Tracy ([00:15](https://www.rev.com/transcript-editor/Edit?token=y_0MB674bgCyvfV_b74sFBWGRF0f9VltsCJICTCHODO9lGfUsDLcc5VsnFuItqMHwvuf9P0recu-i13fyIgCgeWg4dM&loadFrom=DocumentDeeplink&ts=15.28)):

Hello and welcome to NC State's Audio Abstract. I'm your host, Tracy Peake. We hear a lot about vaccine hesitancy, but there's another reason why vaccination levels may not be quite where we'd like them to be. And that's vaccine apathy. Stacy Wood is the Langdon Distinguished University Professor of Marketing at NC State's Poole College of Management. She's here to explain what vaccine apathy is and what public health officials can do to recognize and possibly overcome it. Welcome, Stacy.

Stacy ([00:56](https://www.rev.com/transcript-editor/Edit?token=vWreK9LyDNK3JEGbThLU_zRKbtAzfJXPu-IwLgJESaHLrekvsSDwS8X_oKeGkwsXOmalw1PZajeXqdd3VE79QF3J3_A&loadFrom=DocumentDeeplink&ts=56.96)):

Thank you, Tracy. I'm glad to be with you.

Tracy ([00:59](https://www.rev.com/transcript-editor/Edit?token=oKDhKeHbnwzOFJLiJpkixfFC0s52sABJ5I0mDjNKESJkkzdP7NJuYQ06a8RcR9HgO0WPaeDOzrCNk1-rTe3YE8eID2Y&loadFrom=DocumentDeeplink&ts=59.06)):

I am glad that you are here. Let's start by defining terms. What is vaccine apathy?

Stacy ([01:07](https://www.rev.com/transcript-editor/Edit?token=o62F3ySS77cdKLyLPICrCe8BJHPkA8WDZgOeqZGnOYHwQSMHuAJw5bCy6CSxC_r2deJsegtA-wkgyWlzLqLIPN3X1tE&loadFrom=DocumentDeeplink&ts=67.78)):

Well, the first thing we want to know is that it's not generic apathy in terms of people aren't apathetic about their lives or about other things. It's about being apathetic specifically about the COVID vaccine.

Stacy ([01:35](https://www.rev.com/transcript-editor/Edit?token=bbW0jnQnMb8eZ1OuDZ-XJ63vBSJUDd2U1sTNj7ImLlzSby0o7-s2nzspccnAR2k88-nB42swpCFxYv1WWaHV3fsZsAo&loadFrom=DocumentDeeplink&ts=95.53)):

So with vaccine apathy, we would expect to see people simply not even consider whether they needed the vaccine or not, not put a lot of thought into it, not be very negative about it, but also not be very positive. It's just a very low priority choice.

Tracy ([01:53](https://www.rev.com/transcript-editor/Edit?token=SE5WVM6UTdjKFsWwntDlLHJ1ISYQZ3_amX1ZoEh5ngLxpzCzaVep7EQKjrpdZs0RLSz5P3U0AP4y4hc5J4K374Y_e8Y&loadFrom=DocumentDeeplink&ts=113.11)):

Okay. What drives this attitude? I mean, with the media coverage to everything from the last year, is there a certain demographic that tends to be more apathetic, like young people who are thinking, I'm immortal, I'm therefore immune. This does not concern me in the least. Is there anything like that going on or do you find it just across demographics?

Stacy ([02:17](https://www.rev.com/transcript-editor/Edit?token=V7lp_FQ-oCJ1KbtP4KT5zOheLeBuudFbPB9u2BUmnpScd5tGkjAGRlTuBIZMJtnA1NtDHwHVTtfrcM3TMtwMqjN_6Lg&loadFrom=DocumentDeeplink&ts=137.5)):

I think it is particular in certain demographics, but also certain psychographics. So it's nice to be able to think of people in terms of age populations or where they live, whether they're in a rural area or an urban area. But we also like to think about psychographics, which are the idea that people can be segmented based on attitudes or lifestyles or just ways of relating to the world, interests.

Demographics would say, there are people who might be categorized by age, gender, where they live, how much money they make, race. And while there are certainly groups like younger groups who seem to be a little bit less interested in the vaccine, I think it's better to think about psychographic segments for vaccine apathy. And these might be people who feel very healthy, very strong, think that it's unlikely that they're going to get sick because they live in a low density area. So there's lots of open air around them where they live or where they work. They just don't feel as at risk.

Stacy ([06:06](https://www.rev.com/transcript-editor/Edit?token=zn_mXFVtkOd6UGGW5kH-bstuw2tG6q_TOHavmu1A9idlOLq8KH6WtMAEy85OpBusAFL-K08cCg7Rf1Xx7AKhKm0GwNc&loadFrom=DocumentDeeplink&ts=366.1)):

Or another psychographic that we might be running into are people who have distrust or experience with systemic racism in healthcare. And so they say, "Anytime, I hear some kind of institutionalized medical recommendations, that's not for me. That's for some other group of people, but for me, that is just not something I'm going to pay attention to." So when we think of apathy in the sense of vaccine apathy, we want to just think about people who aren't paying attention, for whom they literally aren't thinking about whether or not they should do it, which is very different from vaccine hesitancy, where people are thinking, should I get the vaccine? Oh, I'm worried. I'd like more information. Let me just wait a bit till there's more data, or here's something I'm specifically concerned about and I've searched online for as much information as I can, and I've talked to lots of people. And that is something very different from apathy. The problem is, is that when we only try to address vaccine hesitancy, we use messaging that actually is counterproductive for people who have low involvement in the vaccine or vaccine apathy.

Tracy ([08:11](https://www.rev.com/transcript-editor/Edit?token=v7fPFn9Ap0D_a6SWAIya6lYvMOzN-o0eTBcQAJRxNYUK-GWB66jubGo_2nuWPjmGya4bW371wAgJStCDREoH6iHqjSM&loadFrom=DocumentDeeplink&ts=491.31)):

And that's what I wanted to get into next. So this group of people, who've just kind of tuned it out, they're just not paying attention. So what messages do work best to persuade an apathetic person as opposed to a hesitant person?

Stacy ([08:37](https://www.rev.com/transcript-editor/Edit?token=V2As9YzprthAxxMie0Ragv9VQW31LWLBp1IGLCoch05Ge5m5K-HOIQRG6SAlWGjgVhS6btrD6EIDN-sF8uBgEQgl2SU&loadFrom=DocumentDeeplink&ts=517.76)):

So if you think about it, the hesitant person is thinking a lot, should I, or shouldn't I? And the vaccine apathetic person has just taken this off their to-do list. It's not even in that mental consideration set of, should I do this or not? And so it's a term that in marketing we use called involvement. So those with high involvement are people who are using a lot of mental resources to think about the choice. They're highly involved in the choice. Other people are low involvement, meaning they do not put a lot of mental resources into making the choice. It's just not that much of a priority. Now, interestingly, both those groups may or may not make a particular choice. There are different product categories for which we are high involvement or low involvement.

Stacy ([09:24](https://www.rev.com/transcript-editor/Edit?token=YWwP_J14NU-eRxUQRy2pwKLmdYe_ymofA4Cd89D9XeckqJjd2y7OOE3i9L-tcoqCYwT3U2iSf-4kQnVjky_Glb66Tcg&loadFrom=DocumentDeeplink&ts=564.26)):

So oftentimes with my students at NC State, I like to use the sock example and I'll show a pair of sports socks. And I'll say, "Okay. How much time do you put into researching your purchase of socks?" And there's always huge variance in the class, but a majority of people say, "Honestly, not much. I don't read reviews of socks. I don't Google them. I don't have a lot of information about what they're made of. I really just don't think about it.

Stacy ([10:06](https://www.rev.com/transcript-editor/Edit?token=EAIKJI0v3pfIr_vNKATgsBrBBxAf5Utz-iT78nUJHJgDw8iLP8BHP9Fk_gRKX9g1RC0cI7g0DmNZnRBAX96LF-in8ag&loadFrom=DocumentDeeplink&ts=606.27)):

So for those kinds of consumers, making things highly convenient and making any messages about them, super easy to process. So if you aren't high involvement about sports socks, then a good way to sell you sports socks is to have them right up by the cash register. Right? Those impulse purchases. So you're standing there and you're like, oh, that's right. I need socks. And you grab them and you don't care about looking at many brands and you don't really care about price points. You're low involvement. You don't care, but there they are. Excellent. You needed them. Boom.

Stacy ([10:38](https://www.rev.com/transcript-editor/Edit?token=uvPN9D7F3yO0jKZSr5fnSQ97RMXlZpbPCdliLcr_cVI3FQDxaZJXS9ypbikYydzM-jg2OHK46JxTyPlXEIcReeXx27A&loadFrom=DocumentDeeplink&ts=638.48)):

But the other thing is that a lot of times people who are low involvement just don't get them. So, you know for weeks, oh, my socks are in terrible shape. I ought to get some more, but you never remember it because it's just not a priority. And so messaging to those kinds of people have to be really quick. If you want to show me a statistical chart about sock performance, I don't care. And if I see a statistical chart, I'm going to look away. But if you have a cute and funny, I don't know, kitten video with socks, I'll go, oh, you've caught my attention. This is easy and fun and interesting to pay attention to. And so I'll watch for a moment. If you give me a really catchy argument about the socks, I might remember that. If you give me a really logical data-filled reason about the socks, I'm not even going to process it enough to remember it. And it's only going to be something that has the pull to grab your attention and keeps you just for a moment to make its pitch and then go away that you're really going to process.

Tracy ([13:06](https://www.rev.com/transcript-editor/Edit?token=a_TWrPSqHk5EdVnZnwPWdJfdGjyLWKUcsNaJx6sRpkQzAWhNKuEH8zeRlyatBeE79cZxisKk0VDzy2nnXbD6ADs4EdA&loadFrom=DocumentDeeplink&ts=786.86)):

We've talked about sort of the best way to grab the attention of someone who may have vaccine apathy. Are there any states or countries using any of these methods right now? Are there any examples we could point to?

Stacy ([13:21](https://www.rev.com/transcript-editor/Edit?token=h68uCogv1jZDIZsH7HKDb4TDz4MdjRUlSCfUD083RWQ5IIP4Zlun29wv7CipDevG6T67EKbOeJb6NS6gn2v8KKxGrxc&loadFrom=DocumentDeeplink&ts=801.76)):

Yeah. I mean, I think that we've been primarily using advertising messaging toward hesitancy.

So what do we do now to reach those low involvement consumers of vaccine, if you will? The thing we need to do is we need to make it super convenient, like those socks at the cash register at Target. So there need to be pop-up clinics. It's got to be somewhere where people already are, at the airport, just somewhere where you are waiting and you're like, you know what? I guess I should get my vaccine. It wasn't top priority for me, but I am here now. And I've got a moment and there they are. So first thing is that kind of convenience and accessibility.

Stacy ([16:57](https://www.rev.com/transcript-editor/Edit?token=y-82UvqZZ8lDl161eUL0spzeXzHWYTqm5vNitXIGya_0zJEBZ2e1GUJaScPcE1Exe1-H0CxlyIndGa11E12qek3mRNQ&loadFrom=DocumentDeeplink&ts=1017.24)):

The second thing is to give people messaging that isn't necessarily that top, most expert endorser, but people who particular groups will pay attention to, people who grab your attention, people who are likable, who create positive emotion. Again, those are really good endorsers. And then finally, we've got to give people really catchy reasons, memorable, immediate, personal reasons for why they should get the vaccine. So all the messaging that has gone out to people thus far has been very much about do this for society. Of course, do it for you to protect you and your family, but also think about society. Think about how we're working towards herd immunity. And for people who are low involvement, that's just not compelling argument. It's too abstract. Again, the stuff that grabs your attention is stuff that's happening right now to you.

Stacy ([17:59](https://www.rev.com/transcript-editor/Edit?token=hahRymxDTFtGdHLjyFbxF9xeinHw27gMaP-kY5CcoW1xZzaRx2VCBvAe1LIMBxYSqZe0RB0E7UETqv8yjSZ-q0qo9o0&loadFrom=DocumentDeeplink&ts=1079.49)):

So that's where these monetary lotteries and financial incentives can be really powerful because if you're not thinking about getting a vaccine and then there they are at the local baseball game or swimming pool or airport, and they're giving out free pizza and a T-shirt, well, now I'm interested. If it's a chance for a lottery, if it's a donut a day, these are the kinds of things that, all other things being equal, can be the sweetener that helps you get it in the moment. Now, none of these incentives and messages will work for people who are hesitant. People are hesitant because they have concerns. People who are hesitant because they have concerns, need data, they need time, they need trusted sources. But for people who aren't really hesitant, it's just not top priority, and that really does actually describe a lot of people, for those people, it's about making it very convenient and having some immediate personal gains from getting the vaccine.

Tracy ([19:11](https://www.rev.com/transcript-editor/Edit?token=gVIf5RbslhsusUrHA9K5MxpBI_nQqpdELJcdnH6qwXtKCgWxjN8bfUDvaQdUBUPuqSwxB9gzyBHRyBuoVvcKHyFfsqk&loadFrom=DocumentDeeplink&ts=1151.11)):

And I know that we've just implemented a lottery here, the little vaccine lottery approach. Is it too early to tell if this is making a dent in the apathetic population? Is this something we need to wait a little while to see the results of, or are signs encouraging?

Stacy ([19:30](https://www.rev.com/transcript-editor/Edit?token=INruYHZyom6mcLkguPG_E2TntfWl9KP52ZFWD0rSAghoTj2s-BW_sCLebjjy5g0X6r86p0JYMCGQQhQS6z10n_6wcEI&loadFrom=DocumentDeeplink&ts=1170.5)):

Signs are encouraging. So the Ohio Lottery was the first large scale $1 million lottery. And the signs that they saw a bump up in vaccination rates was very strong. Now it hasn't been as strong in other places, but again, that's not a clear indicator if it's working. It's how many people are in that group. And so I do think that because we aren't quite sure of what size the apathetic group is, it makes it much more difficult to assess the success of any particular campaign.

Tracy ([21:01](https://www.rev.com/transcript-editor/Edit?token=YWpd1M3Gq2hjG2PFrDwcNMc54PykC4uTtnqHO6WOWdCcjUyfz4Y6k-AgGlqwVWZpK80KbQ9tTM63jKfrtCciTPnGasI&loadFrom=DocumentDeeplink&ts=1261.61)):

Obviously you have a marketing background. How did you come to be involved in this topic specifically? Was this an interest of yours?

Stacy ([21:21](https://www.rev.com/transcript-editor/Edit?token=p6-bmnxp6eJ2j5dbJU7G0Of6sANw3Zcl0YP1m2Ev15qaRA1IHlcas6P01ffpbG8pCRsA-dvDT2qGbuF2Hd0butisjfs&loadFrom=DocumentDeeplink&ts=1281.99)):

It's an interesting story. I look at it, I'm like, I don't know how many marketing professors are published in the New England Journal of Medicine or Gamma. This has certainly been a breakout year for marketing research in medical journals. But actually, it comes from just a lucky happenstance of being a professor in the triangle. So one of the real joys of scholarship at NC State is the proximity of Duke and UNC. So we have a lot of mixing of ideas across these three universities. And Duke has a really excellent School of Medicine. And I happened to meet and become a researcher with Dr. Kevin Schulman, who was at Duke originally. This was about five years ago. He has since moved to Stanford where he's definitely doing great things. But when we met, he was leading a program in clinical informatics and he asked me if I would speak to the students and do a seminar for them on what marketing is and how it might impact them.

Stacy ([22:30](https://www.rev.com/transcript-editor/Edit?token=5j81vsR0-Kj5v7rzSO0oHjgL0YUIwIn1AUoa-gtUON0rZCrOks4Fgdbpx0YuBKNOtlGVX9Xhpz3dZusEizsceONkar4&loadFrom=DocumentDeeplink&ts=1350.34)):

I didn't realize how many consumer decisions people make in medicine and how much medical decisions are not optimized for people feeling good or engaged or confident in the choices they make. So it was like finding out that my field had all of these theories that could help in medicine and not just help doctors in terms of doctors making profits. It's not that kind of business model, but in terms of patients having a better experience.

Stacy ([23:31](https://www.rev.com/transcript-editor/Edit?token=Aias7GGc53DwRW66m7R_eQ6pAoBlBHvmA28qe78a6OPTKvNWB1UDCjX5yldT309mab0Jk8dM7WbhTHyqUamzBWXgxBk&loadFrom=DocumentDeeplink&ts=1411.55)):

So in marketing, we know a lot about how do consumers have a good experience. Firms work really hard on that, right? Like restaurants work really hard to make the decor and the environment really inviting. So why don't hospitals and hotels work really, really hard to get their frontline staff to be just welcoming over and over and over again, to just a sea of strangers who check into hotels? Why is that kind of training not used in medical clinics? And even just little things like in marketing, we often offer people three choices, bronze, silver, and gold. And why do we do this? Well, we do it because the compromise effect says that we like middle options, that when we don't know what to choose and when there's uncertainty there, that middle option is so reassuring. That middle option is an intuition of the normal distribution and says, okay, this is probably the most likely to be right.

Stacy ([24:32](https://www.rev.com/transcript-editor/Edit?token=VUvcb3ufcpGGu8--ScLlfWyAqce36XbQWidNDZROOUVP1eHfGdikpPXav60IeTypEyYTFKrdg3jp17eVsgkx6G8Yq3U&loadFrom=DocumentDeeplink&ts=1472.5)):

But whenever doctors offer you a choice, they usually say either, or. We could do this or that. What do you want to do?

Stacy ([25:07](https://www.rev.com/transcript-editor/Edit?token=JWYbVWgPtlOBR_71v5q2NjW6MShZ03FDCMTBP7h4jAQ5Zr5vrvomN7ySGTS3SW_-V_mLg6Kf4mqfxTS1p2v33wBzcwU&loadFrom=DocumentDeeplink&ts=1507.25)):

So there were so many of these kinds of situations that over the course of the five years that I've been talking to these students in clinical informatics at Duke, senior doctors, senior nurses, heads of hospital administrations, it's been just incredibly eye-opening for me. I think probably one of the most amazing experiences was I was allowed to shadow doctors in the ICU to see how they engaged with patients and how patients made decisions while they're in that very scary environment. And it was really interesting. It's not a good place to make decisions. There are a lot of distractions. There's a lot of noise. There are beeps, there are all manner of things that make you feel very uneasy and that causes you to make a certain type of decision. So a lot of the things that we know in marketing is something that can actually be translated quite easily to medicine to make it better for patients, certainly, but for doctors as well.

Tracy ([26:24](https://www.rev.com/transcript-editor/Edit?token=X4guTBB7EUQOhF6PkHrNsldF1T7OEycHSidsoNgLjQuN6qPZNuJwe1u9UPINarO3v57RAS8Z909pCBATCMagk6BfHe0&loadFrom=DocumentDeeplink&ts=1584.24)):

That's fascinating. And it brings me to my last question, which is, what's the coolest or most unusual thing that you came across while you were doing this work? I mean, it's unusual enough to have a marketing professor in the ICU saying, this is not ideal, how you're presenting these choices to these patients. But what was the most fascinating or unusual thing you discovered while doing this?

Stacy ([26:50](https://www.rev.com/transcript-editor/Edit?token=4FJl6T_Xn_N1swUDA6CxtKIbl501EWN7hC6q9f5RatQXjmuFoRMLq5-p56flVjp096iHrQqLOtu3PMRlTvR5Y8pL-D8&loadFrom=DocumentDeeplink&ts=1610.91)):

Well, I'll give you two, because one is a wee bit of a downer, though it is so fascinating. And then the other one is just funny. So anyway, one of the most interesting was an opportunity to work with a neurologist, who I met through Duke's medical program. And he was somebody who worked with people who had catastrophic strokes. So they were in the neuro-ICU and he often wasn't talking with them. He was talking to their loved ones. So catastrophic strokes means the prognosis is not good. And so the decision, the choice that he had to talk to people about that was not going well, was what should we do here?

Stacy ([28:23](https://www.rev.com/transcript-editor/Edit?token=ciaheB_M_Phm811YNsu0moHjg1WjxbEMiXoX_Y9HWRvyiUQS4s6rResux9xm4wnD4ZBWuFG2gl33Uk92sOAtSFemfsE&loadFrom=DocumentDeeplink&ts=1703.42)):

They'd say, okay, this is the decision we want you to make about code status. In other words, do you want us to do every possible thing we can to resuscitate your loved one if they were to have a cardiac event while they were here, or do you want us to label them as "Do not resuscitate", or DNR? And DNR is where we don't try to resuscitate them if they have a heart attack or some kind of pulmonary emergency. And this was the choice, do you want us to do everything-

Stacy ([29:18](https://www.rev.com/transcript-editor/Edit?token=YEokeXAGb3_31oFG1cqYnsrOvMXJXdQyUYDID_g5RLsAaF00Bw335pbTZRgEsRX3iYVJxJUUx6vP7SkvCb6iZS7QXFE&loadFrom=DocumentDeeplink&ts=1758.55)):

... or nothing? And of course it wasn't nothing. I mean, there's palliative care, there's making people comfortable. And of course everything isn't necessarily everything. Like you can be intubated, but not have CPR done. And he said, "I just hate asking people this. So what I did was I interviewed a lot of people who have this conversation with families and the people I interviewed were kind of best practice people. They were the people who were known in the hospital for being good at it. So I was looking at what do they do and what could even be better?

Stacy ([30:38](https://www.rev.com/transcript-editor/Edit?token=9gMC2JcJu9sCx1LQ-TSQ5ocId83Po8X1juHQNS7EhU-mUN1xMVD8Js1BQPL5RYa_Fx5chNJ4JSvCXsRXUZVnQ4xuPBc&loadFrom=DocumentDeeplink&ts=1838.67)):

And so, one of my interviewees said, "I know it's hard. We basically offer people a Porsche or a Pinto." And so the first thing we talked about is, can you offer three choices? And what could those three choices be? Can these things be relabeled so that it isn't such a stark choice? Also, when are you asking people? A lot of the times these decisions were being held at 04:00 or 5:00 PM, right before people were switching shifts. And that's a terrible time, right before dinner, when people have low blood sugar. They would talk to anyone who was in the patient's room. So there was no sense that the spouse or partner would have sort of more voice than any random friend or relative who happened to be in the room. I mean, there's so many things that could make for better experience.

Stacy ([31:35](https://www.rev.com/transcript-editor/Edit?token=5Eh-xJbIDDTtvL3mzhAjvbZfLgDtDjmHbcwN8tiuhQ6h5TRMBZdRpIZHx6vxh2iI87T1hQvXqJ3Wc7Gsqm32NlChZ1g&loadFrom=DocumentDeeplink&ts=1895.32)):

And so it was like, if you can imagine, it's a really strange thing to think about from a marketing perspective, like how do you make a loved one's death, a better experience? And yet isn't that a really wonderful thing to work on, to think about, okay, what can we do? How could we make this decision easier for you? How could we play music that would make you feel better, that would make this environment seem less scary to you? How could we do some simple things to help you walk away from this feeling kind of built up rather than anxious? And so, I liked the idea that we can take all of those ideas from marketing to make this really tragic, unfortunately a situation that comes to us all in a way, and make it more positive.

Stacy ([34:14](https://www.rev.com/transcript-editor/Edit?token=hjkEM5AjI1mjo2eDLK4HezczLy9MgKbSIJFvzshQTlOtYgzf94bTvZxpTO8lru1DTErGBt-R6kLhgMx5jHvfFviYRbA&loadFrom=DocumentDeeplink&ts=2054.97)):

The happiest thing to come out of this whole year of just amazing research was two things. One is I was contacted by the World Bank to take all of the strategies that Kevin and I had crafted for the New England Journal of Medicine with a US lens and work on them to adapt them so they could be used in any region of the world. So come up with a customized map for each particular region of the world. And so to think that this is going to be used all over the world, it was so fulfilling. I had conversations with people on the ground in the Democratic Republic of Congo, which is not an easy place to be a healthcare worker. I had conversations with people in Iraq. I mean, just all these interesting places and they're going to be using this research.

Stacy ([35:14](https://www.rev.com/transcript-editor/Edit?token=MwWaVU2glySO0i5o0jv05NhUH42NyX87fpKl7_8esoKQ64YXSxFC8OwFcJSTAJJcthtZ3cpvESYKDR16wb4Ddl6k14o&loadFrom=DocumentDeeplink&ts=2114.98)):

But possibly the most gratifying was when I received a personal email from Chancellor Woodson, to me saying, "Hey, I just happened to open up my issue of Science today and I read an interview with you. Good job."

Tracy ([35:34](https://www.rev.com/transcript-editor/Edit?token=uwJTdg8MqVwM6-C3bdMedu61sbElECAj-XriK-rZUMuLKlonmxTfk4HBK3X0EIa_UQ8fYbCRu0qDxydadWLBSVEdyxs&loadFrom=DocumentDeeplink&ts=2134.3)):

Yeah. That always is the best one. Right?

Stacy ([35:35](https://www.rev.com/transcript-editor/Edit?token=gfZ3qjun3PavBz9M8OP8EsUCMfrsjQvl8wC2Nm1NSiug1pP02IESyCj6iIBnkx7EdlC9f2GUSiD68osceckPUcVt3u4&loadFrom=DocumentDeeplink&ts=2135.94)):

Yes. I though, that's the best. My chancellor saw my work. And yes, as a marketing professor, I may never be in Science again, but Dr. Woodson saw it when it was.

Tracy ([35:50](https://www.rev.com/transcript-editor/Edit?token=zyyQElu5MFgYAK322cDTkpyVwEgOqs4vsK-73WhxalWUY3XRJJlsqojsbCdi6GGJLPL7Cq1NObu-xPDpGkMkKAG3dIo&loadFrom=DocumentDeeplink&ts=2150.48)):

Yeah, that counts for a lot. Well, thank you so much for being here today and talking to me about vaccine apathy and what we can do to solve it, and all the interesting ramifications for marketing.

We've been speaking today with Stacy Wood, the Langdon Distinguished University Professor of Marketing at NC State's Poole College of Management. This has been Audio Abstract. I'm your host, Tracy Peake. Thank you so much for listening.