

# Evaluation of Delaware County School District Wellness Policies for Accordance with the Healthy, Hunger Free Kids Act of 2010

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## Background

The Child Nutrition and WIC Reauthorization Act of 2004 required all school districts receiving federal funding for school meals to establish a local wellness policy by July 1, 2006. Wellness policies were required to include goals for nutrition education, physical education, and physical activity; nutrition guidelines for school meals that meet or exceed USDA standards; nutrition guidelines for competitive foods available on campus; a plan for implementation and evaluation; and involvement of key stakeholders in policy development and communication.<sup>1</sup>

The 2010 Healthy, Hunger-Free Kids Act (HHFKA) aligned the National School Lunch Program (NSLP) and School Breakfast Program requirements with the Dietary Guidelines for Americans. The revised guideline standards that took effect in the beginning of the 2012-2013 school year increased the availability of whole grains, vegetables, and fruits, and specified weekly requirements for offerings of beans/peas, dark/leafy green, red/orange, and starchy vegetables. The guidelines also increased portion sizes by requiring students to select at least one fruit or vegetable.<sup>2</sup>

For the 2014-2015 school year, additional changes included standards for snacks, foods, and beverages sold outside of school meal programs; however continued changes in requirements are still ongoing and forthcoming.<sup>3</sup>

The HHFKA also updates The Child Nutrition and WIC Reauthorization Act of 2004 by including provisions for assistance and requirements for evaluation and adherence to school wellness policies.

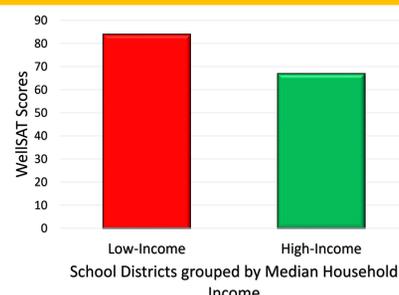
## Purpose

The purpose of this project was to evaluate school district wellness policies of public and private schools within Delaware County, Pennsylvania. A pool of Delaware County school districts were collected to represent both the high-income/low-risk and low-income/high-risk populations within the county. Public schools were accounted for from the selected school districts. Private schools were accounted for from institutions run by the Archdiocese of Philadelphia within the county.

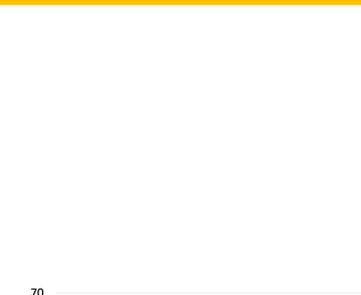
## Methods

- Only school districts that operated fully within Delaware County were eligible for inclusion.
- Census data was collected for each school district and the five school districts with the highest median household income and the five school districts with the lowest median household income were selected.
- School wellness policies were obtained from school district websites and they were evaluated utilizing the WellSAT:3.0 Wellness School Assessment Tool.<sup>4</sup>
- Pennsylvania Department of Education data including the 2019 Building Data Report was obtained. This report indicates the number of students eligible for free and reduced-price school meals that have been reported by each school in the state.<sup>5</sup>

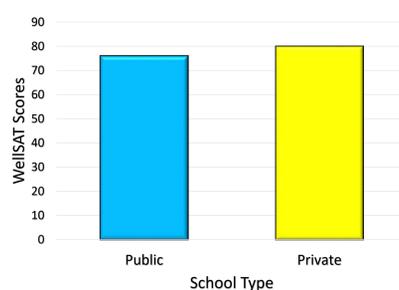
## Results



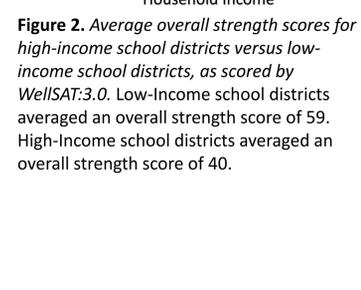
**Figure 1.** Average overall comprehensiveness scores for high-income school districts versus low-income school districts, as scored by WellSAT:3.0. Low-Income school districts averaged an overall comprehensiveness score of 84. High-Income school districts averaged an overall comprehensiveness score of 67.



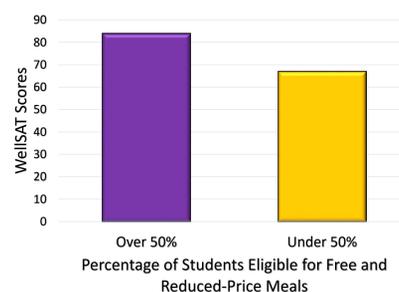
**Figure 2.** Average overall strength scores for high-income school districts versus low-income school districts, as scored by WellSAT:3.0. Low-Income school districts averaged an overall strength score of 59. High-Income school districts averaged an overall strength score of 40.



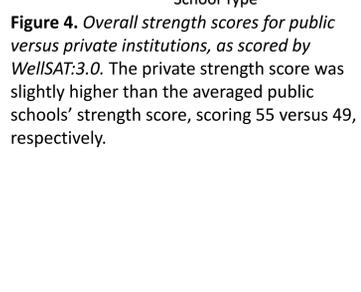
**Figure 3.** Overall comprehensiveness scores for public versus private institutions, as scored by WellSAT:3.0. The private comprehensiveness score was slightly higher than the averaged public schools' comprehensiveness score, scoring 80 versus 76, respectively.



**Figure 4.** Overall strength scores for public versus private institutions, as scored by WellSAT:3.0. The private strength score was slightly higher than the averaged public schools' strength score, scoring 55 versus 49, respectively.



**Figure 5.** Average overall comprehensiveness scores for schools with over 50% versus under 50% free and reduced-price meal eligibility, as scored by WellSAT:3.0. Schools with over 50% eligibility scored higher in overall comprehensiveness compared to schools with less than 50% eligibility, 84 to 67, respectively.



**Figure 6.** Average overall strength scores for schools with over 50% versus under 50% free and reduced-price meal eligibility, as scored by WellSAT:3.0. Schools with over 50% eligibility scored higher in overall strength compared to schools with less than 50% eligibility, 58 to 40, respectively.

## Results

- Figures 1 and 2 demonstrate the average overall strength and average overall comprehensiveness scores for high-income school districts versus the low-income school districts. These results show that low-income schools outperformed high-income schools in both comprehensiveness and strength.
- Figures 3 and 4 demonstrate the overall scores comparing public school districts to the private organization, the Archdiocese of Philadelphia. All ten public school district scores were averaged together and compared to the private institution scores. These results show that the public schools' scores are similar to the Archdiocese of Philadelphia. However, Archdiocese of Philadelphia's scores were slightly better for both comprehensiveness and strength.
- Figures 5 and 6 demonstrate the school districts who have over 50% of students eligible were compared to the school districts who have less than 50% of students eligible. These results show that the school districts who reported higher eligibility and participation in free or reduced-priced school meals performed better on the WellSAT:3.0 tool than schools with lower reports.

## Conclusions

School wellness policies varied widely, however the policies of low-income districts outperformed the policies of high-income districts. Additionally, schools with a higher percentage of eligibility and enrollment in school food programs scored better than the schools with lower participation. This pattern synced up with the income comparisons, outlining that low-income school districts typically had higher participation rates in school food programs. These results suggest that school districts with higher participation rates generate stricter wellness policies to better uphold the HHFKA guidelines. These results are encouraging to see support for meeting the basic nutrition needs for children of low-income/high-risk populations.

## References

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