

**ADAPT Substance Use Prevention
Technical Webinar Series**

**Understanding Evidence for
Substance Use Prevention**

Sally Thigpen, MPA

Division of Injury Prevention
National Center for Injury
Prevention and Control

Natalie Wilkins, PhD

Division of Adolescent and School
Health, National Center for HIV/AIDS,
Viral Hepatitis, STD, and TB Prevention



RESOURCE SUPPLEMENT

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ADAPT: A Division for Advancing Prevention & Treatment

Mission

ADAPT is a division within the Center for Drug Policy and Prevention at the University of Baltimore. The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into communities.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention practices within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings and technical webinars to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.




Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of Best Practices in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability

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For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.

Platform	Direct Link
	Like our Facebook page today: https://www.facebook.com/ADAPT-100681361632663/
	Follow our LinkedIn Company page for the latest insights and updates: https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment
	Subscribe to our YouTube channel for informative video content! https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

For more information, email us at adapt@wb.hidta.org.

To be notified of upcoming webinars, products, and events, subscribe [here!](#)

ADAPT Upcoming Events

Concept Addressed	Previous & Upcoming Technical Webinars	Date
Program Planning	Program Planning Fundamentals	2/18/21 Archived on YouTube
Program Evaluation	Program Evaluation: Getting to Outcomes	3/4/21 Archived on YouTube
Risk Factors	Interventions to Reduce Risk Factors for Substance Use	3/23/21 Archived on YouTube
Protective Factors	Interventions to Promote Protective Factors for Substance Use	4/8/21 Archived on YouTube
Persuasive Messaging	Persuasive Message Strategies in Substance Use Prevention	5/6/21 Archived on YouTube
Persuasive Messaging Part II	EQUIP: A Model to Guide You in Constructing Persuasive Prevention Messages	6/3/21 Archived on YouTube
Value Analysis	The Value of Prevention: Demystifying the Cost-Benefit Analysis	6/15/21 Archived on YouTube
Appraising Evidence	Understanding Emerging, Promising, & Best Prevention Practices	6/23/21 Archived on YouTube
What Works in Prevention	What Works (and Doesn't) in Drug Prevention	7/14/21 3:30 - 5:00pm EST
Youth Engagement	Ways of Being with Youth	Fall 2021

Announcing the
**Evidence Based Practice
Spotlight** series.



SCOPE of Pain

A curriculum designed to help providers safely and effectively manage patients with acute and/or chronic pain, when appropriate, with opioid analgesics.

July 15, 2021

2:30-4:00pm EST

Registration coming soon!





National Prevention Science Coalition

to improve lives

The National Prevention Science Coalition to Improve Lives (NPSC) was formed as a vehicle to facilitate the use of prevention science findings and evidence-based practices to improve social conditions that otherwise contribute to poor mental, behavioral and physical health. The NPSC is composed of over 700 scientists (representing over 75 universities and organizations), educators, clinicians, practitioners, communications specialists, policymakers and advocates. Domains of interest include inequalities and disparities, mental health, substance misuse, poverty, juvenile justice, child development and welfare, violence, and police-community relations, just to name a few.

Over the past 30 years, prevention science has identified key environmental and social factors that harm health and wellbeing, along with several programs, practices, and policies shown to reduce harm. The Institute of Medicine issued a report in 2009 about what prevention science has achieved. It noted that society now has the knowledge to ensure that virtually every young person arrives at adulthood with the skills, interests, values, and health habits they need to lead productive lives in caring relationships with others. We formed the NPSC to help convey this knowledge to the public and policy arenas.

Effective strategies for preventing behavioral and health problems come from the accumulated research about the risk factors that lead to problems, and the protective factors that prevent them. Prominent among these risk factors are deleterious environmental conditions such as poverty, economic inequality, and discrimination, conditions that increase stress, conflict, and coercive relationships. Neuroscience, epigenetics and behavioral science converge in showing that stress and conflict contribute to the development of most of the psychological and behavioral problems that reduce quality of life and contribute directly to inflammatory processes that lead to poor health and premature death.

With this knowledge, prevention scientists developed programs and policies to prevent multiple problems. At least 16 family-based programs have been shown to significantly improve the quality of family life and prevent many problems (e.g., antisocial behavior, anxiety, depression, alcohol and other substance misuse, risky sexual behavior, school absences, and academic performance). Numerous tested and effective school-based interventions can prevent multiple problems, from early childhood into adulthood. In addition, more than 40 policies have proven benefits in increasing families' economic and social stability.

Extensive analyses of the costs and benefits of these programs indicate that most cost far less than reactive approaches and they save in reduced healthcare, criminal justice, and educational costs, and in increased income to recipients. And perhaps of greatest importance is the potential for the principles that underlie effective interventions, once infused into our mindsets and daily practices, to have an enduring impact on subsequent generations.

We know the science exists to improve lives on a population level. The challenge is to make this knowledge accessible to the public, as well as to policymakers and administrators in federal, state, and municipal agencies that can use it to improve public policy. Few are aware of the wealth of rigorous and replicated research findings generated by prevention science. The NPSC is committed to informing policymakers and the public about the need to widely implement effective preventive interventions and fully embrace their principles by applying them in our daily interactions with children and youth.

NPSC Closes the Gaps

NPSC addresses the major obstacles that often discourage policymakers from drawing on prevention science to formulate effective policies. Major barriers include:

- Prevention research is captured in academic journals where findings are presented in technical language. NPSC educates policymakers and the public through briefings, policy papers, op-eds, fact sheets, and other means that report the science in an accessible format;
- The volume and complexity of new research is daunting. NPSC helps policymakers to distill and analyze key research, making it relevant to conditions in the districts they represent or regions over which they have jurisdiction;
- Policy makers often lack access to scientists who can interpret new research on prevention science and

draw connections to public policy. NPSC members include internationally prominent experts on the prevention of many of the most common and costly problems our nation contends with. We make ourselves available to policy makers and their staff for consultation and advice;

- Members of Congress and their staff lack personal relationships with researchers, which studies have found is an impediment to the use of research by policymakers. NPSC works to promote relationships between policy makers and researchers based on mutual trust, respect and responsiveness;
- Research findings often remain in silo'd disciplines such as neuroscience or social psychology. NPSC grants policy makers access to interdisciplinary teams who can draw on various fields of study, analyze the best data, and make recommendations to strengthen specific policy proposals; and
- Policy makers have limited access to objective, non-partisan sources of information and analysis on policy. Policymakers embrace NPSC as a source of nonpartisan information and advice which is transparent, honest, impartial, and free of any preconceived policy agenda.
- There are many settings that present opportunities for “knowledge mobilization”, one of 3 key goals for NPSC. We offer resources, informational materials, and expertise to governing bodies, school districts, community groups and stakeholders, primary care settings, foundations, and others that play a role in the nurturance of our children and youth.

Accomplishments

Since its creation in 2013, the NPSC has made significant progress in advancing the case for prevention. It has:

- Created a coalition of over 700 members and more than 60 nationally prominent organizations to promote prevention. A list of these organizations is available at <http://www.npscoalition.org/affiliations>.
- Formed the Congressional Prevention Policy Caucus to make the science accessible on Capitol Hill.
- Provided training to increase the capacity of NPSC members and scientists to advocate for prevention. We conduct workshops, trainings and resources useful for bridging science and policy.
- Hosted 20 [congressional briefings](#). Topics include school violence, child poverty, prevention of violence against women, childhood poverty, home visiting, police-community relations, budgeting for evidence-based prevention, and the prevention of human trafficking.
- Published numerous essays in outlets such as the *New York Times*, *Huffington Post*, *Baltimore Sun*, *JAMA*, *This View of Life*, and others, plus scholarly papers and books designed to promote greater use of prevention science.
- Provided consultation and technical assistance to the federal Evidence-Based Policy Making Commission and to state and local governments and healthcare and human services agencies regarding implementation of evidence-based prevention.

Strengthening Our Impact

Scientific evidence of what works holds the key to preventing problems that can ruin lives and devastate communities. Prevention science, which aims to eliminate problems before they take root, has the ability to place children and youth on the track to lead productive and healthy lives. The extensive expertise of NPSC members across multiple disciplines enables us to advise foundations and policymakers regarding implementation of effective practices and policies with potential to prevent the entire range of mental and behavioral problems.

For more information, contact:

- Diana Fishbein, Ph.D., Research Faculty at Pennsylvania State University, Director of Translational Neuro-Prevention Research at UNC, and Co-Director of the NPSC. dfishbein@psu.edu
- John Roman, Ph.D., Senior Fellow, Economics, Justice and Society Group at NORC, University of Chicago and Co-Director of the NPSC. roman-john@norc.org

www.npscoalition.org

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National Prevention Science Coalition

to improve lives

WHAT IS PREVENTION SCIENCE?

Summary:

For 50 years, Prevention Science has generated practices that improve countless lives by strengthening the conditions for individuals, families, and communities to thrive. A wide range of effective programs and policies are now available to achieve these results. Strategies have been identified that fully support widespread scale-up, increase effective supports, and foster nurturing environments across all communities. By leveraging the policymaking process, we can ensure that the benefits of these advances reach all communities across our country.

Description:

Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. Prevention science draws from a diverse range of disciplines—including the epidemiological, social, psychological, behavioral, medical, and neurobiological sciences—to understand the determinants of societal, community and individual level problems (e.g., trauma, poverty, maltreatment). A central tenet of prevention science is the promotion of health equity and reduction of disparities by studying how social, economic and racial inequalities and discrimination influence healthy development and wellbeing. For well over 50 years, prevention science has generated practices and policies that have improved countless lives throughout the lifespan by avoiding negative health and social outcomes (e.g., addiction, academic failure, violence, mental illness) and strengthening conditions that enable individuals, families, and communities to thrive.

The policies, programs, and practices generated by the field have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and to promote healthy lifestyles, including:

- 1) Promoting daily physical activity to protect against chronic disease;
- 2) Disrupting pathways to substance use, abuse and addiction across the lifespan;
- 3) Improving academic and behavioral outcomes with the expansion of high-quality childcare and early learning and development, and promoting positive and supportive school environments;
- 4) Enhancing community-wide capacity to attenuate detrimental conditions and increase access to supportive services;
- 5) Increasing resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behavior; and
- 6) Supporting the development of healthy relationships to reduce interpersonal and domestic violence.

Moreover, evidence-based prevention strategies that address systemic and structural inequalities in neighborhoods, educational, and criminal justice practices have been developed and implemented.

The application of well-tested practices, strategies and policies generated by prevention science can lead to substantial cost-savings by investing in upstream strategies to avoid downstream costs. Examples of these investments include programs that prevent drug use in adolescents, reform educational practices, and support families to reduce the financial and human burden to communities. An integrated delivery system of comprehensive evidence-based prevention strategies that crosses many public sectors (e.g. education, child welfare, juvenile justice, health) is most cost-efficient and exerts wide scale benefits. Providing scientifically-based guidance and resources to legislative and administrative decision-makers will facilitate the integration of best practices from prevention science into policy.

A wide range of effective, well-tested programs and policies are available to achieve these results. Moreover, the field continues to harness the potential for prevention science to improve lives on a population level by further expanding upon the evidence-base. The impact on individual lives, systems (e.g., schools, child welfare), communities, and society can increase exponentially with additional investment of resources and systems to support the development, evaluation, and implementation of evidence-based programs and policies.

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

Weblinks

1. The National Prevention Science Coalition to Improve Lives (NPSC)

www.npscoalition.org

The NPSC envisions a society that fosters nurturing environments and caring relationships for the well-being of all. This page highlights the evidence-based productions and projects used to protect individuals and their societies, including recent publications and congressional briefings.

2. The Impact Center at the Frank Porter Graham (FPG) Child Development Institute

<https://impact.fpg.unc.edu>

The Impact Center at the University of North Carolina at Chapel Hill focuses on how effective prevention strategies are implemented to improve the wellbeing of individuals up to large scale communities. The three focus areas include Implementation Support, Quality and Outcome Monitoring, and Media and Networking.

3. Program for Translational Research on Adversity and Neurodevelopment

www.p-tran.com

The Program for Translational Research on Adversity and Neurodevelopment at Pennsylvania State University uses a neuroscientific approach to understand, and therefore prevent, behavioral health issues. The goal of this program is to utilize applied research to impact child development, families, and communities.

4. The Coalition for the Promotion of Behavioral Health

<https://www.coalitionforbehavioralhealth.org/training-modules/>

The Coalition for the Promotion of Behavioral Health offers four different training modules for students, professionals, and the public created by coalition members. These include: 1) Introduction to Prevention Theory and Concepts, 2) Direct Practice in Prevention, 3) Community Prevention Practice, and 4) Policy Prevention Practice.

5. Life Skills Training Shields Teens From Prescription Opioid Misuse

<https://archives.drugabuse.gov/news-events/nida-notes/2015/12/life-skills-training-shields-teens-prescription-opioid-misuse>

This article summarizes three interventions given to 7th grade students from the PROSPER prevention program (or PROMoting School-community-university Partnerships to Enhance Resilience): 1) Life Skills Training, 2) All Starts, and 3) Project Alert. This overview outlines findings from a four-year follow up, notably a decrease in the use of drugs and/or alcohol.

Substance Use Prevention Fundamentals Webinar

Understanding Evidence for Substance Use Prevention

Sally Thigpen, MPA

Division of Injury Prevention
National Center for Injury Prevention and Control

Natalie Wilkins, PhD

Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



Housekeeping

Copy of TEST of Program Plan

https://gotowebcasts.com/Viewers/event_pp?e=1434231&sp_key=d204c73419

ADAPT
A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION

Community Engagement for HIDTA Prevention

New England HIDTA (Stephanie Thompson & Jack Foster)
West Texas HIDTA (Mary Ellen Hernandez)
San Diego and Imperial Valley HIDTA (Aimee Hendle)
The ADAPT Team

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ADAPT: adapt@wb.hidta.org

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Sally Thigpen, MPA
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Natalie Wilkins, PhD
Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



What does “Evidence- Based” mean to you?





Framework for Thinking About Evidence



Framework for Thinking About Evidence

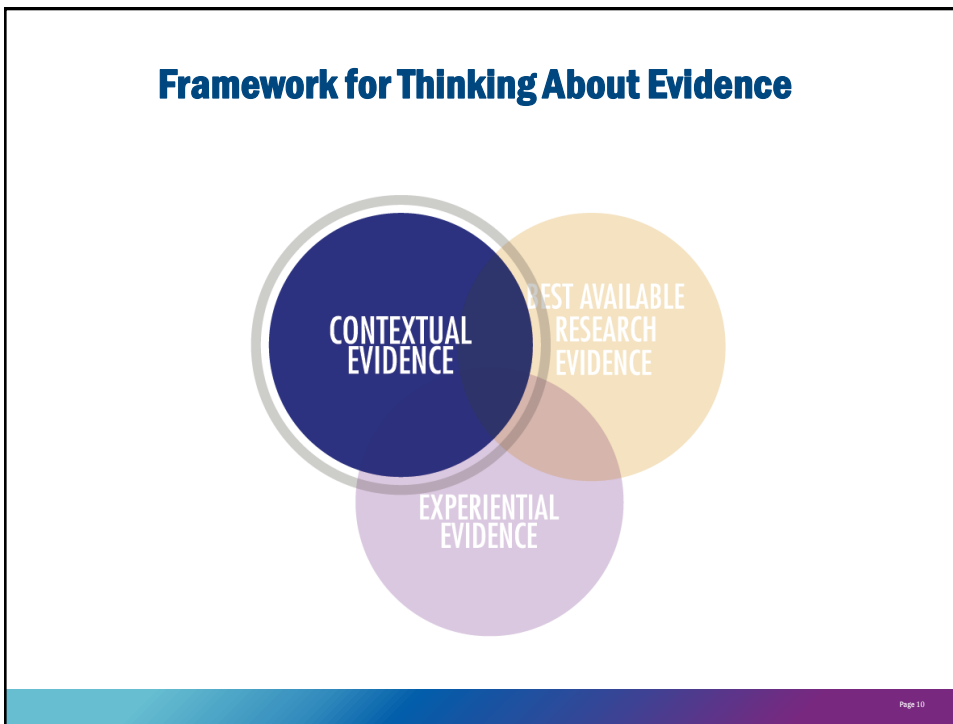
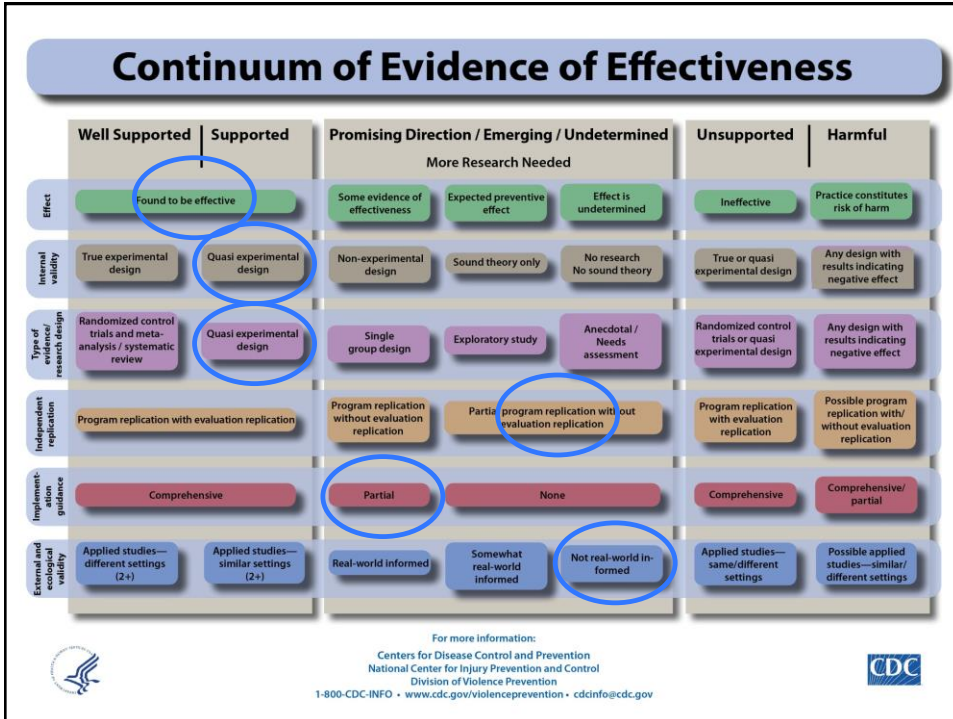


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Questions BARE Can Help Answer

- **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 studied? **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?

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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

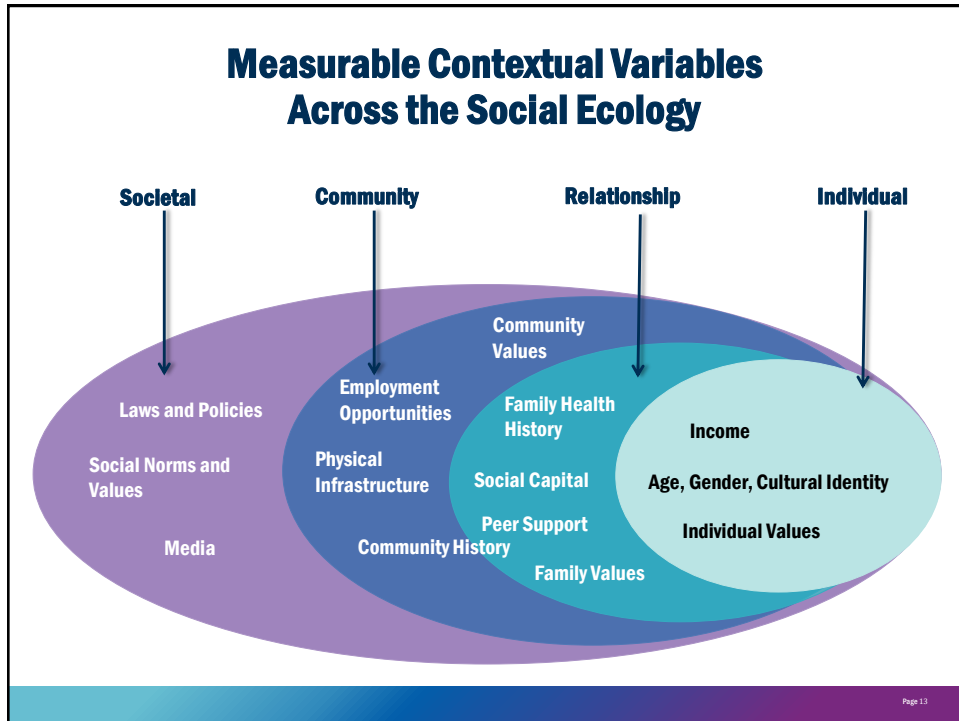


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Questions Contextual Evidence Can Help Answer

- **Does the community have the resources and/or capacity to implement the prevention strategy effectively?**
- **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?**

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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



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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.



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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?

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How do you Measure Experiential Evidence?

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



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

- ✓ **Gather**
- ✓ **Interpret**
- ✓ **Apply**

- **Defined Process**
- **Skilled Leadership & Facilitation**
- **Transparency**
- **Inclusiveness/Participation**
- **Openness/Explicitness**



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Understanding Evidence

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

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Understanding
EVIDENCE

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LOG IN

HOME ABOUT TRAINING RESOURCES CONTINUUM

EXPERIENCE

resources to help you gather your evidence, or use the Continuum to discover the evidence behind an existing program, practice, or policy.

TRAINING
Explore three different types of evidence (research, contextual, and experiential) while earning continuing education credits.

RESOURCES
Discover ways to find the best available research evidence and ways of collecting contextual and experiential evidence.

CONTINUUM
Gauge the research strength behind a program, practice, or policy you are considering for your community.

START TRAINING VIEW RESOURCES USE TOOL

“ We must take action to prevent violence. And that action must be informed by our best science as well as the experiences of people and organizations working on the front lines. ”
- Dr. James A. Mercy, Director, Division of Violence Prevention, Centers for Disease Control and Prevention

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.

Use the arrows on the left and right side

RESOURCE CENTER

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Understanding EVIDENCE

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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**

VIDEOS
CASE STUDIES
MODULE

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 needs. The more rigorous a study's research design, the more compelling the research evidence, including whether or not a program, practice, or policy is efficiently preventing violence.

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.

What is the framework for thinking about evidence?

The framework includes contributions from researchers and practitioners to provide a more comprehensive view of evidence that a practitioner or decision-maker is making, the framework that complex...

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
- Ethical
- 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/assessment, 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.

"When a group is considering taking on a new, evidence-based or evidence-informed strategy, we always have to take a close look at the staff and resources they have on hand. We also recommend they collect information on their community's needs and assess that could affect the success of any new strategy."
— Valerie Spivey Collins, MS Ed, PhD, RHC, Training & Technical Assistance Supervisor, PREVENT National Resource Center

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 organization 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?

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, understanding, 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" experience 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.

"People already know within themselves what the problem is ... what it is they need... So I think the bottom line is being open-minded to what you're going to receive from the people."
— Angelina Lee, Case Manager, Johns Hopkins Center for American Indian Health

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 appeal to stakeholders and participants?
- What common goals do the stakeholders have around this issue?
- From the experiences and knowledge of stakeholders, how well matched are those goals to the program, practice, or policies based on the best available research evidence?

Understanding EVIDENCE

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

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GET STARTED > LEARNING MODULES | RESOURCE CENTER | CONTINUUM

BEST AVAILABLE RESEARCH EVIDENCE

if you know how to recognize the strength of the research evidence across key dimensions, you will be better prepared to determine whether or not a prevention program, practice, or policy is actually achieving its intended outcomes.

EXPERIENTIAL EVIDENCE >
CONTEXTUAL EVIDENCE >
CONCLUSION >

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 Best Available Research Evidence Module Summary here.

[VIEW MODULE SUMMARY >](#)

"You have to go the literature, you want to look for studies, you want to weight studies more heavily if they used rigorous designs, randomized trials, and so forth. The nice thing is, now there are a number of rating systems, really organizations around the country that have rating systems and they rate all sorts of programs on whether they're effective."

— David Whitzler, Professor of Public Health at Georgia State University

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

INTRODUCTION | BEST AVAILABLE RESEARCH EVIDENCE | EXPERIMENTAL EVIDENCE | CONTEXTUAL EVIDENCE

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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 positive effect	Effect is undetermined	Ineffective Predictor correlates risk of harm
Methodological quality	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 of design	Randomized control trials and meta-analysis / systematic review	Quasi-experimental design	Single group design	Exploratory study	Anecdotal / News assessment	Randomized control trials or quasi-experimental design Any design with results indicating negative effect
Level of 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 evaluation replication
Implementation guidance	Comprehensive		Partial	None	Comprehensive	Comprehensive / partial
Extent of 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 - similar client settings Possible applied studies - similar / different settings

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

Yes No

NEXT

ASSESSMENT Question

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

- A purveyor/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

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.

Yes No

NEXT

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CONTINUUM of EVIDENCE OF EFFECTIVENESS

How does your strategy map onto the Continuum?

Research is constantly emerging & 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	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 / evaluation replication
Implementation fidelity/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


How does your strategy map onto the Continuum?

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START ASSESSMENT

continuum results for:

INTERNAL VALIDITY



Daniel Whitaker, PhD
Professor, Health, Behavior, and Society Program, Johns Hopkins University

non-experimental design

Relative to experimental and quasi-experimental designs, non-experimental studies are the weakest of the three in terms of internal validity. Even though these designs are not as rigorous as true and quasi-experiments, they may still be based on sound theory and include some empirical aspects geared toward internal validity. Studies that are non-experimental do not have a control/comparison group or multiple measurement points making it difficult to attribute observed changes to the program. An example of a non-experimental study would be one with a single (treatment) group and a pre-post test or a post test only.

RELATED RESOURCES:

Internal Validity 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.

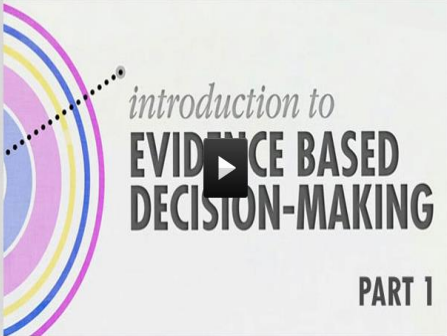
RESOURCE LINKS

- Community-Campus Partnerships for Health ccep.info
- The Community Toolbox http://ctb.ku.edu/en/dotework/tools_tk_12.aspx
- CDC's Framework for Program Evaluation <http://www.cdc.gov/eval/framework/index.htm>
- The American Evaluation Association <http://www.eval.org/p/cm/ld/fid=108>
- Innovation Network http://www.innnet.org/index.php?section_id=4&contentid=16

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introduction to
**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.

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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.

Juliette Mackin, PhD
Senior Research Associate
NPC Research

00:00 / 00:21




Introduction to EVIDENCE BASED DECISION-MAKING
PART 1

Introduction to EVIDENCE BASED DECISION-MAKING

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WHAT'S NEXT:

considerations & resources

INTRO
B.A.R.E.
EXPERIENTIAL
CONTEXTUAL
CONCLUSION

Anna Curtis
acurtis@boisyranchi.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

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
 - 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 1

CHILD MALTREATMENT

home visitation


evidence-based strategy

HOSPITAL

CENSUS TRACT INFORMATION

SCHOOL

LAW ENFORCEMENT



low incomes

high unemployment

social isolation

family conflict

depression

high number of liquor stores

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GLOSSARY

Acceptability
The extent to which the stakeholders find the strategy satisfactory or agreeable (<http://www.ojp.usdoj.gov/BJA/evaluation/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.sdrq.org/dtresource/Communit%20Assessment%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/>) [↗](#).

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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 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.

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This site will... based decisi... about ways to prevent violence in your... community. [Make sure to answer Knowledge Check](#) modules. infographics, and summary documents you can take with you. [Go Now](#)

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RESOURCE CENTER

TOOLS for SUCCESS

Welcome to the Evidence Resource Center. The resources and tools below will help you on your evidence based decision-making journey.

Video Title Here

VIDEOS | CASE STUDIES | MODULE SUMMARIES

RESOURCES | GLOSSARY | BONUS MATERIALS

CDC

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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

CONTINUUM

WHAT'S NEXT

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.

Thank you!

Acknowledgements

Helen Singer, MPH

Rich Puddy, PhD

Contact

Sally Thigpen

sti9@cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention."



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Questions?

adapt@wb.hidta.org



Understanding Evidence in Substance Use Prevention: Resources Recommended by the Presenters

Resource
<p>Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness.</p> <ul style="list-style-type: none">• https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf
<p>Veto Violence</p> <ul style="list-style-type: none">• https://vetoviolenecdc.gov/
<p>Registries of Evidence-Based Programs</p> <ul style="list-style-type: none">• Blueprints for Healthy Youth Development, https://www.blueprintsprograms.org/• CASEL for Social-Emotional Learning, https://pg.casel.org/• Athena Forum’s Best Practices Toolkit, https://www.theathenaforum.org/best_practices_toolkit

Understanding Evidence for Substance Use Prevention

Additional Web Resources

Organization	Resources
Centers for Disease Control and Prevention (CDC)	Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices (CDC) - https://www.cdc.gov/pcd/issues/2013/13_0186.htm#1
Substance Abuse and Mental Health Services Administration (SAMHSA)	Finding Evidence-based Programs and Practices - https://www.samhsa.gov/sites/default/files/20190719-samhsa-finding_evidence-based-programs-practices.pdf
Washington State Institute for Public Policy (WSIPP)	Benefit-Costs Results for Public Health & Prevention - https://www.wsipp.wa.gov/BenefitCost?topicId=9
The Pew Charitable Trusts	Results First Clearinghouse Database - https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database