

This document describes the governance, content and process requirements for evidence summaries for health promotion and disease prevention interventions. A template for evidence summaries is also provided.

Overview

This document should be used in conjunction with [Making decisions about interventions: A guide for evidence-informed policy and practice](#) and [How to search for evidence of intervention effectiveness and cost effectiveness](#). These documents are available at:

www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_tools.htm.

These guidelines are for evidence summary authors from the Prevention and Population Health Branch (PPH) of the Department of Health (DH). However, with revisions to membership of governance mechanisms, these guidelines could easily be used by authors from other government departments or organisations.

What is an evidence summary?

An evidence summary is defined as a short summary of the best available evidence on a defined question, with consideration of implications for further research. It aims to help policy makers use the best available evidence in their decision-making about interventions. These evidence summaries are written within government with the input of content experts.

Audience for evidence summaries

The audience for these evidence summaries are policy makers in health promotion and disease prevention. This could include government departments (for example, Department of Health, Department of Education and Early Childhood Development) or other organisations (for example, VicHealth, community health services, local government).

Availability of evidence summaries

All completed evidence summaries are available on the Health Promotion website www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_effectiveness.htm.

Governance

The process for development of evidence summaries is guided by governance and accountability mechanisms that include:

- an evidence summary advisory group
- content advisors
- sign-off requirements.

Evidence Summary Advisory Group

Purpose	<ul style="list-style-type: none">• To advise on the process of development and dissemination of specific evidence summaries
Frequency of meetings	4–6 weekly
Membership	<ul style="list-style-type: none">• Manager, Evidence & Evaluation – Chair• Senior advisor or delegate from relevant Branch units• Relevant policy and program area representatives, including the officer taking primary responsibility for writing the evidence summary• Other DH program area representatives where relevant• Content area expert (for example, State Public Health Nutritionist for nutrition-related summaries)• Representative of Regional Public Health Managers

Content advisors

Purpose	To advise on the evidence used to develop the content of the summaries
Frequency of meetings	As needed (most work can be done via email and review of drafts)
Membership	Dependent on topic, but could include: <ul style="list-style-type: none">• Policy/Project Officers, PPH• Senior Public Health Advisor or delegate• State Public Health Nutritionist• Health Intelligence Unit delegate• External experts as required• Regional Health Promotion Officer(s)

Sign-off of individual evidence summaries

Evidence summaries must be approved by the Manager of the program area for the specific summary and the Manager, Evidence and Evaluation, or higher on the recommendation of the Evidence Summary Advisory Group.

Content and process

Authors of evidence summaries should follow the steps in Figure 1, which are explained more fully below.

Figure 1 Eight steps for writing an evidence summary

- 1 Define the question.
- 2 Provide a justification for the evidence summary.
- 3 Specify the inclusion criteria.
- 4 Search for studies.
- 5 Review the studies.
- 6 Assess the intervention/s against the relevant criteria.
- 7 Consider the research gaps.
- 8 Find appropriate case studies.

Defining the question

Define the question as:

Is [intervention] effective in the promotion and/or prevention of [risk factor and/or disease]?

or

Is [intervention] cost-effective in the promotion and/or prevention of [risk factor and/or disease]?

or

What approaches work to promote and/or prevent [risk factor and/or disease] in [population]?

Justification for the evidence summary

Use surveillance and causation data to justify why change is needed in this particular area. For example, if your question is looking at interventions to increase fruit and vegetable consumption in adults:

- Victorian Population Health Survey data will show trends and current prevalence of fruit and vegetable consumption in adults. See <www.health.vic.gov.au/healthstatus/index.htm>.
- Victorian or Australian Burden of Disease data will show the diseases for which low fruit and vegetable consumption is a proven risk factor. See <www.health.vic.gov.au/healthstatus/index.htm>.

Inclusion criteria

Specifying the inclusion criteria will help guide your search for evidence and also help in formulating and revising the question. For each question try to specify the following:

- population
- interventions
- comparisons (for example, no intervention, other programs, treatment programs)
- outcomes
- study types (for example, systematic reviews, economic evaluations).

For help with specifying inclusion criteria, refer to *How to search for evidence of intervention effectiveness and cost-effectiveness*. You should also specify any exclusion criteria used, if any (for example, studies published before 2000).

Search strategy

Start first with good quality, high-level **summaries of systematic reviews** and other evidence conducted by respected bodies (for example, NICE Public Health Guidance

<http://guidance.nice.org.uk/Type/PHG/Published>; The Guide to Community Preventive Services (www.thecommunityguide.org/index.html). Your program team may be aware of relevant evidence syntheses or summaries of systematic reviews. You can also ask the library to help. If you're unsure whether a pre-existing synthesis is of 'good quality', seek the advice of the Evidence and Evaluation team and your program area team.

If recent, sound, relevant material of this type is identified, further searching may not be required. You may also use one of the Prevention and Population Health Branch's own **rapid reviews** as a source of evidence for an evidence summary.

If there is no existing evidence summary or rapid review – or the topic needs further clarification or update – search for **systematic reviews** or **meta-analyses**. Systematic reviews are characterised by explicit inclusion criteria, search strategies and methods. They may or may not include a quantitative synthesis of the results of the primary studies (a technique known as meta-analysis). Websites to find systematic reviews are listed in *How to search for evidence of intervention effectiveness and cost-effectiveness*.

If nothing is found, the search strategy needs to be broadened to go progressively down the levels of evidence. See, for example, Table 2 in *Making decisions about interventions: A guide for evidence-informed policy and practice*. This should be done in consultation with the Evidence and Evaluation team.

Evidence of effectiveness should be supplemented with **economic evaluations** (cost-utility, cost-effectiveness or cost-benefit) where available. Websites to find these are listed in *How to search for evidence of intervention effectiveness and cost-effectiveness*. Results from the *Assessing Cost-Effectiveness in Prevention (ACE-Prevention) project* (www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_ace_prevention.htm) may also be helpful and are applicable to the Australian context. The Evidence and Evaluation team can provide more information and help with interpreting the methods and results.

When summarising the resources searched, specify the date and/or issue last searched and search terms used – this allows quality assurance checks and informs future updates of the evidence summary.

Assess the literature found against the inclusion criteria for your evidence summary. If in doubt, seek a second opinion from the Evidence and Evaluation team.

Finally, enter all included references in a bibliographic database, such as EndNote. (Access to EndNote software can be obtained via DH IT Services with approval from your manager.)

Reviewing the studies

Read the studies and reports. It may be useful to prepare summaries of the results of the included studies, though this can be time consuming. All included systematic reviews should be summarised in a table to aid future evidence summaries. (The Evidence and Evaluation team can provide a template for this.) Include the reference and a description of the study with reference to the inclusion criteria, noting details of the participants, intervention(s), comparisons, outcomes and study types. When reporting results, make sure to also include details about what didn't work and what worked but only under certain conditions.

Sometimes research can be biased if it is sponsored by vested interests. If this is obvious, include a statement about the funding source.

Seek the help of the content advisors to review the results and list of included studies.

Assessing interventions

The following criteria should be used when assessing interventions:

- strength of evidence

- impact on health inequalities
- feasibility
- acceptability to stakeholders
- sustainability
- potential for side-effects
- reach.

This step is optional – though recommended – as the information it provides will help guide future implementation.

Use *Making decisions about health promotion and disease prevention interventions for policy and practice* to help you with this, including definitions of the above criteria. The assessment can be presented in a table. For strength of evidence, seek the help of a researcher (if needed).

Assessment against some of these criteria is usually subjective and it is best if these assessments are done with the input of colleagues and/or content experts.

Research gaps

Consider what the included studies identify as a research need.

Identify any study types, population groups and so on that were missing from the studies found in your search.

Is there research on impact on health inequalities?

Are all of the health promotion intervention types covered by the research (for example, social marketing, healthy public policy and so on)?

Case studies

Case studies are optional, but can be very helpful for practitioners and policy makers. Choose case studies that align with the evidence presented and, where possible, have accompanying resources to aid implementation.

Consultation

Consider who is to be consulted and how. The Evidence Summary Advisory Group should have input into this.

Dissemination

If required, a dissemination strategy can be prepared by the primary author in consultation with the Evidence and Evaluation team or the Evidence Summary Advisory Group.

Review

Specify a date for a formal review and update of the evidence summary that is not less than two years from the first publication. This could be recorded on the summary itself or elsewhere for internal use.

Document format and writing style

The document template set out below should be used, with additional subheadings as required.

The style of language used needs to be accessible to policy makers and practitioners. Authors should follow the *Department of Health writing style guide* and avoid scientific jargon.

All completed evidence summaries should undergo professional editing before dissemination.

Template for evidence summaries

Title [health main heading]

An evidence summary [health subheading]

At the beginning of the summary, include the statement:

This document summarises current evidence on [state the question], with implications for future research.

1 Why change is needed [or] The case for action [heading 1]

Include several brief statements that show why change is needed. Consider citing Victorian state surveys (for example, Victorian Population Health Survey, Victorian Child Health and Wellbeing Survey) and burden of disease data to show the size of the problem and why it is important.

2 Review question(s) [heading 1]

State the review question(s).

3 Methods [heading 1]

Start with the statement:

Department of Health evidence summaries use the best available evidence of intervention effectiveness. Full details of the methods are given in the *Guidelines for evidence summaries for health promotion and disease prevention interventions* available at www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_tools.htm.

Inclusion criteria for studies [heading 2]

Specify the inclusion criteria for studies in a table with the headings: population, interventions, comparisons, outcomes and study types.

Search strategy [heading 2]

Specify the search strategy, including resources searched and search terms.

Specify the date last searched (this will allow updating of the summary). For example:

These searches were current as at [month and year].

4 Results [heading 1]

Summarise how many studies of each type were used for the evidence summary (for example, how many systematic reviews and how many economic evaluations, if any). Include references.

5 The evidence [heading 1]

This is the answer to the question. Start with a statement that shows the level and quantity of evidence you found to answer the question. Cite all of the references that meet your inclusion criteria.

Summarise the evidence of effectiveness and cost-effectiveness in dot points. Include the best available reference(s) for each point in terms of strength of evidence. Also clearly state what didn't work. Use a separate heading for this if relevant.

Consider splitting the evidence into sections according to population groups, settings, determinants, risk factors and/or intervention types – whatever works best for the evidence you have and the messages you wish to convey.

If possible, summarise what is involved in the intervention in terms of frequency, duration, delivery method, participants (including age) and so on. This will help for implementation, though it may be difficult to do if more than one intervention type is being considered.

6 Case studies [heading 1]

Case studies are optional, but very helpful for practitioners and policy makers. Include no more than two relevant case studies. Include references where available and state clearly the level of evidence or study design used to show the effectiveness of the intervention. Links to resources for the specific program are recommended.

7 Research gaps [heading 1]

Summarise research gaps using dot points.

8 References [heading 1]

Only include references that meet the inclusion criteria and/or that are cited in the text. Use the Vancouver system of referencing. The Evidence and Evaluation team can provide you with an EndNote style file that specifies the department's style for referencing in evidence summaries.

[to be included on the final page of the document:]

Acknowledgements: [List contributors other than the author(s), for example, members of the Evidence Summary Advisory Group, experts that have been consulted]

Date this summary was last updated: [insert date]

Suggested citation for this evidence summary:

[List the author(s)]. [Title (for example, *Community engagement*)]. *An evidence summary*. Melbourne: Prevention and Population Health Branch, Victorian Government Department of Health; 2011.

For further information please contact:

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[include full contact details]

This summary along with others in the series are available electronically at:
<www.health.vic.gov.au/healthpromotion/evidence_evaluation/index.htm>.

Further information

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Availability of this tool

This document is also available in PDF format on the internet at:

<www.health.vic.gov.au/health_promotion/evidence_evaluation/cdp_tools.htm>.

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