

Section 5: Workshop Tasks

Summary of Workshop Tasks

- ◆ Graffiti wall ~ Task 5.1
- ◆ Identifying barriers/threats to, and conflicts around, proposal implementation ~ Task 5.2
- ◆ Identifying the impacts on health ~ Task 5.3
- ◆ Identifying changes to the proposal ~ Task 5.4
- ◆ Feedback and discussion of health impacts and of suggestions to change the proposal ~ Task 5.5
- ◆ Prioritising changes to the proposal ~ Task 5.6

A Summary Table for Section 5 lists the inputs needed to complete each task, and the destination for, or use of, the outputs from each task.

Summary Table for Section 5: Inputs needed to complete each task, and the use of outputs from each task

Inputs	Tasks	Outputs
	5.1	Assessor(s) for completion of Task 6.2
	Alternative to 5.1	Assessor(s) for completion of Task 6.2
	5.2	Assessor(s) for completion of Task 6.3
<i>From Steering Group:</i> values underpinning HIA in organisation or partnership	Alternative to 5.2	Assessor(s) for completion of Task 6.3
Proposal documentation; <i>from personnel responsible for information preparation:</i> evidence base; experience base; population profile; vulnerable groups; local environmental conditions; <i>from assessor(s):</i> instruction sheet; tool marked up - prompt sheet; schedule of questions; Matrix 4.3 (partially completed); blanks of Matrices 4.2 and 4.4	5.3	Assessor(s) for completion of Task 6.4
Outputs from Tasks 5.2 and 5.3; proposal documentation; <i>from personnel responsible for information preparation:</i> evidence base; experience base; population profile; vulnerable groups; local environmental conditions; <i>from assessor(s):</i> instruction sheet; schedule of questions;	5.4	Assessor(s) for completion of Tasks 6.5 and 6.6
Outputs from Tasks 5.3 and 5.4	5.5	Assessor(s) for completion of Tasks 6.5 and 6.6
Outputs from Tasks 5.3 and 5.4; <i>from Steering Group:</i> criteria for prioritisation	5.6	Assessor(s) for completion of Tasks 6.5 and 6.6

Task 5.1: Graffiti wall

What	This is a warm-up exercise for the participants which takes place before the formal structure of the workshop.
When	During registration (see Figure 1.1).
Question	‘What does health mean to you?’
Why	<p>This task is designed to help participants begin to focus on the workshop’s overarching purpose in a relaxed way. It is an informal exercise by which to introduce the many different meanings health has for participants. It also enables each participant to appreciate these differences in perspective, and to reflect on their own, without being publicly challenged. This is particularly helpful when the majority of participants do not know one another well, or have not worked with one another before.</p> <p>The task is also valuable in that the majority of responses tend to reveal definitions based on a broad model of health which reflects many of the determinants of, or factors affecting, health. Thus, the responses on the Graffiti wall can be used by the main workshop facilitator to underline the focus of the workshop.</p> <p><i>Added advantages of the Graffiti wall:</i></p> <p>Participants interact with each other during the making of the Graffiti wall, and also when they read it during any refreshment breaks.</p> <p>Some people write humorous or imaginative responses; others may draw pictures. This all adds to the enjoyment of the exercise.</p>
Who	<p>Personnel required for this task:</p> <ul style="list-style-type: none">• workshop administrator(s) at registration desk• main workshop facilitator• participants
Materials	<p>Materials required for this task:</p> <ul style="list-style-type: none">• blocks of Post-It notes, or similar item• at least 4 sheets of flip-chart paper stuck to the wall at the front of the main room, labelled ‘Graffiti wall’ and/or ‘What does health mean to you?’
Time allocated	Registration period (usually of 30 minutes’ duration).
How	<p>Each participant is given 1 to 5 Post-It notes when they register. Participants are asked to describe what health means to them on one or more notes, then stick them on the Graffiti wall before the workshop starts. [NB: Some people may use only one note; others may use more than one.]</p> <p>As the notes are put onto the Graffiti wall, the main workshop facilitator arranges them into groups of similar definitions.</p> <p>As the participants drink coffee/tea, talk and network, the main workshop facilitator should encourage them to write at least one contribution for the Graffiti wall.</p>
Learning point	It is best to undertake this task <i>before</i> the main workshop begins. We have run the exercise as part of the main workshop and, although it is a useful thing to do, it does take time away from the core workshop tasks of identifying health impacts and suggesting ways in which the proposal can be changed to address those impacts.

Tips

Sometimes I give a running commentary as the wall develops, which can be heard by those participants who are nearest. I also pick out those definitions that are illustrative or appealing in some way, which I can mention in my introduction to the core workshop tasks.

Alternatives

If the majority of participants have worked together long enough to be aware of each other's perspective on health or have taken part in 2 or more HIAs, you can explore other questions for the Graffiti wall, for example:

- What are your underlying values about health?
[NB: some people find this question difficult probably because they have not consciously reflected on the values they have with respect to health ~ and they frequently ask what is meant by the word 'values'.]
- What are your organisation's/partnership's underlying values when undertaking HIA?

Examples from pilots

- Participants' responses to the question 'What does health mean to you?' from the HIA on the Food and Health Strategy are shown in Box 5.1.
- Participants' responses to the question 'What are your underlying values about health?' from the HIA of the Housing Theme in an SRB Programme are shown in Box 5.2.
- Participants' responses to the question 'What are your organisation's/partnership's values when undertaking HIA?' from the HIA on the New Settlement and Rapid Transit System are shown in Box 5.3.

Box 5.3: Examples from Pilots ~ Values about HIA

Lead organisation: Cambridge and Huntingdon Health Authority

Proposal: New Settlement and Rapid Transit System

- The promotion of health, and the prevention of harm
- Equity
- Sharing a picture - exploding the myth of 'everybody knows'
- Partnership working
- Use of expert knowledge, encompassing professional expertise and that of the real experts in the community
- Evaluation
- Focus on the wider determinants of health
- Involving local people - they have a right to be involved
- Focus on local issues while working on the big picture
- Interface with other impact assessment methodologies

Box 5.1: Examples from Pilots ~ ‘What does health mean to you?’

Lead organisation: Merton, Sutton & Wandsworth Health Authority

Proposal: Food and Health Strategy

- Being happy and doing what I want when I want
- The ability to do what I want for as long as I want
- Health can mean better use of leisure time: less pre-prepared food = more money
- Social aspects of family involved in cooking
- Having a quality of life that enables me to enjoy my family, my work and my leisure and hobby/activity
- Being thankful for what I have
- Not feeling as though I’m drowning
- Not being ill, getting fit and taking control
- As fit as possible according to your metabolism - eating wholefood, balanced diet - being aware of the exterior we are daily exposed to, especially the food chain
- Being healthy means a complete sense of well-being: physical and mental - sense of being in a good relationship with the world
- Waking up happy every morning
- Being able to do what I want - physical capacity, mental capacity and time!
- Mental and physical well-being
- Feeling fit and enjoying life
- Being happy and having lots of energy and enthusiasm
- Feeling good, enjoying life - getting the best out of it
- Health is mental, physical, emotional and spiritual
- being able to be and do all I can
- Health is a state of physical, mental and spiritual well-being
- Healthy is a mental, physical, emotional and spiritual feeling of well-being! An optimism, a zest for life
- Being physically, mentally and emotionally well and able to most of what I enjoy/want to make life meaningful
- Condition/efficient working of your body
- Being/having a body that functions without thought
- Being fit, being well, eating the right type of food, being happy
- Being well, feeling well
- Being able to live life to the full and enjoy it at the same time. To make sure that this applies to my family and friends
- Happier life, less off-days, can achieve more, better self-esteem
- The ability to still be able to lead a full and active life
- A balanced low-salt fibre-rich diet, free from harmful chemicals, allied to regular exercise
- Having a choice to enable a quality of life

Box 5.2: Examples from Pilots ~ Values about health

Lead organisation: Cambridge and Huntingdon Health Authority

Proposal: SRB Programme - Housing Theme

- Equity and equality
- Involving the poorest and most marginalised people in decision-making
- Focus on wider determinants of health, which are more important than a narrow perspective on treatment and care

Task 5.2: Identifying barriers/threats to, and conflicts around, proposal implementation

What	This is the first task participants undertake during the formal structure of the workshop. It is an important preparatory exercise designed to help participants begin to focus on the workshop's aims. It has been developed from elements of what is often referred to as Policy Analysis in standard texts on HIA.
When	During plenary (see Figure 1.1).
Questions	<ul style="list-style-type: none">• What are the barriers or threats to the implementation of the proposal?• Are there any potential conflicts that may affect the successful implementation of the proposal?
Why	<p>The main purpose of this task is to brainstorm any difficulties surrounding the implementation of the proposal. It is important for two reasons:</p> <ul style="list-style-type: none">• <i>Primary reason.</i> Any difficulties surrounding the implementation of a proposal that are not recognised, acknowledged and managed may actually prevent the potential positive health impacts of a proposal being realised. This is particularly pertinent when considering either proposals targeted on vulnerable, marginalised or disadvantaged groups in the community, which ostensibly may be thought to have only positive effects on health, or proposals that are contentious. Identifying the difficulties during the workshop not only brings them out in the open but also serves as a reminder to participants to take them into account when considering changes that could be made to the proposal to protect and improve health.• <i>Secondary reason.</i> Some workshop participants may feel sceptical about the proposal, or the usefulness of HIA (seeing it as an anodyne methodology). This exercise helps to channel any feelings of negativity into a useful and usable form in a structured and facilitated way.
Who	<p>Personnel required for this task:</p> <ul style="list-style-type: none">• main workshop facilitator• main workshop scribe• participants
Materials	<p>Materials required for this task:</p> <ul style="list-style-type: none">• flip-chart and marker pens• participants' notepads/paper
Time allocated	<p><i>Brainstorm:</i> maximum 10 minutes <i>Feedback:</i> try to keep to 10 minutes</p>
How	<p>The main workshop facilitator asks participants to turn to their neighbour(s) and, if there is a small number of participants (e.g. 20 or less), to work in pairs, or if more there are more than 20 participants to work in groups of 3 to 5. Ask each pair/group to nominate a scribe and a person responsible for feedback. Participants are then asked to brainstorm:</p> <ul style="list-style-type: none">• the barriers or threats to implementation of the proposal• any potential conflicts surrounding implementation <p>Give each group 5 minutes to brainstorm barriers/threats and 5 minutes to brainstorm conflicts. Tell them when the first 5 minutes is up, and then close the brainstorming at 10 minutes, unless it is obvious all pairs/groups have finished beforehand.</p> <p>When participants have finished brainstorming, undertake <i>quickfire</i></p>

feedback from the pairs/groups asking the person responsible for feedback only to give information that does not repeat earlier feedback. The main workshop scribe should record the responses legibly on a flip-chart at the front of the room. Do **not** treat this session as a forum for discussion. At the end of feedback, the main workshop facilitator should summarise the important barriers, threats and conflicts, and ask participants to bear these in mind when considering changes to the proposal to address the health impacts. Remember to have these responses visible/accessible during the core workshop tasks.

Learning point

It is best to do this exercise **before** the identification of health impacts because it helps participants to realise that the implementation of a proposal does not necessarily guarantee positive health impacts even if it has been designed to deliver those outcomes. It also acts as an introduction to the need to explore the negative as well as the positive when undertaking HIA.

Advice

Indeed, some participants may see this exercise as negative, especially as it is the first task they do within the formal structure of the workshop. It is worth emphasising that the task is being undertaken not as a criticism of the proposal developers, but in a positive way in order to be mindful of the situations that need to be managed to deliver positive outcomes for health.

Tips

Some participants do not perceive a difference between a barrier and a conflict; indeed, a conflict can become a barrier to implementation. However, ‘barriers’ tend to be tangible obstacles, e.g. funding for a project that is short term and **not** sustainable, whereas conflicts tend to be difficulties that can arise from differences of opinion, behaviour, aims, goals, or concerns. It can be helpful if the main workshop facilitator illustrates the difference between barriers and conflicts with appropriate examples. Invariably, however, some participants will report a barrier as a conflict and vice versa. Ultimately this is not important. What is important is that these difficulties are recognised, vocalised, and taken into account.

Alternatives

If you feel that the barriers/conflicts surrounding a proposal are well known and acknowledged among participants, or that the question is not appropriate with respect to a particular proposal, you could explore the following:

- Are there any conflicts between the values underpinning HIA and the aims and objectives of the proposal?

If this alternative is to be explored, it requires that the values underpinning HIA have already been identified, either as a warm-up exercise (see Box 5.3, for example), or by the Steering Group and then communicated to workshop participants beforehand.

It may be appropriate to explore this question in relation to proposals that will bring benefit to the population at large but not necessarily to the community immediately affected by proposal implementation, for example, if the proposal concerns the installation of a new waste management facility.

Example from pilots

The potential threats to, and conflicts around, the implementation of a proposal from the HIA of the Healthy Living Centre are shown in Box 5.4.

Box 5.4: Examples from Pilots ~ Potential Threats to and Conflicts around Proposal Implementation

Lead Organisation: *Aylesbury Vale District Council*

Proposal: *Healthy Living Centre (HLC)*

Threats:

- Funding ends after 5 years - what happens then?
- What if the community does not use the HLC?
- Will the building be big enough?
- Difficulty in getting people to the area
- Funding is related to numbers using the HLC
- Will the services meet the needs of local people?
- Anti-social behaviour of local youths
- Media focus on bad points of the area
- Cost of some services at the HLC - e.g. prices in cafe
- Security issues
- Vandalism
- Recruitment difficulties
- Withdrawal of partners providing services at the HLC
- Difficulty in getting Trustees
- Potential for lack of take-up due to low self-esteem of people for whom the services are being provided
- Local shopping centre fails, and this has a knock-on effect on HLC
- HLC dominated by one particular sector

Conflicts:

- Among users, e.g. about times of using the HLC or different uses for the HLC
- Between certain groups using the centre, e.g. between young and older people or between majority and minority groups
- Among partners over usage of the buildings
- About aims - each organisation providing services will have their own agenda apart from that of the HLC
- Between organisations over seniority - some services will be provided from the HLC's inception and others will be introduced later
- Some groups in the community feel excluded and as such may be resistant to taking up the services
- Cultural intolerance
- Overlap in the provision of services/facilities
- Split or gap between professionals providing the services and their potential clients
- Local residents using the HLC versus 'in-comers' or 'outsiders' using the HLC; facility needs to serve the local community
- Increase in traffic and the need for parking
- Smoking - some users may want to smoke, especially in the cafe, but many of the services being provided are health-related and the focus of the HLC is health promotion

Task 5.3: Identifying the impacts on health

What	This is one of the two core workshop tasks, and it is pivotal to undertaking HIA.
When	In small workgroups (see Figure 1.1).
Main Question	What are the potential impacts on health, positive and negative, arising from the implementation of this proposal?
Why	The responses to this task are key to understanding the effect a proposal may have on health, and form the basis for suggesting changes to the proposal to protect and improve health.
Who	Personnel required for this task: <ul style="list-style-type: none">• main workshop facilitator• small workgroup facilitators• participants in small workgroups• main workshop observer
Materials	Materials required for this task: <ul style="list-style-type: none">• 1 flip-chart per workgroup• 2 marker pens per workgroup
Supporting information for small group facilitators	<ul style="list-style-type: none">• instruction sheet including questions to structure core workshop tasks• the tool/list of determinants of health marked up to highlight the determinants it is a priority for each workgroup to explore (see Task 4.4 and Annex 1)• list of vulnerable groups (see Task 3.4)• completed versions of Matrix 4.1 ~ proposal's importance in the prevailing policy framework• blank versions of Matrix 4.2, partially completed versions of Matrix 4.3, blank versions of Matrix 4.4
Time allocated	30 minutes.
How	<p>Ask participants to split into the small workgroups to which they have been allocated. Each small workgroup has a facilitator who has been approached beforehand to undertake this role (see Task 2.3). Elements or aspects of the proposal to be appraised by each small workgroup will have been allocated beforehand (see Task 4.1). Before embarking on the tasks, the small group facilitator should ask workgroup members to introduce themselves. Identify a scribe for the workgroup who can write legibly, and a person responsible for feedback (which can be the facilitator). It is important for the facilitator to lead the exercise, and prompt participants as necessary, but he or she is also able to participate in the exercise from their own perspective.</p> <p>The small group facilitator leads the workgroup in identifying the positive and negative impacts on health of the elements or aspects of the proposal allocated to that group. Essentially, small group facilitators must encourage participants to be explicit about the following points:</p> <ul style="list-style-type: none">• What will the implementation of this particular element or aspect of the proposal mean? For example, will a new service or facility be provided?• Will the outcomes of proposal implementation have a <i>direct</i> effect on health? What is the nature of those impacts on health?

- Will the outcomes of proposal implementation have an *indirect* effect on health, that is, through one or more of the factors affecting health/the determinants of health? What is the nature of those impacts on health?
- Will the impacts on health be *different* for various groups in the population? It is important to pay particular attention to any differential effects on marginalised, vulnerable, or disadvantaged groups in the population.

Small group facilitators can use the tailored version of the tool to help participants complete this exercise.

If time is available, participants can be asked to assess the implications for service planning that arise as a result of proposal implementation, either through impacts on health or through changes in service provision that have a consequent impact on health (see Figure 4.1).

Learning point

Participants inexperienced at HIA can find this exercise difficult, which is one of the reasons why the small workgroups need to be facilitated. Careful explanation and leadership are required from the small group facilitator if the task is to be completed successfully. If the small workgroups are not facilitated, there is a danger that poor-quality outputs will be generated, which has implications not only for the overall appraisal but also for participants' level of motivation.

Tip

Participants to whom the concept and process of HIA are new may require support during this exercise. The main workshop facilitator should visit each small workgroup to check that they understand the task and are managing to appraise the impacts on health.

Task 5.4: Identifying changes to the proposal

What	This is the second core workshop task and is essential to fulfilling the overall aim of HIA by exploring changes that could be made to the proposal to protect and improve health.
When	In small workgroups (see Figure 1.1).
Main Questions	<ul style="list-style-type: none">• What changes could be made to the proposal to enhance the positive impacts on health?• What changes could be made to the proposal to prevent, minimise or moderate the negative impacts on health?
Why	The responses to this task provide those responsible for the proposal with suggestions about the ways in which the proposal can be changed to improve or enhance its impact on health. These suggestions reflect the views of stakeholders and are based on their knowledge and experience.
Who	Personnel required for this task: <ul style="list-style-type: none">• main workshop facilitator• small workgroup facilitators• participants in small workgroups• main workshop observer
Materials	Materials required for this task: <ul style="list-style-type: none">• 1 flip-chart per workgroup• 2 marker pens per workgroup
Supporting information for small group facilitators	<ul style="list-style-type: none">• instruction sheet including questions to structure core workshop tasks• responses carried forward from previous tasks:<ul style="list-style-type: none">- barriers/conflicts with respect to proposal implementation (Task 5.2)- impacts on health, and the determinants through which those impacts act (Task 5.3)• the tool/list of determinants of health (see Task 4.4 and Annex 1)
Time allocated	30 minutes.
How	<p>Although the objective in this task is to identify changes to the proposal, it is not appropriate in the first instance to make suggestions for change that are not related to the impacts which have just been identified. Before making any suggestions, therefore, for each element or aspect of the proposal appraised, it is best for the small group facilitator to review with the workgroup which of the factors affecting health/determinants of health were involved in causing any of the impacts on health. This information is the foundation from which participants need to work when devising suggestions to change the proposal. During this review, it may become apparent that some of the factors affecting health are more influential in causing impacts on health than others, for instance, if they feature as mediators of impacts for more than one element or aspect of the proposal. These factors in particular should be noted, and used as a focus around which to build suggestions for changes to the proposal.</p> <p>It is also advantageous at this point to review the barriers/threats to, or conflicts around, successful implementation of the proposal, especially as they could exacerbate some of the negative impacts or compromise some of the positive impacts.</p>

Essentially, the small group facilitator must get participants to be explicit about the following points:

- Through which of the factors affecting health do elements or aspects of the proposal give rise to negative impacts?
- Is there an intervention that will prevent or reduce the effect of any of these factors giving rise to the negative impacts on health?
- Is there a way of changing the proposal to prevent, minimise or moderate the negative impacts? This may involve:
 - Making changes to the element or aspect of the proposal that gives rise to the negative impact (prevention/minimisation).
 - Making changes to another element or aspect of the proposal to offset the negative impact caused by the original element or aspect (moderation).
 - Introducing a new element or aspect to the proposal to offset the negative impact caused by an original element or aspect (moderation).

When devising changes to the proposal, it is important to pay attention to those negative impacts that affect only, or that affect to a greater degree, vulnerable, marginalised or disadvantaged groups in the community when compared with the whole population. It is also important to ensure that any suggestions for changes do *not* have a negative effect on vulnerable, marginalised or disadvantaged groups.

- Through which of the factors affecting health/determinants of health do elements or aspects of the proposal give rise to positive impacts?
- Is there an intervention that will enhance the effect of any of these factors giving rise to the positive impacts on health?

Thus, is there a way of changing the proposal to enhance the positive impacts? This may involve:

- Making changes to the element or aspect of the proposal that gives rise to the positive impact.
- Making changes to another element or aspect of the proposal to enhance the positive impact of the original element or aspect.
- Introducing a new element or aspect to enhance the positive impact of the original element or aspect.

Tip

Only towards the end of this task (~5-10 minutes left) do I encourage participants to discuss what might be missing from the proposal which, if introduced, would confer health gain or have a positive impact on the whole community and/or on vulnerable, marginalised or disadvantaged groups. This discussion can be initiated by asking the following question:

- ‘Is there a way of adding to the proposal to introduce further positive impacts on health?’

Again, it is important to ensure that any suggestions involving additions to the proposal to obtain health gain for the population do *not* have a negative impact on vulnerable, marginalised or disadvantaged groups.

Task 5.5: Feedback and discussion of health impacts and of suggestions to change the proposal

What	This task is designed to draw together the outputs from the various small workgroups. It also has the potential to generate a feeling of consensus among participants.
When	During plenary (see Figure 1.1).
Why	Feedback is an important way of sharing each small workgroup's appraisal of the proposal, especially if workgroups have been assigned different elements or aspects of the proposal to appraise. Discussion then provides a valuable opportunity to develop some of the suggestions for changes to the proposal that were made by the various small workgroups.
Who	Personnel required for this task: <ul style="list-style-type: none">• main workshop facilitator• main workshop scribe• workshop observer• those responsible for feedback from small workgroups
Materials	Materials required for this task: <ul style="list-style-type: none">• flip-chart at front• marker pens
Time allocated	Feedback: 30 minutes. Discussion: 15 minutes.
How	<p>The main workshop facilitator asks the person responsible for feedback from each small workgroup:</p> <ul style="list-style-type: none">• to state which elements or aspects of the proposal they appraised;• to present the main health impacts they identified, and the factors giving rise to those impacts;• to present the suggestions for changes. <p>If more than one small workgroup appraised the same elements or aspects of the proposal, ask the second workgroup not to repeat information but to list areas where they were in agreement. If impacts have been identified by a small workgroup but they have no suggestion how to remedy them, put the problem to the plenary discussion.</p> <p>The main workshop scribe records the responses during feedback, but should list all suggestions for changes to the proposal on a separate set of flip-chart sheets to those used to record the health impacts.</p> <p>After each small workgroup has given their feedback, it is helpful if the main workshop facilitator identifies any emerging themes on which the small workgroups are in agreement, particularly with respect to suggestions about changes. This is a useful way to start the discussion in plenary.</p>
Advice	If there is a large number of small workgroups (6 or more), the main workshop facilitator must manage the feedback session rigorously. In this situation, it is important to emphasise what and how much feedback is required, while assuring participants that all the work they have done will be included in the final report (as long as it has been duly recorded by them during the small workgroup session). It is best for the main workshop facilitator to ask for only a quick summary of the impacts and any key or influential factors/determinants of health involved in causing them, followed by the group's suggestions to change the proposal. It is important that the main workshop facilitator is firm in keeping feedback to time

while at the same time being even-handed among the groups (i.e. to ensure that one or more groups are not given more time for feedback than others), otherwise there may not be time to collect feedback from all the small workgroups or to complete the remaining workshop task of prioritisation (see Task 5.6).

Tip

It is likely that some discussion will occur during feedback: one small workgroup may comment on another workgroup's feedback. If this discussion builds on suggestions to change the proposal, capture it at the time; otherwise, make a note of the point for subsequent discussion.

Task 5.6: Prioritising changes to the proposal

<i>What</i>	This task is undertaken to identify participants' priorities for action on the proposal.
<i>When</i>	Depending on the method of prioritisation chosen, during plenary after feedback and discussion of the proposal's potential health impacts and suggestions for changes to the proposal <i>or</i> in a brief return to small workgroups (see Figure 1.1).
<i>Question</i>	Which of the suggestions about changes to the proposal would you prioritise for action?
<i>Why</i>	<p>It is important to prioritise the suggested changes to the proposal for several reasons:</p> <ul style="list-style-type: none">• To support decision-makers and help them consider the potential health impacts of proposal implementation.• To give decision-makers and those responsible for the proposal a clear indication of stakeholder priorities about changing the proposal to minimise the negative impacts and maximise the positive impacts on health.• To inform the decision-taking process, such that the decision-makers can weigh the priorities to change the proposal on health grounds in the context of other priorities, such as economic development, especially if resources for proposal implementation are limited.
<i>Who</i>	<p>Personnel required for this task:</p> <ul style="list-style-type: none">• main workshop facilitator• main workshop scribe• main workshop observer• participants
<i>Materials</i>	<p>Materials required for this task:</p> <p><i>Simple method of prioritisation</i></p> <ul style="list-style-type: none">• coloured sticky dots• flip-chart sheets with list of suggestions of changes to the proposal (displayed in a prominent position in the room) - see Task 5.5, 'How' <p><i>More complex method of prioritisation</i></p> <ul style="list-style-type: none">• criteria for prioritisation• matrix for recording results
<i>Time allocated</i>	15 minutes.
<i>How</i>	<p><i>Simple method of prioritisation</i></p> <p>Give all participants 5 coloured sticky dots (red stands out well) and ask them to place the dots next to the suggestions they wish to prioritise (as listed on the flip-chart sheets). The advantage of this method is that it is quick. The disadvantage is that any criteria participants might use to prioritise suggestions are not made explicit, although participants' priorities will have been informed by the feedback and discussion session.</p> <p><i>More complex method of prioritisation</i></p> <p>Ask participants to rank each of the suggestions according to <i>only</i> 1 or 2 criteria. Criteria that could be used for this exercise are shown in Box 1.3, and will have been selected by the Steering Group during Scoping. It is probably quickest if participants briefly rejoin their small workgroups to rank the recommendations in this way, and then feedback the results of the</p>

ranking; however, with a small number of participants (~10-12), it may be possible to perform the ranking in plenary.

Tip

Whichever method of prioritisation is selected beforehand, it is best to have the materials for the simple method of prioritisation (coloured sticky dots) available at the workshop. This is because participatory stakeholder workshops rarely run to time, and, as prioritisation is the last exercise, it tends to get compromised. The simple method of prioritisation has the advantage that it is quick and can be completed within 10 minutes at the most.

Alternative

If it is not possible to complete this task during the workshop, participants can be asked to prioritise the recommendations after the workshop on receipt of the workshop report. The disadvantage of this tactic is that the priorities participants select subsequent to the workshop may reflect a series of individual perspectives, which could coincide with each other but will not have been achieved as a result of agreement or consensus during the workshop. The achievement of agreement or consensus at the workshop may be more powerful at influencing decision-makers.

Examples from pilots

For a list of the issues prioritised for action during the HIA of the Healthy Living Centre, see Box 5.5.

Box 5.5: Examples from Pilots ~ Issues Prioritised

Lead organisation: Aylesbury Vale District Council

Proposal: Healthy Living Centre (HLC)

- Potential stigma attached to visiting the HLC
- Smoking policy in the HLC
- Managing the use of the HLC by non-residents
- The need for visionary management of the HLC - issues to be addressed include the sustainability of the HLC, conflict resolution, sensitivity in providing services as well as the practicalities of facilities management
- Local people and local services - use of the HLC by residents, empowering the local community, opportunities for volunteering, encouraging the award of local contracts and the use of local services
- Attending to the needs of the providers of services and the managers of projects at the HLC

