OUT-OF-SCHOOL TIME PARTNERSHIP

CASE REPORT

PHILADELPHIA, PENNSYLVANIA

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to December 2013

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BACKGROUND

Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.[1]

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit www.healthykidshealthycommunities.org.

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships

Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes, as well as influences associated with partnership and community capacity and broader social determinants of health.

Reported "actions," or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit www.transtria.com/hkhc.

Out-of-School Time Partnership

In December 2009, the Out-of-School Time (OST) Partnership received a four-year, $360,000 grant as part of the HKHC national program. The partnership focused on increasing healthy eating and active living in OST sites that were funded by Philadelphia's Department of Human Services and managed by the Public Health Management Corporation. The OST program consisted of approximately 207 sites from 65 different organizations, although the number has fluctuated based on several factors, including funding. Spanning across 35 zip codes in Philadelphia, the program has provided after-school and summer programs to more than 20,000 children[2].

The Health Promotion Council (HPC) of Southeastern Pennsylvania, Inc. served at the lead agency for Philadelphia's OST Partnership. The partnership and capacity building strategies of the partnership included:

- *Parent Involvement:* A parent leadership team was created to better understand parents' perspectives and to glean recommendations on nutrition and physical activity standards in the OST programs.

- *Youth Involvement:* Leadership teams were formed at the middle and high schools levels. The purpose of the teams was to engage youth in discussions and to obtain feedback on nutrition and physical activity standards.

- *Healthy Living Guidelines for Out-of-School Time Programs Toolkit*: The OST Partnership created a Healthy Living Guidelines for Out-of-School Time Programs Toolkit for OST staff and parents. The toolkit contained OST resources and information on how to implement the guidelines. The City of Philadelphia approved the toolkit, and it was distributed to over 180 programs throughout Philadelphia.

- *Training and Technical Assistance*: OST partners and HPC HKHC staff provided trainings and technical assistance to OST staff on implementation of the Healthy Living Guidelines.

See Appendix A: Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for more information.

Along with partnership and capacity building strategies, the OST Partnership incorporated assessment and community engagement activities to support the partnership and its healthy eating and active living strategies.

The healthy eating and active living strategy of the OST Partnership included:

- *Childcare Nutrition and Physical Activity Standards*: HPC partnered with Philadelphia's Department of Human Services, Philadelphia Department of Public Health, and Public Health Management Corporation to implement Healthy Living Guidelines in over 200 OST sites. The guidelines focused on improving nutrition and physical activity of youth attending OST programs.

COMMUNITY DEMOGRAPHICS

Philadelphia, Pennsylvania (see Figure 2) is the nation's fifth largest city, with a population of 1,526,006. Residents of the city are mainly black (43.4%) and white (43.4%), although other racial and ethnic groups are represented (Hispanic or Latino, 12.3%; Asian, 6.3%; American Indian and Alaska Native, 0.5%). Twenty-one percent of residents speak a language other than English at home. The median household income is $37,000 and about 30% of persons are living below the poverty level.[3]

One-quarter of the population in Philadelphia includes children 17 years of age or younger, with the majority representing racial and ethnic minorities. According to the American Community Survey,[4] there are 424,284 persons age 3 years and older enrolled in school, with 59% enrolled in grades K-12. Over one-half of the households in Philadelphia enrolled one or more children in an organized after-school program in 2008.[5]

Figure 2: Map of Philadelphia, Pennsylvania[6]
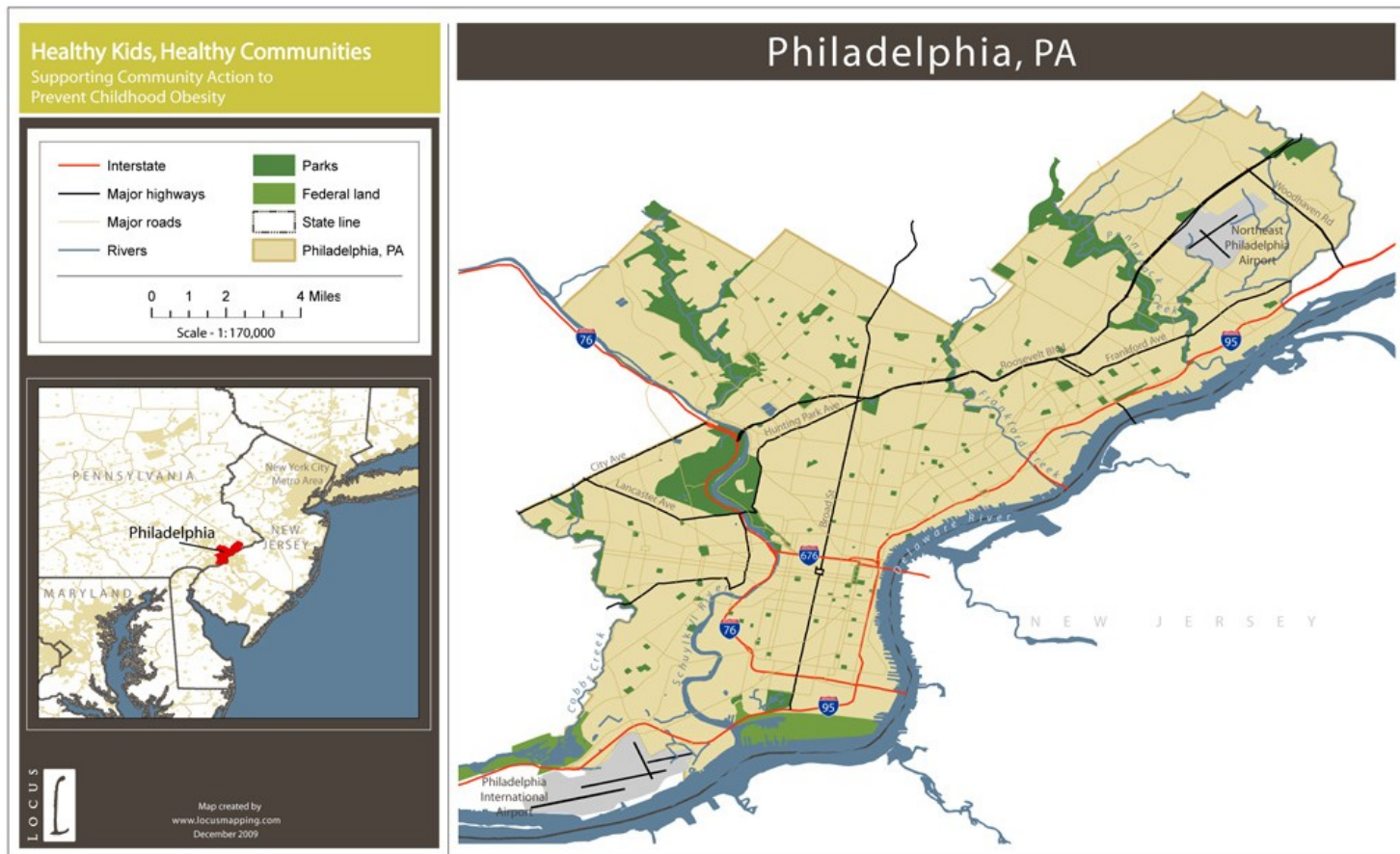
Out-of-School Time (OST) Program

Philadelphia does not have a unified OST program; however, there are several organizations that sponsor after-school or summer programs. A large set of OST programs are funded through Philadelphia's Department of Human Services and managed by the Public Health Management Corporation. Approximately 207 sites (60% of total programs) are monitored by the Public Health Management Corporation. The sites are located at parochial, charter and public schools; community organizations; churches; recreation centers; and libraries (see Appendix C for a list of agencies). Another large set of OST sites is sponsored by the 21st Century Community Learning Centers, most of which are school-based. The Department of Parks and Recreation sponsors programs at the recreation centers, and there are several stand-alone programs located at schools, community centers, religious institutions, and archdioceses.

Reaching over 20,000 low-income Philadelphia youth from kindergarten to 12th grade, the program provides after-school and summer opportunities. The Public Health Management Corporation's managed sites are mainly school-based (63%) and community-based (18%).[7] Some organizations provide services at more than one location (e.g., Education Works). There are program slots available by school year for youth through

three different models: elementary, middle, and high school. A majority (65%) of the programs are for elementary-aged youth, with a smaller number (24%) for middle school students and fewer (11%) for high school-aged youth. The model type and number of slots available vary by site.[7]

INFLUENCE OF SOCIAL DETERMINANTS

Crime

The total crime rate in Philadelphia (579.7 per 100,000) is higher than the national average (307.5 per 100,000).[8] The crime trends have continuously changed in the city. Although crime and violence appear to be decreasing, a HPC HKHC staff person noted that they seemed to have worsened in 2012. Gang influence and drug usage in Philadelphia were prevalent from the 1960s until the 1980s. The current crime trend includes flash mobs, which are groups that randomly attack people. Middle school-aged children are oftentimes the offenders, and the acts frequently take place in the summer or after-school due to the elimination of summer and after-school programs. As a result of the increase in flash mobs, a city curfew has been implemented. Law enforcement has been active in the community, as well as town watch programs and special service districts.

> "..looks like it's [crime] going back up again and usually it's the middle school, high school range kids are the ones that are…getting involved because once again they are bored and they don't have jobs… they just go out and attack random people" -Staff

Safety

Safety issues, including missing or cracked sidewalks; narrow, congested and poorly designed streets; overgrown empty lots; and trash/debris keep youth from playing outdoors.

Transportation

Grocery stores are hard to reach because of the lack of transportation, leaving youth to eat at fast food restaurants or buy foods at convenience marts and drug stores.[6]

Youth typically participate in OST programs located within their neighborhood, eliminating the need for transportation. However, for some after-school programs, lack of transportation is a barrier. The School District of Philadelphia does not have a late bus, which is an issue for students staying after school.

> "We don't have like a lot of school systems have, we don't have like that late bus that runs, so kids are on their own; and if it turns out that the kids that were going to stay after school needed to go home with their sibling, well they don't get to participate." –Community partner

Program Costs

Costs of running after-school programs can sometimes be a barrier, especially when funding is short or cut. City or organizational budget cuts directly affect after-school programming. School engineers must restrict their overtime hours, closing the building soon after the school day ends. Early building closure does not provide sufficient time for parents to pick up their children enrolled in OST programs. Other cuts include laying off athletics department staff, eliminating security staff, cancelling sports programs, and closing schools early and on the weekends.

OUT-OF-SCHOOL TIME PARTNERSHIP

Lead Agency and Leadership Teams

The Health Promotion Council (HPC) of Southeastern Pennsylvania, Inc. was the lead agency for the Out-of-School Time (OST) Partnership. HPC is a non-profit agency, founded in 1981, governed by a Board of Directors. The organization became an affiliate of Public Health Management Corporation in 1999, which acts as an umbrella organization to HPC, National Nursing Care Consortium, Public Health Fund, and several other non-profits. The mission of HPC is to "promote health, prevent and manage chronic disease, especially among vulnerable populations, through community-based outreach, education, and advocacy." Serving over 30,000 people in Pennsylvania, the organization focuses on four main areas, including chronic disease risk reduction, chronic disease management, organizational and community capacity building, and consultation/professional development.[9]

The OST Partnership began as a result of HKHC funding; however, many partners worked together on the Philadelphia Urban Food Fitness Alliance for several years beforehand. Key partners that were involved with the lead agency before the initiative included the Public Health Management Corporation Research and Evaluation Group, University of Pennsylvania, and The Food Trust. Since receiving HKHC funds, a team of HPC staff, along with several new partners collaborated on the OST initiative. The new partners include individuals from Public Health Management OST, The Food Trust, National Nursing Centers Consortium, Out-of-School Time Resource Center, Philadelphia Department of Public Health, Department of Human Services, and Department of Recreation. These organizations, along with other key consultants and stakeholders, formed the partnership team. See Appendix D for a list of partners.

HPC and OST staff, along with HKHC Partners, formed a leadership team to provide strategic direction for the project. Approximately 80 individuals from 38 different organizations were invited to participate and provide expertise on OST systems, nutrition, physical activity, obesity, government, community, and policy. Individuals on the leadership team had diverse backgrounds and experiences.

> "….So what's really nice about it is you get backgrounds and experience in this world, and you can ask questions and get a diverse response and lots of good conversation from a lot of viewpoints. And what they have to say totally enriches our process." -Staff

Over the duration of the initiative, partners have been supportive and dedicated to the OST work. The partnership has allowed partner organizations to improve collaborative skills and glean useful resources from other groups without competition.

PARTNERSHIP FUNDING

There were several funding sources obtained to support the development and implementation of Healthy Living Guidelines in OST sites. Grants or funds were received from private and public foundations or organizations. As part of HKHC, grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the funds received from RWJF over the entire grant period. For additional funding information, see Appendix E: Sources and Amounts of Funding Leveraged. Several partner organizations provided in-kind support for staff time and meeting space as part of the matching funds.

Nutrition and Physical Activity Standards

Several partner organizations provided in-kind support or additional funds to support the OST initiative:

- United Way of Southeastern Pennsylvania provided a 12% cash match for the Project Director position and 5% for HPC's Deputy Executive Director for the first two years of the grant.

- Philadelphia Department of Public Health, Philadelphia Department of Human Services, Public Health Management Corporation, Out-of-School Time Resource Center, University of Pennsylvania, Temple University Schools of Public health and Social Work, and Kellogg Foundation contributed in-kind support (e.g., staff time, meeting space) throughout the initiative.

- The United Way provided funds ($2,220) to develop the Healthy Living Guidelines for Out-of-School Time Programs Toolkit.

- A total of $11,500 was received from the St. Christopher's Foundation for Children to support the OST initiative.

- RWJF Clinical Scholars contributed in-kind support ($20,000) to assist with a community preference assessment.

- The Philadelphia Department of Health provided additional funding ($314,836) for the OST initiative through the Community Putting Prevention to Work program. The funds were used for the evaluation of the pilot sites, development of the toolkit, creation of short videos, and a website.

COMMUNITY ASSESSMENT

HPC, along with several partner organizations, developed and conducted assessments to determine the capacity of the OST sites to implement nutrition and physical activity guidelines.

- Policy/Document Review: Existing findings from the Philadelphia Urban Food and Fitness Alliance's assessment were used to review current assets in the community. A policy scan was conducted to identify OST policies, standards, and systems that support active living and the provision of healthy snacks. Information was collected from OST policy manuals and commentaries from the Forum for Youth Investment, the American Youth Policy Forum, the National Institute of Out-of-School Time, Wellesley College, OST/UPENN Social Policy and Practice, the Robert Wood Johnson Foundation Active Living Programs, and various states (i.e., North Carolina, Connecticut)

- Asset Mapping: In 2010, the partnership identified community assets and barriers around OST sites conducive to active living and healthy eating by using a series of Geographic Information Systems mapping (GIS) to assess safe routes to schools, vacant lots, community gardens and corner store locations.

- Community Preferences Assessment:[10] Robert Wood Johnson Foundation Clinical Scholars, based out of the University of Pennsylvania, assisted HPC with the development of a community preference assessment of South and West Philadelphia. The purpose of the assessment was to develop a systematic approach for the adoption of age-specific, place-based nutrition and physical activity strategies and core standards in OST settings using West Philadelphia sites as a basis for system-wide implementation. Twenty-seven key informants and community members were interviewed before a survey was developed for parents and children. The survey was created to capture: 1) childhood obesity attitudes and behaviors, 2) perceived barriers to reducing childhood obesity, 3) attitudes toward OST programs, and 4) preferences or suggestions for addressing childhood obesity. Parents and children in five neighborhoods (Millcreek, Southwest Philadelphia, Cobbs Creek, Haddington, Mantua) were surveyed. Key findings noted by the Clinical Scholars were:

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

  - The majority of parents (60%) reported that it was not hard to keep their children at a healthy weight.

  - Of parents, 69% reported that their children engage in some type of physical activity on the weekends.

  - Most parents (75%) felt that it was very important for their child to be fed at the OST program.

  - Barriers to childhood obesity included unhealthy foods, lack of physical activity, lack of education, low OST attendance, and lack of money.

- OST Site Capacity Assessment:[7] An OST Capacity Survey was designed and conducted by Public Health Management Corporation's Research and Evaluation Group between May and June 2010. The purpose of the assessment was to gather information on the food served and physical activity included in the programs, in addition to assessing each site's capacity to increase healthy foods and physical activity. Two hundred and six surveys were returned, representing 135 elementary school programs, 49 middle school programs, and 22 high school programs. Approximately 63% of the sites were school-based, while the remaining were community-based and faith-based. In addition, focus groups and flip phone activities were conducted with OST youth. Results from the assessment and focus groups activities demonstrated the diversity of the OST programs (e.g., full-service kitchens versus small space to prepare cold meals) and the need for varied recommendations for improving physical activity and nutrition.

- Pilot Study Assessment: HPC HKHC staff partnered with Public Health Management Corporation's Research and Evaluation Department to develop a pre- and post-survey to assess the pilot study. Nine sites participated in the assessment before and after a selection of the Healthy Living Guidelines were implemented. Additionally, interviews were conducted with OST site directors and parents/guardians.

- Assessment of Policies and Strategies to Inform the Development of Active Living:[11] in July 2010, the National Nursing Centers Consortium conducted an assessment of physical activity policies and strategies. The report, *Assessment of Policies and Strategies to Inform the Development of the Active Living Resource Guide for Public Health Management Corporation OST Funded Sites*, provided background information on physical activity standards in OST settings, example designs or best practices, and recommendations for the OST project team and State of Pennsylvania.

- Nutrition Assessment:[12] In August 2010, the Food Trust assessed the state of nutrition in Philadelphia's OST programs. A final report, *The State of the Nutrition in Philadelphia's OST Programs: Key Findings and Recommendations*, provided an overview of the nutrition policies and practices in OST sites. Example best practices and models were presented in the report, along with recommendations for the OST Project Team, State of Pennsylvania, and Congress/United States Department of Agriculture.

- Nutrition and Physical Activity Environmental Audit and Direct Observation: HPC HKHC staff collected environmental audit and direct observation data for nutrition and physical activity in seven childcare settings. The following assessments were completed:

  - Physical Activity Direct Observation: Physical activity levels of elementary and middle school children were collected between April and June 2013 at four sites. Across the four sites, 42% of children's observed activity levels were very active, 28% were moderate, and 30% were sedentary. Approximately 61% of middle school children were observed being very active, compared to 42% of elementary school children.

  - Nutrition Direct Observation: Eating behaviors of elementary and middle school children were observed between April and June 2013 at seven sites. For each meal or snack, children were given an average of 468.4 calories, 15.3 grams of fat, and 1042.3 milligrams of sodium. Children consumed an average of 274.4 calories, 8.3 grams of fat, and 524.2 milligrams of sodium.

  - Nutrition Environmental Audit: Audits were conducted from April to June 2013 at six sites. None of the sites had vending machines or a store that sold food or beverages. All sites had refrigeration and/or cooling system and food preparation space.

    See Appendix F for the complete summary report.

PLANNING AND ADVOCACY EFFORTS

A toolkit was created, and training and technical assistance were provided to support the OST sites working to implement the recommended physical activity and nutrition guidelines.

Healthy Living Guidelines for Out-of-School Time Programs Toolkit[13]

The OST Partnership created the Healthy Living Guidelines for Out-of-School Time Programs Toolkit, which contained OST resources and information on the guidelines for OST staff and parents. After the toolkit was drafted, it was submitted to the City of Philadelphia for approval. HPC completed necessary revisions before distributing to the summer pilot sites in June 2011. After distributing and testing the toolkit with the summer pilot sites, the document was revised and resubmitted to the City of Philadelphia. The updated toolkit was then distributed to the fall pilot sites in August 2011. After the toolkit was tested by the fall pilot sites, final changes were made, and the document was printed and distributed to 185 programs funded by the City of Philadelphia.

Healthy Living Guidelines for Out-of-School Time Website

A website was created to support the ongoing implementation of the Healthy Living Guidelines (http://www.hpcpa.org). The toolkit, instructional video, handouts, training slides, GIS maps, and evaluation findings are provided on the website. Current and future OST sites will have unlimited access to materials for implementing the guidelines and training staff.

Photo taken from Healthy Living Guidelines for Out-of-School Time Programs Toolkit

Training and Technical Assistance

Trainings were developed by OST partners and HPC HKHC staff to provide sites with information needed to implement the recommended guidelines. The City of Philadelphia reviewed and approved the training framework before it was implemented.

Three summer pilot sites were first to receive the information. The trainings were then provided to the fall pilot sites, and eventually to all funded OST sites. During initial trainings, a GIS mapping consultant from University of Pennsylvania provided maps that included community sites, playgrounds, farmers' markets, and other assets. The maps (see Figure 3 for an example), based on the City of Philadelphia Planning Districts, were uploaded to the HPC website (http://www.hpcpa.org).

From June 2011 to December 2013, several trainings were provided to the funded OST sites. Attendance at the trainings ranged from 5 to over 200 individuals. A few examples of trainings provided to the sites by OST partners, with support and funding from HKHC include:

> "The key thing we really talked about a lot [in training] which really seems to be a struggle for everybody is looking at the frequency, intensity, and duration in order to get the desired effects. There's a lot of physical activity going on, effective PA I think is a different topic in itself, but we're working on it, and I think we've made a lot of headway this year in what we set forth." – Partner

- The Out-of-School Time Resource Center helped sponsor the Philadelphia Youth Sports Collaborative bi-monthly peer seminars on fitness and nutrition for OST staff and individuals outside the program (e.g., Food Trust, YMCA, Department of Recreation). There was no cost to attendees, and about 50 individuals attended each seminar.

- HPC HKHC staff provided over a dozen trainings sponsored by Philadelphia's Department of Human Services and the United Way of Southeastern Pennsylvania.

- HPC HKHC provided trainings at multiple out-of-school time and public health conferences on the OST Healthy Living Guidelines.

- The Zhang Martial Arts Center and experts in physical education provided training for the pilot program to translate the standards into practice among the different organizations, approaches, and initiatives. One thing it focused on was the frequency, intensity, and duration of physical activity in order to achieve the desired effects in terms of vigorous versus moderate activity.

- HPC HKHC staff hosted a physical activity training by Playworks staff. Attendees were provided fun ideas of ways to increase the amount of physical activity during OST hours.

Figure 3: Asset Map, Central Philadelphia[9]
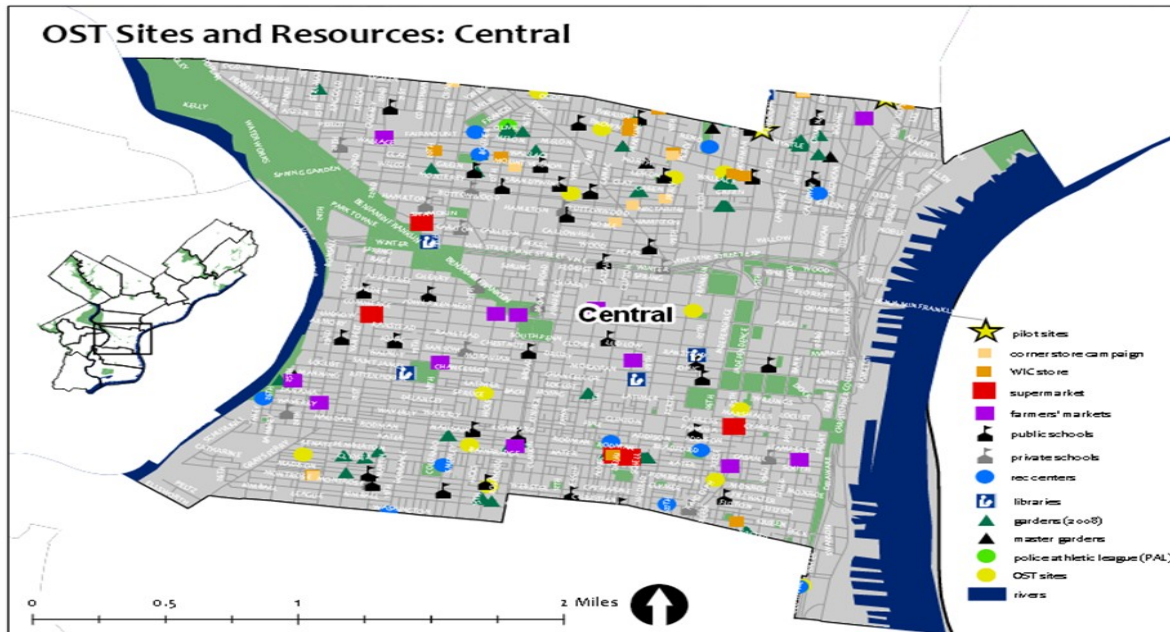
Community Outreach and Engagement

To engage the community, a youth and parent arm of the leadership team was formed. Two youth teams (middle and high school) were formed to engage youth and their parents in the development of the new guidelines. The middle school group met approximately three times between May and December of 2011. Discussions took place at the United Way, Project Home, DePaul Catholic School, Public Health Management Corporation, and Temple University. Six to ten youth attended. The high school group met twice, once in May and once in December of 2011. Six to eight youth were in attendance at the session at United Way or Public Health Management Corporation. The parent group met once in May 2011 at the Episcopal Community Services and approximately 12 attended.

One difficulty the partnership encountered was engaging parents in a leadership team. Even though engagement in key informant interviews and focus groups were sufficient, the partnership had very little success in convening face-to-face parent team meetings. Attempts were made to convene the group, but little response was received due to scheduling conflicts and geography. Despite the efforts, only one parent team meeting was held.

Advocacy

Advocacy efforts were mainly targeted toward youth and families participating in the OST programs. HPC worked with youth to plan the development of a Youth Advocacy Institute. Focus groups were held at pilot sites to discuss planning of the Institute and how to incorporate work from OST programs and the Philadelphia Urban Food and Fitness Alliance. HPC piloted an advocacy curriculum for the summer pilot sites and provided a six-week daily training primarily focused on advocacy related to nutrition and physical activity.

Media

HPC contracted with Big Picture Alliance, a film, digital, and media organization in Philadelphia to write scripts and create mini videos to help OST sites learn about the Healthy Living Guidelines. Topics covered were sugary beverages, physical activity, and creating a healthy food environment.

HEALTHY EATING AND ACTIVE LIVING STRATEGIES

The HKHC OST Partnership's main goal was to develop Healthy Living Guidelines for OST programs. The partnership used a system and environmental approach to ensure that the child care programs supported health and good long-term outcomes in school-aged youth.

Before HKHC, there were no state or local policies controlling physical activity or nutrition in OST settings, although organizations have used the Core Standards for Philadelphia's Youth Programs. The standards, released in 2003 , were developed by representatives from Philadelphia's youth-related organizations. The standards suggested that OST programs focus on academic assistance, service learning, enrichment, and physical activity. Food providers and vendors of OST programs have followed nutritional standards based on the Child and Adult Care Food Program or U.S. Department of Agriculture's Summer Food Service Program.

Policy, Practice, and Environmental Changes

As of July 2013, the Philadelphia Department of Public Health mandated ten Healthy Living Guidelines that were created by the OST Partnership for over 220 OST sites (see Table 1 for the guidelines).

For additional information see Figure 4: Nutrition and Physical Activity Standards Infographic.

Table 1: Healthy Living Guidelines

Nutrition Guidelines	Physical Activity Guidelines
- OST programs do not serve or allow sugary drinks. - Safe, fresh drinking water is available to youth at all times, indoors and outdoors, including field trips. - Each OST provider adopts a comprehensive strategy to improve the food environment during OST, reflecting food service requirements, community perspectives, and good nutrition by eliminating outside food, OR allowing food in the program that reflects recommended health and nutrition principles, for example, the Dietary Guidelines for Americans 2010. - A pleasant, social environment is provided during scheduled meals and snack, encouraging social interaction, conversation, and positive eating - OST programs that offer nutrition education use credible nutrition materials from non-profit, federal, state, or city agencies. Educational materials with food company logos or advertising are not to be used. - The OST program serves meals and snacks in a clean and safe environment, at proper serving temperatures, in compliance with the Philadelphia Department of Public Health Office of Food Protection requirements.	- School-Year OST programs serving youth in grades K-5 provide a minimum of 30 minutes per day, 150 minutes per week of moderate to vigorous activity. Summer OST programs serving youth in grades K-5 provide a minimum of 60 minutes of daily OST time or a minimum of 300 minutes per week of moderate to vigorous activity. - Non-work screen time is limited to 30 minutes per 3-hour block of OST time. - OST programs provide a safe environment for play and physical activity. - OST programs provide equitable opportunities for all youth to participate in quality sport and fitness programs.

Implementation

The Core Standards for Philadelphia's Youth Programs provided a good foundation for the OST leadership team as they drafted recommended guidelines. The partnership participated in a group process to review the assessment reports to inform the development of OST guidelines. Additionally, representatives from the Clinical Scholars of Robert Wood Johnson Foundation, Education Works, and the Research and Evaluation of Public Health Management Corporation presented results from the community preferences assessment. Meeting over a period of seven months, the team provided critical insight for the recommended guidelines. Middle school, high school, and parent leadership team meetings were held to gather feedback on the

Healthy Living Guidelines.

Pilot Testing[14]

In 2011, the recommended nutrition and physical activity guidelines were pilot tested in the following nine sites: Boys and Girls Club at Sullivan Elementary, Catholic Social Services at DePaul Catholic School, Community Education Alliance of West Philadelphia at Belmont Charter, EducationWorks at Fulton/Germantown High School, Hancock St. John Learning Center, Project H.O.M.E., United Communities at Furness High School, Wordsworth OST at Munoz Marin, and Wordsworth OST at Walter Palmer. The first pilot test took place during a six-week summer program, from July 5 to August 12, in three Department of Human Services OST programs. Sites were chosen to participate based on criteria developed by the Public Health Management Corporation and HPC. The criteria included representing different types of sites (e.g., school, community-based) and geography (e.g., north, south). The selected summer sites were recruited by Public Health Management Corporation OST program staff through e-mail invitations. One site declined to participate; therefore an alternate was selected. The summer sites were asked to implement all ten of the standards, including but not limited to: no sugary beverages, minimized screen time, and water provision. The recommended guidelines were then implemented in six additional OST pilot sites in the fall, from September 6 to December 9, 2011. The sites were recruited through e-mail invitations from the Public Health Management Corporation OST program staff, and all six participated. Data from the first year indicated high compliance rates among those who participated for the three recommended guidelines:

- Do not serve or allow surgery drinks (97%)

- Safe, fresh drinking water is available to youth at all times (96%)

- Non-work screen time is limited to 30-minutes per 3-hour block of OST time (95%)

Population Impact

The Healthy Living Guidelines have impacted over 20,000 youth in Kindergarten through 12th grade attending OST programs in Philadelphia.

Photo taken from Healthy Kids, Healthy Communities Dashboard

One unintended benefit of the OST work has been the increased networking taking place in the OST, food and nutrition, and physical activity communities as a result of the Leadership Team process. Examples include sites learning more about the resources of the community, a variety of separate meetings being held to discuss community resources or collaboration, and two separate large group meetings conducted on sports collaboration in OST.

Challenges and Lessons Learned

Budget cuts, time constraints, sponsor requirements, and other priorities (e.g., testing) created challenges for developing and implementing the Healthy Living Guidelines.

- Time: HPC HKHC staff felt the short time period of the initiative was challenging, especially during the pilot studies. The summer program started July 1 and ended August 10, which left very little time to train staff, adopt the guidelines, provide technical assistance, and evaluate.

- Priorities: Several OST sites were mainly focused on tutoring, mentoring, or other areas, and were not keen on implementing physical activity into their programs.

> "schools that were running after school clubs, programs, or even the sports, the principals have said we don't want our schools participating this year because we don't have the security coverage to have other people in our building." –Community partner

- Costs: The costs of running after-school programs were a barrier, especially when funding was limited or eliminated. Sites were reimbursed approximately $2.72 for a meal and $0.74 for a snack.

Reimbursements were based on program attendance, not the actual cost of food. If the meal or snack cost more than the reimbursement, the site had to pay the balance.

- Resources: The poor condition of facilities and lack of security have been challenging for schools running after-school programs and sports.

- Sponsor requirements: Funders or sponsors of some OST sites have included the beverage industry or organizations focusing on technology, making the sugar-sweetened beverage ban and screen-time restrictions challenging.

- Funding: The Philadelphia Department of Human Services decided to fund less elementary sites and more middle and high school sites. The change has presented challenges because operations are different for the older youth sites.

- Closure of sites: The School District of Philadelphia closed many schools that resulted in elimination of several OST programs.

- Youth support: Youth are not satisfied with the food served to them by the food sponsors. A food sponsor workgroup was created to address the issue.

- Other grant requirements: Additional funding from Communities Putting Prevention to Work, received through the Philadelphia Department of Health, increased the amount of work that had to be completed for the project. There was significant collaboration from the city government, but the partners felt challenged meeting deadlines and deliverables.

Sustainability

In the future, there is hope that the training and implementation process will be institutionalized so that it can continue without HPC. The Public Health Management Corporation OST can help manage trainings, technical assistance, and implementation of the guidelines. The model can then be taken to scale by other sites, including after-school programs (e.g., libraries) and day care centers.

> "….our goal in the long-run is that we [HPC] would not be in the picture. That there really will be something that PHMC OST as the intermediary will take over—will support implementation and integration of the guidelines and train the site-staff, the PHMC OST monitor staff to provide that technical assistance in the long-run...." – Staff

Future Funding

The Philadelphia Department of Human Services and the Philadelphia Department of Public Health are collaborating to secure future funding to continue work in OST programs. Continued funding is necessary to expand the work to a larger network. A $25,000 grant from the Public Health Fund organization will allow HPC to provide continued training and technical assistance to sites until June 2014. In addition, Supplemental Nutrition Education Programs Nutrition Education (SNAP-Ed) funds ($45,000) will support implementation of the Healthy Living Guidelines.

> "We are actively working on grants right now to see how we're going to sustain the roll-out, so, because as we're expanding to a larger group of people, our funding is actually shrinking. So we're trying to find some funding to help us with that." -Staff

Figure 4: Child Care Nutrition and Physical Activity Standards Infographic

CHILDCARE PHYSICAL ACTIVITY & NUTRITION STANDARDS
PHILADELPHIA, PA

PARTNERS
Government

Child Care Centers

Community Based Organizations

Policy/Advocacy Organizations

Non-profit Organization

Academic Institutions

ASSESSMENTS
Policy Scans

Community Preferences Assessment

Site Capacity Assessment → **206** OST Programs

Direct Observation

Nutrition and Physical Activity Assessments

Environmental Audits

FUNDING
CASH   IN-KIND

Revenue Generated

$183,007

OUT-OF-SCHOOL TIME SITES
Community Based

Church Based

Recreation Centers

School >>> Public Charter Parochial

TRAINING & TECHNICAL ASSISTANCE
Physical Activity and Nutrition Training

Monthly Peer Seminars

Website

Healthy Living Guidelines for Out-of-School Time Programs Toolkit

ADVOCACY
Parent Leadership Teams >>> physical activity and nutrition standard recommendations

Youth Advocacy Institute >>> pilot curriculum

Food Sponsors Workgroup   **6** week training

POLICY & practice >

6 NUTRITION
- eliminated outside food
- no sugar-sweetened beverages
+ increased water
+ Facilitation, adoptions of healthy eating behaviors
+ Food Safety Practices
+ Nutrition Education

healthy living guidelines adopted

PHYSICAL ACTIVITY 4
+ 30 minutes/day during school year
+ 60 minutes/day during summer
- 30 minutes screen time or less/3 hour period

220+ centers. 750 staff. 133980 hours. 2000 children.
of operation   served

REFERENCES

1. Healthy Kids, Healthy Communities National Program Office. *Home and About*. 2009. <http://www.healthykidshealthycommunities.org/>. Accessed January 10, 2014.

2. Public Health Management Corporation. *Out-of-School-Time Program*. 2012. <http://www.phmc.org/site/index.php?option=com_content&view=article&id=135:out-of-school-time-program&catid=19:intermediary-services&Itemid=1537>. Accessed February 5, 2014.

3. United States Census Bureau. *QuickFacts*. 2010. <http://www.quickfacts.census.gov>. Accessed January 10, 2014.

4. United States Census Bureau. *American Community Survey*. 2007-2011. <http://www.census.gov/acs/www/>. Accessed January 10, 2014.

5. Public Health Management Corporation. *Public Health Management 's Community Health Database*. 2008. Accessed February 5, 2014.

6. Healthy Kids, Healthy Communities National Program Office. *Philadelphia, PA*. 2009. <http://www.healthykidshealthycommunities.org/communities/philadelphia-pa>. Accessed January 10, 2014.

7. The Research and Evaluation Group Public Health Management Corporation. *Healthy Kids, Healthy Communities: Nutrition and Physical Activities at Out-Of-School Sites*. July 2010. Accessed February 5, 2014.

8. Federal Bureau of Investigation. *Crime Statistics*. 2012. <http://www.fbi.gov/stats-services/crimestats>. Accessed February 5, 2014.

9. Health Promotion Council. *Home and About Us*. 2010. <http://www.hpcpa.org/site/>. Accessed January 15, 2014.

10. Robert Wood Johnson Foundation Clinical Scholars Program. *Community Preferences Assessment*. 2010. Accessed February 5, 2014.

11. National Nursing Centers Consortium. *Assessment of Policies and Strategies to Inform the Development of the Active Living Resource Guide for PHMC OST Funded Sites*. July 21, 2010. Accessed February 5, 2014.

12. The Food Trust. *The State of Nutrition in Philadelphia's OST Programs: Key Findings and Recommendations*. August 4, 2010. Accessed February 5, 2014.

13. OST Partnership. *Healthy Living Guidelines for Out-of-School Time Programs Toolkit*. 2011. Accessed February 5, 2014.

14. Public Health Management Corporation. *Implementing Healthy Living Guidelines in OST Programs: Data Analysis of Pilot Study*. 2012. Accessed February 5, 2014.

APPENDIX A: EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the Out-of-School Time (OST) Partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

As noted previously, the healthy eating and active living strategy of Philadelphia's OST Partnership included:

- Childcare Nutrition and Physical Activity Standards: HPC partnered with Philadelphia's Department of Human Services and Public Health Management Corporation to implement Healthy Living Guidelines in over 200 OST sites. The guidelines focused on improving nutrition and physical activity of youth attending OST programs.

APPENDIX A: EVALUATION LOGIC MODEL

Philadelphia, PA HKHC Logic Model

Health Promotion Council of Southeastern Pennsylvania, Inc.

Revised March 18, 2011

Community Engagement

Partnership Team
- Consultants
- Fiscal

Leadership Team
- OST staff/consultants
- Government
- Experts
- Community

Youth and Parent Subcommittees
- Middle and high school students
- Parents of elementary school students

Healthy Eating and Active Living Strategies

Healthy Eating Guidelines
- Improve OST healthy eating guidelines
- Improve monitoring of guidelines

Physical Activity Guidelines
- Improve OST physical activity guidelines
- Improve monitoring of guidelines

OST Provider Implementation of Guidelines
- Capacity
  - Nutrition and Physical Activity Toolkits
  - Training
  - Technical assistance
  - Communication

Pilot Implementation
- Nine OST providers

Policy, System, and Environmental Change

Healthy Eating
- New recommended healthy eating guidelines (# of OST providers adopting guidelines)
- Other new/revised OST provider guidelines for healthy eating (CACFP, SBP)
- Number of guidelines or standards applied

Active Living
- New recommended physical activity guidelines (# of OST providers adopting guidelines)
- Other new/revised OST provider guidelines for active living (Joint-use, GIS)
- Number of guidelines or standards applied

Individual-Change*
- Change in attitude toward OST programs and childhood obesity
- Increase in knowledge of healthy eating and active living

Community Change*
- Social norms around healthy eating and active living

*Not responsibility of Community Partner to measure

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with Philadelphia's Out-of-School Time (OST) during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.[1-3]

Methods

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design,[4] an 82-item partnership capacity survey solicited perspective of the members of the Philadelphia OST partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

Questions addressed respondents' understanding of Philadelphia OST in the following areas: partnership capacity and functioning, purpose of partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between September 2013 and December 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

To assess validity of the survey, evaluators used SPSS to perform factor analysis, using principal component analysis with Varimax with Kaiser Normalization (Eigenvalue >1). Evaluators identified 15 components or factors with a range of 1-11 items loading onto each factor, using a value of 0.4 as a minimum threshold for factor loadings for each latent construct (i.e., component or factor) in the rotated component matrix.

Survey data were imported into a database, where items were queried and grouped into the constructs identified through factor analysis. Responses to statements within each construct were summarized using weighted averages. Evaluators excluded sites with ten or fewer respondents from individual site analyses but included them in the final cross-site analysis.

Findings

One of the project staff and key partners involved with Philadelphia's OST completed the survey. See Partnership and Community Capacity Survey Results starting on page 22.

References

1. Goodman RM, Speers MA, McLeroy K, et al. Identifying and defining the dimensions of community capacity to provide a basis for measurement. Health Educ Behav. Jun 1998;25(3):258-278.

2. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. Annu Rev Public Health. 1998;19:173-202.

3. Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving communityhealth. Annu Rev Public Health. 2000;21:369-402.

4. Baker E, Motton F. Is there a relationship between capacity and coalition activity: The road we've traveled. American Public Health Association 131st Annual Meeting. San Francisco, CA; 2003.

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Partnership and Community Capacity Survey
Respondent Summary

Community Partnership

Philadelphia

Respondents (n= 10)

Respondent Characteristics

Gender

Female	7
Male	3
No response	0

Age Range

18-25	0
26-45	8
46-65	2
66+	0
No response	0

Indentified Race/Ethnicity

American Indian or Alaskan Native	0	Hispanic or Latino	0
Asian	0	Not Hispanic or Latino	0
White	7	Don't know/ Unsure ethnicity	0
African American/ Black	2	Refused to identify ethnicity	0
Pacific Islander/ Native Hawaiian	0	Other ethnicity	1

Identified Role

Community Partnership Lead	4
Community Partnership Partner	7
Community Leader	2
Community Member	2
Public Official	0
Other role	0

Type of Affiliated Organization

Faith- or Community Based Organization	0	0.0%	(1)
School (district, elementary, middle, high)	1	10.0%	(2)
Local Government Agency (city, county)	1	10.0%	(3)
University or Research/Evaluation Organization	2	20.0%	(4)
Neighborhood Organization	0	0.0%	(5)
Advocacy Organization	0	0.0%	(6)
Health Care Organization	0	0.0%	(7)
Child Care or Afterschool Organization	3	30.0%	(8)
Other	3	30.0%	(10)
No response	0	0.0%	(999)

Legend: ■2 ■3 □4 □8 ■10
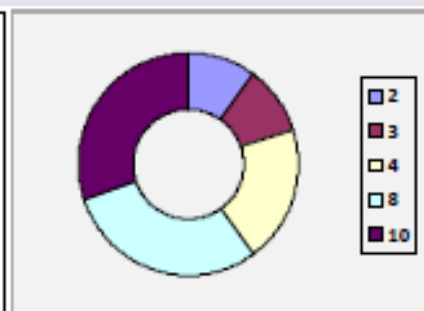
Partnership and Community Capacity Data

Provision of required space and equipment

Participants provided level of agreement to statements indicating the community partnership provided adequate space, equipment, and supplies to conduct business and meetings.

Strongly agree	16.67%	Strongly disagree	0.00%
Agree	22.22%	I don't know	56.67%
Disagree	4.44%	No response	0.00%

Partner skills and communication

Participants provided level of agreement to statements supporting partner skills and ability to communicate with and engage multiple types of people (e.g., public officials, community leaders).

Strongly agree	25.45%	Strongly disagree	0.00%
Agree	63.64%	I don't know	8.18%
Disagree	2.73%	No response	0.00%

Monday, April 07, 2014

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Community and community members

Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.

Strongly agree	10.00%	Strongly disagree	0.00%
Agree	54.55%	I don't know	27.27%
Disagree	8.18%	No response	0.00%

Partner and community involvement

Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.

Strongly agree	34.00%	Strongly disagree	0.00%
Agree	56.00%	I don't know	6.00%
Disagree	4.00%	No response	0.00%

Partner and partnership development

Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.

Strongly agree	4.00%	Strongly disagree	2.00%
Agree	48.00%	I don't know	36.00%
Disagree	10.00%	No response	0.00%

Partnership structure, organization, and goals

Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.

Strongly agree	28.33%	Strongly disagree	3.33%
Agree	35.00%	I don't know	28.33%
Disagree	5.00%	No response	0.00%

Relationship between partners and leadership

Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.

Strongly agree	35.00%	Strongly disagree	0.00%
Agree	42.50%	I don't know	15.00%
Disagree	7.50%	No response	0.00%

Community members intervene

Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member.

Strongly agree	10.00%	Strongly disagree	13.33%
Agree	33.33%	I don't know	26.67%
Disagree	16.67%	No response	0.00%

Leadership motivation

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Participants provided level of agreement to statements suggesting the leadership is motivated to help others, work with diverse groups, shows compassion, and follows through.				
Strongly agree	37.50%	Strongly disagree	0.00%	
Agree	52.50%	I don't know	5.00%	
Disagree	5.00%	No response	0.00%	

Community member and partner participation

Participants provided level of agreement to statements indicating that community members and partners have opportunities to serve in leadership roles and participate in group decision-making.				
Strongly agree	26.67%	Strongly disagree	0.00%	
Agree	60.00%	I don't know	10.00%	
Disagree	3.33%	No response	0.00%	

Involvement in other communities

Participants provided level of agreement to statements suggesting leadership and partners are involved in other communities and various community groups, and help communities work together.				
Strongly agree	30.00%	Strongly disagree	0.00%	
Agree	60.00%	I don't know	10.00%	
Disagree	0.00%	No response	0.00%	

Community member willingness to assist

Participants provided level of agreement to statements suggesting most community members help neighbors and solve community problems. It also suggested some community members may take advantage of others.				
Strongly agree	20.00%	Strongly disagree	2.50%	
Agree	65.00%	I don't know	7.50%	
Disagree	5.00%	No response	0.00%	

Core leadership and leadership skills

Participants provided level of agreement to statements suggesting the community partnership has a core leadership group organizing efforts, and that leaders have the skills to help the partnership achieve its goals.				
Strongly agree	40.00%	Strongly disagree	0.00%	
Agree	60.00%	I don't know	0.00%	
Disagree	0.00%	No response	0.00%	

Partner motivation

Participants provided level of agreement to statements indicating that partners won't give up in their efforts to create change and increase sense of community through the partnership.				
Strongly agree	0.00%	Strongly disagree	6.67%	
Agree	56.67%	I don't know	33.33%	
Disagree	3.33%	No response	0.00%	

Visibility of leadership

Participants provided level of agreement to statements suggesting the leadership is known in the community and works with public officials.				
Strongly agree	35.00%	Strongly disagree	0.00%	
Agree	40.00%	I don't know	20.00%	
Disagree	5.00%	No response	0.00%	

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Leadership lives in the community

Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.

Strongly agree	40.00%	Strongly disagree	0.00%
Agree	40.00%	I don't know	20.00%
Disagree	0.00%	No response	0.00%

Leadership has a respected role in the community

Participants provided level of agreement to a statement that suggests at least one member of the leadership team has a respected role in the community.

Strongly agree	30.00%	Strongly disagree	0.00%
Agree	50.00%	I don't know	20.00%
Disagree	0.00%	No response	0.00%

Community partnership initiatives are known

Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.

Strongly agree	30.00%	Strongly disagree	0.00%
Agree	30.00%	I don't know	20.00%
Disagree	20.00%	No response	0.00%

Division of resources

Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income).

Strongly agree	0.00%	Strongly disagree	10.00%
Agree	40.00%	I don't know	30.00%
Disagree	20.00%	No response	0.00%

APPENDIX C: OUT-OF-SCHOOL TIME AGENCIES*

Agape Community Outreach Services	Centro Nueva Creacion	Hancock St. John's – UMC H & S Learning Center	Presbyterian Children's Village Services	Tolentine Community Center
Allegheny West Foundation	Children's Services, Inc.	Indochinese American Council	Project H.O.M.E.	Travelers Aid Philadelphia
Anti-Drug & Alcohol Crusaders, Inc.	Children's Village Child Care Center	Institute for the Development of African American Youth	Ramsey Education Development, Inc.	UAC/NEW
ASA Technology Academy	Communities in Schools of Philadelphia, Inc.	Korean Community Development Services Center	Saints Tabernacle Outreach Ministries	United Communities of Southeast Philadelphia
ASPIRA of Pennsylvania	Community Council Health System	Lighthouse	Salvation Army - Citadel	Universal Institute Charter School
Ayuda Community Center	Community Education Alliance of West Philadelphia	Ludlow Youth Community Center	SEAMAAC	University of Pennsylvania
Black Women in Sport Foundation	Congreso de Latinos Unidos, Inc.	Lutheran Family and Children's Services	Southwest Community Development Corporation	Variety Club
Boys & Girls Clubs of Philadelphia, Inc.	Cora Services	Methodist Services for Children and Families	St. Mary's Interparochial School	Visitation BVM Elementary School
Cambodian Association of Greater Philadelphia	Corinthian/JAAMA Empowerment Program	Norris Square Civic Association	St. Philip's United Methodist Church	Women's Christian Alliance
Caring People Alliance	Diversified Community Services	Norris Square Neighborhood Project, Inc.	Sunrise of Philadelphia, Inc.	Wordsworth Human Services
Carson Valley Children's Aid	Dr. Warren E. Smith Health Centers	Northern Children's Services	Taller Puertorriqueno	YMCA of Philadelphia & Vicinity
Cathedral Community Development Corporation	Education Works	Philadelphia OIC, Inc.	The Attic Youth Center	Young Achievers Learning Center
Catholic Charities of the Archdiocese of Philadelphia	Episcopal Community Services	Porter's Day Care & Educational Center	To Our Children's Future with Health	Zhang Sah

*Some organizations provide services at more than one location

APPENDIX D: OUT-OF-SCHOOL TIME PARTNERS

Members of the Out-of-School Time Partnership	
Organization/Institution	**Partner**
Civic Organization	United Way
College/University	University of Pennsylvania School of Design
Community Residents	Youth and Parents
Foundation	St. Christopher Foundation for Children
Government	Philadelphia Department of Human Services
	Philadelphia Department of Public Health – Office of Health and Opportunities
	Philadelphia Department of Recreation
Other Community-based Organization	Health Promotion Council
	The Food Trust
Policy/Advocacy Organization	National Nursing Center's Consortium
	Robert Wood Johnson Foundation Clinical Scholars
	Sports Nutrition Collaborative
Other Research/Evaluation Organization	Public Health Management Corporation (PHMC)
	PHMC Research and Evaluation Group
Other Community-based Organization	Catholic Social Services Philadelphia

APPENDIX E: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue

Community Partnership: **Philadelphia**

Resource source			Amount	Status	
Local government		Year			
	Matching funds				
		2010		Annual total	$5,500.00
			$5,500.00	Accrued	
		2012		Annual total	$50,905.00
			$37,905.00	Accrued	
			$5,500.00	Approved	
			$2,000.00	Accrued	
			$5,500.00	Accrued	
		2013		Annual total	$5,000.00
			$5,000.00	Approved	
	Other				
		2010		Annual total	$163,007.00
			$163,007.00	Accrued	
		2011		Annual total	$151,622.00
			$151,622.00	Accrued	
Sum of revenue generated by resource source			$376,034.00		
Foundation		Year			
	HKHC funds				
		2009		Annual total	$90,000.00
			$51,375.00	Accrued	
			$31,172.00	Accrued	
			$7,453.00	Accrued	
		2010		Annual total	$20,000.00
			$20,000.00	Accrued	
		2011		Annual total	$180,000.00
			$34,880.00	Accrued	
			$6,980.00	Accrued	
			$5,778.00	Accrued	
			$48,140.00	Accrued	
			$36,082.00	Accrued	

Wednesday, April 09, 2014

APPENDIX E: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Philadelphia			
Resource source		**Amount**	**Status**	
		$48,140.00	Accrued	
	2012		Annual total	$90,000.00
		$7,405.00	Accrued	
		$31,524.00	Accrued	
		$51,071.00	Accrued	
Matching funds				
	2011		Annual total	$5,000.00
		$5,000.00	Approved	
	2012		Annual total	$22,500.00
		$5,000.00	Accrued	
		$17,500.00	Approved	
	2013		Annual total	$1,500.00
		$1,500.00	Accrued	
Other				
	2014		Annual total	$25,000.00
		$25,000.00	Approved	
Sum of revenue generated by resource source		$434,000.00		
Non-profit organization	**Year**			
Matching funds				
	2010		Annual total	$34,502.00
		$5,000.00	Accrued	
		$16,002.00	Accrued	
		$8,500.00	Accrued	
		$5,000.00	Accrued	
	2011		Annual total	$28,509.00
		$8,500.00	Accrued	
		$15,009.00	Accrued	
		$5,000.00	Approved	
	2012		Annual total	$37,362.00
		$10,000.00	Accrued	
		$8,500.00	Accrued	
		$9,662.00	Approved	

APPENDIX E: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Philadelphia		
Resource source		Amount	Status
		$5,000.00	Accrued
		$2,000.00	Accrued
		$2,200.00	Accrued
	2013	Annual total	$26,000.00
		$8,500.00	Accrued
		$1,000.00	Accrued
		$10,000.00	Accrued
		$6,500.00	Accrued

Sum of revenue generated by resource source	$126,373.00		
School	**Year**		
Matching funds			
	2010	Annual total	$5,000.00
		$5,000.00	Accrued
	2011	Annual total	$5,000.00
		$5,000.00	Accrued
	2012	Annual total	$5,000.00
		$5,000.00	Accrued
	2013	Annual total	$22,910.00
		$22,910.00	Accrued
Other			
	2011	Annual total	$7,500.00
		$7,500.00	Accrued

Sum of revenue generated by resource source	$45,410.00		
N/A	**Year**		
Other			
	2014	Annual total	$45,000.00
		$45,000.00	Approved

Sum of revenue generated by resource source	$45,000.00		
Grand Total			$1,026,817.00

APPENDIX F: PHYSICAL ACTIVITY AND NUTRITION STANDARDS DIRECT OBSERVATION AND ENVIRONMENTAL AUDIT REPORT

Philadelphia's Healthy Kids, Healthy Communities: Out of School Time Partnership Project

Physical Activity and Nutrition Standards

Summary Report

Prepared by Transtria LLC

transtria
translate evidence
transfer skills
transform health

Table of Contents

OVERVIEW

Philadelphia's Out of School Time (OST) Partnership Project, one of 49 Healthy Kids, Healthy Communities partnerships, is part of a national program of the Robert Wood Johnson Foundation whose primary goal is to implement healthy eating and active living policy, system, and environmental change initiatives. In order to better understand the impact of their work on nutrition and physical activity standards in childcare settings, partnership representatives collected environmental audit and direct observation data in seven childcare settings throughout the Partnership's catchment area.

OVERALL RESULTS

Physical Activity Standards Direct Observation
- A total of 4,519 activity counts of children's physical activity levels (sedentary, moderate, very active) were recorded during 62 one-minute time periods across four of the seven OST sites (Site 1, Site 2, Site 4, and Site 7).
- The majority of the teachers' time was spent observing the children (71%), while almost a third (29%) of their time was spent providing active instruction.
- Across the four sites, 42% of children's observed activity levels were very active, 28% were moderate, and 30% were sedentary.
- Approximately 61% of middle school children were observed being very active, compared to 42% of elementary school children.

Nutrition Standards Direct Observation
- A total of 170 meals or snacks were recorded across all seven OST sites, including elementary and middle school children.
- For each meal or snack, children were given an average of 468.4 calories, with a range of 191.0 to 720.0 calories. Each meal or snack had an average of 15.3 grams of fat, with a range from 5.1 to 27.3 grams.
- For each meal or snack, children were given an average of 5.4 grams of saturated fat, with a range of 1.0 to 9.4 grams. Each meal or snack had an average of 1042.3 milligrams of sodium, with a range of 251.0 to 1608.0 milligrams.
- At the end of each meal or snack, children consumed an average of 272.4 calories, 8.3 grams of fat, 2.7 grams of saturated fat, 524.2 milligrams of sodium, and 21.3 grams of sugar.

Nutrition Standards Environmental Audits

- Environmental audits were conducted at six OST sites (Site 1, Site 2, Site 3, Site 5, Site 6, and Site 7).
- All six sites had a refrigeration and/or cooling system and food preparation space, including a sink and counter area.
- None of the sites had gardens for food service or educational purposes.
- Four sites offered beverages other than 1% milk and water, including 100% juice and flavored skim, 1%, or 2% milk.
- None of the sites had vending machines or a store that sold food or beverages in the facility.

BACKGROUND

Healthy Kids, Healthy Communities (HKHC) is a national program of the Robert Wood Johnson Foundation (RWJF) whose primary goal is to implement healthy eating and active living policy, system, and environmental change initiatives that can support healthier communities for children and families across the United States. Healthy Kids, Healthy Communities places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income, and/or geographic location.

Philadelphia, Pennsylvania was selected as one of 49 communities to participate in HKHC, and the Health Promotion Council is the lead agency for their community partnership, Healthy Kids, Healthy Communities: Out of School Time Partnership Project. Philadelphia has chosen to focus its work on improving nutrition and physical activity standards in childcare settings. Transtria LLC, a public health evaluation and research consulting firm located in St. Louis, Missouri, is funded by the Robert Wood Johnson Foundation to lead the evaluation and dissemination activities from April 2010 to March 2014. For more information about the evaluation, please visit www.transtria.com.

In order to better understand the impact of their work on physical activity and nutrition standards, partnership representatives chose to participate in the enhanced evaluation data collection activities. This supplementary evaluation focuses on the six cross-site HKHC strategies, including: parks and play spaces, active transportation, farmers' markets, corner stores, physical activity standards in childcare settings, and nutrition standards in childcare settings. Communities use two main methods as part of the enhanced evaluation, direct observation and environmental audits. Philadelphia chose to collect data on nutrition standards in childcare settings using direct observation and environmental audits and physical activity standards in childcare settings using direct observation.

METHODS

Direct Observations

Physical Activity Standards Direct Observation Tool

The physical activity direct observation tool was adapted from the System for Observing Play and Leisure Activity (SOPLAY) and System for Observing Play and Recreation in Communities (SOPARC) tools, protocols, and operational definitions. Direct observation is a method used to assess individuals' behaviors in their natural setting. An Evaluation Officer from Transtria LLC trained representatives of Philadelphia's community partnership on proper data collection methods using the tool.

Data were collected between April and June of 2013 at the following four sites: Site 1, Site 2, Site 4, and Site 7. Elementary school children were observed at Site 1 and Site 2 and middle school children were observed at Site 7. Both elementary and middle school children were observed at Site 4.

The observations were all conducted on separate days by two different observers. Observers collected data over periods ranging from 5 to 28 minutes per site. For the duration of each observation period, observers scanned the play space for one minute and recorded observations for one minute. Each observation represents one child's activity level in the area at the specified time. Because children may have exited and re-entered the area during observation periods, the children observed in each time period were not the same. This method allowed observers to capture overall changes in activity level as time lapsed, but it did not allow observers to record individual behavior changes.

During the scan, the observer completed the observation tool by tallying children in the designated area by age group (i.e., preschool = 3-5 years; elementary school = 6-10 years; middle school = 11-14 years; high school = 15+ years) and activity level (i.e., sedentary, moderate, or very active behaviors).
- **Sedentary** behaviors are defined as activities in which children are not moving (e.g., standing, sitting, playing board games).
- **Moderate** intensity behaviors require more movement but no strenuous activity (e.g., walking, biking slowly).

- **Very active** behaviors show evidence of increased heart rate and inhalation rate (e.g., running, biking vigorously, playing basketball).

Observers also reported the activity codes for the children in the designated area, including:

No Identifiable Activity	Aerobics	Baseball/Softball	Basketball
Dance	Football	Gymnastics	Martial Arts
Racquet Sports	Soccer	Swimming	Weight Training
Playground Games	Walking	Jogging/Running	None of the Above
		Volleyball	Biking

The activity code "No Identifiable Activity" was used to indicate no movement. The activity code "None of the Above" was used when an individual was engaging in an activity not included in the other activity codes.

Teachers' behaviors were observed during each period and classified as either "Active Instruction" or "Observation." Active instruction indicated that the teacher was teaching the children or coordinating the activities. Observation indicated that the teacher was watching children as they engaged in activities.

In addition to recording children's activity levels, observers created maps of the play spaces. The maps included a form for the facility type, service provided, days of service, setting, location, type of space (e.g., gym, field), condition of the area (e.g., usable, equipment) and surface (e.g., grass, gravel).

One Transtria staff member entered the data and a second Transtria staff member conducted validity checks on 10% of observations (i.e., every tenth observation) to ensure accuracy and validity of the data. Of the 10% checked, 19 errors were found among the 1,069 observations (99.2% correct).

Nutrition Standards Direct Observation Tool

The nutrition direct observation tool was adapted from the Environment and Policy Assessment and Observation (EPAO) tools, protocols, and operational definitions. Direct observation is a method used to assess individuals' behaviors in their natural setting. An Evaluation Officer from Transtria LLC trained representatives of Philadelphia's community partnership on proper data collection methods using the tool.

Observations were conducted between April and June 2013 at the following seven sites: Site 1, Site 2, Site 3, Site 4, Site 5, Site 6, and Site 7. One meal or snack period at each site was observed by two trained representatives, with the exception of one site (Site 5) that had one observer. Teams captured the types and amount of food and beverages provided to children at the beginning of the meal or snack period and disposal of food and beverages at the end of the meal or snack period. Within each site, the children were provided the same meal or snack; therefore, observers recorded the food and beverage type and amount for the meal or snack and multiplied it by the number of children served. Afterward, an individual photographic record was created for each child's meal or snack at disposal to determine how much food was consumed. Observers estimated the amount of beverages (e.g., milk, juice) consumed by picking them up and examining the remaining contents visually.

After pictures had been collected from all sites, the contents for each tray (before and after consumption) were entered in a database. A variety of sources, including the USDA National Nutrient Database for Standard Reference and nutritional information from Mott's (i.e., food product manufacturer), were referenced to calculate the nutritional value for each of the food items. The assessment included the caloric, fat, saturated fat, sodium, and sugar content of each food item. Serving sizes were estimated by comparing the photographic record collected by observers to the serving size suggestions from the USDA website. Fruits and vegetables that were processed, canned, and fresh were counted toward total servings (e.g., apple sauce, mixed fruits in syrup, coleslaw). In accordance with USDA nutritional guidelines, all forms of fried potato (e.g., hash browns, tater tots) and vegetable soups were also counted as vegetable servings. Consumption was calculated by taking the

average food given and subtracting the average food thrown away among the number of individuals observed before consumption and after consumption. Those totals were averaged to calculate the amount of food consumed per child.

One Transtria staff member entered the data and a second Transtria staff member conducted validity checks on 10% of observations (i.e., every tenth observation) to ensure accuracy and validity of the data. Of the 10% checked, 9 errors were found among the 170 observations (94.8% correct).

Environmental Audit

Nutrition Standards Environmental Audit

The nutrition environmental audit tool was adapted from the Community Healthy Living Index, a Vending Machine Tool from the Center for Science in Public Interest, and the Nutrition Environment Assessment Tool (NEAT). Environmental auditing is a method used to assess the physical environment. An Evaluation Officer from Transtria LLC trained representatives of Philadelphia's community partnership on proper data collection methods using the tool.

The audit was used to assess healthy eating in the following six OST sites: Site 1, Site 2, Site 3, Site 5, Site 6, and Site 7. Two trained auditors collected the data between April and June 2013. Auditors assessed the nutrition standards of each site in the following categories: facility characteristics, food preparation environment, meal or snack environment, beverages available, meal foods, snack foods, vending machines, and other competitive foods and beverages. One Transtria staff member entered the data and a second Transtria staff member conducted validity checks by performing double data to ensure accuracy and validity of the data. A total of 1,284 data points were checked and 6 errors were found (99.5% correct).

RESULTS

Direct Observations

Physical Activity Standards

Direct observations were conducted at four OST sites (Site 1, Site 2, Site 4, and Site 7) between April and June 2013. See Appendix A for a description of the play spaces at each school. Children's activity levels were collected over a total of 62 one-minute time periods, with 5 observation periods at Site 1, 14 at Site 2, and 15 at Site 7. Site 4 had 11 observation periods among elementary children and 17 among middle school children, for a total of 28.

For the 62 observation periods, there were a total of 4,519 activity counts per hour; the 4,519 counts reflect children's activity levels at a particular moment in time as opposed to unique individuals observed. A person counted during the first minute of scanning is also counted during the fifth minute of scanning, if that person is still in the area. It is likely that the unique number of individuals observed in the area is a small fraction of the number of activity counts recorded for each site.

In order to better compare the data collected at the four sites, the rate of activity (activity counts per hour) was calculated for each site.

$$\frac{\text{Number of activity counts}}{\text{Total number of observation periods}} \quad \text{X 60 (minutes per hour)}$$

Rate of Activity

Overall, Site 4 had the greatest number of observation periods (n = 28), but, the smallest number of activity counts (n = 750). Among elementary school children, Site 2 had the greatest number of observation periods (n = 14) and the largest number of activity counts (n = 1393), while Site 1 had the fewest observation periods (n = 5). The lowest activity counts among

elementary school children were at Site 4 (n = 283). Among middle school children, Site 7 had more activity counts (n = 1176) than Site 4 (n = 467).

Observers rated the children's activity levels during physical activity periods. Across all age groups, nearly half (49%) of the activity counts were very active, with 28% sedentary and 23% moderately active. Activity levels of middle school children differed greatly from elementary school children (see Table 1). Nearly a third of elementary school children's activity counts were sedentary (30%) and moderate(28%), and the remaining counts were very active (42%). Alternatively, almost a quarter of middle school children's activity counts were sedentary (24%), with a small proportion of moderate (15%) and a high proportion of very active (61%).

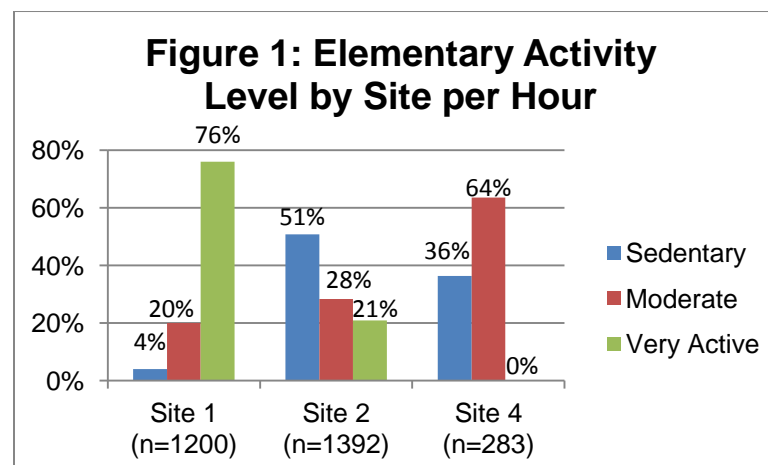**Table 1: Activity Count Rates by Age and Activity Level per Hour**

OST Site	Sedentary (%)	Moderate (%)	Very Active (%)	Total (%)
Elementary				
Site 1	48 (4%)	240 (20%)	912 (76%)	1200
Site 2	707 (51%)	394 (28%)	291 (21%)	1392
Site 4	103 (36%)	180 (64%)	0 (0%)	283
Sub Total	**858 (30%)**	**814 (28%)**	**1203 (42%)**	**2875**
Middle				
Site 4	139 (30%)	69 (15%)	259 (55%)	467
Site 7	256 (22%)	176 (15%)	744 (63%)	1176
Sub Total	**405 (24%)**	**244 (15%)**	**1003 (61%)**	**1643**
Total	**1263 (28%)**	**1058 (23%)**	**2206 (49%)**	**4518**

Activity Rate by Site

Differences emerged in the children's activity levels for each site (see Figures 1 and 2).

Elementary Children at Site 4 were predominantly engaged in moderate behavior (64%), followed by sedentary (36%); no children were very active. More than half of the children at Site 2 were found to be sedentary (51%), followed by moderate (28%) and very active (21%). Contrary to the other two sites, the largest proportion of ratings at Site 1 was very active (76%) and the least amount of ratings were sedentary (4%). The remainder of children at Site 1 (20%) were engaged in moderate behavior.

Middle Contrary to the elementary children at Site 4, the middle school children were predominantly engaged in very active behavior (55%), followed by sedentary behavior (30%). Moderate behavior was seen in the least amount of children (15%). Similar to Site 4, very active ratings were highest (63%), with the same proportion of children engaged in moderate behavior (15%). The remainder (22%) of children were found to be sedentary.

Figure 1: Elementary Activity Level by Site per Hour

Figure 2: Middle Activity Level by Site per Hour
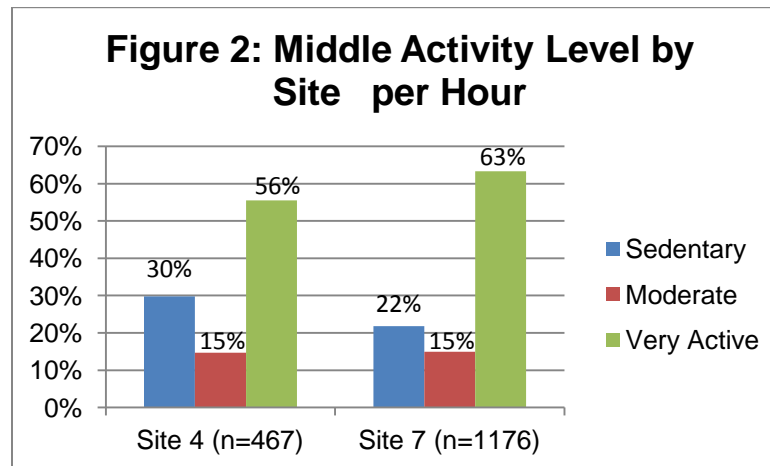
Types of Activities by Age

Data collectors recorded the types of activities observed over all 62 periods using specific activity codes (see Table 2). The activity codes, no identifiable activity and basketball, were observed in both age groups. Elementary school children were observed participating in a wider variety of activities compared to middle school children. Elementary school children participated in aerobics, football, other playground games, and walking, while middle school children participated in baseball/softball, jogging/running, and other activities not specifically captured.

Table 2: Activity Codes for Observations

Activity	Elementary	Middle
No Identifiable Activity	present	present
Aerobics	present	absent
Basketball	present	present
Football	present	absent
Other Playground Games	present	absent
Walking	present	absent
Baseball/Softball	absent	present
Jogging/Running	absent	present
None of the above	absent	present

Teacher Behavior

One teacher was present in physical activity periods at each of the four OST sites. Overall, the majority of the teachers' time was spent observing the children (71%), while almost a third (29%) of their time was spent providing active instruction. The percentages of teachers' behaviors (active instruction, observation) differed by site. Teachers at three of the sites (Site 1, Site 2, Site 7) spent all or almost all of their time observing (see Table 3). The teacher at Site 4 spent 36% of the period observing and the rest of the time providing active instructions to the children (see Table 3). See Figures 3 and 4 for examples of teachers' behaviors.

Table 3: Teachers' Behavior by Site

OST Site (number of observation periods)	% Active Instruction (n)	Observation (n)
Site 1 (n=5)	0.0%	12.0% (5)
Site 2 (n=15)	6.0% (1)	33.3% (14)
Site 4 (n=25)	94.0% (16)	21.0% (9)
Site 7 (n=14)	0.0%	33.0% (14)
Total (n=59)	**29.0% (17)**	**71.0% (42)**

Figure 3: Children engaged in moderate activity during active instruction at Site 3.

Figure 4: Children sedentary during observational instruction at Site 5.

Nutrition Standards

Direct observations were conducted at seven OST sites (Site 1, Site 2, Site 3, Site 3, Site 5, Site 6, and Site 7) between April and June, 2013.

Nutrition direct observations focused on the food and beverages provided to and discarded by children. Consumption of meals or snacks was assessed through measures of serving sizes, calories, fat, saturated fat, sodium, and sugar. Cumulative consumption across all children in a meal or snack period for a site was calculated as the difference between the meal or snack provided and the food and beverage waste for disposal.

Sites were observed for one full meal or snack period. A photograph of the meal or snack provided was taken at each site and a total of 170 photographs of discarded meals or snacks were captured across all sites. Sees Figure 5 and 6 for example photos of meals before and after consumption.

Across all seven sites, the meal or snack, which included a beverage, averaged 468.4 calories and 15.3 grams of fat (i.e., 29.4% of total calories from fat; see Table 4). Average saturated fat served was 5.4 grams; average sodium was 1042.3 grams; and average sugar was 35.1 grams (i.e., 30.0% of total calories from sugar). The highest number of calories offered was at Site 7 through a meal (720.0 calories, 34.1% of calories from fat) while the lowest number of calories offered was at Site 5 through a snack (191.0 kcal; 24.1% of total calories from fat). The range of sodium per meal was between 1608.0 and 621.0 grams for a meal, with Site 7 offering the highest amount and Site 4 offering the lowest amount; Site 5 offered 251.0 grams through a snack.

Figure 5: Meals provided at Site 6 (top) and Site 1 (bottom)

Table 4: Meals or Snacks Provided: Average Calories, Fat, Saturated Fat, Sodium, Sugar by Site

Site (number of photographs)	Calories (kcal)	Fat (g)	Saturated Fat (g)	Sodium (mg)	Sugar (g)
Site 1 (n=16)	626.7	21.5	7.0	1091.5	64.5
Site 2 (n=29)	401.0	7.7	3.2	1116.0	31.6
Site 3 (n=26)	373.0	6.3	2.3	1057.7	31.9
Site 4 (n=26)	345.0	14.1	7.0	621.0	23.2
Site 5 (n=21)	191.0	5.1	1.0	251.0	8.7
Site 6 (n=31)	622.0	25.2	9.4	1551.0	36.5
Site 7 (n=21)	720.0	27.3	7.8	1608.0	49.5
All sites (n=170)	468.4	15.3	5.4	1042.3	35.1

Figure 6: After consumption at Site 6 (left) and Site 1 (right)

Children consumed an average of 272.4 calories, 8.3 grams of fat (with 27.4% of calories coming from fat; see Table 5), 2.7 grams of saturated fat, 524.2 milligrams of sodium, and 21.3 grams of sugar (i.e., 31.3% of total calories coming from sugar). The children at Site 6 and Site 1 consumed the most calories (468.9 kcal and 463.7 kcal, respectively), while children at Site 3 consumed the least amount (89.7 kcal). Students at Site 3 consumed the least amount of fat (0.9 g), whereas students from Site 1 consumed almost 20 times that amount (15.4 g; 30.0% of calories coming from fat). Sugar consumption ranged from 5.8 to 24.3 grams, with the exception of Site 1, where children consumed an average of 46.9 grams (40.5% of total calories coming from sugar). See Appendix A for data by site.

Table 5: Meals or Snacks Consumed: Average Calories, Fat, Saturated Fat, Sodium, Sugar by Site

Site (number of photographs)	Calories (kcal)	Fat (g)	Saturated Fat (g)	Sodium (mg)	Sugar (g)
Site 1 (n=16)	463.7	15.4	4.5	755.1	46.9
Site 2 (n=29)	243.2	4.7	1.9	594.3	21.5
Site 3 (n=26)	89.7	0.9	0.3	151.2	15.8
Site 4 (n=26)	225.6	10.0	4.8	383.4	13.1
Site 5 (n=21)	174	5.1	1.0	250.7	5.8
Site 6 (n=31)	468.9	16.2	4.0	1187.9	24.3
Site 7 (n=21)	241.8	5.9	2.5	346.7	21.9
All sites (n=170)	272.4	8.3	2.7	524.2	21.3

The number of fruit and vegetable servings varied across sites (see Table 6). A serving was defined as one half cup of fruit or three quarters of a cup of vegetables. All sites provided one fruit serving, while one site (Site 1) provided two. Five sites provided vegetables, totaling a third of a serving to one serving. Two sites provided no vegetables. Across all sites, children received an average of 1.14 servings of fruit, and an average of 0.42 vegetable servings. Consumption of fruit and vegetables servings was lower than selected servings; the average fruit servings consumed across all schools was 0.61 (or 54% of offered fruits) and the average vegetable servings consumed were 0.13 (or 31% of offered vegetable servings).

Table 6: Meals or Snacks Provided: Fruit and Vegetable Servings by Site

Site (number of photographs)	Fruit Servings Provided	Average Fruit Servings Consumed (% of Provided)	Vegetable Servings Provided	Average Vegetable Servings Consumed (% of Provided)
Site 1 (n=16)	2.00	0.34 (17%)	0.00	-
Site 2 (n=29)	1.00	0.68 (68%)	0.33	0.15 (45%)
Site 3 (n=26)	1.00	0.80 (80%)	0.33	0.04 (12%)
Site 4 (n=26)	1.00	0.58 (58%)	1.00	0.08 (8%)
Site 5 (n=21)	1.00	0.67 (67%)	0.00	-
Site 6 (n=31)	1.00	0.65 (65%)	0.66	0.64 (97%)
Site 7 (n=21)	1.00	0.56 (56%)	0.66	0.00 (0%)
All Sites (n=170)	**1.14**	**0.61 (54%)**	**0.42**	**0.13 (31%)**

Three food distributors prepared and delivered food to the OST sites: the School District of Philadelphia (SDP), C.B.S. Kosher Food Program (CBS), and Nutritional Development Services (NDS). One site (Site 5) did not rely on a food distributor for service, as they prepared snacks in their own facility.

Food service distributors provided a range of nutrients (calories, fat, saturated fat, sodium, and sugar) within and across the sites. For instance, one provider served the children at Site 7 a meal containing 720.0 calories, while the children at Site 3 were served a meal containing 373.0 calories. All sites provided at least one serving of fruit to children, with one site (Site 1) providing two fruit servings. Only one site (Site 4) served an adequate amount of vegetables to be considered as one serving.

Environmental Audit

<u>Nutrition Standards</u>

Six OST sites (Site 1, Site 2, Site 3, Site 5, Site 6, Site 7) were included in the nutrition environmental audit.

Facility Characteristics

Two of the OST sites were located at schools, one site was at a community center, and another site was identified as "other." The remaining two sites were not characterized by their location. All six OST sites indicated that their facility served both after school and summer care programs. None of the sites were open on Saturdays or Sundays. Program starting times began as early as 2:45 pm and as late as 3:30 pm. All programs ended at 6:00 pm.

Food Preparation Environment

All six OST sites indicated that they had a refrigeration and/or cooling system and food preparation space, including a sink and counter area; see Figures 7 and 8. Three OST sites indicated that the facility had sufficient cooking equipment. Five out of six sites reported having an oven and three out of six sites reported having a stovetop range.
There were no gardens for food service or educational purposes present at any of the sites.

Figure 7: Sink preparation equipment at Site 7

Meal or Snack Environment

Three OST sites reported having water fountains. Of the three sites without water fountains, two sites indicated that water was available from a water cooler. None of the sites had point of purchase prompts present, but one site had a food advertisement for high-fiber, whole grain foods present. Two of the OST sites indicated serving fresh fruits or vegetables; none of the sites reported serving frozen, canned, or cooked fruits and vegetables.

Beverages Available (Menu Review)

Figure 8: Oven preparation equipment at Site 4

Five out of six OST sites offered milk during the meal/snack period, and all five sites indicated that the milk offered was 1%. Two out of the five sites offered the 1% milk in a flavored version. Four sites served water and three sites served 100% juice.

Meal Foods Available (Menu Review)

None of the sites served breakfast foods at the facility, but four sites served lunch or dinner foods. Four sites served fresh fruits or vegetables, and one site served frozen or canned fruits and vegetables. Two of the sites provided salads with tomatoes, a third site served coleslaw with carrots, and one site served fresh pears. None of the sites served vegetables cooked with fat, but one site served fried or pre-fried vegetables (hash browns). Four sites served high fat meats. The same

four sites provided high-fiber, whole grain foods. One of the sites served competitive, snack foods during the meal period. None of the sites indicated serving cottage cheese or low-fat yogurt; nuts, seeds, or legumes; bacon bits or croutons.

Vending Machines

None of the sites reported having vending machines in the facility.

Other Competitive Foods and Beverages

None of the sites had a store that sold food or beverages.

Appendix A

Table 1: Play Space Characteristics

Site	Setting	Location	Type	Condition	Surface	Comment
Site 1	School	Outdoor	Court Other	*	Cement/pavement	Blacktop
Site 2	School	Outdoor	*	Usable	Cement/pavement	Free play in school yard
	School	Outdoor	Other	Other	Grass Cement/pavement	Running for track club
	School	Outdoor	Other	Other	Grass Other	Walk to graffiti walk about 5 blocks away
Site 4	School	Indoor	Gym	Usable	Foam/rubber/tile	
	School	Outdoor	Other	Usable	Foam/rubber/tile	
Site 7	Other	Indoor	Other	Usable	Hardwood	Classroom

*No information provided/recorded

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Table 2: Nutrition Information by Site

Site 1

Nutrient	Amount Provided	Amount Discarded	Amount Consumed
Calories (kcal)	626.7	163.0	463.7
Fat (g)	21.5	6.0	15.4
Saturated Fat (g)	7.0	2.6	4.5
Sodium (mg)	1091.5	336.4	755.1
Sugar (g)	64.5	17.6	46.9

Site 2

Nutrient	Amount Provided	Amount Discarded	Amount Consumed
Calories (kcal)	401.0	157.8	243.2
Fat (g)	7.7	3.1	4.7
Saturated Fat (g)	3.2	1.2	1.9
Sodium (mg)	1116.0	521.8	594.3
Sugar (g)	31.6	10.1	21.5

Site 3

Nutrient	Amount Provided	Amount Discarded	Amount Consumed
Calories (kcal)	373.0	283.3	89.7
Fat (g)	6.3	5.4	0.9
Saturated Fat (g)	2.3	2.1	0.3
Sodium (mg)	1057.7	906.5	151.2
Sugar (g)	31.9	16.1	15.8

Site 4

Nutrient	Amount Provided	Amount Discarded	Amount Consumed
Calories (kcal)	345.0	119.4	225.6
Fat (g)	14.1	4.1	10.0
Saturated Fat (g)	7.0	2.2	4.8
Sodium (mg)	621.0	237.7	383.4
Sugar (g)	23.2	10.1	13.1

Site 5

Nutrient	Amount Provided	Amount Discarded	Amount Consumed
Calories (kcal)	191.0	17.0	174.0
Fat (g)	5.1	0.1	5.1
Saturated Fat (g)	1.0	0.0	1.0
Sodium (mg)	251.0	0.3	250.7
Sugar (g)	8.7	2.9	5.8

Table 2 (continued): Nutrition Information by Site

Site 6			
Nutrient	**Amount Provided**	**Amount Discarded**	**Amount Consumed**
Calories (kcal)	622.0	153.07	468.9
Fat (g)	25.2	9.0	16.2
Saturated Fat (g)	25.2	9.0	16.2
Sodium (mg)	1551.0	363.1	1187.9
Sugar (g)	36.5	12.2	24.3

Site 7			
Nutrient	**Amount Provided**	**Amount Discarded**	**Amount Consumed**
Calories (kcal)	720.0	478.2	241.8
Fat (g)	27.3	21.4	5.9
Saturated Fat (g)	7.8	5.4	2. 5
Sodium (mg)	1608.0	1261.3	346.7
Sugar (g)	49.5	27.7	21.9

Table 3: Characteristics Present

Nutrition Environment Characteristic	Site 1	Site 2	Site 3	Site 5	Site 6	Site 7
Facility characteristic						
Type of facility	community center	school	*	other	*	school
Type of services: after-school care and education	X	X	X	X	X	X
Type of services: summer care and education	X	X	X	X	X	X
Hours of operation (Monday through Friday): open	15:00	14:45	15:30	15:09	15:15	15:00
Hours of operation (Monday through Friday): close	18:00	18:00	18:00	18:00	18:00	18:00
Food preparation environment						
Refrigeration and/or cooling system	X	X	X	X	X	X
Food preparation space, including sink and counter	X	X	X	X	X	X
Oven	X	X		X	X	X
Cook top/stove/range	X			X	X	
Sufficient equipment	X				X	X
Meal or snack environment						
Water fountains present location	front	back	front			
Other: water jugs/cooler						X
Food and beverage advertisements		X		X	X	
Specific food and beverages advertised		skim milk		fresh fruit/ vegetables	fresh fruit/ vegetables	
Specific food and beverages advertised					high-fiber whole grain	
Beverages available						
1% milk	X	X	X		X	X
Flavored skim, 1%, or 2% milk	X				X	
Water	X	X	X		X	
100% juice	X	X	X			
Meal foods available (menu review)						
Lunch/dinner: fresh fruit or vegetables	X		X		X	
Lunch/dinner: frozen or canned fruit or vegetables (w/syrup)					X	
Lunch/dinner: fried or pre-fried vegetables					X	

*No information provided/recorded

Table 3 (continued): Characteristics Present

Nutrition Environment Characteristic	Site 1	Site 2	Site 3	Site 5	Site 7	Site 6
Meal foods available (menu review continued)						
Lunch: high fat meats		X	X		X	X
Lunch: beans						X
Lunch: high-fiber, whole grain foods		X	X		X	X
Lunch: salty foods	X				X	
Salad bar foods: green vegetables		X	X			
Salad bar foods: orange vegetables					X	
Salad bar: red vegetables		X	X			
Salad bar: other		Italian dressing	Italian dressing		strawberry applesauce	
Snack foods: fresh fruit				X		
Snack foods: raw, fresh vegetables				X		
Snack foods: high-fiber, whole grain foods				X		
Snack foods: other				goldfish cracker pretzels		

Table 4: Characteristics *not* Present

Facility characteristics	*Breakfast foods*
Days of service: Sunday	*Lunch/dinner foods*
Days of service: Saturday	Frozen or canned fruit or vegetables (no syrup or butter)
	Vegetables cooked with fat
Food preparation environment	Cottage cheese or low-fat yogurt
Garden to supplement food service	Fried or pre-fried meats
Garden for educational purposes	Lean meats, fish, poultry
	Sweet foods
Meal or snack environment	*Salad bar foods*
Hot meal area	Fresh fruit (1-5+ types)
Salad bar	Starchy vegetables
Competitive foods	Cottage cheese or low-fat yogurt
Vending machines	Nuts, seeds, legumes
Point of purchase prompts	Bacon bits or croutons
	Competitive foods
Beverages available	*Snack foods*
Skim milk	Frozen or canned fruits or vegetables (no syrup)
2% milk	Frozen or canned fruits or vegetables with syrup
Whole or Vitamin D milk	Frozen or canned vegetables
Flavored whole milk	Cottage cheese or low-fat yogurt
Rice milk	Sweet foods
Soy milk	Salty foods
Lactaid	*Vending machines*
Sugar sweetened beverages	*Other competitive foods*