

Context

- The [Global Commission on Evidence to Address Societal Challenges](#) (the Global Evidence Commission), which began in 2022 as a grassroots effort to improve the use of research evidence, prioritized action to put evidence at the centre of everyday life.
- To further understand the strategies that can be used to put evidence at the centre of citizens' everyday lives, the Global Evidence Commission consulted with subject-matter experts and citizen partners, including the [Citizen Leadership Group](#) and via a [series of citizen panels](#), and developed a list of five potentially promising strategies that could help to achieve this aim.
- This living evidence profile (LEP) addresses **strategy 1**, which focuses on making evidence-based choices the default or easy option for citizens and includes a number of sub-strategies that could be used to help ensure evidence is considered – whether explicitly or not – in the many decision-making scenarios citizens may find themselves.
- These sub-strategies include adopting laws to make this happen, providing rewards or penalties to businesses, supporting big tech companies to ensure that information and products presented to citizens is evidence based, and using strategies that aim to create healthier default options.
- This LEP is the first in a series of five that collectively aim to examine what is known from the best-available evidence documents about the full list of strategies developed by the Global Evidence Commission for putting evidence at the centre of everyday life, including:
 1. make evidence-based choices the default or easy option (this synthesis, LEP 9a)
 2. make evidence available to citizens when they are making choices (LEP 9b)
 3. help citizens judge what others are claiming or find (and receive) reliable information on a topic (LEP 9c)
 4. engage citizens in asking questions and using new or existing evidence to answer them (LEP 9d)
 5. help health and social systems learn and improve rapidly and contribute to a society-wide transformation (LEP 9e).

Putting evidence at the centre of everyday life: Making evidence-based choices the default or easy option

8 December 2025

[MHF product code: LEP 9a]

Box 1: Evidence and other types of information

+ Global evidence drawn upon



Evidence syntheses and single studies selected based on relevance, quality and recency of search

+ Additional forms of evidence used



Qualitative insights

* Additional notable features



Prepared with input from two citizen partners

Question

What is the best-available evidence related to making evidence-based choices the default or easy option to support citizens to use evidence in everyday life?

High-level summary of key findings

- We identified 48 evidence documents (46 evidence syntheses, one single study, and one protocol) across the three of the four sub-strategies listed in the framework below related to making evidence-based choices the default or easy option.
 - Note that we did not identify any evidence documents that addressed sub-strategy 2.
- A diverse range of promising interventions used across various contexts were identified to prompt users to make informed choices (e.g., reminders, nutrition labels, incentives that encourage climate change mitigation).
- According to the evidence, the implementation of evidence-based laws and policies to ensure presentation of the best-available evidence to citizens requires effective regulatory responses to ensure compliance and to address violations.
- Artificial intelligence (AI) tools can provide strong accuracy in detecting misinformation, but integrating AI tools for detecting misinformation into platforms like X (formerly Twitter) can be challenging.
- Most of the evidence described different ‘nudging’ strategies and how they supported citizens in making choices in a wide variety of areas, including food and nutrition, physical activity, sustainability practices, and infection prevention and control.
- While the ‘nudging’ strategies identified proved to be effective in most cases, ethical challenges of applying ‘nudging’ strategies should be considered, including potential violation of autonomy, long-term adverse effects, welfare concerns, and harm to democracy and deliberation.
- We did not identify any evidence documents that addressed providing rewards or penalties to businesses advertising products depending on whether the products are supported by the available evidence.

Box 2: Approach and supporting materials

For this living evidence profile we engaged citizen partners who read earlier drafts to ensure the summary of the evidence was presented with clear and understandable language from their perspective.

We identified evidence addressing the question by searching Health Systems Evidence, Social Systems Evidence, PubMed, Web of Science, ProQuest and EBSCOhost search. All searches were conducted in April 2024. The search strategies used are described in Appendix 1. In contrast to evidence-synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses), protocols for evidence syntheses, and single studies. We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

We anticipate completing a jurisdictional scan that will be included in the next update to this LEP.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified evidence synthesis (Appendix 2)
- 3) details about each identified single study (Appendix 3)
- 4) syntheses that were excluded in the final stages of review (Appendix 4)
- 5) references

Framework to organize what we looked for

The strategy of making evidence-based choices the default or easy option for citizens was categorized into four sub-strategies:

- 1) adopting laws to ensure that policies, programs, services and products presented to citizens are based on the best available evidence
- 2) providing rewards or penalties to businesses advertising products depending on whether the products are supported by the available evidence

- 3) supporting big tech companies to ensure that information and products presented to citizens is evidence based
- 4) using strategies that aim to create healthier default options (often called ‘nudging’ strategies in the literature) but not limiting them to these choices.

We organize our findings around each sub-strategy, with a specific focus on what we know about the:

- benefits of the approach
- challenges/harms when using the approach
- costs and/or cost-effectiveness of the approach
- adaptations that must be made when using the approach
- views about and experiences with the approach.

What we found

We identified 48 evidence documents (46 evidence syntheses, one single study, and one protocol) across the four sub-strategies related to making evidence-based choices the default or easy option. Below, Table 1 provides a high-level summary of our key findings, and the sections that follow provide a detailed description of our findings for each sub-strategy.

Table 1: What we know from identified evidence documents about making evidence-based choices the default or easy option

	What does the evidence say about strategy #1: Making evidence-based choices the default or easy option? And, in particular, what do we know about the: • benefits of the approach? • challenges/harms when using the approach? • costs and/or cost-effectiveness of the approach? • adaptations that must be made when using the approach? • views about and experiences with the approach?
Adopting laws to ensure that policies, programs, services and products presented to citizens are based on the best available evidence	• Implementation requires effective regulatory responses to ensure compliance and address violations [adaptations] • Implementation efforts for evidence-based alcohol reduction strategies should focus on community mobilization, use of law enforcement, and incentives for alcohol alternatives such as low-strength alcohol or alcohol-free products [adaptations] • No key insights about benefits, potential challenges/harms, costs and/or cost-effectiveness, or views about and experiences with this approach
Providing rewards or penalties to businesses advertising products depending on whether the products are supported by the available evidence	• No key insights about benefits, potential challenges/harms, costs and/or cost-effectiveness, or views about and experiences with this approach

Supporting big tech companies to ensure that information and products presented to citizens is evidence based	• AI tools can provide strong accuracy in detecting misinformation [benefits] • Integrating AI tools for detecting misinformation into platforms like X (formerly Twitter) can be challenging [potential challenges/harms] • Smartphone apps and activity trackers that set personalized goals and provide behavioural instructions can be effective at increasing certain behaviours (e.g., physical activity) [adaptations] • No key insights about costs and/or cost-effectiveness, or views about and experiences with this approach
Using strategies that aim to create healthier default options (often called ‘nudging’ strategies in the literature) but not limiting them to these choices	• ‘Nudging’ strategies, such as reminders, warning labels and ‘gamification,’ can help citizens make informed choices in many areas (e.g., healthcare, diet and nutrition, infection, prevention and control, environmental sustainability) [benefits] • Ethical issues exist when it comes to nudging strategies, including potential violation of autonomy, long-term adverse effects, welfare concerns, and harm to democracy and deliberation [challenges/harms] • No key insights about costs and/or cost-effectiveness, adaptations, or views about and experiences with this approach

Key findings from included evidence documents

We identified 48 evidence documents (46 evidence syntheses, one single study and one protocol) across three of the four sub-strategies related to making evidence-based choices the default or easy option. We did not identify any evidence documents that addressed sub-strategy 2 of *providing rewards or penalties to businesses advertising products depending on whether the products are supported by the available evidence*.

Sub-strategy 1: Adopting laws to ensure that policies, programs, services and products presented to citizens are based on the best available evidence

Two evidence syntheses and one single study specifically addressed the first sub-strategy focused on laws adopted to ensure policies and products are evidence-based, highlighting a critical gap in research on how legislative measures could enforce processes for policy and product development that are informed by the best-available research evidence. One evidence synthesis reviewed the implementation of restrictions on alcohol advertisements in Latvia in response to evidence of high levels of alcohol consumption, including limiting content that promoted unsafe use of alcohol and requiring health warnings about the negative impacts of alcohol.(1) However, over the 30 years of implementation, many of the planned activities have not been executed, indicating a need to strengthen these policies in the country. The other evidence synthesis similarly focused on alcohol-reduction strategies, such as alcohol labelling and restrictions on alcohol marketing and advertising, and recommended that the implementation of effective evidence-based alcohol-reduction strategies should focus on community mobilization, use of law enforcement, and incentives for alcohol alternatives such as low-strength alcohol or alcohol-free products.(2). The one single study we identified that was relevant to this sub-strategy focused primarily on key factors associated with the implementation of such an approach, pointing out that the implementation of evidence-based laws and policies requires effective regulatory responses to ensure compliance and to address violations.(3)

No evidence documents identified within this sub-strategy focused explicitly on the benefits or challenges/harms of the approach, costs and/or cost-effectiveness, or about interest holders’ views and experiences.

Sub-strategy 3: Supporting big tech companies to ensure that information and products presented to citizens is evidence based

In terms of the third sub-strategy, four evidence syntheses provided insights into the potential of digital tools developed and/or supported by big tech companies to provide evidence-based information to citizens. Findings from two of the evidence syntheses indicate that AI tools were beneficial because of their strong accuracy in detecting misinformation during the COVID-19 pandemic, with success rates exceeding 90%.(4; 5) Despite these described benefits, challenges in integrating these tools into platforms like X (formerly Twitter) still remain, limiting their practical application.(6)

Technology-based interventions have also been used to inform and support behaviour change in terms of physical activity. One evidence synthesis indicated that smartphone apps and activity trackers that set personalized goals and provided behavioural instructions showed promise for increasing physical activity but lacked strong evaluations.(7) Social networking apps integrated with physical activity were not well received, according to the evidence synthesis, resulting in low engagement.

No evidence documents for this sub-strategy focused explicitly on costs and/or cost-effectiveness or interest holders' views and experiences.

Sub-strategy 4: Using strategies that aim to create healthier default options (often called 'nudging' strategies in the literature) but not limiting them to these choices

A total of 40 evidence syntheses were relevant to the fourth sub-strategy, demonstrating the diversity in research on nudging strategies across various contexts. Most of the evidence syntheses described the benefits and some challenges of different nudging strategies and how they are implemented in practice. The types of nudging strategies explored included 'nudges' to encourage sustainable practices, healthier food choices, increased physical activity, safer infection-control practices, morality-based choices, and ethical decision-making. Below, we provide details about each nudging strategy identified in the evidence documents in turn, highlighting insights about their potential benefits, challenges and harms.

Most of the evidence syntheses describing nudging strategies explored ways to encourage citizens to make healthier food choices. Altering food placement can influence consumer behaviour, according to the evidence.(8; 9) Front-of-package nutrition labels reportedly helped consumers identify healthier products, but had limited success in altering purchasing behaviour. Colour-coded food labels reportedly outperformed warning labels in encouraging healthier choices, signalling their importance in helping consumers make informed choices.(10; 11) Evidence also suggests that using a choice-architecture framework can help to encourage consumers toward healthy food environments and reduce overconsumption.(12; 13), but there is a need to further develop choice-architecture taxonomies to provide clear process-level explanation of different nudge-based interventions.(14) Nudges of reminders or social norms with disclosure were also found to reduce household food waste.(15) A few evidence syntheses focused on identifying effective dietary interventions for specific populations. Dietary educational nudging interventions, such as nutrition advice, and healthy meal-service options were found to be particularly influential at changing diet patterns and eating behaviours of older adults.(16) For adults with low socio-economic position, there was some evidence that information and position nudges may contribute to improving food choices and dietary behaviours, but there was limited evidence that considered the differences in impact based on socio-economic status, highlighting the need for more exploration in this area.(17; 18)

Several evidence syntheses investigated the impact of nudges that influence climate-change mitigation, sometimes referred to as 'green' nudges. According to one evidence synthesis, green nudges targeting climate-change mitigation were found to be effective and appeared to have a relationship of dependence with the mechanisms and techniques mobilized, geographical area, field of application, and visibility of the behaviour of others.(19) Nudging interventions that promote sustainable practices among the agents of the agricultural food chain (20) and reducing the consumption of

products that contribute to greenhouse gas emissions (e.g., meat),(21) have been found to influence the enactment of more environmentally sustainable behaviours. Additionally, non-price nudges, like goal setting and social comparison, significantly reduced household energy use.(22) Finally, in terms of environmental policymaking, one evidence synthesis indicated that policy mixes of behavioural and non-behavioural nudging tools need to be implemented following comprehensive consideration of broader governance aspects, contextuality and flexibility.(23)

In the area of healthcare, a few evidence syntheses identified nudge-based strategies that were used to influence healthy behaviour among adults, including reminders, social influence, gamification and social modelling.(24; 25) These nudging strategies were used to improve medication adherence, blood-glucose monitoring, physical activity and quality of life. Multicomponent nudging interventions targeting prevention of tobacco and alcohol consumption in adults also showed promising results.(26) Nudging interventions also contributed to improving hand hygiene during the COVID-19 pandemic,(27) as well as other infection-prevention and control practices targeting neglected tropical diseases.(28). One evidence synthesis noted that when implementing nudging techniques in public-health interventions, consideration needs to be given to implicit health assumptions, cultural acceptability, assumptions about nudging theory, and their implications for health contexts.(29)

A few evidence documents assessed how nudge-based strategies used in digital platforms were designed to combat misinformation,(30) reduce cognitive bias,(31) promote healthier food choices (32) and physical activity,(33) and support active decision-making through default options.(34) Additionally, smartphone-based applications to track activity and set goals showed promise for improving physical activity, but social networking through these apps was not well perceived and evidence was limited.(7) Other types of nudging strategies identified from the available evidence include moral reminders to reduce dishonesty,(35) transparent default nudges to influence consumer behaviour,(36) and a communication model to strengthen co-creation between policymakers and citizens.(37) Finally, one evidence synthesis identified four major ethical issues associated with nudging, namely violation of autonomy, questions regarding the effectiveness of nudges in improving welfare, concerns about long-term adverse effects, and potential harm to democracy and deliberation.(38) These findings highlight the importance of considering the ethical challenges of applying nudging strategies to encourage informed decision-making.

We did not identify any evidence documents for this sub-strategy that explicitly focused on costs and/or cost-effectiveness, adaptations, or interest holders' views and experiences of using nudging strategies.

References

1. Gobina I, Isajeva L, Springe L, et al. A narrative review of alcohol control policies in Latvia between 1990 and 2020. *Drug and Alcohol Review* 2023; 42(4): 946-959.
2. Knai C, Petticrew M, Durand MA, Eastmure E, Mays N. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction* 2015; 110(8): 1232-1246.
3. Harvey K, Vickers M, Arnold BB. Complementary medicines advertising policy Part II: unethical conduct in the Australian market after July 2018. *Australian Health Review* 2021; 45(1): 84-89.
4. Goksu M, Cavus N, editors. Fake news detection on social networks with artificial intelligence tools: Systematic literature review. 10th International Conference on Theory and Application of Soft Computing, Computing with Words and Perceptions – ICSCCW-2019. Cham: Springer International Publishing; 2020.
5. Balakrishnan V, Ng WZ, Soo MC, Han GJ, Lee CJ. Infodemic and fake news – A comprehensive overview of its global magnitude during the COVID-19 pandemic in 2021: A scoping review. *International Journal of Disaster Risk Reduction* 2022; 78: 103144.
6. Al-Asadi MA, Tasdemir S. Using artificial intelligence against the phenomenon of fake news: A systematic literature review. In Lahby M, Pathan A-SK, Maleh Y, Yafooz WMS, eds. *Combating Fake News with Computational Intelligence Techniques*. Cham: Springer International Publishing; 2022: 39-54.
7. Domin A, Spruijt-Metz D, Theisen D, Ouzzahra Y, Vögele C. Smartphone-Based interventions for physical activity promotion: Scoping review of the evidence over the last 10 years. *JMIR Mhealth Uhealth* 2021; 9(7): e24308.
8. Bucher T, Collins C, Rollo ME, et al. Nudging consumers towards healthier choices: A systematic review of positional influences on food choice. *British Journal of Nutrition* 2016; 115(12): 2252-63.
9. Laiou E, Rapti I, Schwarzer R, et al. Review: Nudge interventions to promote healthy diets and physical activity. *Food Policy* 2021; 102: 102103.
10. Song J, Brown MK, Tan M, et al. Impact of color-coded and warning nutrition labelling schemes: A systematic review and network meta-analysis. *PLoS Medicine* 2021; 18(10): e1003765.
11. Ikonen I, Sotgiu F, Aydinli A, Verlegh PWJ. Consumer effects of front-of-package nutrition labeling: An interdisciplinary meta-analysis. *Journal of the Academy of Marketing Science* 2020; 48(3): 360-383.
12. Kraak VI, Englund T, Misyak S, Serrano EL. A novel marketing mix and choice architecture framework to nudge restaurant customers toward healthy food environments to reduce obesity in the United States. *Obesity Reviews* 2017; 18(8): 852-868.
13. Broers VJV, De Breucker C, Van den Broucke S, Luminet O. A systematic review and meta-analysis of the effectiveness of nudging to increase fruit and vegetable choice. *European Journal of Public Health* 2017; 27(5): 912-920.
14. Szaszi B, Palinkas A, Palfi B, Szollosi A, Aczel B. A systematic scoping review of the choice architecture movement: Toward understanding when and why nudges work. *Journal of Behavioral Decision Making* 2018; 31(3): 355-366.
15. Barker H, Shaw PJ, Richards B, Clegg Z, Smith D. What nudge techniques work for food waste behaviour change at the consumer level? A systematic review. *Sustainability* 2021; 13(19): 11099.
16. Zhou X, Perez-Cueto FJA, Santos QD, et al. A Systematic Review of Behavioural Interventions Promoting Healthy Eating among Older People. *Nutrients* 2018; 10(2): 128.

17. Harbers MC, Beulens JWJ, Rutters F, et al. The effects of nudges on purchases, food choice, and energy intake or content of purchases in real-life food purchasing environments: A systematic review and evidence synthesis. *Nutrition Journal* 2020; 19(1): 103.
18. Schüz B, Meyerhof H, Hilz LK, Mata J. Equity effects of dietary nudging field experiments: Systematic review. *Frontiers in Public Health* 2021; 9: 668998.
19. Carrel C, Gavard-Perret M-L, Caldara C. Factors of effectiveness of green nudges for more eco-responsible behaviour – Systematic review and research directions. *Recherche et Applications en Marketing (English Edition)* 2023; 38(3): 32-76.
20. Ferrari L, Cavaliere A, De Marchi E, Banterle A. Can nudging improve the environmental impact of food supply chain? A systematic review. *Trends in Food Science & Technology* 2019; 91: 184-192.
21. Meier J, Andor MA, Doebbe FC, Haddaway NR, Reisch LA. Review: Do green defaults reduce meat consumption? *Food Policy* 2022; 110: 102298.
22. Andor MA, Fels KM. Behavioral economics and energy conservation – A systematic review of non-price interventions and their causal effects. *Ecological Economics* 2018; 148: 178-210.
23. Mukhtarov F. Combining behavioural and reflective policy tools for the environment: A scoping review of behavioural public policy literature. *Journal of Environmental Planning and Management* 2024; 67(4): 714-741.
24. Reñosa MDC, Landicho J, Wachinger J, et al. Nudging toward vaccination: A systematic review. *BMJ Glob Health* 2021; 6(9): e006237.
25. Kwan YH, Cheng TY, Yoon S, et al. A systematic review of nudge theories and strategies used to influence adult health behaviour and outcome in diabetes management. *Diabetes & Metabolism* 2020; 46(6): 450-460.
26. Nurchis MC, Di Pumpo M, Perilli A, Greco G, Damiani G. Nudging interventions on alcohol and tobacco consumption in adults: A scoping review of the literature. *International Journal of Environmental Research and Public Health* 2023; 20(3): 1675.
27. Tzikas A, Koulterakis G. A systematic review of nudges on hand hygiene against the spread of COVID-19. *Journal of Behavioral and Experimental Economics* 2023; 105: 102046.
28. Vande Velde F, Overgaard HJ, Bastien S. Nudge strategies for behavior-based prevention and control of neglected tropical diseases: A scoping review and ethical assessment. *PLOS Neglected Tropical Diseases* 2021; 15(11): e0009239.
29. Ledderer L, Kjær M, Madsen EK, Busch J, Fage-Butler A. Nudging in public health lifestyle interventions: A systematic literature review and metasynthesis. *Health Education & Behavior* 2020; 47(5): 749-764.
30. Konstantinou L, Caraban A, Karapanos E, editors. Combating misinformation through nudging. Human-Computer Interaction – INTERACT 2019. Cham: Springer International Publishing; 2019.
31. Caraban A, Karapanos E, Gonçalves D, Campos P. 23 ways to nudge: A review of technology-mediated nudging in human-computer interaction. Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems; Paper 503. Glasgow, Scotland, U.K.: Association for Computing Machinery; 2019.
32. Valenčič E, Beckett E, Collins CE, Koroušić Seljak B, Bucher T. Digital nudging in online grocery stores: A scoping review on current practices and gaps. *Trends in Food Science & Technology* 2023; 131: 151-163.
33. Forberger S, Wichmann F, Comito CN. Nudges used to promote physical activity and to reduce sedentary behaviour in the workplace: Results of a scoping review. *Preventive Medicine* 2022; 155: 106922.
34. O’Keeffe M, Traeger AC, Hoffmann T, Ferreira GE, Soon J, Maher C. Can nudge-interventions address health service overuse and underuse? Protocol for a systematic review. *BMJ Open* 2019; 9(6): e029540.

35. Hertwig R, Mazar N. Toward a taxonomy and review of honesty interventions. *Current Opinion in Psychology* 2022; 47: 101410.
36. Lemken D. Options to design more ethical and still successful default nudges: A review and recommendations. *Behavioural Public Policy* 2024; 8(2): 349-381.
37. Oe H, Yamaoka Y. Discussion of citizen behavioural change using the nudge effect: A perspective based on social policy interventions. *International Journal of Sociology and Social Policy* 2021; 42(11-12): 1013-1027.
38. Kuyer P, Gordijn B. Nudge in perspective: A systematic literature review on the ethical issues with nudging. *Rationality and Society* 2023; 35(2): 191-230.

Bain T, Ali A, Ciurea P, Dass R, Mishra S, Bhuiya AR, Whitelaw H, Chen K, Gauvin FP, Moat KA, Lavis JN. Living evidence profile #9a: Putting evidence at the centre of everyday life: Making evidence-based choices the default or easy option. Hamilton: McMaster Health Forum; 8 December 2025.

Citizen partner acknowledgement: We are thankful to our citizen partners, Judy Porter and Therese Lane, for their contribution to the living evidence profile by providing feedback that was incorporated into the final report. This living evidence profile was funded by the McMaster Health Forum and the Ontario SPOR SUPPORT Unit (OSSU). The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the living evidence profile are the views of the authors and should not be taken to represent the views of OSSU or McMaster University.

The authors wish to thank staff members who appraised the evidence syntheses: David Gou, Jennifer Lee, Maureen Saha, Nancy Chen, Russell Beltran, Samantha Cheng, Sana Khan, Sara Alkhawaja, Shauna Vanderhorst, and Tresha Sivanesanathan.



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license](https://creativecommons.org/licenses/by-nc-nd/4.0/).