Why and How we do
Research Impact Assessment

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KING'S College LONDON

The Policy Institute at King's

Impact is defined in many ways.

For researchers, there is no one way of achieving impact...nor demonstrating and measuring it.

For funders, there is no standardized guidance on how to assess for impact.

There are approaches to assessment we can use, based on past examples.

It is still important to do research impact assessment, even if difficult.

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"an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia" (REF 2014)

"the demonstrable contribution that research makes to the economy, society, culture, national security, public policy or services, health, the environment, or quality of life, beyond contributions to academia." (ARC)

"it does not include impact on research or the advancement of academic knowledge, nor impacts on students, teaching or other activities within the submitting institution. It may include impacts within the higher education sector, including teaching or students where they extend significantly beyond the submitting higher education institution" (EIA)

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INPUTS
PROCESSES
OUTPUTS
IMPACT
OUTCOMES

E.g.
Funding,
Infrastructure

E.g.
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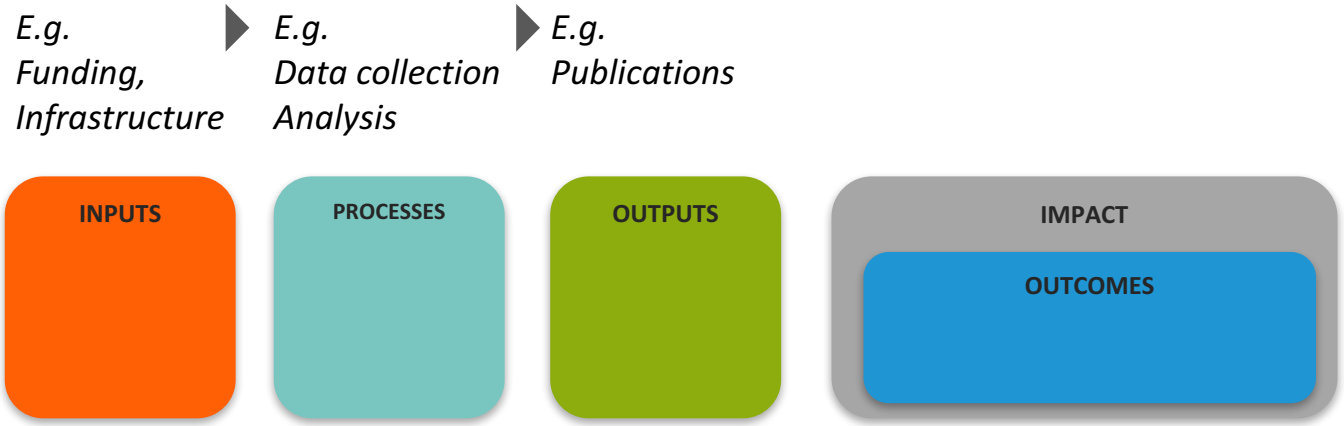
Infrastructure

E.g.
Data collection
Analysis


E.g.
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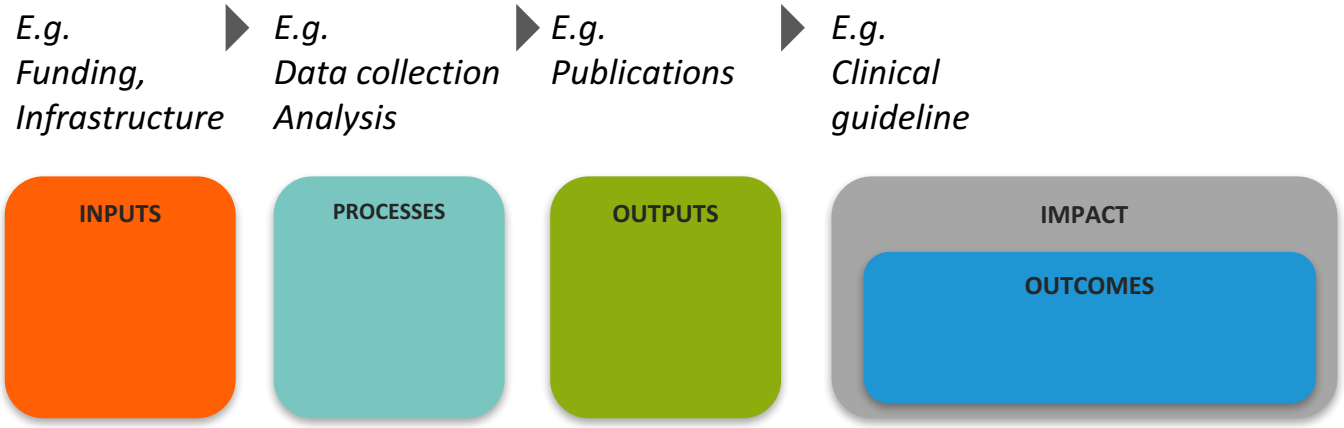
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Clinical
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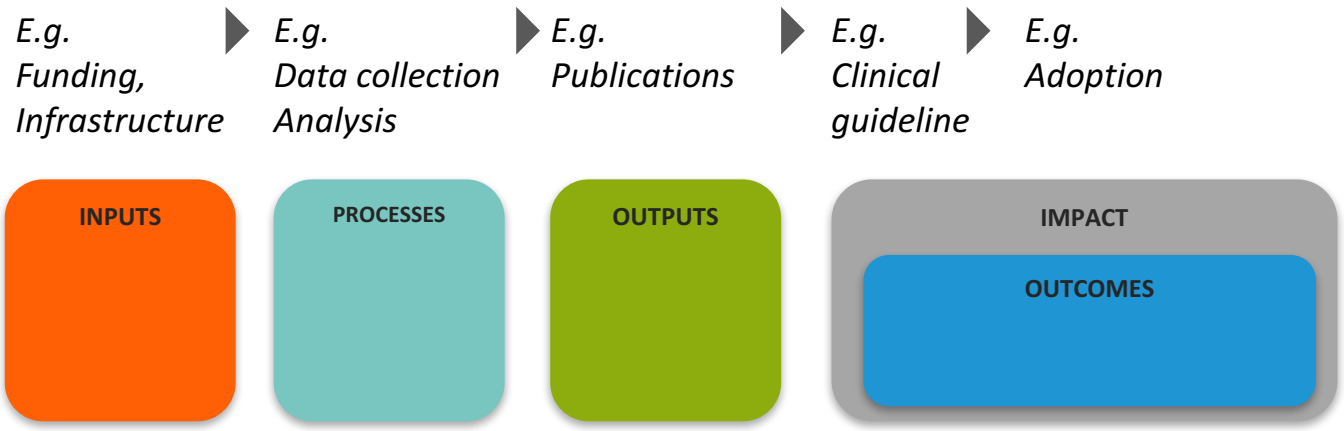
E.g.
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Clinical
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Adoption
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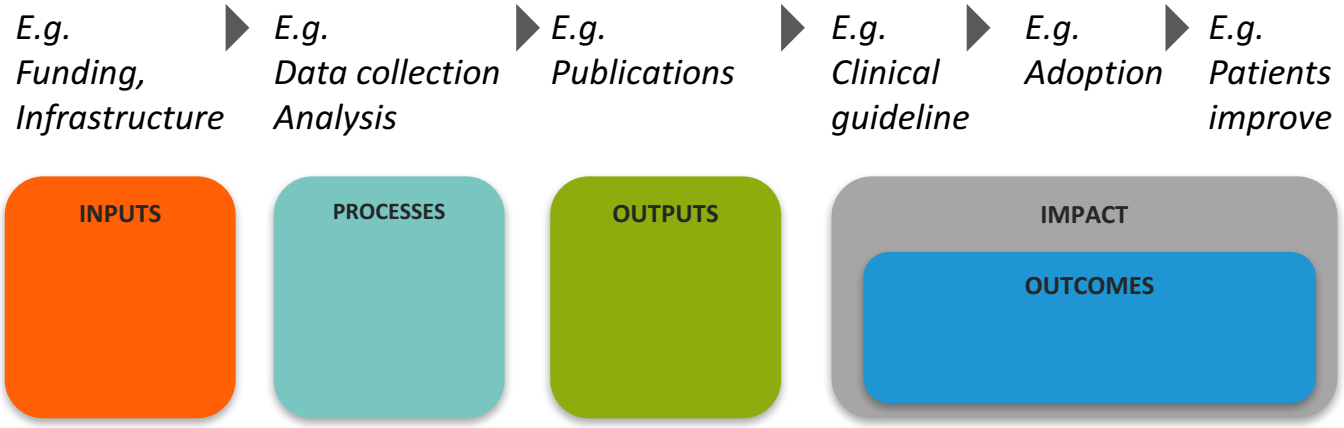
E.g.
Funding,
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Analysis
E.g.
Publications
E.g.
Clinical
guideline
E.g.
Adoption
E.g.
Patients
improve
INPUTS
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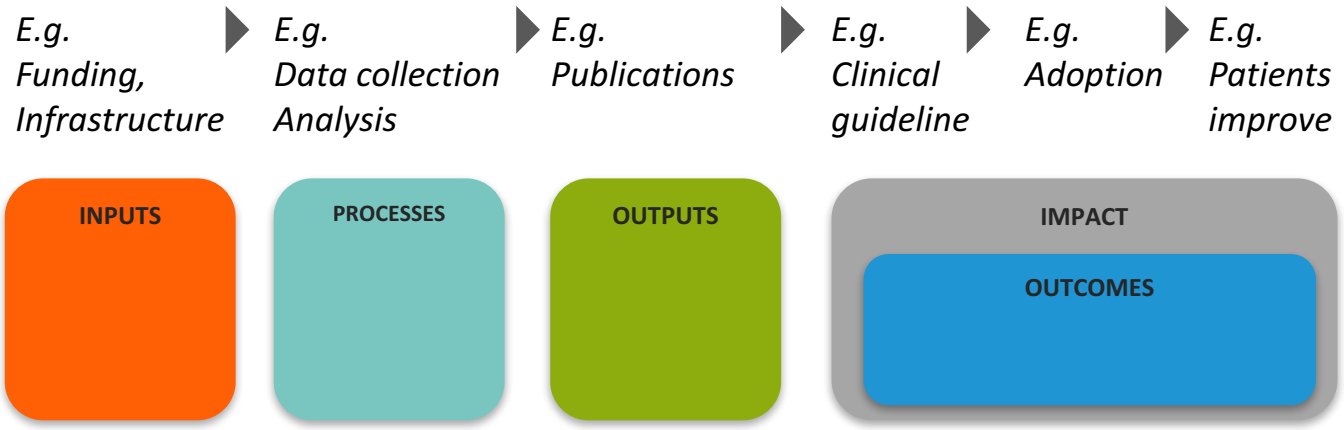

In reality this is often not linear!


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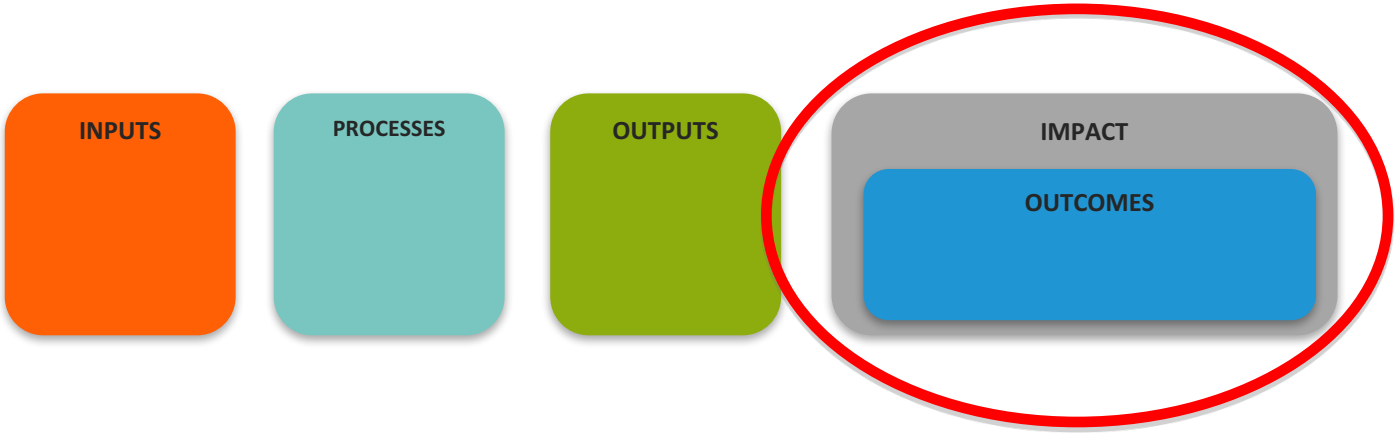
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REF2014 impact case studies
Research Excellence Framework

About | How to search | FAQs | API | Terms of Use | REF2014 Home

Search REF Impact Case Studies

Browse the index below or search all Case Studies using keywords [e.g. "NHS"].

Search all Case Studies... | Search | See all case studies

Learn about advanced search options and read our Terms of Use.

http://impact.ref.ac.uk/CaseStudies/

Project aim:
To analyse the 6,679 REF 2014 impact case studies available for analysis.

Methods:

- Topic Modelling
- Geotagging
- Keyword search
- Qualitative coding (reading)

The demonstration by Warwick researchers that reduced dietary salt intake lowers BP in a dose- dependent manner (1) and in different geographic settings (3-4) across individuals with various baseline levels of BP (1) gave impetus to national and global health policy developments. Crucially, the prospective association of reduced salt intake with a lower risk of fatal and non-fatal CVD events underpinned the development of national salt reduction programmes in the UK (2008–2012) (c) and internationally (2010-2013) (b; e).

National and international recommendations on dietary salt intake. Dietary salt intake is high in almost all populations, and its reduction would lead to a reduction in strokes and heart attacks (2). Through the WHO Collaborating Centre at Warwick and Cappuccio's participation in various committees (Population Reduction in Salt Intake, WHO, Geneva [2006]; European Salt Initiative, WHO, Copenhagen [2006]; European Salt Action Network [2007; founding member and lead of a subgroup], Public Health Program Development Group for NICE Guidance on Prevention of Cardiovascular Disease [2008-2010] and Expert Testimony; Cardiovascular Disease Prevention through Dietary Salt Reduction, PAHO/WHO, Washington DC [2009-2012; subgroup lead]; and Advisory Group on Nutrition, WHO Geneva [2012-2016]), we have influenced the adoption of policies leading to reduced salt intake and have written protocols, guidelines and recommendations on how to encourage lower salt intakes (a; b; d; g; j-l).

Policies to control salt intake are now recommended by the WHO and most governments, and have been endorsed at the United Nations High Level Meeting on the Prevention of Non- Communicable Disease (2011). In 2007, WHO re-stated recommendations of salt targets of 5g per day. Since then, it has developed policies in every continent for the implementation of population salt reduction programmes under the WHO Action Plan on Obesity, Diet and Physical Activity[b]. The WHO 65th World Health Assembly (2012) decided that population dietary salt should be reduced and should be a priority alongside tobacco control for the reduction of non-communicable disease worldwide. Examples of early adopters of these policies are Slovenia (monitoring and surveillance 2008-13), Argentina, Costa Rica and Chile (monitoring tools 2010-13) and South Africa (regulation 2012) (b; d; e).

Increased public awareness. In addition to scientific dissemination through publications, reviews, editorials and international meeting presentations on the findings of underpinning research, Warwick researchers have contributed to the three-pronged approach of salt reduction programmes: consumer awareness, food reformulation, monitoring and surveillance (Sutherland J *et al.* Br J Nutr 2013;110:552-8 - Brinsden HC *et al.* BMJ Open 2013;3:e002936). Since 2008, the WHO Collaborating Centre at Warwick has held the mandate to work within a global platform to increase research output and operational support to WHO offices (Geneva [Global], Copenhagen [Europe], Washington [PanAmerican], and Cairo [Eastern Mediterranean), and to lead and support monitoring and surveillance in individual countries. We have participated and contributed directly through the WHO Global Platform to all aspects of the three-pronged approach (b; d; e). We have engaged in additional dissemination activities through our website (www2.warwick.ac.uk/go/cappuccio/research_impact) and partnership with non-governmental organizations, such as Consensus Action on Salt and Health (CASH) (h) and the UK Health Forum (i).

Impact on public health and economy. Public health benefits have been achieved through an increased public awareness about the importance of lowering individual salt intake; through industry engagement for the re-formulation of food with lowered salt content; and in the monitoring of salt intake nationally through repeated surveys (Millett C *et al.* PLoS ONE 2012; 7(1): e29836 - Shankar B *et al.* Health Econ 2013; 22:243-50). Crucially, in England and Wales the salt reduction programme has led to reduced salt intake from 9.5g per day in 2001 to 8.1g per day in 2010, a reduction of 1.4 g per day (or 15%). This reduction is estimated to have averted 20,000 CVD events in the UK, of which 8,500 would have been fatal (f) with ~131,000 Quality-Adjusted Life Years (QALY) gained. A gain in QALY indicates an extension of life free from illness. Our contribution is clearly listed in a salt reduction timeline published by CASH (h).

In addition to substantial health gains for the population, reduction of daily salt intake by 3g per day would lead to economic gains, an annual equivalent savings of at least £40M a year in the UK[f]. Globally, a 15% reduction of salt intake over 10 years could avert 6.5M deaths from CVD at a cost ranging between $0.04 and $0.32 per person (g).

Topic modelling:

Case study 'tagged' to three topics:

- 'Food and nutrition'
  (*food product industri nutrit health crop agricultur uk seed*)
- 'Clinical guidance'
  (*guidelin patient clinic treatment recommend stroke nice risk trial)*
- 'International development'
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Keyword search:

Searching for specific words (eg "QALY")

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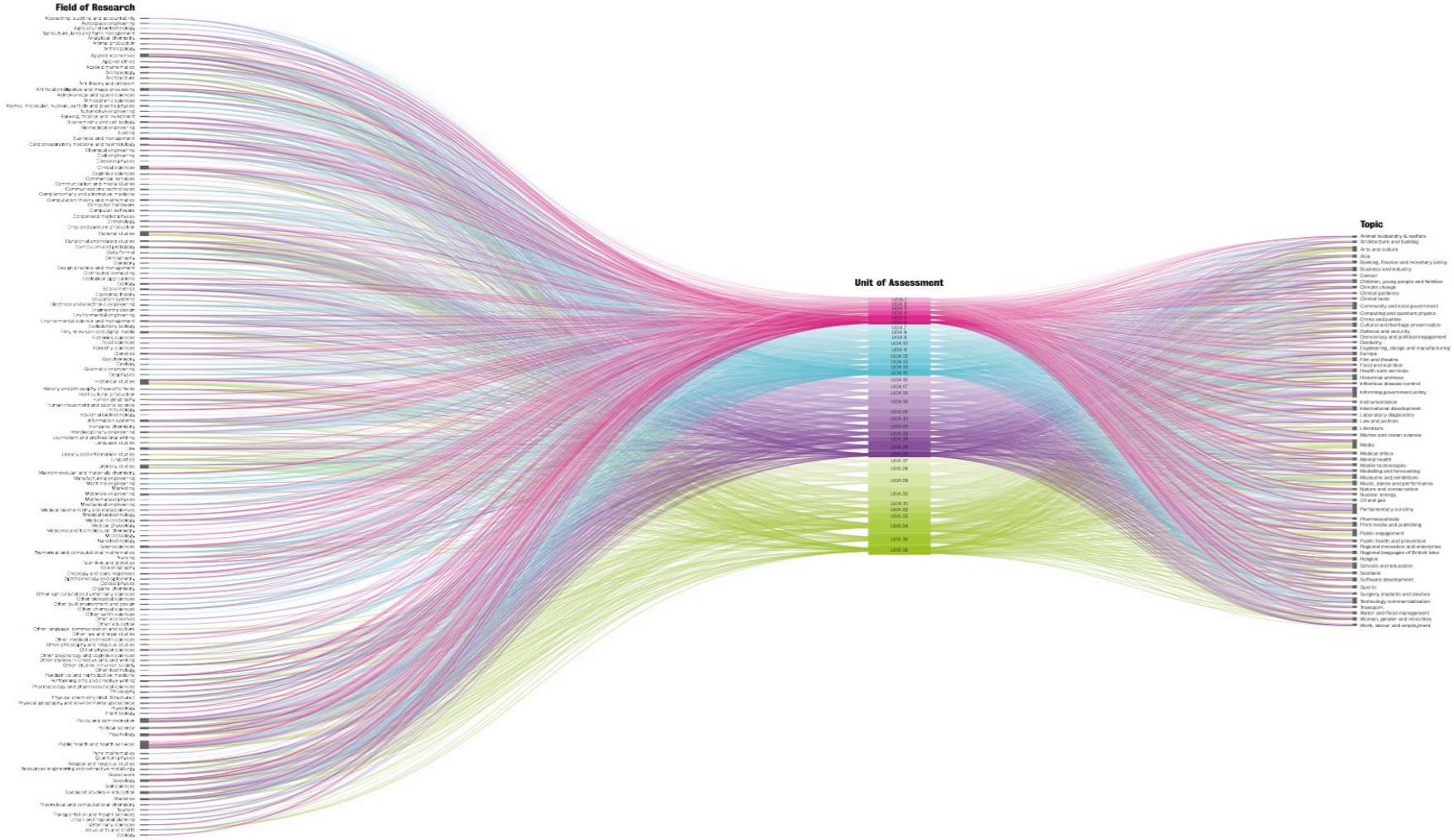
These are the 60 topics we found

ANIMAL HUSBANDRY AND WELFARE
ARCHITECTURE AND BUILDING
ARTS AND CULTURE
ASIA
BANKING, FINANCE AND MONETARY POLICY
BUSINESS AND INDUSTRY
CANCER
CHILDREN, YOUNG PEOPLE AND FAMILIES
CLIMATE CHANGE
CLINICAL GUIDANCE
CLINICAL TESTS
COMMUNITY AND LOCAL GOVERNMENT
COMPUTING AND QUANTUM PHYSICS
CRIME AND JUSTICE
CULTURAL AND HERITAGE PRESERVATION
DEFENCE AND SECURITY
DEMOCRACY AND POLITICAL ENGAGEMENT
DENTISTRY
ENGINEERING, DESIGN AND MANUFACTURING
EUROPE
FILM AND THEATRE
FOOD AND NUTRITION
HEALTH CARE SERVICES
HISTORICAL ARCHIVES
INFECTIOUS DISEASES CONTROL
INFORMING GOVERNMENT POLICY
INSTRUMENTATION
INTERNATIONAL DEVELOPMENT
LABORATORY DIAGNOSTICS
LAW AND JUSTICE
LITERATURE
MARINE AND OCEAN SCIENCE
MEDIA
MEDICAL ETHICS
MENTAL HEALTH
MOBILE TECHNOLOGIES
MODELLING AND FORECASTING
MUSEUMS AND EXHIBITIONS
MUSIC, DANCE AND PERFORMANCE
NATURE AND CONSERVATION
NUCLEAR ENERGY
OIL AND GAS
PARLIAMENTARY SCRUTINY
PHARMACEUTICALS
PRINT MEDIA AND PUBLISHING
PUBLIC ENGAGEMENT
PUBLIC HEALTH AND PREVENTION
REGIONAL INNOVATION AND ENTERPRISE
REGIONAL LANGUAGES OF BRITISH ISLES
RELIGION
SCHOOLS AND EDUCATION
SCOTLAND
SOFTWARE DEVELOPMENT
SPORTS
SURGERY, IMPLANTS AND DEVICES
TECHNOLOGY COMMERCIALISATION
TRANSPORT
WATER AND FLOOD MANAGEMENT
WOMEN, GENDER, AND MINORITIES
WORK, LABOUR AND EMPLOYMENT

We found a diversity of pathways to impact



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Life Sciences and Medicine:

- Patients' lives improved (QALYs, DALYs)
- Qualitative narratives from clinical staff
- Qualitative narratives from patients on improved care delivery
- Cited in clinical guidelines
- Adoption in practice or policy

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Natural Sciences and Engineering, and Social Sciences

- Commercialization activities (spinout, patent, licence)
- Adoption in policy, practice
- Supporting industry
- Changing the nature of public discourse on a topic

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Arts and Humanities

- Endorsement by creative industries (eg BAFTA) or critical reviews
- Footfalls, downloads, non-academic dissemination of work
- Change in perception/public opinion

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Researchers used a variety of quantitative indicators and qualitative information to demonstrate (and 'measure') their impact

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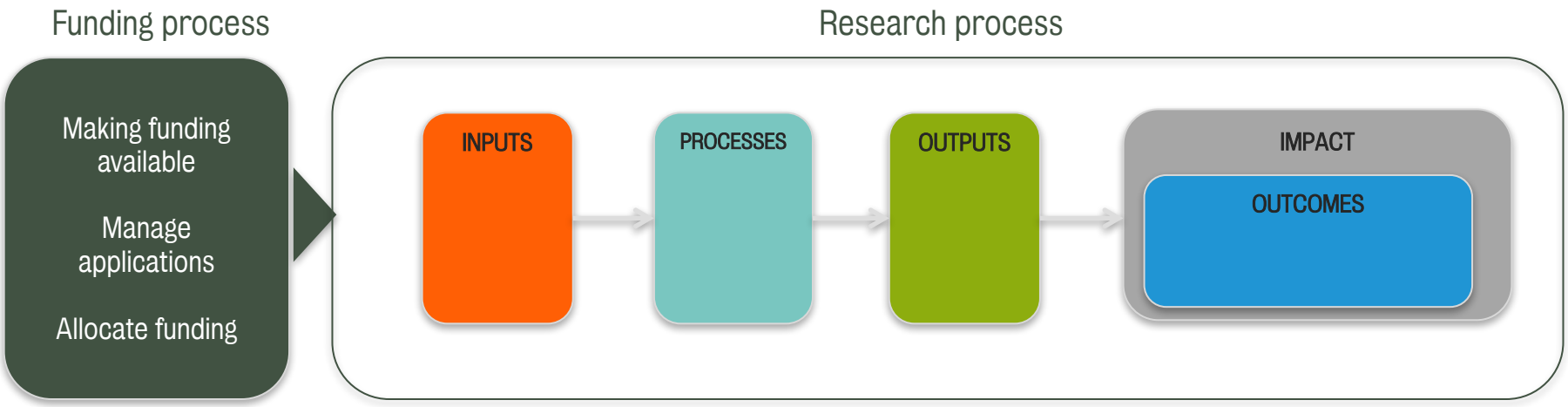
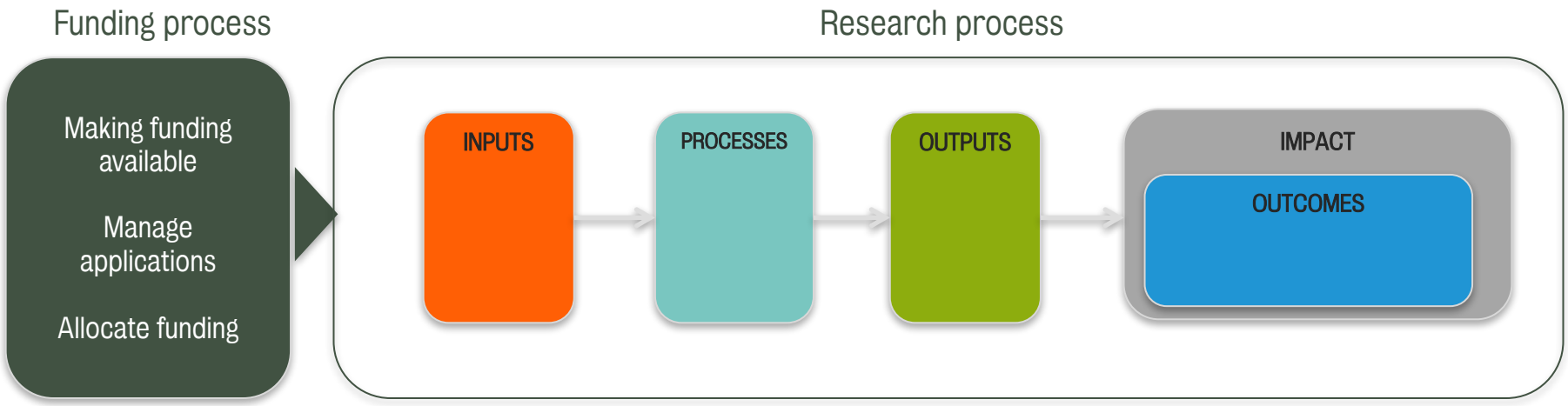
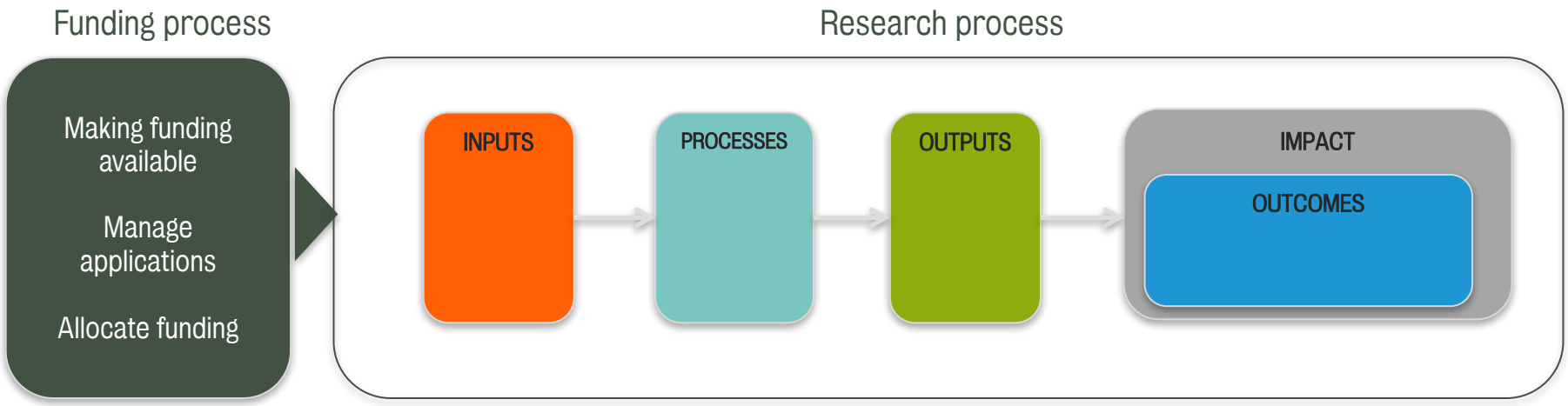
So far we have been talking about impact 'producers' (researchers)



… but there are those who fund research who assess impact



And capturing impact data at aggregate level is also hard to do!



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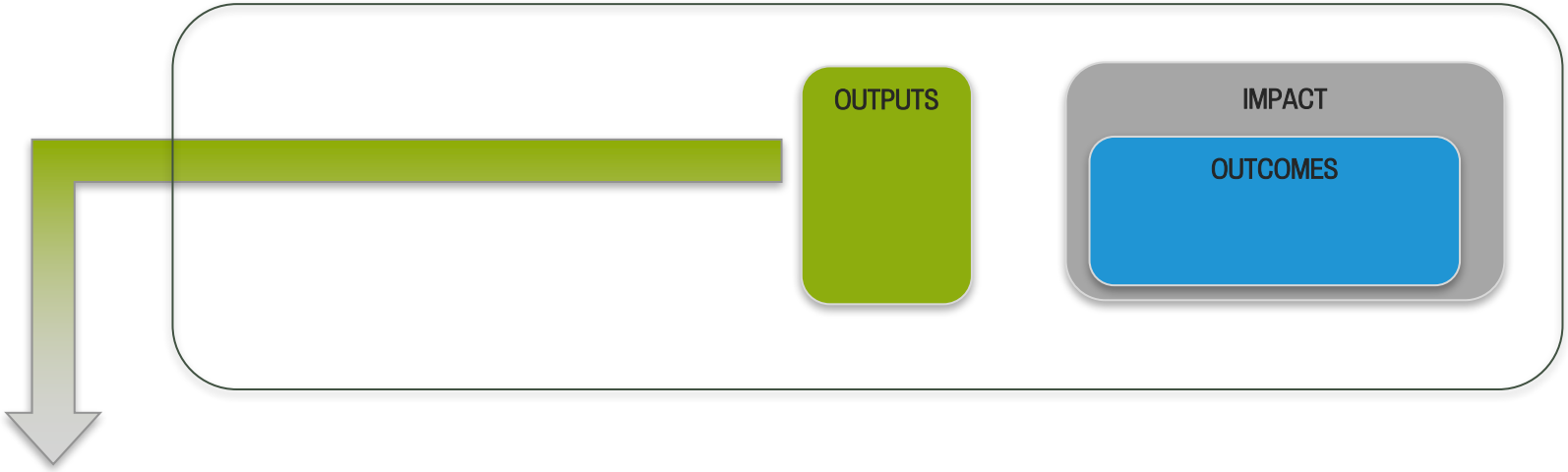

Academic publications

THOMSON REUTERS

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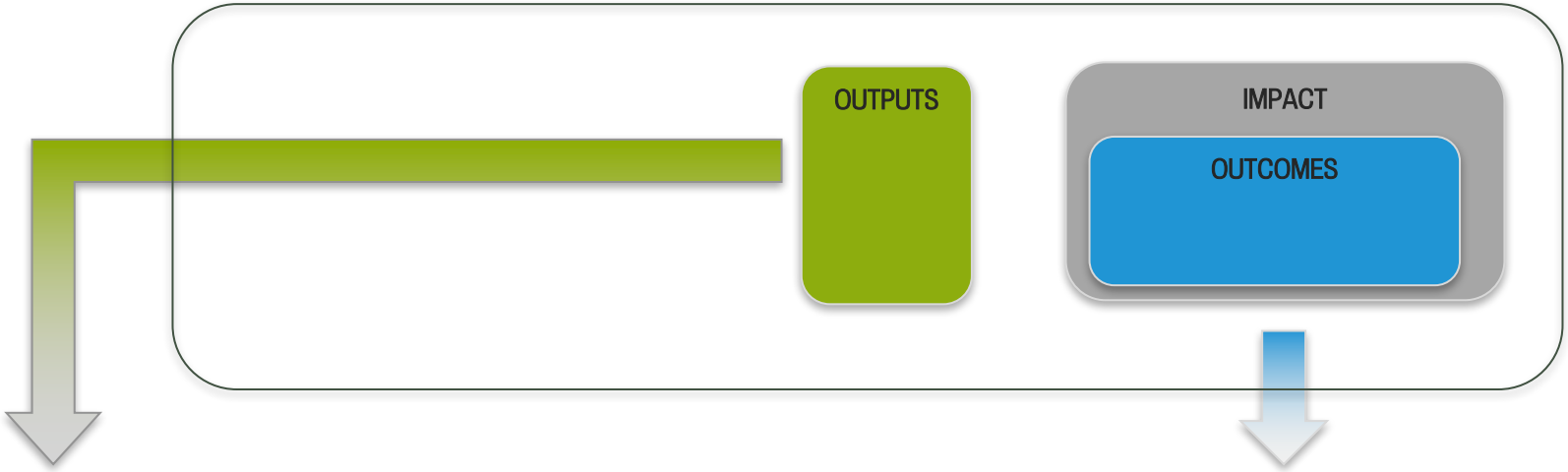

Academic publications

THOMSON REUTERS

Annual reports

Online tools

researchfish®

über RESEARCH

Ex-post monitoring

REF2014 Research Excellence Framework

Surveys
Interviews
Workshops

Data mining

Which is why networks and training opportunities now exist

AESIS

NETWORK FOR
ADVANCING & EVALUATING THE SOCIETAL IMPACT OF SCIENCE

The International School
on Research Impact Assessment

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

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Some past examples of research impact assessment reports

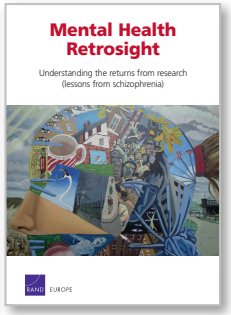
Case studies
(or 'narratives')

REF2014
Research Excellence Framework

Using information
from database

researchfish®

Collecting new data



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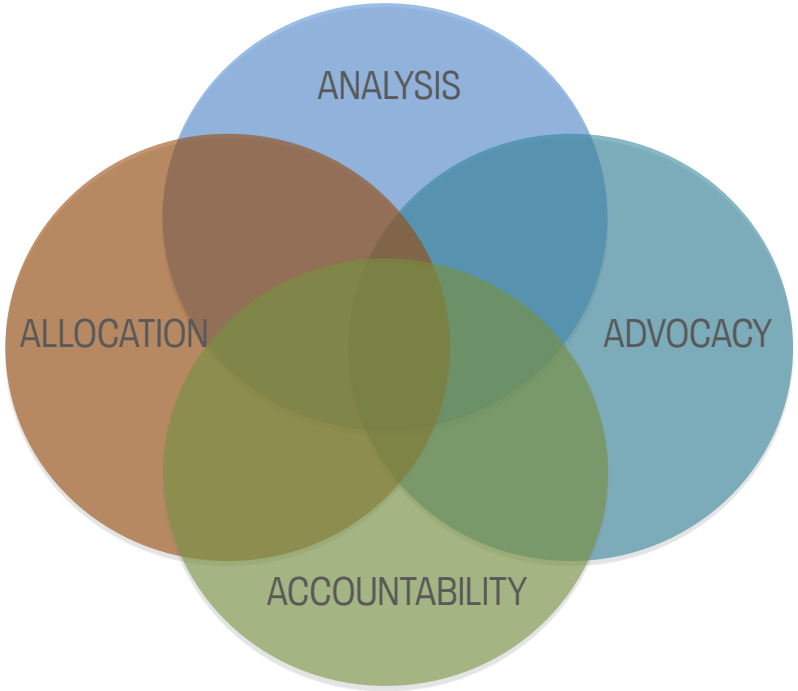

Source: Morgan Jones, M., Grant, J. Making the Grade: Methodologies for assessing and evidencing research impact *in Dean et al (Eds) (2013) 7 Essays on Impact. DESCRIBE Project Report for Jisc. University of Exeter.*

Accountability
- To taxpayer, donors, etc.

Advocacy
- 'Makes the case' for research funding

Analysis
- What works in research funding?

Allocation
- What to fund (institution, field, people…)

What could we be doing as researchers?

What we did wrong before (the Policy examples)

"Timely access to good quality and relevant research evidence, collaborations with policymakers and relationship- and skills-building with policymakers are reported to be the most important factors in influencing the use of evidence."

Oliver et al (2014)

"Barriers include the evidence not being there; lack of demand by policymakers; academics not producing rigorous, relevant papers within the timeframe of the policy cycle."

…"There are several barriers, but the easiest to reduce is making papers more relevant and accessible to policymakers. Opinion pieces backed up by footnotes are generally unusable for policy. Objective, rigorous, simply written original papers from multiple disciplines with data can be very helpful. These then need to be well synthesized."

Witty, C (2015)

Sources:

Oliver, K., Innvar, S., Lorenc, T., Woodman, J., & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC health services research, 14(1), 1.

Whitty, C. J. (2015). What makes an academic paper useful for health policy?. BMC medicine, 13(1), 1.

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TRANSLATION

"Barriers include the evidence not being there; lack of demand by policymakers; academics not producing rigorous, relevant papers within the timeframe of the policy cycle."

TRUST

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TIMING

Witty, C (2015)

What could we be doing?

- Contexts
- Communities
- Constituencies
- Construct questions
- Communications
- Channels
- Capture

What could we be doing?

Contexts	Situate research in wider context
Communities	Identify communities/beneficiaries of our research
Constituencies	Find out who can help facilitate impact from research
Construct questions	Identify which research questions map onto practitioners' questions
Communications	Structure your messages to audience
Channels	Use events, short reports, social media to disseminate research
Capture	Measure your mini-impacts as we go along, and note it down!

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