

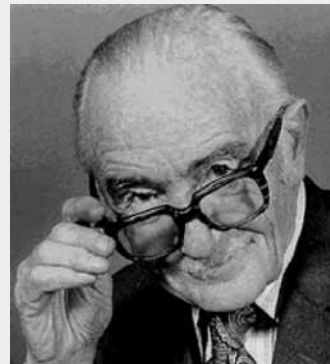
The Cochrane Collaboration: A Valuable Knowledge Translation Resource

The Cochrane Collaboration has become the premier source worldwide of high-quality systematic reviews in health care. Cochrane's importance has even been compared to that of the Human Genome Project (Naylor, 1995). The Cochrane Collaboration's focus on health care applies in many ways to disability and rehabilitation, particularly in the health and function domain. The purpose of this FOCUS Technical Brief is to provide a brief overview of The Cochrane Collaboration and to highlight entities and resources of the Collaboration that can assist disability and rehabilitation researchers and knowledge users in their knowledge translation (KT) efforts.

Cochrane Background and Philosophy

The Cochrane Collaboration exists for the purpose of making accurate and up-to-date information about health-care effects readily available worldwide and encompasses some 28,000 contributors in more than 100 countries. The Collaboration is named after Professor Archie Cochrane, an epidemiologist who stressed the importance of properly evaluating health-care interventions—particularly through randomized controlled trials—to ensure that limited health-care resources used interventions that were proved to be effective. The Collaboration was formally launched in October 1993, and is a registered not-for-profit organization in the United Kingdom.

The Cochrane Collaboration's primary function is to disseminate member-produced systematic reviews of health-care interventions through updates of *The Cochrane Library*. The Collaboration operates under 10 key principles, or organizational values, including



Professor
Archibald Leman Cochrane
CBE FRCP FFCM
(1909–1988)

Source: Cardiff University Library, Cochrane Archive, University Hospital Llandough. Retrieved from The Cochrane Collaboration (www.cochrane.org/about-us/history/archie-cochrane) [Permission not needed.]

collaboration, avoiding duplication of effort, and enabling consumer participation (see Figure 1). The Cochrane Collaboration strives to be independent of industry funding and avoids potential conflicts of interest. It holds a holistic view of health care, not limiting systematic reviews to any one aspect of health care but rather incorporating all aspects to more closely reflect consumers' real lives.

Many functions of The Cochrane Collaboration are supported through royalties on sales of *The Cochrane Library*. Other activities, including support for entities such as review groups and Centres, are funded through sources such as regional, national, and international governments and organizations. North American funders for 2009–2014 included the U.S. Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and the Canadian Institutes of Health Research (CIHR). Funding also originated in Europe, Asia, Africa, and Australia, and through international entities such as the World Health Organization and the European Union. Independent nonprofit organizations, universities, hospitals, and personal donations accounted for the remainder of the Collaboration's funding (www.cochrane.org/about-us/funding-support).

Researchers are perhaps most familiar with *The Cochrane Library's* collection of systematic reviews. In addition to Cochrane-sponsored reviews, the Library's seven databases contain information on non-Cochrane reviews and other related information (see Figure 5).

Although Cochrane systematic reviews have traditionally focused on health-care interventions, the scope of reviews has recently been broadened to include diagnostic test accuracy. Collaboration members are also focusing on the transition from systematic reviews to evidence-based guidelines as the strength of evidence in some areas continues to build. This transition is reflected in the systemic nature of the work of the Cochrane Effective Practice and Organisation of Care Group.

Figure 1: The Principles of The Cochrane Collaboration

1. **Collaboration**, by internally and externally fostering good communications, open decision-making and teamwork.
2. **Building on the enthusiasm of individuals**, by involving and supporting people of different skills and backgrounds.
3. **Avoiding duplication**, by good management and coordination to maximize economy of effort.
4. **Minimizing bias**, through a variety of approaches such as scientific rigor, ensuring broad participation, and avoiding conflicts of interest.
5. **Keeping up to date**, by a commitment to ensure that Cochrane Reviews are maintained through identification and incorporation of new evidence.
6. **Striving for relevance**, by promoting the assessment of health-care interventions using outcomes that matter to people making choices in health care.
7. **Promoting access**, by wide dissemination of the outputs of the Collaboration, taking advantage of strategic alliances, and by promoting appropriate prices, content and media to meet the needs of users worldwide.
8. **Ensuring quality**, by being open and responsive to criticism, applying advances in methodology, and developing systems for quality improvement.
9. **Continuity**, by ensuring that responsibility for reviews, editorial processes and key functions is maintained and renewed.
10. **Enabling wide participation** in the work of the Collaboration by reducing barriers to contributing and by encouraging diversity.

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The Campbell Collaboration (C2)

In 1999, discussions began at the School of Public Policy at University College London to create a sibling organization to prepare, maintain, and disseminate systematic reviews of interventions in education, criminal justice, social policy, and social care. The Campbell Collaboration (C2) (www.campbellcollaboration.org) was formally launched in 2000. It complements the work of Cochrane through some cross-registered reviews and joint methods groups such as the Campbell and Cochrane Economics Methods Group and the Campbell and Cochrane Equity Methods Group.

Cochrane Organization and Structure

The Cochrane Collaboration is made up of several types of entities, which serve various functions throughout the organization. These include review groups, methods groups, fields and networks, and the Cochrane Centres. The review groups conduct systematic reviews within their topic areas; while other entities, such as the Cochrane Centres, assist with administrative coordination needs. The Cochrane Collaboration Steering Group develops policy, and the Secretariat serves as the administrative entity.

There are too many Cochrane entities to discuss in detail in this issue; therefore, the focus is on the general structure of Cochrane entities and on highlighting those most closely aligned with disability and rehabilitation KT efforts. These entities include the Effective Practice and Organisation of Care Group, the Campbell and Cochrane Equity Methods Group, the Rehabilitation and Related Therapies Field, the Consumer Network, and the US Cochrane Center. Individual disability and rehabilitation researchers may also wish to investigate and become involved with other Cochrane entities that dovetail with their specific areas of expertise.

Cochrane Review Groups

Cochrane review groups are composed of individuals from around the world who are interested in developing and maintaining systematic reviews relevant to a particular health topic or area. An editorial team coordinates each group and is responsible for editing and assembling completed reviews into modules for inclusion in *The Cochrane Library*. The review groups are problem- or condition-based and function somewhat like a journal in that they compile reviews into a series of topical editions. Figure 2 shows a comprehensive list of the 53 Cochrane review groups (as of September 2010).

Before conducting a systematic review, a research team must coordinate with a review group, which will serve as the review's "home" in Cochrane for its lifetime. Review group members can assist review

teams with determining whether a review on their intended subject has already been completed or is in process. Negotiation may be needed to determine the home of a review that might be relevant to more than one review group; however, all reviews have a single home within the Cochrane structure.

After a review group agrees to host a systematic review, the

research team submits a proposed title. Once the title is approved, the review protocol is usually completed in 6 months, with the final review submitted in 18 months. Although reviews usually involve the gold standard of randomized controlled trials (RCTs), some reviews do contain other research designs, depending on the review topic.

The *Effective Practice and Organisation of Care Group (EPOC)* conducts systematic reviews from an evidence base for effective practices in the development and evaluation of KT programs (Grimshaw, Santesso, Cumpston, Mayhew, & McGowan, 2006). EPOC focuses on reviews of interventions geared toward

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Figure 2: Cochrane Review Groups

- Acute Respiratory Infections Group
- Airways Group
- Anaesthesia Group
- Back Group
- Bone, Joint and Muscle Trauma Group
- Breast Cancer Group
- Childhood Cancer Group
- Colorectal Cancer Group
- Consumers and Communication Group
- Cystic Fibrosis and Genetic Disorders Group
- Dementia and Cognitive Improvement Group
- Depression, Anxiety and Neurosis Group
- Developmental, Psychosocial and Learning Problems Group
- Drugs and Alcohol Group
- Ear, Nose and Throat Disorders Group
- Effective Practice and Organisation of Care Group
- Epilepsy Group
- Eyes and Vision Group
- Fertility Regulation Group
- Gynaecological Cancer Group
- Haematological Malignancies Group
- Heart Group
- Hepato-Biliary Group
- HIV/AIDS Group
- Hypertension Group
- Incontinence Group
- Infectious Diseases Group
- Inflammatory Bowel Disease and Functional Bowel Disorders Group
- Injuries Group
- Lung Cancer Group
- Menstrual Disorders and Subfertility Group
- Metabolic and Endocrine Disorders Group
- Methodology Review Group
- Movement Disorders Group
- Multiple Sclerosis Group
- Musculoskeletal Group
- Neonatal Group
- Neuromuscular Disease Group
- Occupational Safety and Health Group
- Oral Health Group
- Pain, Palliative and Supportive Care Group
- Peripheral Vascular Diseases Group
- Pregnancy and Childbirth Group
- Prostatic Diseases and Urologic Cancers Group
- Public Health Group
- Renal Group
- Schizophrenia Group
- Sexually Transmitted Diseases Group
- Skin Group
- Stroke Group
- Tobacco Addiction Group
- Upper Gastrointestinal and Pancreatic Diseases Group
- Wounds Group

Source: www.cochrane.org/contact/review-groups | Copyright © The Cochrane Collaboration | Adapted by SEDL/NCDDR with permission of the publisher

improvement in professional practice and effective health-care service delivery, including professional development and continuing education programs for individual practitioners; quality assurance; and financial, organizational, or regulatory interventions. EPOC members have produced several tools to aid authors conducting KT-related reviews, including a specialized register of studies within the EPOC scope, a taxonomy of interventions related to EPOC work, and strategies for handling common methodological

problems specific to KT reviews. EPOC also addresses challenges created by the unique target audience for these reviews, which is primarily policymakers and health-care system managers (Grimshaw et al., 2006).

Cochrane Methods Groups

Individuals who have interest and expertise in aspects of the science of systematic reviews make up the Cochrane methods groups. These individuals advise and support the development of systematic

review methods. Methods group members address issues that arise in the areas of information retrieval, nonrandomized studies, and statistical and qualitative methods. Methods group members may also assist a review group with any methodological issues resulting from a systematic review that originates within a review group. Figure 3 illustrates the complete roster of the Cochrane methods groups (as of September 2010).

The **Campbell and Cochrane Equity Methods Group** (<http://equity.cochrane.org>) was created in December 2009. It is one of a number of cross-collaboration entities,

meaning that it functions in both the Cochrane and Campbell collaborations. The joint group replaces the Cochrane Health Equity Field and the Campbell Equity Methods Group, both established in

2005. The purpose of the Equity Methods Group is to encourage Campbell and Cochrane review authors to provide equity-related information in addition to the effects of interventions on the general population. Review authors are encouraged to describe how interventions affect disadvantaged groups or how an intervention could reduce socioeconomic and

other inequalities. Another objective of the group is to increase awareness of equity issues and increase the representation of equity experts among Campbell and Cochrane review groups.

The Equity Methods Group focuses on health inequities or differences that are unjust and avoidable (Whitehead, 1990, p. 5). Health inequality is a phenomenon of variation in health indicators associated with social status or group membership, such as socioeconomic status (Last, 2000, p. 93). Health disparities are measured across social groups as defined by the mnemonic PROGRESS Plus. *PROGRESS*

is an acronym representing Place of residence, Race/ethnicity, Occupation, Gender, Religion, Education, Socioeconomic status, and Social capital (Evans & Brown, 2003); *Plus* includes other factors such as age, sexual orientation, and disability (Oliver et al., 2008).

The Equity Methods Group focuses on health inequities or differences that are unjust and avoidable. Health inequality is a phenomenon of variation in health indicators associated with social status or group membership, such as socioeconomic status.

The Equity Methods Group promotes access to Campbell and Cochrane reviews that report equity-relevant information and considerations. In addition, Equity Methods Group members conduct methodological research to address issues surrounding the inclusion of equity components into Cochrane and Campbell reviews.

Figure 3: Cochrane Methods Groups

- Adverse Effects Methods Group
- Applicability and Recommendations Methods Group
- Bias Methods Group
- Campbell and Cochrane Economics Methods Group
- Campbell and Cochrane Equity Methods Group
- Comparing Multiple Interventions Methods Group
- Individual Patient Data Meta-analysis Methods Group
- Information Retrieval Methods Group
- Non-Randomised Studies Methods Group
- Patient Reported Outcomes Methods Group
- Prognosis Methods Group
- Prospective Meta-Analysis Methods Group
- Qualitative Research Methods Group
- Screening and Diagnostic Tests Methods Group
- Statistical Methods Group

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Cochrane Fields and Networks

Cochrane fields and networks encompass multiple specialties (review groups) that are related to populations or health-care concerns and promote reviews and trials in those areas. Instead of specific problems or conditions, fields and networks focus on dimensions of health care, such as care setting, consumer type, or intervention type. For example, the Child Health Field coordinator identifies health issues of importance to children and facilitates reviews across the relevant review groups. As another example, the Rehabilitation and Related Therapies Field encompasses review groups related to physical therapy, including back, musculoskeletal, and bone and joint groups. The fields and networks allow coordination of reviews on more complex and comprehensive issues than single review groups can do alone. Figure 4 shows the full list of Cochrane fields and networks (as of September 2010).

Figure 4: Cochrane Fields/Networks

- Child Health Field
- Complementary Medicine Field
- Consumer Network
- Developing Countries Field
- Health Care of Older People Field
- Justice Health Field
- Neurological Field
- Nursing Care Field
- Prehospital and Emergency Health Field
- Primary Health Care Field
- Rehabilitation and Related Therapies Field
- Vaccines Field

Source: www.cochrane.org/contact/fields-networks
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The mission of the *Rehabilitation and Related Therapies (R&RT) Field* is to ensure that individuals receive effective interventions based on up-to-date evidence and that health-care providers have easy access to the latest evidence. The R&RT Field works closely with relevant Cochrane entities and the Centre for Evidence-Based Physiotherapy (CEBP), and is embedded in the Care and Public Health Research Institute (CAPHRI) in the Department of Epidemiology at Maastricht University in the Netherlands. The R&RT Field works to support the physiotherapy profession with improved access to papers, training materials, and outcome measures. The field collects and provides evidence-based

PEDro: Physiotherapy Evidence Database

PEDro is a free database of more than 17,000 randomized trials, systematic reviews, and clinical practice guidelines in physiotherapy. For each trial, review, or guideline, PEDro provides the citation details, the abstract, and a link to the full text, where possible. All trials on PEDro are independently assessed for quality. These quality ratings are used to quickly guide users to trials that are more likely to be valid and to contain sufficient information to guide clinical practice. PEDro is produced by the CEBP at The George Institute for Global Health (www.pedro.org.au).

Two R&RT Field reviewers rate each trial for methodological quality, with higher scores denoting more favorable reviews. In the event of disagreement between the initial reviewers, a third reviewer is chosen. All rating scores are displayed in the PEDro search results.

According to Roger Nelson, PhD, a member of the R&RT Field Advisory Board, the reviews of clinical trials in PEDro are particularly valuable because “all RCTs are not created equal.” The evidence-based guidelines in PEDro, Nelson notes, are transparent, credible, and applied. They reflect feedback from practitioners and incorporate behavioral, medical, and psychosocial issues through use of the World Health Organization International Classification of Functioning, Disability, and Health (ICF) model. Nelson, who has an interest in co-morbid conditions and the challenges they pose for RCT-only reviews and guidelines, thinks that using PEDro guidelines and other information in clinical settings is one way to apply research and incorporate real-world experience and feedback into practice.

information for rehabilitation and related therapies professionals by means of Web-based applications, courses, and publications.

The R&RT Field has an international advisory board in addition to reviewers and researchers from varying biomedical backgrounds. It also works closely with the Cochrane Musculoskeletal Review Group, the Back Review Group, and the Bone, Joint and Muscle Trauma Review Group. The National Center for the Dissemination of Disability Research (NCDDR) has established a partnership with the R&RT Field to raise awareness about The Cochrane Collaboration among National Institute on Disability and Rehabilitation Research (NIDRR) grantees (www.ncddr.org/partners/rrtf/index.html).

Contact Information

Rob de Bie, PhD, Department of Epidemiology Rehabilitation and Related Therapies Field
Maastricht University
PO Box 616
6200 MD Maastricht
The Netherlands
Phone: 31-43-388-2362 • **Fax:** 31-43-388-4128
E-mail: RA.deBie@epid.unimaas.nl
Web: www.cebp.nl/?NODE=23

The **Cochrane Consumer Network**, known as CCNet, supports consumer involvement with The Cochrane Collaboration, creates links with consumers and consumer organizations, trains consumers to comment on Cochrane protocols and reviews, helps to facilitate mentoring by fellow consumers, assists with dissemination of information from Cochrane reviews to other consumers of health care, and works to increase awareness of evidence-based health care (<http://consumers.cochrane.org>). Each CCNet review group seeks to include members who will represent the viewpoint of health-care consumers in deciding which reviews should be done, what questions they should focus on, and how the results should be presented.

A related effort in the United States is **Consumers United for Evidence-Based Healthcare (CUE)** (<http://apps3.jhsph.edu/cochraneus/NSCUE.htm>). CUE is a partnership of health and consumer advocacy organizations that integrates understanding and

interpretation of evidence-based health care into advocacy activities, and strengthens consumer input in health-care research. Some CUE member organizations include Black Women’s Health Imperative, Center for Science in the Public Interest, Consumers Union, Faces and Voices of Recovery, National Council on Aging, National Mental Health Consumers’ Self-Help Clearinghouse, National Partnership for Women & Families, and National Women’s Health Network.

The Cochrane Centres

The work of the Cochrane review groups, methods groups, and fields and networks is facilitated by 14 Cochrane Centres around the world. These Centres help coordinate and support Collaboration members through training; they also promote the objectives of the Collaboration at a national level and are the main contact point for the public. Cochrane Centres are responsible for Cochrane entities, and staff of the Centres act as liaisons both among entities and between consumers and Cochrane entities. The Centres play a key role in facilitating collaboration and supporting researchers throughout the process of producing Cochrane reviews. For example, Centre staff may assist potential reviewers in finding the most appropriate review group, methods group, or field and network to sponsor a review or provide other assistance, such as locating a trial search coordinator.

The **US Cochrane Center (USCC)** consists of two branches: the main center, located at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, and the San Francisco branch at the University of California. The USCC coordinates involvement in the Collaboration's activities by providing information about evidence-based health care, training, and support to people interested in the organization's work. In addition, the USCC engages in consumer advocacy activities and offers online and in-person workshops and courses for consumers and others.

From 2005 through 2009, the USCC coordinated the initiative for electronic and handsearching of health-care literature worldwide to identify reports of controlled trials for inclusion in the Cochrane Central Register of Controlled Trials, one of *The Cochrane Library's* databases. Handsearching refers to searching through journals or conference proceedings for accounts of controlled trials. More than two-thirds of the medical journals worldwide are not routinely indexed in the major electronic databases, such as MEDLINE.

Contact Information

Kay Dickersin, PhD, Director, US Cochrane Center
Center for Clinical Trials
Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street, W5010
Baltimore, MD 21205 USA
Phone: 410-502-4640 • Fax: 410-502-4623
E-mail: uscc@jhsph.edu
Web: www.cochrane.us

Lisa Bero, PhD, Director, San Francisco Branch of
the US Cochrane Center
University of California, San Francisco
Laurel Heights Campus
3333 California Street, Suite 420
San Francisco, CA 94118 USA
Phone: 415-476-4958 • Fax: 415-502-0792
E-mail: sfcc@pharmacy.ucsf.edu
Web: http://clinicalpharmacy.ucsf.edu/sfcc

Cochrane Resources

Within The Cochrane Collaboration, many of the resources and entities can be helpful and applicable to disability and rehabilitation research. These resources include the well-known *Cochrane Library* as well as training materials, courses, and workshops on conducting systematic reviews.

The Cochrane Library

The Cochrane Library is well known for its collection of Cochrane-sponsored systematic reviews; however, other valuable resources are contained within the databases that make up the library. These resources include clinical trial registries, methodological information relevant to the preparation of systematic reviews, and economic and technology evaluations

from around the world. See Figure 5 for details on *The Cochrane Library's* seven databases.

The Cochrane Database of Systematic Reviews provides access to all the systematic reviews produced by the Cochrane review groups. Once published in the database, systematic reviews are updated every 2 years so they continue to remain relevant as long as possible. The reviews can be useful resources for grant development or other activities that require authoritative information.

The database received a 2009 Impact Factor (IF) of 5.653 and ranked 11th out of 132 medical journals in the ISI category Medicine, General and Internal. This is a 9% increase from the database's 2008 IF of 5.182 (*The Cochrane Library*, 2010). The impact factor is calculated and reported by Thomson Reuters ISI Web of Knowledge (<http://isiwebofknowledge.com>) and is an indication of the average frequency of article citations from a journal. A higher IF presumably denotes a more influential publication.

The Cochrane Library is published and hosted by Wiley InterScience/John Wiley & Sons, Ltd. (www2.cochrane.org/reviews/clibaccess.htm). Free access is available in some countries through special provisions (www.thecochranelibrary.com/view/0/FreeAccess.html).

The NCDDR provides access to *The Cochrane Library* for grantees funded by NIDRR (www.ncddr.org/cochrane). For more information on *The Cochrane Library*, see NCDDR Webcast 2: Understanding *The Cochrane Library* (www.ncddr.org/webcasts/webcast2.html) and Webcast 7: New Features of *The Cochrane Library* (www.ncddr.org/webcasts/webcast7.html).

Courses and Other Instruction

The Cochrane Collaboration and its entities offer training and instruction via multiple formats, including online courses and face-to-face courses and workshops. Courses and training relate to information mastery, the creation of systematic reviews, and evidence-based health care and guidelines. The Collaboration offers courses and workshops through Cochrane Centres and partnerships with universities. The target populations of the trainings vary from researchers who wish to

Figure 5: Databases in The Cochrane Library

Database	Contents
Cochrane Database of Systematic Reviews (CDSR)	More than 4,000 full-text systematic reviews in health care, conducted by teams supervised by review groups
Cochrane Central Register of Controlled Trials (CENTRAL)	Bibliographic details in more than 625,000 records from databases such as MEDLINE and EMBASE; Specialized Registers of clinical trials developed by each of the Cochrane review groups
Cochrane Methodology Register (CMR)	Bibliographic information from publications reporting on methods used in controlled trials; studies of methods used in reviews; and general methodological studies relevant to preparation of systematic reviews
Database of Abstracts of Reviews of Effects (DARE)	Abstracts of systematic reviews on health-care interventions that are quality assessed; produced by the Centre for Reviews and Dissemination (CRD)
Health Technology Assessment (HTA) Database	Health technology assessments (studies of medical, social, ethical, and economic implications of health-care interventions); produced by CRD
NHS Economic Evaluation Database (EED)	Abstracts of economic evaluations from around the world (evaluative information about the quality and cost-effectiveness of health-care interventions); produced by CRD
About The Cochrane Collaboration Database	Information on the entities that make up The Cochrane Collaboration (review groups, methods groups, fields and networks, along with the Cochrane Centres, the Cochrane Editorial Unit, and the Secretariat)

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conduct a review to consumer advocates and/or Collaboration members (www.cochrane.org/training).

Resource Materials for Systematic Reviewers

The Cochrane Collaboration provides a number of free resources for researchers and reviewers. The *Cochrane Handbook for Systematic Reviews of Interventions* contains guidance on how to prepare a Cochrane review (www.cochrane.org/training/cochrane-handbook). Another free resource for reviewers and researchers is the *Cochrane Style Guide* (www.cochrane.org/training/authors-mes/cochrane-style-guide).

The Cochrane Information Management System (IMS) (<http://ims.cochrane.org>) consists of Archie and the Review Manager (RevMan). Archie is an Internet server containing contact data on individuals involved in the Collaboration and details on all documents and

reviews produced by Cochrane (<http://ims.cochrane.org/archie/>). RevMan is software designed to assist in the preparation and maintenance of Cochrane reviews (<http://ims.cochrane.org/revman>).

Other RevMan resources include GRADEpro (GRADE profiler), software used to create Summary of Findings (SoF) tables in Cochrane systematic reviews (<http://ims.cochrane.org/revman/grade>); MeerKat, study-based reference management software developed by Update Software for The Cochrane Collaboration (<http://ims.cochrane.org/revman/other-resources/meerkat>); and RevBase, a Web-based data management tool for systematic reviews (<http://ims.cochrane.org/revman/other-resources/revbase>).

Using Cochrane Collaboration Resources

Grimshaw et al. (2006) noted that knowledge synthesis is an essential component of KT. The

Cochrane Collaboration performs significant knowledge synthesis through its production of health-related systematic reviews. In its 2005–2009 Long-Range Plan, NIDRR advocated the production of high-quality disability and rehabilitation research that could be incorporated into systematic reviews through both the Cochrane and Campbell collaborations (U. S. Department of Education, 2006).

Disability and rehabilitation researchers can also contribute to this work by producing disability-specific systematic reviews and applying the results of existing reviews to their ongoing projects. In addition, Cochrane’s extensive worldwide network of clinicians, researchers, and consumers can serve as both a model and a resource for involving stakeholders in the KT process.

Getting Involved With The Cochrane Collaboration

In addition to its wealth of information, The Cochrane Collaboration offers opportunities for researchers, policymakers, and other stakeholders to become involved in efforts that will help improve the quality of health care worldwide. For example, researchers and consumer advocates can receive training in the development of plain language summaries, which are part of each Cochrane review. Individuals can also submit comments and give feedback on existing reviews.

Other opportunities include becoming reviewers, participating in review groups or methods groups, or joining the Consumer Network. Previous experience and specific skills are not required for many opportunities, only a willingness to learn and contribute because training is provided.

Summary

The Cochrane Collaboration offers resources that can contribute to effective knowledge translation of disability and rehabilitation research through its various review groups, networks, and resources. Although The Cochrane Collaboration’s primary focus is health care, the comprehensive nature of the available resources contributes to an increasingly holistic approach. NIDRR grantees in the health and function areas, physical therapists, and physicians can clearly find Cochrane resources relevant to their work. Researchers and stakeholders in many areas of disability and rehabilitation can also find much of value. Involvement in the Consumer Network and providing feedback or comments on reviews are only two starting points for involvement in an organization with worldwide influence and impact on health care for people with and without disabilities. The resources of The Cochrane Collaboration contribute to the stated purpose of NIDRR-funded research, which is to generate new knowledge and to promote its use to improve the lives of individuals with disabilities.

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Suggested Web Sites

The Campbell Collaboration (C2)

<http://www.campbellcollaboration.org>

The Cochrane Collaboration

<http://www.cochrane.org>

The Cochrane Library

<http://www.thecochranelibrary.com>

Cochrane Centres and Branches

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

- **US Cochrane Center (USCC)**
<http://www.cochrane.us>
<http://apps3.jhsph.edu/cochraneus/>
- **San Francisco Branch of the USCC**
<http://clinicalpharmacy.ucsf.edu/sfcc>
- **Consumers United for Evidence-Based Healthcare (CUE)**
<http://apps3.jhsph.edu/cochraneus/NSCUE.htm>

Cochrane Fields and Networks

<http://www.cochrane.org/contact/fields-networks>

- **Cochrane Consumer Network**
<http://consumers.cochrane.org/>
- **Cochrane Rehabilitation and Related Therapies Field**
<http://www.cebp.nl/?NODE=23>
- **PEDro: Physiotherapy Evidence Database**
<http://www.pedro.org.au>

Cochrane Information Management System (IMS)

<http://ims.cochrane.org>

- **Archie:** <http://ims.cochrane.org/archie>
- **RevMan:** <http://ims.cochrane.org/revman>
- **GRADEPro:** <http://ims.cochrane.org/revman/gradepro>
- **MeerKat:** <http://ims.cochrane.org/revman/other-resources/meerkat>
- **RevBase:** <http://ims.cochrane.org/revman/other-resources/revbase>

Cochrane Methods Groups

<http://www.cochrane.org/contact/methods-groups>

- **Campbell and Cochrane Economics Methods Group**
<http://www.c-cemg.org>
- **Campbell and Cochrane Equity Methods Group**
<http://equity.cochrane.org>

Cochrane Review Groups

<http://www.cochrane.org/contact/review-groups>

- **Cochrane Effective Practice and Organisation of Care Group (EPOC)**
<http://epoc.cochrane.org>

Cochrane Training

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

- **Cochrane Handbook for Systematic Reviews of Interventions**
<http://www.cochrane.org/training/cochrane-handbook>
- **Cochrane Style Guide**
<http://www.cochrane.org/training/authors-mes/cochrane-style-guide>

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