

how to make a 'one-pager'

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What is a one-pager?

- One-page briefing material to explain issue/position
- Succinctly summarizes major points
- Guides discussions with policy makers
- AKA 'leave-behind'

Purpose

- To impact policy, you must be able to communicate your work
- Policy makers rely on short, tightly written documents to make well-informed decisions
- Helps you make your case quickly and efficiently
- Gets your reader to **do** something

What makes a good 'one-pager'?

- Self-contained document
- Provides background
- Includes analysis backed up by facts and data
- Makes cogent policy recommendation(s) that will help solve the issue
- Information is specific to the office you are meeting with

One-pager template

- Title
- Recommendation / Policy statement
- Introduction
- Background
- Analysis
- Visuals
- Conclusion
- Your name, title, contact information (or staple your card), date

Sample one-pager template

LOGO

Title: interesting, convey what's covered

Recommendation: one sentence to state policy recommendation or key message

Introduction: overview, objective(s), scale of problem, impacts to region

Background: history of issue, brief history of group's involvement

Analysis: evidence to support your position!

- Research or case studies
- Policy experiences of other jurisdictions
- Reputable polling/surveys

Outline who supports, what they're doing to move issue forward

Visuals:
tables
charts
pictures

Your contact information

Conclusion:

- summary statement
- **ASK** that is specific and clear
- Necessary information (bill number, contact, phone number)

Any footnotes (not too many)

[Digital links to content](#)

One-pager template: the conclusion

- End with a summary statement or a recommendation
- Think about these questions when writing the recommendation:
 - Who is the audience?
 - Are the recommendations within the policy maker's jurisdiction?
- Make a specific **ASK**

The ASK

- Be specific and make it clear what you want done
- If you are asking for co-sponsorship, include the lead sponsor and the bill number (e.g., HR 1234)
- If you need a call made, provide the number and the contact person



One-pager template: tips

- Make it visually pleasing, easy to read
- 12 point font
- Headings with big font to organize points – **bold**/CAPS/underline
- Bullets, not lengthy paragraphs
- Cite or footnote facts, data, studies – (not too many)
- Spell out acronyms, define any “specialty” terms
- Proofread for spelling, grammar, punctuation, formatting consistency
- Share with someone in non-academic setting to gather feedback
- Provide links in electronic format

Here's a
Tip!

GIVE THE ONE-PAGER TO
YOUR MOC AT THE
CONCLUSION OF YOUR
MEETING!

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Michigan needs a statewide sepsis commission to avoid needless hospital deaths

Sepsis is a common killer in Michigan

- Sepsis is the most common reason individuals are hospitalized in Michigan outside of childbirth
- Hospital spending for sepsis patients in Michigan totaled more than \$1.95 billion in 2011
- Of people who develop sepsis nearly 1 in 5 will die from their disease
- Michigan's rate of sepsis is 32% higher than the national average and rose faster than the national rate between 2007 and 2011.

What is sepsis?

- Sepsis is the body's overwhelming response to infection such as a pneumonia, urine infection, or infected skin wound
- The infection causes vital organs to fail, blood pressure to drop causing shock and potentially death

We know how to treat sepsis but too few people get life-saving care

- Early antibiotics, large amounts of intravenous fluids, and supportive care while the infection resolves can save lives
- Of patients who are identified with severe sepsis only one-third receive optimal evidence based care
- Providers struggle to correctly recognize sepsis patients and optimal management is complex, problems that cannot be fixed with simple solutions
- If we wait for hospitals and physicians to solve these problems countless more lives will be lost

A statewide Sepsis Care Commission would improve sepsis care before additional lives are lost

- Through coordinated efforts large health systems including Kaiser Permanente and Intermountain Healthcare reduced sepsis deaths by more than 40%
- The commission would build upon successes of New York state, which reduced sepsis deaths by 20% through mandating statewide protocol use for sepsis care
- A statewide sepsis commission should:
 - Include broad stakeholders including policymakers, hospital leaders, insurers, and those involved in identifying and managing sepsis from prehospital, inpatient, and post hospital settings
 - Examine the latest research on how to improve care of sepsis
 - Issue recommendations about how to improve identification and management of patients with sepsis
 - Allow flexibility in such recommendations that can be tailored to individual hospitals

Sepsis statistics from Agency For Healthcare Research and Quality, the Center for Healthcare Research and Transformation, and Journal of American Medical Association

Expert resource: Colin R. Cooke, MD, MS; email: cookecr@umich.edu; Phone: 734-615-9681

May 2015

title &
recommendation

Introduction

background

data

ASK

Michigan needs a statewide sepsis commission to avoid needless hospital deaths (key term)

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Immediate Postpartum Contraception & Medicaid Coverage: Health Benefits, Cost Savings and Data-Driven Decision-Making

Background

1. Postpartum women are at high risk for unintended, rapid repeat pregnancy, which can be harmful to both women and babies. Low income women are at particularly high risk for unintended rapid repeat pregnancy
2. Long-acting, reversible contraception (LARC; e.g. intrauterine devices and implants) are underutilized by postpartum women, even though they are safe, highly effective, and cost-effective
3. Immediate postpartum contraception refers to intrauterine devices and implants that are inserted in the same hospitalization as a delivery

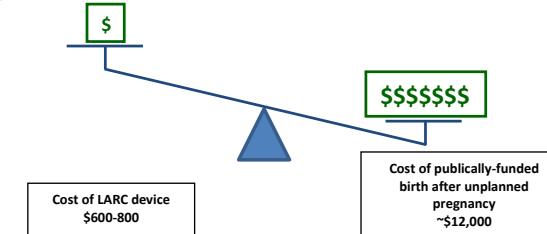
Existing evidence allows for data-driven decision-making about payment for immediate postpartum LARC

Immediate Postpartum LARC Improves Health Outcomes for Mothers and Babies

1. Two immediate postpartum LARC options exist: intrauterine devices (IUDs) and the contraceptive implant
2. LARC is highly effective at preventing unplanned pregnancy (failure rate <1%)
3. LARC can be inserted safely immediately following a vaginal or a cesarean delivery
4. LARC methods are safe for postpartum women (don't impact breastfeeding or postpartum mood)

Immediate Postpartum LARC Saves Money

1. Immediate postpartum LARC reimbursement is estimated to save up to \$2.3 million over two years per 1000 Medicaid-eligible women
2. The math:



Immediate Postpartum LARC is a Missed Opportunity for Medicaid

1. Less than 5% of postpartum Medicaid recipients initiate LARC
2. 40-60% of Medicaid recipients who request postpartum LARC never receive it
 - a. 35-55% never return for outpatient LARC insertion
 - b. 50% resume intercourse prior to this visit
 - c. Many lose Medicaid coverage at 60 days post-delivery, but regain coverage with their next pregnancy
3. In recognition of significant health benefits and cost-savings, 19 Medicaid agencies have begun providing specific payment for immediate postpartum LARC since 2012. At least another 8 states are considering such coverage

(For more info, see: Moniz MH, Dalton VK, Davis MM, Forman J, Iott B, Landgraf J, Chang T. Characterization of Medicaid Policy for Immediate Postpartum Contraception. *Contraception*. 2015).

One-pager example

title &
recommendation

background

data

visual

summary

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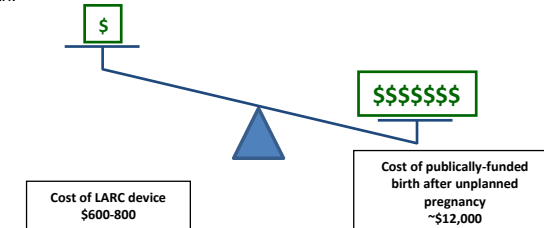
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How to do this in your residency program?

- Workshop setting with computer access
- Divide participants into groups and provide the one-pager template

Instructions:

- Identify a local/regional/national issue that concerns you
- Identify individual/group with whom you'll be meeting
- Research the topic
- Prepare the one-pager with a specific ASK
- Role play the conversation

Sources

- A Handbook for Advocates. <https://www.thenationalcouncil.org/wp-content/uploads/2017/03/AdvocateHandbook-v9.pdf>
- How to Create a One-Pager for Policymakers: Tips and Template. <http://www.iste.org/docs/pdfs/iste-advocacy-toolkit---how-to-create-a-one-pager.pdf>
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- Navigating Capitol Hill and Tips for Creating One-Pagers. https://www.publicknowledge.org/assets/uploads/blog/RP_Capitol_Hill.pdf
- The Health Advocacy Toolbox. http://www.cthealthpolicy.org/toolbox/tools/fact_sheets.htm