convey scale and urgency without requiring technical policy knowledge.
- **The Message Formulation and Putting It All Together sections** are designed to help translate insights into cohesive, effective narratives. These sections are especially helpful when preparing for conversations, written statements, or aligning stakeholders around a single narrative.

Research Objective & Methodology

Objective

The objective of this research was to measure awareness, opinion, and importance of issues impacting child and adolescent health with likely voters nationwide and Republican Beltway opinion elites, and to identify the most effective messages, proof points, and language to build support for increased federal investment in pediatric training, research, and care.

This toolkit is designed to equip leaders with **evidence-based messaging that resonates with those who influence policymakers most** in federal funding decisions in our current Republican-controlled political landscape.

Methodology

This study was conducted by LSG, an impact agency specializing in public opinion research and strategic communications that helps organizations navigate complex policy environments, enhance their reputations, and achieve their legislative and business goals.

LSG surveyed 1,000 likely voters nationwide plus an oversample of 200 Republican Beltway opinion elites online between December 7–18, 2025 with a margin of error $\pm 3\%$.

Audience definitions

Republican Beltway opinion elites must live in Washington D.C. or surrounding counties in Maryland or Virginia. They must vote in most elections, primarily vote for Republican candidates, consume media at the highest rates, and frequently engage with lawmakers and political entities. Additionally, this audience is held to a higher threshold for both income and education compared to average national voters. They have an outsized voice and influence on the outcome of federal policy debates.

Research Objective & Methodology

The research and this messaging toolkit intentionally focus on Republican Beltway elites as they reflect the current Congress and administration and because they have historically functioned as gatekeepers, rather than drivers, of child health policy. Despite being a critical target to achieve AMSPDC's policy goals in the current political climate and Trump administration, their support is shaped less by moral framing and more by economic logic, systemic impacts to health care, and quality outcomes. This audience can be persuadable when messages align with their decision-making framework. Understanding how this audience evaluates children's health issues is essential for ensuring AMSPDC's messages resonate and are heard, not dismissed.

Likely voters are classified as those who are currently registered to vote and have voted in at least half or more of all state and national elections held since they registered to vote. Additionally, there were quotas set on this sample, balanced to gender, age, region, income, and race to ensure the data is representative of the national voter population.

The toolkit translates findings from the full survey analysis and topline results into practical messaging guidance that can be used to ensure message consistency and discipline across congressional outreach, coalition engagement, and public communication.

Overview: Key Perceptions & Misperceptions of Child and Adolescent Health

This section outlines how Republican Beltway elites and likely voters currently understand issues impacting child and adolescent health and where there are key gaps in their perceptions, so AMSPDC can frame messages that resonate and identify where they will anticipate barriers to engagement.

Core Perceptions

Low Priority Issue. Among both likely voters and Republican Beltway Elites, child and adolescent health is **not top of mind** and ranks among the least concerning national issues. Even among Republican Beltway elites where awareness of health policy and challenges to our health care system is high, children's health is often overshadowed by broader issues like the economy, inflation, immigration, and crime.

As a result, messages about child and adolescent health are often evaluated through the lens of competing priorities, making it harder for the issue to gain traction unless its relevance is made explicit or tied to other top issues.

Economic Lens. When Republican Beltway elites do engage with the issue, they tend to frame children's health challenges primarily as an **economic issue**, not as a national security. Primarily, impacts to costs, quality of care, and access shape how this audience assesses issues most.

Mental Health in Focus. However, **mental health** emerging as the most salient children's health concern reflects a growing recognition of youth mental health challenges, especially among Republican likely voters. Additionally, there is broad agreement that the U.S. **does not have enough pediatricians or pediatric subspecialists** to meet demand, though this concern is not directly tied to their opinion on federal policy decisions.

Common Misperceptions

Simultaneously, this research reveals widespread misperceptions that limit support for increased federal investments if left unaddressed.

Sufficient Funding. A majority of Republican Beltway elites **believe federal funding for child and adolescent is already sufficient.** This underscores why child and adolescent health ranks low on their list of priority issues.

Underestimate Youth on Medicaid. Many Republican Beltway elites **underestimate the share of children covered by Medicaid and CHIP** and initially believe current federal funding levels for child and adolescent health are **sufficient.**

Lack of Pediatric Workforce Awareness. Workforce shortages are often understood abstractly, as a generalized labor issue rather than the result of specific policy decisions related to training capacity, reimbursement, and research investment and is thus not clearly tied to **training pipelines and federal investment gaps.**

Importantly, these misperceptions are not fixed. When exposed to information about **workforce shortages, chronic disease prevalence, and rising youth suicide rates,** support for increased funding grows. This indicates that the primary challenge is not opposition, but **low baseline salience paired with incomplete information.**

***The Takeaway:** Messages must first establish relevance before asking for support. Starting with urgency alone is ineffective; grounding the issue in **cost, access, and system performance** is essential for Republican Beltway elites. Low salience means opinions are not firmly entrenched and can be shaped.*

At a Glance

To be effective, AMSPDC's messages should consistently:

1. **Begin by establishing why children's health matters now** to economic stability and health care system performance
2. **Explicitly connect workforce shortages and coverage challenges** to cost, quality, and access outcomes
3. **Elevate mental health** as an entry point into broader pediatric investment discussions

Failure to contextualize the issue risks reinforcing disengagement rather than opposition, while clear, focused framing creates an opportunity to meaningfully improve knowledge and grow support.

Message Performance: What Works and What Doesn't

The research shows that not all messages about child and adolescent health perform equally. The most effective messages across audiences emphasize **(1) lower health care costs** and **(2) improved quality of care**. Likely voters also respond positively to **(3) ensuring continued health care access to millions of children** who rely on programs such as Medicaid and the Children's Health Insurance Program (CHIP). These messages frame investment as a practical solution to system inefficiencies rather than as an emotional or ideological appeal.

Lower Health Care Costs



When you say...

Increasing federal funding for child and adolescent health would lower health care costs long term.



They hear...

Earlier intervention and prevention will reduce long-term spending and financial strain on the health care system.

Key Takeaway: *Health care is very expensive, and messaging explaining how increased funding can actually reduce the cost of care resonates universally. Further, this message addresses how costs would be lowered through earlier intervention and preventive care. It's more impactful to fix a problem at its root cause rather than spending tax dollars and federal funds attempting to treat chronic conditions once they've developed.*

Improved Quality of Care



When you say...

Increasing federal funding for child and adolescent health would increase quality of care through discoveries and breakthroughs in pediatric treatments.



They hear...

Funding for pediatric research is critical as it promotes medical advancements that ensure the best possible health outcomes for children and adolescents.

Key Takeaway: *Explaining how increased federal funding would directly benefit pediatric research and advance treatment options and pediatric patient out-comes provides audiences greater context on why increasing funding is necessary.*

Likely Voter Callout Box



Access to Coverage and Care



When you say...

Increasing federal funding for child and adolescent health would ensure children's health programs could continue to provide health coverage for nearly half of all American children.



They hear...

More funding protects the health and future of a very significant share of America's children from all states and backgrounds.

Key Takeaway: *When you convey what is at stake for children's health coverage – and the large number of children who would be impacted – if funding for critical programs is cut, voters grasp the value behind funding for Medicaid and CHIP.*

In contrast, less effective messaging frames investments in child and adolescent health to seemingly disconnected issues. Republican Beltway elites and likely voters are not persuaded by the national security argument that cuts would reduce the number of qualified individuals to serve in critical national security roles. This argument feels abstract and indirect, failing to effectively resonate across audiences.

National Security



When you say...

Increasing federal funding for child and adolescent health would contribute to the health of future adults ensuring there are qualified individuals to serve in national security roles.



They hear...

Investments in child and adolescent health may shape an indirect, far-removed, and unrelated issue.

Key Takeaway: *People don't view the children's health care crisis as a national security issue. Filling critical security roles like the military and emergency services is not a top driver for protecting child and adolescent health. Garnering support for increased pediatric funding through this lens dampens credibility and feels abstract, indirect, and disconnected from immediate policy concerns.*

Key Language Guidance: “Say This, Instead of This”

Language shapes how people understand and respond to key messages. Clear, intentional wording helps eliminate confusion and ensure the significance of AMSPDC’s objectives is fully recognized. The right words build trust, reduce misinterpretation, and create an emotional connection that motivates people to pay attention and take action. Through precise language and examples, AMSPDC can amplify its mission, facilitate more informed decisions, and generate stronger support from voters and elites.

Describing Pediatric Care

Using the wrong words can inadvertently generate negative impressions discouraging key audiences from engaging with AMSPDC. When describing pediatric care use terms that are outcome-focused and elicit concern instead of stark, technical terms.

Complex



When you say...

“Pediatric workforce provides **complex** care to children”



They hear...

This care will be difficult to understand, hard to navigate, and burdensome for families already under stress. Health care already feels overwhelming, and parents may anticipate bureaucracy, confusion, and obstacles rather than support.

Key Language Guidance: “Say This, Instead of This”

Key Takeaway: Frame pediatric care as “**specialized**” to convey an understanding that children are not the same as adults and the care they receive should be catered to their health needs. Additionally, specialized care implies a need for health care professionals who trained beyond general pediatrics.

⊗ **Advanced & Expert**



When you say...

“Pediatric workforce provides **advanced** or **expert** care to children”



They hear...

The focus is on provider’s skill level rather than the child’s needs, which can feel self-promotional and disconnected from why the care actually matters.

Key Takeaway: It’s better to center on the type of care the patient is receiving rather than what a pediatrician is providing. Terms like “**critical**” maintain a sense of urgency while implying why the care matters, not how hard it is to do.

⊗ **Vital**



When you say...

“Pediatric workforce provides **vital** care to children”



They hear...

This care is important, but abstract. It is unclear how immediate or pressing it is compared to other health needs, and more importantly, does not clearly convey what is at stake if the care is delayed, reduced, or unavailable.

Key Takeaway: Language such as “**life-saving**” and “**life-changing**” instantly communicate why pediatric care matters and create an emotional resonance with readers.

At a Glance

Say This:

- ✓ **Specialized**
- ✓ **Critical**
- ✓ **Life-saving**
- ✓ **Life-changing**

Instead of This:

- ⊗ **Complex**
- ⊗ **Advanced**
- ⊗ **Expert**
- ⊗ **Vital**

Describing AMSPDC

To drive positive impressions of the Association of Medical School Pediatric Department Chairs emphasize your role and position as offering solutions to a national crisis: training the declining pediatric workforce and investing in access to coverage and care for children.

Abstract leadership claims



When you say...

“AMSPDC serves as the foundation of child-health innovation”



They hear...

This sounds vague and difficult to define. It is unclear what AMSPDC actually does or how they impact children, families, or the health care system.

Key Takeaway: Provide context to the full scope of AMSPDC’s influence including involvement in **training the full pipeline of the pediatric workforce**, from generalists to subspecialists and physician scientists. Obscure explanations are limited in their ability to influence audiences – especially those that are largely unaware of organizations like AMSPDC. Further, Republican Beltway elites respond more positively to **tangible outcomes and workforce impact** than abstract leadership claims.

Hyper-specific prestige language



When you say...

“AMSPDC leads the nation’s most advanced pediatric care institutions.”



They hear...

This feels abstract and self-promotional, focusing on status rather than results. It is unclear why this leadership matters or how it translates into better care for children.

Key Takeaway: Shift from prestige to impact. Center the conversation on what AMSPDC enables, amplify statistics such as **92% of graduates from AMSPDC’s Pediatric Scientist Development Program become professors and leaders in academic pediatrics**. Proof points quantifying AMSPDC’s impact add credibility and further establish a positive reputation.

Republican Beltway Elite Callout Box

⊗ DEI Language

To appeal more to Republican Beltway elites, consider deemphasizing politicized values of diversity, inclusivity, and anti-racism within AMSPDC’s mission statement and messaging. Instead, highlight how the work of the academic pediatric department chairs **improves the health and well-being of children and builds a stronger pediatric community.**

At a Glance

Say This:

- ✓ **AMSPDC trains the full pipeline of the pediatric workforce from generalists to subspecialists and physician scientists.**
- ✓ **92% of graduates from AMSPDC’s pediatric scientist development program attain professorships and leadership roles in academic pediatrics.**
- ✓ **Improves the health and wellbeing of all children.**

Instead of This:

- ⊗ **AMSPDC serves as the foundation of child-health innovation and workforce development in the United States.**
- ⊗ **AMSPDC leads the institutions that provide the nation’s most advanced pediatric care.**
- ⊗ **Addresses diversity, equity, inclusivity, and anti-racism.**

Proof Points That Persuade

When paired with a strong narrative, the right statistics can strengthen messaging and maximize impact. The most effective proof points don't solely rely on large percentages or technical sophistication to persuade audiences. Rather, they personalize and humanize data to connect back to issues that affect everyone such as health care costs or to serious outcomes of critical mental health like rising suicide rates among youth.

The strongest proof points share three characteristics: they are **humanized, intuitively understandable, and tied to outcomes** elites already care about. Statistics describing the prevalence of chronic conditions or the trajectory of youth mental health challenges immediately convey urgency and consequence, making them effective entry points for broader policy discussions.

✔ Drive Concern by Citing:

- **40% of children suffer from chronic health conditions** like being overweight, depressed or anxious, increasing the risk of chronic disease and driving up national health care costs.
- **Suicide rates among 10-24 year olds increased by 62% from 2007 to 2021** making it one of the leading causes of death in adolescents and young adults.

The most compelling proof points are those that signal scale and urgency without requiring technical interpretation.

Why Technical Data Underperforms

By contrast, proof points focused on funding shares, specialty selection rates, or residency caps perform **worse** when used to support arguments. Technical statistics can feel abstract or disconnected from outcomes if presented alone and require further explanation on their larger impact. They fail to demonstrate the emotional impact and human toll of inaction. They can shift attention away from why the issue matters toward debates over process and program mechanics.

⊗ **Less Impactful Statistics:**

- Children's graduate medical education only gets 1.7% of total federal graduate medical education funds.
- Less than 8% of U.S. medical graduates chose to enter pediatrics in 2025.
- 57% of children face difficulties obtaining mental health care.

***The Takeaway:** Proof points should be selected for clarity and interpretability, not just factual importance. AMSPDC should prioritize **high-impact, humanized statistics** in messaging; use technical funding data as secondary support, not lead arguments; and pair numbers with clear explanations of why they matter. Well-chosen proof points can accelerate persuasion, while overreliance on technical data can stall engagement.*

At a Glance

Say This:

- ✔ **40% of children suffer from chronic health conditions** like being overweight, depressed or anxious, increasing the risk of chronic disease and driving up national health care costs.
- ✔ **Suicide rates among 10-24 year olds increased by 62% from 2007 to 2021** making it one of the leading causes of death in adolescents and young adults.

Instead of This:

- ⊗ **Children's graduate medical education only gets 1.7% of total federal graduate medical education funds.**
- ⊗ **Less than 8% of U.S. medical graduates chose to enter pediatrics in 2025.**
- ⊗ **57% of children face difficulties obtaining mental health care.**

Message Formulation: Building a Compelling Narrative

Once the most effective messaging, language, and proof points have been developed and tested, the next step is bringing them together into a compelling narrative. However, this is a challenging step for many communicators and organizations.

A common mistake many communicators make is beginning with their preferred policy or solution before building consensus, framing the problem, or articulating the purpose. This approach creates immediate division, and those who disagree with your position will be less likely to listen to your rationale.

That's why we recommend the **Why, Therefore, So That** approach to communications. This is a simple formula any communicator can use to ensure they're appealing to the most people while clearly communicating policy positions.

Always begin your communications with the **"Why"** which is the underlying value or challenge that a large majority of your audience will agree with and highlights the importance of the issue. Opening in this way builds consensus and conditions your audience to be agreeable toward your proposed solutions.

Examples of Why Statements:

- **Universal value statement:** "Every child deserves access to affordable, accessible health coverage and care."

Message Formulation: Building a Compelling Narrative

- **Framing the challenge:** “America is facing a child and adolescent health crisis that is worsening every year as more children develop chronic health conditions, suffer from poor nutrition, poverty, and mental health challenges, and grapple with reduced access to pediatric care.”

Once you’ve earned agreement or alignment, then it’s best to introduce the **“Therefore.”** This is your proposed solution or process and the area you should spend the least amount of time or words on as it is likely the most divisive statement you will make. Be direct, honest, and succinct.

Examples of Therefore Statements:

- **Policy:** “We need to increase funding for pediatric training and research.”
- **Process:** “That’s why we must bring all stakeholders to the table, conduct additional research, and build a revised framework for graduate medical education funding.”

Finally, it’s essential to close your statement with the **“So That.”** This outlines the tangible benefits resulting from your proposal that are most appealing to your target audiences followed by a call to action.

Examples of So That Statements:

- **Benefits:** “So that we can lower health care costs through earlier intervention and preventive treatment and improve quality of care by reducing the number of pediatric researchers leaving the field and discovering new pediatric medical treatments and breakthroughs.”
- **Call to action:** “That’s why it is critical that Congress increase or restore funding for essential pediatric programs especially to address youth mental health challenges and secure a healthy future for all children.”

Putting It All Together: Core Narrative

This section brings together the most effective framing, language, and proof points into a single, cohesive narrative that AMSPDC leaders and partners can use as a foundation for conversations with policymakers. This is intended to be adapted for meetings, statements, and outreach materials.

America is facing a child and adolescent health crisis that is worsening every year **as more children develop chronic health conditions, suffer from poor nutrition, poverty, and mental health challenges, and grapple with reduced access to pediatric care.**

There's currently a **critical shortage of pediatricians and pediatric sub-specialists**, but federal funding for educating and training future pediatricians and conducting pediatric research is falling far short – threatening access to quality care for American children.

We need to increase funding for pediatric training and research to ensure America has enough qualified professionals and research-backed treatments to **strengthen the future of children's health and wellbeing**. Increased funding for children's health would **lower health care costs** through earlier intervention and preventive treatment and **improve quality of care** by reducing the number of pediatric researchers leaving the field and discovering new pediatric medical treatments and breakthroughs.

That's why it is critical that Congress **increase or restore funding** for essential pediatric programs especially to address **youth mental health challenges** and secure a healthy future for all children.

About LSG

LSG is an impact agency that combines public opinion research, strategic communications, and policy expertise for corporations, trade associations, and nonprofits to change hearts and minds, move public opinion, and help brands connect to the public conscience in a rapidly changing environment.

Our experts in brand building, corporate reputation management, and public affairs help solve the most complex communications challenges. With practices in strategic insights, stakeholder engagement, public relations, and community marketing, we are leaders in engaging diverse audiences in the U.S. and around the world to drive results and deliver impact. Founded in 2008, LSG is headquartered in Washington, DC and has offices in Boston, Denver, Houston, Portland, Louisiana and New York.