

# 2025 Joint Planning Retreat

June 16 & 17, 2025

CANADIAN COLLEGE OF  
HEALTH LEADERS



COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

# Welcome



# Today's Objectives

1. Provide an overview of the Strategic Planning process
2. Share what we have heard to-date
3. Listen to your feedback on where we are today, and where we need to be in the future



# Strategic Planning Process

## Overview

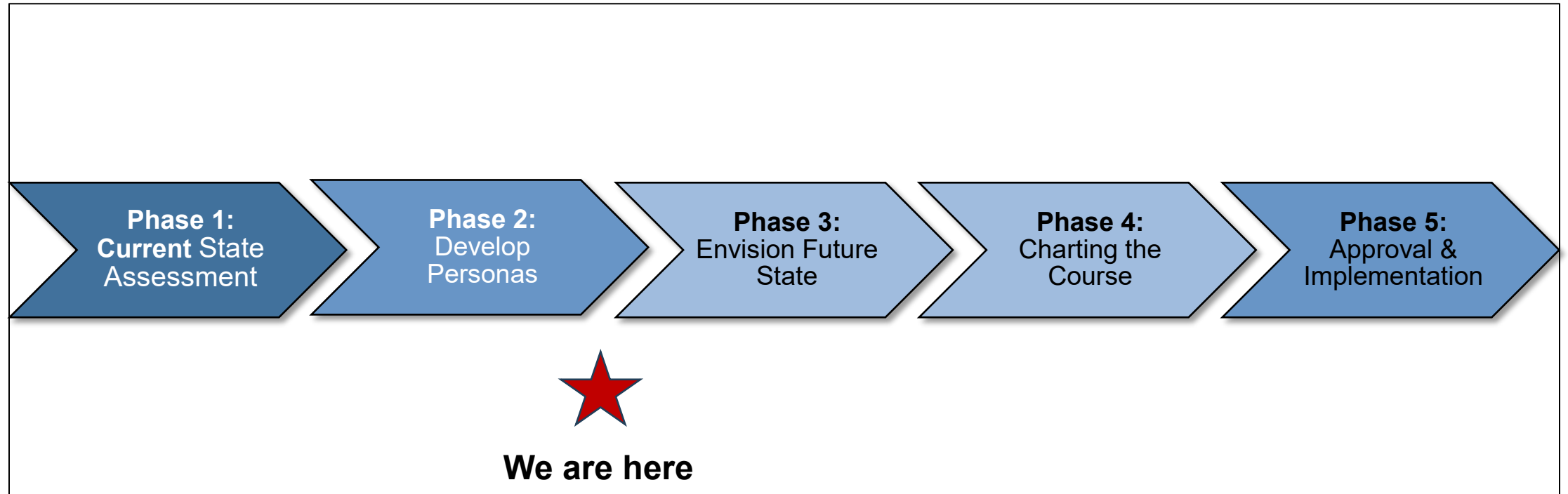


# Disclaimer

- *Feedback contained in this report was limited to results of our survey and focus groups and, as such, is limited*
- *Time and care was taken to present results in the manner in which they were provided – interpretation beyond the context in which this information was provided has not been undertaken*
- *Additionally, while the SWOT Analysis has been undertaken, it has not followed the typical approach where Strengths/Weaknesses reflect internal feedback and Opportunities/Threats reflect external feedback. Instead, the SWOT Analysis reflects internally-focused feedback only*

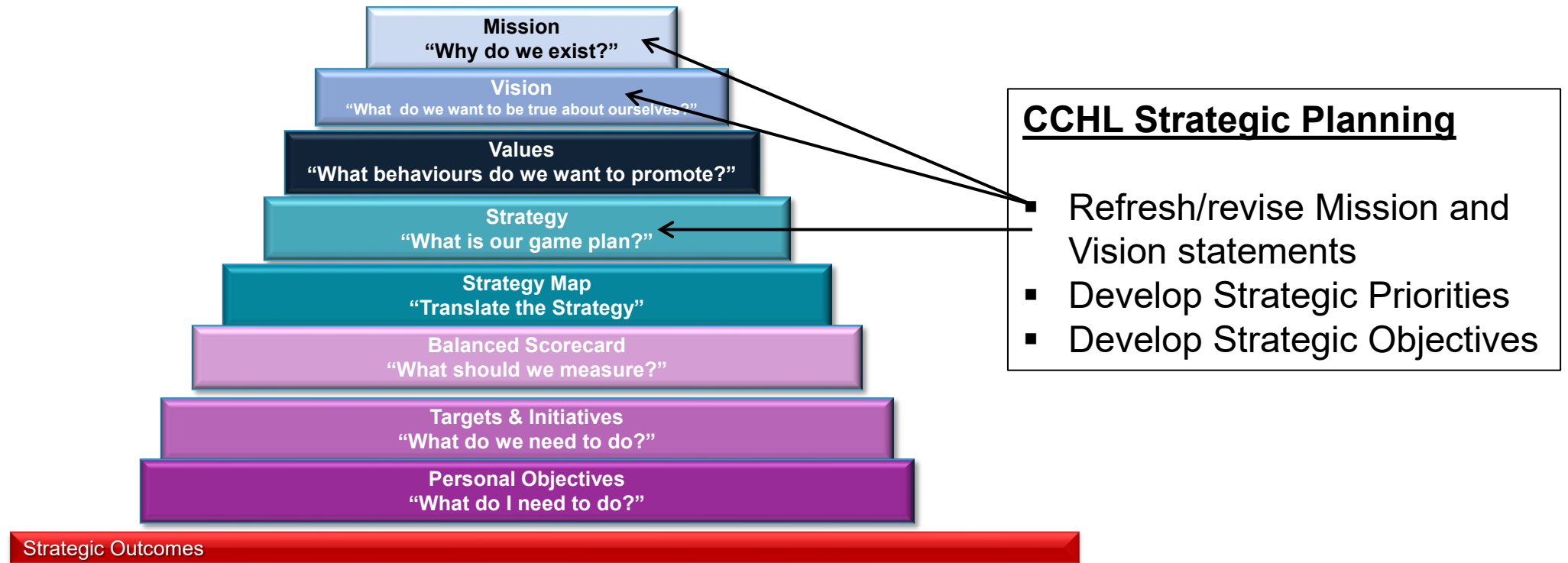


# Multi-Phased Approach



# Overview of Strategic Planning

## The Strategy Continuum



Financial Health & Accountability

Satisfied Customers

Efficient & Effective Processes

Motivated & Prepared Workforce

CANADIAN COLLEGE OF  
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# Tasks completed to-date

- **Member survey:** (339 responses)
- **Member focus groups:** Chapters/Chapter Executives/Members - 26 in total
- **Stakeholder Interviews:** 9
- **Attendance at stakeholder events:** 3 (HEC Planning Day, HPRS Sessions)
- **Development of 14 personas**
- **Development of Agendas** for Joint Retreat (CAC/Board) and Co-Creation Sessions
- **Development of Current State Analysis, SWOT, PESTEL**
- **Identification of potential strategic opportunities**
- **+ Rigorous Project Management & Active Chapter Engagement**



# Results of Current State Assessment



# Strengths

## Community & Networking Value

- The College is a **unique community for healthcare administrators in Canada**, providing "the" place to connect with like-minded individuals
- The **Chapter structure allows for crucial local connectivity**
- Members are highly motivated, showing a **high degree of enthusiasm and support** at both the Chapter level and within the corporate community

## Program & Education Excellence

- The **LEADS Framework is strong with excellent academic rigor**
- **LEADS 360 is a significant value add**, both standalone and as part of the CHE
- The **Health Management Forum boasts strong academic rigor** and a "blue chip" advisory board
- **Access to education/training opportunities is made easy** through short, focused webinars

## Engagement & Development Opportunities

- **Mentoring opportunities** (speed mentoring and Coaches' Corner) are well-received
- There are ample **opportunities for growth and personal development** through volunteering, advisory roles, and professional/leadership development
- An **engaged and enthusiastic corporate community** (including the Corporate Advisory Committee) exists
- There's **strong interest in serving on the Board of Directors** (62 applications for 2 positions)

## Unique Offerings & Support

- The **HPRS approach offers a unique value proposition** as the only one of its kind for corporations and executives to come together
- **Customer service provided by CCHL staff is strong**



# Weaknesses

## Membership Value & Recognition

- **High member fees** and a perceived lack of value deter participation, especially as many pay out-of-pocket
- The **CHE certification lacks broad recognition and a clear value proposition**, and its materials feel outdated. Its current "certification" approach doesn't involve a knowledge test, unlike other professional designations
- The **CCHL's overall value proposition is unclear**
- **Low brand recognition** for CCHL, LEADS, and CHE within all healthcare communities

## Engagement & Communication

- **Difficulty engaging members in local chapter events** post-COVID
- **Prohibitive costs** for attending CCHL conferences, with executives tending not to attend
- **Ineffective communication channels**, including excessive emails and a "clunky" and underutilized "Circle" platform
- Members receive **too many emails**
- **Lack of individual learning plans or 'passports'**



# Opportunities (Internal)



## Program & Credentialing Innovation

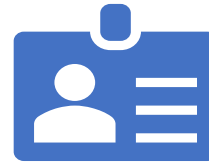
**Develop micro-credentialing and micro-certifications** to enhance academic rigor and provide alternatives to traditional conferences

**Create "cluster" events** (similar to ACHE) that leverage micro-credentialing to offer focused, alternative learning experiences

**Develop a comprehensive maturity model for professional and leadership development**, providing a clear path for members

**Leverage the LEADS refresh to recalibrate LEADS offerings** in alignment with the new maturity model

**Host CHE "cohorts"** (e.g., twice a year) to create economies of time and resources, fostering a "community within a community"



## Targeted Content & Member Experience

**Promote lifelong learning** by developing "learning passports" tailored for different member types to ensure "constant contact."

**Tailor leadership development offerings to address current complexities**, such as Indigenous, Intersectional, and BIPOC leadership



## Strategic Planning & Chapter Alignment

**Align Chapter offerings with the LEADS framework.**

**Shift chapter programming towards national development and local execution** - streamlining efforts and resources.



# Threats (Internal)

**Competitive Landscape:** Other agencies may encroach on CCHL's leadership development efforts, creating increased competition.

**Travel Restrictions:** Existing travel bans in BC, Alberta, and Quebec could spread across Canada, potentially leading to diminished participation at CCHL's three conferences.

**Resource Constraints:** Challenges in maintaining continuity of care within resource-strapped healthcare environments may prevent organizations from engaging in LEADS and CHE initiatives.

# Strategic Implications for CCHL

## Political & Legal

CCHL must position itself as a credible, neutral convener of pan-Canadian leadership while navigating federal-provincial complexities. There's an opportunity to expand its advocacy role on equity, innovation, and professional standards.

## Environment

CCHL can explore thought leadership on sustainable health systems and climate-resilient care models, especially in collaboration with northern and Indigenous communities.



## Economic

Member services must be cost-effective and responsive to strained budgets. CCHL can advocate for leadership investments as strategic, not discretionary, during economic uncertainty.

## Social

Leadership development must explicitly address reconciliation, mental health, anti-racism, and intergenerational workforce engagement. Member programming should reflect and respond to societal shifts.

## Technological

Future-ready leaders must be trained in digital transformation. CCHL can play a pivotal role in supporting digital literacy, change management, and innovation leadership.

# Common Themes

- Strong enthusiasm for participating in and **supporting a community of like-minded leaders**
- **Praise for the LEADS Framework** is augmented by a desire to set in place a maturity model that supports an ongoing learning and leadership development experience
- **Support for the CHE designation** is balanced by feedback that suggests a need to modernize content and strengthen the 'certification' moniker
- **Marquee events for Executives are currently lacking** (e.g. HPRS) strengthen CCHL's value proposition and set the College apart from other organizations
- **Opportunities to revisit the Chapter model** to engender interest and enthusiasm at the local level without administrative burden on volunteers



# Common Themes

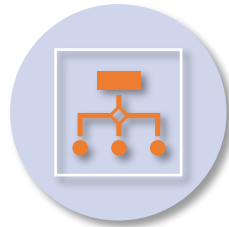
- **CCHL should re-calibrate its approach to online services** – especially CIRCLE and online registrations to support a user-friendly, intuitive, low-friction experience
- **CCHL's approach to conferences** should be re-calibrated to take into consideration the challenging realities of fiscal restraint in concert with travel restrictions which prevent wide-scale participation
- **Targeted investments in micro-learning, micro-certification and micro-credentialling** should be buffeted by strong partnerships and academic rigor (i.e. through use of Advisory bodies)
- Despite growth in membership and strong community participation, a **single value proposition for CCHL is difficult to quantify**



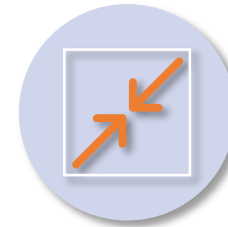
# Potential Strategic Priorities/Areas for Investment



Evolve conference planning to include micro-credentialling, micro-certification programming



Utilize the LEADS Refresh to re-calibrate the approach to LEADS programming in a way that better supports a **maturity model** (and moves away from 'one off' approach)



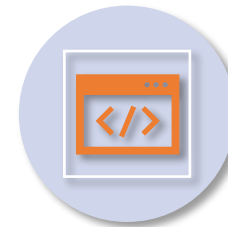
**Broaden the depth and reach of LEADS** by developing specialty programs for specialty populations (Indigenous, BIPOC, Intersectionality)



Develop programming for **Executive Level members**



**Re-imagine the CHE** in a way that deepens its academic rigor and markets to a wider audience



**Renovate the interface between the College** (web/landing pages) and its members. Emphasize adjustments to the CIRCLE

# Survey Results



# Survey Results: Executive Summary



## Key Findings – 339 responses

- **Membership Demographics and Engagement**

The majority of respondents are mid-career or senior leaders, with strong representation from Ontario chapters, particularly the GTA and Eastern Ontario

- A large proportion (64%) hold the Certified Health Executive (CHE) designation, though only 9% cite it as a primary reason for maintaining membership—suggesting that ongoing value derives more from programming than credentials alone

- **Perceived Value and Satisfaction**

Members rated both the *value* and *satisfaction* of their membership at an average of ~7.0–7.3/10. While positive, a significant group remained neutral, suggesting untapped potential for deeper engagement

- Chapter events and webinars were the most utilized and valued services

- **Most Valued Offerings**

**Networking**, interactive learning (e.g., workshops, guest speaker events), and national webinars are the most valued features.

Mentorship, formal recognition events, and publications rank lower in perceived value

# Executive Summary – cont'd

## ▪ Strategic Gaps and Opportunities

- **Advocacy:** A consistent theme was the desire for CCHL to take a more active role in advocating for health leaders nationally
- **Regional Balance:** Some members, particularly outside Ontario, perceived an Eastern Canada bias and expressed the need for greater regional equity in programming
- **Emerging Leaders:** Early-career professionals and students are underrepresented and less satisfied, indicating a need for targeted engagement and development programs
- **Hybrid Services:** While 73% are satisfied with the current in-person/virtual mix, 27% desire adjustments—split between wanting more in-person or virtual options

## ▪ Net Promoter Score (NPS)

CCHL's NPS is +12, indicating more promoters than detractors but also a large neutral segment

- Promoters primarily value the professional development and community aspects of the College

# Executive Summary – cont'd

## Strategic Recommendations

- **Expand Networking and Chapter Support:** Strengthen chapter capacity and develop new, innovative networking formats to build community
- **Enhance Professional Development:** Offer more advanced, flexible, and personalized learning opportunities, including coaching and on-demand content
- **Launch an Advocacy Agenda:** Define and act on key health leadership issues through partnerships, policy briefs, and national representation
- **Engage Emerging Leaders:** Create young leader initiatives, mentorship programs, and career development resources tailored to early-career professionals
- **Improve Communication of Value:** Better articulate the benefits of membership and CHE designation, using testimonials and impact stories
- **Refine Hybrid Service Delivery:** Maintain a flexible program model that respects geographic and time-zone diversity
- **Leverage Promoters and Feedback:** Activate loyal members for recruitment and maintain a feedback loop to guide continuous improvement



## Survey Results: Key Themes

- **CCHL's Core Strengths:** The College is highly valued as a networking and professional development platform. Members particularly appreciate chapter events, webinars, and opportunities to learn from peers and experts. This indicates that CCHL's role in connecting leaders and providing continuous learning is its strongest asset.
- **Membership Value is Generally Positive:** Most members feel their membership is worth the cost (average value rating ~7/10) and are satisfied with current services (~7.3/10). However, they are not *overwhelmingly* enthusiastic – a significant number are neutral. This suggests a solid foundation, but also room to increase the perceived value further to turn more neutrals into promoters.
- **Designations vs. Content:** While many members hold the CHE designation, relatively few explicitly cite it as their primary reason for membership. Instead, *the content and community provided by the College drive engagement*. This is a crucial insight: the utility of membership is defined more by tangible benefits (events, learning, networking) than by the credential alone. The CHE remains important, but CCHL should continue to enrich programming and services to justify membership beyond just maintaining designations.



# Survey Results: Key Themes

- **Advocacy is a Missing Piece:** Across multiple questions (open comments on purpose, suggestions for “more of/different”), a call for greater advocacy emerged. Members want CCHL to take a stronger stance in representing health leaders’ interests nationally. This is a notable gap – currently the College is seen as a convener and educator, but not as prominently as an advocate or voice for the profession. Incorporating advocacy into the strategic plan could address this desire.
- **Engaging Emerging Leaders:** The data suggests that younger and emerging leaders (students, aspiring leaders) are less satisfied and less engaged. Only 4 student members responded (and they gave the lowest satisfaction on average), and “opportunities for young managers” was a cited need. This implies the College should do more to attract, retain, and serve early-career health leaders (e.g., through targeted mentorship, accessible pricing, or young professional networks).





# Personas

## Anne-Marie Boucher - Retiree

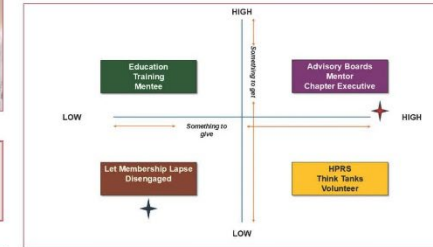


*"Staying engaged with a passion for seniors care."*

**Age:** 68  
**Work:** Retired CEO  
**Employer:** CHU du Quebec  
**Family:** Widowed, 2 Children  
**Location:** Quebec City  
**Member:** Retiree

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Anne-Marie was a trailblazer in Quebec's health system, having served as one of the first female CEOs of a large Health Authority. Post-retirement, she remains an active member of the CCHL, mentoring young professionals and contributing to policy white papers. She's deeply involved in health system reform discussions and volunteers on boards focused on senior care and rural health equity.

#### Chapter Executive



### Enablers

- Opportunities to give back to younger generations
- Opportunities to engage in Advocacy Initiatives and activities
- Opportunities to support health system reform

### Barriers

- Few activities to engage with other Francophone retired Executives
- Lack of opportunities to engage with CCHL on Advocacy Initiatives
- Too many emails from CCHL

# What are Personas – and why do we use them?

- The identification of stakeholder types (or “personas”) is a tool used by leading practice organizations around the globe.
- Personas are fictional but represent the different types of persons who will typically use healthcare services.
- Personas take into consideration that different stakeholders will use the College differently –and their needs must be integrated into the future plans.
- Creating personas assists with deeply understanding stakeholder needs, experiences, behaviours and goals
- Using personas enables us to plan for a new and inspired future through the eyes –and emotions –of the individuals who will be engaged with CCHL
- Ultimately, using personas will assist with achieving the goal of creating a positive experience for all types of members

## Miguel Reyes - LGBTQ2S+ (He/They) - Mid level Careerist



"Creating safe spaces and inclusive care models"

**Age:** 39

**Work:** Manager  
of Community Health  
**Employer:** Vancouver  
Coastal Health Authority

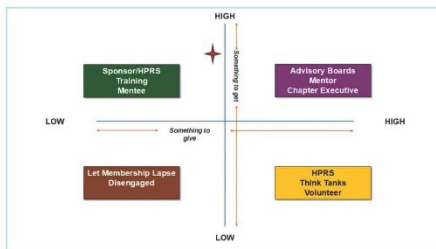
**Family:** Single

**Location:** Richmond

**Member:** Full Member



### Attraction Framework



### Biography

Miguel is a Filipino-Canadian leader, has been at the forefront of LGBTQ2S+ health equity programming for over a decade. With a background in public health and social work, he is known for his work on safe spaces and inclusive care models. A dedicated member of CCHL's Lower Mainland Chapter, he also mentors queer and racialized youth entering healthcare careers. Miguel is currently pursuing the CHE designation to broaden his impact.

### Chapter Executive

#### Chapter Events

#### CHE

#### LEADS

#### HRIS

#### CNC or CWC

#### CFLS

#### National Conversation

#### Webinars

#### Fellow

### Enablers

- Opportunities to connect with like-minded Leaders
- Initiatives which support Intersectionality Initiatives
- Opportunities to create safe spaces and inclusive care models

### Barriers

- Cost to attend webinars and conferences
- Tokenism as it relates to support of LGBTQ2S+ initiatives
- Lack of receptivity to open discussion regarding LGBTQ2S+ issues

Example of one of our Personas

Not a real person, but a type of person



## Miguel Reyes - LGBTQ2S+ (He/They) - Mid level Careerist



"Creating safe spaces and inclusive care models"

**Age:** 39  
**Work:** Manager  
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# Background



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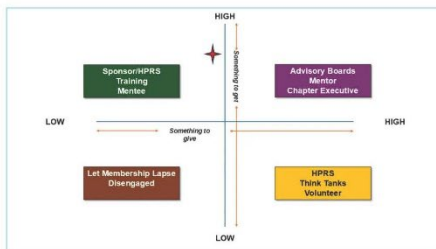
**Work:** Manager of Community Health  
**Employer:** Vancouver Coastal Health Authority

**Family:** Single

**Location:** Richmond

**Member:** Full Member

### Attraction Framework



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# How this member engages with CCHL





## Miguel Reyes - LGBTQ2S+ (He/They) - Mid level Careerist



"Creating safe spaces and inclusive care models"

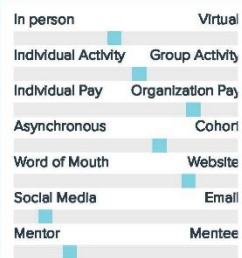
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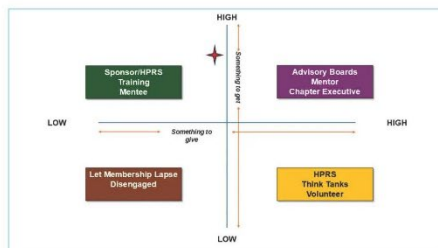
**Family:** Single

**Location:** Richmond

**Member:** Full Member



### Attraction Framework



### Chapter Executive

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- Opportunities to create safe spaces and inclusive care models

### Barriers

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- Tokenism as it relates to support of LGBTQ2S+ initiatives
- Lack of receptivity to open discussion regarding LGBTQ2S+ issues

# Enablers and Barriers



## Miguel Reyes - LGBTQ2S+ (He/They) - Mid level Careerist



"Creating safe spaces and inclusive care models"

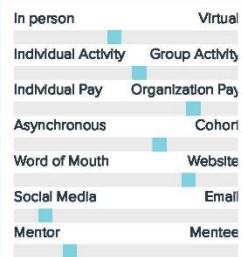
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**Work:** Manager  
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**Employer:** Vancouver  
Coastal Health Authority

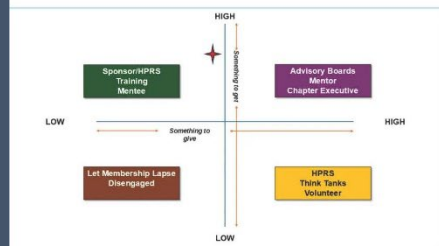
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**Location:** Richmond

**Member:** Full Member



### Attraction Framework



### Chapter Executive

### Chapter Events

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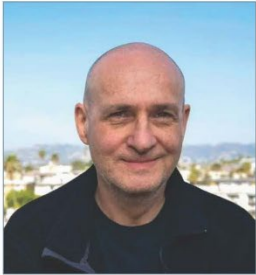
### Barriers

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- Tokenism as it relates to support of LGBTQ2S+ initiatives
- Lack of receptivity to open discussion regarding LGBTQ2S+ issues

# Attraction Framework



## Darryl Knight - Facilitator

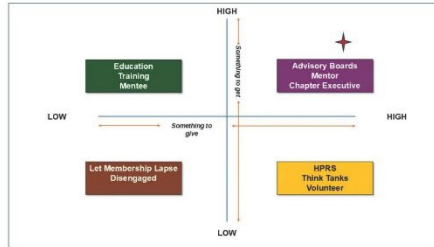


"Building cross-sectoral leadership competencies"

**Age:** 52  
**Work:** Executive Coach  
**Employer:** Self Employed  
**Family:** Divorced  
**Location:** Halifax  
**Member:** Lifelong

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Formerly a senior administrator in long-term care, Darryl transitioned into executive coaching after earning his certification in Executive Coaching from Royal Roads University. He partners with the CCHL to deliver leadership development sessions focused on emotional intelligence and conflict resolution. He is a LEADS facilitator and frequent speaker on adaptive leadership and offers one-on-one coaching for CHE candidates as part of their 360 review.

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
National Conversation	
Webinars	
Fellow	

### Enablers

- Opportunities to refine Leadership competencies
- Opportunities for Coaching and Training
- Opportunities to participate through a mix of in person and virtual events

### Barriers

- No formal structures to support self-employed persons
- CHE individual (vs cohort) structure - "one off" approach fails to capitalize on group dynamics
- Cost to attend CNC, CWC too high for someone self employed

## Marc-André Pelletier - Francophone Leader

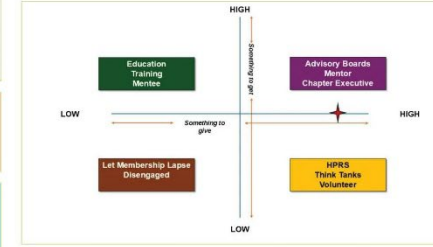


"Promoting French Language Programming"

**Age:** 54  
**Work:** PDG  
**Employer:** Centre intégré de santé et de services sociaux (CISSS)  
**Family:** Married, 2 Children  
**Location:** Gatineau  
**Member:** Executive Careerist

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

A respected leader in Quebec's health system, Marc-André has championed integrated care models in rural and urban settings. Bilingual and politically astute, he has led provincial reforms and is a longtime CCHL member. He promotes French-language leadership programming within the College and mentors emerging Francophone leaders. His strategic focus lies in workforce sustainability and digital health infrastructure.

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
National Conversation	
Webinars	
Fellow	

### Enablers

- Opportunities to promote French Language programming
- Opportunities to connect with Executive Leaders
- Opportunities to drive system reform

### Barriers

- Provincial mandates preventing participation
- Like-minded Executives do not participate at CFLS
- Too many emails from CCHL





## Dr. Alisha Deshmukh - Physician Leader

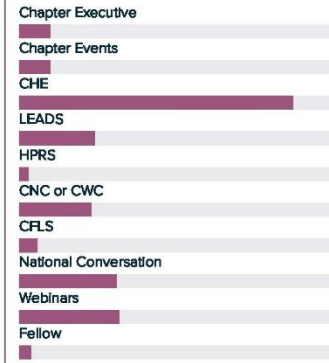
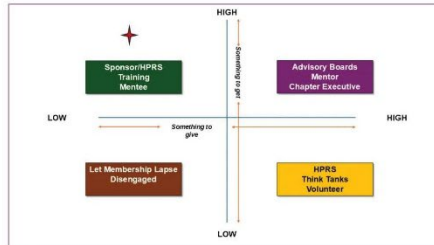


"Passionate about Physician engagement"

**Age:** 43  
**Work:** Internist  
**Employer:** Royal University Hospital  
**Family:** Married, 2 children  
**Location:** Saskatoon  
**Member:** Full Member

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Alisha has been practicing internal medicine for over a decade and is interested in transitioning into system-level leadership. She's pursuing the CHE to strengthen her administrative competencies and has begun shadowing department heads. Passionate about physician engagement, she has led several change management projects focused on reducing inpatient length of stay. She views the CCHL as key to bridging clinical and executive leadership roles.

### Enablers

- Opportunities to connect with other aspiring Physician Leaders
- Online and asynchronous learning
- Opportunities to adjust materials to better suit Physician Leadership challenges/opportunities

### Barriers

- Lack of female role models (Physician Leaders)
- Lack of time to participate during the day in webinars
- Lack of programming that relates to Physicians

## Arjun Diallo - BIPOC Early Careerist

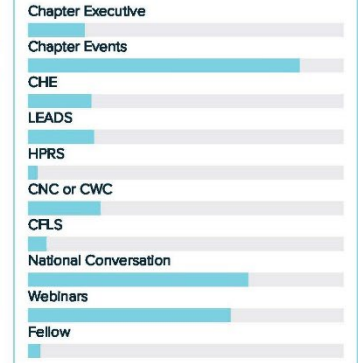
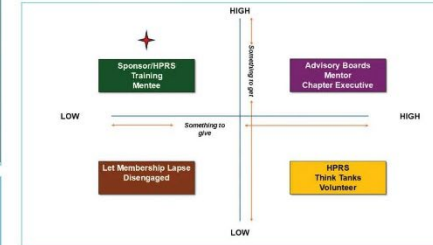


"Addressing racism and promoting equity informed leadership"

**Age:** 35  
**Work:** Manager of Quality Improvement  
**Employer:** Caledon Community Health Services  
**Family:** Married  
**Location:** Mississauga  
**Member:** Full Member

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Arjun is a second-generation Senegalese-Canadian passionate about health equity. He completed a Master of Public Health from the University of Toronto and joined the field to challenge systemic barriers. His early career has included work on anti-racism audits and health equity scorecards. He's an emerging voice in equity-informed leadership and has begun presenting at CCHL chapter events, pushing for stronger accountability in organizational leadership practices.

### Enablers

- Opportunities to connect with like-minded Leaders
- Initiatives which support DEI initiatives
- Opportunities to create safe spaces and inclusive care models

### Barriers

- Cost to attend webinars and conferences
- Lack of initiatives aimed at Equity, Diversity and Inclusivity
- Lack of receptivity to facilitating real change

## George Dalvecchio - Corporate Member

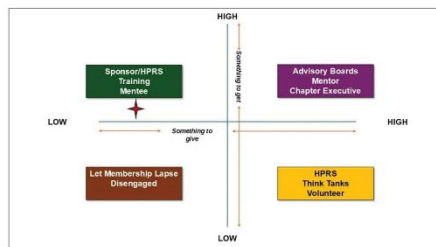


"Marketing and promoting  
Ideation with a strategic  
partner"

**Age:** 58  
**Work:** Senior Vice President  
**Employer:** NewMED  
Devices  
**Family:** Married, 2 children  
**Location:** Mississauga  
**Member:** Corporate  
Member

In person	Virtual
Individual Activity	Group Activity
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Mentor	Mentee

### Attraction Framework



### Biography

A seasoned leader in the Medtech Industry, George worked at GE and Philips Canada before starting his role at NewMed Devices. A Mechanical Engineer by training, George transitioned to Sales, Marketing and Product Development 15 years ago. Given restrictions related to Sales and Marketing (Broader Public Sector Guidelines, Procurement), George views CCHL as the ideal strategic partner. In his various roles, he has promoted and supported HPRS (both National and Exclusive events) as well as sponsorship for CCHL's National Conferences. He feels that CCHL's customer service is 'second to none'.

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
National Conversation	
Webinars	
Fellow	

### Enablers

- Opportunities to connect with Senior Leaders
- Exclusive access to decision-makers
- Sponsorship of high-profile events

### Barriers

- 'High-friction' - lack of customer service
- Poor value for money
- Limited interest in participating in HPRS (or similar) events

## Calvin Wabano - Indigenous Healthcare Leader



"Integrating Indigenous  
Knowledge Systems"

**Age:** 49  
**Work:** Director of  
Indigenous Liaison  
**Employer:** Thunder Bay  
Regional Health Centre  
**Family:** Married, 1 Child  
**Location:** Thunder Bay  
**Member:** Full Member

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

A member of the Ojibway First Nation, Calvin has spent over two decades advocating for culturally safe care. He started as a community liaison and worked his way into senior leadership. He integrates Indigenous knowledge systems into healthcare planning and partners with academic institutions on workforce development. As a CCHL member, he promotes reconciliation through leadership education and is often consulted on Truth and Reconciliation implementation in health systems.

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
National Conversation	
Webinars	
Fellow	

### Enablers

- Opportunities to connect with like-minded Leaders
- Initiatives which support Truth and Reconciliation
- Opportunities to integrate Indigenous knowledge systems into leadership development

### Barriers

- Cost to attend webinars and conferences
- Tokenism as it relates to support of Indigenous-led initiatives
- 'Lip service' paid to Truth and Reconciliation initiatives



## Jason Malik - Early Careerist

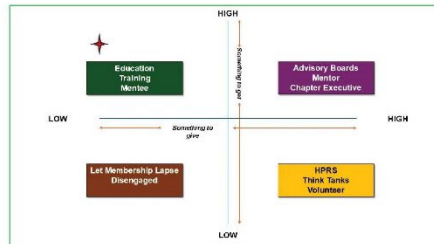


*"Collaborator Looking to Make Connections"*

**Age:** 28  
**Work:** Project Coordinator  
**Employer:** UHN  
**Family:** Single  
**Location:** Toronto  
**Member:** Early Careerist

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Jason is a first-generation Canadian-born to immigrant parents from Pakistan. After completing his Master of Health Administration at the University of Toronto, Jason entered the field with a passion for data-informed service design. He is known for his strong collaborative skills and has led digital transformation projects to streamline outpatient care coordination. Jason joined the CCHL during graduate school and recently completed the LEADS Lite workshop. He's looking to grow into a management role and values mentorship opportunities through the College.



### Enablers

- Webinars and events that relate to Quality and Performance Management
- High value for money events
- Connections with other early careerists

### Barriers

- Balancing desire to get ahead with the cost of doing so
- Webinars and topics of interest
- Time to attend in person events

## Joanna Langley - Mid Career Nurse Leader

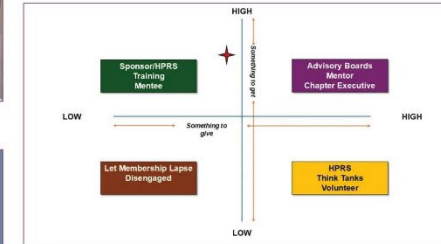


*"Balancing clinical demands with empathetic leadership"*

**Age:** 45  
**Work:** Surgical Unit Manager  
**Employer:** Stanton Hospital  
**Family:** Married, 2 children  
**Location:** Yellowknife  
**Member:** Full Member

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Joanna began her career as an RN and gradually moved into leadership. She manages a large interdisciplinary team and is involved in mentorship, quality assurance, and staffing redesign. She is completing the CHE designation and has enrolled in CCHL's LEADS programming for Nurses. Joanna is known for balancing clinical demands with empathetic leadership and is also active with Wounds Canada.



### Enablers

- Opportunities to connect with other Nurse Leaders
- Online and asynchronous learning
- Opportunities to adjust materials to better suit Northern and remote environments

### Barriers

- Cost to attend webinars and conferences
- Lack of time to participate during the day in webinars
- Lack of programming that relates to Northern, Rural, Remote and Indigenous challenges

## Captain Sara McDonnell - Forces

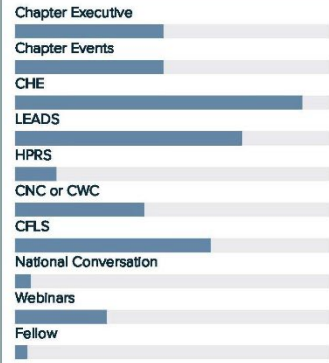
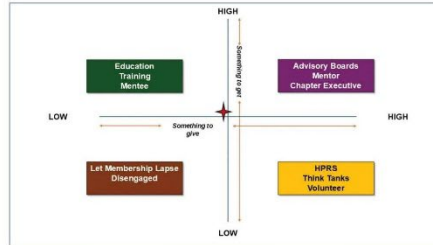


"Building cross-sectoral leadership competencies"

**Age:** 38  
**Work:** Health Services Operations Officer  
**Employer:** Canadian Armed Forces  
**Family:** Partnered  
**Location:** Ottawa  
**Member:** Forces

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Sara has served in several international missions, managing military medical logistics and field hospital operations. She holds a Master's in Defence and Health Policy and joined the CCHL to build cross-sectoral leadership competencies. Now stationed at National Defence Headquarters, she supports pandemic readiness planning and brings a disciplined systems-thinking approach to healthcare leadership.

### Enablers

- Opportunities to develop Leadership competencies
- Opportunities to challenge herself through 'stretch' initiatives
- Opportunities to learn more about high performing health systems

### Barriers

- Few topics of interest
- Lack of asynchronous learning opportunities - hard to manage with shift schedule
- Few like-minded persons with whom to connect

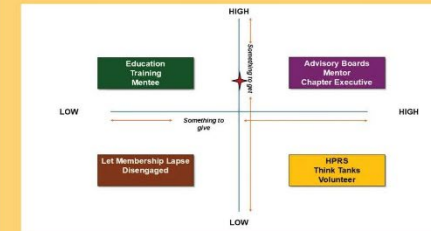
## Elizabeth Tran - Mid Careerist



**Age:** 43  
**Work:** Director of Clinical Operations  
**Employer:** AHS  
**Family:** Married, 2 Children  
**Location:** Calgary  
**Member:** Mid Careerist

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



"Advocate for Leadership Diversity and Work-Life Balance"



### Biography

Elizabeth began her career in nursing and transitioned into administration after completing her MBA in Health Management. With over 15 years of experience, she's led multi-site operational improvements in acute care and is currently spearheading an initiative focused on patient flow. As a Certified Health Executive (CHE), she actively contributes to the Southern Alberta Chapter and is an advocate for leadership diversity and work-life balance for women in healthcare.

### Enablers

- Activities that engage a like-minded community
- High value for money events
- Opportunities to connect with Executive Leaders

### Barriers

- Provincial mandates preventing participation in education and training
- National webinars are 'all over the map' - no common theme
- Too many emails from CCHL



## Naima Abdi - Student

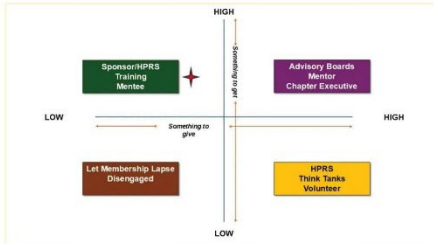


"Looking to access mentorship and learning opportunities"

**Age:** 24  
**Work:** MHA Student  
**Employer:** University of Manitoba  
**Family:** Single  
**Location:** Winnipeg  
**Member:** Student

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Naima is a Somali-Canadian student with a background in community health. She was drawn to health administration after witnessing systemic barriers during COVID-19. She's active in her university's healthcare leaders' association and recently joined CCHL to access mentorship and attend leadership webinars. She hopes to focus her career on urban Indigenous health systems and inclusive governance.

### Enablers

- Opportunities to connect with like-minded students
- Low cost-high value events
- Opportunities to participate through a mix of in person and virtual events

### Barriers

- Cost to attend webinars and conferences
- Mentorship opportunities limited in Manitoba
- Chapter activities not always in alignment with personal interests

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
National Conversation	
Webinars	
Fellow	

## Dr. Robert Smith - Executive Careerist

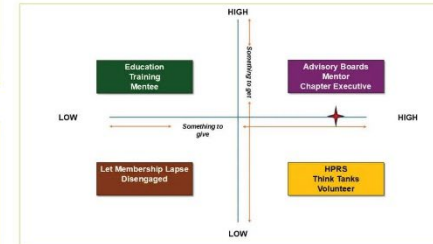


"Physician-turned Executive looking to keep pace with current environmental needs"

**Age:** 56  
**Work:** VP, Population Health  
**Employer:** PHSA  
**Family:** Married, 3 Children  
**Location:** Vancouver  
**Member:** Executive Careerist

In person	Virtual
Individual Activity	Group Activity
Individual Pay	Organization Pay
Asynchronous	Cohort
Word of Mouth	Website
Social Media	Email
Mentor	Mentee

### Attraction Framework



### Biography

Robert is a Physician-turned-Executive with over three decades in public health and systems leadership. He obtained his CHE early in his administrative career and now mentors emerging leaders through CCHL's mentoring programs, including Coaches Corner. He's passionate about data-driven equity strategies and recently led a province-wide initiative to close care gaps for high-risk populations. Robert serves on the CCHL Professional Standards Council and frequently speaks at both CNC and CWC.

Chapter Executive	
Chapter Events	
CHE	
LEADS	
HPRS	
CNC or CWC	
CFLS	
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Webinars	
Fellow	

### Enablers

- Opportunities to give back to younger generations
- Opportunities to connect with Executive Leaders
- Opportunities to develop new bodies of knowledge

### Barriers

- Provincial mandates preventing participation
- Like-minded Executives do not participate at CNC or CWC
- Too many emails from CCHL

# Small Group Discussion

- Assign one person for EACH of the following roles:
  - HOST & TIMEKEEPER (CCHL staff will also assist)
  - RECORDER
  - PRESENTER
- Each table/small group will record and present back findings using templates provided



# Small Group Discussion – Personas - INSTRUCTIONS

- Each table/small group will review 1 persona. The group will provide edits to the persona.
- Each group will discuss the answer to the question: *If this is the person for whom the CCHL is charting the course for a strategic future, what can CCHL be doing more of, less of or differently for this person?*



# Feedback on Personas

Persona	What's Working	Suggested Edits





# Feedback on Personas – cont'd

Persona	What can we be doing MORE of for this member?	What can we be doing LESS of for this member?	What can we be doing DIFFERENTLY for this member?



# Small Group Discussion

**Using templates provided, each group will identify 3-4 key priorities for the CCHL to undertake in the next 5 years**



# What should be Key Strategic Priorities?

Persona	Priority #1	Priority #2	Priority #3



## Small Group Discussion

**Each group will make a 60 second “power pitch” to present their findings back to plenary**

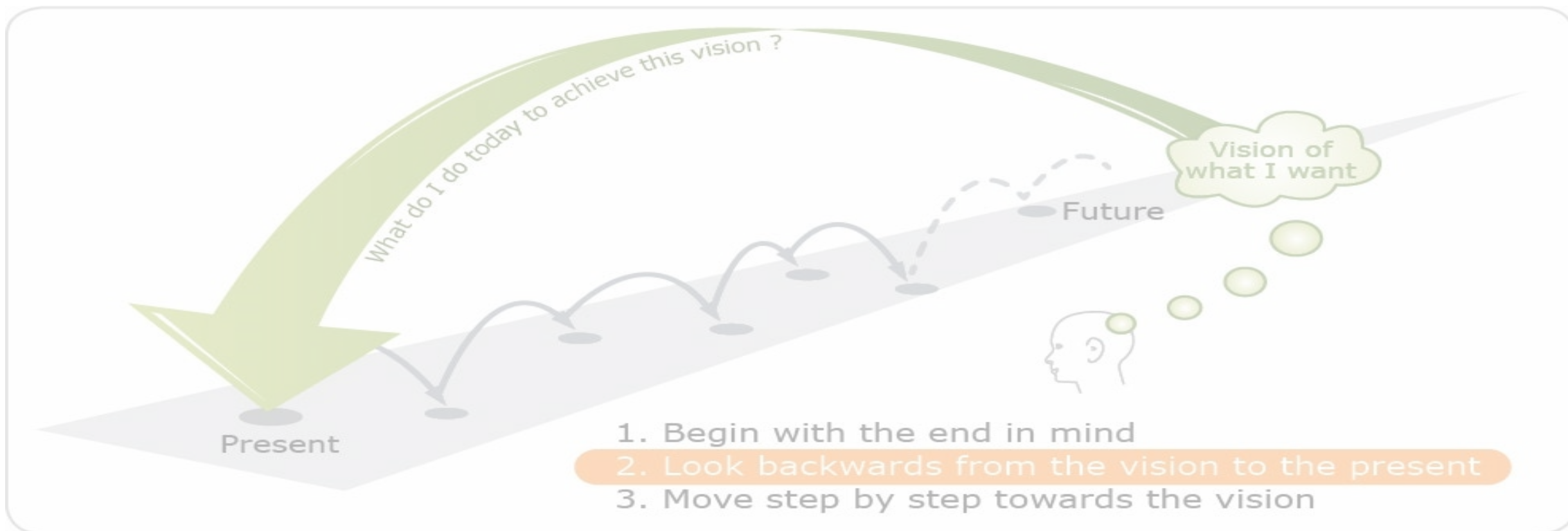


# Power Pitch

What is the “ONE THING” that your group (speaking on behalf of your persona) you need CCHL to keep in mind as part of the Strategic Planning process?



# Looking ahead to the Future State



## Small Group Discussion

**What do you want to be true about CCHL in 5 years' time?**  
**Identify 3-4 attributes of the Future State**



# Power Pitch

**What is the “ONE THING” that your group wants to be true about the Future State of CCHL?**





# Next Steps



# The Planning Road Ahead..

- ✓ Conduct co-creation sessions with conference participants (June 16/17)
- ✓ Compile results from today & June 16/17
- ✓ Develop strategic ‘hypotheses’ based on all feedback
- ✓ “Test” hypotheses with interest-holder groups, members of the Board of Directors, Chapters
- ✓ Summarize results of testing – present back to Board of Directors
- ✓ Host Board of Directors Retreat October 28



# Thank you!

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