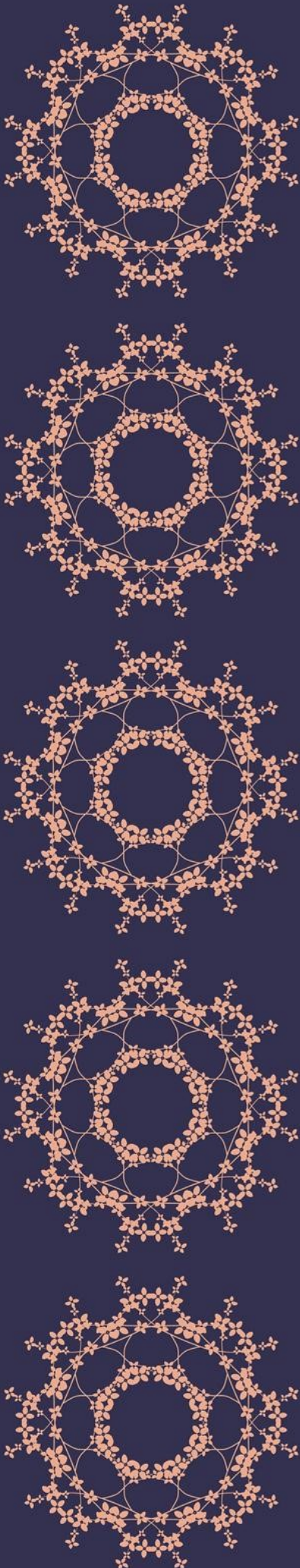




Chronic  
Illness  
Alliance

Annual Report  
2017-2018



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Registered Address:  
Level 1, 650 Mount Alexander Rd  
MOONEE PONDS VIC 3039

ABN: 78 873 126 132  
Incorporated in Victoria as an  
Incorporated Association—  
Registered No. AOO 350 38B

Auditor: Dennis J Clark FCPA FAICD

Public Officer: Christine Walker

## Committee of Management Members

### Chair

Anne Muldowney (Carers Victoria)

### Treasurer

Mr Graeme Shears (Epilepsy Foundation)

### Committee Members

Mr John Berrill (Berrill Watson)

Mr John Hall (Thorne Harbour Health)

Ms Sharon Porteous (IEPCP)

Ms Tammy Gardner (Huntingtons Victoria) (Appointed November 17)

Ms Giovanna Taverna (Diabetes Australia—Victoria) (Appointed Nov 17)

Ms Siobhan Johnston (Diabetes Australia—Victoria) (Appointed Nov 17)

Mr Robert Pask (Huntingtons Victoria) (Seconded)

Ms Kelly Rossman (Diabetes Australia—Victoria) (Resigned August 17)

Ms Elise Perillo (Diabetes Australia—Victoria) (Resigned August 17)

Ms Melanie Eagle (Hepatitis Victoria) (Resigned November 17)

## Committee of Management Meeting Attendance

	No of Mtgs	Attended	Apologies
John Berrill	5	3	2
Melanie Eagle	2	1	1
Tammy Gardner	3	3	
John Hall	5	4	1
Siobhan Johnson/Giovanna Taverna	5	4	1
Anne Muldowney	5	4	1
Robert Pask	5	4	1
Sharon Porteous	5	2	3
Graeme Shears	5	4	1

## Staff Members

### Executive Officer

Dr. Christine Walker Ph.D.

### Administration

Ms. Denise Sheard Dip. Mgt.

### Finance

Bill Hanlon BBus(Accy) CPA

## Purpose

The aim of the Alliance is to build better lives through consumer-centred health policy and health services for all people with chronic illness.

## Approach

The Alliance achieves this purpose through education and research projects in which its members' needs and services are featured.

## Values

### Equity & Access

We value equity of access to appropriate services for all people with chronic illnesses, regardless of affordability

### Not just health but quality of life

We aim to provide opportunities across the lives of people with chronic illnesses to participate fully in their communities through employment, education and other activities

### Evidence-based services and policies

We promote and advocate for services and policies for all people with chronic illnesses that are based on evidence-based research

### Representation

We value our members and aim to represent them all in all Alliance undertakings

# Chairman's Report

It is a privilege to make my first report as Chair of the Chronic Illness Alliance, taking over from long term Chair and Committee member, Robert Pask, whose contribution to the Alliance continues as a co-opted member. Thank you, Robert, for your commitment on behalf of all the Committee. I pick up the reins at an interesting and challenging time in the not-for-profit sector.

Membership, which is the life blood of any representative organisation, has been falling in recent years and the principal reason is sector reform and year-on-year reductions in funding. Together with heavier than ever demands by both funders and consumers on the services our members provide, our declining membership falls sharply into focus. The vexed question is how to support our members in advocacy for their constituents *and* grow our membership when every dollar is so hard earned. While we recognise there is strength in numbers, the harsh reality for many of our members fighting for survival, is that service delivery and competition for funding trump cooperation and collaboration.

Notwithstanding this reality, our Alliance has kept a-pace with offering members high calibre programs while underpinning the work we do in advocacy, research and education. This year saw our Chronic Disease Self-Management Special Interest Group (CDSM-SIG) focus on a number of interesting and diverse topics – from reducing obesity and regulations for opioids, to gardening and nature as therapy to health outcomes for refugees and asylum seekers. We also conducted a short survey to understand the barriers to growth of our well-regarded Peer Supporters Network. Again, the double-barrelled “more services, less resources” reason loomed large as an obstacle to growing this valuable resource for those working in the important peer support field.

Our Alliance's advocacy for people with chronic illness, their carers, and families, is supported through Dr Christine Walker's strong representation on various committees. These include the Independent Advisory Committee for Medicinal Cannabis in Victoria, with position papers on medicinal cannabis and epilepsy stemming from that work.

Another area of focus is unproven therapies and their risks. Dr Walker has worked in collaboration with Professor Ken Harvey, from Monash University's School of Public Health and Preventative Medicine and Professor Megan Munsie from Stem Cells Australia, on inappropriate uses of stem cell therapy. As this technology becomes more mainstream, possibilities abound for 'snake-oil salesmen' to push unproven treatments on vulnerable people seeking a 'silver bullet' to cure or relieve their condition. Our Alliance is working to ensure unscrupulous practices are uncovered and we provide information on advertising of unproven treatments to Victoria's Department of Justice to counter these.

Research has always been a fundamental aspect of the work of our Alliance. In collaboration with La Trobe University staff in Wodonga, we are involved in creating a Lifelong Intergenerational Facility and Education (LIFE) Hub. Dr Walker is also chief investigator on a survey of well-being issues in people with epilepsy and carers of children with epilepsy.

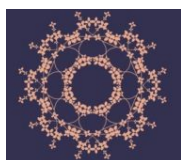
Education through our interactive workshops allows for cost-effective professional development opportunities with successful workshops on Running Focus Groups and In-depth Interviews late last year in Adelaide and Melbourne. Dr Walker also contributed to two workshops with Stem Cells Australia. These featured international speakers discussing the issue of improving people's knowledge of unproven therapies using stem cells and workshopping solutions to bring evidence-based information to assist people to make informed decisions around the benefits and risks of stem cells treatments.

As another year of challenge unfolds before us, we celebrate the work our small, but dedicated, cohort of staff and volunteers have achieved in the past year. Although the environment in which we operate may be becoming ever more difficult, our Alliance will continue to explore opportunities to support our members and the people they, in turn, support.

Our Alliance has faced adversity before and as the saying goes, “When the going gets tough, the tough get going”. If we have learnt nothing else from our experiences, we have learnt resilience.

**Anne Muldowney**  
**Chair**

November, 2018





# Chief Executive Officer's Report

With another busy, but productive, year having rushed by, it is worthwhile to pause and reflect on the year that was.

Long standing programs such as the Chronic Disease Self-Management Special Interest Group (CDSM SIG) and the Peer Supporters Network (PSN), have been the mainstays of the benefits we offer members. In addition to these, the Alliance has been actively representing its members through serving on various committees and boards. We have offered our members and others excellent education opportunities and throughout the year, and collaborated on various projects which will produce benefits to our members, their constituents and the community at large. I shall discuss these and some of our other achievements at further length below.

The longevity of CDSM SIGs bears testimony to the success of this unique program. Over the years, and particularly this past year, the number and diversity of topics discussed and dissected has been remarkable. Presentations over the past twelve months have been varied and of great interest to our members and others.

Our first for the year saw speakers of the calibre of Rosemary Calder AM, who is Director of Australian Health Policy Collaboration, Victoria University; Alison McAleese, Campaign Manager of LiveLighter, Cancer Council Victoria; and Mary Henley-Collopy, Disability Advocate. Focussing on *Strengthening the Role of Primary Care in Reducing Obesity: partnerships and collaborations to address the obesity epidemic*, they highlighted the role of primary care can play and, noting that 'one size does not fit all', Mary spoke passionately about the challenges facing those with disabilities in maintaining a healthy body weight. The second presentation looked at *Working Together to Improve Health Outcomes in Our Communities* with Andrew Hanson, General Manager Workforce Development South Eastern Metropolitan PHN and Mindy Allott, Access and Inclusion Project Manager, HealthWest Partnership. The session on pain management was very well attended as this is a universal topic. The presentation on *Changes in Regulations for Opioids: Helping People with Chronic and Persistent Pain* was both informative and hair-raising – the tactics some people employ to "work the system" are quite complex. Attendees found the statistics and accompanying data by Julius Ting, Medication Support and Recovery Service and Marina Hanna MPS, Secretary of the PSA VIC Harm Minimisation Subcommittee of great interest. Occupational Therapist, Lea Kewish, gave an overview of non-medical interventions that can be used to alleviate pain.

The final two CDSM SIGs were very different in content. The *Horticultural Therapy: Gardening and connecting with nature as therapy* also garnered solid attendance and was an opportunity to wander in the Kevin Heinze GROW Garden in Doncaster as well as gain an understanding of the benefits gardening and just getting outdoors can provide. Rani Blake, Humanscape Consultant, and Mel Holmes, Horticultural Therapist, led groups through the lush gardens and gave a brief lecture on the value of connecting with nature. Juxtaposed against this, our final session for the year focussed on *Working Together to Improve Health Outcomes for Refugees and Asylum Seekers in the Community*. This very thought-provoking SIG



Sahema Saberi

challenged our perceptions in many ways and our guest speakers, Sahema Saberi, University of Melbourne who investigated mental health in young Hazara refugees and asylum seekers in the south east of Melbourne, and Amelia Tauoqooqo, Practice Nurse at cohealth who has worked in Nauru, Maribyrnong Immigration Detention Centre and Monash Health, spoke from her firsthand knowledge of these demanding environments, provided some confronting and disturbing insights into the plight of our newest citizens.

What is disappointing in the extreme is the Alliance has lost departmental funding to organise these groups which foster discussion, networking and better understanding of issues relevant to those working in this space. This established and successful program has been deemed 'no longer of relevance' following a change in the Department's focus. In the next year, we will be exploring other funding options to continue these valuable sessions.

To gauge the need for our other well-regarded program, the Peer Supporters Network (PSN), the Alliance undertook a survey to analyse reasons for the decline in activity for this important facet of our work. As touched on above, the principal cause has been, with less funding, fewer resources and greater demand, peer support workers simply have little time for extracurricular activity. PSN is highly valued and endeavours are already underway to reinvigorate it, with a small group of volunteers keen to be involved.



Kevin Heinze GROW Garden

Continued on Page 5...

The past year has been a busy one with representing our membership on various sitting bodies, including Independent Advisory Committee for Medicinal Cannabis in Victoria, for which I have produced position papers in regard to cannabis and epilepsy. I also presented at the Australian Health Care Reform Alliance (AHCRA) Summit in Canberra in April on the importance of consumer participation in health reform. This afforded me the opportunity to meet various federal politicians and government departmental representatives to discuss the needs of our demographic.

Another presentation I gave was to the International Safety and Quality Association Conference in London in September 2017. This poster and ten-minute presentation focussed on Melbourne Genomics Health Alliance community advisory group activities. In March, 2018 I was appointed to the federal Medical Services Advisory Committee – Evaluation Sub-Committee which evaluates health technologies including medicines and diagnostic tests for funding through MBS and PBS. As well as that, this is an important committee for our members waiting for new health technologies to improve people's health outcomes.

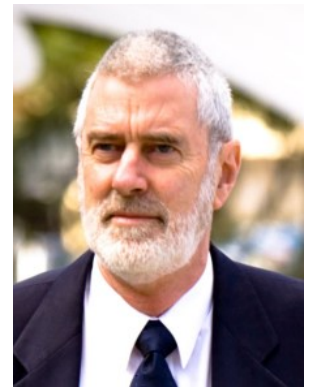
An area of concern for people with chronic illness (PWCI) is the use of unproven therapies. This can be understandable when all else appears to fail but it also opens the door to unscrupulous operators preying on their vulnerabilities. Together with Professor Ken Harvey, from Monash University's School of Public Health and Preventative Medicine, I have been working to inform people of unproven therapies, and, with Professor Megan Munsie from Stem Cells Australia, on the inappropriate uses of stem cell therapy. This included providing information on the advertising of unproven treatments to Victoria's Department of Justice. We will continue to shine a light into these unacceptable practices.

Education has always been a central pillar of the work of the Alliance and towards the end of 2017, we ran two successful workshops. We conducted our Running Focus Groups and In-depth Interviews workshops in August in Adelaide and, in November, in Melbourne. We were also involved in two workshops with Stem Cells Australia, featuring international speakers discussing the issue of improving people's knowledge of unproven therapies using stem cells and work-shopping solutions to bring evidence-based information for people to make educated decisions around the benefits and risks of stem cells in treatment of their conditions.

Projects which we have run include working in collaboration with La Trobe University staff in Wodonga in creating a life time learning community Hub. This will be finalised early in the coming year. I am also chief investigator on a longitudinal study of well-being issues in people with epilepsy and carers of children with epilepsy. In the coming twelve months, we will undertake a project encouraging people living with a disability, particularly women, to join the workforce. This will be an online resource and has been generously supported the Victorian Women's Trust.

We have happily settled into our new location in Moonee Ponds, within the office of Berrill & Watson, whose wonderful support is most appreciated. Our regular offerings – our newsletter and e-bulletins on a range of topics – are well received by our membership and our website undergoes frequent updates and reviews to ensure the information is accurate and current.

With the current projects already underway, the Alliance will continue to seek opportunities to be a voice for those living with a chronic illness, not only this year but into the future.



**Dr Christine Walker**  
**Executive Officer**

November 2018



# Concise Financial Statements

## COMMITTEE'S REPORT

The Committee of Management of Chronic Illness Alliance Incorporated submits the Financial Report for the financial year ended 30<sup>th</sup> June 2018.

### COMMITTEE MEMBERS

The names of Committee of Management members both throughout the financial year and at the date of this report are:

Mr John Berrill (Berrill Watson) (Seconded)  
Mr John Hall (Thorne Harbour Health)  
Ms Sharon Porteous (Inner East Primary Care Partnership)  
Ms Tammy Gardner (Huntingtons Victoria) (Appointed November 17)  
Ms Giovanna Taverna (Diabetes Australia—Victoria) (Appointed Nov 17)  
Ms Siobhan Johnston (Diabetes Australia—Victoria) (Appointed Nov 17)  
Mr Robert Pask (Huntingtons Victoria) (Seconded November 2017)  
Ms Kelly Rossman (Diabetes Australia—Victoria) (Resigned August 17)  
Ms Elise Perillo (Diabetes Australia—Victoria) (Resigned August 17)  
Ms Melanie Eagle (Hepatitis Victoria) (Resigned November 17)

### PRINCIPAL ACTIVITIES

The principal activities of Chronic Illness Alliance Incorporated during the financial year were:

To promote better quality of life of people living with chronic illness by providing information and education that assists in the management and control of their condition, and addresses their associated concerns.  
To promote improved health outcomes of people with chronic illnesses by providing information, education and representation to health service programs for people with chronic illness.

### SIGNIFICANT CHANGES

No significant change in the nature of these activities occurred during the year.

### OPERATING RESULT

The deficit for the year amounted to \$19,533.

Signed in accordance with a resolution of the Committee of Management by:

**Anne Muldowney – Chair**

**Graeme Shears – Treasurer**

**Dated at Melbourne, Victoria: 27 November 2018**

**The full Financial Statements are available on our website [www.chronicillness.org.au](http://www.chronicillness.org.au) or by request.**

## STATEMENT BY MEMBERS OF THE COMMITTEE OF MANAGEMENT

The Committee of Management has determined that Chronic Illness Alliance Incorporated is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the Financial Statements.

In the opinion of the Committee of Management, the Financial Report comprising the Statement Of Comprehensive Income, Balance Sheet, Statement Of Changes In Equity, Cashflow Statement and Notes to the Financial Statements, as set out on pages 7 to 21;

Presents a true and fair view of the financial position of Chronic Illness Alliance Incorporated as at 30<sup>th</sup> June 2018 and its performance for the year ended on the date; and

At the date of this statement, there are reasonable grounds to believe that Chronic Illness Alliance Incorporated will be able to pay its debts as and when they fall due.

In addition, we are not aware at the date of signing this statement of any circumstances which would render any particulars included in the Financial Report to be misleading or inaccurate.

This statement is made in accordance with a resolution of the Committee of Management and is signed for and on behalf of the Committee by:

.....  
**Anne Muldowney – Chair**

.....  
**Graeme Shears – Treasurer**

**Dated at Melbourne, Victoria: 27 November 2018**



Dennis J Clark  
PO Box 363  
Warrandyte VIC 3113  
03 9844 2451

## AUDITOR'S INDEPENDENCE DECLARATION TO THE COMMITTEE OF MANAGEMENT OF CHRONIC ILLNESS ALLIANCE INCORPORATED

I declare that, to the best of my knowledge and belief, during the financial year ended 30<sup>th</sup> June 2018, there have been:

No contraventions of accepted auditor independence requirements in relation to the audit; and

No contraventions of any applicable code of professional conduct in relation to the audit.

**Dennis J Clark FCPA**  
**Appointed Auditor**  
**Dated at Melbourne, Victoria: 27 November 2018**

**STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2018**

	Note	2018 \$	2017 \$
<b>Accumulated Surplus At The Beginning Of The Financial Year</b>		<u>115,418</u>	<u>111,573</u>
Total Comprehensive Income		(19,533)	3,845
<b>ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>		<u>95,885</u>	<u>115,418</u>
		<u>                    </u>	<u>                    </u>
		<u>                    </u>	<u>                    </u>

**BALANCE SHEET AS AT 30<sup>th</sup> JUNE 2018**

	Note	2018 \$	2017 \$
<b>CURRENT ASSETS</b>		153,169	176,142
Cash	3	165	1746
Receivables			234
Prepayments			
<b>TOTAL CURRENT ASSETS</b>		<u>153,334</u>	<u>178,122</u>
<b>NON CURRENT ASSETS</b>			
Plant and Equipment	2	-	-
<b>TOTAL NON CURRENT ASSETS</b>		<u>-</u>	<u>-</u>
<b>TOTAL ASSETS</b>		<u>153,344</u>	<u>178,122</u>
<b>CURRENT LIABILITIES</b>			
Annual Leave		15,711	12,931
Creditors and Accruals	4	17,673	27,756
<b>TOTAL CURRENT LIABILITIES</b>		<u>33,384</u>	<u>40,687</u>
<b>LONG TERM LIABILITIES</b>			
Long Service Leave		24,065	22,017
<b>LONG TERM LIABILITIES</b>		<u>24,065</u>	<u>22,017</u>
<b>TOTAL LIABILITIES</b>		<u>                    </u>	<u>62,704</u>
<b>NET ASSETS</b>		<u>95,885</u>	<u>115,418</u>
<b>MEMBERS FUNDS</b>			
Accumulated Surplus		95,885	115,418
<b>TOTAL MEMBERS FUNDS</b>		<u>95,885</u>	<u>115,418</u>



**STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2018**

	Note	2018 \$	2017 \$
<b>REVENUE FROM CONTINUING OPERATIONS</b>			
Donations		4,055	3,092
Membership Fees		7,799	7,594
Consultancy Fees		6,363	13,442
Government Grants		52,468	72,153
Other Grants		-	-
Investment Income		3,487	4,386
Sundry Income		9,172	3,022
<b>Total Revenue From Continuing Operations</b>		<b>83,344</b>	<b>103,689</b>
<b>EXPENSES FROM CONTINUING OPERATIONS</b>			
Audit Fees		1,000	1,000
Accounting		3,538	1,853
Computers/Website		925	1,366
Depreciation		-	-
Governance		398	364
Other Expenses		595	719
Project/Program Costs		4,120	4,664
Rent		-	2,615
Salaries and On-costs		90,100	85,846
Subscriptions		644	515
Telephones/Postage/Internet		1,557	902
<b>Total Expenses From Continuing Operations</b>		<b>102,877</b>	<b>99,844</b>
<b>Operating Result Before Income Tax</b>		<b>(19,533)</b>	<b>3,845</b>
Income Tax	10		-
<b>Operating Result Attributable To Members</b>		<b>(19,533)</b>	<b>3,845</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>(19,533)</b>	<b>3,845</b>

The accompanying Notes form part of this Financial Report

# Our Members

## Organisations

Ankylosing Spondylitis Victoria Inc.  
Asbestos Council of Victoria/GARDS Inc  
Berrill & Watson  
Brainlink Services limited  
Cardiomyopathy Assoc Aust Ltd  
Carers Victoria  
Children's Tumour Foundation of Australia  
Coeliac Victoria & Tasmania Inc  
Continence Foundation  
Counterpart  
Crohn's & Colitis Australia  
Cystic Fibrosis Community Care Ltd  
Diabetes Australia Victoria  
EACH Social and Community Health  
Emerge  
Epilepsy Foundation of Vic  
Genetic Support Network of Victoria  
Haemochromatosis Australia  
Haemophilia Foundation Victoria  
Health Issues Centre  
Heart Foundation (Victoria)  
Heartbeat Victoria Council Inc.  
Hepatitis Victoria  
Huntington's Victoria Inc  
Inner East Primary Care Partnership  
Leukodystrophy Australia  
Move muscle, bone & joint health  
Multiple Sclerosis Australia  
Palliative Care Victoria  
Parkinson's Victoria  
Polio Australia  
Royal District Nursing Service  
Scleroderma Victoria Incorporated  
Thalassaemia Australia  
Victorian AIDS Council/ Gay Men's Health Centre (now Thorne  
Harbour Health)  
Young People in Nursing Homes Alliance

## Individuals

Leanne Cleeland  
Janette Donovan  
Twanny Farrugia  
John Lawrence  
Thérèse O'Malley  
Joel Schachter  
Janney Wale



## With thanks...

The Committee of Management and staff of the Chronic Illness Alliance wish to express their gratitude to the following people and organisations for their support throughout the year:

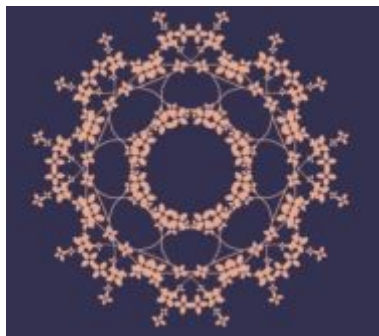
John Berrill—Berrill & Watson, Lawyers

Dennis Clark

Integrated Care for Chronic Disease, Policy & Planning, Health and Wellbeing Division, Department of Health and Human Services

Victorian Women's Trust

Their assistance and advice has been invaluable.





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MOONEE PONDS VIC 3039  
Phone: 0420 675 780  
Email: [denise@chronicillness.org.au](mailto:denise@chronicillness.org.au)  
Website: [www.chronicillness.org.au](http://www.chronicillness.org.au)

