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Addressing Disparity: one Unique School's Efforts to Provide Holistic Education in a low-income, Black Community

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Addressing Disparity: One Unique School's Efforts to Provide Holistic Education in a
low-income, Black Community

by

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DEDICATION

To those who spent countless hours talking me off ledges: my mom and dad and step dad; my husband; my grandparents; my advisor and committee; my cohort.

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Thank you to my Advisor, Dr. Christine Blake, and my committee, Dr. Sherina Feliciano-Santos, Dr. Sonya Jones, Dr. Herman Knopf, and Dr. Katrina Walsemann for their feedback, support, and encouragement. Thank you also to Tiara Rosemond for her help during data analysis and Lashanta Rice and Sarah Hales for their time and feedback during defense preparation.

ABSTRACT

Schools are meant to provide an equal opportunity for achievement to all students. The reality is that school policies and practices, which govern not only child education but also child health, parenting practices, and other social issues, are based on ideologies of the dominant culture creating an environment the perpetuates current social hierarchies. By doing so, this not only limits minority populations' access to the opportunities associated with education but also access to health, as education and health are strongly and positively linked.

This study used qualitative methods including ethnography to explore how racism was perpetuated through the dominant discourses of obesity and parent involvement in the context of a school developed through public/private partnership that aims to serve a low-income, mainly Black, community. Data for this study was collected over an eighteen-month period and included, participant observation, field notes, and in-depth interviews. Critical discourse analysis was used to address specific aim 1. Verbatim interview transcripts were analyzed using a combination of a priori and emergent coding techniques. Results showed that participants viewed obesity as a product of an individual's lifestyle choices and perceived obesity negated health. Participants used dominant obesity discourse to normalize their own lifestyle choices and distance themselves from 'deviant others'. Despite some misgivings, participants continued to engage dominant obesity discourse.

To address specific aim 2, field notes and verbatim interview transcripts were analyzed using an open coding technique. Results showed that school policies and practices were undergirded by ideologies of colorblind racism that maintained current social hierarchies by perpetuating White privilege and racial minority disadvantage. The colorblind approach to parental involvement created barriers to the creation of authentic relationships at SEPS and, therefore, the development of a positive, mutual, and respectful relationship between families and the school.

This study illuminated the issues of social inequality that were perpetuated in this school environment. Further, the findings of this study showed that racist ideologies were created and maintained within the school environment despite individual intentions to address disparities. This study provides evidence of the opportunity for school personnel to recognize the ways that racialized policies and practices can impact the school environment and take meaningful steps towards change.

PREFACE

The racism discussed herein is that of structural racism. The analysis of the individual interviews does not shed light on the character of those interviewed. Ideologies are socially constructed and, by virtue of being a part of that society and no matter our individual intentions, we are all involved in the construction of ideologies.

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LIST OF DEFINITIONS

Dominant culture –a dominant culture is one that is able, through economic or political power, to impose its values, language, and ways of behaving on a subordinate culture or cultures. This may be achieved through legal or political suppression of other sets of values and patterns of behavior, or by monopolizing the media of communication (Scott & Marshall, 2009).

Dominant obesity discourse - the ideology that overweight and obesity is necessarily associated with health status and that overweight and obesity occur due to an individual's choices.

Structural racism - the systems that perpetuate and reinforce “race-based social ostracism, in which phenotypic or [perceived] cultural characteristics are used to target individuals for social exclusion, unfair treatment, and harassment” (Brondolo, Rivera, & Walsemann, 2011, p. 359).

CHAPTER 1

Introduction

According to the oft-touted American Dream, schools are meant to be the great equalizer, free from prejudice and discrimination. They are hailed as places that reward students solely based on merit. In reality, schools play a critical role in the reproduction of racial and other forms of inequality, “converting social hierarchies into academic hierarchies” (MacLeod, 1995, p 14).

In the United States, education and health are strongly and positively linked; however, the health benefits associated with higher levels of educational attainment are not experienced uniformly across all population groups; in fact, they are smaller or non-existent in racial minorities when compared to Whites. These racial inequalities are the well-documented product of racism, which refers to “the processes, norms, ideologies, and behaviors that perpetuate racial inequality” for people of color (Gee, Ro, Shariff-Marco, & Chae, 2009).

Even if people of color do not experience personal or individual level racism, most will suffer the consequences of structural racism (Ladson-Billings, 1998). Structural racism refers to the systems that perpetuate and reinforce “race-based social ostracism, in which phenotypic or [perceived] cultural characteristics are used to target individuals for social exclusion, unfair treatment, and harassment” (Brondolo et al., 2011). Structural racism is inculcated within society through the ideologies of the dominant group, privileging the few while protecting the dominant group from acknowledging or

addressing the privilege conveyed to them because of their position in the social hierarchy (McIntosh, 1998). The strength of structural racism lies in its ability to perpetuate the conditions necessary to maintain the current balance (or imbalance) of power (Link & Phelan, 1996) regardless of the contribution at the individual level (Jones, 2000). These structures of power and privilege have far reaching consequences impacting educational, economic, and health disparities for minoritized racial groups.

Structural racism is sustained by the dominant culture's collective framework, or ideology, which provides interpretations and explanations for social existence and arrangements that are widely accepted as "commonsense". A dominant culture is one that imposes its values, language, and ways of behaving on a subordinate culture or cultures through legal or political suppression of other sets of values and patterns of behavior, or by monopolizing the media of communication (Scott & Marshall, 2009). Ideologies are particularly powerful as they allow for the subordination of population groups while effectively naturalizing the inequalities produced through this subordination (A. E. Lewis, 2003). Dominant ideological narratives permeate the structure and institutions of society in spite of well-intentioned actions (A. E. Lewis, 2003). For instance, in a study of school reform outcomes by Lipman, the beliefs and values of the predominantly White teachers and administrators involved in the reform effort were likely to be reflected in the policies and practices created in the reform process, thereby reifying prevailing social hierarchies (2004).

Given that school policies and practices govern a variety of areas besides education (i.e., health, parenting, and other social issues) it is no wonder when these policies and practices are nominally color- and class-blind as well as gender neutral that

non-dominant groups are disempowered and alienated (Evans et al., 2008). Notably, dominant ideologies of health and education in the U.S. are informed by White, middle class norms for behavior while appearing not to be; this elides racial, economic, and gender differences in educational attainment and health outcomes that are created by social inequities in the first place (Adams, Forsyth, & Mitchell, 2009; Evans, Davies, & Rich, 2008)

Indeed, without a better understanding of the way in which class, gender, ethnicity and ‘disability’ along with other subjectivities are culturally inscribed in educational and health practices we are unlikely to set meaningful and realistic agendas either for research or policy and practice in schools (Evans et al., 2008, p. 129).

This dissertation research explores the question of how structural racism is perpetuated through the dominant discourses of obesity and parent involvement in the context of the school setting. Through the use of a combination of qualitative methods, including individual interviews and ethnography, this study explores the ways in which such discourses and ideologies may covertly affect one school’s efforts to achieve their mission of providing a holistic approach to educating low-income, Black children and ameliorating educational and health disparities.

Specific Aim 1: Using discourse analysis and qualitative methods to explore how child health narratives at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community are shaped and constrained by dominant obesity discourses.

Research Objectives:

1. What are the elements of child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
2. How is the dominant obesity discourse reflected in child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
3. How does the representation of obesity discourse compare between parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?

Exploring how parents, school staff, and teachers at the case study school define child health narratives can provide insight into participants' understandings of how obesity is related to health. Studies have shown that the way children as young as elementary school age understand their bodies is mediated by the way their families and schools adhere to dominant obesity discourse, which is further mediated by socioeconomic characteristics (Wright, Burrows, & Rich, 2012). Dominant obesity discourse is the ideology that overweight and obesity is necessarily associated with health status and that overweight and obesity occur due to an individual's choices. Perpetuating this discourse through policies and practices in school and home environments not only helps "sustain social hierarchies but also generates alarming corporeal disorders deeply damaging to some young people's well-being and health" (Evans et al., 2008). An exploration of these perceptions can illuminate if and/or how participants engage in dominant obesity discourse. An understanding of the ways in which obesity discourse is produced in the school can provide guidance toward developing policies and practices

that shift away from weight-centered understandings of health (O'Reilly & Sixsmith, 2012).

Specific Aim 2: To use qualitative methods to gain a better understanding of how parents and school personnel perceived and experienced parental involvement at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community.

Research Objectives:

1. How do parents and school personnel describe their experiences of parental involvement at SEPS?
2. What influences parental involvement according to parents and school personnel?
3. How do participants' perceptions and experiences of parental involvement compare to the official school parental involvement policy?

Involving parents as active partners in their children's education is necessary to the child's achievement in school; however, this partnership is one in which "parents of color are often powerless, silenced, and marginalized" (Yull, Blitz, Thompson, & Murray, 2014, p. 10). Understandings of parental involvement are often based on White, middle-class norms, that dictate appropriate values, language, and ways of behaving, despite the fact that research demonstrates it is more efficacious for teachers and school administrators to listen to parents as opposed to prescribing normative forms of successful parental involvement practices. This study can provide insight into how parents and school personnel experience parental involvement within the school environment and how this experience may be influenced by structural racism. The findings of this study may increase our understanding of how racism infiltrates school

policies and practices despite individual intentions. This understanding can inform the school's approach to parental involvement policies and practices.

CHAPTER 2

Literature Review

Racial Ideology

Scholars across multiple fields and historical contexts have explored the development and evolution of racial ideologies. Ideologies provide a collective framework through which we “represent, interpret, understand, and make sense of some aspect of social existence” (Hall, 1990, p.8). Ideologies are particularly powerful as they allow for the subordination of population groups while effectively naturalizing the inequalities produced through this subordination (A. E. Lewis, 2003). As race relations change so too do racial ideologies.

Some of the earliest scholarly conceptions of race were connected to biological differences between racial groups; racism grew out of an understanding that some racial groups were genetically inferior (Montagu, 1942). Through the work of many scholars throughout the 1940’s and 1950’s the argument linking genetics and race was no longer deemed acceptable, shifting the focus to system level differences (Brown & De Lissoy, 2011). The racial socialization of the post-civil rights era has been described as colorblind racial ideology. Colorblind ideology erases the impact of racism by asserting that racism no longer exists while also stigmatizing those that challenge the existence of institutionalized racism (A. E. Lewis, 2003). The assertion of colorblind ideology “camouflage[s] the self-interest, power, and privilege of dominant groups in US society”

(Bernal & Villalpando, 2002, p. 170). This privileging of dominant groups, also known as White privilege, has been defined as:

Political, economic, and cultural systems[s] in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings (Ansley, 1997, p. 592).

White privilege is upheld through the mechanisms of structural racism, which includes macrolevel systems, social forces, institutions, ideologies, and processes that work together to create and perpetuate inequities among racial and ethnic groups (C. M. Powell, 2008). The most dangerous characteristic of structural racism is that it operates even in the absence of individual intent (Bonilla-Silva, 1997). In other words, structural racism creates the necessary societal systems (e.g. the policies and practices within the schools) to perpetuate inequities despite efforts to dismantle these systems (Jones, 2000; Link & Phelan, 1996). There is a dearth of evidence that indicates that the practice of discrimination at the systems level exists in multiple contexts of US society (Blank, Dabady, & Citro, 2004; Bonilla-Silva, 1997; Fix & Struyk, 1993).

Racism in Health

Systems of population group categorization by race are used to “preferentially allocate societal goods and resources to groups regarded as superior” (Bonilla-Silva, 1997). This allocation of goods to some and not all have profound effects on socio-economic conditions, societal and institutional structures, racial prejudice and discrimination, and mental health, all of which negatively effect health (Carty et al.,

2011). Racism is at the root of health disparities among racial and ethnic groups manifested through higher death rates for Blacks than Whites for most of the leading causes of death in the US (Kung, Hoyert, Xu, & Murphy, 2008). Levine and colleagues found that approximately 100,000 Black people die prematurely every year who would not have if not for racial disparities (2001). Health disparities linked to racial differences continue to exist even when controlling for socioeconomic differences. For instance, national data for Black, White, and Hispanic adults age forty and over assessing chronic disease risk indicators such as blood pressure, inflammation, and metabolic risk indicated that Blacks had significantly higher disease risk (Crimmins, Kim, Alley, Karlamangla, & Seeman, 2007).

Though the effects of racism are measurable, racial discrimination itself can be imperceptible. The three levels at which racism can occur include the aforementioned structural level racial discrimination, internalized and interpersonal level racial discrimination. Structural level racial discrimination leads to unequal access to social, educational, and tangible resources (Brondolo, Gallo, & Myers, 2009) and is often so embedded into the policies and practices of our society that it becomes normative (Naomi Priest et al., 2013). Internalized racial discrimination includes the incorporating racist ideologies into one's own understanding of the world and is often unnoticed by those experiencing it (Naomi Priest et al., 2013). Interpersonal racial discrimination occurs during interactions between and among people (Berman & Paradies, 2010; Paradies, 2006).

Racial discrimination impacts health through a variety of pathways: (1) limited access to social amenities including housing, education, and employment as well as

increased exposure to risk factors; (2) negative affective/cognitive or other patho-psychological processes; (3) allostatic load and other path-physiological processes; (4) reduced uptake of healthy behaviors and/or increased adoption of unhealthy behaviors; (5) direct physical injury related to racist violence (Brondolo et al., 2008, 2011; Gee et al., 2009; Harrell et al., 2011; Paradies, 2006; Pascoe & Smart Richman, 2009).

The evidence of the negative effects of racial discrimination on health in adult populations is clear. Recently, researchers have turned their attention to the impact of racial discrimination on child health outcomes. Research focusing on Black adolescents shows that racial discrimination can have profound impacts on socio-emotional wellbeing (Coker et al., 2009; Kelly, Becares, & Nazroo, 2013), childhood illnesses (Priest, Paradies, Stevens, & Bailie, 2010), and indicators of metabolic disease such as obesity (Chambers et al., 2004). One such study of obesity by Ogden showed that 24.3% of non-Hispanic black children and adolescents were obese compared with 14% of non-Hispanic white children and adolescents (2012).

Much of the literature focusing on Black, non-adult age groups has excluded younger children. The few studies that have focused on younger children have found that they are indeed vulnerable to the effects of racial discrimination at multiple levels (Pachter & Coll, 2009; Sanders-Phillips, 2009). For instance, Sanders-Phillips found that structural racism creates obstacles for children accessing the resources necessary for optimal health (2009). Priest found that direct racial discrimination could impact the development of children, with lasting consequences over the lifecourse (2010). Others found that indirect discrimination, where the child observes racist interactions, can

increase the risk that the child will develop emotional and behavioral problems (Mays, Cochran, & Barnes, 2007; Sanders-Phillips, 2009).

Further, in a recent special issue focused on social determinants of child health, authors explored both family and community environment but not the school environment (Turney, Lee, & Mehta, 2013). Given that many children spend more than hours in school this is an important and influential environment to study in regards to its impact on child health (Ward et al., 2008).

Ideologies of Health

The media portrays health as slender and exercised communicating that ‘exercise=slenderness=health’ (Kirk & Colquhoun, 1989). This discourse of control has created an environment in which we oversimplify human health and are discouraged from thinking critically about health. Discourse is a “set[] of socially and historically constructed rules designating “what is” and “what is not” (Taylor, 2001, p. 317). The healthism discourse, developed by sociologist Robert Crawford (1980) suggests that health-related problems and solutions are situated at the individual level. Health should be easily achievable “through individual effort and discipline, directed mainly at regulating the size and the shape of the body” (Crawford, cited in Kirk & Colquhoun, 1989, p. 149). This ideology of health, which is dominant in US society, creates an environment in which fear of an obesity epidemic is easily spread.

This fear is further perpetuated through the media’s uncritical representation of the obesity epidemic. Obesity is often framed within the media as a personal problem, emphasizing individual level factors such as lifestyle choices (Atanasova, Koteyko, & Gunter, 2012; Heuer, McClure, & Puhl, 2011). Framing refers to how the content of

informational messages affects individuals' judgment and decision-making. Iyengar found that television's presentation of messages as episodic as opposed to thematic, elicited individual attribution of responsibility (1996). The simplification of the relationship between health and obesity contributes to a particular cultural understanding of health, the body, and eating. Dominant obesity discourse privileges a body type historically tied to middle class whiteness (Evans et al., 2008) with complete disregard of health disparities between socio-economic groups as well as cultural differences . This oversimplified understanding of the relationship between health and body size and shape creates bias that has been shown to permeate many levels of society including employment settings (Rudolph, Wells, Weller, & Baltes, 2009), educational settings, and healthcare settings (Puhl & Heuer, 2009).

The individual framing of obesity, which characterizes those perceived as overweight or obese as lazy, self indulgent, and greedy (Gordon, 2000) starkly contrasts with the argument that obesity is a social problem that is influenced by macro-level factors such as access to, and affordability of, healthy food as well as environments that encourage physical activity (Atanasova et al., 2012). Further, it shifts attention away from institutional policies and practices, like those in schools that create and sustain these unhealthy environments. This individualized framing perpetuates current ideologies of power where obesity is a product of culture and lifestyle choices. Given that racial and ethnic minorities are often reported to have higher rates of obesity this justifies the marking of these population groups as not only 'at risk' but also deviant (van Amsterdam, 2013).

Many critics of dominant obesity discourse would argue that the obesity epidemic is simply another socially constructed tool of differentiation (Rothblum, Solovay, & Wann, 2009; van Amsterdam, 2013). Racial inequalities and socioeconomic status are often ignored in the dominant discourse of obesity by calling the individual's lifestyle choices into question. The intersection of race, class, and body size provides yet another way to problematize the lifestyle choices of minority and low-income populations while normalizing those of the dominant population. This further justifies the regulation and control of minority and low-income population groups as they are portrayed as the source of the 'obesity epidemic' and unable or ill-equipped to make the 'right' decisions in regards to their health. The dominant discourse of obesity therefore labels those that do not fit the dominant ideal as 'others' and effectively upholds social norms "while leaving untouched underlying socio-economic structures, the primary determinants of 'discordant', damaged, and 'unhealthy' lives" (Evans et al., 2008, p. 120).

Racism in Education

Differential educational achievement and attainment by race "suggest that systems of stratification are also replicated in the educational system" (Walsemann et al., 2013, p. 1096). Many scholars have shown that through the training provided in schools, students are socialized into class-divided labor market roles (Apple, 1982, 2004; Bartolome, 1994; Bowles & Gintis, 1976; Cicourel & Kitsuse, 1963; McCarthy, 2014; Willis, 1977). These structural barriers are associated with the substantial academic achievement gaps between Latino and Black students, and White and Asian students (A. E. Lewis, 2003; NCES, 2011;2009) . The achievement gap has been described by the National Governors' Association as, "a matter of race and class. Across the U.S., a gap in

academic achievement persists between minority and disadvantaged students and their [W]hite, middle/upper class counterparts” (National Governors Association, 2005). For instance, Black and Latino students are academically two to three years behind their White peers (Auguste, Hancock, & Laboissiere, 2009). Further, Black and Latino students are less likely to be enrolled in courses that are meant to prepare students for higher education (NCES, 2011).

Educational attainment is dependent upon historic social hierarchies of power resulting in differential access to the opportunities associated with education (A. E. Lewis, 2003; A. Lewis & Manno, 2011; Mickelson & Everett, 2008; Orfield, 2009; Rubin, 2008; Scovronick & Hochschild, 2003; Walsemann et al., 2013). The injustice of differential access by race has further implications for the livelihoods of students and their communities. Individuals with lower educational attainment earn less income than those with a college degree (Baum, Ma, & Payea, 2010). For instance, data from the American Community Survey shows that the relative wage for those with a college degree was 41% higher than those with a high school diploma (Ruggles, Sobek, Fitch, Hall, & Ronnander, 1997; Walsemann et al., 2013). Further, educational attainment is also linked to rates of incarceration as a high school dropout is between five and eight times more likely to be incarcerated than a college graduate (Bridgeland, DiIulio Jr, & Morison, 2006).

Others posit that social hierarchies are perpetuated through the racial ideologies that are manifested through school practices, institutional culture, and structure and through these students receive messages about race and class, power, and whose knowledge and beliefs count. These racial ideologies are engaged by school personnel,

who are “captives of their own sociocultural experiences consonant with the [dominant racial] ideology”, even if unknowingly (Quiocho & Rios, 2000, p. 486). In other words, school staff member and teachers create and enforce policies that are inline with their own understandings how the school environment should operate with little consideration or input from non-dominant groups, often represented by the parent population.

Ideologies of Parental involvement

One approach to addressing the achievement gap and increase educational outcomes in Black students is parental involvement in school (Yull et al., 2014). The case for the importance of parental involvement is built on how parental involvement can positively influence children’s learning and achievement in school (Cheung & Pomerantz, 2012; Grolnick, Friendly, & Bellas, 2009; E. Pomerantz & Moorman, 2010) including; higher math (Sheldon & Epstein, 2005; Sirvani, 2007) and reading scores (Powell-Smith, Shinn, Stoner, & Good III, 2000; Rasinski & Stevenson, 2005), and higher grade point averages and standardized test scores (Desimone, 1999; Domina, 2005; Jeynes, 2005). Researchers posit that parental involvement can reduce behavioral problems in schools (Domina, 2005) and influence children’s attitude toward school (Trusty, Mellin, & Herbert, 2008) leading to increased school participation (Simon, 2001), decreased dropout rates (Epstein & Sheldon, 2002; Rumberger & Palardy, 2005), and fewer children placed into special education classrooms (Miedel & Reynolds, 2000). Further, increased parental involvement gives the parent the opportunity to learn more about areas where their child excels and areas where they need improvement (D. R. Powell, Son, File, & San Juan, 2010) and may influence the child’s perception of the importance of school (E. M. Pomerantz, Moorman, & Litwack, 2007).

Even though parental involvement is supported by the literature as important in the child's education, there is mixed evidence in regards to whether parent-school involvement is sufficiently strong to influence children's academic and social outcomes (J. Fantuzzo, McWayne, Perry, & Childs, 2004; J. W. Fantuzzo & Mohr, 1999; Mantzicopoulos, 1997; Marcon, 1999; Miedel & Reynolds, 2000; D. R. Powell et al., 2010). A growing body of literature indicates that the parent-school relationship is influenced by more than just the frequency and type of parent visits to the school (D. R. Powell et al., 2010). Alternatives to this more narrow definition have included communication, continuity of environments, and trust. The term that has been used to encompass these broader definitions is family-school partnership and is defined as: a child-focused approach wherein families and professionals cooperate, coordinate, and collaborate to enhance opportunities and success for children and adolescents across social, emotional, behavioral, and academic domains (Sheridan et al., 2012).

Though many schools aim to engage in a family-school partnership approach to parental involvement, parents often remain on the fringes of school operations and schools continue to focus on parental requirements in their parental involvement policies with limited focus on the structural level influences of the school environment. Even with the changing models of education schools remain entrenched in traditional policies and practices that create barriers to authentic parent-school partnerships (Adams et al., 2009) where an authentic parent-school partnership is defined as a cooperative relationship where both parents and members of the school staff are engaged in shaping the academic environment of the child. In order to reach this type of cooperative relationship schools

must engage parents as an integral and internal partner in the decision-making processes of the school (Adams et al., 2009).

The formation of authentic parent-school partnerships can be even more challenging when student families and school staff are divided by race. Many current approaches to parental involvement are based on White and middle class values and expectations (Baquedano-Lopez, Alexander, & Hernandez, 2013). These often negate the many ways that minority parents are active in their child's education because they do not correspond to "normative understandings of parental involvement in schools" (Barton, Drake, Perez, Louis, & George, 2004). In a review of the literature, Baquedano-Lopez and colleagues found that school staff perceptions of parents' backgrounds shaped parental involvement expectations and parent roles within the school environment (2013). Parents, particularly those from minority populations, are seen as lacking leading school staff to take a deficit approach that reinforces dependence on school goals (Baquedano-Lopez et al., 2013). Currently, the structure of schools are entrenched with barriers, such as the lack of racial and economic diversity, to genuine parent-school collaboration (Adams et al., 2009).

Summary

The ideologies of health and parental involvement create a particular understanding of non-dominant populations as lacking. When parents of color do not conform to normative understandings of health and parental involvement they can be perceived as uninvolved or disengaged. By perpetuating White middle class norms schools create barriers with parents of color through deficit-model thinking that assumes the family lacks the ability to contribute to their child's education (Cooper, 2009; A. E.

Lewis & Forman, 2002; Noguera, 2001).

We know that racism has a profound impact on the lives of those in the non-dominant group. Specifically, Blacks suffer from higher mortality rates from most of the leading causes of death, higher risk of stress related disorders, and higher rates of obesity and childhood obesity. The consequences of the health related issues associated with obesity and childhood obesity are further compounded by the framing of this health concern as an individual level problem, disregarding the broader societal structures that are at play. Continuing to problematize individual lifestyle choices, particularly those of working class, minority, mothers, while ignoring alternative discourses can devalue the beliefs and culture of diverse populations and perpetuate the negative health impacts of these biases.

Similarly, we know that there is a gap between the academic achievement of dominant and non-dominant groups. Social hierarchies are reified in the school environment thus devaluing alternative ways of knowing. Parental involvement is a component of the school experience that is particularly important to the social and academic outcomes of minority youth. However, barriers associated with the differences in race and socioeconomic status between school personnel and parents may make it difficult to build the relationships necessary to foster parental involvement.

What we do not know is how these broader societal influences impact the obesity discourse at the case study school. It is important to explore the possible differences in obesity discourses and how these are or are not influenced by the broader dominant obesity discourse. This understanding could further efforts towards a healthier student body. Further, it is important to explore how parents and school personnel differentially

perceive, understand, and experience parental involvement. This understanding could provide direction in how to maximize meaningful parental involvement and, by doing so, reap the profound benefits of improved parent - school relationships and child outcomes. The aim of this study is to use the findings as a catalyst for change within the school community, with the goal being a school community effort toward the development of policies and practices that are relevant to and reflective of student families.

CHAPTER 3

Methods

This chapter provides an overview of how this study was developed, the data collection methods, and the analytical processes I used to interpret the data. My research, in general, is interdisciplinary as I draw from my training in economics and health education and behavior. In this study, I used qualitative methods, including ethnography, which is rooted in anthropology to collect my data. Ethnography is a “scientific approach to discovering and investigating social and cultural patterns and meanings in communities, institutions, and other social settings” (Schensul, LeCompte, Trotter, & II, 1999, p. 1). In order to accomplish the research goals of this work I spent three years involved in the school, eighteen months of which were devoted to data collection for the current study. During this eighteen months I worked in the school environment, recorded detailed observation field notes, and conducted in-depth interviews with members of the school community (e.g. parents, school staff members, and teachers). Further, I attended parent meetings at the school, collected school newsletters, and newspaper articles to gain a better understanding of the context of the school community. This ethnographic data provided context around the data that I collected specific to my research questions.

The study presented here details the research process, the school environment, perceptions of the school community members, and the lessons learned throughout my interactions within the school environment. The systematic collection of the data was integral to my understanding of obesity discourses within the school and understandings

and experiences of parental involvement. The field notes, observations, and in-depth interviews that I conducted informed the aims of my work, detailed below.

Specific Aim 1: Using discourse analysis and qualitative methods to explore how child health narratives at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community are shaped and constrained by dominant obesity discourses.

Research Objectives:

1. What are the elements of child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
2. How is the dominant obesity discourse reflected in child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
3. How does the representation of obesity discourse compare between parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?

Specific Aim 2: To use qualitative methods to gain a better understanding of how parents and school personnel perceived and experienced parental involvement at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community.

Research Objectives:

4. How do parents and school personnel describe their experiences of parental involvement at SEPS?

5. What influences parental involvement according to parents and school personnel?
6. How do participants' perceptions and experiences of parental involvement compare to the official school parental involvement policy?

Critical Race Theory

This study was guided by Critical Race Theory (CRT) (D. A. Bell, 1995) which is built from two previous frameworks: critical legal study and radical feminism (Parker, Deyhle, & Villenas, 1999). Although this theory originated in the legal arena, it provides researchers across many fields with a framework to uncover the implicit and explicit impacts of racism and discrimination on the social structures of the US (Parker et al., 1999; Yosso, 2005). US society and social institutions (e.g. schools) were formed within a context of a history of racism (Yosso, 2005) privileging the culture, knowledge, and ideologies of some (Whites) while denying others (people of color). Denial of privilege, whether overtly or covertly manifested, impacts the unprivileged population group, including the parents and children in this study, on all levels (e.g. physically, mentally, emotionally). These impacts converge and are manifested in social, academic, and health disparities between privileged and unprivileged groups. The focus of CRT in education is on how societal structures and institutions reproduce the context necessary for schools to employ curriculum and particular ways of knowing that perpetuate current power hierarchies (Brown & De Lissovoy, 2010; based on Apple, 1995; Ladson-Billings and Tate, 1995). CRT challenges researchers to question the dominant discourses of meritocracy, equality, capitalism, democracy, and other ideologies that are accepted as universal truths. The application of CRT allowed me to take a critical view of the racial

ideologies that created disparities in life opportunities of the student families at the focal school (Parker et al., 1999).

CRT is not just a theoretical framework for the study of race, racism, and power dynamics (Delgado & Stefancic, 2012) but also a call to actively work to transform the way race impacts power relationships. The ethnographic approach employed in this study coupled with grounding in CRT provided the rich data necessary to show how racial ideologies work “to marginalize and disenfranchise children and families of color” (Parker et al., 1999, p. 35). This approach gave me the opportunity to “expose and name” the racial ideology activated daily in the lives of the students and parents of color in the study context with the end goal of social action toward social justice (Parker et al., 1999, p. 48).

Ethnographic Approach

My task as the ethnographer was not to remain a detached observer but instead to engage in the lives of the school community members in order to illuminate the construction of multiple truths around the research questions (Denzin & Lincoln, 1994; Emerson, Fretz, & Shaw, 2011). Participant observation is the key feature of ethnography. My field notes originated from my role as a participant observer. In ethnography, firsthand relations are encouraged as a method of extracting the more subtle meanings that may not be accessible through objective observation and interviews (Emerson et al., 2011; Georges & Jones, 1980).

I played an active role in the school community and remained sensitive to school community members’ perceptions of me. When I began data collection for the current study I had already spent time within the school environment in the capacity of an

evaluator of a separate study and, therefore, an outsider. In the current study I worked to develop the presence of an insider/outsider.

An ethnographic approach provided the opportunity to tell the story of participants; however, these stories were filtered by my perceptions and experiences (Emerson et al., 2011). Through the use of participant observation I worked to provide an authentic representation of the participants' experiences within the school context. In order to do this I worked with school community members in a variety of ways. While school was on summer break, I worked with the front desk staff as a volunteer. During the school year, I worked as an afterschool counselor. In this role I interacted with teachers to help facilitate the transition from regular school hours to extended-day hours. I worked with parents in the car line; greeting them when they pulled up to the school and spending time getting to know them as they waited for their child to be dismissed. I also spent time in the school on a daily basis talking with staff, teachers, and parents that were volunteering in the school.

Researcher as the Research Instrument

In this section will provide insight into what influences my work and me, as reality is not separate from the way we think about and experience it (O'Reilly, 2012). The story that is presented here was made possible through the relationships that I built with the school community members and the time that I spent within the school setting. As a reflexive researcher it is important to recognize that I chose the setting, the research questions, and the participants (in general). Further, I interpreted what I saw and heard and decided what and how to write the story. The overarching aim of this research, though determined by me, was also guided by my participant observation in the school.

And though I entered the field with research questions in mind, these questions evolved as I collected data. Although this narrative describes my account of the school community member's lived experiences, it is an attempt to provide a space for the school community members to share their experiences within the school context. I realize that this account is only a part of the entire picture and is influenced by my personal biography (O'Reilly, 2012)

My experience within the school did give me more of an 'insider' perspective that was conflicting and uncomfortable, at times. Issues of race and power came up on a regular basis, whether in informal interactions among school community members or in the interview setting. Though I was privy to these more internal observations I was still an outsider as I was not a staff member, teacher, or parent. And though I did live in the same neighborhood as the school I was not from the community and had limited interactions with the participants outside of the school environment. Further, my personal characteristics and position within the social hierarchy influenced my relationships with school community members, my experience within the school setting, and the performance of my roles within the context of this study. As the research instrument, I recognized that I had more in common with the school personnel than I did with the student families and students in regards to race and socioeconomic status. Even so, I was conducting research within and about the school environment, which had implications for the school personnel. In fact, more school personnel participants expressed their concerns in regards to talking to me than parent participants. As a result, I made sure that all participants knew that their participation was both confidential and voluntary. When they talked to me one on one, outside of the interview setting, I always asked if I could include

these conversations in my data. I answered any questions that they had about what I was doing and why and how the data would be used.

The way that I experience the world is through the lens of a White, educated woman. I have lived in several states, all in the South. I have never been a target of racism but have observed racist acts and, by virtue of being White, I benefit daily from structural racism that privileges my position in the social hierarchy. I am aware of this position, though I doubt my awareness is as keen as people of color, and am sensitive to how I am perceived by people of color; analyzing and interrogating my interactions with those I perceive as marginalized.

I am also an active person; I either rode my bike or ran to the school every day. I have certain dietary limitations that, though I do not advertise these, became apparent in certain situations. These characteristics are relevant for several reasons. First, these are reflective of the things that I prioritize in my own life in regards to health. They influence the way I perceive health. Also, these personal characteristics could influence the way that participants, or people in general, talk to me about health. It is likely that there are other personal characteristics that participants observed about me that influenced my interactions within this context. It is also likely that I observed characteristics about the participants that influenced the way that I interacted within this context. In ethnographic research this is not seen as detrimental to the research but instead can provide insight into the elements required for relationship formation (Clark, 2000; Clarke, 1975; Emerson et al., 2011). The story presented here is filtered by my experiences. I have interpreted the data and it is entirely possible that others would interpret the data differently.

CRT guides my work. More specifically, CRT tells us that racism exists and is pervasive in contemporary American society (Brooks, 2009; Delgado & Stefancic, 2012). Further, I believe that particular population groups are privileged due to their gender, race/ethnicity, sexuality, and social class. These categories are socially constructed mechanisms of power, which “co-produce exclusion and marginalization” (van Amsterdam, 2013, p. 156). Throughout this study I worked to maintain an awareness of my research goals while also performing my roles within the school environment. I was intentional as I conducted participant observation noting my reactions, biases, and assumptions. I recorded these internal observations as memos within the field notes in an effort to record how I, as the research instrument, was affected by the experience of conducting the research. I was particularly aware and questioned the way people perceived me and my role and how this evolved both internally and externally. As people’s perceptions changed their interactions with me also changed. Further, as I evolved both as a researcher and as a member of the school community so too did my understanding of the data that I was collecting.

Setting

South East Preparatory School (SEPS) is a private elementary school that was recently formed through a public/private partnership in Watertown, USA. To ensure confidentiality, all names of people and places have been substituted with pseudonyms. At the time of this study there were a total of 125 students, ranging in age from 3 years old (Pre-K 3) to 11 years old (4th grade), enrolled at SEPS. Students at SEPS attend school from August to June from 7:30am to 6pm. Academically, the school aims to provide a holistic educational experience to low-income students with the long-term goal

of improving the academic, social, and health outcomes of the students. More specifically, SEPS works to transition students to one of the elite private schools in the area and then on to college. The majority of students at SEPS are Black (90.4%) with remaining students being White (8.0%) and Hispanic (1.6%). Children come from all over the area, with some driving up to an hour. The school provides students with breakfast, lunch, and snacks throughout the day, health and dental screenings, physical and health education, and has a strong focus on family involvement. This is a tuition-based school, though through private donations, families pay approximately two dollars per school day with an extra fee for afterschool care.

There were thirteen lead and assistant classroom teachers serving grades Pre-K 3 to 4th grade and five special subjects teachers. There were also three members of support staff, two nurses, and four administrators. Of the eighteen teachers, fourteen teachers were White females, one female assistant teacher and one male special subject teacher were Black, one female lead teacher and one female special subject teacher were Hispanic. Of the nine staff and administrators, eight were White females and one support staff member was a Black female. SEPS is racially divided between Black student families and White school personnel. Given that our understandings of health and education are based on the dominant culture (e.g. White, middle class), SEPS was an ideal setting for the exploration of possible differences in understandings of child health, obesity, and parental involvement based on race.

SEPS is located in one of the last states to desegregate schools. In an effort to resist desegregation, one county closed all of the public schools and they remain closed today. Desegregation of all the state's public schools took approximately 10 years and

was spurred on by the 1965 Elementary and Secondary Educational Act offering millions of dollars in federal aid to school districts that prioritized diversity of student enrollment. The schools continue to struggle with racism, today.

During this study, a school sports coach in Watertown was fired for condoning a celebration ritual deemed “racially insensitive”. When interviewed about this ritual, district officials made a point to say that they were not accusing players of racist intent. The coach, with overwhelming support from parents of the players, the school, and the community, was eventually reinstated while a high level administrator that made the call to fire him was given the choice to resign or be fired. These racist activities were affirmed not only by the words of the district officials but also by the forced retirement of the person that tried to punish those involved.

Racist policies and practices have affected not only the school system in Watertown but also the community itself. Thirty years ago the city was approximately half White and half Black. Several city projects have systematically displaced Black families so that in 2011 Blacks made up only about a quarter of the city’s population. The historic preservation movement contributed to the exponential increase in property values forced many of the Black residence out of the area, because they could no longer afford to live in houses that had been in their family for generations. Two major interstate projects cut into a densely populated, predominantly Black residential area, physically dividing and displacing many of the residents in the process. Urban renewal projects over the last 5 decades replaced low-income housing occupied by Black residents with public-private redevelopment and high-end single-family home development. Members of the Black community were forced to seek residence elsewhere making room for White

residents who could afford the rising cost of Watertown property. This effectively changed the face of Watertown from a diverse community with integrated neighborhoods to a mostly White community with pockets of Black residents.

Context of the Study

I was introduced to the case study school in 2011 through my participation as the evaluator of an obesity prevention intervention implemented in low-income schools. The intervention program used volunteers and college students from several area colleges to teach elementary-age students about the importance of healthy eating and exercise, with an emphasis on maintaining an overall healthy lifestyle. The education part of the program consisted of three education classes, with each class composed of 3 stations for students to learn the concepts, make a healthy snack, and participate in a skill-building activity or learn about a health related career. The first lesson focused on nutrition basics, including reviewing the USDA's MyPyramid for Kids. Students also explore the human body and the importance of healthy eating and exercise for optimal body function. The second lesson focused on exercise, where students learned about the exercise pyramid and were able to create a piece of exercise equipment (like a jump rope). Students were also introduced to various health related careers during the second class. The final class reviewed the previous material, including the human body model. In between the sessions students logged the amount of fruits, vegetables, and sugar sweetened beverages they consumed, in between the second and third session the students tracked the number of steps taken with a pedometer. At the end of the program, children graduated and were encouraged to communicate what they learned with their parents, family, and community members.

My participation as the evaluator included designing, implementing, and evaluating the effects of the obesity prevention program on the Pre-K 3 and Pre-K 4 students. The participants in this evaluation included the Pre-K 3 and Pre-K 4 students, their family members, their teachers, the school nurse, the school chef, and the administrators. The data collection for the current study began as I was analyzing the final data for the evaluation. My research was borne out of my involvement as the evaluator. Through this role I observed the racial divide between the parents and the school personnel and was interested in how or if the differences in race influenced understandings and experiences of health and education within the context of SEPS.

Entering the Field

Before I started the obesity prevention intervention evaluation in 2011, I held a focus group with the teachers to get feedback on the intervention from their perspective. This was my first introduction to SEPS. I walked into the school, a former church at the time, and was surprised by how much fit into such a small space. The entrance brought me into the administrative area where I met the director of the school (at that time) and the office staff. This was my first interaction with the teachers at the school and one of my first tasks as the evaluator of the obesity prevention intervention. Parents were hanging out drinking coffee in the small office space well after the school day had started. My first impressions of the school has been echoed by many: what a great model; this is so different, a healthy, family oriented setting.

The building itself added to the warmth of the school environment. The main school area was in what used to be the church sanctuary. The pews and other remnants of the church had been removed and replaced with classrooms formed by cubicle walls. The

children were not in their classes when I arrived on that first day but I could hear them in the distance, smell their crayons and animal cracker snacks, and see their drawings that created a wallpaper effect on the cubicle walls. I waited for the teachers on a raised platform at a hexagonal table in a kid-sized chair. The teachers came in two at a time, teacher and assistant, in mostly jeans and other casual attire. I noticed that all of the teachers in attendance appeared to be in their mid-twenties and were female. Two of the teacher assistants were Black. The remaining teachers were White. Before arriving at SEPS, I had assumed that most of the teachers would be Black because I knew that the majority of the students were Black and that the school was targeting a low-income, mainly Black, community.

Introductions were made and we began a very productive conversation. It was clear that the teachers wanted to say nice things about the obesity prevention program that I was evaluating but as they got comfortable they began to give very thoughtful and constructive criticism of the program. I walked away feeling like we had accomplished a lot and that this school was so different from other schools that I had encountered. The teachers were highly engaged and wanted to bring quality programming to their classroom. They wanted to help reinforce what the obesity prevention program taught throughout the year and were willing to help make that possible. My description of the school to others was that it was such a warm and inviting place filled with people who were dedicated to this mission of helping children that were from areas that had limited access to educational resources, as most lived in areas that were served by failing schools.

During the 2012-2013 school year I began to collect data based on the preliminary data to fulfill my evaluator role. Three times during that school year I spent five

consecutive days in the school along with other day trips as needed. I coordinated with the school nurse originally but found that the teachers often did not know that I would be there. After the first data collection time point I requested that the nurse consult the teachers in regards to the data collection dates. The evaluation did require that I take the children, one at a time, out of the classroom. I realized quickly that I needed to consult the teachers regarding what times during the day were best so I caused as little disruption as possible. Therefore, I worked with the teachers and staff to determine the best way to accomplish my evaluation goals while also being considerate of their classroom environment. This process allowed me to develop friendly working relationships with teachers and staff. I was also able to get to know the parents of many of the children by virtue of being in the building throughout the day. Parents were curious about the accelerometer belts that we used to collect data about their children's physical activity, how they worked, and how we would use the survey data.

As I transitioned to the data collection for the current study I was further introduced into the school's social structure. During the summer of 2013, I began spending more time in the school as a participant observer. I helped at the front desk, in the classroom, and was an afterschool counselor. Helping at the front desk allowed me to observe the relationships between staff, teachers, administrators, and parents.

Research Relationship

As noted by Emerson and colleagues, an ethnographer is not meant to be a "fly on the wall" instead we are meant to immerse ourselves in the worlds of those that we wish to better understand (2011, pg. 57). Therefore, I participated and engaged in real life activities with the school community members within the school environment. I was

conscious of my race, gender, age, and researcher role. I, therefore, worked to present myself as a potential friend and ally, expressing my interest in participants' lives outside of the school environment. I tried to separate myself from the school through my physical appearance as well as my language. I dressed in casual clothes that were more similar to the college students that I worked with in the afterschool program than the teachers and staff members of the school – no make-up, jeans, T-shirt, tennis shoes. I modeled my language after the person or people that I was speaking with; if they used slang, then I did or if they used academic terms, then I did. Everyday I worked to balance building a relationship with all school community members without being perceived as strongly aligned with one group over another. This process was made easier by the fact that most parents were only in the school after teachers and staff members had left for the day.

As I began to recruit parent participants for interviews I became more aware of possible perceptions of the 'researcher' role. I wanted to distance myself from yet another layer of power in the social hierarchy. I instead told participants that I was conducting a study in order to complete my degree. When asked, I said that I was in a doctoral program and this study would meet the requirements for my dissertation. I was not evasive in answering these questions; I just chose to keep things simple until I was sure about the level of detail that the participant was looking for.

In order to develop the relationships necessary to answer the research questions I worked for more natural and organic experiences with school community members (Emerson et al., 2011). Simultaneously, in order to capture the experiences of the school community members I needed to write and record. These conflicts were sometimes difficult to navigate, as recording in front of participants could have implications for how

people understood my role and me (Emerson et al., 2011). I had concerns about reifying social hierarchies through my role as a researcher but I was also concerned that if I did not conduct rigorous research I would reify social hierarchies by telling a story that was not an authentic representation of the lived experiences of the school community members. Through self-reflection I realized that the story was most important and my role was to gain an understanding of the experiences of the school community members by developing relationships and being an active, though separate, participant within the school community.

Participants

The University of South Carolina's Institutional Review Board approved this study. Twenty parents and twenty school personnel (e.g. teachers, staff, and administrators) were recruited through community contacts using purposive criterion and snowball sampling strategies (Patton, 2003). To be included in the study, parent participants were required to be a caregiver of a student that either attended SEPS at the time of the study or had attended within the previous school year and self-identified as Black. Teacher participants were included if they had taught at the school during the time of this study or within the previous school year. Staff/administrators were included if they were employed at the school either at the time of the study or during the previous school year. I interviewed both past and current school staff members such that teachers of each cohort of students and members of all administrative positions, at the time of data collection, were interviewed.

Data Sources

Data collection for this study began in May of 2013 and was collected over an eighteen-month period and included participant observation, 70 informal interviews and field notes, and fifty in-depth interviews (ten of which were follow up interviews) with both past and current parents, teachers, staff and administrators of SEPS. Data collection continued through October 2014.

As part of my participant observation I attended school meetings, helped in the classroom and at the front desk, worked as an afterschool counsellor, and spent time “chatting” with teachers, staff, and parents in the hallway, lounge, car line, and outside of school. While in the field, I took notes any time I had the opportunity. I recorded my perceptions of events and interactions including my own feelings about these experiences. I used these brief field notes and head notes to write full field notes and analytic memos (Emerson et al., 2011).

Field Notes

During the time that I was at SEPS and collecting data for the current study, May 2013 to October 2014, I collected 70 informal interviews and field notes. As a participant in the school setting I was involved in day-to-day activities and conversations. Thus, my field notes reflected my interactions with school community members. As I developed relationships with school community members these field notes began to include interactions outside of the school, as well.

The field notes settings included, parent assembly meetings at SEPS, interactions within the school during regular school hours and afterschool hours, and other contexts in which I met with school community members. I recorded details in regards to the context in which I interacted with the school community members and my perceptions of the

interactions. I also documented interactions between and among school community members and how I perceived these interactions. Through these field notes I could get a sense of social groups that formed within the school community and how those dynamics changed over time.

I very rarely took notes in front of school community members, as I wanted to be an *active* participant in the school context. I did take notes during parent assembly meetings but I used single words that I could record quickly. I chose to record field notes when I returned home. I aimed to be diligent in the recording of field notes, writing field notes after any observation that seemed remotely related to the current study.

Interviews

All participants in this study completed in-depth, qualitative interviews. Interviews were conducted in convenient and acceptable locations according to the participant. This included libraries, coffee shops and cafes, offices, and classrooms. The town the school was located in, the school itself, and each participant were given an identifying number for coding purposes and a pseudonym for reporting purposes. After providing informed consent, participants completed a demographic questionnaire.

The in-depth interviews included open-ended questions focused on participant child health narratives and the perceived impact of obesity on child health as well as their perceptions and experiences of parental involvement (Appendix A and B). Though I was interested in the intersectionality (i.e. the ways in which these socially constructed categories coproduce exclusion and marginalization (van Amsterdam, 2013)) of race, class and discourses of health and parental involvement, the participants were simply

encouraged to share their own experiences with no prompting in regards to race and class.

Interviews lasted up to an hour but were no less than 35 minutes. Follow-up interviews were conducted with ten participants, 5 school personnel and 5 parents, to clarify responses and provide further insight into emergent themes. The interviews were audio recorded and transcribed verbatim. I used an iterative approach to data collection in an effort to explore themes. This process involved comparing and contrasting the data, coding, and then reflecting on the codes and themes (Glaser & Strauss, 1967). The interview protocol was adapted throughout the interview process through revision, omission, and addition of interview questions.

Analysis

The data collected in this study were analyzed using an iterative process including, ongoing field note collection, interviews, analysis, and reflection. As my data grew I revisited my research questions to get an understanding of what themes were beginning to emerge. I took notes about instances that reflected health and parental involvement and also the interactions that I had with school community members and interactions between and among school community members. I spent time at the school every day; therefore, I was constantly thinking about and analyzing the data in my head.

Over time themes began to emerge from the field notes that I had collected. I continued to collect field notes, which allowed a better understanding of the existing themes and also introduced new themes. I continued the iterative analysis process of collection, analysis, and reflection through the summer of 2014. I began to organize my notes into a broad narrative of the context of the school. This narrative provided a better

understanding of the evolution of the school community members' perceptions of the school environment and their inclusion in or exclusion from that environment.

My active participation in the school community setting allowed for my non-linear approach to data analysis. As I collected field notes I would analyze and then reflect on the data, making breakthroughs in my understanding of the school context. Based on these breakthroughs I was able to hone my research questions to better reflect my research interests. In addition to field notes, I was also conducting in-depth interviews with school community members.

After conducting a specific amount of in-depth interviews according to each specific aim, transcribing the interviews verbatim, and uploading them in NVivo, I began identifying preliminary themes. I organized the themes into a Microsoft Word document. I wrote a field note after each interview describing the environment of the interview, my perception of my relationship with the participant, and general thoughts on the interview experience. The time I spent in observation and the time I spent interviewing provided deeper insight into the school as a context while also deepening my relationships with the school community members.

I used critical discourse analysis (CDA) to frame the analysis of the data that addressed specific aim 1. Specifically, I was particularly focused on the ways that dominant obesity discourse shaped and constrained participants' words. I used an a priori code list developed from the literature (Creswell, 2012) and included imperatives of the dominant obesity discourse (Table 4.2). CDA is informed by the poststructuralist view that discourse works at the institutional level shaping our identities and actions (Luke, 1995). After applying the a priori code list, emergent coding was conducted to identify

additional themes not already included. A total of eleven interviews were coded with the a priori code list and changes to the codebook were made based on emergent themes and overall fit of the original code list.

To address specific aim 2, I used an iterative process including, ongoing observations recorded as field notes, interviews, analysis, and reflection. As I collected field notes I would analyze and then reflect on the data, making breakthroughs in my understanding of the school context, and then honing my research questions to better address my research interests. Throughout the observation process I was also conducting in-depth interviews. I used an open coding system to analyze both the field notes and the interviews.

I developed a codebook based on the first few interviews. Once the preliminary codebook was developed I compared each new interview and added codes when necessary. When I completed 30 interviews I developed an outline of the data and then wrote a summary of the emerging themes based on that outline. This process allowed me to get a better understanding of the story that was emerging from the data that I was collecting. I paid attention to what was the same across interviews, what was different, and what was unexpected.

I transcribed the first fifteen interviews on my own to ensure that I was indeed collecting data that would answer my research questions. After that the interviews were transcribed by an outside source. In order to better familiarize myself with these data I read through the transcripts and simultaneously listened to the audio recordings. As I spent time reflecting on the data I wrote memos to myself in a notebook discussing the themes that were appearing in the data and my thoughts in regards to the themes

(Creswell, 2007). Eventually, I recorded these memos in NVivo as Field Analysis Notes.

Then, I moved into a formal coding process. I coded each interview according to the preliminary codebook that I had developed while reflecting on the data. During my first analysis pass of the interview data, a committee member, a peer, and I open coded two transcripts each, independently. Afterwards, I discussed these codes with each contributor to gain clarification if anything was unclear and to further understand any codes that differed from my own. Based on this process I continued to refine my codebook, apply it to my interview data, and record the emergent themes.

I continued the process of formal coding and began to identify certain words, phrases, or ideas as emergent themes and subthemes. I recorded these words, phrases, and ideas during the coding process in memos. Once all of the interviews were coded I had a list of emergent themes that I could then apply to the data using the constant comparative method (Glaser & Strauss, 1967). As I continued to think about the themes and review the data connections began to emerge across participant interviews. I began to develop a better understanding of contextual conditions that affected the central focus of my research (Creswell, 2007).

As I reflected and reviewed the themes and subthemes I began to hone the codebook; reorganizing where necessary. For instance, I used NVivo to create reports of codes by participant to determine if the organization of the codes were reflective of what I had found in the data. I continued the analysis process until saturation; no new codes or themes emerged from the data (Glaser & Strauss, 1967). In an effort to organize the data according to specific aim I created an outline of the emergent themes. I then used the memos that I had previously written to expand the outline into summaries of the data by

specific aim. I began the process of writing based on these summaries.

Feedback and Member Checking

Once I completed data analysis, had an outline of the results, which was shared with an expert reviewer, I conducted follow up conversations with a subset (n=10) of school community members that had previously participated in the interviews. These conversations included ethnographic elicitation techniques that allowed me to focus the feedback on the main topics of my research study (Schensul, LeCompte, Nastasi, & Borgatti, 1999).

During these conversations I shared with participants themes from data analysis and asked them to share their perceptions of my findings. The setting of these conversations was very informal. Often I did not schedule the conversations; I simply included the questions within a seemingly spontaneous conversation. I took brief notes during these conversations either on a notepad or on my phone and then wrote out the conversation in the form of a field note immediately following the conversation.

The goals of these follow up conversations were to confirm my findings and also to share the results with school community members. Member checking enhances the quality of the data and helps to ensure accuracy, credibility, validity, and transferability of the data (Lincoln & Guba, 1985). I used a brief conversation guide based on the participants' previous interview (example provided in Appendix C) to guide the follow up conversations based on the data that I collected through participant observation and in-depth interviews. I also shared the results of my analysis, informally, with other participants, which I included as field notes. I treated the information that I collected

from these 'formal' and informal follow up conversations as data and used these data to develop my final narrative.

CHAPTER 4

Results

This chapter will provide the results of my study, divided into two manuscripts.

4.1 THE INFLUENCE OF DOMINANT OBESITY DISCOURSE ON CHILD HEALTH NARRATIVES

Abstract

Background: The medicalization of obesity encourages the structural and interpersonal regulation and monitoring of people who appear to be overweight or obese, with particular attention paid to low-income and minority populations; these dynamics serve to perpetuate contemporary social inequalities.

Objective: The purpose of this study was to gain a better understanding of the perceptions of health and obesity among Black parents and White school personnel at an elementary school serving low-income, Black children, compare these perceptions to the dominant obesity discourse, and explore possible differences in child health narratives and obesity discourse based on race.

Methods: In-depth qualitative interviews were conducted with 20 parents and 20 school personnel and couched in the context of a larger ethnographic study. Questions focused on child health narratives and perceptions of obesity. Verbatim interview transcripts were analyzed using a combination of a priori and emergent coding techniques in order to: explore child health narratives of parents and school personnel; gain a better understanding of how these narratives reflected dominant obesity discourse; and compare the reflection of dominant obesity discourse between parents and school personnel.

Results: Participants' child health narratives were reflective of the dominant obesity discourse as they focused on weight as a proxy for health and health as a product of individual choice. Participants felt that being perceived as overweight or obese would limit a child's success due to weight stigma. Participants' engaged dominant obesity discourse to normalize their own lifestyle choices while problematizing the lifestyle choices of others though the ways in which this was accomplished differed according to race. Some participants admitted that they were conflicted about what the media and society told them in regards to obesity yet they found it hard to accept alternative discourses. Three main themes around dominant obesity discourse were identified from the in-depth interviews with parents, school staff, and teachers: 1) reflections of obesity discourse in child health narratives, 2) identifying 'deviant others', 3) challenging obesity discourse.

Conclusion

By engaging in dominant obesity discourse, school community members create an environment where children are taught possibly damaging ways to view their bodies and health. Further, basing policies and practices on dominant obesity discourse silences alternative understandings of the body and health. The findings from this study can be used as evidence of the need for health messaging within the school environment that recognizes the complexities of child health.

Background

Health is commonly discussed across multiple and varying contexts in the US. The way that we approach health either as health professionals or as individuals is based on the ways in which we define health. Some definitions of health are shaped by media

messages that tell us that body size is a proxy for health and that health is primarily a matter of personal responsibility. This oversimplified view of health perpetuates a belief that a person should have the power to sustain their health through sheer will power and determination, with an emphasis on body size regulation (Kirk & Colquhoun, 1989; Rich & Evans, 2005; Lee & McDonald, 2010). Shared conceptualizations about health and weight are reflected in the dominant public discourse of obesity (O'Reilly & Sixsmith, 2012).

Dominant obesity discourse reflects an ideology that people perceived as overweight or obese are unhealthy and that overweight and obesity are the direct results of an individual's choices. In this article the term 'obesity discourse' is used to refer to the dominant discourse of obesity. Obesity discourse posits that scientific evidence shows that all populations and all countries are facing an obesity epidemic that will result in dire consequences in regards to health (Pringle & Pringle, 2012; Rich & Evans, 2005) thus, creating a societal level obsession with weight and common belief that body size represents health. Healthy behaviors are defined using biomedical standards and compliance with these standards is indicative of a person's integrity, autonomy, and responsibility (Crawford, 1994, 2006). Because health is viewed as a moral imperative (LeBesco, 2011) and obesity as an epidemic, the overweight and obese are stigmatized as lacking the knowledge, commitment, or will power to take control of their bodies (Antin & Hunt, 2013; Elliott, 2007; Gilman, 2008; Glassner, 1989; LeBesco, 2011; Moffat, 2010; Smith & Holm, 2010). The uncritical acceptance of the dominant obesity discourse as an absolute truth, results in size discrimination and disordered relationships with the body and food that contribute to poor physical and mental health (Rich & Evans, 2005).

More recently, obesity discourse has expanded to encompass children and youth; contending that the solution to declining health in adulthood can be found in the bodies of children (Evans et al., 2008). Identifying children as the ‘source of obesity’ positions families as critical in reversing obesity trends. Families are called to control and track the type and quantity of physical activity the child engages in while also closely monitoring food intake (Evans et al., 2008). According to obesity discourse, producing a child that is obese is seen as a failure that “effectively wipes out any other contribution to the upbringing of a well-child” (Wright & Harwood, 2009, p. 134).

While obesity research is important and obesity in children and adults can contribute to health problems (NHLBI, 1998), the relationship between obesity and health is more complex than an index of height and weight, or body mass index (BMI) (Gard & Wright, 2001; Rich & Evans, 2005). Body weight and BMI are used in clinical settings to screen for risk of excess adiposity (a.k.a. obesity) but taken alone are not perfect predictors of adiposity or health (Kennedy, Shea, & Sun, 2009; Rothman, 2008), especially among children (Ogden et al., 2012). Other factors such as body composition, physical activity, physical fitness, dietary quality, social, emotional, and cognitive development, and engagement in other healthy or risky behaviors are also important indicators of health (Blair, Cheng, & Holder, 2001; Freedman, Katzmarzyk, Dietz, Srinivasan, & Berenson, 2009; Huber et al., 2011). Social inequalities associated with race and socioeconomic status such as, access to, and affordability of healthy food as well as environments that encourage physical activity also contribute to differential health outcomes. Ignoring these complexities and over emphasizing the importance of body weight creates a particular cultural understanding of health, the body, and eating (Rich &

Evans, 2005), that promotes thinness and weight loss as universally desirable (Campos, 2004; Evans et al., 2008). By doing so, obesity discourse privileges a body type historically tied to middle class Whiteness (Evans et al., 2008) with complete disregard of social inequalities. Further, ignoring influences of race, class, and culture on alternative body orientations, such as body size acceptance, alternative discourses are silenced (Evans et al., 2008) and bodies that do not fit into the dominant ideal are devalued.

The promotion of thinness and weight loss above all else has serious public health implications. The manifestation of the obesity discourse in institutionalized policies and practices alienates those who do not fit the standard and may contribute to the adoption of harmful practices such as starvation diets, over exercising, and anxiety about weight (Evans et al., 2008). Persons classified as overweight or obese are subject to discrimination, mistreatment, abuse, guilt, shame, and anxiety over perceptions of their weight (Gard & Wright, 2001). For example, Rich and colleagues, found that students at schools that were particularly entrenched in promoting dominant obesity discourse had a higher prevalence of eating disorders and other manifestations of negative body image (2004).

Focusing on individual lifestyle choices in the dominant obesity discourse starkly contrasts with the argument that health is a social problem that is influenced by macro-level factors such as access to, and affordability of healthy food as well as environments that encourage physical activity (Atanasova et al., 2012). This lack of attention to institutional level policies and practices serves to create and perpetuate unhealthy environments. Further, focusing on the individual with minimal consideration given to

societal level factors may distract from the influence of social inequalities based on race and socioeconomic status in the construction of definitions of health.

Obesity Discourse and Racism

Many critics of obesity discourse would argue that the obesity epidemic is simply another socially constructed tool of differentiation (Rothblum et al., 2009; van Amsterdam, 2013). Social inequalities based on race and socioeconomic status are often ignored in the obesity discourse by emphasizing the individual's lifestyle choices. The intersection of race, class, and body size provides yet another way to problematize the lifestyle choices of minority and low-income populations while normalizing those of the dominant population. This further justifies the regulation and control of minority and low-income population groups as they are portrayed as the source of the 'obesity epidemic' and as deficient, unable, or ill equipped to make the 'right' decisions in regards to their health. Obesity discourse therefore labels those that do not fit the dominant ideal as 'others' effectively upholding social norms "while leaving untouched underlying socio-economic structures, the primary determinants of discordant, damaged, and unhealthy lives" (Evans et al., 2008, p. 120).

Studies have shown that the way children as young as elementary school age understand their bodies is mediated by the ways their families and schools perceive and portray relationships between body weight, body size, and health, which is further mediated by race and class (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Gard & Wright, 2005; Monaghan, Colls, & Evans, 2013). The purpose of this study was to explore perceptions of health and obesity among Black parents and White school personnel at an elementary school serving low-income Black children, compare these

perceptions to the dominant obesity discourse in the United States, and assess if participants engaged dominant obesity discourse differently due to possible varying cultural understandings of health and obesity and differing health priorities related to social inequalities.

Methods

Study Setting

South East Preparatory School (SEPS) is an elementary school that was recently formed through a public/private partnership in Watertown, USA. To ensure confidentiality, all names of people and places have been substituted with pseudonyms. At the time of this study there were a total of 125 students, ranging in age from 3 years old (Pre-K 3) to 11 years old (4th grade), enrolled at SEPS. Academically, the school aims to provide a holistic educational experience to low-income students with the long-term goal of improving the academic, social, and health outcomes of the students by providing healthy meals, physical activity, and healthy lifestyle education. At the time of data collection, the majority of students at SEPS were Black (90.4%/113) whereas 8% (10) were White and 1.6% (2) were Hispanic. This is a tuition-based school with a generous private endowment such that families pay approximately two dollars per school day with an extra fee for afterschool care. There were thirteen lead and assistant classroom teachers serving grades Pre-K 3 to 4th grade and five special subjects teachers. There were also three members of support staff, two nurses, and four administrators. Of the eighteen teachers, fourteen teachers were White females, one female assistant teacher and one male special subject teacher were Black, one female lead teacher and one female special subject teacher were Hispanic. Of the nine staff and administrators, eight were

White females and one support staff member was a Black female. SEPS is racially divided between Black student families and White school personnel. Given that the dominant discourse of obesity is based on ideals of the dominant culture (e.g. White, middle class), SEPS was an ideal setting for the exploration of possible differences in child health narratives and obesity discourse based on race.

Recruitment and Sample

Twenty parents and twenty school personnel were recruited through community contacts using purposive criterion and snowball sampling strategies to participate in this study (Patton, 2003). To be included in the study, parent participants were required to be a caregiver of a student that either attended SEPS at the time of the study or had attended within the previous school year and self-identified as Black. I interviewed only Black parents, as the vast majority of the students were Black. Further, five out of the 12 (e.g. 42%) students that were White or Hispanic were children of SEPS teachers. School personnel were included if they were employed at the school either at the time of the study or during the previous school year. I interviewed both past and current school personnel such that teachers of each cohort of students and members of all administrative positions, at the time of data collection, were interviewed.

Data collection

The data for this study included in-depth interviews as well as field notes that provided context to these interviews. All participants in this study (n=40: 20 parents, 20 school personnel) completed in-depth, qualitative interviews. All interviews were conducted in locations convenient for participants such as coffee shops, libraries, and classrooms. After providing informed consent, participants completed a brief

demographic questionnaire. The in-depth interviews included open-ended questions focused on participant child health narratives and the perceived impact of obesity on child health (Table 4.3) in order to answer the following research questions:

1. What are the elements of child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
2. How is the dominant obesity discourse reflected in child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
3. How does the representation of obesity discourse compare between parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?

Interviews lasted up to one hour but were no less than 35 minutes. Follow-up interviews were conducted with ten participants, 5 school personnel and 5 parents, to clarify responses and provide further insight into emergent themes.

The interviews were audio recorded and transcribed verbatim. I used an iterative approach to data collection in an effort to explore emergent themes. This process involved comparing and contrasting the data, coding, and then reflecting on the codes and themes (Glaser & Strauss, 1967). The interview protocol (Table 4.1) was adapted throughout the interview process through the revision, omission, and addition of interview questions. For instance, the original interview guide included several questions about obesity but upon further reflection this was too leading. I wanted participants to talk about obesity of their own volition, if at all possible. Instead, I included a question

that talked about a common theme in the news (e.g. increases in children’s weight) in an effort to explore obesity without mentioning it directly.

Table 4.1 Sample Interview Questions

Concept	Sample Questions
Perceptions of child health	<ul style="list-style-type: none"> • Based on your experience describe a healthy child. • Describe an unhealthy child • Think about the children that you know: What makes them healthy or unhealthy.
Child weight	<p>I am going to say a statement and I would like you to tell me what you think about it: Children are heavier than they were 30 years ago:</p> <ul style="list-style-type: none"> • What do you think about this statement? • How do you think this happened? • What do you think can or should be done about this?
Obesity	<p>If mentioned in the previous question:</p> <ul style="list-style-type: none"> • You mentioned the word obesity, what do you mean by that? • When you hear the word obesity what do you think of • How do you think that obesity effects child health? <p>If not mentioned:</p> <ul style="list-style-type: none"> • What about childhood obesity – is that related to child health? How? • When you hear the word obesity what do you think of?

Data collection was couched within a larger ethnographic study of SEPS in which observations, recorded as field notes (n=70), were conducted in both the school and the community where the school is located. The field notes included anything that seemed relevant to the research questions with a particular focus on the ways in which people

talked about health. These observations provided insight into child-health narratives that were less likely to be decontextualized and less subject to researcher interference (Tedlock & Mannheim, 1995). An understanding of the cultural norms of the community coupled with one-on-one interviews provided a greater level of cultural competence necessary to accurately analyze the words used by people of a different educational, social, cultural, and linguistic background (Tedlock & Mannheim, 1995). Within this larger ethnographic study I spent time in the school as an evaluator of an obesity prevention intervention study. In the current study I interviewed some participants that were familiar with my past role as well as participants that were not, in an effort to reduce the potential bias that may have come from associating me with the obesity prevention study. Further, the participant observation included in the larger ethnographic study confirmed the data collected in the interviews.

Analysis

The transcribed interviews were stored as word files and uploaded in NVivo, which was used to code and sort the data into themes. Critical discourse analysis (CDA) was used to frame the analysis, paying particular attention to the ways in which the dominant obesity discourse shaped and constrained participants' words by using an a priori code list (Table 4.2) that was developed from the literature, and included imperatives of the dominant obesity discourse (Creswell, 2012). CDA draws from the poststructuralist view that discourse functions across societal level institutions, such as schools, to form human identities and actions (Luke, 1995).

Table 4.2 A Priori Code List

A priori code	Code adapted to my data	Explanation
Weight as a proxy for health	Unhealthy is a little bit obese	A code to represent when participants said that perceived overweight was indicative of poor health
	Healthy is not considered obese	A code to represent when participants said that a healthy child could not be perceived as overweight or obese
Moral judgment	Lazy, Sad	Examples codes that represented how participants described children that they perceived as being overweight or obese
	Body image	Code to capture when participants talked about their own struggles with body image or their concerns for children in relation to body image. This included teasing for being perceived as overweight or obese.
Blaming the individual	Culture	Code to capture when participants talked about the culture/demographic/population as influential on a person's health.
	Income level	Code to capture when participants talked about the income level/class/SES as influential on a person's health.
	Home environment	Code to capture the perceived choices of the parent that were influential on a person's health.

After applying the a priori code list, emergent coding was conducted to identify additional themes not already represented. A total of eleven interviews were coded with the a priori code list and changes were made based on emergent themes and overall fit of the original code list. This final code list was then applied to all 40 interviews and all 70 field notes. In order to compare participant narratives to the obesity discourse, I

examined how often codes representative of the dominant obesity discourse appeared in parent and school personnel interviews. I then compared differences and similarities between how parents and school personnel talked about health and obesity. Field notes collected through participant observation confirmed and contextualized the data collected in the interviews.

Results

Child Health Narratives

At the beginning of the interviews I asked participants about child health in order to get an understanding of their child health narratives (Table 4.3). All participants recognized that health was multidimensional; however, they checked to make sure that it was acceptable to talk about components of health beyond physical health. In most cases they prefaced their answers with something like, “Um...my head immediately went like...the first thing I thought of didn't have anything to do with diet or exercise is that...okay?” [White, female administrator]. Both parents and school personnel participants expressed this hesitation when defining child health. They were unsure whether their own beliefs about the importance of socioemotional health, in addition to nutrition and physical activity, would be considered valid indicators of child health. This seemed to reflect the dominance of physical health in participants’ child health narratives.

Physical health was often defined as the absence of sickness, which was not surprising given that participants were talking about children in a school environment. Children were consistently being reminded to wash their hands and antibacterial gel dispensers were located in various locations throughout the school. Though teachers and school staff were often enforcing hand-washing practices, parent participants were most

likely to talk about health as the absence of sickness while teachers were more likely to focus on sleep, which was connected to behavior in the classroom. Parents and school personnel mentioned weight status as a major aspect of physical health. All participants mentioned the need to regulate a child’s diet no matter their weight status. Physical activity, on the other hand, was seen to be most important for those children that were overweight or obese.

Table 4.3 Child Health Narrative Summary

Physical health	No sickness
	Weight status
Contributors to physical health (Child)	Sleep
	PA
	Diet
Contributors to physical health (parent)	Home environment
	Well visits
	Immunizations
Socioemotional Health	Self-regulation
	Meeting milestones
Contributors to socioemotional health	Safe and secure
	Home environment

Reflections of Obesity Discourse

Both school personnel's and parent's child health narratives reflected the dominant obesity discourse. The following sections show how participants engaged with obesity discourse. Subthemes include: size and responsibility and stigma and success.

Size and responsibility. Contributors to physical health included sleep, mentioned mostly by teachers, physical activity, and diet. Physical activity was described as being outside and getting the heart rate up. A few participants said that physical activity was most important for those that were perceived as overweight or obese. When participants talked about diet they used value laden terms like "proper" and "correct" to describe the type of diet they deemed appropriate. Parents described the types of foods to include in a healthy diet (e.g. fruits and vegetables) and what to regulate or monitor (e.g. 'junk' and sweets); parents said that having a 'sweet treat' every once in a while was okay. Teachers were more likely to talk about willingness to eat the foods provided by the school and level of appetite. All participants mentioned that children should eat breakfast, lunch, and healthy snacks, which was probably because this was the rhetoric of the school in regards to what they provided for the child to increase their success. Interestingly, though physical activity was mentioned as more important for those who were perceived as overweight or obese, participants did not use this qualification in relation to dietary regulation; participants felt that all children's diets should be regulated.

Another major aspect of physical health reflected in the participants' child health narratives was weight status. Participants focused on appearance-based indicators of health such as weight saying that a child perceived as overweight was equivalent to being unhealthy. There was a small contingent of participants that mentioned that a child that

was skinny was not necessarily healthy. This is reflective of obesity discourse as the participants recognized that skinny is often associated with healthy. Other participants mentioned ‘looking healthy’ in relation to being thin using weight as a proxy for health. Some perpetuated the idea that health was determined by individual choices by saying things like, “a skinny child is not necessarily healthy because they may not have a healthy lifestyle” [White, female teacher]. These statements show how health was reduced down to simply weight and individual choice with little recognition of more complex issues that constrain a person’s ability to achieve health.

When participants elaborated on their perceptions of obesity, in particular, they often used words associated with body size or shape. Further, participants communicated that a person’s size and shape were a product of their individual lifestyle choices. The following participant excerpts are representative of what people said when describing obesity.

Gillian: When I think of obesity I think unhealthy, overweight, french fries.

Marion: Huge, big, overeating, need to lose weight.

Leah: Obesity is not just someone who is overweight; it’s someone who makes not great choices, are overweight due to certain things and activity.

Many participants, both parents and school personnel, equated larger body size being ‘unhealthy’ and indicated that this was an individual level problem. Gillian, a young, White, former Pre-K 3 teacher, perceived obesity as a relationship between weight and health. To her these were also related to lifestyle choices such as eating fast food, particularly french fries. Marion, a Black woman in her mid 50’s and grandmother of one 3rd and one 4th grade girl, believed that those perceived as overweight should lose

weight to be ‘healthy’. Leah, a White woman in her 40’s and one of the school nurses, emphasized that the problem of obesity was not just too much weight but also making ‘not great’ choices.

Nell: I would describe it as a person or a child that’s very much larger than the rest, you know. I mean like they have a really big tummy, you know. They’re walking with a, I don’t even know how to describe it, like a slide type walk, you know, really slow, you know, probably like double chins or stuff like that... that just makes them look oddly different than the rest, you know.

Nell, a young, Black mother of a first grade girl, felt that obesity looked the same for both an adult and a child: big, slow, odd-looking. Her statement points to ways in which persons perceived as overweight or obese are stigmatized and made to feel separate.

Kerrie, a White, female, kindergarten teacher in her 20s, communicated that she got “sad when [she thought] about fat people and obesity” and that she sometimes wondered, “why don’t you just stop eating” even though she realized it was “often times way deeper than that”. This was reflective the societal level obsession with weight and the belief that weight should be easily maintained through the will power of the individual and that weight loss is universally good. Both women’s comments speak to the stigmatizations that persons’ perceived as overweight or obese are subject to including, physical stereotyping and the idea that overweight or obese people are gluttons or somehow choosing to be ‘unhealthy’.

Stigma and success. Parents and school staff members alike recognized that children faced appearance-based stigma. Staff and parents felt that ‘overweight’ children

would “get called other names”, “get teased”, or would not be included in activities with their peers because of the perceived limitations of their weight. They also said that the stigma of overweight could be limiting to their future choices and success.

Two parents, Marion, who was previously mentioned, and Donna were particularly exemplary of how societal notions of obesity and its influence on health had further implications for body satisfaction. Donna, a Black, single mother in her late forties said that she “used to get teased in school for being chunky” and therefore worried about her fourth grade daughter’s weight. Donna regulated her children’s physical activity by “making” both of her children walk with her and made her daughter do pushups. For Donna it was more important for her daughter to be physically active because her son was “Mr. Skinny”, which, to her, meant he was healthy. Further, she “allowed” her daughter a sweet if she was “being good” but because her son was “naturally slim” the same regulations were not necessary. Donna talked about her daughter’s body image:

I’ll say, ‘[daughter’s name] you’re so chunky! Oh my goodness you’ve got to stop’...But I am always telling her positive things, you’re beautiful...if you wanna be a cheerleader you can’t have three biscuits. So if I were to say that [her] body image at this particular time bothers her, it doesn’t, she could care less. But I’m conscious of it, very conscious of it...maybe because I want her to be a cheerleader.

Donna tried to get her daughter to eat more healthfully and participate in physical activity by teaching her to fear becoming fat. She told her daughter that excess weight would prohibit her from pursuing an activity that was important to her, cheerleading. It

was clear that Donna felt that her son's thinness, on the other hand, provided protection from him becoming unhealthy and therefore did not encourage the same health behaviors as with her daughter. This therefore encouraged the belief that healthy diet and physical activity were important but only if the person was perceived as overweight.

Marion had different concerns in regards to her children's bodyweight. Earlier in her interview she used the term 'heavy' when referring to her own body and said that she had recently learned, to her surprise, that she was classified as obese, according to a BMI chart. This recent discovery seemed to reinforce her feeling that it was her job as a parent to lose weight to be a role model for her granddaughters. In particular, she believed that her youngest grandchild needed to "trim up and...tone up her muscles cause [she didn't] want her to grow up overweight because [of the] tendency to tease when [people] are heavy and out of shape and can't do certain things". She negatively framed overweight as physically limiting and focused on the social consequences of being perceived as overweight. Later, Marion said that overweight people can "still...be strong and confident about who they are within their spirit" but that they had to also be concerned about what they "look like on the outside". Therefore, within this framing, people perceived as overweight could only be strong and confident about their internal characteristics but not about their external characteristics; further, internal characteristics were not enough to negate the effects of being perceived as overweight.

Identifying 'Deviant Others'

Participants also spoke about those that did not take what they perceived as appropriate action to keep their children healthy. They made sure to distance themselves from these people and their perceived inappropriate choices. School personnel used

deficit language in regards to the parents' culture and environment in order to normalize their ways of understanding health. Parents, on the other hand, distanced themselves from other parents that they perceived as lacking the knowledge or resources to make good choices for the health of their children. Subthemes included: culture of poverty; parents and 'deviant others'; glossing over structural level barriers.

Culture of poverty. School personnel talked about the parent population in deficit terms clearly perpetuating social hierarchies of power through obesity discourse. Many personnel focused on changing "cultural eating habits" as a way to reduce rates of obesity. The following excerpt from an interview with Lisa, a mid-thirties, White, female administrator, exemplifies what many school personnel said about parents:

I think it's focusing on healthy living and trying to change cultural eating habits.... so I think a lot of times I think maybe, I don't know, with the population that we're dealing with at [SEPS] I think a lot of it has to do with culture and what they are used to eating.

For Lisa, the so-called cultural eating habits of the parent population at SEPS were not a part of her definition of 'healthy living'. Use of perceived politically correct terms such as population, culture, and demographic, was common in the language of the school personnel. Rachel, a White, female in her 40's and also a school nurse at SEPS mentioned some of the reasons that she believed that obesity rates were high.

Fast food, especially in our demographic, fast food is cheap and easy so kids are eating fast food because they don't have the means to or the knowledge on how to cook properly, inexpensively.

Rachel perceived the parents at SEPS as under resourced and undereducated and associated these perceptions with their race and class, using the term demographic as a proxy. The former principal of the school, Nancy, a White woman in her 50s, echoed Rachel's stance that fast food was a huge problem in "this demographic", which she defined as "families of poverty" and associated with SEPS families. She went further to say that, "it's, you know, a well known fact that those families don't eat properly". Both women used their language to indicate how different the families at SEPS were from themselves referring to the families as a 'demographic' or as 'those people'. Both women used the word 'properly' to refer to how the families do not eat. The word 'proper' is defined as "correct according to social or moral rules" (proper, n.d.). Rachel and Nancy placed moral judgment on what they perceived as the lifestyle choices of the parents at SEPS. They, along with many other members of the school personnel made assumptions based on stereotypes about the eating habits of the families at SEPS. Further, they ignored the existence of social inequalities and instead blamed the individual for perceived shortcomings.

The perceived lack of education of the parent population was mentioned by many of the school personnel as a barrier to 'health'. Leah, previously mentioned, told me that she was once classified as obese according to BMI and she understood making 'bad' choices. Although she recognized her own struggles with weight gain and what she perceived as 'bad' choices, at the close of the interview she differentiated her experience from the parents' experiences:

I believe there is...I think culturally, and I don't know if it's because of lack of education, but I do see the difference in different types of cultures...of different

cultures in what they choose as their diet... it's totally different and that reflects in the children, I believe.

Leah saw her 'bad' choices, what she perceived as the origin of her obese classification, as 'totally different' from the choices of the parents. In this excerpt she uses deficit language to describe the parents and holds them and their 'lack of education' accountable for the perceived unhealthfulness of children.

Parents and the 'deviant other'. Parents also talked about lack of education and environmental barriers as factors associated with obesity. Several mentioned that parents needed to be more educated about food that they were buying, eating, and feeding their children.

Marion: Well, part of it I think also has to do with the education. Parents have to be educated. We have to educate them in school and the public needs to be more aware of what they're offering.

Nicole: To me, I think it's the things they're putting in the food these days you know, um, that's causing a lot of our obesities and everything because you know a lot of parents now are having kids younger now so they don't know how to cook, so they're doing a lot of fast food things or just feeding them unhealthy things.

Both Marion, mentioned previously, and Nicole a Black, female parent of a 4th grader, felt that 'other' parents needed to be educated about food making sure to distinguish themselves from these deviant others. They perceived these 'other' parents as lacking education in regards to healthy food choices and therefore not fulfilling their parental responsibility.

In her comments above, Nicole also mentioned that though parents and their perceived lack of education, due to their age, were mainly to blame for obesity, the food industry was also causing obesity. Many parents agreed with her.

Jackie: I make the choice to shop at Publix because they don't have the antibiotics and the hormones in their chicken. That's huge for me, so I'm going to pay a little bit extra, but then I'm not going to have as much because I have to pay higher prices.

Yvette: it's more so of what we have access to and what the manufacturers are putting into the food nowadays so it's not so the child's problem or I can't even say it's the parent's problem it's what we have access to it's what's out there and it's what's in the public... The produce is expensive so it's easier to go into a aisle and get, Oh let's get, you know, packaged food or this and that because you can get 5 for a dollar of some things but if I go buy a bag of apples it's 10 dollars so...it's not saying I do that, I do buy healthy, but I'm just saying for the public.

Jackie, previously mentioned, talked about her choice to avoid added hormones and mentioned that, in order to make this 'healthier' decision, she had to buy less due to the higher cost of items that she perceived as healthy. Yvette, a young, Black mother of a Pre-K 4 and 4th grade student, agreed with Jackie and added that access was another issue that caused obesity. She talked not only about physical access to healthy food but also access as far as what people could afford to buy. Like other parent participants she mentioned items she perceived as healthy were more expensive. Yvette, like Marion and

Nicole, made sure to distance herself from ‘deviant others’ who would choose ‘unhealthy’ items because they could not afford the ‘healthier’ foods.

Glossing over structural level barriers. At first glance the following excerpts seem to be reflective of alternatives to the dominant obesity discourse. However, upon further inspection school personnel participants engaged in parent blaming while simultaneously recognizing social level barriers to what they perceive as health related goods and environments. For instance, Sue, a White, female administrator in her 50’s is exemplary of how most people both denied and then confirmed individual level blame.

People don’t even eat food any more. Right? If you go into a conventional grocery store, most of it’s not even food, you know. It’s so highly processed and most people, adults my age, don’t, I mean most of the people I know do, but the vast majority of people don’t have a very high consciousness around it, you know, and so they don’t feel like they’re doing anything wrong at all when they hand them a Coke and a something, you know, Doritos or, you know, the yogurt with Twix kind of coloring on it, so it’s like, “Oh, but it’s yogurt.”... They do a great job marketing this stuff to people. I don’t think it’s because people are stupid.

Sue recognized the influence of the food industry on access to ‘real’ food. She also blamed the food industry for marketing products as ‘healthy’ when that may be far from the truth. She then returned to blaming the individual for not knowing they were doing something that she perceived as ‘wrong’. Further, she made sure to differentiate herself and the people that she knew from “the vast majority” of people that “don’t have a very high consciousness” of the food environment.

Sherrie, a White, female, 27-year-old child psychologist and former employee at SEPS, also acknowledged barriers within the food environment including “more advertisements for...cigarettes, fast food, and alcohol in low income neighborhoods”. She further discussed environmental barriers to physical activity in low-income and minority neighborhoods:

Parents, because of the media, view them (neighborhoods) more dangerously and so they're less likely to have their kids playing outside all day and so children aren't as physically active. And I think there's a lot more money to be made um from these children's programs like...um soccer and baseball and ballet and those things take a lot of money that families necessarily don't have.

Sherrie mentioned the media's influence on people's perception of their neighborhood environment and how this might affect their behavior. She indicated that parents were limiting their children's physical activity because they were misinformed about the levels of danger in their neighborhoods. Sue and Sherrie use deficit language to describe SEPS parents' home situations. Their words implied that parents were poorly informed about their neighborhoods or the food that they buy and therefore creating unhealthy environments for their children.

Robin, a White, female, Pre-K 4 teacher in her mid-30's also recognized some of the environmental barriers that families might experience in her response to her perceptions of factors that influence obesity.

I think where a child lives and what's around them. I know we have children who their only resource for food is a drive-through or the gas station, and if you don't

have transportation, it's pretty difficult to provide your child with healthy options even if you want them they may not have them around you.

Robin mentioned the existence of food deserts that are known to be more prevalent in low-income, high minority areas. She went further to talk about transportation barriers that are more likely to affect low-income populations. In this conversation Robin was aware of the structural barriers such as food deserts and lack of transportation, both of which effect health disparities. However, she did not speak about the possible root of these causes. In other words, while there was recognition of the barriers it was not clear whether she linked this back to the individual or social inequities.

Challenging Obesity Discourse

The majority of participants, whether they were parents or school personnel, did believe that an obesity epidemic was at hand saying things like, "I mean, it's no secret that obesity is abundant everywhere" [Jackie, a previously mentioned parent]. Many participants were convinced that obesity was prevalent in our society and that parents, in particular, should make sure that their children were taking the necessary precautions to avoid it. Though schools were mentioned peripherally, both parents and school personnel participants indicated that the home environment and the parents were responsible for the health of the child, again attributing responsibility to the individual.

Alternatively, there was a small contingent of school personnel participants that struggled with the existence of an obesity epidemic. They were unsure of the truth in regards to obesity. In fact, one teacher asked me, "What is the truth?"

Kerrie: I mean they must be picking up on a trend. I think that it is a fact. I just have seen it more in media than like... myself, when I'm working with children.

There have been, you know, a couple of kids that are overweight, but I haven't thought to myself, "Whoa, look at all these fatties" personally, but society tells me that kids are fatter now than they were.

The narratives of these school staff members indicated the power of the dominant obesity discourse. Kerrie, mentioned previously, was willing to negate her personal experience due to the messages that she received from society and the media. The term 'fat' was commonly used to describe obesity across many of the interviews. Other participants struggled with current popular indicators of a persons' health status.

I also, I don't know. I'm so conflicted with that because there's also a documentary about, you know, individuals that are obese that are labeled obese, like they're 100 pounds over where they should be compared to your height and weight, but they're healthy, like, you know, their blood pressure is great, so I don't know. I'm conflicted with that and I hate being the one to look at that and say, "You have fat on your body so you must be unhealthy."

Erica, a White female, first grade teacher, talked first about how people were categorized as obese. She struggled with the idea that people classified as obese could be healthy in regards to other indicators of health. She then related the obese category to having "fat on your body" comingling the medical term 'obese' with body size and perceptions of overweight or obese. Further, though Erica had seen evidence that BMI was not always an accurate indicator of biological health she still felt "conflicted" about believing it. Even with evidence to the contrary Erica was likely to perceive fat as an indicator of health status.

Engaging the Dominant Obesity Discourse: A Comparison Between Parents and School Personnel

All participants engaged in obesity discourse; however, parent participants and school personnel participants engaged the discourse differently. For instance, all participants attributed responsibility for avoiding obesity to parents or the home environment. All participants said that being healthy was an individual level problem and was most associated with healthy eating and exercising in order to reach or maintain an acceptable weight. However, school personnel talked about the parent population in deficit terms and related their perceived lacking to the parents' "demographic". On the other hand, parent participants also felt that health was an individual responsibility and spoke about deviant other parents as lacking the education necessary to provide a healthy environment though this was not linked to race or class.

Some participants did recognize environmental contributions to obesity outcomes. School personnel participants used these environmental barriers as a way to show the parents' inability to provide a healthy environment for their children. Parents recognized that environmental factors could contribute to obesity outcomes for some parents but these factors did not affect them. Further, though schools were mentioned peripherally, both parents and school personnel participants indicated that the home environment and the parents were responsible for the health of the child, again attributing responsibility to the individual. All parent participants said that obesity was a serious and growing problem while a few school personnel indicated that though they agreed that obesity was a problem they did sometimes question components of obesity discourse.

Discussion

Parents and school personnel that participated in this study talked about obesity in terms of body size, specifically, that a larger body size was undesirable and linked to negative health and social outcomes. Participants communicated that overweight and obesity were the responsibility of the individual and the best way to take responsibility for this perceived problem was to lose weight. Health messaging that defines health as a product of eating properly, exercising regularly, and monitoring and regulating the body carry moral undertones that are difficult to deny (Harwood & Wright, 2012). Perpetuating the belief that a body cannot be healthy if it is overweight or obese creates an environment conducive to the development of disordered relationships with the body (Harwood & Wright, 2012). Given the lack of alternative messaging, such as focusing on actual measures of health as opposed to perceived weight as an indicator of health, it is not surprising that the majority of participants used overweight and obesity as a proxy for health (Katz, Murimi, Pretlow, & Sears, 2012; Thomas, Olds, Pettigrew, Randle, & Lewis, 2014). An environment such as this can have serious implications for how children understand their bodies and their health and warrants further investigation.

The level of congruence in the messages about obesity and health across all participants speaks to the ubiquity of the dominant obesity discourse. These messages of personal responsibility can distract from social inequalities involved in perpetuating health disparities. Interventions or policies based on these messages with little consideration of the broader environmental and social barriers to health are likely to continue, if not increase, social inequalities and the moral judgment attributed to those that do not fit into ideologies of health (K. Bell & McNaughton, 2007; Gard & Wright,

2005; S. Lewis et al., 2011; Saguy & Almeling, 2008; Thomas et al., 2014). Future health messaging should be situated within a more comprehensive approach to health to include improving the food and physical activity environment in an effort to make it possible for a broader range of populations to act on the health messages.

Participants felt that it was the responsibility of the parent or child to avoid being overweight or obese in order to reduce the likelihood of being stigmatized as opposed to addressing the stigmatization itself through education or critical reflection. Stigma refers to a characteristic of an individual or group that is “deeply discrediting” (Goffman, 2009, p. 3). It is important to recognize that the characteristic itself is not discrediting but instead it is the social meanings attached to the characteristic that creates stigma (Antin & Hunt, 2013). Fatness, once symbolic of health and wealth (Reischer & Koo, 2004) is now one of the few socially acceptable forms of overt prejudice due to the shift in social meanings around health and excess weight (Puhl & Heuer, 2009). The findings of this study provide evidence of the need for a more critical approach to health that emphasizes an understanding of health and the body independent of weight. This would include a more inclusive definition of what is considered physical activity, healthy eating, and healthy body size and shape (Lee & Macdonald, 2010).

School personnel perpetuated social hierarchies of race and class by devaluing the behaviors and practices of the parents in order to normalize their own. Analysis of the data showed that race and class intersected with body size to co-produce stigma toward not only the parent population but also the perceived culture of the parents. This is reflective of the culture of poverty discourse (O. Lewis, 2011) a frame of cultural racism where perceived cultural practices are seen as fixed and homogeneous across entire

populations justifying racial inequality (Bonilla-Silva, 2006). This frame allowed school personnel to hold parents responsible for a societal level problem. For instance, school personnel believed that parents could not provide a healthy environment because of where they lived, their lack of transportation, their lack of education, their economic situation, or their cultural understandings while they simultaneously ignored institutional effects of discrimination in labor, housing, and education markets (Bonilla-Silva, 2006).

While school personnel misattributed responsibility for obesity related health behaviors to parent culture and income level, parent participants, on the other hand, engaged obesity discourse to distance themselves from other parents who were not performing what parent participants perceived as appropriate parental duties. Interestingly, even though parent participants did mention societal level influences on health they simultaneously placed individual blame on the parent/home as the main factor in the production of a healthy child. This may be reflective of the parents' struggle with health as a moral imperative. For instance, Black women face multiple layers of oppression due to their gender, race/ethnicity, and social position (Howard - Hamilton, 2003). Further, there is heightened attention in the media given to the disproportionate obesity risk of Black women and children. Therefore, it is not surprising that, even though parent participants in this study were aware of societal level influences on health and obesity outcomes, would distance themselves from perceived obesity-related lifestyle choices as engaging in these behaviors would provide yet another level of stigmatization (Antin & Hunt, 2013). A better understanding of how race and class and other subjectivities infiltrate messages around health is necessary to the development of alternative health messages that are relevant across population groups (Evans et al.,

2008). In the case of this study, this would require engaging the parent population in an effort to understand how their lives are shaped by race, culture, and class and begin to problematize normative understandings of health and the body.

The power of the obesity discourse was illuminated by the conflicting feelings school personnel participants had about the existence of an ‘obesity epidemic’. As discussed previously, the fact that parent participants did not question the existence of an obesity epidemic could be due to the fact that they were implicated in both the media and public discourses as both creating and sustaining the obesity epidemic (Antin & Hunt, 2013) while the young White, middle/upper class female school personnel, most of whom did not have children, were not. For instance, media reports often highlight evidence that Black females, including Black children, are at higher risk for obesity than their White peers (Saguy & Almeling, 2008) and lifestyle choices of the individual parent were the main factor in the perceived obesity epidemic by the participants in this study. Further, the success of raising a child as perceived by the participants as well as in public discourses of health hinged upon the parent’s ability to keep the child healthy and therefore free from perceived overweight or obesity (Evans et al., 2008; van Amsterdam, 2013). These messages likely contributed to the fact that parent participants consistently confirmed the existence of an obesity epidemic.

An important strength of this study was the use of both in-depth qualitative interviews and eighteen months of participant observation, which provided the context for the narratives presented here. This study provides important evidence about the ways in which dominant obesity discourse shaped and constrained participants’ understandings of child health, however, some limitations apply. The participants in this study were

purposively sampled based on particular criterion and therefore the results cannot be generalized to the larger population. However, given that the sampling frame reflected the racial divide between Black student families and White school personnel we were able to explore possible differences in child health narratives and obesity discourse based on race. Further, it is possible that participants attempted to provide socially acceptable responses that were not reflective of their actual views. Our findings suggest that participants were willing to speak candidly because of the rapport established by the interviewer not only in the interview setting but also through participant observation within the school environment. Further, the participant observations included in the larger ethnographic study confirmed the data collected in the interviews.

Conclusion

The acceptance of obesity discourse can have far-reaching consequences as we may be more accepting of risky health behaviors associated with the weight-loss treatments, weight cycling, or focusing on weight as opposed to health (Saguy & Almeling, 2008; Thomas et al., 2014). The uncritical way that obesity was thought of across the participants in this study and within the public discourse of health allowed for moral assumptions about those that did not produce a ‘healthy’ child. School personnel within SEPS used dominant obesity discourse hold parents as responsible for the ‘obesity epidemic’. This raced and classed focus ignored social inequities at the root of health disparities. This type of framing can have serious implications for how children understand their bodies and their health within the larger society. The findings from this study can be used as evidence of the need for health messaging within the school environment that recognizes the complexities of child health.

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4.2 PARENTAL INVOLVEMENT: RHETORIC OF INCLUSION IN AN ENVIRONMENT OF EXCLUSION

Abstract

Background: Health and education are linked in such a way that improving educational outcomes has positive implications for health and health disparities. Health benefits associated with these educational improvements are experienced differentially according to race, with Black adults reporting lower self-rated health with increasing educational attainment than their White counterparts. Further, access to educational attainment is limited by structural racism. Evidence suggests that increased parental involvement can improve the educational outcomes of Black students thereby decreasing educational disparities; however, the formation of parent-school partnerships can also be effected by structural racism.

Objectives: To use qualitative methods to gain a better understanding of how parents and school personnel perceive and experience parental involvement at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community.

Methods: Data for this study was collected over a three-year period using ethnographic methods and guided by Critical Race Theory. I recorded detailed field notes (n=70) and conducted in-depth interviews with parents (n=20) and school personnel (n=20).

Questions focused participants' perceptions and experiences of parental involvement.

Field notes and verbatim interview transcripts were analysed using an iterative process. I

used an open coding technique. Specifically, I developed a preliminary codebook and compared each new field note and interview and added codes when necessary. I continued the analysis process until saturation.

Results/Discussion: Four themes around participants' perceptions and experiences of parental involvement were identified from field notes and in-depth interviews: 1) rhetoric of colorblind racism, 2) assimilation: a product of cultural racism, 3) manifestations of culture of poverty discourse, 4) the "elephant in the room". Despite rhetoric of inclusion, the school's policies and practices restricted parents to pre-determined and acceptable roles of parental involvement. School policies and practices were undergirded by ideologies of colorblind racism that maintained current social hierarchies by perpetuating White privilege and racial minority disadvantage. The colorblind approach to parental involvement created barriers to the creation of authentic relationships at SEPS and, therefore, the development of a positive, mutual, and respectful relationship between families and the school.

Conclusion: Naming racism and recognizing its impact on the school environment are important first steps towards change. School personnel must be willing to interrogate their own participation in maintaining social hierarchies.

Background

Education and health are strongly and positively linked. In fact, interventions that seek to improve education are considered an "effective and efficient" approach to addressing health disparities (Muennig, Johnson, & Wilde, 2011, p. 512). Increasing education is associated not only with increased physical health (Freedman et al., 2009; Rehkopf, Dow, & Bixby, 2009), but also increased mental health (R. A. Miech &

Shanahan, 2000; Walsemann, Gee, & Geronimus, 2009), increased self-rated health (Herd, 2010; Lynch, 2003; Mirowsky & Ross, 2008), and increased longevity (Hummer & Lariscy, 2011; R. Miech, Pampel, Kim, & Rogers, 2011; Montez, Hummer, & Hayward, 2012).

Health benefits associated with higher levels of educational attainment are not experienced uniformly across all population groups; in fact, they are smaller or non-existent in racial minorities when compared to Whites (Walsemann, Gee, & Ro, 2013). For instance, in a study by Farmer and Ferraro (2005) using data from the National Health and Nutrition Examination Survey I and the Epidemiologic Follow-up Study, found that disparities in self-rated health between Black and White adults widened as educational attainment increased.

The inequities created by structural racism impact the education environment at multiple levels. For instance, minority children are differentially placed into poor schools due to district boundaries, housing policies, and other socioeconomic factors (Orfield, 2009; Walsemann, Gee, & Ro, 2013). Power hierarchies perpetuated by structural racism are also imbedded in the policies and practices of schools, which lead to institutional barriers to educational equality (Horsford, 2010). These structural barriers are associated with substantial educational achievement gaps between Latino and Black students, and White and Asian students (NCES, 2011). The achievement gap has been described by the National Governors' Association as a matter of race and class (2005). For example, Black and Latina/o 4th grade students were more than 26 points behind their White counterparts in reading scaled scores and more than 20 points behind in mathematics (Education Commission of the States, 2005). Further, Black and Latino students were less likely to

be enrolled in college preparatory courses (NCES, 2007).

Educational attainment is linked to historic social hierarchies of power that lead to differential access to opportunities associated with education (Lewis & Manno, 2011; Mickelson & Everett, 2008; Orfield 2009; Rubin, 2008; Scovronick & Hochschild, 2003; Walsemann, Gee, & Ro, 2013). The injustice of differential access by race has further implications for the livelihoods of students and their communities. Individuals with lower educational attainment earn less income than those with a college degree (Baum, Ma, & Payea, 2010). For instance, data from the American Community Survey shows that the relative wage for those with a college degree was 41% higher than those with a high school diploma (Ruggles et al., 1997; Walsemann, Gee, & Ro, 2013). Further, educational attainment is also linked to rates of incarceration as a high school dropout is between five and eight more times more likely to be incarcerated than a college graduate (Bridgeland, DiIulio Jr, & Morison, 2006).

It has been suggested that increased parental involvement can improve the educational outcomes of Black students thereby decreasing educational disparities (Yull et al., 2014). Though a universal definition does not exist (Barton et al., 2004), parental involvement is often defined as: the participation of significant caregivers in activities promoting the process of educating their children and promoting their academic and social well-being (Fishel & Ramirez, 2005). Evidence supports the positive influence of parents' involvement on children's learning and achievement in school (Cheung & Pomerantz, 2012; Grolnick, Friendly, & Bellas, 2009; E. Pomerantz & Moorman, 2010) including higher math (Sheldon & Epstein, 2005; Sirvani, 2007) and reading scores (Powell-Smith et al., 2000; Rasinski & Stevenson, 2005), and higher grade point averages

and standardized test scores (Desimone, 1999; Domina, 2005; Jeynes, 2005). Parental involvement has also been shown to reduce behavioral problems in schools (Domina, 2005) and influence children's attitude toward school (Trusty, Mellin, & Herbert, 2008). This is manifested in increased school participation (Simon, 2001), decreased dropout rates (Epstein & Sheldon, 2002; Rumberger & Palardy, 2005), and fewer children placed into special education classrooms (Miedel & Reynolds, 2000). Further, increased parental involvement gives the parent the opportunity to learn more about areas where their child excels and areas where they need improvement (Powell et al., 2010) and may influence the child's perception of the importance of school (E. M. Pomerantz, Moorman, & Litwack, 2007).

The evidence of the positive influence of parental involvement, as defined previously, on child education outcomes is overwhelming yet there are still gaps between school rhetoric around including parents and how parents are actually involved with their child's education. Many current approaches used by schools to increase parental involvement are based on White and middle class values and expectations (Baquedano-Lopez, Alexander, & Hernandez, 2013). These often negate the many ways that minority parents are active in their child's education because they do not correspond to "norms set up by the institution in power" (Barton et al., 2004, p.8). These normative activities are outlined in the parental involvement policy of the case study school (Table 4.4). Non-normative actions include critically examining the "assumptions that frame school-based conversations" regarding the positioning of parents and families and/or the policies and practices of the school (Barton et al., 2004, p.8). Non-normative actions go against the traditional positioning of the school as the expert and participation in these actions is not

framed by school personnel as parental involvement but instead is framed as trouble-making.

In a review of the literature, Baquedano-Lopez and colleagues, found that school staff perceptions of parents' background shaped parental involvement expectations and parent roles within the school environment (2013). Parents, particularly those from minority populations, were seen as lacking, leading school staff to take a deficit approach that reinforced a view of dependency on school priorities (Baquedano-Lopez, Alexander, & Hernandez, 2013). Minority parents are relegated to the fringes of school operations. Even with the changing models of education, schools remain entrenched in traditional policies and practices that create barriers to a cooperative relationship where both parents and member of the school staff are engaged to shape the academic environment of the child (Adams, Forsyth, & Mitchell, 2009). In order to reach this type of cooperative relationship parents must shift from the periphery of the school's decision-making core and become an integral and internal partner (Adams, Forsyth, & Mitchell, 2009).

The aim of this study was to use qualitative methods, including ethnography, to examine how parents and school personnel perceived and experienced parental involvement at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community.

Theoretical underpinnings: Critical Race Theory

This study is guided by Critical Race Theory (CRT) (Bell, 1995) which is built from two previous frameworks: critical legal study and radical feminism (Parker, Deyhle, & Villenas, 1999). The focus of CRT in education is on how societal structures and institutions reproduce the context necessary for schools to use curriculum and teaching

philosophies and practices that correspond with the larger racialized social hierarchies (Apple, 1982; Apple, 2004; Brown & De Lissovoy, 2011; Ladson-Billings, 1998). This theoretical framework challenges researchers to question the dominant discourses of meritocracy, equality, capitalism, democracy, and other ideologies that are accepted as universal truths.

It is a widely held belief that, in the post-Civil Rights era United States, we are a color-blind society; everyone is treated equally with no regard for race (Zamudio et al., 2011). The notion of colorblindness assumes that racism is tied to political and legal rights and distracts from the influence of race on social interactions and institutions. Race is historically and socially constructed and cannot simply be erased from social consciousness; it is permanent within American society (Brooks, 2009; Delgado & Stefancic 2012).

In schools, policies and practices are implemented under the guise of being neutral when in fact they serve to justify the continued reproduction of inequality. The pathways through which colorblind ideology operates are many. Those that are most important in regards to this study include meritocracy, culture of poverty and cultural racism, and minimization of race. Meritocracy is the belief that all have an equal opportunity to succeed if they give their best effort (Zamudio et al., 2011). Culture of poverty is an argument that the poor as a group have their own culture formed out of adapting to poverty and this culture prohibits them from getting out of poverty (Lewis & Manno, 2011). Simply put, culture of poverty blames the victim instead of recognizing the structural barriers that maintain power hierarchies. Similarly, cultural racism is the presumption that cultural practices are the same for all members of a group and that these

practices justify racial inequality (Bonilla-Silva, 1997). These two frames are associated as poor people are often portrayed as people of color (Roberts, 2004). The minimization of race purports that race is no longer a factor in minority disadvantage (Bonilla-Silva, 2006). The colorblind ideology and its frames provide the tools with which to normalize dominant ways of knowing, creating an environment where those that are unwilling or unable to assimilate to the dominant culture ultimately fail.

The next section includes a brief discussion of the community within which the focal school is located, the focal school's internal environment, the participants, and the methodological approach. I then present the participants' perceptions of parental involvement and how this was influenced by their role within the school and the school environment. I end by discussing ways in which the parents and school staff can collaborate to create a space to translate parents' voices into actions that foster meaningful parent participation in their child's education.

School Community Context

South East Preparatory School (SEPS) is an elementary school that was recently formed through a public/private partnership in Watertown, USA (all names of people and places have been substituted with pseudonyms) a coastal town located in the South-eastern United States that is home to approximately 130,000 people. SEPS is located in one of the last states to desegregate schools. In an effort to resist desegregation, one county closed all of the public schools and they remain closed today. Desegregation of all the state's public schools took approximately 10 years and was spurred on by the 1965 Elementary and Secondary Educational Act offering millions of dollars in federal aid to

school districts that prioritized diversity of student enrolment. The schools continue to struggle with racism, today.

During this study, a school sports coach in Watertown was fired for condoning a celebration ritual deemed “racially insensitive”. District officials made a point to say that they were not accusing players of racist intent. The coach, with overwhelming support from parents of the players, the school, and the community, was eventually reinstated while a high level administrator that made the call to fire him was given the choice to resign or be fired. These activities appeared to reflect racism, which is affirmed not only by the words of the district officials but also by the forced retirement of the administrator.

Such seemingly racist policies and practices have affected not only the school system in Watertown but also the community itself. Thirty years ago the city was approximately half White and half Black. Several city projects have systematically displaced Black families so that in 2011 Blacks made up only about a quarter of the city’s population. The historic preservation movement contributed to the exponential increase in property values that forced many of the Black residence out of the area, because they could no longer afford to live in houses that had been in their families for generations. Two major interstate projects that began between 1950 and 1960 cut into a densely populated, predominantly Black residential area, physically dividing and displacing many of the residents in the process. Urban renewal projects over the last 5 decades replaced low-income housing occupied by Black residents with public-private redevelopment and high-end single-family home development. These developments displaced members of the Black community forcing them to seek residence elsewhere making room for predominantly White residents who could afford the rising cost of Watertown property.

This effectively changed the face of Watertown from a diverse community with integrated neighborhoods to a mostly White community with pockets of Black residents.

Setting and Methods

SEPS was recently formed through a public/private partnership. SEPS is a tuition-based school with a generous private endowment so that families pay approximately two dollars per school day with an extra fee for after-school care. Parents most often learn about SEPS from other parents that have children enrolled at the school, flyers given to local churches and libraries, and community events. At the time of this study there were a total of 125 students enrolled at SEPS. There were thirteen lead and assistant classroom teachers serving grades Pre-K 3 (3 year olds) to 4th grade and five special subjects teachers. There were also three support staff, two nurses, and four administrators. Of the eighteen teachers, fourteen teachers were White females, one female assistant teacher and one male special subject teacher were Black, one female lead teacher and one female special subject teacher were Hispanic. Of the nine staff and administrators eight were White females and one member of the support staff was a Black female.

Students at SEPS attended school from August to June from 7:30am to 6pm. Most of the children at the school were Black (90.4%) with remaining students being White (8.0%) and Hispanic (1.6%). Children came from all over the area, with some driving up to an hour. The school provided students with breakfast, lunch, and snacks throughout the day, health and dental screenings, physical and health education, and had a strong focus on family involvement. Academically, the school aims to provide a holistic educational experience to underserved students with the long-term goal of improving the academic,

social, and health outcomes of the students. The goal being that after their final year at SEPS – that is, 5th grade - students would transition to one of the elite private schools in the area and then attend college. According to the SEPS enrolment application, parental involvement is a major contributor to achieving this goal and the school has a stringent parent involvement policy. The parental involvement requirements are detailed in Table 4.4.

Table 4.4 Parent Involvement Contract at SEPS

Category	Components
Relationships	<ul style="list-style-type: none"> • Develop strong partnership between family and school • Work as a team • Use constructive meaningful language • Partner and cooperate with school in regards to discipline issues • Provide two working numbers at all times
Excellence	<ul style="list-style-type: none"> • Ensure child’s homework is completed daily • Follow the “Raising a Reader” guidelines • Make sure child comes to school clean and well-groomed, replacing outgrown uniforms immediately
Accountability	<ul style="list-style-type: none"> • Ensuring child arrives and is picked up in a timely manner • Return complete take home folder each day • Adhere to health policies • Attend all scheduled parent-teacher conference, scheduled home visits, and four mandatory milestone meetings • Meet all financial obligations on time • Respond promptly to all calls from the school regarding child’s behavior
Leadership	<ul style="list-style-type: none"> • Take an active role in my child’s education • Address child’s teacher immediately regarding concerns • Be present at SEPS for a minimum of 10 hours per school year. Attend parent-teacher conferences, adult education programs, assist during meals, volunteer and assist teacher, attend special programs/parent meetings are all ways to meet this obligation

Data for this study were collected over a three-year period using ethnographic methods; including, approximately eighteen months of participant observation, 70 informal interviews, and 40 in-depth interviews with both past and current parents,

teachers, staff and administrators of SEPS. Ethnography is a “scientific approach to discovering and investigating social and cultural patterns and meaning in communities, institutions, and other social settings” (Schensul et al., 1999, p.1). I was introduced to the case study school in 2011 through my participation as the evaluator of an obesity prevention intervention implemented in low-income schools. At that time the school included students ranging from Pre-K 3 to 1st grade. Data collection continued through October 2014. My participation included designing and implementing an evaluation of the effects of the program on the Pre-K 3 and Pre-K 4 students. Throughout this time I came in contact with most of the staff and administrators of the school and all of the 3 and 4 year old students and at least one of their family members.

As I transitioned to data collection efforts for the current study I became a more active part of the school’s social structure. During the summer of 2013, I began spending more time in the school as a participant observer. I helped at the front desk, in the classroom, and was an afterschool counselor. Helping at the front desk allowed me to observe the relationships between staff, teachers, administrators, and parents. As noted by Emerson and colleagues, an ethnographer is not meant to be a “fly on the wall” instead we are meant to immerse ourselves in the worlds of those that we wish to better understand (2011, pg. 57). Therefore, I participated and engaged in real life activities with the school community members within the school environment. I was conscious of the fact that my race, gender, and age were more in line with school staff members and teachers. I, therefore, worked to present myself as a potential friend and ally, expressing my interest in school community members’ lives outside of the school environment. I tried to separate myself from the school through my physical appearance as well as my

language. I dressed in casual clothes that were more similar to the college students that I worked with in the afterschool program than the school personnel – no make-up, jeans, T-shirt, tennis shoes. I modeled my language after the person or people that I was speaking with; if they used slang, then I did or if they used academic terms, then I did. Everyday I worked to balance building a relationship with all school community members without being perceived as strongly aligned with one group over another. This process was made easier by the fact that most parents were only in the school after teachers and staff members had left for the day.

As I began to recruit parent participants for interviews I became more aware of possible perceptions of the ‘researcher’ role. I wanted to distance myself from yet another layer of power in the social hierarchy. I instead told participants that I was conducting a study in order to complete my degree. When asked, I said that I was in a doctoral program and this study would meet the requirements for my dissertation. I was not evasive in answering these questions; I just chose to limit the amount of information I provided without being evasive or secretive.

In order to develop the relationships necessary to answer the research questions I worked for more natural and organic experiences with school community members (Emerson et al., 2011). Simultaneously, in order to capture the experiences of the school community members I needed to write and record. These conflicts were sometimes difficult to navigate, as recording in front of participants could have implications for how people understood my role and me (Emerson et al., 2011). I had concerns about reifying social hierarchies through my role as a researcher but I was also concerned that if I did not conduct rigorous research I would reify social hierarchies by telling a story that was

not an authentic representation of the lived experiences of the school community members. Through self-reflection I realized that the story was most important and my role was to gain an understanding of the experiences of the school community members by developing relationships and being an active, though separate, participant within the school community.

The story that is presented here was made possible through the relationships that I built with the school community members and the time that I spent within the school setting. Although this narrative describes my account of the school community member's lived experiences, it is an attempt to provide a space for the school community members to share their experiences within SEPS. My personal characteristics and position within the social hierarchy influenced my relationships with school community members, my experience within the school setting, and the performance of my roles within the context of this study. As the research instrument, I recognized that I had more in common with the school personnel than I did with the student families and students in regards to race and socioeconomic status. Even so, I was conducting research within and about the school environment, which had implications for the school personnel. In fact, more school personnel participants expressed their concerns in regards to talking to me than parent participants. As a result, I made sure that all participants knew that their participation was both confidential and voluntary. When they talked to me one on one, outside of the interview setting, I always asked if I could include these conversations in my data. I answered any questions that they had about what I was doing and why and how the data would be used.

The data collected in this study were analyzed using an iterative process including ongoing observations recorded as field notes, interviews, analysis, and reflection. As my data grew I revisited my research questions to get an understanding of what themes were beginning to emerge. I began to organize my notes into a broad narrative of the context of the school. As I collected field notes I would analyze and then reflect on the data, making breakthroughs in my understanding of the school context. In addition to field notes, I was also conducting in-depth interviews with school community members. After conducting fifteen in-depth interviews, transcribing the interviews verbatim and storing them in NVivo, I began identifying preliminary themes.

I used an open coding system and I developed a codebook based on the first few interviews. Once the preliminary codebook was developed I compared each new interview and added codes when necessary. Then, I moved into a formal coding process. Once all of the interviews were coded I had a list of emergent themes that I could then apply to the data using the constant comparative method (Glaser & Strauss, 1967). In an effort to organize the data I created an outline of the emergent themes. I then used the memos that I had previously written to expand the outline into summaries of the themes. I began the process of writing based on these summaries.

School climate

The first time I walked into the original school building, that had been a church at one time, I was surprised by how much fit into such a small space. The entrance brought me into the administrative area where I met the current director and the office staff. I was here to collect preliminary data as an evaluator for an obesity prevention program and my goal on this visit was to talk to the teachers about how the obesity prevention intervention

was working in their classrooms. This was my first interaction with the teachers at the school and one of my first tasks as the evaluator of the obesity prevention program. Parents were hanging out drinking coffee in the small office space well after the school day had started. I later learned that it was quite common for parents to spend a good amount of time at the school. Lynette was a middle-aged black woman who was working on her Master's degree in social work and whose 4th grade daughter had been enrolled in SEPS since Pre-K 3. She describes her early experience in the school environment: "I would come in at 9 [am] to do my homework [for her master's degree] in the lab, don't leave til 6, [Lynette] it's 6 o'clock' Oh! I got to go. I never wanted to go home because that's just what it was". Teachers and parents used words like "family", "intimate", and "community", to describe the school environment. They distinguished this environment from the other schools, particularly the public schools. As Ralph, a middle aged black father of 1st and 2nd grade girls at SEPS put it:

Between one to ten, I'll give them a 100, supposed to be to 10. I'll give them real good, one of the best. My son he went to a public school, he goes to a public school, and there's a feeling and there's a big difference between [SEPS] and that other school, the public school he goes to, and I'd give my life for [SEPS]. I bend over backwards. They can call me 24/7 because I don't think you can go nowhere else and find a school like this. The only teachers around here are loving and caring. You know, it's family, this is a family.

The building itself added to the warmth of the school environment. The main school area was held in what used to be the church sanctuary. The pews and other remnants of the church had been removed and replaced with classrooms formed by cubicle walls. The children were not in their classes when I arrived on that first day but I could hear them in the distance, smell their crayons and animal cracker snacks, and see their drawings that created a wallpaper effect on the cubicle walls. I waited for the teachers on a raised platform at a hexagonal table in a kid-sized chair. The teachers came in two at a time, teacher and assistant, in mostly jeans and other casual attire. I noticed that all of the teachers in attendance appeared to be in their mid-twenties and were female. Two of the teachers or assistants were black. The remaining teachers were white. Before arriving at SEPS, I had assumed that most of the teachers would be black because I knew that the majority of the students were Black and that the school was targeting a low-income, mainly Black, community.

Introductions were made and we began a very productive conversation. It was clear that they wanted to say nice things about the obesity prevention program that I was evaluating but as they got comfortable they began to give very thoughtful and constructive criticism of the program. I walked away feeling like we had accomplished a lot and that this school was so different from other schools that I had encountered. The teachers were highly engaged and wanted to bring quality programming to their classroom. They wanted to help reinforce what the obesity prevention program taught throughout the year and were willing to help make that possible. My description of the school to others was that it was such a warm and inviting place filled with people who were dedicated to this mission of helping children that were from areas that had limited

access to educational resources, as most lived in areas that were served by ‘failing’ schools.

At the start of my participant observation in 2013 only two of the teachers that I met at the focus group in 2011 were still employed at the school. During this time, there had also been three different principals. Several of the original families had left the school. Some had moved on to one of the exclusive private schools in the area, some had chosen to send their child to another area school, and some were asked to leave for a variety of reasons; perceived lack of parental involvement being one of them. Given my first impressions of the school, I was surprised by all of these changes.

The new school building opened in the 2012-2013 school year. The building stood alone on a large lot on a busy main street. It was a two story modern looking brown building. To enter the building you were required to ring a doorbell and then were buzzed in through glass double doors into a lobby with high ceilings and floor to ceiling windows. There was a sitting area with attractive and clean waiting room furniture. These things together gave the building a formal feeling that was felt and named by many of the daily visitors. One such visitor, a middle-aged, White woman who was dropping off community event forms captured the sentiments of many: “it doesn’t look like a school – it’s nice, but...it’s more like an office building”. The front desk staff frequently complained about the “the phone or the doorbell ringing constantly”. I noticed that the building always smelled like bleach and the walls were clean and white. One of the teachers described the school as “sterile”. There were whispers as the students moved with a “bubble in [their] mouth[s]” and “controlled bodies” through the lobby to have “silent lunch”. The quoted words were common terms used by the teachers and staff to

describe the ways in which students should conduct themselves while in the school building.

Teachers, parents, and staff that had been a part of the original school often expressed their displeasure with the shift in the feel of the school. Lynette, mentioned previously as spending all of her time at the school, described her perception of the new school environment:

You feel shut out. Like I feel like well in the beginning I felt like I didn't belong and I even mentioned that and I said I feel like I don't belong. I feel like I can't even come through the door to pick up my own child, is this serious? Is this like the bubonic plague or somethin going on? Are you people serious about this? Are they gonna destroy the couches, the elevator what is it?

Even after being in the school for a year parents mentioned this over and over again. They said, “we don’t feel welcome so we don’t come” and “we’re uninvited” and “you feel like you’re looked down upon”. Tanya, a Black, female, Pre-K 3 teacher reiterated what most teachers had already told me: “[Parents] aren’t as happy and enthusiastic as they were in years past”. Administrators also said “parents were not feeling they had a sense of belonging at the school.” This statement and others like it were stated in a way that put the blame on the parents as opposed to recognizing the changes that had taken place and the possible effects of those changes. For instance, the school had moved from a church building that had been in the community for decades to a brand new building that was built with no input from the parents. In the old school parents could come and go as they pleased but in the

new building parents had to ask for permission to enter the building and were discouraged from entering the building when dropping off or picking up their children. Though administrators developed these policies in order to make drop off and pick up more efficient for the parents this was not communicated to the parents and left parents feeling “unwelcome”. Both school personnel and parents recognized the changes that had taken place in the ‘feel’ of the school. The parents no longer felt a part of the school and felt that these changes were very personal. Many parents felt that school personnel were insinuating that there was something wrong with the parents or their ways of parenting. These feelings of “being shut out” were not only related to the building but were also reflected in the personal relationships between parents and school personnel. The environment, though often attributed to either one person, the principal, or the administration in general, was really a product of how race and racism was being transmitted through policies, practices, and other choices made by the administration and enforced by school staff and teachers explored more fully in the following sections.

Rhetoric of colorblind racism

In this section I discuss how school personnel engage the rhetoric of colorblind racism to talk about the parents and parental involvement at SEPS. The frames of colorblind racism used include cultural racism, or culture of poverty, meritocracy, and minimization of race. School personnel used the rhetorical strategies of colorblindness to deliberately ignore race. The end result being the, “systematic denial of racial subordination and the psychological repression of an individual’s recognition of that subordination, thereby allowing such subordination to continue” (Gotanda 1991, 16).

The ribbon cutting ceremony not only opened the doors to the new school but also opened deeply entrenched wounds. In his speech, a high-level state education official said, “Poor kids can learn and poverty is not an excuse”. The next day, parents, angered by the speech, entered the school building announcing sarcastically, “I’m here to get my food stamps” and variations on this theme. Parents felt that, no matter what their socioeconomic category, it was unnecessary and offensive to label them or their children as “poor”. They told me that even if they were poor they were providing for their kids in such a way that they would not know they were poor unless someone told them. The idea that “all kids can learn” was a rhetorical strategy that perpetuated the ideology of meritocracy while the focus on “poor kids” minimized the effects of racism. This statement suggested that all children have an equal opportunity to learn silencing the “unequal power relations rooted in class, race, and gender” (Zamudio et al. 2011, 107).

Though many participants spoke about the new environment as a barrier to the sense of community that they had felt in the ‘old school’ it was clear that these feelings extended to the way they were treated by the school personnel, and administrators in particular. As Cara, a kindergarten teacher, put it, there were some “feelings of weirdness about leadership because there have been so many changes”. Cara was a young, white female, was in her first year at SEPS though she had been teaching for a couple of years elsewhere. Well into the second year at the new school, Cara had only been at SEPS a few months but was already aware of the tension within the school environment.

I don’t think parents like our administrator and they don’t feel safe going to that person or they don’t feel like they are going to be listened to and

so... those people in charge need to try to build relationships more...the actual people in charge of our school are not good at that.

It was common for teachers to distance themselves from the decisions of the administration despite their own participation in upholding these decisions, as with the parental involvement contract.

At SEPS, parents signed a contract prior to their child's acceptance to the school that stated that they would complete ten volunteer hours in the school each year, sign any papers sent home to them, attend mandatory meetings and teacher conferences, help their child with homework when applicable, and communicate consistently with the teacher. The stated purpose of this contract was to show that SEPS "recognizes the family as a partner in the education of [the] child and his/her success depends on our commitment to that partnership." The stated consequence was "if [the] family does not meet the requirements, [the] child will be unable to continue attending [SEPS]."

When asked about the school's parental involvement policy, parents said they believed "it's important" and "[it] should be at any schools". The policy was easily achievable for most parents that I talked to and many did more than the specified requirements. All participants could recite the requirements of the parental involvement policy but they went further to say that parent involvement was about more than what was in the contract and included things that parents did in and outside of the school to support their child's success. For example, many parents referred to parental involvement as the encouragement that they gave their children academically and otherwise. Nell, a young Black single mother of three (one of whom was a 1st grader at SEPS), who had two

jobs, and was working on finishing her master's degree explained her perception of parental involvement like this:

To push them, not hard, but to let them know that they can go beyond the limits that they think they can and that they're so capable of learning and absorbing so much, you know? I tell them all the time that the sky is not the limit, it's just a resting place. You know, you can go far and beyond that. You just have to be focused and open your mind to just new horizons.

Nell recognized that she had a lot of time commitments but said that it didn't matter; she refused to tell her children "no we can't do something because I'm too tired...I'm going to push through it". For Nell, this was role modeling perseverance and encouraging her children to achieve more. Nell, like many parents, felt that encouraging a child and setting boundaries and disciplining the child went hand in hand. Many parents mentioned not allowing TV time or play time until homework was completed and checked. They also wanted to know what was going on at school so that they could uphold those same standards at home.

Even though parents and school personnel agreed that the parental involvement policy was important and that parental involvement included supporting the child in and outside of school, school personnel, and administrators in particular, described parents as not fulfilling their end of the bargain. Parents were identified as deficient in relation to a White middle class norm of parenting, as their contributions to their child's education did not fit the normative views of parenting held by school personnel (Alvidrez and Weinstein 1999; Yull et al. 2014). For instance, though

parents talked about encouraging their children by role modeling hard work no matter how tired they were the administration had a different type of role modeling in mind. Deena a White woman in her 30s had been an administrator at SEPS since the early years. Her role put her in close contact with the funders, though she maintained relationships with most of the families within the school as well. She described her perception of parental involvement like this:

I mean clearly, ya know, we're modeling behaviors at school that we think are appropriate for [SEPS] and the outside world... so I think that we can be those role models in school but what we run up against is that they have to have those role models at home too... I think having the parents buy into that and know that it's really important that they can conform to society and what society expects... um I say that and it sounds... I feel like it sounds so wrong like I'm saying something they do is wrong and I'm not, I'm just saying you have to be able to be to conform to societal norms.

Deena perpetuated the colorblind racism frame of cultural racism by assuming that students came from homes that failed to socialize them appropriately. Further, she said that the parents and students needed to assimilate in order to be successful. In this way she elevates Whiteness in relation to, what she deems, the non-normative behavior of the Black parents and students (Vaught 2011). She employed “discursive buffers” to soften her racist claim that the behavior of the parents and students was ‘wrong’ (Bonilla-Silva 2006).

Again, the official stance on the parental involvement contract from the school's perspective was that it was a commitment to a partnership with the parents. In practice though, it seemed that the school was dictating appropriate activities for the parents to participate in with their children without considering what parents may already be doing for their children. These predetermined activities did very little to foster a sense of partnership as the school did not engage the parents in a meaningful and participatory role within their child's educational environment. Further, because school personnel viewed parents as deficient, they spent much of their time trying to teach them what they believed a parent should be.

Assimilation: a product of cultural racism

One way that the parents did not behave "appropriately", according to both teachers and administrators, included their language and the language of their children. Linda, a young White woman who taught first grade talked about "having the kids differentiate their dialect." She went on to say,

I'd love to figure out a way where we can partner with the parents for them to see it's not an offensive thing we're asking them to do, but it's really a beneficial thing and for them not always to speak standard English, but to help their kids learn to code switch, so when it's appropriate to speak their dialect and when it's appropriate to speak standard English.

According to Linda asking parents and children to code switch was not an "offensive thing." She positioned herself and the school as "generously surrendering" the White privilege of speaking Standard English perpetuating the belief that White culture

would improve Black parents and children (Vaught 2011, 160). In fact, asking someone to deny their way of speaking in preference of ‘proper’ English is representative of a racist environment where the parents’ language is marginalized and White, middle class ways of speaking are normalized (Zamudio et al. 2011). The following is an example of Deena, previously mentioned, further perpetuating the colorblind frame of cultural racism that I witnessed while working at the school.

It was the end of the day and I was at the front desk with Deena, the administrator that had described the school’s stance on the parental involvement policy. Several children are several feet away in the lobby with their parents who are talking amongst themselves before leaving for the day. Rhonda, a Black child in the Pre-K 3 class, uses a colloquialism I have heard many times amongst the students and Deena calls out to her saying, “Now, Rhonda, how do we say that?” Rhonda quietly repeats the colloquialism but this time in ‘standard English.’ In less than a minute Rhonda’s mother, Elaine, uses the same colloquialism. Deena promptly repeats the same reprimand but in what I believe she thinks is a joking manner. The mother looked at Deena, picked up her daughter, and exited the building.

This interaction was one of many in which Black vernacular was actively devalued. The teachers’ attempts to resocialize Black students’ lexicon was further reenacted with the parents, as we see above. This dynamic, which reflected the racialized power relations between school personnel and the parents of the students at the school, was an example of a racial microaggression that does not appear on the surface to be

about race. At the same time that such interactions occurred, several of the teachers, including Linda, articulated their views that someone from the ‘same’ (re: Black) community would better handle topics associated with race as the parents. She believed that the parents “don’t trust White people as much and...it would be 100% more powerful coming from like a well-educated Black person.” Linda generalized across an entire population group saying that because a person is Black this would make parents more comfortable with being asked to deny their language in preference of White middle class norms of speaking. She was concerned with being “seen as like pointing a finger” and therefore put the responsibility on the parent to assimilate to what was deemed as appropriate ways of behaving and speaking.

Manifestations of the culture of poverty discourse

Though many parents recognized that everyone faced different obstacles and appreciated the accountability provided by the policy, many echoed Lynette’s sentiment, “why would I need a contract to be involved with my child?!” Parents felt this was their duty as a parent, not something that SEPS had any influence over. Dawn, a Black woman in her 30’s, worked full time, was going to graduate school, and had two children, one in 4th grade and one in kindergarten at SEPS, describes a parent’s role:

I definitely feel like parents should be involved with their kids as much as possible on as many levels as possible, especially educational. That’s such an important factor to the success of our children, of course. I feel like the school putting that extra pressure on the parents shouldn’t be pressure at all, really. It should be something you are already carrying, or a responsibility that you have no problem doing. You should love to do it.

This definition had more to do with the willingness to be involved in the child's life as a whole as opposed to fulfilling the policy requirements at the school. Teachers similarly described parent involvement as parents supporting and encouraging their children in and outside of the home. However, while parents talked about being there for their kids no matter how tired or busy they were, some teachers made excuses for the parents' perceived inability to provide at home support because they were "taking into account where they're coming from" [Jenni, late 20's, White teacher]. Whether talking about SEPS parents or just Black parents in general, school personnel often conflated race and class assuming that because a person was Black that they were also poor. While some teachers did feel that the student family's race and perceived class was influential in what they were able to provide, there were others that felt that parents went above and beyond. For instance, Lisa, a 30 year-old, White lead teacher in the 4-year-olds classroom and one of the only original teachers left at SEPS at the time of data collection for this study was very candid about her expectations: "That's why we're here. This is an opportunity of a lifetime for your child, and if you're not 100% committed to that, this isn't the right place for you." This statement was couched between other statements where Lisa talked about her interactions with the families over the years. She described the parents as very willing to participate in their child's education, often doing more than what was required of them.

School administrators, on the other hand, believed that the parent involvement policy was important in what they called "breaking cycles", which refers to the ways in which culture, borne out of adaptation to poverty, creates barriers to achievement. As Deena said:

We're trying to break that you're just dropping your kid off here for them to come here 8, 10, 12 hours, however long it is and then pick them back up and we've done our job now you don't have to do anything. It's to let them know that you may not have gotten this when you were a kid but this is what kids need.

The school personnel, administrators in particular, presumed that parents did not have a supportive educational experience because of their perceptions of Black culture, a characteristic that they further associated with being poor, as deficient in regards to education. Deena presumed that the parents were lazy or lacked effort, a common stereotype perpetuated by culture of poverty discourse and cultural racism (Bonilla-Silva, 2006). She further assumed that parents did not know what their children needed in regards to educational support and therefore it was the school's job to tell them. Requiring parents to "prove" that they were committed to taking full advantage of the opportunity that SEPS was providing showed how school personnel suspected that parents lacked commitment.

Though the rhetoric of the parental involvement policy included parents as a partner in the education of their children, in practice the policy was meant to make up for something that parents were perceived as lacking due to their race, which to the school personnel was inextricably tied to being poor. This expectation of parental involvement, though coming from an administrator, was not something that was talked about with the parents. The brochures about the school and the description of the parental involvement policy given to the parents when they enrolled their children used the words "our

commitment” though it is clear that this policy is in place to measure only the parent’s commitment to their child’s education.

The “elephant in the room”

Though many participants, including parents and teachers, expressed a need for more parent input in the school, the structure of the school, formed by colorblind ideologies, created barriers that restricted parent involvement to pre-determined and acceptable roles (Baquedano-Lopez, Alexander, and Hernandez 2013). Parents wanted “sincere, honest relationship[s]” with both teachers and administrators but felt there were barriers that made the interactions feel “false.” The school’s approach to interacting with the parents, dictated by the administration, had major implications, which were characterized by Jackie, a young, Black mother of two children at SEPS, in this way:

[S]ome parents that were very active in the school at one point in time [have] withdraw[n] their kids...and it’s almost like it’s now time to really address the elephant in the room.

The ‘elephant in the room’ for parents included the racist environment created by the institutionalized frames of colorblind ideology. Parents were willing to recognize that teachers and administrators were the experts in the formal education of their children but they did not feel that their parental expertise should be denied. This was further explored when parents talked about mandatory meetings; a requirement of the parental involvement policy and implemented by the administration.

Parents repeatedly mentioned these meetings as a setting in which they felt “talked down to” or “chided.” Several parents that had been there since the early years of the school felt that “every meeting [was] the same” and “they’re having the same discussion, [we’ve] already attended this meeting 10 times.” The school was telling the same parents that had described their commitment to their children how to parent in a way they deemed appropriate (e.g. normative). The advice or (re)education parents were receiving from the school was communicated through a culture of poverty ideology held by school personnel. This encouragement toward assimilation privileged White norms of parenting while denying the legitimacy of the Black parents’ ways of parenting (Vaught 2011).

Some of the school personnel, mainly the teachers, purported to understand the parents’ position on mandatory meetings. Kerri, a White woman in her 30’s and newly appointed administrator, was originally hired as an afterschool and physical education teacher. Due to her success in getting the families involved in after school activities she had been asked to join the administration team as the Director of Families. She characterized the mandatory meetings like this:

Where every single year the parents that have been there since their children were three are coming into the same mandatory meeting that says put your kids to bed by seven, feed them this, do that... And that's such a slap in the face in my opinion, like, yeah we know (laughs) they're supposed to be in bed right now.

Kerri was aware of the parents' negative feelings but attributed them to redundant mandatory meetings as opposed to recognizing the broader issue, namely that these meetings were based on assumptions that parents did not have the knowledge to parent as the school deemed appropriate. Because school personnel were unable to recognize the racist environment of the school they mainly focused on trying to appease the parents.

Failing to address the more important issues of race and racism ultimately contributed to the perpetuation of social hierarchies in spite of new initiatives and new rhetoric. For instance, Anna, a 30 year old, White, female kindergarten teacher, relayed the first staff meeting after the hiring of a new principal:

In the last few minutes of the meeting, the newly hired principal, Dan, a White male in his 40's, asked the teachers, half of whom were newly hired, how the vision statement of the school made them feel. This was meant to serve as a feel good topic that brought everyone together in support of the school's goals. The principal was blind-sided when the veteran SEPS teachers began to pick apart the vision statement. These teachers were particularly against the words "under-resourced" and "empowerment".

The following is Anna's reaction to the meeting:

I don't feel like our parents don't have resources and we're acting like we have the ability to empower. Families must feel empowered if they are seeking out this opportunity. Dan was shocked by the direction of the conversation. This is not just semantics. Not everyone is represented by

this vision statement. I think that Lisa (the Pre-K 4 teacher) put it perfectly, ‘Our parents are not under-resourced, they are resourceful’.

Dan’s reaction was to shut the conversation down. He told the teachers that they would save this for another day due to time constraints. For Anna, this was a “here we go again” moment in which it was clear to her that, even with a new principal, the old way of doing things would continue. That is, the administration would seek out feedback only if it aligned with their perceptions of how the school was functioning. This was confirmed for her when the conversation was not revisited in future meetings. Though teachers’ were still operating within the colorblind ideology, specifically, though resourceful was meant positively it assumed a degree of lacking that had to be overcome, there was recognition by the teachers of injustice within the school. The teachers acknowledged the importance of rhetoric and were no longer satisfied with upholding this rhetoric. Even though teachers may not have recognized that they were perpetuating colorblind rhetoric, their recognition that something was amiss was a significant development, indicative of the growing ideological differences between the teachers and the administration.

While teachers seemed to be working towards change the administration worked to maintain a tight grip on control of the parents and the school. In an effort to address the tension in the school the administration focused their efforts on small tokens of inclusion, such as the creation of the parental involvement committee. The parental involvement committee, like many of the school’s attempts to pacify parents, were undergirded by ideologies of colorblind racism

that maintained current social hierarchies of White privilege. Kerri, previously mentioned, was charged with implementing this committee but was told by the administration that parents were not allowed to participate in an open discussion, as the administrators feared that they would “take over”. In her words, Kerri believed that her job was to “fix a broken relationship”. The administration, on the other hand, was trying to maintain their position of power while simultaneously trying to appease parents.

The administration, through the implementation of the parental involvement committee, was focused on limiting the parents’ involvement in the school to social activities. For instance, the families were allowed to share their ideas for school events and form committees based on these events; however, there was no discussion of parent perceptions of the problems in the school or ways parents could get involved in decision-making at the school level. The school administrators created the boundaries of what areas parents were allowed to be involved in and that was to include, social events, teacher appreciation week, school maintenance, and welcoming new families. Including parents, even if superficially, masked the way the school was structured to perpetuate the privileging of the dominant culture (Zamudio et al., 2011). Specifically, the administration maintained their position of power while parents were relegated to serving the needs of those in power. Further, the focus on specific practices, such as the implementation of the parental involvement committee, allowed school personnel to ignore racism and absolve the school of responsibility for “ongoing de facto racial practices” (Zamudio et al., 2011).

The communication between administrators and parents had not changed because the root of the problem had not been addressed; the policies and practices created by the administration and implemented by the teachers created a racially charged environment. The school was engaged in perpetuating colorblind ideologies where the parents were seen as lacking the tools necessary to contribute to the education of their children due to their race and the stereotypes associated with Blackness. The definition of necessary tools were based on school personnel's White middle class position of privilege, which allowed them to blame the parents for problems within the school while also ignoring the effects of racism operating within the structure of the school.

Conclusions and Implications

The general focus of this study was on the participants' perceptions and experiences of parental involvement. Throughout the process of collecting and analysing data I found that racism was pervasive within the school and, therefore, within the stories of parental involvement. Further, the rhetoric of the parental involvement policy was that of a partnership while, in practice, the policy was a way for the administration to force "lazy parents" to fulfil their parental obligations. Though parent involvement was widely accepted by all participants as beneficial, perceptions of what this meant went beyond the parental involvement policy implemented in the school; their definitions of parent involvement spoke to a connection between the home and the school environments. The colorblind ideologies perpetuated within the school created barriers to meaningful connections between parents and school personnel.

Including parents in decision making about their children's education is important in order to decrease educational disparities (Auerbach, 2009; Noguera, 2001). These findings reinforce the literature that says that parent participation is shaped by school staff and teachers' perceptions of parent background (Auerbach, 2009; Barton et al., 2004; Vincent, 2001). In order to move toward the desired family-school relationship that both parents and teachers spoke of the school needs to engage parents in a reciprocal relationship where parents' input is sought in the context of trust (Ferlazzo & Hammond, 2009). School personnel should recognize cultural knowledge of the students as the educational starting line and seek to understand the alternative methods in which parents support their children (Yosso, 2005).

This study provides further evidence for the need to address racial projects of White privilege within the context of schools. The 'colorblind' approach that encouraged school personnel to ignore the daily experiences of racism by people of color, created barriers to authentic relationships at SEPS and, therefore, the family-school relationship (Sue & Sue, 2012; Sue, 2010; Yull et al., 2014). However, at the end of this study some teachers were clearly unsatisfied with the school's colorblind rhetoric. Whether the teachers were recognizing the impact of race or not this was an opportunity to introduce steps towards meaningful change within the school environment. Naming racism and recognizing its impact on the school environment is the first step towards change. Teachers and staff members can then begin to critique their own participation in the daily reconstruction of these power differentials. Professional development for school personnel that focuses on the history of racism in the U.S. and the lingering institutional structures that perpetuate privilege based on race and class could be beneficial (Yull et

al., 2014). These steps could lead to the opening of a new dialogue that recognizes alternative understandings of parental involvement and takes meaningful steps towards ending racial oppression in school.

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CHAPTER 5

Discussion

In this study, I explored the impact of structural racism on a case study school through discourses of health and education. Throughout this process I have learned how current social hierarchies are perpetuated within the school community through ideologies of dominant obesity discourse and parental involvement. These ideologies normalized the values of White middle class populations (e.g. school staff and teachers) while problematizing non-dominant groups; in this case Black, low-income student families. For instance, though teachers and staff members meant to serve the needs of the student families their ideas of how to accomplish this was shaped by colorblind ideologies. Therefore school practices were geared toward assimilating Black students and their parents to White cultural norms. This work provides evidence of the need for critical thinking around health and education in schools and reflection upon the ways in which structural racism is perpetuated within school setting despite the intentions of the individuals.

In this chapter, I present a brief overview of the major findings of the study, discuss how this work fits within the broader literature on obesity discourse and parental involvement, and reflect on the importance of considering the impact of structural racism on the school environment. Finally, I will provide suggestions on how this study may inform future critical race theory work, as well as implications for policy and practice

within the school environment.

Summary of Major Findings

The overall focus of this study was to explore the ways in which the legacy of racism in the US was perpetuated through school discourses that privileged dominant ideologies of obesity and parent involvement. Using an ethnographic approach and qualitative methods, I sought to understand these school discourses from the perspective of the participants with participant observation and in-depth interviewing with two specific aims; one focusing on the influence of dominant obesity discourse on perceptions of obesity and one focusing on perceptions of parental involvement in school.

Specific Aim 1: Using discourse analysis and qualitative methods to explore how child health narratives at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community are shaped and constrained by dominant childhood obesity and obesity discourses.

Research Objectives:

1. What are the elements of child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
2. How is the dominant obesity discourse reflected in child health narratives of parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?
3. How does the representation of obesity discourse compare between parents and school personnel at a school developed through a public/private partnership that aims to serve a low-income, mainly Black, community?

Results from specific aim 1 are presented in manuscript one, *Perpetuating obesity discourses*. Three main themes around obesity discourse were identified from the in-depth interviews with parents, school staff, and teachers: 1) reflections of obesity discourse in child health narratives, 2) identifying ‘deviant others’, 3) challenging obesity discourse. Participants’ child health narratives were focused on weight as a proxy for health. Further, health was seen as a product of individual choice with little recognition of structural level barriers to health. Participants’ engagement with dominant obesity discourse allowed them to normalize their own lifestyle choices while problematizing the lifestyle choices of ‘others’. School personnel felt that parent lifestyle choices were a product of their ‘culture’. School personnel participants also engaged with obesity discourse in spite of evidence from their own experience or on alternative media that contradicted the dominant discourse of obesity.

These results contribute to obesity discourse literature in the school setting. Through in-depth interviews with parents, school staff, and teachers at the case study school I was able to gain insight into how child health narratives and obesity discourse differed based on race. All participants, whether Black or White or parent or school personnel, engaged in dominant obesity discourse. Participants often used weight as a proxy for health (Thomas, 2014). Further, obesity was perceived as an individual level problem caused by lifestyle choices and solved through weight loss (Campos, 2004; Gard and Wright, 2005; Rich and Evans, 2005; Saguy and Riley, 2005; Murray 2008; Thomas et al., 2008). The framing of obesity as an individual level problem gave way to moral judgment of those that did not take responsibility for their health by allowing themselves to become obese (Harwood & Wright, 2012).

Moral judgments gave way to the ‘othering’ of Black student families. School staff and teachers blamed ‘cultural eating habits’ for the obesity epidemic. ‘Culture’, ‘our demographic’, and ‘our population’ were terms used by staff and teachers to refer to Black student families in an effort to avoid race terms. Staff and teachers believed that the parents at SEPS did not feed their children ‘properly’ due to a lack of knowledge and resources that they associated with their ‘culture’, thereby engaging in cultural racism (Bonilla-Silva, 2012).

Parents, on the other hand, engaged obesity discourse to set themselves apart from those who they perceived as engaging in unhealthy practices. Though parents were aware of societal level barriers to healthy foods they maintained the belief that the home environment and parent were responsible for creating a healthy child. Given the many layers of oppression face by Black women (Howard-Hamilton, 2003) it is not surprising that these parents would want to distance themselves from perceived obesity-related lifestyle choices (Antin & Hunt, 2013).

Some school staff members were aware of evidence that contradicted the existence of an obesity epidemic. Some mentioned that personal experience informed their questioning of the ‘obesity epidemic’ while others mentioned alternative media. In all cases, the power of the dominant obesity discourse was illuminated by the fact that these participants were still unable to negate the existence of the ‘obesity epidemic’.

Specific Aim 2: To use qualitative methods to gain a better understanding of how parents and school personnel perceived and experienced parental involvement at a school developed through a public/private partnership that aims to serve aims to serve a low-income, mainly Black, community.

Research Questions:

1. How do parents and school personnel describe their experiences of parent involvement at SEPS?
2. What influences parent involvement according to parents and school personnel?
3. How do participants' perceptions and experiences of parental involvement compare to the official school parent involvement policy?

Results for Specific Aim 2 are presented in the second results manuscript. Four themes around participants' perceptions and experiences of parental involvement were identified from field notes and in-depth interviews: 1) rhetoric of colorblind racism, 2) assimilation: a product of cultural racism, 3) manifestations of culture of poverty discourse, 4) the "elephant in the room". School personnel participants used the frames of colorblind racism including cultural racism, culture of poverty, meritocracy, and minimization of race to deny racial subordination that was occurring within the school environment. School personnel wanted the parents and students to assimilate to, what they deemed, appropriate ways of speaking, Standard English. School personnel made concessions for the parents and students based on what they presumed about their upbringing, culture, and environment. The unwillingness of the school personnel to address issues of race inhibited their ability to understand and address the problems within the school.

This study contributes to the education literature as it provides further evidence of the ways in which racism impacts policies and practices within schools. These findings inform the public health literature, as increased education has been associated with improved health (Walsemann et al., 2013). However, the impact of racism on health may

decrease or negate the possible effects of education (Walsemann et al., 2013). An ethnographic approach including participant observation and in-depth interviews allowed me to form relationships with school community members in order to gain a better understanding of their experiences of parental involvement within SEPS.

Findings indicated that though parent participants valued the parent involvement contract, they participated in more ways than were listed in the contract. School personnel, on the other hand devalued the parents' participation based on White, middle class values and expectations (Alvidrez & Weinstein, 1999; Baquedano-Lopez et al., 2013). Specifically, school personnel felt that parents and children should conform to their perceptions of societal norms.

School personnel reprimanded students and parents alike for using language that they deemed unacceptable. Instead, parents and students were encouraged to use Standard English only as school personnel believe that this would lead increase the likelihood of student and parent success (Vaught, 2011). The attempts to resocialize Black parents' and students' lexicon actively devalued the Black vernacular in preference for White, normative ways of speaking therefore elevating White culture while also denying Black culture and ensuring a "wide racial divide" (Vaught, 2011, p. 153).

Though parent participants valued the parental involvement policy they felt that it was their duty as parents to be involved with their children. School personnel viewed the parental involvement policy as a way to break the cycle of poverty and force lazy parents to participate in their child's education. Parent participants talked about all the ways in which they worked to be there for their children, school personnel made excuses for why they believed the parents were unable to be involved with their children. School

personnel believed that the parents lacked the knowledge and resources to meet the needs of their children.

Despite rhetoric of inclusion the school restricted the parents to pre-determined and acceptable roles of parental involvement. School policies and practices were undergirded by ideologies of colorblind racism that maintained current social hierarchies of White privilege. The school positioned the parents as lacking the necessary knowledge and resources to become contributing partners in their child's education.

Implications for Research and Practice

Value of the methodology. This study was informed by the fields of public health, anthropology, and education. Qualitative methods couched within a larger ethnography allowed me to study the school community members as they lived their daily lives. I was able to enter this social setting and get to know the individuals while also systematically recording observations about the individuals, their interactions within the setting, and the setting itself. These processes led to the collection of highly contextualized data that addressed my research questions. The combination of qualitative methods and ethnographic methods were well suited to the exploration of the multiple truths in the lives of the school community members and the construction of these truths.

The methods used in this study provided a space for the school community members to voice their experiences within the school environment, particularly as it related to obesity and parent involvement. Similar studies are needed in this vein as the results of my study showed that dominant discourses of health and education were perpetuated in the school environment upholding current social hierarchies of power. Researchers should continue to focus on exploring discourse and how they are engaged

by school community members in an effort to develop alternatives to these discourses. The highly contextualized data produced through active participation in the school environment and systematic recording of the participation experience gave me a better understanding of how dominant discourses infiltrated the school environment.

Value of theoretical underpinning. A Critical Race Theory (CRT) perspective gave me the opportunity to interrogate hegemonic policies and practices within the school environment. The findings of my study confirmed that racism, under the guise of colorblind ideologies, was pervasive in the school environment (Zamudio et al., 2011). This work highlights the need to name White privilege in an effort to demystify racial projects of a ‘colorblind’ society (Zamudio and Rios, 2006). To this end, efforts to address educational and health disparities must address the institutional structures that uphold racist practices in spite of individual intentions. Researchers should continue to explore questions such as: what roles do schools and the school environment play in maintaining subordination according to socially constructed definitions of race (Solorzano and Yosso, 2000).

Researchers, particularly CRT researchers, must also keep in mind how their work can serve to perpetuate racial hierarchies. As a CRT researcher I critically reflect on my biases and assumptions to determine what ideologies, racial, social, or otherwise impacted the development of my findings. I have worked to be transparent during both the data collection and analysis processes and the writing and presentation of this data regarding my personal characteristics and experiences that have influenced this research study. Further, the method of presenting the data should also be considered. CRT relies on storytelling and rich, highly contextualized data to shed light on institutional level

racism (Parker and Lynn, 2002), as seen in the current study. The intention of CRT research is to illuminate racism and provide a space to contest oppression with the goal being the “positive and productive impact on communities of color” (Yosso and colleagues cited by Zamudio et al, 2011, p119).

Value of exploring racism in schools. Though many researchers over many years have explored how racism is active in the school environment, this study shows that this research is still needed as racism continues to persist in the school environment. Not only do these findings have implications for the education of minority students but it also has implications for the health of these same students due to the connections between educational achievement and health outcomes.

My study sought to gain a better understanding of how dominant ideologies of education and health were engaged in the community. I found that these dominant ideologies were indeed perpetuated in the school. Further, colorblind ideology allowed the school personnel to ignore the impacts of institutional racism and instead engage in cultural racism, a frame of colorblind ideology, which problematized the lives of Black families. These results build on the work of many CRT researchers who continue to explore how a society built upon White privilege and minority oppression is continually created and maintained (Crenshaw, Gotanda, Peller and Thomas, 1995; Zamudio et al., 2011; Yosso et al., 2004; Ladson-Billings, 2000).

We know that educational opportunities within school are shaped and constrained by structures of power and privilege and that these structures limit not only the resources and educational quality within schools (Hochschild & Scovronick, 2003; Lewis, 2003; Lewis & Manno, 2011; Mickelson & Everett, 2008; Orfield, 2009; Rubin, 2008) but also

health outcomes (Frisvold & Golberstein, 2011; Walsemann et al., 2009; Walsemann, Bell, & Goosby, 2011; Walton et al., 2009). Though the majority of the students at SEPS are Black this school is privately funded and therefore does not have limited resources. The funders and school administration have made sure to provide the components that are most often associated with both high student achievement and increased health outcomes; college preparatory classes (Walsemann et al, 2009), smaller classrooms (Muennig & Woolf, 2007), extended length of school term (Frisvold & Golberstein, 2011). They have addressed these tangible components but continue to ignore the effects of racism in the school environment whereby Black culture is positioned as inferior to White culture therefore reproducing social inequality.

As structural racism continues to exist so to does the need to explore the impacts it has on minority populations not only in terms of education but also health. Others have found that have found that the risk of developing emotional and behavioral is increased when a child observes racist interactions (Mays, Cochran, & Barnes, 2007; Sanders-Phillips, 2009). In this study it was clear that the climate of the school was negatively influenced by colorblind ideologies of racism. Other studies have shown that negative social climate is associated with child symptoms of depression and anxiety (Caughy, O'Campo, Randolph, Nickerson, 2002).

The school staff and teachers in this study were committed to the mission of empowering children from 'under resourced' communities. Though their intentions were positive and came from a place of 'caring' these intentions were operationalized within a framework of colorblind ideology, which maintained the current social hierarchies of power by blaming the individual for 'failures' and left racism intact (Duncan, 2002).

CRT scholars must continue to provide evidence of structural racism and the impacts thereof. Further, CRT scholars have the opportunity to explore how school policies and practices might be developed to address the achievement gap and reduce educational and health disparities (Zamudio et al., 2011).

Implications for Policy

Though this work is mainly descriptive, it does have implications for broader level policies. It is clear that ideologies of health and education based on middle class Whiteness are perpetuated in schools. As suggested by Evans et al., “without a better understanding of the way in which class, gender, ethnicity and ‘disability’ along with other subjectivities are culturally inscribed in educational and health practices we are unlikely to set meaningful and realistic agendas either for research or policy and practice in schools” (p. 129). School administrators should engage school community members to gain an understanding of alternative views of health and education that can inform policy development that is relevant and reflective of the school community.

It was clear that parents were self-empowered and had opinions in regards to the school policies and practices; they simply needed a forum in which to communicate in a meaningful way with school staff and teachers. The colorblind ideologies of the school personnel perpetuated racial hierarchies by privileging social norms of dominant populations and therefore created barriers to authentic communication and impeded relationship building. Further, colorblind ideologies allowed school staff and teachers to ignore the impacts of structural racism and, instead, problematize the lives of Black families. Recognizing colorblind ideologies that serve to reinforce current hierarchies of power is the first step in working towards changing policies and practices in schools.

Engaging families in a conversation about how they experience the school environment and the policies and practices therein can help school staff and teachers to develop policies and practices that are considerate of and responsive of family experiences.

Racism and the daily injustices associated with racism are a part of the lives of minorities that White people are not likely to experience or understand. Professional development for teachers and school staff that focuses on race in American society and the impacts of oppression in the lives of minority population can be beneficial to working towards changing the school climate. Further, routinely including cultural competencies in school day activities can have positive impacts on both the academic achievement gap for Black students (Banks, 2004; Gay, 2004) and health outcomes. For instance, in a study of the impact of racial discrimination on health, preschool aged children were less likely to develop problem behaviors such as anxiety if they were instilled with cultural pride (Caughy, O'Campo, Muntaner, 2004). Therefore, if school personnel have a better understanding of the varying cultures of the parents and are supportive and inclusive of these cultures this can have a positive influence on how children perceive themselves within society at larger. It may also be important to begin the interrogation of hegemonic worldviews during the formal education of school staff and teachers. This could include; strategies of self-reflection to encourage school staff and teachers to explore ways in which they engage in White privilege and developing courses based on critical education.

Future Research

The findings of this study illuminate the need for further exploration of the ways in which racism is active through the policies and practices that serve to produce the school environment. Future research should continue to apply systematic qualitative

methods, such as ethnography, to questions of how racial hierarchies are reproduced in schools. Applying this same study to other school environments can provide a deeper understanding of this issue with an eye towards informing the development of school policies and practices. Further, future research should explore how policies and practices are shaped in the school environment to include the language used, the origins of policies, the differences between written policy and practice of those policies, and similar questions.

In addition, it is important to seek out schools that are exemplary of the culturally responsive environment suggested above. Researchers should work to understand the process of implementing culturally responsive policies and practices to provide guidelines for other schools. Also, it would be important to know the struggles that these programs might have encountered and how they addressed them.

The current study focused on the how adults within the school engaged in the dominant discourses of health and education, as they are highly influential in the lives of young children. Future research should explore how children engage these discourses as a way to provide evidence of the influence of dominant discourses perpetuated within the school environment and the home.

Community Dissemination

The dissemination of results plays an integral role in increasing our knowledge within and across disciplines and contexts. I am still involved in the school community as a mentor for one of the students and a running partner for the student running club. I formally shared my results with a subset of the interview participants (n=10) and informally with several of the school community members and interview participants.

After I analyzed the data from interviews and field notes I conducted follow up conversations with interview participants in order to gather feedback on the accuracy of my interpretations. While these were more conversational ‘interviews’ I did use elicitation techniques to help guide the conversation. To share results around Aim 1 I talked to participants about the definitions of health and obesity that participants had communicated to me during interviews. The participants then talked with me about their own understandings of health and obesity and how it was different or the same as the previously mentioned definitions. To share results around Aim 2, I shared with participants what others had talked about in regards to definitions of parent involvement and barriers to parental involvement. To get feedback we talked about how things had changed in the school since we had last talked and if this was better, worse, or the same and why.

These conversations gave me the opportunity to share the results with the participants and also get feedback on my interpretations of the data. As a result, I felt that my data was an accurate reflection of participant experiences with health and parent involvement in the school setting. During this process many of the participants talked more in depth about issues of race, a topic that came up in the first round of interviews but warranted further investigation. Participants were satisfied with the results of the study and expressed their interest in the next steps. Not only did these follow-up conversations validate my interpretation of the data and increase the credibility of my findings, I also had the opportunity to reconnect with participants and find that there was support for addressing the issues around race evidenced by my findings.

In addition to sharing my results with the school community, I will also share them with the academic community. I have formatted my two results paper for publication in two peer-reviewed journals. Further, I plan to participate in conference presentations that are specific to critical public health, discourse, and education.

Strengths and Limitations

This study was based on the participant experiences that were purposively sampled within the case study school and therefore the results cannot be generalized to the broader population. The analysis of the data and the conclusions drawn based on this analysis are my own interpretation. However, I confirmed my results with a subset of participants through a second round of interviews to clarify meanings and perceptions. Others may have told a different story as my version was told through the filter of my own lived experiences, which are impossible to completely eliminate. I did employ the use of self-reflection in an effort to recognize any biases that could be interfering in the authenticity of the story. I also discussed possible biases and alternative viewpoints with participants and other members of the research team.

A major strength of this study is the depth of the data and the attention to context that resulted from the use of ethnographic methods. I used a systematic approach in collecting my data in an effort to make this study replicable in other, similar settings. The richness of the data and the context provided through my participant observation role allowed me to explore the nuances of the discourses around obesity and parental involvement from the parent, school staff member, and teacher perspectives. The findings of this work, therefore, contributes to a more complex formative understanding of how schools continue to contribute to the current social hierarchies of power despite intentions

to address health and education disparities. Further, school discourses of the parent as lacking coupled with the racial dynamics of the school created an environment of racism where White middle class ideologies were normalized and alternatives were problematized and ultimately silenced.

Conclusions

As discussed in Chapter 2, racial ideologies of power are pervasive and create certain understandings of health and education that alienate non-dominant population groups. The findings of this study showed that racist ideologies were created and maintained within the school environment despite individual intentions to address disparities. Most members of the school community would not use the word race and instead used code words, as race seemed to be taboo. Until we are able, in society at large and in school in particular, to name race and the impact of racism we will be unable to effectively work to dismantle racial projects of White privilege.

My findings, based on participant observation and in-depth interviews suggest several ways in which to address issues of racism within the school environment. I recommend that higher education programs that provide teacher education work to encourage students to critique their position within the social hierarchy and provide critical education that explores power and privilege in US society. Also, teacher education programs should provide teachers with an understanding of how to develop courses that are based on critical education. Further, schools should provide cultural sensitivity training to include a focus on the impacts of racism in school and society in general. Teachers and staff members must reprioritize educating themselves about the

families that they are serving. This includes reframing the home visit as essential to the education process.

In the short term, school staff and teachers can engage parents in a conversation about how they experience the school environment. This is a first step in building authentic communication between the school and the families. Further, the school can partner with diverse community organizations and community members to provide a more culturally relevant school environment.

While this is formative work it does shed light on the issues of social inequality that are perpetuated in schools. This study provided evidence that parents and school staff and teachers were all interested in serving the needs of the child, however, due to colorblind ideologies and deficit mentalities parents were marginalized and seen as lacking the necessary tools to be a valued participant in school environment.

Acknowledging racism is important not only for educational outcomes but also child health (Sanders-Phillips, 2009) and child mental health outcomes (Caughy, O'Campo, Muntaner, 2004). This is an opportunity for school personnel to recognize the ways that racialized policies and practices can impact the school environment and take steps to make meaningful changes. It is my hope that by illuminating these issues of race and providing recommendations for how to address these issues, that school community members will engage in a conversation that will lead to the development of school policies and practices that are relevant and reflective of the school community as a whole. No matter our individual intentions we are participants in a society structured by racism. Once we recognize how profoundly race impacts all members of our society, positively or negatively, we can take the, often uncomfortable, but crucial steps toward change.

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APPENDIX A: PARENTS AND TEACHERS INTERVIEW GUIDE

Specific Aim 1

Describe a healthy child? What makes them healthy?

Describe an unhealthy child? What makes them unhealthy?

Describe the children you know. What makes them healthy and unhealthy?

For any of the above:

(If body size comes up ask how it is related to health)

This year, the school no longer allows outside food for birthday celebrations, Why?

Do they mention health?

Do they mention responsibility in some way?

The school has recently started running club, why?

Do they mention health?

Do they mention responsibility in some way?

Children today are heavier than they were 30 years ago. What do you think about this?

- How did this happen?
- What should be done about this?
- *(Is health mentioned at all – if so ask about that;*

(If they mention obesity)

- I noticed you mentioned obesity –
- What do you mean by obesity?
- How does obesity effect child health?

(If they don't mention obesity)

- What about childhood obesity – is that related to child health?
- (If yes) How do you think it is related?
- How would you define childhood obesity?
- (If no) Why do you think it isn't related to child health?

What other information would you like to share that I did not ask about but you think is important for me to understand about child health at SEPS?

Specific Aim 2

What does it mean for your child to be successful?

If they don't mention school related success then ask: What about success in school?

What helps your child be successful *use their success answer words here* ?

If they don't mention people (teachers, family) ask: are there people that are involved in making your child successful (use their words again) – how are they involved?

What is a parent's role in their child's success (use their words)?

How about in a child's education?

In what ways are you involved in your child's education?

In what ways would you like to be involved?

How much and in what ways should parents be involved in their child's education?

How are parents involved at SEPS?

What do you think about the requirement of parent involvement at SEPS?

Why do you think the school requires parental involvement?

If they don't mention it in some way: What do you think of this requirement?

How would you change this requirement, if you could?

What can SEPS do to foster parental involvement?

What other information would you like to share that I did not ask about but you think is important for me to understand parent involvement at SEPS?

APPENDIX B: ADMINISTRATOR INTERVIEW GUIDE

Specific Aim 1

Describe a healthy child? What makes them healthy?

Describe an unhealthy child? What makes them unhealthy?

Describe the children you know. What makes them healthy and unhealthy?

For any of the above:

(If body size comes up ask how it is related to health)

This year, the school no longer allows outside food for birthday celebrations, Why?

Do they mention health?

Do they mention responsibility in some way?

The school has recently started running club, why?

Do they mention health?

Do they mention responsibility in some way?

Children today are heavier than they were 30 years ago. What do you think about this?

- How did this happen?
- What should be done about this?
- *(Is health mentioned at all – if so ask about that;*

(If they mention obesity)

- I noticed you mentioned obesity –
- What do you mean by obesity?
- How does obesity effect child health?

(If they don't mention obesity)

- What about childhood obesity – is that related to child health?
- (If yes) How do you think it is related?
- How would you define childhood obesity?
- (If no) Why do you think it isn't related to child health?
-

What other information would you like to share that I did not ask about but you think is important for me to understand about child health at SEPS?

Specific Aim 2

What is the definition of a successful child at SEPS?

What factors contribute to the success of SEPS students?

If they haven't mentioned it: How important is parent involvement in the success of SEPS students?

How are SEPS parents involved with their children's schooling?

Are there any ways that you think they should be involved that they are not?

What is your experience with parent involvement at this school?

Is there a parent involvement policy? What is it? How was this policy developed?

When you interview new parents how do they react to this policy?

Why do you think the school requires parental involvement?

If they don't mention it in some way: What do you think of this requirement?

Would you change this requirement, if you could? How?

Is it possible to know what parents are involved? How?

What other information would you like to share that I did not ask about but you think is important for me to understand parent involvement at SEPS?

APPENDIX C: EXAMPLE FOLLOW UP INTERVIEW

What are the health priorities of the school – on paper

What are the health priorities in practice – what's most important in the classroom?

Why do you think they are different?

In your experience at SEPS what are the health concerns of the parents?

A lot of people have said that open and honest communication is key to parent involvement – do you think that happens at SEPS?

If so, great! Some have mentioned diversity when I ask them about

When I've asked about the school's definition of parental involvement it is usually explained to me as this...do you think that is accurate?

As a teacher what do you value most in regards to the parent?

In your experience how do you think that a parent would describe being involved?

APPENDIX D: INFORMED CONSENT



Informed Consent Form

A case study approach to exploring the constructs of health and parental involvement in the school environment.

Student Researcher: Allison Lenkerd MA, PhD(c)
Faculty Supervisor: Christine Blake, RD, PhD
Department of Health Promotion, Education and Behavior

Introduction and Purpose

You are invited to take part in a research study being conducted by Allison Lenkerd, a doctoral candidate in the Arnold School of Public Health at the University of South Carolina. You are being asked to participate in this research study because you are either a parent of a child that does/has attend(ed) SEPS or you are a current or past teacher or staff member at SEPS, English is your first language, and you have no history of cognitive decline such as dementia. Allison is conducting this research study to find out (1) about your perceptions of health (2) and your perceptions of parent involvement. This study is an arm of the Junior Doctors of Health Evaluation Study. This form explains what you will be asked to do if you decide to take part in this study. Please read it carefully and feel free to ask any questions before you make a choice about taking part in this study.

Description of Study Procedures

If you decide to take part in this study, you will be asked to take part in up to two interviews, one of which will be face to face and approximately 60 minutes long. These interviews will be audio-recorded. You will also be asked to fill out a brief survey of demographic information before taking part in this discussion group. During the first interview you will be asked (1) what your thoughts are on health (2) your perceptions of parental involvement. The second interview will serve as a follow up to ensure that my interpretation of what you have said is accurate and to ask any additional questions that may have arisen after other interviews. All study activities will take place at a mutually agreed upon time and place.

Risks of Participation

There are no known risks associated with taking part in this research. However, there is a small chance that you may be uncomfortable sharing your thoughts with me. In the event that you do feel uncomfortable you may choose to skip a question or end the interview. Lastly, there is a minimal risk that confidentiality can be breached through study records or audio/video recordings, but we will do everything possible to keep your information protected. Please see

confidentiality of records section below.

Benefits of Participation

You may benefit directly from taking part in this study by learning more about what you think about these topics. You may also benefit others by helping to develop new ways for school to approach the topics of health and parental involvement.

Costs

There will be no costs to you for taking part in this study (other than for any parking/gas expenses you may have and your time).

Payments

You will receive **\$20 dollars** for taking part in this study and completing a brief survey.

Confidentiality of Records

The information that you provide us with during this study will be kept private as much as possible. A number (code) will be assigned to each participant at the beginning of the study. This number will be used on study records rather than your name, and no one other than the researchers will be able to link your information with your name. Study records/data will be stored in locked filing cabinets and protected computer files at the University of South Carolina. Audio/Video recordings will be temporarily stored in a locked cabinet until they are professionally transcribed into written text (transcript). All names and other identifying information **will not** be included in the transcript and the audio/video-recordings will be destroyed following transcription. The results of the study may be published or presented at professional meetings, but your identity will not be shared.

The study-funding agency will have access to identifiable information. In rare cases, a research study may be evaluated by an oversight agency, such as the USC Institutional Review Board or the U.S. Office for Human Research Protections. If this occurs, records that identify you and the consent form signed by you may be looked at so that they may decide whether the study was properly carried out and your rights of participants were protected.

Contact Persons

For more information about this research please contact Allison Lenkerd (student researcher) at (803) 553-1240 or lenkerd@email.sc.edu or Dr. Christine Blake (faculty supervisor) at (803) 777-1484 or ceblake@mailbox.sc.edu. If you have any questions about your rights as a research subject contact, Lisa Marie Johnson, Manager, Institutional Review Board, University of South Carolina, Columbia, SC 29208 at (803) 777-6670 or lisaj@mailbox.sc.edu.

Voluntary Participation

The choice to take part in this study **or not** is yours. You are free not to take part or to quit taking part in this study at any time, for whatever reason, without negative results. In the event that you quit this study, the information you have already given to us will be kept private.

Signatures /Dates

I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to take part in this study, although I have been told that I may quit at any time without negative consequences. I have been given (or will be given) a copy of this form for my records and future reference.

Consent to be contacted in the future: Is it ok to contact you in the future regarding this study?

Yes it is ok to call me **No, I do not want to be called**

Participant Name (please print): _____

Participant Signature: _____ Date:

APPENDIX E: OBSERVATION FIELD NOTE TEMPLATE

<p>Type of observation: Date of observation: Date of record: Unedited Notes :</p>	<p>Contextual Comments:</p>
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APPENDIX F: NODE HIERARCHY

Specific Aim 2 (4.7.14)

Encouragement outside of school

parent role in child's life

Support system

Parents model behavior

Pta's

teacher conferences

communication/teacher role

Knowing the parents in order to know the child

Bridging environments

Building relationships

Teacher-family connection

Showing parents the school wants (expectations) them involved

Parents being heard

Parents working together and with the school

parent forum

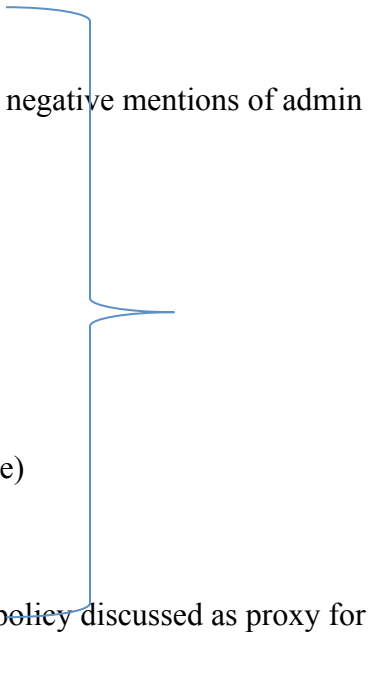
parent AND kid events

offering incentives

engaging parents

parent involvement as in the school

parent involvement as in the child's life

1. Making decisions for parents
 2. Not asking for parent feedback
 3. Unwelcome (this year the school is different – change in the environment)
 4. mandating (mandatory policy not the best way to measure parent involvement (disingenuous))
 5. open door policy – admin (only mention besides negative)
 6. meeting redundancy
 7. Absence of admin role – only negatively mentioned or policy discussed as proxy for admin
- 
- negative mentions of admin

Possible codes

parent engagement – getting parents to come to events without mandating

parent feedback – when making school level decisions

parent's involvement in the child's life (differentiated from parent's involvement in child's academic life but not unrelated)

communication

teacher role

parent role (might be redundant with #3)

Admin role (noting lack of mention)

APPENDIX G: NODE HIERARCHY

Specific Aim 1 (4.22.14)

Node Hierarchy – Discourse analysis

Healthy Child narrative

School (what school personnel says child health should look like)

- Love, sleep, nutrition, exercise, needs met, happy, safe, secure

Parent (what the parent says child health should look like)

- Nutrition, exercise, happy, hygiene, doctor visits, dental visits

Unhealthy Child narrative

School (what school personnel says child health shouldn't look like)

- Sad,

Parent (what the parent says child health shouldn't look like)

- Doctor visits, dental visits

Behavior (how it is affected by...)

Physical activity

- Extra energy out

Nutrition

- Food as a reward, lack of food causes bad behavior, too much food causes bad behavior, providing comfort

Exposure (this is a word that is used a lot)

Back in the day (when I was growing up – showing how things are different now in regards to child weight)

Culture

Demographic (when people use culture and demographic interchangeably – just in case that's important)

Food

Health

School vs Family (when people talk about differences between the school personnel and the family)

Healthy Environment

Home

School

Unhealthy Environment

Home
School
Health
Nutrition
Physical activity
Weight
Words associated with Obesity
Fat
Mobility
Unable
Health Policy
Responsibility
Parent
(education, home environment, reiterate what's going on at school,
initiative,
School
Not just physical health (when people say that health is not just physical health)
Physical health = weight (when people equate physical health to weight OR NOT)

APPENDIX H: SUMMARY OF DATA IN PROGRESS 7.22.14

Dominant discourse of obesity

Parents and school personnel perceive that a child's health is made up of a healthy diet and healthy physical activity. This includes portion control, proper diet, number and types of meals, and playing outside. They believe that a child's health is influenced by the home environment, relationships and role models, PA, nutrition, weight, heredity, obesity, and disease. They think that a healthy child is not just thin or athletic, happy, and safe and secure. They say that an unhealthy child has a different diet and physical activity than a healthy child and is one that is sad and has poor hygiene. They believe that health is important as it can prevent chronic disease.

One policy related to health is the "no outside food" policy. Many described this as being a way to decrease the threat of an allergic reaction. Some perceived it to be related to child as well as school personnel dietary health. There was a concern that this policy created a barrier to parent involvement. Running club was described as a way to decrease behavioral issues in the classroom. Some perceived it as a way to introduce a health lifestyle choice to the children and many mentioned that they and the kids loved it. They don't think the running club should be mandatory, though.

Parent involvement

Parents and teachers at SEPS view parent involvement as: working with parents; a condition of enrollment; extending beyond the school building; making parents feel a part of their child's schooling. Working with parents involves building relationships between faculty members and parents through listening and incorporating feedback. Through these efforts parents will feel empowered in regards to their child's education and may inspire other parent to be involved. Negative school-parent interactions can be detrimental to this process.

The requirement of parental involvement holds parents accountable, is flexible to encourage more parent participation in the school setting, and provides consistency for the child. Some feel that this requirement restricts parents' ability to make decisions regarding the child's food and can be burdensome in regards to time commitment. Though many were unsure how to improve the parent involvement requirement there were some differing opinions in regards to increasing volunteer hours.

Parent involvement is not just an in-school requirement. Many felt that parents are the beginning point of child success and therefore should continue being involved at home as well. Participants felt that this included setting boundaries, providing role models, supporting the child's teacher and learning at home, supporting healthy habits, and being observant of the child's needs.

In order to make the parent feel that they were apart of their child's learning environment and therefore encourage parental involvement both parents and teachers need to have the opportunity to learn about the home and school environment.

Factors that influence parent involvement included time constraints and parent accessibility. Barriers to parental involvement included the school environment (feeling unwelcome) and negative interactions with the school personnel (approach).

When asked if the school policy of parental involvement was having tangible effects many were uncertain.