The Evidence Project Overview

With increasing emphasis being placed on the importance of evidence in guiding prevention efforts, defining what constitutes "evidence" is more important than ever. Evidence is crucial in informing and facilitating the adoption, uptake, and implementation of prevention programs, practices, and policies in community settings. While the importance of evidence is recognized by researchers, practitioners, and decision makers,[1] there is debate about what constitutes evidence.[2,3]

The Evidence Project (a project of the Centers for Disease Control and Prevention's Division of Violence Prevention) proposes a comprehensive framework for understanding evidence and evidence-based decision making that includes three types of evidence (best available research evidence, contextual evidence, and experiential evidence- described below).

The Evidence Project's comprehensive framework defines evidence 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 decisions).[2,3]

This framework incorporates three types of evidence for consideration in decision-making:

(1) ***Best Available Research Evidence –*** is information derived from scientific inquiry that assists in determining whether or not a prevention program, practice, or policy is actually achieving its intended outcomes. Meaning, did it do what it was supposed to do? The more rigorous the evaluation in its research design, (e.g., randomized control trials, quasi-experimental designs with matched comparison groups), its implementation (e.g., fidelity), and the extent to which it has been replicated in different settings and with different populations, the more compelling the research evidence, indicating whether or not a program, practice, or policy is effectively preventing violence. Best available research evidence can also help to determine whether or not a prevention strategy is harmful.

(2) ***Contextual Evidence -*** is a collection of measurable factors in the community that may impact the success of a prevention strategy (e.g., community history, organizational capacity, social norms, etc.). The role that contextual evidence plays in the evidence-based decision making process is to provide information to help determine whether a prevention strategy is likely to be acceptable, feasible, and useful in a local setting. Contextual evidence can be gathered from variety of local data sources and offers a "snapshot" of measurable community characteristics that may impact a particular decision. Some examples of data sources and methods for collecting contextual evidence include: census data, local administrative data (hospital, school, and law enforcement), community needs/assets assessments, surveys, and focus groups/interviews.

(3) ***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 intuitive or tacit knowledge. Experiential evidence is systematically gathered from multiple stakeholders who are familiar with a variety of key aspects about populations in specific settings who have knowledge about the community in which a prevention strategy is to be implemented (i.e., knowledge about what has/has not worked previously in a specific setting with particular populations; insight on potential implementation challenges; insight regarding the needs and challenges of the community and those who live in it). Experiential evidence provides distinctive guidance in the form of real world experience. Some examples of data sources and methods for eliciting experiential evidence include: reflective questions, communities of practice, expert panels, team decision making, and other consensus processes.

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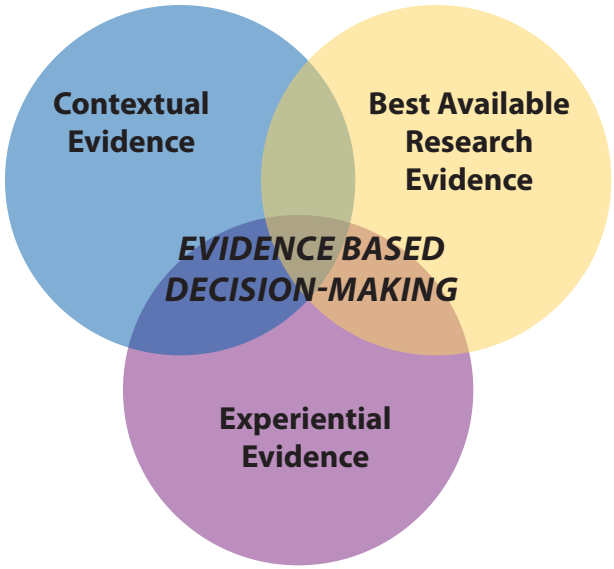
All three of these types of evidence (best available research evidence, contextual evidence, and experiential evidence) have been recognized as being crucial to the success of prevention programs, practices, and policies for many behavioral health problems, including violence.[1,4,5] Evidence-based decision making occurs when the best available research evidence is combined with the contextual and experiential evidence from community data and field-based expertise.

A Framework for Thinking About Evidence



Understanding Evidence is an interactive web resource for public health practitioners, which provides training and tools for integrating all three forms of evidence into prevention decisions. This free, online resource offers practitioners and others working to prevent violence important knowledge and resources for using evidence in their decision-making processes including how to:

1. Define the multiple forms of evidence involved in evidence-based decision making
2. Identify standards of rigor for 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

Visit Understanding Evidence: http://vetoviolence.cdc.gov/evidence.

A guide to understanding best available research evidence (*Understanding Evidence - Part 1 Best Available Research Evidence: A Guide to the Continuum of Evidence of Effectiveness*) is available for download at www.cdc.gov/ViolencePrevention/pdf/Understanding_Evidence-a.pdf. Similar guides for contextual and experiential evidence will also be developed and available in the spring/summer of 2013.

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1 Institute of Medicine- Committee on Quality of Health Care in America. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, D.C.: National Academy Press.

2 Rycroft-Malone, J.,Seers, K., Titchen, A., Kitson, A., Harvey, G., & McCormack, B. (2004). What counts as evidence in evidence-based practice? Journal of Advanced Nursing, 47, 81-90.

3 Brownson, R. C., Fielding, J. E., & Maylahn, C. A. (2009). Evidence-Based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health, 30, 175-201. doi: DOI 10.1146/annurev.publhealth.031308.100134

4 Substance Abuse and Mental Health Services Administration- National Registry of Evidence-Based Programs and Practices. (2008). What is Evidence-Based? Retrieved March 23, 2010 from http://www.nrepp.samhsa.gov/about-evidence.asp

5 American Psychological Association (2005). Report of the 2005 Presidential Task Force on Evidence-Based Practice. Washington, DC: American Psychological Association.

For more information about the Evidence Project, please contact Sally Thigpen at sthigpen@cdc.gov.