

**COVID-19**  
Community Spread  
has been potentially  
identified in this  
area.

**PLEASE** exercise  
additional **CAUTION**  
when interacting  
with others.



**SSEER**  
**SOCIAL SCIENCE**  
EXTREME EVENTS  
RESEARCH





Limits of  
individualistic  
medical  
epidemiology

More attention  
to complex  
social  
interactions

**Cultural context**

*cultural and social norm*

**Social structure**

*age, occupation, and dependency*

**Social networks**

*population integration and social capital*

**Neighborhood effects**

*networks embedded in physical locations*

**Political landscape**

*policy and welfare differences*

# Some findings...

- ❑ We observe more SARS-CoV-2 cases in those areas with a younger, more active, employed population.
- ❑ We observe more SARS-CoV-2 cases in those areas with higher intergenerational dependency.
- ❑ We observe more SARS-CoV-2 cases in those areas with uneven wealth distribution.
- ❑ We observe consistent rates of SARS-CoV-2 across geographical macro-regions or similar areas across different countries.
- ❑ We don't observe more SARS-CoV-2 cases in those area with a denser population per se.

# Some final remarks

- More tailored policies, for example by homogeneous macro-areas.
- Coordinated health communication strategy and national targets to assess the effects of these.
- Less emphasis on “the curve” and more on “the curveS.”
- Social distancing, which we would rather call physical distancing, cannot be a “one size fits all” approach.
- False dichotomy between people’s health and society’s wellbeing for they are intertwined.



THANK YOU!

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