

1 **Building the Concept of Research Impact Literacy**

2 Authors:

3 Julie Elizabeth Bayley, Coventry University, UK

4 David Phipps, York University, Toronto, Canada

5

6 Corresponding author:

7 Julie Bayley

8 Faculty of Health and Life Sciences

9 Coventry University

10 CV1 5FB

11 Email: j.bayley@coventry.ac.uk

12

13 **Abstract**

14 Impact is an increasingly significant part of academia internationally both in centralised assessment
15 processes (eg. UK) and funder drives towards knowledge mobilisation (eg. Canada) Narrowly focused
16 assessment or institutional ranking approaches can obscure the benefits of brokering research into
17 practice. It is vital that academics, non-academic stakeholders and research managers alike fully
18 comprehend how to generate and demonstrate impact. Derived directly from UK and Canadian
19 experiences of supporting impact and knowledge mobilisation, this paper introduces the original concept
20 of impact literacy. Implications of poor impact literacy for the successful mobilisation of research are
21 discussed alongside requirements for associated skill development.

22

23

24 **Background and previous work**

25 Research impact is defined by the Higher Education Funding Council of England (HEFCE) as “*an effect*
26 *on, change or benefit to the economy, society, culture, public policy or services, health, the environment*
27 *or quality of life, beyond academia*” (HEFCE, 2012 pg 26). Fundamentally impact is the (provable) real
28 world benefits derived from academic research and research expertise more generally. Creating and
29 reporting on the impacts of research beyond the academy is now a regular feature of academic research.
30 However, the underlying knowledge and skills to achieve impact are arguably underexplored. More
31 specifically as yet there is no conceptual framework for the nature of the comprehension necessary to
32 underpin impact practice.

33
34 Impact is a function of academic knowledge creation, its dissemination to and uptake by non-academic
35 partners who then use the research evidence to inform implementation of new products (by industry),
36 policies (by government), services (by community agencies) and creative works (by arts based
37 organizations) to improve the lives of end beneficiaries (Phipps, Cummings, Pepler, Craig and Cardinal,
38 2016; Morton, 2015). Knowledge brokering, the active facilitation of the engagement of research and
39 researchers with end users and non-academic research partners, can support these pathways to impact
40 (Ward, House, Hamer, 2009; Dagenais, Laurendeau and Briand-Lamarche, 2015) although the
41 effectiveness of knowledge brokering has yet to be established through rigorous evaluation (Bornbaum,
42 Kornas, Peirson and Rosella, 2015; Dobbins et al 2013).

43

44 **International impact differences: reflections from UK and Canada**

45 Impact – and the associated pursuit of pathways to impact – is becoming progressively weaved into the
46 landscape of academic research internationally. In recent years, research impact in the UK has been most
47 substantially driven by the centralized Research Excellence Framework (REF, see www.ref.ac.uk for
48 details and results). Newly introduced to the 2014 assessment process, case studies outlining the
49 demonstrable changes beyond the academy ensuing from academic research were worth 20% of the
50 overall mark (See HEFCE, 2011 for determination of weighting) and thus contributed significantly to the

51 funding universities subsequently received from the government. Definitions of impact for REF are
52 narrow, discounting benefits to the academy and those not arising directly from demonstrably ‘excellent’
53 research or from the activities of researchers and graduate students beyond their established bodies of
54 evidence. Impact is also a vital part of the competitive funding stream of the UK’s dual funding research
55 system, with Research Council UK (RCUK) grants requiring strong ‘Pathways to impact’ statements on
56 the generation of benefits from discrete research studies. RCUK definitions of impact mirror - but are
57 slightly broader than - those for REF, and include benefits within the scientific community. As RCUK
58 specify:

59

60 *A clearly thought through and acceptable Pathways to Impact statement is an essential*
61 *component of research proposals and a condition of funding. Grants will not be allowed to start*
62 *until a clearly thought through and acceptable Pathways to Impact statement is received.*

63 *Research Councils have agreed that if an application is considered excellent for research in*
64 *terms of the proposed research but has a poor Pathways to Impact statement, funding will be*
65 *withheld until a clearly thought through and acceptable Pathways to Impact statement has been*
66 *received (<http://www.rcuk.ac.uk/innovation/impact/>).*

67

68

69 In contrast, Canada does not have a centralized system of research impact assessment. It is instead driven
70 primarily by funders’ requirements to plan for and report on the impacts of research. Most Canadian
71 academic research funding agencies require a strategy for knowledge mobilisation (in the social sciences
72 and humanities; <http://www.sshrc-crsh.gc.ca/>), knowledge translation (in health; [http://www.nserc-](http://www.nserc-crsng.gc.ca/)
73 [crsng.gc.ca/](http://www.nserc-crsng.gc.ca/)) and commercialization (in natural sciences and engineering; <http://www.nserc-crsng.gc.ca/>).
74 Researchers are required to report on impacts of research in end of grant reporting to funding agencies (a
75 process similar to RCUK’s ‘Pathways to Impact’ and reporting to the repository Researchfish), but this is
76 subject only to a staff review of the end of grant report. This is not subject to a national peer reviewed

77 assessment process. Thus whilst Canada and the UK align on strategizing impact from the funding stage,
78 the prominence vs. lack of centralised impact reporting in the UK and Canada respectively drive differing
79 paradigms across academia. For Canada, support for the process of transferring, exchanging and
80 mobilising knowledge is key; for the UK, any such processes, whether supported or not, must result in
81 demonstrable benefits if they are to be valued. The (dis)proportionate focus on ‘what’ (UK) versus ‘how’
82 (Canada) unintentionally masks the vital link between the two.

83

84 The emerging focus on impact has created an agenda with operational implications for researchers,
85 institutions, funders and governments. Impacts do not (usually) occur serendipitously. Since the passage
86 of the US Bayh Dole Act in 1981 commercialization and technology transfer have become well
87 established practices globally. Focused on patenting, licensing and entrepreneurship these ubiquitous
88 practices support the impacts of research mediated through commercial transactions. More recently a
89 focus on the non-commercial impacts of research on public policy, professional practice and social
90 services has been receiving increasing attention both as a scholarly discipline and as an increasingly
91 professionalized practice (see Nutley, 2007). Across the sector there has been a shift from technology
92 transfer as a primary route, to technology transfer as a component of more comprehensive and less
93 unidirectional means of achieving impacts. With the arrival of the formal impact agenda, non
94 commercially-focused researchers faced the challenge not only of generating and articulating benefits
95 from their research, but also doing so by drawing on models previously largely applied to profit-based
96 effects.

97

98 Effectively creating and articulating research impacts requires researchers to develop bespoke pathways
99 grounded in the nature of the academic work itself as well as the corresponding impact targets and the
100 non-academic organisations that are critically important in facilitating impact (Morton, 2015). Again
101 RCUK guidance emphasises this need for tailored strategies over generic pathways

102 (<http://www.rcuk.ac.uk/innovation/impacts/>):

103

104 “A clearly thought through and acceptable Pathways to Impact statement should:

- 105 • be project-specific and not generalised;
- 106 • be flexible and focus on potential outcomes;”

107

108 Further evidence is provided by analysis of the 2014 REF results (King’s College London and Digital
109 Science, 2015) which confirms there is no singular pathway to impact. Of the 6,647 submitted impact
110 cases, 3,709 unique impact pathways were identified from all academic disciplines working with non-
111 academic partners across the public, private and non-profit sectors. Such path diversity both precludes
112 prescriptive approaches to impact and underscores the need for tailored approaches.

113

114 **Research Impact Practitioner roles**

115 The need to comprehend diverse aspects of research impact is not limited to those working in formal
116 impact roles. Unless an academic also holds a practitioner role through which research can be directly
117 implemented (e.g. a clinician-scientist, a school teacher undertaking a PhD in education or a social work
118 faculty member who maintains a practice), s/he cannot create impact independently. Multiple agents,
119 especially implementation partners, are needed to successfully negotiate the translation of research into
120 benefits (Morton, 2015). For the purposes of this paper we will therefore use the umbrella term ‘*research*
121 *impact practitioners*’ to reflect all those who undertake work individually or in teams helping to support
122 the translation of research to impacts. This includes but is not restricted to academic researchers, impact
123 officers, knowledge brokers, public engagement professionals, research support staff and all those whose
124 work aligns to realising non-academic benefits of research.

125

126 **Impact Literacy**

127 With this need for comprehension, we here present the new concept of *impact literacy*. This is derived
128 from both authors’ extensive experience of supporting impact/knowledge mobilisation and draws from

129 broader literature on health literacy (the ability to comprehend information to engage in empowered
130 decision making about one's health). Reflecting the UK and Canadian experiences, along with the
131 implications for research impact practitioners, impact literacy is conceptualised as the intersection of three
132 elements of research impact:

133

134 1. The identification, assessment, evidencing and articulation of impact endpoints (“what”)

135 2. The practices that create impact (“how”)

136 3. The successful integration of these by research impact practitioners (“who”)

137

138 1. “What”

139 Much of the practice of research impact assessment (“what”) can trace its roots to the Payback Model

140 (Buxton and Hanney, 1996) which articulated five impacts arising from health research: knowledge;

141 research benefits; political and administrative benefits; health sector benefits; and broader economic

142 benefits with the latter three representing impacts beyond the academy. The Payback model has been used

143 for example by RAND to assess the impacts of the research funded by the Arthritis Research Campaign

144 (UK). This required developing and populating a logic model and then constructing narratives to

145 articulate the impacts of arthritis research (Hanney, Grant, Wooding, and Buxton, 2004). Impact models

146 such as Payback are underpinned by a linear (albeit iterative) logic which leads sequentially from research

147 to ultimate impact. There is thus an underlying assumption that impact can be identified, measured and

148 reported; this practice is the antecedent of the REF process in the UK

149

150 2. “How”

151 The practice of research impact assessment (the “what”) is inextricably linked to the methods and means

152 of creating research impact (the “how”). A review of systematic reviews of the literature on methods for

153 creating impacts of research showed that multifaceted methods are more effective than individual

154 interventions (Boaz, Baeza and Fraser, 2011). These methods for creating impacts of research fall into

155 two broad categories: 1) dissemination or transfer methods; and, 2) co-production or engaged methods.
156 The Canadian Institutes of Health Research describes these as “end of grant” and “integrated”
157 respectively (CIHR, 2012) indicating that practices can occur after the research has concluded or
158 throughout the research process including upstream to inform the research agenda using stakeholder
159 engagement as has been described in disability research (Camden et al, 2014). There is general agreement
160 that integrated methods are more effective than end of grant methods (Gagnon, 2011; Ross, Lavis,
161 Rodriguez, Woodside and Denis, 2003). Indeed, Van de Ven and Johnson (2006) and more recently
162 Bowen and Graham (2013) have framed the knowledge to action gap as a problem not of knowledge
163 transfer (i.e. end of grant dissemination) but of knowledge production (i.e. integrated or engaged
164 scholarship). Drawing on evaluation science if impact is what one is seeking to achieve (the dependent
165 variable) then knowledge mobilisation/exchange/translation is what one changes to influence impact (the
166 independent variable). Measuring research impact is arguably measuring the effectiveness of knowledge
167 mobilisation plans and subsequent activities that connect the production of research outputs to their
168 impacts beyond the academy.

169
170 Canadian organizations have also developed impact planning (and hence impact assessment) frameworks.
171 The Canadian Academy of Health Sciences (CAHS, 2009) framework traces the progress from research
172 outputs to improved health and wellbeing and economic and social prosperity in a five stage logic model.
173 The CAHS framework is being operationalized as the research impact planning and assessment
174 framework for Canadian provincial health research funding organizations as exemplified by the Alberta
175 Innovates Health Solutions (Graham, Chorzempa, Valentine and Magnan, 2012). Extending the CAHS
176 framework by including a co-produced element throughout the logic model informed the *co-produced*
177 *pathway to impact* that has been adopted as the research planning framework by large, multi-million
178 dollar Networks of Centres of Excellence (Phipps et al, 2016).

179

180 **3. “Who”**

181 A common feature of research impact practitioner roles (“who”) is their support of activities that create
182 and/or assess and articulate impacts of research beyond the academy. Whilst communication skills are
183 likely integral to many of these positions, these roles are distinct from communication professionals
184 (Barwick, Phipps, Myers, Johnny and Coriandoli, 2014). A systematic review of knowledge brokers
185 identified 10 distinct tasks and 39 associated activities of knowledge broker practice (Bornbaum, Kornas,
186 Peirson and Rosella, 2015); however, this diversity of skills and foci has been cited as a challenge for the
187 planning, training and sustainability of these roles (Lightowler and Knight, 2013; Chew, Armstrong and
188 Martin, 2013). In addition to these tasks and activities, the qualities (Phipps & Morton, 2013) of
189 knowledge brokers and their organisational context have received attention as described by Browen and
190 Graham, 2015. *“Recognition of the importance of organizational context has resulted in a shift from*
191 *focusing on individuals who broker knowledge between specific individuals to the concept of knowledge*
192 *brokering as an organizational process.”* (page S5). It is the effectiveness of these individuals (within
193 their organizational context) in facilitating “what” and “how” collectively that leads to impact.

194

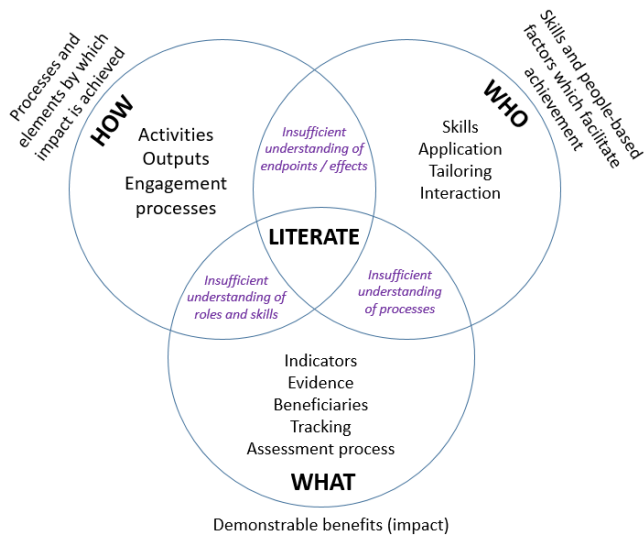
195 **Conceptualising Research Impact Literacy**

196 Drawing together the literature on understanding “how” to create research impact, “what” to measure and
197 “who” supports these activities can be graphically represented (see figure 1). Comprehending the
198 intersection of how, who and what creates impact literacy.

199

200

201 **Figure 1: The intersect of What, Who and How to create Impact Literacy**



202
203 Impact can be pursued without being literate, but this is likely to lead to poor execution, missed
204 opportunities, poor resource use and misaligned or underachieved targets. Only by comprehending all
205 three elements can impact be pursued effectively, with clear implications for poor literacy where only two
206 elements intersect:

- 207
- 208 A. HOW and WHO in the absence of WHAT leads to insufficient understanding of the ultimate
 - 209 impacts, indicators, evidence and assessment thereof.
 - 210 B. WHO and WHAT in the absence of HOW leads to insufficient understanding of the bespoke and
 - 211 nuanced processes by which impact is achieved
 - 212 C. HOW and WHAT in the absence of WHO leads to insufficient understanding of the roles and
 - 213 skills required to plan, generate, execute and assess impact and results in poorly informed and
 - 214 unsupported impact strategies.

215
216 Drawing on earlier UK-Canada comparisons, arguably Canada’s focus on supporting impacts through
217 knowledge mobilisation/translation (“how”) with less focus on the evidence of impact places them at risk
218 of (A). In contrast the UK’s focus on planning pathways and reporting demonstrable effects (“what”)

219 makes (B) the more likely limitation. In countries where the impact agenda is beginning to emerge, the
220 concept of impact literacy offers a means to consider the most effective ways to build and configure
221 national, local and institutional approaches.

222

223 **Recognising impact literacy**

224 If impact literacy is the state of understanding *who* undertakes the *how* to create *what* impacts across the
225 spectrum of research-to-impact activities, then an individual can be deemed impact literate if s/he:

- 226 1. Knows *how* to create impact; and
- 227 2. Knows *what* impact can be achieved, articulated and evidenced appropriately and
- 228 3. Understands the skills needed by research impact practitioners to effectively navigate both #1 and
229 #2.

230

231 Extending this concept further, we can shift from a binary sense of impact literate vs. illiterate. Whereas
232 illiteracy is the absence of at least one of the three elements, literacy itself – the intersection of all three
233 impact elements - can range from a basic awareness through to a higher level comprehension. This
234 proposition is reinforced by drawing on the parallels with health literacy. Guzys, Kenny, Dickson-Swift
235 and Threlkeld (2015) identified a number of characteristics of health literacy which align with
236 characteristics of integrated methods of creating research impact. These include the recognition that
237 (health) literacy is complex, multifactorial and context dependent. Achieving (health) literacy requires
238 involving end users in developing (health) literacy frameworks to distribute power between (health)
239 providers and (health) consumers. Extending this parallel further, Chinn (2011) describes three
240 progressive levels of health literacy:

241

242 **Basic/Functional literacy:** basic reading, writing and literacy skills, as well as the knowledge of
243 health conditions and health systems which are the desired outcomes of traditional health
244 education initiatives;

245

246

Communicative/interactive literacy: communicative and social skills that can be used to derive meaning from different forms of communication, and to apply new information to changing circumstances;

249

250

Critical literacy: higher level cognitive skills and social skills required to critically analyse information, and to use this information to exert greater control over life events and situations through individual and collective action to address the social, economic and environmental determinants of health.” (page 61).

254

255

Research impact practitioners may build their level of literacy through the study of evidence derived from peer review literature, practice based guidelines, grey literature and tacit knowledge of practitioners. This evidence base reflects a continuum of knowledge from anecdotal to rigorously proven. As such, practitioners must develop the skills needed to discern the strongest and most appropriate methods. We further therefore propose a similarly tiered approach to impact literacy, wherein basic, intermediate and advanced literacy levels underpin progressive levels of integration and critique of available evidence (see table 1)

262

Table 1: Three levels of impact literacy

263

Literacy level	Integration and critique of evidence	Description of level
Basic	Aware	Aware of the evidence, understands there is a body of expertise, knowledge and tools which can underpin practice but demonstrates insufficient understanding on how to draw on these in practice. Likely to be able to comprehend at a project (small scale) level
Intermediate	Engaged	Informed by and engaged with the evidence, understands there is a body of expertise, knowledge and tools which can underpin practice and can draw on these prescriptively in practice. Likely to be able to comprehend at a programme (higher order) level
Advanced	Critical	Critical of the evidence, understands there is a body of expertise, knowledge and tools which can underpin practice and is able to (i) synthesize, (ii) critique and (iii) add /extend the evidence base– Likely to be able to comprehend at a strategic and/or systems level

264 It is important to note that neither literacy nor critical assessment skills unequivocally match job roles or
265 seniority. Whilst there is a plausible expectation that literacy is higher in those holding more strategic
266 roles, the complexity of impact and detail-orientation in operational roles may provide differential profiles
267 within institutional hierarchies.

268

269 **Discussion**

270 This paper presents the concept of impact literacy as a schema which aids the understanding of impact
271 and associated processes. The intersection of “what”, “who” and “how” offers a simple description of the
272 elements needed for research impact, and this schema may help inform training and development
273 approaches for research impact practitioners.

274

275 A model is a necessarily simplified description of complex processes such as those in implementation
276 science where research is informing practice or policy (Nilsen, 2015). We recognise that the simplicity of
277 the presented model risks masking the breadth of research impact and knowledge mobilisation processes
278 required for effective research impact. Undoubtedly attempting to singularly configure ‘literacy’ is open
279 to criticism, particularly from those whose work does not align with all three elements or for those
280 research impact practitioners for whom increasing comprehension is challenged by lack of training and
281 mentorship. Impact can take many years to achieve (Hughes and Martin, 2012) and with extensive focus
282 on assessment there can be perverse incentives to pursue short term measurable goals ahead of pursuing
283 meaningfully appropriate paths. Alongside ongoing debates on metrics (Wilsdon et al, 2015), there is
284 continued need for discussions on shifting rhetoric away from linear ‘input-output’ models towards an
285 understanding of the more iterative and engaged process of impact creation as may be derived using
286 evidence informed tools such as Melanie Barwick’s Knowledge Translation Plan template
287 (<http://melaniebarwick.com/training.php>) to inform the development of both co-produced research and
288 co-produced impact. Notwithstanding criticisms and ongoing debates on impact itself, the principle of an

289 underlying literacy underscores any such discussions about the most meaningful and appropriate ways to
290 create and assess benefits of research.

291

292 **Conclusions and implications**

293 Knowing how impact ‘works’ is central for guiding research impact practices and the people who support
294 them. The literacy of research impact (i.e. knowing) is distinct from the skills and competencies (i.e.
295 doing) of research impact practitioners. Literacy automatically extends to competence especially in the
296 practice of research impact, but arguably any research impact practitioner should use knowledge to
297 inform practice and practice to inform knowledge. Decoupling literacy from competence in this paper is a
298 purposeful attempt to separately examine ‘knowing’ and ‘doing’ ahead of a necessary connection to
299 enable impact to be achieved. Moving beyond knowing about impact (research impact literacy) to
300 executing the practice of research impact requires an additional focus on the skills and qualities of
301 research impact practitioners. At present therefore there is arguably a ‘know-do’ gap: literacies cannot be
302 put into practice without developing the relative competencies, and knowing and doing are mutually
303 reinforcing factors. This “know-do” gap is well known in impact literature (Booth, 2011), and is neatly
304 encapsulated in Goethe’s assertion that “*knowing is not enough; we must apply. Willing is not enough; we*
305 *must do.*” (cited in World Health Organization, 2004, page 3). Future practitioner-focused research must
306 focus on the development of the competencies needed to maximise the translation of research into real
307 world benefits, connected to and underscored by a critical level of impact literacy.

308

309

310 **References**

311

312 Barwick, M, Phipps, D, Myers, G, Johnny, M and Coriandoli, R, 2014, Knowledge Translation and
313 Strategic Communications: Unpacking Differences and Similarities for Scholarly and Research
314 Communications. *Scholarly and Research Communication* 5, 3, 1-14

315 [http://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/28518/Barwick%20Phipps%20Comms%
316 20KT%20SRC%202014.pdf?sequence=1](http://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/28518/Barwick%20Phipps%20Comms%20KT%20SRC%202014.pdf?sequence=1)

317 Boaz, A, Baeza, J and Fraser, A, 2011, Effective implementation of research into practice: an overview of
318 systematic reviews of the health literature. *BMC Research Notes* 4, 212, doi:10.1186/1756-0500-4-212,
319 <http://www.biomedcentral.com/content/pdf/1756-0500-4-212.pdf>

320 Booth, A, 2011, Bridging the ‘Know-Do Gap’: a role for health information professionals? *Health
321 Information and Libraries Journal* 28, 331–334

322

323 Bornbaum, CC, Kornas, K, Peirson, K and Rosella, LC, 2015, Exploring the function and effectiveness of
324 knowledge brokers as facilitators of knowledge translation in health-related settings: a systematic review
325 and thematic analysis. *Implementation Science* 10, 162, DOI 10.1186/s13012-015-0351-9,
326 <http://www.implementationscience.com/content/10/1/162>

327 Bowen, SJ and Graham, ID, 2013, From Knowledge Translation to Engaged Scholarship: Promoting
328 Research Relevance and Utilization, *Archives of Physical Medicine and Rehabilitation* 94, 1 Suppl 1, S3-
329 8 [doi:10.1016/j.apmr.2012.04.037 http://www.sciencedirect.com/science/article/pii/S0003999312009227](http://www.sciencedirect.com/science/article/pii/S0003999312009227)

330 Buxton, M and Hanney, S, 1996, How can payback from health services research be assessed? *Journal of
331 Health Services Research and Policy* 1, 1, 35-43.

332

333 Canadian Academy of Health Sciences (CAHS), 2009, *Making an Impact: A Preferred Framework and*
334 *Indicators to Measure Returns on Investment in Health Research*, Ottawa, ON, CAHS [http://cahs-
336 acss.ca/making-an-impact/](http://cahs-
335 acss.ca/making-an-impact/)

337 Camden, C, Shikako-Thomas, K, Nguyen, T, Graham, E, Thomas, A, Sprung, J, Morris, C, Russell, DJ,
338 2014, Engaging stakeholders in rehabilitation research: a scoping review of strategies used in partnership
339 and evaluation of impacts. *Disability and Rehabilitation* 37, 15,
340 <http://informahealthcare.com/doi/pdf/10.3109/09638288.2014.963705>

341 Chew, S, Armstrong, N and Martin, G, 2013, Institutionalising knowledge brokering as a sustainable
342 knowledge translation solution in healthcare: how can it work in practice? *Evidence & Policy* 9, 3, 335-
343 351

344 Chinn, D, 2011, Critical health literacy: A review and critical analysis. *Social Science & Medicine* 73, 60-
345 67

346

347 Dagenais, C, Laurendeau, MC, Briand-Lamarche, M, 2015, Knowledge brokering in public health: A
348 critical analysis of the results of a qualitative evaluation, *Evaluation and Program Planning* 53, 10–17
349

350 Dobbins M, Hanna SE, Ciliska D, Manske S, Cameron R, Mercer SL, et al, 2009, A randomized
351 controlled trial evaluating the impact of knowledge translation and exchange strategies, *Implementation*
352 *Science* 4, 61 doi:[10.1186/1748-5908-4-61](https://doi.org/10.1186/1748-5908-4-61).
353 <http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-4-61>

354

355 Gagnon, M, 2011, Moving knowledge to action through dissemination and exchange, *Journal of Clinical*
356 *Epidemiology*, 64, 25-31.

357 Graham, KER, Chorzempa, PA, Valentine, PA, and Magnan, J, 2012, Evaluating health research impact:
358 Development and implementation of the Alberta Innovates - Health Solutions impact framework,
359 *Research Evaluation* 21, 354-367
360 <http://rev.oxfordjournals.org/content/early/2012/11/14/reseval.rvs027.full>

361 Guzys, D, Kenny, A, Dickson-Swift, V and Threlkeld, G, 2015, A critical review of population health
362 literacy, *BMC Public Health* 15, 215, doi 10.1186/s12889-015-1551-6
363 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4351936/>
364

365 Hanney, SR, Grant, J, Wooding, S and Buxton, MJ, 2004, Proposed methods for reviewing the outcomes
366 of health research: the impact of funding by the UK's 'Arthritis Research Campaign' *Health Research*
367 *Policy and Systems* 2, 4 <http://www.health-policy-systems.com/content/2/1/4>
368

369 Higher Education Funding Council for England (HEFCE), 2011, *Decisions on assessing research impact*,
370 London, HEFCE,
371 http://www.ref.ac.uk/media/ref/content/pub/decisionsonassessingresearchimpact/01_11.pdf
372

373 Higher Education Funding Council for England (HEFCE), 2012, *Assessment framework and guidance on*
374 *submissions*, London, HEFCE,
375 [http://www.ref.ac.uk/media/ref/content/pub/assessmentframeworkandguidanceonsubmissions/GOS%20in](http://www.ref.ac.uk/media/ref/content/pub/assessmentframeworkandguidanceonsubmissions/GOS%20including%20addendum.pdf)
376 [cluding%20addendum.pdf](http://www.ref.ac.uk/media/ref/content/pub/assessmentframeworkandguidanceonsubmissions/GOS%20including%20addendum.pdf).
377

378 Hughes, A and Martin B, 2012, *Enhancing Impact: The Value of Public Sector R&D*, Council for
379 Industry and Higher Education and UK Innovation Research Centre,
380 [http://www.cbr.cam.ac.uk/fileadmin/user_upload/centre-for-business-research/downloads/special-](http://www.cbr.cam.ac.uk/fileadmin/user_upload/centre-for-business-research/downloads/special-reports/specialreport-enhancingimpact.pdf)
381 [reports/specialreport-enhancingimpact.pdf](http://www.cbr.cam.ac.uk/fileadmin/user_upload/centre-for-business-research/downloads/special-reports/specialreport-enhancingimpact.pdf)

382

383 Jong-Wook, L, 2004, *World report on knowledge for better health*,

384 <http://apps.who.int/iris/bitstream/10665/43058/1/9241562811.pdf>

385

386 King's College London and Digital Science, 2015, *The nature, scale and beneficiaries of research*

387 *impact. An initial analysis of Research Excellence Framework (REF) 2014 impact case studies*,

388 <http://www.kcl.ac.uk/sspp/policy-institute/publications/Analysis-of-REF-impact.pdf>.

389

390 Lightowler, C and Knight, C, 2013, Sustaining knowledge exchange and research impact in the social

391 sciences and humanities: investing in knowledge broker roles in UK universities. *Evidence & Policy* 9, 3,

392 317-334

393

394 Morton, S, 2015, Creating research impact: the roles of research users in interactive research mobilisation,

395 *Evidence and Policy* 11,1, 35-55

396

397 Morton, S, 2015, Progressing research impact assessment: A 'contributions' approach. *Research*

398 *Evaluation* 24, 4, 405-19, doi:10.1093/reseval/rvv016 <http://rev.oxfordjournals.org/content/24/4/405>

399

400 Nilsen, P, 2015, Making sense of implementation theories, models and frame-works, *Implementation*

401 *Science* 10, 53, 1-13 doi:10.1186/s13012-015-0242-0

402

403 Nutley, S, Walter, I, and Davies, H, 2007, *Using Evidence: How research can inform public services*,

404 Bristol, UK, Policy Press.

405

406 Phipps, DJ and Morton, S, 2013, Qualities of knowledge brokers: reflections from practice. *Evidence &*

407 *Policy* 9, 2, 255-265.

408 <http://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/27545/Phipps%20%26%20Morton%202013.pdf?sequence=1>

410

411 Phipps, DJ, Cummings, J, Pepler, D, Craig, W, and Cardinal, S, 2016, The *Co-Produced Pathway to*
412 *Impact* describes Knowledge Mobilisation Processes, *Journal of Community Engagement and*
413 *Scholarship* 9, 1, 31-40.

414

415 Ross, S, Lavis, J, Rodriguez, C, Woodside, J, and Denis, JL, 2003, Partnership experiences: involving
416 decision makers in the research process, *Journal of Health Services Research and Policy* 8, suppl2, 26-34

417

418 Van de Ven, AH and Johnson, PE, 2006, Knowledge for Theory and Practice, *Academy of Management*
419 *Review* 31,4, 802-821

420

421 Ward, V, House, A, and Hamer, S, 2009, Knowledge brokering: the missing link in the evidence to action
422 chain, *Evidence & Policy* 5, 3, 267-79

423

424 Wilsdon, J, Allen, L, Belfiore, E, Campbell, P, Curry, S, Hill, S, Jones, R, Kain, R, Kerridge, S, Thelwall,
425 M, Tinkler, J, Viney, I, Wouters, P, Hill, J, and Johnson, B, 2015, *The Metric Tide: Report of the*
426 *Independent Review of the Role of Metrics in Research Assessment and Management*, doi:

427 10.13140/RG.2.1.4929.1363,

428 http://www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/Independentresearch/2015/The.Metric.Tide/2015_metric_tide.pdf

430