



2007-2008

ANNUAL REPORT



2007-2008

The Canadian Cochrane Network and Centre

Our Vision

The Canadian Cochrane Network and Centre shares The Cochrane Collaboration's vision:

Healthcare decision-making throughout the world will be informed by high quality, timely research evidence. The Cochrane Collaboration will play a pivotal role in the production and dissemination of this evidence across all areas of healthcare. While the CCNC supports the Collaboration's worldwide efforts, our focus is on making this vision a reality in Canada.

Our Mission

The mission of The Canadian Cochrane Network and Centre is to foster evidence-based healthcare decision making by identifying and supporting individuals in Canada who wish to become involved with The Cochrane Collaboration, and by promoting the awareness, appreciation, distribution and use of Cochrane systematic reviews of healthcare interventions.



Canadian Cochrane Network and Centre

1 Stewart St, 2nd floor
Ottawa, ON K1N 6N5
Tel: (613) 562-5800 Ext. 2954
Fax: (613) 562-5659
www.cnc.cochrane.org



Director and Executive Director's Message



Dear Friends and Colleagues,

We hope that when you read this Annual Report, you will agree that 2007-2008 was an excellent year for the CCNC. Some of the highlights from this year are:



- Canadian review groups have published: 35 reviews; 38 protocols; 27 updates and have grown the Central register of trials by more than 15,000 titles for 2007/08.
- We delivered eight author training workshops to more than 250 participants.
- We offered nineteen Knowledge Utilisation workshops to a variety of audiences.
- The number of Canadian authors increased by 12% to a total of 936 in 2007/08.
- The Bias Methods Group gave specialized methods trainings via two workshops and one plenary at the 6th Annual Canadian Cochrane Symposium.
- The number of Canadian Consumers involved has grown to 113 individuals, a 42.5% increase.
- Five new patient organisations became engaged with CCNC to help disseminate Cochrane evidence.
- There was an increased coverage of Cochrane reviews in the general media; between April 1, 07 and November 07 there were 30 Canadian media sources that used Cochrane reviews.
- Policy/Decision-makers have increased accessibility to Cochrane resources through an on-line searchable database aimed at their information needs.

- We offered the first annual train-the-trainer event to 14 new Cochrane trainers from across Canada.
- Cochrane corners are now established on two affiliate websites; there are agreements with four affiliate journals to profile Cochrane abstracts; and, the e-bulletins of two affiliates have been used to announce new reviews.
- WorkSafe BC and the Canadian Association of Dental Hygienists have joined as new affiliates.
- We launched the petition for the national license and received almost 2500 signatures from across Canada.

We are excited to report this growth and development and look forward to sharing more as time goes on. We are aware that 2010 and the end of this current funding is not that far off and are concentrating some of our efforts in this direction as we go forward.

We are confident that we have demonstrated, and will continue to demonstrate, the value that we bring to Canada and that future support will be a matter of course. We appreciate the on-going collaboration from our Network Sites and our Affiliate organisations; we thank the Canadian Review Groups, Fields and Methods group for their hard work this year; and we look forward to another good year!

Best wishes,

Jeremy Grimshaw, Director CCNC

Mary Ellen Schaafsma, Executive Director CCNC



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Performance Review – Objectives



The Canadian Cochrane Network and Centre (CCNC) had set out a number of ambitious objectives for the 2007-2008 fiscal year. Each objective was carefully put in place in order to increase the profile of the CCNC while fulfilling its core mandate of providing evidence-based research in order for Canadians to make informed choices on their health therapy options. The objectives also serve as important yard sticks by which we measure our own progress as an organisation.

In this annual report, we've outlined each of our major objectives and provided tangible examples of our continued success.

Objective 1 More reviews for CCNC

Cochrane Review Production

The Canadian Cochrane Review Groups have, by and large, been very successful in achieving their production targets this year.

All Review Groups met or exceeded their targets for review production, with the Musculoskeletal Group producing 12 reviews compared to their targeted six. Most targets for protocol output were also exceeded with only two groups falling only one protocol short of their respective targets. The targets for Review Group updates were met or exceeded by the EPOC, Inflammatory Bowel Disease/FBD and Musculoskeletal Groups. In fact, the Musculoskeletal Group nearly doubled the targeted output for updates.

Media coverage of CCNC reviews, protocols and updates was very positive in 2007-2008. Reviews produced by the Back Group appeared most often in mainstream media, whereas reviews and protocols from our other entities appeared mainly in scientific journals and other user sites. The following table summarises the outputs of each Group and CCNC Field as well as the media hits garnered by each.

GROUP / FIELD	REVIEW/UPDATE / PROTOCOL	MEDIA HITS
Back	Antidepressants for non-specific low back pain	17
	Individual patient education for low back pain	13
	Non-steroidal anti-inflammatory drugs for low back pain	47
	Insoles for prevention and treatment of back pain	119
Effective Practice and Organisation of Care	Interventions to improve hand hygiene compliance in patient care	15
Hypertension	Beta-blockers for hypertension	25

GROUP / FIELD	REVIEW/UPDATE / PROTOCOL	MEDIA HITS
Inflammatory Bowel Disorders	Probiotics for pediatric antibiotic-associated diarrhea: a meta-analysis of randomized placebo-controlled trials	4
Muskuloskeletal	Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women	23
	Aquatic exercise for the treatment of knee and hip osteoarthritis	16
	Arthroscopic debridement for knee osteoarthritis	14
Health Equity	Financial benefits for child health and well-being in low income or socially disadvantaged families in developed world countries	1
Child Health	School feeding for improving the physical and psychosocial health of disadvantaged elementary school children	4
Bias Methods		

Objective 2 More reviews, more reviewers

Canadian Cochrane Network and Centre Training and Capacity Building Activities

The Canadian Cochrane Network and Centre has done well in meeting or exceeding our capacity-building targets set out for 2007/08.

Author Workshops

In 2007/08, we only conducted one introductory **Author** workshop; however, we exceeded

the number of **Standard Author** workshops – a reflection of the need and requests for this type of training. We met or exceeded all the author training objectives in this year as well, despite the fact that our Education Coordinator went on maternity leave and the position was empty for a couple of months before being filled. In this year, we trained 255 people in our Author training workshops.

In most cases, the CCNC partnered with Network Sites or external stakeholders to offer workshops. Most of the time, we received



requests from these groups to organise workshops in certain venues for specific audiences, and we did everything we could to oblige and make it happen. In an effort to increase our training, we are liaising with Network Site leads and past workshop participants who in turn, send word of training opportunities through their respective networks. They also funnel training requests and enquiries back to the CCNC.

WORKSHOP TYPE	REQUIRED PER YEAR	DATE CONDUCTED	PARTNERSHIP	ATTENDEES/ PARTICIPANTS
Introductory Author	2	1. May 8 2007	NB Site (UNB)	9
Standard Author	4	1. Apr 12 2007 2. Apr 22 2007 3. Dec 13-14 2007 4. Jan 17 2008 5. Jan 18 2008 6. 2008 Symposium March 5-6	PATH, McMaster (HTA) CADTH NSHRF Calgary Site (UofC) Calgary Site (UofC) Edmonton Site (UofA)	31 16 20 25 25 48
Advanced Author	2	1. Symposium RevMan5 for RGCs Mar 5 2008 2. Dec 19 2007 Julian Higgins (Risk of Bias Tables) 3. Dec 19 2007 Julian Higgins (Risk of Bias tables)	Edmonton Site (UofA) Institute of Population Health OHRI	12 25 30
Training Capacity (author)	1	1. Train-the-Trainer (Review Author) Author Feb 26-27 2008	University of Ottawa	14
			Total training participants '07-08	255



Train-the-Trainer Workshops

One **Training Capacity** workshop was offered, all expenses covered, in fiscal year 2007/08: Train-the-Trainer (Review Author), which was evaluated by participants with an overall rating of 4 out of 5.

Comments from this workshop included:

- “Valuable experience. Gave me a template of how to design a training workshop, meeting individuals with similar interest, goal to achieve quality reviews”
- “The adult education was very innovative”

In order to ensure on-going commitment and enhanced training activities across the country, participants in this workshop agreed to instruct in one workshop in the next fiscal year. We are connecting our new trainers with their nearest network site representatives to develop local training over the next year.

For the 2007/08 fiscal year, a goal was set for 19 workshops/seminars/presentations, and 37 were delivered. Of note is the large-scale Review Author training that happened in conjunction with the Symposium in Edmonton in March 2008. On an experimental basis, twice as many participants were accepted into the course thereby extending the reach of the training. We also provided an introductory utilisation presentation to journalism students and with the goal of increasing future media understanding of evidence-informed decision-making in general and the value of Cochrane reviews in particular.

Canadian Cochrane Symposium

The recent **Big Sky** 6th Annual Canadian Cochrane Symposium was acclaimed as a “big, BIG success.” The Symposium’s theme was ‘new horizons for systematic reviews in

healthcare.’ Conference delegates, who gathered from all parts of Canada as well as Africa, Europe, the United States and Australia explored this topic from many angles and discussed the latest thinking around creating, presenting, and disseminating and using research evidence.

The plenary sessions covered four themes:

- Big Sky: new and innovative themes in systematic reviews; *Trisha Greenhalgh and Tammy Clifford*
- Finding true North: Cochrane bias assessment tools; *Doug Altman and Terry Klassen*
- Point of contact: Dissemination of evidence at the bedside; *Brian Haynes and Martin Offringa*
- How do we get there from here? The acceptance and uptake of evidence; *David Alter, Sumit Majumdar and Carol Estabrooks;*

In addition to our plenary sessions, there were dozens of workshops, meetings, and presentations held for participants over the two days. Everyone was kept busy and there was no shortage of knowledge to be shared.





Our emphasis on innovation continued into the post-Symposium period. For the first time, pod casts of the Symposium plenary sessions were made available – in both official languages – on the CCNC website.

Many people were involved in making the Symposium such a huge success. Our many sponsors were instrumental in helping us bring in many of our speakers and allowing us to put on an event of this quality and magnitude. The Steering Committee members put considerable thought and creativity into designing the programme, and an army of dedicated volunteers reviewed abstracts, moderated sessions, prepared conference packages and looked after the delegates during the conference. We extend our thanks to all.

Entities Training and Capacity Building Activities

Each of the entities has also been involved in training activities for their respective audiences. Often, members from the Canadian groups also assist the Canadian Cochrane Centre as trainers in their workshops. The following is an outline of the entities and some of their respective training activities in 2007/08:

The Back Review Group has delivered a number of workshops throughout the country and beyond, while the Effective Practice and Organisation of Care (EPOC) has provided support to four Canadian graduate students working on Cochrane EPOC reviews to increase capacity to conduct reviews. The Hypertension Review Group (HRG) has recently built capacity by recruiting three new Medical students and one pre-medical student to conduct reviews. Although The Inflammatory Bowel Disease and Functional Bowel Disorders Group (IBD/FBD) held no specific training workshops for authors during the reporting period, support was provided to authors by telephone, e-mail and during face-to-face meetings, as well as through more formal training. The Musculoskeletal Review Group has been active in training authors on how to conduct a systematic review, as well as consumers on how to use the Cochrane Library and how to provide appropriate peer review input to CMSG protocols and reviews. The Child Health Field (CHF) has been involved in three different training activities in course work, as conferences and seminars. Lastly, the Cochrane Health Equity Field members presented on systematic review methods to three different Canadian audiences and began disseminating the Equity Checklist.

What's Next for the Training Division?

In the coming year, the CCNC Training Division plans to work closely with entities to provide specific support and training, specifically regarding the *Cochrane Handbook for Systematic Reviews of Interventions* which has been substantially revised, and the release of RevMan 5. The Training Division will also continue to hold 'train-the-trainer' workshops, building trainer capacity while addressing the need for trainers. There will also be a focus on Cochrane stakeholders in Québec in order to conduct author training in French.

Did you know?

For the first time, pod casts of the Symposium plenary sessions were made available – in both official languages – on the CCNC website.

Objective 3 Review how-to's

Methods Development

The Risk of Bias (RoB) tool was prepared for dissemination in 2007 after years of collaboration and deliberations on the part of 16 methodologists, experienced authors and Cochrane reviewers, nine of whom provided the first draft of what was to become the final product. The RoB Tool addresses six key domains and requests that reviewers provide a judgement reflecting their assessment of the risk of bias for each domain and, to increase transparency, describe how they made that judgment. It also allows authors to assess the risk by outcome for domains in which the risk may vary by outcome (e.g. blinding).

Over the past fiscal year, the Bias Methods Group (BMG) has continued playing an active role in dissemination - producing detailed guidance and offering workshops for practical use of the RoB tool. A major BMG contribution to the Collaboration has been the update of the Cochrane Handbook for which BMG members authored various chapters, including Chapter 8: 'Assessing risk of bias in included studies', which reflects the new recommendations and provides detailed guidance on use of the Risk of Bias tool. Bias Methods Group members have also facilitated workshops on general and specific aspects of the tool (e.g. detecting selective outcome reporting, RevMan 5.0 training) including presentations/workshops at the 15th Cochrane Colloquium (Brazil, 2007), a special Risk of Bias session (Ottawa, 2007), a BMG-specific workshop (Edmonton, 2007) and three sessions at the Canadian Cochrane Symposium (Edmonton, 2008) and two train-the-trainer workshops (Ottawa, and Cambridge, UK, 2008).

The RoB Tool aims to help reviewers understand the potential limitations of those studies included in systematic reviews while increasing the transparency and reliability of Cochrane reviews. The BMG looks forward to providing continued training opportunities for review authors and support for Cochrane entities.

Objective 4 Reviews make their way forward

Knowledge Translation (KT)

Healthcare Professionals

Both healthcare professionals and knowledge transfer professionals can be excellent conduits in disseminating research to health consumers. In the spring of 2008, the Education Division of CCNC provided a training workshop for our rehabilitation affiliates (Canadian Physiotherapy Association, Canadian Association of Occupational Therapists and the Canadian Association of Speech and Language Pathologists and Audiologists) and a train-the-trainer workshop for members of the Canadian Health Libraries Association.

The participants of each workshop had very positive comments about the presentation, the content, as well as its delivery:

- "Excellent presenter!"
- "I liked the fact that the instructor was a Cochrane 'super-searcher'"
- "I liked being able to take the session at our home library. The speaker did very well."
- "(I liked) the interactive component; sharing information; "walking through" a search."
- "(I liked) the availability of the resource person to answers (our) questions."



At CCNC we prepare and deliver a workshop that ensures information about systematic reviews is translated in an understandable format. Our affiliates agree:

- “(The workshop) simplified what could have been a technical presentation.” *Seniors Health Research Transfer Network*
- “Presenters very knowledgeable. Examples helped to understand concepts.” *Canadian Dental Hygienists Association*

In addition, Cochrane workshops give an appreciation for the value of systematic reviews:

- “Well done! Even a PhD would not prepare you to do this.” *Canadian Dental Hygienists Association*

Policy-makers

At the Policy Liaison Office at McMaster University, we have updated and improved the functionality of the Program and Policy and Decision-making (PPD)/CCNC database of sys-

tematic reviews about governance, financial and delivery arrangements within health systems. A friendlier interface and a tally of the number of reviews in each category have been added, as well as links to user-friendly summaries whenever possible. The database now contains 760 reviews and protocols broken down as follows:

- 544 are reviews of effects of which 203 are Cochrane reviews and 31 are EPOC reviews
- 128 are not reviews of effects
- 87 are Cochrane protocols of which four are EPOC

The improvements to the website outlined above may account for the increase in page views and visitors to the site in recent months. While the number of page-views for the site numbered at 1161 for June, the number climbed in July to 1435, and again in August to 1695. Likewise, visitors climbed from 72, 110 and 127 for June, July and August respectively. Review page-views jumped from 200 in June to 786 in August.

Also at McMaster, a new Knowledge Broker is being recruited and that exciting work is set to begin soon.

The Contacts, Help, Advice and Information Networks (CHAIN) Canada has continued to grow over this time period and we have been able to gather statistics and comments on this networking tool. Between December 2006 and March 2008, there were 147 new Canadian recruits to CHAIN and an impressive total of 260 members. As one would expect, the largest increase in membership happened between April 2007 and March 2008, where 136 new recruits joined.

2007-2008



MEMBERSHIP BY CHAIN-TOPIC		MEMBERS' PARTICIPATION IN MAJOR CHAIN SUB-GROUPS:	
CHAIN 1 (research & Evidence-Based Practice)	255	Quality Improvement:	94
CHAIN 2 (widening participation in learning)	18	Published Researchers:	62
CHAIN 3 (innovation & improvement)	12	Patient & Public Involvement:	34
CHAIN 4 (cancer support)	6	Technologies:	33

CHAIN Canada has had a significant tally of messages. The period between April 2007 and March 2008 saw 111 such messages. This number was up from 19 messages accrued between December 2006 and March 2007 and corresponds with the growth in the number of members who joined CHAIN, as mentioned above.

The numbers show that CHAIN Canada is growing and is being used, but we can also see that it has value to its members. The CHAIN administrator received several unsolicited comments from CHAIN members. For instance:

- A Policy and Procedure Coordinator for the Chinook Health Region said, "I've enjoyed being a part of CHAIN for my policy and procedure role, and now I've started teaching first and second year student nurses and wish to expand my knowledge through another CHAIN."
- A Pharmacy Manager at the Queen Elizabeth Hospital and Hillsborough Hospital in Charlottetown commented, "I value receiving the postings from CHAIN"

- A Quality Improvement Coordinator at the Red Deer Regional Hospital sent a question to CHAIN members about engaging physicians in quality improvement; she comments back that she "received a large number of responses to my question, and still need to collate and review."

The Canadian Cochrane Network and Centre also delivers workshops to policy-makers in order to underscore the utility of systematic reviews in policy and practice. In May 2008, Jeremy Grimshaw presented at the University of New Brunswick in Fredericton. The participants provided feedback:

- "Broadened my understanding of how Cochrane Library contributions are added to databases."
- "(I liked) information about what types of research you can use."
- "The diversity of information and contexts in which the reviews are used is really interesting."



Consumers

The Canadian Cochrane Network and Centre, through the hard work of its Knowledge Broker, has increased the number of individual Canadian consumers in its consumer network by 40 per cent this year to a current total of 114. We have also engaged with new Consumer groups as outlined below.

CCNC activities for consumers included:

- Workshops tailored to consumers at the Canadian Cochrane Symposia (three in 2008)
- Cochrane Consumer Notes, an e-letter to keep consumers informed about activities of interest in Canada
- Financial support for three consumers to attend the 16th Cochrane Colloquium
- Financial support for consumers to attend the Canadian Cochrane Symposia (eight in 2007, ten in 2008)
- A two-page article in the newsletter of the Canadian Breast Cancer Network
- Linkages with new consumer associations: National Eating Disorders Information Centre (NEDIC) and Ontario HIV Treatment Network

The CCNC has seen changes as result of these activities in the active involvement of Consumers in its work within Canada. There are now two new consumers groups that are directly involved with Review Groups. The Na-

tional Eating Disorders Information Centre is developing a Cochrane Corner on their website – a portal for consumers and providers with information on eating disorders. As well, Canadian consumers are volunteering to become more involved in the network: to review and develop orientation material for new consumers, to mentor new consumers, and to share a role in presenting introductory workshops.

Public

Several of our systematic reviews become stories in the mainstream media. The following demonstrates the more popular Canadian reviews in the media in 2007/2008

Canadian Reviews in the Media

Issue 2, 2007

Gould DJ, Chudleigh JH, Moralejo D, Drey N. Interventions to improve hand hygiene compliance in patient care.

Total: 15

Issue 3, 2007

KP Martimo, J Verbeek, J Karppinen, A D Furlan, PPFM Kuijjer, E Viikari-Juntura, EP Takala, M Jauhiainen. Manual material handling advice and assistive devices for preventing and treating back pain in workers.

Total: 2

Did you know?

There are now two new consumers groups that are directly involved with Review Groups.

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Issue 4, 2007

Sahar T, Cohen MJ, Ne'eman V, Kandel L, Odebiyi DO, Lev I, Brezis M, Lahad A. Insoles for prevention and treatment of back pain.

Total: 119

Bartels EM, et al. Aquatic exercise for the treatment of knee and hip osteoarthritis (Review).

Total: 16

Issue 1, 2008

Wells GA, Cranney A, Peterson J, Boucher M, Shea B, Robinson V, Coyle D, Tugwell P. Alendronate for the primary and secondary prevention of osteoporotic fractures in postmenopausal women.

Total: 23

Urquhart DM, Hoving JL, Assendelft WWJJ, Roland M, van Tulder MW. Antidepressants for non-specific low back pain.

Total: 17

Roelofs PDDM, Deyo RA, Koes BW, Scholten RJPM, van Tulder MW. (NSAIDS) Non-steroidal anti-inflammatory drugs for low back pain.

Total: 47

Engers A, Jellema P, Wensing M, van der Windt DAWM, Grol R, van Tulder MW. Individual patient education for low back pain.

Total: 13

Laupattarakasemt et al. Arthroscopic debridement for knee osteoarthritis.

Total: 14





All for Reviews and Reviews for All



The Canadian Cochrane Network and Centre has maximized its efforts on raising the profile of Cochrane and evidenced-based medicine over the past year. Judging from the increase in media attention, enquiries tracked through our Q-database and requests for training on systematic reviews, it would seem that the efforts have been successful. By increasing the number of strategic partnerships, many more Canadians will benefit from Cochrane's work.

The CCNC has also hired a Communications Specialist who will complement the work of our Knowledge Broker by planning and executing communications and public relations strategies to bring Cochrane to even more Canadians.

In order for the momentum to be sustained and for all Canadians to have access to Cochrane work when they need it, the push is on for a national license for The Cochrane Library. In obtaining a license for The Cochrane Library, Canadians will be able to search for the health

therapy information they need to make informed decisions about their health and the health of their patients, in the case of medical practitioners. The petition for a national license was launched in March and has garnered almost 2500 signatures. Signators were also encouraged to leave a comment in support of the licensing initiative. Here are a few samples:

- Allowing full access to the Cochrane Library would facilitate appropriate decisions by policy makers, healthcare providers and patients. The potential savings from more appropriate care will likely be greater than the cost of the license. (BC)
- I urge the government to arrange this access for all Canadians...more so for us in the far north (Yukon)
- A vital source for a country that puts a high value on the health of its citizens. (Ontario)
- In an age where healthcare consumers are being encouraged to be informed and take an active part in their care, it behooves the government to provide us with this reputable resource. (unknown)
- It is only with free access to this type of research that every Canadian has the opportunity to make informed health choices without the influence of biased parties or companies. (Alberta)
- I am a consumer reviewer for the Cochrane Muskuloskeletal Group and feel that all of Canada should have access to the Cochrane library. I live in Sask. and have a rare disease. I have used the Cochrane library and have found it to be helpful. (Sask.)
- This would allow health professionals, academics, and the general public to search leading-edge health research. Why should Canadians be denied this when citizens in other countries have access? (Nova Scotia)

Did you know?
...the push is on for a national license for *The Cochrane Library*.



- This is a no-brainer. Do it. (Manitoba)
- It's time that Canada join other enlightened countries who have made this vital health information available to all of their citizens. The cost is minimal; the impact would be great. (NB)
- Canada should both license Cochrane for all citizens and lead the world by translating the content into French. (Québec)

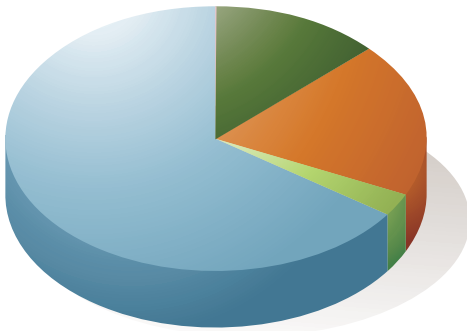
Three provinces and a number of organisations in Canada have already recognised the value of The Cochrane Library and have purchased licenses, despite limited funding available. These licenses provide access to approximately 10 per cent of Canada's population. If Canada were to purchase a National License, the economy of scale would be enormous. For only a few thousand dollars more than the current investment in licenses, we would increase access by about 90 per cent - at a cost of about 1.5 cents per Canadian per year. Any Canadian – from the general public to your community healthcare provider - could access the full Cochrane Library from their home or office through IP address recognition.

Demand for evidence-based health information is significant and growing. There were an estimated 38,000 Canadians denied access to the full-text of a review in 2007, compared to 23,000 in 2006.

A business case is being prepared and will be presented to government that will include the results of the petition, as well as the multitude of reasons why the license needs to be supported and fully funded.

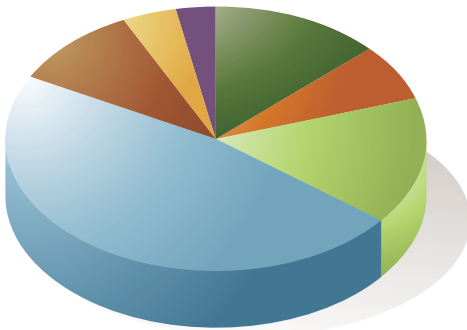


Reviews in Dollars and Cents



Revenue 2007/08 - Total: \$773,949

- \$503,000 - CIHR Grant
- \$101,208 - Reserve
- \$148,175 - Previous year carryover
- \$21,000 - Donations
- \$566 - Workshop Recovery Costs



Expenses 2007/08 - Total: \$773,949

- \$101,208 - Reserve
- \$54,000 - Required carryover 08/09
- \$120,827 - Targeted surplus
- \$365,343 - Salaries
- \$76,712 - Supplies, services & equipment
- \$32,682 - Travel
- \$23,177 - Consumer stipends

We are in a surplus position this year for a variety of reasons, and we have plans for these funds for the next couple of years:

- We were fortunate to receive in this fiscal year larger than expected donations from The Canadian Chiropractic Association, The Canadian Chiropractic Examining Board, and The Canadian Chiropractic Protective Association. We thank them for their generous support.
- We also had access to some central Cochrane Collaboration tools and resources that helped us this year. The “entity web-builder” is software by which we were able to develop our own website rather than having to hire a consultant to build one for us. This saved a significant amount of funds and we have a new website that is consistent with the look of all The Cochrane Collaboration websites.
- Travel costs were less this fiscal, in part due to slightly less travel and in part due to some of the travel not processed in this fiscal year’s financials, thus some carry over is required.
- We had budgeted for fairly significant workshop expenses, but our cost-recovery system and the small surplus of funds from the Ottawa Symposium meant we did not spend any of that.
- We will assess the current training needs and use those funds to either offer an additional train-the-trainer or to help develop on-line

learning modules for existing Canadian Cochrane authors to learn the new Cochrane Handbook changes and RevMan 5.0.

- We did not spend our entire budget on French translation – and we will be increasing the amount of translation we do in 2008/09 to include training materials and new informational material as well as ensure our French web content is kept synchronous to the English version.
- The funds we had set aside for the Network Sites to request was still underutilized this year. We are working on developing and launching a new program called the **CCNC Capacity Building Fund**. This fund will allow Network Sites, Canadian Entities and Affiliates (in that priority order) to apply for up to \$2500 twice per year for training and KT activities that promote the production, use and dissemination of Cochrane reviews to a total of \$35,000 annually.
- Lastly – we have been able to hire a new staff person at the Centre, a Communications Specialist, Jeanette Doucet. With the excess carry-over, we hope to be able to retain her in the position for longer than a year to ensure a wide-spread knowledge of Cochrane in Canada and why it is important.

Preview - What will 2009 bring for CCNC?

As we head into the final leg of our CIHR funding, the Canadian Cochrane Network and Centre is poised to continue the extremely valuable work we have demonstrated to date. By building on the volume and success of the work in knowledge exchange, training, policy and systematic reviews up to 2007, CCNC is well positioned to bring evidence-based therapy to a new generation of Canadians. The possibility of a National License for *The Cochrane Library* is closer than ever to becoming reality and will ensure Cochrane as a fixture in Canadian healthcare delivery and information.

Did you know?

...CCNC is well positioned to bring evidence-based therapy to a new generation of Canadians.

NOTES

