Engaging Community on Childhood Obesity through Programs Operating During Non-school Hours:

A focus on West and Southwest Philadelphia

October 13, 2010
About the Authors

The Robert Wood Johnson Foundation Clinical Scholars Program is a health policy research fellowship designed for physicians who are interested in improving healthcare delivery. The program includes training in community engagement, with the goal of developing future leaders who are able to work with community stakeholders, public and private organizations, practitioners and policy makers to improve health.

The University of Pennsylvania (UPenn) is one of four participating universities. The UPenn 2010-2012 RWJF Clinical Scholars conducted this project through a partnership with the Health Promotion Council as part of a seven-week training in community-based programs. The Clinical Scholars are listed below along with their respective clinical backgrounds and research interests.

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Without the efforts of these people, Philadelphia would not be the vibrant city that it is.
Executive Summary

Introduction

Childhood obesity challenges the health of our nation and our communities. Over the last two decades, the prevalence of childhood obesity in the United States has tripled. In Philadelphia, 28% of children are obese. Because of childhood obesity, for the first time, American children may live shorter lives than their parents.

Programs operating during non-school hours present an important opportunity to address childhood obesity. Recognizing this opportunity, the Health Promotion Council's Healthy Kids Healthy Communities Out of School Time Partnership Project (HKHC OST Partnership Project) is working to develop guidelines and standards to address nutrition and physical activity in Philadelphia DHS funded Out of School Time Programs (OST programs). This work is made possible with funding from the Robert Wood Johnson Foundation Healthy Kids, Healthy Communities Initiative and funding from the Department of Health and Human Services’ Get Healthy Philly, an initiative of the Philadelphia Department of Public Health.

Community input is essential to develop both effective and sustainable policies to guide OST programs. The Health Promotion Council partnered with the Robert Wood Johnson Foundation Clinical Scholars Program to assess community preferences in West and Southwest Philadelphia so that this input could be incorporated into future nutrition and physical activity guidelines. Through this partnership we, the Robert Wood Johnson Foundation Clinical Scholars, were charged with investigating:

- community attitudes toward childhood obesity
- community preferences with regard to using OST programs as a vehicle to solve this problem
- barriers to using OST programs as a vehicle to solve this problem
- community health assets which can be mobilized as resources for OST programs

To carry out this charge, we surveyed parents, children, and key informants in the West and Southwest Philadelphia area.
Key Findings

- There are a number of community organizations engaged in activities that promote healthy living among children. Many are excited to partner with OST programs and have complementary resources and needs.

- Many respondents emphasized the need to take parental and child preferences into account when making any changes to OST programs.

- Parents and key informants note that it is often difficult to motivate toward healthy lifestyle choices. However, they suggest that when healthy choices serve a dual purpose (such as learning math through healthy cooking classes) they become more appealing.

- Parents want their children to be fed at OST programs and children report finishing their snacks.

- Parents expressed an active desire to learn about healthy cooking, food acquisition and fitness activities.

Based on our interactions with the community, we make the following five core recommendations. In making these recommendations, we recognize the existing challenges and barriers to implementation. Thus we also suggest potential strategies for implementation of each recommendation.
Recommendations and Strategies:

1. **The HKHC OST Partnership Project should help OST programs partner with existing community and university resources by matching needs/resource profiles.**
   - **Strategy:** The HKHC OST Partnership Project can match OST programs with existing community and university resources based on compatibility profiles of needs and resources; The HKHC OST Partnership Project can host networking events to help facilitate collaboration.

2. **The HKHC OST Partnership Project should continue to assess and incorporate the perspectives of parents and children throughout implementation of the guidelines on nutrition and physical activity.**
   - **Strategy:** The HKHC OST Partnership Project can utilize venues such as Parent Teacher Organization meetings and Wellness Councils to solicit further parental feedback on OST program guidelines. This feedback may serve as a measurable outcome with which to track progress.

3. **OST programs should seek to align implementation of guidelines on nutrition and physical activity with other priorities of parents and children, such as academic success, life skills and recreation.**
   - **Strategy:** OST programs can teach life skills or academics through nutrition or sports. For example, math can be taught through a cooking class.

4. **OST programs should provide children with healthy food that is fun and attractive.**
   - **Strategy:** The HKHC OST Partnership Project can help OST programs partner with private organizations who would be willing to provide in-kind donations of healthy food.

5. **OST programs could offer parents the nutrition and activity resources they seek as a means to foster parental involvement and promote health.**
   - **Strategy:** OST programs can distribute information to parents on ways to make healthy lifestyles affordable, such as the Philly Food Bucks Program at farmer’s markets, which provide subsidies for people to purchase fresh food.
Glossary and Abbreviations

- **Community assets:** a subset of key informants (see below) who could potentially provide a specific service to OST programs with regard to physical activity or nutrition.

- **HKHC OST Partnership Project:** Health Promotion Council's Healthy Kids Healthy Communities Out of School Time Partnership Project

- **Key informants:** people who had expertise on community dynamics in West and Southwest Philadelphia, childhood obesity, or physical activity or nutrition in Philadelphia. A subset of key informants was designated as community assets (see above).

- **OST programs:** Out of School Time Programs. This report concerns itself with Philadelphia DHS funded Out of School Time programs managed by PHMC.

- **PHMC:** Public Health Management Corporation

- **PUFFA:** The Philadelphia Urban Food and Fitness Alliance

- **RWJF Clinical Scholars:** Robert Wood Johnson Foundation Clinical Scholars
Background

In the past two decades in the United States, the prevalence of childhood obesity has more than tripled. (1) Experts believe that due to the obesity epidemic, American children today may be the first generation with a lower life expectancy than their parents. (1)

Nearly three out of ten Philadelphia youth (28.4%) are obese and an additional 18.5% are overweight. (2)

What explains the dangerously high prevalence of obesity in Philadelphia?

Philadelphia’s community and university-based researchers have begun to explore this question:

- A study conducted by researchers at Temple University demonstrated the unique influence of environment, specifically urban corner stores, on poor diet selection and high caloric intake. The study surveyed children immediately after corner store purchases. They found that purchases were most frequently high-calorie, low-nutritive foods, that on average accounted for 357 calories per purchase. (3)

- The Philadelphia Urban Food and Fitness Alliance (PUFFA) recently released a report that characterized the food and fitness environment for Philadelphia’s youth. The findings drew from household survey data, focus groups and photo voice projects. This report was focused on four specific geographic regions in Philadelphia, including West Philadelphia, and identified community preferences as well as community assets relating to childhood obesity. (4)

- To Our Children’s Future with Health, Inc. is collaborating with Temple University to conduct a Community Walk in the Haddington and Overbrook neighborhoods of West Philadelphia as part of the Comprehensive Cardiovascular Risk Reduction Project. (5) The project engages youth to collect data on the community’s priority areas (such as physical activity, healthy eating, transportation, and violence) through surveys and photo voice. The project is due to be completed in 2011.

29% of adults and 28.4% of children in Philadelphia are obese.
What can be done to reduce childhood obesity in Philadelphia’s communities?

The following represent a few lessons learned from successful interventions:

- **Create policies that alter the food environment in schools**: Research in Philadelphia showed that a comprehensive school-based policy intervention could be effective in preventing the development of overweight among grade school children. (6)

- **Improve Availability of Fresh Locally Grown Foods**: The Food Trust has implemented:
  - The Healthy After School Snack Markets program, which operates a monthly farmers market in 18 public schools
  - The Healthy Corner Store Initiative, which incentivizes corner store owners to make healthier options available. (7)

- **Use Mentorship to support children through weight loss**: A Baltimore study assigned low-income black adolescents who were overweight to college-aged mentors. These adolescents had healthier lifestyles and weight loss which was sustained over time. (8)

- **Use programs operating during non school hours as an opportunity to promote healthy lifestyles amongst children**: Studies have shown that programs operating during non school hours present unique settings for obesity interventions because they offer intensive contact with children during their formative years. (9, 10)

The Institute of Medicine highlights after-school settings as an untapped but critical place in which to address the nutrition and physical activity needs of children.
Introduction and Objectives

The promising results from the aforementioned studies are in large part the inspiration for the Health Promotion Council’s Healthy Kids Healthy Communities Out of School Time Partnership Project (HKHC OST Partnership Project). The HKHC OST Partnership Project is working to develop guidelines and standards to address nutrition and physical activity in Philadelphia DHS funded Out of School Time programs (OST programs). This work is made possible with funding from the Robert Wood Johnson Foundation Healthy Kids, Healthy Communities Initiative and funding from the Department of Health and Human Services’ Get Healthy Philly, an initiative of the Philadelphia Department of Public Health.

The HKHC OST Partnership Project is charged with creating and piloting policies and standards for nutrition and physical activity in OST programs. They will do this by:

- Creating customized, age-specific place-based food and physical activities and strategies that after-school providers can implement.
- Implementing new strategies by linking after-school sites to existing community assets.
- Piloting the guidelines with the ultimate goal of system-wide implementation.

It is crucial that the people affected most by the OST program guidelines and standards have a voice in this project. In fact, there is a need for sustainable engagement on this issue, in order to ensure that all current and future interventions reflect community preferences and attitudes. There is also a need for a resource mobilization strategy to help already overburdened OST programs address the challenge of childhood obesity reduction.

We, the Robert Wood Johnson Foundation Clinical Scholars (RWJF Clinical Scholars) were invited to work with the Health Promotion Council and the OST programs to address these needs in the communities of West and Southwest Philadelphia. This endeavor took place over a seven-week period of time and represented a portion of our training in community engagement.
We were charged with investigating:

- community attitudes towards childhood obesity
- community preferences with regard to using OST programs as a vehicle to address this problem
- barriers to using OST programs as a vehicle to address this problem
- community health assets which can be mobilized as resources for OST programs

After we received this charge, HPC introduced us to a group of community leaders in the areas of childhood obesity and youth programming. These leaders included representatives of local government, OST program providers, and advocates for youth sports. We asked these leaders what our portion of the HKHC OST Partnership Project could offer to the larger movement of childhood obesity reduction in Philadelphia. We have tried to deliver a product that honors their suggestions.

**Our Deliverables**

“Help us maintain buy-in from parents and understand their needs....We would like to continue to engage them and track their satisfaction.”

We have created and piloted a survey tool for parents and children. OST programs can continue to use this instrument to sustainably engage parents and children and to track satisfaction with obesity reduction efforts.

“Map assets in terms of what facilities let people use their resources.”

We have engaged a variety of community health assets who are willing to be part of a resource network for OST program providers; these assets are mapped based on practical, actionable parameters, such as availability of sports equipment, flexibility of curriculum, and ability to provide in-kind support.

“Make sure that any policy changes reflect the opinions of parents and children who actually use the OST.”

We have attempted to reflect the voices of the West and South West Philadelphia communities in recommendations for making the HKHC OST Partnership Project a success.

Perhaps the most salient piece of advice we received was to conduct an investigation which facilitated “Action!” We hope this report is practical and actionable.
Approach

Choosing target neighborhoods:

In lieu of a comprehensive assessment of the entirety of West and Southwest Philadelphia, we pursued a sampling strategy.

To obtain an adequate sample of the target population, we selected locations based on the following criteria:

- Average Neighborhood Body-Mass-Index (BMI), based on unpublished data from PHMC
- Average Neighborhood Income (11)
- OST program Structure: we selected at least one school-based, church-based and community-center based OST from amongst PHMC-managed site programs
- Geography: we selected areas distributed across West and Southwest Philadelphia

Target Neighborhoods and OST programs:

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>OST Program</th>
</tr>
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<tbody>
<tr>
<td>Mill Creek</td>
<td>Children Services, Inc. @Alain Locke School</td>
</tr>
<tr>
<td>Southwest Philadelphia</td>
<td>Southwest Community Development Corporation @John M. Patterson School</td>
</tr>
<tr>
<td>Cobbs Creek</td>
<td>Lutheran Children and Family Service @ Anna Shaw and Turner School</td>
</tr>
<tr>
<td>Haddington</td>
<td>Cathedral of Praise Community Church</td>
</tr>
<tr>
<td>Mantua</td>
<td>Caring People Alliance at West Philadelphia Community Center</td>
</tr>
</tbody>
</table>
**Target audience**
- Children ages 7-10: we chose this group because it is the most heavily represented in city funded OST Programs in West and Southwest Philadelphia.
- Parents of children attending OST programs
- Key informants
- Community assets

**Identifying and Engaging Key Informants and Community Assets**

As described in the Introduction and Objectives section of the report, the Health Promotion Council organized a meeting to introduce us to community leaders. After discussion with many in this group, multiple key informants and community assets were identified.

Recruitment continued using a snowball sampling technique, whereby additional informants were obtained through referrals during each interview.

Key Informants and Community Assets were interviewed using a semi-structured interview format. Answers were transcribed and later analyzed for themes. We interviewed a total of 27 key informants and community assets.

**Creating a piloted survey for parents and children**

We sought information on 1) attitudes towards OST programs and the role they play in shaping the physical activity and nutrition experience of children, 2) attitudes and behaviors with regard to childhood obesity, 3) perceived barriers to reducing childhood obesity, and 4) preferences and suggestions for addressing childhood obesity.

Original surveys were created after extensive review of existing qualitative instruments in the field of childhood obesity research and community-based participatory research. Questions were made age-appropriate with the help of pediatricians from the Children’s Hospital of Philadelphia (CHOP).

Surveys were modified through an iterative process of trial and error: the original survey was administered to the first round of parents and children. Subsequently, we convened to modify questions based on any problems encountered with use. During this modification process, questions were revised, added or removed from the interview guide. As such, not all participants answered the same questions.

The revised and finalized surveys can be seen in Appendices A and B.
Identifying and Engaging Parents and Children

- We sought out parents and children in each target neighborhood in two ways:

  1) We attended community events such as health fairs, baseball games, and church-based gatherings. We asked attendees whether they were parents of children in OST programs, and if so whether they would be interested in participating in a brief survey. If children were present and willing to participate, we requested parental permission prior to survey administration.

  2) We recruited participants at target OST program sites in two ways:

    1. We visited OST program sites at pick-up time, and asked parents if they and/or their children would be willing to participate in the survey.
    2. We circulated permission slips to OST program directors in advance of our visit, and interviewed children who had obtained parental permission to participate.

- Parents were either interviewed verbally or through a written survey, depending on their preference. Survey answers tended to be more detailed when administered verbally, with context provided for the questions by the interviewer. Children were interviewed verbally, with parents or supervisors present during the interviews.

- Parents were interviewed individually. Children were occasionally interviewed as a group, based on convenience. The majority of all interviews took approximately 10 minutes for convenience and ease of the participants.

- Willingness to participate was strictly voluntary. Two subway tokens were offered to parents as a gesture of thanks, but these were not advertised prior to survey administration.

The RWJF Clinical Scholars Program obtained an Institutional Review Board exemption in order to comply with the standards of the University of Pennsylvania. We surveyed a total of 48 parents and 38 children.
Findings

Attitudes on the Topic of Childhood Obesity

When asked whose responsibility it was to address the problem of childhood obesity, key informants most commonly answered ‘parents,’ cited 30% of the time. The next most common was the ‘community at large,’ cited 25% of the time. Please see Figure 1 for additional responses.

35% of parents felt that it was hard to keep their child at a healthy weight

The majority of parents (60%), reported that it was not hard to keep their child at a healthy weight and cited adherence to a healthy lifestyle as a family as the reason. However, a significant minority (35%) stated that it is hard, and that the reasons tend to be food related rather than activity related.

Only 20% of parents noted physical activity or nutrition as their goal for OST programs

Figure 1

Whose Responsibility Is Childhood Obesity?  
(Source: Key Informant)

- parents 30%  
- community at large 25%  
- teachers 16%  
- children 11%  
- government 7%  
- coaches 4%  
- those who produce food 7%
**Attitudes towards OST programs**

Parents were asked to describe what they hoped their children would get out of their OST program experiences. Academic assistance along with development of social and life skills were the most popular responses. Only 20% of responses noted physical activity or nutrition as a goal. When the parents were asked to note what their children were currently getting out of their OST programs, they responded with some of the following: help with homework, mentoring, social skills, and child care.

When parents were asked about what they would change in their children’s OST programs, the most common response was “nothing” or that no change was needed. Some parents noted issues with discipline, safety and homework help.

Only one parent noted food as an issue to be addressed and another lone parent noted the lack of free play as an issue. When the children were asked if they liked their OST program activities, 18% responded yes.

### Table 1  Representative quotes of parental perceptions of current OST programs

<table>
<thead>
<tr>
<th>Positive Feedback</th>
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<tbody>
<tr>
<td><strong>Academics</strong></td>
<td>“They learn stuff that they wouldn’t get out of school.”</td>
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<tr>
<td><strong>Social skills</strong></td>
<td>“Children learn how to communicate with other children.”</td>
<td></td>
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<tr>
<td></td>
<td>“It enhances their skills like participation, respecting others, listening skills, and having a good attitude.”</td>
<td></td>
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<tr>
<td><strong>Safe environment</strong></td>
<td>“They are staying in a safe environment.”</td>
<td></td>
</tr>
<tr>
<td><strong>Negative Feedback</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lack of exercise</strong></td>
<td>“What exercise?!?”</td>
<td></td>
</tr>
<tr>
<td><strong>Poor Nutrition</strong></td>
<td>“All the kids go to the corner stores after school.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“They need healthy snacks, but something they will like and will eat.”</td>
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</table>

**Knowledge, Attitudes and Behaviors on Nutrition**

When describing the food eaten by their children after coming home from their OST programs, unhealthy food was cited by 35% of the parents surveyed. Examples include cookies, fast food, and chips. Of parents surveyed, 23% mentioned only healthy foods, such as vegetables, poultry, or granola. We were unable to classify the remaining answers as clearly healthy or unhealthy. (See Figure 2)
Children reported eating a significant amount of unhealthy food after school. Seventy six percent of children reported eating at least one type of unhealthy food. Examples of commonly mentioned unhealthy foods were chips or pretzels (reported by 24% of children) and cookies (reported by 18% of children). Consumption of sweetened beverages, such as Hugs, was cited by 13% of children. Fruits and vegetables were mentioned by 21% of children; however, it is unclear if these are fresh or canned goods (see Figure 3).
In order to gauge the children’s knowledge of what is or is not healthy, we asked a follow up question: did they think the food they ate after school was healthy? In contrast to the 76% of children who named unhealthy foods, only 36% of children thought this food was unhealthy. This difference reflects a knowledge deficit. (See Figure 4)

We then wanted to understand, from both the parent and child perspective, how important it was for the child to receive food at the OST program. Of parents interviewed, 75% felt it was very important for their child to be fed at the OST program, while only 15% felt it was not important. Further, 91% of parents gave examples of healthy food when asked what types of food they would want to see their child fed. Examples included fresh fruit, whole grain breads, baked chips, and smoothies. Three parents specifically stated they do not want their children eating junk food.

When asked if they feel that they have to finish the after school snack provided by their OST program, 63% of children said yes. While we are unable to determine why, it is clear that the food provided by OST Programs is important to both parents and children.

**Knowledge, Attitudes and Behaviors on Activity**

In order to understand the amount of physical activity the children are engaging in outside of the OST programs, we asked parents what the children do with their time after OST program time. Forty eight percent of parents cited sedentary activities, such as watching TV, talking on the telephone, or doing homework, while just 13% cited physically active activities such as running around outside, swimming, or bike riding. The children more commonly cited the presence of physically engaging activities after school (50%), but a large minority still engaged in only sedentary activities (39%). The prevalence of sedentary activity once a child reaches home points to the importance of physical activity during their time at school and the OST program. (See Figure 5)
When asked about weekend activities, more children were engaged in physically active behaviors. Of parents, 69% reported that their children engage in some type of physical activity on the weekends. Examples included jumping rope, sports, and family exercise. (See Figure 6)
Barriers to Childhood Obesity Prevention

When parents were asked why it was hard to keep their child at a healthy weight, one parent stated, “All the kids go to the corner stores after school,” while another observed, “They need healthy snacks, but something they will like and will eat.” Some parents expressed surprise at the possibility that physical activity might be an expectation for an OST program, stating, “What exercise?!” when asked.

When children were asked where they get the food they eat after school, 45% of children reported obtaining it at corner stores, 21% reported getting it from home, and 26% reported their OST program as the source. When asked where they would prefer to get their food after school, 58% of children stated that their preference would be from home.

When key informants were asked about barriers preventing children from achieving and maintaining a healthy weight, the most common answers were:

- The ubiquitous presence of unhealthy food choices, such as those at corner stores
- Lack of parental involvement in helping children make healthy choices
- Financial related – people often don’t feel they have the resources to make healthy choices

Other barriers mentioned included lack of exposure to non-traditional sports, school cuts in physical education classes, teachers not setting a good example for children, and parents being unaware of existing community resources. Please see Table 2 for a list of representative quotes from key informants.

Table 2  Representative quotes of key stakeholders’ perceptions of barriers and strategies for childhood obesity

<table>
<thead>
<tr>
<th>Barrier Themes</th>
<th>Representative Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy food</td>
<td>“They don’t eat dinner at home but they eat at the local corner store and load up on junk food. However, this may be the only meal that they get.”</td>
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<tr>
<td></td>
<td>“I see children even in the morning with chips, soda, pretzels from the corner stores and they go home and do the same thing.”</td>
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<tr>
<td>Lack of physical activity</td>
<td>“I rarely see kids playing outside anymore.”</td>
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<tr>
<td></td>
<td>“Things have changed since I was a kid. I was always outside playing, but a lot of parents don’t want their kids outside because of safety.”</td>
</tr>
<tr>
<td>Lack of education</td>
<td>“In schools, we were taught things in health class and so you knew things to do and what not to do. These programs aren’t in school anymore.”</td>
</tr>
<tr>
<td></td>
<td>“Obesity is a symptom of the breakdown of the family unit and the educational system itself. Kids do not have proper role models or teaching at home or at school.”</td>
</tr>
<tr>
<td>Lack of money</td>
<td>“Obesity is not a problem in higher socioeconomic neighborhoods where people are more educated. People who are getting food stamps aren’t getting fruits and vegetables.”</td>
</tr>
<tr>
<td></td>
<td>“It is cheaper to buy a bag of processed [junk food] than a piece of fruit.”</td>
</tr>
<tr>
<td>Low attendance and parental participation</td>
<td>“There is parental resistance and lack of participation because of a lack of information”</td>
</tr>
<tr>
<td></td>
<td>“Attendance levels are an issue. Lot of it comes from parent participation. If a parent doesn’t support a kid in an afterschool program, it is hard for the kid to support themselves.”</td>
</tr>
</tbody>
</table>
Potential Strategies to Address Childhood Obesity

We asked parents for their suggestions on addressing childhood obesity through OSTs. We received a variety of creative and salient responses. One parent offered “a series of contests – kids really get into competitions – like double dutch, baseball and dodge ball.” Another mentioned that they’d like to see OST programs “teach kids about healthy nutrition and how to cook it. They will then show their parents what they learned so that the whole family is healthier.”

Table 3 Representative quotes of parents’ ideas for how to make OST programs healthier

<table>
<thead>
<tr>
<th>Solution Themes</th>
<th>Representative Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buy sports equipment</td>
<td>“Buy sports equipment that kids can use to do more fun activities.”</td>
</tr>
<tr>
<td>Increase physical activities</td>
<td>“Lots of games where they are burning calories and increasing cardiovascular energy.”</td>
</tr>
<tr>
<td></td>
<td>“Series of contests (kids really get into competitions) like double dutch, baseball, and dodge ball.”</td>
</tr>
<tr>
<td>Nutrition and cooking classes</td>
<td>“Teach kids about healthy nutrition and how to cook it. They will then show their parents what they learned so that the whole family is healthier.”</td>
</tr>
<tr>
<td>Healthier food</td>
<td>“Buy healthier food but make sure it is food that they like to eat.”</td>
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</tbody>
</table>

When asked how they would spend $1000 to make an OST program healthier, over two thirds of parents referenced the purchase of food they considered healthy, with one parent noting, “buy healthier food but make sure it is food they like to eat.” A significant minority (42%) stated that they would facilitate activity through equipment, with one parent stating, “Buy sports equipment that kids can use.” Facilitating activity through staffing was also mentioned (19%). Beyond those, nutrition education and more time for activity were pointed out as options. (See Figure 7)
Asked what their children do to stay healthy, parents responded most often with answers about healthy food or activity. These included teaching the child about cooking, drinking water rather than other beverages, walking or running, organized sports, biking, and going to the gym, among many others. The great majority of parents stated that those healthy habits were learned at home.

Asked what their favorite healthy snack was, the majority of children surveyed mentioned at least one healthy food in their list of answers (87%), and this included a wide variety of fruits (grapes, mangos, watermelon, cherries, oranges, strawberries, etc).

Asked what they do for fun, a majority of children (68%) chose activities that included physical activity such as playing outside at a park, sports, jump rope or swimming. Similar answers resulted from a question regarding recent activities that the children thought were healthy.

Given a list of activities from which to choose, the children labeled which activities were most or least fun, with swimming, dance, gymnastics, basketball, jump rope and running at playground or park being the most popular (see Figure 8).
We were also interested in learning what strategies key informants suggested to address the problem of childhood obesity. Some of the ideas generated include:

- Cooking classes for parents and children
- Centralized data source of community activities
- Increasing healthy food options in corner stores
- Increasing the number of farmers markets easily accessible to community members
- Public-private partnerships for items such as donation of sports equipment

Please see Table 4 for a list of representative quotes from key informants.
### Table 4

<table>
<thead>
<tr>
<th>Key Informant Solution Themes</th>
<th>“Diversify the sports activities that kids are exposed to.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate more physical activity</td>
<td>“Teach kids on how to incorporate physical activity and fitness into their life even if it is just walking around the block or playing in the playground.”</td>
</tr>
<tr>
<td>Nutrition and cooking classes</td>
<td>“I would like to see kids making their own healthy snacks. Kids are more confident if they know that they can do it themselves. I would consider hiring a registered dietitian or nutritionist.”</td>
</tr>
<tr>
<td>Nutrition and cooking classes</td>
<td>“Introduce kids to foods and teach them how to cook different healthy foods in a way that is inexpensive and tastes good.”</td>
</tr>
<tr>
<td>Mentorship</td>
<td>“Create a holistic model providing one on one mentoring to each child.”</td>
</tr>
<tr>
<td>Mentorship</td>
<td>“Build programs for mentoring which would be integrated into their daily life.”</td>
</tr>
<tr>
<td>Educate parents about healthy resources</td>
<td>“As the community learns more about Philly Food Bucks, it is making fresh local produce more accessible.”</td>
</tr>
<tr>
<td>Educate parents about healthy resources</td>
<td>“Find venues for parents to feel safe and address questions on health. This includes having a continuously updated centralized data source of educational information.”</td>
</tr>
<tr>
<td>Form partnerships with universities</td>
<td>“Reach out to universities to see if we can use their athletic spaces.”</td>
</tr>
<tr>
<td>Form partnerships with universities</td>
<td>“We can tap into the seemingly endless energy of community-oriented undergrads as a potential source of nutrition and cooking classes in the OSTs.”</td>
</tr>
</tbody>
</table>

**Community Asset Profile Tool & OST program Profile Tool:**

Finally, during the course of our investigation, we learned about the multitude of existing community resources in West and Southwest Philadelphia relating to physical activity and nutrition. We spoke with lacrosse coaches, dance teachers, professional chefs, and many other interesting and talented individuals. Many of these individuals and their organizations were not only willing, but excited, about the possibility of working with OST programs.

We created profiles for each of these Community Assets based on their needs and resources; these profiles include information such as availability of activity facilities, equipment needs, flexibility etc. We created a companion OST Profile Tool, to be filled out by OST programs, in order to facilitate a compatibility-based match with community assets. (See Appendices B&C)

This is by no means a comprehensive list of resources available to OST programs. Rather, we hope this list will serve as a starting point to connect OST programs with community resources, and that further resources will be discovered and utilized.
Recommendations

Findings:

- A number of community organizations engage in activities that promote healthy living among children. Many are excited to partner with OST programs and have complementary resources and needs.

Recommendation:

1. The HKHC OST Partnership Project should help OST programs partner with existing community and university resources by matching needs/resource profiles.

Potential Strategies:

- The HKHC OST Partnership Project can continue to use the ‘Asset Networking Tool’:
  - As a model for organizing community and university resources into a user-friendly centralized database. It can be added to the OST Resource Center Resource Directory.
  - To distribute to OST programs as a way to help them catalog their own needs and resources in order to facilitate effective networking with community resources.

- The HKHC OST Partnership Project can work with existing Philadelphia OST professional development and networking initiatives to connect OST programs with community and university resources.
**Findings:**

- Many respondents emphasized the need to take parental and child preferences into account when making any changes to OST programs.
- Key informants suggest using parent/child feedback as measurable outcomes for the HKHC OST Partnership Project.

**Recommendation:**

The HKHC OST Partnership Project should continue to assess and incorporate the perspectives of parents and children throughout implementation of the guidelines on nutrition and physical activity.

**Potential Strategies:**

- OST programs can administer the ‘Survey for Parents’ and ‘Survey for Children’ at regular intervals.
- Survey data on prevalence of healthy lifestyle choices and satisfaction with OST programs’ role in reducing childhood obesity can serve as measurable outcomes for the HKHC OST Partnership Project.
- The HKHC OST Partnership Project can utilize venues such as Parent Teacher Organization meetings and Wellness Councils to solicit further parental feedback on OST program guidelines and standards.
- OST programs should take into account current information on parent and child preferences (see bar chart and strategy table, ‘Findings’ section).
Findings:

- While a majority of parents cited academic help and life skill acquisition as their goals for OST programs, only 20% of parents noted physical activity or nutrition as a goal of OST programs. Yet for many children, the OST programs represent a major opportunity for healthy food or exercise.

- Parents and key informants note that it is often difficult to motivate children toward healthy lifestyle choices. However, they suggest that when healthy choices serve a dual purpose (such as learning math through cooking classes) they become more appealing.

Recommendation:

OST programs should seek to align implementation of guidelines on nutrition and physical activity with other priorities of parents and children, such as academic success, life skills and recreation

Potential Strategies:

- Our findings show that children often lack knowledge about nutrition. OST programs can incorporate fun, interactive nutrition education into their curricula. Examples include:
  
  o Cooking classes with Philadelphia chefs (such as Bacchus Market, listed in ‘Asset Networking Guide’)
  
  o Nutrition classes facilitated by undergraduates at local universities (such as University of Pennsylvania nutrition students, listed in ‘Asset Networking Guide’)

- Teach life skills, such as leadership and teamwork, through sports. Organizations such as SquashSmarts and Arthur Ashe Tennis have designed curricula that connect physical fitness to academic and personal success.
Findings:

- Parents want their children to be fed at OST programs and children report that they usually finish their snacks.
- There are many competing unhealthy food choices that children face at home and at corner stores.
- Parents express a strong desire for healthier food at OST programs: “They need healthy snacks, but something they will like and eat.”

Recommendation:

OST programs should provide children with healthy food that is fun and attractive

Potential Strategies:

- The HKHC OST Partnership Project can help OST programs partner with private organizations that would be willing to provide in-kind donations of healthy food (see ‘Asset Networking Guide’).
- The choices of healthy food should take into account children’s stated food preferences.
- Garden to table projects can be a fun and exciting way to introduce children to healthy food.
**Findings:**
- Many key informants answered “parents” when asked who is the most responsible for the issue of childhood obesity.
- OST program providers and community leaders complain that it is difficult to involve parents with OST programs.
- A major barrier which parents identified was lack of financial resources to create healthy lifestyles for their children.
- Parents expressed an active desire to learn about healthy cooking, food acquisition and fitness activities.

**Recommendation:**

5

*OST programs could offer parents the nutrition and activity resources they seek as a means to foster parental involvement and promote health*

**Potential Strategies:**

- OST programs can distribute information to parents on ways to make healthy lifestyles affordable. For example:
  - Philly Food Bucks Program at farmer’s markets, which provides subsidies for people to purchase fresh food
  - Cap4kids.org listing of sports and activities, many of which offer sliding scale payment
- OST programs can sponsor Parent/Child cooking classes facilitated by community resources (see ‘Asset Networking Guide’).
- OST programs can distribute activities agendas and menus for parents’ review.
Conclusion

"Our children deserve to be nourished."

Philadelphia is ready to accept the challenge of reducing childhood obesity. We hope that this report serves as a voice for the community and provides actionable tools that may help the HKHC OST Partnership Project in their efforts. We also hope that our experience of community engagement can serve as a model for future efforts to open the conversation on childhood obesity in Philadelphia.

We are grateful for this opportunity to learn about community engagement in such a resourceful, exciting and welcoming setting. We deeply appreciate the chance to meet such an extraordinary caliber of people.
References


11. citydata.com
Appendix A: Survey for Children, ages 6-10
(to be administered with an adult)

1. What is your favorite food?

2. Do you eat anything after school but before coming to the after school program?
   If yes, then:
   a. What is it?
   b. Where do you get it from?
   c. Do you think this food is healthy or unhealthy?

3. Do you like the food you after school program gives you?

4. Do you finish the snack given to you by your after school program? Why or Why not?

5. What is your favorite healthy snack?

6. Where would you rather get your snacks from? Choose one answer: the corner store, home or afterschool program?

7. What do you do for fun after school?

8. Do you like the activities that you get to do at your afterschool program? (Yes/No)

9. Do you think you get enough exercise at your after school program? (Yes/No)

10. What is your favorite healthy activity that involves some sort of exercise?

14. I am going to read a list of activities and I want you to tell me which of these activities is fun (Yes/No):
    - Basketball
    - Boxing
    - Dance
    - Fencing
    - Field Hockey
    - Golf
    - Gymnastics
    - Ice Hockey
    - Jump Rope
    - Karate
    - Lacrosse
    - Running around at the playground/park
    - Swimming
    - Tennis

15. What kinds of things do you do at home after you get home from the after school program?
Appendix B: Survey for Parents
(can be administered as a handout or an interview)

1. What do you hope your child will get out of his/her after-school program?

2. What do you like about your after-school program?

3. What would you like to change about your child’s after-school program?

4. What is the first thing your child ate after coming home from the after school program yesterday?

5. What did your child do after coming home from the after-school program yesterday? (excluding sleeping and eating dinner)

6. What kinds of activities is your child involved with on the weekends?

7. How important is it to you that your child(ren) be fed at their after school program? Not Important, Important, Very Important

8. How satisfied are you with the food that they get at their after school program on a scale of 1-10 (10 being very satisfied)

9. How satisfied are you with the level of exercise that your child gets at their after school program on a scale of 1-10 (10 being very satisfied)

10. Is it hard to keep your child at a healthy weight? (Yes/No) Why or why not?

11. Pretend you are the head of an after-school program and you have $1000 to help the youth be healthier. How would you want it to be spent?

12. If YOU had $1000 to make your family healthier, how would you spend it?

13. What does your child do to stay healthy? Where did they learn to do that?

14. How satisfied are you with the communication you have with your after school program on a scale of 1-10 (10 being very satisfied)

15. Do you want more updates about what is going on with your afterschool program?

16. Would you prefer email, in person, or phone discussions with the after-school provider? How often would you like this to occur?

17. Comments or ideas for solutions to the health problems of the children in your community (if you need more paper for more ideas, please ask!):
### Activities Asset Profile Tool (page 1/2)

<table>
<thead>
<tr>
<th>ACTIVITY-ORG.</th>
<th>CURRENTLY AT CAPACITY?</th>
<th>ORG.’S FUNDING SOURCE</th>
<th>EXISTING RELATIONSHIP WITH AN OST?</th>
<th>SPACE NEEDED FROM OST FOR ACTIVITY</th>
<th>EQUIPMENT NEEDED FROM OST FOR ACTIVITY</th>
<th>COMPENSATION NEEDED FROM OST FOR ACTIVITY</th>
<th>FLEXIBILITY OF ORG.’S TIME</th>
<th>WHO WILL ORG. TRAIN</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
</table>
| Golf- Westover Golf Club | No | Private Sector & Community | Yes | Gym & Outside Field | None | Needed | Most afternoons | Kids & Teachers | Scott DeLoatch  
 scottdeloatch@yahoo.com  
 610-283-8717 |
| Swimming- Crock Center | No | Salvation Army & Foundations | No | Transportation to Crock Center | Bathing suits | Needed | Flexible | Kids | John Ellis  
 ellis-9194@msn.com  
 215-292-8270 |
| Rowing- Philadelphia City Rowing | No | Priv Sector & City | No | Transportation to rowing facility | None | Not needed | Flexible | Kids | Libby Peters  
 libby@philadelphiacityrowing.org  
 646-823-5113 |
| Hula Hooping | No | Private Sector & Personal | Yes | Space to hula hoop | Make own hoops | Needed | Limited | Kids | Jen Alvarez  
 jenalvarez@comcast.net  
 305-926-6554 |
| Lacrosse | No | In Kind | Yes | Outdoor Space | None | Not Needed | Flexible | Kids & Teachers | Alison Bruno  
 antsgal@yahoo.com  
 610-754-0533 |
| Fencing | No | Community | Yes | Open space | None/negotiable | Negotiable | Flexible | Kids & Teachers | Pixie Roane  
 DC PixieR@aol.com  
 215.917.3371 or  
 610.892.3460 |
| Tennis- Arthur Ashe Tennis | Yes but adjusted annually | Membership & Grants | Yes | Can often provide transportation to tennis courts | None | TBD | TBD | Kids | Ben Hirsh  
 bhirsh@ashetennis.org  
 215-487-9555 |
| Boxing | No | Private | Yes | Minimal | None | Needed | Kids | Jeff Brady  
 jbrady90@hotmail.com |
| Squash- SquashSmarts | Yes | Priv Sector | No | Have own | Have own | N/A | N/A | N/A | Stephen Gregg  
 stevegregg@squashsmarts.org  
 215-221-6860 |
| Soul Line Dancing | No | Paid by students | Yes | Minimal | None | Needed | Flexible | Kids & Teachers | Yolanda Sample  
 ysample1968@yahoo.com  
 267-592-2236 |
| YMCA (W Philly) | No | Membership | Some | Transportation to site | None except if playing basketball | Not needed | Flexible | Kids & Teachers | Paulette Branson  
 pbranson@philaymca.org |
| Eleon Dance Co. | No | Grants & Donations | Yes | Large space | None | Yes | Flexible | Kids | Sheila A. Ward  
 sheila@eleondance.org  
 267-235-0163 |
| Soccer- Star Finder | No | Grants | Yes | Only transport | None | Yes | Flexible | Kids | Steve Bauman  
 steve@starfinderfoundation.org  
 215-539-7631 |
### Activities Asset Profile Tool (continued)

<table>
<thead>
<tr>
<th>ACTIVITY-ORG.</th>
<th>CURRENTLY AT CAPACITY?</th>
<th>ORG.'S FUNDING SOURCE</th>
<th>EXISTING RELATIONSHIP WITH AN OST?</th>
<th>SPACE NEEDED FROM OST FOR ACTIVITY</th>
<th>EQUIPMENT NEEDED FROM OST FOR ACTIVITY</th>
<th>COMPENSATION NEEDED FROM OST FOR ACTIVITY</th>
<th>FLEXIBILITY OF ORG.'S TIME</th>
<th>WHO WILL ORG. TRAIN</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
</table>
| Ugo Fitness & Nutrition Workshops | No | DPH & PUFFA | No | None | None | None | Flexible | Kids | Erin Trent  
ugocommunity@gmail.com |
| Martial Arts- Zhang Sah | No | Private Sector & City | Yes | Open space | Minimal | Yes | Flexible | Kids | Salvatore Sandone  
info@zhangsah.org  
215-923-6676 |
| City Sports Sport Equipment Donation Grants | N/A | Private | No | N/A | If grant submitted, can potentially donate equipment | No | N/A | N/A | Heather Cosgrove  
hcosgrove@citysports.com  
617-391-9167 |

### Nutrition Asset Profile Tool

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>TYPE OF FOOD</th>
<th>CAN DONATE FOOD</th>
<th>CAN GIVE COOKING/NUTRITION CLASSES</th>
<th>COMPENSATION NEEDED FOR SERVICE</th>
<th>CURRENTLY AT CAPACITY</th>
<th>MISCELLANEOUS</th>
<th>CONTACT</th>
</tr>
</thead>
</table>
| Urban Food Initiative | Snacks/meals | Yes | Conduct | Yes | Full currently | Full capacity currently but can collaborate | Danny Gerber  
eltoropapaya@yahoo.com  
215-898-1600 |
| Essence Market | Organic foods | No | No | Yes | Willing to discuss future collaboration | Ed Mitinger  
215-922-1146 |
| Bacchus Market | Gourmet | Yes | Yes | No | Chef interested in giving cooking classes | Kerry Redanaauar  
bacchustlw@aol.com  
redsrules@gmail.com  
215-545-6656 |
| Bon Appetit (Penn Dining Services) | From scratch catering | Maybe | Maybe | TBD | Flexible programs that address childhood obesity around the country. Willing to discuss potential projects. | Terri Brownlee  
Terri.Brownlee@bamco.com |
| UPenn Minor in Nutrition | N/A | No | Maybe | For materials | Depending on availability of undergrads | Undergrads can be contacted to potentially provide nutrition classes | David Barnes (Assoc. Prof)  
dbarnes@sas.upenn.edu  
215-898-8210 |
### Activities Contacts

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>CONTACT</th>
<th>ADDRESS/EMAIL</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westover Golf Club</td>
<td>Scott DeLoatch</td>
<td>Westover Golf Club  <a href="mailto:Scottdeloatch@yahoo.com">Scottdeloatch@yahoo.com</a></td>
<td>610-283-8717</td>
</tr>
<tr>
<td>Crock Center Swimming</td>
<td>James Ellis III</td>
<td>Crock Center  <a href="mailto:ellis-9194@msn.com">ellis-9194@msn.com</a></td>
<td>215-292-8270, 215-473-6682</td>
</tr>
<tr>
<td>Philadelphia City Rowing</td>
<td>Libby Peters</td>
<td>1904 Green Street 1E, Philadelphia, PA 19130  <a href="mailto:libby@philadelphiacityrowing.org">libby@philadelphiacityrowing.org</a></td>
<td>646-823-5113</td>
</tr>
<tr>
<td>Hooping</td>
<td>Jennifer Alvarez</td>
<td><a href="mailto:jenalvarez@combast.net">jenalvarez@combast.net</a></td>
<td>305-926-6554</td>
</tr>
<tr>
<td>City Sports Grant Program</td>
<td>Heather Cosgrove</td>
<td><a href="mailto:hcosgrove@citysports.com">hcosgrove@citysports.com</a></td>
<td>215-391-9167</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>Alison Bruno</td>
<td><a href="mailto:antsgal@yahoo.com">antsgal@yahoo.com</a></td>
<td>610-754-0533</td>
</tr>
<tr>
<td>Fencing</td>
<td>Pixie Roane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthur Ashe Tennis</td>
<td>Ben Hirsh</td>
<td><a href="mailto:bhirsh@ashetennis.org">bhirsh@ashetennis.org</a></td>
<td>215-487-9555</td>
</tr>
<tr>
<td>Boxing</td>
<td>Jeff Brady</td>
<td><a href="mailto:jbrady90@hotmail.com">jbrady90@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Squash Smarts</td>
<td>Stephen Gregg</td>
<td><a href="mailto:stevegregg@squashsmarts.org">stevegregg@squashsmarts.org</a></td>
<td>215-221-6860</td>
</tr>
<tr>
<td>Soul Line Dancing</td>
<td>Yolanda Sample</td>
<td><a href="mailto:ysample1968@yahoo.com">ysample1968@yahoo.com</a></td>
<td>267-592-2236</td>
</tr>
<tr>
<td>YMCA W Philly</td>
<td>Paulette Branson</td>
<td><a href="mailto:pbranson@philaymca.org">pbranson@philaymca.org</a></td>
<td></td>
</tr>
<tr>
<td>Eleone Dance Co.</td>
<td>Sheila A. Ward</td>
<td><a href="mailto:sheila@eleonedance.org">sheila@eleonedance.org</a></td>
<td>267-235-0163</td>
</tr>
<tr>
<td>Starfinder Soccer</td>
<td>Steve Bauman</td>
<td><a href="mailto:steve@starfinderfoundation.org">steve@starfinderfoundation.org</a></td>
<td>215-539-7631</td>
</tr>
<tr>
<td>UGO</td>
<td>Erin Trent</td>
<td><a href="mailto:ugocommunity@gmail.com">ugocommunity@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Zhang Sah Martial Arts</td>
<td>Salvatore Sandone</td>
<td><a href="mailto:info@zhangsah.org">info@zhangsah.org</a></td>
<td>215-923-6676</td>
</tr>
</tbody>
</table>

### Nutrition Contacts

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>CONTACT</th>
<th>ADDRESS/EMAIL</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Food Initiative (Penn Affiliate)</td>
<td>Danny Gerber</td>
<td><a href="mailto:eltoropapaya@yahoo.com">eltoropapaya@yahoo.com</a></td>
<td>215-898-1600</td>
</tr>
<tr>
<td>Essence Market</td>
<td>Ed Mitinger</td>
<td>719 S 4th St</td>
<td>215-922-1146</td>
</tr>
<tr>
<td>Bacchus Market</td>
<td>Kerry Redanaruar</td>
<td><a href="mailto:bacchustlw@aol.com">bacchustlw@aol.com</a> <a href="mailto:redsrules@gmail.com">redsrules@gmail.com</a></td>
<td>215-545-6656</td>
</tr>
<tr>
<td>Bon Appetit (Penn dining service)</td>
<td>Terri Brownlee</td>
<td><a href="mailto:Terri.Brownlee@bamco.com">Terri.Brownlee@bamco.com</a></td>
<td></td>
</tr>
<tr>
<td>UPenn Nutrition Minors (Undergrad)</td>
<td>David Barnes (Assoc. Prof)</td>
<td><a href="mailto:dbarnes@sas.upenn.edu">dbarnes@sas.upenn.edu</a></td>
<td>215-898-8210</td>
</tr>
<tr>
<td>OST SITE</td>
<td>PREFER ORG WITH PREVIOUS OST RELATION OR NO</td>
<td>SPACE OR TRANSPORT AVAILABLE FOR ACTIVITY</td>
<td>EQUIPMENT AVAILABLE FOR ACTIVITY</td>
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### OST FOOD PROFILE

<table>
<thead>
<tr>
<th>OST SITE</th>
<th>PREFER FOOD DONATION OR COOKING/NUTRITION CLASSES</th>
<th>TYPE OF FOOD PREFERED</th>
<th>HAVE ACCESS TO REFRIGERATOR OR ANY PREPARATION SPACE</th>
<th>ANY HEALTH CODE ISSUES, ETC. WITH FOOD PROCUREMENT</th>
<th>ABILITY TO COMPENSATE AT SUBSIDIZED RATE</th>
<th>CONTACT INFORMATION</th>
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