



User's Guide: Quality Assessment of Community Evidence (QACE) Tools

Overview

Evidence-informed decision making (EIDM) in public health uses the best-available evidence to inform decisions. The National Collaborating Centre for Methods and Tools' (NCCMT's) model for EIDM in public health (Figure 1) identifies sources of evidence in the following four domains: local health issues and local context; community and political preferences and actions; resources; and research.

Practitioners use their expertise to draw together sources of evidence for these four domains and use this evidence to guide decisions about public health practice, programs and policies. In any given public health situation, the different factors may be weighted differently in making a final decision.

When to Use the QACE Tools

The Quality Assessment of Community Evidence (QACE) Tools were developed for public health practitioners, decision makers, policy makers and funders to ensure their decisions are informed by high-quality evidence. The QACE Tools assess the quality of evidence for:

- A) local health issues and local context; and
- B) community and political preferences and actions.

Approaches to assessing the quality of research evidence are also available (see the NCCMT's Registry for Appraise Tools). A tool to assess the quality of evidence for resources is in development.

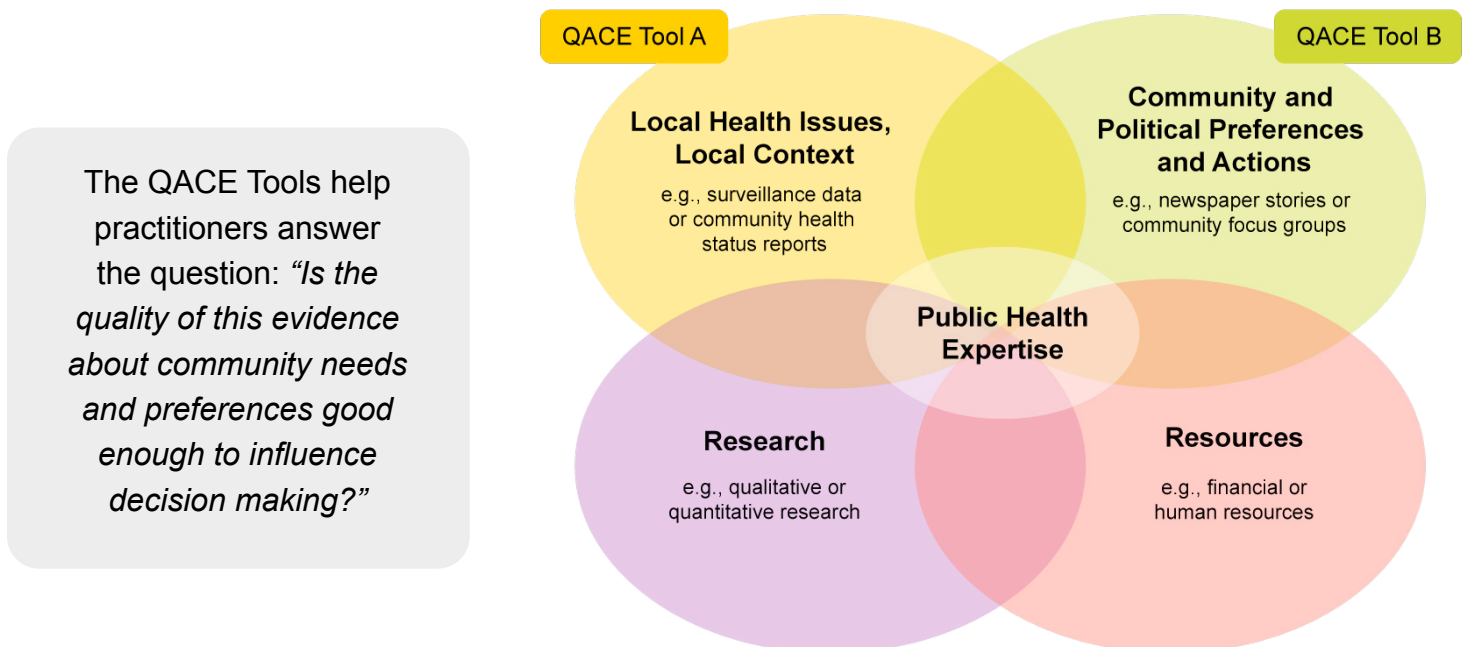


Figure 1: The NCCMT's Model for EIDM in Public Health

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Community Evidence

Communities vary in boundaries and size, from neighbourhoods to local, regional or provincial contexts. Communities can also be defined in terms of population groups and sub-groups, such as ethno-cultural groups.

Community evidence includes knowledge and information about the community that must be assessed prior to informing decision making.¹ For the purposes of public health decision making and use of this tool, community evidence includes evidence from two domains of the EIDM model (**Figure 1**): local health issues and context; and community and political preferences and actions. The two versions of this tool assess the quality of evidence in each of these two domains.

Evidence for local health issues and context includes:

- Magnitude of the health issue in the local setting based on surveillance data and community health status reports
- Significance and importance of the issue compared to other community health concerns

Evidence on community and political preference and actions includes²:

- Needs, interests and intervention preferences of community members, stakeholder organizations and specific consumer groups
- Support or opposition from public/government officials
- Current political climate (organizational, local, regional, provincial, federal)

These are all examples of community evidence

By its nature, community-level evidence is contextual and local. Community evidence can be identified through population health status data, community consultations, newspaper reports, letters and lobbying to public health and politicians, along with many other avenues.

High-quality evidence about a local community is:

 <h3>Relevant</h3> <ul style="list-style-type: none">• Meaningful• Applicable• Transferable <p><i>You want to know that the evidence is relevant to the decision you need to make and to your community context.</i></p>	 <h3>Trustworthy</h3> <ul style="list-style-type: none">• Methodologically sound• Transparent• Richness/Saturation/Adequacy of data• Cognizant of research evidence <p><i>You want to know that the evidence is trustworthy, using methods that reduce bias and are transparent.</i></p>	 <h3>Equity-Informed</h3> <ul style="list-style-type: none">• Engaging stakeholders• Representative of community• Intersectional• Inclusive• Culturally safe (ethical data collection) <p><i>You want to know that the evidence is equity-informed, to guide decisions that are sensitive to equity concerns and will not negatively affect disadvantaged groups.</i></p>
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Each of these three dimensions informs the quality of community evidence and should be assessed before being used to influence decisions. The QACE Tools include questions to guide the quality assessment of community evidence. The collection of supplementary tools and resources included with each tool can also help you delve more deeply into these aspects of quality assessment.

Although Indigenous community evidence is relevant for public health decision making and should be considered as part of a complete assessment of population health and community issues, the QACE Tools are not intended to appraise Indigenous knowledges. Indigenous knowledges are based on systems that are distinct from Western ways of knowing. Decision makers must consider Indigenous knowledges in their local contexts, with guidance from Indigenous people and communities. See [relevant publications from the National Collaborating Centre for Indigenous Health](#).

¹Ministry of Health and Long-Term Care. (2018). Population Health Assessment and Surveillance Protocol. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Population_Health_Assessment_Surveillance_2018_en.pdf. (See pages 11-13 for examples of stakeholder and community information.)

²World Health Organization (2014). Health in All Policies: Framework for Country Action. <https://www.who.int/healthpromotion/frameworkforcountryaction/en/> (See page 15 for ways to facilitate assessment and engagement)

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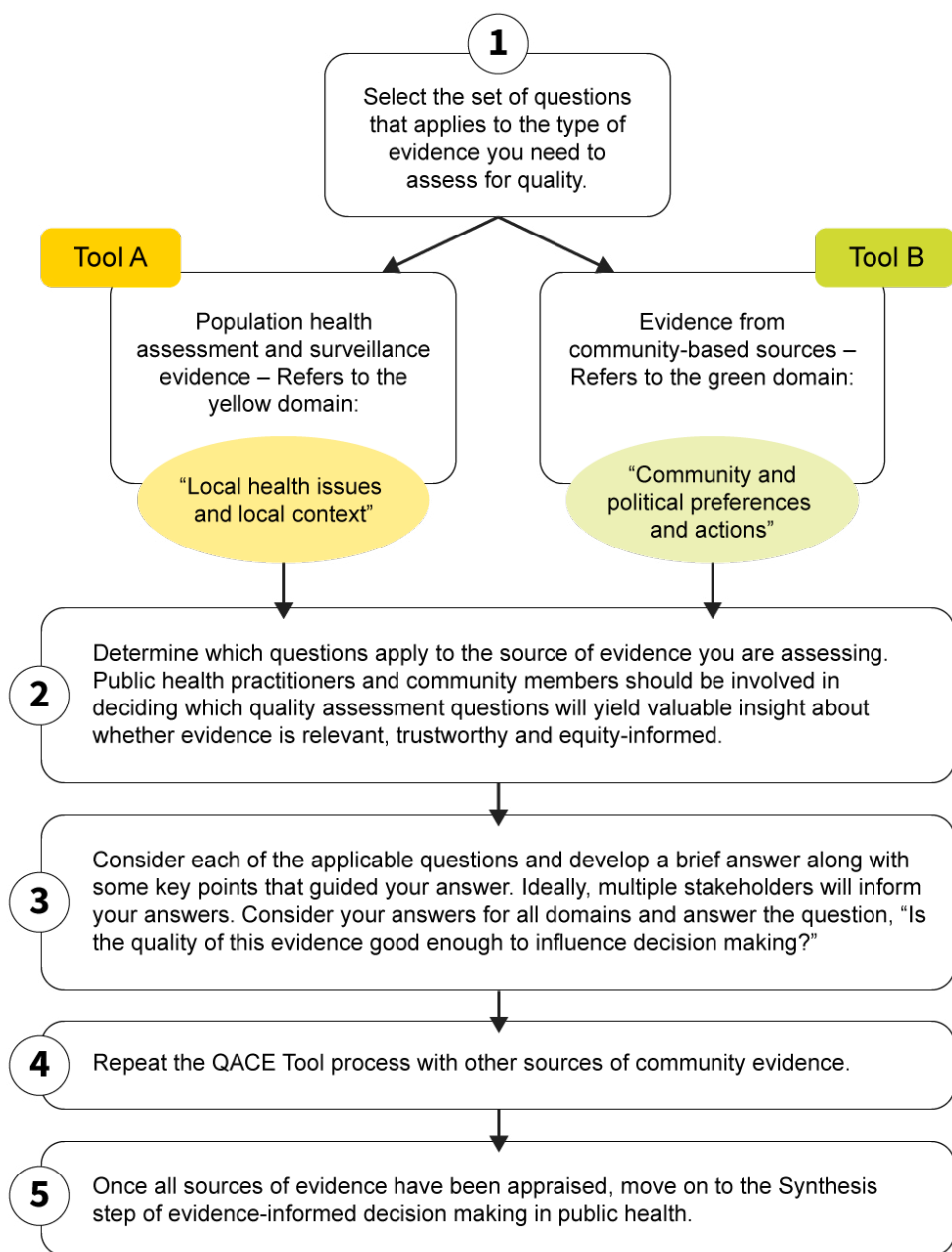
How to Use the QACE Tools

Like community evidence itself, the application of a quality assessment approach depends on the context and situation. The QACE Tools are flexible and not intended to be applied in the same way in every situation.

The goal for assessment is to determine whether the evidence in question is of sufficient quality to inform the decision-making process.

The QACE Tools consist of two sets of quality assessment questions for different types of community evidence: **Tool A** for population health assessment and surveillance evidence, and **Tool B** for evidence from community-based sources.

Follow these steps to use the QACE Tools:



Use of the QACE Tool may also lead to identification of the following important issues:

- gaps in evidence; and
- an understanding of the limitations of the available evidence.

The QACE Tools focus on quality assessment of single sources of community evidence. You will usually consider several sources of evidence when making a decision. Using the QACE Tools across multiple evidence sources can provide a transparent way of documenting the evidence basis you used to make decisions. Bringing together multiple sources of evidence is part of the Synthesis step of evidence-informed decision making in public health.