

11 COVID-19 and Health Disparities

Opportunities for Public Health Curriculum Enhancement

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Abstract

COVID-19, the pandemic of highly contagious respiratory disease, presents a global public health emergency. The COVID-19 pandemic has increased awareness of the role of public health and its professionals in responding to the pandemic. Racial and ethnic minority groups in the United States are more likely to contract and die from COVID-19 versus Whites, highlighting health disparities. Higher education schools and programs in public health can help prepare students to address this global pandemic through expanded curriculum on social determinants of health disparities in COVID-19 outcomes, teachings on implicit bias and anti-racism, interprofessional education, and practice-based learning. Moreover, eliminating health disparities is a leading public health priority in the United States and can help attain the World Health Organization goal of achieving health equity. This chapter highlights the need for public health curriculum that outlines strategies to address racial and ethnic disparities in COVID-19 to prepare and motivate a future healthcare workforce.

Keywords

COVID-19, health curriculum, health disparities, health equity, public health, social determinants of health, anti-racism

Introduction

The world has been gripped by “coronavirus disease 2019” (COVID-19), a pandemic of lower respiratory tract disease resulting in severe illness and potential death from pneumonia-like symptoms (Ameh et al., 2020; Sohrabi et al., 2020; Young et al., 2020; Zhu et al., 2020). The COVID-19 pandemic presents an international public health emergency. The Centers for Disease Control and Prevention (CDC) has issued guidelines to prevent the spread of COVID-19, including washing your hands often, maintaining social distancing, avoiding close contact with people who are sick, wearing a mask

in public settings and when around others who don't live in one's household, avoiding crowds and poorly ventilated spaces, and getting a COVID-19 vaccine when it is available. The CDC also advises people to seek medical care if they are sick with COVID-19 (CDC, 2021a). Persons at higher risk for COVID-19 include adults of any age with certain underlying medical conditions such as cancer, heart conditions, HIV infection, chronic kidney disease, liver disease, chronic lung diseases, dementia or other neurological conditions, weakened immune system, Down syndrome, overweight and obesity, smoking, diabetes mellitus, pregnancy, solid organ or blood stem cell transplant, sickle cell disease or thalassemia, stroke or cerebrovascular disease, and substance use disorders (CDC, 2021b). In addition, US data indicates that racial and ethnic minority groups are bearing a disproportionate burden of COVID-19-associated outcomes (CDC, 2021c).

Data from the CDC shows that:

- Compared to non-Hispanic Whites, cases are 1.7 times higher among American Indian or Alaska Native, Non-Hispanic persons (AI/ANs), 1.3 times higher among Hispanic/Latino persons, 1.1 times higher among Black/African Americans, and 0.7 times higher among Asians.
- Compared to non-Hispanic Whites, hospitalizations are 3.7 times higher among AI/ANs, 3.1 times higher among Hispanic/Latino persons, 2.9 times higher among Black/African Americans, and 1.0 times higher among Asians.
- Compared to non-Hispanic Whites, deaths are 2.4 times higher among AI/ANs, 2.3 times higher among Hispanic/Latino persons, 1.9 times higher among Black/African Americans, and 1.0 times higher among Asians (CDC, 2021c).

While propensity to underlying health conditions such as hypertension, diabetes, high blood pressure and asthma play a role, systemic barriers such as systematic racism with the healthcare system, likelihood of being uninsured, reduced access to affordable medical testing, diagnosis, and management; work-related exposures; food insecurity; and housing insecurity and also likely contribute to racial and ethnic health disparities in COVID-19 (Egede & Walker, 2020; Hooper et al., 2020). Thus, the known risk factors for COVID-19 complications need to be examined within the context of adverse social determinants of health that put minority communities at increased risk for disease and mortality. The key categories of social determinants of health that contribute to racial and ethnic disparities in COVID-19 include neighborhood and physical environment, health and healthcare, occupation and job conditions, income and wealth, and education (CDC, 2021d). Discrimination, including racism and associated chronic stress, influences each of these key critical topic areas (CDC, 2021d; Egede & Walker, 2020). This pandemic has shed a new light on racial and ethnic disparities in health and creates an opportunity to enhance public health curriculum to address these inequities.

Literature Review

Health disparities are defined as differences in health outcomes among segments of the population that are linked to socioeconomic disadvantage and related to factors such as race or ethnicity, socioeconomic status, gender, geographic location, or other factors related to discrimination or exclusion (U.S. Department of Health and Human Services [USDHHS], 2008). COVID-19 highlights disparities in health outcomes due to race and ethnicity. As discussed, CDC data shows that the percentage of Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native people who have died from COVID-19 is higher than the percentage of these racial and ethnic groups among the total US population (CDC, 2020a).

Eliminating health disparities can enhance the health and well-being of all groups and achieve health equity, defined as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (World Health Organization [WHO], 2018a, para. 1). The WHO describes the social determinants of health as “the conditions in which people are born, grow, live, work and age” (WHO, 2018b). These conditions include biology, genetics, individual behavior, socioeconomic status, physical and social environment, racism, discrimination, health services, literacy levels and legislative policies (WHO, 2018c). Social determinants of health are primarily responsible for health inequities, or avoidable and unfair differences in health status between countries and between different groups of people within the same country (WHO, 2013, 2018b). Reducing health inequities is imperative because health is a fundamental human right, and failure to overcome inequities results in health disparities (WHO, 2018a). Health inequities are gaining increasing national and international attention due to few countries being able to systematically reduce them (WHO, 2013).

Conceptual Framework

The WHO conceptual framework for action on the social determinants of health (Solar & Irwin, 2010) analyzes the impact of social determinants on specific health conditions, identifies possible entry-points and causal points of mediating factors, and explores potential interventions to improve health equity by addressing social determinants of health (Figure 11.1). Social, economic, and political mechanisms contribute to a set of socioeconomic positions in which populations are stratified according to race/ethnicity, gender, income, education, occupation, and other factors. These socioeconomic positions shape intermediary determinants of health (e.g., material circumstances such as housing and neighborhood quality and physical work environment, behavioral and biological factors such as nutrition and physical activity, and psychosocial factors such as stressful living circumstances and relationships). The health system itself is a social determinant of health and becomes relevant

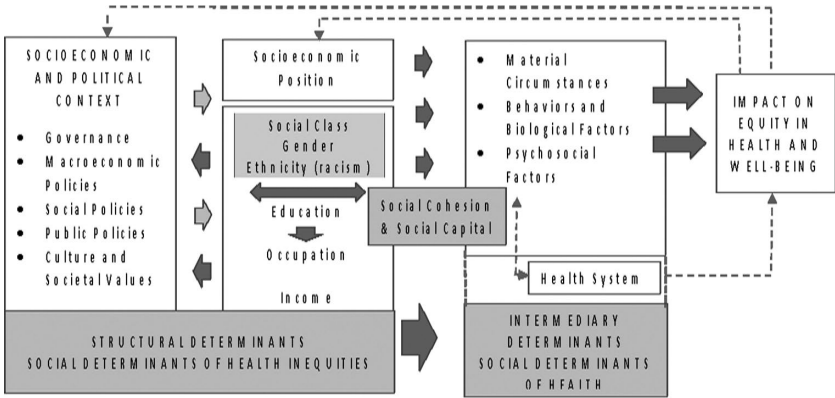


Figure 11.1 WHO conceptual framework for social determinants of health.

through the issue of access. These various factors interact to play a central role in the social determinants of health and health inequities, with an ultimate impact on health equity and well-being (WHO, 2010).

Therefore, the recognized risk factors for COVID-19 complications need to be examined within the context of the social determinants of health that put minority communities at increased risk for disease and mortality. For example, COVID-19 illuminates medical mistreatment and mistrust in the African American community. Members of racial and ethnic minority groups tend to receive lower quality of care than Whites, which can contribute to poorer COVID-19 outcomes (Laurencin & Walker, 2020). There have been several high-profile cases of denied access to COVID-19 testing among African Americans (Basler, 2020; Fox 2 Detroit, 2020a, 2020b; Mitropoulos & Moseley, 2020). Research has shown that despite being at increased risk of exposure to the virus and requiring a higher level of care at the time they tested positive for COVID-19, people of color, particularly African Americans, do not have markedly higher testing rates and face increased barriers to care (Lieberman-Cribbin et al., 2020; Rubin-Miller et al., 2020).

Furthermore, access to COVID-19 testing may depend on where you live. One study found that in four cities in Texas, testing centers were disproportionately located in White communities compared to communities with predominantly Black persons (McMinn et al., 2020). In other instances, officials have been slow to make testing facilities available and accessible to people living in exclusively Black neighborhoods (Farmer, 2020; Peak, 2020). These factors contribute to greater demand, longer wait times for testing, and increase in travel time to testing sites (Artiga et al., 2020; Vann et al., 2020). Therefore, racial, and ethnic minority groups are particularly susceptible to COVID-19 exposure due to the social determinant of access to care.

The disparate racial impact of COVID-19 also manifests through African American workers facing more economic and health insecurity from

COVID-19 than White workers. Patterns of racism and discrimination mean that African Americans have been more likely to be exposed to the virus through work, and less likely to have access to high-quality healthcare and the resources such as health insurance to maintain their health. Racial discrimination in the labor market means that African Americans are more likely to be paid less, overrepresented in jobs that cannot be done from home, terminated, unemployed longer, and to have their unemployment claims denied, compared to their White peers (Liu, 2020). Effects of the pandemic on African American workers include devastating job losses, spiking unemployment rates, and increased likelihood to be in front-line jobs as essential workers (Gould & Wilson, 2020).

Hispanic/Latino communities are especially vulnerable to COVID-19 due to various factors including differential exposure, susceptibility, and access to healthcare (Calo et al., 2020; Quinn & Kumar, 2014). Living conditions may increase exposure to COVID-19 among Hispanic families. A quarter of Hispanic people live in multigenerational families (compared to 15% of non-Hispanic Whites), which may hinder efforts to socially distance or self-isolate when sick, if household space is limited (CDC, 2020b; Cohn & Passel, 2018). Also, the lack of reliable information in Spanish has hampered efforts to fight the spread of COVID-19 in Hispanic communities (Velasquez et al., 2020). This is especially true among those with language barriers, making them more likely to be unaware of best practices. Moreover, Hispanic people are the largest population group without health insurance coverage in the United States, leaving those with probable symptoms or with a positive COVID-19 test with limited access to necessary healthcare (Calo et al., 2020).

Other considerations include that African American and Hispanic/Latino workers are less likely to be able to work from home during the COVID-19 crisis, putting their health at risk (Gould & Shierholz, 2020). For instance, many Hispanic people work in frontline jobs in food delivery, grocery stores, cleaning and sanitation services, and waste management, putting them at constant exposure to and risk of becoming infected with COVID-19 (Bucknor, 2016). Many women of color are also essential workers on the frontlines of the COVID-19 pandemic, which may lead to higher risks of contracting COVID-19 (Frye, 2020). Policies are needed to improve access to COVID-19 testing, diagnosis, and medical treatment, particularly among uninsured individuals and people of color. Recently enacted federal legislation has required all public agencies and some private firms to provide paid sick leave during this public health crisis. This law excludes employees at businesses with over 500 employees, therefore not reaching all uninsured workers (Tolbert, 2020). Other barriers to accessing care include not having a usual source of care, prohibitive medical costs for uninsured individuals, and lack of a national, comprehensive hospital charity care policy. Therefore, racial, and ethnic minorities are especially vulnerable to COVID-19 exposure. These COVID-19 racial and ethnic disparities necessitate the expansion and continuation of higher education public health curriculum to improve health equity.

Health Disparities Curriculum

COVID-19 presents an opportunity to shine a spotlight on public health, highlight racial and ethnic health disparities, and enhance public health curriculum. Being amidst a global pandemic emphasizes the crucial role of public health in responding to the COVID-19 outbreak. Public health can be defined as the science and art of preventing disease, promoting health, and improving the health of people in their communities. This work is accomplished by promoting healthy lifestyles, preventing injury, and stopping, detecting, investigating, and responding to infectious diseases. Public health also involves limiting healthcare disparities and promoting healthcare quality, equity, and accessibility (CDC Foundation, 2020). Public health is interdisciplinary due to its examination of the biological, social, psychological, and other factors that affect health. Students can concentrate in a variety of study paths that are relevant to COVID-19 response including biostatistics, health education, environmental health, epidemiology, public health policy, and preparedness response and recovery (Association of Schools and Public Health, 2020).

Since eliminating health disparities is a leading public health priority in the United States (USDHHS, n.d.), there is an opportunity to highlight the susceptibility of communities of color to COVID-19 due to discrimination, refused access to health services, and other factors. While many undergraduate and graduate health professions programs are incorporating health disparities content into their curricula to promote greater understanding among students (Batada, 2018; Dimaano & Spigner, 2016; Elias et al., 2017; Gutierrez & Wolff, 2017; Njoku, 2019; Njoku & Baker, 2019), curriculum can be expanded to teach about the social determinants of health that contribute to racial and ethnic disparities in COVID-19 outcomes. Furthermore, the accreditation criteria for schools and programs of public health in the United States stipulates that all Master of Public Health (MPH) graduates demonstrate competency in Public Health and Health Care Systems by discussing “the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels” (Council on Education for Public Health [CEPH], 2016, p. 17). This competency is not specified for the undergraduate curriculum, though there is encouragement for cross-cutting concepts and experiences such as “cultural contexts in which individuals work (CEPH, 2016, p. 28). While there is a growing number of Public Health programs in the United States (CEPH, 2020a), a review of overall MPH curriculum design trends revealed that about 11% of curricula contained a single concentration program in Health Equity or Priority Populations (CEPH, 2020b). This suggests an opportunity to incorporate such content into public health curriculum.

Due to the coronavirus pandemic, public health and disaster preparedness are likely to become a greater focus of many medical schools' curriculum. However, health disparities have been a critical issue before and during this pandemic. Medical schools should integrate social determinants of health and health disparities into the curriculum to provide students with an understanding of cultural competence, help them identify and address

racial bias in medicine, and elucidate how health disparities can adversely affect both patient and healthcare system outcomes (Lucey & Johnston, 2020). Health disparities can result in excess medical care costs, lost productivity, and premature deaths. Addressing health disparities and the social determinants that contribute to them in medical education and training can help reduce healthcare system costs and improve care for everyone (Vickers, 2020). Therefore, it is warranted to develop anti-racism public health and medical school curricular approaches (Hagopian et al., 2018; Hardeman et al., 2018).

There are various advantages of offering health disparities courses in an undergraduate curriculum. A health disparities course could encourage collaboration among departments to develop interdisciplinary courses. With the surge of the COVID-19 pandemic, schools and programs in public health have an opportunity to expand interprofessional education and practice and service-based learning to train students for meaningful, long-term careers in public health (Brisolara & Smith, 2020). CEPH accreditation requirements of cross-cutting concepts and experiences such as teamwork and leadership and systems thinking lend themselves nicely to skills needed within health departments (Bogaert et al., 2019; CEPH, 2016).

To respond to COVID-19 disparities, schools and program should incorporate community-based participatory research and academic service learning to promote student engagement in the community, provide reflection opportunities on contextual factors affecting health, apply course concepts to real-world settings, and enhance cultural competence among students (Metcalf & Sexton, 2014; McElfish et al., 2015; Sabo et al., 2015). Curriculum development should also consider interprofessional, collaborative efforts with other health professions disciplines (e.g. Nursing, Pharmacy, Dental Hygiene, Respiratory Therapy, Allied Health professions) as well as non-health disciplines (e.g. Education, Social Work, Psychology, Science, Technology, Engineering, and Mathematics) to share resources and develop health disparities-related course content and collective projects, to assemble a wider set of future stakeholders to commit to eliminating health disparities (Benabentos et al., 2014).

Approach

In addressing COVID-19 effect on minority communities and suggested response, proposed curriculum can prioritize minority health needs in and out of the classroom, emphasize academic-community partnerships to enrich student training and development, and develop academic-practice linkages to enhance community-based practice and research conducted by students.

Proposed curriculum components can:

- Apply a human rights framework and incorporate concepts of social determinants of health, health equity, and social justice to highlight racial and ethnic disparities in COVID-19 disease and mortality

- Encourage students to understand COVID-19 health disparities within the context of social determinants of health rather than race-based biological differences
- Train students to assess needs, develop solutions, and advance health equity in underserved and minority populations by concentrating on experiences and training in community settings
- Plan virtual learning to reinforce class material and connect students to local community partners doing COVID-19 prevention and treatment
- Teach students to conduct literature reviews on the COVID-19 outbreak
- Provide geographic information system (GIS) training, develop population health through organizational collaboration, and prepare students for a career in public health
- Summarize national and state-level programs that promote health and well-being among minority populations and assess their response to COVID-19 disease and mortality within these communities
- Describe work of key federal government agencies to support research, share findings, and develop healthy living guidelines
- Recognize key surveillance surveys and activities to monitor the health of the US population
- Train health and social workers of communities to provide enhanced screening and contact tracing of suspected cases
- Develop online health disparities courses to increase the reach of such curricula

Moreover, strategies are needed to support faculty in developing curriculum to further student awareness of racial and ethnic disparities in COVID-19 outcomes. Faculty development programs can be instrumental in inspiring and supporting faculty efforts to employ intentional instructional approaches to promote student learning about health disparities, particularly as it relates to COVID-19 disease outcomes. Successful development of faculty can be described as an ongoing, intentional, and meticulous process (Guskey, 2000). Opportunities to enhance faculty teaching and student learning can encourage faculty to stimulate critical thinking, active learning, problem-solving, and collaboration among students (Weimer, 2013).

Discussion and Implications

The existence of racism as a root cause of COVID-19 health disparities among racial and ethnic minority groups in the United States necessitates the enhancement of public health curriculum to prepare and sustain a public health workforce to improve health equity. Due to the salient racial and ethnic disparities in COVID-19 disease outcomes, future directions and recommendations include the need for continued institutional commitment to provide and sustain health disparities curriculum for students, including those in the health professions. Such curriculum may help to engage, prepare,

and motivate a future healthcare workforce that is committed to addressing health disparities, particularly as it relates to racial and ethnic disparities in COVID-19 disease outcomes.

Disparities in healthcare outcomes is one of the pressing current public health concerns. Promoting awareness of factors contributing to healthcare disparities can also allow students to contextualize current societal issues that affect health and promote engagement, preparation, and motivation of a future healthcare workforce (Benabentos et al., 2014). Promoting awareness of factors contributing to healthcare disparities can also allow students to contextualize current societal issues that affect health. Developing culturally competent learners and increasing their awareness of health disparities may help to alleviate this issue by encouraging students to consider addressing these issues in the educational, research or practice pursuits (Vela et al., 2010).

Additionally, faculty should continue to seek professional development to enhance their teaching. Faculty should incorporate learner-centered teaching to enrich student learning and embrace the teacher-scholar model where their teaching fosters continued scholarship (Trigwell et al., 2000; Weimer, 2013). Professional development has been stated as essential to the role of the teacher-scholar in that it has important implications for lifelong learning; the academic is considered an adult learner and such training can also influence faculty's growth as effective educators (Adams, 2009; Nicholls, 2014).

Ultimately, evaluation of these curricular efforts will be essential to determining and ensuring effectiveness of proposed strategies to address COVID-19 health disparities. Efforts toward infusing awareness of health disparities and social determinants of health in course development and delivery will help improve public health program goals of helping future health professionals to address needs of underserved populations. As COVID-19 has increased awareness of the role of public health and its professionals in responding to the pandemic, effective responses will ultimately help advance Public Health practice.

Conclusions

The emergence of COVID-19 presents an opportunity to examine racial disparities in health outcomes. The experiences from this pandemic may yet offer a unique opportunity to implement an academic curriculum that promotes students' interest in public health and disease management in communities of color. Public health curriculum that highlights the social determinants of health disparities in the COVID-19 pandemic can provide students with the relevant tools needed to assess and tackle this global crisis. Higher education schools and programs in public health can help equip students to address this global pandemic through enhanced curriculum on social determinants of health disparities in COVID-19 outcomes, effect of racial bias on health outcomes, the need for anti-racism in public health, interprofessional education, and practice-based learning.

These efforts will produce future public health professionals who are better prepared to address health disparities in their surrounding community as well as broader health disparities at the national and global levels (Njoku and Wakeel, 2019). Now more than ever before, education, science, and advocacy matter.

Summary

In summary, the COVID-19 pandemic presents a public health emergency of global concern. The role of public health is critical in responding to the COVID-19 outbreak. The predisposition of racial and ethnic minority groups in the United States to the disproportionate burden of COVID-19 illuminates the discourse of health inequalities within the framework of racial and ethnic health disparities. Eliminating health disparities is a leading public health priority in the United States and can help attain the World Health Organization goal of achieving health equity. Known risk factors for COVID-19 complications need to be examined within the context of social determinants that increase risk to COVID-19 among racial and ethnic minorities. The COVID-19 pandemic creates an opportunity to enhance Public Health curriculum to emphasize a robust approach to understanding racial health disparities and promote a greater understanding of the social determinants of health that contribute to COVID-19 racial and ethnic disparities, with an ultimate goal of providing students with the necessary tools for disease prevention and management in communities of color. The COVID-19 pandemic encourages development of medical school curriculum on social determinants of health and implicit bias to equip students to address racial and ethnic disparities in health. Curriculum development should also consider interprofessional, collaborative efforts with other health professions disciplines to encourage a multidisciplinary approach to addressing health disparities. Moreover, faculty should seek ongoing professional development to enhance their teaching and incorporate learner-centered teaching to enrich student learning.

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COVID-19 AND HIGHER EDUCATION IN THE GLOBAL CONTEXT

Exploring Contemporary Issues and Challenges

Edited by **Ravichandran Ammigan | Roy Y. Chan | Krishna Bista**

Foreword by Darla K. Deardorff

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N E T W O R K

Praise for this book

This book is a must-read for all university leaders and senior managers to enable them to get a better insight into the numerous challenges facing academia in the new normal, where it is not only about academic excellence but also about the human dimension through the enhanced use of technology.

—Dhanjay Jhurry, Professor and Vice-Chancellor,
University of Mauritius, Mauritius

This thought-provoking book captures contemporary changes to higher education at the micro and macro level post-2020. Stakeholders across the sector will benefit from reading the research-driven chapters that are stimulating and insightful. The book interrogates and challenges ways in which internationalization and global mobility can be re-imagined.

—Dawn Joseph, Associate Professor,
Deakin University, Australia

This book shows a more intensive and multi-faceted response by the higher education community to the pandemic that one might have expected. Attention is paid notably to sustain international life on campus.

—Ulrich Teichler, Professor Emeritus,
International Centre for Higher Education Research,
University of Kassel, Germany

This volume is a welcome addition to the literature on international Higher Education produced during the COVID-19 era. With a sensitively chosen array of topics, it shows new thinking around internationalisation, which is encouraging for all, and is exactly what is needed.

—Amanda C. Murphy, Professor and Director,
Centre for Higher Education Internationalisation,
Università Cattolica del Sacro Cuore, Italy

With the COVID-19 pandemic seeing no end in sight and its effects on international higher education for students around the world yet unknown, the importance of this timely book cannot be overstated. At a time when we are

literally awash in countless editorials prognosticating on *possible* implications of this health catastrophe, it is refreshing to get a carefully collected series of essays that step back, take a deep breath, and bring us back to the fundamental questions we need to be asking at this most dangerous time for humanity.

—Bernhard Streitwieser, IEP Program
Director & Associate Professor of International
Education & International Affairs,
George Washington University, USA

This is a valuable addition to higher education for understanding the complexities that COVID-19 introduced into the academic landscape. This volume explores valuable topics and issues such as employability, research and mentoring, innovative teaching and learning, and emerging opportunities during the pandemic.

—Jane E. Gatewood, Vice Provost for Global
Engagement, University of Rochester, USA

This timely book is much needed for practitioners, scholars, and policy makers who are grappling with the challenges created by the pandemic. The book is comprehensive given the depth and breath of topics. The human centric approach is refreshing.

—Fanta Aw, Vice President of Campus Life &
Inclusive Excellence, American University, USA

COVID-19 and Higher Education in the Global Context: Exploring Contemporary Issues and Challenges

COVID-19 and Higher Education in the Global Context: Exploring Contemporary Issues and Challenges addresses the lasting impact of the novel coronavirus (COVID-19) in the higher education sector and offers insights that inform policy and practice. Framed in a global context, this timely book captures a wide variety of topics, including student mobility, global partnerships and collaboration, student health and wellbeing, enrollment management, employability, and graduate education. It is designed to serve as a resource for scholar-practitioners, policymakers, and university administrators as they reimagine their work of comparative and international higher education in times of crisis. The collection of chapters assembled in this volume calls for a critical reflection on the opportunities and challenges that have emerged as a result of the global pandemic, and provides as a basis for how tertiary education systems around the world can learn from past experiences and shared viewpoints as institutions recalibrate operations, innovate programs, and manage change on their respective campuses.

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COVID-19 and Higher Education in the Global Context

Exploring Contemporary Issues and
Challenges

**Edited by
Ravichandran Ammigan,
Roy Y. Chan, and Krishna Bista**



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**In memory of those who lost their lives during the
COVID-19 pandemic worldwide**

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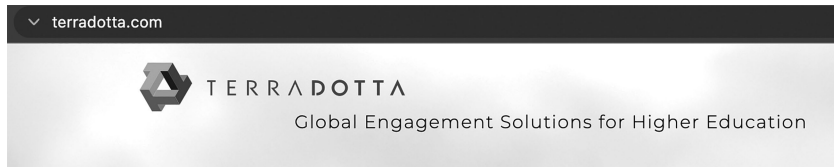
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Foreword

Darla K. Deardorff

The COVID-19 pandemic has represented a unifying challenge globally, providing a defining era in human existence as the pandemic upended life as we know it. *COVID-19 and Higher Education in the Global Context: Exploring Contemporary Issues and Challenges*, edited by Ammigan, Chan, and Bista, delves into the pandemic's impact on higher education around the world. Such an exploration empowers “educators, administrators, practitioners, policy makers, and families” with ideas and guidance that not only can be applied in the current context but also in the post-COVID future.

As the world emerges from the COVID pandemic, it is good to remember the signs of hope that have been there all along from the small gestures of kindness to the heroic efforts of those on the frontlines, from strangers lifting their voices together in song across balconies as the pandemic began with the later Jerusalema dance challenge that swept around the world, even as the pandemic was raging. This pandemic has shown us that we are all truly interconnected, for better or for worse. Desmond Tutu reminds us that we are all in this together and that our humanity is bound up together. We are members of one human family, and when some members are hurting, we all are hurt. He goes on to say, “For us to engage in the practices that will ensure that we all prosper, we must come to know that each of us is linked in the chain of our common humanity.”

As we move into the light of a new day, there is radical hope in truly embracing our shared humanity. Let's seek to see ourselves in others. Let's seek to see the whole picture through discovering others' perspectives beyond our own. Let's seek to see the invisible among us and to remember the power of being seen and heard. As we do so, we can reflect on some of the following questions:

- What do I know about my neighbors?
- Do I make an effort to learn more?
- What are others' perspectives and can I articulate those?
- What are the connections I see in others to my own experiences?
- How much do I really listen for understanding and seek first to understand?

Higher education provides opportunities for students to explore these and other questions, as universities seek to educate global citizens. As we have come to understand more poignantly over the last year that we are indeed part of one global community, we need to remember that education is more than employment or even graduating global citizens—in the end, it is about how we come together as neighbors both locally and globally, to build a better future together. We can make choices every day that help make the world better for all. As Tutu noted, “When we step into our neighborhoods, we can engage in the practices of good neighborliness or we can choose not to. The quality of life on our planet now and in the future will be determined by the small daily choices that we make as much as by the big decisions in the corridors of power.” As we move forward into a post-pandemic era, we must remember that actions matter and what we do impacts others. What daily actions will we take to support the most vulnerable among us? To improve the quality of life for others? How will we uphold justice and dignity for all in the human family? In the end, how will we be good neighbors to each other?

Let us commit to taking action to address the racial injustices and inequities faced by our neighbors. Let us commit to being a good neighbor, as we live in authentic solidarity with each other, aspiring to be compassionate, generous, and kind, knowing that we can find our greatest joy in showing love to all and that in doing so, we are embracing the oneness of our humanity.

Bio

Darla K. Deardorff is the Executive Director of the Association of International Education Administrators, a national professional organization based in Durham, North Carolina, USA. She is also a research scholar with the Social Science Research Institute at Duke University, where she has been an adjunct faculty member in the Program in Education and a faculty affiliate with International/Comparative Studies. In addition, she is an Adjunct Professor at North Carolina State University, a Visiting Research Professor at Nelson Mandela University in South Africa, and at Meiji University Research Institute of International Education (RIIE) in Japan as well as visiting faculty at Shanghai International Studies University (SISU) in China. Dr. Deardorff has served on faculty of Harvard University’s Future of Learning Institute as well as Harvard University’s Global Education Think Tank, in addition to being on faculty at the Summer Institute of Intercultural Communication in Portland, Oregon. She has also been an affiliated faculty at the University of North Carolina—Chapel Hill, and Leeds Beckett University (formerly Leeds Metropolitan) in the United Kingdom and taught at Thammasat University in Bangkok, Thailand. She receives numerous invitations from around the world (in over 30 countries including in Europe, Latin America, Africa, Australia, and Asia) to speak on her research and work on intercultural competence and international education assessment, and is a noted expert on these topics, being named a Senior Fulbright Specialist (to South Africa and to Japan).

Dr. Deardorff has published widely on topics in international education, global leadership, and intercultural learning/assessment, and has published eight books including as editor of *The SAGE Handbook of Intercultural Competence* (Sage, 2009) as well as lead editor of *The SAGE Handbook of International Higher Education* (Sage, 2012) with Hans de Wit, John Heyl and Tony Adams, *Building Cultural Competence* (Stylus, 2012) with Kate Berardo, and co-author of *Beneath the Tip of the Iceberg: Improving English and Understanding US American Cultural Patterns* (University of Michigan Press, 2011). She is also the author of the recently published book on *Demystifying Outcomes Assessment for International Educators: A Practical Approach* (Stylus, 2015) and co-editor of *Intercultural Competence in Higher Education: International Approaches, Assessment, Application* (Routledge, 2017) with Lily Arasaratnam-Smith. Her seventh book *Leading Internationalization* (Stylus, 2018) is with Harvey Charles, and her most recent book is *Manual on Developing Intercultural Competencies: Story Circles* (Routledge/UNESCO, 2019). E-mail: d.deardorff@duke.edu

