WHAT WORKS FOR HEALTH RATINGS

Evidence Rating

Analysts assign each strategy an **evidence rating** based on the quality, quantity, and findings of relevant research. Studies with designs that demonstrate causality are given the most weight. The rating is based on the likelihood of achieving specific outcomes, listed as **Expected Benefits**, while outcomes with weaker or less evidence are labeled **Potential Benefits.**

EVIDENCE RATING	DESCRIPTION	EVIDENCE CRITERIA: AMOUNT & TYPE	EVIDENCE CRITERIA: QUALITY OF EVIDENCE
Scientifically Supported	Strategies with this rating are most likely to make a difference. These strategies have been tested in multiple robust studies with consistent positive results.	1 or more systematic review(s), or at least: • 3 experimental studies, or • 3 quasi-experimental studies with matched concurrent comparisons	Studies have: • Strong design • Statistically significant positive finding(s)
Some Evidence	Strategies with this rating are likely to work, but more research is needed to confirm effects. These strategies have been tested more than once and results trend positive.	1 or more systematic review(s), or at least: • 2 experimental studies, or • 2 quasi-experimental studies with matched concurrent comparisons, or • 3 studies with unmatched comparisons or pre-post measures	Studies have statistically significant positive finding(s) Compared to 'Scientifically Supported,' studies have: • Less rigorous designs, or • Limited effect(s) • Overall, evidence trends positive
Expert Opinion	Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects. More research, often with stronger designs, is needed to confirm effects.	Generally no more than 1 experimental or quasi-experimental study with a matched concurrent comparison, or • 2 or fewer studies with unmatched comparisons or pre-post measures	• Recommendation supported by logic or theory, but study limited • Limited study methods supporting expert recommendation • Body of evidence less than 'Some Evidence'
Insufficient Evidence	Strategies with this rating have limited research documenting effects. These strategies need more research, often with stronger designs, to confirm effects.	Generally no more than 1 experimental or quasi-experimental study with a matched concurrent comparison, or • 2 or fewer studies with unmatched comparisons or pre-post measures	• Quality varies, but is often low • Findings vary, but are often inconclusive

Support provided by
Robert Wood Johnson Foundation

EVIDENCE RATING	DESCRIPTION	EVIDENCE CRITERIA: AMOUNT & TYPE	EVIDENCE CRITERIA: QUALITY OF EVIDENCE
Mixed Evidence	Strategies with this rating have been tested more than once and results are inconsistent. More research is needed to confirm effects.	1 or more systematic review(s), or at least: • 2 experimental studies, or • 2 quasi-experimental studies with matched concurrent comparisons, or • 3 studies with unmatched comparisons or pre-post measures	• Body of evidence inconclusive, or • Body of evidence mixed, leaning negative
Evidence of Ineffectiveness	Strategies with this rating are not good investments. Multiple studies show negative or harmful results.	1 or more systematic review(s), or at least: • 2 experimental studies, or • 2 quasi-experimental studies with matched concurrent comparisons, or • 3 studies with unmatched comparisons or pre-post measures	Studies have: • Strong designs • Significant negative or ineffective findings, or • Evidence of harm

Disparity Rating

Analysts assign each strategy a **disparity rating** based on available research about how a strategy may affect disparities (e.g., racial/ethnic, socioeconomic, geographic disparities, gender, etc.) for health and health-related outcomes. The disparity rating indicates a strategy's potential impact on disparities and describes the strength of evidence supporting the rating (e.g., 'Potential to decrease disparities: Supported by strong evidence'). Each disparity rating includes a summary of the evidence supporting the rating and clarifies which subgroups and outcomes the rating applies to.

DISPARITY RATING	CRITERIA: EVIDENCE AMOUNT, TYPE, AND QUALITY
Potential to decrease disparities: **Supported by strong evidence** **OR** Potential to increase disparities: **Supported by strong evidence** **OR**	Strong evidence supporting the potential to decrease/increase disparities or a mixed impact: • At least 1 systematic review on disparity impact; • 3 experimental studies (RCTs), 3 quasi-experimental studies with matched concurrent comparisons (QE-MCC), or 3 natural experiment studies on policy evaluation that (a) conduct subgroup analyses and report results (i.e., differential impacts) or (b) compare the outcome change in participants with one in non-participants (for targeted strategies); or

DISPARITY RATING	CRITERIA: EVIDENCE AMOUNT, TYPE, AND QUALITY
Potential for mixed impact on disparities: **Supported by strong evidence**	• 3 process evaluations (with RCT or QE-MCC design) that report different take-up or barriers to access between subgroups (often resulting in negative impact on disparities)
Potential to decrease disparities: **Supported by some evidence** **OR** Potential to increase disparities: **Supported by some evidence** **OR** Potential for mixed impact on disparities: **Supported by some evidence**	Weak/some evidence supporting the potential to decrease/increase disparities or a mixed impact: • At least 1 experimental study (RCT), 1 QE-MCC, 1 quasi-experimental study with unmatched comparisons (QE-UMC), 1 natural experiment study on policy evaluation, or 2 pre-post studies that (a) conducts a subgroup analysis and report results (i.e., differential impacts) or (b) compares the outcome change in participants with one in non-participants (for targeted strategies); or • 1 process evaluation (with RCT, QE-MCC, QE-UMC design) that reports different take-up or barriers to access between subgroups (often resulting in negative impact on disparities)

Potential to decrease disparities: **Suggested by expert opinion**
 	
OR
 	
Potential to increase disparities: **Suggested by expert opinion**
 	
OR
 	
Potential for mixed impact on disparities: **Suggested by expert opinion**
	A strategy:
	
	• Lacks empirical evidence supporting the potential impact on disparities, and
	• Has expert opinion or theory suggesting the potential to decrease/increase disparities or a mixed impact, by the following entities:
	  ○ Academic/research institutions, professional associations, government agencies, think-tank organizations
	  ○ Non-profit organizations in public health
	  ○ Especially including organizations that are led by BIPOC or represent their voice or lived experience

Potential to decrease disparities: **Suggested by intervention design**	A strategy: • lacks empirical evidence or expert opinion supporting the potential impact on disparities, and • is designed to reduce disparities by ○ exclusively targeting and benefiting a subgroup that has been historically in conditions of disadvantage,

DISPARITY RATING	CRITERIA: EVIDENCE AMOUNT, TYPE, AND QUALITY
	○ explicitly targeting an underlying condition of disadvantage that has worsened disparities between subgroups, or ○ targeting all populations with an additional goal to reduce the existing disparities and burden between subgroups (i.e., proportionate universalism)
Inconclusive impact/effects on disparities	The available evidence is insufficient for analysts to assign a rating.

Updated August 2023