
HOW COVID CAN RE-SHAPE EDUCATION

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Well into both the fall term and the second wave, educators, parents and children across Canada are all learning how to learn, and teach, in the age of COVID.

Besides all the public health protocols (masks, distancing, and so on), there's a sense that this most basic societal activity is being re-invented in hundreds of ways, both large and small, with intention but also on the fly.

Yet the COVID-education story is, or should be, about much more than figuring out what classroom management means on video conferencing calls or organizing the deluge of online course materials into digestible packages.

Rather, the pandemic provides educators and their students with a once-in-a-century opportunity to abandon an outmoded system of learning that compartmentalizes subjects and embrace an alternative approach that focuses on how the various strands – math, science, history, etc. -- fit together to reveal a more integrated picture of society .

This trans-disciplinary outlook is exemplified, right now, by what we're all learning about the uneven ways in which COVID has spread through communities.

Almost nine months in, we now understand some key aspects of the behaviour and geography of the pandemic, and how it has exposed so many social and economic fault lines.

First, the virus has clearly affected vulnerable populations – low-income and/or racialized households, and the elderly – far more acutely than people who work at home, enjoy relative affluence and are younger or healthier. These social and ethnic inequities are, in urn, linked to over-crowded housing, precarious employment and limited access to health care.

We also know the symptoms of the infection are amplified and exacerbated by underlying medical conditions. For example, a Diabetes Canada literature review published in September noted that diabetics who contract COVID “are at higher risk of developing adult respiratory distress syndrome (ARDS), pneumonia, excessive uncontrolled inflammation responses, and hypercoagulable state.”

Finally, epidemiological research shows that some chronic conditions are more prevalent in lower income communities and certain ethno-cultural groups due to inequities in socioeconomic status and access to primary healthcare.

Population health experts have long mapped the social determinants of health, e.g., that low-income housing built close to busy arterials is linked to asthma in children living in these complexes. But this pandemic has shown that some communities are actually experiencing a “syndemic” – the combination of a set of social conditions and the elevated incidence of multiple and inter-related diseases, some of which may be communicable, like COVID, and others which are not, like diabetes, cardio-vascular disease or anxiety disorders.

Scholars who study syndemics argue that the way to prevent them in the future is to confront the complex interplay between diseases and the political, economic and social choices we make as a society. Treating the conditions medically is necessary, of course, but not sufficient; the solutions must go beyond vaccines or medications, and tackle the underlying socio-economic conditions that give rise to these disease interactions.

In other words, policy-makers and health professionals need to reach beyond their various silos to figure out how to confront root causes (e.g., racism or extreme income polarization) and use those insights to understand disease progression. It’s a different way of thinking that demands close collaboration. What’s the lesson for education, then? For generations, schooling has been ordered by subject. Students may learn about statistics in math class, viruses in science class and the drivers of poverty in social studies. But they don’t necessarily find out how these connect. In short, they’re not taught ‘syndemic thinking.’

We’d argue that this pedagogical compartmentalization, for lack of a better term, has produced generations of adults -- voters -- who weren’t encouraged to see how the pieces fit together, and why a more integrated understanding of health and social conditions is the best defense against the next pandemic (which will happen).

Indeed, education policy-makers should ask themselves how critically important topics like social determinants of health and community-based public health can be woven into the fabric of the K-12 curriculum so the understanding about these concepts becomes a core element of what children and youth learn.

The fact that educators, and the education system more broadly, hasn’t done this before doesn’t mean it can’t happen in the future. After all, interdisciplinary topics like climate change have become fixtures in the contemporary curricula, and that learning has equipped younger people with both better understanding and a greater sense of urgency.

Finland, well before the pandemic, had been moving towards a revamping of its already child-centred education system by building open-concept schools and introducing more multi-disciplinary learning.

The children and youth who returned to physical or virtual classrooms in September have had ring-side seats to the harsh lessons of COVID-19. Some have experienced social isolation. Others were cut off from grandparents, or experienced tragedies in their own families. More may see that some of their classmates have parents who never had the option to work from home while others did.

The opportunity here is to not only gather up all of these experiences and offer students a way to understand the linkages, but also embed transdisciplinary learning into all aspects of education. That way,

coming generations will be able to tackle the next major outbreak with more resilience, and better questions.

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