

Charysse Nunez:

I would appeal to everyone that regardless of where you sit as it relates to vaccination, that we work to understand one another so that we can get to a better place rather than leaning into creating more division in our society and as a country.

LuAnn Heinen:

That's Charysse Nunez, Insights and Strategy Consultant to the Ad Council on the COVID-19 Campaign. The Ad Council has a storied history having brought us familiar campaigns like Smokey Bear "Only You Can Prevent Forest Fires," McGruff the Crime Dog "Take A Bite Out of Crime," and on behalf of the United Negro College Fund "A Mind Is a Terrible Thing to Waste." How can the Ad Council's expertise help with one third of the U.S. population that's still in a wait and see mode or we'll never get vaccinated category. Let's find out.

I'm LuAnn Heinen, and this is a Business Group on Health Podcast, conversations with experts on the most important health and well-being issues facing employers. My guest is Charysse Nunez and we'll be speaking about the Ad Council's work on messaging to the unvaccinated, including their research on which narratives, messages, and messengers resonate with those who are uncertain about taking the vaccine.

Maybe you remember this tagline: "I am an American. I am an American. I am an American. I am an American." Or this one: "You could learn a lot from a dummy. Buckle your safety belt." Or even this one: "We are all human. This Valentine's day, share your story, and show the world that love has no labels."

We've all heard of the Ad Council. They bring the advertising industry together to serve social good through public service engagement campaigns, and over the years have worked on fighting polio, preventing aids, and now providing critical information during the COVID-19 pandemic. Charysse, I want to talk to you about all the exciting work you're doing right now. Before we do that, can I ask you what your favorite Ad Council campaign of all time is?

Charysse Nunez:

Well, you certainly named all of the really impactful and powerful campaigns. There's one that you did not mention, which would probably be the one I lean to as my favorite, and that is "friends don't let friends drive drunk." A very powerful campaign, which really serves to reinforce the importance of personal responsibility and accountability for our actions. We can certainly say it instilled positive behavior change, especially as it relates to the old designated driver, even limiting drinking out in social events to some extent. The whole notion of emphasizing caring for our friends and loved ones through personal responsibility and accountability and ultimately saving lives is something that really resonated with me and one of my personal favorites of the Ad Council for use.

LuAnn Heinen:

Absolutely. Thanks for sharing that. Tell us a little bit about your role with the Ad Council today and how you came to this work.

Charysse Nunez:

Well, it's certainly been and continues to be a great honor. I was brought on as part of the leadership team, dedicated to support the COVID-19 vaccine education effort. My role specifically is to support the insights and analytics function, to conduct the research, to help understand the mindset of the American people about vaccination and what is required to help build vaccine confidence.

LuAnn Heinen:

What have you learned about why vaccination rates have slowed? I'd be interested also in how did you learn it?

Charysse Nunez:

We've been conducting research as far back as November of 2020. What I will say is, since December vaccination uptake has been quite strong. I mean, the growth has been unprecedented when you think about the fact that this is a new class of therapy and everything surrounding the pandemic has been very new, very concerning and pressing for the nation and the globe at large. The positive news is that at this point we have 70% of adults that have taken at least one dose and 61% of adults that are fully vaccinated. Again, that is very strong uptake in less than seven months. However, as you've mentioned, the rate of vaccination has decelerated considerably in the last months and we have reached a plateau. Again, this trend is very consistent with what you would see for many new products or many new therapies, so we would refer to this as the adoption curve. There are those that are early adopters and then there are those that are later adopters. Specifically as it relates to the vaccine, we know that there's a host of reservations and concerns that have led people to take a wait and see mindset. To answer your question more pointedly, we initially saw vaccination rates decelerate in mid- to late-April, post the J&J pause, which raised concern for many who were already on the fence. So that just prolonged the time in which they are willing to engage in getting vaccinated. The majority of those that were high risk and who wanted to be vaccinated earlier on the front end, they moved forward. But now we have the remaining balance that are undecided largely because their concerns are greater for the vaccine that continues to evolve every day, and with the Delta variant, we are now beginning to see vaccination uptake a bit. Again, this is a highly dynamic situation, if you will. News is changing daily, which is either putting people in a space to reconsider or putting people in a space to say, I just want to wait this out and see a little bit more if this really is safe and the right thing to do for themselves and for their families.

LuAnn Heinen:

For the 30% or so that we're talking about who aren't vaccinated, how do you get in touch with that consumer voice and to understand what they're thinking? What are your methods?

Charysse Nunez:

We conduct research. We conduct both qualitative research so that we can actually hear in real time what the concerns are, what the experiences with COVID, share with them various message framings that may appeal to them and to their needs, understanding what their questions are. Then from qualitative, we do extensive quantitative research to make sure that we have a solid handle on what those concerns are, so that we can then formulate messaging and provide information to address it. What I will say is we know now as the population has narrowed considerably, we do have a clear understanding that it is very concentrated regionally in the South and the Midwest. We also know that it is a younger audience and that younger audience, between the ages of 18 to 49, they are, in general, less engaged in preventative health care best practices. We know that there's some specific concerns that they have. The work that we do is again, qualitative and quantitative, and we are honing in on those regional areas where we do see that vaccination rates are lower than the national figures.

LuAnn Heinen:

When you break that 30% of the population up by who you think is in the wait and see group, who would you say is in there? How many are in the never, ever group?

Charysse Nunez:

It's about 11%. I'm going to focus on the adult population, which is 18+ and it's about 11% of the population, which is about 20 million adult Americans in the wait and see population and that's as of the end of July.

LuAnn Heinen:

Does that mean something like 19% are in the no, not ever group?

Charysse Nunez:

They're in the probably will not, definitely will not, at this particular time. Again, as mentioned, it's highly dynamic as more people have gotten vaccinated, as more time lapses, as increase in real-world evidence regarding the benefits of vaccination, and/or new news related to side effects and safety. Those things all

shape with a perspective and the intention. At this point, we are still seeing about 19% that are residing at the bottom of that spectrum.

LuAnn Heinen:

What else can you tell us about the wait and see population?

Charysse Nunez:

Well, LuAnn, they are younger adults, age range 18 to 49. They're more likely to reside in the Midwest and Southern states in less densely populated areas. What we've learned is that many have not been severely impacted by COVID-19 personally. We've done a lot of work to understand what is the primary determinant of vaccine consideration, and it is, in fact, deaths per capita. When you look at those states or regions where vaccination rates are lower, it is directly correlated to a less severe experience with COVID-19. Now this is evolving now due to the Delta variant. What we also know is that this wait and see population, they are predominantly white, but there are still pockets of black and Hispanic Americans represented, and generally speaking, their social ideology leans more conservative or independent. The fact that it is a personal decision is something that they lean into very heavily.

LuAnn Heinen:

I'm curious as to what kinds of narratives and messages are you prioritizing for the wait and see or are you waiting for FDA approval? Do you think that will move a large number of the wait and see group?

Charysse Nunez:

Let me start by just sharing high level, and we're in research now, so when real time based on those that are still undecided and even those that are completely not considering what are those primary concerns, and then those concerns help us shape the messaging. We know there continues to be concerns around the uncertainty related to the unknown long-term side effects. There's a general sense because it is a younger population that they are less at risk. There still remains for this group, a sense of distrust in government and in pharma as many are feeling that they're being unduly pressured or coerced to consider vaccination. Yes, lack of FDA approval is certainly a consideration for many that are in this undecided space. Then also the fact that pharma companies at this time, as many have shared with us, are not held liable for any deaths and/or side effects due to the vaccine.

These are all what shapes their perspective. Again, we know that it's evolving with the Delta variant and so a lot of the work that we're doing now is really understanding the level of awareness related to Delta, the level of concern. Also trying to, in a forced exposure environment, share information that cuts above a lot of the noise and a lot of the clutter that exists now. The American public is bombarded with new news, new messaging, new narratives, conflicting information every day. So we're hearing in real time that there's a great deal of confusion, concern. What we are learning in real time is that providing clear information around the Delta variant and the fact that there's higher transmission, so it is more transmittable, and that even those that have been vaccinated, we are seeing breakthrough cases and that also was another question. What we do know is those that have been vaccinated versus those that are unvaccinated, the vaccine does help to mitigate the severity of illness.

So having those conversations around those that are unvaccinated are more vulnerable, and we are seeing the increase in cases and the increase in severe cases, in particular, among those that are not vaccinated, providing that level of information very clearly is helping. I think our role, again, is to always understand what it is that is being consumed, how they're consuming information, what are they digesting and helping to cut above the fray of all of the conflicting information to the point where many are getting fatigued and making it clear so that they understand what are the facts, here's the information that you need to know, and here are the benefits, as we know it today, that could help support them in making their decision.

LuAnn Heinen:

Does your research lead you to believe that there are certain messengers that could rise above that confusion and concern that you mentioned, and maybe there are multiple messengers, but what would your recommendation be?

Charysse Nunez:

There are definitely multiple messengers. I would say with the group at this point that is undecided, it's two pronged. It's personal physician and their health care practitioner, as well as testimonials, personal conversations with family, friends, and people within the community, you know, local leaders within these communities, across the board, whether it be local organizations like the Farmers Bureau or church clergy, anything that is close to them that they trust in their inner circle is very important and they carry a lot of weight. Then the CDC is still a source of sound factual information. Although many have recently raised doubt and concern because of some of the inconsistencies in information. Then lastly there's micro-influencers or well-known figures that are perceived to be straight talkers. They may be perceived not to be people that would be doing it just for monetary gain, but people that are very well known to speak very straightly indirectly on a matter, regardless of what the topic is. I would say those are really the four areas that we're seeing or the four messenger types that we're seeing as resonating now with those that remain undecided.

LuAnn Heinen:

In the micro-influencer categories, is that where you would put athletes, celebrities, maybe former elected officials who have that kind of a platform?

Charysse Nunez:

Yes, and the context really does have to be more of a personal experience context, something that's very relatable regarding their personal experience with COVID and having gotten the vaccine and how their experience has been versus more didactic in nature.

LuAnn Heinen:

Are you involved in any of those kinds of campaigns eliciting those kinds of messengers for a national or regional spot?

Charysse Nunez:

Absolutely. We have a highly skilled lead and team that's managing all of our influencer efforts and they're bringing in a range. We have a full portfolio of medical professionals that are speaking about COVID-19 and the vaccines throughout the course of the campaign. We update those regularly and they are addressing specific questions that we're hearing in real time as they evolve. We also have, to a lesser degree, but where relevant, local leaders, clergy, we have a whole entire team that's been working on faith-based initiatives across all audiences and doing an exceptional job there as well. Those efforts have really generated a large reach on the ground and has driven many people to our <https://getvaccineanswers.org/> site, where we're able to monitor engagement on the site, what are the various questions that they're seeking answers to and then we're able to assess the impact, post their visit, the extent to which they have greater confidence in getting vaccinated and the extent to which their questions have been properly answered. It's been really a very strong campaign, through national media efforts, as well as ground game leveraging micro-influencers across the board.

LuAnn Heinen:

Wow. That's impressive and involved and complex. For those of us who would like to join the ground game in our own communities or work sites are there messages or word choices we should avoid that are clearly not helpful?

Charysse Nunez:

Yes. I'll probably lead in with what to do and then I'll lead in with the approaches that won't serve to help build confidence. Above all things our approach has been leading with empathy, really acknowledging the questions and concerns. I think for the job that I have, being the voice to represent every and anybody, regardless of

where they sit on the spectrum, we hear constantly that we have questions and rather than a didactic conversation on here's what should do, it's important to open up with what are those questions and acknowledging that there is a validity to the questions because there's still much that we're learning and this is new for all of us. That's first and foremost and that has been one of the key pillars of our campaign that has driven our success. Appealing with facts, so providing a trustworthy, transparent, fact-based source about the vaccines, in real time, that addresses their pressing questions. That has been for us has been <https://getvaccineanswers.org/>, all of our communication and messaging on that site is vetted with the CDC. Then also leaning into the truth. It is in fact a personal decision ultimately to be made thoughtfully and engaging them to weigh all the information. Those would be the three pillars of to-dos. As far as messaging or word choices to avoid, really avoiding fear tactics that don't really serve to help address a question or to build trust. Certainly, you raise the reality of the severity of the pandemic and in what we're experiencing, but the fear tactics are perceived to be manipulative by most. References that getting vaccinated is the right thing to do and statements like those that are stepping up are good citizens. We have to be mindful that many that have been waiting and seeing, eventually did get vaccinated, and those that are still weighing in the balance, many are frontline workers. They worked throughout the pandemic serving us and others. Many are still health care workers as well. That has to be taken into consideration and when we make statements like, oh, you're a good citizen for doing it, that comes across accusatory. It is, in fact, a bit high minded. I would say those are the two elements that we have made certain that our approach does not lean into. Again, I think we've seen tremendous success. We know we've seen tremendous success with the campaign on the basis of how we've approached this, which is all built on the learning and conversations with the American people.

LuAnn Heinen:

That's interesting. Building on the trusted messenger thinking, do you have any data or information to indicate if employers are considered trusted messengers?

Charysse Nunez:

Absolutely. Employers are certainly a go-to source. I think the level of trust is really predicated on a relationship that the individual has with their employer. Employers are very important. Given the heavy engagement that individuals have with their employer, they should be a source of information, trusted information, and a source that they can turn to, to get insight about the vaccines and about the COVID-19 pandemic. Absolutely, they are a valid and trustworthy source for many.

LuAnn Heinen:

Is there information on the effect of vaccine mandates on the wait and see population, and related to that, to the point you just made, how is that going to impact the trust relationship between the employer and the employee?

Charysse Nunez:

Well, it's a great question. Preliminary research, this is very preliminary, does suggest that about 5-10% that are currently in this wait and see, or let's just say all of the unvaccinated in total, so the 5-10% of that total population would be inclined to get it if required and if it was required at imposed upon them. How that will pan out beyond the first vaccination is still a question, because we also know through preliminary research that while there's no question, an employer has the absolute right to ensure that they're doing what they can do to create an environment that is safe for their employees. It is also an individual right to make a decision that they believe is in their best interest. At this point, what I can say is about 5-7%, based on those that are still unvaccinated. We do know that there are people that have been vaccinated already because it has been required. We'll have to see as it pans out, but I do believe that it will move some.

LuAnn Heinen:

For companies who are interested in taking some of these learnings and apply it to their own organizations, where can they get the information, the documentation? I know that you mentioned the vaccine website, <https://getvaccineanswers.org/>. Is that the go-to?

Charysse Nunez:

That's the go-to for the population that is seeking more information regarding the vaccines. For employers or organizations that want more information on how to engage with their employees, we have a website that is <https://adcouncilvaccinetookit.org/>. That site provides a very robust data set across audiences, that gives information on what are those questions, what are the barriers to confidence, how to address those questions effectively, and what messages resonate to drive consideration for those that are still undecided.

LuAnn Heinen:

That's great. When you talk about leaning in with empathy, that gets harder and harder for people who've made the decision themselves to be vaccinated. It's hard to understand why anyone would not get vaccinated.

Charysse Nunez:

As you well know, since we've all been living this, it is a very emotionally charged dynamic, because we've all been so devastatingly impacted. We have on the one hand, those that have been vaccinated and feel very strongly about the decision that they've made and the foundational belief that through vaccination, the pandemic will be ended, but bearing in mind that their decision to take the vaccine, it's still predicated on their belief that it is safe and it is effective. Whereas on the other hand, you have those that are not yet convinced that it is safe. One of the things as I've done this research, because in a lot of work that I've done even prior to joining the Ad Council, is understanding human driver of behavior. Fundamentally, if I go back to Maslow's hierarchy of needs, which is what drives human behavior, safety is at the foundation, self-preservation. People are making a decision, first and foremost, on whether or not this is going to help drive safety for themselves and for their families, and then ultimately for society so that we can return to normal. People are on either ends of the spectrum. What I would hope for and what I'm very passionate is that even when we can't agree or cannot fully understand, everybody has to get to a place. People get to places and decisions in different seasons, different time and timelines. Everyone doesn't get to the same decision on the same timeline, if they get there. While it is a struggle, I think it is important for us all to take that into consideration. Even in our own lives, we may not have gotten to a decision as quickly as someone else did on a topic. It's something that you have to accept and to the best extent possible, be empathetic about. Again, all we can do is provide the information that is available and also acknowledge that information is evolving and changing and we're all hoping and praying for the best in the end. So, I'll conclude with that.

LuAnn Heinen:

Amen to that.

Charysse Nunez:

Amen to that.

LuAnn Heinen:

I've been speaking with Charysse Nunez about her research on why many people do not want to take the vaccine and how to move forward with empathy and understanding. For more information, employers can check out the Health Action Alliance website, <https://www.healthaction.org/>. The Health Action Alliance is a joint initiative of the Ad Council, Business Roundtable, CDC Foundation, and the de Beaumont Foundation. Business Group on Health partners with the Health Action Alliance to support businesses in their COVID-19 vaccine communications and policies.

I'm LuAnn Heinen. This podcast is produced by Business Group on Health, with Connected Social Media. If you're listening on Apple podcasts and like what you heard, please rate us today and leave a review.