"The Challenges and Opportunities for Physical and Health Education in Rural Schools: Community Partnerships"
Aniko Varpalotai, PhD (aniko@uwo.ca)
Faculty of Education, University of Western Ontario
London, Ontario, Canada

Abstract

Small, rural schools present special challenges for physical and health educators. However, rural communities also have a long-established tradition of partnerships and sharing of resources which can augment the school program. Based on research conducted in rural communities in southwestern Ontario, Canada, this presentation will provide an overview of some of the issues facing rural schools in the subject areas of PE and Health. ‘Educator’ in this instance is defined broadly to include rural health care professionals, in addition to teachers with responsibilities in these subjects. A case study of one particular community, and its unique partnership between the local secondary school and the community health centre, offers some innovative strategies and successful models for similar cooperative ventures elsewhere.

Introduction

Rural schools, both elementary and secondary, have unique opportunities and challenges facing them with regard to specialist subjects such as physical and health education. All teachers, regardless of location, must familiarize themselves with their community and the availability of resources both within and around the school, in order to develop creative and engaging curricula for their students. Rural teachers, however, share some particular concerns which will be addressed in this paper as they relate specifically to the subject matter of physical education and health. First, I should be clear about what I mean by “rural”, even as this concept and definition is rapidly evolving in Canada. And secondly, I will explain what I include under the purview of physical education and health.

By “rural” I mean a small community that is some distance from the nearest urban setting, and characterized primarily by a resource-based economy. In Canada, this would include farming, mining, fishing, and logging communities, as well as remote Northern and many First Nations communities. In Southwestern Ontario, where this research is being conducted, “the rural landscape is more likely to be agricultural than in any other region of Ontario, as well as most regions of Canada as a whole.” (Turner, 2004:3) A recent study: “Rural Health Matters: A Look at Farming in Southwest Ontario, 2004” (Ibid.) points out that 75% of the land in this region is used agriculturally, the farming is very diverse and changing over time, producing a large share of the country’s agricultural products, and farming can be seen to be linked to the health of the population both directly and indirectly - through the culture, the economy, and the environment.

Some have characterized this region as a ‘rural nirvana’ (p. 4) because of its relative prosperity, and proximity to urban centres. Although farming is on the decline in Canada, 5.2% of the labour force in this region is directly engaged in agriculture, compared to 1.8% of the total...
provincial labour force, and 2.6% of the national labour force. (p.7) While some rural communities are much more isolated than others, they share many characteristics. Access and equity in health services is a concern shared by all rural communities.

Rural schools are usually smaller than city schools, and students are transported by school bus for often significant distances taking up to an hour, or more, each way. Historically, since the early years of universal public education in Ontario (beginning in the 1850s) rural communities were served by one room or very small multi-room schools. However, as school consolidations and school board amalgamations took place during the latter half of the twentieth century these small, community based schools were replaced by bigger, more centralized schools with better facilities, and a larger student body and staff complement. While these changes have provided rural schools with more resources, they also removed many students from their home communities, resulting in the long bus rides. Some older rural teachers view the advent of the school bus as one of the most significant contributors to the decline of physical fitness among rural youth.

Despite Canada’s vast geography, and significant rural regions, relatively little attention has been paid to the needs of rural schools and educators (Newton & Knight, 1993; Newton & Newton, 1992; Richardson, 2000). Indeed, most faculties of education include no formal mention of rural schools in their teacher education programs (Varpalotai, 1998). Since 1996, a national annual congress on rural education has taken place in Saskatoon, Saskatchewan, bringing together concerned educators from across the country, but especially from the western provinces. However, only when rural schools are under threat of further closures do communities and politicians become engaged in this conversation in a serious way. In Ontario, there has been a resurgence of interest as communities rise up against a new wave of school closures (see Varpalotai, 2003). The previous government responded by appointing a Task Force to examine the funding formula for education. The subsequent “Rozanski Report” (2002) identified specific concerns and recommendations regarding rural and other small schools, followed by the “Downey Report” (2003) on “Strengthening Education in Rural and Northern Ontario”. While policy issues concerning rural schools and communities sometimes make the headlines, the teacher education and curriculum adaptations for rural schools are less frequently addressed.

The Ontario Department of Education published “Physical Education in Rural Schools” sometime during the middle of the twentieth century (no date is provided in the text), but this appears to be a rather unique and rare acknowledgement of the special circumstances of rural teachers and particular subject areas. The book takes into account the availability of outdoor and indoor playing spaces, as well as the use of community facilities, and addresses minimal equipment needs, the challenges of the one or two room school, and a variety of activities the teacher may incorporate into the curriculum. While the activities have changed (i.e., students no longer march in military-type formations), the circumstances of the small, rural school remain much the same in many parts of Canada to this day. Meanwhile, Health Education has taken on much greater significance and the subject content has changed considerably.

The Rozanski Report notes that schools often serve as delivery centres for services which complement their education mission, including health and social services; and that they are also often community hubs where many local activities take place (p.16). The People for Education lobby group shadowed the Rozanski Task Force and reinforced the needs of small, rural and remote schools. Its parallel report (2002) on the funding formula highlighted needs that required recognized funding, including physical education specialists, outdoor education, transportation,
and other curriculum needs that were disadvantaged by a funding formula that was based on per-pupil funding for large schools - ‘one size doesn’t fit all’ was a common theme in all of these reports.

The Downey Report (2003:12-13) notes among the concerns expressed regarding rural education: multi-grade classes, the need for specialist teachers, specialized teaching spaces such as a gymnasium, and transportation issues, including impact on extra-curricular activities. Additionally, if school consolidation was recommended, the recreational and other community contributions of the local school were to be recognized and taken into account during the accommodation studies (see also Ontario Farmer, 2003).

The secondary school curriculum also takes an expanded view of physical and health education:

“The health and physical education curriculum also promotes important educational values and goals such as tolerance, understanding, excellence, and good health. These values are reinforced in other curriculum areas, as well as in society itself. Parents, schools, health-care agencies, peers, businesses, government, and the media are all vital partners in helping promote these values to students. Working together, schools and communities can be powerful allies in motivating students to achieve their potential and lead safe, healthy lives.” (Ontario, 1999:3)

Thus, physical and health education in the rural school takes on a broader, community and whole-school perspective, beyond the specifics of provincially mandated curriculum for physical and health education classes, per se. This paper is set within this larger context of the rural school as the primary provider of much of the physical education, physical activity, and health education/information that is accessible to rural residents both young and old. From this perspective, the school’s physical and health education specialist becomes, potentially, an even more central figure, called upon to educate not only their students and student-athletes, but also colleagues, parents, and sometimes the community as a whole.

This Study

While the issues to be discussed here could just as easily apply to urban schools, the concerns and ideas which follow come from specific case studies and interviews, observations, and teacher education in rural Ontario schools, specifically those based in the agricultural regions of Southwestern Ontario. Some of the ideas cited come from interviews carried out with retired rural teachers, who witnessed and experienced the major changes to both education and the social landscape during the past century (Coulter, 2001-2002). Interviews were also conducted with teachers and school administrators still teaching and working in various capacities in rural schools. The most recent study to be discussed here is ongoing and is examining the partnerships between a rural high school and the local rural community health centre.

Some of the themes and recurring issues to be addressed in greater detail below, include the implications of long bus rides to and from school; the size, context and culture of the local school and community; facilities, equipment, and other resources both within the school and accessible within the broader surrounding community; teacher expertise; curriculum and extra or co-curricular activities; possibilities for daily physical education, fitness and health breaks; nutrition/breakfast programs; special needs, both individual and collective; multi-grade classrooms; and the potential of new information technologies.

Implicit in the above list is the scope of what is considered to be within the realm of physical and health education. In the province of Ontario, the elementary health and physical
education curriculum is organized into three strands: healthy living, fundamental movement skills and active participation. The secondary school health and physical education program which may include from one to seven credits during grades 9 to 12 (only one is mandatory) includes various levels of healthy active living education, health for life, recreation and fitness leadership, and exercise science. While the actual subject areas themselves may be obvious, at least as significant, in my view, is the role of all teachers and school administrators in the general health and well-being of all students, and the integration of physical activity and health throughout the school program whether or not physical and health education is a compulsory subject. These might include before and after-school programs, the use of natural resources and outdoor education in other subject areas (Nabham & Trimble, 1994), as well as the use and development of the school facilities as a community resource for leisure and recreational opportunities (see Saskatchewan Education). The ‘community school’ model provides mutual benefits to all members of the school and the wider community surrounding the school. Physical education and health will be examined both separately, and as they relate to one another, as they each have their unique, though inter-related, facets.

The School Day: General Physical Activity and Health Concerns

Each term, I assign my Health Education student teachers a ‘health audit’ to be completed at their school during their practicum. They are encouraged to start with the physical and health education teacher to find out how much and what type of formal health education is included in the curriculum, and then they move from there to survey school administrators, the school's public health nurse (see Varpalotai & Leipert, 2005), family studies teachers, guidance counsellors and anyone else who engages in implementing broader forms of health education, including any community health care providers who serve the school. The ‘audit’ might include the provision of birth control information through a nurse or school counsellor to individual students, school-wide assemblies on substance abuse, safety, or anti-violence initiatives, the visibility of health-promoting posters, pamphlets and other types of accessible information. The point is that there are many opportunities for health education in the school. Neither health, nor physical education, need to be confined to the few hours devoted to these subjects in the formal curriculum. While the physical and health education specialist ought to be central to the development and coordination of such programs, this is not always the case, and many others may be called upon to assist and support such ventures. Some examples follow.

If one considers a typical day at a rural school, children usually arrive in the morning following a long bus ride. Some will have missed breakfast, others have fallen asleep on the bus, still others have been up for several hours contributing to farm chores. It is clear that a sleepy, hungry child will not be ready to engage in the intellectual tasks facing them in their classrooms. Increasingly, universal breakfast programs are being introduced as a way of ensuring that all children have a nutritious start to the day, regardless of socio-economic background. Though initially introduced for needy children only, the stigma attached to these programs, as well as the finding that other children were arriving at school without a proper breakfast, has led to this broader application of the breakfast program. Often a cooperative venture between parent volunteers, concerned educators, and local businesses and service clubs, the program is either free of charge or at minimal cost, and ensures a good start to the day. (Morgan, 2003) Health educators are in a unique position to advocate for such a program in their schools, as nutrition is a significant aspect of health at all levels of the curriculum. In addition to breakfast, some schools also offer snacks and lunches for those in need.
Given the prolonged ride to school, with some buses arriving just on time, students may also need some physical activity before they are able to settle down and concentrate on their lessons. All teachers can be trained as leaders in mini-fitness breaks before classes begin, to ensure that their students are alert and ready to get on with their school work. Physical educators can take a leadership role in this regard with their fellow staff members. Supervised informal physical activities during recess, and more formal intramurals or other recreational activities during the lunch break can provide friendly, inclusive opportunities for all students to participate in some movement during these breaks in the school day. After-school programs are often constrained by school bus schedules, and chores at home. Still, physical educators and school coaches should try to coordinate opportunities for more competitive physical activities for those students who are interested in such pursuits. Given that there are fewer opportunities for sport participation in rural communities, the school is often the place where youth are introduced to a variety of sports and access to such opportunities should be extended as much as possible to these students. School boards, particularly the newly amalgamated urban/rural boards, may need to be educated about the necessity for such opportunities, with the provision of extra funding for transportation, in order to ensure fair and equitable programming with urban schools. One such board in Southwestern Ontario created a “rural/small school committee” where common concerns were shared among the principals and passed on to the school trustees for consideration. Urban educators may be oblivious to the challenges facing rural schools within their jurisdiction.

Due to the small size of many rural schools, facilities may be lacking, though most consolidated schools now have a gymnasium or multi-purpose room. Some teachers may be faced with multi-grade classrooms of children of varying sizes, ages and abilities. This is where the creativity of teachers becomes most important, but there are also valuable lessons to be learned about inclusivity, adapting to real-life circumstances, and peer teaching and coaching. These environments are often more conducive to leisure-type activities and life-long sports, as opposed to the more traditional organized and competitive team sports, though these too can be successfully adapted. Timetabling physical education classes into double blocks or to overlap with lunch or recess periods, offers further flexibility to make use of nearby community resources: arenas, swimming pools, bowling alleys or hiking trails. These community connections and opportunities can also translate into participation beyond school, with friends and family members. One small school was able to offer a full program by sharing subject specialists in physical education, music and the library with another small, rural school in the district, furthermore, a local service club created an ice rink for the school (and community) each winter on the school grounds (London Free Press, 2003a). Another rural elementary school was able to provide a first-rate playground through the contributions of the local community. Fundraising was followed by the actual building of the playground, with local farmers contributing their equipment and labour to the project. Other Community School models use the school gym and outdoor grounds year-round for fitness, sports leagues, seniors’ programs, and summer day camps. Both the school and the community benefit from these shared facilities.

Multi-level classes are addressed through various professional development resources - and some teachers are now actively choosing to teach in double and even triple level classes because of the opportunities these provide for new learning and teaching initiatives (see Saskatchewan Professional Development Unit). The province of Saskatchewan, with its large numbers of rural schools, has become a leader in community education, with the emphasis being on community involvement, maximum use of resources, integrated services, inclusiveness and
lifelong learning (Government of Saskatchewan, School Plus, 2003).

Each physical education and health teacher needs to create a program that is related to the mandated curriculum, but that also makes best use of facilities and resources available within the school and/or community. Locally based activities such as curling, combined with relatively simple and inexpensive activities such as aerobics, and an introduction to some culturally based games from local Native or other cultural groups, provides both the necessary physical activity, and also a link to cultural heritage, local resources, and continuity of recreational pursuits as adults.

Health Education

While physical education is confronted by practical challenges of space, equipment, availability of specialist teachers, and the diverse abilities of students in small or multi-grade classes, health education is often challenged by a lack of accessible health care professionals, and cultural and religious issues. It is imperative for teachers in rural schools to become familiar with the services and demographics of their community, especially if they commute from an urban centre. Issues in health ranging from nutrition to hygiene, sex education, and personal relationships, are all deeply embedded in cultural assumptions and practices. Though the provincial curriculum appears to be standardized and acultural, it behooves a teacher new to a rural community to become aware of the prevailing religious beliefs, ethnic practices, and even livelihoods of the families within the school. Are they of a particular religious persuasion? Are they vegetarians? Are there groups of parents who will likely object to any type of sex education on religious grounds? What about discussions about birth control, abortion, homosexuality, AIDS....? What about possible abuse in the home of women and/or children? Often isolated communities don’t offer the services (i.e., shelters) or public transportation, necessary for women to leave abusive homes, or support services for children who have been victims of sexual abuse (see: Trute, et al, 1994). Close-knit communities may make it difficult for discussion about these kinds of issues to take place. If these are raised in the classroom, is the teacher prepared for any disclosures that may follow? What kinds of resources are available in the community should someone disclose wife abuse, child abuse, concerns about sexual orientation, or an eating disorder? And beyond the general curriculum, what about the individual needs of sexually active or pregnant teenagers, gay and lesbian or bisexual students, or others with concerns that are not discussed openly within their families, churches or communities? What is the role of the health teacher? Is the school prepared to offer counselling, or other services for such students in need? These are all controversial issues that need to be addressed by health teachers (and other educators).

In the past, rural teachers emerged from the rural communities in which they lived. Today, the recruitment and retention of rural teachers is a problem in many areas, particularly where a school board encompasses both rural and urban schools. The rapid turn-over of teachers in some areas, and the fact that many teachers don’t live in the communities in which they teach, means that school administrators and individual teachers have to do additional work to initiate the new teacher into the school and its community. Each teacher must familiarize themselves with the surrounding culture to better inform their work. Some examples, with particular rural health implications follow, from the communities in which I’ve worked and supervised student teachers.

(See also: Southwest Region Health Status Working Group (SHRIP), 2004)

1. Tobacco farming and anti-smoking curriculum in health class: Tobacco farming
continues to be a major enterprise in southwestern Ontario. Not only do many students live on these farms, but others work on tobacco farms in the summer and early fall (in fact, until recently, schools were allowed to overlook student absenteeism during the tobacco harvest, recognizing the economic necessity of this enterprise to the community). How does a health teacher address the harmful effects of smoking in this community? A recent Statistics Canada Health Survey found that a higher percentage of residents in this county smokes daily, than the national average (19.5% vs. 17.8%), however, the local Health Unit is constrained in its anti-smoking efforts because of its tobacco farming population base. (St. Thomas Times-Journal, June 16, 2004) A local newspaper reported that the Health Unit was drafting its own resolution regarding provincial efforts to create 100% smoke-free public places because “it was suggested a clause about supporting tobacco farmers in this area for making the transition from tobacco farming should be included.” (St. Thomas Times-Journal, Sept. 2, 2004)

2. PETA, the animal rights group: People for the Ethical Treatment of Animals has in recent years targeted elementary schools as a part of their campaign against drinking cow's milk and eating meat. Someone dressed like a Holstein cow shows up at the gates of the schoolyard, and at the end of the day hands pamphlets to the children discouraging them from drinking milk based on the alleged cruelty this inflicts on dairy cows and their offspring, as well as the questionable benefits of cow's milk for humans. Although adolescents, especially girls, are quite vulnerable to moral and ethical concerns regarding the eating of meat, and nutritionists worry about appropriate vegetarian diets for growing young bodies, these messages play quite differently in a rural community, or in schools bordering cities and rural areas where farming, including livestock and dairy are a part of the local economy. Since the Holstein cow incident, celebrities such as Canadian actress Pamela Anderson, have participated in similar campaigns around Thanksgiving time, urging fans to say “no thanks to having a dead bird as a holiday centrepiece”, referring to the traditional turkey meal at this time of year. (London Free Press, Nov. 3, 2001)

3. Parents have written lengthy letters to the editor of the local (rural) weekly paper, objecting to the sex education at the high school, claiming that it is encouraging pre-marital sex, and that by teaching about birth control, abortion and homosexuality their religious beliefs are being attacked. They insist that teachers stop corrupting their children and interfering with what is the parents' and church's role regarding the teaching of proper morals, values and family life. (Dutton Advance, 2001) Meanwhile, although teen pregnancies seem to be declining nationally, (St. Thomas Times-Journal, Oct. 28, 2004), the local high school had three teen pregnancies in the past year, while a neighbouring, even smaller school, had eight. On the other hand, none of the teachers or health care workers interviewed had directly encountered issues of sexual orientation, but all acknowledged that while students seemed remarkably tolerant of various diversities, the community as a whole, was not.

As these examples illustrate, rural teachers must be sensitive to the culture and economic underpinnings of their communities, but they must also teach the curriculum, and counsel students, in a way that will prepare them to live in the world beyond their immediate families and local milieu. While parents might deny the sexual activities of their children, studies of youth sexual behaviour challenge these beliefs. Teenage pregnancies, sexually transmitted diseases, and drop-outs and suicides among gay youth, continue to be areas of concern -
including (and perhaps especially) in rural communities. The health teacher’s responsibility is ultimately to their students, though preferably in cooperation and in harmony with the parents, school council and broader community. Information nights for parents regarding sensitive and controversial issues allows them to express their fears and concerns, and also opens the door to dialogue with the teacher rather than simply reacting to what their children bring home from school (i.e., the legendary annual ‘sex fair’ is really a much more comprehensive ‘health fair’). School outreach programs address parents’ sense of loss of control and subsequent antagonism towards the school. One rural secondary school offers a series of evening talks on parenting, including issues such as sexuality and substance abuse - the response from parents has been overwhelming.

Rural schools, due to their small size and community base can be wonderful, sheltering and caring places where everyone knows and cares about everyone else. They can also be cruel and exclusive towards students and families who go against the community norm: single parents, gays and lesbians, visible minorities, rebellious kids with piercings and dyed hair. The school is a place to facilitate acceptance, educate about fairness and equity, and help to build a more tolerant and caring community. The alternative is early drop-outs, with the long-term consequences that this brings for both the individual and the community: run-aways and further youth drain to cities where kids who are ‘different’ can disappear into anonymous street life. Many of the ‘street kids’ and young prostitutes in Toronto, and other large Canadian cities, have come from small communities seeking an escape from intolerable family and community situations, little realizing that they are putting themselves in even greater danger, yet having no other choices presented to them. (See Morton, 2003; Riordan, 1996)

One study of gay/lesbian/bi-sexual/transgendered (glbt) youth in rural Ontario recommends more education and awareness through schools in order to create safer, more supportive environments for these youth. The alternative, as stated by one young participant in the study: “... every glbt youth leaves this area as soon as they can and then there are no adult role models left for the next generation of youth.” (Morton, 2003:117) In the studies I have conducted on rural youth, to date, no one (among the educators, health care workers, or counsellors) has volunteered information about gay or lesbian youth. When asked, I am told that this is not an issue, that these youth choose to remain invisible, and that the school is relatively tolerant of such (discrete) sexual diversity.

On a more positive note, there are growing numbers of resources that are helpful to rural teachers. In Ontario, OAFE (Ontario Agri-Food Education Inc.) creates and provides a wide range of curriculum resources based on agricultural content. For example, nutrition classes can be built around the fresh foods available from Ontario farms; various food commodity groups (beef, corn, soybean, goats, etc.) provide detailed, colourful and curriculum based information for many subject areas, which are easily adapted for use in health and related courses and can be tied to locally relevant activities. These are materials that are particularly accessible for rural students from farm-based backgrounds, as this is familiar territory and connections are easily made. On the other hand, urban students also benefit from the introduction of these units because they are new and relatively foreign to their day to day experiences. Similarly, Dairy Farmers of Ontario has created an elaborate in-school nutrition unit, complete with resources for teachers and students. While all 'corporate sponsored' materials must be treated with care and assessed for biases, teachers can adapt resources to provide balanced coverage of many aspects of the curriculum to suit the needs of their students. Other jurisdictions may have similar 'agriculture in the classroom' programs which may be used as curriculum resources.
School/Community Health Care Partnerships

Community health care is not new to rural communities. The Women's Institutes have been concerned with the health and wellbeing of their communities for over 100 years. Rural communities are also developing community health clinics, offering primary care, and wellness centres which house a variety of health care workers, including physicians, nurses, dietitians, social workers, youth workers, and others who can be linked to schools both through direct health care provision (the public health nurse) as well as teaching resources. This particular community has a well-established health centre, with 40 employees, serving approximately 3000 clients, now in its 11th year (see WECHC website). Health care professionals are willing to come into the classroom and inform students of what is available to them in their communities should they need these services. The ‘Wellness Centre' at the secondary school with which I am working was established in partnership with the Community Health Centre four years ago, and is a model of how these partnerships can function effectively for everyone concerned. Cooperation between school and health centre administrators has created a holistic health service which is accessible to students both within the school or at the nearby health centre - whichever is most comfortable and safe for them. The Wellness Centre is housed in the Guidance and Career Counselling area of the school, and includes a cozy space where a youth social worker provides individual, as well as family and relationship counselling; she is also available for consultation with teachers who have concerns about particular students, though confidentiality is strictly maintained unless students consent to have their parents and/or teachers involved. The presence of the social worker in the school has freed up the Guidance Counsellors to deal with more academic issues, and provides trained professionals to deal with issues beyond the scope of the school guidance counsellor. There is also space where nurses and dietitians can meet with students for individual consultations, and they are also available for classroom visits. Everyone has been surprised at the popularity of the dietitian's services, especially among teenaged girls who are seeking advice on appropriate weight-loss diets and body image issues. Boys are more reluctant to seek this service, but some have come forward with concerns about body-building nutritional supplements. A public health nurse and nurse practitioner are also regular visitors to the school, and are available for birth control advice, pregnancy counselling, and other sexuality and health issues. Condoms are freely available - no questions asked. There is also a 'dropbox' for students who have questions they would like answered, without a face to face consultation, or who are seeking appointments. Students may access the services by appointment during school hours, or if they are more comfortable with using services away from the school, the same staff are available to them at the Health Centre a few blocks away. The Community Health Centre also provides groups for at-risk mothers and babies (including teen moms), youth who are dealing with anger management issues (this is also available at the school for students who have been expelled from their classes), and a drop-in centre for after-school activities is in the works, with a board of directors including a diverse group of students from the school. Mental health issues are among the most difficult for small, rural communities, and here the Health Centre has created additional partnerships with urban-based psychologists and psychiatrists who regularly visit the Centre and are available for consultations with both clients and other health care workers who are trying to create additional 'wrap-around' support services for those in need. Despite the popularity of these services available through the school, the only resistance seems to be coming from some of the teachers, who view the various health care workers as 'outsiders' and 'intruders' within the educational environment. Some teachers are reluctant to listen to youth
workers who advocate a more flexible approach to dealing with difficult students, who may have personal issues which are getting in the way of their attendance and academic work. Others are slow to refer students who are in need of counselling or other forms of assistance beyond the classroom. Partnerships take time to develop - mutual respect and cooperation are built slowly. Nonetheless, those most directly involved, and those who stand to benefit from these services are very enthusiastic about the benefits of working so closely together.

Both teachers and health care professionals need to acknowledge the ways in which they can work together to best serve their young client group. Cooperative ventures, to date, have included Farm Safety Workshops, as a disproportionate number of farm accidents and deaths involve children and youth - including motorized all-terrain vehicle (ATV) accidents. Drunk driving on rural roads, where public transportation is not available, also accounts for an all too high death toll, particularly during the party season towards the end of the school year. Alcohol and substance abuse information, and grief counselling are other issues which school and health centre have worked together to address. Tragedies in small communities affect everyone.

**Beyond the Community: The Internet**

The internet is a resource that is increasingly transcending rural/urban gaps. The Canadian government has made rural internet access a priority, and many homes, schools and public libraries in rural and First Nations communities are connected to the world wide web. This is both a useful educational resource, as well as a further challenge for students and teachers alike (see Mangiardi, 2003). Mangiardi cites a recent Statistics Canada study reporting that “9 out of every 10 individuals aged 15-19 reported using the Net in 2000; the largest proportion of any age group” (p.12) Another survey found that the internet was the second major source of information regarding sexuality for 10th graders, (their friends were the first). (Sieving, Oliphant, Blum, 2002, cited in Mangiardi) How does one make sense of the multitude of information sources, and often contradictory messages regarding health issues, for example? What about students engaged in 'virtual relationships' through their computers? Teachers need to remain current and informed about youth culture, the types of information available on the internet, and include in the curriculum lessons about becoming critical consumers, and the benefits and potential dangers of the internet. Previously sheltered communities suddenly have easy access to pornography, fantasy relationships half-way across the world, mixed messages about sexuality, and other titillating information for young minds. New technologies are ignored at our peril, better to harness these in ways which will engage student interest and at the same time enable them to make sense of the world around them, make informed decisions about their own health and lifestyle, and learn to seek and manage information sensibly. Teachers can make use of internet resources for their own professional development, and as a teaching tool in the classroom with up-to-date, accurate and informative websites. Where computer facilities in the school permit, classroom ‘message boards’ may enable students to ask questions they might be embarrassed to voice in public. Recent examples in the media of young students in the region who were lured into relationships with adult sexual predators, posing as teens on the internet chatrooms, provide ‘teachable moments’ and cautionary tales.

**Summary and Conclusions**

In summary, while small, rural schools may be challenged by geography, culture, and a relative lack of resources, an audit of both the school and wider community may reveal opportunities that have yet to be embraced, as well as issues which need to be addressed. Rural
schools may need to work more closely with parents, health professionals, and others within their areas to ensure that their students have access to the services more easily available to urban schools and students. Ultimately, creating closer ties between the school and the community serve to enhance the overall curriculum possibilities for both physical and health education, and overcome the perception that rural schools are unable to offer a complete program for their students. Schools and communities, as well as teachers of various subjects, need to bridge their services and their areas of specialization, in order to provide more comprehensive and effective educational opportunities for all.

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Endnotes:

i. Some of the historical information in this paper comes from a large collaborative project on the history of women teachers in 20th century Ontario. The author was a member of this research team which interviewed close to 200 women teachers, including a significant proportion who had taught in rural schools. The support of the Social Sciences and Humanities Research Council of Canada (Standard Research Grant No. 410-2000-0357) is gratefully acknowledged.

ii. In Canada, education is constitutionally relegated under provincial jurisdiction. Thus, there is no national education policy, and each province and territory (there are 10 provinces and three northern territories) is responsible for its own teacher education, curriculum policy, education laws, etc.