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By Agaptus Anaele

Entitled

VOICES OF BLACK YOUTH:CREATING COMMUNICATIVE SPACES IN THE CONTEXT OF HEART DISEASE AMONG AFRICAN AMERICAN TEENAGERS IN MARION COUNTY INDIANA

For the degree of Doctor of Philosophy

Is approved by the final examining committee:

	Stacey Connaughton
Chair	
Mohan Dutta	Ambar Basu
	Titi Okoror
	Lala Acharya

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Head of the Departmental Graduate Program Date

VOICES OF BLACK YOUTH: CREATING COMMUNICATIVE SPACES IN THE CONTEXT OF HEART DISEASE AMONG AFRICAN AMERICAN TEENAGERS IN MARION COUNTY IN INDIANA

A Dissertation

Submitted to the Faculty

of

Purdue University

by

Agaptus Anaele

In Partial Fulfillment of the

Requirements for the Degree

of

Doctor of Philosophy

August 2015

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West Lafayette, Indiana

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TABLE OF CONTENTS

Page

LIST OF FIGURES x

ABSTRACT xi

CHAPTER 1. INTRODUCTION 1

1.1 Introduction 1

1.2 Rationale 1

1.3 Rationale 4

1.4 Interrogating participation 9

1.5 Context, Project specifics, and ties to community 12

1.6 The CUAHD Story 14

1.7 Marion County 15

1.8 CUAHD Partnerships 16

1.9 Partners 18

1.9.1 Indiana Minority Health Coalition and MZD 18

1.9.2 Media partner 20

1.9.3 Selection of Schools 21

1.9.4 African Americans and Blacks 21

1.10 Research Statement 22

1.10.1 Research Questions 24

1.11 Overview of Dissertation 25

CHAPTER 2. LITERATURE REVIEW 27

2.1 Introduction 27

2.1.1 Communication and Health 27

2.1.2 Dominant Health Communication 28

2.1.3 Culture in dominant health communication 31

2.2 Definition of Culture Centered Approach Concepts 34

2.2.1 Culture-Centered Approach and interrogation of mainstream model of Health communication 35
2.3 Critical Approach to Health Communication 37
2.4 CCA and Critical Health Communication 38
2.4.1 Implications for my dissertation 39
2.5 Context, historical barriers 43
2.6 Theoretical Framework: Culture-Centered Approach to Health Communication 47
2.7 Culture centered literature 49
2.8 Filling gaps in CCA literature 53
2.8.1 Structure 57
2.8.2 Culture 59
2.8.3 Agency 60
2.8.4 Interconnections between culture, structure and agency 61
2.9 Present Project 62
2.10 Unearthing historical and socio-economic factors of black heart health 64
2.11 Context 65
2.11.1 Research Site 66
2.11.1.1 Marion County 67
2.11.2 Structure 68
2.11.3 Slavery 69
2.11.4 Incarceration 71
2.11.5 Socio-economic status 73
2.11.6 Poverty and access to care 78
2.11.7 Racism and Heart Disease 79
2.11.8 Cultural Practices 80
2.12 Engaged Research 82
CHAPTER 3. STUDY DESIGN & METHODOLOGY 85
3.1 Introduction 85
3.2 Ethnography as a Technique 86
3.2.1 Ethnography 87

3.2.1.1 Organizational ethnography 89
3.3 Research Design 91
3.4 Phases of data gathering 92
3.5 Relationship and Access 92
3.6 Accessing School Site 94
3.6.1 Phase 1- Pre-planning 94
3.6.2 Phase 2 95
3.6.3 Phase 3 and project life span 97
3.7 Sampling Strategy 97
3.8 Data collection 98
3.8.1 In-depth Interviews 98
3.8.2 Participant Observation 100
3.8.3 Reflexive Journaling 102
3.8.4 Current project 105
3.8.5 My Positionality 106
3.8.6 Audio-recording and confidentiality 110
3.9 Data Analysis 111
3.9.1 Open Coding 115
3.9.2 Axial coding 115
3.9.3 Reliability and Validity 117
3.9.3.1 Procedures 117
3.10 The Politics of Representation 118
3.11 Reliability and Validity in Qualitative Research 119
3.11.1 Validity 121
3.11.2 Rigor 121
3.11.3 Triangulation 122
3.11.4 Member Checking 124
3.11.5 Credibility 125
3.12 Conclusion 127
CHAPTER 4. RESULTS AND ANALYSIS 129

4.1 Introduction 129
4.2 RQ 1: How do culture-centered campaigns develop? 130
4.3 Culture Centering 131
4.4 Formation of Advisory Board 133
4.5 Theme 1: Emergent and Organic Process in Culture-Centered Campaign 134
4.6 Theme 2: Centering Community Voices and Collective Decision Making 135
4.7 Theme 3: Time, Relationship Building, and Laborious Process of CCA 136
4.8 Theme 4: Negotiating Structures 136
4.8.1 Emergent and Organic Process in culture-centered campaign 137
4.9 Centering voices of cultural members and collective decision making is key 184
4.9.1 Cyclical process/Collective Decision Making 190
4.10 Relationships Building, Time, and Labor of CCA 196
4.11 Negotiating Social Structures 204
4.12 Summing up RQ 1, how culture centred projects evolve. 212
4.13 RQ 2: What are the participatory tensions and processes in a CCA campaign? 215
4.13.1 Tension- 217
4.13.1.1 Tension in culture centeredness 220
4.14 Theme 1: Navigating Co-construction of meaning versus capacity building 222
4.15 Heterogeneity of cultural members 223
4.16 Theme: 3 Negotiating power and positionality 223
4.17 Theme: 4 Negotiating Structural Barriers 224
4.18 Tensions in co-constructing meaning versus capacity building, and or empowerment 224
4.18.1 Capacity building 225
4.19 Heterogeneity of cultural members 271
4.20 Tensions in negotiating power and positionality 282
4.21 Negotiating the Structures 298
4.22 Tensions in cultivating authentic partnership in CCA 316
4.23 Research Question Three 321
4.23.1 Co-participant's profile 323

4.24 Theme 1: Meaning of Participation. 326
4.25 Theme 2: Participation as Transformative 326
4.26 Theme 3: Collective Decision Making 327
4.27 Participation in culture-centered project-----meaning and experience 328
4.28 Participation as Transformative 366
4.29 Participation as collective decision making 376
CHAPTER 5. DISCUSSION 390
5.1 Introduction 390
5.2 Context 395
5.3 The three research questions that guided this study are: 397
5.4 Chapter organization schema 398
5.5 Engaging with Tensions in culture centering processes: 399
5.6 Notes on the Intersections of Culture, Structure, and Agency 404
5.7 Theoretical Implications 407
5.8 Intersections: Culture, structure, agency and researchers moment 417
5.9 Theme 1: Meaning of Participation. 431
5.10 Theme 2: Participation as Transformational 431
5.11 Theme 3: Collective Decision Making 431
5.12 Contributions and Future Research 446
5.13 Limitations 450
5.14 Future Directions 453
BIBLIOGRAPHY
APPENDICES
Appendix A Memorandum of Agreement 477
Appendix B Consent Form and Rough Sketch 480
VITA 484

LIST OF FIGURES

Figure Page

4-1 Sketch one 148

4-2 Sketch two 149

4-3 Sketch three 150

4-4 Sketch four 154

4-5 Sketch five 162

ABSTRACT

Anaele, Agaptus. Ph.D., Purdue University, August 2015. Voices of Black Youth Creating Communicative Spaces in the Context of Heart Disease among African American Teenagers in Marion County Indiana. All Caps. Major Professor: Mohan Dutta.

This dissertation sought to document the communicative and organizing processes in the executing of a culture centered heart health project among black youth in Marion County, Indiana. Culture Centered Approach (CCA) (Airhihenbuwa, 1995, Dutta, 2008) foregrounds equity and social justice as sine qua non for addressing disparities. It promotes engagement of cultural members as equal partners in social change processes, a move that reverses the unequal power that characterize dominant projects (Dutta, 2008).Seeped in the theoretical framework of CCA, I conducted 11-month ethnographic study to uncover the communicative and processes of engaging teenagers as equal partners in the planning and implementing of a heart campaign targeting their peers. I conducted face-to-face interviews, wrote reflexive journal entries, and participated in message tailoring workshops. Through these multiple data sets, I uncovered the following (a) the infusion of cultural voices reverses the unequal power that characterize dominant projects (b) engaging communities as equal partners is a complex process and often characterized by tensions that border on power inequities (c) a culture centered project evolves through organic process that is often characterized by dialogue and collective decision making (d) participation in culture centered process is complex and also characterized by tensions about power, individual versus collective subjectivities (e) Reflexivity is a crucial methodological tool in culture centered process. The findings corroborate culture centered stance on rupturing structural barriers as an entry point to addressing disparities and creating a just world. From programming perspective, this study echo the need for 'recalibrating' health projects from below.

CHAPTER 1. INTRODUCTION

1.1 Introduction

This research project is about understanding culture centered processes. Specifically, this study seeks to understand and document the communicative and organizing processes of a Culture-centered project that addresses heart health needs of Black Youth at a high school in Marion County, Indiana. Youth are persons under 18 years. Marion is underserved black community that reports large scale health disparities. Culture-centered Approach (CCA) (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004a; 2004b; 2005; 2007; Basu & Dutta, 2007; Dutta, 2008) theorizes about the transfer of power and decision making from academic experts to local communities. Rooted in Marxist Critical, Postcolonial, and Subaltern Studies project, CCA promotes equity and social justice as sine qua non for sustainable health programming. Central to its argument is that economic disparities are intrinsically tied to health disparities (Dutta, 2008). Against this backdrop, CCA seeks engagement of communities at the margins of society in problem identification and formulation of locally meaningful solutions (Dutta, 2008; 2011).

In this opening chapter, I will provide an outline of my dissertation, starting with increasing popularity of culture centered approach that is the overarching theory guiding this research, followed by the rationale for my study. In the second part, I locate the significance of my study in the broader culture centered scholarship. Next, I discuss

participation, and in the concluding section, I present the project specifics and my research statement

1.2 Rationale

While scholarly attention has focused on the success of culture centered projects, little attention has been paid to the organizing processes and negotiation within such contexts. The current study seeks to cover the gap by documenting the communicative and organizing of a culture centered project that engages black teenagers in underserved context in Indiana. The overall goal of the Youth Heart Health project (HHIYI) is the creation of communicative space for Black teenagers to identify significant heart-health problems and propose culturally meaningful solutions, however, the task of my dissertation research is documentation of the organizing of the partnership, a qualitative ethnography of the processes of the Adolescent Heart Project (HHIYI). Drawing upon the works of Barge (2004), Barge and Shockley-Zalabak (2008), Cheney (2008), Simpson and Seibold (2008), Dutta et al., in Dutta & Kreps Eds.,(2013) on "engaged scholarship" and participation in culture-centered processes, this study reflexively documents the realities, uncertainties, and complexities of a culture-centered academic partnership.

The study is analysis of culture-centered approach as a CCA project is being carried out, and seeks to contribute to the understanding of culture-centered processes. A growing body of CCA literature have focused on how the three primary pillars of CCA, culture, structure, and agency enable and constrain cultural members' access to basic necessities of life and how community members in turn negotiate their realities (see Dutta-Bergman,

2004; 2005; Basu & Dutta, 2007; Dutta & Basu, 2007; Dutta, 2008). For instance, Basu & Dutta (2008; 2009) recommend "recalibration of commercial sex worker health campaigns" in underserved settings from top-down to bottom-up strategies that allow such initiatives to be locally driven. Their recommendation is foregrounded in the success of the epochal culture-centered Sonagachi HIV/AIDS (SHIP) project in India. The Sonagachi sex worker project created space for sex workers (CSWs) to address barriers that prevent them from practicing safe sex with clients. Drawing upon the expertise of CSWs, the Sonagachi project formed a corporative that provided micro credit loans to CSWs, a development that empowered CSWs' rejection of clients who demanded unprotected sex. The project increased condom use among the CSW worker community in India. The Sonagachi success resonates with culture-centered argument that economic disparity is the underlying cause of health disparity (Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2008).

Other CCA scholars (see Dutta-Bergman, 2004a, 2004b;2005;Basu & Dutta, 2007;deSouza, 2009;2010;Yehyya,2010) have attended to the role of culture, structure, agency, and the intersections in shaping the health choices of communities. Considerable number of CCA projects have focused on how structural elements enable and constrain the participation of cultural members, however little attention has been paid to the culture-centering processes. This project builds on Dutta & Basu's (2009), and de Souza's (2009) work in understanding how CCA projects evolve and how participation is enacted. For instance, how do CCA health projects emerge? What are the communicative practices that take place in a CCA project? What does it mean to participate in a CCA project? What are the tensions and processes in a CCA project? What do researchers need to know before

conceptualizing a CCA project? What kinds of preparations are required for a CCA project to be successful?

Culture centered approach theorizes about changing the traditional ways research in health communication is conducted. It embodies the inclusion of voices of cultural members hitherto presented as recipients of interventions by dominant approach to health communication scholarship (Airhihenbuwa, 1995; Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2008). Dominant approach refers to the academic 'experts' who claim universal expert knowledge about what works for communities around the globe (refer to chapter 2 for detailed distinction between dominant and culture centered approach). The processes of executing culture-centered ideas in a world that is steep in dominant ways of measuring validity is Herculean and needs to be documented. The youth heart project provide context for examining key assumptions of CCA such as participation and collectivism. Such analysis will advance current understanding of CCA.

Culture-centered approach (Airhihenbuwa, 1995; Dutta-Bergman, 2004; 2005; Dutta, 2008; 2011) embodies participation of cultural members in problem identification and articulation of corresponding solutions, but precisely how is participation enacted especially in underserved minority population? This project strives to document the following (a) how community identifies problems and proposes solutions (b) document how a CCA project evolves (c) and how decisions are reached in a CCA project. Culture-centered partnerships are replete with uncertainties, complexities, and dialectical tensions because it engages with meaning making through a continuous reflexive process with cultural members (Dutta et al., in Dutta & Kreps Eds., 2013). By focusing on how culture-

centered partnerships unfold, this study provides insight on the "contentious process" of putting ideas together in a culture centered project. In the next paragraph, I highlight in detail the relevance of this study for health communication literature.

1.3 Rationale

Why is it important to document a culture-centered project that centralizes voices of Black teenagers in addressing heart disease in Marion County in Indiana? CCA theories about participation, therefore this study provides context for understanding and documenting the communicative and organizing processes of culture-centered participation.

Increasingly the communication discipline acknowledge the success of community-engaged projects particularly in underserved minority groups (Dorsey, 2003). Against this backdrop, several U.S. land grant institutions have launched academic-community partnerships focusing on poverty, agricultural development, and health disparities (Jacobson, Butteril, & Groering, 2004). The Carnegie and Kellogg Foundations lend additional support through the recognition of community engagement as important category in the accreditation of higher institutions, a development that has spurred unprecedented interest among tertiary institutions in US (Dempsey, 2012). An example of such partnership is the Sustainable Development and Poverty Reduction Partnerships (SDPRP) initiative of the University of North Carolina (UNC) Chapel Hill and Community-based Organizations in addressing problems of poverty and sustainable development (Depsy, 2012). Other community engagement efforts have attended to

livelihoods of rural communities in Australia (Winter, Wiseman, & Muirhead, 2006) aided the transfer of technology in Sweden; (Burlin, 2002) addressed economic disparities and social justice in underserved populations in the U.S. (Israel et al., 1998).

While scholarly attention has focused on the success of community-driven research, little attention has been paid to the organizing processes and negotiation within such contexts. Communication within and among the groups, between the groups and partners, and the power play between the former and the latter is complex (Dorsey, 2003). Further, culture-centered approach foregrounds listening to voices of marginalized population, it is important to understand the complexity of listening (Dutta, 2008; Dutta-Bergman, 2004a, 2004b, Lupton, 1994; and Kapoor, 2004). This study provides context for understanding processes of collaboration and partnerships.

Further, this project has emancipatory and transformative potential. Historically, African Americans have been alienated from policy platforms where health policy decisions and interventions targeted at them are made. Dutta (2008) point out: "most interventions targeting African Americans within the United States are conceptualized and implemented by Caucasian scholars trained in theoretical lens that have been articulated by other Caucasian scholars" (p.49). The silencing of African Americans from the discursive space leads to the erasure of their desires in national health policy formulation platform (See Dutta, 2011; 2008; 2012). This project seeks to change the status quo which presents African Americans as voiceless members whose health agenda are determined by powerful structures in America. By listening to their narratives through this project, the voices of blacks can be centered at policy platforms where health policies are enacted.

Transformation is a key commitment of Culture-centered approach, and involves reducing the communicative inequities between dominant structures and those at the margins of society (Dutta, 2008; 2012). In the context of this project, dominant structures include school district representatives that make policies about meal choices for black youth in inner city schools. Culture centered approach has demonstrated that disrupting the inequities is transformative in that it opens up the space for communication, recognition, and representation of those at the margins of society (Dutta, 2011, Dutta & Pal, 2010). Therefore, transformation involves creating communicative spaces that change the norm. This project embody transformation because it re-presents Black youth from "agency-less" (Basu, 2008p.40) to a group with inherent potentials to shape their own health agenda. By creating communicative spaces for hitherto voiceless Black youth, this project provides entry point for alternative rationalities that contribute to structural transformation in the meal choice programs at inner school districts.

Theoretically this project promises to contribute to better understanding of culture centered approach processes as well as community driven research. The culture centered approach (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004 (2005); Basu & Dutta, 2007; Dutta, 2008) promotes equity and solidarity building. But precisely, how do you ensure equity, and or build solidarity in marginalized populations? What are the tensions involved in the process of solidarity building? How do you build the capacity of young African Americans without marginalizing them? In other words, how do you maintain accountability and transparency in the community in a culture-centered project?

Connected to the task of ensuring equity in culture centered engagement is the challenge of negotiating inherent power differential, especially in projects that engage with underserved communities. Culture centering recognizes the significance of power in everyday experiences of marginalized populations. In as much as CCA argues for community engagement as central in bringing about sustainable social change, it is crucial to pay attention to the processes of enacting these concepts. Documenting these processes is an important contribution to the culture centered literature and will provide resource for CCA scholars on ways to strengthen culture-centered projects that seek to create sustainable social change, especially in marginalized settings. Furthermore, this project will further enrich the academic community partnership literature in that it will help to improve our understanding of how such projects evolve.

Academic community partnerships often involve collaboration between educational institutions and social organizations, including community organizations, not for profits in addressing social problems. Sometimes the partnerships involves multiple collaborations among different organizations. For instance, this project involves multiple collaborations among the following, Purdue University, Indiana-based not for profit, Indiana Minority Health Coalition (IMHC), Crispus Attucks high school, and the media partner, MZD. These organizations have distinct organizational cultures and different ways of partnering with other groups. As such forging partnerships with multiple organizations presents unique challenges especially in terms of decision making about different components of the project. The next paragraph briefly discusses academic community partnerships and participation.

Culture-centered Approach and interrogation of Academic Community Partnerships

The increasing popularity of academic community partnerships symbolize a shift in the broader U.S. educational system. Ordinarily such partnerships are framed as elixir for tackling the impacts of neoliberal economic policies (Ang, 2006). Universities see the partnerships as opportunities to demonstrate their usefulness to the public, especially within their local communities. Critical communication scholars argue that despite the perceived benefits of academic community partnerships, social class and diverse background of participants present unique challenges for participation in such partnerships (Dempsy, 2012). Academic community partnerships, and or community engagement is problematic because considerable literature present community in simplistic manner. Such representation undermine the complexity of community in that it ignores the differences in gender, race, sexuality, class, and further perpetrates inequalities.

Community members have diverse backgrounds as such their interests, priorities and expectations vary. True to the goal of centering community voices, proper attention must be paid to the different points of view or else the exercise might result in cosmetic participation. Consistent with co-construction of meaning, I reflexively engage with partners in the creation of this project. For instance, how does a researcher negotiate power dynamics in a CCA project? Through reflexive journals I document the paradoxes of participating in an emancipatory project. For example, listening is a methodological commitment of the culture-centered theory guiding this study. Culture-centered approach celebrate the stories of cultural members who have been historically denied access to communicative platforms. Through sharing such stories of pain in conventional and

dominant communicative platforms, CCA scholars challenge dominant assumptions of health and illness (Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2011; 2012). Participation is central to culture centeredness as well as the bourgeoning academic community partnerships, therefore the next section discusses participation.

1.4 Interrogating participation

Culture-centered approach centralizes participation as a sine qua non for sustainable social change, therefore the following paragraphs discusses the nuances of participation in various contexts. Participation has increasingly become prominent in health communication literature because of the failure of persuasion-based interventions that are cognitively-focused to solve the complexities of health problems in societies (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004; 2005; Dutta, 2008,). The application of participation is sometimes inconsistent with the intentions of critical scholars who challenge its cosmetic application in marginalized settings. Against this backdrop, the following paragraphs distinguishes CCA-grounded participation from other forms. There is discrepancy in the rhetoric of participation and the reality of participation in community driven interventions (Dutta & Basnyat, 2006, 2008a, 2008b).

The difference between participation in CCA and dominant approaches lies in the nature of participation and the level of changes proposed in each approach. In culture-centered projects, the modalities of participation are set by cultural members. Community members collectively decide the priorities, and set the modalities for achieving their goals (Dutta, 2007; 2008; Basu & Dillon in Dutta & Kreps Eds. 2013). For instance, in the

Sonagachi project in India (see the background section of this study), Commercial sex workers collaborated among themselves in identifying the barriers facing them in negotiating protected sex with male clients and proposed solutions that are rooted in their cultural context (Basu & Dutta, 2009; Dillon & Basu in Dutta & Kreps. Eds., 2013). Similarly, community members in the Save Niyamgiri movement halted the clinical trial of Gardasil vaccine in rural regions of India. Through the use of various communication tactics, including traditional and social media platforms, the movement challenged the ethical standards guiding the vaccine trial among women in India, consequently forcing the corporations in charge of the trial to halt their experiment (Dutta in Dutta & Kreps, Eds., 2013).

Culture-centered young at heart project provides space where marginalized community members frame their own discourses rather than being directed by external experts how to do so. By its form, CCA recognizes the culture of a group, the structural realties of the group and works with the group to open up spaces for change (Dutta & Basu, 2007; Dutta, 2008). Through such process community members often identify their health needs and propose culturally meaningful solutions (Basu & Dillon in Dutta & Kreps Eds., 2013).

Another difference between culture-centered participation, and dominant forms of participation is the nature of changes proposed. Dominant participatory projects focus on individual-level changes that are cognitively oriented. Several dominant health communication interventions aim to change the behavior of underserved populations by pushing messages about daily consumption of specific servings of fruits and vegetables as

panacea to health and wellness in underserved communities (Airhihenbuwa, 1995; Dutta; 2008). Such expert-driven participatory projects are grounded in persuasion theories that focus on ways of changing the behavior of community members. Proponents of this line of thought assume that the best strategy to confront the health challenge is by empowering cultural members with information, therefore considerable effort is put into understanding the cultural characteristics and preferences in order to develop effective interventions (Dutta & Kreps Eds., 2013; Dutta, 2011; 2008; Basu & Dillion in Dutta & Kreps Eds., 2013).

Conversely, CCA grounded projects often propose structural programs that are geared toward policy changes (Dutta & Kreps Eds., 2013). Culture-centered projects such as the Communities and Universities Addressing Health Disparities (CUAHD) in two African American cities in Indiana, the Sonagachi project in India, in addition to providing health information seek to address inequities that create margins between the rich and the poor (see details about the cited projects in the introduction section of this dissertation).

Further, participation in dominant projects differ in that problems and corresponding solutions are configured by external experts and community members are coopted to lend credence to the project as culturally grounded (Dutta, 2008; Basu & Dillon in Dutta & Kreps Eds., 2013). Critical communication scholars argue that what goes unquestioned is that the selected leaders do not represent the community and its needs, rather they serve as channels to carry out the expert agenda (Dutta, 2008; 2011).

In summing up this section, the distinctions in participation in culture centered projects and traditional participation lies in (a) the nature of participation, community-

driven versus expert-driven (b) the kinds of changes sought, e.g., CCA projects focus on structural issues, while the focus in traditional participatory projects is individual-level changes primarily behavior changes. The next paragraph attends to the context and project specifics. In the first part, I discuss how my interest in heart disease evolved from serving as graduate research assistant on larger culture-centered heart health project in black communities. The later part discusses how the larger project resulted in a ($20,000) grant supporting the youth campaign.

1.5 Context, Project specifics, and ties to community

The paragraphs in this section provides information about the circumstances that inform this study. It discusses how my interest in heart disease among African Americans evolved from serving as graduate research assistant on a broader project, followed by explanation of how the larger project led to the youth heart project.

My interest in heart disease among African American communities evolved from serving as graduate assistant on a $1.5 million federal grant titled Communities and Universities Addressing Health Disparities (CUAHD) that worked with two black communities that report large scale health and heart disease disparities in refining comparative information about treatments for heart conditions in Indiana. Worth noting is that the Principal Investigator (PI) for the CUAHD project, Dr. Mohan Dutta is my academic advisor. CUAHD started in fall of 2010, however, I joined in the second year of the project (2011-2013). I performed multiple tasks, conducted in-depth interviews, facilitated focus group discussions, and message tailoring workshops, analyzed in-depth

interviews, administered community-wide surveys, created and managed online data sets, and contributed in writing academic reports that substantiated our efforts. I reviewed literature on heart disease among blacks and the use of patient information guides for treatment choices. Further, I performed administrative functions, including serving as liaison between Purdue University, and one of the counties, assigned tasks to other research assistants, and ensured that the team adhered to deadlines. Through my engagement in these multiple aspects of the project, I developed interest in heart disease in underserved minority populations.

During the two-year duration of my engagement on CUAHD (2011-2013), I visited Marion County severally. Initially, I visited the county in the company of the Principal Investigator, Dr. Mohan Dutta, who is my academic advisor and other members of the research team at least once weekly. As the grant activities progressed, I became familiar with the community organizer and the other partners. Following the graduation of senior research assistants on the team, I assumed more responsibilities on the project. From then on, I visited the community twice weekly on the average by myself. The visits were for a number of purposes ranging from administering community-wide surveys at different locations, including low income housing units, elderly homes, food pantries, and Black public events. Sometimes I visited Marion County to liaise with the community organizer on steps about moving the project forward, facilitating message tailoring workshops or meeting with the advisory board members for reviewing the progress of the CUAHD project. From my base in West Lafayette, Indiana, it usually takes about one hour thirty

minutes of travel time to the headquarters of our community partner, Indiana Minority Health Coalition (IMHC), located on Meridian Street, where we held most of the meetings.

Through these multiple data sets, a consistent theme across board was the need for a youth-focused heart project that engages youth in culturally appropriate ways of addressing heart disease in minority communities. It is in this context that my interest in working with youth in addressing heart disease emerged, and youth heart health became the centerpiece of my dissertation. The next paragraph provide a sketch about the larger project, Communities and Universities Addressing Health Disparities (CUAHD) and the partnerships involved in the design, implementation, and evaluation of the project over the three year duration (2010-2013).

1.6 The CUAHD Story

The CUAHD collaborated with multiple partners in refining Comparative Effectiveness Research Summary Guides on heart disease (CERSGs) into culturally meaningful forms in two underserved African American communities in Indiana (Lake in Gary Indiana, and Marion County, in Indianapolis). Compiled by the Agency for HealthCare Research and Quality (AHRQ), the guides provide comparative information about heart treatment options as well as costs. The information contained in the CERSGs is aimed at helping heart patients make informed treatment choices. However, the economic purpose is not realized in underserved black populated cities due to low literacy and limited access to the guides. Funded by the Agency for Healthcare Research and Quality (AHRQ), the goals of the $1.5 million grant was to address the gaps by

engaging the communities, consequently improve physician-patient interaction. The next paragraph briefly presents the context within which my dissertation is conducted. Please see detailed information about the site in chapter two.

1.7 Marion County

Marion County is the site of my dissertation study. Located in Indianapolis, the capital of the state of Indiana, Marion is one of the sites where the Communities and Universities Addressing Health Disparities (CUAHD) was implemented 2010-2013 (Please see earlier sections for details about CUAHD). Reputed as the largest of the 92 counties in the State, Marion is comprised of persons from diverse ethnic background, Black/African American (27.4 %), Whites (67.1%), and Hispanic or Latino (9.7%) (U.S. Census Bureau, 1990; 2010; 2012). Marion is an important site for addressing health disparities because of its poor health indicators that are connected to unequal access to healthcare services. Despite its location in the state capital, Marion ranks in the low ebb of the county health rankings (47-84 out of 92) (UWPHI, 2011, IMHC, 2011). The ranking compared health outcomes in the counties over a period of time. The comparison is based on the recent information about illness (morbidity), and death (mortality) among the population. The ranking also provides information about access to healthcare services in the county, socio-economic as well as environmental factors that impact the overall wellbeing of the population.

According to the ranking, minority populations including Blacks merit attention because of the disproportionate inequities they face. For instance, Blacks/African

Americans are among the least uninsured (19.9%). Also blacks experience disparities in educational attainment (81.3%) compared to Whites (87%). Economically, median household income for Black/African and Latino/Hispanic hover around ($31,162), compared to Whites ($50,457). Poverty is quotidian among the black population in Marion. The reports reveal that Blacks living below poverty line is higher (31-25) compared to Whites (11.10%), while the unemployment rate among Blacks in the County is (16.6%), compared to Whites (6.5%) (US. Census Bureau, 2010, 2011, IMHC, 2011

1.8 CUAHD Partnerships

The following paragraphs provide information about the partnerships in the broader project Communities and Universities Addressing Health Disparities (CUAHD), the partners and roles and responsibilities over the duration of the project (2010-2013). In order to situate the youth heart health project, background information about the multiple partnerships in the broader project is necessary.

Consistent with the fundamentals of CCA (Airhihenbuwa,1995;Dutta-Bergman,2004;2005;Dutta,2008), the CUAHD involved collaboration among multiple partners, including Indiana Minority Health Coalition, Media Partners, Lake County Minority Health Coalition, Advisory board members who were drawn from the two communities, and community members. The CUAHD team began by organizing a town hall meeting where the framework of culture-centered approach was unveiled to the community members. The meeting brought together over 40 community members from the two counties. The town hall meeting provided opportunity for community members to ask questions about different aspects of the project, and also presented the opportunity

for the recruitment of advisory board members. The advisory board members comprised of religious leaders, physicians, leaders of not –for- profit organizations all of African American origin.

During the first year of the project, the research team spent considerable amount of time conducting focus group discussions and co-constructed in-depth interviews with community members, held weekly meetings with the advisory board members in planning the next steps of the project. During these multiple data gathering activities, including weekly meetings, in-depth interviews, and focus group discussions, community members consistently emphasized the need to focus on preventive strategies targeted at the youth. Against this backdrop, the PI, Dr. Mohan Dutta, who is my advisor in collaboration with the local partner, Indiana Minority Health Coalition (IMHC) secured funding from the Indiana Clinical and Translational Science Institute (CTSI).The institute promotes academic community engagement and provide grants that support collaborative projects. The $20,000 grant for the project was awarded to Purdue University and its collaborating partner, IMHC in April, 2012. The grant supported the grantees (Purdue and IMHC) in working with the youth at an inner-city location in the State in identifying a heart health problem facing them in their community. Further it supported the grantees in engaging the youth in developing culturally grounded campaign for preventing heart disease among black youth; and in articulating strategies for creating awareness that is consistent with their local context. The project lasted 11 months (summer 2012-May, 2013). In the next paragraph, I discuss the various partners and their roles in the larger grant, as well as roles in the youth project.

1.9 Partners

The following paragraphs provide information about the respective partners in the larger project, their roles and responsibilities as well as roles in the youth project. I start with the community partner, Indiana Minority Health Coalition, its scope and responsibilities in the CUAHD project, the media partner MZD, the selection process, its functions in the CUAHD project as well as roles in the youth project. The section concludes with information about the project site, Crispus Attucks High School. It starts with background information about the school, its selection process and the roles of the school over the duration of the project.

1.9.1 Indiana Minority Health Coalition and MZD

Indiana Minority Health Coalition (IMHC) is a Not- for -Profit organization located in Indianapolis, Indiana. Formed in the 1990s as a grass root effort to address health disparities in its local communities, IMHC gained legal status in 1992,and remain a "unified voice" that attends to minority health concerns across the counties in the state of Indiana (IMHC,2011). It collaborates with external partners and county coalitions in addressing minority issues across the state. IMHC was a sub-grantee in the CUAHD project that partnered with Purdue University in increasing knowledge about Comparative Effectiveness Research Summary Guides (CERSGs) in two African American populated counties in Indiana (Lake in Gary, and Marion in Indianapolis).IMHC seemed a natural fit for the CUAHD project because of its commitment to addressing disparities, which is a key commitment of the culture centered approach. Under the sub-agreement with Purdue, IMHC's responsibilities over the three-

year duration of the CUAHD project (2010-2013), include recruitment of a community organizer and coordination of numerous local meetings, interfacing between the communities and the academic researchers, among other things. The community organizer was the contact person for the CUAHD at IMHC, and served as the liaison between Purdue, the PI, and the CUAHD team. IMHC through its community organizer played key role in the CUAHD project. For instance, through the community organizer, IMHC recruited advisory board members. The board members comprise of different individuals in the community who are committed to health-and other social concerns in the communities. They provided feedback on the overall project design and implementation over the three year duration (2010-2013). IMHC also served as venue for the meetings with community members and the advisory board members among other responsibilities. The meetings were spaces for co-construction of the ideas about the project, and varied from weekly to monthly and quarterly and sometimes on the basis of the need at any given time.

In the youth project, IMHC performed similar functions. Based on the established partnership with Purdue, IMHC is a sub-grantee in the youth heart health project implemented at Crispus Attucks High school in Marion County. IMHC was responsible for the recruitment of a community organizer who served as the liaison between Purdue University, the high school, and the Media Partner. After the partners agreed upon the school selection criteria, the community organizer initiated communication with the school authorities and facilitated my access to the site. In collaboration with the partners,

IMHC scheduled initial meeting between the school, and the partners involved in the project. It is the media partner MZD, and its roles responsibilities I now turn to.

1.9.2 Media partner

MZD emerged as the media partner in the CUAHD project through a competitive bidding process with another Indiana-based advertising agency. During the implementation of the CUAHD, the community members agreed to publicize the activities of CUAHD in the media. To implement the media component of the Communities and Universities Addressing Health Disparities (CUAHD), the academic partner, and the community partners solicited proposals from marketing and promoting agencies. Following the call, two agencies bid and MZD was selected by the communities at two separate meetings in both counties, and from then, MZD became the official marketing, media and communications company responsible for the media component of the CUAHD project.

Reputed as the oldest advertising agency in the state of Indiana, MZD has been in operation for about 50 years. The company recently changed its name to Z Partner, and has its headquarters located in Indianapolis. Through its Director of Multicultural programs, Mr. Troy Julian, the company attended media workshops with community members, listening to ideas proposed by the community members and translated the ideas into tangible and concrete materials for marketing and promotion purposes. It also developed and created images in line with community specifications, designed and printed promotional materials, information cards, organized media briefings, and bought advert space in print and broadcast mediums that were used as channels for publicizing

the CUAHD campaign. Having discussed the role of MZD in the larger CUAHD project, I highlight its roles in the youth project.

In the youth project, MZD performed similar functions. It's Director of multicultural affairs, Mr. Troy Julia attended weekly meetings with the youth and translated their ideas into concrete materials used for promoting heart health among the youth. In the next paragraph, I discuss the school selection process.

1.9.3 Selection of Schools

Since the demographic focus of the research is youth, the site of the research are two high schools located in the inner city with significant population of African American teenagers. Because the project is a two-part design, two schools (a) experimental site (b) control site were selected for the study. The selection criteria of the schools was jointly agreed upon by the academic partner (Purdue University), and the community partner (Indiana Minority Health Coalition). After agreeing to the criteria by both parties, the community organizer contacted the schools and put them in contact with the partners. Although two schools were selected for the overall research design, this ethnographic account of the participatory and organizing process of the campaign was limited to the experimental site only. In the next paragraph, I provide background information about the terms African American/Black.

1.9.4 African Americans and Blacks

The terms African American and Black are used interchangeably in this project to mean citizens of the United States who have at least partial ancestry from any of the native populations of Sub-Saharan Africa. In America, Blacks are grouped into two

categories, African Americans, or African Immigrants. African Americans or Blacks refer to US citizens who have partial ancestry to any of the native populations of Africa, whereas African immigrants refer to persons born in Africa residing in the US. These include naturalized US citizens, permanent residents, and temporary residents including international students from Africa and illegal immigrants. The African continent is ethnically diverse. It consists of 54 countries and is the world's largest and second most populous continent. The population grew to 1 billion in 2009 consisting of 14.7 per cent of the world population (Oguntu, 2010). Worth mentioning is that I am African immigrant and my experience working in underserved black population in the U.S. add to my interest in the subject matter. I attend to this in greater detail in chapter 3. For several reasons, this research primarily focuses on African Americans. The reasons for the focus on African Americans, include changes in dietary habits following their captivity into slavery in the US, and other challenges blacks face due to limited access to health and economic resources in America. The literature review section in chapter two provides information about physical and economic challenges that enable and constrain the health of African Americans in the US. In the following paragraphs, I discuss my broad research agenda and how it fits into the critical health communication scholarship.

1.10 Research Statement

My interest in exploring a culture-centered project that centralizes voices of black youth in addressing heart disease originates from my commitment to a research agenda that is committed to make a difference in the lives of communities. I align myself with critical scholars who counter bureaucratic structures that perpetuate inequities across the

globe. I ask questions about how my work shall contribute to change some of the problems facing the world. I am committed to research program that transcend social scientific 'validity' and addresses problems in real world contexts.

My work resonates with critical cultural health communication approach, a group of scholars who counter Eurocentric logic about disease and interrogate taken-for-granted assumptions about the role of socio-cultural context in shaping the health choices of cultural participants (Airhihenbuwa,1995;Airhihenbuwa & Obregon,2000;Dutta-Bergman, 2004;2005;Dutta,2008). Taken-for-granted assumption is the view that minority populations such as Black youth cannot speak or act for themselves (Guha, 1997; Spivak, 1998, Dutta, 2008; 2011; 2012). In theorizing about taken-for-granted assumptions, culture centered approach draws upon Marxist critical theory to demonstrate the linkages between power and knowledge production (Artz, Macek, & Cloud, 2006; Marx, Engels, & Tucker, 1978). CCA ably demonstrates that economic marginalization is intrinsically tied to erasure from knowledge production.

Historically blacks are alienated from spaces where articulations of diseases prevention are enunciated. Conversely, they are prescribed standards presented as elixir against heart disease by outside experts (Dutta, 2008). Campaigns that purport to address heart disease in black contexts recommend daily consumption of specific servings of fruits and vegetables without attending to the underlying cause of heart disease in black communities. The recommendation of daily consumption of certain servings of fruits and vegetables in underserved African American communities is incongruent with the structural realities that blacks face on daily basis (Airhihenbuwa, 1995; Airhihenbuwa &

Obregon, 2000; Dutta, 2008; Basu & Dutta, 2007). Given that considerable population of black youth are raised in homes that depend on welfare programs for meal vouchers, messages persuading them to consume specific servings of fruits and vegetables is out of touch with their everyday reality (Dutta,2008,Dutta et al,,2008).

Further majority of the families reside in inner cities, a location that presents unique challenges in terms of access to fresh fruits and vegetables due to absence of grocery stores. My co-participants face similar barriers, including the obscure location of their school in inner city surrounded by fast food restaurants that promote dollar menus as healthy and affordable meal options. The situation is compounded by the proliferation of vending machines in different corners of the school.

Drawing upon the health communication discipline, my broad research agenda is to be a part of the critical mass of persons contributing to communicative practices that influence health and policy formulation that ultimately bring about social change at local and global scales. Consistent with this broad agenda, my goal in this project is to understand and document the communicative practices in the planning and execution of a culture-centered campaign that engaged black teenagers whose voices are unheard in traditional health campaigns. The concluding section of this project provides the broad research questions that the project seeks to answer, and overview of the study.

1.10.1 Research Questions

I conclude this opening chapter by providing the three broad research questions this study seek to answer, and the overview of the dissertation. This study seeks to answer the following three broad research questions:

RQ 1: How do culture-centered campaigns develop?

Sub RQ 2: What are the participatory tensions and processes in a CCA campaign?

Sub RQ 3: What does it mean to participate in CCA health campaign?

1.11 Overview of Dissertation

This dissertation consists of five chapters. Chapter 1 provides background information about culture-centered approach (CCA) that is the theoretical framework guiding this project, followed by the rationale for the study. Next, I locate the significance of the study, and project specifics. The concluding section of Chapter 1 present the three broad research questions guiding this study. Chapter 2 reviews the literature on culture-centered approach to health communication and participatory interventions. I consider these relevant because of the overlap between participatory social change processes and CCA. More also, this dissertation is based on academic community partnership; therefore making this connection looking at the differences and the challenges in academic community partnership is warranted. Chapter 3 highlights the methodological tools that I used for data gathering, including how I (a) accessed the research site (b) sample (c) data collection procedures (d) data analysis (e) reliability and validity procedures. Chapter 4 titled analysis and results presents the findings from the field. In this chapter, I lay out the stories from my co-participants. The stories also include my reflexive journals about interactions with co-participants as well as my subjectivities that are connected to my positionality as academic partner. In Chapter 5, titled discussions, I relate my findings to the theoretical and methodological assumptions

of culture centered approach that is the overarching theory guiding this project. I conclude the section with limitations of my study.

CHAPTER 2. LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on culture centered approach (CCA) that is the overarching theory guiding this project, as well as the literature on heart disease among Blacks in the U.S. I begin the chapter with commentary on the role of communication in disease management in U.S., followed by sketch of the dominant model of health communication. Next, I present CCA, and the three research questions that are crucial to my research project and its anticipated contribution to the health communication discipline, and particularly to culture-centered processes. In the concluding section, I unearth the historical and ecological factors that impact the heart of blacks in U.S., and conclude with statement on the nexus between CCA and community engaged research.

2.1.1 Communication and Health

In this paragraph, I examine the role of communication in disease management across the United States. Communication is central to disease management because it shapes material reality, which influence policies that inform program planning and implementation (Bello, 2001; Dutta, 2011; Dutta & Pal, 2010; 2011; Fererre & Tripp, 2006; Frey & Carragee, 2007; George, 2001). As such, unequal access to communicative spaces creates margins that result in the formulation and execution of policies that perpetuates disparities between the rich and the poor Dutta (2012). Against this backdrop, critical

scholars argue that equity and social justice is necessary for social transformation (Basu & Dutta, 2007; Dutta, 2012; 2011; 2008).

In order to properly situate the role of communication in shaping public policy on disease management in the U.S., I present the dominant paradigm of health communication and its characteristics. The discussion of the dominant model provide the background for an understanding of how it has dominated the health communication literature for decades, and largely influenced health policy and programming in the U.S.

2.1.2 Dominant Health Communication

Dominant paradigm refers to persuasion-based theories of health communication that promote universal constructs as criteria for predicting human behavior. The dominant model is foregrounded in biomedical concepts that are based on Eurocentric interpretations that privilege certain ideas over others (Airhihenbuwa, 1995; Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2008). Examples of dominant model include the diffusion of Western notion of wellness in third world spaces, even when such ideas are incongruent with third world cultural contexts. Such cognitive and individual based theories dominate the health communication literature.

Dominant health communication entail the design of health programs and interventions on the basis of set of assumptions about human behaviors believed to be universal. It is called dominant because it dominates the health communication literature and influence health policy and programming in the U.S. Dominant models exemplify

power inequities between the rich and the poor in that only the rich have access to communicative platforms, which "shapes social contexts" in the form of policies that guide operational standards in societies (Lupton,1994;Wilkins & Mody,2001,p.198;Dutta-Bergman,2005;Dutta,2008;2011;2012).

The dominant health communication scholars regard individuals as objects around which the theories revolve (Airhihenbuwa, 1995, Dutta-Bergman, 2004a; 2005; Basu & Dutta, 2007; Dutta, 2008). Examples of dominant health communication include the use of human and behavioral theories such as the theory of reasoned action, the extended parallel process model, the health belief model as basis for the design of health campaign. Such models focus on persuading individuals to change the behavior of communities. An example is the use of theory of reasoned action which postulates that human behaviors are based on the individual's attitude towards the recommended behavior, be it safe sex, smoking cessation, etc. According to TRA, the individual's evaluation of the benefits of the recommended behavior influences his or her decision to adopt the behavior or not (Dutta, 2005). A typical example is a TRA campaign against extramarital sex among Philippines and Thailand young men, who are culturally bound to visit brothels as a rite of passage (Dutta,2005). Another example will be a TRA-guided campaign that seeks to discourage Cambodian men from purchasing sex, a culture that is reputed as crucial for men's relaxation in the evenings (Dutta, 2005). Culture-centered approach argue that such campaigns are out of touch with the cultural mores of local communities, which resonates

with the critique of critical communication scholars about the limitations of dominant models.

Critical health communication scholars fault this individual –level focus on three grounds (a) it negates other factors that impact health including context, culture, and structural constrains, (b) it is cognitively focused and presume that human action is rational. Inherent in the assumption is that access to information leads to change in attitudes; and (c) it is decontextualized, and erroneously presumes that individuals are removed from the geographical and physical contexts within which health behaviors are enacted (Dutta,2008;Dutta & Basu,2007). In the examples cited, TRA ignores the cultural mores of the communities about extra marital sex as rite of passage for men, just as it ignores the collective culture about purchasing sex as relaxation for men in Cambodia (Dutta, 2005).

Critical health communication scholars further argue that dominant health communication theories are entrenched in agendas that serve the dominant structure, adding that it foregrounds medical logics that focus on cause and effect linkages (Dutta-Bergman, 2005; Dutta, 2008; 2011). A typical example is the West-centric logic that knowledge is produced in the West and exported to the Third World, and the notion that knowledge resides within a particular class framed as the experts who seek to enlighten the underprivileged presented as illiterate and uncivilized. Such kinds of health discourse (re)presents disenfranchised communities as passive recipients of medical knowledge from academic experts. Such West-centric frame shapes the understanding of diseases locally,

and consequently influences policies that respond to the global discourses of management of disease in local communities and other parts of the world (Dutta, 2008, 2011). Despite the limitations of its argument, dominant ideologies overwhelmingly dominate the health communication agenda on the assumption that it is "scientific" and "empirically" proven (Dutta, 2008).

2.1.3 Culture in dominant health communication

Dominant health projects present culture as an obstacle to the success of campaigns. It presumes that culture is the locus of the problem and the health problem can be resolved by addressing the cultural obstacles that are found within local communities (Airhihenbuwa & Obregon, 2000; Dutta, 2010).The dominant health communication frame culture as a set of symbols, values that can be predicted, manipulated, and controlled. Typically a dominant approach identifies cultural practices within a group that inhibit members from participating in a set of expert recommended behaviors.

Dominant approaches use various tactics including manipulation to lure cultural participants to accept expert interventions. In doing this, dominant health approach identifies cultural codes, symbols, and concepts such as individualism, collectivism, power, distance, and locus of control as units for comparing cultures across different geographical locations (Dutta, 2008). For ease of such cross-cultural comparison and categorization, individuals from different cultural backgrounds are asked to complete surveys on the

attributes of their culture, and their responses serve as a basis of comparison with other cultures. Airhihenbuwa (1995), and other critical health communication scholars argue that such universal reductionism presents culture as mechanical, a practice that ignores the complexity and fluidity of culture (Airhihenbuwa, 1995, Dutta, 2008).

On the other hand, critical health communication scholars recognize culture as a crucial element in human behavior. They oppose the reduction of culture to predictive behaviors. Critical scholars promote dialogic communication with members of a culture (Dutta, 2008) hence; critical scholars promote the use of open-ended questions in gaining understanding of the meaning of culture from community members. In the context of heart disease among African Americans for instance, dominant health communication would point accusing fingers at individual behaviors of African Americans such as the consumption of certain foods considered unhealthy, sedentary lifestyles within the African American "culture" as risk factors. Consequently, it will seek to tailor "culturally" sensitive messages to persuade Blacks from disengaging from 'risky behaviors.' Critical health communication scholars fault such mode of thinking about culture as reductive.

In this project, the cultural component refers to the experiences of the partners, including Black teenagers, the community organizer, representative of our community partner (IMHC), the media partner, and the Purdue University representatives. Ordinarily, the broad umbrella partners collaborating on a culture-centered heart health project might suffice for representing all the collaborating groups on the project, but from a method

standpoint, critical health communication scholars would argue that grouping African American adolescents together with the other partners might be a generalization that ignores the unique experiences of the adolescents in this project. For instance, African American adolescents have sub-culture and their experiences might be different. Such broad categorization will be equivalent of top down interventions that use broad frames to erase voices of communities at the margins of society. The current project organically evolved from narratives of Black adults who shared their lived experiences in underserved environment. As described earlier (see chapter 1 of this dissertation) through multiple methods, the adults shared the challenges faced by minority groups in terms of access to resources, which adversely impact their overall wellbeing and increased vulnerability to heart disease. Drawing upon lived experiences, they proposed a culture-centered project that engages with the youth to prevent heart disease. Granted the stakeholders are black, their lived experiences with the structures that enable and constrain access to healthcare vary. For instance, the experiences of the community organizer vary from the experience of unemployed community members who have no health insurance, and depend on welfare to feed their families. Culture centered approach advocates listening to the different perspectives for better understanding of the meanings of health and culturally meaningfully solutions to health problems faced by communities at the margins (Dutta, 2008; 2012). Before I present CCA's interrogation of dominant approach, brief definition of key concepts is in order, hence the following paragraphs defines key CCA terms.

2.2 Definition of Culture Centered Approach Concepts

Before I present the culture-centered approach, I attend to the following concepts, power, structure and agency, which are germane in culture-centered processes. In the context of culture-centered approach (CCA), power refers to being in a position of authority. It involves having access to communicative spaces that shape materiality in specific environment (Basu & Dutta, 2007; Dutta, 2008). Contextualized in the Youth Heart project, Black youth lack equal access to discursive platforms where their school meal policies are articulated.

Structure refers to physical and social barriers that enable and constrain the ability of communities at the margins of society from engaging in specific behaviors, including access to healthy meals, or access to health services (Dutta, 2008). In this project, structures includes the obscure location of the high school in inner city surrounded by legion of fast-food restaurants that parade retinue of unhealthy $1 dollar menu's as meal options, the multiplicity of vending machines in corners of the school, as well as school district policies about meal options for inner city schools and the bureaucratic protocol to change the options.

Agency is the inherent capacity of communities at the margins to challenge their conditions of subalternity (Dutta, 2008). By organizing and articulating strategies for addressing heart disease among their peers, Black youth hitherto presented as voiceless in

decisions regarding their meal plans present a counter narrative. I now turn to culture-centered approach and interrogation of mainstream model of health communication.

2.2.1 Culture-Centered Approach and interrogation of mainstream model of Health communication

Health communication discipline center on communicative practices and processes around health and disease (Zoller & Dutta, 2008; Dutta, 2008). The discipline seeks understanding of the communicative processes and practices that shape public understanding and meaning of disease locally and globally, because such meanings influence policies and programs that are geared toward addressing disease and health issues in various contexts (Dutta, 2008). The field of health communication has been dominated by Western and Eurocentric logic about health and illness often described as dominant model (Lupton, 1994; Airhihenbuwa, 1995; Dutta-Berman, 2005; Dutta, 2008; Minkler & Wallerstein, 2003). Such kind of Eurocentric way of thinking about health and illness shaped the use of biomedical approaches in health communication discourse. Dominant models which originated from natural sciences are methods that attempt to predict and control human behaviors on a priori set of assumptions about individual traits. Some of the assumptions are rooted in psychology and media effects. The theories presume that bombarding individuals with health-related information about the risks associated with particular behaviors leads to change in behaviors (Dutta, 2011), but such

kinds of thinking remain questionable on several grounds. For instance, despite the volume of information in circulation about the risks of unhealthy practices, including alcohol consumption, cigarette smoking, and unsafe practices, several people still indulge in the practices. The global HIV/AIDS burden provides example that demonstrates the weakness in such argument. Despite the abundant information in circulation about unsafe sexual practices, many people still engage in unsafe sex practices that are linked to sexually transmitted infections, including HIV/AIDS. This gap between knowledge and action is an indication that other factors might be responsible for human behaviors at different times and locations (Dutta, 2005).

The dominant mode of thinking about health and disease faces criticism by critical health communication scholars who offer alternative rationalities. In their view, the historical, socio-economic, and cultural factors that influence the health behavior of the population are crucial in understanding disease and illness, as such warrant attention (Airhihenbuwa, 1995; Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004; 2005; Basu& Dutta, 2008; Dutta, 2008). Critical cultural health communication scholars promote multidisciplinary views that acknowledge the importance of socio-cultural factors in understanding of disease Dutta-Bergman, 2005; Basu & Dutta, 2007; Dutta, 2008). Noting the weakness of individual models that predict and control human behaviors (Dutta, 2008; Fanon, 1968) point out that such Western lens ignore the cultural, social, and contextual factors that impact disease. Despite the counter narrative presented

by critical scholars about health and illness, considerable research in health communication align with the "dominant approach."

Having provided overview of the health communication literature, in the following section, I examine the implication of the critique of dominant health communication for my project.

2.3 Critical Approach to Health Communication

Central to the argument of critical scholars is the idea that individual and social behavioral theories are inadequate to address the complexity of human problems because of insensitivity to different cultural practices and knowledge systems (Airhihenbuwa, 1995, Airhihenbuwa & Obregon, 2000, Dutta, 2005; 2008). Critical health communication scholars posit that dominant approaches to health communication are linear and Eurocentric in that they neglect the complex ecological factors that impact health of populations at the margins (Dutta-Bergman, 2004). The experiences of communities at the margins of society point to the linkages between access to basic necessities of life such as food, and illness, poverty and disease (Dutta-Bergman, 2004, Basu & Dutta, 2007; Dutta & Basu, 2007). Despite huge resources invested in health programs, the gap between the rich and the poor in terms of access to health resources continue to widen (Viswana & Finnegan, 1995; Viswana & Finnegan, 2002).The failure of the resources invested in healthcare programming across the globe to yield outstanding impact is due to the application of "outside expert" ideas in local communities (Basu &

Dutta, 2007). The poor outcome of the various health programs warranted calls for centering the voices of local communities in problem identification and articulation of corresponding solutions that are congruent with cultural contexts (Basu & Dutta, 2007; Dutta & Basu, 2007; Dutta-Bergman, 2004a; 2004b). I now turn to the intersections between culture centered approach and critical health communication scholarship.

2.4 CCA and Critical Health Communication

As discussed in the earlier sections of this dissertation (refer to the theoretical framework), culture-centered approach CCA (Airhihenbuwa, 1995; Airhihenbuwa &Obregon 2000; Dutta-Bergman, 2004; 2005; Dutta, 2008) centralizes the voices of communities at the margins in problem identification and articulation of corresponding solutions. CCA is a shift from dominant health communication that privilege expert ideas of how health programs should be designed and executed in local communities (Basu & Dutta, 2007). Example of dominant approach is the theory of reasoned action that presupposes that human behavior is dependent on evaluation of the benefits of the recommended behavior. Culture-centered approach counter such proposition on the ground that it undermines the role of environment and socio-economic and cultural factors that impact human behavior (Dutta-Bergman, 2004; 2005; Dutta, 2008, 2011).

Culture-centered approach seeks reversal of knowledge production from the West to the South. It acknowledges the narratives of populations at the margins historically

dismissed as simplistic by dominant health communication. Culture-centered approach resonates with Marxist critical scholars, Subaltern and Postcolonial critiques that power imbalance between the rich and the poor sectors of the globe creates communication marginalization, which perpetuates disparities. Those who occupy higher economic positions in society have greater access to communicative platforms, and through active engagement at these platforms create policies that impact the health and lives of populations at the margins (Airhihenbuwa 1995; Dutta-Bergman, 2003; 2004; Dutta, 2008).Culture centered approach advocates retooling of health communication theorizing that promotes listening to the articulations of populations at the margins of society as entry point for bottom-up approach for equitable health policy and programming across the globe (Basu & Dutta,2009). For culture-centered approach, listening to the voices of cultural participants is crucial for better understanding of meanings of health because meanings are derived through social constructions. The next paragraph discusses the implications of CCA argument for my project.

2.4.1 Implications for my dissertation

The critique offered by critical health communication scholars has considerable significance for my dissertation project. Critical scholars reject and counter the silencing of the voices of minority groups and their cultures from discursive spaces where health policies and development programs are articulated (Airhihenbuwa, 1995, and Dutta, 2008). Critical scholars foreground cultural empowerment as a methodological approach

that takes into consideration the historical, socio-economic, contextual, cultural and political factors that impact the health behaviors of cultural members.

Cultural context is central to the health of cultural participants. An example of the significance of cultural context in shaping health behaviors is seen in the Sonagachi HIV/AIDS campaign that improved safe sex practice among commercial sex workers in India by attending to the socio-economic needs of poverty. By forming a corporative society that provided loans to the sex workers, the scheme empowered CSWs and they rejected male clients who solicited unprotected sex (Jana et al., 1998; Dutta-Bergman, 2005). Critical health communication also differ from dominant model of health communication in that rather than blame individual behaviors for their health challenges, it draws attention to the factors that 'enable and constrain' the ability of community members to react in particular ways. This has huge implication for my dissertation project.

The purpose of my dissertation study is to understand and document participation in the designing and executing of a culture-centered project that creates communicative spaces for high school black youth in Marion County in Indiana in centering heart health messages targeted at their peers.

In this project, the critical component entail paying attention to the historical, socio-economic, contextual and political factors that impact heart health of blacks. I attend to these complex factors in two parts. First, I sought to understand the daily

experiences of African American adolescents as they negotiate survival in low income, stress infested neighborhoods. In the second part, I sought to understand the experiences of black teenagers in participating in a culture-centered project that centered their voices. For this, I paid close attention to the power dynamics that manifested in the partnership among collaborating partners and how they negotiate these tensions.

Power involves occupying a position of authority. It involves having access to communicative platforms that shape material reality (Dutta, 2012; Dutta, 2011). Power plays crucial role in the definition of societal problems and corresponding solutions (Dutta, 2005; Moody 2000; Wilkins & Moody, 2001). For instance, the 'framing' of certain social conditions as challenges by those who occupy powerful positions shapes the kinds of strategies that are legitimized as solutions (Wilkins & Moody, 2001.p3-93).

In this project, power refers to the capacity to dictate how the activities are executed. In my capacity as the academic partner representing the Principal Investigator, I am vested with power to dictate or define how certain actions should be executed. For instance, in dominant persuasive-based health campaigns with focus on how to persuade the youth to consume certain servings of fruits and vegetables, the expert visits the site with established goals and objectives in mind. But in line with the goals of culture-centered approach to serve as "a conduit to build legitimate theory from marginalized spaces" (Dutta, 2005, p.116), I present the voices of black youth. I accomplish this by

listening to the voices of my co-participants (Dutta-Bergan, 2004; Guha & Spivak, 1998; Spivak, 1998).

From a methodological standpoint, culture centered approach (Dutta, 2008) echo the importance of framing the meanings of health on the basis of the everyday experiences and practices of community members. In the present context, broad category like "Heart health among African Americans" may be an accurate representation of heart disease among African Americans in that it focuses on the African American population. However, CCA would argue that culture centering is more nuanced, and critical of broad categories that have been used in the dominant health communication discourse to constrain the possibility of community-based health programming.

Dominant health communication ignores the historical, socio-economic and contextual factors that increase the risks of African Americans suffering from cardiovascular diseases. In this project, I explore the historical, socio-cultural, economic and political factors that impact the heart health of African Americans in U.S. Critical health communication and CCA's argument about looking beyond individual behaviors to broader socio-economic and cultural factors becomes salient. As stated in previous sections of this dissertation, culture-centered approach (Dutta, 2008) is committed to reducing communication inequities between the rich and the poor.

In this project, centering the voices of black youth as they articulate strategies to address heart disease in their environment resonates with CCA's commitment of

addressing communication disparities. The voices of Blacks have been historically erased from discursive spaces where health programs about them are articulated (Dutta, 2008). By centering their voices, this project contributes to reversal of the trend. The following paragraph discusses the cultural contexts that impact the heart health of African Americans.

2.5 Context, historical barriers

African Americans have been historically marginalized from America's main health care system, and their voices have been conspicuously absent from policy circles where programs are articulated (Adelman, 2008; OMHHD, 2008). Dutta (2008) point out that: "most interventions targeting African Americans in America are designed and run by Caucasian scholars trained in theoretical lens that have been articulated by other Caucasian scholars" (p.49)

Other forms of marginalization of African Americans within the United States include denying them access to the social structures, including health clinics, unavailability of economic opportunities in African American neighborhoods that in turn reduce their economic potentials to afford quality health services. Cardiovascular disease disparities faced by African Americans include lack of health facilities, discrimination by health professionals, systemic hypertension (Albert et al.,2009;Powers et al.,2009;IOM,2003;Rosamond,Flegal,Furiel etal.,2007;Agoston,Cameron,Yao et al.,2007;Deswal,Petersen,2004). Combinations of these factors result in poor quality of

life and poor treatment outcome (Albert et al., 2009; Powers et al., 2009; Rosamond, Flegal, Furiel,et al., 2007). Also stress, covert racism and long impact of slavery constitute historical and socio-economic factors that adversely affect the heart health of African Americans (Braithwaithe,et al.,2008).

Consistent stress has been documented to impact psycho-physiological system of blacks due to the release of hydrocortisone hormones that trigger diabetes, and elevated blood pressure associated with heart disease (PBS.2006). Cardiovascular disease has been pinpointed as responsible for differences in mortality between Black and White patients in U.S. (Powers et al., 2009). The vulnerability of Blacks to heart disease is as a result of hypertension; diabetes; stress; and health disparities (Power et al., 2004). Critical argument that historical, socio-economic, cultural, and contextual factors impact health is especially relevant for members of a marginalized population (Airhihenbuwa, 1995; Dutta-Bergman, 2004; 2005; Dutta, 2008). In this project, it is logical to state that economic and contextual factors, including lack of access to healthy diet; poverty constrain the food choices of teenagers over their life-course. Similarly their residential location in inner cities hinder participation in physical activities, resulting in sedentary lifestyle linked to obesity and cardiovascular diseases. Cooper (2009) ably demonstrate the negative impact of socio-economic status as well as cultural context on treatment outcome.

For critical health communication scholars, the question must be asked, how do historical incidents such as slavery, discrimination, racism, and cultural practices impact the heart health of African American adolescents? What role do racism play in the heart health of African American adolescents? How do the American cultures impact the heart health of African Americans, including their dietary patterns? How do the socio-economic class African American teenagers are born impact their heart health? Critical health communication scholars argue that tackling these macro systemic problems that impact the micro and individual lifestyle changes of Blacks provide entry point for addressing the heart health needs of blacks.

In contrast, dominant health communication will focus only on practices, habits and behaviors of African Americans that increase their risk of developing heart disease (Airhihenbuwa, 1995; Dutta-Bergman, 2005; Dutta, 2008). Precisely, this individual focus is the core of critical argument. Such focus signifies a scientific / medical approach that is reductionist. Reductionism involves simplifying a complex idea, issue, condition, or the like, especially to the point of minimizing, obscuring, or distorting it. Reductionism is an approach to understanding the nature of complex things by reducing them to the interactions of their parts (Jones, 2000).

Critical scholars point out that investigating how historical factors impact the heart health of African American adolescents' is fundamental, because human development, including aging, and susceptibility to particular kinds of ailments are

intertwined to life-course. Such holistic understanding is particularly important in the African American population, because they experience development differently in the US due to socio-economic, structural and cultural conditions (Dressler & Bindon, 2000; Jackson & Antonucci, 2005). Such negative experiences adversely affect the overall well-being of black teenagers.

Critical ideology is different from the dominant health communication approach in that in seeking to empower marginalized community members, the former sees them as active participants in designing their health agenda. CCA restores the power to decide its agenda into the hands of the community from the dominant experts who hitherto set health agendas for Blacks (Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2008).

Furthermore, Culture centered communication scholars posit that exploring the problem of heart disease among African adolescents from "another" lens provide greater insight and holistic understanding of the disease. An example is using a grounded perspective in exploring the condition (Karnik, 2001). Grounded perspective entails understanding of a problem by looking at the relationship between the environment and the lived experiences of cultural participants (Denzin & Lincoln, 1998; Strauss & Corbin, 1997).

A typical example of a structural barrier that impacts the health of African American's heart health is incarceration rates and differential policing in low income

African American neighborhoods (Braithwaite, et al., 2008). Such difference signify institutional barriers and social organizing processes that 'enable and constrain' the capacity of community members in gaining equal access to material resources for their livelihood, which impacts their health (Dutta, 2008; 2011). Incarcerated black youth lose chances of advancing their career because of ex-felon status that delegitimizes their access to student loans required for studies and career growth (Dutta, 2012). The experience negatively impacts their access to health services because good health insurance is tied to having a good job in America.

For culture centered approach, understanding this linkage is crucial, because it is through communication that health policy agendas are formulated. Health communication sets the agenda for policy formulation. It is through articulation of the nexus among historical, cultural, socio-economic and political factors that dominant health communication agenda can be disrupted, ultimately creating space for marginalized population to be invited to policy platforms to participate in discussing policies that impact their health (Dutta, 2008; and Dutta, 2010).

2.6 Theoretical Framework: Culture-Centered Approach to Health Communication

Culture-centered approach to health communication (CCA) is the overall theory guiding this project and theorizes about participation. With roots in Marxist Critical, Postcolonial and Subaltern Studies project, CCA promotes equity and social justice as

quint essential for social change (Dutta-Bergman, 2005; Basu & Dutta, 2007; Dutta, 2008; 2011; 2012). CCA advocates creation of equitable communication platform between the rich and communities at the margins as starting point for sustainable social change. It promotes authentic engagement of communities in problem identification and articulation of meaningful solutions (Dutta 2008). Further, CCA ruptures West-centric framing of disease and illness by opening up spaces for listening to alternative rationalities about the meaning of disease and illness. Culture centered approach is a reaction to the failure of dominant approaches to health communication that ignore structural barriers that negatively impact health of cultural members (Airhihenbuwa,1995;Airhihenbuwa & Obregon,2000;Dutta-Bergeman,2005;Basu & Dutta,2007;Dutta,2008). Dominant approaches refer to Eurocentric health communication theories such as the planned behavior theory, theory of reasoned action, diffusion of innovation theories that target individual behavior changes instead of addressing socio-economic and structural barriers that hinder social change in communities (Dutta, 2008).

In contrast, CCA seeks to disrupt structural barriers in social systems that create marginalization in societies (Dutta, 2010). Central to CCA is listening to the voices and lived experiences of marginalized population whose voices are conspicuously absent from discursive spaces. (Dutta, 2008). Culture centered approach foregrounds the centrality of culture, structure and agency in shaping communicative practices with the

social system (Dutta-Bergman, 2005; 2008). Culture is the dynamic material and non-tangible attributes and practices of a community. Structure is the social and institutional parameters that shape and dictate the material and non-material resources within social systems, while agency is the inherent capacity of cultural members to accept or resist the structure. I attend to these concepts in greater detail later in this dissertation. Culture centered approach argue that interplay among these three concepts is crucial for social change, therefore CCA scholars pay attention to these different, yet interrelated concepts that continually shape social change processes in societies.

2.7 Culture centered literature

Considerable CCA literature have focused on the socio-economic, political and structural barriers that marginalize voices of underserved communities from knowledge spaces (Dutta, 2008). CCA scholars document the intersections among structure, marginalization, poverty, disease and health in various contexts (Dutta-Bergman, 2004a; 2004b, Basu & Dutta, 2007; Dutta & de Souza, 2009, Basu & Dutta, 2009; and de Souza 2010). Dutta, (2004a; 2004b) highlight the various ways structural barriers perpetuate poverty, exacerbate hunger and disease among the Santali's in West Began, India. Dutta's piece demonstrate that meanings are socially constructed through dialogue. Similarly Dutta (2004b) discusses the multiple lenses through which Santali's interpret disease and illness. He outlines the socio-economic and political barriers that impede the

Santali's access to education and health resources. In a related context Basu & Dutta (2007) document how structural barriers inhibit the health of tribes in India. Dutta & de Souza (2008) discuss the significance of culture, structure, socio-political and historical factors in the understanding of disease. The authors interrogate taken-for-granted assumptions about history of knowledge production and how it impacts what is reputed as authentic knowledge that is transferred across generations.

Dutta & Basu (2008) document the material inequities that sex workers in India negotiate daily to survive. The piece embody layers of structural barriers, including economic factors that prevent sex workers from using condoms during transactional sex with male clients. Rather than distribute condoms that is the norm in dominant projects, the project paid attention to CSWs to understand the specific challenges faced by them, consequently increased condom use among the CSWs community. The Sonogachi project was successful because it attended to the structural barriers that impacted the health decisions of CSWs Dutta & Basu's (2008). Sonogachi remain a reference point for successful culture centered project and echo the umbilical link between poverty and health disparities. Contrary to their representation as 'agency-less' by the dominant approach, commercial sex workers served as 'experts' in the Sonagachi project. Their expert knowledge revealed that poverty was the underlying factor against unprotected sex among the sex worker community. Consequently, they formed a corporative society that provided economic support in the form of micro credit loans to their members. Their

economic empowerment enabled the sex workers to reject male clients who insisted on unprotected sex, and increased safe sex practices among the sex worker community.

The Sonagachi project relates to key argument of culture-centered approach that structural inequities accounts for health disparities between the rich and the poor (Dutta, 2011; 2012). The Sonagachi project resonates with my dissertation project. Similar to the marginalization of CSWs in India, Blacks are marginalized from discursive spaces where policies about their health are articulated (Dutta, 2008).The marginalization of Blacks from discursive spaces is reminiscent of CCA's argument that social class creates communicative inequities across the globe.

In addition to erasure from policy platforms where food choices for their school districts are decided, inner city public schools are surrounded by a litany of fast restaurants that parade one dollar menu as healthy options for the youth from families that depend on government social programs, including food stamps for food. Meaningful health programming need to pay attention to the contexts because it impacts the knowledge, attitude of cultural members and also shapes their access to health services (Airhihenbuwa 1995; Dutta-Bergman, 2004; 2005; Basu & Dutta, 2007; Dutta, 2008). The low economic background of black youth limit their ability to reject the one dollar food choices.

In summing up, the structural barriers faced by the Black youth at an inner city school, poor economic background, and physical location of school present challenges

similar to CSWs in Sonagachi, India. Their geographical location may be different, they are faced with similar structural, economic challenges. Given the similarities in terms of characteristics between both populations, this project paid attention to the ways the structures enable and constrain the heart health of the black youth in Marion County, Indiana.

The Sonagachi piece stimulated considerable interest among critical health communication scholars about the different ways structures enable and constrain the health of populations at the margins. Following its publication, other health communication scholars have focused on institutional, social, material and structural factors that hinder the success of several policies and health campaigns (See Dutta-Bergman,2004; de Souza,2010;Basu & Dutta,2007;Dutta,Anaele,& Jones,2010;Yehya & Dutta,2010;& de Souza,2009).

Yehya & Dutta (2010) report the interplay between religion and health among Druze elderly women in Lebanon. Their work add to the culture-centered literature in that it offers entry point for listening to the Druze sect whose voices have been conspicuously absent from the mainstream religious discourse in Lebanon due to religious minority status. It offers alternative meanings about health showing how religion inform health meanings and health choices. In another study Dutta (2008) citing the example of Ayurveda document how religious beliefs inform health behaviors and health choices of cultural members. In yet another study, Dutta-Bergman (2004) explore the meanings of

health among marginalized tribal populations in India, and demonstrate that health behaviors are "embedded" around cultural context. Again, this piece expose large scale marginalization of tribal populations in India. The study reveal inequitable access to health resources experienced by the tribes in India (Dutta-Bergman, 2004; Basu & Dutta, 2007).Similarly Basu & Dutta (2007) report the intersections of physical location, and socio-economic factors impact the health of tribal populations in rural India. The authors demonstrate that geographical location of rural populations in India limit access to medical services, education, and in turn shape how they attended to health and illness. Their work resonate with CCA's argument that context inform health choices of cultural participants (Dutta, 2008).

2.8 Filling gaps in CCA literature

While considerable attention has been paid to disrupting structural barriers that erase the voices of the underprivileged in societies, there is scant literature in understanding and documenting the processes in CCA projects. Dutta and Basu (2009), and de Souza (2009) discuss the importance of dialogue and community participation in the context of HIV/AIDS in India. Specifically, Dutta and Basu examine strategies employed by sex workers in designing their communication about HIV/AIDS. Similarly, de Souza (2009) examine how a local not for profit in India promotes participation in the context of HIV/AIDS. She discusses four communicative strategies that enhance

community participation, including collectivism, capacity building, education support, and sensitization.

My dissertation project builds on Dutta & Basu's (2009), and de Souza's (2009) work in understanding how CCA projects evolve and how participation is enacted. For instance, how do CCA health projects emerge? What are the communicative practices that take place in a CCA campaign? What does it mean to participate in a CCA project? What are the tensions and processes in a CCA campaign? What do researchers need to know before embarking upon a CCA project? What kinds of preparations are required for a CCA project to be successful?

Worthy of documentation also is how the researcher negotiates the power relations with other partners in a CCA project, including the power to dictate how things are done on the project (Dutta et al., in Dutta & Kreps Eds., 2013). This is particularly interesting because of the conflict of interest between community expectations and research agenda of academic partners. Often times academic partners focus on the research agenda that conflict with community expectations. Given CCA's emphasis on community ownership, it is useful to document how the researcher navigates these issues in CCA grounded project. For instance, Community- Based Participatory Research (CBPR) which shares some elements of community partnership with CCA stipulates principles that guide the design of a CBPR. These core principles also serve as evaluative parameters for a CBPR project.

Due to the organic nature of CCA projects, such template is not available for CCA scholars. The absence of such template does not imply that there are no challenges, nor lessons to be learned in CCA processes. It is this gap in knowledge about the processes in CCA campaign that I hope to fill in this dissertation. In a sense, this is an analysis of CCA processes. It is by understanding and documenting this complex web of meanings, tensions and processes inherent in a CCA project that future scholars will become knowledgeable about the challenges, barriers, obstacles that are experienced in a CCA project. Such understanding is particularly relevant given the global trend toward patient centered care. The failure of top down interventions in health services delivery has led to renewed interest in patients' involvement in treatment decisions.

Further, understanding and documenting CCA processes merits attention for several additional reasons. Health communication shapes the agenda of future health policies and interventions geared towards the implementation of the policies (Airhihenbuwa, 2007; Dutta, 2008, Dutta & Zoller 2008). Communication plays crucial function in knowledge creation and articulation of values that guide health policies: "Communication represents the undeniable nexus in the production, acquisition, and distribution of knowledge across the globe. It is through communication that knowledge gets represented globally, and the values attached to it are circulated in the realms of developing policies and interventions targeting global health problems" (Dutta & Pal, 2010, p.2).

Documenting CCA's process is important because of the apolitical nature of the academe. For instance the dominant health communication theories are foregrounded with agendas that serve the dominant structure. A typical example is the West-centric logic that knowledge is produced in the West and exported to the Third Word, and the notion that knowledge resides within a particular class framed as the experts who seek to enlighten the underprivileged who are illiterate and uncivilized. Such kind of colonial discourse (re)presents marginalized populations as passive recipients of medical knowledge from the academic experts. Such West-centric frame shapes the understanding of diseases locally, and consequently influences local policies in marginalized spaces (Dutta, 2008, Dutta, 2011, and Airhihenbuwa, 1995). Culture-centered approach seeks to disrupt such West-centric framing of disease and illness by opening up spaces for listening to alternative rationalities about the meaning of disease and illness. As stated earlier (see chapter 1), by listening to the voices of black youth as they articulate culturally meaningful strategies for addressing heart disease in their local context, this project contributes to re-presentation of black youth as voiceless. Providing communicative space for black youth to engage in conversation about their health agenda is consistent with critical cultural communication scholarship to open up new possibilities for theorizing about health and illness (Dutta, 2005). Consistent with critical scholarship, this project promises to "generate critical consciousness" among underserved black youth, and will consequently stimulate active engagement on health and other projects

(Freire, 1970; Dutta, 2005). Stimulating critical consciousness among resource-deprived communities is an important step in theory and practice of new possibilities for health communication (Dutta, 2005; Freire, 1970). In addition to providing the context for unravelling how culture-centered projects unfold, this project provide insight about the contentious process of putting ideas together in culture-centered academic community partnerships.

2.8.1 Structure

In culture centered approach, structure refers to the social barriers that "constrain and enable" the ability of community members from gaining access to material resources needed for their daily survival. It consists of the rules and regulations that determine access to essential services (Dutta 2011). Some of these include availability of transportation services, availability of clinics, and shelters that are necessary for human survival. A typical example is the identification criteria for accessing food from government supported pantries in America. Government supported food pantries that are meant to serve the hungry and food insecure require identification from community members who are hungry to access food from the pantries. Unfortunately, a majority of the hungry and food insecure have no form of identification as some of them are homeless, or ex-felons who are struggling to settle back into the community after completing their jail terms. In this instance, the identification criterion for accessing food becomes a social structure that constrain the hungry and food insecure from accessing

food. Structure also refers to the distribution of material resources within social systems. For instance, persons within a particular locality have access to resources than others and such inequitable access to resources perpetuates marginalization. Unequal distribution of resources further marginalizes underserved communities (Dutta, 2008). CCA scholarship perceive structure as a two edged sword. On one hand it inhibits community members from gaining access to material needs, on the other; it creates opportunity for community members to challenge these structures ultimately opening up spaces for social transformation and change (Dutta, 2008).

In this project, structure is viewed from multiple perspectives. On one hand, it represents socio-economic factors including poverty level that prevent adolescents from eating healthy meals that prevent heart disease at the family level. Contextually, living in an unsafe environment is another factor that negatively impact the ability of black teenagers in Marion from engaging in physical activity.

Another level of structure in this project explores how the university and academic structures interact with the youth and their ideas. Given that my dissertation project is foregrounded in culture centered methodology, I document how larger university structures impact the project partnership. For instance, how much is the researcher willing to let go its 'expert' knowledge for the adolescent's will and decisions to drive the project.

2.8.2 Culture

The need to examine the significance of culture in contemporary health communication has never been greater. The movement of persons across boundaries and the different shades of meanings they attach to health have warranted scholarly interest in culture (Dutta, 2008).The commingling of human population has led to the multiplication of multicultural and diversity programs in health communication (Dutta,2008;Airhihenbuwa,1995;Dutta-Bergman 2004a,2004b,2005a,2005b;Dutta 2007;Dutta and Basu, 2007).These multiple diversity projects are geared towards attending to the needs of this global population.

Culture refers to the totality of the people's way of life. For CCA, culture is the dynamic and local contexts within which meanings are negotiated by members of a given community. For CCA, culture shapes, and influences the values of a community and the meanings and interpretations attached to such values. According to Dutta (2008) the ways in which community members conceptualize health is shaped by their culture. Put differently, culture shapes and influences the beliefs, values and practices within a population and meanings attached to the values and practices. In this sense, culture is central to health communication because in order to design culturally relevant project, listening to the views of community is an important first step.

In dominant health projects culture is presented as a barrier to the success of interventions. The implicit assumption in such West-centric discourse is that culture

remains the locus of the problem and the health problem can be solved by addressing the cultural barriers that traditionally exist within local communities (Arhihenbuwa's & Obregon, 2000; Dutta, 2010).

In contrast, CCA believes that culture is an important determiner of human behavior. In this project, the cultural component comprise of the experiences of the partners, including black teenagers, representatives of the community organizer (IMHC), the media partner and the Purdue university representative. Black teenagers have sub-culture and their experiences might be different from other partners, hence warrant attention.

2.8.3 Agency

Agency is the inherent capacity of community members to negotiate their way in the circumstances they find themselves. It is the various processes through which community members engage with the structures daily (Dutta 2008). Again the food insecurity example is useful here. How do the hungry and food insecure negotiate and challenge the stipulation that they must produce identification before accessing food from the pantries? How do they challenge and disrupt such stipulations? It is through their agentic capacity that they resist such rules that require them to produce identity before getting food from the pantries. By challenging such stipulations, they bring about meaningful changes to the structure that inhibit and constrain their ability to gain access to food

A fundamental difference between CCA and dominant interventions is that CCA provides opportunity for listening to the voices of groups. In the context of health interventions, CCA assumes that listening and respecting the views of community participants helps to restore their powers to shape their own health agendas. In this project, I document how the project fosters communicative space for adolescents in enacting agency to determine a health agenda for their peers. Through this ethnographic documentation, this project illustrate what it means to foster participatory space in a CCA project.

2.8.4 Interconnections between culture, structure and agency

There is considerable nexus among structure, culture and agency. Structural constraints and barriers are visible through cultural contexts. The lived experiences of community members serve as a lens for understanding the unequal distribution of essential services within a context. Culture also offers a platform for unpacking the web of inequities within a social structure. It is through articulation of the everyday lived experiences and narratives of cultural members that lead to public awareness about the level of marginalization, ultimately leading to social transformation (Wang and Burris) cited in (Dutta 2008).

Similarly, agency is exhibited by community members as they engage with the challenges posed by the structures. Individuals within the community interact with each other through cultural symbols and through the meanings attached to the symbols

marginalized groups are able to challenge the structures. In this sense, culture, structure and agency overlap meaningfully. It is by unpacking these complex webs of interactions among the concepts that the limitations of traditional health communications campaigns can be exposed.

The concept of culture, structure and agency is particularly relevant for my project in the sense that traditional campaigns ignore voices of teenagers in the designing of a campaign targeted at them. Rather dominant projects rely on academic experts for designing of what it considers appropriate for Black youth. In the present study, Black youth made decisions they consider relevant in passing out heart health preventive messages to their peers. This is in keeping with researches which demonstrate that culture-centered projects that are community driven are sustainable (Basu & Dutta, 200; 2009; Dutta, 2008; Dutta & Basnyat, 2008).

2.9 Present Project

The goal of my dissertation is to understand and document the communicative processes of a culture-centered health campaign that addresses heart health needs among Black youth in an inner city high school in Marion County in Indiana. The broad theoretical framework guiding this project is Culture centered approach (CCA). Rooted in critical cultural and subaltern studies, it advocates equity and social justice as crucial for addressing inequalities, just as it promotes listening to alternative rationalities about illness and disease. For CCA listening to the voices of communities at the margins of

society is necessary for sustainable health programming (Dutta-Bergman, 2004a, 2004b; Basu & Dutta, 2007; Dutta, 2008, 2009).

The current research site, Marion County has considerable population of African American who suffer from heart disease that is linked to long years of disenfranchisement. The culture-centered heart health campaign is a collaborative work between four partners, including Purdue University, representing the academic partner, Indiana Minority Health Coalition, representing the community partner, MZD the media partner, and adolescents from an inner city Black populated high school in Marion County who served as peer leaders for the project.

Purdue University collaborated with the media and community partners in the creation of resources and in the development of community capacities that allowed black teenagers develop media materials on heart disease prevention that worked for their peers. Following the development of health promotion materials by the youth, the peer leaders disseminated the materials among their peers at the school. This project demonstrates the value of community-driven CCA project as a viable mechanism for impacting the health of underserved populations through local partnerships.

This dissertation focus specifically in understanding the processes of this culture-centered campaign partnership, and documenting the participatory tensions and experiences of all the participants, including the media partners, Purdue representatives, IMHC and the peer leaders. CCA criticizes dominant theories for focusing on changing

cognitive psyche, beliefs and attitudes, while neglecting structural challenges that hinder community members from participating in desired activities(Airhihenbuwa 1995; Basu & Dutta, 2007; Dutta, 2008; Lupton, 1994; (Basu & Dutta, 2007; Dutta & Zoller, 2008; Dutta-Bergman, 2004a, 2004b; Lupton, 1994; Yehya & Dutta, 20100)

My study explores the designing and execution of a CCA health campaign. Through exploration of CCA processes that we gain better understanding of how CCA differs from the dominant approach to health campaign that it critiques. Ultimately, the goal of my dissertation is to gain an understanding of culture-centered health campaigns and processes that will serve as useful tool for designing and implementation of future CCA-projects. In this project, attending to power imbalance is an inescapable task. Therefore, my broad research questions are:

RQ 1: How do culture-centered campaigns develop?

Sub RQ 2: What are the participatory tensions and processes in a CCA campaign?

Sub RQ 3: What does it mean to participate in CCA health campaign?

2.10 Unearthing historical and socio-economic factors of black heart health

Having examined the culture centered literature and overview of my research, I discuss the socio and historical contexts that impact the health of black teenagers in the U.S. I envision that through understanding the historical, socio-economic, political, and contextual factors that impact the heart health of black teenagers will lead to the design

of culturally centered health campaign projects that truly engage community members and ultimately lead to structural changes with respect to heart health experiences of African Americans reputed as "endangered species" in dominant health campaign discourse. I begin by providing background information and justification for examining the socio-cultural context of a disease. Worth noting at this point is the overlap among the factors. For instance, being born African American presents the adolescents with particular racial identity that is synonymous with inferiority. Similarly, being born in low income neighborhood impacts the kinds of foods individuals gain access to; the same way the environment determines the kind of school system an individual is permitted to attend. Accordingly, the kind of education teenagers receive influences the likelihood of career progression, which is ultimately tied to overall wellbeing. I attend to this dynamic intersection in greater detail later in this dissertation.

2.11 Context

Context refers to the social environment or situation within which actions are enacted. It involves the setting, time, place, and the social, political structural configurations that influence human actions (Wodak & Chilton, 2005). In articulating the significance of context in the understanding of disease, Treichler's (1999) view about semiotic understanding of disease which tally with broad health communication emphasis on signification and meaning is useful (Dutta, 2011). Drawing upon Treichler's (1999) semiotic understanding of disease, context becomes crucial in exploring heart disease

among African American adolescent population. Semiotic involves understanding the socio-cultural meanings, including economic and contextual factors that impact disease. As Treichler noted, it is by understanding these webs of meanings associated with a disease that effective health interventions can be designed and implemented. In a sense, tackling a disease without looking at the socio-cultural factors will be merely cosmetic. In her view, the socio-cultural meaning outweigh the medical understanding.

In line with the culture-centered approach, and its emphasis on understanding the historical and socio-cultural factors that impact disease (Dutta, 2008), in this section of my dissertation, I discuss socio-cultural and contextual factors that enable and constrain the agency of black teenagers with respect to cardiovascular disease in Marion County. Having justified the impetus for exploring the socio-cultural factors, in the following section, I begin by examining these factors in detail.

2.11.1 Research Site

In the culture-centered approach that is the broad theoretical framework guiding this project, context is very important because it helps to situate culture, structure and agency in a localized setting. Further, context is crucial because it provides the material space for locating how particular forms of oppression are enacted and the continual community struggles to resist such forms of marginalization. In this sense, context is quintessential in understanding how the core tenets of CCA are enacted and resisted

among a particular population. The site for this research project is Marion County in Indianapolis.

2.11.1.1 Marion County

For several reasons, Marion County provides an important site for exploring the socio-economic and contextual factors that impact heart health among African Americans. For instance, Marion and Lake counties in Indianapolis recorded the highest number of cardiovascular disease in the U.S. in 2009 (AHRQ, 2010)

African Americans have been historically marginalized and disenfranchised in the America's health care system (Adelman, 2008; OMHHD, 2008). The exploitation of blacks in America during the years of slavery negatively impact their health. Notable exploitation of blacks include hunger and starvation, as well as stress. In Marion county for example, Blacks remain twice as likely as Whites to die of diabetes in 2008 (25.6 per 100,000 versus 11.8 per 100.00 for whites or 209 per cent higher) (Per Indiana health report). The difference between blacks and Whites manifest in the health of adolescents, "Black adolescents 18-24 have 2-3 times greater chances of developing diabetes than other age groups" (Indiana health report, 2009). It has been documented that the risks of cardiovascular and cerebrovascular diseases are 2-4 times higher among individuals with diabetes, hence it is logical to reason that heart disease, including stroke, heart-related deaths are also higher among black population. I now proceed to examining the

historical, socio-economic, and contextual factors that impact the health of African Americans beginning with the concept of structure.

2.11.2 Structure

For CCA, structure refers to the institutional barriers and social organizing processes that restrict and constrain the capacity of community members in gaining equal access to material resources for their livelihood (Dutta, 2008). Structures include transportation services, availability of health care services, such as clinics, the structure of health insurance, shelters among others. In the context of heart disease among African American adolescents, one cannot ignore the ways in which the structural barriers constrain their capacity, and the ways they negotiate the system. I am starting with an intriguing quotation from Braithwaite, Taylor,& Treadwell (2008) about the incarceration rate of African adolescents in the juvenile justice system that speaks to the magnitude of the struggle black adolescents' face and the relationship with heart diseases: "Despite being less than 15 percent of the total youth population, African Americans represented 58 percent of youth admitted to state adult prison, account for almost 40 percent of the placement population, and have consistently had the highest rates of placement of all groups" (Braithwaite, Taylor,& Treadwell,2008,p.42).

Alluding to the magnitude of the problem, and the number of African Americans incarcerated in US prisons, the authors linked the trend to differential police policies and practices targeted at low income neighborhoods of African Americans, where youths sell

drugs on the street corners. While the incarceration of African Americans may not have direct relationship with cardiovascular disease, incarceration of teens is a stressor. Stress triggers hydrocortisone hormones in human body that negatively impact the cardiovascular system, including the development of heart disease (PBS, 2006). Against this backdrop, it is logical to conclude that the differential policing and incarceration of African American adolescents in low income neighborhoods adversely impact heart health of black teenagers.

2.11.3 Slavery

The marginalization of African Americans in the U.S. health care system dates back to the era of slavery. Famous anthropology scholar W.E.B DuBois was among the first persons who documented that the high incidence of morbidity and mortality of African Americans is due to marginalization and racial discrimination of blacks in America's social system. Du Bois's (1906) seminal research The Health and Physique of the Negro American marked a turning point in the misconception that the poor health of African Americans was genetic. Subsequently, he revealed that racial discrimination against blacks, lack of economic opportunities negatively impacted the health of African Americans in the U.S., pointing out that the health of African Americans will improve if their social and economic conditions improve (1899). Accordingly, Zuberi (2000) noted that, Du Bois's research: "provided a fundamental critique to both Social Darwinism and eugenic thought" quoted in Taylor and Treadwell (2008). Dubois's piece remain a

reference point for understanding the historical, socio-economic and contextual factors that impact the health of blacks in the United States.

Following Dubois's seminal piece, participants at the conference for the study of Negro Problems in 1906 reaffirmed the primacy of social factors with respect to the poor health of African Americans. Accordingly, the participants reiterated the need to improve the social conditions of African Americans (Braithwaite, Taylor, Treadwell, 2008). Similarly, Alexander & Simpson (1935) demonstrate the nexus between health and social economic status of African Americans. The four part study document the overlap between racism, socio-economic factors, and the poor health of African Americans. The authors note the umbilical links between political and social practices and the health of African Americans. According to the authors, the high morbidity and mortality among African American community was connected to their living conditions, including inadequate housing, limited access to education and unemployment. The authors also document racial discrimination and segregation against blacks in hospital settings as inhibitive factors to the health of Blacks.

Black children and adolescents bear the brunt of health disparities in America in multiple layers. For instance, America ranks 29 lowest in global infant mortality, due to racial and ethnic disparities, particularly African Americans (Infant mortality is the possibility of a baby's survival within the first few years of birth (Martin et al., 2007). High infant mortality and low birth weight that characterize the African population are

attributed to poor nutrition, stress, lack of access to prenatal care, diabetes, and other living conditions that are transferred to the baby in uterus (Office of Minority Health & Health Disparities, 2007).This implies that African American babies are susceptible to low birth weight that is a precursor for other health complications in their adolescent age, including heart problems.

2.11.4 Incarceration

Incarceration is another structural barrier that impacts the heart health of African Americans in America. The rate of incarceration among African American or black men is disproportionately high compared to other races in America. Frey and Carragee (2007) reported that in 2003, 4,834 African American men out of every 100,000 were incarcerated, compared to 1,778 Hispanic men out of every 100,000 and 681 non-Hispanic White men out of every 100,000. The statistic means that about 10 per cent of all African American men in their 20s and 30s were incarcerated in 2002. Similarly, Pollock (2002) reported that most of the women incarcerated in federal and state prisons were single mothers of color who were raised in single parent houses. According to these studies, 52 per cent of incarcerated women are blacks (Human Rights Watch, 1996; Pollock, 2002).

This statistic is worrisome given that African American females constitute only 14 per cent of Americans population. Incarceration of young blacks truncates their advancement in the economic ladder, and consequently leads to multiple negative

problems that are correlated to heart disease. For example, unemployment is correlated to stress, and stress triggers changes in psycho-physiological changes that impact heart health. Also, unemployment has direct relationship with dietary pattern. An unemployed individual lacks the economic power to afford healthy foods, and consumption of unhealthy foods over a long period of time leads to disease complications including diabetes, high blood pressure that ultimately lead to heart disease. The burden of African Americans is further complicated by the fact that they are either un- or underinsured, and without proper insurance, access to quality healthcare services is limited.

Incarceration of African Americans negatively impact their health as well as their families. The negative impact, include physical, and psychological resulting from separation from families. Ritchie (2002) document that 75 per cent of female inmates had children at the age of 18. These rates of incarceration of both male and female African Americans is a trend that consistently impacts black families, including adolescents and their heart health. According to a recent study, 66 per cent of African Americans live in single parent homes. Adolescents born and raised in single family homes, or low income neighborhood have limited access to good health insurance because health insurance is connected to having a good job in America. Such low socio-economic status results in in-access to quality health care when the need arise because single parents often cannot afford the needed care.

Related to access to quality health care services is food. It is expensive to purchase quality foods. Black parents and guardians who cannot afford quality food settle for cheap, unhealthy meals for the family. Poor nutrition leads to poor health over time. An example from underserved communities in the Communities and Universities Addressing Health Disparities project will help to illuminate the challenges faced by Black families. During the project, a community member shared how she fed her grandchildren with pig feet and intestine. Feeding children with such foods will follow them to adulthood, and may impact overall wellbeing. The narrative exemplify the nexus between structure, poverty, and health of black adolescents in U.S. In summing up this section, racism, differential policing, incarceration of blacks and socio-economic factors impact the health of black teenagers.

2.11.5 Socio-economic status

As stated, the overall family income directly impacts the family feeding habits. Family income dictates the type of health insurance provided for the children, just as it dictates the family's meal choices. The epochal movie titled "Unnatural causes: Is inequality making us sick?" PBS documents the direct relationship between socio-economic status and health. The documentary illuminates the umbilical links between healthy bodies, healthy bank accounts and skin color. The documentary uses Louisville, Kentucky, as a site for highlighting why certain individuals have higher chances of

falling sick, as well as how patterns of health and illness reflect underlying patterns of class and racial inequities (PBS, 2006).

The documentary uses the persona of a CEO, a lab supervisor, a janitor, and an unemployed mother to illustrate how class shapes good health. According to the documentary, those on the top have the most access to power, resources and opportunity – and thus the best health, while those on the bottom are faced with more stressors – unpaid bills, jobs that don't pay enough, unsafe living conditions, exposure to environmental hazards, because of lack of control over work and schedule, worries over children – and the fewest resources available to help them cope.

Ultimately, the consequence is a health-wealth gradient, in which every descending rung of the socioeconomic ladder corresponds to worse health. In the documentary, Louisville Metro Public Health Department data maps revealed 5- and 10-year gaps in life expectancy between the city's rich, middle and working-class neighborhoods. Particularly intriguing in the documentary is the revelation that racial inequality imposed an additional burden on people of color.

Socio-economic (SES) has been implicated as a factor that impact a range of diseases, including coronary heart disease, diabetes, cerebrovascular disease (Hayward, Crimimius, Miles,& Yang,2000;Huquet,Kaplan,&Ferry,2008;Shirley,&Wilson,2008). A comparison of the socio-economic class and access to health conducted by the Agency for Healthcare Research and Quality also provided evidence that the gap between the rich

and the poor also widens their access to quality care. According to the report titled the Gini index, the gap between the rich and the poor with respect to access to quality health care services increased by over 40 per cent between 1967 and 2005 (U.S Census Bureau,2006). The report revealed that for Blacks, access to quality care declined by 60 percent, including lack of a steady health care provider, not having health insurance, and as such are unlikely to seek healthcare when needed.

Blacks spend more of their childhood days in low income neighborhoods, and single parent headed homes (Tucker&Mitchelle-Kerman 1995; Johnson & Stapples, 2005). According to the authors, living in such low income neighborhood directly impacted the socio-economic mobility of African American adolescents in that there is lack of job opportunities for the adolescents. Also there is no transfer of wealth from parents, thus making it difficult to afford university education that is necessary for upward economic mobility (Darity et al., 2001).

Again, the five- part documentary (Unnatural Causes: Is Inequality Making us Sick) provides useful example that illustrate the linkages between socio-economic status and the health of African Americans. The producer uses Richmond as a site for depicting the health risks persons of color face in U.S. The environmental pollution by petrochemical companies in the neighborhood, put Richmond higher than average rates of asthma hospitalization, increased rates of diabetes, and lowers life expectancy. The neighborhood is characterized by poverty and lower educational attainment. Further, the

neighborhood is dotted by tobacco, liquor stores, and fast food restaurants, but fresh produce grocery stores are conspicuously absent. Also safe spaces for exercise were nonexistent in the neighborhood.

According to the documentary, several years ago, Richmond was a booming town. During World War II, the Kaiser shipyard ran 24 hours daily. The war effort drew workers of all ethnicities. But when the war ended and the shipyards closed, thousands of jobs left. Many white families took advantage of federally backed home loans to start fresh in new areas, but discriminatory policies and practices excluded people of color from those same opportunities. Between 1934 and 1962, less than 2% of $120 billion in government-backed home loans went to non-white households. In Northern California around the same time period, out of 350,000 federally guaranteed new home loans, fewer than 100 went to Black families.

Marion County is somewhat similar to Richmond, in that African Americans are left behind in neglected neighborhoods, and as the social conditions worsen, so does health. Studies have documented that living in a disadvantaged neighborhood leads to a 50-80 per cent increase in risk for heart disease because of chronic stress. Worrying about violence, poorly maintained schools, and unpaid bills; living in substandard housing or a polluted environment; not having good access to fresh food, reliable transportation, or safe public spaces adversely impact the heart health of African American adolescents.

The impact of social economic factors is visible in the living conditions of African American families. Majority of low income African American children live with parents in the inner cities in houses built before 1946, hence are vulnerable to lead poisoning (CDC, 2004). Ironically, due to underinsurance coverage, they have limited access to the treatment of elevated lead poisoning in their blood system (CDC, 2004). Also due to safety concerns in their immediate environment, including stray bullets, drug related shootings, considerable number of African adolescents resort to physical inactivity. Physical inactivity, and sedentary lifestyles such as watching televisions, and playing computer games for over two hours daily resulting in obesity and overweight, ultimately leading to cardiovascular diseases in later age.

Related to lead poisoning is overweight and obesity among African American adolescents. According to the Center for Diseases Control (CDC, 2008a), of the African American teens surveyed in the 2007 YRBS, 18.3 percent were obese. Obesity and overweight are connected to diabetes, and the development of cardiovascular diseases later in life. Also linked to overweight are high cholesterol, high blood pressure (Urruitia-Rojas & Menchaca, 2006). Again, the authors note that the increase in adolescent overweight among African Americans is due to the preponderance of fast foods in their neighborhoods, which in turn influences their desire and consumption of fast foods. The inability of poor African American adolescents to consume recommended daily amounts

of fruits and vegetables increases their risk of becoming obese and overweight with its attendant consequences (CDC, 2008a).

Connected to the environment is truancy and deficiency at schools. There is literature on the gap in the educational achievement of Black adolescents and other ethnic groups. Black adolescents are reported to lag behind due to unsafe social environment at schools (Skiba et al., 2002; Swain, 2006). Negative environments discourage black teenagers from attending schools. Truancy at schools negatively impact the performance of African American adolescents in standardized tests that serve as the basis for placement into colleges. Additionally, adolescents who live in noisy, crime infested homes with miserable parents are likely to be absent from schools. Due to such bad homes, the adolescents escape from the house, and become victims of teenage pregnancy or teenage parents consequently living on their shoulders the burden of single parenthood (Swain, 2006).This trend leads to a cycle in the poverty chain.

2.11.6 Poverty and access to care

Related to socio-economic status is the impact of poverty on blacks in the U.S. According to GAO (2007), poverty is a salient factor impacting the health of black children and adolescents because their parents are more likely to be of low income status. As earlier noted income level dictates access to quality food, which invariably impacts the development of the child in the womb. Poor nutrition during pregnancy often results in the delivery of low birth babies, ultimately leading to the health complications later in

the adolescent years. In dire cases, such low birth and preterm babies lead to infant mortality as certain medical care require special insurance coverage, which poor families lack (Swain,2006;GAO,2007). The problem is compounded by the declining state budgets that put additional restraint on the ability of poor families to enroll in government subsidized health programs such as Medicaid (NCSL, 2008).

2.11.7 Racism and Heart Disease

Racism is the presumption that different racial groups are characterized by intrinsic characteristics or abilities and that such group is therefore naturally superior to others. Such inherent assumption leads to the exhibition of practices that discriminate against members of certain racial groups, including perpetuating unequal access to resources among groups.

The recent shootings of black teenagers across the U.S., exemplify the negative social and psychological stress black adolescents negotiate daily. Often black teens are murdered on account of racial profiling. The incidents have attracted global attention due to the media coverage of reactions to the indiscriminate shooting of black teens. In various studies, the following authors document the negative effects of social and psychological atmosphere on the health of blacks (Brown, Sellers, &Gomez, 2002; Neighbors, Njai, &Jackson, 2007; Sellers &Neighbors, 2008).The authors argue that the stressful reaction of black teenagers to unequal treatment in U.S. increases their vulnerability to heart disease.

2.11.8 Cultural Practices

The negative media representation of African Americans is another structural factor that restrains and constrains the potential of black adolescents. According to Swain (2006), the American culture suggests to African Americans that it is permissible for them to be less competitive than other groups in the society. Such lowered expectations contribute to the attitude of African Americans towards self-actualization. Accordingly, he notes that societal stereotypes and media representations that African Americans are less capable to meet the educational standards set by teachers and academic institutions reinforce the negative stereotyping of African American adolescents. Furthermore, Swain (2006) noted that parental background, including parent's ability to guide adolescents about their educational goals, tutor them in completing their homework are crucial in enhancing their academic achievement. According to him, adolescents from middle class African American families have higher chances of succeeding at schools than those from low socio economic status. While educational attainment may not be directly related to heart disease, there is an indirect correlation. For instance, adolescents who climb the educational ladder are likely to climb up the social economic status. Having a good job is directed tied to having health insurance, as well as having access to healthy food. In this sense, it is logical to note that cultural practices impact the heart health of African Americans indirectly.

Next to the negative stereotyping of African adolescents is the erasure of traditional African value of communal effort in raising children. Hitherto, the upbringing of children in the black population was a communal effort, a value that was useful in maintaining the cultural norms and practices and family bonds in African American communities. The trend has changed with the responsibility often falling on grandmothers. The challenge is that black teenagers learn foreign cultural behaviors, unfortunately there are no male role models in the home during their early developmental years. The absence of male models lead to a negative cycle in black communities as the teenagers rely on grad mothers for their behaviors. The family is quint essential in the development of teenagers (Cohen,Ricahrdson,&Labree,1994;Dishon,Reid,& Patterson,1998;Jaccard & Dittus,19991;Metzler,Noell,Biglan,Ary,&Ramsey,1989).

To sum up this part of my dissertation racism, slavery, its legacies, including economic exploitation of African Americans, poverty, are intertwined with the heart health of black adolescents. As illustrated, racism leads to economic disempowerment, and in turn leads to inability to afford quality shelter, and food. Ultimately, these lead to exposure to unsafe environments, and poor health. For CCA, disrupting these social, institutional and structural barriers that constrain and restrict the agency of African Americans is fundamental for attaining sustainable social change. Since my dissertation project is engaged research, in the following section, I briefly discuss engaged scholarship. I highlight the overlap between engaged scholarship and CCA.

2.12 Engaged Research

Engaged scholarship or community-based action research is research that is geared towards improving the lives of community participants and also has the potential to improve their capacity to take action (Stewart & Zediker, 2000). It symbolizes a research project that is committed to engagement with community members. Engaged scholarship in the academe grew out of dissatisfaction with dominant research paradigm that originally treated research participants as passive recipients of knowledge from the "academic expert"

In the context of health communication, it comprises of research projects that work in close collaboration with underserved populations to bring about transformative social change (Airhihenbuwa, 1995, AHRQ, 2009, Lupton, 1994). These new concepts have resulted in the birth of different, yet interrelated theories of engaged scholarship, including Community Based Participatory Research (CBPR), Culture-centered Approach (CCA).

A fundamental principle of engaged scholarship is the principle of genuine partnership, a partnership that promotes humility and equal learning opportunity for collaborating partners irrespective of socio-economic status. Also crucial in a successful engagement is commitment to reducing the inequities that exist in communities and providing learning for all the parties (Parker & Becker, 1998)

CBPR shares the following two features with CCA, namely engaged reflection, mapping and transformative practice. Particularly relevant to CCA is the concept of engaged reflection often described as reflexivity. Reflexivity is the researcher's acknowledgement of his assumptions and positionality in the inquiry process. It allows the researcher to interrogate his rights and privileges by bringing them to the table. This acknowledgement of one's biases allows the researcher to remain truthful to the data during the investigation of phenomena (Dutta, 2008).

Community or action based research and the culture-centered approach overlap in that both involve bringing community participants together to identify the problem, and jointly propose a solution to the problem. Both approaches provide spaces for community members to narrate their stories in a safe environment. By providing a safe place for community members to share their personal stories as well as listen to the stories of others, both approaches encourage dialogue. Creating a dialogic space is critical in exploring differences in opinion (Frey and Carrage, 2007). Listening to the voices of community participants creates spaces for dialogue. In the context of globalization, dialogue is necessary for civil life because it creates opening for listening to different viewpoints that ultimately lead to a consensus (Rothenbuhler, 2001).

Although CBPR shares some commonality with CCA in that both promote community engagement and long-term commitment to transformative social change,

CCA argues that CBPR is replete with dominant ideologies that fall short of authentic participation for community members

CHAPTER 3. STUDY DESIGN & METHODOLOGY

3.1 Introduction

This chapter presents the methods that guide the Young at Heart project among black youth in Marion County, Indiana. I begin the section with a sketch of qualitative and ethnographic methodology, highlighting the similarities and differences. I demonstrate how the culture centered approach theory guiding this project lend itself to qualitative ethnographic methodology. In the second part, I present the three phases of data gathering for the study. The stages include (a) Phase 1, pre planning (b) Phase 2, planning and execution, and (c) Phase 3, post project evaluation. The discussion about the stages of data gathering leads to specific details about the sampling, data analysis, and the politics of representation and credibility. I now turn to the sketch of qualitative ethnography.

The purpose of this project is to understand and document the communicative and organizing processes of a culture-centered project that addresses heart health needs of black teenagers in low income African American setting in Indiana. Consistent with the research questions guiding this study, the methodology for this research is ethnographic qualitative inquiry. Ethnography and qualitative research are used interchangeably to mean the same thing because both methods share similar underlying assumption that seek understanding a phenomenon, concept or problem (Patton, 2000). Furthermore, both methods utilize similar data collection methods namely interviews, focus group discussion, and participant observation. Although both methods share similar assumptions, some variations exist between them. Whereas ethnography focuses more on culture and immersion of the researcher into

cultural contexts (Ellis & Bochner ed., 1996), qualitative is not particular about culture and setting (Lindlof & Taylor, 2002). Since the goal of this study is to understand how a culture centered partnership with the youth unfolded, qualitative ethnographic study seemed most appropriate.

3.2 Ethnography as a Technique

As a strategy for gathering data, ethnography allows the researcher to immerse himself or herself into the community or group to better understand the practices and nuances of the subject of inquiry (Patton, 2000). This study fits into organizational ethnography and multiple methods were used for gathering data. These include participant observation, in-depth interviews, memos, analysis of documents, including literature on heart disease among African Americans. My theoretical orientation and commitment to disenfranchised communities in the dominant health communication literature add to the choice of ethnography as the data gathering strategy for the project.

Creating communicative spaces for Blacks who have been historically marginalized from discursive spaces to articulate strategies for addressing a significant health condition counter negative representation of blacks in traditional health communication literature. By actively participating and observing the youth project unfold, I gained richer understanding of the participatory processes. Some of these interactions are non-verbal actions not recalled by participants during in-depth interviews (Patton, 2000; Lindlof & Taylor, 2002). These include nuances about the power dynamics that manifested during the interactions e.g., how the class difference between the black teenagers and other partners who occupy higher social status in the

society interacted during the course of the project. Participant observation provided me the lens for understanding the realities and complexities inherent in academic community partnerships.

In this project, I also used interviews to complement the data generated through participant observation. The interviews provided the participants opportunities to share their experiences.

3.2.1 Ethnography

Emanating from the discipline of anthropology, ethnography involves immersion of the researcher into the culture of the community or group over a time period (Patton, 2002). Ethnography allows the researcher to actively participate in the activities of the community or group over a given time period. Through participant-observer's role, the researcher immerses himself or herself in the daily routine of the community, or group and its practices, an opportunity that enables him or her to understand the nuances of the population or organization (Ellis & Bochner, 1996). The participant observer role offers the researcher insights that are not visible through other methods such as observation, focus group discussion, in-depth interview or document analysis (Lindlof & Taylor, 2002; Patton, 2000). In ethnographic research, the researcher reveals his or her identity to the members of the group or community (Patton, 2000, Lindlof & Taylor, 2002, Denzin & Lincoln, 2005).

In the project of engaging black youth, I introduced myself to my co-participants during the inaugural meeting. Further, I provided information about culture centered approach, the theoretical framework guiding this project. I shared information about the grant amount and turned the decision making about the

resources into the hands of the youth. The youth were pleasantly surprised about the gesture, because they are used to being directed on how programs about them should be executed. The surprise on their faces was visible through non-verbal reactions after my speech at the inaugural forum. Many reiterated their surprise during the in-depth interviews. Majority of my co-participants describe the transparency as a unique feature of culture centered approach, and compared their experience with other projects they have been engaged with in the past.

In ethnographic inquiry, it is important for the researcher to strike a balance between insider knowledge and outsider curiosity (Rock, 2001, Denzin & Lincoln, 2005). For a successful ethnographic study, the researcher is expected to be somewhat familiar with the setting or the issues either through literature, or else he/she will be naïve of the subject matter of inquiry, and this may constrain his or her ability to ask the right questions (Patton, 2000; Lindlof & Taylor, 2002). While it is important to be somewhat familiar with the environment and the issues, the researcher should be courteous to avoid "overfamiliarity" because such presumption may lead to taken-for-granted assumptions in the field. In this project, I occasionally ran into the problem of over familiarity because of my experience working in a similar heart project with black adults in Marion and Lake Counties in Indiana.

Starting in fall of 2011, I served as graduate research assistant on Communities and Universities Addressing Health Disparities (CUAHD), a 1.5 million dollars granted Purdue University and IMHC by the Agency for Healthcare Research and Quality (AHRQ). The grant facilitated the engagement of Blacks in Lake, and Marion Counties in refining and disseminating comparative information

about treatment options for heart disease. CUAHD emanates from the realization that heart patients from underserved communities are over prescribed medicines even when there are no scientific basis for such prescriptions. My duties included interfacing with the community partner IMHC, our media partner MZD, advisory board members who served as community representatives on the project. Over this period, I conducted workshops, focus group discussions and in-depth interviews with community members. With these experiences, I am somewhat familiar with some of the contextual issues in the black population in Marion County.

Prior to engagement in the CUAHD project, I was naïve of the daily challenges that Blacks face in America. As African immigrant, my impression of American citizenship is privilege. African immigrants are citizens of Sub-Saharan Africa who migrate to the United States for further studies, or in search of greener pastures. Whereas African Americans are citizens of United States who have ancestral roots to Sub-Saharan countries (refer to chapter 1 of this dissertation for detailed explanation of the differences between African Americans and African immigrants).

3.2.1.1 Organizational ethnography

Because of the richness it provides in understanding of processes, ethnography is useful in documenting organizational processes. Ethnography involves the immersion of the researcher in a setting or community over a specific time-period, however institutional ethnography vary in that it allows the researcher to focus on the activities of a group working on a particular project (Neyland, 2008). In this context, I focused on the activities of black youth seeking to promote heart health among their

peers at a high school located in inner city in Indiana. On the other hand, traditional ethnography is less interested in specific groups. Also traditional ethnography is more interested in gaining a better grasp of the culture in communities, tribes that are foreign to the researcher (LeCompte & Geertz, 1998). In the project of engaging black youth, I am interested in understanding youth culture as well as the dynamics of the interaction among them and the teacher as well as outsiders. Although I was not completely 'immersed' in the daily routine of the youth, I visited the school on average once weekly, focusing on the interactions that occurred during the planning and execution of the youth heart health project. Through my weekly visits and active participation in the planning of the youth campaign, I gained rare insight about youth culture, media preferences as well as youth dynamic. A comparative example will illuminate this. In the CUAHD that engaged Black adults in refining and disseminating heart treatment options, traditional media channels, including informational leaflets on heart disease, DVDs, television were preferred options for reaching out to the population. In contrast, the youth vehemently resisted traditional media. Instead, they chose social media, including Instagram, Facebook, and Twitter messages as preferred channels for reaching out to their peers.

Key strategy for productive organizational ethnographic research is immersion into the web of organizational activities under study (Patton, 2000, Denzin & Lincoln, 2000, & Lindlof & Taylor, 2002). Throughout the life span of the youth project, I actively participated in the planning and implementation of the activities. For the researcher to be successful in conducting ethnographic study, he or she must clearly state the data gathering strategies. Clearly articulated techniques enable the researcher

to focus on important aspects of the activities that ethnography provides. Although it is important to set a blue print for data gathering in ethnographic study, the researcher must also ensure flexibility during the field activities (Corbin & Strauss, 1967). For instance, the researcher must be open to serendipity especially as it relates to data gathering, because events that happen by chance during field activities provide important data that contribute to the subject matter under investigation.

Keeping in mind these assumptions, this study is in line with the conceptual framework of the culture-centered approach. It sought to (1) document how a CCA project develops (2) understand and document the participatory tensions and processes in a CCA project (3) gain insight into the experiences of participants in a CCA project, and (4) through participant observation, get a sense of how participants in a CCA project negotiate power relationships over the course of the project. In the following paragraphs, I provide an overview of the research design and context within which the ethnographic study of youth heart health was conducted.

3.3 Research Design

This study is a multi-level research design that involved interviews and participant observations that allow for studying the different aspects of the project. These include interviews with participants in the program (1) Black teenagers (2) collaborating partners, including IMHC, the media partners, members of the advisory board group, and teachers at the school who served as advisors during the project planning and implementation. The IMHC office served as the venue for conducting interviews with members of the advisory board, while interviews with the adolescents, teachers, and media partners was conducted at Crispus Attucks, site of

the project. The study involved phases of data gathering that reflect the various stages of the project planning and implementation.

3.4 Phases of data gathering

The data for this study was gathered in three phases. These include the following: (a) phase 1, pre-planning (b) phase 2, planning and execution, and (c) phase 3, post campaign evaluation. The communicative in each phase presented opportunities for the collection of a certain kind of data. For example, the pre-planning phase primarily involved representatives of Purdue University, and Indiana Minority Health Coalition (IMHC), who initiated communication with other partners that were part of the project. The data collection at this phase primarily focused on the communicative between representatives of Purdue and IMHC. Conversely the execution phase involved the engagement of all the partners, including the school; the students and members of the advisory board; the media partner; IMHC and the community organizer; and Purdue representatives. This phase comprised of the collection of different kinds of data. Similarly phase 3 involved interviews with all the partners that participated in the planning and execution of the project. Combinations of these data sets provide insights for understanding the organizing process in culture-centered campaign. The following paragraphs provide information about the different phases of data collection. I start with details about relationship building and how I gained access to the research site.

3.5 Relationship and Access

Since spring of 2011, I served as graduate research assistant on a federally funded project, Communities and Universities Addressing Health Disparities

(CUAHD) in Marion, and Lake Counties in Indiana. CUAHD is a partnership between Indiana Minority Health Coalition (IMHC), and Purdue University that refined and disseminated Comparative Effective Research Summary Guides (CERSGS) to disenfranchised African American communities using a culture-centered approach. My duties included interfacing with staff members of our community partner IMHC, our media partner MZD, and advisory board members. Over this period, I conducted workshops, focus group discussions and in-depth interviews with community members. Worth noting is that data gathered from CUAHD led to the adolescent heart preventive campaign that my current dissertation is exploring. During the in-depth interviews, community members expressed need for a culture-centered campaign that will engage adolescents in preventing heart health later in their lives. Their recommendations resulted in the present study.

Having interacted with community members and the listed partners at various stages of the CUAHD project, I built trust with these partners. Trust is central in CCA projects and is cultivated over a period of time through constant interaction with community members (Lindlof &Taylor, 2002, and Dutta, 2010). In addition to my relationship with community members and the partners, I am a research assistant on the adolescent heart health project. My responsibilities include interfacing with the community organizer and the partners in setting up initial forum for the project, conducting in-depth interviews with the advisory board members, facilitating message tailoring workshops for adolescents who serve as peer leaders in developing and disseminating the media materials and other resources to their peers. Engaging in these activities put me in direct contact with community members and partners whom

I interviewed for understanding their experiences in the project. Having provided details about my relationship in the Black community, in the next paragraphs, I provide specific details about how I gained access to the school.

3.6 Accessing School Site

The Indiana Minority Health Coalition (IMHC) served as the local partner and facilitated my access to the research site. IMHC recruited a black female community organizer, who served as the interface among the partners. IMHC has an existing partnership with Purdue university in a larger project and is familiar with culture-centered processes (refer to explanation in earlier sections of this dissertation for details about Purdue's existing relationship with IMHC). Through the community organizer, IMHC contacted the school district authorities that subsequently granted me access to the schools.

3.6.1 Phase 1- Pre-planning

The Pre-planning of the youth heart health project started in summer of 2012-December 2012 (6 months), however actual campaign planning and execution lasted from January-May, 2013 (5 months). The pre-planning phase comprised of the preliminary attempts at securing approval from the school districts for accessing the school. This project is a partnership among four organizations, namely Purdue, a not-for-profit, Indiana Minority Health Coalition, a media partner MZD, and Crispus Attucks School located in Indianapolis. The pre-planning phase include the initial meetings between Purdue University, and the Indiana Minority Health Coalition (IMHC). I served as Purdue's representative at the meetings. The purpose of the meetings was relationship building among the community organizer and Purdue

representatives. The relationship building helped in cultivating trust necessary in the execution of culture centered project (Dutta, 2008, 2011).

In addition to facilitating rapport among the partners, the initial meetings provided the context for establishing criteria for the selection of schools that participated in the project, the time lines for the execution of the project, and strategies that guided our communication with the selected schools. Further, the meetings provided opportunities for establishing the expectations from partners as well as parameters for evaluating the performance of all the partners. Conversations at the meetings centered on the grade level that constituted the focus of the project, ways of establishing relationship with the school leadership and teachers that worked with the project team as well as the meeting schedule. These initial meetings held at the IMHC office located on Meridian Street in Indianapolis.

For these sets of data, I relied primarily upon the meeting minutes, my observations and reflexive journal entries. Please refer to later part of the method section for details about participant observation and journal entries as data collection methods. The next paragraph provides information about phase 2 data gathering.

3.6.2 Phase 2

The phase 2 data was collected during the planning and execution of the various activities of the project. Following the establishment of contact with schools and necessary documentation for the partnership, an open forum where all the partners conversed about the project was organized. The conversations centered on the culture centered methodology, and the fundamental principles. In the temper of culture centered approach, I began by conducting interviews to understand the lived

experiences of black youth with respect to heart disease. My interview participants at this initial stage were the high school students. Following the interviews was the message tailoring workshops. In line with the organic process of culture centered approach, the workshops provided the context where the students articulated strategies for addressing heart disease among their peers. The workshops was the space for co-construction of ideas about how the project unfolded. The conversations centered on the culture-centered campaign processes. My role in the project was that of a participant observer. I took detailed field notes of the meetings focusing on the level of participation, documenting dialogue and interactions (Emerson, Fretz, & Shaw, 1995, Dempsey, 2012).The meetings vary in terms of composition, location, and length. It comprised of the inaugural meeting where I introduced the culture-centered approach framework to the youth and all the partners. The meeting was attended by all the partners, including Indiana Minority Health Coalition (IMHC) representatives, the school representatives, the students, and myself representing the academic partner (Purdue).Subsequent weekly meetings were planning workshops. These lasted on the average 2 hours and were spaces where participants brainstormed on key challenges for maintaining healthy heart, and articulated strategies for overcoming the challenges in their local context.

Through these workshops, the youth identified and executed activities that reached their peers with information about heart disease. The workshops and activities provided context for the collection of different kinds of data about the communicative and organizing process of a culture-centered project. I actively

participated at these meetings and it provided me the opportunity to observe and write reflexive journals about the processes.

3.6.3 Phase 3 and project life span

The Phase 3 data sets was conducted after the execution of the project. The project was executed over a period of 11 months (summer 2012-spring, 2013). For the phase 3, I interviewed all the partners about their experience in the project. The interviews were semi-structured co-constructed. I interviewed the following co-participants, representatives of the Indiana Minority Health Coalition; the Community Organizer; the peer leaders who led the project; the teacher who was the point of contact with the students; as well as the media partner. The IMHC staff were interviewed at their head office on Meridian office, while the teacher, the peer leaders, and media were interviewed at the school. The interviews sought to understand their engagement and experience in the project. The interviews was conducted in English Language and audio recorded. The data sets gathered in this phase was put in conversation with the data gathered in phases 1 and 2,and this provided me an opportunity to understand how this culture centered project evolved. In the following paragraphs, I outline the strategies I used for gathering data for the project, including procedures for recording and confidentiality, ethical dimensions and data analysis.

3.7 Sampling Strategy

The goal of this study is not to generalize about the findings; hence convenient sampling was used for data gathering. This kind of research locates itself in a framework that emphasizes the authenticity of the findings; therefore authenticity not

generalizability of the findings is an indication of the quality of the research (Corbin & Strauss, 2008; Lindlof & Taylor, 2002). Since the purpose of the project is to understand and document the CCA campaign organizing and designing process, the sample for data collection was partners on the project, including adolescents from the participating schools, media partner representatives, community partner representatives, and members of the advisory board.

3.8 Data collection

There are several methods used in gathering data in qualitative ethnographic research. These include in-depth interviewing, focus group discussion, and participant observation. These tools are used by researchers as needed (Corbin & Strauss, 1998). Given the scope of my dissertation, I used three primary data collection methods for gathering data in this project. The methods are participant observation, in-depth interviewing, and reflexive journaling because these methods meet my needs of seeking to understand the communicative practices in a culture-centered health project. More also, in culture-centered approach that is my theoretical framework, these tools are crucial because they allow for dialogic co-construction and meaning making between the researcher and the participant (Dutta, 2008).

3.8.1 In-depth Interviews

In-depth interviews, participant observation and reflexive journal were the three data collection methods for this study. In fostering communicative spaces in CCA, these techniques lend themselves to co-construction of meaning between the researcher and the participants. I conducted interviews with different partners, teenagers who participated in the project. The interviews were semi-structured and

open ended and were conducted in English. I conduct 24 interviews. Out of this figure, 20 were the adolescents, while the remaining 4 comprised of the community partners' representatives, and the advisory board representatives. Since the goal of this project is not to generalize the findings, l relied on my intuition and saturation in arriving at the number of interviews deemed appropriate for the study.

Interviews are important tools for gathering data in qualitative research. Different categories of interviews exist. They include in-depth interviews, unstructured, semi-structured, intensive, collaborative and ethnographic interviews (Lindlof & Taylor, 2002; Patton, 2000).The interviews for the young at heart project were semi-structured and additional probing questions were asked as the conversations unfolded.

Interviews are conversations that occur symmetrically between two persons on a topic that is of mutual interest. The topic under investigation was of mutual interest between my co-participants and I because of our mutual engagement in the planning and execution of the campaign. Unstructured interviews usually start with open and broad questions that allow the participant to narrate his or her lived experience or meaning of a phenomenon without restriction. Unstructured interviews are well suited for in-depth purposes especially in situations where little information is known about the subject matter under investigation (Patton, 2000).

Researchers interview people in qualitative study to understand issues that are not perceptible by observation. The interviews helped me to keep a record of discourse that were interpreted and analyzed for better understanding of the processes in a CCA project (Lindlof & Taylor, 2002).The interview questions range from

seeking participants meaning of heart disease, experiences in participating in a CCA project, to what participation meant to them. It also included questions about their experiences in living in underserved environment. Such broad questions allow for understanding of the role of contexts in the life of my co- participants.

3.8.2 Participant Observation

Participant observation is another data collection method that involves the researcher participating in the physical setting of an event or action. In such capacity, the researcher participates in roles like other community members. Through such participation, he or she gains unique insights about the objects or conditions under investigation (Patton, 2000). I observed how the different partners participated in this project, and constantly negotiated their roles during the meetings. In addition to taking notes during these meetings, I also recorded the minutes of the meetings. Furthermore, I served multiple active roles including liaising with the community organizer in setting up the meetings, facilitating the message tailoring workshops, and providing updates to the PI and other members of the group over the duration of the project. The PI, Dr. Mohan Dutta, who is also my advisor could not physically attend the meetings because of his physical location in Asia. As such relied on my meticulous observation and documentation of the processes. Against this background, I carefully observed the processes so as to accurately report back to him.

Participating in these activities allowed me to gain insight about the daily experiences of the members of the group. Such kind of experience is considered as salient for grasping human communicative actions (Lindlof & Taylor, 2002). I chose participant observation because it provides additional richness in terms of data

collection. According to Lindlof & Taylor (2002), observation without participation may prevent the researcher from understanding the complexity of the lived experiences of the group or phenomenon under study. In this sense, participant observation is a good fit for my doctoral dissertation because it provided me the opportunity to understand the complex web of the tensions, dynamics, intricacies and participatory processes in a culture-centered health project conceptualization and implementation.

There are various degrees of participation with regard to depth and quality. The level of participation depends on the setting and a number of factors, (a) is the individual an outsider, and (b) is the participant an insider (Patton, 2000). In my case, my status is derived from being an African immigrant resident in America. African immigrants are citizens of Sub-Saharan country who immigrated to the United States for further studies or in search of greener pastures, whereas African Americans are citizens of the United States who have ancestral roots to Sub-Saharan Africa.

My role in this project was active participant and was not limited to merely recording, transcribing, and summarizing the conversation of others. As an active participant in the process of the campaign design, I engaged in the dialogic process. In my engagement with the different partners in the adolescent heart project in Marion, I sought to understand the following aspects of CCA closely, the ways these partners understood their roles in the partnership, the tactics used by participants to overcome contextual constraints they faced during the project planning and implementation.

In addition to my active participation and observation of the processes, I reflexively maintained a journal of the interactions and processes over the 11 months duration of the project. Participating in the activities and maintaining research journal allowed me to remain truthful to the data. This is in obedience with scholarly agreement that reflexivity as a strategy in qualitative research allows the researcher to constantly interrogate self on assumptions, interpretations about the actions and inactions of the 'other.' It is by so doing that the qualitative researcher can make his experiences meaningful to others (Gans, 1982; Gans, 1999, and Lindlof and Taylor, 2002).

3.8.3 Reflexive Journaling

Reflexivity was useful as a data gathering tool in the project of engaging the youth in Marion County. Over the life span of the project, summer 2012-spring, 2013, I kept reflexive journals to myself. Occasionally, I posted my reflexive notes on a blog and these serve as important data points during my data analysis.

Reflexivity is self-evaluation that allows both a qualitative, and a CCA researcher to consistently question his or her rationality. Through the comparing and contrasting of ideas, researchers in both research methods grasp meaning. Reflexivity is a methodological tool that is germane in culture-centered research, especially in looking at the power dynamics between the researcher and the community. In centering the voices of the community, reflexivity allowed me to interrogate preconceived notions and subjectivities about a phenomenon. It is a methodological tool that distinguishes CCA- guided inquiry from dominant health communication project in that it allows the CCA researcher to problematize the knower-known

relationship (Dutta, 2008; Dutta & Basu, 2008). Reflexivity allows the researcher to purge self of prejudice. Additionally, it allows others to see the transparency in the flow of the dialogue between the researcher and the participant and how the researcher negotiates the tension (Ellis & Bochner, 1996).

In fostering communicative spaces for centering the voices of community members, attention is paid to ways the researcher reflects upon what they do and how they interact with their participants. The self-questioning of positionality in a CCA-guided inquiry is hinged on the assumption that what the researcher sees, writes is not detached from his/her own subjectivities as part of the research process (Rosaldo 1989). The culture centered approach CCA believes that the researcher's ability to acknowledge such subjectivities is crucial for carrying out credible and meaningful investigation. Due to roots in social constructivist ideology, qualitative research dissociates itself from objective and empirical truths that purport to exist outside the researcher. For qualitative research, subjectivity is central in the ways in which researchers make meaning about phenomena. Rather than blindfold self to such perceptions, both CCA and qualitative inquiry encourages researchers to acknowledge it.

The work of Behar (1997) provides notable example of the uniqueness of reflexivity in qualitative research. Behar is Jewish, who gradually acquired Christian values in the course of her study in Santa Maria. Consequently, she perceived issues from a Christian lens. An example was when her grandmother passed on, she sent flowers to her home town. Her action was a Christian tradition that is contrary to Jewish tradition. Particularly intriguing was her experience with death rituals and

beliefs in Santa Maria, “While my own motives were not altogether clearer to me at that time, with hindsight I have come to realize that my quest to understand ‘the presence of the past ‘in Santa Maria was but another link in the parallel quest to recover my own, and my family’s past” (p.78).

The quotation is reminiscent of her retrospective knowledge about death and comparing it with her newly acquired knowledge. Such act of turning the lens at her to interrogate her action is an important feature promoted in culture-centered approach research that lends itself to qualitative inquiry. Through Behar’s vulnerability and through her emotional journey toward rediscovering her cultural identity, the reader takes part actively in the differences and similarities between the small community in Santa Barbara and the United States, as well as the rituals of the two religions. Consequently, the reader experiences emotional exposures to the Christian rituals and conceptions of death as adopted by the community in Santa Monica and the Jewish rituals of Sivah.

Reflexivity is questioning ourselves to understand how our biases, or previous knowledge about a phenomena may impact, or shape our understanding of the subject of inquiry. Throughout the project of engaging the youth, I consistently reflected upon my subjective assumptions about the US as exotic land flowing with milk and honey. These subjective image of US is connected to positive media representation of the US in Africa. Before arrival in the US in 2008, I perceived America as safe haven, a land littered with gold and silver on the streets due to media representation of America in developing countries. But volunteering in the hunger and food insecurity project in West Lafayette in the spring semester of 2011, provided me an opportunity

to question my previous perception about the US as a land of perfection. At the venue of the mobile food pantries for example, before the arrival of the food truck from the agency, many families queue in lines waiting for their fair share of the foods. By interacting with the food insecure, I saw genuine need and desire for food in a country often reputed in the media as a land flowing with milk and honey. In articulating my report, I reflected upon my preconceived understanding of America, and how humbling my new understanding of US was. Without reflexivity, it will be difficult to get this reflexive moment. For CCA, it is through such moments of personal reflections and questioning of oneself that true, authentic knowledge emerges (Dutta, 2008; Dutta & Basu, 2008).

3.8.4 Current project

My goal in the current study is to understand and document the communicative and participatory tensions in a culture-centered project that creates communicative spaces for Black youth to tailor heart health messages for their peers. Part of my goal is to explore what it means to participate in a CCA project. Historically, Blacks have been marginalized from main stream health care system in America (Adelman, 2008; OMHHD,2008).Often times, health interventions for African Americans are designed and implemented by Caucasian scholars who have been trained in social and behavioral theories by other Caucasian scholars (Dutta,2008).

African Americans are often represented as inferior to other races in terms of socio-economic achievement. This negative representation of Blacks is not unconnected to the socio-economic and contextual factors within which they are born

and raised. A majority of African American adolescents are raised in single parent households often with a mother or grandmother as the head of household (Braithwaite, 2008). In such households, economic resources necessary to provide the adolescents a solid foundation that will allow them to move up the economic ladder is almost non-existent. Consequently, the adolescents become adults who equally lack the resources to fend for themselves and their children, ultimately leading to a cyclical struggle as they remain in low income, and crime infested neighborhoods.

3.8.5 My Positionality

Granted that I am African immigrant, I am somewhat oblivious of what it means to be African American. Born and raised in a middle class African family in Nigeria, my lived experiences and value system significantly differ from my co-participants. Given these differences in our lived experiences, the age differential between us, our perceptions varied over the course of the project.

In line with the tenets of culture-centered approach research, power differentials must be attended to. For instance, as a young African Immigrant in a doctoral program in a reputable American University places me at a pedestal, a pedestal that majority of my participants desire. Having been grounded in CCA scholarship, I am not oblivious of this material differential between us. Drawing upon CCA literature, one way I engaged with this dilemma was to acknowledge it, and to work through it. I consistently did this by writing reflexive notes and memos about the nuances and power dynamics over the execution of the project.

On the other hand, given that I am African immigrant, I wondered if my participants accepted me as one of "their brothers" who is interested in positively

impacting their lives, or regarded me as an outsider whose great grandparents historically sold their own parents to the White men on the sea shores, who in turn used them as slaves upon arrival in the US, thus responsible for their present challenges. African Americans also known as Black Americans or Afro-Americans are citizens of the United States who have at least partial ancestry from any of the native populations of Sub-Saharan Africa. Conversely, African immigrants in the US are persons born in Africa who reside in the US as permanent, temporary or illegal residents. Historically, there has been disenchantment between African immigrants and African Americans over the role of African ancestors in the plight of African Americans in America. Due to this bitterness, African Americans regard African immigrants like myself as opportunists who immigrate to the United States to further collude with the Whiteman in implementing imperial and White agenda. Also worth noting is that African Americans have been used as guinea pigs for the testing of drugs by pharmaceutical companies, including the famous Tuskegee trial of penicillin. Will this project be categorized as one of such drug trials with a hidden agenda? These and many concerns consistently ran through my mind over the duration of the youth heart project.

As I reflected upon the process of this partnership, I consistently thought about what passed as ideal dress code during my numerous site visits. Was it dressing in jeans pants, or professional pants to maintain credibility as academic researcher? As I embarked on this project, I worried about the difference in the pitch of my voice and that of my co-participants. Over the course of my studying and teaching fresh undergraduates in the United States, including black teenagers, I recognized the

cultural differences between the teenagers and myself. I recognize that my subjectivity, including the clothes I wear, my name especially my last name, the way I speak, my identity as a Ph.D. student are indicators of the privilege that I belong to. I find these particularly interesting because of my experience in a culture-centered project that seeks to promote peace in African context in Accra, Ghana, where I conducted focus-group discussions and in-depth interviews with community members. Even though I am African, I was perceived by participants as "Diasporic African" English speaking. It took considerable amount of effort to establish trust with participants. Drawing upon the African experience, I worried that a similar suspicion in a different dimension manifested in my interaction with black teenagers in the project.

I also constantly reflected upon the way the workshops were structured to allow my participants' space to voice their thoughts. In line with school stipulations, an instructor was always present during the meetings, a development I observed sometimes impacted the participation of my co-participants (the teenagers). As a strategy to keep track of the interaction between the teenagers and I in this project, I kept reflexive journals. Notes or memos helped to document incidents that happened serendipitously during interview. Keeping track of the dialogue that occurred between the researcher and the participant enabled me to analyze and interpret the conversation in order to accurately apprehend a phenomenon or situation.

Beyond the micro and interpersonal struggles, I also worried about the macro dynamics. The concern is that researchers or individuals who fall into my category have inadvertently contributed to the erasure and marginalization of the unheard

voices through the pursuit of research agenda and appetite to publish research findings for professional growth. For me, beyond establishing rapport and gaining the trust of participants, another hurdle was how to understand in (Versterhen sense) in concrete ways, the lived experience of my co-participants who served as peer leaders on the project. Because of the cultural, socio-economic, political gap that distinguishes the participants and I, it will be presumptive for me to assume that I can truly represent (speak) for the youth and meaning of their lived experience (Spivak, 1998). In the spirit of CCA, I embraced humility, and authenticity in listening to the voices of the participants, hoping that by listening to their voices, I truly learned from and understand from the experiences of my participants in co-creating knowledge that will ultimately lead to social change.

With the increasing popularity of the culture-centered approach in the health communication literature, understanding and documenting CCA processes and partnerships warrants attention. Thus far, CCA scholars approach subalternity, social change research from different perspectives. Some CCA scholars (Dutta, 2008) aver that marginalization propagate inequities, therefore many CCA scholars have focused their broad research agenda on changing the status quo, including provision of basic material needs in communities. A number of others pay attention to historical, socio-economic factors that continue to erase the voices of community members from discursive site. Much as the overall goal is to change the status quo, the role of the investigator is sometimes contradictory. For instance, as a CCA researcher, I gathered data on the ways the different partners in the collaborative campaign understand their roles in the partnership, documented the tactics used by participants in overcoming

contextual constraints faced by co-participants during the project implementation. As I worked with all the partners on the project in designing a culturally-centered health campaign that addressed the specific heart health needs of African American adolescents in Marion County in Indiana, I experienced the tensions inherent in a CCA process. For instance, in the CUAHD project that led to the youth campaign, we have undertaken decisions that did not turn out as envisioned. In this project, I engage with some of the multi-layered paradoxes in a CCA campaign partnership and discuss their implications for CCA projects.

3.8.6 Audio-recording and confidentiality

After obtaining the permission of my co-participants, I recorded the in-depth interviews using digital recorder. Audio-recording involves the use of electronic devices such as digital recorder to audio-tape the conversation with a participant. Audio-recording allows the researcher to capture specific details in the interview (Patton, 2000). The interviews lasted 45-60 minutes each based on the narratives and the participant. I asked questions such as what does participation mean to you? What has been your experience of participating in the young at heart project? During the interview process, I ensured that the audio-recorders were not turned on until I had the permission of my co-participants to do so. Further, I provided my co-participants information about the project and reassured them that they could withdraw their participation at any time in the process. I also informed them that they were not under obligation to answer any question that they did not consider appropriate. Additionally, I reassured my co-participants that their names and identities will be masked from the transcribed files as a way of protecting their identities.

3.9 Data Analysis

I used inductive theme analysis to analyze the data derived from the interviews, participant observations and my reflexive journals. My inductive analysis was guided by a constructivist grounded-theory approach to data analysis (Charmaz, 2006). Grounded theory is a method of conducting qualitative research that was made popular by the work of Barney Glaser and Anselm Strauss in their studies on understanding death and dying in hospital settings. It is a data analytical strategy that promotes inductive reasoning. Grounded theory promotes systematic gathering of data and analysis over the research process (Denzin & Lincoln, 1998; Strauss & Corbin, 2008).It is guided by the assumption that closely linked statements lead to better understanding of a concept or phenomenon and ultimately lead to theories that explain the concept. According to Cobin & Strauss (2008) "Well developed concepts that are shown to be systematically integrated through statements of a relationship to form a theoretical framework that explains a phenomenon" (p.30)

Grounded theory is particularly suited for this project because it concerns itself with the events and dynamics of interactions as it unfolded in specific contexts. This flexibility allows for understanding and documentation of the events as it unfolded. This flexibility distinguishes it from theories that are based on a priori set of codes that guide traditional health projects. In this sense, Grounded theory is important guide for social change in that it allows for understanding of immediate actions as they unfold. Grounded theory is especially useful in culture-centering work because CCA promotes engagement with community members as they engage with culture, structure and agency (Basu & Dutta, 2009).

In Grounded theory, data collection, analysis and writing are fused together. This feature that differentiates it from other research processes where the different stages of data collection are separated. The overlapping of these various stages of data collection allowed me to refine the data as data gathering progressed, just as it allowed me to start data analysis from the start of data collection (Charmaz, 2006).

In analyzing data in the Grounded theory, the 'constant comparison technique' that allows the researcher to sort, separate, and clearly labels codes is employed. Furthermore, codes are compared with each other to arrive at nuanced understanding of phenomena (Corbin & Strauss, 2008). Meaningful reading of the data involves coding and memoing, which are both crucial tools utilized in the analysis of corpus in Grounded theory research. In this project, I employed Owen's (1984) criteria of repetition, recurrence and forcefulness to identify themes in the corpus.

In this section, I present the five step process that guided analysis of the data for this study. These steps are by no means clear cut, but emerged after back and forth iterative process of attempting to organize the voluminous data sets in coherent manner. The steps include (a) delineation of the data sets relevant to the ethnographic component of the study, (b) transcription of audio-recorded files and coding of the transcripts, (c) the stages of coding and coding process, (d) organization of codes and themes that emerged, (d) writing up the results and analysis and connecting the themes to the culture centered literature. I start with the initial difficulty in arriving at organizing schema.

Even though I have participated in multiple research projects prior to the present study, the analysis and management of data for this project was daunting. It

was daunting for a number of reasons. First, there were multiple data sets gathered at different phases of the project. For instance, the pre- planning phase, the planning and execution phase, and the post execution phase all involved different sets of data gathering (refer to the opening section of this chapter, and chapter 1 of this dissertation for details about the phases).

Another reason the task of analyzing and organizing the data was daunting is connected to the complexity of the project. The project has two objectives. The first was to provide space for Black youth to identify most pressing heart health problems faced by their peers and enunciate meaningful ways of addressing the problems. The second objective was to document the communicative and organizing processes of culture centered youth engagement. Both aspects of the project overlap in many ways, therefore, the challenge was to delineate the data sets that speak to objective two, which is the ethnographic documentation of the project. In addition to the challenges highlighted, the nature of the data for the project was complex. These include, meeting agendas and minutes, journal entries, observation notes and audio-recorded in-depth interviews with my co-participants. Hence, the data analysis for this project was a back and forth exercise.

After back and forth mental struggle of what to include in my analysis, I chose to analyze the following data sets (a) the pre-planning minutes with our community partner and my journal entries (b) the agendas and minutes of weekly meetings with the youth and my journal entries, and (c) interviews with co-participants after project completion. These data sets respond to the organizing processes that is the focus of my dissertation.

Having delineated the corpus to be analyzed, the next hurdle was the order in which this will be executed for coherence. Although there are general tips about organizing schema for qualitative data, there are no step by step process of how to analyze and or organize data (Corbin & Strauss, 1998). I initially started off with transcription of the in-depth interviews and the workshop meeting minutes. There were 16 workshops over the life span of the project. The transcripts resulted in 80 single spaced page transcript. Similarly, I interviewed 24 co-participants and this resulted in 180 single-spaced page transcript.

It is worth mentioning at this point that the transcription of audio-recorded interviews and meetings was not a strait jacket exercise. Rather, the transcription was simultaneously carried out with initial identification and marking of codes, as well as writing notes about ideas that emerged as I was transcribing the data. Memoing is a process in qualitative methodology that allows the researcher to document initial reactions, thoughts, and interpretations of codes, ideas contained in the data sets (Glaser & Strauss, 1967, Miles & Huberman, 1994). The multi-task of transcribing and marking out initial codes from the transcripts allowed me to get initial sense of the data. Again, the challenge as I engaged in the multi-tasking was when to stop memoing. Memoing allows the researcher to clarify ideas and map strategies for future analysis of the data. Consistently, I reminded myself that it was not time for full blown analysis and that I needed to finish transcription of the audio-recorded data. This subtle reminder kept me in check and enabled me to complete the transcriptions. In a sense, the data transcription and initial reading of the data was carried out simultaneously.

Following the transcription of the audio-recorded files, I immersed myself in the data. I started off by reading the transcripts several times to familiarize myself more with the data. By reading through the data over and over, I marked additional codes, altered some accordingly. I did this by using the comment tab on Microsoft. After I familiarized myself with the different data sets, I chose to organize the data topically. This involved organizing the codes according to the research questions. There are three RQs that guided this project. These are RQ (1): How do culture centered projects develop, RQ (2) What are the participatory tensions and processes in culture centered project, and RQ (3) what does it mean to participate in culture centered project?

3.9.1 Open Coding

The organizing schema highlighted in the preceding paragraph allowed me to pull quotes, narratives that respond to each question. For RQ (1) how culture centered projects evolve, multiple codes, including words, sentences and paragraph such as 'organic,' natural, unplanned, participation, cyclical, back and forth, tensions were documented in the initial analysis. There were numerous sentences, words, and paragraphs with meanings about the evolving pattern of the project. This initial stage is described in qualitative research as open coding. It involves the marking of words, sentences and paragraphs that contain specific ideas (Glaser 2001, Glaser& Strauss, 1998)

3.9.2 Axial coding

Axial coding involves clubbing together of concepts and ideas into larger concepts (Glaser 2001, Glaser& Strauss, 1998). After I identified the codes, I began

reducing the codes by condensing and clubbing together similar ideas under one umbrella. For instance, codes such as voice, participation, were put into one umbrella. Through this process, a total of four themes emerged. These include, organic and emergent processes of CCA, collective decision making, negotiating structural barriers in culture centering processes, and the importance of time in building relationships necessary for executing culture centered projects of social change. I repeated this process for each of the research questions. This goal of condensing the codes into themes was to make it manageable for the researcher and ease of comprehension for audience members who access this study.

Worth mentioning at this point is that the process of pulling codes that respond to particular research questions was not mutually exclusive in the quantitative sense, but rhizomatic in many ways. For instance, at multiple times, I found myself placing the same quotes in more than one theme or category. For example, I found codes like voice, participation, structural barriers being grouped into multiple categories concurrently. This is one of the distinguishing features between quantitative and qualitative analysis.

Having completed the initial stages of 'open and axial coding,' I went back to reread the codes, and constantly went back to the original raw data to compare notes with my codes and analysis. Through this process I made corrections to my codes and themes, revised some of my codes and themes.

The final stage was the writing and analysis stage. This involved importing data from the different themes. It stage comprised of providing details about the participants, the context, and the meaning embedded in the narratives or quotes.

Sometimes, it involved vivid description of the identity of my co-participants, and the context and circumstances surrounding the quote and or narrative. It also involved contextualizing the narrative within the culture centered literature and critical cultural, subaltern and postcolonial literature where CCA emanates from. The writing stage was daunting and exciting. It was daunting to weave and connect the themes and narratives to the argument of critical cultural scholars. At the same time, it was exciting to see how the themes, and narratives that emerged from data echo the argument of critical cultural, postcolonial and culture centered scholars.

3.9.3 Reliability and Validity

3.9.3.1 Procedures

The goal in this section of the method is to discuss how I ensured reliability and validity in the project of engaging black youth. Given the criticisms and counter criticisms that characterize qualitative inquiry, I first provide some background information that put the discussion about validity of qualitative inquiry into proper context. Therefore, I begin with the politics of representation and meaning between social and natural scientists often represented as the quantitative/ qualitative divide. Following this, I briefly examine the conceptualization of reliability and validity in both traditions. In the concluding part, I discuss how I maintained reliability and validity.

3.10 The Politics of Representation

Reliability and validity are debated and contested constructs in both quantitative and qualitative inquiry. In the quantitative tradition, reliability signifies the accuracy of the measurement instrument, whereas validity symbolizes the replicability of the findings using the same method in similar contexts. For qualitative researchers, the emphasis is on whether the research allows for an understanding of a complex phenomenon or situation (Patton, 2000).

Qualitative inquiry emerged from social scientists disagreement with the natural scientists ways of studying phenomenon. Following its dismissal of the ontological and epistemological stipulations of post-positive tradition as incompatible to the nature of truth in the social sciences, qualitative research continues to face opposition from post-positive scholars about the validity of qualitative methodology (Deila, 1987). The interrogation of its legitimacy by the postpositive tradition reputed as dominant paradigm covertly puts qualitative researchers in obscure position in that they are being evaluated from the lens of post-positive bench marks. For instance, words such as 'unscientific, soft science' and 'subjectivity' are used by the postpositive tradition to delegitimize the validity of qualitative inquiry. In the views of postpositive scholars, subjective interferes with the neutrality and objectivity of research.

In the quantitative tradition, scientific, reliability and validity are used to describe quantification and subjects that lend themselves to calculations including mathematics, physics, and chemistry. Historically, these subjects were reputed as parameters for prediction and control of human actions, and often explain functional

relationships between objects. In line with the post-positive tradition's assumption about value-free knowledge, emphasis is placed on instruments that allow for measuring specificity. For instance, tools such as scales, graphs that allow investigators to establish consistency across boards are regarded as valid measurements. The logic is that such instruments allow for generalizability of 'objective truth.' In their world view, methods or investigative tools that fall short of such expectation are considered invalid or unscientific.

In the quantitative tradition, the following terminologies 'variables, population, result' are used to illustrate hypothetical generalizations, and statistical terms are used for presenting results (Bodgan & Biklen, 1998) The world is viewed as observable, measurable fact (Glesne & Penshkin,1992,p.6). For quantitative scholars: "The extent to which results are consistent over time and accurate representation of the total population under study is referred to as reliability, and if the results of a study can be produced under a similar method, then the research instrument is considered to be reliable" (Joppe,2000,p.1). Inherent in the definition is the concept of replicability and repeatability of test results in the quantitative research. In other words, did the research measure what it was intended to measure? Worth noting in the definition of validity and reliability is the emphasis on replicability and the accuracy of the measurement instrument.

3.11 Reliability and Validity in Qualitative Research

For qualitative research, the markers of reliability and validity differ due to its epistemological and ontological assumptions. Qualitative researchers seek to understand, illuminate and extrapolate to similar situations (Hoepfl, 1997).

Qualitative research embraces the self and the role in qualitative research process through the reflexive processes that allows the researcher to interrogate his or her subjectivities and prejudices. Qualitative researchers believe that real world is dynamic and the researcher must be present to document such changes, therefore, evaluative parameters of credibility and reliability are not set in stone as seen in postpositive or quantitative tradition. Although both quantitative and qualitative research methods share the idea of credibility but differently. While credibility in quantitative research lies in the instrument used for measurement, for qualitative research-the "the researcher is the instrument" (Patton, 2001, p.4)

Qualitative researchers define reliability differently. In line with the philosophical assumptions of qualitative inquiry, reliability is viewed in terms of the quality of the research. In qualitative research, the measure of the quality is whether the research allows the public to "understand a situation that would otherwise be enigmatic or confusing" (Eisner, 1991, p.58) whereas in quantitative inquiry the emphasis is on whether the research explains a "phenomenon" (Stenbacka, 2001, p.551) Articulating the significance of reliability, Patton (2001) note that it allows the public to judge the quality of a study. Similarly, Lincoln &Guba (1985) note that reliability allows the public to trust and pay attention to the subject matter being presented by a researcher. Accordingly, they recommend 'inquiry audit' as a strategy that allows for the interrogation of the consistency in the research process. In their view, consistency in the process helps to verify the accuracy by looking at the raw data and juxtaposing it with the process notes, and comparing same with the result of the study (Campbell,1996;Hoepfl,1997;Clontt,1992,and Seale;1999).

3.11.1 Validity

Although qualitative researchers unanimously agree on the importance of validity as a construct, however, there is no single or fixed concept to describe it, rather it is contingent upon the paradigmatic assumptions (Clonter,2000;Cresswell & Miller,2000) As such words such as rigor, trustworthiness and quality are used to represent valid research (Davies & Dodd,2003;Lincoln & Guba,1985;Mishler,200;Seale,1998,and Stenbacka,2001).For qualitative researchers, validity and reliability are constructs that help to differentiate a ‘good ‘research from a bad ‘research. ‘Based on these assumptions about validity and reliability in qualitative research, rather than a rigid set of criteria, qualitative researchers are guided by a general set of criteria in ensuring reliability and validity.

3.11.2 Rigor

Rigor is a broad umbrella that includes the responsibility and honesty in representation of the findings. It also refers to the extent to which a piece of research is believable, a concept described by Lincoln &Guba (1985) as trust worthiness. Rigor allows the researcher to present details about the interview process, including explanation of the analysis procedures. An example will be painting graphic details of how the researcher immersed himself or herself in lengthy field work, as well as providing clear details about revisits to the research participants for member checking and verification of ideas by the participants. A strong project provides explanation for each of the steps. Rigor is achieved by ensuring meticulous data gathering that allows the researcher to draw logical inferences that are supported by the evidence. In centering the voices of the community, the project occurs in natural setting, including

a home, office of the community members. To ensure accuracy of representation of reality, qualitative researchers as well visit the site of the participant which in turn allows for capturing of detail about the experiences of the participant (Creswell, 2003) This is achieved by presenting research data in a logical and systematic manner that allows the audience to read data that illustrates the inferences being made as well as counter evidence. Such dual presentation eases audience's judgment about the credibility of the study. Therefore, in qualitative inquiry, researchers pay attention to views and counter views during their articulation of reality. In fostering communicative spaces for Black youth to address significant heart disease, I visited the project site multiple times over the course of the project, cultivated and nurture relationship with the youth. The site visits also provided me opportunity to document the interactions that played out in the project development. During the project execution, I wrote journals and blogged about the processes of the campaign. My journal notes and blog posts served as reference point for crosschecking of facts.

3.11.3 Triangulation

Triangulation is one of the strategies used by qualitative researchers to ensure validity and reliability. Triangulation is the combination of theories and methods in qualitative inquiry, and involves the use of multiple methods in a single study. Depending on the underlying philosophical paradigm guiding a particular research design, triangulation allows the researcher to combine the benefits of in-depth interviewing and numbers in drawing inferences (Mallison, 1998). It entails utilizing interviews, surveys, observation in the gathering and analyzing of data in such a way that they complement each other (Glesne & Peshkin, 1992). In these circumstances,

the numbers allows the researcher to establish a trend about a phenomenon, while the in-depth interviews allows for an interpretation of the factors responsible for the observed trend. Such kind of combination helps to overcome arguments about bias likely to arise when only one method is used. According to Cresswell & Miller (2000) triangulation is defined as a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study (Cresswell & Miller, 2000, p.126). Implicit in this quotation is that triangulation provides additional layer for the crosschecking of research findings. Although qualitative inquiry promotes triangulation, the researcher must justify the rationale for combining the methods, and the methods must complement each other meaningfully.

Depending on the need, qualitative researchers may involve other investigators in the interpretation of the data at different time periods. This process is called 'investigator triangulation.' Implicit in this concept is the notion that the researcher may utilize the ideas generated by other researchers studying the same participants (Johnson, 1997). In sum, triangulation involves the use of different data gathering methods by qualitative researchers for the gathering and interpretation of the data, depending on the situational needs of the researcher. In this project, I used triangulation in data collection, including interviews, participant observation, and document analysis, and journaling. The observation allowed me to document activities that occurred over the duration of the project. Based on some of the instances I posed specific questions that allowed me gain richer insights about the

specific incidents and the factors responsible. This allowed me to gain unique insight about the processes.

3.11.4 Member Checking

Member checking refers to revisiting research participants with initial drafts of the report for their views on the accuracy of the representation by the researcher. Revisiting participants helps to eliminate the possibility of misrepresentation or misinterpretation of the ideas expressed by community members during an interview or focus group discussion. Member checking also offer additional advantages in that it allows the researcher to cover new grounds that were inadvertently omitted in previous interaction with research participants (Cooper, 1995; Lincoln & Guba (2003). Cooper (1995) frames the importance of member checking in the following vignette: "When I involved these individuals in the final selection of illustrative passages of their discourse, they were able to identify with which I intended to use the data. Similarly, I have occasionally introduced themes and questions into the interviews, which had previously been absent from the adolescents' discourse. Through these interviews, where themes the adolescents considered unimportant and important were discussed, a more comprehensive analysis became possible"

Although qualitative research encourages member checking, a strong qualitative project must explicitly justify the rationale for the verification of findings. Without such explanation, the interpretation may be wrongly judged or interpreted. In fulfilled this criteria in two ways. First, I constantly paraphrased the responses of my participants during the interviewing process. Their affirmation of my paraphrased sentences served as member-checking. Secondly, I shared the themes that emerged

from my analysis with my advisor Dr. Mohan Dutta, who is also the Principal Investigator on the youth project. Dr. Dutta is the theorist behind culture centered approach that is my guiding framework for the study. Further, he is conversant with Black context and issues facing African Americans in Marion County.

3.11.5 Credibility

Credibility is the public perception about the ability of the researcher to effectively perform a task. There are two forms of credibility, namely initial and earned credibility. Initial credibility is what the audience or public knows about the researcher. Credibility could also be earned over a time period. This type of credibility is based on the researcher's performance. For instance, an astronaut who has been trained and is reputed for conducting quantitative studies that make cause and effect claims may not be trusted if he publishes a critical qualitative research because of public perception of his credibility. However, a key way to establish whether a project is amenable to qualitative inquiry is its feasibility or Do-ability. Do-ability is whether the project can be practically executed with available resources, including time, access to research participants. It also involves paying attention to the ethical dimensions of qualitative research e.g.is the research doable without violating the rights and confidentiality of participants. Also crucial in determining the do-ability of research project is the extent of commitment by the researcher. Is he or she properly engaged or committed to the research site and phenomenon under investigation. This is vital because the researcher's commitment and engagement in the construction of meaning is an important aspect of qualitative inquiry that distinguishes it from post-positive inquiry. My engagement with the adult population

on heart disease is proof of my commitment to the population. Because of the engagement of a community partner IMHC, I did not encounter considerable difficulty gaining access to the site. In the paragraphs that follow, I present step by process of how I ensured credibility in the project of engaging the youth.

Baxter and Babbie (2004) note that trust worthiness in qualitative research is characterized by the following four features (a) credibility (b) confirmability (c) dependability, and (d) transferability. Credibility speaks to whether the researcher's interpretations of the data reflects participants meaning. In this study, I ensured credibility through the following ways. First, I drew meanings inductively. The codes and themes were extracted from the data generated over the cause of the study. Inductive analysis allowed me to remain true to the meaning that emerged from the data gathered over the duration of the study. Specifically, I drew upon the narratives in the extraction of themes. Second, I provided thick descriptions surrounding specific activities and the narratives. These include the contexts, and or settings, that characterize specific actions (Geertz, 1974; 1994). Similar to credibility, dependability comprise of the extent to which the findings of a study can be traced by others or outside researchers. I achieved dependability in this study through the following strategies. I clearly organized the data collection procedures according to the timelines, including pre-planning, planning and implementation, and post-implementation (refer to data collection section of this chapter for details).Further, I present clear explanation of the data analysis procedures as well as present the results coherently. Confirmability seeks to establish if the inferences and conclusions presented by the researcher represents the phenomenon under investigation. While I

concur with the notion that the researcher is a part and parcel of the co-creation of meaning, I avoided objective interpretation of the meanings by quoting substantial portions of the data sets. In addition to quoting copiously from the texts, consistently wrote reflexive journals about the emergent themes. Through my reflexive journal entries, I presented my biases for my audience. The fourth parameter for determining the trust worthiness of a qualitative research is transferability. This involves the presentation of sufficient information that allows readers to infer whether the findings are relevant to other groups or not (Baxter & Babbie, 2004). For this, I presented comprehensive information about the context as well as the identities of my co-participants for the audiences to judge.

3.12 Conclusion

This study seeks to understand and document the communicative and organizing processes of a culture centered heart health campaign that put decision making into the hands of black youth. The study is guided by the following three broad Research Questions: RQ (1): How do culture centered campaigns develop? RQ (2): What are the participatory tensions in culture centered campaign? RQ (3): What does it mean to participate in culture centered campaign? In an attempt to answer the listed questions, this dissertation carried out a qualitative ethnography of the campaign. The ethnography was carried out simultaneously while the campaign was being planned and executed. The culture centered approach CCA (Dutta, 2008) provided the overarching theoretical lenses for the investigation. Data was gathered through multiple techniques, including in-depth interviews with my co-participants,

participant observation, reflexive journal entries, and analysis of meeting agendas and minutes.

CHAPTER 4. RESULTS AND ANALYSIS

4.1 Introduction

The results section seeks to answer the three Research Questions that inform my study. The research questions are:

A: How do culture centered projects develop?

B: What are the participatory tensions and processes in culture centered project?

C: What does it mean to participate in culture centered project?

The section consists of three sub-sections, and each engages with one research question. Section one seeks to answer RQ 1, how do culture centered projects develop? It starts with over view of culture centered project. Following that, the section distinguishes culture centered project from dominant projects and subsequently documents narratives of how the culture centered youth heart health project unfolded.

Section two seeks to answer RQ 2, what are the participatory tensions and processes in culture centered project? The section begins with highlight of academic/community engagement. After the review of academic community partnerships, it provides a sketch of the meaning of tension, and provides narratives of tensions in the youth project.

Section three engages with RQ 3, what does it mean to participate in culture centered project? This section starts with recap of the differences between culture centered participation and other forms. Further, it presents discourses of meanings of participation in CCA and implications for culture centered scholarship.

4.2 RQ 1: How do culture-centered campaigns develop?

This section of the result seeks to answer RQ 1, how culture-centered campaigns develop. The section starts with a broad overview about the culture centered project reported in this dissertation. Following this, I present a trajectory of how the campaign evolved, starting with the formulation of the project idea to initial contacts and interactions with my co-participants. I highlight the initial meetings with representatives of our community partner, Indiana Minority Health Coalition (IMHC) comprising of the Vice President for Research, Calvin Robertson, and the Community Organizer, Kelly Zimmerman. IMHC is an Indiana-based nonprofit that is a strong voice against minorities-related issues across the state of Indiana. IMHC is pivotal in our access to the community in both the youth, and the adult project that developed organically through multiple collaborative iterations.

The community organizer, Kelly is Black female in her 20s, who served as liaison among the partners. She is a Public Health graduate of Indiana University Bloomington. Kelly made contacts with the Marion school districts, and the school where the campaign was executed as well as the control school. She was hired by our local partner, Indiana Minority Health Coalition (IMHC). Kelly liaised among the high school, Purdue University and her local organization, IMHC. She regularly attended the initial sets of meetings, but missed subsequent ones because of time conflict with her second job. Kelly's position was part time because of limited

resources for the retention of full time personnel on the project. She executed her responsibilities within her work hours.

After narratives about the processes, I highlight the four themes that emerge from my thematic analysis of the data (Corbin & Strauss,1994).These include (1) emergent and organic processes in CCA (2) Centering community voices and collective decision making (3)Time, relationship building, laborious processes of CCA, and (4) Negotiating structural barriers. In presenting the themes, I draw upon the stories of the school representatives who were directly involved in the organizing of the project, the cultural members, comprising of the students, the media partner, the academic and community partners. The Physical and Health Education teacher directly involved in this project wore a double heart because of her positionality and relationship with the students. She represents power and structure, a nuance that impacted her relationship with the community of students over the life course of the project (I attend to this in greater detail in Chapter 5). I now turn to the culture-centered philosophy about campaign.

4.3 Culture Centering

A distinctive feature of culture-centered projects is the emergent, organic and collective decision making process in the design and execution of the campaigns (Dutta, 2008). The culture-centered approach is broadly about resurrecting unheard voices, creating spaces for communities at the margins of society to identify pressing problems and articulate culturally meaningful solutions (Basu & Dutta, 2009, Basu, 2008). CCA foregrounds equity and social justice as *sine qua non* for addressing

communication disparities. Against this backdrop, culture-centered campaigns develop through organic processes that centralize collective decision making. Through creating communicative platforms CCA methodology facilitates community voices and participation to lead campaign design. Such collective decision making occasionally involves a cyclical process among the relevant stakeholders. In the youth heart project, stakeholders comprise of the students who served as peer leaders, community partners, and the academic partners (Purdue representatives).

Whereas dominant campaigns prescribe activities that are geared toward changing the behavior of cultural members, culture centered grounded campaign advocates centering the voices of cultural members in problem identification and articulation of solutions that are consistent with their culture (Dutta, 2008, Airhihenbuwa, 2007). In the opening chapter of this dissertation, I reviewed the literature on dominant campaigns that prescribe daily consumption of specific portions of fruits and vegetables as recipe for healthy living in minority populations. Often such dominant campaigns are scripted by external experts on the basis of assumptions to "enlighten and empower" communities at the margins of society. The campaigns are usually executed by academic and campaign planners who persuade cultural members to adopt the recommended behaviors (Dutta, 2008, Airhihenbuwa, 2007, Dutta-Bergman, 2004). Dominant campaigns refer to health campaigns that fall under the bio-medical model of health communication that tend to universalize disease prevention approaches (Dutta, 2008, Airhihenbuwa, 2007). Such campaigns are built upon the assumption that health information sharing is a blanket solution to

disease prevention. Dominant campaigns are grounded in cognitive theories such as the theory of reasoned action, self-efficacy model, diffusion of innovation and many others. The underlying assumptions of dominant campaigns are that exposing cultural members to health information leads to changes in behaviors (Dutta, 2008, Dutta-Bergman, 2004) (refer to chapter 1 for comprehensive distinction between dominant and culture centered health projects).

The culture centered approach literature document weakness in dominant campaigns on the grounds that such assumptions are incongruent with the unique circumstances of the lived experiences of communities at the margins. Instead culture centered approach promotes centering the voices of cultural members in the design, execution and evaluation of campaigns as a viable alternative (Dutta, 2008, 2007, Airhihenbuwa, 2007, Dutta-Bergman, 2004). The next paragraph discusses the formation of board formation, an essential component of a culture centered project.

4.4 Formation of Advisory Board

The constitution of advisory board is crucial in culture centered processes because it leads to the emergence of local leaders who drive the project. The formation of the advisory board of the youth project is quintessential example of the centering of community voices that CCA promotes. The board is comprised of student leaders who drove the project. They were appointed during the inaugural meeting by their peers through a collective process. Unlike dominant projects where leaders are selected by the external partners, the formation of the board worked the

direct opposite. I asked the students, “Do we want to elect our leaders now,” and they collectively responded, “Yes.” Following their collective response, I said, “Okay, let’s go ahead and do that, it can be by volunteering or however you want to do it.” Immediately, some volunteered, while the group collectively appointed the chair, secretary, and representatives for other positions. The collective endorsement of the volunteers by the group mirror CCA’s stance on locating decision making about sustainable projects in the hands of cultural participants (Dutta, 2008, Dutta-Bergman, 2004, Airhihenbuwa, 2007).

Having distinguished culture centered approach from dominant approaches, the following paragraphs highlight four themes that emerge from my thematic analysis (Corbin & Strauss, 1994) of how culture centered projects emerge. The themes emerge from conversations with my co-participants, in-depth interviews, journal entries, and meeting minutes. The narratives are replete with stories about the organic, emergent, and collective decision making processes in all phases of the youth project.

4.5 Theme 1: Emergent and Organic Process in Culture-Centered Campaign

The first theme I present in this section is the emergent and organic process in culture-centered campaign development. According to the Webster Dictionary, emergent and organic analogy describes a creative work that is written as the parts emerged, rather than sticking to pre-conceived plan. Contextualized in the youth project, it involves raw account of how the project unfolded. In this theme, I present

narratives of how the campaign organically evolved starting with suggestions from Black adults who participated in a larger heart health project to the role of the youth in different phases of the campaign. The narratives provide insight into the evolving pattern of culture centered project. Additionally, it serves as empirical evidence for juxtaposing CCA grounded projects against dominant health campaigns that are scripted by outside experts. By presenting vivid account of how CCA engages a community, the theme echo CCA's commitment to authentic engagement of cultural participants as entry point for recalibrating health communication scholarship from below (Dutta, 2008, Basu, 2009).

4.6 Theme 2: Centering Community Voices and Collective Decision Making

The second theme that emerge from my thematic analysis of the data is the salience of cultural voices in all phases of the youth heart project. In this theme, I present narratives of active participation of the youth in the planning, executing, and evaluating of the campaign. The stories depict the various ways cultural participants articulated the campaign strategies and voted on conflicting ideas, echoing CCA's philosophy about authentic engagement and collective as important features of alternative health communication. A sub-theme under this is the cyclical talk in culture centering process. In the sub-theme, co-participants talk about the back and forth communication processes in collective decision making. They share stories about attrition of members at the meetings and impact on group's decision making.

4.7 Theme 3: Time, Relationship Building, and Laborious Process of CCA

In this theme, I engage with the narratives of cultivating relationships among the partners, as well as allowing sufficient time for negotiating structural barriers that impact project implementation. The Culture-centered Approach acknowledges the salience of structural barriers in processes of social change. In this project, structural barriers included securing permission from school district authorities for accessing the school site, signing Memorandum of Understanding (MOU) among the partners. The MOU is a legal document stating the rules of engagement among the partners. My co-participants share stories of the considerable time, effort, and labor put into accomplishing these tasks. Similarly, my-co-participants share stories about building relationships among the partners and how genuine relationships impacted the planning and implementation of the campaign. The narratives tally with CCA's commitment to authentic engagement of cultural participants, a feature that distinguishes CCA from dominant health communication campaigns.

4.8 Theme 4: Negotiating Structures

This theme depicts narratives of the layers of structural barriers encountered over the course of the project. My co-participants share stories of the bureaucratic process of gaining access to the school site, and the strict procedures for engaging high school students. The project team waded through bureaucratic processes to secure permission from the school authorities to access the research site. Worth noting across the themes is the active participation and voices of cultural members in

all phases of the project. The salience of community voices across themes symbolizes CCA's commitment to place the power and decision making about their health in the hands of cultural members, a feature that inverses the expert participant relationship that characterize dominant health projects (Dutta,2008,Basu & Dutta,2009,Airhihenbuwa,2007). I now turn to the themes.

4.8.1 Emergent and Organic Process in culture-centered campaign

In a blog post by Professor Dutta announcing the take-off of the youth campaign, he wrote: A new thread of Heart Health Indiana: Voices of African American youth

> As our "Heart Health Indiana" project takes its roots in Lake and Marion Counties and builds new branches to meet the needs of the community as voiced by community members, we celebrate the beginnings of a new initiative. The "Heart Health Indiana" campaign among African American youth in Marion and Lake Counties is off to a start. Our advisory board strongly articulated the need to address questions of heart health and health disparities early on, situating understandings and advocacy around heart health in the early stages of the life-course.
>
> As a result, we have a new project, one rooted in African American youth and their voices. What are the interpretive frames that constitute heart health among African American youth in Marion County? Turning the discursive spaces in the hands of the African American youth in a school is our starting point. The first advisory board meeting comprising of students identified

> many aspects of heart health in the context, with a predominant emphasis on stress and the relevance of stress for African American youth. I am looking forward to working with Agaptus Anaele, our IMHC team, and our media partner as the youth work toward identifying solutions that work for them in their communities.

Professor Dutta is my academic advisor and Principal Investigator of the Youth Heart Health Project (HHIYI). His blog post is empirical evidence that the youth project idea originated from the adult population who participated in the Communities and Universities addressing Health Disparities in Marion and Lake Counties (both in Indiana). Further, the blogposts offer insight on the role of digital media in the planning and implementation of the youth project. Over the course of the project, we had weekly workshops where the campaign strategies organically emerged from dialogue among the cultural members and the partners. At these meetings, the youth identified social media as key channel for reaching their peers. In the following vignette, the team dialogue about the use of social media for reaching out to their peers:

> R: The last time we talked about multiple channels of passing out information. We talked about Instagram, Facebook, and website, is that correct? Or did you change your mind?
>
> TJ: Yes, we did, what am asking now is that over the break they had an assignment. They were going to tell me what name you wanted to use and which channels in particular did you want to identify as far as media to get

this message out to the school. Rather than doing something and no one is looking at it, I rather use the ones that you know people are just going to use.

The dialogue in this context is a follow-up to conversations about channels for reaching the youth with heart health information. TJ is Black African American and the media partner, who listen to the youth on how to reach their peers and put their ideas into concrete marketing and promotion concepts that are brought back to them for review and endorsement. R is the researcher. The questions posed by TJ and the researcher are follow-ups to the youth's proposal on how to use digital media to reach their peers. Consistent with CCA's respect for the desires of cultural members, the duo sought to verify the youth's choice of social media as the channel for reaching their peers. Below is the Youth's collective response:

Peer leaders: let's use Instagram and Facebook.

TJ: Instagram and what?

Onye: I say Facebook

TJ: Okay, this is what we deal with when we use Instagram and Twitter. We have to have someone on our team that has to be really involved. Are we prepared to do that?

Onye and Megan: we thought like we have like multiple people and one person can always tweet and then all of us can always contribute something that way we can maintain the tweets.

The dialogue here is an example of how we engaged the youth over the course of the campaign. Consistent with CCA's commitment to centering voices of community

members, the weekly workshops served as spaces where the youth engaged in dialogue with the partners on different aspects of the campaign. The dialogue among the partners depict the emergent and organic narratives about digital media as preferred channel of reaching the youth with heart health information in their local school. Apparent in the dialogue is the sense of collective articulated by the peer leaders on how the tweets was posted on their twitter handle. According to them, one person tweeted and others chimed in, symbolizing the collective spirit in culture centered process.

Here is another thread that depict the emergent and organic pattern of the ideas, and the role of social media in the planning and implementation of the campaign. The dialogue took place during the weekly workshops among the peer leaders and the partners. It ensued when the community organizer, Kelly asked a question about appropriate media channels to promote the campaign. She asked, "What are media things we can do to get these out there?" Kelly is Black female in her 20s, and was the liaison among the partners. This is how the peer leaders responded.

> M: what if we do like a school carnival and use Twitter, face book and social media to promote it and get it out there?
>
> Onye: should we like record it, like when we do the carnival so that other people can see what we did at our school.
>
> Shumain: we can do like a web page, we can do twitter, Facebook, Instagram
>
> Shumain: A Tumblr

M: A Tumblr a Tumblr

Onye: We can make like an app

Again, in the spirit of ensuring that the desires of the youth was properly documented, I interjected:

R: So we are now talking about social media correct?

The peer leaders collectively answered: Yeah

M: We can make a website, make app. We need to do something that will get some people's attention to actually go to this carnival.

Evident in the narrative is the organic and emergent pattern of the campaign ideas, the emphasis on social media as the preferred channel of reaching their peers with information. There is also evidence of collective agreement reached through dialogue. In the conversation, there is consistent use of "we," echoing CCA's philosophy about authentic engagement of cultural members in problem identification and articulation of solutions that are consistent with cultural norms of the population. In the youth heart project, digital media, including Blogs, Twitter, Instagram, and Facebook serendipitously played crucial roles in the campaign. The youth created a Facebook page where they posted visual images about the quantity of sugar contained in different brands of soda. The images were powerful channels of reaching their peers with information. Also the Facebook pages and Twitter handle served as channels for posting information about the campaign, including the launch date. Unlike the CUAHD project, where the adults preferred DVDs, informational leaflets, and advertisements on television, the youth overwhelmingly chose digital media as

channel for reaching their peers. The youth's preference for digital media support CCA's argument about paying attention to the culture of communities in program planning and implementation. Even though both populations are black, the culture of the youth vary from the adults, a uniqueness that impacted the design and implementation of the campaigns. The emergent pattern of digital media in the youth project serve as additional evidence that distinguishes CCA from dominant projects that are scripted by outside academic experts who are naïve of teenage culture.

Similar to Professor Dutta's blog post, in one of my journal entries, I write about the genesis of the project:

> *Excited about the kickoff of another adolescent CCA heart project in Marion:* I am excited about the commencement of another Culture-Centered Adolescent Heart Health Project in Marion County that focuses on teenagers. Last week Friday, I was privileged to attend the inaugural meeting of the project with the representatives of our wonderful community partner, Indiana Minority Health Coalition (IMHC). The project will work with adolescents from selected low income-inner city African American schools in Marion County in Indianapolis to design heart health messages for the youth. In the project, we (Purdue University, IMCH, and our media representative) will work hand in hand with peer leaders from selected high schools to design culture-centered heart health messages that the peer leaders will disseminate to their peers at school.

> I am excited because the project is an offshoot of our current project, Community and Universities addressing Health Disparities (CUAHD) that works closely with the community, our advisory board, the Purdue team, and our media partners in tailoring Comparative Effective Research Summary Guides (CERGS) into community-friendly forms. While the former focuses on adults, the focus of the later is the youth. The new project is the baby of CUAHD, because it was developed on the basis of the recommendations of our community members (adults), who insisted on "catching them young." According to them, working with adolescents will result in favorable outcomes in heart health messaging in disenfranchised settings. I am excited about the adolescent heart project because of its empowering and transformative potentials. It is transformative in that bringing adolescents to the table to design interventions for themselves is empowering, and changes the status quo where they are coopted to give legitimacy to plans orchestrated by top down mechanisms.

My journal also serve as evidence about the genesis of the youth project. The idea of engaging Black youth was articulated by African American men and women engaged in the adult component of the Heart Health Indiana project. As I noted in chapter 1 of this dissertation, they articulated these at multiple points over the duration of the adult project popularly known as CUAHD (please refer to chapter one for details about CUAHD). The adults suggested these through in-depth interviews, focus group discussions, message tailoring workshops, and advisory board meetings. Consistent

with culture centered commitment of staying true to the voices of the community, the Principal Investigator (PI) Dr. Mohan Dutta, and our community partner, Indiana Minority Health Coalition secured additional funding from the Indiana Clinical and Translational Science Institute (CTSI) for engaging Black youth (Please see chapter 1 for details about the origin of the youth heart project).

Beyond serving as site for documenting threads of the emergent and organic pattern of the youth campaign, my journal provide additional evidence on the role of digital media in the youth heart project. The blogposts serve as a site for cross-checking the themes that emerge from my thematic analysis of the data (Corbin & Strauss, 1994). During the analysis of the multiple data sets, I constantly went back to the blogposts to cross-check the themes with the blog threads.

Narratives from my co-participants also provide evidence about the organic processes of the Youth Heart Health Campaign. The narratives of our Media Partner, TJ, who coordinated the media component of the campaign is useful here.TJ is 40 year Black male and serves as the Director of Multicultural Marketing at MZD, our media partner. TJ is familiar with the culture centered processes because of his engagement in the larger project titled Communities and Universities Addressing Health Care Disparities (CUAHD). The CUAHD engaged adults in Gary and Marion counties in refining scientific information about heart treatment options into culturally meaningful forms. The refining process of the guides called Comparative Effectiveness Research Summary Guides (CERSGs) involved active engagement of cultural members from both communities (Gary and Marion counties both in

Indiana). TJ's company was selected by the community members through a competitive process with another advertising agency. During the CUAHD life circle, TJ's team attended message tailoring workshops with cultural members, took notes and translated the community's ideas into concrete marketing and advertising concepts, which he brought back to the community members for endorsement. The communities' review of the concepts sometimes involved multiple iterations, an experience that exposed TJ to culture centered process. For my co-participants such as TJ, the organic process of culture-centered campaign is at odds with his many years of advertising, marketing, promotion and execution of health campaigns, especially in regard to the design and decision making processes in that most decisions originate from the community. He tells me:

> The Young at heart campaign is very different in the fact that typically in advertising or marketing, the director usually comes to the project with a complete plan and then we figure out how well the students like it and we tweak it. This worked the exact opposite. They had the plan and then I had to figure out what would work, what wouldn't and tweak it, so it worked exact opposite. They had the plan so it was totally different.

What emerges in the narrative is TJ's surprise about the reverse process through which CCA campaign develops. Words such as 'direct opposite' represent emergent and organic pattern of CCA project. TJ is the Executive Producer of the campaign, and has considerable experience in marketing and promotion of campaigns. He tells me, "I am currently marketing and advertising director as well as executive producer

of multimedia. I head a department in advertising that specializes in multicultural and diversity marketing. We use strategic non-traditional marketing plans that partner well with traditional market plans. Traditional includes buying radio and television, but I might do street team marketing, I might do faith-based marketing in church congregations."

He avers that culture-centered approach campaigns' develop in reverse order compared to dominant campaigns. TJ notes that dominant campaigns develop in a communicative process flow that is directly the opposite in that the advertising team comes to the table with scripted campaign strategy. Whereas in the youth project, the agency listen to the ideas of the youth and develops the strategies in line with the views of the teenagers. Following the development of the concept, it is brought back to the youth for review, and the circle continues until it is endorsed by the students.TJ describes the process this way:

> During the focus group discussion with the youth I listen to their ideas. We then put that into a package that the other kids would want to read and learn about on social media and in person. When they came up with the idea of the health carnival which in their mind was a festival, this festival could lead to something that becomes an annual event so that was my role in helping to executive produce the festival. I worked in tandem with Beth and Agaptus on the awareness project and the development of the materials.

The narrative point to the multiple voices and collaborations that characterize the planning, and implementation of culture centered project. Berth is the Physical

Education (PE) teacher at the research site, who served as our primary contact person at the school, while Agaptus is the researcher. TJ's narrative highlight the dialogue among the students and the partners in the planning of various aspects of the project. The multiple voices symbolize the complexity of culture centered process.

Unlike dominant campaigns that are scripted by outside academic experts who come to the site with *a priori* set of goals and strategies, we began the Young at Heart campaign by listening to the students about the pressing heart challenges they face in their environment. We started off by organizing weekly dialogue with the students. Here is sketch of the problems listed by the students

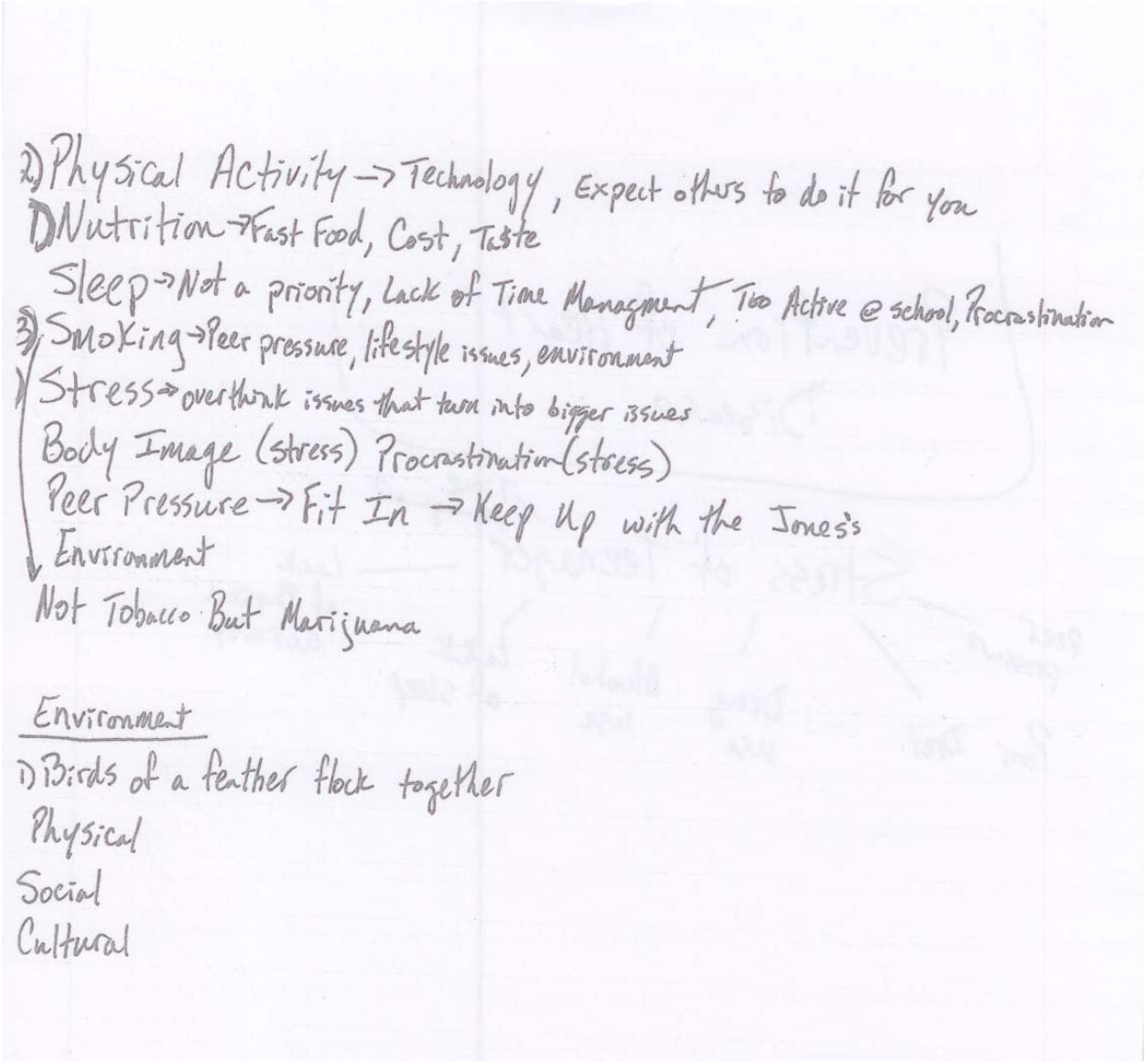

Figure 4-1 Sketch one

Here is another sketch of the problems and strategies articulated by the students

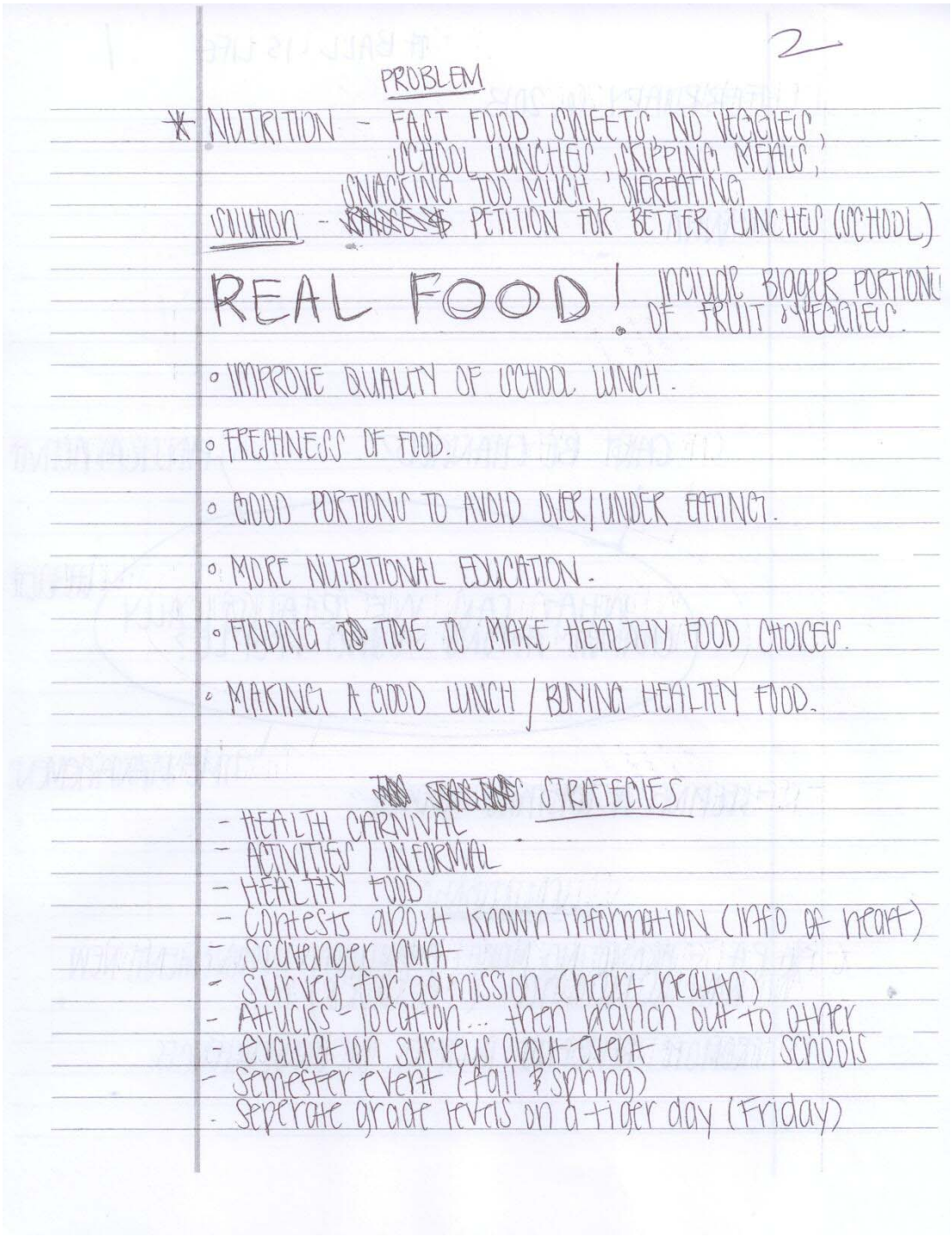

Figure 4-2 Sketch two

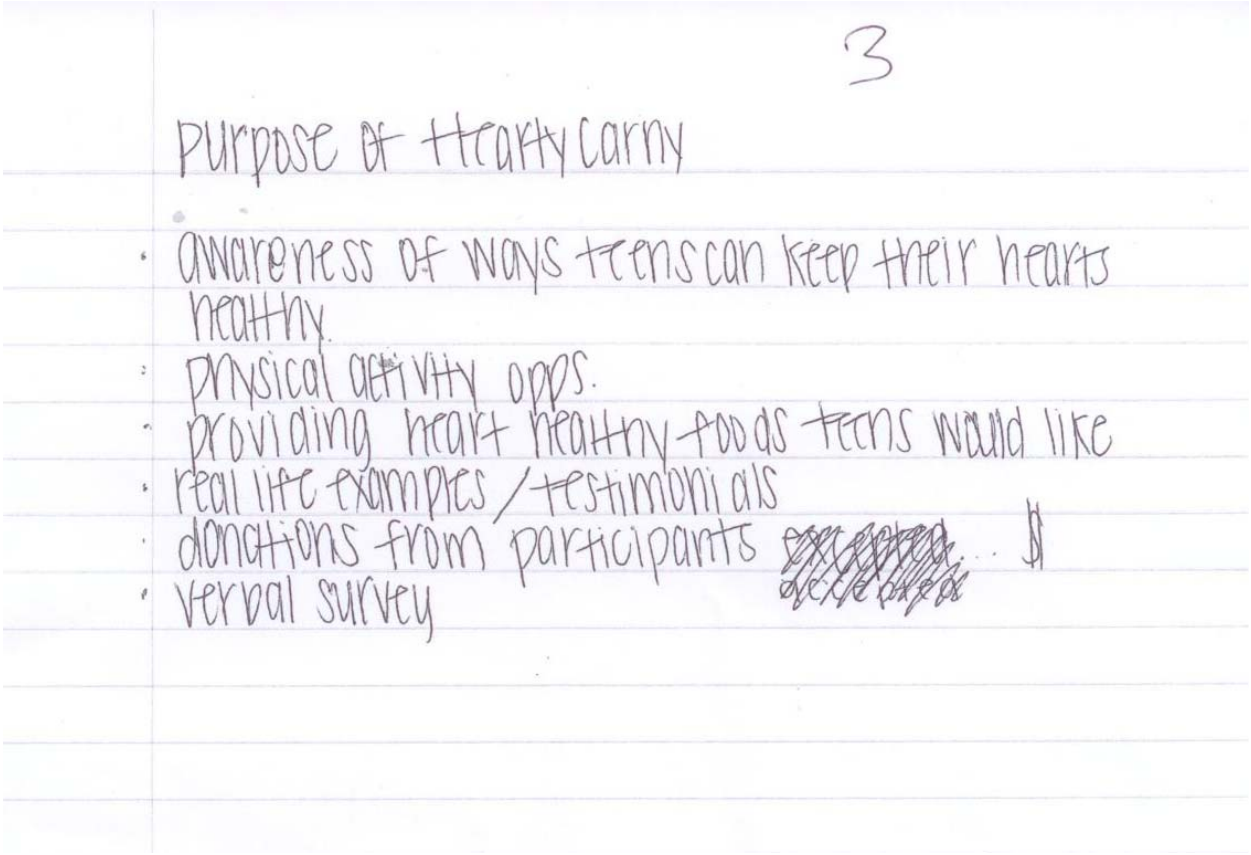

Figure 4-3 Sketch three

What we witness here is the organic and emergent process through which a culture centered campaign unfolds. Also fascinating in this instance is the succinct articulation of the problems and culturally meaningful solution articulated by the students. Like the adult population, stress emerge as a key factor responsible for heart disease in the youth project. The identification of stress and poor school lunch as major causes of heart disease among blacks corroborates culture centered argument that socio-economic disparities is interconnected to health disparities (Dutta,2008).

Another instance of organic and emergent process is when I asked the peer leaders to list the top five causes of heart disease among Black teenagers during one of the workshops, here is the dialogue that ensued:

Darion: Can we like pick a main…like stress really has to do with everything. There are many questions about stress. You could be eating wrong and then you are stressed, smoking, peer pressure. Can we use one theme and then branch off?

Shumain: So do you want to uses stress as the one word?

Darion: Yeah, like the effects of stress

Darion and Shumain are peer leaders on the youth heart project. They simultaneously identified stress as the number one cause of heart disease among black youth. The identification of stress as the main cause of heart disease among blacks is consistent with culture centered argument that structural inequality perpetuates economic, health, and communicative disparities (Dutta, 2008, Dutta-Bergman, 2004). Following their response, the Physical Education teacher Ms. Crick, who served as our primary contact at the school interjects:

Crick: you are saying if we are going prevent heart disease, that's the big umbrella. If am hearing you right, you are saying let's say stress of a teenager and then branch out from there?

Onye: Is this like heart disease in general or heart disease and a teenager's perspective

Crick: It's all in you guys teenagers.

Onye: I think coming from teenagers perspective is what makes it evil, the stress that we are going through now that makes everything happen the way it is.

Crick: And then from there you get into heart disease and other areas. Okay, does everybody understand what she means, stress of a teenager and then from there you can branch to…smoking, drug use, alcohol use, lack of sleep, falling behind, peer pressure, time management.

What emerges from the dialogue is the organic and collective process through which stress emerge as a major factor responsible for heart disease among black population. In addition to serving as our primary contact at the school, Crick wrote the minutes on day one of our dialogue with the students. She reiterates the ideas to ensure accuracy of the minutes. After the teenagers outlined the factors, I further engaged them on the most pressing and here is thread of the dialogue:

R: What I like for us to do is to prioritize these issues. Out of the problems you have identified, can we pick the most pressing according to the order of importance, may be the first 3 or the first 5 depending upon what you think we can handle as a team.

Peer leaders: Stress is no 1

R: Or do you all think that we need to sleep over these until the next time we meet?

Peer leaders: I mean we can just talk it out right now

Crick: Okay, you guys say stress is no 1, stress is the large broad category, so when you start thinking about tackling this you wanna be specific. Now yes your life is stressful but think about things that cause you to be stressful

Peer leaders: Society is going to affect heart health among teenage population. I think nutrition and then smoking.

R: Do we all agree that nutrition should be no 1?

Peer leaders: Yeah

Crick: I agree nutrition will be no 1

Peer leaders: Physical activity

R: Do we all agree that physical activity should be number two?

Peer leaders: yes

R: And what should be our number 3?

Onye: sleep

Shumain: Does it really affect our heart? What about peer pressure?

Onye: Can we do peer pressure, because I feel like the more stress we have on ourselves the more we beat up ourselves the more it is to our heart. Stress is bad on you period. Here is yet another sketch by the students illustrating the points articulated:

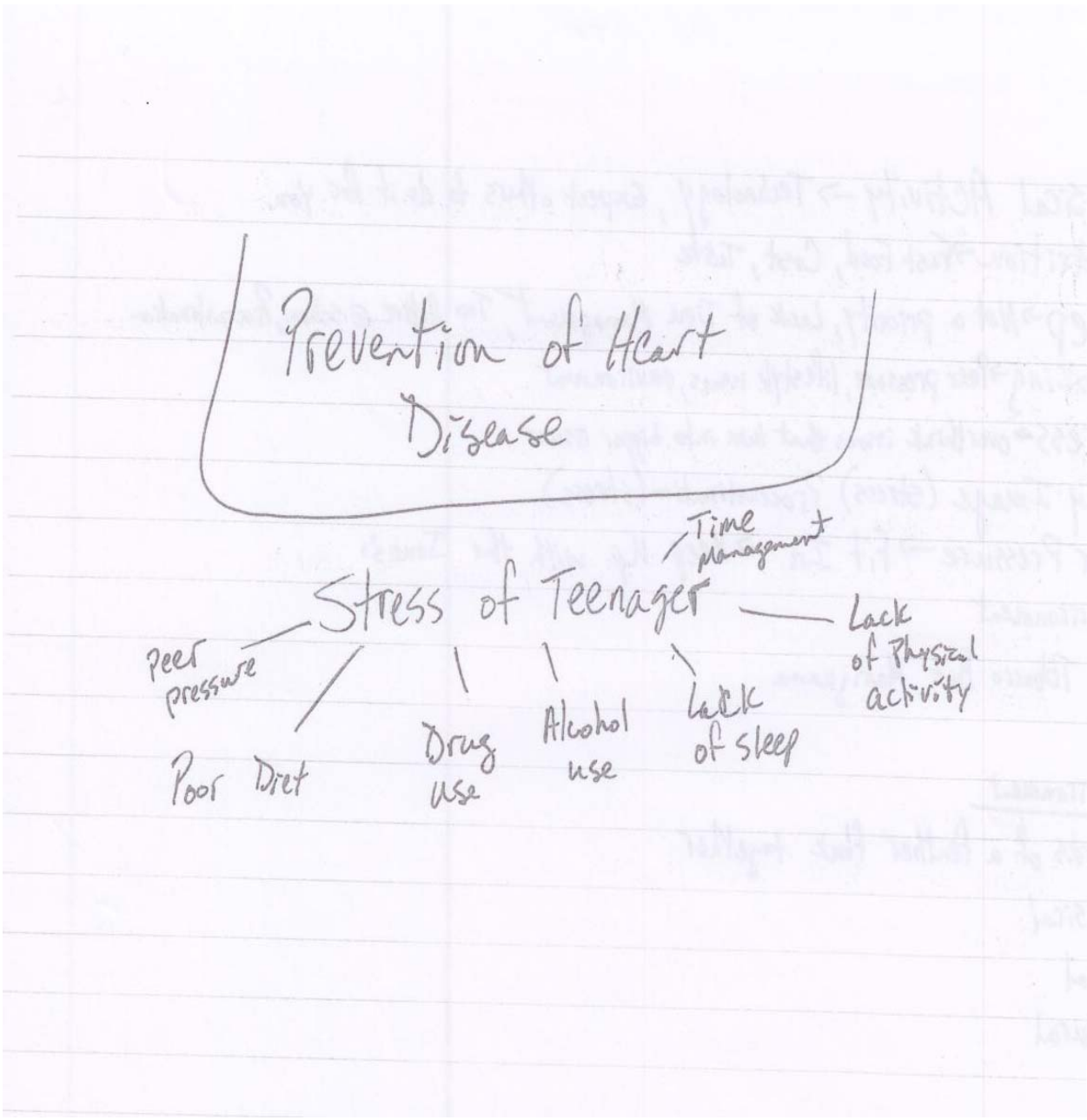

Figure 4-4 Sketch four

What is fascinating about the sketch is the creative illustration of the ties among the factors. The illustration echo culture centered argument about umbilical links among socio-economic disparities and health disparities, especially in underserved

populations. The dialogue above lend support to the organic and emergent pattern of culture centered campaign. Through dialogic process, the youth articulate meaning of heart health and identified the causes of heart disease among black youth. They also ranked the causes of heart disease in the following order (a) stress as no one, (b) poor nutrition, which they noted is interconnected to poverty and stress, (c) lack of physical activity that is connected to their environment, and (d) smoking, drinking, and drug use, which they stated is interconnected to stress and peer pressure.

Further, email thread among the partners over the life course of the project also lend credence to the emergent and organic pattern of the campaign. Following the initial conversation by the youth, I emailed the team on the key issues identified by the peer leaders. In my correspondence with the team, I wrote:

> Hi Team,
>
> After the students listed 9 factors linked to heart disease among African American youth, they prioritized the factors into five and agreed upon a key factor with multiple linkages. Kelli took notes and we also have the notes written by Beth, the P.E teacher. I will scan and email the soft copies of the notes by tomorrow so that we can dialogue about the focus of the next meeting. Calvin and Mohan, when you get a chance, could you provide ideas about ways to incentivize participants for the in-depth interviews? Kelli asked a question if there is any form of compensation for our interview participants. I would

like to hear your thoughts. Kelli, could you please share yesterday's notes with the team?

Agaptus.

The email thread serve as empirical evidence about the complexity of culture centered process, and the multiple voices that participate in the decision making in a CCA project. Following my email, one of our community partners responded:

Subject: RE: Attucks Update

Thank you Agaptus,

I think we are off to a well needed start. It looks like the main angle is to build a campaign around stress management with an emphasis on addressing specific stressors (causes of anxiety or other emotional responses). We may need to further probe what the meaning is to some of the identified topics such as peer pressure, which is a broad term. Drafting guiding questions to narrow their focus I believe will be important. Asking them what is realistically changeable is another question. Asking to what young people are open to not only change, but who should be the messengers of change. These are some of my initial thoughts, but I will provide more in the days ahead.

The email thread is an evidence that stress emerge as the major cause of heart disease among black youth. Based upon the email threads, it is clear that the campaign evolved around the issues articulated by the youth. Again, the email thread shows the

multiple layers of dialogue and voices that actively participate in the development of culture centered project.

Further email communication among the rest of the team serve as additional empirical evidence of how the campaign evolved. Following the second meeting where the youth listed the most pressing problems and strategies for tackling the problems, I recapped the meeting activity in an email exchange with the team. Below is the email thread:

> Dear Team,
>
> The second meeting went very well. The peer leaders further narrowed down to three realistically modifiable factors (a) Nutrition (b) physical activity & (c) time/ stress management. Attached to this email is the sketch of the deliberations, proposed solutions and strategies. We will continue with the strategies next Wednesday at 2:45 p.m. We have also scheduled some interviews for next week. Please let me know if you have questions.
>
> Agaptus.

The email communication among the partners is empirical data detailing the emergent and organic evolving pattern of the project ideas. After prioritizing the pressing heart health problems among Black youth, the peer leaders resolved to engage their peers using a health carnival. The carnival ideas evolved during the weekly workshops. The workshop dialogue is worth quoting in its entirety. On this date, the dialogue starts with recap of suggestions made in previous workshops:

R: we are speaking with you about best ways to reach your peers on how to prevent heart disease. You are the boss so that's why we are listening to what you think we can do, that's in a nutshell what we are doing. We have had two meetings, today is the 3rd.We started by listing all the problems that cause heart disease among the youth. We listed a lot of things but last week we narrowed it down to 3 key problems. When I say we, I mean the team, this group of people that come together here. We asked what behaviors we can modify among our peers. Nutrition was one of the things we discussed, nutrition or fast foods or bad eating habit contributes to heart disease. We talked about exercise, physical activity, so we talked about talking to our peers on how to modify their behaviors so that they can be physically active, and then we talked about stress management a lot as one of the things that lead to heart disease, so that was kind of the summary. We started talking about solutions. We talked about creative ways of promoting exercise so that people are not bored. We identified food-related problems, we talked about how we can promote good ways of having healthy meal both at school and at home. Last week we discussed about planning a health carnival. I think somebody branded it Carni health. Today our task is to move forward on the strategies to address the three things we identified, that's what we want to achieve today. Now my question for you is, have you had a change of mind from last week? Based on these conversations are we still on track? I think that is the starting point for us.

Following my recap of previous ideas, the students collectively responded, "No." Again, I paraphrased my question, "Are we still on track." At this point, our media partner, TJ interjected, "What do you have to say?" Two of the participants responded thus:

Tekiya: No

Darion: No

Again, the excerpt shows the dialogic and organic process that characterize culture centered project. The dialogue reveals authentic engagement of the youth in the planning of different components of the program. Through such engagement process, the voices of the youth become centered in the overall program. Additional evidence of the organic and emergent pattern of culture centered process is visible in the dialogue that follows their endorsement. Following the collective endorsement of our previous conversations, I further asked, "In addition to the health carnival, what other suggestions about strategies we can use to address these problems?" The leaders collectively responded, "No, there is not."

Conspicuous in this excerpt is the constant dialogue among the peer leaders and the rest of the team. Through dialogue, the team agreed to youth centered carnival as the key strategy for reaching teenagers with heart health information.

Again, following their collective response, our conversation unfolded this way:

R: last week we said we are going to have a health carnival and also listed the kinds **of** activities we are going to execute during the carnival. You suggested providing healthy foods, organizing contests about information on heart

disease so that winners get prizes. Somebody suggested scavenger hunt, and we agreed to do surveys that will serve as ticket for people to get into the carnival, so that will prime people to know what we are talking about. We said one of the things we wanted to achieve was to promote awareness about heart disease and the ways the youth can prevent heart disease, promote physical activity among our peers. Some members of our group suggested we should have people give testimonial, may be young people who later became old and now have heart disease. We are going to do the health carnival like you all suggested and will get to specifics much later today. Apart from the health carnival, one of the problems we identified was how to improve the quality of launch at school. Will the health carnival allow us to achieve that? Let's think about how we could contribute to improve the quality of launch at school? What activity can we do to achieve that kind of thing? Let me remind us in case we have forgotten. The idea is not for me to serve as a teacher. The idea is we open up this conversation and you are the boss, you say what you want to do.

Following my recap of the strategies agreed upon in the previous workshop, the Community Organizer, Kelly, interjects:

Kelly: So we all know what's going on right?

Peer Leaders: Yeah

Kelly: You guys seem quiet

At this point, the Physical and Health Teacher, who is our primary contact at the school chime in:

> Crick: Okay you guys are rooting for the health carnival or health fair, start throwing stuff out?

Based upon Crick's prompt, one of the peer leaders responds thus:

> M: I mean the only thing that doesn't seem realistic or achievable is improving the launch quality because that would be a long process of going to the board and nothing is going to come out of it. Improving on it is not realistic right now, but we could still have news there and explore another schools, since ours is so difficult, other schools aren't. Other school districts make their own launch, they have their own system of doing things and our district you can't really change this.
>
> P: That's what I am saying that other schools that make their own food can come and learn from our health fair.

The dialogue shows the trajectory of events that lead to the development of the culture centered project. The central theme in the dialogue is the students desire to organize a health carnival as a strategy to engage their peers in reducing stress linked to heart disease. The dialogue also provides the context for understanding the multiple voices that participate in the formulation of the project ideas. The collective participation of cultural members in the formulation of the project ideas is consistent with CCA's postulation about the agency of community's at the margins to enunciate solutions that are culturally meaningful. The vignette depict dialogue, agency, voice,

active participation which are features of culture centeredness. Here is another sketch depicting summary of the proposed carnival:

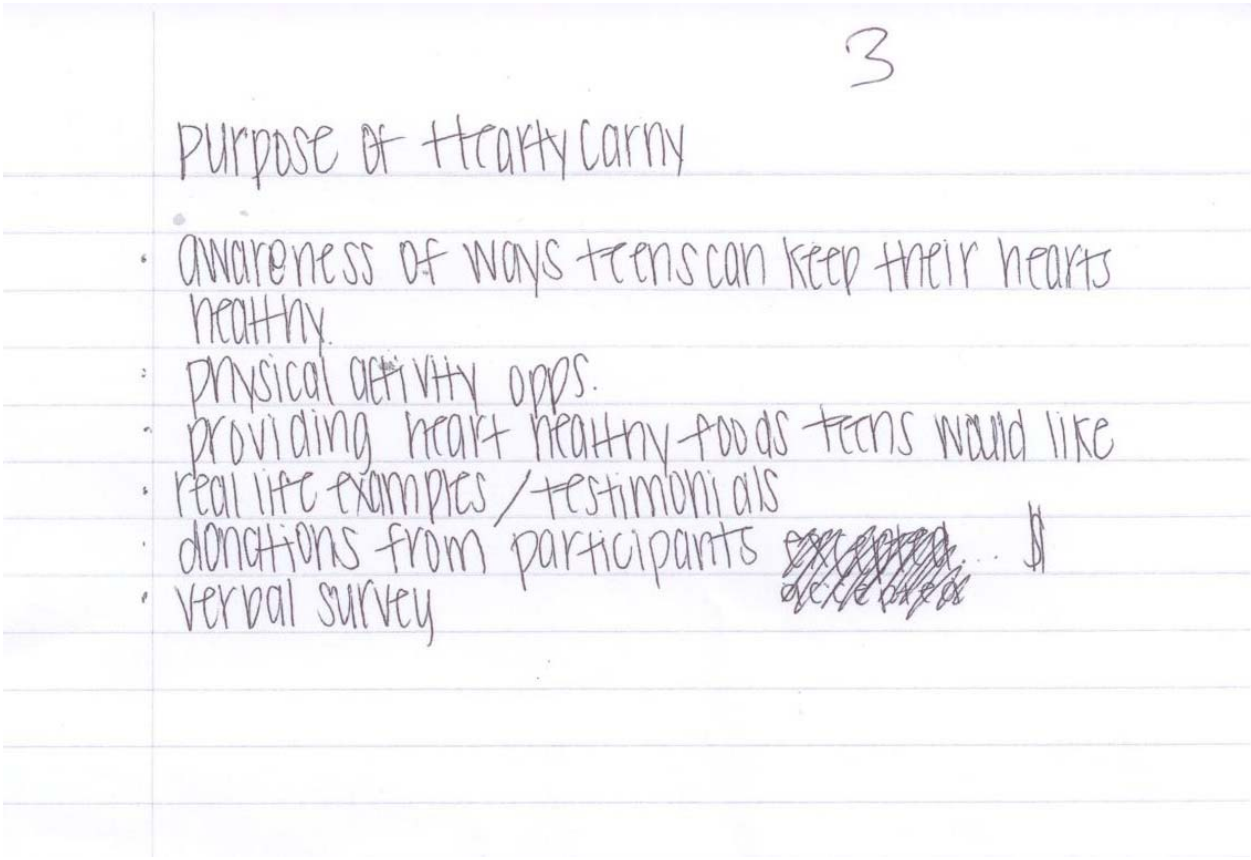

Figure 4-5 Sketch five

What we witness in this instance is the enactment of agency by the peer leaders. The sketch succinctly depicts cultural solutions that are consistent with the teenagers. Again, the creativity of the students corroborates CCA's stance on the ability of cultural members to solve its problems without external guidance (Dutta, 2008, 2011).

The emergent and organic development of the project is also visible in the planning of different aspects of the campaign. An aspect of the project involved the design of the campaign logo. The narratives below depict the trajectory of the conversations that led to the formulation of the campaign logo.

M: Kayla can you work with onye and make a logo, because you all artistic

Crick: is that yes or no?

Onye: I said yes.

Crick: So project logo will be onye and Kayla. Okay have you come up with a project name?

Participants: We could do that next week

Crick: So how are we going to have a logo without a name?

All: No

Crick: Here is my suggestion, draw out couple of project names and they can make logo based on whatever we draw out right now, heart you know

M: Is supposed to be teen minority thing? Isn't that the project or heart health?

M: I hope you are typing out the notes.

Crick: Did anybody so far come out with names

Kelly: That's on the agenda for next week

Crick: So far on the agenda for next week, project name, project logo, Nicky shaw, Q & A, anything else on the agenda for next week?

Onye: Kayla, I, and Sequoia will do post cards and send to TJ to help him design the logo sample.

Again, what becomes apparent is the dialogic manner through which culture centered ideas evolve. Evident in the discourse is the organic pattern through which various aspects of the project evolved. From the dialogue, there is collective agreement among creative members to send drafts of logo ideas to the media partner who translates the drafts to concrete marketing concepts that is brought back to the peer leaders for review and endorsement.

Based upon this collective agreement, the media partner put the suggestions into concrete marketing promotional materials and brought back samples for review and endorsement. In setting up the context for the logo review dialogue, I said, "What we want to achieve today is for TJ to go over the preliminary samples so that we can decide upon the logo and okay sample materials to give him enough time to get the samples ready for review by the peer leaders in the next couple of weeks." Having set the context for our dialogue, I invited our media partner TJ to provide update to the peer leaders and this is what he said:

> TJ: I took your ideas and this is the part where we create the process, so today I want to tell you your ideas and show you what we have done so far. What we do is we do just enough to show you what's going on so you can make changes, so don't expect these to be complete. I like to have a final version by next week so that I send them off and get them printed. Based upon your ideas, we came up with a logo that incorporated Crispus Attucks tiger, has a heart inside. First thing I need to know is what you think about this logo since it was based on your idea.

TJ presented samples of art works depicting the students' ideas and sought their feedback on the materials. This narrative is symbolic in that it recognizes the power vested upon the teenagers to approve the promotional materials deemed appropriate for reaching their peers. Culture centered approach theorizes about locating decision making into the hands of cultural members (Dutta, 2008, Basu, 2008). The dialogue in this context is quintessential example of how the youth project located decision making about various aspects of the campaign in the hands of the teenagers. Following TJ's update, here is the dialogue that ensued among the peer leaders and the partners:

Onye: We could do the other one, the one that is on the box spot

Crick: Yeah, they ended up liking that one, they like the one in red

TJ: Ok and you showed them everything. Okay, which one are you talking about

Participants: The one at the bottom

TJ: So you want to use this particular logo and that will be everything right?

Peer leaders: Yeah, and then we change the font like the ones you first showed us

TJ: Change the font to the font like the other one?

Peer leaders: Yes

TJ: Is that the only thing?

Onye: And we want the tiger put in the middle

TJ: Do you want the Crispus Attucks medical magnet high in red? Or leave it the way it is

Peer leaders: I like the way it is

TJ: OK, so the thing to change is the font for the art or the font for all the wording?

Onye: Just for the name

TJ: Just the font for the Crispus Attucks medical magnet school, make it master font of the other logo. Okay and what about the art? TJ asked?

M: the art is fine. We want the art font used for Crispus Attucks medical magnet school. I don't like the tiger in the middle

TJ: So do we want to take a vote to see if you want or you don't like the tiger. Who asked for that, one of you asked for that? So she is not here today.

TJ: Everything else regarding this particular one looks good?

Peer leaders: Yeah

TJ: Okay, so we are good for logo right?

Peer leaders: yeah

TJ: When I change this we are done and then we are going to use this logo on everything

Peer leaders: okay

The dialogue in this contexts depict the organic and emergent pattern of a culture centered project. The peer leaders review sample materials developed by the media partner and suggest changes to the materials. The review and endorsement process is

essential component of CCA that depict the layers of collaboration and laborious processes of culture centeredness. The engagement of cultural members and partners in a continuous loop takes considerable amount of time, resources and requires commitment to the culture centered philosophy. Compared to dominant projects where the 'academic experts' visits the field with scripted plan of the campaign and cultural members are appointed to legitimize program as participatory (Dutta,2008,Dutta & Kreps Ed.,2013,Dillon & Basu in Dutta & Kreps.,Ed.2013).

Consistent with culture centered philosophy of paying special attention to the culture of the population, the peer leaders aver that teenagers have short attention span, therefore the campaign should involve activities that touch upon the various human senses:

> We should have a speaker come in and introduce everything and like give a background story about his or her heart condition, that will last like 20-30 minutes and then after that everybody go out. The talk should be 30 minutes because if it is long people will zone out, I would if somebody talk for 30 minutes, the youth collectively echoed during the carnival planning workshop.

Reiterating the idea of short speech, Onye suggested, "They can share their stories may be a patient. We can also have a doctor and a speaker who will share testimonial. We can have somebody like a patient or something, or somebody that knows the effects of heart disease." Onye is one of the peer leaders.

Megan, also endorsed the idea of short speech, “Like an initial speaker and then at the stations there could be other people talking too.” Following Megan’s endorsement, the students collectively echoed, “yeah.”

The discourses reveal the emergent pattern of a CCA project. These constructions depict cultural members as individuals who carefully think about different aspects of the campaign. The thoughtful suggestions presented by the teenagers in many ways counter dominant narratives that present cultural members as agency-less (Basu, 2008). The careful suggestions by the teenagers pass as insurgent text against dominant projects that present communities at the margins as populations who depend upon external experts for guidance. Following their collective response, I asked further questions and the carnival ideas unfolded thus:

R: So who will be the other people talking? Is that a doctor and a patient?

M: I think the initial should just be like introducing everything and the purpose of why they are there so they are not just there for nothing, then at the stations we can have testimonials

R: Who will be appropriate for what you are suggesting? Who will you like to listen to?

Onye: Is this supposed to be fun carnival? I think it should be fun so that it can attract

Crick: Fun, interactive!

M: Can we build a rock climbing wall, so it can be physical. We can have games and climbing wall everybody wanna do that. We can have other games.

> Have stuff that shows them how to eat right and how they can exercise and it will be fun at the same time
>
> M: Or to do like a tasting test, eating something and then eat something that is goofy and then see what taste and then tell them which one is which
>
> P: showing them that the healthy one is better

Again, dialogue is conspicuous in the evolving pattern of the campaign. Based upon their recommendation, a health carnival with different activities, including healthy food station, physical activity station, and time and stress management stations was implemented as key strategy for reaching their peers. The weekly dialogue with my co-participants changed dominant researcher/expert versus community relational dynamic. Instead of conventional expert participants' relationship, the weekly dialogue provided spaces for the exchange of ideas and co-creation of the campaign. Co-creation of ideas is consistent with CCA's commitment of turning the discursive spaces into the hands of cultural elements who have been historically treated as research subjects by dominant health communication projects. Dominant projects often hand prescribed behaviors that are conjured by external experts into the hands of cultural members.TJ provides examples of the organic processes of the campaign in the following vignette:

> The entire purpose was to listen to them. For example, when they said they wanted to have a carnival we knew that they needed a physical activity station. We had to scale back because of insurance reasons and availability of the equipment for doing a climbing wall. But we were able to do what ended

up being much better alternative to create obstacle courses that were developed here at Attucks that utilized running, agility, shooting, jumping. They were shooting basketball, they were jump roping, they were running through the obstacle courses and that's quite frankly something I wouldn't have thought of. Secondly they said we needed stress and time management. One of the things they wanted to do originally was to develop their own video. After looking at YouTube we saw that there was some other videos that already have been produced, therefore we had the budget to develop the wrist bands and cards they wanted to develop. They wanted something that they could keep for a life time not just for this particular project so we developed the wristbands, which became one of the giveaways' and I just ordered a second batch. We ordered a total of 1000 for the 300 students here in different colors and basically they say Young at Heart, which is the **Tagline that they came up with, start jumping to keep your heart pumping.** I will always remember that. And then we came up with a logo that was unique in the fact that when I showed them some examples to start from, they took the Crispus Attucks Tiger head and put it right in the middle of the O in the word young. Typically when you hear young at heart, you are thinking of senior citizens that are trying to say that they are still young in the heart. Well, these kids put a flip on that and said they were young at heart because they are young and they believe in the heart health messaging that we are giving, so they kind of flipped it, I thought that was a good idea.

TJ narrative lend credence to the organic emergence of the campaign ideas. It also sheds light on how the campaign evolved through constant dialogue among the partners. TJ continued:

> They also came up with the idea that they wanted a chef. They wanted someone here not just to give them a recipe to put on the back of the post card flyers, they wanted to cook with the chef in the school's home ED in the kitchen to learn how to make these foods, and to pass it unto their friends and their mothers and fathers in helping them to eat healthy so I thought that was great. One of the other things that they came up with was the fact that they wanted to have pictures and videos that could be passed on throughout the school, so we created the Facebook page not necessarily open to any and anybody in Indiana, but the students here.

The narrative touch upon two key aspects about the organic process of the culture-centered youth campaign, the creativity of the students in the choice of physical activities, and the campaign tagline. The obstacle courses developed by the students served as alternative for the climbing wall they desired, but could not get because of insurance and liability issues associated with mounting a climbing wall on the school campus for the campaign launch. The obstacle course was created with physical activity equipment located in the fitness laboratory of the school. Interestingly, the obstacle course turned out a better option in terms of cost, and engaged the students during the campaign launch. Another impressive narrative is the creative process

through which the students arrived at the decision about the campaign logo and the other activities carried out in the campaign.

As TJ rightly note, the planning of the campaign involved multiple dialogue with the youth. The following suggestions by the students is quintessential example of how the planning evolved, " We should have station 1, station 2, station, 3 and I think beside those stations we should have like 4 inside of each," Onye suggested during the planning workshop.

Echoing Onye's suggestion, Megan said, "4 booths inside of each station and you should have like videos to show at every booth." Megan and Shumain collectively averred, "These are the 3 stations. They don't have to be beside each other. Are we having a physical station, a health station, and a time management station and that's what we want."

Again, visible in the conversations is the voice and active participation of the community of students in the planning of the campaign. The engagement of the students symbolizes CCA's emphasis on authentic engagement as *sine qua non* for breaking the roots of communication disparities that perpetuate inequality (Dutta, 2011).TJ vividly describes how the campaign activities organically evolved thus:

> We developed the event that had the three stations, physical activity, stress and time management, and healthy eating. We incorporated the Indiana Pace mates during playoff time to come and cheer and lead the kids on. We had a fitness instructor who was also Ms. Indiana two years ago in the fitness competition to actually give information to types of exercises kids can do at

home if they didn't belong to a gym. We had healthy eating food samples that we passed out. These comprised of some salads, which included an entree and things of that nature and we had ton of water that we gave away because we are trying to get the kids used to drinking water than the sugary drinks. We developed graphic images that showed on social media how much sugar is in the common things that the kids consume. For example, a regular size coke contains 40 tea spoons of sugar. A supersize of coke contains about 60 teaspoons of sugar and we showed them that. We are also able to develop a social media page Young at Heart Indiana and the students are taking that information and developing a Tumblr page because some of the seniors don't use Facebook as much as the sophomores and juniors do. They have gone to Instagram and Tumblr. The Instagram allowed them to post pictures. We wanted to incorporate Tumblr which is a blog that allows you to re-blog important messages, but also lets people like that information and then share it. The Facebook page is really for chronology. If we ever need to look back and say what do we do, I have pictures that show when we first started the discussions, when Agaptus was leading the developmental phase with the students with some of their first interactions that I had and here is what we can do, here is what we have money for in the budget. And then lastly we developed the T-shirts, we had the logo and we put the name on the T-shirt, and we thought them a life skill that I hope that they will remember, and that is we incorporated CPR training into this so that if they are ever around

> someone that collapses they know how to revive the person. We incorporated that PSA in the Facebook page, and strategically they mentioned it in the launch program before and after the actual festival, so in a nutshell that's what we did with the kids.

Again, evident in TJ's narrative is the voice of the peer leaders in every step of the process. Unlike dominant projects where the campaign strategies are scripted by outsiders and exported to the communities, the activities of the campaign emerge from back and forth interaction among the students and the partners, echoing CCA's stance on centering voices of cultural members as a necessary first step in culture centeredness. The idea of stations that cater to the short attention span of the youth was suggested by the peer leaders during the workshops, "We should have a speaker come in and introduce everything and like give a background story about his or her heart condition, that will last like 20-30 minutes and then after that everybody go out. The talk should be for 30 minutes because if it is long people will zone out, I would if somebody talk for 30 minutes," they collectively noted. Based upon the suggestions, the strategies were conceptualized and endorsed by the students and eventually executed.

Narratives of organic processes and collective decision making are common in the articulations of the community organizer, Kelly. For her the organic process of culture centered campaign is a learning curve in that her experience in other projects was the opposite. She shares with me:

> First, it was not so easy. Even having read the grant proposal, I was not exactly sure where we were on the project when I first came in. I got to ask a lot of questions and gradually learning as I was working on it. I started by creating and sending out letters to school Principals and that helped me a lot. And, then working with the schools for the first time, nobody knew the best way to do that. It was really difficult because most of the Principals often didn't have enough time for you.

Kelly's narrative lends credence to the organic and emergent pattern of culture centered campaigns. Drawing upon her experience in dominant projects where the steps of the campaigns are clearly scripted, Kelly is uncertain on how to proceed in the Young at heart campaign because of the 'unscripted' format. Consistent with the organic and emergent pattern of culture centered projects, Kelly runs into a friend who put her in touch with the coordinator of the council for school workers. She narrates her experience in the following paragraphs:

> It is funny, I went to a conference and ran into someone with who I had made contact while working at the Office of the Minorities, who told me that in Indianapolis, they had just formed a council for school workers. She promised to contact them as they might be interested in the project. She later sent me an email along with the Coordinator for that community. The Coordinator was able to help me contact other Health teachers involved. That was how I made the first real contact. I made contact with the Health teacher of Chrisbol, Broad Ripples and George Washington High Schools. Their Health Teachers

> helped a great deal. There were lots of emails trying to get the Health teachers to understand why we want them to help us contact the Principals and Vice Principals. Even visiting the Principals and Vice was not effective, and often, they would simply promise to get back to you. Funny too, some would ask…'Okay, what do you want us to do for you? Or, something like: Why are you even in my office, what do you want us to do?" But reaching out to the health teachers was helpful.

Kelly narrates how the initial contacts with the schools was established:

> I started out by sending emails and we talked more about the project. She then selected a few teachers who she was sure would be interested in the project. I was not so sure how often the teachers checked their mails, so I started making calls soon after to make the health teachers to get the Principals and Vice to understand. One of the teachers actually got us other contacts after responding to our emails. The Principal and Vice responded too and we got started. There was also a response from the control school. We got in touch with one of the Vice Principals of the schools who worked with the High Schools teachers. You know, there was a Middle School and a High School; one of the teachers, actually one of the popular administrators was very enthusiastic and knew most of the students by name. He really had a bond with most of the students and we ended up working with the Vice Principal and not the Health teacher.

Kelly shares insight about the organic site selection process

> It was essentially location based. The area where the schools were located was mainly the reason. Like I told you, at Broad Ripples, some of the teachers were enthusiastic, but the students were not interested probably because it was an Arts School. They were not interested in anything outside what they learn. They seemed not to be enthusiastic about medical content that we were going to engage. I added their name to the list of schools that would like to be involved, but focused more on George Washington and Crispus Attucks. You know, Crispus Attucks being a medical magnet school and seemingly having done health projects was quite encouraging. The interest level was very high.

Again, in the narrative, Kelly shares the back and forth decision making process in the site selection. She narrates how various inner schools were considered for the project. Accordingly, she notes that the following factors contributed to the selection of Crispus Attucks as the site of the campaign (a) high concentration of minority students (b) the focus of the school as a medical magnet. A medical magnet high school exposes high school students' to pre-med requirements such as biology, anatomy, or health-related classes. Against this background, it seemed logical to choose a medical magnet high school located in the inner city as the site of the project.

Berth could not agree any less with TJ, Kelly, and Calvin about the organic, cyclical and collective process in a culture centered campaign. As I noted earlier, Berth is the gym instructor at Crispus Attucks School, and was our primary contact at

the school. She narrates the process through which Crispus Attucks High School was selected as the site for the campaign, as well as her engagement with the project**:**

> IMHC contacted our district wellness supervisor, and she sent out an email to couple of us Physical Education teachers wanting to know if we will be interested in doing this project within our school. I responded yes, and so the ball got rolling from there.
>
> She goes on: I said yes because I figured we are a medical magnet, and it will be good within our school to promote heart health especially getting our teenage populations getting more kids aware and not just to take the self and health class or the 7th grade health class, so I figured maybe we could reach more of our high school population and even tie it back into teach a career for the residents themselves.

She discusses the back and forth email exchange with the designated IMHC community organizer during initial phase of the project.

> We basically emailed back and forth talking about the student orientation, what they will do and they just needed someone to facilitate to get that group going. We touched base and we got kids interested and then the initial email started that was in November, and then we met in January.

The stories in many ways depict the organic evolution of the campaign, starting from project conception to the execution. Also the participants were recruited through organic process. The Physical and Health Instructor, Berth who served as our primary

contact at the school shares information about the recruitment of participants, who started as participants and subsequently became peer leaders who drove the initiative.

> I went about recruiting by asking my sophomore health class who will be interested. I didn't have a whole lot between the two classes that I had in the semester. I also asked some previous students that I had in the past if they will be interested and they came about that way little bit with word of mouth by some of them asking their friends if they will be interested. We tried to find people that will be committed and come to the meetings and work hard.

Berth shares additional insight about the recruitment of participants.

> I tried to pick the kids that were responsible that I knew could give the time and will work hard and give us the time and wanted to do it. I didn't really like have a set criteria. I just knew that I would probably chose the kid that did well in my whole class because I know that they are more participating and liking what we are doing since it was all heart health-related.

The recruitment of the students on the basis of trust provide the context for understanding two forms of power, namely horizontal associated with culture centered processes versus top down elements that characterize dominant model of health communication. In dominant campaigns only the elite members of society are selected as community representatives, a pattern that perpetuates marginalization of populations at the margins of society. In contrast, the recruitment of cultural members in CCA is based on trust, and commitment as Berth shares in the preceding paragraphs. The horizontal power structure that characterize culture centered process

is consistent with CCA's commitment of rupturing vertical power structures that perpetuate communication disparities (Dutta, 2008).

Further, the active participation of the peer leaders in the planning and executing of the campaign mirror the authenticity that characterize culture centered processes (Dutta, 2008). For instance, neither the Physical Education teacher, who served as our primary contact at the school nor the students had a hint about the incentives allocated to participants in the grant. The students were recruited as volunteers, therefore when I introduced the conversation about incentive during the concluding section of our inaugural workshop, it came as a surprise to all. I said, "I was going to ask, so what's in it for us for participating in this project? This project has a token as compensation for your time in this endeavor. For the weekly meetings each of you will get about $10, so for the four times you will get like…" Before I completed the sentence, there was outburst of laughter among my co-participants. The outburst was stunning, so I asked, "Is the amount so small," but the laughter continued, leaving me in dismay. Again, I asked, "Is the amount so small," and the peer leaders collectively responded, "No." Yet uncertain about their feelings, I said, "I just wanted to make sure we are on the same page, so we are going pay for your time, fair enough," I rhetorically asked. Again, they responded, "right."

The P.E teacher, Ms. Crick interjected, "because they didn't know they were getting anything." Then there were multiple voices talking in the background, again Crick said to the students "okay we didn't say you were going to get money, it could have been snack," The recruitment of peer leaders without the promise of reward add

a dimension to the composition of the team in that only those committed to the project volunterred. This is direct opposite of dominant projects that are characterized by selection of leaders in the community, a group that often are not representative of the community (Dutta, 2008, Dutta & Kreps Ed, 2013).

Authenticity and commitment is also visible in the formation of advisory board of the young at heart project. Here is how the leadership of the advisory board was constituted. After collective decision about the incentive for the leaders, I engaged the youth on the appointment of its leader. I began the dialogue during the end of our inaugural meeting thus, "when we come next week, am going to be seating and one of you will be taking notes, and one person will be facilitating like am doing today. I will make suggestions whenever you need my input, fair enough or do we want to elect our leaders now." The students collectively responded, "Ehen," suggesting that we should go ahead and constitute its leadership immediately. Based upon their collective agreement to constitute the leadership team, again, I said, "okay, let's go ahead and do that right now, it can be by volunteering or however you want it," Upon the completion of my sentence, couple students volunteered by raising their hands ups. Below is how the process unfolded:

R: Okay, so let's have her name as our secretary (Kayla)

R: And who is going to be the moderator?

Peer leaders collective echoed, Brianna

R: Brianna everybody?

Peer leaders: Yes

The process of constituting the advisory board of the youth program lends support to the organic, emergent, and collective decision making features of culture centeredness. Through collective and volunteer effort, the peer leaders chose their leaders. The process also provides the scenario for understanding authenticity and commitment to social change as markers of culture-centeredness. Committed and authentic members remain, while the weak and uncommitted members fall off the way. In the young at heart project, volunteers who assumed leadership roles remained as members of the team over the life course of the project. Echoing the importance of authenticity and commitment, Berth tells me, "From the beginning we had 15 and then it changed to that set group of 10 that got more involved. We lost a few along the way."

Berth recounts how the peer leaders suggested the project ideas. She says collective organizing and joint decision making was an important part of the entire process:

> This was more student led. The students were more involved a lot of times with projects and other community groups that come in. The teachers are the ones that are doing all sort of work they are pretty much running the project, but I was able to sit back and look the kids, explore their ideas, put down their ideas and make sure that the carnival that they had was what they wanted and not what I wanted.

It is interesting how Berth, who has engaged in many partnerships with different groups draw analogy between CCA and other projects. The discourse of 'more involved' depict the level of student engagement in the culture centered project. Further the construction, 'more student led' depict the level of students' participation in the youth project, echoing CCA's argument about authentic engagement of cultural members.

She tells me:

> It was a strength. I mean they were able to appeal to their peers better with activities, knowing that their peers will like activities to be up and moving, would like to taste the food that Nicky cooked, the prizes, they knew that they would like to have give-away in order to keep everybody participating.

What is fascinating about the discourse here is the recognition of the strength of the teenagers regarding activities that are meaningful among their peers. Recognition of the agentic capacity of teenagers in the articulation of meaningful ways of reaching their peers with heart health information is apparent in Berth's story. Evidently, Berth's story reveal the emergent and organic process through which the youth project evolved. The next theme I present is the centering of community voices, and collective decision making.

4.9 Centering voices of cultural members and collective decision making is key

Narratives of collective decision making are prominent in centering the voices of black youth against heart disease. This is how Berth describes the collective decision making in the youth project:

> My role was just a mover. Basically I was sitting in the meetings, making sure everything is running smoothly, draw out an idea or steer the group a little bit into the direction they needed to focus on, sometimes note taker chuckles. I was the person you would contact or Troy would contact and I could feed it back to the kids, or try to contact one of them or all of them basically making sure everything ran smoothly within the school building, keeping the administration informed about what was going on, getting approval for the Friday Carnival. I was just basically kind of another person in the group. It was nice to see that they were using the whole decision making process that we talked about when they were in health class one or two years ago. It made me feel that they didn't need me to step in and make the decisions for them. They were confident enough to say yes to an idea, or no to this idea or let's kind of take this idea and mold it if we can go somewhere with it. I mean I was thrilled that I could just listen that I didn't have to come up with the whole thing.

Culture centered approach advocates centering the voices of cultural members in decisions about their health (Dutta, 2008, Basu, 2008, Airhihenbuwa, 2007). According to Dutta (2008) centering voices of cultural members in the decision

making processes disrupts the power imbalance that characterize top down projects. The dialogue depict how the voices of the youth was centered in the campaign. Berth's narrative also touch upon the collective decision making process visible in the communication among the youth, herself, the media partner and the academic and community partners. Berth shares specific examples of how the peer leaders took decisions during the campaign:

> When we were trying to figure out how to get the information out and getting ideas about social media, the kids were giving idea about how things could be at the carnival. Actually the students set up their own meetings with Troy when it started getting closer to the event that I wasn't involved in, or even aware of so they were staying over with him going over ideas in the gym trying to figure out things to set up. During the event they were facilitating, or helping the guests that were speaking or doing different activities. We had kids down cooking with Nicky, I mean they were all involved. Some will type up some notes, some drew the requirement in the gym, and they all came up with the slogan. For the most part I will say different and lots of participation was going on.

Berth's narrative echo CCA's commitment to local identification of problems and corresponding solutions. Consistent with culture centered commitment to listening to local articulations of problems and corresponding solutions, we met with the peer leaders weekly for the planning and implementation of the campaign. The meeting comprised of the peer leaders who are students committed to the project, the gym

instructor, Berth, occasionally the community organizer, Kelly, our media partner, Troy, and myself. The meetings served as spaces for dialogue on how best to reach their peers. The first set of meetings were facilitated by me. During these sets of meetings, I laid out the framework of the culture centered approach, provided information about the grant and answered questions from the partners. After I provided overview about CCA, the group appointed leaders, including a chair, secretary and other leaders who led different aspects of the campaign. Following this development, I took back seat and became a co-participant. The culture-centered approach posit that engaging cultural members at every step of the project builds trust, and allows the cultural members to take ownership of the project.

The planning and implementation of the youth project involved constant dialogue among the students and the partners. The conversations among the students and the partners on the step by step process of the campaign is quintessential example of the active participation of the youth in the planning and implementation of the campaign. The dialogue in this context was aimed at setting up the format and flow of activities on the campaign launch, “I think we just give out the general and tell them which station to go to. We don’t want them to just go everywhere, because we are supposed to have like guided type of thing because you are supposed to go to each station and check it out.” The purpose of the planning was to avoid chaos during the launch event. Against this backdrop, the media partner suggested, “You could just sit on the floor and have them pick which area they need to visit first or how are they going do this?” TJ was urging the peer leaders to draw a road map of how their peers

would move from one station to another. There were three stations, including stress management, food, and physical activity stations. In response to TJ's suggestion, one of the leaders, Onye asked, "Are we talking like at the beginning to tell what to do?" Following her question, TJ retorted, "I think it will be good if you did, but if ..."

What emerges in the dialogue is the salience of the voices of the students in the planning of the campaign. The media partner constantly sought clarification from the students on the different activities that were carried out in the campaign.

Following the conversations about the order of procession on the day of the launch, the dialogue shifted to incentive for participants who emerge as winners in the competitions included in the launch activities. One of the peer leaders, Onye said, "We will have raffle so that we can give away game." Again, the media partner, TJ asked for clarification about the game and prizes, "Okay are you gonna have it any of these areas, and the person that did any of the activities the best." And the peer leaders collectively responded, "Yes, in front of the physical activity stuff, like the pacemakers will not disturb what they are doing." Following their response, TJ also sought clarification on the Zumba dance proposed by the students in previous workshops. He said, "Will the Zumba stuff be the same thing or is that just…" The peer leaders responded thus, "No that will be different and then we said that we gonna pull down the basketball hoofs and they can have the sugar contest for the boys."

Again, what emerges in the dialogue is the organic pattern through which culture centered project evolves. Also visible in the conversation is the salience of the voices of the students and how their desires shaped the activities of the campaign.

The centrality of the voices of the students is consistent with CCA's commitment to recalibrating health communication projects from below (Airhihenbuwa, 2007, Dutta, 2008, Basu, 2008, Dutta-Bergman, 2004).

..

Unlike dominant projects where communities are treated as research subjects that are naïve of research processes, the youth heart project worked direct opposite (Dutta, 2008). The voices of the youth is also salient in the research design and evaluation strategies. Below is example of how we engaged the youth in the evaluation of the project. The conversation in this context centered on strategies to achieve significant completion of the surveys by their peers. One of the peer leaders suggested:

> M: We should give the surveys to the classes before they come down for the carnival, and then they come and then take another one.
>
> Kayla: You could give them a survey, is there a ticket inside and survey with a ticket outside because everybody is not gonna fill it out

Brianna: That's why they need to do it in their class before they come down.

What emerges in the dialogue is the youth articulation of strategies for ensuring 100 per cent completion of surveys among their peers. The project involved pre and post surveys aimed at measuring the success by comparing both results. A major challenge in conducting surveys is the rate of attrition and incomplete surveys. The suggestions of the youth regarding how to achieve 100 completion of the surveys lends credence to CCA's believe in the agency of cultural members in offering culturally meaningful solutions in their local environment (Dutta, 2008).The dialogue is quintessential example of CCA's acknowledgement of the agency of cultural members hitherto treated as ignorant of research processes by dominant projects. Rather than treat cultural members as naïve of research processes, we engaged with the youth in all aspects of the campaign planning, implementation, and evaluation.

For the Community Organizer, Kelly, collective decision making was a hallmark of the campaign. She narrates her experience thus:

> Everybody participated in narrowing down topics. The brainstorming was a collective process. We collectively narrowed things down. For example, when we were deciding on things like time management and visual things, I remember that conversation vividly and Berth was taking the note as the groups narrowed them down to enable us focus on the main areas.

Kelly's narrative provides perspectives about the collective in the project. The constructions "we" "everybody" represent collective decision making in the project. Further, the discourse offer perspectives about the multiple layers of voices that

contribute to the development of the project. Also visible in Kelly's story is the organic and emergent pattern of the ideas that lead to the designing and implementation of the project. Kelly notes how the group narrowed down the ideas from broad list to specifics that eventually became the main focus of the campaign. Situated against dominant projects where the 'expert' comes to the table with '*a priori'* set of objectives to be accomplished in a particular order. The youth project worked the reverse opposite. A sub-theme under collective decision making is cyclical process that characterize group decision making. In the paragraphs that follow, I present narratives of cyclical narratives in the project of engaging the youth.

4.9.1 Cyclical process/Collective Decision Making

Another marker of a culture centered campaign is cyclical communication among the participants. Participants in this project include the peer leaders, the teacher, our community partners, the media partner and the researcher. It is important to note at this point that cyclical and collective decision making intersect in a number of ways in our engagement with the youth, "In our meetings we argue and come to a decision," Onye, one of the cheer leaders said. Onye's story offer insight into the pattern of dialogue and processes of collective decision making. Sometimes culturally members collectively agree on decisions without back and forth communication, while at other times, such decisions are replete with back and forth communication (cyclical process). Therefore my categorization of cyclical communication processes overlaps in some ways with the collective decision making.

Other co-participants share the back and forth communication in the planning and execution of culture-centered campaign. Megan, one of the chair leaders paint the picture this way:

> It was some people coming in; I mean different people who were not there from day one, coming in and like taking us back in between discussions mostly. They come in with different ideas and we keep moving back and forth for other people. I think the major thing is the people coming in and out, and not being on task all the time. Nothing else, was really bad, to me, apart from this.

What emerges from the discourse is the cyclical process that characterize collective decision making among the teenagers. She describes the decision making processes thus: "We talk about it and what would be best. Not looking for the easiest way, but portable way for the people to get the message and make it stick the longest." Her narrative provides insight about the collective. Megan's narrative provide insight about a key decision made by the youth about ensuring that the campaign appeals to the different senses of the youth. According to the youth, such engagement will prevent boredom associated with adult centred projects often characterized by long speeches, "We should have a speaker come in and introduce everything and like give a background story about his or her heart condition that will last like 20-30 minutes, and after that everybody go out. The talk should be for 30 minutes because if it is long people will zone out, I would if somebody talk for 30 minutes," the peer leaders said during one of the workshops. The excerpt is an instance of the collective decision

making in the youth project. The youth collectively emphasize the importance of ensuring that the speeches are brief in line with the youth's culture.

According to Megan, the Young at Heart campaign was youth-centred because the decisions were collectively reached by the peer leaders, comprised of teenagers who are familiar with the culture of their peers. Although the decision was collectively made, the process was cyclical. Sometimes the group went over conversations multiple times either because some group members were absent when initial conversations about an idea took place, or new members joined the group and to get everybody on the same page, ideas were revisited severally and during such reviews new suggestions emerged. The constant review of ideas and strategies symbolize the emergent and cyclical processes of culture centred campaign development.

Another peer leader offer another instance of cyclical process in the following excerpt, "Inconsistency you know, everybody not being on the same page at the same time." She adds "I learned that people are not going to be committed as you are. I have been involved in some projects, but did not know that everything would be a process like this one."

The discourse provides the context for an understanding of the heterogeneity among cultural participants, as well as the cyclical process in culture centred decision making. As Megan notes, varying degrees of commitment existed among the group. While some members remained very committed throughout the duration of the project, some others were inconsistent, a pattern that resulted in constant review of

ideas. Also evident in her story is the divergence of views on topics. The divergent views of the cultural members signify the heterogeneity of community members. The notion of heterogeneity in culture-cantering is an important concept, especially in minority populations where lived experiences of cultural members vary in scope.

Brianna shares insight about heterogeneity among her group thus: "I mean the people in the group. It was not all of them though. I know those who helped a lot, including during and after our meetings with Troy. You know, we, the girls had done a lot before the boys started coming in."

In the midst of collective decision making in culture centred projects, there are levels of engagement among cultural members, a trend that reflects the heterogeneity of cultural participants. As Brianna note in her narrative, some members actively engaged in the complaining planning processes than others. For instance, she notes the active engagement of female participants versus the boys who joined in the later part of the project. Even among the female participants who were foundation members, there were varying levels of engagement.

Like Brianna, Shumain agrees that decisions were collectively reached by her group, just as she notes that group members vary in regard to the level of commitment to project goal. This is how she describes collective decision making in the Young at heart campaign:

> Whosoever suggests an idea, we all listened for the superior argument before we agree upon what to go for. It was a collective decision making stuff. We always voted. It was a challenge because if we had to keep explaining and

> changing things, and you guys would have noticed it. We could not just be changing things and explaining to people. If we kept changing things, we would not achieve anything in good time.

Shumain's narrative touch upon the cyclical processes in culture centred project. Like Megan, she recalls that the inconsistency of some members at the campaign planning meetings resulted in constant review of ideas, a trend she notes slowed down the pace of planning and often resulted in repetition of ideas. The discourse reveal the complexity of culture centeredness. As her story reveals, collective decision making involved multiple voices, a process that requires patience, humility and understanding.

The story of heterogeneity of cultural members is not unique to Shumain. Megan contextualizes the heterogeneity of ideas among group members in the following narrative:

> It was great working with all kind of people; some of them take their assignments seriously while others don't. I have worked with all kinds of people; learnt you can do things whether or not there are people to help you out. I learnt that people are not the same and do not share the same passion. Like if it is a team; you either do the work yourself because you strongly believe in it, or nobody would do it because they barely believe in it. I learnt how to improvise; how to work as a group, who can do what and the fact that people do not have same skills. I learnt that some people won't talk even

> when they have a different opinion from what you say. More importantly, you need to know that not everybody in a group can work as hard as you can; some would simply wait and watch while others are doing the job. We need to know those who have strong opinion; active and not passive people.

Megan's narrative provides additional insight about levels of participation in CCA project. As she notes, while some members are highly committed to the project idea, others show less commitment. For Megan, her engagement in the Young at heart project has provided her valuable insight and understanding of working with a group, an experience she notes will positively impact her career goals. She tells me: "It was good; it showed me like I said, I want to open a Funeral Home; that I need someone else to help me because I cannot do it all alone. I have to plan and would need a team. Again, that even in a team, some people would not give as much effort or be committed as others."

Megan's story provides the context for understanding the complexity of participation and joint decision making in a culture centred project. Participation involves the engagement of persons with different lived experiences. To substantiate her views about the heterogeneity of participation, Megan compares the roles of two of the leaders against the participation of other group members in the following narrative: "Well, I think I was one of the people who helped, other than Meagan. I was one of those who took the project seriously. We did the extra stuffs. I was one of those who went the extra miles to accomplish the purpose and plan of the project."

Kelly's narrative provides insight about collective decision making in culture-centered approach. Also common in the narratives is the importance of allowing sufficient time for relationship building. Allowing sufficient time for cultivating relationships that are necessary for executing culture centered project emerge as important ingredient in the culture-centered project of engaging the youth. It is the importance of allowing sufficient time for building relationships that I engage in the next paragraph.

4.10 Relationships Building, Time, and Labor of CCA

Time, Relationship building, and intensive labor emerge as interconnected factors that characterize the planning and implementation of a culture centered project. Time is crucial, because it enables participants to cultivate and nurture relationships that are germane in a CCA project. While participants such as Calvin share similar views with TJ, and Kelly about emergent, cyclical and collective decision making processes in a CCA project, he notes the importance of allowing considerable time that enable partners cultivate relationships and partnerships that are quintessential for the planning and implementation of a culture centered project. He shares with me:

> Our original proposal was to have the entire project completed in March, but we did not have that done because the relationship building took some time. The relationship building, I mean, drafting the Memorandum of Understanding (MOU) which would define the part and roles the parties need to play. Never forget, of course, working things out with the point persons

> who would help coordinate the logistics. So waiting for the responses some of which came in a little late during the holidays contributed to the delay we experienced. But we were lucky to convince the guarantors and sponsors to adjust their timeline and they obliged us without extra costs.

What emerges from the excerpts is the considerable amount of time needed to cultivate relationships that are necessary in carrying out CCA project. Also visible in the narratives is the laborious process of developing CCA project. The youth project involved three phases, comprising of pre-planning, planning and implementation, and evaluation phases. Each phase involved relationships building and layers of collaboration that require considerable labor and time. We began the pre-planning stage establishing relationships with the school districts, and schools that eventually served as the research site. Calvin's narrative illuminate the time and effort that went into cultivating such relationships. He shares additional insight about relationships building, time, and labor of CCA thus:

> I think, for us, it is all about the time factor. In a project like this, you need to get ahead of things before everything comes to a head. Also, I think, the team having a face-to-face meeting will be useful, but where that is not possible, a teleconference can be initiated. It is also important to have diversity as in gender variances, so it can strengthen the quality and kind of discussions.

Calvin is Black and the Vice President, Research of our local partner, Indiana Minority Health Coalition (IMHC). Calvin's narrative is consistent with CCA's philosophy on cultivating authentic relationships in culture-centered projects.

Culture-centered approach literature is replete with examples of the considerable amount of time required for cultivating and nurturing meaningful relationships (see Dutta, 2008). Unlike dominant projects where humans are treated as numbers, culture centered projects pay particular attention to developing relationships with cultural members over an extended period of time. Therefore, genuine effort is put into forming partnerships with cultural members, listening to their articulations about the problems and culturally meaningful ways of addressing the problems. During the initial meetings, we spent considerable time in building relationships with the students. We began with an open forum where we lay bare the project, and fundamental principles of CCA on the table. Here is how we did it:

> R: Let me apologize that it might take me sometime to memorize all our names but I think I can remember Briana for sure, Kayla. I assure you that before the next couple meetings I can easily identify people by their names. Now that we are done with formal introduction, am going to talk briefly about what we are going to do, how we are going to do it, and the time line. Our project the adolescent heart health project is working with you the youth to identify the key problems related to heart disease in minority populations, specifically African American community. We work with the theory called Culture centered approach, which believes that the communities know what the problem is. They have the power to identify the problem. They also have the power to propose solutions, so you all are going to be the bosses in this. After a short while I am going to take the back seat and you will drive, so

> that's the idea. I am not coming here to tell you what to do, you will tell us the issues you want to address and how you want to address them, so I just want to make that clear, so that's the core of our message here today. Sound good?

The excerpt is part of my introductory speech at the inaugural meeting with the students. The forum was aimed at cultivating relationship with the students and partners on the project. The meeting is in tandem with CCA's commitment to relationships building as quintessential in community engagement. Echoing the salience of the voices of the students in the planning and implementation of the project, Calvin said, "the reason why is gonna be driven by you is because you have the knowledge that we don't have. We can put together the pieces together once you tell us what it should be and how it should be phrased, but other than that, we really need your help, does that make sense?" Following Calvin's remark, the peer leaders collectively responded, "Ehen," signifying understanding of expectations of them on the project.

Evident in the narrative is the recognition of the community members as the drivers of the project. The engagement of community members as equal partners is the hallmark that distinguishes CCA from dominant projects that claim to engage communities (Dutta, 2008, Basu & Dillion in Kreps & Dutta Ed., 2013). Culture centered approach theorizes that authentic engagement of cultural members inverses the expert versus participant relationship that characterize dominant health project (Dutta, 2007, 2008, Airhihenbuwa, 2007, Dutta-Bergman, 2004).

The Physical and Health teacher at Crispus Attucks, Berth shares perspectives about the importance of time in developing a culture-centered project, “I mean there’s a couple times we were meeting and they were somewhat shy about throwing out ideas, but as they start getting more comfortable they didn’t care if we were in the room or if we were not in the room.”

Berth served as our primary contact at the school. Her narrative point to how relationships with cultural members develop over time, consequently leading to better outcomes in terms of participation. As I documented in the earlier section of this analysis, in the youth project, we held weekly meetings with the students. The meetings were attended by all the partners and served as spaces for articulating different aspects of the project. During the earlier meeting sessions, some of the participants were shy and reluctant in sharing their views about different aspects of the project. As the project evolved, we developed better relationship, their contribution gradually improved and they assumed ownership of the project. Berth’s narrative corroborates CCA’s commitment of investing considerable amount of time in communities, cultivating and nurturing relationships that are vital for the success of the overall project. During the different stages of the campaign, I wrote journal entries about the labor and complex processes that characterize the development of the campaign. My journal entry is worth quoting in detail:

> Here is my journal after the inaugural meeting with local partners IMHC:
>
> Reflection on Meeting on CHEP inaugural Meeting with IMHC. After back and forth email communication between our community partner

representatives, Calvin, Kelli Zimmerman, and I on Friday, July 13, held the inaugural meeting to set up the framework for the CHEP project. Calvin and I confirmed physical attendance at the meeting, but Kelli promised to join over the phone. After 1 hour 10 minutes' drive in 80 degree temperature in the summer, I arrived the IMHC at 11:20 am. I am familiar with the IMHC on No. 2 Meridian Street because I have been visiting their office in the past 12 months for meetings related to the CUAHD project that led to the current project. I was dressed in stripped T-shirt, brown khaki trouser and brown pair of shoes, dragging my roller bag which contains my laptop, my digital recorder, and notebooks. I joined the elevator to the 3rd floor of the three level building that houses the Indiana Minority Health Coalition office. I entered the IMHC lobby at 11:25 a.m. Upon entry at the IMHC lobby, I exchanged pleasantry with the office staff, Maura. Maura is fair in complexion, and was dressed in a black pant and white long sleeve top.

I: Hi Maura

Maura: hi, she responded beaming with a smile as she tried to recall my name having met me previously in their office during the CUAHD intervention meetings.

I am Agaptus from Purdue. I have a meeting with Calvin at 11:30 a.m. Okay, let me call him. She calls Calvin through the intercom, and informed me that Calvin will be with me shortly. At 11:30 a.m. Calvin walked to the lobby, and says hi Agaptus, and I replied hi Calvin, good to see you and he responds. As

we walked down to Calvin's office, he said to me, you have got a lot going on, look at your roller, is that all books or work that you got going on? I responded, I have been busy today, jumping from one meeting to another. That's kind of my schedule this time because of the health week and the black expo coming soon. Calvin was dressed in a brown jeans trouser and a maroon IMHC branded T-shirt. Calvin offered me seat in the round table in his office, while he quickly retrieved Kelli's phone number from the phone directory in his office laptop. While he was searching for Kelli's phone number, he asked me, do you have a copy of the CHEP grant? I have a soft copy, I responded. Then, let me try to print a copy for us. Simultaneously, he printed the copy for the two of us, and read Kelli's telephone number for me to dial from his office phone located on the round shaped meeting table in his office. I put the phone on speaker, and as he stepped out to pick the printed version of the grant, Kelli's phone went to voicemail. Upon return, Calvin asked me, did Kelli answer the phone, and I responded, no. I further explained that I remember Kelli stated in her email that she would be out of town on Friday, but would join the meeting over the phone. Can we call her cell phone? I asked? Let me check for alternative number, and he browses his computer and reads out another number from his desk for me to dial. Again, the alternative number went to Kelli's voicemail, and I left her a voice message. Hi Kelli, this is Agaptus from Purdue, and Calvin are about to start the CHEP project meeting as planned, please feel free to call us if you can, thank you.

Before we actually started the meeting, Calvin called her again, but again, the call went to Kelly's voice message and Calvin left another voice message similar to my earlier message.

I see, I responded. The meeting started at 11:30 a.m. as scheduled, but Kelli could not join us as planned, all the same the meeting was held. We had three tasks on the agenda, (a) identify our target population and the schools (b) put together strategies and criteria for constituting our advisory board, and (c) Set deadlines for accomplishing these tasks.

Reflection: As the Purdue representative, I visited Indianapolis to brainstorm and converse with the IMHC team about the strategies to accomplish the agenda. During the conversation, there was back and forth suggestion and discussion of the implication or possible implications of each of the ideas, e.g., during our conversation about constituting the advisory board for the project, I told Calvin that we shall have two layers of advisory board group for this project, and he responded, when we say two layers drawing upon our CUAHD advisory board group, does that mean we shall two separate boards? Or one. The dialogue was open, and with a sense of humility. This is a direct opposite of what happens in dominant projects, where the academic partner is seen as the hallowed expert. In traditional health projects, Calvin will not question whatever instruction I give and my directives will be final, no questions asked.

My journal point to the time, labor, complex and collective process of decision making in culture centered project. As I note in my reflection, dominant projects have scripted plans that are often handed over to partners for implementation. In culture centered project, it works in direct opposite. The visit documented here is one of the multiple trips I made to Marion to dialogue with partners during the life course of the project. The next theme that emerge from the data is the negotiation of structural barriers, therefore in the next paragraph, I present narratives of structural barriers in the youth project.

4.11 Negotiating Social Structures

Structure refers to the social and institutional processes that dictate the ways partnerships are formed and executed in particular environments. The Culture centered literature document the various ways structural barriers constrain the participation of cultural members in multiple contexts (Dutta, 2008, Dutta-Bergman, 2004, Basu, 2009). In the youth project, structures include the bureaucratic school district procedures we waded through to access the site of the campaign, the restrictions about engaging students at the schools. In American culture, contracts in the form of Memorandum of Understanding (MOU) are legal documents that bind parties to the terms of the agreement. On one hand such agreements are enabling in that it serves as standard for holding parties accountable to the terms of any agreement. Failing to keep up with aspects of the MOU is considered a violation of legal document. On the other hand, such documents are constraining in that it gets in the way of engaging with communities. As the youth heart health project developed, the structures stared us in our faces at every step of the project. From the drafting of letters of agreement to getting the signatories of the school officials who granted us access to the school premises. After relentless effort of navigating the structural barriers to access the research site, we were forced to seek extension of our deadline,

and change of research site. A part of our request to the guarantors is presented in part below:

> The project coordinator called school on multiple occasions without success in reaching the appropriate persons. The project coordinator also made onsite visits to personally attempt to either schedule an appointment with the Principal or meet with the Principal on that day, if their schedule permitted. Unfortunately, these multiples strategies for making contact with the school did not work. A representative from a school suggested that the Vice Principal be contacted, the school nurse, or someone in a related capacity. Upon receipt of this recommendation, the Project Coordinator began contacting the Vice Principal and the school nurse to schedule a meeting to discuss the project. In addition, the project team had another meeting, and it was also suggested that coaches, counselors, and health/physical education teachers be contacted. Furthermore, the project team thought that adjusting the inclusion criteria from targeting traditional highs schools to engaging schools with high school grade levels as part of the student body would be a better approach to obtain the desired participation. Moreover, the project team discussed possibly relocating the project to Gary, IN as there may be better opportunities to expeditiously enter the schools after receiving approval from the Indiana CTSI CHEP.
>
> In lieu of these shortcomings, the project team is hopeful to have secured an implementation site by the end of October. Upon which, a separate advisory board will be assembled to develop the age-appropriate, culturally focused heart health prevention messaging for purposes of project advancement.

From this report, it is apparent that the team's effort to access the research site was futile, forcing it to propose the transfer of project to another county. The construction "In lieu of these shortcomings," succinctly represent the structural barriers in accessing the site, a factor that depicts the constraining effects of structure.

My co participants could not agree more on the levels of bureaucratic processes we negotiated in centering the voices of the youth against heart disease in Marion County. Calvin describes the situation this way:

> In this particular instance, we sent each school a letter and also a fact sheet that describes what we expect and hope they would be able to do, and what the Purdue would do. We met with them and had agreement over what we are expected to do and what they would do. We drafted an MOU and had proper signatories. So, each party knew their responsibilities. The agreement makes everyone binding on the project. The most important thing about the agreement is that it puts us on the same page. You know, whenever something happens, you can bring the document out and say, hey, this is what we agreed on. The MOU is to define the respective responsibilities of the parties involved. But the positions associated are what you put in it.

The MOU served as the social process that dictated our access to the school as well as terms of engagement with the students. Bureaucratic processes lead to delays in the implementation of projects because it is only upon the receipt of approvals from relevant authorities that intended activities can be executed. Calvin discuss the back and forth bureaucratic process and impact on the project timeline in the following excerpt:

> The MOU was initially initiated and drafted by Kelly, I reviewed it and later, the Purdue Team also did before we sent it out to the schools (Kelly was the community organizer who served as liaison on the project. See the

introduction section for details about her identity). The schools reviewed it and returned back to us, but in most cases there were no major changes made on them. That was received back and re-reviewed and a few changes were made and then, we signed them off back to the schools. And, they signed off on it and returned to us and we met and signed up on the agreement.

Over the duration of the project, I wrote journal entries about the different phases of the campaign. Here is what I wrote about negotiating structure:

> Since July, we (Purdue and Indiana Minority Health Coalition) have been trying to engage partners for our adolescent heart project in Indiana, but the progress seems to be slow. The adolescent heart health program is an offshoot of the CUAHD project that seeks to engage adolescents in High schools to prevent heart disease among African American youth. Recently I engaged in a conversation with one of our partners about the slow progress in getting this project rolling and some of the tensions we are experiencing. For instance, how do you convince school principals to get the students to participate during school hours? How long will the students participate in such programs? How do you convince parents to allow their children to participate in a program after school hours? How do you reward the students for their time? How will the project benefit the schools? How do you remunerate advisory board members and other community members for devoting their time to make a difference in the

> community? I have no easy answers to these questions, but as I navigate this new project, I continue to reflect upon these key issues that may impact participation in CCA project.

The excerpts acknowledge the centrality of structure in processes of social change, and echo CCA's stand on the enabling and constraining roles of structural barriers on projects of change. It took considerable amount of time to negotiate the structural processes highlighted. We reached out to the schools to get their consent to access the school site. Following their approval, we sought their approval on the terms of the engagement. These included issues about meeting times with the peer leaders, who and who should be in the room for the conversations. The choices to hold the meetings were limited to particular hours when the students could participate in such activities. In negotiating the structural barriers about meeting schedule, we engaged the students during the initial workshops. I asked, "Okay, now that we have gotten to this point what I like for us to do is first of all talk about whether we are going to have weekly meetings to decide our messaging points, and how do we craft the messages as well as how we are going to circulate the messages that we craft. Are we going to meet every Wednesday or Friday, or what do you think? What works best for all of us?" In response to my question, the following dialogue ensued starting with the students collective responded:

> Peer leaders: Wednesday
>
> R: If we don't want to make that a standard practice, we can also agree to decide what other day we are going to meet next Wednesday

Peer leaders: That will be better

R: so is Wednesday next week a date?

Peer leaders: yep

The narratives illuminate the dialogic and emergent process of the different aspects of the campaign, starting with workshop meeting schedule to the activities. The barriers identified by the students support CCA's argument about the overt and subtle ways structural barrier perpetuate disparities in subaltern contexts (Dutta, 2007, 2008, Dutta-Bergman, 2004, Airhihenbuwa, 2007).While the students are open to meet at different times, the school policy restricts their meeting times to specific time periods.

Also important in culture centered campaign development is the role of networking in overcoming structural barriers. Structure comprises of social and institutional process that constrain the planning and execution of culture centered projects of social change. Berth talks about the role of relational capital and social networking in negotiating structural barriers in the development of the youth campaign, "Well the project started with agreed set of rule." The construction "the agreed set of rules" highlight the centrality of structure in constraining and enabling the design and execution of projects of social change.

What emerges here is that structure dictates rules of engagement with the school. There are layers of bureaucratic structures that impact social change process. For instance, without the permission of the school district supervisor, her principal could not grant us access to the school for the project of engaging with the youth. At the same time, her narrative points to the importance of relational capital in

negotiating the structure. Because her principal is familiar with Audrey, it was somewhat easier for him to get Audrey's permission to allow us work with the students at Crispus Attucks.

Structure barriers is also visible in the bureaucratic processes that prevent students from seeking modification to their school meal plan. The peer leaders narrate their frustration about the structure during our workshop thus:

> I mean the only thing that doesn't seem realistic or achievable is improving the launch quality because that would be a long process of going to the board and nothing is going to come out of it. Improving on it is not realistic right now, but we could still have news there and explore another schools, since ours is so difficult, other schools aren't. Other school districts make their own launch, SCS make their own launch, they have their own system of doing things and our district you can't really change this, other districts.

The discourse in this context center around structural barriers that make it difficult for them to seek change to their school meal plan. The peer leaders share the difficulties and cumbersome procedure that is required to modify their school meal plan. Following their narrative, I asked, " Why do we think that we cannot make a change in our own district?," and the peer leaders collectively responded, " I mean, that's how things are, just like the education, how it's so hard to change the way people are being educated and just the schools in general have their own way of doing things, you have to go through superintendent and just have a lot of people with you, how long do we have to complete our project?" they asked in return. The dialogue about

the unsavory school meal plan emerged as uncomfortable conversation and the Physical and Health teacher Ms. C interjected:

> The whole thing with school launch the district is looking at the wellness, they have made some progress in changing it, but again that whole size is pretty much being taken care of to the best that its gonna get and it's gonna be a while. They need a nutrition guideline, but then the school district is gonna say other things are priority. The school has tabled everything so far…in April. They are not passive, they pretty much a lot of work is gonna be in place or they will be voted on, so they are kind of stagnant and eventually with the new superintendent they meal plans could probably change, but for now I will focus on what do you want to accomplish before the school semester ends.

Overwhelmingly evident in the discourse is the institutional processes that gag the students from seeking modification to their school meal plan. The barriers include bureaucratic processes that stipulate how such modifications should be sought to the list of authorities needed to effect the changes.

Relational capital and social networking serve as strong tools in negotiating structural barriers. Here is what Berth shares about the role of relational capital in regard to the youth project:

> My principal and Audrey the district supervisor have a great relationship because they have worked before. My principle knows that if Audrey is saying let's do this, let's do this then it's something legitimate, we need to be

> on board and be the only IPS school to do it, so that was kind of easy going through the channels, having the details and information that we needed in order to get the approval was pretty much easy to work with, getting things set up was fine and have a good relationship with our custodians so that was a big deal of making sure we had the tables and what not, and then Troy did a lot of getting outside people which was not.

Again, the narratives here depict that the structures dictates rules of engagement with the school. Evident in the discourse is that without the permission of the school district supervisor, her principal could not grant us access to the school. At the same time, her narrative points to the importance of relational capital in negotiating the structure. Because her principal is familiar with Audrey, it was somewhat easier for him to get Audrey's permission to allow us work with the students at Crispus Attucks.

4.12 Summing up RQ 1, how culture centred projects evolve.

The culture centred youth heart health campaign evolved through the following four processes, organic and collective decision making, negotiating structural barriers, cultivating and nurturing authentic relationships, negotiating time lines, and negotiating cyclical processes in engaging cultural members. Organic in the context of this project refers to the emergent nature of ideas starting from the conception of the project to the execution. Most of the ideas for the project originated from cultural members. For example, the concept of engaging the youth was suggested by Black adults who were part of the adult heart health project CUAHD.

Further, the design of the youth campaign, the focus of the issues were all decided by the youth during the weekly meetings held at the school.

Collective decision making is the process where cultural members collectively deliberate on issues and unanimously resolve to pursue a line of action. This was a common thread in the youth heart health campaign. The different corpus in the data attest to this. My co-participants give similar accounts of how the group arrived at decisions over the duration of the project.

Structure refers to the social and institutional processes that govern the conduct of engagement in different contexts. The culture centred literature is replete with multiple examples of the constraining and enabling impact of the structure. Structure emerge as important element in the development of the campaign. Starting with securing the approval of the school district supervisor to the principal's permission in gaining access to the school site. Structural barriers also manifest in securing clearance on when, and how to engage the students over the duration of the project. These sets of written and unwritten laws were constraining in many ways. For instance, the back and forth effort in securing the necessary approval forced the team to seek project extension from the guarantors. The narratives about the structures also point to useful strategies that were helpful in negotiating the structural barriers. For example, the relational capital and networking useful in securing the district supervisor's approval.

Cultivating and nurturing relationship involves relationship building with cultural members. Building relationship takes time, and helps to build trust. In the

project of centering the voices of the youth in addressing heart disease among their peers, considerable amount of time was spent in building trust with the youth. Connected to relationships building is the importance of time. Relationship building and time intersect in that relationships develop over time. This is evident in our engagement with the youth. For instance, the youth were reluctant to contribute to the conversation about the project, but overtime, they assumed full ownership of the project. Negotiating time lines involves engaging with the donor about the deadlines. Grant funded works have hard timelines within which the projects life cycle should be completed. While the deadlines on the surface serve as a mark of efficiency, it does not reflect realities in cultural settings. For instance, it does not account for the bureaucratic process in engaging with the community.

Negotiating the time line is part of the structural barrier that we navigated in the project of centering the voices of the youth. We achieved this by requesting no cost extension from the guarantors. Finally, cyclical processes involves the back and forth communication that occurs at multiple points over the duration of the project. In some instances, it involves the peer leaders in their decision making process. For instance, the team comprised of passive, and active participants. While the passive members occasionally attended meetings, the active participants regularly attended all the meetings. The inconsistency of passive members at the meetings leads to a disconnect in decision making, often resulting in back and forth communication about issues already decided upon. The cyclical processes also manifest in other phases of the campaign development. For instance, there is back and forth communication

among the institutional partners on moving things forward in the campaign. I attend to these issues in greater detail in the discussion section.

4.13 RQ 2: What are the participatory tensions and processes in a CCA campaign?

This section of the dissertation seeks to answer RQ 2, what are the participatory tensions and processes in a culture centered campaign? I draw upon my reflexive journal entries, participant observations, and co-constructed interviews with co-participants to document the tensions in culture-centered campaign processes. Through my reflexive entries, I document the paradoxes of participating in an emancipatory culture-centered project.

Participation involves community organizing and engaging cultural members as equal partners (Minkler and Wallerstein, 2002). Through participation cultural members collectively identify pressing needs and articulate strategies to tackle such needs. Participation involves the collective effort of cultural members to address their needs such as health promotion, conflict resolution etc. (Israel et al., 1994). These definitions tally with culture centered philosophy that authentic participatory program engages cultural members as mutual partners at every stage from planning to implementation and evaluation (Dutta, 2008).

Participation in a culture centered project is replete with tensions. The tensions range from distinguishing co-construction of meaning from capacity building, paying attention to the diversity of cultural members, negotiating structural barriers, as well as negotiating power differentials between external partners and

cultural members. In Chapter 1 of this dissertation, I reviewed the literature on the tensions in academic community partnerships and community engagement. The review highlighted how the simplistic representation of communities undermine the complexity of a community in that it ignores the differences in gender, race, sexuality, and class, a practice that perpetuate inequities. According to the review, the diverse backgrounds of community members' accounts for the diversity of interests, priorities and expectations, hence the need for culture centered projects to pay attention to such diversity or else, will result in further marginalization of cultural participants. In implementing a culture centered campaign, it is important to balance such tension, or else the project will become top down. Top down projects impose outside expert-concocted solutions on communities, and are often incongruous with authentic participation (see Dutta, 2008, Basu, 2008, Israel et al., 1994, and Minkler & Wallenstein, 2002).

In the following paragraphs I draw upon my participant observation notes, reflexive journal entries, and co-constructed interviews to answer the question about the tensions in a culture-centered heart health campaign among black youth. I begin with a sketch of the meaning of tension. The sketch provides the background necessary for documenting the tensions in the youth heart campaign. Following this, I present the narratives of tensions between co-construction of meaning versus capacity building/empowerment. Next, I present discourses of tensions on the heterogeneity of cultural members in the project of addressing heart disease among black youth. The stories about heterogeneity leads to the articulations of power and positionality in

culture centered project. In the concluding section, I present narratives of the tensions in negotiating layers of structural barriers in the campaign. I now to turn to explicate the meaning of tension.

4.13.1 Tension-

Tension according to the Merriam Webster dictionary is the struggle to maintain balance between two opposing elements. From culture centered perspective, the opposing elements are culture centered approach, and dominant approaches to health communication. As I have elaborated in previous sections of this dissertation, CCA foregrounds centering community voices in the planning and implementation of programs that impact their lives, conversely dominant approaches applies 'expert concocted' solutions to communities, a practice that undermines the agency of underserved populations to solve its own problems without expert guide (Airhihenbuwa,1995,2007,Dutta,2008). The dichotomous relationship between CCA and dominant approaches to health communication remain a point of tension in the field of communication because of the philosophical and methodological differences.

In the context of the adolescent heart project, there are multiple points of tension over the life course of the project, however the overarching tension is between allowing the community (in this case the students) to drive the project versus the academic partner direct them on how the project should be executed. This is the overarching tension because it borders on the fundamental difference between culture centered projects of social change and dominant approaches. While culture centered projects seek to resurrect unheard voices, dominant approaches apply expert solutions

to communities, thus further silencing communities at the margins from policy discursive spaces (see Dutta, 2008, Basu & Dutta, 2005). A culture centered project works through this tension in a number of ways. It begins by rupturing the expert-participant discourse that characterize dominant projects by drawing attention to assumptions that depict underserved populations as incapable of solving its own problems. Second, culture centered approach blurs the subject object position that characterize dominant projects through the engagement of cultural members as equal partners in all phases of the project. Such engagement provides space for hearing the voices of cultural members who have historically been silenced from knowledge spaces. The co-creation of knowledge provides opportunities for challenging dominant assumptions of knowledge and truth (Dutta, 2008). Further, CCA navigates the tension through reflexivity, a methodological tool that allows researchers to ponder upon their positions and influences in the co-creation of talk (Basu & Dutta, 2008, Dutta, 2007, 2008). Reflexivity disrupts the dichotomous superior and inferior relationship that characterize dominant projects in that it constantly allows the researcher to put his/her positionality in conversation with co-participants. I imbibed reflexivity over the course of the youth project, and my reflexive notes enable me to interrogate my privileges as the academic partner. In one of my journal entries, I write:

> This was a very productive day in terms of attendance and participation. I conducted 8 interviews starting from 9:30 a.m. when I arrived the school to 5:p.m, when I departed. The attendance at the workshop was also impressive.

> We started off with 7 peer leaders, and later on 4 joined, including two old members and two new ones. Both new members were males. I hope we can have more members, because if we do not have members who drive the project that means I will not have data for my dissertation, because my dissertation is tied to this campaign. But this reasoning is selfish and in-authentic to culture centered philosophy. Whether the project works as anticipated or not, I still have data, what matters most is how the youth participate and take ownership of the process.

Here I ponder about the fate of my dissertation should the youth fail to participate in the project. Through this entry, I center my political economic interest in the project. I reflect upon the fate of my dissertation, which is intrinsically tied to the successful execution of the youth campaign. My note here corroborates Davis (1999), Dutta (2008), and Conquergood (1989) that reflexivity allows the researcher to take a critical stance on his/her political economic interest and make such transparent in the research process. While I was interested in the project of engaging black teenagers in addressing heart disease, a part of me was curious about my dissertation which serves my political economic interest of collecting data that will enable me complete my dissertation and progress to the position of a professor. Through self-reflection, I constantly navigated through this tension of my economic interest versus the philosophy of CCA over the life course of the project. Through this constant reflection, I became transformed in regard to my professional goals. In one of my notes, I write:

> So after the Ph.D. what next? Yes, I am eager to complete my program so that I can be awarded the doctoral degree, but there is more to life. Focusing on what I stand to benefit in terms of data for my dissertation will be disservice to CCA, critical studies, post-colonial theory and Subaltern Studies, where CCA is rooted. As a graduate student, I often think about the economic difficulties I face due to insufficient stipend to cater to the needs of my considerable family size, but listening to the touching stories of the teenagers in this project give me a different perspective about the privileges that I enjoy, because of my position as graduate research assistant.

My note here is a reflection of how my engagement with the youth in part changed me as a researcher and scholar, especially my political economic interest. In this note, I interrogate my positionality and privilege against the backdrop of the touching stories from my co-participants, a process that has impacted me significantly.

4.13.1.1 Tension in culture centeredness

Tension in culture centered approach is the dilemma of executing culture-centered concepts without falling prey to the critique of dominant approaches. An example will help to clarify the distinction between culture centered approach and dominant approaches. Whereas culture-centered approach advocates centering voices of cultural members in addressing problems in their local contexts, dominant projects focus on empowering cultural members' in addressing local problems. In such projects, 'expert' concocted solutions are exported to communities and the language

of participation is used to frame such interventions as participatory (Dutta, 2008, Dillon & Basu, 2013).

The youth project is direct opposite of dominant approach. As we will witness in the stories in the themes below, the youth were integral in every step of the campaign. Megan, one of the peer leaders tells me, “I participated very well and enjoyed it. I did pay attention to everything going on; it was only one time that I felt sick. I stayed active in my ideas and helped put up stuffs. So, I participated in almost everything. I put in my best in everything we did.” Megan’s use of “I participated in everything” depicts the level of student involvement in the campaign. Echoing Megan’s view about student involvement in the campaign, the Physical and Health teacher, Ms. Crick tells me, “this was more student led than any other community project I have been involved in.” The construction that this was ‘student led’ corroborates CCA’s commitment to centering community voices in program design and implementation.

Culture-centered approach is averse to such Euro-centric notions of “empowerment” and participation because it presents underserved populations as agency less (Basu, 2008). Agency less is the presentation of underserved communities as ignorant of how to address its own problems, or a group that should be taught how to address its problems. Conversely, CCA advocates culture centering and authentic community engagement as a viable alternative. Authentic community engagement involves engaging cultural members as mutual partners in the formulation and execution of social change project. As I have elaborated in previous

sections of this dissertation, this is done by creating dialogic spaces for listening to the ideas of cultural members, a practice that subverts the expert object position that characterize dominant projects (Dutta,2008). Centering the voices of cultural members is hinged upon their innate capabilities to address problems without "expert" guidance. The execution of the latter is replete with tensions. In the following paragraphs, I highlight four themes that emerge from my thematic analysis (Corbin & Strauss, 1994) of the tensions that characterize participation in a culture centered project. The themes emerge from conversations with my co-participants, in-depth interviews, journal entries, and meeting minutes.

4.14 Theme 1: Navigating Co-construction of meaning versus capacity building

This is the first theme I present in this section, and I begin with a cursory explanation of co-construction of meaning and capacity building. Co-construction of meaning is synonymous with culture centered approach and involves the engagement of cultural members as equal partners in the formulation and implementation of programs that concern them. Conversely, capacity building is a feature of dominant approaches, and involves the training of a group aimed at improving its efficiency. In this theme, I engage with the narratives of tensions in navigating the thin line between engaging cultural members as equal partners versus educating them on how to plan and implement a project. I draw upon my reflect journal entries, workshop minutes, and stories of my co-participants to illuminate this theme. The narratives serve as empirical evidence on the tensions about implementing a culture centered project

without falling to the critique of dominant approaches. Additionally, the theme corroborates the importance of reflexivity as a useful tool in CCA.

4.15 Heterogeneity of cultural members

The second theme I present in this section is the heterogeneity of cultural members. Heterogeneity is synonymous with diversity, and reflects the diverse backgrounds of the teenagers in this project. While culture centered approach acknowledges the importance of diversity in communities, dominant approach treat communities as a homogenous group. This theme depict the different backgrounds of cultural members as well as varying levels of participation. I draw upon workshop memos, reflective notes, and interviews with my co-participants to present the tensions that emanate due to the heterogeneity of cultural members. This theme serve as empirical evidence against the presentation of cultural members as homogenous group.

4.16 Theme: 3 Negotiating power and positionality

Power and positionality are used interchangeably in culture centered approach to document power differential among the population. In the youth project, it refers to the power differential between the youth and other partners on the project. Power and positionality are fundamental tenets that determine who takes ultimate decision in a culture centered project. I draw on narratives from my reflexive journals, workshop minutes, and interviews with my co-participants to present tensions about power and positionality in the project of engaging black youth.

4.17 Theme: 4 Negotiating Structural Barriers

In this theme I engage with discourses of the tensions in navigating structural barriers in participation. Structure is one of the primary pillars of culture centered approach, and comprises of the social and institutional processes that dictate rules of engagement in specific contexts. Drawing upon in-depth interviews with my co-participants, journal entries, and meeting minutes, I present the tensions that emerge from my thematic analysis of the data. These include negotiating bureaucratic structures such as gaining approval from school district authorities to access research site, navigating school policies about engaging teenagers as well as micro interactional rules about communicating with the teenagers. This theme corroborates culture centered argument about the constraining and enabling effect of structural barriers in projects of social change.

4.18 Tensions in co-constructing meaning versus capacity building, and or empowerment

Co-construction of meaning involves collaborative partnerships characterized by mutual respect and sharing of ideas between external experts and cultural members. In contrast, capacity building comprise of activities geared towards strengthening the knowledge of cultural participants (see Dutta, 2008, Minkler & Wallenstein, 2003).The latter is a buzz word in development circles that assume the

application of universal solutions to social problems. In this dissertation, capacity building and empowerment are used interchangeably to mean activities that seek to strengthen the knowledge of cultural participants. Cultural participants in this project are the students, who serve as drivers of the campaign. To put issues in proper perspective, I briefly define capacity building and empowerment, and put the assumptions of empowerment into conversation with the philosophy of culture centered approach. The conversation about the differences between empowerment, which represents dominant approach provides the basis for documenting the narratives of the tensions in co-construction of meaning in a culture centered project such as the young at heart campaign.

4.18.1 Capacity building

There are several definitions of capacity building. For the purpose of this project, I draw upon the World Health Organization's (WHO) definition, "capacity building as activities which strengthen the knowledge, skills, abilities and behavior of individuals and improve institutional structures and processes such that the organization can effectively meet its mission and goals in a sustainable way." Apparent in the definition is that capacity building, and or empowerment entail the training or transfer of knowledge to members of a group, or organization for program effectiveness. Capacity building and empowerment are consistent with dominant projects that represent cultural members as lacking ability to solve problems.

Interrogating the underlying assumptions of empowerment in projects of social change, Braithwaite, Bernstein, et al., 1994 argue that:

> No one empowers anyone else. Communities must empower themselves. They must learn how to take power. Nobody will give you power. Empowerment is for the disadvantaged and disenfranchised, for those not adequately represented at the local, state, or national level. Both the powerless and the powerful need to change with movement towards the middle of these extremes (p.282).

The argument by the author's (Braithwaite, Bernstein et al., 1994) is synonymous with culture centered philosophy about the inherent potentials of cultural members to drive the changes they desire (Dutta, 2008). In the context of the young at heart project, capacity building/empowerment will involve training the peer leaders on how to plan and execute the campaign. Training is synonymous with capacity building because it assumes that cultural members are incapable of arriving at solutions to their problems. Given CCA's recognition of the capacity of cultural members to identify their problems and articulate relevant solutions, attempt to build their capacity will be contrary to CCA's philosophy of community engagement. Instead, culture centered approach advocates co-construction of meaning, which involves collaborative partnerships with cultural members in ways that promote mutual respect and sharing of ideas between outside experts and cultural members. However in practice, the process of such collaborative partnerships and mutual sharing of ideas is replete with tensions. There are constant tensions on when, and how to draw the line between capacity building and co-construction of meaning in youth project.

Below is one scenario that illuminates the tension in the youth project. Having listed the causes of heart disease among Blacks (please see the dialogue regarding the causes of heart disease in RQ 1), I requested the teenagers to identify the focus of the campaign during one of our weekly workshops. I said:

> Now that we identified the problems, we may trim it down so that we can manage our project. Do you all think we should prioritize the first three issues or do you want to address the five issues?

Here is the dialogue that unfolded after my question:

Shumain: I feel like all the issues are important so we should address all of them

Shumain is one of the peer leaders. What emerges in her response is a broad suggestion about the scope of the campaign. The broad response is indicative of the teenagers' inexperience with campaign theme. Sensing the teenager's inexperience with formulating a campaign theme and tagline, the media partner, TJ offer the following explanation:

> I think this will be a good time for me to mention what my role is. What we did with the adults is they gave us their idea of what a healthy heart campaign looked like based upon what causes it, whether is smoking, drinking, lack of exercise and those sorts of things, then they gave us information about what they think will prevent those sorts of things based upon their experiences. Those things were all adults. For you, you are thinking about your age, and

> what affects you. We shall take your information and put it into some type of commercial, some type of social media campaign, some type of poster, it might be a flyer, and you might be featured on it. We need your input, there are no wrong answers, so you are going to take that information and disseminate it among the participants in your school, and hopefully it will make you aware of what a healthy heart is so as you grow up you will not have these issues that we know the older population has, so if that helps that's what we do with the information and that's what I will be doing during our time.

Apparent in TJ's explanation is attempt to guide or point the students on how to formulate campaign theme. After TJ's explanation, another peer leader, Megan asked:

> Should we like talk about some factors?

Again, what emerges from her construction is uncertainty about what campaign theme involves. Following her response, the community organizer, Kelly chime in:

> Well I think that is part of the reason Troy came up here to talk about his role so that you can keep that in mind about what you want to talk about, so how can you relate whatever you are trying to focus on into some sort of media project. Consider that when you are thinking about how many things you want to focus on.

What becomes apparent in the dialogue is the inexperience of the teenagers on how to construct the campaign theme and tagline. Also apparent in the discourse is the subtle effort by TJ and Kelly to clarify what campaign theme and tagline mean. Drawing

examples from the Communities and Universities Addressing Health Disparities (CUAHD), where he served as media partner, TJ shares the experience as a guide to the youth (please refer to chapter one of this dissertation for details about CUAHD). From the discourse, the tension is whether guiding the youth on how to construct a central theme and tagline undermine the agency of the teenagers to articulate its own solutions to the problems of heart disease.

Echoing TJ and Kelly's suggestions on the campaign theme, the physical and health teacher, Ms. Crick continue the dialogue this way:

> Like he said the adult group focused on causes of heart disease, prevention, and steps to take, so basically when you are thinking about teenage population, where is you guys' mind when it comes to heart health. Are you thinking more preventative, or are you thinking more education and knowing what causes it.

This is how the peer leaders collectively responded, "we are thinking more of prevention." Following their response, I paraphrased:

> So we are thinking prevention. Based on that, what are we going to focus on?" I asked.

What emerges in the discourse is a trajectory of how the partners co-constructed the campaign theme and tagline with the peer leaders, an engagement that presents tension because of the thin line between co-construction and educating the peer leaders. The tensions between guiding the youth on how to develop the campaign versus allowing them to plan and execute the project was visible throughout the

planning and execution of the young at heart campaign. At multiple times, the peer leaders seemed inexperienced about the steps to pursue particular concepts and needed some tips on how to move the project forward. The tension at such times center on how to draw the line between providing tips and guidance, versus directing them on what should be done.

Another instance of this tension was during our dialogue about the promotional materials. The teenagers needed clarification, and sample materials of previous campaigns. Here the conversation centered on the development of informational leaflets to be distributed among their peers. Our media partner, Troy asked the peer leaders to suggest contents for the physical activity pamphlet, "Now on the back of this card I want you guys to decide what we want to put on here." However, TJ's question did not elicit any response from the teenagers. Following the quietness that greeted his question, TJ paraphrased the question this way:

> We are talking about the benefits of exercise, and Berth we need your help with this. Should we put benefits of exercise for their age group in general because we got some basic information from the American Heart Association's website, so if it is the stuff that they love to talk about and they know their age group will do at this school?

And here is how Berth responded:

> Berth: Ammm, I will just put in general
>
> Again, TJ responded this way:

TJ: Okay, that's what am going to do. For the benefits of exercise we will basically go to the American Heart Association's website, grab some paragraphs and say what the benefits are and dump it in here and you guys are also through with that one cool?

The Peer leaders collectively responded: "Ehe", signifying agreement to his suggestion.

The discourse here revolve around the contents of the physical information leaflet, which is one of the materials developed over the course of the project. The trajectory of the dialogue show the low response of the peer leaders when asked to suggest contents for the card. Their quietness led the media partner to seek suggestions from Berth, the Physical and Health teacher, who was our primary contact at the school. The discourse here depict how the team collectively agreed to access credible information about physical activity from the American Heart Health Association's website. From this discourse, the tension is, should the media partner make suggestions when the teenagers seem unfamiliar with the answer to a process like the one in the conversation? Will that be interpreted as top-down? How does one navigate such thin line between guidance and teaching cultural members? From a culture centered perspective, such dilemma is tackled through co-construction as seen in this instance where Berth, and TJ collectively engaged with the teenagers, arriving at a collective decision.

The tension over co-construction of meaning versus directing the peer leaders on how to plan its project is not unique to the formulation of the physical activity

card. A similar scenario manifested in the dialogue on the contents of the stress management information leaflet. Starting with a question asked by our media partner, here is how the conversation unfolded:

> TJ: On the flip side of this card basically all I have right now is we have a whole card which is lines, but I need you to come up with time management information to complete it.

Following TJ's question, one of the peer leaders responded:

> M: Any tips. Stay stress free

In response to her brief response, TJ said:

> Tips for managing time. What I have to do is I am going to once again research tips on managing your time and looking for your age group and this kind of will say the same kind of things. I am going to drop all that at the back of this card and next week you can tell me if it is too much or too little.

And I interjected:

> R: Before you move to the next one, how about the images? Are we going to include images?
>
> Peer leaders collectively responded: Sure
>
> Again TJ chime in with another question:
>
> TJ: What about the font? Are they good?
>
> Peer leaders: Yes
>
> TJ: So on the back of this card, I need tips to manage time. And I can tell you right now that to manage your time there is going to be a lot of different tips,

what else should I have on here, because we got a lot of space on the back. Should it be the top 20 tips to help manage your time, can I divide the card and have stress management tips and time management tips.

Peer leaders: Yeah, again signifying agreement to his suggestion.

Apparent from the dialogue is the inexperience of the peer leaders in suggesting contents for the stress management card. The brief response from one of the peer leaders was broad and insufficient to provide the content needed for the card, forcing TJ to suggest sourcing information about stress, and time management from other resources. Again, the tension in this instance is does their inexperience with making suggestions put their agency to test? Should the media partner seek information elsewhere if the teenagers are unable to provide necessary content? Does seeking materials from other sources undermine the agency of cultural members to solve their problems without expert guidance? This is a source of tension because of CCA's stance on the power of cultural members to solve its problems without expert support. While these questions are sources of tension in a culture centered project, it presents opportunities for co-creation as seen in this instance where the youth and the partners collectively agreed to seek information elsewhere. The co-construction of meaning here is fascinating:

"Okay, that's what am going to do. For the benefits of exercise we will basically go to the American Heart Association's website, grab some paragraphs and say what the benefits are and dump it in here," TJ told the teenagers, and they collectively responded, "Ehe", signifying agreement to his suggestion.

The peer leaders are the students who organized themselves as a group and drove the project. They are the youth at the school that organized themselves as agents of social change with respect to heart disease in their environment. In this instance, we drew upon previous examples that provided them with a road map and aided their dialogue on how to create a tagline and campaign theme. TJ shares this example:

> What we did with the adults is they gave us their idea of what a healthy heart campaign looked like based upon prevention, based upon what causes it, whether is smoking, drinking, lack of exercise and those sorts of things, then they gave us information on preventative information. What they think will prevent those sorts of things based upon their experiences. Now those things were all adults. For you, you are thinking about your age on what affects you because we gonna take your information and put it into some type of commercial, some type of social media campaign, some type of poster, it might be a flyer, you might be featured on it. We need your input, there are no wrong answers, so you gonna take that information and disseminate it among the participants in school and hopefully it will make you aware of what a healthy heart is so as you grow up you will not have these issues that we know the older population has, so if that helps that's what we do with the information and that's what I will be doing during our time.

Following TJ's explanation, the peer leaders simultaneously responded, "We are thinking more of prevention."

Following their response, I paraphrased, “So we are thinking prevention. Based on that what are we going to focus on?”

Apparent in this dialogue are the multiple voices in the co-creation of the campaign strategies. The voices include the media partner, the academic representative, the community partner, and the students. In the narrative the media partner shares his experience in the CUAHD to elicit response from the youth. The tension then, is whether such move violates CCA’s position about the agency of the teenagers in solving their problem. The lesson here is that depending upon the context, co-constructive workshop is a crucial process in CCA project. By co-construction workshop, I mean a dialogic space where the partners’ converse on what is best for the project. In the youth project, such conversation was helpful in tackling the tension encountered as illustrated above. It was helpful in that through the suggestion by media partner and agreement by the teenagers, a collective agreement was reached.

Similar to my observation, my co-participants narrate stories of tensions and uncertainties that characterized the project. This is what our media partner, TJ tells me:

> When you are marketer and advertising executive, when you are working with plans developed by someone else you have to walk yourself into a very strategic partnership in particular, and by that I mean, if they sincerely want to do something I am not here to tell them it is wrong, am just supposed to help direct them into finding a better way to accomplish the goal. For example, if

> they say they want to do radio and we don't have the money to run a radio schedule which can be $5000 a day or $5000 a week, then when we find the alternatives of how to get that messaging out. It can be different from their original idea so that is one of the challenges of a focus-led marketing idea.

What emerges in the construction 'I am not here to tell them it is wrong, am just supposed to help direct them into finding a better way to accomplish the goal' is a tension on how to draw the line between directing and helping. The tension is whether guidance is synonymous with directing? As TJ rightly note, alternative suggestions may be different from the original ideas of cultural members, thus raising questions about the originality of cultural ideas. TJ is a black African American male in his late 40s. He is the Director of multicultural marketing of our media partner MZD, and executive producer of the campaign. Also evident in the narrative is a comparison of culture centered project with dominant approach. Drawing upon his multiple marketing and promotion experiences, TJ notes that contrary to traditional campaigns, where the external experts set the strategies, culture-centered campaigns engages communities through dialogue. According to him, such engagement leads to respect of cultural ideas.

The youth campaign was characterized by dialogue. For instance, the dialogue in this instance center on activities that featured in the health carnival proposed by the youth. The P.E teacher, Ms. Crick started off the conversation by saying to the students, "You guys need to start throwing out ideas." Following her advice, Megan who is one of the peer leaders responded this way, "What if we do like a school

carnival and a public carnival and use twitter and face book and social media to promote it and get it out there, because people like free stuff."

Megan is one of the peer leaders. She was the first to respond following Ms. Crick's request. What emerges in her suggestion is an elaborate idea that is beyond the scope and budget of the project. This is the conversation that followed her response. Another peer leader said:

Onye: menus will be cool like heart menu

Crick: You can do anything that has to do with fitness health

M: Those wristbands, Nike hug sucks

Darion: Oh no, that will be $200 a piece

S: What is our budget? Do we have like a set budget or are you telling us that whatever we need we will get?

At this time, I interjected.

R: For this project we have $10, 000, and is all up to you how you want to use this money. Do you want to use this money for one event? Is all up to you to decide?

After my advice, the teenagers went quite. Again, I continued:

R: Another point I wanted us to talk about is how do we connect our events and activities to the purpose of our events? For instance, we want people to imbibe the habit of having a good meal or we want them to start engaging in physical activity. How will the proposed carnival activities help them do that? What is the connection?

What we witness in the dialogue is the tension between guiding the teenagers versus allowing them to execute their plans without guidance. Apparent in the dialogue is the students' excitement about elaborate youth-centered activities. The discourse about the giveaways such as Nike hugs is elaborate and incongruous with the idea of heart health promotion. Also visible in the dialogue is the narrative about the relevance of the proposed activities and ties to heart health. After listening to the suggestions of the students, first I responded to their inquiry about the budget. Second, I reminded them about the need to tie the activities to heart health. Again, the tension in this instance is, does encouraging the youth to tie the strategies to heart health amount to top down? What is the best way to encourage them to stay within the budget? Should the rest of the partners agree to the idea of giving away $200 a piece Nike hugs proposed by the peer leaders? Will disagreeing with the idea amount to top down or interference in the decision making power of the peer leaders. From a process standpoint, there is constant dialogue among participants in a CCA project, a distinguishing feature between CCA and dominant project.

The tension over co-construction versus top down also manifests during the review of the activities among the partners. In this instance, the P.E. teacher, Kriech started off the dialogue by asking the teenagers to review activities that will feature in the proposed stations on the carnival date, "Did you want to talk about what you want to do in a booth," she asked. Following her question, the following dialogue ensued:

> Onye: Well, the only thing I was saying is how many booths do we wanna have? Wanna have 10?

Darion: That's a lot of people though and we want them to…. because if we have a cooking demonstration we want them to taste the food. If we have 400 people trying to taste one dish that's not going to work

Kriech: You talked about having a physical activity, so you got to…

Kayla: I mean, I think rock climber will take about 4. Can we do that, can we have that inside?

Kayla: can we have that? Can we have a climbing wall?

M: And that will probably get a lot of people. What if we say like to go to the climbing wall they have to go to a certain amount of booths first

Peer leaders simultaneously said: Yeah

Kriech: You can just make that your station card where everybody has to hear each s tation

M: So that will be for rock climbing and like the cooking station

Darion: Ok if we say like every, like if you get 4 stamps you can go rock climbing but that will be like after everybody gets 4 stamps they can go rock climbing and the rock climbing station will be chaotic. How could we ..,

M:You have to go certain order so everybody or group of people have to go to certain stations and like rotate for certain amount of time so that it does not get crowded and everybody has a chance to visit each booth

> Kayla: Okay, so what if the games were involved in the educational part and we did the rotating and as soon as we are done you could do the game and all that.

Again, what emerges in the dialogue are elaborate suggestions about the activities to feature in each of the booths proposed on the campaign launch date. From the narratives, the activities are age appropriate, however they appear elaborate, especially in regard to the budget. Again, the tension in this instance is, how do you restrict the suggestions of the students because of budget limitations. Will that amount to interference with their agency? Following their elaborate ideas, our media partner jumps in:

> My presentation today was about what you told me so far and how I was going to facilitate it. I am not sure what your idea about give-away that particular day, but everything that you wanted to do I had to form a budget for that. If there is anything else that you are thinking you gonna need, we need to factor that in, because I might need to adjust one of the other things.

The discourse about budget limit is salient in our media partner's response. He reminds the teenagers to stay within the budget in their planning. The construction that the teenagers might adjust some of its activities to fit within the budget is apparent. As our media partner notes, the process of such negotiation presents tensions especially for a marketing producer who is used to dictating to clients' expert ideas on how campaigns should be executed. This according to him is a bottom up

approach that put his several years of experience to test and requires important skills to accomplish. TJ reminisces on his engagement in culture centered processes thus:

> My first experience was working with the Heart Health Indiana program for adults and the culture centered approach was unique. It can be challenging, but I think that it does start differently. It gives different perspective, it gives different outcomes than the same old research that happens and I think overall the CCA and the entire design worked well with what we were doing. My opinion about the particular approach is that although it's unorthodox, I think it can be very effective, and was very effective based on the two programs that I have worked on.

The construction that 'CCA can be challenging' points to the tension in executing CCA grounded projects, especially for persons, who are used to dominant approaches. TJ's narrative point to his experience in the larger campaign, where he served as the media partner. The larger project titled Communities and Universities Addressing Health Care Disparities (CUAHD) engaged adults in Gary and Marion counties in tailoring scientific information about heart treatment options into culturally meaningful forms. Original versions of the guides were written in scientific language, however through engagement with cultural members, the CUAHD team refined the guides into simple language. The engagement of the cultural members in the refining process reverts the expert, participants dynamic that characterize dominant communication projects. The collective views of cultural members in CUAHD led to the youth campaign. TJ attended the community message tailoring

works, took notes and put the ideas into concrete media materials that were presented to cultural members for their review and endorsement. TJ recalls his role in the CUAHD thus:

> What we did with the adults is they gave us their idea of what a healthy heart campaign looked like based upon what causes it, whether is smoking, drinking, lack of exercise and those sorts of things, then they gave us information about and what they think will prevent those sorts of things based upon their experiences (Refer to chapter 1 for details about the CUAHD project**).**

Apparent in the narrative is the iterative process through which the CUADH evolved. TJ was also responsible for the promotion and marketing of the campaign, and participated in the weekly teleconference where all the partners provided updates and road map for the next steps of the project. He tells me:

> My first experience was working with the heart health Indiana program for adults and the CCA approach was unique. It can be challenging but I think that it does start differently. Getting on the weekly calls with the complete team Wednesdays at 9 am, or emailing the information if I wasn't able to be on the call was something that became part of my day to day life, so if I found myself going out on the weekend, I have to send the report of what I have been working on.

The narrative here corroborates the dialogic and iterative processes that characterize culture centered project. The weekly teleconference was a space for dialogue and co-construction of the CUAHD project in that it provided opportunities for joint evaluation of partners' progress. Note TJ's use of "unorthodox and unique" in his description of culture centered processes. According to the Merriam Webster dictionary, unorthodox refers to something that is different from conventional. Whereas uniqueness refers to the quality of excellence. As TJ notes, the uniqueness of CCA creates tension during the actual execution of a culture-centered project. He describes the tensions in decision making in CCA this way:

> That approach can be difficult because there is not one person making a decision, that's the first thing. You can have a complete outline design based upon you talking to somebody and then, someone else that is part of the team can come along and say we need to change this, and then everything can change again even if it is already set, so that could be frustrating and I am a very honest person to say what's good, what's bad and what's not. Sometimes that could be challenging but other than that. Usually being an advertising executive, when you have a meeting and you set rules, you will do this and this person will do this everyone will stay in their own lane and we come back together as executive producer, I will figure out what we are going to use and then we all vote on if this works and then we push that out to the consumer base. Everything changes when you do an approach like this.

What emerges in the narrative is the collective voices that contribute to decision making in CCA. Also apparent in the discourse is the dilemma of taking a unilateral decision. According to TJ, decisions were collectively reached through iterative process. He notes that the constant back and forth decision making requires patience and understanding of the culture centered approach. According to him, his engagement in a larger culture centered approach project allowed him to engage in the process in the youth project. Alluding to the tensions in collective decision making, TJ tells me, "the approach can seem like there are so many hands involved from the professors to the official paper work to the teachers and the students and that can be difficult. "Apparent in the discourse is the tension in collective decision making in CCA. From a process standpoint, the story also corroborates the centrality of dialogue in culture centered processes.

Narratives of tensions in collective decision making is not limited to TJ's story. Here is how Megan, one of the peer leaders paint the picture:

> It was some people coming in; I mean, different people who were not there from day one, coming in and like taking us back in between discussions mostly. They come in with different ideas and we keep moving back and forth.

She further talks about the tension in CCA:

> It was a good experience, but at the same time irritating sometimes. The reason was that some people were not as committed as I was. It sucks when people get credit for what you put a lot of effort and time, you know.

Apparent in this discourse is the frustration about inconsistency of peer leaders at the weekly meetings, a practice that creates difficulty for collective decision making. The tension here is whether to proceed with decisions reached by few cultural members, or go over the dialogue with members who were absent during the initial conversations. Since CCA centralizes listening to unheard voices, ignoring the voices of cultural members who were absent during initial conversations may be interpreted as top down. At the same time, engaging in constant back and forth conversation after initial decisions have been reached by few cultural members result in a cyclical bureaucracy that slows down the pace of implementation.

Echoing Megan's concern about the tensions in CCA, Darion notes, "I think the major thing is the people coming in and out, and not being on task all the time. Nothing else was really bad to me apart from this."

Discourses about the tension in collective decision making is also visible in the stories of other peer leaders. Here is how Shumain, one of the leaders paint the picture, "inconsistency; you know, everybody not being on the same page at the same time. Many were not dedicated but some were. They wanted a good outcome and worked towards it," Shumain told me. Another peer leader, Brianna could not agree any less with her peers. Here is how she describes the situation, "It was probably some people coming in and out. It seemed some people were either not committed or just absent. At the beginning we did not take it too serious but along the line, we had to find a way to get things done whether or not all of us were around."

What emerges in the narratives is that inconsistency of members at the meetings pose significant challenge to collective decision making. Apparent in the discourses is the collective frustrations of the leaders about the attrition of some of its members at the meetings, a scenario that presents tension for collective decision making. The tension in such contexts becomes how the academic partner negotiates dialogue and collective decisions in contexts where members are inconsistent at the meetings. According to the critical studies literature, the purpose of engagement is not to provide university's superior expertise to the community, but to encourage joint academic-community definitions of problems, solutions, and definitions of success. Authentic community engagement entails giving cultural members a strong voice in defining the issues and solutions (See Braithwaite,1994,Cornwall & Jewes,1995,Dearing,2003,Have & Shiell,2000,Minkler & Wallersteine,2003). Similarly, culture-centered approach promotes respect for local partners in collaborative projects. CCA urges academic experts to recognize a symbiotic relationship with cultural members, because they (academic experts) have much to learn in these efforts as they have to offer. As we witnesses in these instances, there was constant tension on whether moving forward with decisions of a few will violate culture centered principle of equity and fair justice.

During my numerous visits to the community, the Executive Vice President for Research at IMHC, Calvin and I engaged in dialogue about the tensions in executing culture centered projects. Our conversation centered on the thin line between imposing outside expert ideas versus co-construction of meaning with

cultural members. While I advocate co-construction of ideas with the youth, Calvin points out the tensions in drawing a line between directing the peer leaders on how to execute the project versus co-construction of ideas with them. Here is how Calvin articulates the meaning of imposition versus co-construction and the inherent tension in executing of CCA projects:

> Imposition is after they made their decision you now try to bring things forward. I am saying that you just go ahead and make the decision. I was saying that the kids need to understand the message to understand its importance and then have a proper focus. I think that is entirely a different thing from the act of imposition. The kids understand messages. I think in heart health, there is a message that the kids need to understand; that is to say, how they can do things differently for the good of their health.

The dialogue between Calvin and I center around the development of informational leaflets as important component of the campaign. During our initial conversations with the youth, they resisted the idea of printing informational leaflets about heart disease on the ground that their peers would discard such materials at the venue of the health carnival. Here is how the peer leaders resisted the idea during one of our weekly dialogues, "why do we need pamphlets if it is just gonna be people here at the school," Onye, one of the peer leaders queried. Evident in the construction is interrogation of the post card idea. Echoing Onye's point, another peer leader, Megan rhetorically asked, "What do you mean by the flyers? May be we can give them to the middle schoolers." What emerges in her construction is the irrelevance of the cards

for her peers and should be targeted at another age group, the ‘middle schoolers.’ Following their reluctance to the card idea, our media partner, TJ interjects:

> TJ: The main one I think they were talking because of the information at the back and if you gonna pass on information that’s why it will be useful.

Sensing the student’s resistance to the informational leaflets, TJ Said:

> If you didn’t want to use these, that’s ok with me.When you talked about passing out the type of heart health information, this is what your information will look like. Whatever that is, you gonna decide how you want it to be like for example this shows what high blood pressure is and is not, and you can put it on something like this, just keep it in mind, so you can print $5000 of these for a little bit of money.

What we witness here is the tension between community needs versus expert needs. The discourse here depicts the teenagers’ resistance to the information leaflets and our media partners’ effort to convince them about the relevance of the leaflets as heart health information artifacts. In tandem with our promise to the guarantors, our media partner invokes logic of cost benefit in persuading the teenagers to accept the production of pamphlets. However the teenagers proposed social media, including posting images on Facebook and Instagram as well as Twitter as preferred methods of reaching out to their peers with heart health information. Here is how the conversation unfolded. It begins with a question asked by the community organizer, Kelly during our weekly workshop:

Kelly: What are like media things we can do to get these out there apart from the information cards?

M: Should we like record it, like when we do the carnivals so that other people can

Shumain: We can do like a web page, we can do Twitter, Facebook, Instagram

Shumain: A Tumblr

M: A Tumblr a Tumblr

Onye: We can make like an app

M: Oh wait, we should do like a video of fast-food booths too and nutrition. Each station should have a video.

Onye: Yeah like information tool, visuals and a video interact. For the video we can have like big mac and then show picture of the effects like the nutrition value, how you will be hungry later and how it all just goes together.

Apparent in the discourse is the students' preference for digital and social media as channel for reaching their peers with heart health information. Also the trajectory here reveal the role of dialogue in culture centered process.

Here is another discourse that depict the teenagers' preference for digital and social media as the channel for reaching their peers. One of the peer leaders asked:

Onye: I have a question. If we are showing a video at the beginning where are we gonna watch the video at because we can't watch a video in open place, so are we going to be in the auditorium first, and then go down to the gym?

TJ: When you came up with the video idea what were you thinking about?

Onye:I think we will have it shown in the auditorium because that's like the only place that has like a screen

TJ: Have you all shown anything in the gym?

Peer leaders simultaneously responded: No there is no video system in the gym

Crick: We could do it by grade

M: They could bring a little projector. Do we have a screen projector?

Crick: I am pretty sure we have a projector

Conspicuous in the dialogue is interest in digital and social media as the preferred choice for reaching their peers with information. In the spirit of culture-centered approach of listening to the articulations of cultural members, I welcomed their suggestions, but our community partner represented by Calvin vehemently objected to the student's suggestion. Calvin based his objection on the project proposal which promised our guarantors that "culturally relevant heart health informational materials shall be developed in collaboration with cultural members." Here is the dialogue between Calvin and I over the desires of the teenagers versus our proposal:

You, Mohan, TJ and myself, had back and forth conversation on this and I was on the hot seat at that point in time. We had promised our guarantors that we would develop the messaging materials, but as we discovered, the kids did

not seem to be interested in physical materials like the cards, but in activities that will stick with them where they would use their senses of sight, touch, which probably was responsible for TJ spending lots of energy planning the carnival. I am wondering what you made of the disconnection in our assumptions, what the kids were proposing and our promise to our guarantors?

Calvin responded this way

I am actually taking back to my class. There was something we call Pendox. It was speaking in parenthesis when it actually means division, subtractions and multiplication that we need to make. That was the actual message, but the way it was presented; in a song, in a phrase and all that. They made us to remember that these were applications we need to make in these mathematics variables and that whenever there is a problem we need to take the message of Pendox and apply it to the situation. But you do not have a message. We don't know whether or not they got the message we want the kids to extract. We do not have a message at all or what we want them to take away; so to me, we were simply strategizing, but there were no messages. Yes, we know that kids like activities, but what are they walking away with from the activities? This is because people remember so much when something is being repeated. So, when you are going through something like spellings or repetitions you tend to remember. I understood that there were exercises, stress, nutrition, but what was the take-home message? Nutrition, eat a balance meal? Eat vegetables. What was the take home message? Exercise thirty minutes five times a day;

> was it just moving? Moving for what? I am not sure. What about stress? Was it just managing your time? Or, was it something else? So, at the end, in fact, much later, TJ linked the message to the activities. And, I asked myself, can the kids do the same? TJ could make the connection, but can the kids do exactly that? The kids could not make the sign connection. They did not get the message and that was my concern. I am not saying that the strategy was wrong, but that whatever the signs, there must be a venue for communicating the message.

Again, what we witness here is tension between community needs versus partner's needs. The discourse here reveal the disconnect between community versus expert/donor's needs. The scenario exemplifies the tension in executing culture centered projects. On one hand, we proposed to develop culturally relevant heart health information in collaboration with cultural members, however during the project execution, cultural members' jettisoned the idea of informational leaflets and opted for physical activities and social media. So the tension was, shall we ignore the original proposal to our guarantors and proceed with the suggestions of cultural members? Will that amount to violation of the funding agreement? Or shall we ignore the articulations of cultural members and continue with the production of informational leaflets that will end on the floor of the gymnasium, venue of the health carnival? Besides, will moving forward with the agenda of printing the leaflets amount to top down approach? The challenge of how to move forward created a tension during the execution of the project. In order to collectively agree upon the

best strategy, we engaged in co-constructive dialogue with cultural members. The dialogue is worth quoting in its entirety. I began the conversation this way:

> R: Now that we identified the problems the five major areas we are going to focus on, I think we may trim it down so that we can manage whatever our solution will be. Do you all think we should prioritize the first three issues or do you want to address the five issues?

Following my question, one of the peer leaders responded thus:

> Shumain: I feel like all the issues are important so we should address all of them.

Following her broad response, our community organizer, Kelly chime in:

> Kelly: Well I think part of the reason Troy came up here to talk about his role is so that you can keep that in mind about what you want to talk about, so how can you relate whatever you are trying to focus on into some sort of media project. Consider that when you are thinking about how many things you want to focus

While Shumain is the peer leader, Kelly is our community organizer. Following their responses, the P.E teacher Ms. Crick chime in:

> Crick: Like he said the adult group focused on prevention, cause, and steps to take, so basically when you thinking about teenage population, where is you guys' mind when it comes to heart health. Are you thinking more preventative out or are you thinking more education and knowing what causes it, you don't

necessarily have to get into the actual steps to deal with the heart and going to the doctor

The peer leaders simultaneously responded thus:

Peer leaders: I am thinking more of prevention

R: So we are thinking prevention. Based on that what are we going to focus on?

Darion: Can we like pick a main…like stress really has to do with everything. There are many questions about stress. You could be eating wrong and then you are stress, smoke, peer pressure. Can we use one team and then branch off.

Shumain: So do you want to uses stress as the one word

Darion: Yeah, like the effects of stress

Kriech: If you are saying we are gonna prevent, prevention of heart disease, alright so that's the big picture. That's what we are trying to do. If am hearing you right, you are saying let's say stress of a teenager and then branch out from there.

Onye: This is like heart disease in general or heart disease and a teenager's perspective

Kriech: It's all in your guys teenagers.

Onye: I think coming from teenagers perspective is what makes it evil, the stress that we are going through now that makes everything happen the way it is

> Kriech: And then from there you get into heart disease and other areas. Okay, does everybody understand what she means, stress of a teenager and then from there you can branch to…smoking, drug use, alcohol use, lack of sleep, falling behind, peer pressure, time management

What we witness in the dialogue are the multiple voices contributing to the conversation about the strategies to address heart disease among the youth. The voices include the teenagers, our community organizer, Kelly, the physical and health teacher, our media partner, and I. The engagement of multiple voices depict co-construction of meaning, a feature of CCA that distinguishes it from dominant approach. The multiplicity of voices reduces power the imbalance that often characterize dominant approaches. In this instance, Calvin and the partners got what they wanted in the form of the informational cards, and the students also got some of the activities they desired, symbolizing equity that is the hallmark of CCA.

At multiple times, Calvin and I engaged in back and forth conversations about the tensions as we worked on this project, often centering on the distinction between listening and centering community voices, versus imposition of outside expert ideas. Below is Calvin's response to my question about the distinction between co-construction and directing the youth.

> What it means to me? I think it is trying to hear and understand something that someone is communicating fully. And, I think there will need to be a feedback for a message to be understood. In a communication process, there is always the giver of a message and the receiver. It is a process that comes this way and

> also goes that way. A two-way traffic sort of. It is a continuous loop. The ultimate of both parties is to communicate. Where you do not get the feedback, you don't get the message through. For instance, if you look at Hip hop music today, there is a tag line. They understand the power of the tagline. When you listen as a musician and you get beefed you do something because you got the message. So, I do not know whether the kids understood or not. There must be a tag line. If you are the cashier, for instance, you will always make suggestive sales. The comment sticks to the head and interrupts your decision making process. So, I don't know whether the kids understood it or not.

The teenagers provide counter narrative to Calvin's idea about two way-communication. Here is what Brianna tells me about their participation in the project:

> we worked on everything together, talked about everything and agreed before we adopted such as our decision. We came with ideas, set up things together, cooked together; it was not like one person doing all the things, no, we all had to contribute. Well, this project was student driven, that was the big difference. In sports, it is the coaches who decide and tell you what you need to do. But here, we make our own inputs. The names, logo, who will be in it, etc.

Another peer leader, Onye echo Brianna's point about participation this way:

> I feel I was there from most of the planning and meetings. I think I was only not there for just about two meetings. I gave my opinion and ideas on issues

> and helped figure out how things are going to go. I did some of the drawings, sketches and the blueprint; took notes and stuffs like that.

What we witness here is the tension over meaning of centering voices versus imposing expert ideas. The discourse here shows that Calvin's meaning of two-way participation is hinged upon formulation of information leaflets that serve as metrics for measuring the campaign outcome. For Calvin, the activities proposed by the teenagers are incongruent with traditional campaign. Conversely, the teenagers regard their active engagement in all aspects of the project as participation. Calvin's explanation seeks to justify his position on the development of heart health information leaflets to assess whether the youth internalized heart health information or not. According to him, asking the youth follow-up questions about the contents of the informational leaflets would help in evaluating the effectiveness of the campaign. Again, the inherent tension in Calvin's articulation of "effectiveness" is that it differs from culture centered interpretation of effectiveness. In the temper of culture centered approach, effectiveness should be jointly defined by cultural members and academic experts (see Dutta, 2008). It is through such co-construction that the true meaning of effectiveness is determined, therefore in the process of executing a culture centered project such as the youth campaign, the challenge is in balancing the tension or else, it might turn to top down. For example, imposing the development of informational materials without engaging cultural members in a dialogue will amount to top down. At the same time, yielding to the suggestions of cultural members without engaging them will be tantamount to in-authentic. Authenticity in CCA is the philosophy of

being real and dealing with culture-centering processes in a transparent and frantic manner. It entails having difficult conversations that lead to the final resolution of problems. Our engagement with the teenagers over the informational cards symbolize authenticity.

Similarly, the trio, Dr. Dutta, Calvin, TJ of MZD, and I engaged in further conversations dialogue about the promise to our guarantors versus what the students wanted. Getting all to agree on how to engage with the community as well as engaging our guarantors was replete with tension. Again, this is how Calvin articulate the tension in community expectations versus guarantors' expectation:

> You, Mohan, TJ and myself, had back and forth conversation on this and I was on the hot seat at that point in time. We had promised our guarantors that we would develop the messaging materials, but as we discovered, the kids did not seem to be interested in physical materials like the cards, but in activities that will stick with them where they would use their senses of sight, touch, which probably was responsible for Troy spending lots of energy planning the carnival. I am wondering what you made of the disconnection in our assumptions, what the kids were proposing and our promise to our guarantors?

Again what we witness here is the tension over community versus partner's needs. Calvin's narrative point to the disconnection between the interests of cultural members versus funder's priorities. In line with our proposal, the guarantors wanted us to develop promotional materials including pamphlets, informational leaflets about heart disease that would be distributed to the youth. However during the execution of

the project, the students were opposed to the production of promotional materials. Instead, they proposed the use of social media as viable strategy to reach their peers with heart health information. The disconnect in the expectations of our guarantors and community expectation was a point for back and forth conversation among the team. I wrote in one of my notes:

> This was the seventh meeting at the school, and I have established considerable relationship with the advisory board. The weather looked bright, but the temperature was in the 30's. I was dressed in a pink suit pant, a stripe blue shirt, a brown dress shoe, and a green sweater, my heart and a long jack black jack typical of winter dressing. I arrived at the school at 2:45 p.m., and our workshop was scheduled to start at 3:00 p.m. On this day, I drove in a silver Chevy impala No 059 rented from the Purdue transportation office.
>
> The atmosphere at the school was official. The school buses had lined up waiting for the students to board the buses which is typical after school. There was an instructor whose conference room I use for conducting in-depth interviews with students. As soon as I drove into the parking lot, he was stationed in the lot, dressed in a long wool jacket and two signs like the air traffic controllers directing the buses. Upon arrival at the main entrance, the front office receptionist was absent. The school day was over, but during previous visits, she was always at her duty post at about the same time. However, when I pressed the door bell, the secured door was opened, probably by the more elderly receptionist at the principal's office located in

the inner chamber of the building. As soon as I entered the hallway dragging my backpack containing my laptop, sample heart-healthy poster printed from the American Heart Association website, I sited one of the student advisory board members in emotional mood with a male student that I suspect is her boyfriend. She said hello to me and I responded, and walked briefly to use the rest room located to the left on the first floor before heading to the main office of the principal where I signed in. After using the restroom, I headed to the main office of the principal, where I met the elderly receptionist who was dressed in a nice red suit top and a black trouser. She was exceptionally receptive and shortly after responding to my questions, she was excited about the arrival of two gorgeously dressed African American elderly women who were about her age. Hello Alumni, welcome back. At this time, I headed to room 317 the usual venue of our meeting, while she continued her chat with the two women.

As I lifted my rolling backpack, I saw two nicely dressed elderly African American men in black suits, and teachers and students stared at me. A teacher who I suppose was having after school hours with his students stared from the transparent window and waved at me, and I waved back. Some waved at me, while others anxiously stared at me. The ceremonial aura around the school premises on this particular day got me anxious until I realized there was an event to honor the Alumnus of the school at the auditorium that evening.

Today's meeting was unique in many ways. I had a meeting earlier in the morning with the larger team, including Mohan, Calvin and TJ. The meeting was to review the progress and decisions so far made in the project implementation. After listening to the suggestions of the team, I was in high spirit to facilitate today's meeting in line with the feedback from the team. On another note, the meeting was unique in that before my arrival, seven members of the advisory board, the PE teacher and the media partner were already seated in the room waiting for the commencement of our workshop. In the past, the teacher and I arrive earlier, waited for the arrival of the peer leaders. The punctuality of the students was indicative of their commitment to the project. Upon arrival, I received a resounding greeting from the students, Agaptus……This was another indication of the Camaraderie from the students. After the exchange of pleasantries, we started the day's business. I began by thanking the students for their successful organization of March 6, meeting that I did not attend due to inclement weather.

Based on my earlier conversation with the larger team (including Dr. Dutta, Calvin, MZD, and I), I suggested changes to the agenda prepared by the students in their last meeting. Instead of beginning with conversation about the choice of food for the carnival, I suggested focusing on the campaign materials, including deciding the campaign theme, tagline, information materials for the issues identified by the students and the selection of communication channels. Proposing this change in the schedule was

methodologically daunting for me, because of the inherent power connotations. Our media partner had started talking about the carnival which seemed to be a key part of the campaign, and I quickly interrupted “Sorry to interrupt. Before we get started today, I wanted us to make a slight change in our schedule by moving forward on the agenda the promotion materials and content up on the agenda” The suggestion was accepted and we quickly decided on a campaign theme: Young at Heart, campaign slogan, logo and proceeded to identifying content for the post cards.

Methodologically, CCA is constantly reflexive about power dynamic in underserved and minority populations and questions the design and implementation of programs targeting minority populations that fail to listen to their perspectives regarding the interventions proposed. Guided by this frame, I constantly reframe from imposing my academic way of doing things during our weekly conversations. I also pay particular attention to the framing of points. For instance, I often use words such as “we” Though I am African, on the project team; I represent Purdue which in the context of our project symbolizes power. Against this background, I am weary of imposing my frame and way of doing things, but at the same time I realize that co-participation is about being part of the whole process, objecting to ideas that I disagree with, and supporting the ideas that resonate with me. For instance, altering the order of the agenda does not necessarily mean dictating to the students what they should do, but making suggestions on how to productively

> utilize our time. The alteration in the order of the agenda allowed us to conclude the tailoring that will guide our media partner in the production of the materials upon return from break. This was fulfilling in that it all adds to achieving the overall goal of the project.

Before I interrupted the flow of the agenda in the above scenario, the tension was, will that amount to top down? Will the act of making that move to alter the agenda be interpreted as silencing voices of cultural members? Culture centered approach is averse to overt or subtle silencing of the voices of cultural members in collaborative partnerships. The internal struggle of trying to balance my action in the above scenario was a continuous loop that provided multiple tensions during the execution of the youth campaign. Mindful of the assumptions of CCA, the tension for me was how to avoid violating these tenets of culture centered approach.

Here is another instance of the tension over co-construction of meaning versus capacity building. In one of the workshops, the peer leaders proposed posting posters around the school as a way of advertising the campaign launch date. As the dialogue progressed, I reminded the team comprised of the students, our media partner, our community organizer and the Physical and Health Education teacher that posting the posters before the campaign launch would undermine the integrity of our baseline data. The dialogue is worth quoting in its entirety. The conversation begins with a question asked by our media partner, who said, “How many weeks before hand. When do you start doing that?” TJ sought to know when the peer leaders plan to

begin their publicity about the project. Following his question, here is the dialogue that took place among the peer leaders and the partners:

Peer Leaders: the week of 29, the week after

TJ: The week after, you want to do some posters in the school, right?

TJ: Okay. How big are the posters? Do you want it to be this size? Or do you want like 11 by 17 type size?

Peer leaders: That's nice

TJ: Okay, where will they go and how many do you need?

Peer leaders: 20

TJ: 20? To put in strategic areas? Is that the goal?

Peer leaders: Yeah, like the sophomore hallway, the gym, the cafeteria, the main office, learning center.

TJ: Okay, so you guys know where you gonna put it

The P.E, teacher Krieck chime in:

Kriech: You want to be able to start posting them by the 29th, which will give you full week and then the days before.

At this point, I asked:

R: Berth can I jump in here?

And she responded:

Kriech: Yeah

And I said:

> This is where our baseline measurement and T1 becomes important. We want to get that out of the way before posting the posters because we want to gauge what people know and see if the knowledge increases when we start posting our poster and when we eventually hold our event.
>
> Kriech: How fast can you get me the survey? Because they can even happen Monday if I get them
>
> R: I will get it to you by Friday:
>
> Kriech: Okay if you send it to me by Friday I can have all the copies done Monday and out to the SRT teachers and then we will start posting on April 29.

Again, the dialogue in this context may seem different, but speaks to the tension in co-construction of meaning versus directing the youth on how to design their intervention. Based upon the dialogue, the teenagers were eager to begin the posting of posters announcing the launch of their campaign, but I interjected by reminding them it would undermine the integrity of our baseline data.

In my journal entry after the workshop, I write:

> Tensions in academic community partnerships. What happened today was a daunting situation in that it put me in a precarious situation. The teenagers, our media partner, and the P.E. teacher were eager to commence the posting of posters to announce the Young at heart campaign that will be launched soon. As I listened to the dialogue, I internally struggled with how to interrupt and remind them it was wrong to post the posters because it will contaminate

> the field for our baseline data, which was yet to be conducted. Even though I recognize that their action would contaminate the field, I said to myself, will it amount to top down if I advised them against their ideas? Should I allow them to do it their way and document this as a learning opportunity? On a second thought, I said to myself, but my academic advisor, who is the PI on the project will question me about the baseline, because that is an important part of the design. On the basis of these, I interjected and told the team it was improper to post posters at this point. Again, after I articulated that the team concurred and decided to fast track the baseline survey to enable them move on with advertising the campaign launch.

What emerges in my reflection is internal struggle on whether my action violated culture centered philosophy about mutual respect for cultural members. CCA is averse to attempts that seek to direct cultural members on how to frame their problems, because such presents cultural members as incapable of solving its problems (Airhihenbuwa, 2007, Dutta, 2008, Basu, 2008). Over the cause of the project there is constant tension over the implications of my actions and how such impact the agency of the youth.

The following excerpts provide additional examples of the tensions in negotiating co-construction of meaning versus capacity building. In this instance, we engaged the peer leaders in dialogue on the use of survey questions aimed at evaluating the impact of our project. Here is how the dialogue unfolded. In setting up the context for the conversation, I said:

I want us to talk about 3-4 areas that are of interest and that is the research component, and how we are going to evaluate our success, whether we made any improvement or not, this is what will determine that. We are going to do 3 surveys for this project. Before we look at the contents of the survey I wanted us to talk about the classes we shall target. Is it seniors, and when we talk about seniors how many classes are we talking about?

Following my question, the peer leaders responded thus:

Peer leaders: One

And I interjected:

R: So it's just one class, is that our target?

Peer leaders: All high school

Again, I asked:

R: All high school will be how many classes?

Peer leader: 4

R: So the 4 classes will be our target. We want to figure out today how we are going to survey them. How do we give them surveys to complete that way we know if they learned anything from our project or not, does that make sense?

Peer leaders: Yes

The dialogue here is about evaluation parameters initiated by me, the researcher. Dialogue is consistent with culture centered philosophy and represent authentic engagement of the youth. However, the proposal of 3 part survey as the yardstick for

measuring impact presents tension, because survey is incongruous with culture centeredness. Culture centered approach critiques survey instruments because it reifies researcher object relationship that characterize dominant projects. In her epochal essay, *Toward the Development of Critical Health Communication Praxis*, Lupton (1994) eloquently note that the use of quantitative measures by dominant approaches lead to the design and implementation of interventions that lack community voices. Echoing Lupton's argument Airhihenbuwa (1995, 2007) argue that the dominant approach to health communication has resulted in the implementation of HIV programs that are incongruent with cultural and contextual realities. Similarly, Dutta (2008; 2007) write that by promoting survey instruments that measure individual outcomes, dominant projects create apparatus that blames individuals for failing to adopt 'expert' recommended behaviors. According to Dutta (2008, 2007) such individually focused methodology ignores socio-economic, structural, and political factors that compel individuals to make certain choices. Further, CCA challenges the privileging of a particular way of knowing on the grounds that it promotes the dissemination of Western knowledge as the only way of knowing (Dutta, 2008). Against this background, conversations about 3 part survey design in many ways present continuous tension especially for me in the project of engaging the youth.

In one of my journal entries I write:

> It is sometimes daunting to implement a CCA project because of the temptation to fall into dominant mode. Today was particularly daunting

> because of our conversation on how to evaluate the project. How does a CCA scholar engage with cultural members about the research component without imposing his/her ideas? How does one negotiate his/her power as the academic partner without further marginalizing the community members? How do you discuss evaluation, survey instruments with cultural members without teaching, education them about the importance of surveys? Did I marginalize my co-participants today? Did I violate CCA principles by telling them how many surveys we shall conduct and why? Is there another way I could have engaged them in the conversation? But I could not converse about survey without telling them about the importance of surveys, but telling them about the importance of survey seem top down. How did we even conceive of survey as evaluation parameter in the project? So what is the way out? I guess this is a question I will continue to negotiate throughout this project.

Here we witness a methodological tension between CCA, which locates decision making in the hands of cultural members and dominant approach that controls and predicts the behaviors of communities using surveys. Conspicuous in my reflection is self-interrogation of the rationale of survey as evaluation parameter in a culture centered project. In my journal, I ask, how do you talk about evaluation with community in a non-condescending manner? Who decides what counts as measurement instrument? Does engaging cultural members in the construction of the instrument obliterate the implicit dominant underpinning associated with surveys? These were thoughts that ran through my mind. Drawing upon my commitment to

culture centered methodology, I rely on reflexive journal entries to hold myself accountable to my positionality. Through this constant reflection, I become conscious of my method and the inherent weakness.

Here is another instance of the tension in negotiating co-construction of meaning in the youth heart health project. The section was devoted to the co-construction of baseline survey questions with the teenagers. Consistent with culture centered philosophy, I displayed a draft of the introduction of the survey on a projector and asked the peer leaders, "Do we have any other observation? So these core questions will enable us evaluate our project outcome. So we think the intro is okay now?" In response to my question, the peer leaders collective said, "yes." Shortly after the collective response, one of the peer leaders suggested:

> M: I think before we distribute the surveys we should give description of what heart disease is, because the question, does heart disease run in your family they might not know what heart disease is.
>
> And here is my response:
>
> R: That is the idea of our campaign. We want to let people know what they can do to prevent heart disease, but at this stage we want to know what people know about heart disease. If they don't know, if we find out that their knowledge about heart disease is at zero and by the time they participate in our project their knowledge improves to 40 or 10,that means we were successful, does that make sense?
>
> Peer leaders: Yes

The dialogue in this instance is fascinating in that the peer leaders are committed to the design of survey instruments. However the teenagers' suggestion about explicating the meaning of heart disease in the introductory section of the survey is out of sync with the protocol for measuring baseline. While they (teenagers) are eager to contribute to the formulation of the instrument, some of the suggestions are incongruent with research rigor as reflected in the discourse. For instance the peer leader's suggestion that introductory section of the survey should be explanatory note about heart disease will be inappropriate in the context of the goal of the survey. The tension then is, should I stick with the suggestion, or educate the leaders on why we should not. What emerges in this context is the tension between co-constructing the survey versus doing what the students want.

4.19 Heterogeneity of cultural members

Similar to the tensions in drawing the lines between co-construction of meaning and empowerment is the tension in recognizing the heterogeneity of a community. According to the Oxford dictionary, heterogeneity signifies diversity. For example, a classroom consisting of people from different backgrounds would be considered heterogeneous. The prefix hetero means "Other or different," While the prefix homo means "the same. "Heterogeneity is often used in contrast to homogeneity, which denotes similarity. Heterogeneity also refers to something that is comprised of different elements, like local dialects composed of various languages. The dictionary definition of heterogeneity is consistent with culture-centered interpretation of the composition of cultural members. Whereas dominant projects

present cultural members as homogenous, CCA counter such representation as simplistic. As we witness in the appointment of leaders among the teenagers, cultural members are heterogeneous. After I presented the goal of the project and culture centered philosophy, I opened the floor for the appointment of leaders. This is how the dialogue unfolded:

> R: when we come next week, am going to be seating and one of you will be taking notes, and one person will be facilitating like am doing today. I will make suggestions whenever you need my input, fair enough or do we want to elect our leaders now?

Following my question, the peer leaders simultaneously responded:

> Peer leaders: Ehe

Their collective response "ehe" signifies agreement to the outright selection of its leaders. The conversation unfolded this way:

> R: Okay, let's go ahead and do that right now, it can be by volunteering or however you want to do it.
>
> After my remark, a member volunteers by raising her right hand
>
> R: Okay, so let's have her name as our secretary (Kayla)
>
> R: And who is going to be the moderator? I asked?
>
> The peer leaders simultaneously responded:

Brianna

R: Brianna everybody?

Peer leaders simultaneously responded: Yes

R: Okay, we have our leaders. We have secretary and our team leader, so that will be it f or today until next Wednesday.

What we witness in this instance is the collective selection of its leadership, a quintessential example of participation in culture centered processes. This is direct opposite of dominant approach where external experts impose 'leaders' on the community. The collective recognition of Brianna as leader is indicative of her leadership qualities, a feature that distinguishes her from others, signifying heterogeneity. The tension then becomes, how you treat her as equal with the other members of the group given her new status as the leader. Following Brianna's appointment as the group leader, I write about the heterogeneity of cultural members in one of my journal entries:

> The core ideology of CCA is that the power to identify problems and propose solutions lies in the hands of the community members, and their participation in the project is the way to achieve such goals. During our interaction yesterday, I realized that there could be levels of participation in the execution of culture-centered project. There are cultural members who are outspoken, and those who are not vocal, but offer subtle and emotional support to the cause. Culture centered scholars need to acknowledge this difference so as to

> strike a balance by recognizing the vocal members, but at the same time ensure that non-vocal members are not marginalized during the conversation. Interestingly, all the members simultaneously nominated one student to lead the team, while another student volunteered to be the secretary. The outcome of today's election corroborates culture centered argument about the collective and authentic community engagement.

My journal entry reflect what transpired on the first joint meeting among students and the partners. What is fascinating about the incident is that all the peer leaders unanimously appointed Briana as chair leader of the group. What we witness in this instance is the recognition of Brianna as outspoken among her peers. While the selection process is quintessential example of authentic participation that CCA advocates, the tension that emerges as a result of her new status is how to balance her voice with the others. For instance, does her collective recognition as the group leader put her above the other members of the group? How do the partners engage with her as equal to the other members of the group without undermining her position as the group leader? This is especially important because of culture centered emphasis on equity. As the Chair leader, she moderates group meetings, maintains contact with the instructor. She was the contact person for the peer leaders, received information from the instructor and media partner and disseminated same to her peers. Similarly she sent out email correspondence to the rest of her group. Brianna describes her role this way:

> Mostly the chair leaders ensured things worked out and moved on smoothly. It was basically getting everything together, finding out who has ideas, ensuring that everybody was okay with such ideas and then, we decide on what to do next. Organizing, getting people's opinion; you know, some people don't talk, so I try to find out if they are okay and stuffs like that.

Brianna's construction about effort to verify that all the members are fine with specific ideas touch upon heterogeneity. The discourse that 'some people don't talk,' therefore, she makes effort to verify if they are in agreement with the collective decision corroborates the heterogeneity of cultural members. What emerges in her narrative is that some members are vocal while others are not. From this discourse the tension is how to balance the contributions of vocal and non-vocal members? The lesson from this narrative is that concerted effort should be made to get the perspective of non-vocal members, otherwise their voices might be erased from the process.

Other members narrate stories about the heterogeneity of co-participants. Shumain talks about the heterogeneity of her group in regard to the level of commitment and participation. She tells me:

> The major challenge we had was that not all the people were dedicated. We had people who wanted things done their own way, and others who would rather go with the crowd. Some others wanted to improvise, while others just

> did little or nothing, but simply tagged along. Some people wanted their way or no way.

She provides additional insight, “Like when someone comes in between to ask that we change what we had been working on for a long time. And, of course, we say, no way! Maybe, the person would insist, but we say, no way. At most, the person might simply tag along with the group.”

Briana could not agree any less with Shumain. She tells me:

> Truthfully, it is not about the numbers. You can have many people around but not dedicated to the course. We can have a lot of people doing it but not everybody is dedicated and the output won’t be much. It is not really about quantity but quality.

What emerges here is recognition of the heterogeneity of cultural members. Apparent in Shumain’s narrative is the challenge the inconsistency of some members at the weekly workshops pose for collective decision making. The workshops serve as co-creation spaces among the group. Based on her narrative, sometimes it is difficult to accommodate the views of all the members, especially when such members are not present at meetings where collective decisions are reached. The tension then is whether moving forward without the suggestion of inconsistent members undermine the collective philosophy of CCA.

Shumain’s story echo my observation about the level of participation of cultural members and the tensions such diversity creates in terms of collective

decision making. During one of our weekly workshops, I asked, “Are we losing more and more people.” My question was based upon the fact that there were few participants when the meeting started. Here is how the dialogue unfolded:

R: Are we losing more and more members?

The co-coordinator Megan responded:

Megan: Darion and Briana have tennis match

And I replied:

R: okay, so we are only missing two people

Again, Megan responded

Megan: Sequoya is out

R: Did we penalize them or they decided to leave us

Megan: I just made the ultimate decision

And I responded this way:

R: I think we can fly even if we have two people who are committed, we can achieve what we intend to achieve, that’s the most important thing.

Apparent from the discourse is frustration over the attrition of some peer leaders. Curious about the number of peer leaders absent, I sought clarification from the group, who explained the excused absences. Also salient in the dialogue is their

displeasure with the absence of some of members, who did not excuse their absences. This is conspicuous in their remark about Sequoya, whom the co-chair leader said is 'out.' What emerges here is the group's disappointment with her inconsistency at the meetings. The lesson from these instances is that cultural members should not be treated as a homogenous group as done in dominant approaches. While CCA is committed to subverting structural barriers that silence the voices of underserved populations from knowledge co-creation spaces, it must acknowledge that cultural members vary in terms of their level of participation.

Echoing the groups concern about Attrition, Darion tells me, "It's either you are in or out. If you are in, you have to be at the meetings. We don't like going over things already decided because it takes us back"

In this construction, Darion articulates her displeasure with inconsistent members. The narrative corroborates the view that such inconsistency is problematic in that it forces the team to revisit issues previously discussed, consequently resulting in cyclical processes that hamper swift decision making. The tension then is whether to proceed without listening to the ideas of inconsistent members or not. Will such be interpreted as violation of culture centred philosophy of equity and social justice?

Onye is another peer leader, who narrates similar stories about the levels of participation among her peers, "There were some who would not come, while others would come regularly, but would not say anything at the meetings. You know, so you would not rely on them for anything, instead we had to do it ourselves."

The discourse here reveal two things, consistency and inconsistency at the weekly workshops. The construction depict the tension absence of members cause in terms of collective decision making. Also apparent in the discourse is the classification of vocal and non-vocal members. Onye's narrative tally with my note about levels of participation among cultural members who are consistent at the meetings. The tension in executing culture-centred project lies in how to balance the suggestions of the outspoken and subtle suggestions of non-vocal members of the group. For instance, I worry if the non-vocal contribution of some members will be interpreted as non-inclusive. Inclusivity is a hallmark of culture centred approach. CCA abhors the marginalization of cultural members on the basis of class, gender, sex, or socio-economic status, hence CCA grounded projects ensures equal participation of cultural members in the dialogue (Dutta, 2008).

Stories of heterogeneity are widely evident over the life course of the project. Megan, one of the co-chair leaders paint the picture this way, "It was a good experience, but at the same time irritating sometimes. The reason was that some people were not as committed as I was. It sucks when people get credit for what you put a lot of effort and time, you know."

She illustrates her point this way:

> Yeah, like I was here from start to finish, but for one meeting because I had a speech to deliver somewhere else, not because I wanted to bolt off. Other people in the group, like K who did not come all the time; I am not saying she did nothing, but as an example, she shows up when she likes and at the end of

> it all, she is going to get credit for being part of the programme. It is irritating because she is going to go about and talk when people are talking seriously.

What we witness in the discourse is intra-group tension that emerge from the inconsistency of some members at the meetings. Constructions such as 'irritating' suggest intra-group dissatisfaction with the participation of some members, a practice that presents challenge to the cohesiveness and collective identity of culture centredness. Megan adds a spin to heterogeneity of participants in the following narrative:

> We thought that having put in a lot of efforts into the project for so many months, nothing was going to stop us from making it come out best. So, it made no difference who was around, or not, the project must continue and be successful.

She further notes

> I mean the people in the group. It was not all of them though. I know those who helped a lot, including during and after our meetings with Troy. You know, we, the girls had done a lot before the boys started coming in.

Apparent in her narrative is the different level of participation in the project. The discourse reveal the unequal commitment of members in the planning and implementation of the project. The tension is whether to dismiss inconsistent members as non-committal to the cause? Also visible in the discourse is rancour over non-committal attitude of some members. The tension here is how to ensure that the discrepancy in commitment does not undermine the solidarity and collective spirit

that CCA advocates. I wrote a journal about the non-vocal members. Here is my journal:

> During our weekly meetings, I see some peer leaders pass notes around and occasionally talk in hush tones to their neighbours'. I am wondering what that meant? Are they disappointed with our approach? Could they be talking about my African accent? If they are frustrated about the process, I guess they will not show up the next time, but interestingly they do. Are they shy to contribute to the conversation?

In my note I ponder about the non-verbal actions of some members during the weekly meetings. What becomes apparent from my note is that there are vocal and non-vocal members among the group.

One of the peer leaders, Megan talk about heterogeneity in the following vignette:

> Me: During the meetings, I saw some members pass notes around and was wondering what that meant?
>
> Megan: Truth is that some people did not want to say things publicly. They only wanted someone very close to them to know.
>
> Me: Could it be they were shy to speak?
>
> Megan: I can't say, but I know that some people would rather confide in someone rather t han speaking out.
>
> Me: So, would you say you had the opportunity to contribute to the decision making process?

Megan: Yes.

Me: You think so?

Megan: Yes. Almost everybody knew I spoke out and even when my contributions were not finally taken, everybody knew how I felt. I expressed my feelings and ideas easily.

The discourse here reveals the diverse identities of cultural members. As she notes, some members are vocal, while others are shy and prefer to speak through a third party. The tension is how to ensure that non-vocal members are not ignored during co-construction, else that will amount to erasure that characterizes dominant projects. From a process standpoint, dialogic space emerges as strategy for listening to vocal and non-vocal members. As seen above, dialogic space creates enabling environment for verbal and non-verbal communication among the peer leaders.

4.20 Tensions in negotiating power and positionality

Power and positionality are used interchangeably in culture-centered approach to enunciate power differential between cultural members and outside experts. The culture-centered approach literature document multiple instances of marginalization of cultural members that are due to power differential between the communities and the experts.

There are multiple instances of tension in the evaluation component of the youth heart project. The evaluation component comprise of pre and post surveys

aimed at measuring changes in behaviors following exposure to our project. In this instance, we engaged the peer leaders in a dialogue on the use of survey questions aimed at evaluating the impact of our project. Here is how the dialogue unfolded. In setting up the context for the conversation, I said:

> I wanted us to talk about 3-4 areas that are of interest, and that is the research component and how we are going to evaluate our success, whether we made any improvement or not and how we can use the results to seek additional funding if we wanted to make this an annual event or if we wanted to extend it to other schools this is what will determine that. The first one is the survey. We are going to do 3 surveys for this project. Before we look at the contents of the survey I wanted us to talk a little bit about we were targeting certain classes. Is it seniors, and when we talk about seniors how many classes are we talking about?

Following my suggestions, the peer leaders simultaneously responded thus:

> Peer leaders: One
>
> And I interjected:
>
> R: So it's just one class, is that our target?
>
> Peer leaders: All high school
>
> Again, I asked:
>
> R: All high school will be how many classes?
>
> Peer leader: 4

R: So the 4 classes will be our target. We want to figure out today how we are going to survey them. How do we give them surveys to complete that way we know if they learned anything from our project or not, does that make sense?

Peer leaders simultaneously responded: Yes

Apparent in the dialogue is discourse about evaluation parameters initiated by me, the researcher. Dialogue is consistent with culture centered philosophy and represent authentic engagement of the youth. However, the proposal of 3- part survey as standard for measuring impact presents tension, because survey is incompatible with culture centeredness. Culture centered approach is averse to survey instruments because it reifies researcher object relationship that characterize dominant projects.

The tension over the use of survey instrument as evaluative metric is visible in the dialogue between the peer leaders and I. The dialogue is worth quoting in its entirety. Asked to comment on her group's relationship with me over the project circle, Onye tells me:

Onye: I feel like some of the stuffs we had to do, I felt like why we have to do it. But I understand we had to do it because it was a project. Like the surveys, we did not understand why.

Apparent in the discourse is interrogation of academic instrument that is incongruous with the teenagers' culture. The narrative also reveals power differential in that despite her group's disagreement with the tool, they obliged to it. The construction, "like the surveys, we did not understand why?" is poignant. An inference here is despite disagreement with the tool, the teenagers completed the survey because they

see me as authority figure whose ideas should be respected. Such scenario is a source of tension because it undermines culture centered commitment of engaging cultural members as equal partners.

Her response when I probed further is intriguing. Here is the dialogue:

> Me: And, how did that make the team feel towards me?
>
> Onye: I feel maybe we took it on you unnecessarily because you are the only person to blame for it. I know that it was you who was troubling us about the survey. And, I remember many of us asking to no one in particular why you had to make us to do this survey thing.

And here is my response:

> The main goal of this project is to see how we can prevent heart disease among young people. And, when you say you did something, if it not documented, people do not believe. That's why we need to push this and so we can also get money to do this because without money, we won't do this. Again, that helps us in knowing what to do as we get to other schools.

What emerges in the dialogue is that the group did not see the usefulness of the surveys, however they accepted it because they see me as authority figure whose suggestion should be respected. The construction, "I remember many of us asking to no one in particular why you had to make us to do this survey thing" is powerful and a source of tension in culture centered academic community partnerships relational dynamics. The tension is given the teenagers resistance to survey, should the idea be

jettisoned. Does acceptance of the tool by the teenagers put a question mark on equal partnerships that is the hallmark of culture centered partnerships?

Here is another instance that presents tension in the power equilibrium. The dialogue in this context center on strategies for achieving 100 per cent survey completion among the peer leaders. I started off the conversation this way:

> Let me say some process things in terms of completing the surveys. When we give people surveys to complete, they end up skipping some sections.
>
> Whoever is going to help us administer the surveys, we want to make sure that participants complete the surveys because that will help us in our evaluation, if they skip through it, it's useless for our purpose.

Following my advice, one of the peer leaders, Onye responded this way:

> Onye: I think it will be easier if we go around and pass it out and pick it up right away instead of leaving it up to them to finish it because then they might not do it

In response to Onye's suggestion, again I asked,

> R: Is there any way our team will group ourselves to accomplish this task or Berth is it something you coordinate for us?
>
> Another peer leader asked?
>
> M: Is it possible to do anything in the auditorium?

In response to her question, the Physical and Health teacher, Ms. Crick, who was our primary contact responded thus:

Crick: If we ask the high school SRT/success we could do a straight success kid and get 400 and over, it's easier that way and you tell SRT teachers they fill out every question is easier that way. If someone tries to turn in one that is not completely filled out you give it back to them so that they can fill it out

Again, the discourse in this context presents multiple points of tension for culture centered project, because surveys are synonymous with dominant methodology. Culture centered approach is averse to survey instruments associated with dominant projects that seek to predict, control, and measure the behavior of communities at the margins of society (Dutta,2008,Lupton,1994,Foss & Griffin,1995). Echoing the argument of the cited authors, Airhihenbuwa (1995) point out that the adoption of quantitative approaches to health communication projects in the context of HIV/AIDs has led to the training of technocrats and managers who formulate elegant theories that are incongruent with cultural and contextual factors. Based upon my philosophical commitment to CCA, Subaltern Studies, and Critical theory, engaging cultural members in conversations about surveys seemed counter intuitive and was a point of personal tension. Apart from personal tensions about a tool that is antithetical to CCA, what emerges in this context is the tension over who initiates the conversation about evaluation and how it will be pursued as well as its purpose. On one hand, engaging the teenagers on strategies to achieve 100 per cent survey completion represents dialogue and subverts dominant assumptions that treat cultural members as research subjects rather than equal partners. On the other hand, the discourse is a source of tension in that survey is framed as success metrics for our

project. This is especially important because it reifies dominant tools in this case, academic tools as standard way of measuring success. While surveys may serve as tools for measuring project outcomes, it is not sacrosanct

Conversations with my co-participants about the quantity of surveys is another source of tension. I begin the conversation thus:

> We need to survey 400 people, and that will needs to be done 3 times. That means 1200 surveys that we need to complete over the course of this project. Those surveys are not going to be completed at once, so let me give you example. If we decide to shoot out 400 surveys on the 30th of this month for instance that's before our carnival, we call that T0. That is our baseline measurement. We want to gauge what the students know before they hear about our campaign, then a day before or on the campaign day we can do another survey to give out another 400,and after the launch of our campaign May 10, we can do the T2.So we are going to do the T0,T1,& T2. These will be 3 surveys with the same content. The idea is for us to gauge what they learned from our project and based upon what they have learned we can say yes, we made impact about heart disease among our peers. So the first task is what classes are we targeting and how are we going to give out the surveys?

Following my explanation, one of the peer leaders, Megan asked:

> M: You said how many?

Again, I repeated:

R: 400. My explanation is that we need to give them these surveys before the launch of our campaign

The peer leaders simultaneously responded:

Peer leaders: Oh, we can give them at SRT

R:Just making sure that we are on the same page, we are going to give 3 surveys. The f irst one is going to be a week or 2 weeks before the launch of our campaign

M: This week?

R: May be this week or any time you think is necessary before the launch of our campaign, we do the first one or T0

M: We don't have 400 people in our high school. We have like 380

R: Then we do 308

Onye:Is like 300 plus

R: Okay if that's the number we have, then we go with that. So who will administer the surveys?

Onye: We can just drop it with the SRT teachers in the classes and we can go pick them up

Again, while the engagement of the teenagers on modalities to administer the surveys is consistent with culture centered philosophy of centering community voices, the discourse on the quantity of surveys to be completed appear problematic in that it promotes dominant concept, hence a source of tension. A key point that emerges in the discourse is the quantity of surveys and time frames to complete the surveys that

will allow us measure the impact of the campaign. Dominant approaches seek huge numbers to make argument about impact factor, and often present the numbers as sacrosanct. Culture centered approach challenges such approach on the grounds that it presents underserved populations as lacking the capacity to decide upon its own way of tackling problems (Basu & Dutta, 2008, Dutta, 2008, 2007). Contextualized in the young at heart project, conversations about the quantity of surveys presents a methodological tension for the youth project. I write in my journal entry after one of my numerous field trips:

> How did we even include survey instruments in a CCA project to begin with? Is it because we conducted a mixed method in the CUAHD project? But again, if CCA scholars desire to get grants like dominant projects, then we should also speak their language. But must we speak the language of numbers to get grants? Guarantors are used to numbers as success metrics, so in this project the expectation is not different. If the goal of CCA is to infuse the voices of cultural members into dominant discourse of health communication (Dutta, 2008, Basu, 2008), can such goal be achieved by using surveys? But the problem is not limited to the use of surveys in a CCA project. Even the recording of voices of participants as well as the writing of the research endeavor is somewhat problematic in that we cannot completely speak for underserved communities in a true sense. If I recall correctly the argument put forward by Guha & Spivak (1998), and many other scholars.

Multiple points of tension emerge from my journal entry here. My note touch upon the importance of speaking the language of structure as a strategy for engaging with the structure. Implicit in my note is that culture centered scholarship needs to secure grants like dominant approaches to engage communities at the margins, and for that, it needs to speak and write in the language of the structure. Since survey represent the instrument used by dominant approaches in its claim, it is logical for CCA to speak the language of numbers so as to secure resources from donors. The challenge is, should culture centered project ignore funding opportunities because it is averse to the use of dominant instruments such as surveys? Do the use of survey instruments in a culture centered project undermine the integrity? How does a CCA researcher balance speaking the language of the structure and simultaneously stick to culture centered principles? These are evidently points of tensions in this project. Another point of tension that emerge from my journal is the recognition of the contradiction of my attempt to record the voices of the youth using devices prescribed by the discipline. The use of recording device is presented as a strategy for validating data. Again, in my note I ask, is the use of digital instrument to record the voices of cultural members not problematic? I also ask, is the language I write my research paper not synonymous with the silencing of cultural voices? How is this different from the use of survey in measuring project outcome? Given that the researcher is trained to write in a particular way for his/her audience could inadvertently lead to further marginalization of underserved voices. While this is a source of tension, the works of Dutta (2008, Basu, 2008) offer a ray of hope on the import of culture centered

methodology. The authors note that culture centered methodology provide spaces for co-creation of texts that provide alternative rationalities to dominant discourses. Additionally, through reflexive entries, culture centered scholars bring their political agenda to the fore.

Another point of tension in the youth project is identity and positionality. During my numerous visits to the community, I document the tensions in one of my journal entries below:

> After back and forth communication between the Purdue team, Indiana Minority Health Coalitions (IMHC),our media partner and the participating schools, the inaugural meeting with adolescents who are working to promote heart health among their peers held yesterday in one of the public schools in Marion County in Indianapolis. The adolescent team consists of eight female students in various stages of their schooling, including seniors, sophomores, and juniors. The official take-off of this project is exciting for me for several reasons. First, it signaled the progression of the adult heart project, Communities & Universities Addressing Health Disparities (CUAHD). The idea to work with adolescents to prevent heart disease in later age among African American population was suggested by the adult population during the initial phase of the CUAHD project. In this sense, I feel that the culture-centered project is branching out like an "olive tree" as articulated by Mohan in a previous post.

> On a second note, the take-off of the project is exciting in that it provides a rare opportunity to work with adolescents to make a difference in their community, nothing could more exciting. On a personal note, the take-off of the project is exciting in that my dissertation revolves around the project. In other words, if the team fails to implement this project, I will have to start a fresh dissertation project, which will pose different challenges.

Here is another journal I wrote:

> In this portion of my engagement with the youth, I attend to five issues that I will continue to reflect upon throughout the project duration. The issues include authenticity, participation, power, positionality, and group dynamics. These issues overlap in important ways.
>
> Given that my dissertation revolves around this project, my roles at the meetings include coordinating among partners, providing technical assistance as needed by the adolescents during the meetings, conducting interviews with participants, and importantly documenting the processes of the entire project. In line with these functions, I began preparation for yesterday's meeting by putting together all necessary arrangements, getting together my tape recorder, ensuring that the PowerPoint is ready, and the agenda is set. Incidentally, the responsibility of presenting an overview of the project fell on my shoulders, thanks to my advisor, Mohan who entrusted me to do what he is good at doing.

> Apart from putting together the materials for the meeting, another level of responsibility for me was the decision about my appearance during the meeting. How do I dress to look professional before our participants whom I will be meeting for the first time? Should I wear a simple Jeans trouser and canvass as someone going to the field? Will I disappoint the school authorities who will be looking at me as a Purdue representative? How will my dressing impact the student's perception about the seriousness of the project? How do I distinguish myself from the students? Should I even bother about these sorts of issues? As I deliberated upon this seemingly unimportant issue, the philosophy of culture-centering in me reminded me about authenticity, power, and positionality. Positionality is my role as a representative of the academic partner which gives me a certain privilege that symbolizes power and authority over the adolescents in the partnership. Mindful of this dynamic, my inner struggle was how do I shake off this privilege? Can I really shake it off? As a CCA Scholar, can I really ignore such power imbalance or positionality? Do I assume it does not exist? Or do I acknowledge it and walk through it as I partner with the team in making a difference.

Another dimension to the notion of positionality is my identity as African Immigrant. In my journal, I write:

> Having had considerable experience in the United States as African immigrant, I am cognizant of the cultural differences between African Americans, who are US citizens who have ancestral links to Sub-Saharan

Africa, and African Immigrants who immigrate to the US for further studies and in search of greener pastures. Such differences manifest in our philosophical positions, accent, ideas about respect between persons of different age groups, and interest in specific subject matters. Such differences may also impact the manner in which we engage in collaborative projects such as the youth heart campaign. Given that CCA foregrounds mutual respect for cultural members, I wonder how my identity will impact interaction with the teenagers who are mostly African Americans. Should CCA scholars ponder about their identity in a CCA project? My view is that we should we recognize it and work through it. Yesterday, I worked through it by stating upfront during our meeting that members of the team should interrupt me and ask questions at any point they think I did not make myself clear enough.

Authenticity: Simply put is the philosophy of being real and dealing with culture-centering processes in a transparent and frantic manner. Drawing upon these concepts, I opted for a formal dressing to legitimize my position as an academe. As we move on in this journey, it will be important to see how such decisions impact my interaction with the adolescents and the entire team.

The three different, yet interrelated concepts also played out during our introduction at the meeting. Having participated in other culture-centered projects and keeping in mind how one's positionality could affect group interaction, I simply introduced myself as Purdue representative. At other forums, I usually provide additional information about my professional

> background. In such instances, the introductions give legitimacy to my participation at such meetings, but at the inaugural meeting of the youth project, I asked myself whether such introduction will infer power imbalance with the group, hence my decision to refrain from giving additional information about my professional affiliation. In contrast, my other colleagues offered detailed information about their professional and academic profile. Did such detail make a difference? Again, I asked myself, am I failing to be authentic by not sharing professional details? These are some questions I will continue to ponder over the course of the project. Should a CCA scholar engaged in centering community voice worry about such issues? My guess is that if such issues impact the problem identification and corresponding solutions, then we should be sensitive to such issues.

What we witness in my entries is the tension over my identity and positionality in the implementation of culture centered project. During the project circle, I constantly engaged with myself about my identity as African immigrant and how such identity impacted my interaction with the youth. At multiple times, I juxtapose my relationship with the youth against my relationship with participants in my other projects in Africa. I serve as graduate research assistant on the Purdue Peace Project (PPP), a peacebuilding initiative that draws upon the principles of the culture centered approach to prevent political violence in three West African countries, including Nigeria, Ghana, and Liberia. In my engagement with cultural members in Nigeria, Ghana, and Liberia, cultural members often received me with open arms. As the

graduate research assistant, I facilitated focus group discussions, stakeholder meetings and in-depth interviews. These meetings serve as spaces for the co-creation of meaning with cultural members. During our conversations, community members often refer to me as "our brother." Such open reception paved the way for building strong relationships and trust, which are necessary in community engaged projects. The feeling of welcome by the cultural members in Africa positively impacts my engagement with the communities. Conversely, my reaction in the African American youth project was replete with tension, because of my initial interaction with Black adults in the larger project, titled Communities and Universities Addressing HealthCare Disparities (CUAHD). A couple of the participants in the CUAHD project continually questioned my identity. Often times, my African accent makes me vulnerable. Some jocularly remind me about my ancestors, who sold their parents to "whites" as slaves on the seas. Even though the remarks were framed as jokes, it created tension in my interaction with the adults. Against such background, on one hand, I ponder about the youth impression about my identity. On another hand, I feel they would see me as one of their own because of my African color, but as I interact with them, I am always cognizant of the differences between us. The differences in terms of how I speak, differences in terms of our lived experiences. As African immigrant enrolled at a research one university in America, I am naïve of the structures that marginalize blacks in America. Having grown up in a middle class family in Nigeria, I am ignorant of the stigma attached to live on welfare programs in America. As I engage with the youth, I ask myself, will the youth regard me as a part

of the American institutional structures that perpetually dictate their access to social systems? Will they regard me as a brother because of my color, or will they remind me about the role of my grandparents who sold their parents to the white on the high seas? I also worry about how my intonation will impact my interaction with them.

4.21 Negotiating the Structures

There are tensions in navigating the structures that impact our engagement with the youth. Structure refer to the social and institutional processes that influence business and social interactions in society (Dutta, 2008). In the context of the young at heart project, structure include bureaucratic processes such as school district supervisors that approve engagement initiative at schools, institutional rules that stipulate how to engage students, as well as the bureaucratic processes that approve the use of facilities such as the gymnasium, the kitchen, and other facilities at the school. We negotiated multiple structural barriers starting with getting approval for accessing the school, signing memorandum of understanding, which is a legal contract that dictates the terms of our engagement with the schools. Here is a part of our MOU:

> THIS CONTRACT made and entered into as of **January 15, 2013**, by and between the Indiana Minority Health Coalition (IMHC), Inc, an Indiana nonprofit corporation and **Crispus Attucks High School.**

WHEREAS, IMHC has entered into an agreement with **Crispus Attucks High School** to conduct specific activities as part of the Communities and Universities Addressing Health Disparities (CUAHD) to develop and disseminate culturally tailored health promotion materials on heart disease published by the Agency for HealthCare Research and Quality (AHRQ), guided by representatives of the target population. Results from this project will be used to demonstrate the effectiveness of the culture-centered approach into designing health promotion messages that effectively educate and empower their target audience to make better choices and improve their health.

PERIOD OF PERFORMANCE

The work to be performed under the term of this agreement shall be conducted during the period of January 1, 2013 to June 30, 2013 unless changed by the mutual consent of the parties by written amendment to this agreement.

Apparent in the MOU are the terms stipulating our engagement with the youth, including access to the school as well as rules of engagement. Conspicuous here is that without the schools' approval, we could not access the site. Such restrictions represent the constraining power of the structure. The process of getting the school authorities to sign the MOU was Herculean. Our mid-progress report which documents the constraint is worth quoting in detail. Here is part of the report:

In preparation for engaging the appropriate leadership at these schools, a few documents were developed to assist in guiding discussions with each representative of the school. The project coordinator called school on multiple occasions without success in reaching the appropriate person. The project coordinator also made onsite visits to personally attempt to either schedule an appointment with the Principal or meet with the Principal on that day, if their schedule permitted. Unfortunately, these multiples strategies for making contact with the school did not work. A representative from a school suggested that the Vice Principal be contacted, the school nurse, or someone in a related capacity.

Upon receipt of this recommendation, the Project Coordinator began contacting the Vice Principal and the school nurse to schedule a meeting to discuss the project. In addition, the project team had another meeting, and it was also suggested that coaches, counselors, and health/physical education teachers be contacted. Furthermore, the project team thought that adjusting the inclusion criteria from targeting traditional highs schools to engaging schools with high school grade levels as part of the student body would be a better approach to obtain the desired participation. Moreover, the project team discussed possibly relocating the project to Gary, IN as there may be better opportunities to expeditiously enter the schools after receiving approval from the Indiana CTSI CHEP.

Again what emerges from the report is the impediment the institutional structures pose in social change projects. The report depict the multiple attempts made to reach the school authorities without tangible results. The following constructions are salient, "The project coordinator called school on multiple occasions without success in reaching the appropriate person. The project coordinator also made onsite visits to personally attempt to either schedule an appointment with the Principal or meet with the Principal on that day, if their schedule permitted. Unfortunately, these multiples strategies for making contact with the school did not work." The discourse here reveal how bureaucratic processes hamper the execution of social change projects. The lesson here is that culture centered projects must recognize the constraining powers of the structure and work through it or else, the project aim may not be actualized. In the youth project, we used social networks to overcome the structural barriers. Our community, Kelly, who is Black female facilitated this and tells me:

> It was really difficult because most of the Principals often didn't have enough time for you. It is funny, I went to a conference and I ran into someone with who I had made contact while working at the Office of the Minority, who told me that in Indianapolis, they had just found a council for school workers. She said she would contact them as they might be interested in the project. So, through that connection, she sent me an email along with the Coordinator for that community. The Coordinator was able to help me contact other Health teachers involved. That was how I made the first real contact.

Two things emerge from this discourse. The first is acknowledgement of the structural barriers in community engagement. The construction that "the principals often did not have time for you" signifies bureaucratic structure, which restraints access to the principals. A second theme that emerge from the construction is the role of social networks in navigating structural barriers. Kelly's narrative reveals how several efforts to contact the schools did not yield positive result until she ran into an acquaintance, who facilitated the process by putting her in touch with the right contact and that made a difference.

The narrative of Calvin, who represents our community partner IMHC corroborates the challenge structural barriers pose in the youth project. He describes the situation this way:

> The biggest challenge was the lack of response initially; not getting a response after several emails and followed up with telephone calls. After that, Kelly went on site just to try to talk with someone in the schools. We had the challenge of trying to get a contact point or person at the various schools we wanted to start with. We needed someone with the right commitment and passion for the project. You know you might have a good leader or administrator in the schools, but yet not useful for your project because of vested interests. So, first, we had problems with communications; that is, making the contacts, identifying the right person and thirdly, you know, the schools run on schedules. So, that was a bit of a challenge for us.

Evident in his narrative is the bureaucracy that impact communication with the school officials. Calvin further paint the picture this way:

> Our original proposal was to have everything completed the entire project in March, but we did not have that done because the relationship building took some time. The relationship building, I mean, drafting the Memorandum of Understanding which would define the part and roles the parties need to play. Never forget, of course, working things out with the point persons who would help coordinate the logistics. So, waiting for the responses some of which came in a little late, during the holidays, contributed to the delay we experienced. But we were lucky to convince the guarantors and sponsors to adjust their timeline and they obliged us without extra costs. We sent them letters and described what we were facing and then gave them the proposed new timeline. And, they were very comfortable to follow the timeline.

Again, apparent in the discourse is the challenge posed by documentation, which represents institutional process. Also visible in the construction is the considerable time it takes to work through the structural barriers, so from a process standpoint, culture centered projects must devote substantial time overcome structural barriers. Calvin's note corroborate CCA's argument about the constraining influence of structure in social change projects.

Structure also manifests in micro interactional processes in the youth project. For example, during conversations with the students, the presence of school representatives posed some difficulty for the teenagers to critique the school meals.

The thread of the conversation between one of the peer leaders, M and I about the change in conversational tone as a result of the presence of the teacher who represents the school structure is useful here:

> Me: How about the challenges of healthy eating at school, I noticed that whenever Mrs. Crick was around, it was a different tone as opposed to when she is not there?
>
> M: Yes, because she works here. And, anytime we talk about stuffs here, she usually steps in because she knows about what is going on behind the scenes than we knew.
>
> Me: When you say she works here, what does that mean?
>
> M: She has a job here and knows everything. She goes to the board meetings and understands what the school board is doing about the meals. I mean she works here and knows what the school authority is currently doing about the quality of our meals. So, for us, it makes no sense complaining.
>
> Me: But you all started the talk about the kind of change you all wanted and went as far as considering writing petitions and all that, but suddenly, you all shut down the idea?
>
> M: The reason was that she said she knew more than us and particularly what the school authority is doing and the challenges. You know she attends board meetings all the time. And, again, IPS is not flexible.

The acronym IPS refers to the Indiana Public School system that regulates the meal plans at the schools. Our project site, Crispus Attucks is part of the IPS. TK's

narrative about their experience with the structure is not different from M's. She also tells me:

> Like the food thing, she knows more about it. So, you could not be talking about it when she is there. And, she had told us that there is nothing we can do about it until the authorities decide otherwise.

Mrs. C is the Physical and health teacher and represents the structure that constrain the student's enactment of agency on how their school meal plans should be restructured. When she is in the room the conversation and tone changes to surface level issues and the participants are reluctant to talk about the institutional challenges such as the meal plans they are offered by the school administration. The change in the tone of the conversation symbolize the power imbalance between the participants who are the (students) and Mrs. C. In the above scenario, the students had initially proposed signing a petition to the school authority and the Indiana Public School (IPS) authority to change their meal plan. The conversation was held before the arrival of Ms. C, who was the eye of the school at the meetings, but as soon as she stepped in, the students withdrew from conversing about their petitioning for change of their meal plans. Apart from their reluctance in conversing about the meal plan, the conversational dynamics also changes in that the students seem to withdraw from pushing their agenda forward. Culture centered grounded projects need to pay attention to such power imbalance for meaningful participation or else the effort will be a facade. Again, the presence of the P.E. teacher is connected to the bureaucratic and institutional structures that require the presence of an instructor in the classroom

during engagement with the students at all times. On one hand, the policy that a teacher remain present at all times during our engagement with the students is profound in that it guarantees adequate protection for the students as stated in the MOU. On the other hand, having realized the impediment such policy posed in the execution of our project, the tension is whether the constraint outweigh the benefits of such rule? Do such rules gag the agency of cultural members? The goal of culture centered approach is to resurrect unheard voices. Unheard voices are cultural members who have been marginalized from spaces where decisions about them are taken. In the young at heart project, black youth represent the unheard voices, who accept meal plans orchestrated by top school district officials who serve as nutrition experts on the school district board, yet are naïve of the lived experiences of black youth.

The teenagers also talk about the structure during our weekly workshop. In setting up the context for the dialogue, I recapped the conversation of previous workshop and handed over copies of the minutes. Here is how the dialogue unfolded starting with my recap:

> R: last week, we discussed the strategies we shall adopt to tackle heart disease. Here is my copy of last week's conversation and the laundry list of the things we plan to accomplish, including the plan to petition the school authorities for change in our school meal plan.

Following the recap and hand over of the minutes, one of the peer leaders, interjects:

> Megan: I mean the only thing that doesn't seem realistic or achievable is improving the launch quality because that would be a long process of going to the board and nothing is going to come out of it. Improving on it is not realistic right now, but we could still have news there and explore other schools, since ours is so difficult, other schools aren't. Other school districts make their own launch, SCS make their own launch, they have their own system of doing things and our district you can't really change this.

Another peer leader chime in:

> Onye: That's what I am saying and other schools that make their own food can come and learn from our health fair.

> Intrigued by the narratives of the students, I further asked:

> R: Why do we think that we cannot make a change in our own district?

This is the response from one of the peer leaders:

> Onye: I mean, that's how things are, just like the education, how it's so hard to change the way people are being educated and just the schools in general have their own way of doing things, you have to go through superintendent and just have a lot of people with you, how long do we have?

What we witness in the dialogue is the participants' recognition of the layers of institutional barriers that makes it difficult to make changes to their meal plans. From

a culture centered perspective, the structural barriers constrain the agency of the students to make changes to their meal plans. Also visible in the narratives is the considerable amount of time that will be required to work through the structural barriers. Following the student's revelation about the structural barriers that limits their enactment of agency to change their meal plans, the P.E. teacher interjects:

> Crick: The whole thing with school launch is that the district is looking at the wellness, they have made some progress in changing it, that whole part is pretty much being taken care of to the best that its gonna get, and it's gonna be a while. They need a nutrition guideline, but then the school district is gonna say other things are priority. The school has tabled everything so far …in April. They are not passive, they pretty much a lot of work is gonna be in place or they will be voted on, so they are kind of stagnant and eventually with the new superintendent they meal plans could probably change, but for now I will focus on what do you want to accomplish before the school year ends.

Again, what we witness here is the teachers' recognition of the bureaucratic structures that constrain the agency of the teenagers from making changes to their meal plans. Also apparent in the discourse is recognition of the time and effort that will be required to make a change to the meal plan. The discourse here corroborate CCA's argument on the role of structural barriers in change processes. The tension here is can the teenagers who are expected to respect the institutional structure challenge the structure that marginalizes it? How do they challenge the suggestion of the teacher,

who is put in place by the structure to perpetuate marginalization through her role as authority figure?

The stories of my co-participants is synonymous with my reflexive notes during the project execution. Below is how I capture structure in one of my entries:

> During the conversation, the students tossed the idea of whether to include a skit on stress management or not. The conversation seemed to drag so much until after sometime, they opted to excuse themselves and shortly after five minutes they returned to the classroom and told the three of us, the PE teacher, the MZD representative, and I that they had dropped the skit plan about stress and heart disease. I kept pondering, why did it take them so long deliberation, yet no concrete decision? Why the decision was quickly made when the students went outside? Are we, I, PE teacher and MZD exerting a negative influence on the peer leaders? With this single incident, I am tempted to say yes. Could this be avoided? How can we avoid this? Can we excuse the PE teacher from the room? Will the school allow that? The teacher is the eyes of the school and exemplifies authority in the project. How can CCA projects engage moments such as this?
>
> Another instance of this unequal power tension was when the students raised the issue of poor school lunch. The PE teacher was out when they discussed it, but as I probed and probed, they coded the conversation in a way that will not offend their teacher. Again, when the issue of poor lunch was raised during

> the conversation the teacher literally shot it down, noting that nothing will come out of the conversation and that it was beyond the scope of the project.
>
> Structure can also be constraining. For example, I recall my journal entries on a day when the peer leaders were conversing about the poor quality of their school meals while Mrs. C. was away. As soon as Mrs. C. entered the class room there was an air of uneasiness. The students literally withdrew from conversing about their meal plans because of the presence of Mrs. C.I noticed that the leaders were scared because they felt she might report them to the authorities. One of the students confirmed this when I asked. Mrs. C's utterance during the conversation confirmed my speculations: "There is nothing you can do about that (referring to the school meal plans) the power to change the meal plan is beyond the scope of your group. Mrs. C's response to the group's idea about making changes to their meal plan is typical of how structures resist moves by societies at the margins to recalibrate the structure.

Apparent in my journal are highlights of multiple instances of structure that manifest over life course of the youth project. In the note, I document the micro and macro interactional manifestations of structural barrier in the youth project. In the context of the youth heart project, the question must be asked, what is the significance of these structural barriers? Culture centered approach points out that it is through documentation of structural barriers that the status quo can be challenged, consequently leading to the change in bureaucratic process that marginalize underrepresented groups (Dutta,2008).

Structure is both constraining and enabling, and culture centered project documents the ambivalence of structural barriers (Dutta, 2008).This is how Keia narrates the impact of Mrs. C's presence in their weekly deliberations:

> She helps us to summarize after we have discussed as a group. We would have been stuck on one thing for longer than necessary. But she seems to have extensive knowledge and contributed meaningfully to the discussions. She has a strong personality.

Apparent in this discourse is that the presence of the school structure during the weekly meetings was a positive influence on the teenagers. She saved her group ample time in making decisions and moving on to other conversations. The discourse about the structure corroborates CCA's argument about the nuance of structure, especially and the enabling and constraining effects. According to the Merriam dictionary, ambivalence is "a state of having simultaneous conflicting reactions, beliefs, or feelings towards some object. Stated another way, ambivalence is the experience of having an attitude towards someone or something that contains both positively and negatively valence components." Contextualized in the youth project, ambivalence of structure entail the positive and negative aspects of the school representative at the weekly workshops. On one hand, her presence at the weekly meetings to some degree constrains the students from critiquing the school meals. On the other hand, her presence helps to keep the students in check, because they see her as authority figure.

As I think about the ambivalence of structures, I juxtapose what Keira told me earlier about the change in their conversation when the school authority enters the room. “I think sometimes Mrs. Craig kept us on track on what we needed to accomplish in each of the meetings. She always made us aware, reminding us of stuffs.” Keira’s comment about Mrs. C’s role adds a dimension to the nuance of structures. Keira is one of the peer leaders.

Here is another instance that exemplify the nuance and ambivalence of structures, “Sometimes, I guess, she would kind of be in a hurry and want us to do everything we needed to do to get out of the meetings. Sometimes, she was kind of hard when it comes to time management,” Keia notes.

I wrote a journal to myself about the nuance and ambivalence of structures during the life course of the project.

> On one hand the leaders perceive the structures as constraining in that it gets in the way of their active engagement. On the other hand, they view the structure as a positive. Also notable is the divergent views of the team about the structures. The different views of the team about the structure also signify the heterogeneity of community. Granted that the community is underserved, their assessment of the structure is different. While some perceive the structure in a positive light, others perceive her as a negative influence. The tension lies in balancing the negative versus the positive views of cultural members in the execution of culture centered project.

What we witness in my reflective note is introspection about the pros and cons of structure as manifested in the youth project. Through my reflective notes, I recognized the centrality of structural barriers in processes of change.

Structure also manifests in the use of survey instruments in evaluating the effectiveness of the campaign. Here is what participants say about the survey:

> "But must we do the survey? Megan asked me. Why can't we just do the health carnival without the survey? Is it compulsory that we do the survey? What if we don't do the survey? Megan, one of the peer leaders asked.

What we witness in this discourse is resistance to academic structure that is incongruent with the lived realities of the teenagers. Megan is one of the peer leaders who was consistent at the meetings over the duration of the project. Megan posed the above questions during one of our weekly conversation about the campaign planning. The weekly dialogue served as spaces for the co-creation of the campaign.

On this date, I had introduced the survey and the usefulness in evaluating the effectiveness or outcome of our campaign:

> I wanted us to talk about 3-4 areas that are of interest particularly to me and Purdue as well, and that is the research component and how we are going to evaluate our success, whether we made any improvement or not and how we can use the results to seek additional funding if we wanted to make this an annual event or if we wanted to extend it to other schools this is what will determine that. So what I like for us to do is briefly is I like to get your

> feedback on this. The first one is the survey. We are going to do 3 surveys for this project.

Visible in my narrative is the representation of the survey as a social structure upon which the outcome of the project rests. As I have extensively discussed in previous sections of this dissertation (please see theme on tensions for details about survey methodology), survey instruments are incongruous with culture centered methodology because of its prediction and control features. Echoing Megan's concern about the survey, Onye interrogates the use of survey and its rationale. She rhetorically asked:

> Like the surveys, we did not understand why. Many of us asking to no one in particular why you had to make us to do this survey thing.

Like Megan and Onye, other peer leaders did not find justification in the use of the surveys. Here is what Briana, another peer leader said about the surveys: "the students will not read the survey. They will just tick yes, yes, yes. They will not be patient to read the surveys, so what is the point." Shumain adds, some people will just look at other people's response and complete theirs and that defeats the purpose." Similarly Kei notes, "People will just do it for the money. Many people will complete the survey because they will be paid money for completing the survey."

What we witness here is a dialectical tension between academic structure (survey), reputed as yard stick for documenting evidence of successful outcome of the project, and the youth resistance to the structure on the grounds that it is incongruous

with their reality. As I have extensively discussed in earlier sections of this dissertation (please refer to theme on tensions), navigating this difference was a source of tension in the youth project because of CCA's commitment to rupture structural barriers that silence the voices of cultural members from dialogic spaces. Surveys represent instruments of marginalization (Dutta, 2008). The reaction of my co-participants to the survey instrument created tension that got me thinking about our evaluation parameter. In our proposal to the guarantors, we promised to develop pre and post surveys that will serve as success indicators for our project. However, following the youth interrogation of the success instrument, the tension for me was, shall we discard the survey component of the campaign? Will the act of discarding the survey mean violation of the terms of the proposal? How then, do we measure effectiveness? Should the voices of the youth override the proposal? In the spirit of co-construction of meaning and authentic engagement with cultural members, I engaged the youth in a dialogue about academic processes, pointing out to them the importance of the survey. After back and forth communication, they accepted, and as a collective, we reviewed the survey instruments. Consequently, the peer leaders took the responsibility of administering the surveys in their respective classes.

Another instance of structure is the participants' relationship with me. Shumain talks about the team's inability to communicate with me directly. She put it this way:

> I feel like maybe because we were teenagers, you were not talking to us directly and we could not as well communicate directly with you, except

> through someone, say, Craig or Troy, who would tell you on our behalf. We could not tell you straight but through someone else. Often, we did not get to know about stuffs before meetings and it caused so much waste of time. We probably could have saved the time spent in the meetings if we had prior knowledge of what was going to be up.

Apparent in the discourse is the delay caused by bureaucratic structures in the communication channel among the partners. Shumain's narrative touch upon the layers of bureaucratic structures that dictate the rules of engagement with cultural members considered as underage in America. The memorandum of understanding, which is the binding contract that lays out the rules of engagement with the students restricts me from having direct communication with the students because of their ages. The restriction puts a layer of bureaucracy in reaching out to the students. Against this backdrop, every communication exchange with the peer leaders is channelled through the community organizer, who in turn reaches out to the instructor. Such layers caused unnecessary delays in the execution of the project, especially when the peer leaders needed to take emergency decisions about specific tasks.

4.22 Tensions in cultivating authentic partnership in CCA

Building authentic partnerships in the project of engaging the youth is replete with tensions. Authentic partnerships in culture centered approach advocates the

resurrection of unheard voices. This involves the creation of spaces for mutual articulation of ideas by outside experts and cultural members, but inherent in the cultivation of authentic partnerships are tensions about who gets what, and how to strike a balance. In the project of engaging the youth, there are tensions in balancing who gets what, and how. My journal and reflexive note on this day illuminates the tension:

> The Culture Centered Approach pays particular attention to resurrecting unheard voices. In resurrecting voices and providing spaces for dialogue between marginalized groups and the structure, CCA engages in partnership building, so my blog today speaks to key issues in building partnerships. For instance, how do you build authentic partnership? How do you engage in difficult conversation about genuine partnership? How do you negotiate power relations, remuneration for partners in a culture centered project? Or do you ignore such details?
>
> Since July, we (Purdue and Indiana Minority Health Coalition) have been trying to engage partners for our adolescent heart project in Indiana, but the progress seems to be slow. The adolescent heart health program is an offshoot of the CUAHD project that seeks to engage adolescents in High schools to prevent heart disease among African American youth. Recently I engaged in a conversation with one of our partners about the slow progress in getting this project rolling and some of the tensions we are experiencing. For instance, how do you convince school principals to get the students to participate during

> school hours? How long will the students participate in such programs? How do you convince parents to allow their children to participate in a program after school hours? How do you reward the students for their time? How will the project benefit the schools? How do you remunerate advisory board members and other community members for devoting their time to make a difference in the community? I have no easy answers to these questions, but as I navigate this new project, I continue to reflect upon these key issues that may impact participation in CCA project.

During the execution of the young at heart campaign, there were conversations about timing of the weekly meetings with the youth, as well as incentive packages for the youth, who committed their time to the project of social change. The conversations were founded, especially given that there is no provision for financial incentives that are commensurate to the time commitments of the youth. In tandem with the temper of culture centered approach of ensuring mutual respect for the time commitments and contributions of cultural members, the tension is how, do you adequately compensate cultural members for their time commitment to the project? How do you engage in genuine conversations about best meeting times with the team without further infringing upon their rights? I engage with the implications of these narratives for culture centered scholarship in the discussion section of this dissertation.

Additional layers of structural barriers included gaining approval from the school authorities to use the gymnasium for the heart health carnival. Gaining approval from the school authority to use the kitchen for preparing the heart healthy

meals served during the project was Herculean due to bureaucratic processes. The media partner shares his experience negotiating the structures thus:

> There can be challenges when you are working with a school and you have to get permission for not just Agaptus & Berth, but for 15 or 20 other people which my event marketing experience came into play very much here. When I realized we needed to get permission to get indoor allies to help us was in the school because we couldn't have put this on without the custodian, without the other gym teachers who knew where the equipment was in the basement in the back around the corner in a locked office that has a key in it. Some of the scooters that we used for the relay race for the obstacle course, one gentle man said they scratch the floor you can't use those, well one of the other gym teachers said yea, but we got new ones and they are down stairs and they are locked up. If I haven't talked to the second gym instructor we would have never found those and we wouldn't have been able to have the cardio part of the event that we wanted. I think that's about it as far as challenges are concerned. When you work with a focus group led by them, and the fact that when you are dealing with a school there is a lot of permission-based thing that go on. For example, Chef Nicky Shaw has cooking equipment and we had to make sure when one of the kids said I have got the kind of knife that you need am gonna help you cut things, I will bring the knife, no you won't, you won't bring the knife to school. Because they are kids, they didn't think about that so we had to make sure to have some safety standards to make sure that

> the vice principal knew. One of the kids said that they told them that it was going to start … when we told the kitchen that we needed their help for participation, someone said they were all full and then when I talked to the kitchen director, she said this is my kitchen and I haven't heard any of that and you got to clear it out with me, so those are some of the challenges but we were able to get through them all because as an event director I know that you have to talk to the principal, the Vice principal and any of the strategic directors of the departments that you are going to be utilizing. The Nursing department gave us a body of the manikins to perform CPR on. We had to coordinate that with the nursing department. The Home economics department gave us approval to use the stoves and equipment, we had to coordinate that with the kitchen director. The principal had to coordinate getting all the kids down to the gym that day. We had to go give them the itinerary and let him see the materials we developed before passed them out to the school and then finally we had to work with. The samples that we gave out had to be cleared with the school authority.

Culture centered approach theorizes about structures that enable and constrain the agency of cultural members to enact their agency. TJ narrative point to the bureaucratic processes and hierarchal approvals we navigated to access the gymnasium, kitchen and other facilities at the school we needed for different activities for our project. There is constant tension in navigating the structures in culture centered project of change. In the narratives above, the tension was, shall we

circumvent the bureaucratic processes and move on with our activities? Will that be violation of our memorandum of understanding (MOU) with the school authority? The MOU is the legal contract that stipulates the terms and conditions of our engagement at the school. It lays out what we can do and cannot during the period of the project. Therefore, even when the bureaucratic process slow down the pace of our project, we are still bound by the process.

4.23 Research Question Three

This section of chapter four seeks to answer RQ 3: What does it mean to participate in culture centered health project? I draw on narratives from co-participants, my field notes, and reflexive journal entries to document the meanings of participation in a culture-centered project. I begin the chapter by recapping the differences between culture centered participation and other forms of participation. The recap provides the background necessary for situating the narratives in culture centered communication scholarship. Further, it wets the ground for juxtaposing the narratives against dominant forms of participation (which I briefly discuss in the following paragraphs).

Following the distinction, I describe the profiles of my co-participants. The description paves the way for documenting the experiences of culture centered participation by a diverse group of cultural members, including participants who have engaged with top down projects. After I describe the profiles of my co-participants, I

highlight the three themes that emerge from my thematic analysis of the data (Corbin & Strauss, 1994). I now recap the various forms of participation.

In chapter one of this dissertation, I reviewed the literature on participation, and highlighted the differences between culture-centered and other forms of participation. Culture centered approach centralize authentic participation, which involves the engagement of cultural members in all phases of the project. As elaborated in previous sections of this dissertation, CCA provides spaces where cultural members and external experts dialogue as equals about the problems and solutions. As we will witness in the narratives in the themes below, we held weekly workshops, where we co-created the campaign with the teenagers. Our engagement of the youth as equal partners in the process subverts the dichotomous expert subject relationship that characterize dominant approaches. Through dialogue, the voices of black teenagers were centered in the planning and execution of the project about them (Dutta, 2008). As we will witness in the themes, the voices of Black teenagers is salient in different aspects of the project.

Whereas in dominant projects, decisions are taken by outside expects in the form of academic partners, and community representatives are coopted to present such initiatives as participatory (Airhihenbuwa, 1995, 2007, Dutta, 2008, Basu & Dillon, 2013, Lupton, 1994). Such expert-driven projects are grounded in linear and individual level theories that ignore the structural barriers that restrict the choices individuals make in specific environments (Dutta, 2008). Health projects grounded in individual level approach have been unsuccessful because it negates the unique

circumstances of underserved populations (Airhihenbuwa & Obregon, 2000, Dutta-Bergman, 2005). Also worth noting is the absence of cultural members from decision making in dominant projects, and when they exist, they are treated as subjects that receive directions from the academic experts (Airhihenbuwa, 2007). Culture centered approach counter such facade about participation and proposes infusion of cultural voices as alternative (Dutta, 2008). Again, as we shall witness in the themes in this project, CCA achieves this by providing spaces for dialogue among the community and external partners, thus subverting the superior/inferior power dynamic that characterize dominant projects. As we shall see here, CCA's dialogic engagement is a shift from conventional practices that export persuasive messages to communities. Through consistent dialogue, CCA ruptures the erasure of cultural voices from discursive platforms where decisions about them are taken (Dutta, 2008). In the next paragraph, I briefly describe my co-participants.

4.23.1 Co-participant's profile

Co-participants in the youth heart project comprise of four categories of persons, namely the youth who are predominantly Blacks from low socio economic backgrounds. They represent cultural members at the margins of society whose voices are absent from discursive spaces where decisions about their meal plans are taken by academic experts in the Indiana Public school system (IPS).Their school choices are limited to those located in the inner cities reputed as spaces for the children of low socio economic families. The inner city schools are spaces for the children of lower socio-economic families, because residential zip codes determine the choices of

school in the US. The residents of affluent zip codes attend different schools, while families in the lower end of the spectrum are restricted to the inner city schools. The parents of the youth in our project fall in the lower spectrum, who mostly depend on welfare assistance, as such my co- participants have no choice other than the inner city schools that fall within their residential zip codes. The bifurcation created by the zip code school system symbolize structural barrier that constrain and enable the career pursuit of black youth in this project. Structure comprises of the social and institutional processes that dictate the cause of action in specific contexts (Dutta, 2008).For example the zip code which restricts black youth's school choices represent structural barrier that impact the educational attainment of minority populations. Due to economic reasons, the parents of my co-participants remain in the inner cities, thus perpetuating a vicious circle of poverty and marginalization. Zip codes perpetuate vicious poverty circle, because of the nexus between quality education and upward economic mobility. Inner city schools are characterized by poor facilities and less incentives to retain teachers. The exposure of inner city children to poor education standard put them at a disadvantage against their peers from affluent zip codes with sophisticated instructional facilities. Consequently, such weak foundation has negative consequences on the SAT scores of inner city children. Since the scores serve as admission criteria into colleges, what becomes apparent in the process is the structural erasure of inner city children from colleges due to poor SAT scores. What becomes salient here is that in-access to quality education is synonymous with low level jobs, and this becomes a vicious cycle as the children emerge adults, who lack

economic capacity to live in affluent school districts for their own children, perpetuating the circle. The scenario is quintessential example of culture centered argument about hegemonic influence of the structure, especially in underserved populations. Hegemony is the use of non-coercive power to maintain control of the social system (Dutta, 2008).The use of zip codes for school choices perpetuates marginalization in the inner cities.

The second category of my co-participants differ in their socio-economic status. Though blacks, they are employed and fall in the middle class social strata. These include representatives of our community partner, Indiana Minority Health Coalition (IMHC), and our media partner, MZD. These group of participants have participated in development projects in the past. Drawing upon such diverse background, they consistently juxtapose their stories with previous experiences in dominant projects. Such diverse experiences bring perspectives that reveal the uniqueness of culture centered participation. The final category of my co-participant, who represents the school remarkably differ in her identity. She is white and fall within the middle class bracket. Similar to the second category, she has been exposed to dominant projects of social change at different times. Her background also allows for a comparison of the different experiences. Having provided the profile of my co-participants, in the paragraphs that follow, I highlight the three themes that emerge from the thematic analysis of participation in culture centered project.

4.24 Theme 1: Meaning of Participation.

The first theme that I engage in this chapter is the meaning of participation. In this, I present the narratives of voice and freedom to make decisions in the planning and execution of the project. Co-participants talk about how they took decisions about the different aspects of the project. They talk about authentic participation as the quality of having a strong voice in the decisions at every step of the process from planning to the execution of the project.

4.25 Theme 2: Participation as Transformative

The second theme in this chapter is the articulation of participation as transformative. The Merriam Webster dictionary defines transformation as change in appearance or shape. In the context of the young at heart project, transformation is change in the status quo of who decides how black youth should be reached with heart health information. Dominant campaigns are characterized by power inequity between cultural members and academic experts (Dutta, 2008). In such expert-driven interventions, persuasive messages aimed at changing the behavior of the community are concocted by outsider experts. The youth heart project is direct opposite in that it began by seeking understanding of the factors that perpetuate heart disease among black youth. Further it provided dialogic space for the co-creation and collective implementation of the campaign by the youth and other partners. The engagement of the teenagers as equal partners changes the superior/inferior power dynamic that characterize top down projects, thus symbolizing change in the *status quo.* As we will

witness in the narratives and multiple instances in the project, the campaign activities are based upon the ideas of the teenagers, a subversion of the power inequity that characterize dominant projects. Under this theme, co-participants also talk about individual changes that occurred in their lives as a result of participation in the project. The stories of transformation include personal and lifestyle changes regarding food choices, stress management techniques, and participating in physical activities. These stories provide counter narrative about underserved populations, hitherto represented as voiceless by dominant approach.

4.26 Theme 3: Collective Decision Making

The third theme that emerge from my conversations with co-participants is collective decision making. This involves the process of arriving at decisions through consensus agreement among the members of a group. It is the opposite of unilateral decision, where one person takes decision on behalf of others. Here collective decision making is characterized by contentious and contradictory, as well as convergent ideas from multiple perspectives that ultimately lead to a consensus. The contributions by multiple voices result in back and forth communication among participants, a process that occasionally slows down group decision making pace.However,the divergent ideas are resolved through extrapolative process, which is involves the aggregation of individual subjective against collective good. Collective decision making represent CCA's commitment to equity and social justice as *sine qua non* for sustainable social change (Dutta, 2008). In this theme, my co-

participants talk about the use of voting and democratic processes for agreeing upon different aspects of the campaign. Notable examples cited include the choice of the campaign logo, theme, format of the health carnival, including decisions about the songs that was played by the DJ during the carnival.

In chapter one, I examined how populations at the margins are silenced from discursive spaces where decisions about their health is taken. The narratives in the following paragraphs depict participation in a culture-centered health project, and echo the importance of retooling community engaged projects in ways that truly engage with the voices of populations at the margins. Starting with the meaning of participation, I transition to the enactment of participation and the significance for my co-participants.

4.27 Participation in culture-centered project-----meaning and experience

Culture-centered approach centralizes authentic engagement of cultural members at every step of the process, starting from project design to implementation, and evaluation. In the following paragraphs, my co-participants in the youth heart project articulate the meaning of participation, and narrate their experiences over the course of the project.

Megan is from a mixed racial background, and served as one of the co-chair leaders committed to the project. The three Chair leaders wore administrative caps and served as the interface between the peer leaders and other partners. Here is how Megan communicates participation:

> "It means getting active in everything that is going on; getting involved in every step all the way not just coming in, sitting there and do nothing." She compares her experience in other projects thus, "It was all different. I have not done a project like this before. I participated very well and enjoyed it. I did pay attention to everything going on; it was only one time that I fell sick. I stayed active in my ideas and helped put up stuffs. So, I participated in almost everything. I put in my best in everything we did."

Megan substantiates her participation this way:

> "I had made a schedule of everybody's email addresses, expressed my opinion freely, contributed to the discussions, and made obstacle crossing, marked many things; I think I made a pretty good contribution to this project. I helped the DJ, helped set up stuffs and was master of ceremony (MC) during the event sometimes, and ensured everything worked perfectly. I spoke and got people involved."

What emerges here is participation as having a voice in the project decision making. The infusion of Megan's voice in the decision making signify change in the process hitherto dominated by external experts, who take decisions on behalf of the community. One of the central commitments of CCA is to infuse the voices of cultural members into discursive space through dialogue. The introduction of subaltern voices into discursive spaces alters the *status quo* in that it changes the meanings and interpretations of health as witnessed here (Beverly, 1999, Dutta, 2008). Megan served as co-chair of the peer leaders, a group of students who drove

the project. She is from a mixed racial background. Her mother is white, while her dad is African American. Although she lives with her mother since both parents separated, Megan identifies as black and is committed to heart disease prevention, because of her family's experience with heart conditions. She shares with me:

> My In-law is with me; she has heart related ailment. She has COPD; she is in stage three of heart failure. She is on oxygen 24 -7. And my grand Pa, who is also with me has heart issues and has had several heart attacks. Heart problems runs in my family. That was why I got involved to know more about it.

The discourse here suggests that Megan's family's history with heart conditions influenced her commitment to the project. Megan tells me:

> If I did not participate in the project, I would not know the much that I know now. I can understand how to prevent myself from same hearty issues and also some members of my family. Yeah…like avoiding eating sweet things. I now know the kind of food to eat. I like sweet things, but with the knowledge I have from the project, never again. I would increase eating healthy foods; eating fruits, vegetables and avoid fatty stuffs and do exercises. Like, time management skills. I exercise also. And, I used to drink pulp two or three times a day. What I do now is if I want to drink one, I just put that in a refrigerator and drink that and after, drink water. I am making healthier choices for myself.

The construction here suggest that personal circumstances such as family history of a disease may impact participation in culture centered project. Also evident in the discourse is personal transformation as a result of participation in the project. From culture centered perspective, Megan's active participation in different aspects of the project constitute enactment of agency, and shows how a cultural member contributes to social change at both the individual and larger societal level. Megan's active participation is one instance that corroborates CCA's argument that marginalized populations can resolve problems without expert guidance (Dutta, 2008). There are several other instances as we will witness in stories in subsequent paragraphs. Megan recruited male participants into the project. During the initial phase of the project, the male students were hesitant in joining the team, but Megan recruited three male students, who added perspectives to the group dynamic and overall project. Asked to comment on how she convinced the boys to join the project, she tells me, "I did that because they were my friends. I told them we needed their help and they obliged us."

What becomes apparent in the discourse is the role of social networks in culture centered participation. The construction "they were my friends" is poignant. The inference here is that through her interpersonal relationship with the male teenagers, Megan recruited them into the fold. As co-chair of the team, Megan served in different capacity during the project life circle. She served as the Master of Ceremony during the health carnival, "I helped the DJ, helped set up stuffs and was MC during

the event sometimes, and ensured everything worked perfectly. I spoke and got people involved," she tells me.

> Shumain's meaning of participation resonates with Megan's articulation:
>
> I get the understanding that participation is actually participating in a work or project and not waiting to be involved until the last day; it means contributing so you can earn for example, a deserved credit for a job done and not waiting to be credited for what you did not do.

Apparent in the discourse here is the importance of engaging cultural participants from start of a project. Shumain's narrative about involving cultural members in every step of the process is synonymous with the philosophical commitments of CCA to authentic community engagement (Dutta, 2008, Minkler & Wallersteine, 2002). Authentic engagement involves the creation of spaces, where cultural members engage in dialogue with external partners in the planning and implementation of a project. Through such engagement, the hegemonic structures that characterize dominant approaches get ruptured, thus opening spaces for alternative rationality about the meanings of health (Airhihenbuwa, 1995, Dutta, 2008, Dutta & Basu, 2009). Authentic engagement embodies equity in terms of power sharing among the partners in academic community partnership. Shumain shares insight about her participation this way:

> Yes, I participated in this project. I say that because I was there all through; at the meetings, and at the project execution. So in that sense, I participated. Well, I think I was one of the people who helped, other

> than Meagan. I was one of those who took the project seriously. We did the extra stuffs. I was one of those who went the extra miles to accomplish the purpose and plan of the project.

She further describes her participation thus:

> I was in the meetings; in fact, in all the extra meetings. You know we had some people who were in some of the meetings but did not do anything. But I was not like that. I contributed to the discussions. I was involved till the last day. That is what I mean by extra stuffs.

She tells me:

> I learnt how to work as a group, who can do what and the fact that people do not have same skills. I learnt that some people won't talk even when they have a different opinion from what you say. More importantly, you need to know that not everybody in a group can work as hard as you can; some would simply wait and watch while others are doing the job. We need to know those who have strong opinion; active and not passive people.

Two themes emerge from the discourse here. The first is the commitment of the teenagers to the cause, echoing CCA's argument about the agency of cultural participants to drive changes without expert guidance. The second theme that emerge from the narrative is the heterogeneity of participation. Heterogeneity refers to the differences that characterize a group. It is the

opposite of uniformity. Contextualized in the youth project, it depicts the differences in the identities and levels of participation of the peer leaders. The construction, "You know we had some people who were in some of the meetings but did not do anything," is salient. As depicted in the narrative, participation is not a linear process, as such some participants are more committed than others. The differences in levels of commitment manifest in the form of contributions to the conversations in terms of vocal and non-vocal members. However, the non vocality of some members does not imply non-commitment to the cause. Some members offer moral support, therefore culture centred scholarship should pay attention to such diversity in ways that help accurate aggregation of views for the collective good of all. My co-participant, Shumain is a sophomore and co-chair of the peer leaders. She is the oldest of four siblings and lives with her mum and step dad. She desires to be a neuroscientist, or mortuary scientist, because of her family's experience with brain-related conditions. Her cousin suffered brain damage from drug-related problem, a condition she feels could have been treated. Similarly, her grandmother died of brain damage. Shumain was one of the three co-chairs who played administrative roles in the project. At the start of the program, there was only one chair leader collectively appointed by the team. However, as the program unfolded, there was need for additional hands to fill in the gaps, especially because the sole chair leader was involved in multiple activities at the school that occasionally warranted her absence at the weekly

> meetings. As co-chair, Shumain liaised with other co-chairs in the coordination of activities, including sending out emails, following-up activities to accomplish specific tasks. The administrative roles performed by Shumain and her co-chairs add to the culture centred philosophy about the agency of communities at the margins to drive social change processes both at the individual level as well as the societal level.

Briana's meaning of participation is similar to the articulations by Megan and Shumain. She tells me:

> Well, this project was student driven, that was the big difference. In sports, it is the coach who decide and tell you what you need to do. But here, we make our own inputs. We worked on everything together, talked about everything and agreed before we adopted such as our decision. For example, the names, logo, who will be in it, etc. was a whole team decision

With respect to her experience with the participation process, Briana tells me:

> Truthfully, it is not about the numbers. You can have many people around but not dedicated to the cause. We can have a lot of people doing it but not everybody is dedicated and the output won't be much. It is not really about quantity but quality.

Briana's narrative touch upon the uniqueness of culture centered participation, and participation as a process. The analogy between participation in sports and CCA is

salient and depict the equal partnerships between cultural participants and external experts in culture centered participation. The engagement of cultural participants as equal partners is consistent with culture centered commitment to equity and social justice as *sine qua non* for addressing communication inequities, which is intertwined with other forms of disparities (Dutta, 2008).

The narrative in the second paragraph depict heterogeneity that characterize participation. As I have elaborated in previous paragraphs, participation is a complex process. It is characterized by different levels of commitment among the group. While some members are outspoken, others are non-vocal, a complexity that poses a challenge in the aggregation of ideas for collective decision making. As Dutta, et al.,(2013) document in their examination of relational tensions in academic community partnerships in two underserved African American counties that suffer heart health disparities in a Midwest state in the US, culture centered scholarship should pay attention to the nuance of participation, or else such projects might end as top down. Briana is a junior, and was originally appointed by her colleagues as the sole chair leader of the team, but because of her engagement in sporting and other activities on campus, three of her colleagues stepped in as co-chair leaders to move things forward in her absence. Briana is committed to the project because she enjoys working with other people, "I enjoyed myself during the project. I enjoyed working with a lot of people I was not used to and come to think of it, the project turned out successful. I was really proud of everything."

Brianna's interest in the project is also connected to her family's experience with heart condition. Her grand mum had a bypass surgery. Bypass surgery is a medical procedure used for treatment of heart disease. It gives blood new pathways when the arteries that carry blood to the heart are blocked. An outstanding point in Briana's comparison of the project to sports is the location of power and decision making in the hands of the peer leaders. In sports, the decision making power lies in the hands of the coach and instructor. Briana's analogy corroborates the primacy of community voices in culture-centered health campaign. Briana describes her role in the project in the following vignette:

> If you ask me, it was off and on because I had a lot of stuffs going on at the same time. In the beginning I was more of the leader, but as the season grew on, I was not there and I had to catch up when I turned up at the meetings. As the leader my role was basically getting everything together, finding out who has ideas, ensuring that everybody was okay with such ideas and then, we decide on what to do next. Organizing, getting people's opinion; you know, some people don't talk, so I try to find out if they are okay and stuffs like that.

Although Briana was off and on due to engagement in other activities, she played roles in organizing her team to achieve project goals. Briana exemplify culture centered assumptions in many ways. Despite her engagement in different after school programs at the time, she exhibited unwavering resilience in contributing to changing the school meal plan. Again, this is indicative of the capacity of marginalized members of society to contribute to individual and systemic changes in society.

For Keira, Participation means: “being involved actively. Like I participated in the different stuffs because I wanted to get involved. I went to the meetings and gave opinions, as well as helped in the carnival.” Keira describes her participation further: “I took notes, suggested ideas. I enjoyed that writing aspect and the privilege of suggesting some ideas; really, being heard. We had to like discuss what we wanted in the carnival. I suggested stuffs about the carnival”

Keira is 17, and a junior. She is the oldest of four siblings and lives with her father and step mother. Keira was recruited by her Physical Education teacher who shared information about the project and invited her to attend one of the meetings:

> She invited me to one of the meetings and we were involved in organizing a carnival which was a huge success. It was a success because we completed our tasks and all we aimed to do during the program. We wanted to make students in our school be aware of heart disease and how young teens are getting into the problem and what to do to avoid that and eat healthy.

Keira was the secretary of the group. Like Briana, she was appointed by her colleagues at the inaugural meeting. She took notes during weekly meetings, circulated the notes to her peers and partners via email. The weekly meetings served as spaces for the co-construction of ideas about the project. The task of writing meeting minutes and circulating it to the entire team was daunting and requires commitment.

The dialogue below is an example of participation in the youth project. In this instance, the dialogue focused on identifying the project name. It began with a

question asked by Ms. Crick, the P.E. teacher, who was our primary contact at the school. She asked:

Crick: have you come up with a project name?

Peer Leaders: We could do that next week

Crick: So how are we going to have a logo without a name?

Peer leaders simultaneously: No

Crick: Here is my suggestion, draw out couple of project names and they can make logo based on whatever we draw out right now, heart you know

All: laughter

Following the laughter, one of the peer leaders, Megan suggested a name:

Megan: Is supposed to be teen minority thing? Isn't that the project or heart health?

Researcher: I hope you are typing out the notes.

Crick: Did anybody so far come out with names

Kelly: That's on the agenda for next week

Crick: So far on the agenda for next week project name, project logo, Nikky shaw, Q & A, anything else on the agenda for next week

Onye: I will do post cards

Crick: okay let's put that on the agenda.

What we witness in the dialogue is quintessential example of participation in the youth project. Apparent in the dialogue are the multiple voices contributing to the

ideas, turn-taking, collective agreement, and commitment to the cause. In place of expert directives, ideas are co-created with all contributing to the dialogue symbolizing the complexity of participation and decision making in CCA. Here we witness suggestions by the peer leaders, the teacher, as well the academic partner. This is direct opposite of unilateral decision making in dominant approach. The dialogic engagement also changes the expert versus recipient dichotomous relationship that characterize dominant projects (Dutta, 2008, Basu, 2008). Drawing upon the dialogue above, another hallmark of participation in CCA is turn taking. As we witness above, through dialogue, the participants agree to lead specific tasks in the project. Participation also manifests in the form of commitment to the cause. The willingness of two peer leaders to draft initial designs of the logo is salient. The scenario here corroborates CCA's commitment to voice and dialogue as alternative to dominant approaches to health communication (Airhihenbuwa, 1995, Beverly, 1999, and Dutta, 2008).

For other participants such as Daren, participation entails:

> Coming up with ideas and just helping to plan the meetings; taking leadership roles, making inputs, helping put the carnival together. We handled stuffs and participated actively rather than just watching others do it all. All of the ideas came from us, like we thought out the logo, etc.

Again, what becomes apparent here is participation as voice. The construction, "coming up with ideas, taking leadership roles" is synonymous with having a voice in the decision making in the project. Daren is 17, and a senior. Daren and her younger

sister live with their mother. Like Megan and Shumain, Daren also has a family history of heart disease. Daren's father died from heart attack "my dad passed away when she was one" (referring to her younger sister). She tells me "I think he had heart problem, but did not know about it. He was just playing basketball when he had a heart attack and passed on." Darion desires to become a paediatrician to correct negative impression about paediatricians. Darion's friend lost her infant sister to a medical mistake, and has since developed animosity towards paediatricians. Daren's story illuminate a consistent pattern in the narratives of my co-participants. The construction "we" and "actively participated" corroborates CCA's commitment to collective decision making processes in authentic engaged projects. Daren's narrative about her family's history of heart disease also point to the burden of heart disease in the black community. For example, more than half of my youth participants share stories of heart disease in their families.

Like Megan, Shumain, and Briana, Daren aver that participation involves active engagement in the process of a program, "It means having a voice and your voice being heard. It means suggesting ideas, and your ideas being accepted and integrated into the planning and execution of the project" For Darion, her group played lead roles in planning the health carnival, contributing ideas on the development of their logo and different aspects of the project. The health carnival Daren reference is the grand finale of the youth-heart health campaign executed by the youth. It was the formal launch of the campaign and involved multiple activities, including physical activities, talks, demonstrations, entertainment and music

segments, dissemination of information cards about heart conditions and prevention strategies. Some explanations will help properly situate and clarify some of the points articulated by Daren. During the planning and execution of the project, the youth constituted themselves into sub groups of three with specific tasks. The sub-groups were voluntary based on personal interests and skills. Each group completed their tasks and brought it back to the larger house for collective review and endorsement. Darion's group comprised of students interest in art and creative design. They created initial design of the campaign logo that was presented to the larger house and later modified. Here is how the conversation on the drafting of project logo unfolded. Starting with suggestion by one of the co-chair leaders, Megan, here is how the conversation unfolded:

Megan: Kayla can you work with onye, Darion, and Kaiyla make a logo? Because you all artistic

Following Megan's suggestion that three creative peer leaders appointed should design drafts of the logo, both nodded in agreement. For clarity, the Physical and Health Education teacher, Ms. Crick, who was our primary contact at the school paraphrased the question thus:

Kriech: Is that yes or no?

The volunteers responded:

Onye: I said yes.

Kriech: So project logo will be onye, Darion, and kaiyla.

Two themes emerge from the discourse above. First, we witness the dialogic engagement in a culture centred participation. Also evident in the dialogue are the multiple voices contributing to the conversation. As I have elaborated in previous sections of this discussion, the dialogic engagement alter the expert versus community dichotomous relationship that characterize dominant approaches (Dutta, 2008, Airhihenbuwa, 1995).The engagement of the youth in the heart project offer alternative example of what constitutes campaign**.** As Daren recall, the campaign strategies, materials and contents were suggested by the students. As Daren point out, the project was youth-focused, and the activities were youth centred. One of the hallmarks of teenagers is short attention span and desire for physical activities, therefore the campaign featured booths and physical activities. The infusion of youth-centric activities is the direct opposite of traditional campaigns often characterized by persuasive messages that urge underserved populations to consume specific servings of fruits and vegetables, even when such solutions are out of the reach of the community members (Dutta, 2008). The youth project began by seeking to understand the meaning of heart health, and the problems faced by black youth with respect to heart disease. Following the identification of the causes of heart disease in black communities, the group articulated strategies for tackling the problem (please refer to RQ 1 for details on how the campaign developed). What becomes apparent in the trajectory is how dialogic engagement of the teenagers changed the meaning of campaign, echoing culture centred argument about subverting dominant meanings of

campaign. From a process perspective, we witness threads of agreement in the dialogue.

Onye's narrative about participation is not different from her peers. She frames participation this way:

> It means being involved, working and being active in something. I feel I was there from most of the planning and meetings. I think I was only not there for just about two meetings. I gave my opinion and ideas on issues and helped figure out how things are going to go. I did some of the drawings, sketches and the blueprint; took notes and stuffs like that.

Onye was a committed member of the project team. She desires to become a nurse. She tells me:

> Onye is in junior high school, who wants to be done with high school and make a name for herself. I want to accomplish all the goals I had set for myself; like I want to graduate and go to college, graduate and get a job as a Nursing practitioner. Onye is 17, and lives with her mother and three siblings. She also has family history of heart disease, "A great aunt of mine, I think passed on as a result of heart disease," she recalls.

Again, what emerges in the narrative is the link between personal circumstances in the form of family history of a disease and active participation aimed toward tackling the disease.

During the project circle, there was varying degrees of participation among the peer leaders. Some members were consistent and committed to the project, while some were inconsistent and less committed. Onye is one of the committed members and tells me:

> I had to remain because I was personally interested in the subject matter. I was not worried about who was going or staying. I was more concerned because I had people who died as a result of heart disease and wanted to learn more about it. And, the message you guys were giving; about how it can be prevented early enough got me in and I wanted to learn more about it.

Unlike Megan, Shumain, and Briana, Onye is not a designated officer of the team, regardless, she was committed. She narrates her experience:

> I will not say I was designated as certain person or had a particular role, but I made my thoughts known to the group. I contributed to the meetings and everything that happened. I feel like my role was giving my opinion on what would work and what I feel might not work during the meetings. My opinions were made clearly and acknowledged by the group. For instance, when we figured out what the carnival would be like, I gave my opinion on who is going to speak and for how long the person would speak. As a young person, I knew what we want to do and don't want to sit there for too long. I gave my opinion as to the type of people who should be there as well as who should address them; who should speak and for how long, what we would need in the big carnival and all that.

The discourse here depict the nature of participation. The construction, "I had to remain because I was personally interested in the subject matter. I was not worried about who was going or staying," corroborates the varying levels of participation and commitment depicted in previous paragraphs. As I discussed earlier, participation is characterized by committed and less committed members, as well as vocal and non-vocal members. The narrative about consistent and inconsistent members reveals the complexity of participation. The challenge for culture centered process is how to aggregate the contributions of vocal and non- vocal members, so as to arrive at all-inclusive collective decision. This is especially important because of culture centered commitment to equity in academic community partnerships.

With respect to participation in culture centered approach, Onye draws analogy between teacher-guided and culture-centered project in the following statement, "I think on a class project, a teacher would give us a specific part or plan to achieve. But this one was beyond a class project. We had a bigger goal. We had various plans and methods available to us so long as we got our message or point across."

She further paints the picture this way:

> It was good; I like being creative. I can compare this to my US History project. We basically had to describe the lyrics in a song and why it was important. We had to make a movie or power point presentation. But this gave us the freedom to be more creative.

Apparent in the discourse is the independence and freedom that characterize culture centered participation. She notes that whereas other class projects are teacher-directed, the youth culture-centered heart campaign was student directed and provided spaces for creativity among her peers. Freedom is synonymous with power. From a culture centered perspective, the transfer of the campaign decision making into the hands of the teenagers illuminates culture centered commitment to equity, and reverses expert-community relationship that dominate dominant projects. In such expert-driven projects, decisions are taken by the experts on behalf of the community often represented as passive and without agency (Airhihenbuwa, 1995, Dutta-Bergman, 2005, 2008, Basu, 2008).The exclusion of cultural participants from the discursive spaces of dominant projects is responsible for the failure of the interventions that are often incongruous with cultural contexts. The centering of the voices of teenagers in the youth project is symbolic and lends credence to culture-centered engagement of cultural members at every step of the process. Also worth noting here is the creativity of the teenagers in their approach, depicting culture centered argument about the agency of cultural members to solve their own problems (Airhihenbuwa, 1995, 2007, Dutta, 2008, Dutta-Bergman, 2005).The construction ‘creative’ is significant, because it provides counter narrative against depictions of underserved communities as agency-less.

Tekia is another member of the team. Like Onye, she is not designated any specific portfolio, regardless she was a committed member of the group. She frames participation this way:

> It means to do something or be a part of it. I participated because I helped out and I was dedicated to it. She tells me equivocally. She describes her experience in the project further, "I helped come up with ideas; everybody did. It was our idea and whatever we said was what we did." To substantiate the level of participation, Tekia narrates the structure of the workshop meetings thus, " Well, we did not stay on same topic for too long; some days we talked about how we are going to plan it and other days, we talked about how to get started. And, next, who is going to do this or that."

Tekia is 16, and a sophore. Unlike her peers, Tekia does not have family history of heart disease. She is the oldest of four siblings. She tells me, "I have two brothers and a sister. One of my brothers is 12, and the other four, and my sister is 14 years old." Tekia wants to become a Pediatric Nurse. Her interest in the nursing career is connected to her family's background in healthcare services. She shares her background with me, "My whole family is in the medical field, but I want to be something higher than they are. My mother is a Certified Nursing Assistant, and Grandma is also a Certified Nursing Assistant. My other Grandma works with babies, and my uncle is a nurse. So, I want to be there, too"

Apparent in the story here is that decisions in culture centered projects are foregrounded in the collective. Also salient in the discourse is the power of the teenagers in the decision making in project. The construction, "It was our idea and whatever we said was what we did," substantiates this. As I have elaborated earlier, the power exerted by the peer leaders in different aspects of the campaign reverses the hegemonic influence that characterize dominant approaches aimed at persuading populations at the margins of society to consume specific servings of fruits and vegetables as panacea against heart disease. Hegemony is control without force. It is often perpetuated in societies through maintaining structural formation that dictate specific processes (Dutta, 2008). Contextualized in the youth project, it refers to the presentation of consumption of fruits and vegetables as gold standard for addressing heart disease. Conversely, the execution of a campaign that is direct opposite of dominant strategies provide counter narrative to the meaning of campaign, depicting culture centered argument that it is through infusing voices of cultural members that dominant discourses of campaign can be challenged (Airhehnbuwa,1995,2007, Dutta,2008,Dutta-Bergman,2005,Basu,2008).

As Tekia note in her narrative, the weekly workshops serve as spaces for co-construction of strategies for reaching out to the youth with information about ways to prevent heart disease. The workshops provided equal communicative spaces for the peer leaders to articulate tactics, activities that were useful in reaching their peers with heart-health information. The dialogue below is one instance of participation in

the project. The dialogue here focused on the campaign launch date. A question asked by the media partner, TJ started off the conversation. He asked:

TJ: by the way is the May 10 date final. Have you all decided?

Following his question, the peer leaders collectively responded:

Peer leaders: We have May 3rd

TJ: I do wanna say something. If we do May 3rd, which is sooner. Is there a reason we couldn't do May 10?

Peer leaders: no

TJ: okay, I like to chime in and say from time perspective, it will be better for us to have it May 10, because it will give us a lot of room to get this stuff done because we missed 2 weeks over the spring break

Peer Leaders: okay

Kriech, I agree with you.

Here is another instance of participation. The dialogue here center on the order of activities during the campaign launch. The conversation begins with progress report from the media partner TJ, and dovetail into dialogue. The dialogue is worth quoting in its entirety:

TJ: Would you want a DJ or announcer or anybody to open this event up and then introduce the doctor?

Peer leaders: Yeah

TJ:And then the doctor talks and then introduce Nicky, and Nicky talks about healthy eating, and getting people pumped up to get on the wall, so I need some advice from you guys

M: I like him

All peer leaders: Yeah, we want him

TJ: It can be anybody that you chose

Peer leaders: Let's stick with what we know

TJ: In my network I have DJ Chan, DJ Ready Rock,& DJ Reck one and I can use any one of them. Reck one is more of an MC, he can introduce stuff and get the crowd going and things like that, whereas Ready Rock will be basically playing music.

M: Can we have both?

TJ: That's what I was going to say, I was going to see if one of them will do both. If they did could you use sound system because what I don't want, dancing is part of this? Physical activity and moving that's cool, but if he starts playing music will it get out of hand

M: I mean we are high school and not middle school, so I don't think. If it was middle school they start talking, but high school.

Kriech: No if there is music I don't think, I mean it will make the whole thing be active

TJ: be active, well that's a good thing right

Peer leaders: Yeah

What we witness in the dialogue is the nature of participation in culture centered approach. First, the dialogue reveal the multiple voices contributing to the campaign decisions. These include the media partner, the peer leaders, and the P.E. teacher, who is our primary contact at the school, and the researcher. The centering of the voices of the teenagers in the decision making here is quintessential example of culture centered stance on equity in academic community partnerships. Rooted in critical, subaltern studies, and postcolonial theories, CCA is a shift from dominant health communication approaches that present cultural members as voiceless and without agency (Airhihenbuwa, 1995, Dutta, 2005, 2008, Dutta and Basu, 2008). CCA ruptures the knower versus object relationship that characterize dominant projects by infusing cultural voices in the planning and implementation of projects (Beverly, 1999). The second theme that emerge from the depictions is the convergence of response in participation. The discourse reveal the agreement in the responses of the teenagers to the suggestion by one of the participants. While the participants agree to the idea in this instance, there are instances where they disagree. The lesson from the convergent and divergent views is that participation is not a linear process, and culture centered grounded projects should pay attention to the aggregation of ideas in terms of who gets what, or whose ideas are adopted in the decision making.

For Keila, the secretary of the peer leaders, participation means giving equal opportunity for cultural members to share their views on how to plan and execute a project. Keila says:

> Participation is everybody having equal opportunities. Like giving your opinions about a project. I participated by coming to the meetings and actively involving in its planning and actual execution of the project. We had the meetings like every week; I think twice or so; Mondays and Wednesdays. We all contributed and were actively involved and some of our decisions were taken into consideration. Like the names and logos. We thought since the name has something to do with the heart, we had a picture of a heart and some designs around it.

Keila describes some of the activities executed by her group on the campaign launch date, "Well, the basketball station is to get the heart pumping; the obstacle cross also to get your heart pumping itself and the celebrity Chef, Nicky Shaw; to teach people how to make meals."

Again, the depictions here echo the active involvement of the teenagers in the decision making in the campaign. Also apparent in the narrative is the collective spirit that characterize participation in a culture centered project. The construction, "We had the meetings like every week" is symbolic and depict collective spirit. Keila is 17, and a senior. She is one of the foundation members of the youth heart health project and served as the secretary of the peer leaders. She was recruited through word of mouth by her teacher.

Here is another instance of participation in the youth project. In this instance, the workshop focused on the various activities executed on the campaign launch date. Starting with suggestion by the P.E. teacher about the stations on the launch date, here is how the dialogue unfolded:

Crick: Here is the doors, and this is the lobby. So we said we were gonna pull out these set of right seat, how about that., so we saying like the speaker here, and the cooking demo right behind, so this will be like the stage in the area.

M: Are we having like a stage thing?

Others: No

Crick: Speaker/cooking over there so all that door that, now we have these whole open space over there, okay we have to designate enough space for the climbing wall

Onye/Kelly: I think that should go by the door

Kriech: Like over here?

All: Yeah

Crick: Okay this is gonna be the physical & activity area

M: And here for the shooting contest

Crick: Oh, we doing the shooting contest

All: Yeah

Kriech: So the physical activity area

M: You can use the one against the side after mango

Kriech: Okay we can get rid of the mango. We can block in this door and we all get in through here because the climbing wall can go in this area. If we get the pacemakers in this area, the climbing wall could probably depending here that still frees up, booths can still be set up here, then you gonna move her here for the nutrition stuff. So I put nutrition up here?

Onye/shumain: Yea

Crick: We have the pacemake here, climbing wall here, you guys were talking like zumba or something and we could have another thing like zumba or TV screen over here

M,onye: Are we still doing that relay thing?

Crick: So nutrition, have all the booths here. The physical activity booths can be,you want to put like time management over here.We can have tables & stuff separated.

M: Are we giving out things that should be in the mail

Crick: So prizes are in the mail, so we can have info booths here because the video plug in are all here. There is another outlet here. There is multiple power outlets here, so I mean we have plenty of space

TJ: We just said there is staging, what does that mean?

Crick: Oh there is a staging area and a cooking demo so that's the reason this bridges are circled out

The dialogue above depict participation in a CCA project. Participation here is characterized by dialogue, voice, collective agreement, turn taking, power, and multiple voices contributing to the decision making. What we witness here is dialogic engagement between the peer leaders and the partners on the activities and stations for the activities executed on the campaign launch date. Here we witness how ideas are suggested, deliberated upon, and accepted or discarded. Also visible in the dialogue are the multiple voices contributing to the decision. These include the teenagers, the P.E. teacher, the media partner, and the academic partner. In the dialogue we witness agreement and diversity of opinion in the suggestions, echoing culture centered argument about heterogeneity and complexity of participation. The equal participation among the partners reverts the expert-community relationship that characterize dominant approaches. It reverses the power imbalance seen in dominant projects, depicting culture centered argument that engaging communities as equal partners disrupts hegemonic meanings of health (Airhenbuwa,1995,2007,Dutta,2008, Dutta-Bergman,2005).The stations articulated in the dialogue were spaces where the students engaged in physical activities on the campaign launch date. The obstacle course was a creative physical activity desired by the teenagers. The basketball station was put together by the teenagers as one of the activities for students interested in basketball, while the food station manned by a reputable chef, Nicky Shaw, who illustrated healthy cooking menu for the students. Chef Shaw's presentation was based upon the students request on how to prepare healthy meals. The peer leaders aver that considerable number of the student population are from

families where such cooking guidance was lacking due to a number of factors. For instance, single mothers were jostling between two or three menial job shifts and rely solely on unhealthy fast foods to raise their families. In such situations the teenagers lack the opportunity to learn important life skills. Since the teenagers are raised on fast foods they get hooked on the taste and this becomes a cycle over their life time. The narratives of the students about family structure, poverty and how low social economic backgrounds intersects with food and quality of life in many ways resonate with culture centered argument about the ways structural inequities perpetuates marginalization of communities at the margins of society.

Unlike the other participants, Somec is a male. He is a fresh man and one of the male participants who joined the team in later part of the project. For Somec, participation is being a part of a project that is a reference point for social good in the near future, "It means that I have something to tell my kids; like I did this, try." He shares his experience. "I was at the meetings; helped out with the basketball stuffs. I came over to assist the team on what to do; even the squash, but mostly basketball."

The basketball is one of the activities executed by the team on the campaign launch date. The goal was to engage participants in a physical activity that will prevent the boredom of sitting through long presentations and speeches. Alluding to the short attention span of their peers, the peer leaders had expressed concern over dominant long presentations that seek to educate the youth with 'expert information' about heart disease would be incongruent with the youth culture, hence the integration of the physical activities into the program. Drawing upon his athletic

background, Somec participated in the planning and execution of the activities. Somec is 16, and is from a large family. He shares his background with me, "I am a fresh man, 16 years old. I play basketball. I have been playing since my second grade. We are nine children; four boys and five girls. We are a big family. My Dad is from the Bahamas and some of us in the Indianapolis." He was recruited through the word of mouth by Megan, one of the female Chair leaders.

Berth wears a double heart as instructor as well as co-participant. For her, participation involves active engagement in a project. This is how she describes it, "Participation means being involved in an activity whether is listening to someone that is speaking at a time, whether is communicating with youth giving ideas verbally or writing things down. It's just means being actively involved in whatever that is going on"

She illustrates the student's participation this way:

> Yes they did a good job participating. I mean there were some days when some were just sitting and not saying a whole lot and there is other days that they are constantly communicating and participating throwing out an idea here, changing an idea here. I mean participation for the most part was pretty good.

The narrative here sheds light on participatory processes as well as features of participation. The construction about the dynamics of participation is symbolic. As the construction depicts, participants were diverse and exhibited varying levels of participation. On certain occasions, they were very participatory, while on some

others, they were passive. The challenge for culture centered scholarship is how to navigate the dialogue without crossing the boundary between equal partnership and top down, especially in instances when cultural members are not participatory. The narrative here add to culture centered argument about the complexity of participation (Dutta, et al, 2013).

Berth provides examples of student's participation below:

> When we were trying to figure out how to get the information out and getting ideas about social media and the kids were giving idea about how things could be at the carnival. Actually the students set up their own meetings with Troy when it started getting closer to the event that I wasn't involved in or even aware of so they were staying over with him going over ideas in the gym trying to figure out things to set up. During the event they were facilitating around or helping the guests that were speaking or do different activities. We had kids down cooking with Nicky, I mean they were all involved. Some will type up some notes, some drew the requirement in the gym, and they all came up with the slogan. For the most part I will say different and lots of participation was going on

This is how she describes student's participation in the project:

> This was more student led. The students were more involved a lot of times with projects and other community groups that come in. The teachers are the ones that are doing all sort of work they are pretty much running the project, but I was able to sit back and look the kids, explore their ideas, put down their

> ideas and make sure that the carnival that they had was what they wanted and not what I wanted.

Berth describes centering voices of the students as a unique strength of the project:

> It was a strength. I mean they were able to appeal to their peers better with activities, knowing that their peers will like activities to be up and moving, would like to taste the food that Nicky cooked, the prizes, they knew that they would like to have something give away in order to keep everybody participating. I think I enjoyed mostly being able to sit back and listen to the kids and let them plan and do what they wanted. I didn't have to do the work for them. The most I did was to make photocopies and may be type some things but it was just easier to sit back and kind of listen and let them take the role and responsibility of getting this project up and going.

She further states:

> It was nice to see that they were using the whole decision making process that we talked about when they were in health class one or two years ago. It made me feel that they didn't need me to step in and make the decisions for them. They were confident enough to say yes to an idea or no to this idea or let's kind of take this idea and mold it if we can go somewhere with it. I mean I was thrilled that I could just listen that I didn't have to come up with the whole thing.

Again, the narratives depict participation as voice, freedom, and power to decide on what and how the campaign was organized. The construction, "the carnival that they

had was what they wanted and not what I wanted." Is poignant. It depicts that the decision making about activities featured in the campaign was vested in the hands of the teenagers. The transfer of decision making into the hands of cultural participants is one of the central commitments of culture centered approach (Airhihenbuwa, Dutta, 2008, Dutta-Bergman, 2005).

Like Berth, Kelly wears a double hat as an outsider as well as a participant. She is the community organizer for the youth heart health project. She shares her impression about participation and her experience in the project, "It means involvement. It also means actively interested in something; and probably investing in the form of time or money. It requires activity or involves in facilitating a project." Kelly narrates her experience:

> I will say, yes, the students participated in the project. The students participated because they were present and whether or not their ideas were taken, they were part of it; either with each other or just something that shaped the project. Even though it was a side conversation, it still means they were all engaged.

She further describes the participation of the students:

> Everybody participated in narrowing down topics. The brainstorming was a collective process. We collectively narrowed things down; like when we were deciding on things like time management and visual things. I remember that conversation vividly and Beth was taking the note as the groups narrowed them down to enable us focus on the main areas. I was there the day you told

> the students how much money that they were to work with and they were shocked. They became more excited and knew they had much freedom than they thought they had. Like eventually, we had them take over the meetings and they had to formulate the message by themselves, we were able to listen to them. I think the students voices were heard because they were thinking about making an iphone and all that. They were also involved in making the cards. It may not be easy, but that was the most practical aspect of it all. I noticed they became more enthusiastic in many ways and at the end of the day, it became their own.It was awesome to see the students take the minutes and drive the meeting.

With respect to the nature of participation, Kelly paints the picture this way:

> As you know, everybody is not going to go the same way; there are bound to be smaller voices. Like there was this girl who wanted to say something, but she would not say it loud and in the next second, someone says it loud and she would say, wow! That was my idea. It was interesting to find someone who could be the leader of the pack. Someone whose voice would be so loud it is heard. Things like that you can't control, especially where you have to wait on the students to respond to the last question. There were times when I was not around to observe many more of the meetings, but it was good to see someone who could chair the meeting. I think the only thing that would make the meeting livelier would be when everybody had something to say. I

> think at the very beginning, everybody was a little withdrawn. The students did not really know what it was all about. But that changed much later.

The narrative here depict the characteristics of participation. Apparent in the dialogue is the heterogeneity in participation as well as the role of time and relationships in participation. Heterogeneity means difference. In this context, it refers to the diverse identities of the participants. The construction**, "**As you know, everybody is not going to go the same way; there are bound to be smaller voices. Like there was this girl who wanted to say something, but she would not say it loud and in the next second, someone says it loud and she would say, wow! That was my idea" is symbolic. It reveals that not all participants are vocal as such, culture centered approach should pay attention to the nuance of participation, or else undermine equity that is the hallmark of culture centeredness. My co-participant here, Kelly is 27 year old African American female, who was the liaison among the partners (please refer to RQ 1 for details about Kelly's profile). She interfaced between the high school, Purdue University and her local organization, Indiana Minority Health Coalition. Kelly frequently attended the initial set of meetings, but missed subsequent meetings because of time conflict with her other job. The community organizer was a part time position because of resource constraints. Kelly's narratives bring to mind the levels of participation, voice, collectivization, and transparency in culture-centered project. She recalls her observation about how the teenagers decided on the logo. Collectivization is a tenet of culture centered approach that centralizes participatory decision making.

Kelly shares the various collective decisions reached by the teenagers, including the choice of the logo, appointment of a leader, and the activities that were executed. She also narrates the voice of the students in deciding how the material resources were utilized for specific purposes. She notes that because the teenagers decided the allocation of the resources, it gave them a sense of ownership of the project and positively impacted their participation. For example, they took the minutes during meetings, and also facilitated the meetings. Kelly's narrative also touches upon levels of participation. While some participants are vocal and active, others are passive. Kelly brings this classification when she discusses the loud and low speaking participants.

Like Kelly, Calvin wears hat as community partner, as well as participant in that he was engaged in both the administrative and participatory components of the project. He describes participation as active engagement in a project:

> I think it is being engaged in something; whether you are going to a meeting, giving ideas or helping in identifying sources or resources or helping in enhancing what is going on; all means participation. You know when you are actively involved in something. Absolutely, they participated and were excited at the chance of seeing what they can do to help their peers.

He narrates his experience in the initial phase of engagement with the youth in the following vignette:

> You know, we trigger off in them the ideas that can help them understand what we were doing and what we want them to do. We were not to make the

> decisions for them and like you know, they were initially quiet, but when they got used to it they picked up and became really excited and comfortable with participating in the project. I think that the voices of the kids were definitely heard. I just think that our ultimate goal was to do an educational campaign, but no one can say what the education was. We can't say that the campaign itself was a success, but truly, the process may be a success but our ultimate goal was to create an educational tool through which the kids can better their health, but can we answer that question that we had succeeded? The professional approach, I think we did. But the purpose of developing those educational tools, I think we need to improve.

The discourse here depict heterogeneity in participation. Heterogeneity depicts differences or divergence of opinions. It is the opposite of homogeneity, which means uniformity. In the context of the youth project, it refers to the differences of opinion. Over the project cycle, we witnessed divergent views in the definition of problems and sometimes in the articulation of solutions. Here we see Calvin's cynicism about the culture centered process. Calvin's engagement in multiple dominant projects inform his reasoning about participation. His interpretation of success is synonymous with persuasive messages that have been consistently used as gold standard for campaigns. His logic is that any approach that is contrary to the status quo is subject to question. The discourse also touch upon the reasoning that dominate most community engaged projects, where participation is placed at the forefront, yet its logic is ensconced in dominant approach that is based upon universal logic of

scientific rationality (Dutta & Basnyat,2008a,2008b). Calvin's interrogation of what the 'community learned' from the process is reminiscent of dominant assumption of underserved community as agency less (Dutta, 2008, Basu & Dutta, 2009). The challenge regarding the diversity of views then becomes, how to aggregate the divergent views of partners in culture centered project.

The next theme that emerge from the data gathered over the duration of the project is the narrative of participation in culture centered project as transformative. In the following paragraphs, I document articulations of transformation by cultural members.

4.28 Participation as Transformative

Transformative according to the Merriam Webster dictionary is change in appearance, structure, or form. From a culture centered perspective, it refers to change in status quo. Status here refers to dominant approaches to health communication that locate decision making in the hands of outside experts, a structural formation that perpetuates unequal power distribution in societies (Airhihenbuwa, 1995, 2007, Dutta, 2008, Dutta-Bergman, 2005,Lupton,1994). For culture centered approach, transformative involves giving voice to the voiceless (Dutta, 2008, Dutta & Basu, 2009). Centering the voices of hitherto voiceless cultural participants in the planning and implementation of a health project reverts the dichotomous superior versus inferior power relationships that characterize dominant projects. In the youth campaign, transformative is allowing underserved black

teenagers to make decisions about their wellbeing. In chapter one of this dissertation, I discussed the erasure of blacks from discursive spaces where policies that impact their health are taken. The infusion of teenagers' voices here is transformative, because it disrupts the status quo of dominant campaigns often scripted by outside experts (Airhihenbuwa, 1995, Dutta, 2008, Dutta-Bergman, 2005). Transformative also emerges here as individual level changes that occur as a result of participation in the project. The trio, including Keira, Megan and Shumain describe their experiences as transformative.

This is how Shumain frame her experience in the project: "It taught me how to work with other people and appreciate the different skills and gifts people have, including the different attitudes of people when it comes to group assignment or work." According to Shumain, the project provided space for identifying the strengths and capacities different participants bring to the table. She also talks about the lessons learned about team work. Noteworthy in the construction is recognition of the 'skills' co-participants exhibited in the planning and implementation of the project. The discourse serve as counter narrative to the dominant representation of underserved populations as agency-less.

For Keira, participation means the opportunity to state her views and the project provided space for her voice to be heard. She frames it thus: "I enjoyed that writing aspect and the privilege of suggesting some ideas; really, being heard." Keira served as the secretary of the peer leaders, the group of students committed to addressing heart disease among their peers. She wrote the meeting minutes and

circulated among her team. She is happy about the opportunity to voice her opinions in the project decisions.

Like Shumain and Keira, Onye tells me:

> For instance, when we figured out what the carnival would be like, I gave my opinion on who is going to speak and for how long the person would speak. As a young person, I knew what we want to do and don't want to sit there for too long. I gave my opinion as to the type of people who should be there as well as who should address them; who should speak and for how long, what we would need in the big carnival and all that.

What emerges from these narratives is transformation at individual as well as structural levels. At the structural level, the changes are salient. For instance, the centering of the voices of the peer leaders in the campaign decision making reverses the expert versus community relationship that dominate traditional campaigns. Locating decision making into the hands of black teenagers changes their representation from voiceless to a group that has voice and agency. The construction, "privilege of suggesting some ideas; really, being heard," is poignant. On one hand, it reveals the voicelessness of black youth in other projects. On the other hand, it depicts their voice in the youth project. The construction, 'really being heard' embody transformation from their previous representation as agency-less. Dominant health campaigns are characterized by persuasive messages that seek to change the behavior of cultural members to consume specific fruits and vegetables as gold standard for

addressing heart disease in underserved communities (Dutta, 2008). In such expert-driven projects, the emphasis is on individual level changes that are rooted in biomedical logic often removed from the contextual realities of underserved populations. Such projects are characterized by unequal power distribution between the 'expert' and cultural participants. The youth project is direct opposite. It began by seeking understanding of the causes of heart disease among black youth. Subsequently it provided spaces where the teenagers and the partners engaged in dialogue on best ways for addressing the problems listed (please refer to RQ 1 for details of how the campaign developed). From culture centered perspective, the engagement of the teenagers as equal partners in the process is transformational, because it reverses the power imbalance that characterize dominant campaigns. Second, it is transformational because it changes the individual level focus approach that is rooted in biomedical logic. Importantly, the youth project is transformational, because it provides alternative narrative about the meaning of health campaign, echoing culture centered argument that it is by infusing the voices of cultural members in the planning and implementation of projects that dominant interpretations of health get ruptured (Dutta, 2008, Dutta-Bergman, 2005).

Narratives of transformation is also visible in Daren's story. She tells me:

> I think it was overall an excellent experience, because for us to inform others about heart health, and probably something they never knew before. Tell them how to handle heart issues and how to prevent it too.

Apparent in the discourse is the sense of power located in the hands of the teenagers in driving the project. The construction, "us to inform others about heart problem" is poignant. What emerges from the construction is instead of being told how to prevent heart disease by external experts, they (peer leaders) are engaging their peers how to prevent heart disease. From culture centred perspective, the construction here depict change in the power equation from recipients of knowledge/information to givers of knowledge and or information. Again, this represent change from dominant projects that locates decision making in the hands of external experts in the form of academic experts that seek to 'enlighten' uncivilized other (Airhihenbuwa,2007). The erasure of underserved populations from communicative spaces perpetuates disparities. Conversely, the participation of underserved populations at discursive spaces ruptures hegemonic structures. The centering of cultural voices in the articulation of problems and corresponding solutions as depicted in the narrative represent change in status quo that hitherto marginalized their voices (Guha & Spivak, 1998). It is by centring alternative narratives that local meanings of health and campaign get instituted into dominant narrative, thus transforming the health communication landscape (Dutta-Bergman, 2004a). Against this background, the infusion of voices of black youth in the campaign is transformative.

Briana echo Daren's argument in the following excerpt, "We decided most of what we did. Basically, we took charge. I think everybody's ideas were put to use."

Again, apparent in the discourse is the location of power in the hands of the peer leaders. The depictions here signify in transformation in that the peer leaders

took charge of the decisions reached in the project, a gesture that reverts the power inequity that often characterize dominant projects (Airhhienbuwa,1995,2007,Dutta,2008,Lupton,1994)

Transformation is also apparent in the format and dialogic pattern of the workshops. The workshops served as dialogic spaces for the co-construction of campaign ideas. Here is one example. In this instance, the conversation focused on setting the ground rules of our engagement. Starting with comment by the researcher, here is how it unfolded:

> R: Our project the adolescent heart health project is working with you the youth to identify the key problems related to heart disease in minority populations, specifically African American community. We work with the theory called Culture centered approach, which basically feels that the communities know what the problem is. They have the power to identify the problem. They also have the power to propose solutions, so you are going to be the boss in this. After a short while I am going to take the back seat and you will drive, so that's the idea. I am not coming here to tell you what to do, you will tell us the issues you want to address and how you want to address them, so I just want to make that clear, so that's the core of our message here today. Sound good?
>
> Peer leaders: Ehe, signifying agreement.

What we witness here is quintessential example of transferring decision making into the hands of the teenagers. The constructions, "I am not coming here to tell you what

to do, you will tell us the issues you want to address and how you want to address them," and "so you are going to be the boss in this" are poignant depictions of the power reversal that characterize culture centered approach. The reversal of the power equation in the project is consistent with culture centered commitment to address power inequities that characterize dominant projects (Airhenbuwa, 1995, 2007, Dutta, 2008). As I have elaborated in previous paragraphs, power inequity perpetuates disparities. The dialogue reproduced here took place during the inaugural workshop, where we lay bare the underpinnings of the culture centered approach. As depicted in the narrative, we transferred the decision making power into the hands of the teenagers.

Here is another instance that corroborates the transformation in the youth project. In this instance, the conversation focused on the heart health carnival, which emerged as the creative strategy of engaging their peers. Starting with my recap of previous conversations, here is the dialogue:

> R: So what we are doing here is we are trying to speak to the youth about best ways we can reach your peers on how to prevent heart disease so that they don't get heart disease when they get old. You are the boss so that's why we want to listen to what you think we can do, that's in a nutshell what we are doing. We have had two meetings, today is the 3rd.We started out by listing all the problems that cause heart disease among the youth. We listed a lot of things but last week we narrowed it down to 3 key problems. When I say we, I mean the team, this group of people that came together here. Now my

> question to you is have you had a change of mind from last week till now? I think that is the starting point for us. Are we still on track?
>
> Peer leaders: Yes

Again, what we witness in the dialogue is shift in power. Here the decision to move forward in the plans rests squarely on whether the peer leaders say yes or no, again, portraying them as drivers of the project. Again the construction, "You are the boss so that's why we want to listen to what you think we can do, that's in a nutshell what we are doing," appear here as a constant thread depicting the power of the peer leaders in driving the project decisions. Evidently, the location of the decision making into the hands of the peer leaders alter the hegemonic structure that characterize dominant projects (Airhihenbuwa, 1995, 2007, Dutta, 2008).

Here is yet another example. In this instance, the goal was to review sample materials developed by the media partner. Having listened to the ideas of the teenagers, the media partner developed concrete marketing and promotional materials reflecting the ideas that were brought back to the teenagers for review and endorsement. Starting with the progress report by the media partner, here is how the conversation unfolded:

> TJ: just so you guys know what we are doing is I took your ideas and this is the part where we create the process, so today I want to tell you your ideas and show you what we have done so far. What we do is we do just enough to show you what's going on so you can make changes, so don't expect these to be complete. I like to have a final version by next week, so that I send them

> off and get them printed. Based upon what you were talking about we came up with a logo that incorporated Crispus Attucks tiger, has a heart inside. First thing I need to know is what you think about this logo since it was based on your idea.
>
> Onye: We could do the other one, the one that is on the box spot

Again, what we witness here is reversed power structure. Here the power to approve or reject the samples lie in the hands of the peer leaders, hitherto presented as incapable of solving its own problems by dominant projects. The dialogue here is different from dominant spaces that are characterized by hallowed expert seeking to enlighten uncivilized cultural members on how to act (Airhihenbuwa, 2007). Here dialogue means the teenagers find communicative space where they articulate their needs as a group.

Transformation also manifests at the individual level in regard to food choices and life habits. Here is how Keira talk about transformative in terms of changes in her food choices:

> I have learnt about what could lead to heart disease. What can be done; like eating healthy and all that stuffs**.** I will say I now try to live actively and healthy, and try to manage my time a little better than I used to. I felt I was not really organized time-wise, but I try to get organized now.

What emerges in the narrative is individual changes resulting from participation in the project. Here, Keira shares specific changes made due to engagement in the project. During the execution of the campaign, the youth identified three major factors that

negatively impact their heart health, including poor time management, poor nutrition, and lack of physical activity. Against this background, the team proposed creative time management for their peers. It is this self-organization strategy that Keira allude to in her narrative.

The narrative of individual transformation is not limited to Keira's story. Here is how Onye, another peer leader frame her personal transformation. She tells me:

> I now watch what I eat. I have been kind of on a health kick. I think at the beginning of the project, I was not worried about it because there were many things I did not know. I could not be concerned about something I did not know about. Now, basically, me knowing the dangers and what I should be concerned of, I can now do that. Like foods that we eat; sitting around in one place doing nothing, no exercise.

Narratives of individual transformation is also visible in the stories of other peer leaders. This is how Megan describes personal changes:

> I feel I have gained a lot of knowledge on heart health, so much that I want to promote healthy living. So, it will be hypocritical not to live by it. It has empowered me too to live healthy on a daily basis. I have learnt what to eat and what not to eat. And, the reason I should abstain or eat. So, this is important to me as I live day by day. Like, time management skills. I exercise also. And, I used to drink pap two or three times a day. What I do now is if I want to drink one, I just put that in a refrigerator and drink that and after, drink water. I am making healthier choices for myself.

What emerges in these narratives is change in feeding habits as enactment of agency. The depictions here depict agentic commitment to serve as role models to their peers. The construction, “it has empowered me too to live a healthy on a daily basis,” is fascinating. Here empowerment is viewed as access to communicative platforms where peer leaders engaged with the peers and external partners to dialogue about the problems that contribute to heart disease as well as corresponding solution. This is direct opposite of dominant meanings of empowerment where hallowed experts purport to ‘empower’ uncivilized, backward other (Airhihenbuwa, 2007) on how to deal with problems. In the later, such empowerment campaigns are rooted in linear and individual theories that are incongruent with cultural contexts.

The third theme that emerge from my field data is the narrative of participation as collective decision making. In the following paragraphs, I present stories of my co-participants that illuminate participation as collective decision making.

4.29 Participation as collective decision making

Collective decision depicts collective ideas. It is the aggregation of individual suggestions to arrive at collective agreement. During the project circle, we witnessed convergent as well as contradictory ideas in the definition of problems and articulation of solutions. Such contradictions warranted reaching decisions that are foregrounded in the collective interest of the group. This is how Shumain narrate her experience in the project, “In our meetings, we argue and come to a decision.”

Responding to my question about the decision making process in the execution of the project, "Yes, I did take some decisions and even when I did not, someone did and we all worked accordingly with the decisions so taken. I took decisions on behalf of my team pretty much."

The discourse here depict divergence and convergence of opinions in participation. Convergence is agreement in opinion, whereas divergence depict differences in ideas. What emerges from the narrative is that the team sometimes agree to specific suggestions, and also differ with respect to certain ideas. Dialogue over the administration of surveys for measuring project outcome is quintessential example of divergent opinion witnessed in the project. In setting up the context for the conversation, I said:

> We are going to do 3 surveys for this project.
>
> Responding to the survey idea, one of the peer leaders, Megan said: But must we do the surveys? Can't we just do the carnival without the surveys?
>
> Following her response, I explained:
>
> The main goal of this project is to see how we can prevent heart disease among the people especially the young people. And, when you say you did something, if it is not documented, people do not believe. That's why we need to push this and so we can also get money to do this because without money, we won't do this. Again, that helps us in knowing what to do as we get to other schools. It is purely a feedback stuff; to know what I have done wrong and where we need to improve.

What we witness in the dialogue is divergent views over the adoption of survey instrument in the project. While I the researcher suggests the administration of survey as metrics for measuring impact, the teenagers did not see the usefulness of the surveys. However, through dialogue as seen in this instance, participants agree to the use of survey. The lesson here is that collective decision making is marked by multiple interpretive frames depending on the positionality, and agenda of each participant. For instance, my stance on the surveys is intrinsically tied to my positionality as the researcher, whose lens is foregrounded in the academe. Whereas, for the teenagers, the survey is incongruent with their daily lives, hence the initial objection to the idea. From a culture centered perspective, the challenge is who's voice gets heard, and who's is lost. This is especially important because of the power imbalance that characterize dominant projects of social change where decisions are taken by external experts on behalf of the community. Collective decision making is a marker of culture centered approach. An underlying assumption of CCA is that joint decision making promotes inclusivity necessary for interrupting the erasure of societies at the margins from discursive spaces (Dutta, 2008).

Shumain shares insight about her team's enactment of collective decision making this way, "Whosoever suggests an idea, we all listened for the superior argument before we agree on what to go for. It was a collective decision making stuff. We always voted."

Two themes emerge from the narrative here. The first is the contentions and contradictions that characterize participation. As I have elaborated in previous

sections of this dissertation, participation is characterized by contentious and contradictory views, depending on the subjectivity of the participant. Here voting served as a process through which such contradictory ideas were resolved. The construction, "we always voted is salient." The second theme that emerge from the discourse is the extrapolation of ideas among the group. Extrapolation is the aggregation of individual ideas against collective suggestions. Through extrapolative process, collective goal is placed over individual subjectivities, echoing culture centred argument about equity and social justice. From the discourse, voting served as a democratic process used by the team to resolve divergent views. The construction, "We always voted," is salient, and corroborates culture centred argument about the agency of cultural participants to resolve its problems without external guidance (Airhihenbuwa, 1995, Dutta, 2008).

Shumain provides examples of collective decision making by her team, "Like the music, the DJ, we told him what to do and what we wanted, and Mrs. Nicky, too."

Here is how the dialogue unfolded:

TJ: Would you want a DJ or announcer or anybody to open this event up and then introduce the doctor?

Peer leaders: Yeah

TJ:And then the doctor talks and then introduce Nicky, and Nicky talks about healthy eating, and getting people pumped up to get on the wall, so I need some advice from you guys

M: I like him

All peer leaders: Yeah, we want him

TJ: It can be anybody that you chose

Peer leaders: Let's stick with what we know

What we witness in this instance is collective agreement on the choice of the Master or Ceremony during the campaign launch. The media partner suggested some DJ's and through dialogic engagement, the teenagers settled for a particular DJ, and the Chef. During the execution of the young at heart project, the grand finale was a health carnival, which was held at the gymnasium of the school. The carnival had three stations. The first station was the physical activity boot, where the youth had opportunities to engage in different forms of physical activity to keep the heart pumping. The second station was the food station. At the food station, heart healthy meals jointly prepared by a chef with assistance from the female peer leaders was served to the youth. The third station was the wellness stand where the school nurse and other medical practitioners provided health information and tips to the students. In addition to the three stands, there was the musical stand that played different tunes for the young at heart. The process of deciding on the choice of the chef that cooked the food as well as the DJ, and the music options was a joint effort as we witness in the dialogue above.

Here is another instance of collective decision making in the youth project. Here the conversation focused on souvenirs for participants at the campaign launch. Starting with a question asked by the media partner, TJ, here is how the conversation unfolded:

TJ: How many T-shirts do we need for you guys?

Kriech: We are gonna eliminate some folks

M: Can we do that now?

TJ: The price of T-shirts is better when you order more than what you need. If you order about 500 or 6,000 versus when you order only 10 shirts the price goes up. If I order 100 shirts the price stays down. What I will do is order many shirts and you guys wear it and you can give away some to. Oh yea, and you still want those bracelets right? Do you want them to be the logo?

Peer leaders: Yeah. How many do you think you need? There is 300 people here right?

Peer leaders: Yeah

TJ: Okay am gonna order like 600 wristbands

M: Are we giving away bags

TJ: How many T-shirts are we talking about?

Peer leaders: 50

TJ: Total? Am gonna do 100

Peer leaders: Do a 100 and we gonna give out certain T-shirts to certain people

M: can we sell some too?

Peer leaders: no

What we witness here is dialogue among the participants, including the peer leaders, the media partner, and the P.E. teacher. Conspicuous in the dialogue are threads of

convergent and divergent ideas. First, the peer leaders suggested the printing of 50 T-shirts, but the media partner suggested 100 instead, an idea that was agreed to by the peer leaders. In this instance, we also see a suggestion by one of the peer leaders that the T-shirts should be sold, but was turned down by the other members, and the group idea prevailed over individual subjectivity. There are other instance of such contradictions over the project circle. The lesson here is that through such collective agreement among the group, contradictory ideas were discarded, ultimately resulting in collective decisions that are consistent with the collective good.

Other participants share additional stories of collective agreement. For instance, Briana's narrative about collective decision making in culture centred project tally with Shumain's account. Briana tells me, "we put it together and let everybody see and make further suggestions and where they are okay, we put it together and it becomes our decision. Mostly the chair leaders ensured things worked out and moved on smoothly."

Responding to my question about the level of collective decision making in the project, Briana says, "Yes. I said that because it was not all about one person, but everybody's ideas. We decided most of what we did. Basically, we took charge. I think everybody's ideas were put to use; no waste so to say."

Briana shares details about the levels of participation in her team's collective decision making process this way:

"Yes; everybody we worked together in the project

> We did not panic, there was obviously teamwork, team spirit, collective decision making and stuffs like that. We came with ideas, set up things together, cooked together; it was not like one person doing all the things, no, we all had to contribute. She gives specific examples of collective decisions by her group. The names, logo, who will be in it, etc. Yes; it was a whole team decision.

Here is how the dialogue about the logo unfolded. Part 1 was the nomination of three peer leaders to draft initial ideas. This is the dialogue:

> Megan: Kayla can you work with onye, and Darion and make a logo? Because you all artistic

Following Megan's suggestion that the two artistic peer leaders named should design drafts of the logo, both nodded in agreement. For clarity, the Physical and Health Education teacher, Ms. Crick, who was our primary contact at the school paraphrased the question thus:

> Kriech: Is that yes or no?

This is how one of the volunteers responded:

> Onye: I said yes.
>
> Kriech: So project logo will be onye, Darion, and Kaiyla.
>
> Participants: We could do that next week

What we witness in the dialogue is collective agreement among the leaders on the design of draft of the logo. Following the agreement, the team shared its designs with

the media partner, who in turn brought it back to the larger house for review. Here is how the review process unfolded. The dialogue is worth quoting in its entirety. It starts with progress report by the media partner.

TJ: Based upon what you were talking about we came up with a logo that incorporated Crispus Attucks tiger, has a heart inside. First thing I need to know is what you think about this logo since it was based on your idea and how do you proceed

Onye: We could do the other one, the one that is on the box spot

Kriech: Yeah, they ended up liking that one, they like the one in red

TJ: Ok and you showed them everything. Ok which one you talking about

Participants: The one at the bottom

TJ: so you want to use this particular logo and that will be everything right?

Peer leaders: Yeah, and then we change the font like the ones you first showed us

TJ: Change the font to the font like the other one?

Peer leaders: Yes

TJ: Is that the only thing?

Onye: And we want the tiger put in the middle

TJ: Do you want the Crispus Attucks Medical Magnet High in red? Or leave it the way it is

Peer leaders: I like the way it is

TJ: OK, so the thing to change is the font for the art or the font for all the wording?

Onye: Just for the name

TJ: Just the font for the Crispus Attucks medical Magnet school, make it master font of the other logo.ok and what about the art.

M: the art is fine. We want the art font used for crispus Attucks Medical Magnet school. I don't like the tiger in the middle

TJ: So do we want to take a vote to see if you want or you don't like the tiger. Who asked for that, there was one of the peer leaders that asked for that? SO she is not here today.

TJ: Everything else regarding this particular one looks good?

Peer leaders: yeah

TJ: Okay, so we are good for logo right?

Peer leaders: yeah

TJ: When I change this we are done and then we are going to use this logo on everything

Peer leaders: okay

Again, what we witness in the dialogue is the iterative process that characterize collective decision making in culture centered project. Salient in the dialogue is the contradictory processes that ultimately lead to collective decision. The logo was an important emblem of the project. As we witness in the dialogue, the logo was

collectively selected by the peer leaders. First, they organized themselves into smaller sub-groups of three persons with particular strengths in certain areas. The groups were assigned specific tasks related to different component of the project. The logo designing team comprised of three students who are creatively talented. The team came up with sketch designs that was presented to the larger for review. Following the review and endorsement, the final version was endorsed by the students. The collective decisions made by the peer leaders in the campaign lends itself to culture centering philosophy. Rooted in Critical and Subaltern Studies, CCA theorizes about equity and social justice (Dutta, 2008, 2011). It foregrounds dialogue and collective decision making as tools for rupturing social and institutional barriers that hinder equal participation of communities at discursive spaces, where policy decisions are reached. CCA notes that unequal participation at policy circles result in inequitable policies that perpetuate disparities. Conversely, it argues that through extrapolation, individual subjectivities are aggregated, ultimately arriving at collective policies. From a culture centered perspective, policies foregrounded in collective ideology is a necessary first step for a just world.

Conversations about the timing and the order of activities on the campaign launch date provides additional evidence about collective decision making. Here is how the conversation unfolded:

> R: Okay, this is what we expect when we are planning a huge activity like this, lots of ideas and how to piece it together. We have made reasonable progress. We agreed on the duration 9-12, which is good, we identified the

day, we said is gonna be on a Friday when we have reasonable time, which is good. Now we are thinking about how the program is going to unfold, it's a huge thing to decide, but quick recap of some of the points you articulated. We have talked about how we gonna get it started, who will go first. I think we leave this at this point and focus on how many booths.

M: If we go back to our earlier conversations, we did the physical activity, nutrition, and time management, so we should split those up because those are the focus in our carnival

R: Okay if you wanted us to deal with those and tie them back to these activities that's great before we can now talk about the number of booths we want to have

R:So let's see how these activities tie to those three things

M: So for physical activity we have ideas for that, like there could be a physical activity and get ideas for each one and then separate the booths from the ideas that we got

Onye: Okay so if …

In the dialogue we witness contradictory ideas of how to proceed in the planning of the ideas. While some participants suggested starting the project at a particular time, others suggested a different time, however through back and forth, the participants reached agreement on the time and order of activities on the launch date. Again, the lesson here is that participation is not a linear and smooth process. Sometimes participants concur with specific ideas, while at other times, they disagree depending

on the subjectivities and identity of the participant. From culture centered perspective, the point is whose ideas gets recognition, and who's is lost. This is especially crucial because of the power underpinnings inherent in whose voice is heard.

Having presented the three themes that emerge from my analysis of the data, namely participation as voice in project decision making, collective decision making as aggregation of individual subjectivities, and participation as transformative, in the following concluding paragraphs, I articulate my reflexive note about the narratives. In my journal, I relate the themes to culture centering communication scholarship.
Reflexive note: Participation as enactment of agency

Ethnography as a process allows the researcher to reflect upon the data and the emergent themes. Such reflective feature distinguishes qualitative ethnography from social scientific inquiry, which presents the researcher as distant from his or her research participants. In tandem with the concept of reflexivity in qualitative ethnography, I constantly engage with the themes that emerge in my conversations with my co-participants. As I engage in this back and forth interaction with the data, I put them in conversation with the assumptions of culture centered approach. For instance, a fundamental assumption of the culture centered approach (CCA) is the inherent capacity of cultural members to serve as drivers of projects that concern them. CCA abhors Eurocentric moves that seek to empower and teach cultural members how to address their problems. According to the culture centered literature, such projects undermine the capacity of cultural members and present them as agency-less, meaning a group that lacks capacity to tackle its problems. The different

themes documented in the narratives, ranging from having strong voice in the planning of the young at heart campaign to the collective decision making process of the youth depict the capacity of cultural, who have been historically erased from discursive spaces as equal to the task of addressing their own problems. I engage with these themes in greater detail in the discussion chapter of this dissertation.

CHAPTER 5. DISCUSSION

5.1 Introduction

This dissertation sought to document the communicative and organizing processes in the executing of a culture centered heart health project among black youth in Marion County, Indiana. Black youth warrant attention because of their vulnerability to heart disease (Braithwaite, et al., 2008, Powers et al., 2009, Power et al., 2004, UWPHI, 2011). Blacks are vulnerable to heart disease because of unequal access to economic and material resources that are interconnected to heart health (Dutta, 2008, Dutta, et al., 2013, Basu, 2008). These include physical location in the inner cities characterized by unavailability of quality foods such as fresh fruits and vegetables, in-access to health facilities, limited health insurance coverage among other constraints (Dutta, et al., 2013,in Dutta & Kreps Eds.,). Further, the lack of health facilities in underserved communities, discrimination by health professionals, and systemic hypertension contribute to the burden of heart disease among Blacks (Albert et al.,2009;Powers et al.,2009;IOM,2003;Rosamond,Flegal,Furiel etal.,2007;Agoston,Cameron,Yao et al.,2007;Deswal,Petersen,2004). Also connected to the vulnerability of black youth to heart disease is the unequal distribution of state resources, which perpetuates poverty that is intrinsically tied to food choices that are linked to heart disease (Dutta et al., 2013, Kreps and Dutta, 2013).

Despite vulnerability to heart disease, blacks are relegated to the margins with respect to policies and programmatic decisions regarding their health (Dutta, 2008). For example, black youth are restricted from participating in decisions about their

school meal plans and the policies that inform such plans. Instead, outside nutrition 'experts' in the Indiana's public school system make decisions on their behalf. Similarly health programs targeted at blacks are orchestrated by outside experts. Dutta (2008) document that blacks in America have been historically recommended health programs orchestrated by Caucasian scholars who are trained in social scientific approaches presented as universal science, "most interventions targeting African Americans in America are designed and run by Caucasian scholars trained in theoretical lens that have been articulated by other Caucasian scholars" (p.49) The imposition of 'outside expert concocted plans' is top down and violates culture centered principles (Airhihenbuwa, 1995, Dutta, 2008, Guha, 1998). The exclusion of underserved populations from discursive platforms has multiple consequences. It perpetuates disparities, because in-access to communicative platforms is intertwined with other forms of marginalization. For instance, it leads to the formulation of policies and programs that are out of sync with cultural needs. However CCA argues that it is through democratic participatory processes that hegemonic structures that perpetuate inequities get broken, opening spaces for alternative narratives of how to address social problems (Airhihenbuwa, 1995, 2007, Dutta, 2008, Dutta-Bergman, 2005). In the context of the youth project, it is by infusing the voices of black youth into the process that culturally meaningful solutions are articulated. For instance, some of the strategies articulated by the youth include changes in the school lunch program recognized as crucial to their heart health.

Culture centered approach (CCA) seeks change in the status quo. Status quo refers to traditional campaigns that promote the consumption of fruits and vegetables as elixir against heart disease. Drawing upon its roots in critical studies, postcolonial theory, and subaltern studies, culture centered scholarship strives to change social structures that undermine underserved populations. It pushes for equitable distribution of resources as a sine qua non for social justice and sustainable social change in health and other sectors (Dutta, 2008, Dutta, 2011, Dutta et al., 2013). Culture centered approach advocates centering voices of underserved populations at spaces where policy and programmatic decisions about them are taken (Airhihenbuwa, 1995, Guha, 1998, Dutta-Bergman, 2004a, Dutta Bergman, 2004b, Dutta, 2008). Put differently, CCA advocates locating programmatic and policy decision making in the hands of underserved communities. This study was an attempt to understand how the tenets of CCA are negotiated while a CCA project was being executed at an inner city high school in Indiana. The study provides context for understanding how a CCA grounded health project evolves.

In a bid to change social structures that silence underserved populations, CCA disrupts the universal assumptions of science as elixir for world problems. Conversely, it advocates principles that are different from traditional health communication scholarship. Traditional health communication scholarship comprise of 'expert concocted' approaches that seek to universalize health solutions (Airhihenbuwa, 1995, Dutta-Bergman, 2004, Dutta, 2008). In the context of this project (young at heart), traditional health campaign will comprise of individual-level

behavior change strategies that produces and distributes flyers that seek to persuade black youth to consume specific quantities of fruits and vegetable as antidote against heart disease. CCA describes such approach as fait comply because it ignores inequality that is the root cause of the heart health problems facing black youth.

Conversely, culture centered approach seeks the resurrection of unheard voices in the identification of social problems and articulation of relevant solutions. Resurrecting unheard voices involves authentic engagement of cultural members in the designing, implementing and evaluating of projects of social change in local environments. Contextualized in this project, it means listening to the articulations of Black teenagers about the causes of heart disease in their environment, and their recommended solutions. It means creating participatory processes for the teenagers to contribute to their school meal plans. Further, resurrecting unheard voices involves addressing the roots of inequality that is interconnected to the weak economic status of underserved populations to purchase the daily servings of fruits and vegetables recommended by outside 'experts.' These includes addressing inequitable school policies that limit the choices of underserved populations to residential zip codes.

Culture centered commitment to addressing the roots of inequality is salient, and manifests in the linkages between education and quality of life. For instance, quality education is a tool that transforms individuals from poverty to economic stability because it provides employment opportunities associated with better incomes and health insurance benefits (Freire, 2000). Therefore, to create equal education opportunities for underserved populations, inequitable policies such as restrictions on

school zip codes must be broken, or else it will continue to perpetuate disparities between the rich and poor citizens of society.

In the temper of culture centeredness, resurrecting unheard voices will entail disrupting the roots of inequality that impedes the ability of underserved populations from accessing full health insurance benefits (Dutta, 2012a, 2012b). In doing so, CCA advocates the following three pillars, culture, structure, and agency as foundational principles. Culture comprises of the shared beliefs, perceptions and attitudes that shapes the actions and inactions of a group (Airhihenbuwa, 1995). Agency is the inherent capacity of cultural members to drive changes they desire, whereas structure refers to the social and institutional processes that enable and constrain the ability of cultural members to enact agency (Dutta, 2008). Culture centered commitment to redistributive justice emanates from its ties to critical theory, postcolonial theory and subaltern studies. CCA postulates that putting health decision making into the hands of hitherto marginalized communities would open a new vista for health policy and programming (Basu & Dutta, 2009). Foregrounded in the culture centered scholarship, this dissertation documents the communicative and organizing processes in the executing of a CCA project. In this project, the participation of black teenagers in the planning and implementation of the campaign is enactment of agency, and challenges the top down structures of health communication, where academic experts offer expert ideas about individual-level behavior change as solutions to heart disease (Dutta, 2008, 2011).The representation of black teenagers in the project reverses the top-down decision making that further

marginalizes blacks. The act of taken over the structures of representation by black teenagers transforms the inequitable power distribution that characterize top down health communication projects (Dutta, 2013 in Dutta & Kreps Eds., 2013).

5.2 Context

The data from this project presented in (Chapter Four) emerged from my ethnographic field work at Crispus Attucks High School in Marion County Indiana, site of the project. Crispus is located in the inner city. Inner city schools are reputed as spaces for the children of low socio- economic class families. The reputation of inner city schools as spaces for low socio-economic class families is connected to the restrictions created by residential zip codes. Residential zip codes dictate school choices in the US, therefore children of low income families resident in the inner cities are restricted to inner city schools. The restriction created by residential zip codes represent the unequal distribution of state resources which indirectly perpetuates inequality in terms of access to good schools, and opportunities that impact quality of life in later years. Freire (2000) demonstrates that education is a tool that transforms individuals from poverty because it translates to meaningful employment. Therefore, restricting children of low income families to ill equipped schools on the basis of their residential location sets them up for failure in academic accomplishments, which is interconnected to economic stability in later years of their lives in terms of access to employment opportunities and associated benefits. The bifurcation created by the zip code school system symbolize structural barrier that constrain and enable the career pursuit of black youth in this project. Structure

comprises of the social and institutional processes that dictate the cause of action in specific contexts (Dutta, 2008). For example the zip code which restricts black youth's school choices represent structural barrier that impact the educational attainment of minority populations. Sadly, due to economic reasons, the parents of my co-participants remain in the inner cities, thus perpetuating a vicious circle of poverty and marginalization. Residential zip codes perpetuate vicious poverty circle because of the nexus between quality education and upward economic mobility. Inner city schools are characterized by poor facilities and offer less incentives for retaining teachers. The exposure of inner city children to poor education standard put them at a disadvantage against their peers from affluent zip codes with sophisticated instructional facilities. Consequently, such weak foundation has negative consequences on the SAT scores of inner city children. Since the scores serve as admission criteria into colleges, what becomes apparent in the process is the structural erasure of inner city children from colleges due to poor SAT scores.

The scenario depicted here exemplify culture centered argument about the hegemonic influence of the structure. Hegemony is the use of non-coercive force to maintain control over a population (Dutta, 2008). Here we witness the use of zip code in the disenfranchisement of minority populations from the educational system. A culture centered reading of inequities in this context attends to the absence of blacks from discursive spaces, where policies about school district and zip codes are held. Culture centered scholarship would suggest co-constructive strategies that would transform the structural inequities written in the current school policy (Basu &

Dutta,2008a,2008b,2009,Dutta,2008a,2011,Dutta-Bergman,2004a,2004b,2005). Having provided an overview of CCA, and the context within which the campaign was executed, in the following paragraphs I provide summary of the data, and discuss the findings.

In the project of engaging black youth, I conducted 11 months ethnographic study. Over the duration of the project (summer of 2012 to fall of 2013), I conducted face-to-face in-depth interviews with my co-participants, co-facilitated weekly project planning meetings and campaign planning workshops with my co-participants, wrote reflexive journal entries, and analyzed the data through the use of open, axial and selective coding process, which enabled me to organize the themes coherently (Corbin & Strauss, 2002).

5.3 The three research questions that guided this study are:

RQ (1): How do culture centered projects develop?

RQ (2): What are the participatory tensions and processes in a culture centered project?

RQ (3): What does it mean to participate in culture centered project?

The different research questions touch upon key aspects of culture centeredness. For instance RQ (1) touch upon the organic and emergent pattern of culture centered project of social change, a feature that distinguishes CCA from dominant projects that are characterized by a priori set of assumptions by external agents RQ (2) attends to

the organizing processes in a culture centered project, while RQ (3) gets at participation, a key marker of culture centeredness.

5.4 Chapter organization schema

For coherence, this chapter is organized in two sub-sections, namely sub-section one and two that discuss the themes that emerged from the three research questions. I describe the sub-sections in detail below. It is worth mentioning that this organization schema is by no means mutually exclusive or watertight. There are multiple overlapping themes, e.g., participation and structural barriers intersect in multiple ways throughout the project. The overlap in the themes in a sense symbolize CCA's postulation about the intersections among culture, structure, and agency, the three pillars of culture centeredness. Also worth mentioning here is that given the dichotomous ontological and methodological differences between dominant approaches that seek individual-level changes, and CCA, in most of my analysis, I juxtapose culture centered principles against the former.

Sub-section one

In the following paragraphs, I engage with the themes that emerged from the analysis of RQ (1): How culture centered processes develop, and RQ (2): the tensions in participating in culture centered project. The themes that emerged from both questions are intertwined in rhizomatic ways, hence the combination. For instance, participation and or enactment of agency is not done in isolation from the structures. Rather cultural members consistently straddle between structural barriers, while enacting agency.

5.5 Engaging with Tensions in culture centering processes:

In this first paragraph, I highlight the themes that emerged from RQ 1, and elaborate in subsequent paragraphs.

RQ (1): How do culture centered projects develop? This question sought to understand the evolving pattern of a CCA project. Three themes emerged from the analysis of how a culture centered project develops. They are (a) the impact of structural barriers in the enactment of agency, (b) tensions in executing CCA project, (c) Organic and emergent nature of culture centeredness. In theme (a) structure, co-participants talk about the structural barriers that enable and constrain the execution of the different aspects of the young at heart project. In theme (b) tensions in executing CCA, I document the tensions in navigating the thin line between co-construction of meaning versus imposition of expert ideas on cultural members, and in in theme (c) Organic and emergent nature of CCA project, participants talk about the organic and emergent pattern of the ideas in the youth project. These themes touch upon the philosophical underpinnings of the culture centered approach. For example, the emergent and organic evolving of ideas from cultural members touch upon CCA's philosophy of resurrecting unheard voices in that it creates dialogic spaces for listening to black youth who have been historically erased from policy circles. Similarly, the multiple tensions manifested in the execution of the young at heart project illuminate the intersections among culture, structure, and agency. Here we see consistent tension between the interpretations of the teenagers and the various institutional and social processes that were part of the campaign. These included the

school rules on partnerships, research expectations versus student's expectations and desires, echoing the argument on the differences between community needs versus donors needs in academic community partnerships literature. Finally, the narratives about structural barriers that enable and constrain the execution of the young at heart project is consistent with CCA's philosophy about the role of structure in the enactment of agency. Having provided summary of the themes and the ways they relate to underpinnings of CCA, in the following paragraphs, I elaborate on the themes starting with the organic and emergent nature of the project.

Notes on resurrecting unheard voices and implications for theory and practice

Central to the culture centered approach scholarship is commitment to resurrecting unheard voices (Airhihenbuwa, 1995, Dutta-Bergman 2004a, 2004b, Dutta, 2008, Basu, 2008, Chakrabarty, 2002). In the context of the young at heart project, resurrecting unheard voices philosophically means tracing the origin of the project to understand if it truly emanated from communities at the margins. This entails asking questions such as, how did the project originate in the first place? Does the project represent voices of unheard Blacks who have been hitherto recommended heart health messages orchestrated by outside academic experts (Dutta, 2008). In the temper of culture centeredness, resurrecting unheard voices means ensuring that the project is driven by black youth not outside academic experts.

For ease of reference, (RQ 1) is how do culture centered projects develop? As the themes here reveal, the youth project emanated from African American adults who participated in the larger heart health project, entitled Communities and

Universities Addressing Health Disparities (CUAHD). CUAHD is a three year culture centered heart project that worked with African Americans in two underserved African American counties, Lake and Marion both in Indiana to tailor and disseminate scientific heart treatment options to culturally meaningful forms (refer to chapter one of this dissertation for details on CUAHD). Over the life span of the project, community members consistently talked about engaging the youth. Consistent with CCA's commitment of listening to voices of cultural members, the Principal Investigator, Dr. Mohan Dutta, and our community partner, Indiana Minority Health Coalition (IMHC) secured twenty thousand ($20,000) grant from the Indiana Collaborative and Translational Science Institute (CTSI) to work with the youth on heart disease. The institute promotes academic community partnerships that advance community engagement. Dr. Dutta is the PI on both the CUAHD as well as the young at heart project. It is also worth mentioning that Dr. Dutta is my academic advisor as well as the theorist associated with the culture centered approach theory that is guiding this project. Against this backdrop, it is reasonable to state equivocally that the young at heart project truly emerged from the voices of Blacks in Marion. Despite minor differences between adult and the youth, the broad category of black suffice in the claim regarding the emanation of the project from black voices. In the actual implementation of both projects (the youth and CUAHD), the adult population preferred traditional channels, including television, DVDs, newspapers, television, churches, and face-to-face as mediums for receiving information about heart disease. In contrast, the youth opted for digital and social media, including Facebook, Tumblr,

Instagram, emails, as preferred channels for reaching their peers with heart health information.

The differences in media preferences between the adult and the youth population lend credence to culture centered stance on the heterogeneity of communities. According to the Oxford dictionary, heterogeneity signifies diversity. For example, a classroom consisting of people from different backgrounds would be considered heterogeneous. The prefix hetero means “Other or different,” While the prefix homo means “the same. “Heterogeneity is often used in contrast to homogeneity, which denotes similarity. The dictionary definition of heterogeneity is consistent with culture-centered interpretation of the composition of cultural members. Whereas dominant projects present cultural members as homogenous. The culture centered approach counter such representation as simplistic on grounds that it ignores the diversity of communities. The key lesson for program planning and implementation is that attention must be paid to the nuance and culture of a group. For instance, even though both populations are black, the youth culture resonates with new media, while the adults preferred traditional media.

The narratives below depict the organic emanation of the project from the voices of blacks. The narratives is part of Dr. Dutta’s blog post about the genesis of the project, and offers a glimpse about the conception of the young at heart project:

A new thread of Heart Health Indiana: Voices of African American youth

As our "Heart Health Indiana" project takes its roots in Lake and Marion Counties and builds new branches to meet the needs of the community as voiced by community

members, we celebrate the beginnings of a new initiative. The "Heart Health Indiana" campaign among African American youth in Marion and Lake Counties is off to a start. Our advisory board strongly articulated the need to address questions of heart health and health disparities early on, situating understandings and advocacy around heart health in the early stages of the life-course.

As a result, we have a new project, one rooted in African American youth and their voices. What are the interpretive frames that constitute heart health among African American youth in Marion County? Turning the discursive spaces in the hands of the African American youth in a school is our starting point. The first advisory board meeting comprising of students identified many aspects of heart health in the context, with a predominant emphasis on stress and the relevance of stress for African American youth. I am looking forward to working with Agaptus Anaele, our IMHC team, and our media partner as the youth work toward identifying solutions that work for them in their communities.

Similarly, my blog post following the inaugural meeting corroborate the narratives on the emanation of the ideas from black voices. Here is a part of my blog post:

I am excited because the project is an offshoot of our current project, Community and Universities Addressing Health Disparities (CUAHD) that works closely with the community, our advisory board, the Purdue team, and our media partners to tailor Comparative Effective Research Summary Guides (CERGS) to community-friendly form. The difference between both projects is that the former focuses on adults, while

the later focuses on adolescents. The new project is the baby of CUAHD because it was developed on the basis of the recommendations of our community members (adults) who insisted on the need to "catch them young."

Evidently, both blog posts reveal that a CCA grounded project is rooted in the voices of cultural members. The articulations of cultural members served as the basis upon which this project was founded. The processes here emerge organically and are characterized by dialogue between the community and external partners. This is a sharp contrast with traditional 'expert driven' projects that are orchestrated by academic experts. Theoretically, the narratives above corroborate culture centered argument that the infusion of cultural participants into the discursive spaces challenges the inequitable power distribution that characterize top down projects. For instance, the articulations of community members in the CUAHD became an impetus for expanding the scope to a project that cater to the teenagers. The theme resonates with culture centered literature and point to the intersections of culture, structure and agency as documented in culture centered literature (Dutta, 2012a, 2012b, Dutta, 2008). The themes present the tensions with respect to negotiating the boundaries between the assumptions of CCA and traditional health communication scholarship. I engage with the tensions in the following paragraph.

5.6 Notes on the Intersections of Culture, Structure, and Agency

The culture centered approach provides a theoretical lens for examining the intersections of culture, structure, and agency in organizing for social change (Dutta,

2008, Dutta, 2011, Dutta, 2008, Dutta, 2012a, 2012b). According to CCA, (Dutta, 2008) agency is the capacity of humans to confront the structures that impede their access to resources. Through such engagement (humans) create conversations that ultimately lead to the transformation of the structures. The enactment of agency by cultural members is not done in isolation of structures that enable and constrain their actions. What becomes apparent here is that through its enactment of agency, humans make sense of the structure that define their lives. Hence, agency, culture, and structure go hand in hand. Dutta (2004a, 2004b) ably demonstrate this overlap in his study of the Santalis. The Santali's reveal how they manage their limited resources to provide healthcare for their children in their marginalized environment. Simultaneously, they engage in political process they believe will rupture the structures that marginalize them. In a sense, CCA invites us to see the tensions in the intersections among culture, structure, and agency. The analysis in this study illustrate that the three pillars intersect in multiple ways in the young at heart project. Below is one example in theme 1: Tensions in Co-construction of ideas versus imposition of expert ideas.

During the life span of the project, there was constant tension between the donors' expectations versus the expectations of the youth. Tension according to the Merriam Webster dictionary is the struggle to maintain balance between two opposing elements. From culture centered perspective, the opposing elements are culture centered approach, and dominant approaches to health communication. As I have elaborated in previous sections of this dissertation, CCA foregrounds centering

community voices in the planning and implementation of programs that impact their lives, conversely dominant approaches applies 'expert concocted' solutions to communities, a practice that undermines the agency of underserved populations to solve its own problems without expert guide (Airhihenbuwa,1995,2007,Dutta,2008). The dichotomous relationship between CCA and dominant approaches to health communication remain a point of tension in the field of communication because of the philosophical and methodological differences.

Against this background, the tension in the youth project is how to balance donor's expectation, vis-à-vis community expectations. For instance, consistent with previous funded projects, our guarantor expected the production of informational leaflets on heart health as one of the deliverables. However, during actual execution of the project, the youth resisted the production of informational leaflets. Conversely, they proposed the use of social media, including Facebook, Tumblr, and Twitter as viable alternatives to reach their peers. The resistance to the leaflet idea created tension among the partners. We, the academic and community partners challenged the youths' position on the ground that it was contrary to what we proposed to our guarantors. The resistance by the youth, and counter objection by the stakeholders resulted in dialogue among the partners. During the conversation, we the academic and community partner provided explanation and rational for the informational leaflets. Through this back and forth dialogue, we collectively resolved to produce informational leaflets (Please refer to the dialogue in RQ: 3 for details of the conversation).

The lesson here for theory and practice is that participation is a complex process that is characterized by contentious and contradictory views that are intrinsically tied to the individual subjectivities of participants (Dutta et al, 2013 in Dutta & Kreps eds.). The multiple interpretive frames point to the competing agendas and priorities of the participants. For instance, the interpretation of the partners differ from the subjectivities of the students with respect to the usefulness of the informational leaflets versus social media. While the students rooted for digital media, including Facebook, Tumblr, the academic partner advocated the use of informational leaflets. From a culture centered perspective, the challenge in such scenario is whose voice gets heard amidst the competing ideas, and how such contradictions get resolved. This is especially important because of the power connotations associated with whose voice is heard. In the youth project, participatory dialogue among the students and partners became an avenue for working through the contradictory ideas among the participants. For program planning, the lesson here is that programs geared toward engaging communities should allow rooms for flexibility, and uncertainties that emerge through dialogic processes as witnessed in the youth project.

5.7 Theoretical Implications

Theoretically, the phenomena of agency and resistance as depicted in the youth project is not new to culture centeredness (Dutta-Bergman, 2004, 2005). The scenario resonates with culture centered literature about the intersections among culture, structure and agency (Dutta, 2008). The production of informational leaflets as

indicators of success represent structure that is consistent with guarantors' success metrics. However such structural expectation did not rhyme with the youth culture of connecting with their peers through social media such as Facebook, Tumblr, and Twitter. The youth's resistance to the idea symbolize the enactment of agency (Dutta, 2008). The resistance put forward by the youth represent change in that it warranted an explanation from the academic and community partners. The engagement of the youth in conversation with the academic partners represent change in the power equation, and is consistent with culture centered commitment to shift the power into the hands of underserved populations. The interrogation of the leaflet concept is an indication that hitherto marginalized youth have found space for recognition and representation. It also means that they have found an avenue to voice their objection to ideas that are incongruent with their material reality (Dutta, et al., 2013). As shown in the following excerpts, "But why don't we just do the carnival," Megan, one of the peer leaders rhetorically asked during the weekly workshop that served the space for co-construction with the teenagers. In response to her question, the community organizer, Kelly asked in return, "What are like media things we can do to get these out there?" Kelly is Black female in her 20s, and was the liaison among the partners. This is how the peer leaders responded.

M: What if we do like a school carnival and use Twitter and face book and social media to promote it, and get it out there because you know people like free stuff.

Onye: Should we like record it, like when we do the carnival so that other people can see what we did at our school.

Shumain: We can do like a web page, we can do Twitter, Facebook, Instagram

Shumain: A Tumblr

M: A Tumblr a Tumblr

Onye: We can make like an app

What we witness here is dialogue that inverses the power relationship between the teenagers and the partners. Here the teenagers resist the informational leaflet ideas in favor of social media that is congruous with youth culture. It is worth noting that in the youth project, digital media, including Blogs, Twitter, Instagram, and Facebook serendipitously played crucial roles in the campaign. The youth created a Facebook page where they consistently posted visual images about the quantity of sugar contained in different brands of soda. The images were powerful channels of reaching their peers about the links between food choices and heart disease. Also the Facebook pages and Twitter handle served as channels for posting information about the campaign, including information about the campaign launch date. Unlike the CUAHD project, where black adults preferred DVDs, informational leaflets, and advertisements on Television as communication channels, the youth overwhelmingly chose digital media as the channel for reaching their peers.

The above dialogue has implications for program planning and implementation. For instance, grant funded projects are evaluated based upon metrics set by the guarantors. Even when the parameters are inconsistent with community needs and expectations. From culture centered perspective, such parameters represent structural barriers that impact project outcome. They serve as structures because

failure of the researcher, or researchers to comply with such stipulations is interpreted as violation of the contract. The challenge for critical scholars then, is how to strike the balance between donors' expectations versus community's expectations. This incident provides ample evidence for development and social change agents to recalibrate evaluative parameters for grant funded projects in ways that engage cultural communities that such programs seek to impact. Recalibration according to the Merriam Webster dictionary means to correct a measuring process by adjusting it in comparison with current standard. Put differently, it means adjusting a procedure or process. Against this background, recalibration of donor funded projects must begin with listening to alternative narrative about the meanings of health and health campaigns. From culture centered perspective, recalibration is the creating of dialogic spaces for meanings of health. The infusion of alternative narratives into health communication literature will broaden the scope and evaluative parameters. For instance Basu and Dutta (2008) through their work on sex work in India highlighted how improvement in the economic situation of sex workers prevented them from contracting HIV, an account that introduced economic disparities into the HIV/AIDS discourse. Through the introduction of such discourses into the health communication scholarship, CCA provides opening for the introduction of alternative evaluation metrics that inverses dominant metrics used by donors and traditional campaigns. Against this background, the infusion of black voices in the planning and execution of a campaign rooted in youth ideology constitute recalibration at two levels. First, the documentation of the youth project is synonymous with Basu and Dutta (2008)

introduction of economic disparities into HIV/AIDS discourse in that it introduces youth centric ideas into heart health communication scholarship. Second, the youth project embody recalibration, because it re-presents Black youth from "agency-less" (Basu, 2008p.40) to a group with inherent potentials to shape their own health agenda. By creating communicative spaces for hitherto voiceless Black youth, this project provides entry point for alternative rationalities that contribute to structural transformation in the meal choice programs at inner school districts.

Another example that depicts the intersections among structure, culture, and agency is the interrogation of academic process of data gathering, which I engage with in the following paragraph. Again, for ease of reference this example feature prominently in theme 1: Tensions over Co-construction of ideas versus imposition of expert ideas.

Interrogation of academic rigor and processes and implications for theory and practice

Another example that reveals the intersections among culture, structure, and agency in the project of engaging the youth is the research process. According to the Merriam Webster dictionary, a process is a series of actions or steps taken in order to achieve a particular end. In academe and programming, it comprises of formative evaluations, and initial assessments that serve as bench marks for measuring post evaluation results. This is an important component for projects that are grounded in academic discourse. Similar to the production of informational leaflets on heart disease, part of our research process in the young at heart project involved the

administration of pre-post surveys as metrics for measuring the success of our engagement with the youth. In tandem with the research design, changes in attitudes and behaviors between pre and post surveys serve as success indicators. Again, during the execution of the project, the youth continuously interrogated and resisted the research process. This is how one of the co-chair leaders queried the process, "but must we do the survey? Why can't we just do the health carnival without the surveys," Megan said. Another co-participant Onye echo Megan's concern this way, "people will do the surveys because of the stipend. They will not read it and that defeats the purpose."

The narratives here are consistent with culture centered argument about the intersections among culture, structure, and agency. As elaborated in previous sections of this dissertation, structure refers to the social and institutional processes that enable and constrain the lives of individuals within specific contexts, while agency is the capacity of humans to confront the structures that impede their access to resources. Through such engagement (humans) create conversations that ultimately lead to the transformation of the structures. Consistent with grant funded projects, pre post surveys serve as evaluation metrics. From culture centered perspective, the surveys represent structures that influence the project design in that they are a priori assumptions about what constitutes success. The challenge with such a priori indicators is that often it is inconsistent with the material reality of underserved populations as witnessed in the young at heart project. Again, the youths' interrogation of the essence of the research, and its process to their overall heart

health is a manifestation of the intersections among culture, structure, and agency. While the research process represent the academe's emphasis on academic rigor and research that is the standard set by the Ivory towers, the youth did not find its use in their circumstance. The interrogation of the process by the youth represent enactment of agency against the process. Through this engagement, the voices of black youth gained recognition in the co-construction of knowledge.

The narrative here has fundamental implications for academic community partnerships as well as theory and practice. The first lesson here is the disconnect between academic conceptions of a campaign from a community's meaning of campaign. Another lesson here is the complexity of academic-community partnerships. Academic community partnerships are characterized by contentious and contradictory ideas. The different interpretive frames as witnessed in the youth project are interconnected to the lived experiences and agendas of participants. For instance, here our (academic and community partners) ideas about the surveys are not removed from our academic backgrounds and association with the donors. Inversely, the youth's resistance to the ideas is connected to their lived experiences. The discourse also reveals the power imbalances that characterize community engagement projects. Here we witness tensions between the ideas of academic and community partners depicted as the financiers of the project, against the ideas of the teenagers represented as the beneficiaries in the project. The representation of the external partners as financiers places them in disproportionate power position against the teenagers, a dynamic that echo Spivak's, (1998) argument about the paradox of

representation. A paradox depicts contradiction. For instance a statement that on the outset seem logical, but simultaneously seem senseless. Here we see attempt to engage with the teenagers as equal partners seem logical and symmetrical, but at the same time appear contradictory because of unequal power relationship between the youth and us (the partners). Culture centered scholarship should pay close attention to this complexity and asymmetrical power dynamic that characterize engagement of underserved populations, or else may become top down.

From a culture centered perspective, the interrogation of the academic process in the project of engaging the youth marks a shift in the hitherto power structure, and rhymes with culture centered commitment to create equitable platform for dialogue between the center and periphery. The center here depict external partners, while periphery represent underserved Black teenagers engaged in this project. Situated within the broader critical communication scholarship where CCA emanates from, the youth's collective resistance to academic instruments represent subaltern consciousness, the collective effort of underserved populations to "rewrite history from below" (Guha,1998). Historically, communities at the margins of society have been erased from the site of knowledge production. Cultural articulations are dismissed as both unscientific and illogical, hence relegated to the background (Guha & Spivak, 1998, Chakrabarty, 2002, Dutta, 2008, Dutta-Bergman, 2004b). The listed arguments was visible in the youth project. For instance, when one of the peer leaders, onye ask, "why can't we just do the carnival? Must we do the surveys?" What emerges in the narrative is the dismissal of the survey as irrelevant in the

youth's context. As elaborated in previous sections of this dissertation, following her suggestion, I explained the rationale behind the survey and its import, "the survey will help us demonstrate if we made impact and this will help us secure additional funding to extend our work," I explained.

The discourse here raise fundamental questions. First, it touches upon the complicity of the academe in the erasure of underserved populations. For instance, despite my commitment to the ontological principles of CCA and critical theory, I could not completely agree with the youth to jettison the survey instrument. Second, the discourse here also touches upon the limitations of speaking for the underserved populations (Spivak, 1998). Also conspicuous from the dialogue is the unequal power that characterize subaltern dialogic spaces. My subjectivity about the usefulness of the surveys is foregrounded in my positionality as the academic partner. Based upon my academic logic, I wondered about the process of carrying out a campaign without evaluation metrics, a reasoning that is grounded in my positionality in the academe. The scenario also touches upon the contentious and contradictions that characterize participation in underserved spaces. As elaborated earlier, for culture centered approach, it is the process through which such difference is resolved that makes a difference. In this instance, through dialogue, we agreed to the use of surveys, inversing the power imbalance that characterize dominant projects.

Contextualized within the larger framework of postcolonial theory, subaltern studies, critical theory, where CCA emanates from, the youth resistance to the production of informational leaflets and interrogation of the research processes is akin

to Chakrabarty's (2002) call for provincializing Europe. As I illustrate in the concluding paragraph in this section, the teenager's interrogation of the information leaflets and the pre-post surveys call attention to the weaknesses in grant funded metrics, just as Chakrabarty (2002) calls attention to the exclusionary tenets of Western knowledge systems. In her critique of European systems as global standards for social change, Chakrabarty interrogates the presentation of the Other and or non-Western processes as backward and unscientific. Chakrabarty uses the metaphor of history 1 and 11 to elucidate European domination of knowledge production processes across the globe. History 1, "represent a particular mind-set associated with values which originated in the west," (Charkrabarty, 2002, p.1), whereas history 11 refer to non-Western thought and processes that do not fit within the European-Western mind-set. These histories or what she describes as alternative rationalities are by no means inferior to Western or European logics, "They are histories that have their integrity and independence rooted in indigenous cosmologies and should be accorded equal recognition at knowledge production spaces," (Chakrabarty,p.2). In sum, Chakrabarty promotes the recognition of plurality of realities at knowledge production spaces.

Echoing Chakrabarty's argument, Guha (1998) demonstrate successes of peasant resistance that has operated within the logic of its beliefs in contemporary time. Guha demonstrate that subaltern resistance is inconsistent with 'expert procedures' of executing projects. Reiterating Chakrabarty's argument in health contexts, Airhihenbuwa (1995), Dutta (2008), and Basu (2008) propose local-centric

approaches to health communication. Local-centricism is the location of programmatic decision making in the hands of cultural communities who are impacted by the project. The notion of local-centrism is connected to culture centered commitment to equality and distributive justice in health care and other contexts.

Situated within the broader culture centered and critical communication scholarship, the youth interrogation of the research processes is similar to Chakrabarty's interrogation of European domination of World Systems. The students call attention to grant evaluation metrics as a process that needs review. In sum, the youth resistance against guarantors' evaluative parameters and academic processes is consistent with culture centered literature and calls attention to the importance of 'recalibrating and/or retooling' grant funded projects of social change in ways that are consistent with the lived experiences of communities at the margins of society that it seeks to impact.

5.8 Intersections: Culture, structure, agency and researchers moment

The incident described above was a researcher's moment for me because of my commitment to culture centeredness. Culture centered approach is rooted in equity and respect for communities at the margins of society. It abhors disrespect to the articulations of cultural members by academic experts. Culture centered approach also frowns at the role of academic structures that overtly and covertly relegate the wishes of cultural members to the background by dismissing them as unscientific. Steeped in the ideological commitments of culture centeredness, my dilemma then

was whether to give in to the resistance put forward by the youth or not. Yet at the same time, giving in to the youth's position without interrogating it will be tantamount to in-authentic engagement. Again, here is part of the dialogue that ensued between the teenagers and I over the use of survey as evaluation metric.

Researcher: As part of our evaluation, we shall administer surveys.

Following my remark during one of our weekly workshops one of the peer leaders responded:

Megan: Must we do the surveys? Why can't we just do the carnival?

Another peer leaders jumps in

Onye: If we are just doing the carnival here at Crispus, why do we need the surveys? Again, in response to both peer leaders, I said:

R: the surveys will help us demonstrate if our program was a success or not. If we want to get additional funding from our donor and other agencies that our program was successful, and we need to expand it to other schools.

What we witness in this instance is back and forth conversation between the teenagers and I over the usefulness of the surveys in the overall campaign. My direct response to their questions symbolize authentic engagement. Authentic engagement in CCA involves engaging in difficult conversations with co-participants in frantic and transparent manner. In my response, I frankly relate my response to the importance of demonstrating to our donors and other sources about the impact of our work. In my note after the conversation, I write:

Having won my academic cap as the researcher in the project, I asked myself, after the back and forth conversation with the youth about surveys whether failing to conduct the pre-post surveys as proposed to our guarantors will present me as incompetent. I also asked myself, will pushing for the surveys against the wish of the students mean disrespect to their views? At some point, I said to myself that this is the challenge of seeking external grants for culture centered projects that locate decision making in the hands of communities at the margins of society.

What emerges in my note is self-interrogation of my actions and implications for culture centered process. The narrative also reveals the complicit role of the academe in the marginalization of underserved population. The dilemma presented by this encounter is reminiscent of the discourse about representation in postcolonial theory where CCA draws from. Drawing upon the works of Edward Said's Orientalism Spivak (1998) exposes the complicit role of the academe in silencing of the 'other.' According to Spivak, such epistemic violence is perpetuated through the academic enterprise. In her land mark essay, Can the Subaltern Speak,? she writes, " the academy is both part of the problem and part of the solution. I think it is important for the academe to acknowledge our complicity in the muting, in order to be precisely more effective in the long run" Spivak, quoted in (Maggio, 2007, p.419). In a sense Spivak invites us to recognize the limits of theorizing with respect to the unique circumstances of the subaltern. Put differently, she invites us to recognize that theories have limited values on the life of subaltern, "Theory, though powerful, cannot act as elixir to the issues of the subaltern," quoted in (, 2007, Maggio, p.410).

Spivak's evocative note about interrogating our positionality was salient for me as I reflected upon my privileged role as the researcher in the project of engaging the youth. Much as I attempted to engage with the youth as co-participants, I could not completely wish away my privileged position that put me in disproportionate power position in relation with my co-participants. This was a bizarre and challenging moment for me in the project of engaging the youth as depicted in the dialogue over survey above. Multiple tensions such as this manifested throughout the execution of the project, echoing the importance of reflexivity as essential tool in culture centered approach (Dutta, 2008).

Reflexivity allows the researcher to question personal assumptions in relation to the participants. Through reflexive journal entries, I consistently kept my positionality in the project of engaging the youth in check. For instance, through my reflexive journal entries, I engage with the significance of the research tools being resisted by the youth and other components of the campaign, such as the printing of informational leaflets. Accordingly, I asked myself repeatedly, will the pre-post surveys serve as elixir in the heart health situation of black youth? These and many questions remain litmus test for culture centered scholars committed to locate power in the hands of underserved populations.

In the next paragraph, I engage with the tensions in negotiating the thin line between co-construction of ideas versus imposition of expert ideas in the project of engaging black youth.

Notes on co-construction of meaning versus imposition of expert ideas

Connected to the intersections among culture, structure, and agency is the tenuous line in distinguishing between impositions of 'expert' ideas versus-co-construction of ideas. Co-construction foregrounds the importance of engaging cultural participants as equal partners in the designing and executing of project of social change. It entails providing spaces for underserved populations to have a voice in policies that impact their lives (Dutta, 2012, Dutta, 2008, Dutta, et.al. 2013). The themes from analysis of the data reveal that the task of engaging underserved partners as equal collaborators is Herculean and requires constant reflection on the part of the researcher. Failure of the researcher to constantly reflect upon the process may result in contradiction of culture centered commitments. At multiple times over the life span of the young at heart project, there was tension between "empowering or teaching the youth" versus co-construction of ideas. An example will help to illuminate this tensions revealed in the analysis. Over the duration of the project, part of the process involved the creation of informational leaflets and campaign theme, and tagline. Given CCA's commitment to the capacity of cultural members, the project relied on the peer leaders to drive the process, but it was clear that the team needed some guidance on how to accomplish the task. In this instance, the stakeholders which included the media partner, academic partner and community partners resorted to dialogue to walk through the process. Eventually, the back and forth conversation allowed the team to resolve the difficulty. The tension then, becomes how to navigate this thin line without falling prey to the critique of dominant scholarship where the plans are set a priori.

The theme on negotiating the tension between co-construction versus imposition of ideas as witnessed in RQ 1 (theme 1) again brings to the fore the importance of reflexivity as a methodological tool in CCA. Reflexivity involves constant interrogation of the researcher's positionality in relation to the research participants (Dutta, 2008). It allows the researcher to purge himself or herself of personal biases in relation to the research. Reflexivity distinguishes qualitative research from social scientific approaches where the researcher distances self from the data in a bid to uncover 'objective truth.' As the academic partner in the project of engaging the youth, I had my biases, however through constant reflections, I navigated the terrains of power differential between I and -co-participants. During one of my numerous visits to the site, I wrote the following reflective note: Co-construction/power/participation/listening/Capacity building

Based on my earlier conversation with the larger team (including Dr. Dutta, Calvin, MZD, and I), I suggested changes to the agenda prepared by the students in their last meeting. Instead of beginning with conversation about the choice of food for the carnival, I suggested focusing on the campaign materials, including deciding the campaign theme, tagline, information materials for the issues identified by the students and the selection of communication channels. Proposing this change in the schedule was crucial for me methodically and theoretically because of the inherent power connotations. Our media partner had started talking about the carnival which seemed to be a key part of the campaign, and I quickly interrupted "Sorry to interrupt. Before we get started today, I wanted us to make a slight change in our schedule by

moving forward on the agenda the promotion materials and content up on the agenda" The suggestion was accepted and we quickly decided on a campaign theme: Young at Heart, campaign slogan, logo and proceeded to identifying content for the post cards.

What emerges in my reflection is self-struggle on whether my action violated culture centered philosophy about mutual respect for cultural members. CCA is averse to attempts that seek to direct cultural members on how to frame their problems, because such presents cultural members as incapable of solving its problems (Airhihenbuwa, 2007, Dutta, 2008, Basu, 2008). Over the cause of the project there is constant tension over the implications of my actions and how such impact the agency of the youth. Methodologically, CCA is constantly reflexive about power dynamic in underserved and minority populations and questions the design and implementation of programs targeting minority populations that fails to listen to their perspectives regarding the interventions proposed. Guided by this frame, I constantly reframe from imposing my academic way of doing things during our weekly conversations. I also pay particular attention to the framing of points. For instance, I often use words such as "we" Though I am African, but represent Purdue, which in the context of our project symbolizes power. Against this background, I am weary of imposing my frame and way of doing things, but at the same time I realize that co-participation is about being part of the whole process, objecting to ideas that I disagree with, and supporting the ideas that resonate with me. For instance, altering the order of the agenda does not necessarily mean dictating to the students what they should do, but making suggestions on how to productively utilize our time. The

alteration in the order of the agenda allowed us to conclude the tailoring that guided our media partner in the production of the materials upon return from break.

Here is another instance of the tension over co-construction of meaning versus capacity building. In one of the workshops, the peer leaders proposed posting posters around the school as a way of advertising the campaign launch date. As the dialogue progressed, I reminded the team comprised of the students, our media partner, our community organizer and the Physical and Health Education teacher that posting the posters before the baseline data gathering would undermine the integrity of our baseline data. The dialogue is worth quoting in its entirety. The conversation begins with a question asked by our media partner, who said, "How many weeks before hand. When do you start doing that?" TJ sought to know when the peer leaders plan to begin their publicity about the project. Following his question, here is the dialogue that took place among the peer leaders and the partners:

Peer Leaders: the week of 29, the week after

TJ: The week after, you want to do some posters in the school, right?

TJ: Okay. How big are the posters? Do you want it to be this size? Or do you want like 11 by 17 type size?

Peer leaders: That's nice

TJ: Okay, where will they go and how many do you need?

Peer leaders: 20

TJ: 20? To put in strategic areas? Is that the goal?

Peer leaders: Yeah, like the sophomore hallway, the gym, the cafeteria, the main office, learning center.

TJ: Okay, so you guys know where you gonna put it

The P.E, teacher Krieck chime in:

Kriech: You want to be able to start posting them by the 29th, which will give you full week and then the days before.

At this point, I asked:

R: Berth can I jump in here?

And she responded:

Kriech: Yeah

And I said:

This is where our baseline measurement and T1 becomes important. We want to get that out of the way before posting the posters because we want to gauge what people know and see if the knowledge increases when we start posting our poster and when we eventually hold our event.

Kriech: How fast can you get me the survey? Because they can even happen Monday if I get them

R: I will get it to you by Friday:

Kriech: Okay if you send it to me by Friday I can have all the copies done Monday and out to the SRT teachers and then we will start posting on April 29.

Again, the dialogue in this context may seem different, but speaks to the tension in co-construction of meaning versus directing the youth on how to design their

intervention. Based upon the dialogue, the teenagers were eager to begin the posting of posters announcing the launch of their campaign, but I interjected by reminding them it would undermine the integrity of our baseline data.

In my journal entry after the workshop, I write:

Tensions in academic community partnerships. What happened today was a daunting situation in that it put me in a precarious situation. The teenagers, our media partner, and the P.E. teacher were eager to commence the posting of posters to announce the Young at heart campaign that will be launched soon. As I listened to the dialogue, I internally struggled with how to interrupt and remind them it was wrong to post the posters because it will contaminate the field for our baseline data, which was yet to be conducted. Even though I recognize that their action would contaminate the field, I said to myself, will it amount to top down if I advised them against their ideas? Should I allow them to do it their way and document this as a learning opportunity? On a second thought, I said to myself, but my academic advisor, who is the PI on the project will question me about the baseline, because that is an important part of the design. On the basis of these, I interjected and told the team it was improper to post posters at this point. Again, after I articulated that the team concurred and decided to fast track the baseline survey to enable them move on with advertising the campaign launch.

Again, what emerges in my reflection is internal struggle on whether my action violated culture centered philosophy about mutual respect for cultural members. CCA is averse to attempts that seek to direct cultural members on how to

frame their problems, because such presents cultural members as incapable of solving its problems (Airhihenbuwa, 2007, Dutta, 2008, Basu, 2008). Over the cause of the project there is constant tension over the implications of my actions and how such impact the agency of the youth.

The following excerpts provide additional examples of the tensions in negotiating co-construction of meaning versus capacity building. In this instance, we engaged the peer leaders in dialogue on the use of survey questions aimed at evaluating the impact of our project. Here is how the dialogue unfolded. In setting up the context for the conversation, I said:

I want us to talk about 3-4 areas that are of interest and that is the research component, and how we are going to evaluate our success, whether we made any improvement or not, this is what will determine that. We are going to do 3 surveys for this project. Before we look at the contents of the survey I wanted us to talk about the classes we shall target. Is it seniors, and when we talk about seniors how many classes are we talking about?

Following my question, the peer leaders responded thus:

Peer leaders: One

And I interjected:

R: So it's just one class, is that our target?

Peer leaders: All high school

Again, I asked:

R: All high school will be how many classes?

Peer leader: 4

R: So the 4 classes will be our target. We want to figure out today how we are going to survey them. How do we give them surveys to complete that way we know if they learned anything from our project or not, does that make sense?

Peer leaders: Yes

The dialogue here is about evaluation parameters initiated by me, the researcher. Dialogue is consistent with culture centered philosophy and represent authentic engagement of the youth. However, the proposal of 3 part survey as the yardstick for measuring impact presents tension, because survey is incongruous with culture centeredness. Culture centered approach critiques survey instruments because it reifies researcher object relationship that characterize dominant projects. In her epochal essay, Toward the Development of Critical Health Communication Praxis, Lupton (1994) eloquently note that the use of quantitative measures by dominant approaches lead to the design and implementation of interventions that lack community voices. Echoing Lupton's argument Airhihenbuwa (1995, 2007) argue that the dominant approach to health communication has resulted in the implementation of HIV programs that are incongruent with cultural and contextual realities. Similarly, Dutta (2008; 2007) write that by promoting survey instruments that measure individual outcomes, dominant projects create apparatus that blames individuals for failing to adopt 'expert' recommended behaviors. According to Dutta (2008, 2007) such individually focused methodology ignores socio-economic,

structural, and political factors that compel individuals to make certain choices. Further, CCA challenges the privileging of a particular way of knowing on the grounds that it promotes the dissemination of Western knowledge as the only way of knowing (Dutta, 2008). Against this background, conversations about 3 part survey design in many ways present continuous tension especially for me in the project of engaging the youth.

In one of my journal entries I write:

It is sometimes daunting to implement a CCA project because of the temptation to fall into dominant mode. Today was particularly daunting because of our conversation on how to evaluate the project. How does a CCA scholar engage with cultural members about the research component without imposing his/her ideas? How does one negotiate his/her power as the academic partner without further marginalizing the community members? How do you discuss evaluation, survey instruments with cultural members without teaching, education them about the importance of surveys? Did I marginalize my co-participants today? Did I violate CCA principles by telling them how many surveys we shall conduct and why? Is there another way I could have engaged them in the conversation? But I could not converse about survey without telling them about the importance of surveys, but telling them about the importance of survey seem top down. How did we even conceive of survey as evaluation parameter in the project?

So what is the way out? I guess this is a question I will continue to negotiate throughout this project.

Here we witness a methodological tension between CCA, which locates decision making in the hands of cultural members and dominant approach that controls and predicts the behaviors of communities using surveys. Conspicuous in my reflection is self-interrogation of the rationale of survey as evaluation parameter in a culture centered project. In my journal, I ask, how do you talk about evaluation with community in a non-condescending manner? Who decides what counts as measurement instrument? Does engaging cultural members in the construction of the instrument obliterate the implicit dominant underpinning associated with surveys? These were thoughts that ran through my mind. Drawing upon my commitment to culture centered methodology, I rely on reflexive journal entries to hold myself accountable to my positionality. Through this constant reflection, I become conscious of my method and the inherent weakness. It is through such self-reflection that researchers can remain committed to the culture centered philosophy. As Dutta (2008) put it, reflexivity starts by a researcher "starting to question the basic assumptions that are inherent in his or her own position of expertise" (p.259).

In summing up this section, the themes that emerged from analysis of RQ 1, how culture centered projects evolve, and RQ 2, the tensions in participating in CCA project illuminate the intersections among culture, structure, and agency in the execution of culture centered project, the emergent and organic nature of culture centered project, as well as the tensions in navigating the thin line between culture centeredness versus imposition of expert ideas. In the following paragraphs, I discuss the themes that emerged from RQ (3).

Sub-section two

The following three themes emerged from analysis of the data in response to RQ (3): What does it mean to participate in a culture centered project? The themes are as follows:

5.9 Theme 1: Meaning of Participation.

My co-participants talk about participation as having a strong voice in the planning and execution of the project.

5.10 Theme 2: Participation as Transformational

My co-participants talk about transformation in terms of the establishment of formal and informal networking opportunities with external partners and their fellow students over the duration of the project. They also talk about transformation in terms of lifestyle changes they made in regard to food choices, stress management, and engagement in physical activities over the duration of the project.

5.11 Theme 3: Collective Decision Making

My co-participants talk about the use of democratic process such as voting to collectively decide on divergent opinions. They cite specific examples, such as the choice of the campaign logo, theme, and tagline and how they collectively decided upon such issues. The heterogeneity of views among co-participants depict the complexity of participation. Throughout the process of engaging the youth, we witnessed the complexity of participation and collective decision making. Sometimes,

participants collectively agreed upon specific ideas in the definition of problems. At other times, they expressed different views about specific aspects of the project. What emerges from these differences is that participation is not a symmetrical process, rather it is characterized by contradictions and power imbalances. As we will witness later in my discussion here, the subjective interpretation of the academic partners sometimes differ from the meanings of cultural members. For example, during the conversation about evaluation metrics, one of the peer leaders, Megan, asked, "but must we do the surveys? Why can't we just do the carnival?" Echoing her point, another peer leader, Onye said, "I remember all of us asking, why we should do the survey thing." In my response, I said, "the surveys will help us document if we made an impact."

What we witness here is the different views about the usefulness of the survey instrument. During the project, part of the campaign involved pre and post surveys that became part of our success indicators. The dialogue we witness here took place during the conversation about the instrument. While we the academic partners suggested the idea of the survey, the peer leaders did not see its use. As elaborated in the discussion section (please refer to RQ 3), the disagreement here raise questions about whose voice gets heard, and touches upon power imbalances that characterize subaltern participatory spaces. I attend to the contradictions in greater detail later in this discussion.

In the following section, I elaborate on these themes. In my elaboration I relate the themes to the assumptions of CCA and culture centered literature. Following this, I discuss the implications for culture centered scholarship.

Notes on participation and collective decision making

RQ (3): What does it mean to participate in a culture centered project? This question sought to understand participant's meanings of participation in the young at heart project. The themes that emerged from analysis of the data, namely collective decision making, participation as voice, and transformative potentials resonate with culture centered literature. The narratives are manifestations of the assumptions of CCA in regard to community engagement. Culture centered meaning of participation (Airhihenbuwa,1995,Dutta,2008;Dutta & Basu,2008,Dutta-Bergman,2004a,2004b;Ford & Yep,2003) differ from other interpretations of participation in that CCA, "foregrounds the voices and lived experiences of cultural members in seeking to establish how traditional approaches to health communication campaigns have contributed to the erasure of voices of marginalized communities, Dutta et al, in Dutta & Kreps Eds.,2013,p.460." What becomes apparent from the discourse is that CCA begins by rupturing the hegemonic structures that erase cultural voices from spaces of participation. In a sense, CCA's ontological commitment to critical theory sets the tone for culture centered participation in that it centralizes equity. Dutta et al, (2013 in Dutta & Kreps Eds.,) distinguishes culture centered participation thus, "Though participation is placed at the forefront of CBR, its system of reasoning is still stems from that which dominates most health-communication

research,p.60" Again, what becomes apparent here is CCA's commitment to social justice. Culture centered approach strongly advocates recognition of voices of underserved populations in the formulation and execution of policies and projects that impact their lives (Airhihenbuwa, 1994, Dutta, 2004a, 2004b, Dutta, 2008). CCA canvasses authentic community engagement that involves underserved populations at every step of the process, starting from conception to execution and evaluation of the project (Dutta, 2008). Culture centered approach postulates that engaging with communities at the margins of society will put decision making into their hands and open a new vista in health policy and programming (Basu & Dutta, 2009). This happens through dialogic engagement between external partners in the form of academic experts and cultural members. Again, the dialogue between the teenagers and other partners in the youth project is useful here. During the inaugural meeting with the youth, I said, "The idea here is not for me to come here and be a teacher. The ideas is we open up this conversation and you are the boss, you say what you want to do specifically. Mine is to add to add to some of the things you say or add some suggestions and if you think is necessary we can run with it and not to tell you what we are going to do, that's why we had a secretary and leader."

Following this idea, the conversation snowballed into the formation of advisory board that became its driving engine. Again, here is how the processes unfolded:

When we come next week, am going to be seating and one of you will be taking notes, and one person will be facilitating like am doing today, I will make suggestions whenever you need my input, fair enough or do we want to elect our leaders now?

Following my suggestion, here is how the peer leaders responded:

Peer leaders: Ehe, signifying agreement with my suggestion.

Based upon their agreement, here is how the process unfolded:

R: Okay, let's go ahead and do that right now, it can be by volunteering or however you want to do it

Somebody volunteers

R: Okay, so let's have her name as our secretary (Kayla)

R: And who is going to be the moderator?

Brianna

R: Brianna everybody?

Peer leaders: Yes

What we witness in the dialogue is quintessential example of how culture centered processes unfold. Here we witness the multiple voices contributing to the decision making. This is evident in the collective appointment of Briana as their chair leader. Also apparent in the dialogue is the freedom of selecting its own leader. This is direct opposite of dominant projects, where outside experts appoint 'leaders' who purport to represent community but carry out enlightenment agenda under the guise of participation (Dutta, 2008,Dillon & Basu,2013, in Dutta & Kreps Eds.,) The youth collective appointment of its own leaders without our interference inverses the power

inequity that characterize dominant projects. Also visible from the dialogue is the turn taking that characterize collective decision making in culture centered processes. Combinations of these features, including dialogue, collective decision making, power to appoint its leaders, turn taking, and multiple voices contributing to decision making are some of the features that set culture centered participation apart from other forms.

The narratives of my co-participants echo the culture centered process witnessed above. The experiences of my co-participants in the young at heart project tally with the postulations of CCA regarding participation. This is how one of my co-participants, Shumain narrates her experience in the young at heart project, "I get the understanding that participation is actually participating in a work or project and not waiting to be involved until the last day; it means contributing so you can earn, for example, a deserved credit for a job done and not waiting to be credited for what you did not do."

Shumain's point about involving cultural members in every step of the process is synonymous with the philosophical commitments of CCA in engaging with communities at the margins. Similarly, Darion notes that participation, "means having a voice and your voice being heard. It means suggesting ideas and your ideas being accepted and integrated into the planning and execution of the project."

My co-participants echo CCA's postulation about participation. The culture centred approach advocates giving cultural members strong voice in all phases of projects of social change, starting from planning to execution, and evaluation (Dutta,

2008, Minkler & Wallersteine, 2002). During the executing of the young at heart project, the inaugural meeting served as space for laying the cards about culture centred underpinnings squarely on the table. The meeting was attended by the students, the Physical Instructor who served as our primary contact at the school. During the meeting, I provided information about the grant amount, and explained the philosophical underpinnings of CCA regarding academic community partnerships and community engagement. After sharing the information, I turned the decision making on how to use the resources and planning of the activities into the hands of the youth. Starting with my opening statement, here is how the process unfolded. I said, "The idea here is not for me to come here and be a teacher. The ideas is we open up this conversation and you are the boss, you say what you want to do specifically. Mine is to add to add to some of the things you say or add some suggestions and if you think is necessary we can run with it and not to tell you what we are going to do, that's why we had a secretary and leader."

What we witness here is authentic transfer of decision making into the hands of cultural members. Below is another instance. In this instance, the conversation resulted from a question asked by one of the peer leaders, "What is our budget? Do we have like a set budget or are you telling us that whatever we need we will get," Megan curiously asked during one of the workshops. Here is my response, "That's a great question. For this project we have $10,000 is all up to you how you want to use this money. Do you want to use this money for one event? Do you want to use it for five events, is all up to you to decide?"

Again, I reiterated the prerogative of the teenagers in the decision making this way:

Let me explain this. We got a grant to do this project. We got $20,000, and the money is split this way: We talked about it on day 1. Out of the $20,000, $5,000goes to our Indiana Minority Health Coalition partner,$15,000 goes to Purdue. Of the $15,000,$10,000 is for you, so Purdue literally keeps $5,000 for administration and all the other things, so with the $10,000 you have for this project you want to decide how you want to use it for your project, so if you want to use it for only one carnival that's cool.

A common thread in the narratives is the location of decision making about the project in the hands of the youth. The discourse about the dollar amount is synonymous with culture centered commitment to transparency and equity in projects of social change. The act of urging my co-participants to take over the drivers' seat was initially a surprise for them in that they were used to traditional programs that dictated to them what needed to be done. However, following my explanation of the philosophical underpinnings of CCA, they appointed a chair leader and a secretary who facilitated the meeting, while I took the back seat as a co-participant.

It is useful to juxtapose culture centered engagement processes against dominant approaches, because such effort will reveal the differences between both approaches. CCA's notion of community engagement is the direct opposite of traditional health communication, where academic expert driven ideas are imposed on underserved populations. Culture centered approach counter such 'expert-concocted'

community engagement on the grounds that it presents underserved populations as powerless (Chakrabarty, 2002, Guha, 1998, Dutta, 2008, Dutta-Bergman, 2006, Basu, 2008). In their critique of expert notions of community engagement, Braithwaite, Bernstein, et al., 1994 argue that:

No one empowers anyone else. Communities must empower themselves. They must learn how to take power. Nobody will give you power. Empowerment is for the disadvantaged and disenfranchised, for those not adequately represented at the local, state, or national level. Both the powerless and the powerful need to change with movement towards the middle of these extremes (p.282).

The argument by the author's Braithwaite, Bernstein et al., (1994) is consistent with culture centered philosophy about the potential of cultural members to drive the changes they desire (Dutta, 2008). CCA promotes co-construction, which encourages equal power sharing and exchange of ideas between academic partners and cultural members as a viable alternative for achieving meaningful changes in communities (Dutta, 2012a, 2012b).

The narratives in the young at heart project call to question traditional health communication scholarship that fail to recognize the capacity of underserved populations as capable of participating in decision making about its health. My co-participants talk about having a strong voice in the planning, decisions and execution of the young at heart project, "It means getting active in everything that is going on; getting involved in every step all the way. And not just coming in, sitting there and do nothing," Megan, a co-chair of the group told me.

The narrative here serve as insurgent script that inverses the representation of blacks as voiceless. It lends credence to CCA's argument about the enactment of agency by underserved populations. Theoretically, the narrative here lend credence to the political agenda of culture centered approach, which includes resurrecting unheard voices. The goal of challenging dominant health communication theorizing that erases marginalized voices, and importantly, the goal of creating entry points for introducing black voices into health communication narrative.

The narratives of my co-participants in the young at heart project puncture the representation of culture centered approach as unscientific by traditional communication scholarship. One instance that brings this to light is the teenager's articulation about the negative impacts of stress on the cardiovascular system, "…like stress really has to do with everything. There are many questions about stress. You could be eating wrong and then you are stressed, smoking, peer pressure," Darion, one of the peer leaders told me during one of the workshops to identify causes of heart disease among blacks. Echoing Darion's point, another peer leader, Shumain says, "Yeah, like the effects of stress," adding, so we want to use stress as one word for our campaign."

Darion and Shumain are among the peer leaders, who piloted the youth heart project. What emerges from this discourse is the logical reasoning about the multiple health implications of stress. The identification of stress as the main cause of heart disease among blacks is consistent with medical literature on the effects of stress on the cardiovascular system (Powers et al., 2009). Consistent stress has been

documented to impact psycho-physiological system of blacks due to the release of hydrocortisone hormones that trigger diabetes, and elevated blood pressure associated with heart disease (PBS.2006).Power et al, (2004) document the role of stress and health disparities in cardiovascular disease among Blacks. The youth articulation about the role of stress in cardiovascular disease is congruence with culture centered argument that structural inequality perpetuates economic stress that is interconnected to heart disease (Dutta, 2008, Dutta-Bergman, 2004).The narratives serve as empirical data that concretizes and substantiates CCA's postulation that true engagement of underserved communities leads to collective ownership, which is necessary for driving meaningful social change (Dutta, 2008, Dutta, 2011, Airhihenbuwa, 1995).For instance, through recognition of stress as a major risk factor in the heart disease of black youth, they collectively articulated solutions geared toward addressing stress.

Collectivization and or collective decision making is another theme that emerged from analysis of the data. Again, this strongly resonates with culture centered literature. Culture centered approach postulates that collective decision making is a tactic that ensures equal representation of community voices in culture centered decision making process. Such collective process forestalls marginalization and promotes equity. Ensuring equitable engagement of communities at the margins of society at the site of knowledge production is the hallmark of culture centeredness (Dutta, et al., 2013). Through extrapolation, contradictory ideas are aggregated to arrive at a collective decision that places collective good, over individual

subjectivities, a practice that inverses dominant approached characterized by experts' unilateral decision. My co-participants talk about how they used democratic processes such as voting in making decisions related to the project. These narratives challenge traditional health communication that hitherto treated communities at the margins as agency-less (Basu, 2008). The analysis reveal the enactment of agency by my co-participants in the execution of the heart project. My co-participants compare their engagement in the young at heart project with projects driven by instructors. Below is one instance of such analogy between their active engagement in the young at heart project and sporting activities that are instructor-led:

Well, this project was student driven, that was the big difference. In sports, it is the coach who decide and tell you what you need to do. But here, we make our own inputs. We worked on everything together, talked about everything and agreed before we adopted such as our decision. For example, the names, logo, who will be in it, etc. was a whole team decision

Some background information will put the narratives into proper context. Some of my co-participants are involved in multiple after- school sporting activities at Crispus, hence they juxtaposed their experiences in the sporting programs against the young at heart as reflected in the narrative above. With respect to the context, during the execution of the young at heart project, the team engaged in a weekly dialogue that served as space for the planning and reviewing of activities regarding the young at heart project. It was at these spaces that the conversations in the paragraph above unfolded. In one of the sessions, the youth formed sub-groups of

two-three members who were assigned specific tasks. Participation in any sub-group was voluntary and was based on individual interest. In this case, members of this sub-group volunteered to design the project logo, as well as the theme. During subsequent meetings they presented drafts of the designs, which were collectively reviewed and endorsed by the group. Juxtaposing this process against 'expert' driven projects, the logos and themes are pre-determined and cultural members are merely recruited to present such as participatory (Kreps and Dutta eds., 2013).

The culture centered literature distinguishes between two forms of participation, namely cosmetic and authentic forms of participation (Dutta, 2008, Dillon & Basu, 2013, Kreps & Dutta eds., 2013). The former represents cosmetic participation that involves cooptation of elite community members as representatives in the execution of 'expert' orchestrated plans, whereas authentic participation involves engagement of cultural members in a transparent process as reflected in the latter. Culture centered scholarship argue that the former is incongruent with the philosophical underpinnings of community participation (Dutta, 2008, Basu & Dillon, 2013, Kreps and Dutta, 2013). The narratives of my co-participants are synonymous with the culture centered philosophy regarding participation. As stated in the introductory section of this dissertation, participation in culture centered approach is distinct in that it fosters spaces for inclusive dialogue among cultural members and external partners in the identification of problems and articulation of solutions. It is this authentic engagement CCA argues leads to sense of ownership (Basu & Dutta, 2009) needed to drive meaningful projects of social change.

The themes that emerged from the analysis also resonate with culture centered literature in that it touches upon the divide between CCA and traditional health communication with respect to persuasion versus dialogue as the preferred method of achieving social change (Dutta, 2011, Basu & Dutta, 2009). Traditional health communication focuses energy on persuasion efforts that primarily seek to change the behavior of underserved populations with information prepared by outside academic experts. The underlying assumption of such persuasive approach to social change is that information dissemination leads to individual level changes that consequently cascades into larger societal level changes. As such, considerable effort is put into identifying characteristics of cultural members so as to design messages that will change their behavioral intentions and actions (Dutta, 2011; Kreuter & Haughton, 1996; Kreuter & McClure, 2004; Melkotee & Steve, 2000). Popularly known as Knowledge Attitude and Behavior Change (KAB) approach, (Peterson & Gubrium, 2011), this distinction remain a point of contention between CCA and approaches rooted in social scientific methodology.

Culture centered approach shatters the scientific assumptions of traditional communication scholarship, and point out that it is incongruent with genuine social change. As viable alternative, it encourages dialogic approach that center community voices, and locates decision making in the hands of the community (Peterson & Gubrium, 2011, Dutta, 2008). The themes that emerged in the young at heart project exemplify the later. The youth in multiple narratives point to specific ways they shaped the design and execution of the project. For instance, they recall their

collective agreement and decision of ensuring that the speeches given during the health carnival are short because of limited attention span of the youth, “we participated. For example, we ensured that all the speeches are short. We don’t have the patience to sit for long and listen to long boring speeches,” Darion tells me. Darion’s articulation exemplify culture centered commitment to creating dialogic spaces for cultural members to jointly identify problems and identify meaningful solutions. In the context of the young at heart, we organized weekly dialogue with the youth. The meetings lasted for one hour, and was attended by the Physical Education instructor at the school who was our primary contact with the students, the students, the media partner, the researcher, and occasionally the community organizer. The meetings served as space for the co-construction of ideas about how the project unfolded. The hallmark of CCA is the fostering of spaces for cultural members to dialogue and co-construct ideas, and the weekly meetings precisely achieved that objective. Communication played important role in the back and forth dialogue among the partners.

In summing up this section of the discussion, the themes that emerged from analysis of RQ (3), namely collective decision making, authentic participation and or voice, and transformation relate to key philosophical assumptions of CCA. In the next section, I engage with the contributions of my study to the culture centered literature and future directions.

5.12 Contributions and Future Research

This study sought to understand and document communicative in the organizing and executing of a culture centered project that engaged black youth in preventing heart disease among their peers at an inner city high school in Marion County, Indiana. The study was a qualitative ethnography guided by the culture centered approach theory (Airhihenbuwa, 1995, Dutta, 2005, Dutta, 2008). CCA promotes locating power in the hands of underserved populations hitherto marginalized in the decision of issues that concern them. It highlights the significance of culture, structure, agency, and their intersections in social change projects. Culture refers to the shared beliefs, values, perceptions of a group (Airhihenbuwa, 1995). Agency comprise of the ability to cultural members to drive changes they desire, whereas structure represent the social and institutional processes that dictate the rules of engagement in different contexts (Dutta, 2008). This includes legal frameworks guiding public gathering in specific contexts, policies that dictate the choice of schools in specific geographical areas.

The study found that the project of engaging the youth unfolded organically, and is interspersed with multiple tensions in regard to culture, structure, and agency. Further, the study reveals that participation in CCA entails active participation, including a strong voice in all stages of project formulation and execution.

The study contributes to the culture centered literature in that it provides a site for understanding the multiple tensions in executing the tenets of CCA. It provides opportunities and challenges for understanding of culture centered processes. For

instance, the tensions over unequal power distribution in the participatory process highlight the need to examine the nots and bolts of participatory processes in underserved minority contexts. As elaborated in the analysis section (see RQ 3 for details), the contradictions between the subjective views of the academic experts, who wear a different identity from those of the teenagers reveal the unequal social relations that characterize underserved contexts (Cornish & Ghosh,2007,Basu,2008). The tensions witnessed in the black youth campaign reveal that dialogue in emancipatory spaces that seek to engage underserved populations as equal partners in transformative change are asymmetrical, and characterized by inequities and contradictions in terms of communicative opportunities (Basu, 2008, Habermas, 1990). The tension documented in the youth project echo the argument by Bhabha (1989, 1995) and Prakash (1994) that underserved communicative practices should be conceptualized in ways that reflect egalitarian principles.

Through the documentation of the constant tensions between academic partners and cultural members, this project reiterates the need for culture centered scholarship to imbibe reflexivity as a methodological tool or else, fall prey to the critique of dominant communication scholarship. Reflexivity allows the researcher to purge self of personal biases in relation to research co-participants. It involves researcher's constant interrogation of his or her positionality in relation to cultural participants. Through this reflexive process, the researcher puts self in conversation with the participants and the data. This study provides multiple instances that illuminate the centrality of reflexivity in culture centeredness.

The importance of reflexivity has been documented in previous CCA projects. In seeking to understand the resistant strategies of Commercial Sex Workers (CSW) in India (Basu, 2008) reflexively interrogate his complicit participation in the marginalization of CSW. Similarly, (Dutta, 2008) reflect upon the role of the academic structures in the marginalization of communities at the margins of society. Although culture centered literature documents instances of reflexivity, this study adds perspectives that detail the physical manifestations of reflexive processes while a culture centered project is being carried out. From programmatic stand point, this project serves as a useful tool for culture centered scholars to navigate tensions inherent in culture centered engagement.

Connected to the importance of reflexivity as a methodological tool, the study echoes the importance of communication in culture centered projects. Specifically, the study reveals the micro and macro forms of dialogue that characterize the engagement of cultural members in the execution of culture centered project of social change. Other CCA scholars point out the importance of communication in culture centering (Dutta et al., 2013, Dutta, 2012a, 2012b). While the referenced scholars highlight the importance of communication in processes of social change, this study present minute details of communication in culture centeredness. Such comprehensive presentation reinforce the commitment to two way communication and or dialogue as crucial element in culture centered processes.

Worth noting is that this study provides the site for understanding the nuanced contestations of power in culture centered processes in underserved populations. The

multiple instances of resistance of the research process by the youth echo in important ways Chatterjee's (1989) articulation about the umbilical linkages between power and resistance. In this project, the guarantor's expectations in terms of production of informational leaflets and academic pre and post surveys as metrics for measuring success provides context for understanding the dialectics of resistance in underserved black youth. In a sense the interrogation of the academic processes by the youth "reverses the epistemic construction" of blacks as powerless (Basu, 2008). The foregrounding of the voices of black youth in this project reconfigures expert's voice and processes that keep underserved black population at bay in the realm of health programming and implementation. This project provides a shift from objective knowledge to authentic engagement with black youth (Dutta, 2008, Beverly, 2008). From this study, we see the transformative potentials of CCA. For instance, black teenagers' articulations of a health campaign inverses dominant campaigns that advocate individual-level persuasive messages used to promote heart health among underserved communities (Dutta, 2008).

Another contribution of this study is the concretization of the ideology of resurrecting unheard voices. CCA advocates resurrecting unheard voices as a philosophical position that locates decision making power in the hands of underserved populations (Dutta, 2008). However, the process through which this is achieved is scantily documented (Basu, 2008). Cynics in particular dominant health communication scholarship interrogate the materiality of locating power in the hands of underserved populations, hitherto represented as agency-less. Often such critique

label the notion of resurrecting voices of underserved as idealistic. The step by step narratives about how the young at heart project evolved provides concrete evidence that counter the philosophy of resurrecting unheard voices as idealistic. This is an important contribution to the culture centered literature, because it serves as artifact that undermines the critique of cynics regarding the resurrection of unheard voices in communication discipline.

Finally, this study shows that a project funded by dominant institution rooted in social scientific ideologies can provide spaces for the enunciation of culture centered principles. The young at heart was funded by the Indiana Translational Science Institute (CTSI). CTSI is largely rooted in the objective scientific method of inquiry that promotes the objectivity as the hall marker of science, yet in this instance, it provided resources for engaging with community voices hitherto represented as ignorant by its structures of domination.

5.13 Limitations

A distinctive feature of culture centeredness is commitment to mutual partnership that places the researcher and cultural members at par in the co-creation and co-construction of knowledge (Dutta, 2008, Minkler & Wallenstein, 2002). However, the executing of mutuality was a limiting factor in this study. Despite the reflexive moments, and co-construction of ideas, the power to conduct interviews, audio-record the interviews, and the focus group discussions was in my hands as the researcher. Such positionality inherently put me in disproportionate power

relationship with my co-participants. For example, it put me in a position to transcribe, analyze, and interpret articulations of my co-participants in the project. This is limiting because it is counterintuitive to culture centered commitment to equity and mutual participation. This limitation is not new to culture centeredness. It is consistent with culture centered literature. Basu (2008) document the tension in inherent complicity of the researcher in attempting to represent Commercial sex workers in India. Similarly, Sastry document the inherent challenge of attempting to accurately represent truck drivers regarding their experiences with respect to HIV/AIDS. Both scholar demonstrate the impossibility of truly speaking for the subaltern. Echoing Spivak's argument about representation, the duo note that academic claim of true representation is tantamount to colonial domination (Spivak, 1998). Basu (2008) ably demonstrate that the process of speaking for, or giving voice to underserved populations is characterized by paradoxes. A paradox according to the Merriam Webster dictionary is a proposition that despite sound reasoning from acceptable premises, leads to a conclusion that seems senseless, or self-contradictory. In this context, on one hand, attempt to resurrect unheard black voices in a campaign about them contributes to redistributive justice in that it inverses the structures of power that marginalize blacks. Paradoxically, the effort exposes dominant structures that seek to give voice to black population, but simultaneously subsume underserved populations as agency-less. Therefore, the very act of giving voice to black youth simultaneously amount to erasures. As elaborated in previous sections (please seer RQ: 3), participation and participatory process in the youth project is characterized by

contradictions and power imbalances. For instance, through my thematic analysis of the data, I map and tell some stories. Within the context of telling these stories, I consciously, or inadvertently ignore or omit some voices. While the stories I tell become visible in the academe, there remain other stories left untold, echoing Spivak's (1998) argument about the impossibility of truly representing underserved populations.

Another limitation of this study is the use of pre and post surveys as metrics for measuring project's success. Both instruments are rooted in social scientific and or dominant approaches that are inconsistent with culture centeredness that promotes alternative rationalities. The effort to measure the outcome of this engagement using social scientific tools that are incongruent with the lived experiences of cultural members was a limitation. All the same, the study is an important contribution because it did not attempt to silence black voices without attending to the tensions associated with the process.

Finally, the focus on the youth is another limitation of this study, because it limited our understanding of the larger black families regarding heart disease. Including the parents of black youth will provide more nuanced perspectives to the experiences of the youth with heart disease. This is especially relevant given that the vulnerability of the youth is interconnected with the socio-economic status of their families. In a sense, the study seem to have inadvertently marginalized black families that cater to the needs of the youth under conditions of subalternity.

5.14 Future Directions

The purpose of this study was to document the organizing and executing of a culture centered heart health project that engaged black youth in tackling heart health among their peers at an inner city high school in Indiana. Certainly, this project has provided rich context and comprehensive descriptions about the evolving patter of culture centered project among black youth.

This project in many ways opens up possibilities for future engagement of minority youth in heart-related projects in different contexts. The goal of seeking expansion of the project is by no means to achieve representative sample in the social scientific sense, rather to understand the nuances in the engagement of minorities in culture centered projects of social change. Such nuanced understanding will be especially useful in seeking external resources for purposes of engaging underserved populations.

Importantly, telling the stories about the processes of executing culture centered project that located decision making in the hands of hitherto marginalized black youth warrants immediate attention. Sharing the stories in academic circles where underserved populations have traditionally been represented as powerless will reiterate the argument of culture centered literature, and will further stimulate conversations about the urgent need to 'recalibrate' health communication from below (Basu,2008).

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APPENDICES

Appendix A Memorandum of Agreement

MEMORANDUM OF AGREEMENT
BETWEEN THE
INDIANA MINORITY HEALTH COALITION, INC.
AND
Crispus Attucks Medical Magnet High School

THIS CONTRACT made and entered into as of **January 15, 2013**, by and between the Indiana Minority Health Coalition (IMHC), Inc, an Indiana nonprofit corporation and **Crispus Attucks Medical Magnet High School.**

WHEREAS, IMHC has entered into an agreement with **Crispus Attucks Medical Magnet HS** to conduct specific activities as part of the Communities and Universities Addressing Health Disparities (CUAHD) to develop and disseminate culturally tailored health promotion materials on heart disease, guided by representatives of the target population. Results from this project will be used to demonstrate the effectiveness of the culture-centered approach into designing health promotion messages that effectively educate and empower their target audience to make better choices and improve their health.

PERIOD OF PERFORMANCE

The work to be performed under the term of this agreement shall be conducted during the period of January 1, 2013 to June 30, 2013 unless changed by the mutual consent of the parties by written amendment to this agreement.

DELIVERABLES

In accordance with this memorandum of agreement, IMHC in collaboration with Purdue University will provide the following services for ensuring that the best quality evaluation is conducted:

1. IMHC will work with the designated staff at Crispus Attucks Medical Magnet HS to identify a select number of Peer Leaders to provide awareness services to their fellow students at.
2. IMHC will schedule and communicate mutually agreed upon days and time frames to the Peer Leaders for training in the intervention method and the provision of awareness activities.
3. Purdue University through its collaboration with IMHC will conduct trainings for Peer Leaders and facilitate Advisory Board group discussions
4. IMHC in collaboration with Purdue University will distribute informational materials through the Peer Leaders at the targeted Crispus Attucks Medical Magnet HS.
5. IMHC and Purdue University will collaboratively train the Peer Leaders and provide tools needed for the Peer Leaders to administer the Pre and Post Survey Questionnaires to participants at Crispus Attucks Medical Magnet HS.
6. IMHC will facilitate the receipt of participant incentives that will be provided by Purdue University for their full participation in this project.

In accordance with this memorandum of agreement, Crispus Attucks Medical Magnet HS will provide the following services for ensuring that the best quality evaluation is conducted:

1. Identify a contact person(s) that Peer Leaders may engage to provide awareness services to eligible youth attending Crispus Attucks Medical Magnet HS.
2. Identify youth advisory board members to guide the development of intervention materials.
3. Provide facilities for Peer Leader trainings, advisory board meetings, and workshops on mutually agreed upon days and times.
4. Schedule and communicate mutually agreed upon days and time frames for the Peer Leaders to conduct intervention activities.
5. Designate an area for intervention activities to be conducted. These areas will be used for Peer Leaders to interact with classmates and fellow students, educating them on the informational materials. Areas of interest may include, but are not limited to the following: school cafeteria and gathering areas around lockers.
6. Distribute heart health information materials on site.

TERMINATION

Either party may modify or terminate this contract upon thirty (30) days written notice to the other party. Also, this contract may be modified or terminated at any time prior to the expiration of this contract if any of the following occur:

1. **If there are differences that cannot be mutually reconciled as a result of activities associated with the intervention.**
2. **If either side fails to provide the deliverables as stated above.**
3. **If there are multiple substantiated complaints regarding staff or project partners of any type of professional misconduct, misrepresentation, misappropriation or the like, with students of the partnering organization.**

INTEGRATION

This agreement encompasses the entire understanding between the parties with respect to the contractual services being provided under this "Contract".

Approved By:

Nancy Jewell, President/CEO
Indiana Minority Health Coalition, Inc.
3737 N. Meridian St., Suite 300
Indianapolis, IN 46208

Nancy Jewell 1/31/13
Nancy Jewell Date
President/CEO

Approved by:

Stephanie Nixon, Principal
Crispus Attucks Medical Magnet HS
1140 Dr. Martin Luther King, Jr.
Indianapolis, IN 46202

1/29/2013
Stephanie Nixon Date

Approved By:

Beth Kriech, Physical Education
Crispus Attucks Medical Magnet HS
1140 Dr. Martin Luther King, Jr.
Indianapolis, IN 46202

1/29/13
Beth Kriech Date

Appendix B Consent Form and Rough Sketch

. RESEARCH PARTICIPANT CONSENT FORM

Culture-Centered Heart Health Promotion Among African American Youth in Marion County

Dr. Mohan J. Dutta
Center on Poverty and Health Inequities
Purdue University

Purpose of Research

This is a community focused research project that will create preventive health materials to promote heart-healthy behaviors in African American Youth. By having the youth actively participate in the development of the prevention messages, it is our hope that these messages will be more effective in their community, which will result in long term preventive heart health behavior.

Specific Procedures to be Used

The activities to complete the project are as follows:

- Advisory Board will meet to discuss tailored messages and provide feedback
- Interviews and focus group discussions will be conducted through workshops
- Workshop participants will work with media partners to develop heart health promotion materials.
- Advisory board will review produced materials
- Carryout campaign in schools.
- Conduct evaluation to measure effectiveness

Duration of Participation

The entire project will run from January 30, 2013 to the end of May. The project will need approximately 15 hours of the student's time outside of school hours throughout the duration of the project.

Risks to the Individual

The risks are no more than the participant would encounter in everyday life.

Benefits to the Individual or Others

There are no direct benefits to the participants. The project will be beneficial to the African American youth in Marion County as a whole by promoting heart healthy behaviors.

Compensation
The amount of compensation provided is based on the activities completed by the participant. Compensation will be discussed at a later date.

Extra Costs to Participate
There is no cost to participate in this project.

Confidentiality
Focus groups and interviews will be used to collect data for this project. Because of the nature of the project, there is no way to assure that other participants will completely maintain the confidentiality of the discussions. No personal identification information or documents (i.e. Social Security Number or State-issued Identification Card) will be collected during this project. The project's research records may be inspected by the Purdue University Institutional Review Board or its designees and by the funding source to ensure that participants' rights are being protected.

Voluntary Nature of Participation
I do not have to participate in this research project. If I agree to participate I can withdraw my participation at any time without penalty.

Contact Information:
If I have any questions about this research project, I can contact Calvin Roberson, Co-Principal Investigator at (317) 920-4920 or by email at c.roberson@imhc.org. If I have concerns about the treatment of research participants, I can contact the Institutional Review Board (IRB) at Purdue University, 610 Purdue Mall, Hovde Hall Room 300, West Lafayette, IN 47907-2040. The IRB's phone number is (765) 494-5942. The email address is irb@purdue.edu.

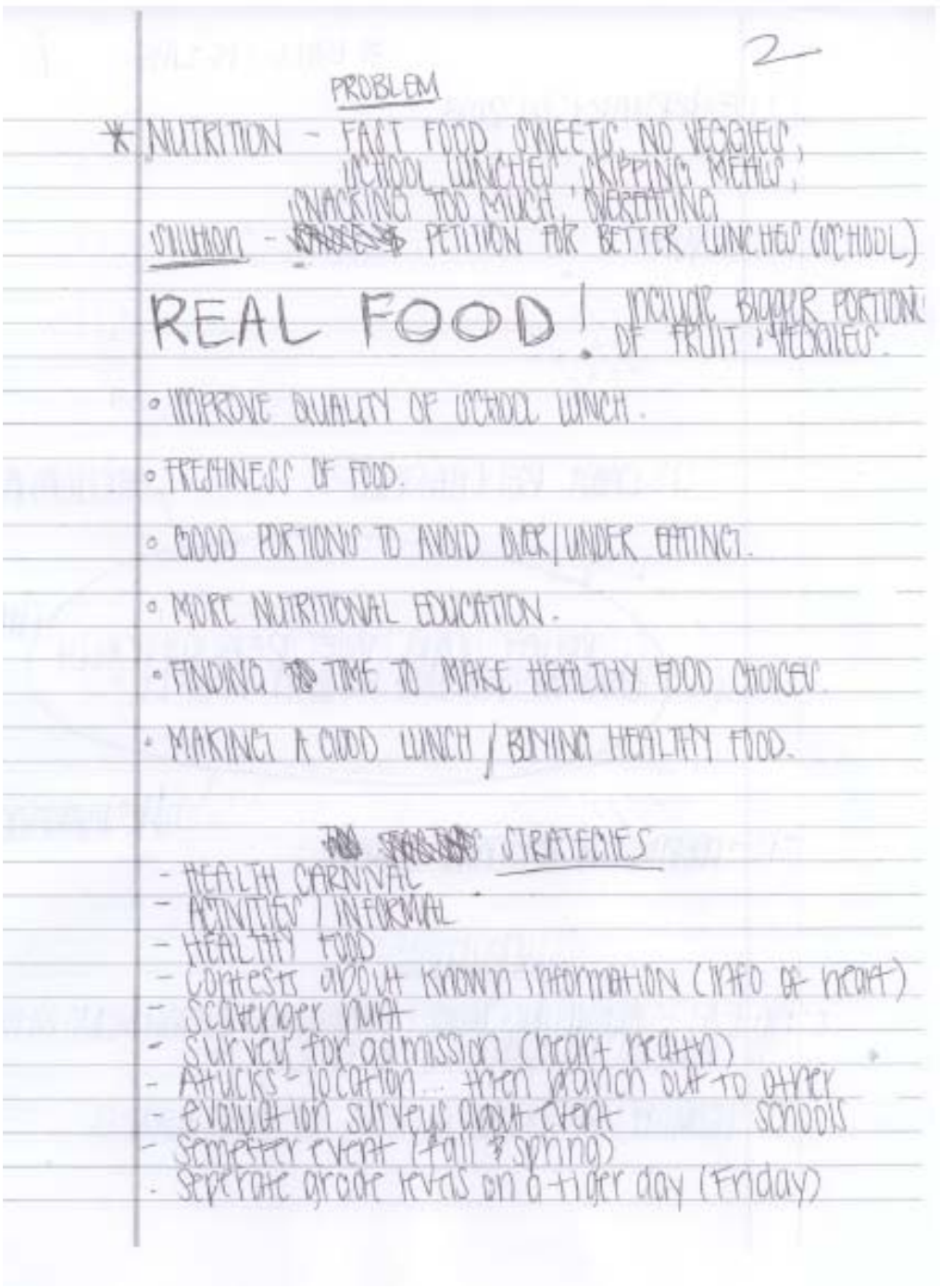
I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT. BY SIGNING THIS FORM, I AM AGREEING TO PARTICIPATE IN THIS PROJECT.

_____ _____
Participant's Signature Date

_____
Participant's Name

_____ _____
Researcher's Signature Date

Rough Sketch



2

PROBLEM

* NUTRITION - FAST FOOD, SWEETS, NO VEGGIES, SCHOOL LUNCHES, SKIPPING MEALS, SNACKING TOO MUCH, OVEREATING

SOLUTION - PETITION FOR BETTER LUNCHES (SCHOOL)

REAL FOOD! INCLUDE BIGGER PORTIONS OF FRUIT & VEGGIES.

- IMPROVE QUALITY OF SCHOOL LUNCH.
- FRESHNESS OF FOOD.
- GOOD PORTIONS TO AVOID OVER/UNDER EATING.
- MORE NUTRITIONAL EDUCATION.
- FINDING TIME TO MAKE HEALTHY FOOD CHOICES.
- MAKING A GOOD LUNCH / BUYING HEALTHY FOOD.

STRATEGIES

- HEALTH CARNIVAL
- ACTIVITIES / INFORMAL
- HEALTHY FOOD
- CONTESTS ABOUT KNOWN INFORMATION (FATS OF MEAT)
- SCAVENGER HUNT
- SURVEY FOR ADMISSION (HEART HEALTH)
- ATTACKS - LOCATION... THEN DIVISION OUT TO OTHER SCHOOLS
- EVALUATION SURVEYS ABOUT EVENT
- SEMESTER EVENT (FALL & SPRING)
- SEPERATE GRADE LEVELS ON A DIFFERENT DAY (FRIDAY)

VITA

VITA

Agaptus Anaele

EDUCATION

Ph.D. Purdue University (Ph.D. August 2015)

Major: Global Public Health Communication
Minor area(s): Multiculturalism and Health; Mass Media and Health; Health Disparities

Dissertation: *Voices of Black Youth: Creating Communicative spaces in the context of Heart Disease among African American Youth in Marion County in Indianapolis*

Advisor: Dr. Mohan J Dutta
Committee: Dr.Stacey Connaughton, Dr.Amber Basu, Dr.Titilayo Okoror, & Dr.Lalatendu Acharya

M.A Ohio University, Athens, Ohio USA
Centre for International Development
Master of Arts Communication and Development Studies, June 11, 2010
Areas of concentration: Development and Global Public Health Communication

B.A University of Port Harcourt, Nigeria
Bachelor of Arts Education B.A (E.D) English, June, 2000

Honors

- Top Paper Award Applied Research Division National Communication Association 2013
- Ford Foundation International Fellowship Award (IFP) 2008 - 2010
- Nominated for Red Ribbon Award on HIV/AIDS 2003 - 2007
- Diamond Award for Media Excellence HIV/AIDS 2002
- Internews Nigeria's Best HIV/AIDS Reporter, May, 2008

- **ACADEMIC APPOINTMENTS**

Brian Lamb School of Communication, Purdue University- Graduate Teaching Assistant 2010-Present
Project Manager on $ 1.5 Million Agency for Healthcare Research and Quality (with Dr. Mohan Dutta) Purdue University 2011-Present

Graduate Research Assistant and Project coordinator on $20,000 Collaborative Institute for Translational Research (with Dr. Mohan Dutta) Purdue University 2012-13
Lead Graduate Research Assistant on $ 1.2 Million Purdue Peace Project (with Dr. Stacey Connaughton) 2011-Present

ACADEMIC PUBLICATIONS

Dutta, M., **Anaele, A** & Jones, C. (2013). Voices of Hunger: Addressing Health Disparities through the Culture-Centered Approach. *Journal of Communication,* 21, 1-22.

Dutta, M. J.;Hingson, L.; **Anaele, A**.; Jones, K.; Sen, S.(in press). Investigating Food Insecurity in Tippecanoe County,
Indiana: A Culture-Centered Approach. *Journal of Health Communication*

Okoror, T. & **Anaele, A**. (R& R) Context surrounding HIV diagnosis and construction of masculinity: stigma experiences of heterosexual HIV positive men in Southwest Nigeria**.** *Global Public*
Health

Dutta, M.J., Jones, C.Borron, A., **Anaele, A**., Gao, H., Kandukuri, S. (2013). Voices of Hunger: A Culture-centered
Approach to Addressing Food Insecurity. In M.J. Dutta & G. Kreps (Eds.), *Addressing health disparities:*
Communication interventions. New York: Peter Lang Press.

Dutta, M.J., **Anaele, A**. (in press).Health activism as resistance: MOSOP as a site of culture-centered resistance in Niger
Delta region of Nigeria. In M.J. Dutta G. & Kreps (Eds.), Addressing health disparities: *Communication*
interventions. New York: Peter Lange.

Dutta, M. J., Dillard, S., Kumar, R., Sastry, S., Jones, C., **Anaele, A**., Dutta, U., Collins, W., Okoror, T., & Robinson, C.
(in press). Relational tensions in academic-community partnerships in the culture-centered approach (CCA):
Negotiating communication in creating spaces for voices. In M. J. Dutta & G. Kreps (Eds.) *Communication*
interventions addressing health disparities. New York: Peter Lange.

Dutta, M. J., Dillard, S., Kumar, R., Sastry, S., Jones, C., **Anaele, A**., Dutta, U., Collins, W., Okoror, T., & Robinson, C.
(2013). Culture-centered approach to developing comparative effectiveness research summary guides
(CERSGs) for African Americans in Lake and Marion Counties of Indiana. In M. J. Dutta & G. Kreps (Eds.)
Communication Interventions Addressing Health Disparities. New York: Peter Lange.

Dutta, M. J., Borron, A., Jones, C., **Anaele, A**., Gao, H., & Kundikuri, S. (2011). Voices of hunger in Lafayette/West
Lafayette: Culture-centered dialogues [white paper].

▪ CONFERENCE PRESENTATIONS

Kuang,K.,Connaughton,S.,**Anaele,A**.,Krishna,A.,Linabary,A. Local Leadership Campaign Model: A Co- Constructed Peacebuilding Campaign. Presented at the National communication Association Conference, Chicago 2014.

Jones,C.,**Anaele,A**.,Connaughton,S.L.,Shorter,S.,Viber,K.,&Snyder,D. Connecting with local communities to prevent
political violence in West Africa: Making a difference through engaged communication scholarship. Paper
accepted for presentation at the National Communication Association Conference, Washington,D.C.,2013.

Anaele, A., Shim, S., Plante, M., Barclay., & Okoror,T. *Food and Health in the context of Globalization: A*
Case study of Korean Immigrants in a Midwest community and Implications for Public Health.
Paper presented at the Indiana Public Health Conference, Indianapolis, 2012.

Dutta, M.J., Jones, C., Borron, A., **Anaele, A**., Gao, H., Kandukuri, S.*Voices of Hunger: A Culture-Centered*
Approach to addressing Food Insecurity. Paper presented at the National Communication Association Conference, Florida, 2012.

Anaele, A.,& Okoror,T. *HIV/AIDS among African Immigrants in the US: Challenges and Recommendations for*
Moving Forward. Paper presented at the Annual Public Health Conference, Florida, 2012.

Sen, S., & **Anaele, A**. *Hunger and Food Insecurity in Central Indiana: Experiences of Employees of a Food Bank.*
Paper presented at the National Communication Association Conference, Florida 2012.

Dutta, M.J., Okoror, T., **Anaele, A**., Jones, C. & Gillepsi, T. *Involving Community and Academic Partnerships in*
Health Disparities Research. Panel presented at the Indiana Public Health Conference, Indianapolis,
2012.

Anaele, A.Nollywood *and Social Change: A Case Study of Jenifa*. Paper presented at the Communication and
Development Conference, Ohio, April, 2010.

RESEARCH EXPERIENCE

Research Assistant, 2011-present

Research Assistant (Project Manager) on $1.5 million AHRQ-funded project on heart health amongst African-American communities in Lake and Marion Counties, Indiana, titled "Communities and Universities Addressing Health Disparities (CUAHD)"

- *Served as the liaison between the community partners and Purdue University*
- *Conducted focus group discussions on tailoring comparative effectiveness research summary guides for heart disease with community leaders in Lake and Marion Counties.*
- *Conducted culture-centered interviews with members of Lake County on meanings of heart disease and health experiences in the community.*
- *Participated in tailoring clinical effectiveness research guides and other material based on*
- *Culture-centered feedback processes with key community members.*
- *Created storyboards for development of web-based, culture-centered tailored comparative effectiveness research guide summaries.*
- *Co-Researcher on Hunger and Food Insecurity in West Lafayette (2011-present) Conducted focus groups discussions, conducted in-depth interviews on the experiences of the hungry and the food insecure in Greater Lafayette, Indiana.*
- *Organized photo voice exhibitions on the experiences of the hungry and food insecure in Greater Lafayette, Indiana.*
- *Facilitated hunger and food insecurity coalition building in Greater Lafayette, Indiana.*

Research Assistant (Lead Graduate Research Assistant) on $1.2million funded peace project in West Africa (with Dr. Stacey Connaughton), 2011-present

- *Research on Culture Centered Peace Project in West Africa "Purdue Peace Project"*
- *Lead the design of culture-centered projects in three West African Countries,namely,Ghana,Liberia,and Nigeria*
- *Acted as a liaison between PPP's West African Manager and Purdue University on Culture-Centered Peace projects in Africa*
- *Reviewed Literature on conflict and peace-building*
- *Conducted and transcribed in-depth interviews & focus group discussions in West African countries*
- *Facilitated Community-wide workshops on Violence and Conflict Prevention in Ghana, Nigeria, and Liberia*

Research Assistant and Project Coordinator for Dr. Mohan Dutta's Center for Poverty and Health Disparities' grant addressing food insecurity in rural Indiana.

- *Conducted interviews and focus groups with workers and volunteers at local food pantries and food bank as well as the food insecure*
- *Jointly Coordinated "Voices of Hunger" food coalition, aimed at giving a voice to the needy within food policy venues.*
- *Organized Photo exhibitions that provided dialogic platform between local policy makers and the food insecure*
-

RESEARCH INTERESTS

- Global health communication
- Health communication campaigns
- The culture-centered approach to health communication
- Mass media and health
- African American health
- Community-based health intervention
- The influence of culture on health message design and evaluation
- Health coalition-building
- Community engagement and service learning
- Food assistance policy and programming
- Culture-centered peacebuilding

ACADEMIC APPOINTMENTS

Teaching Assistant, Communication, Purdue University (2010 - present)
Courses Taught

COM 250 Mass Communication and Society, Purdue University (Fall, 2012, Spring 2013, and Fall, 2013, Fall,2014)

Served as a teaching assistant to a large lecture that introduced sophomore, and senior undergraduates to the role of mass communication in society, including theoretical and epistemological foundations. In addition to large lecture, I instructed seven independent recitations where main course themes were reviewed and activities and discussions were implemented to reinforce theoretical concepts and application. I evaluated student performance on major writing assignments involving the understanding and integration of course materials.

***COM 102 Introduction to Communication Theory* (Fall,2014)**

Served as a teaching assistant to a large foundational course that introduced undergraduates to the role of main theories used in the study of human

communication. In addition to large lecture, I instructed two independent recitations where main course themes were reviewed and activities and discussions were implemented to reinforce theoretical concepts and application. I evaluated student performance on major writing assignments involving the understanding and integration of course materials.

COM 303 Intercultural Communication (Summer, 2014)

Serve as the sole instructor to upper level class that exposes sophomore, and senior undergraduates to fundamental topics, theories, and concepts central to the study of intercultural communication. Themes covered in this class, include necessity of intercultural communication; relationships between verbal and non-verbal communication cultures; intercultural conflicts; intercultural communication in organizational contexts, and strategies to develop intercultural communication competence. We also examine contextual model of intercultural communication, which locates communication between groups within the cultural, micro-cultural, environmental, perceptual, and socio-relational contexts.

AAS 371 Issues in African American Studies: African Health (Spring, 2012)

Served as a teaching assistant to an upper level class that introduced graduating seniors to issues involved in the health of African Americans. The class provides students an overview of historical forces and social factors related to the health behavior and status of African-Americans. It exposes students to the impact of cultural, educational, social, economic, political and environmental influences on health of African Americans.

COM 114 Fundamentals of Presentational Speaking, Purdue University(Fall,2010,Spring,2011,Fall,2011)

Introduced freshmen college students to principles of communication theory relating to presentational speaking, including audience analysis, organizational skills, informative and persuasive strategies, delivery skills, and group communication skills; directed relevant activities to facilitate the students' practice of and implementation of these principles; evaluated student performance according to these principles.

PROFESSIONAL EXPERIENCE

The Sun Publishing Limited, Nigeria

Senior Correspondent, January 2006- December 2010

- Researched & authored Science and health articles published in *The Sun Newspaper*
- Oversaw the production of weekly Science and health pages of Sunday Sun & sundry issues assigned by the editor
- Coordinated weekly meetings of the health unit
- Supervised and edited copies submitted by junior correspondents assigned to my unit

- **Punch Nigeria Limited**

Health Correspondent, February 2002-December 2005

- Researched & authored Science and Health articles published in the newspaper.
- Coordinated the production of weekly Science & Health pages of the newspaper.

- **The Guardian Newspaper Limited (Nigeria)**
- *Reporter,* 2000-February 2002
  - Wrote science, health and feature articles published in The Guardian Newspapers
  - Coordinated and supervised fresh reporters assigned to my unit
  - Proofread and edited stories submitted by junior reporters assigned to my unit
  - Participated in weekly production of health, Science & Feature pages of The Guardian Newspapers

PROFESSIONAL MEMBERSHIPS

National Communication Association
International Communication Association

EXTRACURRICULAR ACTIVITIES

- Member, African Heroes Committee, Association of African Students, Ohio University, Athens 2009
- President, National Association of Foundation Students, University of Port Harcourt 1997-1999
- Secretary, Etche Indigenes Association in Lagos, 200-2004.

SERVICE ACTIVITIES-DEPARTMENTAL AND COLLEGIATE

- Guest Lecturer to Benjamin Franklin Summer Institute Fellows at Purdue 2013: "How Media Influences us in our Everyday lives".
- Graduate presenter to the Vice president Research, Purdue University (Fall,2012)
- Volunteer Representative of the College of Liberal Arts at Indiana State Fair (Summer 2012)
- Guest Lecturer on News Gathering & Reporting to Upper Level Media Class at Purdue (Spring,2012)

SERVICE ACTIVITIES-COMMUNITY

- Member. Tippecanoe Community Health Coalition/Healthy Active Tippecanoe. Aid in developing and implementing health-related programs for Tippecanoe community citizens. Lafayette, IN (present).
- Volunteer. Food Finders Food Bank. Assisted with sorting and packaging food, Lafayette, IN (present).