



*The Arthritis
Society*

SUMMARY IMPACT REPORT 2015–2016



arthritis.ca

THE ARTHRITIS SOCIETY

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 PRESIDENT AND CEO



Without your generous support we could not achieve our mission to provide leadership and funding for research, advocacy and solutions to improve the quality of life for Canadians living with Arthritis.

As I head into my five year mark as President and CEO of The Arthritis Society, I continue to be amazed by the support of our donors, sponsors, volunteers and staff in helping people who realize that living with arthritis is so painful and difficult and who want to change the future. There is no cure for arthritis, a truly painful disease, one that affects my own family, so the level of commitment from our engaged community is very meaningful to me personally.

We know from our expert internal team and the world class medical and scientific contributors to our advisory committees, how pain can erode the quality of peoples' lives. This is why we have made it a focal point in our research funding initiatives. We also have been incredibly active from a policy perspective and excited by the potential medical cannabis plays in alleviating pain.

Ensuring the health care community is fully versed in best practice skills, we convene an annual Clinical Practice Skills for Inflammatory Arthritis program for Physiotherapists, Occupational therapists and Nurses. This specialized group of health care professionals are pivotal in helping people struggling with arthritis manage their daily life with the disease.

Our overall goal is to simply improve the quality of life for Canadians with arthritis, including the ability to continue to work. This year we continued to expand our Joint Matters at Work program across the country. Arthritis is a disease that can also affect children and we successfully conducted a media outreach program for Childhood Arthritis Awareness month.

As the world continues to harness the power of digital, we are very proud to have launched two online programs this year. Our new interactive symptom checker helps people effectively identify their symptoms to their health care team. And we have entered the world of e-learning with an evidenced-based chronic pain management module that provides information, tips and tools to help people living with chronic and persistent pain.

Once again, thank you to our supporters, who are critical to our success.

A handwritten signature in blue ink that reads "Janet".

Janet Yale
jyale@arthritis.ca

2015–2016 Priorities

CURE

Fund discovery research.

CARE

Train health care professionals.

COMMUNITY

Provide information and resources to a broader array of Canadians with arthritis.

MAKE THE FEAR GO AWAY

Brigitte Lafitte

At 55 years old, Brigitte has already had arthritis for more than half of her life. The disease appeared suddenly when she was 22 and her first flare up was overwhelming, to say the least. Her joints were affected by pain, swelling and intense fatigue.

After consulting her doctor, and then a rheumatologist, she had her diagnosis: chronic rheumatoid arthritis.

This disease caused Brigitte to take a lot of medication and by the age of 45, she required double knee replacements.

“Having arthritis taught me to mourn,” she says, “whether it was about the change in my physical appearance or because of the inability to participate in sports or dancing, which I loved. Eventually the disease also affected my professional life.”

However, through all of this, Brigitte is stronger today: she accepts the changes in her appearance and focuses on her positive accomplishments instead of what she can no longer do.

It is often said that a handshake reflects the personality of people. In the case of an arthritic person, a delicate handshake reflects the fear of their pain. Brigitte wants to make that fear go away.



Like many 12-year olds, Rylund enjoys playing hockey, going on hikes, biking, swimming and hanging out with his friends and siblings.

However, there are some days when he struggles with these activities. Days when his ankle, knee, wrist or jaw hurt too much to take part because of arthritis.

“Not a lot of people know about childhood arthritis. Many people think arthritis is an old person disease,” says Rylund, one of more than 275,000 Atlantic Canadians under the age of 65 living with arthritis. “My friends have a hard time with it because they don’t understand. They don’t say much and it’s difficult to explain because some days it is hard to do things, and other days it’s not.”

At two years old, Rylund’s mother noticed he was limping and had a swollen ankle. As is often the case for children with arthritis, the first few trips to the hospital left doctors stumped. Rylund stayed in the hospital, had his leg casted and two months later was diagnosed with juvenile idiopathic arthritis.

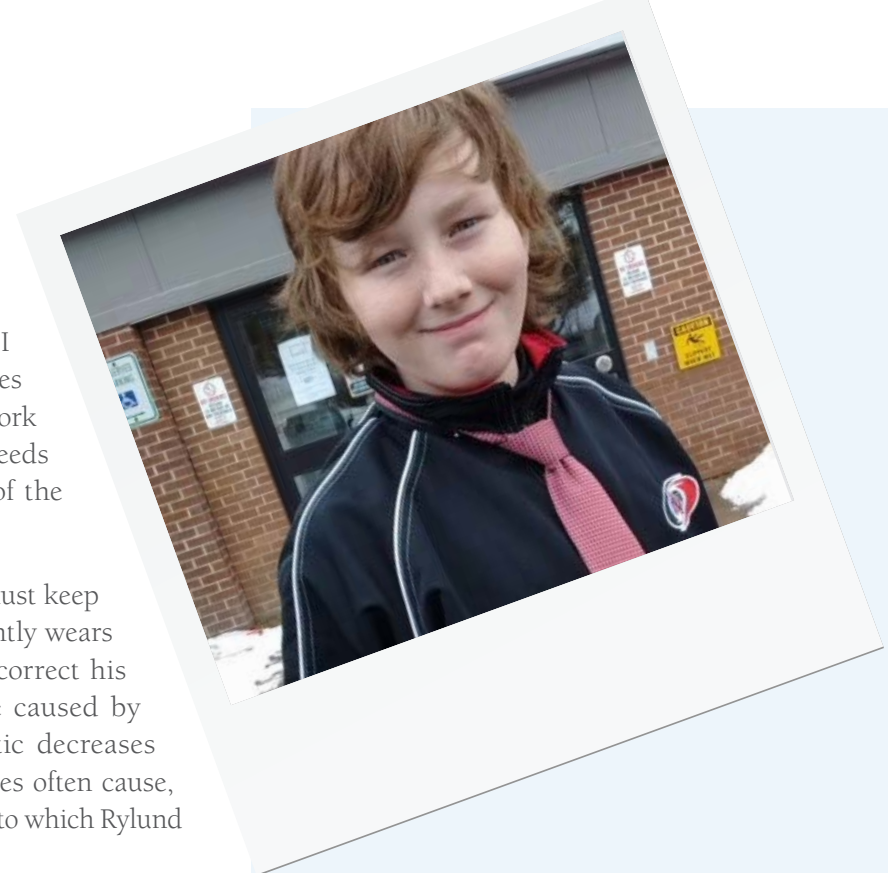
Arthritis, often referred to as an “invisible disease,” causes physical discomfort that cannot be seen but is almost always felt by those living with its chronic pain and other symptoms. Since his diagnosis, arthritis has played a role in most aspects of Rylund’s life. While doctors have been supportive and understanding, finding the right medication has been a challenge.

“Some of my medications affect my liver. Others lower my immune system, so I get sick more quickly than other people do. I have a phobia of needles that I go to a psychologist for. This makes it so I have trouble with blood work and treatments. I also get nosebleeds that are hard to stop because of the medicine I take.”

Even trips to the orthodontist must keep arthritis in mind. Rylund currently wears plastic, removable braces that correct his teeth and combat the damage caused by arthritis in his jaw. The plastic decreases the cuts and scrapes metal braces often cause, lowering the chances of infection to which Rylund is highly susceptible.

As many as 24,000, or three in every 1,000, Canadian children and teens are living with childhood arthritis. The Arthritis Society works to hand back childhood by supporting research, programs and other initiatives specifically targeted to address the challenges facing kids and families affected by childhood arthritis.

“I wish people would understand that we don’t look sick but we are. We need to listen to doctors and take medicine, get blood work done, and have eye exams. These help us stay as healthy as we can be.”



**WE DON'T
LOOK SICK,
BUT WE ARE**

Rylund Scott-Nieforth

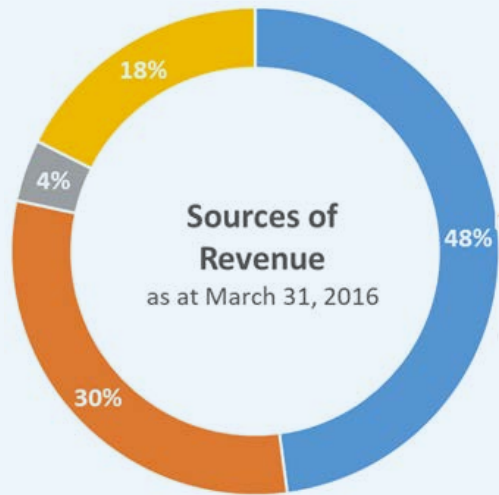
FINANCIAL REPORT

STATEMENT OF FINANCIAL ACTIVITIES

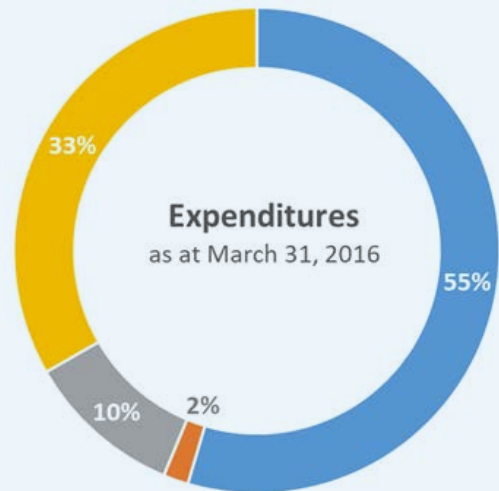
Year ended March 31, 2016, with comparative information for 2015

	2016	2015
	\$	\$
Revenue		
Support from the public:		
Campaigns	14,122,457	15,495,273
United Way	234,884	213,858
Bequests and other planned giving	9,128,117	6,041,971
	23,485,458	21,751,102
Investment, rental and miscellaneous	1,235,091	1,735,096
Support from government departments and agencies	5,256,192	5,252,979
Total revenue	29,976,741	28,739,177
Expenses		
Research	4,689,239	4,731,972
Programs and services	10,815,557	11,960,466
Building operation	473,420	464,829
Administration	2,963,978	3,163,691
	18,942,194	20,320,958
Cost of raising funds from the public	9,461,022	11,220,575
Total expenses	28,403,216	31,541,533
Excess (deficiency) of revenue over expenses	1,573,525	(2,802,356)

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



■ Donations and special events ■ Bequests
■ Investment, rental and miscellaneous income ■ Government



■ Mission ■ Building operations
■ Administration ■ Fundraising



HOW WE WORK

Governance

NATIONAL BOARD

Drew McArthur, *chair*
Lucie Carbonneau
Jonathan Carriere
Dr. Sue Furlong
Bill Hartley
Mary Hofstetter
Lisa Hryniw
Thomas Jedrej
Rosie Keough
Kevork Kokmanian
Jennifer LaPlante
Duncan Mathieson, *treasurer*
Lynne McCarthy
Dr. Jason McDougall
Cathy McIntyre
Darrell Mesheau
Jeffrey Morton
Ken Ready
Kenneth Smith
Ron Smith
Dr. Evelyn Sutton
Carmelita Thompson O'Neill

Michael Whitcombe,
honourary solicitor

NATIONAL EXECUTIVE

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

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*

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*

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*

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*

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*

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*

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. Evelyn Sutton, *chair*

Organization

Our network includes eight divisional headquarters, regional offices in major cities across Canada, and a national office in Toronto. In addition, we have thousands of volunteers who support the important work we do. In 2015–16, we were generously supported by over 150,000 individual and corporate donors who gave through direct donations, events, bequests and sponsorships.

THANK YOU

to our generous donors, sponsors and
volunteers who make all the difference



The Arthritis
Society

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