Our faculty members put knowledge into action during the COVID-19 pandemic. From developing measures and procedures specific to COVID to critically analyzing disparate health outcomes, faculty utilized their expertise to enhance health equity and social justice during the COVID-19 pandemic. Learn more about their work this special issue of Research Bytes.

**Causes and Consequences of a Coronavirus Behavioral Health Mindset**

Anita P. Barbee & Colleagues  
*Basic and Applied Social Psychology*  
DOI: 10.1080/01973533.2021.1881520

Containing the spread of COVID-19 is unique in that: (1) behaviors to prevent the spread of COVID-19 requires that people practice safety across all domains of life versus solely in the workplace; and (2) preventing the spread of COVID-19 may be less directly related to self-benefit for some people. To assess the extent to which individuals will take personal responsibility to engage in safe practices like social distancing and other biosafety and disease prevention measures both at work and at home, the COVID-19 Behavioral Health Mindset (CVBHM) was developed.

The CVBHM was highly reliable (Chronbach’s $a=.90$) and was correlated with two behavioral criterion measures: wearing masks ($r = .57$) and wearing gloves ($r = .31$). Stronger coronavirus behavioral health mindset was displayed by older individuals ($r = .28$), females compared to males ($r = .17$), by those with more education ($r = .18$) and those who were less likely to indicate Republican or Libertarian political affiliations ($r = -.30$).

**Creating an Automated Health Attestation System during the COVID-19 Pandemic with Microsoft 365**

Marissa E. Yingling & Colleagues  
*Behavior Analysis in Practice*  
DOI: 10.1007/s40617-020-00495-y

Identifying and isolating individuals infected with COVID-19 are critical steps in stopping the spread of the coronavirus. One way that organizations can protect employees and clients is by creating their own automated health attestation systems. These systems could be used to reduce the spread of the coronavirus by asking providers and consumers to self-identify COVID-19 exposure and to encourage prevention behaviors. Dr. Yingling and colleagues developed a comprehensive procedure guide to aid organizations and agencies in utilizing a commonly available suite of software (MS Office) to implement an automated health attestation system in response to COVID-19.
TEACHING THROUGH COLLECTIVE TRAUMA

Key Strategies identified by Crosby et al.:

- Restore safety through schedules, routine, and consistent expectations.
- Model adaptive behaviors through flexibility and creative assignments that allow students to check in and reflect on their experiences.
- Engage in and model appropriate self-care practices.
- Use healing-centered engagement that acknowledges student trauma and focuses on strengths and growth.

With social workers on the front lines of care in the United States, many professionals saw drastic changes in the way they practice during the COVID-19 pandemic. Many social workers saw a shift in services related to addressing more practical support needs, adapting to challenges faced by clients during the pandemic.

(Schapmire & Colleagues)

Others saw a heightened need for social work, identifying a need for gerontological expertise in prison settings and emphasizing the importance of population-specific experiences and needs to address disparities in COVID-19 diagnosis and outcomes.

(Prost et al.)

PRACTICING THROUGH A PANDEMIC

Teaching through Collective Trauma in the Era of COVID-19: Trauma-informed Practices for Middle Level Learners
Shantel D. Crosby & Colleagues
Middle Grades Review

The COVID-19 pandemic has had an unprecedented impact on education and the ways in which teachers engage their students. Given the individual and collective traumatic nature and impact of this global health crisis, specific strategies are needed to address the needs of young people while teaching remotely. The authors of this project identified key strategies by adapting Trauma-Informed Practice principles for the virtual classroom:

- Restoring Safety Through Remote Learning
- Modeling Adaptive Behaviors Through Remote Learning
- Engaging in and Modeling Appropriate Self-Care
- Returning to Face-to-Face Learning: Healing-Centered Engagement

Six Months In: COVID-19 and its Impact on Oncology Social Work Practice
Tara Schapmire & Colleagues
Journal of Psychosocial Oncology
DOI: 10.1080/07347332.2021.1893421

The COVID-19 pandemic has brought on a shift in the types of services and the manner of service delivery for social workers, who make up the largest proportion of mental health providers in the US. This study investigated the impact of COVID-related job changes for Oncology Social Workers. Results found that approximately 20% of respondents had experienced some reduction in work hours and 10% were forced to stop work. Those who continued to work reported observations of exacerbated stress for patients and families linked to social isolation, income loss, substance use, and heightened infection control measures. Social workers also noted the heightened stress experienced by colleagues who remained on-site. Social workers noted a shift in the type of services rendered, with less clinic intervention and more attention to addressing practical support needs. Some social workers observed positive aspects to the change, indicating increased privacy and accessibility as beneficial to their clients.

Prisons and COVID-19: A Desperate Call for Gerontological Expertise in Correctional Health Care
Stephanie Grace Prost et al.
Gerontologist
DOI: 10.1093/geront/gnaa088

Amidst the unfolding COVID-19 crisis, knowledge and skills surrounding older adulthood will be critical to assuring the needs of older adults incarcerated in prisons are met during their detention, while undergoing off-site intervention in community settings, and when preparing for release. Critical gerontological knowledge and skills needed in prison health care include awareness regarding the unusual clinical presentations of COVID-19 among older adults, deconditioning among older adults due to immobility, challenges in prognostication, and advance care planning with older adults.
Six Feet Apart or Six Feet Under: The Impact of COVID-19 on the Black Community
Sharon E. Moore et al.
*Death Studies*
DOI: 10.1080/07481187.2020.1785053

The U.S. has the highest prevalence, incidence, and deaths of the COVID-19 pandemic. Further, Black Americans have the highest COVID-19 death rates. Social structural factors of high morbidity and mortality rates can be attributed to disproportionate burden of racial bias, low socioeconomic status, comorbidities, and lack of healthcare access that has historically led to low life expectancy and high mortality rates among Blacks. For many Black Americans who died from COVID-19, their experiences were laden with racial discrimination and structural racism, and restrictive public health and funeral policies rob them the opportunity to transition from life with their full human and cultural dignity.

Dying, death, and grief practices within Black communities have been drastically disrupted due to COVID-19 restrictions—from social distancing measures to institutional policies related to burial and cremation. Because of historically inhumane history of burning Ku Klux Klan crosses, Black churches and homes engulfed in flames, and racist burnings of Black bodies during the Jim Crow era, Blacks are less likely to choose cremation as their funeral preference, despite being less expensive than traditional burials. Some research suggests discriminatory funeral business practices that target Black families.

Beyond the staggering loss of life, Black Americans have been hit harder by economic loss, with the pandemic-related economic crisis pushing Black families further into material deprivation (poverty, food insecurity, etc.). In 2018, Black families had almost twice the poverty rate of the national average. In 2020, as a result of the pandemic, large numbers of businesses closed, and employees were temporarily or permanently laid off. Black workers, historically employed in hourly low wage jobs, were some of the most devastated by this financial hardship, as their employers frequently do not offer compensation or benefits that would enable them to build up a safety net; 73% of Black Americans do not have emergency funds. Food insecurity has become a burden for 22.5% of Black households (compared to the national average of 12.3%) and increasingly may rely on food banks and pantries for food assistance, thereby unable to stock up on basic pantry items and necessities. Moreover, Black students have faced additional barriers to education compared to their White counterparts, including lack of stable internet access and technology.

Recognizing the disparate impact of COVID-19 on Black Americans is imperative to creating sustainable systemic change.

Social Work’s Opportunity to Revitalize Advocacy for a Universal, Single Payer Healthcare System
Marissa E. Yingling
*Journal of Human Rights and Social Work*
DOI: 10.1007/s41134-020-00143-z

The COVID-19 pandemic is exposing failures of the for-profit health insurance system in the USA. This social commentary briefly reviews short-term policies that have been enacted to address immediate health insurance needs during the pandemic as well as long-term policies that have been implemented and proposed to solve the shortcomings of this system. The COVID-19 pandemic is a watershed moment for social work to revitalize its advocacy and commitment to a single-payer health care system grounded in the Universal Declaration of Human Rights.