

# Communicating with Vaccine Hesitant Parents in Vancouver

A Communication Plan Developed by Marika Pollock

*For SPPH 552 – Risk and Communication in Public Health*

*December 11, 2020*

I would like to acknowledge that Vancouver is located on the traditional, ancestral, and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh Nations.

## OUTLINE

---

<b>Executive Summary</b> .....	2
<b>Mission</b> .....	2
Goal .....	2
Audience Analysis .....	2
Precaution Adoption Process Model .....	3
<b>Message</b> .....	4
Hazard x Outrage Framework .....	4
Communication Style .....	5
ABT Statements .....	5
<b>Medium</b> .....	5
Podcast .....	5
Social Media .....	6
Traditional Media .....	6
<b>Evaluation</b> .....	6
Stakeholders .....	6
Outcome Goals .....	7
Process Goals .....	8
Barriers .....	8
<b>References</b> .....	9
<b>Appendix A – Outrage Assessment Questions</b> .....	11
<b>Appendix B – Podcast Outline</b> .....	12

## Executive Summary

Since vaccination coverage rates among 2-year-olds in British Columbia currently do not meet the recommended 95%, a communication plan targeting vaccine hesitant parents in Vancouver is proposed to meet the desired coverage rate. Vaccine hesitant parents are most often characterized as well educated and prone to information seeking, leaving them conflicted about what course of action is best for their child when it comes to vaccination. The proposed communication plan addresses these concerns by discussing the hazard and outrage of childhood vaccines and addressing the topics in a non-judgmental and empathetic style to build trust with vaccine hesitant parents. A three-pronged approach using podcasts, social media, and traditional media will engage Vancouver's vaccine hesitant parents in dialogues about vaccine and child safety. By partnering with Vancouver Coastal Health Authority and other local stakeholders, the effectiveness of this communication plan will be evaluated for its ability to engage with vaccine hesitant parents in Vancouver and increase vaccination rates among 2-year-olds in the region.

---

## Mission

### Goal

The goal of this communication plan is to increase the vaccination rates of 2-year-olds in Vancouver through attitude and behaviour change of vaccine hesitant parents. Vancouver Coastal Health Authority (VCH) does not publish its regional vaccination rates for 2-year-olds, so the aggregate rates of vaccination in British Columbia (BC) are used to estimate the vaccination coverage rates for 2-year-olds in Vancouver. Currently, the vaccination coverage rates for 2-year-olds in BC ranges from 69.7-89.3% depending on the vaccine, well under the 95% coverage rate target set by the Public Health Agency of Canada (1). Additionally, 3.89% of 2-year-olds in BC have no history of immunization and therefore have never received a vaccine (1).

Extrapolating from this data, the difference in coverage rates for different vaccines can be indicative of vaccine hesitant parents as vaccine hesitant parents accept some vaccines while rejecting others, which is further explained in the audience analysis. Therefore, since 96% of 2-year-olds have had at least one vaccine and it is indicated that many of those who aren't completely vaccinated have vaccine hesitant parents, a lot of progress towards meeting the 95% coverage target could be made if vaccine hesitant parents are made more comfortable with vaccinating. Recent outbreaks of vaccine preventable diseases, like measles, in Vancouver have been linked to vaccine hesitant parents, emphasizing the need to engage this population (2).

### Audience Analysis

Vaccine hesitancy is defined as a delay in acceptance or refusal of vaccines despite availability of vaccine services, and vaccine hesitant parents may refuse only certain vaccines, or decide to follow alternative vaccination schedules (3). Many factors can motivate this hesitancy, as vaccine hesitant parents are a very heterogeneous group, but the main factor is usually concerns over

the safety of vaccines and their potential side effects due to a lack of knowledge or mistrust of information (4,5). Recent shifts in the locus of control of health care decision making from the sole responsibility of practitioners to become shared with patients, as well as health promotion efforts focusing on individual lifestyle as a cause of disease, have empowered these parents to make vaccination decisions on their own (3).

Vaccine hesitant parents have been categorized into two groups: “those who are ‘uncertain but very interested and committed in vaccination issues are prone to information seeking and long and balanced decision-making’, and those who have ‘no definite opinion, little knowledge and little interest about vaccination issues and who randomly forget or delay some vaccines’” (5). Of these two groups, the first audience group defined, those who do a lot of information seeking, is the easier group to target as a lot of their attention is already on vaccines, limiting the barriers posed by the attention economy (6).

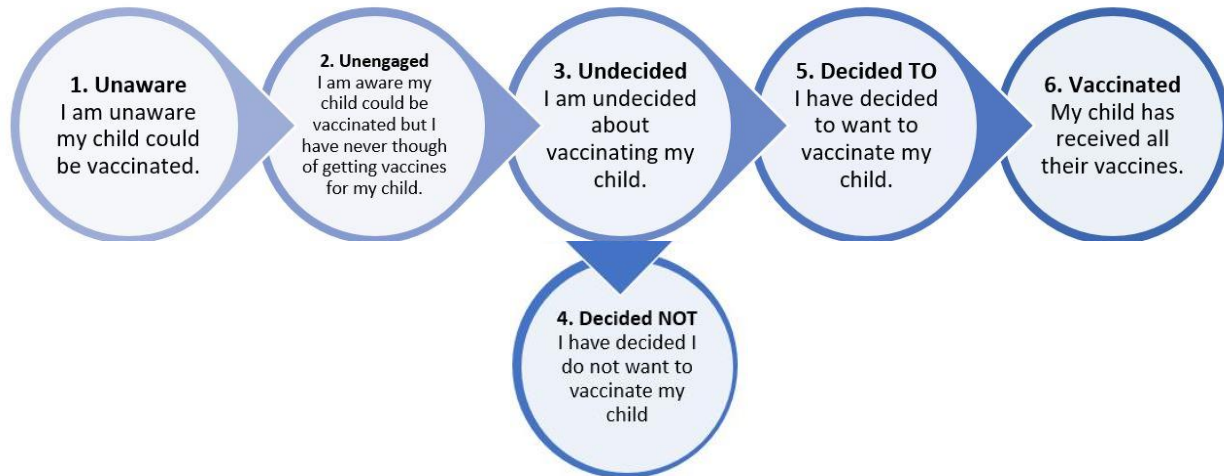
While literature on vaccine hesitancy in BC is slim to none, it was found that among kindergarteners in Vancouver, Richmond, and North and West Vancouver, schools in the highest and lowest income neighbourhoods had high rates of vaccine refusal and children not being up-to-date on their vaccines (7). Extrapolating this data to the vaccination rates of 2-year-olds in these areas and considering that children from low income families are likely incompletely vaccinated because of a lack of resources and barriers associated with low socioeconomic status, it can be assumed that the children from high income families are incompletely vaccinated because their parents are vaccine hesitant. This hypothesis fits international evidence that many vaccine hesitant parents are well educated and of high socioeconomic status (8).

Therefore, the target audience for this communication plan can be summarized as parents of children 2-years-old and younger who have vaccinated their children in the past but have not received all the recommended vaccines. They have not completely vaccinated their children because they do a lot of research on both sides of the vaccination discourse, leaving them unsure of what is the safest course of action for their children. They do this research because of their experiences undertaking higher education, which has empowered them to debate facts and make their own decisions.

#### Precaution Adoption Process Model

The Precaution Adoption Process Model (PAPM) has been applied to vaccine hesitancy in various literature to describe the different stages in the decision to vaccinate. For example, literature on parents’ hesitancy towards human papillomavirus (HPV) vaccines, which are offered in adolescence, used PAPM to determine that vaccine hesitant parents are a distinct group from anti-vaccine parents by outlining the six stages (9). The PAPM model developed for HPV vaccine hesitancy by Tatar and colleagues has been recreated below within the context of childhood vaccination (9).

### Precaution Adoption Process Model of Vaccine Hesitancy *adopted from Tatar et al., 2019*



As mentioned in the audience analysis, the target audience for this communication plan is vaccine hesitant parents who are interested in vaccination and already do a lot of research, therefore falling into the third stage, “Undecided”. Referring to the goal of this communication plan, moving vaccine hesitant parents into the fifth stage, “Decided TO”, would achieve attitude change, while moving vaccine hesitant parents into the sixth stage, “Vaccinated”, would achieve behaviour change.

---

## Message

### Hazard x Outrage Framework

Many vaccine hesitant parents believe the main hazard of vaccines are the side effects, however, severe adverse effects have very low rates of occurrence, like one in a million, and the often cited link between vaccines and autism has been disproven (3,10). *ImmunizeBC* says it best, the hazard of vaccines is so low that not getting vaccinated poses a larger hazard (10). However, anti-vaccine sentiments are widely propagated based on the often-perceived high hazard of vaccines. This discordance between actual and perceived risk can be addressed using Peter Sandman’s “Hazard x Outrage” model for determining risk, through which childhood vaccines can be categorized as low hazard, high outrage (6).

Based on this categorization, Sandman suggests either better explaining the hazard or addressing the outrage in order to properly communicate the risk (6). Since it is beyond the ability of this communication plan or most virologists to create a completely hazard free vaccine and excellent resources have already been developed by organizations like VCH that thoroughly explain the hazards of vaccines (11), this communication plan attempts to reduce outrage. The outrage

assessment questions are presented in Appendix A as tools for addressing the outrage surrounding childhood vaccinations (6).

### Communication Style

Emotion is an important part of the messaging of this communication plan because worries about one's children's safety are the primary motivator for getting them vaccinated or refusing vaccination. Using Randy Olson's "Four Organs Theory" and the "Arouse and Fulfill" method (6), the heart and arousal will be targeted by outlining vaccine hesitant parents' biggest fears and outrages about vaccines and highlighting their desire to protect their children. The brain and fulfillment will be targeted by providing information that disproves and calms these fears and outrages.

Self-control will be important for any spokesperson or facilitator of this communication plan, as even though the campaign is pro-vaccine, it strives to be approachable and trusted by all vaccine hesitant parents, therefore, no parents should feel judged for their decisions to not vaccinate but instead be empathized with as they are just trying to do what they think is best for their child. Expressing negativity towards those who do not vaccinate their children could alienate those on the verge of stage four of the PAPM, deciding not to vaccinate. An explanation of how to craft non-judgmental, empathetic, and vaccine positive language is described below.

### ABT Statements

And, But, Therefore (ABT) statements will be extensively used in the communication with vaccine hesitant parents. The benefit of an ABT statement is the ability to bring together both pro- and anti-vaccine sentiments in the same sentence, engaging everyone interested in learning about vaccines regardless of whether they are for or against them. In these statements, "and" will be used to join together the pro- and anti-vaccine sentiments that spark arousal and target the heart, "but" will introduce the outrage assessment criteria, and "therefore" will give the fulfilling explanation. Examples of ABT statements can be found within the podcast outline in Appendix B.

---

## Medium

### Podcast

An eight-episode season of a podcast highlighting the different outrage questions, with experts and vaccine hesitant parents as guests to have conversations about these topics, will be recorded. This medium is the centerpiece of the communication plan as it will host the most in-depth conversations and most effectively showcase the non-judgmental and empathetic style. Some of the outrage questions, including the questions about trust, responsiveness, and morality, will be reoccurring themes throughout all episodes, while others will be addressed in solely dedicated episodes. ABT statements will be used for the podcast descriptions to explain the content of each episode in an engaging format. Experts will include local epidemiologists, medical health officers,

public health nurses and pediatricians. An outline of the eight podcast episodes, including their topics and guests, is provided in Appendix B.

### Social Media

A Facebook page will be created where BC government and health authority resources will be shared and parents will be prompted to share any of their concerns in the comments, where moderators of the page will respond and mediate discussions about vaccination. Facebook is the best social media platform for this communication plan because it is a platform where a lot of anti-vaccine information thrives and because of the ability to engage in dialogue through the comments. It has been shown that Facebook is a successful place to recruit vaccine hesitant parents in Canada to participate in research and therefore should be a successful platform for engaging in meaningful dialogue with vaccine hesitant parents as well (12). This is the most resource intensive of the three mediums, requiring moderators to be active every day responding to comments; however, this is the only medium where vaccine hesitant parents can experience direct interaction and have their specific concerns addressed.

Regarding Twitter and Instagram, expending a lot of energy on these platforms would not enhance this communication plan due to the limitations on conducting dialogue as these platforms do not have comments sections as accessible as Facebook. However, a benefit of Twitter and Instagram is that they attract members of the target audience, college educated adults with young children who are therefore 22-40, potentially more than Facebook. Therefore, if there are difficulties obtaining engagement on Facebook at the beginning of the campaign, Twitter and Instagram could be used as tools to attract the target audience to the Facebook page.

### Traditional Media

A spokesperson will do interviews on local daytime news shows, like “Breakfast Television”, to discuss vaccine hesitancy and vaccine outrage, and to promote the podcast and Facebook page. Daytime news and talk shows have been selected as ideal traditional media mediums to target a specific subset of the target audience, moms on maternity leave. As vaccines are attention grabbing topic, it is hoped that daytime news outlets enjoy the conversations this communication plan promotes and invite our spokespeople to have reoccurring appearances where topics can be discussed in a similar fashion to how they are arranged for the podcast.

---

## Evaluation

### Stakeholders

#### Vancouver Coastal Health Authority (VCH)

VCH is the key stakeholder of this communication plan because vaccination rates in this region will be directly affected. A partnership with VCH is required as their data on region specific vaccination rates is required to evaluate the effectiveness of the communication plan. Resources

created by VCH will also be promoted to vaccine hesitant parents through the Facebook page, and the contents of these resources will therefore be discussed.

VCH will become engaged with this communication plan through an initial elevator pitch, and they will remain updated with the progress through regular briefing notes. Briefing notes will also be received from VCH with updated vaccination coverage rates to inform the evaluation.

British Columbia Centre for Disease Control (BCCDC)

The BCCDC is an important stakeholder to be aware of this communication plan because they aggregate the data from all five health authorities in BC, set provincial standards and run the *ImmunizeBC* site. If success is seen in Vancouver and interest is generated in different regions of the province, the BCCDC could help promote the communication plan to the other provincial health authorities and aid in data collection for province-wide outcomes.

British Columbia College of Family Physicians (BCCFP)

Family doctors are the main providers of childhood vaccinations in Vancouver and are therefore an important secondary audience as they interact with vaccine hesitant parents face-to-face the most. Awareness of and engagement with this communication plan to Vancouver’s family doctors could be brought through face-to-face communication at BCCFP conferences or through advertisements for the podcast and Facebook page in publications from the BCCFP. By promoting the essential style elements of this plan (non-judgmental, empathetic communication that supports vaccine hesitant parents) to family doctors, they can learn positive ways of communicating with vaccine hesitant parents to gain their trust. By fostering cohesion between the messaging provided through this communication plan and the messaging given to vaccine hesitant parents by their family doctors, progress made towards moving parents from stage three to stage five of the PAPM will be built upon and reinforced.

Outcome Goals

The following table outlines the outcome goals of this communication plan.

Goal	Evaluation
<p><b>Behaviour change:</b> A 10% increase in vaccination rate of 2-year-olds in Vancouver.</p> <p>Based on the current vaccination rates in BC (69.7-89.3% = approximately 80%), this would mean a change to approximately 90% of 2-year-olds in Vancouver are completely vaccinated. This seems realistic because some children will continue to have parents completely against vaccines, and some will still face barriers to accessing vaccinations.</p>	<p>Data from VCH will be used to determine what the vaccination coverage rate among 2-year-olds is. This data is constantly updated based on when immunizations are logged in the PARIS database, therefore rates can be requested at any time to determine changes through the communication campaign.</p> <p>For example, vaccination rates can be looked at in the month following an appearance on local news to see if a spike in vaccination occurred.</p>



<p><b>Attitude change:</b> A 25% increase in strong intentions to vaccinate among parents of 2-year-olds in Vancouver.</p> <p>While the exact proportions of those who intend to vaccinate in Vancouver is currently unknown, a recent Canadian study found that 49.8% of their respondents had strong intentions to vaccinate (13). It is assumed that the survey administered for this communication plan would have similar results, resulting in a change from approximately 50% to 75% of parents having strong intentions to vaccinate.</p>	<p>Administration of three widespread surveys (one at baseline, an interim one, and one at the conclusion of the communication campaign) to determine the knowledge, attitudes, and beliefs of vaccines among parents in Vancouver, set a quantitative goal for changes in these beliefs, and then map the subsequent change of beliefs over time.</p> <p>In the interim and conclusion surveys, questions about whether the mediums of the communication plan have been accessed will be asked to determine if they played a part in the attitude change.</p>
---	--

### Process Goals

The following table outlines the process goals for this communication plan.

Medium	Goal	Evaluation
Podcast	10% growth in streams and downloads every month.	Analytics on streams and downloads provided by podcast streaming services.
Facebook	Engagement from 50% of followers on each post.  10% growth of followers each month.	Analytics on numbers of likes, comments, shares, and page followers.
Traditional Media	Obtain a reoccurring role on a local breakfast television show. This will indicate that the show’s audience enjoys the segments.	Feedback from media networks on how their audience responded to appearances (views of episode, views from snippets posted on social media)
Face-to-Face and Written Advertisements to Family Doctors	All family doctors in Vancouver who provide childhood vaccinations are aware of this communication plan.	Cold calls will be made to family medicine clinics in Vancouver asking if the doctors are aware of the campaign.

### Barriers

A main barrier to evaluating the true impact of the communication plan is geography. Changes in attitudes and behaviour will only be measured in Vancouver, yet access to the mediums will not be limited by geography, so the true effects will not be able to be measured. Only promoting the Facebook page locally will save resources and help to prevent the moderators from spending time helping vaccine hesitant parents from other areas. As well, the fact that all mediums will be conducted in English means that non-English speakers will not be able to benefit from this communication plan.

## References

1. Public Health Agency of Canada. 2017-vaccine-uptake-canadian-children-survey-eng.pdf [Internet]. 2019 [cited 2020 Nov 2]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/2017-vaccine-uptake-canadian-children-survey/2017-vaccine-uptake-canadian-children-survey-eng.pdf>
2. Ghossoub M. Here's what you need to know about the measles outbreak in Vancouver. CBC News [Internet]. 2019 Feb 18; Available from: <https://www.cbc.ca/news/canada/british-columbia/here-s-what-you-need-to-know-about-the-measles-outbreak-in-vancouver-1.5023603>
3. Dubé E, Laberge C, Guay M, Bramadat P, Roy R, Bettinger J. Vaccine hesitancy: an overview. *Hum Vaccines Immunother*. 2013 Aug;9(8):1763–73.
4. Williams SE. What are the factors that contribute to parental vaccine-hesitancy and what can we do about it? *Hum Vaccines Immunother*. 2014 Sep 2;10(9):2584–96.
5. Dubé E, Gagnon D, Ouakki M, Bettinger JA, Guay M, Halperin S, et al. Understanding Vaccine Hesitancy in Canada: Results of a Consultation Study by the Canadian Immunization Research Network. *PLOS ONE*. 2016 Jun 3;11(6):e0156118.
6. Himsworth C, Byers K, Gardy J. The Mission, the Message, and the Medium: Science and Risk Communication in a Complex World. [Internet]. Pressbooks; [cited 2020 Dec 11]. Available from: <https://pressbooks.bccampus.ca/missionmessagemedium/>
7. Carpiano RM, Bettinger JA. Vaccine coverage for kindergarteners: Factors associated with school and area variation in Vancouver, British Columbia. *Vaccine Rep*. 2016 Dec 1;6:50–5.
8. Swaney SE, Burns S. Exploring reasons for vaccine-hesitancy among higher-SES parents in Perth, Western Australia. *Health Promot J Aust Off J Aust Assoc Health Promot Prof*. 2019 Apr;30(2):143–52.
9. Tatar O, Shapiro GK, Perez S, Wade K, Rosberger Z. Using the precaution adoption process model to clarify human papillomavirus vaccine hesitancy in canadian parents of girls and parents of boys. *Hum Vaccines Immunother*. 2019 Aug 3;15(7–8):1803–14.
10. Side effects [Internet]. Immunize BC. 2017 [cited 2020 Dec 9]. Available from: <https://immunizebc.ca/side-effects>
11. Vancouver Coastal Health Authority. Immunization: An important choice you make for your child. [Internet]. 2008. Available from: <https://sneezesdiseases.com/assets/uploads/1539200106MHf0Wm91DS3fsRJ49D2n CZ9KW eON.pdf>

12. Tustin JL, Crowcroft NS, Gesink D, Johnson I, Keelan J, Lachapelle B. Facebook Recruitment of Vaccine-Hesitant Canadian Parents: Cross-Sectional Study. *JMIR Public Health Surveill.* 2017;3(3):e47.
13. Dubé E, Gagnon D, Ouakki M, Bettinger JA, Witteman HO, MacDonald S, et al. Measuring vaccine acceptance among Canadian parents: A survey of the Canadian Immunization Research Network. *Vaccine.* 2018 Jan 25;36(4):545–52.

## Appendix A

### Outrage Assessment Questions

Outrage Question	Application to Vaccine Hesitancy
Voluntary vs Coerced	Childhood vaccinations in BC are voluntary, however, the way in which they are promoted to parents based on the style of language used by healthcare practitioners or government resources may feel coercive.
Natural vs Industrial	A common concern about vaccines is their ingredients, such as heavy metals, which are perceived as industrial despite their natural occurrence.
Familiar vs Exotic	The most common vaccine side effects include rashes and fevers which are normal and familiar parts of the body's immune response and can be easily treated with over the counter medicines like Tylenol. Most vaccine preventable diseases are exotic due to their rare occurrence in Canada.
Memorable vs Not Memorable	The rarest vaccine adverse effects are quite serious and could require hospitalization, which is a memorable event for the parents, family, friends, or strangers if a story about the reaction is widely published.
Dreaded vs Not Dreaded	A sick child is a dreaded outcome, whether the cause of sickness is a reaction to a vaccine or infection of a vaccine preventable disease.
Chronic vs Catastrophic	Children are recommended to get vaccinations at five different occasions during their first 18 months of life, making the side effects feel like a chronic occurrence.
Knowable vs Unknowable	When a child is receiving a new vaccine, it is unknown how their immune system will respond to it, however epidemiological statistics can help understand the risk.
Controlled by Me or Others	Vaccines are administered by healthcare practitioners, and therefore out of the control of parents.
Fair or Unfair	Treatment of families by healthcare practitioners based on race, Indigenous status, or age is inequitable, resulting in unfair distribution of outrage.
Morally Irrelevant vs Morally Relevant	Most ethical frameworks consider vaccination the morally relevant thing to do to protect oneself and others.
Can I Trust You or Not	Mistrust in healthcare providers, government, and media is the root cause of vaccine hesitancy as a parent who trusts their sources is either fully pro- or anti- vaccine.
Responsive Process vs Unresponsive Process	The vaccination debate is very partisan, with both pro- and anti-vaccine discourses completely discrediting the other, creating unresponsive dialogues.

## Appendix B

### Podcast Outline

Title	ABT Statement / Description	Major Outrage Theme	Secondary Outrage Themes	Goal	Guest(s)
So, you're hesitant about vaccines...	Looking on government websites, all of the information encourages vaccination and on forums with peers, all of the information about vaccines is so negative, but there are no resources that bring all of this information together so it's confusing to know who to listen to, therefore, a resource that explains this information will help make confident decisions about childhood vaccination.	Can I Trust You or Not	<ul style="list-style-type: none"> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> </ul>	To introduce the purpose of the podcast, some of the topics that will be discussed in later episodes and begin to build trust with listeners.	Vaccine hesitant parent.  Dr. Bonnie Henry or another trusted public figure for health information.
What am I vaccinating against anyways?	Vaccine preventable diseases are really important to prevent because they're dangerous and they rarely occur in Canada so the risk of getting them is low, but because these diseases are so exotic it's hard to understand what harms they actually cause, therefore, an explanation of these diseases could help decide whether to vaccinate against them.	Familiar vs Exotic	<ul style="list-style-type: none"> <li>• Dreaded vs Not Dreaded</li> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	To describe to those who have never met someone who was affected by a vaccine preventable disease how terrible of a disease polio, measles, whooping cough, and meningitis are.	Pediatric doctor with experience working in developing countries where vaccine preventable diseases are still common.
My baby needs that many shots. that often?	It is recommended for babies to receive shots at five different times in their first 18 months to be protected against diseases as soon as possible, and they often have three or four vaccines at once which some think is too many, but the chronic occurrence of getting these shots and	Chronic vs Catastrophic	<ul style="list-style-type: none"> <li>• Controlled by Me or Others</li> <li>• Responsive Process vs Unresponsive Process</li> </ul>	To explain the vaccination schedule: what vaccines are administered when, and why they are administered when they are. An explanation on how vaccines strengthen	Immunologist.

	experiencing side effects is overwhelming, therefore, an explanation as to why babies need vaccines when they do will foster understanding of the vaccination schedule.		<ul style="list-style-type: none"> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	the immune system will be provided.	
Can I get a vaccine with a side of Tylenol please?	The rashes and fevers that can occur after shots are normal, showing the vaccines are working and they cause my healthy child to be sick, making the shots seem like a bad idea, but these are reactions that commonly occur for reasons other than shots, therefore, it is easy to treat them to make children feel better quickly after their shots.	Familiar vs Exotic	<ul style="list-style-type: none"> <li>• Dreaded vs Not Dreaded</li> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	Building on the introduction to the immune system provided in the previous episode, an explanation of why minor side effects occur will be provided, and tips on how to treat them will be given.	Public health nurse.
Did you hear about that kid in Timbuctoo who died from a vaccine?	Vaccines are so safe you're more likely to get hit by lightning than have a major reaction and when lightning does strike those reactions could be fatal or cause disability, but these scary reactions may seem more common than they actually are because they are so memorable and often newsworthy, therefore, discussing what happens when children are hospitalized will help familiarize those events.	Memorable vs Unmemorable	<ul style="list-style-type: none"> <li>• Dreaded vs Not Dreaded</li> <li>• Familiar vs Exotic</li> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	Since everyone is afraid of the worst-case scenario, and the worst-case scenarios are always plastered all over the news, discussing how rare they are and why they happened can help bring peace of mind to parents.	Pediatric ICU doctor.
Vaccination is not just a rich, white person problem.	Indigenous populations have historically be hard hit by outbreaks of vaccine preventable diseases like measles and also commonly face discrimination when seeking healthcare services, but non-Indigenous people often are not aware of the unfair treatment and	Fair vs Unfair	<ul style="list-style-type: none"> <li>• Voluntary vs Coerced</li> <li>• Controlled by Me or Others</li> <li>• Responsive Process vs Unresponsive Process</li> </ul>	To discuss Indigenous specific experiences of accessing childhood vaccination and how vaccines can be promoted to parents in a culturally safe way.	Elders from Musqueam, Squamish, or Tsleil-Waututh Nations.

	inequitable history of disease in Indigenous communities, therefore, discussing this will help bring this topic to light to inspire changes in the care and services Indigenous people receive.		<ul style="list-style-type: none"> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>		
I don't want aluminum in my deodorant, so I definitely don't want to inject it into my baby!	Vaccine ingredients are just natural elements and cellular components used in safe, small quantities and these ingredients have been proven to be dangerous in other circumstances, but because these ingredients are introduced to the body in an unnatural way they become scary, therefore, explaining why the ingredients are used and how the body processes them can help make the process feel more natural.	Natural vs Industrial	<ul style="list-style-type: none"> <li>• Dreaded vs Not Dreaded</li> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	To remove the fear of ingredients like heavy metals and proteins by explaining how the body reacts to them, making them feel more natural because they are natural, biological components.	Pharmacist.
What does 0.001% risk even mean? I don't speak scientist!	All these scientific articles say they're explaining how safe vaccines are and the language that they use is so hard to understand it's like they're hiding information from regular people, but the risks of vaccines aren't being hidden, they're just communicated badly, therefore, explaining what these scientific terms mean can help make scientific results understandable to non-scientists.	Knowable vs Unknowable	<ul style="list-style-type: none"> <li>• Responsive Process vs Unresponsive Process</li> <li>• Morally Irrelevant vs Morally Relevant</li> <li>• Can I Trust You or Not</li> </ul>	<p>To explain what concepts like absolute or relative risk mean, so that when lay, non-scientific audiences like vaccine hesitant parents read articles they can understand what scientists are trying to say.</p> <p>This will provide tools to help parents who have not yet moved from stage 3 to stage 5 of the PAPM after listening to these episodes.</p>	Epidemiologist from VCH or BCCDC.