

Adrian Hernandez: Hey. This is Adrian Hernandez and welcome to the NIH Collaboratory Grand Rounds podcast. We're here to give you some extra time with our speaker and ask him the tough and interesting questions you want to hear most. If you haven't already, we hope you'll watch the full Grand Rounds webinar recording to learn more. All of our Grand Rounds content can be found at rethinkingclinicaltrials.org. Thanks for joining.

Hi. This is Adrian Hernandez. I'm here with Kevin Schulman, who recently did Collaboratory Grand Rounds entitled Beyond Politics: Promoting COVID Vaccination in the United States. So Kevin, thanks for joining us and sharing your views on what's needed next.

Kevin Schulman: Well, thanks, Adrian for having me.

Adrian Hernandez: So Kevin, you bring a very interesting perspective on this from really thinking about what's the marketing approach. Maybe just give an overview of what you see is going beyond politics in terms of what has to be done to promote COVID vaccination.

Kevin Schulman: Where we're at right now in terms of the pandemic is we are tracking the scientific process of each of the different vaccines as they come forward, but we've never actually began a systematic communication effort to get the population to adopt these technologies. We use an as an analogy in the talk, imagine Apple was coming up with a new product. They would spend two years trying to think about their messaging, different market segments they might go after, different ways in which they could reach those different groups. And at the end of the day, if they ended up with a 30% market share, they'd be really excited. We're looking at the launch of the most important medical product of our lifetimes, and we have to get to 80, 85 or even 90% to get to herd immunity. And we're really haven't had a sophisticated communication strategy to go along with that to accomplish that goal.

Adrian Hernandez: So you mentioned marketing, and we actually never really think about that in healthcare or even science, that form of communication. So what are the kind of key things or pillars of that that should be applied in the setting for COVID-19 vaccinations?

Kevin Schulman: Well, we live in a world that's surrounded by marketing. As physicians we don't do a lot of marketing, but your hospital certainly does. Every single pharmaceutical and technology company we work with certainly does. So marketing's very prevalent in terms of healthcare goods and services, and the vaccine is just another product that needs to be marketed. I think it's really important to go back to the basics. How do people make decisions about making a purchase? And that's a whole lot of literature about consumer behavior. In the article, I even referenced the paper wrote in the 1990s about BRCA testing that followed the consumer behavior model. So this isn't a new kind of concept about how people make purchase decisions.

What's really challenging today is we have to try and understand how people in different segments of our market are thinking about vaccine and vaccine adoption. We've talked a lot about political affiliation and how that's going to impact people's perceptions, but we need to unpack beyond that to really understand the motivations for different groups of people from red states or blue states.

Adrian Hernandez: Right. In your presentation in the New England Journal paper, you talked about different strategies for promoting vaccination. And I thought it was interesting as how do you develop the concepts of either a common enemy or using an analogy because some of the so-called prior marketing around vaccines is actually around worries and safety. But how do you translate this campaign, if you will, into something that people all buy into?

Kevin Schulman: Well, we've had a very important medical product for the pandemic that rolled out last year. That was masks. And that was horrible in terms of the rollout. And so how do we avoid that? And one of the things that we've been talking about, I should say all the 12 strategies here are different ways in which we understand consumer behavior, and we wanted to come up with strategies that people could look at, could research to see whether they applied in their communities, and as providers to think about ways in which we could deploy these kinds of strategies either as part of our local communication efforts or as part of our local research efforts.

The first one is to think about how do we get out of this discussion about whether the virus is good or bad, or the vaccine and one vaccine versus another, which we're obviously is on the front page in the papers today and remind everyone what we're trying to do is get the economy reopened and get our kids back in school, and the vaccine is the tool to do that. So it's not like you're buying one product or another product. What you're buying is a return to normalcy and all of us want to return to normalcy. So I think that's one of the messages that we're suggesting, thinking about ways in which you could give people to think beyond their individual groups or affiliations to this much broader question about how does the US economy reopen.

Adrian Hernandez: And I've noticed also a lot of times you are talking about how do you promote this as a badge of honor or something that people can see as a objective or even take advantage of this being considered a scarcity, so like an important ticket, for example, to get into. What are your thoughts there?

Kevin Schulman: I think we need to really carefully consider not the people that are queuing up right now to try and get vaccine. It's a very small proportion of the population. And remember our goal is to get to an 85 or 90% adoption. And so the things we do today are going to influence the tail of the distribution. And so one of the things we want to do is justify why certain people are where they are in the queue. And we want to do that in a couple of ways. One that really validates and rewards people for society picking them to be early recipients of vaccine,

and on the backend making sure people understand the rationale for why they weren't first in the queue.

So when I received my vaccine, they gave me a little sticker and said, "I'm vaccinated." And frankly, I really didn't want to wear the sticker because I was afraid people were going to think I was jumping ahead of the line, even though I was rounding on hospital medicine just the week before. But saying I'm a first responder or I'm working in the hospital and that's why I'm vaccinated, all of a sudden, that's a point of pride, something very different.

So this idea of identification, we were talking about this and writing this paper, imagine you were in the supermarket and saw someone with a bracelet that said, "I'm vaccinated" in line in front of you. Well, you could ask them, why were they vaccinated? You can ask them, did it hurt? What's it like to have the vaccine and be relieved that you're not going to be spreading the virus to your loved ones? Lots of different ways in which that could be used as a means of promoting vaccine uptake across the population.

Adrian Hernandez: You mentioned that, well, the goal is to get to 80, 85% vaccination rates. And it's not necessarily the early adopters that we're so-called worried about, but it's reaching the others that are down the line who may have some hesitancy. What are going to be the strategies to reach those groups? And may not necessarily be through a, say, a March madness ad or something like that. What do you think are the communication engagement strategies there?

Kevin Schulman: Yeah. So when you break up the population, if you just do simply will you get vaccinated? We have a group of people that say, "Definitely, yes." It's around 20, 25% of the population. 20, 25% may say maybe. Twenty five percent or so say maybe not, and about 20% say definitely not. And so we need to think about different ways of reaching all those groups.

So for the early adopters, the people who say definitely yes, we talked about the Georgia election and how much money was raised in the Georgia election. Well, it wasn't to do campaign ads to get people to switch votes. It was really to remind people to go to the polls and vote. And so we spent all that time and effort, a hundred million dollars or so, just to get people who we thought were going to vote for one candidate or the other to the poll. And so even people who say definitely yes, we have to give them a way to get the vaccine. And we've seen lots of stories about that, lots of stories about how it's hard for some older people to get on the internet and find vaccine sites and how it's hard for people with different, here in California, Spanish speaking populations or rural farm workers who don't have internet access, how hard it is. So even definitely yes, we have very specific marketing challenges.

As you go down to more and more difficult populations, you have to get beyond just here's where to go to get the vaccine and begin to build motivation for them to want to get vaccinated. And that's where all the different strategies

come into play. It's not one single strategy is going to work for every one of these groups. We really have to think about, how do we frame these different strategies for different populations? So one of the things that we're working on right now is actually working with NASCAR for might be vaccine hesitancy in the population that's attracted to NASCAR. So lots of different ways in which we're going to have to get into micro-segments and really build targeted communication strategies to get adoption.

Adrian Hernandez: That's incredible thinking about just the different markets. That's not something that we necessarily think about in public health or medicine. So what's your timeframe in terms of how this actually has to come together? Like I said, in the next three weeks, three months, two years? What's the horizon look like?

Kevin Schulman: Well, while we were working on this, we recognize this is a crisis that in fact, this is as important as the other work that's going on in terms of distribution. Again, if we were going to get the tail end of the population vaccinated by whatever period of time, the end of the summer, early fall, we need to be building these marketing communication strategies now. There's a lot of research that needs to go into it too. I mean, we laid out these strategies and some sample tactics. But we need to convert those tactics to things that work locally. The environment in Durham is going to be different than the environment here in the Bay Area. And the ways in which we want to think about these different strategies definitely needs to be locally customized.

Adrian Hernandez: That makes a lot of sense. So why you can have a national so-called commercial or marketing effort, all politics may be local and how people perceive and what their worries are and take advantage of what the channels are there. So, well, Kevin, thanks for spending time with us on Collaboratory Grand Rounds and this podcast. Very interesting work and ideas about bringing a marketing essentially to help go beyond politics for promoting COVID vaccination in the United States. And thanks everyone for listening to this podcast. Please join us next time as we continue to highlight fascinating changes in the research world that may apply to you and others.

Thanks for joining today's NIH Collaboratory Grand Rounds podcast. Let us know what you think by rating this interview on our website. And we hope to see you again on our next Grand Rounds, Fridays at 1:00 PM Eastern time.