

JSGS 823 – Health Promotion

UNIVERSITY OF REGINA CAMPUS	
INSTRUCTOR:	Jillian Code
PHONE:	Please contact via email
E-MAIL:	Jillian.code@uregina.ca
OFFICE HOURS:	Available on request
OFFICE LOCATION:	N/A
TERM:	Spring 2021
ROOM:	Online
DATE AND TIME:	This course will begin Monday May 3, 2021 and consists of the delivery of 7 weekly on-line modules. Attendance at live webinars is encouraged by not required

LAND ACKNOWLEDGEMENT

The University of Saskatchewan campus of the Johnson Shoyama Graduate School of Public Policy is situated on Treaty 6 Territory and the Homeland of the Métis, while the University of Regina campus is situated on Treaty 4 Territory and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of this place and reaffirm our relationship with one another. As we engage in Remote Teaching and Learning, we would also like to recognize that some may be attending this course from other traditional Indigenous lands. I ask that you take a moment to make your own Land Acknowledgement to the peoples of those lands. In doing so, we are actively participating in reconciliation as we navigate our time in this course, learning and supporting each other.

INTELLECTUAL PROPERTY ACKNOWLEDGEMENT

A special thanks is extended to Cheryl Camillo, PHD, MPA, MA who has provided mentorship and support for the creation of this course delivery. It is important to acknowledge that the development of the Spring 2021 JSGS 823 Health Promotion syllabus was informed by the Winter 2019 823 Health Promotion syllabus created by Tarun Kapatally, PHD, MHA.

HONOUR CODE

At the Johnson Shoyama Graduate School of Public Policy (JSGS), we believe honesty and integrity are fundamental in a community dedicated to learning, personal development, and a search for understanding. We revere these values and hold them essential in promoting personal responsibility, moral and intellectual leadership, and pride in ourselves and our University.

As JSGS students, we will represent ourselves truthfully, claim only work that is our own, and engage honestly in all academic assignments.

Since articulated standards and expectations can influence attitudes, and because each of us shares the responsibility for maintaining academic integrity (see below for details on academic integrity at the JSGS), we are committed to upholding the Academic Honour Code.

Academic Honour Pledge

As a member of the JSGS community, I pledge to live by and to support the letter and spirit of JSGS's Academic Honour Code.

CALENDAR DESCRIPTION

This course covers the underlying concepts, principles, historical development, theory, and current practice of health promotion. The focus of learning is not so much on “how to do” health promotion, as on “how to think” about the conceptual, ideological, and political issues which underlie health promotion practice.

LEARNING OBJECTIVES

- Demonstrate an understanding of the evolution of health promotion theories and frameworks
- Identify underlying social determinants of health and health equity issues that impact on population health outcomes
- Identify concepts, principles, values, and emerging trends underlying health promotion approaches
- Understand health promotion strategies and policy approaches pertaining to health equity and population health outcomes
- Demonstrate an understanding of how the role of health promotion extends beyond the health sector, and the future of health promotion within a global context

ATTRIBUTES OF JSGS GRADUATES

Through the development of the following competencies, JSGS MPA graduates will be prepared to meet the policy challenges of a rapidly changing world:

- Analysis and Use of Evidence – how to use evidence and develop the necessary analytical skills to succeed in a public administration career;
- Politics and Democracy – ensuring that students have a deep understanding of the role of politics and democracy in public policy development including the roles of the various institutions and policy actors; and
- Policy Delivery – the importance of effective service delivery and the ongoing management and evaluation of public policy.

COURSE CONTENT AND APPROACH

This course will provide an overview of key health promotion theories, concepts and application. The course will cover seven modules which are outlined below. Each module has assigned required readings and a list of additional resources.

This is an online course that will be conducted primarily via UR Courses, the University of Regina's Online Learning Environment and Zoom webinar/meeting software. Webinars will be recorded and posted on UR Courses for review by students who are not able to attend the session live. Reviewing course materials in a thoughtful, analytical manner is an essential part of this course. Students will be expected to incorporate materials and key concepts from the course when completing the course assignments.

USE OF VIDEO AND RECORDING OF THE COURSE

Video conference sessions in this course, including your participation, will be recorded and made available only to students in the course for viewing via a link in our UR Courses class site after each session. This is done, in part, to ensure that students unable to join the session (due to, for example, issues with their Internet connection) can view the session later. This will also provide students with the opportunity to review any material discussed. Students may also record sessions for their own use, but they are not permitted to distribute the recordings (see below).

Please remember that course recordings belong to the instructor, the University, and/or others (like a guest lecturer) depending on the circumstance of each session, and are protected by copyright. Do not download, copy, or share recordings without the explicit permission of the instructor.

For questions about recording and use of sessions in which you have participated, including any concerns related to your privacy, please contact your instructor.

REQUIRED READINGS

There is one required text for this course. It is available for purchase online through the publisher (www.canadianscholars.ca).

Health Promotion in Canada New Perspectives on Theory, Practice, Policy and Research. Fourth Edition. Edited by Irving Rootman, Ann Pederson, Katherine L. Frolich, and Sophie Dupere.

Copyright Date: 2017

Published by: Canadian Scholars

Pages: 498

ISBN 978-1-77338-006-3

The required readings include assigned readings from the course text, and others outlined in the modules. The non-text based required readings will be available online through UR Courses, the University of Regina library, or online through open access sources.

ADDITIONAL RESOURCES

The additional resources are optional; they may provide additional information to support the completion of course assignments or may be useful for professional or enhanced learning purposes.

Additional resources can be accessed through the University of Regina Library, or are available online or through open access sources.

COURSE OUTLINE AND ASSIGNMENTS

Module 1- Introduction to the course and foundations of health promotion

Week of May 3, 2021

- Definitions and key terms
- Foundational documents
- Canadian influences on health promotion
- The evolution of health promotion

Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research- Chapter 1: The Continuing Evolution of Health Promotion in Canada (ALL)
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research-Chapter 2: Key Concepts in Health Promotion (p.20-29)
3. World Health Organization. 1986. *Ottawa Charter for health promotion*. Accessed March 28, 2020. <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
4. Public Health Agency of Canada. 2001. *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. Accessed March 28, 2020. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion.html>

Additional Resources:

1. Lalonde, M. 1974. *A new perspective on the health of Canadians*. Ottawa, ON: Minister of Supply and Services Canada. <http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>
2. Kindig David A. 2007. "Understanding Population Health Terminology". *Milbank Quarterly*. 85(1): 139-161. doi: 10.1111/j.1468-0009.2007.00479.x

Module 2- Social determinants of health and health equity

Week of May 10, 2021

- Understanding of social determinants of health
- The impact of healthy equity
- Applying a SDoH and health equity lens to practice

Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 8- Implication for Inequities in Health for Health Promotion Practice (All).
2. Mikkonen, Juha, and Dennis Raphael. 2010. "Social Determinants of Health: The Canadian Facts". Toronto ON: York University School of Health Policy and Management.
http://thecanadianfacts.org/The_Canadian_Facts.pdf
3. Ontario Public Health Association. n.d. *OPHA Position Statement on Applying a Health Equity Lens*.
<http://opha.on.ca/getmedia/e19faab2-52d0-4aae-bde8-e4d9364aab3f/OPHA-Position-Statement-Applying-a-Health-Equity-Lens.pdf>

Additional Resources:

1. Pan-Canadian Health Inequalities Data Tool. 2017 Edition. A joint initiative of the Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information. <https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/>
2. National Collaborating Center for Methods and Tools. n.d. *Conducting a Health Equity Impact Assessment (HEIA): MOHLTC tool*. <https://www.nccmt.ca/knowledge-repositories/search/146>
3. National Collaborating Centre for Determinants of Health. 2013. *Leadership for Health Equity: Alberta Health Services - Establishing a Province-Wide Social Determinants of Health and Health Equity Approach*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
4. Reading, Charlotte, and Fred Wien. 2009. *Health Inequalities and Social Determinants of Aboriginal Peoples Health*. Prince George, B.C: National Collaborating Centre for Aboriginal Health.
5. Czyzewski, Karina. 2011. "Colonialism as a Broader Social Determinant of Health". *The International Indigenous Policy Journal*, 2(1). <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>

Module 3- Theories and application of health promotion across the continuum of care

Week of May 17, 2021

- Behavioural and ecological theories in health promotion
- Strengths and limitations of the application of theory
- Integration of health promotion and clinical care

Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 4- Behavioural Theories and Building Health Promotion Interventions: Persistent Challenges and Emerging Perspectives.
2. Braun, Fran, and Matthew Fisher. 2014. "Why Behavioural Health Promotion Endures Despite its Failure to Reduce Health Inequities". *Sociology of Health and Illness*. 36 (2):213-225
doi:10.1111/1467-9566.12112
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 5- Building and Implementing Ecological Health Promotion Interventions.
4. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 15: Health Promotion in Clinical Care.

Additional Resources:

1. Frieden, Thomas R, M.D., M.P.H. 2010. "A Framework for Public Health Action: The Health Impact Pyramid." *American Journal of Public Health* 100 (4): 590-5.
<https://login.libproxy.uregina.ca:8443/login?url=https://search-proquest-com.libproxy.uregina.ca/docview/215088788?accountid=13480>.
2. Barr, Victoria, J., Sylvia, Robinson, Brenda Mari-Link, Lisa Underhill, Anita Dotts, Darlene Ravensdale, and Sandy Salivaras. 2003. "The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model". *Hospital Quarterly* 7(1): 73-82 doi:10.12927/hcq.2003.16763
3. Shahzad, Mohammad, Ross Upshur, Peter Donnelly, Aamir Bharmal, Xiaolin Wei, Patrick Feng, Adalsteinn, D. Brown. 2019. "A population-based approach to integrated healthcare delivery: a scoping review of clinical care and public health collaboration". *BMC Public Health* 19 (1)
<https://doi.org/10.1186/s12889-019-7002-z>
4. World Health Organization. n.d. *Baby-friendly Hospital Initiative*:
<https://www.who.int/nutrition/topics/bfhi/en/>
5. National Collaborating Centre for Determinants of Health. 2014. *Let's talk: Moving Upstream*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. <http://nccdh.ca/resources/entry/lets-talk-moving-upstream>

Module 4- Community engagement, empowerment and addressing inequities**Week of May 24, 2021**

- Community engagement models
- Approaches to reduce inequalities
- Strategies to promote health in vulnerable populations
- Culturally appropriate approaches to health promotion

Required Readings:

1. Center for Addiction and Mental Health. 2015. *CAMH Community Engagement Framework*. <https://camh.ca/-/media/files/camhcommunityengagementframework-pdf.pdf>
2. Mantoura, Pascale, and Val Morrison. 2016. *Policy Approaches to Reducing Health Inequalities*. Montreal, Quebec: National Collaborating Centre for Healthy Public Policy. http://www.ncchpp.ca/docs/2016_Ineg_Ineq_ApprochesPPInegalites_En.pdf

In addition choose one or more of the following required readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 7: Gender-Transformative Health Promotion as an Approach to Addressing Violence Against Women.
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 9: A Culture Shift towards Promoting Mental Health and Wellbeing in Canada.
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 10: Promising Practices in Indigenous Community Health Promotion.
4. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 11: No One Should be Left Behind: Identifying Appropriate Health Promotion Practices for Immigrants.

Additional Resources:

1. IAP2 International Federation. 2018. *IAP2 Spectrum of Public Participation*. IAP2 International Federation. https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf
2. Public Health Agency of Canada. 2019. *Chief Public Health Officer's Report on the State of Public Health in Canada 2019. Stigma: Addressing Stigma Towards a More Inclusive Health System*. Ottawa, ON: Public Health Agency of Canada. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard.html>
3. Mechanic, Dave, and Jennifer Tanner. 2007. "Vulnerable People, Groups, And Populations: Societal View". *Health Affairs* 26 (5): 1220-1230. doi:10.1377/hlthaff.26.5.1220.
4. Truth and Reconciliation Commission of Canada. 2015. *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada.

Module 5- Application of population health promotion approaches**Week of May 31, 2021**

- Intersectoral collaboration to address health and well-being
- Building healthy public policy
- Urban governance and health
- School-based health promotion

Required Readings:

1. Diallo, Thierno. 2020. *Five examples of intersectoral action for health at the local and regional level in Canada*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. <http://www.ncchpp.ca/docs/2020-GouvIntGov-5-Exemples-Intersectoral-Action-Health-Canada.pdf>
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 12: Healthy Cities and Communities: Urban Governance for Health and Wellbeing
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 13: Promoting Educational Success, Health, and Human Development within Education: Making the Shift to a Systems Approach

Additional Resources:

1. Public Health Agency of Canada. 2017. *Chief Public Health Officer's Report on the State of Public Health in Canada 2017 Designing Healthy Living*. Ottawa. ON: Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living.html>
2. Joint Consortium for School Health. n.d. *What is Comprehensive School Health?* Joint Consortium for School Health. <http://www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf>
3. McCall Douglas and Gary Roberts. n.d. *Comprehensive School Health*. Canadian Association for School Health. https://www.ctf-fce.ca/Research-Library/Issue1_Article2_EN.pdf

Module 6- A health in all policies approach and the ethics of health promotion**Week of June 7, 2021**

- Health in all Policies opportunities and barriers
- Ethical considerations

Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 18: Health in All Policies
2. Tonelli, Marcello, Kwok-Cho Tang, and Pierre-Gerlier Forest. 2020. "Canada needs a "Health in All Policies" action plan now". *CMAJ*; 192 (3) E61-7. doi:10.1503/cmaj.190517 <https://www.cmaj.ca/content/192/3/E61>
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 20: Health Promotion Ethics

Additional Resources:

1. Wise, Marilyn, Patrick Harris, Ben Harris-Roxas, and Elizabeth Harris. 2009. "The role of Health Impact Assessment in promoting population health and health equity". *Health Promotion Journal of*

- Australia*. 20(3): 172-9. <https://onlinelibrary-wiley-com.libproxy.uregina.ca/doi/pdfdirect/10.1071/HE09172>
2. St.Pierre, Lousie. 2009. *Introduction to HIA*. Montréal, Québec: National Collaborating Center for Healthy Public Policy. http://www.ncchpp.ca/133/Publications.ccnpps?id_article=302
 3. Stone, Vivien ed. 2015. *Health in all Policies Training Manual*. Geneva, Switzerland: World Health Organization. https://www.who.int/social_determinants/publications/health-policies-manual/en/
 4. Kershaw, Paul. 2020. "A 'health in all policies' review of Canadian public finance". *Canadian Journal of Public Health*. 111 (1):8–20. <https://doi.org/10.17269/s41997-019-00291-4>
 5. Public Health Leadership Society. 2002. *Principles of the Ethical Practice of Public Health, Version 2.2*. Public Health Leadership Society. https://www.apha.org/-/media/files/pdf/memborgroups/ethics/ethics_brochure.ashx

Module 7- Globalization and the future of health promotion

Week of June 14, 2021

- Impact of globalization
- Future challenges and opportunities in health promotion
- Summary of key learnings

Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 23: Globalization: The Perils and Possibilities for an Equitable Health Promotion
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 24: Reflections on the Future of Health Promotion in Canada

ASSIGNMENTS

Choose a pertinent **issue facing the health system** (supported by evidence), and a related **health system program/intervention** (real or proposed) that you would like to explore with the application of a health promotion lens. For example, the issue you identify might be a high prevalence of diabetes, and the associated intervention, a chronic disease management program. Issues and initiatives can be drawn from across the continuum of care; choose a topic that is of interest to you.

This issue and program/intervention will be foundational to the assignment work throughout the course. When choosing an issue of interest, and associated program/intervention, consider one in which you would like to apply health promotion theory and principles.

Assignment #1- Program logic model:

A logic model is an important program planning and evaluation tool that clearly describes key aspects of a program or initiative. A logic model should describe the intention behind the program, why it is important, who is involved, and what the program intends to achieve. Logic models should be clear and concise visual documents that provide the reader with a high-level overview of all aspects and considerations of a program/initiative.

Develop a **logic model** that outlines the issues of interest and the key components of your program/intervention. The logic model should be a **visual diagram** that is **1-2 pages** in length.

The logic model should include the following components:

Situation; Goal; Inputs; Activities; Audience; Outputs; Outcomes; Assumptions and External Factors.

The logic model should demonstrate consideration towards the social determinants of health, health equity and health promotion theories/frameworks.

Resources:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2016. *Focus On: Logic models a planning and evaluation tool*. Toronto, ON: Queen's Printer for Ontario.

<https://www.publichealthontario.ca/-/media/documents/focus-on-logic-model.pdf?la=en>

Compass. 2015. *How to develop a logic model*. <https://www.thecompassforsbc.org/how-to-guides/how-develop-logic-model-0>

Assignment #2- Program analysis- application of a health promotion lens:

Using the issue and program/intervention outlined in your logic model- complete a **SWOT analysis as a critical analysis of your program/initiative applying a health promotion lens, and the content of the course readings**.

A SWOT analysis takes into consideration internal and external factors that can impact the overall success of an initiative, and/or influence decision making. A swot analysis assesses the following:

- Strengths -internal positive attributes that facilitate success
- Weaknesses- internal attributes that can hinder success
- Opportunities- external conditions that can facilitate success
- Threats- external conditions that may create barriers

All references should be cited Chicago Style and listed in a bibliography.

The analysis should include **two components**:

- An introduction that includes a high-level description of the issue and intervention (**max 350 words**). The program logic model can be referenced as an Appendix.
- A concise **SWOT analysis table (1-2 pages)** to present and summarize the overall strengths, weaknesses, opportunities and threats identified in the analysis.

The SWOT analysis should address the following components:

- Where the program fits along the continuum of care
- Application of health promotion frameworks and models- does the program currently employ any population or health promotion approaches; at what level of the population is the program focused
- Underlying theories- what are the underlying theories that inform the current approach

- Consideration towards underlying determinants
- Application of a health equity lens

Resources:

Centers for Disease Control and Prevention. 2015. *Do a SWOT Analysis*.

https://www.cdc.gov/phcommunities/resourcekit/evaluate/swot_analysis.html

National Collaborating Center for Methods and Tools. 2018. *A model for Evidence-Informed Decision Making in Public Health*. Hamilton, ON: McMaster University.

<https://www.nccmt.ca/uploads/media/media/0001/01/0285efc9fa08b3b0fab06b7c940c2f6767087cfc.pdf>

Assignment #3- Briefing note:

You have been asked to analyze and assess how your program/initiative **could be improved applying health promotion approaches**.

Write a **briefing note (max 1500 words/3 pages)** which includes your recommendations on program or policy considerations to incorporate or strengthen health promotion principles and/or address equity considerations within the program. These recommendations may be directly related to adapting the program, the creation of a new program, or considering a broader policy context to support programmatic outcomes.

A briefing note is a common tool used in government/organizations to provide a concise overview of an issue to inform and support decision makers. The format of a briefing note varies by organization, but typically includes the following key components; identification of the issues; background context; analysis and evidence; and a recommendation.

For the purposes of this assignment, the briefing note should include the following sections:

- Issue
- Background
- Current State
- Analysis/Implications
- Options
- Recommendation

All references should be cited Chicago Style and listed in a bibliography. The logic model and/or SWOT may be included as appendices if applicable.

Resources:

Health Evidence. 2009. *Briefing Note: Decisions, Rationale and Key Findings Summary*.

<https://www.healthevidence.org/practice-tools.aspx#PT6>

EVALUATION

Assignment	Percentage of Final Grade	Due Date
#1 Program Logic Model	25%	May 18, 2021
#2 Program Analysis	35%	June 1, 2021
#3 Briefing Note	40%	June 22, 2021

- Please note that all assignments should be **single spaced** using **Calibri font size 12**.
- All references should be cited **Chicago Style** and listed in a bibliography.
- The expected length/word count is indicated for each assignment.

Grading rubrics of each assignment will be made available on the UR Course page and an overview will be provided in Module 1.

LATE ASSIGNMENTS

Late assignment will be assigned a penalty of 5%; assignments more than a week late will lose a full grade of 10%; special circumstances will be considered upon application by the student.

JSGS GRADE DESCRIPTIONS

85+ excellent

A superior performance with consistent strong evidence of:

- a comprehensive, incisive grasp of the subject matter;
- an ability to make insightful critical evaluation of the material given;
- an exceptional capacity for original, creative and/or logical thinking;
- an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently; and
- an excellent ability to apply theories to real-world problems and intersect with related disciplines.

80-85 very good

An excellent performance with strong evidence of:

- a comprehensive grasp of the subject matter;
- an ability to make sound critical evaluation of the material given;
- a very good capacity for original, creative and/or logical thinking;
- an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently; and
- a strong ability to apply theories to real-world problems and intersect with related disciplines.

75-80 good

A good performance with evidence of:

- a substantial knowledge of the subject matter;

- a good understanding of the relevant issues and a good familiarity with the relevant literature and techniques;
- some capacity for original, creative and/or logical thinking;
- a good ability to organize, to analyze, and to examine the subject material in a critical and constructive manner; and
- some ability to apply theories to real-world problems and intersect with related disciplines.

70-75 satisfactory

A generally satisfactory and intellectually adequate performance with evidence of:

- an acceptable basic grasp of the subject material;
- a fair understanding of the relevant issues;
- a general familiarity with the relevant literature and techniques;
- an ability to develop solutions to moderately difficult problems related to the subject material; and
- a moderate ability to examine the material in a critical and analytical manner.

ACADEMIC INTEGRITY AND CONDUCT

Understanding and following the principles of academic integrity and conduct is vital to your success in graduate school. Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. The JSGS has developed an Honour Code (see above) that encapsulates these values.

If you have any questions at all about academic integrity in general or about specific issues, contact any faculty member and we can discuss your questions. For more information, please see:

Academic Integrity – <https://www.uregina.ca/gradstudies/current-students/academic-integrity/index.html>

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University of Regina Copyright information: <https://www.uregina.ca/copyright/guidelines/fair-dealing.html>

STUDENT RESOURCES

Remote learning information page for students. This resource engages students in learning about the skills associated with remote learning success.

<https://www.uregina.ca/remote-learning/>

RIGHTS & RESPONSIBILITIES OF GRADUATE STUDENTS

<https://www.uregina.ca/gradstudies/current-students/Rights%20/index.html>lights & Responsibilities of graduate students

STUDENTS WITH SPECIAL NEEDS

Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact one of the following:

Centre for Student Accessibility – accessibility@uregina.ca or 306-585-4631.

<https://www.uregina.ca/student/accessibility/students/index.html>

STUDENTS EXPERIENCING STRESS

Counselling Services – <http://www.uregina.ca/student/counselling/contact.html> or call (306) 585-4491 between 8:30 a.m. to 4:30 p.m. Saskatchewan time Monday to Friday.