



Doha, Qatar  
**The International School  
on Research Impact Assessment**

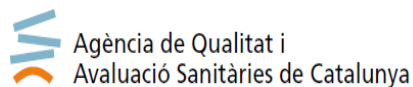
"Learning to assess research with  
the aim to optimise returns"

# COMMUNICATING RESEARCH FINDINGS

**PROF JONATHAN GRANT**  
**POLICY INSTITUTE AT KING'S**

**ALEXANDRA POLLITT**  
**RAND EUROPE**

**Nov 11 - 2015**



# WHAT MAKES A GOOD HEADLINE?

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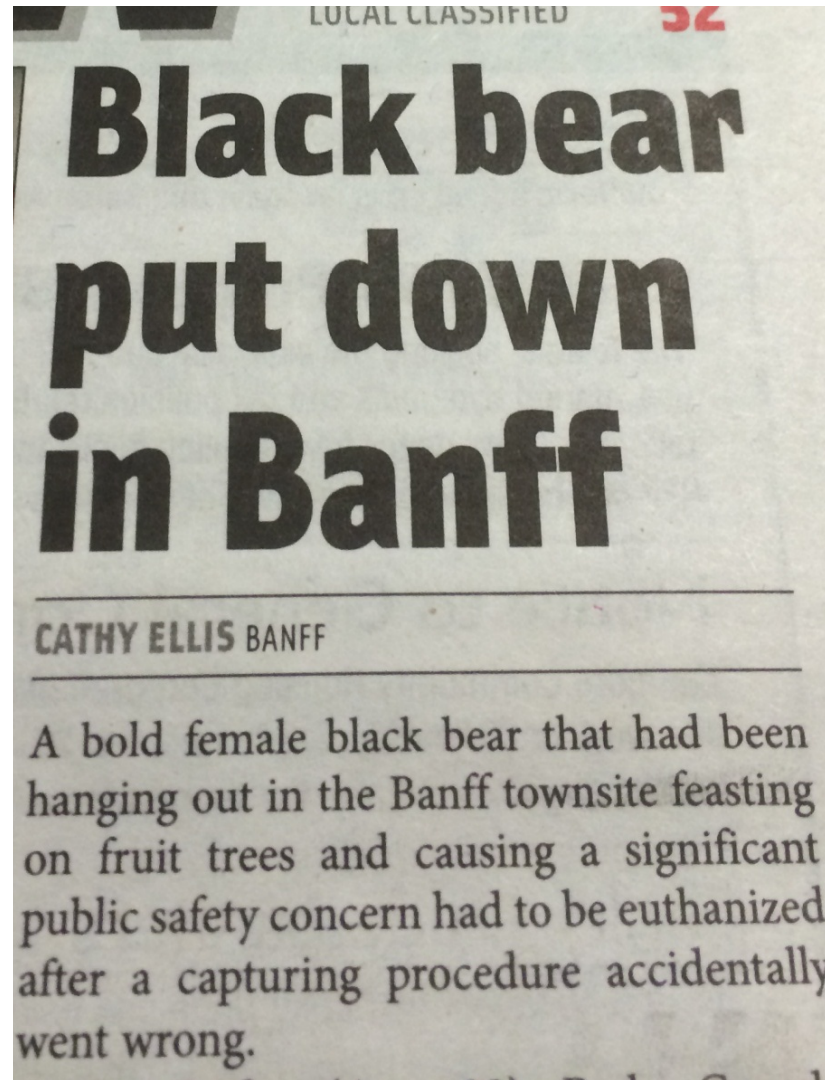
- In table groups – flick through the newspaper
- Identify a headline you like
- Cut it out and stick on the 'Wall'
- Be ready to explain to group why you liked it
- 5 minutes





# What makes a good headline?

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# SPREADING GOOD IDEAS



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The International School on Research Impact Assessment, Doha, Qatar, 8-12 November 2015







# Attention

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# Context

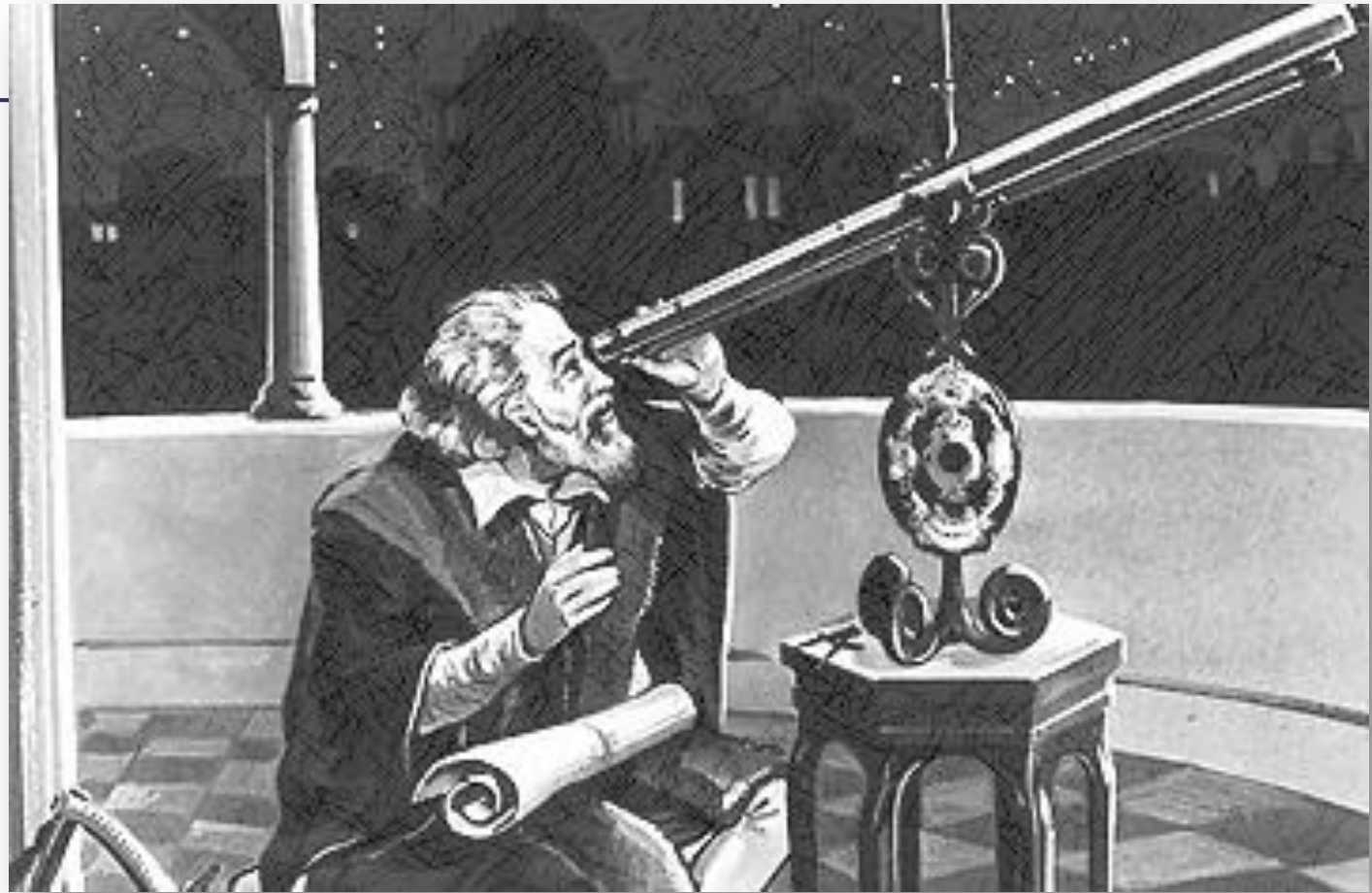
## League Table

Show me: Premier League

UPDATE

Pos	Team	P	GD	Pts
1	Man City	12	17	26
2	Arsenal	12	13	26
3	Leicester	12	5	25
4	Man Utd	12	9	24
5	Tottenham	12	10	21
6	West Ham	12	7	21
7	Southampton	12	6	20
8	Crystal Palace	12	2	19
9	Everton	12	4	17
10	Liverpool	12	-1	17
11	Watford	12	-1	16
12	Stoke	12	-2	16
13	West Brom	12	-6	14
14	Swansea	12	-4	13
15	Norwich	12	-7	12
16	Chelsea	12	-7	11
17	Newcastle	12	-9	10
18	Bournemouth	12	-13	8
19	Sunderland	12	-13	6
20	Aston Villa	12	-10	5





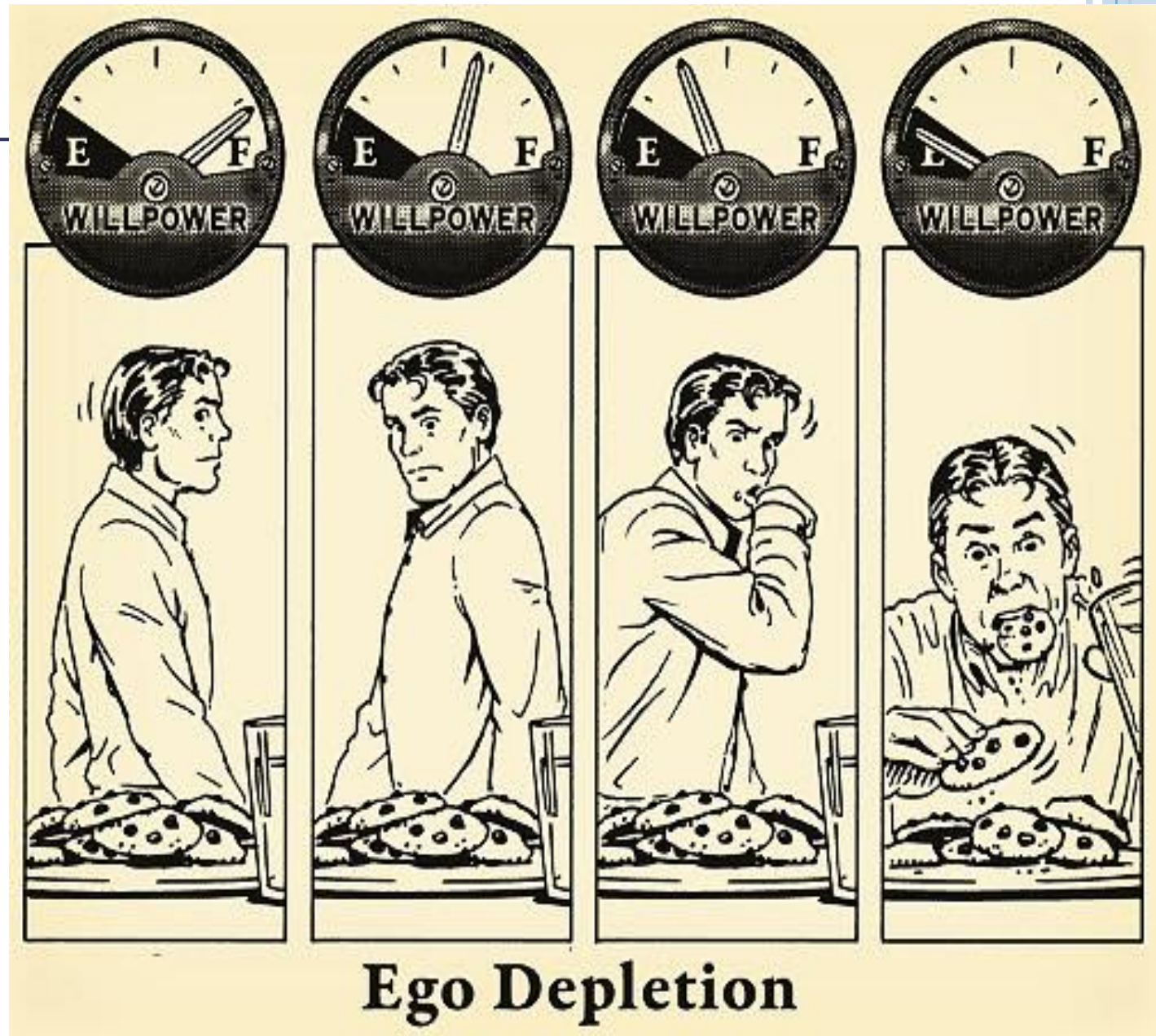
# Beliefs



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# Effort



# Trust





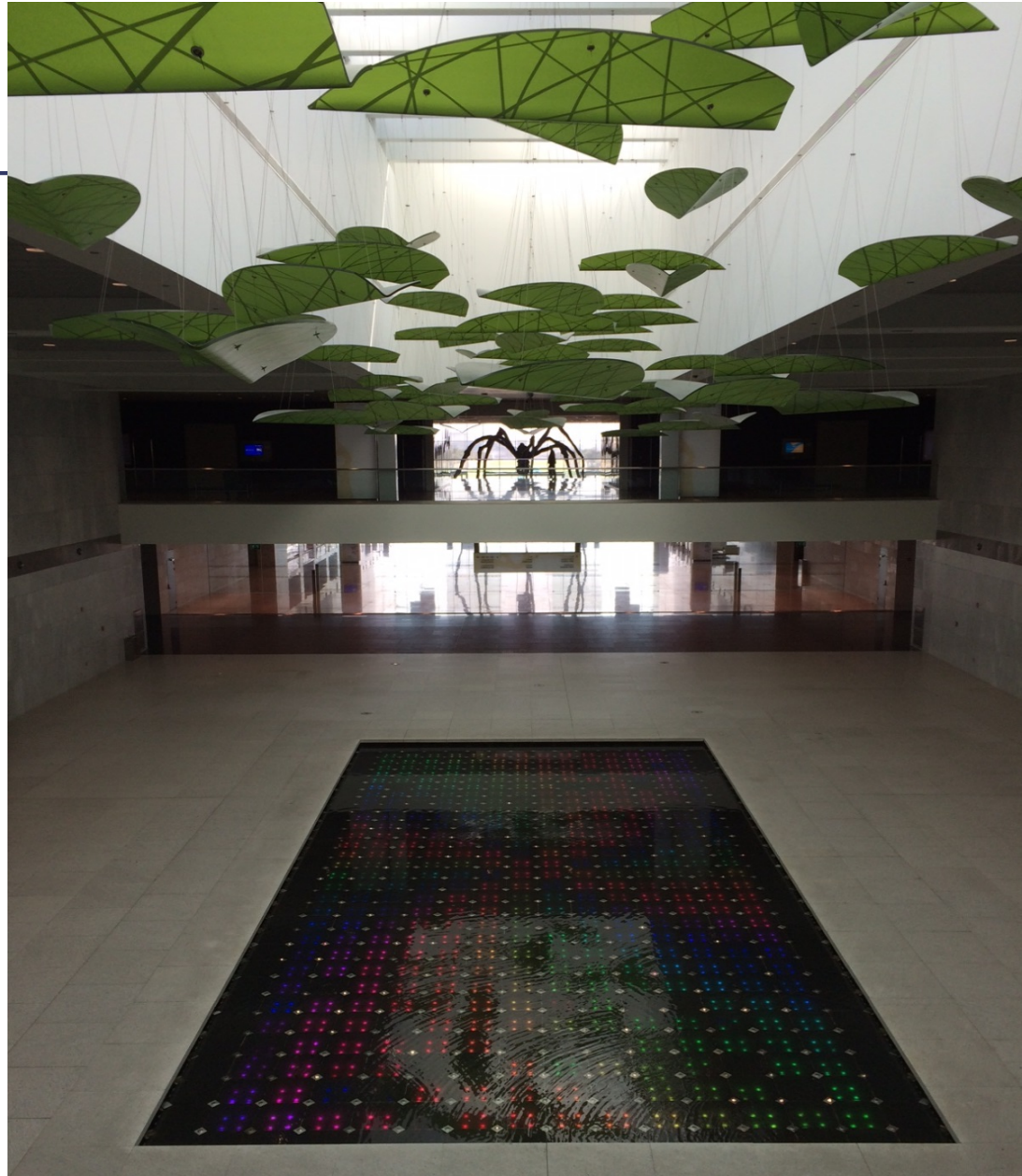
Attention  
Context  
Belief  
Effort  
Trust







# Big picture



# Detail

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# Logical rational

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Big picture



Detail





Logical rational

Emotional

Big picture



Detail





# SHOULD A RAIL NETWORK BE BUILT IN THE REGION?

Emotional

Logical rational

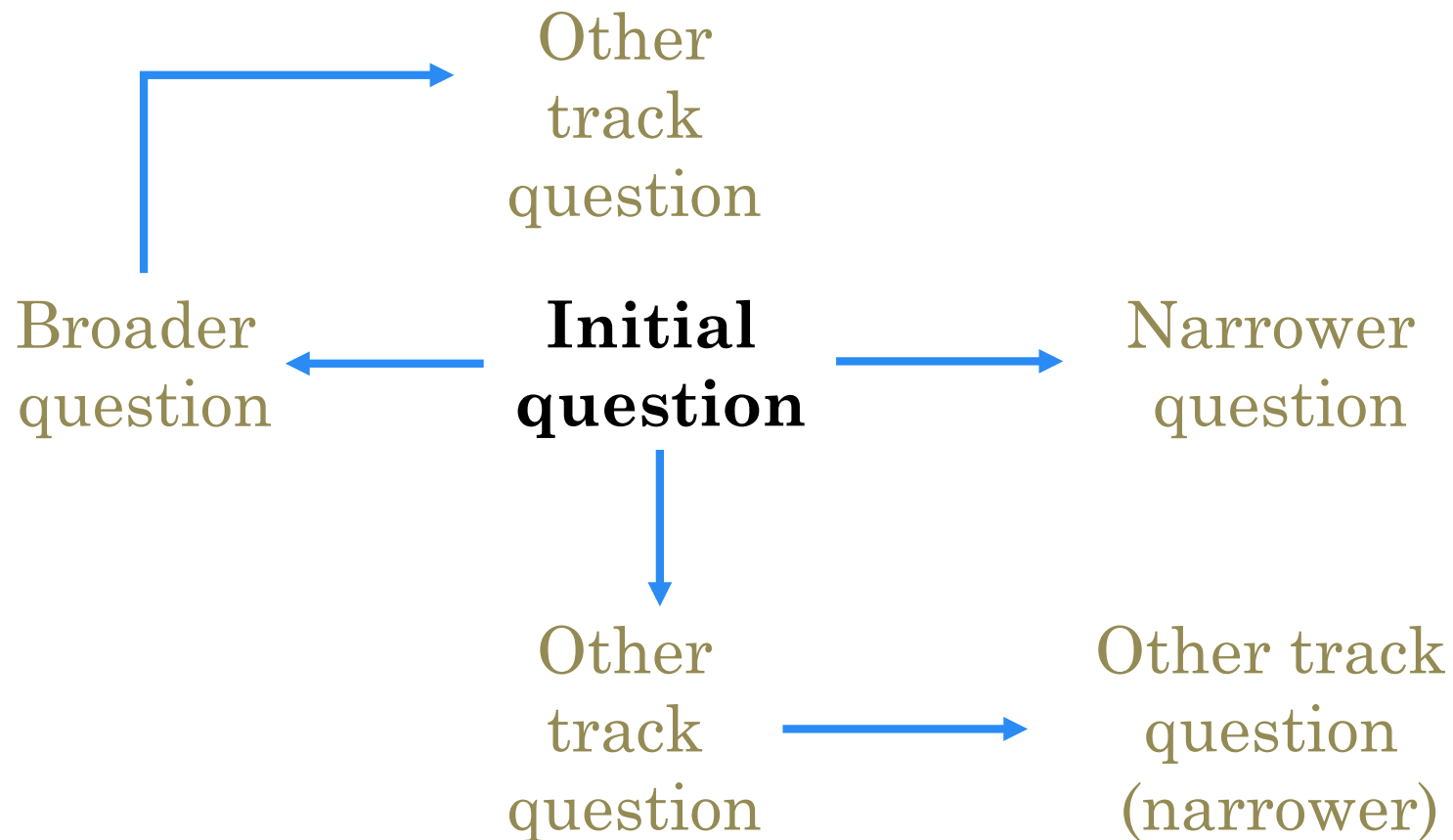
Big picture

Detail



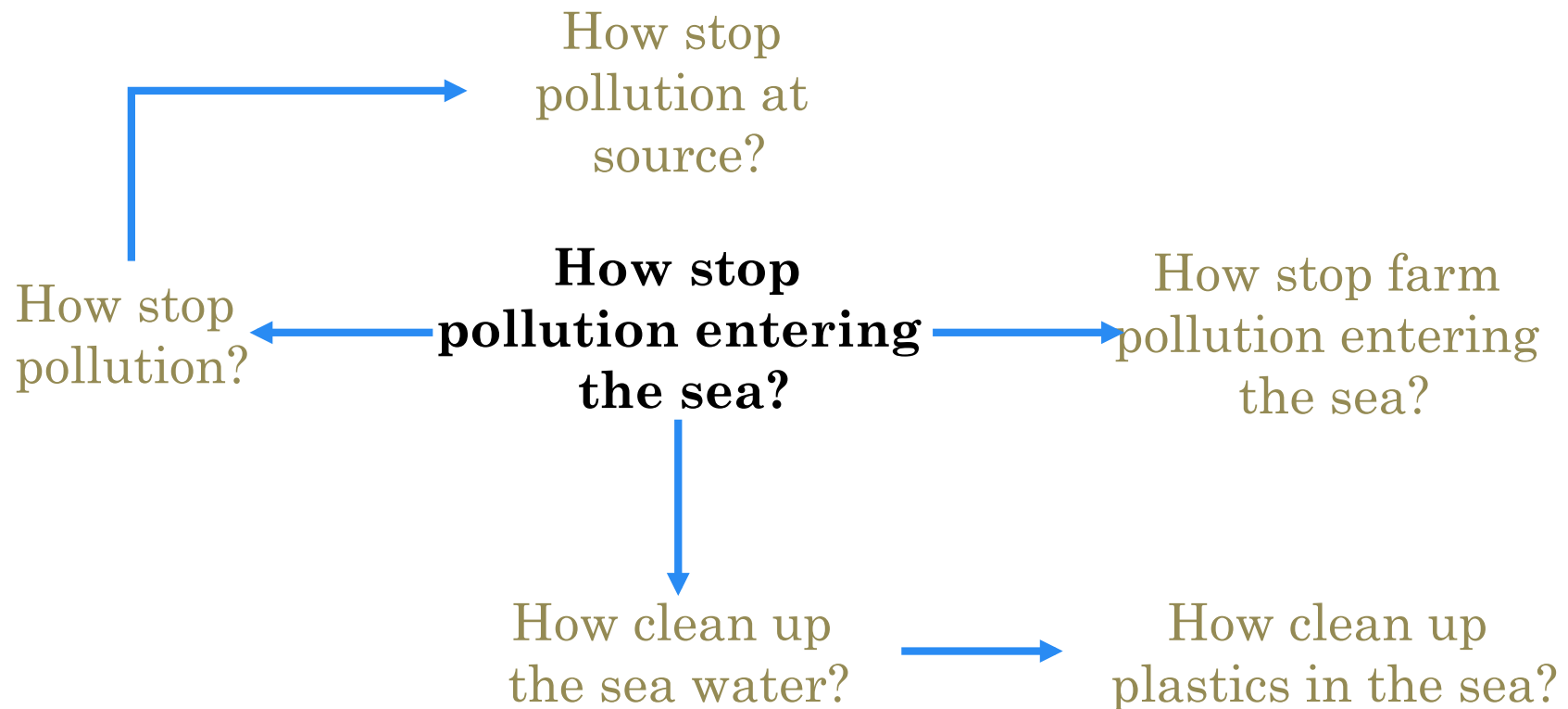
# FINDING THE RIGHT QUESTIONS

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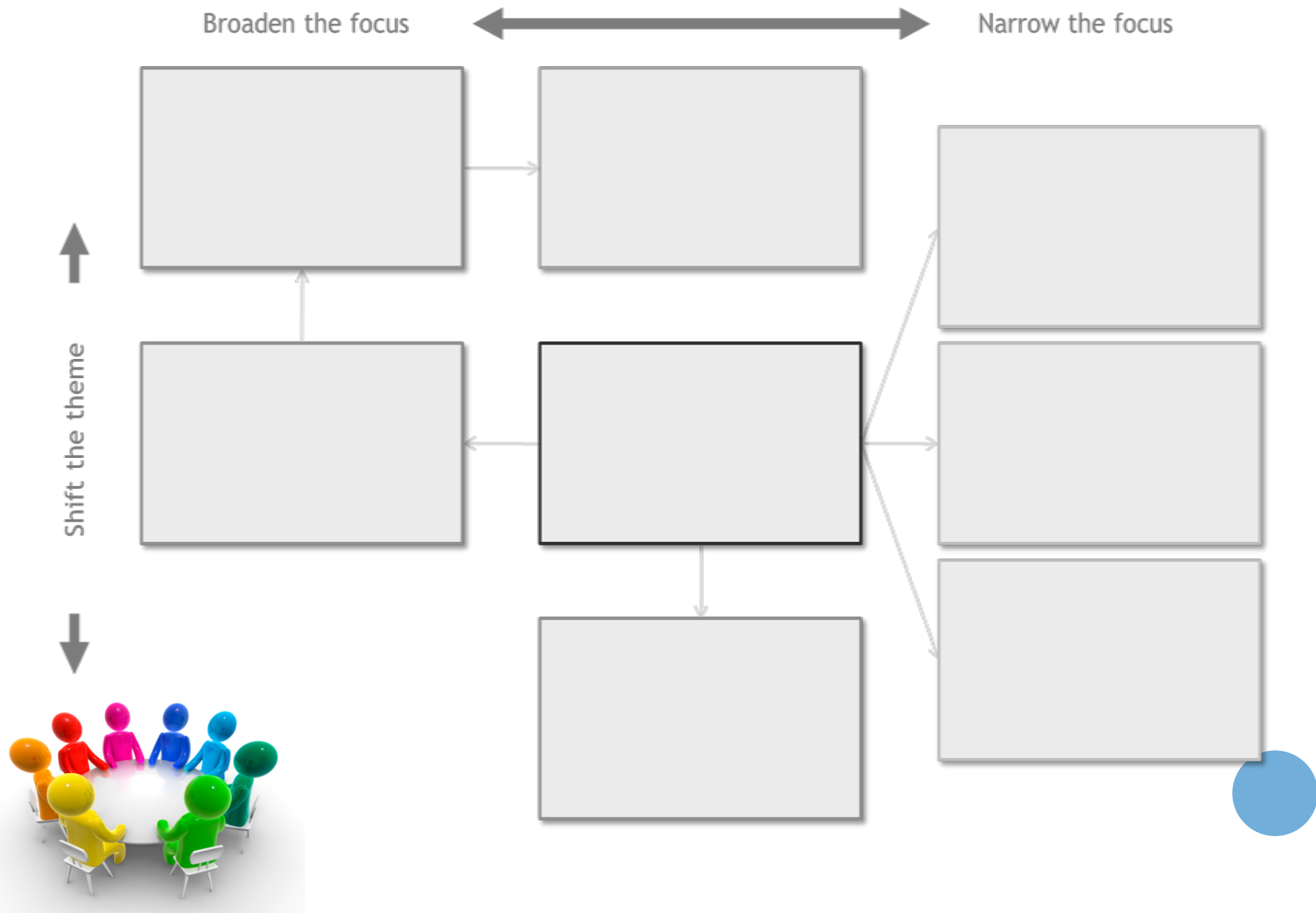


# FINDING THE RIGHT QUESTIONS

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# Stakeholder \_\_\_\_\_



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# STRUCTURING THINKING AND COMMUNICATIONS



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# PEOPLE NEED HELP TO GROUP IDEAS INTO MEANINGFUL CONCEPTS

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snake  
bath  
gym  
dance  
soldier  
soup  
crane  
bridge

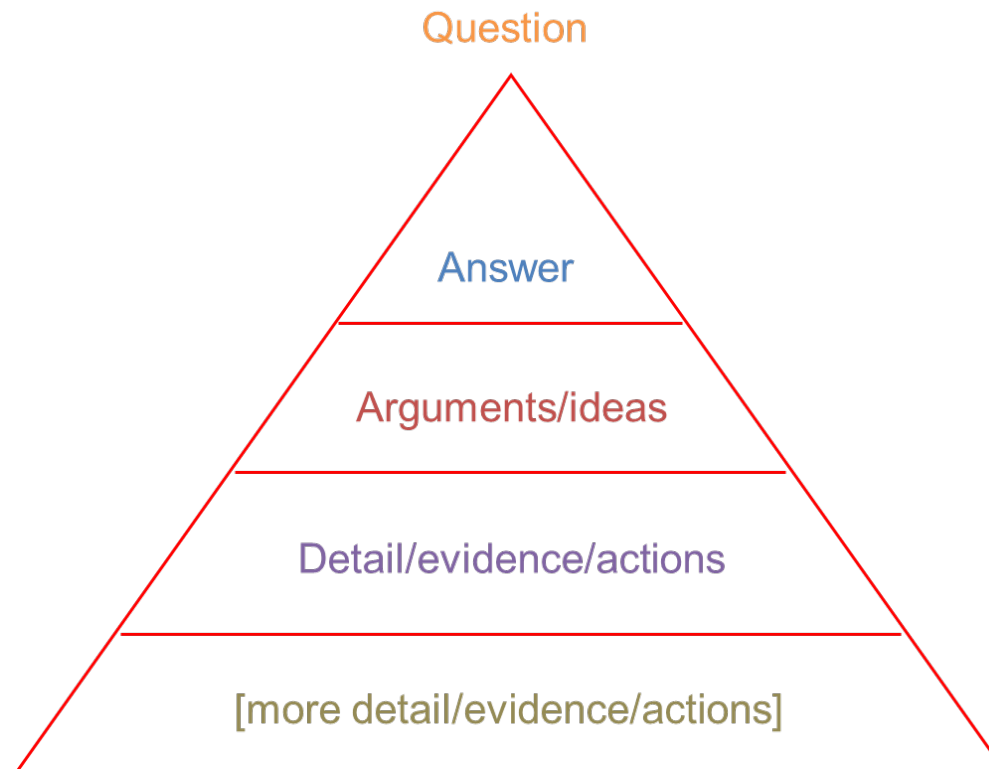
*Group these words into  
two sets of four words*

*(and have clear reasons  
for why you have  
grouped them that way)*



# THE ‘THOUGHT PYRAMID’ CAN BE USED TO STRUCTURE THINKING

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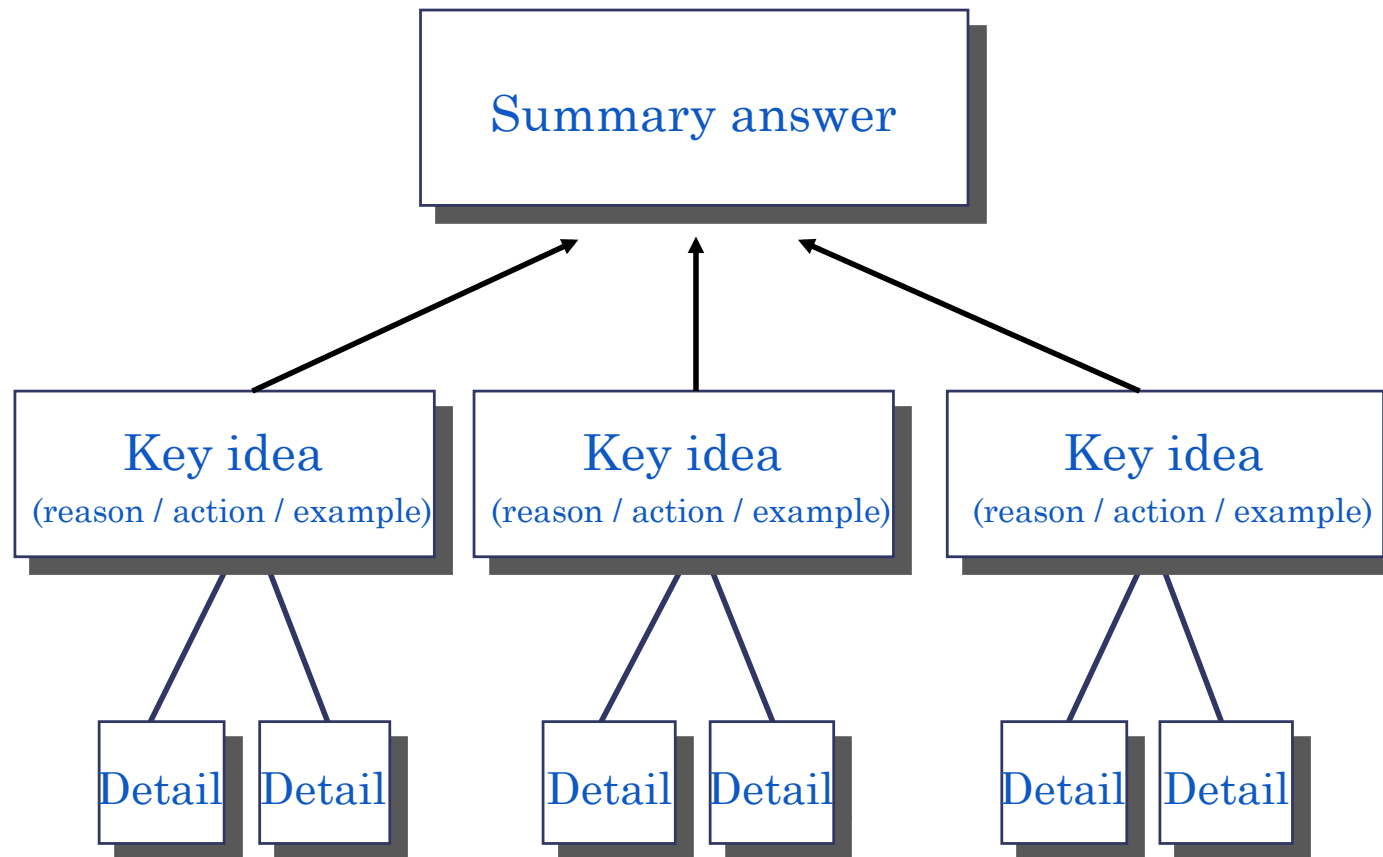
Barbara Minto's The Pyramid Principle



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# THE THOUGHT PYRAMID: LOGICAL ORDERED ARGUMENT

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# Expanding the ideas top-down

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# EXPANDING THE IDEAS TOP-DOWN

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Summary answer



# EXPANDING THE IDEAS TOP-DOWN

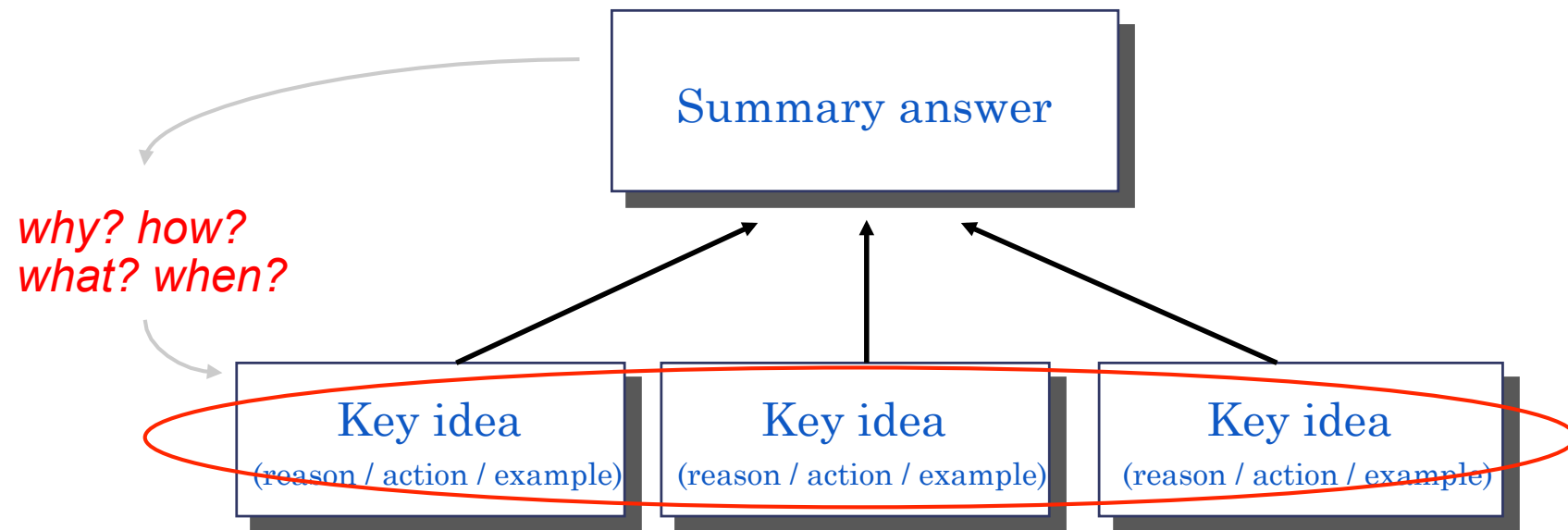
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Summary answer

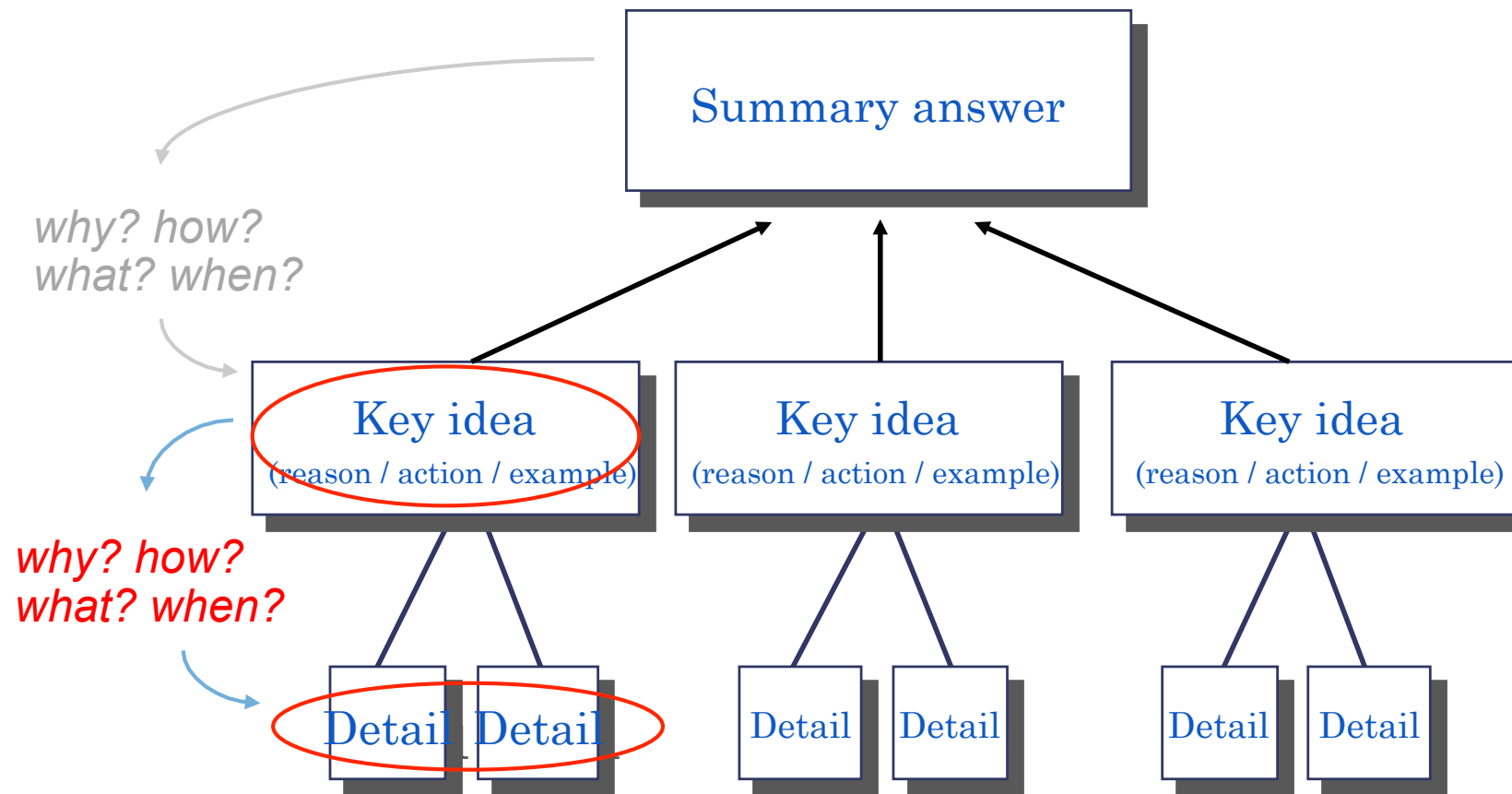
*why? how?  
what? when?*



# EXPANDING THE IDEAS TOP-DOWN



# EXPANDING THE IDEAS TOP-DOWN



# BUILDING A PYRAMID – YOUR TURN

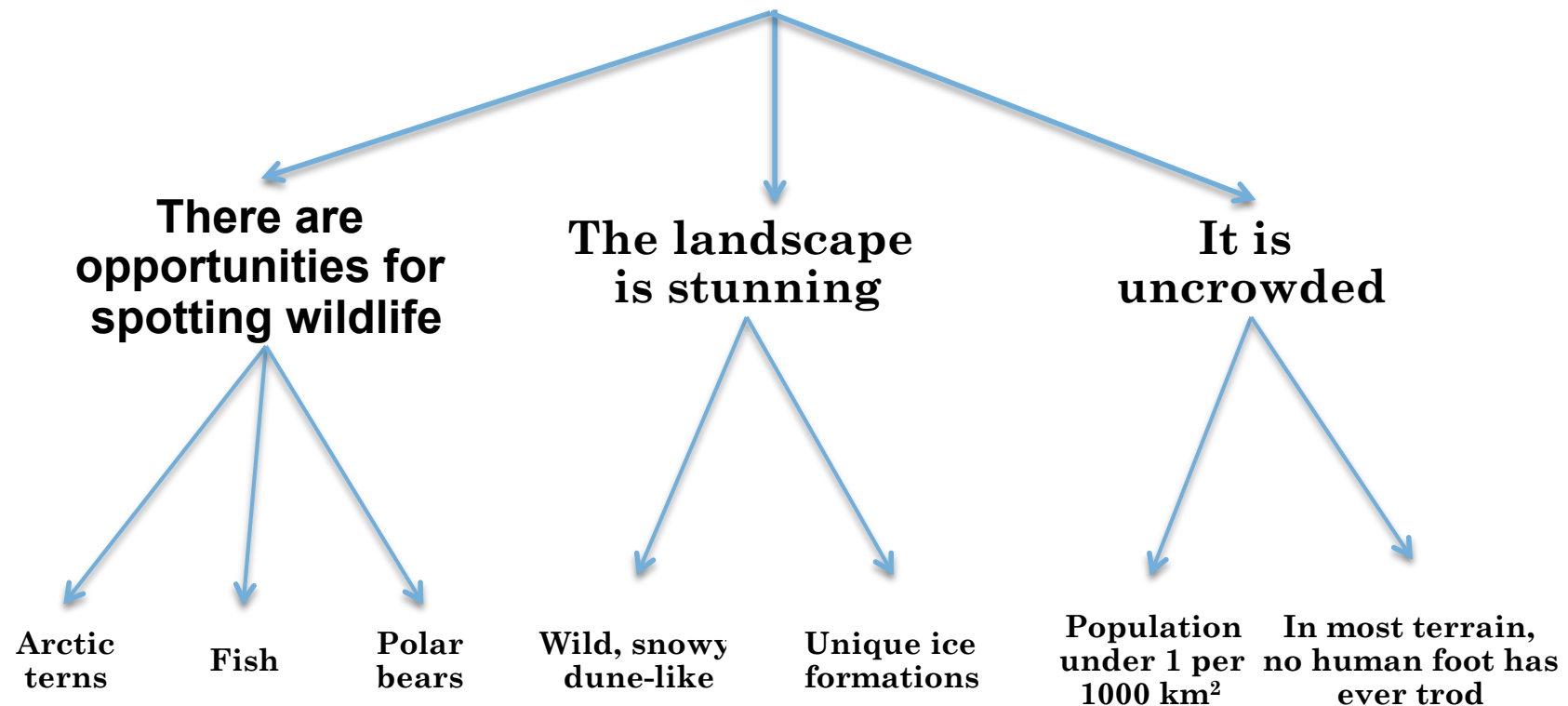
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1. On your own
2. Take one of the envelopes on your table
3. Look at the bits of paper
4. Organise the ideas into a pyramid
5. It should have 3 levels:
  - Summary answer
  - Key ideas
  - Detail



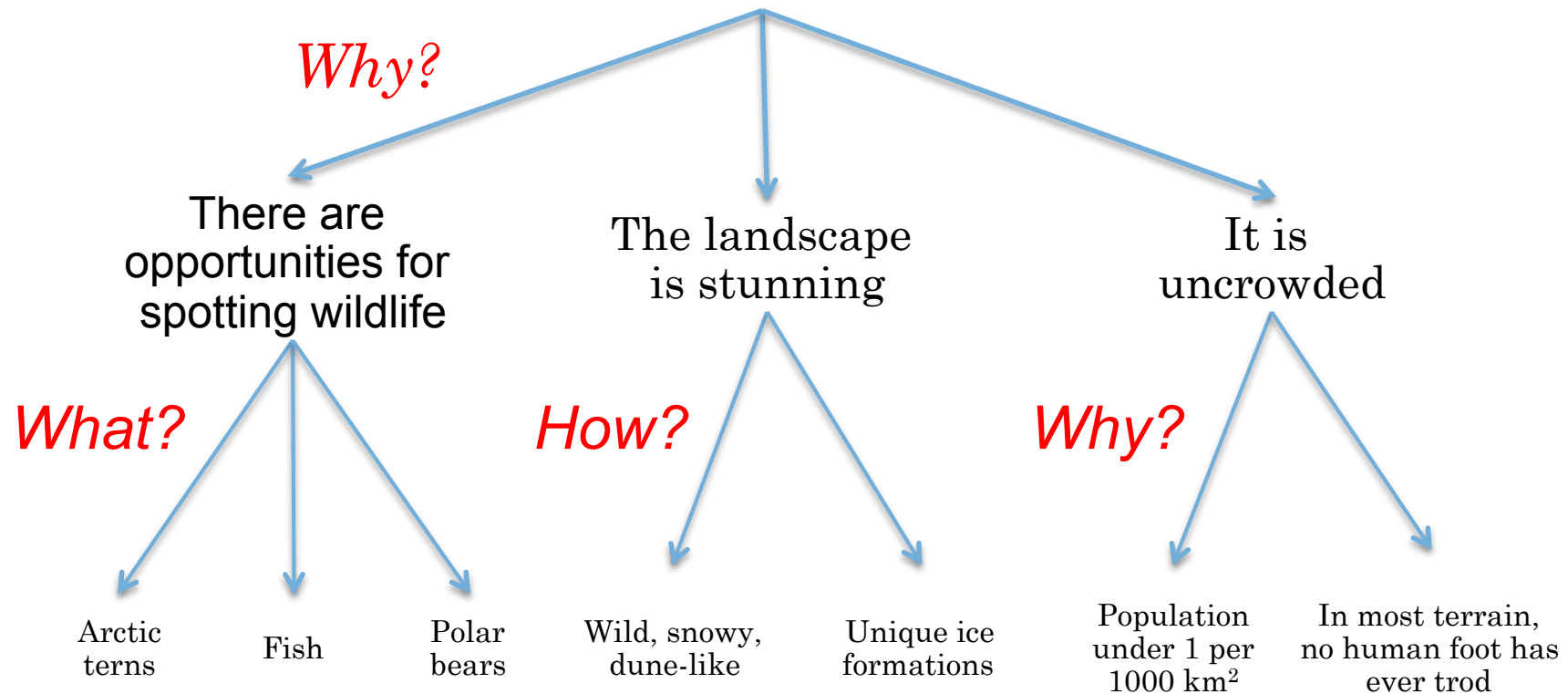
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## **The North Pole is an attractive holiday destination**



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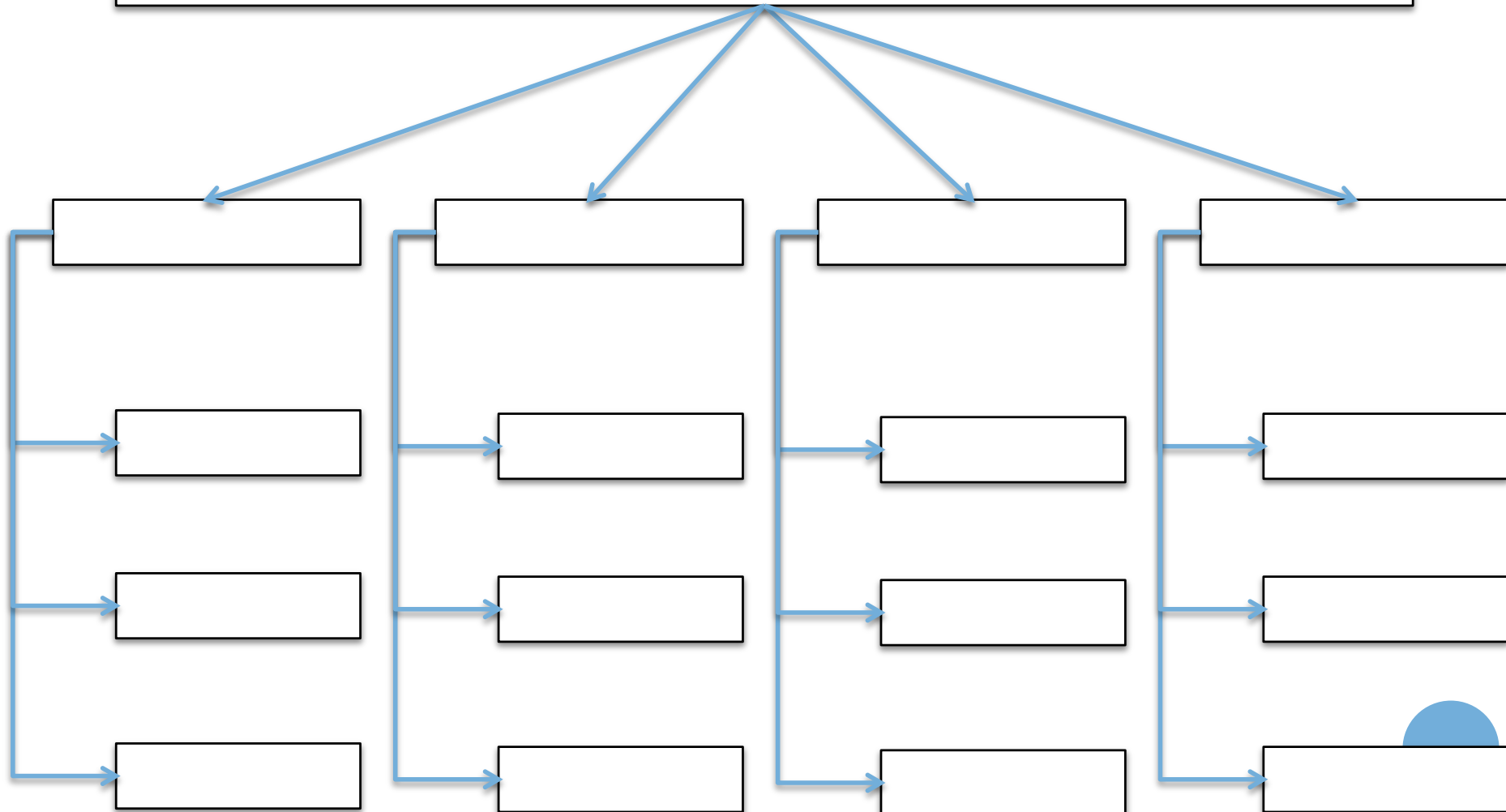
## The North Pole is an attractive holiday destination





# BUILDING A PYRAMID OF YOUR OWN RESEARCH

Should a rail network be built in the region?



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# THE IMPORTANCE OF CLEAR MESSAGE LED COMMUNICATION

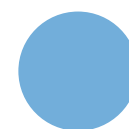
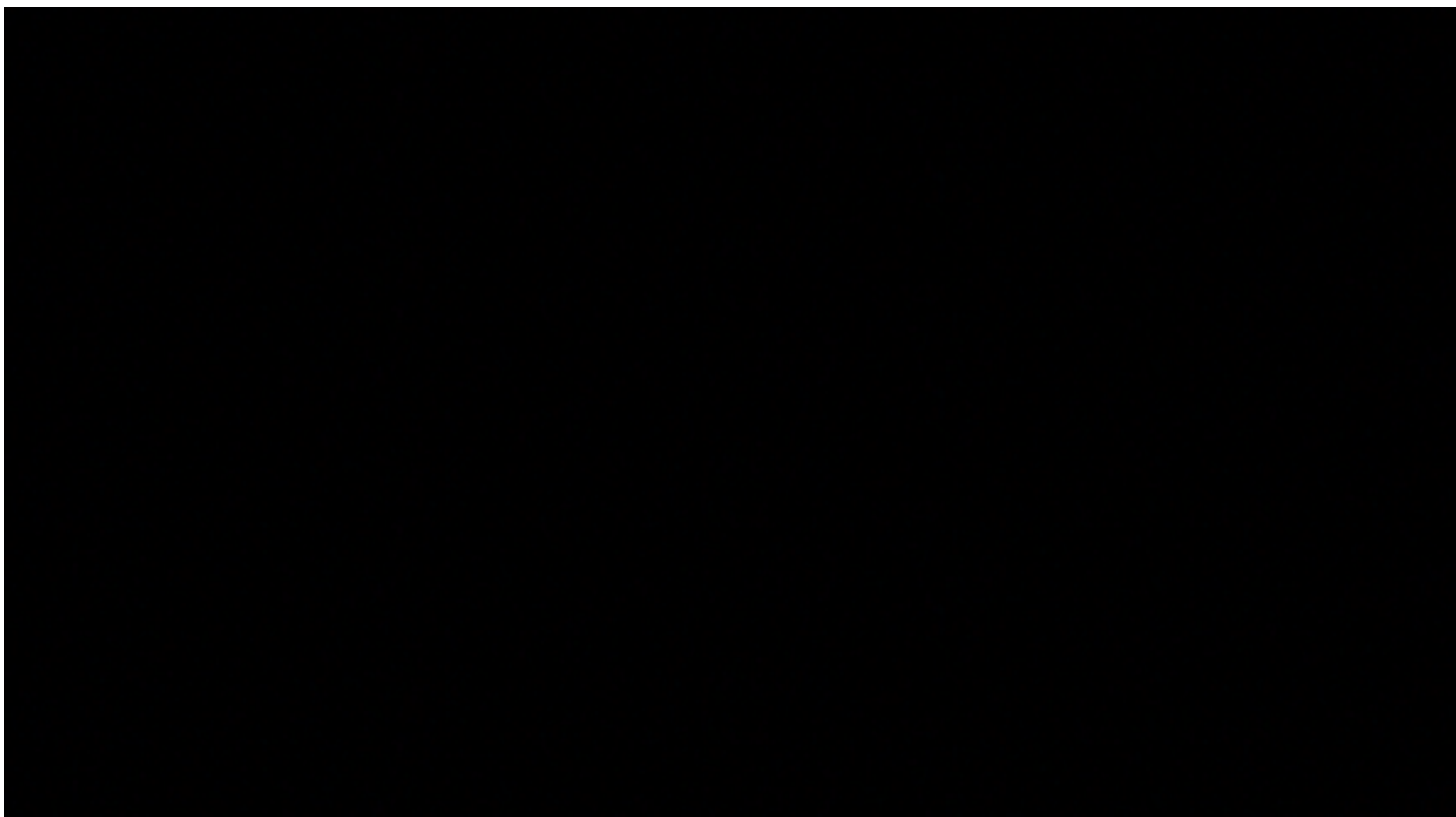


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# AN EXAMPLE FROM TED

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# Gregory Petsko's thought pyramid

*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

*Why?*

Government is not prioritizing

Research is being funded by a few private individuals

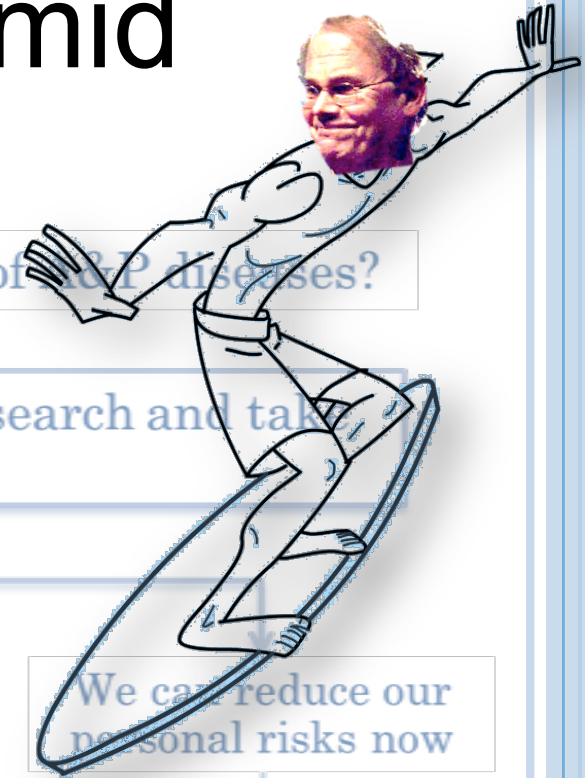
*What?*

Actions to help avoid Alzheimer's disease

Actions to help avoid Parkinson's disease



# Surfing the thought pyramid



*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

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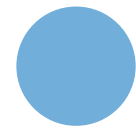
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*What?*

Actions to help avoid Alzheimer's disease

Actions to help avoid Parkinson's disease



# Surfing the thought pyramid



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

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

*Why?*

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We can reduce our personal risks now

*How?*

We are understanding the causes

We are developing ideas for cures

*Why?*

Government is not prioritizing

Research is being funded by a few private individuals

*What?*

Actions to help avoid Alzheimer's disease

Actions to help avoid Parkinson's disease





It was a dark and stormy night...





# TELLING THE STORY

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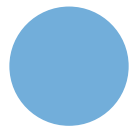
versus



*“We have a list of measurable objectives”*

*“I have a dream”*

Stephen Denning ‘The Leader’s Guide to Storytelling’



# TELLING THE STORY

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*“The queen died.  
Then the king died.”*

**versus**

*“The queen died suddenly  
two weeks ago.  
The king was heartbroken.  
He lost his lust for life  
and yesterday evening  
he died too.”*

Stephen Denning ‘The Leader’s Guide to Storytelling’



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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...



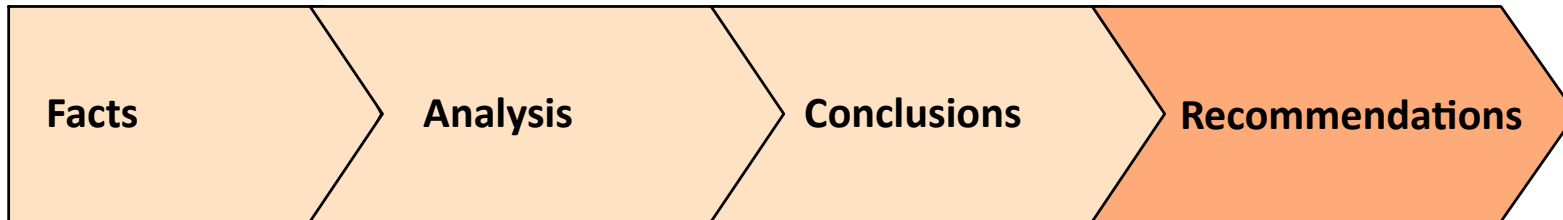
Dear Shirley,  
I HATE you. Here  
are my reasons.



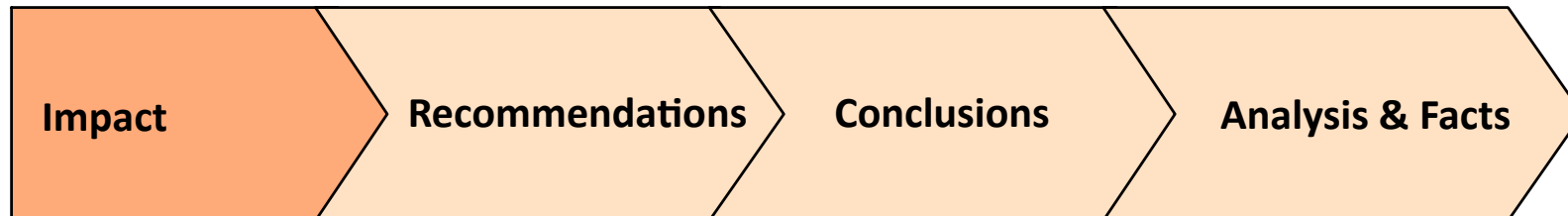
# MESSAGE-DRIVEN COMMUNICATION

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## Describing research

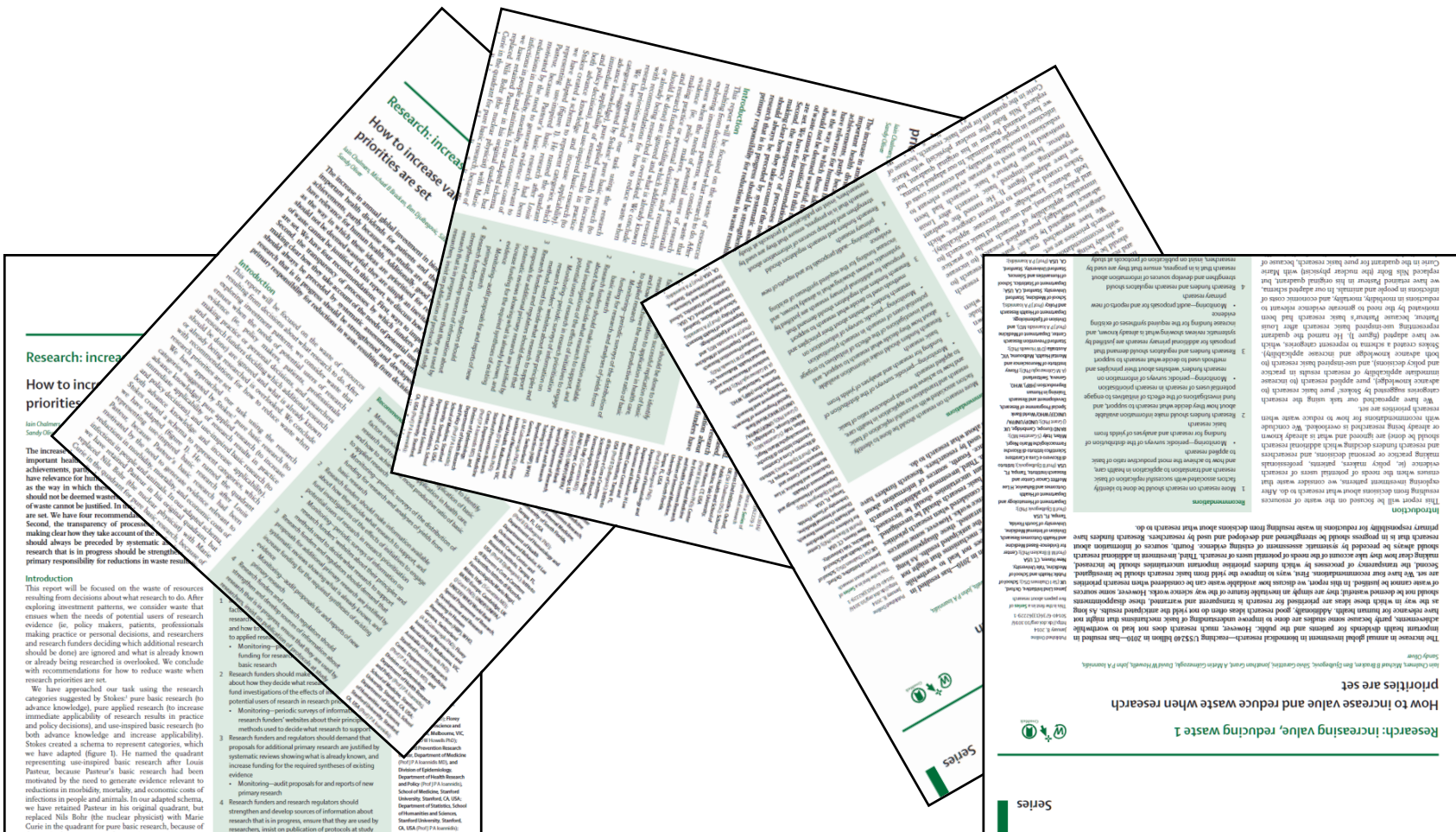


## Describing the impact





# TURN YOUR PAPER ON ITS HEAD!





**Impact assessment of health research projects  
supported by DG Research and Innovation  
2002-2010**

Followed by:

**Expert group report recommendations on the  
future of health research in Europe**



individuals in many new MS living shorter lives than their Western counterparts. There are also large differences (of up to 20 years) in the number of years lived in good health (healthy life years). Recent negative trends have been observed: since 2006 the number of healthy life years has decreased in many countries (FI, AT, ES, IT, IE, BE and all EU12 countries), especially for women who already spend a higher proportion of their lives with limitations.

Healthcare is a key sector in the EU that employs almost 10% of the total work force and corresponds to almost 9% of the European GDP. As the European society ages, and combined with an increasing chronic disease burden, the pressure on healthcare and related social services will increase. Healthcare spending is rising faster than GDP and is predicted to reach 16% of GDP by 2020 in OECD countries<sup>32</sup>. On average, about 75% of health financing comes through public sources (general taxation or social security contributions). Private financing averages around 2% of GDP<sup>33</sup>.

#### 4.4. The need for European level intervention

Health and disease do not observe national borders; they are global concerns. The scale of many of these challenges goes beyond that which can be tackled at a single country level. Much research remains to be done in a variety of domains: to understand the fundamental causes of health and disease, to improve existing treatments and discover new ones, to improve healthcare delivery. The nature of biomedical research in the "post-genomic" era, with the drive for personalised medicine based on individual genome sequencing requires collaboration to bring together expertise, resources and infrastructures, such as population cohorts, to achieve the necessary critical mass.

Cooperation beyond Europe will be essential in many disease areas; the case of rare diseases is one obvious example - world wide collaboration will be needed to obtain sufficient patient numbers for proper statistical power of the studies. Tackling the major health challenges for Europe outlined above demands a multifaceted approach. Research is of crucial importance to develop new drugs, vaccines, treatments, devices and new disease management strategies.

This section provides examples of some successful projects or initiatives in FP which confer significant added value. It provides justification that co-ordinated EU level action - rather than MS or other action alone - is required and competent to address the challenges which Health research must confront post 2013.

##### 4.4.1. Critical mass and pan-European challenges

- Some research activities are of such scale and complexity that no single MS can provide the necessary financial or personnel resources, and hence need to be carried out at an EU level in order to achieve the required "critical mass". Similarly, these activities frequently address pan-European challenges.
- One such example of this is in the domain of bio-banking. A number of EU-supported projects (GeonmeEUtwin, ENGAGE, GEN2PHEN, MOLPAGE, Phoebe) have brought together large amounts of data on patients, permitting the identification of susceptibility genes and biomarkers for common diseases. If not conducted at EU level, the studies would not have the same analytical power. Furthermore, these projects bring together European excellence in the field and will develop a pan-European infrastructure for medical research, the Biobanking and Biomolecular Resources Research Infrastructure (BBMRI), through the ESFRI

<sup>32</sup> OECD Health Data 2010

<sup>33</sup> OECD Science, Technology and Industry Scoreboard 2009.





individuals in many new MS living shorter lives than their Western counterparts. There are also large differences (of up to 20 years) in the number of years lived in good health (healthy life years). Recent negative trends have been observed: since 2006 the number of healthy life years has decreased in many countries (FI, AT, ES, IT, IE, BE and all EU12 countries), especially for women who already spend a higher proportion of their lives with limitations.

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## 4.4 Successful projects demonstrate why organising research at European-wide level or beyond is essential

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## **4.4 Successful projects demonstrate why organising research at European-wide level or beyond is essential**

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- 4.4.2 Larger-scale research stands more chance of leveraging private investment**
- 4.4.3 Drawing on a broader base of experience reduces both the risk of research failure and commercial loss**



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# THE IMPORTANCE OF MULTI CHANNEL COMMUNICATIONS





# MAKING THE MOST OF MULTI-CHANNEL COMMU



BioMed Central blog 

## Creating impact – a game of two halves

Guest on June 30, 2014 at 10:33 am - 1 Comment



**This is a guest blog by Prof Jonathan Grant, Director of the Policy Institute at King's College London and Professor of Public Policy. He tells us about his recent experiences publishing with *BMC Medicine*.**

Two weeks ago I was involved in the publication of a [research article](#) in *BMC Medicine* that attempted to measure the economic returns from cancer research. It showed that for every £1 invested by the UK government and medical research charities you got 10p back in terms of the value of health gains every year thereafter, and if you combined that with previous estimates of the 'spillover' (or broader economic effects), the return was 40 pence in the pound.

The work built on a previous study in 2008 that developed the methodology and estimated the returns from cardiovascular research – that study came up with similar results (39% return) but was published as a [report](#). We – colleagues from [RAND Europe](#), the [Health Economics Research Group](#) at Brunel University, and the [Office of Health Economics](#) – tried to get a subsequent academic paper published from the report but understandably some journals, including *BMC Medicine*, were reluctant as it had already been put in the public domain.

This time we decided to publish the work as a paper as we wanted to secure the 'credit' for academic colleagues incentivised to build CVs of peer reviewed journal articles for promotion boards, REFs and other evaluative frameworks.

However, we were very conscious that academic papers are not typically read by the key audience for this paper, which were those people (aka 'policymakers') who make decisions about the allocation of research funds to different funding agencies such as the Medical Research Council and the National Institute of Health Research (NIHR).

An equally important consideration in the context of UK research, and especially cancer research, are the medical research charities and their donor base (with the exception of the endowed Wellcome Trust).

So given this tension we hatched a plan. We would publish in an open access journal, back that up

### Blog Network

#### ■ BioMed Central blogs

- Aquatic Biosystems blog
- BMC series blog
- BioMed Central blog
- Biomarker Research
- Biotechnology for Biofuels blog
- Bugbitten
- Carbon Balance and Management blog
- Cell & Bioscience blog
- Clinical Epigenetics blog
- GigaBlog
- Globalization and Health blog
- Human Genomics
- Human Resources for Health blog
- Infectious Agents and Cancer blog
- Molecular Cytogenetics blog
- Nonlinear Biomedical Physics blog
- Open Access in the Developing World
- Open Repository blog
- Retrovirology blog
- Skeletal Muscle blog
- Vascular Cell blog

### Related Blogs

- SpringerOpen blogs
- Chemistry Central blogs



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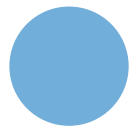




## WHAT DID YOU LEARN?



- Work in pairs and come up with a tweet (i.e. 140 characters) on what you have learnt from this session
- Use hashtag **#ISRIA\_15**
- And tweet!



## FURTHER READING

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Minto B (1987). *The pyramid principal: Logic in writing and thinking*. Pentice Hall, England



# THANK YOU!

Jonathan Grant      &  
King's College London

[Jonathan.grant@kcl.ac.uk](mailto:Jonathan.grant@kcl.ac.uk)



Alexandra Pollitt  
RAND Europe

[apollitt@rand.org](mailto:apollitt@rand.org)



EUROPE

