

Deliverable 8

Work package n° 7: National workshops

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This report is a final product of work package 7, including the preparation and realisation of National workshops, carried out by project partner institutions during end of 2010, 2011 and January 2012, within the project RAPID, Risk Assessment from Policy to Impact Dimension (RAPID) 2009-2012 EU (DG-SANCO), Grant agreement No 20081105.

The report provides first the work package identifiers, includes an overview of the planned WP 7, the relationship with the other WP, the changes decided during the project, and finally a summary description of the national workshops. All the national workshops reports and other useful materials are included as annexes.

Work package identifiers

Work package No. 7: National workshops

Work package leader: IFC-CNR Italy

Work package partners:

SDU Denmark, EASP Spain, UD MHSC Hungary, LIGA.NRW Germany,
SUM Poland, RUVZ and TU Slovak Republic, IVZ RS Slovenia, UBB
Romania, VASC Lithuania

The IFC-CNR team is composed by:

F. Bianchi, L. Cori, N. Linzalone

with the support of S. Marrucci, C. Imiotti, M. Santoro, E. Bustaffa

Introduction

This report provides the relevant information related to the development of WP 7, lasting from October 1, 2010(month 20) to January 31, 2012.

The RAPID project established, during the first period, a thematic network of risk assessment experts, including relevant partners in the ten countries involved. RAPID partners selected relevant policies (for top-down approach) and health outcomes (for bottom-up approach), as starting points to use and practice RAPID full-chain methodology.

Along with the development of national case-studies, the methodologies were summarized, producing the following two documents:

- Inception and final report on bottom-up risk assessment (Deliverable 3 and 4);
- Inception and final report on top-down risk assessment (Deliverable 5 and 6).

After the mentioned phases, a set of national workshops had been planned to discuss and implement the developed methodologies, in WP7, with one-year time to plan and organise.

At this stage, when WP 7 started the activities, the discussion among RAPID partners, carried out via e-mail, conference calls and during meetings, in particular during the EUPHA annual conferences, was intense and focused around the need of fine-tuning the mentioned methodologies, through an appropriate exchange of experiences and knowledge.

The planning of RAPID project foresaw for WP7 one national workshop, lasting for 2 days, in each partner country. Experts from the coordinating organisation, IFC-CNR in Italy, planned to participate in all the workshops, to help organising and to provide a common message.

In fact, the discussion around partners' schedule showed that most of the national workshops would have been carried out in the same time-span.

In the same time, several factors contributed to focus on organising an extra RAPID meeting, not planned at the beginning to have a comprehensive discussion among partner organisations: to practise together, to explain the implementation process and the obstacles met during the case studies development, and to plan together the national workshops development.

As a consequence, a two days RAPID seminar was proposed to be held in Pisa, where IFC-CNR is based.

The main objectives of this Pisa meeting, held on January 27 and 28, 2011 were: to build a common understanding and planning around RAPID national workshops, and to further discuss and finalise RAPID full-chain methodology tools. The national workshops intended to transfer for a national audience the core of Rapid project.

One of the differences is in the context of the countries involved in RAPID regarding the existence of a binding legislation about health impact assessment, that determine a more generalised knowledge of the issue of assessment, as well as a higher background level of the expertise in the country.

Notwithstanding the differences in scientific and political contexts, the discussion around risk assessment has been grown up during the last years, and several methods and tools have been developed and presented.

In the ten countries involved in RAPID project, there was a general interest in this experience, and particularly to understand the proposal to find a shared methodology to analyze policies.

The national workshops target group was composed by: public health experts working on risk assessment area; policy makers; local level politicians; administrators, at national or regional level.

The objective was the presentation and discussion of the work developed and the RAPID "full-chain" risk assessment methodologies with the experts in partner countries.

This report summarizes the whole process within work package 7, reports and evaluations from national workshops and comments received to further develop the RAPID tool. Original national reports of workshops are stored with work package leader IFC-CNR and naturally the work package partners.

National workshop preparation

A questionnaire to prepare national workshops and find common issues to be covered was completed by Rapid partner organisations, before the meeting held in Pisa in January 2011.

All the partners completed the questionnaire to prepare the common discussion and participate in a workshop in Pisa, Italy. The workshop in Pisa developed around the following items:

- Work package 4 and 5, to prepare final drafts.
- Case studies, critical points and final remarks
- WP 7 National workshops
- Metaplan technique application (see Annex 2)

WP 7 has the objective to support organisation of national workshops in partner countries, aimed at explaining, proposing and practicing the methodologies developed in the Rapid Project. Involvement of national health sector and Academia is required, as well as an accurate selection is needed. The experience gathered during the meeting in Pisa about the *Metaplan* technique can be applied.

National partner can decide upon main focus of the workshop, and consequently the best organisation setting:

- dissemination and information – presentations on Rapid, top-down and bottom-up methodologies are required, as well as on the national case study. The participants are required to present their experience and the discussion is limited.
- proposal and discussion – short presentations done by the organisers and the participants, discussion around developments, obstacles and perspectives focused on the case examined by the Rapid partner (WP4, WP5). Recommendations can be drawn to improve the process and support the best possible use of the RAPID methodologies.
- practice of the methodology – presentations of the Rapid top-down or bottom-up methodology, application on a case-study. It is also possible to apply the exercise to the same case examined by the Rapid partner (WP4, WP5).

The information that can be shared during the national workshops – and have to be translated in national language - regards:

- A general presentation of RAPID Project;
- A presentation of RAPID risk assessment method;

- A four pages presentation for each of the cases (10 top-down, 8 bottom-up case-studies); Power Point Presentations will be prepared in English and translated if necessary into national languages;
- A draft press release will be prepared (if necessary, a national version of the press release has to be prepared).

The deliverables of national workshops, to be shared as a result of WP 7, are:

- description of workshop organisation (people contacted, instruments, participation)
- copy of dissemination documents used, article published, press releases, etc., or a detailed list (especially because national languages are used)
- short report on workshop
- collection of recommendation produced as a result of national workshops.

A first program with Time schedule for WP 7 was drafted and shared.

The Metaplan seminar (see report in Annex 3)

It was used to present a technique of brainstorming and collection of opinion, as a proposal for national workshops in partner countries.

Production of common slides and presentations

After the meeting, and the completion of national case studies, a short presentation was set by all the partners; the coordinating team, SDU, sent out a RAPID summary to be used for common slides. IFC-CNR as WP7 coordinating team, prepared a template for presentations, invitations, evaluation and indications for the content of reporting documents.

(see Annex 4)

National workshops results

WP 7	Country	Date	Participants	Agenda	RAPID tool and method
IFC-CNR	Italy	16-12-11	13	Wide picture + RAPID + case study	Top-down Metaplan
SDU	Denmark	19-01-12	12	RAPID + EU case study	Top-down Metaplan
EASP	Spain	3-11-11	14	RAPID + case studies	Top-down
UD MHSC	Hungary	25-10-11	14	Wide picture + RAPID + case studies	Top-down Metaplan
LIGA.NRW	Germany	19-10-11	13	Wide picture + RAPID + case studies	Top-down
SUM	Poland	5-11-11	9	RAPID + case studies	Top-down and bottom-up
RUVZ and TU	Slovak Republic	20-10-11	30	Wide picture + RAPID + case studies	Top-down
IVZ RS	Slovenia	6/7-12-11	46	Wide picture + RAPID + case studies	Top-down and bottom-up
UBB	Romania	20-01-12	16	RAPID + case studies	Top-down
VASC	Lithuania	19-01-12	30	WAPID + case studies	Top-down and bottom-up

The participants for most of the national workshops were primarily contacted from the list of risk assessors that had been composed in a previous phase of the project, the database “Risk assessor database” developed at beginning of RAPID. The background and role of experts were differentiated, but included the knowledge and/or use of risk assessment, in multiple contexts and using various methods.

Among the invited experts were:

- representative from University and research agencies, from different disciplines: health, environment, sociology;
- public administrators from health, environment, mining, urban planning ;
- few policy makers;
- experts from medical sector, in administrative or technical positions;
- few representatives from NGOs;

- few representatives from the private sector.

The national workshops organisation reflected differences in national contexts and in the work developed by national teams of the RAPID project.

One of the major differences is in the context of each country involved in RAPID, as already explained is the existence of a binding legislation about health impact assessment. This determines on one side a more generalised knowledge on the notion of assessment, on the other side a higher background level of the expertise in the country.

National workshop agenda was organised presenting RAPID project, the tool, and than discussing the methodology developed, or starting from a wider context, including an explanation of either the risk assessment methodology or the health impact assessment procedures (see table above). One or more case-studies were presented during the workshop; the choice was done on the basis of experience and specific preparation of the audience involved.

The second difference in content regarded the presentation and discussion of the RAPID full-chain methodology tool including either only one of tools, or both the top-down and a bottom-up tool.

Major discussion points and participants opinions focused on terminology, concept of health determinants and risk factors, the RAPID tool, policy and risk assessment context, subjects to involve and communication issues. In following we provide an overview of issues discussed at each point.

Terminology

- **Problems** - confusion in terminology could was identified on following issues:
 - among “risk assessment”, “impact assessment”, and “policy evaluation”
 - definition of target population should be broadened
 - precise the notion of health outcome to make it easier to evaluate.
 - unclear checklist tasks, due to wording difficulties (e.g. – what "scope of the policy“ means?, what does it mean “transparency“?, etc.)
 - definition of exposure (socio-economic)
 - not clear e.g., “strength of evidence”
 - the wording “tool” for the RADIP document might be misleading → "Guidance" was suggested as a better wording

- **Suggestions**

- An initial chapter or a glossary on terminology would be desirable in the final guidance.

Specific concepts: Health Determinants and Risk Factors

- **Problems** -

- in most of the workshops the issue of definition and identification of "Determinants" and "Risk Factors" was discussed. The terms, in fact, could be connected, like considering determinants as clusters of risk factors, or maintained separate; the relationship with health effects is clearer in some case, but not always, and a risk exist to over-simplify, or to hide relevant aspects of the picture when assessing the impact of a policy on health. A net and clear differentiation between Determinants and Risk Factors is a problem of translation and terminology, as previously presented; therefore an operative discussion and a clarification seem necessary.
- Some experts underlined that during practical use of the guide, problems concerning separation between health determinants and risk factors can emerge because of the deep interactions between them.
- Interaction between risk factors could be too complex and their full investigation could be impossible.
- Quantification might be possible from risk factors to health effects in the most cases (sufficient literature was thought to be available), more difficult was the strain from determinants of health towards risk factors

- **Suggestions** - an operative discussion and clarification is needed on:

- Guidance for better wording
- Check list to define a list of determinants
- Referred to health determinants level it was suggested:
 - to use updated model according to WHO Commission on Social Determinants of Health
 - to underlined as very relevant the analysis of possible interactions among health determinants

- to modify in “how to do”, the expression: “Use expert opinion, even with the involvement of stakeholder participation” in a new expression like: “Use expert opinion, including, of course, those from stakeholder”
- Referred to risk factors level it was suggested:
 - to incorporate a descriptive summary from other guides or documents focused on how to use the best scientific evidence
 - to describe better the steps useful to analyze the different relationships between risk factors and health outcomes
- to provide brief description of quantitative tools available.

RAPID tool

- Problems

- RAPID tool was positively considered by many participants, in general it is judged as applicable and useful (with specificities like in Spain where mandatory HIA is being finally adopted).
- Both approaches (bottom-up *and* top-down) are necessary and both are valuable as a starting point. If the user has prioritised which strain is going to be analysed, the duality might be cancelled. It is important to harmonise both approaches in order to avoid confusion.
- The aim and target users of the guide need to be more clearly defined, making special emphasis on the appraisal phase of policy level HIAs, not on the complete HIA procedure.
- The first step - analysis of the policy - is crucial; the “translation” of policy contents into health determinants might be the most difficult step.
- Top-down strategy is easier to implement and is a useful tool on municipal and local level rather than on national level and its methodology should focus more likely on regional and local policies.
- The top-down approach was generally better accepted for a prospective HIA. Bottom-up approach, being retrospective in essence, was considered non-different from policy evaluation.
- HIA as framework + role of HI in quantification in HIA.

- The aim and target users of the guide need to be more clearly defined, making special emphasis on the appraisal phase of policy level HIAs, not on the complete HIA procedure.
- It would be desirable a more detailed technical description of each steps, providing examples if possible.
- Describe the different population subgroups, according to social class, gender and other axis of inequalities.
- It was suggested to provide a description on how to bridge the information gathered in the scoping and screening phases, with the characterization of the impact itself in the appraisal phase (use updated model according to WHO Commission on Social Determinants of Health).
- Participation of policy makers and citizens was identified as an essential element to be considered throughout the whole process in order to ensure that the final recommendations would be fully accepted by all of them.
- Concern about the possibility that quantification approaches, although very important, might hide relevant health determinants and risk factors that modulate the final results of the impact of a policy on health.
- Participants agreed on the importance of the quantification process in providing more robust HIA outputs for policy makers. However, in many fields the scientific evidence available does not allow currently to move forward in this direction. It would be very useful to provide some information on how to proceed when the quantification is not possible (instructions on how to conduct qualitative assessment in a systematic way).
- Not all the negative and positive influences on health can be assessed.
- Latency of policies should be taken into consideration.
- Issue of quantification.
- Need of evaluating socio-economic factors.
- Lack of protectors in the model
- How can the factors be prioritized? (e.g. how many should be analysed)
- Consideration of vulnerable populations.
- The checklist tool is considered too complicated or too general to be easily used by public health experts.

- ***Suggestions***

- To prepare a more detailed technical description of each step, providing examples of health model.
- To include regional and local context in the step “Place the policy into international/national context”.
- To describe the different population subgroups, according to social class, gender and other axis of inequalities.
- To provide a description on how to bridge the information gathered in the scoping and screening phases, with the characterization of the impact itself in the appraisal phase
- To improve the quantification activity of risk factors
- To improve the definition of the target group
- To organize more workshops
- To include in the final guidance recommendations on how to overcome the difficult participation of the civil society.
- To provide some guideline on how the final report should be presented considering the different stakeholders (policy makers, general public etc.).
- To describe sources of information, databases.

Policy and context of risk assessment implementation and use

- ***Problems***

- Decision-makers focused on aspect of differences and contradictions in national strategies versus regional and local strategies. Local decisions are often in opposition to national ones.
- Conflict of interests, of political and economic influences among different groups
- Existing special procedures on local level which make health risk assessment difficult to apply
- Usually health determinants models (Dahlgren and Whitehead model, Lalonde model) are not taken into consideration during decision-making process in health departments of the city halls.
- There can be problems concerning both strict description of health determinants, risk factors or professional undertaking of literature review because health departments employees often have no basic knowledge concerning those aspects.

- Although there is a theoretical possibility of engaging experts into decision-making process there are administrative obstacles concerning indication of expert or institution, which would be preferred as a support in decision-making process.
- There is still issue of poor knowledge about the difference of HIA, SEA and HIA for policy assessment, such questions should always be answered at the beginning of any workshop.
- In some cases-studies were outlined few persons with expertise in Health Risk Assessment, problems in using quantification methods/tools, lack of data, difficult in reaching consensus among specialists, interaction with politicians.
- **Suggestions**
 - Mandatory HIA within European Union would solve most of the emerged problems. Experts and research community should contribute in this direction.

Subjects to involve

- **Problems**
 - Participation of policy makers and citizens was identified as an essential element to be considered throughout the whole process in order to ensure that the final recommendations would be fully accepted by all of them. However, a “real” participation of the civil society was visualized as a complex issue not easy to accomplish due to political conflicts.
- **Suggestions**
 - Some recommendations on how to overcome those barriers should be incorporated in the final guidance.
 - Inclusion of NGOs, no-health Gov sectors, Academia, in discussing the assessment tool to be evaluated.
 - Public and health policy makers, and the National Public Health and Medical Officer Service were mentioned as actors/institutions that could be involved in future developments.
 - Involve Students, Politicians, Associations, Private sector, NGOs, Institutions and bodies in non-medical sectors, Practitioner and their professional organisations, scientific public health institutes, Public health authorities and decision makers.

Communication

- Problems

- There is a need of popularization of health determinants models to improve policy-makers consciousness, which elements of the surrounding environment are most vital for population and individual health.
- How to influence political decision makers?

- Suggestions

- Ideally the tool should be available online. Case studies and more detailed information could easily be linked
- The spread of information about RAPID was suggested to be carried out on the internet or by brochure/publication; via local health authorities and health related foundations; lectures at university; poster presentations on conferences;
- Mailing lists.
- Identify potential actors and develop a specific communication strategy for each sector, to spread information and involve partners.
- Involve Professional Society, like Society of Impact Assessment.
- To produce checklist to facilitate questions and discussion.
- To send the RAPID results to the relevant institutions and ministries, via local health authorities and health related foundations.
- Organise roundtables and more workshops.
- To involve in presentations and further activities as many of different institutions as possible, in different fields.

Evaluation of workshops and reporting

All the partner organisations sent a report of the national workshop. Most of them are satisfactory and complete, including the content of presentation sessions, the results of discussion and the evaluation of seminars. Two out of ten reports are not explanatory and lack of the necessary information to build on it. This limit can be overcome by further direct communication with partners.

The coordinating partner prepared an evaluation format, and it was used for most of the national workshops.

Most of the participants gave positive evaluation about the workshops, confirmed that they were informed about objectives of workshop and they voiced the opinion that workshop lived up their expectations and they would like to be informed about results and conclusions of our project. Participants agreed that risk assessment is relevant topic in their work. Workshop objectives were clear for most of participants and gave them sufficient practice and feedback. The workshops content was also stimulating in aspect of learning and getting more information about HIA and risk assessment subjects.

In the evaluation chapter of the national reports is possible to find suggestion for further improvement in the design and setting of workshops and discussion seminars, that are frequently suggested as further mean of RAPID dissemination.

Not all the opinions were positive referred to the possibilities of practical using of RAPID risk assessment procedures in their work. That is often due to the limits of the political context or the delay in training and knowledge about risk assessment and in particular about preventive analysis and evaluation of policies.

Participants of workshop agreed, that there is need of focusing of international achievements in aspect of HIA and other risk assessment models.

Internet resources and scientific publications were most often cited, as best ways to spread information about RAPID project.

Most of the participants stated that they would like to participate in other activities concerning risk assessment issue.

In very few cases some limits have been underlined about the participation during the meeting, where not all the participants had the opportunity to express their point of view.

A recommendation in this case was to build a tailored design of the workshop, finalised at participation and opinion sharing; the choice of a facilitator, in charge of multiplying interactions, develop discussion and collect results.

A limit of national workshops is linked to the complexity of the policy risk assessment. Not all the relevant stakeholder in fact was involved, and much more is to be developed in terms of information spreading and methodology sharing.

Conclusions

The self-evaluation of partner organization with reference to the workshop was very positive. The workshop design was useful to collect further elements for RAPID tool evaluation, and the format allowed presenting the experience, to reinforce relationships with experts at the national level, to spread information about RAPID results. The content was considered interesting and the working atmosphere constructive by many participants.

The participating experts were from various areas of competencies and roles in science, policy and public administration. This variety is a further evidence of the multidisciplinary approach needed to implement a full-chain methodology.

Workshop Report Italy

16th of December 2011

CNR Area of Research, Pisa

Final Report Edited by N. Linzalone

Evaluation Report, Edited by L. Cori

General objectives

The goal of the RAPID project, financed by DGSANCO, is to contribute to the development of methodologies for the integrated evaluation of policies risks on population's health. The working day fits in the European action plan that aims at promoting the integrated risks assessment as fundamental process for a sustainable growth.

Specific objectives

The day-long workshop has focused on specific targets:

- to present the RAPID project and to propose the adjusted "full chain" method;
- to give examples of applications of the method;
- to discuss the produced assessment checklists.

The final target of the workshop was to divulgate knowledge and to form abilities in order to strengthen the quantitative component in impact assessment procedures for making easier the inclusion of the health component into decisions. The applied methodology considers health determinants in their widest meaning and the most specific risk factors that impact on health.

A total of 50 personal invitations were sent. Two different groups of people were contacted, those who joined the "Risk Assessory Survey" during the early stages of the project and professionals and members operating nationwide and well known to the working group (enclosure A contains the adopted invitation model for the two groups). The number of accessions was satisfactory (N=20) even though a simultaneous and unexpected national strike caused the non participation of some particularly important participants (colleagues representing private sector as well as exponents of environmental medicine and some representatives of the regional body). Overall participants were 13 (see enclosure B).

Structure and method

During the workshop it was considered useful to give space for reflection on the current skills on Risk Assessment, on the institutional interest at a regional and national level on Risk

Assessment as method for decision support, on the interest and the contribution of individual actors on the themes of the seminar (administrators/officials/professionals). In view of these aspects and overall goals of the project, the general structure provided for the inclusion of four conceptual blocks in addition to the project presentation that is community interest in risks assessment. The blocks have been identified as follows:

introduction – generalities in risks assessment;

“full chain” methodology – description of “full chain” approach in policies and argumentation of the approach through radiodiagnostic case;

quantification and models – nod to models for quantification in risks assessment, description of Dynamo-HIA software;

Rapid tool – use, application and advices.

The workshop has been operationally realized by a team players including coordinators of work sessions, scientific responsible, technical Secretariat and IFC-CNR multimedial group. The discussion of the group has been supported by a facilitator with specialist expertises. The methodology used during the day included Power Point presentations during plenary session, some moments of free discussion for an exchange of ideas during informal coffee break moments and “Metaplan” technique for tool validation. This technique, adapted to the time and purpose of project, has been used in order to obtain a summary of the knowledge of all participants and a critical analysis of the collective knowledge. With this approach the final results are to be considered shared by the assembly (see figure 1 for the results achieved with Metaplan method). Rapid coordinator took part in a videoconference and all day has been recorded by the multimedia group. The material of the day will be published on the website of the operating unit of IFC-CNR, accessible to all participants with a password. The report of the day was borne by the scientific coordinator of the workshop.

Main elements of the discussion

Participants were invited to use “checklist Rapid” tool (see enclosure C) as a grid to support a top-down policy assessment already used as a work subject. They could also use the

presented case as example. According to the “full chain” approach levels of POLICY, HEALTH DETERMINANTS, RISK FACTORS, HEALTH OUTCOMES have been analyzed and considerations on INTERACTIONS AMONG LEVELS have been developed.

Analysis elements for every full chain level and methods suggested for actuating/promoting elements themselves have been reported for each block (see table 1).

Table 1. Results of the analysis by level of the Rapid Top-down tool, with its relative criticality score.

	Elements of the analysis	Methods	Methodologic critical*
<i>Policy</i>	Place the policy in a broader context Understanding the content of the policy Identify the people affected by type and number Consider the existence of forms of involvement of the populations concerned	The policy to evaluate is already formulated Provide the summary document Identify skills for policy analysis, define the experts, the numerosity and the selection criteria Assess conflicts of interest	5
<i>Health determinants</i>	Consider the fairness Run a transparent selection of the health determinants	Include several sessions of discussion among stakeholders Use methods and tools to support the prioritization Increase the sharing of knowledge and information making them easily portable	5
<i>Risk factors</i>	Stratify the risk Consider in a critical way the possible lack of sustainability	Clarifying the burden of risk factors on the vulnerable and deprived subjects	4
<i>Health outcomes</i>	Identify the affected populations paying attention to the sensitive subgroups including also the subgroups most deprived		2
<i>Interactions among levels</i>	There may be many different “full chain” paths for the same case and if possible cross-currency relationships among various causal pathways must be evaluated Consider the effects of risk factors that act on the same policy through different routes		2

* According to the methodological difficulties encountered the "post-it" for each level attributed by the participants was added.

Advices and conclusions

Indications emerged at the macro level have been: analyze the policy is a process often confused with that one of giving it a definition; it's proper to recommend the use of the “top-down” tool when it is needed to assess the effects; the “bottom-up” tool must be used in order to modify the effects.

Analyzing policy is a complex work because the required approach to the problem is not easy for most involved people. The use of the tool was easier for those who have had the opportunity of working on specific themes and of making choices (for instance: urban mobility, greenways ...).

The definition of the determinant elements to be considered in the analysis seems to be a crucial point. How many, which ones and why are some fundamental questions that need an answer. Closely connected to this problem is the need of identifying the subjects which operate the choice. It's now proper having maximum clarity and explicitation of values/criteria that must be principally preserved/pursued during selection or prioritization processes. The risk factors analysis is well characterized and understood in the face of a poor description of how it is done (the process to assess the interaction among risk factors is an operation not well defined yet). The already mentioned issue of transparency returns even in the outcomes analysis. The word itself is not so clear because of a lack of method indication. Particularly, emerges an ethic problem at health outcomes level because of choosing to concentrate analysis on one or on few outcomes: in some cases the only justification of quantifiability may not be sufficient.

The tool does not provide a verification phase of the policy efficiency but the analysis of cross and multi-level interactions refers to the evaluation of different routes and to their final confrontation in terms of final effectiveness, if you apply. The assignment of a score of methodological criticism from the participants shows that "policy" and "determinants" levels are the most complex to approach to and analyze. Based on this, the additional recommendation is to better "drive" the user within these levels by providing more detail.

The results of the test conducted on the tool are further summarized in table 2.

Table 2. Summary of results of the Rapid Top-down tool.

Analysis by points of the Rapid top-down tool through Metaplan exercise
<input type="checkbox"/> Use criteria and guidelines for the tool application (Top-down or Bottom-up) facilitate the approach to policies analysis for users with different background
<input type="checkbox"/> Assessing the effects of health determinants is a step conceptually important, but the inclusion in the chain is likely to be hardly credible if methods, techniques and criteria, which are scientific, feasible and acceptable, are not identified
<input type="checkbox"/> A steering group, in which skills, sensitivity and ethics are in balance, is supposed to be created
<input type="checkbox"/> The choice of quantifiable pathways is perceived as limit for the application in some contexts for which evidence is not fully available
<input type="checkbox"/> Additional resources (guidelines, application examples, support software...) can be usefully addressed in the choice of methods. The addition of a more comprehensive list of possibilities facilitates the choice at each level
<input type="checkbox"/> Clarify some terms (determinant vs risk factor, transparency)
<input type="checkbox"/> Increase the informative detail of the policy and health determinants levels

List of participants

Organisers

Nunzia Linzalone

CNR Institute of Clinical Physiology linunzia@ifc.cnr.it

Fabrizio Bianchi

CNR Institute of Clinical Physiology fabrizio.bianchi@ifc.cnr.it

Liliana Cori

CNR Institute of Clinical Physiology liliana.cori@ifc.cnr.it

Michele Santoro

CNR Institute of Clinical Physiology michele.santoro@ifc.cnr.it

Cristina Imiotti

CNR Institute of Clinical Physiology crisim@ifc.cnr.it

Participants

1) **Marco Baldini**

ARPA Marche Marco.baldini@ambiente.marche.it

2) **Jessica Basiliana**

ARPA Emilia Romagna Jessica.basiliana@libero.it

3) **Clara Carpeggiani**

CNR Institute of Clinical Physiology clara@ifc.cnr.it

4) **Riccardo Casadei**

University of Perugia Ricky.casadei@yahoo.it

5) **Franco Guizzardi**

APSS Franco.guizzardi@apss.it

6) **Paolo Lauriola**

ARPA Emilia Romagna plauriola@arpa.cnr.it

7) **Francesca Mataloni**

Epidemiology Department Regional Health Service Lazio Region
mataloni@asplazio.it

8) **Marinella Natali**

Public Health Service Emilia Romagna mnatali@regione.emilia-romagna.it

9) **Daniela Nuvolone**

ARS Toscana Daniela.nuvolone@ars.toscana.it

10) **Maria Grazia Petronio**

Asl 11 Empoli Mg.petronio@usl11.toscana.it

11) **Elena Pedroni**

ARPA Emilia Romagna Ele.bio17@libero.it

12) **Meri Scaringi**

Arpa Emilia Romagna mscaringi@arpa.emr.it

13) **Stefano Zauli**

Arpa Emilia Romagna szauli@arpa.emr.it

Observers: **Mariangela Vigotti** CNR Institute of Clinical Physiology vigomar@ifc.cnr.it

Anna Maria Romanelli CNR Institute of Clinical Physiology ram@ifc.cnr.it

WORKSHOP Evaluation Report

The Rapid Project, Risk Assessment from Policy to Impact Dimension, is completing the activities in 2012, after three years of intense networking and collaborative research, carried out at international and national level in ten European countries involved.

The project developed risk management models and implemented the models by pilot testing, established a network of risk assessment experts and finally organised workshops in partner countries. Each workshop gave the opportunity to involve national experts, to present and discuss the work done and to enrich the model with suggestions and recommendations.

Evaluation

The evaluation questions were translated in Italian. The thirteen participants were both from medical sector, in administrative or technical positions, and from the environment sector, working in Agencies and public bodies. Twelve participants of the IFC-CNR workshop filled out the evaluation form.

For questions 1-8, participants had to rate aspects of the workshop on a scale from 1 to 5. Participants rated nearly all the single issues as positive, as Table 1 shows.

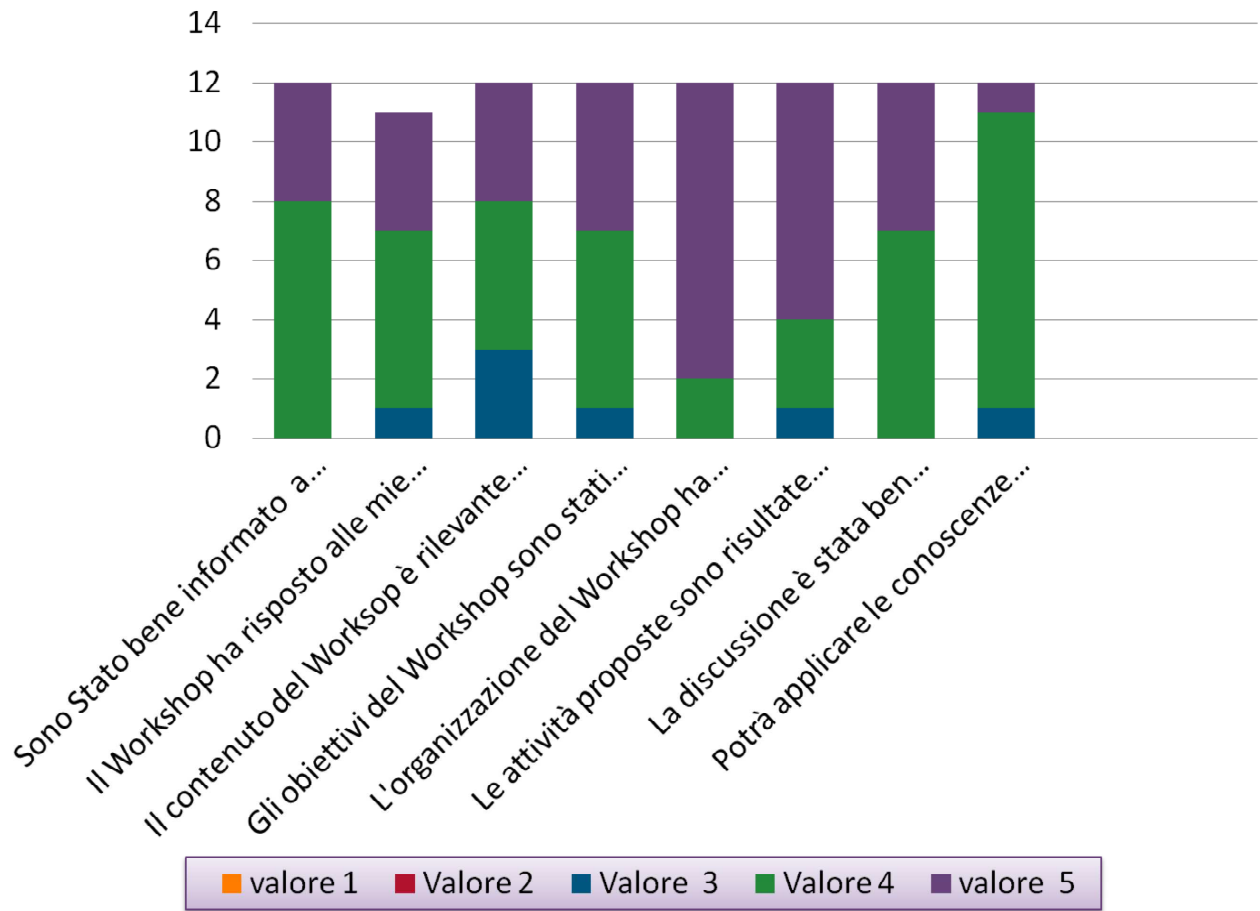
The workshop format and the time allowed in fact presentations, an open discussion, and a final report via Metaplan technique use, and the organiser could collect positive insights for the RAPID project, included in this workshop report.

The suggestions from participants, reported in Table 2, from question 9-11, are also useful to broaden the impact of RAPID project and to design its possible follow up.

List of questions (presented in Italian in the following page, in this order)

1. I was well informed about the objectives of this workshop.
2. This workshop lived up to my expectations.
3. The content is relevant to my job.
4. The workshop objectives were clear to me.
5. The workshop activities stimulated my learning.
6. I found the activities in this workshop interesting.
7. The workshop discussion was appropriate and gave me the possibility to improve and exchange my knowledge.
8. I will be able to use what I learned during this workshop

Tabella 1: Risultati questionario di valutazione del Workshop : domande 1-8



Tab 2: Evaluation results of EASP RAPID workshop (evaluation questions 9-11)

9	<i>How do you suggest to spread information about RAPID developments and results?</i>
	<i>On line publication</i>
	<i>Mass media and newspapers</i>
	<i>Leaflet to send to health services</i>
	<i>Use of networks like Healthy Cities and Agenda 21</i>
	<i>Produce guidelines</i>
	<i>More workshops</i>
10	<i>Do you suggest to involve further actors/institutions in future developments?</i>
	<i>Public sectors in different regions and involved in different issues</i>
	<i>Healthy Cities and Agenda 21 networks</i>
	<i>Universities</i>
	<i>Institutions and bodies in medical and environmental sectors</i>
	<i>Public administrators</i>
11	<i>Are you interested to participate in other workshop and activities around the same issue?</i>
	<i>12 yes</i>

Conclusion

As resulting from the seminar report, the IFC-CNR group considered positively the outcome of the workshop. The participants gave a positive evaluation, as from the present report. The result are useful and productive for a positive conclusion and the outcome of the RAPID project.

Workshop Report Denmark

Copenhagen, 19/01/2011

Within Work package 7 of the Risk assessment from policy to impact dimension – RAPID project a workshop has been conducted for Danish audience at National institute of Public Health in Copenhagen.

The program of the workshop is attached in Annex I. of this report.

There were 14 participants coming from both Denmark and from among RAPID partner institutions (Fabrizio Bianchi and Liliana Cori from IFC CNR Pisa, Italy; Jana Kollarova from RUVZ Kosice, Slovakia; Peter Otorepec from IVZ RS Ljubljana, Slovenia and Sarah Sierig from LIGA.NRW Dusseldorf, Germany). The Danish participants came from Copenhagen University (Henrik Brønnum-Hansen and Astrid Ledgaard Holm), Gentofte municipality (Marie Louise Bistrup), Naviair (Gert Sjøsten), a political science master student (Michelle Sjøsten), a retired environmental sociologist formerly employed by Ministry of environment (Lars Josephsen), and from SDU (Gabriel Gulis, Stella RJ Kræmer and Lotte Vallentin- Holbech). Some of Danish participants are included in “Risk assessor database” developed at beginning of RAPID; others who were contacted could not attend due to other duties at the day of workshop yet, they responded electronic and expressed a wish to stay connected and informed. 29 invitations had been sent out to Danish risk assessors from which 14 had contributed to the RAPID database.

The discussion at the workshops was focused on comments to developed RAPID guidance tool for full chain top-down policy risk assessment. After explaining the project a panel discussion with foreign partners was conducted with aim to provide more in depth information on conduct of national case studies by individual partners around issues like selection of the theme of case study, quantification, horizontal prioritization at levels of full chain and identification of most problematic issues. In case of Italian case study (computer tomography) a discussion developed on whether it is more health technology or health impact assessment.

Policies from outside health sector but with involvement of many sectors, with possibility to establish clear association with health outcomes and thematically highly interesting for public were the criteria mentioned by discussants for selection of

national case study themes. Complexity of policies, linkage to determinants of health, distinguishing between determinants of health and risk factors proved to be the most problematic issue in development of full chain schemes and therefore the assessment process. The colleague from Naviar raised the issue of use of results of assessment to change policies with regard to the Italian computer tomography case study; this is a crucial point to all assessment! The colleague from Slovenia briefly explained the issue of horizontal priority making among many determinants and many risk factors; they developed a scoring system for it which needs to be further tested across policies and countries.

The issue of quantification is another rather complicated one; in some case studies it was done in other no. After panel discussion Sarah Sierig presented an overview of existing quantification models and software's ; ~~it has been agreed that~~ all of them are calculating changes on risk factor-health outcome level and therefore cannot be directly used for full chain policy risk assessment yet, they are very useful for practice.

Gert Sjøsten from Naviar explained their approach to risk assessment as consisting from three factors: human, procedures and hardware. Within it they look at probabilities of an accident. This approach could be adapted for policy – determinants level within full chain as well.

In the afternoon a Metaplan exercise was conducted with focus on issues and missing items on the top-down policy risk assessment tool. The main results from this were that there is a need for more definitions on e.g. who is the user, there is a need for greater transparency and the language should be modified for the end user.

Metaplan exercise is useful to draw conclusions and to focus on issues of common interest. A single question is generally presented, to obtain simple statements as response. In the Danish RAPID workshop case, the question was “Are there specific issues of interest and missing items on the RAPID top-down policy risk assessment tool”?

Two groups for the Metaplan exercise were established: they presented their statement and ideas, discussed them, they built ‘clusters’ of items, they attributed ranking to the issues and then discussed again in plenary

The discussion permitted to identify crucial issues, related to the RAPID tool, to the methodology and the context of policy assessment. To be underlined: the attention to a proper definition of methods, but also of the single concept, a delimitation of roles and competencies, the consideration of social context, economic factors, vulnerable populations. All the issues have to be considered to fine-tune the RAPID tool.

The topic (clusters and single items) resulting from Metaplan discussion were:

Group 1

Issues related to: policy/politics (how to define the affected population; how to include and describe the political context of a policy; which model of health we choose for the analysis; information about 'what to do' if something is missing; who is the responsible institution; the problem of information sources; are the findings applicable.

What to do → extend the model of health; → build policy advice

Issues related to: methodology (availability of data; consider only one method; exposure assessment; the guidance is too demanding for users, long, complicated; consider the disadvantages of quantification; how to match quantitative and qualitative data; consider the strength of evidence of induced health effects; model to connect all the contents-full chain)

Issues related to: outcome (is it possible to include only one outcome; how is possible to consider all the outcomes)

Issues related to: general comments (if the 'questions' are answered, what to do next → brief summary – recommendations, or; the target group/users; who to include socio-economic concerns)

Group 2

Issues related to: assessment (describe the policy context: implementation plan for policy will impact on assessment; assess the changes in health outcomes quantitatively and qualitatively, calculate different possible scenarios; split bullet 5 I two: 1) availability of baseline data, 2) identify exposure-response functions; qualitative assessment can be valuable as the quantitative one, if well formalised a-priori; specify the information used for the description; how to describe the need for quantification, and relevant data sources)

Issues related to: consultation (time and place for stakeholder consultation; be careful about target population, actors, agents, beneficiaries, the public; when and whom can be consulted for description of evidence and casual pathways; criteria for doing s

transparent selection process; seek experts opinion, expert definition – experts for policymakers cannot be experts for stakeholders – panel of experts; ensure/use a transparent method of selection, establish criteria, disclose who made the selection, based on criteria; organise round tables to prioritize health outcomes)

Issues related to: evaluation (identify population affected with special attention to susceptible subgroups → social inequality in health; identification of indicators that may be useful for evaluation or monitoring; identify vulnerable groups; considerations of factors that can help in the following evaluation/monitoring; economic evaluation of direct and indirect costs; use of data from similar population, to compare; issue of data availability)

Issues related to: methods/definition/language (define terms of the tool; determinants and risk factors are not easy to relate and define and use; the use of concepts needs definitions; define the holistic model of health; alternative criteria for definition of health outcomes; health outcomes from surveys; use of concept of model; criteria to define full-chain; share and discuss about definitions; measure the uncertainty; repetition of exercise for the full-chain methodology to validate it; who is in charge of literature search and review; hierarchical approach to evidence; what to do when the strength of evidence is considered, what level of uncertainty we accept)

What to do → guidelines of methods; find common definitions; compile a glossary.

Conclusions

Due to the small group at the workshop instead of formal written evaluation an oral evaluation was completed right at the end of workshop. Participants acknowledged invitation to the workshop and considered the content relevant for their work in challenging in terms of future use of RAPID guidance tool. They all expressed a wish to stay connected and informed upon final products of RAPID project and potential testing of them in different settings. A small criticism was raised regarding lack of time to read and study documents either during the workshop or before it.

Workshop Report Spain

Granada 3rd November 2011

1. Structure of the Workshop

The main objective of this workshop was to share with a group of experts the methodology achieved by the RAPID team, and create a space for debate on possible approaches to better characterize the impacts of policies on health.

The first part of the workshop was devoted to the presentation of the RAPID project, explaining its background, objectives, and institutions involved. Afterwards, the methodology used for the development of individual national case studies was briefly introduced, describing the double approach of top-down and bottom-up procedures. The case study on *Housing subsidy program* carried out by LIGA.NRW (Germany) and the study on *Prevention of deaths related to road traffic accidents* developed by EASP (Spain), were shown to exemplify how the methodology was applied in the top-down and bottom-up approach, respectively.

The second part of the workshop consisted of a structured debate to critically analyse the check-list for top-down methodology previously distributed among all attendance.

2. List of participants

Twelve professionals coming from different workplaces (academia and local-regional and national public administration) participated in the meeting. They were invited because of their expertise in the field of policy evaluation, health impact assessment, or risk assessment. We were also joined by WP7 coordinators, Liliana Cori and Fabrizio Bianchi.

The detailed list of participants is as followed:

INVITED PARTICIPANTS

Ana M Novoa, Agencia de Salut Pública de Barcelona

anovoa@aspb.cat

Ana Rivadeneyra, Cluster EIS, Escuela Andaluza de Salud Pública

Ana.rivadeneyra@juntadeandalucia.es

Antonio Daponte, Environmental Health, Occupational Health and Food Safety Division
Escuela Andaluza de Salud Pública

Antonio.daponte.easp@juntadeandalucia.es

Consuelo Garrastazu, Environmental Health Coordinator, Ayuntamiento de Madrid

garrastazudmc@madrid.es

Elena Boldo, Department for Environmental epidemiology and cancer. National Centre of
Epidemiology, Instituto Salud Carlos III

eiboldo@isciii.es

Elena Cabeza, Public Health Department, Govern de les Illes Balears

cabezaelena@gmail.com

Elia Diez, Department for Health Promotion, Agencia de Salut Pública de Barcelona

ediez@aspb.es

Francisco Vargas, Public Health Department, Ministerio de Sanidad, Política Social e Igualdad

fvargas@mspani.es

Juan Carlos Raffo, Consejería de Salud de la Junta de Andalucía, Sevilla

Manel Nebot, Department for Policy and Programs evaluation, Agencia de Salut Pública de Barcelona

mnebot@aspb.cat

Vicenta Lizarbe, Department for Health Protection, health promotion and Epidemiology

Ministerio de Sanidad, Política Social e Igualdad

vlizarbe@mspani.es

Virginia Ballesteros, Environmental Health, Occupational Health and Food Safety Division

Escuela Andaluza de Salud Pública

Virginia.ballesteros.easp@juntadeandalucia.es

WP7 COORDINATORS

Liliana Cori, National Research Council, Institute of Clinical Physiology Pisa (Italy)

liliana.cori@ifc.cnr.it

Fabrizio Bianchi, Senior researcher, Centre Nazionale Ricerche Pisa, Italy

fabrieipi@ifc.cnr.it

EASP's RESEARCHERS COORDINATING THE WORKSHOP

Piedad Martín-Olmedo, Environmental Health, Occupational Health and Food Safety Division

Escuela Andaluza de Salud Pública

piEDAD.martin.easp@juntadeandalucia.es

Julia Bolívar, Environmental Health, Occupational Health and Food Safety Division

Escuela Andaluza de Salud Pública

julia.bolivar.easp@juntadeandalucia.es

3. Results related to the check-list for top-down methodology

The discussion on the methodology was done specifically on the Top-down approach due to limited time. In the course of the discussion, more general issues linked to HIA framework were pursued by participants. We incorporate those comments here too because their relevance in the elaboration of final methodology.

1. GENERAL COMMENTS

- In general all participants welcomed RAPID product related to the methodology for policy risk assessment considering the current political context in Spain where mandatory HIA is being finally adopted.
- The **AIM** and **target users** of the guide need to be more clearly defined, making special emphasis on the appraisal phase of policy level HIAs, not on the complete HIA procedure.
- It would be desirable a more detailed technical description of each steps, providing examples if possible.

2. POLICY LEVEL

- Include regional and local context in the step: "Place the policy into international/national context".

- Describe the different population subgroups, according to social class, gender and other axis of inequalities.
- It was suggested to provide a description on how to bridge the information gathered in the scoping and screening phases, with the characterization of the impact itself in the appraisal phase.

3. HEALTH DETERMINANTS LEVEL

- Use updated model according to WHO Commission on Social Determinants of Health.
- It was seeing very relevant the analysis of possible interactions among health determinants
- In “how to do”, modify the following expression: “Use expert opinion, even with the involvement of stakeholder participation” like this: “Use expert opinion, including, of course, those from stakeholder”

4. RISK FACTORS LEVEL

- Incorporate a descriptive summary from other guides or documents focused on how to use the best scientific evidence.
- A more detail description of the steps necessary to analyze the different relationships between risk factors and health outcomes.
- Provide brief description of quantitative tools available.

5. OTHER COMMENTS

Participants were very positive about the resulting diagrams of the case studies shown. The models were considered very descriptive, facilitating the visualization of all risk factors related to a program or policy, and the link to health outcomes.

The top-down approach was better accepted for a prospective HIA. Bottom-up approach, being retrospective in essence, was considered non-different from policy evaluation.

4. Other general issues that could be applied in refining the final tool

4.1 About concepts and terminology

- Workshop attendances considered that there is much confusion in terminology among “risk assessment”, “impact assessment”, and “policy evaluation”. An initial chapter or a glossary on terminology would be desirable in the final guidance.
- Differences between the terms "Determinants" and "Risk Factors" were also discussed. Some participants considered determinants as clusters of risk factors.

Others prefer to keep both concepts separately in the model because of its usefulness when making recommendations that would emerge as output of the HIA process.

4.2 Participation within the process

- Participation of policy makers and citizens was identified as an essential element to be considered throughout the whole process in order to ensure that the final recommendations would be fully accepted by all of them.
- However, a “real” participation of the civil society was visualized as a complex issue not easy to accomplish due to political conflicts. Some recommendations on how to overcome those barriers were also suggested to be incorporated in the final guidance.

4.3 Difficulties and benefits related to quantification approaches

- The group was concerned about the possibility that quantification approaches, although very important, might hide relevant health determinants and risk factors that modulate the final results of the impact of a policy on health.
- Participants agreed on the importance of the quantification process in providing more robust HIA outputs for policy makers. However, in many fields the scientific evidence available does not allow currently to move forward in this direction. It would be very useful to provide some information on how to proceed when the quantification is not possible (instructions on how to conduct qualitative assessment in a systematic way).

4.4 Final report and communication of the results

Provide some guideline on how the final report should be presented considering the different stakeholders (policy makers

Workshop Evaluation – IFC-CNR

The evaluation questions provided by the coordinating team were translated in Spanish. The twelve participants came mostly from medical sector, in administrative or technical positions. Eight participants of the EASP workshop filled out the evaluation form. Others had to leave earlier, and couldn't complete the form.

For questions 1-8, participants had to rate aspects of the workshop on a scale from 1 to 5. Participants rated nearly all the single issues as positive, as Table 1 shows.

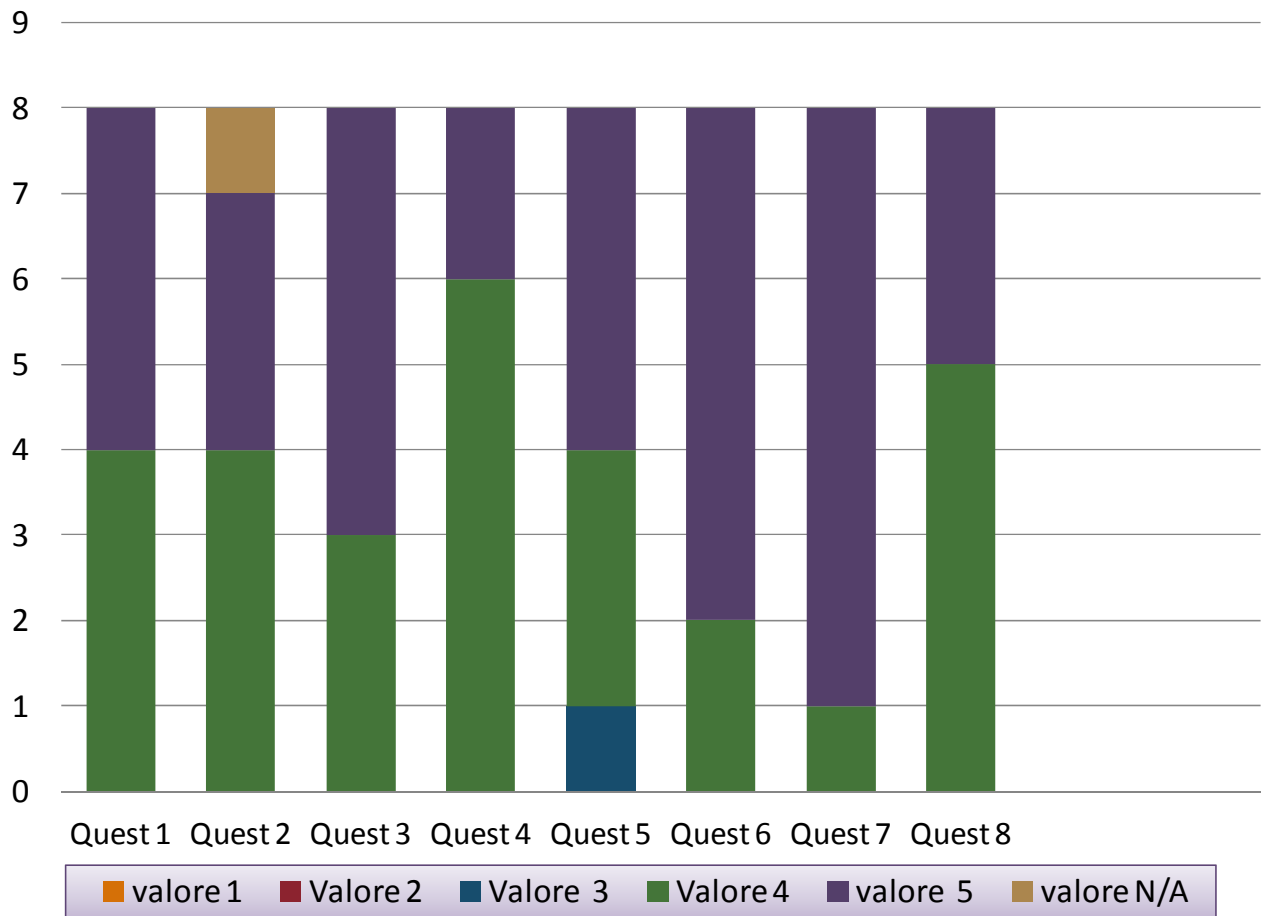
The workshop format and the time allowed in fact an open discussion, and the organiser could collect positive insights for the RAPID project, as included in the workshop report.

The suggestions from participants, reported in Table 2, from question 9-11, are also useful to broaden the impact of RAPID project and to design its possible follow up.

List of questions

1. I was well informed about the objectives of this workshop.
2. This workshop lived up to my expectations.
3. The content is relevant to my job.
4. The workshop objectives were clear to me.
5. The workshop activities stimulated my learning.
6. I found the activities in this workshop interesting.
7. The workshop discussion was appropriate and gave me the possibility to improve and exchange my knowledge.
8. I will be able to use what I learned during this workshop

Tab1 Results of workshop evaluation questionnaire question 1-8



Tab 2: Evaluation results of EASP RAPID workshop (evaluation questions 9-11)

9	How do you suggest to spread information about RAPID developments and results?
	Identify potential actors and develop a specific communication strategy for each sector, to spread information and involve partners
	Web pages where the information can be found and shared
	Involve the Spanish Society of Public Health
	Involve the Spanish Society of Impact Assessment
	To produce checklist to facilitate questions and discussion
	To send the RAPID results to the relevant institutions and ministries
	To produce scientific papers
	(poster) presentations on conferences
	lectures at university
	via local health authorities and health related foundations

10	Do you suggest to involve further actors/institutions in future developments?
	Public sectors in different regions and involved in different issues
	Private sector
	NGOs, citizen associations
	Institutions and bodies in non-medical sectors
	Practitioner and professional organisations
	Scientific public health institutes
	Public health authorities and decision makers
	Students
	Politicians
	Associations
11	Are you interested to participate in other workshop and activities around the same issue?
	7 yes
	One participant ask for participation and funding

Conclusion

As resulting from the seminar report, the EASP RAPID group considered positively the outcome of the workshop. The participants gave a positive evaluation, as from the present report. The design and organisation was very well carried out, the result are useful and productive for a positive conclusion and the outcome of the RAPID project.

Workshop Report Hungary

25 October, 2011 University of Debrecen, Medical and Health Science Centre

Faculty of Public Health

The Hungarian national RAPID workshop was held on 25 October, 2011, in the Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary.

The participants of the workshop were primarily contacted from the list of risk assessors that had been composed in a previous phase of the project. Finally, the representatives of 2 Hungarian national institutions and 6 departments from 3 Hungarian academic institutions plus the invited guest, the RAPID co-ordinator from the University of Southern Denmark attended the workshop.

The 14 participants represented various expert areas that could be linked to risk assessment, policy risk assessment and health impact assessment, like health policy, health promotion, epidemiology, environmental health, occupational health and radiation health.

The workshop programme consisted of a morning session with three presentations and time for open discussion. The afternoon session included two introductions of the top-down and bottom-up risk assessment tools, two presentations on the Hungarian top-down and bottom-up case studies and, finally, a group practical organised with Metaplan communication technique. The two groups formed for the Metaplan practical focused on the content and the applicability of the top-down methodology checklist in the political decision making process.

The most important problem areas identified by the groups in the Metaplan analysis:

group 1

- evaluation of socio-economic factors 14 points
- setting up expert team 10 points
- lack of protectors in the model 10 points

group 2

- instructions about what to do but not about how to do it 23 points

- its format is not a methodological guidance 11 points
- confusion about health determinants vs. risk factors 8 points

Further questions, notes and criticisms raised by the attendees of the workshop:

- Who can be the users?
- Why protective factors are not discussed?
- How can the factors be prioritized? (e.g. how many should be analysed)
- Problem with terminology: determinants (proximal-distal), exposure (socio-economic)
- Establishment of causal relationships.
- Consideration of vulnerable populations.
- How to influence political decision makers?
- Selection process.
- Description of sources of information, databases.

8 participants provided us with the workshop evaluation form filled out. The average scores given to the questions were high. The lowest score was 4.0 given to question 8 (I will be able to use what I learned during this workshop) and the highest 4.75 to question 2 and 4 (this workshop lived up to my expectations; the workshop objectives were clear to me). The spread of information about RAPID was suggested to be carried out on the internet or by brochure/publication. The last two questions about involving further actors/institutions in future developments and about participation in other workshop and activities around the same issue received yes answers from most of the responders. Public and health policy makers, and the National Public Health and Medical Officer Service were mentioned as those actors/institutions that could be involved in future developments.

The workshop received experts from various areas linked to policy risk assessment and included representatives from the administrative as well as the academic sector but missed those from the private sector. The relatively small group of people allowed constructive discussion throughout the workshop and a successful management of the Metaplan process. One of the major successes of the workshop was that it could receive a person how could play a substantial role in the integration of health impact assessment in the Hungarian policy making.

Workshop Report Germany

Bielefeld, 20 December 2011

NRW Institute of Health and Work

WHO CC Regional Health Policy and Public Health

Sarah Sierig, Odile Mekel, Rainer Fehr

Design of the workshop

The German national RAPID Workshop took place on the 19th of October 2011, in LIGA.NRW, Bielefeld, Germany. Nine weeks before planned date potential participants were invited by e-mail. The recipients were experts from the contact list of the German RAPID database. Beyond that we invited other contacts like the German Working Group on Probabilistic Exposure and Risk Assessment (AK PQRA) and the working group Human Health (*Arbeitsgruppe Menschliche Gesundheit*) associated with the German Society of Environmental Impact Assessment. 20 participants registered for the workshop. To all registered participants the draft RAPID-methodology and a short description of the RAPID project incl. case studies were send beforehand.

Finally sixteen participants attended the workshop including the LIGA.NRW RAPID team and Balázs Ádám from University of Debrecen, Hungary. Participants were mainly researchers partly already familiar with (basic) principles of health risk assessment.

The workshop started with an introduction on HIA and the role of health impact quantification in HIA. Subsequently and overview of the RAPID project was presented (background, methods, objectives) followed by a presentation of the Hungarian top-down assessment by the Hungarian RAPID partner.

After these introductory papers the tool was presented to the participants and the prepared tool-sheets were handed out. Participants worked in two groups on the topic “causal webs” by means of the tool. The concrete example to work on was a causal web on the housing subsidy program of NRW. Basic information about the housing subsidy programme was provided as hand-out. Results were presented in the plenum.

In a second group work, participants had to evaluate the tool by means of an example. The example was a focused causal chain on barrier-free housing and falls which was provided as a hand-out. Participants were asked to discuss the strengths and weaknesses of the tool and its application spectrum.

Discussion results: recommendations and suggestions by German participants

General remarks on RAPID methodology

- All in all, for German workshop participants quantitative modelling by means of the RAPID tool seemed to be possible (at least for the presented case study, the assessment of the NRW housing subsidy program)
- Participants remarked that the first step, analysis of the policy, is crucial and the “translation” of policy contents into health determinants might be the most difficult step
- Participants argued that quantification might be possible from risk factors to health effects in the most cases (sufficient literature was thought to be available), more difficult was the strain from determinants of health towards risk factors

Specific remarks and recommendations on the RAPID methodology/tool

- Participants raised the question, what the target group of the RAPID methodology/tool is
- Participants discussed if both approaches (bottom-up *and* top-down) are necessary and concluded that both are valuable as a starting point. If the user has prioritised which strain is going to be analysed, the duality might be cancelled. Generally it was stated, that it is important to harmonise both approaches in order to avoid confusion. The participants criticised that some phrasing in the tool is not clear e.g., “strength of evidence”
- Ideally the tool should be available online. Case studies and more detailed information could easily be linked
- Participants argued that the wording “tool” might be misleading. “Guidance” was suggested as a better wording

Recommendations for possible functions to add to the tool were:

- List of determinants (checklist)
- Concrete recommendation should be offered, for example: “best way to proceed is to use information from literature, if that is not available, use expert opinions....”

Evaluation

We translated the evaluation questions provided by the Italian RAPID partner into German and added two more questions. Nine participants of LIGA.NRW workshop filled out the evaluation form. Others had to leave earlier and didn't fill out the evaluation form. For questions 1-8, participants had to rate aspects of the workshop on a scale from 1 to 5. As Figure 1 shows, participants rated nearly all single issues positive. Only the workshop objectives (question 4) could have been more clear.

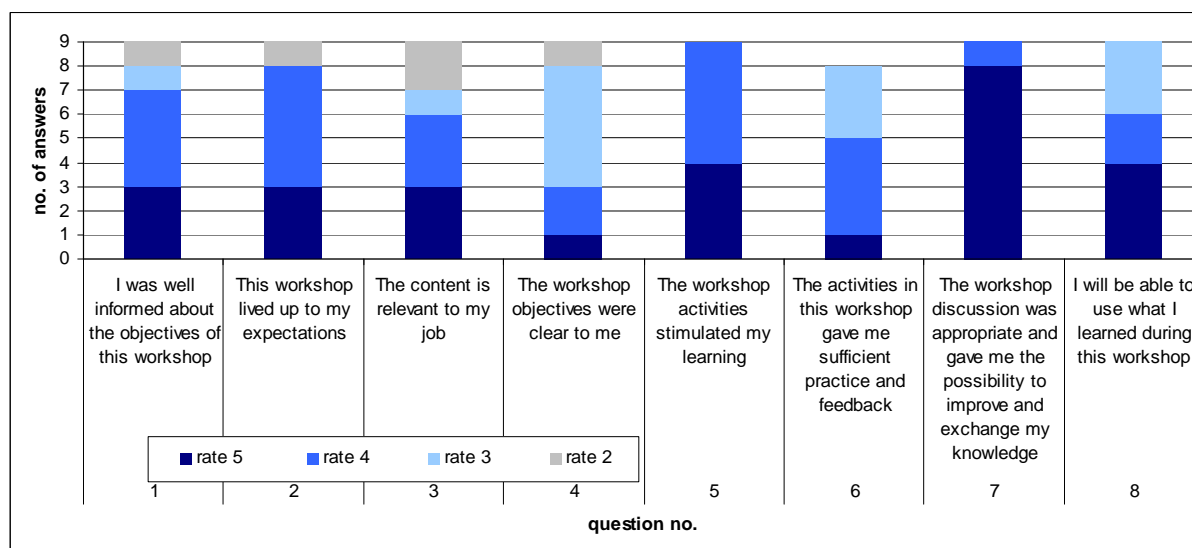


Fig. 1: Evaluation results of German RAPID workshop (evaluation questions 1-8)

The questions 9-13 were open questions. The answers are summarized in table 1.

Tab 1: Evaluation results of German RAPID workshop (evaluation questions 9-13)

1	How do you suggest to spread information about RAPID developments and results?
	internet: website, newsletter, mailing lists (n=4)
	(poster) presentations on conferences
	lectures at university
	via local health authorities and health related foundations
10	Do you suggest to involve further actors/institutions in future developments?
	practitioner
	scientific (public health) institutes
	public health authorities
	students
	politicians
	associations

11	Are you interested to participate in other workshop and activities around the same issue?
	yes (n=8)
	maybe (n=1)
12	What did you like best about the workshop? (question added by LIGA.NRW)
	work on concrete examples in groups (n=7)
	constructive atmosphere of the workshop
	small and interdisciplinary working group
	discussion
	introductory presentations
13	Suggestions for improvement and further recommendations (question added by LIGA.NRW)
	objectives of the workshop should be presented in the beginning of the meeting and not only in the invitation
	work on concrete examples
	structure: lunch break was too late
	one participant expected a concrete example for quantification

Organizer's conclusion

The LIGA.NRW RAPID group was very satisfied with the design and results of the workshop. The presented content was interesting and the working atmosphere was very constructive and fruitful as many of participants told us after the workshop. One participant communicated, that he already had used some ideas of the RAPID methodology for his own work in the meantime.

Regarding the tool we conclude that it is applicable and useful. There are some valuable recommendations for optimising the tool. A point which should be discussed again is, what RAPID target groups are. This would be a main issue for further recommendations.

Workshop Report Poland

5th November 2011 in Silesian Medical University Senate Hall.

Polish workshop took place on 5th November 2011 in Silesian Medical University Senate Hall. It was organized as a part of the WP7 package of Risk Assessment from Policy to Impact Dimension (RAPID) project co-financed by the European Commission, DG SANCO (via Executive Agency for Health and Consumers) from resources of Second Program of Community Action in the Field of Health 2008-2013. The workshop was organized and coordinated by the Joanna Kobza MD, MA, PhD (leader of Polish RAPID team), Mariusz Geremek MD (project investigator) and Józef Pastuszka Prof. (project investigator). The workshop was supervised in aspect of its theoretical schedule and practical realization by RAPID project leader Prof. Gabriel Gulis from University of Southern Denmark.

As a preparation to workshop numerous of public institutions were selected. Most of the experts and institutions were selected through the RAPID database of experts. Workshop organizers focused on institutions which among statutional targets have those connected with risk assessment, health policy, public health policy, risk management and risk evaluation. Invitations were sent both via email and by post to employees of municipalities, local government units, medical and technical universities and scientific institutes.

Among workshop participants, there were representatives of Central Mining Institute (Katowice), Institute of Ecology of Industrialized Areas, Institute of Occupational Medicine and Environmental Health, Medical University of Silesia, Silesian University of Technology, Health Departments of Ruda Śląska, Bytom and Gliwice municipalities. Two weeks before the workshop participants were informed about main targets of RAPID project, role, aim and expectations of the workshop in the whole project and exact workshop program.

Workshop agenda was edited in cooperation and approval of RAPID project leader. It consisted of:

1. Introduction to RAPID, main targets of RAPID project– Joanna Kobza, Public Health Department, Public Health Faculty, Silesian Medical University
2. Describing expectation and role of European Commission and Executive Agency for Health and Consumers in aspect of workshop– Gabriel Gulis, Health Promotion Unit, Southern Denmark University, main coordinator of the project

3. Top-down and Bottom-up approach methodologies- Mariusz Geremek, Public Health Department, Public Health Faculty, Silesian Medical University
4. Detailed description of Polish bottom-up case study- Mariusz Geremek, Public Health Department, Public Health Faculty, Silesian Medical University
5. Detailed description of Polish top-down case study - Józef Pastuszka, Silesian University of Technology
6. Discussion concerning risk assessment methodology in decision-making process and possibilities of its practical use in local governments and public administration health activity- discussion
7. Risk assessment of political decisions- opportunities and barriers- discussion
8. Working out recommendations concerning practical use of top-down and bottom-up methodologies in strategic planning on different level of decision-making process

List of participants:

1. Aleksandra Koterak, Central Mining Institute
2. Agata Malina, Silesian University of Technology
3. Joanna Mazur, Silesian University of Technology
4. Eleonora Wcisło, Institute of Ecology of Industrial Areas
5. Renata Złotkowska, Environmental Health Department, Public Health Faculty, Silesian Medical University
6. Arkadiusz Wawiernia, Municipality of Bytom
7. Barbara Harczyńska, Municipality of Ruda Śląska
8. Bożena Krasewicz, Municipality of Gliwice
9. Natalia Cylulko, Silesian Medical University

Major discussion points and participants opinions:

Policy

1. According to experts opinion concerning RAPID guidance of top-down approach the definition of target population must be broadened.
2. Participants agreed that Top-down strategy is easier to implement and is a useful tool on municipal and local level rather than on national level and its methodology should focus more likely on regional and local policies than on international context of the health issue.
3. Decision-makers focused on aspect of differences and contradictions in national strategies and regional and local strategies. Local decisions are often in opposition to national ones.
4. Conflict of interests, of political and economic influences among different groups
5. Existing special procedures on local level which make health risk assessment difficult to apply

Health determinants

1. Decision-makers underlined, that usually health determinants models (Dahlgreen and Whitehead model, Lalonde model) are not taken into consideration during decision-making process in health departments of the city halls.
2. Experts underlined, that during practical use of the guide there can be problems concerning dividing health determinants from risk factors because of the deep interactions between them.

Risk factors

1. Decision-makers indicated, that there can be problems concerning both strict description of health determinants, risk factors or professional undetaking of literature review because health departments employees often have no basic knowledge concerning those aspects.
2. Interaction between risk factors could be too complex and their full investigation could be impossible.

Health outcome

1. Experts discussed also problems concerning strict definition of health outcomes.

2. Decision-makers suggested, that not all negative or positive influences on health can be assessed.
3. Latency of policies should be taken into consideration.

Recommendations:

1. Workshop participants discussed both methodological models and practical aspects, in which their application could be helpful. Unfortunately Health Impact Assessment procedure is not mandatory in Poland and it discourages policy makers from introducing full chain health impact assessment procedure in their units. Obligatory HIA within European Union would solve this problem.
2. Although there is a theoretical possibility of engaging experts into decision-making process there are administrative obstacles concerning indication of expert or institution, which would be preferred as a support in decision-making process. Every purchase for the public institution in Poland must be solved by the call for tenders procedure. Decision-makers are not able to indicate directly consultative institution, which they would prefer.
3. At the beginning of top-down methodology implementation, there is a need of limitation range of policies, which could be undertaken to those strictly connected with health, environmental issues and transport policy. It will prove its efficiency and value in estimating potential effect of introduced law/policy on health.
4. There is a need of popularization of health determinants models to improve policy-makers consciousness, which elements of the surrounding environment are most vital for population and individuals health.
5. Quantification of risk factors in aspect of their influence on health outcome can help decision-makers to understand the health consequences of the policies. It will allow to minimize negative health effects, if it is impossible to avoid it.
6. It seems to be necessary to precise the notion of health outcome to make it easier to evaluate.

Evaluation of workshop

Participants confirmed, that they were informed about objectives of workshop and they voiced the opinion, that workshop lived up their expectations and they would like to be informed about results and conclusions of our project.

Participants agreed, that risk assessment is relevant question in their work.

Workshop objectives were clear for most of participants and gave them sufficient practice and feedback. The workshop's content was also stimulating in aspect of learning and getting more information about HIA and risk assessment subjects.

Although participants of workshop underlined, that discussion was constructive and efficient most of them expressed negative opinions about possibilities of practical using of RAPID risk assessment procedures in their work.

Participants of workshop agreed, that there is need of focusing of international achievements in aspect of HIA and other risk assessment models.

Internet resources and scientific publications were most often cited, as best ways to spread information about RAPID project.

Most of the participants expressed an opinions, that they would like to participate in other activities concerning risk assessment issue.

Workshop Report Slovak Republic

TRNAVA 19-20 OCTOBER 2011

University in cooperation with RUVZ Kosice as a pre-conference workshop of the „**Fourth interdisciplinary symposium of public health, nursing, social work and laboratory investigating methods with international involvement**“

Session I: Introduction to risk assessment landscape – theoretical framework (held in October 19, 2011, from 14:00 to 18:00)

Session II: National case studies, brief description of EC strategy, checklist tool, discussion in working groups (held in October 20, 2011, from 8:30 – 12:00)

Participants were divided into 3 working groups with the same task: to test the checklist tool using EC strategy – and try to answer the checklist tool „questions“

2 working groups did clearly understand the task, 1 working group did not

2 working groups tried to read EC Strategy and „compare“ it to the checklist tool

1 working group tried to prepare new „proposal for policy“, but did not use the checklist tool. They considered it very difficult even to think about using the checklist tool (lack of time, more tables/schemes are needed to make the tool clear enough).

General comments - checklist tool is too complicated

Policy part

Unclear checklist tasks (e.g. – what „scope of the policy“ means?, what does it mean „transparency“?, etc.)

Determinants of health part

The checklist tool should contain examples of health model

Risk factors part

Terminology – difference between risk factors and determinants of health is unclear

This part should be focused mostly on risk factors, not on outcomes – this part was considered as the most unclear.

List of Participants:

Rapid team members:

Gabriel Guliš, Jana Kollárová, Marek Majdan, Daniela Kállayová, Zuzana Klocháňová

Participants from public health institutes and professional risk assessors:

1. Luboš Medzihorský
2. Ľubica Daubnerová
3. Tímea Ostrihoňová
4. Anna Sedláčková
5. Ivana Voleková
6. Viere Mercesová
7. Jirí Janošek
8. Jozef Krak
9. Dana Endrizalová
10. Jana Murková
11. Michaela Nagyová
12. Jana Bagajová
13. Janka Sajdáková
14. Zuzana Valachová

Participants from academic field:

15. Antónia Ivanová
16. Zuzana Katreniaková
17. Veronika Mikušová
18. Monica O'Moullane
19. Jarmila Pekarčíková
20. Veronika Gonšorová
21. Michaela Machajová
22. Veronika Štastná
23. Marek Psota
24. Veronika Rehorčíková
25. Dagmar Mastelová
26. Zuzana Valachová
27. Miroslav Švaro
28. Zuzana Izsáková

Participant evaluation summary

We have distributed a total of 28 evaluation sheets translated into Slovakian language to allow comprehension by participants. The return rate of the questionnaires was 70%. Over 80% were satisfied (scores 4 or 5) with the information about the workshop and the content and outline of the workshop met their expectations. Over 70% of the participants thought the contents were relevant to their job and it stimulated their learning. Some of the participants pointed out that the tool which was the topic of the discussion was complex and the overall idea of risk assessment of policies was novel. Thus they felt perhaps needed more time to master it in order to be able to discuss it in depth. Most of the participants expressed their interest in further discussion on this topic. Some participants would like to have further workshops to discuss the practical implication and use of the presented tool.

Workshop Report Slovenia

6.-7. December 2011

Ljubljana, National Institute of Public Health

Katarina Bitenc and Peter Otorepec

Evaluation

We had 46 participants on our workshop. They were from different governmental and nongovernmental institutions and also from private sector. The majority of participants were satisfied with Workshop program. The content of workshop was clear and well accepted, it is important to show use of tool with practical examples.

The participants agree that they were well informed about the objectives of the workshop and that the workshop lived up to their expectations and that the content was relevant to their job.

They also agree that they the workshop objectives were clear for them, activities stimulated their learning and the activities in the workshop gave them sufficient practice and feedback.

They agree that the workshop discussion was appropriate and gave them the possibility to improve and exchange the knowledge and they will be able to use what they learned during the workshop.

There were suggestions how to spread knowledge to others. Following activities were proposed;

- to organize more workshops
- to put all the materials (guidelines, examples) on a web
- to organize more workshops also at academic institutions and other gov bodies
- to involve in presentations and further activities as many of different institutions as possible.

There were following suggestions who else should be included in activities; majority of participants consider important to include NGOs, other gov sectors and academic sector.

The overall impression is that such kind of tool is needed and highly appreciated. There is still issue of poor knowledge about the difference of HIA, SEA and HIA for policy assessment, such questions should always be answered at the beginning of any workshop.

Workshop Report Romania

20th of January 2012, at UBB, Cluj-Napoca, Romania

Center for Health Policy and Public Health, Institute for Social Research

Faculty of Political, Administrative and Communication Sciences

Babes-Bolyai University

Design of the workshop

The Romanian National RAPID Workshop took place on the 20th of January 2012, at UBB, Cluj-Napoca, Romania. Three weeks before planned date, potential participants were invited to attend the workshop. The invitations briefly described the RAPID project and the objective of the workshop. Those who were invited were experts from the contact list of the Romanian RAPID risk assessors survey database, including experts from Regional Center for Public Health Cluj, Cluj County Public Health Authority – Epidemiology Department, as well as physicians from different clinics from Cluj-Napoca and Târgu-Mureș.

Sixteen participants attended the workshop (Annex 4 – Participants list). Among participants, there were experts who were familiar with the concept of health risk assessment as a part of their daily work.

For each participant, the Top-down Methodology Tool, the Romanian National Plan for Intervention in Influenza Pandemics case study and the selected Romanian policy (National Health Care System of Emergency and First Aid draft law) for group exercise, were handed out. The workshop started with an overview of the RAPID project including background, methods, objectives and partners, followed by a short discussion about the need of health risk assessment. The workshop continued with the top-down methodology description and a briefly presentation of international partners' case studies.

After these short presentations, the Romanian case study was presented and open discussions regarding presented tool and participants' experiences in the field were conducted. During the exercise, participants worked in two groups. Using the assessment methodology, both teams presented the results of the discussion on National Health Care System of Emergency and First Aid draft law.

Discussion results: recommendations and suggestions by Romanian participants

General remarks on risk assessment in Romania and why the RAPID tool won't be easy to use by Romanian experts:

- Lack of an interconnected data system
- Lack of funding for developing risk assessment
- Lack of statistical data (YPLL and DALY and other estimates – difficult to compute due to lack of statistics)
- Private medical offices fail to report the data (low quality of the data and lack of reports)
- Physicians are reluctant to make data available
- Inoperable information network
- lack of consensus among specialists
- The workshop should have a 2-day program -1 day for presentations and 1 day for discussion
- There should be discussions with politicians to see if they will use risk assessment/ impact evaluation
- Participants remarked that experts should be more actively involved in developing instruments for risk assessment
- There isn't a clear difference between health policy assessment and impact assessment
- Participants remarked that the health system should sustain implementation of health risk assessment

Specific remarks and recommendations on the RAPID methodology/tool

- Participants discussed about what groups are targeted by the RAPID methodology/tool
- Many participants stated that there isn't a clear difference between health policy assessment and impact assessment
- Participants discussed why use bottom-up *and* top-down approaches, who will make use of the methodologies

- Participants agreed that the RAPID methodology is too general to be easily used by public health experts
- Participants remarked that the deduction of health determinants from the policy content is somewhat difficult
- Participants stated that a methodology evaluation system should exist

Evaluation

We translated the evaluation questions discussion provided by the Italian RAPID partner into Romanian. Fourteen participants of the UBB RAPID Workshop filled out the evaluation form. Two of them had to leave earlier and didn't fill out the evaluation form. For questions 1-8, participants had to rate aspects of the workshop on a scale from 1 to 5. As Figure 1 shows, the majority of issues were rated positive (4 and 5).

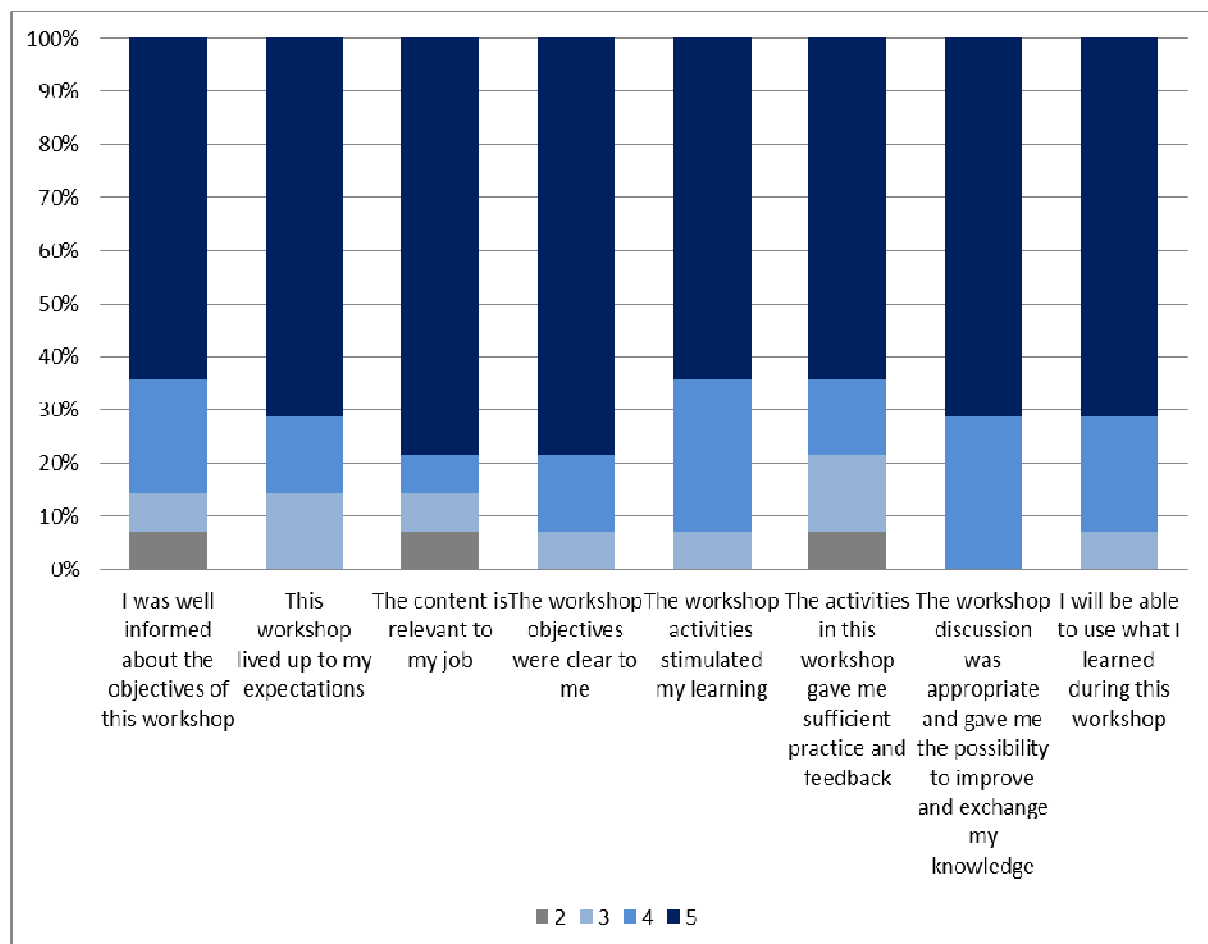


Figure 2: Evaluation results of the Romanian RAPID workshop (evaluation questions 1-8)

The questions 9-11 were open questions. The answers are summarized in table 1.

9	How do you suggest to spread information about RAPID developments and results?
	Roundtables (n=4)
	Between experts (public health professionals -> physicians)
	Workshops, conferences (n=7)
	Local health authorities (n=2)
	Mass media and websites
10	Do you suggest to involve further actors/institutions in future developments?
	Educational institutions (n=2)
	Policy makers (n=2)
	Public health authorities (n=2)
	Health services providers
	Scientific institutes (n=2)
11	Are you interested to participate in other workshop and activities around the same issue?
	Yes (n=14)

Table 1. Evaluation results of the Romanian RAPID workshop (evaluation questions 9-11)

Organizer's conclusion

During the workshop, not all the participants were actively involved in the discussions, although efforts were made towards this goal by the workshop moderators. The discussions were centred on the ease of use and the utility of the methodology. Some participants expressed concerns regarding who will use this tool and who will fund such an endeavour.

Ideas were exchanged among the participants and, during the meeting, a consensus was reached: the participants agreed there is a lack of institutional and interpersonal communication and they agree to pursue in finding a solution for this problem.

Workshop Report Lithuania

19 January 2012, Trakai, Lithuania

The RAPID project National Workshop in Lithuania was organised on **19 January 2012** in Trakai at the premises of the Centre for Health Education and Disease Prevention.

The programme of the workshop was planned for the whole day from 10.00 till 16.00 with lunch break. The meeting was held in Lithuanian language, invited speakers made their presentations in English, Lithuanian – English simultaneous interpretation was provided during the workshop. **Dr Balazs Adam (Hungary), Dr Odile Mekel (Germany) and Dr Joana Kobza (Poland) attended the workshop as invited speakers and experts.** More detailed workshop programme is provided in Annex 1. Meta plan was not used at the workshop but the work in groups and plenary discussion were conducted.

Invitations to the RAPID national workshop were sent to the specialists included in the RAPID risk assessors' database but also to the broader range of public health and environmental protection institutions from national and local levels, as well as to academia. **32 participants** attended the workshop from the Public Health Department of the Ministry of Health of Lithuania, Environmental Impact Assessment Division of the Ministry of Environment, State Mental Health Centre, Radiation Safety Centre, Hygiene Institute, State Public Health Service under the Ministry of Health, Centre for Health Education and Disease Prevention, municipal public health bureaus, Medical Faculty of Vilnius University and Lithuanian Health Sciences University.

Workshop evaluation forms were received from 23 participants – response rate about 72 percent (71.875 %). The evaluation form provided by WP co-ordinators was translated into Lithuanian without major modifications, only one open question on any other suggestions and comments was added in the end of the questionnaire.

While evaluating the **workshop content**, majority of respondents (about 56 percent, 13 answers out of 23) gave the score of 5 (strongly agree); 35 percent (8 answers out of 23) – agreed, and 9 percent (2/23) – neither agreed nor disagreed to the statement „*I was well informed about the objectives of this workshop*“.

Majority of respondents (nearly 48 percent; 11/23) strongly agreed that *the workshop lived up with their expectations*; 39 percent (9/23) – agreed, and 13 percent (3/23) - neither agreed nor disagreed; one participant marked this statement as not applicable.

„*The content is relevant to my job*“ – strong agreement from 22 percent of participants (5/23), agreeable for nearly 48 percent (11/23) and 26 percent (6/23) neither agreed nor disagreed.

One participant marked this statement as not applicable (4 %).

Workshop design evaluation results showed that about 52 percent (12/23) strongly agreed with the statement „*The workshop objectives were clear to me.*“ Nearly 44 percent (10/23) – agreed, and 4 percent (1/23) neither agreed nor disagreed.

14 out of 23 respondents strongly agreed that *the workshop stimulated their learning*; 30 percent (7/23) – agreed, 4 percent (1/23) – neither agreed nor disagreed and 4 percent (1/23) – disagreed.

The statement „*The activities in this workshop gave me sufficient practice and feedback*“ was strongly agreeable for nearly 35 percent (8/23) of respondents; 30 percent (7/23) marked – 4 (agree), and nearly 35 percent (8/23) marked 3 (neither agree nor disagree).

The **workshop results** were evaluated as following: „*The workshop discussion was appropriate and gave me the possibility to improve and exchange my knowledge*“ – 5 – 41 percent (9/22); 4 – 36 percent (8/22), 3 – 23 percent (5/22). One answer was missing for this statement.

„*I will be able to use what I learned during this workshop*“ – 5 – 31 percent (7/23); 4 – 48 percent (11/23); 3 – 17 percent (4/23); 2 – 4 percent (1/23)/.

Workshop participants thought that information about RAPID developments and results could be actively spread through the webpages of health institutions, during practical trainings, through regular newsletter, publications in Lithuanian language, leaflets, articles, translation of RAPID materials, case studies of some countries into Lithuanian, scientific publications, this information should reach politicians.

Participants suggested to involve Ministry of Transport and Communications (*representatives were invited but did not respond to the invitation, SMLPC remark*), as many public health specialists as possible from public institutions and consultancy companies, specialists from Vilnius Gediminas Technical University, regional public health centers, policy makers on national and municipal level, people from administrations, environmental protection agency, all who are interested.

Majority of respondents stated they would be interested to take part in other workshop and activities around the same issue.

Among the other suggestions participants asked for more information about the project and what has been done in Lithuania; they asked for translation of presentations made by invited speakers into Lithuanian on paper.

Summarising the discussion during the workshop, participants were very interested in presented methodology; there were some questions about differences between top-down and bottom-up approaches, and the need to harmonise and standardise both of them as much as possible; participants asked for more clear definitions of health determinants and risk factors, as well as what is policy. More clear description of how to distinguish between health determinants and risk factors is needed; more clear description of how to make prioritisation on all levels of the chain and how to make transparent choices and based on what; and how deep the analysis should go. Some participants asked for 'RAPID methodology for green' with additional information for each step of the process; special attention has to be paid for the translation of methodology into Lithuanian, the use of certain terms and concepts has to be agreed.

Aknowledgements

Many thanks for Italian colleagues leaders of WP on national workshops for producing templates and materials for the workshop; sincere gratitude for all RAPID partners for the case studies and input in developing methodology and special thanks to Balazs, Joana and Odile for coming to Lithuania and sharing their experience and knowledge and actively participating in the discussion.