"A Web of Support" for Rural Girls

A School/Community Healthcare Partnership

ANIKO VARPALOTAI

Le travail dans les services de santé communautaire n'est pas nouveau dans les régions rurales ou auprès des femmes rurales de l'Ontario. Les Women's Institutes ont été impliqués dans la santé et le bien-être des femmes dans leur communauté depuis plus de 100 ans. Aujourd'hui les communautés rurales développent des centres de santé de première ligne et la promotion des programmes de santé en partenariat avec d'autres services communautaires incluant les écoles du voisinage. Cet article examine les expériences et le potentiel de ces partenariats puisqu'ils s'intéressent aux problèmes et services touchant les femmes et les jeunes filles rurales.

Advocating for community healthcare is not new to rural communities or to rural women. In Ontario, the Women's Institutes have been concerned with the health and well-being of their communities for over 100 years. Today, rural communities are developing community health centres and offering primary care and health promotion programs in partnership with other community agencies, including neighbouring rural schools. This article examines the experiences and potential of one such partnership, particularly as it pertains to issues and services of interest to rural girls and women. This paper is based on a case study and interviews with key personnel involved in the partnership between one rural secondary school in Southwestern Ontario and a community health centre located in the same community.

A youth social worker from the health centre defined "rural" as "...connection to agriculture, limited resources for the youth and our most "at risk" populations—the elderly and young families.... And distance from the nearest city."[1]

Her colleague, a health promoter who has been a rural/farm resident all her life, adds that rural is:

> *...living in a farm community—though not everyone here lives on a farm. For me, rural is not "living without"—it's living in a community where I feel there is more connectedness with people and I think rural is also an opportunity to really make some significant changes in your community.*

These two quotes exemplify the challenges and opportunities faced by the rural school/rural community health centre partnership to be discussed in this article.

Healthcare needs in rural communities have been making headlines in Ontario for years (Southwest Region Health Status Working Group; Trute *et al.*; Turner). Even now, though the Health Centre has funding for three physicians, only one (temporary) physician is actually on staff. The nearest hospital is on the border of the neighbouring county. The nearest government offices are a one-hour drive away. On one of the days I was visiting the school, a teacher had driven a student to the city so that she could apply for a health card, without which she could not obtain any of the health services. Without transportation, she had been unable to do this herself.

The "web of support" provided through the collaborative efforts of the school and the health centre has been of particular benefit to the female students, as is illustrated below. Some of the outcomes are to be expected: the need for information about contraception and pregnancy; anxiety, stress, and other mental health issues; weight control and healthy diet. Girls have been the most frequent users of the services, often seeking information not only for themselves, but for their friends and boyfriends also. The traditional family values espoused within this community, and entrenched gender role expectations, are both mediated and challenged by the education and healthcare professionals in this community.

Organizational Context

The secondary school in the study accommodates over 500 students from the surrounding farming communities. The health centre houses a variety of healthcare

workers dedicated to "holistic healthcare" and includes physicians, nurses, dieticians, social workers, youth workers, and others. They are linked to the school both through direct healthcare provision as well as offering teaching resources. This health centre, with over 40 employees, serving approximately 3,000 clients, is now in its eleventh year of operation. The Wellness Centre at the secondary school 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. Co-operation between school and health centre administrators has created a broad-based health service, which is accessible to students both within the school or at the nearby health centre, at their discretion. The Wellness Centre is housed in the Guidance and Career Counselling area of the school. It includes an examination room for the nurse practitioner, a resting place for ill students, and a cosy space, complete with bean-bag chair, 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. Confidentiality is strictly maintained, unless students consent to have their parents and/or teachers involved (or if there is a risk of harm to themselves or others). The presence of the social worker in the school has freed up the two half-time Guidance Counsellors to attend to more academic issues, and provides trained professionals to deal with concerns beyond the scope of most educators. A dietician also uses this space to meet with students for individual consultations.

The Executive Director of the Community Health Centre is a registered nurse with many years of rural health service experience. The staff includes primarily female healthcare providers ranging from nurse practitioners to social workers. The partnership with the high school, and increasing community outreach programs were initiated by this Director, and the services of the centre have grown substantially since his arrival four years ago. He describes this community as primarily agricultural, relatively poor, with a population of European immigrants who bring with them some traditional values, particularly as these pertain to family values and gender stereotypes. He notes that often very bright girls are not encouraged to continue their education beyond high school, and sexuality issues are frequently ignored. The Director has thus been active in "advocating equity and fairness to access for services and promoting some professional training for rural youth as they're moving forward and getting them interested in some of these fields." The school's previous and current principals have been highly supportive of the joint ventures proposed by the Director. As long-time residents of this rural community, they were well aware of the needs and accessibility issues related to healthcare. Distance from the nearest urban centre, lack of public transportation, and a resistance to seeking healthcare, all combined to make this an under-serviced community.

The Centre was located in this community because of its proximity to surrounding smaller communities, and its nearness to the local elementary and secondary schools. The Health Centre has a strong community development mandate, as well as health promotion. Networking with other relevant agencies, many partnerships have been formed where combined funds have created greater opportunities and services, including the Wellness Centre at the school. The head of Student Services at the school considers the partnership with the Health Centre a welcome relief.

> *So when they opened up the health centre uptown, it was just like, oh God, thank you! Here's what I need, and they even came to us and said, what do you need? I said, well, I'll tell you what.... We need help with personal counselling with kids, so a social worker, youth worker. We need help with mental health issues. Those are two of the biggest... like any school, we have kids who are dealing with depression, dealing with anxiety, dealing with parental problems, wanting to quit school; we have kids who have survived abuse of different kinds.*

As local farmers lurch from one farm crisis to the next, the stress and anxiety about finances, future livelihoods, and the sustainability of the family farm comes to school with the students. Indeed, a recent survey conducted by the Centre of 700 students from Grades 6 to 12 found that students wanted more centralized and accessible services, particularly in the areas of counselling services, mental health issues, nutrition, eating disorders, and obesity. Surprisingly, issues related directly to sexuality were not identified in the survey, nor were these volunteered by the professionals I interviewed. There is a drop-box at the Wellness Centre for students who have questions they would like answered without a face-to-face consultation, and for those 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 resources 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), and youth dealing with anger management issues (also available at the school for students who have been expelled from their classes). As mental health issues are among the most difficult for small, rural communities, the Health Centre has created partnerships with urban-based psychologists and psychiatrists who regularly visit the Centre and are available for consultations with both clients and other healthcare workers who are trying to create additional "wrap-around" support services for those in need.

Health Issues for Girls and Women

Among the issues of particular relevance to girls in this

rural community have been: counselling related to birth control and pregnancy; weight and body image; continuing education; abuse issues and self-harm (cutting, eating disorders, substance abuse and attempted suicide); relationships with parents; and grief counselling. When asked, the healthcare providers acknowledged that sexuality issues are a major concern:

[It's] huge, huge—a big issue ... STD's [sexually transmitted diseases].... [The] pregnancy rate is very high, where real young girls or babies as far as we're concerned, you know, they're 13 or 14 and end up pregnant. It's pretty disruptive to their lives and the baby's life.

"We need help with personal counselling with kids.... Like any school, we have kids who are dealing with depression, dealing with anxiety, parental problems, wanting to quit school; we have kids who have survived abuse of different kinds."

The guidance counsellor adds that in the past, most pregnant teenage girls not only left the school while they were pregnant, but would usually leave the community as well. The most recent cases, however, stayed in school until they gave birth and some even returned to school soon after. There has clearly been a shift in attitudes in this regard, and undoubtedly the presence of the healthcare workers, including the social workers, has facilitated this change. Nonetheless, there were contradictory reports in this regard. In part due to confidentiality issues, there was no consistent awareness of the extent of this problem. The reports of pregnant teens in the school in the previous year ranged from zero to estimates of three and five. One worker said that while abortion services could not be directly suggested, contacts are available for clinics in the city, including transportation services and related counselling. A youth worker recalls the experience of one teen mother, whose own mother was supportive, but who encountered resistance from school personnel regarding her return:

I would say acceptance is not as much as you would hope.... It just seemed for some reason they were not accepting of her when she wanted to come back to school. I had to advocate [for her return] to the vice-principal. The Mom was coming to me saying, "this girl says she can't come back [because] she's not registered for courses. She's had the baby, I'm taking care of the baby...." I got the sense, not that they [school officials] ever said, "Well, you know, she needs to be home. She needs to be taking care of herself. She's a risk to us, you know, we don't want that risk."

Ultimately, the girl did return to the school for a short while, but shortly thereafter she and her family moved to the city "to be closer to resources." It appears from the few cases reported in this study that most pregnant teens choose to keep their babies and remain within their own families. It is unclear whether this is a deliberate choice or whether it is due to a lack of other options. Some do try to make it on their own. In this study, it was the girls who most often sought information about contraception, even for their boyfriends (including coming to pick up condoms because their boyfriend's were "embarrassed" to do so themselves) and about sexually transmitted diseases and infections. STDs in small communities are not uncommon. one healthcare provider commented, "being rural, a lot of times they share partners, you know, over a couple of years or months—so things are getting passed around." While on the one hand it is laudable that girls are seeking these services and looking after themselves, it remains a concern that boys are not taking responsibility for their own sexual activities and the potential consequences.

Services provided by the dietician at the wellness centre at the school were especially popular among teenaged girls seeking advice on appropriate weight-loss diets and body image issues. The Guidance Counsellor noted:

I really didn't think that the dietician would go over very well, and that's probably the [service] they use the most. They know she's here... mostly young girls who are now 14-15 and not liking the way their body is shaping.

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. As regional health units have cut back on the school public health nurses who used to visit schools regularly (now one nurse may be responsible for 25-30 schools) the local health centre provides almost daily access to healthcare providers in the school and a safe venue for most students, and in particular girls who need safe spaces to discuss their personal health issues.

Interestingly, none of the educators or healthcare professionals volunteered information about sexuality issues concerning gay, lesbian, bisexual or transgender students. The teachers did not consider this to be a significant issue. When asked, there was awareness of only a handful of individuals who had "come out" during the past three or

four years—all male. Ironically, as one educator put it: "they generally don't do it—come out—until they're about to leave." While there were no recollections of homophobic incidents and the educators noted that the student population seemed remarkably accepting of others (despite the small number of known disclosures) it was apparent that the broader community was not welcoming of such diversity. As one healthcare professional explains:

> *Kids are bullied here quite a bit [if someone is "different"]. A girl who has short hair is asked, "why is your hair so short?" Yeah, the differences are picked out quite a bit here.... I think they have a lot of presentations on acceptance here—outside presentations—but has it filtered onto the kids? I think in some but some kids make light of it too—so no, it doesn't feel like a safe place for a gay or lesbian kid to come out, not at all unfortunately.*

Of note, lesbian students in the school were virtually unheard of.

The presence of the healthcare professionals in the school, and the affiliated services offered at the Health Centre itself, clearly fill an important niche for all students, but female students in particular. The fact that educators and healthcare providers had quite different stories to tell about the issues and concerns of these students is indicative of the need for private and confidential services, which are apart from, but still within, the educational context. The "web of support" begins with the administrators from both education and health who identified the needs and provided the means for these services. Some teachers are active conduits, referring students in need, and sometimes accompanying them to their first appointment if requested by the student. The healthcare professionals are not in a position of authority. While they sometimes facilitate educational issues, they are not involved in grading or in discipline issues. Despite their presence in the school, it is clear that what goes on in the Wellness Centre is not shared with school personnel. Privacy, confidentiality, ease of access, and the variety of services provides the support and resources that rural girls would otherwise be unable to receive.

Community Resistance and Obstacles

Despite the popularity of the services available through the school, there continues to be resistance from some of the teachers who view the various healthcare workers as "outsiders" and "intruders" within the educational environment. Teachers are sometimes reluctant to follow suggestions made by youth workers who advocate a more flexible approach to dealing with difficult students when personal issues get in the way of their attendance and academic work. One youth worker notes:

> *I think they are afraid of losing total control.... My approach is different. My approach is to empower them [students]. Let's be more understanding of their issues. Let's let them own more responsibility and let's give them some time, you know, to work on things and they [teachers] were just [saying] NO.... I'm saying, you know, you might not realize that this child's mother was just diagnosed with cancer. But this child wouldn't tell this teacher because they don't trust them, because they already have this barrier up and this kid had said to me, "Well, when she talks to me, I just go into the toes of my shoes."*

Others are slow to refer students who are in need of counselling or other forms of assistance beyond the classroom. The Executive Director of the Health Centre explains this as a "silo mentality" wherein each group of professionals jealously guards their own territory, resenting the apparent intrusion of other professionals. While a distinct separation of the services is necessary and important, for the reasons described above (privacy, confidentiality, etc.), at the same time, a level of collaboration is required to ensure the mutual benefits for which this partnership was established in the first place. Partnerships take time to develop—mutual respect and co-operation are built slowly, and with the help of enthusiatic supporters. as one teacher commented: "Yeah, there's some resistance although our principal is wonderful ... so he's worked to smooth over some of the issues."

There is also resistance from parents, particularly with regard to sex education. For example, the school's annual health fair, offering resources and information on a variety of issues, including pregnancy prevention and STDs, "...made the papers ... [and] became [labelled] the 'sex fair' and it was just awful! It was all curriculum based. Everything met the guidelines with the board of education," yet this is did not stop a group of vocal parents from protesting the sexual aspects of this event.

Parents also wrote lengthy letters to the editor of the local weekly paper, objecting to the sex education classes being taught at the high school, claiming that it was encouraging pre-marital sex, and that by teaching about birth control, abortion, and homosexuality their religious beliefs were being attacked. Meanwhile, although teen pregnancies seem to be declining nationally ("Teen pregnancy rates declining"), the local high school had three teen pregnancies in the past year, while a neighbouring, even smaller high school, had eight.

> *We consult, we have open night for parents, but of course there's always parents that [will say], "If you give them information, then they're going to go out and have more sex." No, it won't be any different, if they're going to go and have sex, they're going to have sex, but it might be safer sex that's all. So there are some real conservative attitudes but there are others who are very supportive. The Parent Advisory Council is phenomenal!*

The Health Centre's Executive Director credits what he calls "champion teachers" in every school that make the partnerships possible and successful. Guidance counsellors and principals are often key in coming up with ideas, supporting the partnership, and taking risks.

Among the obstacles to further community outreach are rural citizens who better understand a more traditional healthcare system of physicians and hospitals, and rural elected officials who are more concerned about "sewers, roads and garbage... [and therefore] don't understand social and health infrastructures.... [and] believe [prevention, promotion, and education] is a waste of money."

The "web of support" begins with the administrators from both education and health who identified the needs and provide the means for these services. Some teachers are active conduits, referring students in need.

Both teachers and healthcare professionals need to acknowledge the ways in which they can work together to best serve their young client group. Co-operative 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. (During this study one female student was killed in an ATV rollover in the presence of two female friends who also attend this school.) Drunk driving on gravel rural roads, where public transportation is not available, also accounts for a disproportionate death toll among youth, particularly during the party season at the end of the school year. Alcohol and substance abuse information, and grief counselling are issues which school and health centre have worked together to address. Tragedies in small communities affect everyone and trauma and grief counselling are important services provided with this partnership.

The Health Centre student survey also found that many of the older, particularly female, students were looking after younger siblings, including cooking their meals. A new program was THUS initiated in collaboration with the high school cafeteria staff to enable students to work with the staff planning and preparing simple and nutritious meals, which they could replicate at home on their own. The Health Centre also offers a "Crazy Kitchen" program, which is "sort of a collective kitchen for young moms and just looking at how to support these mothers and learning the skills that they need to cook for their families." Youth programs offered by the Health Centre, together with a Wellness Committee at the school including teacher, student and healthcare representatives, help to bridge the services offered in both locations.

Challenges of Rural Education

Despite Canada's vast geography, and significant rural regions, relatively little attention has been paid to the needs of rural schools and educators (Richardson). And even less attention has been paid to rural girls and women. Indeed, most faculties of education include no formal mention of rural schools in their teacher education programs (Varpalotai), and similarly, Women's Studies programs rarely mention rural women's issues. 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 (Varpalotai 2003). The previous government responded by appointing a Task Force to examine the funding formula for education. The subsequent "Rozanski Report" identified specific concerns and recommendations regarding rural and other small schools, followed by the "Downey Report" 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 economic impact of such events have been alluded to, but the differential social impact on males and females, and other social groups would benefit from further study.

Rural schools have particular challenges, including a dearth of recreational opportunities within the surrounding communities; the long bus rides students typically endure each day, and the work expected of students living on farms. It is important, therefore, to address the role of all teachers and school administrators in the general health and well-being of their students, including co-operative arrangements with other community agencies. Before and after-school programs as well as the use and development of the school facilities as a community resource for leisure and recreational opportunities (the community school model) provides mutual benefits to all members of the school and the wider community surrounding the school. (Saskatchewan Education).

Close-knit communities may make it difficult for discussion about issues related to sexual abuse, violence against women, and sexual orientation to take place. The partnership studied here is particularly important to create safe spaces for girls, as well as for all youth, to be able to learn about and deal with these particular issues in small communities—and these partnerships help fill the gaps in policy that do not adequately address appropriate teacher training or curriculum adaptations in rural schools.

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 do not 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. While most of the professionals interviewed for this study do live in the rural community in which they work, many with deep roots here, one educator stated emphatically that he chose not to live there, despite having taught at the school for 17 years. "No, and I say that with conviction because I don't think I could do the job I do and live here and know what I know about families and I like my privacy...." Another acknowledged the challenge of living and working in a small rural community:

> *[It's] like living in a fishbowl.... For instance, being in the grocery store and you know, people saying, I hope you're counselling so-and-so's kid because that kid's really causing a lot of trouble—people just don't have any boundaries and that can be tough.*

On the other hand, living in the community

> *...adds credibility—in terms of trying to develop groups of individuals and building capacity and advisory groups it can be a bit easier if you have a history in the community. People are more trusting of someone they know than of someone who drives in from the city.*

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 dropouts and suicides among gay and lesbian youth, continue to be areas of concern—including (and perhaps especially) in rural communities. Information nights for parents regarding sensitive and controversial issues allows them to express their fears and concerns. These also open the door to dialogue with the teacher (and healthcare providers) 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 can also address parents' sense of loss of control and subsequent antagonism towards the school.

The district school board now based in the city has created a "rural/small school committee" under pressure from schools that prior to 1998 had their own local rural school boards. Common concerns are shared among the principals and passed on to the school trustees for consideration. The amalgamation in Ontario of rural and urban school boards has meant that urban administrators have often been oblivious to the challenges facing rural schools within their jurisdiction. Recently, a rural student representative has been added to the single student who has sat on the Board on behalf of students over the past few years.

It is therefore 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. 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, and rebellious kids with piercings and dyed hair. Rural communities tend to be more homogeneous and traditional than urban centres. Differences and diversities are less visible, and change comes at a slower pace, including acceptance of changing gender and family dynamics. 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 dropouts, with the long-term consequences that this brings for both the individual and the community: run-aways and further youth "outmigration" 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 (Morton; Riordan).

With greater access to social services in and near rural communities, those with particular needs and issues may be less inclined to leave. Indeed, there is a discernible pattern of youth returning to their home communities upon completion of postsecondary schooling, or after having worked for a while elsewhere. Community based services help to bridge the divide between the community values shared by rural residents and the resources offered by more cosmopolitan cities. There is work to be done on all fronts, but this model is filling gaps and making changes in significant ways as well as offering alternatives to leaving.

Summary

> ...Governments are not likely to magically gain a better understanding of what life in rural areas is all about. This can only happen through a process of advocacy and political action coming from the communities themselves. (Smith 109)

In summary, while small, rural schools and communities may be challenged by geography, culture, and a relative lack of resources, a close-knit community and dedicated professionals are able to create a "web of supports" as one youth worker put it, to enable all students to complete their schooling, and deal with a wide spectrum of health and personal issues, within easy reach of their home and school. With partnerships like those described in this article, girls, in particular, have a choice of educators and healthcare professionals who are able to advise them on concerns related to weight and body image, abuse and self-harm, relationship concerns, sexuality and pregnancy. Young mothers can also access an array of supportive individuals and groups who can help to attend to their health and emotional needs. 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. 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 and health service opportunities for all (Varpalotai and Leipert). And as this partnership illustrates, working together, rather than competing for funding, results in comprehensive and accessible services for those who need them the most.

The author gratefully acknowledges the support of the Faculty of Education, University of Western Ontario, Research and Development Grants, and the contributions of rural educators and healthcare workers who participated in this research.

Aniko Varpalotai, Ph.D., is an Associate Professor at the Faculty of Education, University of Western Ontario. She teaches and does research in the areas of gender and education; health education; and rural education. She lives on a farm where she raises goats.

[1]All quotations in this paper, unless otherwise indicated, are from the educators and healthcare workers interviewed during this study. Due to the small size of the community involved, neither the community nor the individuals will be identified in order to ensure confidentiality and anonymity.

References

Downey, J. *Strengthening Education in Rural and Northern Ontario: Report of Rural Education Strategy.* Toronto: Government of Ontario, 2003.

Morgan, C. "Reading, Riting, Rithmetic and Nutrition—Ontario schools add 'N' to the 3Rs." *ETFO Voice* (Spring 2003): 14-15.

Morton, M. *Growing up Gay in Rural Ontario: Our Schools Our Selves.* Toronto: Canadian Centre for Policy Alternatives, 2003.

Richardson, J. *Partnerships in Communities: Reweaving the Fabric of Rural America.* Washington: Island Press, 2000.

Riordan, M. *Out Our Way: Gay and Lesbian Life in the Country.* Toronto: Between the Lines, 1996.

Rozanski, M. *Investing in Public Education: Advancing the Goal of Continuous Improvement in Student Learning and Achievement. Report of the Education Equality Task Force.* Toronto: Ministry of Education, 2002.

Saskatchewan Education. *On Course: Addressing Community Needs.* Regina, SaskSchools, March 1999.

Smith, N. "Young People in Rural Communities." *Rural Health and Welfare in Australia. Proceedings of the Tenth National Student Initiatives in Community Health Conference: "Crisis in Rural Health and Welfare: Myth or Reality?"* Eds. T. Cullen, P. Dunn and G. Lawrence. Riverena: Charles Sturt University, 1989.

Southwest Region Health Status Working Group. *Health Behaviours and Lifestyle Practices in Southwestern Ontario: Results from the Canadian Community Health Survey (2000-2001).* London, Ontario: Southwest Region Health Information Partnership, 2004.

"Teen Pregnancy rates declining." *The St. Thomas Times-Journal* October 28, 2004.

Trute, B., E. Adkins, G. MacDonald, with K. McCannell and C. Herbert. *Coordinating Child Sexual Abuse Services in Rural Communities.* Toronto: University of Toronto Press, 1994.

Turner, L. "Rural Health Matters: A Look at Farming in Southwest Ontario." Southwest Region Health Information Partnership, 2004. Online: Date accessed: Sept. 21, 2004.

Varpalotai, A. "Rural Education for Teachers." Unpublished Survey of Canadian Faculties of Education, University of Western Ontario, 1998.

Varpalotai, A. "Phoenix Rising? The Anatomy and Aftermath of Threatened Rural School Closures in Ontario." Paper presented at the Eighth National Congress on Rural Education: Designing our Future.... Making the Right Decisions. Saskatoon, March 30, 2003.

Varpalotai, A. and B. Leipert, "Rural Schools/Rural Communities: Partnerships between Physical and Health Educators and Public Health Nurses." *Stones in the Sneaker: Active Theory for Secondary School Physical and Health Educators.* Eds. E. Singleton and A. Varpalotai. London, ON: The Althouse Press, forthcoming 2005.