

If We Want More Evidence-Based Practice, We Need More Practice-Based Evidence

**Centering Evidence on Contexts & Processes
As Much as on the Intervention**

**Washington University
October 21, 2009**

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The Language of Population Health & the Rules of Evidence

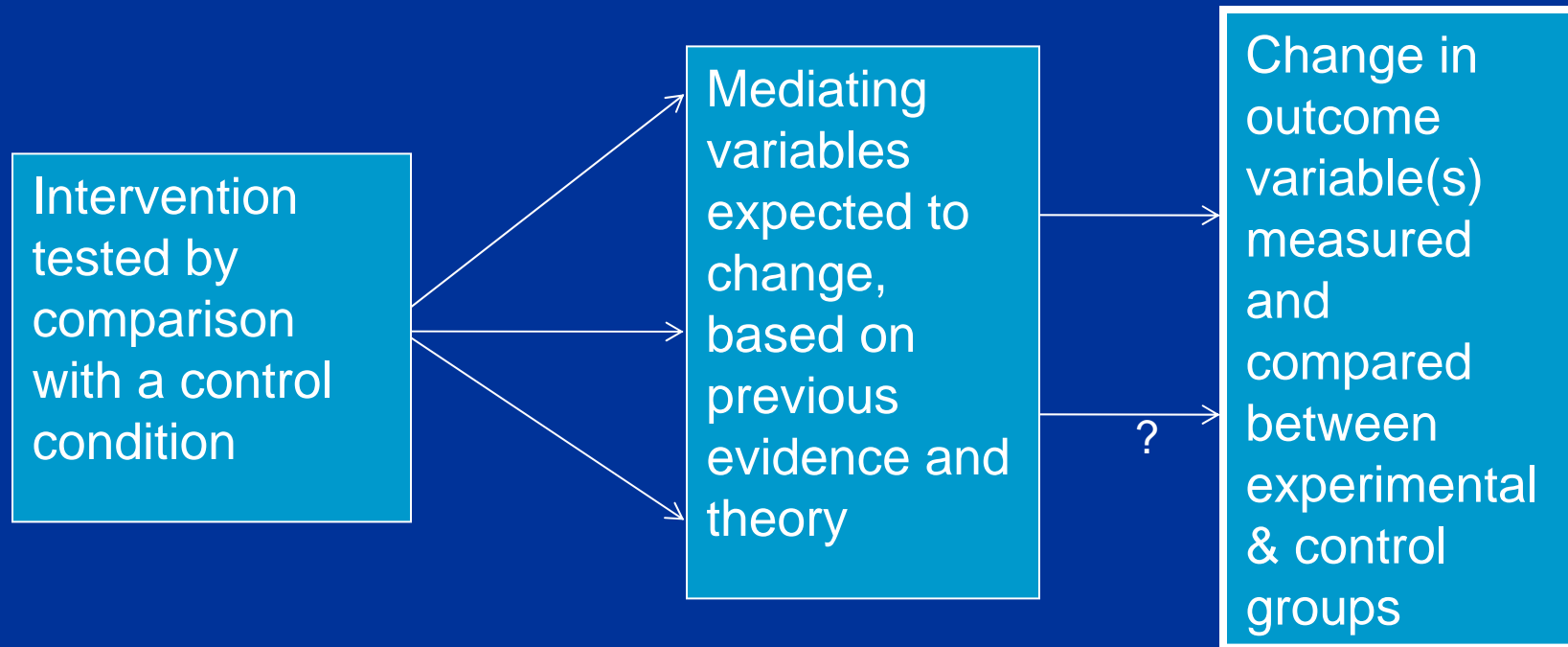
What We Know is Needed

- Comprehensive
- Ecological
- Upstream determinants
- Multi-sectoral intervention
- Participatory
- Adapted to cultures, contexts
- Tailored to individuals
- Professional discretion
- Social justice

What RCTs Seek & Test

- Isolation of independent variable
- Randomizable experimental units
- Proximal, not distal determinants
- Intervention controlled
- Blinded, double-blinded, triple...
- Standardized
- “Fidelity” to the tested form
- Protocol controlled
- Equality, not equity

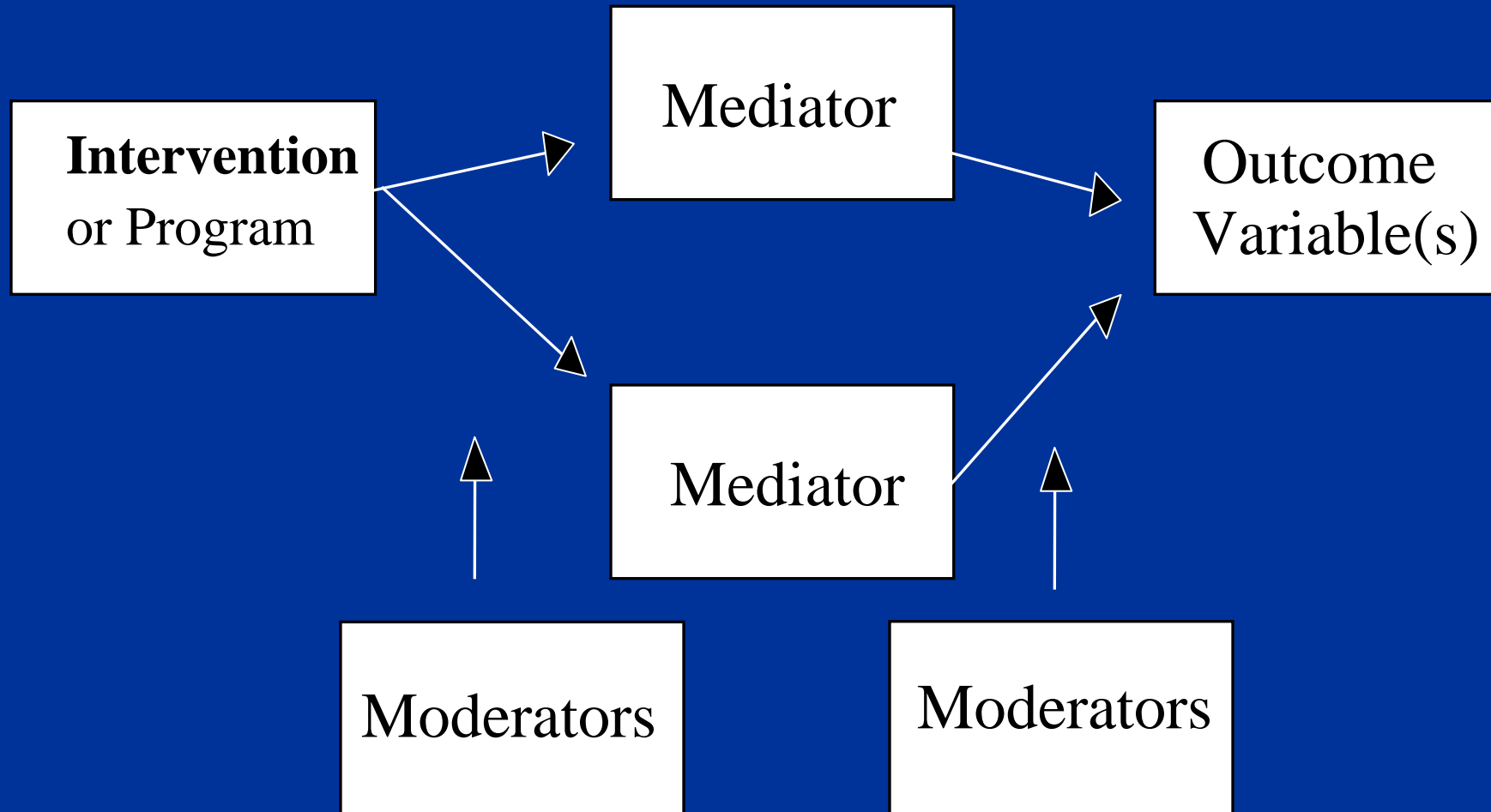
The Prevailing Standard of Evidence: The Randomized Controlled Trial



- Interventions highly standardized.
- Interventions reduced to simplistic form
- Everything else held constant.
- Clients randomized, no choice.
- Interventionists highly trained, restrained & supervised; no discretion.

- Comparison based on average change for each group
- Subgroup analysis discouraged
- Dropouts discounted, ignored
- Cut-off date for outcomes often too soon for change to occur

Mediating and Moderating Variables



Green & Kreuter, *Health Program Planning: An Educational and Ecological Approach*. 4th ed. New York: McGraw-Hill, 2005. Green & Glasgow, *E&HP*, 2006.