



Creating an Issue Brief or One-Pager about Your Research

Writing for Policymakers & Policy Audiences



Policymakers rely on one-pagers and issue briefs to learn about a topic quickly. Your research-focused one-pager or brief should be a short summary of novel research and analysis, with a policy discussion addressing the issue.

Policymakers can usually agree on a set of facts even if they cannot always agree on policy *solutions*. They look for trusted sources they can call upon to understand complex issues. Journalists look for experts who understand complex issues, too.

Policymakers regularly encounter messages and recommendations grounded in ideological and advocacy positions. **There is a demand for objective, credible experts who can boil down their research and policy analysis into key takeaways**, and provide policy options and considerations that flow from data and evidence.

Top tips and recommendations



Identify your audiences before you start writing and target the information towards them.



The content of your issue brief can be based on one study, or multiple studies representing an arc of your research or a "body of evidence."



Include section headings to help guide the reader and organize points.

Use bullets in lieu of paragraphs where it makes sense to do so. Organize the information so it is easy to skim. Define specialty terms, avoid jargon, and spell out acronyms.

Use a few visuals: Charts, graphs, boxes, or an icon can help break up your document and convey important information in an easy-to-read format.



Framing the policy discussion:

- Identify key policy or practice considerations and options.
- Remain nonpartisan when presenting the evidence and conclusions.
- Use nuance to avoid an advocacy/lobbying angle. Consider using language such as, "Based on our research findings, you could consider x, y, z..."



Share a draft with non-experts to gather feedback. Ask them about their takeaways from the brief.

ALWAYS include contact information and the date.



Create a dissemination plan: Distribute it to your own network as well as key policymakers and stakeholders (e.g., associations, professional societies, organizations) that may be interested in the issue. IHPI can help you identify appropriate audiences.

General guide to writing a one-pager or issue brief

TITLE

- Short, descriptive, and understandable title to capture a reader's attention. Don't overpromise. Avoid academic jargon.

BACKGROUND/CONTEXT

In general, 200-250 words

- Define the facts and playing field: What important context is needed to understand this topic? Why does the topic matter?
- What is the impact on populations, communities, and costs?
- What questions did you study? What is the gap in knowledge that your research fills?

KEY TAKEAWAYS

In general, 200-400 words

- These set the stage for policy and practice considerations in the next section.
- What are the unique/novel/key findings or takeaways from your studies?
- Include high-level details on your methods that are important to understand. Avoid in-depth descriptions of research methods.
- Incorporate data, study findings, survey findings, and others' policy experiences.
- Charts, graphs, maps, and icons are great here. You can search for icons at nounproject.com.

CONCLUSION & IMPLICATIONS FOR POLICY AND PRACTICE

Aim for 350 words maximum

- This section showcases real-world implications: What are the key policy/practice considerations or options, based on findings presented?
- Include the potential impact on populations, public health, or potential cost savings, if applicable.
- Bucket implications into a few categories using subheadings, if needed.

REFERENCES

- Strive for no more than five.

TEAM MEMBERS

- List team members and affiliations. The list can be separated into authors and contributors.
- Include an email address (contact person) for follow-up questions.
- Include a date (month and year) on the one-pager or issue brief.

CITING & SHARING YOUR BRIEF

- If you create an issue brief on your own and need a web link for sharing with stakeholders, consider uploading it to Deep Blue, a U-M repository that helps you preserve, cite, and share your work by creating a DOI/weblink for documents. Learn more at deepblue.lib.umich.edu.

U-M BOILERPLATES

- **Copyright language:** All U-M print materials shared with external audiences should include the following copyright line: © [current year] Regents of the University of Michigan
- **Regents list:** The [list of U-M Regents](#) is required on all University publications designed primarily for external constituencies. Visit the [U-M Boilerplates webpage](#) for more details.

DISCLOSURES

- U-M researchers must disclose any outside activity, relationship, or interest with an external entity (e.g., company, organization, etc.) for a conflict of interest. If you have an external role, include a disclosure statement on your issue brief. Ex: *[Author name] has a role with [Company/organization name].*

IHPI researchers are encouraged to refer to the following example and use one of our templates to create their own issue brief summarizing their study or compilation of studies. Templates are available in Word and Canva, an easy-to-use design platform.

FRONT

Short, descriptive title

Make sure you have permission to use logos; use your department/center logo

Provide background/context. Why is this topic important?

Define medical/technical terms that aren't widely known

BACK (partial view)

List of references

To get a web link for sharing, consider uploading your issue brief to DeepBlue, a U-M repository that creates DOIs

To download this brief, visit: ihpi.umich.edu/TAVR

For more information, please contact Eileen Kostanecki, IHPI's Director of Policy Engagement & External Relations, at ekostan@umich.edu or 202-554-0578.

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Include your contact info; add U-M Regents list if sending to external audiences

Discuss key takeaways from your research. Include charts, visuals, etc. as appropriate

A short summary of the key policy and practice implications

List team members and affiliations

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Contributors
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The Institute for Healthcare Policy & Innovation is the nation's largest university-based institute of health services researchers working together to improve the quality, safety, equity, and affordability of healthcare.

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IHPI BRIEF Expanding Access to Transcatheter Aortic Valve Replacement (TAVR)



For patients diagnosed with severe symptomatic aortic stenosis (AS), open-heart surgical replacement of the aortic valve (SAVR) was previously the only available definitive treatment to reduce symptoms and extend life. Over the past decade, transcatheter aortic valve replacement (TAVR) has emerged as a minimally invasive alternative to surgery. TAVR is now the primary therapy for inoperable patients and is rapidly replacing SAVR for patients at high or intermediate risk for surgery.¹⁻⁴

AORTIC STENOSIS IN THE U.S.

- 1 in 8 adults age 75 and older** have moderate or severe AS.⁵⁻⁷
- 50% mortality rate** within 2 years of severe symptomatic AS diagnosis if untreated.⁸⁻¹⁰
- 7-fold increase** in the volume of TAVR procedures between 2012 and 2016.¹¹

In 2019, the U.S. Food and Drug Administration approved TAVR for use in patients with severe symptomatic AS at low surgical risk.¹² Consequently, the Centers for Medicare and Medicaid Services relaxed its national coverage rules, lowering cardiac surgical volume requirements in order to expand the number of hospitals providing the procedure.¹³

Takeaways from our research*

A University of Michigan research team studied hospitals that were not providing TAVR before the Medicare coverage changes, to assess how many of these hospitals may now meet the new surgical volume requirements and to describe their characteristics, using national Medicare data.

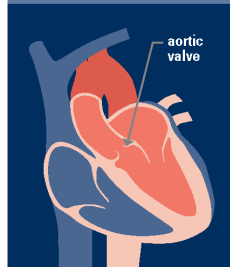
- 1** The number of hospitals eligible to provide TAVR could **double** under new Medicare coverage rules.
- 2** Sites newly eligible to provide TAVR are more likely to have fewer beds, be non-teaching hospitals, and treat less medically complex patients.
- 3** Variation in the geographic distribution of TAVR hospitals persists, with limited access to TAVR in rural and safety net hospitals.

What are the implications for policy and practice?

As access to TAVR is expanded to new sites, important considerations remain in order to help ensure optimal outcomes for patients.

- TAVR-specific quality metrics are needed in order to monitor patient outcomes as access expands. Quality metrics should be evaluated to ensure that they are valid and reliable.
- The volume of TAVR procedures at the new and existing sites should be monitored, with special consideration around how to measure patient outcomes for sites with a low volume of TAVR procedures. Evidence shows that outcomes at low volume sites are worse on average, compared to high volume centers.¹⁴
- The location and characteristics of TAVR and non-TAVR hospitals should be monitored to help ensure that access is expanded in areas of need, rather than expanding further in existing markets.
- Continued tracking of case volume and quality for cardiovascular procedures outlined in national coverage requirements is needed to mitigate potential unintended effects.

?
 The aortic valve is the gatekeeper that allows oxygenated blood to flow from the heart to the rest of the body. Narrowing of the aortic valve, called aortic stenosis (AS), disrupts this flow of blood, leading to episodes of chest pain, loss of consciousness, and heart failure.



Referenced study

*Access to Transcatheter Aortic Valve Replacement Under New Medicare Surgical Volume Requirements. Thompson MP, Brescia AA, Hou H, Pagani FD, Sukul D, Dimick, JB, Likosky DS. *JAMA Cardiol.* 2020 Apr 1;e200443. PMID: 32236500. doi:10.1001/jamacardio.2020.0443.

¹⁰ 2017 AHA/ACC Focused Update of the 2014 AHA/ACC Guideline for the Management of Patients with Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Nishimura RA, Otto CM, Bonow RO, et al. *J Am Coll Cardiol.* 2017;70(2):252-289. PMID: 28315732. doi:10.1016/j.jacc.2017.03.011.

¹¹ The Society of Thoracic Surgeons Adult Cardiac Surgery Database: 2018 Update on Outcomes and Quality. D'Agostino RS, Jacobs JP, Bedhwar V, et al. *Ann Thorac Surg.* 2018;105(1):15-23. PMID: 29233331. doi:10.1016/j.athoracsur.2017.10.035.

¹² Office of the Commissioner. FDA Expands Indication for Several Transcatheter Heart Valves to Patients at Low Risk for Death or Major Complications Associated with Open-Heart Surgery. U.S. Food and Drug Administration. <https://www.fda.gov/news-events/press-announcements/fda-expands-indication-several-transcatheter-heart-valves-patients-low-risk-death-or-major>. Published 2019. Accessed February 25, 2020.

¹³ Centers for Medicare and Medicaid Services. Decision Memo for Transcatheter Aortic Valve Replacement (TAVR) (CAG-00430R). Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/details/mcdc-decision-memo.aspx?NCAId=733>. Published June 21, 2019. Accessed September 3, 2019.

¹⁴ Procedural Volume and Outcomes for Transcatheter Aortic-Valve Replacement. Vemulapalli S, Carroll J, Meak M, et al. *N Engl J Med.* 2019;381:2541-2550. PMID: 30946551. doi:10.1056/NEJMsa1901109.

ISSUE BRIEF TEMPLATE

This template is editable via Canva, an online design platform. You'll be prompted to create or log in to a Canva account to [access it here](#). Download a [Word version of this template here](#).

Add your school/
department logo here



TITLE: Write a Short, Descriptive Title

HEADING (14pt font): Summarize the background

Introduction: Begin with a brief overview of the policy issue here. Define any terms and avoid jargon. Include citations as needed and add each to the references section. 11pt font.

HEADING (14pt font): Highlight key takeaways

Highlight key takeaways from the research. Overall summary goes here. We recommend listing between 1-4 key takeaways below, with visuals such as simple icons, charts, or graphs, as applicable. 11 pt font.



Takeaway #1 with visual (12pt font)

Summarize key takeaway here. 11pt font.



Takeaway #2 with visual (12pt font)

Summarize key takeaway here. 11pt font.



Takeaway #3 with visual (12pt font)

Summarize key takeaway here. 11pt font.

Issue Brief Template: Design Tips & Tricks for Canva Users

- If you are new to Canva, watch this [tutorial video](#) to learn the basics of using the platform.
- Before adding a school/department's logo to your document, ask and inform communications staff.
- Use [U-M Brand Colors](#) and the Arial (Ariale for Canva) font family throughout your brief. Go to text color on the top toolbar or select colors for certain icons, charts, etc. > select "+" to add a new color and enter the six-character Hex codes for [U-M Brand Colors](#), e.g. #FFCB05 for Maize.
- Create an account and search/download icons (like those used above) from [NounProject.com](#) to represent key takeaways. The site has millions of icons to choose from. Adjust the color of the icons (use U-M Brand Colors), download, and upload them to Canva (see "Uploads" on the left toolbar).
- If applicable, you can create a simple chart from scratch in Canva. See the "charts" button on the left toolbar > choose a chart > add your data > adjust the colors to U-M Brand colors.
- Download your issue brief as a PDF to collect feedback and share with policy audiences, stakeholders, etc.

HEADING (14pt font): List Policy Implications & Conclusions

IMPLICATION 1: Policy discussions/options for policymakers to consider

- Discuss policy takeaway in more detail. 11pt font

IMPLICATION 2: Policy discussions/options for policymakers to consider

- Discuss policy takeaway in more detail. 11pt font

IMPLICATION 3: Policy discussions/options for policymakers to consider

- Discuss policy takeaway in more detail. 11pt font.

IMPLICATION 4: Policy discussions/options for Policymakers to consider

- Discuss policy takeaway in more detail. 11pt font.

References (14pt font)

1. Reference - 10pt font or smaller depending on the number of references
2. Reference
3. Reference

Authors

Author names; 11pt font or smaller
Author names; 11pt font or smaller

List affiliations; 10pt font or smaller

Disclosures (if applicable)

If you or your collaborators have external roles that could be considered conflicts of interest, note them here. [Learn more.](#)

**TO VIEW THE BRIEF, VISIT:
[WEBSITE.UMICH.EDU/URL](https://www.website.umich.edu/url)**

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