



COVID Complications: Insights and Guidance on Ongoing Pandemic Communication

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Carrie Schum:

Welcome everyone. We just opened up the webinar so we're going to give everybody a minute to get on here and then, we'll get started. We have a lot of really great data to share with you today, so we're looking forward to taking you through it, hear your questions. Please use the Q and A function to ask your questions so that we can keep track of them, and also have a conversation in the chat if there are things that you all want to talk about amongst yourselves as well. We will be monitoring those as we go to make sure that we're responding and stopping our presentation if there's a really important thing that we want to talk more about or clarify. So, we'll give it another minute or two here. All right, well, let's get under way. I've seen our numbers tick up here so we have a good critical mass of people. My name is Carrie Schum.

Carrie Schum:

I'm an executive vice president here at Hattaway Communications and we've been working with the Rockefeller Foundation since last August so about 15 months, doing these surveys. So this is our fifth wave of a survey of the general public to ask about COVID, COVID response, their attitude and behaviors around all of the things that we've been asking people to do over the last year and a half. What's interesting is that we see lots of trends, we see lots of things that we've been tracking over that time and then, in every wave, we have a focus on something that we know is top of mind. For this wave, the focus really was on school re-entry. What were people's feelings about mandates and other things that are going on in schools. So if we can go to the slide, we're going to spend a few minutes going to some of the key tracking questions.

Carrie Schum:

Some of those things that we have asked on each and every of the five waves, then do that deep dive on school, awareness, insights and attitudes, talk about testing. Our focus for the last wave really was a deep dive on testing so we have some things that we have looked at there. Then, finally, my colleague Nina Chung is going to take through some messaging implications. We tested a wide ranging set of messages about some things that have been top of mind for you as you've been talking to the public and we're going to take you through that data. So, a quick overview of our methodology. As I mentioned, this is our fifth wave so we've been doing them since August of 2020, roughly every three months or so and roughly the same group of, slightly over a thousand US adults in each one.

Carrie Schum:

For everyone, we do do oversamples of black, Latino and frontline workers to make sure that we're really getting a real insight from each of those important subpopulations. If you can go to the next slide. The big takeaways for this wave is that September is feeling a lot more like February than May. So the percent of adults who feel that it's a very big problem has increased substantially, not just a big problem nationally but for themselves personally, in their community and even more starkly in their community. Then, people are concerned about getting infected themselves. It is not as sharp and increased as these more wide ranging fears and probably that is because people have reverted to those personally protective behaviors that we saw back last fall, back in February that dropped a bit in May and now, people sort of resuscitated their COVID protection mechanisms and started doing all those things again.

Carrie Schum:

So I'm going to take you through some of these numbers so you can see exactly where we drew these conclusions from. If you can go to the next slide. So this is people, ask about their community. We ask

these questions a number of different ways. So that question is about how well do you think it's contained? Back in May, people were feeling pretty good. Only about a quarter of people felt that their community was ... didn't have it under control. That's dropped by a pretty significant figure here. So we've gone from about 75% to back down to around 50. So people are seeing and feeling it as they go about their day to day lives. If you can go to the next slide. Then more broadly, when you say in general, are we in the right track or the wrong track, that very traditional sort of finger on the pulse question.

Carrie Schum:

We see people really feeling that things have gone off track. Most people were feeling like we're on the upswing back in May, and that we've taken a big dip back down as we got to September. One really important thing I forgot to say in the upfront, we held to this survey and fielded it the day after the White House released their vaccine plan. That plan had a big focus on mandates. We wanted to make sure we weren't in the field and sort of feeling half before and after. So this was really dropped the day after President Biden came out with that plan. If you'd go to the next slide. Then this is that broad scale question of just how big a problem are we talking about here? I think the important thing here is that people have been taking this seriously for a long time.

Carrie Schum:

It did drop a little bit in May, as we thought the vaccines were really going to get everything under control once and for all. In general, this level has remained pretty high. It's been pretty steady all the way along for the last 15 months. So the return in the September numbers is more the norm than the dip in May was. You can go to the next one. We have seen this sort of fairly steady ticking up of vaccinations since they were available, very much in line with what you see in the national data, about 68% of our respondents said they are currently vaccinated. Another 8% saying it's pretty likely. What this says when you look from May to September is the likely's moved into the, "I got it done" category and the unvaccinated remained pretty steady. So as you've likely heard and seen for yourselves, there is this fairly resistant cadre of people who just are not moving to get this done anytime soon.

Carrie Schum:

You can see that here, with this question we ask, one of the attitude questions we ask is, how confident are you that the vaccine will get life back to normal? That's dropped, we saw back in May people were feeling that this was really the tool that was going to get us where we wanted to go. That's dropped not significantly but what has declined is the confidence in it. That's where you see the changes. People going from being very confident, to just confident and a little bit of an uptick in the, "I'm not confident in all of this." Again, with that said, as we've seen through all these waves is there are sort of people who believe, and people who don't believe and those numbers are pretty strong, and what I mean by that is people who feel that the things that they're being asked to do are meaningful, possible and make sense. Then there are people who just kind of don't feel that way at all.

Carrie Schum:

If you can go to the next slide, here's where we see that across all of the public health behaviors that people are asked to do. We've been tracking this since day one, when these were really the only tools we had against this pandemic. Washing your hands. Wearing a mask. Staying socially distant. Getting vaccinated, which we only started asking in February, once it was clear, those were going to be available, then staying home, getting tested and participating in contact tracing. What we've seen steadily all the way along is the things that people really can control, they are more likely to do. So

washing your own hands, wearing a mask, versus things that are a little more abstract and hard to picture like contact tracing. The trend is very clear, is that these have remained pretty steady in large part.

Carrie Schum:

There was ... started to be a dip in May and now, we've seen it go back up. So when I said earlier that we saw a drop in people's personal risk but it wasn't as big as the overall concern, increasing concern, people sort of resuscitated their toolbox, they started wearing their mask again, they started being more consistent about washing their hands, they started to think twice about seeing people socially. The good news is people believed these work and many people started doing them again, and that is the difference that we saw since May, when people were starting to ease up a little bit. Now, we want to talk about back to school. So, as I said, we fielded this back in September, right, when many people were in the thick of going back to school. There are a couple really big things here that were quite ... I don't know if they were surprising, but they're very stark to us.

Carrie Schum:

If you can go to the next slide. So we asked ... this was asked of parents, so people who have children in K through 12 schools and we said which of the following has your school done? There was so much coverage and guidance from the CDC and others about what it would take to get kids safely back in school and as you can see of all of these, none of them broke 50%, and these were, "Check all that apply," which is why the numbers add up to more than 100%. Mask wearing is the top thing that people say their school was doing but only 45% of the parents said, "Yes, my school is mandating this." The really stark numbers though are 25% of parents don't know what their school is doing and 11% say their school is doing none of these. So taken together, at least 33% of our respondents are not particularly engaged in what their school is doing to protect kids, even though they have kids in school.

Carrie Schum:

Another really surprising and somewhat troubling stat we saw is the drop in attempt to vaccinate kids. So back in May, when we asked people, over 40% said they were very likely and another quarter said they were somewhat likely, both of those numbers have dropped pretty significantly in the case of the very likely's. Then, the other thing that we ticked up is the, "Not likely at all" is now up to a quarter of our ... all parents saying, "I'm not likely to do this." There's probably a lot of reasons for that, which we can talk about during the Q and A, but that is something that I think is surprising to many of us to say, when we see how much urgency there is among parents who do want their kids vaccinated, there are very significant pockets who don't want to do it. We did break this down to start to see like, where are we seeing the resistance? Unsurprisingly, it's white parents who are the least likely to say that they want to have their children vaccinated.

Carrie Schum:

Asian parents, as we've seen all the way along, are most interested in vaccination. If you can go to the next slide. People who are vaccinated and/or believe it's important to get vaccinated are much more likely to say that they want to have their children vaccinated and those who don't hold those beliefs or are not vaccinated are least likely. What stood out to us here is that even among vaccinated parents, only just over half of them say that they're likely to have their kids vaccinated, which is really a surprising statistic given that they are vaccinated themselves. Urban parents are more likely. Rural parents are less likely. Then, if you can go to the next slide, we do see the same trend with Democrat

versus Republican parents, where half of all Democratic parents say they're going to have their child vaccinated. Only half of the Republicans, half as many Republicans.

Carrie Schum:

Again, even among Democrats, just under half are agreeing that they want to have their child vaccinated. Then we asked about school safety in general. This has been a huge topic. So we asked it two ways. The first was just a straight up question of how safe do you think kids are? About 35% say kids are safe, about a quarter say it could go either way, and about 40% say they're not safe when they're in school. Then we ask comparatively speaking, compared to last year, and you saw the number of tick up, so 10% more parents say that kids are safer, but a quarter say that they're less safe in schools than they were before, even though, this was asked of all school aged parents, so many of those are 12 plus, where they could have ... children can be vaccinated in these schools as well. So I think what this says is, there's a lot of concern still out there.

Carrie Schum:

Also people aren't sure how well these things are working in a big combined school environment that they're sending their schools to these days. Go to the next one, and then again, similar to the questions we asked about vaccination, we broke this down by some key demographics. There's not huge differences among these populations. You see that Asian parents, again, more likely to say that kids are generally safe or sort of in the middle, and the white parents are a little bit less but nothing jumped out at us. Except for that the black parents were more likely to say, "Not at all safe." So they're a little more on sort of the ends of the spectrum than some of the other parents. Again, we looked at political differences. Unsurprisingly, Republican parents are more likely to say kids are safe. Democratic parents are more likely say they're not safe. It's really almost a flip screen here where the percentages mirror each other on each end of the scale.

Carrie Schum:

This was a really interesting thing we looked at, was that men were more likely to say their kids are safe in schools and we dug around in this data to see if we could point to anything of, was there a particular concern among women that might be making this pop? The only thing we saw was generally the same top two reasons that we see with everybody around COVID, which is, we look particularly at vaccination. Women are more likely than men to say the vaccine was created too fast and they're worried about side effects. That was the only thing we could see that might be a reason why women were more likely than men to say schools were unsafe, but other than that, nothing really jumped out of this. There was no age difference or anything like that, that could point to why this was happening.

Carrie Schum:

We've been asking consistently about in school testing, that's certainly been a focus of a lot of our conversations around COVID through these webinars and other work from the stat network. It's pretty steady. It has gone down a little bit. Nothing really, that was statistically significant but in general, people are generally okay with the idea of allowing their child to be tested for COVID, if it were offered in school. There's one thing that jumped out on the next slide, which is, they are more supportive of doing it for teenagers than younger children, which seems a little odd given that kids 12 and older can be vaccinated. Our guess is that this is likely just younger children, having a health care professional, interacting with them in school, just might feel a little more comfortable.

Carrie Schum:

Again, it's not a huge number but something that did jump out at us, given that those older kids can be vaccinated, you might think it would be less important for them to be tested. Then we asked about mask mandates. We asked both of these questions of everyone. So the school question was not asked, only parents, that was asked about our entire sample. When you give people sort of the straight read on schools and you say, "Should schools mandate that everyone wear masks or is it a personal choice?" About two thirds of people say yes, schools should be able to mandate this. When we asked about mandates more broadly, and talked about work or school getting out of plane, attending a concert or sporting event, that's where people started to feel a little less sure of it.

Carrie Schum:

So less agreement with more broad mass mandates, but in general, two thirds of all adults agreeing that schools should be able to mandate masks for kids and for everyone, kids and teachers and staff in schools. If you'd go to the next one. Then, we asked about parents just to see if there was ... were parents driving it? It's really about the same as the general population. Similar to our other batteries, we broke it down by demographics. Again, the same sort of trend that we saw and the other ones, with the Asian respondents being more supportive, the whites respondents being the least supportive of this. The same trend we saw before, urban most likely, rural less likely to support things. Then finally, people who are vaccinated are more supportive than people who are not vaccinated or don't think it's important to get vaccinated. I think that's something that we've seen very consistently in all the waves of this survey, is that the trends follow each other. The numbers may shift here and there, but the assumptions we have are being borne out.

Carrie Schum:

There's nothing that sort of shows up in surprising ways about who's doing what and that goes to that question, that point I made earlier of sort of behaviors travel together. The vaccinated people are also doing everything else and in general are more supportive of things for their kids or in the workplace, than people who are not. I'm bringing this out, the same issue that we've seen with political affiliation with this question as well. So we're going to stop there for a minute and just pause, because that was a huge amount of data and screens and graphs that we just shared with you. If there's any really urgent questions that people want to ask, we're happy to take them here or we can keep going and talk about our data on testing and then get to our messaging.

Nina Chung:

Actually, yeah, Carrie, we do have one question in the Q and A here by Phoebe Uihava, I'll read it to you. "Could the safety question be interpreted that parents think kids are safe, even if they get infected? Young kids won't get severe disease so there isn't as much concern about lowering the risk of infection, may be concerned about stopping kids from getting infected was more so a concern about stopping kids from infecting adults and now they don't think kids are going to be vectors to transmit."

Carrie Schum:

Yeah, I think that's probably it. There has been so much coverage of kids are at lesser risk and I do think going back to what we see in the vaccine question, people are concerned about side effects. It's the number one or two concern of everyone, so the idea of you have a young child, you want them back in school, you don't want them to be sick, and you're hearing about all of these side effects, I think those

two things taken together are probably why most people think kids are pretty safe, and then why they're also hesitant to, or less likely to be saying I'm going to get my kid vaccinated.

Nina Chung:

Yeah. We'll take one more question here since it's an interesting one, "Carrie, do you believe that we have an issue of mistrust in public health or an issue of politics and philosophy?" What if the data-

Carrie Schum:

Yeah, that is such a great question. I mean, I think that's the trend that you see is political ... behavior is tracking political affiliation, rather than knowledge. Those two lines are rising and falling together and yeah, as we've seen, people with certain political beliefs are much more likely to either do or not do the things that public health is asking them to do. One thing I do want to point, and we say this a lot is that, that chart where we show all of the things that people are doing, most people did and often are doing the right thing a lot of the time. So, I do think a lot of the communication focuses on who's not doing it, rather than giving some attention to the fact that somewhere between two thirds and three quarters of Americans have done most of the things they've been asked and have been doing them for a very long time.

Carrie Schum:

You'll see that play out in the message testing and the message response that we get, messages that seek to unify people test much better than ones that point out people doing the wrong thing. All right, well, we'll get to our testing data and again, we've tracked most of these for a while now, but just wanted to hit on them again, because the testing conversation has surged up again, particularly the rising interest in at home testing, and rapid testing through screening. So this is a question we've asked since day one and again, pretty steady here. People have, since the beginning, thought that testing was important to stopping the spread and they still do. It dropped about 10 points from December to February, but has been pretty steady since then. So most people believe that testing is important.

Carrie Schum:

Then we ask a couple of different ways about their own likelihoods. So we give a kind of clean read of how likely would you personally be able to do it and again, just over half say they're very likely, but another quarter say they're somewhat likely. So again, that two thirds to three quarters of people saying, "Yup, if I were offered, I would probably do it." Then we asked a different way by asking about in your workplace. This is a fairly complicated slide, but we wanted to look at people who go to work in person where you would think that testing might be more likely or more important and people who are generally working remotely. The levels are about the same. So the idea of, should I get tested at work has been one that is widely accepted and widely supported from all kinds of workers, pretty much since the beginning of pandemic.

Carrie Schum:

Then this is a question we asked for the first time back in May and we realized that nobody really knew. We were talking a lot about testing fatigue, but we weren't really sure if it actually was a thing, and what we realized was that for most people, it really wasn't a thing and it's ticked up and that makes sense, right? May over the summer, there was a lot more cases, a lot more people potentially exposed or worried about being infected, more people got their first test, but still about 40% of us have never had a COVID test. So again, we'll stop there to see if we have any more questions about this and then, Nina is

going to turn to ... talking about the messages we tested, we have three different groups of messages on touching on three really sort of big overarching topics related to the pandemic.

Nina Chung:

Thank you, Carrie, it looks like we don't have any current questions but again, encouraging you all to, as they come up, just drop them into the Q and A and we will be addressing those in about 10 minutes. So as Carrie said, we tested three different sets of messages. They were on the topics of mandates and again, this was just after the White House had announced its guidance on that for the private sector and federal workers. We tested messages on pandemic fatigue and what messages would encourage people to keep up their safety behavior measures and protocols and continuing to follow public health guidance, even as we were almost approaching two years of the pandemic and then the third set of messages we tested was about why public health guidance changes and just kind of addressing the shifts that we've all had to observe in guidance.

Nina Chung:

So on the first section, on the topic of mandates, and I won't read each one in depth as well as share these resources afterwards, but you'll see how the framing the way that we set the stage for mandates kind of differs across these three. The first one sets of mandates as a comparison between before and now, across time, so kind of introducing the idea that policies weren't as rigorous before and in a sense, were kind of buckling down. The second message here is far more about how we're connected, and how all of our actions affect each other. The third message is more explicitly about freeloaders and this idea that some people have benefited from other's actions without doing anything themselves. This second message actually tested the best. During the pandemic, we've all seen firsthand how our own actions can affect others who are trying to avoid getting COVID-19.

Nina Chung:

Mandates are important to ensure that everyone does their part to reduce infections and get the pandemic under control. So you'll see this message explicitly acknowledges social connections, how we're tied together. It doesn't shame or criticize anyone as one of the other messages did, but it does convey that mandates reduce infections, and it also helps people regain that control we've all been missing through the pandemic. So it reassures us that we have individual power over our lives, which is something that we all generally want. The second set of messages we tested again, addresses and kind of acknowledges that people are tired and that the pandemic has been going on for a while. The first message emphasizes a concept, we've actually tested a few times in different contexts to do our part, and the fact that we all have a role to play in ending the pandemic.

Nina Chung:

The second message is not too different, but does get a little bit more into the weeds about what public health measures are, and is a little less community oriented. We also had one explicitly addressing isolation or the sense of being alone that people have experienced and the last one, definitely saying don't stop now, just loud and clear. The first message tested the best. We can end this pandemic, if we can all come together and do our part. Getting vaccinated and supporting public health guidance, like mask wearing are powerful actions you can take that will help to end this pandemic outlast. So this message is short, but it has lasting power as we've seen through the waves of our survey series. It gets straight to our shared aspiration, that we end the pandemic together.

Nina Chung:

It reminds people that they have powerful choices and individual power and changing the course of the pandemic, but there's no sense of a must, no idea of an ultimatum here, which we have tested before and just consistently tests pretty negatively. You'll also notice that this message hints at social proof and this idea that there is social momentum for something but there are other people also joining the cause. That the reader or listener is part of something bigger than themselves. Lastly, we tested how people respond to messages about public health and public health departments and changing guidance. Two messages in this section surfaces really successful and interestingly, they also work really well together. The first message we learn more every day focuses on public health's aspirational goal of keeping community safe.

Nina Chung:

Then, the third one here, kind of toxic ... actually, this one is the one that keeps communities front and center, and also kind of presents a storyline within which public health departments play an active role. Then the first one we learn more every day elaborates on how public health departments do it and kind of is more vivid on a day to day picture of their work. So we'll go through this first one. The job of public health is to keep communities safe. We look at all the science and data and then make guidance decisions based on what is best for everyone in the community, particularly those at greatest risk of serious illness from COVID-19. So, this addresses a pretty basic human need, drawing on Maslow's hierarchy of needs. It highlights the specific evidence, makes public health guidance credible and trustworthy.

Nina Chung:

So we're appealing here to people's appreciation for facts without saying that, outright. We're also clarifying here that science and data are not ... ends in themselves. The goal is the collective greater good. That's explained a little bit here. Then, of course, the second message in this section that we wanted to include because it seems so important, every day we learn more about how COVID-19 is transmitted, how it is evolving and what we can do to stop it. As we learn more, public health departments use this new data to make science based updates to our guidance. This message creates a mental framework for why public health guidance changes in relatable terms. It makes public health departments the lead actors here and reinforces their role on the frontlines of the pandemic.

Nina Chung:

There's also this idea that public health officials are working every day and creates a sense of a vigilant team, through a rigorous, timely and constantly updated work, and nothing is whimsical or capricious about those changes. So those are our messaging recommendations there. Thank you. Looks like we have a question here from an anonymous attendee. Were there any messages that resonated with the unvaccinated people? Interesting.

Carrie Schum:

Yeah, I can answer that. The trend that we see across the board is the same messages resonate with everyone. Again, it's that idea that the level of agreement is lower. So it's not that one message was better for unvaccinated people than we saw with the vaccinated people. The same message was most likely to appeal to them as well. It's just that their agreement was at a lower level.

Nina Chung:

Are there any other questions that are surfacing? I guess I can jump start the questions while we wait for the audience to kick in. Carrie, this is wave five of this survey series and we've been doing these since the end of 2020. I guess looking back so far, is there anything that really has stood out to you as the most interesting or maybe the most reassuring even?

Carrie Schum:

Yeah, I mean, I think it's ... I've touched on this a little bit but I do you think it's important to keep reminding people of and if I had to point to sort of one of the communications learnings coming out of this pandemic, it's that idea that reward people ... you have to reward people for doing what they're doing. So I know that, as a public health person, everyone wants everyone to be doing everything right, so spotlighting things like, "Well, to get to real immunity, we need to get to X percent, so if only X percent of people are doing what we want, that's not good because we need more." You have to sort of give people that, "Give me of," it was good that you did that. So starting by saying, as I mentioned, somewhere between two thirds and three quarters of people have been doing the right thing and have been doing it all along.

Carrie Schum:

That really important concept of social proof that we see popping in those messages that got the best response, that's a really powerful motivator, and we've seen that with vaccines, since May where people ... a lot of people were not hard knows, they were not yet and the not yet, what they were looking for to get them from not yet to I'm going to do it was seeing more people like them, get vaccinated, hearing about their experiences and getting that sense of, "People like me have done this successfully, I can do it too." So I think the more that we can highlight that commonality and those things that people are doing, and the results they're having, the better off we are. We saw that in the message testing. We've seen that consistently. Those ideas of do your part and do it for them. Those are themes that we've seen since last August, every message we tested, those really come to the forefront.

Nina Chung:

Thank you. I'm going to take a question from Marjorie Enison. Did any of the messages seem to appeal a lot more to unvaccinated persons than vaccinated persons? I'm not sure if we have those breakdowns.

Carrie Schum:

Yeah, it's sort of similar to the question we got before. Not really, although the learning is the same messages work and I think for all of you on the front lines of communication, knowing that if you were to use this messaging, you would reach, be as likely in reaching vaccinated and unvaccinated peoples to the extent that you can't. I think there's probably ... some people are not going to be reachable, but this is as likely as anything else to reach an unvaccinated person and get them to see why doing these things makes sense?

Nina Chung:

Thank you. A question here from Judy Strait-Jones. "I noticed that you've been using the terms ending the pandemic. It is possible that there will not be an ending to this pandemic, but perhaps a slight into endemic rather than ending of the pandemic. Any questions that addressed this." That's super interesting.

Carrie Schum:

Yeah, that's a really interesting theme that has really popped in the last month of like, we're just going to have to live with this. So we did not test that explicitly but we are doing another wave, as I've said, we do these like every three months or so. So I think we're slated early January and I think we'll know even more sort of where we are, and I think that those are those things of ... I do think where you might see that is in that question we asked about vaccines will get life back to normal and we saw that sort of slide there. I think people are coming to grips with the fact that this may just be part of life from now on, and vaccine or no vaccine, life is never going to go back to what it was before.

Nina Chung:

Thank you, Judy. We had a question from an anonymous attendee. "I'm curious to know if you have messaging guidelines in regards to the vaccination of young children?" Did we answer that?

Carrie Schum:

We did not, mainly because, the vaccine hasn't been approved yet. So the way we've sort of staged this in our waves of surveys, to get that early read on would you do it? So that's why we ask those questions about how likely are you to vaccinate your child and then, as we get closer to start at messages about the action itself. I think my takeaway on this, especially when you look at that data about the lack of understanding of what's happening in schools and the softening of interest in vaccine to children is, we need more and better communication to parents about the vaccine, and the benefits to their children, so that they understand it, and given that we expect the approval to come any day now. It's sort of like do it now. Start to talk to people, if you ... be ready to answer questions about it. It's the topic that's going to sort of come in the next wave of things that we have to deal with.

Nina Chung:

A couple more questions here, and we do have time so again, just added encouragement, if anything is on your mind, feel free to share it. From an anonymous attendee. "There are still a lot of health care providers, MDs, RNs, mental health professionals and law enforcement officers still refusing to take the vaccines. How do we engage with these individuals without leading into heated emotional and political arguments?"

Carrie Schum:

Yeah. I mean, that's ... People are at the end of their ropes on both sides of this discussion and I think what we have seen in our message testing, and that's why we tested some messages this round, that sort of pushed the envelope, that idea of sort of stopped the freeloading. They don't work and so I think what we're seeing is conflict makes for great TV, it does not make for great public health. So, the more you can ... people have real concerns and often when you start to talk with them, you can start to understand the logic. We did focus groups last spring with medical professionals, on the frontlines, they have been out there in their hospitals every day, many of whom ... they were only with vaccine resistant people. There was logic to it, about why that made sense to them. So I think this idea that these are not rational beliefs, as much as from a public health perspective, they feel irrational.

Carrie Schum:

From an individual perspective, they feel very smart. So I think you have to take that into account and look at how can we talk about those things like collective good, like protecting people who can't protect themselves, like the do your part thing, which are very big, aspirational, shared values and approach the

conversation from that point of view. It works better, as tempting as it is, to sort of tell people to sort of get with their program.

Nina Chung:

Yeah, and just a small note to that. We've done a series of webinars, many of you have been joining us for every other week for a while now, but the concept of, at length conversation and revisiting people where they're at, again and again and again, is definitely a theme that that resurfaces for a number of different populations. Okay, questions are coming in here. Anonymous attendee, "I can see how the safety message works for most but I'm struggling with the, we're all in this together. Our experience has been that the communities that are non-vaccinated really pushed back when we use that. Do you think that this has anything to do with the lack of perceived empathy, of the feeling that we are lumping people into a category where we are implicitly criticizing them for having alternate views?"

Nina Chung:

I wonder if that question might ... I'd love to hear more about the background behind that question. If you're comfortable, we can bring you in person and bring you up and share your screen.

Carrie Schum:

Yeah, I think it would be interesting to hear more about your specific communication because we're sort of in the abstract realm where we feel those survey but you're on the frontlines talking to real people. So I think that's what we're all wrestling with is how do you translate these big picture findings to your individual situations and people that you're talking to?

Nina Chung:

Again, if you're comfortable, you can share your name and we can bring you up. We have a question from Ayida. "Given the data, what is your best advice for people trying to communicate with someone that is somewhat vaccinated?" I think we've covered that from a couple of different angles here. Any other questions or topics?

Carrie Schum:

Yeah, I think I'm interested if people ... the reason we asked about changing guidance is we've heard that as a barrier, that people say, you public health ... some variation of, "You public health, people are so smart. If you're so smart, how come you're constantly telling me to do something different?" We wanted to create a rationale for that. It seemed to work pretty well that people understand that when it's explained in those sort of very plain language terms, when it's framed around protecting those most vulnerable and that it is ... we are using science and data to make good recommendations for people. So I'm interested is, have you all tried anything like that or does that seem like a better way to talk to the people who are asking you those questions? Yeah, sorry, go ahead Nina.

Nina Chung:

In the meantime, I think we have a name here. Lois Privordam. Here we go.

Lois Privordam:

Hi, there, and thanks for answering my question. So I work in Baltimore City and we work with focusing on the communities that have not been vaccinated. They're not vaccinated for various reasons, so it's

not all hesitancy, but one of the common denominators is something around trust. What we are finding, the one thing that they almost all universally push back on is this ... when we're all in this together. One of the themes is Baltimore versus COVID, and it's something about, our whole community needs to be vaccinated in this together, but what we often find is that it's "Don't lump me into it," category. You don't really understand my needs, and I don't know if it's that they don't agree with the message necessarily, but it's that idea of this is just reinforcing how you're treating me through the public health system.

Lois Privordam:

A part of it is that there is a very strong historical perspective, where they face structural racism, where they face mistreatment on a regular basis, where COVID-19 is not their primary concern, that they have a lot of other things going on. So I think one of the challenges is with messaging, oftentimes, we're speaking to the masses, yet too, we really care about is getting to the people that are not vaccinated and further speaking to the converted is not really moving our conversation ahead. So, what I'm interested in is whether that experience of mass communication is somewhat getting people to dig in even further.

Carrie Schum:

Yeah, I would say ... I don't know if I can agree with the last part, but I do think mass communication is one tool, and those face to face individual conversations are also important. We've heard that from some of these other webinars where we've talked with clinicians and practicing and how they have had these conversations with individual patients and to your point, they're very serious individual concerns that people have and it's very time intensive to have those conversations and share, really hear those concerns and respond in a way that takes that individual situation into account. So, I think that's why mass communication is one tool that sort of starts the conversation, but it often has to be finished in a different way. I think that's the role, there's so many community partners working, there's so many individual physicians and other health care people working on the front lines to have those individual conversations.

Carrie Schum:

That's sort of where we are now. The challenge of this ongoing communication as people have been hearing these things for a while and you've been hearing it for a while and you still don't acted, you almost have to come in from a different angle and start to figure out how do we start to chip away at some of these other concerns? I will say that the speed ... we do see very consistently, the top concerns people have about the vaccines are the speed with which they were created and the risk of side effects, followed pretty closely by, "I don't know that I really need this." So it's that perceived individual risk or perceived benefit of the vaccine. So I feel like ... I don't know if you got individual ... you said they have other concerns. So this isn't my top concern I've got enough to worry about.

Carrie Schum:

Often, we did hear from some folks like, side effects are not minor, if you are an hourly worker and feeling bad for two or three days means missing two or three days of work, which is a significant chunk of your income. That's a real viable concern for a lot of people and I think we haven't adequately addressed that with a lot of people.

Lois Privordam:

So just one follow up question, and it's something that I don't know if you're able to do in your research, but I think what I actually find most interesting are people that are somewhat in the middle, but closer to the hesitant and what types of ... understanding a little bit better, what actually resonates, what can serve the purpose of still reinforcing the vaccine for the majority of people, but get a little bit closer to people that may have very different needs, because I think the people that are going to get vaccines are going to get vaccines, no matter what we say.

Carrie Schum:

Yeah.

Lois Privordam:

And a real challenge is to be able to bring in those people that are uncertain, that just need that little nudge to get over the edge. Oftentimes, in the research, you're seeing a combination of everybody out there. So being able to parse out what really works can be difficult.

Carrie Schum:

Well, I think that's also where some of these other public health tools come in. Can you ... especially when you look at things like mask wearing, hand washing, consistent screening, testing, particularly the first two, they make you feel in control. If I'm reinforcing the value of those things, they're not exactly where we want people to get, but reinforcing that those actually really matter and they work really well for lots of people, can start to put them back in the picture. None of us have a great sense of control over the trajectory of our lives right now. That's why we see those things. Feeling more comfortable sometimes or feeling more, like they're going to work more. I'm thinking back to one of our interviews, we had a guy who was an emergency room nurse and he was a fairly adamant that he was not going to get the vaccine, because he'd been protecting himself with thousands of emergency room patients, at that point for nearly a year.

Carrie Schum:

He said, what I'm doing works, and I don't want to like upset the applecart. I don't want to risk, this thing I've got going, he said ... how he downed and how he protect himself and what he did in the ER and then what his routine was, leaving the ER before he got home, how he was protecting his family. That felt like something really important to have. Those rituals and those structures that he had put in place, and he didn't want to get a vaccine, possibly have side effects. He didn't want to give up those things either. So I think that's where this full spectrum of public health really can rise to the top and say, I know you're not ready for this yet, but let's talk about why doing these things, still that idea of pandemic fatigue and then the messages we tested there can be a nice way for you to continue the conversation and also reinforce stuff that does work.

Nina Chung:

Thank you, Lois.

Carrie Schum:

Thank you. Thank you for unmasking yourself, and doing this.

Nina Chung:

That was super interesting. Thanks, Lois. One question here that I wanted to bring up. "My organization has done a lot of outreach around scheduling COVID-19 vaccine appointments. How much does the messenger value in these different communication strategies? We know it makes a bigger impact coming from a friend or family member, but do we know how much it helps move people versus hearing it from say, a public or health official?"

Carrie Schum:

We do not know that from our surveys, but we do know it from other work that Rockefeller has done with their equity first vaccine initiative and some of the other outreach, which is that messengers do matter. People ... to the points that Lois made where, people trust the people in their community. They've trust people who they find credible and influential, in their daily lives, which may not include a lot of interaction with public health people. So I think the more grass roots you can get with your people, the better. We had someone on one of our webinars from a clinic in West Philly, where they actually took down their scheduling website, and started phone banking and doing community outreach and filled up all their appointments right away, and they have tons of appointments when they were relying on the web, and they got them all filled when they took that really grassroots, boots on the ground approach.

Nina Chung:

Awesome. Last couple questions here. Do we have a breakdown on the unvaccinated by parents versus non-parents? Are there messages being developed that try to encourage vaccination of families?

Carrie Schum:

We don't, but we did look at that and again, like with a lot of our other data, behaviors track together, so vaccinated parents are more likely to say they're going to vaccinate their children. I think there is a big gap, where we saw lots of people ... again, our overall level of vaccinated people was 68%, our intent to vaccinate was in the low 50s, so there's a gap there but not an enormous gap, and they sort of track together. There was another study that we did with a group called generation lab that Rockefeller supported and they asked a lot of the same questions. They did also see that it seemed to track together, when there was a vaccinated parent who was not in favor of the vaccination for their child, again, the main reasons seem to be those same things.

Carrie Schum:

I'm not sure it's been tested enough to get too my child or I'm worried about the side effects to my child. Those are the top two concerns across the board with everybody on everything that we've looked at.

Nina Chung:

Right. Lovely, we have 10 more minutes here. One more question from an anonymous attendee, should we do messaging about other immunizations children must receive and that is required before attending school? Would that help convince parents?

Carrie Schum:

It's such a good question. I've seen that just in my general ... being on top of this issue. I've seen people tried to raise that. I think as with any new vaccine, people are hesitant. So I don't know that saying,

"Well, your kid gets all this other stuff," especially when as a parent, you got that as a child, there's sort of order of magnitude difference in parents' minds. I don't want to say that we tested this in the survey, but from other work I've done in vaccination, old vaccine, so to speak. The ones I had. The ones I've been around for a long time. Those feel okay, but these newer ones, I'm not really sure what they're protecting against. Let me see how that plays out. So I think that's what plays into it. I don't know how useful that would be. I have seen it come up and that's certainly something else that we could look at in our next wave of survey.

Carrie Schum:

Especially given the point that, that's one raise, that this is going to become ... even as we get out of the pandemic, it's going to become endemic, so this issue of how do we convince parents to add this to other routine vaccines, when kids already get a number of vaccines is going to be an ongoing issue, for sure.

Nina Chung:

Thanks, Carrie, we also have an attendee that has just raised their hand, so maybe we can bring them up to the fore, Arundi. One second. Okay, in the meantime, have you tested messaging to address or allay these specific top level fears, i.e. the development being too fast and side effects?

Carrie Schum:

We have not in this wave. We've asked about that in our focus groups, which the last group was, last spring. It really did seem to be like a time issue. I want to see how this played out. They were made too fast. I'm going to wait and I'm going to see what happens. So time is sort of the great healer on that one. You could argue that how many ... six billion doses have been given and that there's been plenty of time to study that, given what's going on. Somebody said I think the recalcitrant people are sort of dug in at this point. Which is unfortunate, but there are still people, I think you saw that, ticking up. The people who are getting vaccinated are moving from likely to done versus never to likely, and I think that that is the central challenge for all of us, is how do we convince these really recalcitrant people and that's where the mandates came in.

Carrie Schum:

I mean, when we saw the vaccine levels, kind of stagnating and there was concern that mandates would cause all kinds of problems, most people have gone ahead and gotten their vaccine when it was your job, or a vaccine or your school or a vaccine. Most people, that was the final push that they needed. Again, that's the role of this whole suite of public health tools that are available to us.

Nina Chung:

Okay, some detail from Arundi here, having some microphone issues, but we have started some wild child PSAs. They this last year too. This year they're using PSAs to prime the pump for kids aged five to 11. It's interesting.

Carrie Schum:

Can you tell us more about that? How did you ... and I realized, you have to text us. There you go.

Nina Chung:

Right. Looks like they've shared a link. I'm not sure if they're ready to come up and show their face or if the tech is working out on that front. Okay, one other question, there has been information being put out about a pill vaccine possibility. I have come across people who say they would rather wait for a pill than take a shot. In your surveys how has this come up?

Carrie Schum:

We have not done that. I do know ... I was just reading something about how much we've underestimated the fear of needles, and that fear of needles is a real fear for a lot of people and a huge barrier for a lot of people. So I had not seen that about a pill vaccine, but that is definitely one way to overcome what we know is a pretty significant barrier for a lot of people.

Nina Chung:

All right. Carrie, I don't know if you have any kind of wrap up conclusions from this session, especially having heard all these really interesting questions on different angles.

Carrie Schum:

Yeah. Thank you all for this. This is ... as some of you have asked, we will be sending all of this to all of you, after the ... anyone who's registered will get a copy of all the slides. If you have more questions, thank you for those of you who suggested things for us to ask on the next wave and we'll continue to monitor this. I think the takeaways that we've seen over the trends are this idea that positive reinforcement and shared aspirations work better than other things, and encouraging people do the right thing. Also, that ongoing communication matters. We can't assume that people remember what they should have done. Most people are doing it, but those reminders, reminders of the efficacy of all the ... how this all works together is really a powerful sword for a lot of people and can get some of those people who aren't ready to get vaccinated yet to at least help them protect themselves better than they might have, if you weren't reminding her them about the other things that they could do.

Nina Chung:

Awesome. Thank you so much all for joining us.

Carrie Schum:

Thank you all for joining us. We're always happy to talk about research, so thank you.

Nina Chung:

As the last housekeeping note, we will be back here on November 3rd, Four to 5 PM ET for our next session which is going to be with Pink Cornrows and the Youth Representative and we'll be talking about how equity and culturally specific messaging can play into compelling vaccine and testing encouragement. So hope to see you there. You'll get information in your inboxes soon and thank you all again so much for joining us. I hope you a good night.

Carrie Schum:

Thank you, have a great rest of your day.