
EXECUTIVE DIRECTOR'S ANNUAL REPORT

PREPARED FOR/PRESENTED TO CPPN MEMBERS

ANNUAL GENERAL MEETING FOR FISCAL YEAR ENDED 2021-03-31

SEPTEMBER 18, 2021

JEFF POTTS



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PREAMBLE

As I reflect on the last 5+ years and on my role as the CPPN's Executive Director, I find myself thinking about the broad range of emotions I've experienced – that we've all experienced. It surprises nobody that a new organization – regardless of the sector within which it operates – will and does go through growing pains that are sometimes quite painful. At the same time, the growing pains represent momentum, and they help shape how we consider and re-consider the important “stuff” by ourselves and as a collective body of like-minded individuals. Despite how grave the CPPN's challenges have felt to many of us, our strength and resilience as a Network prevails, and the lessons we've learned along the way will shape the dominant and critical role we play – as people living with HIV and HIV co-infection – in Canada's response to the issues that affect us all every single day.

I'm reminded of my favourite quote:

*“Adversity produces endurance, and
Endurance produce strength, and
Strength produces character, and
Character produces hope, and
Hope does not disappoint us.”*

(author unknown)

More to the point of this annual report, I feel it most appropriate to open with the thoughts/reflections of a couple of CPPN members whose sentiments I trust we can all relate to.

“[THE CPPN] REPRESENTS A STRONG COMMUNITY OF LIKE-MINDED PEOPLE AS ONLY THOSE IN THE COMMUNITY CAN EFFECTIVELY IDENTIFY LIVED EXPERIENCES AND ISSUES WHILE MAKING PLANS TO ADDRESS OUR ISSUES. AS A STRONG REPRESENTATIVE GROUP, WE CAN HAVE MORE IMPACT ON CHANGE INVOLVING STIGMA, DISCRIMINATION, CRIMINALIZATION, AND NOT BEING SILENCED. IF WE SILENCED FROM WITHIN ANY GROUP, WE FAIL.”

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“I FOLLOW THE MOTTO OFTEN THAT TEAMWORK MAKES THE DREAM WORK. TOGETHER, I FEEL THAT WE CAN MAKE POSITIVE CHANGE AND OUTCOMES FOR EACH OTHER. THESE ARE UNPRECEDENTED TIMES AND THE WAY WE SUPPORT EACH OTHER AND OFFER SERVICES HAS HAD TO CHANGE AND EVOLVE. TOGETHER, I FEEL THAT WE CAN FIGURE OUT WAYS TO SUPPORT EACH OTHER IN THESE CRAZY TIMES AND BEYOND.”

THE HIGHLIGHTS

I suppose it comes with the ‘territory’... an Executive Director’s primary responsibilities revolve around an organization’s operations and management, its financial health and well-being, facilitating effective planning and development, ongoing and effective communications, and engagement, and on evaluation and performance measurement. Carrying out these responsibilities is integral to my job as the CPPN’s Executive Director. They are, at least in the last year-to-eighteen months, intensely administrative, and they more-often-than-not are carried out behind the scenes. In any case, it has been an intensely administrative year for me.

It can not be understated how much COVID-19 adversely affected the CPPN’s ability to complete to the fullest possible potential most of its planned activities. And, despite our best efforts to obtain approval from the Public Health Agency for a dramatic shift in our approach, we understand that our proposal opened “a can of worms” that the Agency did not anticipate, and which prompted a system-wide review of policies and practices concerning compensation for peer-focused engagement. These realities were the most-notable challenges affecting the CPPN and its performance this fiscal year (and we are confident that other funding recipients experienced similar obstacles).

However, the engagement the CPPN was able to realize throughout the year was significant. Our newsletters were well-received by our members and allies, primarily because each issue included significant content contributed by people living with HIV and HIV co-infections. That is to suggest that our newsletters communiqués served as means and mechanisms for people living with HIV and HIV co-infection to reach out to their peers on personal levels and, in kind, their peers were able to reach back out to the contributors. So, de facto, informal engagement and dialogue was possible and did occur.

By far, the most-successful initiative for the CPPN this fiscal year was the development and launch of the first-ever National « Love Positive Women » campaign. Each day for 14 consecutive days in February, the CPPN published a series of slide-sets, personal testimonials, and video tributes. The community’s response was resounding and most (if not all) of the

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published materials were shared far-and-wide, realizing a truly global reach. The campaign is memorialized at www.cppnrcps.ca/lovepozwomen.

The following few sections provide high-level summaries of my activities for each of my primary areas of responsibility.

OPERATIONS AND MANAGEMENT

Much of my focus throughout the fiscal year was on negotiations with the Public Health Agency of Canada:

- Budget transfers and work plan adjustments to reflect the challenges presented to us by COVID-19
- Allocating dedicated funding that would allow us to compensate CPPN members for sharing their lived/living experiences and lending us their expertise
- Participating at (and reporting to) the Board of Directors' standing committees (Executive, Finance, and Governance)
- Maintaining the CPPN's membership database
- Maintaining the CPPN's Website
- Fulfilling quarterly and annual reporting obligations to/for the Public Health Agency of Canada

FINANCES

Our initial (approved) budget for last fiscal year was **\$207,536**. However, adjustments were made by the Public Health Agency of Canada as part of their process to reinstate the CPPN's Contribution Agreement following the challenges of the previous year. Therefore, our revised annual budget (which did NOT anticipate or reflect changes prompted by COVID) was **\$197,479**. I was able to secure the services of a professional bookkeeper/accountant to help us manage our books and to assist me with reporting responsibilities for the Finance Committee, the Board of Directors, and the funders.

As alluded to above, I investment significant time negotiating budget (and workplan) changes with the Public Health Agency of Canada. Ultimately, we received approved to re-allocate funds to an "honorarium" budget line dedicated to compensating CPPN members for their participation in various initiatives.

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At year-end, as the audited financial statement will reflect, we were slightly under spent and we are awaiting approval to roll the unspent funds into the budget for the current fiscal year.

PLANNING AND DEVELOPMENT

Planning and development activities were narrowly focused:

- Changes to initial workplan activities to reflect the need to adapt effectively to the COVID-19 pandemic
- Our membership renewal and demographic survey initiative

COMMUNICATIONS AND ENGAGEMENT

Communications and engagement activities included:

- Production and publication of “Interconnected” (details follow)
- Production and publication of the CPPN’s first « Love Positive Women » campaign
- Engagement with Realize on two important initiatives (which are ongoing): facilitating a working group focused on Advance Care Planning, and working with a national advisory committee focused on Quality of Life (“the 4th 90”)
- Routine communications with the membership

EVALUATION AND PERFORMANCE MEASUREMENT

While I did work very closely with our external evaluation consultant to prepare a challenging mid-term evaluation report, the Public Health Agency of Canada (ultimately) exempted the CPPN from this reporting requirement. Nonetheless, I did submit a comprehensive report – which will be posted to our Website.

Ongoing evaluation and performance measurement activities centred on the analytics related to our virtual presence. Details results for our Website, our Facebook page, and our Twitter feed are contained herein.

This year’s priority will be squarely on our final 5-year evaluation.

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ANALYTICS

Monitoring and reporting the metrics associated with the CPPN's Website and social media presence is a requirement outlined in our Contribution Agreement with PHAC. But the numbers are also useful for us since they provide us a clear picture of how our social media outreach is performing, and they provide us with valuable highlights in terms of how the content we publish resonates with our "followers" and visitors. Our analytics are retrospective reporting tools; our analytics are prospective planning tools.

WEBSITE (www.cppnrcps.ca)

The following table illustrates our Website performance over the course of the fiscal year and includes quarter-over-quarter comparisons.

	Q1	Q2	Q3	Q4	FY 2020-2021 (average)
Total visitors:	110	123	83	595	228
New visitors:	104	112	70	582	217
Returning visitors:	15.13%	63.43%	23.33%	2.00%	25.97%
Geo-tags					
○ Canada:	63.21%	73.74%	56.36%	24.71%	54.51%
○ United States:	11.48%	20.95%	21.82%	18.82%	18.27%
○ Mexico:	2.32%	-	-	-	0.77%
○ China:	4.04%	2.01%	10.91%	6.55%	5.88%
○ France	3.34%	-	-	1.85%	1.30%
○ India:	2.55%	-	1.82%	-	1.46%
○ Nigeria:	1.39%	-	-	-	0.46%
○ Brazil:	0.93%	0.34%	1.82%	2.69%	1.45%
○ Indonesia:	0.93%	-	-	-	0.31%
○ Venezuela:	0.93%	-	-	-	0.31%
○ Jamaica:	-	0.61%	-	-	0.20%
○ United Kingdom:	-	0.15%	1.82%	2.35%	0.95%
○ Japan:	-	0.15%	1.82%	-	0.67%
○ Singapore:	-	0.15%	1.82%	-	0.67%
○ Tunisia:	-	0.15%	-	-	0.05%
○ Malaysia	-	0.34%	-	-	0.11%
○ Zimbabwe	-	0.34%	-	-	0.11%
○ Germany	-	0.62%	-	-	0.21%
○ Romania	3.23%	-	-	-	1.08%
○ UAE	1.08%	-	-	-	0.36%
○ Finland	1.08%	-	-	-	0.36%

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○ Hong Kong	1.08%	-	-	-	0.36%
○ Madagascar	New	0.98%	-	-	0.33%
○ Cameroon	-	New	1.82%	-	0.61%
Acquisition data					
○ Direct access:	65.44%	48.96%	40.00%	17.31%	42.93%
○ Referred access:	15.38%	9.80%	7.30%	1.85%	8.58%
○ Social media link(s):	13.81%	20.47%	9.10%	13.78%	14.29%
○ Linked through search engine:	14.96%	21.60%	43.60%	68.40%	37.14%

Table 1: Website analytics

FACEBOOK (@CanadianCPPN.RCPS)

Facebook data	Q1	Q2	Q3	Q4	FY 2020-2021 (Average)
Engagement (the number of people who visited the page, all clicks):	1,530	415	1,519	3,029	1,623
Reach (the number of people who had any content from the page on their screen):	6,669	3,148	8,813	9,216	6,962
Impressions (the number of times page content was on visitors' screens):	22,709	11,121	23,631	25,110	20,643
Followers:	509	525	541	557	533
Total "Likes":	505	520	535	6,080	7,640

Table 2: Facebook Analytics

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TWITTER (@CPPN_RCPS)

Twitter data	Q1	Q2	Q3	Q4	FY 2020-2021 (average)
Tweets published:	2	6	8	16	8
Impressions (the number of times the CPPN's feed entered a person's timeline):	980	1,530	894	1,394	1,200
Engagements (the number of times a person engages directly with the CPPN' feed):	55	48	14	22	35
Mentions:	6	10	5	2	6
Followers:	650	652	660	658	655

Table 3: Twitter Analytics

WORKPLAN

The CPPN's workplan required "comprehensive re-visits" over the course of the fiscal year. Notable adjustments were required following PHAC's reinstatement of the CPPN's Contribution Agreement, AND the emergence and persistence of COVID-19 meant that it was not possible – and irresponsible from a public health and safety perspective – to realize the workplan's objectives. All travel was suspended, which meant that planned in-person gatherings of CPPN members were cancelled. Moving to intensely virtual mechanisms required investments in upgrades of our online technology and software solutions. Furthermore, we were required to develop additionally modified approaches to our planned activities to meet the expectations (and authorizations) of the Public Health Agency of Canada necessitating multiple meetings with its representatives.

KNOWLEDGE DEVELOPMENT, TRANSLATION, AND EXCHANGE

From the outset, The CPPN's knowledge development, translation and exchange activities and outputs were to be facilitated and optimized through synergistic relationships, partnerships, and collaboration between the developers and those involved in using the knowledge products (e.g., people living with HIV and/or HIV co-infection, allies and partners, and other key, community-based stakeholders).

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The objective associated with related activities was to:

- Facilitate opportunities for people living with HIV and/or HIV co-infections, as experts in their own lives, to provide shared and enhanced knowledge and understanding of empirical and anecdotal evidence relevant to policy and programmatic gaps, needs and priorities which informs and affects positive change in Canada's response to HIV and HIV co-infection.

The workplan set out to facilitate CPPN members' travel to and participation at key research-focused meetings convened by national, regional, and local organizations. Realizing these face-to-face opportunities was curtailed by COVID-19.

COMMUNICATIONS, OUTREACH, AND SOCIAL MARKETING

The CPPN's communications, outreach, and social marketing activities and outputs were intended to facilitate opportunities for people living with HIV and/or HIV co-infection to challenge assumptions and to: influence change in knowledge, attitudes and behaviours; develop and enhance capacity to understand and debate policy and practice; and, practically apply capacity (and skills) to affect the change(s) needed to realize positive impacts/implications on the well-being and quality of life of people living with HIV and/or HIV co-infection.

Again, due to COVID-19, all face-to-face opportunities planned to achieve the objectives of the CPPN's communications, outreach, and social marketing activities were suspended. However, throughout the fiscal year, several important initiatives were achieved virtually, each of which included direct payments to CPPN members for their willingness to share lived experiences and personal perspectives broadly and publicly. Specifically:

- Members participated in an online survey that was designed to take stoke of the affect of COVID-19 on individuals' physical, emotional, and social health and wellbeing. The feedback was incredibly robust and sincere, and it was all reflected in an edition of "Interconnected" (which was published to the CPPN's Website, highlighted on Facebook and Twitter, and circulated electronically to all CPPN members and a broad range of community-based organizations.

One member said,

"Living by yourself can bring up so many feelings like unworthy, unlovable and just the feeling of loss. The stress of being in public being a person with HIV has had an effect on my mental health."

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- A Hallowe'en edition of Interconnected included some "fun photos" of some CPPN members, but it also included some very personal stories and lived experience.

One member shared a perspective that drew a parallel to "life behind bars". Eloquently, he wrote, *"I've been HIV positive for 37 years. I've spent 35 of those years behind bars. No fears: the bars were in the form of taverns, pubs, clubs, and restaurants. 30 of my 35 years were spent in gay bars. I was able to live my life as a poz gay man. But the bars were a type of prison, none the less."*

Another member shared, *"When the last of the crimson colors fade to fallow and our days narrow to drab, the seasons can present an unwitting shift of our spirits that reflect our surroundings. I know for me, in this season comes a heavy time of year that exacerbates my mental balance, tipping me into the echoes of the past. Over the years, I have learned to extend some grace and gentleness within myself, having that sense of calm that comes with the gift of knowing what to expect."*

- Members contributed to a special "World AIDS Day" edition of Interconnected, sharing deeply personal stories and perspectives to illustrate and underscore the importance of our engagement with one another and, more specifically, the vital importance of our greater involvement and meaningful engagement always, not just on (or around) World AIDS Day.

One member said,

"I have never forgotten what I learned on the Caring Together project: that I am valued and valuable. That the voices of people living with HIV matter. That we should speak out when we can and that we should also support each other to do so. That we need champions in the non-profit sector to support us to do so and be by our sides mentoring us as we do. When that happens, we can change the world!"

- By several accounts, the CPPN's most-successful (and popular) engagement and communications initiative last year was its first "Love Positive Women" campaign. Several members who identify as women contributed written stories and/or video messages sharing deeply personal stories about living with HIV AS women. These contributions were complemented by "shout-out" messages from folks who are not CPPN members, not (necessarily) living with HIV, and who did not identify as women.

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The campaign was featured in an edition of Interconnected, and each day for 14 days in February, we posted/published animated and live-action featurettes to our Website and to Facebook and Twitter. But the campaign wasn't solely focused on personal stories. Each day, we also highlighted important data and statistics that underscored the importance of engaging with women in meaningful ways in Canada's response to HIV and HIV co-infections.

"I'm incredibly grateful to positive women for Their role in this movement. And their continuing role by changing what it means to live and to love With HIV around the world. Thank you, positive women. I love you!"

"As positive women, we have the power to love, to inspire, to empower, and to embrace each other. This is the moment that we need each other. No matter what you are going through, you are not alone. We are in this together. It is time for us to hold each other's hands. So, I want to say to you, let's embrace the beauty and love of being HIV-positive."

"Life is a journey for every one of us. Full of ups and downs. It's not about the life you will never have but about what you make of it today. We all need love and support to find out that we can love who we are. That's why Love Positive Women is important. When you're lost and alone, it's campaigns like this that help us find ourselves again."

- And... the CPPN engaged members in a focused virtual discussion of what it means to be a "long-term survivor" of HIV, the highlights of which were posted to our Website, and our Facebook and Twitter accounts. Feedback was rich and insightful.

Asked, "How do you define what a long-term survivor is?", one member said,

"This is a difficult question. Easy answer is ten years. But I also feel that you don't have to be HIV to be a long-term survivor. A survivor is some one who have experienced death of or has been a loved one or care giver, such as doctors, nurses, family and loved ones of someone who lived with HIV. Also, a survivor can be some who has dealt with illness or the stigma of having HIV over a shorter period of time."

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- Throughout the fiscal year, thanks to the contributions from a CPPN member, we also published/posted special messages and tributes in recognition of several “days of observance”:
 - April’s “National Day of Mourning”
 - May’s “Children and Mental Health Awareness Day” and “Mental Health Awareness Week”
 - May’s “National Day of Awareness for Missing and Murdered Indigenous Women and Girls”
 - And more, including: “International Day of Tolerance”, “Transgender Day of Remembrance”, “International Day for the Elimination of Violence Against Women”, “16 Days of Activism Against Gender Violence”, “AIDS Awareness Week”, and “World AIDS Day”.

SUPPORTIVE ENVIRONMENTS AND MOBILIZATION

The CPPN’s supportive environment and mobilization activities included in our initial workplan were meant to facilitate opportunities through which people living with HIV and/or HIV co-infection participate in and/or contribute to, as credible experts in their own lives, development and implementation of evidence-informed policies, programs, and services that are grounded by the practical application of the **GIPA/MEPA/MEWA** principles. Examples include local, regional, and national initiatives that build individual and community capacity and skills to address programmatic and policy-based barriers.

Once more, the persistence of COVID-19 prevented us from convening the face-to-face skills-building symposia that were planned to facilitate achieving the objective(s) inherent in the activities that were planned. However, we were able to engage in collaborative projects with other national organizations to help formulate and advance a Canadian-specific focus on quality-of-life issues, and we were quite active in deliberations that addressed end-of-life and advance care planning for people living with HIV and HIV co-infections. This work is ongoing. And, toward the end of the fiscal year, plans were put in place to launch initiatives focused on women and girls, and on meaningful engagement of people living with HIV and HIV co-infection.

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OUR NETWORK: A DETAILED DESCRIPTION OF WHO WE ARE

Last year, we asked CPPN members to renew/reaffirm their membership and we took that opportunity to explore, in detail, who we are, where we come from, how we self-identify, and what we think. We undertook this “demographic” initiative in two parts: 1) the membership renewal survey, and 2) a comprehensive follow-up survey. All participants who responded were compensated for their submissions (\$25 for each survey completed and submitted).

A report was prepared that provides comprehensive details of our findings and of CPPN members’ responses/sentiments/commentaries on several intentional open-ended questions. For example, we wanted to know what members feel and/or believe **meaningful engagement** is and/or ought to be. Among the thoughtful answers submitted to us, one member noted:

“Meaningful engagement, to me, is personally defined as pertaining to my participating in something that helps bring acceptance and understanding to others living with HIV, the community and the organizations. I want to be heard, acknowledged, and have my story be relevant. Rural issues are different than urban issues for many reasons. Therefore, I find it difficult on a national platform that is focused more, and understandably so, on higher populated areas. It's hard to be a leaf in a forest.”

Highlights of our demographic findings are included below; the full report is linked to this report (as an attachment).

- The mean age of CPPN members is 51 years old. The youngest member is 28 years old, and the eldest member is 79 years old.
- Among members who are aged between 51 and 60 years (the majority of CPPN’s members), most have been HIV+ for between 31 and 40 years.
- Most of the CPPN’s members, no matter what age, self-identify as either female or male.
- Most of CPPN’s members live in Ontario and British Columbia (59% and 15% respectively).
 - 79% of members were born in Canada; 21% were foreign-born.
- Most CPPN members (67%) self-identify as Caucasian.
- Of all CPPN members who responded (n=99), **54%** of members identified as **gay**, **one** member identified as “200% gay”, and **25%** of members identified as **straight**.
- CPPN members who are currently in a long-term relationship represent **44%** of the total membership.

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- Of those who indicated that they are in a long-term relationship (n=23), 48% of respondents indicated that a long-term relationship is **very important**.
- Only **one respondent** indicated that a long-term relationship is **not at all important** to them.
- We wanted to quantify how CPPN members consider all of this. So, we asked, **“If you are in a long-term relationship, is your partner also living with HIV and/or HIV co-infections?”** Of those who responded (n=56), **34%** of respondents shared that their long-term partner is NOT living with HIV.
- We also wanted to quantify (and qualify) the degree of openness CPPN members are comfortable with when thinking about/engaging with various “populations”. Of those who responded (n=59), most CPPN members are **always** open about their sero-status regardless of the population with which they are interacting, while **six** members are **never** open about their sero-status with members of their extended family, and **five** members are **never** open with their employer.

A more fulsome document providing the details of our membership and our thoughts and feelings about our Network and what it represents is stored on our Dropbox [HERE](#).

LOOKING AHEAD: OUR “LETTER OF INTENT”

While the CPPN does not purport to represent all people living with HIV or HIV co-infection in Canada (i.e., current membership is far-less than 62,000 individuals), its raison-d'être is to work with and seek advice and guidance from as many people living with HIV and HIV co-infection as possible. The CPPN's mission and mandate and, indeed, its activities are developed and delivered with, by and for people living with HIV and HIV co-infection.

The **central tenet** of our LOI was to reassert and underscore that understanding and adopting a set of principles which place true value on the meaningful engagement of people living with HIV and HIV co-infection lacks credibility and does not instill confidence for people living with HIV and HIV co-infection if/when these ‘principles’ are not the product of the people for whom they are intended.

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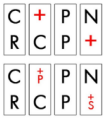
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Our LOI outlined and approach that takes various forms over five years: virtual Webinars, workshops, seminars, and regional and national policy dialogues and roundtable meetings; and, when it is 'safe' from a public health and safety perspective, face-to-face skill-building fora and priority-setting/needs assessment members' meetings.

The level of funding we outlined in our LOI represented a total of **\$2,006,769** over 5 years:

Year One:	\$376,450	Year Two:	\$388,711
Year Three:	\$402,258	Year Four:	\$410,102
Year Five:	\$386,808		

This sum represents significantly more than the CPPN received through its first five (funded) years. However, central to the heart of our proposal is an **unwavering commitment to (truly) meaningful engagement and greater involvement of people living with HIV and HIV co-infection**. While, to some folks, \$2 million+ over five years is a lot of money. However, in our LOI we stressed the importance of recognizing the expertise that people with lived/living experience and compensating them for that experience and expertise. Hence, **nearly 60% of the total budget proposed is committed to direct payments to CPPN members**.

A more fulsome document providing the highlights (and details) of our LOI is linked to this report is stored on our Dropbox [HERE](#).

Jeff Potts
Executive Director | Directeur général

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CLOSING REMARKS

As the CPPN's current Executive Director, I want to close this annual report the way I opened it – by reflecting on the importance of the CPPN in Canada; by celebrating its success and by acknowledging the valuable lessons we learned during challenging times; and, by focusing on the CPPN's great potential going forward. In considering how I could do that most-effectively, I concluded that it is most-appropriate to rely on the sentiments of some of my peers – of at least a couple of current CPPN members.

“WELL, FIRST OF ALL, [THE CPPN] MEANS A GREAT DEAL TO ME. THERE'S POWER IN THAT. PRESENTLY, I'M NOT SURE WHAT THAT POWER COULD/SHOULD LOOK LIKE BECAUSE WE'RE AT THE EARLY STAGES OF THE NETWORK. HOWEVER, I FEEL THERE IS ENORMOUS POTENTIAL FOR CPPN TO BRING ABOUT REAL CHANGE IN TERMS OF HIV STIGMA AND DISCRIMINATION, HIV CRIMINALIZATION, OUR INTERPERSONAL RELATIONSHIPS ESPECIALLY WITH HIV-NEG FOLKS, IMPACTING YOUNG PEOPLE AND THE EDUCATION SYSTEM, TAKING PART IN DECISION-MAKING AND POLICY-MAKING AT THE LOCAL, PROVINCIAL, AND FEDERAL LEVELS, AND MORE.”

“I THINK WE COULD LEARN HOW TO LOOK OUT FOR ONE ANOTHER; HOW TO ARGUE WITHOUT LOSING OURSELVES IN THE ARGUMENT AND ALWAYS KEEPING RESPECT BETWEEN ONE ANOTHER; HOW TO THINK OF EACH PERSON AND OURSELVES AS PEOPLE OTHER THAN JUST OUR RACE, GENDER, SEXUALITY, AGE, AND OTHER IDENTITIES; THEY HAVE THEIR PLACES IN OUR LIVES, BUT THERE ARE OTHER THINGS THAT GIVE EACH OF US OUR UNIQUE SHINE; I WANT US TO CELEBRATE THAT, AND AT THE SAME TIME, ACKNOWLEDGE THAT ALL OF US MAY BE IGNORANT, PRIVILEGED IN SOME WAY, AND/OR HARBOURING SOME SUBCONSCIOUS OR CONSCIOUS ANIMOSITY OR FEAR TOWARDS 'THE OTHER'. WE HAVE TO KNOW HOW TO BE VULNERABLE AND UNCOMFORTABLE WITH OUR FEELINGS AND/OR PAST EXPERIENCES THAT MAY HAVE SIGNIFICANTLY AFFECTED US (AND WE MAY NOT BE AWARE OF THIS) AND OUR RELATIONSHIPS WITH OTHER PEOPLE. WE NEED TO HEAL OR TO BE ON OUR HEALING JOURNEY.”

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