Canadian after-school care providers’ perceived role promoting healthy lifestyles: A focused ethnography

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Pierrette H. Elias  
University of Alberta

Genevieve Montemurro  
University of Alberta

Lauren Sulz  
University of Alberta

Brian Torrance  
Ever Active Schools

Kate Elizabeth Storey  kate.storey@ualberta.ca  
University of Alberta  
Corresponding Author

ORCiD: 0000-0001-8215-9143

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Abstract

BACKGROUND: After-school care (ASC) programs have garnered interest in recent years as the hours of 3:00–6:00 p.m. are an opportune time for children to engage in healthy behaviours, specifically healthy eating (HE) and physical activity (PA). Care providers are major influencers within the ASC setting, impacting HE and PA opportunities for children. However, little is known regarding the role care providers play in health promotion interventions in the ASC setting, specifically those using comprehensive approaches. The purpose of this research was to explore care providers’ perceptions and experiences implementing the ASC health promotion intervention School’s Out...Let’s Move (SOLMo). SOLMo was guided by the evidence-based comprehensive school health (CSH) framework, and included a focus on HE and PA.

METHODS: This research was guided by the qualitative method focused ethnography. Semi-structured interviews with care providers (n=13) taking part in SOLMo were conducted to explore their perceptions of the intervention. Participant observation was included as part of data generation to further understand care providers’ roles. RESULTS: Through latent content analysis, five themes emerged: 1) enhanced awareness; 2) improved programming; 3) strong relationships; 4) collaborative approach; and 5) role tension.

CONCLUSIONS: As major influencers, care providers’ play a crucial role, and these results will contribute to implementation strategies used to promote healthy lifestyle behaviours for children.

Background

Overweight and obesity in children continues to be a public health concern (1). Recent data show the prevalence of childhood obesity has stabilized this past decade in Canada...
(2). However, with nearly one-third (31%) of children aged 5–11 years with overweight or obesity, this prevalence remains high (3, 4). Consequences of childhood obesity are well-recognized and include chronic illnesses, poor mental health, and reduced quality of life. Thus, effective strategies to promote healthy lifestyles for children remain a priority.

The etiology of childhood obesity is complex, requiring a multifaceted approach to understand the numerous determinants (1, 4). Lifestyle factors, such as unhealthy diets and sedentary behaviours, are known causes of unhealthy weights (4, 5), and it is known that Canadian children are not meeting national guidelines for optimal health (6–8).

Schools, with their ability to reach the vast majority of children, are an ideal setting for health promotion (5). As well, it has been shown that healthy students learn better (9). Schools, specifically those taking a comprehensive school health (CSH) approach, have proven to be effective in improving healthy eating (HE), PA, and weight status of children.

CSH is an internationally recognized, evidence-based health promotion approach for improving children’s health and well-being while promoting academic achievement (10, 11). As a holistic approach, CSH comprises of four distinct, but interrelated components: (1) social and physical environment; (2) teaching and learning; (3) policy; and (4) partnerships and services (12). As such, the guiding principles of CSH are ideal for other community settings, such as after-school care (ASC).

The after-school hours of 3:00–6:00 p.m. have garnered interest in recent years (13, 14). These critical hours provide opportunities to promote health behaviours such as improving HE and PA (15–20). While health promotion interventions in the ASC setting have demonstrated improvements in health behaviours (18), few interventions have used comprehensive approaches such as CSH. Dobson, Scott and Naylor (unpublished) implemented a comprehensive approach to promoting healthy lifestyle behaviours within the ASC setting. Specifically, this study used the CSH framework to promote HE and PA
within participating ASC programs in the province of British Columbia. Findings showed improvements in PA levels among children, and more healthful choices offered by sites (i.e., fruits, vegetables, and whole grains). Dobson and colleagues also reported on the vital role of ASC providers, stating that staff were essential for the success of the intervention. While ASC providers are regarded as individuals who have an impactful role in the ASC setting, little is known regarding their role in promoting healthy behaviours, specifically for interventions taking a CSH approach. In this study, the after-school health promotion intervention, School’s Out...Let’s Move (SOLMo), provided an opportunity to explore the role of the care provider. Thus, the purpose of this study was to explore ASC providers’ role and their perceptions in promoting HE and PA through SOLMo, for children in the ASC setting.

Setting: School’s Out...Let’s Move

School’s Out...Let’s Move (SOLMo) was an after-school intervention, developed by Ever Active Schools (21), which aimed to improve HE and PA opportunities for children. SOLMo was guided by the CSH approach, and had two main goals: (1) to serve a healthy snack with vegetable or fruit, and milk or water as the drink; (2) to include 30 minutes of moderate to vigorous PA (MVPA) by encouraging movement development and promoting the love of movement. The SOLMo intervention included a needs assessment, tools, workshops, and coaching for care providers to promote HE and PA for children. The intervention took place in four after-school sites over a six-month period, September 2016 – February 2017.

Methods

Qualitative methods were employed to explore the role of care providers in promoting HE and PA for children attending ASC. Guided by the context-specific nature of this study,
focused ethnography was utilized as the guiding method (22).

Participants

Through both convenience and purposeful sampling (23), all care providers from the four SOLMo sites were invited to participate in interviews via in-person meetings and through e-mail. A sufficient number of participants were recruited to reach saturation (24).

Data Generating Strategies

Multiple data generating strategies were utilized in this study to aid in generating a rich understanding of the phenomenon. All strategies were in alignment with focused ethnography (22). Interview data was the predominant source of data. One-on-one semi-structured interviews were conducted and audio recorded. Questions were specific to care providers’ experiences with SOLMo, and perceptions of their ability to improve HE and PA opportunities for children. Participant observations were completed by the researcher in the field-observer role, and contributed to understanding of the phenomenon (23). Field visits, field notes, and participant engagement were consistent throughout the two-year duration of the SOLMo intervention.

Data Analysis and Rigour

Data analysis was iterative and concurrent throughout data generation. All interviews were transcribed verbatim and organized using the NVivo v11 software program (25). Latent content analysis was utilized and supported the emergence of patterns within the context of the data generated (26).

The criteria of trustworthiness described by Lincoln and Guba was applied (27). Multiple data generating strategies were triangulated, including interviews and participant observation. Persistent observation was possible through prolonged engagement and assisted in understanding the unfamiliar setting, site programming/activities, and care
provider roles within the ASC setting. Having established relationships prior to interviewing participants contributed to the overall rigour for both data generation and analysis for this study. Reflexivity was considered throughout the study period (28). Peer (i.e., critical friend) and team debriefings, examination of negative cases, and member checking was completed. An audit trail (i.e., field notes and memoing) was created. Researcher reflexivity (28) and journaling were applied throughout data generation and analysis.

Results

Thirteen care providers were recruited for interviews. Participants included site leaders (n = 5); full-time staff (n = 8); and part-time staff (n = 5). The majority of the participants were female (n = 11). Participants were between 19 and 60 years old, with either secondary or postsecondary education. Work experience ranged from 6 months to 28 years in the child care industry. Interviews were conducted at each ASC site, lasting between 35–90 minutes.

Data analysis resulted in five major themes: (1) enhanced awareness, (2) improved program planning, (3) strong relationships, (4) collaborative approach, and (5) role tension. Overall, interviews with ASC providers and site observations indicated their understanding and support for the use of a comprehensive approach (i.e., CSH) to ensure the well-being and health of children in the ASC setting.

Enhanced Awareness

Interviews revealed the impact SOLMo had on care providers’ ability to promote HE and PA opportunities. Enhanced awareness was reported through participants’ involvement in SOLMo, including meetings with the SOLMo team and supporting child-level data collection. Two subthemes emerged including (1) re-prioritizing HE and PA, and (2)
research as an implementation tool. Both subthemes are described below.

Re-Prioritizing HE and PA

By participating in SOLMo, care providers perceived an enhanced awareness of the importance of providing HE and PA opportunities for children in their care. Care providers described how meetings with the SOLMo team acted as a frequent reminder to prioritize healthy behaviours and encouraged care providers to be “more aware” as evidenced by the following quote: “Like definitely more conscious about what we were having for snack...And physical activity, too.” Participants reported a general understanding regarding the importance of encouraging healthy behaviours as care providers; however, participants stated these priorities were often previously overlooked during program time due to the hectic nature of the ASC environment.

There was also an increased awareness by site leaders in the importance of the care providers’ ability to influence and promote HE and PA for children, which was recognized by other care providers as significant. Many felt that through the SOLMo intervention, site leaders re-prioritized the need to encourage HE and PA for children, creating awareness for their team as a whole. Enhanced awareness was demonstrated by site leaders through team meetings and conversations amongst staff members, which made it easier for other ASC providers to also prioritize HE and PA.

Research as an Implementation Tool

ASC providers perceived that the child-level SOLMo data collection (e.g., pedometers, snack observations) enhanced their awareness of SOLMo, including their awareness for promoting HE and PA at their site. Multiple research activities acted as frequent reminders for the project goals (i.e., provide a healthy snack and to increase moderate-to-vigorous PA) and therefore enhanced awareness. For example, pedometers worn by children for
data collection served as a reminder for care providers to encourage PA opportunities and often facilitated a conversation with the children regarding what they were for and why they were wearing them. “I thought that the pedometers were great...we did it like...’Well, you want to get more steps, right?’ So and then kids would be more likely to want to participate.” Additionally, not all care providers working within SOLMo sites were full-time. As such, part-time staff reported challenges in communication of new programs or initiatives. Research activities such as child-level baseline data collection (e.g., pedometers, snack observation) served as a means to signal to all staff that the SOLMo intervention was taking place.

Improved Program Planning

While programs differed between ASC sites, care providers agreed that there was a need to provide quality programs and shared a common goal of ensuring the well-being of children as a priority. Two subthemes of (1) knowledge and (2) resources emerged. An improvement in program planning processes through the knowledge gained and resources provided by SOLMo was reported by participants. Efforts required to plan activities that were of interest to children, combined with the chaotic environment, made planning for HE and PA opportunities difficult at times. Subthemes are described in detail below.

Knowledge

Participants spoke of an increase in knowledge gained from participating in SOLMo and discussed how this knowledge allowed them to intentionally plan activities which regularly included HE and PA opportunities. Care providers mentioned program planning as a significant component of their role. The program planning process for each site varied (i.e., some daily, weekly, or monthly), however, program planning was important as it provided a loose structure for each site’s daily operations. A participant described how
even though their organization encourages PA, she learned of MVPA recommendations for children due to being a part of SOLMo: “I would say what has changed is just my perspective. I did know that it’s important, but I didn’t think every day had to incorporate at least 60 minutes of exercising or of [moderate-to-vigorous] physical activity.”

Resources
Care providers recognized the physical environment impacted their ability to promote healthy lifestyle behaviours. Participants indicated opportunities to promote HE and PA were challenging given their limited access to resources, and reported how SOLMo resources (i.e., ideas, supplies) allowed them to make changes to the environment to improve HE and PA opportunities. This was particularly relevant when providing PA opportunities within small spaces, as one participant illustrated: “that [daily physical activity] bin in particular allows us to do things in a smaller space, which is really useful.”

Strong Relationships
Care providers identified themselves as being effective health promoters. Care providers perceived they had a significant ability to impact children’s health behaviours through the strong relationships they had with children, which were established over time. The importance of building a relationship with each child was reported as a main priority for care providers; participants spoke of how the relationship with each child needed to be established before promoting health. Trust and established relationships with the children were discussed as crucial components of their role. By creating a positive social environment, open communication, and conversations between the care provider and children, promoting HE and PA was made easier. Two subthemes emerged within the context of ‘Strong Relationships’: (1) unique role as ASC providers and (2) role modelling, as described in detail below.
Unique Role as ASC Providers

Care providers perceived their strong relationship with children was established through their unique role as ASC providers. Care providers interact daily with children, and sometimes these interactions occur over long a period of time, lasting years for some children. This continued interaction in a less structured environment, combined with an emphasis on establishing connection, fostered an important bond between the care provider and children.

Once a relationship was formed with a child and trust was established, care providers perceived this bond as advantageous in their ability to influence children’s behaviours. While hectic at times, the less structured nature of ASC programs allowed for meaningful connections between care providers and children. Forming relationships, building trust, and creating mutual respect with children supported care providers in their ability to promote health because “once that respect is established and that relationship is built...it makes a difference ...they’re super respectful and wanting to be here. And so I feel like what I [the care provider] say to them matters.” The relationship care providers developed with children was reported as unique to their role as ASC providers, and enhanced their ability to influence and promote health behaviours.

Role Modelling

Many care providers recognized the importance of their indirect influence through role modelling. Participants commented on the responsibility of care providers to exhibit health behaviours and the importance of ‘practicing what you preach’ by role modelling healthy behaviours to encourage and positively influence children’s behaviours. Participants recognized their ability to influence children through their own thoughts and actions, and could bring energy and excitement to activities. The need to be conscious of
their behaviours exhibited during program time was described by one participant: “We are really big influencers on them... we’re role models.” Activities were not mandatory in the ASC setting due to the nature of child-led programming, and role modelling by care providers was reported to improve children’s participation, especially those children who were less likely to participate. While some challenges in participating in activities were voiced due to the need to oversee the entire program or other activities, care providers agreed that their engagement improved participation levels.

Collaborative Approach

Care providers discussed the importance of a collaborative approach in their ability to successfully promote HE and PA within the ASC setting, including the significance of connections formed within their community. Partnerships with schools were described as impactful; however, participants indicated challenges were often encountered when establishing these relationships. Once a partnership was established, participants reported a reliance on schools. Many sites had limited resources, thus care providers indicated a collaborative approach was required to improve HE and PA opportunities. Two subthemes were revealed: (1) school partnerships and (2) community support, and are described below.

School Partnerships

Many SOLMo sites were located near, if not within, a school. For some sites, the relationship with the school and school staff was significant and positive. Unfortunately, this ‘fundamental’ support between the school and ASC site was not observed by all, and was recognized as atypical by most. Throughout the SOLMo intervention, conversations with care providers revealed challenges in establishing these relationships. In comparison to ASC sites, schools are generally better equipped with resources.
Participants agreed that support from school improved care providers’ ability to promote HE and PA. Participants from sites with established partnerships spoke of their reliance on the school for resources including access to school gymnasium, sports equipment, outdoor play space, kitchen space, and food donations which often came as leftovers from school events. While not all sites had strong relationships with the local school, ASC providers perceived access to shared school resources would improve their ability to promote HE and PA.

**Community Support**

Care providers also spoke of the connections made with the community as necessary in promoting health. This was especially true in the context of the financial constraints faced for sites offering a service-fee free program. Due to budgetary challenges, community support for food donations was essential, as described by one participant: “…we have limited resources as far as our budget’s set out for the year. And we do rely on the food bank. And that dictates basically what it is we can offer.” Community partnerships were also invaluable in improving PA opportunities for ASC sites. Access to resources in the community was described as significant in the care provider’s ability to plan PA opportunities without adding additional costs. Connecting with other sites within the ASC community was viewed as an opportunity to improve HE and PA opportunities through idea sharing. Support from families was also regarded as beneficial. Conversations initiated with parents on HE and PA encouraged parental involvement and support for SOLMo. Community volunteers were also viewed as essential, especially during times of high staff turnover, supporting care providers by leading and facilitating activities during program time. The ‘extra bodies’ assisted care providers in improving HE and PA promotion by engaging with children to encourage participation.
Role Tension

The role of an ASC provider is unique. They provide overall care and support the educational needs for children. Throughout the SOLMo intervention, the responsibilities of the care provider as being both a child minder and educator was observed, and challenges of this dual role were revealed. While care providers embraced their dual role, they experienced an internal tension, describing this tension related to the dynamic day-to-day operations, less structured nature of the ASC setting, and the perceived lack of support within their community. Care providers recognized their ability to influence children’s health behaviours and aimed to plan programs that incorporated HE and PA opportunities. However, observations and discussions with participants exposed the reality of the care provider’s role, which predominantly prioritized safety (i.e., managing and ensuring safety of children), and left little time to facilitate planned activities during ASC hours. Additionally, handling behavioural issues among the children was reported as a frequent deterrence.

Participants spoke of the role tension experienced within the school community. Care providers shared their perceptions of feeling undervalued by members of the school, notably teachers. Comparisons between the role of ASC providers and teachers emerged at various points throughout the SOLMo intervention. A perceived hierarchy within the school community was described, with some participants perceiving their role as inferior to other staff members within the school. A lack of respect was perceived compared to teachers in the school setting. Participants perceived their unique role, the dual role of both a child minder and educator, was unrecognized by most.

The perceived low regard for the ASC provider role came from the school community, families, and the general public. This perceived lack of a sense of community or belonging, and value and professionalism in their role affected the quality of care.
provided by care providers. The negative perception was challenging for care providers to feel confident and competent in their role, impacting their ability to provide quality care for children. The lack of understanding for their role was described by one participant in the following: “…the perception that we’re just child care workers sometimes lays on people pretty hard...sometimes that actually weighs on staff. ‘Well why am I doing it? The family just views me as a babysitter.”

Discussion

Emerging research suggests a comprehensive approach is needed to address the multiple environmental factors influencing children’s health behaviours. As such, taking a CSH approach in the ASC setting is warranted. While it was anticipated that the ASC provider plays a crucial role in providing HE and PA opportunities in the ASC setting, limited research was available regarding their role specifically. The goal of this research was to explore the role of the care provider and their perceived ability to promote HE and PA opportunities within ASC sites participating in the SOLMo intervention. Five themes resulted from this study, revealing care providers’ perceptions and experiences of the SOLMo intervention. Generally, a positive experience was reported by participants. Participants reported an improved awareness of HE and PA as a result of the intervention. An enhanced awareness was also seen in the after-school intervention reported by Dobson et al. (unpublished). The authors concluded that care providers showed increases in knowledge and confidence levels in offering HE and PA opportunities. Through focus groups, ASC providers participating in the intervention reported “feeling empowered and excited” in their role as ASC providers as a result of the intervention (Dobson et al., unpublished, p. 14,). The enhanced awareness in the present study was reported through the re-prioritization of HE and PA, with site leaders as key individuals leading the change within sites. The significant role of the site leader in implementing health interventions for
children has also been reported by other studies (29, 30). Beets et al. (31) found changes made to improve PA opportunities at ASC sites were primarily driven by the ASC leader, despite a lack of formal or routine changes to site programs observed at post-intervention. Similarly, as the leader of a school, principals are viewed as essential to successfully implementing school-based interventions (30).

Although ASC sites are non-curriculum based, program planning is an important component. Participants reported improvements to program planning as a result of the SOLMo intervention. While care providers acknowledged a general understanding of HE and PA recommendations, an increase in their knowledge was reported. Care providers receive little education on HE and PA during their formal training, and thus SOLMo served as a means to provide professional development in health behaviours. This has been similarly reported in other studies with this population (32). Studies on HE and PA interventions implemented in schools and after-school child care centres suggest teachers, care providers, or the persons implementing the program need ongoing training and support in order to feel confident and competent in their ability to implement changes (33–35). A common challenge ASC programs experience is low attendance and participation (36). As a strategy, care providers use child-led programming to improve participation and thus aimed to change activities frequently to tailor to childrens’ interests. Limited access to equipment and a limited budget made planning for PA or HE programs challenging for SOLMo care providers and is a challenge ASC programs regularly face (18, 37). Additional resources helped to improve healthy opportunities for SOLMo sites, and has also been similarly reported in other after-school interventions (37, 38). Huberty et al. (38) found an increase in MVPA participation for both boys and girls with the presence of equipment (e.g., balls, jump-ropes, hula-hoop). The increase in variety of activities, with the addition of resources from an intervention, helps to increase interest
and participation in PA among children in the ASC setting (20, 38).

Care providers’ influence on children’s HE and PA behaviours as a result of the strong relationships they had formed with the children was revealed. The unique bond ASC providers share with children built trust and encouraged open communication. This unique bond was similarly identified by Leos-Urbel (36) who described how the interactions between care providers and children were associated with higher reading scores and academic success within an ASC setting. In addition to strong relationships, role modeling was also viewed as imperative in the present study. Role modeling of positive health behaviours, such as participating and actively engaging with children during activities, was recognized as a significant component of the care provider role within the ASC setting. The effects of role modelling to influence children’s health behaviours have been reported in other ASC settings (38), and were also found in other contexts, such as teachers within a school (39–42), and mentors within the community (43, 44). Additionally, He and colleagues (40) demonstrated the need for teachers to have healthy attitudes and be positive role models because of the considerable time they spend with children. Similar to the findings of the present study, Zarrett et al. (37) reported on the impact of care provider’s facilitation style; the importance of care providers actively engaging with children to improve PA participation through verbal encouragement and participation in the activity.

The ability to collaborate with the school and community was perceived as essential. Care providers viewed partnerships with the school and community as crucial in their ability to access resources they would not have otherwise had. The collaborative approach required is consistent with findings in the literature, including after-school (45, 46), community (47), and school settings (43). The conflicts with the school community identified by ASC providers in this study were unexpected. Participants revealed the challenges care
providers experienced in their efforts to work collaboratively with schools. To our knowledge, the relational conflicts ASC providers experience with schools or partnerships within the community has not been investigated. This may be due to the limited research on the care providers’ role in promoting HE and PA within the ASC setting.

Role tension was commonly experienced by care providers in this study. Their unique role as both care provider and educator in the ASC setting was embraced by participants, however, challenging at times. There are multiple responsibilities faced by ASC providers which have been similarly described as work-related stress by child care workers in daycare centres (48). The challenges of the ASC providers’ dual role of providing overall care and educating school-age children combined with the hectic nature of the ASC environment was perceived to create this role tension. Furthermore, the perceived lack of support, in particular the relationship with the school, was a trigger for the tension experienced. A perceived lack of respect by the community was also mentioned. The misconception of their role as ‘babysitter’ by parents or the general public was found to be discouraging. Participants indicated this misconception affected their ability to feel a sense of pride in their role and to provide quality programming and care.

Strengths and Limitations

Strengths of this research include the consistent and prolonged engagement with participants. Field visits by the primary researcher over the two-year period of the SOLMo project provided background knowledge regarding the after-school setting and allowed for the development of strong relationships with participants (23, 26). Additionally, there was a diverse range of participants in: age, child care experience, full-time, part-time staff, and included site leaders in addition to front-line staff. While this intervention took a CSH approach, it is known that comprehensive approaches require time to implement (49). Furthermore, the primary researcher was also the project coordinator for the SOLMo
intervention, which had the potential to create a social desirability bias. The topic of this research, however, was not sensitive, and the researcher was mindful in establishing a relationship with participants to gain trust prior to conducting interviews to encourage participants to speak freely. To enhance the quality and transparency of all aspects of the research, we applied the 21-item Standards for Reporting Qualitative Research checklist (50), see supplemental material.

Conclusions

Childhood obesity remains a major public health concern in Canada, and comprehensive strategies which focus on prevention are needed. The ASC setting is a logical and ideal setting to promote health of children and youth. The critical hours of 3:00–6:00 p.m. are gaining interest as a ‘window of opportunity’ to promote healthy lifestyle behaviours among school-aged children. By adopting the CSH framework, the SOLMo after-school intervention used a whole-setting approach to promote and improve HE and PA opportunities. Recognized as critical influencers, the care providers’ role and their experiences in participating in SOLMo was explored in this study. Findings of this study highlight the role of care providers and contribute to the literature on comprehensive approaches to health promotion within ASC settings. Results will improve best practice guidelines to support care providers in promoting healthy lifestyle behaviours for school-aged children in ASC settings.

Abbreviations

ASC
After-school care
CSH
Comprehensive school health
HE
Healthy eating
Declarations

**Ethics Approval and Consent to Participate**

This research received ethics approval from the University of Alberta Human Research Ethics Board, under the project name “Evaluating the impact of School’s Out...Let’s Move after-school program on children’s health and health equity” No. Pro00058006. Written and verbal consent was gathered from all participants in the study.

**Consent for Publication**

No individuals are identifiable within the manuscript. Participants provided consent for anonymous inclusion of data in written reports as approved by the University of Alberta Health Research Ethics Board (HREB).

**Availability of Data and Materials**

The data used in the current study is available from the corresponding author on reasonable request and conditional HREB approval.
Competing Interests

The authors declare that they have no competing interests

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Authors’ Contributions

PE conducted the research project, including formulation of the research question, conducting interviews, analyzing data, and writing of the manuscript. KS assisted with the conceptualization of the project, conducting interviews, and overall guidance and editing. GM aided in the analysis process and manuscript writing. GM, BT and LS were responsible for editing the manuscript. All authors read and approved the final manuscript.

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