



Cochrane/Campbell Colloquium 2010 update

International Workshop on Evidence-Based Public Health: Concepts and Methods
Munich, 17th and 18th November 2010

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Cochrane and Campbell Collaborations

**The Cochrane Collaboration –
Working together to provide the best evidence for health care**

The Cochrane Collaboration helps healthcare providers, policy makers, patients, their advocates and carers, make well-informed decisions about human **health care** by preparing, updating and promoting the accessibility of Cochrane Reviews.


<http://www.cochrane.org/>

**The Campbell Collaboration –
What helps? What harms? Based on what evidence?**

The Campbell Collaboration helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in **education, crime and justice,** and **social welfare.**

<http://www.campbellcollaboration.org/>

Joint Colloquium of the
**Cochrane & Campbell
Collaborations**
18-22 OCTOBER 2010
KEYSTONE, COLORADO USA



Joint Symposium on Cochrane/Campbell Methods

Both Collaborations are dealing with very similar challenges ...
... but sometimes draw different conclusions!

- Fixed and random effects models (Julian Higgins & Larry Hedges)

No clear answers on (i) number of studies needed to do meta-analysis, (ii) whether to use one model or the other despite sometimes stark differences in conclusions, (iii) suggestion to empirically examine both models and/or different weighting schemes in the same meta-analysis

- Assessment of funnel plot asymmetry and the potential impact of publication bias (Jonathan Sterne & Michael Borenstein)

It's not just about reporting bias; publication bias also applies to narrative reviews; important to consider likely impact of bias as (i) results remain essentially unchanged, (ii) effect size will shift but conclusions remain intact, (iii) conclusions could change; trim-and-fill method vs cumulative analysis

- Non-randomised studies (George Wells & Mark Lipsey)

Special Issue of Research Synthesis Methods to be published in 2011; the designs to be included in a systematic review depend on the question asked: RCTs (efficacy or proof of concept) vs non-randomised studies (real-life); problems of bias compounded in non-randomised studies

Cochrane Public Health Review Group

Population-level interventions that address the social determinants of health and wellbeing

- Income distribution and financial interventions
- Education
- Public safety
- Housing and the built environment
- Employment and the work environment
- Social networks/support
- Food supply/access
- Transport
- Natural environment



<http://ph.cochrane.org/>

Cochrane Effective Practice and Organisation of Care (EPOC) Group

EPOC aims to undertake systematic reviews of interventions to improve health care delivery and health care systems including:

- Professional interventions (e.g. continuing medical education, audit and feedback)
- Financial interventions (e.g. professional incentives)
- Organisational interventions (e.g. the expanded role of pharmacists)
- Regulatory interventions

Editorial base – Ottawa
Satellites – Oslo, Melbourne, Oxford
- 65 reviews, 44 protocols
- collaborating with over 300 researchers globally

<http://epoc.cochrane.org/>

Cochrane/Campbell Equity Methods Group

The Campbell and Cochrane Equity Methods Group aims to develop methods to improve the relevance and quality of systematic reviews for policy-making, by developing explicit methods for considering equity effects. The Equity Group also develops criteria for when these methods should be applied.



“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”

Tugwell, Petticrew, Kristjansson et al (2010).
Assessing equity in systematic reviews: realising the recommendations of the Commission on Social Determinants of Health. *British Medical Journal* 2010; 341:c4739

<http://equity.cochrane.org/>