

July 2022 - June 2023

ANNUAL REPORT

Polio Australia Incorporated

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Polio Australia
Representing polio survivors throughout Australia

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ABOUT POLIO AUSTRALIA

Our Mission

Polio Australia is committed to standardising quality polio information and service provision across Australia for polio survivors.

Our Vision

Polio Australia's Vision is that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed life choices.

Our Values

Polio Australia represents the needs of the post-polio community and works with passion and professionalism to educate, advocate and achieve recognition for polio survivors.

Our Purpose

- Educate and inform polio survivors, their families and carers, and the community at large about the late effects of polio.
- Provide information, education and training to General Practitioners and a range of medical specialists and other health professionals to improve the diagnosis and management of the late effects of polio.
- Facilitate the provision of appropriate and consistent health, disability and aged care support services across all states and territories to improve the treatment and management of the late effects of polio.
- Provide outreach to culturally and linguistically diverse and Aboriginal and Torres Strait Islander polio survivors to ensure their diverse needs are being met in a culturally appropriate way.
- Advise governments on policy development and programs in relation to the late effects of polio.
- Stimulate research into the late effects of polio.
- Assist the state Networks to support polio survivors and their families, friends and carers at the local level.
- Facilitate and encourage the co-ordination and further development of activities within and between the state Networks.
- Support and promote polio immunisation at a national level, and provide assistance to the state Networks to do so at the local level.

PRESIDENT'S REPORT

The year got off to a bright start with our Community Programs for polio survivors and their care giving benefitting for the first time from a Department of Health grant. These Programs, headed up by Devalina Bhattacharjee, bring in-person and virtual education and support sessions to the polio community across Australia over three years. Learning how to live well with the late effects of polio, and learning and sharing about the NDIS and Aged Care systems, are important aspects of this activity. There is a special focus on bringing the education to polio survivors in regional areas.

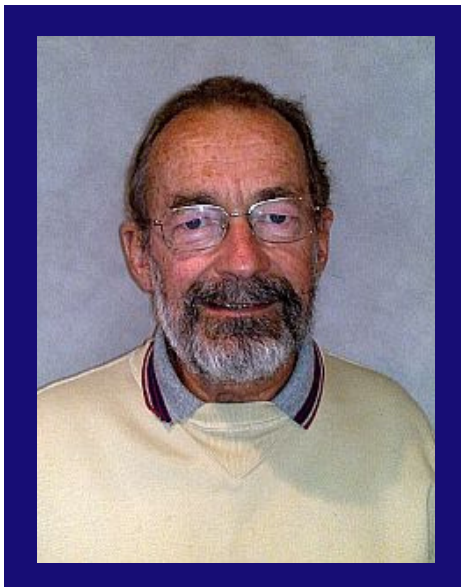


Gillian Thomas OAM

Offsetting the good news, the contract we held with the Department of Health for our Health Worker Education (HWE) Program, conducted by Michael Jackson, concluded on 30 June 2022. Despite our strong, evidence-based and ongoing representations showing the value of this leading-edge Program to clinicians and polio survivors, and the cost benefits to Australia's health system, the funding was not renewed on 1 July, or indeed, throughout the year. To avoid the Program's premature end and maintain its impetus, the Board took the decision to fund it for six months from our own resources while we continued to seek external funding to put the Program on a sustainable footing. However, by early December it was apparent that the funding horizon was not getting any closer. The Board was acutely aware that if the HWE Program ceased at that time, we would not only lose the ability to educate clinicians about the late effects of polio, we would also lose the staff who have the unique experience and expertise to deliver the education. Accordingly, the Board resolved to maintain the Program until the end of the financial year, while we increasingly ramped up our efforts to obtain the necessary longer-term funding.

I urge you to read Michael's comprehensive Report on pages 8 to 15 to learn more of the scope and impact of his activities. The Report shows what can be achieved with a few years' funding support, but there is still much more to do. To this end, the Board is so grateful for the donations from the polio community and others which, together with our hard-earned reserves, enabled us to keep the HWE Program going for a full 12 months after the Department of Health funding ceased. However, as noted in the Treasurer's Report, by year's end the time was rapidly approaching for hard decisions to be made, for nobody's benefit.

In closing, I give my thanks to the Board and the staff for constantly striving to do more with less and for their unwavering commitment to improving health outcomes for Australia's polio survivors. ●



Alan Cameron

TREASURER'S REPORT



The Financial year ended June 2023 represents something of a watershed moment for Polio Australia as we transitioned from two programs fully funded, to only having one funded externally by the Federal Department of Health. The Board determined that the Clinical Practice Workshops were of such benefit to polio survivors that we should continue to fund the program from existing resources whilst we continued to seek external funding. I should note that to date that potential funding has not yet been forthcoming. Inherent in our decision was the view that the purpose of Polio Australia was not to harbour funds for some indeterminate time in the future but to put them to work on programs that could help now, obviously without putting the existence of the organisation at risk. Having made that choice, the responsibility was to minimise the losses that would be incurred.

Looking now to the detailed financial data appended to this report we can report some specific details. Program funding reduced by \$57,724 whilst donations increased by \$20,944, meaning that with other minor variances gross revenue declined by only \$36,764 after adjusting for the Polio SA income which varies year to year but is matched by the corresponding cost.

Expenditure decreased by \$42,241 for the Clinical Practice Workshops and increased by \$43,521 for Community Programs, a net increase of only \$1,280. The net result of these changes was an increase in the annual loss from \$104,719 to \$135,296 - an increase of \$30,577. Over the same period, the Balance Sheet declined from a recorded equity of \$265,951 to \$130,655 reflecting the year end loss.

Clearly this trend is not sustainable, and the Board will be compelled to make major changes early within the coming financial year in the absence of a new, large funding package. ●



Devalina Bhattacharjee

COMMUNITY PROGRAMS REPORT

COMMUNITY ENGAGEMENT

Community Programs have continued as a mix of virtual and in-person sessions this year. This has been a great opportunity to reach some people that might not have been able to attend in-person sessions, due to various personal circumstances.

There were 20 community sessions conducted on Zoom during this period.

This included:

- 12 general chats, open to anyone
- 4 National Disability Insurance Scheme (NDIS) chats, for those in or eligible for the NDIS to share and learn from each other
- 4 My Aged Care chats, for those in or eligible for My Aged Care to share and learn from each other

A total of 22 in-person Late Effects of Polio overview community information sessions have been conducted cumulatively within this period in the states of SA and NSW.

- 8 sessions in ACT/NSW
- 5 in Victoria
- 2 in WA
- 5 in QLD

Our Wellbeing for Polio Survivors and Carers Seminar was held in Melbourne.

The topics of the lectures included:

- Medical and Health Management of the Polio Survivor by Dr. Stephen de Graaff
- Responding Well to the Challenge: How to Live Well with the Effects of Polio by Jenny Koadlow
- Post Polio Exercise by Michael Jackson



Community Development Worker, Devalina, speaking at the Melbourne Seminar

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AWARENESS AND ADVOCACY

Submissions and causes that we completed and supported during this reporting period included:

- Attended DOH's Home Care Packages Webinar
- Attendance and Presented in the Assistive Technology Suppliers Australia (ATSA) Independent Living Expo
- I was in attendance at the Rotary Zone 8 Conference in Canberra
- Attended the NAA meeting in March
- Attended the AFDO Seminar in Melbourne

STATE NETWORK LIAISON

Polio Australia conducted in-person information sessions in WA in collaboration with Polio WA. Sessions were also conducted in NSW in collaboration with Polio NSW. ●





Michael Jackson

HEALTH WORKER EDUCATION PROGRAM REPORT

PROGRAM OVERVIEW

As stated in our numerous attempts to continue Department of Health funding over the last 16 months (Feb 2022 – July 2023): this program had not yet peaked, nor had it recovered from the pandemic effect, and it was not winding down when funding was not renewed in June/July 2022.

Polio Australia has self-funded this program over the last 12 months, however this is unsustainable with existing funding streams for the projected life of the program – another 3 to 4 years.

Funding sources approached/applied for in the FY include:

Type	Source	Applied for	Status
Philanthropic	Perpetual’s IMPACT Program	\$120k program	Unsuccessful
Philanthropic	Balnaves Foundation	\$200k program	Unsuccessful
Pharmaceutical	SANOFI Community Grants	\$10k project	Awaiting outcome
Private	New market investors	\$200k program	Awaiting outcome
Private	EOFY donations from contacts	Open-ended	\$13k
Government	Queensland Health/PHNs EOFY	\$200k program	No response
Crowdfunding	Not compatible		
Under Development 2023-24 FY			
Pharmaceutical	SANOFI Funding Request	\$100k program	Jan 2024 earliest
Pharmaceutical	GSK Funding Request	\$120k program	Jan 2024 earliest

Program operations have persisted successfully during this financial year under the shadow of funding uncertainty, as can be seen in the sections of this document covering workshop activity and other program activities. In the three-month extension period (July-Sept 2023; new FY) final attempts to secure funding are being made while balancing honouring existing workshops, wrapping up projects in motion, and preparing the program for closure should that be necessary (TBD at end of August).

With the impending scenario of the program being closed, a program overview has been assembled. The overview describes the program and its elements in a way that it could be re-established when future funding and support for the program became available, or used as a blueprint for other organisations to implement such a program.

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Following through on end of 2021-22 FY internal recommendations in the final report (#10) to the Department of Health, we:

- Followed up with the 200 recipient hospitals' CEOs where Hospital Kits were sent, with the assistance of Spinal Life Australia via an Aged Care campaign which ran in Q1 2023.
- Altered our Facebook advertising strategy to advertise the program education options rather than just the online workshops to reduce costs and better display the options.
- Have developed a "Matrix for Post-Polio Engagement" document which we now provide to potential hosts and their education staff to increase their and their staff's awareness.
- Automatically add new host locations to the professional register unless declined by the host.
- Continued to investigate flexible modes of learning and planned for their delivery.

Other recommendations in the same report were broader and, in most cases, reflect work-in-progress, such as:

- It is important to reduce the misconceptions of educators and clinicians on the prevalence of polio survivors in Australian communities by providing appropriate professional and university education.
- University pre-clinician audiences should be provided with post-polio education.
- A telehealth clinic for regional polio survivors should be investigated and tested against a traditional in-person metropolitan clinic to enable equitable access to post-polio specialists and condition-specific assessments in regional areas.
- An authoritative consensus statement on exercise with polio survivors is needed.
- Future funding should include a significant component for the publishing and distribution of emerging and revised post-polio documents and resources.

Polio Australia's 2022-2023 Strategic Plan had program targets as follows:

Priority 1: Education of health professionals	Total for FY	Target for FY	Comments
1. Engage in mutually beneficial projects with 4 organisations per year	26	4	Boosted by 19 Melb. GPs receiving a LEOp info pack
2. Educate 600 health professionals via live delivery modes	386	600	62% of target
3. Rating greater than 4 out of 5 for recommendation of CPW via feedback	4.6	4	Remains high however referral-on to peer network is low (chart)
4. Develop and publish 2 profession specific e-learning modules	0	2	On-hold: platform compatibility, consider outsources for assist
5. Publish 12 LEOp media: articles, factsheets, topic videos, HealthPathways	9	12	Good output variety but short of target

GLOBAL POTENTIAL

This program continues to be a one-of-a-kind worldwide. As such, it serves as an education model that could be scaled and implemented internationally with global funding and broader post-polio organisation involvement, given that the issues this program addresses are similarly reported in many countries.

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Funding and plans for post-polio education of this magnitude are not simply pie-in-the-sky. With polio eradication moving towards an endgame, international funders of the GPEI should be notified ([listed here](#); with urgency) of an opportunity to proactively ensure polio survivors worldwide have access to well-informed and equitable health care and have a best chance of maintaining quality of life and ageing successfully. Delays would close doors on this opportunity, as major contributors' reappropriation of existing GPEI funding is undoubtedly in motion. In 2021, GPEI had transition planning budgeted as Objective 4 in their [Financial Resource Requirements](#). Rotary International holds a unique position in this scenario as long-term stakeholders due to their foundational role in establishing End Polio Program in 1985.

Maintaining but gradually redirecting existing GPEI investments towards post-polio education, or scaling back GPEI investing at a slower rate to accommodate post-polio education is more feasible than starting from scratch – particularly when the ask is directly related to the current funding's population of consequence.

The substantial initial action required is to establish a working group of representatives of international post-polio organisations to co-operate to publicise such an ask.

[Note: Locally, Australian Government donations to offshore polio eradication are also likely to be scaled down – these monies could also be diverted to provide extensive onshore post-polio support. Should international support not also be accompanied by at-home support for the same disease at 5% of the cost?]

2022-2023 FY WORKSHOP ACTIVITY

This financial year has seen the workshops return to near pre-pandemic activity for the total number of attendees, beyond for the number of workshops (all three modes) delivered, but still recovering in terms of average attendance.

The current difference in numbers between 2019 and this FY amounts to 3 additional larger audiences being secured with an order of 25+ attendees. This year we had 4 such audiences – three being on our trip to WA. This is achievable by securing workshops with university pre-professional groups and large hospital staff groups – of which there are many still to reach. Concurrently, having 3 more attendees at each workshop already provided would resolve the difference and breach the 500 annual attendees mark.

YEAR	WORKSHOPS DELIVERED	WORKSHOP ATTENDEES	AVERAGE ATTENDEES
OCT 2017 – JUN 2018	33	420	12
JUL 2018 – JUN 2019	36	432	12
JUL 2019 – JUN 2020	29	450	15
JUL 2020 – JUN 2021	22	131	6
JUL 2021 – JUN 2022	36	366	9
JUL 2022 – JUN 2023	42	372	9
<i>Over 6 years:</i>	<i>198 total</i>	<i>2171 total</i>	<i>10 average</i>

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During this financial year three-quarters of the workshops were in-person, reflecting a returning confidence amongst hosts and facilities to bring external educators to educate staff internally. For in-person workshops (travel required) the attendees and costs are as follows:

- Average cost per workshop \$467
- Median cost per workshop \$447
- Average number of attendees 11
- Average cost per attendee \$98
- Median cost per attendee \$32

Five in-person workshops were established but then cancelled due to host-side decision-making. This was primarily due to hosts conceding limited interest and likely won't have an audience. Progressively less disruptions were due to COVID-19 mitigations, and only one reschedule occurred (a TAS remote workshop).

For the first time since mid-2019 workshops were held in-person in Western Australia and the Northern Territory. Tasmania is the only area which has not been set foot on since 2019, however we have several workshops scheduled there in August 2023.

In this FY we reached over 100 clinicians in both NSW/ACT and WA. Our average audience sizes were highest in Vic and WA – these two states circling the Department of Health era target of 14 attendees per workshop.

	Previous FY 2021-22		This FY 2022-23		<i>This FY's average regional attendance</i>	<i>This FY's workshop by region (vs DoH target)</i>
	Workshops	Attendees	Workshops	Attendees		
QLD	7	79	3	27	9	30% (10)
NSW/ACT	5	45	11	105	9	73% (15)
VIC	6	98	3	54	18	30% (10)
TAS	0	0	2*	13	6	40% (5)
SA	7	68	1	9	9	20% (5)
NT	0	0	3	20	7	(with WA)
WA	1	7	9	122	14	120% (10)
ONLINE^	10	69	10	22	2	83% (12)
TOTALS:	36	366	42	372	9	

*Remote teleconference with a clinic staff. ^Zoom sessions, state not defined.

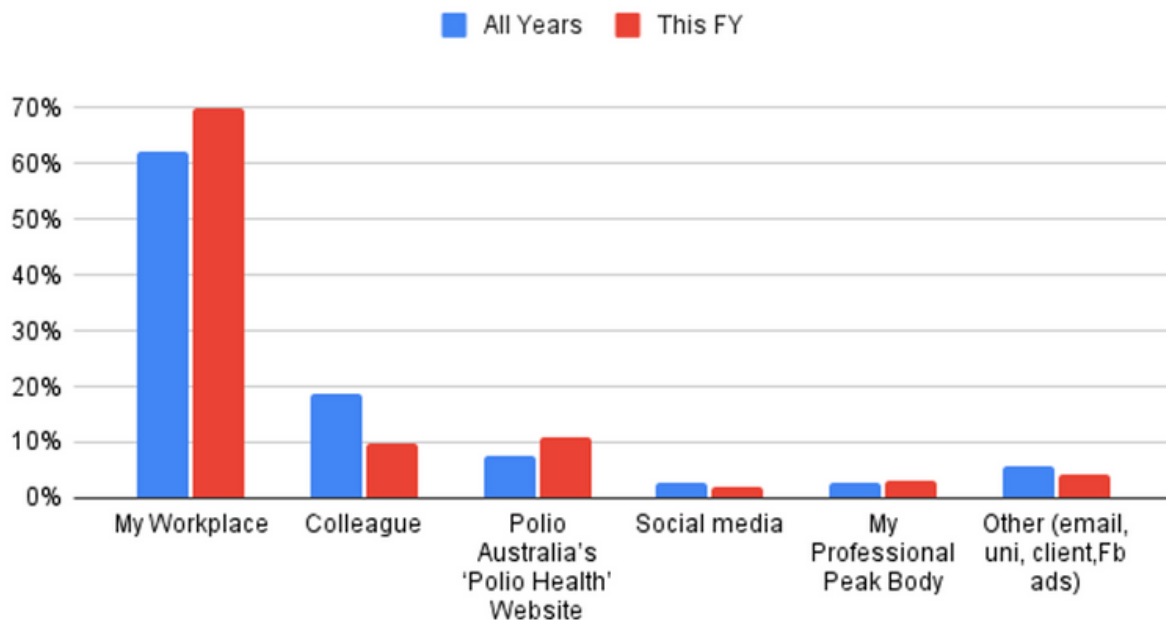
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The monthly online workshop mode of delivery was utilised by fewer clinicians this FY, and as a result the cost per person rose slightly (\$29pp last FY, and \$36pp this FY). However, this was countered and perhaps explained by our online advertising being less specific to this mode and at a lower cost than previously (This FY ads were oriented to all program [education options](#), at \$80/month).

We were able to reach university health students at La Trobe University (34 orthotist students) and interns at Bunbury Regional Hospital (32 junior doctors) with our workshops this year – our two largest audiences. These sessions were facilitated by clinical leaders who understood and championed the value of this topic to their cohorts. This is the primary success variable for penetration of this workshop into facilities Australia-wide.

Referral of our workshop by attendees to their peers in their network appears low, from the feedback we have received about awareness of our workshops. Most attendees find out about the workshop through their workplace – more so this FY as we prioritised outreach to facilities to host the workshop. The response to community-based professional workshops has been almost absent since the pandemic started – these have mostly been cancelled and only one each has shown up at the two most recently offered (in WA). More success is achieved by having a community clinic host open their workshop to allow external clinicians, than to provide a workshop not associated with a clinic or facility.

Workshop Awareness: How did you find out about it?



Social media and peak body advertising (via workshop endorsement) accounts for only a few percent of workshop discoveries; these modes may be reaching interested individual clinicians but not CPD decision-makers (potential hosts) for staff groups. Our website accounts for about 10% of discoveries and so those clinicians motivated to seek post-polio information (likely for a client) are finding and utilising the website.

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71% of all attendees (2020-2023 FYs) stated they intended to take subsequent action on our open-ended feedback question. Those intentions were coded and tallied under the following six themes:

Further Action Intended by Attendees Post-Workshop	
Change habit or environment, apply knowledge	35%
Obtain more information, continue education	29%
Educate others (peers, medical, clients, others)	13%
Advocate for polio survivors and these conditions	10%
Review materials provided in workshop	9%
Join professional register	4%

Those taking action look to immediate and practical ways to apply the information from the workshop, and express a motivation to seek more knowledge. Developing and executing a personal plan to educate others and advocate for polio survivors may be a more challenging action, but these actions are intended by some. In a previous attendee survey, the workshop materials were ranked highest as the resource of reference and so it is unsurprising that review of provided materials is a starting point to reinforce new information – this is a reason we provide the workshop presentation slides to attendees. Few appear to prioritise joining our professional register; we have consistently promoted the register and have a trickle of attendees joining approximately 1 to 2 per month.

WHAT IS THE HEALTH OF OUR WORKSHOP DELIVERY MODE?

The workshops mode of delivery is ideal for education of this type, but it does have its limitations: its scale and thus reach is specialist staff and travel budget dependent; it is at the whim of host and facility decision-making and post-polio awareness; and as workshops occur during work hours for clinicians they can be de-prioritised when immediate care priorities emerge. While workshop delivery is flexible, workshop hosting is quite rigid. Additionally, when a clinician encounters a polio survivor and is seeking immediate insights and answers a workshop cannot provide the on-demand education solutions required. Hence this program has worked to better address that need through resource development and online mode options.

Persisting unawareness of post-polio conditions across Australian society continues to undermine our operations – for workshop outreach, in the Community Information Sessions program, and in our advocacy work as an organisation. A significant injection of several year funding (\$30-100k/yr) simply to educate the public through traditional and social media is required. A large-scale campaign would generate the awareness required to break through the weighty barriers post-polio advocacy endures.

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OTHER PROGRAM ACTIVITIES

On Demand Options

We remain intent on providing flexible on-demand delivery modes – as recommended to support professionals' heutagogical (self-determined) learning. A series of 10 animated videos addressing key post-polio questions is near-production. The eLearning modules planned for several clinical disciplines has been delayed due to platform compatibility and outsourcing considerations; these need resolution to move forward.

HealthPathways – LEOp Pathways

HealthPathways act as region-specific databases of pathways. Each pathway covers a health condition's guidelines, practices, management and local referral information, as well as patient resources. Clinicians see it as an online and accessible way to use evidence-based care. Having LEOp pathways listed increases the chance local clinicians will do no harm and avoid known risks - if at first they are aware of the conditions.

In communications with HealthPathways over the FY we have established that there are now 4 LEOp pathways that have been published across Australia: Melbourne, Tasmania, Metro South (Brisbane) and the Northern Territory. The Northern Territory LEOp Pathway was developed independently of any Polio Australia input.

In NSW, Central Sydney is developing a pathway which is anticipated to be shared amongst the other NSW HealthPathways (which also cover the ACT). This may take a year or two to achieve in NSW/ACT, but this would make a LEOp pathway available to the clinicians of the 8.7 million people living there. Victorian HealthPathways responded to our outreach and explained that they would likely adopt/adapt the Melbourne HealthPathway, to which they recognise we contributed.

Should all of NSW and Vic adopt a LEOp pathway, together with the existing pathways in Qld/TAS/NT, topic coverage for clinicians working with 16 million of Australia's 26 million population would be achieved. This means that 61% of Australians would then live in an area where clinicians could easily access and apply curated and practical information on LEOp.

Regions needing continued enquiry, offers of assistance and guidance from this program's staff include:

- Qld 4.4 million 12 HealthPathways
- SA 1.8 million 1 HealthPathway
- WA 2.8 million 1 HealthPathway

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We could target the latter 2 HealthPathways to cover a further 4.6 million people, or, target Queensland's 12 to cover the remaining 4.4 million. It's not that simple though: pathway priorities, development and revision loads, and the capacity, interest and responsiveness of HealthPathways staff are key constraints and often unpredictable. Adoption may be piecemeal across Queensland, despite it reportedly having a more cohesive structure. We thus approach them all on a rolling basis, keeping the topic annually resurfacing for them.

LEoP/PPS Data and Guideline Projects

We have several projects at various stages related to advancing the understanding of the post-polio population, in partnership with those in our Post-Polio Working Group (Dr Tim Lathlean, Dr Nigel Quadros, Lillian Drummond, and Michael Jackson).

Australian Institute of Health and Welfare (AIHW) Hospitalisation Data Project: Requested 10-year data from the AIHW and recent public data on the hospitalisation of polio survivors is being analysed to provide a description of the hospitalisation of polio survivors across Australia. By the end of the FY we had reached a point of having roughly half of the manuscript written on this topic; over the coming months we intend to complete and publish this paper.

Sarcopenia in Ageing Polio Survivors: This is a paper based on a pilot study that was designed and implemented by Dr Nigel Quadros several years ago. We have assisted with proofing and revisions; this is yet to be published.

Exercise Consensus Statement, by Delphi Method: This is a long-term project which the Post-Polio Working Group has been grappling with for numerous years. Currently there is a dearth of authoritative statements and published guidelines on this topic. This leaves clinicians who prescribe exercise to polio survivors in a knowledge and confidence vacuum. The [effects of exercise on polio survivors](#) systematic review and meta-analysis published in 2021 served as a baseline reference regarding the use of exercise as a health intervention for polio survivors. In Northern Europe, similar working groups have been publishing research on exercise, and are currently completing an update on [their Cochrane Review](#) from 2016. With these in place, and a rapid review of recent post-polio exercise research, we aim to initiate consultation of worldwide experts using the [Delphi method](#) to produce a consensus statement on exercise for polio survivors. (Polio Australia currently orients clinicians to an [exercise document](#) developed by the program which provides research-aligned advice.)●



Paulette Jackson

ADMINISTRATIVE REPORT

Administrative Support

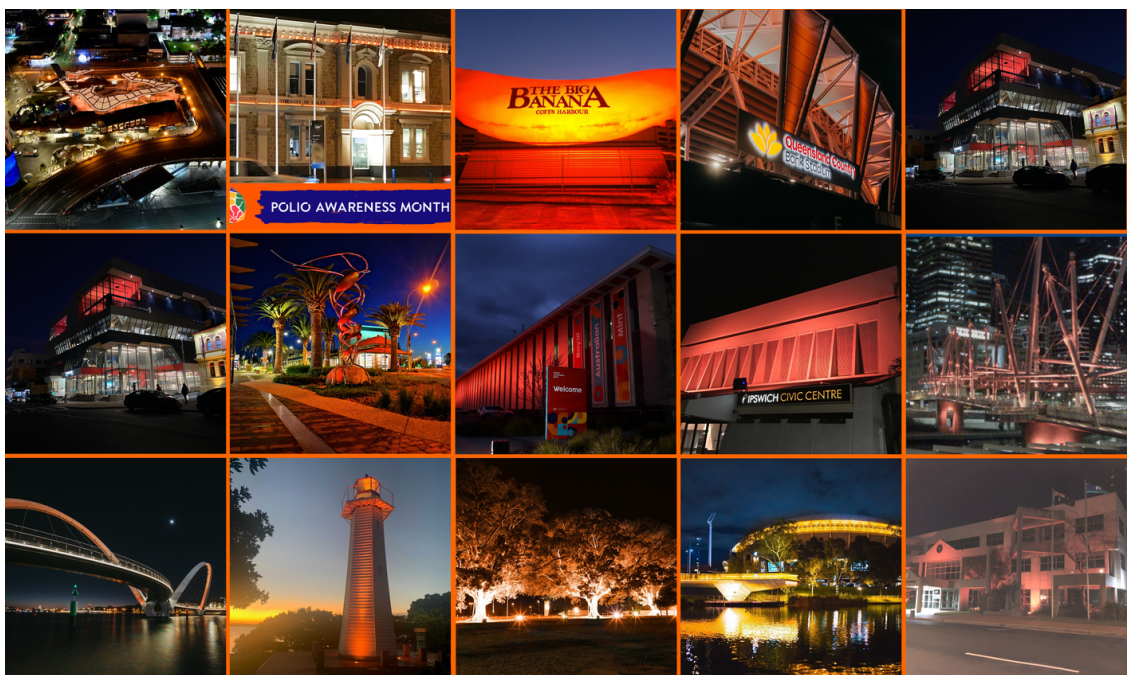
As administrative officer, I support the Clinical Education and Community Development programs. This year, in addition to regular administrative duties, I compiled data from the South Australia Telehealth Clinic Survey, packaged up post-polio resource kits to be mailed to health organisations across Australia and reconciled the data points on our map of polio survivors with our Australian Polio Register data.

2022 Polio Awareness Month

The theme for this year's Polio Awareness Month was: *Polio Survivors - Still Here, Resilient and Fighting On*. Our aim was to highlight the strength and perseverance of our Australian polio survivors by allowing them opportunities to share their personal experiences with polio as well as how they persevered throughout facing challenges from the disease. Through this campaign, we honoured and celebrated their resilience and determination.

In addition, Polio Australia organised a illumination campaign to raise awareness for Polio Awareness Month and recognise our Australian polio survivors. Thirty-eight landmarks throughout Australia were lit up in orange to draw attention to the cause throughout October.

Polio Australia also organised a special day for health professionals and polio survivors to wear orange and increase visibility around the issue. ●



STRATEGIC PLAN

As part of Polio Australia's Strategic Plan, five priorities were identified, with a total of 22 targets set for 2022-2023. The team successfully achieved 15 of these targets. There were seven targets that were not achieved for this financial year. These include:

- **Priority 1, Target 2** – not met due to cancelled workshops and unsuccessful conversions.
- **Priority 1, Target 4** – not met due to funding priorities and project sequencing regarding module development.
- **Priority 1, Target 5** – not met due to funding priorities.
- **Priority 2, Target 3** – not met due to cancelled sessions because of low number of bookings and difficulty securing venues.
- **Priority 4, Target 1** – not met, however Polio Australia participated in Neurological Alliance of Australia and AFDO statements.
- **Priority 5, Target 3** – not met, still exploring funding options.
- **Priority 5, Target 5** – not met due to capacity limitation to offload administrative tasks to organise, plan and attend educational sessions. ●

Strategic Planning Reporting 2022 - 2023	
July 2022 - June 2023	
	Status
Priority 1: Education of health professionals	
1. Engage in mutually beneficial projects with 4 organisations per year	Met
2. Educate 600 health professionals via live delivery modes	Not Met
3. Rating greater than 4 out of 5 for recommendation of CPW via feedback	Met
4. Develop and publish 2 profession specific e-learning modules	Not Met
5. Publish 12 LEOp media: articles, factsheets, topic videos, healthpathways	Not Met
Priority 2: Education of polio survivors	
1. Add 4 posts per week on social media	Met
2. Add 50 new polio survivors to Salesforce database	Met
3. Conduct 30 outreach activities (80% in regional)	Not Met
4. Engage with 600 polio survivors and carers	Met
5. Conduct 15 virtual sessions annually	Met
Priority 3: Partnerships	
1. Linkage with 1 relevant organisation per month	Met
2. Engage with community groups for Polio Awareness Month	Met
3. Engage volunteers in programs and resource development	Met
Priority 4: Advocacy	
1. Publish 2 advocacy position statements	Not Met
2. Attend 5 or more alliance meetings	Met
3. Meet with MPs in Canberra or their jurisdictions	Met
4. Engage with media to promote CIS	Met
Priority 5: Future-proofing	
1. Apply for at least 2 grants to fund organisation operations	Met
2. Two donation request and four bequest request	Met
3. Secure ongoing funding for CPW Program	Not Met
4. Fundraising strategies - Establish 1 revenue stream annually	Met
5. Upskill staff through provision of professional development	Not Met

A SPECIAL THANK YOU TO OUR DONORS, SPONSORS & GRANT ORGANISATIONS

We would like to thank our donors, sponsors, and grant organisations for their unwavering support. It is your generous contributions that make our programs possible, and we are extremely grateful for your ongoing support.

Major Donors:

- Merle Ball
- Marcus Besen
- Rohan Clark
- Ann Crawford
- J Dubsky
- Michael Evans
- Margaret Head
- Margery Kennett
- Margaret Knowlden
- Seema Padencheri
- Dusty Peck
- Planning Partners Pty Ltd
- River Birch Foundation
- Dorothy Robinson
- Graeme and Joan Smith
- Dr John and Pam Tierney
- Estate of late Awdry Georgina Wells

Monthly Donors:

- Jill Burn
- Patricia Hill
- Maryann Liethof
- Liz Telford
- Gillian Thomas

Major Sponsorships and Grants:

- Federal Department of Health
- Bunnings Warehouse
- Rotary Club of Brisbane Public Ancillary
- Rotary Club of Geelong East
- Rotary Club of Geelong East
- Rotary Club of Jindalee
- Rotary Club of New Farm
- Rotary Club of Port Fairy Inc



POLIO AUSTRALIA BOARD MEMBERS



Gillian Thomas OAM
President

Representing NSW and ACT polio survivors through Polio NSW



Gary Newton
Vice President

Independent, rather than State representative, Board Member



Maryann Liethof CF
Secretary

Independent, rather than State representative, Board Member



Alan Cameron
Treasurer

Representing NSW and ACT polio survivors through Polio NSW



Arthur Dobson
Board Member

Representing Tasmanian polio survivors



Ross Duncan
Board Member

Representing Qld polio survivors through Spinal Life Australia



Peter Freckleton
Board Member

Representing Vic polio survivors through Post Polio Victoria



Ian Holding
Board Member

Representing WA polio survivors through Polio WA



Jenny Jones
Board Member

Representing WA polio survivors through Polio WA



Andrew Kyprianou
Board Member

Representing SA polio survivors through Polio SA



Sue Mackenzie
Board Member

Independent, rather than State representative, Board Member



Billie Thow
Board Member

Representing Tasmanian polio survivors



Bev Watson
Board Member

Representing Vic polio survivors through Polio Network Victoria



Noel Will
Board Member

Independent, rather than State representative, Board Member

POLIO AUSTRALIA'S AUSTRALASIAN CLINICAL ADVISORY GROUP



Professor Robert Booy
Infectious Disease Specialist
NSW, Australia



Ann Buchan OAM
Neurological Physiotherapist (retired)
SA, Australia



Yvonne Cohen
Speech Pathologist
VIC, Australia



Professor William Cumming AM
Orthopaedic Surgeon
NSW, Australia



Denise Currie
Coordinator,
Polio Services Victoria
VIC, Australia



Dr Melissa Day
Clinical / Health Psychologist
QLD, Australia



Dr Stephen de Graaff
Rehabilitation Physician
VIC, Australia



Lillian Drummond
Physiotherapist
New Zealand



Anne Duncan
Clinical Nurse Consultant
VIC, Australia



Gordon Jackman
Duncan Foundation
New Zealand



Dr Natasha Layton
Occupational Therapist
VIC, Australia



William Levack
Associate Professor of Rehabilitation and
Academic Head of the Rehabilitation
Teaching and Research Unit
New Zealand



Melissa McConaghy
Neurological Physiotherapist
NSW, Australia



Dr Graham McGeoch
General Practitioner
New Zealand



Dr Peter Nolan
General Physician
QLD, Australia



Melinda Overall
Nutritionist
NSW, Australia



Dr Gareth Parry
Neurologist
New Zealand



Dr Nigel Quadros
Rehabilitation Physician
SA, Australia

POLIO AUSTRALIA TEAM



Gillian Thomas OAM
President & Business Manager



Devalina Bhattacharjee
Community Development
Worker



Michael Jackson
Clinical Health Educator



Shylie Little
Finance Officer



Paulette Jackson
Administrative Officer



Maryann Liethof CF
Volunteer Editor, Polio Oz News

FINANCIAL REPORT 2022 – 2023

POLIO AUSTRALIA INC BALANCE SHEET AS AT 30 JUNE 2023

	2023 \$	2022 \$
<u>CURRENT ASSETS</u>		
OPERATING ACCOUNT	180	14,311
CASH RESERVE ACCOUNT	42,720	231,185
CASH RESERVE ACC (DOH GRANT – COMMUNITY PROGRAMS)	20	130,001
CASH RESERVE BONUS ACCOUNT	-	3
POLIO EDUCATION ACCOUNT	-	23,088
TERM DEPOSIT	250,000	-
TERM DEPOSIT	-	15,952
	-----	-----
<i>TOTAL CURRENT ASSETS</i>	292,920	414,540
	-----	-----
TOTAL ASSETS	292,920	414,540
<u>CURRENT LIABILITIES</u>		
GRANT IN ADVANCE (DOH COMMUNITY PROGRAMS)	151,057	130,000
CREDIT CARD BILLING ACCOUNT	(964)	-
ANNUAL LEAVE PROVISION	6,286	-
GST LIABILITY	(1,164)	8,401
PAYG PAYABLE	7,050	8,434
SUPERANNUATION PAYABLE	-	1,754
	-----	-----
<i>TOTAL CURRENT LIABILITIES</i>	162,265	148,589
	-----	-----
TOTAL LIABILITIES	162,265	148,589
	-----	-----
NET ASSETS	130,655	265,951
<u>ACCUMULATED FUNDS</u>		
PRIOR YEAR SURPLUS (DEFICIT)	265,951	370,670
CURRENT YEAR SURPLUS (DEFICIT)	(135,296)	(104,719)
	-----	-----
BALANCE AT YEAR END	130,655	265,951

POLIO AUSTRALIA INC
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
<u>INCOME</u>		
MEMBERSHIP SUBSCRIPTIONS	300	700
POLIO SA CONTRIBUTION (SA STAFF)	41,005	26,165
GRANT (DOH CLINICAL PRACTICE WORKSHOPS)	-	156,667
GRANT (DOH COMMUNITY PROGRAMS)	108,943	-
GRANT (DISABILITY CONFERENCE)	-	10,000
DONATIONS		
GENERAL	50,301	29,597
ROTARY CLUBS	5,750	5,510
	56,051	35,107
INTEREST	2,612	120
ADVERTISING	800	600
PRESENTER'S FEE	-	2,250
SALES	140	140
GST ROUNDING	2	1
CONTRA	-	27
	-----	-----
TOTAL INCOME	209,853	231,777
	-----	-----

EXPENDITURE

SECRETARIAT		
SALARIES	13,500	17,234
SUPERANNUATION	1,418	1,717
WORKERS COMPENSATION INSURANCE	159	159
ACCOUNTING	703	-
AUDIT FEES	1,320	-
BANK CHARGES	303	190
BOARD EXPENSES	457	488
CONTRA	27	-
DUES & SUBSCRIPTIONS	214	305
INSURANCE	-	955
MISCELLANEOUS EXPENSES	1,785	2,804
PROVISION FOR ANNUAL LEAVE	6,286	-
PUBLICITY	-	1,765
PUBLIC RELATIONS (ROTARY)	636	-
RECRUITMENT	-	425
REFUNDS	1,782	10,000
WEBSITES	775	785
	29,365	36,827

POLIO AUSTRALIA INC
INCOME AND EXPENDITURE STATEMENT (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
EXPENDITURE (CONTINUED)		
HEALTH WORKER EDUCATION PROGRAM		
SALARIES	118,970	116,432
SUPERANNUATION	12,456	11,649
WORKERS COMPENSATION INSURANCE	452	586
TRAVEL EXPENSES	15,673	12,187
PROGRAM EXPENSES	4,328	53,266
	151,879	194,120
COMMUNITY PROGRAMS (DOH FUNDED)		
SALARY	76,139	-
SUPERANNUATION	8,030	-
WORKERS COMPENSATION INSURANCE	452	-
INSURANCE	970	-
RENT (STORAGE FACILITY)	1,407	-
SESSION ADVERTISING	4,146	-
SESSION EXPENSES	4,960	-
VENUE HIRE	1,117	-
TRAVEL EXPENSES	9,443	-
OTHER PROGRAM EXPENSES	2,279	-
	108,943	-
COMMUNITY EDUCATION ACTIVITIES		
SALARY	2,649	65,445
SUPERANNUATION	278	6,544
WORKERS COMPENSATION INSURANCE	-	395
CAIRNS POLIO CONFERENCE	10,000	-
PROGRAM EXPENSES	1,030	6,995
	13,957	79,379
POLIO SA COMMUNITY & MEMBERSHIP		
SALARY	37,108	23,439
SUPERANNUATION	3,151	2,344
WORKERS COMPENSATION INSURANCE	746	387
	41,005	26,170
TOTAL EXPENDITURE	345,149	336,496
NET SURPLUS (DEFICIT)	(135,296)	(104,719)



Polio Australia

Representing polio survivors throughout Australia

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www.polioaustralia.org.au

www.poliohealth.org.au

www.stillhere.org.au

www.australianpolioregister.org.au

www.polioaustralia.org.au