

The Ninth Annual Colloquium of the Campbell Collaboration  
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**Better evidence for a better world:  
Conference abstracts**



**THE CAMPBELL COLLABORATION**



## The Ninth Annual Campbell Collaboration Colloquium: Better evidence for a better world

The following represents information submitted as of May 6, 2009. Changes made after this date will be posted on the Campbell Collaboration website with other Colloquium materials after the meetings conclude.

Abstracts are listed alphabetically, by surname of first author.

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**First author:** Angel, Caroline M.

**Title:** *Effects of restorative justice conferences on post-traumatic stress symptoms among robbery and burglary victims: a randomised controlled trial*

**Authors:** Caroline M. Angel, Ph.D., Jerry Lee Program on Randomized Controlled Trials in Restorative Justice at the University of Pennsylvania Lawrence W. Sherman, Ph.D., Jerry Lee Program on Randomized Controlled Trials in Restorative Justice at the University of Pennsylvania and the Jerry Lee Centre of Experimental Criminology, University of Cambridge Heather Strang, Ph.D., Centre for Restorative Justice, Regulatory Institutions Network, Australian National University Sarah Bennett, Ph.D., Jerry Lee Program on Randomized Controlled Trials in Restorative Justice at the University of Pennsylvania Nova Inkpen, Ph.D., Centre for Restorative Justice, Regulatory Institutions Network, Australian National University Anne Keane, Ed.D., University of Pennsylvania School of Nursing Therese Richmond, Ph.D., University of Pennsylvania School of Nursing

**Abstract:** Background Treating undiagnosed post-traumatic stress symptoms (PTSS) in crime victims is a public-health priority. We investigated the efficacy of police-led, face-to-face restorative justice conferences (RJC) in reducing PTSS among adult robbery and burglary victims willing to meet with the criminals who hurt them. Methods This study was embedded in 285 cases from two larger randomised controlled trials (RCTs) conducted in London, UK, as part of multinational prospective meta-analysis that is the subject of a Campbell Collaboration Systematic Review. Each case was assigned to either conventional criminal justice (CJ) proceedings only (n=147) or to those proceedings plus one RJ meeting (n=138). Participants were interviewed for PTSS levels by telephone one month following allocation; post-traumatic stress symptoms were the primary outcome. Blinding was not possible. Eighteen percent (52) of the cases in the primary RCTs were excluded because they had either multiple or juvenile victims. Of the 233 eligible cases, 39 cases randomised to CJ (35%) and 40 cases randomised to RJ (33%) were lost to follow-up. The modified intent-to-treat sample showed no tested differences between treatment groups. Both groups were interviewed at a mean of one month after random assignment. Analyses were based on intent-to-treat, both for main effects and within gender subgroups. Findings Victims assigned to RJC had half the median PTSS scores (6.0, range 2.0-15.0) of victims assigned to CJ (12.0, range 5.0-29.3) (p=0.007; d=0.431). Victims assigned to RJC were one-third less likely to exceed subclinical levels of PTSS than victims assigned to CJ (42% vs. 65%; p=0.004). Effect sizes were larger for women victims, using both median score (d= 0.608, p=0.01) and prevalence of clinical PTSS (RJC = 46%, CJ = 78%), than among male victims, for whom RJC benefits were non-significant. Interpretation Our results show that consenting victims who are assigned to police-led restorative justice conferences with their offenders have substantially lower levels of PTSS at one month than victims who are not. Subgroup analysis suggests that our findings are driven by larger benefits for female victims than for males. Funding Home Office for England and Wales; Metropolitan Police Service; Esmeé Fairbairn Foundation (UK); Jerry Lee Foundation (US)

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**First author:** Abrami, Philip C.

**Title:** *Issues in the conduct and dissemination of rapid reviews of evidence*



**Authors:** Philip C. Abrami, Ph.D., Centre for the Study of Learning and Performance. Concordia University  
C. Anne Wade, MLIS, Centre for the Study of Learning and Performance. Concordia University Robert M.  
Bernard, Ph.D., Centre for the Study of Learning and Performance. Concordia University Robert Slavin,  
Ph.D., Success for All Foundation, Baltimore and Institute for Effective Education, University of York Charles  
Ungerleider, Ph.D., Canadian Council on Learning and the University of British Columbia Mark W. Lipsey,  
Ph.D., Campbell Collaboration and Vanderbilt University

**Abstract:** This symposium will explore the challenges and opportunities in quickly conducting and disseminating rapid reviews of evidence. Abrami and Bernard will present an overview of the issues including scope, complexity, reliability, completeness and bias. Wade will focus on the challenges of rapid reviews from the perspective of information retrieval including a contrast of a comprehensive review protocol versus a rapid review protocol. Slavin will present the review approach underlying the Best Evidence Encyclopedia and the ways to accomplish high quality reviews quickly and at low cost. Ungerleider will explain how and why the Canadian Council on Learning supports Question Scans as a preliminary review; he will also discuss the needs and interests of policy-makers for rapid reviews. Lipsey will explain the Campbell Collaboration's perspective on rapid reviews and reducing the time for a review by increasing the human resources dedicated to them. A guiding principle of a traditional or comprehensive, systematic review is that it must be an accurate reflection of the best available research evidence on a topic. One important feature of a comprehensive review concerns the methodological criteria that must be followed. For example, the care and comprehensiveness of a literature search help insure the review has not ignored research because that research is obscure, dated, unpublished or otherwise difficult to retrieve. The consequences of conducting a careful and comprehensive review are that they are often time consuming and labor intensive to complete. Unfortunately, policy-makers and others outside of academia to whom reviewers wish to provide evidence, neither always wants to wait long periods for review production, for example when issues require timely decisions, nor are always capable of paying the costs of a comprehensive review. A rapid review of evidence is an attempt to deal with the challenges of time and money faced by policy-makers and others who want a quick update on the evidence. A rapid review, scoping review, preliminary review, scanning review, quick and clean review, or basic review are all attempts to provide a portrait of the evidence quickly and often at lower cost than a comprehensive review. There are several ways to accomplish a rapid review. These include: a) using a much larger staff than usual so the comprehensive review can be completed as quickly as possible; b) narrowing the scope of the review so the focus is specific; c) reducing the timeframe of the review so only recent evidence is synthesized; d) examining only readily accessible documents (e.g., published research); e) eliminating or reducing steps in the review process, notably the analysis of substantive, methodological, and publication features to explain variability; f) reviewing only a handful of studies that meet stringent inclusion-exclusion criteria; and g) taking a sample of evidence and reviewing only it. Some biases may be controlled statistically. For example, the file drawer problem may be addressed by computing the fail-safe  $n$ . The use of confidence intervals helps bracket the mean effect size, emphasizing the probabilistic nature of any point estimation. A sample of studies should be drawn randomly not at the reviewer's convenience. And so on. Rapid is not another word for careless. For example, lumping all studies together regardless of their methodological quality is inappropriate for a rapid review. Using study qua

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**First author:** Alumanah, Josephine

**Title:** *Poverty and Access to Justice: A Case for the Well-Being of the Vulnerable*

**Authors:** Josephine Alumanah, Ph.D Department of Sociology/Anthropology University of Nigeria

**Abstract:** Social justice is strongly influenced by social, economic and political factors. According to Akpala (2001: 195), access to justice is hindered by cost, delay and complexity in the system. Crime is a social problem because it provides a risk to the individual citizen and endangers the well being of society (McGee 1980: 61). Cost of litigation in Nigeria is reckoned to be beyond the means of many Nigerians, thus one may be unjustly sentenced without fair trial, which affects people's well-being. The Constitution of the Federal



Republic of Nigeria as well as human rights documents proffered the notion of equality before the law. However, there has been little attention to the human rights impact of development policies and programmes despite the citing of human rights as integral to development. With the notion of human rights, the strengthening of the integrity and capacity of the justice sector is called for in order for security and justice to prevail. The formative, intervention and policy-oriented research was undertaken in Enugu State, Nigeria and addressed timeliness and quality of justice delivery, independence, integrity and accountability of the justice sector institutions, co-ordination among justice sector institutions and the public trust in the judiciary. Available prison statistics indicate that majority of the prison inmates come from among the poor and the illiterate and barely understand their rights nor challenge the violations of their rights (Akpala 2001: 195). On women and children, Ezeilo (2001) opined that this violation of rights is particularly on women and children as “The Nigerian Child is abused and neglected” (p. 97) and that “The reality is that women’s situation makes them very vulnerable in both criminal and civil matters” (p. 107). Many of the awaiting trial cases are held in police cells or prisons. Awaiting Trial Person (ATP) often outnumber convicted prisoners. This Day (Nov. 9, 1999 cited in Hodges 2001: 229) estimated that over 60 per cent of the total prison population of 40,598 in 147 prisons is awaiting trial persons (ATPs). This was collaborated by Akpala (2001: 190) who stated that out of a total number of 883 prison inmates at Enugu prison, awaiting trial population amounted to 554 representing 63 per cent. Ikoyi prisons Lagos was estimated to be as high as 92 per cent. It was reckoned that ATPs stay longer in detention than if they had been convicted of their alleged offences. This leads to overcrowding in prisons where inmates stay under inhuman condition. The qualitative research in Enugu State was undertaken in two local government areas seen and viewed as vulnerable, and it concluded that access to justice particularly for the poor and vulnerable does not actually exist.

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**First author:** Anderson, Laurie M.

**Title:** *Systematic Reviews of Epidemiologic Data on the Global Burden of Cardiovascular Disease*

**Authors:** Laurie M. Anderson PhD, MPH, Lead Scientist, GBD Stroke Systematic Review, Division of Heart Disease & Stroke Prevention, US Centers for Disease Control & Prevention George Mensah, M.D., Head GBD Expert Group on Cardiovascular Disease and Medical Director, National Center for Chronic disease Prevention & Health Promotion, US Centers for Disease Control and Prevention

**Abstract:** The new Global Burden of Diseases, Injuries, and Risk Factors (GBD) study represents the first major effort at a systematic review and revision of estimates in health conditions for every region in the world ([www.globalburden.org](http://www.globalburden.org)). Updating and improving on the methods established in the original study (Murray and Lopez 1996) this work brings together scientists and experts in public health surveillance from around the globe to assess trends in the state of all major diseases, injuries, and risk factors. The work will yield, in a common metric, estimates of morbidity and mortality for regions that collectively span the world's population, generating comparable information on incidence and prevalence in global health. And it will provide information on past, present, and forecasted levels of disease and injury to raise awareness and understanding of the causal factors behind them. Determining the current epidemiology of the span of health conditions – infectious, chronic conditions, and injuries -- is important for several reasons. Disease burden data serve to guide allocation of scarce health resources for prevention and intervention strategies. Comparison with other global populations – low, middle, and high income – elucidates the structural, manpower, and material challenges underlying the unequal distribution of disease burden. Cardiovascular disease ranks among the top causes of disease burden in high and low income countries. For disease prevention strategies to be effective, it is essential to have information on the pattern of disease and exposure to major risk factors that predict future disease in the population. Estimates of the global burden of cardiovascular disease will be produced from systematic reviews of epidemiologic literature from 1980 through 2007 for 21 regions of the world. Results of the systematic review on stroke epidemiology will be highlighted as an example of this effort, including discussion of the systematic review methodology and the results of searching the global stroke literature on incidence, prevalence, case fatality, and mortality. The



uneven distribution of the scientific literature on stroke will be discussed along with implications for future action.

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**First author:** Anttila, Sten

**Title:** *Housing programs and case management for reducing homelessness – a systematic review*

**Authors:** Sten Anttila and co-authors

**Abstract:** Abstract: The primary objective is to assess the effectiveness of various combinations of housing programs and case management (CM) as a means to reduce homelessness and increase residential stability. The review will consider housing programs in which CM is an integrated service within the program or a service that is offered in conjunction with a housing program. Provided that effective combinations can be identified a secondary objective is to assess the cost-effectiveness of the effective alternatives. Preliminary results will be presented based on a sample of already identified studies (n ? 25 RCT & n ? 17 QE). A final report is planned to be published 2009/2010. Authors: Sten Anttila Sweden, Tony Barnett (Australia), Lars Benjaminsen (Denmark), Mats Blid (Sweden), Lars Brännström (Sweden), Siri Jung (Norway), Kevin Marsh (UK), & Siobhan Reilly (UK) The review is a registered C2 title

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**First author:** Azevedo, Joao Pedro

**Title:** *Can Tutoring Improve Student's Performance? Evidence from Experimental and Nonexperimental Designs*

**Authors:** Joao Pedro Azevedo, Ph.D., World Bank

**Abstract:** In many developed and developing countries policy makers are devoting an increasing amount of time on the design of incentives and programs aimed at improving student's performance. This paper sets to evaluate the "Entre Jovens" (EF) program, an after school tutoring in numeracy and literacy skills for students in secondary education in Brazilian public schools. Designed and implemented by a Brazilian NGO (Fundação Unibanco), EJ benefited around 10,000 students in over 70 public schools in 2008. The evaluation was conducted in all three different municipalities that hosted the program in 2008, however given program implementation restrictions, a randomized controlled trial could only be conducted in one of the tree sites. In the remaining two locations the counterfactual schools were selected using a matching algorithm based on pre-program historical data on selected outcomes of interest (i.e. test scores, dropout rates and repetition rates, and class size). Students at the schools that received the intervention and those that did not receive the intervention responded both a pre and post numeracy and literacy standardized test, as well as a socio-economic questionnaire. In addition a monitoring system was put in place to record information on the quality of implementation at the school level, as well as to keep detailed track on the students and tutor attendance on the program. The difference in difference estimate of the school level impact suggests a very small and positive effect (0.01 sd), explained by the relatively low take up rate (around 9% to 30% of the students). However, the triple difference estimator shows that students enrolled in the tutoring programs from the intervention schools had a greater gain than those students from the control schools that were also enrolled on after school tutoring (0.2 to 0.5 sd), suggesting the technology and delivery mechanism of this particular intervention also made a difference. Moreover, the estimation of a triple difference estimator using quantile regression shows that while the literacy module of the program had relatively homogenous impact, students from the numeracy module tended to benefit a lot more when their initial performance was already good (beyond the 60th percentile). The study also shows that the compliance with the treatment (measured by attendance) matters, as well as the quality of implementation of the intervention. Last but not least, the impact estimates from the site where an experimental design was implemented were larger and more statistically significant then those obtained from the nonexperimental



design locations, the exception was the impact of attendance in which both designs yield a very similar results.

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**First author:** Bennett, Kathryn

**Title:** *Innovative School-based Mental Health Services for Anxiety: A Knowledge Mobilization Strategy*

**Authors:** Kathryn Bennett (presenting author), Katharina Manassis, Amy Cheung and Pamela Wilansky, Department of Clinical Epidemiology and Biostatistics, Offord Centre for Child Studies, McMaster University, 1200 Main Street West, Hamilton, Ontario, L8N 3Z5 and the Hospital for Sick Children, 555 University Avenue, Toronto. B Finlay, Director of Special Education, Ontario Ministry of Education, Queen's Park, Toronto, Ontario.

**Abstract:** Mental health problems interfere with student success and increase the achievement gap. We are interested in new knowledge mobilization strategies that increase access to mental health supports in school settings for students who are experiencing difficulties, and wish to report on our experience with an approach for adolescent anxiety. Anxiety is the most prevalent mental health problem in children and youth. Adolescents are particularly at risk because they may be suffering from prolonged untreated symptoms that interfere with school performance through social withdrawal and school absenteeism, self-medication and substance abuse, and increasingly severe anxiety associated with school events such as the transition to high-school. Meta-analyses have shown that cognitive behavioural skills therapy (CBS) is efficacious in the treatment and prevention of adolescent anxiety. However, current access to CBS is limited because this beneficial approach is rarely available outside heavily resourced, tertiary care settings. Innovation is needed to increase access and translate the CBS service models tested in efficacy research studies into approaches feasible for integration into school and community mental health care settings. We invited school board special services staff and children's mental health centre personnel to team up and participate in knowledge mobilization focus groups designed to identify barriers and enablers to the development of innovative school-based mental health services, with a particular emphasis on adolescent anxiety and CBS. Models linking school board resources with local children's mental health centre expertise were of particular interest. Eight teams participated in 4 groups, selected with input from the Ontario Ministries of Children and Youth Services, and Education to ensure representation of north-south, urban-rural, aboriginal, English-French perspectives. Group discussion focused on 9 'questions needing answers' that addressed service design and delivery – student screening, CBS program content, CBS training/supervision, and monitoring student outcomes. Major barriers identified included: i) lack of CBS expertise, and/or access to training by school and community based staff; ii) inadequate educator skills in identifying students who could benefit from CBS training; and iii) fragmentation of existing services that limit access to established evidence-based mental health strategies. The presentation will further address barriers, and describe a 6-step knowledge mobilization strategy created to enable the design, implementation and evaluation of locally relevant, evidence-based school and community based mental health services for adolescent anxiety.

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**First author:** Borokhovski, Eugene

**Title:** *Establishing the Direction of Effect in Meta-Analyses with Multiple Treatments*

**Authors:** Eugene Borokhovski, Ph.D., Centre for the Study of Learning and Performance (CSLP), Concordia University, Montreal Robert M. Bernard, Ph.D., Centre for the Study of Learning and Performance (CSLP), Concordia University, Montreal Rana Tamim, Ph.D. candidate, Centre for the Study of Learning and Performance (CSLP), Concordia University, Montreal Philip C. Amrami, Ph.D., Centre for the Study of Learning and Performance (CSLP), Concordia University, Montreal



**Abstract:** Establishing the Direction of Effect in Meta-Analyses with Multiple Treatments (and no obvious control condition) In the literature of meta-analysis, a standard comparison of interest is often between a treatment or intervention condition and a no-treatment control condition. In fact, the normal construction of a standardized difference effect size (e.g., Cohen's  $d$ ) presumes that a positive effect size signals that the treatment has outperformed the control condition and a negative effect size indicates the reverse. However, there are a significant number of instances when the research question involves a comparison between two treatments (i.e., one intervention vs. another intervention). When this is the case, the question arises, what does any individual effect size mean, and more importantly, can meaning be attributed to the average of a distribution of effect sizes. We recently encountered such a situation while attempting to move beyond the traditional literature of classroom studies compared to the effectiveness of distance education (DE). From 2000 to 2006, ten meta-analyses were conducted in which DE conditions (including online and Web-based variations) were compared with a somewhat equivalent classroom condition. In all of these, the DE condition was designated as the treatment and the classroom condition was designated as the control condition (e.g., Bernard et al. 2004). However, in attempting to move beyond this type of comparison, by examining studies that compared different DE instructional conditions, questions arose as to the  $+/-$  valence of the comparisons. In this presentation, we will describe our solution to this problem that resulted in our most recent publication (Bernard et al. 2009; in press in Review of Educational Research). The approach involved finding a theoretical construct in the literature of DE allowing us to establish a consistent valence between treatments. Using the construct of three types of interaction (student-student, student-teacher and student-content), we established a protocol for rating treatments in terms of greatest (i.e., treatment) and least interaction (i.e., control). The effect sizes, then, took on a consistent and understandable valence so that the average effect made sense. We will also describe two other aspects of this meta-analysis that allowed us to draw conclusions about the nature of interactions in DE treatments: categorizing studies by type of interaction, and estimating relative strength of each. We will provide a detailed description of these procedures and present some of the results. We will also discuss the merits of this approach and the important issues that are raised in examples from our other on-going meta-analyses using the same approach.

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**First author:** Bose, Ron

**Title:** *The impact of Water Supply and Sanitation interventions on child health: evidence from DHS surveys*

**Authors:** Ron Bose, Ph.D., 3ie

**Abstract:** In this paper I examine the impacts on child health, using diarrhea as the health outcome, (amongst children living in households) with access to different types of water and sanitation facilities, and from socio-economic and child specific factors. Using cross-sectional health DHS survey data, I employ the propensity score method to match children belonging to different treatment groups, defined by water types and sanitation facilities, with children in a control group. I also employ time differenced and quantile regression techniques to compare my results and to check for their robustness. Results indicate that disease-specific awareness has strong marginal effects on reducing the predicted probabilities of diarrhoeal outcomes in young children, which are consistent across the models utilised. I also find disease-specific awareness to have the largest impact on reducing the burden of disease from diarrhoea across a select group of predictors

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**First author:** Boutayeb, Abdesslam

**Title:** *Education and Children's wellbeing in North Africa: Socioeconomic inequalities and regional disparity*

**Authors:** Boutayeb PhD. Professor Faculty of Sciences Oujda Morocco



**Abstract:** Education and children's wellbeing constitute a cornerstone for human development of nations. In this context, few studies are devoted to North Africa as a region despite the fact that its populations share language, religion and social and cultural custom. Based on data from available literature, different measures and indexes are considered for the comparison between and within countries. Emphasis is put on equity, showing that measurements like Human Development Index, Basic Capability Index, Child Development Index and Millennium Development Goals are average numbers which may hide inter-groups inequalities and regional disparities. Data and studies show that education and children's wellbeing in North African countries are subjected to socioeconomic inequalities and rural/urban and/or regional discrepancies(1,2,3,4). There are great gaps between the poorest and the richest children in school completion, infant mortality and nutrition. Similarly, children living in rural and remote areas are disadvantaged. They are more likely to suffer from under nutrition or to die before their fifth birthday. In particular, an Egyptian rural-poor-girl is nearly five times unlikely to complete school than an Egyptian urban-rich-boy, whereas the ratio reaches 15 in Morocco. Despite the important efforts devoted by North African countries during the last decade in order to improve access to education at all levels and to foster children's wellbeing by generalizing basic immunization to reduce infant mortality, insufficiencies remain among the most vulnerable children belonging to deprived households living in remote areas. It should also be stressed that, despite existence of laws intended to protect children and prohibit their employment and abuse, disadvantaged boys and girls are exposed to child labour and becoming street children at the mercy of drug abuse, violence and sexual tourism. For immunization coverage, inequalities are generally attenuated. Whereas for infant and child mortality, stunting and underweight, unjustifiable gaps exist between rural and urban; poor and rich; developed and deprived regions. In Egypt and Morocco, the poorest children are three times likely to die than the richest children. Stunting and under weight reveal similar levels of inequality. North African nations are among the countries with the highest levels of unintentional injuries with rates over 45 per 100 000 children with more than 17 per 100 000 due to road –traffic injury and mortality(5) This region knows also a high prevalence of violence against women and many studies have stressed the fact that children are often witnesses when violence occurs against their mothers and, as a corollary, they are more likely to be affected for the remaining of their life and, in some cases, willing to reproduce the scene at adulthood especially under the pressure of unemployment and marginalization(6). References 1 Egypt Health. Demographic Health Surveys 2005 2 Morocco Health. Demographic Health Surveys 2002 3 Tunisia Health. Demographic Health Surveys 1988 4 Hameida J, Billot L, Deschamps JP. Growth of preschool children in the Libyan Arab Jamahiriya: regional and sociodemographic differences. Eastern Mediterranean Health Journal 2002; 8:1400-1412. 5 WHO and UNICEF. World report on child injury prevention. Geneva, World Health Organization, 2008 6 Rarrbo K. L'Algerie et sa jeunesse: marginalisations sociales et desarroi culturel. Paris: L'Harmattan;

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**First author:** Cavanaugh, Mary

**Title:** *A Pilot RCT Exploring the Effectiveness of the DPEW in Decreasing the Potential Risk of IPV*

**Authors:** Mary M. Cavanaugh, Ph.D., MFT--UC, Berkeley Richard J. Gelles, Ph.D.--Univ. of Pennsylvania Phyllis Solomon, Ph.D. --Univ. of Pennsylvania

**Abstract:** Despite the gravity of the consequences of Intimate Partner Violence (IPV), there are few, if any, primary prevention strategies developed for IPV. A potentially promising intervention for preventing relational violence is Dialectical Behavior Therapy (DBT; Linehan, 1993), which has demonstrated effectiveness in the treatment of individuals with borderline personality disorder (BDP), who share many of the qualities inherent in potentially violent men (Fruzzetti & Levensky, 2000; Waltz, 2002). The Dialectical Psychoeducational Workshop (DPEW), a manualized, preventative intervention based on DBT, consists of two parts: 1) A psychotherapeutic approach in which a particular problematic behavior that may trigger anger and/or violence is examined in detail and alternative solutions for change are explored; and, 2) A psychoeducational approach, teaching a range of interpersonal, cognitive, and emotion regulation/anger



management skills, within a supportive atmosphere of respect for the individual and a commitment for positive change. A pilot, randomized controlled trial (RCT) of the DPEW, and a control condition, an anger management workshop (AMW) was utilized to examine to what extent the DPEW influenced the following: 1) anger management skills (i.e., emotion regulation); 2) coping with feelings of anger; 3) empathy (i.e., validation); and 4) the potential for risk and acts of IPV. The pilot study sample consisted of fifty-five adult males between the ages of eighteen and fifty of varying race, class, and ethnic groups, who had enrolled to attend anger management counseling. Given the current paucity of theory-driven IPV interventions, the pilot RCT draws upon extensive research in primary prevention of violence from related fields. This randomized study is a first step in an iterative process toward examining a preventative intervention that may provide males at risk for violence toward their partners the necessary skills to decrease their potential risk of utilizing violence and thus help to improve the health and safety of at risk women and children.

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**First author:** Chan, Vivian W. Y

**Title:** *Rebalance Focus - Knowledge Exchange informed by an Extended Health Technology Assessment Framework*

**Authors:** Vivian W. Y. Chan, MPP, Interdisciplinary Studies Graduate Program, University of British Columbia Arminee Kazanjian, PhD, School of Population and Public Health, University of British Columbia

**Abstract:** Introduction: As part of the Canadian Partnership Against Cancer (CPAC) and Cancer Journey Action Group (CJAG) was created to implement the recommendations focuses exclusively on psychosocial and supportive care. Through the Supportive Cancer Care Knowledge Exchange decision support (KE-DS) model, CJAG will support the 'Rebalance Focus' of the action group - to ensure improvements in quality of life through psychosocial and supportive care interventions and to help shift emphasis of care to be patient-centred. Objective: The KE-DS model is guided by an extended health technology assessment (HTA) framework. The model assumes a multiple disciplinary perspectives, recognizing that social (legal and ethical), economic, population, as well as, clinical and technologic determinants affect the degree to which evidence/interventions are adopted (Kazanjian, 2004). The objective of this paper is to present how this framework can inform the knowledge-to-action process. Method: Common theoretical underpinnings of the knowledge-to-action model and this knowledge exchange decision support model will be delineated and discussed. The degree to which the knowledge exchange mechanism draws from the expanded HTA framework will be elucidated. Results: The KE-DS model is a comprehensive model; it is designed for thorough understanding of the properties, effects, and impacts of a program or an intervention in the context of patient-centered supportive cancer care. The model recognizes and engages stakeholders at multiple levels in addition to identifying and appraising the scientific evidence on effectiveness, efficiency and appropriateness of the intervention. Distinct modules to review explicitly population, economic, and social context are integrated as part of the knowledge creation and application to bring about more realistic alternatives than existing narrower models of knowledge exchange. The core components of the KE-DS model will be reviewed. Preliminary results and lessons learnt from one pilot project pertaining to application of this KE-DS model will be presented as a case study. Implications: The presentation will challenge 1) the types of evidence that contribute to patient-centred interventions, and 2) the current conception of knowledge creators and users - to go beyond researchers, decision makers, and healthcare professionals. Successful integration of research evidence into practice involves multiple levels of stakeholders (such as patients, community-based agencies, and cultural representatives) and consideration of a wider range of 'evidence' by applying population, economic, and social perspectives.

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**First author:** Clapton, Janet

**Title:** *Developing systematic mapping of the social welfare literature: another year's experience!*



**Authors:** Janet Clapton, (MSc, MCLIP) Project Information Manager Deborah Rutter, (PhD) Senior Research Analyst

**Abstract:** Systematic mapping is a transparent technique for gathering and organising research literature on a specific but broad topic. This produces a searchable resource to feed into systematic reviews, or a stand-alone piece of work describing the literature coverage on that topic. The Social Care Institute for Excellence (SCIE) has been developing the process of systematic mapping in social welfare for four years, building on previous work in education and health promotion by our advisors, The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) Systematic mapping provides an opportunity to identify the nature of existing research evidence prior to undertaking specific analytical reviews. Although mapping does not include quality assurance of studies, it does include keywording for study design and method, so is particularly useful for assessing available evidence within social welfare topic areas where policymakers need to draw on more than effectiveness studies. At Campbell Colloquium 2008, we described the method, process and challenges of systematic mapping. For 2009's audience, we would like to explain how we have adapted the mapping process for other SCIE products, such as research briefings and scoping studies. These products can be delivered within a shorter timescale than a full map or systematic review to help support policy and practice. Mapping techniques are particularly suited to the conference theme because they permit exploration of broad topics of urgent social and political concern where there is uncertainty about the scope and quality of research evidence. A map permits a complex area, such as relatively poor educational, social, health and wellbeing outcomes for Looked After Children, to be explored in all its facets. Mapping techniques can accommodate multifaceted evidence of need and inequity, effectiveness of interventions, and different stakeholders' views. The symposium will draw on the experience of SCIE's information scientists and researchers, who will discuss: 1. Uses and advantages of mapping techniques; 2. Technical and management processes; 3. Recent experiments in the scope, application and remit of mapping methodology, including economic material and rapid commissions. SCIE is in the process of publishing a manual of the map process. Topic specific map reports are freely available to download from SCIE's website ([www.scie.org.uk](http://www.scie.org.uk)). The accompanying keyworded map databases can be made available to the systematic review community on application to SCIE.

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**First author:** Clark, Gill

**Title:** *Better Evidence for a Better World: Thinking Globally, Acting Locally, Responding as Govt. Analyst*  
**Authors:** Dr Gill Clark\*, Tom Lamplugh\*, Aileen McIntosh Office of Chief Researcher, Scottish Government & \*Campbell Collaboration User Group Members

**Abstract:** During 2008, Government Analysts in Scotland began to explore ways in which it may be possible to connect Systematic Reviews produced by the Campbell Collaboration to the policy cycle in The Scottish Government; and to identify opportunities to encourage Government Analysts (Economists, Statisticians and Social Researchers) to take a fresh look at the potential utility of the systematic review in evidence informed policy making. This proposed interactive symposium/workshop session will report on the progress of work on these issues within Government and with the Campbell Collaboration to date, and plans for 2009, including: ? The positive reaction to Scottish Government membership of the User Group ? Reaction and dialogue on the potential utility of the Campbell Collaboration 'gold-standard' systematic reviews in the policy process in the UK (including the challenges of 'evidence for policy transfer'; and reflections on experiences of producing CC User Abstracts ? Discussion of how Governments in the UK and elsewhere may engage with Campbell Collaboration to identify and support topics of immediate and longer term interest to Governments ? Invite dialogue from Campbell Collaboration scholars on what could be interpreted as 'heretical' discussion of the 'systematic literature review' and the credibility of 'rapid reviews' to produce evidence to inform policy within six month timeframes ? Possible use of the ESRC Placement Fellowship Scheme in 2009 to invite Campbell Collaboration scholars to work with us in exploring new territory for knowledge exchange focusing on Systematic Reviews in the second half of 2009 ? Using this proposed



workshop as 'action research' to inform our contribution on Campbell Collaboration engagement and the above issues at a workshop planned at the UK Government Social Research Conference in July 2009 In relation to the Colloquium theme, The Scottish Government's International Development Policy overarching aims are as follows: ? To enhance Scotland's contribution to the global fight against poverty through activity which is clearly designed to support the achievement of the MDGs and economic growth in developing countries. ? To demonstrate Scotland's commitment to play its role in addressing the challenges faced by the developing world, recognising Scotland's identity as a responsible nation. The workshop facilitators would therefore welcome the opportunity to feedback to Scottish Government Ministers on CC's aspirations in this area; and to include discussion of knowledge exchange with the developing world (and the role of CC within that) in the proposed workshop.

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**First author:** Coren, Esther

**Title:** *A series of systematic reviews to support national guidelines on child abuse and neglect*

**Authors:** Esther Coren MSc. Canterbury Christchurch University, Canterbury, UK Carina Gustafsson PhD Institute for Evidence-based Social Work Practice (IMS), Stockholm, Sweden Jenny Rehnman (PhD), Institute for Evidence-based Social Work Practice (IMS), Stockholm, Sweden Jemeela Hutchfield, MSc. Canterbury Christchurch University, Canterbury, UK

**Abstract:** The Swedish National Board of Health and Social Welfare is developing national guidelines for practice related to child abuse and neglect – an evidence based approach to service development for a better world. To collect evidence for this guideline, the Swedish National Institute of Evidence Based Social Work (IMS) is undertaking three co-registered Cochrane/Campbell reviews addressing the effect of parent training in reducing risk of child abuse and neglect for parents with particular vulnerability: parents with substance misuse problems, mental health problems and intellectual disabilities. Parents in these groups have needs and experience challenges generic to all parents. However, research also suggests that children of such parents are at increased risk of neglectful care and maltreatment, (Kumpfer & Bayes, 1995; Leonard, 2002) poorer relationships with their children (Joseph et al., 1999; Mullick et al., 2001; Nicholson et al, 2001; Nicholson et al, 1998), of developing psychosocial problems such as depression and anxiety (van Steinhausen, 1995) and other negative outcomes (e.g., Barrerra, Rogosch & Chassin, 1993; Chen & Weitzman, 2005; Canino et al., 1990; Larson et al., 2000; Oyserman et al., 2000; Rutter & Quinton, 1984; Feldman, 2002a ). Research suggests that parent-training and other supportive interventions can have a positive effect on parenting skills for these groups (Kumpfer & Fowler, 2007; Alakus et al., 2007; Beardslee et al., 2007; Fraser et al., 2006; e.g., Feldman, 1994; Llewellyn et al, 2003). The three reviews will assess the effectiveness of interventions for improving parenting skills, home safety and child development outcomes, with various subgroups within each review intended to assess differential effectiveness for different types of participants and methods of delivery (eg individual or group based interventions, self administered or facilitated.) This symposium will present emerging findings from all three reviews as well as outlining the process of incorporating the review findings into the guideline development process. The process of policy and practice impact of the guidelines will also be addressed. Note to assessors (not to be included in programme book if abstract accepted). A full list of references used will be available to all participants at the symposium and included in the presentation, if accepted. The abstract word limit combined with the breadth of the topic, precludes them being included here, but the assessors may contact the abstract author for a full list if required.

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**First author:** Dagenais, Christian

**Title:** *Supporting researchers in their knowledge transfer activities: The role of universities*



**Authors:** Chabot, Alexandre M. Sc. psychology Université de Montréal and Center for liaison on intervention and prevention in the psychosocial area (CLIPPA), Canada Dutil, Julie, M.Pa., CLIPPA Boisvert, Josée, M. Sc.(cand.) CLIPPA Janosz, Michel, Ph.D., Université de Montréal Professor, École de psychoéducation Université de Montréal, Canada michel.janosz@umontreal.ca

**Abstract:** There is a rapidly growing trend to use research-based knowledge (RBK) to influence both practice and policy. The trend is especially noticeable in fields that deal with social issues such as health, social services, education, and justice; increasingly, decisions and judgement must be based on scientific evidence. Over the last few decades, this trend has been expressed by various new approaches: knowledge transfer (KT), evidence-based decision making, evidence-based practices, knowledge translation, knowledge mobilization, knowledge exchange, etc. Many rigorous studies have shown that simply disseminating knowledge, even if that knowledge is extremely convincing, has relatively little impact on knowledge use (see for example: Barker, 2005; Bowen & Martens, 2005). In order to make research results accessible to fields of intervention, the context of these fields must be taken into consideration and results must be presented in an appropriate format for the targeted audience (Dagenais, 2006; Hughes et al., 2000). Margolis and Runyan (1998), however, report that researchers consider they do not possess the necessary competencies, resources, time, or interest for transforming their research results into guidelines that could be directly used by practitioners and decision-makers. In their opinion, the task of popularizing research findings is not part of a researcher's mandate (Rotheram-Borus et al., 2000). Information about the particular needs of researchers for support in carrying out knowledge transfer activities is almost non-existent. The study presented in this proposal aims to address this issue. A need is defined as the gap between the present situation (what is) and the desired situation (what should be) (Witkin & Altschuld, 1995; Kaufman, 1998; Leigh, 2004). A need is not a problem (a state or phenomenon considered undesirable), but rather the absence of a solution to a problem. The methodology proposed in this needs assessment is inspired by Leigh's model (2004) and consists of four main phases. Its goal is to achieve four objectives: 1) document the attitudes of researchers to knowledge transfer; 2) describe the practices of researchers with respect to research transfer; 3) identify the factors that facilitate or inhibit research transfer activities for researchers; 4) identify the principal needs of researchers for support of their research transfer activities. The presentation will emphasize the priority needs identified by the study and the action plan developed to meet these needs.

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**First author:** de la Espriella, Carlos

**Title:** *How can Urban Planning Help Poverty Reduction?*

**Authors:** de la Espriella, Carlos PhD candidate Housing Development & Management

**Abstract:** The paper presents a study in which evidence-based poverty maps are used to assess urban planning-related links between public interventions, land values and residential dynamics in the poor and centrally located neighbourhood of Las Cruces in Bogotá, Colombia. Geographic Information Systems were used for mapping the collected data, analysing the findings and conveying the conclusions. The analysis of local public interventions, cadastre land values, a survey of 244 parcels and a survey of 309 residents showed that there is a need to combine physical and social interventions, and find an optimal compromise between small fast interventions and substantial long-term interventions when the aim is to reduce poverty without displacing the problems to neighbouring areas. Particularly, the paper showed that land values in Las Cruces have been static over the past six years contrary to what is expected to happen following the investment of a significant volume of resources. The paper argued that this behaviour of land values is the result of a combination of at least five factors: -- The governmental response to the acute social problems in Las Cruces has been timid and its actions have focused on physical interventions. -- Interruptions and delays in the implementation of physical interventions have created expectations, which have not been delivered, generating a negative counter-effect on land values. -- The high territorial concentration of tenements in Las Cruces has contributed to residential polarisation: consolidating stronger negotiation power in landlords (partly due to the high rents they receive and the social capital they have built up), and creating a



disarticulated and fairly powerless tenants group in respect of negotiating the cost and conditions of renting a tenement unit combined to their precarious circumstances. -- Limited reinforcement of rental regulations and a high demand for tenement units have led relatively high prices for letting out tenement units and low incentives to maintain and upgrade the tenement building or develop a new project within the land plots, which combined with small plot sizes, titling and legal restrictions have limited property prices, and private investments. -- The residents of Las Cruces have a negative perception of the neighbourhood in relation to its physical and social deterioration. This internal negative perception has crossed its boundaries and has affected the external potential demand for the neighbourhood. The paper was carried out with the support of a research grant from the Lincoln Institute of Land Policy, and within the framework of a doctoral study supported by a grant from Sida/SAREC.

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**First author:** Devroe, Elke

**Title:** *Towards a science driven evidence-based criminal justice policy, an inventory of 10 years research*

**Authors:** Elke Devroe Criminologist, Member since 2005 of the Belgian Steering Committee of the Belgian Campbell movement, Head of department “Research, Development and Statistics”, Service for Criminal Policy, Ministry of Justice, Belgium

**Abstract:** Towards a science driven evidence-based criminal justice policy Campbell Field: crime and justice Paper for the 9th annual Colloquium of the Campbell Collaboration, in Oslo may 18-20 2009 Elke Devroe Criminologist, Member since 2005 of the Belgian Steering Committee of the Campbell movement, Head of department “Research, Development and Statistics”, Service for Criminal Policy, Ministry of Justice, Belgium Knowledge-based policy is a very recent reality in Belgium, and certainly not yet a tradition as it is in Anglo-Saxon countries. The criminological research in our country tends to be scattered, causing a rift between the policy-makers and the academic world. Yet, using scientific results as a factor in shaping criminal policy is becoming of more interest. In 1990, the ‘Pentecost Plan’ described the scientific bases of criminal policy as one of the greatest challenges for the politician. But do policy officials increasingly acknowledge the value of criminological input in the articulation of options for criminal policy? Since 1988, a surge in criminological research at the universities has taken place, financed by the federal government. Given this as a fact, an inventory of the themes of this research, the methodology used, the scientific results and the use for the policy maker, was not available in Belgium. I conducted a research to collect all this evidence. I started to gather the contracts between the different ministers of justice and the universities. Then I tried to obtain all the scientific reports from the universities and made an overview of ten years research in the broad criminological domain, so that this became transparent to the government as well as to the tax. In my lecture I will present an overview of the results of this (you can call it a kind of) “systematic review”, with particular attention to the “evaluation research”. Only few criminological researches can be subscribed as “evaluative research”, and none of it reaches the methodological standards of experimental design as prescribed by the Maryland Scientific methods Scale. I will give an overview of the type of research conducted, the criminological research field, the money spend, etc...My conclusions will be based on a book that I wrote in 2002 titled ‘the relationship between scientific research and criminal policy’ and will focus upon two mayor points of attention (1) some specific aspects of the “gap” between science and policy based on empiric findings and (2) some recommendations for as well policy maker as scientist in attempts to narrow this gap and to broaden the use of scientific results in policy making and in practice.

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**First author:** Doyle, Jodie

**Title:** *Collaborative activities of the Cochrane Public Health Group - one year on*

**Authors:** Jodie Doyle, MPH, Research fellow Elizabeth Waters, PhD (DPhil), Professor Rebecca Armstrong, MPH, Senior Research Fellow Julia Littell, PhD, Professor



**Abstract:** The Cochrane Public Health Review Group (PHRG) became operational in April 2008. The scope of the Group overlaps somewhat with all three Campbell Coordinating Groups. The broad topic categories include: Employment & the work environment; Income distribution/financial interventions; Housing and the built environment; Food supply/access; Education; Transport; Public safety; Social networks/support; The natural environment, and; Health & related systems. Due to the nature of the complex interventions for review by this Group, we share similar methodological challenges to Campbell Groups. We seek to work with all Groups, including the Campbell Methods Group, to work through these issues in a collegial and productive way, including through joint editing of co-registered reviews of mutual interest, co-authoring articles and conference presentations, etc, to ensure better evidence is available to decision makers. This paper outlines the policies, processes, challenges and outcomes of the Group one year on from registration, and identifies examples of collaboration with Campbell entities and individuals. We will share experiences of authors and editors of reviews of complex interventions in-progress through the PHRG and highlight lessons learned. Options for involvement with the Cochrane PHRG will be outlined and time will be allotted for discussion with audience members on ways for moving forward with future collaborative opportunities.

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**First author:** Dulmus, Catherine N.

**Title:** *A Meta-Analysis of Randomized Treatment-Control School-based Violence Prevention Programs*

**Authors:** Eugene Maguin, Ph.D. Research Scientist Buffalo Center for Social Research University at Buffalo School of Social Work Amy R. Manning, LMSW Doctoral Candidate University at Buffalo School of Social Work Catherine N. Dulmus, Ph.D. Associate Dean for Research and Director Buffalo Center for Social Research University at Buffalo School of Social Work

**Abstract:** This presentation reports a meta-analysis of randomized treatment-control studies of school-based violence prevention programs targeting externalizing behavior that were published in peer-reviewed journals from 1969-2008. Eligible studies randomized whole schools, classrooms, or students to a control (no-treatment or attention-placebo) and one or more intervention conditions; provided one or more interventions that were completely school-based or had both school and home components; and included one or more outcome measures of physical aggression either as discrete behaviors, e.g., hits, attacks with a weapon, or as part of a scale along with other, non-physically aggressive behaviors. This presentation provides an overview of the methods used, as well as findings of the meta-analysis, with recommendations for further research related to school violence prevention.

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**First author:** Edwards, Amanda

**Title:** *Building evidence across health and social care – the story of a collaboration*

**Authors:** Amanda Edwards BA, MSW, MPhil - Deputy Chief Executive, SCIE Professor Mike Kelly BA (Hons) MPhil PhD FFPH FRIPH - Public Health Excellence Centre Director, NICE

**Abstract:** WE HAVE CHOSEN A SYMPOSIUM FORMAT FOR THIS SUBMISSION AS THERE WILL BE 2 PRESENTATION. HOWEVER WE ARE HAPPY ALSO TO PRESENT AS A PAPER. The Social Care Institute for Excellence (SCIE) and the National Institute for Health and Clinical Excellence (NICE) have been established in the UK to improve the quality of social care and health through the better dissemination and use of evidence about effectiveness. Whilst there are differences in audience and methodology both organisations are committed to using rigorous and systematic methods and to stakeholder involvement in the development of guidance for policy and practice. SCIE and NICE tackle some of the most pressing social policy, public health and health care problems. There is a strong commitment from senior levels in both organisations to joint work in areas of overlap where there is clear added value, reflecting the reality of



people's experience of using services and the benefit of health and social care staff working to the same guidance. Unsurprisingly joint working has presented considerable challenges about systematic review methods and the process of guidance development. Standard NICE methodologies rely heavily on quantitative reviews and meta analysis and look at cost as well as clinical effectiveness. SCIE methodologies rely on systematic qualitative analysis with an emphasis on the centrality of the user, carer and family perspective and include a survey of practice. Initially joint work incorporated social perspectives through adaptations to language (e.g person with dementia replaced patient) and to the NICE methodology to include qualitative analysis of the evidence. Current work on the health of looked after children takes this a step further by developing a joint methodology which incorporates effectiveness reviews, a qualitative review, a practice survey stakeholder consultation and participation of looked after children and young people and their carers. The questions to be addressed by the guidance focus on the effectiveness, including the acceptability of public health and social care interventions to promote the health and well being of looked after children and young people, and their access to services. The paper will show how the different elements of the joint methodology will provide evidence to address these questions. It will also discuss stakeholder engagement, including the active participation of young people who have been looked after and the organisational challenges of joint work within a tight timescale. The paper will address the process and underpinning theoretical framework. The paper will conclude with a consideration of the role of empiricist and rationalist knowledge in the process of developing recommendations and refer to the philosophical origins of this epistemological distinction.

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**First author:** Elissetche, Osvaldo

**Title:** *Better evidence in South-South and Triangular Cooperation*

**Authors:** Prof. Osvaldo Elissetche, President, Asociación Civil Estudios y Proyectos

**Abstract:** Better evidence in South-South and Triangular Cooperation South-South Cooperation (SSC) and Triangular Development Cooperation (TDC) seems to be key mechanisms to promote sustainable and inclusive economic growth, poverty reduction, social development, environmental sustainability, transparency and accountability. The comparative advantages of such cooperation are its cost effectiveness, its role in the transfer of skills and expertise within partner countries, its impact on capacity development, as well as on transfer of appropriate technology. In 1992 Argentina established the FO-AR (Argentine Fund for Horizontal Cooperation), coordinated by the International Cooperation Directorate (DGCIN), in the Argentine Ministry of Foreign Affairs, International Trade and Worship. The FO-AR is the instrument through which Argentina provides for technical aid to countries of equal or lower relative levels of economic and social development. Its main purpose lies in fostering sustainable development through the transfer of the knowledge and skills Argentina better handles. As a developing country and as a net receiver of foreign aid, Argentina designed a mechanism to supply technical aid to other developing countries in a timely and constant manner. More than 4,500 missions for technical assistance have been organized in the 15-year period, oriented mainly to other LAC countries. From 2000 to 2008 the most relevant fields of cooperation were administration / governance, citizenship / human rights, education, health, environment, agriculture and food safety. Almost 80 % of these activities were aimed at contributing to the following MDGs: eradicate extreme poverty and hunger, ensure environmental sustainability, promote decent work, combat HIV/AIDS, malaria and other diseases. Although it is not a significant portion of the global development cooperation effort, the potential of SSC and TDC for growth and its overall effectiveness cannot be accurately assessed. There is a need for effective nationally owned and inclusive monitoring and evaluation (M&E) systems, stronger institutional capacity and exchange of information on best practices between countries. As a consultant to the DGCIN the author is currently coordinating a project aimed at designing an M&E system under RBM concepts to better the results of its SSC and TDC activities. Its objectives are: a) to provide useful information to policymakers, b) to provide the taxpayers accountability, c) to produce the knowledge to maximize effectiveness. The presentation aims at summarizing the advances and the problems found in this



pioneer project in the field in Argentina, promoting the discussion and the exchange of experiences with colleagues from different disciplines.

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**First author:** Fish, Sheila

**Title:** *New types of evidence in child welfare: a practice-based “systems” model for learning from tragedies*

**Authors:** Sheila Fish, PdD, Research Analyst Social Care Institute for Excellence (SCIE)

**Abstract:** How can we better safeguard and protect children? What kinds of evidence do we need to support policy making and practice in this field? In a recent project led and supported by the Social Care Institute for Excellence a ‘systems’ model for conceptualising and learning from front-line child welfare practice has been developed. This can be used across agencies in child death reviews. It is already being found useful in the UK and in other countries. It promises practice-led evidence to complement evidence from more standard sources. Attempts to improve children’s safety, health and well-being need to be assessed for their effectiveness. But good quality studies of such a kind remain scarce and even where systematic synthesis of multiple studies is feasible, the results are invariably ambiguous and, therefore, difficult to interpret and apply in practice. In addition we need to know how something works or doesn’t and the reasons why, whether it works in a way that is acceptable to the people concerned, or even if the outcomes successfully effected are ones that people using the service want. Answering those kinds of questions requires the examination of research studies that can be described broadly as ‘qualitative’. Yet even when policies and procedures do have a lot of good, varied kinds of evidence behind them, they may be less productive in a real world setting where they interact with many other variables. In multi-agency children’s services, with so many agencies with varying priorities interacting, it becomes increasingly difficult to predict with any certainty what the effects of any attempted change to working practices will be. So how then can we find out, for example, whether new policies, and procedures are actually being enacted in practice and if not why not, or whether they are really having the consequences initially intended? This too requires cumulative learning but not of the kind provided by systematic reviews. Instead, evidence that is closer-to-practice is needed. A practice-led view is necessary in order to help highlight for senior management how new policies and guidance, strategic and operational decisions impact on direct work with children, young people and their carers and families. This systems approach provides this. It was developed as a method of accident investigation in aviation and other high-risk industries. Rather than stopping after faults in professional practice have been identified, this approach looks for causal explanations in all parts of the system. It does so by investigating the many factors that interact and influence an individual worker’s decisions, actions and inactions. This allows for the identification of more effective solutions. SCIE’s “learning together” model provides a framework for organising all the layers of interaction that influence work with a family and will be presented in this paper. FISH, S; MUNRO, E; BAIRSTOW, S. 2008. Learning together to safeguard children: developing a systems approach to case reviews. London: SCIE.  
<http://www.scie.org.uk/publications/resourceguides/rg13/index.asp>

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**First author:** Francis, Jennifer

**Title:** *Incorporating economic evaluations into systematic reviews in social welfare*

**Authors:** Jennifer Francis, MA, BSc, Social Care Institute for Excellence

**Abstract:** This paper will report on work to develop the capacity to incorporate economic evaluation into systematic reviews. The paper will outline key topics in social welfare where economic evaluation needs further development. It will highlight issues in identifying and classifying economic studies, in deriving ‘resource use’ data from studies non-economic studies, and in quality appraisal of economic studies. SCIE’s methods for knowledge building are based on systematic reviews of the evidence base, drawing on knowledge



from users' and carers' accounts, from professionals, from the experiences of organisations of putting policies into practice and from research. This work provides the basis for developing guides for policymakers and practitioners. To date, the work has not attempted to synthesise the messages from economic evaluations of interventions, or to cost the recommendations made in guides. SCIE's recent work on economics has addressed these gaps through work in two broad stages; a) Incorporating economic evaluations into our systematic reviews b) Developing a statement of SCIE's approach to economic evaluation and exploring the feasibility of costing our practice recommendations. This paper focuses on the first stage of the work; incorporating economic evaluations into our knowledge production process, which is now complete. There are significant questions about the availability and quality of economic evaluations that we had to address before SCIE could consider incorporating them into systematic reviews. The systematic assessment of costs and outcomes is far less frequently found in social welfare than in other fields, such as health. There are several possible explanations for this including that the complexity of many social care interventions makes it difficult to carry out a systematic assessment of costs and outcomes. In the context of these issues we worked with colleagues from the University of East Anglia, the Social Science Research Unit, Institute of Education and the Eppi-Centre, and made progress: (i) Developing our capacity for searching for and identifying economic evaluations (ii) Understanding the quality assessment process for economic evaluations and forming a view about which checklists (or sub sets) we will recommend our reviewers to use; (iii) Refining an approach to extracting 'resource use data' from studies which do not constitute full or partial economic evaluations.

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**First author:** Gracia, Enrique

**Title:** *Access to the Internet and self-rated health among older people: Digital or social divide?*

**Authors:** Enrique Gracia, PhD., University of Valencia Juan Herrero, PhD., University of Oviedo Marisol Lila, PhD., University of Valencia

**Abstract:** In this paper we present results from a research project funded by a Spanish Governmental Agency (Institute for Older People, IMSERSO) aiming to analyze the relationship between access to the Information Society and the quality of life of older people. In the present study, we analyze whether the digital divide can generate health inequities among older people beyond structural (social class) determinants of health. To answer this research question we use two national representative samples (users and non-users of Internet). These samples were representative of adult Spanish population of people 55 years and older across sex, use of Internet, and social class. Self-rated health was measured using a 5 point scale from very good to very poor. Several regression models were tested to predict self-rated health. These series of models showed that although there is initially a significant positive relationship between use of Internet and self-rated health, this effect disappears once social class is entered into the equation. Also, the existence of close ties providing social support has a positive relationship with self-rated health beyond the influence of social class. Overall, results suggest that there is no evidence supporting the idea that use of Internet has any positive relationship with health for the older population once social class is taken into account. Results are discussed in the broader context of the social determinants of health among older people, underlying the importance of distinguishing between the structural (e.g. social class) and intermediate (e.g. access to the Information Society) determinants of health. Implications for e-inclusion and ageing research and policy development are also considered.

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**First author:** Gyllensvärd, Harald

**Title:** *Accidental falls in elderly – A systematic review of preventive measures and an economic analysis*

**Authors:** Harald Gyllensvärd, MSc., Health Economist and Public Health Planning Officer at the Swedish National Institute of Public Health



**Abstract:** Background Falls and subsequent injuries are a major cause of immobility, morbidity and mortality in elderly. This is an escalating public health problem due to people are becoming older. Older people are generally more fragile and thus more prone to falls and subsequent injuries. Many falls and related injuries could be avoided. This can be done through preventative measures that reduce the probability of incurring falls and subsequent injuries. There exist various measures that can be conducted at a certain cost. From a decision-maker's perspective, the question is: which interventions should be implemented, and what could be gained? There are limited resources available, and thus, it is important that the money invested in programs give high returns, i.e. the interventions should be cost-effective. Consequently, evaluations of the cost-effectiveness of different interventions are important to base decisions on. Systematic reviews of the cost-effectiveness of different interventions provide excellent overviews over the current state of knowledge, to the benefit of decision-makers. To provide this information and to facilitate the decision-making process a systematic review was conducted. The aim of this review was to systematically compile identified cost-effectiveness studies of accidental fall prevention interventions, to identify the most appropriate prevention methods; and to estimate the costs related to accidental falls in Sweden from a societal perspective. Method A systematic literature search was conducted to identify evidence of cost-effective accidental fall prevention interventions. Relevant databases were searched, and only reviews, meta-analyses and clinical guidelines were included. A second literature search was conducted to find the costs associated with falls and subsequent injuries. Additionally data was collected to enable an estimation of the societal cost associated with accidental falls in Sweden. Results The systematic review showed that although clinical results may be good many interventions lack an appropriate economic evaluation, which complicates any conclusions about how much could be saved if the intervention was implemented and at what cost. In general, more individually targeted interventions towards high-risk people shows better cost-effectiveness. The second literature review shows that the costs associated with accidental falls, in Sweden with nine million inhabitants, amounts to almost to US \$2 billions annually, of which approximately \$650 and \$ 1 200 millions are direct costs and costs associated with reduced quality of life, respectively. Conclusions Accidental falls among elderly are a major, and increasing, public health problem associated with large costs for society. Preventative measures could mitigate and avoid many falls and subsequent injuries. However, the evidence of how cost-effective different interventions are is limited.

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**First author:** Hannes, Karin

**Title:** *Discussing methodological issues of qualitative evidence synthesis*

**Authors:** Karin Hannes, Msc, PhD, Senior researcher Belgian Centre for EBM/Belgian Cochrane Branch/Belgian Campbell Group & Joanna Briggs Institute Australia Jo Goedhuys, Msc, PhD, Associate professor Academic Centre for General Practice, KULeuven Bert Aertgeerts, MD, PhD, Director Academic Centre for General Practice, KULeuven

**Abstract:** Recently, a number of reviews summarising insights from qualitative, empirical studies have been published in the broad field of health care. Many of them aim at informing policy and practice. Examples of syntheses bringing together findings on one particular target group, giving a broad international perspective, appear regularly in high quality journals. We conducted a qualitative evidence synthesis with a focus on country-specific issues, including perspectives from different target groups functioning in the same local environment and between the boundaries of the Belgian health care, political and socio-economic system. This paper discusses the methodological issues related to the choice to proceed with summarising evidence from a particular local context only and addresses issues such as the number of studies retrieved through local contacts or local databases, the likelihood of transferring findings to other target groups, settings or countries and the importance of local networks in retrieving relevant studies.

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**First author:** Hendry, Vivien L

**Title:** *A Systematic Review of Intervention Strategies to Promote Childhood Vaccination: Focus On Education*

**Authors:** Vivien L. Hendry, BSc(hons), MLitt. Research Fellow Institute for Effective Education University of York Heslington, York YO10 5DD Tel. +44 (0)1904 328158

**Abstract:** Background: Childhood vaccinations are a global priority, and central to preventative health programmes worldwide, saving lives as well as generating wider economic and social returns. In Britain, vaccination has long been integral to a wider strategy of disease prevention. Public perceptions of vaccine safety, and the corresponding risk of contagion, are one of many factors individuals take into account when deciding whether or not to vaccinate their children. Public health programmes increasingly rely on educational interventions to promote better health in the general population, and health promotion is the primary tool used to challenge perceptions of the risks involved, but doubts have risen as to whether simply increasing information is the most effective response. Within a systematic review of experimental and quasi-experimental strategies to promote vaccination in children, studies focussing on educational strategies were identified. This paper will focus on these strategies. Objective: To systematically review the available evidence on how effective different types of schemes were at increasing uptake of routine childhood vaccines, based on the Cochrane guidelines for good practice. This encompassed all possible interventions, whether patient-focussed, practitioner-focussed, or wider system changes. Methods: Papers published between 1980-2006\* were identified using a combination of electronic database searches, bibliography searches and hand searches. Studies were eligible if they included an intervention intended to change uptake of routine childhood immunizations, assessed the effect of that intervention, and were either a randomised controlled trial or a well-conducted quasi-experimental design. There were no language restrictions. A total of 972 potential papers were identified by the searches, of which 67 original primary research papers were eligible for inclusion in the review. \*please note that the review will be updated prior to the conference so this information may subsequently change. Results: Of the papers included in the review, 31 papers dealt with patient reminder recall, 6 with patient education, 3 with community outreach, 4 with patient financial incentives, and 4 with comparisons across multiple categories. Practitioner interventions included 3 on practitioner reminder/feedback, 3 on financial inducements, and one each on provider education and case management. Nine papers dealt with multiple cross-category interventions, while one paper considered the delivery of vaccines and one evaluated care plan changes. Information on the costs or cost-effectiveness of these interventions was limited. The review was limited in some areas by the lack of primary research available, but indicated that multiple strategies were the most effective approach, having a cumulative effect and increasing uptake at the margin. Educational interventions are infrequently and often poorly evaluated, particularly in contrast to the level of political support for their use. Taking into account the wider literature and under-evaluated international approaches, a range of possible strategies for Britain to consider are presented for discussion and evaluation, and the political and economic ramifications of these considered, to highlight potentially fruitful areas for future research.

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**First author:** Herrero, Juan

**Title:** *Ageing and new forms of social life in the Information Society*

**Authors:** Juan Herrero, Ph.D., University of Oviedo Enrique Gracia, Ph.D., University of Valencia Marisol Lilla, Ph.D, University of Valencia

**Abstract:** In Spain, Internet usage is asymmetrically distributed across age. Specifically, only around 20% of people older than 55 years are an Internet user, clearly below the Spanish average (around 50%). Usage of new technologies is a core element of new forms of social life in the Information Society. From this point of view, older population is at risk of social exclusion of these new forms of social life because, according to recent psychosocial theory, access to Information Society allows new ways of maintaining and creating social



relationships and allows new forms of active participation in society. In this study we explore Internet usage among a Spanish representative sample of 405 individuals 55 years and older. Mainly, we focused on Internet as a mean to create new social relationships and maintain the old ones. Results show that most participants created new social relationships through Internet. Furthermore, in almost 75% of these cases personal matters were shared, thus becoming close relationships. Also, a similar percentage of participants used Internet to maintain old close social relationships (family, friends, etc). These results are discussed paying attention to the role that access to the Information Society would have for older people in terms of social participation and both active social life and ageing. Implications for public policies promoting access to new information and communication technologies are also considered.

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**First author:** Hoeg, Mads Andersen

**Title:** *How to write user abstracts for Campbell Reviews*

**Authors:** Mads Andersen Hoeg, C2UG Coordinator, SFI Campbell

**Abstract:** Translating research knowledge into usable information for policy makers and practitioners is a complex task involving several intricate steps. This workshop on how to write a user abstracts on Campbell Reviews will give participants the tools to take the first step in the translation of research into action. The workshop will be based on real-life cases and focus on issues such as knowledge translation, interpretation of results, relevance, focus, presentation, collaboration with researchers, and contextualisation. Participation in the workshop automatically qualifies the person (as a representative of his/her organisation) as a voting member in the Campbell Collaboration Users Group. Read more on the C2UG here [link: <http://www.campbellcollaboration.org/Users/index.php>]

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**First author:** Karbakhsh, Mojgan

**Title:** *Gender preferences for children among Iranian Women*

**Authors:** Karbakhsh Mojgan, MD,MPH, Assistant Professor in community medicine, Tehran University medical Sciences, Tehran, Iran. Mousavi Batol, MD,MPH, Specialist in community medicine, Janbazan Medical and Engineering Research Center (JMERC), Tehran, Iran. Ganjparvar Zohreh, MA in Sociology, Janbazan Medical and Engineering Research Center (JMERC), Tehran, Iran.

**Abstract:** Introduction: Preference for male children has been reported from a number of Asian countries. The aim of this study was to determine if there is such preference for sons among women in Tehran. Methods: This study was designed and developed in 2008. The inclusion criteria were married women of child bearing years (15-45 years). The calculated sample of 400 was recruited through proportional sampling across different areas of Tehran. Public and private recreational and fitness centers for women across all areas of Tehran were used as the sampling frame for the study. The data were collected using a structured questionnaire. The questionnaire was validated by experts in the field of community medicine and epidemiology and was designed to show the presence of gender preference and contributing factors. Results: A total of 415 married female participated in the study. The mean age of the participants and marriage duration were 29.7 (SD equals 6.7) and 6.9 (SD equals 6.6, median equals 5) years, respectively. More than half of the subjects were housewives. Of 197 subjects who had any children, 35.5% had sons, 37.6% had daughters and 25.9% both sons and daughters. About 28.9% of the subjects believed that it's preferable that the first child be a girl, 21.4% preferred it to be a boy and 48% said that they did not have any gender preferences for the first child. The overall sex preference for children were 14% for those women who preferred to have "only daughters", 10.4% for "only sons", and 47.5% for both sexes. About 28.2% said that they did not have any gender preferences. There were not significant relationships between gender preference and age of women, marriage duration and economic status. Discussion: In contract to some



neighboring countries and some Arab regions, no gender preference was observed among our subjects. This is expected as in Iran, gender equity is increasing regarding educational, economic and occupational opportunities for females. Meanwhile, believing or not believing in son preference has deep roots in cultural background of a family or nation and is not just determined by development status of the society and equity and welfare for women. This study was performed in Tehran (capital city of Iran). Further studies targeting different subgroups such as Iranian's male and female from different ethnicity, age groups, and provinces (urban and rural) can provide us with more complete profiles regarding gender preference in Iran.

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**First author:** Kirst, Maritt

**Title:** *A Realist Synthesis: Screening Interventions for Intimate Partner Violence in Health Care Settings*

**Authors:** Patricia O'Campo, PhD, Centre for Research on Inner City Health, St. Michael's Hospital Charoula Tsamis, MA, Centre for Research on Inner City Health, St. Michael's Hospital Farah Ahmad, PhD, MPH, Dalla Lana School of Public Health, University of Toronto Maritt Kirst, PhD, Centre for Research on Inner City Health, St. Michael's Hospital

**Abstract:** Background: Intimate partner violence (IPV) is a major public health issue and has numerous adverse consequences including mortality, physical and mental health morbidity, excess physician and emergency room visits and hospitalizations. Recent health care initiatives have focused on the screening and identification of IPV to improve early detection and referrals to health and social services. At the same time, recent systematic reviews have concluded that there is currently insufficient evidence supporting the benefits of IPV screening interventions. Missing from current reviews is evidence related to the process and practice of screening interventions by healthcare professionals in various healthcare contexts. This is an important but missing piece for policy makers, program planners, and providers within health sectors.

Purpose/Objectives: To re-evaluate the evidence on program mechanisms of IPV screening and identification by health care providers, within a healthcare context, by addressing how IPV screening programs work, for whom they work, and in what circumstances. Methods: Unlike conventional systematic reviews, we utilize Ray Pawson's Realist Review approach with its focus on program mechanisms and inclusion of various types of evidence such as scholarly literature, key documents and interviews with key informants. Systematic, realist reviews can yield information about why and how interventions work to inform the design of policies and programs. Results/Outcomes: In our realist review, we identified studies on 11 programs implementing universal/routine IPV screening. We noted that programs that took a comprehensive approach to screening implementation, incorporating numerous program elements at multiple system-levels, were successful with respect to increasing IPV screening and identification rates. We found evidence of four program mechanisms that facilitated the building of provider screening self-efficacy, and subsequently increased provider screening behaviour. These four mechanisms included: immediate access to onsite/offsite referral, institutional support for IPV interventions, thorough and ongoing provider training, and effective screening protocols. These findings support an IPV screening program approach that is comprehensive and informed by a Social Cognitive theoretical framework that seeks to build provider screening self-efficacy. Further implications of these findings for IPV screening intervention planning and implementation in healthcare settings will be discussed.

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**First author:** Kristjansson, Elizabeth

**Title:** *Costs and cost-outcomes of school feeding programs in LMIC. Further ap*

**Authors:** Rae Galloway, M.S., Path Aulo Gelli, World Food Program Ute Meir, M.A., World Food Program Donald Bundy, PhD, Wolrd Bank Francisco Espejo, MD, MSC, World Food Program The World Bank



**Abstract:** Background. The present paper concerns a cost and cost-outcome study of school meal programs. It is based on a Cochrane/Campbell review of school meals (Kristjansson, 2007), which was one of the first reviews produced by members of the Cochrane Equity Field. This review provided an opportunity to conduct a cost-outcome analysis of school feeding programs. Our main objectives were to: 1) provide an up-to-date, realistic estimate of the costs of school feeding 2) combine these estimates with results of the Kristjansson et al review to estimate all the costs of school feeding programs to the World Food Program, the governments, and communities and 3) provide feasible recommendations for program implementation Methods. We calculated costs for four countries: Kenya, Malawi, Lethoso, and the Gambia using a combination of World Food program documents and interviews with WFP staff, Ministry of Education staff, and teachers (in Kenya). To provide a meaningful comparison, we standardized the days fed to 200 and the energy given to 700kcal. Cost per outcome was calculated by dividing the costs per child per year in each country/region by the average gain (e.g. IQ points, days of attendance, kg of weight) per 200 day school year from the Kristjansson (2007) review. Results. The Kristjansson review demonstrated that school feeding programs were effective in improving attendance and math performance in the long-term, in producing small gains in height, weight, and that they show promise in improving performance on intelligence type tasks. Costs per child per year ranged from \$28 to \$61 dollars a year per child. The cost for an extra day of attendance per child ranged from \$4 to \$12, while the cost of an extra point on the Wide Range Achievement test ranged from \$31.6 to \$69. Conclusion: School feeding programs do improve some aspects of the health of disadvantaged children. We believe that the cost/outcome ratios can be reduced by focusing on enhancing student outcomes in ways that will lead to little cost increase and provide several recommendations for making school feeding programs more effective and cost effective. This is particularly important in an era where world food supplies are dwindling.

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**First author:** Lila, Marisol

**Title:** *Exploring new paths to improve effectiveness and evaluation of Batterer Intervention Programs*

**Authors:** Marisol Lila, PhD., University of Valencia Enrique Gracia, PhD., University of Valencia Juan Herrero, PhD., University of Oviedo

**Abstract:** Since the late 1970s, Batterer Intervention Programs (BIPs) have become a key component in the prevention efforts of violence against women in partner relationship. Currently, batterer programs are becoming part of the criminal justice system (i.e. a court-ordered intervention) in many countries. Therefore, one of the most important issue BIPs have to face is whether they work or not, if they are effective in reducing men's violence towards women. To date, both individual studies, and meta-analyses evaluating batterer intervention program effectiveness provide mixed results. Some of them have concluded that batterer programs as currently configured have modest but positive effects on violence prevention, whereas others conclude that the size effects of these interventions are too small, raising doubts about the effectiveness of court-mandated BIPs. As evidence is inconclusive we cannot discard yet the capacity for violence prevention of batterer intervention programs. Given the importance that the knowledge about batterer program effectiveness has for practitioners, policy makers, courts, as well as victims of violence, it becomes evident the need to explore new theoretical and methodological paths to improve efficacy and evaluation of BIPs. The aim of this paper is to explore the potential of new theoretical and methodological approaches to improve program effectiveness as well as to facilitate BIPs effectiveness evaluations. First, we propose an ecological model as a promising theoretical model to organize the structure and content of BIPs, as this approach ensures inclusion in the program of theoretically relevant variables that otherwise tend to be excluded in traditional approaches to program design. Second, for effectiveness evaluation purposes, we propose the use of a Latent Growth Modeling analytical strategy to explore patterns of change in the main variables of the ecological model. With this approach, for each participant a growth curve in all the variables can be calculated. Also this facilitates the exploration of interrelations among patterns of growth of several variables. This strategy also allows exploring dynamic relationships among variables to better analyze the efficacy of the programs as well as potential flaws that could be occurring during its implementation.



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**First author:** Lipsey, Mark W.

**Title:** *Effect Size Metrics for Recidivism Outcomes in Meta-Analysis of Interventions with Offenders*

**Authors:** Mark W. Lipsey, PhD Peabody Research Institute Vanderbilt University

**Abstract:** A meta-analyst must decide what effect size metric to use for representing the intervention effects reported in the studies of interest. For example, the standardized mean difference, correlation coefficient, odds ratio, or relative risk ratio might all be applicable to at least some forms of the outcome measures reported in those studies. Reoffense recidivism outcomes in studies of interventions with offenders present especial challenges for selection of an effect size metric. Such outcomes are often presented in binary form, e.g., proportion rearrested or not, but not infrequently in continuous form, e.g., mean number of arrests. The effect size metrics most suitable for one form, such as odds ratios for binary outcomes, are not easily applied to other forms. Moreover, the reoffense base rates often vary widely among studies, and different effect size metrics have different sensitivity to base rate differences. An additional issue is that different forms of recidivism are often reported, e.g., rearrest, reconviction, or reincarceration, over different intervals, e.g., 6 or 12 months post-intervention. To produce results comparable across studies, an effect size metric should be relatively insensitive to these differences and respond consistently to the underlying treatment-control differences on the underlying reoffense construct. This presentation will report the results of an extensive empirical investigation of the characteristics of different effect size metrics for recidivism drawn from a large meta-analysis of research on interventions with juvenile offenders. The results provide guidelines for selecting the most appropriate effect size metric for such outcomes, procedures for handling a mix of binary and continuous recidivism outcomes, and techniques for adjusting effect sizes for variation in the ways in which recidivism was measured in the source studies.

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**First author:** Littell, Julia

**Title:** *Systematic review of Multisystemic Therapy: An update*

**Authors:** Julia Littell, Ph.D. Margo Campbell, MSS Stacy Green, MSS Barb Toews, MSS all at Bryn Mawr College

**Abstract:** This paper presents an update of the Campbell/Cochrane review of effects of Multisystemic Therapy (MST) for youth (ages 10-17) with social, emotional, and behavioral problems. MST is a short-term, home-based and community-based intervention that is used to improve youth and family functioning, and prevent out-of-home placement of youth involved in the juvenile justice, child welfare, and mental health service systems. MST was developed in the USA and has been implemented in many other countries. The initial Campbell/Cochrane review of MST was completed in 2005 and included results of eight randomized controlled trials (RCTs); of these, 6 trials were conducted by MST developers in the USA, 1 multi-site trial was conducted in Norway, and 1 multi-site trial was completed in Canada. The updated review includes these studies plus several newer studies, including a multi-site trial conducted in Sweden. Initial results suggest that effects of MST are not consistent across studies, in contrast to the conclusions of many published, traditional reviews. This presentation explores discrepancies between traditional and systematic reviews of MST, problems encountered in secondary analysis of trial data, and issues in updating a Campbell/Cochrane review.

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**First author:** Littell, Julia

**Title:** *Behind the scenes: Campbell Social Welfare reviews*



**Authors:** Julia Littell, Ph.D., Bryn Mawr College Aron Shlonsky, Ph.D., University of Toronto Michael Saini, Ph.D., University of Toronto (additional presenters to be named later)

**Abstract:** In this symposium, presenters discuss issues encountered in the conduct of Campbell systematic reviews in social welfare. Emphasis is on unanticipated problems, issues that are not covered in standard texts or trainings on systematic reviews, and the solutions that Campbell reviewers have found to these problems. Examples include: searches that yield an unmanageable number of hits, difficulty establishing inter-rater agreement, creating workable electronic platforms for coding and storing data, and unanticipated issues that arise in pooling data across studies. Emphasis is on problems that are likely to be encountered in other Campbell systematic reviews, and ways in which we can learn from other reviewers' experiences. Audience members will be encouraged to participate in the identification and resolution of unanticipated problems in social welfare reviews.

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**First author:** Marsh, Kevin

**Title:** *Prioritising investment in public health: A review of the economic evidence*

**Authors:** Dr Kevin Marsh, The Matrix Knowledge Group

**Abstract:** The Department of Health in the UK commissioned Matrix Knowledge Group and Bazian Ltd to determine the effectiveness and cost-effectiveness of 41 interventions in order to inform the prioritisation of investment in public health. The method employed comprised two stages. First, a review of effectiveness studies was undertaken to determine the impact of interventions. Effect size, reliability and relevance were scored using adapted international scoring schemes. These scores were combined to rate the effectiveness of the interventions. Second, recent reviews of economic evaluations of public health interventions were used to identify relevant economic studies, from which evidence of the cost, effect, health gain, and public sector costs savings associated with the interventions was extracted. Cost-effectiveness, reliability and relevance were scored using adapted international scoring schemes. These scores were combined to rate the cost-effectiveness of the interventions. The economic studies identified were heterogeneous in terms of their research design, intervention type, and measures of efficiency used. Hence, they could not be synthesised quantitatively. Therefore, a weighted vote-counting method was used to synthesise the economic data. The review identified 8 interventions that are both effective and cost-effective and should therefore be considered in any prioritisation process. A number of other interventions were found to be effective, but there was insufficient evidence to draw conclusions regarding their cost-effectiveness. Specifically, no economic evidence was identified for 15 of the 41 interventions. However, the analysis was unable to conclude regarding the cost-effectiveness of another 15 interventions, not because there was no data, but because the economic evidence that was identified took the form of a cost-effectiveness analysis where effectiveness was measured by change in behaviour. There is evidence to suggest that a number of public health interventions represent an efficient use of healthcare resources. However, there are important gaps in the evidence and further research is required before we can conclude which public health interventions should be prioritised.

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**First author:** Marsh, Kevin

**Title:** *The value of training the children's workforce: An example of the use of modelling techniques to sup*

**Authors:** Dr Kevin Marsh, The Matrix Knowledge Group Evelina Bertanou, The Matrix Knowledge Group Miguel Garcia-Sanchez, The Matrix Knowledge Group Sarah Dobbins, The Matrix Knowledge Group

**Abstract:** The Children's Workforce Development Council commissioned the Matrix Knowledge Group to construct an economic framework for assessing investment in skills development for people who work in the children's workforce. Given the dearth of economic evaluations of improvements in the skills of the children's



workforce, a review of the literature was insufficient to answer this question. Consequently, a review of the literature was supplemented by decision-analytic modelling techniques, an approach that corresponds with the recommendations of the Campbell and Cochrane Economic Method Group Policy Brief. The method adopted comprised two stages. A rapid evidence assessment was undertaken to identify studies on the relationship between the skills and/or qualifications of the children's workforce and improvements in children's outcomes (defines as those contained within the Every Child Matters Outcomes Framework). Building on the review, an economic model was then built to estimate the number of children in England who could benefit from the improvements in skills identified in the literature, and the value to the English economy and society of investing in such improvements in skills and/or qualifications. The construction of the economic model was informed by supplementary searches. The results of the study include an assessment of the effects and value associated with investments in the skills of the children's workforce, including an assessment of the distribution of the benefits of such investments, both between different stakeholder groups and over time. The discussion considers the implications of the study for how review methods can be used to inform economic analysis. In particular, this reflects on the lessons for the use of economic modelling techniques to supplement review methods where there are substantial gaps in the literature.

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**First author:** Marsh, Kevin

**Title:** *Using review methods for economic evaluation: Lessons from the social welfare field*

**Authors:** Dr Kevin Marsh, The Matrix Knowledge Group Jennifer Francis, Social Care Institute for Excellence

**Abstract:** The Campbell and Cochrane Economic Methods Group (CCEMG) recently published its policy brief outlining key issues concerning the use of review methods to inform economic evaluation. The brief covers the following policy areas; education, criminal justice and social welfare. The design of reviews in these areas must consider the variations between these policy areas, including differences in the available evidence base and the objectives of decision makers. This paper considers the implications of the different policy contexts for the way in which economic evaluations are undertaken. Using social welfare as the main point of reference, the paper asks, what are the challenges posed to economists by different policy areas, and what are the implications for using review methods to inform and undertake economic evaluation? The paper draws insights from two sources. First, work recently commissioned by the Social Care Institute for Excellence (SCIE) in the UK on how economic evaluation should be undertaken in the social care field, and methods for costing social care interventions. Second, papers presented to the workshop 'Evidence-based economics: Health and other policy areas' held in London in late 2008. The paper highlights the particular features of social welfare which require a distinct approach to the application of review methods in economic evaluation. Specifically they include; the complexity of the funding and delivery of social welfare, the centrality of service users and the personalisation agenda, the significant contribution of informal carers, the importance of fairness and efficiency, and the paucity of the economics evidence base. Each aspect is discussed and proposals made about how review and economics methods could be combined to respond to the features of social welfare and variation in other policy fields.

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**First author:** Martins, Ana

**Title:** *Incorporation of Family intervention in schizophrenia*

**Authors:** Maria Goretti Andrade Rodrigues, Doctor, Leticia Krauss Silva, ph.D, Ana Cristina Marques, ANS

**Abstract:** The adverse consequences for family members of severe psychiatric conditions have been studied for five decades, in the context of the Brazilian psychiatric reform. This study aimed to assess the efficacy of



family interventions by relatives of schizophrenic patients under community care, specifically targeting relapse and family burden as outcomes. The work also intends to initiate a discussion of the opportunities and barriers to the incorporation of that procedure in the public community mental health centers in Brazil. The theoretical and methodological foundations of that approach are briefly introduced. Independent researchers conducted the selection and analyses of the pertinence and quality of trials identified, following a previously developed protocol. Our research strategy included: electronic database searches including Lilacs, Medline, Cochrane Library, government and congress web sites, examination of the bibliographies in articles. The study included a detailed analysis of the quality of design and performance and the clinical heterogeneity. Eleven randomized or quasi randomized trials met the inclusion criteria. The summary relative risk of relapse was favorable to family intervention, with estimated efficacy reaching nearly sixty per cent. Summary relative risk in the cognitive-behavioral therapy trials subgroup, was equivalent to that of the behavioral therapy subgroup, and the pragmatic subgroup, although the pragmatic trials were generally analyzed for effective treatment. The difference in summary overall risk of relapse was nearly thirty per cent using the random effects model. Only four trials analyzed family burden as outcome, including different dimensions of burden. Results of individual trials were generally favorable to family intervention, for both the objective and subjective dimensions. Nowadays, the general approach of Family Intervention is not part of the Brazilian program for the mental health community centers. Our conclusions regarding the incorporation of evidence based family intervention in our community centers. It requires flexibility on the specific staff requirements, appreciation of this approach by the various professionals in the mental health team, and that the current work done by the multiple families group be maintained. The cognitive-behavioral approach of Family Intervention for the condition schizophrenia is an efficacious procedure for the community care of that condition, according to scientific evidences, for both the patient and his/her relatives' health. The duration of the Family Intervention varies according to the severity of the condition, the characteristics of the family, the spectrum of the mental health community program and to the social context.

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**First author:** Mayfield, Belinda

**Title:** *Developing a systematic map on foster care: an Australian example*

**Authors:** Belinda Mayfield, BSW PhD candidate

**Abstract:** This presentation will examine the utility of a systematic map of foster care research, as a tool to engage with “users”, including policy-makers and researchers, to: • Locate the available Australian research in the broader context of research conducted internationally; • Examine the potential use of a searchable bibliographic database from the perspectives of different ‘users’; • Identify priorities for narrower policy and practice-relevant systematic review questions; • Contribute to the national research agenda by identifying gaps in research, areas where testing the transferability of international research to the Australian context may be required, and opportunities for possible collaborations and comparative studies both nationally and overseas. The presentation draws on a current PhD study aimed at examining the nature of the current foster care literature and increasing the accessibility of research findings. The study has been developed from the perspective of an ‘insider researcher’ who currently holds a policy position in a statutory agency and within a context of systemic reform occurring in child protection specifically in the state of Queensland and Australia more broadly. The study is contextualised in child welfare research, a field characterised by new primary studies without a strong focus on the cumulation of past research results. This trend contributes to the fragmentation of the knowledge base and limits its applicability. Difficulties in accessing research are further compounded in Australia because of the lack of comprehensive local research and therefore a reliance on research conducted overseas. Faced with numerous reports and research studies that indicate that outcomes for children in foster care are poor, the need for a robust, consolidated knowledge base to inform effective practice is paramount and the current reform agendas being progressed by state and territory jurisdictions in Australia provide a crucial gateway to support policy and practice developments. The presentation commences with a brief overview of the background to the study, including rationale and aims. Preliminary findings from the research study are then presented, along with some of the methodological challenges



encountered, including issues of scope, developing a robust search term strategy when different terminology is used across jurisdictions and developing topic areas to map the studies identified.

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**First author:** Middleton, John

**Title:** *Applying better evidence for better community safety : the experience of the Safer Sandwell Partners*

**Authors:** John Middleton BM, FFPH, DTM&H

**Abstract:** The 1995 Sandwell annual public health report trailed themes of safety and health and the then evidence-base for interventions including drugs and alcohol, child protection, environmental planning and the 'epidemiology of crime'. A subsequent project led by the JM, the West Midlands 'Crimegrip' project sought to raise awareness of evidence-based policy and practice in the field of criminal justice and health. Crimegrip produced a number of reports on the strength of evidence, the local baseline positions and understanding of local professionals and barriers to implementation in the West Midlands. The subjects covered have included methadone maintenance in drug rehabilitation, early years interventions, street lighting, drugs education, youth mentoring, alcohol brief interventions, responsible beverage server education and alcohol related crime and restorative justice programmes. In 2006 the Safer Sandwell Partnership reviewed the strength of evidence based policy interventions in its portfolio, drawing on other evidence including that for neighbourhood policing, community trials programme of alcohol interventions, CCTV and youth offending programmes. The paper will report the processes of bringing to the understanding of local policy officials the need for and use of high standards of research evidence in developing and implementing local policies to reduce crime and improve health. The paper will report some of the outcomes with regard to reductions in alcohol related violent crime, domestic violence and domestic burglary.

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**First author:** Miguel, Edward

**Title:** *A Synthetic Review of Household Valuations of Water Quality Improvements in Developing Countries*

**Authors:** Michael Kremer, Ph.D., Harvard University Edward Miguel, Ph.D., University of California, Berkeley Clair Null, Ph.D. candidate, University of California, Berkeley Alix Zwane, Ph.D., google.org

**Abstract:** Diarrheal diseases kill two million children every year despite the availability of effective and inexpensive technologies to improve water quality and prevent the spread of infections. There is a growing literature on the effectiveness of such technologies but important gaps remain in our understanding of the factors that encourage or inhibit mothers from adopting these products and techniques. Our synthetic review, sponsored by 3ie, expands upon and complements several existing summary articles by focusing on evidence from randomized evaluations that shed light on the underlying behavioral mechanisms that are necessary for water treatment technologies to translate into health gains. The medical effectiveness of point-of-use water treatment and hand washing in particular have been well established. However, most studies intended to assess biomedical impacts rely on interventions intended to generate high levels of uptake over short periods. As noted in White (2008), such impact evaluations do not provide actionable guidance to policymakers about how to implement apparently beneficial interventions. In practice, health benefits depend on private demand for health and health products, and individual decisions to adopt and consistently adhere to certain behaviors. Moreover, the cost-effectiveness of such interventions, and related programs that improve source water quality or sanitation conditions, depend crucially on institutional design and delivery mechanisms. Understanding determinants of adoption is crucial for developing institutions that can support sustained take-up. We discuss both externalities and private valuation as factors that shape demand curves for health products and must therefore be taken into account in policy design. We review the findings from the few impact evaluations that have considered willingness to pay as an outcome variable (e.g. Ashraf



et. al., 2008; Clasen et al., 2004; Kremer et al. 2008a and 2008b; Luby et al., 2008) and discuss how to interpret alternative measures including both stated and revealed preference approaches. Methodological challenges to developing rigorous measures of valuation are reviewed, with an eye to providing guidance to researchers at the project design phase. A consistent and discouraging trend emerges from the valuation studies we review – even with major documented health improvements, willingness to pay for water quality improvements is almost always less than the cost of the technology. We draw conclusions about alternative delivery mechanisms for water treatment products and infrastructure given existing evidence on demand and willingness to pay. Finally, we consider the role of legal institutions and the question of whether a lack of private property rights over water resources can lead to under-investment in source water quality improvements or inadequate maintenance of existing infrastructure. We explore the implications of this debate for efforts to reduce diarrheal mortality. This review article should guide engineers as well as policymakers and researchers by describing demand for health and clean water, and the factors that influence demand, and by highlighting research gaps related to these questions. We also emphasize the flexibility of rigorous evaluations as a tool for informing the policy debate in this sector and provide guidance on the types of rigorous evaluations that may hold the most promise.

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**First author:** Mousavi, Batol

**Title:** *Equality of Educational opportunities in Iran*

**Authors:** •Mousavi Batol MD, MPH, Specialist in community medicine, Janbazan Medical and Engineering Research Center (JMERC), Tehran, Iran. •Karbakhsh Mojgan, MD, MPH, Assistant Professor in community medicine, Tehran University medical Sciences •Ganjparvar Zohreh, MA in Sociology, Janbazan Medical and Engineering Research Center (JMERC), Tehran, Iran.

**Abstract:** Introduction: Gender-based equality is a dimension of human development index. Most developing nations face challenges in this regard. We aimed to investigate educational opportunities for both genders regarding enrollment in schools of Iran. Methods: The male to female ratio in all 30 provinces of Iran in each stage (elementary, guidance and high school) for the year 2008 were used to assess equality of academic opportunities. The analysis was based on existing data of Ministry of Education and was available for urban and rural areas separately. Results: A total of 14,415,668 students (20.45% of Iranian population) were enrolled in Iranian schools in 2007-08. The overall male to female ratio was 1.06. This ratio varied from 0.99 to 1.18 in different provinces. The mean ratios for primary, guidance and high schools and were 1.06, 1.12 and 1.10, respectively. The gap among provinces regarding sex ratio of students enrolled for guidance school was wider than primary school. Generally, less developed provinces and rural areas had higher ratios. Some rural areas in primary and guidance stages had ratios as high as nearly twice the national mean. The range varied from 0.92 to 1.75 in different regions of the country. The male to female ratio in most provinces was generally higher than 1 in all stages. Nevertheless, the ratio inverted to 0.64 and 0.59 at the college and university level, respectively. Discussion: sex ratio of enrolled students varied throughout the country in rural/urban areas and developed/less developed provinces yet the overall ratio was similar to population sex ratio (1.05). Interestingly, female students who have the opportunity of enrolling for guidance school are more probable to continue to high school. In addition, females enjoy higher rates of continuing their educations after school.

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**First author:** Murza, Kimberly

**Title:** *Story Grammar Instruction to Improve Narrative Comprehension and Production in Children*

**Authors:** Kimberly Murza, MA, University of Central Florida Anna Montemurro, BA, University of Central Florida Jessica Weber, University of Central Florida Jamie Schwartz, Ph.D., University of Central Florida Chad Nye, Ph.D., University of Central Florida



**Abstract:** Storybook reading is one of the first activities young children are exposed to in school. Though narratives follow a predictable structure, some children need explicit instruction in story grammar components (e.g. character, setting, episode, reaction, etc.) to comprehend and retell storybooks. The purpose of this paper is to report the results of a systematic review of the effectiveness of story grammar instruction to improve narrative comprehension and narrative production in children aged 3 to 22 years. Method Inclusion Criteria Types of Studies RCTs or quasi-experimental group designs trials Types of Participants 1) Typically developing children aged 3 to 18 years 2) Children aged 3 to 22 years who had been identified with special needs (e.g. language disordered, learning disability, etc.) attending school. Types of Interventions Included interventions reported instruction of at least one aspect of story grammar (e.g., character, setting, episode, plan, action, consequence, reaction). Types of Outcomes Any comprehension or production skill measured using standardized or non-standardized measures (e.g., reading or listening comprehension, oral or written production). Information Retrieval The following databases were used to search for studies that matched our inclusion criteria: ERIC, PsycINFO, Dissertation Abstracts International, British Educational Index, Canadian Educational Index, and Francis. The following terms were used The following search terms were used to retrieve potential studies for inclusion in the review: story grammar OR story structure OR story element OR story elements OR narrative grammar OR narrative structure OR narrative element OR narrative elements AND interven\* OR treat\* OR instruct\* OR teach\* OR therapy. Data Extraction All included studies were double coded using a coding form and an accompanying code-book defining all of the terms of the coding form. Any conflicts were resolved by discussion between the coders or third party consultation. Analysis & Synthesis We calculated individual effect sizes for each outcome comparison reported in each study. To obtain a global effect size of treatment effect per study, we aggregated all effect sizes reported in that study. Hedge's g was used to calculate all effect sizes Across Study Synthesis We also calculated outcome effects of conceptually similar outcomes aggregated across studies. We also conducted heterogeneity and sensitivity analyses. Post Hoc Subgroup & Moderator Analysis We will examine a limited number of specific subsets or study moderators to analyze their impact such as types of treatment age of participant, or length of treatment.

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**First author:** NGULUBE, Thabale

**Title:** *Effectiveness of health interventions in Zambia & the balance between good and harmful effects*

**Authors:** Thabale Jack Ngulube, MD, PhD, CHESSORE Bernard Kunda, CHESSORE Winnie Viyola, CHESSORE

**Abstract:** Public health interventions are not only useful for ensuring longer and better health lives, but they can also serve a complementary social function that help to promote personal and communal well-being. A prerequisite to this broad social action would be how well people participate in and collaborate with the public health system. This calls for a dynamic equilibrium between how people live and how the public health system responds to the challenges that arise. However, in a country like Zambia this dynamic equilibrium has been difficult to attain and seems to be further pushed into disequilibrium with forces such as globalization; thereby making action on the social determinants of health a challenging prospect. The work undertaken by Equity Gauge Zambia in the last few years highlights this picture and raises some challenges that the Zambian public Health System needs to come to terms with in providing effective interventions for better health. The Equity Gauge Zambia project has been undertaken in Zambia by the Centre for Health, SCience & Social Research (CHESSORE) since 2001

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**First author:** Ostman, Katrin

**Title:** *International collaboration on commissioning and identifying review questions*



**Authors:** Gunilla Fahlström, Ph.D, Katrin Östman, M.Pol.Sc., Institute for Evidence-Based Social Work Practice, IMS, Socialstyrelsen, SE-106 30 Stockholm, Sweden

**Abstract:** It has become more common that outcome research and systematic reviews are commissioned by national governments. This workshop deals with the process of identifying and negotiating needs of knowledge, commissioning research reviews, synthesizing relevant research knowledge, and implementing the results in policy and practice. This process would benefit from more international collaboration in order to avoid duplication of research and waste of resources. The discussion is exemplified by a systematic review on different types of staff training as a tool to improve elder care that was commissioned by the Swedish government.

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**First author:** PANISSET, Ulysses

**Title:** *EVIPNet: evidence-informed policies to improve health in Low and Middle Income Countries*

**Authors:** Ulysses B. Panisset, MD, PhD Knowledge Translation coordinator, World Health Organization

**Abstract:** Policy and decision making in public health can be a risky undertaking, as policies developed and implemented by governments affect large populations. Studies have shown that policies influenced by sound scientific evidence and best practices can significantly improve public health outcomes. When it comes to low-and middle-income countries, the stakes are even higher. The allocation of scarce resources has equity, efficacy and efficiency implications. If decision-makers ignore evidence on the root causes and solutions of problems, they risk wasting precious resources and, most of all, failing to improve the health situation, with sharp consequences for the poorest. Improving health services – and coordinating decisions with other sectors – requires innovative thinking that address the production, accessibility, communication and uptake of research results. The emerging field of Knowledge Translation (KT) emphasizes different modes of producing knowledge and new means of engaging decision makers and civil society in research processes, creating evidence-informed policy options and policy-informed research. The literature on KT identifies four different models of KT: • “push mechanisms”: researchers synthesizing evidence for policy (e.g. policy briefs and contextualized systematic review summaries); • “pull mechanisms”: decision-makers capacity to use research and evidence; • “exchange efforts”: bringing researchers, decision-makers, other research users together; • “integrated efforts”: the three models interact through the Knowledge Translation Platforms EVIPNet is dedicated to exploring these models in Africa, Asia and Latin America , while appreciating the diversity of national contexts. EVIPNet is a World Health Organization supported programme that promotes partnerships at the country level between government policymakers, researchers, and civil society. It is the backbone of a global network, exchanging best practices, useful tools, and core strategies for promoting the systematic use of research evidence in policymaking. EVIPNet activities include choosing a priority topic and producing a contextualized policy option summary based on systematic reviews and other high quality evidence, while learning together by doing, to better working together in implementing policies. EVIPNet country teams convene a national policy dialogue for each policy brief, with government officials and other key stakeholders to discuss how to better address the priority issue. A key input to is the information about on-the-ground realities and constraints, values, interest group dynamics, tacit knowledge, best practices, the input of different sectors, and potential institutional constraints and facilitators. A 5-year monitoring and evaluation process helps identify best practices and the efficacy of innovative methodologies applied by EVIPNet country teams.

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**First author:** Pavelko, Stacey

**Title:** *Does storybook reading increase the vocabulary skills of at risk preschool students?*



**Authors:** Stacey Pavelko, MA, University of Central Florida Joy Johnson, BS, University of Central Florida Kera Obrien, BS, University of Central Florida Jamie Schwartz, Ph.D., University of Central Florida

**Abstract:** The Head Start Impact study (2005) reported that children participating in Head Start Preschool programs made gains in areas of language/literacy compared to children who did not participate in the programs. However, many children from low-income families continue to enter kindergarten significantly behind their more advantaged peers in terms of readiness for school. One intervention that has been supported in the literature is storybook reading (Walsh, 2008; Scarborough & Dobrich, 1994; Bus, Ijzendoorn, & Pellegrini, 1995). The purpose of this paper is to report the results of a systematic review of the effect of shared storybook reading on the vocabulary development of at risk preschoolers. Inclusion Criteria Design: Only studies that utilize an RCT or quasi-experimental design with a statistical or matching comparison at the pre-treatment stage will be included in this review. Participants: -- preschool-aged children between 2;0-5;11 (or the international equivalent) who have not begun formal elementary instruction -- at risk for later reading difficulties (e.g., low SES or maternal education, English language learners, minority, rural, late talkers. Studies will be excluded if the participants present with a recognized social, emotional, sensory, behavioral, or cognitive deficit or disability (e.g., mental retardation, deafness, autism). Intervention: Only studies that employ a storybook reading intervention will be included. Outcome: Studies must report a quantitative vocabulary measure post-intervention using either standardized or non-standardized measures. Data Extraction: Full-text will be retrieved for all studies that meet all of the inclusion criteria and will be coded by two reviewers. Analysis & Synthesis We will calculate all effect sizes using Hedge's g. Within Study Synthesis Some of the studies may report multiple outcome comparisons. We will calculate an individual effect size for each comparison in the study and aggregate all effect sizes in that study to obtain a global measure of treatment effect for that particular study. Across Study Synthesis We will conduct heterogeneity analysis and sensitivity analysis. We will conduct an assessment of publication bias using unpublished vs. published categorization using a funnel plot as a visual representation of potential publication bias. Post Hoc Subgroup and Moderator Analyses We will examine a limited number of these subgroup comparisons. These analyses may include: 1. Efficacy vs. Effectiveness studies 2. Intention to Treat vs. Active Treatment only 3. Age of Participant 4. Length of Treatment. Principles and findings from this review may have application across countries, cultures, and socioeconomic groups.

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**First author:** Pearson, Mark

**Title:** *Synthesising and utilising complex evidence to inform policy in education and health*

**Authors:** Henry Potts, Geoff Wong, Rod Sheaff, Mark Pearson

**Abstract:** This session comprises four papers that consider how systematic review methods may be developed in order to make the best use of complex evidence in education and health. The methods and approaches reflected upon in these papers are not drawn from a single research tradition, but share a common goal of broadening the methodological scope of systematic reviews and better understanding the utilisation of knowledge produced in this way. The first paper (Henry Potts) reports an ongoing review using a meta-narrative approach to make sense of the diverse sources of knowledge regarding electronic patient records. The review method has stressed the importance of understanding knowledge from within the research tradition in which it was produced; it is argued that this has important implications for the way that evidence is utilised in the policy making process. The second paper (Geoff Wong) reflects upon the experience of using an explicit realist approach in the synthesis of the evidence in Internet based learning. This realist synthesis offers a method of making sense of the highly heterogeneous and context dependent evidence which exists in this field thus enabling greater insights into what makes such educational interventions 'work'. The third paper (Rod Sheaff) reports a review of the predominantly qualitative research literature on organisational structures and their impacts upon policy outcomes in health systems. A scoping study found 14389 relevant papers of which 1568 were selected for review. These studies were very variable in the amount and quality of the qualitative data, hence 'evidence', which they reported. The paper describes



an attempt to adapt realist methods so as to synthesise such bodies of research in ways which take account of this variation in the strength of qualitative evidence. The fourth paper (Mark Pearson) draws upon the work of Donald Campbell and colleagues in order to gain a fuller understanding of how systematic reviews are utilised in the policy making process. It is argued that interpretive approaches to understanding policy making (such as rhetorical analysis) need to be tempered with a more nuanced understanding of research validity. The case is made that interpretive approaches not only can, but should, be melded with research validity to increase understanding of the policy making process.

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**First author:** Pearson, Mark

**Title:** *Exploring search strategies for identifying barriers to and facilitators of programme delivery*

**Authors:** Mark Pearson, BA, MRes, PhD, PenTAG (Peninsula Medical School) Kate Ashton, BSc, MSc, PenTAG (Peninsula Medical School) Tiffany Moxham, BA, MLIS, PenTAG (Peninsula Medical School)

**Abstract:** It has been suggested that protocol-driven search strategies are of limited use for identifying evidence related to complex interventions, with some of the most important evidence being unearthed informally whilst queuing in a university café (Greenhalgh & Peacock, 2005). In this presentation, we reflect on our experience of using a range of search strategies to identify qualitative research for a systematic review of factors that influence the successful delivery of cardiovascular disease prevention programmes: 1) A qualitative research filter applied to a protocol-driven clinical effectiveness search strategy 2) Targeted searches 3) Contacting the study authors of included programmes 4) Reference checking Of the 30 studies included in the final review, two-thirds were identified using the first of these strategies (a protocol-driven search with a qualitative research filter). The remaining one-third of the included papers were identified using alternative search strategies (targeted, suggestions by study authors, and reference checking). We found these alternative strategies to differ considerably in their contribution; in this review, contacting study authors proved to be a resource-intensive process that yielded minimal results. However, targeted searches and reference checking, whilst also resource-intensive processes, enabled us to find evidence that was not found using other strategies. Our experience suggests that whilst protocol-driven clinical effectiveness search strategies are important at the outset of a systematic review of complex interventions, they are insufficient if conducted in isolation from other (at present less methodologically-developed) search strategies. We conclude that critical reflection on the utility of implementing alternative search strategies across a range of complex interventions is vital for the development of such strategies.

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**First author:** Perry, Amanda

**Title:** *Are Depression Screening Inventories used in healthcare appropriate with prisoner populations?*

**Authors:** Amanda Perry, PhD, C.Psychol, Centre for Criminal Justice Economics and Psychology, University of York, UK

**Abstract:** Are the Beck Depression Inventory and the Beck Hopelessness Scale appropriate screening tools for measuring depression in offenders? Background: Mental illness in the prison population is reportedly much higher than within the general population. The screening and accurate identification of individuals who may be suffering from depression is therefore important in preventing severe episodes of mental illness or attempted suicide and self harm behaviour. The Beck Depression Inventory and Beck Hopelessness Scale are used extensively in healthcare as a screening tool to indicate those at risk of depression but these scales have not yet been extensively validated within an offender population. Objectives: The primary aim of this research was to assess the epidemiological and demographic characteristics of offenders completing the Beck Depression Inventory and the Beck Hopelessness Scale. Method: Using a cross sectional validation design data were collected from six HM Prisons in the UK between Jan 1st 2002 and Jan 31st 2004. The



questionnaires were distributed by prison staff and the results entered into a statistical package for analysis. Data analysis: The data were analysed using parametric and non parametric tests and comparisons made findings from other studies conducted in healthcare settings (including those from low income countries). A Receiver Operator Characteristic curve was used to assess the sensitivity and specificity of the Beck Depression Inventory and the Beck Hopelessness Scale in the offender population. Results: Responses on the Beck Depression Inventory and the Beck Hopelessness scale were significantly higher than those presented in psychiatric outpatient populations. Particularly high scoring items on the Beck Depression Inventory included 'feelings of guilt' and 'punishment'. Sensitivity and specificity values were found to be acceptable and optimum threshold levels are presented in comparison to findings from low income countries and other populations in healthcare settings. Conclusion: Screening for depression in prisoners has generated a range of cut off points for the identification of those at risk. These serve as a bench mark for service planners and practitioners.

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**First author:** Petticrew, Mark

**Title:** *Systematic reviews and health equity: the role and risks of subgroup analyses*

**Authors:** Mark Petticrew. PhD. Dept. of Public Health and Policy, London School of Tropical Medicine and Hygiene. Peter Tugwell. MD, MSc. Institute of Population Health, University of Ottawa. Vivian Welch. MSc, PhD (Candidate). Institute of Population Health, University of Ottawa. Erin Ueffing. BHS (Hons), MHSc. Institute of Population Health, University of Ottawa. Elizabeth A. Kristjansson, M.A. PhD, Centre for Global Health, University of Ottawa.

**Abstract:** Systematic reviews have been advocated as a key source of information on effective means of tackling inequalities in health. However there is some evidence that the best evidence is currently skewed towards non-disadvantaged settings, and that current systematic reviews tend not to provide evidence on differential effectiveness. This is important omission; the recent WHO report on the Social Determinants of Health noted: "For policy, however important an ethical imperative, values alone are insufficient. There needs to be evidence on what can be done and what is likely to work in practice to improve health and reduce health inequities". Subgroup analysis is likely to become more common as systematic reviewers in public health and related areas increasingly turn their attention to the relative effectiveness of interventions (such as social policies) in different socioeconomic groups, in an attempt to identify interventions with the potential to reduce income-related health inequities. This is not new; systematic reviewers have argued for some years for the importance of exploring moderator effects in systematic reviews, and the Campbell Equity Methods Group (co-registered with the Cochrane Health Equity Field) is currently developing methods in this area. Making systematic reviews more equity-focused is also consistent with the Campbell Collaboration's goal of helping people "make well-informed decisions about the effects of interventions in the social, Behavioral and educational arenas." However there are significant challenges for systematic reviewers with respect to the specification, conduct and interpretation of subgroup analyses, which have traditionally been seen as potentially biased, difficult to interpret and at particular risk of Type 1 error ("false positives"). There are also other potential analytic and publication biases.[1] Further evidence on this issue is provided by a survey of US and European RCTs, which found that American studies were five times more likely than European trials to report information on the ethnicity of participants. The authors suggested that this reflects deliberate recruitment policies to ensure that trials are representative, and the fact that all large federally-supported programmes are required to report statistics according to race or ethnicity. This implies that evidence on subgroup effects may vary between countries - posing another difficulty for decision-makers seeking to interpret and extrapolate from systematic reviews. This symposium will summarise the role, and risks of subgroup analyses in equity-focussed systematic reviews, using illustrative examples from public health, health promotion, education and other fields. It will also propose, for discussion, a set of recommendations for the conduct and interpretation of subgroup analyses in equity-focussed systematic reviews. References: 1. Cooper H. & Hedges L. The Handbook of Research Synthesis. Russell Sage, New York, 1994; pp508-509.



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**First author:** Proly, Janet L.

**Title:** *Systematic review of graphic organizer use in reading comprehension of expository text*

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**Abstract:** Graphic Organizer Use with Elementary through Post-Secondary Students for Reading Comprehension of Expository Text Abstract Unfortunately, educational research has not focused on reading comprehension of expository text, even though reportedly only about one-third of U.S. third and eighth graders are at proficient reading achievement levels (National Assessment of Educational Progress (NAEP), 2007). Moreover, trends over the past twenty years actually indicate a significant decrease in high-school reading achievement scores (Perie, Moran, & Lutkas, 2005). Attention needs to shift to the role teachers can play in helping to facilitate reading comprehension of expository text commonly found in content area teaching of subjects such as science, social studies, history and geography. One method to help facilitate the comprehension of expository text is the use of graphic organizers. The strategy is designed to break down the text visually for the students, thus increasing reading comprehension. Graphic organizers are visual portrayals or illustrations that depict relationships among the key concepts taken from the learning task (Hudson, Lignugaris-Kraft, & Miller, 1993; Moore & Readence, 1984). Graphic organizers have been used and promoted as a strategy for teaching expository text for several decades, although, only since the mid 1980's has research increased to support or refute the use of graphic organizers (Nesbit & Adesope, 2006). Several systematic reviews and meta-analyses have been conducted investigating the effectiveness of using graphic organizers to promote students' comprehension of expository text. These reviews have reported varying degrees of effectiveness (Horton et al., 1993; Moore & Readence, 1980, 1984; Ae-Hwa Kim et al., 2004; Nesbit & Adesope, 2006). More than three years have passed since the most recent search on the subject, by Nesbit and Adesope, ending in May 2005. This presentation examines the effectiveness of graphic organizers on reading comprehension of expository text by including the new studies published since May 2005, expanding the population examined to kindergarten through postsecondary school, and examining the effects of graphic organizer use with both regular education students and learning disabled (LD) students. A comprehensive analysis of the effects of graphic organizers throughout the ages will allow teachers of all students to best determine how graphic organizers can be used to enhance reading comprehension of expository text.

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**First author:** Ramzani, Mariam

**Title:** *Economic and Financing Policies in Iran's Health Sector*

**Authors:** Mariam Ramzani, M.A. in Health Economics, Senior Expert of Office for Financial Planning and Budgeting, Iran's Ministry of Health and Medical Education

**Abstract:** Abstract This study introduces optimal health economic and financial policies in Iran. These policies in Iran is directed by the authorities that are traditionally mostly concerned about health practice, especially in the public sector, regarding financial and economic aspects passive to whatever the health practice is willing or able to do. This implies that the attention paid to the economic aspects of health



performance is left to the analyses and decisions from other groups, outside the health sector. The study takes account of the main economic characteristics of Iran's health sector and its performances to provide the rationale for government intervention in the sector. This means that if the health authorities are concerned about out-of-pocket payments, social health insurance performance and coverage, for-profit and not-for-profit health institutions performances, and shares of the main financial sources in total health expenditure, they need to specify a number of objectives and targets, and then, establish policies to move toward the targets. The policies take account of main issues in the health economics context for role of the public sector, requirements for social health insurance, and shares of the main sources of funds in total health expenditure.

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**First author:** Rapp, Richard C.

**Title:** *Effectiveness of case management in treating substance abusers: Results of a metaanalysis*

**Authors:** Richard C. Rapp, M.S.W., Wright State University, Dayton, Ohio Wouter Vanderplasschen, Ph.D., Universiteit Gent, Ghent, Belgium Morten Hesse, Ph.D., Aarhus Universiteit, Aarhus, Denmark Mats Fridell, P.D., Lund University, Lund, Sweden Eric Broekaert, Ph.D., Universiteit Gent, Ghent, Belgium

**Abstract:** INTRODUCTION Developing countries that seek to strengthen their substance abuse continuum of care can benefit from previous research that is relevant to their planned changes. One of the interventions that may be considered for inclusion in their continuum of care is case management, adapted from the mental health field and now widely used with substance abusers. This discussion will provide the results of a meta-analysis of case management with substance abusers. Research and service delivery professionals can use these findings to help them make decisions about whether or not to use case management with their substance abusing populations. Should they decide to use case management the findings will inform their decisions about how to use it most effectively. METHODS A meta-analysis of controlled clinical trials was conducted to test the effectiveness of case management with substance abusers. The original meta-analysis of 15 studies was co-sponsored by the Campbell Collaboration and Cochrane Collaboration (Hesse, Vanderplasschen, Rapp, Broekaert, & Fridell, 2007). The meta-analyses represented close to 7,000 substance abusers who were randomly assigned to either a case management intervention or a comparison group. In some studies the comparison group consisted of clients receiving a usual standard of care (11 studies), and in other studies an intervention such as motivational interviewing was the comparison group (4 studies). Moderator analyses were conducted that helped explain the role of methodological quality, manualized intervention, setting, and target population on the effectiveness of case management. Findings from the original meta-analysis will be presented along with the results from more recent studies. RESULTS Analyses demonstrated that in 12 of 13 studies case management had consistent positive effects in helping clients improve treatment related tasks such as entry into treatment, retention in treatment, and satisfaction with treatment services. Success in these areas is absolutely essential if substance abusers are to benefit from treatment. Alternately, case management had inconsistent and weak effects in assisting substance abusers achieve better clinical outcomes such as reduced substance use or better employment. Moderator analyses demonstrated that having a manual to guide case manager interactions with clients was important in improving the effectiveness of case management, especially in linking with treatment. CONCLUSIONS The results of this meta-analysis suggest that case management helps substance abusers accomplish specific tasks such as linkage that are important to the treatment continuum in developed countries. It appears that it is up to treatment programs' other services (e.g., group therapy) to improve clinical outcomes. The implication of these results for both policy decisions and direct service in developing countries will be discussed, as will the implications of the meta-analysis for future case management studies.

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**First author:** Rehnman, Jenny

**Title:** *Grading of evidence in Evidence-based clearinghouses*



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**Abstract:** In order to account for the heightened interest in the information about evidence-based methods from professionals and policymakers, several evidence-based clearinghouses have emerged in recent years. The aim of the current symposia is to present the overall structure of some clearinghouses, the process of assessing outcome studies and how evidence is graded in terms of type and quality of research.

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**First author:** Roberts, Helen

**Title:** *Building an evidence dialogue*

**Authors:** Professor Helen Roberts DPhil, Institute of Education, University of London Professor Jennie Popay MA, University of Lancaster

**Abstract:** It has long been recognised that tying a piece of research evidence to a brick and throwing it through the window of policymakers, practitioners or end point users of services is not the most effective way of getting a message across. On the other hand, creating communities (of citizens/ users/policy makers/practitioners) to identify the right questions to be asked, to identify or create the right studies to answer them, and then to make appropriate use of the findings in initiating, stopping or developing interventions to improve the lives of children and families is hugely time consuming. Moreover in economies dominated by task and result, it can be difficult to find the resources required to carry this out. Making relationships takes time, and time to develop these doesn't look good on a grant application. This presentation, (which could either be part of a symposium, or a paper), will take a discursive, case study approach. Drawing on the Placement Fellows Scheme, jointly funded by the Economic and Social Research Council (ESRC) and a host 'partner organisation' (such as a government department) , this allows social science researchers to spend time in that organisation to undertake policy-relevant research and upgrade the research skills of 'partner organisation' employees and a placement in progress, we will describe the way in which the government department's wish to increase the traction of research (systematic review, cohort study and other designs) and other kinds of evidence, including the lay expertise of children and parents is being approached, and the levers and barriers we are starting to identify. Case studies, as we are well-placed to know, are not at the top of the evidence tree. However, we are also aware of the power of narrative and stories in influencing agendas. As this placement will still have some time to run following the Colloquium, as well as imparting something of what we are learning, we hope to learn from others, including those in low and middle income countries attending the meeting.

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**First author:** Saini, Michael

**Title:** *Qualitative Meta-Synthesis within Campbell Systematic Reviews: Expanding the best possible evidence base for future policies and programmes*



**Authors:** Michael Saini Asst. Professor michael.saini@utoronto.ca Aron Shlonsky Associate Professor aron.shlonsky@utoronto.ca

**Abstract:** The Campbell Collaboration is leading the way in preparing, maintaining, and disseminating systematic reviews in education, crime and justice, and social welfare' (Davies and Boruch, 2001). To date, systematic reviews have largely focused on quantitative research, mostly related to examining the efficacy and effectiveness of specific interventions. Yet, the wealth of information derived from qualitative studies, especially as it relates to participants' preferences, values, local context factors and local experiences is both relevant and important for knowledge generated from systematic reviews. Qualitative research can expand our understanding of the experiences of those involved, define interventions more precisely; provide feedback about the choices of outcome measures; explore the relevance of the research question; and provide interpretations of heterogeneous results (Cooper & Hedges, 1994). In 1998, the Cochrane Qualitative Research Methods Group was established to develop methods for the inclusion of findings from qualitative research. In 2001, the Implementation Process Methods Group was registered with the Campbell Collaboration Steering Group with similar aims: to demonstrate the value of including evidence from qualitative research into systematic reviews; and to develop and disseminate methods for including qualitative research in Cochrane and Campbell reviews. Although these initiatives have made significant progress, there are, as yet, no guidelines for conducting a Campbell Collaboration Systematic Review using qualitative data within existing C2 Protocols. This workshop will build on last year's workshop (Saini & Shlonsky, 2008) that presented a protocol for planning, developing and implementing meta-syntheses of qualitative research within C2's existing protocols and guidelines. The workshop will take participants through the initial steps of a systematic review of Family Group Decision-Making (FGDM) that includes both a quantitative and qualitative studies. The workshop will cover a number of the methodological and practical issues including: 1) the development and implementation of a sensitive search strategy and inclusion process by which relevant qualitative research can be located and screened within the existing systematic search strategy; 2) the use of qualitative studies that are either independent or embedded within other designs; 3) the employment of the revised Quality and Rigor in Qualitative Research Form (Saini, 2008) in order to balance the interpretative nature of qualitative research with the need to review and appraise the studies based on rigor, credibility, and relevance; and 4) strategies for synthesizing and/or summarizing findings to capture context, transferability and potential comparability between qualitative themes and findings from quantitative studies. This workshop will include active participation by audience members by presenting and considering actual review materials, practicing screening and interpretation at several levels, and eliciting a discussion of the benefits and limitations of introducing a qualitative meta-synthesis protocol within Campbell Collaboration's existing protocols and guidelines.

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**First author:** Sandieson, Robert

**Title:** *Effectively and Efficiently Locating Research Evidence: Pearl Harvesting Information Retrieval*

**Authors:** Robert Sandieson, Ph.D. University of Western Ontario (Canada)

**Abstract:** The proposed presentation addresses the pernicious problem of retrieving relevant evidence-based research from amongst the volumes of non-relevant information. A newly developed methodological framework for searching, Pearl Harvesting, was tested and validated. The advent of inexpensive digital storage has facilitated a burgeoning of research information. However, accessing pertinent information from the vastness of non-relevant information often eludes even the most experienced searchers (Curan & Adams, 1999; Recoupero, 2007). Traditional search strategies, such as citation/author tracking, and large scale browsing remain highly intuitive, cumbersome, and sometimes inefficient (Rudner, 2000). Keyword searching has become popular (Boyce, King, Montgomery, & Tenopir, 2004), yet variations in terminology over time, across cultures, and different professions (Sandieson, 1998) limit the use of keywords for comprehensive searching. The Pearl Harvesting methodological framework (Sandieson, 2006) proposes a simple but highly effective solution to keyword searching. That is, an analysis of the terminology used in a



sample of published studies (or pearls), across disciplines yields the linguistic gateways to the larger body of interdisciplinary research evidence on a specific topic. The resulting list of relevant terms can then be used as a keyword collection, strung together to achieve a high level of search recall and precision. The present investigation undertook a test of Pearl Harvesting to find a comprehensive list of keywords that could be used to search the field of Intellectual Disabilities. This is one of the most vulnerable groups of any population, and a group particularly at risk socially and medically within developing countries. The cross disciplinary and cross cultural nature of this field results in an inherent confusing array of terminology that might be used as search keywords. Pearl Harvesting methodology located numerous potential keywords, but through its prescribed steps 21 truncated terms were essential for literature searching. Validation consisted of a comparison with a published journal article that attempted to identify all meta-analyses in this field (Mostert, 2003). 47% more meta-analyses were found with Pearl Harvesting, using the same criteria as the published study. The use of the Pearl Harvesting framework may facilitate researchers in their quest for the most complete compilation of evidence on a topic, helping to fulfill the present colloquium claim, “Better Evidence for a Better World”. Furthermore, once identified, topic specific keyword lists can be shared (literally cut and pasted) to empower those without the resources to fully explore research databases.

References (Abbreviated) Boyce, P., King, D.W., Montgomery, C., & Tenopir, C. (2004). *The Serials Librarian*, 46,121-141. Curan, C. & Adams, D. (1999). *American Libraries*, 30(10), 46-49. Mostert, M.P. (2003). *Education and Training in Developmental Disabilities*, 38, 229-249. Recoupero, D.R. (2007). *Information Retrieval*, 10, 563-679. Rudner, L. (2000). *D-Lib Magazine*, 6(5), 1–14. Sandieson, R. (1998). *Education and Training in Mental Retardation and Developmental Disabilities*, 33, 290–295. Sandieson, R. (2006). *Education and Training in Developmental Disabilities*, 41, 401- 409.

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**First author:** Schall, Virginia

**Title:** *VIOLENCE AT SCHOOL IN RIO DE JANEIRO, BRAZIL: REPERCUSSIONS FOR MENTAL HEALTH OF ADOLESCENTS.*

**Authors:** José Belisário Filho, Ph.D., Centro de Pesquisas René Rachou, Fundação Oswaldo Cruz, MG, Brazil Carlos estellita-Lins, Ph.D., Instituto de Comunicação e Informação Científica e Tecnológica em Saúde, Fundação Oswaldo Cruz, RJ, Brazil Virgínia T. Schall, Ph.D., Centro de Pesquisas René Rachou, Fundação Oswaldo Cruz, MG, Brazil

**Abstract:** This study aimed to conduct a prospective survey with qualitative methodology of relevant topics in the intricate scenario that articulates the young and urban violence, discussing the role of schools and the need for public policies and educational strategies that enforce the school inclusion. The research was conducted with 39 young people from Rio de Janeiro, using the technique of focus groups. The three groups included young people from areas at high risk for violence, drug abuse, trafficking and early pregnancy. The recorded data were transcribed and analyzed by software NUD\*IST. The data led four major categories that reflect the urban violence in major Brazilian cities and its influence in the school environment, where the horizontality of the rival factions replaces the educational and institutional authority. The results indicate the presence of violence from organized crime through the body social and educational institution with close connections between mental health, social exclusion and stigmatization. The dialogues in focus groups explain exclusion and violence experienced by young people and the strategies built by them for dealing with adversity. This situation requires from the public institutions of education and research the development of critical skills and methodologies supported by public policies on health and education for the young Brazilian population.

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**First author:** Schlosser, Ralf

**Title:** *Not all reviews are created equal: an overview of appraisal methods*



**Authors:** Ralf W. Schlosser, Ph.D., Northeastern University Oliver Wendt, PhD, Purdue University Miriam Boesch, MS., Doctoral student, Purdue University

**Abstract:** The presenters in this symposium will emphasize that appraisals of reviews can serve a dual role. On the one hand, appraisals of reviews are necessary for engaging in evidence-based practice after a review is completed. On the other hand, appraisal considerations and tools may assist with the design and planning of a systematic review at the protocol development stage. Participants will be introduced to an overview of appraisal considerations based on Schlosser, Wendt, and Sigafos (2007). In addition, participants will learn of different methods and tools for appraising systematic reviews. This includes the approach used by Evidence-Based Communication Assessment and Intervention, which is a secondary journal that appraises published evidence. Presenters will illustrate several structured appraisal abstracts of systematic reviews carried out by them in their role as commentary authors (e.g., Schlosser & Wendt, 2008; Wendt, Koul, & Hassink, 2008). Additionally, the presenters will demonstrate the application of the EVIDAAC Systematic Review Scale, a recently developed appraisal tool for systematic reviews. This tool is used for appraising systematic reviews indexed in the database Evidence in Augmentative and Alternative Communication (EVIDAAC), the development of which was funded by the U.S. Department of Education, National Institute for Disability and Rehabilitation Research. The application of this tool will be illustrated as an appraisal tool as well as a planning tool for developing a systematic review (e.g., Boesch, in press). Selected References Boesch, M. (in press). Using the EVIDAAC Systematic Review Scale to guide the process of conducting a systematic review. In D. Lage (Ed.), *Theoretical and Methodological Issues in Research on Augmentative and Alternative Communication* [Proceedings of the Tenth Biennial Research Symposium of the International Society for Augmentative and Alternative Communication (ISAAC)]. Toronto, Canada: ISAAC. Schlosser, R. W., Raghavendra, P., Sigafos, J., Eysenbach, E., Blackstone, S., & Dowden, P. (2008). EVIDAAC Systematic Review Scale. Unpublished manuscript, Northeastern University, Boston. Schlosser, R. W., & Wendt, O. (2008). Facilitated communication is contraindicated as a treatment choice; a meta-analysis is still to be done [Abstract]. *Evidence-Based Communication Assessment and Intervention*, 2, 81 – 83. Abstract of Probst, P. (2005). Communication unbound—or unfound? An integrative review on the effectiveness of facilitated communication (FC) in non-verbal persons with autism and mental retardation. *Zeitschrift für Klinische Psychologie, Psychiatrie und Psychotherapie*, 53, 93–128. Schlosser, R. W., Wendt, O., & Sigafos, J. (2007). Not all systematic reviews are created equal: Considerations for appraisal. *Evidence-Based Communication Assessment and Intervention*, 1, 138-150. Wendt, O., Koul, R., & Hassink, J. M. (2008). Time post-onset does not affect response to treatment in patients with chronic aphasia =1 year after stroke [Abstract]. *Evidence-Based Communication Assessment and Intervention*, 2, 199 – 202. Abstract of Moss, A., & Nicholas, M. (2006). Language rehabilitation in chronic aphasia and time postonset: A review of single-subject data. *Stroke*, 37, 3043-3051.

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**First author:** Shemilt, Ian

**Title:** *Costing program implementation using systematic review: programs to prevent adolescent depression*

**Authors:** Ian Shemilt, BA (Hons). University of East Anglia. Patrick Pössel, Dr. rer. soc. University of Louisville. Miranda Mugford, D Phil. University of East Anglia. Jeffrey C. Valentine, Ph.D. University of Louisville.

**Abstract:** **OBJECTIVE:** Systematic reviews can provide up-to-date synthesis of reliable evidence on ‘what works’ to help people make well-informed decisions about social and behavioural interventions. However, constrained budgets mean decision makers often need to consider not only the balance between beneficial and harmful effects of interventions but also their cost (Shemilt and others, 2008). One element of cost is the ‘upfront cost’ of program implementation. This study tests a new coding tool designed to collect resource use data from intervention studies included in systematic reviews, with a view to costing the resource inputs needed for program implementation. **METHODS:** The resource use coding tool was applied to 35



intervention studies included in an ongoing systematic review of programs for the prevention of adolescent depression (Pössel and others, in preparation). The analysis adopted a multi-sector perspective. Data were analysed using SPSS v14.0 and summarised using tables and a narrative summary. Results were used to generate illustrative profiles of key components of the 'upfront cost' of program implementation. **RESULTS:** Thirty-five intervention studies incorporated 45 pairwise comparisons testing the effects of universal or selective prevention programs. Overall, the studies report sufficient data to allow provisional description of the types and amounts of key resource inputs needed to implement programs, including personnel and training, and which sectors provide the resources. **DISCUSSION:** This study demonstrates the feasibility and usefulness of collecting resource use data from studies that do not necessarily include any formal economic analysis. The resource use coding tool provides a systematic framework for collecting these data in a format that can provide 'building blocks' towards assessments of the costs of program implementation. **REFERENCES:** Shemilt I, Mugford M, Byford S, Drummond M, Eisenstein E, Knapp M, Mallender J, Marsh K, McDaid D, Vale L, Walker D. Campbell Collaboration Methods Policy Brief: Economics Methods (updated April 2008). The Campbell Collaboration, 2008. Available from [http://camp.ostfold.net/resources/methods\\_policy\\_briefs.shtml](http://camp.ostfold.net/resources/methods_policy_briefs.shtml) Pössel P, Shemilt I, Valentine JC, Mugford M (in preparation). A systematic review of universal and selective programs to prevent depression in children and adolescents.

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**First author:** Smeslund, Geir

**Title:** *Motivational Interviewing for Substance Abuse*

**Authors:** Geir Smeslund, PhD, NOKC Kjetil Karlsen, MA, MD, NOKC Karianne Thune Hammerstrøm, Research Librarian, NOKC Helene M Dahl, Msc (Psyc) Asbjørn K Steiro, M. Sociol., NOKC Kari Ann Leiknes, MD, Psychiatrist, NOKC

**Abstract:** MOTIVATIONAL INTERVIEWING FOR SUBSTANCE ABUSE Motivational interviewing (MI) developed by Miller and Rollnick is a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. A brief variant is called Motivational Enhancement Therapy (MET). MI is supposed to work through its four main principles: (1) express empathy, (2) support self-efficacy, (3) roll with resistance, and (4) develop discrepancy. (1) involves seeing the world through the client's eyes. (2) means that clients are held responsible for choosing and carrying out actions to change. (3) means that the counsellor does not fight client resistance, but rolls with it. Statements demonstrating resistance are not challenged. Instead the counsellor uses the client's momentum to further explore the client's views. (4) Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be. MI counselling does not require professional training as nurse, psychologist, etc. Hence, MI may be incorporated in programmes run by health care staff as well as prison staff. There are explicit standards for practitioners regarding education and competence, and there is a quality control to ensure that the method is in fact used as intended. Promising results have been reported as to the effect of the method offered both to persons with different addictions (nicotine, alcohol, drugs), psychiatric conditions, as well as combinations of these. Substance abuse refers to the overindulgence in and dependence of a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin, that results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems. MI counsellors work to develop this situation through helping clients examine the discrepancies between their current behavior and future goals. When clients perceive that their current behaviours are not leading toward some important future goal, they become more motivated to make important life changes. The intervention is used widely, and therefore it is important to find out whether it helps, harms or is ineffective. We include randomised controlled trials of MI as a stand-alone intervention or as a part of a treatment integrated with another treatment (e.g. CBT). Participants must be substance abusers (excluding tobacco), and the outcome must be substance abuse. Studies must mention the target references



by Bill Miller and Stephen Rollnick, and the reports must state that they have used either video- or audio recordings for fidelity and integrity checks of the intervention. Group therapies or computer-delivered therapies are excluded. Preliminary results will be presented at the conference.

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**First author:** Starks, Joann

**Title:** *A Disability Subgroup within the C2 Education Coordinating Group*

**Authors:** Joann Starks, MA SEDL/Disability Research to Practice 4700 Mueller Blvd. Austin, TX 78723 800-266-1832 (Toll-free US) 512-391-6557 (Direct line) 512-476-2286 (Fax) joann.starks@sedl.org John D. Westbrook, PhD SEDL/Disability Research to Practice 4700 Mueller Blvd. Austin, TX 78723 800-266-1832 (Toll-free US) 512-391-6565 (Direct line) 512-476-2286 (Fax) john.westbrook@sedl.org

**Abstract:** The National Center for the Dissemination of Disability Research (NCDDR; Disability Research to Practice program at SEDL, Austin, Texas, USA) has worked with the Campbell Collaboration (C2) to establish a Disability Subgroup that will provide an infrastructure for conducting and disseminating systematic reviews in the area of disability/rehabilitation research. This responds to a concern for increasing the effective use of research results sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR, the funding agency located in the U.S. Department of Education), in shaping new technologies, improving service delivery, and expanding decision-making options for people with disabilities and their families. A need exists to build capacity and promote the development of high-quality evidence-based information that is relevant to disability, such as that produced through C2. Population demographics suggest a growing expectation for evidence-based information in many areas under the disability umbrella. The field of disability, as used here, is broad and encompasses research in areas such as employment, community integration, quality of life, rehabilitation engineering, and independent living. The presentation describes the planning and communication with representatives in the C2 Education Coordinating Group (ECG) and Steering Group (SG), resulting in approval in March 2008 of a Disability Subgroup as part of the ECG. NCDDR Director John Westbrook and Ralf Schlosser of Northeastern University serve as co-chairs. The NCDDR has reorganized its Community of Practice on Research Quality to help facilitate Subgroup activities. The paper addresses the status of several preliminary objectives established for the Disability Subgroup: \* Undertake and maintain a series of high-quality and timely systematic reviews of interventions aimed at improving the quality of life and outcomes of individuals with disabilities. These reviews focus attention on substantive disability topics through the summary and analysis of the best available, high-quality research evidence provided through randomized and non-randomized quasi-experimental designs. \* Establish and maintain a network of individuals with disability expertise or experience who are interested in developing and/or contributing to disability-related systematic reviews. \* Encourage involvement of consumers with disabilities, their family members, and other disability-oriented stakeholders in all steps of the systematic review development process, including the development and dissemination of appropriate user-friendly interpretations of review results. \* Provide training opportunities for interested systematic review authors in the production of C2 reviews in the disability area, including workshops, webcasts, and online course instruction.

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**First author:** States and Keyworth, Jack and Randy

**Title:** *A Systemic Approach to Data-based Decision Making in Education*

**Authors:** Author 1: Jack States?M.Ed. - The Wing Institute Author 2: Randy Keyworth?MSW - The Wing Institute

**Abstract:** All evidence-based movements rely on data-based decision making to translate interventions into practice and the success of a data-based decision making approach lies in the capacity of stakeholders to



develop the infrastructure to support data systems. In this symposium we will address the components of a data-based decision making system across three different levels of the system: (1) student data, (2) systems data, and (3) performance management. We will highlight the necessity for a well-organized approach to assure that student level data-based decision making results in the use of evidence-based practices that improve outcomes. The ultimate success or failure of an evidence-based approach depends on the degree to which school personnel select effective practices and subsequently implement interventions and policies with integrity. In order to assure that a data-based decision making approach is successful it is necessary that a system-wide performance management system exist. The take home message from this symposium is that data-based decision making is essential to the establishment of an evidence-based culture. Paper 1 The evidence-based practice movement holds promise for identifying effective alternatives but, in many respects, is in its infancy. The sources of information are relatively limited and often are contradictory. Effective data based decision-making strategies must be adopted if the full potential of the evidence-based movement is to be realized. This paper identifies the critical features required for developing and maintaining a systemic data-based decision making model aligned at all levels, beginning with an individual student in the classroom and culminating with policy makers. Data-based decision-making offers the practitioner the critical tool required to select practices that offer the best chances of working, monitor the effectiveness of interventions once employed, establish that practices are being implemented as designed, and offer the necessary information required to trouble shoot issues when an intervention fails. (132 words) Paper 2 Even the best designed, researched, and proven practices will be ineffective if school personnel do not implement them, implement them correctly, implement them on an ongoing basis, and modify them based on performance data. Data-based implementation requires social/cultural change across all levels of an organization (systems, policies, resources, values, and contingencies). The most common forms of data-based implementation--information dissemination, training, and supervision--have repeatedly been shown to be ineffective resulting in ineffective implementation of an intervention. Performance management strategies are essential in building a data-based decision making culture capable of sustaining outcomes.

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**First author:** Strang, Heather

**Title:** *Systematic Review of Effects of Restorative Justice Conferencing on Victims and Repeat Offending*

**Authors:** Heather Strang, PhD Lawrence Sherman, PhD

**Abstract:** Restorative justice over the past 25 years has been enthusiastically embraced by its advocates but viewed sceptically by its detractors. The process entails direct communication between offenders and their victims who discuss the offence itself, how they were affected and what should be done to repair the harm caused. It takes many forms but the method that we know most about involves face-to-face restorative justice ‘conferencing’ (RJC) in which offenders and victims, together with their families and friends acting as supporters, meet face-to-face in the presence of a trained facilitator. The research evidence on RJC, which is the subject of the Review, is now sufficient in volume and in quality to respond to the claims of its advocates and its detractors. It will also assist with important policy decisions to be made by governments about the future of this way of ‘doing justice’, whether as a diversion from criminal justice processing through the courts or as an addition to it. The evidence in the review consists entirely of randomised controlled trials with two principal outcome measures: frequency of re-arrest or re-conviction of offenders and levels of victim satisfaction. There are now 12 such trials completed and reported upon, all of them with measures of two-year post-treatment reoffending. Each was designed to test the effects of CRJ under different conditions including age of offenders (adult and juvenile), nature and seriousness of the offence, social setting for the intervention and point in the justice system (pre-sentence and post-sentence, including in prison). All involved randomly assigning eligible consenting offenders who had accepted responsibility for the offence either to normal criminal justice procedures or to CRJ: in five studies CRJ was used instead of normal criminal justice procedures and in the remaining seven it was used in addition to them.



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**First author:** Sundell, Knut

**Title:** *The Transportability of US Evidence-Based Programs to other Social Systems*

**Authors:** Knut Sundell, Ph.D., Institute for Evidence-based Social Work Practice, Sten Anttila, Ph. D., Institute for Evidence-based Social Work Practice, NN, Ph. D., not yet confirmed NN, Ph. D., not yet confirmed

**Abstract:** Most evidence-based programs are developed in the US, which in many respects is a context that differs from countries in Europe such as Sweden. This means that doubts can arise regarding the utility of results in Europe when systematic reviews are based on research conducted primarily in the US. If contextual factors embedded in social systems differ, effects in terms of estimated effect-sizes may not be transferable. One reason for this might be that treatment-as-usual differs significantly. Sociodemographic differences (e.g., rates of poverty, crime, and substance abuse) between countries may also have moderating effects on the effectiveness of US Evidence-Based Programs when implemented in new social contexts. This symposium addresses the issue of transportability. The present discussion will be based on empirical evidence regarding the effects (from t1 to t2) of treatment-as-usual in the US and Sweden from a number of MST-studies. Results from additional studies will also be included in order to highlight the problem.

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**First author:** Tamim, Rana

**Title:** *Second-Order Meta-Analysis: Effects of Technology on Students' Achievement*

**Authors:** Rana M. Tamim, PhD Candidate, CSLP, Concordia University. Robert M. Bernard, PhD, CSLP, Concordia University. Eugene Borokhovski, PhD, CSLP, Concordia University. Philip C. Abrami, PhD, CSLP, Concordia University. Richard F. Schmid, PhD, CSLP, Concordia University.

**Abstract:** In some large areas of interest, such as technology integration in education, the number of meta-analyses being conducted and published is growing at a rate that is unmanageable for most consumers. One challenge arising from such situations is that while each addresses the overall topic, they differ either with regard to different factors, or they focus on a specific issue. This makes interpretation of the overall effect in a given area very difficult, especially when nominal outcomes contradict one another. A systematic quantitative synthesis of meta-analyses (also called second-order meta-analysis) is an emerging technique that can resolve this shortcoming by synthesizing the outcomes of numerous meta-analyses implicating hundreds of primary studies. This approach also overcomes limitations of narrative reviews and vote-counts, and may be easier to complete than conducting a full-scale comprehensive meta-analysis to answer one big question. This research project aimed at developing a systematic methodology for synthesizing meta-analytic results that takes methodological quality into consideration and testing it in answering the questions: does technology use enhance student achievement in formal face-to-face classroom settings as compared to traditional settings and if so, to what extent. The literature searches and review processes resulted in 37 meta-analyses involving 1253 different primary-studies comparing student achievement in technology-enhanced classroom instruction to technology-free instruction. After examining the lists of primary studies, 25 meta-analyses incorporating 1055 studies were found to have greatest coverage of the overall set of primary studies while having minimal overlap in primary literature. In this presentation we will discuss some issues pertinent to the implementation of a second-order meta-analysis while reflecting on our experience. Issues include assessing the methodological quality of the included meta-analyses, resolving overlap and dependency in primary studies, tests of homogeneity, and explaining variability through moderator analyses. Findings from the implementation of the methodology with technology integration literature will be presented in addition to a validation process that was conducted through synthesizing 574 effect sizes from individual studies that were extracted from 13 meta-analyses that provided sufficient information. We will also discuss advantages and disadvantages of the second-order meta-analysis approach as compared to the



implementation of a full scale meta-analysis to address the same research question. Moreover, findings from the critical assessment of the methodological quality of the included meta-analyses will be presented, and recommendations for improving the quality of future meta-analyses are suggested, including the need for greater systematicity, rigour and transparency in implementation and reporting.

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**First author:** Thomas, James

**Title:** *Evidence for policy and practice: the UK Educational Evidence Portal (eep)*

**Authors:** Andrew Morris PhD., Research Strategy Adviser, CfBT Education Trust and chair of the eep consortium James Thomas, PhD., Associate Director, EPPI Centre, SSRU, Institute of Education, member of the eep Development Group

**Abstract:** Introduction This session provides an update on the development of the UK Educational Evidence Portal, introduced at the 2007 Campbell Collaboration conference in London. It describes the work, membership and rationale of a consortium of UK educational bodies who have come together to make research evidence more accessible. It sets out some of the tensions in collaborating over evidence and the solutions adopted, including the placing of systematic reviews in the wider context of evidence. More particularly, it sets out current developments within its research and development programme, particularly in relation to text mining and taxonomy development. eep can be accessed online at: <http://www.eep.ac.uk/> About eep eep – the educational evidence portal is an online resource dedicated to and for educational professionals, bringing together research and evidence from multiple sources. It is an innovative and exciting development for education practitioners, policymakers and all interested in education – providing practical evidence and research materials to underpin practice and policymaking. Documents from leading education organisations have been collated in one, easily accessible, searchable, site making information and evidence on a wide and ever-growing range of topics freely available. Research and development Two programmes of research and development are described. 1. The development of an education taxonomy that is accessible to users. The eep consortium is evaluating a new taxonomy that will be used to index documents on the portal. Its aims are to give users a user-friendly way into the database and to facilitate efficient searching. Both the evaluation and its findings are described. 2. The possibilities of using text mining to function as a search engine for the portal are currently being explored. In a JISC-funded project, in collaboration with the EPPI-Centre, Institute of Education, London and the UK National Centre for Text Mining, a search engine that utilises this new technology is being developed and evaluated. Specific functions include the automatic ‘clustering’ of search results into conceptual groups and the automatic classification of documents according to the eep taxonomy. Screenshots and the results from early evaluations are shown.

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**First author:** Thomas, James

**Title:** *Emerging technologies and methods for research synthesis*

**Authors:** James Thomas, PhD., Associate Director, EPPI-Centre, SSRU, Institute of Education, London, UK Sophia Ananiadou, PhD., Director, National Centre of Text Mining, University of Manchester, Manchester, UK

**Abstract:** Introduction There are many challenges facing the emerging science of research synthesis. They include the rapidly expanding volume of research evidence and difficulties in synthesising qualitative research. New developments in information science can assist with some of these challenges. Two recent developments are described here. 1. Text mining Currently, systematic reviewing is performed mostly manually and, consequently, it is time consuming. This is problematic because policy-makers and practitioners often need to know the state of research evidence over a much shorter timescale than current methods allow. Text mining enables researchers to collect, maintain, interpret, curate, and discover hidden



knowledge in text and has been used successfully in many biomedical applications. We propose to use text mining techniques to improve the efficiency of research synthesis and describe and demonstrate two applications of it here. a) Term extraction, query expansion and document classification: to locate relevant documents in poorly indexed electronic sources. Term extraction allows us to capture the semantic content of documents, as we go beyond words using concepts for our searches, and to improve the effectiveness of retrieving and classifying literature. b) Summarisation: to select significant information from the selected documents and 'map' research activity quickly and efficiently. 2. Synthesising qualitative research Despite a vigorous debate on the subject, there is a growing recognition of the value of synthesising qualitative research. Some criticisms of the synthesis of qualitative research argue that the process is too interpretative to meet the standards of rigour and transparency that systematic reviews for policy and practice demand. Others argue that the strength of a qualitative synthesis lies in its interpretative nature. We demonstrate how software can support the synthesis of qualitative research in a way that upholds expected standards of rigour and transparency. This need not restrict the ability of a researcher to interpret their findings and develop new theories and innovate conceptually, but it does support principles of transparency and being explicit about which parts of the synthesis can be traced to statements in the included studies. Issues covered include: ensuring context is not lost, sensitivity analysis and exploring the impact of study quality on the findings of the synthesis. Conclusions The combination of technological and methodological developments described here should make reviewing more efficient and timely, and enable us to synthesise diverse types of research in systematic and rigorous ways.

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**First author:** Tripney, Jan

**Title:** *Tax and welfare benefit changes: Issues in systematically reviewing the data on what works*

**Authors:** Jan Tripney MA. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. Mark Newman PhD. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, 20 Bedford Way, London WC1H 0AL

**Abstract:** Many governments have taken the view that paid employment is the optimal route out of poverty. Changes in taxation and/or welfare benefit payments are used, sometimes in conjunction with other types of interventions such as the provision of free or subsidized childcare, as interventions to achieve these goals. The question arises then of how effective are different tax and benefit system changes when compared to each other? and when compared other interventions that could achieve the same goal? A recent systematic review by a team of researchers at the EPPI-Centre investigated the impact of tax and welfare benefit payment changes on the participation in paid employment of poor families where at least one of the parents was already in paid employment (the so called working poor). The review was commissioned by the UK Government Department for Work and Pensions who wanted to use the review findings to inform the development of future policy in this area. To be included in the review studies had to evaluate the impact of changes in the tax/welfare benefit system on a poverty/ employment related outcome measure of the target group. None of the studies we identified were prospective experimental designs. Rather the studies fell into one of the following methodological groups • Retrospective evaluations involving the statistical modelling of secondary data. • Statistical modelling of the effects of hypothetical changes to existing policies. The statistical modelling techniques used were those used in econometrics which appears to be dominant approach in this field. The review team were therefore presented with the problem that the available evidence did not conform to the methodological requirements for a classic meta-analysis. An option would therefore have been to state that there was not evidence of sufficient quality that could be used to provide a synthesis of the effectiveness of this type of intervention. However this type of evidence is the only type of evidence about impacts that is available in this field and within econometrics is viewed as the 'gold standard'. Furthermore this type of financial intervention is a very common form of welfare intervention internationally. The team therefore decided that synthesis should be attempted But were immediately confronted with two methodological issues • How should the quality of the studies be assessed? • How should the results of the individual studies be synthesised? We could find no existing quality assessment tools or examples of the



formal synthesis of data from this kind of study. The presentation will therefore present the rationale and approaches to quality assessment and synthesis used by the team with a view to generating discussion about their appropriateness and utility. Reference Tripney J, Newman M, Bangpan M, Hempel-Jorgensen A, Mackintosh M, Tucker H, Sinclair J (2009) In-Work Poverty: a systematic review. London. Department of Work and Pensions.

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**First author:** Turner, William

**Title:** *Psychological interventions for Gender Identity disorder (GID) in Childhood*

**Authors:** William Turner, University of Bristol UK Danielle Wheeler, South Eastern Sydney & Illawarra Area Health Service

**Abstract:** Children diagnosed with a gender identity disorder (GID) have strong and persistent cross-gender identification and a persistent discomfort with their biological sex or sense of inappropriateness in the gender role of that sex. While GID conditions in children are uncommon, they are clinically complex conditions and often associated with a range of psychological, emotional and behavioural difficulties. Currently, the aetiology and management of childhood GID remains the subject of debate among professionals. As pharmacological and physical interventions are not advocated for children with this condition, a range of psychological approaches (psychoanalytic/psychodynamic, behavioural and cognitive behavioural therapy, family therapy) have been used in clinical practice for the management of the condition. This paper will present findings from a Cochrane/Campbell systematic review set out to assess the effects of these psychological interventions for childhood Gender Identity Disorder (GID).

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**First author:** Ueffing, Erin

**Title:** *A Tool for Campbell Review Authors: The Equity Checklist*

**Authors:** • Erin Ueffing, BHSc (Hons), MHSc. Institute of Population Health, University of Ottawa. • Peter Tugwell, MD, MSc. Institute of Population Health, University of Ottawa. • Vivian Welch, MSc, PhD (Candidate). Institute of Population Health, University of Ottawa. • Mark Petticrew, BA, PhD. London School of Tropical Medicine and Hygiene. • Elizabeth Kristjansson, BA (Hons), MSc, PhD. School of Psychology, Institute of Population Health, University of Ottawa.

**Abstract:** Workshop Objectives: - To introduce participants to the work of the Campbell Equity Methods Group and the Cochrane Health Equity Field, with an emphasis on how Campbell and Cochrane evidence can be applied to low- and middle-income countries - To discuss the use of the Equity Group's Checklist for Review Authors, and gather feedback on the tool's utility and applicability - To build equity capacity in researchers, and encourage researchers to conduct equity-relevant systematic reviews considering the broader social determinants of health Agenda: - Introduction and Presentation (20 min) o The workshop will begin with an introduction to the Health Equity Field, and its contributions to equity research. o The Equity Checklist for Review Authors and the process by which it was developed will be described. - Working session in groups (40 min) - Discussion/group presentations (30 min) Participatory Process: Following the presentation, participants will be broken into groups and assigned a section of the tool to apply to pre-selected systematic reviews, some "equity best-practice" reviews and some in which equity could have been addressed more thoroughly; copies of the relevant review sections and the tool will be distributed. There will be ample time for group discussion and interaction. After the groups have completed their section of the tool, each group will have the opportunity to present its conclusions to the others. An open discussion forum will follow, in which participants can give feedback on the checklist's utility and applicability.

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**First author:** Vaessen, Jos

**Title:** *Synthetic Review of the Impact of Microfinance*

**Authors:** Jos Vaessen (MSc, Institute of Development Policy and Management, University of Antwerp & Maastricht University), Frans Leeuw (Prof. dr., Maastricht University)

**Abstract:** Over the past two decades, microfinance activities have spread across the globe, reaching tens of millions of poor households with tailored financial services. Current estimates vary between 133 and 190 million microfinance borrowers worldwide. This growing importance has resulted in a vast number of research and evaluation studies, including impact studies. The growing evidence base on impact allows us to infer some important lessons on the effectiveness and impact of microfinance at different levels of change. Moreover, the diversity in processes of change and effects across regions, types of services, clients (etc.) can be captured and synthesized by using a theory-based approach, uncovering context-mechanism-outcome configurations of positive and negative microfinance experiences. This paper synthesizes high quality evidence from a wide range of study designs, including experimental, quasi-experimental, econometric and other approaches. Given the size of the microfinance sector and the enormous diversity in contexts, the paper emphasizes the importance of a thorough mapping and delimitation exercise, by type of instrument, context and level and mechanism of change. The paper develops a methodology based on a combination of Campbell standards and realist theory-based principles. The presentation will focus on methodology and preliminary findings from the study.

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**First author:** Van den Noortgate, Wim

**Title:** *Three-level models for meta-analysis*

**Authors:** Wim Van den Noortgate, Ph.D., Katholieke Universiteit Leuven, Belgium Wilfried Cools, Ph.D., Katholieke Universiteit Leuven, Belgium

**Abstract:** In a meta-analysis, the findings of a set of studies are combined and compared in a quantitative and systematic way. Since in primary studies typically not the whole population of interest, but only a sample is included, a plausible reason why findings vary over studies is sampling error. In addition there is often some systematic variation between study results since studies frequently differ from each other in, for instance, the kind of participants, the treatment and the design. Multilevel models are increasingly used to model both the between-study and the sampling variation, and look for moderator variables to explain the between-study variation. A major advantage of using multilevel models for meta-analysis is their amazing flexibility, allowing fitting models that may better match the kind of data and the research questions. One possibility that is seldom mentioned in the methodological meta-analytic literature or typically is not implemented in software for meta-analysis, is the distinction of a third level of variation to model dependencies between studies (e.g., occurring when several studies stem from the same research group) or within studies (e.g., occurring when within a study multiple samples were drawn). We will present some examples of three-level meta-analyses we performed and explore the required number of units at each of the levels to achieve enough power and accuracy in testing and estimating moderator effects and variance parameters. To this end, we will make use of ML-DEs, a program we recently developed to explore the design efficiency for a variety of multilevel models.

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**First author:** Waddington, Hugh

**Title:** *Water, Sanitation and Hygiene Interventions to Combat Childhood Diarrhea in Developing Countries*



**Authors:** Hugh Waddington, MA, International Institute for Impact Evaluation (3ie) Birte Snilstveit, MA, 3ie Howard White, DPhil, 3ie Lorna Fewtrell, PhD, Aberystwyth University

**Abstract:** This paper provides the results of a synthetic review of the effectiveness of interventions in water, sanitation and hygiene (WSH) in promoting better health outcomes in developing countries as measured by the incidence of diarrhoea among children. One billion people worldwide lack access to clean water, and 2.5 billion do without adequate sanitation. Interventions to effect improvements in WSH are therefore an important focus of efforts to improve quality of life in developing countries. By improving access to clean water and sanitation facilities and promoting better water-use, sanitation and hygiene practices, WSH interventions contribute towards better health outcomes by reducing risk of contracting disease, such as diarrhoea. There is a large and growing literature examining the effects of WSH interventions on outcomes in developing countries, utilising a range of study methodologies. WSH interventions are diverse, ranging from interventions to improve access to water through household and community provision; quality of water through provision of treatment and storage facilities at the source or point-of-use; sanitation facilities through public and community latrines to promote safe disposal of waste; and behaviour change communication to promote safe hygiene practices through education and outreach. Frequently, multiple interventions are promoted simultaneously. Most studies examine the effectiveness of WSH interventions under experimental conditions, with concurrent treatment and control groups and often some element of community or individual randomisation. A smaller number use quasi-experimental methods such as propensity score matching. This review updates the existing systematic reviews and meta-analyses in WSH (Curtis and Cairncross, 2003, Fewtrell and Colford, 2004, Clasen et al., 2007, Ejemot et al., 2008, and the World Bank's Independent Evaluation Group, 2008). The review was conducted to Campbell Collaboration (C2) standards. However, the study was also designed to collect data on why interventions are effective or not, by drawing out evidence on the behavioural mechanisms at work and the underlying context, as well as information on the cost-effectiveness and sustainability of interventions. These are of overriding importance to programme planners.

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**First author:** Walleser, Silke

**Title:** *Guideline Development at WHO*

**Authors:** Walleser S, Vist G, McLellan F, Ghersi D

**Abstract:** The Guidelines Review Committee (GRC) was established in May 2007 in response to concerns about the quality of World Health Organization (WHO) guidelines. The GRC was charged with defining, implementing and ensuring compliance with standards to make sure that WHO guidelines are consistent with international best practice, including the appropriate use of evidence.

The GRC has been endorsed by the senior management of the organization. It reviews guideline submissions on a monthly basis and is supported by a centralized Secretariat. Review and clearance processes have been integrated into existing publication processes, a single system for grading the quality of evidence and recommendations (the GRADE system) has been implemented, and a staff training program has been introduced.

An important challenge is resistance to change, particularly when monetary and human resources are limited. Furthermore, there is limited understanding of what constitutes high quality research evidence and of the rigorous methods necessary to obtain such evidence. The nature of the guidelines the organization produces also raises unique methodological and practical challenges. Guideline developers have, however, been responsive to the new requirements and the demand for technical support throughout the guideline development process has been high. The Secretariat provides continuous training and support to staff across the organization and this has eased the transition process. Anticipated future challenges will be building and maintaining capacity in the light of high staff turnover, rolling out guidelines development standards to all WHO regions, and ensuring high-quality guideline development processes in a time of financial constraint.



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**First author:** Wei, Maoling

**Title:** *An analysis and evaluation of current reviews on physician-patient communications*

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**Abstract:** Background Communication is important for smoothing physician-patient relations and also as the cornerstone of any strategy to reduce malpractice claims. However, most of healthcare staff have't had adequate effectively training in communicating with their patients in China. Objective To analyse and assesse the current reviews on physician-patient communications. Methods We use the key words 'physician-patient relationship' and 'communication' to identify related studies on systematic review and meta-analysis and evaluate their quality with the Overview Quality Assessment Questionnaire(OQAQ) checklist. Results I. Seventeen studies were included. The scores of studies quality is range three to nine by OQAQ checklist. The methodological quality of the reports met sixty-six percent (median score equals six) of the maximum scores of OQAQ. Of them, forty-one percent (7/17) is seven to nine scores and five Cochrane systematic reviews were high scores. Twenty-third percent (4/17) is six scores, thirty-five percent (6/17) is three to five scores. No reviews were updated. Only two of seventeen combined the data with Meta-analysis. II. The potential factors that influence communication between physicians and patients were as follows: The patient-physician relationship; educational interventions for patient and physician; system-level communication interventions; treatment preference and medical information handling; patient's expection and value, etc. III. Communication training can improve communication skills' efficacy and facilitate the key skills acquirement to clinical practice and improve patients' satisfaction. The training strategies are various as different participants and the major training principle is the center for learner. Information should be modified for older and less-educated patients. The communication between patients and oncologists is an area of active and growing research interest. IV. Teaching patient communication skills to medical students can improve student performance. Computer service is helpful for surveillance potential medical risks but it needs specific communication skills. Discussion The Cochrane systematic reviews seem better meet the evaluation criteria of OQAQ checklist. The reasons for those lower scores were exists selection bias and no details description of methodology. Those non-combined reviews mainly because heterogeneity of studies. Due to different education, culture and social system, whether the current evidence on communication is suitable for clinical practice in China needs further studies. Conclusions The existing reviews are much more descriptive research about physician-patient communication. Communication skills training can benefit for physician and patient communication and it should be based on evidence-based guidelines. The challenge for future research is how to effectively integrate the communication interventions into clinical practice.

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**First author:** Weiss, Bernd

**Title:** *The Prevalence of Unexcused School Absenteeism in Germany: A Meta-Analysis*

**Authors:** Dr. Bernd Weiss, University of Cologne

**Abstract:** There are numerous reasons why truancy (unexcused school absenteeism) should be examined extensively: Adolescents who play frequently truant are more likely to get a low educational degree or to drop out of school. Truancy often marks the beginning of a criminal career. In this sense, truancy is a risk factor for present and further delinquent acts. Dealing with students playing truant takes a lot of teachers' time, and truants may deteriorate class and school climate. Enduring truancy indicates structural school problems, as



the school does not ensure a sufficient integration of truant students. Furthermore, truancy can result from difficult family situations, which may require intervention and support as well. Even if truancy is a well known problem and has been widely discussed in the German scientific community as well as in German media, its prevalence has been hardly systematically studied so far. Therefore, an individual person data meta-analysis has been applied focusing on the prevalence of truancy in Western Germany. A literature search revealed 15 individual person data sets. Two types of truancy were distinguished, namely moderate and frequent truancy. The empirical analyses were threefold: First, the average percentage of pupils playing truant has been estimated. All in all, the percentage of students playing truant moderately is about 17%. As expected, frequent truancy occurs less often (2%). Second, a rather prominent but unsound estimation of the prevalence rate states that about 500,000 pupils play truant on a regular basis. Using Bayesian methods, this estimate has been compared to the meta-analytical findings revealing that the number of 500,000 pupils playing frequently truant might be too high. Third, empirical analysis shows that the findings are considerably heterogeneous. So, even more interesting than estimating an overall proportion are heterogeneity analyses which aim at explaining the different study outcomes. Due to the fact that individual person data is available, relevant predictors at the pupils' level are school type, class level as well as sex. At the study level, the unit of observation (pupils vs. parents or teachers) and the observation period have been identified as having a strong impact on the prevalence of truancy.

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**First author:** Welch, Vivian

**Title:** *When and how are effects on health equity assessed in systematic reviews of effectiveness.*

**Authors:** Vivian Welch. MSc, PhD (Candidate). Institute of Population Health, University of Ottawa. Peter Tugwell. MD, MSc. Institute of Population Health, University of Ottawa. Mark Petticrew. BA, PhD. London School of Tropical Medicine and Hygiene. Jessie McGowan. BMus, MLIS. Institute of Population Health, University of Ottawa. Erin Ueffing. BHSc (Hons), MHSc. Institute of Population Health, University of Ottawa. Maria Benkhalti. BSc (Hons), MSc (Candidate). Institute of Population Health, University of Ottawa. Elizabeth Kristjansson. BA (Hons), MA, PhD. Institute of Population Health, University of Ottawa. George Wells. MSc, PhD. University of Ottawa.

**Abstract:** Background: There is increasing interest in whether systematic reviews can contribute to the evidence-base on promoting health equity. Objectives: To systematically review methods used to assess effects on health equity in cohorts of systematic reviews of effectiveness. Methods: We searched MEDLINE (1950-Jan 2008), PsychINFO, the Cochrane Methodology Register (Issue 1, 2008), CINAHL (1982 to April 20, 2008), SCOPUS, and handsearched the Campbell Collaboration presentations of 2007 and the citations of included studies. We included methodology reports that assessed one or more factors related to health equity in a cohort of systematic reviews. Risk of bias was appraised for selection, attrition and detection bias, using pre-determined questions. Data were extracted using a pre-tested form. Results: We included eight studies; six of which were based on groups of Cochrane reviews. Three methodological approaches to assessing effects on health equity were identified: 1) descriptive assessment of reporting and analysis in systematic reviews; 2) descriptive assessment of reporting and analysis in primary studies; and 3) analytic approaches. Data on sociodemographic factors were lacking for all three approaches. Cochrane reviews were disproportionately represented in the included studies. Conclusions: There is need for methodological guidance, based on empiric evidence, on how and when to assess effects on health equity in systematic reviews.

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**First author:** Wendt, Oliver

**Title:** *Calculating Effect Sizes for Single-Subject Experimental Designs*

**Authors:** Oliver Wendt, Ph.D., Purdue University



**Abstract:** This poster will compare a variety of procedures to compute an effect size estimate for data from single-subject experimental designs (SSEDs). SSEDs are typically examining pre-treatment versus post-treatment performance within a small sample of participants, or treatment versus no treatment conditions across individuals. The adoption of evidence-based practice (EBP) demands greater accountability and more reliable, objective results which has led to increased scrutiny of how SSED research is analyzed. EBP emphasizes the importance of objective outcome measures, especially “magnitude of effect” indices or “effect sizes” (ES). Including ES in published research displays the relative strength of various treatments. ES are also needed to summarize outcomes from SSEDs for inclusion in meta-analyses and systematic reviews. Controversy exists as to which techniques are most appropriate to analyze between-phase differences in SSEDs and derive meaningful effect size estimates for synthesizing studies. Two general types of statistical-summary strategies have been proposed for assessing magnitude of effect in SSEDs, non-regression and regression approaches. Regression approaches determine efficacy of SSEDs by using linear-regression techniques to model repeated observations. The resulting R<sup>2</sup> regression ES easily can be converted to Cohen’s d, a popular ES in group designs. Non-regression approaches use the amount of non-overlapping data as an indicator of performance differences, i.e., the extent to which data in baseline versus intervention phases do not overlap is an accepted indicator of the magnitude of effect. This poster will focus on the applicability of non-regression based techniques including Improvement Rate Difference (IRD)(Parker, Vannest, & Brown, 2009), Pairwise Data Overlap (PDO)(Parker & Vannest, in press), Percentage of All Non-Overlapping Data (PAND) (Parker et al., 2007), Percentage of Data Points Exceeding the Median (PEM) (Ma, 2006), and Percentage of Non-Overlapping Data (PND)(Scruggs, Mastropieri, & Casto, 1987). These metrics will be compared relative to their performance in detecting treatment effect in single-subject studies targeting behavior increase. Data sets from recent meta-analyses of single-subject research related to augmentative and alternative communication and behavior modification will be used to illustrate performance differences, advantages and disadvantages of each technique and the relationship among the different metrics. Patterns will be highlighted of instances where the different metrics yield discrepancies in effect size scores as well as perfect agreement. This field test will reveal if any metrics are superior to others in estimating treatment effect and recommendations will be derived for researchers planning to conduct a systematic review or meta-analysis of SSEDs.

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**First author:** Wharton, Tracy

**Title:** *An international perspective on the literature concerning the operationalization of evidence*

**Authors:** Tracy Wharton, MEd Doctoral Student, School of Social Work University of Alabama, USA MSc Student, Dept of Social Policy & Social Work Oxford University, UK

**Abstract:** The International Federation of Social Workers defines evidence as “knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context” (IFSW, 2006). However, despite this seemingly clear definition, there continues to be debate about the what should be considered as evidence for practice and policy making. The issue seems to be fueled not only by the professionals themselves, but by the external culture pressuring for increased value relative to the money spent on interventions. In a managed care culture that is increasingly regulated by both policy and disciplinary guidelines, education, research and practice are operating in an environment where terms are used without clear operationalization of what is meant. A comprehensive (english-language limited) literature review focusing on the operationalization of evidence in the field of social work was done. Although many more were initially identified, eighty-five sources were selected that directly spoke to this topic. Annotations of these sources were done, and content analysis of the information considered social work and non-social work literature, as well as content identified by profession and geographic location (policy context) of the writers. Two major directions in the approach to evidence were identified in the field of social work (identified practices and critical thinking orientations), and 8 themes were identified in the overall literature: politics, global implications, common practice definitions, educational models, trends in



evidentiary standards, policy level debates, contextualization of research evidence, and limited practitioner voice. IFSW. (2006). IFSW 50 year jubilee: Making a world of difference. Berne, Switzerland: International Federation of Social Workers. Accessed at the IFSW website: ([www.ifsw.org/en](http://www.ifsw.org/en)).

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**First author:** Wharton, Tracy

**Title:** *The use of evidence in mental health practice: An analysis of pilot study data.*

**Authors:** Tracy Wharton, MEd Doctoral Student, School of Social Work University of Alabama, USA (205) 409-4424 10 St Cross Road, Flat G4 Oxford OX1 3TU, United Kingdom

**Abstract:** Recent literature and policy movements have given a great deal of focus to evidence-based practice (EBP) in social services, however there remains little clarity in the literature as to the realities of what these concepts look like in practice. As educational models in the social sciences and policy pressure on human services continue to develop, it is imperative to examine what is being considered as evidence for practice, how evidence is being accessed, interpreted and used by practitioners, and what barriers may exist to the uptake of research. Practitioner voice has been largely absent from the literature related to EBP, and an exploratory study was initiated to examine this area, grounded in an extensive literature review. A pilot study involving an internet-based survey was done during the spring of 2008. The study was grounded in the Plath (2006) model of EBP, and used a snowball method of recruitment (n 84). Plath's model offers an integrated view of practice and environment, where factors are closely interrelated to one another. Factors that contribute to the personal, professional, political, and interpersonal domains of practice were endorsed by respondents, and suggest that practitioners may use each of these domains as a contributing factor to practice decision making. Recruitment of participants focused on social service providers in any practice field. Thirty-nine percent indicated that they regularly provide services in more than one work environment, and 65 percent indicated that they regularly work with more than one client population. Although respondents indicated that a significant number consider themselves as evidence-based practitioners, substantial numbers of them are not asked to justify their intervention choices by their supervisors. Data indicate that practitioners with graduate degrees are more likely to self-identify as evidence-based practitioners than those who have undergraduate degrees. Respondents practicing in evidence oriented settings, such as medical settings, were less likely to respond negatively to EBP models. Those in non-profit settings were much more divided on this issue, echoing the continuum suggested in the literature. Data suggest low frequency of database access (such as the Cochrane or Campbell Collaboration databases). Responses to open-ended questions trended towards a mention of both positive and negative aspects of the EBP movement. Few respondents aligned with the process orientation currently being discussed in the social work literature. Plath, D. (2006). Evidence-based practice: Current issues and future directions. *Australian Social Work*, 59(1), 56-72.

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**First author:** Williams, Ryan

**Title:** *Evaluating Quality Assessment Methods for Systematic Review*

**Authors:** Ryan Williams, B.A., Loyola University Chicago, & Terri Pigott, Ph.D., Loyola University Chicago

**Abstract:** In meta-analysis, variation in effect sizes are examined by fitting moderator models. One set of commonly used moderators relates to characteristics of the study design. While some meta-analyses use a small number of codes that characterize design features, many reviewers are beginning to use more comprehensive coding instruments to assess study quality. For example, many medical meta-analyses use the Consolidated Standard of Reporting Trials [CONSORT] as described by Begg et al. (1996). The use of these instruments, however, remains controversial. Two major questions that remain regarding quality assessment instruments are the following: (1) How reliable are the scores from quality assessment



instruments? and (2) Do these items conform to their theoretical structure? This presentation will discuss the rationale for using Item Response Theory models for evaluating study quality. Two models will be discussed: the simple one-parameter IRT (Rasch) model as well as the Facets model. Additionally, this presentation will report the results of a primary study utilizing contemporary measurement theory to evaluate systematically the measurement properties of one of these coding instruments, the Study Design and Implementation Assessment Device [DIAD] (Valentine & Cooper, in press). One way to several critical research questions surrounding study quality and systematic review is to use IRT. The proposed paper will report the results of a study that collects ratings using the DIAD and then analyzes these ratings using Rasch modeling techniques. The study limitation will be discussed and future areas of investigation regarding study quality and meta-analysis will be identified.

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**First author:** Wilson, David B.

**Title:** *Use of DNA Testing in Police Investigative Work for Increasing Offender Identification, Arrest, Conviction, and Case Clearance*

**Authors:** David B. Wilson, Ph.D. George Mason University

**Abstract:** The use of DNA testing as part of police investigative work has increased substantially since its emergence in the 1980s. Initially used primarily in serious cases, such as homicides and rapes, recent use has expanded to include additional crimes, such as property offenses. The fundamental question motivating this systematic review is: Does the use of DNA testing improve the effectiveness of the police in identifying and convicting perpetrators of crime, particularly if expanded beyond its traditional use in serious and violent offenses? This paper, based on a registered C2 title, will present preliminary findings from a review of all identified and credible quantitative studies of the use of DNA in police work, focusing particularly on the use of DNA in routine investigations, such as burglary.

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**First author:** Winokur, Marc

**Title:** *Better Evidence for Kinship Care Around the World*

**Authors:** Marc Winokur, Ph.D., Colorado State University Amy Holtan, Ph.D., University of Tromsø

**Abstract:** The proposed presentation will highlight the findings and methodological challenges from a recently published Campbell and Cochrane co-registered systematic review which synthesizes research on kinship care from around the world. The presentation will be an interactive discussion on the practice, policy, and research implications of these findings and challenges. Child abuse and neglect is an all too common problem that usually results in negative consequences for children and families. Children who have been maltreated are often removed from the home and placed in residential care or in the community with other families. Child welfare agencies are responsible for placing these children in out-of-home settings that will facilitate their safety, permanency, and well-being. In recent years, many countries have introduced policies that favor placing children who cannot live at home with other members of their family or with friends of the family. This is known as “kinship care” or “families and friends care” to name a few. Children in out-of-home placements typically display more educational, behavioral, and psychological problems than do their peers. Children living with relatives face additional obstacles, as kinship caregivers are more likely to be poor and unemployed and less likely to access services and receive financial support. We do not know what type of out-of-home care is best for children. This systematic review was designed to find the best available evidence comparing traditional foster care and kinship care on child welfare outcomes. Sixty-two quasi-experimental studies from six countries met the inclusion criteria and quality assessment. The results from the meta-analyses suggest that children in kinship care may do better than children in traditional foster care in terms of their behavioral development, mental health functioning, and placement stability. Children in traditional



foster care placements may do better with regard to being adopted and accessing mental health services. There may be a cost-effectiveness component to placing children with relatives in light of the comparable well-being and permanency outcomes and lower payments and fewer services provided to kin caregivers. As such, this could play an important role in how child welfare agencies view their current approach to kinship care. Foster care remains an essential out-of-home care option, as children in these placements also experience positive outcomes and appropriate kinship placements are not always available. There is a need for future research on the different types of relative caregivers and the effect of caregiver licensure on child outcomes.

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**First author:** Yang, Li

**Title:** *Strategies to develop an essential healthcare package: Evidence from international experience*

**Authors:** Li Yang, PhD., Department of Health Policy and Management, School of Public Health, Peking University, China Ming Wu, PhD., Department of Health Policy and Management, School of Public Health, Peking University, China Keqin Rao, Ph.D., Center for Health Statistics and Information, Ministry of Health, China Jun Gao, MPH., Center for Health Statistics and Information, Ministry of Health, China

**Abstract:** Objectives: To describe the criteria and procedure for defining an essential healthcare package in the developed and developing countries, background and driver, and how these countries achieve universal coverage by develop an essential healthcare package. Methods :A systematic review was used. The resources we searched included electronic databases, websites of health institutions, grey literature databases and search engine Google. Any report of implemented strategy to develop an essential healthcare package was included. Pre-designed data extraction form was used for collecting strategies and study method of included studies. Then the extracted information was analyzed and described. Result :166 studies covering 72 countries were included, most of which were studies in the middle and low countries. In terms of study objectives, many studies aim to describe strategies, while few studies are to evaluate effectiveness of strategies. Many countries defined the essential healthcare package as a package of basic healthcare provided to everyone by public financing. In terms of health priorities, public health and very limited clinical services were included in the package in many low income countries, very comprehensive services with or without clear definition in the high income countries, while both guaranteed package(for everyone)and benefit package (for insurants) exist in some middle income countries. In terms of the criteria, need, social value and equity are considered most important in those high income countries, while cost-effectiveness, burden of diseases are considered firstly in determining a basic package in the middle or low income countries. Some countries failed to define a package because of two many criteria or paying more attention to cost-effectiveness. In terms of financing options, tax funding or mandatory social health insurance both have some advantages and disadvantages. In terms of allocation options, purchasing service is preferred. In terms of payment options, fee for service, salary and capitation are better than others for purchasing public health, while mix of two payment methods is very popular for purchasing clinical service. Public, private sector or NGO could provide the essential healthcare. The government regulates them by legislation, government financing, improving incentives for providers. Conclusions :An appropriate package should be defined according to both technique criteria and social welfare criteria, considering each country's healthcare system and market structure, characteristics of the demander and provider, capacity of government's regulation. Strategies to develop a package in terms of financing, delivery and regulation options depends on economic level, history and social culture, most important of all, the governing party's will and public demands.