

Rural Communities VII

- Early Childhood Education and Care -

Terrace Lounge - 10:40-12:00

Organized and Sponsored by: *Rural Voices - for Early Childhood Education and Care, Manitoba, Canada*

Moderator: *J Wilson, Rural Voices, Manitoba, Canada*

377 Early Childhood Education and Care: Part of the Future of Rural Communities – a Round Table Presentation

10:40-12:00
Round Table

M Friendly¹, J Beach², J Godfrey³, C Gott⁴, ¹Childcare Resource and Research Unit, University of Toronto, Ontario, Canada; ²Child Care Policy Consultant and Researcher, British Columbia, Canada; ³Chair, National Liberal Caucus Social Policy Committee, Member of Parliament-Don Valley West Toronto, Ontario, Canada; ⁴Rural Voices for Early Childhood Education and Care, Manitoba, Canada

J Wilson
Moderator

An effective national strategy for early childhood education and child care (ECEC) is key for Canada – as for other countries - in the 21st century. Today there is broad recognition that children's early experiences are critically important for development over the life span. ECEC is important in human development as a foundation for life-long learning and ensuring that children are healthy, safe and secure. At the same time, ECEC programs support parents from across the socio-economic spectrum who work in all sorts of settings and strengthens social cohesion in all types of communities.

Although ECEC is as important an issue for rural communities as it is for those in urban and suburban areas, rural communities tend to be under-served, especially in countries like Canada that have relatively undeveloped ECEC policies and programs. While no region of Canada provides young children and families with accessible, high quality ECEC programs, providing these in rural communities presents special challenges. However, current international and Canadian knowledge provides useful insight into the nature of successful rural ECEC policy and programs. International policy analysis identifies policy lessons from countries where rural communities have reasonable access to high quality ECEC programs and Canadian examples describe some of the pitfalls and opportunities in establishing them.

Poster Presentations

- Listed by Themes A, B, C, D -

Centre Room, Sheraton Cavalier Hotel - 10:00-14:00
Authors in Attendance

127 Community Partners for Healthy Farming: Intervention Research
J Ehlers, T Palermo, Centers of Disease Control and Prevention (CDC/NIOSH), Ohio, USA

A
Poster

Agriculture is among the most hazardous industries (unintentional death rate = 22.5 vs. 3.8 per 100,000 workers) and is dynamic in terms of farm size, ownership, commodity, range of hazards, labor regulations, working children, and owner autonomy. Although many intervention strategies have been tried, knowledge to guide operators, workers, public decision makers, and extension educators about what works best is limited. The purpose of the Community Partners for Healthy Farming Intervention Research (CPHF-IR) program is to implement and evaluate existing or new interventions for reduction of

agriculturally-related injuries, hazards, and illnesses. Objectives include the development of active partnerships between experienced researchers, communities, workers, managers, agricultural organizations, agribusinesses, and other stakeholders. These partners have provided their unique resources for accessing the target population, planning, implementation, dissemination, and evaluation; they have produced useful engineering controls, educational and motivational tools, and helped build infrastructure for promoting agricultural health as essential to sustainable agriculture. The current six projects (funded 2000-2003) target: improved ergonomics for handling grapes (CA) and for small scale berry growers (WI, IA, MI, MN); engineering controls (KY, VA, SC) and training (IN) related to tractors; private-sector financial incentives for safety (IA and NE); and reducing eye injuries in Latino farmworkers (IL, MI, FL). Preliminary outcomes include: increased respect by partners for other partners' roles in prevention; identifying psychosocial differences between growers of various commodities; the feasibility of Latino lay health advisors as active partners in research, and the value of process evaluation of a partnership to enhance sustainability of interventions. Stakeholders have initiated requests to be research participants and contributed resources. Products of most projects are being made available electronically. Products and models have expanded further geographically than originally anticipated and even into other sectors, e.g., for primary prevention among healthcare workers and adolescents, and introducing public health in social studies and language classes. NIOSH is utilizing the model created for the Simple (ergonomic) Solutions in Agriculture, a document related to earlier CPHF-IR projects, for a comparable document for construction in both English and Spanish.

186 Barriers to Implementing Holistic, Community-Based Treatment for Individuals with Fetal Alcohol Conditions

A
Poster

R Mitten, University of Saskatchewan, Canada

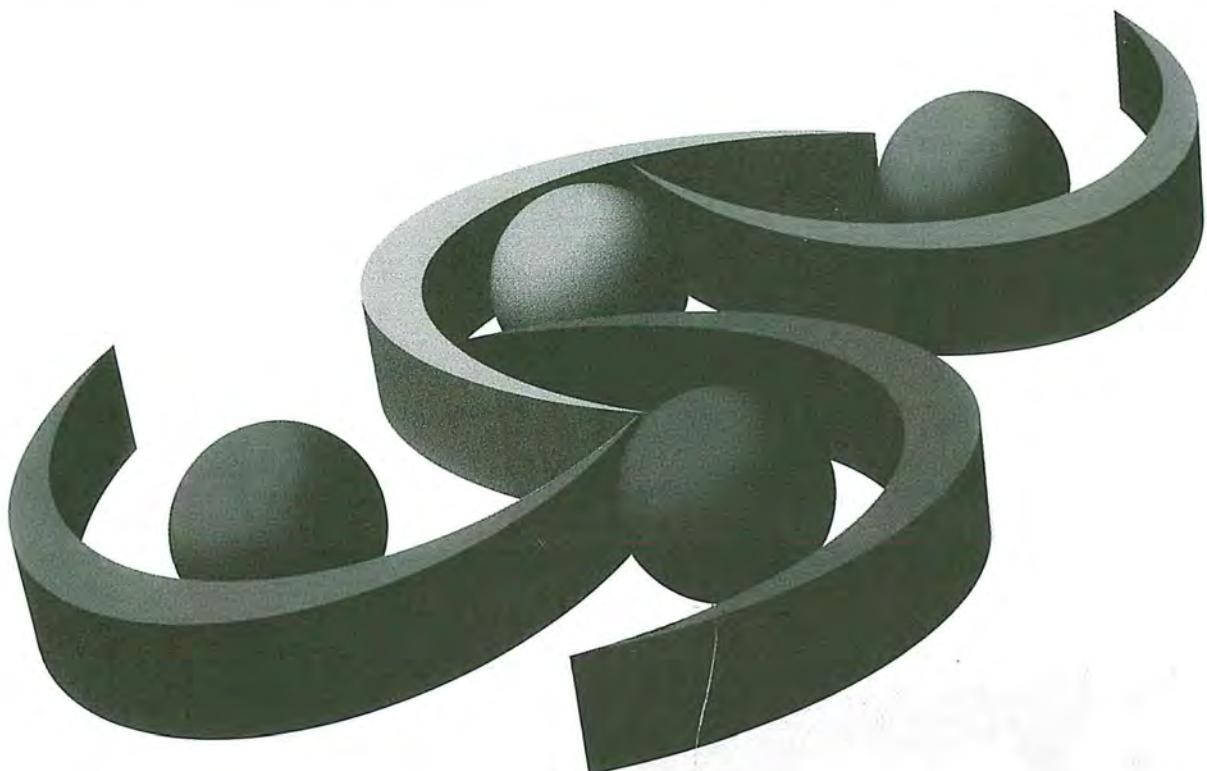
The LL.M. thesis contends that holistic, community-based treatment is preferable to carceral options for offenders with fetal alcohol conditions, provides support for this contention, and includes an analysis of ways of acquiring non-carceral treatment options. Potential avenues of both policy reform and ways of legally mandating treatment will be examined, including:

- Charter of Rights and Freedoms, s. 15, including an analysis from Eldridge, Law, and Auton, based on the duty to accommodate disabilities;
- Constitution Act, 1982, s. 35 and its recognition and affirmation of such relevant treaty rights as the medicine chest, school house clause, and alcohol ban; and,
- International treaties such as Article 12(1) of the International Covenant on Economic, Social and Cultural Rights, Article 24 of the Convention on the Rights of the Child, and the Draft Declaration on the Rights of Indigenous Peoples.

A remedy mandating a positive state obligation to provide community-based treatment would likely require favourable cost-benefit analyses, as well as evidence of effectiveness of the treatment (the latter to be studied in the interdisciplinary Ph.D. program using qualitative research techniques). The research topic is at the interface of health and justice, and indeed is multidisciplinary in nature as fetal alcohol affects every aspect of the individuals' lives.

The thesis is being cited in the annual review of the SKCA for the upcoming edition of the Sask. Law Review, as a potential solution to the conundrum of *R. v. L.E.K.*, 2001 SKCA 48, where a youth court judge's order requiring community-based, holistic treatment for an offender with fetal alcohol syndrome was over-turned by the Court of Appeal as being unconstitutional and outside the judge's jurisdiction.

BOOK OF ABSTRACTS



Fifth International Symposium – October 19-23, 2003

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