

**JDRF** IMPROVING  
LIVES.  
CURING  
TYPE 1  
DIABETES.



# 2022 Annual Report

# Contents

<b>A message from our Chair, Ian Narev</b>	<b>3</b>
<b>A message from our CEO, Mike Wilson OAM</b>	<b>4</b>
<b>Advocacy success &amp; delivering <i>Access For All</i></b>	<b>5</b>
The impact for the T1D community	8
<b>Research progress: moving towards a world without T1D</b>	<b>10</b>
Working towards a cure: progress in islet transplantation	12
Advancing disease modifying therapies	13
Progress across the portfolio	14
Associate Professor John Wentworth's decade of progress	16
<b>Keeping community at our core</b>	<b>17</b>
Launching <i>Rufus the Bear's</i> new app	18
The 2022: <i>Time to Kick T1D Goals</i> campaign	18
Keeping Summit virtual	19
Introducing the <i>Breathe</i> pilot	19
<b>Fundraising to deliver our mission</b>	<b>20</b>
One Walk	20
Giving Day	20
Hair Challenge	21
Officeworks Partnership	21
Jump For a Cure	21
<b>What JDRF means to the T1D community</b>	<b>22</b>
<b>Marking 50 years of JDRF</b>	<b>23</b>
<b>What JDRF has achieved in its first 50 years</b>	<b>24</b>
<b>Year in numbers</b>	<b>26</b>
<b>2021/22 financial results</b>	<b>28</b>
<b>JDRF Board of Directors</b>	<b>30</b>
<b>JDRF Advisory Board</b>	<b>31</b>

# A message from our Chair, Ian Narev



**This Annual Report marks my first year as the Chair of JDRF Australia. I feel privileged to join an organisation with such a record of success in its efforts to achieve an important mission.**

I have followed JDRF's work closely for many years, including as co-Chair of the JDRF Advisory Board. The outcomes that our organisation achieves for the type 1 diabetes (T1D) community belie the small size of the team. This is due to the passion and skill of JDRF's people, as well as the quality of the partnerships they build and sustain.

JDRF works closely with academia, the pharmaceutical industry, policymakers, and businesspeople, and our affiliation with other JDRF organisations around the world ensures that we can bring the best of Australia to the world, and vice-versa.

Even by JDRF's high standards, the most recent financial year was a busy and successful one. Access to essential diabetes technology in Australia was transformed through tireless advocacy; innovative approaches to management and lifechanging treatments were trialled; and further advances were made in improving the physical and mental health of the T1D community.

All this progress was made possible by the energy and commitment of the T1D community, through advocacy, fundraising, and general support.

I thank and congratulate everyone who has made these achievements possible – the passionate advocates who encouraged investment decisions by policymakers, the researchers and clinicians on a mission to unlock new answers, and the volunteers, partners, donors, supporters and staff of JDRF.

The organisation that I am proud to chair is focused on the goal of a world without type 1 diabetes. I look forward to helping JDRF and the T1D community make this ambition a reality.

I thank all members of JDRF and my fellow directors for allowing me to serve in this role. I particularly thank my predecessor, Richard Goyder AO. During his five years as Chair Richard led JDRF Australia to great success, with countless achievements delivered for the type 1 diabetes (T1D) community. He role modelled the best of JDRF's values, and we will miss him greatly.

The current financial year has started with a continuing sense of energy and purpose. I feel confident that in next year's report, we will be able to point to another year of great progress.



## A message from our CEO, Mike Wilson OAM

**Following the past few turbulent years, JDRF has been eager to refocus on our enduring priorities. As you will see through the pages of this report, our number one commitment remained, as always, delivering for our community, with some substantial progress to report.**

We remain unrelenting in our determination to deliver a world without type 1 diabetes (T1D). We have delivered another year of lifechanging breakthroughs accelerated through our unique operating model, focused on research designed to improve lives and find a cure, advocacy to ensure health policy developments support medical advancements, community resources that provide support for every age and stage of type 1 diabetes, and the fundraising to make it all possible.

To that end, this report looks at our advancements in the financial year 2021/2022 and provides a picture of our trajectory for the future.

Much of our success this year has been rooted in our ability to create and present a collective, unified voice for the T1D community at every level and across all sectors. This was instrumental in one of our most meaningful and widespread advocacy successes to date, with a bipartisan commitment of \$273.1m for subsidised glucose monitoring technology for every Australian diagnosed with type 1 diabetes, no matter their birthdate or bank balance.

This came as an election commitment ahead of the 2022 Federal Election, the result of our years-long *Access For All* campaign - testament to the strength of our community's voice and the influence it has on decision-makers.

We also marked JDRF's 50th anniversary in 2022, so it was fitting we achieved one of our highest years for mission delivery ever, with a tremendous \$13.1 million invested in research acquittals delivered.

We are closer now than ever before to achieving the vision set by our founders, with significant research progress underway and projected for the years to come, including world-first clinical trials designed to delay the onset of T1D, preserve insulin-producing cells still present early after a diagnosis, and even find ways to help people produce their own insulin again.

Yet the threat of T1D is growing. More than 125,000 Australians are currently living with condition, and eight more are diagnosed each day. So, our focus and determination will not waver.

We want to remove the burden for those diagnosed, the worry for the parents and carers, the challenges for support networks and the cost to the economy by delivering a world without type 1 diabetes as quickly as we can.

We hope you take from this report that JDRF remains committed to progress and impact for the community we serve. From advocacy that delivers sound health policy, research designed to improve lives and ultimately find a cure, and community programs that support families every day.

Our work couldn't be delivered without your continued support, and I thank all our supporters, Board members, staff, donors, partners, and volunteers who have made this year a success and will continue to power our mission in the years ahead.

## ADVOCACY

# Delivering Access For All



Among all of JDRF's goals for 2022, one of the most ambitious was the Access For All campaign aiming to secure an election commitment from both sides of politics for subsidised glucose monitoring technology for every Australian with T1D.

**Continuous Glucose Monitors and Flash Glucose Monitors (CGMs) are wearable devices that track glucose levels day and night, allowing users to see patterns and trends and be alerted if they are at or approaching potentially dangerous levels.**

**CGMs are the standard of care for T1D and offer a life-changing alternative to finger pricking and blood glucose meters for the community.**

As recently as 2016, there was no government reimbursement in Australia for this kind of technology.

Sustained campaigning from JDRF and leading diabetes organisations (collectively the 'Diabetes Alliance') had made these lifechanging devices gradually more accessible, with subsidisation for Australians with T1D under the age of 21 and other select groups. However the devices cost up to \$5,000 per year for those who didn't meet the subsidy criteria.

This left thousands in the T1D community either unable to utilise the technology or facing financial sacrifices to cover the cost.

To illustrate the impact of this, we undertook a CGM Program Evaluation, commissioned and published the 2020 report on the [Economic Cost of T1D in Australia](#), and the Diabetes Alliance endorsed a submission to the Federal Government for universal subsidised access to CGMs.

2022 then marked the final hurdle to make glucose monitoring technology accessible for every Australian with a T1D diagnosis – requiring a laser focused advocacy campaign.

In the lead up to the 2022 Federal election, JDRF's volunteer Government Leadership Group and committed advocates across the country took the Access For All issue to their local MPs and Senators to demonstrate what their support could mean for the T1D community.



These efforts were substantial, including:



**267 parliamentary meetings**



**27 parliamentary speeches**



**Advocates active in 92% of electorates across Australia**

**On April 17th, 2022, this ultimately generated a commitment from the Coalition of \$273.1m for Continuous and Flash Glucose Monitors to be subsidised for the entire T1D community, regardless of birthdate or bank balance.**

**This was immediately matched by the Australian Labor Party.**

Following the Federal election, the roll out of the subsidy began on 1 July 2022 under the Labor Government, with the technology now costing the community a maximum co-payment equivalent to \$32.50 per month.

The bipartisan commitment also included funding for the expansion of the JDRF-administered Insulin Pump Program, providing insulin pumps to families who cannot otherwise afford them, with the upper age limit for access to the scheme increasing from the age of 18 to 21.

These commitments have fundamentally changed the lives of so many in the T1D community, with new management options available and choices informed only by personal preference and professional health advice – not by financial constraint.



**Hon Mark Butler MP,  
Minister for Health and Aged Care  
Pictured with JDRF advocate, Theo**

I have had a long history with JDRF and seen firsthand how hard they have worked for the type 1 diabetes community through research and support.

In my first weeks as Minister, I was thrilled to deliver the Albanese Government's election commitment to give access to subsidised Continuous and Flash Glucose Monitoring devices for all Australians with type 1 diabetes.

This supports tens of thousands of adults who would otherwise miss out and provides certainty for young people who already had subsidised access.

The Government is also expanding eligibility for the Insulin Pump Program from the age of 18 to 21.

I want to acknowledge the work of thousands of Australians with type 1 diabetes and their families, along with JDRF, who campaigned for this change.

Australia's health policy must reflect the experiences of our health professionals, patients and advocacy groups who work every day to help improve our health outcomes, and the important work of JDRF is an example of the critical role that community advocacy can play in policy decision making.

I know the former Minister for Health Greg Hunt worked closely with JDRF to inform the many type 1 diabetes commitments made by the Coalition over our last term in Government, and the recent Access For All campaign has had an incredible impact on the availability of glucose monitoring technology for the type 1 diabetes community across Australia.

Through JDRF's advocacy, the Government has been able to deliver important investments into research and technology, helping to improve the quality of life for Australians living with type 1 diabetes while also contributing to the long-term viability of our health system.

I have had the privilege of meeting many JDRF advocates already, and I look forward to continuing to work with them and the type 1 diabetes community in my role as Shadow Health Minister.



**Senator the Hon Anne Ruston,  
Shadow Minister for Health and Aged Care  
Pictured with JDRF advocate, Grace**

# The impact for the T1D community



**Adam Costantini left; pictured with daughter Georgia and Member for Spence, Matt Burnell MP**

Our daughter Georgia was diagnosed with type 1 diabetes in January 2019 when she was just 10 months old. That night changed our lives forever, and we commenced the ongoing journey of becoming experts in the condition.

Two years later, I was also diagnosed myself – which we try to take as a silver lining that Georgia and I walk the same path together.

For our family, the benefits of using a CGM have been tremendous. It's helped us understand the complexity and dynamic nature of type 1 diabetes management and made it that bit easier, particularly for Georgia as the real-time data we get has limited the number of times we have had to prick her tiny fingers to check glucose levels.

Our CGMs gives us peace of mind during busy times and overnight, enabling us to react quickly and reduce the risk of hyperglycaemic events for the both of us. Plus, as a busy dad to two daughters, it does some of the thinking for me so I can focus on my family and career.

The Access For All commitment means that now, nobody in the community has to choose between these benefits and putting food on the table, or paying their rent.

I think I speak on behalf of the whole community when I say that we are grateful that in a marketplace full of great causes, the Australian Government recognised the importance of this for people with type 1 diabetes.

We are grateful that young children like Georgia will never have to count down the days until they can no longer afford these essential devices.

And we are grateful that everyone in the community can now access the benefits of CGMs just like us, improve their health outcomes, reduce the mental burden this condition brings, and of course, take pressure off the health system in the short and long term.

– Adam Costantini



Knowing that I no longer face the dreaded choice of funding my CGM or saving for my future has taken a weight off my shoulders.

I was diagnosed with type 1 diabetes when I was 11, and only had subsidised access to a CGM between the ages of 20-21 when the initial subsidy came in, which transformed my life and gave me back the independence T1D management had taken away.

I was a full-time student when my subsidy then lapsed at 21, and often had to go without using my CGM as I was trying to find fulltime work and save for my first home.

Now, the anxiety that choice brought is gone for me, and so many others in the T1D community. We can now all enjoy better condition control, less worry about T1D complications in future, and ultimately, focus on the important things.

– Kirilly White

## RESEARCH

# Research progress: moving towards a world without T1D

As the leading funder of T1D research globally, JDRF knows that research holds the key to unlocking our vision of a world without T1D.

Our research strategy and global network guarantee that the projects we fund are chosen to fill unanswered questions across the full lifecycle of T1D breakthroughs, from early discovery through to patient care.

We help bring T1D therapies closer to patients through funding and scientific stewardship.



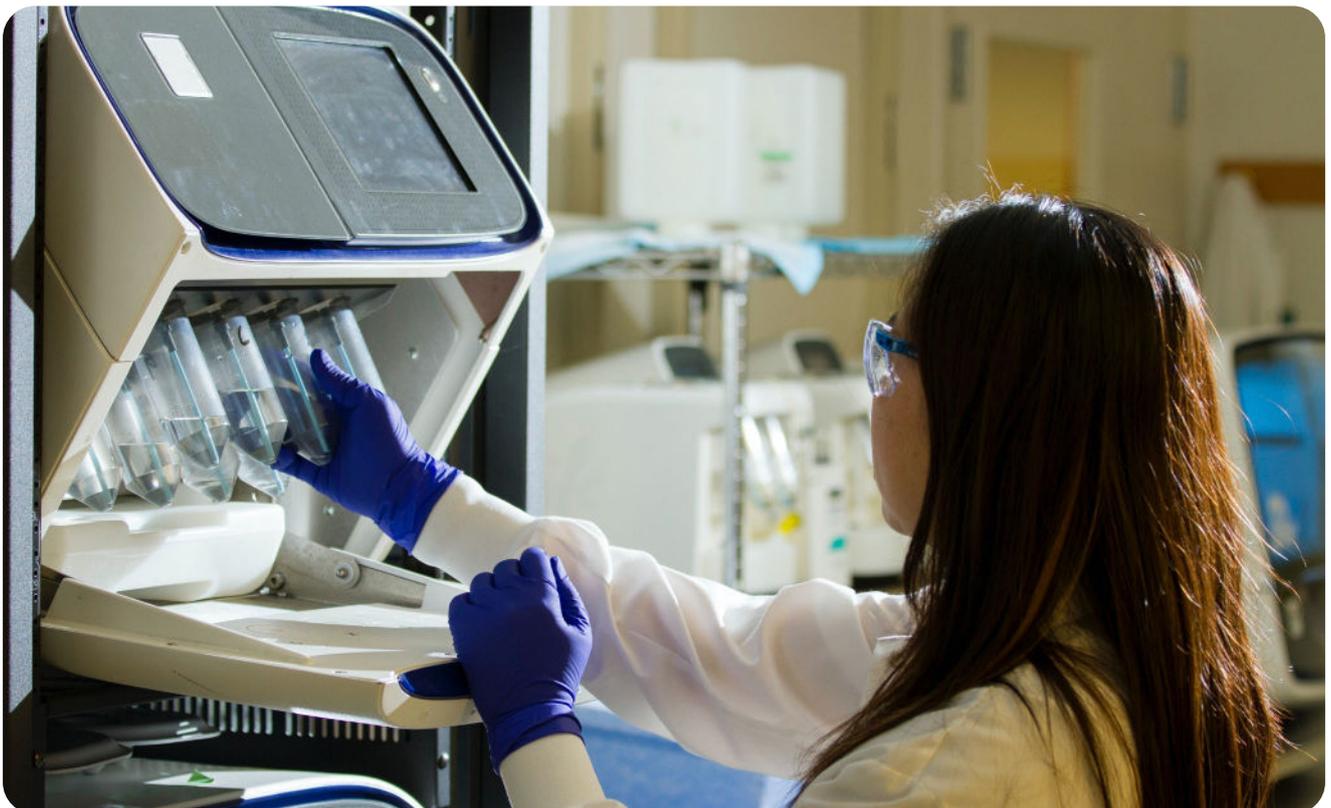
Basic science  
research

Translation  
to humans

Translation  
to patients

Translation  
to practice

Translation  
to the T1D  
community



**“There’s so much to gain by supporting Australian research. We have some of the best networks of talented T1D researchers in the world, all working tirelessly to improve the lives of people with T1D today, tomorrow, and every day until a cure is found.”**

Dr Dorota Pawlak  
Chief Scientific Officer  
JDRF Australia & Director, T1DCRN



We operate within JDRF’s five global research goals that work towards cures and improving lives.

- 1 Develop and execute a global universal screening strategy**
- 2 Accelerate the development of disease modifying therapies that delay, stop, or reverse the development and progression of T1D**
- 3 Advance the development of beta cell replacement therapies that reduce insulin requirements**
- 4 Improve overall outcomes in people with T1D, to reduce the burden and complications**
- 5 Foster a community of T1D researchers and clinicians**



**Australian Type 1 Diabetes  
Clinical Research Network**

JDRF’s research portfolio is supported through a multifaceted funding approach. This includes community fundraising, funding from leveraged partners, and the [Type 1 Diabetes Clinical Research Network \(T1DCRN\)](#).

The T1DCRN was established through Government funding committed to JDRF and is a network that brings together world class researchers dedicated to T1D. It has been in operation for over 10 years, and has so far connect 250+ researchers, with 70 research institutes and clinical sites represented and over 30 innovative projects changing the lives of people with T1D.

In 2022 alone, this multifaceted approach has made JDRF’s research advances possible, include exciting developments for islet transplantation and disease modifying therapies, with great progress for local general population screening.

These present great hope for our community, with real positive steps towards our mission of improving lives today and tomorrow by accelerating lifechanging breakthroughs to cure, prevent and treat T1D and its complications.

## Working towards a cure: progress in islet transplantation

Islet transplantation is potentially lifechanging treatment for people with T1D.

This treatment involves replacing islets (containing insulin producing cells) that have been destroyed as a result of T1D, enabling people with the condition to once again produce their own insulin naturally. This can significantly reduce the day-to-day challenges of managing blood sugar levels and reduce the impact of complications, yet the treatment has historically been a promising but short-lived solution with limited availability.

Professor Toby Coates AO and Professor John Greenwood are currently investigating new approaches to islet transplantation designed to have longer lasting results with an easier and less invasive process.

The liver has traditionally been the most common site of islet transplantation, but requires invasive surgery under general anaesthesia, and it is estimated that nearly half of the transplanted cells die after transplantation. It is also impossible to monitor the transplanted cells.

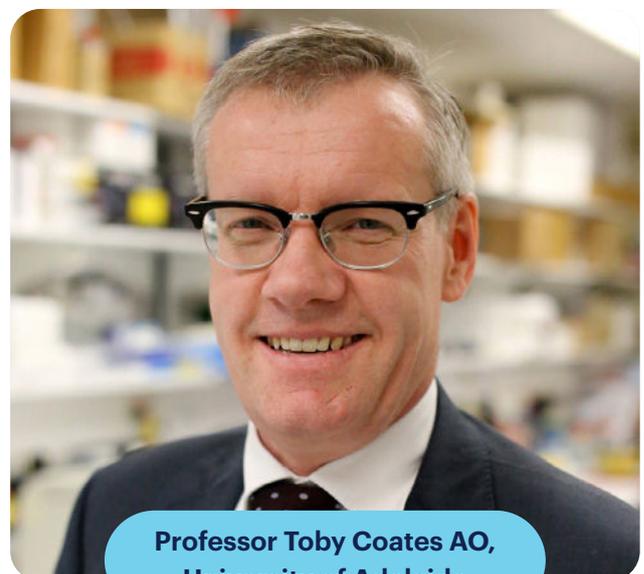
Prof. Coates is aiming to address these challenges with a new method of transplanting islet cells just beneath the skin, by injecting donor islet cells into a specialised skin graft, designed to support long-term survival of cells.

In 2022 this research progressed to a world-first, first-in-human clinical trial.

The first participant, who has been living with T1D for almost five decades, has already undergone this cutting-edge treatment in Adelaide and is showing promising results.

**There is an anxiety around having type 1 diabetes, and if this treatment is effective, that anxiety will go. I also have a daughter with type 1 diabetes, and I hope that this will be a cure for me, and for her.**

If this trial is successful, it could be a complete gamechanger for the community.



**Professor Toby Coates AO,  
University of Adelaide**

# Advancing disease modifying therapies

Disease modifying therapies (DMTs) are treatments that interact with the immune system to halt or prevent the processes that contribute to autoimmune conditions like T1D. DMTs are an exciting area of T1D research and can unlock the answers to help delay, stop, or even reverse the development and progression of T1D.

Two DMTs currently being investigated thanks to JDRF's support include

## Baricitinib

In type 1 diabetes, the loss of insulin-producing beta cells in the pancreas is progressive, happening over time – and many people still have a significant number of working beta cells remaining at the time of T1D diagnosis.

Laboratory studies have shown that intervening with drugs at the point where beta cells still remain (before or soon after diagnosis) can slow or even stop the course of T1D. There are currently no approved therapies that can do this, but Professor Thomas Kay, Director of St Vincent's Institute of Medical Research in Melbourne, and his research partner, Professor Helen Thomas, are aiming to change that.

They are currently running a clinical trial - BANDIT (BARicitinib in New-onset type 1 DIabeTes) - to investigate whether a drug known as baricitinib can preserve beta cell function if it is administered early after diagnosis in children and young adults.

This trial is a world first, with the researchers hoping to help people with T1D maintain their own insulin production for longer.

In 2022, Professors Kay and Thomas finished the recruitment phase for the randomised control trial and will be monitoring participants over 96 weeks to compare the effect of baricitinib on insulin production among participants.

## Teplizumab

Teplizumab is an immunotherapy drug that works by interfering with the body's destruction of its own insulin-producing beta cells. Earlier studies showed that when trialled in people at high risk of developing T1D, teplizumab could delay diagnosis by a median of 2 years in children and adults.

This was a global study, part of which also took place in Australia, led by Dr Peter Colman and Dr John Wentworth.

The results of the trial were the first of their kind, with great potential for community impact, as this length of delay can make a significant difference for people with T1D, for whom every day without the condition matters.

Teplizumab is now being considered for approval by the Food and Drug Administration in the USA. This is potentially a landmark advancement for T1D and, if approved, will be the first immune therapy available in the world for people at-risk of T1D, and the first approved therapy that has been shown to delay the onset of T1D.

**These are powerful examples of the potential DMTs have for creating a completely different future, one in which trauma of hospitalisation and emergency care as the result of T1D diagnoses are avoided and that eventually, the condition could be delayed indefinitely – a critical step towards a world without T1D.**

## Progress across the portfolio



AUSTRALASIAN  
TYPE 1 DIABETES  
IMMUNOTHERAPY  
COLLABORATIVE

### Australasian Type 1 Diabetes Immunotherapy Collaborative (ATIC)

Established by JDRF and coordinated by St Vincent's Institute of Medical Research, ATIC is a clinical trials network of adult and paediatric endocrinologists, immunologists, clinical trialists and members of the T1D community across Australia and New Zealand. ATIC's goal is to accelerate development and delivery of immunotherapy treatments for people with T1D and make clinical trials more readily accessible.

Its official launch is set for August 2022, with a number of clinical trials involved already including BANDIT, and trials seeking to develop a T1D 'vaccine'.

**ATIC is aiming to build on the success of such trials and make immunotherapy treatments available for every person with T1D.**



ENDIA  
environmental  
determinants  
of islet  
autoimmunity

### ENDIA

The Environmental Determinants of Islet Autoimmunity (ENDIA) Study, led by Professor Jenny Couper and funded by JDRF, is designed to discover how environmental factors influence the onset of T1D in childhood, so that we can develop ways to slow it down or prevent it.

The study is co-funded by JDRF and The Leona M. and Harry B Helmsley Charitable Trust, a longstanding and valuable partner helping to make JDRF's research possible.

ENDIA is a world first program that monitors pregnant women and expectant fathers with T1D and follows their babies through birth and early childhood. The study collects clinical data and samples to investigate a wide range of potential environmental triggers that may contribute to T1D onset, such as viruses, gut bacteria, and toxins in the environment.

Since its launch in 2015, the study has followed 1473 children across Australia, born between 2012 and 2020. As of mid-2022, ENDIA has collected over 150,000 unique samples helping the researchers to better understand the interaction between the environment and the development of T1D. To date, 21 children participating in ENDIA have been diagnosed with T1D, and 27 have been found to be at risk of developing clinical T1D.

**The vision of ENDIA is that one day, children at risk of T1D will be identified early, with interventions to prevent them from ever developing symptomatic T1D made available.**

TYPE 1 DIABETES

## National Screening Pilot

### Type 1 Diabetes National Screening Pilot

Led by Dr Kirstine Bell at the University of Sydney's Charles Perkins Centre, the Type 1 Diabetes National Screening Pilot Program had great progress throughout 2021/22, launching nationally from July 2022.

The pilot program is designed to facilitate early detection of children who are at risk of developing T1D later in childhood, through simple screening methods like dried bloodspot testing and saliva samples that can pick up markers indicating early-stage, pre-symptomatic T1D.

The pilot aims to help avoid critical illness and traumatic diagnoses, as currently, diagnosis often happens too late with approximately 1 in 3 children ending up in intensive care with life-threatening complications.

**If the pilot is successful and goes on to be adopted into the Australian healthcare system, Australia would be the first country to make early T1D detection available to all children at a general population level. This could transform the trajectory of T1D locally and put Australia in good stead to become the leader for T1D prevention and care internationally.**

### RIO TINTO CHILDREN'S DIABETES CENTRE

A JDRF Global Centre of Excellence



### Rio Tinto Children's Diabetes Centre, a JDRF Global Centre of Excellence

The Rio Tinto Children's Diabetes Centre, a JDRF Global Centre of Excellence (the Centre), is a partnership between JDRF, Rio Tinto, Telethon, Telethon Kids Institute, and the Perth Children's Hospital. One of only five such JDRF Centres in the world, and the first outside the US, it brings together experts from diverse fields and multiple institutions to accelerate the pace of T1D research.

The Centre is focused on developing personalised models of T1D care, fast-tracking translation of research as well as bringing together experts from diverse fields to accelerate T1D breakthroughs.

**Led by Professors Liz Davis and Tim Jones, the principal goal of the Centre is to improve the lives of children and adolescents with T1D. Its aims include increasing the pace of research translation, as well as decreasing the over 10-year gap in life expectancy for children with T1D.**

## Associate Professor John Wentworth's decade of progress



**Associate Professor John Wentworth is a researcher and endocrinologist at Royal Melbourne Hospital, who has been dedicated to improving lives for the type 1 diabetes community through his career. He has been the beneficiary of JDRF-grants for over a decade.**

“Type 1 diabetes is caused by an immune attack on the pancreas that impairs its ability to make insulin. Over the last decade, with generous JDRF support, I have been investigating how we might stop this immune attack, preserve pancreas function, and decrease the need for insulin injections.

In 2012, I joined Peter Colman and Len Harrison’s national antibody screening program for type 1 diabetes ([Type 1 Screen](#)) and, with JDRF support, implemented several trials to prevent at-risk Australians progressing to require insulin. These programs helped diagnose type 1 diabetes early and prevent life-threatening ketoacidosis in hundreds of children.

I have also had the great privilege of working with international colleagues on a landmark study that demonstrated that a 14-day course of a drug called teplizumab delayed the need to start insulin injections by at least two years. On the strength of this study’s findings, teplizumab will soon be approved for use as the first ever disease-modifying therapy for type 1 diabetes.

An additional substantial JDRF grant has led to the formation of the Australasian Type 1 Diabetes Immunotherapy Collaborative (ATIC), which aims to offer immunotherapies to every at-risk individual in our region. Current trials being conducted by ATIC are investigating the effect of disease modifying therapies on the progression of type 1 diabetes, such as a study to looking at the effect of an insulin ‘vaccine’, as well as another to test the combination of an immune therapy and a nasal insulin spray.

None of this work would have been possible without JDRF’s support. I am most grateful for this support and look forward to working with colleagues and the type one community on our quest for a world without insulin in the years to come.”



## COMMUNITY PROGRAMS

# Keeping community at our core

JDRF was founded by families in the T1D community, and we have been working with and for the community since our inception.

A T1D diagnosis is often traumatic, no matter the age or circumstance, and the subsequent demands and challenges of management are relentless.

While we are working towards cures and improving lives, we are also committed to providing the right resources at the right time for every age and stage of T1D, to help ease the burden of a T1D journey as much as possible.

We released a number of new initiatives through 2022, supporting the community from early diagnosis in childhood through to mental health support for parents in the community.





## Launching Rufus the Bear's new app

Rufus, the bear with type 1 diabetes, has provided comfort and companionship to children newly diagnosed with T1D for 18 years.

In December 2021, Rufus launched his very own app, opening a new world of digital learning and play, completely free of charge to users. By helping Rufus manage his T1D on the app, children gain hands-on experience with counting carbs, monitoring blood glucose levels, and dosing with insulin using virtual T1D care tools.

The curriculum was co-designed with doctors, educators and families to create educational content kids love.

The app has been downloaded more than 1600 times since its launch, helping families through the tricky transition to life with T1D.

**1600** Rufus the Bear app downloads



## The 2022: Time to Kick T1D Goals campaign

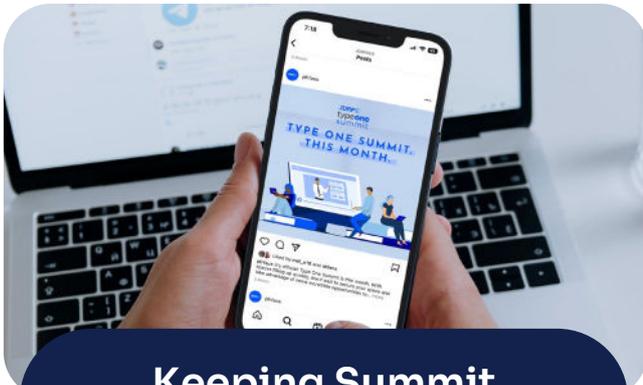
In January 2022 we launched the Time to Kick T1D Goals campaign, encouraging the community to achieve their New Year's resolutions and goals while living with T1D.

This included the promotion of our Straight to the Point guide for adults living with T1D through ads across Facebook and Google, educational infographics shared organically across Facebook and Instagram, and sending digital newsletters to relevant audiences.

The campaign was also supported through publishing a substantial number of blogs for adults living with T1D, focussing on mental health, exercise, travel and social life/recreation.

The campaign was a huge success. Straight to the Point guide was downloaded 1380 times, growing our community by more than 860 new members – many of whom were adults living with T1D, a key demographic for JDRF.

**1380** Straight to the Point downloads



## Keeping Summit virtual

We hosted our annual Type One Summit in March, the second virtual event of its kind, to inform our community about the latest research and management breakthroughs. We delivered a comprehensive and engaging program to a national audience, with sessions addressing common challenges and needs for a range of ages and life stages in the T1D community.

Keeping the virtual format meant we could offer sessions from international and local experts available to participants across Australia, connecting them with our technology partners, T1D clinicians, researchers and members from the community just like them.

The event received exceptional feedback and attendance.

“ I found the speakers and content were amazing this year. There was a lot of information for parents, particularly how to deal with emotions of T1D. This was extremely helpful. I laughed and cried and had so many ‘ah ha’ moments! Well done JDRF and organisers!

1400+

registrants

97%

would recommend Summit to a friend or relative

9/10

rated the event as very good or excellent



## Providing mental health resources and support

In 2022, we launched the Breathe pilot program, part of our move towards curating mental health resources that directly support the T1D community.

Breathe is a free mental health masterclass series for families of children living with T1D, facilitated by a mental health expert. The program has been specifically developed for parents and carers and delivers coping strategies for life with T1D. There are two cohorts: parents of children aged 0-12 years, and parents of teens.

Each intake in the pilot program involved four sessions presented over Zoom. Participants could meet other parents, learn how to be attuned to their and their children’s emotional needs while navigating T1D, and help reduce feelings of overwhelm that can often accompany T1D management.

“ The whole program was wonderful and I’m very pleased it was offered by JDRF for free. It is hard to find a therapist familiar with the management of type 1 diabetes and all that it adds to a family and young person. Thank you, JDRF.

300

parents registered

100%

of respondents said the series was helpful and informative

## FUNDRAISING

# To deliver our mission

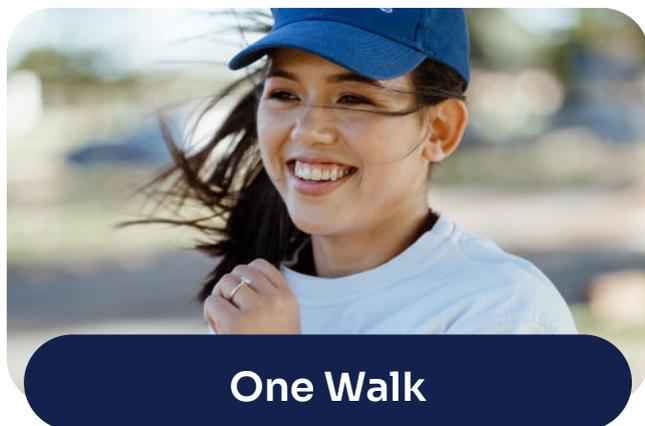
Central to our ability as an organisation to keep advocating for the T1D community, delivering world-class breakthroughs, and providing a robust range of resources, is our ability to fund these programs and research.

Our type 1 community is passionate, committed, and gives back in so many ways. Their support in the plight to change their present and the future of many others is unrelenting, and we saw this dedication throughout 2021/22 as their collective efforts delivered an astounding \$10 million in fundraising revenue.

Alongside our generous supporters, walking, jumping, or hair-dyeing to support our work, we're also indebted to the philanthropists, charitable trusts and corporates who get behind our mission.

We know that these partnerships offer large-scale support that can be leveraged to deliver an even greater outcome for our community. With our multifaceted approach to fundraising and multiple streams of revenue, 2021/22 was one of our highest years of mission delivery to date, acquitting a total of \$13.3 million.

Against the backdrop of a COVID-19 world and challenging economic circumstances, this funding meant that our progress did not stall, but has been accelerated, and we are continuing towards our mission faster than ever before.



This year's One Walk remained completely virtual and celebrated an important milestone for the community – walking 100kms through October to commemorate 100 years of insulin.

The flagship fundraising event again surpassed expectations, thanks to the community involvement and generosity of corporate partners who participated in match days.

Over 3,000 participants sported their One Walk gear and joined the movement, walking over 300,000 kms collectively and raising almost \$1.5 million to fund a future without T1D.



In June 2022 our generous community had their donations matched by our loyal donors and corporate partners in our annual Giving Day. Every donation made as part of the campaign was doubled and had twice the impact.

Together, our dedicated supporters raised over \$2 million, an incredible sum to fund the most promising T1D researchers and projects.



## Blue Army Hair Challenge

For a fun and colourful fundraising challenge, we encouraged our community to “go blue” for the T1D community, temporarily dyeing their hair in the iconic JDRF blue.

This was a hugely popular campaign, with 443 participants raising almost \$70,000 for the future of T1D.



## Jump For a Cure

Reintroducing an old favourite, 2022 saw us bring back “Jump for a Cure” – an exhilarating opportunity to tandem skydive to support the T1D community.

We had skydivers from all over the country, from NSW to WA, who raised almost \$100,000 collectively – doubling our target!



## Officeworks Partnership

We partnered with Officeworks in June 2022 for their Round Up to Make a Difference campaign. Customers could round up their purchases to the nearest dollar across 13 Melbourne stores, with the difference being donated to JDRF, with the funds going towards our KIDSAC pack and Rufus Bear for newly diagnosed children.

This initiative raised over \$93,000 in just a few weeks and was our third consecutive campaign with Officeworks, with our cause close to the heart of Officeworks CFO Michael Howard who has been living with T1D since he was 11.



## What JDRF means to the T1D community



Our son Walker was diagnosed with type 1 diabetes on January 1, 2019, when he was just six years old. This was an incredibly difficult and heartbreaking time for our family and especially our little boy as we were trying to accept this life-changing condition.

Being introduced to JDRF and learning about their mission, dedicated to finding a T1D cure and improving lives for families like ours along the way, gave us the hope that we needed amongst the tears.

For us as a family, JDRF's commitment to research breakthroughs means the world. It means that we can and do live in hope for the possibility of greater treatments and the ultimate hope of a cure for type 1 diabetes.

I talk to Walker about the fact that he may not have to live with T1D for the rest of his life, because of the researchers who are working towards so many amazing breakthroughs. It is my dream that this possibility becomes a reality for my family, and all the families in the T1D community.

Living with this condition is not easy but knowing that JDRF is committed to a world without T1D, supported by so many wonderful people who continue to fundraise for the research needed make that happen, makes it that little bit easier.

– Tamara Whittaker

# Marking 50 years of JDRF Australia

2022 represent a great year of success for JDRF and also marked a notable milestone – JDRF’s 50-year anniversary.

It was back in 1972 that a group of concerned parents of children with type 1 diabetes came together around a kitchen table to explore what they could do to ease the burden the relentless condition placed on their families, and one day find a cure.

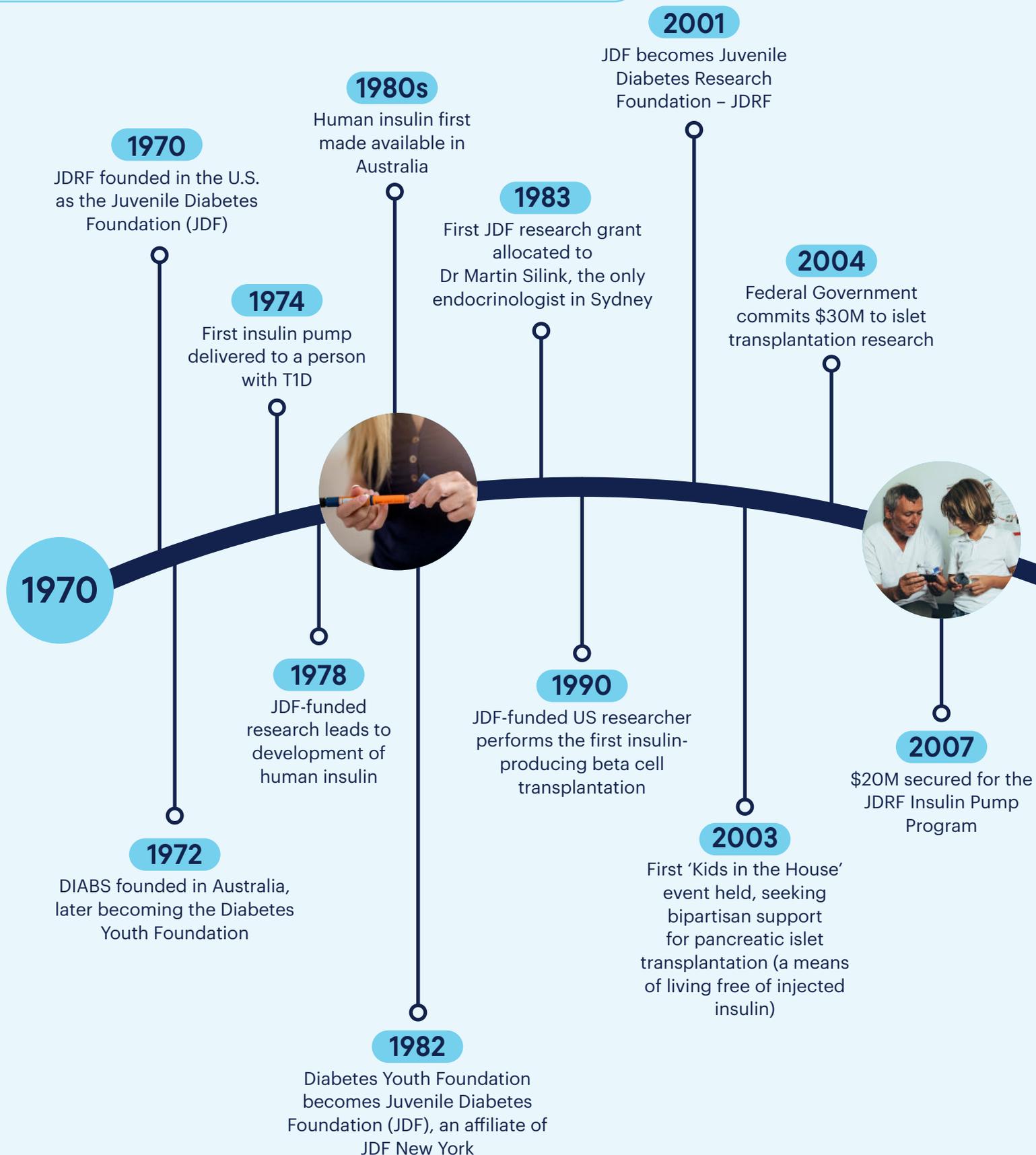
These passionate parents established the group that eventually became the Juvenile Diabetes Research Foundation, and JDRF Australia and all JDRF affiliates have been working towards their dream for the past five decades.

To celebrate the occasion, we hosted events at Government Houses across the country from QLD to WA. We were joined by many in our community including researchers, advocates, and volunteers, alongside Governor Generals and distinguished guests, to reflect on how much progress we have made and those who have made that progress possible.



**Attendees at Government House events across the country**

# What JDRF has achieved in its first 50 years



**2011**

The Australasian Diabetes Data Network (ADDN), the first big data initiative in Australia to track medical outcomes for people with T1D, is launched

**2021**

JDRF Australia establishes the first JDRF Centre of Excellence outside of the U.S.

**2019**

JDRF-funded Australian researchers play integral role in first-ever study to show T1D onset can be delayed by ~2 years with immunotherapy drug, teplizumab

**2022**

Novel approaches to improving islet transplantation under the skin progress to human clinical trials in Australia

**2008**

Landmark JDRF-funded trial demonstrates that continuous glucose monitor (CGM) use minimises blood sugar extremes, leading to acceleration of CGM technology

**2014**

Research breakthrough: production of insulin-producing beta cells from human stem cells represents another way to live insulin-free

**2022**



**2020**

BANDIT trial launched to investigate whether the drug, baricitinib, has the potential to slow or stop the onset of T1D

**2013**

JDRF initiates ENDIA, the world's largest study into environmental factors that cause T1D, starting from pregnancy

**2010**

JDRF Clinical Research Network (CRN) commences with \$5M Federal Government grant and further funding in 2013 and 2019

**2016-18**

Government continues to extend funding for CGMs including access for new and expectant mothers

**2022**

Announcement of \$273.1M bipartisan commitment for subsidised CGMs for all Australians living with T1D

## Year in numbers



**\$13.1m**

Invested in research



**33**

Clinical trials and studies funded



**2600+**

People involved in clinical trials through the CRN since its inception



**267**

Meetings held with MPs and Senators



**246**

Insulin pumps supplied through the Insulin Pump Program



**1438**

Newly diagnosed packs delivered



**6812**

People added to  
JDRF's community



**1173**

New members joined  
JDRF's support groups



**1058**

Peer support phone  
calls made



**1804**

Community programs  
downloaded



**3264**

One Walk Step  
Challenge registrants

# 2021/22 financial results

JDRF Australia achieved a record fundraising performance of \$10m in FY22, underpinned by substantial contributions from philanthropy to complement our event-based fundraising. During this period we were also able to grow our peer-to-peer fundraising, sustain our Giving Day performance at \$2m in its second year, and attract and retain directed giving by articulating our research agenda to those with the interest and capacity to support our mission.

2022 marked 100 years since Leonard Thompson received the first ever successful insulin injection and 50 years since JDRF Australia was established.

We supported these landmark events with a series of initiatives in the lead up to World Diabetes Day and Giving Day in June. As a result, our cost base for fundraising was higher than last year and reflects the higher cost of conversion across digital marketing channels.

As a result of our continued engagement with Government and Non-Government funding institutions to leverage our impact in research we invested \$13.3m towards research and other projects during the year, resulting in one of the highest mission delivery years to date.



## Mission Delivery

Mission Delivery increased 28% from FY21. This comprises our investment across research initiatives, the Insulin Pump Program and our flagship community programs such as KIDSAC. In FY22 we invested \$13.1m in research grants, which was funded by a combination of JDRF-led fundraising activity, the Clinical Research Network and The Leona M. and Harry B. Helmsley Charitable Trust.



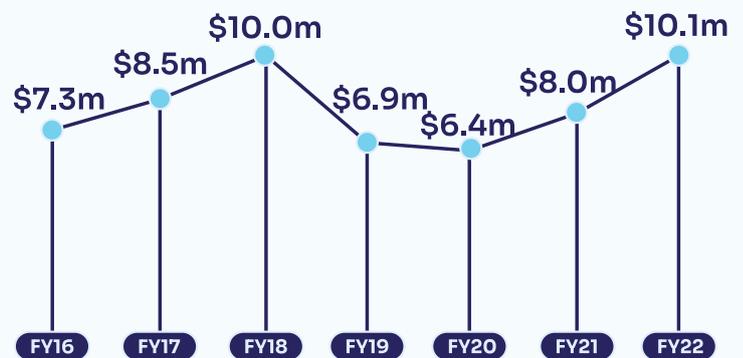
## Contracted Research

The FY20 peak in contracted research aligns with the quantum and timing of Government and other partner support. Our ability to contract new research during FY21 and FY22 was affected by the pandemic. We expect to return to a more normalised level into FY23 as new grants are committed, supporting the next phase of research projects.



## Fundraising Revenue

The strategy to grow the philanthropy portfolio and our Bequests Program resulted in significant success. Our flagship Peer-to-Peer fundraising campaign, One Walk, outperformed FY21 by 20% in its virtual format for a second year. Community Fundraising on the Blue Army platform excelled with Jump for a Cure and the Blue Hair Challenge while Ride, Ball on a Budget and Officeworks Round Up contributing to a 29% growth in revenue over FY21.



## Fundraising Efficiency

Investment in brand awareness and digital marketing campaigns to support fundraising activity was significantly more expensive than the previous year, based on the increasing cost of conversion across digital channels. In-person fundraising events were not facilitated due to the ongoing uncertainty of COVID-19 restrictions, however, we were fortunate to benefit from several Government House functions across states to thank our supporters, at no cost.



# JDRF Board of Directors

## **Ian Narev | Chair**

Appointed 2022

Bachelor of Arts and Law (Honours), Masters of Law

Managing Director and Chief Executive Officer of SEEK; Former Chief Executive Officer, Commonwealth Bank of Australia; Former partner of McKinsey and Company; Non-profit board roles in education and the performing arts, and advisory board roles in private equity and fintech

## **Richard Goyder AO | Former Chair**

Co-Chair of the Advisory Board

Appointed 2016; resigned November 2021

Bachelor of Commerce, FAICD Chairman, Qantas Airways; Woodside Petroleum Limited; Australian Football League Commission; West Australian Symphony Orchestra, and Channel 7 Telethon Trust; Former Managing Director, Wesfarmers; Honorary member of the Business; Father of a son with T1D

## **Matthew Rady | Vice-Chair**

Member of the Funding Committee

Appointed 2021

Bachelor of Economics

Associate, Institute of Chartered Accountants (Alumni); Fellow; Securities Institute of Australia (Alumni) GAICD; CEO BT Financial Group; Former CEO Allianz Australia Life Insurance Ltd; Former Group Executive, IRESS Ltd; Former Executive Director, Macquarie Group; Prior Director of JDRF Australia 2007-2009

## **Paul Heath**

Member of the Board and Investment Committee, JDRF International

Appointed 2012

Bachelor of Commerce, SFFin.

CEO and Executive Director, Koda Capital; Director, JDRF International; Member, Endowment Investment Committee of the Benevolent Society; Former CEO, JBWere Pty Ltd; Father of a daughter with T1D

## **Mike Wilson OAM | Director**

Company Secretary and CEO

Appointed 2011

Bachelor of Science; Bachelor of Economics (Hons.), G.A.I.C.D.

CEO, JDRF Australia (since 2004). Advisory Board member, SupporterHub

## **Selina Lightfoot | Director**

Chair of the Talent Committee

Appointed 2016

Bachelor of Arts; Bachelor of Laws.

Non-Executive Director Hydro Tasmania; Non-Executive Director Victorian Opera; Non-Executive Director Nuclech Limited; Advisory Board Member TLC Aged Care; Former Partner Herbert Smith Freehills; Former Non-Executive Director The Reject Shop and DWS Limited

## **Professor James Best AO | Former Director**

Former Chair of the Research Committee

Appointed 2014; resigned November 2021

Dean, Lee Kong Chian School of Medicine, Singapore (A Joint Medical School by Imperial College London and Nanyang Technological University Singapore); Former Professor of Medicine and Head of the School of Medicine, University of Melbourne; Former Chair of the Research Committee, National Health and Medical Research Council

## **Kate Aitken | Director**

Member of the Talent Committee

Member of the Finance & Audit Committee

Appointed 2015

Head of People and Culture Optus; Former General Manager Human Resources Westpac; Former Managing Director, Chief of Staff and Co-COO Goldman Sachs Australia and New Zealand; Advisory Member of Pride in Diversity's Strategic Executive Forum; Member of Chief Executive Women and Scholarship Committee Member; Board Member Bus Stop Films

## **Jeffrey Browne | Director**

Member of the Advisory Board

Appointed 2015

Bachelor of Arts; Bachelor of Laws.

Chairman and Non-Executive Director, Walkinshaw Automotive Group Pty Ltd, MA Financial Group; Former Chairman and Non-Executive Director of carsales.com Ltd; Former Director Sky News Limited; Former Managing Director and Director Nine Network Australia Pty Ltd; Father of a daughter and son with T1D

## **Jonathan Salmon | Director**

Chair of the Funding Committee

Member of the Research Committee

Member of the Finance and Audit Committee

Appointed 2012

M.A.I.C.D.

Managing Director Adscensio; Chairman Techelevate; Director WithWine; Founder DNS IT and Hosted IT; Father of a son with T1D

# JDRF Board of Directors cont.

## **Tanya Branwhite | Director / Treasurer**

Chair of the Finance and Audit Committee  
Appointed 2020  
Bachelor of Commerce (Hons), Master of Finance,  
Master of Applied Finance, FAICD

Head of Portfolio Construction, TCorp; Former Director Market Insights and Portfolio Implications, Future Fund; Former Executive Director Macro Research Macquarie Group; Served on the International Accounting Standards Board Capital Market's Advisory Committee (CMAC); Former Director of Not for Profit organisations – MS Research Australia, Oz Harvest, the Anika Foundation and Macquarie Group Foundation.

## **Professor Fabienne Mackay | Director**

Member of Research Committee  
Appointed 2021  
PhD, FAHMS

Director and CEO QIMR Berghofer Medical Research Institute; Honorary Professor, Faculty of Medicine University of Queensland; Honorary Professor Faculty of Medicine, Dentistry and Health Sciences University of Melbourne; Member of the QIMR Berghofer Council Faculty of Medicine, Nursing and Health Sciences Monash; Former Head of the Department of Pathology, School of Biomedical Sciences University of Melbourne

# JDRF Advisory Board

## **Richard Goyder AO | Chair**

Bachelor of Commerce., F.A.I.C.D.

Chairman Qantas Airways; Australian Football League Commission; West Australian Symphony Orchestra; Woodside Petroleum Limited & Channel 7 Telethon Trust; Former Managing Director Wesfarmers; Honorary Member of the Business Council of Australia; Father of a son with T1D

## **Ian Narev**

Managing Director and Chief Executive Officer of SEEK; Former Chief Executive Officer, Commonwealth Bank of Australia; Former partner of McKinsey and Company; Non-profit board roles in education and the performing arts, and advisory board roles in private equity and fintech

## **Andrew Penn**

Former CEO Telstra; Life Governor Very Special Kids

## **Phil Chronican**

Chairman National Australia Bank; Non-Executive Director Banking & Finance Oath

## **Rebecca Davies AO**

Former Partner and Board Member of a major national law firm; Member of the Health Innovation Advisory Committee and The Community and Consumer Advisory Group (CCAG) of the National Health and Medical Research Council

## **Professor John Shine AC**

President Academy of Science

## **Steve Higgs OAM**

Former Chair JDRF, Past Chairman, Orlando Wines, Past Director, Austoft Pty, Rural Press Ltd, UBS Warburg, and IPAC Securities Ltd. Father of a son with T1D.

## **Paul Heath**

Founding Partner and Chief Executive Officer at Koda Capital; Member Endowment Investment Committee of the Benevolent Society; Director JDRF International; Former CEO JBWere Pty Ltd; Father of a daughter with T1D

## **Belinda Hutchinson AM**

Chancellor of the University of Sydney, St Vincent's Health Australia's NSW Advisory Board, Chairman of Thales Australia Limited

## **Simon Rothery**

CEO Goldman Sachs Australia and New Zealand

## **Matthew Grounds AM**

Former CEO & Country Head Australasia, UBS AG/ Australia; Chairman of the Victor Chang Cardiac Research Institute; Member of the University of New South Wales Council; Director of the UBS Foundation

## **Sir Ralph Norris KNZM**

Former Chairman and Director Contract Energy; Former Chair Fletcher Building; Former CEO Commonwealth Bank

## **Jeffrey Browne**

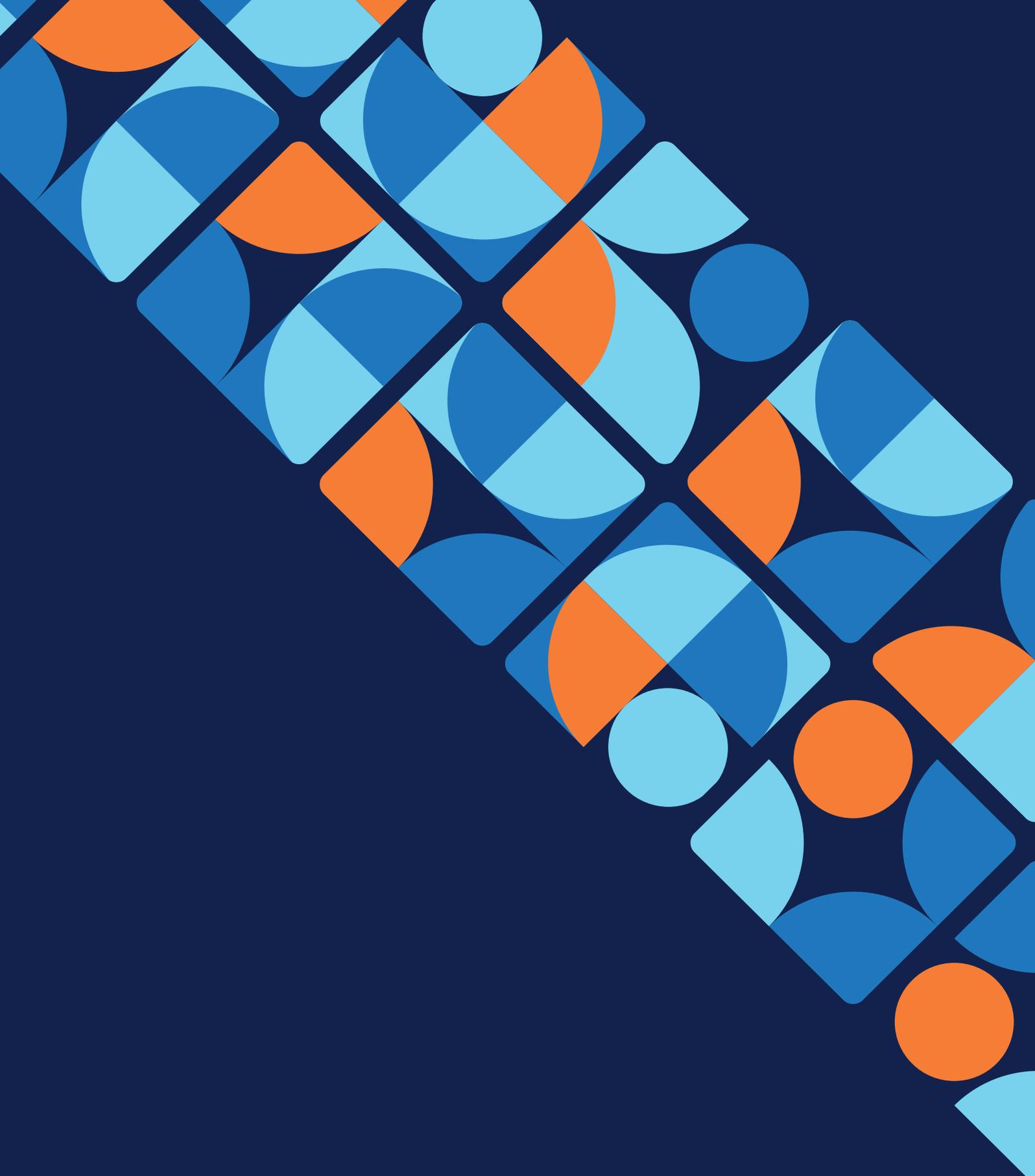
Chairman and Non-Executive Director MA Financial Group; Former Chairman and Non-Executive Director carsales.com Ltd.; Former Director Sky News Limited; Former Managing Director and Director Nine Network Australia Pty Ltd; Father of a daughter and son with T1D

## **Mark van Dyck**

Regional Managing Director Asia Pacific Compass Group

## **Brian Hartzler**

Chairman of Beforepay; Former CEO Westpac



**JDRF** IMPROVING  
LIVES.  
CURING  
TYPE 1  
DIABETES.

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