Policia Australia Representing polio survivors throughout Australia

Polio Australia Board and Staff



Annual Report 2020-2021

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POLIO AUSTRALIA'S MISSION, VISION, VALUES AND PURPOSE

Dur Mission

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

Dur 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.

Dur 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



President and Business Manager

Like many organisations, Polio Australia increasingly conducted our operations online this year due to COVID-19 pandemic constraints. Not only did the Board meet via video conferences, but we also maintained connections with the polio and health professional communities through social media posts, videos, live streaming and Zoom chats. Diversifying our ways to provide information and support and thereby outreaching more broadly has been the silver lining of the pandemic.

With parallels being drawn between the pandemic and previous polio epidemics, many opportunities to engage with the media came our way this year. For example, I was invited to participate in an episode of the ABC Radio Big Ideas program "Vaccines and viruses: a history of pandemics", fittingly broadcast at the start of October's Polio Awareness Month. Also in October, I co-wrote an Op-Ed with Sarah Meredith, Australian Country Director at Global Citizen, on polio eradication and the need to keep supporting polio survivors – because we are "still here"!

At the November Annual General Meeting (held via Zoom) we welcomed two new members to the Board: Helen Leach, representing Polio SA, and Ian Holding, representing Polio WA. There were also some Executive changes: Gary Newton was elected as Vice President, and Maryann was elected as Secretary. Following the AGM, we heard from our National Patron, Michael Lynch AO CBE, who brought the Board up to date on his promotional endeavours on our behalf.

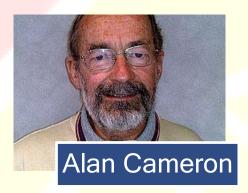
On the Team front, we farewelled our Resource Manager, Darlene Felsch, in December on the conclusion of her contract. Darlene worked with us from August 2019 and was a great help in setting up a number of policies and procedures in both finance and human resource management, as well as providing secretariat services to the Board and assisting with funding proposals.

At the end of 2020 we closed the Kew office which had been the workplace of our Victorian team for 11 years. With Maryann's retirement and Darlene's contract complete, Steph Cantrill is currently our only team member in Victoria. Everyone had been enjoying the convenience of working from home during the pandemic so it made sense to save the rent dollars and put them to better use in support of our programs.

By January we were hopeful that the Team could get back to our core activities – travelling the country to deliver education and information on the late effects of polio to health professionals and polio survivors and their families. Although the COVID-19 vaccine roll-out was on the horizon, forward planning continued to pose challenges, and with local outbreaks meaning borders could snap shut on a seeming moment's notice, the possibility of Team members being trapped in, or out of, their home state remained very real.

We received some wonderful news when the Federal Budget was delivered in May – included was funding to enable our valuable community programs to continue. The \$421,400 grant over 3 years (commencing during 2021/22) will go a long way towards helping us reach unconnected polio survivors and continue to provide resources and information for the polio community across the country. Using stories and statistics from the community programs we have conducted over the last three years - information sessions, resource development and online engagement - we were able to clearly articulate the ongoing importance of this work. In this regard, we acknowledge and thank Jill Pickering who has funded our community programs to date. Without Jill's generosity and vision, the government funding would not have been achieved.

TREASURER'S REPORT



Treasurer

Financial Report 2020/2021

FY 20/21, whilst still obviously hugely impacted by Covid 19, has seen the organisation reach a position of relative financial stability. Our 2 key service delivery programs - Clinical Practice Workshops and Community Engagement Program, will now have contracted funding through the Federal Government through the Dept of Health and Dept of Regional Health respectively. In turn that allows us to fund the day-to-day operations of Polio Australia through income raised from individual donations and grants received from philanthropic bodies and from bequests. That is a significant change from the position reported in previous years and is hopefully a sign of things to come. I reported last year that the Board was working assiduously to find funding for core operations and this year those efforts were successful. Of course, now is not a time to rest on that result but rather a time to consolidate our position with further hard work.

Turning now to the specifics of the result, I can report that without JobKeeper and Cash Boost,

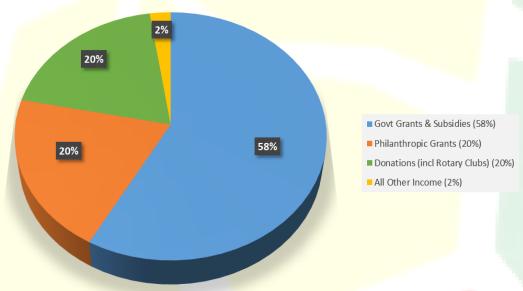
Polio Australia would have recorded an operating surplus of approximately \$66,000 on revenues of around \$367,000, with expenditure of \$301,000. This compares directly with 2019-20 where revenue was \$354,000 and expenditure \$436,000, on a like-for-like basis excluding JobKeeper and Cash Boost, resulting in a nominal loss of \$82,000. By any measure that is a significant improvement. The reduction in expenditure came about through restructuring moves which resulted in the closure of the fulltime office in Kew, Victoria and a move to a joint office with Polio NSW in Parramatta. That along with some reduced staff hours due to the difficulty of delivering some services because of Covid travel restrictions, and the loss of one permanent staff member were the prime reason for the reduction in expenditures. Most staff are now able to work from home, which has proven to be most satisfactory.

Our thanks go to all the staff who have toiled through these difficult times and have helped transform the organisation.



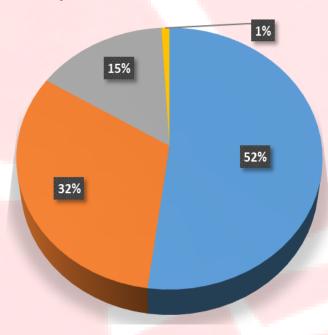
Financials

Polio Australia Income Sources 2020/2021



Polio Australia Expenditure 2020/2021





PROGRAM REPORTS: ADMINISTRATIVE SUPPORT & POLIO AWARENESS MONTH



Administration Officer

Polio Awareness Month

During 2020, we celebrated our tenth year of Polio Awareness Month campaigns. The theme for 2020 was Past Pandemic Survivors, and polio survivors were encouraged to share their stories through our Still Here website as well as on social media. The team also organised a "treasure hunt" contest where polio survivors were challenged to find other polio survivors who were not already connected to their local state networks. Two winners of this contest both received \$250 Bunnings gift vouchers. Polio Australia also recognised World Polio Day through an online event with Global Citizen.

Clinical Practice Workshop (CPW) Support

As Administrative Officer for the Clinical Educator, I am responsible for:

- Booking events
- Promoting on social media
- Acting as online moderator for Zoom CPW sessions
- Sending professional development certificates
- External outreach to local clinics/facilities
- Updating our Polio Health website
- Assisting with biannual email campaigns
- Maintaining the Health Professional Register

Other projects completed this year include:

- Establishing a list of universities for the Clinical Educator to use as potential sites for future workshops
- Assisting with obtaining endorsements for our CPWs from various professional organisations:
 - Exercise and Sports Science Australia
 - Australian Primary Health Care Nurses
 Association
 - Australian Orthotic Prosthetic Association
 - Australian Nursing & Midwifery Federation
- Assisting with the design of an informational pamphlet for theatre nurses regarding post-polio syndrome and surgical precautions

General Administrative Support

In addition to providing support for clinical practice workshops, I also provided general office support. This included:

- Recording meeting minutes
- Updating our websites as needed
- Assisting with social media
- Designing email templates
- Merging duplicate contacts in Salesforce
- Creating electorate campaign lists
- Sending out donor thank you cards
- Uploading journal articles
- Creating user guides for various administrative procedures
- Developing an onboarding checklist and welcome letter for new Board Members



PROGRAM REPORTS: COMMUNITY INFORMATION, ADVOCACY AND ENGAGEMENT



Community Programs Manager

Community Programs have continued in a fully online capacity this year due to the ongoing COVID-19 situation. While this isn't ideal, it has been a great opportunity to reach some people that might not be able to attend in-person sessions, and to connect the polio community across the country.

Community Engagement

There were 21 community sessions conducted on Zoom during this period. This included:

- 9 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
- 8 webinars, all but 1 featuring an external speaker

Webinar topics during this period were:

- Nutrition and the Immune System with Melissa Overall, a member of Polio Australia's Australasian Clinical Advisory Group (PA's CAG)
- Polio NZ and first-hand experience with Gordon Jackman, polio survivor, CEO Duncan Foundation
- Core and Postural Muscles with Lillian Drummond, a member of PA's CAG
- Living with Assistive Technology with Peter Willcocks, polio survivor, and Natasha Layton, a member of PA's CAG
- Q and A session with Dr Stephen de Graaff, a member of PA's CAG
- Aged Care Q and A with My Aged Care representatives
- Late Effects of Polio overview, which I conducted
- Self-Advocacy with Liz Telford, polio survivor

In addition, we continued to engage the community through our Facebook groups and page, through regular email contact, and by the introduction of a Polio Australia blog page.

Awareness and Advocacy

I have been pleased to act as Polio Australia's representative in the Assistive Technology for All Alliance (ATFA), Neurological Alliance of Australia (NAA), Australian Federation of Disability Organisations (AFDO) and Chronic Illness Alliance.

Submissions and papers that we completed or contributed to during this reporting period included:

- Position Statement on improved aged care services for people with progressive neurological conditions (with NAA)
- Submission to the National Construction Code Consultation Regulation Impact Statement
- Media release to call for an end to exclusion of over-65s from NDIS
- Submission to the Disability Royal Commission (with ATFA)
- Response to Issues Paper on Promoting Inclusion as part of Disability Royal Commission consultation
- Submission to Inquiry into Independent Assessments for NDIS (with both AFDO and NAA)
- Submission to National Disability Strategy consultation (with both ATFA and AFDO)
- Position Paper on COVID-19 vaccination for polio survivors

State Network Liaison

In January 2020, we initiated the monthly "Behind-the-Scenes" newsletter, as a way of increasing communication between Polio Australia and its state members. As of January 2021, this newsletter has been distributed bi-monthly. The intention is to ensure that state networks are kept informed of the activities of Polio Australia, and to ensure that states are given the opportunity to inform each other of news and events.

Polio SA was successful in obtaining grant funding for Polio Australia to conduct in-person information sessions in Adelaide and regional SA. This grant has been extended due to the COVID-19 pandemic.

PROGRAM REPORTS: CLINICAL PRACTICE WORKSHOPS





Clinical Health Educator

Coming off the barren workshop year that was 2020, the 2021 trend of gradually increased scheduled workshops and physically reaching more states is a relief. While we are still short of Department of Health benchmarks for the 2020-2021 financial year (FY), we have moved meaningfully closer to the workshop and attendee targets.

Workshops Delivered

We have been able to deliver our clinical workshop at 13 clinics and hospitals in QLD, NSW, VIC, and the ACT in the FY, 10 being in the 2021 months. In addition, we have provided 8 comparable 2-hour workshops via Zoom monthly.

The number of clinicians reached in the FY was over 168, with 40 at the Sydney GPCE, 30 via Zoom and 98 at workshops. Other clinicians have been reached incidentally via phone, email and drop-by visits. In the first 10 months of the FY 42 professionals were reached, and in the last two months 105 were reached. This uptick is a distinct change from the 2020 period which included the rise of the pandemic.

128 health professionals have been trained via workshops in 2020-2021 (the benchmark is 800/year). This looks great compared to the previous FY, but there is still a considerable amount of recovery of numbers needed - the end of the coming financial year (2021-2022) also marks the end of the second cycle of workshop funding.

The May and June workshops momentum carried into the new FY and we have several workshops still to complete in November and December. January is usually quiet for the workshop program due to facilities and clinics having staff on leave and their clinical education calendars being established for the year.

A priority for the new FY is visiting regions (SA, TAS, WA, NT) that have been inaccessible during the pandemic so far. COVID vaccination targets are now within reach across most of Australia which should enable less restricted travel across the continent early in 2022.

The Zoom monthly workshops implemented this year have proven to be a valuable supplement to the inperson workshop program. Individual clinicians can source and access our education independent of facility or supervisor decision-making. While this suits some, and provides at least one LEoP informed clinician at a location, it does not saturate the site with multiple informed clinicians - a clear advantage of the in-person workshops.

Underspending due to limited travel over the last 18 months has provided us with a chance to pay for advertising in professional magazines and on professional websites. Ads are being published during the next few months and should raise the awareness of our workshops amongst health professionals moving into 2022. Additionally, large health facilities and clinical educators often establish their following year education calendars at the end of the calendar year.

Partnerships and Projects

Other projects continued to take up considerable attention and time as the workshops started their recovery. Some of the highlights being:

- Partnered with Ramsay Health Educator to showcase our workshops on their organisation's internal education platform
- Partnered with 3 university health programs to schedule workshops to student groups
- Attended Sydney 3-day General Practitioner Conference & Exhibition (GPCE) and met with 35 general practitioners and 5 regional nurses
- The Journal of Rehabilitation Medicine (JRM) published the systematic review and meta-analysis on exercise in polio survivors; a collaboration between University of New England researchers and Polio Australia (pic right)
- Presentations on Late Effects of Polio (LEoP) delivered to the Gold Coast Polio Support Group and the Sunshine Post-Polio Support Group

Two 2021 experiences of the clinical educator are worth mentioning that embody the workshop program:

While under QLD lockdown after escaping a VIC outbreak, the clinical educator was making outreach calls to potential workshop hosts. These are cold calls and have a low conversion rate. The shortest yet most rewarding call made was to the Victor Harbor Hospital. The nurse educator there was aware of post-polio conditions, was receptive to the education format, was motivated to have younger staff educated, and arranged the workshop on their calendar immediately. 14 nurses attended the workshop - held while the local landmark was lit orange for Polio Awareness Month. This experience highlighted the impact that aware clinicians can have as partners in achieving Polio Australia's mission.

In July, a polio survivor living in the clinical educator's region called to get help for her LEoP symptoms. She had difficulty in both leaving her home and in finding LEoP-informed allied health support locally - and soon. This led to our contact with a local clinic close to her, conversations and information sharing to enable a course of care to be initiated in a timely manner, and a subsequent workshop booking for the clinic. This upskilled a group of eight clinicians who are now available to provide LEoP-informed care to her and others. This experience created and closed a loop - one polio survivor's needs resulted in outreach and education action that will benefit her, and other survivors in the area.

1 Rehabil Med 2021; \$3: jrm001

REVIEW ARTICLE

Check for updates

E A

EFFECTS OF MUSCLE STRENGTHENING AND CARDIOVASCULAR FITNESS ACTIVITIES FOR POLIOMYELITIS SURVIVORS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Akhilesh Kumar RAMACHANDRAN, MSc, BEng; Stephen P. J. GOOOMAN, PhD, Hon BEXSc', Michael J. JACKSON MPT, BEd, BACH' and Timothy J. H. LATHLEAN, PhD, MCIIIRRehab, Hon BSc, BBehSc'² From 'Palio Australia Incorporated, 'Discipline of Exercise and Sports Science, School of Science and Technology, University of Net Finalized and 'delaide Medical School, Feaulty of Health and Medical Sciences. The University of Adelside.

Objective: To evaluate and assess the effectivenes of muscle strengthening and cardiovascular inter ventions in improving outcomes in poliomyeliti

Data sources: A systematic literature search was conducted in Medline, PubMed, CINAHL, PsychINFO Web of Science, and Google Scholar for experimental conductions of the search of the se

Study selection and extraction: Screening, dataextraction, risk of bias and quality assessment were carried out independently by the authors. The quality appraisal and risk of bias were assessed using the Downs and Black Checklist. The Preferred Reportings Ilmss for Systematic Reviews and Meta-Antonia (PRISMA) statement was followed to increase clarity of reporting.

Data synthesis: A total of 21 studies that met all the inclusion criteria were subjected to statistical and succording to intervention (muscle strengthening or cradiovascular fitness). A random-effects metaanalysis showed a statistically significant effect for the exercise interventions favouring improvement or outcomes according to the International Classification of Functioning, Disability and Health (ICE).

Conclusion: This review provides further insight into the effects associated with muscle strengthening and cardiovascular interventions among polio survivers, and helps to further identify the current state of research in this area. Future research is needed focusing on individualized approaches to exercise focusing on individualized approaches to exercise the precipion recommendations, used on established frameworks, such as the LCP.

Key words: post-polio syndrome; International Classification of Functioning, Disability and Health framework; exercise based intervention; rehabilitation.

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J Rehabil Med 2021; 53: jrm00184

Correspondence address: Dr Timothy Lathlean, Discipline of Exercise and Sports Science, School of Science and Technology, University of New England, Armidate, Australia, E-mail: Tim Jathlean@une.edu.au

Poliomyelitis (polio) is a highly infectious, viral disease that affects the nervous system and can cause total paralysis (1). Based on published records, the World Health Organization (WHO) estimates there

LAY ABSTRACT

Polio survivors are an ageing population and prone to Innctional decline. Multiple age-related diseases affect this population, in addition to Late Effects of Polio (LGP). Exercise plays an important role in improving strength and overall cardiovascular fitness in these individuals, and clinicians face challenges when advising polio survivors on the optimal level of exercise to avoid producing pain and/or fatigue. Improvements in strength and cardiovascular fitness have the potential to translate into activities of daily infing within this cohort. To our knowledge, this is the first systematic review and meta-analysis using a broad approach (Le. including both experimental and observational studies) to capture and summarize the research to date regarding the role of muccle strengthening and aerobic conditioning exercise in polio survivors. This review provides valuable information for clinicians, which will help enable the development of specific exercise prescription appropria-

are 20 million polio survivors worldwide (1). Although outbreaks of polio have reduced significantly as a result of vaccination, 13–80% of all polio survivors develop post-polio conditions (2). Post-polio survivors develop post-polio conditions (2). Post-polio syndrome (PPS) as a clinical diagnosis in which symptoms may become apparent 15–30 years after exposure to polio (3, 4). PPS is characterized by progressive or new muscle weakness, generalized fatigue, muscle attophy and spin (4, 5). Internationally, the cluster of signs and symptoms that include PPS features and additional biomechanical symptoms is referred to as Late Effects of Polio (LEoP) (6).
PPS can lead to significant disability, including inability to work, loss of mobility and loss of independence (4). Many individuals with the proposition of the proposi

PPS can lead to significant disability, including inability to work, loss of mobility and loss of in dependence (4). Many individuals with PPS reporting inactive, due to weakness and fatigue; symptoms that are perceived to worsen with activity (4). Reduced physical activity associated with muscle atrophy and deconditioning can then potentiate further fatigue and weakness and be linked with reduced muscle capacity and cardiovasculair liness, probably contributing to higher comorbidity rates and potential hospitalization (7). Aerobic fitness intervention modalities, such as walking, cycling, arm ergometry and water-based excise, have been shown to be effective in attenuating

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STRATEGIC PLAN UPDATE



Polio Australia Team

Polio Australia's Strategic Plan includes five priorities: (1) Education of health professionals, (2) Education of polio survivors, (3) Partnerships, (4) Advocacy, and (5) Future-proofing. Under these priorities, a total of 20 targets were set for 2020 (see table below).

The Polio Australia Team met 17 of the 20 targets. The three targets not achieved for 2020 were:

Priority 1, Target 3 - The target of 50 linkages with health professionals was not met due to the COVID-19 pandemic and restrictions placed on travel. However, the target was almost met as the clinical educator created linkages with 48 health professionals.

Priority 2, Target 3 - Add three new videos per month to YouTube was not met. The team feels this target may have been too ambitious to achieve with competing projects and limited capacity. The team was under target by five videos.

Priority 4, Target 1 - Communicate with key lobbying contacts once per two months was also not met, again due to the impact of COVID-19.

| Priority 1: Education of health professionals | |
|---|---------|
| 1. 8 videos and/or 3 webinars during period | Met |
| 2. Linkages with 6 health organisations | Met |
| 3. Linkages with 50 health professionals | Not Met |
| 4. Quality of resource rating greater than 4 out of 5 | Met |
| Priority 2: Education of polio survivors | |
| 1. Add 4 posts per week on Facebook | Met |
| 2. Add 2 posts per week on either Twitter or LinkedIn | Met |
| 3. Add 3 new videos per month to You Tube | Not Met |
| 4. Reach 50 polio survivors | Met |
| Priority 3: Partnerships | |
| 1. Send one 'Behind the Scenes' email per month | Met |
| 2. One joint grant application with State Network during period | Met |
| 3. Linkages with one organisation per month | Met |
| 4. Put together a 'plan' to attract volunteers | Met |
| Priority 4: Advocacy | |
| 1. Communicate with key lobbying contacts once per two months | Not Met |
| Priority 5: Future-proofing | |
| 1. Prepare 4 procedures during period | Met |
| 2. Provide support and training to bookkeeper once per week | Met |
| 3. Prepare an organisational budget | Met |
| 4. Apply for at least 3 grants during period | Met |
| 5. Undertake a Risk Management assessment | Met |
| 6. Salesforce and iContact development | Met |
| 7. One donation request and one bequest request | Met |
| | |

THANK YOU TO POLIO AUSTRALIA'S AUSTRALASIAN CLINICAL ADVISORY GROUP



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Neurological Physiotherapist
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Professor William
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Denise Currie Coordinator, Polio Services Victoria VIC, Australia



Dr Melissa Day Clinical / Health Psychologist QLD, Australia



Dr Stephen de Graaf Rehabilitation Physician VIC, Australia



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Physiotherapist
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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

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- The Marian and EH Flack Trust



OUR BOARD 2020/21



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 Leithof 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.



Board Member
Representing Qld polio survivors through Spinal Life Australia.



lan Holding
Board Member
Representing WA polio survivors
through Polio WA.



Jenny Jones Board Member Representing WA polio survivors through Polio WA.



Helen Leach 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.



Peter Wierenga Board Member Representing SA polio survivors through Polio SA.



Noel Will Board Member Independent, rather than State representative, Board Member.

OUR TEAM AND VOLUNTEERS 2020/21



President & Business Manager



Steph Cantrill **Community Programs Manager**



Michael Jackson **Clinical Health Educator**



Paulette Jackson **Administrative Officer**









