Organizing for Health:

A Poststructural Feminist and Narrative Analysis of a School Health Committee

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This dissertation titled
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ABSTRACT

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Organizing for Health: A Poststructural Feminist and Narrative Analysis of a School Health Committee

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Public health policies profoundly shape individuals’ embodied sense of self as well as the organization of resources by discursively constructing identities, knowledge, power and risk. For health and organizational communication scholars, understanding how policy discourses are developed, legitimized, and implemented are salient concerns. I engage these issues through a case study of the Deerfield Local School District’s School Health Advisory Committee (SHAC). Formed in response to federal policy mandates, the SHAC’s mission is to improve the district’s health environment. Specifically, I investigated how the committee communicatively organized resources for health amidst local exigencies and material conditions.

I employed interpretive research strategies including participant-observation, in-depth interviews, and document analysis to collect discourse from SHAC members and stakeholders. Additionally, I gathered insights from students served by the Deerfield SHAC using participatory sketching. I analyzed the data using poststructural feminist and narrative theories. My interpretation of the discourses centered around five themes: participants’ definitions of health, the paradoxes of committee membership, members’ narrative sense-making of resistance and power, the absence of particular stakeholders’ voices in SHAC narratives, and narrative challenges for sustainable organizing.
My analysis of the SHAC’s discourse highlighted how members legitimized the committee’s organizing practices by framing parents from a deficit-oriented perspective, and shifting attention away from social determinants of health. I describe how assumptions about stakeholders’ values and health literacy were further invoked in narratives that naturalized the exclusion of specific voices, such as parents and children, from the SHAC. Then, I narrate the tensions between symbolic-material concerns that emerged from SHAC meetings and conversations with members about the committee’s practices. Finally, I outline practical implications for the SHAC and describe the study’s limitations and areas for future research.

Approved: __________________________________________________________________________

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“Hi everyone!” I called out as I pushed open the door to Deerfield elementary school’s faculty lounge. “Hi Anne!” Stephanie, the school district’s wellness coordinator, responded as I made my way over to the octagonally shaped table where she and two other women were talking. As I sat down in the nearest chair, Stephanie handed me a half-sheet of paper printed with the Deerfield Schools’ Health Advisory Committee’s (SHAC) March meeting agenda and encouraged me to take one of the bottles of water or string cheese sticks sitting on the center of the table. Reaching for some water, I smiled across the table at Allison, a twenty-something brunette who worked in the school district as an AmeriCorps volunteer, and Randi, a representative from a local agricultural organization. Randi nodded and said hello, then turned back to Stephanie. “So, we’re starting a community garden in High Creek this year,” she said. As I listened, I thought Randi looked as though she had been out planting earlier that day, with her fair skin already slightly ruddied by the early spring sunshine, and long salt-and-pepper hair pulled back into a loose braid. “Oh, really? Where are those going?” Stephanie asked quizzically. “Over by the County’s Community Action site. We worked with some folks from the university to build 12 new raised beds, and there’s room for more, too. I’ve received some community grants to help provide resources for the site,” Randi responded. “We’re going to be handing out seeds and seed potatoes later this month. It should be good for the town because the residents of High Creek have such strong Irish heritage.” Stephanie smiled, “That’s terrific! If this works out, maybe people
will have things to sell at the local farmers’ market later this summer or next year.”

“That’s our goal!” Randi exclaimed.

“Well, that’s great,” Stephanie said as she checked her watch. “It’s 3:15 already, but I’m wondering if maybe we should wait until we have a quorum present to get going.” I was surprised that despite the other members’ tardiness, there was no trace of irritation in her voice. Glancing around, I saw that neither Randi nor Allison seemed troubled by the lack of attendees. “That’s interesting,” I thought to myself as a few moments passed in silence, “I wonder if this is typical of all SHAC meetings.”

A minute later, Carolyn, a petite brunette in her mid-thirties who worked as the school’s counselor, and Steve, a red-haired AmeriCorps volunteer in his early twenties, entered the room. “Sorry! We’re running a few minutes late. Trying to get things organized for the Bridgebuilders’ community meeting later tonight,” Carolyn said with an apologetic smile. “I did just see Monica and the rest of her crew from the health department pull into the parking lot, so they should be here soon too.” Steve offered.

“Well, while we’re waiting for them, maybe we can get a few quick things squared away,” Stephanie said. Cheekily, she turned to me, “Anne, since you keep showing up, do you mind if we put you to work today?”

I chuckled at her friendly teasing. I had begun attending the Deerfield SHAC’s regular meetings a few months ago as part of a course assignment to observe small groups in action. Given the committee’s mission to improve the health and wellbeing of various stakeholder groups within the Deerfield Local School District, the SHAC had seemed like a natural fit with my research interests in school-based health initiatives. My
initial plan was to simply observe the communication dynamics within the committee. I found myself increasingly captivated by the members’ efforts to enact their mission to improve the district’s health environment. In particular, I was fascinated by how members narrated tensions between their desire to influence change and the lack of material resources characterized by the district’s rural Appalachian setting. Despite the struggles they described, the SHAC members brought energy and passion for their work to each meeting. As I continued attending the meetings, I found myself becoming progressively drawn into the committee’s work. I smiled as I responded to Stephanie’s question, “I’d be happy to help!”

Stephanie replied, “We do have the spring issue of the school newsletter coming up. I definitely need some help with that.” Turning to look at the rest of the group, she commented, “You know, we started this newsletter because our last school health assessment indicated we needed better communication between teachers and parents in the district. Yet, the teachers from the elementary, middle and high schools haven’t been giving me much to include in the newsletter. I can lead them to water, but I can’t make them drink!”

Randi furrowed her brow, “I’m sure I can pull something together for you about the 4-H club. They’re going to be selling at the Deerfield Farmers’ Market this summer and are really excited about that.” Before she could finish, Carolyn interjected, “I’ll write something too. The elementary students just raised $500 for Pennies for Patients to fight leukemia. That’s $250 more than our goal! Steve has some good stuff from the Lifeskills class he’s been teaching, and there will probably be some updates from
tonight’s Bridgebuilders meeting too.” He nodded, “I have a few things to write up for you.”

“That’s really helpful, thank you,” Stephanie said as she jotted down notes on her agenda. Turning back to me, she commented, “It would be great if you could write articles on health issues to fill some of the extra space.” “Sure,” I replied, “Is there anything that you have in mind?” “Bed bugs,” Stephanie said decisively. Across the table, Carolyn and Allison both shuddered. “Bed bugs, huh?” I asked, smiling, “I just saw something about that on television this morning. Sounds like it’s becoming a really important health issue.”

“It is!” A new voice rang out, as Julie, a first-grade teacher, entered the room. She was followed by Monica, Abby, and Rachel, a group from the local health department. I smiled at the group as we waited for them to pull chairs up around the table and get settled. Julie continued, “We just found out that one of our elementary students has bed bugs and there have been a lot of questions about what we need to do about them. Parents also need to know what they should be doing at home.” Stephanie further stressed, “The newsletter really is one of the best outlets for us to get information to them.” Monica jotted down a phone number on a scrap of paper and handed it to me, “Anne, here’s a good resource for you at the health department. One of the things she’ll probably tell you to emphasize is not picking up used furniture. That’s a major way the bugs are transmitted – and it is something people in this area do a lot.” Several people nodded their heads, confirming her comment. “Makes sense,” I thought to myself as I scribbled her comment quickly on my copy of the agenda, “Given the poverty rates and a
lack of employment opportunities in this area, it’s not a stretch to think about how
second-hand furniture might be a way this spreads.”

Carolyn jumped in, “If you can, look for information about what we should be
doing in the classrooms too, like putting students’ jackets or book bags into plastic bags
to avoid them spreading as well.” Julie quickly responded, “Right, but we need to be very
careful about singling students out with this.” Her brow furrowed, Stephanie commented,
“Definitely. Let’s get this information first. When we know more, it would make sense to
meet with Kelly, the elementary school principal, and Meredith from the middle school,
to develop an administrative policy for handling cases. I’ll make sure we are careful
about how we address this with students as well.” Carolyn and Julie nodded, appeased.

“Good,” Stephanie said, then twisted to look at a mosaic of office-desk-sized
calendars posted on one of the lounge’s walls. During previous meetings, I’d noticed
each month remaining in the school year had a calendar on the wall, and was inked with
scribbled reminders to keep school faculty and staff apprised of upcoming dates. “Can I
get articles from everyone by mid-April?” she inquired. Most of the individuals at the
table nodded affirmatively. “Excellent. I’m hoping to have the newsletter out by May 1,”
she commented. As she made a note on her agenda, Stephanie continued, “Now that we
have that out of the way and it looks like most folks are here, we can get started. Our first
agenda item is just a quick update on the Action for Healthy Kids grant. We receive
about $500 per month to bring in a special fruit for the middle-schoolers, something they
typically wouldn’t have at home, and then talk about how they can use it. In April, we’ll
be bringing in kiwi fruit.”
“Oh, they’ll love that!” Monica said excitedly. Carolyn nodded, “It is fun. We try to generate some excitement for it by encouraging them to dress in the fruit’s colors on the day it is served.” “You’ll have a whole lot of kids in lime green that day!” Randi chucked.

“We sure will,” Stephanie said wryly. “While the program is really fun, one challenge that we’re running into is getting the fruit cleaned and cut up for the kids.” “You mean the cafeteria staff doesn’t help out with this?” Randi asked incredulously. “Well, you see, it’s a timing and money issue,” Stephanie explained, “There isn’t enough staff to prepare the regular school breakfast and the fruit. We also can’t ask them to put in extra time because it is a union issue, too.”

The conversation paused as members looked pensively around the table. Monica looked up from her day-planner and inquired, “So, how have you gotten around this issue the last couple of months?” Stephanie responded, “Well, we’ve been lucky enough to get a handful of parents and teachers to volunteer to help prepare the fruit. But, this time it’s falling on the same day as the middle school’s April faculty meeting. My guess is we’ll be a few people short. Teachers aren’t likely to volunteer when they’re already going to be putting in a longer day. So, I was wondering if any of you would be willing give us a hand.” Several committee members nodded and raised their hands as Stephanie jotted their names down.

Monica asked, “Have you thought about hiring someone to help out, maybe from one of the local restaurants?” “Or even some of the dietetics students at Redding College? That might be a great place to find people to help,” Randi offered. Stephanie
sighed, “Sure. That sounds great, but I think that gets back to the union issue again.”

Randi pursed her lips for a second before replying, “Well…but if you aren’t selling the
fruit to students, it shouldn’t be an issue. Right?” Monica confirmed, “I think she’s right.
The East River district did something similar last year, and if I’m remembering things
correctly, they were able to get around this by hiring someone too.”

I noticed that Stephanie’s face was creasing with worry. Carolyn seemed to see
this as well and quickly jumped in, “I think we’re happy to help, Stephanie. We just want
to make sure this is a sustainable program. And, hiring someone to do this might be
easier than trying to recruit volunteers on an ongoing basis.” Stephanie smiled, “Oh, I
know. I’m just thinking about making sure this is all okay with the administrators.”
Carolyn returned her smiled and said, “I think they’ll be fine with it. But if you need any
help, let me know.” “Will do,” Stephanie said as she checked the agenda item off the list,
“Okay, our next item is Abby’s proposed walk-to-school event for the elementary school
students. Abby?”

Abby shuffled the small stack of papers in front of her, “As I mentioned last time,
I have some extra dollars from a grant that I received for my master’s project. The funds
need to be used for an initiative that emphasizes reducing carbon emissions, and one idea
is to conduct a ‘walk to school event’ for the students. The grant funds could be used to
advertise the event and to buy prizes, say, for the classroom or grade level that has the
most walkers.”

Randi frowned, “I wasn’t at the last meeting, but it seems to me that students
could walk to school anytime. . .” Julie quickly interrupted, “Actually, the elementary
school students can’t. They’re not allowed to because the sidewalk doesn’t fully connect to the school property and we don’t want them walking on the road.” Stephanie nodded, “The curve right before the parking lot is especially dangerous. It would be really difficult for drivers to see them.” Carolyn looked confused, “But, wait – Don’t the middle school students who live here in Deerfield Township walk to school?” Stephanie sighed, “Yes. Because of budget issues, they cut the bus routes for them a few years ago. Most of them are dropped off by parents, but we do have quite a few that walk in. That doesn’t mean it isn’t dangerous, though.”

Looking concerned, Monica asked, “Where is the break in the sidewalk? I ask because the county is about to open a two-mile walking trail from High Creek to Deerfield. It would be great if that could connect to the school grounds. I mean, in addition to addressing the safety issues, think about the great walking field trips that teachers could take their students on to Deerfield Park!” Julie, Carolyn and Steve all nodded enthusiastically at her comments.

Abby held up a map with an aerial view of the school and its surroundings for others to see. “Here’s where the walking path will go,” she said, tracing a thin line along the banks of Sycamore Creek. Marking a perpendicular line, she continued, “Here’s where the sidewalk currently goes along Sixth Avenue. But once it crosses the creek and the railroad tracks, the sidewalk ends. It’s not that far from where the school property begins, maybe a tenth or so of a mile. But, the curve right here before the first driveway into the parking lot IS really dangerous.”
Carolyn squinted at the map, “You know, it would be useful to do some kind of visual audit of the road coming into the school. I can’t think of any signs or crosswalks indicating where the school zone is, and that’s not good either.” Stephanie pointed to a home on the map, “Well, there is a sign by the Johnsons’ place. But, they usually have a big van parked right there, which I’m guessing makes it difficult to see.” Several members nodded and commented they hadn’t noticed the sign there before either. I thought of my own experiences driving to the school and whether I had seen any signage myself. Nothing immediately came to mind, but I recalled that my visits to this community were rather limited, since it was a 15-minute drive from the university I attended.

Randi pointed at a home adjacent to the school’s property and asked, “Who owns that land? It looks like the sidewalk ends right by their driveway. Maybe we could request permission to extend it this way to meet the playground?” Stephanie and Julie looked at each other for a moment. “As far as I know, Marian Jennings was living there for a while. I’ve heard that she has been ill for quite some time, but I don’t think she owns the land. I think it belongs to her stepson, David,” Julie said slowly. Stephanie grimaced, “I’m pretty sure it does, too. He lives in Florida now, and I don’t think he’ll be selling that land any time soon.”

The room was silent for a moment. Monica pointed at the map, “So, I know Sixth Avenue is technically a city road until it gets to the creek here. But, does it become a county road on the other side? You know, from where it extends to the school and then ends after the second driveway into the parking lot?” Stephanie, Julie, and Carolyn exchanged glances, looking thoughtfully at one another before Stephanie finally
murmured, “I’m not sure.” “It would be worth finding out,” Monica said, “Because if it is a county road, I can get in contact with the county engineer. Who knows? Maybe all we need to do is contact the property owner for an easement to extend the sidewalk. In the meantime, the county engineer could help us with getting better signage for the road.”

“That sounds great!” several people commented. Rachel turned and said something quietly to Monica. “Wow, okay!” Monica exclaimed, “So, Rachel is going to check, but we might have some extra funds. Do you think the middle school students would be interested in something with reflective tape, like a keychain or sticker, something like that to make them more visible when they walk to school?” “I don’t see why not. That would be terrific!” Stephanie responded. Rachel spoke up, “I’ll look into what’s out there and can bring some options for us to look at during the next meeting.”

“So, do you still think it would be feasible to host a walk-to-school event for the elementary students in the meantime?” Abby asked the group tentatively. Monica and Randi both nodded their assent, while Stephanie looked thoughtful. “Well, the sidewalk is only one of the logistics we need to deal with,” Julie said carefully, tucking strands of her shoulder-length brown hair behind her ear. “You’d also need to think about what to do with students once they get here. The building doesn’t open up until 8:45, and they can’t be on the playground in the mornings without supervision.”

“Oh, that’s right.” Carolyn nodded, “Even when the buses get here early in the morning, they have to keep them on the bus until then.” Stephanie said, “Sure, but couldn’t we get some parent volunteers to help out with this?” Julie shook her head,
“Nope. You have to have certified teachers to monitor students when they reach the school.” Stephanie frowned. “Well, I don’t want that to be the detail that holds us back. I’ll check with Kelly to see if she has any suggestions for how to handle this.” Monica suggested, “What if we didn’t have the students meet us at school? What if they met us at the park? It’s on the way, and then people could use the new walking trail!”

“Yeah, and then we could do some kind of walking school bus, where everyone walks together from the park to the school!” Randi said excitedly. Steve, who had been quiet for most of the meeting, said, “That sounds like a terrific idea! I’m sorry I have to leave everyone. The Bridgebuilders meeting in High Creek is in about a half-hour, and I need to make sure everything is set up. But I’ll see most of you there, right?” As he stood up to leave, I noticed that people smiled and murmured they’d see him soon or thanked him for coming to the meeting. There didn’t seem to be any issues with the fact that he left early. It also struck me that many of the SHAC members were part of multiple groups within the community as well. During the break in the conversation, I jotted a quick note in the margins of my notebook about this.

Stephanie looked at her watch, “Abby, why don’t you e-mail me and we can work on setting up some time with Kelly to talk more about this idea. Meeting somewhere else could work, but I want to get her thoughts on this too.” Abby quickly nodded her assent.

“Great,” Stephanie responded, making a checkmark on her agenda. She continued, “Okay, folks. I know we’re running short on time already, but does anyone have other updates they want to share before we adjourn?”

**
Organizing resources for health is an inherently communicative accomplishment for the members of the Deerfield Local School District’s Health Advisory Committee (SHAC). Through the stories that unfolded in their meeting talk, members strove to enact their mission while navigating the demands of stakeholders, broader institutional structures (e.g., district policies), limited resources (e.g., contingent and shifting funding from grants), and social determinants of health (e.g., infrastructure concerns). Rather than simply serving as spaces for enacting goals, Tracy and Dimock (2004) argued, “Meetings are where groups celebrate and challenge institutionally important values; they are also sites in which people display their own power and resist the demands of others” (p. 127).

I offer the preceding narrative as an ethnographic fiction (see Davis & Ellis, 2008; Ellingson, 2005), or a composite story drawn from my fieldwork experiences. While the narrative is not a precise rendering of a SHAC meeting, I crafted the account to orient readers to the complex discourses, issues and power relations that shaped the committee’s interactions and organizing processes. Through the story, I sought to highlight the key questions and issues that comprise the foundations of this project: How do health organizations, like the Deerfield SHAC, communicatively mobilize resources for health amidst structural and/or material challenges? What makes the SHAC’s efforts to organize possible? How do SHAC members and their stakeholders understand and/or enact health? How do the discourses of public health policies shape the SHAC’s organizing processes (or conversely, what discourses do SHAC members draw upon to legitimate school-based health initiatives)? How does the SHAC resist or (re)produce power and health inequities
through its practices? Finally, what alternative organizing practices are suggested by or embodied within their work?

I found these questions compelling for several reasons: As a health and organizational communication scholar, I believe the SHAC’s organizing practices offer a unique opportunity to explore the tensions between health policy discourses and how they are enacted in particular contexts. The SHAC members’ work to develop policy and initiatives for the school district responds to federal and state mandates, public health discourses, stakeholders’ interests, and community exigencies. Studying how influential discourses define terms like “health” or “wellness” illuminates the social responses and forms of organizing they produce. Moreover, health-related organizing has material and corporeal consequences. Mayall (1996) argued that children become “conscious both positively and negatively of their bodies, in daily encounters during their early years” (p. 88). In other words, children’s understandings of self are shaped by discourses and interactions that define their bodies as “normal” and/or “socially valuable.” My study responds to calls (see, for example, Harter & Zoller, 2010; Ford & Yep, 2003; Lupton, 1994, 1995; Zoller, 2010), for research that interrogates how public health organizing discursively constructs issues of identity, difference, power, knowledge and risk.

Second, my feminist sensibilities primed me to see how studying the SHAC provided a means to connect theory and practice. My questions about the committee’s organizing processes are particularly relevant in the current political and economic milieu. Despite budget cuts for K-12 education at the federal and state levels, schools have increasingly been positioned as key sites for implementing health policy initiatives
Considering that students consume up to 50 percent of their daily calories at school, it is unsurprising that U.S. First Lady Michelle Obama declared educational institutions to be “on the front lines in the war against childhood obesity” (Ferran, 2010, n.p.; Walsh, 2008). However, school-based wellness initiatives have been criticized for their inability to organize sustainably in communities with limited resources (e.g., time and personnel) for redressing health concerns (see, for example, Agron, Berends, Ellis & Gonzales, 2010; Hoyle, Bartee & Allensworth, 2010; Krieger, 2005). Although organizing in under-resourced communities may be challenging, they are often places with significant health needs. A case in point: While childhood obesity affects more than 30 percent of the nation’s youth, it is most prevalent in states with the highest poverty rates (Trust for America’s Health, 2009). Concerns about organizing to redress health disparities amidst difficult material conditions are particularly salient for the Deerfield SHAC. Located in rural Appalachian Ohio, the community faces various health challenges ranging from high rates of substance abuse to a disproportionate prevalence of diabetes and obesity (Denham & Rathbun, 2005; Morrone, 2008). Situating my study in this context responds to feminist and critical health scholars’ calls for research that is conducted with and for marginalized communities (see arguments by Buzanell, 1994; Ford & Yep, 2003). As I have conducted this project, I have tried to consistently connect theoretical contributions with practical implications that could be useful for school wellness committees or other health organizations negotiating similar challenges. Like Trethewey, Scott and LeGreco (2006),
I believe that an applied study of policy represents an important starting point for translating research into the material contexts that I study.

In Chapter Two, I provide an overview of the literature that has guided my study. First, I describe the role of discourse as an organizing force that has given rise to public health initiatives like the SHAC. Then, I articulate specific contextual exigencies that frame the SHAC’s efforts, and elucidate the complex intersections between public health discourses and organizational communication. Finally, I discuss my theoretical standpoints and explain why they provide a useful framework to make sense of the SHAC’s discourses and organizing practices. In Chapter Three, I outline my methodological approach for studying the SHAC’s organizing processes and how they are experienced by members and stakeholders. I employed participant-observation, in-depth interviews, participatory sketching and document analysis in this study. I analyze and explore specific themes that emerged from the data in Chapter Four. In the final chapter, I discuss the theoretical and practical implications that can be derived from this study. I conclude by reflecting on my personal journey and describing the questions and future areas of study that emerged from my research.
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL ORIENTATIONS

In this chapter, I seek to situate my study of the Deerfield SHAC amidst ongoing scholarly conversations occurring at the intersections of health and organizational communication. I begin by reviewing extant literature exploring the relationship between discourse and how public health initiatives and policies are organized. Then, I turn to a more focused exploration of how discourse about children’s health and bodies have positioned educational institutions as sites for performing health work. Next, I situate the SHAC’s work within its Appalachian context. I particularly emphasize how historic and cultural discourses have informed policy responses to the region’s economic, health, and educational disparities. Additionally, I elucidate how scholars have described the impact of local discourses on Appalachian residents’ health practices and explore how the Appalachian educational system has been socially constructed as a place for socialization and social change. I conclude the literature review by discussing how my study can extend these ongoing dialogues. Finally, I outline my theoretical sensibilities, poststructural feminism and narrative theory, and explain what these theories bring to bear on my exploration of the Deerfield SHAC.

Discourse, Organizing and Public Health

Communicative concerns about public health represent one of the earliest streams of health communication literature (Beck et al., 2004; Dutta & Zoller, 2008; Zoller & Kline, 2008). Scholars initially emphasized the effectiveness of health promotion and prevention communication for influencing behavioral changes. Research approaches were primarily based in the post-positivistic tradition, which empowered scholars to
develop systematic ways of understanding the characteristics of target populations and
crafting health messages (see Zoller & Kline, 2008). However, the linear assumptions of
communication and behavioral adoption models have been critiqued for giving little
“attention to the role of the audience in giving meaning and embodiment to health
messages” and ignoring the cultural and political implications of health discourses (Dutta
& Zoller, p. 9). Researchers began to problematize the behavioral assumptions and
operations of power that undergirded health campaigns beginning in the late 1980s. For
instance, McKnight (1988) asked, “Could it be that for those in the greatest need, their
health does not depend on receiving messages? Could it be that their health depends upon
controlling the microphone?” (p. 43).

His question continues to resonate in the meaning-centered interpretive and
critical approaches to health communication scholarship that have flourished in recent
decades (see Beck et al., 2004; Dutta & Zoller, 2008). For instance, Zoller and Kline
(2008) argued that interpretive and critical research in health communication has
illuminated a diverse range of issues, such as the embodied experience of health and
illness; the social constructions of identity, power, and culture in health discourse; and
the role of health communication in promoting social change. As I mentioned in Chapter
One, scholars (see, for example, Harter & Zoller, 2010) have recently argued that an
important avenue for enhancing this body of research involves exploring the theoretical
connections between health and organizational communication. Multiple avenues exist
for studying these intersections, such as highlighting how theories of disease causation
engender particular forms of organizing (Zoller, 2010); expanding our understandings of
health care organizing beyond traditional settings (Harter, Deardorff, Kenniston, Carmack & Rattine-Flaherty, 2008); and exploring how institutional and organizational discourses inform understandings of health and healing (Barbour, 2010). In this section, I elucidate two threads of research that are particularly relevant to my interests in the Deerfield SHAC: The role of discourse in public health organizing and the discursive nature of health policy.

*The Role of Discourse for Maintaining Individual and Social Bodies*

Like Lupton (1995), I conceptualize public health as a form of “social medicine which directs its professional attention towards the health of populations, aggregated bodies, instead of individual bodies” (p. 2). How public health organizations seek to maintain the social body is dynamic, often shifting in tandem with historic, economic, and cultural discourses about the meanings of risk, health, and bodies. In his essay, “The Politics of Health in the Eighteenth Century,” Foucault (1980b) illustrated how discourses functioned to organize individual bodies to meet changing social needs. He began by describing how in the late seventeenth century, “institutions for assistance to the poor serve[d] as the collective means of dealing with disease” (p. 168). However, the role these institutions served changed in the eighteenth century as new definitions of poverty emerged in relation to the rise of industrialization. Fee (1993) similarly traced the changes to legal reforms, socioeconomic shifts, and health concerns arising in growing urban areas:

The enclosure of common lands had made huge numbers of the rural poor destitute, throwing the existing poor relief system into crisis. At the same time,
the factories of the new industrial cities displayed a voracious appetite for laboring bodies . . . The spread of cholera and other epidemic diseases drew attention to the disastrous living conditions of the new working class. (xxvi)

Foucault (1980b) noted that subsequent changes in the meanings of social class gave rise to additional shifts in how assistance was viewed and provided. Specifically, he argued that fixing poverty and its health-related consequences (e.g., lack of sanitation, malnourishment) to economic production highlighted the burdens that poor and sick populations represented to the social order. Fee similarly observed that health reformers at the time believed “disease was a cause of poverty (and high relief expenditures) while health created wealth” (p. xxvi). Once the relationship between health and poverty was linked to economic concerns, Foucault argued the health and well-being of the population came “to figure as a political objective which the ‘police’ of the social body must ensure along with those of economic regulation and the needs of order” (p. 171). He asserted the shift in meanings empowered the state to discipline individual bodies in order to maintain the health of the social body. In the latter half of the eighteenth century, families became increasingly medicalized through state campaigns for vaccination and other forms of care necessary to raise healthy children (e.g., “a purified, cleansed, aerated domestic space,” “the medically optimized siting of individuals, places, beds and utensils,” p. 173). The purpose of the state’s health pedagogies was to educate parents to correctly manage children who would be healthy enough to contribute to the means of social production.

According to Rosen (1993), health concerns connected to industrialization sparked the beginnings of modern public health practice. Family caregiving practices for
infants and children remain a central component of contemporary public health initiatives (see arguments by Burrows, 2008; Lupton, 2008). Parents are the target audiences for a sweeping array of health promotion initiatives aimed at increasing the rates of breastfeeding and participation in vaccination programs, as well as making other healthy lifestyle choices (e.g., eating well, exercising, avoiding tobacco products). Though public health initiatives are often celebrated as ways to improve the population’s well-being, they have drawn criticism for how they impose disciplinary forms of power over individual bodies (Lupton, 1995). For example, elements of First Lady Michelle Obama’s “Let’s Move” obesity-reduction campaign, including efforts to provide tax breaks on breast pumps, have been decried as intrusive and unwanted interventions into citizens’ daily lives (Zernike, 2011).

Lupton (2003) would argue that the concerns about “Let’s Move” reflect what she referred to as the central dialectic of public health: “The freedom of individuals to behave as they wish is pitted against the rights of society to control individuals’ bodies in the name of health” (p. 35). She asserted that medical advances over the last century have unintentionally exacerbated this tension by shifting the focus of public health work from infectious disease to healthy lifestyles and preventative care. For example, Lupton contended that health promotion efforts, such as fitness tests and Body-Mass Index screenings, are frequently viewed as benevolent because they are embedded in discourses about social values (e.g., living a long and productive life, reducing health care costs). She then drew upon Foucault’s (1995) definition of disciplinary power to demonstrate
how initiatives function as surveillance mechanisms that compare (and discipline) bodies to socially constructed norms.

More recently, Wright and Harwood (2009) have begun to use the concept of “biopedagogies” to illuminate the operations of identity and power within discourses that enhance individuals’ understandings of the body. The concept of biopedagogies draws specifically from Foucault’s (1984) concept of biopower with Bernstein’s (2001) work, *Toward a Sociology of Pedagogy*. Wright (2009) conceptualized biopedagogies as sites with “the power to teach, to engage ‘learners’ in meaning making practices they use to make sense of their worlds and their selves and thereby influence how they act on themselves and others” (p. 7). As components of health discourses, biopoedagogies can circulate broadly within a culture, and are (re)produced within daily micropractices. Wright further argued that power relations existing within biopedagogical practices encourage individuals to govern themselves in particular ways.

Research that has explored the role of discourse in public health initiatives offers a foundation for studying how the Deerfield SHAC’s communicative practices implicate identity, responsibility for health, and power. Investigating how the committee has formed and organized in response to legislative mandates provides an additional opportunity to investigate the discursive nature of health policy formation.

*The Discursive Nature of Health Policy*

The dialectic between individual and social responsibility for health is reflected in the discursive process of health policy formation. Policy-making processes are influenced by a complex web of interconnected factors, including the governmental and institutional
structures where deliberation occurs, and the narratives that serve to define problems and provide exigency for action (Conrad & McIntush, 2003; Conrad & Millay, 2001). The interests of various rhetors, including lawmakers, advocates, lobbying groups, and other stakeholders involved in a policy issue further influence this process. Combined, the factors function to set legislative agendas and determine whether and when proposed solutions are politically viable. Conrad and McIntush (2003) explained that “policy windows open when powerful publics are mobilized to act…Social conditions may exist for long periods of time without being defined in the public mind as problems that require action” (p. 412). Although harmful conditions can and do exist without action, how health concerns are framed or connected to social interests can create exigencies for opening policy windows (see, for example, Conrad & Millay, 2001; Conrad & Jodlowski, 2008; Gring-Pemble, 2001). For instance, Sharf (2001) investigated how breast cancer narratives influenced legislators to include the disease on health policy agendas. Studying the formation of health policy can expose the political and rhetorical forces that open (and close) policy windows, and illuminate how support for or against specific initiatives is constructed.

Whose voices are privileged (or silenced) in health policy-making processes is also consequential (see, for example, Gillespie, 2001; Thompson, 2010). Zoller and Kline (2008) argued that critical health communication health research can be particularly valuable for addressing “the power-laden contexts of policy-making and their influences on the lived experience of different publics” (p. 115). Rich and Evans (2009) similarly
urged researchers to interrogate how power and knowledge operate within health policy discourses. In particular, they argued that problem definitions and solutions:

are political projects in themselves, grounded in broader ideals about changes and developments in societies and the types of bodies and performances that are to be valued. Certain populations are privileged in the process while others are marginalized and considered culpable or deviant (the wrong shape, size and weight by default). (p. 169)

Deconstructing public health policy discourses brings to light ideological assumptions about the locus of responsibility for health (Kim & Willis, 2007; Lawrence, 2004; Smith, 1988). Researchers can trace how the ideologies that support public health policies become implicated in broader social discourses about what constitutes a “healthy” or “at-risk” body (Bordo, 2003; Ferris, 2003; Lupton, 2003). Studying health policy discourses also exposes gaps between the definitions of health concerns, how resources are organized in response to issues, and the (un)intended consequences of policy solutions. For example, Zoller’s (2005) feminist reading of the Healthy People 2010 report demonstrated how the document constructed health risks for women (particularly minorities) in individualistic terms, rather than addressing underlying social factors that exacerbate gender and race-based health disparities. For this study, I particularly sought to highlight how health policy discourses are put into action and influence organizing practices.

Studying the Deerfield SHAC allows me to extend these scholarly conversations about the relationships between discourse and public health organizing. In the next
section, I highlight specific discourses and initiatives that have framed the role and performance of public health practices in educational settings.

School-Based Health Initiatives

Discourses connecting the quality of children’s health to a diverse range of social values, such as learning, have been influential in opening up policy windows for school-based health initiatives. One notable example of this is the National School Lunch Program (NSLP), a federal meal program that provides low-cost or free lunches to more than 31 million students each school day (U.S. Department of Agriculture, 2010). Martin (1996) explained that concerns linking children’s health to national security persuaded policymakers to create the program in 1946:

The driving force behind a national nutrition program to help shape habits was the realization during World Wars I and II that large numbers of young American men were physically unfit for military service due to poor nutrition. In reaction to this and other social factors, the Works Progress Administration (WPA) instituted daily school lunch as one of its programs. School administrators quickly became convinced that a nutritious lunch was a positive force in helping children learn and stay in school. (p. 857)

Though developing children’s bodies for military service was a primary reason for the NSLP’s establishment, the program’s perceived benefits for students’ health and learning abilities have led to its expansion in recent decades. The U.S. Department of Agriculture (USDA), which administers the NSLP, developed a free and reduced-price breakfast for students in 1975 (Federal child nutrition programs, 2010). Congress expanded the
initiative in 1998 to include snacks for children in after-school educational programs. School districts can also apply to participate in additional USDA nutrition programs that provide milk, fresh fruits and vegetables, and summer meals for students (Federal child nutrition programs).

The NSLP’s narrative illustrates how public health policy has been organized in response to concerns about social values (e.g., having a strong military). Other initiatives that address children’s health, ranging from the President’s Council on Fitness, Sports and Nutrition to First Lady Michelle Obama’s “Let’s Move” campaign, have followed similar trajectories. In this section, I describe two health policy efforts that have shaped how school-based health initiatives are organized. Each of the initiatives emerged in response to specific exigencies for children’s health. Additionally, both programs advance definitions of health which shape how it is (or should be) enacted in schools. Finally, the initiatives outline a specific role for educational institutions (and, by extension, the state) for monitoring children’s bodies.

Child Nutrition and WIC Reauthorization Act of 2004

Provisions of the Child Nutrition and WIC Reauthorization Act of 2004 (CNRA), federal legislation that renews government-run nutrition programs like the NSLP, provide another example of policy initiatives that influence the SHAC’s work. When the CNRA was passed on June 30, 2004, it included standard amendments to streamline and optimize the programs’ performance (Fabros, 2005). However, lawmakers added a new mandate that required every school district receiving funds for the NSLP to develop a local wellness policy by the beginning of the 2006-2007 school year (Child Nutrition and
WIC Reauthorization Act, 2004). The act obligated districts to form a stakeholder group that included “parents, students, and representatives of the school food authority, the school board, school administrators, and the public” to design the policies (Child Nutrition and WIC Reauthorization Act, p. 781). Additionally, the mandate included four specific goals that local policies must address: The nutritional standards of foods available in schools; nutrition education; physical activity; and other school-based activities designed to promote student wellness (Food Research and Action Center, 2006).

Legislators and public health officials argued that the CNRA’s changes would provide schools with an important tool for addressing childhood obesity rates through changes in educational environments (Fabros, 2005; Food Research and Action Center, 2006). School-based health initiatives received increased attention following the publication of *The Surgeon General’s Call to Action to Prevent and Reduce Overweight and Obesity* in 2001 (Satcher & Higginbotham, 2008). The report, issued by then-Surgeon General David Satcher, estimated that the number of children (aged 6-11) who were considered to be overweight had doubled over the past 20 years, and the number of overweight adolescents had tripled during the same time frame (U.S. Department of Health and Human Services, 2001). Characterizing obesity as an “epidemic,” Satcher’s report linked obesity to health conditions (e.g., heart disease, Type-2 diabetes, stroke, and cancer) that accounted for $117 billion in medical spending in 2000 (U.S. Department of Health and Human Services). Satcher and Higginbotham contended that the report was
influential in positioning schools as key sites for addressing health disparities linked to childhood obesity:

Schools were appropriate settings for such an effort because 53 million children attend school each day, schools provide opportunities for children to improve their lives and futures regardless of socioeconomic background or ethnicity, and schools may provide the opportunity for children to adopt healthy lifestyles of nutrition and fitness even when family and community cannot. (pp. 401-402)

According to the U.S. Department of Agriculture (USDA), Congress passed the CNRA’s provisions as a means to “formalize and encourage” school district’s role in health promotion and obesity prevention (2011).

The USDA further emphasized how the CNRA’s changes provided districts with the agency for crafting local-level polices and enabled schools to respond to unique community exigencies. Other discourse surrounding the wellness policy mandate similarly stressed the law’s intent to meet the needs of low-income communities. A Food Research and Action Center report asserted that childhood obesity had “more profound negative impacts” in lower income areas “because of inadequate or unavailable health care and lack of resources for improved nutrition” (2006, p. 3). For instance, the report suggested that school wellness policies could include the expansion of school meals and afterschool snack programs to address issues such as hunger and food insecurity.

The vast majority of U.S. school districts developed a local school wellness policy in compliance with the CNRA’s mandate (Robert Wood Johnson Foundation, 2009).

However, policy reviews and surveys of school administrators and wellness coordinators
in multiple states have indicated that policies are perceived as lacking in strength because of inadequate resources for implementation (e.g., time, funding for staff); competing priorities (e.g., cutting physical activity time in favor of classroom instruction); challenges with developing and assessing measurable outcomes; lack of enforcement or compliance mechanisms; and capacity-building needs, such as technical guidance or training about health issues (see, for example, Agron et al., 2010; Lambdin & Erwin, 2007; Probart, McDonnell, Weirich, Schilling & Fekete, 2008; Serrano et al., 2007).

Though districts faced complex challenges for implementing effective policies, Satcher and Higginbotham (2008) argued ineffective guidelines were more costly in other ways:

How could schools struggling with the No Child Left Behind Act and other efforts be expected to take on the added challenge of helping children develop healthy lifestyles? Many schools throughout the country raised this question, and a 2004 publication, *The Learning Connection*, answered that question. Several studies showed that children who ate breakfast and were physically fit generally performed better on standardized exams, attended school more regularly, and concentrated on their work better, whereas children who were overweight and obese had a higher prevalence of depression and school absenteeism. (p. 402)

By framing strong school wellness policies as essential to children’s learning abilities, legislators and health officials reinforced educational institutions’ place as sites for enacting health. Yet, it is important to note that Satcher and Higginbotham’s discussion of health and learning offers educators few suggestions for navigating concerns about material conditions that were raised by the previously mentioned studies. The issues were
not addressed when the CNRA was renewed in December 2010 (Public Health Law Center, 2011). Rather, the updated law’s provisions added further requirements for school districts related to local wellness policies, including: Updating nutritional guidelines to reflect new USDA standards for school meals; periodically measuring and reporting on the policy’s progress towards goals and drawing comparisons to model policies; and informing stakeholders (e.g., parents, students, community members) about the policy’s content and implementation (Public Health Law Center). The CNRA’s mandates function to shape the general framework for Deerfield’s school-based health initiatives. In the next section, I explain a model that influences specific tactics and strategies for implementing wellness policies.

Coordinated School Health Model

Developed by Centers for Disease Control (CDC) researchers Diane Allensworth and Lloyd Kolbe (1987), the Coordinated School Health model (CSH) represents a prominent approach that educators and public health officials have used to streamline efforts and engage community partners for school-based health initiatives. According to the CDC (2010), the model was initially proposed to coordinate the hodgepodge of school health policies and programs that developed in response “to a wide variety of federal, state and local mandates, regulations, initiatives, and funding streams” (para 5). The CSH model stresses building an infrastructure of partnerships among key stakeholders for children’s wellness, (e.g., educators, administrators, parents, and community members) as well as professionals from different health disciplines, such as nursing, social work and psychology (Allensworth & Kolbe; CDC). The model’s purpose
for bringing together stakeholders is to coordinate action that addresses the needs of the “whole child” and, in turn, enhancing the school’s educational mission (Hoyle et al., 2010, p. 163). The CHS’s broad approach to meeting children’s needs emphasizes eight components of school health: health education, physical education, health services, mental health and social services, nutrition services, healthy and safe environment, family and community involvement, and staff wellness (CDC; Cooper, 2010).

The CSH model has been hailed as an especially useful approach for rural, or low-income communities because it brings together educational and community resources “for the purposes of creating a multifaceted network and environment of health education and healthful practice” (Cornwell, Hawley & St. Romain, 2007, p. 602; Shetzina et al., 2009). However, though case studies have demonstrated that CSH approaches “can have positive impacts on selected health behaviors,” a report from the CDC and the American School Health Association found it has not yet become a sustainable model for most communities (Hoyle et al., 2010, p. 163). For instance, Hoyle et al. noted that CSH programs frequently lacked consistent administrative support, struggled with organizational or language barriers, or found it difficult to coordinate across the various components of the model. Despite the model’s critiques, the CDC (2010) currently provides funding for 22 state agencies to help schools use CSH approaches for promoting school health (para. 10). In Ohio, the Buckeye Healthy Schools Alliance, a volunteer partnership (that includes government agencies, community leaders, educators, youth organizations, as well as health and educational associations)
coordinates an annual CSH conference that empowers school health committees to network and share best practices (Buckeye Healthy Schools Alliance, n.d.).

Applying public health messages and practices in culturally specific contexts is often a complex and (potentially) consequential process because it draws attention to situated identities, relationships, and knowledge (see arguments by Dutta and Zoller, 2008; Dutta & Basu, 2007). Next, I explore the locally situated discourses that frame the SHAC’s efforts to improve the health environment of an Appalachian school district.

Situating Health and Education in an Appalachian Context

In his explanation of the relationship (or ratio) between a narrative’s scene and actions, Burke (1969) drew upon the maxim that “terrain determines tactics” (p. 12). The maxim is especially true when considering Appalachia as a context for organizing. The region’s identity, as well as its accompanying economic, educational and health disparities, have been socially constructed in multiple (and sometimes conflicting) ways. Walls and Stevenson (1972) argued that the Appalachian region remains an “elusive entity” as definitions from “scholars, reporters, natives, and politicians” have shifted over the years (p. xi). Geographically defined by federal legislation in the 1960s, Appalachia encompasses a 205,000 square-mile region that includes 12 states, and stretches from New York to Mississippi. Thirty-two counties in Ohio, including the county where Deerfield is located, have been designated as part of the region (Appalachian Regional Commission, n.d.). Though it includes mostly rural populations, the region includes a few metropolitan areas, such as Pittsburgh and Knoxville (Appalachian Regional Commission). From a cultural perspective, the U.S. Census Bureau does not include
Appalachian as a distinct ethnic identity, despite residents’ dominantly mixed European ancestry. Yet, nearly 12,000 residents identified themselves as Appalachian during the 2000 census (Moule, 2005). Scholars like Katz, Wewers, Single and Paskett (2007) have cautioned that not all residents readily categorize themselves as Appalachian due to stereotypes and perceived identity stigmas associated with the culture (e.g., labels such as ‘hillbillies’ or ‘hicks’).

**Resources and Disparities**

Appalachia has been historically labeled as economically and environmentally under-resourced for a variety of reasons, ranging from its geographic isolation to communities’ reliance on mining and other extractive industries (Morrone, 2008). The presence of the coal industry, in particular, has been highlighted as a common denominator in Appalachian communities (Walls & Stevenson, 1972). Although political discourses noted economic, health and educational disparities in Appalachia prior to World War I, Teets (2006) observed the region was “rediscovered with a vengeance in the 1960s” (p. 127). In particular, she noted how discourses about Appalachia’s deficits positioned the region as producing citizens that were “incapable of realizing their human potential in the complex twentieth century” (p. 128). The Johnson administration attempted to redress known precursors to poor health through the Appalachian Redevelopment Act of 1965 and the broader “War on Poverty” (Behringer & Friedell, 2006).

The policy efforts have been credited with mixed results. Denham and Rathbun (2005) noted that poverty rates declined by 17.4 percent from 1960 to 2000. However,
poverty and unemployment remain high in many Appalachian counties (Morrone, 2008). Disparities in socioeconomic status along dimensions of gender and race remain particularly problematic in the region. For instance, Latimer and Oberhauser (2004) argued men’s average-median incomes for both full and part-time work outpaced women’s salaries by nearly $10,000. Socioeconomic concerns have been compounded by structural funding inequities for Appalachian school districts as well (Morrone). One enduring legacy of the Appalachia’s extractive industries has included external control (by individuals and corporations outside of the region) of the area’s wealth and natural resources. Teets (2006) argued that state tax structures failed to tap into revenue streams leaving the region. As a result, she observed that Appalachian schools “were funded through taxes on individuals residing in the region, and because most of the jobs were relatively low paying, property and income taxes netted little for school funding” (p. 128). The Ohio Supreme Court declared the state’s educational funding structures to be unconstitutional in a series of decisions beginning in 1997, arguing that wide disparities had been created by the system’s overreliance on property taxes (Morrone; Siegel & Candisky, 2007). Although state lawmakers have made efforts to reform school-funding formulas, there has been no consensus on components of a new model (Siegel & Candinsky). Additionally, the current economic recession has hindered the state’s ability to fund alternative school-funding plans, such as a new formula proposed by former Governor Ted Strickland (Siegel, 2010).

Access to health care also remains a key concern for the region. Behringer and Friedell (2006) noted that investment in health care infrastructure continues to lag
“because of Appalachia’s low population density and high percentage of residents without health insurance or with high-deductible plans” (p. 1). For the Deerfield Local School, the coupling of a rural geographic setting and many individuals’ lack of material resources (e.g., insurance and transportation) functions to isolate residents from health care professionals and services (Harter et al., 2008; Morrone). Perceptions of Appalachian residents’ health status are also frequently connected to economic, educational and health care resource issues. Studies of Appalachian communities have revealed evidence of place-based health disparities, such as disproportionately high rates of diabetes and obesity (see, for example, Behringer & Friedell, 2006; Montgomery-Reagan, Bianco, Heh, Rettos, & Huston, 2009), as well as premature deaths from heart disease, cancer and stroke (Halverson & Bischak, 2008; Halverson & Harner, 2004).

Sociocultural Influences on Health

The health and economic disparities in Appalachian cultures have also been linked to sociocultural factors. Due largely to the region’s geography and settlement patterns, Appalachian residents were largely organized by the nineteenth century in small communities that often featured strong kinship systems (Eller, 1982). Extended family networks and a commitment to place (e.g., family ties to land) remain prevalent in Deerfield and similar communities and are influential in helping residents create meaning about health (see Katz et al., 2007; Keefe, 2005). For instance, Manoogian, Harter & Denham (2010) argued that family and cultural scripts played an important sense-making role for how residents understand conditions like diabetes. Behringer and Friedell (2006) argued that faith has been acknowledged as an important influence on Appalachian health
beliefs. However, they noted that how faith shapes individuals’ perceptions of health self-efficacy is often misunderstood and complex:

Typically, authors have interpreted individuals’ belief in “God’s will” as evidence of a sense of fatalism toward health. However, an alternative interpretation is posed by this research. These studies find that Appalachians consider both their faith and the potential benefits of medical care when seeking solutions to health problems. Faith was not found to be a barrier to obtaining health care and is described as a comforting factor for people diagnosed with cancer. (p. 2)

In addition to faith, Behringer and Friedell contended Appalachian residents’ concerns for place can influence health self-efficacy. They noted that individuals often link environmental pollution (e.g., the impacts of toxic waste; chemical exposure from farms, mines and factories in watersheds) to cancer rates in their communities. Concerns about environmental health pose a particularly difficult paradox for Appalachian residents: They could pursue environmental action, at the potential peril of industries and jobs that allow them to stay in their communities. Or, they can choose to not act, continue to make a living, and potentially expose themselves to health risks. When faced with these difficult choices, Behringer and Freidell observed that residents typically do not choose to pursue environmental action.

Educational Institutions as Sites for Change

Until the mid-twentieth century, the Appalachian educational system was largely characterized by small community-based schools (Teets, 2006). Given the region’s geographic features (e.g., mountainous territory, distance from most major metropolitan
areas), the development of education in Appalachia was markedly different from other areas. For instance, Teets observed that most Appalachian school districts did not have compulsory attendance policies until after 1900, nearly half a century after the regulations appeared in New England. The differences in how the educational systems were organized, she noted, shaped perceptions of Appalachians as un(der)educated. Education reform represented (and remains) a central plank of policy efforts to address poverty (Appalachian Regional Commission). Legislators at the state and federal levels began urging school districts to consolidate as a means to increase economic efficiency (Teets). Additionally, policymakers stressed how the combination of district’s resources would empower them to offer a broader curriculum. Although the recommendations were embraced by the national education establishment, Teets noted consolidation was resisted by Appalachian residents who viewed the schools as integral components of their communities.

The insular, community-based nature of Appalachian school districts have been both critiqued and praised for how structures have affected the capacity for change. Schrag (1972) argued that local educators permitted or even encouraged “irrelevant education based on books and classes that kill questioning and curiosity, that discourage change and that reinforce existing fears and superstitions” (p. 222). While it was not clear what kind of knowledge Schrag deemed as “irrelevant,” Teets (2006) similarly noted Appalachian districts had been criticized by reformers for not providing students with a broad enough curriculum (e.g., advanced courses in math, science and English; co-curricular courses in art or foreign language instruction) to ‘succeed’ after they completed
secondary education. In contrast, DeYoung (2002) argued that social scientists viewed the school’s organizational form and place in Appalachian communities as spaces to foster progress and change. He noted that scholars particularly highlighted the capacity of schools to transform children “away from the ascriptive, dependent, particularist and diffuse norms of families” which were (and still are) attributed to rural communities (pp. 166-167). Much like the discourses of school-based health initiatives, the conversations about Appalachian education reform have positioned school districts as key sites for both socialization and social change. In the next section, I outline my poststructural feminist and narrative theoretical sensibilities and describe why these lenses provide a robust framework for understanding the Deerfield SHAC’s discourses.

Theoretical Sensibilities

This section provides an overview of the key assumptions and contributions of poststructural feminism and narrative sensibilities that guided my study of the Deerfield SHAC. I first outline the core tenets of poststructural feminism and narrative theories. I then articulate the common concerns that link these theoretical frameworks together, and discuss how points of divergence can enhance both of the orientations in useful ways. I conclude the section by discussing the research questions that guided my study.

Poststructural Feminist Theory

Poststructural feminist theory (see, for example, Fraser, 1989; Lupton, 1995; Weedon, 1997) draws largely upon the works of Foucault to destabilize how discursive practices influence the construction of gendered subjectivities and macro-level social structures and institutions. Although it is not the only theoretical framework to
investigate how discourse constitutes social meanings (see, for example, Berger & Luckmann, 1966; Giddens, 1979), poststructural feminism uniquely highlights the consequentiality of meanings for those marked by a variety of lived differences (e.g., gender, race, class, age, ability). Additionally, poststructural feminist theorists seek discursive spaces to raise consciousness, and open the processes of meaning-making to marginalized voices (see Weedon; Fraser).

At the center of poststructural feminist beliefs is an understanding of how discourses constitute and communicate meanings within a society. Lupton (1994) defined discourse as “a pattern of words, figures of speech, concepts, values, and symbols that is organized around a particular object or issue and that can be located in wider historical, political, and social processes and practices” (p. 61). Discourses evoke and (re)produce meanings through the various ways subjects and objects are articulated (Butler, 1995). Poststructural feminists are particularly concerned with how power circulates within various discourses and influences social meanings of self and other. They further emphasize how meanings enable and constrain forms of social organizing, highlight the material consequences of discourse for marginalized groups, and seek opportunities for social change.

In contrast to humanistic (e.g., rational, unified) understandings of the self, poststructural feminist theory seeks to open up the subject by examining the multiple and multi-vocal discourses that provide individuals with cultural meanings and forms of conduct to live by (Weedon, 1997). Because these discourses exist in a constant struggle for dominance, Lupton (1995) asserted the subjectivities, or subject positions, they
provide for individuals to assume are “fragmented, highly changeable and dependent on the context” (p. 7). For instance, in *Pink Ribbons, Inc.*, King (2006), traced how breast cancer has been (re)created in dominant discourses over time. Specifically, she highlighted how the meaning(s) of the disease have shifted from a highly stigmatized and private individual condition, to a celebrated cause for advocacy, and what many now consider to be an “affirming and enriching experience” (p. x). King’s arguments demonstrated the contingencies of meanings, and how individuals make sense of their experiences and identities based on the range of discourses available to them.

Drawing from Foucault, poststructural feminists investigate how power relations operate within these competing, shifting and contextual discourses in the ways they define subjectivities. Foucault (1982) conceptualized power as an unavoidable and relational process that is put into action through language. While he highlighted the potentially oppressive function of power, Foucault (1980a) simultaneously acknowledged that power relations could also be viewed as productive. He argued, “What makes power good, what makes it accepted, is simply the fact that it doesn’t only weigh on us as a force that says no . . . it traverses and produces things, it induces pleasure, forms knowledge and produces discourse” (p. 119). Poststructural feminists contend that power manifests through discourse in a variety of forms, such as specifying how to be a subject, privileging certain voices or interests over others, or defining broader social relationships and needs (Fraser, 1989; Weedon).

Frank (2006) and McCann and Kim (2003) observed that most individuals experience subject positions as a natural part of their lived experiences, not as the result
of dominant discourses. Foucault (1980c) similarly explained that we are not usually conscious of the power relations and orientations that shape our health-related perceptions because they are woven into the fabric of culture. Meanings are embodied and enacted by individuals in everyday interactions and life scripts. As these meanings become routine and are normalized, they become resources for constructing concepts like “health,” “class,” and “marginalization” (Ellis, 1999). One example of this is how children are socialized to make nutritional judgments through interwoven cultural and social discourses, as well as family practices. Lupton (1996) observed that the discourses offer multiple meanings of food (e.g., food is good/bad; pathogen/medicine) that children learn through their interactions with parents and others adults. However, children’s ability to actually eat “healthy” food may be hindered by conflicts with other discourses (e.g., family discourses that position particular foods as love or tradition) as well as material realities, such as the accessibility and affordability of fresh produce with individuals’ lived experiences (see, for example, Bruss et al., 2005; Rimal & Flora, 1998). Power and subjectivities are similarly (re)produced and naturalized in everyday interactions. For instance, Lupton contended that children’s bodies frequently become symbolic of parents’ “ability to feed and care for it well” (p. 42). Because mothers are still viewed as children’s primary caregivers (see, for example, Collett, 2005; Hays, 1996; Marian, 1999; Parkin, 2006; Wood, 1994), they become particularly vulnerable to self-censure and social criticism for their child’s bodily appearance (Murphy, 2000). Even though eating practices represent sites of struggle between parents and children, the
caregiver is attributed with responsibility (or blame) while children are positioned as passive agents (Lupton, 1996).

Poststructural feminists further emphasize how dominant discourses enable or constrain social organizing by normalizing or naturalizing particular arrangements (see, for example, Buzzanell & Liu, 2005). Weedon (1997) explained that discourse functions as the medium through which a culture defines, debates and sustains institutional structures. However, poststructural feminists acknowledge that forms of organizing often define social needs and identities in ways that privilege the interests of dominant groups while marginalizing (or silencing) others. For instance, Zoller (2003) explored how occupational health and safety discourses in an automobile production plant functioned to reinforce managerial interests by organizing meanings and norms surrounding “good” or “risky” work behaviors.

Fraser (1989) explained the consequentiality of these power relations, arguing that “struggles over cultural meanings and social identities are struggles for cultural hegemony, that is, for the power to construct authoritative definitions of social situations and legitimate interpretations of social needs” (p. 6). For example, the CNRA’s wellness policy provision was developed based on legislators’ definitions of the problems that childhood obesity causes for the public body (e.g., increased health care expenditures). The definitions draw upon public health discourses, such as BMI scores, which are used to determine whether bodies are “healthy” or “at-risk.” What is not evident in the definitions is how discourses about the obesity “epidemic,” and markers like the BMI, have been critiqued for arbitrarily establishing standards of normalcy (Halse, 2009).
Additonally, scholars have questioned the disproportionately gendered influence of BMI discourses on young women’s relationships to their bodies (see Beausoleil, 2009; Gerbensky-Kerber, 2011). The dominant discourses of childhood obesity and its causes are also consequential because they shape the formation of policy solutions. For instance, why does the CNRA include a mandate for school districts to develop local nutritional guidelines for cafeteria meals rather than setting national standards, particularly for USDA-provided commodity foods that support the NSLP? Poststructural feminism urges scholars to question how social issues are discursively defined, whose voices are included (or silenced) in the process, and what possibilities for organizing they (do not) engender.

Though a core imperative for poststructural feminism is to look for sites of contested discourse, Mumby and Stohl (1996) observed that it is equally valuable to investigate how “what appears normal and natural about organizational practices is actually socially constructed and obscures other organizational possibilities” (p. 58). One example of this is Allen’s (2004) argument that the invisibility of class-related issues in social discourses perpetuates stigmas about under-resourced populations as lazy, unhealthy, or unmotivated. She argued:

- This ideology does not acknowledge that economic, cultural and social capital can tilt the playing field in favor of those who have accumulated wealth, knowledge and/or connections. Instead, victim-blaming narratives and cultural deprivation stories ascribe persistent intergenerational poverty to immorality and family dysfunctions. (p. 105)
The invisibility of social class is particularly consequential in discourses and the social organizing of education. In a comparison of the pedagogical practices among five schools contrasting social class communities, Anyon (1980) found what she termed a “hidden curriculum” of work manifested within the classrooms (p. 2). For instance, she explained that working class school districts emphasized understanding through rote work that provided students with little room to employ creativity or problem-solving skills. Middle class and affluent schools, she argued, structured students’ work in ways that increasingly required them to demonstrate understanding (rather than memorization), and decision-making skills. Differences in how students’ classroom behaviors were disciplined (e.g., through strict obedience and control in working class districts; increased freedom and trust in more affluent districts) were also apparent. She argued that how schools oriented children to work, authority, and knowledge contributed to the reproduction of the existing system of class-based relations. Her findings about how the meanings of social class and labor are (re)produced in the classroom reflected similar observations by Bowles and Gintis (1976) and Willis (1977) regarding the differential treatment of students’ behaviors in the classroom. From a communicative perspective, Deetz (1992) also argued the corporate colonization of individuals’ private lives has influenced how modern education has become an extension of occupational training and values.

While poststructural feminists emphasize the communicative nature of subordination, they also urge scholars to reclaim subjugated knowledge and identify opportunities for empowerment – particularly in relation to gender inequities. Wood (1994) contended, “Understanding how discursive practices construct cultural beliefs and
inform cultural practices should also illuminate means whereby we can contest the currently prevalent meanings of a social order” (p. 113). At the same time, poststructural feminists have been slower to expand their reach to include multiple inter-related forms of difference, including social class, age, race and ability (see critiques by Allen, 2004). One potential avenue for engaging differences and identifying spaces for consciousness-raising is through an exploration of the tensions between symbols and the materiality of discourse. In recent years, organizational communication scholars have encouraged research that moves beyond “discursive indulgence” and engages the material features of the contexts where organizing occurs (Cheney & Cloud, 2006, p. 505). The symbolic-material tensions are particularly meaningful for understanding the potentials and problematics for health organizing. For instance, what function does a school wellness policy serve if a school district does not have the time, money, or personnel to implement (much less enforce) it? Ashcraft and Mumby (2004) similarly reminded us that communication both emerges from material exigencies (e.g., increased rates of childhood obesity and related health conditions such as heart disease), and translates into lived experiences (e.g., access – or the lack thereof – to healthy foods or safe places to exercise).

Focusing on both discourse and materiality allows scholars to engage multiple, inter-related forms of difference. Feminist and public health scholars have begun to urge researchers to conceptualize how race, class and gender “exist within interlocking hierarchies that create systems of privilege and disadvantage” (Chavez, Duran, Baker, Avila & Wallerstein, 2003, p. 83). hooks (2000) similarly argued that poverty
disproportionately impacts women (of all races), and racial minorities (of both genders). Additionally, highlighting the role of material concerns provides a strong link to poststructural feminist concerns regarding the relationship between theory and praxis. Weedon (1997) and Fraser (1989) argued that theories need to remain answerable to life as they suggest avenues for empowerment. In the next section, I describe how pairing poststructural feminism with narrative theory creates a robust theoretical framework for analyzing the individual and collective stories that constitute threads of discourse.

**Narrative Theory**

Narrative theorizing adds a useful theoretical extension to poststructural feminism because it draws attention to the storied nature of relating and organizing. Ontologically and epistemologically, narratives function as “the basic medium in which human beings speak, think, grow into selves and understand others” (Freeman, 1997, p. 175). Scholars have expressed a range of differing perspectives on how, where and when the processes of narrativity unfold (see, for example, Freeman, 1998; White, 1990). Yet, most agree that narratives function as important sense-making and symbolic resources, or what Burke (1973) described as “equipment for living” (p. 61). Storytelling provides a means for individuals to share personal experiences with others, as narratives transform and enable the meanings emerging from accounts to circulate broadly within collective life (Bruner, 2002). Definitions of what, specifically, “counts” as a narrative vary. For instance, Riessman (2008) characterized narratives as accounts that meaningfully weave ideas, events and experiences together into “a sequenced storyline, specific characters, and the particulars of a setting” (p. 5). In contrast, Boje (2001) argued that narratives
rarely emerge in interactions as fully formed stories. He urged scholars to instead look for how stories are constituted by threads and fragments that shift to meet the storyteller’s needs. I conceptualize narrative as encompassing both perspectives, because I believe each has the capacity to convey meanings. Given the broad scope of how I view storied forms, I use the terms “narrative” and “story” interchangeably within this study (see similar arguments by Riessman).

Narrative scholarship provides researchers with a robust set of theoretical tools for analyzing storied experience. Burke (1973) highlighted the importance of the relationships developed between a narrative’s core elements (e.g., the act, scene, agent, agency, purpose). Scholars have also called attention to emplotment, or the processes that narrators use to create linkages between seemingly disparate events and provide them with a form that endows experiences with meaning and purpose (Burke, 1954/1984; Freeman, 1998). How storytellers develop connections within a narrative is particularly consequential. The temporal sequencing of events, or what Harter, Japp and Beck (2005) referred to as the “and then” imply causal relationships (p. 15). Additionally, how an account unfolds suggests particular choices, paths and turning points (Ricouer, 1981).

Research on health narratives has demonstrated how stories function as guides for making sense of disruptions such as illness (see, for example, Frank, 1995). Storytelling allows narrators to grapple with unexpected deviations from the ‘normal’ plots of their lives, and impose form and order upon events that lack coherence (Burke, 1954/1984). At the same time, acts of story-making are rarely individual in nature. Japp, Harter and Beck (2005) argued that narratives are rarely “solely personal, organizational and public;
stories necessarily bleed across the artificial boundaries of discrete areas of knowledge” (p. 3). Though narrators draw upon personal experience in the formation of their accounts, they are also guided by cultural models, such as norms, values and assumptions, embedded within broader social stories (Bruner; Burke; Riesmann, 2008).

Moreover, narratives are not composed for or by the storyteller alone. Bakhtin (1981) argued that storied forms are inherently dialogic, or relational in nature. He contended that our words are never completely our own, but are formed through reflexive consideration of both experience and the heteroglossia, or multi-voiced discourses, that surround us. “The ideological becoming of a human being” he asserted, “is the process of selectively assimilating the words of other” (p. 341). Taking a dialogic approach to studying narrative empowers scholars to consider how meaning is co-created in and through interaction. In health communication, scholars have used the dialogic perspective to investigate how physicians and patients co-narrate illnesses and the processes of healing (see, for example, Charon, 2006; Harter, 2009; Harter, Patterson, & Gerbensky-Kerber, 2010; Rawlins, 2009). Additionally, health communication researchers have considered how the intersections of personal, organizational, and public narratives influence individuals to (re)consider their own narratives and identities (see, for example, C.S. Beck, 2005; Sharf, 2005). Taking a dialogic view of narratives also allows researchers to consider their performative nature, or how storytellers attempt to make their narratives meaningful for particular audiences (see arguments by Langellier & Peterson, 2003).
Organizational communication scholars have similarly employed a dialogic perspective on narrative to consider how organizations “serve not only as the repository of stories, but constitute stories themselves” (Harter et al., 2005, p. 12). For example, researchers consider how narratives and storytelling function to organize norms and expectations for individual behaviors within organizations (see, for instance, Boje, 2001; Luhman; 2005; Smith & Keyton, 2001); what assumptions, institutional logics, or values they contain (Barbour, 2010; Mumby, 1987); and whose stories are (not) heard (Clair, 1998; Carabas & Harter, 2005). Considering the relational construction of narratives also frees researchers from viewing organizations as containers, but to instead see them as “nets of collective action” that are knit together through dialogue and the sharing of stories (Czarniawska, 1997, p. 41; see also Mumby & Stohl, 1996). The boundaries between organizations and the environments where they exist cannot be easily drawn because they are dynamic and permeable. Scholars like Cheney et al. (1998) have called for research that moves between organizational practices and their discursive and material contexts to see how meanings are narratively (re)produced or resisted.

Given the breadth and depth of narrative theorizing, I have narrowed my focus to a few specific concerns that inform my poststructural feminist sensibilities. The characteristics are consistent with my perspective that discourses are narratively co-constructed, used to make sense of self and other, and function to organize action. Specifically, I focus on how narratives constitute knowledge and depend on intertextuality to create meanings (Harter et al., 2005); how narratives represent sites of
struggle surrounding meaning and power; and finally, how the partiality of narratives offers sites for reclaiming marginalized voices and experiences.

Narratives as (Intertextual) Knowledge

Bruner (2002) contended, “Stories are a culture’s coin and currency. For culture is, figuratively, the maker and enforcer of what is expected” (p. 23). Put simply, narratives are not only the ways through which we come to know ourselves and make sense of experiences. They also function to organize behavior by creating “summaries of socially shared understandings” (Lindemann Nelson, 2001, p. 6). We draw upon narrative knowledge to develop social scripts that guide our interactions with others, taking cues from stories to learn the appropriate forms of behavior and conduct (Goffman, 1959). For example, Foucault (1997) argued that individuals engage relational discourses and meaning, or what he termed “games of truth,” to learn what it means to appropriately care for oneself (1997, p. 282). Frank (2006) similarly asserted that individuals’ embodied sense of health is crafted through discourses that direct attention to components of the body. What we are taught to care about and how we ought to care for ourselves is also bound up in discourses of what makes our bodies socially valuable (see Foucault, 1995; Lupton, 2003). Though caring for the self involves corporeal concerns, Foucault (1997) offered a broader definition that is bound up in civic virtue and social relationships (e.g., fulfilling duties to our families, friends and communities). The connection between care of the self and care for others is particularly evident in health discourses that stress the economic and social implications of the obesity epidemic (see Halse, 2009). We learn what kinds of care are valued (e.g., norms about appearance and conduct of the body)
through various social, political, economic and historical discourses. Knowing oneself, thus, involves an iterative movement between our personal experiences and understandings constituted by cultural stocks of knowledge.

Foucault’s arguments about how we are socialized into understanding self-care illustrate contentions by Bahktin (1981), Burke (1954/1984, 1969) and others that narratives are inherently *intertextual*. Not only are narratives co-constructed by individuals, they also develop meanings in and through their relationships with other texts (Harter et al., 2005). As stories are (re)told within a particular setting, their communal repetition establishes a sense of history, or collective memory, and constitutes representations of reality (Ricouer, 1981). Freeman (1997) noted that narratives simultaneously emerge from and constitute cultures. Drawing upon Lyotard (1984), scholars have argued that smaller narratives often fit together to form “grand” or “master narratives” that function to influence broad social philosophies. Lyotard, for example, was particularly concerned with how narratives surrounding the scientific method (e.g., science as knowledge, science as progress) became a dominant paradigm through its linkages to Western values and modernity. In everyday interactions, master narratives can take the form of stock plots in literature, as well as myths, folktales, or even forms of gossip that are used to help make sense of and justify individual action (Bruner, 2002; Lindemann Nelson). For instance, archetypal stories and characters function to embody and reinforce cultural norms, values and beliefs. This process of narrative patterning, or second-order discourse, both incorporates and shapes individuals’ experiences (Ricouer, 1980; Harter et al., 2005). Woven into the social fabric of life, narratives influence the
creation of and provide rationales for community rituals, routines and traditions. Langellier and Peterson (2003), for example, examined how the concept of “the family” is generated and (re)produced by multiple cultural narratives that structure the relationships between parents and children.

Exploring how narratives (separately and in relationship to other texts) constitute knowledge offers an important link to poststructural feminists’ concerns with the interplay between macro-level discourses and micro-level interactions. Poststructural feminists can use narrative lenses to interrogate how a cultural story (or sets of similar narratives) frame individuals’ subject positions or create plotlines that imply particular relationships, structures and agency. For instance, Langellier and Peterson’s (2003) analysis questioned why narratives of family legitimated meanings that structured the relationships between parents and children, or privileged white, middle-class family structures over alternative possibilities.

**Narrative as Sites of Struggle for Meaning and Power**

Though narratives create meanings through their interactions with other texts, stories also collide and contradict. Additionally, narratives themselves often represent sites of discursive struggle over meaning and power (Harter et al., 2005; Mumby, 1993). How individuals interpret the meanings that emerge from discursive struggles are consequential, and function to both enable and constrain actions. Mumby (1987), for example, asserted that organizational narratives function to (re)produce dominant structures or power relationships by naturalizing particular experiences or forms of organizing. Montgomery (2006) similarly noted that narratives circulate meanings within
communities of practice, and can (re)produce consensus or imbue certain stories with power. In health narratives, the logics of the biomedical model (e.g., technology as progress) have become privileged through their association with ‘expert’ and ‘objective’ knowledge (U. Beck, 1986). Although medical knowledge represents one way of understanding the body and has been critiqued for its emphasis on certainty and causality (see Montgomery; Sharf, 2009) it continues to be privileged over alternative forms of knowledge and care. For example, Corburn (2005) critiqued traditional public health research for dismissing community members’ lived experiences and localized knowledge of places and conditions that could be valuable for addressing health disparities. For poststructural feminists, probing the political (and potentially ideological) assumptions of stories can prompt questions about how narratives are framed. Additionally, they can ask which narrators are allowed to tell stories, how narratives become legitimized, and what assumptions or values are embedded within dominant stories.

Moreover, poststructural feminists can follow the lead of feminist organizational communication scholars by acknowledging the tensions that emerge between different values and meanings. In recent years, scholars have increasingly argued for research that goes beyond the traditional masculine/feminine, rational/irrational bifurcations that historically guided organizational communication research (Trethewey & Ashcraft, 2004; see related arguments byBuzzanell, 1994; Clair, 1998). Researchers like Trethewey and Ashcraft, who embrace a “tension-centered approach” to exploring organizations, argue that conflicting pressures are inherent to organizing processes (p. 82). The emergent tensions are reflected in organizational structures and activities in multiple forms, such as
contradictions or paradoxes (see, for example, Barge, Lee, Maddux, Nabring & Townsend, 2008; Harter & Krone, 2001; Koschmann & Laster, 2011; Stohl & Cheney, 2001; Tracy, 2004), irony (Trethewey, 1999), and ambiguity (Eisenberg, 2007; Trethewey & Ashcraft). As part of the tension-centered approach’s rejection of ‘rational’ explanations for organizational processes, scholars (Stohl & Cheney; Tracy) contend the existence of contradictions is not necessarily problematic. Rather, as Harter and Krone suggested, researchers have begun to interrogate how paradoxes are properties of organizational life that simultaneously enable and constrain collective action.

Poststructural feminist projects that seek to empower social change may find it useful to study how individuals navigate organizational binds, or what kinds of tensions emerge when narrators question privileged meanings (see, for example, Harter, 2009).

Reclaiming Marginalized Voices

Additionally, White and Epston (1990) argued the storytelling process necessarily involves an interpretive process where narrators “prune, from our experience, those events that do not fit with the dominant evolving stories that we and others have about us” (p. 12). By highlighting how stories incorporate certain details while excluding or de-emphasizing others, scholars acknowledge that narratives are inherently partial and indeterminate (Harter et al., 2005). Though narratives reflect knowledge, the knowledge is situated in particular standpoints and temporal moments. The storylines described by different narrators can reflect alternative interpretations shaped by various perspectives and worldviews. Additionally, the meaning of a particular narrative may shift as circumstances change over time, and new endings are written.
Acknowledging the partiality of narrative is particularly useful for poststructural feminist projects. Because poststructural feminists are concerned with how lived differences are empowered or subordinated, narrative theories offer tools to investigate how the narratives that compose a discourse are formed. For instance, scholars can question whose voices (or knowledges) are privileged within narratives, which stories are (re)told and gain traction, and how storied meanings shift over time. Moreover, knowing that narratives are never complete calls researchers to question what is (potentially) missing from an account and what is consequential about absent voices, perspectives and experiences. Burke (1954/1984) cautioned the sedimented layers of meanings that accumulate within narratives can create “trained incapacities,” or ways of (not) seeing the world (p. 49). For example, Workman (2005) illustrated how representative anecdotes constructed the problem of binge drinking as existing within a specific context (e.g., college, and more specifically, Greek organizations) and resulting in particular consequences (e.g., death). By framing binge drinking as a college-specific problem, he argued the representative anecdotes obscured issues surrounding alcohol consumption among young adults who were not enrolled in college. Poststructural feminism’s emphasis on deconstructing discourses is one mechanism for identifying how trained incapacities constrain new or alternative ways of thinking, organizing or narrating experiences in ways that disproportionately affect marginalized groups.

Though he cautioned that it was impossible to develop a “supra-perspectival version of reality,” Bruner (2002) pragmatically urged scholars to excavate where alternative perspectives may be hidden (p. 23). Poststructural feminists and narrative
scholars share interests in how some voices are intentionally excluded by dominant narratives or discourses. Clair (1998) added that institutional structures and practices also function to *organize silence* through the development of norms surrounding storytelling (e.g., when, where, how and by whom stories can be told). Though certain perspectives may be hidden, she argued, negation and silence is never fully complete. Searching for where voices are silenced is central to poststructural feminists’ imperative to seek discursive spaces for empowering marginalized groups. At the same time, Clair cautioned researchers to be attuned to the complex nature of narrative silence. She argued, “Silence can obviously marginalize and oppress members of society, but it can also express protection, resistance and defiance. It may afford opportunities for emancipation or perpetuate the disappearance of the ‘other’” (p. 20). Researchers have argued for the importance of identifying hidden transcripts, or discourses from marginalized groups that are veiled or not expressed openly with others in positions of power (Chavez et al., 2003). At the same time, Scott (1990) urged scholars to pay attention to how that silence itself can function as a form of resistance.

Interrogating which voices or meanings are (not) privileged in narratives is especially useful for locating tensions between symbolic and material forces as well. For example, Allen (2004) asserted that socioeconomic status and class struggle are largely invisible in social discourses even though “social class embodies a powerful, persistent predictor of accessibility of resources, potential for longevity and success, and self-esteem” (p. 99). In other words, collective narratives that formulate identities and institutions deny the existence of class while simultaneously perpetuating ideologies that
reinforce difference, status and marginalization. By investigating narratives from this perspective, researchers can explore how stories mask or rationalize the forces or factors that influence poverty, class differences, and resource inequities.

Finally, narrative inquiry provides poststructural feminist projects with resources to identify spaces for re-storying possibilities. Lindemann Nelson (2001) noted that master narratives, like discourses, do not always represent a cohesive set of stories. Fisher (1987) similarly argued that narratives which attempt to sway moral action must be “confirmed or validated in one’s personal experience, in the lives or statements of others whom one admires or respects, and in a conception of the best audience that one can conceive” (p. 109). Exposing points of slippage, cracks, or fissures within narratives and broader discourses make it possible to introduce new, and more edifying, storylines for marginalized populations.

Summary and Research Questions

Both alone and paired together, poststructural feminism and narrative theories offer a robust set of resources that allow researchers to unpack the assumptions embedded within the communal and individual stories that constitute broader discourses. The theories share a focus on how meaning is constituted, contested, and reproduced through social interaction. Additionally, both approaches recognize how narratives and discourses function to influence identities, roles and norms. Though poststructural feminism and narrative theories differ in the extent to which they implicate power, both frameworks acknowledge that discourses are indeterminate and may privilege certain narrators or stories over others. Finally, both theories provide useful tools for informing
praxis. Just as poststructural feminists identify spaces for consciousness-raising, researchers employing critical approaches to narrative have sought to use these ruptures to introduce counter-narratives or alternative ways of storying experiences (Harter et al., 2005; Lindemann Nelson, 2001).

Though the points of convergence between poststructural feminist and narrative theories are important, it is equally necessary to identify how the divergences between the frameworks can extend and enhance each other. Narrative theory probes deeply into the stories that compose a discourse, unpacking its various elements and investigating the dominant forms it draws upon to develop a coherent plot and compelling characters. From a broader perspective, poststructural feminism interrogates how power is exercised in and through various discourses in ways that privilege some groups while marginalizing others (e.g., based on gender, race, class, age). Additionally, poststructural feminist theorists emphasize how dominant meanings function to enable and constrain particular forms of social organizing, and highlight what the material consequences of these discourses may be. Together, the assumptions of narrative and poststructural feminist frameworks empower researchers to problematize varying issues, such as how health issues are socially framed, what purposes, assumptions or interests are supported (or obscured) by particular frames, and what impact these discursive formations have on lived experiences (see, for example, Bute, Harter, Kirby, & Thompson, 2010).

Reviewing the literature on the role of discourses on public health, organizing, and Appalachia in light of my poststructural feminist and narrative sensibilities primed me to ask the following questions in my study:
RQ 1: How is health understood and enacted by SHAC members and stakeholders?

RQ 1a: What discursive resources do SHAC members draw upon to organize school-based health initiatives?

RQ 2: How do the SHAC’s practices resist or (re)produce power relationships?

RQ 3: How do SHAC members and stakeholders narrate tensions between symbolic and material forces that enable and/or constrain alternative organizing possibilities?

To address these questions, my research design blended interpretive forms of inquiry with participatory research methods. These approaches share an emphasis on the development of knowledge claims situated in the experiences and understandings of community members. Additionally, both approaches stress the co-creation of knowledge by researchers and participants. In the next chapter, I articulate my specific research strategies for studying the Deerfield SHAC.
CHAPTER THREE: RESEARCH METHODS AND DESIGN

This chapter outlines my methodological approach to studying the SHAC’s organizing processes and how they are experienced by members and stakeholders. First, I articulate the connections between my theoretical sensibilities and the interpretive and participatory approaches that informed my research design. Next, I discuss the research setting and participants as well as how I gained access to the scene. Then, I describe my data collection strategies for gaining insight into how SHAC members and stakeholders discursively constructed health, as well as how the various framings of health influenced the committee’s organizing processes in consequential ways. I then outline my approach to data analysis. I conclude by discussing the standards of rigor that guided my research practices.

Interpretive and Participatory Forms of Inquiry

As a scholar with narrative and feminist sensibilities, I am deeply committed to conducting research that performs “the scholarship of application” (Boyer, 1990, p. 21). While I strove to conduct a dissertation project that would make theoretical contributions to communication research, I was also driven by feminist impulses to “identify and correct economic, political and social inequalities” (Harter, Edwards, McClanahan, Hopson & Carson-Stern, 2004, p. 408; see also Buzzanell, 1994). Although I understand that storytelling does not offer immediate remedies for redressing issues in the Deerfield community (see Harter, Gerbensky-Kerber, & Patterson, 2010), my intention was to conduct research that opened up new ways of thinking about organizing health research and sparked dialogue(s) for change. Specifically, I sought to ensure that my theoretical
contributions would be answerable to the lived experiences of SHAC members and the committee’s stakeholders (see, for example, Fraser, 1989; Weedon, 1997). I carefully selected fieldwork strategies that I felt were best suited for answering my research questions while also privileging central concepts for narrative and feminist theories. My research design included tactics for eliciting narratives from members and stakeholders, as well as observing how stories unfolded in strategic and potentially consequential ways during meeting interactions (see Gubrium & Holstein, 2009; Riessman, 2008). At the same time, I incorporated practices that addressed key concerns for feminist theory and practice, including issues of power, positionality, reflexivity and representation (see, for example, Visweswaran, 1994; Ellingson, 2005). My research design couples interpretive inquiry with elements of community-based participatory research (CPBR) approaches because they share a mutual emphasis on how meanings and experiences are socially constructed by members of a particular community (Cheney, 2000; Wallerstein & Duran, 2003). In the next section, I trace the epistemological commitments of interpretive and participatory research approaches and how they can be used together.

Interpretive Research Practices

The epistemological commitments of interpretive research practices emphasize the existence of “plural, simultaneous, and local” realities that are socially constructed by individuals as they interact and create meaning with others (Lindlof & Taylor, 2002, p. 11). To develop an understanding of these realities and meanings, interpretive researchers seek to gain personal contact and insight into participants’ lives, often through immersion into the natural environment or social settings where interactions emerge in the
participants’ typical experience(s) (Patton, 1990). Though I did not live in the Deerfield school district, my research design incorporated multiple strategies for spending time in the community. My participation in SHAC meetings, for instance, provided me with opportunities to observe the members’ interactions. Attending events planned by the committee (e.g., Walk-to-School day programs) and public meetings (e.g., school board meetings) in the Deerfield community provided me with different vantage points for observing how SHAC members engaged the populations they served.

Being present in a given setting is not the interpretive researcher’s only task. For instance, Patton (1990) encouraged scholars to extend their reach beyond what is observed to consider how individuals’ lives are bound up in complex and interdependent systems. Using interpretive research approaches enabled me to elicit stories from SHAC members and stakeholders and investigate how participants narrated events and drew causal connections between actions, characters, and various elements of the setting (Riessman, 2008). For instance, I interrogated how individuals drew upon discursive resources, such as institutional scripts and master narratives of health, education, and community, to justify choices and attribute agency (or the lack thereof) to particular characters in the stories. Additionally, Cheney (2000) urged researchers to acknowledge the “multiplicity of perspectives within any social situation, unit, institution or process” (p. 23). The emphasis on including multiple perspectives reflects my feminist commitment to understanding the problematics of voice (Visweswaran, 1994). In other words, who was (not) telling stories about the SHAC? How were various characters and
interests portrayed within the narratives? What were the (potential) consequences of how individuals were positioned in (or excluded from) the stories?

Because I sought to understand whose interests were (not) privileged by the SHAC’s practices, it was critical that my research design incorporated the voices of committee members as well as the perspectives of SHAC stakeholders. I define stakeholders as groups who are served by the Deerfield SHAC, such as students and school staff members. Although they are not directly served by the SHAC, I included parents, school district leaders, community members, and representatives of partner organizations as stakeholders because I believed these groups were likely to have an interest in or would be affected by the committee’s efforts.

Interpretive scholars resist the subject/object binary that is characteristic of more positivistic approaches (Visweswaran, 1994; Cheney, 2000). As I articulate in the description of my data collection processes, I strove to minimize my privileged position and viewed my participants as equals. Feminist scholars like Visweswaran have argued that it is impossible to fully eliminate power as an issue within the research process. Thus, I continually reflected on how my positionality as a researcher (re)produced or resisted power during my fieldwork (see, for example, Ellingson, 2005). For instance, I was conscious of how my data collection practices imposed additional workload on others, or where it could (and did) disrupt ritualized processes during SHAC meetings, the school’s regular schedule, and other community events. I carefully recorded where and when I perceived power issues in my fieldnotes, and used them to reflect on the
ethical concerns for conducting research. The insights that emerged from my reflections have been incorporated in my analysis.

The interpretive researcher’s approach to understanding the scene is driven both by what is observed as well as their theoretical orientations (Craig, 1989; Tracey & Glidden-Tracey, 1999). During my initial observations of the SHAC’s meetings, I was intrigued by discursive spaces within their meetings where power relationships, roles, and assumptions about various forms of lived difference (particularly gender and class) were made evident or hidden in the members’ interactions. How the issues involving power and voice emerged from (or were obstructed by) members’ and stakeholders’ narratives were frequently privileged in my fieldnotes, I remained attentive to other issues that emerged during my observations. For example, narratives surrounding the importance of place and temporality became other vital ways of understanding how health was constructed by SHAC members and stakeholders.

Drawing on fieldwork experiences and theory, researchers actively construct interpretations of participants and their culture through detailed thick description, or rich accounts of interactions and observations (Lindlof & Taylor, 2002; Patton, 1990). Because the process of writing “fixes” the descriptions of research participants, scholars have acknowledged the politics of representation (see, for example, Van Maanen, 1988; Visweswaran, 1994; Cheney, 2000; Gonzales, 2000). As I designed my research project, I was concerned about how a written account of the SHAC’s practices would be viewed by various members of the Deerfield community. For example, would the SHAC members perceive critiques of power positively or would they view them as a betrayal of
the relationships that I had developed with them? Given that the Deerfield school district serves a small population of residents, would readers be able to determine who I was quoting in different passages? Or, would different individuals or groups blame each other for issues that I raised? In order to proactively address my questions about representing the study’s participants, I have replaced the real names and identifying details for both the community and each individual with pseudonyms. I strove to craft a thorough representation of my experiences with the Deerfield SHAC. Yet, I concurrently acknowledge that the narratives I have chosen to tell are inherently partial. Not only are the stories that I share shaped by my personal and theoretical standpoints, they are drawn from particular settings and temporal moments (Clifford, 1986; Patton, 1990; Cheney, 2000). I describe how I have been reflexive about my representation of participants later in this chapter.

**Participatory Research Approaches**

Like interpretive inquiry, participatory approaches to research (Bradbury & Reason, 2008) share commitments with narrative and feminist epistemologies (e.g., privileging the voices of vulnerable or marginalized communities; seeking to empower social change) that make it useful for understanding the SHAC’s practices.

One thread of these approaches, community-based participatory research (CBPR), has been widely used in public health (see overviews by Minkler & Wallerstein, 2003; Israel et al., 2003) and is becoming increasingly prevalent among health communication scholars interested in addressing health disparities (for recent exemplars, see Lutz, Kneipp, & Means, 2009; Ginossar & Nelson, 2010; Peterson, 2010). Springett (2003)
explained that CBPR is more of an orientation toward research than a specific methodology or set of practices. However, CBPR projects typically involve collaborative and democratic processes that bring community members and researchers or other experts (e.g., community health professionals) together as partners for “cooperation, co-learning and local capacity building” (Peterson, 2010, p. 50). Community members and researchers who conduct CBPR-based inquiry share information in order to assess community needs, identify issues and define potential solutions. For instance, Wang and Pies (2004) used photovoice (participatory photography) to solicit narratives from low-income residents as part of a broader community assessment in Contra Costa, California. Data collected from the photovoice project included both visual and verbal narratives and was used by the state health department to develop objectives for a five-year strategic plan.

My study differs from traditional CBPR applications which conceptualize the partnership process as a joint process where members and researchers contribute equally in all phases of the research (Minkler & Wallerstein, 2003; Israel et al., 2003). Given the time and writing constraints of a dissertation, I was not able to conduct a full CBPR project with the Deerfield SHAC. However, elements of my research design are informed by CBPR and other participatory approaches’ emphasis on privileging participants’ voices and empowering social change.

Narrative and feminist theories share several common threads with participatory research approaches. For instance, both feminist theories and participatory methods highlight the relationship(s) between the researcher and research participants. Feminist
scholars have urged researchers to be reflexive about how they are perceived by participants, and to consider the positionality that is imposed on them by others (Visweswaran, 1994). Researchers who use CBPR approaches have similarly encouraged researchers to consider the consequences of beginning inquiry from the perspective of a community’s deficits or limitations (Minkler & Wallerstein, 2003). By focusing on what is wrong in a particular community, Minkler and Wallerstein argued that scholars can (potentially) damage the trust and relationships necessary for a research project’s success. Instead, researchers who use participatory approaches typically seek to build positive relationships with community members by focusing on assets, rather than deficits (Israel et al., 2003). More recently, narrative theorizing has been positioned as a valuable resource for researchers who deploy participatory practices. Harter et al. (2010) argued storytelling offers researchers valuable resources for developing edifying community partnerships, as well as crafting actionable outcomes (e.g., photo-novellas, theatrical performances, or ethnographic fiction). Additionally, they contended the study of historical and community narratives empowers CBPR partners to question dominant patterns, relationships, or entrenched social scripts, and identify spaces for counternarratives and new plotlines.

Though some conceptualizations of participatory research (like CBPR) require active collaboration from community members in most aspects of the inquiry process, Peterson (2010) observed how community participation is structured varies depending on contextual and research needs. Regardless of how the community members engage in participatory research practices, he argued, the purpose of inquiry is to empower
individuals for social change. The aim of participatory research methods thus aligned well with my goal to conduct a project with an applied focus. I incorporated participatory research approaches into my study in two ways: First, I engaged SHAC members as partners in the research design process, and as I collected data. Second, I used a participatory sketching project to elicit narratives from Deerfield students, who are key stakeholders of the SHAC’s efforts.

I knew that developing strong relationships with participants would be necessary for my project given Deerfield’s Appalachian setting. During my initial fieldwork, I heard narratives from SHAC members and community partners indicating that health issues in the Deerfield community are often exacerbated by fear and distrust of health professionals, who are perceived as outsiders. Previous studies (see, for example, Behringer & Friedell, 2006) indicated that fear of health care systems are often cited as reasons why Appalachian residents refrain from seeking health screenings, diagnoses or treatments. Concerned about how my positionality and intentions would be perceived and could affect my work, I requested input from SHAC members at multiple points along my research journey. For example, I solicited advice at SHAC meetings as I was initially designing the project. Members recommended that I attend a school board meeting (which I did) to better understand how contextual factors (e.g., budget constraints) influenced how health was positioned within the school district. Several individuals offered specific feedback on stakeholder groups (e.g., administrators, teachers) from whom they especially wanted to hear feedback about the committee’s efforts. I noted the recommendations and strove to ensure the stakeholder groups were included in the
sample of participants. Members also voiced concerns about how some stakeholder groups would be more difficult to reach than others (e.g., parents), and offered suggestions that I used during the recruiting process. I relied heavily on members’ expertise about the Deerfield school district community when I did experience challenges in recruiting participants. I articulate specific instances of how I incorporated their ideas into the study in the section on data collection processes. Moreover, members provided me with useful information about district gatekeepers and processes for negotiating access to students. I found that gatekeepers were open to working with me because they knew of my pre-existing relationship with the SHAC. Given my positionality as an outsider in the setting, I found that engaging insiders as partners during the research design and data collection processes was very helpful.

Additionally, my research practices with adult participants were framed by the assets-based approach employed by participatory researchers. Using an assets-based approach emphasizes the particular skills, resources and relationships that already exist within communities, rather than its problems or deficits (Israel et al., 2003). While public health researchers have critiqued the assets-based approach as being insufficient for addressing health issues, Sharpe, Greany, Lee and Royce (2000) countered that “by involving community members in visual, intuitive, and nonlinear processes of self-assessment and discovery, assets-oriented approaches invite more creativity in assessment and planning than collection and perusal of statistical data alone can engender” (p. 206). On some levels, it might seem as though using an assets-based approach to research would be incompatible with the feminist imperative to critique
issues of power and marginalization. I contend that assets-based approaches like appreciative inquiry, which has been used in organizational communication scholarship, can actually enhance feminist goals for social change. Ludema, Cooperrider and Barrett (2001) argued that if researchers focus solely on “what is wrong with organizations and communities, we lose the ability to see and understand what gives life to organizations and to discover ways to sustain and enhance that life-giving potential” (p. 189). They asserted that emphasizing what works (rather than what doesn’t) within communities empowered individuals to develop new vocabularies while “unseating existing reified patterns of discourse, creating space for new voices and new discoveries” (p. 189). I was drawn to appreciative inquiry (see Barge & Oliver, 2003; Ludema, Cooperrider & Barrett) because my initial pilot work with the SHAC indicated the committee was able to successfully communicate and organize for health amidst a range of challenging symbolic and material forces. By incorporating this approach, I was able to identify the positive aspects of the SHAC’s communicative practices while simultaneously noting and critiquing the range of structures, discourses, and power relationships that shaped them.

At the same time, I questioned Ludema, Cooperrider and Barrett’s (2001) conceptualization of appreciative inquiry as emphasizing positive questions unconditionally. Instead, I agree with Barge and Oliver (2003) that fixing what it means to be appreciative as solely positive can potentially ignore other forms of emotionality within organizations that are also important to social change. They argued for a contextual understanding of what sustains an organization, urging researchers to pay “close attention to situated language use, its effects, and the frame co-created among
organizational members to facilitate meaning” (p. 125). I incorporated appreciative inquiry into my project in several ways. First, I added interview questions that reflected various phases of appreciative inquiry (see Ludema, Cooperrider & Barrett), such as asking SHAC members and stakeholders to describe success stories or other narratives that highlighted when they felt the committee worked best. I also asked participants to “dream about what could be” by describing ideal goals, initiatives and resources for addressing health in the Deerfield community. I strove to explore moments in participants’ narratives where they revealed what mattered most to them about the committee. During many of the conversations, this included investigating both positive aspects of their participation as well as “fragilities, vulnerabilities, distresses and criticisms” (Barge & Oliver, p. 130).

The second way that I used participatory research methods was by conducting a participatory sketching project to elicit narratives from Deerfield students. As the SHAC’s primary group of stakeholders, I believed students’ viewpoints needed to be included in my project. Children’s voices are frequently marginalized in research, as they have historically been viewed as “objects of research” rather than “an experiencing subject” (Greene & Hill, 2005, pp. 1-3). At various points during meetings, SHAC members had expressed uncertainty about whether children were aware of the committee. I was intrigued why this would be the impression because students had taken part in several SHAC-sponsored events. I conducted the sketching project to learn more about how students experienced health-related activities at school (this is described in more detail with my data collection processes). My intention was to gather insight into
students’ perspectives that could be used by the SHAC for planning future goals or initiatives.

By combining interpretive forms of inquiry and participatory research approaches, my goal was to collaborate with the Deerfield SHAC to create a multi-vocal portrait of their communicative processes. In the next section, I describe the research setting and participants.

Research Setting and Participants

The organization at the center of my research is the Deerfield Local School District’s health advisory committee (SHAC). Situated in Ohio’s Appalachian foothills, the Deerfield schools serve approximately 800 students in two facilities: A shared building houses the elementary (pre-kindergarten through fourth grades) and middle schools (fifth through eighth grades), and a separate high school building for ninth through twelfth grades. Students in the district are drawn from three bordering townships with a shared population of less than 8,000 residents. The area’s residents are primarily European-American, the descendents of immigrants who settled in the region to work in the coal mines in the late 1800s. As I described in Chapter One, the decline of the coal-mining industry in the mid to late twentieth century contributed to serious economic hardships for Deerfield and its surrounding areas. Like many other Appalachian communities, Deerfield residents face high rates of unemployment and poverty, as well as geographic isolation from metropolitan areas that provide access to job opportunities and medical services.
SHAC Origins

As part of their broader mission to promote excellence in student achievement, the Deerfield School District received funding from the Ohio Department of Job and Family Services to employ a wellness coordinator in early 2000. Stephanie Jacobson, a Deerfield resident, was hired for the position. Stephanie recounted how her initial assignment as the wellness coordinator included serving as the nurse for all three schools. She was also tasked with implementing programs that aligned with the Coordinated School Health (CSH) model.

Stephanie recalled that one of her first tasks as the wellness coordinator was to recruit school staff members to attend the Ohio school health conference in the summer of 2000. When asked to describe what her recruitment process was like, Stephanie said, “I just went up to teachers and said they’re having this school health conference, would you like to go? …Oh, please go!” According to Stephanie, 10 Deerfield staff members and Monica, a representative from the local health department, attended the conference and developed a health plan for the school district. Following the conference, the Deerfield attendees began meeting on a quarterly basis to implement the plan. According to Stephanie, this group evolved into the SHAC, a more formal committee to comply with the Child Nutrition and WIC Reauthorization Act of 2004 (CNRA). The federal legislation included a mandate for all school districts receiving funds for the NSLP to develop, implement, and regularly review a health and wellness policy (Child Nutrition and WIC Reauthorization Act). As I will discuss in Chapter Four, the committee’s membership is fluid and continually changing. Stephanie and Monica have remained
active members of the SHAC, along with Randi, a representative from a local agricultural non-profit organization. Others who participate more sporadically include the elementary school’s social worker, AmeriCorps volunteers who serve the school districts and community organizations, an elementary school teacher, and two individuals whose grant-funded positions are dedicated to planning after-school activities in the district.

Though the SHAC does not have a formal mission statement, the committee has sought to address a diverse range of health issues connected to components of the coordinated school health model. Their efforts, which have been met with varying degrees of success, have included prohibiting the use of tobacco products on school grounds, addressing staff wellness needs and asking staff to model healthy behaviors for students, improving the quality of foods served in the school district, and developing a school wellness policy.

**Access and Initial Fieldwork**

I became aware of the SHAC in early January 2009. A professor in my department who was familiar with my research interests invited me to attend a meeting of local community health practitioners in her place. During this meeting, I was introduced to Monica, the SHAC representative from the health department. As I talked with Monica about my research interests in communication and school-based health issues, she mentioned that each school in the county had a wellness committee. She suggested that I attend one of their meetings to learn more about how these organizations enacted health initiatives. I found her idea exciting. The opportunity sounded like a perfect fit with my interests. The timing also seemed fortuitous as I had recently been assigned to observe a
group’s interactions for a graduate seminar on small group processes. I thanked Monica and asked her for more information about which school wellness committee(s) would be willing to allow me to observe their interactions. She e-mailed me a list of contacts from several schools, as well as information about when each group was meeting.

After determining which committee’s meeting times and locations best fit with my schedule, I decided to contact Stephanie by e-mail. In this first message, I explained who I was, described how I had met Monica, and inquired whether I could attend and observe the January SHAC meeting. Stephanie responded that she was happy to allow me to sit in on a meeting. After receiving approval from Ohio University’s Institutional Research Board (IRB) to observe the group, I attended the January 2009 meeting. At the beginning of the meeting, I explained to attendees that I intended to observe and take notes about the SHAC member’s interactions for a class project. The members verbally indicated their consent to my observations. As I watched the SHAC’s discussions, I was struck by the flexibility of the meeting’s boundaries. Interactions were frequently punctuated by members arriving late or leaving early, but others acted as though this was a normal component of the meetings. I was similarly intrigued by how frequently material conditions (e.g., the number of students on free and reduced-cost lunches; community infrastructure) and structural limitations (e.g., school policies, union rules) were invoked in deliberations over the feasibility of health initiatives. During the process of writing my fieldnotes, I became increasingly interested in the importance of context to the SHAC’s communicative and organizing practices. Intrigued, I requested and was granted permission from Stephanie to attend the SHAC’s next meeting.
Though my seminar on small group communication ended in March 2009, I continued attending the SHAC’s meetings through the spring, until Deerfield’s school year ended in May. When the committee resumed meetings in September 2009, I received an e-mail invitation from Stephanie. I decided to attend for a few reasons. First, the meetings that I had previously observed left me with what I felt were important and lingering questions about the SHAC’s practices. Had the committee’s rules and norms emerged as adaptations to the schools’ settings? Why did the committee seem to be composed primarily of Stephanie and community partners? Why was it that parents and school staff members (e.g., teachers, administrators) rarely attended the SHAC’s meetings? Though I had gained some knowledge by attending the SHAC’s meetings, I felt the time I had spent in the field was very limited (perhaps an hour to an hour and a half for each monthly meeting). Gonzales (2000) argued that ethnographic fieldwork must go beyond the metaphor of ‘immersion’ within a culture, and suggested the idea of infusion instead. “The human instrument must be steeped in a culture, allowing him or herself to be transformed through the research” she contended, “This is what will enable him or her to write about the essence of a culture rather than describe it” (p. 643). At this point in my fieldwork, I did not yet feel as though I had infused myself in the culture of the SHAC or the Deerfield community. Though observing the SHAC’s meetings had garnered some provisional answers to my questions, I knew there were other narratives and community discourses I had yet to uncover.

Second, I was just beginning to feel I was developing trust, or a level of rapport, with the SHAC members. I knew that insider/outsider distinctions were important in
Appalachian communities like Deerfield. From my attendance at the first SHAC meeting, I was marked as a researcher from “the University,” a place that residents appeared to feel was culturally (though not geographically) distant. I embodied these differences both internally and externally. Internally, I lacked the community memory that many SHAC members appeared to have as they talked about past issues or barriers to their efforts. Externally, I became conscious of how I dressed when I came to the meetings, often going so far as to hide artifacts (e.g., a brand-label purse or a smartphone) that would “give me away” as an outsider in terms of socioeconomic class. Despite my perceptions of being an outsider, I felt my continued presence at the SHAC meetings gave members the sense that I was committed to understanding their work. They increasingly sought to include me in conversations before, during, and after the meetings. I believed that continuing to foster trust with SHAC members would not only be personally fulfilling, but would also be helpful in gaining increased access to the committee or its stakeholders.

During a dissertation topic brainstorming session with my co-advisors in early September 2010, I was asked to talk about my work with the SHAC. Excitedly, I described my observations of the committee’s practices, initial connections to theory, and ongoing questions. It became clear during this discussion that my participation in the SHAC’s meetings offered a very limited view for answering questions about how the committee was embedded in broader structures or its relationships with stakeholder groups. We talked about various data collection strategies that I could use to go beyond my initial fieldwork and gather narratives about the SHAC from multiple points of view.
I left the meeting feeling exhilarated about having a dissertation topic that both fit my interests and allowed me to remain engaged with the Deerfield SHAC.

After this meeting, I worked with my primary advisor to develop an informal research proposal, which I presented to the SHAC members at their October 2009 meeting. The proposal outlined a few potential research questions and data collection procedures, such as continued observation, interviews and participatory methods like photo-voice. I e-mailed Stephanie before the meeting and asked if I could have a few minutes on the agenda to talk about my proposed project. Interestingly, I was slated to deliver my proposal just after a discussion about a grant application SHAC members were writing to secure funding to improve sidewalks near the schools. As I told the members about my proposed project, I wondered aloud if some of the information I gathered could be used to support a “public input” component of the grant proposal. I was told that my work wouldn’t be useful for this particular grant due to timing issues. Yet, the committee members seemed supportive of my interest in conducting further research with the group.

Encouraged by the SHAC members’ enthusiasm for my project, I spent the winter and spring of 2010 developing my dissertation proposal and defended it in May 2010. I continued to attend SHAC meetings and events as I wrote the proposal, and added observations of these experiences to my fieldnotes. I remained in contact with Stephanie, who served as my primary gate-keeper for the committee, as I refined my proposal. Because some elements of the project changed based on feedback from my dissertation committee, Stephanie and I met in late May 2010 to discuss how I would approach
continued observations of the committee and interviews with SHAC members, school staff, partners and community members. She encouraged me to contact the elementary school principal regarding my interests in working with students (my story of conducting fieldwork with students is described in the explanation of my data collection procedures). I submitted and received approval on my IRB application for working with adult stakeholders in June 2010. With this approval, I began conducting the next phase of my fieldwork, which I explain in more detail in the following section.

Methodological Approaches

*Participant- Observation*

Because I was interested in the SHAC members’ communicative practices, observing the committee’s meetings was a primary means of data collection. Attending the meetings allowed me to observe naturally occurring patterns of interaction between members, and develop an understanding of the committee’s organizing processes (e.g., rules and norms, decision-making processes, member roles). I entered my fieldwork intending to play an “observer-as-participant” role, as I planned to observe the SHAC without actively engaging in the proceedings (Lindlof & Taylor, 2002, p. 149). However, my continued presence at the meetings contributed to a shift in my positionality as a researcher. When I arrived a few minutes early to the April 2009 meeting, Stephanie and I exchanged friendly greetings before she pointedly asked, “So, are you still here to observe or are you part of the committee now? Because if you keep coming, we’re going to put you to work!” I explained that while I was still interested in observing the group, I would be happy to help with initiatives as needed. Stephanie replied she was pleased to
hear this, and then requested that I contribute an article for an upcoming issue of the SHAC’s newsletter. During subsequent meetings, I was asked to assume additional responsibilities, such as creating fliers and recruiting volunteers to help with a SHAC-sponsored event. SHAC members increasingly began to seek my input during the meetings’ discussion, and asked if I would be able to attend the 2009 annual school health conference with the committee. Unfortunately, the team was not able to attend the conference in 2009 or 2010 due to funding issues.

My experiences illuminate how a researcher’s involvement in fieldwork can often “demand ongoing adjustments in terms of participation” (Lindlof & Taylor, 2002, p. 148). SHAC members had requested my involvement, and I accepted the choice to enact a participant-as-observer approach. By enacting this role, Lindlof and Taylor explained that researchers are not technically considered members of an organization, but they are granted access to the group which enables them to “study a scene from the vantage point of one or more positions within its membership” (p. 147). I considered the shift in my positionality to be beneficial for two reasons: First, I felt that becoming involved in the committee’s work would offer opportunities to foster trust between myself and SHAC members. Second, I believed that a more active role would provide me with additional vantage points for understanding the SHAC’s practices. Contributing to SHAC initiatives empowered me to observe interactions among members that took place outside of the meetings, as well as to view how members interacted with stakeholders. Though the shift from a distinctly “outsider” to more of an “insider” positionality was useful, I acknowledge that it may have had drawbacks in other, unanticipated ways. Being
perceived as a SHAC member could have potentially hampered my attempts to recruit school staff members and parents (which I address in the next chapter) if individuals had negative feelings towards the committee or the school district in general.

In total, I have attended 15 SHAC meetings or sponsored events since I became involved with the group in 2009. The SHAC’s meetings typically occur on a monthly basis during the school district’s academic year, which runs from mid-August until May. A few of the scheduled meetings were canceled due to conflicts, and the SHAC seldom held meetings during the months of August and December. The meetings usually occurred on Monday or Tuesday afternoons beginning at 3:15 p.m. and typically lasted between 1-1.5 hours. Additionally, I volunteered at and observed two “Walk-to-School Day” events that the SHAC hosted for elementary school students in October 2009 and May 2010. Furthermore, SHAC members encouraged me to attended two public meetings held by the school district, a community forum about the district’s proposed budget plan in June 2010 and a school board meeting in October 2010. Though these meetings were not directly related to the SHAC, the information shared during these sessions provided me with a stronger contextual understanding of various economic and legislative discourses that influence the SHAC’s practices.

During the SHAC and other public meetings, I took what Lindlof and Taylor (2002) referred to as “scratch notes” or observational jottings about who attended, as well as the key interactions, narratives and events that took place during the conversations (p. 159). As soon as possible after exiting the scene, I used the scratch notes to develop a more formal set of fieldnotes that recorded what occurred during each meeting. During
the Walk-to-School Day events, I was expected to participate in activities that included
guiding children along the walking path and organizing games for them to play once they
reached a common meeting spot. The active nature of my participation in these events
made it nearly impossible to take scratch notes about what I observed. I thus took
headnotes, or “focused memories of specific events, as well as impressions and
evaluations” (Lindlof & Taylor, p. 159). In short, I tried to retain memories of the key
moments that I had noticed during my observations. Then, as soon as possible after the
event, I wrote out what I remembered from my headnotes and added them to my
fieldnotes. When I returned to the privacy of my car after the Walk-to-School Day events,
I would also use the voice recorder feature on my cell phone in order to audio-record
initial impressions or details so that I would not forget them in the process of converting
my headnotes into fieldnotes.

As I became increasingly more familiar with the scene, my fieldnotes became a
space for recording observations, initial interpretations and theoretical connections to
what I had witnessed. Because I recognized that conducting fieldwork was a
fundamentally embodied process (see Ellingson, 2005; Gonzales, 2000), I kept a separate
journal for logging my emotional and sensory responses to my experiences. The process
of crafting my fieldnotes was instrumental in helping me develop an understanding of
how the SHAC is organized, and highlighted how various community or broader
narratives are used to select, reject, or justify different forms of organizing by committee
members.
In-depth Interviews

To gather additional insight about the SHAC’s practices, I conducted in-depth interviews with SHAC members and stakeholders. Lindlof and Taylor (2002) observed that qualitative interviews are “a storytelling zone par excellence” empowering researchers to explore how participants describe their identity, life experiences, and how they relate to others. Gubrium and Holstein (2009) and Riessman (2008) further noted how interviewees’ narratives highlight the logic(s) employed to make meaning in particular circumstances, and how personal experiences are connected to broader social structures and norms. I viewed the interviews with SHAC members as opportunities to probe their personal journey with the committee (e.g., membership pathways, roles, and motivations for participation) perceived strengths and growth areas for the group) and understanding of the SHAC’s practices (e.g., narratives of the committee’s origins, how and why boundaries have developed, perceived strengths and growth areas of the committee). Additionally, I conducted interviews with individuals representing a variety of stakeholder groups served by the SHAC. My purpose for recruiting stakeholders was to learn more about how the SHAC’s practices are perceived. These conversations empowered me to explore how the SHAC was situated within the school district and among other community groups addressing health issues.

The first phase of my interviewing process involved conducting interviews with SHAC members. After receiving Institutional Research Board approval in June 2010, I e-mailed all of the SHAC members. In the e-mail, I explained the intent of my research project and invited individuals who were interested in being interviewed to contact me.
Because I sent this e-mail during the summer, I understood that many school staff members would be on summer break. At first, I thought this would be an ideal time to reach individuals who are otherwise busy during the school year. What I did not anticipate was how many school employees check their e-mail infrequently (or not at all) over the summer months. Some SHAC members told me later that they would have preferred to talk with me during the break, but due to technical issues with the school’s e-mail system, had not received my message until after school resumed in August. Though I was able to complete some interviews over the summer, I repeated my explanation of my research project and solicited additional volunteers at the September 2010 SHAC meeting. In total, I conducted interviews with seven of the nine members who attended committee meetings most frequently during the course of my observations. One challenge for interviewing all of the committee’s members proved to be the fluidity of participation in the SHAC’s meetings, which I describe in more detail in Chapter Four.

For the second phase of interviewing, I recruited SHAC stakeholders using the process of snowball sampling (Lindlof & Taylor, 2002). As I conducted interviews with SHAC members, I explained that I was interested in speaking with non-SHAC members in order to understand how the committee is perceived in the school district and the community. Then, I asked the participant to suggest other individuals who may be willing to be interviewed. When I received referrals for other potential participants, I contacted the individuals by e-mail or phone to explain the project and invite them to take part in an interview. Although it was easy for SHAC members to offer advice on school administrators and staff to contact, this did not necessarily mean the school employee
would be willing to speak with me. Despite repeated attempts to follow up, many of my phone calls and e-mails went unanswered. One teacher wished me luck with my project, but informed me that they were “REALLY BUSY” and did not have even thirty minutes to speak with me. Additionally, I was surprised to find that even though participants were quick to think of teachers and administrators to contact, they rarely provided me with names of parents. I was frequently told that people would “think about” parents who I should contact. When I followed up with the participants via e-mail to see if they had come across additional names, they did not respond. At the September 2010 SHAC meeting, I asked members for additional suggestions on how to reach parents. The committee recommended that I attend and recruit participants at public meetings occurring in the school district. In October and November 2010, I sought and received permission to attend and briefly explain my project at the school board meeting as well as the elementary and middle schools’ parent advisory council meetings (the high school does not have a parent advisory council).

In total, I conducted interviews with eight stakeholders: Four school administrators, one teacher, one member of the non-academic school staff, a mental health professional partner who works in the elementary school, and a parent. While I have categorized the participants into specific stakeholder groups, it is important to note that several individuals span multiple roles. One administrator, for example, has grandchildren who are students in the district. The parent who was interviewed frequently works as a substitute teacher at the middle and elementary schools. Despite my intentions to include more teachers and parents within the interview sample, few individuals
responded to my recruitment efforts. At first, I was frustrated with what I perceived as my own failure as a researcher to secure a representative sample of the SHAC’s stakeholders. Like Visweswaran (1994), I have come to acknowledge that individuals have important reasons for choosing not to become the subjects of research. There are multiple potential reasons why it was difficult to recruit parents and teachers. First, individuals could have enacted a particular critique of the school district or the SHAC by choosing not to be interviewed (Visweswaran). My point of entry into the Deerfield community was via the school district. If parents did not attend school events (e.g., parent-teacher organization or school board meetings), or individuals had poor relationships with local educators, it is unlikely they would volunteer for a research project associated with the district. Additionally, teachers may have felt uncomfortable critiquing the SHAC’s work with a researcher who is perceived as a committee member. Other material concerns (e.g., lack of time, child care, transportation) could have also influenced individuals’ perceptions of whether it was feasible to meet with me for an interview. I have included additional reflections on whose voices and narratives were (not) heard in Chapter Four.

Lindlof and Taylor (2002) noted that qualitative interviewing in communication scholarship varies widely based on the types of questions researchers ask. Because I sought to gather detailed narratives and stories about the SHAC and health issues in the community, I used a semi-structured approach to conduct the interviews (see Appendix B). Berg (1989) described the format of semi-structured interviews as incorporating some predetermined questions while simultaneously providing researchers with “freedom to
“digress” in order to probe participants’ responses thoroughly (p. 61). Though I developed an interview protocol based on my pilot fieldwork, I was able to refine many of the queries based on participants’ responses and what I learned through additional participant-observations. One example of how my interview questions evolved surrounded parents’ involvement (or lack thereof) in the SHAC. During my early interviews, I asked SHAC members and stakeholders about parents’ perceptions of the SHAC. Several participants responded that they were not sure if parents were aware that the SHAC existed. As I learned more about a (potential) lack of awareness among this stakeholder group, I focused subsequent questions on how the SHAC communicates with parents, and the extent to which parents volunteer or are involved in the school district in general.

Although my interview questions provided a loose structure for the conversations, I strove to maintain a dialogic approach that allowed participants to negotiate talk and topic shifts as they shared their stories (Riessman, 2008). Several participants brought up events and issues that diverged from my questions. However, I followed these topic turns and quickly discovered that many of their stories gave me a stronger contextual understanding of the SHAC, the school district, and the community. For instance, one school administrator told me that they felt it was important that I understand the health “myths” that circulated within the community. The administrator then proceeded to share several anecdotes of health issues (e.g., high rates of leukemia and multiple sclerosis) that community members believed were attributed to environmental damage from the mining industry. Though the administrator’s stories were tangential to the SHAC’s practices,
they provided me with deeper insight into what community members perceived to be health risks as well as how health was woven into the region’s historic and economic narratives.

Conducting a semi-structured interview also requires that the researcher finds a setting where the interviewee is comfortable telling stories, and is adaptive in approaches for facilitating and encouraging participants’ responses (Lindlof & Taylor, 2002). As I worked with the participants to schedule interviews, I asked them to determine a location that would be convenient for them. Conversations were held in a diverse range of settings ranging from the participant’s office, to classrooms or school hallways, and a local coffee shop. Though choosing the locations made it easy for participants to fit the interview into their work days, it was clear to me that some settings were not always convenient for telling stories. In particular, my interviews with the school administrators took place in their respective offices during school hours. One administrator asked if it would be okay to keep her office door open during the interview. Knowing that it was important to remain flexible and adaptive to the interview situation, I agreed. However, I did have to stop the interview at several points due to interruptions from students, other administrative staff, and teachers. Though I was inwardly frustrated by the situation, I remained calm and continued the conversation. Remaining flexible was the key to dealing with other, more unexpected disruptions. When I arrived for one interview, the participant informed me that her young daughter was with her because of illness, but she expected her partner to arrive soon to pick the child up. I asked the participant if she would prefer to re-schedule the interview for another time, but she insisted on moving
forward with the conversation. The ensuing interview was punctuated with moments where the participant needed to comfort and attend to her child, but still provided me with important insights into her perspective about the SHAC.

Prior to conducting the interviews, I asked participants to complete a brief demographic survey inquiring about their age, how long they have lived in the Deerfield community, and how they are connected to the school district (see Appendix C). Conversations ranged in length from 20-75 minutes. The interviews were audio-recorded and transcribed. I transcribed 10 interviews, and hired an assistant to transcribe five interviews. I recognize that transcription is a highly subjective process (see Clifford, 1990). How one transcriber represents various elements of language (such as grammatical errors, or verbal fillers like “um” or “uh”), moments of interruptions, or spaces for silence or hesitation are interpretive and ethical choices (Kvale & Brinkman, 2009; Lindlof & Taylor, 2002). To ensure that all transcripts were accurate and followed consistent processes, I read each of the assistant’s transcriptions while listening to their respective audio recordings. I made minor changes to the documents as necessary. Additionally, I frequently took written notes during the conversations and recorded voice memos after the interviews to document personal reflections, and issues or narratives that had sparked my interest. The reflections were incorporated into my broader set of fieldnotes as soon as possible following each interview.

*Participatory Sketching*

During my initial fieldwork, SHAC members identified the school district’s students as one of their primary stakeholder groups. I gathered insight from students by
using participatory sketching, a technique where researchers ask participants to draw about a particular topic and interview them about the resulting images (see, for example, Singhal & Rattine-Flaherty, 2006; Papa & Singhal, 2007).

Like other participatory research methods, such as photovoice and participatory theatre, participatory sketching is grounded in Freire’s (1970) critical approach to pedagogy. Researchers have used participatory research to enable participants to analyze the interconnected forces influencing their lives and empower social change (Lykes & Mallona, 2008). The emphasis on aesthetic approaches is a strategic component of this process, as researchers have historically privileged the written or spoken word, at the expense of other forms (e.g., visual images, dance, and music) that also communicate meaning (see critiques by Riessman, 2008). Echoing calls from Conquergood (2002), Singhal and Rattine-Flaherty (2006) similarly encouraged researchers to move beyond ‘textocentric’ approaches. They contended that aesthetically based research methods give voice to participants who may lack strong literacy skills or have difficulty articulating certain experiences. Given previous researchers’ success in using drawing to engage children’s experiences (see Hopperstad, 2008; Singhal & Rattine-Flaherty; Veale, 2005), I used participatory sketching to learn about what students served by the Deerfield SHAC view as salient to health.

Although it would have been ideal to develop a representative population sample from across the school district, this approach was not practical. I had noticed during my initial fieldwork that the majority of the SHAC’s initiatives were directed at elementary school students (pre-kindergarten through fourth grades). Because elementary students
appeared to be a core focus for the group, I chose to narrow my focus to this population. In May 2010, I e-mailed Kelly, the elementary school principal, to request permission to conduct the sketching exercise with one classroom each in the second, third and fourth grades. She responded that she was willing to allow me to conduct research with the students, but did not want the project to interfere with their core academic subjects. She referred me to Carolyn, the school’s social worker and a member of the SHAC, who coordinates a weekly, thirty-minute Life Skills course for each grade at the elementary school level.

Through subsequent e-mail conversations with Carolyn, I learned that the Life Skills course is primarily taught by a yearly-rotating AmeriCorps volunteer who is assigned to assist her. Carolyn further described the course’s curriculum, noting that content typically addresses a variety of health-related issues (e.g., nutrition, drug prevention, self-esteem, bullying). However, she commented the course materials varied significantly each year, as she allowed her AmeriCorps volunteer to tailor lesson plans based on their expertise and interests. During our initial e-mail exchanges, Carolyn expressed excitement about working with me on the project. She also strongly recommended that I provide students with an incentive for returning the parent permission forms, commenting that low response rates were frequently an issue in the school. Because the elementary school had not yet released its class schedule for the upcoming school year, we agreed to meet at a coffee shop in early August to discuss project details.
When we met in August, I proposed that I conduct the project in three classes (with classes representing the second, third and fourth grade levels, respectively). Carolyn agreed to this approach, but informed me that the elementary school’s official schedule was still not yet available. At the time, it was unclear if all three grade levels would be enrolled in the Life Skills class in the fall. She asked me to wait until the final schedule was released in order to schedule when I would come to the classes. Concerned that I may need to work with additional gatekeepers to develop my research population, I asked Carolyn for suggestions of teachers for co-curricular courses (such as art, music, or physical education) who might be willing to allow me to conduct the project in their class if necessary. She recommended the elementary physical education teacher as a potential option. Additionally, we discussed her suggestion for providing an incentive to generate interest and participation among students. Carolyn’s initial suggestion was to provide a pizza party for the classroom with the most participants. Although I agreed an incentive would be helpful for getting a strong participant response, I told her that I would discuss the idea with my advisor. I was uncomfortable with the idea of making participation in the project competitive, as students could potentially feel pressured into returning their consent forms. Finally, I provided Carolyn with draft versions of the recruitment letter, drawing prompts and permission forms, and a child assent form (see Appendices D, E, F). During her review of these materials, I asked if there were other gatekeepers, such as the elementary school principal, who would need to see these documents, and whether there was a specific process I ought to follow in getting the materials to these individuals.
Carolyn said that the elementary school principal should provide input on the documents, and offered to give them to her.

Despite Carolyn’s initial enthusiasm and offers to route materials for approval, I left our first meeting with the impression she felt that my project was an added burden to her workload. I found this perception discouraging, because it was the opposite of my intention. During my experience in the corporate world, I had learned that it was best to learn appropriate channels for soliciting input from gatekeepers (and that being perceived as “going over people’s heads” was an easy way to reduce trust). My goal in asking Carolyn about the approval process had been to learn what the preferred channels were. Yet, I feared she believed I had assumed she would handle this process on my behalf. As I journaled about this experience, I reflected on the asymmetrical power relations that were at play in this situation: Carolyn had not asked me to enter into her classroom. Instead, the elementary school principal had passed my initial request on to her. There was a strong possibility that she could feel she was “burdened” with making my project a success.

A few weeks later, Carolyn sent me an e-mail with the finalized elementary school’s class schedule. Fortunately, all three grade levels that I had intended to conduct sketching exercises with would be taking Life Skills. She asked me to identify which classes I planned to work with and provided me with the contact information for her AmeriCorps volunteer, Stacey, to coordinate the details. I sent an e-mail to Stacey with class times and proposed dates that best fit my schedule (a fourth grade class that met on Thursdays, and a second and third grade class that met on Fridays). In the e-mail, I
outlined what I planned to accomplish each week that I intended to be in the classroom. Additionally, I described my concerns with the incentive suggestions from the previous meeting and outlined an alternative plan. I proposed that students be given a parent permission form with two check-boxes, one for parents who agreed to allow their children to participate in the study, and one that allowed parents to opt-out of it. I offered to provide students who returned their form, regardless of whether they had received permission to participate, with an incentive (their choice of a variety of small packs of gel-pens, pencils or small notebooks purchased from a local dollar store).

Stacey’s response indicated that she was fine with my proposed plan. However, she noted that some of the days I would be in the classroom overlapped with planned sexual assault prevention workshop for the third and fourth graders. Her e-mail was slightly ambiguous, stating that “it wasn’t a bit deal, but might just be a bit tedious on those days.” Confused, I responded with an e-mail to see if there was anything I could do to make this easier. She replied that everything should be fine, and asked me to come in a few minutes early before the first session so I could meet her and talk through some details.

After receiving confirmation on the proposed timing, I broached the subject of approvals from the principal again with Carolyn. This time, I specifically asked if I could contact the principal directly or if there was an alternative process that I should follow. Carolyn responded that I should contact the principal directly. Then, I sent an e-mail to the elementary school principal that thanked her again for putting me in touch with Carolyn and explained how I was planning to conduct the project. Additionally, I asked
her to review a draft version of the recruitment letter that would be going to parents. Because I thought that parents would be receptive to the study if the letter came from someone in the school (as opposed to an outsider like myself), I asked if she would be willing to sign it and print a copy on school letterhead so that it was consistent with other materials that parents received from the school district. When I had not received a response from the principal one week after sending the e-mail, I followed up by phone and left a voicemail for her. She called me back later that afternoon, asked me a few questions to clarify how the project would work, and then agreed to leave a signed copy of the letter at the school for me.

During the project’s first week, I attended each class during the first five minutes to describe the study to students. I began by telling each class that I was interested in learning about what students think about health and wellness in their community. I told them I was asking for their help with the project because I did not know much about what kids their ages thought about health. I explained that if the students agreed to be part of the study, they would be asked to draw some pictures about health. Additionally, I described how students would be asked to talk about their pictures with me once they had completed the drawings. I then explained how students would receive an incentive for returning their parent permission form, regardless of whether they chose to participate in the project. I showed them what the incentives looked like. Then, I concluded by explaining that their homeroom teacher would be distributing the recruitment letter and the parent permission forms for them to take home.
In the second week, I attended the entire half-hour class session with each grade level. I began by providing students with paper and asked them to draw pictures in responses to four questions: What are some things that you do at school in order to grow up and be healthy? What are some things that make it difficult to grow up and be healthy? What are some things that you do at school in order to be healthy? What are some things that you would like to do at school in order to be healthy? (see Appendix D). Prior to conducting the drawings, Stacey suggested that the students use the pencils, crayons and markers already available in the classroom. She and an observing student teacher stayed in the classroom during the drawing exercises to answer questions that students had and monitor their behavior. Stacey had also helpfully gathered the permission slips from the students’ homeroom teachers, and provided them to me. Because several students in each class told me that they had forgotten to return their permission forms, I allowed all students who wanted to participate to draw their responses to the questions during this class session. Students whose parents had indicated that they did not want them to participate in the project were told to draw on their own during this time. A few children told me during the class session that they no longer wanted to participate in the project. Feeling conscious of how students perceived my power as an adult in the classroom (see Hill, 2005), I told them that they could draw on their own.

During my third and fourth weeks in the classroom, I met with students who had turned in a permission form. If the student’s parents or caregiver had not agreed to their participation in the project, they were allowed to choose their incentive. If the student’s
parents agreed to their participation, we first met to discuss their drawings. When I initially discussed the project with Carolyn, I had offered to bring a research assistant in case there were concerns about students being alone with an adult during the interviews. Concerned that students might be intimidated by the presence of another new adult in the classroom, Stacey and Carolyn suggested that I use Carolyn’s office space in the classroom where Life Skills is taught. The office is separated from the room by large glass windows and a door that was left open that allowed the teachers to visually observe the interviews, but also provided privacy for the conversation. This arrangement proved to be especially useful for moving through the interviews quickly, which was important given that each class period was only a half-hour long. Additionally, I was able to minimize the amount of (potential) disruption caused by removing students from class to conduct the interviews. As students completed their conversation with me and left the office, I would ask them to quietly tell the next person to come into the office. Because the office was part of the same room as the main classroom, this meant that there was very little downtime between each of the interviews with the students.

As each student entered the office, I showed them their drawings and explained that I would be asking them questions about what they drew if that was something they would be comfortable with. I described why I was interested in their opinions, and told them the conversation was not a test and there were no right or wrong answers. Additionally, I informed each student that they could ask questions or end the conversation at any time. I asked the students if they would be comfortable with me audio-recording our conversations, and showed them what the recording device looked
like. When students indicated their understanding and agreement to be part of the interviews, I asked them to sign a child assent form (see Appendix F). Then, I turned on the audio recorder and asked them about their drawing. The conversations typically consisted of me asking what they drew, what some of the objects meant to them, and what their favorite parts of their drawings were. After the interviews were complete, students were allowed to select their incentive.

By the end of my first interview session with the fourth graders, I noticed that some students seemed hesitant to say anything beyond identifying what they had drawn. Their concern may have been due to the fact that I am an adult who they were not familiar with. However, I also noticed that students appeared to be conscious of the audio recorder. Though she willingly signed the assent form, one female student appeared especially apprehensive about being recorded, looking almost continually at the audio recorder during the interview. To minimize potential fears and make subsequent interviews more comfortable for the students, I told the participants that I needed to record our conversations because I would have difficulty remembering it later. Then, I introduced the students to a small stuffed teddy bear that propped up the audio-recorder during the interview.

In total, I conducted interviews with 23 out of 70 potential students in the classes. The conversations ranged between three to five minutes in length. I audio-recorded, and then later transcribed each of the interviews. Permission form return rates varied from a low of 39 percent in the third grade class, to a high of 68 percent in the second grade class. Twelve students (from across the three grade levels) turned in permission forms
that declined participation. Three students (one fourth grader and two third graders) turned in permission forms, but were absent either on the days when the drawings or the interviews occurred.

Document Analysis

Finally, I used document analysis to explore the Deerfield SHAC’s communicative practices and identify broader social narratives, discourses and structural constraints that influence their processes. Lindlof and Taylor (2002) contended that documents represent key artifacts of organizations, individuals and communities, and encouraged researchers to study them as a way of informing other research methods, such as interviews or observations. First, they observed how documents “can be linked to the talk and social action” occurring within the research context (Lindlof & Taylor, p. 117). For instance, I gathered and analyzed memos, newsletters, reports and other handouts that circulated during SHAC meetings to gain insight into how members communicated information to the rest of the committee. Lindlof and Taylor noted that documents enable researchers to piece together historical events or processes they would not otherwise be able to observe. Additionally, they contended that documents illustrate how dominant forms of organizational rationality, norms or social rules operate within a community. I collected the text of the CNRA to investigate how the policy discourse influences how the SHAC was formed and evolved over time. Other artifacts included hand-outs from public meetings that I attended (e.g., a June 2010 community forum about the school district’s budget, a school board meeting, the elementary and middle school parent advisory council meetings), and information about the SHAC from the school district’s
web site. During a few of the interviews, participants provided me with unsolicited documents that were relevant to topics that were addressed in our conversations. For example, when one participant learned that I was not familiar with the mission of Bridgebuilders, a community organization aimed at eliminating substance abuse in the Deerfield area, she provided me with a pamphlet about the group. Two participants provided me with articles on the coordinated school health model as well. I gathered and analyzed this information in order to glean historical and other contextual information about the SHAC and the broader community it serves.

Data Analysis

One final challenge of the data collection process is determining when to disengage from fieldwork and begin analyzing data. Lindlof and Taylor (2002) suggested that it is useful for researchers to conduct data interpretation while still in the field. They contended that initial analyses empower scholars to determine whether they have reached the point of “theoretical saturation,” when new data is repetitive or can be explained by existing codes or categories (p. 224). For me, verifying a theoretical saturation point was somewhat challenging because I was gathering multiple forms of data from different stakeholder groups of individuals. Though I was satisfied with the data I had collected from some groups (e.g., SHAC members, administrators, students), interviews with other groups (e.g., parents, school staff) had been much more difficult to secure (for reasons described in the previous section). Given my recruitment challenges, I prolonged my fieldwork for two additional months. During this time, I conducted initial readings of the collected data. I began drafting theoretical memos to articulate linkages
between the SHAC’s practices and communicative concepts. By December 2010, I still had smaller participation among some stakeholder groups than I desired but had developed enough “tentative certainty” about my experiences to end my fieldwork (Gonzales, 2000, p. 645).

As I disengaged from the field, I continued to read and make sense of my data. Given the volume of fieldnotes, interview transcripts, student pictures, and other documents, I conducted multiple readings to familiarize myself with the material. In my initial readings, I highlighted stories, quotations or images that resonated with me or caused me to ask additional questions. Then, I imported the texts into NVivo9. Computer programs offer qualitative researchers with a variety of data analysis tools (Weitzman, 2000). However, I used the software primarily as a data management tool in order to catalogue and store the materials in a common location. NVivo also allows users to create “nodes” which highlight connections between multiple documents. During continued readings, I developed nodes to highlight areas and quotations where I noticed common threads across the data.

To make sense of participatory sketching data, I used a process similar to Hopperstad (2008; drawing upon Cocking & Copple, 1987; Dyson, 1989). Specifically, I moved continually between the children’s sketches and their drawing-related talk (via interviews transcripts) to identify what participants had drawn and how they expressed meanings about the various components of their sketches. I was especially attentive to the narratives the children told to illustrate how they understood health, and concerns that were salient to them about health. As I read the stories, I looked for how events were
emplotted and the ways children connected situations and actions to health. Additionally, I studied how children articulated relationships and attributed agency to their narrative’s characters. I also looked for spaces in the conversation that reflected (potentially) different meanings from what was expressed in the students’ stories. Rogers, Casey, Ekert and Holland (2005) urged researchers to consider how children’s accounts of experience reflect the “languages of the unsayable” (p. 163). For instance, they argued that repeated or related words and metaphors, or abrupt changes or contrasts in language may offer maps of tensions and contradictions that children may find difficult to explain. I have incorporated exemplars of the drawings in Chapter Four. I strove to include images that illustrated key themes that emerged from students’ conversations about their sketches and health practices.

In a few ways, my process resembled the “constant-comparative” method that is frequently used in grounded theory research (see Glaser & Strauss, 1967; Strauss & Corbin, 1990). As I read through fieldnotes from the SHAC meetings, for example, I began to notice patterns in how and when members told stories of where the committee’s initiatives had encountered complaints and resistance from teachers and administrators. Rather than using theory as an a priori, deductive resource for sense-making, scholars who employ the constant comparative approach engage in an iterative movement between empirical materials and their initial interpretations. The process allows researchers to develop, compare, and refine knowledge claims that are grounded in their data (Strauss & Corbin, 1990). However, I believe my data analysis processes were more dynamic, serendipitous and guided by theory than the inductive approach suggested by
the constant-comparative method. Critiques of grounded theory by Alvesson and Skoldberg (2005) and Charmaz (2005) have argued for increased reflexivity about how a researcher’s sensibilities and theoretical orientations influence interpretation and the development of knowledge claims. My data analysis process was guided in multiple ways by my poststructural feminist and narrative standpoints. I was moved to write about stories and interactions during SHAC meetings where power relationships and assumptions about various forms of lived difference (particularly gender and class) were made evident or hidden. The theories further primed the kinds of questions I asked as I read my field artifacts. For instance, what kinds of discursive resources did SHAC members and stakeholders draw upon to position educational institutions as legitimate sites for addressing children’s health? How did committee members describe the organizing work performed by the SHAC? How did the SHAC members frame the agency and/or voices of particular stakeholder groups? What tensions, paradoxes or contradictions emerged from members’ and stakeholder’ stories? How did participants narrate the (potential) consequences of extending schools’ responsibility beyond the traditional functions of education? Moreover, I strove to be conscious of and reflect in my fieldnotes about how my sensibilities may have obscured other theoretical concerns or issues at play in the SHAC’s discourses. Although some key insights emerged through my readings of field artifacts, I continued to refine arguments through the process of writing about tentative interpretations and initial knowledge claim. As I wrote, I also continued to read about poststructural feminism and narrative research, as well as other theories about education, and organizational and health communication. My hope was
that being well-versed in various types of scholarship would empower me to be more reflexive and creative in my interpretations of the data (see related arguments by Alvesson & Skoldberg).

Additionally, I kept a separate learning journal to reflect on my personal standpoint and how it influenced my perceptions of the setting. One issue that I especially reflected on was my perceptions of socioeconomic class. Given my upbringing in a dominantly upper-middle class suburb of Minneapolis, Minnesota, I frequently found the ongoing reminders of poverty in the Deerfield area to be emotionally staggering. As Riessman (2002) argued, “When we enter the lives of others and write about them, we become witnesses. Sometimes what we see is wrenching, provoking emotions nearly impossible to bear” (p. 194; see also Behar, 1997). To manage and think with my emotions, I wrote extensively about how I felt during conversations about (e.g., hearing narratives from members and stakeholders about drug use, poverty, and uncertainty surrounding jobs in the community) or when I saw visual markers (e.g., a child’s pair of worn-out shoes; the worn and weary appearance of homes and businesses) of material conditions in the setting. At times, I was concerned that my sentiments about the poverty-related issues in Deerfield would overshadow my ability to see deeper meanings and nuances behind what I observed. Writing in a journal provided me with an opportunity to reflect on my emotions. It also provided me with a place to explore the differences between how I and the members of Deerfield community defined what poverty and social class meant.
I also conducted member validation, sometimes referred to as member checking, in order to enhance reflexivity and gain deeper insight into my analysis (see Golden-Biddle & Locke, 1993; Lindlof & Taylor, 2002). A practice that is frequently conducted in both interpretive and participatory forms of inquiry, researchers solicit participants’ feedback on how themes, tensions or characterizations of individuals and events are represented within the developing text. Through member checking processes, participants can identify misunderstandings or gross misinterpretations. Additionally, researchers can discuss whether interpretations ring true to participants’ experiences and probe for other plausible explanations of data. Lindlof and Taylor observed that member checks can provide researchers with new or unexpected information about their data. For example, participants could offer contextual or historical information which can be used to refine and enhance interpretations.

I conducted member checking processes in two ways. First, I used the monthly SHAC meetings in the fall of 2011 as an opportunity to conduct ongoing and informal sessions to discuss my emerging ideas with the committee members. Stephanie provided me with dedicated time (typically 5-10 minutes) to provide the SHAC with an update on my dissertation’s progress. During this time, I talked with members about general themes I was developing from observations, interviews, and the participatory sketching project. The members shared their reactions to my impressions, and offered additional details and suggestions. For instance, members expressed surprise that students’ drawings emphasized eating fresh fruits and vegetables as a key practice for health. “I’m not sure where they would be learning this since we haven’t gotten to nutrition in the Lifeskills
class yet,” Carolyn said. Her comment cued me to think about other places where students would be learning about eating, such as families and mediated discourse.

Second, I conducted a more formal member validation session with Stephanie in the spring of 2011. I had initially intended to conduct a member check with the entire SHAC. However, the members did not meet as a committee during the winter and spring of 2011 (I describe why this happened in more detail in Chapter Four). During my conversation with Stephanie, I presented her with an overview of key themes that I had synthesized from the data. We discussed the themes, and I used her insights to refine and clarify my ideas.

Finally, the data’s richness allowed me to engage in diverse forms of writing that enhanced my reflexivity. Ellingson (2009) described the practice of creating texts that incorporate multiple genres and layers as integrated crystallization. By illustrating experiences through different forms, she argued this approach provides researchers with “more points of connection through their angles of vision on a given topic…Crystallization continually turns back upon itself, highlighting its own construction by showing that no one genre offers truth” (p. 15). Texts demonstrating integrated crystallization weave together at least two genres, such as narrative, drama or poetry. By incorporating aesthetic, multi-sensoried renderings in my analysis, I attempted to highlight meaningful events, plotlines, or characters. My purpose for including the interludes is to illustrate the nuanced meanings that emerged from key moments in my fieldwork, and reflect on the discourses that shaped them. In the next section, I reflect on how I conceptualize rigor for interpretive scholarship.
Conceptualizing Rigor

During the writing of this chapter, I frequently wondered how the multiple theoretical sensibilities and forms of qualitative inquiry that I brought to bear on this study could align with any one particular set of criteria for assessing research. Given my feminist concerns surrounding voice, power and representation, I was hesitant to adopt approaches with post-positivistic overtones (e.g., validity, universality, reliability; ‘inductive’ approaches to knowledge claim development) for evaluating rigor. Yet, I did not want to abandon all criteria for quality research. Like Bochner (2000), I believed that the choices interpretive scholars make to conduct research “are ultimately and inextricably tied to our values and subjectivities” (p. 266). I sought standards that acknowledged the importance of reflexivity about my research choices. I was also concerned about how my study reflected the inherent complexities and messiness of interpretive work (see Bochner). As I reviewed various standards, I was drawn to three criteria articulated by Golden-Biddle and Locke (1993) for developing convincing knowledge claims: authenticity, plausibility, and criticality. The criteria reflect my ontological orientations toward the social construction of knowledge

Instead of making claims to an absolute truth, Golden-Biddle and Locke argued that researchers should strive to convey the *authenticity* of interpretations. Their articulation of authenticity as a criterion of quality research emphasized evidence of the researcher’s immersion with and understanding (to the extent possible) of participants’ worlds. For instance, did the researcher’s interpretations include details from fieldwork experiences, or “in vivo” codes, the language and terms used by participants (Lindlof &
Taylor, 2002)? Did the author account for the length of time they spent in the field, and how they gained access to the scene? Did they describe their relationship and level of closeness (or distance) between themselves and the participants? Golden-Biddle and Locke contended that authenticity involved also involved whether researcher’s representations were genuine to their experiences, and how interpretations conveyed the setting’s vitality and complexity. Fitch (1994), for instance, suggested that researchers should balance the richness of experience with precision by “considering inferences and interpretations as well as concrete occurrences” (p. 37). I took multiple steps to ensure the authenticity of my interpretations. As I articulated in the data analysis section of this chapter, I recorded detailed fieldnotes following each interview, the participatory sketching project meeting, and opportunity to observe the SHAC’s practices. Additionally, I double-checked each of the interview transcripts to verify their accuracy. In Chapter Four, I have sought to privilege participants’ voices to articulate and support the themes that emerged from the data. Where possible, I have included in vivo codes to illustrate my ideas.

Second, Golden-Biddle and Locke focused on the plausibility of knowledge claims. Whereas authenticity emphasizes the researcher’s relationship with and depiction of the setting, they argued that plausibility centers on “the community of readers and the relationship to the subject matter of the text” (p. 600). For instance, they urged researchers to consider how authors invited readers into their accounts, as well as to interrogate the assumptions underpinning interpretations. Not only does the criterion of
plausibility illuminate whether an account rings true to readers, it involves the interpretation’s theoretical contributions. Golden-Biddle and Locke explained:

Consequently, the dimension of plausibility suggests that in order for a work to convince, it must establish some distance between its subject matter and the readers’ knowledge and experiences, yet it must also offer ways for readers to bridge this gap. From a rhetorical perspective, it emphasizes the importance of the text’s ability to convey to readers a sense of familiarity and relevance as well as a sense of distinction and innovation. (p. 600)

Bochner (2000) offered a potential strategy for understanding how an interpretation developed “a sense of distinction and innovation.” Rather than asking whether an account was true, he suggested considering “what if this were true? What then?” (p. 267). Reframing questions of plausibility, he argued, empowered researchers to consider the consequence of interpretations for existing theory. To ensure the plausibility of my claims, I drafted detailed theoretical and personal reflections throughout the data analysis process. The documents enhanced my reflexivity about my claims in two ways: First, the various iterations of my theoretical reflections provided a trail for understanding my sense-making processes as interpretations were developed and refined. Second, the personal reflections allowed me to consider how the interpretations emerged from and were shaped by my standpoint. Additionally, I sought to ensure my claims were answerable to participants’ experiences by engaging in member checking practices.

Finally, Golden-Biddle and Locke addressed the criticality of the author’s arguments in terms of whether or not the findings opened up new areas for research or
questioned previously-held assumptions. Their articulation of this criterion emphasized whether researcher’s accounts incorporates spaces for readers’ reflections, as well as how the author provoked “the recognition and examination of differences” (p. 610). In other words, did the researcher challenge the reader’s perspectives? And if so, did their accounts prompt readers to consider or imagine new possibilities? I engaged the criticality component of rigor during the data analysis and writing processes by (re)considering existing theory in light of the data. As I moved between my readings of fieldwork artifacts and theoretical sensibilities, I considered how participants’ narratives reflected, extended, and challenged current assumptions about health organizing. I present my results in the next chapter.
CHAPTER FOUR: RESULTS

In this chapter, I use poststructural feminist and narrative theories to analyze the SHAC’s communicative and organizing practices. I have organized my analysis around five interconnected themes. I begin with the theme of “If They're Not Healthy, They Can’t Learn:” Discursive Constructions of School-based Health in which I identify the discourses that guide SHAC members’ and stakeholders’ understandings of health. Additionally, I discuss how the discourses define health exigencies and provide a foundation for the SHAC’s work. Then, I focus on specific tensions SHAC members face in organizing action to support their mission in the themes “We Want All of Those Players on the Team:” Challenges and Paradoxes of SHAC Membership and “Sometimes You’re Set Up to Fail, so You Have to be Prepared:” Narrative Sense-making of Resistance and Power. I explore the subjectivities and narrative silences of parents and children in the SHAC’s discourses with the theme Reclaiming Absent Voices. I conclude by highlighting the SHAC’s ongoing environmental adaptations and challenges for organizing sustainably with the theme “It’s Sometimes Impossible to Continue Good Things: ” An Epilogue.

The results presented in this chapter are based on my fieldwork, which included participant-observations, in-depth interviews, participatory sketching and document analysis. Themes were developed based on careful, iterative readings and reflections on field notes, interview transcripts, children’s drawings and various organizational documents. I have drawn upon fieldwork artifacts to develop and support each theme in this chapter. Additionally, I incorporated personal reflections and anecdotes from my
research journal into the analysis where I believed they shaped or explained my interpretations. I used pseudonyms throughout the chapter in order to protect participants’ identities. A complete list of the participants’ pseudonyms and their corresponding role (as a SHAC member or stakeholder) is included in Appendix A.

“If They’re Not Healthy, They Can’t Learn:” Discursive Constructions of School-based Health

Well, basically, the mission is to improve the health environment of the school . . . also the students, and the faculty, and the parents. The overall health of all in that area. The school is the biggest employer in the area, and it is the community. It really is. If we didn’t have the school, I... shudder to think what would happen to those three towns. And, uh – so, it has a major impact on what happens in that community. (Stephanie, interview transcript)

Stephanie’s (the school district wellness coordinator) comment about the SHAC’s mission and the role it plays in serving the school district as well as the broader Deerfield community was echoed across statements made during meeting and stakeholder interviews. As I listened to individuals share their anecdotes about how they defined health and what it meant to “improve the health environment” within the school district, I began to notice how they drew upon an assortment of public health and community discourses. The discourses functioned as resources for members and stakeholders alike to narrate the exigencies and subjectivities that have meaningfully shaped how the SHAC organizes its work. From a critical feminist perspective, I found it particularly striking how members drew upon the discourses to define the SHAC’s mission in ways that
extend beyond the bounds of the school district, into students’ homes and the broader Deerfield community. Then, I explore specific elements of the SHAC’s narratives that appear to function as organizing pillars for the committee: Members’ and stakeholders’ definitions of health; the positioning of “health work” as central to the school district’s educational mission; and how the discourses articulate subjectivities for parents, educators and children.

Participants’ Definitions of Health

Health as multi-faceted.

Health to me is wholeness. Um - looking at - and I think that’s where the environment fits in with me too, that the environment, my growing definition is wholeness . . . So, in health, you have a healthy ecosystem, you have a healthy home. You have healthy food to eat, you have... healthy relationships with your peers, teachers - and you yourself are okay with the decisions and actions that you are making. (Abby, transcript)

One important question that emerged from my initial fieldwork involved how SHAC members and stakeholders discursively constructed the meaning(s) of “health.” Like Abby (a graduate student at a nearby university and SHAC member), most of the participants defined health as multi-faceted, and encompassing a range of wellness concerns. When asked to explain what came to mind when she thought about health, Christina (a middle school teacher) responded, “Food, exercise, and overall mental well-being.” Becky, a school staff member, offered a similar definition, “I guess, healthy lifestyle. Exercise, eating properly, sleep… I think health incorporates all of that.
Rachel, a former AmeriCorps volunteer, commented, “Well, everything’s tied to health! [laughs] Who am I kidding?” Because participants stressed both the physical (e.g., biological) and mental (e.g., psychological) aspects of health and wellness, their definitions appeared to closely match the biopsychosocial model of medicine (Engel, 1980; see also Ho & Bylund, 2008; Robinson & Nussbaum, 2004). The definitions of health shared during interviews closely paralleled conversations during SHAC meetings, as particularly members described the scope of the committee’s efforts. Stories about the SHAC’s current and past work illustrated how members developed initiatives to address health concerns ranging from nutrition (e.g., creating on-campus gardens to grow produce for the school cafeteria) and exercise (e.g., developing a walking path in the community) to safety (e.g., improving the condition of sidewalks near the school) and environmental issues (e.g., tobacco use on school grounds).

The participants’ emphasis on multiple elements of health also paralleled the Coordinated School Health model’s (CSH) eight components, which include: Health education, physical education, health services, mental health and social services, healthy and safe environment, family and community involvement, and staff wellness (Allensworth & Kolbe, 1987; CDC, 2010). As I described in Chapter Two, the CSH model was developed by the CDC as a framework for bringing together “educational and community resources in the school environment for the purposes of creating a multifaceted network and environment of health education and healthful practice” (Cornwell et al., 2007, p. 602). Participants frequently drew on the CSH to argue for the multi-faceted nature of health and frame the breadth of the SHAC’s work. Stephanie
recalled how the model had shaped her earliest involvement in the Deerfield school district. “When I first started, working though Job and Family Services, they were already aware of… my supervisor was already of the school health model,” she described, “And, uh, so pretty much it was my charge when I got into the school to develop that model.”

Given her mandate and subsequent role as the SHAC’s leader, it made sense that Stephanie would seek to integrate the CSH model into the committee’s organizing practices. Members noted other discursive structures that similarly emphasized the model. For instance, Monica, a representative from the local health department, described the state’s annual school health conference, which SHAC members had attended for several years:

There are always workshops at the conference that deal with school health topics, whether that’s safety or nutrition or physical education, mental health. There are eight components of the coordinated school health model. You’re probably familiar with that. So, they really try to address all of those. And - um, you know the nice thing is they try and replicate that model in the form of a team and bring that team to the conference. So, while we didn’t have all of those things represented, there were several. And so the teams come, they experience new information. One of the best things that happens there I think is that they hear what other schools are doing. And so they get a sense of what can be done. And then while they’re at the conference the team works on creating an action plan.
Monica’s statement suggested that SHAC members translated what they learn about the CSH model during the annual conference into the committee’s strategic planning processes.

I noticed additional evidence of the model’s discursive influence on members’ conceptualizations of health when they described their aspirations for the committee. “Essentially, what I would love to see the most is a true coordinated school health. If I had hoped for any district implementing it, it’s Deerfield,” Rachel commented, “Because they’re already partially there.” Carolyn, the schools’ social worker, articulated a similar vision of placing the school at the center of community health efforts, “We bring in agencies and services and provide them from school… Because they know we have this infrastructure built that they can just come plug in and - so - and like the mobile health clinic, I think - or like the mobile dental clinic.” By emphasizing the need to integrate multiple components of wellness, the CSH model provided SHAC members with discursive resources to justify a diverse range of health initiatives. Additionally, their connection to the CSH discourses functioned to organize the committee’s long-term goals and vision.

*Health as individualistic.*

Though participants described health as incorporating multiple physical and mental components, the achievement of health was often described as the function of individuals’ behaviors. The framing of health as individualistically determined reflects Zoller’s (2005) contention that the language of public health targets “personal responsibility for healthy choices” while obscuring other factors (e.g., social or structural
barriers, genetics) that also contribute to health (p. 188). When I asked participants to explain what came to mind when they thought about health, individual behaviors were often the first things they described. “As soon as I hear health, I think illness,” Pat, the district’s superintendent, commented, “Prevention…you think what steps can we take to keep everybody healthy. To keep myself healthy.” The “steps” articulated by SHAC members and stakeholders for achieving and maintaining health highlighted particular individual actions. Kelly, the elementary school principal, stressed the importance of doctors’ appointments, “Getting to your doctor, knowing what your – if there’s any issues, knowing what they are, taking care of it.” Christina similarly noted that being healthy involved “making healthy decisions about your life. Lisa, a guidance counselor, suggested that an individual’s health and wellness could be measured by their ability to perform specific tasks: “If one is able to recognize needs, ask for help, and function the very best you can - that’s wellness to me.” By pointing to general individual behaviors and knowledge necessary to enact health, participants’ definitions stressed the dominant logics of health promotion discourses (see related arguments by Kim & Willis, 2007; Lawrence, 2004; Lupton, 2003; Smith, 1988). However, what it meant to actually be “healthy” or “well” was not clearly identified within their definitions. Ganesh and McAllum (2010) similarly observed that health promotion literature often defines well-being as positively valenced, but ambiguous and individually centered. They argued these kinds of definitions frequently ignore broader social factors that also influence a person’s wellness. Though participants primarily emphasized individual behaviors as the basis for
health, their stories called attention to social influences as well. I describe the community-based discourses about health in the next section.

*Community discourses and the social determinants of health.*

While SHAC members and stakeholders articulated the individual behaviors they deemed important to health, they drew upon community discourses to explain the barriers that prevented Deerfield residents from enacting healthy choices.

*Mining legacies as a master narrative for health.*

Participants’ stories particularly highlighted the community’s mining legacies and socioeconomic challenges. Pat explained:

You know we have a low SES population. We’re a remnant town from an extraction industry. Primarily coal, somewhat, uh - logging and gas as well. And, you know because of that I think we face the problems of all leftover extraction industry town. Low employment. Um, not - not many job opportunities. Not a lot of entertainment for the children.

Deerfield and its surrounding townships had once been vibrant, booming communities. “The mines were in their heydays here in the 1890s to, say, 1940s or ‘50s,” Pat explained, “Deerfield actually was known as Enchanted City for a while, it popped up overnight.” She continued, “I know that [the mines] were going so strong around the turn of the century and in the tens and twenties - that you could hear the whistles all over town… But primarily I think they kind of petered out in the forties and fifties.” The deterioration of the region’s coal mining industry, and subsequent loss of many residents’ livelihoods, was described by the majority of participants as a primary cause for the community’s
health issues. Stories about the community’s mining legacies appeared to function as a dominant frame, or master narrative, that participants used to make sense of the local and social determinants of health (Lyotard, 1948). Master narratives, or sets of archetypal stories and characters, provide storytellers with tools for understanding and justifying action (see Bruner, 2002; Lindemann Nelson, 2001). For instance, participants argued that the mining industry’s collapse had been paralleled by a steady decline in the community’s health conditions. Randi, a SHAC member who represented a local agricultural non-profit organization, asserted:

Since the coal mining bottomed out, it’s just been going… it just seems to have spiraled down and they haven’t climbed out of that yet. They keep thinking coal’s gonna come back. And, they gotta realize it’s not coming back to the same extent it was. Um, because it was a thriving, happening place to be thirty years ago. And, um - today, it’s like, you know, drugs - people on welfare. A lot of people went straight from high class to right on to welfare, and it’s never come back.

Even when stories about health issues foregrounded other plotlines, the connection between the community and place-based discourses surrounding mining remained evident. Molly, a parent and lifelong resident of the Deerfield area, explained:

Diabetes is probably the biggest [issue] around here. And - and, I mean, that’s just southern Ohio, and so then they all - we all marry people from around here, and so then we’re linking families…My family’s been here since the 1800s, and my husband’s family’s been here since the 1800s. So, by the time you marry and… one family has diabetes, and it jumps a generation, then they marry someone else,
and it’s jumping generations, and you have it every generation, and by the time we have our kids, they’re gonna have it.

Molly’s story highlighted family legacies of diabetes that are common to the Appalachian region and only explicitly mentioned the mining by stating that it “didn’t help” the health issues in Deerfield. Her comments reflected Manoogian et al.’s (2010) contention that Appalachian families rely on family narratives to understand, manage and make sense of Type-2 diabetes rates across generations. Yet, the subtext of Molly’s story emphasized settlement patterns that had been driven by the mining industry, as well as a long-standing commitment to place. She later linked individuals’ abilities to perform health-related behaviors to the community’s historic socioeconomic issues. “Health has always been a bad thing,” she told me, “They don’t have the money around here, they don’t have the resources to eat well. They don’t have the money to go see the doctor, so then, they can’t control it before they get [diabetes].”

Similarly, other individuals stressed perceived connections between the environmental impact of mining and health conditions. “I don’t have numbers to support this,” Pat said as she described anecdotal evidence of high leukemia rates among the community’s residents. Although she could not offer specific causal evidence for the disease’s prevalence, Pat articulated a number of theories for her perceptions. For instance, she suggested that leukemia could have been linked to a toxic chemical spill that took place in the late 1960s. Her concerns about place and health closely mirrored Behringer and Freidell’s (2006) observation that Appalachian residents frequently connect health to concerns about the mining industry’s legacy.
**Socioeconomic challenges.**

Participants also stressed the socioeconomic decline that had followed the collapse of the mining industry. Without viable employment opportunities to replace the loss of mining jobs, many of the Deerfield community members faced poverty. Reminders of material conditions and socioeconomic challenges in the community frequently permeated the SHAC members’ meeting conversations, and shaped what kinds of actions were viewed as necessary and plausible. For instance, comments made by several individuals hinted that more than 80 percent of the district’s residents were receiving Medicaid due to unemployment. Discussions about the quality of school lunches often referenced how nearly three-quarters of the district’s students received free or reduced-cost meals. During one meeting, Julie (an elementary school teacher) related a story about how she used to give a former student extra food to bring home to his younger siblings. “Because they weren’t in school, he wanted to make sure they got one good meal a day the way he did,” she said. Her anecdote sparked a dialogue about re-starting a “sharebox” initiative, where extra cafeteria food would be bagged and sent home with students who may not have food at home. Concerns about resources for health were also discussed as members brainstormed committee initiatives. Abby, for example, related her surprise at how often poverty-related issues emerged when she first began working with the SHAC:

I’ll never forget this. We started talking about [the] walk to school. It wasn’t “Are the kinds gonna be responsive?” “Are the parents gonna be responsive?” It was - I don’t know if kids have good enough shoes to walk a half-mile to school. Do you
remember that comment? I was shocked… that comment right there is something.

As Abby aptly put it, the concerns about children’s shoes WAS something. I had been at the meeting where Carolyn had questioned whether a walking event was a good idea. “At least 70 percent of the students here could use new shoes,” she had said with a twinge of sadness. I was floored by the comment at the time. But I didn’t fully feel the impact of her statement until months later when I volunteered at the Walk-to-School event. As I played and chaperoned school-yard games with some of the children, I saw one little boy stop abruptly during a game of Red Rover to tug at the sole of his sandal. He limped over to where another volunteer was standing, took off the sandal and asked, “Can you help me?” I watched as she tried to straighten tattered straps. I wasn’t sure how he had been running in the worn sandal, which seemed to be held together by just a few fragile threads. “So this is what Carolyn meant,” I thought to myself, “How can a school health committee plan physical fitness initiatives if kids don’t have shoes that let them run and play?”

Members and stakeholders frequently coupled socioeconomic concerns with Deerfield’s isolated geographical location with socioeconomic concerns to describe the community barriers to health. Pat commented, “Employment and terrain – terrain, and in turn, employment opportunities greatly impact everything that goes on here.” Participants described how the relationship between place and resources created paradoxes for healthy behaviors. For instance, Lisa noted that Deerfield residents often needed to drive to other communities to see health professionals because the community was medically
underserved. Yet, she named transportation (or the lack thereof) as a significant obstacle for many residents to overcome in order to receive health services. “Whether it’s the affordability of having fuel, or even having a vehicle, or having a suspended license,” Lisa argued that she saw many cases where “nobody in the family is able to actually provide transportation.” Individuals expressed similar connections between location, resources, and the accessibility of healthy foods. “I don’t know the delivery system,” Pat said, “It’s expensive to buy fruits and vegetables. It’s no one’s fault, it’s just so far out.” I heard parallel arguments during multiple SHAC meetings from Randi regarding how Deerfield’s geographic isolation had created food insecurity issues in the area. “We need to get people passing it [food] around. There’s no food bank in Deerfield, Sycamore or High Creek,” she lamented, “These kids don’t have access to healthy foods.” Even when families were able to access food, Mark (the high school principal) stressed how resources shaped nutritional choices:

Well, your socio-economic status, I think would be your top one where - you just don’t have as much money as maybe other people, and when you do have it, it’s bare essentials. You’re not gonna say, “Well, I need the organic fruit or the vegetables,” and you know, it’s just easier to buy the canned stuff, the jarred stuff to heat up in the microwave and not cook.

Mark’s point highlighted how the accessibility of healthy foods (re)inscribed perceptions of what community members choose to eat. Pat extended the linkage between resources, community, and health by arguing that the demand for particular food products powerfully influenced what local businesses were able to offer consumers. “You’re not
gonna find a mango over here,” she commented, “Because no one knows what it is and it’s gonna lie there and rot. So, [the grocer is] not gonna order it. They know better.”

Both Mark and Pat’s comment reinforced stereotypes about (un)healthy consumption styles and choices among individuals with low socio-economic status. However, Allen (2004) reminded scholars to consider how consumption patterns are constructed by assumptions about class standing and reified by access to material resources.

*Other social health concerns.*

Members and stakeholders positioned other issues, such as substance abuse and mental illness, as both causes and manifestations of the Deerfield area’s health conditions. When I asked Molly what she thought some of the community’s growth areas were, she responded, “getting the drugs out! I mean, that’s the main thing. Because, then, they automatically start eating better, they start acting better, they start exercising.” Like Molly, other individuals identified prescription drug and alcohol abuse as key barriers to health in the community. Some individuals pointed specifically to the lack of jobs as reasons why residents turned to buying (and sometimes selling) drugs. I continually heard variations on the refrain, “Kids in this area don’t have much to do, and that’s why they often turn to drugs and alcohol.” I found narratives about the scope of substance abuse in the Deerfield community to be emotionally staggering at times. For example, Abby commented, “There’s a bereavement group that was started by a counselor for… a number of students that have had parents pass away. Pass away, not like jailed - um, from overdosing on drugs.” *As I heard this, I flashed back to my own childhood. I grew up in a community that was at least ten times the size of the Deerfield area. I could recall only*
two students – a boy in my grade, and a girl who was in the same class as my youngest sister – whose parents (in both cases, their mothers) had passed away due to a drug overdose. That was it. I remembered how sorry I was for them, how difficult I thought it would have been to grow up without my own mother. And then, the realities of scale hit me: How could a school district with less than 1,000 students have enough children whose parents had succumbed to drugs to warrant a support group?

Other stories highlighted the ramifications of mental illnesses, such as depression, for the community’s health. Lisa explained that although many families qualified for mental health services through Medicaid, they often chose not to seek help. “Access, you know, is the biggest one,” she speculated about potential obstacles to treatment, “And - and desire. I think there’s less of a stigma around mental health now, but I’m sure it still exists for some people.” As she continued to discuss health services and challenges in the community, she paused:

You know, you can’t make people ask for help… And, we have a lot of help. But people have to - have to - [pause] It’s kind of contradictory, but you have to be healthy enough to even know that you need to ask for help. So, it - you know that’s a big challenge to help people realize - they can make better choices for them and their children.

When I reflected on Lisa’s statements, her comment about being healthy enough to ask for help gave me pause. Like the narratives surrounding substance abuse, I noticed that embedded within her (and others’) stories were assumptions about how particular conditions both caused and reinforced ill health. In several cases, participants’ stories
appeared to naturalize ill health among individuals with low health literacy. For instance, Meredith (the middle school principal) argued:

What are the ways you keep your child healthy in regards to health care? I mean, how often do they go to the doctor, are there shots? You know, we have parents that come, the kids haven’t had shots. They just don’t, you know... there’s just a lot of things our parent just don’t – the things that you and I would take for granted... I think it often just probably goes by the wayside because there’s not money or – or they just don’t know how to make an appointment – you know, some of our people don’t even know how to call and make an appointment, I think sometimes.

Her comments, and other narratives like them, functioned to link low health literacy levels to poverty and socioeconomic status. Troublingly, stories that operated from this perspective appeared to be saturated with assumptions about how parents’ lack of knowledge, resources and skills prevent them from enacting healthy behaviors for themselves or their children. I address the socioeconomic and health assumptions about parents in more detail later in this chapter.

Potential social solutions.

Given the salience of poverty in Deerfield, I wondered what solutions participants believed were viable ways to empower healthier lifestyles. It was unsurprising to hear participants argue that economic solutions were a necessary condition for solving the community’s health issues. “I mean, you change that through changing the poverty level of the people, but that’s a difficult thing,” Kelly commented. “Throw money at it.
[laughs] No, throw jobs at it. Not money, but jobs.” As a health educator, Monica expressed similar concerns about her ability to redress health needs without addressing broader financial issues:

In terms of my job, you know, I’m asking people to change their physical activity habits or their nutrition. And looking at communities as a population, how do we - how do we this? We can create an environmental design but really it comes down to - if I really wanted to make an impact I gotta get these people a job. I gotta make sure these kids are safe. Then we can talk about all those other things, you know?

Other members and stakeholders carefully delineated between providing community members with jobs as opposed to the right kinds of jobs for empowering healthy lifestyle choices. Although she positioned unemployment as a major concern, Pat also noted, “We have another group of people who have no health insurance and are what I would consider underemployed.” She explained how many parents or caregivers within the school district worked multiple part-time jobs, yet often had difficulty with affording insurance and making ends meet. Abby related similar arguments about the kinds of employment that would benefit health conditions in the Deerfield area:

I think the biggest thing that that community needs is just more jobs…and not just a paycheck job, but a healthy lifestyle job where your - you’re a teacher or - you’re working. I don’t even have great examples of what those jobs would be. Something other than working at a fast food station or a gas station [pause] is gonna help that community a lot for health.
The comments made by Abby, Pat, Kelly, Monica, and others stressed the importance of economic strategies to mitigating health exigencies in the Deerfield area. Yet, individuals recognized there were no easy or immediately apparent fiscal solutions for redressing concerns. Until resolutions for the community’s socioeconomic issues could be developed, both members and stakeholder positioned the school district as a transformative site for addressing community health issues. In the next section, I discuss how students’ understandings of health closely paralleled the adult participants’ definitions.

Students’ Definitions of Health

When I conducted the participatory sketching project, I asked two questions aimed at understanding how Deerfield students conceptualize and enact health. Specifically, I asked the students: What are some things that you do to be healthy? What are some things that make it difficult to be healthy?

Like the adults in their community, students defined health as multi-faceted. Students’ drawings and interviews especially emphasized how eating and physical activity helped them to grow up to be big and strong. This was not surprising because children are socialized and their viewpoints shaped by family, community, and cultural narratives (S. Engel, 2005). Alldred and Burman (2005) similarly argued that children’s talk reflects the range of discourses available to them. When students were asked what helped them (or made it difficult) to be healthy, they primarily drew pictures of different kinds of food to symbolize eating. Many students’ sketches included multiple fresh fruits and vegetables as items that improved their health (see example in Figure 1). Carrie, a
second grader, pointed out the various items on her drawing, “Here’s a watermelon, a carrot, a grape, a [sic] orange, and uh, more grapes, and a lemon.” Rebecca, a fourth grader, also highlighted several different kinds of produce in her sketches, “I drew carrots – tomato . . . oh, no wait, no that one’s a tomato – that one was an apple . . . a banana, blueberries and a bike.” Only a few students went beyond drawing healthy food items (e.g., an apple) to sketching meals that they perceived as healthy, such as tacos, pizza, or eggs and bacon.

![Figure 1. Second-grader Maria drew pictures of foods that helped her be healthy.](image)

I smiled when I heard one of the third-grade boys describe bacon as a healthy food. Culturally, his logic made perfect sense. When Dan, the superintendent’s father and a life-long resident of the Deerfield community, had taken me on a driving tour of the area, he told stories about what he remembered his grandparents eating. His grandmother, he said, had tried to eat healthily, but had died in her late fifties. By
contrast, his coal-miner grandfather had eaten bacon every morning and lived to his late eighties. "'You can’t lift coal on a grapefruit,' Grand-dad always used to say!” he chuckled. It was striking to think about how the meanings of particular foods had been carried for multiple generations.

Many of the students articulated what they perceived as the values of certain foods, drawing on binaries of “good” and “bad” foods that are often invoked in media and health discourses (Lupton, 1996). Ben, a third grader, described how carrots were healthy for him because they contained “vitamin A for your eyes!” Interestingly, students indicated that just because they believed a food was healthy did not necessarily mean they liked it. Broccoli emerged in several students’ drawings as an item that was considered to be healthy, but not necessarily enjoyed on its own. Jacob, a third grader, told me that preferred to “eat ranch dressing with it.” His classmate, William, told me that he “just liked broccoli with cheese.” Sienna, a fourth grader, made a face when she described eating “weird stuff her mom makes,” such as spinach or broccoli casserole. Maria, a second grader, was similarly explicit about her opinions, “Some of ‘em, I don’t like. I don’t like tomato or carrot.” Additionally, students were quick to point out the fresh fruits and vegetables that they did enjoy. Strawberries, watermelon and cherries were mentioned by several participants as foods they believed were both healthy and delicious.

Moreover, students demonstrated a working knowledge of why some foods were unhealthy (see Figure 2). For instance, Jacob, argued that chips were unhealthy “because
they have a lot of sodium in them.” Fourth grader Kenzie similarly explained her drawings of unhealthy foods:

I drew a lot of candy, um, like, a lot of sweets. And, um, like ice cream and cake and stuff like that.

A: Mmm hmm. And why do those things make it difficult for you to be healthy?
K: Because when you look at them, it just – creates an urge! [giggles]
A: [Laughs] Okay, it creates an urge. Tell me more – an urge to do what?
K: [Giggles] An urge to eat them instead of fruits and vegetables. Because, I mean, you want to eat those, but you just don’t get to eat candy as much. You shouldn’t eat candy as much as you should eat fruits and vegetables.

Other students explained that they knew certain foods were good for them, but did not know why. When asked to describe why vegetables that he drew were good for him, Karl, a second grader, shrugged, “Because . . . [pause] they’re vegetables?” A few students explicitly asked me to verify their beliefs of whether a food (e.g., tacos or pizza) was healthy or not. Their perception-checking about the meaning of foods is consistent with Wescott and Littleton’s (2005) observation that students’ expectations about educational settings can shape their interview responses (e.g., making sure that their answers are correct).
Figure 2. Rebecca, a second-grader, drew pictures of candy and fast food to illustrate things that make it difficult for her to grow up and be healthy.

While students’ drawings primarily emphasized eating as a way to be healthy, their sketches and conversations highlighted other components of health as well. For instance, students drew pictures of themselves participating in sports, such as baseball or football, or other physical activities, such as biking. Alcohol, tobacco and drug use also appeared in three of the fourth-graders’ drawings and conversations of behaviors that made it difficult to be healthy (see Figure 3). Given the adult discourses about substance abuse in the Deerfield area, I was surprised that the topic was not mentioned by more students, particularly in the younger grades. Additionally, though students did not draw images suggesting the mental components of health, the topic did come up in three conversations. “Be happy!” Sam, a second grader responded eagerly when I asked what he did to be healthy, “And – don’t be mad!” Carrie and Sienna similarly described learning as something that they did to be healthy.
Finally, the students’ drawings and conversations provided insight into where they encountered health-related discourses. For example, fourth graders Hannah and Sienna referenced older siblings as they explained health-related behaviors. Hannah told me that she thought pop was unhealthy because, “Missy, my sister, doesn’t drink that much because she’s a cross-country runner.” Sienna similarly described how she viewed working out as healthy because it was something that her brother did. When I asked what kinds of workouts he did, she responded:

He does this thing where he goes like this… [demonstrates lifting weights]

A: [laughs]

S: That’s weird.

A: So, he lifts weights?

S: Yeah, I can do that to, to 40 pounds.
Both of the exchanges with Hannah and Sienna indicated how their siblings shared knowledge that they subsequently learned and enacted. Their classmate, Mike, also described how online information shaped his health beliefs. He explained one of the items he drew, “That’s – um, popcorn. ‘Cause I read on the Internet that it is pretty healthy without butter or salt.” Even though the Internet and siblings were described as sources of health information, it was rare to hear children connect their health knowledge to parents, teachers, or other significant adults. When students mentioned adults, it most often connected eating to a specific place (e.g., “I eat apples at my grandma’s”). As Figure 4 indicates, students also linked physical activities to family members (e.g., “My dad takes me to the skateboarding park” or “My family are [sic] golf people”).

Figure 4. Jacob, a third-grader, drew himself playing baseball with his family.

A few students mentioned adults in relation to eating practices they disliked. Sienna, for example, drew a lemon as something that made it difficult for her to grow up
and be healthy. When I asked about this, she explained, “I don’t like lemons . . . But – I eat them sometimes at my grandma’s because that’s what she gives us before we go to bed.” Her reaction to being forced to eat lemons illustrates Lupton’s (1996) argument that food is marked by strong emotions because eating practices involve agency and power (e.g., negotiations between a parent and caregiver over what, how much, and when the child may or may not eat). Surprisingly, educators were not brought up in discussions of health. One possible reason why teachers and other adults were absent from most of the students’ drawings and conversations is because the drawing prompts focused primarily on personal actions for health.

In the next section, I shift away from definitions of health to highlighting the participants’ discursive moves to frame health as fundamental to education. Additionally, I consider how the SHAC draws upon this framing to legitimize and organize health work in the Deerfield School District.

_Schools as Sites for Performing Health Work_

Like the broader discourses supporting the CNRA and CSH model, SHAC members’ and stakeholders’ narratives repeatedly highlighted the relationship between children’s health and their ability to function (much less thrive) in the classroom. Most participants argued that ensuring children were healthy and safe is an essential condition for learning to be possible. Pat described how she understood the relationship between health and education, particularly given the Deerfield community’s health and socioeconomic exigencies:
We need for the children to be healthy. That’s primary to the children. If they're not healthy, they can’t learn. . . I worry about the impact of poverty. That always comes right in because I think - because Anne, really a lot of the kids who are underachieving - a lot of the children who are angry and having discipline problems, um - they’re not having their basic physical needs met. They’re hungry, or tired - or they’re abused. Or - if not, crossing the line into abuse, agitated. . . And when you’re physically uncomfortable you can’t focus on three plus four. You don’t care.

Pat’s comments expressed concern about some of the specific conditions that Deerfield students face (e.g., not having basic physical needs met; abuse). What I found striking about her statement, as well as similar remarks from other participants, was how they stressed care-giving practices occurring outside of the school setting and the impact of these behaviors on learning. By highlighting how families fail to prepare students for learning, the narratives told by SHAC members and stakeholders explicitly positioned parents and caregivers from an individual deficit perspective (see Carlisle, 2001). Ganesh and McAllum (2010) asserted that public health discourses frequently position health disparities as the cumulative outcome of poor lifestyle decisions. They added that individual deficiency discourses construct “a moral underclass whose unhealthy and tainted cultural and material practices engender health inequality” (p. 494). Given how closely knit the Deerfield community appeared to be, I wondered why participants would position families from a deficit perspective?
The deficit-oriented framing of families emerged more fully as I heard SHAC members rationalize the committee’s mission and work. Monica, for example, argued that schools represented vital sites for addressing students’ health needs because “they are the perfect laboratory for creating children. If they’re not getting it at home, where are they going to get it if they don’t get it at school?” Her comment echoed Satcher and Higginbotham’s (2008) contention that educational institutions can provide opportunities for children to adopt healthy lifestyle behaviors, even when such choices may not be available at home or elsewhere in the community. As she continued, Monica wove the deficit perspective and the connections between children’s health and learning together to articulate the SHAC’s mission:

Kids come to school with… um, in some cases, needs for help. You know, in order to create a learning environment, kids have to be prepared for learning… And so, this group’s mission is to help children be prepared for learning. And - you know the way we do that is to make sure that they’re - they have something to eat, that they’re physically active, that they’re healthy and well, and safe at school.

Monica’s comments parallels broader conversations among health professionals who have argued that school health work should stretch beyond developing health programs by instead seeking to “catalyze change at the school, family, institutional, community, and policy levels” (Hoyle et al., 2010, p. 165). The perspective that health work in the Deerfield school district involves meeting acute needs (e.g., students seeing the nurse for a stomach ache or band-aids) as well as offering other health-related services with the
potential to influence children’s abilities to learn was apparent in a number of conversations that I observed in SHAC meetings. Throughout multiple meetings, I heard members talking about community partner agencies who provided health services (e.g., vision, hearing, and dental screenings; mental health and counseling services; on-site social workers) at the Deerfield schools. Stephanie mentioned during one conversation that the district maintained a fund to purchase glasses or dental work for needy students. Christina similarly noted, “The school acts as a lot of vehicles that - are beyond school. A lot of the kids don’t [pause] receive those types of things except for through the school.” Christina, Stephanie, and Monica’s stories demonstrated how school-based health work was already a common practice in the Deerfield community. Together with the deficit-oriented framing of families, the narratives functioned to frame the SHAC’s work as essential to children’s ability to learn. Additionally, their comments appeared to naturalize the committee’s (and by extension, the school district’s) role in addressing health needs beyond the traditional school boundaries.

Institutional discourses about educational outcomes and standardized testing offered an additional justification for why SHAC members and stakeholders sought to address health influences outside of the classroom. Conversations about the Deerfield students’ performance on Ohio’s Achievement and Graduation tests dominated the community forum and school board meetings that I attended. Yet, it was clear from the discussions and my document analysis processes how children’s performance on standardized exams had material consequences for the district. According to the Ohio Department of Education (2010), results from the tests are used to determine whether
school districts are making Adequate Yearly Progress (AYP), a “federally-required component of Ohio’s accountability system that holds districts and schools accountable for the achievement of each student subgroup, including racial and ethnic groups, low-income students, limited English proficient students and students with disabilities” (n.p.). The Ohio Department of Education combines AYP with other performance metrics and issues each school district with an annual rating regarding its effectiveness. School districts that do not make AYP in consecutive years face consequences, which can range from providing students with options to transfer out of the district, to funding deferment, to restructuring schools (or the district) as well as establishing alternative governance (Ohio Department of Education). In other words, how Deerfield students scored on their exams mattered to – and had material consequences for – the educators and administrators that I spoke with.

*I observed on several occasions just how seriously administrators and teachers considered test scores. The schools’ continued improvement on statewide standardized tests was celebrated during the school board meeting that I attended. During the community forum, I noticed a banner in the high school gymnasium that proudly proclaimed, “We Are An Effective School!” The perceived significance of testing had even impacted my work at Deerfield. When I sought permission to conduct the participatory sketching exercises, Kelly, the elementary school principal, agreed to the study on the condition that I would not disrupt the core curricular subjects that prepared students for the exams.*
Several individuals explicitly highlighted the links between children’s health and their (potential) performance on standardized tests. Randi, for example, commented, “These kids are not gonna - they’re not gonna improve their test scores if they’re not eating healthy.” Randi’s concerns were echoed by a narrative that Stephanie related during one SHAC meeting. She described how one year, the fourth grade teachers had organized, cooked and served hot breakfasts for their students during the week of the exams. “They wanted to make sure that students had a good breakfast in their stomachs before they took the tests,” she described, “They served eggs, bacon, and pancakes - all kinds of good stuff. The other kids were walking through the cafeteria line and were disappointed because they didn’t get anything like that.” Stephanie’s story illuminated the strength of educators’ concerns about the connections between health and learning. By serving the breakfasts, teachers went beyond the scope of their job duties and acted to ensure students would have enough to eat to perform well on the exams.

Although the teachers’ actions in Stephanie’s narrative are laudable, I was struck by how the story constructs subjectivities for parents and educators surrounding the responsibility for children’s health. Much like the discourses that connected health and learning, Stephanie’s story reifies the individual deficit perspective of parents by assuming that parents cannot be trusted to provide an adequate breakfast for their children on testing days. The narrative’s logic subtly blames parents for poor caregiving (e.g., not having the money, skills, or desire to provide children with a healthy meal) that has the potential to translate into students’ test results. By framing parents as unwilling
(or unable) caregivers, the story shifts the locus of responsibility for students’ health to educators.

The discursive use of blame (for parents) to shift responsibility for children’s health to the state (through institutions like schools) is not unprecedented. Lupton (1996) and Murphy (2000) argued that parents’ caregiving skills are frequently called into question based on varying public health discourses that evaluate the appearance of children’s health. Burrows (2009) similarly contended that parents are judged in everyday interactions that provide opportunities “for comparison, judgment and evaluation of parents’ capacity to care in the right way” (p. 134). Surprisingly, the narrative’s framing of parents’ subjectivities was not always consistent with other stories that I heard. For instance, Becky commented that she appreciated how the school district offered free breakfasts to students “because you know these kids didn’t have breakfast at home, or wouldn’t have breakfast at home, and maybe didn’t eat last night.” However, she later told me, “On the other hand, I hear this a lot about the free breakfast also, is that there’s a lot of kids who get breakfast at home and then are eating breakfast here.” Her story raised questions and pointed to fissures in the educators’ assumptions surrounding parents’ caregiving abilities.

While the number of students who received breakfasts at home (and at school) was obscured in Stephanie’s narrative, the story characterized teachers as heroic figures for stepping in to provide children with a substantive meal. Yet, the story’s emphasis on preparation for the standardized tests implied that educators were not compelled to provide breakfast for the sake of learning alone. Students’ health, in this case, only
became actionable when their performance on state exams was consequential to the school district’s (and, therefore, teachers’) livelihood. The framing in Stephanie’s story suggested a limited role for educators to participate in school health interventions. At the same time, other individuals suggested educators could (and should) play more active roles to support health education efforts in the classroom. Monica argued that SHAC members viewed teachers as powerful agents for modeling healthy behaviors:

We work on staff wellness issues as well because modeling good health is a lot of it. You know, I remember when my daughter came home from school and could show me exactly how her fourth grade teacher put on her lipstick and she just - you know, kept doing that over and over and I just wondered if this woman ever realized what a model she was to this child. And all teachers are. . . And even in the school cafeteria, you know, if a teacher comes through the line and says, ew - you know, I don’t think I’m going to eat that. Every child in earshot is just going to take that authority’s opinion… And so they’re - teachers are very powerful in that.

How teachers and administrators embraced and resisted performing health promoting behaviors in the classroom is explained in a subsequent section of this chapter.

Finally, Stephanie’s narrative points to what students do (not) eat at home as a health risk. What is telling about the story’s plotline, however, is that the fourth grade teachers were not only dissatisfied with what children ate at home as preparation for the tests. The act of organizing a separate hot breakfast implied that the educators did not feel the school cafeteria’s free breakfasts would be sufficient for children to perform well on
the exams. I found the implication to be significant, because the SHAC members’ and stakeholders’ discourse to that point had primarily emphasized how deficits at home posed health risks to children. The story offered one of the first glimpses of how practices within the school could also influence the quality of students’ health. I discuss the SHAC members’ and stakeholders’ conversations about the nutritional quality of meals served in the district’s cafeterias in more detail later in this chapter.

Children’s Agency for Health

The final discursive move SHAC members and stakeholders made to justify how health was positioned within the school district involved how they articulated subject positions for children. Participants ascribed agency to children in inconsistent and sometimes contradictory ways. On one hand, children were described as having little control over their health or to make healthy choices. On the other hand, members and stakeholders positioned children as agents for empowering healthy lifestyle changes within the Deerfield community. First, several SHAC members argued that students were the committee’s primary stakeholder group because they lacked the resources to make decisions regarding their health. Participants emphasized how children’s ability to enact healthy behaviors is shaped by family life-scripts (see, for example, Bruss et al., 2005; Rimal & Flora, 1998). For instance, even though children may learn about what is ‘healthy’ for them to eat at school, their agency for eating healthy food is ultimately determined by what their parents or caregivers can afford or choose to buy. “You know, a kid can only to some degree be as healthy as their family is,” Rachel stated, “If their family’s health isn’t good, if nothing else the kid’s mental health isn’t going to be good…
because they’re going to be worried about mom and dad.” By connecting the quality of children’s health to the quality of their parents’ or caregivers’ health, SHAC members and stakeholder positioned students from a deficit-oriented perspective. Yet, the emphasis on children’s lack of agency within the discourse implies that parents and caregivers are to blame for the deficit(s). Christina, for example, argued, “Our adults have the means and the capability to do things that we need to do - for the most part. The students do not.” Interestingly, the positioning of parents’ and children’s subjectivities in the participants’ discourse fails to acknowledge that the enactment of healthy behaviors can be marked by relational challenges within a family. Lupton (1996) contended that conversations with children about (un)healthy eating practices, in particular, can be marked by conflict when they exert personal agency (e.g., when children refuse to eat their vegetables or other foods). Furthermore, she noted that public health discourses assume that parents or caregivers know how to negotiate the ever-changing and conflicting information that guides nutritional judgment.

In light of how children’s agency was discursively framed, I was surprised to hear SHAC members and stakeholders simultaneously argue that children could act as powerful change agents for educating their parents or caregivers about healthy behaviors. Even as members and stakeholders described the poor health conditions in the Deerfield community, they expressed hope that initiatives aimed at children would, in turn, influence their parents. Meredith stated, “We have to work somehow through the children to get to the parents and hope that someday, some of those seeds we’re trying to plant take root.” When I asked participants to describe how the vision of recruiting
children to act as change agents would work, they stressed initiatives that educated and motivated students to become excited about health messages, such as the Walk-to-School events. Molly emphasized the importance of starting the messages from an early age: “Well if the kids learn at school - they try to take it home. The younger you hit it, the better it is. By the time they get [sic] high school, they’re gonna do what their parents are doing.” She also reminded me that younger children tend to be “more excited” about what they learn in school as well as “more willing to share” the information with their parents. Although none of the SHAC members made explicit connections between students’ ages and the effectiveness of health initiatives, it is worth noting that nearly all of the initiatives planned during the years I observed the committee’s meetings were aimed at elementary school students. Finally, I found the SHAC members’ and stakeholders’ emphasis on children as change agents to be intriguing because the perspective highlights individual lifestyle choices, rather than the social determinants of health articulated in earlier narratives. It is unclear how parents or caregivers would respond to children’s messages, particularly if they lack the time or financial resources to enact the desired recommendations. Guttman and Ressler (2001) suggested that messages with a strong emphasis on individual responsibility can be problematic if they do not empower an individual to change their behavior or if it will have negative consequences because of a need to make choices between competing values.

By drawing upon other discursive resources and defining children’s subjectivities as both lacking and including power for health, SHAC members crafted two separate but inter-related exigencies for the committee’s work. First, the SHAC’s work offered a
means for redressing students’ health-related deficits at home, which empowered them to learn and be more effective in the classroom. Second, in the absence of immediate socioeconomic remedies to issues that impacted health conditions, the SHAC’s work represented a potential catalyst for sparking social change in Deerfield. Members explicitly linked children’s health to the community’s future. Randi asserted, “I think the school health committee needs to be taken very seriously because it’s the health of our kids that we’re talking about. And, if our kids aren’t healthy – our communities are never gonna be healthy.” I turn next to articulating the challenges and tensions that permeated SHAC members’ stories of how they enacted their mission.

“We Want All of Those Players on the Team:” Challenges and Paradoxes of SHAC Membership

During my observations of the SHAC’s meetings and interviews with members, the current membership composition was storied as both one of the committee’s primary strengths and a critical weakness. Abby, a graduate student at a nearby university and SHAC member, commented she was proud that each committee member had some sort of “shared investment” in the SHAC’s initiatives. “Everybody that comes there has some type of thing they want to do. I think that’s one major strength,” she explained. Abby and several other committee members described how they felt the SHAC included individuals who worked well together and were committed to improving health in the Deerfield community. However, most members also expressed concerns that there were currently more representatives from outside agencies than from stakeholder groups within the Deerfield school district. Stephanie, the district’s wellness coordinator, summed up the
issue, “I think it’s positive that we have the outside agencies involved, but - I would like
to see more people from the community and the school itself. Parents. Even students! Try
to get students involved here.”

Coupled together, Stephanie and Abby’s comments narrate how the SHAC’s
efforts to organize and recruit members from various stakeholder groups surfaced as a
point of tension for the committee. Despite telling stories that illustrated how the
committee had the “right” individuals for executing health initiatives, other narratives
from SHAC members and meeting conversations highlighted the desire to incorporate
more diverse stakeholder representation. I noticed that SHAC members’ stories were
steeped in health policy discourses, such as the Coordinated School Health (CSH) model
and the Child Nutrition and WIC Reauthorization Act of 2004 (CNRA), that suggested
how the committee’s membership should be composed. Yet, the members simultaneously
recounted the challenges of recruiting and sustaining a committee that reflected policy
recommendations. The organizational tensions that emerge from competing, or even
conflicting, goals and practices are not unique to the SHAC. Organizational
communication scholars have argued that tensions and paradoxes are natural and inherent
properties of collective action (see Czarniawska, 1997; Harter & Krone, 2001).

This section addresses the paradoxes and tensions that emerged from SHAC
members’ narratives as they reconciled their ideal vision of membership with the
committee’s practices of inclusion. First, I articulate the discursive influences on how
SHAC members described the committee’s ideal composition. Then, I discuss the
symbolic and material tensions that permeated SHAC members’ narratives about
recruiting and retaining members. I next explain how the SHAC’s organizational adaptations to the challenges created paradoxes of structure (Stohl & Cheney, 2001) for committee membership.

Discursive Influences on Ideal Membership

When asked to describe their ideal vision for the SHAC’s membership, several members of the SHAC referenced legislative and health policy discourses, such as the CSH model and CNRA, as guides for the committee’s composition. For instance, Rachel, a former AmeriCorps volunteer, proactively inserted the coordinated school health approach during our conversation about membership:

A: In an ideal world, how many individuals would you say would be on the team? What would the make-up [of members] be?

R: Well, looking at the coordinated school health approach, um, I’ll count while I think. A counselor, social worker, uh, nutrition, lunch, nurse, one administration, um… a teacher…parent and then a couple community agencies. So, I would say ten to fifteen.

Rachel’s comments articulated her desire to include stakeholders representing the CSH model’s various components, such as mental health and social services, family and community involvement, nutrition services, health services and a healthy and safe environment (CDC, 2010). As I reviewed CDC documents about the CSH model, I noticed that fostering partnerships, teamwork and communication between stakeholder groups with interests in children’s health is one of the framework’s primary goals (CDC, 2010). Rachel’s statements indicated she felt that the SHAC was an appropriate
organization for coordinating action among community partners and stakeholders.

Integration and teamwork were central components of Monica’s (the representative from the local health department) vision for the committee’s membership as well:

Ultimately, we would love for them to represent all those components of the school health model, the coordinated school health model…You know, mental health, physical education, administration, parents, community, nutrition…you know, ultimately, we want all of those players on the team.

Given that the CSH model emerged from the public health field, Rachel and Monica’s respective backgrounds as health educators offer one explanation for why the SHAC members’ visions of ideal committee membership was closely aligned with the model. Yet, SHAC members from other professional backgrounds also shared the desire to maintain a committee with broad representation from the school and Deerfield communities. Randi, who came from an agricultural background, described how she believed the committee ought to include “teachers, um, and then of course, usually the school nurse…Um, and then administrative staff, and um, then regular staff, and then parents.” Additionally, I heard Randi make recommendations for other committee members to add, such as a union representative, or other community organizations, during multiple SHAC meetings. Stephanie similarly described how she believed the SHAC should include “different disciplines within the school. So, that could be like the school psychologist, the social worker, the teachers, the parents, the administration.”

Though the CSH model was not specifically discussed during SHAC meetings, Stephanie narrated how she had been responsible for implementing it in the Deerfield school when
she was first hired by the Department of Job and Family Services. Other members
described how the CSH model had framed learning processes and goal-setting
opportunities when they attended Ohio’s annual school health conference.

Additionally, SHAC members drew upon language from the CNRA, the
legislation mandating school wellness policies, to argue for broad stakeholder
representation. The act specifically noted who should be included in school health policy
development, such as “parents, students, and representatives of the school food authority,
the school board, school administrators, and the public” (Child Nutrition and WIC
additional insight into why the act addressed specific stakeholders. First, lawmakers were
concerned with ensuring wellness committees followed democratic practices by
incorporating diverse voices, particularly from low-income parents and students:

It is especially important in the development of school wellness policies to engage
low-income students and parents, community-based organizations working with
low-income people, and health providers serving low-income patients. They will
be able to bring into the process the particular problems, stresses and
opportunities involved in developing wellness policies that have maximum
positive impact for low-income children. (Food Research and Action Center,
2006, p. 10)

CNRA advocates further contended that incorporating stakeholders’ voices in wellness
policy development would ensure that the final policy would be supported by the school
community. Additionally, lawmakers observed that having a broad network of
stakeholders would empower wellness committees to communicate their activities and policies widely (Food Research and Action Center).

Although SHAC members did not specifically address the CNRA’s suggestions for the committee’s composition, the law was referenced as the committee’s “reason for being” during several meetings. One particular meeting exchange demonstrated how SHAC members used the legislation to narrate what the committee’s should look like:

*At the beginning of the August 2010 meeting, Stephanie addressed the committee:*

“I know this isn’t on the agenda, but I really think we need to take some time today to see what direction this group should go in. Having a school health committee is a federal requirement, but there are so few people who get involved from the school! I want to see people from the school district CARE about what the school health team does!”

*Several beats of silence followed. Looking around the room, I could tell that others were as stunned as I was by the level of emotion in Stephanie’s voice. I watched Monica and Randi exchange a brief look, their eyes wide in an unspoken moment of panic. Randi turned to Stephanie and cautiously said, “You know the reason we keep coming back is because we’re passionate about being here! I mean that’s why we do it!” Sighing heavily, Stephanie said, “I know you are. I – I just wish the district would be more involved.”

“Maybe it’s time for another board presentation,” Monica said, “One way we could think about doing this is by focusing on the federal legislation that required us to have school health teams in the first place.” Stephanie began to respond,*
“That’s a good idea—” before being interrupted by Randi. “I didn’t think we HAD to have a school health team, just a policy in place.” she stressed. Monica paused for a moment, “You’re right. The wellness policy is mandated, but the legislation does recommend having a health team in place to monitor the policy on an annual basis.” Stephanie responded incredulously, “Annually? We haven’t reviewed it in years!” “That’s what I’m saying!” Monica replied, “This could be a good opportunity to get us back in front of the board.” (fieldnotes)

Despite the quibbles over what the law specifically mandated, this exchange demonstrated how members drew upon the CNRA as a resource for defining the committee’s vision (e.g., through arguing for increased membership from the school district). Additionally, the anecdote demonstrated how members used the legislative discourse to rationalize other organizational processes, such as determining when to review the wellness policy or to justify the group’s actions to stakeholders. Stephanie’s comments hinted towards broader symbolic and material issues for recruiting members from within the school district. I address these tensions in the next section.

**Symbolic and Material Tensions for Membership**

Though SHAC members’ stories expressed the desire to include a diverse range of stakeholders on the committee, their narratives also highlighted the symbolic and material challenges for achieving this vision. Immediately after suggesting that the SHAC’s representatives should reflect the CSH model, Monica commented, “That’s not always the way it is. And that’s not always the way it is in any of the school health teams.” My conversations with the SHAC members indicated that they were satisfied
with the number of external partner agencies who were represented, but had difficulty recruiting and sustaining school district staff and parental involvement in the committee. This section articulates some of the specific symbolic and material concerns that emerged in SHAC stories about membership.

Recruitment.

Despite annual recruitment efforts (which will be addressed in more detail later in this section), members expressed frustration at a perceived lack of interest from specific stakeholder groups. One conversation that I observed between Stephanie and Monica during the October 2009 meeting highlighted how SHAC members experienced difficulties in recruiting teachers to join the committee:

*During a lull in the conversation, Monica turned to Stephanie and asked in a low voice, “Hey - do you know if Julie (an elementary school teacher) is going to be around this year?” Stephanie frowned, “Well - she hasn’t been to any of the meetings this year. But, she did offer to help with the Walk-to-School Day. “Hmm...,” Monica paused, appearing lost in thought for a moment. “Have you ever thought about inviting one of the gym teachers to be on the committee?” Stephanie laughed wryly, “I’ve asked Mr. Jenkins from the high school about a hundred times! But...,” she hesitated, “He always says no.”*(fieldnotes)

Stephanie and Monica’s conversation, along with other SHAC members’ narratives, often attributed the challenges of recruiting school staff to join the committee to a lack of time and interest. Teachers and administrators similarly cited time and the need to balance other work/life responsibilities as primary reasons for not participating in
the committee. The lack of time was often attributed to the school district’s size and the need for staff members to perform multiple functions. “Welcome to a small school,” Christina, a middle school teacher, said. She described how she and her fellow staff members frequently wore “many hats” to help stretch the district’s limited resources. She explained that during her fifteen years teaching in the Deerfield school district, she had simultaneously served as a cheerleading coach, a math coach, and a member of multiple administrative committees. Mark, the high school principal, reinforced Christina’s argument about the difficulties of balancing a commitment to the SHAC with other responsibilities:

It’s hard here. Uh, for example, here at the high school, I’ve got 18 teachers.

Now, you’ve got some other people that could be involved. Um, but that means if you’re the basketball coach, and a new dad, and taking classes for your master’s and, you know - Probably the last thing on your mind would be to join a group.

It became clear to me as I reviewed the demographic surveys that Mark and Christina were not alone in serving the district in several capacities. Each school staff member I interviewed indicated that she or he participated in at least two committees. Six individuals responded that they served three or more other committees or groups within the school district.

SHAC members said they had offered minimal financial incentives for some school staff participation in the past. Unfortunately, several members commented that the resources for providing incentives had dried up in recent years. Conversations during meetings indicated that efforts to find new funding sources had been unsuccessful. For
example, Stephanie announced during the September 2009 meeting that she had e-mailed the superintendent to see if teachers could receive overtime pay for SHAC activities. “She told me that there wasn’t money for overtime, but they could be paid for time between 2:30 and 3:30 p.m. if the committee can meet then,” she explained, “And I said, that’s ridiculous. There’s just no way that time-frame will work. The elementary school isn’t even out until 3:15!” Comments from Stephanie and other SHAC members demonstrated that they believed financial incentives would provide an added bonus for staff members who were interested in health issues, but perceived themselves as being too busy to join the committee. Rachel highlighted an additional structural issue by pointing out that SHAC was not recognized in the same way as other district committees:

Staff has to serve on like one or two committees, and you know, it’s part of their job description…I don’t know if they get paid or not, but it counts. You know? It counts. And SHAC was never considered one of those committees. Um - and I know they sort of wanted to. And I feel like if they would’ve, it would’ve brought a respect level to SHAC… I don't know if there’s that staff respect level as [with] other committees.

Stephanie and Rachel’s comments demonstrate the SHAC’s lack of structural support and financial resources for providing school staff members with incentives to prioritize participation on the committee. Despite the difficulties, SHAC members continued to express a desire to find ways to attract stakeholders from the school.

In addition, SHAC members frequently discussed the challenges of recruiting parents to serve on the committee. Several individuals’ stories about parental
involvement referenced broader contextual challenges, such as poverty levels and other
issues facing the Deerfield community. For instance, Randi said:

   It’s hard to get parents involved in anything in Deerfield… There could be the
issues of a lot of families have two jobs, and - single parents - and, drugs are a
huge issue…there’s a huge addiction to drugs, so a lot of parents are not getting
up ‘til one o’clock in the afternoon or whatever. Um, transportation is a big issue.
Poverty - it's - it's just a huge - All these kinds of issues are huge in Deerfield,
more so than a lot of other population centers in the county.

Randi’s statement demonstrated the narrative linkages (e.g., quality of health, substance
abuse, socioeconomic issues) that SHAC members developed to explain the lack of
parental involvement in the school district. SHAC members and school staff frequently
drew on the linkages to explain why the school district’s challenges for soliciting and
sustaining parent involvement in general. “Often, one-on-one individual family
relationships are a bit more - actually, are a lot more difficult to cultivate,” Meredith, the
middle school principal, stressed. I explain the perceptions and assumptions that framed
educators’ perceptions of parents in more detail later in this chapter.

One additional complication was a perceived lack of awareness about the SHAC
among parents. When I asked Stephanie how she thought parents perceived the SHAC’s
work, she replied, “I- I really don’t know whether parents associate what goes on - the
activities that we’ve done as being a committee. I just don’t think they’ve made that
connection. It’s just part of the school. That’s how I see it.” Stephanie’s observation was
supported by what I heard from Molly, the lone Deerfield parent that I was able to
interview. When I asked Molly whether she was familiar with the SHAC, she responded with a sharp “No!” A little stunned by her quick response, I replied, “No? Okay…” and began making notes on the list of interview questions. As my voice trailed off, Molly replied in a softer tone, “Hadn’t even heard of it until they said you’s [sic] coming to the PAC [Parent Advisory Committee] meeting.” Together, Stephanie and Molly’s comments crystallized one of the central challenges for the SHAC: How can the committee attract parent as members when this stakeholder group tends to attribute health initiatives broadly to “school” in general (as opposed to the SHAC), and may (potentially) have a less than ideal relationship with the district?

Most of the SHAC members’ stories attributed little agency or desire for involvement to parents. However, other anecdotes hinted that parents could provide very powerful voices for promoting health-related change in the district. When the committee discussed extending the sidewalk near the elementary and middle school students in March 2009, I was surprised to hear a few members bring up how important parents could be in helping to resolve infrastructure issues, including a lack of signage and contested land rights. As the conversation progressed, Julie suggested conspiratorially, “Can you imagine how fast we could get this done if we got a parent or two upset about this?” Similarly, my conversation with Stephanie demonstrated that some parents had been influential in expanding the district’s busing routes because of safety concerns. “We would probably get into some confrontation and discord if we tried to reduce the number of bus stops that we have… I would really like to see that happen,” she commented, “But, I think there would be some issues there - Um, because it involves - back to, I want to be
able to see my kid get on the bus.” In spite of the SHAC members’ recognition of the challenges for attracting parents, their comments illustrated why it was desirable to continue recruiting them to serve on the committee.

*Sustaining member involvement.*

Another key concern that several SHAC members raised was the difficulty of sustaining members from particular stakeholder groups over time. For instance, Stephanie explained that teachers had been involved in the Deerfield SHAC when the committee was first established but school staff participation had waned. “The membership has changed in that there aren’t as many school - actual school employees on the committee as there are outside agencies that are interested in what is going on in the school,” she observed. Carolyn (the school district’s social worker) similarly noted, “I think we might have had more teacher involvement initially. It seems like that’s kind of dropped off recently.” After hearing Stephanie and Carolyn’s comments, I reviewed my fieldnotes to determine how meeting attendance had shifted during my tenure with the SHAC. During the first few meetings I observed in 2009, there were nine participants who attended on a regular basis. Of those participants, three individuals were school district staff members (e.g., a teacher, the school district wellness coordinator, a mental health professionals). Several AmeriCorps volunteers who were assigned to work with the Deerfield school district also attended the meetings. Five individuals (including myself) represented outside community agencies. As I continued observing the SHAC’s meetings, I noticed that two staff members began attending the meetings more infrequently during the 2009-2010 school year and did not attend SHAC gatherings in the fall of 2010. Additionally,
the AmeriCorps volunteers were present for most of the meetings that I attended in the winter and spring of 2009. Their attendance also waned during the 2009-2010 school year. Several staff members (including an administrator, the cafeteria services director and an after-school activities coordinator) attended one meeting to address a specific issue but did not return in subsequent months. I observed how more recent meetings have drawn increasingly fewer attendees. In October 2010, I was surprised to see only five participants: Stephanie, Randi, a new school staff member, an AmeriCorps volunteer from the health department, and myself.

The SHAC’s narratives about sustaining members echoed the challenges about recruitment. Members cited a lack of time and other work/life commitments as the reasons why they (or others had) had either terminated or scaled back on their involvement with the committee. For instance, Rachel and Carolyn were pregnant during the 2008-2009 and 2009-2010 school years, respectively. Although both women had been fixtures at the SHAC meetings prior to and during their pregnancies, their attendance dropped off after having children. In addition to wanting to spend more time with her child, Rachel discussed how her job with a community agency had changed, shifting her core responsibilities away from working in Deerfield. “So I was… the tobacco prevention programs coordinator before this job,” she explained. She described how she had attended the SHAC meetings to “talk about tobacco and see how their policies got going.” Despite the change in her work, she explained that she tried to attend SHAC meetings when she could to “know what’s going on with the schools.” Additionally, SHAC members reported internal issues (e.g., interest level in issues being addressed)
that influenced the extent to which they participated in the committee. Carolyn discussed how the committee’s lack of strategic planning in recent years had contributed to her feeling less engaged in the SHAC’s work:

Something else that I think was really helpful was when we were able to go to the school health conferences. I don’t think we were able to go last year because of funding, but, um, when we do go to those, it’s a boost of energizing, like - We’re ready to work, and we’re able to work on a plan, and - and that time’s totally devoted to the school health team and nothing else. So, that’s - I think last year, I just didn’t feel as invested. And, I - because we didn’t go to the conference, and I was like, okay, I’ll go to the meetings, but I didn’t feel like there was as much vision.

Carolyn’s story emphasized shifting interests in the SHAC based on the committee’s practices. Other individuals cited the need to prioritize other commitments as reasons for disengaging with the SHAC. Though Christina, a middle school teacher, had been a member of the original iteration of the SHAC, she explained that she had ended her commitment to the group in recent years. “I just kind of – some things, I had to let go of,” she described, citing concern about other district responsibilities. Sustaining existing members’ participation in the SHAC thus appeared to be a function of responding to external changes (e.g., changing work or life responsibilities) while maintaining interest in the committee’s activities.

As I teased out the diverse symbolic and material challenges faced by the SHAC as members attempted to develop a committee that followed the CSH model, I found
myself wondering why this approach was so important to them. When the majority of SHAC members reported that they had a good group (albeit one composed mainly of community partners), why did Stephanie repeatedly mention during meetings and our interview that she wished more school faculty members and administrators would join the committee? Given the issues the SHAC faced in bringing stakeholder groups to the table, why did committee members want, as Monica had put it, “all of those players on the team?” Rachel offered the strongest answer to my questions when she told me that she felt the SHAC’s membership was “out of balance.” Though she liked the individuals on the committee, she felt the SHAC’s work was being driven too heavily by stakeholders from outside the school district or the Deerfield community. She stressed, “You know you need those inside stakeholders because it needs to be a ‘within’ - with the outsiders saying, okay, we’ll help you with your ‘within’ ideas.” In other words, Rachel and others continued trying to recruit school staff members and parents because SHAC members wanted the internal stakeholder groups to take greater ownership of the processes of identifying and addressing health needs in the Deerfield School District. During my observations and interviews with committee members, I noticed that the SHAC’s practices appeared to be strategically flexible in order to address membership challenges. In the next section, I articulate how the committee’s structural adaptations for recruiting and retaining members created additional paradoxes and tensions.

Paradoxes of Membership Practices

Stohl and Cheney (2001) argued that tensions and, more specifically, paradoxes naturally emerge from participatory or democratic practices within organizations. Like
Harter and Krone (2001), and Tracy (2004), Stohl and Cheney contended that the existence of paradoxes or contradictions is not necessarily problematic or a sign of organizational failure. Rather, they defined paradox as inherent within organizing processes when “pragmatic or interaction-based situations in which, in pursuit of one goal, the pursuit of another competing goal enters the situation (often without intention) so as to undermine the first pursuit” (p. 354). Based on their studies of workplace democracy initiatives, Stohl and Cheney identified four dimensions where paradoxes emerge in organizational processes: Structure, agency, identity, and power (p. 360). Multiple elements of Stohl and Cheney’s paradoxes align with the committee’s practices (e.g., the architecture for participation; adaptation to outside forces; (in)formalization of structures). Studies by Howell, Brock, and Hauser (2003), and Koschmann and Laster (2011) have indicated that voluntary organizations, like the SHAC, experience similar tensions and contradictions surrounding membership processes and stakeholder representation. As I studied the SHAC’s recruitment practices, membership pathways, and meeting processes, several paradoxes of structure emerged. Stohl and Cheney observed participation is both a “perceptual and political matter” that can be influenced by structures that support or suppress particular contributions (p. 359). This section articulates the paradoxes of inclusion/exclusion that I noticed as the SHAC members sought to recruit particular groups (and not others) to support its vision for ideal stakeholder representation. Specifically, I address the tensions SHAC members expressed in their desire to develop a representative model while ensuring the committee is composed of members who allow the committee to get its work done efficiently.
Additionally, I explore how the SHAC’s practices for sustaining membership created paradoxes of consistency/flexibility.

*Recruitment and paradoxes of inclusion/exclusion.*

Stohl and Cheney (2001) argued that organizational paradoxes emerge from multiple issues, tensions, and goals. For instance, they noted how workplace participation programs are often designed in ways that exclude voices the system is intended to empower (such as discounting lower-level employees from decision-making processes). Additionally, Stohl and Cheney observed that as organizations adapt to contextual challenges, paradoxes emerge between “the desire to have the program survive and the maintenance of foundational principles” (p. 363). As I heard stories about how the committee members sought to adapt to the challenges described in the previous section, I noticed additional tensions between organizational goals and paradoxes embedded within the SHAC’s practices. Despite the members’ expressed desire to incorporate a diverse range of stakeholders, I repeatedly heard it was equally important for the SHAC to have the “right” kinds of committee members to effectively develop health initiatives and policies. I observed how the tensions between conflicting membership and work goals are manifested in the SHAC’s recruitment practices as *paradoxes of inclusion/exclusion.* Lange (2003) argued that organizational processes for identifying stakeholders can create paradoxes, particularly when “it is impossible but necessary to have all stakeholders present or represented” (p. 218). Although SHAC members articulated goals of *including* all interested stakeholders, only some specific stakeholder groups were actively recruited
to participate in the SHAC’s meetings or activities. Other stakeholder groups were largely excluded from the committee’s recruitment practices.

Conflicting membership/work goals.

Stories from SHAC members demonstrated how tensions emerged from conflicting, and sometimes contradictory, organizational goals. The committee members’ goals for ideal membership (e.g., the stakeholder-based model described earlier) were positioned in some narratives as secondary to important work goals (e.g., developing health policy and initiatives). Although SHAC members argued that incorporating a diverse range of stakeholders was important, they also stressed the importance of cultivating members who were dedicated to the committee’s mission and work. Being a stakeholder was described as important, but not the only characteristic that a potential new recruit should possess. For instance, Monica (the representative from the local health department) stressed how potential SHAC members needed to be passionate about the committee’s work:

You know, it’s involved to be a part of the team. We’re working on things. It’s not an advisory council really. It’s called a school health advisory council. No, it should be ‘school health work group.’ [chuckles] I mean, because we really do stuff. And um, so maybe that’s part of it too. You know, there’s something involved here…if they’re coming to do something, then they come with the right heart about it.

Monica’s comments suggested that having the “right heart” about joining the committee was defined in terms of a potential member’s commitment to becoming involved in the
committee’s work. Later in our conversation, she described how a shared passion for helping others had sustained members’ level of commitment to the SHAC over time:

These are our profiles. Public health educator - what do I care about? All the things that the school health team cares about. The school nurse, the food people, we’re all there because we have a passion for the same things… So that’s what it’s all about. That’s all there is, is this really sincere desire to make a difference and to make things better for kids. I think that’s why they’re still there.

Other SHAC members highlighted different characteristics they wanted to see in potential recruits. Though she described feeling strongly about including students on the SHAC, Rachel, a former AmeriCorps volunteer, commented, “I think it could happen but it’s - trying to find that right student and trying to make it fit with what the student can and can’t do.” Rachel’s statement demonstrated that she valued the idea of having student representation, as long as students had the “right” capabilities for working with the committee. However, she did not clearly define what the “right” or “desired” capabilities for potential students were during our conversation. In sharp contrast, Randi (who represented a local agricultural non-profit organization) offered more concrete definitions for what characteristics she wanted to see in new members. First, she explained that SHAC needed to be prepared to focus on a diverse range of health issues, not just their own interests. “Don’t assume that your idea of just food is the most important,” she said, “It’s just this huge - huge list of things that the health team has to deal with.” Despite her words of caution, Randi was quick to explain how she felt the SHAC was still the appropriate organization for individuals to work with if they were concerned about a
health issue. She noted, “It’s definitely a very, very large picture and so, you have to realize how to fit into that picture and try not to go in to change the system, but to work within it.” Embedded within Randi’s comment is an additional criterion for how potential members should behave within the committee. She recommended that new members should seek to “fit into” the SHAC and its existing priorities, rather than trying to change “the system,” or what the committee has in place.

Seeking vs. being sought: SHAC’s recruitment practices.

SHAC members discursively negotiated the tensions between simply recruiting stakeholders and attracting the stakeholders with the aforementioned characteristics in narratives about the committee’s recruiting practices. I particularly noticed how SHAC members discussed the ways the committee used practices for seeking potential recruits while simultaneously being sought by individuals who were interested in health issues. For example, I was surprised to learn from Stephanie (the district’s wellness coordinator) that there was no formal process for joining the SHAC. When I asked how people ought to get involved in the committee, she simply replied, “Come to the meetings!” Other SHAC members similarly noted that anyone with an interest in health or wellness-related issues within the Deefield community would be welcome. Randi speculated that this was the case for most school wellness committees, recommending that interested individuals should “just call up, talk to them, ask ‘em who’s in charge of the wellness committee and when do they meet, and attend. You know, I don’t think there’s [sic] any requirements for being a member.”
When the committee did seek new members, they described how it typically occurred via e-mail or word-of-mouth solicitation from SHAC members. Stephanie noted on multiple occasions that she sends an e-mail to the entire Deerfield schools staff at the beginning of each school year inviting them to attend the SHAC’s first meeting. Teachers and administrators similarly recalled seeing her annual e-mails when I interviewed them. A few of the school staff members told me that Stephanie had informally asked them to join the committee. Some individuals, such as Carolyn (the school social worker), Mark (the high school teacher) served as a physical education teacher), and Becky (a school staff member) commented that they had been invited specifically because of their roles in the district. Additionally, Stephanie commented that she had included information about joining the SHAC in a newsletter that was distributed to parents.

As I heard stories from members about their pathways to the SHAC, I noticed that a few stakeholders from within the school district (e.g., school staff members) reported being recruited by the committee. However, ‘external’ stakeholders (e.g., community members, representatives from local government or non-profit agencies, and AmeriCorps volunteers) reported that they either were assigned or had actively sought access to the SHAC. The SHAC typically included three or four AmeriCorps members who had been assigned to work with Stephanie, Monica, Randi or Carolyn for one year. Rachel, a former AmeriCorps volunteer who had assisted Stephanie when the committee was first established, explained that SHAC membership had been part of her official job functions. It was “mandatory as the AmeriCorps member to, you know, take minutes and things,” she described.
Several other individuals narrated how they had sought the SHAC as part of their role with a community organization or because they were interested in a specific health issue in the Deerfield area. Three stakeholders who had joined the SHAC in this manner described their story of finding the group as a somewhat serendipitous experience. Monica recalled how she had contacted Stephanie to ask if the Deerfield SHAC was attending the annual state-level School Health Conference. “They needed a certain number of team members. I represented a community agency and so I went along and had a ball!” she explained, “Those were the days when schools had to work really hard to find money in their district to go.” Randi similarly recounted how she had been connected to the Deerfield School District after talking with county-level education officials about her interests in starting a school-yard gardening project. She was directed to Karen, the Deerfield school district’s cafeteria services manager at that time. “As I got involved in the school, I realized that I needed to be involved in a standing committee. Not try and create my own committee,” she commented, “I got involved with the health team through Karen, who was also on the committee. And then on from there, I’ve just been on it for six and a half years now.” Abby, a graduate student at a nearby university, explained how she had contacted Monica when she was looking for an organization that could use leftover grant funding from her master’s thesis project on environmental health issues. Although she recalled how Monica had suggested a few options, Abby commented, “The one that I liked the best and felt that would work most feasibly with the amount of money I had was working with the Deerfield Local Schools.”
SHAC members did report that a few staff members and parents had joined or expressed interest in becoming part of the committee in order to address specific health concerns. Despite Randi’s caution about how individuals’ health priorities may not necessarily align with the SHAC’s priorities, a few anecdotes from Stephanie indicated that concerns brought to the committee were heard and given consideration. In one story, she recalled when one staff member had joined the committee:

I’m pretty sure how she came to be on there was because of the - when we were discussing the wellness policy and not allowing people to drink pop. It - it almost seemed like, um, she was appointed to go so we know what’s going on here… as a representative, which is fine. [pause] That’s fine. I didn’t mind that at all!
[laughs]

Although Stephanie felt the individual had joined the SHAC with a specific agenda (e.g., monitoring the wellness policy), her story demonstrated that she was comfortable with including diverse, and even potentially conflicting, interests on the committee. She continued by explaining how she felt the staff members’ presence had been valuable for the committee.

S: She has brought a lot of good ideas to the table, and she has been a key [pause] to get issues back to the teachers.

A: Yeah.

S: So, it has been a good thing.

A: Okay. Good.
S: We’re not just this group of people that sit up in an ivory tower and make the rules.

Stephanie’s final comment in this exchange about not being a “group of people that sit up in an ivory tower” appeared to reflect perceived concerns about whether (or how) the SHAC incorporated stakeholder perspectives as the committee developed health policies for the school district. Yet, both she and other SHAC members described how sometimes individuals who were interested in health issues were not willing to meet with the committee. During a conversation about the lack of participation from teachers, Monica commented, “Even the ones that I know care very deeply about kids and health, they don’t come to the school health team meetings. Likewise, Stephanie recounted how she had been contacted by parents who “had their own agenda of what they wanted, which was not a bad agenda.” She explained that she had offered to work with the parents, and had sent them SHAC meeting minutes for about six months, but the individuals had never attended the meetings. “After about six months, I stop sending them,” Stephanie stated, “Cause I figure if they haven’t come, then . . . they’re not all that interested.

Stephanie’s anecdotes reinforced the SHAC members’ vision of having diverse representation, or at least empowering stakeholders with specific health concerns to be heard. But I was surprised that incorporating voices, particularly those from ‘external’ stakeholders or individuals who were concerned about particular issues, was done in a reactive (e.g., being sought) rather than a proactive (e.g., seeking) manner. If the SHAC members were truly committed to incorporating a range of stakeholder perspectives, I wondered why the committee did not conduct a more active recruitment process. It was
clear from conversations with members that they felt the committee should be doing more to draw new members. During my interview with Stephanie, she referred to recruiting as “a huge area that we really need to work on.” Yet, I rarely saw committee members discussing action steps for addressing the issue. Monica offered one explanation for the current state of the committee’s recruiting practices:

> Are we actively recruiting? I think we’re at a place where we’re just kinda [sic] comfortable where we are - and forget about that. We need to keep recruiting people. We need to keep, um, educating people about what’s going on, on the team. So that, you know, it becomes a group that’s known for making those changes.

Monica’s comments suggested that because the committee members are comfortable working together on health initiatives, recruiting a more balanced mix of internal/external stakeholders may be perceived as less important than the SHAC’s work goals. It is plausible that as SHAC members reach a level of familiarity in working together that they would stop looking for new members (whose perspectives may disrupt the committee’s existing relationships). It is also possible committee members felt that focusing on recruiting could reduce the SHAC’s already limited resources for working on health-related activities.

However, Monica’s statement concluded by recognizing the importance of the SHAC’s stakeholder model and recommended that the committee continue working on the recruitment issue. Her words illustrate a paradox of commitment (Stohl & Cheney, 2001) for the committee: The SHAC members have espoused two goals as being central
to their organization (e.g., collaborating to develop and implement health initiatives and policies; achieving a stakeholder model of representation) that are perceived as beginning to conflict with each when the committee puts its recruiting efforts into practice. Stohl and Cheney noted that an ironic consequence of commitment paradoxes within participatory organizations (such as the SHAC) was how discursive structures meant to resolve the conflict often ended up excluding voices, rather than including them. Using a “being sought” approach as the committee’s primary recruiting practice empowers SHAC members to negotiate work/membership goal conflicts. Yet, the SHAC’s practices privilege the voices of individuals who know that the committee exists, are comfortable with engaging the school setting, and are able to attend the committee’s meetings. Given Molly’s (a parent) comments about parents’ lack of awareness of the SHAC, it is unclear whether individuals would know that the committee’s meetings are an appropriate organization for raising health concerns, much less seek membership. My conversation with Monica reinforced concerns about how parents learned about the SHAC, particularly when she stated, “If I were [sic] a parent, I wouldn’t really know that there was a school health team, probably, if I just moved in.” Requiring potential recruits to seek the SHAC could also unintentionally exclude individuals who have uneasy relationships with the school district, which was often described as a challenge for recruiting parents.

Few formal options were discussed for individuals who were unable to attend the SHAC’s meetings to voice their concerns about health as well. Nevertheless, it seemed that some parents, community members and school staff members had found informal avenues to engage the SHAC. Several SHAC members mentioned that one way they
learned about health issues that were important to stakeholders was through informal feedback that was shared with Stephanie, the district’s wellness coordinator. Though individuals may have chosen not to participate in the committee’s activities, several anecdotes suggested how many community members sought out Stephanie to discuss health-related problems or issues in the school district. After the SHAC helped develop and implement a tobacco-free campus policy, Stephanie recalled, “For the longest time, I was the tobacco police, and people would tell me, you know, oh - they’re still smoking at the games! And then I would have to go look and, yeah, and see what was going on.” Stephanie also described other examples about how teachers had approached her with concerns about the nutritional quality of what was served in the schools’ cafeterias, or safety issues on school grounds. The informal communication occurring between the SHAC and its stakeholder groups offers additional insight into why the committee is not more actively recruiting participants. If the members feel they are receiving enough information about a particular groups’ health concerns, representation at the committee’s meetings may seem like less of a necessity because there are other avenues for stakeholders to make their voices heard.

Even when the SHAC does seek new members, I noticed that the recruitment practices members described using privileged the voices of administrators, teachers, and other school staff members. During the September 2009 SHAC meeting, Stephanie announced that she had sent an e-mail to the Deerfield district’s staff to solicit volunteers. “I guess we’ll just wait and see who is willing to join us!” she commented. When I asked if similar e-mails were sent to parents, Monica replied, “I don’t think there are e-mails.”
She paused for a moment before continuing, “I’m pretty sure she [Stephanie] has requested help . . . like through the newsletter that goes home. But I know that she sends out more consistently, kind of a message from the school health team”

Based on Monica’s remarks, I scanned issues of the SHAC newsletters that were published during the 2008-2009 and 2009-2010 school years. Although the newsletters included content about health-related issues for the Deerfield community (e.g., immunizations, bed bugs, heart disease and free dental exams), I was not able to identify any recruitment messages in the articles that were published.

I scanned the Deerfield school district’s web site to explore whether previous newsletter editions were available online. Moreover, I was surprised to discover very little information about the SHAC existed online. Stephanie’s wellness page did include a brief message to parents requesting volunteers for the school health committee. If parents were “interested in the climate of health” at their child’s school, the message encouraged them to call Stephanie. Although her online message “actively sought” parents to join the SHAC, I found that the information still required “seeking” from interested individuals. SHAC members had not “pushed out” the recruitment message to parents the way Stephanie had directly e-mailed school staff members to solicit participation.

Furthermore, where the recruitment message was placed on the school district’s web site required complicated navigation. The SHAC had no presence on the district’s home page. Finding Stephanie’s wellness page required locating her name from a list of school staff members that was several clicks away from the home page. Then, parents would have to scroll down to nearly the bottom of her page to discover the recruitment message.
Even though it did not appear parents were being recruited as actively as school staff members, there were at least some messages that encouraged them to join the SHAC. However, as I learned about the SHAC’s recruiting practices, I noticed that one stakeholder group was missing entirely from the conversations: Students. Despite being identified as the primary audience served by the SHAC, students had not been mentioned during any of the discussions about recruitment efforts. Several SHAC members had stated that they wanted to see parents and students represented on the committee. If that was truly the case, why were both stakeholder groups being (implicitly or explicitly) excluded from the committee’s recruiting practices? I struggled to make sense of this tension. Because I liked and had enjoyed working with the SHAC members, I felt uncomfortable speculating about how or why the committee would be excluding particular stakeholder groups. Yet, I considered whether the SHAC members preferred school staff members due to perceptions of power, resources or legitimacy that these stakeholder groups could bring to the committee. I thought about how perceptions of parents as being from a lower social class (which is described in more detail in a subsequent theme) could result in stakeholder representation from this group as being viewed as a desirable, but unnecessary or perhaps even unqualified to assist in the SHAC’s work. If parents were perceived as having little agency for assisting the SHAC, it was likely the committee members would reduce the utility of including students’ perspectives even further. As Greene and Hill (2005) noted, “Children in most societies are valued for their potential for what they will grow up to be but are devalued in terms of their present perspectives and experiences” (p. 3).
The more I reflected on my observations and conversations with SHAC members, the more difficult it became to draw easy conclusions about why certain voices were included or excluded from the committee. For instance, Randi commented that “most people are really excited” about the possibility of including parents and students represented on the SHAC. But she simultaneously acknowledged how both stakeholder groups “are the two hardest groups, I think, to get” to the SHAC’s meetings. Her statement primed me to begin thinking about how the SHAC’s recruitment processes had developed in response to the dynamic and complex issues for membership described in the previous section. I wondered if it was possible that the SHAC members’ efforts to overcome contextual challenges for developing a stakeholder-based model had actually created a paradox of adaptation, where organizations “violate principles of the participatory process to ensure the survival or maintenance of the participatory system” (Stohl & Cheney, 2001, p. 363). More evidence of how adaptations potentially excluded particular stakeholder groups emerged as SHAC members narrated the rationales for their meeting practices.

Adapting meeting times, including/excluding stakeholders.

The narratives about when SHAC members met for their monthly meetings provided a vivid illustration of how committee members had adapted their organizational practices to the contextual issues influencing recruitment efforts. Unfortunately, the stories also demonstrated how shifting the committee’s meeting times to attract some stakeholder groups actually hindered participation from others. When I conducted my observations of the SHAC meetings, the committee gathered at 3:15 p.m., typically on
either a Monday or a Tuesday, once a month. The meeting’s start time coincided with the elementary school’s final bell, which meant that all of the district’s teachers and administrators would be finished with classes (the middle and high schools were dismissed earlier in the afternoon). I overheard several conversations during the gatherings that mentioned how members had “played around” with the SHAC’s meeting time, trying different times or days of the week, in order to determine what would be most convenient for existing and potential new members. During the discussions, several SHAC members expressed feeling that the current meeting schedule was ideal, particularly for school staff members who were interested in joining the committee. By scheduling meetings right after school, committee members said it would be convenient for teachers, administrators, and staff members to participate before they left for the day. Some committee members acknowledged that school staff members may find other times difficult to accommodate, particularly in the evenings. “They have families,” Monica commented, “You know, the school bell rings and you have a choice to go home and start the family routine - or stay at school . . . that’s a hard bargain.” Although the subject was not specifically discussed, narratives and discourse from the SHAC implied that many members felt the meeting times would also be convenient for parents. For instance, Stephanie’s online recruitment message to parents included language about how the committee met “one day a month right after school.” By stressing how the committee met at the end of the school day, the SHAC members may be trying to attract parents at a time when they are already on campus to pick up their children. Carolyn hinted at a similar assumption during one meeting by suggesting that it would be more effective to combine
a meeting about the sidewalk issue with an existing parent event at school (e.g., parent-teacher conferences, or a math workshop) than it would be to plan a separate gathering.

The dominant assumption about the convenience of the SHAC’s meeting times went unchallenged until I interviewed Abby. Wondering aloud about why it was difficult for the SHAC to recruit parents, she suddenly asked, “Maybe it’s the time that is off?” We both paused, pondering her statement for a moment before she continued, “I mean, 3:15 is convenient for a lot of people, but not for parents.” The more I thought about her question, the more reasonable it seemed to me. I had heard SHAC members comment on how Deerfield parents often worked multiple jobs to make ends meet. I reflected on the Deerfield elementary and middle school parent teacher organization meetings that I had attended in order to recruit interview volunteers. Both of the parent-teacher committees held their meetings in the evenings, and were successful in attracting groups of committed parents. The leaders commented that they tried to avoid scheduling meetings during district sporting events, such as football or basketball games, and kept the agendas to an hour (or less) in length. Both committees also offered free child-care services to make it easier for parents to attend the meetings. It seemed like a model that might be useful for the SHAC to follow. But, Abby’s next comment demonstrated how shifting the meeting times could result in another paradox of inclusion/exclusion for the SHAC:

Finding out what times would be good for parent involvement might eliminate people like Carolyn [who lived approximately 25 miles from the school district] from going to meetings. She’s not going to drive back out at seven o’clock to
Deerfield for a meeting. Randi and Monica probably won’t drive out either because [pause] they both also live relatively far away.

*I was surprised by Abby’s perception that an alternative meeting time would likely exclude other potential members. As I reflected back on my fieldnotes, I noticed that SHAC members had not questioned or considered the possibility of changing the meeting times to incorporate more (or different) participants. Had they discussed what meeting times best accommodated most members’ schedules in the past? Or, did the assumptions about meeting times reflect SHAC members’ trained incapacities (Burke, 1954/1984), conceptual blind spots that prevented them from seeing alternative possibilities?*

Abby’s statement illustrated a critical tension for the SHAC members as they strive to enact a stakeholder mode that is not easily resolved: Adapting the meeting times to be more inclusive of particular stakeholder groups could simultaneously function to exclude or reduce participation from other stakeholder groups. Holding the SHAC’s monthly meetings right after school may be useful for accommodating district staff, but may be problematic for attracting parents. Yet, adjusting the meeting times to include parents could result in less representation from school staff members.

It is important to note that the SHAC’s current meeting times privilege the inclusion of staff members. Over the course of my observations, I noticed scheduling adjustments that excluded other stakeholder groups as well. For example, the SHAC’s monthly meetings were typically scheduled for Tuesdays during the 2008-2009 school year. When the committee began gathering during the 2009-2010 school year, Stephanie began to schedule meetings for Monday afternoons. Given the flexibility of my graduate
student schedule, it was easy for me to accommodate the change. I did not think about how shifting the SHAC’s meetings might affect others until my interview with Abby. She explained the impact of the new date on the AmeriCorps volunteers’ ability to continue participating in the SHAC’s activities:

I think that my first year there, there was a lot more Americorps volunteer influence. The second year, the meetings moved to Mondays, and that conflicted with a lot of the AmeriCorps meetings - And so - [pause] And I think that’s unfortunate. Because, while the Americorps are not core members, I think [pause] - It’s an important part of - of the service to the community to see the outside parent influence.

As I reflected on Abby’s statement, I recalled how the AmeriCorps volunteers (whose jobs were to assist several SHAC members) had been fixtures during the first year of SHAC meetings I attended. Though the volunteers were not always outspoken during the meetings, they had provided useful assistance for SHAC events and activities. Rachel explained that she had also assisted with developing the SHAC’s monthly agendas and recording meeting minutes during her tenure as Stephanie’s AmeriCorps assistant several years ago. Admittedly, I had noticed the absence of AmeriCorps volunteers during the SHAC’s 2009-2010 meetings. I attributed the change to annual turnover (as AmeriCorps members’ assignments typically last for one year) and variations in interests or responsibilities for the new set of volunteers.

I was surprised that SHAC members would not have accounted for the volunteers’ schedules as meeting times were adjusted. Yet, Abby’s comment that AmeriCorps
volunteers were not “core” members of the committee prompted questions about how positionality influenced the SHAC’s processes for negotiating membership paradoxes. Did the AmeriCorps volunteers’ status as both temporary and “outside” help make them appear less important or necessary within the SHAC’s desired stakeholder model? Why did only one committee member (Abby) identify the committee’s meeting times as being potentially exclusive for some stakeholder groups, while other members did not? As a former AmeriCorps volunteer herself, Abby may have been particularly sensitive to seeing the volunteers being excluded from the SHAC’s meetings. Two additional factors seemed relevant to her positionality: First, Abby was a graduate student at a nearby university who brought an “external” perspective on health issues to the SHAC. Many of the stakeholders who I had overheard talking about the SHAC’s meeting times as being convenient were school staff members who brought more “internal” perspectives on the Deerfield community. Additionally, SHAC members had recounted feeling as though school staff members and parents were underrepresented on the committee, particularly compared to the number of “external” stakeholders. Because AmeriCorps volunteers represented external interests, SHAC members may have viewed excluding them as acceptable if the new time allowed the committee to recruit more “internal” stakeholders.

Second, Abby had a much shorter tenure (two years) than other “external” stakeholders or community partners, such as Monica or Randi. It is possible that she has less institutional memory about how and why the SHAC’s meeting times have been adjusted over time, which is why she was concerned about this issue (and others were not). However, it is also possible that longer-tenured members of the SHAC have
developed shared orientations that guide the committee’s practices. Burke (1954/1984) defined orientations as accumulation of meanings that guide expectations, judgments and actions. He noted how orientations enabled individuals to see various “latitudes of possibilities” (p. 29). Yet, the lack of conversations about the SHAC’s meeting times could be the result of a trained incapacity: Because the members felt the meeting times accommodated their own schedules (and the stakeholder groups they represented), they may not view time as a factor that could influence participation and recruitment from other stakeholder groups. Parents are also not currently represented on the committee, making it more difficult for the SHAC to incorporate (much less accommodate) their voices on the SHAC’s meeting times. Given the SHAC members’ trained incapacities, it is not surprising that the committee tends to resolve the paradoxes of membership in ways that emphasize the inclusion of school staff members over other stakeholder groups.

*Sustaining members: Paradoxes of flexibility/consistency.*

Although my observations indicated that recruiting SHAC members was a challenge, it was not the only membership issue that created tensions and paradoxes for the committee. As I described in the first part of this section, I noticed that participation in the committee’s meetings decreased during the 2008-2009 and 2009-2010 school years. My observations of the SHAC’s practices indicated how the committee sought to sustain engagement through a loosely structured framework for membership. Howell et al. (2003) argued that flexible operating practices are particularly useful for voluntary organizations, such as the SHAC, because it allows groups to respond rapidly to contextual shifts, or to incorporate new resources or participants. By incorporating
flexibility into how the SHAC defined membership, established boundaries, and managed time during the meetings, the committee’s practices appeared to address members’ needs to balance their committee participation with other work/life commitments. At the same time, I heard SHAC members articulate tensions between the committee’s flexibility and a desired, yet somewhat paradoxical, goal for more consistent membership practices and participation.

One example of the SHAC’s loosely structured architecture for participating in the committee was the lack of a clear definition of what it meant to be a member. Randi had told me during our interview that there were no specific requirements for becoming a SHAC member. I had also noticed during my observations of the SHAC meetings that there were few requirements for existing members to meet as well. For instance, my own “initiation” into serving the committee had occurred when Stephanie asked me to help with content for the school newsletter in March 2009. After I shared my story of becoming a SHAC member with Rachel and Abby during our interviews, they commented on how my experiences had closely paralleled their own entrances into the committee. Rachel had smiled and commented, “That’s Stephanie for you! She’s always looking for warm bodies who are willing and able to help out!” When individuals did join the committee, they were asked to introduce themselves and explain which stakeholder group they represented (e.g., the district’s staff, particular community organizations) to the other members. After the introductions, it appeared as though the new recruits were expected to begin participating in the committee’s meeting conversations and activities without any other formal kinds of socialization or training processes.
Unlike other voluntary committees that I had previously been a part of, I noticed that neither I nor the other new members were asked to make a specific or defined commitment regarding the extent of my participation in the SHAC (e.g., such as the length of service time serve on the committee, how much meeting attendance is required during a given school year). What it meant to be a “member” remained ambiguous and unspoken throughout my observations as well. There were a few members (specifically, Stephanie, Monica, and Randi) who attended nearly all of the committee’s meetings and actively participated in the SHAC’s discussions. Other members, including the AmeriCorps volunteers, the school social worker, and a few teachers, attended the meetings on a more infrequent basis. For instance, Julie, an elementary school teacher, had been present for most of the meetings that I had attended during the 2008-2009 school year. She only participated in one meeting that I was present for during the following year. Her absence was sparked a great deal of speculation among committee members. At several SHAC meetings during the 2009-2010 and 2010-2011 school year, I heard multiple members ask Stephanie, “Where’s Julie?” “Do you know if Julie (an elementary school teacher) is going to be coming to the next meeting?” Or, “Is Julie still planning to participate this year?” However, I also learned that just because individuals participated less frequently in the committee’s meetings did not mean they no longer considered themselves to be SHAC members. Some of the school staff members, such as Carolyn and Becky, who had attended fewer meetings during the 2009-2010 and 2010-2011 school years, continued to describe themselves as committee members during our interviews. Eisenberg (2007) argued that organizations frequently use ambiguity
strategically. By purposefully leaving definitions of membership open to multiple interpretations, the SHAC was able to incorporate members flexibly when they were willing and available to participate in the group.

The ambiguous definitions of membership also demonstrated the permeability and flexibility of the SHAC’s organizational boundaries. Lammers and Krikorian (1997) described how when groups or organizations that are interdependent with their context (like the SHAC), boundaries are “continually negotiated and shifting” (p. 19). To identify the dynamics surrounding organizational borders, Lammers and Krikorian urged researchers to pay attention to issues of membership, time, space and activity. The flexibility of the SHAC’s boundaries was demonstrated in other committee practices surrounding membership and time. During my observations of the SHAC’s meetings, I saw the committee invite individuals to attend meetings in order to address specific issues. For instance, Kelly, the elementary school principal attended a meeting during the 2008-2009 school year and was actively involved in conversations about the walk-to-school day event and the annual school health conference. Similarly, Ellen, the newly hired cafeteria supervisor, attended a SHAC meeting in November 2010 to introduce herself to the committee and discuss nutritional concerns about school lunches. Although both women were actively engaged in the conversations during the meetings they attended, they did not return to participate in subsequent meetings. However, Kelly did volunteer to help with the SHAC’s walk-to-school day activities. She made it clear during our interview that it was not possible for her to attend the SHAC’s monthly meetings given her responsibilities as an administrator. But, she did express appreciation for and
the desire to provide occasional input into the committee’s activities. “I’m sorry to say that I don’t go to those meetings. Um, it’s just one thing I just…” Kelly paused briefly, “You know, you have to determine your time…But, I would be very willing to go… and, say, let’s give this some - some real thought.” As a part-time employee with job and other committee responsibilities, Ellen described that she could not commit to attending the SHAC’s meetings on a regular basis either. She explained, “You know, with fifteen hours a week, I don’t have the time to do a lot of what I like to - because of the time factors.”

Ellen and Kelly’s comments demonstrate how the SHAC’s flexible boundaries enabled individuals to step into the committee’s meetings at their convenience or to address specific discussion points. During my observations of the SHAC’s meetings, I noticed more evidence of how boundary and temporal flexibility sustained ongoing participation from the regular attendees as well. Randi, for instance, brought her two young children along to several meetings when she was unable to secure child care. The children typically sat at the table along with the SHAC members, quietly reading books, coloring pictures or eating snacks while the adults talked. Though the children’s presence at the meetings was rarely disruptive, I noted a few occasions where Randi’s youngest son crawled onto her lap and began loudly asking questions while she was trying to provide an update on the middle school’s gardening projects. At another meeting, her oldest daughter made faces at an AmeriCorps volunteer sitting across the table, causing the woman to giggle loudly during the middle of an intense conversation. Although committee members could have reacted negatively to the interruptions, I rarely saw Stephanie or other individuals comment about the children, other than to smile at them or
ask Randi questions about their ages or interests. It is likely that the committee members were willing to accommodate minor disruptions if the SHAC’s flexible practices enabled Randi to attend more meetings.

Additionally, I observed how the committee used temporal flexibility to maximize members’ participation in SHAC meetings despite their busy schedules. Although the committee typically met on a monthly basis, I noticed that Stephanie rarely hosted meetings during December or May when members were particularly busy with holiday or end-of-the-school-year responsibilities. Carolyn pointed out that even when the committee had set a meeting, members were able to renegotiate the timing if necessary. “We all e-mail back and forth to figure out what works. And, if it doesn’t work on a certain day, then, I’m like, ‘Hey I can’t come’, and then Stephanie will change the times,” she commented. During the 2009-2010 school year, I observed that multiple meetings were shifted or re-scheduled in order to accommodate members’ availability or to provide the committee with time to plan events, such as the walk-to-school day.

The temporal flexibility of the SHAC’s practices was also evident during the committee’s meetings. Committee members frequently arrived late to the meetings. Because the meetings began just after the elementary school’s final bell, I observed how some members attended to other responsibilities before joining the meeting. For example, as I arrived at the school for several meetings, I noticed Julie and Becky helping students onto the buses, and talking with parents, administrators, or the school’s office staff members. Some other SHAC members (including Monica and her AmeriCorps volunteer, and Abby) frequently attributed their late arrivals to the meeting to nearly 25-mile-long
drive from their workplace to the Deerfield school district. Interestingly, the SHAC members rarely commented on individuals’ tardiness. The only direct reference to members’ lateness that I overheard came from Stephanie during the March 2009 meeting, when several individuals arrived more than 15 minutes after the meeting had begun. Looking around the room at how few members were present, she had said in a light-hearted tone, “Well, maybe we should wait until we have a quorum present to begin!” Then, she turned to speak with an AmeriCorps volunteer about a project they were working on together.

In addition to arriving late, SHAC members often left the meetings early to attend to a variety of other work and personal responsibilities. Rachel, for example, left 10-15 minutes before the meeting’s typical 4:45 p.m. adjournment. She explained during one meeting that she needed to leave early in order to pick up her child from day-care on time. During several meetings, I noticed that staff members like Carolyn and her AmeriCorps volunteer were called via the elementary school’s intercom to report to the office to speak with Kelly, the principal. Finally, the March 2009 meeting concluded thirty minutes earlier than normal because several SHAC members (including Stephanie, Monica, Randi and two AmeriCorps volunteers) were participating in a Deerfield community drug task force event that evening.

Based on my experiences participating in other volunteer organizations, I anticipated that members’ tardiness or early departures would result in negative comments (at minimum) or some form of censure from other SHAC members (at worst). Yet, this was not something that I observed. In fact, I was surprised to see how Stephanie
would smile at individuals as they entered the meetings, and thank them for their time as they left the room. Keyton (1999) contended that organizational boundaries shift in response to members’ stress regarding contextual conditions or challenges. It is possible that the SHAC’s practices are purposely structured to be flexible in order to adapt to the membership challenges described in the early part of this section. Given the multiple roles that stakeholders play within the school district and the Deerfield community, it is likely that SHAC members have developed loose boundary structures because they value members’ presence at the committee meetings – regardless of conditions that might shape or limit the duration of an individual’s participation.

What is unclear is whether the SHAC’s flexible practices can sustain members’ commitment over a longer period of time. Although Howell et al. (2003) contended that flexible structures are useful for voluntary organizations, they also suggested that more formalized or consistent practices become increasingly important over the organization’s lifespan. For instance, the loose structure of the SHAC’s meeting times appears to be useful for empowering members and other interested individuals who want to participate in the committee, but need to balance other commitments. Yet, the committee’s temporal flexibility also raised questions that were central to the paradoxes of inclusion/exclusion described earlier: Which SHAC members’ participation were deemed “essential” enough to warrant a change to the committee’s meeting schedule? From Abby’s comments, it appeared as though the committee was not willing to change its meeting times to accommodate the AmeriCorps members’ schedules. However, Carolyn had commented that the committee did adjust its schedule as needed for other members. Perhaps more
importantly to the committee’s recruitment goals, I wondered how meeting times were be communicated to potential new members given Carolyn’s comments that changes were often negotiated over e-mail (which recruits would not have access to). Additionally, could the lack of a consistent meeting time exclude members who needed to plan for other afternoon or evening commitments?

Howell et al. (2003) further contended that a key challenge for voluntary organizations involved developing strategies for sustaining members’ identification with and commitment to the group. Though the committee’s flexibility allowed individuals to balance membership with other responsibilities, it also may have empowered them to prioritize other work or personal commitments above the SHAC. The paradox between the committee’s needs for both fluid and stable boundaries is compounded further by the SHAC’s setting in a dynamic, and sometimes turbulent, organizational environment (I describe this in more detail later in this chapter). Trethewey and Ashcraft (2004) observed that as environments become increasingly complex, organizations and their members are often “pulled or are purposefully moving in different, often competing directions” (p. 81). Because the SHAC does not have formal requirements or offer rewards (e.g., credit for service, financial incentives) for committee participation, members have little incentive for putting service to the organization ahead of other pressing responsibilities. In the next section, I address how the SHAC members use narrative as a sense-making tool for understanding the lack of stakeholder involvement as well as resistance to the committee’s efforts.
“Sometimes You’re Set Up to Fail, so You Have to be Prepared”: Narrative Sense-making of Resistance and Power

Stephanie (the school district’s wellness coordinator) recalled that when she was first hired by the Department of Job and Family Services to serve as the Deerfield schools’ wellness coordinator in 2001, one of her first acts had been to conduct an informal survey about school health. One of the top concerns that emerged from the survey was tobacco use at the district’s football and basketball games. “With the football games, they were selling assigned seats, so you had your seat,” she explained, “The bad thing about it was that if the person in front of you smoked, then you were stuck in back of a smoker for a whole season.” When committee members attended Ohio’s annual school health conference the following summer, they began developing a plan to address the issue. “We came home on fire about tobacco!” Monica, the representative from the local health department, remembered. She and Stephanie recalled that the committee was especially excited to get started on the tobacco issue was because they learned during the conference that another school district in the county was also beginning to develop a similar policy. “I think it was kind of a little bit of incentive, like let’s be first,” Stephanie said.

SHAC members returned from the conference to find that district administrators did not share their enthusiasm for a tobacco-free campus policy. Stephanie narrated:

S: And, at that time, we had a superintendent who was very negative about that.

A: Oh, really?
S: Oh yeah. I went to a lot of the basketball games and, uh, surveyed people as they were coming in. And, then, I asked him, I said, “Well, can I just put up a sign with 'No Smoking’”? And, he was like, you’re not gonna change people. And, I said well, I don’t want to change ‘em, I just don’t want them to smoke here. Because, when you would come out after a ball game, if it was winter and it was frozen, it was all these cigarette butts... all over the sidewalk. I mean, it literally made me sick looking at it. So, that’s when I was like, we’re gonna stop this, one way or another.

Despite the superintendent’s stance, Stephanie refused to give up on the issue. She explained:

So, I waited a - you know, a couple months. And, then I went back again, and I said, “Well, why don’t you just let me put up a sign out front?” And then, I had these little things thanking people for not smoking that I handed them when they walked in the door. And, uh, he was like, “Oh, go ahead. Do it.” So, I did! And then, at the football games that next fall, we surveyed community members as they came in on what they thought about stopping it.

Monica recalled, “There was an overwhelming response...yes, they wanted a tobacco-free campus.” When Stephanie brought the new survey results to the school board, administrators finally approved the policy.

Although Deerfield became the first school district in the county to mandate a tobacco-free campus, SHAC members explained the steps the committee took to ensure the policy was implemented and enforced. In addition to posting “no smoking signs” on
the school grounds and making announcements about the new policy, Stephanie said that she and other members monitored the school district’s athletic events. “We had coffee cans, and we’d ask them to put their cigarette butts in,” she said. Stephanie also remembered, “For the longest time, I was the tobacco police and people would tell me, you know, oh - they’re still smoking at the games, and then I would have to go look.” Eventually, she said, people began to accept and follow the policy, noting, “It took, you know, a few games, and that was it.”

During my observations of the SHAC meetings, I noticed that members frequently shared narratives like the tobacco policy’s story to explain where (and why) the committee’s efforts have encountered various forms of disruption, friction or resistance. What I found particularly striking about the narratives was how they illustrated two different kinds of resistance: How the SHAC’s organizing efforts had been resisted by stakeholders; and how the SHAC members resisted powerful actors or structures in the school district. Although resistance has been conceptualized in large and small ways (e.g., from revolutions to smaller, everyday and sometimes veiled acts of defiance), I viewed it as (inter)actions that constrained and/or sought to open paths for organizing (for other definitions, see Comaroff, 1994; Goffman, 1961; Scott, 1990). Both forms of resistance are present in the tobacco policy narrative. Stephanie and Monica described how district leaders initially did not support the policy, yet SHAC members continued to push for the rule’s approval.

Ewick and Silbey (2003) argued that resistance is enabled through the circulation of stories that narrate what is taken for granted, and expose avenues for change. Other
scholars have argued that narratives serve as important sense-making tools (see Burke, 1973; Bruner, 2002) for organizing collective action. Stories function in multiple ways, such as mobilizing or engaging stakeholders, to naturalizing particular experiences or organizational structures (see Mumby, 1987; Riessman, 2008). In the SHAC’s case, narratives about SHAC members’ and stakeholders’ resistance produced knowledge that guided the committee’s decision-making processes. Within the resistance stories, members rationalized past decisions, articulated the consequences of organizational choices, and debated the feasibility of future action. The “morals” that emerged from the stories, as well as how narratives were performed during SHAC meetings, also appeared to serve as knowledge-producing resources for members.

Although different plots unfolded within the narratives, the characters were often the same: SHAC members were cast as the heroes for their tireless, often thankless, work on behalf of what they viewed as a noble cause (e.g., to improve health within the school district). Other school district staff members (e.g., administrators, teachers, or support staff) were simultaneously positioned as the villains of the stories for actively resisting or failing to support the SHAC’s actions. Structural features or institutional constraints within the school district (e.g., union contracts, budgets, or other resources) were also implicated as forces that influenced characters’ actions. Together, the SHAC’s narratives of resistance provided a map of the various power relationships that enabled and constrained the committee’s work. In this section, I articulate how resistance was framed by SHAC members’ narratives and how the stories illustrated members’ perceptions of how the committee was positioned within broader webs of power. Finally, I discuss how
the stories reflected issues of blame and responsibility and the implications of narrative sense-making for the SHAC’s organizing processes.

**Storying (Im)Possibilities**

Gubrium and Holstein (2009) urged narrative scholars to pay attention to how narratives are “activated in the context of ongoing talk and interaction” (p. 44). As I analyzed the resistance stories told during the SHAC meetings, I noticed how they were most often activated as members discussed the committee’s goals and potential pathways for action. Members related anecdotes that identified when initiatives had “worked” or been well received. They also described instances where SHAC efforts had drawn complaints from stakeholders. The storied reminders of resistance unfolded in varying levels of detail, ranging from brief snippets to more lengthy anecdotes. How and when members told the narratives also appeared to articulate what kinds of friction or resistance they perceived as (in)surmountable. In short, it appeared as though the resistance narratives were frequently told to help members delineate the “latitudes of possibilities” for the committee’s collective action (Burke, 1954/1984, p. 29). An example of how one resistance narrative unfolded and functioned within members’ conversations occurred during a SHAC brainstorming session:

*Stephanie kicked off the conversation by recommending that the SHAC consider working on health initiatives in the classroom. “I think it would be a good idea to ask teachers to put their sodas in different containers. Preferably ones that don’t say ‘Mountain Dew’ or ‘Doctor Pepper’ on the side,” she commented. “I agree with you, but didn’t we try to do that a few years back?” Julie, an elementary*
school teacher, responded with a look of concern. Monica grimaced, “It was something that we considered when we drafted the wellness policy... the teachers thought we were taking sodas away completely. It caused all kinds of mutiny!” Angela, an AmeriCorps volunteer who had rarely spoken during the meetings I observed, chimed in, “But...you know, just passing through the hallways, I see an awful lot of teachers with pop on their desk. It’s not like we’d be telling them they can’t drink it. We’re just asking them to put it in a different container.” As she said this, Julie shook her head. Stephanie sighed and shrugged, “I know. I was just thinking the time might be right to try it again.” After she said this, the discussion quickly shifted gears to another potential goal for the upcoming school year. Soda consumption was not addressed during the rest of the meeting.

(fieldnotes)

Though the soda policy narrative is not fully described in the conversation, the exchange’s subtext offers glimpses into the story’s plot: At one point, the SHAC had proposed a soda policy for teachers. However, the policy had not been implemented because of teachers’ concerns. At the same time, the conversation does not include other important components for understanding the narrative’s meaning. For instance, the story included few details about the nature of teachers’ objections. Had the teachers viewed the proposed policy as an unwanted intrusion into their personal behavior? Or, did they perceive the SHAC’s initiative as threat to their identity because soda consumption was positioned as an act that needed to be hidden? The motives for teachers’ complaints were not articulated within the story. Riessman (2008) asserted that narrative sense-making
involves developing linkages between disparate elements. How components are “selected, organized, connected and evaluated as meaningful for a particular audience” reflect important, and frequently consequential, narrative choices (p. 3). Julie may have assumed that most of the members present for the discussion remembered the details surrounding why teachers resisted the policy. Yet, this may not be the case for newer participants, such as Angela. How Julie and others co-constructed the narrative privileged longer-term committee members’ understandings of the story.

Second, I was surprised by what happened after the narrative was told. I had heard members express worries about the amount of soda consumed by Deerfield students and their families during previous meetings and interviews. For example, Carolyn (the school district’s social worker) had confided during our interview, “I was recently at - a kind of family event. And, I have a child who is seven months old. This other woman had a child that was seven months old… She was feeding this child pop through the bottle!” Rather than addressing why the resistance had occurred, or brainstorming ways to develop creative solutions that could be more appealing to teachers, Julie’s reminder of the teachers’ opposition to the soda policy appeared to cause committee members to simply end the conversation and move on to discussing other issues. I noticed during other SHAC meetings that members repeatedly used stories about past initiatives to demonstrate why proposed actions may not be feasible.

Although the soda consumption story was only told once during the SHAC meetings I attended, other narratives were (re)told multiple times in members’ conversations. A case in point: SHAC members frequently recounted how the committee
had proposed a detailed wellness policy to the Deerfield school board in 2006. The anecdotes typically referenced how the SHAC’s “reason for being” was to comply with the CNRA, which had mandated the development of a district-level wellness policy for every school district receiving funds from the National School Lunch Program (Child Nutrition and WIC Reauthorization Act, 2004). “The committee itself worked so hard to develop a significant policy,” Stephanie recalled. Yet, when SHAC members presented their nine-page proposal to the Deerfield school board, they were told “right off the bat that the board members would not read that.” Stephanie recounted the board members’ justification for the decision, “A lot of what we were talking about was administrative regulations, and those need to come later.” The committee was asked to revise the policy to make it shorter and more generic.

The wellness policy narrative was referenced or re-told at other points during the SHAC’s meetings. Randi, who represented a local agricultural non-profit organization, brought the story up during a brainstorming session by noting, “It would be great to make the policy more specific with regards to the kinds of foods that could be served in the cafeteria.” Julie agreed, but pointed out that SHAC members had yet to figure out solutions to the material concerns the school board had used to reject the initial plan. “It wasn’t that they didn’t like it. The school board just would not support the policy with additional staff resources,” she replied.

After hearing the SHAC’s wellness policy narrative, I went to the Deerfield School District’s web page to examine the approved language. Though my search turned up district policies and by-laws relating to particular health issues (e.g., required
immunizations, administering medications), I was unable to locate a generalized health and wellness policy. I asked Stephanie about this during our interview:

S: Ah. [pause] Well, there was supposed to be a generic...Every school was supposed to develop a wellness policy. And, there was one developed. Now, whether it made it into the policy book, I don’t know. I’ve never really gone back to look! I don’t even know where they put it!

A: What did the policy that you guys wrote say?

S: Oh, that Deerfield local schools [pause] understands the importance of good health and student learning, and we will strive to, uh, promote that.

As Stephanie and others spoke about the approved wellness policy, I heard them express frustration and disappointment about how the situation had been resolved. Randi vented, “They just basically ditched it all and wrote one paragraph that just said — nothing, you know?” How and when the wellness policy story was told during the SHAC’s meetings offered additional evidence of members’ dissatisfaction with administrators. Members frequently referenced the policy as an issue that needed to be “revisited” during discussions about other health issues on the committee’s agenda.

Currently, the wellness policy story ends with administrators asserting decision-making power over the adopted language, as well as how and where the policy is communicated to the Deerfield community. Yet, the SHAC appears to resist the story’s current punctuation. The sense-making displayed by SHAC members reflects Gubrium and Holstein’s (2009) contention that “the substance of a story is elastic, pulled and influenced by communicative circumstances” (p. 16). Similarly, Ewick and Silbey (2003)
argued that the continued re-telling of narratives extends the meaning of resistance (or specific acts of resistance) into new temporal or spatial contexts. In other words, SHAC members have reframed the wellness policy narrative from the finished story of a rejected proposal to an unfinished campaign to amend the existing policy. Efforts to change the policy have continued during the 2010-2011 school year. During the September meeting, Stephanie suggested that the committee re-visit the policy. Monica quickly agreed with her recommendation because the district had hired a new superintendent who was perceived as being more interested in addressing school health than her predecessor.

The SHAC members’ narratives illustrated the committee’s history by demonstrating what kinds of initiatives had “worked” or failed. Additionally, the stories highlighted how SHAC members perceived some resistance from stakeholders as (in)surmountable, and influenced the committee’s decision-making processes about current and future actions. As I listened to the stories, I also found myself wondering how the narratives shaped (or reflected) SHAC members’ relationships with various stakeholders in the school district. I address this issue in the next section.

Perceptions of Power and Blame

SHAC members’ narrative sense-making revealed how power relations operated within the school district and attributed blame to specific stakeholder groups who had resisted the committee’s initiatives. The stories especially implicated teachers, administrators, and other school staff members.
Teachers.

SHAC members frequently commented that one reason why teachers resisted some of the committee’s efforts was because they perceived initiatives to be disruptive of the school district’s schedules or daily routines. For instance, Stephanie described how complaints from teachers had ended one of the committee’s annual events:

The parent breakfasts were fantastic! Parents got to come in and eat with their students, and see what the kids were eating at school. This was back when we had a grant for more fruits and vegetables. And then, we would get a chance to talk to them. We always got a huge turnout – close to 400 people one time! But that was also a problem because the teachers complained there was nowhere for them to park those mornings!

In addition to emphasizing the strong attendance, Monica stressed how the breakfasts provided valuable opportunities for SHAC members to informally engage in dialogues with parents and caregivers. She commented that the conversations were useful for understanding parents’ health concerns. “The team got to educate the parents a little bit about why kids are eating what they’re eating at school,” Monica said, “They got to solicit some advice from parents about what they’d like to see in the cafeteria and so those were some - some good ideas too.” Both Monica and Stephanie lamented how the breakfasts were discontinued because the SHAC was unable to develop a solution to alleviate parking concerns.

The parent breakfast narratives positioned teachers as particularly powerful actors within the broader setting of the school district. Nearly all of the narratives suggested that
if teachers were or had been supportive of particular SHAC initiatives (e.g., the staff wellness room, the walk-to-school day events), the project was likely to succeed. However, if teachers opposed or complained about elements of a SHAC event for any reason, the effort was likely to fail. Monica recounted an example:

We had - at one time - recess before lunch. So kids actually went to recess before they went to lunch … kids ended up eating more of their lunch, drinking more of their milk, because they weren't in a hurry to get out the door. And so once they went to recess and then went to lunch they were more prepared for the classroom rather than eating, throwing their milk and lunch away so they can get outside running around and coming right back in and having to sit down… One teacher - I’m pretty sure it was one, you should ask Stephanie to make sure - just totally said, no. We’re not doing this anymore. And I don’t even know why but [snaps her fingers] that’s it. And that was the end of it.

Monica’s story reinforced the framing of teachers as (potential) villains with the power to interfere with or end the SHAC’s initiatives. Though the story stressed the fact that the teachers had power, there were few clues about Monica’s (or other SHAC members’) understandings about WHY teachers were considered powerful. I wondered what conditions or relationships within the context of the educational setting caused the SHAC members to view teachers in this manner. Interestingly, I found one potential explanation in the narratives about administrators.
Administrators.

The Deerfield school district’s past and present administrators were implicated in SHAC members’ stories for not providing the committee with adequate support. Whereas teachers were framed within the SHAC’s narratives as actively resisting health initiatives, administrators were indicted for prioritizing other issues (e.g., concerns about resources and staffing) above the committee’s concerns (e.g., developing a robust wellness policy). When I asked Randi what some of the challenges facing the SHAC were, she responded, “They [the administrators and school board] don’t see it as a really important committee . . . it should be! It should have to report to the board every month, I think.” Participants’ stories illustrated how the (perceived) lack of support from administrators had proven to be consequential for specific committee initiatives. For instance, members relayed anecdotes about how administrative decisions had created relational challenges for SHAC members and stakeholders. One example occurred when SHAC members established the staff wellness room. Stephanie described how administrators had lagged on finding a space to house the exercise equipment until the last minute:

I mean, we were right down to - the equipment’s coming, where are we going to put it? - before someone would make a decision as to what to do with it… And it was like, you wanted this - you said you wanted this. Where are we gonna put it? Well, I didn’t really like the way it was handled. Over the summer, I think the equipment came in June, school was already out. Well, the administration, which I didn’t have any input as to where it went, had moved a teacher out of her room and put it in there… she came back and was upset, and immediately, she thought I
did it… And, I was just - I was flabbergasted that they didn’t include her in that decision.

What is particularly striking about Stephanie’s anecdote was how she storied the administration’s decision and its consequences for the SHAC. By not taking action quickly, and not communicating about the decision, Stephanie argued that administrators had created a conflict between her (and, by extension, the committee) and the affected teacher. As she concluded her story, Stephanie noted that she felt the need to address the issue with the teacher personally, despite her lack of agency in the decision. “I had to go to the teacher,” she recounted, “I mean, I told her, I said, ‘Look, I know what you’re thinking. And, I had nothing to do with that.’”

Additionally, the exercise room narrative offers insight into the SHAC members’ perceptions of power differentials between characters. I noticed that SHAC members often positioned administrators as providing a less-than-desirable level of support because they were unwilling to offend other staff members, or because they “didn’t want to make waves.” Rachel, a former AmeriCorps volunteer who served on the committee, explained how she understood the administrators’ and teachers’ early perceptions about the SHAC, “‘They’re like, oh they’re gonna take away this’ and ‘they’re gonna take away that’ and ‘they’re not gonna let me drink this’ and - um, which – in my opinion is what they should be doing. But I also know rocking the boat’s sometimes bad.” Because SHAC members believed that their work was perceived (at least at first) to be unpopular, they argued that administrators were less likely to support the committee’s initiatives.
Members’ narratives often framed administrators as having less power than teachers. The power relations embedded within the stories also outlined how the conditions for teachers’ resistance were fostered by administrators. For example, Stephanie described one situation where she was frustrated by a district leader’s lack of authority:

I went to one of the administrators…it was about teachers stepping up to help a child with diabetes. If I wasn’t there, who was going to step in and take over?…Being the only one [nurse] in the district that can’t be everywhere…And, I could not get nobody [sic] to volunteer. So - I went to the administrator, and I’m like, look, you know, ignorance is not bliss around here! If something happens to this kid, we’re in trouble. And, I said, can’t you appoint a teacher? [Mimics the administrator] I can’t do that! I can’t tell ‘em what to do! And, I went, aren’t you the administrator? [laughs] Well - so, finally, uh, they hired a person. And she said I’ll help ya…But, when they said that, I can’t tell ‘em what to do? I’m like, well, what are you here for?

I was surprised and disturbed by several elements of Stephanie’s account. The most troubling component was how difficult it had been for her to find a volunteer to provide the student’s critical medical assistance. Why wouldn’t teachers or staff members be willing to take the time to provide this kind of care? Additionally, her story exposed taken-for-granted assumptions about the power relationships within the school district. The nature of the relationships stunned me. Where I had grown up, there had been no question that administrators ran the school. Teachers were authority figures, but the
administrators were (at least from my perspective) much more powerful. I had trouble understanding how the relationships in Deerfield were so different from my own experiences. By questioning the institutional norms and expectations through her story, Stephanie was engaging in resistance to the school district’s power structures (see Ewick & Silbey, 2003).

SHAC members also expressed frustration regarding how administrators prioritized health work in the district among other competing needs. Time and money (or the lack thereof) were frequently incorporated into meeting discussions as members debated what actions were (im)possible for the committee. In some cases, SHAC members described how the lack of resources made it difficult for the committee to ensure the district was in compliance with state and federal mandates. During one SHAC meeting, Stephanie initiated discussions with the committee about how to comply with a new state mandate for school districts to collect Body Mass Index (BMI) data for students in kindergarten, and the third, fifth, seventh, and ninth grades. She explained how one of the physical education teachers had weighed and measured students twice per school year in the past. With assistance from her AmeriCorps volunteer, Stephanie said she had used the data to calculate students’ BMI, and incorporated the information into multiple grant applications. Due to layoffs within the district and the expansion of his job responsibilities, the teacher had recently informed Stephanie that he could not continue conducting the screenings. The committee identified other challenges for compliance with the mandate that would need to be discussed with the school board (e.g., budget needs for printing and mailing data to parents). Stephanie told members she would speak
to Pat, the superintendent, before the next meeting to resolve some of the issues. When the committee reconvened the next month, Stephanie explained that administrators had decided to apply for a waiver excusing the district from the BMI measurement program until funding issues could be resolved. The unfolding story of the BMI measurements demonstrated how material concerns (e.g., time and personnel to conduct the screenings and mail information to parents) complicated the relationship between SHAC members and administrators. Members frequently used the administrators’ inability to provide the SHAC with desired resources as evidence for an overall lack of support. However, this perspective fails to acknowledge the broader budgetary constraints for administrative decisions.

I did hear some SHAC members concede that many of the structural constraints influencing how health was prioritized in the district were out of administrators’ control (e.g., cuts in funding from the state and federal government, complying with a diverse range of legislative mandates). Yet even when individuals attempted to shift blame from administrators, SHAC members continued to argue that district leaders needed to find ways to centralize health. Rachel, for example, commented:

Everyone has good intentions to have health a priority but it gets buried under testing and it gets buried under time and it gets buried under all the state mandates - which I don’t blame school districts because that’s what they’re being told from up above - but I firmly believe, if you don’t take care of health, you’re not going to reach those goals anyway. And if you invest a little bit of time, you get that time returned upon investment a lot.
By not fully absolving the district’s leaders of the blame for how health was currently positioned within the school district, members’ statements firmly entrenched their definition of how it ought to be prioritized.

Though the SHAC members’ narratives highlighted a perceived lack of support from administrators, I noticed that leaders were engaged in at least some of the committee’s initiatives. The elementary school principal participated in one of the SHAC meetings that I attended, and served as a volunteer for a walk-to-school event. The district’s new superintendent also stopped by a meeting to thank members for their work. I also overheard the members voice their appreciation when they received support from leaders. Nevertheless, members expressed concern that support they received from Deerfield administrators was less than what health committees received in other, nearby school districts:

Monica: At White Oak, the superintendent actually leads the meetings and so they’re a little closer to that than just about anybody else. There’s a little more diversity there but... [pause]

A: Interesting. Is there a reason why the superintendent is so engaged?

M: Because he - that’s his passion. He was a physical education teacher at one time. And he just - he gets it. Actually…our county-wide superintendent gets it. He gets that we’ve already squeezed everything we can out of curriculum to help students you know, be prepared and we have to solve all the other issues that impair learning. You know, like breakfast. You know something as easy as breakfast or um - you know getting a break to be physically active.
Monica’s statement about the White Oak and county-wide superintendents positions the leaders as “getting it,” or understanding the importance of school-based health initiatives. Although it is not explicitly stated, her comment hinted that the lack of support from Deerfield leaders meant they do not “get it.” Administrators were the characters who appeared most frequently in the SHAC members’ narratives about support (or lack thereof) for the committee’s work. However, school staff members were occasionally included in the stories as well.

School staff.

I noticed threads of blame and responsibility in how SHAC members narrated district staff members’ support of past initiatives, particularly as they described whether the level of support had influenced the success or failure of specific projects. For example, Stephanie described one issue that emerged when the SHAC received a nutrition grant to serve fresh fruits and vegetables in the school cafeteria:

They [the cafeteria staff] were pretty receptive to that. Although - what I found to be a problem was how well it was promoted. So, unless I actually went in there [the cafeteria] and said, here - take this, it didn’t get taken. Because, the kids were kinda like, unsure, as to whether or not they could have it. . . Well, I mean like bananas! We had whole bunch of bananas, and instead of the staff saying, “Hey take a banana” or “would you like a banana?”, they just laid ‘em up there and the kids just walked right by ‘em and never took ‘em. So then, when I saw that they weren’t taking ‘em, I went out and handed them to the kids.
Stephanie’s anecdote begins by positioning the cafeteria staff as being receptive to the SHAC’s nutrition project. However, the rest of the narrative tells a different story: Stephanie’s comments indicated that the cafeteria staff members’ levels of support did not extend far enough (e.g., promoting the items available to the students), which could have impacted the SHAC project’s success if she had not intervened. By shifting the narrative’s temporal structure to consider both the project’s storyline in light of other potential endings (as well as their impact on future outcomes), Stephanie engaged in what Luhmann (2005) described as story weaving. In other words, the performance of her story involved the consideration of multiple pasts and futures (see arguments by Ricouer, 1984; Cunliffe, Luhman, & Boje, 2004). However, the narrative also suggests that she engaged in story weaving with an agenda to shift responsibility for the (potential) failures of the SHAC’s project to staff members. In the next section, I address additional discursive moves by SHAC members to assign blame to stakeholders.

*Scapegoating as Enabling/Constraining*

Teachers, administrators and staff members appear to be positioned symbolically as scapegoats, or what Burke (1954/1984) described as the “sacrificial receptacle” for “unburdening a people of their sins” (p. 16). Although Burke argued that scapegoating frequently represented interpretive errors, the transference of blame in the SHAC members’ stories appeared to both enable and constrain the committee’s actions. First, the members’ stories shifted the locus of control and accountability for action outside of the committee. Boje, Rosile, Durant and Luhman (2004) observed how the deployment of scapegoating within narratives functions to obscure personal complicity with or
responsibility for actions. By positioning administrators and school staff members as powerful characters in the dramas, SHAC members were able to attribute the success and failure of initiatives to forces outside of the committee. Placing the blame on others enabled individuals to avoid blaming fellow committee members for issues the SHAC had encountered as well. *I rarely (if ever) overheard SHAC members describing an initiative that had not been well-planned or executed. Why did committee members seem to position the SHAC as having less power within the school district than other actors? I thought the SHAC appeared to have quite a bit of power – the power to plan initiatives independent of district funding streams; the power to develop (and fight for) policy changes; the power to overcome resistance to at least some initiatives. Was there a strategic purpose for framing their work as undervalued or underappreciated? If it was true, did that mean any of the SHAC’s accomplishments could be considered successes? Or was this really what the members believed?*

I did hear some committee members implicate themselves for creating some of the difficult relational conditions for working with stakeholders. Stephanie admitted that transitioning from a health-based model into a school environment had been a challenge for her, “To come into a model that… that was not at the top of the list. And, try to make it at least close to the top [laughs] was very hard!” When I asked her to describe how her role and the SHAC had evolved during her time in Deerfield, she said:

I think people have become more comfortable with - maybe the process. And, I’ve learned the process too. You know, I have - I’m like, I’m one of them people who want it done yesterday. So, I have to be slower, and take smaller steps and
make sure everybody knows about it… I had to learn that - that was what changed me from wanting it done yesterday to you have to - you have to go a little slower, and be a little more political, that kind of thing.

Likewise, Monica indicated that her approach to communicating with stakeholders and potential partners had changed since she began working with the SHAC:

I think I’m seen more as a team player. You know I’m not…unless I’m an outsider because I’ve been there nine years. Teachers know who I am, not every teacher but several teachers know who I am. I’m familiar with the administrators, we - we kinda know, um - what can and can’t be done and who not to talk to and - that’s not true, we talk to everybody but, who’s gonna be more willing than others.

Despite Stephanie and Monica’s willingness to implicate themselves, their comments simultaneously allude to relationships and constraints within the school district setting that have altered their preferred approach to action. In particular, Monica’s “that’s not true” reference indicated that SHAC members had learned from early initiatives and somewhat shifted their methods for proposing and enacting health-related changes. Stephanie’s comments about “going slower” and “being more political” revealed that SHAC members have developed strategies for working within the district’s existing power structures as well. By continuing to shift the focus on external factors (even when discussing internal factors), the scapegoating within narratives appeared to allow SHAC members to protect their own, and the committee’s, identities. Although I did not see explicit evidence of this, it is possible that scapegoating may help to boost the
committee’s morale by directing members’ attention from what is perceived as (im)possible forms of action to focusing on a common set of enemies for the committee to position themselves against. At the same time, Burke (1954/1984) cautioned that scapegoating is often the result of trained incapacities or faulty interpretations. What might the SHAC members lose by how they narratively assign blame and responsibility for constraints on the committee’s organizing practices?

I noticed how the process of scapegoating (potentially) hindered collective action in other ways. One surprising element of the SHAC members’ stories was how many of the narratives omitted or simplified the motives for staff members’ resistance or unsatisfactory levels of support. As I spoke with SHAC stakeholders, I learned that “not getting” the importance of health was rarely the case. Administrators repeatedly articulated their beliefs that health and learning were interconnected. However, their comments about specific issues articulated tensions between the symbolic importance of health in school and the lack of material resources in the Deerfield community. Several administrators admitted that, like SHAC members, they were concerned about the nutritional quality of food served in the school cafeteria. Yet, they repeatedly told me the district lacked the money to make substantive changes in the cafeteria’s offerings. “It just goes against my grain when I go down and see a brownie, even though it’s supposed to be a healthy brownie, for breakfast,” Kelly, the elementary school principal, commented, “But it’s just that - you know, that constant battle between funding and… teaching children appropriate food.”
The “brownie for breakfast” narrative became a flashpoint during one discussion when Ellen, the district’s cafeteria services director, attended a SHAC meeting:

“It sure looked like a brownie!” Julie complained loudly about a recent school breakfast item. Ellen quickly retorted, “That was NOT a brownie. It was a nutritionally fortified breakfast bar.” Julie replied, “Well, even if that’s the case, do you think the kids knew it was nutritionally fortified? No! All they see is they’re getting a brownie for breakfast. This models poor eating habits, because they’ll go home and think it’s okay to eat brownies for breakfast. And most of the students were eating them with chocolate milk, too! How is THAT healthy?”

“You have to understand where we’re coming from on this,” Ellen countered, “This breakfast bar was a bonus item that we earned for ordering commodity items from the USDA. We have to take advantage of the commodities available to us because of the cost factor...” “You see! That’s exactly the kinds of double-binds the USDA puts on schools!” Randi interrupted excitedly, “It would be so much healthier to do a hot breakfast item like oatmeal, or to bring in locally sourced fresh fruits and veggies but we can’t do that because of the stupid commodity programs!”

Ellen sighed, “Even if we could afford items like oatmeal, we don’t have the funding to pay staff to prepare and serve a hot meal in the morning. That’s why we serve grab-and-go things like the breakfast bar.” (fieldnotes)

The exchange provided a graphic illustration of how SHAC members and stakeholders like Ellen struggled over the organizational legitimacy to construct different meanings for
the food being served by the school district (see Mumby, 1987; Luhman, 2005). Both of
the meanings proposed are consequential for the SHAC: If Julie’s story about the
breakfast bar as a brownie is accepted, what is being served by the school cafeteria
should be considered unhealthy and changed. If Ellen’s story that the brownie is actually
a nutritionally enhanced breakfast bar is accepted, the SHAC’s exigency for changing
school meals is reduced. Both Ellen and Randi also drew upon institutional discourses
(albeit from different perspectives) to support their arguments. However, Ellen’s
statements introduce a material component to the discussion. She argued that structural
constraints (in this case, the NSLP’s requirements and the cafeteria’s need to remain
financially self-supporting) function as an important motive for why she believed she
could not support the SHAC’s efforts to change school breakfasts. Other structural
concerns (e.g., safety policies, standardized testing requirements, legislative
requirements) were frequently woven through the stories described by stakeholders as
being influential to their ability to support the committee’s efforts. As the conversation
with Ellen indicated, members tended to entrench the issues of blame rather than
engaging the complex institutional factors (e.g., safety policies, standardized testing
requirements, legislative mandates or funding) that shaped support and/or resistance.

After watching the exchange between Ellen and SHAC members, I became
concerned about how scapegoating created relational challenges between the committee
and its stakeholders. Members chose to direct their frustrations towards Ellen, rather than
seeking to engage her as a partner who could explore how and where action could be
possible within existing constraints (or where opportunities may lie to alter the current
structures). For instance, Monica later told me that she had been concerned about the members’ hostility toward Ellen:

I think you know most people really do want to do the right thing. I think that basic desire is there. People want to create and have the best opportunities possible. But they know... if they aren’t completely sure, if they aren't comfortable - it’s not gonna happen. And I can tell you that in one school district, there’s food service supervisor who just - you know we wanted some nutrition information and she gave us the commodity list and kind of the meal plan and the nutrition breakdown - but it was uncomfortable for her. Because nutrition was not her thing. And she, you know, was very humble and admitted it right away. I don't know this, this is not my strength… And so if we can communicate that without really, um, attaching personal judgment to that, you know, profession…because it’s really not their fault. They’re doing exactly what they’ve been asked to do, um - and people from the state then inspect them and come in and examine their - what they’re doing, tell them they’re doing a good job.

Monica’s comments indicated that she understood and was empathetic to the challenges of making health-related changes within entrenched institutions like the Deerfield school district. By including the story threads about the other food supervisor, she highlighted alternative relational approaches that could be used to generate productive partnerships with Ellen or other individuals who resist SHAC efforts. Monica’s statement also revealed other issues that could prevent staff members from supporting the committee’s efforts, such as perceived judgment for doing something wrong, or a lack of comfort with
particular types of knowledge. I noticed one potential example of this with the SHAC members’ characterizations of teachers: Educators were often described as being resistant to actively promoting health in the classroom (e.g., the soda policy narrative). Yet, I heard other stories about how teachers had supported staff wellness initiatives, including the exercise room and weekly yoga classes. Rather than discussing the reasons why individuals were more or less willing to support particular initiatives, SHAC members’ stories positioned others as (potential) villains who “didn’t get” the importance of health. By suggesting alternative motivations and storylines, Monica’s narrative opens the door to different narratives about individuals who resist the SHAC’s work.

Though the SHAC members’ narratives often mentioned structural constraints, the stories rarely accounted for different orientations toward how health work should be performed. When I spoke with Ellen individually, it was clear that she had a different perspective from the SHAC members on how the district ought to promote health:

I mean the schools themselves cannot be held accountable totally for those children’s diets…We can do everything in our power, but if they go home, sit down in front of a computer or video game for four hours with a big bag of chips and two liter bottle of regular pop, it doesn’t work… Exercise is a big part of what the problem is now as opposed to what we’re feeding them. We’ve always fed our kids a lot of what we’re feeding ‘em now in the schools. But the inactivity, I think, is a big part of why we’re seeing the obesity. It’s the lack of physical activity, not so much what we’re - just what we’re feeding ‘em here. But the kids don’t - get out and play.
It is possible that staff members who resisted the SHAC’s initiatives may have shared Ellen’s view on the district’s responsibility for health. What is problematic about this framing is how the SHAC members’ stories silence different views on how and where health work should be performed in the school district. By glossing over the reasons why people resist the committee’s initiatives, SHAC members may be missing opportunities to engage in dialogue with individuals who have different views on health. Additionally, I was surprised by the absence of parents’ and children’s voices in the SHAC’s narratives about power and resistance. I explore this issue in more detail in the next theme.

Reclaiming Absent Voices

“Simon says touch your nose! Now touch your toes!”

As I straightened up, I heard a chorus of “You’re out! You’re out!” from a raucous set of second-grade boys who pointed and laughed at me. Shaking my head, I walked over to where Abby (a fellow graduate student and SHAC member) and Stephanie (the district’s wellness coordinator) were standing with two classmates who had volunteered to help with Deerfield Elementary School’s first-ever “Walk-to-School Day” event. “I never was any good at ‘Simon Says’!” I sheepishly smiled at the group. My friends chuckle, and we turn to watch the next round of the game. “That’s okay. The bus should be here any minute now,” Stephanie said with a reassuring smile as she scans the crowd. “Yikes, it’s already 8:35!” Abby commented as she checked her watch, “I’ll call and check on where the driver is at. It’s starting to get close to the time for the homeroom bell.” “I’ll go with you,” Stephanie added, “I think we might have more than a bus full!”

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A quick glance around Deerfield’s community park confirmed her assessment. I counted at least 40 children and 25 parents or caregivers who had gathered after participating in the event on an unseasonably warm October morning. Even a friendly Labrador retriever had joined the crowd, barking excitedly at a group of children playing an intense game of “Red Rover.” I took the scene in, excited to have had the opportunity to assist with a SHAC initiative for the first time. The event was also my first chance to observe the committee’s efforts outside of the meetings. I was especially interested in observing the parents and students who are served by the committee because they had not participated in the meetings. I let the setting soak into my consciousness, making headnotes about the energy and enthusiasm of the children. I was surprised to see how many parents, and in some cases what appears to be grandparents, had joined in the event. Their participation was unexpected, given the comments that I’d heard in SHAC meetings about how they are often too busy working, or just simply choose not to participate in events at the school district.

Midway through my scan of the park, I paused on the face of one parent about 75 feet away from where I was standing. I had no idea why I was drawn to her, but I couldn’t seem to stop myself from assessing her painfully thin frame, partly concealed by a baggy sweatshirt and a pair of dirt-streaked jeans. Glancing at her face, I estimated that she was several years younger than me. But the dark bags under her eyes, sallow-toned skin and stringy long blonde hair pulled up into a ponytail spoke of an existence that made her appear a decade older. “She looks exactly what I picture a meth addict to be,” I thought to myself sadly. As I pondered my assessment for a moment, the
unexpected occurred – the young woman glanced in my direction. We locked eyes for a moment. I broke the contact first, a hot blush of shame spreading up my cheeks. I cursed myself for being judgmental. The woman began walking towards where my friends and I were standing. “Oh no…” my mind raced and my palms began to sweat as I pondered why she was approaching, “I didn’t say that out loud, did I? I would NEVER say something like that! Dammit, Anne, why did you have to even THINK it?!?”

As she came closer, the judgments continued to formulate in my mind – I couldn’t seem to stop the thoughts, despite my panic over how harsh or unforgiving they seemed. The woman didn’t appear to have put make-up on for the walk, but traces of yesterday’s mascara still lingered on her face. When she smiled shyly at me, I noticed the deep yellow stains on her teeth, and immediately guessed she hadn’t seen a dentist in many years. I was deeply and profoundly mortified by what I was thinking. My scholarly training had told me to enter the field with an open mind in order to gather empathetic insight into others. And here I was, conducting fieldwork with a lifetime of privilege spilling out into my observations of the scene and its participants. No objectivity. No empathy. Just judgment. The cursing in my brain grew louder.

And then, she started speaking to me and my friends. “Hey y’all!” she greeted us in a soft, melodic voice, “I haven’t met you before. I’m Karen. Are you gals teachers or something?” My cheeks reddened further as my friends and I took turns introducing ourselves. I explained that we were students at a nearby university. I told her about my volunteer work with the school health team, and described how I had recruited friends to help with the Walk-to-School Day event. “That’s great!” Karen said. One of my friends
asked Karen where she was from. “Well, at the moment, I’m staying in High Creek with my parents and two kids. I’m taking care of them by myself,” she replied, as we nodded supportively. “My son is home sick today, but my daughter and I - we really wanted to do the walk. So we drove to a friend’s house here in Deerfield and we all walked down Church Street together. My daughter’s over there,” Karen said, pointing to a third or fourth-grade girl. “Your daughter is beautiful,” one of my friends commented. I nodded, noticing the daughter’s neatly-tied long blonde pigtails and pink-satin Dora the Explorer Jacket. “Yeah,” Karen said sheepishly. “I know y’all gave us the shoelaces for the kids who were walking, but my daughter only has Velcro shoes. So we tied them up in her pigtails instead!” For a second, I’m stunned. Why would she worry about whether we were concerned about the shoelaces? “That’s awesome!” I said, trying to regain my composure. “What a great idea,” my other friend commented.

Karen beamed at the praise, “Well, thank you for putting together this walk thing. It’s so nice to be able to do stuff like this.” As we continued talking, she revealed that she had recently left an abusive husband and re-settled her children in the community where she had grown up. We chatted for another minute until the school bus arrived and she said goodbye to her daughter. Turning to leave, I felt sick to my stomach. How could I have judged this woman? Here she was, providing care for her children, enjoying and participating in a school event in the midst of what sounded like tremendous personal upheaval. Her daughter appeared healthy and happy. Who was I to label her as a meth addict? During the car ride back from Deerfield to the university, I shared with my friends how mortified I was about my premature assessment of Karen. “You know,
Anne, I had the same thought until she started talking to us,” one friend empathized, “Don’t beat yourself up.” We spent a few minutes discussing Karen’s story. Then, my other friend paused. “Yeah, she was nice to talk with, her story was sad, but her daughter looked great. That still doesn’t mean that she’s NOT a drug user. You never know in this part of the state.”

I reflected back on the story countless times during the writing of this dissertation. Although the story may not appear to be central to the SHAC’s communicative and organizing processes, it illustrated my initial impression of parents in the Deerfield community. These impressions were shaped largely by the narratives I heard from SHAC members and stakeholders about the families they served. Additionally, I had been exposed to stories about the poverty level and other issues in Deerfield during interactions within my home community, which was about 20 miles away. For instance, when one of my professors learned that I was doing my dissertation research in Deerfield, he sternly cautioned, “Be careful when you’re out there.” A friend who had been summoned to serve as on a grand jury in Deerfield area confided that several of the cases she heard involved drug possession or dealing. In a sense, I can say that I was primed to believe that Karen would fit into the stereotypes that emerged from the stories. But was it fair for me to characterize her in this way? I had been struck by my own rush to judgment as an outsider to the Deerfield community. The more I thought about the experience, the more I wondered how the SHAC members and educators who worked in Deerfield on a daily basis positioned Karen and other parents?
I include the story of meeting Karen in this chapter because it has provided me with an important way to make sense of how (and why) the voices of parents are largely absent from the SHAC’s stories. Throughout the course of my fieldwork, I was stunned to see how much of the SHAC’s work has emphasized gaining the support and involvement from administrators, educators, and other school staff members. Even the resistance that SHAC members chronicled (see the earlier section in Chapter Four) discussed how other stakeholder groups have meaningfully shaped the way the committee organizes their work. Though a stakeholder group’s influence may not always be expected or appreciated, their presence was noted in narratives about the SHAC’s history. The more I read through and processed my fieldnotes, the more concerned I became about the lack of parents as characters or voices within the tales. At the same time that I began to make sense of this, I also became keenly aware of how students’ voices were missing as well from the narratives. Ironically, students had been positioned as the SHAC’s core stakeholders, but they were also absent from the committee’s discourses about organizing.

Exploring the issues of voice and silence are key concern for both poststructural feminist theorists and critical narrative scholars (see, for example, Clair 1998; Mumby, 1987; Lindemann Nelson, 2001; Visweswaran, 1994; Wood, 1994). Given these concerns and poststructural feminism’s related emphasis on empowering marginalized subjectivities, the questions that I will try to answer in this particular section are: Why are parents’ and children’s voices absent from the SHAC’s stories? What can be gained from reclaiming their perspectives? First, I focus on parents. I specifically look at how the
SHAC members’ and stakeholders’ narratives discursively position parents and caregivers in various ways that make assumptions about their realities and ability (much less willingness) to serve as part of the SHAC. Then, I turn to identifying points of opportunity for engaging parents and caregivers that also emerged within the narratives. Second, I address the results of my participatory research project with Deerfield students, and articulate ideas for how children’s voices can inform the SHAC’s efforts.

*Giving Voice to Parents’ and Caregivers’ Subjectivities*

As I reviewed the narratives gathered from my meeting observations and interviews, I noticed that parents and caregivers were described as playing one of two roles: First, there were the parents who were actively involved in the school district. Second, there was a group of parents who did not actively engage in school events or activities. The narratives revealed distinct sets of characteristics that accompanied each of these roles, which I will describe here.

*Involved parents.*

When I asked how many parents or caregivers actively volunteered with school events, Pat, the district’s superintendent, replied, “Twenty-five to thirty percent [are] working on something. You know, I’m either working with the athletic teams on the athletic boosters, I’m in the band boosters. Um, I’m working concessions, um, supporting the kids. Helping ‘em with the peewee team.” By highlighting the percentage of individuals who were engaged with the school district’s activities, Pat’s statement revealed that the majority of students’ parents and caregivers (70-75 percent) were not involved. At the same time, her comment illustrates the scope of activities that parents are
engaged in (e.g., supporting co-curricular activities). Stories from other SHAC stakeholders indicated a similar divide between parents and caregivers who were (or were not) actively involved in their students’ academic progress. For instance, Meredith (the middle school principal) stated:

We’re planning our [parent-teacher] conferences Thursday night for the middle school. And if you go out there right now and look at the children’s families who are coming, by and large - and I don’t want this to sound bad, but I’m just being honest here - probably 90 percent of the kids that are coming in, while we’re extremely happy that their parents are coming in, they’re the ones that we aren’t worried about.

Meredith’s statement suggested a direct relationship exists between children who educators are concerned about and parents who are not actively involved with the Deerfield school district. Her logic also implied that students who are viewed as academically successful, well-behaved, or even healthy, tended to have parents or caregivers who have good relationships with the school district.

Although participants voiced appreciation for parents who were involved in the school district’s activities, I heard SHAC members express frustrations as to why parents’ time was not allocated to the committee. Time emerged as an important variable in the stories that rationalized why parents became involved in some activities (but not others). I heard one example of this during a SHAC meeting when Randi, who represented a local agricultural non-profit organization, provided an update on the district’s 4-H club:
“What I really want is to get parents more involved,” Randi said, “I mean, it would be great if they would be willing to come in to help teach kids some skilled activities like woodworking or sewing. And, it would be great to have them to help drive students to and from meetings – maybe even in the summer when the kids can’t ride the bus.” As she said this, Stephanie and Carolyn (the school district’s social worker) glanced at each other. I heard Carolyn mutter quietly, “Good luck with that.” Randi looked at her with a puzzled expression. Stephanie jumped in, “Getting parents involved here is an ongoing challenge.” Carolyn added cautiously, “I think it’s a good idea. But, knowing the students who were in the 4-H club this fall, I just don’t see their parents as being willing to drive them in the summer or even getting involved in a carpool.” “What is the deal with parents here?” Randi said, a flush of exasperation creeping into her face. “We’ve been able to get 4-H clubs going in a lot of other places like Parkview and White Oak! 4-H has been trying to get a foothold in Deerfield forever. What is the big problem?” Her vehement comment was met by a flurry of explanations. “Part of it is that parents are really used to programs starting and stopping here,” Stephanie said, “I mean, I’d find it hard to commit myself or my kids to something new if I didn’t think it was going to last.” Carolyn nodded, “I think it takes at least 3-5 years for a program to develop some traction. I mean, I’ve been working to get the ‘Teen Power’ group off the ground for a few years, and we’re just really starting to make some strides now.” “Really?” Randi sounded surprised, “Why do you think that is?” Carolyn frowned, “I think part of it has to do with programs
not lasting. But the other issue is staff turnover. You know, when I first started here, I got questions like ‘Well, will you actually be here next year?’ at the end of every school year.” (fieldnotes)

The storied threads within Randi, Carolyn, and Stephanie’s comments make reference to past experiences as resources that allow members to judge the feasibility of future actions. The process resembled what Boje (2001) referred to as antenarrative, or story betting. Put simply, Boje argued that individuals draw upon past experiences to tell pre-stories, or what they anticipate (or “bet on” as in gambling) the future story will be (see also Luhman, 2005). In this exchange, Carolyn and Stephanie bet that parents would not become involved in the 4-H club based on their work with previous initiatives. Their comments indicated that parents viewed an initiative’s longevity as a legitimacy marker and used it to determine how and where to devote their (and their children’s) time. Additionally, their comments indicated how time was perceived as a valuable and finite resource for parents. SHAC members and other participants’ comments indicated they believed groups needed to respect parents’ time in order to successfully recruit participants. I heard the latter point articulated by SHAC members and stakeholders in multiple conversations. Pat suggested, “I think if you elucidate your purposes and then the parents in turn see that it’s a good use of their time, then they’ll do it.” She recalled from her own involvement with the middle school parent advisory committee that she had told parents:

‘I promise you that I will not keep you more than fifty minutes.’ And, I didn’t and we had a pretty good showing. . . We were right in the middle of a discussion too,
and I’m like ‘Oh, sorry! You know, you can leave – it’s over! If you want to stay on.’ [People said] ‘Oh, she meant it!’ Because people’s time is valuable. If they think you’re doing something of value…you’re gonna get a lot of interest… So I think it depends on [parents’] perceived value of the activity and their awareness of it.

Pat’s comments reinforce the idea that time is a valuable and limited commodity for parents. I saw SHAC members adopt similar viewpoints in discussions surrounding how to solicit parent input for particular initiatives. For instance, Stephanie asked members during one meeting to think about the best ways to gather parents to talk about ways to extend a sidewalk from an existing walking path to the elementary and middle schools. Carolyn suggested combining a meeting about the path with another activity that parents would be coming into school for, such as a math or science workshop. “Unfortunately, I just don’t see them making it to a meeting about the path otherwise,” she said. Carolyn again used her past experiences as a story bet to provide input on the SHAC’s organizing practices. However, the assumptions about time that were embedded in SHAC members’ interactions and participants’ stories (and, from the previous section of this chapter, awareness) obscured other important factors to parents’ participation. For instance, Randi assumed that parents would want to arrange carpools for parents to bring children to school for 4-H meetings. Yet, multiple members and stakeholders had described transportation as a critical barrier for many families. Why didn’t this emerge in the conversation? Additionally, I was troubled by Stephanie’s statement that programs “didn’t last.” Why was that? The emphasis on making things ‘worth’ parents time or
seemed to deflect attention from issues that contributed to the perceived
(un)sustainability of programs and resources.

*Uninvolved parents.*

If, by Pat’s estimate, 25-30 percent of parents were actively involved in the school
district’s activities, then why did the remaining 70-75 percent of parents choose not to
engage? SHAC members and stakeholders offered a number of different justifications for
this, often framing parents’ subjectivities in ways that reinforced exclusionary practices.
In particular, uninvolved parents were positioned as individuals who had poor
relationships with educators or educational institutions in general. Lisa, a counselor,
stated:

> I think it’s pretty much across the board. I mean, I’ve worked in lots of different
school districts, and you know, there’s a population of people who are
comfortable in education settings because they are well-educated themselves. But
if you’re dealing with a - a community or population that’s not educated or has
struggled in school themselves, then there’s immediately that feeling of being
judged… Because the people at school, you know, know everything and are
gonna tell me that I don’t know how to do it right.

What is notable about Lisa’s statement is how it reified the deficit-oriented perspective of
parents and caregivers. Specifically, she links the existence of tension between school
districts and families to the individual parents’ characteristics (e.g., a lack of education,
fear of being judged). Her assumptions mirror the observations of scholars who have
explored how families with low socioeconomic status have been positioned by educators
and educational discourses. For instance, Davies (1993) argued that lower income families are often characterized as lazy or apathetic because they do not appear to value education. Conversely, under-resourced parents are frequently treated as though they are not competent for supporting their students’ school work (see Lott, 2001). At the same time, Lisa attributed little to no agency (or accountability) to educators for the perceived relational challenges. Nor did she implicate structural concerns within educational institutions that are conducive to unproductive relationships with parents.

Lisa’s statement stressed the inevitability of tensions in any school district. However, discourse from the SHAC meetings and participants’ interviews highlighted how tensions within the Deerfield school district were deepened by setting-specific characteristics. For instance, Christina (a middle school teacher) explained, “Because we are in an Appalachia[n] setting, um - a lot of the parents don’t come into the building.” Embedded within her comment is an assumption about how members of the Appalachian culture are generally uncomfortable in educational settings. I didn’t know if her perception was accurate, but it would not have surprised me if it was true given how schools have been used in Appalachia as institutions to “correct” the deficiencies of local knowledge (see DeYoung, 2002). Christina’s point explicitly drew upon discourses of community to highlight how the tensions between Appalachian parents and the Deerfield School district were particularly pronounced.

Participants described three specific challenges that created tensions between educators and families: Family legacies within the district; parents’ fears of disclosing conditions at home; and socioeconomic tensions between educators and parents. Because
several of the teachers and administrators that I spoke with had lived in the Deerfield community for most of their lives, the first issue they described was intergenerational struggles with education. For instance, Meredith explained:

Even thinking back to my generation and looking at some of the families, the grandparents now who were in my generation and seeing that lack of comfort in the school setting. And why do I think that is? I think it’s because, and again, I have the advantage of knowing these families. Looking back, a lot of those kids didn’t have altogether the best experience in school as students themselves. And, so I think they’re rather suspect of the whole education scene.

Certainly, it makes sense how familial cycles of troubles with education would cycle through generations. Lott (2001) observed that many parents who had experienced demeaning treatment as students were particularly sensitive to their interactions with teachers as adults. However, I wondered if Meredith’s or other “lifers’” assumptions about particular families trickled through into how they worked with specific children. After all, Deerfield was a very small town. This issue struck a chord with me as I reflected on my own experiences. My family didn’t have a ‘rep’ when I first entered school. I was the oldest child, and we had moved to the Twin Cities when I was in kindergarten. I was acutely aware that the reputation that my two younger sisters, parents and I had developed was a good one. We were polite, hard-working and involved in multiple school activities. My parents were active in booster clubs and hosted fundraisers for the choir, speech and debate, and volleyball teams. Being a Gerbensky was a good thing. But, I did see how other students’ last names were infused with
negative meanings from teachers’ experiences with their parents or siblings. How could this not be an issue in Deerfield? If the parent had been considered a ‘bad egg,’ didn’t it go without saying that the child would be viewed as one too?

I witnessed a first-hand example of this when I was conducting the participatory sketching project. As I was interviewing one of the second-grade girls, one of her classmates ran into Carolyn’s office, “Where’s MY present?” he demanded angrily. Before I could ask if he had turned in a permission slip, Stacey came running in the doorway after him. “Billy! It’s not nice to interrupt what Ms. Kerber is doing. Let’s go back and sit down now,” she gently reprimanded. After the class ended, she apologized to me. “Billy’s got some behavioral issues that we have to keep an eye on,” she said with a grimace, “NOT the greatest home situation.” I nodded, not knowing what to say. The discourses about families in Deerfield that I had heard left room for any number of interpretations for Billy’s behaviors – substance abuse, physical violence, hunger, absentee parents, neglect. The list went on. But it was clear how Stacey’s comment linked concerns about Billy to his parents or caregivers’ behaviors.

Rachel likened the community to a family, “It’s like a family, for better and for worse.” She continued, “There are good things to that and there are bad things to that…Everyone knows everybody, everybody knows everything about everybody, or thinks they know everything.” One thing SHAC members and stakeholder assumed they knew about many families was that some parents faced issues (e.g. substance abuse, physical abuse, hunger) they did not want to share with educators. Some individuals had commented that parents did not want to be judged or told they were doing things wrong.
Meredith offered an especially consequential reason why some parents chose not to get involved with the district, “There are probably things going on at home that they would prefer that nobody at the school knew because they’re fearful of Children’s Services.” Her statement makes the assumption that parents may not trust educators because of mandates to report concerns to authorities (e.g., referring suspicions of abuse to children’s services or other authorities). I was troubled by how she assumed the problematic behaviors were actually happening in students’ homes as well.

Unfortunately, there was some truth to her perspective. Amy, the county’s Children’s Services director, had given a presentation at the school board meeting that I attended. I listened in horror as she described the rates of child abuse and neglect in the region. Still, it seemed unfair for Meredith to assume that all lower-income families would harm their children. Additionally, I wondered how structural issues in the school district could frame parents’ behaviors in (potentially) demeaning ways. Dodson (1998), for example, noted that the hard work and devotion of mothers on welfare toward their children is often dismissed as dependent or dysfunctional behaviors. Certainly, mandatory reporting is an important avenue for protecting children from harm. Until I heard Meredith’s comment, I had not considered its relational implications for parents who may be struggling to negotiate challenging or potentially embarrassing material circumstances.

Other individuals stressed the role of socioeconomic status and class to some of the issues plaguing the relationships between (un)involved parents and the school district. Pat noted:
We also have some stratification problems, as I see it. We have a class of people, you know, one class of people who works. Uh, you know, was able to secure a job. And, we have a large class of people dependent on social services. I think that they’re pretty tolerant of one another, but sometimes there’s resentment… You know, I see that flowing both ways.

Pat’s comments speak to how perceived social stratifications caused tensions within the Deerfield community. Meredith specifically connected the class divide to the tensions between the school district and families:

When you look around this area, within our own school district, the school is the best place to work. And, frankly, we look like rich people. I mean – to the – to most of the people that live here in our school district, they think those people who – especially the teachers or the administration – I mean, they think we’re right. They really think we’re wealthy. And, to them, er – compared to what they have coming in, we are! I mean, I’ll be frank – we are! And, yet, we’re – we’d be some of the lower-paid educators in the… in Southern Ohio!

Meredith’s comments stressed the importance of perspective in looking at the perceived class divide in the Deerfield school district. She and other educators were concerned about being perceived as ‘rich’ when they considered themselves among the lower-paid teachers and administrators in the state. Yet, if parents and caregivers had few resources themselves, it seemed as though they may not perceive the pay-gap between the Deerfield teachers and other educators as an issue. What is more likely is that parents and
caregivers would focus on the pay-gap and perceived differences in class status between educators and themselves.

Meredith’s comments brought me back to the June evening when the county superintendent hosted a community forum to discuss proposed budget cuts for the Deerfield schools. Pay for teachers and administrators emerged as a flashpoint for the community members in attendance. In particular, a heated discussion erupted when a parent asked whether the district had compared its administrators’ compensation with other counties in the region. The county superintendent responded in an irritated tone, “The reason the administrators are paid more is because they put significantly more time in terms of work than the teachers who are only required to be ‘on-duty’ for six and a half hours per day.” Audible gasps could be heard among the crowd. A woman called out from her seat, “I’ve been retired from teaching for a while, but never only put in six and a half hours per day!” Another woman stood up from where she was sitting at the back of the crowd, “As teachers, we all put much more time into our work outside of the school day. And, most of us put our own money into the classrooms – whether it’s through supplies or books or decorations, too.” A man sitting in her row asked, “Well, how long do the administrators work per day, then?” The superintendent sighed loudly, and paused for a moment, “At the end of the day, your Deerfield administrators make very little more than the teachers here. With all of the grant writing and meetings they do outside of the school day, they are underpaid compared to others in the region. Frankly, I’m a little embarrassed by how much work they have to do.” Another man in the crowd scoffed, “We all do that! We all work well beyond the amount of hours that we’re paid
The superintendent replied angrily, “We’re all partners! I don’t want to have this discussion. I don’t think it’s worthwhile. We cannot work as a team when we’re having this conversation. If you want to continue this conversation, that’s fine. But we need to come together as a team, as all different kinds of stakeholders who need to do what is best for the students.” (fieldnotes)

As I reflected on the superintendent’s comments, I found it striking that he stressed the need for the community to come together as a team in order to work for what is best for the students. But I could understand how parents and caregivers would not feel motivated to join the team if they did not feel all members were equal. Relatedly, parents’ hesitancy to become involved with the school district was often attributed to class-based value differences. SHAC members and stakeholders frequently referenced value differences as the rationale for parents’ choices. Meredith noted, “Amy [the county’s Children’s Services director] reminds us often you cannot place your middle class values on everybody. They’re just not interested in your middle class values. And – and – but having said that and – and having and understanding of that still [pause] it is an obstacle.”

As Meredith’s comment indicated, it was clear that participants did not endorse parents’ values. Other interactions demonstrated how participants storied parents’ choices in ways that suggested caregivers’ values were deficient. For instance, parents’ behaviors were questioned as members discussed potential incentives for the Walk-to-School Day event:

Carolyn suggested the idea of buying shoes for students, “I mean, I think we could get them for ten dollars or less through Wal-Mart. Or, we could try to buy in bulk from one of the athletic stories.” “Yes!” I heard at least three people
sitting around the tables agree. Stephanie nodded, “Our students are in desperate need of better-quality shoes.” “Ugh, definitely,” Julie, an elementary school teacher, added. As members discussed potential ways to execute the idea, Abby suggested providing parents with a Wal-Mart gift card. The conversation halted, and I noticed Stephanie and Monica exchange quick glances. “I’m not sure that’s such a good idea…,” Julie began speaking, as Carolyn interrupted, “The one concern I would have with that is parents being able to get to the store.” Randi added, “Or that they would use the gift card for shoes.” “Yes. We’ve had problems with that in the past,” Julie nodded. “Well…,” Monica drew out the word, looking around the group thoughtfully, “Maybe we could work with the store to make sure parents are only able to spend the money on shoes?”

(fieldnotes)

Though SHAC members do not provide all of the story’s details in this exchange, their conversation demonstrated another antenarrative: During past events, a parent (or parents) used an incentive in a way that members deemed inappropriate. Because of this history, SHAC members altered their plans for what to use as an incentive, ultimately providing students with shoelaces.

The incentive narrative specifically implicated parents’ choices, as well as the underlying values used to rationalize actions. Some members and stakeholders extended the values-based positioning of parents further by connecting social class to (in)adequate care for health. For instance, Abby related an anecdote from helping with a school lock-in:
The girls were like, ‘we want to have babies!’ And, I was like, NO! You don’t want to have babies when you’re sixteen! [laughs] But that’s why – it’s just a different value system and I – so many of their parents have had babies when they were sixteen, and grandparents, and it breaks my heart… And it’s my value judgment on them, which isn’t fair at all. But, I – wanting to have – when you’re thirteen years old and wanting to have a baby when you’re sixteen, I think that is a huge obstacle to health.

Abby described her hesitation to judge students’ (and by extension, parents’) values. Yet, she explicitly did include judgment by emphasizing how having children at a young age is a “huge obstacle to health.” Like Abby, SHAC members and school district staff primarily characterized uninvolved parents from a deficit-oriented perspective. Some of the assumptions about parents were based on narratives of experiences. Others were grounded in antenarratives, or the anticipation of future plotlines based on the past (Boje, 2001). Both kinds of narratives were marked by expectations that low-income parents lacked the skills, values, and behaviors for appropriately caring for themselves and their children. Additionally, participants assumed that a primary reason why parents did not become involved with the school district was because they were engaged in poor behaviors. The SHAC members’ narratives revealed trained incapacities (Burke, 1954/1984) as they focused primarily on individual behaviors, while neglecting material conditions that make it difficult for parents to become involved in the district (e.g., transportation, the ability to take time away from work). Lott (2001) argued that the constellation of negative meanings surrounding low-income parents often translated into
discouraging behavior from educators. One significant material consequence of the discourses about parents is how they are silenced through their exclusion from the SHAC’s organizing practices, such as membership structures (see Clair, 1998).

_Characterization Slippage_

Despite SHAC members’ and stakeholders’ tendencies to categorize parents as (un)involved with the school district, other stories indicated the characterizations were imperfect. Because narratives are composed of a patchwork of storied elements, the components do not always fit together perfectly. Within the fabric of a story, fissures, slippage, and gaps can emerge (Harter et al., 2005; Lindemann-Nelson, 2001). I noticed slippage, or gaps between the narratives’ emplotment and descriptions of parents’ subjectivities, in three specific areas. First, slippage was apparent when participants narrated how it became increasingly challenging to recruit parents as their children got older. Second, it appeared as members and stakeholders described how relationships between families and the district had improved in recent years. Finally, I noticed significant gaps between narratives detailing parents’ lack of involvement when compared to stories of how they had been mobilized for particular events and activities.

I first noticed slippage between how parents’ subjectivities were framed when some participants recounted the difficulties they had experienced in recruiting and sustaining caregivers’ involvement. Several individuals stressed that parental participation tended to be strongest at the elementary school level. However, they noted that the levels of involvement tended to steadily decrease as children aged. When I asked Christina to describe how she defined successful parent involvement, she responded:
At the middle school level right now, I would say anything above ten parents. Isn’t that sad? We get - we get a lot of parents at the elementary level and then at the middle school level we - don’t get that. Um, so really out of the things we did last year, I would say the biggest event we held had twenty-five people. Actual parents. Not just a parent who has a student here and teaches here on the elementary side.

Later, I asked Christina if participation rates differed between the high school and the middle school. “They drop off even more,” she responded. Though parents’ subjectivities are constructed by SHAC members and stakeholders in terms of their involvement (or lack thereof) in school activities, Christina’s comments indicated the characterizations may not be accurate. When I spoke with Molly, a parent, I questioned why parental involvement decreased as children aged. She contended that most parents became less involved in their children’s education in general as they got to middle school. She attributed the trend to relational challenges in families, such as children attempting to assert agency for their education. “The younger ones, they’ll take home every note in the world,” she commented, “You try to give your kids freedom when they hit middle school, but they don’t want you to see their papers because they know one bad paper, or… they’re like, oh I don’t want to have to do another thing, I’ve already got this.” Together, Molly and Christina’s comments illustrate a key flaw in participants’ characterizations of parents as (un)involved: SHAC members and stakeholders do not take into account the complex family dynamics that surround why and how parents become more (or less) engaged in their children’s education.
Furthermore, I heard other participants express their frustrations that some of their initiatives had failed to draw involvement from any parents in the district. When Becky, a school staff member, volunteered to help with a parent survey the SHAC members wanted to conduct for a grant application, she told the committee, “I’ll see how many people I can get to take the survey during parent-teacher conferences this week. If I can’t get enough responses, I’ll send it home with students next and ask for them back on Friday. But, I just want to warn you all – I sent home a survey earlier this year. I’m talking 500 copies! And, I only received one back. ONE! Out of 500.” Members shook their heads and commented sympathetically. What I found to be interesting about Becky’s survey story is that it was not just about the division of the uninvolved and involved parents – with only one parent who responded, it seemed as though parents and caregivers spoke volumes about what they thought the value of the survey was (without saying anything at all). Unfortunately, members did not discuss this issue. What I did hear members talk about on a regular basis was the importance of incentivizing participation to make it more attractive for parents to become in various activities at the school. Food and prizes, in particular, seemed to be the primary ways that SHAC members and stakeholders strove to draw parent involvement. At the same time, the talk about incentives drew upon the deficit-oriented perspective of parents. “Anytime we do anything that we plan with families, we include food because we know our parents struggle providing even the basics for the students,” Christina said, “So if we can provide a free meal, it’s a free meal. And that is one way we get a lot of people in here.” As I noted in Chapter Three, I noticed issues with incentives when I began negotiating access
to work with students on the participatory drawing project. Several educators encouraged me to offer students an incentive that they would get excited about because I might not receive permission slips back from parents otherwise. My conversations with Carolyn had indicated this was an ongoing issue that teachers dealt with.

At the same time, I did hear stories from several members that indicated the relationships between families and the school district had improved in recent years. One reason for the change was attributed to the placement of a school-based social worker in the elementary school. During the board meeting that I attended, Amy, the county’s director of children’s services presented to the board and explained that the social workers had become a “frontline” for identifying issues, in part because “the schools cannot afford to provide counseling services due to budget cuts.” She argued that the program had been particularly effective in the Deerfield community. “The name ‘Children’s Services’ used to generate fear and it doesn’t anymore,” she commented. Amy praised the work Carolyn was doing because “now we have one family telling another that they need to go see Carolyn.” SHAC members and stakeholders further attributed increased investment from parents in the school district to Carolyn’s role. Rachel, a former AmeriCorps volunteer, commented, “They [parents] don’t see going to school as, what are you going to tell me I’m doing wrong… it’s not perfect, but it’s more, this is where I’m coming from, this is where you’re coming from, what can we do about it?” What was unclear to me from the conversation that I overheard was whether the perceived improved relationships had translated into better partnerships and measurably increased involvement from families with the school district.
Although parents may not have been involved in academics and other activities to the extent that participants would have wanted, I heard multiple times that parents were especially supportive of and engaged in the school district’s athletics programs. Pat explained, “Culturally, I see that we’re really, really supportive of sports. That’s a thing that you know we’ve excelled in at times. We’re a small school!” “There’s no school district more passionate about kids and families,” Monica asserted, “You go to a football game at Deerfield, everybody is there. Everybody is all about the kids.” The amount of school pride, particularly for athletics, was something that I had noticed whenever I was in the halls of the district’s schools. Two of the grades (third and fourth) that I conducted the sketching exercises with met on Fridays. Each time I came into the class, I was struck by the number of boys who wore their football jerseys, and girls who were wearing cheerleader outfits.

“For whatever reason, the sports are the be-all end-all here. It is true pride…it is community pride that’s in that. And people take it very seriously here,” Christina commented. Then, she joked:

We even laughed, you know, maybe we can ask them to read! Just everybody silent read for the first five minutes or... We’ve talked about maybe doing parent meetings at half time before - holding a dinner so that they come prior to the game to have dinner and we’d throw something at ‘em right then. Because it seems like that’s when we get people here.

Bringing the SHAC’s work to where the people are involved, such as sporting events, seemed like an excellent idea to me. Yet, other than the tobacco policy narrative, I did not
hear SHAC members discuss the history or possibility of using athletics as a way to engage parents. I wondered if the idea was something they had considered, or if it had been considered and discarded. However, it was not a topic that was addressed during the committee meetings or interviews.

Despite the class-based assumptions and challenges facing parents, SHAC members and stakeholders described narratives about how deeply people care about the children and the community. Although Deerfield residents’ passion for sports offered the most prominent example of how community members supported students, it was not the only illustration. For instance, Christina noted that community members often had a strong presence at school events. “I mean, the gym will be packed no matter what age level – at our assembly on Thursday for Veteran’s Day, it’ll be packed. So if it’s something around the community, the people in the community, the students, they’ll be here.” Carolyn offered another example:

Like for Halloween - one thing that like Deerfield - in High Creek, they close down the streets and the kids all parade… parade through town. Who does that? You know? But, you know, people can sit on their porches and watch the kids go by, and, like, it’s so much fun. It’s one of my favorite days, and… so… you know, like that’s just kind of the mindset of that school district.

Unlike the narratives about parents (which highlighted deficits), stories about the community’s level of engagement with the school district stressed more positive characteristics of residents. Stephanie remarked:
The sense of family is very strong there, and, uh, they… they want to do what’s best for their kids. Now – [long pause] there is a genuine caring of the people for each other, and in the face of adversity and their willingness to stand together. I mean, they are very good at that too. So…I guess those are probably the strengths. They’re very in-your-face type people.

The family metaphor, which Rachel had positioned as a potentially negative characteristic, was re-positioned in Stephanie’s statement as an important strength for the community. The concept of care that Stephanie articulated was also woven within stories about how parents had been mobilized to action in key moments. One narrative that was cited by several participants surrounded how the community had organized resources in the aftermath of a tornado outbreak in the region. Meredith recalled:

We had three school districts in our athletic league that had families that were devastated by tornadoes. And we started out with a goal of just collecting 800 cans of food. That was just the goal, to get 800 cans of food… And we asked the art teacher if she would make a – like one of those thermometer things. And, before she made the thermometer the first day, we had already collected more than 800 cans of food.

The community members’ commitment to helping the affected families quickly spread beyond collecting cans of food. “We started thinking, gosh, we heard that people, you know, lost everything so they need clothing. They need household items,” Meredith continued. When the school district put a call out to the Deerfield community, administrators were surprised by the response. Meredith described:
We collected over 2,500 cans of food. We had a room… full from floor to ceiling of clothing and household items. We had asked for freshly laundered, folded, gently used or new – never dreaming how much we would get. But, people went out, and I mean we had wonderful donations, like brand-new bed pillows, sheets, and blankets, and – um, new underwear, new socks… We had five pick-up trucks full of things that this community donated to neighbors in need.

Meredith’s description of parents’ generous responses to the tornado stood in sharp contrast to the deficit-oriented assumptions described earlier. Though parents had been positioned as needing an incentive to become involved (e.g., a free meal or stipend), they had given to neighbors in need without one. At his school, Mark (the high school principal) reported that parents had been equally responsive to the calls for aid. “They asked us to donate cans of food and clothes and things. And, you couldn’t hardly walk through the office here,” he recalled, “People just brought stuff in. So, you get the support when you need it.” Together, Meredith and Mark’s stories about the tornado response highlighted their perceptions that parents could be organized if there was a strong need for it. To me, the story indicated that parents did care and wanted to be mobilized to help the district, even though it may have been difficult for them to contribute (given few resources and material conditions in the community). Pat similarly noted that people within the community often did want to serve the school district, “I mean we have some really nice churches and stuff and we have some - booster groups and we have the BridgeBuilders textbook committee but really, this is one - this is the only game in town because what everyone can feel comfortable to get up around.” Yet,
she later expressed concerns that individuals may not know how to become involved in the SHAC.

Foucault (1980a) argued that deconstructing texts offered possibilities for insurrecting or reclaiming subjugated knowledges, the kinds of knowledge (or rationality) that has been buried or disqualified by dominant discourses-in-use. Studying how parents and caregivers were positioned in the SHAC members’ and stakeholders’ narratives offered insights into how subjectivities reify patterns of exclusion and silence. However, poststructural feminists have argued that deconstruction must go beyond exposing marginalization to seek opportunities for empowerment (see arguments by Weedon, 1997; Fraser, 1989). The examples of characterization slippage offer strikingly different perspectives on parents’ (potential) engagement in the school district. The stories about parents’ involvement in school sports, as well as their response to the tornado disaster, demonstrated that parents can be mobilized and organized to action. Additionally, the narratives raise questions about the assumptions that currently guide the SHAC’s organizing practices. What alternative organizing possibilities exist for engaging Deerfield parents in more edifying ways? How might the SHAC’s discourses be altered to ensure they are inclusive to parents’ voices? What potential new paths are suggested for educational institutions in general to incorporate the contributions of under-resourced parents?

*Giving Voice to Children’s Experiences*

Unlike parents, I had an advantage in my efforts to understand children’s experiences because I was able to interact with them directly through the participatory
sketching project. Although I had heard SHAC members express their desire to include students as members of the committee, I rarely saw individuals make an effort to recruit children (see the membership section of this chapter). I had also observed members making assumptions about whether students enjoyed the SHAC’s initiatives, such as the Walk-to-School Day events or grants that brought fresh fruits and vegetables into the cafeteria. Yet, I seldom saw the SHAC members interacting with children directly or soliciting their ideas and input for the committee’s actions. Frustrated with how students had been rendered voiceless by the SHAC, I used the participatory sketching project as an opportunity to gain insight into how children experienced discourses about health. In this section, I discuss how students described and represented the health-related activities that they performed at school. Then, I describe children’s perspectives on what they would like to do at school to help them grow up to be healthy.

First, students from all three grades drew images that reflected the diverse activities they performed at school that helped them to be healthy. I found it interesting to note that students’ drawings and stories particularly stressed the importance of exercise and being active. In particular, students related what kinds of sports or activities that they engaged in during recess. Adam, a third grader, drew a picture of himself playing football because it was what he and his classmates did after lunch (see Figure 5). When the third graders were not playing football, Ben commented that they liked to play kickball. Fourth graders like Mike also said they played kickball. I asked if what other things he did at recess. He responded, “Uh, swing on the swings, run around, play tag. Um, play jump rope with the ropes, play basketball.”
Figure 5. Adam drew a picture of himself playing football with his classmates during recess.

Not all students said that they participated in organized activities during recess. Tori, a third grader, said that she preferred to “run, do the monkey bars, job and swing.” A few students also mentioned gym class as a space where they also engaged in healthy activities. Sully, a third grader, explained, “We play basketball, sometimes volleyball.” Maria, a second grader, similarly commented that her class would, “run – hula hoop, and jump rope.” Rebecca, a fourth grader, described how her class did “different things. We play kickball, we do bowling… we play all kinds of games and stuff.”

After exercise, one of the most common responses from students about what they did at school to be healthy involved eating meals at school. When I asked what kinds of things students ate at lunch that they considered to be good for them, they responded quickly with examples of the vegetables that were served with the meals. “We always have a vegetable,” Rebecca responded, “Like peas or carrots or something – or corn with our lunch.” Adam similarly noted the carrots and peas, and included green beans as well.
He later added, “I think potato’s a vegetable. Yeah, I get potatoes.” Although children were quick to mention their vegetables as being healthy, only one student, referred to the main courses that were served in the cafeteria. When I asked William, a third grader, what kinds of foods he ate to grow up big and strong, he replied, “Like chicken. [pause] And, um, tacos.” Shortly after mentioning these meals to me, he asked, “Are they healthy?” His question reflects what I described in the Definitions of Health section (earlier in this chapter) about how children were easily able to identify vegetables (and fruits) as being good or healthy foods. However, William’s question and the lack of responses about main meals indicated that children were somewhat uncertain about making judgments about the nutritional qualities of other foods.

While students predominantly characterized what they ate at school as being healthy, I did hear them voice some frustrations with school meals. Hannah, a fourth grader, told me that she enjoyed apples and ate them frequently at her grandmother’s house. When I asked if she also ate them at school, Hannah responded, “Huh uh. I don’t really like them at school. They’re all bruised.” Many of the students’ comments were specifically aimed at the school district’s breakfast offerings. “We used to have sausage and stuff like that,” Rebecca stated. When I asked what the school served now, she replied, “Well, we usually have, like, weird breakfast bar things.” Karl, a second grader, offered a more detailed explanation of the typical school breakfast, “Granola bars, um – milk, cereal. Sometimes, brownies.” I paused when I heard Karl’s comment, remembering the heated conversation that had taken place between Ellen and Julie about the breakfast bar resembling a brownie. I asked Karl, “Brownies, as in like for
dessert?” He shrugged in response. “Fair enough,” I thought to myself, “It was a bit of a leading question.” I thought the mention of the brownie may have just been a coincidence. But the brownie emerged again when I spoke with Kenzie, a fourth grader. She said, “Like for breakfast, um, all they serve is brownies. They could always serve some, like bits of apples and stuff like they have at McDonald’s.” I shook my head. So much for kids thinking this is a ‘nutritionally fortified breakfast bar!’

Additionally, students described other health-related behaviors performed at school. For instance, two students, Charlie (a third grader) and Summer (a second grader), explained that they participated in an after-school program that emphasized health. Charlie said, “Sometimes at Kids on Campus, we get to run and that – like, we go up in the goods and so we run up the hill.” Summer described how the program also emphasized learning about nutrition, “They teach you what kinds of stuff to eat and be healthy, and sometimes we just have fun!” For me, it was interesting to hear how students picked up on what (and where) they were taught about health. Other suggestions were connected to specific behaviors at school. For instance, Sienna, a fourth grader, said, “I don’t know if this is how you be [sic] healthy, but you learn!” Hannah commented that she thought drinking water was important to health. Mary, a third grader, stressed the daily amounts of activity the students got, noting “We have to walk a lot.” “What about recycling?” Karl asked me. Taken together, the students’ comments indicated that they perceived health as multi-faceted, incorporating an array of different behaviors. Most of the students did not offer a rationale for why the behaviors were connected to health. For some students, the lack of a specific explanation could be connected to their level of
health literacy. Karl’s question, for example, demonstrated that children may see links between specific behaviors and health but may not fully understand or be able to articulate the connections.

I found that children’s answers to the question, “What would you like to do at school in order to be healthy?” offered additional insights into how they understood the achievement of health. The students’ answers primarily focused on exercising or being active. “I’d like to stay outside all day and run around,” declared, Sienna, “Cause, I do that every day at my house. Except for when it’s 6:30, cause that what time I gotta go in.” Her words were echoed by other students voicing the desire to spend more time playing sports or with friends on the playground equipment at the school. Hannah drew a picture of a swing set (see Figure 6) to illustrate what she wanted to do at school to be healthy. She explained to me that she and her friends “mostly run around” and “play on the swings” during recess. If she could, she said that she would play on the swings and the slides even more. Likewise, Sam, a second grader, described how he “would like to play with his friends a lot” more during the school day.

Figure 6: Hannah drew a swing set to demonstrate that she wanted more time to play on the school’s playground equipment.
Other students told me that they wanted the opportunity to play sports more often. Laura, a fourth grader, explained that while she enjoyed playing football during recess, she wanted to be able to play soccer at school. I asked if she played soccer at home, and Laura responded, “Yeah, and then - I play on the recreation team in White Oak.” As I heard her say this, I assumed that she must be from one of the district’s wealthier families because White Oak was nearly 20 miles away from Deerfield. Other sports or activities that were less team-oriented also came up in the conversations. One of the third-graders, Charlie, had said that he wanted to “do more sports” at school. When I asked what he meant, he said, “Uh, I wish we could bring our bikes here!” Three of Charlie’s classmates (Mary, Tori and Ben) similarly mentioned that they wanted to be able to ride their bikes at recess.

Students also offered creative ideas for incorporating new equipment or resources for physical activities and healthy eating into the school environment. After complaining about the unseasonably warm weather, Rebecca noted, “I would like some water fountains out at recess because you get thirsty out there.” “Is it hot out there?” I asked in response. “YES!” Rebecca said emphatically. She continued:

I would like a pool at our school because it would be fun.

A: An inside or outside pool?
R: An inside pool.
A: Okay.
R: And, an outside pool.
A: [Laughs] Do you like to swim?
R: Yeah.
A: That’s awesome.
R: I love to swim.

Rebecca’s desire to have a pool at the elementary school was echoed by two other students. When I asked Mary why she was interested in having a pool at school, she replied, “Cause I think swimming is really fun and it’s healthy.” Both she and her classmate, Tori, told me they would prefer the pool be an indoors “so you don’t have to go outside - so you - you can swim in the, um, when it’s cold out too.”

![Figure 7](image)

Figure 7. Rebecca’s drawing of what she would like to do at school to be healthy.

In addition to the drinking fountain and pool suggestions, Rebecca’s drawings and statements included other recommendations for what she would like to be able to do at school. “I want to play baseball, like have a real baseball thing out at recess,” she said, “And I want to have a trampoline out at recess.” As I probed what Rebecca meant by a “real baseball thing,” I learned that she was referring to an actual baseball diamond, which the elementary and middle school did not have. Jacob, a third grader, had similarly commented on this:
J: I’d like to have, like, a baseball field so we can bring baseball and baseball bat.

A: That would be pretty cool. Where do you play kickball outside? Do you have a baseball field, or…

J: No, we just play it um, we make the bases.

Though most students’ recommendations stressed the need for recess equipment, others made suggestions for resources inside the school building. Kenzie, for example, explained her drawing (see Figure 8) in the following exchange:

A: How about number four? Those are things that you would like to do at school to grow up and be healthy.

K: I drew a ball, so like when you’re doing your work you could just jump on it. I - I thought - I just wanted to be creative with that one! [laughs]

A: [laughs] That’s okay! Is that like an exercise ball?

K: Mmm hmm! Yeah, like one of those really big balls that you can just bounce on all the time if you want too.

Figure 8. Kenzie’s exercise ball is next to number 4, on the bottom-left side of the image.
Other students offered ideas for new equipment that could be incorporated into the school cafeteria or classrooms. For example, Rebecca wrote in her drawing that she wanted to see a frozen yogurt machine. Summer similarly argued in favor of adding a smoothie bar “with a whole bunch of fruits in it, and you can blend a smoothie” to the school cafeteria. She later added:

I would like for all of the classrooms to have a whiteboard so they can learn a bunch of information on the internet.

A: Ooh, that sounds like a cool thing. And, how would that help you be healthy? Or big and strong?

S: Because, if you look at some stuff on the internet, it tells you what to be healthy and what to eat.

A: Mmm hmm.

S: And, it also tells you what to do and what to not do, and it teaches you some stuff.

Given the lack of resources for the SHAC and the school district, it is unlikely that they would be able to accommodate most of the suggestions offered by students. Yet, I argue that it would be useful for the SHAC members to consider students’ perspectives on health, and their health-related concerns as the committee plans future events. Hearing children’s opinions may also strengthen SHAC members’ case for action connected to the school district’s policies and practices as well. For example, if committee members had known that students viewed the nutritional breakfast bar as a brownie (which the
comments from Kenzie and Karl indicated), this may have strengthen their arguments in discussing potential menu changes with Ellen.

Finally, I purposefully did not ask about SHAC’s initiatives because I wanted to see if children would describe the events on their own. None of them mentioned the SHAC’s activities by their own accord. I did eventually ask two third graders if they had participated in the Walk-to-School day events when they expressed interest in biking (see Figure 9) while at school. The following exchange between Ben and I illustrated how questions about the event emerged naturally in the conversation:

A: So you’d like to ride your bike here at school? When during the day would you like to be able to do that?
B: Uh, lunch time. We have half an hour.
A: Gotcha. Would that mean you’d have to ride your bike to school?
B: Hmm - I don’t live far away from here.
A: Okay.
B: I only live on Church Street, Deerfield.
A: Gotcha. Since you’re so close, did you do the walk to do school day with us?
B: Yeah.
A: Okay, very cool. I thought I may have recognized you. I was there for the one in the fall last year.
B: Aw, yeah.
Though Ben told me that he had enjoyed the event, he offered little explanation of what specifically he enjoyed about it. Like a few of the other students, he had appeared hesitant to provide me with more than simple or brief answers to my queries. Being mindful of the fact that monosyllabic responses can sometimes be a passive indicator of resistance (see Hill, 2005), and concerned with my (perceived) power as a researcher, I was hesitant about probing more deeply. Yet, I was curious about what he thought about the event because, as far as I knew, SHAC members had not explicitly discussed the experience with students. Gaining students’ perspectives could be valuable to the SHAC for understanding what, specifically, the children had liked or disliked about particular initiatives. This information could also be useful to the committee in determining the allocation of resources (e.g., time and funding), as well as for deciding which initiatives should (not) be repeated. Learning from students could also illuminate other issues, such as why some children do not participate in particular initiatives. For example, my conversation with Tori revealed that she was aware of the Walk-to-School Day. However, when I asked if she had participated, she shook her head, “No. My mom don’t
[sic] let me.” In the absence of strong relationships and/or dialogues between families and educators, children’s perspectives may offer important insight into the reasons why parents are hesitant to engage in specific activities. In the final section of this chapter, I articulate some of the challenges the SHAC faces for organizing sustainably.

“It’s Sometimes Impossible to Continue Good Things:” An Epilogue

Drawing upon the four seasons of nature as a metaphor for ethnographic fieldwork, Gonzales (2000) wrote, “In the winter, the researcher ‘leaves the field’. . . Winter is a cold time. It is often lonely. Writing about a culture removes you from it, so that even if you are part of it, you no longer are in the same way” (pp. 645-646). Gonzales’ description of the ethnographer’s “winter” closely mirrored my experience as I moved from conducting fieldwork in the Deerfield community into the process of writing. As I moved into the “winter” of my dissertation, I grew frustrated with my perceived isolation. Fieldwork had provided me with instant gratification, as I enjoyed opportunities to make connections and develop relationships with participants. Although I typically take pleasure in my writing, I found the time spent making sense of hundreds of pages of fieldnotes, interview transcripts, sketches and other data to be overwhelming. Breakthroughs in my interpretations and writing took longer to achieve, and I found they did not always provide the same kind of satisfaction that fieldwork had yielded.

Thoroughly engrossed in my work, I did not realize how truly isolated I had become . . . until I realized one sunny April morning that I had not received a meeting notice from the SHAC in several months. Startled and concerned by this realization, I retraced my e-mail exchanges with Stephanie (the district’s wellness coordinator) and
others. When I had been unable to attend the SHAC’s regularly scheduled meeting in November because of an academic conference, Stephanie had sent me a copy of the previous meeting’s minutes. December passed without an e-mailed meeting reminder. “That wouldn’t have been a red flag though,” I thought to myself, “The committee never seems to meet in December due to holiday schedules.” I checked for a meeting notice in January. Nothing. But at the end of the month, I had received an invitation from Monica (the representative from the local health department) to a meeting regarding a potential grant application for improving sidewalks near the elementary school. As I looked carefully at her e-mail, I remembered I had not attended because it conflicted with my teaching schedule. A week later, Stephanie had sent an invitation to SHAC members and several stakeholders regarding a working group to write the grant application. I recalled that I had been hesitant to join the new group for several reasons. First, I was concerned about adding a commitment as I was already struggling to balance completing my dissertation with a job search and teaching obligations. Second, Stephanie’s e-mail had indicated that she was looking for community members and particular school personnel to include in the planning process (e.g., teachers and administrators, the school district transportation supervisor, the mayor, a township trustee, one or two parents). Additionally, Stephanie had offered participants stipends in her invitation. I thought it was inappropriate for me to accept the opportunity when other community members may be more beneficial to the working group (and deserving of the stipend). That meeting occurred in March . . . and as I completed the scan of my e-mails, I realized that I had not heard from the SHAC members since then. I was confused. Did members think that
because my fieldwork was finished I was no longer attending SHAC meetings? Or, had the committee simply stopped meeting? I was not sure what exactly had happened and quickly e-mailed Stephanie to learn more.

My suspicion that the SHAC was no longer meeting as a committee, but had shifted into a working group for the grant was confirmed by Stephanie’s response. “Nobody came to the November meeting, so I just figured we’d put the general meetings on hold until we got the grant situation taken care of,” she wrote. Though the turn of events was unexpected, I was not surprised by how the change unfolded. During my fieldwork, I noticed that SHAC members’ stories illuminated the difficulties of organizing amidst uncertainty, ambiguity, and ongoing environmental turbulence. The committee’s resiliency in the face of significant challenges had impressed me. Yet, I sensed that the struggle for survival often left members feeling stressed, if not burned out. “One of the other things, too, why I would like to see bigger membership is to change facilitators,” said Stephanie who had led the SHAC since it began in 2000, “I would like to be a member, not the leader!” Her comment resonated with me as I began making sense of why the SHAC’s previously consistent meeting practices had shifted over the last few months. As I reviewed narratives from my interview transcripts and fieldnotes, I began identifying patterns between how SHAC members described temporality and the sustainability of organizing school health initiatives. In this section, I first describe how SHAC members and stakeholders drew upon community discourses to story the relationship between an organization’s (or an initiative’s) longevity and legitimacy. Then, I explore how the narratives revealed SHAC members’ concerns for negotiating symbolic
and material tensions. I specifically focus on the symbolic importance of sustainability and the (in)consistency of material resources, particularly participation and funding. Finally, I interrogate how SHAC members’ stories articulated strategies that empowered the committee to organize amidst these tensions.

**Storying Connections Between Legitimacy and Longevity**

First, I repeatedly heard SHAC members and stakeholders describe how the perceived legitimacy of organizing (e.g., committees or groups, particular initiatives) was connected to an effort’s longevity (or sustainability) over time. Several individuals drew upon community-based discourses to explain the symbolic importance of longevity. The concept of temporality and how it is woven into the processes of meaning-making and storytelling has long been a concern for narrative scholars (see, for example, Freeman, 1998; Cunliffe et al., 2004; Ricouer, 1984). The temporal sequencing of events has implications for how narrators and audiences view causal meanings, relationships, and paths of available action (see Harter et al., 2005). Time is rarely storied in linear ways, as stories reflect the interconnectedness of the past with the present and future (Ricouer). Additionally, the various meanings of time are also bound up in meanings of space, as contexts shape performances and interpretations (see Cunliffe et al.). In the context of the Deerfield SHAC members’ and stakeholders’ narratives, the duration of time (longevity) that an initiative lasted appeared to be symbolically linked to perceptions of consistency. For example, Pat, the superintendent, explained that consistency and time were viewed as necessary elements for building trust within the Deerfield community. She explained, “The health wagon, people trust that. It’s been coming out so long that they’ll hop right
on it." Her example suggested that time and consistency were necessary for community members to move from a place of mistrust to becoming more familiar and confident with what the mobile health clinic could offer them.

Connections between longevity and legitimacy gained additional traction through narratives surrounding the school district’s ongoing struggle for survival since the mining industry’s decline. I heard stories about the district’s resiliency in multiple contexts. One telling occurred during the June 2009 community forum. The county superintendent referenced how the district has “historically survived and work through a lot of lean times” as he reassured attendees the schools could endure a new round of budget cuts. Other participants described how the loss of mining jobs had created a steady exodus of residents out of the area. The declining population in Deerfield had led to a decreased number of students. As a result of the changes, members and stakeholders explained how rumors that the school district would be consolidated with another district had persisted for decades. Despite fear and uncertainty, participants recalled how residents had fought to ensure the district’s survival. For instance, Meredith (the middle school principal) recounted how community members had banded together in the mid-1960s to thwart a consolidation effort:

It was a way for the state to try to force us to consolidate - they said oh, your high school doesn’t meet standards. Well, we had a fairly wily superintendent at the time . . . In fact, our gymnasium at the new high school was named after him . . . And, he did some research and found that, oddly enough, at that time, there were no building standards in place for middle schools. So, this community, on a
Friday night, got together and - people lined up with trucks and their cars, and they packed up the entire middle school, which was housed in this building at the time, moved it to the High Street building because it was not - there was nothing wrong with having a middle school there. And, packed the high school up and moved it in this building. And, it was that way from about 1974 until 1988. We had the high school here, and played high school basketball games on a tile-floor cafeteria gym . . . And, we switched two entire school buildings in one weekend. Started on a Friday night and finished very early Monday morning. And, we saved our school district.

Meredith’s anecdote characterized community members as being proud of their schools, and willing to fight to ensure the district’s survival. Given the broader community discourses’ emphasis on institutional sustainability, it was not surprising to hear survival emerge in conversations about micro-level practices as well. Concepts like time, consistency, and legitimacy were mentioned frequently in the SHAC members’ stories about the committee’s work. Carolyn (the school district’s social worker) explained:

> I think that, um, folks in Deerfield, like, because of their - the kind of the Appalachian culture - until they know that you’re there permanently, they’re really not going to buy into what you’re doing . . . I bet my first three years out there, every spring, they would be like, “Are you gonna be back next year?” Because there would be, you know, these one-year positions of people coming in from the university, or we would be part of like a research project, and… you
know, a flash in the pan. Some people don’t want to put the energy into things sometimes when it’s not necessarily gonna be permanent, I think.

Carolyn’s story illustrated an important potential pitfall for health organizing. Short-term initiatives represent useful ways to address specific health problems, or to cope with limited or inconsistent budget resources. Yet, she indicated that the cumulative effect of too many short-term efforts had left community members feeling as though they could not trust or rely on programs to last. Additionally, her narrative echoed community-based participatory researchers’ concerns regarding the material impact of “helicopter research,” or practices where scholars take information from a setting to develop theory, but do not leave participants with anything in return (see Deloria, 1992; Harter et al., 2010). If short-term initiatives seemed to have little benefit for community members over the long run, it made sense why they valued longevity.

Stephanie reinforced Carolyn’s point as she recounted specific programs that had been started, but had not succeeded in the Deerfield school district. “They would do all these big – depending on the flavor of the day, you know, mediation or bullying programs, or all of these different things, but they never lasted,” she recounted. Stephanie then added that she believed the perception that initiatives “don’t last” in Deerfield had affected the SHAC’s abilities to organize. For instance, she described her initial efforts to recruit committee members:

Also, I heard early on, too, from a lot of teachers the reason why they didn’t want to get involved is because things always - things never lasted. So, I think they saw my position as coming but leaving because of funding. I mean, I heard that over
and over again. You know, “Well, we’ll start something and it won’t last.” And now, I think I’ve been there long enough that they - I guess they think I’m gonna stay, I don’t know. But, I even had one teacher say, “How long are we going to continue this health monitor around here?” And I was right behind her when she said it! And, I was like, “Well, forever!” [laughs]

Stephanie’s story attributed the committee’s recruitment challenges to the perceived relationship between longevity and legitimacy. Her narrative implies that when an initiative is viewed as unsustainable, SHAC stakeholders are often hesitant to dedicate time or resources to support it.

Stories from SHAC stakeholders’ further reinforced Stephanie’s argument about how initiatives that were viewed as sustainable were perceived as legitimate or successful. When I asked Kelly, the elementary school principal, what she thought were the committee’s strengths, she replied, “The longevity. I mean, they have been in existence for a while, and a lot of times, your groups like that will come and go. And, I give a lot of credit to Stephanie for keeping that – that up and running.” Kelly’s statement revealed how uncertainty surrounding an initiative’s (as well as an organization’s) sustainability functions to position longevity as an achievement, or marker of success.

The SHAC’s longevity was similarly positioned as influencing stakeholders’ perceptions of the committee’s legitimacy. Although teachers had criticized some SHAC initiatives, Monica commented that she heard many educators complain to Stephanie about “things that they see. Like ‘do something about this!’” Stephanie mentioned that one of the major issues teachers had expressed concerns about surrounded the nutritional content of school
lunches and breakfasts. She explained that teachers approached her (as opposed to the cafeteria supervisor) because the SHAC had increasingly been viewed as “a credible group to bring issues to if – if they do have major issues for – um, health – those type of health related issues. And . . . I think they recognize the SHAC committee as probably the entity to use to make change.” Because teachers and community members proactively approached the SHAC to address health issues, Monica argued that stakeholders perceived the committee as being capable of action. “There’s an interesting perspective that maybe this group can do something about this,” she commented, “And that this group is expected to do something.”

Participants’ narratives suggested that the SHAC’s longevity influenced how stakeholders perceived the group’s success and legitimacy. In addition to emphasizing the symbolic importance of sustainable organizing, members’ narratives also highlighted the material factors that made longevity difficult to obtain. I describe two resources that SHAC members highlighted as particularly important obstacles to sustainability in the next section.

Sustainability and (In)Consistent Resources

When I attended my first SHAC meeting in January 2009, I learned that the committee had used grant funding to create an exercise room for the school district’s staff and community members at the elementary school. Stephanie described the room’s development as labor-intensive. “That was buying the equipment, going out and getting estimates. I mean, it was a lot of work,” she recalled. As I continued attending meetings, I noticed flyers posted in the faculty lounge where the SHAC met advertising the exercise
room’s hours of availability (three to four hours per evening, three nights per week). Conversations among members indicated that the room’s cardiovascular equipment and weight sets were being used frequently, although individuals did not specify an exact number of attendees. Jeff, an AmeriCorps volunteer, even offered to staff the room for extra hours each week. Based on these comments, it appeared as though SHAC members viewed the room as a successful initiative during the 2008-2009 school year.

However, the situation seemed to be different when the SHAC reconvened in the fall of 2009. Stephanie announced during the September meeting that the remainder of the grant funds had been spent to perform maintenance on the cardiovascular equipment. As committee members nodded their approval, Randi (the representative from a local agricultural non-profit group) suggested, “Have you thought about looking for additional funds through the Sisters of St. Michael’s? Or the Southern Ohio Foundation? Deerfield is a hot area for funding right now!” Although I saw Stephanie jot down Randi’s suggestions in the meeting minutes, the topic of conversation changed quickly to talking about school lunches. I did not hear members return to the idea of finding new grants to support the exercise room. However, as I continued to attend meetings and interview stakeholders, it became apparent that the lack of funding represented a threat to the initiative’s sustainability. Without funds to maintain the equipment, Stephanie commented, the room would likely not last long. Pat similarly argued that there needed to be a staff member to monitor the room, noting that she did not want “people wandering the halls or wandering the building at night . . . We had an incident or two.” Although Pat did not elaborate on what occurred, it was evident that she viewed funding for
staffing as a necessary resource for keeping the room open. Other stories indicated that funding for staffing was not the only issue. When the exercise room came up during a meeting in September 2010, Stephanie told the committee members, “All I really need is $1,000 and I can keep that room open two nights a week, for three hours at a time for an entire year . . .” As she continued, her comments related a second concern for the exercise room’s sustainability: Volunteers to form a sub-committee to oversee the room:

We tried to develop a small committee, like an oversight committee, to work on it. But, you couldn’t get people to come forth and make the decisions that needed to be made . . . So, even an administrator called me over the summer about who had access to the room, and I said, I am not - I don’t own that room! [laughs] You make the decision! I think that - probably explains the reason why a lot of teachers don’t volunteer for stuff. Because they become the owner. And, they don’t want to be the owner, you know?

Surprisingly, the issues for keeping the exercise room open were only addressed in two (of the 15) SHAC meetings that I attended. I did not realize that the room had been closed until the topic was brought up during interviews in the summer of 2010. While Stephanie and Pat appeared to know what the obstacles were to keeping the room open, it was not clear whether (or how) the information had been communicated to other SHAC members. Carolyn, for instance, expressed uncertainty about whether the room was still open, or if it could be reopened eventually:

I’m not sure. There’s no one who - There’s no one to my knowledge at this point who is taking care of it. It’s a frustration for me because it was so expensive and -
it wasn't sustainable per se. I don't think we had enough . . . um . . . onus by
someone who just volunteered to take care of it. And, I personally think that the
one of the gym teachers, like, could do it, but . . . (her voice trailed off).

The exercise room narrative is representative of a common plotline among the SHAC
members’ narratives: The committee members worked hard to develop an initiative,
which was briefly successful or had been well-received by stakeholders. However, the
SHAC lacked the resources to keep the initiative going, and the effort eventually ends.
The commonalities among the stories do not end with the plot. The exercise room
narrative highlighted the obstacles that were mentioned most often in the SHAC
members’ stories: The (in)consistency of participation and funding resources. With the
exercise room narrative, Stephanie stressed how the limited grant funding influenced the
SHAC’s ability to maintain the room (e.g., keeping up the equipment, hiring staff). Yet,
she and Carolyn pointed to another obstacle as well: The (lack of) volunteers from the
school district to take ownership of the room. Both women argued that the SHAC should
not be responsible for sustaining the exercise room alone, and demonstrated their
frustration with decision-makers and other staff members for not assisting with the
initiative. This section articulates how both obstacles were emplotted within in the SHAC
members’ stories.

(In)Consistency of participation.

One common thread in narratives and meeting conversations about the
sustainability of SHAC initiatives was (in)consistent participation from both members
and stakeholders. Participants emphasized three specific reasons why membership and
participation in the committee’s work shifted over time: The finite tenure for some members; uncertainty surrounding members’ jobs; and stakeholders’ hesitancy to become involved with the committee’s efforts.

Finite tenure.

First, SHAC members’ meeting interactions appeared to position some members as “short-timers” because they served the committee for a brief, finite period of time. AmeriCorps members, for example, are assigned to serve the school district for one academic year. As I observed the SHAC’s meetings, I noticed that the duration of members’ tenure seemed to influence conversational norms guiding who was allowed to talk, and when their interactions were valued. For instance, AmeriCorps members rarely spoke during the meetings that I attended in 2009. When they did engage in the conversations, the AmeriCorps volunteers seemed to defer to SHAC members who had a longer tenure with the committee. A case in point: When Abby (a graduate student) first introduced the idea of a walk-to-school event to the SHAC, Julie (the elementary school teacher) was quick to point out institutional rules (e.g., students not being allowed in the school building or on the playground without a certified teacher present) that would make executing the event difficult. Conversation about the event stalled until later in the meeting when Monica suggested some options for overcoming the obstacles. Once Monica, a longer-term member of the committee offered her ideas, I noticed that the AmeriCorps volunteers began to suggest other approaches to make the event work.
Though the short-timers’ deference appeared to be an implicit norm of the committee’s interaction, I did notice a few explicit displays of power that privileged longer-term members’ voices. One example occurred when Kelly attended a meeting:

Stephanie asked Abby to give the rest of the committee an update about the proposed sidewalk near the school and the potential walk to school day event. Abby indicated that she and Kelly had briefly spoken over the phone about the project. Kelly told the committee that she was interested in the idea but needed to know much more about it. Rather than letting Abby respond, Stephanie quickly commented, “Oh, that’s something we talked about in the last meeting. Monica, do you want to explain how this connects to the walking path the county is working on?” (fieldnotes)

As I noticed these subtle displays of power, I became somewhat concerned about how the AmeriCorps members’ or other short-term volunteers’ voices were (not) privileged during the SHAC meetings. At the same time, my interviews with long-time committee members indicated that they greatly valued and appreciated the contributions of the volunteers. Rachel, a former AmeriCorps volunteer, explained that Deerfield was unique in that it had two volunteers dedicated to the school district on an annual basis:

So the school district does pay a partner match, um, to have them there and every year it gets harder and harder to find . . . so I know Deerfield knows how much they need ‘em . . . they are highly, highly utilized. Like some members have you know an average workload, some have a little above average. Deerfield, I know if
their hearts beating they will be hard working. [laughs] Because they put ‘em to work.

Rachel’s comments suggested that because the Deerfield community’s need for assistance is strong, any volunteer efforts (even the short-term contributions of the AmeriCorps members) are greatly appreciated by members of the school district. I was surprised by Rachel’s perspective, particularly given other members’ narratives emphasizing the importance of longevity and consistency for health initiatives. What was different about the AmeriCorps volunteers than short-timers or researchers from the university? Both groups were involved in a location for a specific period of time. However, unlike researchers, AmeriCorps volunteers operated under a mandate to serve the community where they lived. I wondered whether perceptions about the tangible contributions of AmeriCorps volunteers’ work somehow off-set their limited engagement with the school district. For example, Stephanie described how her AmeriCorps volunteer’s presence was essential to her own ability to provide care as the district’s wellness coordinator:

She helps me with screenings, and um, that takes a big chunk of time. And, then she does the extras - like going into the classrooms to do the presentations on different health. She does that because they really don’t want me out of that office. Which, I find sometimes disconcerting. I mean, you can’t even go to the bathroom, they’re paging you. [sighs] Or, get a lunch. So… she is able to do the extras that, really, I like to see get done. Or for spirit, like if you want to do an
activity with a certain group, like jump rope for heart or something like that, she can take that… if I didn’t have her, then none of that stuff would get done!

The contrast between Stephanie and Rachel’s comments and my observations of the SHAC’s meeting interactions was striking. On the one hand, SHAC members stressed how they valued the (necessary) contributions of short-term committee members. On the other, I had seen how short-term volunteers’ voices were (at least somewhat) marginalized during meeting interactions. The tensions emerging from the two perspectives on members’ tenure sparked further queries: If SHAC members valued the contributions of short-term volunteers, why would the short-timers’ voices be marginalized? Why did some kinds of short-term contributions appear to be valued, but not others? Why had this (perceived) interactional norm developed? Was it possible that the perceptions of longevity and legitimacy extended beyond organizing to shape how individuals’ contributions were viewed?

*Uncertainty.*

Even if an individual’s sustained commitment to the SHAC was connected to perceptions of legitimacy, was prolonged membership possible? Though some members’ commitment was temporally fixed, others described uncertainty about the resources that allowed them to participate in the SHAC. Because her job was funded by grants, Becky (a staff member) expressed doubt that she would be able to remain involved in the SHAC indefinitely:

B: I haven’t been a member of SHAC that long, it was just last year.

A: Okay.
B: So, yeah.

A: Okay. So, you started your job last fall?

B: Yes, last- last August. And my grant runs through August of ’11.

A: Okay.

B: And, then the grant’s over. So - still looking for funding. [laughs] I want to stay here!

Becky’s comments illustrated how she wanted to remain involved with the SHAC and the school district. Yet, she framed her agency to continue participation in ways that stressed outside forces (e.g., grant funding) rather in terms of her personal responsibility. She was not the only SHAC member to emphasize external, instead of internal, factors that influenced committee participation. Members’ statements indicated the committee recognized how uncertain and unstable resources impacted others’ ability to continue serving the group in the future. “Monica’s job is grant-funded,” Abby told me matter-of-factly, “Stephanie’s job is potentially at the whim of somebody’s pen stroke, so is Carolyn’s job.” I saw firsthand how shifting resources affected individuals’ jobs (and potentially their ability to serve the committee) when I arrived at the September 2009 SHAC meeting:

I arrived a few minutes early to the September SHAC meeting. Stephanie was already in the library, setting out agendas, bottles of water and a bag of grapes on the table. As I greeted her, I asked how her summer had been. “Great!” she said. “I had the entire month of July off!” Assuming that amount of vacation was typical for summer break, I commented, “That sounds wonderful!” Stephanie
smiled wryly, “Well, it could have been better. There were changes at the Department of Job and Family Services, and I was laid off for a while. Fortunately, the Deerfield school district decided to fund its own wellness coordinator position, so I was re-hired and brought to work in August.”

(fieldnotes)

Stephanie’s statement highlighted the material forces (e.g., structural changes at state agencies, budget cuts) driving the uncertainty surrounded the future of her job, and her ability to continue serving the SHAC. From a political perspective, I had been puzzled by the logic of how Stephanie’s DJFS job had worked. Why was the DJFS hiring school wellness coordinators on behalf of a school district to begin with? Perhaps the school district had not had the budget resources to hire a full-time nurse? The situation illuminated how the place of health was prioritized within the school district, and broader state legislative discourses. Even though people agreed that health was important, care was not prioritized in the allocation and distribution of resources (see similar arguments by Wood, 1994). As one of the poorest school districts in Ohio, Deerfield was likely to see deeper cuts to funding for health (such as Stephanie’s position) than districts with greater resources.

Even though SHAC members appeared to value sustained commitment, the stories positioned long-term participation as contingent on factors that were outside of the individual’s control. Additionally, I thought it was striking how members’ desire to remain involved did not appear to wane in the stories, even though other interactions with SHAC members provided evidence of emotional burnout.
(Lack of) Stakeholder involvement.

If SHAC members’ future participation was uncertain, could other school staff members assist with sustaining the committee’s efforts? SHAC members’ narratives framed this as an unlikely possibility. As I described earlier, members and stakeholders offered different reasons why it was difficult to recruit volunteers. For instance, members’ stories had framed educators as resistant to some of the SHAC’s efforts or positioned them as “not getting” the committee’s mission. Parents were similarly positioned as uninvolved in the school district in general. Stakeholders’ narratives offered more complex reasons for why they chose not to become involved with the SHAC. As I described in the section on membership, stakeholders had described feeling hesitant about engaging with the SHAC because many individuals were already taking on additional work due to limited budget resources. Christina, a middle school teacher, explained:

I would say, now more than ever, the people that are close to retirement are retiring because the stress is - the stress is beyond and the support is a lot less than it ever used to be. I guarantee if walked around this building this year where we’ve lost staff, where we’re still being - under the pressure of meeting the state standards with less staff, with less resources - this is one of the hardest years we’ve ever had. Because people just feel like they’re floundering, like they’re not doing any of it well.

Although SHAC members were often quick to characterize teachers and staff members as resistant to the committee’s work, Christina’s statement indicated that other concerns mattered. In particular, her comment demonstrated how various challenges in the present
moment (e.g., stress caused by budget pressures, compounded by personnel changes and demands to meet state and national testing standards) were affecting educators. If teachers and staff members were stressed by their daily responsibilities, why would they join another committee (especially one that does not count toward their service requirements)? Christina’s comments shed new light on the narratives SHAC members told about teachers as “resistant” or “not getting it.” Did they really “not get it”? Or, was it more likely that they understood the symbolic importance of school health, but had to balance it with the material resources necessary to ensure the school district’s survival? I couldn’t help but notice how present the issues of stress and burnout were in educators’ narratives. Though some SHAC members had alluded to feelings of burnout, this was more subtle in their stories. While Stephanie said that she enjoyed serving as the committee’s leader, she also commented “Why I would like to see bigger membership is to change facilitators, too! I would like to be a member, not the leader.”

Given the tensions and broader issues surrounding (in)consistent participation, I wondered why sustainability remained an important value for SHAC members. Monica described how participation rates had important implications for the committee’s agenda, and the feasibility of collective action. She particularly stressed the ways that who participates in organizational discussions alters what initiatives are discussed and how the committee prioritizes them:

Right now, the priority is walking to school, right? So um... those priorities are really contingent upon who’s at the table and of course, school gardens and school foods … if we’ve got an agricultural non-profit on here so - you know that’s
gonna be a focus. So it really depends on who’s at the table, who has a shared interest in - what’s going on and money. You know. We probably would not be working on walking to school if we didn’t have some money coming.

Monica’s comments reflected a point that I described in the membership and recruiting section in this chapter: The SHAC relies on individuals who participate in the committee meetings in order to determine which health issues are addressed, and by what means. Though her comment highlighted the importance of voice to the committee’s agenda, it also emphasized the critical nature of resources. I discuss how the (in)consistency of resources shapes the SHAC’s ability to organize sustainably in the next section.

*(In)Consistency of funding resources.*

Funding resources also emerged in SHAC narratives as a significant obstacle for sustaining the committee’s efforts. When I asked Pat about the kinds of resources the district provides to the committee, she replied, “Not as much as we’d like to. Um - I think that you know, Stephanie has that office there, very small. I see her as being instrumental in that. Other than that I think just meeting space.” Stephanie later explained that previous administrators had told her that it wasn’t possible to provide the SHAC with funds because of the district’s limited budget. “That’s what’s made the school health committee’s job a little bit harder,” she stressed, “There isn’t any funding stream. And, you have to be your own fundraiser. Well - I don’t like fundraising, I’ll tell you right off the bat, I hate to ask people for money!” Rather than actively fundraising, she and other SHAC members explained how the committee had sought grants from a variety of
sources, such as the Appalachian Heritage Foundation, the Ohio Department of Transportation, the Dairy Council and the Robert Wood Johnson Foundation.

As SHAC members described how the committee used grants to fund its work, I detected two meanings attached to the financial resources the grants provided: Some stories indicated SHAC members were appreciative of the resources that grant funding offered. Others indicated that they were frustrated with the temporal limitations of grant-supported resources. First, committee members described feeling grateful for the grants they had received because the resources had empowered the SHAC to establish new initiatives, such as the exercise room. For example, several SHAC members and stakeholders’ narratives mentioned grants that had allowed the committee to provide elementary and middle school students with fresh fruits and vegetables. For one of the grants, the produce was served as part of the school’s lunch. For another, it was served to students as a daily snack. Molly, a parent, said the grant’s success had surprised her. “My son tried kiwi!” she commented, “He wouldn’t try it at home, but he finally tried it here. He liked it!” Similarly, Stephanie recounted how students had responded enthusiastically to the programs:

I overheard one year – well, actually, it was when we were doing the fruit and vegetables grant. I was taking care of a little boy and his friend came in. And, this little boy said to the friend, “Where were you? You missed it! We had broccoli, and we had carrots!” [laughs] You know? And I was like looking at him, and just listening to him, you know. And, the kids really did enjoy it!
SHAC members also described how grant funding had enabled the committee to begin publishing a semi-annual newsletter for the school district. Narratives related during the committee meetings recounted why the newsletter had been established: SHAC members had surveyed the Deerfield community and learned that communication between the schools and parents was considered a weakness for the district. Stephanie commented that “each grade level might send home a newsletter, like, for their classroom” but otherwise there were no regular publications that covered the entire district. Using grant money from the Appalachian Heritage Foundation, the committee began publishing a multi-page, full-color newsletter twice per year. Stephanie explained that the newsletter was sent home to parents with students and distributed to various locations, such as the grocery store, for community members to pick up. The response to the newsletter was positive. “I had community people calling me, wanting - saying the next time, why don’t you put an article in about this,” Stephanie recalled. Scanning through various editions of the newsletter, I noticed that much of the content offered tips and information for improving health. Articles included recommendations for exercise and evaluating health risks like diabetes, cancer, and heart disease. It also included community events information, such as an upcoming dodgeball tournament and a local talent show; updates on the curriculum for various grade levels; and information on co-curricular groups, such as the 4-H club.

Although the committee members spoke highly about the grants and what they had enabled the SHAC to do, Monica summed up a common lament when she said, “It’s unfortunate that these very basic, elementary things that children need are contingent
upon grant funding.” She was not alone in expressing her frustration with grant funding because it was typically temporally (as well as financially) bound to a specific length of time. Meredith explained that most funding organizations provided enough resources for school districts to begin a project, but not enough money to support initiatives over the long run:

Some [grant-funded programs] we’ve been able to keep some up and some not. Because so often here - you know, I know that - a lot of places that give grants do it with the - give with viewing this as sort of a start-up. But, when you’re in a poor area like this, it’s sometimes impossible to continue good things.

Meredith’s statement about the bounded nature of grant funding resonated with the narratives that I heard about short-term health initiatives. Institutions like non-profit organizations offer grants as a means to help schools organize for change. As Meredith pointed out, the intention of the giving process is to empower schools by funding the start-up of a program. Sustaining programs, however, typically requires schools to develop their own resources to fund initiatives. The process works well for school districts with ample resources. However, districts like Deerfield are at a disadvantage because they lack resources to fund initiatives over the long-term. For instance, the exercise room narrative indicated the initiative was only as sustainable as its funding source. I witnessed a similar storyline play out with the newsletter when grant funding ended during the 2009-2010 school year. At first, the SHAC members simply reduced the number of times the newsletter was published. Stephanie explained:
S: Last year, we were only – we only did it once. And, again, here you are with the funding issue.

A: Right.

S: The printing costs, and that kind of thing.

A: Right.

S: So, that made it a little bit harder.

A: Mmm hmm.

S: So, we only did it one time. But, people really looked forward to it.

I learned during subsequent interviews and SHAC meetings that responsibility for the newsletter had been shifted to Becky, who served as the middle school’s after-school activities coordinator. According to Becky and several other SHAC members, the reason for this change was because Becky had funds through the grant that supported her position to help produce and distribute the newsletter. I wondered if the change represented a strategy that the SHAC used to sustain its efforts: If the resources no longer exist, shifting ownership to a person (or organization) that does have funding may allow the initiative to be continued. Though the strategy enabled an initiative to survive in the immediate future, moving to a different set of (grant-funded) resources did not appear to be a sustainable plan over the long term. As Becky had pointed out, the grant funds supporting her job (and in turn) the newsletter were also temporary. Unfortunately, the strategy also functions to reinforce community members’ perceptions that the SHAC’s health initiatives are not sustainable and may not be worth getting involved in.
Additionally, I heard teachers and administrators wistfully describe how they wished the fruit and vegetable grants could have been sustained. “I mean, it was a taste experience for those kids because a lot of them had never tasted those things,” Meredith (the middle school principal) said. Given the popularity of the programs, I was surprised that the SHAC did not actively seek grants to continue the initiatives. Identifying grant organizations for bringing produce into the school district was briefly mentioned during committee brainstorms, but there was little follow-up discussion to assign tasks or move the item along further. It is unclear why the committee moved away from seeking grants to provide produce in the cafeteria. At the same time, I observed how individual members sought to incorporate fresh food and food-related projects into their efforts. When the SHAC hosted the first Walk-to-School day event, Abby purchased apples from a local farmer and distributed the fruit to participating students. Randi, the representative of a local agricultural non-profit organization, provided regular meeting updates on her efforts to establish 4-H and culinary clubs at the middle and high schools. Though it was unclear whether these initiatives would be sustainable, the actions suggest that SHAC members are attempting to use different approaches and resources to address food insecurity issues in Deerfield. In the final section, I discuss the SHAC’s organizing strategies to support for negotiating symbolic and material challenges.

Sustainable Organizing as Enabling and Constraining

Given the SHAC’s stories about (in)consistent resources, I was not surprised to hear that the committee’s meeting practices had changed during the 2010-2011 school year. The move from focusing on multiple elements of the Coordinated School Health
model (CSH) to emphasizing smaller, and more situated issues was consistent with narratives that I heard during meetings and interviews. Because of the SHAC’s limited personnel and financial resources, addressing all eight of the CSH model’s components was not likely to be feasible, much less a sustainable approach for the committee. Committee members continually stressed the importance of the CSH as a model for the SHAC to follow. At the same time, participants’ stories highlighted why the committee’s mission and structures needed to remain flexible enough to adapt to contextual changes. I argue that the emphasis on flexibility represents an organizing strategy used by committee members to negotiate tensions between symbolic and material concerns (e.g., the desires to follow the CSH model and organize sustainably juxtaposed against limited material resources for organizing). In this section, I explore how SHAC members and stakeholders narrated the conditions that enabled the committee to pursue flexible structures. Then, I address the specific adaptations that emerged and consider how these practices could constrain the committee’s actions.

Conditions for flexibility.

As participants related stories about how the committee’s work had developed over time, I noticed one common thread: Nearly all of the anecdotes indicated that committee members had the freedom to collaborate on the SHAC’s agenda, or long-term goals. I was especially surprised to hear that the SHAC received little direction from legislators or administrators. Though the SHAC’s existence was considered to be part of the Child Nutrition and WIC Reauthorization Act of 2004’s wellness policy requirement, members acknowledged the mandate was unfunded. “There’s no accountability,” Stephanie
explained as she described the legislation’s lack of compliance mechanisms. Though she had been responsible for implementing the CSH model when her job was part of the DFJS, this changed when Stephanie became an employee of the school district in 2009. As she kicked off the September 2009 SHAC meeting, Stephanie told fellow members that the changes to her job could mean changes for the committee. “I know we did some initial brainstorming in the spring about what we wanted our role to look like for this coming year,” she said, “But, since I no longer have to report to Jobs and Family Services – and since we’re not getting the grant from the Heritage Foundation anymore – we have more flexibility for setting goals because there aren’t any grant-specific tasks we have to do.” When I asked Stephanie if she had to continue reporting on her job of the committee to the school district, she simply laughed. “No” she commented, then added, “But I try to be part of the school board meetings occasionally to let them know if there’s an event coming up or if there’s some policies that need [sic] changed.”

Additionally, the lack of administrators’ involvement in the SHAC was frequently woven into members’ stories. Carolyn related how some administrators had been involved in the SHAC’s brainstorms or goal-setting sessions, but cautioned their participation had waxed and waned over time. “I think the administration – has been more active kind of here and there but like – they’re not typically – they don’t usually come to the meetings.” She continued. When I asked whether the district administrators had communicated a vision for school health to the SHAC, members reacted negatively. “I know they’re busy, but – um, any sort of major direction? Not much, other than ‘I want to do the walk to school thing’ again.” Stephanie described, “Or, ‘let’s keep doing this.’
Or, ‘Let’s keep doing that,’” she added. Administrators shared a significantly different plotline, positioning themselves as being aware of the committee’s efforts. Kelly described herself as not being able to attend the SHAC’s meetings because of time constrains. However, she later said, “I would be very willing to go to talk about… Say, let’s give this some – some real thought about how to direct our – how to direct people.” Both Pat and Mark (the high school principal) made specific suggestions for how the SHAC could raise awareness of its work (e.g., attending school board meetings or faculty meetings). What I found especially interesting is how administrators’ lack of support, direction, or accountability had been described by SHAC members’ as evidence that school staff “didn’t get” the committee’s work or was just uncooperative (see earlier section on resistance narratives for specific examples of this). Yet, what is unacknowledged in the stories is how the lack of direction and accountability provides SHAC members the freedom to pursue the committee’s own agenda. In the next section, I describe some specific organizing practices that appeared to emerge from the SHAC’s freedom to adapt to change.

Flexible organizing practices.

Much like the flexible meeting practices described in the membership section, I observed how SHAC members used flexible organizational practices to adapt set the committee’s agenda and perform work.

Agenda setting.

First, the committee members described how limited material resources had shaped changes to how the SHAC’s agenda and long-term goals were set. I heard
multiple members relate how the committee had initially conducted its strategic planning while attending Ohio’s annual school health conference. Unfortunately, the SHAC did not attend the conference during summer 2009 because the committee lacked the financial resources to send attendees. Carolyn lamented, “When we do go to those, it’s a boost of energizing. Like, we’re ready to work, and we’re able to work on a plan, and that time’s totally devoted to the school health team and nothing else.” Monica similarly noted that she had enjoyed attending the conference because the event offered opportunities to network with the school wellness committees from around the state. Likewise, other SHAC members described how they had used a variety of formal informal means to gather insights from stakeholders in the past. Stephanie recounted how surveys were used extensively when the committee was first established. Specifically, she recalled how the information collected through the surveys had been used to develop the committee’s agenda and drive policy development:

During the first year, we did lots of surveys, even of the community… I had distributed a survey to all of the staff on what they would like to see a health committee do, and that kind of thing. So, it came back that number one priority was the tobacco issue…That was where our focus went then.

Monica reinforced how important the initial surveys had been for SHAC members to develop an understanding of the kinds of health issues stakeholders were concerned about, stating, “Certainly not everybody returned them but it was nice to hear what people are thinking.” As the committee became more established, SHAC members recalled how they had continued to use formal methods like surveys to incorporate
stakeholders’ voices into planning other policies and health initiatives. I observed an example of how the committee conducted and used surveys during the fall of 2009: SHAC members handed out a paper-based questionnaire during the elementary and middle school’s parent-teacher conferences. The purpose of the survey was to learn about what parents thought were the barriers that prevented students from being able to safely walk to school. The committee members incorporated the survey’s results into a grant application for funds to assist with planning sidewalk improvements near the elementary and middle school building.

SHAC members explained how a grant from an Appalachian non-profit foundation had also empowered the committee to use other formal methods for collecting information from stakeholders. One specific tool that SHAC members recalled using was the School Health Index (SHI), an assessment and planning method recommended by the CDC (2008) for school health and safety policies and programs. The assessment component of the SHI involves soliciting input from various school district constituents on health issues connected to the eight components of the coordinated school health model. Carolyn described the SHI as a “labor intensive” process that helped the group to identify “how we were doing, meeting different health needs of different populations…a systematic way to identify issues and what we needed to work on.” She explained that the committee’s first experience with using the SHI was “kind of how we figured out that we weren’t doing very much for staff health.” SHAC members described how they had used the SHI results to develop the committee’s yearly goals and objectives during the April 2009 meeting. For example, Stephanie described how the committee responded to
concerns about staff health by allocating grant funding to establish a weekly yoga class and develop a fitness room at the elementary school. Because the SHI had also identified communication between the Deerfield school district and parents as an issue, Stephanie explained that the SHAC had begun publishing the community newsletter. Like the annual school health conference, funds to support the committee’s use of the SHI ended in 2009. I have not seen them use the assessment tool since then. What I have observed is how SHAC members continue to brainstorm goals and set the committee’s agenda through meeting conversations.

By moving away from a formal set of yearly goals based on (in)formally gathered stakeholder insight, SHAC members are able to control costs. At the same time, the approach has allowed members to pursue initiatives they are passionate about (as opposed to a top-down set of goals the committee is responsible for addressing). The committee’s flexible agenda-setting practices empower the SHAC to be responsive to changes. Yet, I wondered if the practice of allowing members to pursue initiatives that they were interested in or passionate about would make the SHAC too insulated from community input over time. Because insight-gathering techniques (e.g., the SHI, formal surveys) were viewed as costly and did not have resources devoted to them, I wondered how the SHAC members heard and strove to address issues that were salient to their stakeholders.

Performing work.

How the SHAC members use flexible strategies to perform the committee’s work was narrated through stories in interviews and meeting interactions. During the first year
of meetings that I attended, I was surprised to see how the majority of the committee’s interactions were devoted to hearing members’ updates about initiatives they were conducting themselves. Becky, for instance, was provided with a few minutes at the meetings to describe upcoming after-school activities for the middle school students that may be relevant to the SHAC members. Randi regularly provided updates on the 4-H club, her work to establish a culinary club, and her non-profit organization’s progress with establishing a weekly farmers’ market in Deerfield. She was not the only member who frequently shared information about projects performed for another organization. For instance, Monica provided the committee with monthly updates on the county’s public health initiatives. The SHAC members’ tendencies to perform work on an individual basis reflected a task orientation toward coordination. Salas, Sims and Burke (2005) defined the coordination of tasks as work performed as separate subtasks by members with unique role specializations.

The practice of coordination empowers committee members to pursue individual projects and interests. Yet, I heard stories and witnessed how the sharing of ideas during meetings often gave way to collaborative task orientation, or cooperative engagement between members to accomplish work (Salas et al., 2005). Meetings were not only a site for sharing work. The conversations offered places for members to share knowledge to help fellow SHAC members execute their ideas. At time, members were also able to build upon each others’ ideas and synthesize common interests. During the spring of 2009, Julie described how the elementary school faculty was in the initial stages of planning a 5-kilometer “fun run” during the summer. As she said this, Monica’s eyes
grew bright with excitement. “You should use the new bike path that the county is working on! It’s going to run all the way from Deerfield down to High Creek, and should open in June. This would be a great way to get the work out that people can use it!” Julie quickly agreed and told Monica she would talk to her more about this outside of the meeting. When members did work collaboratively, it tended to be for projects with specific resources, such as the Walk-to-School day events or the working group assembling a grant application. Rachel, a former AmeriCorps volunteer who worked with the committee for several years through multiple assignments with the Deerfield schools and the local health department, observed that the movement between collaboration and coordination allowed the committee to emphasize smaller and more situated moments of accomplishment:

I think we’ve learned focus small and do a few things well. When we first started, it was kinda everyone on the committee had a different, oh well we need to change school buses, oh, well, we need to change staff wellness, oh we need to change cafeteria food. [pause] Um, so I think everybody kinda came to the table with their wants and we were sort of all over the place trying to identify what to work on, how to work on it. Um, and I think we talked a lot of really good ideas and now it’s like, okay, we’re gonna do this walk to school day… and it’s very focused initiatives. . .We’re small, we can only do so much, what can we do well?

Lauren’s comment suggested that the continual movement from broad CSH model to more narrowly focused work practices would empower the committee to sustain its efforts over time. However, it may also function to constrain the SHAC by limiting the
scope of the committee’s collaborative work to issues where resources already exist. Additionally, the emphasis on coordination could potentially leave some members with unequal workloads, which could produce stress and negative perceptions of the committee.

In the next and final chapter, I conclude by synthesizing the themes articulated in the results chapter. I consider the theoretical implications of the findings for health and organizational communication, consider their practical applications, and reflect on my dissertation journey.
CHAPTER FIVE: DISCUSSION

My dissertation journey with the SHAC emerged from concerns about how various discourses influence particular forms of organizing (such as school health committees) to address important health disparities. I had developed a tremendous amount of respect and appreciation for the committee members’ work to empower social change in the midst of environmental turbulence and shifting material resources. Yet, from the beginning of my fieldwork, I have been concerned about how the SHAC’s organizing strategies included or excluded stakeholders’ voices. How the committee’s practices resisted (or reified) power relations and inequities was another issue that emerged during my initial observations. As I conclude this study, I still believe in the SHAC’s mission to improve the health environment at the Deerfield Local School District. I hope my work has illuminated (potentially) problematic tensions and assumptions that underpin the committee’s practices, and identified spaces for the SHAC to engage more inclusive processes. At the same time, I believe in the SHAC members’ sincere passion for improving health and promoting change in Deerfield. The narrative and poststructural feminist lenses for my study were invaluable for identifying how SHAC members adapt their organizing strategies amidst broader institutional and community constraints. In this chapter, I synthesize the themes articulated in Chapter Four and advance theoretical and practical implications of the findings.

Theoretical Implications

I articulate the theoretical implications of my study by returning to the research questions posed at the end of Chapter Two. Specifically, I drew connections among the
themes addressed in Chapter Four in order to answer each of the questions. I also sought to highlight particular issues that sparked additional questions about health organizing, as well as poststructural feminist and narrative theories.

Research Question One

In the first question, I inquired: How is health understood and enacted by SHAC members and stakeholders? As a sub-question, I asked: What discursive resources do SHAC members draw upon to organize school-based health initiatives?

As I explained in the Discursive Constructions of School-Based Health section in Chapter Four, participants drew upon several different discourses to story the multifaceted nature of health. For instance, conversations about the various components of physical and mental health closely paralleled definitions from the Coordinated School Health (CSH) model. At the same time, participants’ narratives illustrated the intertextuality of their understandings of health (see Bruner, 2002; Harter et al., 2005). While public health discourses emphasized the importance of specific individual choices, participants also relied on historic and community narratives to highlight a wide range of social determinants for health in Deerfield. Participants stressed how local factors (e.g., the socioeconomic conditions in Appalachia, the accessibility and affordability of fresh fruits and vegetables, cultural beliefs about food, limited access to health care providers; environmental issues) frequently made it difficult for community members to be healthy. Additionally, they emphasized discourses about the region’s disproportionately high rates of diabetes, obesity, heart disease and substance abuse to narrate salient health concerns for the Deerfield community. It was especially compelling to see how children’s
perceptions of health were filtered through, and closely paralleled, the descriptions offered by adult participants. Students in the participatory sketching project articulated similar understandings of health as multi-faceted by emphasizing healthy eating practices, physical activities, mental health and avoiding alcohol, tobacco and drugs. Children also called attention to how parents (or other caregivers), siblings, and mediated discourses influence health-related behaviors. The findings offer support for Engel’s (2005) contention that children’s narratives provide evidence of how stories function to socialize young people into the habits or values of a community.

Strikingly, participants leveraged a different range of narratives to explain how health is achieved. Though the social determinants of health were prominent in participants’ explanations of health challenges in Deerfield, they primarily emphasized the importance of changing individuals’ behaviors (e.g., eating well, exercising, seeing a doctor) as being necessary for achieving good health. While participants found it easy to explain the different facets of health, their descriptions of what it meant to be “well” was vague. Rarely did participants describe particular indicators that demonstrated a state of “good” health. The SHAC’s mission to “improve the health environment of the school” was similarly broad in scope. The ambiguity surrounding these definitions empowered SHAC members to pursue a broad range of initiatives aimed at changing individual behavior.

At the same time, the definitional ambiguity illuminated Ganesh and McAllum’s (2010) concerns that organizing around “broad and vague notions of positive health” frequently emphasizes individual responsibility, rather than highlighting the specific, and
often social reasons for poor health (p. 495; see related arguments by Campo & Mastin, 2007; Kim & Willis, 2007). The foregrounding of individual choices as a means for achieving health had two implications for the SHAC’s organizing practices: First, it provided participants with a rationale for expanding the school district’s mission beyond the classroom and into the home. Specific justifications for why educational institutions’ roles should be re-framed differed. For instance, administrators and educators discursively linked the importance of school-based health initiatives to learning. Health became particularly actionable for these stakeholder groups when it was tethered to institutional discourses that surround standardized testing. Barbour (2010) argued that institutional discourses provide important anchors for legitimizing organizing practices. When health was connected to standardized testing, administrators and educators alike were able to prioritize it above other pressing concerns (e.g., limited budget resources, interrupting classroom time). SHAC members similarly drew upon the institutional logics embedded within broader legislative and public health discourses (e.g. the Child Nutrition and WIC Reauthorization Act and the CSH model) to argue that schools were a transformational site for addressing students’ health needs, particularly if those needs were not met at home.

Second, framing individual choices as the primary determinants of health shifted attention away from remedying social inequalities that exacerbate health concerns. Though participants’ narratives stressed numerous social determinants that shaped healthy lifestyle choices, the SHAC’s efforts were primarily focused on changing individual behaviors (A caveat: There was one notable exception with the SHAC’s work
to improve sidewalks near the elementary school to make it safer for students and residents to be physically active). Participants frequently linked the appropriateness of self-care practices (e.g., the ability to make “correct” lifestyle choices) to socioeconomic status. Assumptions about parents’ basic knowledge and resources for enacting healthy choices permeated stories about the need for school-based health programs, and were used to justify the lack of parental involvement in district activities. Framing parents from a deficit perspective reified Allen’s (2004) arguments about how people of lower socioeconomic statuses are frequently described as lacking characteristics that allow them to achieve health and move out of poverty. By focusing on individual behaviors and characteristics, participants’ narratives also obscured the importance of material resources for enacting health. Though a few participants mentioned that transportation was an issue for many Deerfield families, SHAC members rarely considered (much less enacted) solutions that could potentially mitigate this concern (e.g., by rotating meeting sites within the community). Transportation offers just one example of the wide range of material factors that enable and constrain health behaviors for families in the Deerfield area. Applying poststructural feminist theory’s concerns about symbolic and material forces illustrated how the SHAC’s initiatives are disproportionately beneficial for and inclusive of families with more resources.

Pairing a deficit-oriented framing of parents with institutional discourses about education and school-based health provides SHAC members with a powerful set of resources for legitimizing its organizing practices. However, it raises questions surrounding who is ultimately responsible for monitoring the students’ health. Although
parents (particularly mothers) have traditionally been considered primary caregivers, public health discourses have increasingly attributed power to the state for monitoring and disciplining children’s bodies (see, for example, Burrows, 2008; Foucault, 1995; Lupton, 2008). By subtly blaming parents for being unable (or unwilling) to care for themselves and their children, the SHAC positioned the school (and, by extension, the state) as an agent for ensuring students’ health. Yet, not all stakeholders concurred with how the role of the school district was framed. The Narrative Sense-making of Power and Resistance section illustrated how teachers, administrators and staff members resisted the SHAC’s efforts to incorporate health into the classroom. Some individuals explicitly described how they felt that health work should be performed by parents at home.

Exploring the contested meanings of schools as sites for health extends arguments by Harter et al. (2008) about how “space shapes and is shaped by the enactment of cultural rituals” such as care (p. 315). Investigating the meanings that surround spaces like schools can further illuminate how particular locations enable and/or constrain health organizing practices as well. Given that Deerfield is a medically underserved community, it makes sense to use the school district as a space for organizing social change. However, as the Reclaiming Absent Voices section indicated, the school setting is already laden with pedagogical and disciplinary meanings for some parents. Connecting health practices to educational settings may create disincentives for parents to participate in the SHAC, particularly if they are already feel marginalized by educators.

Additionally, because educational institutions are important sites for learning and socialization (see, for example, Anyon, 1980), the organization of public health initiatives
in schools raises questions for critical health communication scholars about what children are taught about their bodies. Rich and Evans (2009) argued that the biopedagogies or “body pedagogies” of school-based health initiatives carry “moral overtones in the notions of the body they prescribe and define” (p. 168). Studying the processes of health organizing in schools illuminates how children are socialized into understanding which bodies are considered socially valuable, as well as the culturally appropriate norms of caring for oneself (see, for instance, Foucault, 1980b; Lupton, 1996). Poststructural feminist and narrative lenses were helpful for identifying and unpacking the biopedagogies that undergirded the SHAC’s health messages. Though the SHAC’s initiatives did not carry explicit messages about which bodies are considered “normal,” their efforts did emphasize narratives about particular lifestyle behaviors that were necessary for achieving health (e.g., eating well, exercise, avoiding tobacco). Given the socioeconomic conditions of the Deerfield community, it was surprising the committee’s practices did not address differences in children’s ability to act upon this information. For some students, making the preferred lifestyle choices may be hindered by factors outside of their control, such as economic concerns (see, for example, Bruss et al., 2005; Rimal & Flora, 1998).

In addition to deconstructing what was being taught, my theoretical framework primed me to think about how health knowledge was structured in ways that privileged or marginalized particular voices. For example, the Reclaiming Absent Voices section indicated that children’s views about health were frequently silenced while adults’ perspectives were used to define agency and needs. Poststructural feminist and narrative
theories offer tools for critiquing other elements of the biopedagogies of school-based health initiatives, such as who is allowed to teach about health, the modes of instruction, and the embodied experiences of learning about health. Discussing how biopedagogies call subjectivities into being raises further concerns about identities and power relations. I address these issues the next section.

Research Question Two

My second research question asked: How do the SHAC’s practices resist or (re)produce power relationships? My poststructural feminist and narrative theoretical frameworks empowered me to explore the complex and frequently contradictory nature of power in the SHAC’s practices.

Evidence of how power operated in and through the committee’s organizing processes was highlighted across the various themes in Chapter Four. For instance, in the Challenges and Paradoxes of SHAC Membership section, I described how SHAC members frequently expressed desires to include parents and children in the committee as part of their commitment to organizing frameworks (e.g., the CSH model, elements of the Child Nutrition and WIC Reauthorization Act). How parents were characterized in SHAC narratives about the committee’s organizing practices told a different story. As I explained in the Discursive Constructions of School-Based Health and Reclaiming Absent Voices themes, SHAC members’ narratives blamed parents for inadequate care-giving practices, even as they simultaneously acknowledged the social and community determinants for individual health behaviors. This observation mirrors arguments by Burrows (2009) about how parents’ perceived failures to “properly manage” children’s
bodies eliminate or minimize other contributions made to their well-being. Children’s bodies were symbolically positioned to inscribe judgments about caregivers that allowed the SHAC to shift responsibility for health from the home to the school. Women, as the traditional caregivers of children and the home, are often considered to be more vulnerable to criticism about children’s health than men (see arguments by Murphy, 2000). However, the SHAC members’ discourses appeared to equally indict mothers and fathers.

Some participants went so far as to characterize parents as operating from values that were inconsistent with the “middle class” sensibilities guiding the SHAC members’ approaches to health. Assumptions about parents’ values and understandings of health appeared to justify organizational practices that excluded their participation, such when and where meetings are scheduled, and how the committee recruits members. The confluence of narratives about health practices in Appalachia, education and lower socioeconomic status, and specific families in Deerfield, as well as how stories were performed by participants, created “trained incapacities” or orientations that naturalized parents’ absence from SHAC discourses (Burke, 1954/1884, p. 49; see also Mumby, 1987). Clair (1998) similarly argued narratives of history and place create and perpetuate meanings that silence particular voices.

How public health initiatives silence or marginalize particular voices, even when they are aimed at reducing disparities, remains a key concern for critical health scholars (see Ford & Yep, 2003; Lupton, 1994, 2003; Zoller, 2005a; Zoller & Kline, 2008). Critical approaches, such as poststructural feminist sensibilities, are important for
identifying the politics of health organizing. However, I believe that scholars need to continue to expand their reach to empowering or creating spaces for disenfranchised voices to be heard (see similar arguments by Ford & Yep). One contribution of this project’s narrative theoretical lenses and the appreciative perspective offered by my participatory research design was how it illuminated parents’ alternative logics and knowledge. Even though SHAC members articulated community members’ problematic health behaviors, participants were quick to highlight the good things that parents and children did to support health (e.g., gardening, using local walking trails, participating in school athletics). Spotlighting how (and where) parents are able to make healthy choices in the midst of material challenges and understanding the rationalities that guide their decisions could inform alternative organizing strategies for the SHAC.

Additionally, the SHAC’s discourses articulated conflicting subjectivities for children. As I described in the Discursive Constructions of School-based Health and Reclaiming Absent Voices section, children were described as both passive and active agents for making health decisions. When participants narrated health challenges in the Deerfield community, agency for health was attributed primarily to parents. The SHAC’s organizing practices similarly characterized children as passive audiences. Even though students were described by SHAC members as the committee’s primary stakeholder group, they were not actively recruited to provide insight about the health needs. Rather, SHAC members frequently spoke for students, assuming that they understood what students liked or disliked. Communication scholars have similarly been slow to view children as active, decision-making agents. Research on children’s interactions with
health professionals, for instance, began as recently as the mid-to-late 1980s (Nussbaum, Ragan & Whaley, 2003).

In contrast, the SHAC members’ explanation of the committee’s mission positioned children as agents for change because they could educate parents about health practices. Empowering children as agents for change, especially in regard to health, generates important ethical questions. What embodied tensions or power struggles could potentially emerge for children who seek to influence behavioral changes in their families? Veale (2005) urged researchers to find opportunities to highlight children’s perspectives, but simultaneously cautioned that harm can occur if their voices conflict with or are unsupported by parents or other powerful adults. An ethical consideration of students’ agency must also recognize how health practices like eating are already marked by strong emotions and power struggles between parents and children (see Lupton, 1996). Like Fullagar (2009), I argue that the emotional and relational factors that influence how families experience school-based health initiatives warrants further attention.

Moreover, how SHAC members co-created and performed the committee’s narratives illustrated Tracy and Dimock’s (2004) contention that meetings “are playgrounds for power games” (p. 142). As I described in the Epilogue section, how members performed narratives during the SHAC meetings provided insight into the committee’s implicit rules for organizational storytelling (Boje, 2001). Who was empowered to tell stories, as well as why they were allowed to tell them, demonstrated which voices mattered in the SHAC’s organizing practices. Members with longer tenure were often the dominant storytellers, and sometimes explicitly exerted power to
marginalize shorter-term members, such as the AmeriCorps volunteers. Studying how SHAC members’ performances symbolically connected power and longevity enlarges our understandings of how organizations negotiate the organizational dialectic of survival and social change (see, for example, Harter & Krone, 2001; Harter et al., 2004). When faced with uncertain and shifting participation, the SHAC members highlighted longevity (and its corresponding associations with knowledge and legitimacy) as a means to sustain the committee’s work. Shifting power to members with tenure creates additional binds that are important for organizational communication scholars to explore. For instance, how might privileging the voices of longer-term members insulate organizations from new perspectives or conflicting ideas (see similar arguments by Lange, 2003)? Could the emphasis on long-term membership create disincentives for new members to join the committee? How might long-term members experience stress or burnout related to the length of their commitment to an organization?

The substance of SHAC members’ co-constructed narratives also illuminated the contours of the broader relationships and power structures surrounding where they organized. In the Narrative Sense-making of Power and Resistance section, I discussed how members shared anecdotes that endowed certain actors (e.g., teachers, administrator) in the school district with power, outlined the nature of relationships between various actors and the SHAC, and highlighted which structures were perceived to be (im)movable. The stories, as well as how SHAC members responded to their telling in meetings, functioned to naturalize the range of actions and initiatives that were perceived to be feasible (Burke, 1954/1984; Mumby, 1987). For example, participants’ narratives
demonstrated which educational structures were believed to be changeable (e.g., improving infrastructure to allow children to walk to school; the school tobacco policy) and which ones were not (e.g., rules and resources governing the cafeteria; the amount of time spent in the classroom).

Both kinds of structural stories offer insights into the continued study of school-based health initiatives. Researchers can deconstruct how certain rules and features of educational institutions are discursively positioned as immoveable, as well as how these structures facilitate (or minimize) health organizing (see related arguments by Edvardsson, Rasmussen & Riessman, 2003). Investigating where and how the SHAC resists particular structures illuminates spaces for change to improve health, and highlights how members perceive the committee’s agency. For instance, SHAC members’ telling of the tobacco-free campus policy narrative demonstrated where the committee was able to successfully resist powerful actors and community norms. At the same time, the unfinished nature of some narratives (e.g., the wellness policy) stressed SHAC members’ persistence in continuing to alter the plotlines of important dramas. By continuing to re-tell stories about where they believed change was necessary and possible, SHAC members temporally and spatially extended their resistance (Ewick & Silbey, 2003). Exploring the processes of resistance could be useful for understanding the challenges and tensions experienced by health activists (Zoller, 2005b) or other individuals who question privileged meanings and structures (Harter, 2009) in order to organize for change. I probe the tensions and challenges for organizing that emerged out of the SHAC’s practices in more detail in the next section.
Research Question Three

My final research question considered: How do SHAC members and stakeholders narrate tensions that enable and/or constrain organizing possibilities? This question was inspired in part by some of the tensions between symbolic and material concerns that emerged from my initial fieldwork with the SHAC. Additionally, the question responds to calls in organizational communication literature for a “tension-centered” scholarship, or studies that highlight the conflicting pressures and tensions inherent to organizing processes (Tretheway & Ashcraft, 2004; see similar arguments by Czarniawska, 1997).

Organizational tensions were apparent in each of the themes in Chapter Four. This section highlights three overarching and inter-related tensions that were woven throughout participants’ narratives: Symbolic ↔ material concerns; sustainability ↔ boundedness; and freedom ↔ constraint.

Symbolic ↔ Material Concerns

Similar to other poststructural feminist projects, I conceptualized discourse and materiality as mutually constitutive but dialectically opposed constructs (see, for instance, Ashcraft & Mumby, 2004; Buzzanell & Liu, 2005; Fraser, 1989). I believe that communication emerges from material circumstances (e.g., school health committees are formed in response to increasing rates of childhood obesity); and symbolic meanings likewise translate into lived and corporeal experiences (e.g., how discourses of health draw attention to particular aspects of self-care). I observed how the tensions between symbolic and material concerns played out in the SHAC’s organizing practices in multiple ways. First, the Discursive Constructions of Health and Narrative Sense-making
sections demonstrated how struggles over how health work should be prioritized in the school district were shaped largely by material concerns. Pat (the superintendent) and Kelly (the elementary school principal) had agreed with SHAC members’ arguments that health was fundamental to children’s abilities to learn. Yet, they contended it was nearly impossible to allocate resources to address school health issues because the district was facing a financial crisis. The administrators’ narratives reflected their logics for negotiating symbolic and material tensions by making choices between funding health initiatives and making the most of the district’s limited financial resources. In the Challenges and Paradoxes of SHAC Membership section, I described how members extended this argument by discussing how ideal forms of organizing (such as those suggested by the Coordinated School Health Model and the Child Nutrition and WIC Reauthorization Act) may not be viable due to lack of time for recruiting, or incentives to draw member participation. Additionally, the narratives related in the Discursive Constructions of Health section illustrated how the majority of participants emphasized how material factors (e.g., lack of jobs, access to healthy foods) constrained individuals’ abilities to enact recommended health behaviors.

The tensions between symbolic and material issues calls attention to the gaps between the intended impact of public health initiatives and policies, and their ability to be implemented in under-resourced communities (see Ganesh & McAllum, 2010; Zoller & Kline, 2008; Zoller, 2010). Ironically, legislators intended for the school wellness policy mandate to help low-income communities address disproportionately high rates of childhood obesity (Fabros, 2005; Food Research and Action Center, 2006). However, the
legislation did not provide under-resourced communities with support to develop and implement robust policies of committees. The unfunded (yet consequential) nature of the mandate reflects Rich and Evans’ (2009) observation that a “curious and contradictory mix of welfare and neoliberal ideals” pervades obesity-related policy discussions (p. 158). Scholars have usefully called attention to the political nature of health policy formation (see Conrad & McIntush, 2003; Conrad & Millay, 2001; Thompson, 2010). I argue that these analyses can be extended by including a poststructural feminist consideration of the concrete circumstances where health policies are implemented (see related arguments by Harter, Kirby & Gerbensky-Kerber, 2010).

*Sustainability ⇔ Boundedness*

Concerns surrounding the lack of material resources were likely further exacerbated by the symbolic values placed on legitimacy and longevity in the SHAC members’ discourses. The values speak of the SHAC members’ desire to sustainably organize amidst ongoing environmental turbulence. Harter and Krone (2001) argued that organizations paradoxically need both stability and change (see similar articulations by Eisenberg, 2007). They added that how organizations negotiate this paradox can both enable and constrain collective action. When I revisited the Epilogue section’s narratives in light of the tensions between symbolic ⇔ material concerns described elsewhere, I began to consider how members negotiated their desire for sustainability with contextual changes, uncertainty, and shifting resources. I began to call this tension sustainability ⇔ boundedness, and argue that it adds a material component to the dialectic of stability and change that may be useful for understanding the organizing practices of
groups with limited resources. For instance, members and stakeholders frequently described how they desired to continue highly valued SHAC initiatives (e.g., the fruits and vegetables grants, the exercise room). However, the resources for sustaining these efforts were bounded by available and contingent resources (e.g., grant funding, participation and membership).

In particular, the tensions between sustainability=boundedness highlight unique organizing challenges facing the SHAC and similar groups. As I argued in the Epilogue section, the symbolic importance of longevity frequently made it difficult for SHAC to organize people to volunteer or participate in initiatives. If stakeholders anticipated that an initiative was not sustainable, they were often hesitant to commit resources such as time to support the effort. Additionally, the SHAC’s practices offer insight into how organizations with limited resources negotiate the tensions between sustainability=boundedness. SHAC members responded to contextual changes and uncertainty surrounding resources by moving away from the CSH model’s broad approach to health to emphasizing smaller, situated accomplishments, such as seeking a grant to improve the sidewalks near the elementary school. The strategy empowered members to respond and adapt easily to contextual exigencies (e.g., the emergence of new health issues or concerns). By allowing members to pursue individual health-related work that they are interested in and have the resources to address (e.g., Randi’s 4-H club), the SHAC has increasingly emphasized coordination, rather than collaboration, of tasks. Though the approach has constrained action by reducing the SHAC’s scope of health-related efforts, it has allowed committee members to sustain the organization over
time and through significant environmental shifts (e.g., district leadership changes; uncertainty about members’ jobs and participation, the addition and elimination of funding sources). How this adaptation enables and constrains the SHAC’s actions mirrors Ashcraft and Mumby’s (2004) contention that organizational forms are both fragile and durable. I offer the tension of sustainability ⇔ boundedness as a new way to explore the paradoxes and contradictions that challenge organizations with limited resources.

Freedom ⇔ Constraint

The SHAC’s ability to emphasize situated moments of accomplishment implies the presence of particular conditions and power relationships that empower members to be flexible and adapt to change. In the Discursive Constructions of Health and Challenges and Paradoxes of SHAC Membership sections, members described how the SHAC’s organizing practices were guided by public health discourses like the CSH model. Yet, Stephanie and others stressed how the committee was no longer accountable to broader power figures or structures for following this model. In other words, the committee had the freedom to set its own agenda, membership structures and practices. However, participants narrated how the lack of direction from administrators simultaneously constrained the SHAC’s work. In the Narrative Sense-making of Power and Resistance section, I described how the (perceived) lack of administrative support had challenged the SHAC members to overcome teachers’ resistance or to remove structural obstacles. Their concerns reflect Foucault’s arguments (1980a, 1982) about how power has the potential to be simultaneously experienced as productive or oppressive.
Across the various sections of Chapter Four, I describe how SHAC members narrated the experiences of freedom and constraint in contradictory ways. For instance, when Stephanie’s job shifted from being housed with the Department of Job and Family Services to the school district, members described feeling relieved that they no longer had to be accountable for specific activities (e.g., implementing the CSH model) and reporting requirements. Yet, SHAC members later storied the movement from being constrained to having more freedom as a challenging time for the committee. Members described their frustrations with setting new goals and creating a new focus for the group. Their concerns were increased by material changes, such as the loss of funding to attend the statewide school health conference which was where the committee had traditionally conducted long-term planning. Ironically, members’ concerns about the committee’s freedom were linked to calls from additional guidance, resources and involvement from administrators.

Additionally, the Epilogue section discussed how SHAC members used the ambiguity of the committee’s mission to adapt its organizing processes to contextual changes. Eisenberg (2007) similarly highlighted how organizations deploy ambiguity strategically to respond to multiple or conflicting goals. The SHAC’s recent evolution into a grant-focused work group reflected how the committee remained committed to its ambiguously defined mission while adapting to resource availability and waning member participation. At the same time, my analysis demonstrated how the SHAC’s short-term flexibility may constrain its abilities to engage stakeholders, particularly given the importance of longevity and consistency in community discourses.
Exploring how organizational members experience the dual nature of freedom (as both enabling and constraining) could contribute to the existing understandings of tension-centered scholarship.

Practical Implications

A central component of my identity as a feminist scholar is to conduct research with both theoretical and applied contributions. In addition to opening up new ways of thinking about organizing for health, there were numerous practical considerations that emerged from studying the Deerfield SHAC. Although I offer the suggestions described here specifically for the SHAC, they are potentially relevant to groups that organize diverse stakeholders or low SES populations. Despite the criticisms articulated throughout this study, I still believe the SHAC is well-positioned to organize for change that addresses the Deerfield community’s health needs. In keeping with feminist imperatives for empowerment and the appreciative nature of my participatory research design, I make the following recommendations in the spirit of seeking to increase dialogue between the SHAC and its stakeholders, and developing more edifying partnerships for change.

First, I encourage SHAC members to be more reflexive and vigilant about questioning organizational practices that empower (or prevent) stakeholder participation. For instance, SHAC members frequently scheduled meeting times based on what was convenient for teachers and community partners, even though this may not have been an ideal time for parents (and, later, AmeriCorps volunteers) to participate. Interrogating the logics behind organizational structures like meeting times could enable the SHAC to
develop more inclusive practices (e.g., exploring the feasibility of alternative meeting times or rotating the committee’s meeting schedule to accommodate different stakeholders). Identifying and addressing material barriers that influence stakeholders’ abilities to participate in the group could lead to further changes as well. For example, SHAC members commonly noted that lack of time and transportation were issues that generally prevented parents from becoming more involved in the school district. It might be useful for the committee to investigate arrangements or practices that address these concerns (e.g., developing strict time-limits on committee discussions; providing child care during meetings). Additionally, where the SHAC meetings took place seemed to be consequential. Discourses from interviews and meeting observations indicated that school was a space laden with (potentially) negative meanings for some stakeholders, such as parents. Finding alternative meeting sites that are centrally located or already draw particular stakeholders (e.g., the public library or sporting venues) may encourage additional participation from parents or community members who may be hesitant to congregate at the school. Reflexivity about the committee’s practices could also include concentrating on structures (at the committee and district levels) that (de)incentivize participation. For example, if teachers cannot count their SHAC involvement as part of their service requirements to the district, how else might their contributions be recognized or acknowledged? SHAC members could also consider the factors or structures that motivate and/or empower parents to become involved in certain school activities, such as sports. Identifying spaces where parents do engage with the school district could provide the SHAC with alternative ideas for committee practices.
Another area where increased reflexivity could benefit the SHAC involves how members communicate with various stakeholder groups. As I listened to SHAC members’ stories, I became concerned about assumptions that undergirded the characterization of various stakeholders. Although the SHAC members’ stories positioned educators and school staff members who do not participate in the committee (or resisted their initiatives) as “not getting it,” what I heard in interviews with stakeholders indicated this assumption is not always correct. Educators and other district staff members described multiple reasons for not participating (e.g., lack of time; number of other commitments to the district; job requirements), or fundamental disagreements surrounding health promotion at school. Rather than dismissing these concerns, SHAC members should seek to engage other stakeholders’ views. Opportunities to do this could include presenting about the SHAC’s work at school staff meetings or school board meetings, or hosting an open forum with district staff to encourage dialogue about health concerns. SHAC members should also be reflexive about how their assumptions reify and (re)produce relationships with members of particular stakeholder groups. Rather than expressing frustration and hostility towards potential partners like Ellen (the cafeteria services director), SHAC members could re-frame dialogues as learning opportunities (e.g., becoming more familiar with the structures that guide her job) in order to develop mutual understanding.

Moreover, the absence of parents’ and children’s voices in the SHAC’s narratives should be addressed. As I described in the *Reclaiming Absent Voices* section, it was unclear how well SHAC members had raised awareness about the committee (and its
work) with these two stakeholder groups. Molly, a parent, had told me she was not familiar with the committee even though she considered herself to be engaged with the school district. Descriptions of the SHAC’s recruiting practices indicated that the committee was not actively seeking parents and children to participate. Interrogating why these voices have been silenced, as well as exploring how parents and children are characterized in the SHAC members’ narratives is an important first step toward increasing awareness and participation among these stakeholder groups. This kind of reflexivity would be useful for unpacking assumptions about parents’ capabilities and willingness to become involved. Additionally, it may yield new insights for how to engage their voices. For instance, I heard numerous stories about how parents had been successfully mobilized, particularly during crises. Parents were described as being highly invested in the school district’s athletic teams as well. SHAC members could study these examples to identify the best ways to utilize parents’ skills or interests. SHAC members should also consider the class-based assumptions that frame how they communicate with and seek to recruit parents. Though a newsletter offers opportunities to increase awareness of the committee, using it presumes that parents have strong literacy skills. Communicating via the school’s website assumes that families have access to computers with internet access. Given the stakeholders’ concerns about literacy and residents’ resources, it could be helpful for the SHAC to consider alternative means for communicating with stakeholder groups. Potential opportunities could include using face-to-face communication (e.g., at sporting or other district events; parent-teacher
conferences; the weekly local farmers’ market), the local public access television channel or the district’s First-to-Know calling system to address parents.

Furthermore, I believe the SHAC and other organizations aimed at improving children’s welfare should explore ways to empower and incorporate children’s voices. Including students as representatives on the committee is one way to include children’s perspectives in the SHAC. Participatory research methods provide another helpful approach for gathering insights from a broader population of students. The students who participated in my participatory sketching project were sensitive to issues of health, and described it in ways that paralleled the adults’ discourses about health. This approach might offer a valuable way for educators and researchers to understand how students perceive health and their health-related needs. Additionally, SHAC members could benefit from learning about how students experienced the committee’s initiatives, such as the walk-to-school day event or participating in the fresh fruits and vegetables grants.

Third, the findings suggested that temporality needs to be a considered as both a symbolic and material resources for voluntary organizations like the SHAC. In under-resourced communities like Deerfield, it may be particularly important for organizations to consider the role of temporality in its practices. Members’ narratives indicated that their commitment to the SHAC was open-ended and ongoing. The length of an individual’s tenure, coupled with commitments to other organizations, was frequently linked in stories to issues of motivation, stress, and burnout. Additionally, participants suggested that stakeholders were hesitant to become involved with initiatives they believed may not be sustainable. SHAC members did offer suggestions for how to
address temporality, particularly as a means to sustain participation. During multiple meetings, Stephanie suggested that it would be helpful to recruit more members in order to form working groups. She argued that the smaller groups could focus on issues or projects related to members’ interests, which she believed would be a more valuable use of their time. Other members like Christina commented that it could be useful to limit members’ tenure on the committee to specific terms, and then members should be accountable for recruiting another person to replace them on the committee. Though Stephanie remained dedicated to serving the SHAC, I also heard her comment that she would like to pass the committee’s leadership position to another member (or members). Considering their recommendations about time may also address concerns about members who already have limited or fixed tenure with the committee (e.g., AmeriCorps volunteers), or members whose long-term participation is uncertain (e.g., individuals whose jobs are grant-funded).

Finally, I was impressed by the flexibility and creativity of some of the SHAC’s practices for sustainable organizing. From a health policy perspective, I believe it is important for legislators and public health officials to recognize that approaches to organizing (such as those suggested by the CSH model and the CNRA) may not always be feasible in communities with limited resources. Rather than making organizational forms mandatory, policymakers should seek to empower communities to find setting-specific ways to address health concerns. I am especially concerned by the trend towards unfunded mandates for addressing health issues in schools. Though these kinds of policies may seek to remedy health disparities, the mandates’ structure disproportionately
benefit wealthier school districts (who have the resources to implement changes) while potentially punishing districts that lack the resources to comply (such as Deerfield). I was further troubled by the dearth of communication-related guidance in health policies like the CNRA. Forming and sustaining a broad group of stakeholder representatives involves attention to multiple communicative issues. For instance, recruitment processes require organizers to develop appropriate messages and identify channels for reaching desired stakeholder groups. Communication is also essential to negotiating elements of the group’s work, such as leadership, brainstorming, deliberation, and task orientation. The CNRA and other policy documents rarely addressed communication, other than to suggest that “it would be a shame if low-income children and communities are not helped as much as possible because they don’t know about local wellness policies” (Food Research and Action Center, 2006, p. 4). Health policies like the CNRA could be strengthened by providing school districts with communication-related tools to assist them with forming and sustaining a school wellness committee. For example, policy documents could incorporate strategies for building leadership capacities, or fostering teamwork and collaboration among committee members. The policies could also highlight best practices from successful school wellness committees for involving youth and families.

Limitations

I believe that I have crafted plausible and viable interpretations of the SHAC’s communicative and organizing practices through this study. However, I acknowledge that all research is inherently partial and limited in scope. In this section, I humbly articulate
specific areas where my research and ability to develop knowledge claims could be strengthened.

One of my primary goals for the project was to create a multi-vocal representation of the SHAC’s practices by incorporating perspectives from members and a variety of stakeholders (e.g., students, parents, teachers, administrators, etc.). However, as I described in Chapter Three, I found it challenging to recruit parents and teachers to participate in in-depth interviews. My resulting sample of interview participants was primarily composed of SHAC members and administrators. Thus, my knowledge claims have privileged the voices of individuals who are actively engaged in the committee’s efforts, or are in (perceived) positions of power (e.g., administrators, some staff members) within the school district. Ironically, the lack of parents’ voices in my study parallels one of my primary criticisms of the SHAC. I believe my findings would have been different if I had been able to recruit a larger population of parents and teachers to participate in the interviews. A case in point: Molly, the lone parent who volunteered to be interviewed, told me she was unaware of the SHAC. It would have been useful to talk to more parents to determine if her perceptions were common, or if parents had specific impressions of the SHAC and its initiatives. Additionally, SHAC members described narratives of teachers’ resistance to the committee’s efforts. Because many of the stories had not included a specific rationale for resistance, I would have liked to hear teachers’ viewpoints on the SHAC’s mission and specific initiatives to improve the school health environment. Would teachers’ and parents’ narratives follow similar plots as the SHAC members’ and administrators’, or would events unfold differently in their stories? How
would the narratives reflect or refute different characterizations of the actors within the Deerfield school district and the community? Increased participation from teachers and parents would have allowed me to develop some tentative answers to these questions.

During fieldwork, I learned my recruitment processes for the in-depth interviews had some limitations. First, I learned that educators in the Deerfield School District frequently offer incentives (e.g., raffle prizes, food) as a means to increase parental involvement in activities and events. If I had been aware that incentives may have been expected by parents and caregivers, I would have searched and applied for grants in order to provide interviewees with some form of compensation (e.g., a gas card) for their time. Second, timing appeared to be an important reason why teachers did not choose to participate in the interviews. As I recounted in Chapter Three, I received IRB approval and began sending recruitment e-mails to teachers in June 2010. I understood that teachers would be on summer break, but hoped this would be an ideal time because they are otherwise busy during the school year. What I did not anticipate was how many school employees check their e-mail infrequently (or not at all) over the summer months. Some SHAC members told me later that they would have preferred to talk with me during the break, but due to technical issues with the school’s e-mail system, had not received my message until after school resumed in August 2010. When I did get in contact with teachers, I was informed that the fall and winter were not ideal times for them to conduct interviews for a variety of reasons (e.g., fall tends to be busy as the school year is just getting started; winter is considered equally chaotic because of holiday events and the likelihood of snow days). I learned through conversations with SHAC
members and stakeholders that recruiting teachers during the spring (more specifically, after students have completed state-wide standardized tests and prior to summer break) would likely have been more effective.

Additionally, time was an issue in the interviews that I conducted with students for the participatory sketching project. As I negotiated access to perform the study, Kelly (the elementary school principal) was willing to allow me to conduct research with the students, but did not want the project to interfere with their core academic subjects. I was able to perform the study in a co-curricular class that met for a half-hour on a weekly basis. Given the length of the class and my concerns about taking up too much of the classes’ time and scheduled curriculum, I purposefully kept the conversations with students brief. The research design allowed me to complete the drawings and interviews in a three-week span during September and October 2010. However, there were some conversations with students where I wished I had more time to explore the meanings of their drawings in more detail. As I talked with SHAC members and other individuals during my fieldwork, I learned that the timing for when I sought access to students may have shaped the time constraints as well. Some individuals stated that if I had conducted my project during the spring (specifically, after the state standardized tests were completed and just prior to the end of the school year), I may have been able to negotiate more time in the classroom to work with students.

Though I strove to include as many students as possible in the sketching project, participation was limited to children who returned the required parent permission form. During my initial conversations with Carolyn about the project, she had commented it
was often difficult for educators to get parents to return forms. I offered students a small incentive for bringing a signed form back to school (whether they or their caregivers elected for the child to participate in the project or not). However, students still needed to rely on their parents’ or caregivers’ willingness to read and sign the form. For example, if parents or caregivers did not have a good relationship with educators, they could potentially be doubly suspicious of a researcher who is entering the classroom to talk to students. Despite my best efforts to be inclusive, Veale (2005) argued that one limitation for conducting participatory research with children is the potential for disproportionate representation along varying types of difference (e.g., socioeconomic status, ethnicity, gender).

Finally, my experiences with and observations of the SHAC are bounded by a specific temporal moment. As I listened to individuals narrate the committee’s past and describe their uncertainty about the future, it became increasingly obvious that the SHAC’s practices were situated in the dynamic and continually shifting exigencies of the present. If I had observed the SHAC at a different moment in time (e.g., at a point when the committee was receiving more grant funding), my interpretations of the group’s organizing and communicative practices may be significantly altered.

I describe the aforementioned points in order to illustrate the limitations of my knowledge claims. From a practical perspective, I understand that all research is inherently partial and illustrative of particular moments. Additionally, it is not feasible to anticipate all of the issues that researchers may encounter. Interpretive research inherently requires researchers to be flexible, and willing to adapt and learn. I adapted to
the contingencies of my fieldwork to the best of my ability, yet acknowledge that the choices I made for this study have privileged some perspectives and potential interpretations and not others. In the next section, I describe the questions and ideas for future research that emerged from this project.

Directions for Future Research

My experiences working with the Deerfield SHAC have provided me with provisional answers to the research question guiding this study. As I noted in Chapter Four, additional questions emerged from the narratives that I heard during fieldwork. I outline three specific areas that I view as opportunities for future inquiry.

First, health and organizational communication scholars would benefit from studying the complexities of sustainable organizing. Though I have probed tensions that emerged from the SHAC’s efforts to organize health initiatives, I know that my study is scratching the surface of these issues. One potentially fruitful avenue for future analysis involves critiquing the broader structures and polices aimed at helping marginalized communities generate social change. Though organizations often intend to reduce disparities within under-resourced groups, they are not always fully reflexive about institutional logics and discourses that marginalize or silence the stakeholders they intend to serve (see similar arguments by Ford & Yep, 2003; Zoller, 2005a; Zoller & Dutta, 2008). For instance, I envision opportunities for scholars to interrogate how policies (e.g., the CNRA’s unfunded mandate) and initiatives (e.g., short-term grants) structure material resources in ways that engender particular forms of organizing. This kind of critique opens up possibilities for other questions, such as: How does the allocation of
resources potentially privilege some groups (such as those with more resources to begin with) over others? How do organizations adapt to contingent or shifting resources? And, what are the potential or unintended consequences of their adaptations? Because the SHAC adapted to inconsistent resources by emphasizing short-term initiatives, the committee often struggles to attract participants that value longevity.

Another possibility for enlarging our understandings of sustainability involves studying what under-resourced populations view as successful organizing. As I concluded this study, I considered the possibility that even though longevity and consistency are valued in the Deerfield area, they could be less important to other communities. If organizations intend to generate social change, investigating local knowledge about what it means to organize successfully seems to be a logical first step. Because participatory research methods privilege participants’ voices, they offer helpful tools for understanding and empowering communities (for a diverse collection of exemplars, see Harter, Hamel-Lambert, & Millesen, 2010; Minkler & Wallerstein 2003). Participants could use a variety of approaches (e.g., writing exercises; photovoice or participatory photography; video diaries) to capture spaces, specific practices, or material features they view as valuable for organizing. Additionally, participatory research methods have been usefully deployed as a means to understand and address community members’ salient issues concerns about health.

Second, I argue that it would be valuable for health communication scholars to seek more opportunities to incorporate children’s voices into research designs. Some literature exists on how children come to understand illness and healing (for an overview,
see Nussbaum, Ragan & Whaley, 2003). Over the last decade, however, health communication scholars have focused primarily on how mediated messages influence children’s perceptions of health-related behaviors (e.g., making nutritional judgments) or their bodies (for examplars, see Dorey & McCool, 2009; Harrison, 2000; Linebarger & Piotowski, 2008; Moriarty & Harrison, 2008; Rasnake, Laube & Lewis, 2005). My experiences in using participatory sketching indicate that it provides researchers with tools to investigate how other discourses and narratives (e.g., community, relational, educational scripts) shape how children come to understand health. Engel (2005) similarly argued that children’s narratives function to demonstrate how stories function as socializing agents. Studying which narratives (or sets of narratives) children draw on to make sense of health in light of their own identities and experiences highlights the strength and potential power of discursive formations.

Traditional methods for studying children have positioned them as passive participants in the research process. In contrast, participatory research methods enable children to voice and reflect on their own perspectives (Veale, 2005). Coupling participatory research with narrative theorizing may offer scholars valuable tools for understanding children’s embodied experiences of health organizing efforts, such as school-based health initiatives. Knowing how children perceive public health efforts, especially in light of material and relational challenges they might face in enacting desired behaviors, could usefully inform applied health organizing. A case in point: What children “need” to improve their health is rarely framed from their own experiences. Rather, it is filtered through cultural narratives and adult perspectives (Alderson, 2000;
Mayall, 1996). Inviting children to engage in participatory research enables scholars to merge academic with local knowledge in ways that strengthen how health issues are defined and addressed (Veale). Additionally, conducting participatory research with children can yield health-related insights that researchers could not access otherwise. Corburn (2005), for example, described how children in Harlem were invited to map areas in their neighborhood where they spent time (e.g., parks and community centers, etc.) as well as areas where they noticed asthma symptoms (e.g., throat or eye irritations, shortness of breath). Health researchers combined the children’s drawings with pollution risk maps to determine whether specific exposures were contributing to high rates of childhood asthma.

Finally, I believe that a crucial area for future analysis surrounds how families who are considered economically disadvantaged make sense of discourses surrounding health and health risks. Like many Appalachian communities, Deerfield residents live in a medically underserved region yet cope with disproportionately high rates of diabetes and obesity. Though participants characterized some health risks to be the result of individual behaviors (e.g., diet and exercise), others were described as the results of social (e.g., accessibility of fresh produce), genetic (e.g., family histories of diabetes), or unknown or uncontrollable factors (e.g., the health effects of acid mine drainage; religious fatalism). Pairing narrative approaches with problematic integration (PI) theory (see Babrow, 1992) could be especially valuable for studying how individuals attribute meanings to health as well as how they make sense of the various factors that contribute to health risks. The addition of PI theory to this kind of study would empower researchers
to explore how individuals create stories “to construct meaning when we face diverging expectation and desire, uncertainty about substantial values or interests, marked ambivalence, or impossible wants and wishes” (Babrow, Kline, & Rawlins, 2005, p. 47).

**Personal Reflections**

As part of my commitment to acknowledging the sensibilities that shape my research, I have sought to weave disparate threads of personal reflection into the broader fabric of my interpretations. In the final section of this chapter, I reflect upon the process of inserting myself into how I represented the SHAC’s communicative and organizing practices. I have particularly emphasized elements of my worldview that shaped my observations and reflections, and considered how my perspective has changed as a result of conducting this study.

First, my experiences in the field have lead to a shift in how I understand the various markers of poverty and privilege. I was raised in a predominantly upper-middle class suburb of Minneapolis. When I was younger, I often perceived my parents as being poor or less well-off than my classmates’ families, who seemed to be able to afford larger homes and newer cars. At the same time, I remember thinking that the very presence of a trailer park in my hometown was an indicator of poverty. Comparing the well-manicured lawns in that park to the living conditions that I have witnessed in southern Ohio has illuminated the socioeconomic differences between my hometown and the Deerfield area. As I mentioned in Chapter Three, there were moments where I was emotionally drained by seeing the deserted storefronts, or the irreparably-looking worn appearance of homes and trailers in the Deerfield community. I frequently left SHAC meetings feeling guilty
for being in a relatively secure financial situation, and stopped complaining about my graduate student stipend. The guilt was often sharpest when I heard SHAC members relate stories about the threat of school district consolidation (and what it meant for the jobs of many participants) or about the rates of food insecurity and hunger in the community. Seeing and hearing about markers of poverty that were vastly different from what I was used to caused me to re-think my own circumstances and viewpoints. For instance, as I critiqued participants’ use of middle class assumptions to characterize parents, I was forced to confront my own values. What did I even mean by “middle class”? And, how did I know that I was not reifying middle class perspectives in my own writing? Through the various reflections that I wove throughout the dissertation, I have tried to capture how my sensibilities and positionality (both in terms of my power as a researcher as well as my background) have shaped what I observed as well as how I interpreted events and interactions.

Second, I learned that the process of conducting research was a fundamentally emotional experience for me. In addition to the guilt that I experienced, I found that I often took on stress and sadness as I heard participants relate stories about limited resources and uncertainty about the school district’s long-term survival. I left the community forum in June 2010 near tears after learning that many teachers, some of whom were named explicitly, would be losing their jobs as part of the school district’s plan to avoid a budget crisis. Additionally, I often felt uncomfortable or uneasy when I sensed that my research was perceived as a disruption to regular routines, such as when I conducted the participatory sketching project in the classroom (for more reflections on
this project, see Chapter Three). It was frequently difficult for me to reconcile the importance of my project with feeling like I was inserting myself (even appropriately) into the school district and the community.

What made it easier to process and deal with my emotions was the generosity, warmth and support of the Deerfield community members who participated in the study. Becoming the object of research involves making oneself vulnerable to (potential) critique. I was humbled by participants’ trust in me, and willingness to share their stories, hopes, and vulnerabilities in our conversations. Through hearing their narratives, I have developed an increased understanding and empathy for the individuals who live and work in the Deerfield community. At the same time, their stories have inspired a deep appreciation for the Appalachian spirit of tenacity and hard work. I learned a great deal from the Deerfield residents about what it means to be resilient in the face of environmental turbulence. On a personal level, I am appreciative of and hope to sustain some of the positive relationships that I developed with the SHAC members and stakeholders who participated in this project. My sincere hope is that this project will spark useful dialogue for more inclusive and sustainable forms of health organizing in the Deerfield community.
REFERENCES


http://www.arc.gov/assets/research_reports/SocioeconomicFactorsInfluencingHealthDisparitiesinAppalachianRegion5.pdf


Research, 32, 81-88. doi: 10.1080/0090988042000210007


APPENDIX A: LIST OF INTERVIEW PARTICIPANTS

**SHAC Members**
Abby, Graduate student at a nearby university  
Becky, School district staff member  
Carolyn, Deerfield Local School District social worker  
Monica, Local health department representative  
Rachel, Former AmeriCorps volunteer at Deerfield  
Randi, Local agricultural non-profit organization representative  
Stephanie, Deerfield Local School District wellness coordinator

**SHAC Stakeholders**
Christina, Middle school teacher  
Ellen, Cafeteria supervisor  
Kelly, Elementary school principal  
Lisa, Guidance counselor  
Molly, Parent  
Mark, High school principal  
Meredith, Middle school principal  
Pat, Deerfield Local School District superintendent
APPENDIX B: INTERVIEW PROTOCOLS

Interview Protocol for SHAC Members

Interviewee (pseudonym): ___________________       Date: _______________
Place: ___________________________        Time of Interview: ________________

Introductory script: Thank you for taking the time to talk with me today. As I mentioned when we scheduled this meeting, I would like to discuss the Deerfield SHAC and learn more about how it serves the school community. Before we begin, I need to ask you to read this form, which describes the purpose of my study, and sign at the bottom to indicate that you agree to be a part of this research project. Please know that I will keep your answers to these questions anonymous, which means that all identifying information about you will be removed from the study. Do you have any questions for me before we get started?

1. Tell me your story of working with the Deerfield SHAC. When did you become a member? Why did you decide to participate in this group?

2. How has your membership within the committee changed over time?

3. Assume for a few minutes that you’re talking to someone who isn’t familiar with how a school health committee works:
   a. How would you explain the group’s mission and goals?
   b. How would you describe who the committee serves?
   c. How would you describe who the committee’s members are? (Probe – how has the membership changed over time?)
   d. How would you say people become members of the committee?
   e. What kinds of resources does the committee draw on to support its work? (Probe – partnerships with other committees or groups, grants, etc.)

4. How has the SHAC and its practices or activities evolved during your membership on the committee? (Potential probe: Which changes have been the most significant? Can emphasize both positive and negative elements of change)

5. If you had to choose a “success story” to explain what kinds of work the Deerfield SHAC does, what would it be?
6. What would you say are the key strengths of the Deerfield SHAC?

7. If you could help me (and others) understand one or two key things about the realities of living and working in the Deerfield community, what would those be?

8. Are there specific resources the school district could provide the SHAC with to enable it to better meet its goals?

9. Are there specific resources that the state could provide the SHAC with to enable it to better meet its goals?

10. In your opinion, how is the Deerfield SHAC viewed by its stakeholders? (Probe specifically: students, parents, school faculty and staff, administrators, board of directors, members of the broader community)

11. What images come to mind when you hear the words “health” or “wellness”?

12. What are some things that the Deerfield community does well to support healthy living?

13. What are some things that the Deerfield community could improve on to support healthy living?

14. What keeps you motivated to continue doing the work that you do?

15. Are there any other important issues about the Deerfield SHAC that we haven’t talked about yet?

16. Do you have any questions for me?
Interview Protocol for Deerfield School District Administrators

Interviewee (pseudonym): ___________________       Date: _______________
Place: ___________________________        Time of Interview: ________________

Introductory script: Thank you for taking the time to talk with me today. As I mentioned when we scheduled this meeting, I would like to discuss the Deerfield SHAC and learn more about how it serves the school community. Before we begin, I need to ask you to read this form, which describes the purpose of my study, and sign at the bottom to indicate that you agree to be a part of this research project. Please know that I will keep your answers to these questions anonymous, which means that all identifying information about you will be removed from the study. Do you have any questions for me before we get started?

1. How would you describe the school district’s mission and values?
   a. What are some of the challenges the district faces in meeting these goals?
   b. Are there things the Deerfield SHAC could do to help the district meet these goals?

2. Tell me about how the Deerfield SHAC was formed.

3. What kinds of changes have you seen in the SHAC and its practices or activities since it was created?

4. How would you describe the role the committee plays in the district? In the broader Deerfield community?

5. Who would you describe as the SHAC’s stakeholders?

6. To what extent are administrators or board members encouraged to participate in the SHAC’s decision-making processes?
   a. Potential Probe: What role do you see administrators or district board members playing in the health and wellness initiatives conducted in the district?
   b. Potential Probe: What, if any, are your aspirations for the Deerfield SHAC? What do you want the Deerfield SHAC to be?

7. What kinds of resources does the district provide to the SHAC?
8. What would you say are the key strengths of the Deerfield SHAC?

9. If you could help me (and others) understand one or two key things about the realities of living and working in the Deerfield community, what would those be?

10. How do you think members of the school community view the SHAC?

11. What images come to mind when you hear the words “health” or “wellness”? 

12. What are some things that the Deerfield community does well to support healthy living?

13. What are some things that the Deerfield community could improve on to support healthy living?

14. What keeps you motivated to continue doing the work that you do?

15. Are there any other important issues about the Deerfield SHAC that we haven’t talked about yet?

16. Do you have any questions for me?
Introductory script: Thank you for taking the time to talk with me today. As I mentioned when we scheduled this meeting, I would like to discuss the health initiatives in the Deerfield school district. Before we begin, I need to ask you to read this form, which describes the purpose of my study, and sign at the bottom to indicate that you agree to be a part of this research project. Please know that I will keep your answers to these questions anonymous, which means that all identifying information about you will be removed from the study. Do you have any questions for me before we get started?

1. Tell me about your connection to the Deerfield Local School District. (Probe history further based on whether participant is a parent, school faculty or staff member, or community member)

2. Are you familiar with the Deerfield SHAC?
   a. If so, how would you explain what this group does? What is your impression of the committee?
   b. If not, briefly explain what the committee does.

3. Can you recall any SHAC initiatives or activities that you or your children have participated in?

4. In your opinion, what kinds of a contribution does the Deerfield SHAC make to health in the school district? In the broader community?

5. If you could help me (and others) understand one or two key things about the realities of living and working in the Deerfield community, what would those be?

6. What images come to mind when you hear the words “health” or “wellness”?

7. What are some things that the Deerfield community does well to support healthy living?

8. What are some things that the Deerfield community could improve on to support healthy living?
9. Are there other things you would like to see the Deerfield SHAC do to improve health in the school district? In the broader community?

10. Are there any other important issues about the Deerfield SHAC that we haven’t talked about yet?

11. Do you have any questions for me?
APPENDIX C: DEMOGRAPHIC SURVEY

1. What is your gender?
   a. Male
   b. Female

2. What is your age? _____

3. How long have you lived within the Deerfield Local School District? _____

4. Do you work for the Deerfield Local School District? Y N
   a. If so, how long have you worked there? _____

5. Are you currently a member of the Deerfield Schools Health Advisory Committee (SHAC)?
   Y N
   a. If not, have you ever been asked to participate in the SHAC’s meetings or activities? Y N

6. Are you involved in other committees or groups in the Deerfield Local School District?
   Y N
   a. If so, which ones? Please list them below.
APPENDIX D: DRAWING PROMPTS FOR STUDENTS

1. What are some things that you do in order to grow up and be healthy?

2. What are some things that make it difficult to grow up and be healthy?

3. What are some things that you do at school in order to be healthy?

4. What are some things that you would like to do at school in order to be healthy
Parental Consent Form – Ohio University

Title of Research: Organizing Community Resources for Health
Researcher: Anne Gerbensky-Kerber

Your child is being asked to participate in research. For you to be able to decide whether you want your child to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your child’s personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign the bottom copy and return it with your child to Deerfield Elementary School. The top copy is for you to keep.

**Explanation of Study**
The purpose of this study is to learn more about how children perceive health and wellness in this community. It is part of a broader study to understand how community resources are organized within the Deerfield Local School District. Students participating in this study will be asked to draw pictures including, but not limited to: what are some things that help you to grow strong and healthy? What are some things that make it difficult to grow strong and healthy? Following the drawing sessions, we will have a conversation with students to gain insight into their drawings. Primarily, we will be talking to students about their favorite part of the drawings and what the drawings mean to them.

Research will be conducted over two days, taking approximately thirty minutes each day. Students will have approximately thirty minutes to draw in the classroom with their peers. Students participating in the study will receive the previously mentioned drawing prompts, while students not participating will have time to draw on their own. At the conclusion of the drawing period, students will be pulled out of class on an individual basis to discuss their pictures (approximately five minutes for each student). During this time, teachers from the selected classrooms have agreed to continue with the scheduled lesson plan while students are conducting their one-on-one conversations.

**Risks and Discomforts**
There are no foreseen risks or discomforts as a result of participating in this study.

**Benefits**
There are no immediate benefits (grades, extra credit) for your student’s participation in this study.

**Confidentiality and Records**
In order to ensure your student’s confidentiality, his or her name will not be attached to any of the drawings collected, or any of the conversation transcripts. Furthermore, pseudonyms will be given to students in the final write up of the project.
Additionally, while every effort will be made to keep your child’s study-related information confidential, there may be circumstances where this information must be shared with:
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU.

**Compensation**

There is no compensation for participating in this study. However, students will be given an incentive (their choice of a pack of pens, pencils or a small notebook) for returning this form, regardless of whether they participate in the research project or not.

**Contact Information**

If you have any questions regarding this study, please contact Anne Gerbensky-Kerber, the primary investigator, at (651) 208-7258 or email her at ag244107@ohio.edu. You may also contact the faculty advisor, Dr. Jennifer Bute, at (740) 593-0596 or bute@ohio.edu.

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

By allowing your child to participate in this research project, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions
- known risks to your students have been explained to your satisfaction.
- you understand Ohio University has no policy or plan to pay for any injuries your student might receive as a result of participating in this research protocol
- you are the parent or guardian of the student participant and are 18 years of age or older.
- your student’s participation in this research is given voluntarily
- you may change your mind and stop participation at any time without penalty or loss of any benefits to which you may otherwise be entitled.

Printed Student’s Name ______________________________________

☐ I do allow my student to participate in this research project.

☐ I do not allow my student to participate in this research project.

Parent/Guardian Signature___________________________________ Date________________

Printed Name_____________________________________________
APPENDIX F: CHILD ASSENT FORM

Child Assent Form – Ohio University

We are doing a study to learn about what students at Deerfield Elementary School think about health and wellness in our community. We are asking you to help because we don’t know very much about what kids your age think about health.

If you agree to be in our study, we are going to ask you to draw some pictures about health. Once you are done drawing these pictures, you will be asked to talk about your drawings with Ms. Anne Gerbensky-Kerber from Ohio University. We want to know what kinds of things you think about health. For example, we will ask you what pictures you think about when you hear the word “health.”

You can ask Anne or your teacher questions about this study at any time. If you decide at any time not to finish, you can ask us to stop.

The drawings that we will ask you to create are only about what you think. There are no right or wrong answers because this is not a test.

If you sign this paper, it means that you have read this and that you want to be in the study. If you don’t want to be in the study, don’t sign this paper. Being in the study is up to you, and no one will be upset if you don’t sign this paper or if you change your mind later. You will also need your parent or guardian to sign the permission form in order to be in the study.

Your signature: ____________________________________________ Date _________

Your printed name: __________________________________________

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