

SCHOOL OF URBAN AND REGIONAL PLANNING
SURP 861: Healthy Community Planning
Winter 2015

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Office: Robert Sutherland Hall 531
Class schedule: Wednesdays, 6-9pm
Location: Robert Sutherland Hall 554

COURSE DESCRIPTION

The rising prevalence of chronic diseases that have built environment links, such as obesity, heart disease, cancer and depression, has stimulated calls for reconnecting public health and urban planning in both pedagogy and practice. This interdisciplinary course aims to facilitate this reconnection by engaging public health and urban planning students through in-depth examinations of the determinants of health and well-being at the local level. Moving from the macro to micro, various dimensions of communities and cities will be interrogated for their health-promoting and impeding qualities; key debates and best practices for healthy community planning will be considered; viable options for creating healthier communities will be formulated; and proposals for evaluating the health impacts of interventions will be developed.

COURSE OBJECTIVES

- Recognize the multiple domains through which built environments influence public health to facilitate more comprehensive approaches to planning for healthy communities.
- Understand the languages and perspectives employed within public health and urban planning to encourage more meaningful collaborations between these fields in practice.
- Recognize the impediments that values, interests, and institutions can pose to planning, designing, and maintaining healthy communities.
- Propose options for addressing a problem that has implications for community health.
- Develop a plan for assessing the health impacts of a community-level proposal.

COURSE FORMAT

This will be an interactive seminar-style course, involving instructor- and student-facilitated discussions, case study analyses, and other in-class activities. Some classes will be supplemented with lectures from the course instructor and invited guests. Students are expected to attend all class meetings having completed the assigned readings, and ready to participate in discussion.

EVALUATION

20% Class Preparation and Participation
20% Facilitated Discussion
20% Midterm Assignment: Briefing Note
40% Final Assignment: HIA Screening & Scoping Document

CLASS SCHEDULE AND IMPORTANT DATES

Module	Week	Broad Topics	Specific Topics	Special Guests
1. Conceptualizing Healthy Communities	1, Jan 7 th	Defining Healthy Communities	Determinants of health Health inequities Visions of a healthy community	Sue Cumming
	2, Jan 14 th	Linking Health and Planning	Historical trajectories of PH & PI Barriers and facilitators Frameworks for collaboration	Tannis Cheadle
2. Urban Form, Community Design, and Health	3, Jan 21 st	Suburbs	Origins and impacts of sprawl Scope of suburbs in Canada Alternative suburban development	
	4, Jan 28 th	Inner Cities	Urban living conditions Urban health inequities Intensification and gentrification	Jeff Masuda
	5, Feb 4 th	Transportation	Travel patterns Public transportation Active transportation	
	6, Feb 11 th	Neighbourhoods	Decline and renewal Community anchors Place-making	John Henderson
READING WEEK – NO CLASS				
3. Planning for Basic Human Needs	7, Feb 25 th	Social inclusion	Children and youth Seniors, mobility impaired Marginalized groups	Ruth Noordergraaf
	8, March 4 th	Housing	Housing conditions and health Supportive housing principles Mixed income housing	
	9, March, 11 th	Food	Agricultural land protection Community-based food programs Municipal food policy	Mara Shaw
	10, March 18 th	Air and Water	Air quality and pollution Local water supplies Climate change	
4. Healthy Community Planning	11, March 25 th	Considering Health in Planning	Engaging public health Healthy development index Health impact assessment	MPI/MPH Joint Lecture: David Mowat
	12, April 1 st	Planning for Healthy Communities	Healthy community planning in practice	Sue Cumming
	Friday April 10 th			Final Report Due

Class Preparation and Participation, 20%

This component of your grade will be evaluated throughout the semester. Preparation is based on completion of readings in advance of each class, and will be evident from your contributions to class discussions. Participation is based on whether you demonstrate an ability to think critically, and whether you facilitate the learning environment for other students in the class. You will also be required to submit one discussion question from each reading by the Tuesday before each class. The following rubric will be used to guide the evaluation of this component of your grade¹:

	Strong Work	Needs Development	Unsatisfactory
Listening	Actively and respectfully listens to peers and instructor	Sometimes displays lack of interest in comments of others	Projects lack of interest or disrespect for others
Preparation	Arrives fully prepared with all readings completed and having questions and/or observations to share	Sometimes arrives unprepared or with only superficial preparation	Exhibits little evidence of having read or thought about assigned material
Quality of contributions	Comments are relevant and reflect understanding of assigned materials and previous remarks of other students	Comments sometimes irrelevant, demonstrate a lack of preparation, or indicate lack of attention to previous remarks of other students	Comments reflect little understanding of either the assignment or previous remarks in seminar
Impact on seminar	Comments frequently help move seminar conversation forward	Comments sometimes advance the conversation, but sometimes to little to move it forward	Comments do not advance the conversation or are actively harmful to it
Frequency of participation	Actively participates at appropriate times	Sometimes participates but at other times is “tuned out”	Seldom participates and is generally not engaged
Presence in class	Is present for nearly every class	Is present for most classes	Misses many classes

¹ Adapted from <http://donsdocs.files.wordpress.com/2012/07/class-participation-grading-rubric.png>

Facilitated Discussion, 20%

Once during the semester, you will be expected to facilitate a portion of the class discussion. (The length of time that you will be required to facilitate the discussion will depend on class size, and this will be determined by the end of week 2.) The objectives of this assignment are to foster skills in research, stakeholder analysis, group facilitation, and public speaking, and to raise awareness of the nature of the debates that arise in the context of healthy community planning.

Your facilitation will focus on an existing or proposed municipal-level policy, plan, development, or program of your choosing that has implications for the health of the community, and that has generated controversy. For example, a decision by a school board to close a school, or a proposal to build a mid-rise building in an otherwise low density neighbourhood. The ‘intervention’ of interest must be relevant to the topic for the week, but it need not have an explicit health objective or focus. It is recommended that you start by examining a municipality that you are familiar with, and browsing through local news media for stories about the intervention of interest. If the news article has attracted comments, review them to get a sense of the debate.

To prepare for the facilitated discussion, you will need to familiarize yourself with the intervention in terms of its origins or impetus; how the intervention has been, or will be, implemented; key stakeholders involved; and arguments being made on different sides of the debate. Based on your findings, you will facilitate class discussion by introducing your classmates to the intervention, soliciting their perspectives on the intervention, and discussing solutions for addressing the controversy. To supplement your facilitated discussion, you will distribute to your classmates, and submit to the instructor, an overview of the intervention you selected, focusing on the key elements that were researched for the discussion. This overview should be no more than 1-page, single-spaced, using 12-point Times New Roman font, and 1” margins. Reference lists are not included in this 1-page limit.

Your evaluation on this assignment will be broken down into the following elements:

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|---|-----|
| • Quality of the oral presentation of the intervention details to the class | 5% |
| • Effectiveness at initiating, maintaining, and managing the class discussion | 10% |
| • Advance preparation for facilitated discussion based on 1-page overview | 5% |

Briefing Note, 20%

Politicians and senior level bureaucrats are immensely busy individuals, and have little time at their disposal to review academic literature and best practices, or to become familiar with contextually relevant factors that may facilitate or hinder the outcomes of their work. As such, they are reliant on public sector employees as well as external individuals and organizations to keep them informed about critical aspects of key issues within their portfolio. Thus, the objective of this assignment is to develop students' skills for concise, efficient, and compelling writing for public sector audiences.

Based on a topic of your choosing related to healthy communities, you will write a briefing note for a municipal, provincial, or federal policy-makers in Canada. As defined by Doyle (2013), a briefing note "quickly and effectively informs a decision-maker about an issue...[and] distills often complex information into a short, well-structured document". The main components of a briefing note include a statement of the issue, a summary of the facts (e.g., background details, current status, key considerations and options for addressing the issue), and the conclusion. Briefing notes generally have a defined structured format. See the following website for more details on the essential elements: <http://web.uvic.ca/~sdoyle/E302/Notes/WritingBriefingNotes.html>.

Usually briefing notes are prepared by public sector employees and delivered to a senior policy-maker to assist them in staying informed of the issue and to develop a reasonable solution to address the issue. More and more, however, a variety of organizations are using briefing notes as a means to advocate with the media, decision-makers and the public for a particular position. This means that the neutrality of the writer of a policy brief may be different under different circumstances. Most people acknowledge that an important characteristic of a briefing note is that it should be persuasive, clear and succinct. It is intended to convince the reader of the urgency of the problem using supporting evidence; explain the current approach to addressing the issue; offer clear, logical alternative courses of action to address it, describing the advantages and disadvantages of each option; and recommending a course of action based on this analysis. Note that maintaining the status quo, or no action, may be a valid option to present and recommend.

Your briefing note can focus on policy, planning, infrastructure, programming, or some combination thereof. While your briefing note must have clear implications for the health of communities, you may choose to target it to relevant actors within federal, provincial, regional, or municipal governments. The target audience for your briefing note should be clearly defined and appropriate given the issue. The topic does not have to be based in Canada; international topics are welcome.

The brief will be 2-3 pages in length, single-spaced, not including a title page, reference list, and appendices (only if necessary). Briefs must be written in 12-point Times New Roman font, single-spaced, with 1" margins. References should be handled a little differently than a normal academic paper. Only statements that are factually verifiable (e.g., the child poverty rate in Ontario in 2008 was X%) and particularly unique or innovative policy ideas that have been published (e.g., 'safe injection sites') should be referenced. In other words, less referencing is expected than in an academic paper. As always, Internet sources should be carefully scrutinized for their credibility and properly documented. The assignment must be submitted to me by email by noon on Friday, February 13th.

HIA Screening & Scoping Document, 40%

Health impact assessment (HIA) is an increasingly popular decision-making support tool that offers insights into how decisions will affect people's health. HIAs normally involve examining and comparing the potential health impacts of multiple decision options, but at a minimum will assess the proposed action against the 'do nothing/business as usual' option. HIAs are anticipatory and forward-looking, assessing 'what will happen' in the future. Thus, HIAs differ from evaluations, which examine impacts after a decision has been made and implemented, and from monitoring, which studies impacts as they are happening. (See John Kemm, 2013)

The stages of HIA are well defined, starting with screening, then scoping, risk assessment, recommendations, reporting, and decision-making. The purpose of this assignment is for you to engage in the first two steps of HIA. That is, you will screen the health impacts of, and scope out the procedures required for an HIA on, a proposed new policy, plan, project, or program that would be implemented at the community level. The final report should encompass the following components.

Component 1 (roughly 3-4 pages): Screening

The purpose of screening is to aid in the decision of whether an HIA is necessary, which requires determining if and how the 'proposal' is likely to affect health or the determinants of health. You are encouraged to draw from an existing screening tool to support your decision about the need for an HIA. This component of your report should include the following elements:

- Identification of the 'proposal' and alternative options;
- Conceptual framework or 'causal diagram' for various ways proposal could impact health;
- Justification for HIA based on need for assessment, desire from others, and/or potential to influence the decision.

Component 2 (roughly 7-8 pages): Scoping

Since HIA is a form of research, the scoping component of HIA is much like writing a research proposal. In other words, the purpose of scoping is to map out how the HIA will be conducted. The elements of this component should include:

- Identification of all relevant stakeholders that will need to be considered, and potentially engaged, in the research process;
- Explanation of the geographic and temporal scope for the HIA, as well as justification for what is out of scope for the HIA;
- Description of the required data and research methods for assessing the various health impacts outlined in the causal diagram, along with the required resources (e.g., staff, knowledge and skills, equipment, etc.) to collect, manage, and analyze those data sources;
- Ethical and feasibility considerations for the HIA.

Reports must be between 10-12 double-spaced pages in length, excluding a title page, reference page, and appendices (if necessary). Reports must be written in 12-point Times New Roman font, using 1" margins, and including page numbers. The report will be due by 4pm, Friday April 10th.

READINGS

Week 1: Defining Healthy Communities

- National Health Forum. 2003. *What makes Canadians healthy or unhealthy?* Ottawa, ON: Public Health Agency of Canada. <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>
- ULI. 2013. *Ten principles for building healthy places*. Washington, DC: Urban Land Institute. <http://www.8-80cities.org/images/res-parks-pubplaces-articles/10-principles-for-building-healthy-places.pdf>
- CHC. *The healthy communities approach: A framework for action on the determinants of health*. Toronto, ON: Canadian Healthy Communities. http://www.ohcc-ccso.ca/en/webfm_send/550

Week 2: Linking Health and Planning

- Corburn J. 2004. Confronting the challenges in reconnecting urban planning and public health. *American Journal of Public Health*. 94(4): 541-6. PMID:15053998
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448291/>
- Sloane D. 2006. From Congestion to Sprawl. *Journal of the American Planning Association*. 72(1): 10-18. <http://dx.doi.org/10.1080/01944360608976720>
- Bergeron K, Levesque L. 2012. Government policies for active community design in Ontario: Challenges to achieving collaboration in five Ontario ministries. *Canadian Journal of Urban Research*. 21(1): 29-54.
<https://www.dropbox.com/s/uzakgty7zetvsm/Bergeron%20CJUR.pdf?dl=0>
- Lees E, Redmn H, Holy L. 2014. *Healthy Built Environment Linkages: A Toolkit for Design, Planning, Health*. Vancouver, BC: Provincial Health Services Authority.
http://planh.ca/sites/default/files/linkages_toolkit_final_april_8_2014_full.pdf

Week 3: Suburbs

- Frumkin et al. 2004. Chapter 2: The origins of sprawl. In *Urban Sprawl and Public Health*. Washington DC: Island Press.
<https://www.dropbox.com/s/wnv3amp16cmkrw1/Frimkin%20Chapter%202.pdf?dl=0>
- Frumkin, H., 2002. Urban sprawl and public health. *Public Health Reports*. 117 (3): 201-17.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497432/pdf/12432132.pdf>
- Gordon D, Shirokoff I. 2014. *Suburban nation? Population growth in Canadian suburbs, 2006-2011*. Working Paper #1, Council of Canadian Urbanism. <http://www.canadianurbanism.ca/wp-content/uploads/2014/07/CanU%20WP1%20Suburban%20Nation%202006-2011%20Text%20and%20Atlas%20comp.pdf>
- CMHC. 2010. *Comparing Canadian New Urbanist and Conventional Suburban Neighbourhoods*. Ottawa, ON: Canada Mortgage and Housing Corporation.
<http://www.cmhc.ca/odpub/pdf/66954.pdf>

Week 4: Inner Cities

- Freudenberg N, Sandro G, Vlahov D. 2005. Beyond urban penalty and urban sprawl: Back to living conditions as the focus of urban health. *Journal of Community Health*. 30 (1): 1-11. <http://dx.doi.org/10.1007/s10900-004-6091-4>
- CPHI. 2006. Chapter 2: Urban Living: Neighbourhoods and Health. *Improving the Health of Canadians: An Introduction to Health in Urban Places*. Ottawa, ON: Canadian Institute for Health Information, pp.21-57. https://secure.cihi.ca/free_products/PH_Full_Report_English.pdf
- Masuda JR, et al. 2012. Out of our inner city backyards: re-scaling urban environmental health inequity assessment. *Social Science & Medicine*. 75(7): 1244-53. DOI: <http://dx.doi.org/10.1016/j.socscimed.2012.04.034>

Week 5: Transportation

- Turcotte M. 2011. *Commuting to work: Results of the 2010 General Social Survey*. Ottawa, ON: Statistics Canada. Catalogue no. 11-008-X <http://www.statcan.gc.ca/pub/11-008-x/2011002/article/11531-eng.pdf>
- Lachapelle U, et al. 2012. Commuting by public transit and physical activity: where you live, where you work, and how you get there. *J Phys Act Health*. 8(Suppl 1): S72-82. <https://www.dropbox.com/s/tpd8dsi3murzyqk/Lachapelle%20JPAH%202012.pdf?dl=0>
- Winters M, et al. 2012. Safe cycling: how do risk perceptions compare with observed risk? *Can J Public Health*. 103(9 Suppl 3): eS42-7. <https://www.dropbox.com/s/271aca6kqzxe1i/Winters%20et%20al%20CJPH%202012.pdf?dl=0>
- Glazer RH, et al. 2014. Density, destinations or both? A comparison of measures of walkability in relation to transportation behaviors, obesity and diabetes in Toronto, Canada. *PLoS One*. 9(1): e85295. <http://dx.doi.org/10.1371/journal.pone.0085295>

Week 6: Neighbourhoods

- Zhu X, et al. 2014. A retrospective study on changes in residents' physical activities, social interactions, and neighborhood cohesion after moving to a walkable community. *Preventive Medicine*. In Press. <http://dx.doi.org/10.1016/j.ypmed.2014.08.013>
- Witten K, McCreanor T, Kearns R, Ramasubramanian L. 2001. The impacts of a school closure on neighbourhood social cohesion: narratives from Invercargill, New Zealand. *Health and Place*. 7(4): 307-17. [http://dx.doi.org/10.1016/S1353-8292\(01\)00023-5](http://dx.doi.org/10.1016/S1353-8292(01)00023-5)
- PPS. *What is Placemaking?* New York, NY: Project for Public Spaces. http://www.pps.org/reference/what_is_placemaking/
- City of Kingston. 2012. *Rideau Heights Community Renewal Plan*. Kingston, ON: Housing Department, City of Kingston. <https://www.cityofkingston.ca/documents/10180/13880/Background+Information+Report/fbabf676-43f6-4cf6-8cc5-8bdc20a826a9>

Week 7: Social Inclusion

- Lewis NM. 2013. Ottawa's Le/The Village: Creating a gaybourhood amidst the 'death of the village'. *Geoforum*. 49: 233-242. <http://dx.doi.org/10.1016/j.geoforum.2013.01.004>
- Lui C-W, et al. 2009. What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, 28: 116-121. <http://dx.doi.org/10.1111/j.1741-6612.2009.00355.x>

- MAH. 2008. *Planning for Barrier-Free Municipalities*. Toronto, ON: Ontario Ministry of Municipal Affairs and Housing. <http://www.mah.gov.on.ca/Page1290.aspx>
- Simich L, et al. 2005. Providing social support for immigrants and refugees in Canada: challenges and directions. *Journal of Immigrant Health*. 7(4): 259-68. <http://dx.doi.org/10.1007/s10903-005-5123-1>

Week 8: Housing

- Shaw M. 2004. Housing and public health. *Annu Rev Public Health*. 25:397-418. <http://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.25.101802.123036>
- ERA Architects. 2010. Executive Summary. *Tower Neighbourhood Renewal in the Greater Golden Horseshoe: An Analysis of High-Rise Apartment Tower Neighbourhoods Developed in the Post-War Boom (1945-1984)*. Toronto, ON: Ontario Growth Secretariat, Ministry of Infrastructure. pp. i-ix. <http://www.cugr.ca/tnrghh>
- CRUNCH. 2014. *Toronto Social Housing and Health Study: Community Report Number 2*. Hamilton, ON: Collaboratory for Research on Urban Neighbourhoods, Community Health and Housing, McMaster University. https://crunch.mcmaster.ca/documents/TSHHS_Phase_2_Summary_Feb_14_for_web.pdf
- MHCC. 2014. Module 1: Overview of Housing First. *Canadian Housing First Toolkit*. Toronto, ON: Canadian Housing First Toolkit, Mental Health Commission of Canada. <http://www.housingfirsttoolkit.ca/sites/default/files/pdfs/Module1-Overview.pdf>

Week 9: Food

- Hofmann N, Filoso G, Schofield M. 2005. *Rural and Small Town Canada Analysis Bulletin: The Loss of Dependable Agricultural Land in Canada*. Statistics Canada, Ottawa. <http://smartgrowth.bc.ca/Portals/0/Downloads/StatsCan%20Agr%20Loss%20to%20Urban%20Areas%20Report.pdf>
- Pothukuchi K, Kaufman J. The food system. *Journal of the American Planning Association* 2007; 66(2): 113-24. <http://dx.doi.org/10.1080/01944360008976093>
- Levkoe C, Wakefield S. The Community Food Centre: Creating space for a just, sustainable and healthy food system. *Journal of Agriculture, Food Systems, and Community Development* 2012; 2(1): 1-20. http://www.agdevjournal.com/attachments/article/214/JAFSCD_Community_Food_Centre_No_v-2011.pdf
- Kirkpatrick S, Tarasuk V. Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families. *Public Health Nutrition* 2010; 13(7): 1139-48. <http://dx.doi.org/10.1017/S1368980010000339>

Week 10: Air & water

- Backer L. 2011. Chapter 6: Community Design for Water Quantity and Quality. In *Making Healthy Places: Designing and Building for Health, Well-being, and Sustainability*. Washington, DC: Island Press. pp.91-105. http://download.springer.com/static/pdf/806/chp%253A10.5822%252F978-1-61091-036-1_6.pdf?auth66=1416507319_b91198a8e0d3acf100e61b82b6e66aab&ext=.pdf
- Ali SH. 2004. A socio-ecological autopsy of the E. coli O157:H7 outbreak in Walkerton, Ontario, Canada. *Social Science & Medicine*. 58: 2601–2612. <http://dx.doi.org/10.1016/j.socscimed.2003.09.013>

- Gower S, et al. 2010. Preparing for Climate Change: Mapping Heat Vulnerability in Toronto. *Presentation to the 2010 Urban Health Island Summit*. Toronto, ON: Toronto Public Health. <http://www.cleanairpartnership.org/files/Gower.pdf>
- Friel S et al. 2011. Urban Health Inequities and the Added Pressure of Climate Change: An Action-Oriented Research Agenda. *Journal of Urban Health*. 88(5): 886-895. <http://dx.doi.org/10.1007/s11524-011-9607-0>

Week 11: Planning for Healthy Communities I

- The Planning Partnership. 2011. *Health Background Study: User Guide*. Region of Peel, ON: Region of Peel. <http://www.peelregion.ca/health/resources/healthbydesign/pdf/HBS-framework-4-userguide.pdf>
- Forsyth et al. 2010. Health Impact Assessment (HIA) for Planners: What tools are useful? *Journal of Planning Literature*. 24(3): 231-45. <http://dx.doi.org/10.1177/0885412209358047>
- Kemm J. 2013. Chapters 1 and 2 of *Health Impact Assessment: Past Achievement, Current Understanding, and Future Progress*. Oxford, UK: Oxford University Press, pp.3-24. <https://www.dropbox.com/s/rsm4ke0qd22vldk/Kemm%20Chapters%201-2.pdf?dl=0>

Week 12: Planning for Healthy Communities II

- Lees E, Redman H, Berland A. 2009. *Bringing health to the planning table: A profile of promising practices in Canada and Abroad*. Ottawa, ON: Public Health Agency of Canada. <http://www.phac-aspc.gc.ca/publicat/2009/be-eb/pdf/be-eb-eng.pdf>
- MAH. 2009. *Planning by Design: A Healthy Communities Handbook*. Toronto, ON: Ministry of Municipal Affairs and Housing. <http://www.mah.gov.on.ca/AssetFactory.aspx?did=7171>
- CIP. Nd. *Healthy Communities Practice Guide*. Ottawa, ON: Canadian Institute of Planners. http://www.cip-icu.ca/Files/Healthy-Communities/CIP-Healthy-Communities-Practice-Guide_FINAL_lowre.aspx

POLICIES AND EXPECTATIONS

TECHNOLOGIES IN THE CLASSROOM

As a primarily seminar style course, the focus will be on student discussion and engagement. Thus, laptops are strongly discouraged from the classroom, as their presence will impede the learning experiences of you and your peers. Presentation slides used in any lectures delivered by the instructor and special guests will be distributed to students after the lecture has taken place. Additionally, you are expected to turn off and stow away cell phones while class is in session.

EMAIL POLICY

Due to the volume of email messages I receive on a daily basis, I cannot respond to multiple emails from the same student in a single day. As such, if you have several questions about an assignment or class topic, please send all of your questions to me in a single email message (rather than a series of emails), and I will respond to your questions as thoroughly as possible. Questions that are reasonable for me to respond to by email will be answered within 3 business days. Questions that reflect common concerns among students will be answered during the next class.

POLICIES ON ASSIGNMENT SUBMISSIONS, DEADLINES, AND EXTENSIONS

Assignments must be submitted electronically. Hard copies will not be accepted. Late submissions will be penalized 3% per day off the assignment mark for up to one week past the due date, after which time late submissions will not be accepted unless an extension has been granted. If you require an extension, you must contact me at least 24 hours in advance of the assignment deadline. The decision to grant an extension is my discretion, and cannot be guaranteed. Extensions will not be granted after the deadline has passed. Students are responsible for keeping back-up copies of all written work and assignments for this class. Computer or disk problems will not be accepted as an excuse to hand in a late assignment.

ACADEMIC INTEGRITY

Academic integrity is constituted by the five core fundamental values of honesty, trust, fairness, respect and responsibility (see www.academicintegrity.org). These values are central to the building, nurturing and sustaining of an academic community in which all members of the community will thrive. Adherence to the values expressed through academic integrity forms a foundation for the "freedom of inquiry and exchange of ideas" essential to the intellectual life of the University (see the Senate [Report on Principles and Priorities](http://www.queensu.ca/secretariat/senate/policies/principri/), at <http://www.queensu.ca/secretariat/senate/policies/principri/>).

Students are responsible for familiarizing themselves with the Queen's University Senate *Policy on Academic Integrity* found at www.queensu.ca/secretariat/senate/policies/AcadInteg.html, for ensuring that their assignments conform to the principles of academic integrity. Departures from academic integrity include plagiarism, use of unauthorized materials, facilitation, forgery and falsification, and are antithetical to the development of an academic community at Queen's. Given the seriousness of these matters, actions which contravene the regulation on academic integrity carry sanctions that can range from a warning or the loss of grades on an assignment to the failure of a course to a requirement to withdraw from the university.

ACCOMMODATION: ACCESS and DISABILITY

Queen's University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an equitable opportunity to participate in all of their academic activities. If you are a student with a disability and think you may need accommodations, you are strongly encouraged to contact the Disability Services Office (DSO) and register as early as possible. For more information, including important deadlines, please visit the DSO website at: <http://www.queensu.ca/hcds/ds/>

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