Cochrane Update

Working with The Campbell Collaboration to produce reviews of relevance to public health across the education, justice and social welfare sectors

J. Doyle¹, E. Waters¹, E. Noonan², N. Royle³, K. Kowalski⁴, C. Gill⁵, D.B. Wilson⁵,⁶

¹Cochrane Public Health Review Group, McCaughey Centre, VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, University of Melbourne, Australia
²The Campbell Collaboration, Head Office, Oslo, Norway
³The Campbell Collaboration, Oxford, UK
⁴Campbell Social Welfare Group, Nordic Campbell Centre, Sfi - The Danish National Centre For Social Research, Denmark
⁵Campbell Crime and Justice Group, Jerry Lee Center of Criminology, University of Pennsylvania, USA
⁶Administration of Justice Department, George Mason University, USA

Address correspondence to J. Doyle, E-mail: lisajw@unimelb.edu.au

In mid-2007, following an extensive period of consultation and development with the public health community internationally, it became apparent that there was an increasing need and demand for high-quality systematic reviews of public health interventions published by the international Cochrane Collaboration (www.cochrane.org) and Campbell Collaboration (www.campbellcollaboration.org), available electronically and, to a significantly large proportion of the world, freely. Given an absence of expertise and appropriate coverage by other groups within the Cochrane Collaboration and emerging Campbell Collaboration, it became increasingly clear that a new group needed to be established: one which would focus on areas that are important to making an impact on population health, inequalities, equity and social determinants. The Cochrane Public Health Review Group (PHRG) was registered in mid-2008 to meet this need.

A relationship with Campbell entities was established prior to registration as an editorial review group, in our previous role as the Cochrane Health Promotion and Public Health Field, with at least one staff member attending annual Campbell colloquia and the organization of joint meetings to identify opportunities for joint working.

The Campbell Collaboration was established in 2000 and consists primarily of three editorial Coordinating Groups—the Social Welfare, Crime and Justice, and Education Coordinating Groups and a Methods and Users Coordinating Group. Examples of Campbell–Cochrane reviews that have been published of relevance to public health include the review on ‘scared straight’ programs designed to rehabilitate young delinquents,¹², which indicated that these programs not only failed to deter crime, but in fact led to more offending behavior. Another on school feeding programs for improving the health of disadvantaged students³⁴ has been used as an exemplar review for highlighting issues of equity in Cochrane and Campbell reviews.

Given the social determinants scope of the Cochrane PHRG, the Campbell editorial coordinating groups align with most of the 10 broad topic areas covered by the Cochrane PHRG:

(i) Food supply and access (Campbell Social Welfare Group)
(ii) Income distribution/financial interventions (Campbell Social Welfare Group)
(iii) Employment and the work environment (Campbell Social Welfare Group)
(iv) Education (Campbell Education Group)
(v) Housing and the built environment (Campbell Social Welfare Group)
(vi) Transport
(vii) Social networks/support (Campbell Social Welfare Group)
(viii) The natural environment
(ix) Health and related systems
(x) Public safety (Campbell Crime and Justice Group).

Within the Cochrane PHRG we have developed the core systems and editorial processes for the PHRG to operate effectively and efficiently, and for authors of ongoing systematic reviews to be appropriately supported. With the desire to produce reviews that have input across both Cochrane and Campbell Collaborations comes the need for co-registration policies and processes that ensure editorial input on both sides, and a means for arbitration when editorial opinions differ. We also need to ensure that these policies and processes are not overly onerous for the authors and editorial teams involved. The outcomes of our collaborative relationship should therefore include congruency in methodological approaches, and the provision of quality advice to international teams undertaking these (usually complex) systematic reviews. This process will result in the reviews being published in both the Cochrane and Campbell Libraries that will increase their impact.

The evolution of both collaborations has allowed for more synergy across the entities of both organizations. Cochrane policies are now more accepting of the inclusion of studies outside of the ‘gold standard’ RCT, when caveats are made regarding the degree of risk of bias in doing so. The Campbell Collaboration has moved towards a Cochrane-like governance structure over the past 3 years, which has involved re-structure, accompanied by changes to the secretarial base, managerial processes and ongoing changes in development of methodological policies. A very exciting development has been the planning of the first Cochrane–Campbell Colloquium, to be held in Colorado, USA, 18–22 October 2010. We intend to showcase our joint reviews and collaborative processes at this inaugural combined event. See www.regonline.com/Colloquium2010 for more details on the Colloquium.

To date there are three reviews under-development that are co-registered with the Cochrane PHRG and each of the three Campbell Coordinating Groups (education, social welfare and crime and justice).

Population level interventions for improving health outcomes in ex-prisoners (co-registered with Campbell Crime and Justice Group). The aim of this review is to assess the effectiveness of programs for people transitioning out of prison, on health outcomes post-release. Specifically, the objectives are to: (i) conduct a systematic review and meta-analysis of interventions designed to improve health outcomes for people being released from custody; (ii) compare the effectiveness of these programs across different age groups, cultural groups and between women and men; and (iii) compare the effectiveness of programs delivered in custody, those delivered post-release, and those involving both pre- and post-release components. Key outcomes under review will be general health, mental health and alcohol and other drug use.

Housing improvements for health and associated socio-economic outcomes (co-registered with Campbell Social Welfare Group). The objective of this review is to produce a summary of type, size and direction of health and social impacts following housing improvement and to identify possible moderating influences on the pathway between housing improvement and health impacts. Housing interventions are defined as rehousing and any physical change to housing infrastructure, for example heating installation, insulation, double glazing and general refurbishment where aspects of the housing fabric are improved.

Later school start times for supporting the education, health and well-being of high school students (co-registered with Campbell Education Group). This review will look at whether later start times have an effect on education and health status of high school students and if so, in what contexts. The results of this review will be important to inform schools and school boards, and may have some relevance across other settings as well (such as workplaces, for example).

The presence of health promotion and public health within the Campbell Collaboration is of great benefit to the field, which of course strives to work across sectors to influence the proximal and distal determinants for health. Bringing together common developments for evidence informed health promotion and public health within these broader sectors will only strengthen the reviews produced from a Cochrane–Campbell editorial partnership. We shall be regularly reviewing the relationships between the CPHRG, Campbell Groups and the authors involved, in addition to relationships with relevant policy-makers to ensure there are appropriate Cochrane and Campbell reviews of relevance to public health users.

New protocols and reviews of interest to health promotion and public health stakeholders as at Issue 4, 2009 of The Cochrane Library

**Protocols**
- Flexible working conditions and their effects on employee health and wellbeing
- Home-based child development interventions for pre-school children from socially disadvantaged families
- Interventions for improving coverage of child immunization in low-income and middle-income countries
- Reduction versus abrupt cessation in smokers who want to quit
- Supplemental vitamins E, selenium, cysteine and riboflavin for preventing bone health in pre-school children in developing countries
- Workplace interventions for low back pain in workers
- Workplace interventions for neck pain in workers

**Reviews**
- Educational interventions for the prevention of eye injuries
- The impact of conditional cash transfers on health outcomes and use of health services in low and middle income countries
- The impact of contracting out on health outcomes and use of health services in low and middle income countries
- Interventions for preventing unintended pregnancies among adolescents
- Mobile phone-based interventions for smoking cessation
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References


