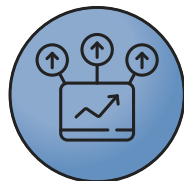
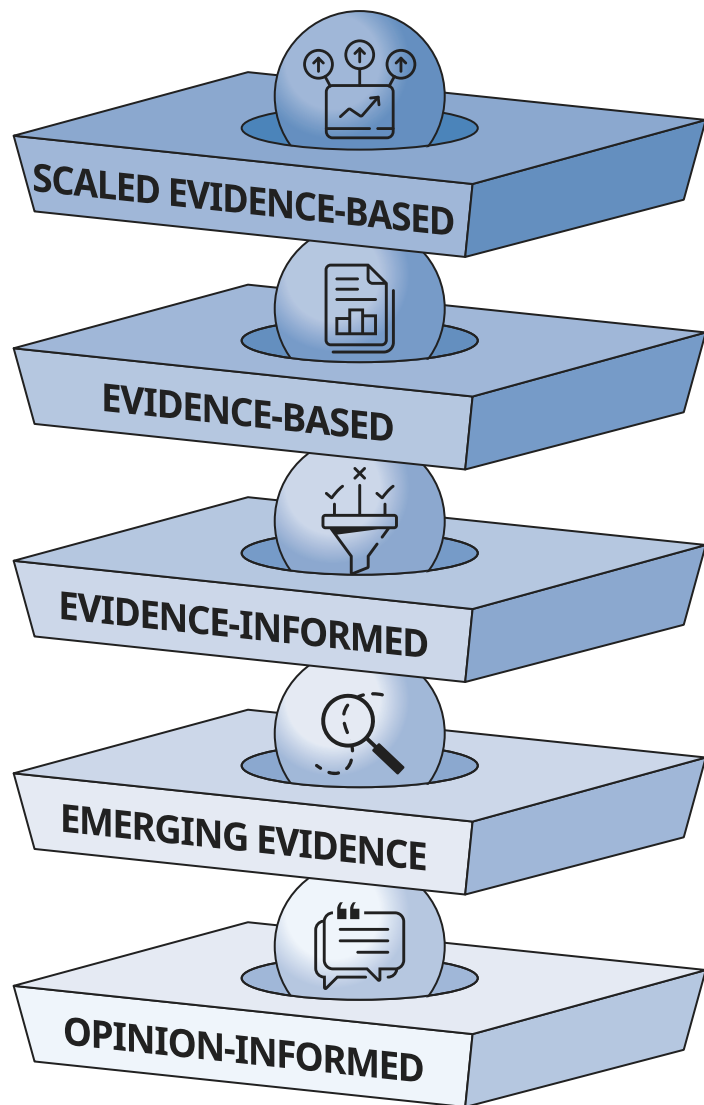


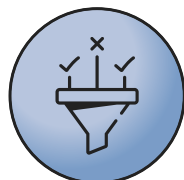
The Evidence-Based Prevention Continuum



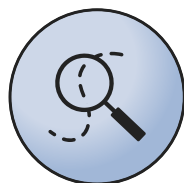
Existing evidence is robust, multi-centered, and widely scaled: Evidence may allow for the comparison and measurement of the effectiveness of different implementation strategies on health and implementation outcomes



Existing evidence is convincing: Evidence may be comprised of sufficient well-conducted studies of appropriate design that demonstrate consistent and precise results focused on health outcomes, and are generalizable to the intended U.S. population and setting



Existing evidence is adequate: Evidence may support the intervention's impact on health outcomes but have one or more significant limitations, such as the appropriateness of study design, quality of studies, applicability of results, overall precision, and/or heterogeneity of the outcomes



Existing evidence is nascent: Interventions in this category may require greater appropriateness of study design or quality, applicability of results, overall precision, reliability, and replicability



Reported claims are suggestive of a possible health benefit: Support for interventions in this category is based on factors such as satisfaction surveys, personal experience, testimonials, or clinical observation in a routine case