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| **SYSTEMATIC REVIEW DATABASES**  **Relevant to Higher Education** | | | |
| **Source** | **Description of Resource** | **Minimum Criteria for Study Inclusion**  **(Credibility of Evidence)  High, Mixed, Low** | **Reviews Relevant to Student Affairs or Academic Affairs**  **Outcomes & Programming (Programs don't require particular credentials to implement program)** |
| **Campbell Collaboration** [www.campbellcollaboration.org](http://www.campbellcollaboration.org) | Provides systematic reviews of programs or interventions in a number of areas (e.g., K-12 education, social welfare, & crime/justice).  *Systematic review*: research paper that uses a method called 'evidence synthesis', which can include meta-analysis, to look for answers to a pre-defined question.  *Purpose of Systematic Review*: sum up best available research on specific question. Reviews also show when there has *not* been enough research & where more is needed.  *Evidence and Gap Map*: visual presentation of the available rigorous research evidence for a particular policy domain. An EGM consolidates what we know & do not know about ‘what works’, & provides a graphical display of areas with strong, weak or non-existent research evidence on effect of interventions/initiatives. | HIGH   * Clear study inclusion & exclusion criteria   Study inclusion are carried out by at least 2 reviewers who work independently & compare results   * An explicit search strategy for studies   Developed in advance & undergoes peer review   * Systematic coding & analysis of included studies   Study quality is appraised. Coding carried out by at least 2 reviewers who work independently & compare results.  When coding study quality, authors can use Cochrane Risk of Bias Tool (selection bias, attribution bias, etc.), GRADE framework, or direct coding of research design element (e.g., was their random assignment, was their attrition).  Studies not included in synthesis if there is low methodological quality. | 1. [Bystander Intervention](https://www.campbellcollaboration.org/better-evidence/bystander-programs-sexual-assault-adolescents-college-students.html) 2. [Mindfulness-based stress reduction](https://www.campbellcollaboration.org/better-evidence/mindfulness-stress-reduction-for-adults.html) 3. [Twenty‐first century adaptive teaching and individualized learning operationalized as specific blends of student‐centered instructional events: A systematic review and meta‐analysis](https://onlinelibrary.wiley.com/doi/10.1002/cl2.1017) 4. [Motivational interviewing for substance abuse](https://onlinelibrary.wiley.com/doi/10.4073/csr.2011.6) 5. [Exercise to Improve Self‐Esteem in Children and Young People](https://onlinelibrary.wiley.com/doi/10.4073/csr.2005.4) 6. [Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse](https://www.campbellcollaboration.org/better-evidence/advocacy-interventions-women-intimate-partner-abuse.html) 7. [Effects of early, computerized brief interventions on risky alcohol use and risky cannabis use among young people](https://onlinelibrary.wiley.com/doi/full/10.4073/csr.2017.6) 8. [Educational and Skills‐Based Interventions for Preventing Relationship and Dating Violence in Adolescents and Young Adults: A Systematic Review](https://onlinelibrary.wiley.com/doi/10.4073/csr.2013.14) 9. [School‐Based Interventions to Reduce Dating and Sexual Violence: A Systematic Review](https://onlinelibrary.wiley.com/doi/10.4073/csr.2014.7) 10. [Interventions Intended to Reduce Pregnancy‐Related Outcomes](https://onlinelibrary.wiley.com/doi/10.4073/csr.2006.12) 11. [Restorative Justice Conferencing (RJC) Using Face‐to‐Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review](https://onlinelibrary.wiley.com/doi/10.4073/csr.2013.12) 12. [12-Step Programs](https://www.campbellcollaboration.org/better-evidence/12-step-programmes-illicit-drug-abuse-reduction.html) 13. [Mindfulness‐based interventions for improving cognition, academic achievement, behavior, and socioemotional functioning of primary and secondary school students](https://onlinelibrary.wiley.com/doi/10.4073/CSR.2017.5) 14. [Collaborative testing for improving student learning outcomes and test-taking performances in higher education: a systematic review](https://onlinelibrary.wiley.com/doi/10.1002/CL2.186) |
| **What Works Clearinghouse**  <https://ies.ed.gov/ncee/wwc> | "Our goal is to provide educators with the information they need to make evidence-based decisions. We focus on the results from high-quality research to answer the question ’What works in education?’"  Includes “Systematic Reviews” completed by WWC certified reviewers.  Includes “Practice Guides” completed by WWC certified reviewers and a panel of experts.  "The What Works Clearinghouse (WWC) reviews the existing research on different *programs*, *products*, *practices*, and *policies* in education."  Contains a specific "postsecondary" category. | HIGH "Practice guides" give recommendations on strategies to use to meet outcomes. Each recommendation has a rating of level of evidence (**minimal, moderate, strong**). The level of evidence reflects how confident WWC certified reviewers & a panel of experts are that the recommended practice consistently improved outcomes.  The rating of level of evidence is informed by number of studies supporting the recommended practices, whether the studies used a **RCT or quasi-experimental design**, whether the study was examined in different contexts with different populations.  Thus, not uncommon for a practice to get a "minimal level of evidence" rating given these criteria. A minimal level of evidence does NOT mean there is no evidence supporting the recommendation. All recommendations are supported by at least some rigorous research. Minimal rating means more research is needed (examined in more settings, with more students). | 1. [Using Technology To Support Postsecondary Student Learning](https://ies.ed.gov/ncee/wwc/Docs/practiceguide/wwc-using-tech-postsecondary-summary.pdf) 2. [Linked Learning Communities](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/630) 3. [Organizing Instruction and Study to Improve Student Learning](https://ies.ed.gov/ncee/wwc/PracticeGuide/1) 4. [First year experience courses](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/662) 5. [Strategies for Postsecondary Students in Developmental Education Practice Guide Summary](https://ies.ed.gov/ncee/wwc/Docs/practiceguide/wwc_dev_ed_summary_030617.pdf) 6. [Teaching Secondary Students to Write Effectively Practice Guide Summary](https://ies.ed.gov/ncee/wwc/Docs/PracticeGuide/wwc_secwrit_summary_053117.pdf) 7. [Teaching Strategies for Improving Algebra Knowledge in Middle and High School Students Practice Guide Summary](https://ies.ed.gov/ncee/wwc/Docs/practiceguide/wwc_algebra_summary_072115.pdf) 8. [Encouraging Girls in Math and Science](https://ies.ed.gov/ncee/wwc/PracticeGuide/5) 9. [Summer counseling had potentially positive effects on credit accumulation and persistence and mixed effects on college access and enrollment for recent high school graduates](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/693) 10. [Open Learning Initiative OLI provides high-quality online courses and learning materials to instructors and learners at low or no cost](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/698) 11. [InsideTrack© Coaching provides proactive, personalized coaching to help students identify and overcome both academic and non-academic barriers to college persistence and graduation](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/696) 12. [Summer Bridge Programs designed to ease the transition to college and support postsecondary success by providing students with the academic skills and social resources needed to succeed](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/661) 13. [Developmental Summer Bridge Programs](https://ies.ed.gov/ncee/wwc/Intervention/798) 14. [First year experience courses for students in developmental education are designed to ease the transition to college for the large numbers of students in need of developmental (or remedial) education](https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/651) 15. [Accelerated Study in Associate Programs (ASAP)](https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/WWC-PEPPER_IR-Brief_ASAP.PDF) 16. [Residential Learning Communities](https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc_residential_111814.pdf) |
| **Cochrane Library** <https://www.cochrane.org/> | Provides plain language summaries of systematic reviews focusing on interventions for a variety of health outcomes.  Most relevant categories: mental health; tobacco, alcohol, drugs; infectious diseases (particularly STDs).  No way to identify target population for intervention (i.e., college students) other than to include "college" in search box.  In “Plain Language Summary”, they indicate the ***quality*** of the studies that informed their conclusions.  In the “Full Report”, they list the rating for each study along with ***limitations related to design and such***. | HIGH  GRADE framework used to evaluate certainty of effectiveness evidence. Involves consideration of within-study risk of bias (methodological quality), directness of evidence, heterogeneity, precision of effect estimates & risk of publication bias.  GRADE entails an assessment of quality of a body of evidence for *each* individual outcome. *Specifies 4 levels of quality*.  Highest quality rating is for RCTs. Review authors can downgrade RCT evidence to moderate, low, or very low quality evidence, depending on the presence of the 5 factors above.  Review authors will generally grade evidence from observational studies as low quality. If such studies yield large effects & there is no obvious bias explaining those effects, review authors may rate the evidence as moderate or – if the effect is large enough – even high quality. The very low quality level includes, but is not limited to, studies with critical problems & unsystematic clinical observations (e.g. case series or case reports).  **High quality**: Further research is very unlikely to change confidence in the estimate of effect  **Moderate quality**: Further research likely to have important impact on confidence in effect estimate & may change estimate.  **Low quality**: Further research is very likely to have an important impact on confidence in the estimate of effect & is likely to change the estimate.  **Very low quality**: We are very uncertain about the estimate. | 1. [Social norms interventions are not effective enough on their own to reduce alcohol use or misuse among university or college students](https://www.cochrane.org/CD006748/ADDICTN_social-norms-interventions-are-not-effective-enough-their-own-reduce-alcohol-use-or-misuse-among) 2. [Self-help and guided self-help for eating disorders](https://www.cochrane.org/CD004191/DEPRESSN_self-help-and-guided-self-help-for-eating-disorders) 3. [Interventions to prevent relationship and dating violence in adolescents and young people](https://www.cochrane.org/CD004534/BEHAV_interventions-to-prevent-relationship-and-dating-violence-in-adolescents-and-young-people) 4. [Prevention of suicide in university and other post-secondary educational settings](https://www.cochrane.org/CD009439/INJ_prevention-of-suicide-in-university-and-other-post-secondary-educational-settings) 5. [Exercise for preventing and treating anxiety and depression in children and young people](https://www.cochrane.org/CD004691/DEPRESSN_exercise-for-preventing-and-treating-anxiety-and-depression-in-children-and-young-people) 6. [Psychosocial and Developmental Alcohol Misuse Prevention in Schools can be effective](https://www.cochrane.org/CD009113/ADDICTN_psychosocial-and-developmental-alcohol-misuse-prevention-in-schools-can-be-effectiv) 7. [Motivational interviewing (MI) for preventing alcohol misuse in young adults is not effective enough](https://www.cochrane.org/CD007025/ADDICTN_motivational-interviewing-mi-preventing-alcohol-misuse-young-adults-not-effective-enough) 8. [Motivational interviewing is a short psychological treatment that can help people cut down on drugs and alcohol](https://www.cochrane.org/CD008063/ADDICTN_motivational-interviewing-is-a-short-psychological-treatment-that-can-help-people-cut-down-on-drugs-and-alcohol) 9. [Exercise for depression](https://www.cochrane.org/CD004366/DEPRESSN_exercise-for-depression) 10. [Exercise to improve self-esteem in children and young people](https://www.cochrane.org/CD003683/BEHAV_exercise-to-improve-self-esteem-in-children-and-young-people) 11. [Does personalised advice via computer or mobile devices reduce heavy drinking?](https://www.cochrane.org/CD011479/ADDICTN_does-personalised-advice-computer-or-mobile-devices-reduce-heavy-drinking) 12. [Interventions for preventing multiple risk behaviours in young people](https://www.cochrane.org/CD009927/PUBHLTH_interventions-preventing-multiple-risk-behaviours-young-people) 13. [Screening women for intimate partner violence in healthcare settings](https://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings) 14. [Interventions for encouraging sexual behaviours intended to prevent cervical cancer](https://www.cochrane.org/CD001035/GYNAECA_interventions-for-encouraging-sexual-behaviours-intended-to-prevent-cervical-cancer) 15. [Does motivational interviewing help people to quit smoking?](https://www.cochrane.org/CD006936/TOBACCO_does-motivational-interviewing-help-people-quit-smoking) 16. [Can exercise help people quit smoking?](https://www.cochrane.org/CD002295/TOBACCO_can-exercise-help-people-quit-smoking) |
| **Blueprints For Healthy Youth Development** <https://www.blueprintsprograms.org/> | Blueprints "recommends youth interventions to improve mental and physical health, self-regulation, and educational achievement outcomes. We also examine interventions designed to reduce crime, with an emphasis on identifying high-quality studies of interventions shown to reduce the risk of reoffending or other outcomes associated with recidivism, including employment, mental health and substance use."  Can search based on target population (Early Adulthood most relevant--11 programs reviewed under this category).  Can search based on focus of program (e.g., civic responsibility, alcohol prevention, cultural tolerance); these are likely to be for other age groups.  Can search for interventions based on gender & race. | HIGH Programs rated as **Promising**, **Model,** or **Model Plus**:  •**Promising** interventions must have evidence from 1 high-quality experimental or 2 high-quality quasi-experimental designs, clear findings of positive impact, carefully defined goals, and sufficient resources to help users.  •**Model** interventions must have evidence from 2 high-quality experimental or 1 experimental and 1 quasi-experimental design of high quality, and in addition to the above criteria (positive impact, defined goals, dissemination capacity), have a sustained impact at least 12 months after the intervention ends.  ---Model interventions, which have conducted a high-quality “independent” replication, have been labeled as **Model Plus**.  **---Model** & Model Plus interventions are deemed ready for widespread use. | 1. [Body Project (Eating Disorder Prevention)](https://www.blueprintsprograms.org/programs/body-project/) 2. [EAAA (Enhanced Assess, Acknowledge, Act) Sexual Assault Resistance Education (Sexual Assault Prevention)](https://www.blueprintsprograms.org/programs/eaaa-enhanced-assess-acknowledge-act-sexual-assault-resistance-education/) 3. [Reducing The Risk (prevention of risky sexual behavior)](https://www.blueprintsprograms.org/programs/620999999/reducing-the-risk/) 4. [InShape Prevention Plus Wellness (Increase Healthy Habits and Reduce Risky Substance Use)](https://www.blueprintsprograms.org/programs/inshape-prevention-plus-wellness/) 5. [Brief Alcohol Screening and Intervention for College Students---BASICS (drinking rates, binge drink, blood alcohol)](https://www.blueprintsprograms.org/programs/203999999/brief-alcohol-screening-and-intervention-for-college-students-basics/) 6. [Overcome Social Anxiety](https://www.blueprintsprograms.org/programs/1565999999/overcome-social-anxiety/) (online program to address college students’ social anxiety) 7. [Project Towards no Drug Abuse](https://www.blueprintsprograms.org/programs/34999999/project-towards-no-drug-abuse/) 8. [Blues Program](https://www.blueprintsprograms.org/blues-program/) to prevent onset and persistence of depression |
| **What Works for Health** <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health> | "In What Works for Health, analysts review and assess research to rate the effectiveness of a broad variety of strategies (i.e., policies, programs, systems & environmental changes) that can affect health through changes to: health behaviors, clinical care, social and economic factors and the physical environment."   You can search What Works for Health by key word or filter the full list of strategies to browse by decision maker, health factor, or evidence rating. Within each health factor, strategies are categorized by approach (e.g., in Income, strategies are grouped under ‘Increase or supplement income’ and ‘Support asset development’). Each approach reflects a different way to improve outcomes.  Individual strategy pages provide in-depth information for each policy and program listed in What Works for Health, including: Expected beneficial outcomes (i.e., outcomes for which a strategy is rated) Other potential benefits suggested in our literature review Key points from relevant literature (e.g., populations affected, key components of successful implementation, cost-related information, etc.)  Examples, toolkits, and other information to assist in implementation  An indication of the strategy's likely impact on disparities. At the bottom of each strategy page, you'll find related policies and programs - these might be of interest, too. | HIGH We begin with a broad search to define each strategy & identify appropriate search terms. We then conduct targeted literature searches, focusing first on systematic reviews & peer reviewed studies, then on selected sources of grey literature & findings of relevant, reputable organizations that assess policy & program effectiveness (rating organizations). All searches are conducted electronically.  Retrieved articles are screened by date, relevance to topic of interest, applicability of findings, study type, and impartiality of author(s). We retain the most relevant, recent, rigorous reviews & studies for consideration in evidence rating. Ratings are assigned based on two analysts’ assessments of the strength of the overall body of evidence (e.g., type, quality, number of studies, consistency of findings, etc.) as it pertains to specified outcomes. We place the most weight on findings of studies with designs that demonstrate causality; we consider study quality in conjunction with design.  Each reviewed strategy is assigned an evidence rating based on the quantity, quality, & findings of relevant research. When assigning ratings, we place the most weight on studies with designs that demonstrate causality; we consider study quality in conjunction with design. Strategies are rated for their effects on specified outcomes. Our ratings include: **Scientifically Supported**: Strategies with this rating are most likely to make a difference. Strategies have been tested in multiple robust studies with consistently favorable results (1 or more systematic reviews or at least 3 experimental studies or 3 quasi-experimental studies with matched comparisons). **Some Evidence**: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend favorable overall (1 or more systematic reviews or at least 2 experimental studies or 2 quasi-experimental studies with matched groups or 3 studies with unmatched comparisons--less rigorous than Scientifically Supported) **Expert Opinion**: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects. **Insufficient Evidence**: Strategies with this rating have limited research documenting effects. Strategies need further research, often with stronger designs, to confirm effects. **Mixed Evidence**: Strategies with this rating been tested more than once & results are inconsistent; further research is needed to confirm effects. **Evidence of Ineffectiveness**: Strategies with this rating are not good investments. Strategies been tested in multiple studies with consistently unfavorable or harmful results. | 1. [College-based obesity prevention educational intervention](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/college-based-obesity-prevention-educational-interventions) 2. [Campus alcohol bans](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/campus-alcohol-bans) 3. [Health Career Recruitment for Minority Students](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-career-recruitment-for-minority-students) 4. [Sports-Related Concussion Education](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/sports-related-concussion-education) 5. [Mental Health First Aid](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-first-aid) 6. [School-based Social Norming: Alcohol Consumption](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-norming-alcohol-consumption) 7. [Condom Availability Programs](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/condom-availability-programs) 8. [Alcohol Brief Intervention](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-brief-interventions) 9. [Outdoor Experiential Education & Wilderness Therapy](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/outdoor-experiential-education-wilderness-therapy) 10. [Designated Driver Promotion Programs](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/designated-driver-promotion-programs) 11. [Cultural Competence Training for Health Care Professionals](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cultural-competence-training-for-health-care-professionals) 12. [Technology-Enhanced Classroom Instruction](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/technology-enhanced-classroom-instruction) 13. [HPV vaccine education](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/human-papillomavirus-hpv-vaccine-education) 14. [Big Brothers Big Sisters](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/big-brothers-big-sisters-bbbs) 15. [Summer Learning Programs](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/summer-learning-programs) 16. [Smoke free policies for outdoor areas](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/smoke-free-policies-for-outdoor-areas) |
| **Teen Pregnancy Prevention (TPP) Evidence Review** <https://tppevidencereview.youth.gov/> | Since 2009, the U.S. Department of Health and Human Services has sponsored an independent systematic review of the teen pregnancy prevention literature to identify programs with evidence of effectiveness in ***reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors***.  FYSB and other HHS offices support this review.   There were 48 program models that have evaluation studies that met the TPP Evidence Review criteria for evidence of program effectiveness. The program models represent a range of different program approaches, including abstinence, comprehensive sex education, HIV/STI prevention, and youth development approaches.   You can filter by age group & type of program. | HIGH We began with a **broad literature search** that included both published & unpublished work. We scanned reference lists of existing research syntheses; searched websites of relevant federal agencies and research & policy organizations; conducted keyword searches of electronic databases; hand searched relevant journals and professional conference proceedings; & issued periodic public calls for studies. We then screened studies against pre-specified eligibility criteria. For example, to be eligible for the review, studies must be conducted in the U.S., use a sample of youth age 19 or younger, & measure program impacts on pregnancy, STIs, or associated sexual risk behaviors.  **For studies that met eligibility criteria**, trained reviewers assessed each study for the quality and execution of its research design. As a part of this assessment, each study was assigned a quality rating of **high, moderate, or low** according to the risk of bias in the study's impact findings. In developing the review criteria, HHS drew upon evidence standards used by several well established evidence assessment projects and research and policy groups, such as the *What Works Clearinghouse, and Blueprints for Healthy Youth Development*. Based on standards utilized in these other processes, this review defined the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. Using these criteria, HHS then defined a set of rigorous standards an evaluation must meet in order for a program to demonstrate evidence of effectiveness.  **HIGH study quality rating:** reserved for **randomized controlled trials with low rates of sample attrition, no reassignment of sample members, no systematic differences in data collection between research groups, more than 1 subject or group (school, classrooms, etc.) in both the treatment & control conditions**.  **MODERATE study quality rating:**  studies using **quasi-experimental designs and for randomized controlled trials that did not meet all the review criteria for a high quality rating**. To meet the criteria for a moderate study quality rating, a study had to demonstrate equivalence of intervention & comparison groups on race, age, & gender; report no systematic differences in data collection between the research groups; have more than 1 subject or group (school, classroom, etc.) in both intervention & comparison conditions. Studies based on samples of youth ages 14 or older also had to demonstrate equivalence of the intervention & comparison groups on at least 1 behavioral outcome measure.  **For studies that passed the quality assessment with either High or Moderate rating,** we extracted & analyzed program impact estimates to assess evidence of effectiveness for each program. **Studies receiving a Low quality rating were excluded from this assessment**, because the risk of bias in these studies was considered too high to yield credible estimates of effectiveness. | 1. [All4You!](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=14&mid=1) (designed to reduce the number of students who have unprotected sex) 2. [¡Cuídate!](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=273&mid=1) (designed to teach about condom use and STDs) 3. [Focus](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=57&mid=1) (designed to promote healthy behavior and responsible decision making regardin STI prevention & relationships)  [Health Improvement Project for Teens](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=67&mid=1) (sexual risk reduction intervention) 4. [Love Notes](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=281&mid=1) (teaches young adults on how to prevent dating violence and build health relationships) 5. [Project IMAGE](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=150&mid=1) (intended to reduce STIs)  [Reducing the Risk](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=182&mid=1) (prevention of STDs, HIV, pregnancy) 6. [Safer Sex Intervention](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=195&mid=1) (intervention to reduce STIs & improve condom use) 7. [Seventeen Days](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=271&mid=1) (education about contraception & STDs) 8. [Sisters Saving Sisters](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=210&mid=2) (increase knowledge about prevention of HIV, STDs & pregnancy) 9. [Be Proud Be Responsible](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=21&mid=1) (increase knowledge of HIV and STD risk)  [Possessing Your Power](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=282&mid=1) (decrease drugs, alcohol, pregnancy) 10. [SiHLE](https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=207&mid=1) (reduce sexual risky behavior) |
| **Promising Practices** **Network** <http://www.promisingpractices.net> | Partnership between 4 state-level orgs that help public & private organizations improve well-being of children and families. PPN website, **archived in June 2014**, featured summaries of programs & practices proven to improve outcomes for children from prenatal period to **age 18**, as well as the families & communities in which they live. Provided useful information to decision makers, practitioners, & program funders who choose among many possibilities for improving results for youth & families. Includes summaries of evidence-based programs, issue briefs, & other products that help decision-makers access high-quality research.  **PPN project has concluded. PPN website archived online in 2014 & retired Oct 2019.** The archived document contains summaries of Programs That Work section of PPN website, as of June 2014. **Document organized by Age (includes up to 18), type of setting (school, medical center, etc.), type of service, type of outcome.** | HIGH PPN staff reviewed hundreds of programs' evaluations and assessed whether evidence of effectiveness met pre-established criteria. Programs with evidence meeting criteria were summarized in a brief description in this section of the PPN website. We reproduce summaries here to serve as a permanent archive for policymakers, researchers, & other stakeholders. **PROVEN PROGRAM**: Program must directly impact one of the indicators used; substantial effect size (.25 SD or more); statistical significance; comparison group of RTCs or high quality quasi-experimental; sample size exceeds 30; program documentation available. **PROMISING PROGRAM**: Program my impact an intermediary outcome associated with main indicators; effect size is smaller; statistical significance; study has a comparison group but groups lack comparability on preexisting variables; sample size exceeds 10; materials available. **They only present programs that meet these criteria.**  Document includes summaries of all programs reviewed by the Promising Practices Network (PPN) & met the criteria for either a *Promising* or *Proven* program, as listed on the PPN website at the time it was **archived** in June 2014. <https://www.rand.org/pubs/tools/TL145.html> | 1. Coping with Stress Course (targets stress outcomes) 2. The Effective Learning Program (targets locus of control for learning) 3. LifeSkills Training (targets alcohol, drug, cigarette) 4. Be Proud! Be Responsible! (targets condom use and STIs) 5. Make Proud Choices! (targets risky sexual behavior) 6. Peer-Assisted Learning Strategies (PALS) (targest academic performance) 7. Reciprocal Teaching (targets academic performance & cognitive development) 8. Reducing the Risk (targets STDs) 9. SPORT (targets alcohol, drugs, smoking via focus on physical health) 10. Teen Talk (targets safe sex practices) 11. Big Brothers Big Sisters (targets alcohol, academic success, mentoring) |
| **Social Programs that Work**  <https://evidencebasedprograms.org/> | "This site seeks to identify those social programs shown in rigorous studies to produce sizable, sustained benefits to participants and/or society, so that they can be deployed to help solve social problems."  Has a section for postsecondary education with 3 programs that are reviewed. | HIGH Identified programs through systematic monitoring of all rigorous evaluations published or posted online across social policy, and review of most promising findings in consultation with outside experts. Designates each program as "top tier", "near top tear", or "suggestive tier" based on *quality* of research supporting it.  **Top Tier**: Programs shown in well-conducted RCTs, carried out in typical community settings, to produce sizable, sustained effects on outcomes. Includes a requirement for replication – specifically, demonstration of effects in 2 or more RCTs conducted in different implementation sites, or, alternatively, in 1 large multi-site RCT. Such evidence provides confidence the program would produce important effects if implemented faithfully in settings & populations similar to those in original studies. **Near Top Tier**: Programs shown to meet almost all elements of the Top Tier standard, and only need 1 additional step to qualify. This category includes programs that meet all elements of the Top Tier standard in a single study site, but need a replication RCT to confirm initial findings & establish generalizability to other sites. Best viewed as tentative evidence that program would produce important effects if implemented faithfully in settings & populations similar to those in original study. **Suggestive Tier:** Programs were evaluated in 1 or more well-conducted RCTs (or studies closely approximating random assignment) & produce sizable positive effects, *but* whose evidence is limited by short-term follow-up, effects that fall short of statistical significance, or other factors. Such evidence suggests the program may be an especially strong candidate for further research, but does not *yet* provide confidence that program would produce important effects if implemented in new settings. | 1. [EAAA (Enhanced Assess, Acknowledge, Act) Sexual Assault Resistance Education](https://evidencebasedprograms.org/programs/enhanced-assess-acknowledge-act-eaaa-sexual-assault-resistance-program/) (Sexual Assault Prevention) 2. [Accelerated Study in Associate Program](https://evidencebasedprograms.org/programs/city-university-of-new-yorks-accelerated-study-in-associate-programs-cuny-asap/) (increased retention for Low Income Students; academic and personal supports) 3. [H&R Block College Financial Aid Application Assistance](https://evidencebasedprograms.org/programs/hr-block-college-financial-aid-application-assistance/) (increased retention & college attendance; personal assistance with financial aid application) https://evidencebasedprograms.org/programs/hr-block-college-financial-aid-application-assistance/ |
| **Best Evidence Encyclopedia** <http://www.bestevidence.org/> | Free web site created by Johns Hopkins University under funding from Institute of Education Sciences, U.S. Department of Education. Intended to give educators & researchers fair & useful info about evidence supporting K-12 programs.  Reviews included are meta-analyses or other quantitative syntheses that apply consistent, scientific standards to bodies of evidence that meet high standards of methodological quality & evaluate realistic implementations of programs currently available. To be included, reviews must:   1. Consider all studies in area, & carry out an exhaustive search for all studies that meet well-justified standards of methodological quality & relevance to issue being reviewed. 2. Present quantitative summaries of effectiveness of programs used in K-12, focusing on achievement outcomes. 3. Focus on studies comparing programs to control group, with **random assignment to conditions or matching on pretests or other variables that indicate treatment & control groups were equal before treatment began**. 4. Summarize outcomes in terms of effect sizes (experimental-control differences divided by standard deviation) & statistical significance. 5. Focus on studies of least 12 weeks, to avoid brief, artificial lab studies. 6. Focus on studies that used measures that assessed content studied by control & treatment students, to avoid studies that used measures inherent to treatment. | HIGH  BEE provides summaries of scientific reviews & links to the full texts of each review.  **Strong Evidence of Effectiveness:** At least 1 large randomized or randomized quasi-experimental study & 1 additional large qualifying study, or multiple smaller studies, with a combined sample size of 500 & overall weighted mean effect size of at least +0.20.  **Moderate Evidence of Effectiveness:** 2 large matched studies, or multiple smaller studies with a collective sample size of 500 students, with a weighted mean effect size of at least +0.20.  **Limited Evidence of Effectiveness: Strong Evidence of Modest Effects:** Studies meet the criteria for “Moderate Evidence of Effectiveness” except the weighted mean effect size is +0.10 to +0.19.  **Limited Evidence of Effectiveness: Weak Evidence with Notable Effect:** A weighted mean effect size of at least +0.20 based on one or more qualifying studies insufficient in number or sample size to meet the criteria for “Moderate Evidence of Effectiveness”. | 1. [Best Instructional Methods for Math](http://www.bestevidence.org/math/mhs/summary.htm) 2. [Best Instructional Methods for Writing](http://www.bestevidence.org/word/writing_grades2to12_April_2019_full.pdf) 3. [Best Instructional Methods for Science](http://www.bestevidence.org/word/sec_science_June_11_2015.pdf) |
| **Evidence-Based Practices for Substance Use Disorders** <https://adai.uw.edu/ebp/> | The EBP Substance Use Database is a small, but growing, database of evidence-based interventions for treating substance use disorders.  Interventions were selected according to criteria described on the About EBP page.  Each record in the database includes a description of the intervention & its implementation, populations for which it has been shown to be effective, references to supporting literature, the availability of instructional manuals, and author/developer notes and other useful information.  Contains reviews of 45 substance abuse prevention interventions  Standards for inclusion *not* as rigorous as some other databases. | MIXED:  *Research*: Practice was subjected to scientific study that included randomized controlled trials, quasi-experimental studies, or in some cases a less rigorously controlled research design. For the most part, the research was published in peer-reviewed journal. *Meaningful Outcomes*: Practice has resulted in benefits to individuals receiving the service. It helped consumers achieve desired outcomes related to treatment goals. *Standardization*: Practice/intervention has been standardized so it can be replicated. Standardization typically involves a published description that clearly defines the nature of the practice, audience for whom it is intended & desired impact of the practice on the individuals receiving it. Thorough instructions are available, as well as copies of printed materials and other tools needed to implement the practice. *Replication*: Interventions included in database have been studied in more than 1 setting & findings have yielded consistent results. *Fidelity Measure*: Fidelity measure either exists or could be developed. Such measures allow practitioners to verify intervention is being implemented in a manner consistent with the protocol evaluated in research. | 1. [Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=47&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0) 2. [Brief Intervention (alcohol program)](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=5&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0) 3. [Downward Spiral (substance abuse program)](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=64&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0) 4. [Time Out! for Men: A Communication Skills and Sexuality Workshop for Men](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=42&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0) 5. [Time Out! for Me: An Assertiveness and Sexuality Workshop Specially Designed for Women](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=41&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0) 6. [Behavioral Self-Control Training (BSCT](http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu/ebpsearch.htm&TN=EBP&QY=Find+AccessNo=38&RF=Full+Display&DF=Full+Display&NP=3&RL=1&DL=0&XC=/dbtw-wpd/exec/dbtwpub.dll&AC=QBE_QUERY&CS=0)) (goal of moderate or nonproblematic drinking) |
| **The Community Guide**  <https://www.thecommunityguide.org/task-force-findings> | The Community Guide is a collection of evidence-based findings of the Community Preventive Services Task Force. It presents findings and recommendations about community preventive services, programs, and policies to improve health and prevent disease. It is a resource to help with the selection of health-related interventions.  The Community Guide issues findings based on systematic reviews with specific [methodology](https://www.thecommunityguide.org/about/our-methodology), and reviews interventions across a wide range of health topics.  They aim to:   * Use science-based approaches to determine whether an intervention works and is cost-effective * Help user identify and select intervention approaches for behavior change, disease prevention, and environmental chance * Identify where there is insufficient evidence and more research needed   It was originally established by the U.S. Department of Health and Human Services (DHHS), and received technical and administrative support from the Center for Disease Control (CDC). | Mixed  The Community Guide conducts systematic reviews of interventions through teams of specialists in systematic review methods and subject matter experts. They follow a rigorous 14 step process when conducting reviews, including forming a coordination team, developing a logic model, [assessing the quality of the included studies](https://www.thecommunityguide.org/sites/default/files/publications/methods-ajpm-data-collection.pdf), summarizing evidence, and developing recommendations.  Findings can be classified under the following three levels of evidence:  **Recommended**   * The systematic review provides strong or sufficient evidence that the intervention is effective. This is based on several factors, such as study design, number of studies, and consistency of the effect across studies.   **Recommend Against**   * The systematic review provides strong or sufficient evidence that the intervention is harmful or not effective   **Insufficient Evidence**   * The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. It does NOT mean that the intervention does not work, but that additional research is needed to determine whether r not the intervention is effective.   If found to be effective, the [economic efficiency](https://www.thecommunityguide.org/about/economic-reviews) of the intervention is also evaluated. | 1. [Alcohol – Excessive Consumption: Electronic screening and brief interventions (e-SBI)](https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi) 2. [Mental health: Targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms](https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms) 3. [Physical activity: Interventions to increase active travel to school](https://www.thecommunityguide.org/findings/physical-activity-interventions-increase-active-travel-school) 4. [Physical activity: College-based physical education and health education](https://www.thecommunityguide.org/findings/physical-activity-college-based-physical-education-and-health-education) 5. [Vaccination programs: Requirements for child care, school, and college attendance](https://www.thecommunityguide.org/findings/vaccination-programs-requirements-child-care-school-and-college-attendance) 6. [Motor Vehicle Injury – Alcohol-impaired driving: School-based programs – Peer organizations](https://www.thecommunityguide.org/findings/motor-vehicle-injury-alcohol-impaired-driving-school-based-programs-peer-organizations) 7. [Motor Vehicle Injury – Alcohol-impaired driving: School-based programs – Instructional programs](https://www.thecommunityguide.org/findings/motor-vehicle-injury-alcohol-impaired-driving-school-based-programs-instructional-programs) |
| **NOT Systematic Review Databases**  **but Helpful Resources if no Systematic Review can be Found in Above Databases** | | | |
| **Source** | **Description of Resource** | **Rating(s) Provided** | **Programs Relevant to Student Affairs or Academic Affairs**  **Outcomes & Programming (Programs don't require particular credentials to implement program)** |
| [**Health Evidence** www.healthevidence.org/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.healthevidence.org_&d=DwMFAg&c=eLbWYnpnzycBCgmb7vCI4uqNEB9RSjOdn_5nBEmmeq0&r=HgPzSVf4izMMwBkapnOqhQ&m=zggR2QhHQFhwN0vuclwY19uqCs13cbpk2IH8z7OexIY&s=XU3ZgC7NlLDANRRryMzNxcRF5NDPl_rYOEmzFjB6mn8&e=) | 6,191 quality-rated meta-analyses & narrative syntheses evaluating the effectiveness of public health interventions, including cost data.  We search the published literature and compile public health relevant meta-analyses & narrative syntheses -- eliminating your need to search & screen individual databases.  They do *not* identify, read, evaluate & synthesize primary research articles, as is done in systematic review databases. They review individual meta-analyses or narrative syntheses for quality. | Reviews the quality of a published meta-analysis or narrative synthesis based on their quality.  Each meta-analysis or narrative synthesis has been assessed for methodological quality by 2 independent reviewers using 10 quality criteria.  A final quality rating for each study is assigned: strong (8 to 10 /10)  moderate (5 to 7/10)  weak (1 to 4 /10). | 1. [Interactive computer-based interventions for sexual health promotion](https://www.healthevidence.org/view-article.aspx?a=interactive-computer-based-interventions-sexual-health-promotion-21045) 2. [Alcohol interventions for Greek letter organizations: A systematic review and meta-analysis, 1987 to 2014](https://www.healthevidence.org/view-article.aspx?a=alcohol-interventions-greek-letter-organizations-systematic-review-meta-analysis-29662) 3. [Dietary interventions among university students: A systematic review](https://www.healthevidence.org/view-article.aspx?a=dietary-interventions-university-students-systematic-review-29810) 4. [Single-session behavioral interventions for sexual risk reduction: A meta-analysis](https://www.healthevidence.org/view-article.aspx?a=single-session-behavioral-interventions-sexual-risk-reduction-meta-analysis-30108) 5. [A meta-analysis of universal mental health prevention programs for higher education students](https://www.healthevidence.org/view-article.aspx?a=meta-analysis-universal-mental-health-prevention-programs-higher-education-28640) 6. [Comparative effectiveness of brief alcohol interventions for college students: Results from a network meta-analysis](https://www.healthevidence.org/view-article.aspx?a=comparative-effectiveness-alcohol-interventions-college-students-results-network-36666) 7. [A systematic review of prevention programs targeting depression, anxiety, and stress in university students](https://www.healthevidence.org/view-article.aspx?a=systematic-review-prevention-programs-targeting-depression-anxiety-stress-36784) 8. [The effects of bystander programs on the prevention of sexual assault across the college years: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=effects-bystander-programs-prevention-sexual-assault-college-years-systematic-35198) 9. [Stand-alone personalized normative feedback for college student drinkers: A meta-analytic review, 2004 to 2014](https://www.healthevidence.org/view-article.aspx?a=stand-personalized-normative-feedback-college-student-drinkers-meta-analytic-29625) 10. [Prevention of eating disorders at universities: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=prevention-eating-disorders-universities-systematic-review-meta-analysis-37451) 11. [A meta-analysis of computer-delivered drinking interventions for college students: A comprehensive review of studies from 2010 to 2016](https://www.healthevidence.org/view-article.aspx?a=meta-analysis-computer-delivered-drinking-interventions-college-students-37072) 12. [Food environment interventions to improve the dietary behavior of young adults in tertiary education settings: A systematic literature review](file:///C:\Users\finneysj\Desktop\Food%20environment%20interventions%20to%20improve%20the%20dietary%20behavior%20of%20young%20adults%20in%20tertiary%20education%20settings:%20A%20systematic%20literature%20review) 13. [Brief motivational interventions for college student drinking may not be as powerful as we think: An individual participant-level data meta-analysis](https://www.healthevidence.org/view-article.aspx?a=motivational-interventions-college-student-drinking-powerful-individual-29560) 14. [Can high-intensity interval training improve physical and mental health outcomes? A meta-review of 33 systematic reviews across the lifespan](https://www.healthevidence.org/view-article.aspx?a=high-intensity-interval-training-improve-physical-mental-health-outcomes-meta-37470) 15. [Social norms information for alcohol misuse in university and college students](https://www.healthevidence.org/view-article.aspx?a=social-norms-information-alcohol-misuse-university-college-students-19426) 16. [A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents](https://www.healthevidence.org/view-article.aspx?a=systematic-review-meta-analysis-school-based-stress-anxiety-depression-36817) 17. [A meta-analysis of effectiveness of E-interventions to reduce alcohol consumption in college and university students](https://www.healthevidence.org/view-article.aspx?a=meta-analysis-effectiveness-interventions-reduce-alcohol-consumption-college-33466) 18. [Effect of yoga-based interventions for anxiety symptoms: A meta-analysis of randomized controlled trials](https://www.healthevidence.org/view-article.aspx?a=effect-yoga-based-interventions-anxiety-symptoms-meta-analysis-randomized-36912) 19. [Motivational interviewing for the prevention of alcohol misuse in young adults](https://www.healthevidence.org/view-article.aspx?a=motivational-interviewing-prevention-alcohol-misuse-young-adults-29645) 20. [The effects of educational interventions on suicide: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=effects-educational-interventions-suicide-systematic-review-meta-analysis-36585) 21. [Short- and long-term effects of digital prevention and treatment interventions for cannabis use reduction: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=short-long-term-effects-digital-prevention-treatment-interventions-cannabis-36782) 22. [Interventions for alcohol-related risky sexual behaviors among college students: A systematic review](https://www.healthevidence.org/view-article.aspx?a=interventions-alcohol-related-risky-sexual-behaviors-college-students-systematic-32688) 23. [College anti-smoking policies and student smoking behavior: A review of the literature](https://www.healthevidence.org/view-article.aspx?a=college-anti-smoking-policies-student-smoking-behavior-review-literature-30180) 24. [Brief interventions to prevent sexually transmitted infections suitable for in-service use: A systematic review](https://www.healthevidence.org/view-article.aspx?a=interventions-prevent-sexually-transmitted-infections-suitable-service-29840) 25. [Alcohol interventions for mandated college students: A meta-analytic review](https://www.healthevidence.org/view-article.aspx?a=alcohol-interventions-mandated-college-students-meta-analytic-review-29663) 26. [Effectiveness of interventions targeting physical activity, nutrition and healthy weight for university and college students: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=effectiveness-interventions-targeting-physical-activity-nutrition-healthy-weight-28740) 27. [Effects of 21st birthday brief interventions on college student celebratory drinking: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=effects-21st-birthday-interventions-college-student-celebratory-drinking-29534) 28. [Systematic review of primary prevention human papillomavirus interventions targeting college students](https://www.healthevidence.org/view-article.aspx?a=systematic-review-primary-prevention-human-papillomavirus-interventions-28811) 29. [Alcohol abuse prevention programs in college students](https://www.healthevidence.org/view-article.aspx?a=alcohol-abuse-prevention-programs-college-students-28780) 30. [Computer-based interventions for sexual health promotion: Systematic review and meta-analyses](https://www.healthevidence.org/view-article.aspx?a=computer-based-interventions-sexual-health-promotion-systematic-review-meta-23786) 31. [A review of the evidence on technology-based interventions for the treatment of tobacco dependence in college health](https://www.healthevidence.org/view-article.aspx?a=review-evidence-technology-based-interventions-treatment-tobacco-dependence-25146) 32. [Individual-level interventions to reduce college student drinking: A meta-analytic review](https://www.healthevidence.org/view-article.aspx?a=individual-level-interventions-reduce-college-student-drinking-meta-analytic-17618) 33. [Alcohol interventions for mandated college students: A meta-analytic review](https://www.healthevidence.org/view-article.aspx?a=alcohol-interventions-mandated-college-students-meta-analytic-review-29663) 34. I[nternet-based interventions for smoking cessation](https://www.healthevidence.org/view-article.aspx?a=internet-based-interventions-smoking-cessation-21061) 35. [Mobile phone interventions to improve adolescents' physical health: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=mobile-phone-interventions-improve-adolescents-physical-health-systematic-review-37221) 36. [Physically active lessons in schools and their impact on physical activity, educational, health and cognition outcomes: A systematic review and meta-analysis](https://www.healthevidence.org/view-article.aspx?a=physically-active-lessons-schools-impact-physical-activity-educational-health-37034) |
| **College Aim**  Booklet:  <https://www.collegedrinkingprevention.gov/CollegeAIM/Resources/NIAAA_College_Matrix_Booklet.pdf>  Website:  <https://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx> | The National Institute on Alcohol Abuse & Alcoholism’s *CollegeAIM* was developed for higher education officials who seek to address harmful & underage drinking among students.  *CollegeAIM* is intended to inform/guide officials as they choose interventions for their campus.  The centerpiece of the guide is a user-friendly matrix developed with input from leading college alcohol researchers, along with student life and alcohol and other drug (AOD) staff.  *CollegeAIM* provides evidence-based information needed to compare a range of alcohol interventions.  So information remains current, *CollegeAIM* is updated periodically to include recent scientific findings. This edition of *CollegeAIM* was completed in 2019 & includes scientific literature published through the end of 2017.  By rating the relative effectiveness & other characteristics of more than 60 strategies, *CollegeAIM* will help you:  • Identify strategies most likely to reduce drinking & its harmful consequences.  • See how your current strategies compare with other options.  • Consider different research-based strategies.  • Select a combination of approaches that meets the needs of your campus.  About two-thirds have shown some degree of effectiveness, about a third have mixed results or have too little evidence to warrant an effectiveness rating, and a few have been shown to be ineffective. All are included so you can see how your current strategies stack up.  Beyond rating the relative effectiveness of these strategies, the matrices provide estimates for anticipated costs, & barriers to implementation. | First phase: identifying interventions to be included & factors by which they would be evaluated.  Second phase: examining substantial research on college alcohol interventions & rating intervention according to those factors.  Ultimately, development teams examined & rated more than 60 interventions on effectiveness, cost, implementation barriers, & amount and quality of research, among other variables.  Third phase: an additional 10 college alcohol researchers reviewed the analysis, applied their professional judgment, & provided detailed feedback for refinements.   * Through rounds of reviews & revisions, this consensus process distilled the results of decades of research & hundreds of studies into a user-friendly decision aid.   ***Individual-Level Strategies Ratings:***   * **Research** amount/quality: # RCTs that evaluated strategy. ••••=11+ studies, •••=7 to 10 studies, ••= 4 to 6 studies, •= 3 or fewer studies. Strategies listed by brand name if evaluated by at least 2 RCTs. Strategies labeled generic have similar components & were not identified by name in research or were evaluated by only 1 RCT. * **Effectiveness** ratings: percentage of studies reporting *any* positive outcomes. Strategies with 3 or fewer studies did not receive an effectiveness rating due to the limited data on which to base a conclusion. * **Cost** ratings: relative program & staff costs for adoption, implementation, & maintenance of a strategy. Actual costs will vary by institution, depending on size, existing programs, and other campus and community factors. * **Barriers** to implementation: cost, opposition & other factors   ***Environmental-Level Strategies Ratings:***   * **Research** amount/quality: number & design of studies: ••••=5 or more longitudinal studies, •••=5 or more cross-sectional studies or 1 to 4 longitudinal studies, ••= 2 to 4 studies but no longitudinal studies, •= 1 study that is not longitudinal, 0 = No studies * **Effectiveness** ratings: estimated success in achieving outcomes. \*\*\*=Higher, \*\*=Moderate, \*=Lower, ?= Too few robust studies to rate effectiveness or mixed results * **Cost** ratings: based on a consensus among research team members of the relative program and staff costs for adoption, implementation, and maintenance of a strategy. Actual costs will vary by institution, depending on size, existing programs, & other campus & community factors. * **Barriers**: cost & opposition, among other factors. | *CollegeAIM* contains 2 evidence-based intervention matrices:   * 28 Individual-Level Interventions: target individual students, including those in higher-risk groups (first-year students, athletes, members of Greek orgs, mandated students) * 39 Environmental-Level Interventions: target the campus community & student population as a whole   **Individual-Level Strategies**:   * designed to change your students’ knowledge, attitudes, & behaviors related to alcohol so students drink less, take fewer risks, & experience fewer harmful consequences. * categories of individual-level interventions include education & awareness programs, cognitive-behavioral skills-based approaches, motivation & feedback-related approaches, behavioral interventions by health professionals.   **Environmental-Level Strategies:**   * designed to change the campus & community environments in which student drinking occurs & to educate the student body as a whole. Often, a major goal is to reduce availability of alcohol, because research shows reducing alcohol availability cuts consumption & harmful consequences on campuses as well as in the general population. * by focusing on single, stand-alone environmental strategies, this matrix does *not* include multicomponent environmental programs, some of which have shown success. Some strategies used in successful multicomponent programs, such as party patrols, may not have had enough research to demonstrate their effectiveness when used in isolation. |
| **Culture of Respect: Ending Campus Sexual Violence** [https://cultureofrespect.org/programs-and-tools/matrix/#](https://cultureofrespect.org/programs-and-tools/matrix/) | *Culture of Respect* is a NASPA Initiative.  A curated list of theory-driven & evidence-based sexual violence prevention programs.  The 2013 amendments to the Jeanne Clery Act require institutions of higher education to offer prevention programming to all incoming students, both undergraduate & graduate. There are many ways to deliver this education to students, including online course, in-person workshop, or large-group presentation.  Supports use of evidence-based, theory-driven programming. Programs qualify for inclusion if they fall under 1 of 3 categories described in next column. Programs *not* based in sound theory or whose evaluation studies did *not* demonstrate an effect are *not* included. | **SUPPORTED BY EVIDENCE**: Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants’ improvements on 1 or more learning objective, using an experimental or quasi-experimental design (with a comparison group). This evaluation data must have been published in at least 1 peer-reviewed publication.  **PROMISING DIRECTION**: Program authors or researchers have established evidence of effectiveness of this program by demonstrating participants’ improvements on 1 or more learning objective using a non-experimental design (no comparison group). This type of evaluation data may be self-published by authors or published in peer-reviewed journals.  **EMERGING:** There is an expected effect of this program because it is based off sound theory & previous research. This might mean there is evidence that participants & administrators are satisfied, but no evidence that learning objectives were achieved.  **This resource does NOT provide a rigorous review of program effectiveness, which could indicate a program is ineffective. It only provides information for programs it deems *Emerging*, *Promising* or *Supported* *by Evidence*, and the “evidence” can be quite weak for the first 2 rating categories.** | Listing of just the programs categorized as “Supported by Evidence”   1. [Bringing in the Bystander](https://cultureofrespect.org/program/bringing-in-the-bystander/) 2. [Enhanced Access, Acknowledge, Act (EAAA) Sexual Assault Resistance](https://cultureofrespect.org/program/enhanced-access-acknowledge-act-eaaa-sexual-assault-resistance/) 3. [Green Dot ETC.](https://cultureofrespect.org/program/green-dot-etc/) 4. [Media Aware Online Course](https://cultureofrespect.org/program/media-aware/) 5. [Know your Power](https://cultureofrespect.org/program/know-your-power/) 6. [Interact](https://cultureofrespect.org/program/interact/) 7. [Men’s Workshop](https://cultureofrespect.org/program/mens-workshop/) 8. [Real Consent Online Course](https://cultureofrespect.org/program/realconsent/) 9. [Men’s Program](https://cultureofrespect.org/program/mens-program/) 10. [Women’s Program](https://cultureofrespect.org/program/the-womens-program/) 11. [One Act](https://cultureofrespect.org/program/one-act/) 12. [Sex Signals](https://cultureofrespect.org/program/sex-signals/) 13. [Step Up!](https://cultureofrespect.org/program/step-up-be-a-leader-make-a-difference-bystander-intervention/) |
| **National Registry of Evidence-based Programs & Practices (NREPP)** <https://safesupportivelearning.ed.gov/resources/national-registry-evidence-based-programs-and-practices-nrepp-0>  LINKS to: **Substance Abuse and Mental Health Services Administration (SAMHSA) and the Evidence - Based Practices Resource Center**  <https://www.samhsa.gov/ebp-resource-center> | ***The National Registry of Evidence-Based Programs & Practices (NREPP), which was a project of SAMHSA, has been indefinitely suspended by federal health officials.***  SAMHSA houses the Evidence-Based Practices Resource Center, which provides clinicians, policy-makers & others with information & tools they need to incorporate evidence-based practices into communities or clinical settings.  The EBP Resource Center contains scientifically-based resources for a broad range of audiences, including **treatment improvement protocols, toolkits, resource guides, clinical practice guidelines, & other science-based resources.**  Mission: To reduce the impact of substance misuse and mental illness on America’s communities  Vision: To provide leadership and resources – programs, policies, information and data, funding, and personnel – advance mental and substance use disorder prevention, treatment, and recovery services in order to improve individual, community, and public health.    Evidence-Based Research Guide Series reviews research findings & literature, examine emerging and best practices, and identify gaps in knowledge & challenges in implementation. Each guide in the series was developed with input from an expert panel made up of federal, state, & non-federal participants. The expert panel provided input based on their knowledge of health care systems, implementation, evidence-based practices, provision of services, & policies that foster change. Panels included a unique group of accomplished scientists, researchers, providers, administrators from provider & community organizations, and federal and state policy makers.  **Tend to be very long documents & may be difficult to understand the takeaway regarding program effectiveness.** | NOT REALLY A SYSTEMATIC REVIEW DATABASE WEBSITE HOLDS DIFFERENT TYPES OF INFORMATION (manuals, guidelines, summaries of research of different quality) RELATED TO INTERVENTIONS Some Evidence-Based Research Guides summarize studies that met inclusion criteria (e.g., experimental design, high quality outcome measure, sample specification). Sometimes these criteria were the same as *Blueprints for Health*. In some guides, they present several general approaches supported by evidence and couple this with more detailed findings (not at the level of Campbell Collaboration), thoughts about implementation, how to assess readiness for intervention, and other more general issues surrounding the selection and implementation of an intervention. Other documents were manuals or guidelines for the programs or interventions  The EBP Resource Center does not provide any ratings of the resources provided. It is a searchable database and provides links to the resources it houses. The resources are updated regularly based on current scientific evidence. | 1. [Substance Misuse Prevention for Young Adults](https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1?referer=from_search_result) 2. [Teen Dating Violence](https://www.ncjrs.gov/pdffiles1/nij/248337.pdf) (review of the occurrence and possible general interventions) 3. [Sexual Violence on Campus: Strategies for Prevention](https://www.cdc.gov/violenceprevention/pdf/campussvprevention.pdf) (general document about rates and different types of programs that could be implemented at different levels of the university) 4. [Zero suicide toolkit](https://zerosuicide.edc.org/toolkit) 5. [Ask suicide-screening questions (ASQ) toolkit](https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml) 6. [After a suicide: A toolkit for schools](http://www.sprc.org/resources-programs/after-suicide-toolkit-schools) 7. [Student assistance guide for school administrators](https://store.samhsa.gov/product/talk-they-hear-you-student-assistance-guide-school-administrators/pep19-03-01-001) (For substance use and mental health – originally designed for high schools but could easily be applied to college settings) |
| **Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)**  <http://www.episcenter.psu.edu/ebp/definition> | Pennsylvania has purposefully chosen to invest in disseminating proven effective evidence based programs targeting youth problems (e.g., **violence**, **delinquency**, **substance use**, **school failure)**.  Evidence supporting programs in this database are from other databases, with most coming from *Blueprints for Healthy Youth.* <http://www.episcenter.psu.edu/sites/default/files/ebp/2019%20EBP%20Research%20Outcomes%20Final.pdf> | The evidence-based programs listed have undergone rigorous evaluation & been recognized as effective by federal & state agencies and prevention science organizations. Programs have been shown to be effective in preventing & reducing delinquency & promoting positive youth development.    Researchers examine studies to determine if program: 1) Demonstrated effectiveness in rigorous evaluations including RCTs; 2) Was assessed in large studies with diverse populations or through multiple replications by independent researchers (not developer of model); 3) Resulted in significant & sustained effects for a minimum of 6 months, post program. Programs that meet all 3 criteria tend to fall in the evidence-based end of the continuum. | [Project Towards No Drug Abuse (TND)](http://www.episcenter.psu.edu/ebp/nodrugabuse) is a classroom-based drug abuse prevention curriculum  [The Blues Program](http://www.episcenter.psu.edu/ebp/blues) is a school-based prevention program for students with depressive symptoms or students who are at risk of onset of major depression  [Big Brothers Big Sisters](http://www.episcenter.psu.edu/ebp/bigbrotherssisters) (first years could be mentored by upper class students to possibly experience the same outcomes as BB/BS has evidenced--decreased drug & alcohol, increased academic attitudes & performance; Or students could volunteer to mentor in the formal BB/BS to hone their mentorship skills) |
| **Suicide Prevention Resource Cente**r <http://www.sprc.org/> <http://www.sprc.org/resources-programs> | The Suicide Prevention Resource Center is the only federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](https://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS). SPRC is funded by the U.S. Department of Health and Human Services' [Substance Abuse and Mental Health Services Administration](http://www.samhsa.gov/) (SAMHSA) under grant no. 5U79SM062297 and is located at [Education Development Center.](http://www.edc.org/)  Consultation, training, & resources provided to enhance suicide prevention efforts in [states](http://sprc.org/states), [Native settings](http://sprc.org/settings/aian), [colleges and universities](http://sprc.org/settings/colleges-universities), [health systems and other settings](http://sprc.org/settings), and organizations that serve populations at risk for suicide. | Recommends implementing evidence-based programs. To find EBP, take 2 approaches:   1. They have a searchable repository that provides information on prevention programs that includes training, screening, treatment & environmental change. Some of the programs in the repository are designated “Programs with Evidence of Effectiveness”. These programs have been evaluated & results in at least 1 positive outcome related to suicide. Also includes other programs where program content was reviewed for adherence to standards of accuracy, safety, likelihood of meeting outcomes, program design. Outcome data (evidence of effectiveness) were not part of the review. 2. They recommend searching SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP), listed just above. Programs in NREPP that had outcomes related to suicide were included in the SPRC repository described above and designated “Programs with Evidence of Effectiveness”. | Examples of “Programs with Evidence of Effectiveness” from the SPRC repository:   1. [Kognito At-Risk for College Students](http://www.sprc.org/resources-programs/kognito-risk-college-students) 2. [Collaborative Assessment and Management of Suicidality (CAMS)](http://www.sprc.org/resources-programs/collaborative-assessment-management-suicidality-cams) 3. [Problem-Solving Therapy (PST)](http://www.sprc.org/resources-programs/problem-solving-therapy-pst) 4. [A Peer Group Approach to Building Life Skills](http://www.sprc.org/resources-programs/reconnecting-youth-peer-group-approach-building-life-skills) 5. [CAST (Coping and Support Training)](http://www.sprc.org/resources-programs/cast-coping-and-support-training) |
| **Safer Campuses & Communities**  <https://prev.org/SAFER/index.html> | Website is based on an *National Institute for Alcohol Abuse and Alcoholism* funded ***study*** that examined environmental-level strategies that could be implemented on campuses & in their surrounding communities. The project was designed, implemented and evaluated by the Pacific Institute for Research and Evaluation, which is part of the Prevention Research Center.  “This Safer Campuses and Communities website provides you with all the information you need to develop and implement research-based, proven interventions to change the culture of off campus drinking and reduce levels of intoxication and related problems.”  Free toolkit for designing & implementing the model is available online, along with research, costs, benefits & answers to questions. | Journal article that was produced: Saltz, R.F.,, Paschall, M.J., McGaffigan, R.P., & Nygaard, P.M. (2010). Alcohol risk management in college settings: The safer California universities randomized trial*. American Journal of Preventative Medicine, 39,* 491-499.  This is a ***study*** that examined a variety of environmental interventions that can be implemented both on campus and in the communities surrounding the campus.  The Safer California Universities study involved 14 large public universities, half of which were assigned randomly to the Safer intervention condition after baseline data collection in 2003. Environmental interventions took place in 2005 and 2006 after 1 year of planning with seven Safer intervention universities. Random cross-sectional samples of undergraduates completed online surveys in four consecutive fall semesters (2003-2006).  The Action Plan is based on the experience of the first phase of implementation and suggestions from the collaborating university prevention experts. The Action Plan details the objectives needed to accomplish to reduce intoxication and harm related to college student drinking. | The program was implemented in two California university systems (14 universities) and proved efficacious in reducing the incidence and likelihood of intoxication at off-campus parties and at bars for students at the intervention universities. Students at the intervention universities also reported a lower likelihood of drinking to intoxication the last time they attended an off-campus party or bar. |
| **Prevention Research Center**  <https://prev.org>  Safer Campuses & Communities (above) is one subunit of this larger unit. | The Prevention Research Center is home to a group of scientists, including sociologists, psychologists, anthropologists & epidemiologists, who work collaboratively across disciplines on understanding how the environment (laws, economies, social circumstances & normative settings) affects health behaviors. A primary focus is on consumption of alcohol, tobacco, & other drugs; and how such consumption results in short- & long-term harm. Goal of this research: to identify aspects of the environment that can be changed to improve health. PRC research leads to development & testing of prevention programs & policies that can be implemented at local, state & national levels. | PRC conducts basic & applied research into the social and physical environments that affect the etiology of alcohol, drug, and tobacco use & other health-related behaviors, the social ecological contexts in which these behaviors take place, & the risks related to those contexts. Research at the Center focuses upon improving our understanding of these environments, supports efficacy studies to determine the effects, safety, & costs of environmental preventive interventions under optimal conditions, & promotes studies to test the effectiveness, safety & costs of new interventions under natural conditions.  An important focus of PRC is on ***translational research*** that links science to practice. Research & synthesis at PRC is intended to further the translation of science to practice The identification of fundamental mechanisms of organizational & community change is the “basic science” of translational research.  **Translational research** at PRC includes:   * observational studies of current practices & community or organizational capacities, * formative research to design interventions aimed at organizational change, * designing tools for facilitating adoption & implementation, * experimental designs of divergent implementation strategies, * generally bringing experience from practitioners back into the re-design of prevention strategies that may not survive the transition from efficacy to effectiveness. | Under [Downloadable Resources](https://prev.org/community-action/downloadable-resources/), they have Research to Practice Guides, and Presentations of Research.  Under [Publications](https://prev.org/research-2/publications/), they have primary, published studies related to alcohol, tobacco, and other drugs. These studies in range in design and focus (e.g., correlational studies, RCTs, qualitative studies).  Both set of resources could be helpful when articulating the problem to be solved, possible environmental influences, selecting an intervention, etc. |
| **TCU Institute of Behavioral Research** <https://ibr.tcu.edu/> | A national research center for evaluating & improving treatment strategies that target reductions in drug abuse, related mental health & social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations. | This is not really a systematic review database.  This website contains data collection forms and assessment material, intervention descriptions and plans, and projects in progress all supported by rigorous research. Each data collection form and intervention plan comes from studies and publications that are “strategically planned, integrated with other studies from relevant literature, and structured to effectively communicate salient findings.” They also provide [workshop](https://ibr.tcu.edu/manuals/datar-interventions/) materials for various topics that can be implemented by anyone. The main focus of the interventions are on individuals involved with the justice system, but there are a number of forms and interventions that have broader applications. | Products developed from research are made available to treatment providers, interested researchers, and the general public free of cost.  Interventions   1. [Brief Interventions](https://ibr.tcu.edu/manuals/tic-manuals-targeted-interventions-for-corrections/) (Contains 6 brief interventions regarding motivation, anger, changing mindsets, building social networks, communication, and sexual health) 2. [Treatment Readiness and Induction Program (TRIP)](https://ibr.tcu.edu/projects/the-treatment-retention-and-induction-program-for-adolescents/) (Designed to increase motivation for treatment by helping individuals think more clearly and systematically about drug use and personal problems. Originally designed for clinical and outpatient settings, but could easily be adapted for college settings). 3. [Downward Spiral Game](https://ibr.tcu.edu/manuals/other-interventions/) (Board game designed to open up a conversation about consequences of addiction and its impact on family, friends, and self)   Data Collection Forms   1. [Drug Screening](https://ibr.tcu.edu/forms/tcu-drug-screen/) 2. [Health and Risk Forms](https://ibr.tcu.edu/forms/client-health-and-social-risk-forms/) 3. [Thinking Styles and Errors](https://ibr.tcu.edu/forms/adolescent-thinking-forms-2/) 4. [Criminal Thinking Scale](https://ibr.tcu.edu/forms/tcu-criminal-thinking-scales/) 5. [Treatment Motivation](https://ibr.tcu.edu/forms/treatment-motivation-scales/)   Articles that provide more generalized information than the links above   1. [Alcohol Use Symptoms](https://www.sciencedirect.com/science/article/abs/pii/S0376871618305076) 2. [Decision Making Strategies for College Students](https://onlinelibrary.wiley.com/doi/abs/10.1002/j.2161-1882.2010.tb00056.x) |
| **Joanna Briggs Institute (JBI)**  <https://joannabriggs.org/>  **JBI Evidence Synthesis Journal**  <https://journals.lww.com/jbisrir/Pages/default.aspx> | JBI is an international research organization based at the University of Adelaide, South Australia. Their goal is to develop and deliver unique evidence-based information, software, education and training designed to improve healthcare practice and health outcomes.  Vision: Better evidence. Better outcomes. Brighter future.  Mission: Promoting and supporting evidence-based healthcare.  They created the JBI Evidence Synthesis journal, which seeks to disseminate rigorous, high quality research that provides the best available evidence to inform policy and practice through science and conduct of systematic and scoping reviews. Topics cover multi-disciplinary healthcare-related topics that follow methodology and methods developed by JBI (such as the GRADE methodology). | This JBI Journal contains a registry of systematic reviews and systematic review protocols. Reviews in the journal follow the methodology developed by JBI, such as [GRADE methodology](https://www.gradeworkinggroup.org/), and [PRISMA reporting guidelines](http://www.prisma-statement.org/documents/PRISMA%202009%20checklist.doc). JBI does NOT go out and search for these reviews, but instead allows researchers to submit their reviews to their journal. The JBI team has “extensive experience in teaching, research, evaluation and consultancy. Our staff are experienced in GRADE methodology, evidence synthesis, knowledge management, quality improvement, and change management from a broad range of disciplines.” They have been hired as research consultants for groups such as the Heart Foundation, NSW Government Health, and the World Health Organization.  They offer [critical appraisal tools](https://joannabriggs.org/ebp/critical_appraisal_tools) to assist in assessing the trustworthiness, relevance and results of published papers, as well as guide the inclusion and exclusion of studies in a systematic review.  JBI provides two different resources for systematic reviews. One is a [title registry](https://joannabriggs.org/ebp/systematic_review_register) of planned reviews, and the other is the [JBI synthesis journal](https://journals.lww.com/jbisrir/Pages/default.aspx) that contains completed systematic reviews. Registered titles do not always make it to the journal. | 1. [Effectiveness of sleep education programs to improve sleep hygiene and/or sleep quality in college students](https://journals.lww.com/jbisrir/Abstract/2016/09000/Effectiveness_of_sleep_education_programs_to.14.aspx) 2. [Effective teaching of communication to health professional undergraduate and postgraduate students: A systematic review](https://journals.lww.com/jbisrir/Fulltext/2012/10281/Effective_teaching_of_communication_to_health.13.aspx) 3. [A comprehensive systematic review of evidence on the effectiveness and appropriateness of undergraduate nursing curricula](https://journals.lww.com/jbisrir/Abstract/2006/04060/A_comprehensive_systematic_review_of_evidence_on.1.aspx) 4. [Digital technologies in undergraduate and postgraduate education in occupational therapy and physiotherapy](https://journals.lww.com/jbisrir/Abstract/9000/Digital_technologies_in_undergraduate_and.99993.aspx) 5. [A systematic review on the effectiveness of music listening in reducing depressive symptoms in adults](https://journals.lww.com/jbisrir/Abstract/2010/08310/A_systematic_review_on_the_effectiveness_of_music.1.aspx) |
| **Systematic Reviews Journal**  <https://systematicreviewsjournal.biomedcentral.com/> | This is an online free-access systematic review journal. It publishes “high quality systematic reviews products including systematic review protocols, systematic reviews related to a very broad definition of health, rapid reviews, updates of already completed systematic reviews, and methods research related to the science of systematic reviews.”  The goal is to ensure that the results of **all** well-conducted systematic reviews are published, regardless of their outcomes. | As this is a journal, ratings of the systematic reviews are not provided. Reviews are searchable and full texts are provided free of charge with no need for a subscription. This journal contains both completed systematic reviews and systematic review protocols.  Anyone who has conducted a systematic review can submit to this journal, but there is no guarantee that is will be accepted after undergoing peer review. | 1. [A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, and officials](https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0568-6) (Could be of interest to Athletics) 2. [Living alone and positive mental health: a systematic review](https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-019-1057-x) (Of interest to Off Campus Life, Office of Residence Life, or the Counseling Center) 3. [A systematic review of the role of school-based healthcare in adolescent sexual, reproductive, and mental health](https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/2046-4053-1-49#Abs1) (Of interest to the Health Center or The Well) |
| **Healthy People**  <https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources> | Healthy People was created by the U.S. Department of Health and Human Services (HHS) and is a database of evidence-based interventions and resources to improve community and individual health.  Mission:   * Identify nationwide health improvement priorities * Increase public awareness and understanding of the determinates of health, disease, and disability and the opportunities for progress. * Provide measureable objectives and goals that are applicable at the national, state, and local levels * Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge * Identify critical research, evaluation, and data collection needs | This database contains systematic reviews as well as non-systematic reviews, expert opinions, field studies, and experimental studies. Each study is sorted by resource type.  Strength of evidence is rated on a [scale of 1 – 4](https://www.healthypeople.gov/2020/Implement/EBR-glossary#4-star).  4 out of 4   * These resources are based on rigorous evidence. Resources with this rating include systematic reviews of published intervention evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability.   3 out of 4   * These resources are based on strong evidence. Resources with this rating include non-systematic reviews of published intervention evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability   2 out of 4   * These resources are based on moderate evidence. Resources with this rating include intervention evaluations or studies with peer review that have evidence of effectiveness, feasibility, reach, sustainability, and transferability   1 out of 4   * These resources are based on weak evidence. Resources with this rating include intervention evaluations or studies without peer review that have evidence of effectiveness, feasibility, reach, sustainability, and transferability   Healthy People also provides a description of the resource, as well as a recommendation for if it should be used. | 1. [Effectiveness of school-based programs for reducing drinking and driving and riding with drinking drivers: A systematic review](https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/reducing-alcohol-impaired-driving-school-based) 2. [School-based interventions for improving contraceptive use](https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/school-based-interventions-for-improving-contraceptive-use-in-adolescents) 3. [Brief school-based interventions and behavioral outcomes for substance-using adolescents](https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/brief-school-based-interventions-and-behavioral-outcomes-for-substance-using-adolescents) |
| **Self-Sufficiency Research Clearinghouse**  <https://selfsufficiencyresearch.org/home> | The Self-Sufficiency Research Clearinghouse (SSRC) is a database of research that focuses on low-income and TANF families.  The SSRC aims to improve policy and practice in such areas as employment, education and training, and gamily self-sufficiency by improving access to field-tested, evidence-informed and evidence-based program strategies and high-quality research and by fostering professional connectivity among its target audiences.  The SSRC is designed to collect, catalogue and disseminate quality research and resources relevant to researchers and professionals invested in the self-sufficiency of low-income families and individuals. | This is NOT a systematic review database and does NOT include any systematic reviews.  The SSRC provides a summary of each resource, as well as resource type, research methodology, populations of interest, geographical focus, and link to full text. It does NOT provide any sort of rating for the resources.  The SSRC includes resources such as research reports and papers, journal articles and book chapters, practitioner briefs, research briefs and fact sheets, policy briefs and fact sheets, government reports, dissertations, white papers, annotated bibliographies, research methods papers, databases available for public use, legislations, and products of the SSRC.  SSRC gathers resources from major initiatives funded by OPRE, research and think tank institutions, independent and university-based research centers, federal, state, and local governments and agencies, poverty and self-sufficiency research centers, child and family policy centers, foundations, advocacy organizations, and other research clearinghouses. SSRC also accepts user submitted resources, but these must pass a quality and relevancy review before being included in the database. | 1. [Opening doors to student success](https://selfsufficiencyresearch.org/content/opening-doors-student-success-synthesis-findings-evaluation-six-community-colleges) (Originally designed and implemented in community colleges, but applicable for 4-year universities) 2. [Who goes to graduate school and who succeeds?](https://selfsufficiencyresearch.org/content/who-goes-graduate-school-and-who-succeeds) 3. [Young adults and higher education: Barriers and breakthroughs to success](https://selfsufficiencyresearch.org/content/young-adults-and-higher-education-barriers-and-breakthroughs-success) (Reviews programs and interventions from community colleges that could be applicable to 4-year universities) 4. [Economic inequality and higher education](https://selfsufficiencyresearch.org/content/economic-inequality-and-higher-education) (Free book that could be useful for policy makers and advocating for state funding) 5. [Performance-based scholarships: What have we learned?](https://selfsufficiencyresearch.org/content/performance-based-scholarships-what-have-we-learned-interim-findings-pbs-demonstration) 6. [Opening doors: Student’s perspectives on juggling work, family, and college](https://selfsufficiencyresearch.org/content/opening-doors-students%E2%80%99-perspectives-juggling-work-family-and-college) (Findings from community colleges that could be applicable for 4-year universities) |

**Additional Resources:**

**Evidence-Based Practices & Programs** [**https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs**](https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs)

These federal resources can help you identify evidence-based disease prevention approaches that have the potential to impact public health. Each agency and organization listed below uses their own process to identify what is evidence-based but often a systematic review or a meta-analysis is used to evaluate the body of evidence in a given field.

**The Hexagon**: <http://www.sprc.org/sites/default/files/resource-program/NIRN-HexagonDiscussionandAnalysisTool2018-FINAL.pdf>

Tool that helps organizations evaluate new and existing programs and practices.

**Selecting Evidence-Based Programs**: <https://youth.gov/evidence-innovation/selecting-programs>

This web page describes how to identify and choose evidence-based programs as part of a systematic planning process.