

The University of Western Ontario  
School of Health Studies  
**Health Sciences: Aging and Marginalized Populations**  
**HS4721A**

Instructor: Dr. Afshin Vafaei  
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Office Hours: by appointment  
Location:

TA: TBD

Times:  
Location:  
Online component: to be completed no later than each Friday 11:59 pm  
Course Website: <https://owl.uwo.ca/>

**Prerequisite Checking**

Health Sciences 2711A/B.; or registration in third or fourth year of the Honours Specialization or Specialization in Global Health Studies at Huron University College.

**Course Description**

This **blended** course examines aging from the perspective of vulnerable, at-risk and under-served populations. Students will develop an understanding of the unique health experiences and challenges faced by older individuals who are relegated to, or find themselves on, the margins of society.

Students will develop an understanding of how the intersection between age and other socio-demographic characteristics (e.g., gender, ethnicity, socio-economic status, place of residence, and sexual orientation) contributes to marginality and health inequities.

**Learning Objectives**

On completion of this course, students will be able to:

- a) Be aware of the heterogeneity among older adults associated with socio-demographic characteristics, such as gender, ethnicity, socio-economic status, and sexual orientation.
- b) Relate observed health inequities to socio-demographic characteristics among older adults.
- c) Articulate personal, cultural and societal attitudes affecting marginalization populations.
- d) Develop the ability to bring a life course lens when assessing the strengths and challenges facing marginalized populations.
- e) Identify, tailor, and implement public health and clinical strategies and interventions to address health disparities in marginalized older adults.

## **Course Materials and Reading List**

There is no required textbook for this course. Readings (either in PDF format or through Western library links) will be posted in OWL.

*A main requirement is arrangement for a strong internet connection for accessing online materials.*

## **Class Schedule (subject to change)**

The issues related to marginalized older adults will be explored systematically in three sections.

Week/Date	Topic/Focus	Readings	Online Discussion
<b>Section 1: The Concept and Theoretical Basis of Marginalization</b>			
1:	Marginalization and health inequities	Chapter 1 of Arya & Piggott (2018) <i>Under-Served: Health Determinants of Indigenous, Inner-City, and Migrant Populations in Canada</i> : Deconstructing the concept of special populations for health care, research, and policy. <a href="#">Clark &amp; Preto (2018). Exploring the concept of vulnerability in health care. CMAJ, 190 (11) E308-E309</a>	<a href="#">Hutcherson (2017). My White Friend Asked Me on Facebook to Explain White Privilege. I Decided to Be Honest. Yes Magazine.</a>
2:	Theoretical/conceptual frameworks of marginalization	<a href="#">Crenshaw (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. The University of Chicago Legal Forum. 140:139-67.</a> <a href="#">Canadian Council on Social Determinants of Health. A review of frameworks on the determinants of health 2015.</a>	<a href="#">Hankivsky et al (2014). An intersectionality- based policy analysis framework: critical reflections on a methodology for advancing equity. Int J Equity Health;13:119.</a>
3.	Community participation	<a href="#">Wallerstein &amp; Duran (2009): Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity. American Journal of Public Health 100, S40 S46</a>	<a href="#">Kiran et al (2019). Patient perspectives on routinely being asked about their race and ethnicity: Qualitative study in primary care. Can Fam Physician;65 (8):e363-e369.</a>
<b>Section 2: Main Marginalized Older Adult Groups</b>			
4.	Aging Prisoners	Documentary: Prisoners of Age Maschi, et al (2013). The high cost of the international aging prisoner crisis: Well-being as the common denominator for action. <i>Gerontologist</i> ,53(4):1-12.  <b>Exam#1</b>	Canadian Human Rights Commission (2019), Aging and dying in prison: An investigation into the experiences of older individuals in federal custody, Canadian Human Rights Commission, CanLIIDocs 1773, <a href="https://canlii.ca/t/sjd8">https://canlii.ca/t/sjd8</a> Discussion: Should aging prisoners be placed elsewhere?
5.	Remote and Rural Residents	Keating & Eales (2011). Chapter 23 of <i>Health in Rural Canada</i> : Diversity among Older Adults in Rural Canada: Health in context (available through Western libraries)	Chapter 10 of Schiff & Møller (2021) <i>Health and Health Care in Northern Canada</i> : Elder care and long-term care: Northern Indigenous Elder and long-term care services (available through Western libraries)

6.	Ethnocultural Minority Older Adults: Health care and service use	Lavoie et al. (2010). Service use by immigrant families caring for an older relative. In Durst & MacLean. <i>Diversity and aging among immigrant seniors in Canada: Changing faces and greying temples.</i> <b>In OWL</b>	Thomson et al. (2015). Improving immigrant populations' access to mental health services in Canada: A review of barriers and recommendations. <i>Journal of Immigrant and Minority Health</i> . doi 10.1007/s10903-015-0175-3
7.	Health of LGBTQ2+ Older Adults	Documentary: How We Got Gay <a href="https://www.youtube.com/watch?v=sO-CzmnB2QY">https://www.youtube.com/watch?v=sO-CzmnB2QY</a> Fredriksen-Goldsen et al. (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. <i>The Gerontologist</i> , 53(4): 664-675. Fredriksen-Goldsen (2017). Dismantling the silence: LGBTQ Aging Emerging from the Margins, <i>The Gerontologist</i> , 57(1): 121-128.	Brotman et al (2003). The health and social service needs of gay and lesbian elders and their families in Canada. <i>The Gerontologist</i> , 43(2), 192-202. Furlotte et al. (2016). "Could we hold hands?": Older lesbian and gay couples' perceptions of long-term care homes and home care. <i>Canadian Journal on Aging</i> , 35(4), 432-446.
8.	Poverty Homelessness	The Retirement Income System in Canada Battle et al. (2012) <i>Old age insecurity?</i> Caledon Institute of Social Policy. Ottawa. <a href="https://maytree.com/wp-content/uploads/983ENG.pdf">https://maytree.com/wp-content/uploads/983ENG.pdf</a>	McDonald et al. (2007). Living on the margins: Older homeless adults in Toronto. <i>Journal of Gerontological Social Work</i> , 49(1-2), 19-46.
9.	Elder abuse	Edwards (2012). <i>Elder abuse in Canada</i> . Ottawa: Public Health Agency of Canada, Division of Aging and Seniors. Note: read pages 5-30 only. <a href="https://publications.gc.ca/collections/collection_2012/aspc-phac/HP10-21-2012-eng.pdf">https://publications.gc.ca/collections/collection_2012/aspc-phac/HP10-21-2012-eng.pdf</a> DeLiema et al. (2018). Using latent class analysis to identify profiles of elder abuse perpetrators. <i>The Journals of Gerontology: Series B</i> , 79(5), e49–e58. <a href="https://doi.org/10.1093/geronb/gbx023">https://doi.org/10.1093/geronb/gbx023</a> <b>Exam#2</b>	Case studies: diverse situations of elder abuse Discussion: Abused Older Men Discussion: Identify patterns in diverse cases of elder abuse. What are unique circumstances that perpetuate abuse of older adults?
<b>Section 3: Policy and Healthcare System Response</b>			
10.	Healthcare system design Identifying strategies	Chapter 7 of Novak (2018). <i>Aging and Society: Canadian Perspectives</i> : Healthcare <b>Presentations 1 to 3</b>	<a href="#">Browne et al (2012). Closing the health equity gap: evidence-based strategies for primary health care organizations. Int J Equity Health;11:59.</a> <a href="#">Andermann (2016). Taking action on the social determinants of health in clinical practice: a framework for health professionals, CMAJ, 188 (17-18) E474-E483</a>
11.	Public health program design Identifying strategies	Page 420-426 of Wister 2019; Chapter 16 of Satariano & Maus (2018). <i>Aging, Place, and Health</i> : Aging and Public Health: New Directions <b>Presentations 4 to 6</b>	<a href="#">Cohen &amp; Marshall (2016). Does public health advocacy seek to redress health inequities? A scoping review. Health and Social Care in the Community.</a>
12.	Closing the Gap Review of the Course	<b>Presentations 7 and 8</b>	<a href="#">Gore et al (2013). Getting to the Root of the Problem: Health Promotion Strategies to Address the Social Determinants of Health Canadian Journal of Public Health; 104 (1): e52-4.</a>

## **Evaluation and assignments**

By students will know 20% of their final grade.

Assessment	Weight of Final Mark	Due Date
Exam 1	20%	
Group Project		
Presentation	10%	Varies
Paper	20%	Varies
Exam 2	30%	
Online Discussions	20%	Ongoing

### **Online Discussions/reflections:** 20% of the overall grade

As part of this blended course students are **required** to participate in weekly online discussions. The topic and materials are available and following the instruction student will reflect on the issue. Some online discussions will be supplementary to in-class activities. Detailed information about **mandatory online** activities will be provided in the first class.

### **Group Assignment:** 30% of the overall grade (Presentation 10%; Paper 20%)

This assignment will be completed in groups of 5-6 students and includes two components: a short (7-8 minutes) in-class presentation and a written paper. The goal of this assignment is a thorough assessment of health inequities in a marginalized older adult population with consideration of strategies to address the inequities. The presentation provides an opportunity for real-time feedback from the instructor and fellow classmates. Please check your timing during a practice run.

There will be measures to ensure a fair participation within groups for a more equitable experience. Half of the mark for this group assignment will be based on the individual performance either by peer evaluation or by grades for itemized components of the assignment. Therefore, students in the group might receive different grades. Details will be discussed during the semester.

### **Two In-class Exams:** 50% of the overall grade (Exam 1: 20%; Exam 2: 30%)

Two in-class short exams that consist of 10-15 multiple choice questions and 5-10 short answer questions will be held on . The goal is an evaluation of understanding the topics before they are jammed for the final exam.

### **Missed Work**

Attendance to all classes is **mandatory**, and it is not possible to provide equal opportunity for all students to make-up the missed classes. **All materials** covered in the classes are **testable**.

### **Missed Exams**

If you are too ill to write a quiz or exam or there are other 'extenuating circumstances beyond your control' you **must** document this either with a medical certificate (if available) or by notifying the instructor in writing (with your signature). If you are ill for an extended period of time, it is your responsibility to contact the instructor immediately on your return to campus.

Only **one** make-up time will be scheduled for missed exam in the week after (Week of for Exam 1 and Week of for Exam 2).

## **MARKS**

A+	90-100	One could scarcely expect better from a student at this level
A	80-89	Superior work that is clearly above average
B	70-79	Good work, meeting all requirements and eminently satisfactory
C	60-69	Competent work, meeting requirements
D	50-59	Fair work, minimally acceptable.
F	below 50	Fail

It is anticipated that the course averages in years 1 through 4 grades will vary and this is the normative breakdown of average grades/year:

Year 1: 68-72

Year 2: 70-74 (core) and 72-76 (elective)

Year 3: 72-76 (core) and 74-78 (elective)

Year 4: 74-80

## **POLICIES**

### **Prerequisites**

Unless you have either the requisites for this course or written special permission from your Dean to enroll in it, you may be removed from this course, and it will be deleted from your record. This decision may not be appealed. You will receive no adjustment to your fees in the event that you are dropped from a course for failing to have the necessary prerequisites.

### **Covid -19 Contingency Plan for in-person class pivoting to 100% online learning**

In the event of a COVID-19 resurgence during the course that necessitates the course delivery moving away from face-to-face interaction, all remaining course content will be delivered entirely 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 remaining assessments will also be conducted online as determined by the course instructor.

**In the event of a COVID-19 resurgence during the course that necessitates the course delivery moving away from face-to-face interaction**, tests and examinations in this course will be conducted using a remote proctoring service. By taking this course, you are consenting to the use of this software and acknowledge that you will be required to provide personal information (including some biometric data) and the session will be recorded. Completion of this course will require you to have a reliable internet connection and a device that meets the technical requirements for this service. More information about this remote proctoring service, including technical requirements, is available on Western's Remote Proctoring website at: <https://remoteproctoring.uwo.ca>.

### **Late assignments**

Assignments must not be missed unless there is a medical condition, family emergency, or other unforeseen circumstances. A note from your Physician indicating the nature of your condition must be submitted to the School of Health Studies Main Office, and only upon receipt of such a letter will instructors consider a new due date for an assignment. Late assignments may be docked a certain percentage per day, which is determined by the instructor.

### **Attendance and Classroom Behaviour (online and/or in-person)**

In the School of Health Studies, each course instructor sets specific expectations for attendance and participation that are specific to the course, teaching objectives, and learning outcomes. Regular attendance

is expected and essential for all courses, but particularly those that include participation grades in their evaluation schemes. Participation means not only attendance, but active engagement in the class, including (for example) contribution to small and large group discussions, a demonstrated effort to prepare for class by completing assigned readings before class, and following the instructor's guidelines for use of electronic devices during class time. **Students who miss classes, or parts of classes, are responsible for the material they have missed. Instructors are not obliged to review the contents of missed lectures.**

### **Use of Recording Devices and Course Content**

**During Exams:** Unless you have medical accommodations that require you to do so, or explicit permission from the instructor of the course, you may not use any electronic devices during ANY tests, quizzes, midterms, examinations, or other in-class evaluations.

**During Lectures and Tutorials:** Although you are welcome to use a computer during lecture and tutorial periods, you are expected to use the computer for scholastic purposes only, and refrain from engaging in any activities that may distract other students from learning. From time to time, your professor may ask the class to turn off all computers, to facilitate learning or discussion of the material presented in a particular class.

**Unless explicitly noted otherwise, you may not make audio or video recordings of lectures – nor may you edit, re-use, distribute, or re-broadcast any of the material posted to the course website.**

### **Use of Plagiarism Checking Software**

All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com (<http://www.turnitin.com>).

### **Student Code of Conduct**

Code of Student Conduct defines the standard of conduct expected of students registered at The University of Western Ontario, provides examples of behaviour that constitutes a breach of this conduct, provides examples of sanctions that may be imposed, and sets out the disciplinary procedures that the University follows. 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: [Academic Calendar - Western University \(uwo.ca\)](http://www.uwo.ca/academic/calendar).

### **Academic Consideration**

The University recognizes that a student's ability to meet their academic responsibilities may, on occasion, be impaired by extenuating circumstances, including short-term illness or injury. Reasonable academic consideration is a cooperative process between the University, the student, and academic staff. All participants in the process must act in good faith, and fulfil their respective obligations, if it is to succeed.

Students who experience an extenuating circumstance (illness, injury, or other extenuating circumstance) sufficiently significant as to temporarily render them unable to meet academic requirements, may submit a request for academic consideration through the following routes:

- (i) For medical absences, submitting a Student Medical Certificate (SMC) signed by a licensed medical or mental health practitioner, in order to be eligible for Academic Consideration; or
- (ii) For non-medical absences, submitting appropriate documentation (e.g., obituary, police report, accident

report, court order, etc.) to academic advising office in their Faculty of registration, in order to be eligible for academic consideration.

### **Students seeking academic consideration**

- Are advised to consider carefully the implications of postponing tests or midterm exams or delaying handing in work;
- Are encouraged to make appropriate decisions, based on their specific circumstances, recognizing that minor ailments (e.g., upset stomach) or upsets (e.g., argument with a friend) are not normally an appropriate basis;
- **Must communicate with their instructors no later than 24 hours** after the end of the period covered by SMC, or immediately upon their return following a documented absence;
- **Are advised that all necessary documentation, forms, etc. are to be submitted to academic advising office within two business days after the date specified for resuming responsibilities**

### **Support Services**

There are various support services around campus and these include, but are not limited to:

1. Student Development Centre -- <http://academicsupport.uwo.ca/>
2. Student Health -- <https://www.uwo.ca/health/>
3. Registrar's Office -- <http://www.registrar.uwo.ca/>
4. Ombudsperson Office -- <http://www.uwo.ca/ombuds/>

### **Health and Wellness**

The undergraduate experience is rewarding and challenging socially, emotionally, and intellectually. Finding ways to balance scholarly life with our personal lives can be tough, but it's important to learn how to manage stress. Western provides several health and wellness-related services to students, which may be found at <http://www.health.uwo.ca/>. You can also check out the Campus Recreation Centre or the McIntosh Gallery (<http://www.mcintoshgallery.ca/>), for alternative spaces to reconnect with your bodies and restore your spirit. You may also want to access local resources that are closer to where you are living during the school year. Recalibrating ourselves emotionally begins with slowing down, reminding ourselves that we are ok, and taking a few deep, slow breaths. This remarkably effective strategy brings the body from stress mode into a more relaxed state.

If you are in emotional or mental distress should refer to Mental Health@Western [Mental Health Support - Health & Wellness - Western University \(uwo.ca\)](#) for a complete list of options about how to obtain help or Thames Valley Family Services (<https://www.familyservicethamesvalley.com/>), a trusted provider within the community. To help you learn more about mental health, Western has developed an interactive mental health learning module, found here: [Health & Wellness - Western University \(uwo.ca\)](#). It's also advisable to have a wellness safety plan if you don't want to reach out to formal services. Having the numbers of a few trusted individuals is another strategy.

### **Common Concerns Guidelines**



The table below summarizes a list of common student concerns and how they are to be resolved. If you have a concern that is not listed here, then please email your instructor.

Concern	How to address concern
Course administrative matters	Read through the course outline or <b>email instructor if question <i>cannot be answered</i> from information in the course outline</b>
Course content questions	Refer to the OWL Resources (notes, calendar, etc). Email the instructor.
Grade disputes and requests for appeals	<p>A student requesting an appeal to a specific course with respect to a grade for an assignment or examination must first contact their instructor to discuss such matters.</p> <p>Visit the following website for guide on submitting an appeal: <a href="https://uwo.ca/fhs/policies/appeals.html">https://uwo.ca/fhs/policies/appeals.html</a></p>