
Grey Literature in Public Administration - An Example of a specific Quality Assessment System

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Challenge for Research

Background

- Evidence on “effectiveness” is not enough to guarantee use and utilization of research results (in health promotion and prevention interventions)
- Need for integration of knowledge about **management** and **processes** of (health promotion and prevention) interventions into “evidence”
- Evaluation traditionally takes these aspects into account
- Question: How to assure Grey Literature qualify as good evidence?
- Presentation of the specific quality assessment system used by the CCE for assessing reports of externally commissioned evaluation studies (quality evidence)

Objectives of Our Quality Assessment System

- **Sound scientific quality** -
A necessary but not sufficient condition for successful, i.e. useful and used, evaluation studies

- **Producing practically oriented and useful knowledge and recommendations**

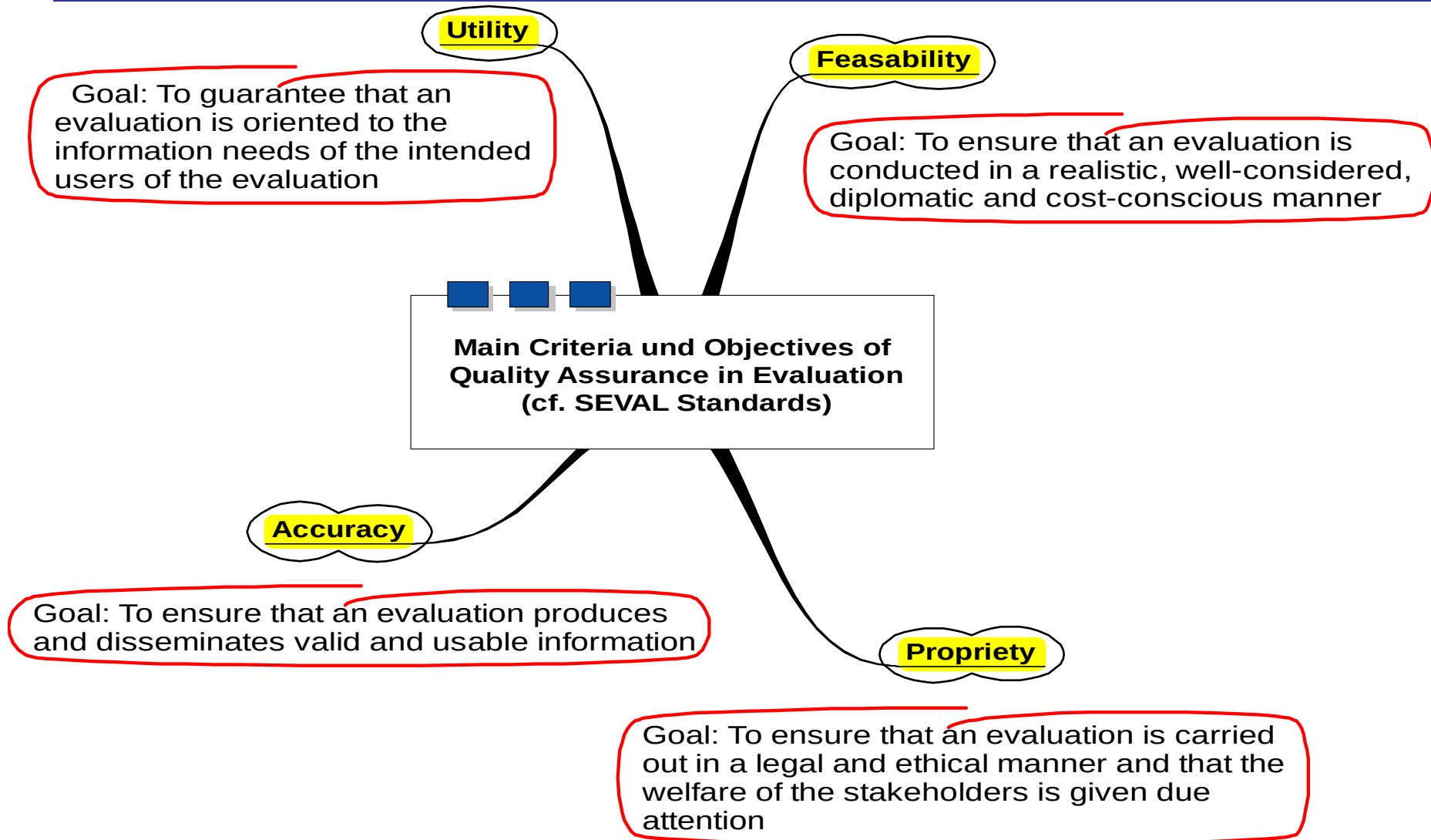
Quality Assurance Procedures (of an individual study)

- The quality assessment of a finished evaluation report is one of the last steps in a comprehensive row of quality assurance procedures from A to Z:

Standard processes, guidelines, models, checklists all along the process from the first request for a study to mandating, accompanying the study, assessing the report and discussing and supporting the utilisation/implementation of the study results.

- This system has been successfully used for several years.
- Even more systematic and coherent since its adaptation to the SEVAL-Standards (approved in 2000 by the Swiss Evaluation Society SEVAL, www.seval.ch)
- SEVAL Standards: Standards of good practices for executing evaluations
- **Main Tools, based on SEVAL standards:**
 - Meta-Evaluation form (Peer review in the form of a checklist)
 - Feedback form to evaluators (Adapt model text to actual critique of a report)

Overview SEVAL-Standards



Discussion

- Evaluation and Research (especially targeted at multi faceted, multi level community interventions) should go beyond what is traditionally accepted as good evidence, i.e. in health RCT gold standard (randomized controlled trials)
- We want to assess and steer evaluation studies towards usefulness and applicability
- Integration of policy papers, guidelines, good practices papers, expert opinion, etc.
- This kind of mostly grey literature covers a lot of information on processes and context which is important for the application of knowledge (also of “good evidence”)

**How could we assess such knowledge?
Could/should this type of evidence be graded
according to classical concepts of “rating
evidence”?**