

SOCI 384-102: Sociology of Health and Illness

University of British Columbia
2018-2019 Winter Term 1 (3 Credits)
T/Th: 12:30 – 2:00PM, ALRD 105

LAND ACKNOWLEDGEMENT

UBC's Point Grey Campus is located on the traditional, ancestral, and unceded territory of the xwməθkwəy̓əm (Musqueam) people. The land it is situated on has always been a place of learning for the Musqueam people, who for millennia have passed on in their culture, history, and traditions from one generation to the next on this site.

CONTACT INFORMATION

Instructor: Lindsey Richardson, D.Phil., Associate Professor, UBC Sociology

Email/phone: lindsey.richardson@ubc.ca; 604.827.5511

Office Hours: ANSO 3125; Thursday 10:00-11:00 or by appointment

Course TA: Allison Laing, MA Student, Department of Sociology

Email: allison.laing@alumni.ubc.ca

Office Hours: ANSO 0016; Tuesday 2:00-3:30 or by appointment

COURSE OVERVIEW

Sociological understandings of health and illness provide critical contributions to sociology as well as the fields of medicine, epidemiology, public health and population health. Perspectives derived from the sociology of health and illness (also termed “medical sociology”) increasingly inform efforts to understand and improve health in Canada and internationally. This course is designed to serve as a broad overview of the sociology of health and illness as a wide-ranging area of study and to provide background on key issues and critical debates in the field relevant to both Canadian and international contexts. The course is also designed to develop students’ critical thinking via reading and reflecting on these topics and their engagement in articles reporting empirical research and in popular media. The course is organized around five overlapping themes:

- 1. Social Identity:** Why do some groups have better health than other groups? The first segment of the course will describe and examine how socio-demographic characteristics (e.g., gender, ethnicity, age, class) put people at differential risk for poor health and mortality.
- 2. Social Interaction:** What social relationships characterize our understanding of health and illness? How do the dynamics of relationships form and how do people respond to them? We will consider how medical providers construct and define illness, derive their authority, and how this authority is challenged and influenced.
- 3. Social Understandings:** How do individuals understand and experience “health” and “illness”? This part of the course will focus on how social meanings of health and illness are constructed through individual experiences and how these experiences, beliefs and norms influence cultural understandings of health, illness and disease.
- 4. Social Location:** How do social spaces, networks and legal environments influence health and illness? We will explore how where someone is situated and the characteristics of their social, physical and legal environments impact health.
- 5. Social Organization and Development:** In the last part of the course, we will examine how organizations and institutions impact health, and critically examine how technological advances relevant to health play out as they interact with different aspects of social architecture.

LEARNING OUTCOMES

By the end of the course, I expect you to be able to:

1. Engage with theories of health and illness that explain us to explain health inequities, social constructions of illness and medical authority, among others; including their basic assumptions, limitations, and implications for health interventions and institutional responses.
2. Understand social processes across lines of race/ethnicity, gender, socio-economic status, age and sexual orientation and how these are implicated in the social production of health and illness.
3. Identify and examine individual, social, and structural dimensions that influence definitions, cultural understandings, and distributions of health and illness in the population.
4. Demonstrate knowledge of how social organization in the form of institutions, legal frameworks and socio-political processes impact the prevention and treatment of health and illness.
5. Critically engage with and write about how theoretical frameworks in the field of medical sociology are relevant to and help explain contemporary health issues and debates.

PREREQUISITES

One of SOCI 100, SOCI 101, SOCI 102. This course relies on key sociological concepts introduced in introductory courses. It is therefore critical that you have successfully completed a minimum of one of the prerequisites or have a combination of relevant experience and coursework in adjacent areas.

COURSE STRUCTURE AND LEARNING ACTIVITIES

The course has a 300-level designation and will consist of a mixture of lectures, discussion and activities, with a strong focus on student participation. Each class meeting pairs a theoretical or conceptual reading in sociology with an application to a particular illness, disease, risk, health condition, or current health debate. The rationale for this approach is to ensure that students are exposed to a balance of theoretical and empirical work in the field of medical sociology, and to encourage students to apply a health sociology lens to issues and debates that they encounter outside the classroom and beyond the course.

Please come to class having read the course materials and prepared to offer thoughts, raise questions and participate in discussion and debates. The participation of students as active learners will make the class more enjoyable for everyone. In-class activities based on the readings (e.g. reading checks) will partially comprise the “participation” component of the final grade.

LEARNING MATERIALS

There is no required textbook for this course. Course readings and materials will be retrievable at no cost through UBC Library holdings, or, where not available, materials will be made available on the course canvas website. Note that there may be changes to the reading list during the term.

SOCI 384 ON UBC CANVAS

All students enrolled in the course will have access to the UBC Canvas course for SOCI 384. If you are new to the UBC Canvas system please register at canvas.ubc.ca. All on line course information, including the syllabus, course readings, lecture materials, announcements, supplementary materials, assignments, and other course-related matters, will be on the SOCI 384 Canvas course.

There is a Canvas guide for students located here: <https://community.canvaslms.com/docs/DOC-10701>, and I have added a link to “Canvas Basics for UBC Students” on the SOCI 384 homepage. Also, on

Canvas sidebar there is a 'Help' icon that will link you to Canvas user guides, the Canvas support hotline, chat support and other resources. Note that many of these resources are available 24/7.

Most course assessment materials will be submitted via Canvas so please make sure that you are familiar with how to use it. Barring technical problems with the UBC Canvas system, trouble using the platform will not be considered a justifiable reason for late submission.

If you encounter any issues using UBC Canvas, please contact Arts ISIT support staff in Buchanan A105, at arts.helpdesk@ubc.ca, or at 604-827-2787. Please do not contact the course instructor regarding Canvas issues unless the course Canvas site is malfunctioning and requires attention.

ASSESSMENTS OF LEARNING

The assessment of student learning in this course will consist of several components: (1) participation/in-class activities, (2) the mid-term exam on October 29th, and (3) a Research Essay. Both the course instructor and the course TA will mark your course materials. The breakdown of course marks allocated to each of these components is as follows:

Participation	25%
Midterm	35%
<u>Critical Research Essay</u>	<u>40%</u>

Total 100%

1. Participation (25%)

Class participation will not be assessed by attendance, as it is expected that you will attend all classes. Instead, class participation will be assessed based on the completion of in-class activities, occasional reading checks, contributions to the class learning environment and experience, and self-assessments of your participation. For in-class activities and reading checks, I will usually give advance notice for some but not all of these activities. If you are not present during the class you will not receive credit for these activities, though I will happily accommodate justified absences.

Be sure to read the assigned readings *prior* to each class so you are prepared to discuss the materials and subject matter. You are welcome and encouraged to bring interesting anecdotes, case studies, news items, or materials that may complement the class materials and discussion.

The key to remember is that discussion is never a waste of time. The more we talk about an issue, the deeper we think. However, I understand that people have a wide range of comfort levels contributing in class. I also know that there are many ways in which to make contributions and encourage you to be creative in this regard.

2. Midterm Exam (35%)

There will only be one exam for this course. This short answer exam will test you on material covered from beginning of the term through October 24th, including required reading, lectures, as well as discussions, activities, and multimedia covered in-class. We will have a review session on the class date prior to the exam.

Exam Date: Tuesday October 29th, 12:30 – 2:00pm

3. Research Paper (40%)

Each student will write a research paper on a topic that fits within the scope of the course. The research paper can be selected from a list of provided topics, but students are encouraged to develop and pursue their own topic. For this paper, you will select one *current* issue in health/medicine and analyze it from a sociological perspective. It can be any topic but should generally fall in one of the following categories:

- A specific disease or illness, established or contested (e.g. Alzheimer's; chronic fatigue)
- A health risk or health promoting behaviour (e.g. vaping)
- A medical treatment, procedure, or prevention technology (e.g. genetic screening)
- Medical care or providers (e.g. telemedicine; medical tourism)
- A health policy issue (domestic or international) (e.g. infectious disease outbreaks)
- Comparison of two health issues, or one issue in two different contexts or time periods

The paper must be at least 10 and no more than 15 pages, excluding references and title page. More detail on this assignment will be provided in class but start thinking about your topic as we move through the course, as you will be asked to clear your topic with me several weeks prior to the final paper deadline.

Submission Date: Thursday December 12th, by 5:00 pm, on Canvas, Turnitin and in hard copy. Students are welcome to submit the paper earlier in the term. All papers must be submitted using standard formatting (no smaller than 12 point Times New Roman or 11 point Arial/Helvetica font, double spaced, 2.54 cm margins). Please use a single staple to fasten the hard copy of your paper.

Marking Rubrics

For all assessed work I will make use of marking rubrics to outline the grading criteria for each assignment. For some assignments these will be distributed in advance of the due dates and will be posted on the course Canvas website (attached to the assignment in question). These seek to help clear the expectations around the content and quality of your written work.

Review of grades

If you disagree with a mark you have been assigned in this course, you may contact me to discuss this further. Please keep in mind that I base my grades on your performance in the course and not your previous track record, and that I make every effort to be clear about performance expectations for the course (see "marking rubrics" above). If, following our discussion, you remain dissatisfied you may apply for a Review of Assigned Standing. Please refer to the UBC calendar for additional information.

Late or Missed Assignments

No assignments handed in late without a justifiable reason will be accepted without penalty. Extensions of the due date for the written assignments will be considered on a case-by-case basis **in advance of the deadline** and pending extenuating circumstances. Extenuating circumstance include documented medical issues, serious illness/death of a loved one, unreasonable exam schedules, etc. In general, accommodations of this nature will require a letter from Arts Advising. If advance notice is not possible for late assignments (e.g. sudden illness), then I urge you to get in touch with Arts Advising and me as soon as possible. Unless otherwise specified in class, one point of the total score for each assignment (i.e. one percent of your final grade) will be deducted for each day an assignment is late.

Make up or additional assignments to compensate for missed work is not possible in this course.

SUBMISSION OF COURSE MATERIALS

All written class materials (with the exception of in-class or small homework assignments and the public engagement project) must be submitted ***ELECTRONICALLY on UBC Canvas and on turnitin.com by the deadline provided.*** The research paper must also be submitted by hard copy by the end of the business day (5:00pm) the day the paper is due. Please ensure that your name, student number, course and the instructor are included on all submitted assignments.

To deter and detect plagiarism, this course will make use of UBC's subscription to TurnItIn.com for all written assignments, which checks textual material for originality. By taking this course, you agree that your assignment may be subject to submission for textual similarity review by TurnItIn.com. All submitted assignments will be included as source documents in the TurnItIn.com reference database solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the TurnItIn.com are described on the TurnItIn.com website.

***UBC asks that you do not use your real name in your TurnItIn.com account.** However, to allow me to identify you, for this class you should create an account that consists of the first three letters of your last name followed by the first three letters of your first name (e.g., RicLin).

To access the course on TurnItIn.com, you will need this information:

- TurnItIn.com Class ID: 22033137
- Class Name: SOCI 384 Sociology of Health and Illness W2019
- Enrolment Key: SHI19@UBC

SCHEDULE OF TOPICS AND READINGS

NOTE: It is expected that readings be completed prior to the start of the class. Readings with an asterisk (*) are provided on the course website. All others are available from the university's electronic holdings via library.ubc.ca. Course schedule and readings are subject to change.

WEEK 1

5 September – (1) Introduction to the course

- Course Syllabus

WEEK 2

10 September – (2) Sociological approaches to health, illness and medicine

- Cockerham, W. C. and Scambler, G. (2010). Medical Sociology and Sociological Theory. In Cockerham, W.C. (Ed.) *The New Blackwell Companion to Medical Sociology*, (pp. 1-26). Blackwell Publishing Ltd.

SOCIAL IDENTITY:

Why do some groups have better health than other groups?

12 September – (3) Socioeconomic status as a fundamental cause of health and illness

- Phelan, J. & Link, B. (2013). Fundamental Cause Theory. In W.C. Cockerham (Ed.), *Medical Sociology on the Move*. Dordrecht: Springer Press. pp. 105-125.

WEEK 3

17 September – (4) Gender and Ethnicity as social determinants of health

- *Clarke, J.N. (2012). Social Inequity, Disease and death in Canada: Age, Gender, Racialization and Ethnicity. *Health, Illness and Medicine in Canada* (6th ed.) pp. 120-158.

19 September – (5) Intersectionality and comorbidities

- Hankivsky, O. and Christoffersen, A. (2008). Intersectionality and the determinants of health: a Canadian perspective. *Critical Public Health*, 18(3) 271-283.

WEEK 4

24 September – (6) Health and Illness across the life course

- Umberson, D. and Montez, J. K. (2010). Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health and Social Behavior*, 51, S54-66.
 - *Optional Reading:* *Elder, G.H., Johnson, M.K. & Crosnoe, R. (2003). The emergence and development of life course theory, in JT Mortimer & MJ Shanahan (eds). *Handbook of the Life Course*, New York: Springer. pp. 3-19.

SOCIAL INTERACTION: How do dynamics of social relationships characterize understandings of health and illness?

26 September – (7) The sick role and patient-provider interactions

- Shim, J. (2010). Cultural Health Capital: A Theoretical Approach to Understanding Health Care Interactions and the Dynamics of Unequal Treatment. *Journal of Health and Social Behavior*, 51, 1-15.
 - *Optional reading:* Parsons, T. (1975). The Sick Role and the Role of the Physician Reconsidered. *Millbank Memorial Fund Quarterly. Health and Society*, 53(3), 257-278.

WEEK 5

1 October – (8) Medical professions and health providers

- Timmermans, S. & Oh, H. (2010). The Continued Social Transformation of the Medical Profession. *Journal of Health and Social Behavior*, 51, S94-S106.

3 October – (9) Medicalization

- Conrad, P. (1992). Medicalization and Social Control. *Annual Review of Sociology*, 18, 209-232.

WEEK 6

8 October – (10) Complementary and Alternative Medicine

- Brenton, J. & Elliott, S. (2014). Undoing gender? The case of complementary and alternative medicine. *Sociology of Health and Illness*, 36(1), 91-107.

11 October – (11) The role of social movements in health

- Brown, P., Zavestoski, S. (2004). Social Movements and Health: An introduction. *Sociology of Health and Illness*, 26(6), 679-694.

**SOCIAL UNDERSTANDING AND EXPERIENCES OF ILLNESS:
How do individuals understand and experience “health” and “illness”?**

WEEK 7

15 October – (12) Social constructions of health and illness

- Conrad, P. & Barker, K. (2010). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behavior*, 51, S67-S79.

17 October – (13) Contested and Chronic Illness

- Barker, K. (2008). Electronic Support Groups, Patient-Consumers, and Medicalization: The Case of Contested Illness. *Journal of Health and Social Behavior*, 49, 20-36.
- Charmaz, K. (2000). Experiencing Chronic Illness. In Albrecht, G. L., Fitzpatrick, R., and Scrimshaw, S.C. (Eds.) *Handbook of Social Studies in Health and Medicine* (pp. 277-292). SAGE Publications Ltd.

WEEK 8

22 October – (14) Stigma and mental health

- Pescosolido, B., The Public Stigma of Mental Illness: What Do We Think; What Do We Know; What Can We Prove? *Journal of Health and Social Behavior*, 54(1), 1-21.

24 October – (15) Catch up and mid-term review

- No readings

WEEK 9**29 October – (16) Mid-term examination**

- No readings

SOCIAL LOCATION:

How do spaces, networks and legal environments influence health?

31 October – (17) Health, place and environment

- Klinenberg, E. (2001). Dying alone: The Social Production of Urban Isolation. *Ethnography*, 2(4), 501-531.

WEEK 10**5 November – (18) Social networks**

- Klovdahl, A.S, Graviss, E.A., Yaganehdooost, A. Ross, M.W., Wanger, A., Adams, G.J., and Musster, J.M. (2001). Networks and tuberculosis: an undetected community outbreak involving public places. *Social Science & Medicine*, 52, 681-694.
 - *Optional reading: Smith, K.P. and Christakis, N.A. (2008). Social Networks and Health. Annual Review of Sociology, 34, 405-429.*

7 November – (19) Health, law and society

- Burris, Scott. (2002) Introduction: Merging Law, Human Rights, and Social Epidemiology. *Journal of Law, Medicine & Ethics*. 30: 498-509

SOCIAL ORGANIZATION AND DEVELOPMENT: How do organizations, institutions and the dissemination of new technologies impact health?

WEEK 11**12 November – (20) The health care system and its paradoxes**

- *Strohschein, L. and Weitz, R. (2013). History of Health Care in Canada. In: *The Sociology of Health, Illness, and Health Care in Canada: A Critical Approach*. Scarborough: Nelson Education. pp. 230-257.

14 November – (21) Big pharma and health

- Fishman, J. (2004). Manufacturing Desire: The Commodification of Female Sexual Dysfunction. *Social Studies of Science*, 34(2), 187-218.

WEEK 12**19 November – (22) Screening and surveillance medicine**

- Timmermans, S., & Buchbinder, M. (2010). Patients-in-Waiting: Living between Sickness and Health in the Genomics Era. *Journal of Health and Social Behavior*, 51(4), 408-423

21 November – (23) Institutions and iatrogenesis

- Allen-Scott, L. K., Hatfield, J.M., McIntyre, L. (2014). A scoping review of unintended harm associated with public health interventions: towards a typology and an understanding of underlying factors. *International Journal of Public Health*, 59, 3–14.

WEEK 13**26 November – (24) Ethics and the legacy of medical exploitation*******Guest Lecture by TA Allison Laing*****

- Gamble, G. (1997). Under the Shadow of Tuskegee: African Americans and Health Care. *American Journal of Public Health*, 87, 1773-1778.
- (listen) Dubner, S. (2016, Dec 7) Bad Medicine, Part 2: (Drug) Trials and Tribulations. Freakonomics Radio. Podcast retrieved from <http://freakonomics.com/podcast/bad-medicine-part-2-drug-trials-and-tribulations/>

28 November – (25) Course review and critical research paper tips

- No readings

12 December – Research Papers Due

UNIVERSITY POLICIES

UBC provides resources to support student learning and to maintain healthy lifestyles but recognizes that sometimes crises arise and so there are additional resources to access, including those for survivors of sexual violence. UBC values respect for the person and ideas of all members of the academic community. Harassment and discrimination are not tolerated nor is suppression of academic freedom. UBC provides appropriate accommodation for students with disabilities and for religious observances. UBC values academic honesty and students are expected to acknowledge the ideas generated by others and to uphold the highest academic standards in all of their actions.

Details of the policies and how to access support are available on [the UBC Senate website](#).

ADDITIONAL COURSE INFORMATION AND POLICIES

1. **Respect.** The highest standards of respect will be upheld inside the classroom. This includes respect for each other, respect for me, respect for you by me, and respect for those outside the classroom. The inappropriate use of language (e.g., ageist, gendered, racist, homophobic, transphobic, ableist) is not acceptable and will not be tolerated.
2. **I am here to support you and your academic development.** If you are having a hard time understanding course content or have questions related to the materials we cover in class, please do not hesitate to come speak to me after class, during office hours or by appointment. I generally will not respond to substantive questions or engage in substantive debates over email but will make myself available to answer your questions or discuss content-related issues on an in-person basis.
3. **Quality of Written Work:** This course is designed to develop your ability to write concise, insightful, critical and high quality work. The quality of your writing will be evaluated for all written work (e.g., grammar, style, clarity) and it is crucial that you proofread your work thoroughly. Good writing takes several revisions to produce, and it is often very helpful to ask friends or colleagues to proof-read your work. Fun tips to improve your writing can be found at: <http://tinyurl.com/mqqtat>.
4. **Email policy.** I ask that you try to use the resources available to you before sending me an email. Please follow the following decision logic when you think you need to email me: (1) Is this question answered in the syllabus? (2) Is there a classmate or peer who could answer this question? (3) Could the course TA answer this question? Or (4) Did the professor request I send an email? If the answer to questions 1, 2 or 3 is yes, I am unlikely to respond to your message.
5. **Missed classes.** Attendance will not be taken for the course because attendance at each class session is expected. If you miss a class, please get the notes from a classmate. Power point slides and other materials will usually be made available, but these are intentionally not comprehensive of everything we cover. Your colleagues are exceptional resources and I STRONGLY encourage you to get the contact information of multiple classmates and to turn to your colleagues to discuss any issues you find unclear, confusing or with whom you would like to engage around course content.

You do not need to send me emails about why you are missing a class unless you feel it is critical that I am aware (note that your sister's wedding, while exciting, is not critical for me to be aware of). While I do my best to accommodate justified absences, students who plan to be absent for varsity athletics, family obligations, or other personal or professional commitments cannot assume that they will be accommodated. I am sympathetic to illness and do not think it is a good use of your or our medical personnel's time to require you to go fetch a note from a doctor if you are ill. However, if you miss a key component of the course (e.g. the final paper) I will require a letter from Arts Advising in order for you to make up the missed assessment. If you are experiencing circumstances that require that you be away from multiple classes and would like to discuss this, please get in touch.

6. **Disability.** The University accommodates individuals living with disability or ongoing conditions that may affect their academic success. I encourage students living with disability or ongoing medical conditions to register with Access & Diversity and to access university resources for academic accommodation here: <http://students.ubc.ca/success/student-supports/academic-accommodations>.
7. **Academic Concession.** UBC supports students' academic pursuits, including circumstances that may require academic concession. Arts Students must contact Arts Advising as soon as you are aware you may need an [in term concession](#), including information on policies to enable students and members of faculty and staff to observe the holy days of their religions. Please review [their website](#) for concession criteria as well as process to follow. Students in other Faculties should contact their Faculty advising office for direction.

If you encounter medical, emotional or personal problems that affect your attendance or academic performance, please contact the Faculty of Arts Academic Advising Office, in Buchanan D111, phone 604-822-4028, <http://students.arts.ubc.ca/advising/contact-us/> as soon as possible. There are a wide range of university resources available to support individuals who face challenges inside and outside the classroom. If you are in need of help and unsure of what resources are available to you, please come and see me and I will be happy to connect you with available resources.

8. **Early Alert.** During the term, I will do my best to reach out and offer support if I am concerned about your academic performance or wellbeing. I also encourage you to come and speak with me if you need assistance.

In addition, I may identify my concerns using Early Alert. The program allows academic, financial, or mental health concerns to be identified sooner and responded to a coordinated way. This provides you with the earliest possible connection to resources like academic advising, financial advising, counselling, or other resources and support to help you get back on track. The information is treated confidentially and is sent because I care about your academic success and wellbeing. For more information, please visit earlyalert.ubc.ca.

9. **Laptop and handheld device use.** I do not want to see or hear cell phones, cameras, or other electronic equipment in the classroom. I consider common courtesy related to laptop and handheld device use to be a key component of respect for your colleagues and the classroom environment. While I understand that common practice for many students now involves the use of laptops for the purposes of taking notes, the use of laptops and handheld devices can be distracting for other students. While laptops will be allowed in the classroom, please refrain from using laptops for purposes unrelated to the class. Please also refrain from using your handheld devices during class time entirely and remember to put these devices on silent mode and store them out of sight prior to the start of class. If you choose to use electronic equipment for purposes other than those related to class activities, I may ask you to leave the classroom.
10. **Academic Honesty.** Academic dishonesty will not be tolerated. This includes lying, cheating and plagiarism. I strongly recommend students retain copies of drafts and final versions of all assignments. All students should be familiar with UBC's policies on academic honesty and academic misconduct, which can be found on the university website here: <http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,286,0,0>
<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,54,111,959>
11. **Plagiarism.** Students are expected to know what constitutes plagiarism, that plagiarism is a form of academic misconduct, and that such misconduct is subject to penalty. The Academic Misconduct section of the 2019-2020 UBC Calendar includes the following:

“Plagiarism, which is intellectual theft, occurs where an individual submits or presents the oral or written work of another person as his or her own. Scholarship quite properly rests upon examining and referring to the thoughts and writings of others. However, when another person's words (i.e. phrases, sentences, or paragraphs), ideas, or entire works are used, the author must be acknowledged in the text, in footnotes, in endnotes, or in another accepted form of academic citation. Where direct quotations are made, they must be clearly delineated (for example, within quotation marks or separately indented). Failure to provide proper attribution is plagiarism because it represents someone else's work as one's own. Plagiarism should not occur in submitted drafts or final works. A student who seeks assistance from a tutor or other scholastic aids must ensure that the work submitted is the student's own. Students are responsible for ensuring that any work submitted does not constitute plagiarism. Students who are in any doubt as to what constitutes plagiarism should consult their instructor before handing in any assignments..”

- 12. Feedback.** I aim to make this class engaging, challenging and informative. I value any feedback you have for me to improve the class throughout the term, and will solicit your feedback with anonymous feedback forms at the mid-point of the course in addition to regular course evaluations at the end of term.

LEARNING ANALYTICS

Learning analytics includes the collection and analysis of data about learners to improve teaching and learning. This course will be using the following learning technologies: Canvas. Learning technologies capture data about your activity and provide information that can be used to improve the quality of teaching and learning. In this course, I plan to use analytics data to view overall class progress, track your progress in order to provide you with personalized feedback, review statistics on course content being accessed to support improvements in the course, track participation in discussion forums, and assess your participation in the course.

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All materials of this course (course handouts, lecture slides, assessments, course reading, etc.) are the intellectual property of the Course Instructor or licensed to be used in this course by the copyright owner. Redistribution of these materials by any means without permission of the copyright holder(s) constitutes a breach of copyright and may lead to academic discipline. Recording of class lectures is not permitted.

***Finally, to demonstrate that you have read the course syllabus (and for your first participation grade!) please find a meme related to some aspect of health and illness. Copy the image or take a screen shot and send it via email with the subject line “SOCI 384 Meme” to our exceptional TA Allison Laing before class on Tuesday, September 10th.**