Research Evidence, Research Evidence, and the Difference Between Effect and Impact

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PROVOCATION

The tacit promise

Increase the supply and quality of evidence-based interventions → **Better outcomes**

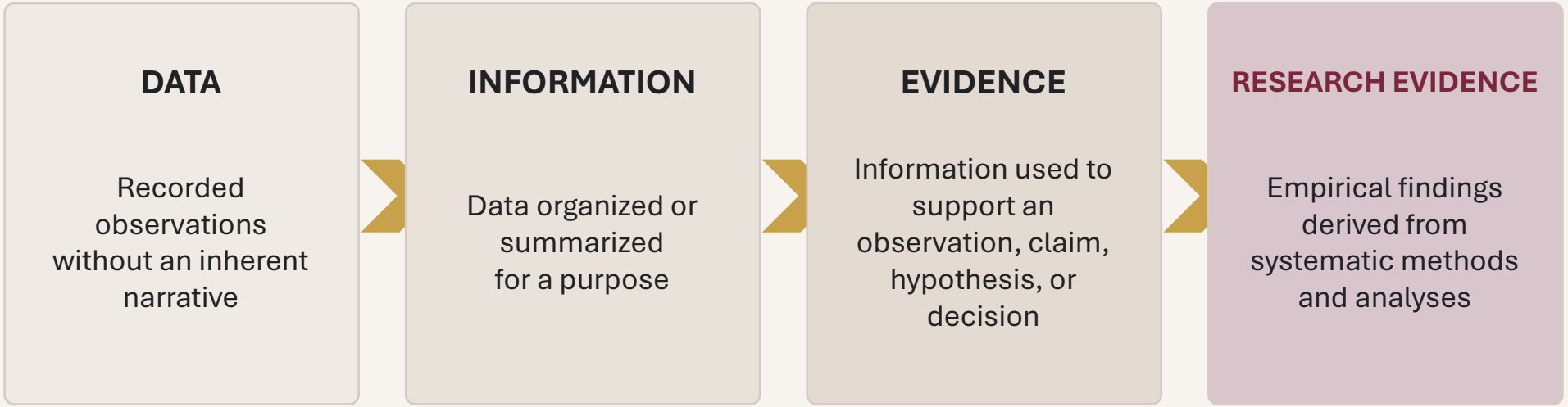
The evidence enterprise has invested heavily here:

RCTs · systematic reviews · standards · clearinghouses · dissemination

But the causal chain contains a largely unexamined link:

Can the people making recurring decisions actually find, interpret, and apply the evidence?

Start with definitions



The analytic method is important to meaning.

“What you see depends on how you look.”

What does it mean to use evidence?

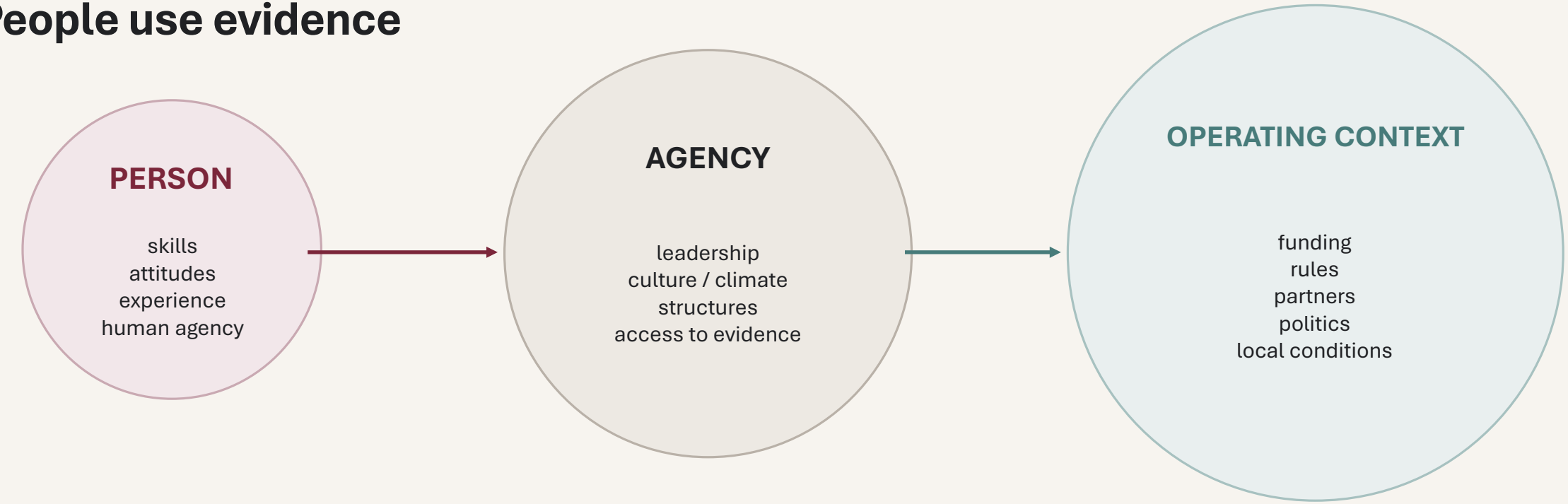
1. **Acquire / Generate**
   Find existing research evidence — or produce it from available data.
2. **Process / Make meaning**
   Judge quality, interpret findings, and connect them to an operational concern.
3. **Apply**
   Make a claim, take an action, or choose among alternatives because of the evidence.

Evidence can be used in different ways

Symbolic / political	Conceptual	Instrumental
to justify or legitimize a position	to change how a problem is understood	to change a decision or action

This talk is principally about instrumental use.

People use evidence



Research Evidence Use (REU) is shaped by capability, motivation, and opportunity — and by the context that supports or frustrates them.

The neglected problem

We have built a sophisticated infrastructure for producing and rating evidence.

We have built far less infrastructure for learning whether people can use it well.

- Can I find the evidence I need?
- Can I tell whether the analysis fits the question?
- Can I distinguish a sample from the population I mean to describe?
- Can I translate a finding into a defensible decision?

ACCESS ≠ USE

Phase 1: Does research evidence use vary — and matter?

463

staff respondents

Executives, managers, supervisors, caseworkers

26

agencies

Participating private agencies

49%

response rate

947 staff invited

Three findings mattered

1. REU varied meaningfully across people and agencies.
2. Experience, positive attitudes toward evidence, and knowing where to find evidence predicted more evidence use.
3. Agencies with higher REU scores moved children to permanency more quickly: OR 1.64, p = .003.

A key inference from Phase 1

Skills + **Attitudes** + **Experience** → **better outcomes?**

Not by themselves.

The worker attributes linked to REU did not independently predict outcomes.
The benefit appeared when people actually used research evidence.

Evidence use activates the capability.

From finding to intervention: EDGE – Evidence Driven Growth and Excellence



Why improvement science is applicable

Recurring work follows a cycle of observing → interpreting → deciding → acting → learning. Evidence is needed at every point, not only when choosing an intervention.

This is not principally implementation science.

The question is how evidence enters recurring judgments and resource-allocation decisions.

What EDGE actually does

6 × 2-hour sessions

Core instruction on questions, sampling, numerators/denominators, interpretation, theories of change

4 monthly webinars

Apply evidence use across the PDSA / theory-of-change cycle

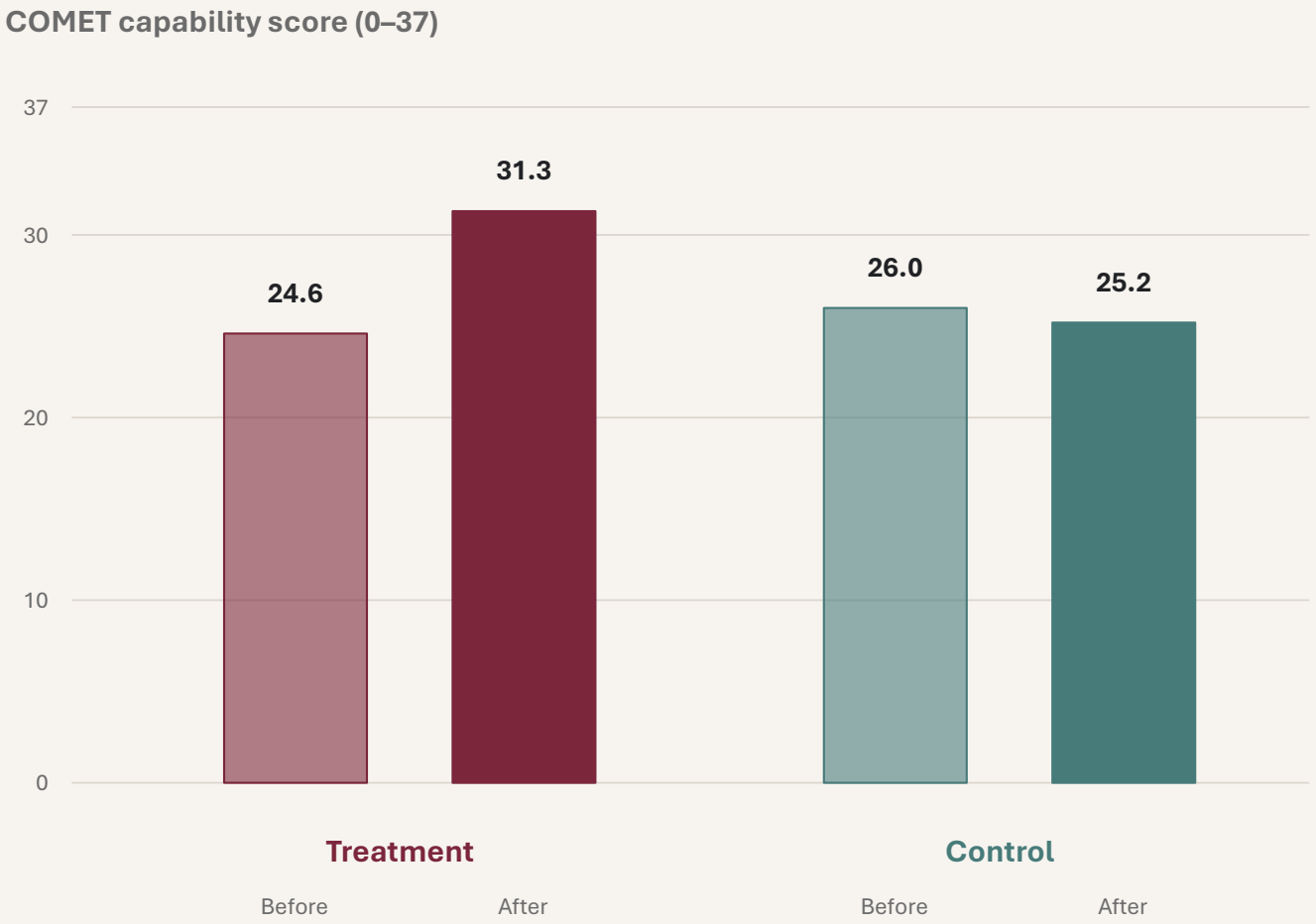
1:1 coaching

Review agency reports and give individualized feedback on evidence-use practice

Agency-specific evidence

Curated performance data, benchmarks, and job-relevant examples

Phase 2: Evidence-use capability is malleable



+6.7

treatment-group change

−0.8

control-group change

Adjusted EDGE treatment effect

+6.63 points

p = .006

Small trial. Large capability gain.

WHAT FOLLOWS

The proposition for an evidence-rich field

1

Evidence supply is necessary — not sufficient.

A well-supported intervention does not eliminate the need for evidence at the next decision point.

2

Evidence use is a capability.

It can be defined, observed, measured, taught, and improved.

3

Instrumental use is resource allocation.

The recurring question is how evidence changes who does what, with whom, for how long, and with which resources.

For home visiting: where, explicitly, do we invest in the capability to use the evidence we work so hard to produce?