



Creating an Issue Brief or One-Pager about Your Research

Writing for Policymakers & Policy Audiences

Translating your complex data and insights into understandable key takeaways and considerations is crucial for informing policy decisions and discussions. A one-pager can package your research into clear, concise highlights and discuss implications for policy that flow from the data and evidence. Policymakers and their staff rely on one-pagers to gather information about a topic and look for trusted sources they can call upon to understand complex issues.

Top Tips & Recommendations



Reflect on your [purpose](#) of creating a one-pager, outline your key points, and identify your key audience(s) before you start writing.

Consider your audience's [priorities](#) and tailor the information for 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.



Avoid [passive voice](#), and long or complex sentences.

Use [visuals](#): Simple charts, graphs, boxes, or icons can help break up your document and convey important information in an easy-to-read format.

Be [mindful of your words](#). Avoid words, concepts, and sources that could be perceived as loaded, leading, or biased if you aim to remain nonpartisan. Consider using language such as, “Based on our research findings, policymakers could consider x, y, z...”



Always include [contact information](#) and a date.

Share a draft with [non-experts to gather feedback](#). Ask them about their takeaways from the brief.



Create a [dissemination plan](#): Distribute it to your own network as well as key policymakers and stakeholders who are interested in the issue. IHPI can help you identify appropriate audiences.

General Guide to Writing a One-Pager/Issue Brief

While a one-pager should always be concise and visually appealing, there is no one-size-fits-all format. Depending on the type of research, the audience, and the key message, you may choose different ways to structure your document. IHPI generally recommends the following sections for your one-pager:

| | |
|------------------------------------|---|
| Title | Short, descriptive, and understandable title to capture a reader's attention. Don't over-promise. Avoid academic jargon. |
| Background & Context | In general, 200-250 words <ul style="list-style-type: none">• Define the facts and playing field: What important context is needed to understand this topic and its importance? Be careful not to overload with details - focus on what's necessary for decision-makers to know.• What is the impact on populations, communities, and costs?• What questions did you study? What gap in knowledge does your research fill? |
| Key Takeaways | In general, 200-400 words <ul style="list-style-type: none">• 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, such as the population studied. Avoid in-depth descriptions of methods.• Incorporate data, study findings, survey findings, and others' policy experiences. |
| Implications for Policy & Practice | Aim for 350 words maximum <ul style="list-style-type: none">• This section showcases real-world implications: What are the key policy/practice considerations or options, based on the findings presented?• Include the potential impact on populations, public health, or costs/cost savings, if applicable.• Consider highlighting experiences from other states, cities, counties, etc., if there are lessons to be learned.• Make sure your considerations flow from the evidence presented in the key takeaways section. |
| References | Strive for no more than five (ten maximum). |
| Authors & Contact | <ul style="list-style-type: none">• List team members and affiliations. The list can be separated into authors and contributors.• Include a name and email address for follow-up questions and a date (month and year).• Disclosures: U-M researchers must disclose any outside activity, relationship, or interest with an external entity (e.g., company, organization, etc.) that presents a conflict of interest. Include a disclosure statement on your issue brief if you have an external role. Ex: [Author name] has a role with [company/organization name]. |

IHPI Brief Example (Front)

Check out other IHPI briefs at ihpi.umich.edu/news-briefs/policy-briefs

IHPI researchers may 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](#). Access the templates at ihpi.umich.edu/comm-policy-tools.

Short, descriptive title



IHPI BRIEF

Expanding Access to Transcatheter Aortic Valve Replacement (TAVR)



Use a school/ dept./center logo (make sure you have permission to use)

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

Provide background or context. Why is this topic important?

AORTIC STENOSIS IN THE U.S.

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|--|---|--|
| 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 |
|--|---|--|

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.

Define medical or technical terms that aren't widely known

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. |
|--|---|--|

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



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.

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.

A short summary of the key policy and practice implications

IHPI Brief Example (Back)

Check out other IHPI briefs at ihpi.umich.edu/news-briefs/policy-briefs

List of references

Additional references

¹ **Transcatheter Aortic-Valve Implantation for Aortic Stenosis in Patients Who Cannot Undergo Surgery.** Leon MB, Smith CR, Mack M, et al. *N Engl J Med.* 2010;363(17):1597-1607. PMID: 20961243. doi:10.1056/NEJMoa1008232.

² **Predictors of Poor Outcomes After Transcatheter Aortic Valve Replacement: Results From the PARTNER (Placement of Aortic Transcatheter Valve) Trial.** Arnold SV, Reynolds MR, Lei Y, et al. *Circulation.* 2014;129(25):2682-2690. PMID: 24958751. doi:10.1161/CIRCULATIONAHA.113.007477.

³ **Transcatheter Aortic-Valve Replacement with a Balloon-Expandable Valve in Low-Risk Patients.** Mack MJ, Leon MB, Thourani VH, et al. *N Engl J Med.* 2019;380(18):1695-1705. PMID: 30883058. doi:10.1056/NEJMoa1814052.

⁴ **Transcatheter Aortic-Valve Replacement with a Self-Expanding Valve in Low-Risk Patients.** Popma JJ, Deeb GM, Yakubov SJ, et al. *N Engl J Med.* 2019;380(18):1706-1715. PMID: 30883053. doi:10.1056/NEJMoa1816885.

⁵ **Burden of Valvular Heart Diseases: A Population-Based Study.** Nkomo VT, Gardin JM, Skelton TN, Gottdiener JS, Scott CG, Enriquez-Sarano M. *Lancet.* 2006;368(9540):1005-1011. PMID: 16980116. doi:10.1016/S0140-6736(06)69208-8.

⁶ **Prevalence of Aortic Valve Abnormalities in the Elderly: An Echocardiographic Study of a Random Population Sample.** Lindroos M, Kupari M, Heikkilä J, Tilvis R. *J Am Coll Cardiol.* 1993;21(5):1220-1225. PMID: 8459080. doi:10.1016/0735-1097(93)90249-Z.

⁷ **The Evolving Epidemiology of Valvular Aortic Stenosis: The Tromsø Study.** Eveborn GW, Schirmer H, Heggelund G, Lunde P, Rasmussen K. *Heart.* 2013;99(6):396-400. PMID: 22942293. doi:10.1136/heartjnl-2012-302265.

⁸ **Aortic Stenosis.** Ross J Jr, Braunwald E. *Circulation.* 1961;67. PMID: 4894151. doi:10.1161/01.cir.38.1s5.v-61.

⁹ **Study of Asymptomatic Valvular Aortic Stenosis.** Sh IG, Legget ME, et al. *Circulation.* 1997;95(9):2262-2269. PMID: 9259203. doi:10.1161/01.cir.95.9.2262.

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 JR, Badhwar 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/nca-decision-memo.aspx?NCAId=293>. Published June 21, 2019. Accessed September 3, 2019.

¹⁴ **Procedural Volume and Outcomes for Transcatheter Aortic-Valve Replacement.** Vemulapalli S, Carroll J, Mack M, et al. *N Engl J Med.* 2019;380:2541-2550. PMID: 30946551. doi:10.1056/NEJMsa1901109.

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To download this brief, visit:

ihpi.umich.edu/TAVR

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Include your contact info

Note date and year published

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Using IHPI's One-Pager and Policy Brief Templates (Word or Canva)

IHPI researchers may use IHPI templates to create their own issue brief or one-pager summarizing their study or compilation of studies. Templates are available in Word and Canva, a user-friendly, online design platform. Access the templates at ihpi.umich.edu/comm-policy-tools and reference these quick tips:

- **Less is more.** Keep your summaries brief to avoid crowding the sections and having to reduce the text size. Generally, body text size should be 11-pt font or higher, and footer/references text should be no smaller than 8-pt.
- **Before adding a school, department, center/institute, or IHPI's logo** to your document, ask and inform communications staff. U-M logos should not be used without prior authorization.
- **Follow U-M typography, color, and other brand guidelines** (brand.umich.edu/design-resources) for all headings, graphics, charts, icons, etc. used throughout your brief. In Word, change the default colors by selecting the text/color you want to change > Fill > More Fill Colors > Custom > enter six-character Hex codes for U-M colors, e.g. #FFCB05 for Maize. In Canva, change by selecting "+" under font colors and adding the Hex code.
- **You can search/download icons** from thenounproject.com to represent and emphasize key takeaways. The site has millions of icons to choose from. You can try it for free by quickly setting up an account; however, to adjust the icons to U-M brand colors, you'll need the paid version (~\$3 per month).
- **Creating a web link for your brief:** If you need a web link for sharing your brief with stakeholders, consider uploading your brief to Deep Blue, a U-M repository that creates DOIs and tracks downloads, at deepblue.lib.umich.edu.
- **Save the Word/Canva document as a PDF** to share with policy audiences, stakeholders, etc. to avoid formatting issues.
- **Reach out!** When planning for or creating a one-pager for external audiences, let our IHPI team and your school/department communications staff know, so we can provide guidance and check for proper logo use, readability issues, etc.

Additional design resources

- **U-M Brand Guidelines:** brand.umich.edu – includes brand colors, fonts, logo guidelines
- **Michigan Medicine Brand Guidelines:** branding.med.umich.edu – includes brand colors, fonts, logo guidelines for Michigan Medicine faculty and staff
- **Contrast Checker:** webaim.org/resources/contrastchecker – important for accessibility
- **More resources at** ihpi.umich.edu/comm-policy-tools