APPENDICES

The following tables provide detailed information about the systematic reviews identified for each option. Each row in a table corresponds to a particular systematic review and the reviews are organized by options (first column). The title of the review is described in the second column. The focus of the review and key findings are listed in the third column, while the fourth column records the last year the literature was searched as part of the review.

The fifth column presents a rating of the overall quality of the review. The quality of each review has been assessed using A MeaSurement Tool to Assess Reviews (AMSTAR), unless otherwise stated, which rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial, or governance arrangements within health systems. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered "high scores." A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. Health Research Policy and Systems 2009; 7 (Suppl1):S8.

The last two columns convey information about the utility of the review in terms of local applicability, where possible, applicability concerning prioritized groups, and issue applicability. Column six notes the proportion of studies that were conducted in Caribbean countries, while the seventh and final column shows the proportion of studies included in the review that deal explicitly with NCDs risk-factors and/or food environments.

All of the information provided in the appendix tables was taken into account by the evidence brief's authors in compiling Tables 4 and 5 in the main text of the brief.

Appendix 1: Systematic reviews relevant to Option 1

Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating**	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments	Assessing the Impact and Effectiveness of Intersectoral Action on the Social Determinants of Health and Health Equity an Expedited Systematic Review (120)	The main question this review sought to answer was the effectiveness of inter-sectoral action, as a public health practice, on health equity, by acting on the social determinants of health. Another focus of the review was to identify the tools and mechanisms that support inter-sectoral action to improve health equity. Of the 17 included studies, there was one strong systematic review,14 quantitative studies, of which one was methodologically strong, and 2 qualitative studies. Overall, the results from these studies were found to be mixed (moderate to no effect on the social determinants of health). The strongest effects were observed for downstream interventions at the micro and/or individual level. Several tools and strategies were described in the included studies as supportive of inter-sectoral action, limited evidence of the workings or impact or these mechanisms was, however, provided. Three of the included studies were related to NCDs and food environments. One which looked at the impact of a community-based chronic disease prevention initiative reported use of the following mechanisms for inter-sectoral action: strategic plan, senior leadership forum, leadership teams.	2012	9/10†	0/17	3/17

Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating**	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
		Another study which also analyzed community-based efforts to reduce diabetes and cardiovascular disease identified use of annual sub-contracts as a tool.				
	Intersectoral action for health equity: a rapid systematic review (121)	The aim of the review, which included 17 articles of varied quality, was to examine the impact and effectiveness of inter-sectoral action for health equity and the social determinants of health. The review found that the body of evidence is mixed, that is, inter-sectoral action has a moderate to no effect on the social determinants of health.	2012	7/10	0/17	3/17
	A systematic review of integrated working between care homes and health care services (122)	This study examined the effectiveness of integrated working between primary healthcare professionals and elderly care homes. Seventeen (17) studies were included. The majority of studies found that the intervention—integrated working between the 2 groups—had mixed effect (improvement in some outcomes but no effect or negative effect in others). Despite this, the included studies consistently identified barriers and facilitators to integrated working. The barriers included failure to acknowledge the expertise of care home staff, their lack of access to health care services, as well as high care home staff turnover and limited availability of training. The enablers to integrated working were: the care home manager's support for the intervention, protected time and the	2009	8/10	0/17	0/17

Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating**	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
		inclusion of all levels of care home staff for training and support by health care professionals.				
	A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review (123).	This review focused on integration of primary and secondary healthcare. All of the included studies in this review were process evaluations of integrated governance and service delivery structures. The type of evaluations were case reports (17 studies) and qualitative studies (4 studies). Ten of the studies addressed policy change, 4 addressed business issues such as cost containment and coordination and 7 addressed care coordination. Through thematic analysis of the included studies, the authors of this systematic review were able to identify 10 elements necessary for integrated primary and secondary care: joint planning; integrated information communication technology; change management; shared clinical priorities; incentives; population focus; measurement – using data as a quality improvement tool; continuing professional development supporting joint working; patient/community engagement; and, innovation.	2012	5/9	0/21	0/21
	A scoping literature review of collaboration between primary	The objective of this scoping review was to determine from the available literature, the structures and processes required to build successful collaborations between public health and primary care. Of the included studies, there	2008	4/10	0/114	Could not be identified from the review

Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating**	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
	care and public health (124)	were:41 descriptive reports, 34 research papers, 25 program evaluations, 7 literature reviews and 7 discussion papers. The methodological quality of these studies was not assessed. A range of collaborative activities were covered in the studies including community activities and multi-sectoral involvement, joint health promotion activities, professional education and development and implementation of best practice guidelines. Facilitators for collaboration were cited across studies, these included government endorsement technical and financial support joint planning; organizational structures and processes to support team work; and contractual agreements.				
Structures or arrangements to govern inter-sectoral action across public sectors	No reviews identified	Not applicable (N/A)	N/A	N/A	N/A	N/A
Processes to support integrated policy development	No reviews identified	N/A	N/A	N/A	N/A	N/A

Develop mechanisms to support sustainable implementation of a whole-of-government response to create healthier food environments						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating**	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
Mechanisms to evaluate policy coherence across government sectors	No reviews identified	N/A	N/A	N/A	N/A	N/A

Note: †Quality assessment from Health Evidence (www.healthevidence.org)

Appendix 2: Systematic reviews relevant to Option 2

Strengthen civic engagement in policy and law-making processes						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating***	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
Develop formal mechanisms to support the participation of civil society and the food industry in development of policies and standards.	The use of citizens' juries in health policy decision-making: A systematic review (127)	The aim of this review was to examine citizens' juries as a community engagement tool. A total of 37 studies describing 66 juries were included. The methodological quality of these studies was not assessed. Two of the studies included jury topics dealing with food environments (food retailing and genetically modified foods). Seven of the included studies were related to health policy. Information about the process, recruitment strategies, evidence presentation and reports of the 66 juries was examined and compared with the principles of deliberative democracy (128). The authors concluded that the citizens' juries in the included studies were extensively adapted and recommended that attention should be paid to recruitment methods, independent oversight by a steering committee, jury duration, moderation and respect for the participants in order to ensure an unbiased and inclusive deliberative process that could inform health policy.	2010	5/9	0/37 (1 study was conducted in Brazil)	2/37
	Community coalition-driven interventions to reduce health disparities among racial and ethnic	This review assessed the effects of community coalition-driven interventions in improving health status or reducing health disparities among racial and ethnic minority populations. Four types of strategies used by community coalitions were	2014	9/10†	Not reported	8/58

Strengthen civic engagement in policy and law-making processes						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating***	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
	minority populations (131)	examined: i) system-level change strategies (such as initiatives targeting physical environments safety, or regulatory processes and policies). These produced small effects; ii) broad health and social care system-level strategies (such as programs targeting staff behaviour and service accessibility). These consistently had positive effects; iii) Interventions that used lay community health outreach workers, these also produced positive effects; and iv) group-based health education led by peers were found to have inconsistent effects.				
	Community engagement to reduce inequalities in health: A systematic review, meta-analysis and economic analysis (130)	This review evaluated the effectiveness of public health interventions in OECD countries, which engaged communities, on a range of health outcomes The aim was to identify community engagement approaches that improved the health of disadvantaged groups. Solid evidence was provided that community engagement in interventions have a positive impact on a range of health and psychosocial outcomes of community participants. Interventions that engaged communities were found to have a positive effect on participants' health behaviour, including healthy eating and physical activity; their health consequences such as obesity/ weight status; participants' self-efficacy related to health behaviours; and their perception of social support. Although there was some variation in observed	2011	8/11	0/319	Not reported

Strengthen civic engagement in policy and law-making processes						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating***	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
		effectiveness depending on the type of intervention strategy employed, insufficient evidence to determine whether one approach was more effective than another. Of the 319 included studies, 9 included process evaluations. These evaluations were, however of low to medium methodological quality. The authors nevertheless suggested the following as factors affecting the community engagement process: i) acceptability or community relevance; ii) consultation and collaboration; iii) cost iv) adequate and appropriate timing and duration of implementation; project management and training.				
	The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis (129)	This review was from the same study as the one above. One hundred and thirteen (113) primary studies covering a range of interventions were included in the meta analysis. Thirteen (13) interventions were focused on obesity prevention / weight reduction. Interventions were found to be effective across all outcomes (health behaviour, health consequences, self-efficacy and social support.)	2011	7/11	0/131	Not reported
	The effectiveness of community engagement approaches and methods for health	Two research questions were addressed in this review: i) What community development and engagement approaches are effective for the planning, design, delivery or governance of health promotion interventions? ii) What are the barriers	2006	9/10	0/21	11/21

Strengthen civic engagement in policy and law-making processes						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating***	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
	promotion interventions. Rapid Review Phase 3 (133)	to using community engagement approaches for health promotion. The review Included 21 studies. Eleven (11) of the included studies addressed topic(s) related to food environments and NCD risk factors namely cardiovascular health, nutrition, physical activity, alcohol use and smoking covering a range of community engagement models. The main engagement approaches identified in the studies were community coalitions; neighbourhood/community committees; peer educators/ community volunteers; school health promotion council; peer leadership group; community champion; community workshop. Included studies described interventions targeting a range of health behaviours. The evidence suggested that peer leadership groups used in planning and designing interventions improved confidence in undertaking activities while the effectiveness of community coalitions and peer educators, used in planning and designing interventions depended on the behaviours targeted. There was inconsistent evidence to support the use of community committees.				
	Interventions for motor vehicle crashes among	This review synthesized the effective components of interventions for preventing and reducing motor vehicle crashes among indigenous communities.	Not reported	7/10†	0/11	0/11

Strengthen civic engagement in policy and law-making processes						
Option/ element	**Title of systematic review**	**Focus of review and key findings**	**Year of last search**	**AMSTAR Quality rating***	**Proportion of included studies that were conducted in a Caribbean country**	**Proportion of included studies that focused on food environments or NCD risk factors**
	Indigenous communities: Strategies to inform Canadian initiatives(135)	Trends in successful intervention strategies identified across studies included: use of focus groups; provision of technical training to community members; inclusion of educational activities; partnerships with law enforcement agencies; and use of incentive programs.				
	A systematic review of community-based interventions for emerging zoonotic infectious diseases in Southeast Asia (134)	The objective of this review was to determine the effectiveness of community-based surveillance interventions for monitoring zoonotic infections diseases. Fifty-seven studies of poor to medium quality were included. Although this review is not relevant to the food environments, it is important to note that the contextual factors and mechanisms that influence community engagement were identified. These were the use of multiple methods of communication and education; repetition of education and awareness activities; use of existing community groups to promote and deliver interventions; and engagement of community members at all stages including planning, delivery and evaluation.	2011	8/10†	0/57	0/57

Note: †Quality assessment from Health Evidence (www.healthevidence.org)