

year *in review* 2015 -16



How did we help people with arthritis?

Advocating for improved care for people with arthritis

We have continued to advocate strongly to the Australian Government for improved care programs for people with arthritis, based on the recommendations of the [Time to Move: Arthritis strategy](#) which we launched in 2014. In particular, we have focussed on three priority areas for action: better non-surgical management for people with osteoarthritis; building the rheumatology nurse workforce to provide patient education, support and care coordination; and boosting arthritis research funding.

Input to government inquiries

We provided input to a number of government consultations and inquiries relating to chronic disease prevention and management. In our submissions, we highlighted the importance of providing timely, team-based, patient centred and coordinated care for people with arthritis, in line with the recommendations of our [Time to Move: Arthritis strategy](#).

We were pleased to see that a trial for a new model of care for people with chronic and complex conditions announced by the Australian Government in March, aligns closely with many of our recommendations for providing improved care for people with arthritis.

Launch of *Counting the cost: the current and future burden of arthritis*

We launched the report [Counting the cost: the current and future burden of arthritis](#) during Arthritis Awareness Week in May 2016. This report highlights the personal, social and economic costs of arthritis and supports the case for implementing better programs and policies to support people with the condition. This report received good media coverage in the lead-up to the Federal Election and it was sent to all parliamentarians and other key policymakers in health as an update.

#SpeakUp4Arthritis campaign

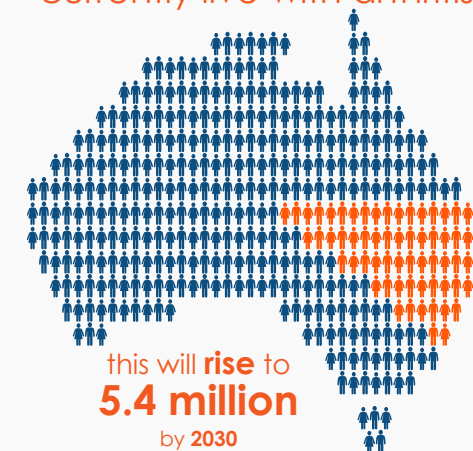
We ran a grassroots campaign in the lead-up to the Federal Election in order to raise awareness among politicians of the personal impact of arthritis and why better programs are needed. As part of the #SpeakUp4Arthritis campaign, people with arthritis were encouraged to email their local MP to describe their personal experience of living with arthritis and to seek their support for action on our key priorities. Copies of the email were also sent to the Minister for Health and the health spokespeople for Labor and the Greens.

Around 450 people sent emails to their local MP and to the Minister for Health as part of the #SpeakUp4Arthritis campaign. We received positive feedback on the campaign, with a number of people commenting that they had not realised there were so many different forms of arthritis or that it affected so many younger people.

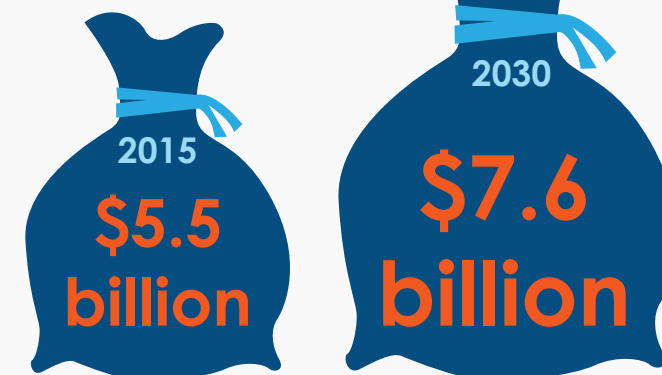
Supporting consumer education on biosimilars

We developed an information sheet for people with arthritis who are taking infliximab, following the introduction to the Australian market of a biosimilar version of this medicine. Biosimilars are copies of biologic medicines that are very similar, but not identical, to the original medicine. This information sheet highlights the importance of people making an informed decision, in

4 million Australians
currently live with arthritis



**Arthritis health
system costs**



consultation with their rheumatologist, about which brand of infliximab they should take.

We are also participating in a Reference Group for the Australian Government's Biosimilars Awareness Initiative, with the aim of supporting safe and effective use of biosimilars for people with arthritis. This initiative is developing an education program for consumers, prescribers and pharmacists.

SPC & Kellogg's join Easy to Open certification program

This year we were proud to have SPC and Kellogg's sign up to Arthritis Australia's [Easy To Open Certification Program](#). The products (pictured right) have been tested with arthritis consumers and have been proven to be easy to open. The accessibility of the packaging facilitates consumer independence and aims to improve nutrition within the health system.

Social media

This year we actively began engaging with consumers through social media platforms, particularly Facebook. Each week a series of insightful posts are uploaded to direct consumers to the latest arthritis information, resources and research. The platform allows consumers to share posts with their friends and family as well as ask questions. Currently there are almost 18,000 Arthritis Australia Facebook fans and we anticipate this will continue to grow. For the latest arthritis news and to keep up to date on Arthritis Australia events, follow us on [Facebook](#) and [Twitter](#).

New version of MyJointPain.org.au

In response to user feedback, we revised and refreshed our osteoarthritis-specific website, [MyJointPain.org.au](#) adding nearly 50 new videos and more user-friendly features including versions of the website suitable for mobile devices.

Accessible Design Division website section

The Accessible Design Division now has its own section on the Arthritis Australia website. It contains information that can assist packaging companies which are looking to better understand the needs of those with arthritis, as well as a section that allows consumers to make complaints about hard to open packaging.



How did we work together?

AIP Accessibility and Easy To Open Packaging course launched

In partnership with Georgia Tech and the Australian Institute of Packaging (AIP), Arthritis Australia is proud to have developed a new half-day training course in accessible design. The course was launched in Melbourne and it is the first of its kind for the packaging industry. The courses syllabus aims to educate packaging professionals about how hard to open packaging impacts the daily lives of many different groups in society, including those with arthritis. AIP President, Michael Grima conducted the course and Arthritis Australia's Consumer Director Wendy Favorito (pictured right) provided first-hand experiences and insights into how hard-to-open packaging affects her independence. The course also demonstrates how companies could go about developing accessible packaging with consumers' abilities in mind.

Packaging Accessibility Rating Database users continue to grow

A few years ago a packaging accessibility rating system was developed in partnership with Georgia Tech and NSW Health, to allow food-purchasing organisations to compare products based on how easily patients would be able to open products. The project aimed to improve patient nutrition by removing the hard-to-open packaging barrier of many portion-controlled products, which are becoming more common. This has led to the development of an extensive packaging accessibility rating database of food service products. In the past year the Accessibility Rating, which is already used by HealthShare NSW, has become available to the Institute of Hospitality and Health Care (IHHC) members, including food service managers in both private and public hospitals, aged care facilities and residential care. The rating has also been made mandatory by Health Purchasing Victoria, which is the procurement agency for Victorian public hospitals.



AUSTRALIAN INSTITUTE
OF PACKAGING

Were our projects effective?

Advocacy

Advocacy by Arthritis Australia and other stakeholders in the area of chronic disease management is starting to lead to significant reforms in the way in which people with chronic conditions are managed in primary care. Under major reforms announced by the Australian government in March 2016, a new model of care for people with chronic and complex conditions will be trialled, based on the concept of a Health Care Home.

Under this model, eligible people can enrol with a participating medical practice (usually a GP) which will provide a home base for developing and delivering a tailored, coordinated, integrated team care plan to help the person to manage their condition. This model aligns very closely with key recommendations from our [Time to Move: Arthritis strategy](#) and with our ongoing advocacy representations.

Accessibility improving product sustainability and winning awards

At this year's Australian Institute of Packaging (AIP) conference the inaugural winners of the Save Food Packaging Awards were announced. Arthritis Australia was delighted to have worked with both the Highly Commended Finalist and overall Winner of the Food Service Category, which recognised that when packaging is easy to open, less food is wasted.

The Highly Commended honour was awarded to HealthShare NSW's Pre-Packaged Meals My Choice project, due to the significant reduction in meal preparation waste in the hospital setting. The Accessible Design Division tested many of the suppliers' packaging to the My Choice range and developed an easy to read and understand label for patients. SPC's new ProVital cup design, which was also developed in consultation with us and has received Easy To Open certification, took out the top honour.

MyJointPain.org.au

Since launched in March 2013, the MyJointPain.org.au website has attracted more than 210,000 visitors from Australia and around the world. With over 1 in 5 people being repeat visitors, it's clear the website has information which is recognised as useful and relevant for people with osteoarthritis.

In 2014-15 the website's effectiveness was evaluated by researchers from the Universities of Sydney, Melbourne and Tasmania and the results published in the [Journal of Medical Internet Research \(July 2015\)](#). Following 12 months of exposure to the website, there were significant improvements for users compared to non-users in self-management and weight reduction which are key areas for improving outcomes in osteoarthritis.



What research did we fund?

Along with education and assistance, Arthritis Australia strives to further our knowledge of the many forms of arthritis and to search for cures. Much of our work is directed toward raising funds for research grants, fellowships and scholarships. The Arthritis Australia National Research Program is conducted annually and is open to both national and international researchers. Assoc Prof Susanna Proudman is the Medical Director of Arthritis Australia and Prof Graeme Jones is the Chair of the Arthritis Australia Research Grants Assessment Committee.

Arthritis Australia also conducts the Arthritis Australia/Zimmer Orthopaedic Fellowship Program, awarded bi-annually. The program, supported by Zimmer Biomet Pty Ltd promotes best practice orthopaedic treatment and provides opportunities for supervisors to improve their instructional skills and enhance the international exchange of knowledge and skills. The Program also helps institutions to achieve their own educational goals and objectives.

As well, Arthritis Australia funds the Florance and Cope Chair of Rheumatology at the University of Sydney currently held by Prof David Hunter (refer page 16).

RECIPIENTS OF THE NATIONAL RESEARCH PROGRAM 2016:

To read a summary of the projects listed below [click here](#).

FELLOWSHIPS

The ARA Victorian Fellowship - \$ 19,000

(funded by Australian Rheumatology Association Victoria)

Dr Louisa Chou

Department of Epidemiology and Preventative Medicine, Monash University

Project: *Identifying and predicting hip osteoarthritis*

The ARA Victorian Fellowship - \$30,000

(funded by Australian Rheumatology Association Victoria)

Dr Claire Owen

Department of Rheumatology, Austin Hospital

Project: *Predictors of relapse in polymyalgia rheumatica patients treated with low-dose glucocorticoid therapy*

The Ken Muirden Overseas Training Fellowship - \$100,000

(funded jointly by an educational research grant by Australian Rheumatology Association, Celgene Pty Ltd and Roche Products Pty Limited)

Dr Clare Owens

Department of Rheumatology, Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds and Leeds Musculoskeletal Biomedical Research Unit, Leeds Teaching Hospitals NHS Trust

Project: *The role of bisphosphonates in hip osteoarthritis: can this therapy reduce pain and slow structural deterioration?*

Leanne Stafford Award - \$50,000

(funded by Australian Rheumatology Association)

Dr Rebecca James

Department of Rheumatology, Great Ormond Street Hospital, UK

Project: *To observe the incorporation of clinical and laboratory-based research into day-to-day clinical practice in a major quaternary Paediatric Rheumatology centre, over a 12 month period, with a view to developing the current under-represented contribution of Australia and the Asia-Pacific region to international paediatric rheumatology clinical trials and research, and thus to improve the care of children with rheumatic disease in this region.*

Note: the AFA-ARA Heald Fellowship and the Arthritis Queensland Fellowship were not handed out this year. The eligible applicants declined our offers due to receiving National Health and Medical Research Council (NHMRC) funding.

GRANT IN AID

UCB Australia Grant in aid & Zimmer Australia Grant - \$15,000

(funded jointly by UCB Australia Pty Ltd and Zimmer Australia)

Dr Daniel Harvie

CONROD Injury Research Centre, Griffith University

Project: *Sensory training for persistent pain*

UCB Australia Grant in aid - \$15,000

(funded by UCB Australia Pty Ltd)

Dr Jodie McClelland

School of Allied Health, La Trobe University

Project: *Long-term outcomes from knee replacement*

PROJECT GRANTS

ARA Project Grant- \$13,000

(funded by Australian Rheumatology Association)

Dr Mandana Nikpour

Department of Rheumatology and Medicine, The University of Melbourne at St. Vincent's Hospital

Project: *A Disease Damage Index in Scleroderma*

ARA Project Grant- \$40,000

(funded by Australian Rheumatology Association)

Dr Linda Rehaume

The University of Queensland Diamantina Institute, Queensland

Project: *Modification of the microbiome to protect against spondyloarthritis in SKG mice*



ARA Project Grant- \$15,000

(funded by Australian Rheumatology Association)

Mr Tom Walsh

Department of Rheumatology, School of Medicine, Flinders University

Project: *Is a change in body composition and adipokines associated with foot pain?*

Arthritis Australia and State & Territory Affiliate Grant - \$25,000

(funded by Arthritis South Australia)

Dr Anak Dharmapatni

Discipline of Anatomy and Pathology, School of Medical Sciences, University of Adelaide

Project: *Autophagy in rheumatoid arthritis*

Arthritis Australia and State & Territory Affiliate Translational Grant - \$40,000

(funded by Arthritis South Australia)

Dr Elizabeth Hoon

School of Population Health, University of Adelaide

Project: *Customising pathways to self-management support for people with osteoarthritis*

Arthritis Australia and State & Territory Affiliate Grant - \$20,000

(funded by Arthritis Tasmania)

Prof Graeme Jones

Musculoskeletal Unit, Menzies Institute of Medical Research

Project: *Bone shape predicts Femoroacetabular Impingement*

Arthritis Australia and State & Territory Affiliate Grant - \$25,000

(funded by Arthritis Western Australia)

Dr Johannes Nossent

Rheumatology, The University of Western Australia

Project: *Epidemiology of RA in Western Australia*

Eventide Homes Grant - \$25,000

(funded by Eventide Homes NSW)

Dr Elizabeth Clarke

Kolling Institute of Medical Research, University of Sydney

Project: *Is mild joint injury an osteoarthritis risk?*



SA LSS Support Group Grant - \$25,000

(funded by Arthritis South Australia)

Dr Joanne Reed

Immunology, Garvan Institute of Medical Research

Project: *Self reactive immunoglobulin repertoires in Sjögren's syndrome and Lupus*

Marion A Simpson Grant - \$25,000

(funded by The Estate of the Late Marion Alice Simpson)

Prof Christopher Jackson

Sutton Arthritis Research Laboratory, Rheumatology, University of Sydney

Project: *A novel broad-acting therapy for inflammatory arthritis*

Scleroderma Australia Grant - \$20,000

(funded by Scleroderma Australia)

Assoc Prof Peter Youssef

Department of Rheumatology, Royal Prince Alfred Hospital

Project: *The utility of biomarkers of interstitial lung disease in systemic sclerosis*

UCB Australia Project Grant - \$30,000

(funded by UCB Australia Pty Ltd)

Dr Julia Kuliwaba

Discipline of Orthopaedics and Trauma, University of Adelaide

Project: *Molecular profiling of bone marrow lesions in osteoarthritis*

Zimmer Australia Grant - \$40,000

(funded by Zimmer Australia)

Dr Claudia Di Bella

Department of Surgery, University of Melbourne

Project: **The 'Biopen'. Innovative 3D printing for treatment of arthritis**

Project: *A multi-faceted podiatry intervention for the management of foot osteoarthritis: a pilot randomised controlled trial*

NATIONAL RESEARCH PROGRAM – 2015 Outcomes

To read a summary of each project outcome awarded in 2015 [click here](#).



ORTHOPAEDIC FELLOWSHIP PROGRAM:

2015

North Bristol Upper Limb Arthroplasty Fellowship - \$55,000

Dr Levi Philip Morse
North Bristol NHS Trust
Bristol, UK

Adult Knee and Hip Reconstructive Surgery - \$55,000

Mr Markus Goldhofer
Specialist Orthopaedic Group
Wollstonecraft, NSW

Sydney Shoulder Research Institute Clinical Fellowship - \$27,500

Dr Mohy Eldin Taha
Sydney Shoulder Research Institute
St Leonards, NSW

Adult Reconstruction Hip and Knee Fellowship - \$55,000

Dr Andrew Kurmis
University of British Columbia (UBC)
Department of Orthopaedics, Canada

UBC Sports Medicine & Arthroscopic Reconstruction Fellowship - \$55,000

Dr Mark Robinson
University of British Columbia (UBC)
Fortius Sport & Health, Canada

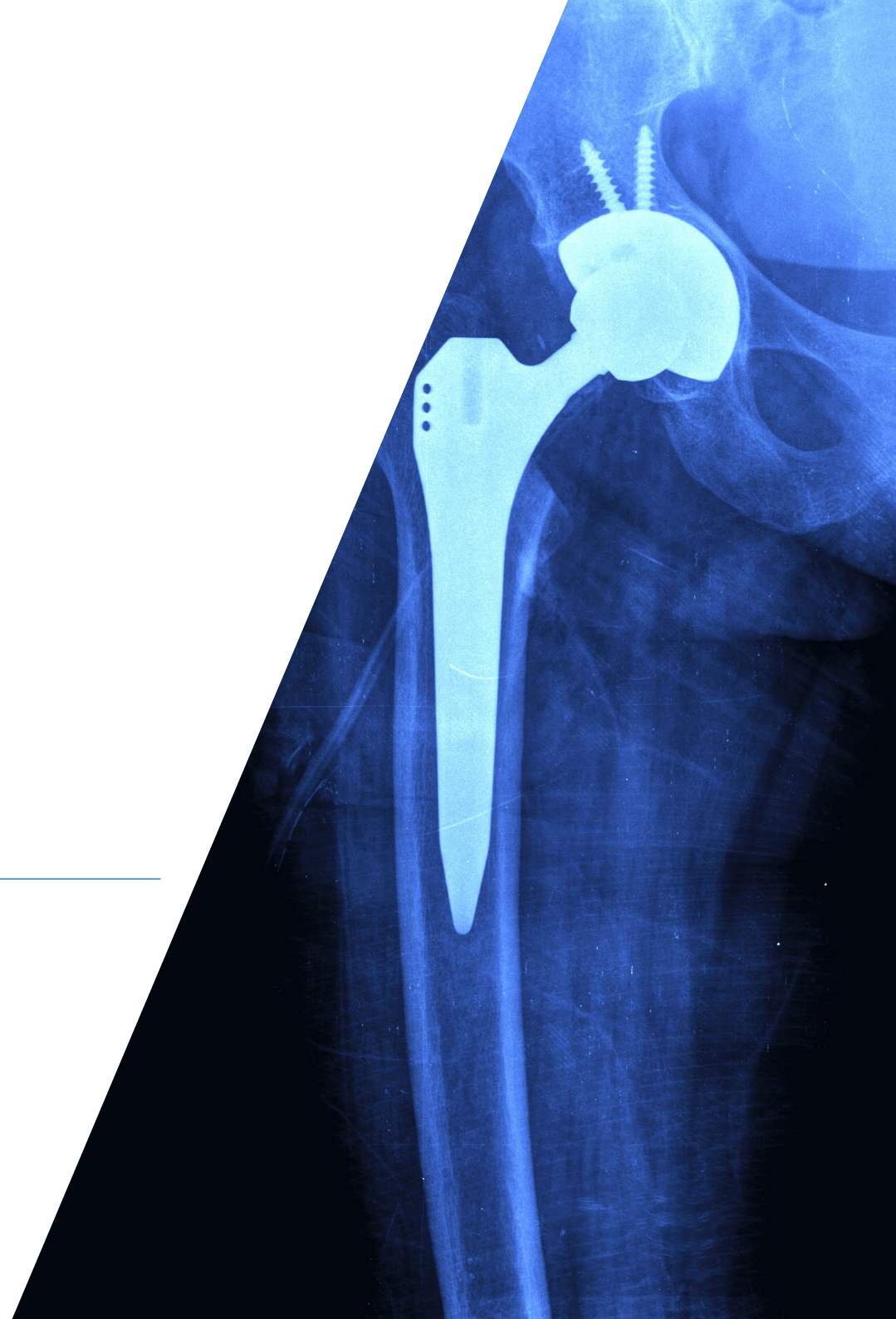
2016

Fellowship in Shoulder Surgery - \$55,000

Mr Devinder Garewal
Centre De L'Epaule, CHP Saint Gregoire
Saint Gregoire, France

Shoulder Observing Fellowship - \$27,500

Dr William Blakeney
Centre Orthopedique Santy – Hospital Prive Jean Mermoz
Lyon, France



Clinique Jouvenet Hip and Knee Arthroplasty Fellowship - \$27,500

Dr Samuel Joseph
Clinique Jouvenet Hospital
Paris, France

Clinique Arago Hip and Knee Arthroplasty Fellowship - \$27,500

Dr Samuel Joseph
Clinique Arago Hospital
Paris, France

Western University Fowler Kennedy Orthopaedic Sports Medicine Fellowship - \$55,000

Dr Manoj Mathew
Fowler Kennedy Centre - Western University – London Health Sciences Centre
London, Canada

HULC Orthopaedic Fellowship - \$27,500

Dr Ashish Gupta
Hand and Upper Limb Institute London Ontario
London, Canada

Nelson Hospital Lower Limb Fellowship - \$55,000

Dr Edward Schwartzenberger
Nelson Public Hospital - Nelson Marlborough District Health Board
Nelson, New Zealand

Fellowship in Arthroplasty & Trauma Surgery - \$27,500

Mr Troy Smithers
Sydney Orthopaedic Trauma & Reconstructive Surgery
Kogarah, NSW

Clinical and research fellowship in adult joint reconstruction - \$27,500

Dr David Wheatley
Woden Specialist Medical Centre
Woden, ACT



What are our key people saying?

CHAIR'S REPORT

Roger Mattar



It has been an exciting and positive year for Arthritis Australia. Our main challenge for 2016 was to make the most effective use of limited resources and revenue, while keeping a focus on our strategic priorities of advocating on behalf of those living with arthritis and related conditions, national co-ordination between our Affiliates and investing in research into this crippling disease.

With this year being a federal election year, Arthritis Australia launched a grassroots *#Speakup4arthritis* pre-election campaign which saw hundreds of people with arthritis email their local MP to highlight the personal impact of arthritis and why better programs of care are needed. The campaign drew on the findings of the *Counting the Cost* report which we launched in May. This report highlighted the increasing prevalence and cost of arthritis and the benefits in terms of lower government costs and improved economic productivity that could result from improving care for people with the condition.

Advocacy by Arthritis Australia and other stakeholders is starting to lead to significant reforms to the way in which people with chronic conditions are managed in primary care. The Federal Government announced that it will trial a new model of care for people with chronic conditions, based on the concept of a Health Care Home. We are pleased to see that this model aligns very closely with key recommendations from our *Time to Move: Arthritis strategy* and with our ongoing advocacy representations.

Improving access to specialist care for children with juvenile idiopathic arthritis (JIA) was also a major focus for Arthritis Australia this year. We will continue to work with the Australian Paediatric Rheumatology Group until we realise better access to paediatric rheumatology training.

Arthritis Australia has continued to work in a cooperative and efficient manner with our Affiliates across the country to support those living with arthritis. We continue to work on coordinating programs, fundraising appeals and sharing of resources and information with the result that our delivery of consistent consumer information and programs across Australia has greatly improved.

Funding for research into arthritis and related conditions has always been the cornerstone of Arthritis Australia's strategic priorities. This year we continued to focus on and support more translational research. We also enhanced our grant allocation processes to better incorporate the consumer perspective by including our Consumer Director, Wendy Favorito, as one of the grant assessors. We were encouraged by the quality and scope of research grant applicants this year.

As always, Arthritis Australia would like to thank the many volunteers, donors, rheumatologists, medical and health service professionals and our State and Territory Affiliates and associates in making 2016 an excellent year for us despite the testing times for charities and not-for-profits generally.

The coming year will see Arthritis Australia continue to be the peak national organisation representing and advocating for those many Australians suffering from arthritis and arthritis-related disorders. We will continue to provide an independent, evidence-based and unbiased voice on these disorders.

“...an exciting and positive year...”

CEO'S REPORT

Ainslie Cahill



I have pleasure in presenting to you this report which summarises the work Arthritis Australia has undertaken during the 2015-16 financial year. I'm particularly pleased to report a financial surplus which is a great achievement considering unexpected reductions in some revenue sources, as well as the lack of any new funding from the Federal Government during this period. As always, we have been seeking alternative avenues for funding ongoing business costs and with some success in this endeavour I am looking forward to the year ahead with continuing optimism.

The recommendations from our [*Time to Move: Arthritis strategy*](#) provide guidance for all of the activities undertaken by Arthritis Australia. Enriching our activities are the collaborations we enjoy with many individuals and organisations – too many to name, but each of whom put Australians living with arthritis at the core.

It has been difficult to engage with the Federal Government because of many political and administrative changes and an emphasis on fiscal restraint and budget repair. However, our advocacy work created – and will continue to create – worthwhile opportunities to present our case for better health outcomes for Australians living with arthritis.

We have also increased our advocacy with regard to easy to open packaging and it's pleasing to see that the Victorian Government has followed New South Wales' lead in encouraging accessible packaging for single portion food within their state's hospital system.

We remain concerned about the paucity of paediatric rheumatologists in Australia and, with our Affiliates, funded a feasibility study to assess what we might be able to do to change this dire situation. As a result of this feasibility study, Arthritis Australia has joined with the Australian Paediatric Rheumatology Group to mount a capital appeal to fund specialty training for paediatric rheumatologists. The outlook for achieving our objective in 2016-17 is positive.

We have built on our evidence-based resources by making further improvements to the content and functionality of our [MyJointPain](#) and [Empowered](#) websites. The good news is that we have received funding from the Federal Government (post this financial reporting period) to blend our microsites into one Arthritis Australia website during 2016-17 which will be user-friendly and technically efficient for future information sharing.

And with our The Joint Movement project we are aiming to reduce the confusion about the benefit and safety of exercise for people with arthritis to ensure that exercise, which research has established is a safe and recommended treatment, becomes readily understood and readily available throughout Australia.

I salute and give my thanks to the indomitable A Team (page 28) as well as our volunteers – the Arthritis Australia Board, Council of Advice, National Arthritis Consumer Reference Group, Scientific Advisory Committee and Grants Assessment Committee – and wish to acknowledge our principal colleagues in the State/Territory Arthritis Affiliates and the Australian Rheumatology Association. Each and every one contributes hugely to our focus on reducing the impact and severity of arthritis. Our united efforts promise to deliver more accessible and equitable opportunities in the near future....

“...enriching our activities are the collaborations we enjoy...”

MEDICAL DIRECTOR'S REPORT

Assoc Prof Susanna Proudman



Information provision, consumer advocacy and research are key pillars that have been clearly articulated within the Arthritis Australia Strategic Plan for 2015-18.

In an era of instant access to health information through an array of electronic media, Australians with arthritis and related disorders are in greater need than ever of evidence-based, reliable and unbiased information. Arthritis Australia continues to provide a comprehensive and up-to-date range of information sheets in multiple languages and to support delivery of health information through the Affiliates. Provision of information via the website, newsletters, social media and dedicated websites for patients with arthritis such as [MyJointPain](#) for osteoarthritis and [Empowered](#) for rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis is invaluable for people with arthritis but also for helping their treating physicians improve patient care.

What may be less well appreciated, is the prominent role Arthritis Australia has in collating and publishing information about the impacts of musculoskeletal disorders on the broader community. The recent [Counting the cost: the current and future burden of arthritis](#) report highlighted the wide-spread prevalence of arthritis in Australia, the multi-billion dollar costs to the health-care system and the broader economy, and the potential savings from improving care. This report, Arthritis Australia's [Time to Move: Arthritis strategy](#) and [#Speakup4arthritis](#) campaigns in the lead up to the 2016 Election have been crucial in highlighting the burden of arthritis and the importance of promoting musculoskeletal health to the Australian Government. As the peak arthritis health consumer organisation, Arthritis Australia plays a critical advocacy role in representing health consumer interests with national government, health and service provision organisations, and funding entities. While grassroots support remains a central function, influencing decision-makers on the national stage to change outcomes for Australian's living with arthritis is a major priority for Arthritis Australia.

Financial support for improving outcomes for patients with arthritis comes in the form of funding for research. The research funding program has again supported research by new and emerging researchers, particularly for projects with a translational focus, meaning they are aligned with health consumer priorities. This has been facilitated by the inclusion of health consumers on the Grants Assessment Committee whose contribution has been welcomed by the clinicians and scientists as their carefully considered opinions bring an important perspective to the committee's deliberations.

“...evidence-based,
reliable and unbiased
information...”

CONSUMER REPRESENTATIVE'S REPORT

Wendy Favorito



As I reflect on the past year, I feel that the consumer voice for people with arthritis continues to grow stronger through the activities of Arthritis Australia. To me this highlights Arthritis Australia's genuine commitment to consistent, meaningful and strategic advocacy for people with arthritis.

As Consumer Director, I have the privilege of chairing the National Arthritis Consumer Reference Group (NACRG) which is made up of people with arthritis from around the country. They provide an invaluable consumer perspective which informs Arthritis Australia's advocacy and awareness raising activities.

Increasingly, members of the NACRG are spreading their wings and providing the arthritis consumer perspective in other forums, such as on government committees and workshops. This is essential to ensure that the voice of people with arthritis is heard in the development of national health policies.

I would like to take this opportunity to thank the members of the NACRG for their ongoing contribution to supporting the advocacy work of Arthritis Australia.

This year also saw Arthritis Australia work to harness the grassroots consumer voice through the successful *#Speakup4arthritis* advocacy campaign. This campaign encouraged people with arthritis to contact their local MPs in the lead up to the federal election to tell their story and to request support for improved programs for people living with arthritis and has been well-received.

The consumer voice is also being heard more clearly in allocating research funding. Last year I participated for the first time in Arthritis Australia's Grants Assessment Committee to provide consumer input into the allocation of funding for arthritis research. My participation was well-received and next year both Judith Nguyen, Board Director, and I will participate as members of the committee.

Last but not least it has been rewarding to contribute to Arthritis Australia's continuing efforts to drive improvements in packaging design, especially for food and drinks, so that packaging is easier and safer for people to open. A highlight has been the development of a course by the Australian Institute of Packaging on easy to open packaging design where I was invited to speak on issues faced by consumers with arthritis who struggle daily with packaging. My input was positively received and the design of this course highlighted the importance of combining technical information and experiences of real people.

I look forward to another productive and rewarding year working with the Board and the extraordinary staff at Arthritis Australia who all work extremely hard for people living with arthritis across Australia. I remain committed to ensuring our consumer voices are heard.

“...genuine commitment
to consistent,
meaningful and
strategic advocacy...”

FLORANCE AND COPE CHAIR'S REPORT

Prof David Hunter



Professor Hunter is a practising rheumatologist who also conducts research on osteoarthritis (OA). Translational research is at the centre of his work - always making sure that his research findings are implemented into medical practice and provide meaningful health outcomes.

Research objectives

My research continues to be focused on the key elements of OA including epidemiology; the application of imaging to better understand structure and function with application to both epidemiologic research and clinical trials; novel therapies and health service system delivery.

One of the main focus points in 2016 has been the initiation of a new model of care for OA management. This collaborative work with Arthritis Australia and other partners focuses on delivery of appropriate primary care to consumers who suffer from OA. It provides an opportunity to transform the care for millions of people with OA in Australia. All going to plan the findings from this project should be implemented within the next four years.

2016 Affiliations and ongoing contribution

- Florance and Cope Chair of Rheumatology
- Professor of Medicine at University of Sydney
- Chair of the Institute of Bone and Joint Research
- Chair of the Musculoskeletal Block for the Sydney Medical Program
- Supervision of 7 PhD students and a team of 12 researchers
- Visiting professor at University of Queensland, University of Melbourne, and three universities in China (Anhui Medical University, Southern Medical University and Harbin Medical University)
- Associate editor for Arthritis and Rheumatology
- Editorial board member for Arthritis Care and Research, and Osteoarthritis and Cartilage
- Section editor for UpToDate Osteoarthritis

2016 Achievements

- I was ranked as the leading expert on OA in the world by expertscape.com (third year in a row).
- *Funding:* I was fortunate to be awarded significant funding including a National Health and Medical Research (NHMRC) Program Grant and an NHMRC Partnership Grant in collaboration with colleagues including Arthritis Australia. I also continue to derive support from other sources including an NHMRC Practitioner Fellowship.
- *Community reaching:* through the Institute of Bone and Joint Research we run monthly webinars in addition to an active social media strategy to facilitate diffusion of appropriate information to consumers. There has been increased and regular media attention given to the work by my team and I am pleased to contribute to raising community awareness through a range of media interviews.
- *Research publications:* I've also added over 30 publications to the more than 350 peer reviewed publications in international journals, my work is cited >1000 times per year and I recently co-authored the textbook Osteoarthritis for Oxford Medical Publications. I also gave a number of keynote presentations at international meetings including OARSI.

I remain enormously appreciative of the support given by Arthritis Australia to the Chair position as well as the collaborative opportunities they provide for my research on OA.

“...research focused
on the key elements
of OA...”

TREASURER'S REPORT

Wayne Jarman



Trading Results for the year

I am pleased to report an overall surplus for the year of \$172,409 in a tough year where charities are increasingly under pressure for funding from all sources.

The finances are segregated into two streams – restricted funds and unrestricted funds.

The total restricted funds under administration have increased by \$447,489, with decrease in share portfolio valuations of \$525,804, a new corpus of \$782,779, and a surplus of \$166,609 for the year.

The total unrestricted funds under administration have decreased by \$64,151 with a net decrease on share portfolio valuations of \$46,577 and a surplus of \$5,800 for the year.

Restricted funds reported a net surplus for the year of \$166,609 in a year with high volatility in the market affecting the portfolio valuations at the year end.

Restricted funds are sourced from several long-standing grants, the income or corpus of which provide specific funding; research donations, including from Affiliates, for the National Arthritis Research Grants Program; and Federal Government/private sector funding for national programs, some of which are subcontracted to Affiliates for service delivery.

Unrestricted funds reported a net surplus for the year of \$5,800.

Unrestricted funds are for general and administration expenses. These are sourced from voluntary administration donations from Affiliates; public donations, sponsorships, accessible design initiatives and general investment funds.

Balance Sheet

Net cash position has reduced by \$131,385 since last year. Cash flows for the coming year will be under pressure with uncertainties in forecast revenue and expenditure.

Receivables have reduced by \$165,404 since last year as a result of speedier cash collections towards the year end.

Investment portfolios have reduced by \$58,576, with the overall reduction in market values of \$525,804, net purchases and sales for the year of \$503,589.

Total liabilities have decreased by \$753,189 over last year mainly as a result of the running down of Federal Government funded projects during the year.

General

Our investment portfolios have performed relatively well this year considering the volatility of the market in the latter half of the financial year with astute advice from the team at Morgans our investment advisers.

Our financial reporting structure is strong on detail enabling focus on strategy and project implementation for the coming years to increase income streams for unrestricted use thus ensuring future financial viability.

‘...an overall surplus of \$172,409 in a tough year...’

What is our financial position?

STATEMENT OF FINANCIAL POSITION

	15/16	14/15
	\$	\$
Current Assets		
Cash and cash equivalents	1,838,959	1,970,344
Receivables	165,206	330,610
Total Current Assets	2,004,165	2,300,954
Non-Current Assets		
Financial assets	6,294,148	6,352,724
Property, Plant & Equipment	34,868	49,894
Total Non-Current Assets	6,329,016	6,402,618
Total Assets	8,333,181	8,703,572
Current Liabilities		
Payables	1,227,275	1,901,515
Short term provisions	513,211	562,038
Total Current Liabilities	1,740,486	2,463,553
Non Current Liabilities		
Long term provisions	9,308	39,430
Total Non Current Liabilities	9,308	39,430
Total Liabilities	1,749,794	2,502,983
Net Assets	6,583,387	6,200,589
Accumulated Funds		
Contractually restricted funds	5,849,172	5,402,223
General funds	734,215	798,366
	6,583,387	6,200,589

Total Foundation Funds at 30 June 2016 include \$5,849,172 (2015 \$5,402,223) of contractually restricted research funds administered by the Foundation.

The above table showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2016 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	15/16	14/15
Income	\$	\$
Donations/fundraising		
General	2,429,447	2,926,364
Affiliates	212,750	210,500
Total	2,642,197	3,136,864
Membership Fees	1,320	1,604
Investments		
Interest	33,568	28,925
Profit on Sale	147,879	18,174
Dividends	356,544	379,519
Total	537,991	426,618
Other	-	19,464
Total Income	3,181,508	3,584,550
Expenses		
Research	872,225	940,725
Education & Awareness	1,706,193	2,176,864
Administration	315,821	391,874
Fundraising	99,834	150,384
Depreciation	15,026	18,033
Total Expenses	3,009,099	3,677,880
Surplus/(Deficit)	172,409	(93,330)
Contribution to contractually restricted funds	782,772	-
Net Gain on revaluation of Financial Assets	(572,381)	62,393
Change in Foundation Funds	382,800	(30,937)

Total Foundation Funds at 30 June 2016 include \$5,849,172 (2015 \$5,402,223) of contractually restricted research funds administered by the Foundation.

The above table showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2016 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

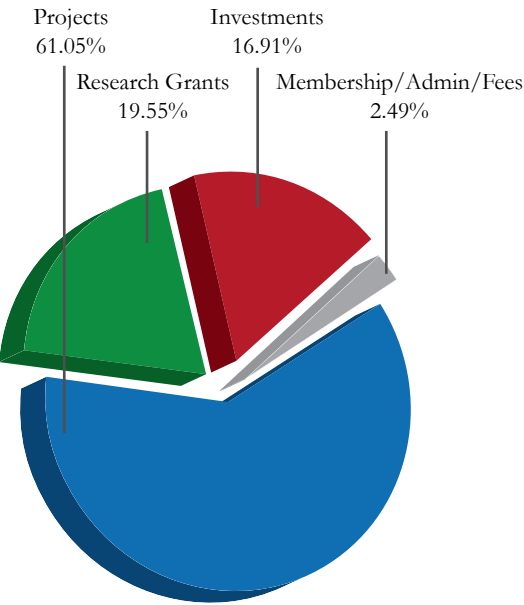
ARTHRITIS AUSTRALIA SUMMARY

Following is the summary of revenue and expenditure of Arthritis Australia.
Assets held \$8,333,181 and liabilities held \$2,749,794

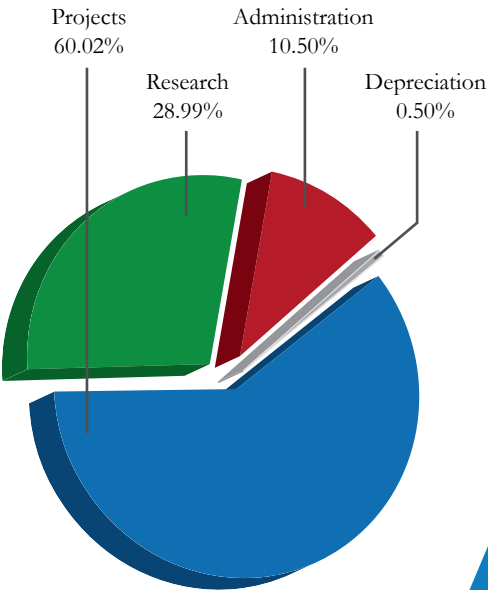
Revenue	\$	
Projects	1,942,447	61.05%
Research Grants	622,000	19.55%
Investments	537,991	16.91%
Membership/ Admin/Fees	79,070	2.49%
Total	3,181,508	100%

Expenditure		
Projects	1,806,027	60.02%
Research	872,225	28.99%
Administration	315,821	10.50%
Depreciation	15,026	0.50%
Total	3,009,099	100%

REVENUE



EXPENDITURE



How are we governed?

The constitution of Arthritis Australia allows for an independent board of six to eight members elected by the members of Arthritis Australia, and a Council of Advice consisting of nominees or organisations that are affiliated with Arthritis Australia. A formal Memorandum of Understanding between Arthritis Australia and Affiliated organisations establishes guidelines for collaboration and outlines clear roles, responsibilities and obligations of each partner.

Board members

Mr Roger Mattar – Chair
Mr David Motteram OAM – Deputy Chair
Mr Wayne Jarman – Treasurer
Assoc Prof Susanna Proudman – Medical Director
Ms Wendy Favorito – Consumer Director
Ms Judith Nguyen OAM – Board Member
Ms Kristine Riethmiller – Board Member

Chief Executive Officer and Company Secretary

Ms Ainslie Cahill

Emeritus Directors

Ms Ita Buttrose AO OBE
Dr Mona Marabani
Prof Patrick McNeil

Scientific Advisory Committee

Assoc Prof Peter Youssef – Chair
Prof Jim Bertouch
Prof Peter Brooks AM
Dr Simon Burnet
Dr Julien de Jager
Dr Anna Dorai Raj
Prof David Hunter
Prof Graeme Jones
Prof Michelle Leech
Dr Mona Marabani
Dr Andrew Taylor

Patron

His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd),
Governor-General of the Commonwealth of Australia.

Grants Assessment Committee

Prof Graeme Jones – Chair
Dr Helen Benham
Ainslie Cahill
Wendy Favorito
Prof Catherine Hill
Assoc Prof Rana Hinman
Assoc Prof Helen Keen
Prof Michelle Leech
Prof Chris Little
Prof Johannes Nossent
Assoc Prof Susanna Proudman
Dr Nicole Walsh

Council of Advice

Dr Irene Froyland – Chair
Mr Andrew Walker – Deputy Chair
Ms Ainslie Cahill – Observer/Secretary
Dr Ian Dover
Ms Hilary Fowler
Mr Garry Heald
Mr Roger Mattar – Ex officio member
Mr Allan Ryan
Ms Colette Smith

Who are our supporters?

We are extremely grateful to our supporters who have allowed us to continue our work in raising awareness, delivering education and support services, providing annual research grants and developing advocacy programs. Many have contributed expertise, time, funding, goods and services.

Awareness and education

Abbvie Pty Ltd
Australian Institute of Packaging
Australian Primary Health Care Nurses Association
Australian Rheumatology Association
Blink Print Pty Ltd
Commonwealth Department of Health
Eli Lilly Pty Ltd
Grampians Medicare Local
Janssen-Cilag Pty Ltd
Lanham Public Relations
Packaging Council of Australia
pdq design Pty Ltd
Pfizer Australia Pty Ltd
Roche Products Pty Ltd

2015-2016 Donations of \$500+

Estate of Grace Eugenie Cameron
Graeme Carroll
Greg Collins
Thanh Dao
George Dore
Evertide Homes
Cliff & Jenny Farmer
D & R Field
Fuchs Lubricants (Australasia) Pty Ltd
Belinda Gailey
Estate of Mavis Caroline Garland
Gateway Walhalla Craft Group
Estate of Beryl Melena Hayhow
Libby Higgin
Clare Hourigan
Mark Hooper in memory of the late Patricia Hooper

The Peter Isaacson Foundation
Xenia Johnes
Trevan Johns in memory of the late Helda Sheridan
Elizabeth Johnson
Paul Johnson
Grant Lintern
Debra Lipworth
The Luscombe Family Foundation
Bronwyn Malouf
David Motteram
Stephanie Mumford
Thu Ngo
Estate of Jen Martha Ransley
Lisa Rourke
Jonathan Shead
Arthur Simpfendorfer
David Smith
Patricia Smith
Manny Stul
Helen Thomas
Fiona Tregeagle
Amanda Ugo
Maureen & Bruce Wallis
Peter Wilkinson
Christine Woodruff
Lin Zheng

“ Thank you for
your contributions. ”

2015-2016 Fundraising of \$500+

Ride For Arthritis (organised by Chris Barrie)

Katie Hansen

Jenna Hay

Alana Schuurs

In-kind support

Anchor Hosting

Coverforce Insurance Broking Pty Ltd

Georgia Tech Research Institute

Google Inc.

Halltech Services

Geoff Hall (Pasco Hall and Associates)

Kemp Strang Pty Ltd

RBS Morgans Ltd

National Consumer Reference Group

Wendy Favorito (chair)

Danielle Dunlevey

Michelle Graham

Sarah McHarg

Suzie Edward May

Alison Park

Cosi Pupo

Linda Spurrier

Adrian Talbot

Medicines Australia Community Chest Program

Abbvie Pty Ltd

Eli Lilly Pty Ltd

Janssen-Cilag Pty Ltd

Pfizer Australia Pty Ltd

Roche Products Pty Ltd

Parliamentary Friends

The Hon Kevin Andrews MP, Convenor, House of Representatives, Canberra

Senator Carol Brown, Convenor, the Senate, Canberra

Senator Rachel Siewert, the Senate, Canberra



“Thank you for
your support.”

abbvie



“Thank you for
your support.”

Where can you find arthritis information?

MYJOINTPAIN.ORG.AU

Information and self-management plans tailored for people who have joint pain or been diagnosed with osteoarthritis. MyJointPain.org.au

EMPOWERED.ORG.AU

Online support for Australians living with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. www.empowered.org.au

ARTHRITIS AUSTRALIA.COM.AU

Information booklets

- 10 steps for living well with arthritis
- Taking control of your Ankylosing spondylitis
- Taking control of your Back Pain
- Taking control of your Gout
- Joint replacement – A practical guide to understanding joint replacement surgery
- Taking control of your Osteoarthritis
- Taking control of your Psoriatic arthritis
- Taking control of your Rheumatoid arthritis
- Stepping out – A guide for young adults with arthritis
- At home with arthritis – Simple steps for managing in the home
- Juvenile arthritis
- Juvenile arthritis – A teacher's guide

Information sheets

Areas of the body:

- Back pain
- Feet and arthritis
- Hands and arthritis
- Neck pain
- Shoulder pain
- Tips for osteoarthritis of the hip/knee

Complementary therapies/supplements:

- Complementary therapies
- Fish oils
- Glucosamine and chondroitin



- Ankylosing spondylitis
- Fibromyalgia
- Gout
- Haemochromatosis and Haemochromatotic arthritis
- Juvenile arthritis
- Lupus (systemic lupus erythematosus)
- Osteoarthritis
- Polymyalgia rheumatica
- Psoriatic arthritis
- Reactive arthritis
- Rheumatoid arthritis
- Ross River virus
- Scleroderma
- Sjogren's syndrome
- Spondyloarthritis
- What is arthritis?

- Arthritis and emotions
- A to Z of arthritis
- Dealing with pain
- Exercise and RA
- Exercise and fibromyalgia
- Gout and diet
- Healthy eating and arthritis
- Juvenile arthritis
- Juvenile arthritis: A Teachers Guide
- Massage and arthritis
- Physical activity
- Saving energy
- Sex and Arthritis
- Tai Chi
- Water Exercise

- Blood tests for arthritis
- Medicines and arthritis
- Surgery for arthritis
- Working with your healthcare team

- Anterior knee pain
- Chilblains
- Chronic pain
- Chronic recurrent multifocal osteomyelitis (CRMO)
- Familial Mediterranean fever (FMF)
- Good sleep habits
- Growing pains (Benign nocturnal limb pains (BNLP))
- Hypermobility syndromes
- Juvenile dermatomyositis (JDM)
- Localised scleroderma
- Sever's disease
- Uveitis in Juvenile idiopathic arthritis

- Amitriptyline
- Azathioprine
- Cyclophosphamide
- Hydroxychloroquine
- Leftunomide
- Methotrexate
- Mycophenolate mofetil
- NSAIDs
- Steroids
- Sulfasalazine

- Arabic
- Chinese (Cantonese)
- Croatian
- Greek
- Italian
- Korean
- Macedonian
- Persian
- Spanish
- Vietnamese



od tests for arthritis

Just because a general description of some of the blood tests commonly used to diagnose types of arthritis. It also provides details of where you can find more information so information should be used in place of medical advice. You are encouraged to always fully discuss any blood test results with your doctor or healthcare team.

What are blood tests used for?

- Your doctor may use blood tests to help:
- confirm a diagnosis. Blood tests can help diagnose some types of arthritis,
- monitor disease activity and response to treatment. Your doctor may use blood tests to determine whether your arthritis is responding to the medicines you are taking,
- check for side effects from medicines. Some side effects of medicines do not cause any obvious symptoms unless significant damage has been done. Your doctor will use blood tests to look for side effects before they become major problems.

All real types of arthritis diagnosed by a blood test?

No! All forms of arthritis cannot be diagnosed by blood tests. For example, there can be blood tests to diagnose osteoarthritis or chronic back pain. Sometimes your doctor may use blood tests to help rule out other types of arthritis or other conditions that can cause similar symptoms.

Are there other ways to diagnose arthritis?

Examination of your joints by your doctor is the first, and one of the most important, ways of diagnosing arthritis. Your doctor will use blood tests to help them when they find an examination and then listening to you about your doctor may find a certain other test to help your diagnosis, including using other body fluids (like urine or joint fluid) and x-ray scans (such as MRI).

What are the most common blood tests used for arthritis?

There are a variety of blood tests your doctor may order. The blood tests used to check for common types of arthritis include:

- Erythrocyte sedimentation rate (ESR). This test measures the level of inflammation in the body by measuring how fast red blood cells clump together, fall and settle (clot) at the bottom of a tube over an hour. A high ESR suggests greater levels of inflammation in your body. However ESR rates do not tell off the doctor exactly where in your body the inflammation is or what it is causing. ESR rates are affected by many conditions besides inflammation and it is often alongside other tests.
- C-Reactive protein (CRP). This test measures the level of inflammation in the body, by measuring the amount of a special type of protein in the blood. A high CRP level indicates inflammation is present, such as acute infection or inflammation in your body. The CRP level in CRP tests, it can mean that there are joint swelling and inflammation, it reduces the risk ESR, the CRP test is not specific enough to diagnose a particular type of arthritis or disease.
- Anti-cyclic citrullinated peptide antibody (Anti-CCP). These antibodies help diagnose RA and are now included in the American Rheumatology Association Definition of Rheumatoid Arthritis. It is particularly useful in the early signs of RA or in borderline cases as it is a more specific test than the rheumatoid factor test. According to the American College of Rheumatology, approximately 95% of patients with a positive CCP test go on to develop RA. About 30% of people who have a negative CCP test only SA will test positive for CCP in doctors' view. A positive CCP test and examination to diagnose with confidence.



Arthritis Australia
National Arthritis Foundation

For more local Arthritis Offices,
call 1800 551 181 or visit www.arthritisaustralia.com.au



ritis
The National Osteoporosis Foundation



Arthritis
UK

algia

fibromyalgia to provide extra tips about what types of exercise are useful for /sheet does not provide individual

gently and your heart beating a little faster. Examples include walking, swimming, water exercise classes, cycling and dancing.

• Strong stretching. Muscle weakness is very common in fibromyalgia. A combination of pain, fatigue and muscle weakness can make it difficult to stretch. This can make it even more difficult to do your normal daily activities. Research has shown that stretching can even cause a decrease in muscle strength in people with fibromyalgia. Strong stretching involves working your muscles a little harder than you do in normal life. You do this by working with hand weights, leg weights, gym equipment, resistance bands or even just your own body weight (e.g. doing push-ups, squats, exercises in standing). The goal is to increase strength.

Start with supervision from a qualified health or exercise professional who understands fibromyalgia to make sure you are doing the stretches for your condition and ensuring you go up to the exercise and how much resistance to add gradually. Starting with light weights and doing this about the weight over time, only as you feel able.

Ask about strength training at your local community health centre, physiotherapy clinic or gym.

• Yoga, pilates and tai chi. These gentle activities can be particularly helpful for people with fibromyalgia, as they can help with strength, posture, balance and feeling of relaxation.

Fibromyalgia

This sheet has been written for people affected by fibromyalgia. It provides general information to help you understand how fibromyalgia affects you and what you can do to manage it. It also tells you where to find further information and advice.

What is fibromyalgia?
Fibromyalgia is a name given to a group of symptoms brought by generalized pain and muscle aches. These symptoms can be felt in all different areas of the body. Fibromyalgia is not a disease and there are no problems on the chromosomes in fibromyalgia. Fibromyalgia does not cause inflammation or damage to the painful areas, but seems to be caused by the way the brain reacts to pain. Fibromyalgia is also called polyneuropathic rheumatism, a type of arthritis in the nerves. The main aim of the treatment is to manage the symptoms.

What are the symptoms?
The most common symptoms of fibromyalgia are:

- pain – usually aching, stiffness and tenderness of the muscles and joints that can be worse during the day, first thing in the morning or after activity
- extreme fatigue (tiredness), making it difficult to do normal daily activities
- poor sleep
- problems with concentration and memory
- irritable bowel (diarrhoea, stomach pain).

What causes it?
It is not known what causes fibromyalgia. It may be more common in people who have:






- inflammatory arthritis (for example, rheumatoid arthritis)
- an illness, such as a virus or following an illness or infection
- a past history of trauma
- experienced emotional stress and depression.

For many people fibromyalgia causes no obvious cause. Research suggests that the body may become extra sensitive to the way it signals and processes pain in people with fibromyalgia.

How is it diagnosed?
Fibromyalgia can be very difficult to diagnose. Even the pain can be difficult to describe. Even the pain is not always there. Your doctor has to look at factors such as your symptoms, how long you have had them, how often you have them and how they affect your life. Your doctor or rheumatologist (arthritis specialist) will ask you a number of questions about your symptoms. These include widespread pain for more than three months and widespread tenderness for

What will happen to me?
The good news is that fibromyalgia does not cause lasting damage to the muscles or joints. It is important to remember that fibromyalgia is not a disease and the symptoms can be effectively managed. The symptoms can change, your strength may increase and you will see. They may last for many years or they may come and go at different times. With the right advice most people find they learn to manage the pain and they can carry on with their normal lives. Health professional input may be required at times if the pain is most severe and affecting your normal activities.

Can fibromyalgia be cured?
Currently there is no cure for fibromyalgia. While there are many ways you can control your symptoms, the use of any products or treatments that claim to cure fibromyalgia is unproven.



Free phone helpline: Arthritis Australia
1800 737 737 or 1800 737 737

[illegible][illegible]

Who can you contact?

For all arthritis information:

Arthritis Helpline **1800 011 041**

www.arthritisaustralia.com.au

Arthritis Australia

Level 2/255 Broadway Glebe NSW 2037

PO Box 550 Broadway NSW 2007

P: 02 9518 4441

F: 02 9518 4011

E: info@arthritisaustralia.com.au

www.arthritisaustralia.com.au

AFFILIATE OFFICES

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PO Box 4017 Weston Creek ACT 2611

P: 02 6288 4244

F: 02 6288 4277

www.arthritisact.org.au

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Arthritis New South Wales

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Locked Bag 2216 North Ryde NSW 1670

P: 02 9857 3300

F: 02 9857 3399

www.arthritisnsw.org.au

Sandra Vincent – Chief Executive Officer

Arthritis Northern Territory

Shop 18 Rapid Creek Business Village

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PO Box 452 Nightcliff NT 0814

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F: 08 8948 5234

www.aont.org.au

Hilary Fowler – Secretary

Arthritis Queensland

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F: 07 3857 4099

www.arthritis.org.au

Molly Sheen – Chief Executive Officer

Arthritis South Australia

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F: 08 8379 5707

www.arthritissa.org.au

Julie Black – Chief Executive Officer

Arthritis Tasmania

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GPO Box 1843 Hobart TAS 7001

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F: 03 6228 3486

www.arthritistas.org.au

Jackie Slyp – Chief Executive Officer

Arthritis Western Australia

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PO Box 34 Wembley WA 6913

P: 08 9388 2199

F: 08 9388 4488

www.arthritiswa.org.au

Ric Forlano – Executive Director

Arthritis Australia team



Ainslie Cahill
CEO



Franca Marine
**National Policy
and Government
Relations Manager**



Dora Stavrakis
**Projects Coordinator/
Office Administrator**



Alexandra Brayshaw
**Accessible Packaging
Researcher**



Chris Dickson
Project Manager



Lindsey Parks
Social Media Manager



Ron Richardson
**Financial
Administrator**



Devika Ravindran
Accountant

What are we doing next year?

IN 2017 WE WILL:

- Continue to work with government, health professionals and other stakeholders to promote and implement key elements of our [*Time to Move: Arthritis strategy*](#)
- Engage with Primary Health Networks implementing the Australian Government's Health Care Homes trial to ensure appropriate management strategies for people with arthritis are implemented
- Engage with stakeholders to further develop our proposal to build the rheumatology nurse workforce to provide education and support to people with inflammatory arthritis
- Work with the Australian Paediatric Rheumatology Group to build speciality training that will increase the paediatric rheumatology workforce
- Redevelop our Arthritis Australia website to improve the user experience and make it easier to find information
- Sustain and enhance our online and hard copy resources as well as introduce new apps to support the MyJointPain.org.au website program
- Launch a major new online resource for people with lower back pain
- Pilot The Joint Movement program which will train and accredit providers/trainers of appropriate exercise for people with arthritis
- Continue to educate the packaging industry about the impact of hard to open packaging through the AIP Accessibility and Easy To Open Packaging Design Half-Day Training Course
- Run a campaign to identify the worst offenders of hard to open packaging. If there is a product that gets you frustrated then let us know what it is and how it impacts you. It's time to let the manufacturers know we want standards to be lifted. Help us drive change for the future
- Continue to work with our Affiliates in developing consistent branding, programs and services, fundraising and project evaluation.

Arthritis Australia Helpline
1800 011 041

Arthritis health
system costs

2015
\$5.5
billion

\$7.6
billion

COUNTING THE COST

CORN
FLAKES

Speak
Up
4Arthritis

4 million Australians
currently live with arthritis

\$4 million