

**The University of Western Ontario
Faculty of Information and Media Studies**

**FIMS 9841/HIS 9241 – Interdisciplinary Issues in Health Information Science
Course Outline, Fall 2022**

Instructor Information

Name: Prof. Luke Stark (pronouns: he/him)

Office: FNB 4035

Student Meetings: By appointment via Zoom (<https://calendly.com/lukestark>)

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Course Information

Course Meetings: Thursdays 1:30pm to 4:20pm ET

Location: FNB 4130, or via Zoom (*online sessions will noted on the syllabus and links distributed via email*)

OWL site information: <https://owl.uwo.ca/portal/site/7f463308-c6a5-4ec8-8dbe-7e439e6c9dcf>

Technology requirements: Students will require regular or at least consistent access to a computer and internet connection capable of handling, in particular, streaming video. If this is an issue, please contact me as soon as possible.

Enrollment in this course is restricted to graduate students in the Faculties of Information and Media Studies and Health Sciences, as well as any student that has obtained special permission to enroll in this course from the course instructor as well as the Graduate Chair (or equivalent) from the student's home program.

Course Description

This course will provide an overview of emerging issues in health information science. Taking a critical approach, we will consider how "information" is understood in the context of health and healthcare, and how digital technologies are reshaping the definition, creation, provision and use of information in the health care system. We will explore different actors in healthcare, their information-seeking behaviour, and how these actors influence and are influenced by broader ethical, social, political, and legal factors.

Course Objectives

In these challenging times, the first objective of the course is to support each other throughout the semester. By the conclusion of the course, you should also:

- Have a working description of the scope and role of health information science as a discipline in both research and practice;
- Be able to critically evaluate and engage with not only health information policies, practices, and sources, but also some of the fundamental assumptions and ideas that underpin these;
- Understand trends and issues in evidence-based health care, health informatics, health privacy legislation, health and social media, knowledge translation, and health literacy;
- Have a basic understanding of the Canadian health care system and how information shapes its trajectory;
- Be able to describe the information seeking behaviours of the major stakeholders in the health system, including health professionals, policy makers, and patients/the public, and identify the types of resources and services that would best meet their information needs;
- Gain basic experience with searching online health-related databases (e.g., MEDLINE) and accessing health-related resources from a variety of sources;

- Become adept in applying your knowledge to the rapidly changing public and scholarly conversation around health care and digital technologies;
- Develop a mix of critical research skills, and learn to use these skills synthetically, creatively, and thoughtfully to your own analyses and arguments;
- Apply both your knowledge and research skills to a particular set of research problems.

Weekly Topics and Readings

1. Introduction/Information

September 8, 2022

Couser, G Thomas. "Illness." *Keywords for Disability Studies*. Ed. Rachel Adams, Benjamin Reiss, and David Serlin. New York: NYU Press, 2015. 105–107.

Marx, Leo. 2010. "Technology: the Emergence of a Hazardous Concept." *Technology and Culture* 51 (3): 561–77.

Nunberg, Geoffrey, "Farewell to the Information Age", in *The Future of the Book*, Geoffrey Nunberg, ed., Brepols (Belgium) and University of California Press, 1996

Titchkosky, Tanya. "Normal." *Keywords for Disability Studies*. Ed. Rachel Adams, Benjamin Reiss, and David Serlin. New York: NYU Press, 2015. 130–132.

2. Evidence

September 15, 2022

Go to <https://training.cochrane.org/essentials> and sign up for a free account. Review Module 1: Evidence-Based Medicine (30 min).

Ginzburg, Carlo. "Morelli, Freud and Sherlock Holmes: Clues and Scientific Method." *History Workshop Journal* (2009): 5–36.

Kelly, M. P., Heath, I., Howick, J., & Greenhalgh, T. (2015). The importance of values in evidence-based medicine. *BMC Medical Ethics*, 16(1), 1–8. <https://doi.org/10.1186/s12910-015-0063-3>.

Lambert, H. (2006). Accounting for EBM: notions of evidence in medicine. *Social Science & Medicine*, 62(11), 2633–2645. <https://doi.org/10.1016/j.socscimed.2005.11.023>.

Seminar presentation:

De Vries, R., & Lemmens, T. (2006). The social and cultural shaping of medical evidence: case studies from pharmaceutical research and obstetric science. *Social Science & Medicine*, 62(11), 2694–2706

Greenhalgh, T., & Russell, J. (2006). Reframing evidence synthesis as rhetorical action in the policy making drama. *Healthcare Policy*, 1(2), 34.

3. Systems & Infrastructures (*class will be online via Zoom*)

September 22, 2022

Deleuze, Gilles. 1990. "Postscript on Control Societies." In *Negotiations, 1972-1990*, translated by Martin Joughin, 177–82. New York: Columbia University Press.

Hughes, T. P. (1987). The Evolution of Large Technological Systems. In W. E. Bijker, T. P. Hughes, & T. Pinch (Eds.), *The Social Construction of Technological Systems: New Directions in the Sociology and History of Technology* (pp. 51–82). Cambridge, MA.

Star, Susan Leigh, and Karen Ruhleder. “Steps Toward an Ecology of Infrastructure: Design and Access for Large Information Spaces.” *Information Systems Research*, vol. 7, no. 1, Mar. 1996, pp. 111–34.

Seminar presentation:

Star, S. Leigh. “This Is Not a Boundary Object: Reflections on the Origin of a Concept.” *Science, Technology, & Human Values*, vol. 35, no. 5, Aug. 2010, pp. 601–17, <https://doi.org/10.1177/0162243910377624>.

4. *Patients & Users (*Commentary #1 due*)* September 29, 2022

Anthony, Denise, Celeste Campos-Castillo, Paulina Lim. 2018. “Who isn’t using patient portals and why? Evidence and Implications from a national sample of U.S. adults.” *Health Affairs*. 37(12): 1948-54.

Boot, C. R., & Meijman, F. J. (2010). The public and the Internet: Multifaceted drives for seeking health information. *Health Informatics Journal*, 16(2), 145–156.

Greenhalgh, T., Snow, R., Ryan, S., Rees, S., & Salisbury, H. (2015). Six ‘biases’ against patients and carers in evidence-based medicine. *BMC Medicine*, 13(1), 200

Seminar presentations:

Nettleton, S., & Burrows, R. (2003). E-scaped medicine? Information, reflexivity and health. *Critical Social Policy*, 23(2), 165-185.

MacGregor, J. C., & Wathen, C. N. (2014). ‘My health is not a job’: a qualitative exploration of personal health management and imperatives of the ‘new public health’. *BMC Public Health*, 14(1), 1–10.

5. *Workers & Carers (*class will be online via Zoom*)* October 6, 2022

Allen J, Adams C, Flack F. The role of data custodians in establishing and maintaining social licence for health research. *Bioethics* 2019 (18 Jan).

Elish, M.C. and Elizabeth Anne Watkins. *Repairing Innovation: A Study of Integrating AI in Clinical Care*. Data & Society Research Institute, 2020.

Pine, Kathleen H. and Claus Bossen. (2020). Good Organizational Reasons for Better Medical Records: The Data Work of Clinical Documentation Integrity Specialists. *Big Data & Society*, 7(2).

Seminar presentations:

Claus Bossen, Yunan Chen, and Kathleen H. Pine. (2019). The Emergence of New Data Work Occupations in Healthcare: The Case of Medical Scribes. *International Journal of Medical Informatics*, 123, pg. 76-83

6. Data & Machine Learning

October 13, 2022

Aitken, Mhairi et al. “Consensus Statement on Public Involvement and Engagement with Data-Intensive Health Research.” *International Journal of Population Data Science* 4.1 (2019): 1–6.

Chin-Yee Benjamin, and Ross Upshur. “Three Problems with Big Data and Artificial Intelligence in Medicine.” *Perspectives in Biology and Medicine* 62 (2019) : 237-256

Stinson, Catherine. *Healthy Data: Policy Solutions for Big Data and AI Innovation in Health*. Mowat Centre, University of Toronto, 2018.

Seminar presentations:

Cresswell, K., & Sheikh, A. (2013). Organizational issues in the implementation and adoption of health information technology innovations: an interpretative review. *International Journal of Medical Informatics*, 82(5), e73–86.

Lau, F., Price, M., & Keshavjee, K. (2011). From benefits evaluation to clinical adoption: making sense of health information system success in Canada. *Healthcare Quarterly* (Toronto, Ont.), 14(1), 39.

7. Privacy and Autonomy (*Commentary #2 due*)

October 20, 2022

Wadmann S, Hoeyer K. Dangers of the digital fit: Rethinking seamlessness and social sustainability in data-intensive healthcare. *Big Data & Society* 2018 (Jan-Jun): 1-13.

Semel BM. Listening Like a Computer: Attentional Tensions and Mechanized Care in Psychiatric Digital Phenotyping. *Science, Technology, & Human Values*. 2022;47(2):266-290.

Stablein, Timothy, Keith J. Loud, Christopher DiCapua, Denise L. Anthony. 2018. “The Catch to Confidentiality: The use of Electronic Health Records in Adolescent Health Care.” *Journal of Adolescent Health*. 62: 577–582.

Seminar presentations:

Ienca, M., & Vayena, E. (2020). On the responsible use of digital data to tackle the COVID-19 pandemic. *Nature Medicine*, 26(4), 463–464.

Leonardi, P. M. (2009). Why do people reject new technologies and stymie organizational changes of which they are in favor? Exploring misalignments between social interactions and materiality. *Human Communication Research*, 35(3), 407–441.

8. Ethics, Bias, and Inequality

October 27, 2022

Alberga, Hannah, “How can we keep algorithmic racism out of Canadian health care’s AI toolkit??” *The Globe and Mail*, February 5, 2021, <https://www.theglobeandmail.com/life/health-and-fitness/article-how-can-we-keep-algorithmic-racism-out-of-canadian-health-cares-ai/>

Benjamin R. Assessing risk, automating racism. *Science*, 2019 (a response to Obermeyer et al): <https://science.sciencemag.org/content/366/6464/421/tab-article-info>

Kahn, Jonathan et al. “How Not to Talk About Race and Genetics.” *Buzzfeed News*, 30 March 2018, <https://www.buzzfeednews.com/article/bfopinion/race-genetics-david-reich>

Merid, B., Robles, M.C., and Nallamothu, B.K. (2021). “Digital Redlining and Cardiovascular Innovation.” *Circulation* 144(12), 913-915.

Obermeyer, Ziad et al. “Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations.” *Science* 366.6464 (2019): 447–453

Seminar presentations:

Braun, Lundy. “Race Correction and Spirometry: Why History Matters.” *Chest* 159, no. 4 (2020): 1670–75.

Campos-Castillo, Celeste, Denise Anthony. “Racial and Ethnic Differences in Self-Reported Telehealth Use during the COVID-19 Pandemic: A Secondary Analysis of a U.S. Survey of Internet Users from Late March.” *Journal of American Medical Informatics Association*. <https://doi.org/10.1093/jamia/ocaa221>

Reading Week – No Class

November 3, 2022

9. *Epidemiology & Public Health (*Final paper topic/abstract due*)*

November 10, 2022

Molldrem, Stephen, and Smith Anthony K J. 2021. “Reassessing the Ethics of Molecular HIV Surveillance in the Era of Cluster Detection and Response: Toward HIV Data Justice.” *The American Journal of Bioethics* 20 (10). Taylor & Francis: 10–23. doi:10.1080/15265161.2020.1806373.

Mooney SJ, Pejaver V. Big data in public health: terminology, machine learning, and privacy. *Annual Review of Public Health* 2018; 39:95-112.

Greta R Bauer, Daniel Lizotte, “Artificial Intelligence, Intersectionality, and the Future of Public Health” <https://pubmed.ncbi.nlm.nih.gov/33326280/>

Short PHAC chapter “What is Public Health”:

<https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/report-on-state-public-health-canada-2008/chapter-2a.html>

Review the brief CPHA position paper

https://www.cpha.ca/sites/default/files/uploads/policy/ph-framework/phcf_e.pdf

10. *Media, Misinformation and Disinformation (*Commentary #3 due*)*

November 17, 2022

Borzekowski, D. L., Guan, Y., Smith, K. C., Erby, L. H., & Roter, D. L. (2014). The Angelina effect: immediate reach, grasp, and impact of going public. *Genetics in Medicine*, 16(7), 516–521.

Carducci, A., Alfani, S., Sassi, M., Cinini, A., & Calamusa, A. (2011). Mass media health information: quantitative and qualitative analysis of daily press coverage and its relation with public perceptions. *Patient Education and Counseling*, 82(3), 475–478.

Yavchitz, A., Boutron, I., Bafeta, A., Marroun, I., Charles, P., Mantz, J., & Ravaud, P. (2012). Misrepresentation of randomized controlled trials in press releases and news coverage: a cohort study. *PLoS Med.* 9(9), e1001308.

II. Knowledge Mobilization

November 24, 2022

Barer, M. (2005). Evidence, interests and knowledge translation: reflections of an unrepentant zombie chaser. *Healthcare Quarterly* (Toronto, Ont.), 8(1), 46–53. DOI: 10.12927/hcq..16939

Kothari, A., & Wathen, C. N. (2017). Integrated knowledge translation: digging deeper, moving forward. *Journal of Epidemiology and Community Health*, 71(6), 619–623.

Greenhalgh, T., & Wieringa, S. (2011). Is it time to drop the ‘knowledge translation’ metaphor? A critical literature review. *Journal of the Royal Society of Medicine*, 104(12), 501–509.

Meisel, Z. F., & Karlawish, J. (2011). Narrative vs evidence-based medicine—and, not or. *JAMA*, 306(18), 2022–2023

12. Futures (*Showcase presentation due in class*)

December 1, 2022

Eveleth, Rose. *Welcome to Vanguard Estates: A story in which you choose your own path*. Data & Society Research Institute, 2018

Holzmeyer C. (2021). [Beyond ‘AI for Social Good’ \(AI4SG\): social transformations—not tech-fixes—for health equity](#). *Interdisciplinary Science Reviews*: 46.

Final paper due Friday, December 8 – no class

Course Materials

All materials will be available via the course site on OWL.

Health/Wellness Services

Students who are in emotional/mental distress should refer to Mental Health@Western: <http://www.uwo.ca/uwocom/mentalhealth/> for a complete list of options about how to obtain help.

Accessible Education Western (AEW)

Western is committed to achieving barrier-free accessibility for all its members, including graduate students. As part of this commitment, Western provides a variety of services devoted to promoting, advocating, and accommodating persons with disabilities in their respective graduate program.

Graduate students with disabilities (for example, chronic illnesses, mental health conditions, mobility impairments) are strongly encouraged to register with Accessible Education Western (AEW), a confidential service designed to support graduate and undergraduate students through their academic program. With the appropriate documentation, the student will work with both AEW and their graduate programs (normally their Graduate Chair and/or Course instructor) to ensure that appropriate academic accommodations to program requirements are arranged. These accommodations include individual counselling, alternative formatted

literature, accessible campus transportation, learning strategy instruction, writing exams and assistive technology instruction.

Collegiality & Course Conduct

In this course, I'd like you to strive to embody Western's equity, diversity and inclusion (EDI) principles. Western's institutional commitment to equity, diversity and inclusion (EDI) supports the University's mandate as a research-intensive institution of higher learning, an employer of choice and a community leader. The University is enriched by the diversity of our campus community and strengthened by our shared commitment to equity and inclusion. Black Lives Matter, as do the lives and experiences of Indigenous peoples, other visible minorities, and all underrepresented and equity-seeking groups*. Your conduct in this course should be guided by the principles below:

Equity – We value equity of access and opportunity for members of underrepresented and equity-seeking groups*. We take action to identify and address barriers to the full participation of members of these groups at the University.

Diversity – We value and respect the diversity of our campus community. We recognize the important contributions that diverse perspectives and lived experiences bring to Western's learning, teaching, working and research environments.

Inclusion – We value inclusion and active engagement with and across diverse communities in all aspects of university life. We foster a welcoming campus community where everyone feels respected, valued and included.

*Members of underrepresented or equity-seeking groups includes, but may not be limited to, women, Indigenous peoples (First Nations, Inuit and Métis), persons with disabilities, members of racialized groups and members of LGBTQ2+ communities. In recognition that all individuals have multiple aspects of identity, an intersectional lens will also be used when assessing barriers and/or developing policies/programs at the University.

Your goal is full attendance, attention, participation, listening and reading all of required texts. That said, while I expect the very best you can give, such goals are always aspirational. Do your best, but don't beat yourself up when (as we all do) it feels to you as if you come up short.

Disagreements are expected, but while arguments are not contests, they often have high stakes (sometimes invisible to you, but highly compelling to others – see the EDI principles above). Personal attacks, bullying, or intimidation are not acceptable under any circumstance. Please keep nitpicking to a minimum; all questions, whether basic or advanced, are valuable. Remember, you are free to change your mind at any time -- as are others.

Do not engage in “seek and destroy” criticism of others' ideas, or of ideas in the readings. Critique is a powerful tool and can be damaging. If you have something critical to say about a reading, please be ready to explain how the piece could be improved; if you disagree with the premise of a piece, read to understand what motivates the argument -- without knowing your adversary, how can you defeat it?

The testimony of personal experience is a necessary and often valuable part of our intellectual grounding and trajectory. However, like critique, testimony is also a powerful tool that can cut both ways. Please be thoughtful about mobilizing personal experience in class. Ask yourself if the testimony is relevant, and safe for you to share; ask yourself too if you are prepared to seriously consider others' interpretations of your experience if they differ from your own? Anecdotes are different kinds of evidence that systematically collected scholarly data, and useful (or harmful) in different ways.

Statement on Academic Offences

Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at the following Web site:

http://www.uwo.ca/univsec/pdf/academic_policies/appeals/scholastic_discipline_grad.pdf. For further information on Western's policies around academic integrity, including plagiarism, please visit <https://teaching.uwo.ca/teaching/assessing/academic-integrity.html>

Methods of Evaluation

There are no late penalties for this course; however, I am constrained by final mark submission deadlines set by the university.

If dropped within the first month of the term (**by October 1**), the record of this course will not appear on the student's transcript; graduate courses those dropped within the second month of the term (**by November 1**) will appear with the notation "withdrawn" (WDN). Courses dropped after the second month of the term will be recorded as failures.

Collegiality & Engagement: 20%

You will be evaluated on your qualitative contributions to course discussions. Please remember that some people may feel less comfortable speaking up in class, while some feel more comfortable. That said, students should participate as much as possible in all sessions, and designated readings for each week should be completed before class. Your grade for class participation will be assessed of your participation during the seminar presentations of your peers, small group discussions, participation in our ongoing discussion about HIS as a discipline, evidence of your general preparation for class, including familiarity with required readings, contributions to discussions, and demonstration of respect for the ideas and feelings of others..

As part of this portion of your grade, you will complete a weekly "exit ticket" through which you can ask further questions about the material and provide other feedback to me. This exit ticket will be accessible via OWL. It should be completed for every class you attend and is a critical component of your engagement grade.

Seminar Presentation & Facilitation: 20%

Once a term, you will be responsible for a twenty-minute, in-depth presentation of one of the week's readings marked as "seminar presentations." In that presentation, you should present the piece's main arguments, explain its broader scholarly context, and connect its contribution to contemporary debates both academic and public. **Visual aides are welcome but not required.** You will also facilitate class discussion by formulating three to four discussion questions for the class. A sign-up list will be available on the OWL course site at the beginning of the semester; **please schedule a meeting with me the week prior** to discuss your plans for your presentation.

Critical Commentaries: 30% (10% each, due weeks 4, 7 and 10)

This exercise aims to help you develop the skills needed to communicate complex ideas clearly and in plain language for diverse audiences – a key principle for effective knowledge mobilization. Students will submit three brief reports on a topic related to the course, in which a course reading is linked to current events. Each report will be based on a reading from the reading list (or a related reading, with permission of the instructor), discussed in the context of a very recent (within the past two months) journal, newspaper, magazine or blog article relating to the course reading and selected by the student. Topics should be related to those covered in the preceding weeks of class (e.g., 1-3 for report #1, 4-6 for report #2 and 7-9 for report #3).

Commentaries should be between 600-800 words, including an overview and synthesis of the two sources, plus the requirements outlined below. Please make sure to include a reference list (not included in the word limit). This is an exercise in writing concisely and with insight about theory, research and/or practice. Assignments that merely summarize the readings are not appropriate – you need to provide

some critical synthesis. Avoid burying yourself in details: reflect on what you have read, note down the important points you want to make, and proof-read and revise your writing to keep the piece concise. Pieces written for <https://theconversation.com/ca> (see for example: <https://theconversation.com/police-encounters-reveal-a-mental-health-system-in-distress-142264>) are good examples.

Include the following elements when writing your commentaries:

- What is the overall theme and what are the key ideas in the articles? There will often be many possible themes and key ideas. For you, from your perspective, what stands out as significant? How is it relevant to HIS?
- Why did you select these two readings – what brings them together, conceptually? Which arguments and what analysis on the key ideas did you find fit in most with your own ideas? Why? Did you disagree with any of the ideas presented? Why?
- Identify, where possible, the type of sources used by the author(s). For example, for a journal article, the author might have searched previous literature and/or conducted original research using study subjects; a journalist might have conducted interviews or commented on a major report that has been released. Comment on the degree to which you feel the author(s) accurately and objectively reflected their source materials.

Three-Minute Presentations: in the class in which each commentary is due, each student will be asked to very briefly describe their topic and answer the following two questions:

- How does the topic relate to the course content so far/how is it an HIS issue?
- What motivated you to choose that particular topic? What activated you about it?

You will have 3 minutes (with a hard stop!) to present this material, so think carefully about what want to say.

Commentaries will be graded on the appropriateness of the articles selected, the clarity and concision of your analysis, and evidence that you've thought about the issue deeply and selected key messages that have relevance to each other, and to HIS. You will lose marks if sources are not identified or cited properly, if no critical synthesis or relevance is provided, or if reports exceed the word limit.

Research Paper & Showcase: 30%

The final research paper for this course should be approximately 4,000 words (16-18 page double-spaced, including references). You should draw on external sources to construct a literature review on a topic of interest to you and make an original scholarly argument. You can also make targeted recommendations for a specific audience (e.g. policymakers or clinicians). Topics might focus on practical issues in health information provision and use (e.g., developing information literacy workshops for clinicians, new consumer health informatics applications, etc.), or on exploration of emerging issues in the field of health information broadly (e.g., health information privacy legislation; open access publishing models in the medical literature, etc.); or combinations of these aspects of HIS. A critical lens is encouraged, along with the identification of clear HIS-specific research gap(s), articulated into research questions.

The paper should introduce the topic; provide definitions of the key concepts employed (with appropriate citations); describe why this is an important HIS topic, what aspect you plan to explore, & why; demonstrate that you have conducted a reasonable search of relevant literature (this need not be exhaustive); demonstrate critical thought into the topic including consideration of potential implications for theory, research and/or practice in specific areas of relevance to the course content, or to the field of health information science more broadly. We will discuss further assignment details in class.

In our final class of the semester, you will take one main idea/learning from your research for your paper and present it to the class using a strategy consistent with the knowledge mobilization content discussed in class 10. The goal will be to communicate a key reflection in a way designed to engage a general audience. This can be visual (e.g., a poster), a pre-recorded video (vlog), a live brief oral presentation (TED-style) or other approach.

Please email me with your preferred topic and a brief abstract by Friday, November 10th; we will also have an in-person meeting to discuss the project during the month of November.

A final version of your paper is due on Friday, December 8th.

Course Delivery Contingencies

Statement on the Use of Zoom Recording

Participants in this course are not permitted to record the sessions, except where recording is an approved accommodation, or the participant has the prior written permission of the instructor.

Remote learning sessions for this course will be recorded for accessibility purposes. The data captured during these recordings may include your image, voice recordings, chat logs and personal identifiers (name displayed on the screen). The recordings will be used for educational purposes related to this course, including evaluations. The recordings may be disclosed to other individuals under special circumstances. Please contact the instructor if you have any concerns related to session recordings.

Course delivery with respect to the COVID-19 pandemic

Although the intent is for this course to be delivered in-person, the changing COVID-19 landscape may necessitate some or all of the course to be delivered online, either synchronously (i.e., at the times indicated in the timetable) or asynchronously (e.g., posted on OWL for students to view at their convenience). The grading scheme will not change. Any assessments affected will be conducted online as determined by the course instructor.

Land Acknowledgment

We acknowledge that Western University's buildings are located on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak, and Attawandaron peoples, on lands connected with the London Township and Sombra Treaties of 1796 and the Dish with One Spoon Covenant Wampum. We pay our respects to their Elders, past, present, and future, and acknowledge the painful history of genocide and forced removal from this territory. This land continues to be home to diverse Indigenous peoples (e.g. First Nations, Métis and Inuit) whom we recognize as contemporary stewards of the land and vital contributors of our society, and we honor and respect the Indigenous communities still living on and connected to this land by striving for restorative justice for First Nations peoples, and for all.

Syllabus Credits

This syllabus is grounded in part on materials developed by Drs. Nadine Wathen, Anita Kothari, and Eugenia Canas of Western University, Gabriella Coleman and Jonathan Sterne of McGill University, Anna Lauren Hoffmann of the University of Washington, and Jay Shaw and Ross Upshur of the University of Toronto.