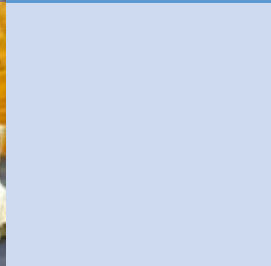
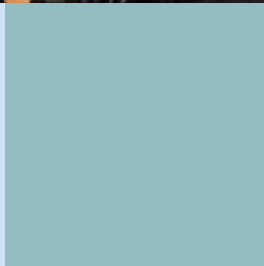
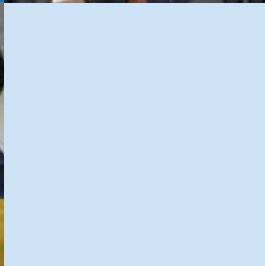


annual report

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## our purpose

To improve the quality of life of people who have, or are at risk of developing, musculoskeletal conditions.

## our vision

To be a leader in promoting excellence in musculoskeletal health and wellbeing.

## our values

Each of the five values and their associated behaviours guide our personal and business conduct.

- Respect and integrity
- Service and stewardship
- Excellence and knowledge
- Collaboration
- Leadership

## strategic directions

2012-2016

1. Creating a sustainable future
2. Providing access to a range of evidence-informed services
3. Developing a highly respected research capability
4. Delivering community education to increase awareness
5. Influencing systemic change
6. Achieving recognition as a musculoskeletal health industry leader



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# key facts at a glance

Arthritis, osteoporosis and other musculoskeletal conditions have been a National Health Priority Area since 2002, acknowledging the large social and economic burden they place on the community.

Arthritis, osteoporosis and other musculoskeletal conditions have strong links with pain, disability and mental health problems.

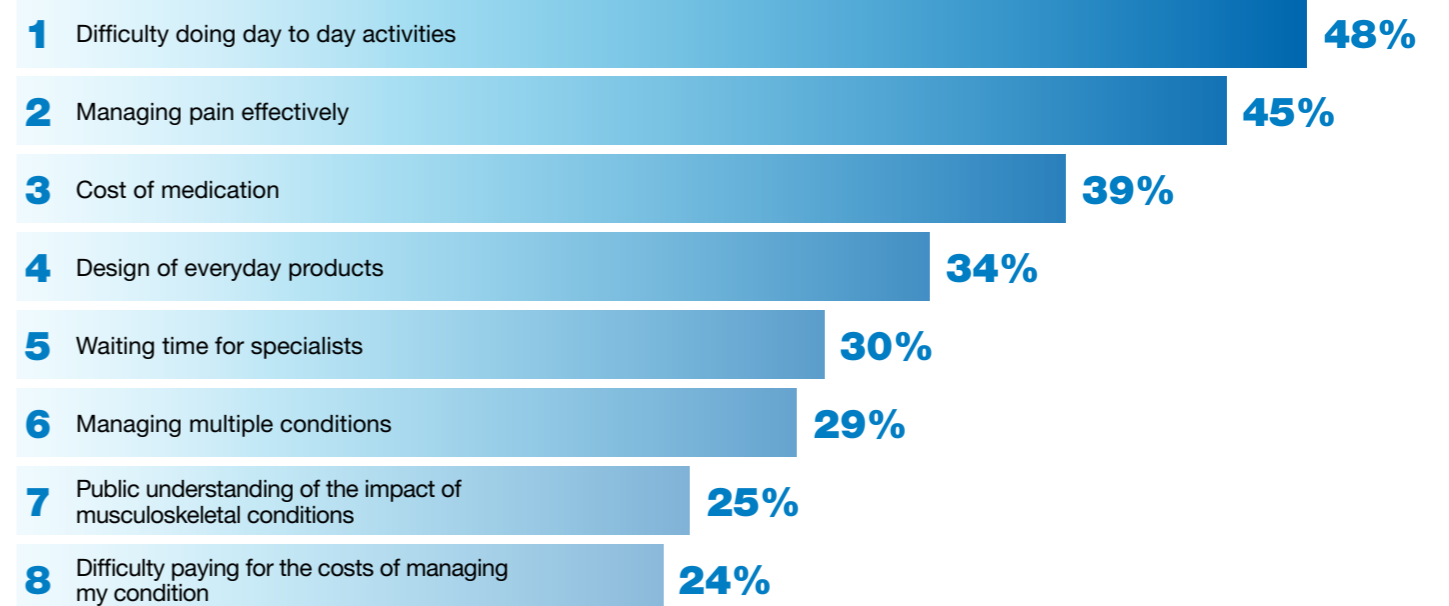
## The numbers

No other National Health Priority Areas – including heart disease, cancer or diabetes – affects as many people:

- 6.1 million Australians have arthritis, osteoporosis or other musculoskeletal conditions (1.5 million Victorians)
  - o 3.3 million Australians have arthritis (780,000 Victorians)
    - Osteoarthritis affects 1.8 million Australians (390,000 Victorians)
    - Rheumatoid arthritis affects 445,000 Australians (120,000 Victorians)
  - o 2.8 million Australians have back problems (760,000 Victorians)
  - o 725,000 Australians have osteoporosis (160,000 Victorians)
- These conditions don't just affect older people – 6 out of 10 people with a musculoskeletal condition are of working age (25 - 64 year olds)
- Women are more commonly affected than men
  - o Of those Victorians with osteoporosis, 86% are female
  - o Of those Victorians with arthritis, 61% are female
  - o Of those Victorians with back problems, 51% are female

Source: 2011-12 Australian Health Survey

# Top eight **issues** for people with musculoskeletal conditions



Source: Arthritis and Osteoporosis Victoria Consumer Survey 2012



# 2012 CEO and President's Report

The purpose of the Arthritis Foundation of Victoria (The Foundation) is to improve the quality of life of people who have, or are at risk of developing, musculoskeletal conditions. In 2012, The Foundation passed a new Constitution to set our direction for the future and also formalised the important values we hold as an organisation.



We continue to provide information and education services, and engage in research and advocacy. In 2012 we increased our direct program contact with consumers by 34% and our health professional and peer leader training by 6%. Our highly valued flagship programs remained in demand, including: 'Waves' warm water exercise classes (432 weekly attendees), peer support groups (63 groups with 2200 members) and Telephone Information Services. Our 2012 Consumer Conference, titled 'Much Ado About Pain', was attended by 236 people.

In 2012 the Board continued to invest in expanding our suite of programs to meet the needs of people with musculoskeletal conditions. We increased our programs for people of working age, people from rural areas and people from culturally and linguistically diverse backgrounds. We also developed seminars (7 in regional Victoria) and two webinars for health professionals (with a total of 93 attendees) and an arthritis training package for Home and Community Care assessment workers.

In 2012 we undertook our biennial consumer survey to ensure our work is guided by an understanding of the needs of people with musculoskeletal conditions, their families and communities. There are 1.5 million Victorians living with musculoskeletal conditions and many of these people live with significant pain, disability and mental health problems.

To continuously improve the quality of our work, The Foundation undertook reviews to guide us in best practice in working with volunteers and peer support groups. We also reviewed our risk management to ensure safe practices in our programs.

In addition to the funded research projects detailed in this report, in 2012 we committed to the development of partnerships with universities in National Health and Medical Research Council (NHMRC) grant applications and Australian Research Council (ARC) Linkage Project applications.

The Foundation's advocacy campaigns in 2012 contributed to some important outcomes for people with musculoskeletal conditions. Firstly, it was recognised that episodic conditions are eligible for Disability Care Australia (previously the National Disability Insurance Scheme). We were also pleased to support Annie McPherson, one of our peer support group leaders, who highlighted the difficulties women with musculoskeletal related disability and brittle bones have safely and comfortably accessing mammography services. Breast

Screen Victoria is now reviewing mammography screening facilities. We continued to advocate for the reinstatement of a Medicare Benefits Schedule (MBS) item number for joint injections.

We embraced innovation and improvement with our new website being launched in September. Designing programs for people of working age became a focus for program development. We also received an award for our extraordinary Arthritis Map.

Our 245 volunteers continued to give their untiring support to the Op Shop, administration, leading exercise classes, the Telephone Information Service and community speaking. In 2012 we celebrated our volunteers and peer support group members through our important recognition programs.

We gratefully acknowledge the valuable and ongoing support of DLA Piper, RCT (Ryan Carlisle Thomas) Lawyers and Maurice Blackburn Lawyers, and the support of Kingfisher Capital Partners, Donikian Media, Tricia Wunsch (communications consultant), K2K Catering and BPA Print Group.

As a major health priority we are still well supported by donations and bequests from the wonderful Victorian community, who clearly value our practical and supportive services. We continue to advocate for more support from the Commonwealth and State governments when it comes to funding our essential programs.

In spite of the challenging economic environment, our income grew very slightly in 2012. We will continue to seek new ways of revenue-raising to increase our reach and develop new programs. Increasing awareness of the work of The Foundation remains a focus for all associated with us.

The Foundation also received valuable project grants from philanthropic trusts, with Perpetual Trustees and The Lord Mayor's Charitable Fund being the most significant.

In 2012 The Foundation showed itself, once again, to be a collaborative community of people with a strong commitment to the health and wellbeing of people with musculoskeletal conditions. We plan to continue to develop and grow with the support of our members,

**Linda Martin**, Chief Executive Officer

**Judge Philip Misso**, President

We will continue to seek new ways of revenue-raising to increase our reach and develop new programs.



# Our Patrons and Board

## Patrons-In-Chief

**Hon Alex Chernov**  
AC, QC - Governor of Victoria

**Mrs Elizabeth Chernov**

## Patron

**Professor Sir Gustav Nossal**  
AC, CBE, Pres AA, FRS

## Life Governors

**Ms Heather Rose**

**His Honour Barry Dove**  
QC, (Retired Judge of the County Court of Victoria)

# Chief Executive Officer

**Ms Linda Martin**  
BA, Dip Ed, BSW, MSW

# how we help

Some of the ways we help:

- Our library, website and newsletters are essential sources of information
- The organisation's nurses answer questions about pain, medications, where to access services and more
- We offer 'Waves' warm water exercise classes and other exercise programs
- Our network of peer support groups allow participants to share their experiences and get information and advice
- Self management courses put consumers back in control of their condition
- Our award winning service directory, the Arthritis Map, is an online tool for consumers to locate the programs and services they need. It also provides relevant and easily accessible information for health professionals, policy makers and other stakeholders
- There's our Telephone Information Service where callers can speak to volunteers who also have a musculoskeletal condition
- We have Camp Limber Up – our annual camp for children with arthritis and their families
- We provide education and training for health professionals
- We fund and undertake important research
- And the organisation engages in advocacy and policy issues on behalf of the 1.5 million Victorians with a musculoskeletal condition

**“Arthritis and Osteoporosis Victoria for me is my lifeline. It's a big family of people who have knowledge to share and who are prepared to help others, which helps in easing the pain.”**

Arthritis and Osteoporosis Victoria Consumer Survey 2012

# Directors of the Board



**Judge Philip Misso**  
*B.Juris, LL.B*  
President



**Mr Noel Smith**  
Vice President



**Mr Jim Dixon**  
*F CPA, MBA, B Comm, B Ed*  
Honourary Treasurer



**Dr Ian Relf**  
*MBBS, BSc(Hons), MSc, Dip RACOG, FRACGP, FAMAC*



**Ms Naomi Creek**



**Ms Janine Fisher**  
*GAICD*



**Mr Stephen Fitzpatrick**  
*Dip Bus (Accounting), AHSFMA, ACHSM, IPAA*



**Professor Peter Brooks**  
*AM, MD, FRACP, FAFRM, FAFPHM, FRCP (Glas, Edin), MD Hon Causa (Lund)*  
Resigned as a Board Director March 2012  
Appointed to a casual vacancy August 2012



**Mr James Coyle**  
Appointed to a casual vacancy October 2012



**Mr Ross Illingworth**  
*B.Bus (HR), GAICD, CFP*  
Resigned as a Board Director August 2012



**Ms Elaine Bee**  
Resigned as a Board Director April 2012



**Mr Bill David**  
Resigned as a Board Director April 2012

So, you can see that Arthritis and Osteoporosis Victoria has a long list of services, but above all, we help by offering hope and support.

We're here to work with those with arthritis, osteoporosis or other musculoskeletal condition, so that they can take control of their illness and not be defeated by it.

It is possible to live a healthier, happier life.

To find out more call us on **1800 011 041** or visit our website at [www.arthritisvic.org.au](http://www.arthritisvic.org.au)

## Talk to a nurse

If you have a question about pain, medications, where to access services or anything else about your condition, ask an Arthritis and Osteoporosis Victoria nurse. Call **1800 263 265**



## Visit our library

Become a member of Arthritis and Osteoporosis Victoria and you can borrow from our comprehensive library. We have books, CDs, DVDs and more. You can search our catalogue online at [www.arthritisvic.org.au](http://www.arthritisvic.org.au) or visit us at 263-265 Kooyong Rd, Elsternwick.





Arthritis and Osteoporosis Victoria continues to be acknowledged as a musculoskeletal health leader. Some illustrations of that leadership are:

**The development of a musculoskeletal health training resource for Home and Community Care (HACC) assessment staff**

Arthritis and Osteoporosis Victoria was funded by the Victorian Department of Health HACC Program to develop and pilot a new musculoskeletal initiative for the Department.

‘MSK@Home’ is a training resource that will better equip Home and Community Care (HACC) assessment staff and service providers to manage Victorians with musculoskeletal conditions.

Among the aims of this initiative was to improve HACC staff’s knowledge and awareness of:

- Arthritis and other prevalent musculoskeletal conditions
- Relevant services and support to enhance their capacity to assist people to achieve their goals and to live independently

The HACC program in Victoria is jointly funded by the Commonwealth and Victorian Governments.



**CEO networking event**

In October, Arthritis and Osteoporosis Victoria initiated an event which brought together almost 30 CEO’s and senior health leaders from across the state.

Sponsored by IBM (pictured left), the event featured a keynote address by Mr Colin Seery (CEO, Healthdirect Australia, pictured far left) on development of the National Health Service Directory.

At the event, Arthritis and Osteoporosis Victoria CEO, Linda Martin, called on her colleagues to take a collaborative approach to addressing chronic disease in our state.

**“It was an outstanding event – a tremendous initiative”**

Colin Sindall, Director – Prevention and Population, Department of Health, Victoria

**Technology innovation award**

In August, the Health Informatics Society of Australia (HISA) awarded Arthritis and Osteoporosis Victoria the 2012 Don Walker prize for “Access” for, “The Arthritis Map of Victoria: The development of a data platform responding to consumer needs.”

The award acknowledges outstanding examples of innovative technology use to improve health care access.



Arthritis and Osteoporosis Victoria wants to improve the quality of life of all those that have, or are at risk of developing arthritis, osteoporosis or other musculoskeletal conditions.

It is important that we not only have high quality services but also that as many of those affected have the opportunity to personally experience those services.

**Regional Victoria**

The organisation increased its presence in regional Victoria during the year.

There were seminars held in Benalla, Geelong, Korumburra, Pakenham, Wangaratta, Warrnambool and Yarra Junction. They were held in conjunction with local peer support groups and were attended by 380 people.

For the second year, we had a stand at the Elmore Field Days (pictured top left), where 155 people visited our staff. The field days particularly provide an opportunity for men, who may normally be reluctant to seek help for their conditions, to ask questions in a comfortable environment.

**Working age**

Musculoskeletal conditions don’t just affect older people. 6 out of 10 people who have a musculoskeletal condition are of working age. We’re exploring how we can best assist people to remain productive in their jobs. This year we ran a seminar (pictured top right) for 40 people of “working age” and we are developing business cases for programs we would like to run in future.

**Consumer training and activities**

Total attendees: 1,138 people (+34% on 2011)

**Health professional and peer leader training and activities**

Total attendees: 815 people (+ 6% on 2011)

**Health professionals**

We ran two webinars for health professionals.

1. Osteoporosis – A better understanding of its cause, management and prevention
2. Confronting chronic pain – self management is easy to say, but does it really work?

93 people participated but the value extends way beyond these individuals. By “up-skilling” these health professionals they’re better equipped to help their many patients potentially live healthier and happier lives.

**Moorleigh Centre Bilingual Health Educator project**

The Arthritis and Osteoporosis Victoria Health Inequalities Program worked in partnership with the Multicultural Centre for Women’s Health training five bilingual health educators to deliver information sessions to people from ethno-specific groups. Sessions were delivered in Vietnamese, Greek, Italian, Mandarin and Arabic with 345 people attending.



Genuine engagement has always been at the heart of what we do.

Founder Leslie Koadlow OA cared about people with arthritis so much that he was stirred to action. Ever since, the organisation has spent decades working tirelessly with Victorian consumers and their families.

In 2012, this important work continues with 'Together', Arthritis and Osteoporosis Victoria's latest consumer and community engagement strategy.

'Together' affirms that people with arthritis, osteoporosis and other musculoskeletal conditions are the reason the organisation exists. It explains how critical it is that their voices are heard, respected and inform our decision making.

Our poster – COUNT ME IN – is a companion piece to the consumer engagement strategy and highlights some of the practical ways we can work 'together.' The four areas highlighted are advocacy, research, programs (and services) and other activities.

### Our redesigned website

The redesign and the September relaunch of our website was a great example of consumer engagement in action.

The site was totally redeveloped to better provide information to consumers, carers and health professionals. The process included:

- Obtaining feedback and input from consumer focus groups
- Having consumer testers review page concepts
- Developing content that was condition specific
- Reviewing websites worldwide

The new website allows for online booking for seminars and courses; and more easily allows for the addition of new pages and the inclusion of video content. We'll continue to look for opportunities to refine and update the site.

Since September, people visiting the website have spent more time on it. This is a sign that they've found what they're looking for.

### Influencing change

Arthritis and Osteoporosis Victoria has been working hard with our members and other consumers – empowering them to speak up about the help and support they need, as well as working on their behalf.

We've been active in talking to government and industry about key policies – making sure the needs of people with arthritis, osteoporosis and musculoskeletal conditions are fairly considered.

This year alone, we saw important advocacy victories. Our policy team were involved in getting government to acknowledge people with episodic disability as part of the National Disability Insurance Scheme legislation (now called Disability Care Australia.)

Over the past 18 months, our organisation has been pleased to support Annie McPherson (leader of one of our peer support groups, the Ankylosing Spondylitis Group of Victoria) in her endeavour to ensure women with musculoskeletal-related disabilities and brittle bones can safely and more comfortably access mammography services. BreastScreen Victoria is now reviewing mammography screening facilities.

We also continued to advocate for the reinstatement of an MBS item number for joint injections.

There's plenty more work to be done. And we'll do it together.

“It's our job to listen to and amplify the voice of consumers”

Linda Martin, CEO, Arthritis and Osteoporosis Victoria



“The foundations of Arthritis and Osteoporosis Victoria have always been in the community”

Arthritis Foundation of Victoria history



Arthritis and Osteoporosis Victoria conducted a major survey of consumers and health professionals. The survey will inform policy, advocacy and service development priorities.

Our organisation is developing a highly respected research capability that provides a demonstrated impact in consumer-centred outcomes. During 2012, we have continued to progress that agenda by developing important and high impact research partnerships with leading Victorian universities.

#### **Musculoskeletal clinical trial scoping study**

Professor Rachele Buchbinder et al have undertaken a scoping study of musculoskeletal clinical trials, funded by Arthritis and Osteoporosis Victoria.

We believe that there is inadequate funding for research into musculoskeletal health. The outcome of the Buchbinder review will help us to determine where we should focus our research efforts.

#### **Update on the rural rheumatology access project**

Our 2011 Rural Rheumatology Project looked at access to rheumatology services in Bendigo, Mildura, Robinvale, Colac and Bairnsdale.

The findings were presented at the 2012 Sowing the Seeds of Farmer Health Conference, run by the National Centre for Farmer Health, and the Australian Rheumatology Association Annual Scientific Meeting, and were cited in one of Health Workforce Australia's "Health Workforce 2025" reports.

#### **New PhD scholarship**

The organisation supported PhD candidate, Dianne Lowe from LaTrobe University, in her study 'Multi-morbidity medicines journey: mapping the problems and needs of people with "arthritis" for using and managing medicines'.

The study will identify the needs and preferences of people with arthritis and other chronic conditions when managing their medicines, and the impact of common problems they face.

#### **Consumer and Health Professional Needs Survey**

In 2012, Arthritis and Osteoporosis Victoria conducted a major survey of 1064 consumers and 220 health professionals from across Victoria. The purpose of the survey was to inform policy, advocacy and service development priorities.

The sample size was substantially larger than previous surveys and for the first time, data was also collected from consumers who were not members of Arthritis and Osteoporosis Victoria.

The top eight issues for people with musculoskeletal conditions are highlighted in this report. Further findings from this important research will be published in 2013.

## **A spotlight on lupus (Systemic Lupus Erythematosus – SLE)**

We represent those with one or more of 100 plus musculoskeletal conditions. One that was given particular focus in 2012 was lupus.

A condition-specific report has been created from the Consumer Needs Survey – outlined left - for people with lupus. The report is a starting point for exploring the impact of lupus and how Arthritis and Osteoporosis Victoria can better support people who have lupus.

#### **Treating and Managing Lupus: Research into the Consumer Experience**

The organisation received funding through Perpetual Trustees to conduct a research project examining the consumer experience of lupus.

The project aims to develop a better understanding of what it is like living with lupus and how treatment and management could be improved. Work is already underway, with the project scheduled for completion late 2013.

#### **The Australian Systemic Lupus Erythematosus (SLE) database – Professor Eric Morand**

Arthritis and Osteoporosis Victoria contributed to the ongoing development and support of this important database that will provide data for research and further progress knowledge and solutions to the significant problems encountered by people who live with lupus.







**“You do marvellous work, and we are most grateful for the amazing support we receive.”**

Email to the CEO from a peer support group leader

Exercise is safe and effective ‘medicine’ for the treatment of chronic musculoskeletal conditions.

The benefits of the right type of exercise include improved mobility and flexibility of joints, enhanced muscle strength and better posture and balance; and it can also help decrease pain, fatigue, muscle tension and stress.

At Arthritis and Osteoporosis Victoria, we have a strong focus on exercise and physical activity in our training, information and program delivery.

We are very proud of our flagship ‘Waves’ warm water exercise program, and 2012 was no exception. The benefits of this program encompass both the physical health and social wellbeing aspects of group exercise.

In 2012, the Waves program:

- conducted 1734 classes
- was attended by an average of 432 people per week
- trained 23 new leaders
- provided CPR and skills updates for 119 existing leaders

Arthritis and Osteoporosis Victoria also ran four Tai Chi for Arthritis courses in 2012 and our Nordic Walking ‘Come & Try’ sessions and 6-week consumer courses proved popular with sessions run in Geelong, Mornington, Dandenong, Caulfield and Elsternwick.

**“I know I wouldn’t be walking without a wheelie if it wasn’t for warm water exercise”.**

[Arthritis and Osteoporosis Victoria Peer Support Group Review 2012](#)

### Training health professionals and peer leaders

The delivery of our peer leader and health professional training allowed us to expand the reach of our physical activity programs across Victoria in 2012. Some of the highlights of this program include:

- 81 new warm water and/or chair-based exercise leaders were trained
- 98 existing warm water and chair-based leaders completed their biennial leader update
- 63 new leaders were trained in the Tai Chi for Arthritis or Tai Chi for Osteoporosis programs
- 44 existing Tai Chi leaders attended their biennial update
- 18 new Nordic Walking leaders were trained, including 4 from the Croatian communities in Dandenong and Hobsons Bay and 3 from the Macedonian community in Shepparton
- The Nordic Walking leader update program commenced

These training programs were delivered for leaders in Albury/Wodonga, Swan Hill, Bendigo, Hamilton, Broadmeadows, Geelong, Moorabbin, Pakenham, Shepparton, Craigieburn, Dandenong and Elsternwick.

Peer support and the associated idea of self-help has been part of our fabric since the organisation was first established.

Arthritis and Osteoporosis Victoria has 63 groups with more than 2200 people participating across Victoria.

They cover not just arthritis and osteoporosis but other conditions including fibromyalgia, ankylosing spondylitis, lupus and Sjögren’s syndrome; and we also have a Vietnamese language group.

During 2012, we invested in a review of our peer support groups and assessed their operation against best practice. An important part of the review was to gather feedback from group members and leaders, with 48 groups providing responses.

Key findings included:

- 98.1% of respondents believed that belonging to a peer support group was beneficial
- Friendship, information provision, support and advice were cited as key reasons for participation
- Helping others, building self-confidence, developing and sharing skills and improved health were other important motivators for involvement in peer support groups
- Participation in exercise classes was also reported as a benefit of belonging to a group
- The majority of groups would also like even greater face-to-face contact with Arthritis and Osteoporosis Victoria staff

The organisation received a Health Condition Support Grant from the Department of Health, Victoria for a review and expansion of our peer support program.



**“I often think if I had my arm in a sling or plaster on my leg there would be more understanding. Like many others I have constant pain that cannot be seen.”**

Arthritis and Osteoporosis Victoria Consumer Survey 2012

Arthritis doesn't just affect older people. Kids, some just toddlers, get arthritis too.

It's called juvenile idiopathic arthritis (or JIA) and it can be debilitating, affecting every aspect of a child's life.

It makes it difficult to do normal things like participate in school or play sport with friends and places stress on the whole family, both emotional and financial.

Growing up is challenging enough, no parent wants to see their child in pain.

It's estimated that 50% of children with JIA will continue to have chronic arthritis into adulthood<sup>2</sup>.

At Arthritis and Osteoporosis Victoria we provide support in several ways:

- Our comprehensive library and website puts the answers to most questions about JIA at the finger tips of parents and their kids
- A Youth and Family Services newsletter is a great way of connecting with families
- We run a camp – Camp Limber Up – annually. In 2012, 81 people attended and it was held at Anglesea. As well as social activities, there was a workshop session for parents and kids with a rheumatologist
- Other social events for children and families included: KidsFlix, FunFlights and a Family Fun Day at Caulfield Park

## “Young people with JIA have to cope with the debilitating impact of arthritis and the demands of treatment while navigating the developmental tasks in childhood and adolescence”<sup>1</sup>

The real benefit of these events is they give these kids a greater sense of normality. They get a chance to play with others just like them, who know what they're going through. For parents, the opportunity to share experiences with other parents is invaluable.

<sup>1</sup> Tong, Allison; Jones, Julie; Craig, Jonathan C; & Singh-Grewal, Davinder 2012, "Children's Experiences of Living With Juvenile Idiopathic Arthritis: A Thematic Synthesis of Qualitative Studies", *Arthritis Care & Research*, Vol. 64, No. 9, pp 1392-1404

<sup>2</sup> Ibid

For anyone with arthritis, osteoporosis or other musculoskeletal condition, effectively managing pain is one of the most critical issues that they face. Health professionals have also identified pain management as a treatment area where they need more support.

That's why the effective management of pain was an area of focus for the organisation in 2012 and will remain so in the immediate future.

Our redesigned website now has a specific pain management section for each of twenty two listed conditions and symptoms.

And in April 2012, Arthritis and Osteoporosis Victoria's annual consumer conference, 'Much Ado About Pain', was about musculoskeletal conditions and pain.

### Much Ado About Pain

The conference was held in conjunction with The Australian Pain Society and was attended by 236 people - those with a condition, carers and health professionals.

'Much Ado About Pain' was opened by The Hon David Davis MLC, Minister for Health and Ageing in the Victorian Government, and featured the following presentations:

- |                 |  |
|-----------------|--|
| Annie McPherson | Gave a personal perspective of living with the pain associated with ankylosing spondylitis |
| Dr Malcolm Hogg | Talked about the current understanding of pain, what it is and what causes it              |

Dr Jane Trinca

Presented on effectively communicating your pain to health professionals and your support networks

Lesley Brydon

CEO of Pain Australia talked about the National Pain Strategy

Dr Geoffrey Littlejohn

Provided insights into the latest treatments for pain

Dr Stephen Hall

Chaired a panel discussion

Prof Michael Nicholas

Talked about the importance of self-management of pain

### Confronting chronic pain - self management is easy to say but does it really work?

In July, Professor Michael Nicholas also conducted a webinar – which is, as the name suggests, a seminar conducted on the web – for Arthritis and Osteoporosis Victoria to health professionals: “Confronting chronic pain - self management is easy to say but does it really work?”

The webinar had 49 health professionals participate and they heard about the importance of self-management to health outcomes and ways to enhance self-management in practice.



# 4,500

The number of Arthritis and Osteoporosis Victoria members

At Arthritis and Osteoporosis Victoria, we have ambitious plans to reach even more people with a musculoskeletal condition, develop new programs and find new ways to help them live healthier and happier lives.

In 2012, we experienced modest revenue growth. However, to satisfy our plans we need significantly more revenue from a more diverse funding base.

Despite musculoskeletal conditions being a National Health Priority Area since 2002 and no other National Health Priority Area affecting as many people, funding from the Commonwealth and State Governments is small.

The Victorian Department of Health provided some funding for peer support groups and for our Health Inequalities Program.

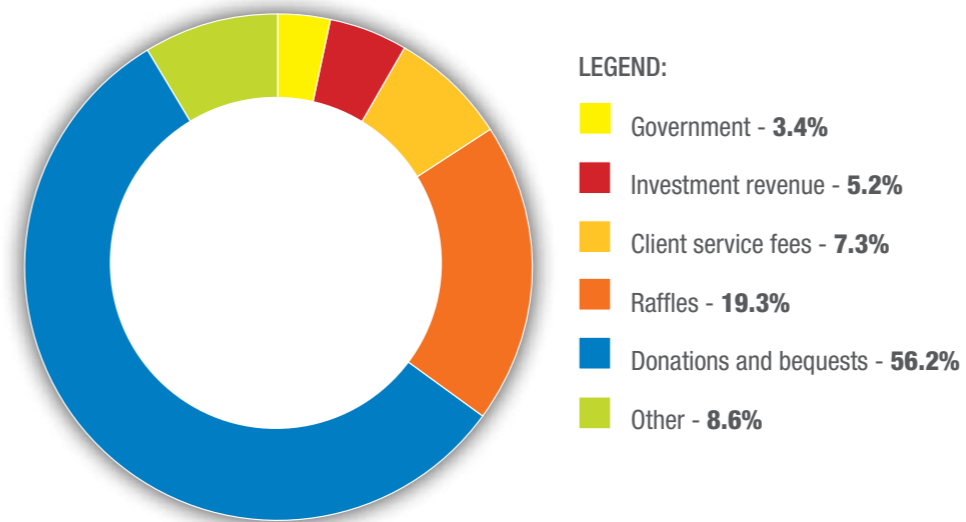
But largely, we rely on the generosity of individuals who support us financially by:

- Giving to our direct mail appeals
- Joining our regular giving program, fired UP
- Taking out or renewing a membership
- Responding to our community collectors who knock on their door
- Buying our raffle tickets
- Shopping at our Malvern Opportunity Shop
- Holding an event or participating in a fundraising event on our behalf
- Purchasing merchandise from us
- Leaving a bequest

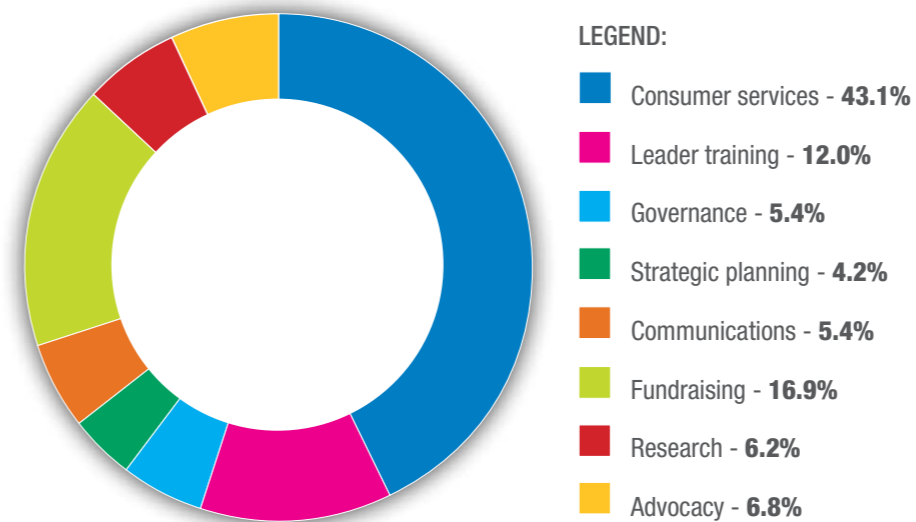
The support that we receive from the community is a clear sign that they value the work that we do and the help that we provide.



## Arthritis and Osteoporosis Victoria Sources of Revenue 2012



## Arthritis and Osteoporosis Victoria Expenditure by Category 2012



leave a **bequest** and a lasting **legacy**

To find out more, contact our bequest team on **1800 011 041** or email us at [afv@arthritisvic.org.au](mailto:afv@arthritisvic.org.au)



## A big thank you to our volunteers!

We'd like to thank those hundreds of people who so generously give us their time – our volunteers. Without our hardworking and loyal volunteers, Arthritis and Osteoporosis Victoria wouldn't be the organisation that it is today.

## Volunteer celebration

We also celebrated the achievements of our volunteers at the Amora Hotel, Richmond where 100 people attended.

## Congratulations Renate!

Renate Kupfer is a volunteer who manages Arthritis and Osteoporosis Victoria's Malvern Opportunity Shop. This year she earned a "Members of Parliament National Volunteer Award". It was well deserved. Congratulations Renate!



## COMMUNITY SPEAKING

Ravi Abeyasinghe  
Daisy Antoniou  
Jagath Basnayake  
Linda Baynham  
Elaine Bee  
David Chen  
Melissa Coulson  
Janine Fisher  
Olga Givoye  
Alfred Law  
Beryl Logie  
Elizabeth McCrea  
Annie McPherson  
Brian Mier  
Margaret O'Doherty  
Alison Owen  
Lyn Rule  
Lynette Stanton  
Christina Strouzas  
Jeanette Tabone  
Kay Timmins  
Elizabeth Voss  
Helen Wakeling  
Lee White

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Graham Scott



# Thank you to all our financial supporters

We appreciate and would like to thank all our financial supporters, big and small.

Here are some that we think are extra special.



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## Organisations – donations, grassroots fundraising and other support

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Aveo Veronica Gardens Retirement Village  
Bashiri  
Blue Illusion – Mornington and Glen Waverley  
BPA Print Group  
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Grill'd Burgers - Elsternwick  
Intimo Lingerie  
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K2K Catering  
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Kingfisher Capital Partners  
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Medicare Australia - Geelong  
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Pfizer Pty Ltd  
RCT (Ryan Carlisle Thomas) Lawyers  
Ritchies Supermarkets  
The Sewing Girls  
StyleVibe Pty Ltd  
Wattle Valley Golf Club  
Tricia Wunsch (communications consultant)

## Peer support groups

Cranbourne Arthritis Support Group  
Latrobe Valley Self Help Arthritis Group  
Pakenham Arthritis Self Help Group  
Warragul Arthritis Self Help Group

## Philanthropic trusts and foundations

William Angliss Charitable Foundation  
The Pierce Armstrong Foundation  
Australian Communities Foundation-Hopetoun Fund  
The Peter Isaacson Foundation  
A H & K Johnston Family Foundation  
The Landman Foundation  
The Lord Mayor's Charitable Fund  
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The G W Vowell Foundation

In 2012 The Arthritis Foundation of Victoria (The Foundation) continued its focus on strengthening the organisation by investing in program service reviews and research activities while reinforcing core and specialist capacities in critical areas. At the same time, due to the slow recovery in the economy following the Global Financial Crisis, income remained flat in the raffle and appeals areas but was boosted by an increase in bequests received. The slow recovery was anticipated by the Board in prior years and was provided for by the build up of a Future Reserve which currently stands at \$1,078,966.

The Foundation experienced a reduction in total reserves in the year by (\$220,059), which comprised the following major elements:

- Deficit on operations of (\$423,870) was largely due to increased investment, as stated above
- Profit of \$25,658 earned on sale of shares designated for unrestricted use. This followed a rebalancing of The Foundation's share portfolio into a more diverse spread of higher yielding shares
- Interest and dividends received totalling \$161,399 from funds designated for unrestricted use
- Profit of \$46,869 earned on sale of shares following a rebalancing of The Foundation's share portfolio into a more diverse spread of higher yielding shares. These shares were designated for Specific Purpose use
- Interest and dividends received totalling \$178,817. These were derived from funds designated for Specific Purpose use
- Specific Purpose Expenses (\$207,230)
- Return of shares and cash totalling (\$203,943) to a deceased estate due to incompatibility of directed use of funds with The Foundation's strategic directions
- Net increase in the value of the Foundation's share portfolio of \$264,474, partly offset by reversal of previous share valuation increases of (\$62,233) following the sales of shares during the year

The Foundation also provides services under the name Osteoporosis Victoria. Revenue received through activities marketed in the name of Osteoporosis Victoria is included in the revenue of The Foundation. Similarly, expenses incurred in the name of Osteoporosis Victoria are included in the expenditure of The Foundation.

In response to the changing global economic environment, the organisation has invested its cash deposits with Government Guaranteed Australian deposit taking institutions. Apart from the required funds for operational purposes, the cash investments are in fixed term deposits. The Foundation has no direct exposure to mortgage backed securities or investments in complex securities, listed or unlisted.

The financial result for 2012 reflects the difficult conditions prevailing in the economy and a commitment of additional expenditure aimed at improving The Foundation's capacity to provide a broad range of services. The Foundation is working to secure its financial sustainability in the longer term.

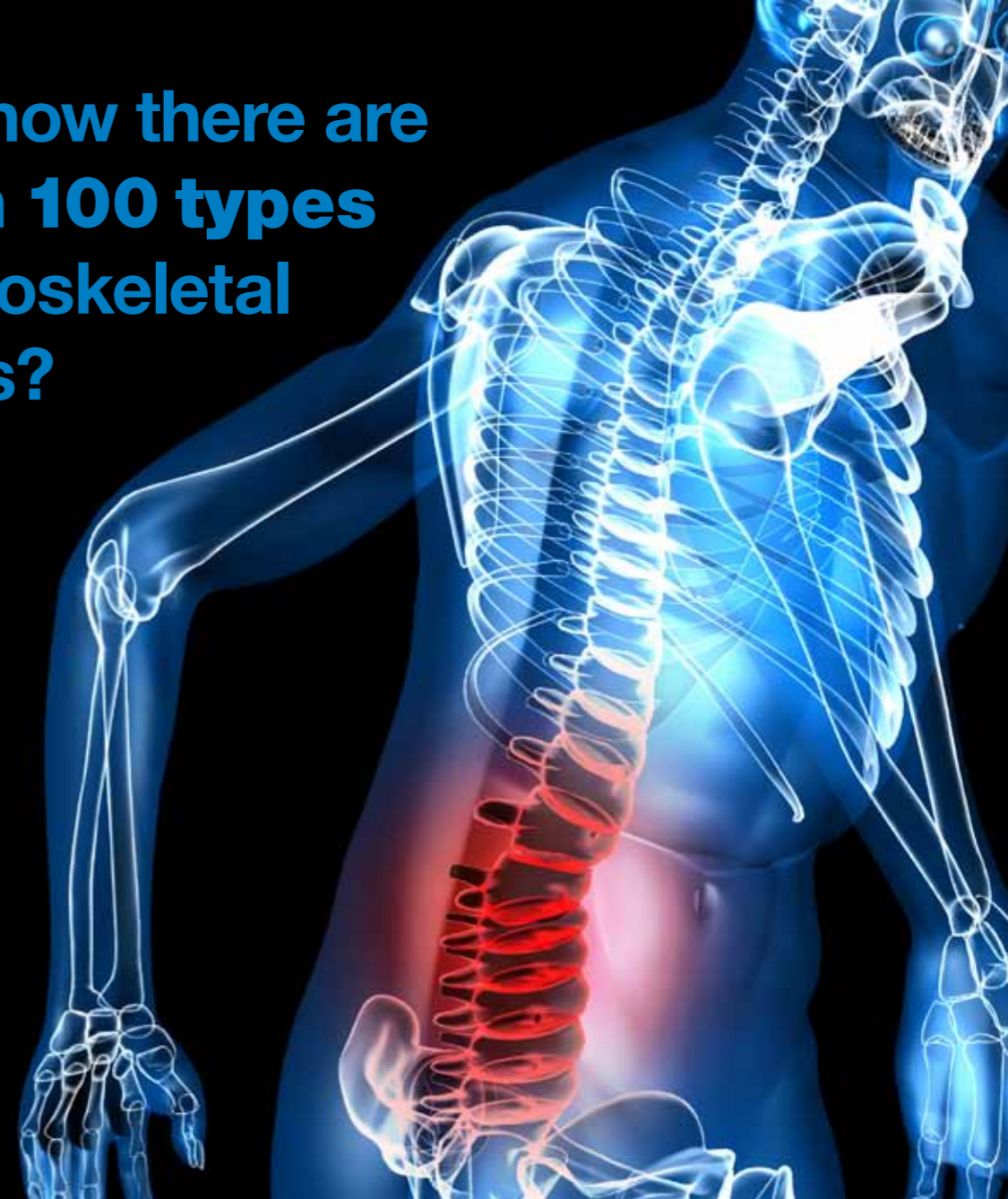
**Jim Dixon**  
Honorary Treasurer

**ARTHRITIS FOUNDATION OF VICTORIA  
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2012**

	Note	2012 \$	2011 \$
Revenue from rendering of services	6	3,910,128	3,695,570
Revenue from sale of goods		90,692	107,341
Other income	8	111,364	45,434
		4,112,454	3,848,345
Development and Business Services expenses		(2,037,834)	(1,814,770)
Training and Information Programs expenses		(2,012,682)	(2,082,313)
Policy and Research Unit expenses		(257,564)	(204,020)
Administration expenses		(228,244)	(315,032)
Operating surplus/(deficit) before finance, specific purpose income/ expense, recognition of land as committee of management, and other comprehensive income and expenses		(423,870)	(567,789)
Finance income	7	187,057	595,194
Operating (deficit) surplus before specific purpose and other comprehensive income/expense		(236,813)	27,405
Specific purpose income / (expense)			
Specific purpose revenue		–	171,258
Specific purpose finance income		178,817	310,937
Specific profit / (loss) on sale of shares		46,869	(82,227)
Specific purpose expenses		(207,230)	(232,576)
Specific purpose shares and cash returned to trustee		(203,943)	–
		(185,487)	167,392
Operating (deficit) / surplus for the year before other comprehensive income and expenses		(422,300)	194,797
Other comprehensive income			
Net change in fair value of available for sale financial assets		264,474	(272,503)
Reversal of previous fair value adjustments of available for sale financial assets disposed of during the year	1(a), 18	(62,233)	(408,647)
Other comprehensive income / (deficit) for the year		202,241	(681,150)
Total comprehensive income for the year		(220,059)	(486,353)

The statement of comprehensive income is to be read in conjunction with the notes which appear in the full 2012 financial statements.

# Did you know there are more than 100 types of musculoskeletal conditions?



## Here are some of them:

- |   |  |                                    |                                       |
|---|--|------------------------------------|---------------------------------------|
| Achilles tendonitis                             | Freiberg's osteochondrosis   | Osteoarthritis                     | Septic arthritis                      |
| Adhesive capsulitis (frozen shoulder)           | Giant cell arteritis   | Osteomalacia                       | Sever's disease                       |
| Adult-onset Still's disease                     | Gout   | Osteonecrosis                      | Sjögren's syndrome                    |
| Ankylosing spondylitis                          | Henoch-Schönlein purpura   | Osteoporosis                       | Spinal stenosis                       |
| Baker's cyst                                    | Juvenile dermatomyositis   | Paget's disease of bone            | Spondylolysis                         |
| Behçet's syndrome                               | Juvenile idiopathic arthritis  | Palindromic rheumatism             | Systemic lupus erythematosus (SLE)    |
| Bursitis  | <ul style="list-style-type: none"> <li>• Pauciarticular-onset arthritis</li> <li>• Seronegative polyarticular arthritis</li> <li>• Seropositive polyarticular arthritis</li> <li>• Systemic-onset arthritis</li> <li>• Enthesitis-related arthritis</li> <li>• Psoriatic juvenile arthritis</li> </ul> | Perthes' disease                   | Takayasu's arteritis                  |
| Carpal tunnel syndrome                          | Kawasaki disease   | Plantar fasciitis                  | Tarsal tunnel syndrome                |
| Charcot's arthropathy                           | Kienböck's disease   | Polyarthritis nodosa               | Temporomandibular joint disorders     |
| Chondromalacia patellae                         | Lateral epicondylitis ('tennis elbow')   | Polymyalgia rheumatica             | Trigger finger (flexor tenosynovitis) |
| Churg-Strauss vasculitis                        | Low back pain  | Polymyositis                       | Ulcerative colitis                    |
| CREST syndrome                                  | Medial epicondylitis ('golfer's elbow')  | Pseudogout                         | Vasculitis                            |
| Crohn's disease                                 | Mixed connective tissue disease and overlap syndromes  | Psoriatic arthritis                | Wegener's granulomatosis              |
| De Quervain's tenosynovitis                     | Osgood-Schlatter's disease   | Raynaud's phenomenon               |                                       |
| Dermatomyositis                                 |  | Reactive arthritis                 |                                       |
| Diffuse idiopathic skeletal hyperostosis (DISH) |  | Rheumatoid arthritis               |                                       |
| Discoid lupus erythematosus                     |  | Ross River and Barmah Forest virus |                                       |
| Drug-induced lupus erythematosus                |  | Rotator cuff disease               |                                       |
| Dupuytren's contracture                         |  | Sacroiliitis                       |                                       |
| Ehlers-Danlos syndrome                          |  | Sarcoidosis                        |                                       |
| Felty syndrome                                  |  | Scheuermann's disease              |                                       |
| Fibromyalgia                                    |  | Sciatica                           |                                       |
|   |  | Scleroderma                        |                                       |

## **Arthritis and Osteoporosis Victoria**

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