Using Bridging Statements to Communicate about Vaccines

A Practical Communications Tool for Acknowledging Tough Public Health Questions and Building Trust

Bridging Statements:

Getting Back to the Core Message

Bridging is a tool that can help public health communicators answer questions in a way that conveys your most important fact-based messaging and corrects false claims and misleading information. Bridging statements are phrases that help you acknowledge the question, briefly respond, and then convey what you want people to know.

Here are some examples of bridging statements:

- → **I'm hearing that question a lot, and what I want people to take away is...**
- → **I understand your concern. What we know is...**
- → **I know that this has been challenging, but the bottom line is...**
- → **This is an evolving issue, but what is clear right now is...**

PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

For additional communications resources visit publichealthcollaborative.org

Should I avoid vaccines if I am worried about giving my child autism?

I'm hearing that question a lot, and what I want people to take away is that there is no association between vaccines and autism. The misconception that vaccines cause autism came from a 1998 study that is no longer considered accurate or credible. This study led to false narratives about vaccines and autism, which have worsened in the years following the COVID-19 pandemic. Another reason some people believe vaccines cause autism is that children receive the MMR vaccine at an age when they may begin showing signs of autism. This causes people to incorrectly connect the two events. There is no association between vaccines and autism.

What vaccine schedule should my child follow?

I understand your concern. What we know is that pediatric vaccines are valuable and worthwhile. Despite recent changes to the CDC's childhood vaccination schedule, vaccines have a proven record of decreasing disease and continue to provide the best protection against dangerous illness. Changes to recommendations may cause confusion, but there is no new evidence to support reducing the number of vaccines a child receives. The American Academy of Pediatrics (AAP) is continuing to recommend its longstanding pediatric immunization schedule which is based on decades of research evidence.

Why do different countries have different vaccine schedules?

I'm hearing that question a lot, and what I want people to take away is that many factors help inform a country's vaccination schedule, including population size, healthcare system, and risk factors. For example, Denmark's schedule has fewer vaccines, but Denmark has a significantly smaller population than the United States and also offers universal healthcare, which provides free insurance to all legal residents. Increased vaccination in the United States helps avoid high healthcare costs associated with private insurance and prevents hospitalization. The U.S. vaccine schedule has been refined over decades to provide the best protection to its large population.

If vaccine recommendations keep changing, why should I get vaccinated?

I know this has been challenging, but the bottom line is vaccines have a proven track record of reducing disease and serious illness. Every vaccine goes through a transparent and rigorous development process. Vaccines are constantly monitored, from the early stages of research to their public release, and for years afterward. Changes to the vaccine recommendations do not change the fact that millions of people, over many decades, are healthy because of vaccines.