

Section 4: Preparation for Core Workshop Tasks

All the tasks in the preparation for core workshop tasks are undertaken by the assessor(s), with support from other personnel including the proposal developer(s).

Summary of Tasks for Preparation for Core Workshop Tasks

- ◆ Allocating elements or aspects of the proposal and participants to small workgroups ~ Task 4.1
- ◆ Putting the proposal in context ~ Task 4.2
- ◆ Assessing the proposal's implications for service planning ~ Task 4.3
- ◆ Using the determinants of health as prompts during core workshop tasks ~ Task 4.4
- ◆ Using a semi-structured approach for core workshop tasks ~ Task 4.5
- ◆ Compiling an instruction sheet for small group facilitators ~ Task 4.6

A Summary Table for Section 4 lists the inputs needed to complete each task, and the destination for, or use of, the outputs from each task.

On completion of all tasks in Section 4: the information and supporting materials prepared for facilitators should be to the workshop administrator for circulation to the small group facilitators

Summary Table for Section 4: Inputs needed for each task, and the use of outputs from each task

Inputs needed to complete task	Task	Destination for/use of outputs from task
<i>From workshop administrator:</i> output from Task 2.4	4.1	For completion of Tasks 4.2-4.4; workshop administrator for circulation to participants and small group facilitators
<i>From Steering Group:</i> output from Task 1.2; output from Task 4.1	4.2	Workshop administrator for circulation to small group facilitators
<i>From Steering Group:</i> output from Task 1.2; output from Task 4.1	4.3	Workshop administrator for circulation to small group facilitators
<i>From Steering Group:</i> output from Tasks 1.2 and 1.3; output from Task 4.1; the tool/list of determinants of health in Annex 1	4.4	Workshop administrator for circulation to small group facilitators
<i>From Steering Group:</i> output from Task 1.2; the tool/list of determinants of health in Annex 1	4.5	Workshop administrator for circulation to small group facilitators
Outputs from Tasks 4.1-4.5	4.6	Workshop administrator for circulation to small group facilitators

Task 4.1: Allocating elements or aspects of the proposal and participants to small workgroups

Why	To make efficient use of the limited time available in the participatory stakeholder workshop, and obtain useful and usable outputs, it is best to allocate participants to small workgroups to complete the core workshop tasks and certain elements or aspects of the proposal to each small workgroup for appraisal.
When	Allocating elements or aspects of the proposal and participants to small workgroups should be undertaken once stakeholders have registered as participants for the workshop, and key informants have been targeted.
Who	The assessor(s) are responsible for allocating elements or aspects of the proposal and participants to small workgroups.
How	<p><i>Calculate the number of small workgroups</i></p> <p>Once stakeholders have responded to the invitation to participate, the numbers expected to attend will be known. It is then possible to calculate the number of small workgroups needed. We recommend that workgroups comprise about 5 to 6 people (including their facilitator) ~ beyond this, group dynamics can be such that some participants will contribute little to the tasks. However, depending on the number of participants, larger groups may sometimes be necessary because of the amount of time needed for feedback about core workshop tasks. As a rough guide: 6 workgroups or less are relatively easy to manage in the plenary feedback session; 7 or 8 are manageable with careful facilitation if workgroups are given, and stick to, strict instructions about feedback requirements in the plenary session; 9 or 10 are difficult to manage effectively in the time available, and the plenary feedback session is likely to over-run and thereby limit discussion time and the task or prioritisation, unless feedback is tightly restricted to a few key points from each task.</p> <p><i>Confirm participation of small group facilitators</i></p> <p>Once you have established the number of small workgroups needed, contact the relevant number of people who provisionally agreed to be facilitators to confirm their participation.</p> <p><i>Calculate the number of elements or aspects of the proposal to be allocated to each small workgroup</i></p> <p>Once the number of small workgroups has been established, you can decide how best to allocate elements or aspects of the proposal. There are several ways in which this can be done, but it is important to cover all the elements or aspects of the proposal specified by the Steering Group. The larger the number of workgroups, the greater the capacity to cover the proposal without demanding too much from each group, although bear in mind the guidelines about the upper limit of small workgroups given above. We recommend you allocate no more than 2-3 elements or aspects of a proposal to each workgroup. Beyond this, participants will struggle to complete the core workshop tasks for each of the elements or aspects.</p> <p><i>Allocate participants to small workgroups</i></p> <p>Once you have established how many and which elements or aspects are to be allocated to each small workgroup, you can allocate participants and facilitators to small workgroups according to their knowledge, experience, and perspective of the specific elements or aspects of the proposal.</p>
Tip	If you have a relatively large number of workgroups and a similar number of elements or aspects to be appraised, e.g. 10 elements and 10 groups, instead of allocating one element or aspect to each group, you could ask each group to appraise two elements or aspects, and have two small

workgroups appraising the same elements or aspects of the proposal. This tactic ensures that each element or aspect is appraised thoroughly. Although it is true both workgroups will identify some health impacts that are the same and make some suggestions to change the proposal which are similar, they will also identify different impacts and make different suggestions for change because of differences in participants' knowledge and experience.

Example from pilots

For the allocation of elements or aspects of the proposal to small workgroups for the HIA of the Food and Health Strategy, see Table 4.1.

Alternatives

If a proposal comprises more than one option for investigation, ensure that there are enough small workgroups to cover the all options involved - for example, in the HIA of the Air Quality Management Plan, 2 small workgroups appraised 4 options each. However, if each of the options is of major significance, for instance, when conducting an HIA of two main options for the reconfiguration of health services in an area, it is advisable to ensure that each option is appraised by more than one small workgroup, i.e. in this hypothetical situation, there should be at least 4 small workgroups, 2 groups appraising each of the two options.

If a proposal covers more than one phase of a project's life-cycle, ensure that there are enough small workgroups to cover each phase of the project's life-cycle by allocating at least one small workgroup to each phase, but preferably by having more than one small workgroup appraise each phase. For instance, in a situation where there are 3 phases to a proposal - building, operation, and decommissioning - at least 3 small workgroups are needed, but preferably.

Table 4.1: Example from Pilots ~ The allocation of elements or aspects of the proposal (Action Plan Areas) to small workgroups for the HIA of the Food and Health Strategy

It was decided to split participants into 10 small workgroups (2 x A, 2 x B, 2 x C, 2 x D, 2 x E), comprising 4-5 people per group. Each workgroup was allocated between 2 and 4 Action Plan Areas to appraise, but a total of 10 or 11 initiatives per workgroup

<i>Workshop Group</i>	<i>Action Plan Areas</i>	<i>Number of Initiatives</i>	<i>Target Groups</i>
A	Healthcare – Primary Care	3	Clients attending primary care
	Healthcare – Secondary Care	5	Clients in hospital/nursing homes
	Older people	3	Older people in community/residential homes
B	Schools	6	School age children
	Young people	2	Young people
	Mass media	1	General public
	Supermarkets	2	People purchasing food
C	Reducing inequity/ community settings	7	Low income individuals and families
	Minority ethnic groups	3	Ethnic minorities/refugees
D	Women of childbearing age	7	Women of childbearing age, particularly pregnant women and new mothers
	Infants and pre-school children	3	Infants and pre-school children in community/nurseries
E	Workplace	5	Workforce
	Catering	5	Consumers visiting food preparation outlets Consumers eating at institutions (public/private)

Note to Table 4.1: The reason that the Action Plan Areas of ‘Mass media’ and ‘Supermarkets’ were included in the same small workgroup as “Schools” and “Young people” is because there is evidence to show that children and young people have an influence on what food families buy.

Task 4.2: Putting the proposal in context

<i>Why</i>	It is advisable to undertake a brief assessment of the proposal's importance within the prevailing policy framework. This information can be helpful to participants during the two core tasks of the workshop, but especially when making suggestions to change the proposal, and then assessing which recommendations to prioritise.
<i>What</i>	Putting the proposal in context involves assessing whether the proposal meets targets, goals or priorities at a local, regional or national level within 4 major policy areas ~ economic, social, environmental and health.
<i>When</i>	The task of putting the proposal in context can be started as soon as the first Steering Group meeting has taken place; however, the task cannot be completed until the outputs of Task 4.1 are available.
<i>Who</i>	The assessor(s) in consultation with the proposal developer(s) are responsible for putting the proposal in context. This assessment is then checked by workshop participants in their small workgroups.
<i>Supporting materials</i>	Matrix 4.1.
<i>How</i>	Use Matrix 4.1 to note whether various elements or aspects of the proposal meet any targets, goals or priorities at a local, regional, or national level within 4 major policy areas.

Matrix 4.1: Putting the proposal in context

Instructions for assessor(s):

- Fill in the name of the proposal
- Fill in the element or aspect of the proposal being assessed
- Fill in the matrix, indicating, by means of a tick in the relevant box, whether this particular element or aspect of the proposal meets a priority, target or goal for any of 4 major policy areas and at what level, i.e. local, regional or national. **NB:** Any one element or aspect of a proposal may meet more than one priority, target and/or a goal at more than one level, i.e. answers are not mutually exclusive.

Proposal:

Element/aspect of the proposal:

Does this element or aspect of the proposal meet a priority, goal or target in any of the following policy areas:	<i>At local level for the community</i>	<i>At local level for own organisation</i>	<i>At local level for a partner organisation</i>	<i>At local level for a partnership</i>	<i>At regional level</i>	<i>At national level</i>
<i>Health</i>						
<i>Social</i>						
<i>Economic</i>						
<i>Environmental</i>						

Instructions for small workgroups:

- Review the matrix above and amend it as appropriate.
- Use this information when undertaking the two core workshop tasks ~ identifying impacts on health (Task 5.3) and changes to the proposal to address those impacts (Task 5.4) ~ and also when prioritising recommendations (Task 5.6).

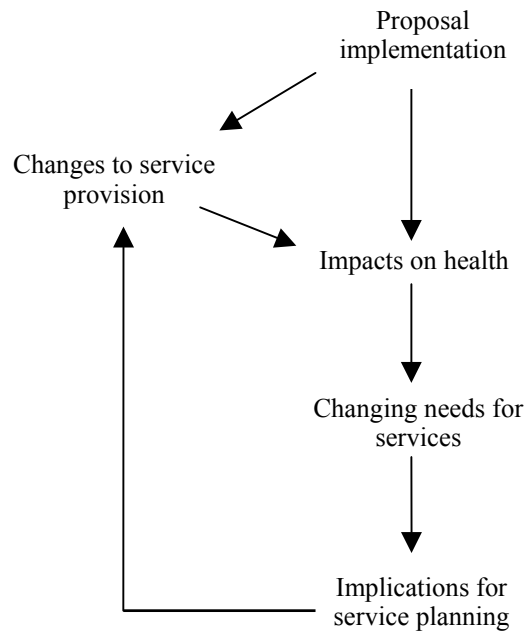
Task 4.3: Assessing the proposal's implications for service planning

Why	<p>The implementation of any proposal will have implications for service planning in the public, private, or voluntary sectors. If these implications can be identified, it is possible to take them into account when planning services. However, if the implications are not recognised, and thereby ignored during service planning, it is possible that this omission could also have an impact on the community's health as a result.</p>
What	<p>There are two strands to this assessment:</p> <ul style="list-style-type: none">• Determining whether any of the proposal's potential impacts on health will change the community's needs for various services, and thereby have implications for service planning.• Determining whether the proposal involves any changes to current service provision in terms of:<ul style="list-style-type: none">- configuration- volume- quality- accessibility <p>And, if so, whether those changes will have an impact on health and therefore the community's need for various services, and thereby have implications for service planning.</p> <p>The two main routes by which proposal implementation can influence the need for various services, and thereby have implications for service planning, are shown in Figure 4.1.</p>
When	<p>The first strand of this assessment can be undertaken during the workshop. Preparation for the second strand of this assessment can be started after the first meeting of the Steering Group; however, this preparation cannot be completed until the outputs of Task 4.1 are available. If these assessments are not completed by participants during the stakeholder workshop, the assessor(s) must complete them afterwards.</p>
Who	<p>If time is available in the workshop, the first strand of the assessment can be conducted by participants in their small workgroups. If time is not available, the assessor(s) must complete the task.</p> <p>It is the responsibility of the assessor(s) to prepare the second strand of the assessment, in consultation with the proposal developer(s). If time is available workshop participants can complete the task in their small workgroups. If time is not available, the assessor(s) must complete the task.</p>
Supporting materials	<p>Matrices 4.2 (blanks), 4.3 (partially completed), and 4.4 (blanks).</p>
How	<p><i>First strand of the assessment:</i> After participants have identified the proposal's impacts on health, it is then possible for them to assess whether any of these impacts will have implications for service planning. Matrix 4.2 can be used to record the results.</p> <p><i>Second strand of the assessment:</i> The assessor(s) prepares some information beforehand to lessen the workload for participants during the workshop. For each element of the proposal, the assessor(s) identifies and records any changes to service provision on Matrix 4.3. Copies of the partially completed matrices should be sent to the relevant small group facilitators according to the elements or aspects of the proposal for which their workgroup is responsible during the workshop. This information can be used to guide participants when identifying the impacts on health</p>

mediated by changes in service provision, and the consequent implications for service planning. To record the results, Matrix 4.3 should be completed, in conjunction with Matrix 4.4.

Figure 4.1

□



Matrix 4.2: Implications for service planning of the health impacts identified during the participatory stakeholder workshop ~ for use during Task 5.3

Instructions for small workgroups:

- Fill in the element or aspect of the proposal being assessed
- Fill in the impact on health which you have identified as being associated with that element/aspect
- Fill in the matrix, indicating by means of a tick in the ‘increase’, ‘decrease’ or ‘no change’ column, whether this particular impact will result in a change in the need for services, and thereby have implications for service planning

Element/aspect of the proposal:

Impact on health:

Will this health impact result in a change in the <u>need</u> for any of the following services:	<i>Increase in need</i>	<i>Decrease in need</i>	<i>No change</i>
• Health			
• Social services			
• Respite care			
• Environmental health			
• Education			
• Child care			
• Housing			
• Public transport			
• Leisure & recreation			
• Planning			
• Trading standards			
• Police			
• Probation services			
• Fire service			
• Emergency planning			
• Voluntary sector			

Matrix 4.3: Implications for service planning of changes to service delivery that result from proposal implementation

Instructions for assessor(s):

- Fill in the name of the proposal
- Fill in the element or aspect of the proposal being assessed
- Fill in the first 4 columns of the matrix, with the words ‘increase’ or ‘decrease’, indicating whether this particular element/aspect of the proposal involves a change in the provision of services, and whether that change is in one or more of the following variables: volume, quality, accessibility or configuration

Proposal:

Element/aspect of the proposal:

Does this element or aspect of the proposal involve a change in the <u>provision</u> of any of the following services:	<i>Change in volume</i>	<i>Change in quality</i>	<i>Change in accessibility</i>	<i>Change in configuration</i>	<i>Impacts on health?</i>
• Health					
• Social services					
• Respite care					
• Environmental health					
• Education					
• Child care					
• Housing					
• Public transport					
• Leisure & recreation					
• Planning					
• Trading standards					
• Police					
• Probation services					
• Fire service					
• Voluntary sector					

Instructions for small workgroups:

Review the matrix above and answer the following questions:

- Are any of these changes in service provision intended to have an impact on health, and will they actually have an impact on health ~ fill in the fifth column of the matrix?
- If so, will the impacts on health have implications for service planning either in the ‘original’ service or in any other services? Responses can be recorded on blanks of Matrix 4.4. Ensure that any copies of Matrix 4.3 that are completed are attached to the relevant copies of Matrix 4.4.

Matrix 4.4: Implications for service planning of the health impacts identified as a result of changes in service provision ~ for use during Task 5.3

Instructions for small workgroups:

- Fill in the change in service provision being assessed
- Fill in the impact on health which you have identified as being associated with that change in service provision
- Fill in the matrix, indicating by means of a tick in the 'increase', 'decrease' or 'no change' column, whether the impact on health as a result of a change in service provision will result in a change in the need for services, and thereby have implications for service planning

Change in service provision:

Impact on health:

Will this health impact, mediated by a change in service provision, result in a change in the <u>need</u> for any of the following services:	<i>Increase in need</i>	<i>Decrease in need</i>	<i>No change</i>
• Health			
• Social services			
• Respite care			
• Environmental health			
• Education			
• Child care			
• Housing			
• Public transport			
• Leisure & recreation			
• Planning			
• Trading standards			
• Police			
• Probation services			
• Fire service			
• Emergency planning			
• Voluntary sector			

Task 4.4: Using the determinants of health as prompts during core workshop tasks

Why	<p>The factors affecting health, commonly referred to as the determinants of health, are central to the two core tasks of HIA:</p> <ul style="list-style-type: none">• Identifying the proposal's impacts on health.• Identifying what changes could be made to the proposal to address those impacts. <p>Thus, the determinants of health form the heart of any tool or model for HIA (see Annex 1).</p> <p>To help participants undertake the two core workshop tasks, small group facilitators can use the determinants of health as prompts to stimulate participants' assessment of the proposal. To support facilitators in this role, the tool or list of determinants of health can be marked up for each small group facilitator to highlight those determinants of health it is a priority for each small workgroup to explore in relation to the specific elements or aspects of the proposal for which they are responsible.</p>
When	<p>This task can be undertaken as soon as the outputs from Task 4.1 are available.</p>
Who	<p>The assessor(s) is responsible for preparing the tool/list of determinants of health for use as a prompt during core workshop tasks.</p>
Supporting materials	<p>The tool/list of determinants of health - see Annex 1.</p>
How	<p>Make a photocopy of the tool/determinants of health for each of the small workgroups. Each workgroup will have been allocated certain elements or aspects of the proposal to appraise (see Task 4.1). For each element or aspect of the proposal allocated to a small workgroup, highlight the determinants of health through which it might act to have an impact on health. Thus, for each of the small workgroups, there will be a copy of the tool tailored to show the determinants of health most likely to be involved in mediating the health impacts of the elements/aspects of the proposal they must consider.</p> <p>During Scoping, the Steering Group may have identified impacts on health of particular concern or key determinants of health to be considered by participants. This information can be used to support and supplement the assessors' work in marking-up the tool for small group facilitators.</p>
Learning points	<p>The use of a tool/list of determinants of health:</p> <ul style="list-style-type: none">• Increases the efficiency with which participants undertake core workshop tasks.• Increases the quality of outputs from core workshop tasks by prompting the identification of impacts, and any associated suggestions for change, that would otherwise have been missed in the absence of a tool. <p>A tailored version of the tool for each workgroup increases efficiency further - participants do not have to waste time scanning the tool for the relevant determinants of health, which is highly desirable as time is so limited in the workshop.</p>
Advice	<p>Although each small workgroup has a prompt sheet highlighting the determinants of health it is a priority for them to explore, if there is time it is important for the facilitator to give participants the opportunity to explore any of the other determinants of health in relation to the</p>

elements/aspects of the proposal they are appraising.

Tips

Depending on your situation:

- *Participants new to HIA.* It is probably best not to give individual participants a copy of the tool/list of determinants of health or even a ‘tailored’ version of the tool. At first sight, the tool can seem overwhelming and may put participants off.
- *Participants gaining experience.* Once participants have gained experience in HIA, but particularly in participatory stakeholder workshops, it may be helpful to provide them with a copy of the tool, which they can use as an aide-memoire when completing tasks.

Whatever your situation, ***always*** give tailored versions of the tool to the small group facilitators.

Example from pilots

The tool has been reproduced in Annex 2 and flagged to show the determinants of health each of the small workgroups (designated as Groups A through to E) in the HIA of the Food and Health Strategy was asked to explore in relation to various Action Plan Areas. (Annex 2 should be read in conjunction with Table 4.1, in which information on the Action Plan Areas allocated to each small workgroup is presented.)

Task 4.5: Using a semi-structured approach for core workshop tasks

Why	If useful and usable outputs are to be obtained during the workshop, it is important for small group facilitators to take a semi-structured approach to the two core workshop tasks. Successful completion of the core workshop tasks requires that participants take a broad perspective on various elements/aspects of the proposal. This may prove difficult at first for some people because it can appear to be a boundless task; this difficulty is compounded by the short amount of time available during the workshop. Thus, to achieve useful and usable outputs, it is advisable to give the core workshop tasks a structure or framework.
What	One of the best ways to introduce structure or framework, and thereby give participants a focus, is to pose a series of questions within the task, i.e. use a semi-structured approach.
When	This task can be undertaken as soon as stakeholders have registered as participants for the workshop, and key informants have been targeted. It is then possible to assess the level of knowledge and experience of HIA that the majority of participants will have.
Who	The assessor(s) are responsible for deciding which questions it is appropriate to use during core workshop tasks.
Supporting materials	Schedule of questions: Level 1 and Level 2 - see Annex 3.
How	<p>The decision about which questions to use during the two core tasks will be influenced by:</p> <ul style="list-style-type: none">• The level of experience that participants have.• The nature and quality of the available evidence in relation to the proposal.• Participants' knowledge of the available evidence in relation to the proposal. <p><i>Depending on your situation:</i></p> <ul style="list-style-type: none">• <i>Participants new to HIA/relatively poor evidence base.</i> For each of the core workshop tasks, you could use the questions designated as Level 1 in Annex 3. Amend or alter this list according to your circumstances or needs.• <i>Participants gaining experience/relatively good evidence base.</i> For each of the two core workshop tasks, you could use the questions designated as Level 2 in Annex 3. Amend or alter this list according to your circumstances or needs.• It is also possible to use a combination of the questions from Levels 1 and 2, depending on participants' experience and the quality of the evidence base

Task 4.6: Compiling an instruction sheet for small group facilitators

Why	As small group facilitators are responsible for leading the two core workshop tasks around which the whole HIA pivots, it is helpful to compile an instruction sheet. In order to encourage the achievement of useful and usable outputs, small group facilitators need to use a battery of supporting materials which may at first sight appear confusing if not accompanied by a full explanation and a set of instructions.
What	<p>The instruction sheet should contain the following:</p> <ul style="list-style-type: none">• Instructions to ‘open’ the small workgroup session:<ul style="list-style-type: none">- introductions of workgroup members- appointing a small group scribe- appointing a person responsible for feedback to the plenary session• Explanation of how to use the following supporting materials:<ul style="list-style-type: none">- <i>Putting the proposal in context (refer to Task 4.2)</i>: Matrix 4.1 filled out for each element/aspect of the proposal to be assessed, which the small workgroups can review and amend as appropriate;- <i>Identifying the proposal’s impacts on health (Task 5.3)</i>: the ‘prompt’ sheet, i.e. the tool marked up to show which factors affecting health/determinants of health it is a priority for facilitators to explore with their small workgroup (see Annex 2 as an example); Schedule of questions (see Task 4.5, and Annex 3A)- <i>Assessing the proposal’s implications for service planning (Task 4.3)</i>: blanks of Matrix 4.2 - to be filled out during the workshop after the proposal’s impacts on health have been identified; Matrix 4.3 filled out for each element/aspect of the proposal to be assessed, which can then be used to ascertain whether the changes to service provision intended in the proposal will have impacts on health, which in turn can then have implications for service planning (fill out blanks of Matrix 4.2);- <i>Identifying changes to the proposal (Task 5.4)</i>: Schedule of questions (see Task 4.5, and Annex 3B);- <i>Prioritising changes to the proposal (Task 5.6)</i>: Criteria for prioritisation
When	The skeleton of the instruction sheet can be started after the first meeting of the Steering Group; however, the task cannot be completed until the outputs from Tasks 4.1-4.5 are available.
Who	The assessor(s) are responsible for compiling the instruction sheet for small group facilitators.
How	The basic framework for the instruction sheet is shown in Box 4.1. This framework can be adapted according to needs and circumstances for each particular HIA.

Box 4.1: Instruction sheet for small group facilitators ~ amend as appropriate

Task 5.3: Identifying the impacts on health

Materials required for recording responses

- Flip-chart
- Marker pens (at least 2)

Supporting materials

- Notification of the elements or aspects of the proposal that have been allocated to your small workgroup
- Tool/list of determinants of health, marked up to show the determinants it is a priority for your small workgroup to explore
- List of the vulnerable, marginalised, or disadvantaged groups in the community or population
- Completed versions of Matrix 4.1 (putting the proposal in context)
- Blank versions of Matrix 4.2, partially completed versions of Matrix 4.3, blank versions of Matrix 4.4 (implications for service planning)

Information for reference

- Population profile
- Summary of local conditions relevant to the proposal
- Summary of the evidence base relevant to the proposal
- Summary of the experience base relevant to the proposal

Time allocated to complete the task

30 minutes

Instructions

1. Ask workgroup members to introduce themselves, giving their name and affiliation; start the introductions by introducing yourself.
2. Identify a scribe willing to record the responses to the two core workshop tasks.
3. Identify a person willing to be responsible for feedback for the two core workshop tasks.
4. Explain that as the small group facilitator for the core workshop tasks you have materials to help prompt participants during the exercises but that you are also allowed to contribute to the responses.
5. Ask participants to review the completed versions of Matrix 4.1, and amend as appropriate.
6. Identify the potential impacts on health of the elements or aspects of the proposal for which your small workgroup is responsible. You can take a semi-structured approach to this task, using the questions below. You can use the tool showing the determinants of health it is a priority for your small workgroup to explore to prompt participants in their responses. Take into account the Information prepared for the workshop (see above), as relevant. Make sure that you appraise the proposal's impacts on any vulnerable, marginalised, or disadvantaged groups in the community or population (see list) ~ allow participants to add to this list if they feel a vulnerable group has been overlooked. If time is available, address the proposal's implications for service planning as a result of its impacts on health ~ use Matrices 4.2, 4.3, and 4.4 to record the responses.

Insert here the questions selected by the assessor(s) from Annex 3A

If time is available, and once all tasks have been completed, some participants may wish to identify the health impacts of elements or aspects of the proposal that were not selected by the Steering Group. Allow them to do this quickly, but do not compromise the workgroup's time to complete Task 5.4.

Box 4.1 continued: Instruction sheet for small group facilitators ~ amend as appropriate

Task 5.4: Identifying changes to the proposal

Materials required for recording responses

- Flip-chart
- Marker pens (at least 2)

Supporting materials

- Notification of the elements or aspects of the proposal that have been allocated to your small workgroup
- Responses to Tasks 5.2, and 5.3
- Tool/list of determinants of health, marked up to show the determinants it is a priority for your small workgroup to explore
- List of the vulnerable, marginalised, or disadvantaged groups in the community or population

Information for reference

- Population profile
- Summary of local conditions relevant to the proposal
- Summary of the evidence base relevant to the proposal
- Summary of the experience base relevant to the proposal

Time allocated to complete the task

30 minutes

Instructions

1. Review which of the determinants of health were involved in causing the impacts on health the workgroup identified (responses to Task 5.3), and determine which of these determinants appear to be more influential than the others. Use these as a focus around which to devise suggestions to change the proposal to minimise the negative and maximise the positive impacts on health. You can refer to the tool if this helps.
2. Review the barriers/threats to, and conflicts around, proposal implementation (responses to Task 5.2).
3. Identify changes to the proposal to protect and improve health, including that of the vulnerable, marginalised, or disadvantaged groups (see list). You can take a semi-structured approach to this task, using the questions below. You can refer to the tool if this helps. Take into account the Information prepared for the workshop (see above), as relevant. Make sure that any of the suggestions devised to change the proposal do not have a negative impact on any of the vulnerable, marginalised, or disadvantaged groups in the community or population.

Insert here the questions selected by the assessor(s) from Annex 3B

Towards the end of the time allocated to this task (~5-10 minutes), especially if participants are beginning to run out of suggestions, you can ask if they feel anything is missing from the proposal which if included would bring health gain, or have a positive impact on health. Make sure that any of the suggestions to add to the proposal do not have a negative impact on any of the vulnerable, marginalised, or disadvantaged groups in the community or population.

