

Understanding the Faces of Hunger in Philadelphia

Mayor's Internship Program 2013
8/9/2013

Research Team

Farrah Al-Mansoor | Temple University, 2014 | M.B.A. Strategic Management | Department of Human Services, Finance Office | After graduating from the University of Maryland, College Park in 2010 with a B.S. in Business and a minor in German, Farrah moved to Austria, where she spent two years as an English teaching assistant. Since beginning her M.B.A. program, she has grown interested in the non-profit, social, and government sectors, and plans to explore those fields upon graduation.

Sierra Applegate | La Salle University, 2014 | B.A. Criminal Justice, Minor in Psychology | City of Philadelphia Law Department | Sierra Applegate is an undergraduate at La Salle University with a major in Criminal Justice and minor in Psychology. She is going into her senior year this fall and plans on continuing her education at John Jay College of Criminal Justice in New York City once she graduates. In addition to continuing her education, Sierra would also like to obtain a degree in Public Policy and hopefully work in city government someday. She currently resides in Philadelphia.

Emily Cooper | Ursinus College, 2015 | B.A. Politics, Music | Department of Human Services | A rising junior at one of the greenest campuses in the nation, Emily aspires to work with environmental policy, specifically with water. Her future plans include going to graduate school and hopefully working for the EPA.

Brady Dubin | Lehigh University, 2014 | B.A. Psychology, Minor in Health, Medicine, and Society | Community Behavioral Health | Brady will be a senior at Lehigh University in the fall. Her interests lie in both the fields of Psychology and Public Health, with a special focus on prevention. After graduating, she plans to pursue a Masters in Public Health and specialize in Epidemiology, with hopes of working in prevention reform.

Laken Ethun | Saint Joseph's University, 2014 | B.S. Psychology, Minor in Interdisciplinary Health Services | Department of Behavioral Health and Intellectual Disability Services, Transformation Research Unit | Laken is a rising senior at Saint Joseph's University. Following graduation, she hopes to pursue a Master's degree in Public Health. In the future, Laken wants to work with individuals who experience mental health challenges, especially substance abuse.

Christine Gepty | Temple University, 2014 | B.S. Public Health, Minor in Healthcare Management | Department of Behavioral Health and Intellectual disability Services | Christine plans to receive her J.D. or M.P.H. and hopes to pursue a career in government or the non-profit sector.

Tanner Nassau | Drexel University, 2014 | M.P.H. Epidemiology | Department of Public Health, AIDS Activities Coordinating Office | Tanner is a Master's of Public Health student at Drexel University. He graduated from Indiana University in 2012 with a B.A. in Philosophy. He plans to complete a fellowship in infectious disease epidemiology next year before entering a PhD or MD program. Ultimately, Tanner hopes to end up in global infectious disease surveillance and research.

Jake Paston | University of Delaware, 2015 | B.S. Management Information Systems | Office of the Managing Director, Special Events | Jake is a junior at the University of Delaware pursuing a degree in management information systems. He is interested in organizational leadership and economics and hopes to work in government or the private sector upon graduation.

Diamond Zambrano | University of Pennsylvania, 2015 | B.A. Political Science | Office of Leadership Investment Diamond is a rising junior at the University of Pennsylvania. She has strong interest in education and education reform. After graduating, she hopes to work for the public interest sector for a year or two and then eventually attend law school.

BACKGROUND

In our primary meeting, our team of interns was given the Food Access Collaborative Executive Summary. The FAC being a group of people dedicating their time to enhancing the services the City of Philadelphia and local emergency food providers can grant the city's food insecure. This information was used as important background towards our ultimate goal, to provide a better understanding of food service and other needs of the individuals who seek meals in congregant settings in Philadelphia. We partnered up, taking different shifts between the lunch and dinner hours for outdoor food serving, and spent time discussing each individuals experience with hunger and health issues. During these survey sessions, our team asked questions ranging from the amount of time the individual had experienced a housing crisis to what they wanted and needed out of food providers to health care and insurance information. By talking to these 333 individuals, we truly uncovered the faces of hunger in the city of Philadelphia.

Poverty and Hunger in Philadelphia

Poverty

The city of Philadelphia has been the unfortunate leader in large city poverty and hunger for at least 20 years. According to the Center for Hunger Free Communities¹ and the United States Census Bureau, as of September 2012, Philadelphia alone had a poverty rate of 28.2%, which is more than twice as much as the Pennsylvania average of 12.4% and the national average of 14.3%. Of those people living on or under the poverty line 39.3% are children under the age of 18, almost an increase of almost 3% in the past few years. Many adults are unable to financially support their families, the average income of Philadelphians being \$34,207, only \$11,186 more than the designated federal poverty line.

Hunger in the City of Brotherly Love

Directly correlated to the city poverty rate, Philadelphia also ranks in the top five cities nationally with one of the highest rates in food hardship. The Mayor's Task Force on Outdoor Serving of Food reported in August 2012 that 400,000 people were accounted for as being food insecure, 130,000 of them being children under the age of 18. NBC10 Philadelphia released a story on a report released in 2011 by the Food Research and Action Center that stated that over 31% of people in the Philadelphia area did not make enough money in 2010 to feed themselves or their families.² Many children are living in families that cannot provide them adequate food, so they turn to free or reduced lunch at their schools, and more and more families are taking food donations from local food pantries and free meal sites. While programs such as the Supplemental Nutrition Assistance Program (SNAP), a nutrition assistance program

¹ Drexel. "Census Bureau Releases Philadelphia Poverty Data." *Center for Hunger-Free Communities*. 20 09 2012: n. page. Web. 30 Jul. 2013. <<http://www.centerforhungerfreecommunities.org/media/news/census-bureau-releases-philadelphia-poverty-data>>

² Food Research and Action Center. 2011. *Food Hardship in America-2010*.

for low-income individuals and families, program exist in the city, a fifth of people who are food insecure do not or cannot access these benefits.

Indoor and Outdoor Emergency Food Providers

Emergency food providers have been preparing and serving free meals at breakfast, lunch, and dinner for over 20 years, attempting to ensure that people who usually would not have enough food to adequately function have the proper resources they need. Local churches, shelters, soup kitchens, outdoor sites, etc. have been working with the City of Philadelphia towards eradicating hunger throughout Philadelphia and the surrounding area. Our team surveyed people from all over Center City, at two outdoor locations and six indoor shelters, and learned about the different perspective of on hunger and poverty from the ones who experience it firsthand.

INFORMATION GATHERING

Goals & Rationale

The following are the primary information gathering goals of the Faces of Hunger Research Team:

- To identify the characteristics of people who access emergency food services
- To understand the needs of this population
- To identify the services they need to achieve personal autonomy
- To better understand why people seek these meals

The information gathering process took place over the course of 7 weeks from June 3, 2013 – July 12, 2013. In order to better understand the faces of hunger in Philadelphia only people who accessed emergency food services were interviewed. We did not focus on the food provider's perspective because we were primarily concerned with painting a more accurate picture of those who access free meals. The research group believed that in order to obtain an accurate picture of outdoor and indoor emergency food services in Philadelphia it was important that we speak to the true experts on this topic. We attempted to focus primarily on outdoor emergency food sites because of the difference in services provided at indoor and outdoor food provider sites. Indoor food sites are usually more equipped to handle their guests' medical and social needs for example, most shelters routinely have nurses and doctors visit their facilities to address their guests' medical needs. When unable to find an outdoor food provider, indoor emergency food sites were visited. The team conducted interviews primarily at Love Park and Benjamin Franklin Parkway in Center City due to the volume of emergency food services provided at these two locations.

Methods

In order to gauge the makeup of the population, the research team conducted surveys in a variety of locations. Information was solely obtained through the surveying of individuals at both indoor and outdoor food provider sites. The surveys included questions about participants' medical history, living situation, sources of income, the number of free meals obtained during the week, and how their need changed.

Participants

Individuals accessing outdoor emergency meal services in the Center City area were primarily targeted. Over the course of 7 weeks, 333 participants were selected at random from various outdoor and indoor emergency food provider sites.

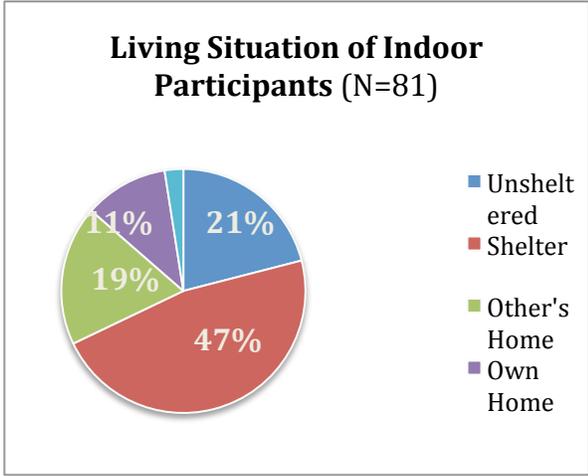
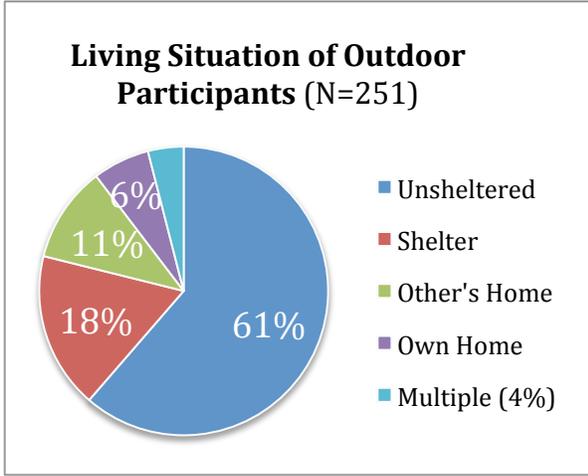
Procedure

The team interviewed the participants individually. Before each interview began the participant was notified that the survey would be kept in confidentiality and that their name would not be disclosed. Participants were also informed that they could refuse to answer any question they did not feel comfortable answering. Participants were also reminded of their option of whether or not they wanted to answer questions when talking about their medical history specifically. All responses were documented on surveys and participants were given two tokens for public transportation as an incentive to complete the entire survey.

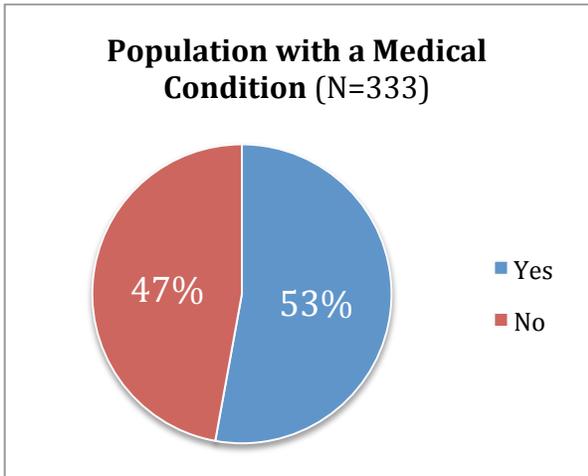
Characteristics of Individuals Who Use Free Foods Services

The data collected from the surveys showed that the majority of those who completed the surveys were males (83%), of which 81.9% were African American. Most of the individuals were middle aged (mean 43.66, standard deviation 10.88) with the ages ranging from 20 to 70 years old. Half of the participants were unsheltered (51%) and a quarter was living in shelters (25%) at the time of surveying. A majority of those who were surveyed outdoors reported that they were unsheltered, while those who were surveyed in shelters had reported living in shelters at a higher rate. A vast majority of the participants did not have a place to prepare food where they stay (74%), which would not be surprising as a majority stated that they are unsheltered. For those who reported having a place to prepare food (87 individuals), 40 percent were living in another's home, 26 percent had their own home to prepare meals and 23 percent had kitchen access in the shelters they were staying in. A majority of the individuals stated Center City (44%) as their home neighborhood followed by North Philadelphia (21%).

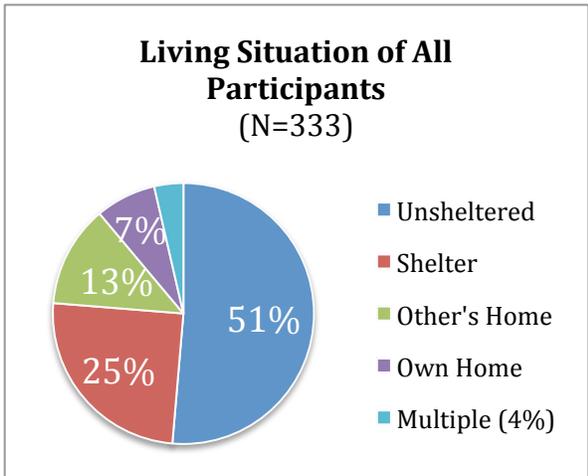
Of all participants who were identified, 51% were unsheltered, the remaining participants identified with either living in a shelter, their own home, or another's home. 4% identified with living in more than one of the available living situations. E.g. Some participants living situation was a combination of living in shelters and being

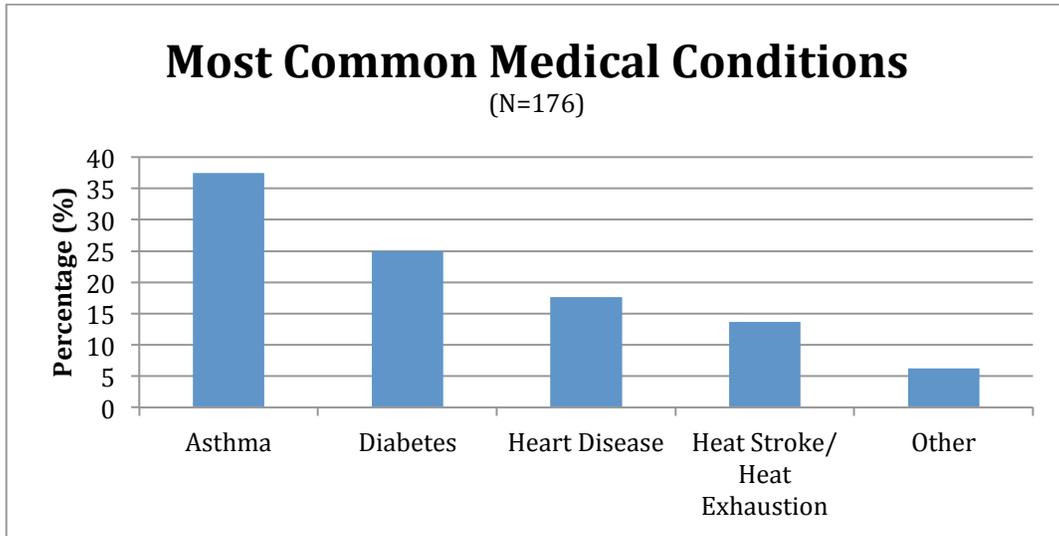


MEDICAL



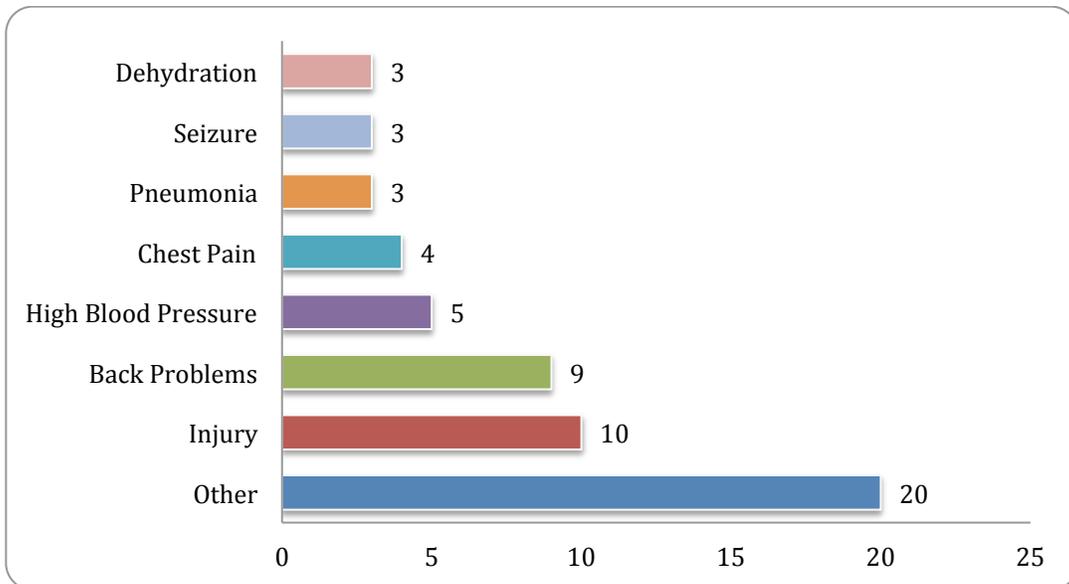
Compared to the previous Mayor’s Food Task Force Report from 2012, this year’s survey featured questions concerning the individuals’ health. The data concluded that 53 percent of participants had a medical condition with Asthma being the highest reported ailment followed by Diabetes, Heart Disease, and Heat Stroke/Heat Exhaustion. 2 of the 3 highest reported medical conditions have a direct relation to daily food intake. Participants were asked if they had an emergency room visit in the past three months prior to the survey and the information collected showed that most visits were due to physical injury, broken limbs and sprained ankles.

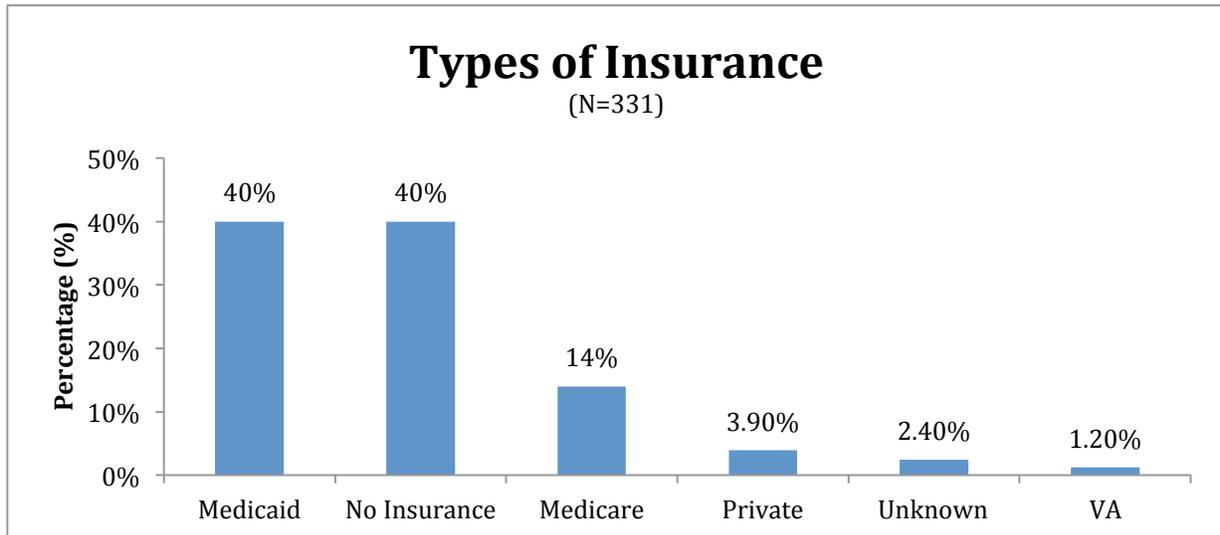
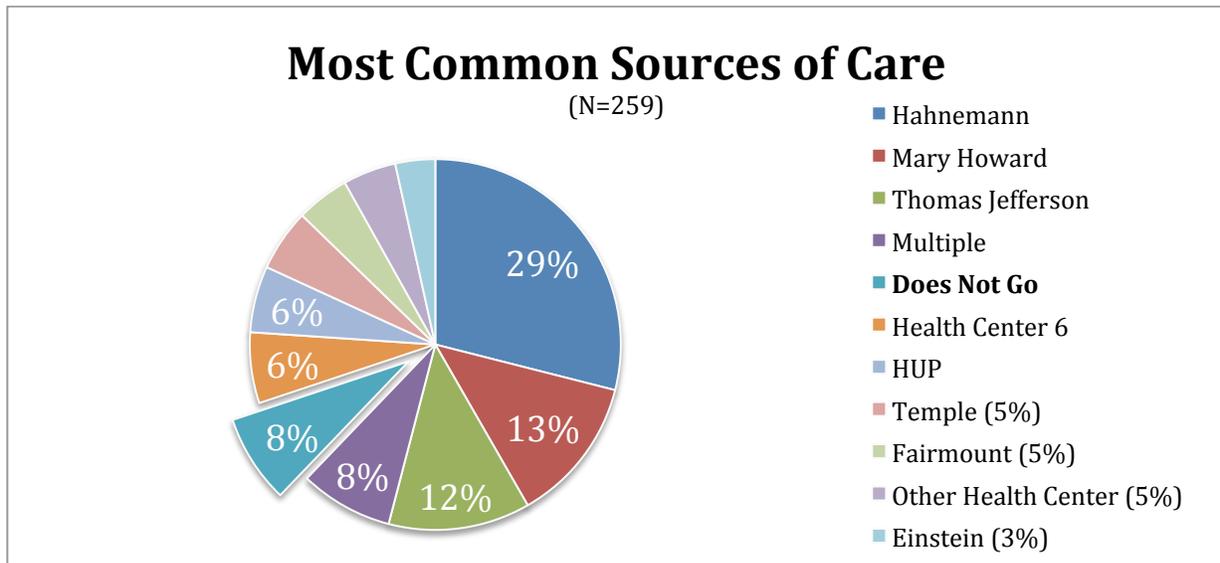




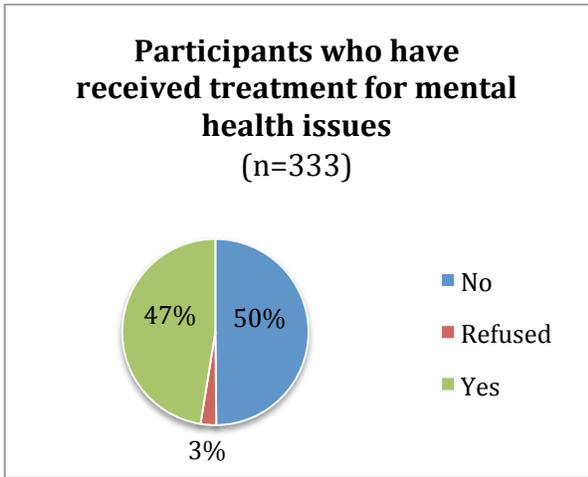
Of the 333 people surveyed, 176 people reported some sort of medical condition. Of those with any medical condition, the highest reported ailment was asthma, followed by diabetes. Other conditions included, but were not limited to: emphysema, frostbite, HIV/AIDS, kidney disease, and mental disorders

160 people reported going to the hospital during the 3-month period prior to their survey. 2.6 was the average number of times a participant visited the hospital in a 3-month period. Of the 160 participants who reported going to the hospital, 57 people reported going to the hospital for specific reasons, the most common reason being a physical injury, such as cuts or abrasions, broken limbs, and sprained ankles. Back problems were included separately from injuries since a significant amount of individuals specifically reported this problem

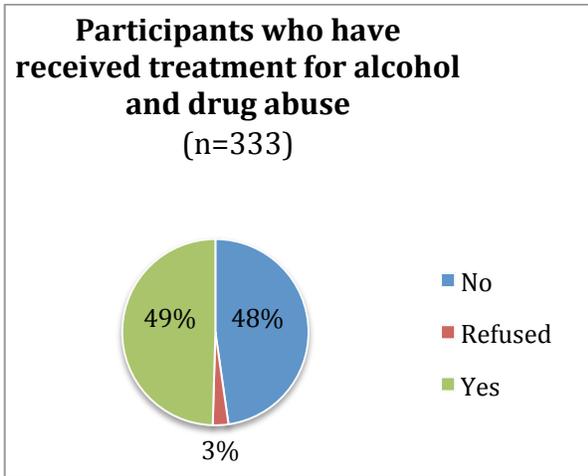




The participants' sources of care ranged from various hospitals and clinics in the city. Hahnemann University Hospital was found to be the greatest source of care (29%), which may be due to its central location in the Center City area, and the Mary Howard Clinic was second at thirteen percent. Eight percent of those who were open to discussing their health stated that they did not go to seek care when they needed it. As for medical insurance, 40 percent stated they received Medicaid coverage and 40 percent also stated that they had no insurance.

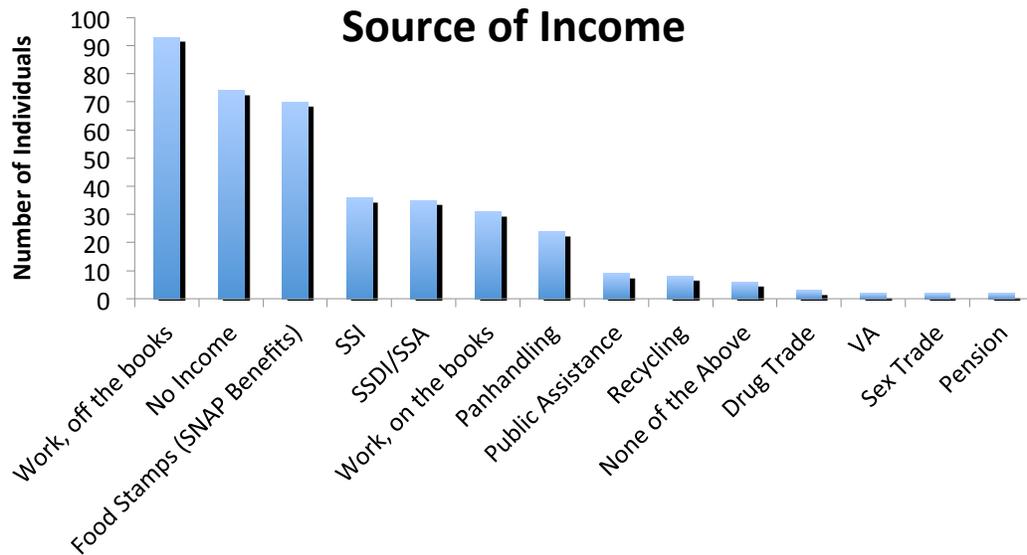
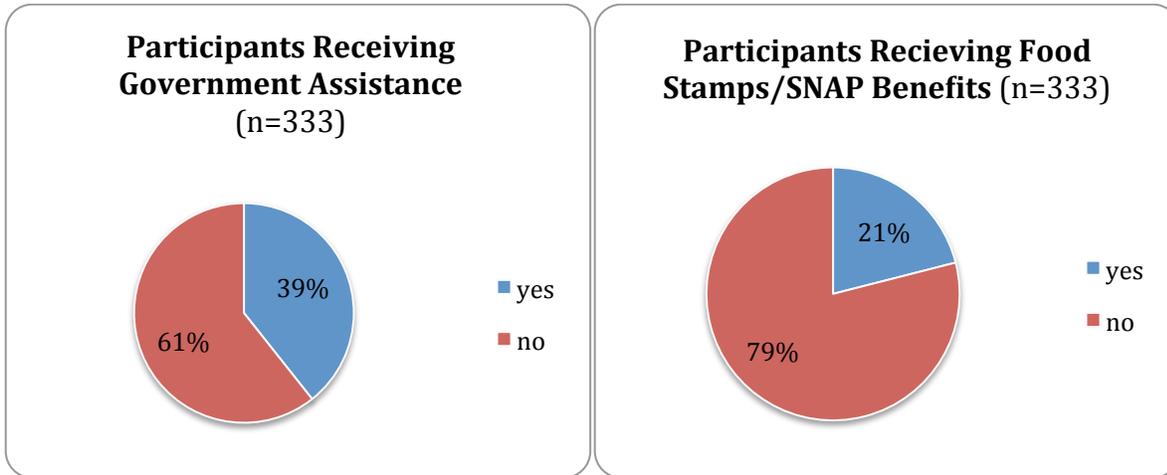


Medical information concerning mental health and substance abuse were also recorded in this survey. Of the 333 people surveyed 47% said they were currently or had at one time received treatment for mental health issues, while 49% said they were currently or had at one time received treatment for alcohol and drug abuse.



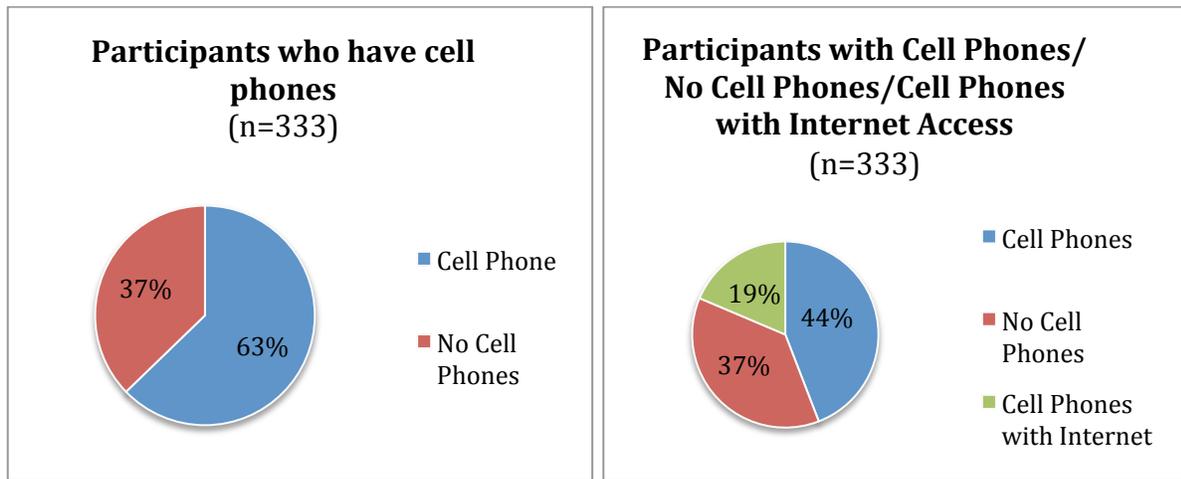
INCOME

For source of income a majority stated that received government assistance (61%), which included SSI, SSDI, Veterans Assistance, Public Assistance and Food Stamps. From this information the data showed that only 21 percent of the participants received Food Stamps/SNAP Benefits.



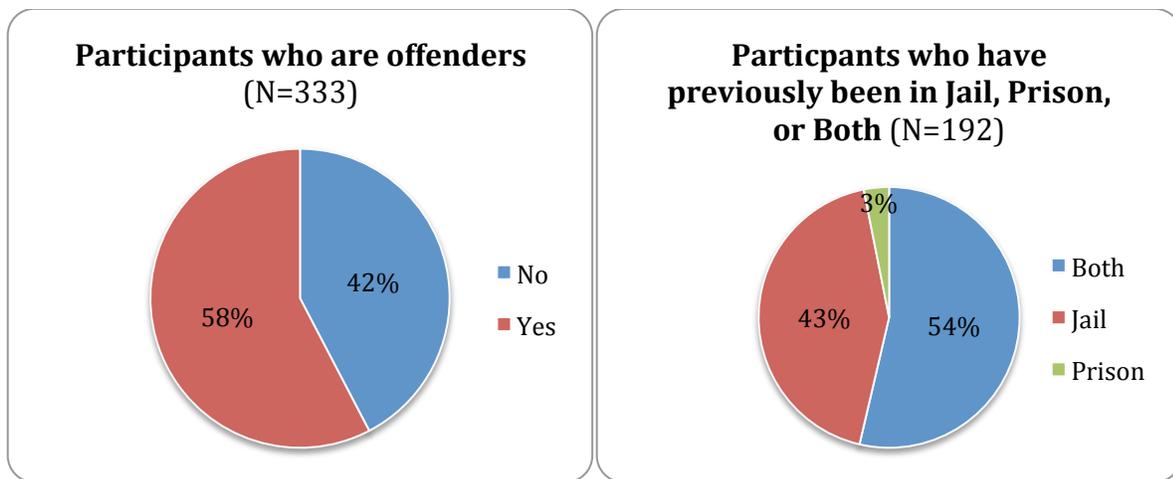
Of the many sources of income listed, participants listed “Work, off the books” as the most common source of income followed by “no income”. The research team defined “Work, off the books” as any odd job performed by the respondents for cash payment. 61% of participants reported either having no income, working off the books, or receiving Food Stamps. The rest of the participants reported the various other forms listed above.

CELL PHONES



More than half (63%) of the participants surveyed had cell phones. Of those with cell phones, there were (44%) who had cell phones with no internet access and (19%) who had cell phones with internet access, while the rest of the participants had no cell phones at all (37%).

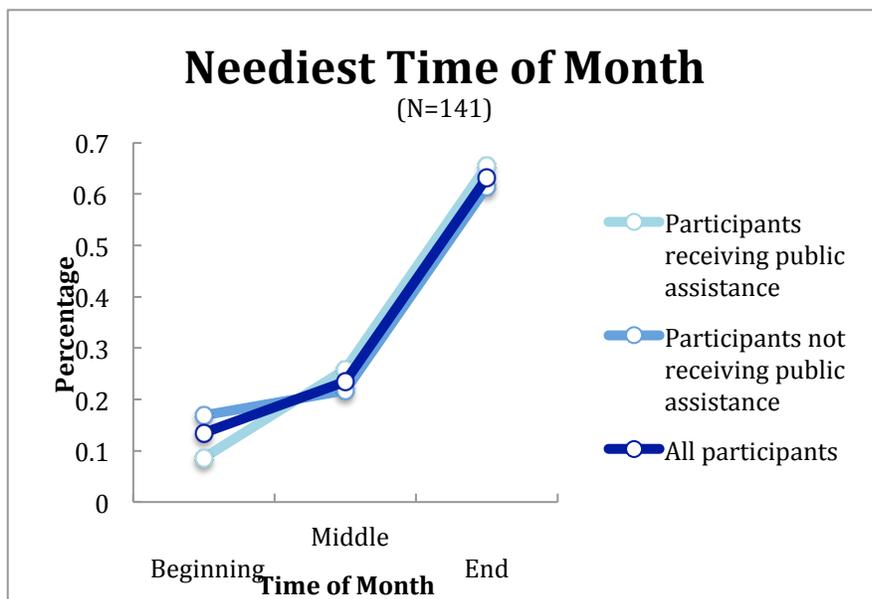
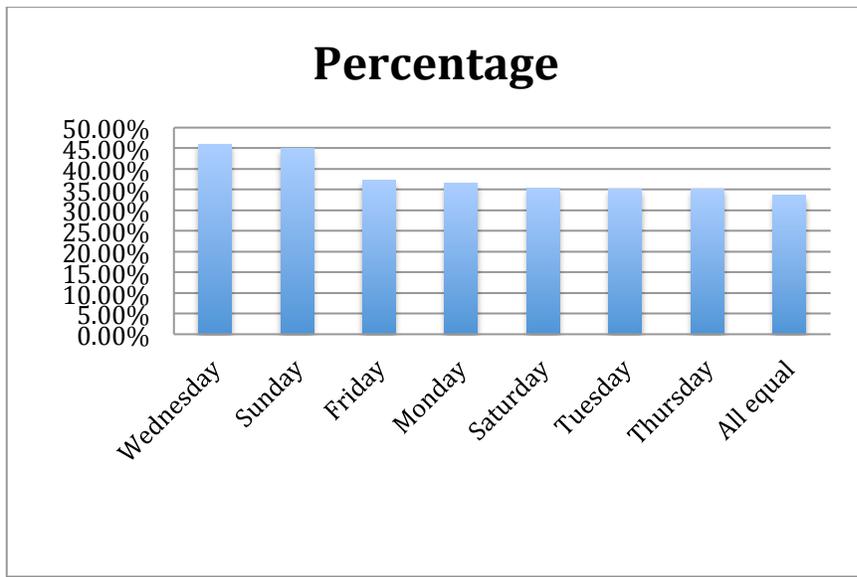
OFFENDERS



More than half (58%) of the guests surveyed at some point had been incarcerated either in Jail, Prison, or both. Of those who had been incarcerated, about half (54%) were in both Jail and Prison; while the rest had only been in Jail previously (43%) and the remaining guests had only been in Prison (3%).

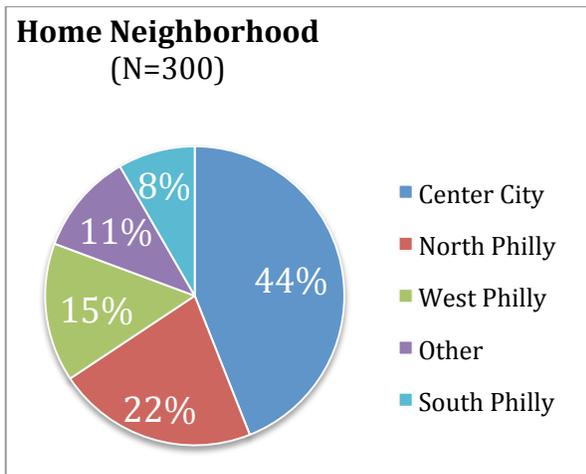
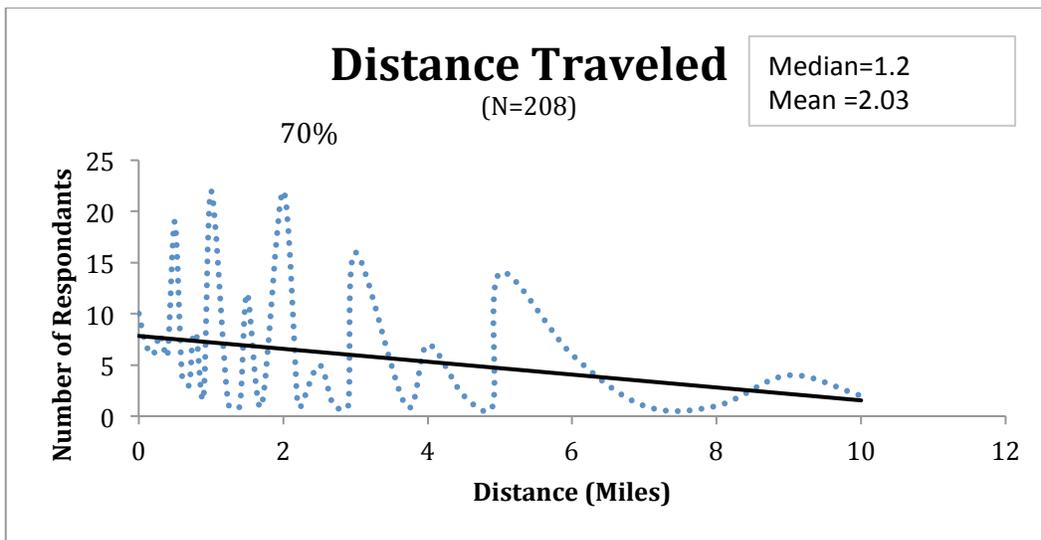
MEALS NEEDED

According to the people surveyed, Sunday and Wednesday were the two days when an individual was most likely to need a free meal. There was no considerable difference between the other days of the week. Although 60% of the 333 participants stated that there was a need for meals during all times of the month, 40% stated that there was a particular time of the month when the need was greater. Of the 141 participants who stated that they had a higher need during a particular time of month, over 60% cited the end of the month as the neediest time.

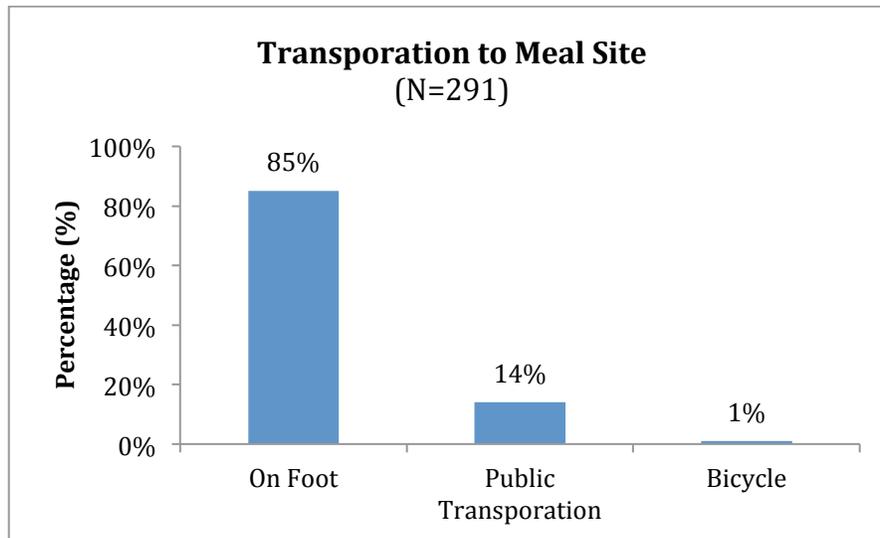


TRAVEL

The average distance travelled by a participant to get a free meal was 2.03 miles. 70% of people surveyed traveled under 2.0 miles to get to the free meal. Large outliers were taken out of the data in order to provide a more accurate picture of those who travel to get free meals. Most of the respondents were from either Center City (44%) or North Philly (22%), and the most common means of getting to free meal sites was buy foot (85%) followed by public transportation (14%).



Most respondents were either from Center City or North Philly. A small percentage of participants (8%) were from areas outside of Philadelphia (Camden, New Jersey or Harrisburg, PA).



FINDINGS

The Faces of Hunger

The City of Philadelphia is partially known for its rich diversity, and when it comes down to diversity in food insecure individuals, it has proved no different. Everyone has a different story to tell based on where he or she came from and where he or she is now. Based on our data, out of the 331 we surveyed, 81.9% were African American while our second highest percentage, Caucasians, represented 9.37% of the surveyed population. They traveled on foot and on buses and subways to find food from outdoor providers and shelters that they knew about from the recommendations of neighbors that knew where to go. Some of those surveyed cannot afford medical care, and those that have insurance do not have everything covered. The faces of hunger are people looking for clothes, food, jobs, medical help, and homes. These people are not just a statistic; they are people who are looking out for their best interests and doing whatever they can to provide for themselves and others.

Comparison to Mayor's Task Force on Outdoor Serving of Food

In August of 2012 the Mayor's Task Force on Outdoor Serving of Food presented a comprehensive report on the state of outdoor food serving in Philadelphia titled, "*Moving Forward Philadelphia: A Path towards Strengthening Food Access in our Community.*"

It is import to note that there are few differences in the information gathering approach of both reports. Although both research groups surveyed at both indoor and outdoor locations in the Center City area, the sheer number of participants differed between the two reports. The Understanding the Faces of Hunger Research Group surveyed 333 individuals while the Mayor's Task Force interviewed 83. Because the research group surveyed 333 individuals there was an expectation that our data would differ from

the Mayor's Task Forces data in that it would be a more accurate representation of the individuals who access free meals. Furthermore, the overall goals of the two research groups differed in that the Mayor's Task Forces goals were threefold and included:

- Producing an estimate of the demand for free meal services in Center City.
- Describing the characteristics of those in need, and
- Gathering ideas and lessons learned from efforts to combat hunger in Philadelphia and elsewhere.

The Understanding the Faces of Hunger Research Group was primarily concerned with getting a more in depth look at the characteristics of those who access emergency food through speaking to the true experts who access emergency food.

- Our data varied slightly when it came to demographics.
- Living Situation was overall the same. There were a somewhat larger percentage of participants who were unsheltered; however, this may be because we interviewed more participants in an outdoor setting.
- Fewer participants reported receiving government assistance. The Mayor's Task Force reported 53% of participants receiving government assistance while the Faces of Hunger Research team reported 39%.

Overall, there were no considerable changes in the data between this year's report and the report done in August of 2012. This suggests that both reports provide an accurate representation of this population, and that the same issues that were uncovered last August continue to persist within this population. A lack of shelter, a place to prepare food, and a need for more food overall are issues that are persistent over time in this community.

Challenges Faced by People who rely on Outdoor Meals

Based off of the research teams observations and data collected the following are the biggest challenges people who rely on outdoor meals face:

- Obtaining permanent housing – 61% of respondents were unsheltered
- Finding a secure job that aligns with the cost of living in the city – Only 31 of the 333 respondents cited working on-the-books
- Accessing health insurance – 40% of respondents did not have health insurance
- Finding meals on a consistent basis – 320 of the 333 respondents responded that they were unable to find a meal when they needed one at least one time in the last week.

Of the people surveyed at outdoor food locations 61% were unsheltered. When speaking to participants they often expressed frustration with being unable to obtain housing. Individuals who rely on outdoor free meals also expressed their frustrations with being unable to find a job or a well paying job. Most of the participants worked off the books or relied only on government assistance. Also, based off of the Research Team's own observations those people who rely on outdoor free meals face the challenge of finding meals on a consistent basis. According to the Mayor's Task Force, dinner was served most often compared to any other meal. The Mayor's Task Force findings were in line with the observation of the Faces of Hunger Research Team. Dinner seemed to be the most consistent meal served at outdoor food locations. Individuals at these locations were often times unsure if anyone would even be coming to serve food unless the food provider was regularly there.

Needs

In conjunction with free meal services, participants stated that supplies (25%) such as shoes, clothing, packaged food, showers and toiletries are greatly needed. Medical services (20%) mentioned were the need for nurses primarily for common ailments, as well as dentists and optometrists. Housing services (20%) were also mentioned as well as the need for greater social services (16%) such as more social/case workers, ID card services, disability and Veterans Affairs.

Outdoor Food Availability

Outdoor meals are, according to those our team talked to, most available, but on an inconsistent basis. While a great amount of the time surveyed ended up not being during a serving period, we were given valuable information by those served that guided us through the different hours of service. The times changed every day with breakfast being served every other day in the early morning, lunch being served between 10:30 AM and 2 PM, and dinner being served between 4:30 PM and 8:30 PM. Indoor shelters had a tendency to make smaller meals more frequently such as sandwiches and water or soup where as outdoor providers brought more filling meals a couple times during the day that included a hodge-podge of pasta, sandwiches, meat, chips, baked goods, etc. depending on the server. The outdoor providers never seem to run out of food, and many people end up going for seconds, while the indoor providers tend to run out a lot faster.

Meal Service Site

The research team asked a number of questions to assess why people seek free meals and what makes a quality meal service site. According to respondents, location was the most important factor in deciding what makes one meal site better than another (65), followed by dependability (29), and quality of food (25). Respondents also cited that a quality meal meant that the food was appetizing, contained meat, and had healthy options.

There seems to be an overall desire for more nutritious meals and meals that cater to specific diets, allergies and health conditions along with having more balanced and fresh foods available. Some stated that there should be more organization in the process of handing out meals and a better environment to enjoy the meals. Overall participants were thankful for the meals but they also suggested more servings and more meal times.

Identified Themes for
OPEN-ENDED RESPONSES to Question of
"WHAT MAKES A GOOD MEAL?"

From Individuals who Access Outdoor Food Services

1. Food that is appetizing

- Tasty
- Flavorful
- Warm
- Homemade

2. Meats and proteins

3. Healthful options

- Fresh
- Balanced
- Healthy

4. Fruits & Vegetables

5. Starch

- Pasta
- Sandwiches
- Bread

6. Appreciation for any food

7. Food that is filling

- Three course meals
- Ability to return for seconds
- "Enough"

8. Other responses

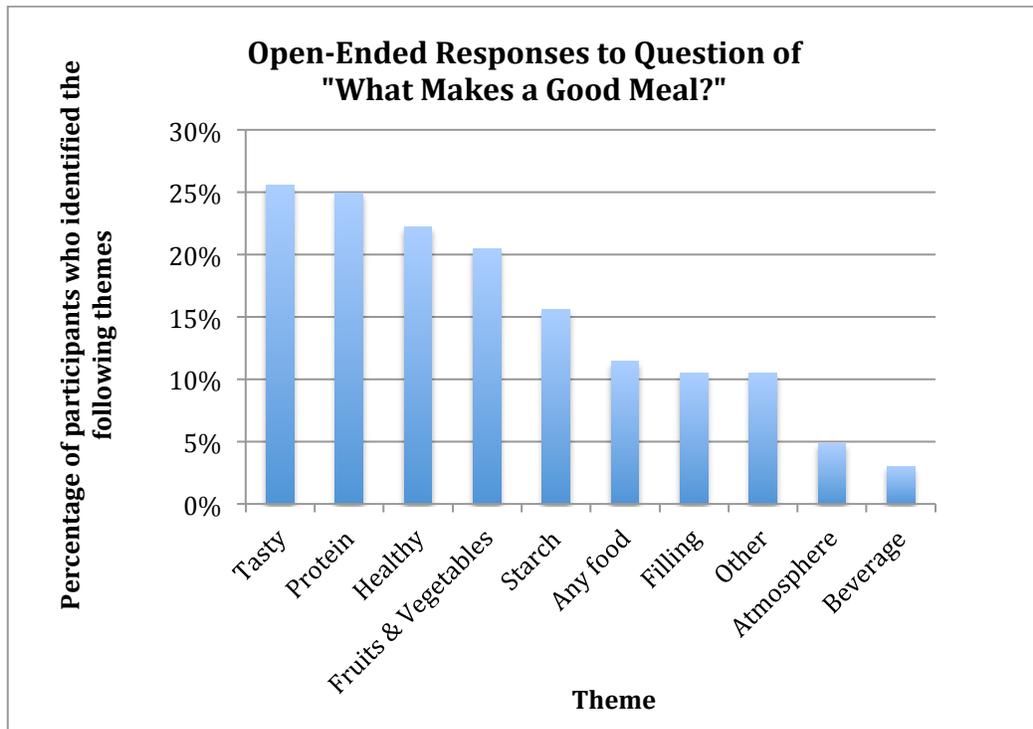
- No pork
- No peanuts
- Clean
- No response

9. Atmosphere

- Meals made with love and care
- Friendly, polite servers
- Served in a spiritual or religious environment
- Comfortable setting
- Organized & efficient service

10. Served with a beverage

- Water
- Fruit juice



RECOMMENDATIONS

I. INCREASE COORDINATION AND COLLABORATION EFFORTS BETWEEN EMERGENCY FOOD PROVIDERS, THE FOOD ACCESS COLLABORATIVE, AND THE CITY OF PHILADELPHIA.

The research team recommends more coordination and cooperation between outdoor food providers The Food Access Collaborative, and the City of Philadelphia in order to provide guests with the meals and the resources they need. Through the collaboration and coordination of these groups the research team believes that people experiencing food insecurity will better be able to access food and services they need. This recommendation is based off of the following findings:

- Outdoor meals were served in an inconsistent basis throughout the week, leaving gaps in meal availability for guests
- Guests expressed a need for integrative services such as supplies, medical services, and housing services

Develop a meal service schedule

The development of a meal service schedule could help address the gaps in meal services throughout a given day or week. According to the research team's observations, dinner was the meal most often served on the Parkway. Many guest expressed that breakfast and lunch were often difficult or impossible to find. By coordinating with emergency food providers to establish a schedule this will allow gaps in food service availability to be identified and addressed.

Provide food providers with resources and material to address needs of guests

Many food providers are not equipped with the materials or resources to address the needs of guests. The research team suggests providing food providers with resources such as pamphlets and additional materials to distribute to guests. Furthermore, we recommend that food providers also have a general knowledge of available resources for their guests.

Establish effective ways of getting Information to Guests

The research team also recommends that the partnerships between Emergency Food Providers, the Food Access Collaborative, and the city of Philadelphia be utilized to disseminate information about meal service schedules and available services to guests. Guest overwhelmingly cited word of mouth as the best way to get information about services and new meal sites.

II. CONDUCT A SIMILAR SURVEY IN THE WINTER

Throughout the surveying process it was brought to the research team's attention that weather had an impact on the number of people who accessed outdoor meal services. Both the work of the Mayor's Food Task Force and our research team were done in the summer. The Research team suggests that a similar survey be done in the winter to observe how colder weather impacts the availability of emergency food services, specifically in outdoor settings.

III. DEVELOP A COMMUNITY FORUM

The Faces of Hunger research team suggests that an open community forum with city leaders, food providers, key actors, and those who experience food insecurity issues be explored further. An open forum would give the city leaders and policy makers an opportunity to hear from the experts on hunger and homelessness: the people who experience it daily. In addition, it would promote open dialogue between the two groups and hopefully allow for city leaders, policy makers, and the food insecure individuals to explore ideas and suggestions that would benefit all involved. It would also show the people who experience hunger that the city is truly committed and invested in exploring ideas that can be effectively implemented to help individuals who are food insecure.

There were many people who said that there are a variety of resources available to individuals who know where and how to seek them out. However, navigating and understanding a vast and complicated system can be a very daunting task. The community forum could be an excellent way for city leaders and various organizations to come out and explain to those struggling with food insecurity and homelessness the resources that are available to them and how to go about finding and accessing those resources.

IV. IMPROVE FOOD SAFETY AND NUTRITION

From the participants that we interviewed we gathered that there might be possible issues with the safety of the food served and how providers handle it. There should be a greater emphasis on how the food is being served in order to prevent issues such as food borne illness and working with the food providers to ensure food safety guidelines are met. Several participants stated that there is a need to

have more balanced meals with nutritious components such as lean protein, vegetables, fruits and whole grains. Along with more nutritious and balanced meals there should also be guidelines to accommodate those who have specific food allergies, medical reasons such as diabetes and religious restrictions.

CONCLUSIONS

Individuals Who Use Free Food Services

The open-ended questions that were asked in this survey included: “Is there anything else that you feel is important for providers to know about guests?”; “In your opinion, what makes a good meal?”; “Besides food, what other services would you like to see at free meal sites?”; and “Why do you come to this location over other places for a meal?”. Each of these questions resulted in a range of responses from the individual participants.

Concerning the first question, “Is there anything else that you feel is important for providers to know about guests?” most guests had no additional comments to offer. However, there were a few participants who expressed their appreciation and gratitude for the outdoor meal providers. When asked if they had any additional comments concerning the providers some guests simply said “thank you,” while others expressed that the providers were doing a great job and they should continue helping out.

In addition to this, a few guests stated that they would like for meals to be served more frequently. A few individuals expressed a slight dissatisfaction with the outdoor serving conditions. Some individuals responded that serving conditions could be better, for instance the providers should wear gloves or hairnets while serving the food. Also, there was dissatisfaction expressed concerning conditions in indoor facilities, such as shelters and churches. As with outdoor facilities, participants reported that these indoor places could be in better conditions. Besides serving conditions, some participants expressed that they would like to see providers have a more hospitable attitude.

Respondents also shared their opinions about “What Makes a Good Meal”. This included foods that were tasty, healthy, and consisted of proteins, fruits & vegetables, as well as a starch. Individuals often expressed a preference for food that is filling, in other words food that leaves the guests with a pleasant satiated feeling. There are a number of participants who would like to see a variety in the types of food that is served. Also, some individuals expressed that they would like to see a broader selection of food for people who may have restrictions on what they can and cannot eat due to any medical/health challenges or religious beliefs.

Additionally, individuals reported a need for services that extended beyond food, such as health care, social services, and mental health services. Most guests responded that they would like to see more “Supplies” which includes clothing and toiletries. Many participants expressed a desire for services that would assist with Housing and Medical resources. Moreover, individuals also expressed a need for social and mental health services and Jobs.

Many of the participating individuals congregate in a particular location for free meals due to a range of reasons. The first is location, the meal site is either close to where the guests live or it is where some guests reside. Some individuals reported that they could depend on the Parkway, Love Park or indoor facilities like Tindley Temple for free meals because the sites are “dependable.” In other words, the guests know that there will be someone serving meals at the locations of their choice. While other participants report that they seek free meals at a certain location because “Better Food” is served. Other rationale includes services, religious & social reasons, and safety.

Overall, participating individuals had a variety of responses to the open-ended survey questions, some of gratitude others including preferences and needs.

Research Team Conclusions

As a team we experienced many challenges with gathering the data. The first, and probably most common challenge, was finding participants to conduct the surveys with. One of our main priorities was to survey guests at outdoor sites; consequently, most of our participants were surveyed outdoors. However, on days when the heat was extremely oppressive or the rain pour was relentless, we could not locate an adequate amount of participants. Furthermore, if there were no providers outside feeding during our scheduled survey times, typically there were no guests for us to conduct surveys with. Another challenge we experienced was surveying guests that had already been surveyed. As a team we wanted to make sure we were surveying different people each time we surveyed; however, because tokens were provided as an incentive the participants wanted to take multiple surveys for multiple tokens. As a result, whenever we went out to survey each of us made sure we surveyed guests that we knew we had never surveyed previously. Also, at times the guests made it challenging to conduct the surveys, especially when they were uncooperative. Some of us had experiences that hindered the survey process, for example, a guest would start the survey but be too inebriated to complete it. In addition to this, whenever guests got a little hostile or disrespected personal space it would disrupt the surveying process. Although we faced many challenges as a team, ultimately we were still able to fulfill our goals, which were to identify and understand the needs of the food insecure population that seek meals in a congregant setting.

Overall, we all can agree that we chose this project because we believed it would be an eye opening experience and an opportunity to potentially make a change in someone's life. The people that we had the pleasure of speaking to taught us so much about perseverance and the human desire to be better. There are many people we encountered who live on the streets that are actively trying to better themselves and put themselves in better situations. Also, the food insecure populations that we surveyed are some of the most interesting and kind people in the city, who continue to embrace the chance to talk with some about their situation. Furthermore, we learned that being hungry does not make you unhappy; the guests surveyed share the same life experiences that we do. Additionally, we have learned that despite what statistics show, the issue of hunger is universal. It impacts the lives of so many people regardless of race, gender, and age. Lastly, it is important that we continue to take a much deeper look into the lives of people who are forced to rely on outdoor meal services; and determine the

underlying issues that may lead them into hunger for future prevention and effective rehabilitation. In conclusion, one thing we will all take away from this experience is a better understanding of the faces of hunger in Philadelphia.

Demographics

<i>Gender</i>	<i>N= 333</i>
Male	276 (83%)
Female	57 (17%)
<i>Estimated Age</i>	<i>N= 333</i>
Mean	43.66
S.D.	10.88
Range	20 to 70
<i>Ethnicity</i>	<i>N= 331</i>
African American	271(81.9%)
Caucasian	31 (9.37%)
Hispanic/Latino	13 (3.93%)
Mixed/Multiple	10 (3.02 %)
Asian Pacific/Islander	4 (1.21%)
Native American	2 (0.60%)
<i>Survey Site</i>	
Outdoor Site – 256 (77.1%)	
Benjamin Franklin Parkway	234 (70.5%)
Love Park	18 (5.42%)
Not Specified	4 (1.20%)
Indoor Site – 76 (22.9%)	
Baptist Women’s Center	10 (3.01%)
Mercy Hospice	13 (3.92%)
Our Brother’s Place	10 (3.01%)
Saint John’s Hospice	10 (3.01%)
Sunday Breakfast Mission	16 (4.82%)
Tindley Temple	15 (4.52%)
Not Specified	2 (0.60%)

LIVING SITUATIONS AND MEAL ACCESS

<i>Living Situation N(%)</i>	
Type	N=333
Own Home	25 (7%)
Other's Home	42 (13%)
Shelter	83 (25%)
Unsheltered	171 (51%)
Multiple	12 (4%)
<i>Has Place to Prepare Food</i>	
Yes	83 (26%)
No	243 (74%)
<i>Meals Served Where Stay</i>	
Yes	157 (47%)
No	176 (53%)
<i>Number of Meals Served Per Day</i>	
Mean	2.5
S.D.	.8
Range	1 to 4
<i>Receives Gov't Food Assistance</i>	
Yes	131 (39%)
No	202 (61%)

MEDICAL INFORMATION

<i>Medical Information</i>	
<i>Hospitalization</i>	
	N=160
Mean	2.61
S.D	2.71
Range	1 to 20

