NHS

Health Development Agency

Evaluation of health impact assessment learning from practice workshops

A report to the Health Development Agency

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Copies of this publication are available to download from the HDA website (www.hda.nhs.uk).

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About the Health Development Agency

The Health Development Agency (www.hda.nhs.uk) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

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Acknowledgements

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Summary

Health impact assessment (HIA) is an emerging tool in the field of public health, the principal aim of which is to assist planners and policy makers. It is used to assess the health consequences for a population of a policy, project or programme that does not necessarily have health as its primary objective.

As part of its programme to improve public health action through supporting the use of HIA, the Health Development Agency (HDA) organised a series of learning from practice workshops to trial a particular method of translating HIA evidence and knowledge into practice. The workshops ran from November 2002 to February 2003, and a total of 33 individuals attended at least one of the four sessions.

The broad aims of the workshops were threefold, to:

- Support and develop practice in HIA through the use of a learning from practice approach
- Share learning and good practice about HIA – new developments and new thinking – among HIA experts: academics, practitioners and decision makers
- Use the learning that emerged from the workshops to produce a series of written documents – the learning from practice bulletins – which would present a summary of current knowledge and thinking about different aspects of HIA for a general audience.

This study sought to evaluate the HDA's series of workshops on HIA and resources, and their impact on practitioners. It involved a range of approaches including analysis of the evaluation questionnaires completed by workshop participants on the day, and interviews and questionnaires some 10–12 months following the workshops, administered by an independent research consultant.

The study found that the majority of participants (around 80%) reported very favourable and positive comments about the workshops. This group stated that that they had understood the aims of the workshop(s) before attending, had found the workshops to be useful, stimulating and engaging, and had valued the process of learning through facilitated discussion. They talked of the value of learning from peers and experts in the field, of the good use that was made of case studies, and of the stimulating discussion.

Some of these respondents had minor criticisms about the way the workshops had proceeded, but these criticisms were not considered by the respondents themselves to be of huge significance.

There was, however, a small number of respondents who expressed concerns about the workshops that were of a completely different order. These individuals expressed strongly held concerns about the enterprise, questioning the original purpose as well as the learning from practice approach adopted by the workshop organisers. This group felt that a more traditional approach to the development of good practice would have yielded a higher-quality output. They found aspects of the workshops patronising and did not consider they had been effective in identifying good or best practice in the area of HIA.

The learning from practice bulletins that were produced by the HDA as a result of the workshop series were considered by the majority of respondents to be clear, succinct and well presented. Respondents felt they provided a good introduction to the subject areas, would be useful for a general lay audience, and would help convince others of the value of HIA.

The small minority of critical respondents did not agree. They felt that the bulletins – while well presented – were bland and superficial, failed to engage with key debates in HIA, and failed to present best or even good practice.

Many respondents were concerned to convey the appreciation they felt for the efforts of the HDA, in particular

to the staff working on HIA, and a significant proportion of respondents spontaneously mentioned the esteem in which they held the work of the HDA on this subject. The HDA's HIA website (www.hiagateway.org.uk) was the subject of particular praise.

The study raised important questions about the design of research to evaluate interventions of this type. The paper questionnaires that the HDA had encouraged participants to complete at the end of each workshop had revealed an overwhelmingly positive response to the workshops. However, they had not captured the depth of dissatisfaction and frustration felt by the small minority. For future evaluations of pilot initiatives, a mix of methods including paper questionnaires and in-depth interviews – conducted by an agency that is independent of the HDA – is recommended.

Introduction

Health impact assessment

The term health impact assessment (HIA) has been variously described as a research tool, a multi-disciplinary process and a structured method, the principal aim of which is to assist planners and policy makers. It is used to assess the health consequences to a population of a policy, project or programme that does not necessarily have health as its primary objective. It takes into account the opinions and expectations of those who may be affected by a proposed policy. Potential health impacts of a proposal are analysed and used to influence the decision-making process (Lock, 2000).

Significant interest in HIA emerged as a result of the public health white paper *Saving lives* (Department of Health, 1999) which required HIAs to be undertaken for both national and local policies.

As several commentators have identified, the key features of HIA are not new – its origins can be traced back to earlier approaches to health improvement (Krieger *et al.*, 2003). It builds on and brings together methods including policy appraisal, health consultation and advocacy, community development, evidence-based healthcare and environmental impact assessment. What is new and distinctive about HIA is its commitment to a social model of health, and its recognition of the need to tackle the social, political and environmental factors that contribute to population health and illness as a means of reducing health inequalities (Barnes and Scott-Samuel, 2000).

A key challenge for HIA concerns the question of evidence for public health policy making. Increasingly, there is concern to demonstrate that public health and health promotion interventions are effective. However, despite the widespread call for more evidence-based policy and action there remains a lack of consensus about what constitutes evidence, and about the value that should be attached to different types of evidence (Kelly *et al.*, 2002). This report contributes to the debate by evaluating an intervention and recommending effective ways to evaluate similar interventions.

The HDA has a special interest in HIA. As the national agency with responsibility for collating and disseminating the evidence base for interventions in health promotion and public health, HIA represents an important approach for delivering health improvement. Understanding how HIA is used in practice, and learning from those who have experience in its use, may enable the HDA to develop the knowledge base and so provide guidance to others.

Learning from practice workshops

As part of its programme to improve public health action through supporting the use of HIA, the HDA organised a series of practice workshops to trial a particular method of translating HIA evidence and knowledge into practice. The workshops ran from November 2002 to February 2003, and a total of 33 individuals attended the sessions.

Learning from practice is a non-didactic, pedagogical approach which aims to improve professional practice. The approach encourages people involved in a particular area of activity – as a result of academic study or practical experience – to come together in an informal learning environment such as a workshop, and to share the learning they have gained through study or experience. In this way it is anticipated that individuals working towards a common goal will be able to ask questions, be challenged, support one another and so develop better practice and knowledge.

This is a method of learning that has already been applied successfully to the HDA's work in the field of teenage pregnancy (McCormick, 2002). The learning from practice approach was informed by a body of evidence about how

people learn, and how the ways in which they learn make it more or less likely that they will make changes to their practice. This body of evidence included a cross-sectoral review of spreading good practice (Ollerearnshaw *et al.*, 2000) and an *Effective Healthcare Bulletin* on getting evidence into practice (NHS Centre for Reviews and Dissemination, 1999).

The learning from practice approach is described in detail in the HDA workshop report (Gowman *et al.*, 2003). The main stages in the one-day events were:

- Overview of the day's activities, an explanation of the learning from practice approach, a brief overview of earlier research findings relevant to the topics being covered, and the HDA's aims – as well as an invitation to participants to state any personal aims
- Informal 10–15-minute presentation of promising practice by practitioners
- Group discussion to clarify definitions and understanding of relevant terms
- Small-group work for 60–75 minutes, where the emphasis was on all participants sharing their experiences of real-life problems and challenges, and the presenters were available to answer questions
- Group discussion on why this was an important area of practice
- Participants generate their own suggestions for promising practice drawing on their personal experience and the learning from the morning session, and briefly present this to the group. Barriers were discussed and solutions generated, with an emphasis on problem-solving action planning
- Action planning session where participants considered what they had learnt during the day and spoke about any changes they were planning to make to their practice.

The broad aims of the workshops organised by the HDA were threefold, to:

- Support and develop practice in HIA through the use of a learning from practice approach
- Share learning and promising practice regarding HIA – new developments and new thinking – among HIA experts, academics, practitioners and decision makers
- Use the learning that emerged from the workshops to inform a series of written documents, the learning from practice bulletins, which would present a summary of current knowledge and thinking about different aspects of HIA for a general audience, and particularly for practitioners.

The four bulletins in the series were produced under the following titles, together with an overall workshop report, all available at www.hiagateway.org.uk (→ Resources → Other materials → General guidance).

- *Addressing inequalities through health impact assessment*
- *Deciding if a health impact assessment is required (screening for HIA)*
- *Influencing the decision-making process through health impact assessment*
- *Evaluating health impact assessment*
- Report of a series of workshops for health impact assessment practitioners.

The bulletins include information on the rationale for the choice of topic of the bulletin, present key debates and issues concerning the subject of the bulletin, include case studies that seek to demonstrate how key issues had been dealt with in practice, and contain a summary 'how-to-do' guide, together with signposts to sources of further information.

The workshop report (Gowman *et al.*, 2003) describes the genesis and aims of the workshop series and the methods used, and presents findings from the on-the-day evaluation completed by workshop participants.

Research aims

This study sought to evaluate the HDA's series of workshops on HIA and resources, and their impact on practitioners.

The HDA's rationale for commissioning the study was:

- The HDA's role is to determine what interventions work, so testing interventions – including workshops – is crucial for developing the evidence base in public health
- Use of the learning from practice approach as a method for improving practice is increasing, thus it is important that any learning from pilot work should be transferred to future work
- External evaluation is an additional means of assessment, as on-the-day evaluations may have only limited use.

The stated aims of the research were to:

- Assess whether the workshop aims and objectives were achieved
- Assess the acceptability and appropriateness of the approach used, from initial contact with participants to the delivery on the day
- Evaluate the intended and unintended impacts of the workshops on attendees' work programmes and project work, both planned and completed, at regional and local levels (including networking etc)
- Identify how the workshop process, including its evaluation, could be improved
- Determine the usefulness of the resources created as a result of the workshops – the learning from practice bulletins.

Research approach

External evaluation methods

In consultation with the HDA, a research approach was developed to conduct an external evaluation of the workshops and resources using a range of methods. The approach ensured that flexibility was built in to enable changes if necessary and to take account of learning gained during the research process. The research methods were chosen to elicit, as far as possible, in-depth and considered responses to the research questions. For this reason, face-to-face interviews were sought and conducted where possible. Where this was not possible, interviews were conducted by telephone, and if that was not possible either a questionnaire was emailed to respondents. Thus the research approach included:

- Re-analysis of on-the-day evaluation sheets completed by workshop participants, and of rough notes from the workshop
- Semi-structured interviews with workshop participants and organisers conducted by telephone or face-to-face (Appendix 1)
- A structured questionnaire sent by email to participants overseas or otherwise uncontactable by telephone (Appendix 2).

In November 2003 all respondents were contacted by email, first by the HDA to inform them that an independent evaluation had been commissioned and a research consultant would be making contact. Following this, workshop participants were contacted by Adam Crosier (an independent research consultant) inviting people who had attended one or more of the workshops to participate in the study. A further emailed message was sent to non-respondents.

The interview schedule was developed in response to the research aims and following a detailed briefing with HDA staff. A draft interview schedule was produced and a final version produced following comments from the HDA. Interviews were recorded using audiotape and pen and paper.

Responses were analysed using a content analysis method. Content analysis is a research tool used to analyse words or concepts within texts or sets of texts. The presence, meanings and relationships of such words and concepts are identified and quantified, and then inferences are made about them. Content analysis involves the breaking down of text into manageable categories on a variety of levels – word, word sense, phrase, sentence, or theme – and then examination of the text using relational analysis. Key themes are identified and relationships between responses were identified and tested. The data analysis was conducted manually.

Areas covered by the interviews/email questionnaire included:

- Marketing and customer care before, during and after the workshops
- Motivations and expectations for attending
- Views on the workshops – structure, content, level, time for each item covered
- Impacts of attending the workshop (intended and unintended)
- Learning from practice bulletins
- Overall assessment of the workshops and their contribution to HIA.

The re-analysis of the on-the-day evaluation questionnaire and field work was conducted during November 2003.

On-the-day evaluation questionnaires

The HDA had prepared and administered a paper evaluation questionnaire which was distributed to workshop participants at the end of each of the four workshops. The number of

workshop participants was recorded and participants were encouraged to complete the three-sided form. In order to encourage honest disclosure, participants were told that names need not be provided and that all responses would be anonymised in any reporting. The questionnaire included items on:

- How well participants felt the workshop had achieved its stated objectives
- Views on the content and presentation of the workshops
- Whether the learning gained would be useful in participants' own work
- Administration and organisation of the workshop
- Any other comments.

Interviews and questionnaires with workshop participants

A total of 15 of the 31 workshop participants provided information for this part of the study. The two HDA staff were also interviewed as they had attended and participated in all sessions. These staff had organised the workshops, assisted with facilitation of some of the workshop sessions, and participated as workshop members. The interview conducted with the HDA staff to inform this study was more discursive than other interviews, covering initial impressions from interviews that had been carried out to that point, in addition to an assessment of their views of the workshop series. Details of the type of organisation in which respondents worked and the interview methods used are given in Tables 1 and 2.

Non-responses

The main reason for non-response among the remaining 16 individuals was due to a lack of response to the emailed invitation to take part in the study. This applied to 14 of the workshop participants. A further one individual who was included in the list of participants could not recall having attended. The email address for one respondent was inaccurate and he could not be contacted via any other method.

Table 1 Respondents by organisation type

Institution	Number of individuals
Primary care trust	4
Health agency other than a PCT	5
Academic	4
Regional (government office, regional public health group)	4
Total	17

Table 2 Interview methods used

Research method	Number of individuals
Face-to-face	8
Telephone	6
Self-completion questionnaire	3
Total	17

Findings

Attendance at the workshops

A total of 31 people (excluding HDA staff and the facilitator) attended at least one of the four workshops. Table 3 shows how many people attended each workshop, and Table 4 shows how many workshops were attended by each individual.

Findings from on-the-day evaluation questionnaires

Evaluation questionnaires were available for analysis from the following workshop sessions:

- Monitoring and evaluating your HIA (14 participants, 11 returned forms)
- Addressing inequalities within your HIA (9 participants, 8 returned forms)
- Influencing decision-making (13 participants, 12 returned forms)
- Screening (13 participants, questionnaires lost and unavailable for analysis)

Participants' views on how well workshops achieved stated objectives

The questionnaires asked participants to rate on a five-point scale (very poor, poor, average, good, excellent) how well they felt the workshops had provided them with an opportunity to:

- Identify examples of projects that demonstrate aspects of promising practice
- Identify particular elements and processes that need to be in place to make such activities successful

Table 3 Number attending each workshop

Workshop	Number of participants
Monitoring and evaluation	14
Addressing inequalities	9
Influencing decision-making	13
Screening	13

Table 4 Number of workshops attended by each individual

Workshops attended	Number of individuals
Four	1
Three	6
Two	6
One	18

- Actively disseminate and share this learning with those who are in the process of planning and making similar provision
- Provide a mechanism to pilot the learning from practice workshop approach as a resource for practitioners to replicate within their locality/region.

Overall there were few differences between the three workshops. The mean (and modal) response to all items was 'good' – with a range of 'average' to 'excellent'.

Content and presentation of workshops

The evaluation questionnaire asked respondents to rate how well they felt the various elements of the workshops were presented and delivered (covering ease of understanding, content usefulness and relevance, effectiveness of visual aids and handouts, length of seminars and opportunities for asking questions), using the same scale as above. Again, responses to all items were consistent across the workshops, with the mean and modal values being 'good' for all items. The range for these questions was from 'poor' to 'excellent' – but with only five of the 31 respondents stating 'poor' about any item.

Workshop administration and organisation

Respondents were asked to assess the following aspects:

- Standard of workshop administration
- Standard of venue – acoustics, audiovisuals etc
- Standard of catering
- Organisation of time.

Responses to all items were consistent within and across workshops. The mean value was 'good' to 'excellent' and the range 'good' to 'excellent'.

Additional comments

Space was provided for additional written comments.

Influencing decision-making

'This session was very well conducted. Congratulations on the day'

'Very useful workshop. Pre-workshop publicity could have been earlier and clearer – ie I wasn't clear if I had a place'

'More advance information on case studies. More focus on reflections on learning from experience'

'Good lively discussion and helpful input from some experts'

'Maybe a bit more time... Group 1 needs to be longer. Good to have some new people and new experiences in the room'

'I thought this was a helpful workshop. Timing was good. Great to learn from one another'

'Overall impression: good. Great to have some experienced practitioners there. Need more discussion time when there are so many good people present'

'The session was challenging and more valuable than the last one (health inequalities) although that was excellent'

Evaluating your HIA

'Great to come together for a discussion'

'Good day – good opportunity to discuss issues and look at ways of developing monitoring and evaluation and guidance'

'Probably need to consider monitoring and evaluation in two parts – (a) theoretical framework that underpins monitoring and evaluation and (b) practical considerations'

'Bloody difficult topic! A couple of m&e [monitoring and evaluation] nerds from other disciplines would have been useful perhaps'

'There was a limited time for questions, but there was a lot to do – practical examples could be circulated to inform future events, that would be helpful'

'Needed more HIA draft good practice in advance – shift balance towards 'didactic'. No need for facilitation by outsider/neutral – Lorraine could chair'

'More focused discussion – people kept hopping about. Perhaps tease out issues/concerns by email beforehand? Thanks a lot – enjoyed it'

'I thought it was a useful workshop. I look forward to the document that will come from this'

Addressing inequalities within your HIA

'More examples/case studies'

'A very useful opportunity to develop thinking'

'A good opportunity to explore the issues and reflect on them with a group of interested people'

'Needs to be more focused because there is so much to talk about'

'Enjoyable debate'

'Some more preliminary reading?'

Summary of findings from on-the-day evaluation questionnaires

It was striking that the general response from the written evaluation questionnaires was very positive. Both the quantitative elements of the evaluation and the more qualitative aspects elicited overwhelmingly positive responses. However, some of the concerns that respondents expressed in the follow-up interviews were also identified in the written comments: the need for more advance information, for more focus within the workshops, and a desire among a minority for greater didacticism.

Findings from interviews and questionnaires with workshop participants

The workshops took place some 10–12 months before this evaluation was commissioned. The delay was caused by a range of factors including unforeseen delays over production of the briefings. A consequence of the time lag between the workshops and this study was that respondents' recall about different aspects of the workshops was affected.

Interviews were conducted face-to-face, by telephone and via the Internet (self-completion). A total of 17 interviews (including two HDA organisers) were conducted.

Respondents' overall views of the workshops

Most respondents – around four fifths – reported very favourable and positive comments about the workshops. The critical comments that follow below were expressed by a small minority of respondents, and should be regarded in this light.

The majority, who were generally content with the workshops, stated that they had been clear about the aims of the workshop(s) before attending, had found the workshops to be useful, stimulating and engaging, and had valued the process of learning through facilitated discussion. They talked of the value of learning from peers and experts in the field, of the good use that was made of case studies, and of the stimulating discussion. Those who had perhaps more to offer than to gain – notably some of the academics – felt that this was an inevitable consequence of their position and occupation, and did not resent the fact that others learned more from the workshops than they did.

The majority of respondents reported that they had understood the purpose of the workshops – to share learning, meet with people who had experience and knowledge to contribute, and help produce material for a series of bulletins. They considered that their own personal objectives for attending had been achieved.

'As an introduction to the subject I thought the workshops were fine and they worked well. The style and level at which they were pitched were about right for the level of participants'
Academic 2

'The subjects covered by the workshops were spot on. The questions were the right ones – they all covered the key issues'
Academic 3

Most respondents stated that they found the facilitation of the workshops helpful and that the facilitator had come across as professional and competent.

'I thought the chairing was good'
Academic 2

'The facilitation and moderation were very good'
Region 3

'The facilitator was very professional'
Health agency 4

'It was very well structured. There was a good balance of input and group discussion. It felt "safe" within the structure. Instructions were clear. Everybody had a lot to contribute and I found it to be a collaborative process'
Health agency 2

Several respondents considered that the HDA's workshops compared favourably with other workshops on HIA that they had attended.

'The workshops were very free and open, both financially and in how they operated. I felt that people shared information and knowledge easily. If I compare that to [another course], it was completely different – they milked you for the information and charged you for it'
Academic 1

Respondents working in the health service commented on the value of the workshops as a learning forum to keep abreast of developments in the area.

'Because HIA isn't the main part of my job, it's only through events like these that I'm able to keep up to date with current developments, and to discuss with experts'
PCT 1

Some of these respondents had minor criticisms about the way the workshops had unravelled – notably with concerns around the late arrival of case-study background papers, mentioned by three respondents. Two were frustrated by the lack of time for discussion on the day (an implied criticism of overloading of the agenda), and one by the lack of focused discussion (an implied criticism of the facilitation).

> 'I would have wanted more time for discussion on some issues'
> Region 3

However, it should be stressed that these criticisms were not considered by the respondents themselves to be of huge significance – in general respondents expressed strong support for the way the workshops had been organised, developed and implemented.

There were, however, four respondents who expressed concerns about the workshops that were of a completely different order. These individuals expressed strongly held concerns about the enterprise, questioning the original purpose as well as the methods used in the learning from practice approach adopted by the workshops. These more fundamental concerns were expressed by people who worked in a range of types of institution: one academic, two health service staff, and one person working on HIA at regional government level.

The following issues were identified:

The learning from practice approach was considered patronising

According to the learning from practice theory that guided the workshops, a key component of the learning method is the role of a facilitator. This person should be able to draw out responses from the whole group and encourage debate and discussion. This is quite different from the role of a leader or an expert who may dominate the debate.

However, critical comments were voiced about how the workshops were facilitated, including some of the interactive aspects, management of time by the facilitator, and the level at which the workshops were pitched.

There was particular criticism of the decision to use a facilitator who lacked expert knowledge of HIA. It was felt that this ignorance was insulting to people who were acknowledged leaders in the field.

> 'Some of the exercises in the workshops were frankly patronising. I mean, you had a bunch of very switched on people, who all wanted to get a lot more out of the day, but they had to spend their time sticking post it notes on the walls!'
> Academic 4

> 'The facilitator didn't know the first thing about HIA. In my opinion she got in the way'
> Region 2

The learning from practice approach revealed a lack of intellectual rigour

Each workshop contained a 15-minute slot in which the HIA subject under consideration (eg evaluation) was introduced and the reasons for its study described. A brief description of the theory and available evidence base for the learning from practice approach was also provided. Despite this, the same minority of respondents felt the organisers had failed to consider the need for a theoretical basis to the HIA subject being discussed.

> 'Some of the best brains in the country working on HIA were there – but they weren't used well. The structure of the workshop didn't give them the opportunity to give their own proposal for how to do it'
> Region 1

> 'It was very bland and lacked any depth. I was so disappointed by the workshop I attended that I decided not to attend the rest – even though I had been booked on'
> Academic 4

> 'The level of discussion was very basic'
> Health agency 1

> 'You go to share good practice – but that is what's disappointing – it wasn't the main focus. They wanted details, details, details. I wanted some principles for how and why ... I wanted to go further – I felt constrained by the set-up. I was interested in putting the theory and practice together – but that wasn't what they were about'
> PCT 1

Thus the generally held view that the workshops had been successful and had met participants' expectations should be tempered with the recognition that a small minority of participants found the workshops very disappointing.

Marketing and customer care

Participants in the workshops were invited to attend by the HDA. The principal source used to identify potential

participants was a list of individuals who had registered at its own website, the HIA Gateway (www.hiagateway.org.uk), and through the European Centre for Health Policy's HIA email group. Registration was conducted via email, and background papers were sent by email and post – these included details of how to get to the HDA, the workshop programmes and details of case studies to be considered at the workshops. The only requirement was that participants should have some experience in undertaking HIA, and preferably some experience in the subject area being discussed, although this last consideration was not essential.

The HDA solicited case-study materials from all those who had registered to attend, but where there were insufficient volunteers to provide case studies the HDA approached individual practitioners known to be experienced in that HIA subject. However, because of the delayed receipt of case studies, some case-study papers were not sent to participants before the workshop.

Respondents were asked how they had found out about the HIA workshops. Almost all had been contacted by email, either directly by the HDA or via an intermediary (often a regional HDA director). Almost all respondents had previously had contact with staff working at the HDA on HIA, and had registered their name and contact details on the HIA Gateway.

Respondents were asked their views about the method of initial contact, marketing of the workshops, views on the process of registration, and customer care from booking to leaving the workshop and beyond.

The overwhelming response to these aspects of the workshops was positive. All felt that it had been appropriate to be contacted via email, that the marketing had been 'closed' to a defined group deliberately, and that this too was appropriate given the requirement of the workshops to bring together people with experience and knowledge of the practical applications of HIA.

> 'It wasn't a public conference – so a low-key emailed invite was what you'd expect'
> Academic 3

A small number of respondents felt that some aspects of the pre-workshop administration had been rushed – they had not received all the background papers until a day before the workshop (and on one occasion not until the day of the workshop). Despite all case-study presenters being given a similar lead-in time, some of the presenters of case studies also felt they had not been given sufficient notice that they would be required to present their work, and this had affected the quality of material they prepared.

> 'If my memory serves me right, we learnt about it a little late in the day and we got all the information a bit late – but yes, I did receive papers and yes, it was easy to register'
> Health agency 3

However, for a small minority the question of background papers served to prompt recollection of a bigger concern:

> 'The lack of depth in the background materials was a forewarning of what was to follow'
> Academic 4

Motivations for attending

The overwhelming majority of respondents identified three factors that influenced their decision to attend. These were to:

- Learn from others' experiences
- Network with others in the field
- Keep abreast of new developments in the field.

For most, all expectations were met. For the minority where they were not, the reasons are explored below.

Networking was considered a valuable outcome by almost all respondents. However, this was not the case for everyone. A couple of respondents felt that the mix of people attending the workshops had not been as selective as it should have been, and there had been a diversity of experience and knowledge which had 'slowed down' the event.

> 'My personal objectives were to learn and to share. Yes – these objectives were achieved – definitely. I managed to ask questions, had interesting debates with people who know a lot about the area and I gained an understanding of the different perspectives – different views – and about the way terminology is used'
> Academic 1

> 'I came to it with the understanding that the HDA would have to produce something from it. I remember something about the wording – to test out current thinking and to network. I thought that I would get something out of it – that I would be challenged and hear where others were at. In my role it's easy to neglect your own learning – so I saw this as a way of staying in the loop'
> Health agency 3

> 'It was a very varied mix of people – some who were very experienced and some not'
> Region 1

'For me the networking was a substitution for the workshop – not an addition'
Academic 4

A small number of other respondents expressed irritation and annoyance at one aspect of the learning from practice process. This concerned their expectations about what the workshops would give to them on a personal level, and what they experienced in practice.

'What I want from a workshop is to come away knowing more about the subject than I did when I entered the room'
Region 1

Two respondents described the effect of the workshops as being like having their knowledge 'squeezed out' and 'sucked out' of them – in order to produce material to be used in the learning from practice bulletins. Others said that they had expected a more two-way flow of learning: these people felt that they had come away from the workshop(s) having given, but not received, learning.

'I felt it was like having all my learning sucked out of me'
PCT 1

When this concern was identified it was put to other respondents, many of whom refuted the suggestion that they had been in any way deceived about the nature of the workshops.

'I knew there would be a product and the workshop was being used to gather the material – I went in with my eyes open. Also, as an expert you expect to be in the position of knowing and contributing more – you can't always expect to learn something from every event – you have to give as well'
Academic 2

'Personally, I felt like I got a lot back'
PCT 3

The majority of respondents reported satisfaction with the structure and implementation of the workshops, and felt these features had enabled their personal objectives for attending to be realised. For a small minority it was the learning from practice approach that they considered had hindered the realisation of both their personal and the group's objectives – to learn more about the subject or about others' experiences and to help develop knowledge on the subject under discussion.

Views on choice of workshop titles

All participants felt that the choice of titles for the workshops was appropriate: they covered the main subject areas within the field of HIA. Some expressed the view that there was some duplication between the workshop titles:

'Some of the information was duplicated in a number of sessions. I felt the titles of the workshops were not that important because they are all linked – it is difficult to ring-fence areas in a discussion about HIA'
Region 2

However, no one felt strongly about this issue and few respondents could identify other areas that would be useful to include in any future workshops.

'I would like to see a session on accreditation of people working in HIA – because there is a concern about the quality of people doing this work. At the moment anyone can do it'
Academic 1

'Something to do with community participation in HIA would be good. And 'evidence' – what is it, what constitutes evidence – that would be useful. It's a running issue but is never really nutted out'
Health agency 3

Some said that it might be worth updating the workshops and bulletins, using the same titles, as knowledge in the area was fast-moving and there was new information and learning to be included.

Impacts – intended and unintended

The HDA's hopes for the workshop series were that participants would make use of the learning gained and implement in their own work their (hopefully) improved understanding of the various aspects of HIA covered by the series.

The evaluation asked respondents whether, and in what ways, the workshops had an impact on their work. In general respondents struggled to identify any specific impacts from the workshops. When pressed, those whose work involved teaching about HIA mentioned that they had used the learning to inform the content of their teaching, or had passed on the bulletins to students.

Some identified a moment within a workshop that had helped them come to some new realisation about the subject area:

'The screening one – that's made me change how I think about the subject. I realised how many people don't do it (screening) well. It helped crystallise my thoughts on the matter'
Health agency 3

Others questioned the value of the question, claiming that most knowledge is a process of accumulation and that the workshops were part of that general process of enrichment.

'You know – it's very difficult to attribute cause and effect in these matters. I know it's a standard evaluation question, but the truth is that workshops like this are just part and parcel of what you do as an academic ... You can't honestly put your finger on a single event and say "yes" that was when I formed my opinion on something ... it's a cumulative process'
Academic 3

It is unlikely that the limited impact identified by the study was due to a 'lack of teasing out' of information from participants – several questions on this theme were asked, to the point where some respondents found it awkward that supplementary questions on impacts were being asked when they had already stated they could not identify any. The length of time after the event (up to 10 months) may be a factor, or this may reflect general difficulty in ascribing change to a single process – a common issue in public health.

Learning from practice bulletins

These were disseminated by the HDA and received by all respondents. All respondents said that they had read them, although this was taken by some to mean skim-reading rather than detailed, close reading. The majority view was that they were clear, well presented and succinct.

'I've looked through them – not in detail mind – they seem very user-friendly to me'
PCT 2

'Yes I have read them, they are succinct and clear'
PCT 3

A small number said that they had used them – predominantly as a teaching aid – either to give to students or as a reference tool. Two respondents said they would use them in future, on the next occasion they had to develop an HIA.

'They're good – handy, succinct ... useful as a resource. I think they help give legitimacy to what we're doing – with the academic community and with decision makers'
Academic 1

'They are clear, for a general audience, not too technical. I'd say for anybody starting in HIA they're ideal'
PCT 4

'They could do with a bit more detail, but if you compare them to other government-type publications, I think they compare very favourably'
Academic 2

'Very useful. I use them in training – they reflect some the key issues'
PCT 3

The same small minority who were unhappy with the workshops also felt the bulletins were superficial and bland, did not present any new information, did not present key contested debates on HIA, and failed to provide a useful guide on how to do HIAs.

'I'm not clear at all who they are aimed at ... that's the problem I think'
Academic 4

'They're fine – as far as they go'
Health agency 1

'By taking the practice that was present – and presented – in the room as good practice, which was implied, I'm concerned that the bulletin that was produced failed to take account of other, much better practice that exists but which wasn't included in the workshops ... the process lacked anything that could be called systematic'
Academic 4

'I wouldn't use them. I wouldn't point a student to them. I think they are the kind of thing that anyone with a few months' experience working in the area could have produced ... They are bland and not cutting-edge'
Region 1

'It's difficult to disagree with what they say – but the weight that is implied in some of the statements is inappropriate and at times just plain wrong. For instance this one says things like 'HIA can help reduce inequalities in health'. Well – we don't know that. But it says so in a very categorical manner. The tone is all wrong'
Academic 4

'What's missing is a clear a-b-c guide on how to address inequalities, do the screening, influence people and so on. They could have been structured to present different positions and standpoints from people working in the area'
Health agency 3

Overall, the majority of respondents reported that they had found the bulletins attractive, succinct and well written, while for a small minority they were considered bland, dull and, in some instances, misleading.

Respondents' recommendations for improving the workshop series

Asked how the workshops could have been improved, the response from the small critical group tended towards a more traditional, didactic learning approach, which was described by one respondent and endorsed by others.

> 'This would have entailed an individual – in my opinion the HDA lead on HIA – who would have prepared a thesis based on a thorough review of the area, and would then have presented and tested his or her thinking on the subject with a group of experts, both academic and practitioner based, who would then have critiqued the presentation and taken the thinking to a higher level'
> Health agency 1

> 'If it was an attempt to suck out information from people about practice – which is an acceptable aim – then they should have at least gone about it in a systematic way and ensured that the right people were at the table to contribute – which they were not. The assumption they made was that everything is equally valid – but that's not true. It would have been interesting to know why they used this method of data collection – using workshops – rather than a literature review and interviews'
> Academic 4

The conclusion of this critical minority was that there should have been a more systematic and focused approach to knowledge development, with the development and testing of knowledge among workshop participants (all of whom should have been selected on the basis of their expertise).

Views on the HDA, its staff and its contribution to the advancement of HIA

Although not directly asked, a number of respondents took the opportunity to comment on the value of the HDA in supporting the development of HIA. Several respondents praised the HDA and its staff for its efforts in the area of HIA and in tackling inequalities in general. A number said that they considered the HDA's website to be the best available on HIA, and that they had always found the HDA staff involved with HIA to be very knowledgeable, approachable and helpful.

> 'I have a lot of admiration for Lorraine Taylor and Rob Quigley – they have a bunch of incredibly able people at the HDA who I continually turn to – I really value them. They turn out brilliant reports and in the inequalities arena generally, the HDA is doing an excellent job'
> Academic 3

> 'Both Rob and Lorraine from the HDA were most pleasant, providing all the information requested'
> Health Agency 2

> 'I think they have done a lot for HIA that has not been done by others. They have had virtually no support ... Their website is the best in the world – there's no question about that'
> Academic 2

Even those who expressed most criticism of the workshops identified the value of the website.

> 'The website is very, very good'
> Academic 4

Irrespective of the respondents' views on the workshops, there was widespread support for the work of the HDA on HIA – the quality of its website, its work programme, and for the two HIA lead officers in particular.

Research methods to evaluate workshops

One of the aims of this study was to consider how workshops of this nature could be better evaluated by the HDA. All research methods have their strengths and weaknesses, but the following observations can be drawn from this evaluation.

Differences between in-depth interviews and paper evaluation questionnaire

The evaluation methods used in this study elicited very different responses from the on-the-day evaluation and peer review data collected previously. The on-the-day paper evaluation questionnaires elicited overwhelmingly positive responses. A formal peer-review process conducted by the HDA, in which at least one person who attended each workshop formally provided peer-review comments, also produced constructive comments and no significant negative comment. All the workshop participants were given the opportunity to comment, and very minor suggestions have been made. There was little sign in any of the responses of the important and challenging concerns that the admittedly small minority of participants later expressed in the in-depth interviews.

It is well known that paper evaluation methods tend to produce only a limited depth of knowledge, while interviews – which can be flexible and adaptable, enabling new lines of knowledge to be probed and tested – are capable of eliciting a greater range and depth of information (Bryman, 2001). Had the HDA relied on the findings from the evaluation questionnaires alone, it would have come away from the experience with a mistaken view of how the workshops were regarded by all the participants.

Loss of data and problems of recall

The loss of evaluation forms from one of the workshops hindered the process of assessment. The delay between the workshops and in-depth interviews was undoubtedly a problem for several respondents. The main problems involved recall of the details of the events, eg whether respondents had received background papers, and of the structure of the workshop. As a result, some of the items in the topic guide and questionnaire were poorly answered. In one case, the respondent was unable to recall whether he had attended the workshop or not.

Conclusions and recommendations

Workshop format, content and style

Overall, the study found that the majority of participants (around 80%) reported very favourable and positive comments about the workshops. This group reported that that they had understood the aims of the workshop(s) prior to attending, had found the workshops to be useful, stimulating and engaging, and had valued the process of learning – through facilitated discussion. They talked of the value of learning from peers and experts in the field, of the good use that was made of case studies, and of the stimulating discussion:

- The workshop series was considered to be a valuable element of a programme of work undertaken by the HDA to support the development of HIA
- Several respondents commented on the quality of debates in some of the sessions
- In general, the workshops were thought to have been well organised and facilitated, and most respondents had understood that the workshops would be used as a means of extracting learning from participants in order to produce a series of bulletins
- The subjects considered by the workshop series were identified as having been appropriate
- The intellectual level at which the workshops were pitched was considered about right for most respondents
- The principal benefit identified by respondents was that the workshops enabled practitioners and academic experts to meet and exchange experiences and ideas. For many, the workshops had enabled them to keep abreast of recent developments in the field
- While few respondents could point to specific impacts of the workshops on their own work, several stated that they had made use of the bulletins in their teaching, others said they would use the bulletins as a reference tool, and others felt that the workshops had contributed to their general understanding of HIA.

Respondents' criticisms

While its open, discursive and interactive features were valued by the majority, the learning from practice approach produced strongly negative reactions from a small minority of respondents. These respondents expressed serious concerns about the original purpose of the workshops and were disappointed by what they considered to be a rather basic level of debate and discussion in the workshops. The causes of this appear to have been as follows.

Learning from practice approach: this was felt by some to have been a barrier to effective learning. They considered a more traditional, 'didactic' learning approach would have been more effective and produced a higher quality set of bulletins. They considered the learning from practice approach inappropriate for identifying good or best practice in the area of HIA. However, it seems unlikely that the approach advocated by a minority of respondents – that a single individual should conduct a literature review and produce a paper on the given topic, and that this paper be presented and debated at the workshop among peers or experts and practitioners in order to enable an improved version to be produced – could be accommodated within the learning from practice approach, given the evidence about how people learn.

Time management and facilitation: some respondents identified an over-enthusiastic attitude to managing discussions by the facilitator. They felt that if the facilitator had had a better understanding of the issues she would have known when to allow a debate to continue, and when it was appropriate to move on.

Mix of participants: some of the workshops included individuals with little or no prior experience or knowledge about HIA. As a result, undue time may have been spent educating this group, to the detriment of the rest. Similarly, this group would have found it more difficult to participate in more detailed discussions.

Suggestions for improvements

There may be ways of addressing the minority's concerns and retaining some of the key features of the learning from practice method. This could involve:

- A requirement of preparatory work by workshop attendees, who could be tasked in advance with undertaking some of the elements identified by the critical minority
- Developing a paper (or parts of a paper on the topic under discussion) for consideration at the workshop, and presenting their initial findings at the workshop as a way of initiating debate.

This would at least ensure that participants were up to speed on key debates and features of the subject, and that the limited workshop time available would not be sacrificed in educating the least knowledgeable. It would not preclude the inclusion of more experiential knowledge in the learning process.

Learning from practice bulletins – content, format and style

For most, the learning from practice bulletins were considered to be concise, well presented and useful publications that would be used as a reference tool and a teaching aid by those who trained others in HIA. They felt that they provided a good introduction to the subject areas, would be useful for a general lay audience, and would help convince stakeholders (and others) of the value of HIA. The length, format and style should be retained, as these were identified by all as valuable.

Again, the same minority were critical of the bulletins. Although well presented, they considered them to be bland, superficial and lacking a cutting edge. The content was not considered to be of high quality – the use of case studies, in particular, was thought to be problematic as it gave the impression that these were examples of good practice – a point disputed by the critics. To satisfy the concerns of the minority, the bulletins would require rewriting.

Suggestions for improvements

If and when the current bulletins are replaced it may be helpful to address the criticisms identified. In particular:

- Inclusion of more debate about the key issues as expressed by different experts in HIA
- Greater clarity about what is not known, as well as what is; the inclusion of case studies that have undergone some form of quality control procedure, which can be made known
- Inclusion of more guidance on how to do HIA.

HIA work programme and staff

Many respondents were concerned to convey the appreciation they felt for the efforts of the HDA – in particular the staff working on HIA – and a significant proportion of respondents mentioned spontaneously the esteem in which they held the work of the HDA on this subject. The HDA's HIA website was the subject of particular praise.

Future workshop evaluation

The study raised important questions about the design of research to evaluate interventions of this type. The paper questionnaires the HDA had encouraged workshop participants to complete at the end of each workshop revealed an overwhelmingly positive response to the workshops. In addition, all the participants were provided with an opportunity to comment on each of the summary bulletins, and one participant from each workshop was asked formally to peer-review the bulletins. However, both these quality assurance measures had not captured the depth of dissatisfaction and frustration felt by the minority.

The study identified important lessons about the need for a range of research methods to explore participants' views and concerns. The on-the-day evaluation questionnaires yielded an overwhelmingly positive response, while the in-depth interviews and emailed questionnaires identified an important area of dissatisfaction which had not been picked up by other means.

The mix of methods used here – on-the-day evaluation sheets and follow-up interviews with participants – appears to be a useful model.

Suggestions for improvements

- For future evaluations of pilot initiatives, a mix of methods including paper questionnaires and in-depth interviews – conducted by an agency that is independent of the HDA – is recommended.
- In future there should be a swifter evaluation process to ensure the follow-up interviews are conducted while respondents can still recall the salient features. On the other hand, there should be a reasonable period to assess impacts of the workshops on participants' working lives – perhaps two to three months between the workshops and the follow-up interviews.

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Appendix 1 Topic guide for interviews with workshop participants

Introduction

- Preamble about aims of the study, reasons for doing it, how long the interview will take and assurances over confidentiality
- Remind respondents of title and date of the workshop(s) they attended
- Check this is accurate
- Check whether bulletins received

About the respondent

Aim to get an understanding of respondent's duties and responsibilities and the degree of involvement they have with HIA.

- Job title and role, organisation. Length of time in post. Degree to which HIA is used in their work. How things had already changed before the workshop with regard to the use of HIA. (Questions about how things have changed since the workshop will follow)
- What level of involvement and experience had you had with HIA prior to the workshop? Give brief examples of involvement... problems and achievements

Marketing and customer care

- How did you learn about the HIA workshop(s) you attended? Could the marketing have been improved in any way? How?
- Views on the process of registration and customer care from booking to leaving the workshop and beyond. Were you given a clear idea of what to expect? Was there too much/too little information/about right? Did you have any concerns at this stage? Some people have suggested more handouts and advance provision of case studies would have been helpful
- Views on marketing of the workshop and on customer care, and on how these aspects could be improved in future
- View on titles/subjects of the workshops – were these the most useful? Would you have preferred other topics to have been covered? Which ones?

Meeting expectations

- Motivations for attending the workshop(s). Were there specific issues you had, or was it more general? Explain...
  - to increase understanding broadly about HIA
  - to learn about the specific subject of the workshop
  - to meet other people with first-hand experience
  - to meet and discuss with academics/practitioners
  - to network in general (make sure these match HDA's aims for the day)
  - to learn how to apply HIA in specific work-related situations – what were these?
- Views on the workshop itself – whether it covered all areas adequately, any gaps?
- Views on the style and level at which it was pitched (eg too basic/too complicated). Some people have suggested there should have been more time for discussion – do you agree?
- Views on the structure and process of the workshop – time given to each item etc
- Views on facilitation and organisation (importance of public health specialist as facilitator)
- What was your understanding of the workshop aims and objectives? Here are the HDA and participant aims from your workshop – to what extent were they achieved?
- Did the workshop add anything extra? If not – why not?
- Views on how the workshop could have been organised and run better (and suggestions for future).

Longer-term impacts

- What impact has the workshop had on the work of participants – has information been shared – if so with whom, has it been applied in any situation – if so, how and to what effect?
- Has (and how has) the knowledge gained been transferred – or used to inform respondent's own work or the work of others with whom they work?
- Have you tried to – or do you intend to – do something similar (to the workshop) within your region, area, agency?
- Has the participant identified any impacts that were unintended as a result of the workshop?

Resources

- Views on the resources produced as a result of the workshop
- Have they seen them – if yes – how did they come across them?
- Have they read them? If yes – views on content/style/structure/usability – how useful have they been? In what situations have they been useful? Suggestions for improvements for future.

Evaluation

- Views on how to evaluate learning processes such as workshops – any experience of evaluation of this kind of activity that the HDA could learn from?

Appendix 2 HIA workshop evaluation questionnaire

Move between questions using the tab key or by clicking on the next question.

When you have completed the form, SAVE the questionnaire to disc, before returning it as an attachment to **adam.crosier@btinternet.com**. Alternatively, complete and return by post to Adam Crosier, 106 Broxholm Road, London SE27 0BT.

Please return by Thursday 20 November 2003.

1. About you

Your name [ ]

Job title and role [ ]

Organisation [ ]

Length of time in post [ ]

What level of involvement and experience had you had with HIA prior to the workshop? [ ]

2. Marketing and customer care

Which workshop(s) did you attend? [ ]

How did you learn about the HIA workshop(s) you attended? [ ]

Could the marketing of the workshops have been improved in any way? How? [ ]

Level of advance information – was there ... (use the 'x' key)

Too much [ ]
Not enough [ ]
About right [ ]

Views on the process of registration and 'customer care' from booking to leaving the workshop and beyond – and how these could be improved for the future.
[ ]

Case study materials and background papers – did you receive them? Did you have time to read them?
[ ]

Were you clear about the aims of the workshop?
[ ]

Your views on the titles/subject of the workshops – were these the most useful?
[ ]

Would you have preferred other topics to have been covered? If so – on what areas?
[ ]

3. Your expectations

What were your motivations for attending the workshop(s)?
[ ]

Which of the following apply to you?

- to increase understanding broadly about HIA [ ]
- to learn about the specific subject of the workshop [ ]
- to meet other people with first-hand experience [ ]
- to meet and discuss with academics/practitioners [ ]
- to network in general (make sure these match the HDA aims for the day) [ ]
- to learn how to apply HIA in specific work-related situations? [ ]
- Other... please write in
  [ ]

4. The workshop

Did the workshop cover all areas adequately? Were the any gaps? Please describe
[ ]

Views on the style and 'level' at which it was pitched (was it too basic – too complicated – about right)
[ ]

Time for discussion
too much [ ] too little [ ] about right [ ]

Time given to each item etc
too much [ ] too little [ ] about right [ ]

Views on the structure and process of the workshop
[ ]

Views on facilitation and the moderation of the workshop(s) you attended
[ ]

What was your understanding of the workshop aims and objectives? To what extent were they achieved?
[ ]

Did the workshop add anything extra – if yes, what?
[ ]

Any other views on how the workshop could have been organised and run better (and suggestions for future)?
[ ]

5. Longer-term impacts

How has the workshop impacted on your work – has information been shared – if so with whom, has it been applied in any situation – if so, how and to what effect?
[ ]

Have you tried to – or do you intend to – do something similar (to the workshop) within your region, area, agency?
[ ]

6. Learning from practice bulletins

Have you seen them – if yes – how did you come across them?
[ ]

Have you read them? If yes – views on content/style/structure/usability – how useful have they been? In what situations have they been useful? Suggestions for improvements for future.
[ ]