

WELCOME, THIS WEB CONFERENCE WILL BEGIN SOON

UNDERSTANDING EVIDENCE FOR INTIMATE PARTNER
VIOLENCE AND SEXUAL VIOLENCE PREVENTION:
A DEMONSTRATION OF CDC'S INTERACTIVE TOOL TO
SUPPORT EVIDENCE-BASED DECISION MAKING



PreventConnect
1215 K Street
Suite 1850
Sacramento, CA 95814

Website: preventconnect.org

Facebook: www.facebook.com/PreventConnect

Twitter: Follow @PreventConnect

Flickr: www.flickr.com/people/preventconnect

YouTube: www.youtube.com/CalCASAVideo

Email Group: <http://groups.yahoo.com/group/Prevent-Connect/>

Email: info@preventconnect.org

eLearning: learn.preventconnect.org



FLICKR



CONTACT



FACEBOOK



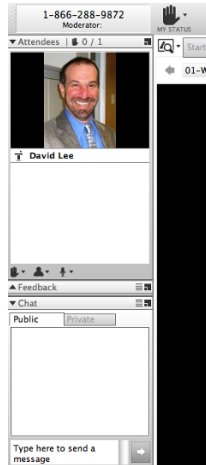
TWITTER



VIDEO



How to use this technology



- Raise hand
- Text chat & private chat
- PowerPoint slides
- Polling questions
- Phone
- Closed captioning
- Web conference guidelines

Please send a private chat message for help.

Call iLinc Technical Support at 800.799.4510.

PreventConnect is a national project of the California Coalition Against Sexual Assault sponsored by U.S. Centers for Disease Control and Prevention. The views and information provided in this web conferences do not necessarily represent the official views of the U.S. government, CDC or CALCASA.



2013 Web Conferences

Preventing Sexual and Domestic Violence: Learning from the evidence of practice to create community action

- April 23: **Indicators of Change: Meaningful Ways to Measure Success in Preventing Sexual and Domestic Violence**
- May 10: **Understanding Evidence: A Demonstration of CDC's Interactive Tool to Support Evidence-Based Decision Making for Technical Assistance Providers**
- May 15: **Start Strong: Lessons learned from a four-year initiative to promote healthy relationships and prevent teen dating violence**
- June 20: **Shifting Boundaries: Lessons Learned from Implementing a Sexual Violence Prevention Program**
- July 9: **Primary Prevention in the context of a traumatized community**
- July 16: **Understanding Evidence: An Interactive Web Resource for Evidence-Based Decision Making in Sexual Violence and Intimate Partner Violence Prevention**
- Tuesday, July 30: **Gender Transformative Programs: Lessons Learned from HIV Prevention and other health program**
- Tuesday, September 12 : **Bystander Intervention: Continuing Discussion**



Ending Child Sexual Abuse Web Series

#PowerInPrevention
Ending Child Sexual Abuse Web Conference Series



- Thursday, July 18: **Faith Communities Engaged in Ending Child Sexual Abuse**
- Tuesday, Sept 17: **Secret Survivor's Tools for Strengthening your Prevention Efforts**
- Tuesday, Oct 15: **Power of Organizational Practices: Innovations to Keep Kids Safer**
- Thursday, Jan 16, 2014: **Child Sexual Abuse and Disabilities**
- Thursday, March 13, 2014: **Telling our Stories: Learning as we Build a Movement**



August 28-30, 2013

INSPIRE ^A
MOVEMENT
INVEST ^{IN}
CHANGE
IMAGINE...
NATIONAL SEXUAL
ASSAULT CONFERENCE
2013

calcasa.org/nsac



PreventConnect

- Domestic violence/Intimate partner violence
- Sexual violence
- Violence across the life-span
- Prevent before violence starts
- Connect to other forms of violence & oppression
- Connect to other prevention practitioners



Division of Violence Prevention
National Center for Injury Prevention and Control

UNDERSTANDING EVIDENCE

for Intimate Partner Violence and Sexual Violence Prevention: A
Demonstration of CDC's Interactive Tool to Support Evidence-Based
Decision Making



Understanding Evidence



Sally Thigpen, MPA



Natalie Wilkins, Ph.D.

Richard Puddy, Ph.D., MPH & Helen Singer, MPH
Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention



July 16, 2013
11:00AM -12:30 PST; 2:00-3:30 PM EST



Practitioner



Deborah Zelli, Ph.D.
YWCA Wichita Women's Crisis Center



Learning Objectives

- Define the multiple forms of evidence involved in evidence-based decision making
- Identify standards of rigor for best available research evidence
- Identify sources of and ways to collect best available research evidence, contextual evidence, and experiential evidence
- Identify key stages and characteristics of an evidence-based decision making process



Have you heard of CDC's Evidence Project?

Answer on
the left



Feedback

Yes
 No
 No Answer



What is 'Evidence?'

ev·i·dence /'evədəns/
noun

“The available body of facts or information indicating whether a belief or proposition is true”

(New Oxford American Dictionary, 2001)



What is 'Evidence?'



“Evidence concerns facts (actual or asserted) intended for use in support of a conclusion.”

(Canadian Health Services Research Foundation, 2004)



What is 'Evidence?'

“Evidence comprises the interpretation of empirical data derived from formal research or systematic investigations using science or social science methods.”



(Rychetnik et al, 2002)



What is 'Evidence?'

“Evidence can be defined as information or facts that are systematically obtained, i.e. obtained in a manner that is replicable, observable, credible, verifiable, or basically supportable.”

(Rycroft-Malone & Stetler, 2004)



What is 'Evidence?'

“For public health professional evidence is some form of data - including epidemiologic (quantitative) data, results of program or policy evaluations, and qualitative data - for use in making judgments or decisions”

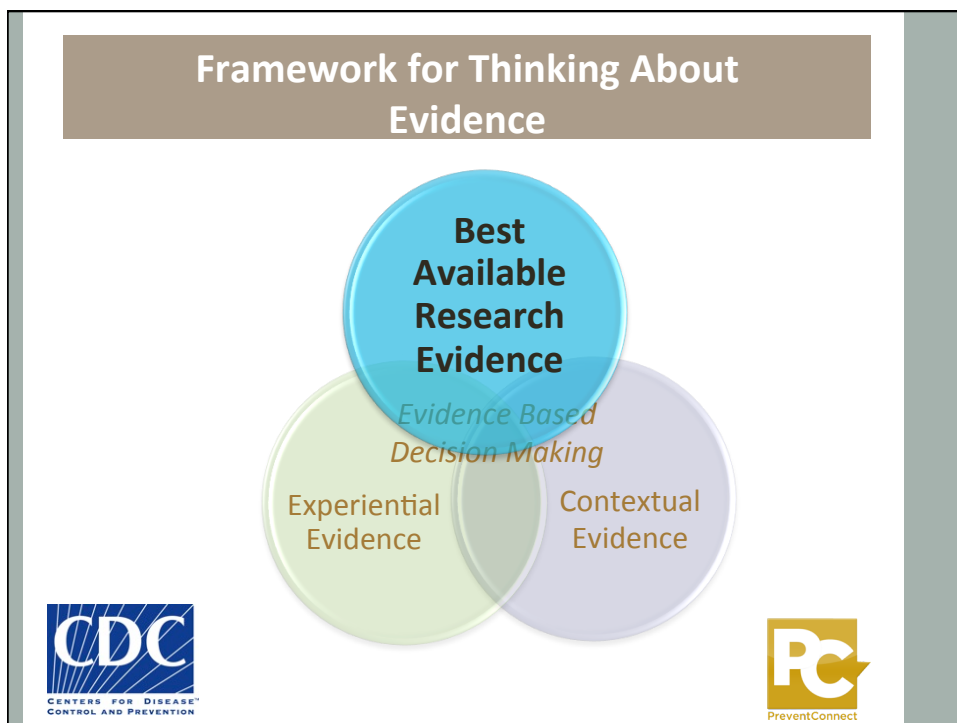
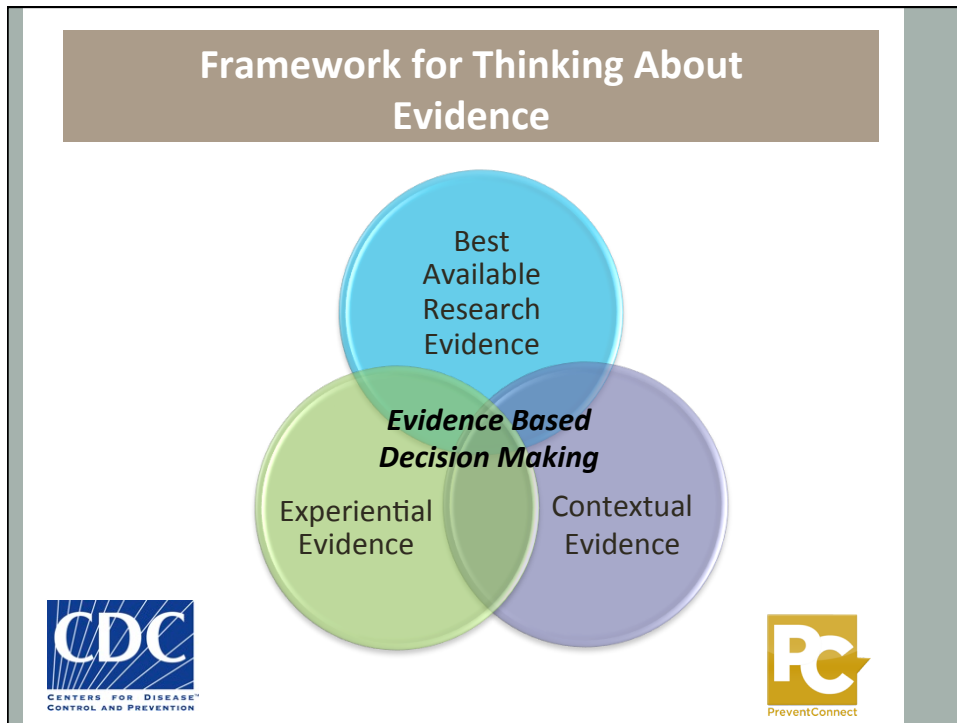


(Brownson, Fielding, and Maylahn, 2009)



Evidence





Questions Best Available Research Evidence Can Help Answer

- How much scientific research has been done on the program/strategy?
- What effects has the program had on your desired outcomes?
- How rigorously has the program been evaluated?
- How much confidence can we have in the validity of study findings?
- What implementation guidance is available, and what does that guidance tell us about capacity needed to successfully implement the program?



Continuum of Evidence of Effectiveness

	Well Supported	Supported	Promising Direction / Emerging / Undetermined <small>More Research Needed</small>			Unsupported	Harmful
Effect	Found to be effective		Some evidence of effectiveness	Expected preventive effect	Effect is undetermined	Ineffective	Practice constitutes risk of harm
Internal validity	True experimental design	Quasi experimental design	Non-experimental design	Sound theory only	No research No sound theory	True or quasi experimental design	Any design with results indicating negative effect
Type of evidence/research design	Randomized control trials and meta-analysis / systematic review	Quasi experimental design	Single group design	Exploratory study	Anecdotal / Needs assessment	Randomized control trials or quasi experimental design	Any design with results indicating negative effect
Independent replication	Program replication with evaluation replication		Program replication without evaluation replication	Partial program replication without evaluation replication		Program replication with evaluation replication	Possible program replication with/without evaluation replication
Implementation guidance	Comprehensive		Partial	None		Comprehensive	Comprehensive/partial
External and ecological validity	Applied studies—different settings (2+)	Applied studies—similar settings (2+)	Real-world informed	Somewhat real-world informed	Not real-world informed	Applied studies—same/different settings	Possible applied studies—similar/different settings



For more information:
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
1-800-CDC-INFO • www.cdc.gov/violenceprevention • cdcinfo@cdc.gov



Framework for Thinking About Evidence



What is Contextual Evidence?

- Measurable factors in the community that are likely to influence the implementation of a strategy.
- Provides information on whether a strategy is likely to be:
 - Feasible to implement
 - Useful
 - Acceptable to the local community

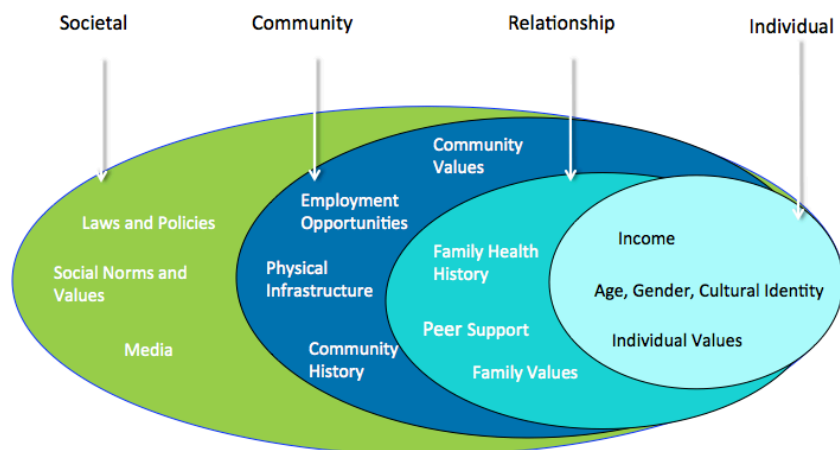


Questions Contextual Evidence Can Help Answer

- Does the community have the resources and/or capacity to implement the prevention strategy effectively? Who will implement the strategy?
- What are the characteristics of the setting/population to be served by the prevention strategy?
- Who will be implementing the strategy?
- How might setting/population characteristics affect implementation of the prevention strategy?



Measurable Contextual Variables Across the Social Ecology



Measurable Contextual Factors Setting and Population

SETTING-RELATED CONTEXT:

- Community History
- Institutional/Organizational Culture
- Location
- Social Determinants of Health
- Community Values

POPULATION-RELATED CONTEXT:

- Education
- Income
- Gender
- Racial, Ethnic, and Cultural Identity
- Religious Affiliation
- Sexual Orientation



How do you Measure Contextual Evidence?

• Existing Sources of data

- Census data
- Local administrative data (hospital, school, law enforcement)

• Gathering new data

- Community Assessments
- Surveys
- Focus Groups/Interviews



Framework for Thinking About Evidence



What is Experiential Evidence?

- The **collective** experience and expertise of those who have practiced or lived in a particular setting.
- The knowledge and expertise of subject matter experts.



Questions Experiential Evidence Can Help Answer

- What has previously worked/not worked in the community?
- Would this program appeal to stakeholders and participants?
- What are common goals among stakeholders related to this issue?
- How well matched are these goals to the programs based on the best available research evidence that are being considered?



How do you Measure Experiential Evidence?

Methods

- Reflective questions
- Communities of practice
- Expert panels
- Team decision making
- Other consensus processes



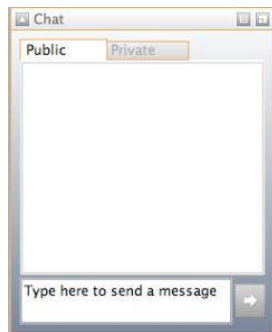
Putting it all Together: *Evidence-Based Decision Making*

Key Characteristics

- Transparency
- Inclusiveness/Participation
- Openness/Explicitness
- Skilled Leadership
- Defined Process

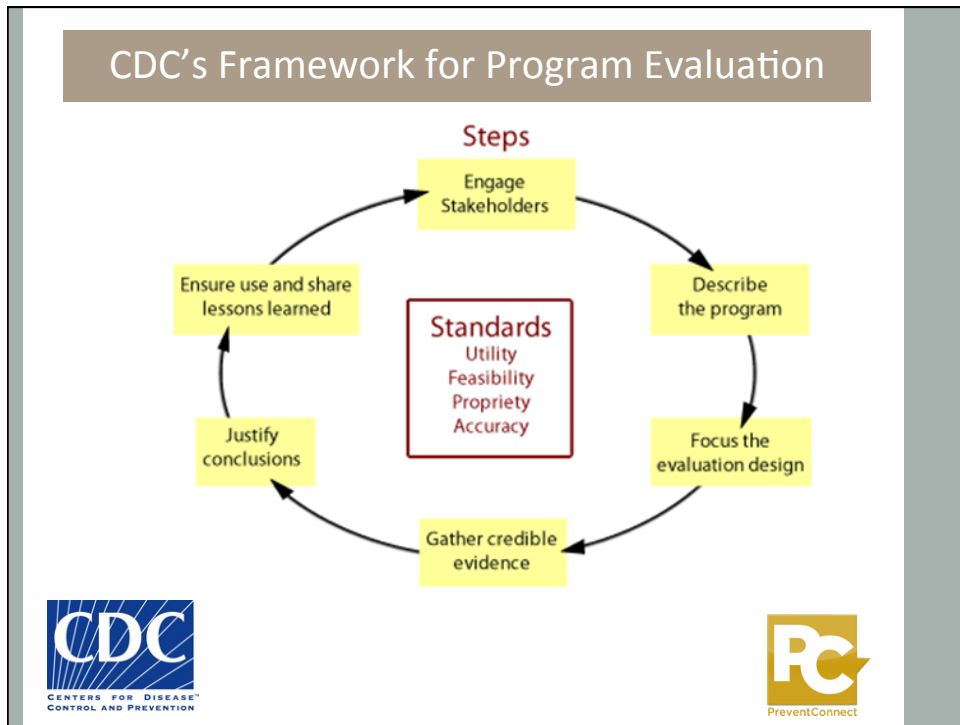


Questions about Evidence



What types of questions
do you have about
evidence?





VetoViolence

The Basics | Education | Success Stories | [RETURN TO SUCCESS STORIES](#) | [LOGIN](#)

VetoViolence
Violence Educational Tools Online

SWIIDE
SUICIDE PREVENTION

SEXUAL VIOLENCE
PREVENTION

CHILD MALTREATMENT
PREVENTION

YOUTH VIOLENCE
PREVENTION

INTIMATE PARTNER VIOLENCE
PREVENTION

VETO - Violence Educational Tools Online
This is an evolving resource for the growing number of Americans committed to stopping violence before it begins...people like you.

Here you will find...

- Free accredited training
- Resources for program planning, implementation, and evaluation
- Success Stories featuring exciting programs and strategies



<http://vetoviolence.cdc.gov/>



CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PC
PreventConnect

Understanding Evidence

<https://vetoviolence.cdc.gov/evidence-landing.html>

LOGIN

Understanding EVIDENCE

USERNAME

PASSWORD

LOG IN

[Not registered yet?](#)
[Forgot password?](#)



BOB'S PROFILE

[change password](#)

INTRODUCTION BEST AVAILABLE RESEARCH EVIDENCE EXPERIENTIAL EVIDENCE CONTEXTUAL EVIDENCE **74%**

AREA OF EXPERTISE ▼ Self-Assessment Results

- External Decision-Making Factors
- Internal Decision-Making Factors
- Knowledge Check: Evidence Based Decision-Making
- Comfort with Best Available Research Evidence
- Interactive Continuum

WHAT'S NEXT?

Take your results with you. Access information gathered from your training, interaction with tools, and other site features whenever you please.

[VIEW](#)


CONTINUUM



Curious about the strength of your program's research evidence? Just answer a few quick questions to get started.

[VIEW](#)

RESOURCES USED/BOOKMARKS

Lorem ipsum dolor Lorem ipsum dolor
Lorem ipsum dolor Lorem ipsum dolor

 **CLOSE**



HOW TO GET STARTED



The accredited lesson modules on this site will help you incorporate evidence-based decision making into your violence prevention efforts.

INTRODUCTION | **BEST AVAILABLE RESEARCH EVIDENCE** | EXPERIENTIAL EVIDENCE | CONTEXTUAL EVIDENCE

The Progress Bar on the top of the site will help you navigate through the website and will keep track of your progress.

How to Get Started

1. **Watch the Homepage Video** to get an overview of the different types of evidence you will learn about.
2. **Create a Login** to make a user profile that will allow you to choose the area of violence prevention you would like to focus on, save your progress through the learning modules and get an output document customized to your input.
3. **Go to the Introduction Page** to view the introduction lesson module, then view each of the three remaining lesson modules in any order you wish.

GLOSSARY

Acceptability
The extent to which the stakeholders find the strategy satisfactory or agreeable
<http://www.ojp.usdoj.gov/bja/evaluation/glossary/16/>


Archival data analysis
Archival data is information that has already been collected and/or documented. It can include records that are kept by governmental and other agencies, as well as records normally kept as part of the operation of an institution or organization.
https://www.sdrp.org/docsources/Communit%20Assesment%20Training/Trainer%20Guide/CAT_TG_mod3.pdf



Best Available Research Evidence
Best available research evidence enables researchers, practitioners, and policy-makers to determine whether or not a prevention program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends. The more rigorous a study's research design, the more compelling the research evidence, indicating whether or not a program, practice, or policy is effectively preventing violence (Puddy & Wilkins, 2011).

Capacity assessment
Process to identify those particular areas of capacity that are strongest and those that need improvement
<http://www.vppartners.org/sites/default/files/reports/assessment.pdf>

Communities of Practice
This concept is inclusive of the many ways that people with knowledge and experiences around a specific issue gather to share and collect their insight with a common goal in mind. It could range from something as informal as a listserv to a highly structured working group.

Consensus
The production of a common understanding among participants about issues and programs
<http://www.ojp.usdoj.gov/bja/evaluation/glossary/16/>



FREQUENTLY ASKED QUESTIONS

1. WHAT IS EVIDENCE?
Evidence is defined in many different ways. When we think about evidence based decision-making in particular, evidence is defined as information or facts that are systematically obtained (i.e., obtained in a manner that is replicable, observable, credible and verifiable) for use in making judgments or decisions (adopted from Rycroft-Malone et al, 2004 & Brownson et al., 2009). This definition of evidence applies to best available research evidence as well as contextual and experiential evidence.

2. WHAT IS BEST AVAILABLE RESEARCH EVIDENCE?
Best available research evidence is information that enables researchers, practitioners and policy-makers to determine whether or not a prevention program, practice or policy is actually achieving its intended outcomes. Best available research evidence can also help to determine whether or not a prevention strategy is harmful. The more rigorous a study (e.g. true/quasi-experimental design, independent replication), the more compelling the research evidence is indicating whether or not a program, practice or policy is effectively preventing violence. The extent to which a prevention strategy has been replicated in multiple, applied settings with diverse populations (external/ecological validity), and the availability and accessibility of implementation supports (implementation guidance) are also important aspects of best available research evidence.

3. WHERE CAN YOU FIND BEST AVAILABLE RESEARCH EVIDENCE?
Registries of evidence-based programs are the best place to start when looking to find programs based on the best available research evidence. Technical assistance resource centers, which are typically tailored toward a particular area of violence prevention, also provide a variety of different resources for identifying prevention strategies based on the best available research evidence. In circumstances when there is very little research evidence on effective prevention strategies, technical assistance resource centers can also be very helpful. Technical assistance resource centers may aid in identifying known risk and protective factors and sound theories of change for your area of violence to guide your programmatic efforts as well as resources for evaluating them. A list of these registries and technical assistance resource centers can be found in the resource section.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PC
PreventConnect

Understanding EVIDENCE

HOME | FAQs | CONTACT | GLOSSARY **LOG IN**

Discoverable Text Quotes

WELCOME, Guest
view profile

EVIDENCE

the full scope of evidence

resources and content tailored to your area

NAME:

EMAIL:

FORGOT YOUR USERNAME OR PASSWORD? **LOG IN**

GET STARTED → **HOW TO NAVIGATE** **CONTINUED LEARNING**

This site will help you use evidence based decision-making as you think about ways to prevent violence in your community.

1 Use the arrows on the left and right side of the screen to navigate between the four learning modules.

RESOURCE CENTER
Discover more content through videos, infographics, and summary documents you can take with you. [Go Now](#)

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PC
PreventConnect

Discoverable Audio Quotes

HOME | FAQs | CONTACT | GLOSSARY **LOG IN**

INTRODUCTION | EXPERIENTIAL EVIDENCE | CONTEXTUAL EVIDENCE

WELCOME, Guest
view profile ▶

How can practitioners benefit from collaborating with researchers?

The important part about building a community around research and practice, is to have people who have expertise in both areas, who can work together, and that's the part that is really rewarding for someone like me, who works in research, because what we do this for is to make programs better, to make communities healthier.

00:00 / 00:21

EVIDENCE BASED DECISION-MAKING

PART 1

Introduction to EVIDENCE BASED DECISION-MAKING

When you make a decision, you often do research, consider your situation and learn from others. When you collect this information systematically and in a way that is credible, replicable and verifiable, you are using evidence based decision-making. Take this first module to learn more about evidence based decision-making and to unlock additional modules about different types of evidence.

[BEST AVAILABLE RESEARCH EVIDENCE ▶](#)
[EXPERIENTIAL EVIDENCE ▶](#)
[CONTEXTUAL EVIDENCE ▶](#)

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PC
PreventConnect

INTRODUCTION | BEST AVAILABLE RESEARCH EVIDENCE | EXPERIENTIAL EVIDENCE | CONTEXTUAL EVIDENCE

GET STARTED ▶ LEARNING MODULES | RESOURCE CENTER | CONTINUUM

WELCOME, davidlee
view profile ▶

introduction to EVIDENCE BASED DECISION-MAKING

PART 1

When you make a decision, you often do research, consider your situation and learn from others. When you collect this information systematically and in a way that is credible, replicable and verifiable, you are using evidence based decision-making. Take this first module to learn more about evidence based decision-making and to unlock additional modules about different types of evidence.

[BEST AVAILABLE RESEARCH EVIDENCE ▶](#)
[EXPERIENTIAL EVIDENCE ▶](#)
[CONTEXTUAL EVIDENCE ▶](#)

RELATED FAQs
What is Best Available Research Evidence?
Where can you find Best Available Research Evidence?
[VIEW FAQs ▶](#)

RESOURCES
View more resources and tools to help you on your evidence based decision-making journey.
[VIEW RESOURCE CENTER ▶](#)

MODULE SUMMARY
You can download or print the Introduction Module Summary here.
[VIEW MODULE SUMMARY ▶](#)

"When somebody on staff asks what we should do to address a problem, the first questions I now ask are 'What does the research say?' 'What is the evidence base?' 'What information can we gather to determine if it will fit in different contexts?' It's become a way of life."
—Jan Dismore, President and CEO of Prevent Child Abuse America

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PC
PreventConnect

Understanding Evidence: BEST AVAILABLE RESEARCH EVIDENCE MODULE SUMMARY

Introduction to best available research evidence

Best available research evidence enables researchers, practitioners, and policy-makers to determine whether or not a prevention program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends. The more rigorous a study's research design, the more compelling the research evidence indicating whether or not a program, practice, or policy is effectively preventing violence.

CONTEXTUAL EVIDENCE

BEST AVAILABLE RESEARCH EVIDENCE

Understanding Evidence: CONTEXTUAL EVIDENCE MODULE SUMMARY

Introduction to contextual evidence

Contextual evidence refers to information about whether or not a strategy "fits" with the context in which it is to be implemented. In other words, contextual evidence provides prevention practitioners with information on whether a strategy is:

- Feasible to implement
- Valid
- Likely to be accepted by a particular community

Contextual evidence provides guidance grounded in information from a variety of local data sources, such as findings from community needs assessments, and census, school, economic, or police data. Whether found in established local databases or newly collected, this information offers a "snapshot" of measurable community characteristics that may affect a particular decision.

"The content of how a strategy fits into that community is critical. What works with general youth violence and delinquency may not work with a gang-infested community, because of cultural difference exists, and we tend not to look at gang families and gang-involved youth as a different ethnic or cultural group. But it is a different culture."

— **John W. Reid, Director, National UNITY Project, Department of Epidemiology, UCLA School of Public Health**

What questions can contextual evidence help to answer?

- Does the community have the resources and/or capacity to implement the prevention strategy effectively?
- Do the strengths documented in the research evidence match well with the needs of the community?
- What are the characteristics of the population to be served by the prevention strategy?
- Who are the people and organizations that will implement the prevention strategy?
- What are the characteristics of the setting for the proposed program, policy or practice that could affect its implementation?

Continental Evidence 1

Understanding Evidence: EVIDENCE BASED DECISION-MAKING SUMMARY

Introduction to Evidence Based Decision-Making

Evidence Based Decision-Making is a process for making decisions about a program, practice, or policy that is grounded in the best available research evidence and informed by experiential evidence from the field and relevant contextual evidence.

to the framework for

Understanding Evidence: EXPERIENTIAL EVIDENCE MODULE SUMMARY

Introduction to experiential evidence

Experiential evidence is the collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts. These insights, understandings, skills, and expertise are accumulated over time and are often referred to as tacit or tacit knowledge. Experiential evidence provides distinctive guidance in the form of "real-world" experiences gathered directly from multiple stakeholders. These stakeholders are familiar with a variety of key aspects about the setting (such as community norms and values), and have knowledge about the community in which a prevention strategy is to be implemented.

CONTEXTUAL EVIDENCE

BEST AVAILABLE RESEARCH EVIDENCE

EXPERIENTIAL EVIDENCE

REAL WORLD EXPERIENCE

What questions can experiential evidence help to answer?


- What can the experiences and knowledge of stakeholders tell us about what has previously worked or not worked with the specific community and/or population in question?
- What can the experiences and knowledge of stakeholders tell us about a program, practice, or policy's possible impact on stakeholders and participants?
- What common goals do the stakeholders have around this issue?
- From the experiences and knowledge of stakeholders, how will we match our chosen goals to the program, practice, or policies based on the best available research evidence?

Experiential Evidence 1




INTRODUCTION
BEST AVAILABLE RESEARCH EVIDENCE
EXPERIENTIAL EVIDENCE
CONTEXTUAL EVIDENCE

GET STARTED ▶
LEARNING MODULES
RESOURCE CENTER
CONTINUUM
WELCOME, davidlee
[view profile](#)



RESOURCE CENTER

TOOLS for SUCCESS

The resources and tools below will help you on your evidence based decision-making journey.

VIDEOS


CASE STUDIES

MODULE SUMMARIES

RESOURCES

GLOSSARY



BONUS MATERIALS




CASE STUDIES

Watch an example of how an organization can work through the evidence based decision-making process when considering a strategy for their community.

- "Child Maltreatment"
- "Suicide"
- "Sexual Violence"
- "Teen Dating Violence"
- "Youth Violence"

INTRODUCTION | BEST AVAILABLE RESEARCH EVIDENCE | EXPERIENTIAL EVIDENCE | CONTEXTUAL EVIDENCE

GET STARTED ▶ LEARNING MODULES | RESOURCE CENTER | CONTINUUM WELCOME, davidlee [View profile](#)



CONTINUUM of EVIDENCE OF EFFECTIVENESS

How does your strategy map onto the Continuum?

Research is constantly emerging and evolving, making the use of best available research evidence a continuous journey. This tool will help you conceptualize where you are on this journey and what steps you can take to continue moving forward.

START ASSESSMENT ▶

	Well Supported	Supported	Promising Direction / Emerging / Understood More Research Needed	Unsupported	Harmful
Effect	Proven to be effective	Some evidence of effectiveness	Expected positive effect	Effect is uncertain/neg	Ineffective Practice may cause harm
Internal validity	True experimental design	Quasi-experimental design	Non-experimental design	Sound theory only	No research or sound theory
Type of research design	Randomized control trials and other trials / systematic review	Quasi-experimental design	Single group design	Exploratory study	Research / theory assessment
Independent replication	Program replication with evaluation / replication	Program replication / evaluation	Partial program replication without evaluation / replication	Program replication with evaluation / replication	Possible program replication with evaluation / replication
Independent evaluation	Comprehensive	Partial	None	Comprehensive	Comprehensive / partial
External and validity	Applied studies - clinical (2-7)	Applied studies - clinical (2-7)	Research - theoretical	Somewhat research informed	Not research informed
	Applied studies - natural settings	Applied studies - natural settings	Applied studies - natural settings	Applied studies - natural settings	Possible applied studies in other settings

How does your strategy map onto the Continuum?



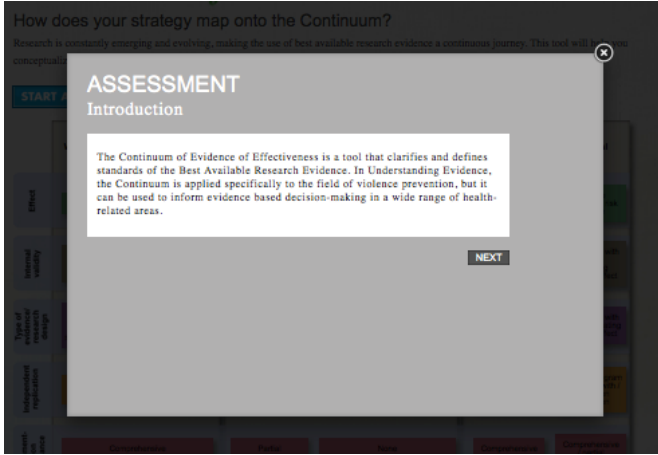
Research is constantly emerging and evolving, making the use of best available research evidence a continuous process. This tool will help you understand how your strategy maps onto the Continuum of Evidence of Effectiveness.

ASSESSMENT

Introduction

The Continuum of Evidence of Effectiveness is a tool that clarifies and defines standards of the Best Available Research Evidence. In Understanding Evidence, the Continuum is applied specifically to the field of violence prevention, but it can be used to inform evidence based decision-making in a wide range of health-related areas.

START **NEXT**



ASSESSMENT

Question

Are there any indications from research or practice that this strategy has been associated with harmful effects?

Yes No **NEXT**

ASSESSMENT

Question

Is this program or strategy based on sound theory?

Yes No **NEXT**

ASSESSMENT

Question

Does the available research on this strategy include two or more well-conducted studies (Randomized Control Trials or Quasi-experimental designs)?

Randomized Control Trial: A trial in which participants are assigned to control or experimental (active strategy) groups at random, meaning that all members of the sample must have an equal chance of being selected for either the control or experimental groups (in a 1:1 ratio), where "blinded" means participants in assigned to the control group and "blinded" means they are assigned to the experimental group. This study can be assessed that the two groups are equivalent and there are no systematic differences between them, which increases the likelihood that any differences in outcomes are due to the program, practice, or policy and not some other variable that the groups differ on.

Quasi-Experimental Design: Experiments based on sound theory, and typically have comparison groups that do not receive any portion of the intervention (or conditions), and/or multiple measurement points (e.g., pre-post measures, longitudinal designs).

Yes No **NEXT**

ASSESSMENT

Question

Are any of the following formal systems in place to support implementation of the program or strategy?

- A parveyon-developer who offers training/coaching
- A website that provides tools, materials, videos, etc. to support implementation
- An established community of practice among those who are currently or who have previously implemented the program

Community of Practice: This concept is inclusive of the many ways that people with knowledge and experiences around a specific issue gather to share and utilize their insight with a common goal in mind. It would range from something as informal as a library to a highly structured working group.

Yes No **NEXT**

ASSESSMENT

Question

Is there at least one well-conducted (Randomized Control Trial or a Quasi-Experimental design) study on this strategy?

Yes No **NEXT**

ASSESSMENT

Complete!

Thank you for completing the assessment questions. Once you close this window, the highlighted boxes will show you where your answers mapped to each dimension. This will give you an indicator of the strength of evidence informing the various aspects of the strategy you are considering. Click on the white boxes to learn more about your results.



EVIDENCE HOME | FAQS | CONTACT | GLOSSARY | LOG OUT

INTRODUCTION | BEST AVAILABLE RESEARCH EVIDENCE | EXPERIENTIAL EVIDENCE | CONTEXTUAL EVIDENCE

GET STARTED ▶ LEARNING MODULES | RESOURCE CENTER | CONTINUUM WELCOME, davidlee
View profile ▶



CONTINUUM of EVIDENCE OF EFFECTIVENESS

How does your strategy map onto the Continuum?

Research is constantly emerging and evolving, making the use of best available research evidence a continuous journey. This tool will help you conceptualize where you are on this journey and what steps you can take to continue moving forward.

START ASSESSMENT ▶

	Well Supported	Supported	Promising Direction / Emerging / Undetermined More Research Needed		Unsupported	Harmful
Effect	Found to be effective	Some evidence of effectiveness	Expected preventive effect	Effect is undetermined	Ineffective	Possible contribution risk of harm
Internal validity	True experimental design	Quasi-experimental design	Non-experimental design	Sound theory only	No research No sound theory	Weak or quasi-experimental design Any design with threats, including negative effect
Differential design	Randomized control trials and meta-analysis / systematic review	Quasi-experimental design	Single group design	Exploratory study	Assessable / Needs assessment	Randomized control trials or quasi-experimental design Any design with threats including negative effect
Independent replication	Program replication with evaluation replication	Program replication with evaluation replication	Partial program replication without evaluation replication	Partial program replication without evaluation replication	Program replication with evaluation replication	Possible program replication with evaluation replication
Implementation / adoption	Comprehensive	Partial	None	None	Comprehensive	Comprehensive / partial
External and validity	Applied studies (direct settings (DT))	Applied studies (indirect settings (IT))	Real world informed	Somewhat real world informed	Not real world informed	Applied studies (same / different settings) Possible applied studies (similar / different settings)

CONTACT underevid@cdc.gov

Helen Singer, MPH
Health Scientist
Division of Violence Prevention

Name:

Email:

Message:

SEND



This program provides a free continuing education opportunity by:
International Association for Continuing Education and Training (IACET)

This program was funded and supported by:
The Centers for Disease Control and Prevention

CDC, our planners, our content experts, and our presenters wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

Presentations will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC does not accept commercial support.

The screenshot shows the 'Understanding Evidence' website interface. At the top, there is a navigation bar with links for 'HOME | FAQS | CONTACT | GLOSSARY' and a 'LOG IN' button. Below this, a secondary navigation bar includes 'INTRODUCTION', 'BEST AVAILABLE RESEARCH EVIDENCE', 'EXPERIENTIAL EVIDENCE', and 'CONTEXTUAL EVIDENCE'. A 'GET STARTED' button is highlighted. The main content area features a large 'CONGRATULATIONS' message with a play button icon, indicating a video. To the right, a 'CONCLUSION' section is visible, with a 'Discover More' link and text about evidence-based decision-making. Below the video, there are three circular icons representing 'FREE CONTINUING EDUCATION CREDITS', 'WHAT'S NEXT', and 'CONTINUUM'. Each icon has a corresponding text box explaining the feature. The CDC logo is in the bottom left, and the PreventConnect logo is in the bottom right.

The screenshot shows a tool titled 'How does your strategy map onto the Continuum?'. The main content area displays 'continuum results for: IMPLEMENTATION GUIDANCE' in large red text. Below this, there is a video player with a play button icon. To the right, there is a 'RELATED RESOURCES:' section with text explaining that Implementation Guidance is one of six dimensions of the continuum. Below this, there is a 'RESOURCE LINKS' section with two links: 'National Implementation Research Network' and 'http://nim.fgg.cdc.edu/resource-search'. The background of the tool shows a grid of various implementation strategies. The CDC logo is in the bottom left, and the PreventConnect logo is in the bottom right.

WHAT'S NEXT: *considerations & resources*

INTRO **B.A.R.E.** EXPERIENTIAL CONFIDENTIAL CONCLUSION

Anna Curtis
acurtis@banyanet.com

YOUTH VIOLENCE | MAY 29, 2012

INTRODUCTION

Note: Resources will only be provided for those Lesson Modules completed.

LEARN MORE

about evidence-based decision making

The following websites may provide opportunities for learning more about Evidence-Based Decision Making:

- Analysis of the Future: The Delphi Method
 - creatingminds.org
 - keyword: Delphi method
- HealthEvidence.ca
 - <http://healthevidence.ca>
 - Click "Additional Resources"
- National Collaborating Centre for Methods and Tools
 - <http://www.nccmt.ca>
 - keyword: overview

BEST AVAILABLE RESEARCH EVIDENCE RESOURCES

sources of research evidence

Now that you have completed the Lesson Module on Best Available Research Evidence, it may be useful to know some of the resources that may help you find research evidence on prevention strategies.

This report contains only resources related to the field of [Youth Violence](#). You may want to look in the Understanding Evidence resource center for resources related to other areas of violence prevention that overlap with your area of interest.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

UNDERSTANDING EVIDENCE *A Resource for Evidence Based Decision-Making*

PreventConnect

Chat

Public Private

Type here to send a message

How can you use "Understanding Evidence" to support you in providing technical assistance?

Prevention and equity **Institute** at the center of community well-being

PreventConnect

Thank you!

Natalie Wilkins
nwilkins@cdc.gov

Helen Singer
hhsinger@cdc.gov

Sally Thigpen
sthigpen@cdc.gov

Rich Puddy
rpuddy@cdc.gov

Deborah Zelli
dzelli@ywcaofwichita.org



PreventConnect
1215 K Street
Suite 1850
Sacramento, CA 95814

Website: preventconnect.org
Facebook: www.facebook.com/PreventConnect
Twitter: Follow @PreventConnect
Flickr: www.flickr.com/people/preventconnect
YouTube: www.youtube.com/CalCASAVideo
Email Group: <http://groups.yahoo.com/group/Prevent-Connect/>
Email: info@preventconnect.org
eLearning: learn.preventconnect.org

