



Governing Board Elected Member Candidate Statement

The Candidate Statement, your photograph and names of your nominators will be published on the Cochrane websites during the elections process, and the Candidate Statement and photograph will remain on the websites against the names of new members for the duration of their terms on the Board. For this reason, this Candidate Statement document template must be used; and full addresses, email addresses and/or unencrypted e-signatures excluded.

Please submit this Elected Member Candidate Statement in Word format by the stated deadline. It should be shared beforehand with your two nominators.

Family name (surname):	Dellavalle
First name(s):	Robert
Today's date:	5 October 2021
Are you a current member of the Governing Board standing for re-election?	No
Will you be 30 years old or younger on 29 November 2021?	No

Questions 1-4: General experience and motivation

1. How and when did you first become involved in Cochrane and what has been your subsequent contribution to Cochrane's work (maximum 200 words)?

Since first becoming involved with Cochrane twenty years ago, I have remained a true believer in our mission to improve health across the globe, and I am always looking for new ways to contribute to this effort. I joined *Cochrane* in 2001 by leading a melanoma prevention systematic review that was published in the *Library* in 2006. I served as a Cochrane Skin Group Editor since 2006. More recently I co-authored a Cochrane network meta-analysis of systemic therapies for eczema. In 2018, I joined Dr. Robert Boyle as a *Cochrane Skin* Joint Co-ordinating Editor. In 2019, I was elected to Cochrane Council to represent Co-ordinating Editors, and in 2020, I became a Cochrane Council Co-chair.

My contributions include:

- organizing the first joint Campbell and Cochrane Colloquium in Keystone, Colorado, in 2010,
- serving as a GRADE methodologist for the World Health Organization guidelines on skin and oral HIV-associated conditions (<https://apps.who.int/iris/handle/10665/136863>)
- fostering collaboration with the Global Burden of Disease Project on systematic review priority setting (methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project),
- promoting Cochrane systematic reviews on Wikipedia (skin.cochrane.org/our-evidence/cochrane-skin-wikipedia-initiative),
- funding consumer skin disease photo contributions to Wikipedia (community.cochrane.org/news/call-proposals-cochrane-geographic-groups-consumer-engagement-and-involvement-challenge-fund), and

f) directing the US Cochrane University of Colorado Affiliate Centre since 2019 (us.cochrane.org/cochrane-us-university-colorado-anschutz-medical-campus).

2. What experience do you have serving as a member of a governing board, board of directors, management group or similar? This might be within a non-for-profit or charitable organization, or a hospital or university. Please include the roles you played and other relevant information (maximum 200 words).

I am an empathetic, data-driven, process-oriented leader with broad experience in management.

My Cochrane leadership roles have included:

- 1st Joint Cochrane and Campbell Colloquium organizer (2010)
- 2010, 2020 and 2021 *Cochrane Skin* Annual Meeting organizer
- *Cochrane Skin* Joint Co-ordinating editor
- Co-ordinating Editor representative on Cochrane Council (2018-)
- US Cochrane U. of Colorado Anschutz Medical Campus Affiliate Branch Director (2019-)
- Cochrane Council Co-chair (2021-)

Other organizational leadership roles:

- Trustee, Denver Botanic Gardens, 1998-2000
- President, Colorado Dermatologic Society (2004)
- President, American Dermato-Epidemiology Network (2006-2007)
- President, National Association of VA Dermatologists (2009-2010)
- Chair, American Academy of Dermatology Epidemiology Expert Resource Group Chair 2010-2013
- Chair, Dermatology Field Advisory Committee to Department of Veterans Affairs Health Administration Central Office in Washington DC (2011-)
- Chair, National Eczema Association grant review panel (2011-2014)
- Co-Chair, Colorado Cancer Coalition Skin Cancer Task Force (2013-2020)
- Chair, American Academy of Dermatology Clinical Guidelines Committee (2015-2017)
- Member, Guideline International Network (G-I-N) North American Steering Group (2020-)
- Grant Reviewer for NIH, VA, Cancer League of Colorado, Sulzberger Institute, Schweppe Foundation, Dermatology Foundation, Swiss National Science Foundation, NIHR Research and Innovation for Global Health Transformation

3. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the organization as a whole. Please describe how you would fulfil this obligation, using examples from previous committee or other work (maximum 200 words).

I make decisions by defining the problem, collecting data from all stakeholders, seeking advice from trusted counsel, looking for fair and informed compromises, communicating my decision fully and positively, and iteratively receiving feedback. Within Cochrane I have sought the most qualified talent willing to volunteer into

crowd sourcing solutions—especially when organizing the 2010 Keystone Joint Colloquium and as Cochrane Council Co-chair.

As I reflect upon the many accomplishments of the Collaboration in the past twenty years, I feel certain that Cochrane will surmount current difficulties, especially when we see how Cochrane has responded to the COVID crisis (www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news). Cochrane's COVID response shows how Cochrane can deliver urgently needed rapid reviews and summaries, and we need to do more along these lines.

With the COVID crisis, I led changes to our clinical service to protect our patients, staff, and health care personnel, and preserve personal protective equipment supplies. These decisions were made after initiating daily care team virtual huddles that maximized information gathering and communication. These huddles provide a concrete example of how I established processes that motivated others and solved problems collectively by recognizing results and effort, communicating openly, and fostering a team culture of trust.

4. What do you think would make you an effective member of the Cochrane Governing Board (maximum 200 words)?

My governance experience will make me an effective Board Member. I am an inclusive communicator, a process-oriented leader, and an empathetic listener. My leadership skills acquired over 20 years of contribution to Cochrane include:

- Governance experience from serving as Cochrane Council Co-chair, Joint Co-ordinating Editor of Cochrane Skin, and Director of the US Cochrane University of Colorado Affiliate,
- Innovation skills from spearheading the first joint Cochrane and Campbell Colloquium in 2010, creating new collaborative research networks, and leading academic publishing enterprises,
- Managerial skills from running a research lab and heading a clinical service,
- Collaborative skills exemplified by my working with consumers, W.H.O., Wikipedia, Guidelines International Network (G-I-N), and the Institute for Health Metrics and Evaluation Global Burden of Disease, and
- Cultural skills from training, working, and advocating with an international array of students and collaborators from diverse backgrounds.

I would assume Board Member responsibilities with enthusiasm in full expectation that the job will be time consuming and difficult, but also fun and rewarding. I am ready to act in the best interest of Cochrane as required for the professional management of the charity, and to bear the responsibility for my actions in the role Board Member.

Questions 5-11: Specific Skills

The Governing Board needs a range of experiences, knowledge and expertise amongst its membership. We do not expect any single Governing Board member to have all the necessary skills and experience; we are looking for diversity.

We do not expect you to answer “yes” to more than one or two of the questions below.

If you do answer “yes”, please provide at least one example which best demonstrates your skills or experience.

Desired skills and experience for this election:	Which means to you can:	Do you have skills and experience in this area? [YES/NO]	If YES, please provide an example:
5. Publishing and Open Access	Guide others through the complexities and opportunities for organizations in achieving Open Access to content and data	Yes	I am Editor -n-Chief of the open access journal JMIR Dermatology (derma.jmir.org).
6. Fundraising and business development	Develop and implement opportunities for income generation, build organizational relationships and connections, access donor and partner networks	Yes	I led Leadership Society fundraising for the Dermatology Foundation (dermatologyfoundation.org) across several US Western states for several years during the past decade.
7. Digital product development	Guide user-centred design, development and delivery of new digital products, understand informatics and structured data	Yes	I am a local site investigator for a national grant developing apps that facilitate tele dermatology for VA patients.
8. Financial management	Oversee an organization’s fiduciary, risk and audit duties, lead financial and investment planning	Yes	I am the national lead for dermatology services in the VA Health Care system, the largest healthcare system in the USA.
9. Advocacy	Act as an ambassador for an organization, influence and strengthen the commitment of public leaders or decision-makers to a cause, secure community support	Yes	I have advocated for Cochrane within my professional medical society, the American Academy of Dermatology (AAD), to fund Cochrane systematic review support for AAD guideline development and to establish the AAD Cochrane Fellowship.

10. Science communications or public relations	Build organizational brand and profile online and in person, lead crisis management, design effective external and internal communications processes; OR Educate and raise awareness of science-related topics, design strategies for effectively communicating complex ideas to different audiences, or lead the transfer of knowledge into action	Yes	My experience representing Cochrane in a variety of settings includes being the face of <i>Cochrane Skin</i> and the US Cochrane Colorado Affiliate Center to colleagues, students, and consumers, and speaking on evidence-based medical practice. I have promoted Cochrane and evidence-based medicine within leading dermatologic organizations and across networks of peers and the popular media.
11. Making organizations more diverse and equitable	Guide equity, diversity and inclusion assessments and target-setting or provide lived experience of addressing issues of inequality	Yes	I have obtained research funding and provided mentorship and guidance to students from populations underrepresented in medicine.

12. Anything else you'd like to say in support of your nomination (maximum 200 words)?

My priorities as a Board Member would be:

1. To promote fuller communication.
2. To fairly assess Cochrane goals, initiatives, and sustainability.

My vision would be for the Board to communicate more fully. I have worked as Council Co-chair for better communication to improve engagement and critical review of how Cochrane's endeavours are aligning with its needs, policies, goals, and mission.

Internal and external challenges will continue to demand strategic and open-minded thinking regarding how Cochrane positions itself in the knowledge and information environment. Upcoming plans addressing editorial integrity, open access, climate change, and diversity, equity, and inclusion, and Cochrane's very existence, will all benefit from wide and effective organizational input. In addressing these challenges, I see Cochrane collaborating more with other leading international health and data organizations, and continuing the rapid and thorough responsiveness to stakeholders exemplified by Cochrane's response to COVID. And I expect more focus on review groups producing the most urgently needed reviews and maintaining living network meta-analyses of the highest priority.

Lastly, let me express my gratitude for being able to work with you as colleagues over the past year and in coming years.

I thank you for your consideration.

Bob

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have accepted the Terms and Conditions of Cochrane Membership and have been a Cochrane Member for at least 30 days prior to the close of voting in this election	✓
2. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: <ul style="list-style-type: none">• What is a charity• What is a charity trustee?• What trustees must do• How trustees look after the charity	✓
3. Accept the Governing Board Charter	✓
4. Accept and will adhere to the Code of Conduct for Trustees	✓
5. Have completed the Cochrane 'Declaration of Interest' Statement (Annex 1 of this document)	✓
6. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	✓
NAME: Robert Dellavalle	
DATE: 5 Oct 2021	

Annex 1: Cochrane Declaration of Interest Statement

Candidates must make a declaration of conflict of interest, including financial or non-financial relationships with other organizations, professional relationships to other members of the Board, and other Boards she/he may sit on. In writing this statement, candidates should refer to Cochrane's [conflict of interest policy](#) (for Cochrane Groups) and the [declarations of existing members of the Board](#).

Please answer the following questions:

1. Financial interests	YES/NO (If YES, please provide details)
In the last three years, have you:	
a) Received funding: any grant, contract or gift, commissioned research, or fellowship from Cochrane or a related organization (i.e., any organization related to health care or medical research) to conduct research?	Yes - I have been awarded grants from Cochrane, government agencies, and other organizations as allowed by Cochrane's revised conflict of interest policy (Oct 2020) that have funded my lab's research.
b) Had paid consultancies: any paid work, consulting fees (in cash or kind) from a related organization?	Yes - I ceased all medical consulting in August 2020 to comply with Cochrane's revised conflict of interest policy (Oct 2020). Prior to August 2020 I was a medical consultant with Altus Labs and ParaPRO. I receive editorial stipends and editorial meeting expense reimbursement from several medical research journals.
c) Received honoraria: one-time payments (in cash or kind) from a related organization?	Yes - Honoraria received from Brown University and the Evidence-Based Medical Society of Taiwan for delivering lectures in 2019.
d) Served as a director, officer, partner, trustee, employee or held a position of management with a related organization?	Yes - Dermatology Field Advisory Committee Chair for US Dept. of Veterans Affairs. Guidelines International Network North American Steering Committee Member.
e) Possessed shareholdings, stock, stock options, equity with a related organization (excludes mutual funds or similar arrangements where the individual has no control over the selection of the shares)?	Yes - Medical consultant for Altus Labs vested in stock. Divested August 2020 to comply with Cochrane's revised conflict of interest policy (Oct 2020).

f) Received personal gifts from a related organization?	No
g) Had an outstanding loan with a related organization?	No
h) Received royalty payments from a related organization?	Yes - Royalties received from Wolters Kluwer (UpToDate Dermatology Section Editor) and Wiley (Section Editor Evidence Based Dermatology).
2. Do you have any other competing interests that could pose a conflict of interest that would reasonably appear to be related to the primary interest?	No.

Annex 2: Trustee Eligibility Declaration

As required by the [UK Charity Commission](#)

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am willing to act as a trustee of The Cochrane Collaboration	✓
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	✓
Am not prevented from acting as a trustee because I: <ul style="list-style-type: none"> • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission 	✓
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	✓
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 (United Kingdom) to knowingly or recklessly provide false or misleading information	✓
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	✓

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