



SOPHE FOCUS AREA: COVID-19

Understanding the Problem:

Coronavirus disease (COVID-19), caused by the SARS-CoV-2 virus, emerged as a global pandemic in early 2020 and rapidly became one of the most significant public health crises in modern history. The disease is transmitted primarily through respiratory droplets and aerosols and can cause a spectrum of illness ranging from mild symptoms to severe respiratory failure and death, with particular risk among older adults and individuals with underlying health conditions. Beyond just the disease, COVID-19 was responsible for profound secondary burdens, including surges in psychological distress, disrupted healthcare access, and health disparities along racial and socioeconomic lines. Equitable vaccine distribution, effective public health communication, and community-informed intervention strategies remain central to both pandemic response and preparedness for future infectious disease emergencies.

Looking into the Literature:

A 2022 mixed-methods study published in *Health Education & Behavior* examined coping behaviors and their relationship to depression, hopelessness, and acute stress among U.S. adults during the COVID-19 pandemic. The study highlights the need for health education programs that teach and reinforce effective coping skills, particularly during periods of prolonged collective stress.

A 2023 qualitative study, also published in *Health Education & Behavior*, used grounded theory methodology to examine how COVID-19 risk perceptions and precautionary behaviors developed among Black adults in Chicago. The study found that community-level racial disparities in COVID-19 burden did not consistently translate into heightened personal risk perception; instead, individuals' direct social network exposures, witnessing illness or death among people they knew served as the strongest driver of protective behavior adoption. These findings underscore the critical importance of trusted, localized, and community-engaged health communication over aggregate population-level risk messaging, particularly in Black communities historically underserved by public health institutions.

A 2024 article in *Health Promotion Practice* described how the CDC operationalized its Vaccinate with Confidence (VWC) framework across three phases of the COVID-19 vaccine rollout, partnering with 23

professional health associations and community organizations to reach nearly one million healthcare providers and trusted community messengers. The framework centered on building trust in COVID-19 vaccines, empowering providers to make confident recommendations, and conducting targeted outreach to under-vaccinated populations, including motivational interviewing techniques and multilingual messaging in over 40 languages.

Summary of SOPHE's Recommendations

SOPHE recognizes COVID-19 as both an acute infectious disease emergency and a chronic public health challenge that has exposed health disparities worldwide and within the United States. Health educators and practitioners should prioritize community-centered, culturally responsive communication strategies, particularly in communities of color, which leverage trusted local messengers rather than relying solely on population-level statistics. Statistics at that population level may not resonate at the individual level. SOPHE calls for mental health to be treated as a core component of pandemic response: health educators should develop and disseminate programs that build effective coping skills, reduce psychological distress, and address the behavioral health consequences of prolonged crisis conditions. Vaccine confidence efforts should be sustained beyond emergency phases and integrated into routine immunization programming, using evidence-based frameworks such as the CDC's Vaccinate with Confidence model as replicable templates. SOPHE further urges investment in health equity infrastructure, including community health workers, multilingual outreach, and participatory research with historically marginalized communities to ensure that future pandemic responses do not replicate the disparities made visible by COVID-19.

From SOPHE'S Journals:

1. [Understanding COVID-19 Risk Perceptions and Precautionary Behaviors in Black Chicagoans: A Grounded Theory Approach 2022](#)
2. [A Mixed-Methods and Prospective Approach to Understanding Coping Behaviors, Depression, Hopelessness, and Acute Stress in a U.S. Convenience Sample During the COVID-19 Pandemic](#)
3. [Operationalizing the Centers for Disease Control and Prevention's Vaccinate With Confidence Framework During the COVID-19 Emergency Response in the United States](#)

Key Takeaways

- Effective pandemic response requires sustained investment in health equity: programs must be co-designed with the communities they serve, use multilingual and culturally appropriate materials, and prioritize populations with historically limited access to public health resources.
- Individual COVID-19 risk perception is not reliably shaped by knowledge of population-level racial disparities; direct experience of illness and death within one's social network is a far stronger motivator of protective behavior, underscoring the need for personally resonant and community-grounded public health messaging.

- COVID-19 disproportionately impacted communities of color, older adults, and individuals with chronic health conditions, reflecting pre-existing structural inequities in access to healthcare, safe working conditions, and economic stability.