

# WELCOME, THIS WEB CONFERENCE WILL BEGIN SOON

UNDERSTANDING EVIDENCE: A DEMONSTRATION OF CDC'S  
INTERACTIVE TOOL TO SUPPORT EVIDENCE-BASED DECISION  
MAKING FOR STATE, NATIONAL, TERRITORIAL AND TRIBAL  
TECHNICAL ASSISTANCE PROVIDERS



PreventConnect  
1215 K Street  
Suite 1850  
Sacramento, CA 95814

Website: [preventconnect.org](http://preventconnect.org)

Facebook: [www.facebook.com/PreventConnect](http://www.facebook.com/PreventConnect)

Twitter: Follow @PreventConnect

Flickr: [www.flickr.com/people/preventconnect](http://www.flickr.com/people/preventconnect)

YouTube: [www.youtube.com/CalCASAVideo](http://www.youtube.com/CalCASAVideo)

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

Email: [info@preventconnect.org](mailto:info@preventconnect.org)

eLearning: [learn.preventconnect.org](http://learn.preventconnect.org)



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FACEBOOK



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## How to use this technology



- Raise hand
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- PowerPoint slides
- Polling questions
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- 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

- Friday, May 10: **Understanding Evidence: A Demonstration of CDC's Interactive Tool to Support Evidence-Based Decision Making for Technical Assistance Providers**
- Wednesday, May 15: **Start Strong: Lessons learned from a four-year initiative to promote healthy relationships and prevent teen dating violence**
- Thursday, June 20: **Shifting Boundaries: Lessons Learned from Implementing a Sexual Violence Prevention Program**
- Tuesday, July 9: **Primary Prevention in the context of a traumatized community**
- Tuesday, 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 17: **Bystander Intervention: Continuing Discussion**



## 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:

**A Demonstration of CDC's Interactive Tool to Support Evidence-Based Decision Making for State, National, Territorial and Tribal Technical Assistance Providers**



## Understanding Evidence



Helen Singer, MPH



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Division of Violence Prevention  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention



*May 10, 2013*  
**11:00AM -12:30 PST; 2:00-3:30 PM EST**



## 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?'

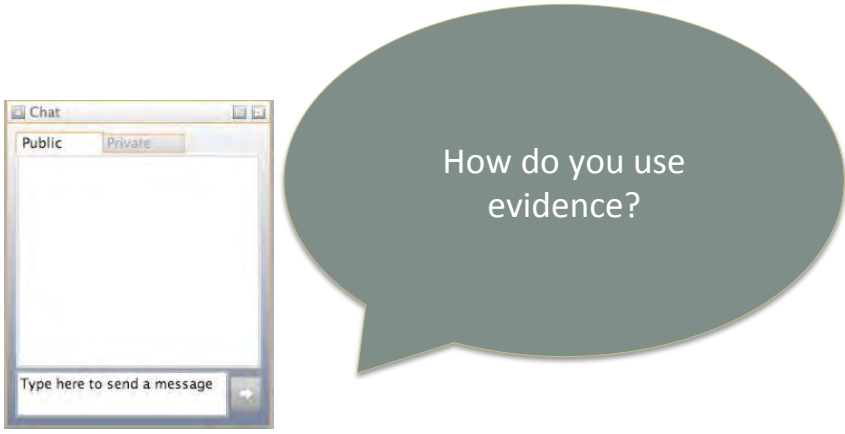
**“For public health professional evidence is some form of data - including epidemiologic (quantitative) data, results of program or policy evaluations, and qualitative data - for use in making judgments or decisions”**




*(Brownson, Fielding, and Maylahn, 2009)*




## Evidence



How do you use evidence?



## Framework for Thinking About Evidence





Best Available Research Evidence

***Evidence Based Decision Making***

Experiential Evidence

Contextual Evidence





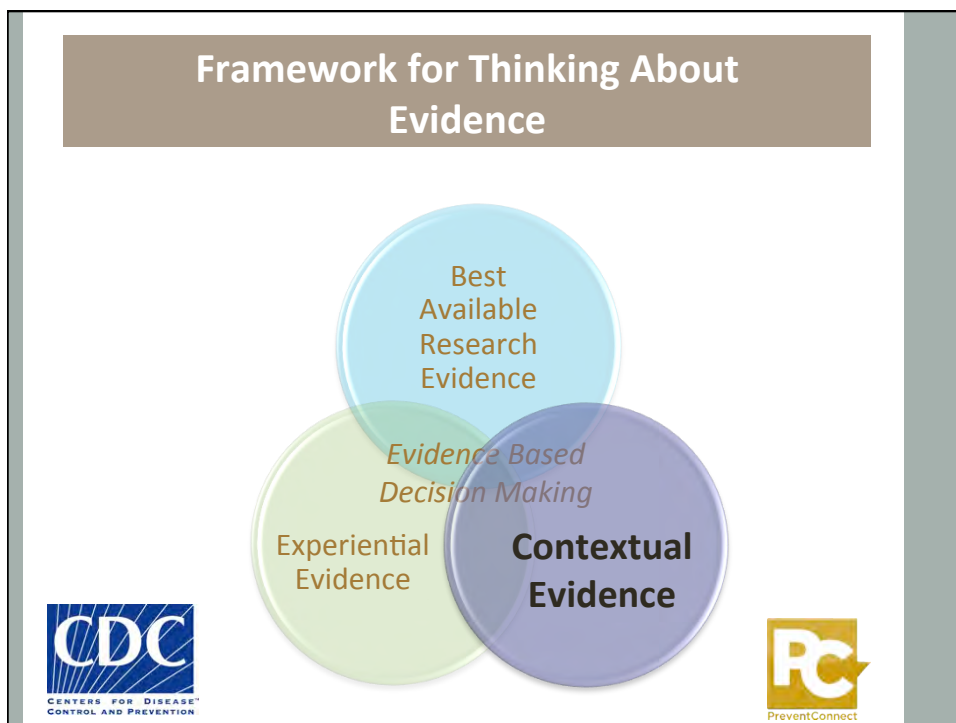
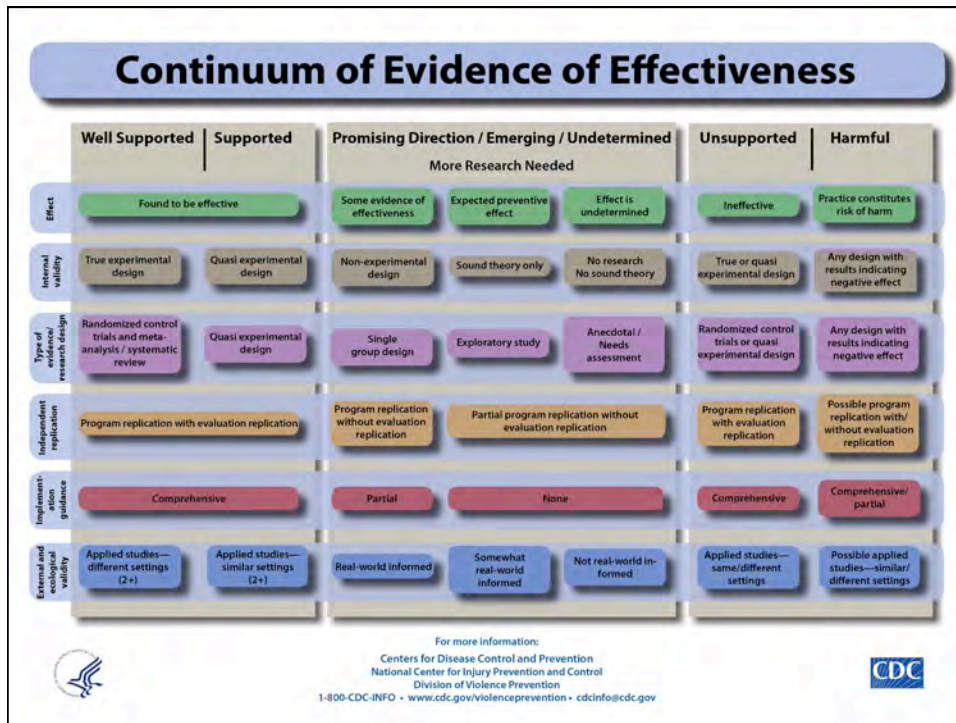
## Framework for Thinking About Evidence



## 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?





## What is Contextual Evidence?

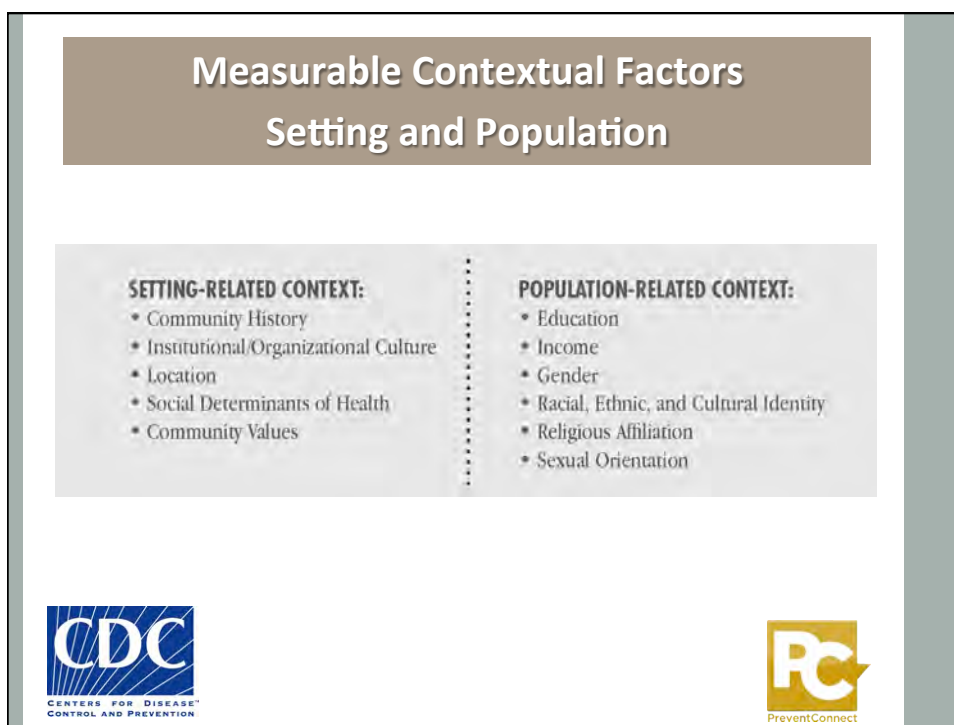
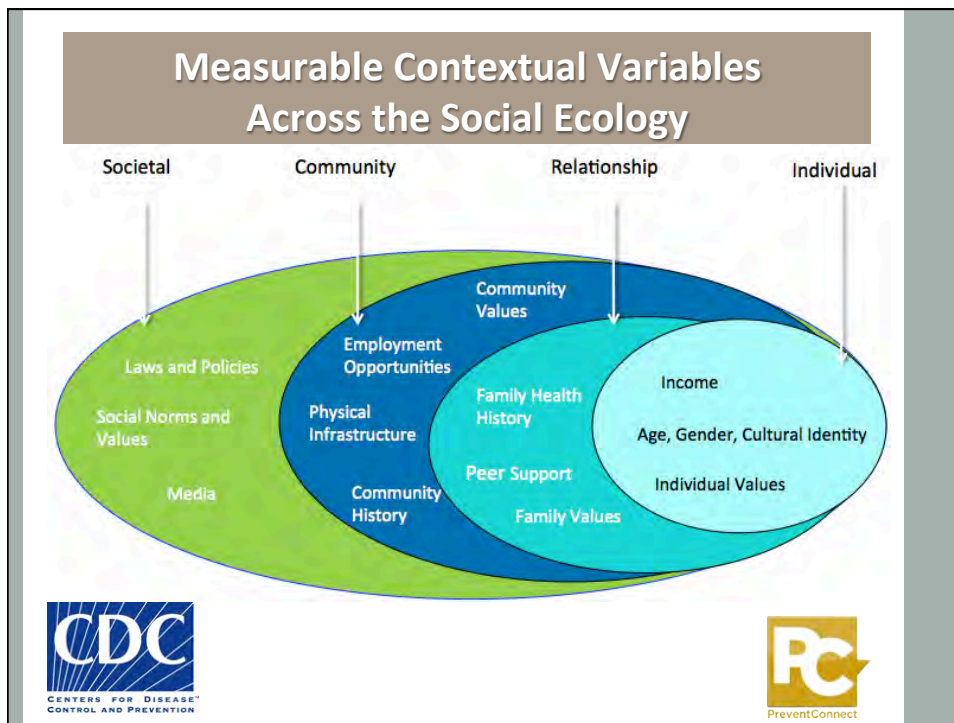
- Measurable factors in the community that are likely to influence the implementation of a strategy.
- Provides information on whether a strategy is likely to be:
  - Feasible to implement
  - Useful
  - Acceptable to the local community



## 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?





## 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

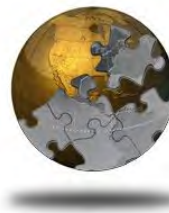
- Reflective questions
- Communities of practice
- Expert panels
- Team decision making
- Other consensus processes




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

### Key Characteristics

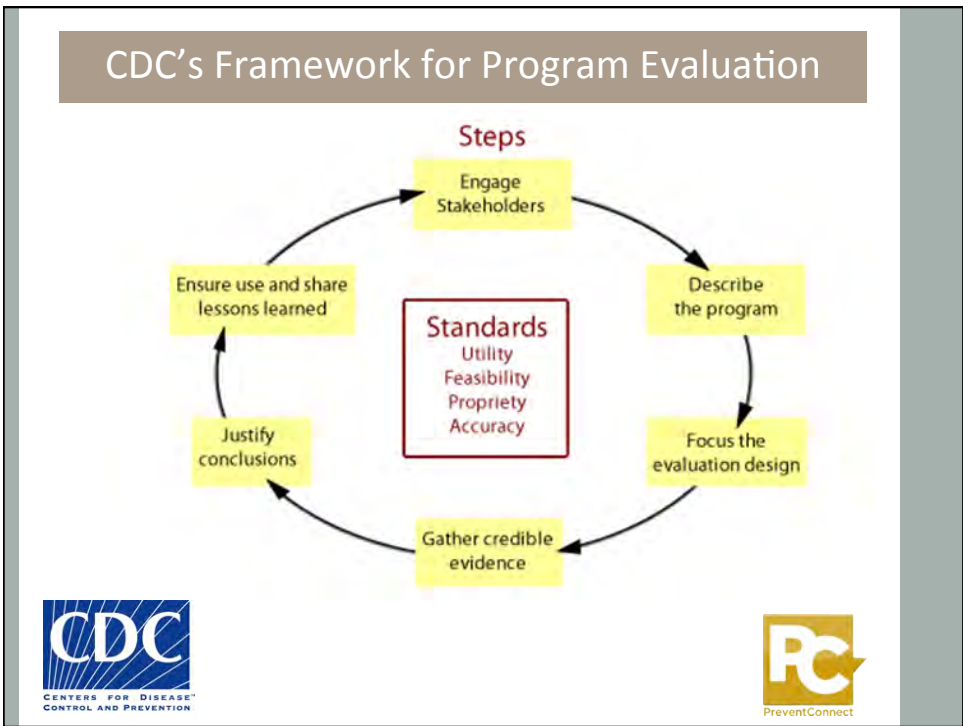

- Transparency
- Inclusiveness/Participation
- Openness/Explicitness
- Skilled Leadership
- Defined Process



## Questions about Evidence



As a technical assistance provider, what types of questions do people ask you about evidence?





# VetoViolence

**VetoViolence**  
Violence Educational Tools Online

**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 existing programs and strategies

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

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# Understanding Evidence

**Understanding EVIDENCE**

Understanding Evidence is the first online tool of its kind. This free, online resource offers local practitioners and others working to prevent violence knowledge and resources for using evidence in their decision-making processes.

Upon completion of Understanding Evidence, the learner will be able to:

1. Define the three types of evidence involved in evidence-based decision making.
2. Identify standards of rigor across the key dimensions that make up the best available research evidence.
3. Identify sources of and ways to collect best available research evidence, contextual evidence, and experiential evidence.
4. Identify key stages and characteristics of an evidence-based decision-making process.

Understanding Evidence is designed primarily for violence prevention practitioners, but anyone working to prevent violence in their communities will find the information useful including CDC grantees, researchers, program evaluators, technical assistance providers, and decision makers.

**GET STARTED**

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

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**EVIDENCE**

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

GET STARTED | LEARNING MODULES | RESOURCE CENTER | CONTINUUM

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view profile

# EVIDENCE

explore the full scope of evidence

Take the Introduction to Evidence Based Decision-Making learning module to dive deeper into different types of evidence you can leverage in your decision-making process.

**GET STARTED** →

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

**HOW TO NAVIGATE**

- 1 Use the arrows on the left and right side of the screen to navigate between the four learning modules.
- 2 Make sure to answer Knowledge Check questions that are asked throughout the modules. Your responses will help populate your output document at the end.
- 3 Refer to the Glossary located at the top of the screen anytime for definitions of key concepts and terms.
- 4 After completing all four modules, click through to the Conclusion page where you will be able to register for your Continuing Education credits.



**CONTINUED LEARNING**

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

**CONTINUUM**  
This tool will help you gauge the strength of best available research evidence you may be considering. [Go Now](#)

**DISCOVERY LEARNING**  
Find content hidden around the site! Click on the Plus symbols in the top left corner of the web pages or use the "+" or "\*" key on your keyboard or visit Bonus Materials in the Resource Center. [Go Now](#)

*"It's extremely important to look at both what we know from a research perspective and what we get from the field and from people in practice."*  
— Howard Spivack, Director, Division of Violence Prevention, Centers for Disease Control and Prevention



# LOGIN

Understanding EVIDENCE

USERNAME

PASSWORD

**LOG IN**

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



**BOB'S PROFILE**  
(Select Assessment)

INTRODUCTION | BEST AVAILABLE RESEARCH EVIDENCE | APPLICABLE EVIDENCE | CONTEXTUAL EVIDENCE **74%**

AREA OF EXPERTISE ▾ **Self-Assessment Results**

- External Decision-Making Factors
- Internal Decision-Making Factors
- Knowledge Check: Evidence-Based Decision-Making
- Custom with Best Available Research Evidence
- Introduction/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**

Learn more about...	View your data...
Learn more about...	View your data...

**CLOSE**

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**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 | APPLICABLE 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.

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## GLOSSARY

**Acceptability**  
 The extent to which the stakeholders find the strategy satisfactory or agreeable  
<http://www.cdc.gov/violenceprevention/glossary/>

**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.  
[http://www.cdc.gov/assessments/Community20Assessment20Training/Trainee20Guide/CAT\\_IG\\_m03.pdf](http://www.cdc.gov/assessments/Community20Assessment20Training/Trainee20Guide/CAT_IG_m03.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.vsppartners.org/sites/default/files/report/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 listserve to a highly structured working group.

**Consensus**  
 The production of a common understanding among participants about issues and programs  
<http://www.cdc.gov/violenceprevention/assessments/>

🖨️ CLOSE

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## 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 (adapted from Rynoff-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/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.

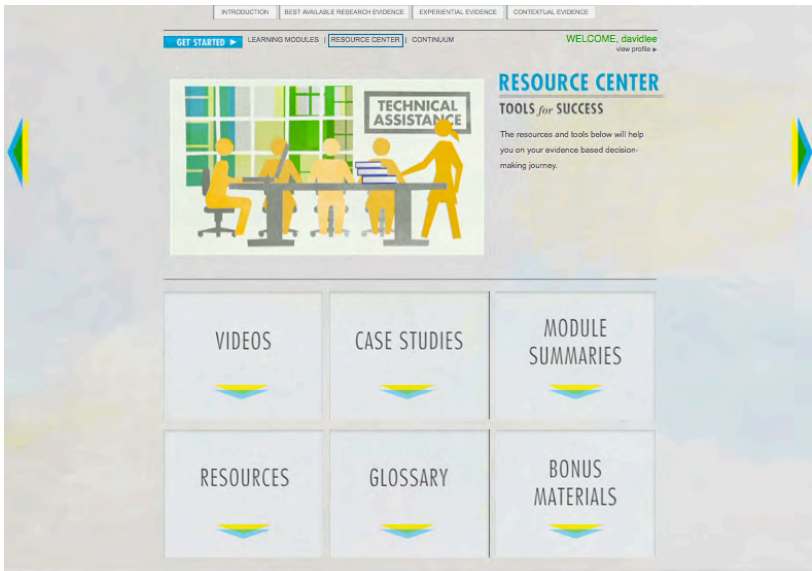
🖨️ CLOSE

The screenshot shows the home page of the 'Understanding Evidence' website. At the top, there is a navigation bar with links for HOME, FAQs, CONTACT, and GLOSSARY, along with a 'LOG IN' button. A search bar is also present. The main content area features a large quote: "It's extremely important to look at both what we know from a research perspective and what we get from the field and from people in practice." attributed to Howard Spivak, MD, Director, Division of Violence Prevention, Centers for Disease Control and Prevention. Below the quote are three sections: 'GET STARTED' with a right-pointing arrow, 'HOW TO NAVIGATE' with a right-pointing arrow, and 'CONTINUED LEARNING' with a right-pointing arrow. The 'GET STARTED' section includes a sub-heading 'evidence based decision-making' and a paragraph: "This site will help you use evidence based decision-making as you think about ways to prevent violence in your...". The 'HOW TO NAVIGATE' section includes a sub-heading '1 Use the arrows on the left and right side of the screen to navigate between the four learning modules.' The 'CONTINUED LEARNING' section includes a sub-heading 'RESOURCE CENTER' and a paragraph: "Discover more content through videos, infographics, and summary documents you can take with you. Go Now". At the bottom, there are logos for the CDC (Centers for Disease Control and Prevention) and PreventConnect. A sidebar on the right contains a 'WELCOME, Guest' message with a 'view profile' link, a 'CONTEXTUAL EVIDENCE' header, and a search form with fields for 'NAME', 'EMAIL', and 'PASSWORD', and a 'LOG IN' button.

The screenshot shows a page titled 'Evidence Based Decision-Making PART 1'. The page features a navigation bar with links for HOME, FAQs, CONTACT, and GLOSSARY, and a 'LOG IN' button. A search bar is also present. The main content area includes a quote: "How can practitioners benefit from collaborating with researchers?" attributed to a woman in a circular portrait. Below the quote is a paragraph: "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." The page also features a large heading 'EVIDENCE BASED DECISION-MAKING PART 1' and a sub-heading 'Introduction to EVIDENCE BASED DECISION-MAKING'. Below this is a paragraph: "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." At the bottom, there are three links: 'BEST AVAILABLE RESEARCH EVIDENCE', 'EXPERIENTIAL EVIDENCE', and 'CONTEXTUAL EVIDENCE'. At the bottom, there are logos for the CDC (Centers for Disease Control and Prevention) and PreventConnect. A sidebar on the right contains a 'WELCOME, Guest' message with a 'view profile' link, a 'CONTEXTUAL EVIDENCE' header, and a search form with fields for 'NAME', 'EMAIL', and 'PASSWORD', and a 'LOG IN' button.





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.

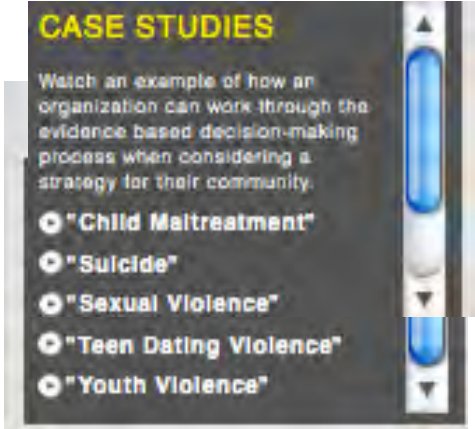
**TECHNICAL ASSISTANCE**



- VIDEOS
- CASE STUDIES
- MODULE SUMMARIES
- RESOURCES
- GLOSSARY
- BONUS MATERIALS

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### 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"

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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	Proven to be effective	Some evidence of effectiveness	Expected positive effect	Effect is uncertain	Ineffective	Produce undesirable outcomes
Research Design	Two experimental design	Quasi-experimental design	Non-experimental design	Sound theory only	No research or sound theory	Weak or no experimental design
Type of Strategy	Randomized control trials and other clinical research	Quasi-experimental design	Single group design	Exploratory study	Research in progress	No control or no data or incomplete research design
Independent replication	Program replication with evaluation replication	Program replication with evaluation	Partial program replication without evaluation replication	Partial program replication without evaluation replication	Program replication with evaluation replication	Program replication with evaluation replication
Program duration	Comprehensive	Partial	None	Comprehensive	Comprehensive	Comprehensive
External and internal validity	Applied studies (I-III) or basic research (I-III)	Applied studies (I-III) or basic research (I-III)	Research not well informed	Some research not well informed	Not well researched	Applied studies (I-III) or basic research (I-III)

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How does your strategy map onto the Continuum?

### 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.

NEXT

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**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, ensuring that all members of the sample have an equal chance of being selected to either the control or experimental groups (i.e. flipping a coin, toss). "Blind" means participants in assigned to the control group and "blinded" means they are assigned to the experimental group. This study can be assumed 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, strategy, or policy and not some other variable(s) that the groups differ on.

Quasi-Experimental Design - Experiments based on sound theory, and typically have comparison groups that do random assignment of participants to conditions, and/or multiple measurement points (i.e. pre-post measures, longitudinal design).

Yes  No

NEXT

**ASSESSMENT Question**

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

- A supervisor/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 experience around a specific area gather to share and extend their insight with a common goal in mind. It could range from something as informal as a "lunch" or a "lightly 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

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**START ASSESSMENT** ▶

	Well Supported	Supported	Promising Direction / Emerging / Understudied <small>More Research Needed</small>		Unsupported	Harmful
<b>Effect</b>	Found to be effective	Some evidence of effectiveness	Emerging promise of effect	Effect is undetermined	Ineffective	Possible contradiction (opposite effect)
<b>Internal validity</b>	True experimental design	Quasi-experimental design	Non-experimental design	Sound theory only	No research / No sound theory	Flawed or quasi-experimental design
<b>Depth of design</b>	Randomized control trials and other advanced experimental designs	Quasi-experimental design	Single group design	Exploratory study	Assessors' biases / Unsound	Randomized control trials or quasi-experimental design
<b>Implementation</b>	Program replication with evaluation replication	Experimental replication / Replication	Partial program replication without evaluation replication	Program replication with evaluation replication	Program replication without evaluation replication	Possible program replication with evaluation replication
<b>Implementation fidelity</b>	Comprehensive	Partial	None	Comprehensive	Comprehensive	Comprehensive
<b>External and contextual validity</b>	Applied studies in diverse settings (CT)	Applied studies in diverse settings (CT)	Real world informed	Somehow real world informed	No research / Unknown	Applied studies in diverse settings / Applied studies in diverse 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

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Understanding **EVIDENCE** HOME | FAQS | CONTACT | GLOSSARY **LOG IN**

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

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

**CONGRATULATIONS**

**CONCLUSION**

*Discover More*  
Learn more about evidence based decision-making through the various tools and resources available on this site.



[FREE CONTINUING EDUCATION CREDITS](#)

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**DISCOVER MORE**  
Now that you've completed the training, check out these features:

- FREE CONTINUING EDUCATION CREDITS**  
Now that you have completed all the learning modules, you are eligible for free continuing education credits through the CDC.
- WHAT'S NEXT**  
Customized by your profile and your experience in the Learning Modules, What's Next is personalized to help you with your next steps.
- CONTINUUM**  
This tool will help you gauge the strength of best available research evidence you may be considering.



How does your strategy map onto the Continuum?

continuum results for:  
**IMPLEMENTATION GUIDANCE**

**partial**

For some programs, there may be some products, services, or activities to help researchers/practitioners implement them in different settings, but they may be limited in their availability and accessibility. It is important to note that since implementation support and guidance are limited for these programs, there is a chance that implementation issues (not the program itself) may be influencing outcomes.

**RELATED RESOURCES:**



Implementation Guidance is only one of six dimensions that are described on the continuum of the best available research evidence. Ideally, strategies will demonstrate strong evidence across as many of these dimensions as possible.

Remember that a well-informed evidence-based decision will need to include contextual and experiential evidence as described in detail in the corresponding Lesson Modules.

To learn more about how to strengthen the research evidence related to a specific strategy, the resources below may be helpful.

**RESOURCE LINKS**

- National Implementation Research Network  
<http://nimr.tpi.org and address: www.implementation-research.org/online-resources/>
- <http://nimr.tpi.org and address: www.implementation-research.org/>

**WHAT'S NEXT:**  
*considerations & resources*

INTRO **TAKE ACTION** EXPLORE MORE YOUR VIEW CONCLUSION

Anna Curtis  
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YOUTH VIOLENCE | MAY 29, 2012

**INTRODUCTION**

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

**LEARN MORE**  
*about evidence-based decision making*

**BEST AVAILABLE RESEARCH EVIDENCE RESOURCES**  
*sources of research evidence*

This report should help you apply your new knowledge for evidence-based decision making in your prevention work. The resources listed reflect the input you provided in the Lesson Modules. In addition, you may want to visit the Understanding Evidence Resource Center to find more resources.

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

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




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.




UNDERSTANDING EVIDENCE: A Resource for Evidence-Based Decision-Making | WHAT'S NEXT | page 2

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



Thank you!

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Twitter: Follow @PreventConnect

Flickr: [www.flickr.com/people/preventconnect](http://www.flickr.com/people/preventconnect)

YouTube: [www.youtube.com/CalCASAVideo](http://www.youtube.com/CalCASAVideo)

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

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eLearning: [learn.preventconnect.org](http://learn.preventconnect.org)



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