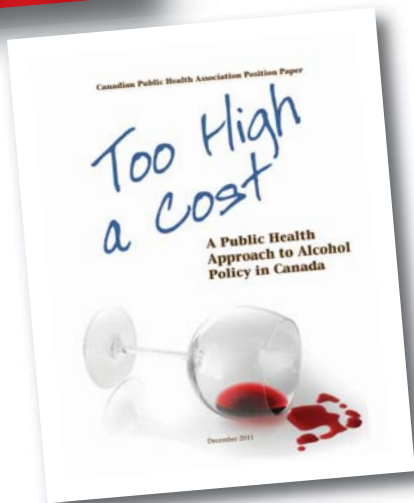
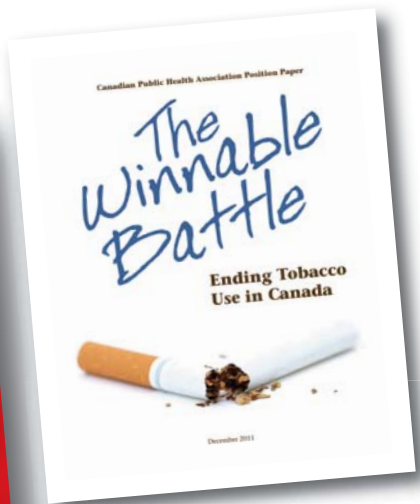


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CPHA  ACSP

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

CANADIAN PUBLIC HEALTH ASSOCIATION
2012 Annual Report

The Canadian Public Health Association (CPHA) is Canada's independent voice for public health. A membership-based, not-for-profit organization, CPHA speaks on behalf of public health practitioners across the country on issues of critical importance to the health and well-being of Canadians and people around the world. We play a leadership role in public health and promote a public health approach to addressing population health issues.

The Association identifies and provides the best available public health expertise, works collaboratively, and mobilizes the broader public health community to effectively deliver on its core functions of:

- * policy development and advocacy;
- * knowledge exchange and networking; and
- * strategic partnerships.

Specifically, CPHA exercises national leadership in policy development and advocacy by continuously demonstrating the essential and unique value of a public health approach to policy that seeks to safeguard health while reducing health inequities. By convening flagship events, such as our annual conference, and other scientific workshops and forums, the Association supports meaningful networking and knowledge exchange opportunities for researchers, policy-makers, educators, practitioners and students from a wide range of disciplines and sectors related to public health. We also nurture strategic partnerships that support the Association's mission, and we work with public and private sector partners to support a pan-societal approach to critical public health issues.

Membership

Membership in CPHA is voluntary. Our members include public health nurses, medical officers of health, dietitians, epidemiologists, administrators, researchers, academics, educators, students, ethicists, emergency response and management professionals, and public health officials at the federal, provincial/territorial and municipal levels. Together, our members represent a wide range of disciplines and professions, encompassing the breadth and depth of the Association's work on issues of significance to public health's frontline and at the national level.

CPHA's student and early-career professional members continue to be actively engaged in our annual conference, which features several events aimed at students involved in public health research, policy and practice. CPHA's Student Awards Program recognizes excellence in the next generation of population and public health researchers, policy-makers, practitioners, and academics.

2012 Board of Directors

CPHA is governed by a skills-based, volunteer Board of Directors that provides strategic leadership for the Association.

Chair

Erica Di Ruggiero, BSc, MHSc, RD, PhD (c)

Chair-Elect

Lynn McIntyre, MD, MHSc, FRCPC

Chief Executive Officer

Debra Lynkowski, LLB

Directors

Hope Beanlands, PhD (c), MPA, MN, RN

Stephen Joel Corber, MD, DPH, FRCPC

Joel Finlay, MPH

Alycia Fridkin, MHSc

Richard Lessard, MD, MA, MPH, FRCP

Katie Lafferty, BSc, MBA

Mary Martin-Smith, RN, BScN, MSc(HP)

Ardene Robinson Vollman, PhD, RN

Isaac Sobol, MD, CCFP, MHSc

Honorary Awards Program

Each year, CPHA honours individuals or organizations who provide outstanding service to their community and profession. In 2012, we were proud to bestow Honorary Awards on the following members and public health leaders:

- * CPHA National Public Health Hero Award
 - Andrea Gonsalves, Stockwoods LLP*
 - Owen Rees, Stockwoods LLP*
 - Fredrick Schumann, Stockwoods LLP*
- * Ron Draper Health Promotion Award
 - Doctors Nova Scotia [Organization]*
 - Patrick Murray [Individual]*
- * CPHA-Amgen Award for Innovation in Family Health
 - Saskatoon Health Region, Primary Health Bus*
- * Dr. John Hastings CPHA Student Award
 - Zaida Rahaman, University of Ottawa*

Strengthening Our Business Model

Financial Stewardship

The Association understands resilience and organizational agility as fundamental to how it conducts business given the continuing fiscal climate for the public and private sectors. CPHA's former business model of the 1970s through the mid-2000s relied, almost exclusively, on government-funded projects. Cumulatively, the Association's funding landscape has changed dramatically over the past seven years, making business transformation top-of-mind to close a multi-million-dollar funding gap in the same time period. Moreover, CPHA recognized in 2008 that, along with the fiscal risks of this funding model, an over-reliance on government had the potential to impair the Association's ability to speak independently on public health issues when its evidence-based approach was at odds with the government of the day. Thus, this year saw considerable effort made by our Board of Directors and senior management to nurture the organization's strategic agility – the ability to manage risk and adapt to its permanence and variability – to achieve financial sustainability and ensure independence.

In the spring of 2012, the Board approved a three-year business plan, making the Association more resilient and on the path to sustainability and continued success. The plan was developed by management in consultation with an ad-hoc Corporate Sustainability Working Group, which included members recruited for their expertise and knowledge in public health, finance, business development and change management.

CPHA's previous goal of "significantly reducing" reliance on government funding set out in the 2008 revenue diversification strategy will now be accelerated to effectively eliminate the inclusion of government funding in the Association's annual budget. To fast track business transformation efforts, our Board, staff and members will need to play significant roles. Therefore, the business plan acknowledges and seeks to catalyze a significant shift in the organization's culture that our new reality demands.

A Board-level discussion on new business lines was initiated in 2012 in the context of business plan development and is ongoing. A decision as to where to focus our efforts is still required, with the business line proposals to return to the Board for discussion and decision in 2013. Also, membership recruitment campaigns developed in 2012 will be launched in 2013 involving outreach among current members and targeted promotion campaigns in academic settings to build student membership.

Implementation of the business plan began with the Association's restructuring in May 2012 and lease renegotiations during the spring and summer. CPHA's office move took place in the last quarter of the year with the most significant budget impact to take place in 2013. A business transition communications strategy, developed by the Association, guided information-based activities throughout the year during plan development and implementation. Senior staff and Board members engaged our membership in discussions at CPHA's 2012 Conference, through the *Health Digest* and through a pre-conference webinar.

Foundation Outreach, Corporate Development and Charitable Giving

CPHA continued to explore a wide range of funding opportunities with private and public foundations in addition to corporate sponsorship. We seek companies which share our vision, values and commitment to ensuring that public health is front and centre – a priority concern for both public and private sectors alike.

Three general assumptions shape the acceptance of all sponsorships:

- ✦ CPHA will solicit and accept support only for projects and activities that are consistent with the Association's mission.
- ✦ Acceptance of sponsorships must enhance, and shall not impede, CPHA's ability to act in the best interest of the public at all times.
- ✦ CPHA's name, logo and other intangible intellectual assets must be protected at all times.

CPHA's Corporate Sponsorship Policy has been strengthened to describe specific criteria and a review and oversight process for evaluating potential relationships with corporate entities. The Policy is intended to protect the mission and integrity of CPHA while supporting the Association's fundraising efforts.

CPHA continued our personal giving campaign, originally launched in 2011, with a series of appeal letters throughout 2012. While a relatively small number of members have chosen to give an additional charitable donation to the Association, the amount of their donations has been significantly higher than the industry standard, and this bodes well for the future of this campaign.

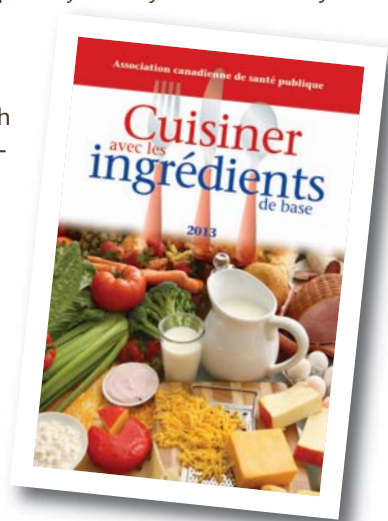
Secretariats

An important contribution made by CPHA is its role in providing secretariat services to a number of health-based coalitions and networks. This function also presents a viable business line for the Association, in addition to the strategic benefits derived from linking with like-minded associations and partners. Under the three-year business plan, we developed a new model and pricing structure for provision of these services, representative of market value. Under this new model, CPHA provides secretariat services for:

- ✦ Canadian Coalition for Public Health in the 21st Century (CCPH21);
- ✦ Canadian Network of Public Health Associations;
- ✦ Chronic Disease Prevention Alliance of Canada (CDPAC);
- ✦ Immunize Canada (formerly Canadian Coalition for Immunization Awareness & Promotion); and
- ✦ Public Health Physicians of Canada (PHPC) (formerly the National Specialty Society for Community Medicine).

Publication Sales

In 2012, CPHA began work on outsourcing this service in alignment with the 2012 restructuring and three-year business plan. In addition, two all-time CPHA bestsellers continued their successful run with a French-language version of *The Basic Shelf Cookbook* (*Cuisiner avec les ingrédients de base*) under development and the Travel Immunization Record featured in special promotions to travel health clinics and the Department of National Defence. After over 30 years of distributing the publications of the World Health Organization, CPHA ceased this operation at the end of 2012 as the business model was no longer viable. While it was an unfortunate step, it was a necessary one to ensure the ongoing viability of the Association.



Canadian Journal of Public Health

Beginning with the July/August 2012 edition, the *Canadian Journal of Public Health* began publishing online exclusively. With each issue, our members and other subscribers receive an email that includes the table of contents. This evolution in publishing fulfills another aspect of CPHA's business plan and will significantly reduce the carbon footprint of the *Journal*, save money, improve access to published research, and eventually allow for longer research articles as the need for a restrictive word count is eliminated.

Communications Tools

This year saw a significant increase in CPHA's ability to stay in touch with the membership and the world at large. The Association began development of a **social media strategy** to enhance our presence on Facebook and Twitter. Implementation began in August 2012 and will continue through 2013.

Considerable planning occurred in 2012 for the development of a **new website** with a proposed launch in 2013. Our new site will have a fresh look and feel and will take advantage of new web technologies (e.g., blogs, forums).

CPHA engaged a digital media firm to develop a **weekly information email** for our members and others in the public health community. It launched in October 2012, and regular features include Association news, media reports about public health, related information, and advertising from relevant companies. While providing a service to members, this represents another new revenue stream for CPHA. We also release by email

Public Health Forwards once a month to keep our members apprised of developments and news from like-minded organizations. In addition, the Association revitalized the **email blast** format for the *CPHA Health Digest* to include graphics and excerpts from articles in each issue.

CPHA increased its **media communications** in 2012 with a return to video public service announcements for flu season (running October 2012 through March 2013) and numerous interviews in print and broadcast media. The Association also supported two media campaigns for the Global Hygiene Council in the summer 2012 (BBQ season food hygiene tips) and in August/September (Back to school/Are germs lurking in your kids' lunch box?).



Collaborative Relationships

Through the dedication of its members, CPHA is represented on numerous external committees, task forces, and working groups that help shape the future of Canada's health system.

With respect to the work of the **Canadian Coalition for Public Health in the 21st Century (CCPH21)**, CPHA continues to take a lead role. The Coalition was active in 2012 on the issue of ensuring the place of public health in all federal and provincial deliberations on health care system funding and sustainability.

We continue to work in partnership with the Provincial/Territorial Public Health Associations (P/T PHA) through the **Canadian Network of Public Health Associations (CNPHA)**. In 2012, CPHA focused on gathering information from the P/T PHA about their priority policy and advocacy initiatives.

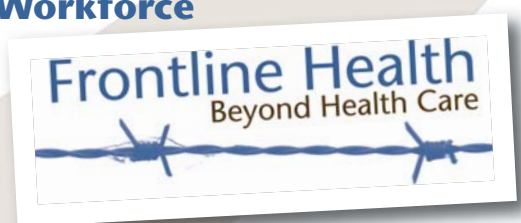
CPHA met with the federal Minister of Health in July and received favourable feedback with regard to our ongoing participation and leadership vis-à-vis the Canadian response to HIV and our relationship with other national HIV-focussed organizations with whom we continue to liaise closely.

In addition, CPHA's advocacy and policy development roles were demonstrated through our active participation throughout 2012 in a number of important forums and discussions where a public health perspective adds value. These included:

- * Canadian Coalition for Action on Tobacco
- * Canadian Commission on Building and Fire Codes
- * Canadian Global Tobacco Control Forum
- * Canadian Partnership Against Cancer
- * Canadian Perinatal Surveillance System
- * Canadian Reference Group for WHO Commission on Social Determinants of Health
- * Chemicals Management Plan Advisory Council
- * Chronic Disease Prevention Alliance of Canada
- * Coalition for Gun Control
- * Community Consultation Committee on Public Health and Health Care Advisory Committee, Correctional Services Canada
- * Consultative Group on International HIV/AIDS, Health Canada
- * Dignity for All
- * HEAL (Health Action Lobby)
- * IPPH Institute Advisory Board
- * Knowledge Development and Exchange External Advisory Committee, Public Health Agency of Canada
- * Mental Health Strategy for Canada, Mental Health Commission of Canada
- * National Advisory Committee on Immunization, Public Health Agency of Canada
- * National Collaborating Centres for Public Health
- * National Treatment Strategy Leadership Team, Canadian Centre on Substance Abuse
- * Network of the Schools and Programs of Public Health
- * Network on Healthy Eating, Health Canada
- * Stop TB Canada
- * Violence Prevention Canada

Strengthening the Public Health Workforce

The **Frontline Health: Beyond Health Care** project explores what public health and other sectors are doing with respect to addressing the social determinants of health (SDH) and health equity in Canada, and facilitates the sharing of these success stories to inform public policy and public health practice. In May 2012, CPHA hosted a meeting of health economists and public health experts to discuss the creation of a dynamic economic simulation model to help build the economic case for investing in public health. Over the summer, a core working group of public health experts, modelers and health economists gathered to develop a research proposal to pilot test dynamic economic simulation models in British Columbia. In the fall of 2012, CPHA began development of the Frontline Health website, focusing on the collection of SDH "stories" and tools/resources from health and non-health sources about their experiences. A GIS-based computer platform will be developed by Carleton University Geomatics and Cartography Unit in early 2013 to "host" the stories online.



The **New HIV Prevention Technologies (NPT)** project launched its e-learning module in March 2012. This online learning tool is designed to build the preparedness, knowledge, skills, and capacity of public health workers and other frontline providers to communicate effectively about the NPTs (e.g., vaccines, vaginal microbicides, treatment-as-prevention, pre-exposure prophylaxis). The free e-learn module and bilingual training materials are available at <http://ycommunicatelms.com/cpha/>. We are promoting the NPT project products to public health practitioners and organizations working in HIV/AIDS across Canada.

Opportunities for new immunization initiatives remained a focus for CPHA throughout 2012, given our long history as secretariat for **Immunize Canada** (formerly the Canadian Coalition for Immunization Awareness & Promotion). We explored means to complement Immunize Canada's promotional work with the public by engaging and informing practitioners and health professionals about immunization policy and training.

Activities for the **Development of Core Competencies for HIV Prevention** project took off following its launch in April 2012. The purpose of this project is to build a set of population-specific core competencies for public health organizations and frontline workers to address the determinants of health that increase vulnerability to HIV and other related sexually transmitted and blood borne infections (STBBIs) in priority populations. The project team has assembled a National Reference Group with experts and community organizations from across Canada. The team produced environmental scans and literature reviews covering core competencies and health equity, and developed an HIV-specific health equity impact assessment tool to be piloted in 2013 through community consultations engaging frontline public health and aids service organizations.

CPHA continues as an active member of the **Chronic Disease Prevention Alliance of Canada (CDPAC)**, and provided secretariat and event management services for CDPAC's fourth pan-Canadian conference held in Ottawa in February 2012.

The Association is closely aligned with the **Public Health Physicians of Canada (PHPC)**. PHPC was established in 1998 as the National Specialty Society for Community Medicine (NSSCM) with which we have worked closely for more than a decade. PHPC represents the interests of public health and preventive medicine specialists and public health physicians in Canada with more than 200 members. CPHA and PHPC work in partnership to identify areas of mutual interest and concern.

CPHA continues to work closely with the **Network of Schools and Programs of Public Health** through its developmental phase. Representatives met during the 2012 CPHA Conference to determine next steps. Each school and program in the network is looking to increase student membership in CPHA.

In 2012, the **Canadian International Immunization Initiative (CIII)** supported seven Canadians on Stop Transmission of Polio (STOP) missions to Nepal, Nigeria, Mauritania, Pakistan, Botswana and Ethiopia. Also, CPHA through CIII partnered with the Tanzanian Public Health Association and the Ethiopian Public Health Association on projects to strengthen routine immunization services. This initiative will terminate in March 2013.

For over 26 years, CPHA's **Strengthening of Public Health Associations (SOPHA)** Program provided technical and financial support to nurture the organizational and programmatic capacity of public health associations (PHAs) in low- and middle-income countries. SOPHA's 2006-2011 phase ended in February 2012. During this time, SOPHA strengthened the capacity of eight partner PHAs in Cameroon, Congo, Haiti, Malawi, Mali, Mozambique, Nicaragua and Niger to identify and address their local basic health needs, develop relevant public policies, and promote national and international leadership in public health. SOPHA's approach to capacity building reflected its commitment to partnership and long-term investment in human resources. The program's direct technical support was a key factor in partner PHAs being established as authoritative and reliable sources of knowledge and action for public health in their respective countries.

CPHA's 2012 Annual Conference was a great success, with 897 delegates joining their colleagues at the Shaw Conference Centre in Edmonton, Alberta to address the theme of Public Health in Canada: Creating and Sustaining Healthy Environments. With four days of dynamic speakers, workshops and presentations, our conference left delegates feeling energized, challenged, and inspired. Participants attended the 2012 CPHA Policy Forum in great numbers and gave the event very favourable reviews. Over 550 abstracts were received, and CPHA featured 225 oral and 76 poster presentations. The student component continues to thrive at the conference, with over 100 students attending and more than 70 presenting.

Your Independent Voice for Public Health

CPHA has been rising to the challenge of advocating for the inclusion of an independent, evidence-informed public health lens in the policy process, grounded in the principles of equity and social justice. If we want to be the change we expect to see, non-governmental organizations like ours must take a stand on important public policy issues and engage the public, researchers and decision-makers in crucial discussions that affect the health and well-being of Canadians.

Over the past few years, we have reoriented our focus to policy development and advocacy with the creation of a new policy department and policy development process. Thanks to our volunteer leadership, public health partnerships, and dedicated staff, the Association launched in 2012 an ambitious program of work, which will put a much-needed public health footprint on issues: something you – our members – have said is important.

CPHA launched working groups to prepare position papers on **Human & Ecosystem Health** and on **Public Health Approaches to Illegal Psychoactive Substances** to be completed in draft form for the 2013 CPHA Annual Conference. The Human & Ecosystem Health working group is also defining some innovative communications strategies and tools to engage different audiences, such as politicians and decision-makers, the media and the public. A broader Reference Group has been established to provide technical advice to the working group and to identify relevant resources. Once approved, both position papers will be distributed widely to key constituencies.

With our long history in tobacco and alcohol control issues, this year CPHA completed and disseminated position papers on **Tobacco Use in Canada** and a **Public Health Approach to Alcohol** to federal and provincial/territorial Ministers of Health and Finance and other stakeholders and interested parties. Responses have been very favourable, with some media pick-up and particular acknowledgement from the Pan American Health Organization (PAHO) congratulating CPHA for taking a bold and visionary stand on tobacco use in Canada.

On September 14, 2012, the Government of Canada decided to stop defending asbestos mining in international circles and to no longer oppose adding **chrysotile asbestos** to the Rotterdam Convention, a position CPHA had encouraged it to adopt for years. While the public health argument was not the sole deciding factor for the federal government, we will continue to monitor this situation closely.

Working with the Canadian Network of Public Health Associations, CPHA wrote to the Minister of Citizenship and Immigration in response to changes in the **Interim Federal Health Program** affecting access to primary and acute health care services for refugee claimants. While the government announced revisions to the new regulations, we believe more changes are necessary. A meeting of NGOs, community health centres and other interested parties was held in Ottawa in November 2012 to explore next steps.

A separate report on CPHA's policy and advocacy activities is also available.

Core Financial Activities

To be the independent voice of public health at the national level comes with its challenges and at a price.

Since the early 1980s, funding for CPHA's core operations had come almost exclusively from multi-year, multi-million-dollar global health projects funded by the federal government. In the mid-2000s, however, it became clear that the federal government was moving away from its traditional models of project funding, and the allowances for overhead or indirect costs were becoming increasingly restrictive. At that point in time, CPHA's annual operating budget was almost 90% dependent on the overhead received from that project funding. Over the subsequent few years, project funding, particularly for global health projects, continued to decline, with overhead monies declining along with it. CPHA wasn't the only organization to experience this downward turn. Many sister organizations and other allies have closed their doors or severely reduced their operations.

Early in 2008, we implemented a revenue diversification strategy to transform CPHA into a financially resilient organization that is well positioned to fulfill our mission. The three-year business plan approved by the Board in early 2012 is the result of several years of hard work towards a sustainable and dynamic future.

This year realized a deficit of \$354,130, which is significantly less than the budgeted deficit of \$472,706. As noted in the Financial Stewardship section above, our Board of Directors and senior management have

taken proactive steps to significantly reduce both operational and infrastructure costs in order to preserve and protect the Association's *raison d'être* of being the independent voice of public health in Canada.

The complete 2012 financial statements, audited by BDO Canada LLP, are available upon request from the Executive Director's office. Below are the Association's Statement of Financial Position and the Statement of Operations for the fiscal year ending December 31, 2012.

Statement of Financial Position

	2012	2011
Assets		
Current		
Cash and cash equivalents	\$ 1,131,247	\$ 458,266
Accounts receivable	187,439	322,139
Inventory (Note 4)	20,852	49,489
Prepaid expenses and other current assets	69,195	178,135
	1,408,733	1,008,029
Investments	204,495	1,146,528
Tangible capital assets	–	4,292
	\$ 1,613,228	\$ 2,158,849
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 338,120	\$ 210,184
Deferred revenue	943,598	1,263,025
	1,281,718	1,473,209
Commitments		
Net assets internally restricted for contingencies and extraordinary services	331,510	1,087,000
Unrestricted net assets (deficiency)	–	(112,715)
	331,510	685,640
	\$ 1,613,228	\$ 2,158,849

Statement of Operations

	2012	2011
Revenue		
National Office	\$ 755,514	\$ 1,019,381
Publication Sales	140,152	151,644
Journal	136,509	122,470
Projects and Conferences	2,657,995	3,600,972
Investment income	43,644	52,281
	3,733,814	4,946,748
Expenses		
National Office	1,096,940	1,275,396
Publication Sales	124,784	133,798
Knowledge Centre™	40,454	100,787
Journal	145,568	149,772
Projects and Conferences	2,657,995	3,600,972
	4,065,741	5,260,725
Net loss from operations	(331,927)	(313,977)
Loss on sale of investments	(22,203)	–
Fair value changes for investments	–	25,332
Excess of expenses over revenue	\$ (354,130)	\$ (288,645)

Our Sponsors

CPHA gratefully acknowledges the following corporate supporters for their outstanding contributions to public health in Canada:

Presenting Partners

- ✦ AstraZeneca Canada Inc.
- ✦ Lysol (Reckitt Benckiser (Canada) Inc.)

Legacy Benefactor

- ✦ Amgen Canada Inc.
- ✦ GlaxoSmithKline

Friend of Public Health

- ✦ Alberta Health

Public Health Pathfinders

- ✦ Lakehead University Department of Health Sciences
- ✦ Merck Canada Inc.
- ✦ Novartis Pharmaceuticals Canada Inc.
- ✦ School of Public Health, University of Alberta
- ✦ University of Waterloo School of Public Health and Health Systems

Public Health Supporters

- ✦ Bullfrog Power
- ✦ Canada's Research-Based Pharmaceutical Companies (Rx&D)
- ✦ Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health
- ✦ Canadian Institutes of Health Research – Institute of Nutrition, Metabolism and Diabetes
- ✦ Canadian Institutes of Health Research – Institute of Infection and Immunity
- ✦ City of Edmonton
- ✦ Concordia University College of Alberta, Department of Public Health
- ✦ Dalla Lana School of Public Health, University of Toronto
- ✦ Faculty of Health Sciences, University of Lethbridge
- ✦ Ocean Spray International, Inc.

Our Collaborators

CPHA was proud to host its 2012 Annual Conference in collaboration with:

- ✦ Canadian Institute for Health Information – Canadian Population Health Initiative;
- ✦ Canadian Institutes of Health Research – Institute of Population and Public Health;
- ✦ National Collaborating Centres for Public Health;
- ✦ Public Health Physicians of Canada;
- ✦ Public Health Agency of Canada; and
- ✦ Alberta Public Health Association.



Looking Ahead

Your Voice Matters

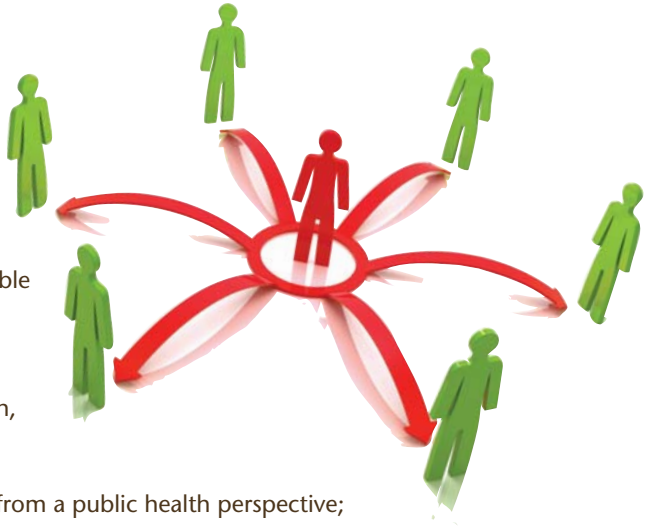
The field of public health is extremely broad and involves multiple sectors and actors. Being the national association for public health workers is equally complex, and to be the independent voice of public health at the national level is both a privilege and a considerable task.

As the only Canadian non-governmental organization focused exclusively on public health, CPHA has a unique role as:

- ✦ an advisor to decision-makers about policy from a public health perspective;
- ✦ a convener and catalyst for policy and program development across Canada's public health community, and across multiple academic disciplines and sectors;
- ✦ a proponent, manager, and evaluator of initiatives that help safeguard and promote the personal and community health of Canadians; and
- ✦ a knowledge broker of research evidence and practical experience that integrates knowledge of effective public health practice in Canada and around the world.

We look to our membership and the broader public health community for its support and active engagement as we reaffirm our vision and directions for the Association. CPHA is *your* independent voice for public health across Canada, and we are sustained by being policy- and practice-relevant to public health, broadly defined. Our greatest successes as an Association have been the result of powerful partnerships with individuals and organizations who share our vision of ensuring health equity, alleviating disparities and creating a healthier Canada.

More than ever, we need our members to affirm that this is *your* Association – that your work is better because of it – that your community is better because of the work of CPHA. You create a genuine legacy every time you contribute your time, your money, and your expertise to support our collective work. CPHA needs you to share that affirmation with your colleagues and friends – because an Association with 1,100 members can and will be heard, but an Association with 11,000 or 20,000 members will be able to accomplish so much more.



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