Five-year Strategic Plan: 2010-2015
National Collaborating Centre for Methods and Tools

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National Collaborating Centre for Methods and Tools (NCCMT)

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Executive Summary

The NCCMT Strategic Plan for 2010-2015 describes the background to the creation of the Centre and its achievements over the initial two and one-half years (2007-2009).

Looking ahead to the next five years, the plan outlines the revised vision, mission, principles, goals, target audiences and core capabilities of the NCCMT.

The NCCMT strategic planning process included the preparation of an updated NCCMT Environmental Scan (http://www.nc-cmt.ca/tools/index-eng.html). We have also carefully reviewed and aligned our future work with that of the National Collaborating Centres for Public Health.

The NCCMT endorses and supports the three key strategic areas of the NCCPH:

1. Strengthening NCCPH Leadership
2. Expanding Program Reach
3. New NCC Collaborative Projects and Areas

We consulted with the NCCMT Advisory Group during their meeting on May 13 and 14, 2009 and the Advisory Group reviewed and commented on the NCCMT draft 2010-2015 Strategic Plan early in September 2009.

As a result of this process, the following priority projects have been identified for the next five years. Brief plans for action are outlined and detailed annual workplans and budgets will be prepared as they have been in the past.

1. Develop the organizational capacity and individual skills for evidence-informed public health decision-making
2. Foster the understanding and use of knowledge management in public health organizations
3. Identify, evaluate and disseminate knowledge translation methods and tools
4. Develop active and sustainable networks related to EIPH and KT Methods and Tools
5. Develop productive partnerships with the other NCCs and community public health organizations
Message from the Chair of the NCCMT Advisory Group

Dr. David L. Mowat

When the National Collaborating Centres (NCCs) were first created in 2004, it was recognized that one of the Centres needed to focus on improving access to and use of methods and tools for evidence-informed decision making for those involved in public health practice, program decision-making, and policy-making in Canada. The National Collaborating Centre for Methods and Tools (NCCMT) is intended to be a resource for the other NCCs as well as the public health community across the country.

After only two and one-half years of operation, the NCCMT has demonstrated its value by providing leadership in the identification and evaluation of existing knowledge translation methods and tools relevant to public health. It is also determining needed methods and tools and working to ensure these gaps are filled.

The NCCMT is serving as a role model for how to promote evidence-informed public health (EIPH) and how to build the EIPH capacity of public health practitioners, managers and policy makers.

It is my pleasure to serve as Chair of the NCCMT Advisory Group. We have a wonderful group of knowledgeable, talented and committed advisors and supporters who help guide and evaluate the activities and impact of the NCCMT.

Sincerely,

David L. Mowat, MBChB, MPH, FRCPC
Message from the Scientific Director

Dr. Donna Ciliska

The National Collaborating Centres (NCCs) were established in 2004-2006 by the Public Health Agency of Canada (PHAC) to promote the use of evidence by public health practitioners across the country, and in December 2006, the National Collaborating Centre for Methods and Tools (NCCMT) was funded. The Centre’s initial and continuing mission is to enhance evidence-informed public health practice and policy in Canada by providing leadership and expertise in sharing what works in public health.

The initial work of the NCCMT was guided by the 2006 Environmental Scan. The current Strategic Plan has been informed by a more extensive consultation with the other NCCs and the NCCMT Advisory Group. The NCCMT Environmental Scan (http://www.nccmt.ca/tools/index-eng.html) has been updated through a review of the recent literature, key informant interviews and an online survey of public health practitioners, managers, policy makers and researchers. From the most recent scan, it is clear we are acknowledged as leaders in evidence-informed decision-making. We have received requests for workshops and other educational offerings, consultations, and joint projects from other NCCs as well as other public health organizations. All collaborations involve fostering the use of evidence in decision-making, either from an organizational or individual level.

There have been a few challenges: budget cutbacks each year, H1N1 and, on the plus side, more requests for educational offerings, consultations and partnerships than we can fulfill. In all decision-making, we have reflected on our principles of non-duplication and collaboration. We are concerned about the impact of emergent communicable diseases on the capacity of the public health community to deal with these issues as well as engage in evidence-informed decision making.

We appreciate the financial support of the Public Health Agency of Canada and the guidance of the National Collaborating Centres for Public Health Advisory Council. We are grateful for the commitment and support of the School of Nursing and the Faculty of Health Sciences at McMaster University. McMaster University is a centre of excellence for research and practice in knowledge translation. It provides an environment with opportunities for creative partnership and synergistic collaboration.

We look forward to implementing this Strategic Plan over the next five years.

Sincerely,

Donna Ciliska
NCCMT Background

Canada’s national response to the SARS outbreak of 2003 revealed a gap between what researchers know and what practitioners can do. To address this concern, in 2004 the Government of Canada established the National Collaborating Centres for Public Health (NCCPH) (http://www.nccph.ca/) to strengthen public health in Canada by making existing and new research evidence available and accessible to public health professionals.

The NCCPH is made up of six individual National Collaborating Centres (NCCs) created specifically to promote and support the use of knowledge and evidence by public health practitioners across Canada. Each centre has a national mandate to focus on a specific area of critical public health importance. The NCCPH draws on the expertise, perspectives and resources of the individual centres, to help get knowledge into practice and policy. The centres work together to promote the synthesis, translation and exchange of knowledge among front-line practitioners, managers, policy-makers and researchers.

These are the six National Collaborating Centres:

- National Collaborating Centre for Aboriginal Health (NCCAH) (www.nccah.ca)
- National Collaborating Centre for Determinants of Health (NCCDH) (www.nccdh.ca)
- National Collaborating Centre for Environmental Health (NCCEH) (www.nccEH.ca)
- National Collaborating Centre for Healthy Public Policy (NCCHPP) (www.ncchpp.ca)
- National Collaborating Centre for Infectious Diseases (NCCID) (www.nccid.ca)
- National Collaborating Centre for Methods and Tools (NCCMT) (www.nccmt.ca)

The National Collaborating Centre for Methods and Tools (NCCMT) was established in December 2006. An Environmental Scan was conducted in 2006 prior to the creation of the Centre (http://www.nccmt.ca/pubs/2008_06_NCC_Scan_ENG.pdf). The official launch of the Centre was in May 2007 along with the initial meeting of the NCCMT Advisory Group (http://www.nccmt.ca/about/adv_group_members-eng.html).

The NCCMT and the other NCCs submit annual workplans and budgets to the Public Health Agency of Canada (PHAC). These workplans and budgets are reviewed by the PHAC Secretariat and the NCCPH National Advisory Council. The Council and the Secretariat monitor the activities of each Centre every six months based on progress reports prepared by each Centre.
NCCMT Achievements 2007-2009

Over the past two and one-half years, the NCCMT has become fully operational and has proven itself to be a leader in the development of evidence-informed public health and the identification, development and dissemination of methods and tools for knowledge translation in public health.

We have successfully established an effective Advisory Group with members from across the country and internationally who bring expertise and experience in public health and knowledge translation (http://www.nccmt.ca/about/adv_group_members-eng.html). The Advisory Group is Chaired by Dr. David Mowat, Medical Officer of Health, Peel Health Unit.

An effective team of staff has been developed (http://www.nccmt.ca/about/contact-eng.html) although we know we need to recruit more project staff.

The following products and publications have been developed, disseminated and in some case evaluated:

Products

- NCCMT Website (2007) (http://www.nccmt.ca/)

Publications


Fact Sheets

- Methods Series

E-Newsletters

• Summer 2009 (http://www.nccmt.ca/tools/index-eng.html)
• Fall 2008 (http://www.nccmt.ca/tools/index-eng.html)
• Summer 2008 (http://www.nccmt.ca/tools/index-eng.html)
• Winter 2007 (http://www.nccmt.ca/tools/index-eng.html)
• Fall 2007 (http://www.nccmt.ca/tools/index-eng.html)

Internal Documents

• Quality Assurance Plan (2009) (Available on request)

In addition to the above products and publications that the NCCMT has undertaken on its own, there are several collaborative projects that the NCCMT has conducted with other NCCs and partners:

• EIPH Workshops with NCCDH, NCCEH and NCCHPP (2009)
• Ontario Health Program Planner with The Health Communication Unit (2009) (http://www.thcu.ca/ohpp/)
• Summer Institutes with the other NCCs (2006-2009)
• Follow-up Survey of the Medical Officers of Health with NCCHPP and the other NCCs (2009)
• Survey of Policy-Makers with NCCHPP and the other NCCs (2009)
• Small Drinking Water Systems with NCCEH and the other NCCs (2009)
• Enhancement of health-evidence.ca (2007-2009)

This list of accomplishments merely identifies the achievements of the NCCMT over the past two and one-half years. Please visit the website (http://www.nccmt.ca/) for more detailed information or contact Kathie Clark, Administrative Director at kclark@mcmaster.ca or 905-525-9140, ext.20451.
**NCCMT Core Capabilities**

In developing the strategic plan, we identified key competencies, knowledge, skills and experience necessary to successfully deliver the proposed program of work. These are evidence-informed public health (EIPH) capacity building, knowledge translation methods and tools, networking, program evaluation, communication and marketing, conference, workshop, meeting planning and management. The knowledge, skills and experiences of current NCCMT staff map in the following ways:

**EIPH Capacity Building**

The Scientific Director and the NCCMT project staff have extensive training and experience in educating public health practitioners about the steps involved in evidence-informed public health and how to apply the process to their practice. Consultations, workshops, online training modules and webinars are some of the strategies used to date. We are always looking for new approaches to meet the EIPH needs and preferences of our target audience.

**Knowledge Translation Methods and Tools**

The Scientific Director has a strong research, education and practice background in applying knowledge synthesis and translation methods and tools to public health. The Administrative Director worked for eight years with The Cochrane Collaboration and served on the Steering Group of both The Cochrane Collaboration and the Campbell Collaboration. Other staff have practical experience with knowledge translation in public health and other settings.

**Networking**

All of the staff are committed to networking as a way of fostering knowledge translation. Among the staff we have both informal and formal networking experience that we are using to engage others in sharing what works in public health.

**Program Evaluation**

Several of the staff have educational backgrounds and experience in conducting formative and summative evaluations of programs, products and services. Now that the initial phase of the Centre has passed, we look forward to working with others to evaluate our products and activities. We will be keen to share what we know and what we will learn.

**Communication and Marketing**

The Communications Coordinator provides the leadership to the NCCMT team with respect to communications and marketing knowledge and skills. Other NCCMT staff members also have experience planning and executing strategies to raise the awareness of the NCCMT and promote the dissemination and use of our products and services.

**Conference, Workshop and Meeting Planning and Management**

Among the NCCMT staff, we have extensive knowledge, skills and experience with planning, implementing and evaluating conferences (both small and large), workshops and seminars (both didactic and interactive), and meetings of various kinds. We organized the Knowledge Management Conference and
Invitational Forum in November, 2008, and we have accepted responsibility for hosting the 2011 Summer Institute.
NCCMT Future

Vision, Mission, Principles, Goals

With input from the NCCMT Advisory Group, the Centre’s mission, vision and principles have been reviewed and revised to reflect the lesson learned over the initial phase of the NCCMT’s development. The following statements will guide the work of the NCCMT for the next five years.

NCCMT Vision

The effectiveness and efficiency of Canada’s public health system will be guided by the production, sharing and use of high quality evidence.

NCCMT Mission

The NCCMT will enhance evidence-informed public health practice and policy in Canada by providing leadership and expertise in sharing what works in public health.

NCCMT Principles

1. Collaborate with national and international public health and knowledge-sharing organizations.
2. Avoid unnecessary duplication of public health processes and products for sharing what works in public health.
3. Respond to the needs of the other NCCs and public health personnel.
4. Provide innovative, high quality, up-to-date methods and tools for sharing what works in public health.
5. Provide leadership for decision-makers facing challenges related to sharing what works in public health.

NCCMT Goals

The NCCMT goals were also reviewed and revised in August 2009. These general directions for the NCCMT are very similar to the initial goal statements which we believe have served the Centre well over the past two and one-half years. The following goals will provide the focus for our projects and activities for 2010-2015.

1. To develop the organizational capacity and individual skills of those involved in public health to share what works in public health.
2. To identify, develop and evaluate relevant methods and tools for knowledge translation: and, to make those methods and tools accessible to people involved in practice, program decision-making, policy-making and research.
3. To identify gaps in methods and tools for sharing what works in public health and to encourage researchers and others to fill these gaps.
4. To build active and sustainable networks that enable practitioners, program decision-makers, knowledge experts, policy-makers and researchers to share what works in public health; and to strengthen partnerships and linkages with other NCCs and their target audiences.

Target Audience

The NCCMT will continue to focus its work on collaborating with the other National Collaborating Centres (NCCs) to meet their needs for methods and tools for sharing what works in public health. We will also target managers working in public
health and public health professionals across Canada who have responsibility for promoting and facilitating evidence-informed decision-making. We believe that our products and services will have relevance beyond these groups and support the work of public health practitioners, policy makers and researchers.

Priority Projects and Plans for Action

The NCCMT strategic planning process included the preparation of an updated NCCMT Environmental Scan (http://www.nccmt.ca/tools/index-eng.html). We have also carefully reviewed and aligned our future work with that of the National Collaborating Centres for Public Health.

The NCCMT endorses and supports the three key strategic areas of the NCCPH:

1. Strengthening NCCPH Leadership
2. Expanding Program Reach
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We consulted with the NCCMT Advisory Group during their meeting on May 13 and 14, 2009 and the Advisory Group reviewed and commented on the NCCMT draft 2010-2015 Strategic Plan early in September 2009.

As a result of this process, the following priority projects have been identified for the next five years. Brief plans for action are outlined and detailed annual workplans and budgets will be prepared as they have been in the past.

Each of these projects relates to one or more of the NCCPH key strategic areas.

1. Develop the organizational capacity and individual skills for evidence-informed public health decision-making

Everything the NCCMT and the other NCCs do relates to improving evidence-informed public health (EIPH) decision-making. To the extent that public health practitioners are not aware of EIPH, or not accepting of EIPH, or do not know how to actively engage in the steps of the EIPH process, the efforts of the NCCs are in vain.

EIPH is more widely accepted and used now but there will always be a need to raise the awareness of the purpose and value of EIPH. There will always be a need to educate and support public health practitioners in their application of the process of EIPH (http://www.nccmt.ca/eiph/index-eng.html).

The NCCMT has already initiated a program of EIPH capacity building. In the next five years we want to refine and expand the reach of the program to include more of the following activities:

- Interactive workshops on EIPH
- On-line modules
- Train-the-trainer skill development
- Workshops on search skills
- Webinars and webcasts
- Further development of the EIPH section of the NC-CMT website
- Identification or development of methods and tools for each step in the EIPH process
- Formative and summative evaluation of the above activities

2. Foster the understanding and use of knowledge man-
Management in public health organizations

“Knowledge management is the systematic processes by which knowledge needed for an organization to succeed is created, captured, shared and leveraged” (Clemmons Rumizen, 2002, p. 9). For the source of this reference and the NCCMT KM Paper - Knowledge Management: Background Paper for the Development of a Knowledge Management Strategy for Public Health of Canada (2008) - please visit the NCCMT website at http://www.nccmt.ca/tools/index-eng.html.


The NCCMT will be continuing with the KM project. The following activities will be part of the project:

- Initiate NCCPH KM Awards for students, individuals, and organizations
- Arrange a meeting with key people from the Public Health Agency of Canada to discuss possible PHAC related KM projects, including the mapping of KM in public health in Canada
- Contact the Regional Health Offices of PHAC to explore working collaboratively with them regionally on KM.
- Host a conference and consultation on KM in public health organizations
- Conduct formative and summative evaluations of the above activities

3. Identify, evaluate and disseminate knowledge translation methods and tools

The Registry of Knowledge Translation Methods and Tools provides the foundation upon which the NCCMT will build many of its future projects and products (http://www.nccmt.ca/registry/index-eng.html).

The Registry was launched in November 2008. Over the next five years we want to:

- Conduct a comprehensive search for existing KT methods and tools
- Identify, evaluate and make available existing KT methods and tools
- Identify needed KT methods and tools and work with other organizations to fill those gaps
- Explore the need for a KT methods and tools discussion forum
- Conduct formative and summative evaluations of the Registry
- Use storytelling to highlight public health initiatives that have used a KT method or tool
- Continue to support health-evidence.ca

4. Develop active and sustainable networks related to EIPH and KT Methods and Tools

Since the opening of the NCCMT, networking has been one of the primary methods of knowledge translation used and advocated by the Centre. We plan to accomplish the following in the
next five years:

- Act on the DialoguePH survey report recommendations e.g., expand the reach of DialoguePH and further develop the discussion forums
- Expand contacts with Public Health Departments and Regional Health Authorities across all provinces
- Organize a conference on networking in public health in collaboration with the other NCCs
- Collaborate with the other NCCs to create an NCCPH contact database
- Conduct a systematic review of factors impacting on the lifecycle and effectiveness of networks
- Conduct formative and summative evaluation of the above activities
- Recognize and respond to ongoing and emerging public health challenges

5. Develop productive partnerships with the other NCCs and community public health organizations.

Collaboration and partnership are integral to the successful functioning of the NCCMT and the other NCCs. The NCCMT aims to build on the existing collaborative relationships with the other NCCs. We also strive to extend our reach by establishing meaningful partnerships with public health and knowledge translation organizations across Canada. We have identified the following activities for the coming five years but additional projects will emerge from future partnerships as we engage with other organizations:

- Engage in collaborative projects with the NCCs, e.g., small drinking water systems project
- Develop a network of affiliate organizations
- Support the promotion, training and support of the Online Health Program Planner developed with The Health Communication Unit
- Continue the active partnership with the Canadian Best Practices Initiative, e.g., National Meeting of KT Organizations
- Build contacts with Provincial Ministries
- Collaborate with CPHA and their Affiliate Groups
- Collaborate with public health practitioners and PHAC regarding the relationship of knowledge translation and core competencies
- Conduct formative and summative evaluation of the above activities
- Engage in additional projects that emerge from future partnerships

Required Resources

The initial PHAC funding for each NCC was $1.5 million per year. However, for each year of operation, the NCCMT has experienced cutbacks: $41,000 in 2007-2008; $110,000 in 2008-2009 and another $110,000 in 2009-2010. Now that the NC-CMT is well established, active and staffed, the Centre requires the full allocation of $1,500,000 and potentially more given the cost of living increases and the increased demand for products and services.

The NCCMT will be seeking sources of supplementary funding starting in 2010. We do not want to charge fees for our products and services. This would be counterproductive to the mis-
sion of the Centre. We hope it will not be necessary to engage in major fundraising as such activities would divert attention and resources from our core business activities.

The NCCMT clearly needs more project and support staff to implement the goals outlined in this Strategic Plan. In particular we require the services of more project coordinators, an information scientist, website and webcast designers, and administrative support.

Evaluation

The NCCMT has a Performance Measurement and Evaluation Plan that we have been using to guide our evaluation activities. We engaged in the NCCPH formative evaluation in 2008 and we look forward to contributing to the NCCPH summative evaluation process.

As the NCCMT moves into its second phase of development, we will be evaluating our projects and products. In particular, we will put in place evaluation frameworks and processes for the website, DialoguePH, and the Registry for Methods and Tools.
Collaborators

The work of the NCCMT continues to be supported by many individuals and organizations in public health and knowledge translation across Canada and internationally. We are grateful for their ongoing guidance and assistance.

We want to thank McMaster University, the host organization:

School of Nursing
   Catherine Tompkins, Associate Dean, Nursing
   Tracey Carr, Director of Administration
   Dale Stevens, Accountant
   Kate Toth, Human Resources Coordinator

Faculty of Health Sciences
   John Kelton, Dean and Vice President
   Susan Denburg, Associate Vice-President, Academic & Associate Dean, Education
   Brian Haynes, Professor and Chief, Health Information Research Unit, Clinical Epidemiology and Biostatistics
   Parminder Raina, Director/Professor, Evidence-Based Practice Centre, Clinical Epidemiology and Biostatistics
   Maureen Dobbins, Associate Professor, School of Nursing; Career Scientist, Ontario Ministry of Health and Long-Term Care
   John Lavis, Professor, Clinical Epidemiology and Biostatistics
   Ann McKibbon, Associate Professor, Clinical Epidemiology and Biostatistics

We want to thank the National Advisory Group (past and present):

   Hope Beanlands, Scientific Director, National Collaborating Centre for Determinants of Health
   François Benoit, Lead, National Collaborating Centre for Healthy Public Policy
   Ray Copes, Director, National Collaborating Centre for Environmental Health (Term completed August, 2009)
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   Lydia Drasic, Director, Provincial Primary Health Care and Population Health Strategic Planning, BC
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   Margo Greenwood, Academic Leader, National Collaborating Centre for Aboriginal Health
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Eileen Woodford, Director, Cape Breton District Health Authority
Souradet Shaw, Knowledge Synthesis Officer, NCCID (Term completed June 2009)

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Federal Colleagues
  Nina Jetha, CBPI
  Kerry Robinson, Manager, Knowledge Development and Exchange, Centre for Chronic Disease Prevention and Control, PHAC

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  Larry Hershfield, Manager, The Health Communication Unit
  Sarah Hayward, Chief Executive Officer, Search Canada
  Ruth Schofield, Community Health Nurses’ Interest Group

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  Wendy Budin, New York University Medical Centre, USA
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Pamela Forsyth, Knowledge Broker
Jeannie Mackintosh, Communications Coordinator
Jackie Muresan, Research Coordinator (On maternity leave)
Cristina Catallo, Research Coordinator (Completed July 31, 2009)
Lindsay Stephan, Research Assistant (Completed July 31, 2009)