

COMMUNITY EFFECTIVENESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b)community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence Race Occupation Religion Education SES Social capital/ resources	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
<p>The Cochrane Library (www.cochrane.org)</p>	<ul style="list-style-type: none"> ▪ an electronic database summarizing the evidence for efficacy / effectiveness of intervention in health care. ▪ contains a large series of Review Group modules (50) according to diseases/conditions containing systematic reviews of interventions (currently 2796 reviews on the database out of which 1596 are complete reviews and 1200 are protocols) ▪ is published on CD-ROM, 4 issues per year. 	<ul style="list-style-type: none"> ▪ a listing of all controlled trials of the intervention of interest ▪ a meta-analysis producing the best estimates available, of benefits and adverse effects ▪ a qualitative description of the quality of the evidence. ▪ Systematic reviews can: <ol style="list-style-type: none"> a) indicate whether scientific findings are consistent and can be generalized across populations, settings and treatment variations b) indicate whether findings vary significantly by particular subsets c) use explicit methods to limit bias and improve reliability and accuracy of conclusions d) use meta-analysis to increase power and precision of estimates of treatment effects and exposure risks. 	<ul style="list-style-type: none"> ▪ statistical synthesis ▪ epidemiology 	<ul style="list-style-type: none"> ▪ governments (2); ▪ health professionals (4); ▪ health policy makers ▪ district planners (2); ▪ international NGOs (2); ▪ national NGOs (2); ▪ local NGOs (2); ▪ businesses (2) ▪ consumers-Cochrane Consumer Network 	<p>a) the Cochrane library prepares, maintains and promotes the accessibility of reviews of the effects of healthcare interventions but does NOT have any measurement or monitoring component.</p> <p>b) consumer involvement through consumer network and feedback on reviews; this is in line with the community participation pillar of the EG</p> <p>c) There is advocacy through the promotion of the best available evidence on the effects of interventions and treatment posted electronically on the Web.</p>	<ul style="list-style-type: none"> ▪ Consumers review the scope of the Cochrane Reviews to ensure the areas of importance to consumers are included. ▪ Rate:1 	<ul style="list-style-type: none"> ▪ available on CD-ROM and updated quarterly ▪ Also available in paper format. ▪ Summaries are also available on the website. 	<p>-Mainly industrialized countries but also South Africa, Brazil, China, the Philippines, and Thailand.</p>	<p>No explicit mention</p>	<ul style="list-style-type: none"> ▪ many estimates are of efficacy in ideal situations, so effectiveness in a community may be less if compliance, diagnostic accuracy, or coverage is poor. ▪ publication bias can be limited by including only randomized controlled trials in the review. ▪ only limited numbers of less rigorous non-controlled studies are included. 	<ul style="list-style-type: none"> ▪ Limited consideration of equity in majority of reviews ▪ proposed Methods Working Group on Equity may address this limitation

COMMUNITY EFFECTIVENESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b)community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence Race Occupation Religion Education SES Social capital/ resources)	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
Evidence-Based Medicine (www.evidence-basedmedicine.com)	<ul style="list-style-type: none"> ▪ a published and electronic database of best original and review articles on the course, diagnosis, prevention, treatment, quality of care, and economics of diseases in several fields in medicine. ▪ published bimonthly by the American College of Physicians and the British Medical Journal Publish Group. ▪ only articles from predetermined journals that meet the inclusion criteria are reviewed. 	<ul style="list-style-type: none"> ▪ original and review articles of which the results are most likely to be true and useful in internal medicine, general and family practice, surgery, psychiatry, pediatrics, and obstetrics and gynecology. ▪ additional commentaries by experts are given to place the summaries in the proper clinical health care context. 	clinical epidemiology	health professionals/ clinicians (4)	a) NO measurement or monitoring components b) There is a feedback section for comments on content of articles but no mention of consumer or community participation in putting together reviews/articles c) Print and online versions of original editorials and resource reviews	Information presented can be used for needs assessment	Registration is needed for a full-text accessibility	no mention of specific countries(subscription for low-income or low middle-income countries is free)	No explicit mention	<ul style="list-style-type: none"> ▪ Efficacy obtained from original articles is in ideal conditions, which overestimates the community effectiveness. ▪ Publication bias may be a problem since all of the articles are collected from English-language journals 	Limited consideration of equity
NHS Centre for Reviews and Dissemination: DARE	<ul style="list-style-type: none"> ▪ An electronic database that is a resource for information on the effectiveness of healthcare interventions. ▪ DARE is one of the databases in the Cochrane Library. ▪ is published online and updated every month. ▪ DARE is also included in the Cochrane Library CD-ROM. 	Same as the Cochrane Library but the online version of the DARE contains more information than the Cochrane Library.	<ul style="list-style-type: none"> ▪ statistical synthesis ▪ epidemiology 	<ul style="list-style-type: none"> ▪ widely used as accounted for by the many "hits" at the website. ▪ health professionals interested in clinical effectiveness ▪ no specific mention of any groups 	a) no measurement or monitoring component b) anyone can contribute a review if they adhere to guidelines set out by DARE. However, feedback from users is only sought occasionally c) DARE has a mailing list for monthly updates of records added and for advanced notification of changes in content or format.	No explicit mention	Online version is available at the website	<ul style="list-style-type: none"> ▪ mainly the UK. ▪ some non-UK subscribers are part of DARE mailing list 	No explicit mention	<ul style="list-style-type: none"> ▪ effectiveness estimates may be less than the efficacy estimates. ▪ publication bias might exist. 	Limited

COMMUNITY EFFECTIVENESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b)community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence Race Occupation Religion Education SES Social capital/ resources	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
<p>NHS Centre for Reviews and Dissemination: CRD Reports, Effective Health Care Bulletin (EHC) and Effectiveness Matters (EM)</p>	<ul style="list-style-type: none"> ▪ print journals summarizing the effectiveness of health interventions from the results of high-quality systematic reviews. ▪ both EHC and EM are subject to extensive and rigorous peer review. ▪ they are distributed free within England, otherwise, a purchase is needed. ▪ both hard copies and online version are available. 	<ul style="list-style-type: none"> ▪ based on a systematic review and synthesis of research on the clinical effectiveness, ▪ cost-effectiveness and acceptability of health service interventions. ▪ provides updates on the effectiveness of important health interventions for practitioners and decision makers in the NHS 	<p>Epidemiology</p>	<ul style="list-style-type: none"> ▪ health professionals (4); especially within the NHS, Royal Colleges ▪ Health Authorities distribute it to their GPs 	<p>a) NO measurement or monitoring component b) collaboration with relevant health professionals and organizations to promote implementation. c) Dissemination products in the form of reports and series distributed within the NHS. Findings from research are also published as journal articles, etc.</p>	<p>Information presented can be used for needs assessment</p>	<ul style="list-style-type: none"> ▪ subscription is needed for hard copies. ▪ some full texts can be obtained from the website. 	<p>Mainly the UK</p>	<p>No explicit mention</p>	<ul style="list-style-type: none"> ▪ distribution is not worldwide. ▪ effectiveness estimates may not be as good as efficacy estimates due to several factors. 	<p>Limited</p>

COMMUNITY EFFECTIVENESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b)community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence Race Occupation Religion Education SES Social capital/ resources)	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
Bandolier	<ul style="list-style-type: none"> ▪ a print and internet journal that use evidence-based medicine techniques to provide advice about particular treatments or diseases for health care professionals and consumers. ▪ is published monthly. The print version is the premier source of evidence-based information for general practitioners in England. ▪ the internet version provides much more material that does not appear in the print version. 	<ul style="list-style-type: none"> ▪ health care information about evidence of effectiveness that is presented as simple 'bullet-points'. ▪ the content is 'tertiary' publishing, which is distilled from (secondary) reviews of (primary) trials. ▪ information comes from systematic reviews of the literature, from Effectiveness Bulletins from York, from randomized controlled trials and from high quality case-control, cohort, or observational studies 	<ul style="list-style-type: none"> ▪ statistical synthesis ▪ epidemiology 	<ul style="list-style-type: none"> ▪ health professionals (4) ▪ other professionals ▪ bureaucrats ▪ practically anyone 	<p>a. no measurement or monitoring component b. no community involvement b) c) There are print and internet versions of Bandolier; the latter is free and easily accessible.</p>	<p>Information presented can be used for needs assessment</p>	<ul style="list-style-type: none"> ▪ full text is available on the website. ▪ there is also a paper version 	<ul style="list-style-type: none"> ▪ mainly the UK ▪ other versions in Spanish, Norwegian, Korean, French and other languages. 	<p>No explicit mention</p>	<ul style="list-style-type: none"> ▪ might be difficult to understand some statistical terms used in the text. ▪ publication bias may be a problem since the selection of material and content is done by only two persons. 	<p>Limited</p>

COMMUNITY EFFECTIVENESS TOOLS

TOOL	WHAT IS IT?	WHAT INFORMATION DOES IT GIVE? (quantitative or qualitative)	THEORETICAL BASIS	WHO USES IT AND AT WHAT LEVEL? e.g. gov't, health professionals, district planners, NGOs, businesses? Rate from 1= least 4= most useful	EQUITY GAUGE COMPONENTS (a) measuring/monitoring b)community participation c) advocacy	IS NEEDS-ASSESSMENT PART OF THE TOOL (identify how) Rate from 1-4 1=not at all 4=basis of the tool	WHAT IS THE REQUIRED CAPACITY? e.g. human, technical and financial resources	EVIDENCE OF APPLICATION IN VARIOUS CULTURES	IS EQUITY ADDRESSED in terms of PROGRESS? (Place of residence Race Occupation Religion Education SES Social capital/ resources	WHAT ARE THE LIMITATIONS?	WHAT ARE THE LIMITATIONS IN TERMS OF EQUITY?
Aggressive Research Intelligence Facility (ARIF)	a special unit of four people, a collaboration between the Department of Public Health & Epidemiology, the Department of General Practice and the Health Services Management Centre at the University of Birmingham.	<ul style="list-style-type: none"> ▪ a direct access information service answering the question 'Is there a systematic review of research -based evidence which can help me answer a service problem that I am trying to answer on behalf of the organization I work for?' ▪ any information on health can be requested from ARIF and staff will provide answers within 10 days 	clinical epidemiology	health professionals (4)	<ul style="list-style-type: none"> a) NO measurement or monitoring component b) NO community involvement c) NO explicit mention of advocacy 	information presented can be used for needs assessment	local communication with the ARIF staff can be done by phone calls, otherwise via internet.	Mainly the UK (West Midland regions)	No explicit mention	<ul style="list-style-type: none"> ▪ takes time to get the information ▪ limited number of nominated contact. ▪ estimates achieved may be efficacy estimates, which were obtained under ideal conditions, not effectiveness estimates. 	Limited
ACP Journal Club	<ul style="list-style-type: none"> ▪ a published database of structured abstracts and commentaries for articles from more than 100 journals of relevance to internal medicine. ▪ articles selected should involve treatment, prevention, diagnosis, cause, prognosis, or economics of the disorders managed by internists. ▪ is published every other month as a supplement to the Annals of Internal Medicine. 	Abstracts of the original or review articles with important topics for clinical practice in internal medicine are selected and then are reviewed by experts in that field.	Clinical epidemiology	health professionals, mainly specialists in internal medicine (both at the primary care and referred care levels), especially members of the American College of Physicians, for whom it is a membership benefit	<ul style="list-style-type: none"> a)NO measurement or monitoring component b)NO community involvement explicitly mentioned c) summaries are disseminated in a timely fashion to internists and internists-in-training in as large numbers as resources permit 	Information presented can be used for needs assessment	Subscription (membership is required)	Mostly in North America	No explicit mention	Same as Evidence-Based Medicine	Extremely limited consideration of equity