



A DAY IN THE LIFE

IMPACT REPORT
2014–2015



The Arthritis Society

I AM FREE TO BE MYSELF AND GO DO IT NOTHING WILL STAND IN MY WAY

WE WALK NOW MORE THAN EVER

I GO I REFUSE TO DANCING LET IT CONTROL MY

I MORE LIFE HIKE THAN I USED TO

MORE THAN A SCOUT LEADER

WE HAVE ARTHRITIS IT DOESN'T HAVE US

THERE ARE OVER 100 DIFFERENT FORMS OF ARTHRITIS WAITING TO BE CONQUERED

ASK WHAT MOVEMENT IS A MEDICINE FOR CREATING CHANGE IN A PERSON'S PHYSICAL, EMOTIONAL, AND MENTAL STATES

WE ARE OVER 4 MILLION STRONG

I MOVE TO IMPROVE MY HEALTH

CREATE CHANGE IS NEVER GIVING UP PERSERVERANCE AND WIN

I WILL FIGHT FOR INDEPENDENCE

GET INVOLVED TAKE CHARGE EACH OF US IS STRONG TOGETHER WE ARE STRONGER

COURAGE DOES NOT ALWAYS ROAR. SOMETIME COURAGE IS THE QUIET VOICE AT THE END OF THE DAY SAYING,

"I WILL TRY AGAIN TOMORROW"

I WILL NEVER GIVE IN ALWAYS TRUST IN YOURSELF

I DON'T LET IT SLOW ME DOWN HAPPINESS STARTS WITH A HEALTHY MENTAL AT ALL ATTITUDE YOU CAN CHANGE YOUR LIFE SIMPLY BY CHANGING YOUR HEART

I AM STRONG

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Vision

Living well while creating a future without arthritis

Mission

Provide leadership and funding for research, advocacy and solutions to improve the quality of life for Canadians living with arthritis

Values

Integrity
Passionate commitment
Spirited teamwork
Bold innovation
Courageous leadership

MESSAGE FROM THE BOARD CHAIR

I've been part of The Arthritis Society for seven years and in 2014 I proudly accepted the role as chair of the national board of directors. When I retired I wanted to volunteer, to give back — and The Arthritis Society was going through an important transformation where I felt I could make a difference. More importantly, it mattered because arthritis is a very personal subject for me.

My father experienced an array of complications from rheumatoid arthritis. He tried to be strong, but he faced enormous challenges in dealing with the disease and, in those days, he was pretty well on his own. In addition, my wife was diagnosed with psoriatic arthritis as a teenager and has lived with this disease her entire life. Both forms of the disease can be extremely difficult with symptoms that erupt suddenly, flare-ups whose end can't be predicted.

These close family connections brought me to The Arthritis Society. In the past few years, I've witnessed a focused, high-performing organization emerge, filled with talented people. The main challenge we face in a crowded landscape of health charities is how — with limited resources — we can reach

and engage more Canadians and help them understand our valuable work.

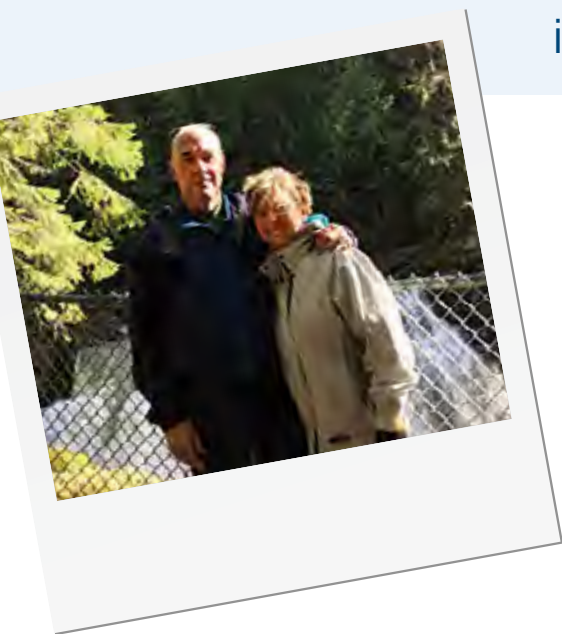
For those with arthritis, we must deliver the help they need when they need it, right where they live. In the past year, The Society has embarked on a promising new direction that will radically expand that reach. We are putting our expertise — how to manage one's arthritis — straight into the hands of health care professionals that are known and trusted in communities across Canada. We've started with pharmacists, who regularly chat with people who have arthritis, and who can do much more than fill prescriptions and discuss side effects. They can provide expert advice about arthritis and pain management to their customers, in an effort to help them live better with the disease.

Pharmacists were step one. There are many steps to go. We can't suddenly deliver hundreds more rheumatologists to Canada — but we can train a wide range of health professionals who can in turn help people self-manage their arthritis and deliver on our commitment to *erase the pain*. I wish this was the case during my father's time.

I know that by taking big steps like this, we can continue building a strong community of people with arthritis and advance our mission in meaningful ways. I hope my contribution helps to bring about meaningful change and engagement for more and more people living with arthritis.



Drew McArthur
dmcarthur@arthritis.ca



MESSAGE FROM THE PRESIDENT & CEO

Thank you. If you are a volunteer, a donor, a partner, a sponsor, a staff member, a friend or an ambassador for the cause — thank you. You breathe life into The Arthritis Society through your ongoing support.

Heading into my fourth year as president, I have developed a profound respect for what it takes to build a successful health charity in today's times — to build a volunteer-based organization that makes a lasting difference in people's daily lives. With your donations we support a bold vision fueled by innovation and critical thinking. We serve both the present and the future with equal passion — empowering Canadians to better manage their arthritis today while guiding research toward a cure for both osteoarthritis and inflammatory arthritis in the fast-approaching future.

This past year we took major strides in line with our new focus on Cure, Care and Community. Throughout these pages, you will see progress in these areas. Our research strategy is refocused to include pain relief and we will now fund research

into the pain-relieving potential of medical cannabis. To improve care for those with arthritis, we launched a program to train pharmacists in arthritis management as part of a plan to enhance the expertise among frontline health-care professionals in every community. We've brought self management tools online so Canadians can access support at their convenience, whether at home, at work or on the move. Your help and support has been critical to our success to date.

And like so many others involved in this cause, I come to arthritis from a personal place. My husband, Dan, has severe osteoarthritis in his shoulders and I've seen how the pain and fatigue has impacted his quality of life. Fortunately, he has recently had surgery to replace a joint in total disrepair and now has a chance at relief. Unfortunately, for

many Canadians with arthritis, joint replacement is not an option.

But — what if joint replacement surgery could be rendered unnecessary? What if we could prevent or reverse osteoarthritis? What if we could predict and prevent inflammatory arthritis? What if we could turn pain signals off in the body? These questions drive our thinking and actions — as we strive to bring the arthritis community in Canada together in a common cause to *erase the pain*.

On behalf of over 4.6 million Canadians with arthritis, thank you for your support.

Janet Yale
jyale@arthritis.ca



2014–2015 Priorities

CURE

Research pain, and pain alleviation.

CARE

Educate health-care professionals by launching pharmacist training program.

COMMUNITY

Reach a broader array of Canadians with arthritis by launching new online tools and resources.

A diagnosis of rheumatoid arthritis used to mean permanent disfigurement and disability.

Not anymore.

With new treatments your support has made possible, Canadians with inflammatory arthritis can enjoy full, active lives.





For people with osteoarthritis, the next flight of stairs can feel like a mountain.

It doesn't have to be that way.

With your help, we can find real solutions to turn that mountain into a molehill.

A DAY IN THE LIFE: DIAGNOSIS

“I always wanted to do more with my life – to be part of something bigger, and show others that no matter what they were going through, they weren’t alone.”



Tequila Mockingbird
Vancouver, British Columbia



One day, in 2001, while I was training to be an RCMP officer, I finished my run and went to walk home — but I couldn't. I was in excruciating pain.

As time passed, I found it increasingly difficult to get in and out of the van I used for work. As the pain spread to my hips, I told my doctor not to diagnose me because it would affect my RCMP application. But soon, I just couldn't take the pain any more.

A rheumatologist confirmed that I had rheumatoid arthritis. It was in some ways a relief, because up until then, I had no idea what was wrong with me. Then the questions began. Why me? What am I going to do now? Will I be crippled?

I was very fit: 5'10" and 175 lbs of lean muscle. But I began having terrible night sweats, literally soaking the bed. I lost 25 lbs of muscle in a month. I couldn't work. It took four months before the medication kicked in — and only then could I dress myself in under 30 minutes.

My dream of being a police officer was over. Over 13 years, I had several surgeries to remove strange arthritic lumps and I spent two years in college training for a career that wasn't physically demanding. For six of those years, side effects from my treatment made me sick on a weekly basis.

On top of all this, I was just dealing with being me. Going out in drag and trying to find my place in the world. While coming to accept myself,

I started recognizing other people's challenges. I was often a support system for people dealing with their sexual and gender identities.

While it felt great to help others, times were hard. In 2007, I got divorced. In 2008, I lost one of my brothers, who was only 39. We were very close. He was a huge supporter of my drag life. But he had demons that he couldn't shake.

I always wanted to do more with my life — to be part of something bigger, and show others that no matter what they were going through, they weren't alone. I decided to contact The Arthritis Society's BC division and send a photo of me in drag with a slogan that poked fun at coming out of the closet and how arthritis can affect anyone.

They loved it. Suddenly I was out on social media, supporting Arthritis Awareness Month, and garnering a lot of attention. I was finally a part of something bigger than myself and had the chance to help others. In September 2014, I helped have the Science World dome lit up blue for the Bluebird Gala.

I hope that I am able to continue working with The Society to help bring awareness to this life-changing disease and encourage others to stay positive and love themselves for who they are.

I feel blessed every day that I can put on a pair of pumps — and hope that continues until I am a very old lady. LOL

Expanding our reach

This year, The Arthritis Society developed a suite of online educational programs designed to help people better understand and manage their disease. It leads a five-year effort that will double the number of Canadians we reach, empowering them to take an active role in their own treatment.

New in 2014–15 are two full online programs:

“Joint Matters at Work” focuses on how to protect your joints on the job — any job. We want to help Canadians with arthritis remain productive in the workplace, and avoid absences due to disability.

“You and Your Healthcare Provider: a guide to effective conversations” is packed with information about the health-care landscape, and tools that help you get the most out of appointments with any provider.

One such tool, our “Joint Pain Symptom Checker,” is a form you can complete and take with you to your next medical appointment if you are concerned about persistent joint pain. And our “Daily Symptom Tracker” is a simple way to record your symptoms over time that will provide insight on ways to better manage arthritis.

Visit arthritis.ca/education.



HOW YOU CAN HELP September is Arthritis Awareness Month, the perfect time to debunk myths about arthritis. Use social media, letters to the editor, blog posts, The Arthritis Society's own community forum, and let people know what life with arthritis means to you.

Huge event unfolds in Montreal

In October 2014, the Quebec Forum on Arthritis was a huge success in downtown Montreal — and was the first such event for the province.

Over 800 participants, speakers, and partners attended the one-day event to talk arthritis and only arthritis.



It featured 50 sessions for the general public on all aspects of arthritis self-management and treatment, as well as continuing education for health professionals. Olympian Bruny Surin (at left) delivered the opening address about how to live well with the disease, while a trio of Quebec scientists detailed what the future holds for arthritis research.

The Forum united a large community, brought people together to share experiences, and helped arm people with the tools they need to manage their arthritis. The event will be reprised in Quebec City in October 2015.

Living now for almost 16 years with a severe case of ankylosing spondylitis, I was both intrigued and perplexed when The Arthritis Society announced it would host its first-ever Quebec Forum on Arthritis.

First reaction: I wondered what would be presented that I didn't know already. After all, I have been negotiating with Mr. Arthritis and his whims every day for 16 years.

I have a wonderful relationship with my rheumatologist and I benefit from the skills and expertise of many other health-care professionals. Despite my reluctance, I threw caution to the wind and signed up for the Forum.

A fortunate decision! That October morning I was greeted by warm hosts and, from that moment on, I felt part of something important. Meeting others with arthritis, sharing coffee and stories, was incredibly eye-opening. Those who had just received their diagnosis had so much to discover. For veterans like me, it was hope that brought me there. Hope to find new ways to improve my quality of life.

The speakers were thoughtful, honest and delivered the real goods. There was no place for clichés about living with pain — we all know intimately what this is like. Researchers gave us accounts of what they were up to, and what fascinating discoveries they were closing in on.

This community of people touched by arthritis came together, and the atmosphere was at once supportive and genuine. I've been living with ankylosing spondylitis for so long — but I'd never experienced anything like the Forum.

We aren't all living alone, separately. We are connected, and now I understand that connection so vividly.

I left the Forum having gained knowledge, mixing what I already know with fresh new ideas while pondering the new scientific discoveries we've made. The biggest thing is that I returned home feeling like I was being carried by a great tidal wave of hope.



A DAY IN THE LIFE: I'M NOT ALONE

“I returned home feeling like I was being carried by a great tidal wave of hope.”



Éliane Blain-Durand
Repentigny, Quebec



A DAY IN THE LIFE: RESEARCHER

“We created a brand new blood test to diagnose ankylosing spondylitis and rule out simple back pain.”



Dr. Florence Tsui
Toronto, Ontario

One day in the lab, I was blown away to discover that patients with ankylosing spondylitis (AS) have higher levels of certain immune complexes. This unexpected discovery meant that AS is actually an autoimmune disease — where the body's own immune system attacks healthy tissues.

AS is a progressive spinal disease that predominantly affects young men. There is no cure and progressive joint fusions are irreversible. That means early diagnosis and immediate effective therapy is very important. But right now there is no specific test available for distinguishing people with AS (two million people in North America) from those with chronic back pain (60 million). In fact, at least half of AS patients were diagnosed more than five years after symptoms began. When we diagnose people late, it means delayed treatment, irreversible spinal damage, poor quality of life and a higher health-care cost.

Back in 2010 we received funding from The Arthritis Society to gain insights into how joints fuse in AS, using a mouse with severe spinal joint fusions. We were actually trying to cure the disease — but surprisingly, we made it worse!

➔ Immune complexes: Antibodies that attach to specific proteins as part of the immune system's response to a perceived threat.

This was a big shift in our thinking, but it also led to the discovery of immune complexes (ICs) in the mouse. The same ICs were later found circulating in high levels in the blood of AS patients.

From this, we developed a brand new blood test to diagnose AS earlier and rule out simple inflammatory back pain. This test will (1) enable patients to have earlier and effective treatment to help avoid spinal deformity; (2) help physicians provide focused, personalized medicine; (3) significantly reduce the health costs associated with costly medical procedures such as MRI; and (4) be able to assess if new medications work for AS in clinical trials.

This is big. There is no reliable blood-based diagnostic available for AS or chronic back pain. Our solution relates directly to the underlying causes of joint fusion in AS, and we have the advantage of working with one of the largest patient groups in North America at the spondylitis clinic at Toronto Western Hospital.

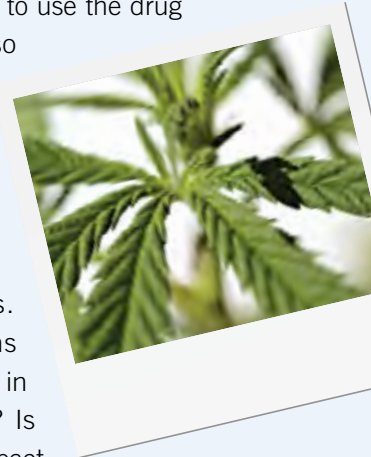
Our study, which began with an investment from The Arthritis Society, will provide huge benefits to people with arthritis, as well as their doctors and rheumatologists.

Medical cannabis research

The Arthritis Society made waves in September 2014 by announcing we would fund studies into the pain-relieving potential of medical cannabis. The situation is clear: up to two-thirds of Canadians authorized to use the drug medicinally are doing so to manage the pain of arthritis.

It's time to invest in research to determine the safety and efficacy of medical cannabis. And answer questions like: How effective is it in reducing arthritis pain? Is it safe? What factors impact its effectiveness? Does it interact with other treatments? Can we achieve pain relief without negative or unwanted side effects?

This past year, we called on all stakeholders to join us in funding research that would yield critical answers. People with arthritis need to make informed choices about treatment. And physicians need evidence-based information to make treatment recommendations for their patients.



HOW YOU CAN HELP We need the brightest minds investigating this disease. Help launch careers by supporting our grants and awards aimed at fledgling researchers who are passionate about arthritis. [Visit arthritis.ca/donate](https://www.arthritis.ca/donate).

A dedicated nurse in Saskatoon

For decades, Saskatchewan has had limited resources to serve children with arthritis, with one pediatric rheumatologist — Dr. Alan Rosenberg — and no nurse or allied health support.



In 2014, The Arthritis Society stepped in to support half the cost of a new pediatric rheumatology nurse practitioner in Saskatoon for five years. Weeks later, the provincial government agreed to cover the remaining half for a total of \$250,000.

“It’s already had a dramatic impact,” Dr. Rosenberg says. “There is more accessibility, education is better, follow up is more consistent. This will translate into better outcomes.”

What’s more: with a dedicated nurse in place, the health region is approved to recruit two new pediatric rheumatologists – enhancing access to expert care for Saskatchewan’s youngest arthritis patients.

When my son Max sleeps over at his grandmother’s, we leave complicated instructions for giving each medication. This one after dinner, this one before bed, eye drops for the right eye, eye drops for both eyes, these in the morning, and so on. He has juvenile idiopathic arthritis and uveitis (which is what the eye drops are for).

But what will happen when Max wants a sleepover at a friend’s house? Will other parents know the gravity of Max’s illness and give the medications as prescribed? Or will Max’s night routine seem like a bizarre case of helicopter parenting? Because by all appearances Max is a regular kid — no one would know he is sick by looking at him.

I feel like so few people understand what childhood arthritis really is. Even medical staff sometimes: at the hospital, we were asked if Max had been in contact with any communicable diseases in case he encounters any patients who were immunodeficient. Max is immunodeficient himself! Most people simply assume that Max’s problems are minor — and his uveitis is even less understood. Many people assume it means he needs glasses or is a little light sensitive — yet there are days when Max wouldn’t open his eyes because the pain was so intense. Or that his sunglasses aren’t just a fun accessory but a necessity if he is outside.

I am having trouble understanding his experiences myself. When a four-year-old complains that his “bones hurt” what does he really mean? Can he distinguish the difference between arthritis pain and more typical sensations like a sore toe? And can he communicate that difference to us? I worry that Max has become so accustomed to that pain that he doesn’t know he shouldn’t feel that way. Or plays it down for fear of the treatment.

It is not easy trying to manage Max’s illness while also balancing the needs of his younger brother and sister. I fear that sometimes Max gets more attention — and I worry Rhett and Amelia may feel left out. I worry that we don’t understand the disease enough. I worry that sometimes I push Max too hard or not enough because I don’t understand his pain.

The Arthritis Society has provided some relief. The staff has been so helpful in helping us navigate this new reality and giving Max the chance to meet other kids going through the same thing. The Society also funded a new pediatric rheumatology nurse, Leah, who’s been a major help to our family. Having a nurse who is knowledgeable about Max’s illness and available to answer our questions has made managing the disease a lot easier.

Max was diagnosed only a year ago. All this is very new to me. And to Max.

➔ Immunodeficient: A compromised immune system that diminishes one’s ability to fight infection.



A DAY IN THE LIFE: JIA PARENT



Jessica Hamer
Regina, Saskatchewan

“I worry that Max has become so accustomed to that pain that he doesn’t know he shouldn’t feel that way.”

A DAY IN THE LIFE: RHEUMATOLOGIST

“Some patients have had arthritis for a very long time and their deformities speak to the time when the disease was poorly controlled and biologic therapy was unavailable.”



Dr. Rick Adachi
Hamilton, Ontario

Off to [Ohsweken](#). Another busy clinic seeing patients with rheumatoid arthritis and a variety of joint problems. The drive is stress-free and gives me an opportunity to relax and enjoy the river and the countryside. Spring brings out the beauty of the country.

The clinic is bustling, with many new patients to see. It is well-staffed with a receptionist, nursing staff, a physiotherapist and a family physician. Nurses know the patients well and make sure they get the care that they need. I have the good fortune of having an Arthritis Society physiotherapist to offer helpful tips to those living with arthritis: exercises and strategies they might use to manage the disease and their pain.

Several have rheumatoid arthritis and need further investigations to help with their management. For patients I see on a return visit it's gratifying to see that many have responded remarkably to treatment, both [DMARDs](#) and biologics. There is lab testing so we can reliably monitor treatment — and the on-site pharmacy is an added bonus. For some, this clinic is the only way that they can get specialist rheumatologic care.

➔ **Ohsweken:** A Six Nations village, part of the Grand River First Nation reserve near Brantford, Ont. Aboriginal Canadians face a much higher prevalence of rheumatoid arthritis than the general population.

The primary care physicians here do an excellent job, handling most emergencies as well as any specialist. They must, as a large number of individuals have a difficult time getting to the hospital or to specialty care centres. My role is to provide advice and leave follow-up instructions for the less complex or for those with non-inflammatory arthritis. For the more complex, we make regular appointments to ensure those patients are responding well to treatment.

The patients have a wide variety of disease severity. Some have had arthritis for a very long time and their deformities speak to the time — not so long ago — when the disease was poorly controlled and biologic therapy was unavailable. Most, however, are well controlled now, and all are friendly and appreciative of the care that they have been given. Their sense of humour lightens the work. I have a real sense of satisfaction by the end of the clinic.

My career as a rheumatologist — supported by an Arthritis Society fellowship grant decades ago — has been rewarding, and my time on Ohsweken has been particularly special.

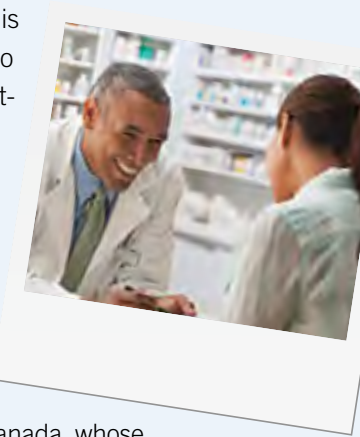
➔ **DMARDs:** Disease-modifying anti-rheumatic drugs used for rheumatoid arthritis.

The pharmacy solution

Canadians with arthritis need expert care and support from health care professionals in the places they live. To that end, The Arthritis Society is embarking on a mission to train a wide variety of front-line workers in effective arthritis management.

We took a big step forward in 2014 by launching an online pharmacist education program. We initially developed the program with McKesson Canada, whose staff at 1,350 Guardian, I.D.A., PROXIM and the Medicine Shoppe pharmacies across the country is now being trained to meet the unique health needs of customers with arthritis.

This program will soon be open to all Canadian pharmacists — making it easier and more convenient for people to receive specialized counsel and therapeutic services right in their neighbourhood, helping them better manage their disease and improving their quality of life.



HOW YOU CAN HELP Tell your family doctor and nursing staff about our Getting a Grip on Arthritis online program — and help spread awareness and understanding of arthritis to health-care professionals across the country. [Visit arthritis.ca/grip](http://arthritis.ca/grip).

#kickarthritis

The Arthritis Society was honoured in 2015 to benefit from a wide variety of community fundraising events. A particularly special one unfolded in Burlington, Ontario, during March — Childhood Arthritis Month.

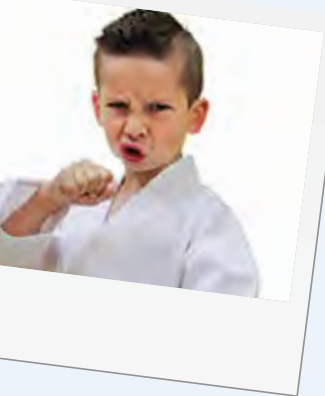
Seven-year-old Ayden Soares is only one year removed from finding out he has juvenile idiopathic arthritis. Since this news, he has turned into a passionate ambassador for

other children with the disease. At teamayden.com, he and his mother Sonja recount their extraordinary fundraising efforts and the reality of what Ayden lives with each day.

Ayden loves taekwondo and, in late March, he and his local club hosted a taekwondo

tournament that raised over \$28,400 for research into arthritis. His courage and spirit shone through in one of the most successful community fundraisers benefiting The Arthritis Society.

“I can’t put a Band-Aid on this and tell him everything is going to be okay,” Sonja says. “But Ayden has inspired a lot of people to do a lot of good. Life is short and precious. Ayden figured that out on his own.”



It’s hard to put into words, but what I experienced at Camp JoinTogether in Nova Scotia helped drastically change how I perceive my own chronic condition. It also re-energized my passion for working to eliminate the stigmas surrounding childhood arthritis. I’ve lived with juvenile idiopathic arthritis for over 18 years, and when I heard about The Arthritis Society’s camp, I leapt at the opportunity to volunteer as a camp counsellor.

I didn’t know what to expect. Not only was it filled with young lives affected by arthritis, the camp was an opportunity to learn more about my own complex chronic condition. I left that first camp as a changed individual.

Now in my 20s and a university student, I often look back on my life with arthritis. From the stigmas of having a disease that wasn’t well known in children, to managing flares to changing medications, I’ve learned how to adapt. It has given me insight and the ability to empathize with others. It’s also shaped my career choices, and impacted my decision to pursue a bachelor’s degree in social work. I want to help youth who face disabilities.

At Camp JoinTogether everyone was open and respectful, a level of empathy born from our

personal journeys with childhood arthritis. In one activity I relayed my own experiences, life events, and challenges to a group of teenagers — prompting them to completely open up about their own arthritis. To hear their stories and provide encouragement and support was both humbling and empowering.

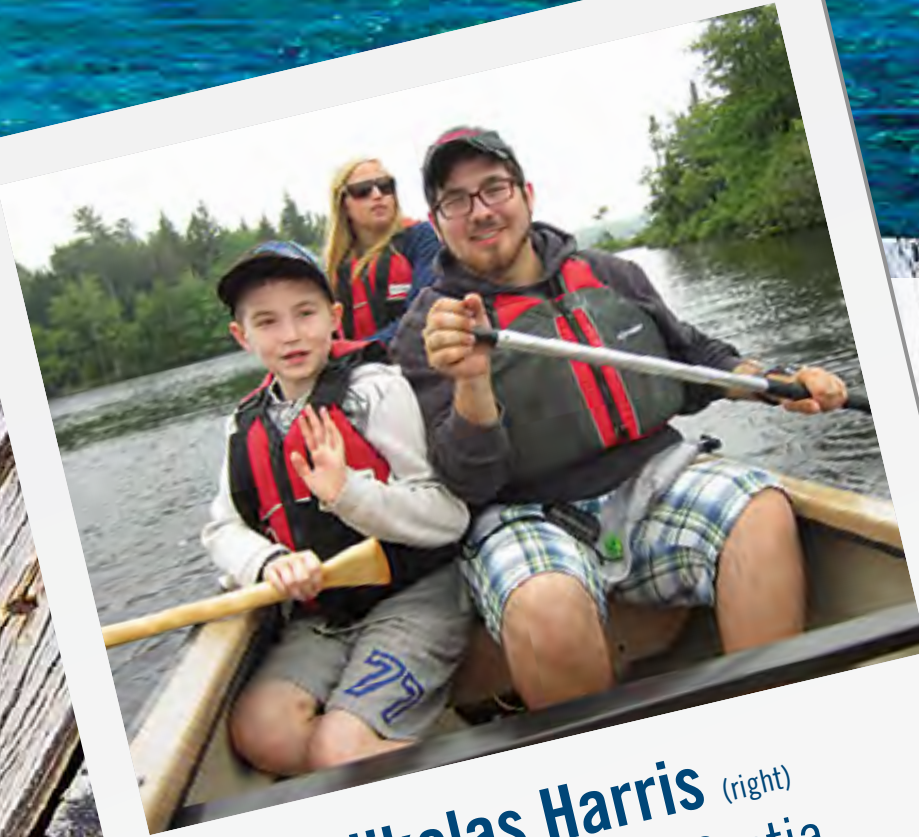
I’ve now volunteered for three consecutive Arthritis Society camps. Watching campers interact, sharing their experiences, never fails to stir my emotions because they are interactions that I never had at their age. And I have a new passion: to create and support programs, events, and opportunities for youth living with arthritis. Volunteering has enabled me to become an advocate for support for the childhood arthritis community, helping boost access to much-needed resources.

The Arthritis Society has helped forge a new dynamic in my life: to share my story and connect with youth who are going through similar experiences as I had.

You can never really outgrow your disability, yet I’ve done my best to live well with childhood arthritis. I hope that I can continue to use my story and my perspective to help others share the details of their lives that are too easily kept inside.



A DAY IN THE LIFE: VOLUNTEER

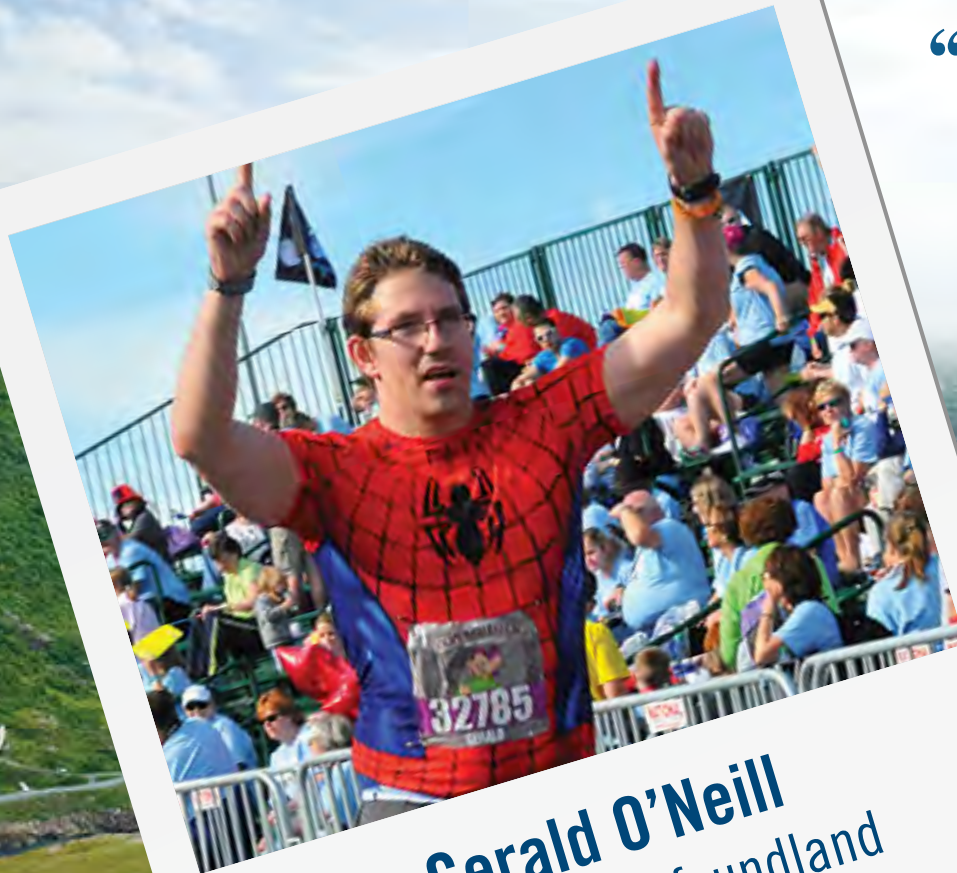


Nikolas Harris (right)
Dartmouth, Nova Scotia

“I didn’t know what to expect... I left that first camp as a changed individual.”

A DAY IN THE LIFE: FUNDRAISER

“Why run 63 km in one weekend for The Arthritis Society? Why did I raise \$26,000? I did it for a girl: my wife, Danielle, who’s had rheumatoid arthritis most of her life.”



Gerald O'Neill
St. John's, Newfoundland

Why run a half marathon for The Arthritis Society? Why run 63 km in one weekend for The Arthritis Society? Why raise \$26,000 for The Arthritis Society? I did it for a girl: my wife, Danielle, who's had rheumatoid arthritis most of her life. She calls it the "invisible disease" — take one look at her and you see a healthy young woman. Danielle hides her pain well.

One day four years ago I signed up for my first "Joints in Motion" run — in Switzerland. The program seemed perfect: raise awareness, fundraise for the charity and get the rare chance to visit another country and represent Newfoundland. At first, that's how I saw it, very black and white. But once I began fundraising, I was hooked. I loved to raise awareness of the critical nature of arthritis research and what The Society does for the community. Within a year, I had reached my goal of \$6,500 with the help of my family, friends and amazing supporters.

In fall 2012, I left for Switzerland and was completely inspired by the staff, participants and everyone involved. Many are now lifelong friends. It took only two days back home to register for a second Joints in Motion run, in Disney the following year.

This time, I wanted to get creative with my fundraising. I did ticket draws, youth dances, and

even offered to shave my head into a mohawk if I could raise \$500 in a week. Joke's on me: once people found out, it only took two days to more than double my goal. With the help of my awesome team, we raised \$5,500 that year, bringing my total to \$13,000.

The more I raised, the more momentum I felt.

The third race was a 10 km run in Jamaica. This time, I wouldn't be going alone: Danielle was going to come and run with me. Sadly, work got in the way and I had to drop out of the trip late in the game — but I was still determined to reach my \$13,000 fundraising goal. I contacted a fellow "JIMMER" — Gloria Pike, from Labrador — and asked her to fill in for me. She gladly accepted and, in December 2014, Gloria and Danielle made their way to Jamaica. I remember speaking with Danielle after the race and hearing just how proud she was of herself. Having felt that same feeling twice before, I was very moved.

To this day I'm an avid supporter and plan to continue fundraising for this cause. I have a lifetime of appreciation for everyone I've met over the years, from staff to volunteers to people living with arthritis. I'm grateful not only for what The Society does, but for the experiences it's given me.

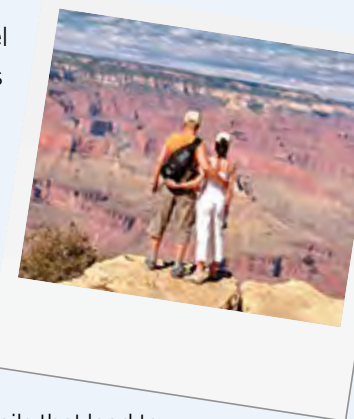
A new adventure

Thank you to everyone who joined Joints in Motion (JIM), a series of fundraising walks, runs and treks that raised \$35 million over a 15-year span. In 2015, JIM reached retirement and, in its place, we embarked on a fresh new adventure fundraising program.

Charity Challenge is a travel expedition group that leads breathtaking trips around the world — involving hiking, biking, skiing, and more — while directly supporting charities. We've had enormous interest in trips announced thus far, from the ancient Inca trails that lead to Machu Picchu in Peru, to the sandstone canyons and stunning waterfalls of the Grand Canyon in Arizona.

These are once-in-a-lifetime journeys... with a purpose. And many more are coming, so check back often!

Visit arthritis.ca/CharityChallenge.



HOW YOU CAN HELP Canadians with arthritis need your support. Put the "fun" in fundraising by turning any event into a charitable one! Barbecues, garage sales, Scrabble tournaments, bowl-a-thons... sky's the limit when you Host Your Own Event. Visit arthritis.ca/hostyourownevent.

A DAY IN THE LIFE: A LIFE CHANGED



Consuelo (Contessa) Benson
Winnipeg, Manitoba

Has it been eight years since that day? After playing golf, I sat down but couldn't get up or walk. Diagnosed with a non-curable autoimmune disease, psoriatic arthritis, plus fibromyalgia.

I was 40 and the difficulties in mobility were overwhelming. I was physically and emotionally drained because of the pain. At work with typing, getting up and down from my chair. At home with grabbing, twisting and holding things. I needed help from my husband and my four-year-old son. Help pouring milk, cutting my food and eating because my jaws were difficult to open.

After trial and errors in medications and visits to the doctor for nine months, I found The Arthritis Society's Winnipeg office.

I was welcomed with open arms as a volunteer to organize the library. I read all the brochures. I followed the self-care programs and services. The arthritis aquatics changed my life, giving me more mobility.

“I was welcomed with open arms as a volunteer... Staff shared their own personal challenges with arthritis. We laughed and cried together. The Arthritis Society gave me hope.”

Society staff shared their own personal challenges with arthritis. We laughed and cried together. The Arthritis Society gave me hope. And I wanted to give back, so I trained to deliver arthritis education programs and presentations. I learned a lot from the people I helped.

I continued managing a travel agency, dealing with flare-ups and setbacks. I educated my staff and others about workplace and arthritis. I joined The Society's divisional advisory board and have served for six years. I support all the fundraising events.

My family has been part of the Walk to Fight Arthritis since the beginning. That 5 km means a lot to me, even if I'm the last one walking. Sometimes it's the cane that gets me to the finish line because in the middle of the Walk, my feet are heavy, like stepping on hard stone, from the heels to the balls. The hips want to give up, my toes feel swollen with pins and needles and, by the end, even my hands are sore.

The Walk is my reminder that I can't take mobility for granted. I was so proud at the 2014 Walk, when my company and team won a fundraising award.

My Filipino community, my family, my doctors, The Arthritis Society Manitoba & Nunavut Division — I'm so thankful for their support.

My life has taken a different direction with arthritis. As a wife and a mother I will never give up. The disease must live with me.

We'd Love to Hear from You!

Do you need advice or information? Have a story to tell? Are you experiencing any issues such as access to medication or remaining productive at work? Looking for answers for a loved one? Do you want to support our efforts through volunteering, fundraising or sponsorships? Want to share your experiences with arthritis to help others?

For any reason — question, concern, suggestion, idea — we'd love to hear from you.

National

Janet Yale, president & CEO: jjale@arthritis.ca

BC & Yukon

Richard Mulcaster, executive director: rmulcaster@arthritis.ca

Alberta & NWT | Saskatchewan

Shirley Philips, executive director: sphilips@arthritis.ca

Manitoba & Nunavut

Lorri Apps, interim division lead: lapps@arthritis.ca

Ontario

Joanne Simons, executive director: jsimons@arthritis.ca

Quebec

Eric Amar, executive director: eamar@arthritis.ca

New Brunswick | Nova Scotia | PEI | Newfoundland & Labrador

Susan Tilley-Russell, executive director: stilleyrussell@arthritis.ca

And join the conversation on Facebook, Twitter and Instagram!

MESSAGE FROM THE TREASURER

Fiscal 2014–15 saw the organization respond to the increasingly challenging financial climate for health charities and implement measures to ensure The Society’s stability and sustainability over the short and long term.

Revenues and expenditures

The distribution of our sources of revenue and our allocation of expenditures, indicated in the adjacent charts, remained steady year-over-year.

From a revenue perspective, we have continued to generate strong returns from our direct response program as well as corporate giving. Nevertheless, The Society experienced a moderate downturn in total revenues and we are striving to diversify our sources of revenue to overcome this challenge and engage new generations of donors.

The Society monitored spending closely throughout the year and responded to declining revenues by scaling back expenses and focusing on mission delivery, which represented 55 per cent of our total spending. We continue to develop and deliver programs that enable us to reach more people and have greater impact, further enhancing the effectiveness of our mission expenditures.

Notwithstanding these efforts, the organization posted a deficit for the 2014–15 year. As a consequence, The Society has implemented further streamlining to ensure a sustainable financial footing for the long term.

Fundraising

The Society spent 36 per cent of its total expenditures on fundraising, comparable to the 35 per cent spent in the previous year. As always, our goal is to continue to improve the efficiency of our revenue-generating activities by growing revenue streams that have a lower relative cost.

While our fundraising expenditures remained relatively constant, the cost-per-dollar raised from these activities is lower year over year. The Arthritis Society continues to be vigilant about cost controls and measures to ensure donor dollars are used in the best way possible.

Risk management

Reporting directly to the volunteer national board of directors, our audit and finance committee (see page 24) provides oversight to The Society’s best-in-class enterprise risk framework. Our risk management protocols are designed to identify, regularly report on, and mitigate any potential threats to the organization in the following areas:

- **Compliance:** How we comply with governing regulations, covering everything from employment to privacy to advocacy to Canada Revenue Agency reporting.
- **Environment:** The context in which we operate, from the sector, policy and fundraising environment to our ability to achieve targets for revenue and cost of fundraising.
- **Finance:** The Society’s solvency, from security of revenue sources to its exposure to fraud, theft or other unexpected liabilities and investment risks.
- **Operations:** Our ability to operate effectively, from IT stability and security to our success in recruiting and retaining qualified staff and volunteers, our physical operations, reputation, awareness, and ability to deliver programs and services.

For each area, we have established clear controls and metrics, accountability for monitoring and reporting according to a set schedule, and a series of mitigating actions available to prevent and/or respond to emergent risks.

Investments

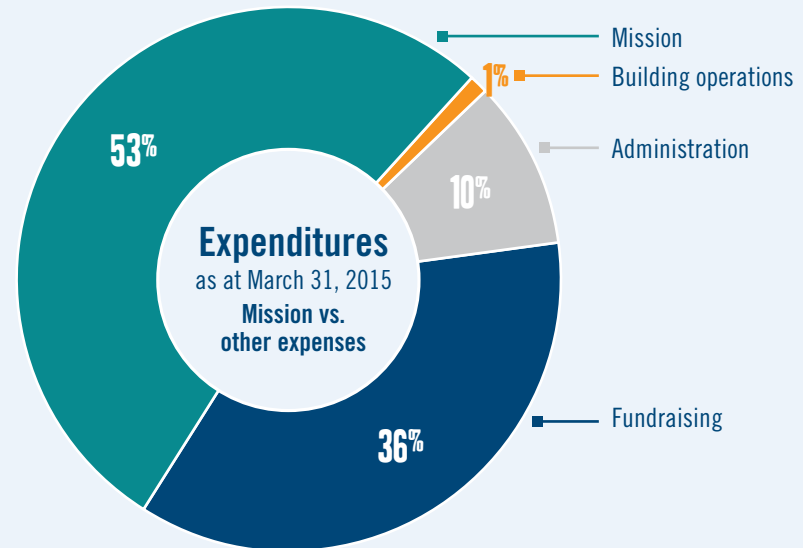
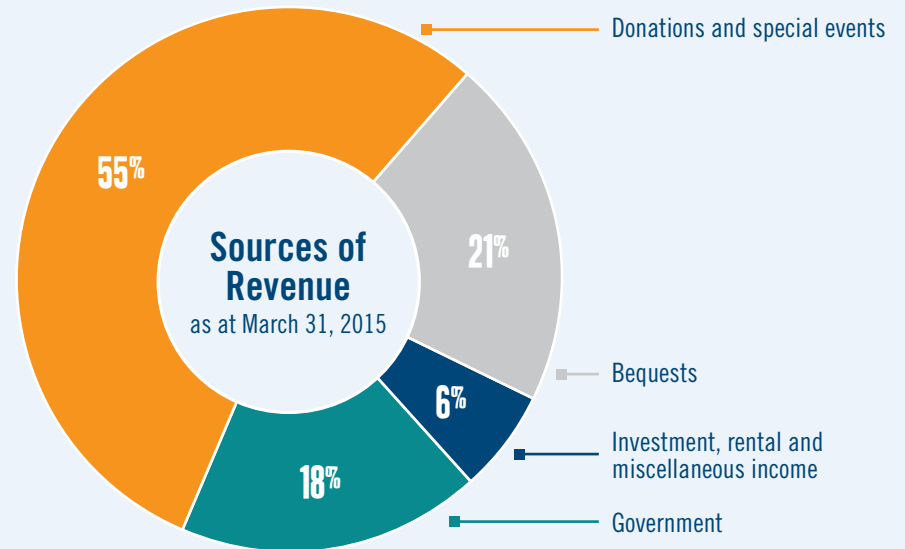
Funds not immediately required for the execution of mission and operations are invested to provide a combination of income and capital gains. The Society retains the services of an investment management firm overseen by the audit and finance committee, with extensive controls in place to ensure funds are managed responsibly according to clear investment principles.

Transparency and accountability

The Arthritis Society is committed to transparency and accountability to our donors for the work we do. To that end, The Society has achieved accreditation by the Imagine Canada Standards Program. Less than one per cent of Canadian charities and non-profits have earned this distinction, which is Canada's highest measure of excellence in board governance, financial accountability and transparency, fundraising, staff management, and volunteer involvement.



Ronald Smith
Treasurer



Full audited financial reports are available for review at arthritis.ca/finances.



The Arthritis Society is accredited by the Imagine Canada Standards Program, Canada's highest measure of excellence for charities and not-for-profits. For more information, visit imaginecanada.ca.

HOW WE WORK

Organization

Our network includes eight divisional headquarters, regional offices in major cities across Canada, and a national office in Toronto. In addition, we have well over 10,000 volunteers who support the important work we do. In 2014–15, we were generously supported by 155,000 individual and corporate donors who gave through direct donations, events, bequests and sponsorships.

NATIONAL BOARD

Drew McArthur, *chair*
Scott Anderson
Jamie Davison
Dr. Brian Feldman
Dr. Sue Furlong
Bill Hartley
Mary Hofstetter
Lisa Hryniw
Rosie Keough
Duncan Mathieson
Lynne McCarthy
Dr. Jason McDougall
Cathy McIntyre
David McIsaac
Darrell Mesheau
Jeffrey Morton
Ken Ready, *past chair*
Kenneth Smith
Ron Smith, *treasurer*
Carmelita Thompson O'Neill
Michael Whitcombe, *honourary solicitor*
Janet Yale, *ex-officio*

NATIONAL EXECUTIVE

Janet Yale, *president & CEO*
Cheryl McClellan, *chief operations officer*
Mary McPherson, *chief development officer*
Joanne Simons, *chief mission officer*

Governance

NATIONAL BOARD COMMITTEES

Executive

“Composed of the chairs of each board committee, we are entrusted with monitoring and guiding the performance of The Arthritis Society and the CEO. We also address urgent matters that arise between board meetings to ensure we achieve our mission.”

— Drew McArthur, *chair*

Dr. Sue Furlong
Mary Hofstetter
Kenneth Smith
Ron Smith
Carmelita Thompson O'Neill

Governance & Nominating

“We oversee the recruitment and succession of the national board, review recommendations for the division advisory boards across the country, and ensure that board policies are monitored and reviewed by the board as required to support effective governance.”

— Ken Smith, *chair*

Drew McArthur
Bill Hartley
Cathy McIntyre
Michael Whitcombe

Audit & Finance

“We fill the critical role of overseeing the financial health and sustainability of The Arthritis Society, monitor The Society's financial reporting, and remain keenly aware of managing and mitigating any risks to our financial health.”

— Ron Smith, *chair*

Duncan Mathieson
Drew McArthur
Lynne McCarthy
David McIsaac
Jeffrey Morton

Revenue Development

“We provide strategic advice and guidance to inspire innovative revenue approaches that connect with the philanthropic nature of Canadians — so that The Society can carry out its mission.”

— Mary Hofstetter, *chair*

Jamie Davison
Drew McArthur
Cathy McIntyre
Darrell Mesheau
Carmelita Thompson O'Neill

Mission

“We oversee all investments in research, programs, services and public policy to ensure that Canadians with arthritis are receiving the best possible benefit of our donor dollars, without which, none of this would be possible.”

— Dr. Sue Furlong, *chair*

Scott Anderson
Dr. Brian Feldman
Cathy Hofstetter
Rosie Keough
Drew McArthur
Dr. Jason McDougall

Scientific Advisory Committee (SAC)

“We advise on matters pertaining to arthritis science and research, ensuring objectivity and a high standard of scientific excellence. We shape the research strategy based on the needs of people we serve and remain committed to delivering a future without arthritis.”

— Dr. Jason McDougall, *chair*

Dr. John Antoniou
Dr. Jeffrey Dixon

Dr. Brian Feldman
Dr. Sue Furlong
Dr. Monique Gignac
Dr. Cheryl Hubley-Kozey
Dr. Sheila Laverty
Dr. John Matyas
Drew McArthur

Medical Advisory Committee (MAC)

“This team of clinicians in rheumatology works with SAC and helps connect the arthritis community and research investments. Representing the health-care provider voice, MAC also ensures that our education, publications, programs and services are accurate, evidence-based and relevant to Canadians with arthritis and their families.”

— Dr. Brian Feldman, *chair*

Dr. Michael Dunbar
Dr. Joanne Homik
Dr. Angela How
Drew McArthur
Dr. Jason McDougall
Dr. Sylvie Ouellette
Dr. Evelyn Sutton
Marlene Thompson



“You can’t control having arthritis. But you can control how you will live with it.”
– Natalie, Edmonton





The Arthritis
Society



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