SYNERGIA

REVIEW OF INTERNATIONAL APPROACHES TO POPULATION HEALTH STRATEGIES

Report for Ministry of Health and Wellington/Wairarapa DHBs

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EXECUTIVE SUMMARY

This review examines the approaches that have underpinned the structure and content of health strategies internationally, with a focus on strategies outside New Zealand. The focus therefore is not so much on the principles or detailed content of strategies, but on the key elements and structures of strategies, and how this informs their implementation.

The key sources for this review are the primary materials of strategies and action plans, obtained from national, state or regional government websites in the United Kingdom, Australia Canada and United States.

There are three broad types of strategy documents that have been reviewed:

- Reviews of best practice in implementing health promotion strategies (Canada, Australia, US and WHO)
- Overarching health sector/public health strategies (UK, Canada)
- Specific implementation plans, building on strategic development work previously undertaken (England, Canada, Wales).

Core components of these strategies are:

- **Overarching principles**: often resonating with the underlying strategies of the Ottawa Charter (strengthening community action, creating supportive environments and building healthy public policy)
- **Evidence base**: to identify priority areas and priority population groups.
- **Priorities**: Common priorities identified in these strategies were reducing health inequalities; knowledge, attitudes and beliefs; building healthier environments; policies; populations; and settings
- **Outcomes**: All strategies had overarching goals; the more ambitious had clear objectives to be attained over a range of timeframes.
- **Investment**: The value of public health as a long-term investment is a key concept to articulate in any strategy, if they are to achieve sustainable funding support.
- **Stakeholder consultation and partnerships**
- **Organisational learning**: Recognition of the need to develop capabilities and capacities in service providers and communities.
- **Monitoring and evaluation**: Incorporating ongoing surveillance, a variety of research and evaluation methods, and application of learnings to ongoing programme development.

An emerging concept in public health strategies is that of systems thinking, which support a consensual and evidence-based understanding of the operational and strategic issues that impact on health and wellbeing from across health and other sectors.

INTRODUCTION

This review briefly examines the approaches that have underpinned the structure and content of health strategies internationally, with a focus on strategies developed outside New Zealand. The focus therefore is not so much on the principles or detailed content of strategies, but on the key elements and structures of strategies, and how this informs their implementation. The purpose is to provide a basis of international best practice, which will be applied to the development of a public health strategy for the Wellington region.

The key sources for this review are the primary materials of strategies and action plans, obtained from national or state government websites in the United Kingdom, Canada and United States.

This is not an exhaustive search; by examining a select range of documents, the review identifies common themes and potential examples of best practice.

There are three broad types of strategy documents that have been reviewed:

- Reviews of best practice in implementing health promotion strategies (Canada, US, Australia and World Health Organization)
- Overarching health sector strategies or public health strategies (UK, Canada,)
- Specific implementation plans, building on strategic development work previously undertaken (England, Canada, Wales).

This review is structured in four parts. Section one examines international guidance in population health strategies, drawing on work in Canada and the United States Department of Health and Human Services. Section two is primarily descriptive, outlining the approaches taken in Canadian and UK jurisdictions in developing national and regional public health strategies. Section three examines emerging evidence on the return that public health investments can provide, to support action by district, regional and national-level decision-making. Section four synthesises the findings of the previous sections to identify the key components to take forward in developing a public health strategy for the Wellington region.

Because this review focused on international frameworks for population health, key features of the New Zealand situation are not considered here. These will nevertheless form part of the national strategic context in developing a Wellington regional public health strategy.

1. BEST PRACTICE GUIDANCE ON POPULATION HEALTH STRATEGIES

1.1 CANADA

The Canadian **Best Practices Portal for Health Promotion and Chronic Disease Prevention**, operated by the Public Health Agency of Canada[1], is part of a wider national initiative to promote best practice across a range of disciplines.

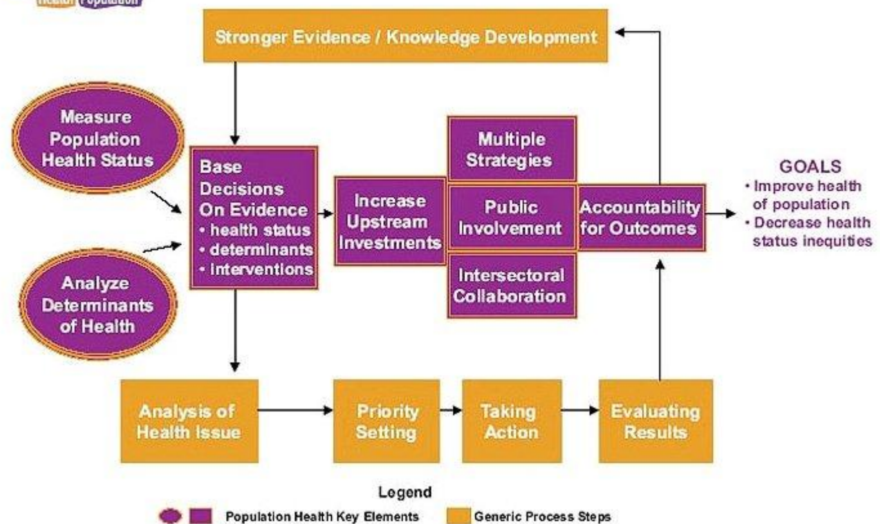
A population health approach, it is proposed in the portal, involves eight key elements that are "essential to maintain and improve the health status of the entire population and to reduce inequities in health status among population groups":

- Focus on the health of populations
- Address the determinants of health and their interactions
- Base decisions on evidence
- Increase upstream investments (directing investments to areas that have the greatest potential to positively influence health)
- Apply multiple strategies
- Collaborate across sectors and levels
- Employ mechanisms for public involvement
- Demonstrate accountability for health outcomes (Public Health Agency of Canada 2007)

These are displayed in the diagram on the following page.

[1] See http://cbpp-pcpe.phac-aspc.gc.ca/about/template_e.cfm for further information

Population Health Key Elements



Of note in this approach is the progression from analysis through priority setting, taking action and evaluating results, and the flow back into the system of a stronger evidence and knowledge base.

The multiple strategies, identified in the Taking Action phase, are:

- Identify scope of action for interventions
- Take action on determinants of health
- Implement strategies to reduce inequities in health status
- Apply a comprehensive mix of interventions and strategies
- Apply interventions that address health issues in an integrated way
- Apply methods to improve health over the lifespan
- Act in multiple settings
- Establish a coordinating mechanism to guide interventions

Intersectoral collaboration is stressed as having both horizontal dimensions, linking health and other sectors, and vertical dimensions, linking different levels within a sector. Public involvement has dimensions of communication (to inform and educate); consultation (gather stakeholder views); and citizen engagement (involving groups of whom the programme is intended as partners in development).

The Accountability for Outcomes dimension encourage developing a results accountability framework, which establishes clear accountabilities and performance measures at the outset of health programs and activities (Friedman 2005). Other dimensions of this phase are:

- Ascertain baseline measures and set targets for health improvement
- Institutionalize effective evaluation systems
- Promote the use of health impact assessment tools
- Publicly report results.

The overall approach in this model provides a powerful starting point for thinking about the different elements of a strategy. As will become evident from later discussions, there are other dimensions are also suggested for consideration.

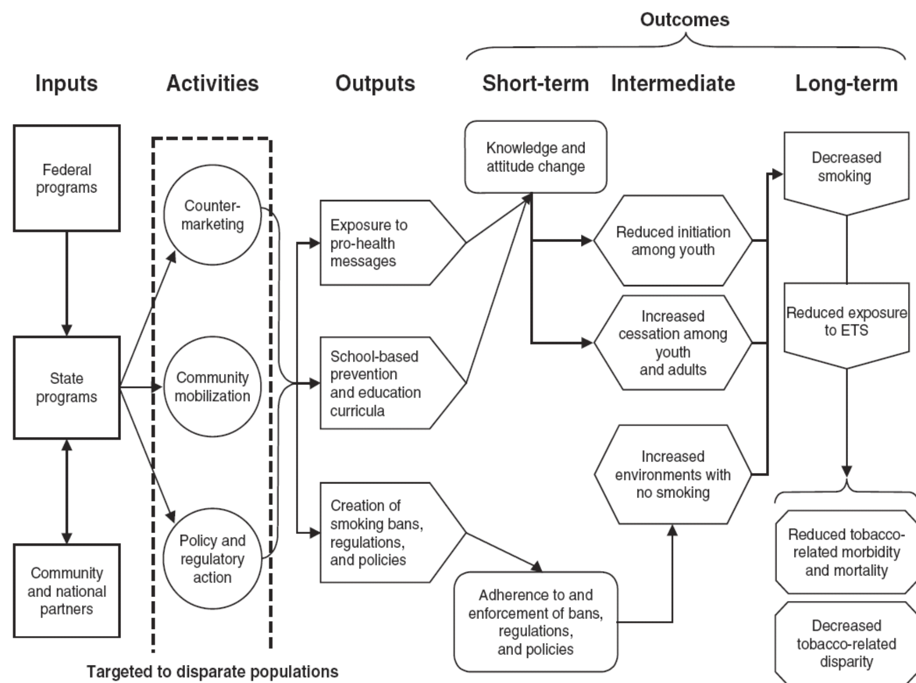
1.2 UNITED STATES

The US Department of Health and Human Services strategy review, entitled **Prevention Strategies that Work,** provides some useful pointers for strategic population health approaches, although the focus of the review on diabetes, heart disease, stroke and cancer limited the scope of application (US Department of Health and Human Services 2003).

Rather than provide an overarching blueprint for strategy development, the review was focused on describing effective approaches at national and local levels for each of the following areas of activity:

- Diabetes prevention and control
- Cancer prevention and control
- Heart disease and stroke prevention
- Promoting healthy eating and physical activity
- Evidence-based programmes for tobacco control
- School health programmes

Although the approaches for each differ in many aspects of detail, a common theme running across most areas was a 'logic model' that linked inputs, activities, outputs and a range of outcomes. An example, for tobacco control, is detailed on the following page.



This approach provides a way of conceptualising the linkages between national level funding and guidance, regional and local level activity, and the measurable outcomes that such activities could be linked to.

1.3 AUSTRALIA

An example of best practice guidance comes from Victoria's Department of Human Services, which published an **Integrated Health Promotion Resource Kit** in 2003.

The main focus of the kit is in providing guidance in the design of health promotion interventions, which is outside the scope of this work. However, the guidance sets seven core principles, which have much in common with the Canadian framework.

These are built from the social model of health philosophy, the Ottawa Charter definition of health promotion, and key priorities identified in national health promotion documents. The principles are intended to assist with planning health promotion programmes:

1. "**Address the broader determinants of health**, recognising that health is influenced by more than genetics, individual lifestyles and provision of health care, and that political, social, economic and environmental factors are critical.

2. **Base activities on the best available data and evidence**, both with respect to why there is a need for action in a particular area and what is most likely to effect sustainable change.

3. **Act to reduce social inequities and injustice**, helping to ensure every individual, family and community group may benefit from living, learning and working in a health promoting environment.

4. **Emphasise active consumer and community participation** in processes that enable and encourage people to have a say about what influences their health and wellbeing and what would make a difference.

5. **Empower individuals and communities**, through information, skill development, support, advocacy and structural change strategies, to have an understanding of what promotes health, wellbeing and illness and to be able to mobilise resources necessary to take control of their own lives.

6. **Explicitly consider difference in gender and culture**, recognising that gender and culture lie at the heart of the way in which health beliefs and behaviours are developed and transmitted.

7. **Work in collaboration**, understanding that while programs may be initiated by the health sector, partnerships must be actively sought across a broad range of sectors, including those organisations that may not have an explicit health focus. This focus aims to build on the capacity of a wide range of sectors to deliver quality integrated health promotion programs; and to reduce the duplication and fragmentation of health promotion effort." (Department of Human Services 2003)

1.4 WORLD HEALTH ORGANIZATION

The World Health Organization, in its publication *Preventing Chronic Diseases Prevention: A Vital Investment*, proposes three core steps for policy and strategy development:

1. Estimate population need and advocate for action
2. Formulate and adopt policy
3. Identify policy implementation steps (World Health Organization 2005)

Within these very broad guidelines, the document highlights a range of factors associated with success in policy formulation and adoption, which are relevant to strategy development:

- A high-level political mandate; in the context of this regional work, this could include DHB and Ministry leadership, as well as other stakeholders such as city, district and regional councils.

- A committed leadership group involved with estimating need, advocating for action, and developing the policy and plan
- Wide consultation in the process of drafting, consulting, reviewing and redrafting the policy until endorsement is achieved
- An awareness that the process of consultation is as important as the content in generating support and ownership;
- Development and implementation of a consistent communication strategy for all stages of the process
- Clarity of vision on a small set of outcome-oriented objectives.

The report also highlights five health policy levers, all of which have relevance to developing the Wellington regional public health strategy:

Health financing: in the Wellington context, investment in public health is the domain of both national and district level decision-makers. When taking the broader determinants of heath into account (such as the built environment), city, regional and district council also have significant investment roles.

Legislation and regulation: Although health legislation is predominantly nationally-oriented, local and regional government have significant regulatory capacity in public health.

Improving the built environment: Urban design can positively influence walking, cycling and other forms of active transport. This is mainly a local and regional council role, although there are many examples in New Zealand of district health boards and regional public health services taking an active advocacy and partnership role in this field.

Advocacy initiatives: Advocacy includes a range of strategies for communicating risk, increasing motivation to change, and disseminating ideas through communities and societies. DHBs and public health services have a strong history of working with other organisations to influence practice and help develop workable policy decisions to improve the health of populations.

Community mobilisation: The WHO argues this is fundamental to creating and implementing successful and sustainable chronic disease prevention and control policies and programmes, such as through school and workplace activities. Although the regional strategy is focused on the entire spectrum of public health, the principle remains relevant.

Health services organisation and delivery: The experience of many public health strategies in New Zealand and internationally is that personal and public health services can work synergistically to advance population health goals.

2. Overview of National and State-Level Frameworks

This section describes strategic frameworks at national and state/regional levels in Canada and the United Kingdom.

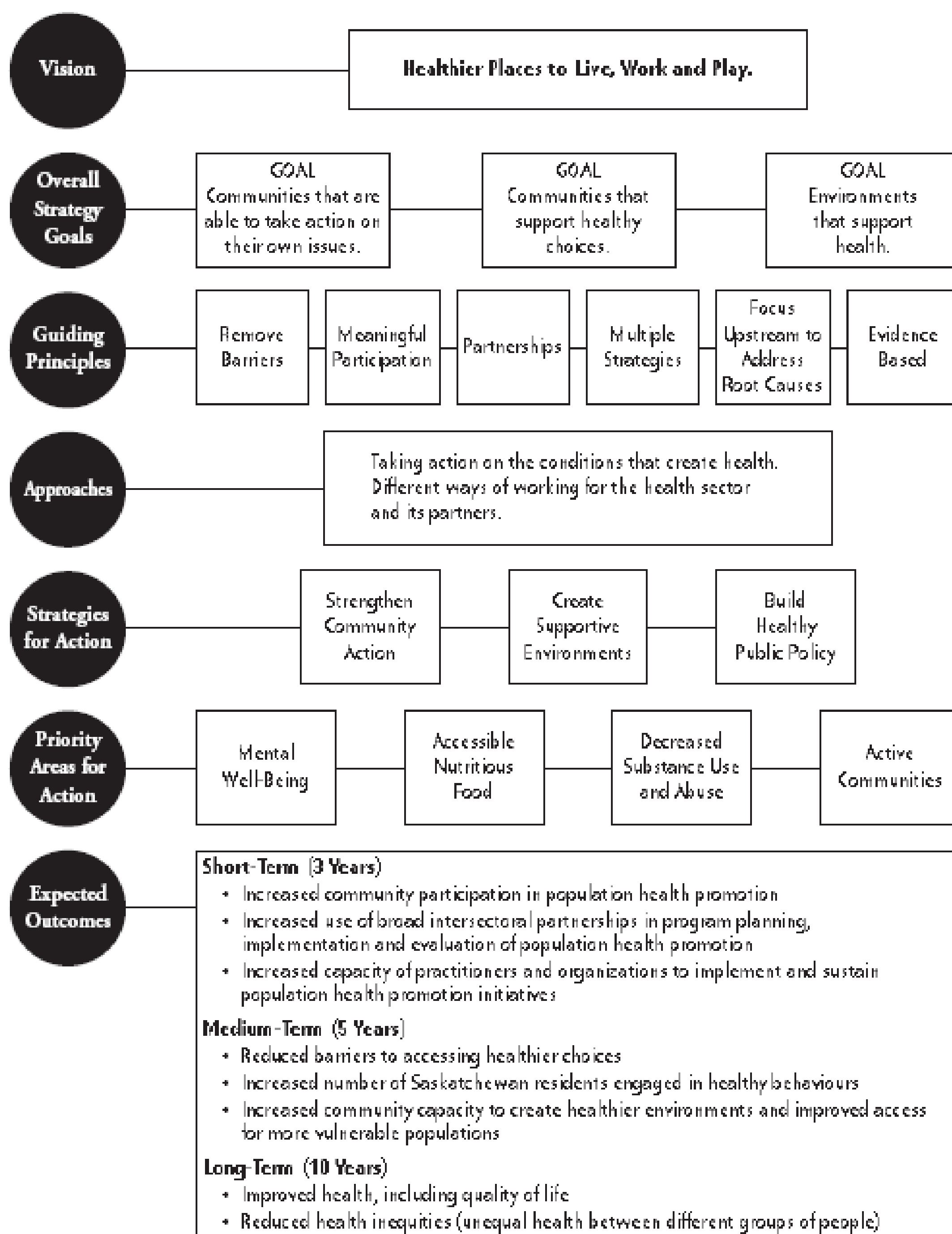
2.1 CANADA

A range of state-level and national level strategies are in effect in Canada, each with varying levels of detail on implementation frameworks. Two strategies of note have come from Saskatchewan and Alberta, and each illustrate some consistencies with the Canadian best practice guidelines, but also flag some different areas of focus.

The Saskatchewan health promotion strategy **Healthier Places to Live, Work and Play** focuses on four central priorities of nutrition, physical activity, mental health and substance abuse (Saskatchewan Health 2004). These four priorities are set within a framework linking vision, goals, principles and outcomes, as presented in the diagram on the following page.

This approach offers a model that links outcomes with actions to improve health. The strategy's implementation occurs at three levels:

- Saskatchewan Health (the provincial equivalent of the Ministry of Health), with roles in expert guidance, capacity building and monitoring progress.
- Regional Health Authorities, each with roles to develop and implement regional plans; identify local objectives, indicators and strategies; allocate resources; develop community partnerships; and develop staff expertise and capacity.
- Community partners, with more local level roles in planning and implementing initiatives; and participating in consultative and provincial activity.


Vision
Healthier Places to Live, Work and Play.
Overall Strategy Goals
GOAL Communities that are able to take action on their own issues.
GOAL Communities that support healthy choices.
GOAL Environments that support health.
Guiding Principles
Remove Barriers
Meaningful Participation
Partnerships
Multiple Strategies
Focus Upstream to Address Root Causes
Evidence Based
Approaches
Taking action on the conditions that create health. Different ways of working for the health sector and its partners.
Strategies for Action
Strengthen Community Action
Create Supportive Environments
Build Healthy Public Policy
Priority Areas for Action
Mental Well-Being
Accessible Nutritious Food
Decreased Substance Use and Abuse
Active Communities
Expected Outcomes
Short-Term (3 Years)
• Increased community participation in population health promotion
• Increased use of broad intersectoral partnerships in program planning, implementation and evaluation of population health promotion
• Increased capacity of practitioners and organizations to implement and sustain population health promotion initiatives
Medium-Term (5 Years)
• Reduced barriers to accessing healthier choices
• Increased number of Saskatchewan residents engaged in healthy behaviours
• Increased community capacity to create healthier environments and improved access for more vulnerable populations
Long-Term (10 Years)
• Improved health, including quality of life
• Reduced health inequities (unequal health between different groups of people)

The **Alberta Diabetes Strategy** establishes nine overarching strategic areas to prevent and manage diabetes. Within these nine areas, specific actions are identified for the key stakeholder or agencies involved in implementing the strategy. The strategy focuses across prevention, management and treatment of diabetes (Alberta Health and Wellness 2003). The key stakeholders include Alberta Health and Wellness (state-level health ministry), Regional Health Authorities, the education sector, Health Canada (equivalent to the Ministry of Health), NGOs, health sector and activity sector. The nine key areas identified in the strategy, which provide the organising framework, are

- Increase Programs and Services Aimed at Strengthening Healthy Living Practices
- Enhance Public Awareness and Education About Healthy Living
- Address the Impact of Low Income and Education on Diabetes Prevention
- Strengthen Professional Knowledge, Skills and Practices in Diabetes Primary Prevention
- Address Diabetes Primary Prevention Needs of the Aboriginal Population
- Strengthen Professional Knowledge, Skills and Practices in the Education and Management of Diabetes
- Implement Appropriate Screening, Education, Management and Support Services for Those With Diabetes
- Address Management of Diabetes in the Aboriginal Population
- Facilitate and Support Diabetes Evaluation, Research and Surveillance Initiatives

Of particular note is the recognition in the document on organisational learning, encompassing involvement of health professionals in interdisciplinary activities; adoption of leading practices; developing team approaches and innovative management; expansion of resources; and development of indigenous peoples in health professions.

The strategy goes into some to identify partner roles. Ongoing progress in implementation relies on the stakeholders developing effective partnerships to give effect to these roles.

2.2 UNITED KINGDOM

In 2004, the English government released its White Paper **Choosing Health: Making Healthy Choices Easier** (Department of Health 2004), a strategy that succeeded earlier initiatives such as Our Healthier Nation. The paper indicated a

significant shift in government policy, one that shows some urgency about the need to prevent illness, but which has a substantial focus on personal choice and changing individual lifestyles and behaviour, rather than the environments influencing such behaviours.

The strategy sets three overarching principles:

- Informed choice for all
- Personalisation of support to make healthy choices
- Working in partnership to make health everyone's business

Six priorities set the agenda for action:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and wellbeing
- Reducing harm and encouraging sensible drinking

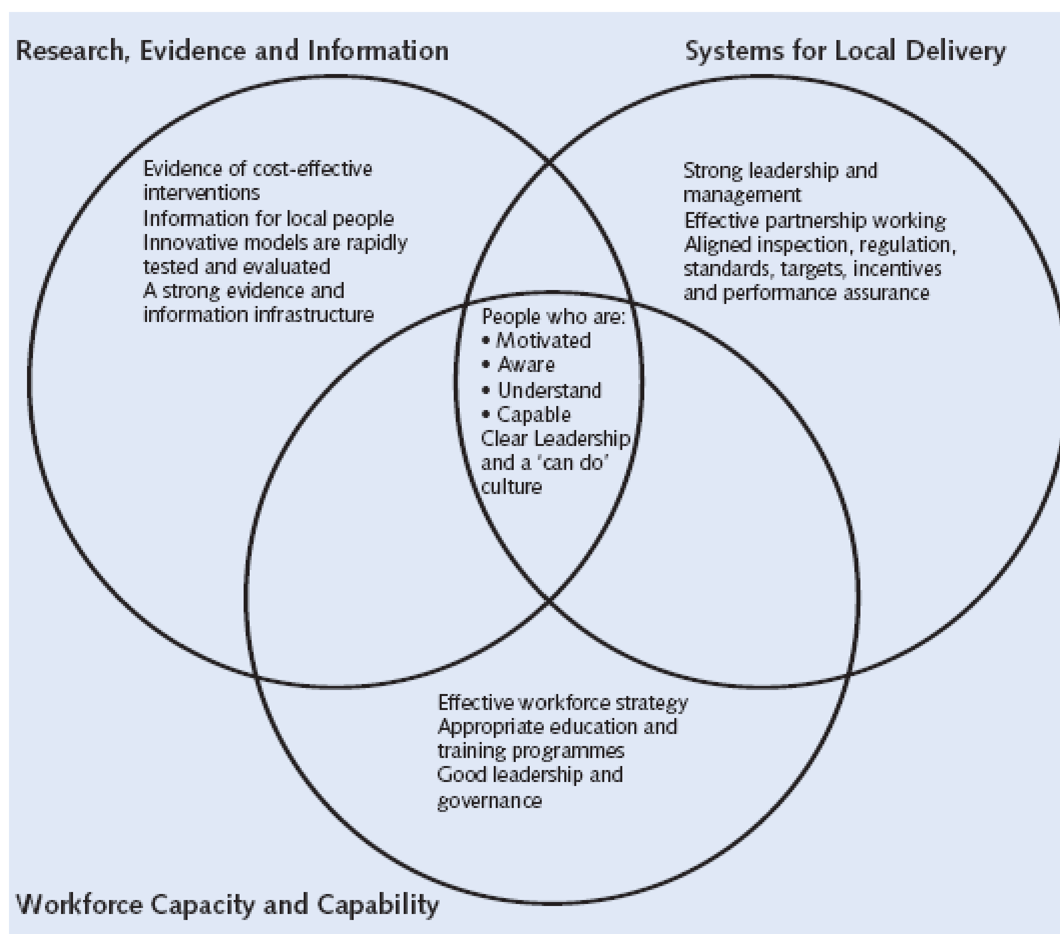
Four supporting strategies provide underpinnings for each priority:

- Promoting personal health
- Developing the workforce
- Building in research and development
- Using information and intelligence

Notable in the strategy is a detailed implementation plan, appended to the document. The implementation plan uses a framework based on research and evidence; workforce development; and systems for local delivery. This is presented in the diagram below.

The emphasis on these three strands is intended to:

- Improve the evidence base in public health research about the cost-effectiveness of public health interventions;
- Ensure a multi-disciplinary workforce that transcends traditional boundaries; and
- Develop partnerships and networks, particularly between health services and local government, underpinned by aligned targets, incentives and performance assurance mechanisms.



The White Paper was followed by a series of delivery plans in 2005, which provided further detail on the implementation of the White Paper's initiatives. Both the White Paper and the subsequent delivery plans included components of organisational learning and development, including development of a 'health trainer' profession, development of community skills in health promotion, public health workforce development and strengthened public health leadership.

Wales provides a further example of implementation frameworks. The Welsh Assembly in 2000 endorsed a national health strategy titled 'A Healthier Future for Wales'. Subsequent to this, **Promoting Health and Wellbeing: Implementing the national health promotion strategy** was launched in 2001 (Welsh Assembly 2001).

The strategy listed five priorities that needed to be addressed as part of a co-ordinated and sustained effort to improve health. The priorities were:

- Helping communities to develop a shared responsibility for health and to take action to improve people's health
- Promoting healthier lifestyles as part of wider action to address the social and economic factors that affect people's health

- Better communication on health issues – improved quality of information and people's access to it
- Developing the tools, resources and skills for health promotion
- Ensuring action is effective

A three-year programme of action was proposed in the implementation plan, with an emphasis on stimulating and using partnership and joint working to improve health. On the ground implementation were to be led by Local Health Alliances, with roles to develop clear plans of action in order to:

- Help to develop the role of local authorities in improving people's health as an integral part of local service delivery, development and regeneration activities.
- Strengthen partnership working between organisations to ensure better use of resources through joint action and/or the pooling of resources, and synergy between plans.
- Facilitate the sharing of local information on social, economic, environmental and health issues to identify priorities and a common understanding of local needs.
- Ensure that health is taken into account in fields in which it is not normally considered and work to address the health needs of vulnerable and disadvantaged groups as part of action to reduce inequalities in health (Welsh Assembly 2001).

Specific actions were identified across five action areas: helping communities; targeted programmes; increasing skills and knowledge; better communication; promoting health across policy areas and effective practice. These covered a range of settings and target populations, including:

- local health alliances
- health promoting schools
- community development initiatives
- youth organisations and colleges
- workplaces
- development of a national nutrition strategy
- implementation of physical activity initiative in Welsh schools
- older people's health
- developing health promotion capacity and capability
- review and provision of information resources.

A final strategy that is included in this review is from the East Midlands. Under current English government guidance, each regional assembly is to establish

cross-sectoral public health strategies. This example of a regional strategy, entitled **Investment for Health: A public health strategy for the East Midlands** sets four core themes, each with a number of priority areas:

- Addressing social, economic, environmental determinants of health
    - Ensure that the agenda of 'Investment for Health' is integrated within other regional strategies
    - Increase access to organised and accredited health promotion programmes through pre-school, school and college education
- Supporting healthy lifestyles
    - Promote the self-esteem, and the mental, spiritual and social well-being of residents
    - Increase physical activity levels
    - Improve the diet of families and individuals
    - Reduce the prevalence of smoking, drug misuse and excessive alcohol consumption
    - Improve the level of sexual health
- Protecting health
    - Reduce the incidence of accidental death and injury
    - Protect and promote the health of East Midlands' employees within their place of work
    - Reduce the incidence of food poisoning
    - Increase and maintain high levels of specific vaccinations
    - Ensure the effective response by the NHS to major incidents and emergencies in partnership with other regional organisations
- Improving access to, and provision of, local health and health-related services
    - Improve access to primary and secondary care services
    - Reduce the incidence and improve the outcomes of cancers
    - Reduce the incidence and improve the outcomes of coronary heart disease and stroke
    - Reduce the incidence and improve the outcomes of mental illness

These are supported by research, review and evaluation activities (assessment and appraisal, monitoring, evaluation of overall objectives, evaluating individual objectives, and scrutiny by local authorities); and development of resources

(finance, workforce, training and development, and information and research) (East Midlands Assembly 2003).

3. Investing in Public Health

A person's health is a foundation which enables or constrains an individual's lifestyle, social, education or employment choices. A decline in an individual's health has significant ramifications for their employment status, and participation in the workforce. But the idea of health as the foundation of individual wellbeing also extends to the health of a nation.

Health is not simply a by-product of economic development, but the available evidence points to health being a driver of economic development as well, particularly in high-income countries. The health of the population affects a country's productivity, labour supply, education levels and capital formation. Healthy people learn better, live longer, and work, earn and save more (Oram 2006, Suhrcke et al 2005).

The increasing cost of healthcare, fuelled by new technologies and an ageing population, itself places a substantial economic burden. This highlights the importance of improving the overall health status of the population rather than simply extending the average life expectancy of the population – adding life to years, rather than years to life.

The 2004 Wanless report on public health services in Britain noted that "delivering the largest possible improvement in public health within finite resources depends on building a body of knowledge about which interventions are the most cost-effective." (Wanless 2004)

Policy-makers, planners and funders need a strong evidence base to be able to make decisions about the appropriateness of any funding decision, against other potentially competing investments. However, as the Wanless report noted, the body of economic evidence relating to public health interventions is small in comparison to that related to treatment. Nevertheless, some countries, such as Australia and the Netherlands, are using economic evaluation and evidence of interventions' effectiveness to guide decision-making. It is likely that there will be a continuing need for public health interventions, as with other health interventions, to be able to justify their impact to obtain and continue funding investments into the future.

Australian researchers have quantified the economic impact of a range of public health interventions. Their findings included:

- Programmes to reduce tobacco consumption provide health care savings of $2 of every $1 of public expenditure

- The estimated net benefit (net present value) of the public health tobacco programmes is $8.427 billion (Australian dollars).
- The estimated net benefit of HIV/AIDS programmes is $2.5 billion, and the HIV/AIDS transmission rate would have been 25 per cent higher in the absence of education and prevention programmes.
- Measles immunisation programmes, with a net value of only $51 million, delivered a net benefit in excess of $9 billion (Commonwealth Department of Health and Ageing 203).

Analyses such as these, which attempt to quantify the return on investment of public health programmes, provide powerful tools to assist with decision-making on public health funding.

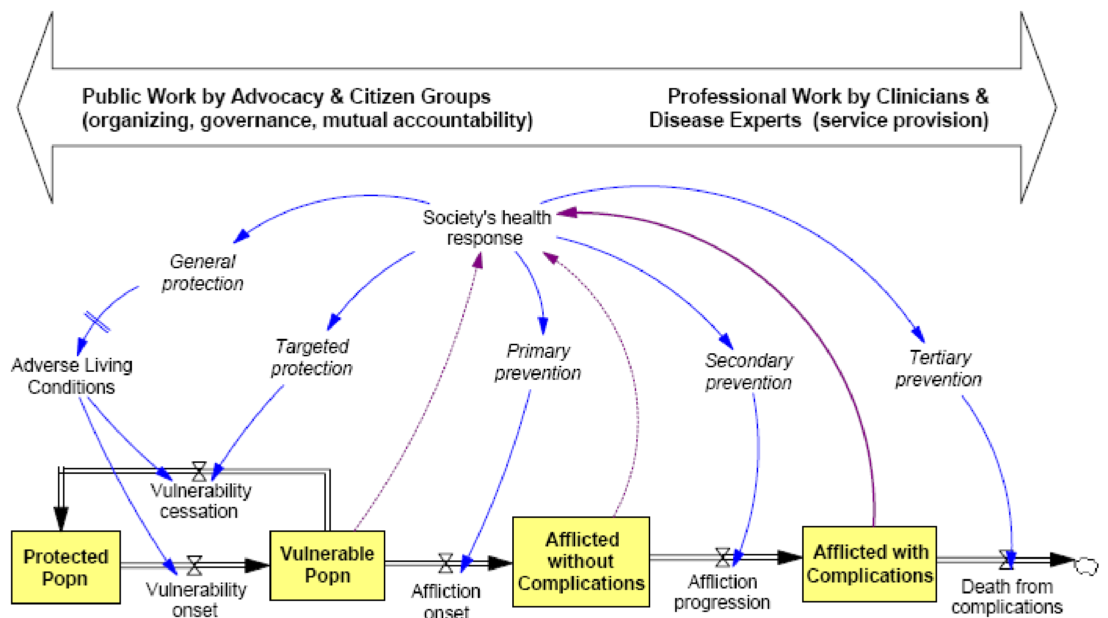
There is emerging evidence in New Zealand of the economic effectiveness of some public health interventions. For example, the Green Prescription and Quitline services have both been evaluated and found to be highly cost-effective, and comparable to many common pharmaceutical interventions funded by Pharmac (Ministry of Health 2004).

4. Systems approaches to health

An emerging concept in public health is systems thinking, which is an approach to planning and implementation that provides concepts and practical tools to design effective solutions to meet complex challenges. Systems approaches are becoming more common in public health interventions internationally, and underpinned the approach taken in Counties-Manukau DHB's Let's Beat Diabetes strategy.

A key value of systems approaches is moving from approaches that are narrow and focus on just one part of the overall health system, such as disease management, detection, or risk factor reduction, towards approaches that address all major parts in their entirety *as a system*. These approaches are at the forefront of many innovations in the health sector that are based on an integrative, system-wide perspective that avoids this "silo" problem (Homer et al 2005).

The diagram below is a classic representation of the application of systems-based approaches to chronic disease. The approach signalled below highlights that effective population health approaches require responses from actors in the health sector and other sectors; working with healthy populations to prevent the onset disease, and vulnerable and afflicted populations to reduce disease progression and complications.



Source: Homer et al 2005

A foundation of systems thinking is that complex systems are dynamic and change over time. How these changes occur can have significant implications for health and wellbeing (for example, the social and environmental changes that have contributed to the growing obesity epidemic) (Homer et al 2005).

With the growing application of systems approaches to public health, the concept of 'syndemics' has emerged. Syndemics occur when two or more afflictions, interacting synergistically, contribute to excess burden of disease in a population. To prevent a syndemic, one must prevent or control not only each affliction but also the forces that tie those afflictions together (Syndemics Prevention Network 2007). A syndemic approach shifts public health inquiry beyond its many individual categories to examine directly the conditions that create and sustain overall community health.

Systems thinking is holistic and deals with complexity by taking a 'whole picture' view of the critical dynamics across an issue or situation, rather than seeking to divide the problem into small and separate elements.

> "Systems ideas are most appropriate when dealing with 'messes': problems which are unbounded in scope, time and resources, and enjoy no clear agreement about what a solution would even look like, let alone how it could be achieved." (Chapman 2004)

Systems approaches support a consensual and evidence-based understanding of the operational and strategic issues that impact on health and wellbeing. A foundation of systems theory is that different individuals and organisations will have significantly different perspectives, based on different histories, cultures and goals. These different views need to be accommodated to ensure effective action is taken that has the buy-in of all stakeholders.

5. Core Components of a Public Health Strategy

The international models that have been reviewed in this document reveal a number of common themes, which provide pointers for the core components of a regional public health strategy.

Common to most of the strategies reviewed are the following elements:

Overarching principles: These often resonate with the underlying strategies of the Ottawa Charter (strengthening community action, creating supportive environments and building healthy public policy); the English White Paper was markedly different in its focus on individual responsibility.

Evidence base: All strategies reviewed relied on a strong evidence base to identify priority areas and priority population groups.

Priorities: Across almost all strategies is a determination to address health inequalities. Priorities also tend to identify key population groups and/or settings; and other overarching areas of focus. Common priorities identified in these strategies were:

- **Knowledge, attitudes and beliefs**: Strategies and programmes typically seek to raise awareness and motivate change towards healthier lifestyles, commonly at an individual level, but also drawing in families and social networks. These activities focus on the demand side of motivating factors, by developing audiences receptive to lifestyle change. More sophisticated social marketing approaches also seek to create a public groundswell through which societal norms, and policies and environments affecting nutrition and physical activity.
- **Environments**: The places in which people live and work have critical impacts on the health of individuals and populations. Addressing the environmental determinants of health are key to improving population health.
- **Policies**: Policies are a key component of the supply side of the equation. Whether set through central or local government regulation, or through practices of the private and NGO sectors, policies fundamentally affect the environments through which people live. Developing or adapting policies that can affect the uptake of healthier

lifestyles are common components of nutrition and physical activity programmes.

- **Populations**: These are the key population groups considered critical to the success of a strategy. Typical population prioritisations included ethnicity, age, area, or socio-economic status/deprivation.

- **Settings**: In the international frameworks reviewed, there was a common range of settings as the locales where nutrition and physical activity programmes took place. These typically included schools, neighbourhoods and communities, workplaces, and health services. Settings-based approaches complements population-based approaches, by working in the physical or social situations where key population groups are most likely to be reached.

Outcomes: All strategies had overarching goals; the more ambitious had clear objectives to be attained over short, medium and long-term timeframes.

Stakeholder consultation and partnerships: In many of the frameworks reviewed, stakeholder buy-in (including target population groups as well as practitioners) were seen as crucial to the success of any strategy. Building on support and engagement, intersectoral partnerships were seen as the critical vehicles through which health gains would be achieved. The more comprehensive and cohesive frameworks identified roles of key partners and shared outcomes, to give momentum to the good intentions of partnerships.

Investment: Ensuring ongoing and appropriate levels of investment, and that investment is directed towards areas where the greatest gains can made, is often taken for granted, but can be the most contentious or difficult parts of taking any strategy forward. As discussed earlier, there is a growing body of evidence that indicates public health approaches can deliver significant value for money that compare favourably with clinical interventions.

Organisational learning: A further factor that set more sophisticated frameworks apart from others was their recognition of the need to develop capabilities and capacities in service providers and communities. Such strategies aim to create a self reinforcing process whereby organisations build a collective capacity to learn and apply innovation to programmes and services.

Monitoring and evaluation: These were also a common component of international frameworks, incorporating ongoing surveillance, a variety of research and evaluation methods, and application of learnings to ongoing programme development. Monitoring and evaluation were also seen as key components of performance management, by identifying key outcomes at different levels of programmes. It is also recognised that for many programmes, the evidence base is still evolving; monitoring and evaluation therefore provides a means of identifying the effectiveness of population-based interventions.

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