In reviewing the body of evidence for any particular intervention, the Task Force on Community Services uses a variety of qualitative and quantitative factors to assess the strength of the evidence which is then translated into a Task Force recommendation.

## Table 1. Assessing the strength of a body of evidence on effectiveness of population-based interventions in the Guide to Community Preventive Services

(Excerpted from: Briss PA, Zaza S, Pappaioanou M, et. al. *Developing an Evidence-Based Guide to Community Preventive Services-Methods*. Am J Prev Med 2000;18(1S).

| Evidence of Effectiveness <sup>a</sup> | Execution-<br>good or<br>fair <sup>b</sup>   | Design<br>Suitability-<br>Greatest,<br>moderate or<br>least | Number of studies  | Consistent <sup>c</sup> | Effect Size d | Expert Opinion <sup>e</sup> |
|--|--|---|--------------------|-------------------------|---------------|-----------------------------|
| Strong                                 | Good   | Greatest  | At least 2         | Yes                     | Sufficient    | Not used                    |
|  | Good   | Greatest or moderate  | At least 5         | Yes                     | Sufficient    | Not used                    |
|  | Good or<br>Fair  | Greatest  | At least 5         | Yes                     | Sufficient    | Not used                    |
|  | Meet design, execution, number and consistency criteria for sufficient but not strong evidence |   |                    |                         | Large         | Not used                    |
| Sufficient                             | Good   | Greatest  | 1                  | Not applicable          | Sufficient    | Not used                    |
|  | Good or<br>Fair  | Greatest or<br>Moderate                                     | At least 3         | Yes                     | Sufficient    | Not used                    |
|  | Good or<br>Fair  | Greatest,<br>Moderate or<br>Least                           | At least 5         | Yes                     | Sufficient    | Not used                    |
| Expert opinion                         | Varies   | Varies  | Various            | Varies                  | Sufficient    | Supports a recommendation   |
| Insufficient                           | A. Insufficient designs or execution   |   | B. Too few studies | C. Inconsistent         | D. Small      | E. Not used                 |

<sup>&</sup>lt;sup>a</sup> The categories are not mutually exclusive; a body of evidence meeting criteria for more than on of these should be categorized in the highest possible category.

<sup>&</sup>lt;sup>b</sup> Studies with limited execution are not used to assess effectiveness

<sup>&</sup>lt;sup>c</sup> Generally consistent in direction and size.

<sup>&</sup>lt;sup>d</sup> Sufficient and large effect sizes are defined on a case-by-case basis and are based on Task Force opinion.

<sup>&</sup>lt;sup>e</sup> Expert opinion will not be routinely used in the Guide but can affect the classification of a body of evidence as shown.

Reasons for determination that evidence is insufficient will be described as follows. A. Insufficient designs or executions, B. Too few studies, C. Inconsistent, D. Effect size too small, E. Expert opinion not used. These categories are not mutually exclusive and one or more of these will occur when a body of evidence fails to meet a criteria for strong or sufficient evidence.