NIHR

Impact strengthening

Ross Pow

April 2020
WELCOME, INTRODUCTIONS AND PLAN FOR THE DAY
Agenda

1000   Getting set up on Zoom
1015   Welcome, introductions and plan for the day
1030   Session 1: Goals and audiences
1130   BREAK
1145   Session 2: Questions and strategies
1300   LUNCH
1345   Session 3: Communication and connection
1445   Feedback
1500   CLOSE
The content in this workshop has been developed in conjunction with The Policy Institute at King’s College London

Emerald Open Research

OPINION ARTICLE
Impact by design: Planning your research impact in 7Cs

Niall Sreenan, Saba Hinrichs-Krapels, Alexandra Pollitt, Sarah Rawlings, Jonathan Grant, Benedict Wilkinson, Ross Pow, Emma Kinloch

Systematic Serendipity
How do you feel about 'impact'?
What do we mean by IMPACT?

Put your ideas into the CHAT
What do we mean by impact?

- Patient care improvements
- Policy changes
- Reduced inequality
- Shaping beliefs and assumptions
- Cultural change
- Making strategic linkages
- Changing discourse
- Changing individual behaviours
- Fairer resource allocation
- Better health outcomes
- Relationship building
"An effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia."
Researching pathways to impact


contact: ross.pow@powerofnumbers.co.uk
Researching pathways to impact

Researching pathways to impact

Researching pathways to impact

Of course it is not a linear process, there are time lags, and ‘contributions to knowledge’ are valuable in themselves.

Session 1

GOALS AND AUDIENCES
Making an impact is about creating change
What emotions do people feel as they go through a big change?

Put your ideas into the CHAT
A change curve based on the Kübler-Ross model
Change happens at **different rates** within populations and between countries.
You need to work with the **emotions** as well as the logical-rational ideas.
Beckhard’s model of change

\[ C = (D \times V \times F) > R \]

- **C** = possible change
- **D** = Dissatisfaction with the status quo
- **V** = Vision to be achieved
- **F** = First Steps to be taken
- **R** = Resistance to change
Identify the ingredients for **the change you want**

<table>
<thead>
<tr>
<th><strong>D</strong></th>
<th><strong>Caries in teeth is the largest single Global Burden of Disease</strong>, affecting 3.0 billion adults and children. Caries <strong>inequalities</strong> are also profound.</th>
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<tr>
<td><strong>V</strong></td>
<td><strong>Prevention is possible</strong> as we have the science to maintain teeth at a good level of health before cavitated decay requires restoration. This can be delivered by combining a shift in <strong>personal behaviours</strong> and a greater focus on prevention in <strong>dental practice</strong>. Decreasing the prevalence of caries, particularly via diet, can also reduce the risk factors for other NCDs such as obesity, diabetes, metabolic syndrome.</td>
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<td><strong>F</strong></td>
<td><strong>Action 1</strong>: Demonstrate the <strong>value of a cavity-free world</strong>&lt;br&gt;<strong>Action 2</strong>: Create prevention <strong>payment systems</strong>&lt;br&gt;<strong>Action 3</strong>: Expand and equip the <strong>dental workforce</strong> and increase <strong>inter-professional collaboration</strong>&lt;br&gt;<strong>Action 4</strong>: Shift public and industry <strong>behaviours</strong></td>
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</table>
Identify the ingredients for **the change you want**

\[ C = (DVF) > R \]

- **C** = possible change
- **D** = Dissatisfaction with the status quo
  - Vision to be achieved
  - First Steps to be taken
  - Resistance to change

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**Beckhard’s model of change**

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<th>Dissatisfaction</th>
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<td>Vision</td>
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<td>First steps</td>
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</table>
Who is your target audience?

Think of the different ‘stakeholders’ you will need to work with
Map different **stakeholders** to prioritise

![Stakeholder Prioritisation Diagram](image)

- **Interest**
  - Low
  - High

- **Influence**
  - Low
  - High
Mapping **stakeholders** to prioritise effort

- **High Influence**
  - Low Interest: 4 – keep informed
  - High Interest: 3 – leverage

- **Low Influence**
  - Low Interest: 2 – mobilise
  - High Interest: 1 – priority focus

---

**Contact:** ross.pow@powerofnumbers.co.uk
Example project:
Improving care for Severe Stigmatising Skin Disease (SSSD)

Interest
Low
High

Influence
High
Low

- Health workers
- Traditional healers
- Heads/non-engaged members of country Ministries of Health

SSSD 'communities of practice'
- Engaged members of Ministries of Health
- Programme partners

Wider public
- Staff at UK-based institutions not involved in the study

Affected communities / individuals not yet receiving support

Example used with permission: Improving experiences of severe stigmatising skin diseases in Ghana and Ethiopia. Skin Health Africa Research Programme (SHARP), LSHTM.
Example project: Improving access to point of care devices in Ghana

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<td>Not really thinking in our model...</td>
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Analyse the **PESTLE** and **SWOT** for your topic

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Session 2

QUESTIONS AND STRATEGIES
Situation + Complication = Question

Diabetes is one of the world’s biggest health challenges with prevalence rates increasing globally and the costs of diabetes-related treatment accounting for a significant proportion of healthcare budgets.

Bariatric surgery is a proven, cost-effective approach to reducing the impact of diabetes amongst those patients showing most risk of the disease BUT is not being widely adopted.

Why is bariatric surgery not being used more widely in the treatment of diabetes?
Situation + Complication = Question

It is not possible to develop some complex compounds for pharmaceutical purposes using synthethic chemistry approaches because of cost and technical challenges.

One option to improve the development process is to design building blocks for complex compounds using biological methods.

What is the business case for complex compound development using biological approaches?
Situation + Complication = Question

Skin disease is a leading cause of global chronic disease burden and morbidity

Many people in Ghana and Ethiopia suffer poor experiences and associated outcomes because of late detection

Early case detection and treatment for people with SSSDs is hindered by:
- low awareness
- only limited early stage discomfort
- patients seeking care from traditional healers
- prohibitively high cost of disease-specific programmes for rare SSSD

What actions can be taken to improve the experiences of those with severe stigmatising skin diseases in Ghana and Ethiopia?
Choosing a ‘strategy’ to reach your audience

Direct
You → Audience

Indirect
You → Partner → Audience

Community
You → Coalition → Audience

Movement
You → Media, public or other broad group → Audience
Using a **logic model** to plan for impact

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Processes</th>
<th>Transformations and Outputs</th>
<th>Outcomes and Impacts</th>
</tr>
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<tbody>
<tr>
<td>What is the underpinning research?</td>
<td>What decisions are made?</td>
<td>What is produced?</td>
<td>What impacts are aspired to?</td>
</tr>
<tr>
<td>What other inputs are key?</td>
<td>What actions are taken?</td>
<td>What changes in the way the things work?</td>
<td>Who will benefit?</td>
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Impact model 1: CAN clinical practice tool

Researchers at King's College London (KCL) developed and disseminated a suite of tools based around the Camberwell Assessment of Need (CAN). CAN provides a scientifically rigorous and flexible approach to assessing people’s mental health and social needs.

The tools supports carers and health professionals to plan patients’ care around these needs. This is important, as mental health services around the world are striving to increase the patient-centeredness of their care.

KCL research showed that using CAN improved patient outcomes, and forms the basis of numerous support services and recovery frameworks for patients with serious mental illnesses. It was described by the Mental Health Commission of Canada as ‘the most internationally recognized and researched [needs-led care] assessment tool available’.

Under the direction of KCL, CAN has now been translated into 26 languages, including many European, Asian and African ones. CAN is routinely used in clinical practice, within both statutory mental health services and nongovernmental organisations, in the UK and around the world.

“Camberwell Assessment of Need” REF 2014 IMPACT CASE STUDY
http://impact.ref.ac.uk/CaseStudies/CaseStudy.aspx?Id=41203
Impact model 1: CAN clinical practice tool

Inputs

Researchers developed a suite of tools based around the Camberwell Assessment of Need (CAN).

CAN provides a scientifically rigorous and flexible approach to assessing people’s mental health and social needs.

Processes

KCL group have actively supported dissemination into clinical practice internationally. This included liaison with colleagues, development of quality assurance and copyright protection systems and development of a comprehensive online resource: Research Into Recovery.

CAN has now been translated into 26 languages, including many European, Asian and African ones.

Transformations and Outputs

CAN is routinely used in clinical practice, within both statutory mental health services and nongovernmental organisations, in the UK and around the world.

Outcomes and Impacts

CAN improved patient outcomes and forms the basis of numerous support services and recovery frameworks for patients with serious mental illnesses.
Impact model 2: Cavity-free future

Inputs

- Formed a global charity with national ‘chapters’.
- Funding from KCL and partner organisations.
- Collation of scientific evidence and clinical best practice.
- Multi-disciplinary contributions from dentistry, oral health, insurance industry, psychology, etc.

Processes

- Networking and conference speaking
- Three high level ‘Policy Labs’ over 28 months to develop strategy.
- High profile champions pushing different parts of the agenda.
- ‘Movement’ of people to lead change in individual countries.

Transformations and Outputs

- Journal and professional practice publications.
- Development of dental practice model focused on prevention.
- Programmes to change patient and public behaviours.
- Partnerships with industry to drive awareness and practice.
- Design of generic blueprint of how to pay for prevention.
- Country-level pilots of new payment models.

Outcomes and Impacts

- Sustainable global network of ‘change makers’
- Pilot improvements to preventative care beginning to be evaluated.
- Payment model redesign increasingly on national Chief Dental Officer agendas.
- Industry aligning its efforts with the campaign, including how to reach disadvantaged groups.
Impact model 3: Improving experiences of Severe Stigmatising Skin Diseases in Ghana and Ethiopia

Example used with permission: Improving experiences of severe stigmatising skin diseases in Ghana and Ethiopia. Skin Health Africa Research Programme (SHARP), LSHTM.
Use a logic model to plan for impact

**Inputs**
- What is the underpinning research?
- What other inputs are key?

**Processes**
- What decisions are made?
- What actions are taken?

**Transformations and Outputs**
- What is produced?
- What changes in the way the things work?

**Outcomes and Impacts**
- What impacts are aspired to?
- Who will benefit?
How to **capture impact** varies by discipline and the exact nature of the project

‘Measures’ of impact include ...

- Patients’ lives improved (QALYs, DALYs)
- Adoption in practice or policy
- Citations in clinical guidelines
- Qualitative narratives from clinical staff or patients on improved care delivery
More indicator examples

- Evidence of use of research in policy guidelines
- Cited publications in successful funding applications
- Requests for research to support policy
- Research used in curricula for new researchers
- Research cited in ongoing health professional education material
- Number of patents licensed*
- Collaborations with industry*
- Use of research in reports by industry
- Research cited in advocacy publications
- Number of lectures given public audiences*
- Numbers of research and research-related staff*
- Levels of additional research funding*
- Infrastructure grants ()
- Licensing returns ()
- Product sales revenues ()
- Valuation of spin-out companies ()

- Average citations received by the unit being analyzed, compared to the world citation rate for the discipline(s)
- Number of publications by individual/unit*
- Proportion of publications that are co-authored internationally, nationally, with industry, with other disciplines
- Disease incidence or prevalence
- QALY, PYLL, PROM
- Measures of modifiable risk factors
- Measures of social determinants of health
- Level of environmental determinants of health
- Measures of acceptability, accessibility, appropriateness, and competence of the health care system
- Measures of effectiveness, efficiency, and safety of the health care system
- Health benefit in QALYs per health care dollar
- Health benefit in PROMs per health care dollar
Make a **record** of your impact (or plan to)
Session 3

COMMUNICATION AND CONNECTION
AIDA: the *influencing cycle*

- **A** - Attention
- **I** - Interest
- **D** - Decision
- **A** - Action

**Pipeline**

- **Delivery**
- **Re-engage**
- **Sustain**
Help people group ideas into **meaningful concepts**

snake  
bath  
gym  
dance  
soldier  
soup  
crane  
bridge

Group these words into two sets of four words
(and have clear reasons for why you have grouped them that way)
Dear Shirley,

We've been friends for a long time...But about a month ago, you said something I didn't like...Then, 2 weeks ago, you didn't show up at my party...And then...

Dear Shirley,

I HATE you. Here are my reasons.
From describing research to describing impact

For an academic audience

- Facts
- Analysis
- Conclusions
- Recommendations

For an impact audience

- IMPACT
- Recommendations
- Conclusions
- Analysis & Facts
Turn your paper on its head!
Barbara Minto’s The Pyramid Principle
The pyramid principle: logical structured arguments

Barbara Minto’s ‘The Pyramid Principle’

Summary answer

Aim for a maximum of 15 words

why? how? what? when?

Key idea

Detail

Detail

Detail

why? how? what? when?

Key idea

Detail

Detail

Detail

The ‘key line’ of ideas
There should be 2-4 of these

Key idea

Detail

Detail

Detail
Building the ideas **bottom-up**

**Question**

- **Summary answer**
  - **Key idea**
    - **Detail**
    - **Detail**
    - **Detail**
  - **Key idea**
    - **Detail**
    - **Detail**
    - **Detail**
  - **Key idea**
    - **Detail**
    - **Detail**
    - **Detail**

**Group and abstract**
Expanding the ideas top-down
Expanding the ideas **top-down**

[Diagram showing a question leading to a summary answer]

contact: ross.pow@powerofnumbers.co.uk
Expanding the ideas top-down

why? how? what? when?

Summary answer

Question
Expanding the ideas top-down

why? how? what? when?

Summary answer

Question

Key idea

Key idea

Key idea
Expanding the ideas **top-down**

- **Question**
  - **Summary answer**
    - **Key idea**
    - **Key idea**
    - **Key idea**

Expanding the ideas top-down

Summary answer

Key idea

Detail

Detail

Detail

why? how? what? when?

why? how? what? when?
Expanding the ideas **top-down**

**Summary answer**

**Key idea**

**Detail**

**Detail**

**Detail**

**why? how?**

**what? when?**

**why? how?**

**what? when?**
Expanding the ideas top-down

Question

Summary answer

Aim for a maximum of 15 words

Key idea

why? how? what? when?

Detail

Detail

Detail

Detail

Detail

Detail

Detail

Detail

The ‘key line’ of ideas
There should be 2-4 of these

why? how? what? when?
Structure your answer with the **pyramid principle**

Barbara Minto’s ‘The Pyramid Principle’

- **Question**
  - ‘Summary answer’
    - Aim for a maximum of 15 words
  - The ‘key line’ of ideas
    - There should be 2-4 of these
  - Supporting detail

Channel 1: Policy reports

Accessible, message-led publications that enable the reader to understand the research and its implications without the depth and impenetrability of some academic journals

- Good way to engage policymakers and think-tankers
- Can lead to media coverage
- Can be picked up by policymakers

- Time-consuming
- Need professional support
Introduction
1.1 Tooth decay remains an unacceptable global burden despite the knowledge existing of how to prevent it
1.2 Two previous Policy Labs have led to big strides being made shifting to a greater emphasis on the prevention of caries
1.3 The third Policy Lab focused on how the dental and oral health industries could benefit from enabling positive behaviour changes in patients and the public
1.4 A number of external trends are likely to have profound effects on the dental and oral health industries over the next 10 years
1.5 There is a changing understanding of ‘what is Oral Health’ and the role of prevention in delivering that
1.6 The dental and oral health industries have different structures and dynamics
1.7 The remainder of this document sets out the ideas and proposals for action that emerged from Policy Lab 3

Driving behaviour change
2.1 Understand what is needed for people to change behaviour
2.2 Give consistent messages to patients and the public
2.3 Use campaigns, public-private partnerships and product placement to support change underpinned by the COM-B model
2.4 Engage patients with technology

Operationalising and paying for the 4D model

Influencing policy
4.1 Integrating and aligning upstream, midstream and downstream
4.2 Making preventative care accessible and affordable
4.3 Supportive regulation for innovation

Getting oral health onto CSR agendas

Next steps

Global Burden of Disease 2015 study
Lancet oral health series 2019
The participant list can be found at the end of this document
Health policy institute annual dental industry report 2019
How do we accelerate a policy shift towards increased resource allocation for caries prevention and control?

The problem

- Untreated caries in permanent teeth affects 2.4 billion people
- Caries shares risk factors with other non-communicable diseases such as diabetes and metabolic syndrome. It is vital to balance the risk factors with protective factors.
- Caries is not distributed evenly across populations, and there are two contrasting target groups when dealing with this issue:
  - Those excluded groups without access to care
  - Those with access to types of care which may no longer be appropriate

The Policy Lab (28-29 June 2017)

- We found that a cavity-free world is achievable and many countries have taken steps to get there.
- We do not need more evidence to show that preventing cavities is possible.

So why are we not there yet?

- We have still not demonstrated to policymakers why a cavity-free future is worth it.
- To compete with other political and policy priorities, we need comprehensive economic analyses to demonstrate the value of action on cavities.

Help us accelerate progress towards a cavity-free world

- Learning from current global experiences and developments, we must:
  - Demonstrate the value of a cavity-free world to: professionals, the public and policymakers
  - Create prevention-based payment systems
  - Better equip the dental and healthcare workforce
  - Shift public and industry behaviours
  - To deliver more rapid progress
Channel 2: Briefing note (for practitioners)

Short (1,000-2,000 word) documents that spell out the key findings of a piece of research briefly describing how you got there and giving any recommendations.

Advocacy brief vs. objective brief

- Ideal for time-poor, high-level decision-makers
- Must formulate a coherent and accessible narrative

- Lines can be picked up by media
- Can over-simplify complex research
- Can leave you open to criticism
Channel 3: Blogs

“… in research terms, blogging is, quite simply, one of the most important things that an academic should be doing right now.”

– Professor Patrick Dunleavy

Political scientist behind influential LSE blogs
Channel 3: Blogs

1. Write about what you know
2. Research process updates
3. What you are learning
4. Commentary post
5. An event / meeting
Channel 4: Social media

Tania de St Croix @tania_dsc · Feb 17
"Making youth work work: 15 recommendations for investing effectively in youth services" - thanks to @policyatkings for collaborating on this policy brief, which draws on recent and current research @KingsECS kcl.ac.uk/policy-institu...
Channel 5: Events

- Small groups engaging with and contributing to your research
- Different formats (Policy ‘labs’, roundtables, etc)
- Increasingly virtual

✓ Key stakeholders get an ‘early’ sight of your research and can champion it (snowball effect)
✓ Good way to get ‘buy in’ and to engage your networks of users and stakeholders
✓ Articulating or providing better support for popular pre-existing ideas can still be valuable

✗ Can be time-consuming to organise
✗ Can be ‘preaching to the converted’
Channel 6: **Steering groups**

- Great way to involve those with high ‘influence and interest’ in your constituency matrix

  ✓ Key stakeholders get an ‘early’ sight of your research and can champion it (snowball effect)

  ✓ Helps understand challenges to implementation in impact pathway

  ✗ Requires lots of commitment from potentially very important and busy people
It was a dark and stormy night...
Empathy, Neurochemistry, and the Dramatic Arc: Dr Paul Zak at the Future of StoryTelling 2012
Cortisol

Focuses our Attention
Oxytocin
Care, Connection, Empathy
Telling the story: three steps

1. Get attention

2. Stimulate desire

3. Reinforce with reasons

2 + 3 = 5
An example from TED

What different tools and techniques does Gregory use to get his message across?
Gregory Petsko
thought pyramid

**Situation:** More people are old and are getting older

**Complication:** Growing incidence and cost of A&P diseases

**Question:** What should we do about the challenge of A&P diseases?

**Summary answer:** We should invest more in research and take personal actions to reduce risk

Why?
- Research is making progress
- More and broader sources of funding is needed
- We can reduce our personal risks now

How?
- We are understanding the causes
- We are developing ideas for cures
- Government is not prioritizing
- Research is being funded by a few private individuals
- Actions to help avoid Alzheimer’s disease
- Actions to help avoid Parkinson’s disease
Surfing the thought pyramid

**Situation:** More people are old and are getting older.

**Complication:** Growing incidence and cost of A&P diseases.

**Question:** What should we do about the challenge of A&P diseases?

**Summary answer:** We should invest more in research and take personal actions to reduce risk.

**Why?**

Research is making progress

More and broader sources of funding is needed

We can reduce our personal risks now

**How?**

We are understanding the causes

We are developing ideas for cures

Government is not prioritizing

Research is being funded by a few private individuals

Actions to help avoid Alzheimer’s disease

Actions to help avoid Parkinson’s disease

Contact: ross.pow@powerofnumbers.co.uk
Britain's storm sandwich: Blast of snow sweeps in on last day of winter as UK is buffeted by two giant weather fronts

Much of the country, including the flood-hit South-West of England, is subject to a severe weather warning for snow and slush. High ground in Wales, the Midlands, the South-West, London and the South-East could be affected, though it is unlikely that snow will accumulate on lower ground.
Estimating the returns to UK publicly funded cancer-related research in terms of the net value of improved health outcomes

Glover et al.
Decide on your **top messages** to prioritise

<table>
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<th>Message 1</th>
<th>Cancer interventions delivered the equivalent of £124 billion of monetised health gains for UK patients between 1991-2010</th>
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<tbody>
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<td>Message 2</td>
<td>It takes 15 years (on average) from an investment in cancer research before it delivers returns to the UK economy</td>
</tr>
<tr>
<td>Message 3</td>
<td>British public funded #15 billion of cancer research over the past 40 years through their taxes and charitable donations</td>
</tr>
<tr>
<td>Message 4</td>
<td>Each £1 invested returns 40p per annum in economic benefits (10p in health and 30p in economic benefits)</td>
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<td>Message 5</td>
<td>The paper ‘Healthy Returns’ sets out all the detailed findings on the economic returns of cancer-related research</td>
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Cancer interventions delivered equivalent of £124 billion of monetised health gains for UK patients between 1991-2010 #healthyreturns

It takes 15 years (on average) from an investment in cancer research before it delivers returns to the UK economy #healthyreturns

British public funded £15 billion of cancer research over the past 40 years through their taxes and charitable donations #healthyreturns

#healthyreturns on taxpayer/charity investments in cancer research. Each £ invested returns 10p in health + 30p in economic benefit=40p pa

Check out our paper measuring the economic returns of cancer-related research #healthyreturns. biomedcentral.com/1741-7015/12/99
Decide on your **top messages** to prioritise

Think about how to **get attention, stimulate desire, reinforce with reasons?**
Write each message in one box, make it a **proper sentence** that you could read out
Make it as **interesting and memorable** as possible - use ‘**headline**’ language

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<th>Message 1</th>
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FEEDBACK
Review of the workshop

Please submit your feedback on the workshop at: