Teaching Public Health During a Pandemic

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Back when I was still in a classroom with my *Introduction to Public Health* students, the novel coronavirus emerging in Wuhan, China, provided a timely event to monitor. It gave us an opportunity to apply many basic public-health principles covered in the broad survey course I teach at American University. Fast forward three months and my students and I find ourselves sheltering in our own homes in different time zones, many grappling with challenges to their family's financial well-being and their own precarious physical and mental health. Despite the disarray, we maintain our twice-weekly connection to continue our study of public health, a previously amorphous field that has suddenly received greater recognition and new appreciation.

I struggle with how to teach this course — do we drop everything and focus on the pandemic exclusively? We could easily spend every precious minute dwelling on the testing failures and the lack of solid denominators that are critical to public health decision-making, the confusing health messages and guidance provided by the federal government, the different ways governors handle social distancing in their states, the unacceptable shortage of critical supplies like personal protective equipment (PPE) and ventilators, and the bigger-picture issues surrounding the widening gaps in our public health infrastructure, to name just a few.

But, we resist and carefully strike a balance. I have a responsibility to cover the fundamentals of Health 110, both to prepare my students for subsequent classes in their major and for life in the post-COVID-19 world. As early as this summer, those with a basic understanding of public health concepts may be called upon to fill the army of contact-tracers needed to contain this disease in the U.S. However, I also am aware of my students' fragility. I am sensitive to their heightened unsteadiness during this monumental shake-up and also want the course, and our time together, to provide a much-needed anchor and diversion from all things COVID-19.

So instead, we remain true to the syllabus that I quickly moved to an online format, covering topics assigned to the second half of the semester—the government's role in creating health laws and policies, the burden on hospital emergency rooms overwhelmed by treating those without access to primary health care, the history of Medicaid and Medicare, and how health care is delivered in other countries.

While soldiering on, we make time to connect frightening reports of the day that build upon earlier concepts covered when we were learning together in a classroom with walls — that coronavirus, like other public health challenges, disproportionately affects people of color as do the disastrous disruptions to work and education; that our esteemed Centers for Disease Control and Prevention (CDC) whose many functions and contributions I proudly shared with the students earlier has been stripped of its role in providing expert guidance; and the evidence so clearly before us that public health is woefully underfunded. We also leave space for discussing local responses to the pandemic in my students' hometowns and their firsthand observations and personal struggles.

For their sake and mine, I try to keep things positive. I resist overwhelming them with a blitz of news articles. Instead, I uncover some silver linings of the pandemic. I hope that they'll make time to absorb both relatable, positive stories like the college students who are replacing

vulnerable older adults who have historically been critical community Meals on Wheels volunteers, as well as the much needed boost to telemedicine and other innovations in health care.

Tomorrow is our last class. What can I say to wrap up this most extraordinary semester when more conversations are needed to connect the many remaining dots and bring closure to this three-month period when the field of public health has been in the spotlight? Additionally, I feel a responsibility to acknowledge my students' uncertainty about all that remains nebulous in their own world — is their summer internship or job offer intact, will their family's finances permit them to continue studying at a private university, and of course the elephant in the room, will they return to campus this fall or continue learning remotely? I will break through the overwhelming awkwardness by telling them what I do know — that together we are living in a moment that will shape our lives forever, that I am proud of them for staying engaged in the course, and that this semester, the final exam is now "open book" with an opportunity for them to connect course concepts to the COVID-19 pandemic. Because of these unexpected learning opportunities and their innate resilience, I am confident that my students will do well. They must, for the field of public health needs them like never before.

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