

Minutes from the Cork exploratory meeting for the proposed Cochrane Public Health Review Group, 13th September, 2007

Venue: Meeting Room 2.42, second floor of Brookfield Health Sciences Complex, University of Cork, Ireland (to coincide with the

Meeting began at 2.15pm

Attendees:

Dougie Beaton, Paul Beirne, Derek Cook, Stephanie Taylor, Ursel Broesskamp-Stone, Catherine Hayes, Steve Kisely, Sylvia Bickley, John Lynch, Mike Clarke, Barend Middelkorp, Angela Harden, Elizabeth Waters, Antony Morgan, Josephine Kavanagh, Sasha Shepperd, Laurence Moore, Wolfgang Markham, Alison Weightman, Parminder Raina, Brian Neeson (see Appendix for positions and organisations).

Proceedings:

Mike Clarke, Director of the UK Cochrane Centre, chaired the meeting and commenced with an introduction to the Cochrane Collaboration and its processes.

Issues discussed included:

- Role of the consumer network
- The Cochrane Library will soon have an impact factor through ISI Thompson and Science Citation Index
- Last review group to register was childhood cancer 18 months ago
- Decision about whether the Field can convert to a group to be taken by the Cochrane Monitoring and Registration Group (Sylvia Bickley from the Group was in attendance).

A recorded presentation by Julia Little and Arild Bjørndal Co-Chairs of the Campbell Social Welfare Group followed, with an overview of the Campbell Collaboration, strategic directions for Campbell and logistics of entity co-registration.

Potential collaboration with Campbell outlined:

1. Consultation only (informal)
2. Co-Registration of reviews – 2 options: a) joint editorial processes b) one group taking responsibility for editorial process
3. Co-registration of the group with C1 and C2 (Developmental Psychosocial and Learning Disability Group a possible model)

Discussion amongst the group at this stage centred on:

- How many Cochrane Reviews focus on public health/complex interventions? Do low numbers relate to 'slowness' in production?
- What will be the relationship of the proposed group to EPOC?
 - Liz Waters responded that shared interests with EPOC, who have always looked at complex interventions, have offered to mentor the group through its transition. EPOC are also committed to issues of equity and are closest to HPPH and very supportive of transition.

Liz Waters, Director, Cochrane Health Promotion and Public Health (HPPH) Field, then presented an overview of the current and past activities of the Cochrane HPPH Field, including a rationale for the proposed PH Review Group.

Will there be ownership problems with other review groups?

- Liz responded that the group is not looking to take over reviews from other review groups. It was contended that the issue may be the reverse – that existing groups may be hoping the PH RG will take on some of the complex systematic reviews that they have difficulty supporting. Liz noted hence that there was significant opportunity for collaborative work.
- If funding is needed for PH reviews there may be conflict between review authors and RG (e.g. funders deadlines may conflict with RG deadlines). There will be a need for flexibility on this.
- One attendee was surprised by questions 4 and 5 listed on one of Liz's slides (How do we determine high priority reviews? How do we support high priority reviews?)

Prof Antony Morgan, Associate Director, Centre for Public Health Excellence at the National Institute of Health and Clinical Excellence (NICE), presented an overview of the processes and methods used by NICE to produce evidence based guidance with a particular focus on inequalities. He raised a range of issues that needed to be addressed by primary and secondary research to improve the evidence available to public health to secure effective programmes to address the social determinants of health.

Prof Laurence Moore, Director of the Cardiff Institute for Society, Health and Ethics, presented on the potential of public health systematic reviews to impact on primary evidence.

Dr Alison Weightman, Support Unit for Research Evidence, University of Cardiff, UK and Co-convenor, Cochrane Information Retrieval Methods Group, and Dr Angela Harden, Associate Director, EPPI-Centre and Co-Director Cochrane Health Promotion and Public Health Field, followed. They outlined the issues surrounding identifying evidence and maintaining a specialised register of studies, discussing the vision for a comprehensive register developed and expanded from the existing Field register, with a commitment from Cardiff and the EPPI Centre to collaborate closely on this CRG core function.

Sasha Shepperd, NCCRC Research Scientist in Evidence Synthesis, Department of Public Health at the University of Oxford, then presented on methodological issues associated with complex interventions and public health interventions.

Open discussion then began with a question about whether there was enough evidence for the proposed review group to be able to conduct reviews. (This comment was prefaced by the view that he was generally in favour of a PH RG). This generated the following points:

- If the evidence base in public health is 'thin', as suspected by some, then the main role of the proposed RG may be the collection of trials and to influence primary research. How well have other Cochrane Review Groups been able to do this?
- Influencing primary research will be an important role for the proposed group to play. How much evidence there is depends on the question under review. Not all areas are thin. Moreover, we need reviews to be able to establish with any confidence that there is no or very little evidence.
- Complex interventions are difficult to study and there is a need to create a consensus on methods.

- The Cochrane Collaboration as a whole has had a very big impact on primary research methods. Without Cochrane there would not have been a CONSORT statement. There is a role for a PH review group to create the kind of critical mass to bring about improvements in PH systematic reviews and primary research.
- It is important to remember that systematic reviewers can go back to the raw data collected in studies if, for example, outcome data are not reported according to sub-groups of interest.
- It is important to think long term. A key purpose of the proposed Group should be to do better reviews of complex interventions. In this respect it doesn't matter if the evidence is thin.

The discussion moved on to a question about whether there is enough research capacity in public health to make the PHRG viable, prompting:

- Research capacity in public health is scarce even in wealthy countries. Is there enough capacity to, for example, prioritise topics for reviews?
- How will the PHRG connect with the public health community?

At this point, one attendee asked for clarification about the purpose of the meeting and raised the question of how representative meeting participants were of the public health community. Mike Clarke explained that the meeting was to explore whether there was support for the proposed PH RG and that any decision about whether the review group would go ahead would be made by the Registration and Monitoring Group.

Ursel Broesskamp of IUHPE/EuroHealthNet and of the Swiss national organisation for health promotion said that she and her networks were generally supportive but she had two concerns. The first was that she felt that the group need to have 'health promotion' as part of its name not just public health, to assure that questions related to the particular nature of health promotion interventions (multi-strategy; intersectoral; participatory; social systems interventions) are getting sufficient attention within the broader Public Health agenda of the Group. (On this point another attendee noted that he would never have attended the meeting if it was advertised as a meeting to explore a proposed Public Health *and* Health Promotion Review Group). The second was the need to have a range of language areas represented in the Group. She noted that so far the proposed editorial board and advisory group was entirely Anglophone which was a barrier to 'harvesting' the existing evidence that is documented in other languages than English (e.g. German, French, Spanish,...). . However, she saw great value in a PHRG to create knowledge syntheses *relevant* to (health promotion) policy and practice, to influence primary research and improve interventions. She offered links to researchers/ potential editorial board members in other language areas as well as further links or collaboration, if 'evidence users' such as her national organisation would be desirable advisory board members.

One participant expressed his support of the proposed RG and said he would prefer to send any reviews he did to a group with specific expertise in public health.

Support was also expressed by attendees from University College Dublin and from the University of Warwick.

Other advantages of a PH RG were raised included:

- A Cochrane PH Review Group would raise the profile of public health.
- Only a PHRG has the expertise to ensure that complex PH reviews are conducted.
- With a focus on upstream interventions and equity a Cochrane PH Review Group would mainstream equity issues and show the importance of creating a conceptual framework for reviews which explicitly address an equity agenda.

Overall it was felt that arguments about the value and do-ability of PHRG had been addressed - but that questions remained around capacity and funding.

The meeting concluded with a general consensus that the group should move ahead with plans for registering as a Cochrane review group (although no consensus on type of collaborative arrangement with Campbell at this stage – for further debate).

Meeting concluded at 5.15pm

Appendix: Attendees at the Cork Exploratory Meeting

Attendee	Organisation	Email address
Steve Kisley	Professor, Psychiatry Chair, Health Outcomes Research Unit, Dalhousie University CANADA	Stephen.Kisely@cdha.nshealth.ca
Paul Beirne? (Oral Health CRG)	Oral Health Services Research Centre, University Dental School and Hospital IRELAND	p.beirne@ucc.ie
Dougie Beaton	Health Intelligence Scheme, Dublin, IRELAND	Dougie.beaton@hse.ie
Derek Cook	St George's University of London, UK	d.cook@sghms.ac.uk
Antony Morgan	Associate Director, Centre for Public Health Excellence, National Institute of Health and Clinical Excellence, UK	Antony.Morgan@nice.org.uk
Sasha Shepperd	NCCRCD Research Scientist in Evidence Synthesis, Dept of Public Health, University of Oxford, UK	Sasha.Shepperd@dphpc.ox.ac.uk
Stephanie Taylor	Health Services Research and Development, Barts and The London, Queen Mary's School of Medicine and Dentistry, UK	s.j.c.taylor@qmul.ac.uk
Ursel Broesskamp-Stone	Senior Advospr Policy and Head, International Affairs (formerly Head of Evidence), Health Promotion Switzerland, SWITZERLAND & Co-chair of the IUHPE/EuroHealthNet joint group on Health Promotion Evidence, Effectivess, and Transferability (JSIG HPEET), part of the IUPHE Global Programme on Health Promotion Effectiveness	ursel.broesskamp@promotionsante.ch
Mike Clarke	Director, UK Cochrane Centre, UK	MCL7097258@aol.com
Barend Middelkorp	Leiden University Medical Center, THE NETHERLANDS	b.middelkorp@lumc.nl

Laurence Moore	Director, Cardiff Institute for Society, Health and Ethics, Cardiff University, UK	MooreL1@cf.ac.uk
Alison Weightman	Support Unit for Research Evidence, Cardiff University And Co-convenor, Cochrane Information Retrieval Methods Group	weightmanal@Cardiff.ac.uk
Catherine Hayes	Specialist in Public Health Medicine, Eastern Health Board, Dublin, IRELAND	chayes@ehbph.iol.ie
Wolfgang Markham	Lecturer, School of Health and Social Studies, University of Warwick, UK	Wolfgang.Markham@warwick.ac.uk
John Lynch	Research Chair in Population Health, Department of Epidemiology, Biostatistics and Occupational Health, McGill University, CANADA.	John.lynch@mcgill.ca
Sylvia Bickley	MANDEC, School of Dentistry The University of Manchester (rep for the Cochrane Registration and Monitoring Group)	sylvia.r.bickley@manchester.ac.uk
Josephine Kavanagh	Evidence for Policy and Practice Information (EPPI) Centre, Social Science Research Unit, University of London, UK	J.Kavanagh@ioe.ac.uk
Angela Harden	Evidence for Policy and Practice Information (EPPI) Centre, Social Science Research Unit, University of London, UK	A.Harden@ioe.ac.uk
Parminder Raina	Associate Professor, Department of Clinical Epidemiology & Biostatistics Adjunct Faculty, Department of Health Care and Epidemiology, University of British Columbia Director, McMaster University Evidence Based Practice Centre, CANADA	praina@mcmaster.ca

Brian Neeson	Health Promotion, Parkview House, Pery Street, Limerick, Ireland.	Brian.Neeson@mailh.hse.ie
Elizabeth Waters	Co-Director, Cochrane HPPH Field	ewaters@deakin.edu.au