

Appendices

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Putting evidence at the centre of everyday life: Helping citizens judge what others are claiming or find reliable information

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Appendix 1: Methodological details

We use a standard protocol for preparing living evidence profiles (LEP) to ensure that our approach to identifying research evidence is as systematic and transparent as possible in the time we are given to prepare the profile.

Engaging subject matter experts and citizen partners

Citizen partners were engaged after drafts of the living evidence profile report were completed to offer feedback and propose changes that help with clarity.

Organizing framework

To structure our searches for evidence to include in this LEP and to structure our analysis and the presentation of our findings, we drew on an organizing framework developed through the efforts of the [Global Commission on Evidence to Address Societal Challenges](#) (the Global Evidence Commission) following consultations with subject-matter experts and citizen partners, guidance from the [Citizen Leadership Group](#), and from the views and experiences elicited through a [series of citizen panels held in October 2022](#). This organizing framework categorized the range of strategies for supporting citizens to use evidence in everyday life into five overarching strategies. This LEP focuses on one of those strategies, namely **helping citizens judge what others are claiming or find reliable information**, which consists of four sub-strategies:

- developing tools and training for citizens to develop their critical-thinking skills
- publishing very short citizen-friendly materials (documents, infographics, videos, podcasts) summarizing the best evidence on different topics using everyday language
- promoting the use of strategies that journalists and science communicators can use to counter misinformation (e.g., fact-checking services, ‘pre-bunking’ strategies, ‘truth-sandwich’ strategy)
- building a culture where evidence is understood, valued and used.

We used these sub-strategies to organize the summary tables of the research evidence identified for this LEP.

Identifying research evidence

In April 2024, we searched for evidence syntheses (and protocols for evidence syntheses underway) and for single studies relevant to all five strategies developed by the [Global Evidence Commission](#) in six databases: [Health Systems Evidence](#), [Social Systems Evidence](#), [PubMed/MEDLINE](#), [EBSCOhost](#), [ProQuest](#) and [Web of Science](#). The detailed search strategies for each of the sub-strategies are available upon request.

We retrieved 4,299 total studies across all databases searched. Covidence software was used to coordinate screening with our team of researchers. After duplicates were removed, we assessed 3,304 for eligibility based on a review of titles and abstracts and deemed 478 potentially eligible for inclusion. The detailed search strategies for each of the sub-strategies are available upon request.

For the 606 studies that were considered relevant to strategy 3, a single member of the research team assessed the full text of each study, which resulted in a further 574 being removed, and a final set of 32 studies deemed eligible for the analysis. The team used a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provided a running list of considerations that all members could consult during the first stages of assessment. Several studies were removed during the final stages of analysis, which have been listed in Appendix 4.

We excluded documents that did not directly address the research question and the organizing framework. We were unable to extract key findings from documents that were written in languages other than Chinese, English, French, Portuguese or Spanish, or were not able to be translated to English via Google applications. We provided any documents that made it to full-text screening and did not have content available in these languages in Appendix 4 containing documents excluded at the final stages of reviewing.

Assessing relevance and quality of evidence

We assessed the relevance of each included evidence document as being of high or low relevance to the research question and sub-strategies of the organizing framework.

Two reviewers independently appraised the methodological quality of the included evidence documents using AGREE II. We used three domains in the tool (interest holder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains. Disagreements were resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that the evidence synthesis needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

Preparing the profile

Each included document is cited in the reference list at the end of the LEP. For each included evidence synthesis and single study, we prepared a small number of bullet points and an overarching declarative statement of the findings, alongside additional study characteristics (e.g., date of last search, methodological quality, study jurisdiction). Findings from all the evidence documents are then used to summarize key messages in the profile report. Protocols and titles/questions have their titles hyperlinked, given that findings are not yet available.

Appendix 2: Details about each identified evidence synthesis

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
Sub-strategy 1: Developing tools and training for citizens to develop their critical-thinking skills (n=2)	Both skill-based and content-based teaching approaches are strongly effective in improving students' critical thinking skills, with skill-based teaching showing slightly higher effect sizes, but no significant difference between the two in overall impact (1)	High	No	5/11 (AMSTAR rating by McMaster Health Forum)	2019	No	None identified
	Effective critical thinking instruction in Teacher Education programs depends on personal (students' learning style and motivation), methodological (methods, tools, duration, feedback), and contextual (classroom climate, supportive initiatives) factors (2)	High	No	2/9 (AMSTAR rating by McMaster Health Forum)	April 2018	No	None identified
Sub-strategy 2: Publishing very short citizen-friendly materials (documents, infographics, videos, podcasts) summarizing the best evidence on different topics using everyday language (n=2)	Plain-language summaries aim to improve accessibility, understanding, knowledge, empowerment, communication of research, and research more generally, but empirical evidence on criteria for high-quality plain-language summaries remains scarce (3)	High	No	6/9 (AMSTAR rating by McMaster Health Forum)	July 2021	No	None identified
	Avoiding technical, medical or scientific jargon, as well as complex and long sentences, and also using active rather than passive voice, are among the top characteristics of lay summaries of healthcare evidence (4)	High	No	5/9 (AMSTAR rating by McMaster Health Forum)	May 2022	No	None identified
Protocols (n=1)	Evidence synthesis summary formats for clinical guideline development group members: A mixed-methods systematic review protocol (5)						
Sub-strategy 3: Promoting the use of strategies that journalists and science communicators can use to counter misinformation (e.g., fact-checking services, 'pre-bunking' strategies, 'truth-sandwich' strategy)	No data extractions required See Living Evidence Synthesis on strategies to mitigate health-related misinformation (6)						

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
Sub-strategy 4: Building a culture where evidence is understood, valued and used (n=21)	There are three sets of success factors for citizen science in water-quality monitoring: 1) attributes of citizens (e.g., motivation and socio-economic background); 2) attributes of institutions; and 3) the interactions between citizens and institutions (7)	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	2019	No	None identified
	Citizen-science projects have positive results on data quantity and quality and partly influence the citizens themselves and their contributions to groundwater-related problem-solving (8) - Groups of citizens were relatively small and included all age groups of both genders; most were typically aware of water management problems and were eager to learn more about nature and science - Researchers should be encouraged to involve citizens in monitoring activities and make citizen science become a more established tool for knowledge generation and exchange	High	No	4/9 (AMSTAR rating by McMaster Health Forum)	October 2022	No	None identified
	Best practice guidelines for mental health citizen science emphasize empowering participants, addressing safeguarding issues, using existing reporting guidelines, and clearly reporting consent, data ownership, and participation at each research stage (9)	High	No	5/9 (AMSTAR rating by McMaster Health Forum)	March 2022	No	None identified
	Citizen science can increase the availability, quality, granularity, applicability and timeliness of health and well-being related data to mobilize action in this target area of the Sustainable Development Goals (10)	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	November 2020	No	None identified
	Both experts in radon-related fields and citizen scientists from radon-prone areas benefit from taking part in radon citizen-science initiatives due to the experience and lessons learned in radon that inspire future action and initiatives (11)	High	No	4/9 (AMSTAR rating by McMaster Health Forum)	February 2021	No	None identified
	Tourists' involvement in Citizen Science has significant, yet largely untapped, potential, with positive outcomes reported and recommendations for more effective integration, though challenges and limitations must be considered in future projects (12)	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	July 2022	No	None identified
	Online citizen-science projects can improve participants' attitudes towards science, their understanding of how science works, and their knowledge of specific topics, though more experimental, long-term and formal education studies are needed (13)	High	No	4/9 (AMSTAR rating by McMaster Health Forum)	May 2019	No	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	Citizen-science projects in chronic disease prevention primarily focus on community-driven solutions for issues like physical activity and nutrition, but many are small-scale, lack robust evaluations, and need more attention to scalability and impact assessment (14)	High	No	4/9 (AMSTAR rating by McMaster Health Forum)	January 2022	No	None identified
	There are four different profiles of citizen-science initiatives in schools: 1) students using science; 2) students helping science; 3) students learning science collecting data; and 4) students learning science by acting as scientists (15)	High	No	2/9 (AMSTAR rating by McMaster Health Forum)	2021	No	None identified
	Environmental citizen-science initiatives, involving various forms of community engagement with sciences, are effective at increasing evidence-based thinking, problem solving and communication skills in citizens to solve and prevent environment problems (16)	High	No	2/9 (AMSTAR rating by McMaster Health Forum)	2020	No	None identified
	Patient and public involvement quality and appropriateness in evidence syntheses and systematic reviews can enhance the quality of reviews, relevance of outcomes, and dissemination of findings; however, this requires sufficient time and training for both researchers and patients (17) • Suggestions to improve patient and public involvement in research include having a clear plan for recruitment and patient training • Fostering trusting relationships between researchers and patient partners is essential for meaningful collaborations	High	No	8/9 (AMSTAR rating by McMaster Health Forum)	Not stated	No	None identified
	Allowing citizens to collect data through environmental studies or technology can facilitate data collection and real-world implications of science; however, it is important to consider the accuracy and reliability of data (18) • The quality of data collected through citizen science can be increased by prior training or quality checks from research assistants • Trusting relationships between researchers and the public is needed to maintain the quality of data • Citizen science may be well-suited for environmental sciences and situations where data is difficult to collect	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	2020	No	None identified
	Citizen science contributes to the majority of the United Nations' Sustainable Development Goals by facilitating the measurement of goal indicators, providing in-depth and granular monitoring of	High	No	3/9 (AMSTAR rating by	2019	No	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	information that can support local decision-making, and providing insights on spatial data at a national level (19) • Citizen science shows the greatest improvements in environmental sciences • Establishing criteria to ensure data quality can improve the use of citizen science • Published work examples of citizen science can help educate other researchers on how to implement this methodology			McMaster Health Forum)			
	Incorporating citizen science into curriculum from kindergarten to grade 12 can improve student's environmental citizen competencies, evidence-based thinking, problem solving, collaboration and social skills (20) • Can be increased using co-creation and participation models of learning to help students act as “agents of change”	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	2020	No	None identified
	Mobile apps may facilitate citizen science by increasing convenience of data collection, enabling sustainable and consistent data tracking, empowering citizens to participate in causes that are meaningful to them, and increasing citizen knowledge (21)	High	No	2/9 (AMSTAR rating by McMaster Health Forum)	2022	No	None identified
	Partnership between consumers and health providers should involve formal guidelines for co-creation and acknowledging power imbalances; successful partnerships can improve health service planning by improving person-centredness of delivery and care with a high level of confidence (22) • Increased policy and funding, recruiting consumers from diverse perspectives, positive interpersonal relationships, clear outline of interest holders' roles and responsibilities, use of lay and accessible language, shared participation in discussions • Power imbalances may occur due to “cherry picking” of consumer representatives, inaccessible meetings, and lack of incorporation of consumers insights into formal decisions • One limitation of this relationship is that it can be difficult for consumers to represent the views of the entire population • Principles of shared decision-making include leadership, mutual respect, diversity, equity and shared decision-making	High	No	9/9 (AMSTAR rating by McMaster Health Forum)	2018	Yes	None identified
	Citizen involvement in research differs from traditional research and requires an open mind, mutual respect and flexibility across different research phases; no information on the outcome or contribution of citizens was provided in this review (23)	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	Not stated	No	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	There are eight ongoing citizen engagement initiatives in the EU that can be useful for interest holders interested in designing and developing precision health projects enriched by meaningful citizen participation (24) - The engagement methods used in the identified initiatives were open discussions, citizen forums, digital tools (such as tablet apps and online platforms), surveys with audiovisual tools, and advisory board involvement - To gain public trust, focus groups, meetings, patient panels, public events and discussions were suggested as the key elements of public engagement and involvement	High	No	7/9 (AMSTAR rating by McMaster Health Forum)	2020 (July 2021)	No	None Identified
	Participatory surveillance systems are promising to collect data from community members and train volunteers to inform the detection of events (25)	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	June 2021	No	None identified
	Self-directed mHealth research applications, particularly those based on the ResearchKit platform, are effective for generating large biomedical datasets, but challenges such as low retention rates, data quality uncertainty, and privacy concerns must be addressed to fully realize their potential (26)	Low	No	5/9 (AMSTAR rating by McMaster Health Forum)	July 2018	No	None identified
	Citizen science can align with energy communities in four main ways: through benefits and values, energy practices, intermediaries, and energy citizenship, each offering opportunities for citizen scientists to engage in both qualitative and quantitative research while enhancing scientific literacy on energy systems (27)	Low	No	4/9 (AMSTAR rating by McMaster Health Forum)	2020	No	None identified

Appendix 3: Details about each identified single study

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<i>Sub-strategy 1:</i> Developing tools and training for citizens to develop their critical-thinking skills	No single studies identified			
<i>Sub-strategy 2:</i> Publishing very short citizen-friendly materials (documents, infographics, videos, podcasts) summarizing the best evidence on different topics using everyday language (n=3)	Non-medical readers of plain language summaries (PLS) from Cochrane systematic reviews showed no differences in perceived effectiveness and readiness to use the treatment described when the PLS health information was framed positively or negatively or presented as frequencies versus percentages (28)	High	<i>Publication date:</i> May 2020 <i>Jurisdiction studied:</i> Croatia <i>Methods used:</i> Randomized controlled trial	None identified
	The Cochrane Evidence Bulletins, developed since 2007 to provide web-based summaries of Cochrane Reviews, were evaluated by interest holders (health service staff and consumer representatives) in Australia, who found them to be valuable in general but felt like more information could be provided in the Evidence Bulletins about the study characteristics of the Cochrane Reviews and that the formatting of the Bulletins could be enhanced with simpler and clearer language (29)	High	<i>Publication date:</i> May 2017 <i>Jurisdiction studied:</i> Australia <i>Methods used:</i> Qualitative study (interviews)	None identified
	The uptake of evidence summarized in systematic reviews by clinical decision-makers can be increased by developing health system decision tools that provide contextual and implementation information (e.g., patients who are candidates for treatment, patient values and preferences, feasibility, treatment options, health equity impact) about clinical care (30) - Tools should be developed with the input of multidisciplinary investigators (e.g., methodologists, systematic reviewers) according to the preferences of health systems, which are concise and easy to read by clinicians and non-clinicians - Creating a decision tool by modifying an existing one can make the process more feasible	High	<i>Publication date:</i> September 2018 <i>Jurisdiction studied:</i> United States <i>Methods used:</i> Mixed methods	None identified
<i>Sub-strategy 3:</i> Promoting the use of strategies that journalists and science communicators can use to counter misinformation (e.g., fact-checking services, 'pre-bunking' strategies, 'truth-sandwich' strategy)	No single studies identified See Living Evidence Synthesis on strategies to mitigate health-related misinformation (6)			
<i>Sub-strategy 4:</i> Building a culture where evidence is understood, valued and used	No single studies identified			

Appendix 4: Documents that were excluded in the final stages of review

Document type	Hyperlinked title
Sub-strategy 1 (none identified)	
Sub-strategy 2	
Article	Assessing and presenting summaries of evidence in Cochrane Reviews
Sub-strategy 3 (none identified)	
Sub strategy 4	
Review	Leveraging citizen science to improve urban public health
Article	Benefits of citizen science for libraries

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