2. HOW TO DEFINE THE HEALTH PROBLEM AND CHOOSE THE RIGHT INTERVENTION

Smart Capacitating Investment (SCI) involves **unconventional** investments, **financial or non-financial**, in health promotion and disease prevention. These investments may consist of **new resources or resources reallocated** towards enhancing health promotion and disease prevention. All forms of SCI aim to enhance individual and community capacity for healthier behaviours, address health determinants, and promote **sustainable change** while **reducing health inequalities**.

The implementation of Smart Capacitating Investment (SCI) for health promotion and disease prevention follows seven key steps, each outlined in a dedicated briefing.

Scan to find all briefs

1. WHAT IS SMART CAPACITATING INVESTMENT?
2. HOW TO DEFINE THE HEALTH PROBLEM AND CHOOSE THE RIGHT INTERVENTION
3. HOW TO BUILD CROSS-SECTORAL ALLIANCES
4. CONNECTING WHAT PARTNERS VALUE TO OUTCOMES WORTH INVESTING IN
5. ATTRACTING & ENGAGING INVESTORS
6. MEASURING IMPACT & DEMONSTRATING VALUE
7. HOW TO SCALE AND SUSTAIN SCI

B

Purpose of this brief

This brief helps decision-makers, practitioners, and funders define the health or social problem they seek to address through Smart Capacitating Investment (SCI). It shows how to look within and beyond the health sector to identify systemic drivers of ill-health, select evidence-based and ethically sound interventions, and frame the case for investment that is both impactful and fair.

What you will learn

By the end of this brief, you will understand:

- How to define and scope a problem in ways that invite multi-sectoral collaboration and investment.
- What constitutes a health-promoting intervention, including those outside traditional healthcare.
- How to diagnose root causes and systemic barriers rather than surface-level symptoms, using structured tools such as the Problem Tree.
- How to identify and select evidence-based interventions with measurable, equitable outcomes.

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Concepts and rationale

Smart Capacitating Investment (SCI) in health promotion and disease prevention begins with a clear understanding of what problem needs solving, why it matters, and where action will have the greatest and most equitable impact. Many of today's health challenges — such as chronic diseases, mental health conditions, and widening health inequities — arise not only from individual behaviours, but from broader social, economic, and environmental determinants. Housing, education, employment, income, and urban design all shape people's ability to live healthy lives.

Before mobilising new forms of financing, organisations must therefore invest time and effort in defining the problem accurately. A well-defined problem frames prevention as a systemic challenge rather than a series of isolated issues. It enables decision-makers to identify the *root causes* of ill-health, target interventions where they are most needed, and allocate resources efficiently, investing in *what works, for whom, and under what conditions*.

Ethical and equity considerations are central to this process. Since not all needs can be addressed simultaneously, transparent and fair priority-setting is essential to ensure that investments do not unintentionally reinforce existing inequalities. Frameworks such as the Norwegian Institute of Public Health's **model for ethical priority setting** or the **WHO Fair Choices Framework** can help guide this process, ensuring that decisions balance efficiency with fairness, and impact with inclusion.

Structured tools such as the **Problem Tree analysis** can further support this step by helping teams map causes, effects, and interconnections. By distinguishing between root causes (systemic and structural factors) and symptoms (immediate manifestations), the tool encourages deeper understanding of what drives health inequities and where interventions can have the greatest leverage.

In summary, defining the problem is both an analytical and ethical exercise — a foundation for designing SCI interventions that are *strategic, evidence-based, and just*. It ensures that subsequent financing decisions are not only effective, but also legitimate and socially sustainable.

Practical steps

Implementing Smart Capacitating Investment approaches does not require starting from scratch. Some actors begin with broad population data; others begin within a specific mandate (e.g. schools, housing, urban planning). The key is to move from a recognised issue to a well-defined, investable problem grounded in real needs and system dynamics.

Step 1. Clarify the problem and understand its systemic drivers

Purpose: Identify where the greatest gaps and opportunities lie. Move from a visible issue to a well-framed problem that can be addressed within your mandate.

You may start from:

- A population-level concern (e.g. widening health inequalities), or
- A specific setting (e.g. children's wellbeing in schools, lack of accessible green space in urban redevelopment).
- Conducting a full-scale equity assessment may not be possible in every case, in that case focus on understanding:
  - Who is most affected?
  - What are the root causes?
  - Which system barriers (financial, institutional, regulatory) maintain the problem?

Some tools you could use:

- **Problem Tree analysis** or **Theory of Change** – to identify pathways from root causes to desired outcomes.
- **WHO Health Inequality Data Repository** – disaggregated data to identify inequities.
- **EU Social Scoreboard** – tracks progress on social fairness and inclusion, linked to the European Pillar of Social Rights.

Action: Define the problem in a way that is specific, contextual, and actionable. Map vulnerable populations, quantify unmet needs, and align findings with national or regional health strategies. Investigate whether similar initiatives exist and how they are funded. This framing will shape alliance-building (see **Brief 3**) and incentive alignment (see **Brief 4**).

Illustrative example: A local organisation advocating for accessible green and blue spaces may begin by mapping which neighbourhoods lack access, which populations are most affected, and how this connects to mental health, physical inactivity, or heat vulnerability. A simple root-cause analysis may reveal planning rules, fragmented funding streams, or lack of cross-sector coordination as underlying barriers.

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Step 2. Assess the cost of inaction and the value of acting early

Purpose: Strengthen your case for action by showing what happens if the problem is not addressed, and how early prevention creates long-term social, economic and health value. Go beyond direct financial costs and consider the wider social value of action, including impacts on wellbeing, equity, and community resilience.

When possible, try to estimate:

- What the problem currently costs society (e.g. healthcare use, lost productivity, social care needs)
- How these costs may grow if nothing changes
- What improvements could be achieved through preventive action

Some tools you could use:

- **Social Value E-guide for Public Health** by World Health Organization Collaborating Centre on Investment for Health and Well-being and Public Health Wales to understanding and capturing the social value of the interventions.
- **OECD SPHeP (Strategic Public Health Planning) Model** – used to predict the health and economic outcomes of the population of a country or a region up to 2050.
- The Healthiar R package is a calculation tool for quantifying and monetising the burden of disease attributable to different environmental exposures
- **Health Economic Assessment Tool (WHO/Europe)** – for quantifying economic returns from walking and cycling.

Action: Compare the costs of inaction (social, economic, and ethical) with potential benefits of early intervention. Even approximate estimates (e.g. avoidable hospitalisations, productivity losses, social care costs) can make the value of prevention more visible. This step helps translate a public health issue into an investment argument, which can support discussions with decision makers and potential investors (see **Brief 5**).

Step 3. Select appropriate interventions

Purpose: Identify solutions that are feasible, evidence informed and capable of delivering measurable and equitable outcomes.

Some tools you could use:

- **EU Best Practice Portal on Public Health** - a European Commission platform that curates and validates evidence-based practices in health promotion, and disease prevention, offering implementation guidance.
- **National level** public health best practice portals
- **INHERIT database** – to identify interventions that generate co-benefits for health, equity, and environment.
- **Health Inequalities Portal** - a repository of data, promising practices, and policy resources to reduce health inequities in Europe.

Action: Select one or a small number of interventions with clear outcome pathways. Ensure community participation is built into design and delivery. Clarify how the intervention connects to long-term sustainability (see **Brief 7**).

Step 4. Apply an equity and ethical lense

Purpose: Ensure fairness, transparency and accountability in resource allocation. Equity does not always need to be the starting point — but it should always be a consideration.

Ask:

- Who benefits most?
- Who might be unintentionally excluded?
- Could this intervention widen inequalities?

Some tools you could use:

- **Norwegian model for ethical priority setting** in health care
- **Health Impact Assessment guidance** (e.g., Public Health Scotland)
- **WHO Fair Choices Framework** for universal health coverage.

Action: Document decision criteria, include affected populations in deliberations, and ensure that resource allocation decisions are transparent. Health Impact Assessment would help to understand whether the intervention could worsen health inequalities rather than improve health.

Example 1: The National Programme Budgeting and Marginal Analysis (PBMA) approach in Wales

Public Health Wales applied PBMA to reallocate health budgets toward prevention and equity-focused interventions. The approach combined economic evaluation with ethical deliberation to determine where resources could generate the greatest health impact per unit of investment. This model encouraged transparent decision-making, helping local health boards justify disinvestment from low-impact areas and reinvestment in preventive, community-based programmes.

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Example 2: Assessing Urban Health Inequities in Lisbon (Portugal)

Within the EURO-HEALTHY initiative, Lisbon applied a spatial health equity framework to assess variations in health outcomes across the metropolitan area. Combining quantitative indicators and participatory stakeholder workshops, the city identified key drivers of inequities such as housing quality, air pollution, and access to green space. The results informed targeted investments in sustainable urban planning and social housing, supported by EU structural funds, illustrating how evidence-based assessments can guide cross-sectoral prevention strategies.

Example 3: Health in All Policies (HiAP) Approach (Finland)

Finland has a long-standing HiAP tradition, with intersectoral committees and programs that bring together health, education, agriculture, municipalities, and civil society to address upstream health determinants. Tools like impact assessments, shared budgets, and strategies such as *Health 2015* reflect institutional commitment. While full integration of health into all sectors (including environment, taxation, etc.) varies by policy area, Finland's experience illustrates how diagnosing systemic causes and engaging diverse partners can move prevention beyond the health sector and foster a more whole-of-government investment mindset.

Key messages and next steps

- **A well-defined problem is the foundation of investment.** Moving from a broad concern to a clearly framed, context-specific issue makes prevention actionable and financeable.
- **Focus on root causes, not only symptoms**. Understanding systemic drivers strengthens the relevance, credibility, and long-term impact of your intervention.
- **Prevention becomes investable when value is visible.** Clarifying expected outcomes, costs of inaction, and equity implications helps reposition health promotion as an investment rather than an expense.

Once the problem and intervention are clearly defined, the next step is to build the right cross-sectoral alliances to support delivery and sustainability. See Brief 3: Building Cross-Sectoral Alliances.

If you are exploring how to strengthen or mobilise financing for prevention and health promotion and would value personalised support, please contact us.

See also:

The EuroHealthNet

Guide for Financing Prevention and Health Promotion

www.financing-guide.eurohealthnet.eu

About Invest4Health

The Invest4Health project developed alternative business and finance models for health promotion and disease prevention, including new ways of creating value, financing, governing, collaborating, and scaling. Together, the seven briefs aim to support policymakers, practitioners, and investors in understanding and applying Smart Capacitating Investment (SCI) to expand prevention and strengthen population health.

Read more about the project on www.invest4health.eu.

About these briefs

These briefs were developed under the Invest4Health project. Each dedicated briefing sets out the seven steps of implementing Smart Capacitating Investment (SCI) for health promotion and disease prevention.

Up next: **Brief 3** - How to build cross-sectoral alliances

Find all Invest4Health briefs at eurohealthnet.eu/i4h-briefs

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