Continuum of Evidence of Effectiveness

	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	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
Implement-ation 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 in-formed	Applied studies—same/different settings	Possible applied studies—similar/ different settings

The various areas and dimensions of the Continuum of Evidence of Effectiveness are explained in the accompanying guidance document, *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*, which can be downloaded from www.VETOviolence.org or ordered in hardcopy from www.cdc.gov/injury/publications/index.html.

National Center for Injury Prevention and Control
Division of Violence Prevention

Understanding 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, (e.g. randomized control trials, quasi-experimental designs), the more compelling the research evidence, indicating whether or not a strategy is effectively preventing violence.

While the Best Available Research Evidence is important, it is not the only standard of evidence that is essential in violence prevention work. Two other forms of evidence are also very important when making decisions based on evidence.

Experiential Evidence is based on the professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge.[1]

Contextual Evidence is based on factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community.[2,3,4,5]

These three facets of evidence, while distinct, also overlap and are important and necessary aspects of making evidence-based decisions about violence prevention strategies.

A Framework for Thinking About Evidence

The *Continuum of Evidence of Effectiveness* is a tool that clarifies and defines standards of the **Best Available Research Evidence**.

1. Orleans, Gruman, & Anderson, 1999 (March 4, 1999). Roadmaps for the next frontier: Getting evidence-based behavioral medicine into practice. Paper presented at Society of Behavioral Medicine, San Diego, CA.
2. Canadian Health Services Research Foundation (March, 2004). What counts? Interpreting evidence based decision-making for management and policy.
3. Canadian Health Services Research Foundation (May, 2005). Conceptualizing and combining evidence for health system guidance.
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. Victora, C., Habicht, J. P., & Bryce, J. (2004). Evidence-based public health: Moving beyond randomized trials. *American Journal of Public Health*, 94, 400-405.