

Section 6: Reporting the Results

The assessor is responsible for the completion of Tasks 6.1-6.6. If the Steering Group is *not* responsible for decision-making, they undertake Task 6.7. If the Steering Group *is* responsible for decision-making, it is advisable to select independent (i.e. not involved in the HIA) colleagues to complete Task 6.7.

Summary of Tasks for Reporting the Results

- ◆ Communicating with stakeholders ~ Task 6.1
- ◆ Responses on the Graffiti wall ~ Task 6.2
- ◆ Responses to brainstorming barriers, threats and conflicts ~ Task 6.3
- ◆ The proposal's potential impacts on health ~ Task 6.4
- ◆ The recommendations to protect and improve health ~ Task 6.5
- ◆ Testing whether recommendations assess important factors in the causation of health impacts ~ Task 6.6
- ◆ Reviewing the quality of the report ~ Task 6.7

A Summary Table for Section 6 lists the inputs needed to complete each task, and the destination for, or use of, the outputs from each task.

Summary Table for Section 6: Inputs needed to complete each task, and the use of outputs from each task

| Inputs needed to complete task | Tasks | Destination for/use of outputs from task |
|---|--------------|---|
| <i>From Steering Group:</i> outputs from Task 1.11; consult main workshop facilitator and main workshop observer | 6.1 | Assessor(s) for completion of Tasks 6.2-6.6 |
| Outputs from Task 5.1 | 6.2 | For inclusion in the report; if Steering Group not decision-makers: report to Steering Group for completion of Task 6.7; if Steering Group are decision-makers, report to colleagues for completion of Task 6.7 |
| Outputs from Task 5.2 | 6.3 | For inclusion in the report; if Steering Group not decision-makers: report to Steering Group for completion of Task 6.7; if Steering Group are decision-makers, report to colleagues for completion of Task 6.7 |
| Outputs from Task 5.3; <i>from personnel responsible for information preparation:</i> evidence base; experience base | 6.4 | For inclusion in the report; if Steering Group not decision-makers: report to Steering Group for completion of Task 6.7; if Steering Group are decision-makers, report to colleagues for completion of Task 6.7 |
| Outputs from Tasks 5.4-5.6 | 6.5 | For inclusion in the report; if Steering Group not decision-makers: report to Steering Group for completion of Task 6.7; if Steering Group are decision-makers, report to colleagues for completion of Task 6.7 |
| Outputs from Tasks 5.4-5.6; <i>from personnel responsible for information preparation:</i> evidence base; experience base | 6.6 | For inclusion in the report; if Steering Group not decision-makers: report to Steering Group for completion of Task 6.7; if Steering Group are decision-makers, report to colleagues for completion of Task 6.7 |
| Report (culmination of Tasks 6.1-6.6) | 6.7 | To assessor(s) for amendment as necessary; to decision-makers for completion of Task 7.1; to all stakeholders; to evaluator(s) |

Task 6.1: Communicating with stakeholders

- Why** As *accountability* is an underlying value of HIA, it is important to communicate the results of the appraisal to *all* stakeholders, and not just to the workshop participants and decision-makers.
- What** When communicating the results to stakeholders, the following information should be included:
- The proposal in context, including any results from Screening.
 - The elements or aspects of the proposal that were assessed.
 - Important boundaries for the HIA, including:
 - population or community affected
 - geographical area affected
 - vulnerable, marginalised or disadvantaged groups in the community or population
 - Barriers/threats to, and conflicts around, proposal implementation.
 - The impacts on health that were identified.
 - The suggestions made to change the proposal to maximise the positive and minimise the negative impacts on health.
 - The recommendations prioritised by workshop participants.
 - A summary of the analysis to test whether the recommendations address influential factors in the causation of impacts on health.
 - Suggestions about the monitoring and evaluation of indicators and outcomes to detect health gain.
 - A list of workshop participants, together with their affiliations.
- When** Final decisions about communicating with stakeholders should be made immediately after the participatory stakeholder workshop.
- Who** The personnel best placed to make decisions about communicating with the various stakeholder audiences after the workshop are:
- The assessor(s).
 - The main workshop facilitator/main workshop observer.
 - The Steering or Management Group for the HIA.
- The assessor(s) are responsible for writing the report.
- How** A full account of the appraisal must be written and kept as a documentary record of the HIA. General guidance about the structure and contents of the full report is shown in Box 6.1.
- The Steering Group will have made various specifications in relation to different stakeholder audiences about reporting the results during Scoping (see Task 1.11 and Table 1.7). These must be taken into account.
- However, when communicating the results of the appraisal, it is also important to consider these specifications in the light of what happened at the participatory stakeholder workshop, at which specific suggestions about the report's format and content may have been made.
- The full report is likely to be the version sent to decision-makers and proposal proponents. However, it may be more appropriate to send a summary to other stakeholders, together with details of how to access the full report.
- Tip** It is easier to prepare different versions of the report for various stakeholder audiences *once* the basic record of the workshop has been

prepared, and the recommendations have been tested for the degree of influence they have over the impacts on health.

Example from pilots

The results of the retrospective HIA of the housing estate were presented in two different formats and at two levels of detail:

- A full report for decision-makers, written in clear, concise language, with some use of specialist terminology where necessary; also sent to professionals in the public, private, and voluntary sectors who serve the community on the estate.
- A summary, presented in newsletter format, written in clear, simple language, sent to all residents living on the estate.

Box 6.1: General guidance about the structure and contents for the full account of the report

Introduction

- *Background to the proposal*, including the proposal in context (outputs from Task 4.2, which *may* have been reviewed and amended by participants), and relevant results from Screening.
- *Background to the HIA*, including the aims (outputs from Task 1.1), the elements or aspects of the proposal that were assessed (outputs from Task 1.2), the boundaries for the HIA (outputs from Task 1.3), and the decision-making process in which the results of the appraisal will be considered (outputs from Task 1.12).

Methods

- Structure of the workshop (outputs from Task 1.10), allocation of elements or aspects of the proposal to workgroups (outputs from Task 4.1), questions used to prompt participants (outputs from Task 4.5 and Annex 3), determinants of health it was a priority to address (outputs from Task 4.4 and Annex 1), and method of prioritisation of recommendations (outputs from Tasks 1.3, and 5.6)

Results

- Barriers/threats to, and conflicts around, proposal implementation (outputs from Task 5.2).
- Results of the appraisal, including a summary of the health impacts identified, and their implications for service planning (outputs from Task 5.3).
- Recommendations to change the proposal to protect and improve health, including a summary of the recommendations prioritised by participants (outputs from Tasks 5.4-5.6).

Testing the Recommendations

- A summary of the analysis to test whether the recommendations address influential factors in the causation of the proposal's impacts on health (outputs from Task 6.6).

Monitoring and Evaluation

- Suggestions about the monitoring and evaluation of indicators and outcomes to detect health gain (outputs from Task 1.13, combined with suggestions from participants and from assessor(s)).

Appendices

- Steering Group members (outputs from Task 0.1), personnel involved in preparations for the workshop, and in leading the workshop (outputs from Tasks 1.7-1.9), and workshop participants (outputs from Task 2.4), including the affiliations of all people listed.
- Stakeholders invited to participate (outputs from Task 1.4)
- Responses on the Graffiti wall (outputs from Task 5.1).
- Population profile (outputs from Tasks 1.5, 1.8, and 3.3)
- Summary of local conditions relevant to the proposal (outputs from Tasks 1.5, 1.8, and 3.5) [NB: this could be combined with the population profile.]
- Summary of the evidence base relevant to the proposal (outputs from Tasks 1.5, 1.8, and 3.6)
- Summary of the experience base relevant to the proposal (outputs from Tasks 1.5, 1.8, and 3.7) [NB: this could be combined with the evidence base.]
- The tool/list of determinants of health (see Annex 1)

Task 6.2: Responses on the Graffiti wall

| | |
|---------------|---|
| Why | <p>It is helpful to present the responses on the Graffiti wall in the report because it will give readers an indication of:</p> <ul style="list-style-type: none">• participants' understanding of health• the perspectives from which participants addressed the proposal |
| When | <p>The report of the appraisal should be undertaken as soon as possible after the workshop has taken place.</p> |
| Who | <p>The assessor(s) is responsible for writing the report of the workshop.</p> |
| How | <p>Transcribe the responses from the Post-It notes, and, if possible, group them according to similarities of definition.</p> <p>There are two main options for presenting these responses in the report:</p> <ul style="list-style-type: none">• Insert the text as a box in the introduction to the report.• Insert the text as an appendix to the report, and then refer to it in the introduction. |
| Advice | <p>The mode of presentation of Graffiti wall responses will depend on the audience. For instance, it is best to present this text as an appendix to the report for decision-makers because their main concern will be to consider the impacts on health and the recommendations made to address those impacts.</p> |

Task 6.3: Responses to brainstorming barriers, threats and conflicts

| | |
|-------------|---|
| Why | <p>It is essential to report on the barriers, threats and conflicts that might affect the implementation of the proposal for two main reasons:</p> <ul style="list-style-type: none">• To ensure that decision-makers and those responsible for the proposal are aware of any potential difficulties.• It provides important contextual information for decision-makers when considering which recommendations to adopt – some of the recommendations will have been made with these difficulties in mind. |
| When | <p>The report of the appraisal should be undertaken as soon as possible after the workshop has taken place.</p> |
| Who | <p>The assessor(s) is responsible for writing the report of the workshop.</p> |
| How | <p>Transcribe the responses from the flip-chart sheets, and amend the categorisation by workshop participants as necessary. For instance, a conflict may have been reported as a barrier, or vice versa.</p> <p>It is important that this information is included in the main body of the report, irrespective of the intended audience. However, it is probably best to report the responses before describing the proposal's potential impacts on health.</p> <p>If the assessor believes important barriers, threats, or conflicts relevant to proposal implementation have been missed, it is important to supplement the participants' responses so that any other problems surrounding implementation can be addressed.</p> |

Task 6.4: The proposal's potential impacts on health

| | |
|-------------|--|
| Why | <p>The impacts on health arising from proposal implementation are the first of two key outputs from the participatory stakeholder workshop. It is vital to give decision-makers this information because it will help them not only to understand why certain recommendations to change the proposal have been made but also to appreciate the need for implementing the changes recommended.</p> |
| What | <p>For the text describing the proposal's potential impacts on the health of the community or population, and on that of any of the vulnerable groups within it, it is important to include the following:</p> <ul style="list-style-type: none">• The impacts, both positive and negative.• The elements or aspects of the proposal that precipitate these impacts.• The factors affecting health/determinants of health through which the impacts are mediated.• The implications for service planning of the health impacts identified. |
| When | <p>The report of the appraisal should be undertaken as soon as possible after the workshop has taken place.</p> |
| Who | <p>The assessor(s) is responsible for writing the report of the workshop.</p> |
| How | <p>In the first instance, it is important to transcribe and collate the results from each of the small workgroups at the participatory workshop, which will probably be in the form of lists on flip-chart sheets. Depending on the number of small workgroups, there may be more than one set of results relating to the same aspect or element of a proposal.</p> <p>However, it is important to support and supplement the impacts identified by participants with relevant information from the evidence base, and the experience base (i.e. reports of other HIAs on similar proposals or on the same population/community), as compiled in preparation for the workshop. In addition, depending on whether workshop participants were able to complete the tasks, it is also important to identify the implications for service planning on the basis of the health impacts identified.</p> <p>Although it is possible to present the collated results of identifying the proposal's impacts on health in the form of text (a common approach), a useful way of condensing a large amount of information, and making that information readily accessible to readers, is to construct a flow diagram of the factors involved in the causation of health impacts. A diagram is also a more effective way of presenting the inter-related nature of the effects a proposal might have on health; it is difficult to describe some of these complexities succinctly using linear text.</p> <p>Further advantages of using diagrams to present a proposal's impacts on health include:</p> <ul style="list-style-type: none">• The ease with which one can supplement the impacts identified in the workshop with those from the evidence base, which may have been missed by participants.• The ease with which one can supplement the impacts identified in the workshop, with those identified during other HIAs.• The ability to test whether suggestions made to change the proposal address important or influential factors in the generation of health impacts (see Task 6.6). <p>If you do decide to use this diagrammatic technique, it is advisable to</p> |

accompany each diagram with brief explanatory text.

Advice

It is probably best to construct a flow diagram for each of the elements or aspects of the proposal that were appraised, and then to use the clarity of the diagrams to identify common themes. Once this has been done, it is possible to construct a 'master' diagram showing the important or influential factors in the proposal's overall impact on health.

Example from pilots

For an example of this method of presenting the impacts on health of a proposal, see Figures 1-3, in Appendix 3, which have been taken from the retrospective HIA of the housing estate.

- Figure 1 shows factors involved in the causation of health impacts which were identified by workshop participants under the theme of Community Safety.
- Figure 2 shows factors involved in the causation of health impacts, which were identified by workshop participants under the theme of Housing and Estate Design.
- Figure 3 shows factors involved in the causation of health impacts which were identified by workshop participants under the theme of Access to Services and Facilities.

Task 6.5: The recommendations to protect and improve health

Why

The recommendations made to change the proposal to minimise the negative and maximise the positive impacts on health are the second key output from the participatory workshop. They represent the options available to the decision-makers for changing the proposal to protect and improve health.

What

For the text describing the recommendations to change the proposal, it is important to include:

- *All* the recommendations made during the workshop.
- A summary of the recommendations prioritised during the workshop.

All the recommendations made during the workshop should be collated in the report because:

- Even if they were not prioritised, one or more of the recommendations may be effective in minimising the negative and/or maximising the positive impacts of the proposal according to the evidence and/or experience base.
- Even if they were not prioritised, one or more of the recommendations may be an appropriate way of managing some of the negative or enhancing some of the positive impacts on health. This can be tested quickly and easily if the factors involved in the causation of impacts on health have been presented in the form of a diagram (see Task 6.4).
- Those responsible for decision-making may want to be informed of all the options open to them - some of the recommendations not prioritised by workshop participants may accord with the decision-makers' priorities.

However, it is also important to present the prioritised recommendations as a separate list, because they represent the combined (possibly consensual) conclusions of the stakeholders who participated in the workshop. As a faithful record of what participants suggested, it indicates clearly to those responsible for decision-making what stakeholders' priorities are.

If Level 2 Questions from Annex 3B were used for Task 5.4, suggestions about indicators and outcomes for monitoring and evaluation of health gain after proposal implementation should be included.

When

The report of the appraisal should be undertaken as soon as possible after the workshop has taken place.

Who

The assessor(s) is responsible for writing the report of the workshop.

How

For each recommendation, it is advisable to report the following:

- The nature of the recommendation.
- The impact(s) on health the recommendation is intended to influence.
- The factor(s) affecting health/determinant(s) of health the recommendation is intended to alter or change and thereby minimise or maximise its impact(s) on health.
- Whether the recommendation was prioritised.
- If available, the evidence that supports the effectiveness of the intervention recommended.
- If available, the experience that supports the use of the intervention recommended.
- Analysis that supports the use of the intervention (see Task 6.6).

This information can be condensed into a tabular form.

If reporting suggestions for monitoring and evaluation of indicators and outcomes for health gain, combine the suggestions made by the Steering Group (see Task 1.13), with those made by workshop participants, and those reported in the relevant evidence/experience bases.

Advice

It is also possible for the assessor(s) to supplement the recommendations made and prioritised by participants with those that have been shown to be effective in the evidence base and/or experience base (i.e. reports of other HIAs on similar proposals or on the same population/community).

Task 6.6: Testing whether recommendations address important factors in the causation of health impacts

Why Although it is important to present the set of recommendations prioritised by workshop participants (see Task 6.5), it is vital to test all the recommendations to assess whether they address important or influential factors in the causation of impacts on health. This is because:

- Some of the recommendations that were not prioritised at the workshop could address important or influential factors, and therefore should be considered by decision-makers.
- Some of the recommendations that were prioritised in the workshop might not address important or influential factors, and therefore decision-makers need to be made aware that although they were prioritised, if implemented, these recommendations may not be as effective as others which do address important factors.

This type of analysis is important to ensure the effective use of resources especially in situations where capacity and/or resources are limited, and decision-makers are not able to implement all the changes suggested.

What For this analysis, it is necessary to identify:

- Whether a recommendation addresses any factor in the causation of health impacts.
- If so, whether that factor is important or influential in the causation of health impacts for a particular aspect or element of the proposal.
- If so, whether that factor is important or influential for the causation of impacts for more than one aspect or element of the proposal.

When The recommendations should be tested as soon as the other tasks relating to the writing of the report have been completed (Tasks 6.1-6.5).

Who The assessor(s) is responsible for testing the recommendations.

Supporting information The flow diagrams of the factors involved in the causation of health impacts resulting from proposal implementation (see Task 6.4).

How This description of how to test whether recommendations address important or influential factors in the causation of health impacts will be illustrated using information from the retrospective HIA of the housing estate.

Stage 1

For each diagram, showing the factors involved in the causation of health impacts for a particular aspect or element of the proposal, define the following:

- Initial **causes** – in the diagrams, initial causes can be readily identified as factors that have arrows which point or lead only towards other factors.
- Intermediary **nodes** – in the diagrams, nodes can be readily identified as factors that have arrows which point or lead to them and arrows which point or lead away from them, i.e. to other factors.
- **Outcomes** – in the diagrams, outcomes can be readily identified as factors that have arrows which point or lead only towards them. Outcomes may be either a health outcome or a risk factor affecting health.

For instance, in Figure 1, Appendix 3, an example of:

- an initial cause is the single access point to the estate

- an intermediary node is the isolation of individuals in the community
- an outcome is an increased risk of road traffic accidents

Stage 2

For each diagram, it is important to determine which of the nodes are important or influential in the causation of health impacts arising from a particular aspect or element of the proposal. Nodes that are important or influential tend:

- To have a relatively large number of arrows leading to and pointing away from them.
- To occur relatively early on in the chain of cause and effect.

The threshold number of arrows for a node to be categorised as important or influential is arbitrary, but it will depend on the richness or complexity of the diagram. For example, in Figure 1, Appendix 3, the threshold was set at 5 or more arrows, whereas in Figures 2 and 3, Appendix 3, the threshold was set at 3 or more arrows.

For each of the aspects or elements of the proposal appraised, initial causes, important or influential nodes and outcomes can be presented as a table.

Stage 3

Once important or influential nodes have been identified in relation to particular elements or aspects of the proposal, it is helpful to construct a simplified version of the flow diagrams which highlights the main routes between cause and effect.

For example, Figures 4-6 in Appendix 3 are the simplified versions of Figures 1-3, respectively, in Appendix 3.

Once the main routes between cause and effect have been outlined, it is possible to identify those factors which occur:

- As initial causes for one or more aspects or elements of the proposal.
- As nodes for two or more aspects or elements of the proposal.
- As a node early on in the chain of cause and effect ~ i.e. it has an influence on a relatively large number of other nodes ~ within a single element or aspect of the proposal.

These factors are **highly influential** in the causation of a proposal's impacts on health and it is these factors that should be addressed when putting forward recommendations to change the proposal.

For example, Matrix 6.1 shows the initial causes it is important to address, and Matrix 6.2 shows the nodes it is important to address, when putting forward recommendations to remedy the health impacts experienced on the housing estate.

Stage 4

Once the influential factors (whether causes or nodes) in the causation of health impacts have been identified, it is possible to assess whether the recommendations made by participants actually address them. Thus, for each recommendation, identify:

- Which initial cause or intermediary node it addresses.
- Whether that initial cause or intermediary node is influential in the causation of health impacts for one element or aspect of the proposal.
- If so, whether that initial cause or intermediary node is influential in the causation of health impacts for more than one element or aspect of the proposal.

Thus, it is possible to identify which recommendations address an initial cause or an influential intermediary node, and then compare this list with the set of recommendations prioritised by workshop participants. This information should be presented to decision-makers.

For example: Of the 24 recommendations made during the participatory

workshops for the retrospective HIA of the housing estate:

- 16 (66.6%) addressed influential initial causes or influential intermediary nodes and *were* prioritised.
- 3 (12.5%) addressed influential initial causes or influential intermediary nodes and were *not* prioritised.
- 4 (16.7%) addressed non-influential intermediary nodes and *were* prioritised.

NB: 1 (4.2%) recommendation, which was not prioritised, suggested there should be better communication among stakeholders. If acted upon, this recommendation could help to ensure the successful implementation of other recommendations by the various sectors or agencies involved.

Thus, the following conclusions can be drawn from this example:

- The majority of recommendations prioritised by workshop participants in this HIA did address influential factors in the causation of health impacts.
- A few recommendations were not prioritised but would be worth implementing because they do address influential factors in the causation of health impacts.
- A few recommendations were prioritised but they are probably not worth implementing because they do not address influential factors in the causation of health impacts.

Acknowledgement

The idea of using flow diagrams to test whether the recommendations made by workshop participants actually address influential factors in the causation of health impacts was sparked by the work of Mike Joffe and Jenny Mindell (Imperial College, London) who have developed a path diagram of the effects of transport on health (Joffe and Mindell, 2002). Joffe and Mindell highlight the need to address factors that occur early on in the causation of health impacts if an intervention is to have a widespread effect on health.

Matrix 6.1: Influential initial causes in the causation of health impacts in the retrospective HIA of the housing estate

| <i>Initial Cause</i> | <i>1 theme</i> | <i>2 themes</i> | <i>3 themes</i> |
|---|-----------------------|------------------------|------------------------|
| Lack of services and facilities on the estate | | | • |
| Single access to, and physical isolation of, the estate | | | • |
| Design of the estate (e.g. alleyways/poor lighting) | | • | |
| Groups of young people who have nothing to do | • | | |
| Housing design (e.g. poor heating and noise insulation) | • | | |
| Rapid expansion of the estate | • | | |

Matrix 6.2: Influential intermediary nodes in the causation of health impacts in the retrospective HIA of the housing estate

| <i>Intermediary Node</i> | <i>1 theme</i> | <i>2 themes</i> | <i>3 themes</i> |
|--|----------------|-----------------|-----------------|
| Poor bus service | | | • |
| Long distance to walk to services and facilities | | • | |
| Reduced social contact | | • | |
| Fear of crime | • | | |
| Fear of abuse or intimidation | • | | |
| Vandalism and hooliganism | • | | |
| Isolation of individuals in the community | • | | |
| Stress | • | | |
| Demotivation | • | | |
| No sense of community | • | | |
| Increased levels of traffic | • | | |
| Difficult to access services and facilities | • | | |
| Time management pressures (particularly for vulnerable groups in the community, e.g. families, older people, disabled) | • | | |

Task 6.7: Reviewing the quality of the report

| | |
|-------------|---|
| Why | It is vital to review the quality of the full report because it is on the basis of this document that decision-makers will take decisions about the potential health impacts of the proposal. |
| What | <p>Reviewing the quality of the report involves comparing:</p> <ul style="list-style-type: none">• Comparing the report, and any other formats for dissemination of the results, with the Steering Group's requirements for reporting the results (see outputs from Task 1.11 ~ refer to minutes of Steering Group meeting(s)).• Assessing whether participants' responses during the workshop have been reported accurately.• Comparing the contents of the report, and of any other formats for dissemination of the results, with the information prepared for participants including the population profile, the summary of local conditions, and the evidence/experience bases, to see if they have been incorporated appropriately into the responses obtained during the workshop.• |
| When | The quality of the report, and of any other formats for dissemination of the results, should be reviewed as soon as possible after the report has been completed. |
| Who | <p>If the Steering Group is <i>not</i> responsible for decision-making, the Steering Group is responsible for reviewing the quality of the report.</p> <p>If the Steering Group <i>is</i> responsible for decision-making about the proposal, it is advisable to ask 2 colleagues active in the HIA field but who were not involved in this particular HIA to review the quality of the report. [NB: this is standard practice in the field of life-cycle assessment (LCA).] However, they must be prepared to complete this task within a short timescale.</p> |
| How | <p>A checklist of questions that could be used to review the quality of the report is shown in Box 6.2.</p> <p>If any amendments are necessary following the review, notify the assessor(s) immediately so that they can undertake the corrections as soon as possible before the report is disseminated.</p> |

Box 6.2: A checklist of questions that could be used to review the quality of the report

- Have the Steering Group's requirements for reporting the results to different stakeholder audiences been met in terms of format, level of detail and length of document, and use of language and specialist terminology?
- Was the proposal put into context, including any relevant results from Screening, possibly in an Introduction?
- Was the background to the HIA described, possibly in an Introduction, i.e. the aims, the elements or aspects of the proposal that were assessed, the boundaries to the HIA, and the decision-making process or framework in which the results are being considered?
- Was the structure of the workshop, the allocation of elements/aspects of the proposal to small workgroups, the questions used to prompt participants, the determinants of health it was a priority to address, and the method of prioritisation of recommendations to protect and improve health described, possibly in a Methods section?
- Were the barriers/threats to, and conflicts around, implementation as identified by participants recorded? Did the assessor(s) add to these? If so, was it clear the additions were those of the assessor(s), and on what basis the additions made?
- Were the health impacts as identified by participants recorded? Did the assessor(s) present any relevant evidence and/or HIA experience to support these responses? Were relevant gaps or conflicts in the evidence/experience base presented? Did the assessor(s) add to participants' responses? If so, was it clear the additions were those of the assessor(s), and whether they were made on the basis of the evidence and/or experience bases?
- Were any service implications as identified by participants recorded? Did the assessor(s) present the relevant evidence and/or HIA experience to support these responses? Were relevant gaps or conflicts in the evidence/experience base presented? Did the assessor(s) add to participants' responses? If so, was it clear the additions were those of the assessor(s), and whether they were made on the basis of the evidence and/or experience bases?
- Were the suggestions to change the proposal as devised by participants recorded? Did the assessor(s) present the relevant evidence and/or HIA experience to support these responses? Were relevant gaps or conflicts in the evidence/experience base presented? Did the assessor(s) add to participants' responses? If so, was it clear the additions were those of the assessor(s), and whether they were made on the basis of the evidence and/or experience bases?
- Were the recommendations made to protect and improve health that were prioritised by participants presented clearly?
- Did the assessor(s) test the recommendations made by participants to see whether they addressed influential factors in the causation of the health impacts identified? If so, were the results of testing the recommendations presented?
- Did the assessor(s) suggest further recommendations to protect and improve health? If so, were these additional recommendations made on the basis of the evidence and/or experience bases?
- Were suggestions to monitor and evaluate any health gain following proposal implementation presented? Was it clear whether the suggestions were those of the Steering Group, those of workshop participants, or those made subsequently by the assessor(s)?
- Were the responses to the Graffiti wall presented (relevant only if such a task was undertaken)
- Was information given concerning the names and affiliations of Steering Group members, of personnel involved in preparations for, and leading, the workshop, and of workshop participants?
- Were the stakeholders invited to participate listed?
- Was the key information prepared for the participatory stakeholder workshop presented ~ the population profile, the summary of local conditions relevant to the proposal, the evidence base, and the experience base?
- If used, was the tool/list of determinants of health presented?

