

Lessons Learned and Opportunities for Change: Higher Education, Crises, and the COVID-19 Pandemic in Perspective

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Summary

This chapter explores research on prior crises as well as the COVID-19 pandemic, with a focus on lessons learned in the higher education context. We provide an analysis of collaborations among institutions of higher education, governments, and community organizations formed or leveraged to address the pandemic and its consequences. Finally, the evolving role, response, and impact of higher education in the COVID-19 pandemic and prior crises, and the potential for positive change, even in the wake of tragic events, will be explored. More specifically, we will:

- Frame the chapter in terms of adaptive challenges and leading through crisis (Heifetz and Laurie, 2001; Boin et al., 2016; Macpherson and Hart, 2020).
- Focus on lessons learned from previous events and the pre-COVID-19 context of campus preparedness and engagement nationally.
- Discuss the intersections and synchronicities of COVID-19 with longer-term issues regarding structural inequality/disparities and focusing events (e.g., George Floyd and parallel cases).

- Use the University at Albany as a case study of higher education response, continuity, and support of wider community and government response and recovery, including aspects, such as pivoting to remote education and administrative telework; 3D printing and distributing over 10,000 face shields throughout the Capital Region community; the New York State (NYS) Minority Health Disparities project; COVID-19 testing and vaccination facilities on campus; and the NYS Vaccine Equity Task Force, among others.
- Highlight the potential of leading in times of crisis and using this as an opportunity for positive change, on and off campus, including the creation of new multi-institutional, interdisciplinary, and multi-sectoral research teams, as well as building and strengthening partnerships with local government and the communities we serve.

Introduction: COVID-19 as Crisis and Adaptive Challenge for the Public University

Public universities - like higher education more generally - have long been under pressure to do more with less, to be more inclusive and equitable, and to demonstrate more clearly the value they produce to politicians (e.g., skeptical state legislatures) and taxpayers alike. In this sense, public universities faced a severe adaptive challenge and chronic crisis long before COVID-19 reared its ugly head. Against the backdrop of this broader higher education crisis, COVID-19 forced already stressed institutions to face and attempt to adapt to additional acute public health, financial, and socio-political threats. These threats were overwhelming to many institutions, which resulted in a defensive posture and struggling to hold together and survive as viable academic communities. However, it should be recognized that such crises also bring opportunities to demonstrate the practical value of the knowledge capital nurtured and accumulated by universities and to accelerate institutional processes of strategic adaptation, innovation, and organizational reform.

The University at Albany (UAlbany)—an institution which we (full disclosure) are proud to call our academic home—stands out as an outstanding laboratory—and setting for a case study exploring these issues (Yin, 2009; George and Bennett, 2005). UAlbany—part of the State University of New York (SUNY) System—is among the most diverse research one (R1) universities in the country and as such is a microcosm of where our broader society is headed. In a pandemic in which communities of color have proven especially vulnerable and where significant disparities in healthcare and outcomes have had tragic consequences, UAlbany’s students mirror the broader population in NYS and have had to endure trying circumstances and tragedy as they sought to continue their studies and maintain their participation in the UAlbany community throughout the pandemic. Furthermore, as a Carnegie Highly Engaged University, UAlbany was well positioned in terms of its engaged academic culture and research strengths in public health, emergency management, minority health disparities, public policy, public administration, informatics, and data analytics, among other relevant fields, to rise to the practical as well as intellectual challenges of COVID-19.

In the rest of this section, we will introduce some central concepts and discuss their application to the COVID-19 pandemic. While the concept of crisis can be defined in many ways, from the perspective of decision-makers it may be defined in terms of the following three criteria (Rosenthal, Hart and Charles, 1989; Boin et al., 2017), which all clearly apply to the COVID-19 situation:

- **Threat to Core Values:** Core values at stake in the COVID-19 situation include life and health issues for faculty, staff, and students; educational continuity and student success/opportunity; equity regarding health and economic impacts; financial stability of the campus/system; legal and ethical obligations; and cybersecurity for telework/online classes. Note that in addition to imminent threat, the pandemic also offered **opportunities** (see below for numerous examples) for the university community to engage with national, state, and local communities to build new understanding of the virus and its consequences and apply both long-standing expertise and new knowledge to response and recovery efforts. Such engagements provide important opportunities to demonstrate and communicate the important contributions of universities and other institutions of higher

education to public health, safety, welfare, and quality of life to lawmakers, stakeholders, and the public.

- **Uncertainty:** As the COVID-19 threat escalated, key properties of the virus and illness were shrouded in uncertainty as were the efficacy of different public health strategies and treatments; the potential for herd immunity; vaccines; and student and faculty short- and long-term reactions to interventions, among others. Furthermore, the direction of New York State (NYS) and SUNY system policies and guidelines—with profound implications for individual campuses like UAlbany—were continuously evolving as the pandemic unfolded. How UAlbany’s research enterprise could best be leveraged to reduce uncertainties around the virus and the evolving policy and practice environment was itself an uncertainty.
- **Urgency:** Sources of urgency in this situation included, among others, windows of opportunity to mitigate individual and organizational risk; media pressure for answers regarding what local outbreaks and what leaders were doing about the situation; as well as intense student, family, and organized labor (e.g., unions) pressure for answers. An additional source of urgency came from our commitment to rapidly, but rigorously, generate new understanding of the virus, the factors contributing to differential impacts on NYS’s minority communities, and develop new evidence-based recommendations for changes in policy and practice. Furthermore, directives from NYS and SUNY leadership as well as unmet community needs were additional sources of urgency.

Clearly, these features suggest that COVID-19 may usefully be considered a crisis—and analyzed from that perspective—in both general and higher education-specific terms (Gigliotti, 2020; Brennan and Stern, 2017). While the crisis perspective often (though not always, c.f. “institutional crisis”; e.g., Alink, et al., 2001; Ansell, et al., 2016), tends to take a situational view, COVID-19 can also be regarded as an adaptive challenge in which creative, strategic, whole of organization leadership was required not only to address immediate issues, but to ensure that the organization mobilizes to meet the needs of the wider community in an emergency situation and embarks upon a

sustainable and positive longer-term trajectory. Following Heifetz and Laurie (2001), adaptive challenges refer to:

- Highly disruptive situations with no “inside the box” (or “inside the silo”) solutions. Available plans and “playbooks” provide limited guidance in terms of how to navigate the situation in the short- and longer-term, and mobilizing the whole organization, as well as its external network, is likely to be needed.
- Situations where the leadership task is not primarily about implementing or incrementally adjusting existing plans or working within pre-designated emergency management structures, such as those envisioned in the National Incident Management System (NIMS), but requires hard thinking by leaders and followers alike regarding the nature of the problem set, and identifying/inventing possible courses of action. Furthermore, broad mobilization of expertise, data, and socio-political capital (e.g., credibility, trust, relationships) - inside and outside the organization - are likely to be needed.
- Perhaps most importantly, this is not just a question of “top down” hierarchical leadership, but of rather facilitating broad, purposeful dialogue within the organization and community and enabling “bottom up” initiatives to mobilize the expertise and creativity of faculty, staff, and students (McNulty et al., 2019) as well as monitoring emerging good practices from peer institutions and identifying values and stakeholders (on and off campus), among others.

In recent years, it has become increasingly clear that universities are not only crisis-prone environments that need to cultivate resilience to disasters, emergencies, and other forms of crisis (Brennan and Stern, 2017; Gigliotti, 2020), but they also have a key role to play with regard to building wider community and national preparedness and supporting response, recovery, intra- and post-event learning, and longer-term risk mitigation (FEMA, 2019).

In response to Federal guidelines and incentives, many institutions have embraced (and some have given lip service to) the emergency organization concepts outlined in

the National Incident Management System (NIMS), which is certainly helpful when it comes to facilitating cooperation with other jurisdictions and organizations that have adopted this approach and language. Yet, NIMS and the incident command system (ICS) around which it is built has its limitations and in and of itself provides little guidance to university leaders about the hard decisions that must be made and communicated in a crisis (c.f., the chapter on NIMS in Trainor and Subbio, 2014). NIMS ICS provides a useful platform for university leaders, but much more is needed in the face of a complex crisis and a wicked problem like adapting to the COVID-19 pandemic.

COVID-19 presented higher education institutional leaders—and especially for predominantly in-person, residential institutions—with profoundly difficult questions regarding to what extent and how to continue operations in the face of a prolonged and profound public health (including mental health) threat with massive financial implications. Addressing these questions required rapid innovation and equally rapid incorporation of emerging good practices and mobilizing the university community in pursuit of on campus solutions and opportunities to engage more broadly and support communities and government actors. Furthermore, it was less about top-down command and control and more about establishing and maintaining an environment of mutual support and innovation.

The first section below will describe the critical issues and challenges that emerged in an already precarious higher education environment as the COVID-19 crisis escalated. This will be followed by a closer examination of the experiences, challenges, and opportunities on our own campus—the University at Albany (UAlbany). We also highlight a critical project that emerged during this time of a global pandemic, UAlbany’s research on the disproportionate impacts of COVID-19 on communities of color, as commissioned by New York State’s Governor Andrew M. Cuomo.

Critical Issues and Challenges for Higher Education: Navigating a Global Pandemic

The following section focuses on the critical issues and challenges resulting from the impact of COVID-19 on institutions of higher education, especially focusing on the most pressing issues confronting college presidents, and the corresponding actions taken in response to COVID. To contextualize these issues, we present a case study of the University at Albany, which is a Carnegie Research One institution, and is part of the State University of New York (SUNY) - the largest comprehensive system of higher education in the country - in navigating the pandemic.

It is important to emphasize that some of the issues (e.g., enrollment, budget, student mental health, etc.) that institutions of higher education are currently confronting were preexisting, but were substantially exacerbated by COVID-19. For example, institutions of higher education, especially public institutions, nationally were already confronting significant financial challenges as a consequence of declining state funds as well as declining enrollment rates, especially in areas such as the northeast where demographic shifts (i.e., declining mortality rates, increasing life expectancy, declining fertility rates, and outmigration) have resulted in a non-trivial decline in the “traditional” college-age population in these regions (See Grawe, 2018).

Critical Issues and Challenges Impacting Institutions of Higher Education: Navigating COVID-19

The global pandemic has had significant educational and financial consequences for institutions of higher education, nationally and globally. Practically overnight and with very little notice and preparation, colleges and universities across the country had to transform their academic offerings from primarily face-to-face to online or remote education almost exclusively. Consequently, institutions faced increasing demands for refunds of tuition, fees, and room and board; many institutions disbursed millions of dollars to students who were no longer able to stay on campus. Also, residence hall occupancy rates sharply declined resulting in significant reductions of institutional income from these sources. Many institutions also saw non-trivial declines in enrollment combined with increased expenditures for online/remote education, professional protective equipment (e.g., faces masks, gloves, etc.), constant cleaning and

disinfecting of facilities and classrooms, and COVID-19 testing – whether conducted by the institution – or by external contractors, among other unplanned expenses and declining revenue.

Clearly, educational leaders across the country were faced with unprecedented academic and financial challenges while also dealing with the disruptive impacts of a global pandemic and a broad range of cascading political, social, economic, and psychological effects stemming from it, both professionally and personally. Furthermore, it is important to keep in mind that the COVID-19 pandemic unfolded against a backdrop of election year political turbulence, politicization of public health interventions, and heightened awareness of structural inequalities and racism—not least with regard to law enforcement and police violence—in the United States. All of these contextual features had important ramifications for university leaders as well as on- and off-campus communities.

In order to focus on challenges facing presidents and institutions of higher education across the country in the midst of a global pandemic, the American Council on Higher Education (ACE), among others, engaged in ongoing surveys focusing on the “most pressing issues facing presidents due to COVID-19” in both public and private institutions (see Turk, Soler, et al., 2020). Presidents were asked to identify five issues – from a list of 18 – they believed to be the most significant or pressing for their institutions. In the September 2020 survey, presidents identified the mental health of students (53%), long-term financial viability (43%), mental health of faculty and staff (42%), enrollment numbers for the spring (39%), and sustaining online learning (30%) as the most pressing issues they were confronting.

As a follow-up to this survey, in November 2020, presidents were once again asked to identify their top challenges or priorities due to COVID-19. There were some important changes regarding these issues, especially when compared to the September results. That said, presidents still highlighted—in even higher numbers—the mental health of students (68%) as their top priority; the mental health of faculty and staff moved up to the second priority (60%); followed by enrollment numbers for the spring (40%); long-term financial viability (38%); and short-term financial viability (31%).

Relatedly, in the 2020 ACE Survey, presidents were asked about the financial actions that they had already implemented as a result of COVID-19. Not surprisingly, given the financial difficulties that institutions were confronting as well as the presidents' immediate concerns with their institutions' short- and long-term financial viability, 60% of respondents indicated they had instituted hiring freezes; 52% reported freezes on employee compensation and salary increases; 46% indicated they had deferred capital projects; 31% had implemented employee layoffs; and another 30% reported employee furloughs, among other cost-saving strategies.

As highlighted by the ACE survey, the national financial repercussions for higher education in a COVID-19 environment could be felt across the country. During 2020, there was an increasing number of institutions of higher education announcing very troubling outcomes, as well as very difficult decisions they were implementing, as a consequence of COVID. For example, in the spring of 2020, Rensselaer Polytechnic Institute (RPI) announced non-renewal of 200 employee contracts—including 60 full-time faculty; the University of Delaware reported a budget deficit of about \$250 million with significant measures to address their budget shortfall; Rutgers University adopted a budget that projected the university deficit at more than \$97 million; the University of Massachusetts Amherst projected a \$168 million loss of its campus-operating budget; Ithaca College announced the elimination of 130 full-time teaching jobs by 2022; the University of Vermont announced the elimination of 23 programs in its College of Arts and Sciences; the University of Colorado at Boulder announced plans to permanently reduce its number of tenure-track faculty positions after taking a \$69 million hit from moving instruction online; while the College of St. Rose reported it was eliminating 24 academic programs due to its budget deficit, not to mention institutions (primarily small liberal arts colleges) announcing they would be permanently closing their doors or merging with another institution. Indeed, the list of colleges and universities announcing these dramatic strategies to bring their budgets under control was unprecedented in recent history.

It is also important to highlight that the University at Albany was not exempt from the financial impacts as a consequence of COVID-19. While UAlbany was already dealing with some structural financial issues, primarily as a result of slight declines in

enrollment, among other factors, these issues were exacerbated by COVID-19, resulting in a budget deficit of around \$59 million—both one-time and structural shortfalls—for the 2020-2021 academic year. Declines in international and out-of-state student enrollment combined with a significant reduction in occupancy rates in our residence halls, housing and fee reimbursements, as well as state budget reductions, all contributed to this overall deficit.

Also, UAlbany spent an estimated \$3 million focused on our response to and preparation for COVID-19, including surveillance testing, protective equipment, and other direct pandemic-related expenses. This led to the implementation of a 15% budget reduction plan, impacting all academic and administrative units across the institution, including a hiring freeze and curtailing non-essential or discretionary spending, among others. Fortunately, at the end of the day, the budget situation at UAlbany was slightly more favorable than we anticipated. We were certainly relieved we did not experience a permanent budget reduction to our state funds—originally projected to be 20%. Consequently, between the state budget and federal stimulus funding, we were able to decrease our structural budget reduction target from \$38 million to \$33 million, and we have already achieved structural savings in the vicinity of \$25 million toward the \$33 million target—with no layoffs, retrenchments, program closures, or cuts to scholarship funds thus far. This is not to say that we are not feeling the pain of reduced budgets, as we certainly are. Again, it is important to highlight that concerns about student mental health, declining enrollments, and financial viability for institutions of higher education are not issues that began with COVID-19; these were critical issues that had been impacting institutions of higher education for quite some time, but they were exacerbated and brought to the forefront as a result of the pandemic.

Finally, we want to reiterate the significant impact of COVID-19 on enrollment in colleges and universities across the country, which aggravated the economic impacts they are currently confronting. For example, according to an article in *The Chronicle of Higher Education* (see Williams June, 2021), nationally, 2021 spring enrollments were down overall by 4.3% relative to spring 2020. However, enrollments were down 3.3% for public 4-year institutions, 2% for private 4-year, and 9.5% for public two-year

institutions. Also, international enrollments suffered a 22.9% decline in the spring of 2021 relative to the 2020 spring semester. Moreover, while enrollments were down across all racial/ethnic groups, Asian student enrollment declined by 8.4% compared to 11% for whites and about 13.4% for Blacks and Latinas/os, while Native American enrollment was down by 17.3% (see Williams June 2021).

While COVID-19 disproportionately impacted communities of color in terms of infectivity, hospitalization, and mortality rates (see Holtgrave, et al., 2020), the ongoing health pandemic also had a significant deleterious impact on college enrollments, especially for students of color, including Hispanic, Native American, and Black students relative to other ethnic/racial groups. According to the National Center for Education Statistics, between 2000 and 2015, the number of Latino/a students graduating annually with an associate or bachelor's degree *tripled*. However, the COVID-19 pandemic presents the risk of reversing the great progress made in this arena, generally and specifically for UAlbany's minority students, who represent 43.4% of our overall student population, making the institution one of the most diverse research one institutions in the country.

Building and Strengthening Bridges with the Community in the Midst of a Pandemic: The University at Albany as a Case Study

As highlighted previously, the University at Albany, as well as other institutions of higher education across the country, suffered the significant impacts of COVID-19 in terms of its instructional capabilities; financial stability; as well as the impacts of the pandemic on the health and mental health of the University community, including suddenly physically distanced faculty, staff, and students. That said, UAlbany is also truly fortunate to have globally leading academic and research programs in the areas of public health, emergency preparedness, social welfare, psychology, and public policy, among many other fields, which have been of critical importance throughout the pandemic.

Throughout this crisis, UAlbany faculty, staff, and students have been providing critical expertise and services to our communities in a multitude of areas. In the spring

of 2020, the University at Albany was selected as one of 119 U.S. colleges and universities to receive the 2020 Carnegie Foundation Community Engagement Classification, which magnified UAlbany's commitment to engagement and service in its strategic plan and core priorities. COVID-19 put that classification and institutional commitment to the test. There had never been a more critical time to marshal our resources and expertise to serve the greater good, showing our strong commitment to community service and engagement.

In the following section, we highlight some of the many initiatives that UAlbany led to provide essential services not only to our University community, but also to our surrounding communities. UAlbany established a Student Support Team composed of more than a dozen students from various academic backgrounds who were assigned to contact peers who had a COVID-19 positive surveillance test result or exposure to someone who had tested positive. This would allow the institution to get a better handle on the spread of COVID-19. Further, drawing on a long-term institutional partnership, UAlbany's School of Public Health served as the State Department of Health's lead academic partner on an observational study examining the effectiveness and side effects of hydroxychloroquine and azithromycin, which at some points were touted as potential treatment for COVID-19. The RNA Institute also led a National Science Foundation (NSF) Rapid Response Research (RAPID) project focused on developing a saliva-based test that delivers coronavirus results much faster and at a much lower cost.

In addition, the RNA Institute, with the support of our School of Public Health, developed a saliva surveillance-testing program, which uses a simple non-diagnostic test to measure the presence of SARS-CoV-2 (the virus responsible for COVID-19) viral RNA in saliva. This allowed UAlbany to have its own testing program in which all faculty, staff, and students coming to one of our campuses would be required to be tested on campus. In fall of 2020, we started testing these individuals every other week. However, to get a better handle on the spread of COVID-19, we felt that more frequent testing was indispensable; thus, we started weekly testing of all faculty, staff, and students that came to campus. On several occasions, when we saw data that would signal to a potential increase in the positivity rate, we would conduct surge testing of all our

campus students. As of the writing of this chapter, we have conducted over 136,500 tests with a positivity rate to date of .44%. In order to keep our communities informed, this data and information is updated daily on the SUNY COVID-19 Case Tracker system (see <https://www.suny.edu/covid19-tracker/>). Such was the success of the UAlbany program that we are now conducting surveillance testing for a number of other college campuses and organizations in the NYS Capital Region.

Also, the College of Engineering and Applied Sciences and the College of Emergency Preparedness, Homeland Security and Cybersecurity (CEHC) assembled teams of volunteers who manufactured personal protective equipment for frontline medical workers using 3D printers. Further, CEHC and the UAlbany School of Public Health jointly organized a series of very well attended open Town Hall Zoom meetings on COVID-19 with leading on-campus and external experts (from as far afield as China and Sweden). CEHC experts also provided analysis, commentary, and guidance regarding good crisis management and government continuity practices not only in New York State (including for a prominent New York City government agency), but also in a variety of national (e.g., FEMA Higher Education, Council on State Government, Govtech.com) and international fora (e.g., OECD High Level Risk Forum, International Leadership Association, and the Australia-New Zealand School of Government (ANZSOG) networks).¹ CEHC researchers also joined colleagues from across the country in an NSF supported working group to formulate a practically-oriented research agenda aimed at improving “longitudinal risk communication in a pandemic” (Sutton, et al., 2020).

UAlbany’s School of Education (SOE) launched RemoteED, a Remote Education Resource Center website, for K-12 teachers. The website, created by SOE faculty, administrators and graduate students, provides Capital Region teachers with education tools and a community of practice. Further, almost 1,000 students enrolled in the School of Social Welfare's Community and Public Services Program completed projects that range from volunteering at local food banks and health clinics, to recording videos of

¹Regarding ANSOG, see the “Leading in a Crisis” series of applied policy memos, <https://www.ansog.edu.au/resource-library/resources-tlss/leading-in-a-crisis>.

themselves reading books for the students of Albany's Sheridan Preparatory Academy. It is also important to highlight that UAlbany offered its campus buses to deliver food to Albany Meals on Wheels' clients and the Cohoes Senior Center while more than two dozen student volunteers from Five Quad—UAlbany's student-run volunteer ambulance service—answered the call for help in Rockland County to help EMTs keep up with high call volumes during the start of COVID-19.

In order to continue to work with New York State and serve our communities, UAlbany is hosting state-run sites for drive-through COVID-19 testing as well as a walk-through site for COVID-19 vaccinations. The testing site was the first of its kind in upstate New York when it opened in spring 2020. After a milestone of over 100,000 vaccinations, in about a four-month period, the vaccination site relocated to a larger facility to expand the number of daily vaccinations.

We should also add that, as a consequence of these initiatives and UAlbany's very public role in response to COVID-19, President Rodríguez was asked to serve on the NYS COVID-19 Vaccine Equity Taskforce and the Capital Region COVID Vaccine Regional Advisory Task Force. Finally, in the spring of 2020, New York State Governor Andrew M. Cuomo commissioned UAlbany to lead the state's research on the disproportionate impacts of COVID-19 on communities of color, in coordination with the State Department of Health and Northwell Health (see below).

Disproportionate Impact of COVID-19 on New York State Communities of Color

As highlighted above, in April of 2020, New York State's Governor Andrew M. Cuomo commissioned Havidán Rodríguez, President of the University at Albany, to carry out a study on the environmental, socioeconomic, and occupational factors causing Latinx and Black individuals in the state to be disproportionately impacted by COVID-19.²

The commission called for two deliverables: 1) a systematic analysis of the extent of disparities being experienced by NYS's Black and Latinx Communities, and 2) a report on the factors contributing to the disproportionate and adverse impacts of

COVID-19 on racial and ethnic minorities; evaluating the impact of mitigation and prevention strategies; and providing actionable, evidence-based policy recommendations to significantly reduce or mitigate health disparities as they relate to COVID-19 and other public health issues. These deliverables, presented in the form of relevant research and policy recommendations on the differential impacts of COVID-19 on NYS minority communities, were designed to inform the state's responses in ways that could save lives in communities that were being disproportionately affected by this pandemic.

President Rodríguez responded by outlining a vision for meeting the commission from the Governor and strengthening the University's short- and long-term capability to respond to unprecedented, time sensitive crises, such as the COVID-19 pandemic, with relevant, timely and action-oriented community-engaged research. The President's vision was grounded in UAlbany's strength as a major research institution with the Center for the Elimination of Minority Health Disparities (CEMHD); a first-of-its kind College of Emergency Preparedness, Homeland Security and Cybersecurity (CEHC); and interdisciplinary expertise from public health, social welfare, and public policy, as well as across the arts and sciences and education.

This vision was also grounded in UAlbany's status as one of the most diverse public research universities in the country, as well as its commitment to diversity and inclusion as one of the institution's five strategic core priorities. With an undergraduate population that includes 43.4% minority students—of which 15.3% are Latino/a and 16.7% are Black or African American—UAlbany students and their families are also among those being disproportionately impacted by COVID-19. The convergence of UAlbany's academic and research strengths, its institutional commitment to diversity and inclusion, and its success in building a diverse undergraduate community represent a unique set of resources that could be leveraged in the University's efforts to protect and serve all its students, including those directly impacted and those disproportionately impacted by COVID-19. This convergence also made it possible for those with expertise in health disparities and social determinants of health to contribute to the University's pandemic response through their research. Within two short months, UAlbany brought together a wide array of researchers and professionals—from multiple disciplines—with a shared

passion for purpose and created a novel health equity research and collaboration ecosystem.

At the heart of this ecosystem is the Engaged Researchers Working Group or the “ERs”. The more than 35 UAlbany researchers and professionals partnering with other universities and community organizations directly impacted by COVID-19 became the heart of UAlbany’s new health equity research and collaboration ecosystem.² The work of the ERs began with early evidence that documented the presence of disparities in NYS for communities of color. These results formed the basis of the first deliverable entitled “*Differential Impacts of COVID-19 in New York State*” in July 2020³ and served as the backdrop for research carried out by the ERs focused on understanding the origins and effects of health disparities, along with assessing interventions with the potential to mitigate or eliminate them. In addition to generating important findings, the work helped build a better understanding of the conditions for rapid and effective exchanges between researchers who produce knowledge and government policymakers and public health practitioners who must apply it to the problems of today and preparations for tomorrow.

A critical decision made by the President in laying out his vision for the University was the formation of the COVID-19 and Minority Health Disparities (MHD) in NYS Project Team. This small part-time team focused on enabling and advancing the research and collaboration efforts and organizing research to practice translation activities. For example, a newly formed partnership with the NYS Healthcare Association of New York State (HANYS) helped to identify topics of interest to both researchers and practitioners and provide the forums for those individuals to meet and explore opportunities for collaboration and knowledge sharing. These meet-and-greet zoom meetings contributed to the creation and implementation of new research and practice partnerships among ERs and community members around topics such as public health messaging, community health workers, and vaccine hesitancy. Individuals from across the state and the nation could come together in entirely new ways without

² This work was supported in part by a grant from the State University of New York (SUNY) System.

³ Please see: <https://www.albany.edu/communicationsmarketing/covid-19-documents/Racial%20Disparities%20in%20COVID-19%20Bonus%20Briefing%20Paper%5B2%5D.pdf>.

the overhead of travel, even from just one campus of UAlbany to another. Similar processes were carried out with Northwell Health, the NYS Department of Health, the Albany Minority Health Task Force, and numerous other organizations and individuals.

In further recognition of the complex and time-sensitive nature of the pandemic, President Rodríguez invited colleagues from SUNY Upstate Medical University and SUNY Downstate Health Sciences University to work with UAlbany to explore ways the three campuses could build on existing collaborations around health equity and further contribute to the state's response efforts. A major result of this collaboration was the convening of a three-campus community conversations focused on the development of a shared health equity research agenda. A joint organizing team brought together over 200 individuals from across these institutions and the communities they serve in three virtual sessions focused on the development of a shared research agenda focused on health equity. The resulting report⁴ presents key questions for future research on health equity and recommendations focused on building and sustaining enabling environments for “true collaboration” with community partners, including building the necessary trust and ensuring mutual benefit.

Working together and with research and practice partners from health and human service organizations and other universities, ERs drew attention to several critical issues, including:

- How the level of risk – and the progression of the disease – differs across minority groups, providing key insights into how to begin to tailor interventions.
- How the impact of stay-at-home orders on infection and death vary by census tracts that differ based on public transit density and socioeconomic factors.
- The importance of expanding telehealth access for all, but also in languages other than English.

⁴ See <https://healthequity.ctg.albany.edu/threecampusconversation.html>.

- The linkages between distrust of the medical community in minority communities and their willingness to choose vaccination and participate in contact tracing.
- The critical role of the Black Church in providing accurate and potentially life-saving public health information to congregants.
- How COVID-19 has exacerbated existing racial and ethnic disparities in food security.

Results to-date from fourteen research projects launched in the summer of 2020 are presented through journal articles and white papers, and through a collaboration with the University at Albany Libraries, made accessible through an open-access repository. A comprehensive white paper, also available in the repository, presents an integrated synopsis of all the projects and serves as the foundation for the second deliverable, the final report to the governor. A symposium scheduled for June 2021 and an open-access edited volume inviting contributions focused on COVID-19 and MHD in NYS is underway and provides an additional mechanism designed to meet the University's vision of both serving the state and strengthening capability to respond, in both the short- and long-term, to complex and rapidly evolving crises.

When asked what factors contributed to the success of the ERs working group, members spoke to the unique opportunity that being a part of the evolving ecosystem afforded them, including being part of a project prioritizing the translation of research to policy and program practitioners. One ER spoke of the opportunity she had been waiting for throughout her career to “give a voice to the community.” Others spoke to the unique opportunity to participate in a regular convening of a wide range of disciplinary experts and to engage in a continuing dialogue about social justice, structural racism, social determinants of health, and how their work might help address these ongoing societal challenges.

The bi-weekly ER meetings provide opportunity for ongoing discussions of critical research questions and complex methodological challenges. They include lightning talks from members and invited guests from organizations such as the NYS DOH, HANYS, and Albany Law School. One new interdisciplinary collaboration illustrates the

importance of such convenings to creating new and impactful research partnerships and programs. Over the course of a few meetings, three UAlbany researchers, who did not know each other prior, began to recognize a set of common and complementary interests and capabilities around the critically important topic of ensuring access to culturally and linguistically appropriate public health messaging. These individuals, from three different academic programs, have since formed a highly collaborative and productive interdisciplinary research program that is engaging with community partners and public health professionals, scholars from other universities, publishing journal articles, and applying for extramural funding.⁵

The complementary roles of UAlbany as an R1 research university and HANYS—as a professional association seeking to build the capability of its members—allowed further opportunity to amplify both the fact that NYS’s minority communities were being disproportionately impacted by COVID-19 and that UAlbany research on contributing factors and policy response, among other topics, was building new knowledge and informing practice. The shared interest resulted in a monthly Webinar series, which brings together both UAlbany researchers and their partners from the community around topics of shared interest. The monthly Webinar series, entitled *Turning the Tide*, kicked off in January, 2021 with programming to-date through January, 2022. Over 700 people from NYS and beyond have participated in the series to-date.

The successes of UAlbany’s novel and dynamic research and collaborative ecosystem highlight its existing capability to respond to unprecedented time sensitive crises, such as the COVID-19 pandemic, with relevant, timely, and action-oriented community-engaged research. Building on these capabilities, UAlbany is institutionalizing the ecosystem in a way that retains the unique elements, such as adaptive leadership, agility, and collaboration, that made it possible within a single calendar year to achieve successes that might otherwise have taken years.

Conclusion: Crisis as Opportunity for the Public University

⁵ See <https://www.researchgate.net/project/Innovative-Health-Communication-Strategy-to-Combat-COVID-19-Health-Disparities>.

In the crisis studies literature, it is often noted that the Chinese character for crisis also means “dangerous opportunity.” A growing body of theoretical and empirical work has demonstrated that this is often indeed the case. Crisis brings challenges surely, but it also creates opportunities for leaders and institutions to demonstrate their competence and worth, commitment to their values, and contributions to the public good. For public universities facing the challenging pre-COVID-19 environment described above, the pandemic did indeed provide opportunities for those with relevant knowledge, expertise, skills, and collaborative culture to demonstrate the power of *resiliency and agility*. To rise to the challenge of a crisis, a university must be resilient in terms of its ability to care for students, faculty, and staff and maintain continuity of operations, as appropriate. They must be nimble and agile in their response, adapting the way they work, and, in some cases, adjusting the focus of their work.

The capacity of an institution to respond and recover from a disruption rests in large measure on a foundation of prior preparedness investments. With a change in presidential leadership in 2017, UAlbany conducted a comprehensive review of its emergency management operations, functions, and strategies. This resulted in the formation of the Office of Enterprise Risk Management and Compliance; we refocused our emergency management operations, including our Incident Management Team, and hired a new emergency manager. With a renewed, robust, and proactive focus on emergency management, little did we know that we were setting a robust foundation in preparation for our response to COVID-19. Despite the many issues, challenges, and complexities we confronted—and are still confronting in the changing context of COVID-19—the change in organizational structure and a refocusing on emergency and disaster preparedness and response has paid off in dividends. However, the COVID-19 experience also demonstrates that while the dedicated, NIMS-based emergency management system of the university is a principal component of campus resilience (see below), rising to the challenge of events such as the pandemic requires a broader, campus-wide mobilization using a variety of organizational structures, processes, and knowledge mobilization strategies, as outlined above.

One important lesson of COVID-19 is that virtual meetings are a viable crisis management tool and can be effective in creating research and practice collaborations. Virtual meetings have been shown to have some significant advantages in addition to the obvious one of enabling physical distancing to mitigate the risk of infection. Crisis and emergency management practices have traditionally emphasized face-to-face gatherings in boardrooms and emergency operations centers. While advances in information and communications technology have increasingly enabled occasional ad-hoc remote participation to complement face-to-face operations, this has tended to be seen as supplemental and potentially contributing to lapses of situational awareness and vigilance in decision-making (Larson and Lundgren, 2005). COVID-19 is suggestive of the emergence of a new paradigm in which physical co-location is far less central. This has several advantages in terms of reducing start up times for crisis organizations as well as transportation costs and delays, while enhancing capacity to share information, multi-task, and providing new ways of documenting proceedings. This has important implications for institutions of higher education as well as many other types of public, private, and non-profit organizations.

Building research networks and collaborations has also traditionally been seen as the product of primarily of face-to-face meetings (e.g., academic conferences, workshops, symposia). However, in the context of COVID-19, virtual meetings were the only option and they turned out to be instrumental to UAlbany's ability to build the health equity research and collaboration ecosystem. Virtual meetings, and importantly virtual meeting managers and facilitators, made it possible for the ERs to meet regularly, have a predictable platform to share their research ideas, to meet colleagues, and to ask questions. Virtual meetings made it possible and, more importantly, professionally acceptable, for example, to quickly launch a virtual discussion on human subjects or on research methods and to conduct lightning talks.

Researchers and practitioners, from their remote locations, were able to come together on a regular basis, to build and execute the shared research agenda. They made it possible, for example, within a couple of short months to launch a three-campus organizing team that produced a multi-campus community conversation over three

successive weeks that engaged 200 people in large and small group sessions focus on health equity. Such an event would otherwise have taken two to three times as long had it been face-to-face. This is not to say we should not return to having face-to-face sessions, but at a multi-campus university like UAlbany, such virtual sessions may in fact increase participation.

Furthermore, in the crisis and emergency management fields, learning is often seen as something that comes after the event, as implied by the term “After Action Review,” which is a central vehicle for identifying lessons learned and vulnerabilities to address before the next crisis. However, COVID-19 has shown us again that in a crisis, innovation, learning, diffusion, and implementation of emerging good practices cannot wait. Rather, learning must be quick, iterative, continuous, and driven by a variety of learning strategies, including trial and error, vicarious learning (from the mistakes and innovations of peers), modelling and simulation (Moynihan, 2008; Deverell, 2009; OECD, 2015). The experience of UAlbany in terms of developing and revising its approach to COVID-19 testing over the course of the pandemic (described above) for both our own campus community and significantly contributing to the adoption of improved testing practices across the state capital region and SUNY system is instructive in this regard.

Detractors of institutions of higher education and academic culture are often inclined to depict the university as embracing outmoded traditions, stifling disciplinary silos, and modes of governance that are obstacles to innovation and adaptation to a rapidly changing external environment. Furthermore, even friendlier observers might doubt the ability of universities geared towards medium- and long-term strategic knowledge development and management to mobilize to meet short-term challenges and the immediate needs of the wider community. However, the experiences of UAlbany, described above, suggest that these views miss the mark. Universities can both respect traditions and be agile. UAlbany’s experience demonstrates that human capital developed for longer-term research and educational purposes can be mobilized using a “whole of university approach” to meet urgent knowledge needs of the university system and communities they serve.

In fact, managing novel crises such as COVID-19 (but also many other types of threats and hazards) has a critical knowledge management component (Koraeus and Stern, 2013; Koraeus, 2017; Rosenthal and 't Hart, 1987). Managing novel crises, or providing research-based knowledge support for that effort, requires identifying relevant expertise, accessing that expertise, and finding ways of integrating that expert knowledge into decision-making processes in which power and authority are generally in the hands of laypersons. Universities and the networks built up within and around them, can be of enormous value in such efforts as was truly clear during COVID-19.

Finally, UAlbany was able to identify critical resources and implement innovative initiatives, as well as strengthen community partnerships, to respond to and reduce the spread of COVID-19 in UAlbany and in communities in New York's capital – Albany – as well as throughout the Capital Region and the state of New York. The types of services described in this chapter, community engagement initiatives, as well as research focusing on COVID-19 were instrumental to our institution and our communities, especially at a time when the value, contributions, and impact of a higher education are being continuously challenged. We established—without ambiguity—that part of our institutional mission and role was to serve our communities and to marshal our research talent, know how, and resources to focus on reducing the spread of COVID-19 and mitigating its impacts.

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