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Inclusion of evidence-based healthy eating policies in Community Health Improvement Plans: Findings from a national probability survey of US local health departments

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Et al.

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Background

- Evidence-based healthy eating (HE) policies can improve diet.
- Limited research suggests low policy adoption at the local level.
- Community Health Improvement Plans (CHIPs) represent a strategic approach to select and implement evidence-based strategies.
- Local health departments (LHDs) often participate in CHIP development, a requirement for accreditation by the Public Health Accreditation Board.
- CHIPs and the relationship between LHDs and CHIPs are understudied.

Objectives

- Examine the current status of evidence-based healthy eating policies in CHIPs.
- Assess the association between LHD characteristics and inclusion of any evidence-based healthy eating policy in a CHIP.

Methods

- A web-based, national probability, cross-sectional survey of US LHDs representing <500,000 residents was conducted in 2017 (30.2% response rate).
- 176 eligible LHDs with complete CHIP status, exposure, and outcome data.

Exposures

- LHD characteristics including *population size served* (primary exposure), *structure, and public health accreditation board accreditation status.*

Outcomes

- Thirteen evidence-based HE policies included in a CHIP in three areas:
  - **Increasing availability and identification of healthy foods**
  - **Reducing access to unhealthy foods**
  - **Improving school food environment**
- **Any evidence-based healthy eating policy**

Analysis

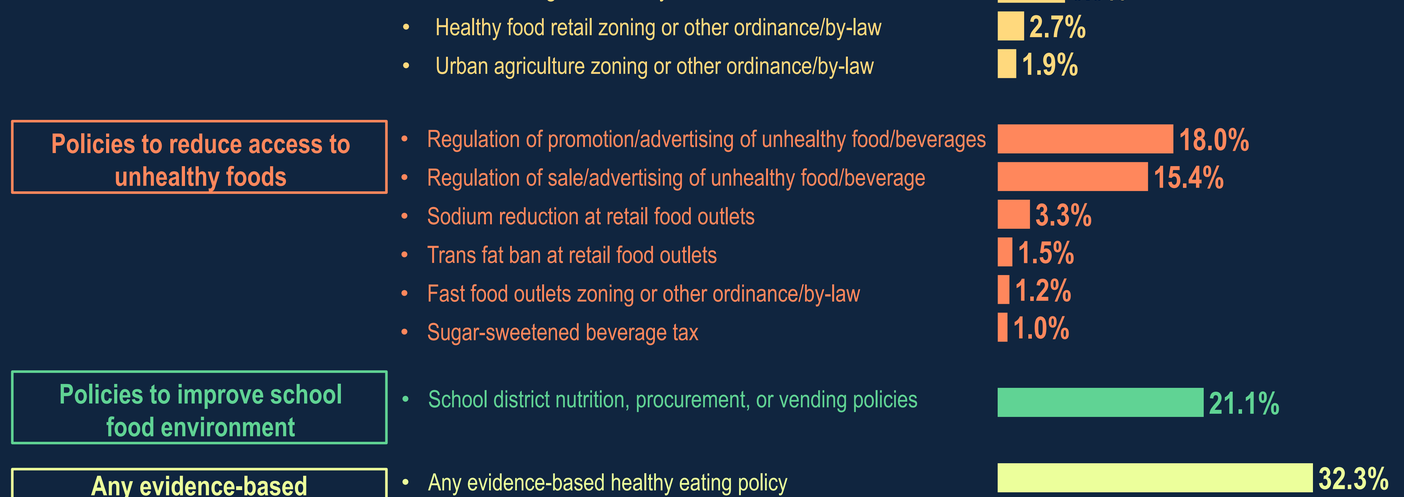
- Proportions of each and any evidence-based HE policy included in a CHIP.
- Adjusted multivariate logistic regression.
- Sampling weights applied to account for sampling design & non-response bias.

Results

Table 1. US LHDs characteristics and association with any evidence-based HE policy included in a CHIP

Characteristics	US LHDs	Adjusted Odds Ratio (95% CI)
Unweighted, n	176	
Weighted, n	2043	
Size of population served		
100,000 – 499,999	19.4%	**3.72 (1.13-12.21)**
50,000 – 99,999	16.9%	2.52 (0.71-8.96)
25,000-49,999	27.1%	**5.00 (1.71-14.62)**
<25,000	36.5%	ref
Structure of LHD		
County health and city-county department	69.7%	1.30 (0.43-3.95)
Other (including state-run and regional)	9.3%	2.18 (0.44-10.68)
Municipal (city or town) health department	21.0%	ref
Public Health Accreditation Board accreditation status		
Achieved accreditation	25.2%	**3.14 (1.05-9.38)**
In progress	18.7%	**4.17 (1.70-10.26)**
Not accredited	25.2%	ref

Figure 1. Proportion of US LHDs reporting evidence-based healthy eating policies included in a CHIP



Public Health Implications

One third of US LHDs report participating in a CHIP with at least one evidence-based healthy eating policy. Increased adoption of HE policies have the potential to impact healthy eating. Healthy eating policies may address health equity by improving structural and environmental factors that influence diet.