

CHHRN News



THE CANADIAN HEALTH HUMAN RESOURCES NETWORK NEWSLETTER

VOLUME 3 ISSUE 3

The Power of Health Workers

Inside This Issue:

CHHRN Advisory Committee <i>Mr. James Campbell</i>	2
WHO Call for Contributions <i>COMHEEG Call for Action</i>	3
CHWC 2016 Highlights <i>Noteworthy speakers</i> <i>Health Workforce Priorities</i> <i>CHWC 2016 Report</i>	4-5
CHWC 2016 Lynda Buske Student Award Winners <i>Poster: Sarah Simkin</i> <i>Presentation: Tricia Cleland Silva</i>	6
CHWC 2016 Researcher Spotlight <i>Dr. Kevin Kelloway</i>	7
Noteworthy HHR Publications	8-9
Upcoming HHR Conferences	10
Latest Health Workforce Tools	11
CIHI Health Workforce Database <i>Updated data on 5 professions</i>	12-13
Upcoming Funding Opportunities	14
Upcoming Webinar	15
CHHRN Twitter Highlights	16

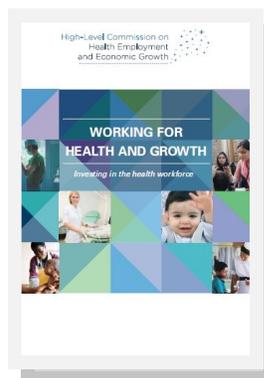
This newsletter highlights important points from several recently released reports in health care which together have raised critical issues around the role of health workers in the economy and the importance of thinking smarter about how best to optimize our health systems most important resource— health human resources.

The High Level Commission Report on Health Employment and Economic Development was launched in September 2016 with a global call for action with critical recommendations required to respond to growing global demand for health workers and to address the global short-fall of health workers projected by 2030. Among the recommendations specific emphasis is place on partnerships and collaboration between health and other ministries towards strategic investment that recognizes the socioeconomic value of the health workforce needed to address the challenges posed by the rising need of health workers. These strategies should cover the following four areas:

- Optimizing the existing workforce in pursuit of the Sustainable Development Goals;
- Anticipating future workforce requirements by 2030 and planning necessary changes;
- Strengthening individual and institutional capacity to manage HRH policy, planning and implementation; and
- Strengthening the data, evidence and knowledge for cost effective policy decisions.

Cutting across these four strategy areas, the commission report outlines ten critical recommendations with a five-year implementation plan that aims to accelerate economic growth and progress towards health equity (*see page 8*).

The WHO is encouraging feedback on the five-year implementation plan (*see page 3*).



Call for Submissions on ComHEEG Recommendations Page 3

CHHRN Advisory Committee



Mr. James Campbell

Director, Health Workforce Department, World Health Organization

Mr. James Campbell is the Director of the Health Workforce Department at the World Health Organization. In this capacity, he has led the development of WHO's Global Strategy on Human Resources for Health: Workforce 2030, adopted by the Sixty-ninth World Health Assembly in May 2016, and supported efforts of the United Nations Secretary-General's High-level Commission on

Health Employment and Economic Growth resulting in the September 2016 publication of their report: Working for Health & Growth: Investing in the health workforce.

Population growth, ageing societies, and changing disease patterns are expected to drive greater demand for health workers in all countries of the world in the next 15 years. These changes demand a coherent, multi-sectoral policy response. From the economic perspective, the health and social sectors are a growing source of jobs and a major driver of equitable economic growth. In the education sector, we must invest in technical, vocational and professional education and training that is socially accountable and is transformed to meet the needs of populations, particularly in countries with the greatest shortfalls. A gendered perspective affirms that we must achieve gender equality for girls' education and women: women comprise 67% of the health workforce and half of women's contributions to global wealth are in unpaid care roles. Labour norms and legislation require that we need to ensure decent jobs, protecting health workers' occupational health and safety, including protection from violence and targeted attacks. And from an effectiveness perspective we must build the data, evidence and science to drive action and accountability.

The WHO [Global Strategy on Human Resources for Health: Workforce 2030](#), adopted at the World Health Assembly in May 2016, responds to these challenges. It articulates that investing in human resources for health can deliver a triple return of improved health outcomes, global health security and economic growth. The Strategy provides a common framework for all countries and stakeholders to ensure a robust and resilient global health workforce. Adding to the normative work of the WHO, is the political leadership and call to action within the [report of the UN High-Level Commission on Health Employment and Economic Growth](#). The Commission's report was launched in September 2016 and proposes ten recommendations to ensure that the world has the right number of jobs for health workers with the right skills and in the right places to deliver universal health coverage. The report has already been adopted and endorsed by a [UN Resolution](#) in December 2016, signalling a clear mandate for Member States to accelerate implementation of the Strategy and the recommendations of the Commission. *(continue on next page)*



*COMHEEG recommendations for action was discussed at the CHWC 2016 Global HRH Panel
Read CHWC 2016 Health Policy Report to Learn More!*

Investing in the health workforce will not only help address the projected shortfall of 18 million health workers to achieve and sustain universal health coverage, primarily in low- and lower-middle income countries; investments can also be a force multiplier for gains across the Agenda for Sustainable Development. WHO’s Executive Board, in a [decision last week](#), requested the Director-General of the WHO to finalize a 5-year action plan to implement the Commission’s recommendations and submit this to the World Health Assembly in May 2017. An [online consultation](#) is open until the 17th February for Member States and all relevant stakeholders to submit comments.

The 5-year action plan will lend momentum to actions at national level. An accountability and measurement framework is being developed alongside this. One element of which is [the 4th Global Forum on Human Resources for Health](#) to be held in November 2017 in partnership with Ireland. The Forum’s primary objective is to support implementation and monitoring of the Global Strategy as well as recommendations of the Commission. The Forum will also facilitate special sessions to debate and discuss health workforce issues of global relevance including; emergency preparedness & response, antimicrobial resistance, and the 90-90-90 initiative amongst others. It will provide a unique opportunity to engage a multisectoral group of actors across the education, finance, health and labour sectors; multilateral and bilateral agencies; academic institutions; health professional associations and civil society, in a coherent advocacy platform for the health human resources and the SDGs.

WHO Call for Contributions

**Deadline to Submit:
FEB 17 2017**

TEN RECOMMENDATIONS



- ◆ **H**ow will you take the Commission’s recommendations and immediate actions forward at local, national, regional and/or global levels over the next five years?

-Briefly describe the actions and investments you commit to implementing. (750 words)

- ◆ **W**hat is your feedback on the Five-Year Action Plan?

- Briefly summarize reflections and suggestions on the version for consultation. (750 words)

Submitted contributions should be:

- ◆ Maximum 1,500 words per submission
- ◆ In English or French or Spanish

Contributions will be reviewed with a view to informing the final Five-Year Action Plan, which will be made available in March 2017. Selected contributions will be published and disseminated online.

Submit via the [WHO online Datacol platform](#) .

Learn more about the COMHEEG report on page 8!



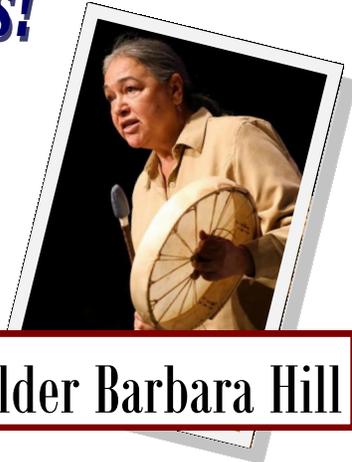
CHWC 2016 Highlights

Welcome and Keynote Address!



Kamal Khera

The Canadian Health Workforce Conference 2016 was held at the Shaw Centre in Ottawa on October 3rd-5th. This year, we are honored to have had Elder Barbara Hill provide a welcome to Algonquin territories followed by a powerful keynote address delivered by Ms. Kamal Khera, Parliamentary Secretary to the Minister of Health who spoke about the link between health and the strength of our health workforce, a sector representing more than 2 million Canadians. She also stressed that transformation cannot happen by working in silos. “We need to work smarter by using patient-centered teams where providers work together and to their optimal scope of practice.” *Read the full speech on the CHWC 2016 webpage!*



Elder Barbara Hill

Health Workforce Priorities



With the Health Accord set to expire in 2017, an impending global shortfall of health workers projected at 18 Million and statistics showing that over two-thirds of total health care spending in the country is spent on the health workforce, the timeliness of evidence has never been greater and underscores the fundamental importance of regularly convening key players of the health care system to confer on its largest and most critical resource—the health workforce. This past CHWC convened international experts and high profile speakers and researchers from across the country around critical health workforce themes including:



- ◆ Global impact of health workforce planning
- ◆ Health workforce priorities for a new health accord
- ◆ Interprofessional Teams
- ◆ Mental Health in the Health Sector
- ◆ Engaging Patients in HHR Research
- ◆ Indigenous Health Workforce Strategies
- ◆ Francophone Minority Health Workforce Strategies
- ◆ Latest Health Workforce Tools and Innovations

Learn more in the CHWC 2016 Health Policy Report!



Over 200 participants attended the CHWC 2016 from health policy, research, practice and academic sectors. Below are quotes and highlights from the top ranked panel and guest speaker as identified in our participants survey. Don't forget to watch Mr. Campbell's video remarks about the conference on the CHHRN website!

Mental Health in the Health Workplace Panel



**Conference Report
Now Available!**

**Next CHWC will
be in Ottawa
FALL 2018**



“Increasingly, Canadian employers understand they have a serious financial stake in keeping their workers both physically and mentally well. It’s key to their productivity and profitability.”
- *Louise Bradley, President and CEO, MHCC*

“Healthcare workers 1.5 times more likely to miss work due to illness or disability than other sectors”
- *Bill Tholl, Founding President and CEO of HealthCareCAN*



“We must move beyond advocacy to focus on evidence based interventions designed to enhance mental health in the workplace.”
- *Kevin Kelloway, PhD Saint Mary’s University, Nova Scotia*
Dr. Kelloway’s Upcoming Publications Page 7!

International Guest Speaker



Drawing on many years of focused research, Dr. Leslyanne Hawthorne presented on how global trends in workforce migration affect and are affected by the Canadian and Australian health workforce. She described the prominent role that Canada plays in international health workforce migration including projections showing that the number of internationally trained health workers is expected to double the number over the next few years. Contextualizing this role within the global context, she discusses the disparities created by competing countries as they attract the best health workforce to address their own workforce shortages and maldistributions and emphasizes the resulting impact this has on low-income countries. Dr. Hawthorne’s presentation underlined the importance of the WHO Global Code of International Recruitment of Health Personnel and the key recommendations for action presented by Mr. Jim Campbell (*see page 8*). - *Leslyanne Hawthorne (PhD, MA, BA Hons, Dip Ed, Grad Dip Mig Studies), Professor (International Health Workforce), Centre for Health Policy, University of Melbourne*

CHWC 2016 Lynda Buske Student Award



The Canadian Health Workforce Planning Committee and the generous sponsors of the CHWC 2016 Lynda Buske Student Award Competition – **The Royal College of Physicians and Surgeons of Canada** and **Canadian Post MD Education Registry** -are pleased to congratulate the following students recipients for CHWC 2016 Lynda Buske Student Award for:



Sarah Simkin

Best Student Poster: Sarah Simkin and
Best Student Presentation: Tricia Cleland Silva.

Sarah Simkin is a graduate student in the MSc (Health Systems) program at the Telfer School of Management at the University of Ottawa. She is studying end-of-career practice patterns of primary care physicians in Ontario, under the supervision of Dr. Ivy Lynn Bourgeault and Dr. Simone Dahrouge. Dr. Simkin also continues her clinical work as a family physician with enhanced skills training in anesthesia.

Did retirement behaviours of primary care physicians change after the global financial crisis of 2008? The answer to this question is: probably not. Research is ongoing in an effort to clarify how various factors influence end-of-career practice patterns of primary care physicians in Ontario.



Tricia Cleland Silva

Tricia Cleland Silva is originally from Canada and has been living and studying in Helsinki, Finland since 2006. She recently published her PhD in the department of management and organization at Haken School of Economics. The PhD monograph documents the active recruitment and placement of 75 Filipino nurses by Finnish private and public organizations during the years 2007-2010. This private, active recruitment of internationally educated nurses was the first in Finnish history. The thesis is critical of international human resources management (IHRM) as discipline and practice, and discursively analyses structural and societal issues of control and compliance of the historically gendered and racialised occupation of nursing. Furthermore, the transnational processes and movement of human capital from the Philippines to Finland is discussed in terms of (re)producing managerial practices of nurse work which create barriers to equality in the workplace. She will defended her thesis on November 26th 2016.

Her external examiner was Dr. Ivy Lynn Bourgeault. Tricia has a position as a university lecturer at Hanken where she teaches human resources management at the bachelor level and strategic international human resource management and gender, management and organization at the master level.

Learn more about this award winning research on the CHWC 2016 webpage!

CHWC 2016 Researcher Spotlight



Dr. E. Kevin Kelloway

Dr. E. Kevin Kelloway is the Canada Research Chair in Occupational Health Psychology and Professor of Psychology at Saint Mary's University. A prolific researcher he has authored over 150 articles and book chapters in addition to 14 books. He is a recipient of the SMU President's Award for Research Excellence (2009), the Distinguished Contribution to IO Psychology award (2015 from Section 14 of CPA) and the Distinguished Psychologist in Management Award (2016) from the Society of Psychologists in Management. He is a Fellow of the Association for Psychological Science, the Canadian Psychological Association, the International Association of Applied Psychology and the Society for Industrial/Organizational Psychology. Kevin is Past Chair of the Canadian Society for IO Psychology and Past President of the Canadian Psychological Association – Canada's national association for psychology.

He is Associate Editor for the journals *Work & Stress*, the *Journal of Occupational Health Psychology* and the *Journal of Organizational Effectiveness: People and Performance* as well as serving on several other editorial boards. As a consultant he works with private and public sector clients on a variety of issues related to leadership, occupational health and safety, employee attitudes and HR management.

Upcoming Publications:

Kelloway, E.K. (in press). Mental health in the workplace: Towards evidence based practice. *Canadian Psychology*

Recently Released Publications:

Dimoff, J.K., Kelloway, E.K., & Burnstein, M.D. (2016). Mental Health Awareness Training (MHAT): The Development and Evaluation of an Intervention for Workplace Leaders. *International Journal of Stress Management*, 23,167-189.

Godin, J., Keefe, J., Kelloway, E.K. & Hirdes, J. (2015). Nursing Home Resident Quality of Life: Testing for Measurement Equivalence across Resident, Family and Staff Perspectives. *Quality of Life Research*, 24, 2365-2374.

To access publications by Dr. Kelloway

and many more HHR related

publications and reports search the **CHHRN-CIHI e-Library**





Noteworthy HHR Publications

The Power of Health Workers

Investing in the Health Workforce



The High-Level Commission on Health Employment and Economic Growth was established by United Nations Secretary-General Ban Ki-moon in March 2016. Its task: to make recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the **projected shortfall of 18 million health workers**, primarily in low- and lower-middle-income countries, by 2030. Six months of intensive work and productive discussions, first among the Expert Group and then among the Commissioners, facilitated by ILO, OECD and WHO, have led to this report, which presents the case for more and better investment in the health workforce.

The Commission makes ten recommendations that should be read in the context of efforts to strengthen health and social protection systems as well as broader initiatives to implement the 2030 Agenda for Sustainable Development and to meet the targets of the SDGs.

Recommendations to transform the health workforce for the SDGs include:

1. Job Creation
2. Gender equality and rights
3. Educations, training and competencies
4. Health service delivery and organization
5. Technology
6. Crises and humanitarian settings
7. Financing and fiscal space
8. Partnership and cooperation
9. International Migration
10. Data, information and accountability



More about the CHWC on the CHHRN website!

These critical recommendations for action were presented at the **CHWC 2016's Global HRH Panel**. Power point presentations and more are available for download on the CHWC 2016 webpage accessible through CHHRN's website: www.hhr-rhs.ca

We bring high profile international health workforce expertise at the CHWC 2016!



Mr. James Campbell is a member of CHHRN's international advisory committee and an esteemed International Guest Speaker at the recent Canadian Health Workforce Conference held in Ottawa where he presented the critical and timely recommendations for action described in the above mentioned report—released only a month prior to the conference. Find out more about his and other timely/health workforce presentations on the CHWC 2016 webpage and CHWC 2016 Health Policy Report (*See page 5*)

Towards a New Health Accord

The following are excerpts focusing on health workforce strategies from three strategic reports for action around key priorities for the new Health Accord.



HOME CARE:

Sustainable Care:

Plan and manage health human resources in anticipation of changing supply and future demand.

Health Human Resources

What Matters to Canadians? I want to receive care from a health care provider who is qualified, skilled and compassionate.

What Can The Federal Government Do? Fund the development and implementation of a continuing education program to support both unregulated and regulated health care providers.

Considerations:

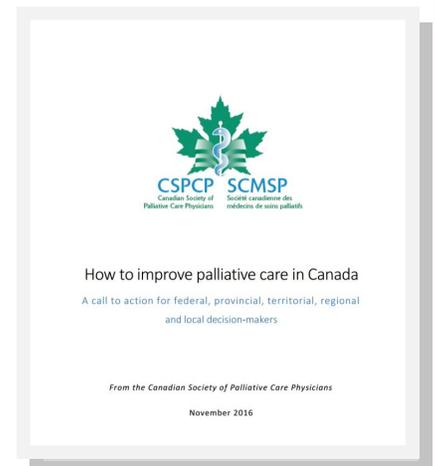
- ◆ Health Human Resources (availability, skills, and qualifications) are the number one challenge for government programs and private service providers.
- ◆ Unregulated workers provide the majority of home care services (70-80%)

PALLIATIVE CARE:

Workforce Planning:

“The demographics of the current workforce indicate that over the next 10 years a large proportion of those who founded the discipline and are currently providing service will retire. Current Canadian training programs are barely producing sufficient specialists to replace the retirements, let alone meeting the current and growing needs of the population.”

“Canada needs an adequate palliative medicine workforce. Physicians providing palliative care services must be properly trained and assessed to ensure they are capable of providing the highest standard of care. They must have resources to do the work, including the support of allied health professionals in interdisciplinary teams, access to in hospital beds and services, after-hours schedules and supports, and community supports and services.”



MENTAL HEALTH:

Develop A Canadian Mental Health Human Resource Plan:

“A pan-Canadian Human Resource Plan is needed to project the human resource needs across the spectrum of disciplines, including peer support workers. It should provide a roadmap for how the mental health system can get the right mix of qualified providers with the right skills across disciplines, sectors, and populations. The Human Resource Plan would support improved access to services across the continuum of care and monitor and report on the progress of its implementation by the end of year five.”

These reports and more can be found on the CHHRN-CIHI online library!

Upcoming Health Workforce Conferences Register Today!

CHSPR Health Policy Conference March 9-10, 2017

CHSPR's 29th annual health policy conference will explore the promise, potential, and (real) progress on primary health care reform in BC and Canada.

Location: Pinnacle Hotel Vancouver Harbourfront
Early Bird Registration Deadline: **January 31 2017**
More information: www.chspr.ubc.ca/conference/

Taking the Pulse

March 10
2017

CHSPR 2017 29th ANNUAL HEALTH POLICY CONFERENCE

World Health Summit- North America May 8-9, 2017

The Université de Montréal and the Montreal Clinical Research Institute are proud to announce that they are proud to announce that they will be hosting the 1st World Health Summit (WHS) of the M8 Alliance to be held in North America. The world leaders in global health will be attending this prestigious event, including over 800 researchers, doctors, industry leaders, decision-makers, government members and civil society actors from around the world.

Location: Palais des congrès de Montréal, Montréal, Québec, Canada
More information: www.ircm.qc.ca

 **IRCM** MONTREAL CLINICAL RESEARCH INSTITUTE
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 50 YEARS 1967-2017

CAHSPR Conference May 24-26, 2017

CAHSPR's annual conference is Canada's largest gathering of health care policy makers, managers, researchers, students and stakeholders.

Location: Hilton Hotel Toronto
Early Bird Registration Deadline: March 24 2017
More information: www.cahspr.ca/en/conferences/

 CAHSPR ACRSPS
Canadian Association for Health Services and Policy Research
L'Association canadienne pour la recherche sur les services et les



Latest Health Workforce Tools

Public and Patient Engagement Tool (PPEET)

Over the past decade, engaging patients and citizens in healthcare decision-making has become increasingly important. Although much attention has been paid to the importance of public and patient engagement (PPE) and the methods of PPE, there has been little focus on how to evaluate these efforts to understand how PPE activities are working and the outcomes they are achieving.

To fill this gap, a group of researchers and PPE practitioners from across Canada collaborated to develop a tool to evaluate PPE activities. The result of this work is the Public and Patient Engagement Evaluation Tool (PPEET).



Inspiring Innovation and Discovery

FOR MORE INFORMATION CONTACT:

abelsonj@mcmaster.ca

Royal College Medical Workforce Knowledge Base

Physicians play an important role in caring for Canadians. They practice in diverse settings and provide broad health care services to patients, ranging from prevention to diagnosis to treatment and rehabilitation. The provision of specialized medical care depends on the availability of specialty-trained physicians and other health professionals as well as practice resources, such as specialized equipment. Physician workforce supply information is a starting point for providing insight into patient access to specialized medical care and longer term planning.

The Royal College Medical Workforce Knowledgebase provides key insights on the size and composition of Canada’s current and future physician workforce.

The knowledge base is accessible on the Royal College website: <https://ceomessage.royalcollege.ca/2016/12/07/data-tells-the-story-canadas-medical-workforce-is-changing/>

FOR MORE INFORMATION CONTACT:

healthpolicy@royalcollege.ca



Nova Scotia Health Atlas

The Nova Scotia Health Atlas is an interactive, web-based mapping tool that illustrates differences in measures of health status, health service use, and the social determinants of health across small geographic areas of Nova Scotia. The purpose of the Atlas is to better enable Nova Scotia’s health care stakeholders to understand and respond to the health care challenges facing the province. This prototype version includes aggregate data from [an MSSU study on high-cost health care use across the province](#). Over time, the atlas will evolve to include more information and additional features for users. In the next version, this section will display information on how each selected indicator was calculated and identify the source(s) of the data behind it.

FOR MORE INFORMATION CONTACT:

Kelly MacDonald
 Communications Advisor
 Maritime SPOR SUPPORT Unit (MSSU)
 (902) 473– 7569



CIHI Health Workforce Database

Who are the people delivering care in our healthcare systems?

SELECTED HIGHLIGHTS FOR OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS, PHARMACISTS, MEDICAL LABORATORY TECHNOLOGISTS AND MEDICAL RADIATION TECHNOLOGISTS

Access to health care, and the quality of care, is shaped by the individuals delivering care. Health care providers account for 7.0% of Canada's labor market; close to 50% of these providers are regulated nurses and an additional 8.0% are physicians.

While significant research has explored trends and experiences of regulated nurses and physicians, much less work has focused on allied health professionals – such as occupational therapists, physiotherapists, pharmacists, medical laboratory technologists and medical radiation technologists. **On 12th January 2017, the [Canadian Institute for Health Information \(CIHI\)](#) released new workforce trends on these 5 health care provider groups.**

SELECTED HIGHLIGHTS

While the supply of occupational therapists (OTs), physiotherapists (PTs), medical laboratory technologists (MLTs) and medical radiation technologists (MRTs) all experienced growth between 2008 and 2015, the rate of growth varied across the professions.

The supply of OTs increased at a rate of 3.6% reaching 16,552 OTs; PT supply reached 21,776, having grown at a rate of 3.3%. While MLTs reported a supply of 20,749 and MRTs a supply of 19,390, the growth was at a slower rate (0.7% and 1.8% respectively). Over the same period, the supply of pharmacists declined by 0.2% to 39,263 pharmacists.

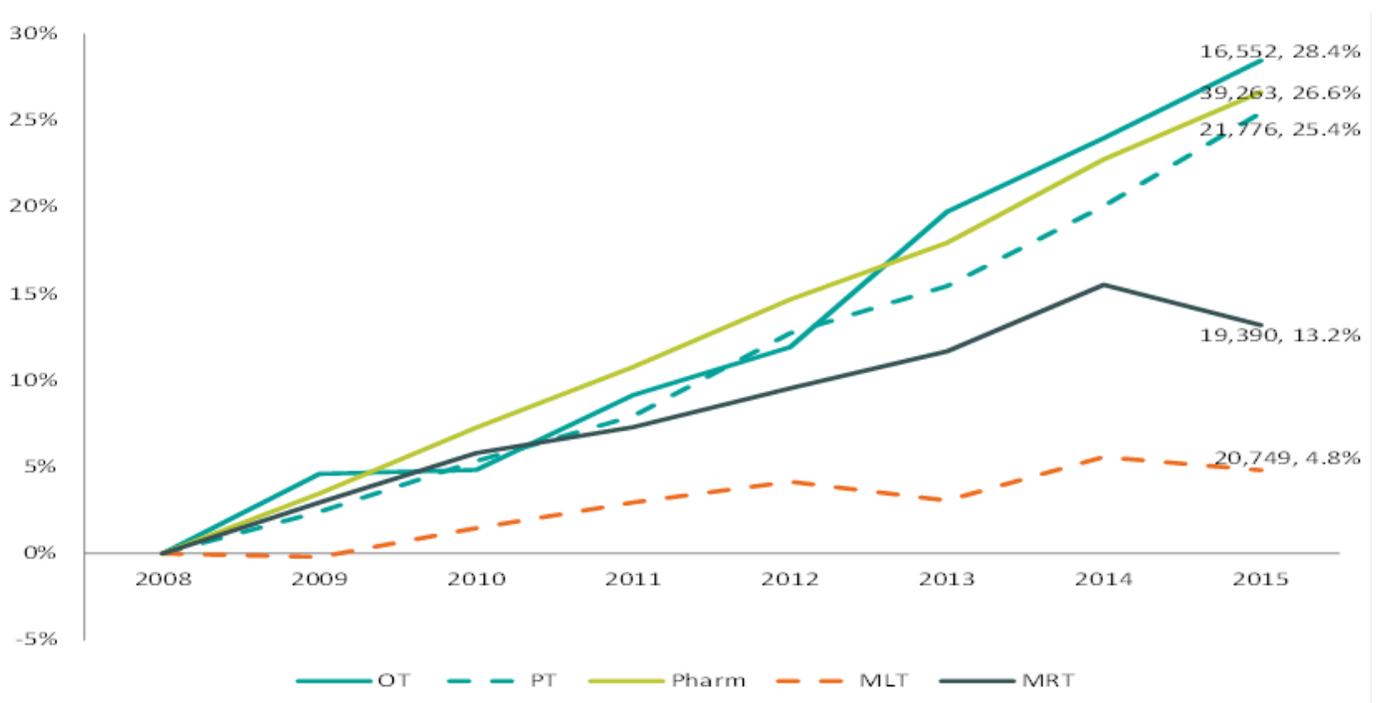
A change in the supply of a health profession reflects the number of registrants entering (inflows) and leaving (outflows) a profession. Analyzing inflows and outflows provides better information about how the supply of a profession is changing over time.

- In 2015, the inflow among OTs, PTs and pharmacists was higher than the outflow; more professional registered to practise in a province or territory in which they had not registered in the previous year, compared to the number who failed to renew their registration in the same province or territory.
- Just over 10% of the pharmacist supply was new to their jurisdiction of registration in 2015, with the majority (75%) under 40 years of age and over a fifth (22%) were between the ages of 40 and 59. Of the 4.2% of pharmacists that did not renew their license to practice after 2014, more pharmacists were under 40 years of age (38.3%) than those aged 60 and older (33.9%).
- Close to 10% of the supply of OTs (9%) and PTs (9.9%) was new to their jurisdiction in 2015. For both professions, most of those entering a jurisdiction (87.8% of OTs and 89.2% of PTs) were under 40 years of age.

¹Statistics Canada. Table 282-0010 — Labour force survey estimates (LFS), by National Occupational Classification for Statistics (NOC-S) and sex, annual (persons unless otherwise noted). CANSIM. Accessed March 12, 2015.

- Following the 2014 registration year, 5.7% of OTs and 5.8% of PTs did not renew their license to practice (outflow). OTs and PTs age 60 and older accounted for the smallest proportion of those not renewing (7.7% and 18% respectively). The highest rate of outflow was among OTs and PTs under 40 years of age (58.3% and 59.5%) as well as those aged 40-59 (34% and 22.5%).

Figure 1 Cumulative growth in the supply of OTs, PTs, Pharmacists, MLTs and MRT, Canada, 2008 to 2015



Source

Health Workforce Database, Canadian Institute for Health Information, 2017.

By continuing to monitor the trends affecting the supply of health care providers in Canada, relationships between education, regulation and employment can be identified and inform policies shaping Canada’s health workforce.



¹Inflow occurs when a regulated health provider registers to practise in a jurisdiction in which she or he did not register the previous year.

²Outflow occurs when a regulated health provider fails to renew her or his registration in a jurisdiction the following year. Outflow is influenced by a number of factors, and these factors will change over time. For those regulated health providers late in their career, failing to renew their registration may be a signal that they have retired.



Upcoming Funding Opportunities Submit Today!



Catalyst Grant: Personalized health Catalyst Grant

The Personalized Health Catalyst Grants funding opportunity is expected to:

- ◆ Optimize patient empowerment in personalized health care approaches;
- ◆ Develop data integration and analysis tools that will optimize personalized health interventions;
- ◆ Assess the value of personalized health care for effective implementation and delivery;
- ◆ Increase researcher awareness about the importance of integrating sex- and gender-based analysis in assessing relative costs and benefits.

Registration Deadline: February 14 2017

Application Deadline: June 13 2017

Notice of Decision: September 25 2017

Funding Start Date: September 1 2017



CIHR Planning & Dissemination Grants- ICS

The specific objectives of this funding opportunity are:

- ◆ to support planning activities, partnership development and/or increasing understanding of the health research landscape that will contribute to the advancement of research consistent with the mandate of CIHR; and/or;
- ◆ to support dissemination events/activities that focus on the communication of health research evidence to the appropriate researcher and/or knowledge user audience(s), tailoring the message and medium as appropriate.

Deadline: February 28 2017

Notice of Decision: April 27 2017

Funding Start Date: May 1 2017

Funds: Maximum amount per grant cannot exceed \$25,000/year.



CHHRN Letter of Support

W

we are very pleased to provide letters of support for upcoming research proposals in HHR– from the CIHR Meeting, Planning and Dissemination Grants, the CIHR Personalized Health Catalyst and beyond. These letters outline the many resources available to members as well as the provision of in-kind support through CHHRN's knowledge dissemination platform, website, social media and newsletter. Contact info@hhr-rhs.ca to find out more!



Upcoming HHR Webinar Register Today!

Understanding the role of health profession organizations in Ontario's health policy process: A case study for optimizing the health workforce in primary care

This presentation is intended for participants interested in learning more about the policy process used to develop health policies in Ontario. Focusing on specific health profession organizations (i.e. regulatory colleges and professional associations), this presentation will explore how policy ideas were developed and implemented to optimize the role of various health care workers in primary care.



Presenter: Olena Schell, Johnson-Shoyama Graduate School of Public Policy, University of Regina

Date: March 16, 2017

Time: 1:00pm EST

Register: www.chnet-works.ca



Winner of the CAHSPR 2016 Best Student HHR Research Presentation

Share and engage in interactive discussion on health workforce research and innovations through a webinar platform that reaches over **21,000 contacts** from academic, decision-maker, health professional and stakeholder sectors from across Canada and beyond!

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www.CHNET-Works.ca



CHHRN Twitter Updates

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TOP TWEET

"Treating adverse drug reactions is estimated to cost the #cdnhealth system btw \$13.7B & \$17.7B overall each year"

TOP MENTION



Andrea Porter: @CHHRN "I'm not a male nurse. I'm a nurse." Gendered misconceptions about men in nursing.



Thank You
1000
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#CDNHealthWorkforce #HealthWorkersMatter

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