Quick tools for research dissemination

Practical templates and checklists for UK health researchers

Why these tools matter:

Without strategic dissemination, even groundbreaking research can languish unread and unused. These six tools distill evidence-based practices into actionable templates you can use today. Each one addresses a critical barrier between your research and real-world impact. Together, they form a toolkit that can increase your citations, influence policy, and most importantly – help your research improve lives.

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Tool 1: The 30-Second stakeholder mapper

Stakeholder mapping transforms dissemination from broadcasting into the void to strategic engagement.

Research shows that sustained partnerships between researchers and stakeholders are the single biggest facilitator of evidence use. By spending just 5 minutes mapping who needs to know about your work, you create a foundation for relationships that can amplify your impact far beyond academic citations.

Remember: the most impactful research creates a "pull" for findings – stakeholders actively seeking your results rather than you pushing information at them. This simple mapping exercise is your first step toward creating that demand.

When to use:

At the start of any research project or when planning dissemination

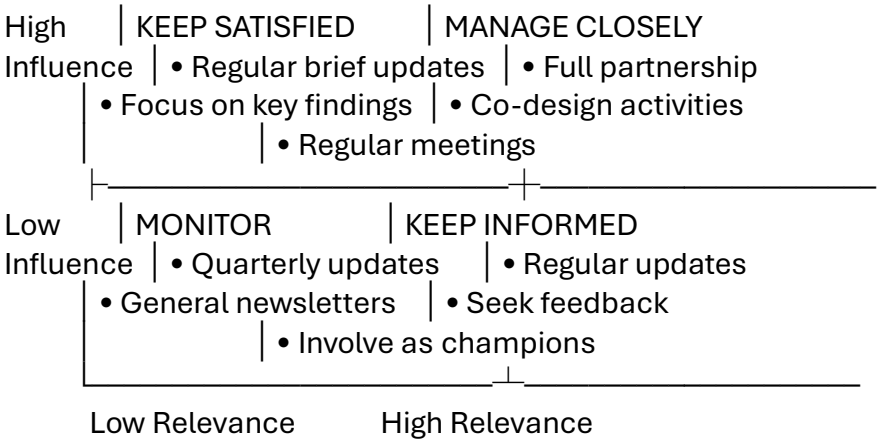
Step 1: List everyone affected by or interested in your research

Write down all individuals, groups, and organisations. Don't filter yet - include everyone.

Prompts to help:

- Who could use these findings?
- Who makes decisions about this topic?
- Who experiences this health issue?
- Who funds work in this area?
- Who delivers related services?

Step 2: Plot them on the matrix



Influence = Their ability to act on or block your work
Relevance = How directly your findings relate to their work/goals

Step 3: Plan your engagement

For each stakeholder in “Manage Closely” or “Keep Informed”, write one specific action you’ll take this month.

Example actions:

- Email [name] to arrange coffee chat
- Send draft summary to [patient group] for feedback
- Add [policymaker] to project update list

Tool 2: The audience needs checklist

Generic, one-size-fits-all dissemination fails because different audiences have fundamentally different needs, pressures, and ways of consuming information. Evidence shows that 86% of policymakers find policy briefs useful – but only when they're short, timely, and jargon-free.

Meanwhile, for example, co-producing materials with patients can lead to messages that are not just understood but actually used, creating real behaviour change.

This checklist saves you from the most common mistake in research communication: writing for yourself instead of your audience. Five minutes with this checklist can mean the difference between your findings gathering dust and actually changing practice.

When to use:

Before creating any dissemination content

For Policymakers:

- ☐ Is it 4 pages or less?
- ☐ Are key messages upfront in a box/summary?
- ☐ Have I removed all jargon and acronyms?
- ☐ Is there a clear “what to do” recommendation?
- ☐ Have I stated why action is needed NOW?
- ☐ Is it from a trusted source/intermediary?

For Patients/Public:

- ☐ Did I co-develop this with patients/PPI group?
- ☐ Is it at a Year 9 reading level?
- ☐ Are sentences under 20 words?
- ☐ Did I use “high blood pressure” not “hypertension”?
- ☐ Have I tested it with someone outside healthcare?
- ☐ Does it answer “why does this matter to me?”

For Healthcare Professionals:

- ☐ Does it clearly state what changes in practice?
- ☐ Have I addressed implementation barriers?
- ☐ Is it endorsed by relevant professional body?
- ☐ Can they action this in under 5 minutes?
- ☐ Have I linked to full evidence/guidelines?
- ☐ Is the strength of evidence clear? (e.g., ‘findings from one trial’ vs. ‘meta-analysis of 12 studies’)

Tool 3: The plain language summary template

A plain language summary may be read by more people than your academic paper – including journalists, policymakers, and patients whose lives could be changed by your findings.

It's not "dumbing down" your research; it's translating complex science into human stories that create understanding and drive action.

The template below follows evidence-based principles from the Health Research Authority and NIH. Each section answers questions real people actually ask about research.

Following this structure ensures your findings are accessible to the 43% of UK adults who read at or below GCSE level, while maintaining scientific integrity.

When to use:

Required for many journals and funders; use for all public-facing content

Title: [State what you found, not what you studied]

Bad: "Investigation into factors affecting adherence"
Good: "Text reminders help patients take their medicines"

Why we did this research (50 words)

[Problem] affects [number] people in the UK. Currently, [what happens now]. We wanted to find out if [your approach] could [benefit].

What we did (75 words)

We worked with [number] [participants, not subjects] who [key characteristics].

- Group 1: [what they did/received]
- Group 2: [what they did/received] We measured [outcome in plain terms] by [method in plain terms].

What we found (100 words)

[Key finding in one sentence].

- [Specific finding with numbers]: "8 out of 10 people" not "80%" *For scientific precision, include absolute numbers in brackets: "8 out of 10 people (80 of 100 participants)"*
- [Second finding]: compared to [comparison]
- [What didn't change, if important]

What this means (75 words)

For patients: [direct benefit/implication]

For NHS: [system benefit/change needed] Next steps: [what happens now]

Find out more: [contact/website]

Tool 4: Policy brief structure (1-2 pages max!)

Policymakers are drowning in information. A UK civil servant might see dozens of reports daily while managing multiple urgent priorities.

Your policy brief competes for attention in this chaos. The structure below is designed with empathy for their reality: key messages upfront (they might only read this), clear problem definition (why act now?), and specific recommendations (what exactly should they do?). Evidence from The King's Fund and Nuffield Trust shows this inverted pyramid structure works.

Unlike academic papers that build to conclusions, policy briefs start with them. This isn't lazy – it's strategic communication that respects your reader's time and increases the chance your evidence will actually influence decisions.

When to use:

For any research with policy implications

Title: [Outcome-focused statement]
Research evidence for [specific action]

Key messages [use a call out box]

- Main finding that demands action
- Why action is needed NOW
- Specific recommendation
- Cost/benefit in one sentence

The issue (150 words)

- Current problem with numbers
- Why status quo is failing
- Window of opportunity

The evidence (200 words)

What your research found

- How strong is the evidence
- What others have found
- Include one compelling case study if possible – This is what may take you to two pages but again be VERY succinct and clear with this case study.

Recommendations (must be specific and actionable)

For national policymakers:
1. [Specific action, e.g. 'Fund pilot of X service' not 'Improve services']

2. [Specific action]

For local implementation:
1. [Specific action]
2. [Specific action]

Further information

Lead researcher: [Name, credentials]
Full report: [Link]
Contact: [Email] | @[Twitter/LinkedIn]

Tool 5: Digital Dissemination Decision Tree

Not every paper needs a press release. Not every finding warrants a Twitter storm. But EVERY piece of research needs some form of dissemination – the evidence is overwhelming. Self-archiving alone can increase citations by 157%. Visual abstracts double social media engagement. Articles in The Conversation are proven to lead to actual public use of research information.

The decision tree below helps you match effort to impact.

It recognises that your time is precious, so it scales from simple actions everyone should do (self-archiving takes 5 minutes, see: openaccess.ox.ac.uk/deposit) to major projects for practice-changing findings.

Remember: media attention predicts citations better than journal prestige. Your dissemination choices matter more than where you publish.

When to use:

Choosing where to share your research online

Is your paper newsworthy? (Chris McIntyre's session will help you decide!)

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├─ YES: Work with local / dept comms team to draft press release
│      ↓
│      Create visual abstract → Share on LinkedIn + Twitter/BlueSky
│      ↓
│      Write for The Conversation (proven to increase public use)
│
└─ NO: Who needs to know?
   ├─ Specific professionals: LinkedIn post + relevant group
   ├─ Patient groups: Co-create summary + share via charity
   ├─ Local services: Email directly with implementation guide
   └─ Academic peers: Twitter thread + self-archive (157% more citations)
```

The 3-Tier Effort Guide:

🟢 **Low effort (Do for every paper):**

- Self-archive your accepted manuscript
- Write plain language summary
- One LinkedIn post

🟡 **Medium effort (Do for important papers):**

- Create visual abstract
- Write blog post
- Twitter/BlueSky thread

🔴 **High effort (Do for practice-changing papers):**

- Press release
- The Conversation article
- Policy brief + direct outreach

Tool 6: The "Is It Working?" Tracker

Think of this tool as more of a basic reminder to do some evaluation of what you have done periodically. It's easy to get wrapped up in the research and put the dissemination aside, but without it, in some form, your research is unlikely to ever reach the people who need it most.

Some papers put the gap between evidence of an intervention being shown to work in a trial and full adoption by health and care services at 7-11 years. That's 7-11 years of patients and the public missing out on known, evidence-based interventions that could improve their quality of life. Regular tracking helps you spot what's working, adjust what isn't, and ultimately shrink that unacceptable gap.

When to use:

Track your dissemination impact quarterly

Academic Impact:

- ☐ Citation count increased? (Check Google Scholar)
- ☐ Media mentions? (Set up Google Alerts)
- ☐ Invited talks/collaborations?
- ☐ Altmetric Attention Score increased?

Practice Impact:

- ☐ Guidelines cited your work?
- ☐ Services report using findings?
- ☐ Professional bodies engaged?
- ☐ Downloads of any toolkits/guides you created?

Public Impact:

- ☐ Patient group feedback?
- ☐ Public event invitations?
- ☐ Social media engagement?

Policy Impact:

- ☐ Mentioned in policy documents?
- ☐ Invited to advisory groups?
- ☐ Ministers/MPs contacted you?

Red flag: *If all boxes are empty after 6 months, revisit your dissemination strategy!*

Quick wins checklist

Starting is often the hardest part. This checklist breaks dissemination into bite-sized actions you can do right now. Each task is evidence-based and proven to increase impact. The "today" tasks alone could increase your citations by over 150%. The key is to build dissemination habits - small, consistent actions that compound over time to create significant impact.

Today (5 mins):

☐ Add your latest paper to your institutional repository

☐ Update your LinkedIn profile with key finding

This week (30 mins):

☐ Write plain language summary using template

☐ Email three key stakeholders with relevant findings

This month (2 hours):

☐ Create visual abstract using Canva

☐ Submit pitch to The Conversation ☐ Map stakeholders for next project

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Remember: Media attention predicts citations better than journal prestige. Your dissemination efforts matter MORE than where you publish!

Need help? Contact: communications@phc.ox.ac.uk