

University of Pennsylvania

Community Food Assessment

Puentes de Salud

5/9/2011

Maya Gutierrez

Margot Stern

Emily Mitnick

Umar Henry

Phil Dawson

Maura Goldstein

Lindsay Shafer

Katie Oberwager

Contents

Contents	2
Introduction	3
Research Design and Methodology	4
Focus Group.....	6
Context.....	10
Neighborhood Demographics.....	10
Diet-Related Health	10
Figure 1.....	1
Figure 2.....	1
Access to Fruits and Vegetables.....	13
Quality of Groceries.....	13
Obesity	13
Figure 3.....	14
Figure 4.....	15
Figure 5.....	16
Figure 6.....	17
Diabetes.....	18
Food stores.....	20
Figure 7.....	25
Conclusion.....	26
References.....	27
Appendix.....	28
Figure 8 Food Stores.....	28
Figure 9. Corner Store Inventory.....	31
Figure 10. Survey Questionnaire.....	34

Introduction

Puentes de Salud provides low-cost, high-quality healthcare to men, women, and children in Philadelphia's largely undocumented Latino community. Puentes achieves this goal through its primary care clinic at 1840 South Street and its women's health clinic at 700 Spruce Street. Since the primary care clinic opened in 2006, the staff have become increasingly concerned about high rates of obesity and diabetes in this particular community. The purpose of the Community Food Assessment (CFA) of South Philadelphia is to provide a mixed methods approach to understanding and potentially resolving issues of obesity and related diseases (e.g., type-2 diabetes, cardiovascular disease) among the population.

The objective for the CFA was to gather data on the diets of community members. Using a survey distributed to clinic patients and community members, and a community-based focus group, we hoped to answer a series of questions, which included:

- What are the eating habits of this community?
- What access do community members have to fresh produce?
- Where does the community shop for food?
- How have the eating habits changed for immigrants after arriving in the United States?

In 2008, Puentes de Salud conducted a survey of clinic patients that provided preliminary data on their dietary habits, but actionable results were limited due to the small number of respondents (19) and the survey's broad, open-ended questions. This CFA is intended to add to the previous study by combining data obtained from 1) mapping and observations of the local food environment, 2) a new survey of community members, and 3) a focus group of community members to further inform and reinforce the survey results.

We hope that this study will help Puentes de Salud create dietary recommendations as well as outreach and educational programs for patients and their families. It will also provide Puentes with recommendations for further research or future projects of this type.

Research Design and Methodology

This community food assessment has three components: mapping and geographic analysis of the local food environment, a survey of the target population's shopping and eating habits, and a focus group with members of the community to gain a more in-depth understanding of their shopping and eating habits.

In the mapping portion of the study, we first present census data showing demographic characteristics of the study area and compare these characteristics at the census tract level. We were interested in identifying census tracts within the study area where the percent of Hispanic or Latino residents is especially high, and also in identifying tracts where median household income is low. These data helped inform our analysis when we mapped locations of corner stores, supermarkets, and farmers' markets to determine what food resources are in close proximity to Puentes de Salud's clients.

We have included maps of diet-related health data from the 2008 Southeastern Pennsylvania Household Health Survey. Because these data cannot be compared at the census tract level (there are not enough responses in the sample from each census tract), they are presented for Philadelphia's 2008 Planning Analysis Sections (PAS) as well as for the study area. Here, we have also divided the study area into two groups of census tracts—East of Broad and West of Broad. These subdivisions of the study area can be compared with each other and with other parts of Philadelphia.

Our current map of the food environment shows locations of corner stores, supermarkets, specialty markets, and farmer's markets. Given that people may travel farther to go to a supermarket than a corner store, supermarkets and farmers' markets located outside the study area are included. Corner stores and specialty markets have been identified within the study area from 4th Street to 18th Street and from Snyder Avenue to Washington Avenue, as well as between Washington Avenue and Christian Street on 9th Street. Because there is no comprehensive, current database of Philadelphia food stores and vendors, the locations and characteristics of the stores in the study area were recorded by group members on foot and in cars.

To more accurately determine what foods are available to and purchased by the study subjects, we asked the promotores, Puentes' health and nutrition outreach workers, to provide the names and addresses of several food stores and restaurants where Puentes' clients shop and eat. Members of the group visited these stores and recorded the food items offered.

For our survey, we used a five-minute questionnaire on eating and shopping habits (see Appendix Figure 10). Group members surveyed community members at Puentes clinics and at a few Laundromats in the study area. The promotores working with Puentes also helped administer this survey. We only surveyed adults, though the survey includes a few questions about children.

At the request of Puentes de Salud, we initially planned to administer this study's survey to 100 respondents in order to have statistically significant findings. Ultimately, we completed surveys with only 57 respondents due to two logistical challenges: 1) a long process of survey revisions in consultation with the promotores working with Puentes de Salud as well as Puentes staff left us with a limited amount of time in which to conduct the surveys, and 2) low literacy levels

among the target population made it necessary to conduct most surveys orally with a limited number of fluent Spanish speakers within our research group.

Focus Group

In addition, we conducted a focus group with approximately ten participants asking more in-depth questions about food choices and dietary changes since arriving in the United States. This focus group may not provide us with concrete patterns throughout the community, but it may provide Puentes with some valuable information for this study and future studies.

Within the Mexican and Latin-American community there seem to be two distinct types of food purchasing behaviors: meal-based purchasing and supply-based purchasing. Meal-based purchasing is when someone purchases a meal to be consumed immediately, whereas supply-based purchasing is when someone purchases food to store at home and use to prepare multiple meals over the course of a few days or a week.

According to the promotoras, many people in the community work long hours and do not have time to prepare food. Lack of time is the main driver of fast food consumption. There are a few secondary drivers as well. First, many of the immigrants who have settled in the target area are young men and in their home countries it is not typical for men to cook and in many cases is socially unacceptable. The only cases in which cooking is not viewed as emasculating are those examples of people who have come to the United States and worked their way up the ranks of popular restaurants to become chefs. In these cases, Mexican and Latin American men have begun to take pride in their cooking abilities. Again, these largely represent exceptions to the rule and most men in the community do not know how to cook. A final driver of fast food purchasing behavior is a lack of knowledge surrounding the health issues caused by seemingly innocuous pizza, fried chicken, and other neighborhood fast food restaurants.

When asked how important price was in determining food choices, the promotoras had conflicting opinions. The knee-jerk reaction was to explain that many of the young people who have immigrated to the U.S. are working to send money home and seek the cheapest food possible so that they minimize their own spending. However, when probed further the promotoras admitted that while cost is certainly a conscious concern for the average young person in this community, the reality of purchasing behavior is not actually driven by cost but rather by quantity. Many of these individuals work long hours and even some of the promotoras admitted that during their first few years in the U.S., in spite of having very little spending money, they tended to make food purchasing decisions with their stomachs. In other words, at the end of a long work day or during a quick lunch break, they would try to find the item on the menu that promised the largest quantity of food to satiate them, regardless of whether it was a few dollars more.

Another interesting anecdote emerged when one of the promotoras acknowledged that if one is thoughtful, purchasing healthy organic foods at upscale markets such as Whole Foods can be done in such a way that the individual spends less than he/she would eating at fast food restaurants all week. This supports the notion that the belief system that drives fast food purchasing behavior within this community is one that values quantity, taste, and satiety over cost or nutrition. While cost is important, the actual cost does not seem to drive decisions as much as the perceived cost and the perceived value.

In terms of supply-purchasing behavior, this seems to be driven by access and personal preference. Many consumers who have cars do their food purchasing once a week and during that trip have to purchase all other household items. As such, it was explained that many people prefer large stores such as Walmart and Acme, which are not physically located within the community. People who shop in the Italian Market (9th Street Market) do so mostly out of personal preference. It did not

seem that people felt restricted by the quantity or type of stores located within the target area. The only time that people acknowledged the idea of convenience was when time was an issue and the convenience stores represented the quickest option for mid-week supplies or a fast meal or snack.

Health education may be an issue for this community because men in particular do not typically know much about food and nutrition. When asked if it was helpful to have calorie counts listed next to fast food menu items, the promotoras replied that it didn't matter because people didn't know how to read or interpret them. The promotoras themselves have a great deal of insight into healthful foods and feel that home cooked meals are healthier than fast food. However, they acknowledge that at best, dinner is the only meal that people regularly return to the home for. Also, for many of the young people in the community who do not have spouses or family in the U.S., home cooked meals are not an option because there simply is nobody at home to cook them.

When asked whether the promotoras felt that food in the U.S. was less healthy than in Mexico or other Latin American countries the response was complicated. It is clear that in Mexico, particularly in more rural areas, food systems still rely on local suppliers for many ingredients. This is particularly true for meat, dairy, and basic vegetables which are often raised within the community or even the home. Locally procured food in Mexico, according to the promotoras, implies hormone free, pesticide free ingredients which the promotoras feel are healthier. However, many other ingredients in typical Mexican meals are imported from the United States. Even tortillas, a staple part of the Mexican diet, are imported from U.S. producers. The same goes for soft drinks and many popular fruit drinks. This implies that in some cases there are not such dramatic differences between Mexican and U.S. ingredients. However, one of the promotoras mentioned that individuals from Central American countries make their own tortillas which have significantly less sugar than U.S. made brands. These homemade tortillas were given as the reason

why Central Americans in the target area have less obesity and less sugar-related health problems than Mexicans.

As drinks are a main source of sugar and calories, the promotoras were asked to list typical beverages consumed within the community. Fanta, Sprite, Coca Cola, and other soft drinks were listed. In addition, horchata and aguas frescas (fruit juices) were mentioned. The general perception was that fruit juices made by companies such as Jumex had a low sugar content and were manufactured with primarily fresh fruits, which is interesting considering that in spite of claiming to be natural, many of these juices are loaded with sugar and concentrate syrups.

In terms of culturally relevant food, this does not seem to be a major issue for the community. Many cultural ingredients are able to be purchased within the community. On an emotional level, the promotoras generally felt that it was important to maintain some cultural traditions surrounding their culinary heritage but at the same time remained unanimous in their enthusiasm for the variety available in the U.S. The Mexicans in the community in particular seem to embrace variety and embraced opportunities to eat a variety of different types of cuisine. The most interesting insight from the informal qualitative analysis provided by the focus group was the extent to which the behaviors and belief systems that drive food consumption within this target community are not so different from those that drive food consumption of lifetime U.S. residents. Lack of knowledge surrounding nutrition and lack of time to seek out and/or prepare healthier foods are the main causes of unhealthy food purchasing decisions in this community. Access to healthier foods within the geographic target area seems to be a secondary problem.

Context

Neighborhood Demographics

In the past ten years, the population in the Puentes de Salud study area has become increasingly more Hispanic and Latino. According to 2010 U.S. Census data, the highest percentage of Hispanic and Latino residents are found east of Broad Street, particularly between Snyder and Washington Avenues, and 4th Street and Passyunk Avenue, with additional areas of high concentrations on either side of Washington Avenue between Broad Street and Passyunk Avenue and between Snyder Avenue and Oregon Avenue (Figure 1). These areas with a Hispanic and Latino population of more than 20% also have lower median household incomes than other sections of South Philadelphia, according to 2013 Census estimates (Figure 2).

Diet-Related Health

Within the Puentes de Salud Study area, we examined 2008 Southeastern Pennsylvania Household Health Survey data to determine the number of residents eating fewer than three fruits and vegetables a day, the residents' perceived quality of locally available groceries according to residents, and rates of obesity and diabetes. These data are analyzed using groups of census tracts, and for the purpose of comparison, data are also presented for Philadelphia's 2008 Planning and Analysis (PAS) sections.

In our analysis, we found that the study area population east of Broad Street was consistently healthier than that of the study area west of Broad Street. However, it is possible that smaller pockets of the population east and west of Broad Street are very different from the average.

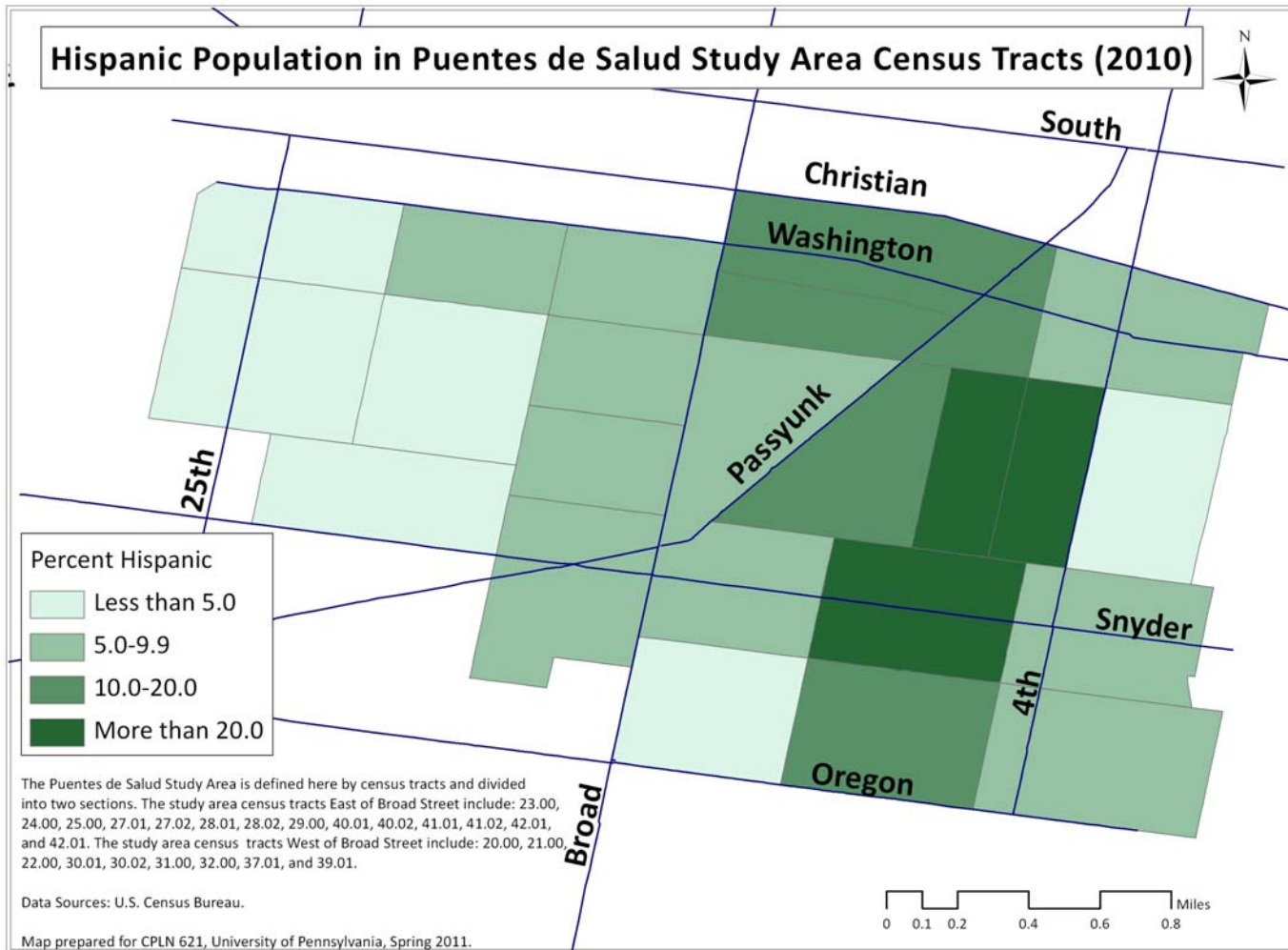


Figure 1

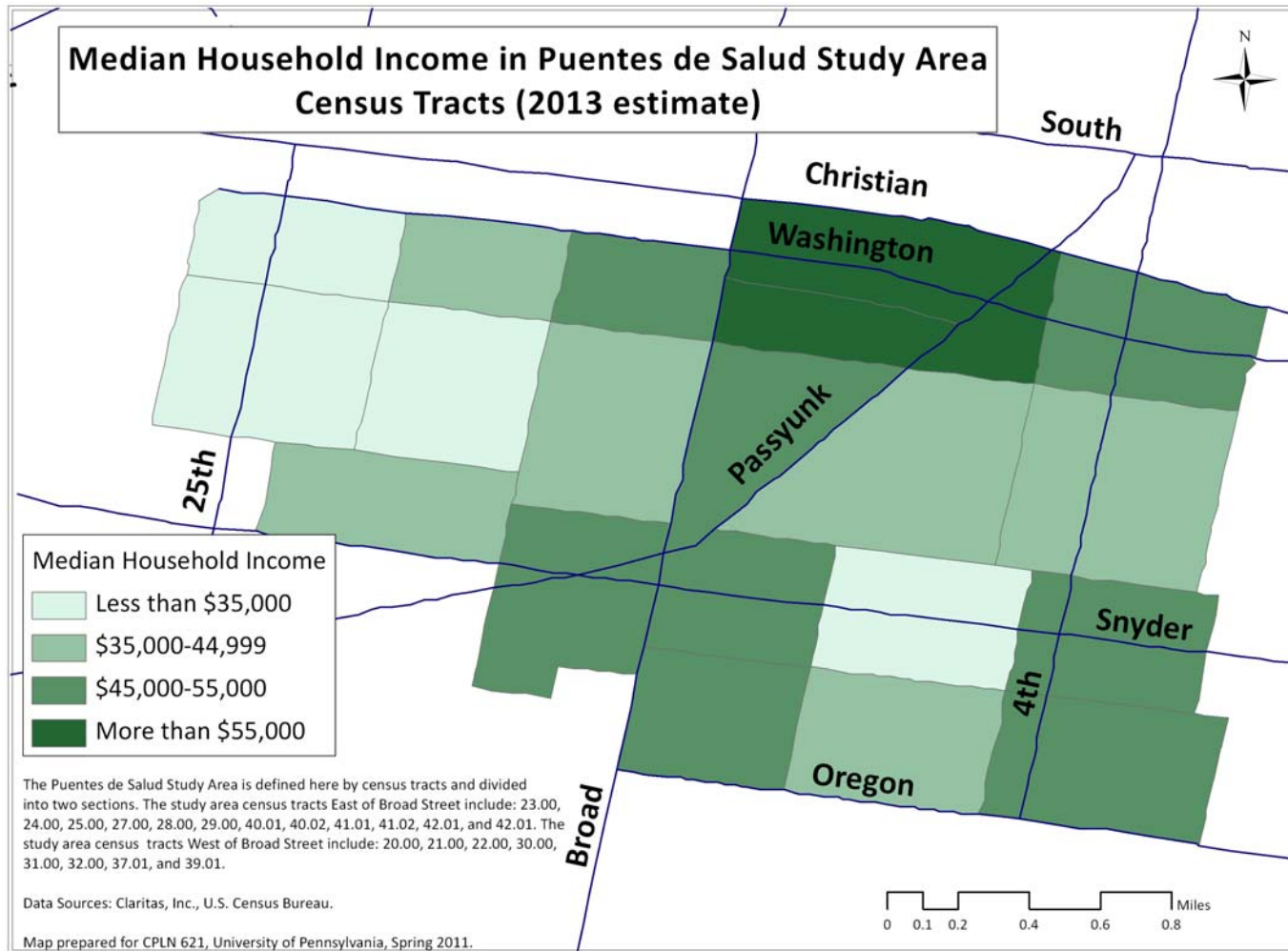


Figure 2

Access to Fruits and Vegetables

In Philadelphia, nearly 60% of adults eat fewer than three fruits or vegetables a day. With the exception of Center City residents, at least 45% of residents in Philadelphia neighborhoods eat less than three fruits or vegetables a day. In South Philadelphia, about 64% of adult residents eat fewer than three fruits and vegetables a day. In the Puentes de Salud study area, the region east of Broad Street has an adult population where between 55%-64.9% of adults eat less than three fruits or vegetables a day. On the west side of Broad Street, more than 65% of the population eats less than three fruits or vegetables a day (Figure 3).

Quality of Groceries

In Philadelphia, over 24% of reporting adults feel that the quality of groceries in their neighborhood is fair or poor. The best grocery quality is reported in the Upper Northeast and in Roxborough-Manayunk. In South Philadelphia, over 19% of reporting adults claim that the quality of groceries in their neighborhood is fair or poor. However, in the Puentes de Salud study area east of Broad Street, less than 15% of reporting adults felt that the quality of groceries in the area was fair or poor. Conversely, between 15% and 24.9% of reporting adults in the study area west of Broad Street felt that the quality of groceries in the area was fair or poor (Figure 4).

Obesity

The Puentes de Salud study area is split in terms of the population affected by obesity. In the region west of Broad Street, 65% of adult residents are overweight or obese, while only 57.9% of the population east of Broad Street suffers from obesity. The area west of Broad is closer to Philadelphia's overall rate of overweight or obese adults - 64.3% - while the region east of Broad more closely reflects South Philadelphia's obese/overweight population (61%) (Figure 5).

Percent of Adults Eating Fewer than 3 Fruits or Vegetables per Day (2008)

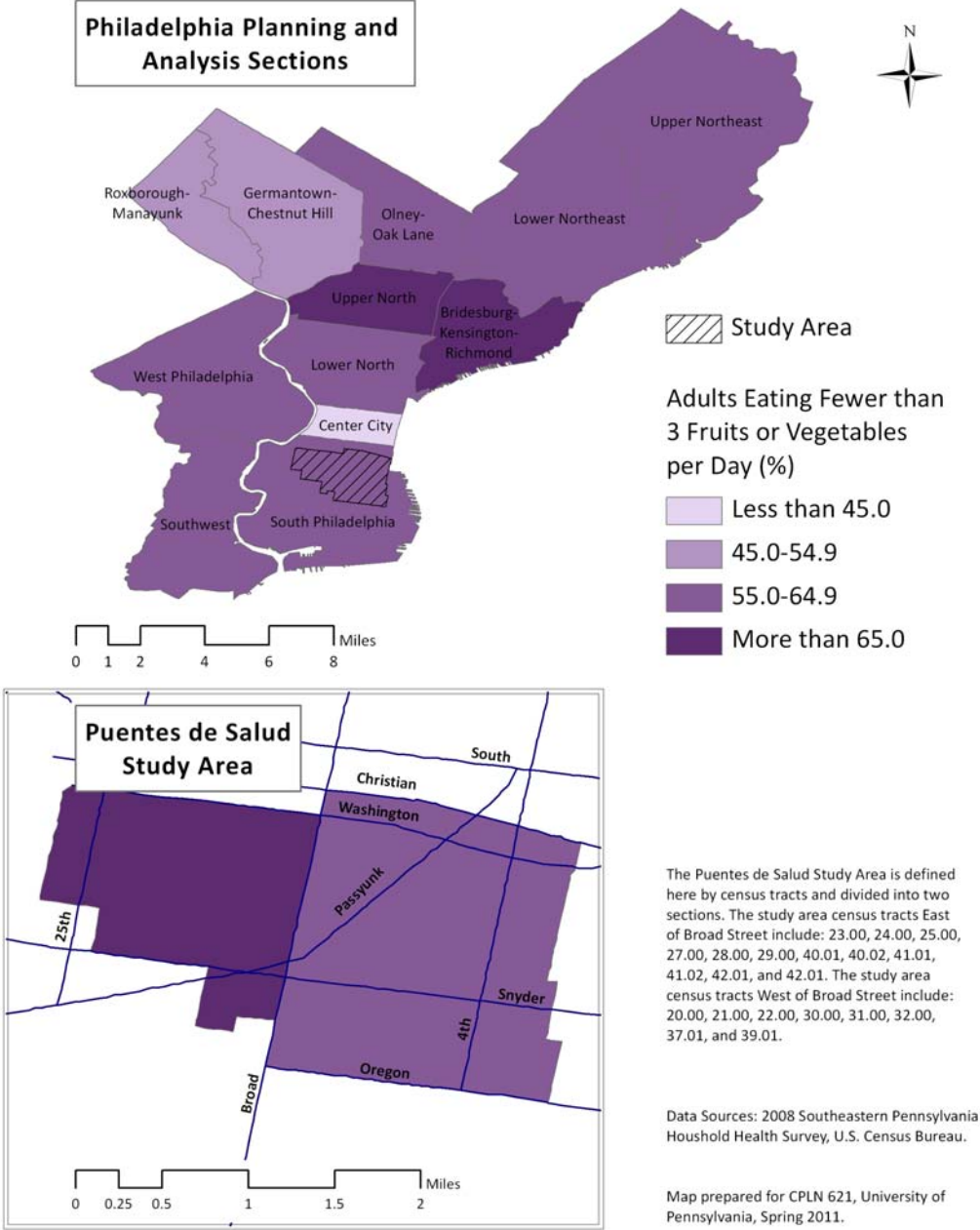


Figure 3

Quality of Groceries in Philadelphia Neighborhoods (2008)

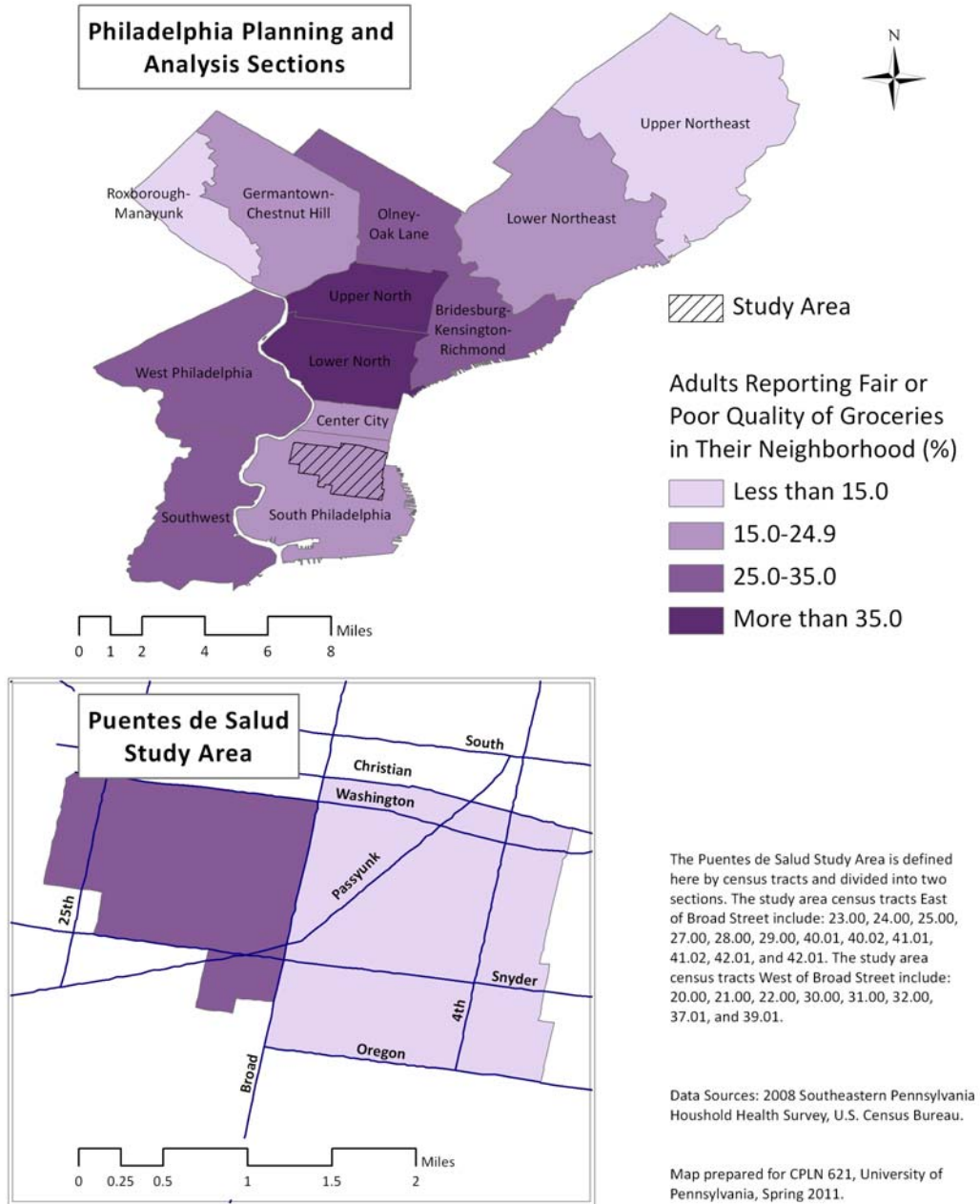


Figure 4

Percent of Adult Population Overweight or Obese (2008)

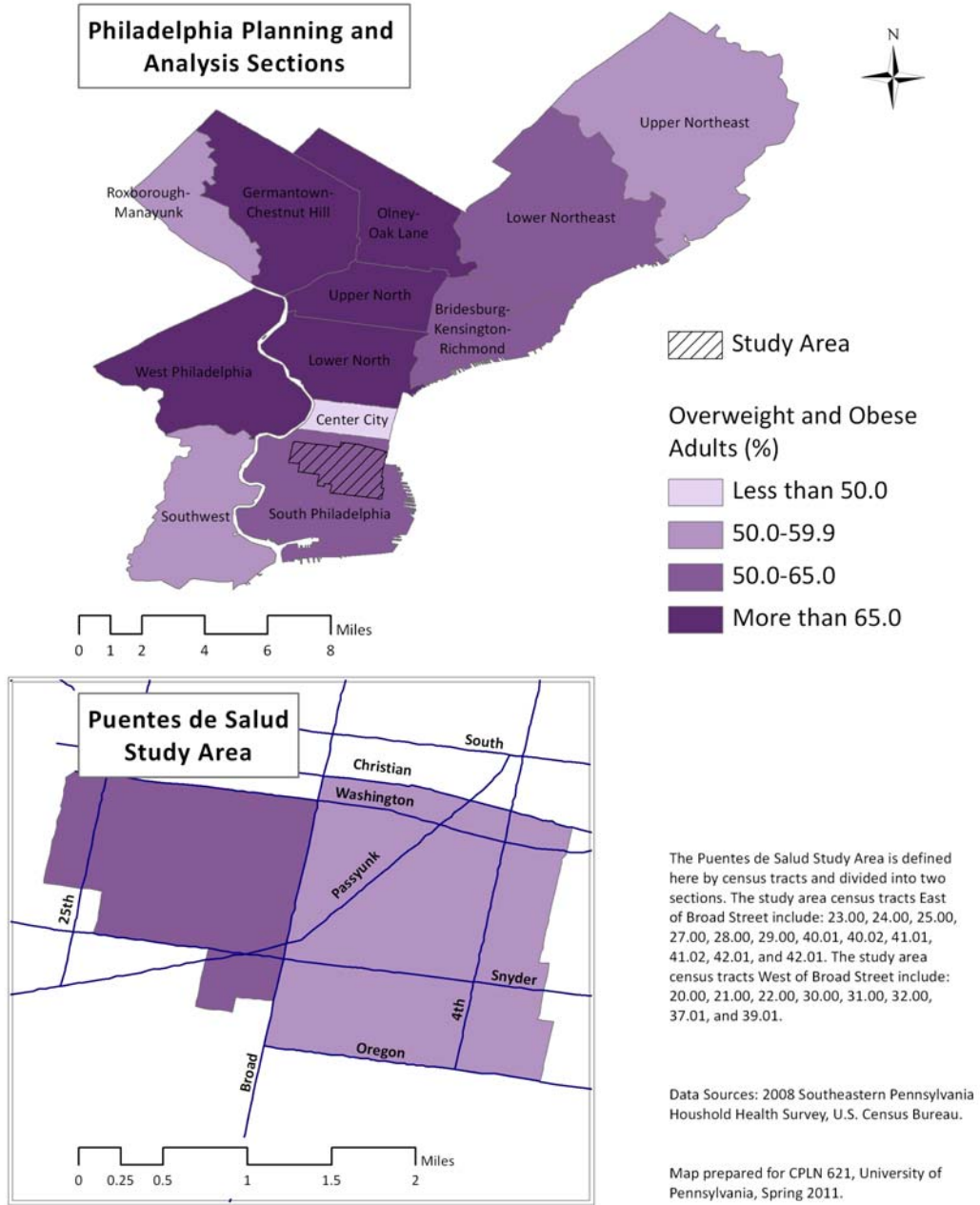


Figure 5

Percent of Adult Population Ever Diagnosed with Diabetes (2008)

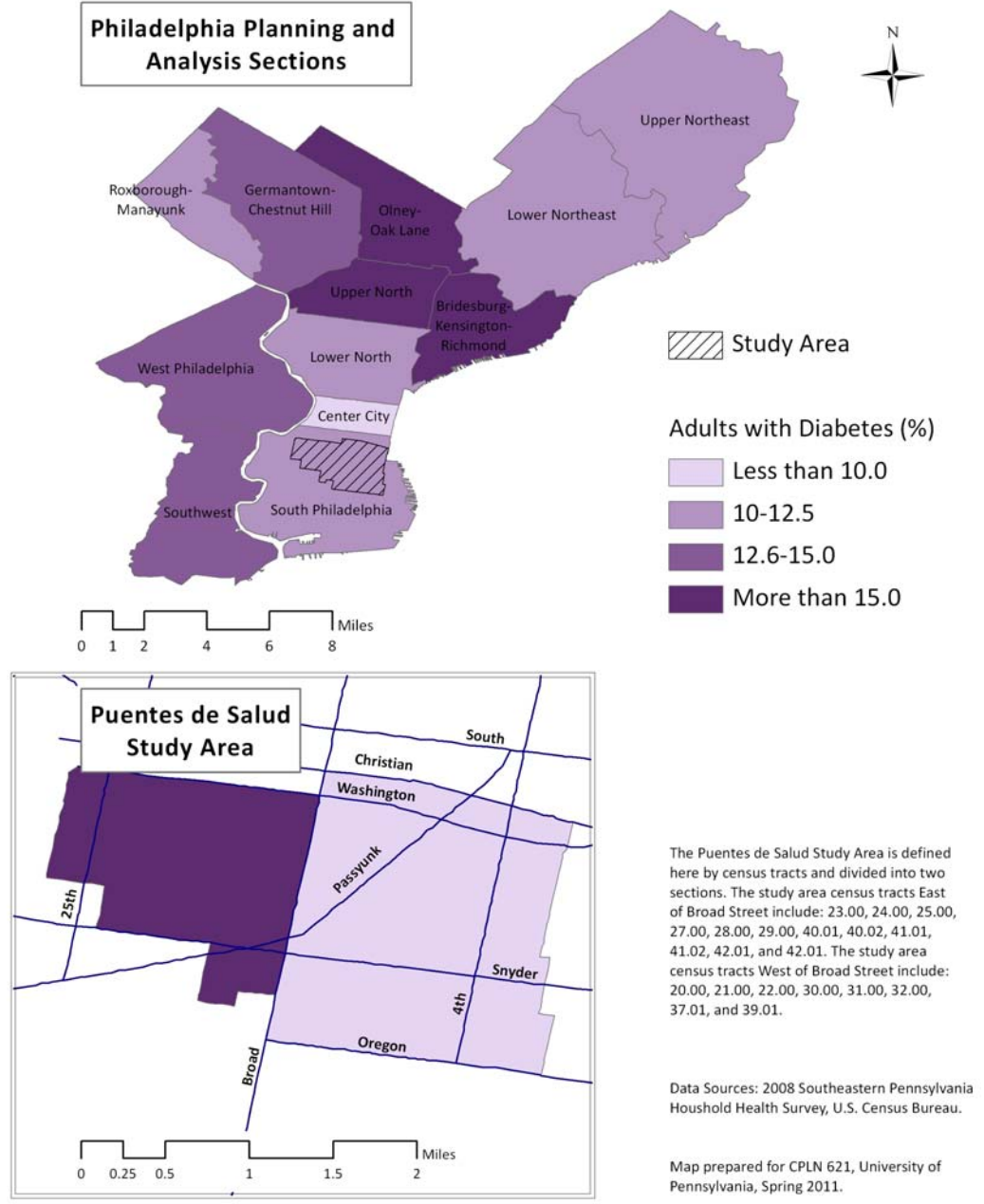


Figure 6

Diabetes

After examining a map depicting the percentage of residents afflicted by diabetes within the Puentes de Salud study area, it is possible to see that in the region east of Broad Street, less than 10% of adult residents have diabetes, while more than 15% of the population west of Broad Street has diabetes. In Philadelphia, 13% of adults have been diagnosed with diabetes. The highest percentages of those affected by the disease reside in Upper North, Olney-Oak Lane and Bridesburg-Kensington-Richmond. In South Philadelphia, 11.2% of adults have been diagnosed with diabetes (Figure 6).

Findings

Survey Analysis

With the help of the Puentes de Salud promotores, we conducted fifty-seven surveys. These included twenty males, thirty-five females, and two adults for whom gender was not reported. All of the survey participants were born outside of the United States and the vast majority (88%) was Mexican. The ages of survey participants ranged from eighteen to fifty-five years old; the average age for participants was thirty years. Approximately twenty (30%) of the respondents work in the food industry, which includes restaurants, specialty food stores, and cafes. The other jobs listed were construction, cleaning houses, clothing stores, at home work, and unemployed. A few participants chose not to respond to this question. Most participants responded that there is food available at their place of work; almost all those who reported working in the food industry said they receive food at work. The types of food eaten at work vary greatly and include fruits and vegetables; meat; traditional Latin foods such as guisado, tacos, tortillas and beans and rice; pasta; and bread. Information about what respondents bring to work if food is not provided was limited. Those who responded to this question reported bringing traditional Latin foods such as meat and guisado, as well as bread, vegetables, water, and soda.

The majority of participants reported buying food at supermarkets, convenience stores, and the 9th Street Market. Very few reported shopping at bodegas, vending machines, or restaurants. Reasons to shop at the given places varied but “close to my work or house” and “carry traditional foods” were the most popular responses.

Over half of the participants reported adding one to two spoonfuls of sugar to their tea or coffee. Twenty-five participants (44%) said they drink one to two sodas per day. Almost all the other respondents said they drink no sodas per day. Thirty-five respondents (61%) said they drink one to two juice drinks per day and almost all of the other participants reported consuming no juice drinks per day.

Almost half of the respondents have children under sixteen years of age in the house. Many of those children eat breakfast and/or lunch in school. Approximately twenty families (35%) eat together “always” while almost fifteen (26%) eat together “usually.” The remaining respondents reported eating together “sometimes” or “never.” Approximately eighteen people (32%) responded that their family “sometimes” eats in front of the television while almost fifteen (26%) “always” eat in front of the television. Twenty-six respondents said that their children drink soda in the house and only six said that their children do not drink soda in the house. The remainder of the participants did not reply to this question.

Thirty-four participants (60%) reported receiving information about nutrition and food availability and shopping when they arrived in the United States. Most of these respondents said that they had received such information from friends and family. Most respondents reported reading and speaking “more Spanish than English”; eighteen respondents (32%) reported reading and speaking only Spanish.

Food Stores

The external survey of food stores in the Puentes de Salud study area showed that corner stores¹ appear in a much higher density than supermarkets, farmers' markets, pharmacies, and specialty stores (Figure 7). The signs and advertised offerings at many of these corner stores indicated that the stores are targeted to Spanish-speaking or Asian populations. Additionally, two of the largest stores within the study area are Asian supermarkets. There are significantly fewer food stores in the western section of the study area (roughly 12th Street to 16th Street). There are also many restaurants in the study area, especially those serving fast food; these are not included on the map.

The promotores listed the following stores/restaurants as places that are frequented by the study population:

- El Pueblo Frutas y Vegetales, 1148 South 9th Street
- La Lupita, 9th Street between Ellsworth and Federal
- El Paisano, Passyunk Avenue between Wharton and Reed Streets
- Oaxaca Grocery and Deli, 701 Federal Street
- El Gallo Pinto Grocery and Restaurant, 1163 South 7th Street
- La Veracruzana Restaurant, 908 Washington Avenue
- Acme Supermarket, 1400 East Passyunk Avenue
- CVS/Pharmacy, 1405 South 10th Street

These businesses were mostly clustered in and around the 9th Street Market and, with the exception of the Acme Supermarket and the CVS/Pharmacy, catered to a

¹ There is no official definition for a corner store. For this paper, all stores described as "corner stores" fit The Food Trust's guidelines of being 1,500 sq. ft. or less and having four or fewer aisles and one cash register (Brianna Sandoval, personal communication).

Spanish-speaking clientele. The corner stores offered almost exclusively Latin American brands and food products (see Appendix, Figure 9). The products stocked in these stores included dried and canned beans, a wide variety of tortillas, piloncillo, maseca, masa (corn flour), processed meat products, white rice, chips, candy, juices (including some with 100% juice), sodas, Mexican cheeses, canned vegetables and sauces, and fresh pastries. La Lupita, a corner store on 9th Street, also sold yogurt, eggs, and whole milk but the eggs and milk were not very visible on a low shelf in one of the coolers. The small produce display at La Lupita included potatoes, onions, tomatoes, and bananas.

In addition to the standard offerings listed above, El Paisano, a corner store located on Passyunk between Wharton and Reed Streets, offered Mexican chocolate, blue corn flour, and various Goya brand products. Here again, many of the package labels were in Spanish. Other available products included Maruchan brand noodle bowls (in a “shrimp picante style”), pancake syrup and mix, chips, assorted candy, and cookies. Several refrigeration units contained eggs, yogurt (LaLa and Yakult brands), Mexican cheeses, cilantro and other herbs, beans, hot peppers, corn, radishes, broccoli, and various other fresh fruits and vegetables.

Oaxaca Grocery and Deli, another corner store carrying many Mexican products, sold fewer products than El Paisano, but many similar types of products. Fresh produce was available, including broccoli, lettuce, apples, tomatoes, hot peppers, corn, limes, onions, avocados, tomatillos and bananas. Numerous packaged foods, such as chips and candy, with Spanish labels were stocked. This store does not have the variety of dried beans and rice we saw at several other stores, but does sell masa.

The CVS/Pharmacy, located at 1405 South 10th Street, did not offer any culturally appropriate foods to the Latino community. There were large refrigeration units, which contained 100% fruit juice, low fat yogurt, low fat milk, prepared salads and

sandwiches, fruit punch and lemonade “drink.” Freezer cases held ice cream, French fries, frozen pizzas, and other processed foods, while the shelves contained chips, cookies, cereal, and candy. There were no fresh fruit and vegetable offerings, aside from the pre-packaged salads in the refrigerator case.

El Pueblo Frutas y Vegetales, located at 1148 South 9th Street, was closed on two different occasions, so were we unable to conduct a food survey in the store.

The Acme is a full-service supermarket with a large produce section, a bakery, deli, and meat counter. Italian food products dominated the ethnic aisle of the store. There were some Goya brand food items in the ethnic foods section, including beans and seasonings. The beans and white rice in this aisle both had special in-store nutrition signage advertising high fiber and iron and low sodium, respectively. The frozen foods section again featured mostly Italian-style foods with a limited number of Goya brand frozen food products. These included frozen vegetables, tamales and meals with rice.

Discussion

From our inventory and geographic survey, it appears that the foods most readily available within the study area appeal to Latin American diets. These included many processed foods in stores without more healthful alternatives as well as raw ingredients such as dried beans and masa.

In general, the inventoried corner stores tended to stock large amounts of candy, chips, cookies, and other processed snack items, which were usually located near the front of the store. In more than one store, small ice cream freezers were located at the front near the door. Many of the processed items were full-fat and there were no light or low-fat options available. A wide range of sugary drinks such as juice nectars and sodas occupied a significant portion of the shelf space in the corner stores; few of these drinks contained 100% fruit juice. With the exception of the

Acme Supermarket and El Paisano, most of the stores listed as being frequented by the study community offered only a few fresh fruit or vegetable options. When yogurt was available, it was always flavored or sweetened, never plain. While the CVS/Pharmacy and the Acme Supermarket stocked low-fat and fat free milk, the corner stores tended to stock only whole milk. Some of the corner stores sold fresh pastries, none of which appeared to be made with whole-wheat flour. The corner stores appeared to sell many of the same products.

These findings are supported by a 2009 study of Latino entrepreneurs in South Philadelphia (Benitez). This study determined that nearly 46% of Latino-owned businesses in South Philadelphia are small food markets and that the highest concentration of Latino-owned businesses is in the 9th Street Market. The same study determined that Mexican immigrants own 90% of Latino-owned businesses in South Philadelphia; nearly half of these are within the 9th Street Market. These Mexican-owned food markets sell similar goods and generally purchase their entire inventory – from DVDs to calling cards to packaged foods – from one local wholesaler. Because the stores carry such similar inventory, they gain business primarily based on their proximity to customers' homes or workplaces. Strategic and personal relationships with their customers are also important for this reason. The storeowners interviewed identified their clientele as over 80% Latino (Benitez, 2009).

Despite the high prevalence of corner stores in the study area, survey participants do not appear to be limiting themselves to these outlets for their food shopping. Participants most frequently reported shopping at supermarkets, the 9th Street Market, and convenience stores. Very few reported shopping at “bodegas” or corner stores. This result was somewhat surprising but could be due to confusion about the term “convenience stores.” It is possible that those administering or responding to the survey put corner stores or bodegas in the category of convenience stores. It is also possible that our survey did not capture the segment of the population that

frequently shops at corner stores. Given the information from Benitez's work, and the information from the focus group, it is likely the case that community members occasionally pick up snacks or make last-minute purchases at corner stores on their way to or from work. This form of shopping may not be considered habitual family food shopping and therefore may not have been captured by the survey.

While several participants reported cooking and bringing food from home, most of the employed survey respondents reported eating food provided at their place of work. Apart from this, very few survey participants reported eating at restaurants with any frequency.

There are several limitations to this CFA. First, for the reasons noted above, the sample size for the survey was limited. In addition, the survey instrument was intended to occupy only five minutes of participants' time and therefore did not provide in-depth responses. For future studies, it would be valuable to determine the nature of purchases at each type of food outlet and the frequency with which these purchases are made. In any population it is likely that the purchases deemed most insignificant - such as an ice cream bar, a bag of chips, or a soda from a corner store - are those contributing to negative health effects. Our CFA also did not anticipate the prevalence of home food preparation and therefore did not capture information on cooking methods and ingredients and quantities used.

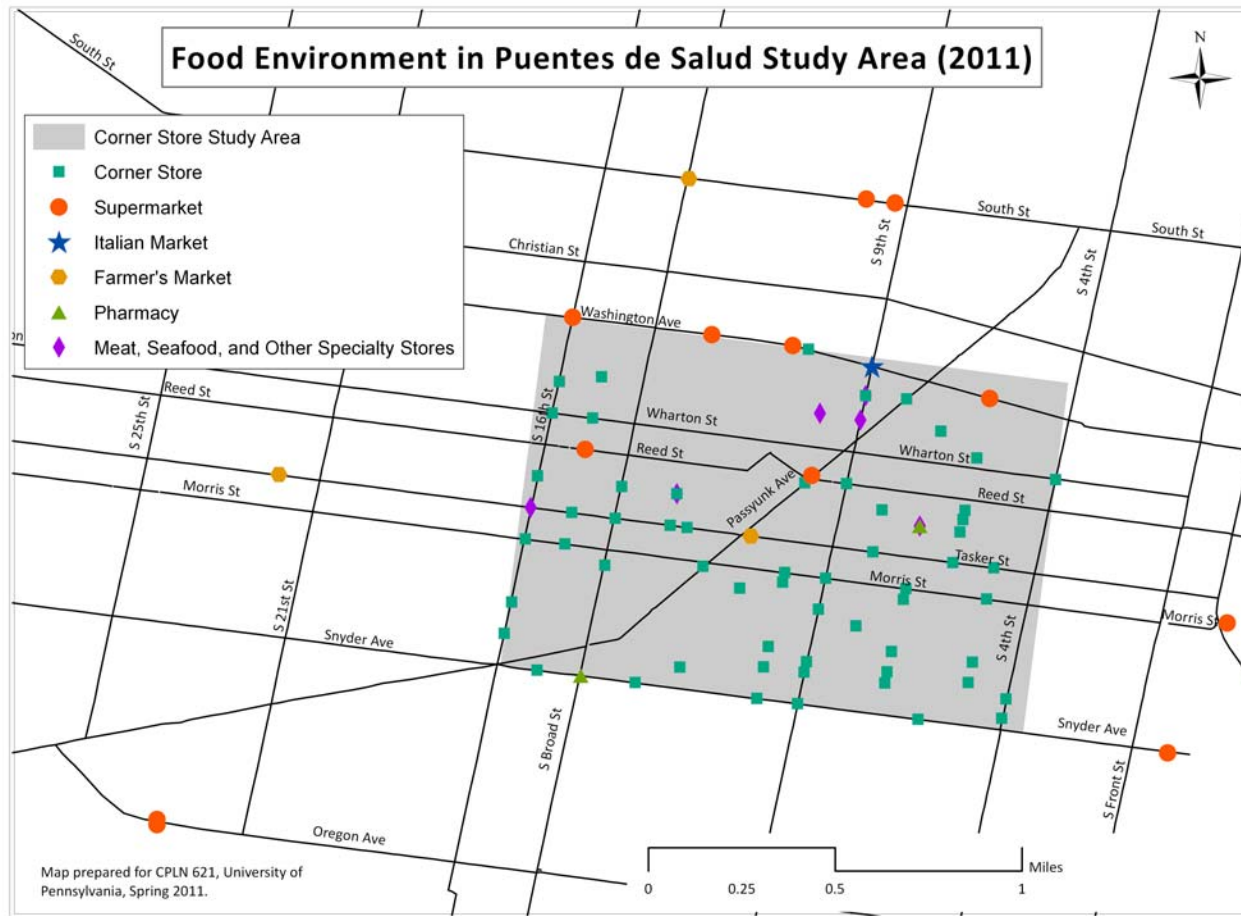


Figure 7

Conclusion

Among survey participants, eating at home and work were much more common than eating as customers at restaurants. These findings point to cooking and nutrition education as important interventions to provide individuals with information about making healthy choices in their food choices. These results were confirmed during the focus group discussion. In summation, it would seem that the key challenge for Puentes de Salud will be to find a way to reach out to the community and help educate young people about the important of choosing healthier food options and the extent to which this can be done without great cost or inconvenience.

References

Benitez, Oscar. 2009. "Philadelphia as a Re-Emerging Immigrant Gateway: An Exploration of Mexican Entrepreneurship & Its Economic Value." University of Pennsylvania Urban Studies Program.
http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1689748 Accessed May 2, 2011.

Appendix

Figure 8. Food Stores

Address	Type of store	Store name
4th and Wharton	Corner store	
4th and McKean	Corner store	
4th and Mercy	Corner store	
5th and Dudley	Corner store	
5th and Mifflin	Corner store	
5th and Morris	Corner store	Agresta's Food
5th and Tasker	Corner store	
6th and Washington	Supermarket	Oriental Supermarket
6th and Titan	Corner store	
6th and Gerritt	Corner store	Penn Lottery
6th and Wilder	Corner store	
6th and Dickinson	Corner store	
6th and Tasker	Corner store	
6th and Snyder	Corner store	Snyder Grocery
7th and McKean	Corner store	
7th and McKean	Corner store	
7th and Mifflin	Corner store	
7th and Watkins	Corner store	Los Pericos
7th and Morris	Corner store	
7th and Dickinson	Poultry store	Poultry Market
7th and Dickinson	Pharmacy	Rite-Aid
7th and Federal	Corner store	El Gallo Pinto
7th and Federal	Corner store	
7th between McKean and Dudley	Corner store	Fruit and Spices

8th and Passyunk	Corner store	
8th and Wilder	Corner store	La Manzanera
8th and Tasker	Corner store	La Acapulqueña
8th and Tasker	Corner store	
8th and McClellan	Corner store	Mexicana Sagrada Corazon
9th and Snyder	Corner store	
9th and Snyder	Corner store	
9th and Dudley	Corner store	
9th and Federal	Poultry	Shun Da Live Poultry Market
9th and Ellsworth	Meat	El Pueblo Carniceria
9th and Ellsworth	Corner Store	Tienda Lupita
9th and Washington	Market	Italian Market
10th & Federal	Specialty Market	
10th & Passyunk	Corner Store	
10th & Morris	Corner Store	
10th & Watkins	Corner Store	
10th & Hoffman	Corner Store	
10th & Snyder	Corner Store	
10th & McKean	Corner Store	
9th & McKean	Corner Store	
9th & Moore	Corner Store	
9th & Morris	Corner Store	
9th & Reed	Corner Store	
Clifton & Washington	Corner Store	
11th & Pierce	Corner Store	
Tasker & Iseminigar	Corner Store	
12th and Passyunk	Corner Store	Sunshine Grocery
12th and Emily	Corner Store	Convenience Grocery

13th and Snyder	Corner Store	San Agus Mini Market
13th and Tasker	Corner Store	La Fortuna
13th and Dickinson	Seafood	Ippolito's
13th and Dickinson	Corner Store	Michelle's Market
13th and Washington	Supermarket	Save-a-Lot
Dickinson and Broad	Corner Store	88 Grocery Store
Tasker and Broad	Corner Store	Morel Grocery
Castle and Broad	Corner Store	Food Point
Snyder and Broad	Pharmacy	Rite Aid
16th and McKean	Corner Store	16th St. Food Market
16th and Mifflin	Corner Store	Ruby's
16th and Morris	Corner Store	Du's Market
16th and Tasker	Seafood	16th St. Seafood
16th and Dickinson	Corner Store	Castro Grocery
16th and Wharton	Corner Store	La Fuerza Grocery
16th and Mariton	Corner Store	Baez Food Market
16th and Washington	Supermarket	Asian Supermarket
15th and Federal	Corner Store	Arianna Grocery
15th and Wharton	Corner Store	Meca Food Market
15th and Tasker	Corner Store	Santos Groceries
15th and Morris	Corner Store	Morris Market
15th and Snyder	Corner Store	Sunshine Grocery
Broad and Snyder	Pharmacy	Walgreen's
11th & Washington	Asian Supermarket	Hung Vuong Supermarket
15th & Reed	Asian Supermarket	Phong Grocery
6th & Washington	Asian Supermarket	First Oriental Market, Inc

Figure 9. Corner Store Inventory

CVS – at Passyunk, Reed, & 10th

- There were refrigeration units and they contained:
 - Fruit packed in 100% juice
 - Low fat yogurt
 - Whole, 2% and 1% milk
 - Prepared salads and sandwiches
 - Fruit punch and lemonade “drink”
- Pizza rolls, hot pockets, French fries (in freezer case)
- Ice cream
- There were no Mexican/Central American foods, nor was there fresh produce

El Paisano – Passyunk between Wharton and Reed

Many product labels were written in

Spanish:

- Chips
- Chocolates
- Candy
- Evaporated milk
- Piloncillo (brown cones of unrefined sugar)
- Baby food
- Pure cane sugar
- Maseca
- Masa
- Goya beans (canned)
- Blue corn flour

Other food products included:

- Maruchan Noodle bowls (in flavors such as “shrimp picante style”)
- Pancake mix

○ Rice
Refrigeration units contained dairy and fresh produce:

- Eggs
- Yogurt (LaLa and Yakult)
- Cheese (queso fresco, etc.)
- Cilantro and other herbs
- Beans
- Hot peppers
- Corn
- Radishes
- Broccoli
- Mushrooms
- Strawberries
- Squash
- Beans
- Blackberries
- Onions

La Lupita Grocery – 9th between Ellsworth and Federal

- Almost entirely Latin American food and beverage products
 - Tortillas
 - Many different kinds – based on regional styles
 - Beans – dried and canned
 - White rice
- Manteca (lard)
- Nopales in fridge (cactus)
- Queso fresco
- Corn husks for making tamales
- Nectar
- Processed meats
 - Bologna

- Sausages/hot dogs
- Bacon
- Chorizo
- Vegetable and fruit display at front of store
 - Potatoes
 - Onions
 - Bananas
 - Jalapeños
 - Tomatillos
 - Tomatoes
 - Peanuts
- Juices and sodas
 - Many varieties – some from U.S., some from Central America
 - Nectar
 - Some 100% juices
 - Sunny D
 - Many without real juice content
- Packaged pastries
- Fresh-baked pastries
- Cup Noodles
- Whole milk only
- Eggs
- Canned vegetables and sauces
- Chips and candy at front of store

El Gallo Pinto Restaurant and Grocery – 1163 S. 7th St.

- Primarily a restaurant serving Latin American specialties such as:
 - Tamales
 - Tacos
 - Sopas
- Beverages
 - Sodas
 - Juices
 - Sunny D (5% juice)
- Processed meats
- Maseca
- Tortillas
- Cheese
- Cream spread
- Chips and snacks

Acme – 1400 E. Passyunk

- Full service supermarket with deli, bakery, produce section, and pharmacy
- Plenty of vegetables with prices that appear to be competitive with the Italian market
- Some low fat processed meats
- Ethnic aisle
 - Some Goya products
 - Beans with nutrition signage about fiber and iron
 - White rice with nutrition signage about low sodium
 - Hard taco shells
- Mostly Italian products – Cento, etc.
- Frozen foods
 - Mostly Italian
 - A few Goya brand frozen foods
 - Vegetables
 - Fried and plain plantains
 - Taquitos
 - Tamales
 - Yuca
 - Rice with pigeon peas
 - Rice with meat
 - Empanada dough

Los Amigos Meat Market – 927 S. 9th St.

- Fresh meats
- A few vegetables, avocados in refrigeration
- Tortillas
- Beans
- Sauces and canned vegetables

Oaxaca Grocery and Deli- 7th and Federal

- Smaller than the other Mexican groceries we visited, but had similar types of products (including fresh produce)
- Broccoli
- Lettuce
- Apples
- Tomatoes
- Fresh and dried hot peppers
- Corn
- Limes
- Onions
- Avocado
- Tomatillos
- Bananas
- Milk
- Sugary drinks
- Chips
- Not as much in terms of dried beans, flour and rice as at other stores (but did have masa)
- Tamarind

Figure 10. Survey Questionnaire

Date _____

Interview # _____

Interviewer _____ Data Recorder _____

Nutrition Project Questionnaire (English)

First I would like to know a little bit about you.

•How old are you? _____

•Male or female?

- At what type of place do you work?
- Is food available for you to eat where you work? Y N
 - If food is available to eat where you work, what do you eat?
 - If food is not available to eat where you work, do you bring food?

Buying Food

- **Please circle all of the places you buy food for yourself and your family**
 - Supermarkets
 - Farmers markets (like the 9th Street Market)
 - Bodegas
 - Convenience Stores
 - Vending Machines
 - Restaurants
 - Other _____
- **Why do you buy the food at these places? (please circle your answers)**
 - It is close to where I live or work
 - Food quality
 - Sell healthy foods
 - Have food I like to eat

- Cost
- Convenience
- Transportation
- Traditional foods are for sale

- The store or workers speaks Spanish
- My friends and family buy their food there

- **Why do you buy the foods that you buy? (please circle your answers)**
 - My preferences or the preferences of my family
 - My friends and family buy these things
 - Cost
 - Quick or easy to prepare
 - My cultural tradition
 - I have always bought these things
 - It's familiar to me

Drinks

- How many teaspoons of sugar or packets of sugar do you put in your drinks?
 - None
 - 1-2
 - 3-4
 - 4+

- How many sodas do you drink each day?
 - None
 - 1-2
 - 3-4
 - 4+

- How many juice drinks do you drink each day?
 - None
 - 1-2
 - 3-4
 - 4+

Kids

- Do you have kids at home under the age of 16? Y N
 - If you do, how many meals do the kids eat at school?
 - Breakfast
 - Lunch
 - Dinner

- Do you eat dinner as a family?
 - Always

- Usually
- Sometimes
- Never

•Do your kids drink soda, nectar juice or Jarritos at home?

Additional Information

What is your highest level of education?

- ___ 1 = 8th grade or less (Specify: _____)
- ___ 2 = Some high school, but did not graduate (Specify: _____)
- ___ 3 = High school diploma or GED
- ___ 4 = Vocational, trade or business school after high school
- ___ 5 = Some college or 2-year degree
- ___ 6 = 4-year college graduate
- ___ 7 = More than 4-year college degree
- ___ 8 = Don't know

Which of the following best describes your current employment status?

- ___ 1 = unemployed, not looking for work
- ___ 2 = unemployed, looking for work.
- ___ 3 = working part time. **About how many hours/wk? Write in here _____**
- ___ 4 = working full time. **About how many hours/wk? Write in here _____**
- ___ 5 = retired

What is your marital status?

- ___ 1 = Now married
- ___ 2 = Widowed
- ___ 3 = Divorced
- ___ 4 = Separated
- ___ 5 = Never married

Are you of Hispanic or Latino origin?

- ___ 1 = No, not Hispanic
- ___ 2 = Yes, from Mexico
- ___ 3 = Yes, from Ecuador
- ___ 4 = Yes, from Central America
- ___ 5 = Yes, from another country. *Write in country* _____

Where were you born?

- ___ 1 = In the United States
- ___ 2 = Outside the United States (*If this is the answer, ask the next question*)

What year did you come to live in the United States?

Year _____

When you arrived in the United States, where did you receive information about nutrition, food shopping and food in your neighborhood?

Finally, I am going to ask you a series of questions about the language(s) you use in different situations.

In general, what language(s) do you read and speak?

- ___ 1 = Only Spanish
- ___ 2 = More Spanish than English
- ___ 3 = Spanish and English the same
- ___ 4 = More English than Spanish
- ___ 5 = Only English

Questionnaire

Fecha _____

Interview # _____

Interviewer _____ Data Recorder _____

Cuestionario de Nutrición (Español)

¿Cuántos años tiene? _____

Hombre o mujer

En primer lugar, me gustaría saber un poco de sus hábitos.

- **¿En qué tipo de lugar trabaja usted?**
- **¿Hay comida disponible para comer en su trabajo? Sí No**
 - **¿Si hay comida disponible, qué come?**

 - **¿Si comida no es disponible que puede comer en su trabajo, usted lleva comida al trabajo contigo?**

- **¿Qué lleva para comer y beber en el trabajo?**

Comprando comida

- **¿Quién compra la comida en su casa?**

- **Marque con un círculo los lugares donde usted compra comida para su familia.**
 - Supermercados
 - Los mercados de granjeros (como el mercado en la calle 9)
 - Bodegas
 - Las tiendas de conveniencia
 - Las máquinas expendedoras
 - Restaurantes
 - Otro _____

- **¿Porque compra comida en estos lugares? (Marque sus respuestas con un círculo.)**
 - Se queda cerca a mi casa o cerca de mi trabajo
 - La calidad de la comida
 - Venden alimentos saludables
 - Tienen comida que me gusta comer
 - El precio
 - Conveniencia
 - Transporte
 - Venden alimentos tradicionales
 - La tienda o los empleados hablan español
 - Mis amigos y mi familia compran su comida en la tienda

- **¿Cuántas veces en la última semana ha comprado comida en estos lugares?**
 - Ninguno
 - 1-2
 - 3-4
 - 4+

- **Clasifique estas razones para marcar importancia. Por ejemplo, la razón más importante debería ser clasificada con 10. La próxima debería ser 9.....**

- **¿Por qué compra los alimentos que usted compra? (Marque sus respuestas con un círculo)**
 - Mis preferencias o las preferencias de mi familia
 - Mis amigos y familia compran estas cosas
 - Mi familia y mis amigos compran estas cosas
 - El precio
 - Rápido o fácil de preparar
 - Mi tradición cultural
 - Yo siempre he comprado estas cosas
 - Es familiar para mí

Bebidas

- **¿Cuántas cucharaditas o paquetes de azúcar le pone a sus bebidas?**
 - Ninguno
 - 1-2
 - 3-4
 - 4+

- **¿Cuántos refrescos bebe cada día?**
 - Ninguno
 - 1-2
 - 3-4
 - 4+

- **¿Cuántos jugos bebe cada día?**
 - Ninguno
 - 1-2
 - 3-4
 - 4+

Hijos

- **¿Tiene hijos en casa menores de 16 años?**
 - **¿Cuántas comidas comen sus niños en la escuela? (Escoja todos que aplican)**
 - Desayuno
 - Almuerzo
 - La cena

- **¿Con qué frecuencia cena junto la familia?**
 - Siempre
 - Usualmente
 - A veces
 - Nunca

- **¿Con qué frecuencia cena la familia en frente de la televisión?**
 - Siempre
 - Usualmente
 - A veces
 - Nunca

- **¿Sus niños beben refrescos y/o jugo en la casa? Sí No**

Información adicional

¿Cuál es su nivel más alto de la educación?

- ___ 1 = 8° grado o menos (Especifica: _____)
- ___ 2 = Algo de escuela secundaria, pero no se graduó (Especifica: _____)
- ___ 3 = Diploma de escuela secundaria o GED
- ___ 4 = Escuela profesional, comercial o de negocios después de la escuela secundaria
- ___ 5 = Algo de Universidad o título de 2 años
- ___ 6 = Universidad de 4 años
- ___ 7 = Título universitario de más de 4 años.
- ___ 8 = No sé

¿Cuál de las siguientes opciones describe mejor su situación laboral actual?

- ___ 1 = desempleado, no busco trabajo
- ___ 2 = desempleado, yo busco trabajo.
- ___ 3 = Estoy trabajando a tiempo parcial. ¿Aproximadamente, cuántas horas por semana?

Escriba aquí _____

- ___ 4 = Estoy trabajando a tiempo completo. **¿Aproximadamente, cuántas horas por semana?**

Escriba aquí _____

- ___ 5 = jubilado

¿Cuál es su estado civil?

- ___ 1 = Casado
- ___ 2 = Viudo
- ___ 3 = Divorciado
- ___ 4 = Separado
- ___ 5 = Soltero
- ___ 6 = Unión libre

¿Usted es de origen hispano o Latino?

- 1 = No, no soy hispano
- 2 = Sí, de México
- 3 = Sí, de Ecuador
- 4 = Sí, de Centroamérica
- 5 = Sí, de otro país. *Escribe aquí* _____

¿Dónde nació usted?

- 1 = En los Estados Unidos
- 2 = Fuera de los Estados Unidos (Si ésta es la respuesta, siga con la próxima)

¿En qué año vino a vivir en los Estados Unidos?

Año _____

¿Cuándo llegó a los Estados Unidos, dónde recibió información sobre la nutrición, la compra de comida y la disponibilidad de comida en su barrio?

Finalmente, yo voy a hacer una pregunta sobre el idioma(s) que usa en varias situaciones.

¿Generalmente, qué idioma(s) lee y habla?

- 1 = Sólo español
- 2 = Más español que inglés
- 3 = Español e inglés
- 4 = Más inglés que español
- 5 = Sólo inglés