

JointHealthTM monthly

Arthritis research, education and advocacy news : March 2011

Announcing Year Two of the National Arthritis Awareness Program

In 2009 - 2010, Arthritis Consumer Experts (ACE) and The Arthritis Society of Canada, created the first comprehensive national arthritis awareness program in Canada. With the slogan *Arthritis is cured! (if you want it)*, this **National Arthritis Awareness Program (NAAP)** positively promoted interest, activity and conversation about the disease and its impact on the Canadian public and healthcare professionals.

The success of Year One has led ACE to launch the second year of NAAP.

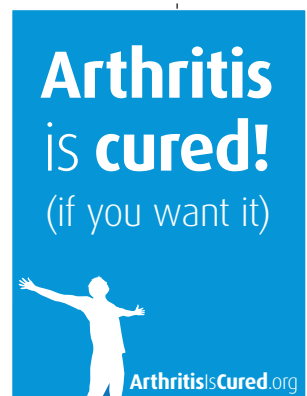
This year, ACE is partnered with the Arthritis Research Centre of Canada (ARC). Key community partners from across Canada will be joining us to expand the conversation about arthritis.

In this newsletter we review our accomplishments in NAAP Year One and outline how we plan to build on existing communication channels, such as the NAAP website, www.arthritisiscured.org. We also share exciting news about the development and upcoming May 2011 launch of a world class arthritis tool that will assist patients and healthcare physicians understand and promote prevention, early detection, diagnosis, and management of degenerative and inflammatory forms of arthritis.



Cheryl Koehn

President, Founder and person with arthritis
Arthritis Consumer Experts



NAAP Year Two's New Partner



Suite #200B 1228 Hamilton Street
Vancouver BC V6B 6L2
t: 604.974.1366 f: 604.974.1377
tf: 1.866.974.1366

e: feedback@jointhealth.org
www.jointhealth.org

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The Arthritis Research Centre of Canada (ARC), our new NAAP partner, with its national and international reputation as Canada's largest and leading clinical arthritis research institution, brings critical resources to this awareness program.

The ARC boasts a strong multi-disciplinary research team of outstanding clinical and population-based research scientists who collaborate with their colleagues across Canada and around the world. Drawing upon their expertise in arthritis prevention, diagnosis, treatment outcomes, and quality of life issues, ARC will provide valuable evidence-based and patient-oriented insight to the creation of NAAP Year Two tools for consumers and healthcare professionals.



www.arthritisresearch.ca

We plan to create the most sophisticated arthritis iPhone app, to promote conversations between healthcare professionals and the public, placing this program far ahead of the curve.
Dr. John Esdaile, Scientific Director, ARC.

Where are YOU going for healthcare information?

Over the past ten years, the growth of online medical information, peer-shared materials, and instant linking to scientific resources have dramatically changed how people get their health information. Eight in ten Internet users look online for health information. Many e-patients say the Internet has significantly affected the way they care for themselves or for others. Questions about symptoms and treatments dominate online searches:

- **66%** of Internet users hunt for information about a specific disease or medical problem.
- **56%** look for information about a certain medical treatment or procedure.
- **44%** search for information about doctors or other health professionals.
- **36%** look for information about hospitals or other medical facilities.

The most common questions people ask about their health are *“What do I have?”* — *“How do I treat it?”* — *“Who can help me figure this out?”* — *“Where should I go to get a procedure done?”* According to one of the top health websites, WebMD.com, the most commonly searched conditions in 2010 were:

- 1. Shingles**
- 2. Gallbladder**
- 3. Gout**
- 4. Hemorrhoids**
- 5. Lupus**
- 6. Skin Problems**
- 7. Allergies**
- 8. Heart Disease**
- 9. Diabetes**
- 10. Sleep Disorders**

Also, surveys done in 2010 by the Pew Research Center for the People & the Press, a leading independent, non-partisan public opinion research organization, show that social websites are becoming important hubs for health advice.

People want to learn from each other, not just from institutions. At first, commentators worried about people giving each other medical advice over the Internet. That’s got to be dangerous, right? So far: no. In Pew Internet surveys when people were asked: “Have you or someone you know been helped by health information found online?” Sixty percent of those Internet users, said yes, up from 31% in 2006. When asked: “Have you or someone you know been harmed?” Only 3% said yes.

Currently available smartphone arthritis applications are rudimentary and fall well below the standard found in other disease groups.

Looking back at NAAP Year One – Taking arthritis to the streets and to healthcare conferences

NAAP Year One was tremendously successful at helping Canadians learn how to access timely diagnosis, education, and appropriate care for arthritis.

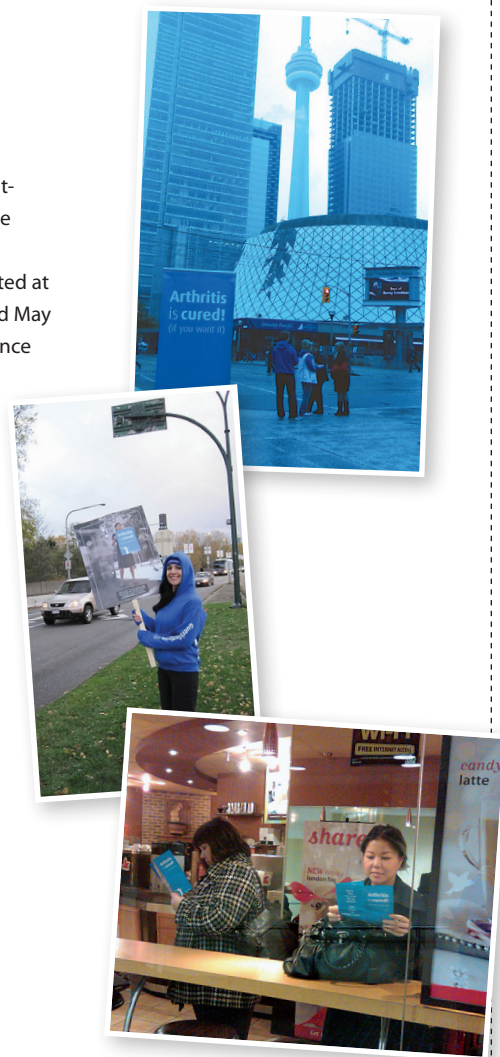
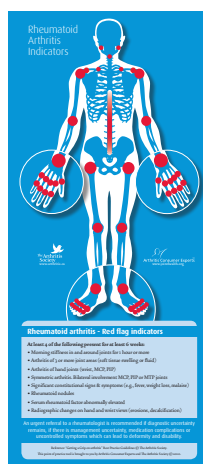
The NAAP Year One effectively raised the profile and awareness of arthritis across Canada during the period between October 2009 and September 2010. Public program activities were matched with stakeholder communications and media relations to amplify the central message of the program. The program was also supported by a digital strategy, including a website, a Facebook page, and an e-mail stakeholder communications program.

Forty-five ambassador street teams, made up of 150 volunteers branded in *Arthritis is cured! (if you want it)* uniforms took to the streets and personally delivered informational brochures to hundreds of thousands of Canadians in six major cities:

Toronto, Montreal, Halifax, Ottawa, Calgary and Vancouver. As planned, the program’s provocative creative slogan and materials proved eye-catching. Central downtown office buildings displayed the *Arthritis is cured! (if you want it)* National Arthritis Awareness Program poster and The Bentall Group partnership supplied high-visibility anchor locations for street teams. The Bentall elevator television program reached visitors to high profile downtown office buildings in Toronto, Vancouver and Calgary. During the launch period, ambassador teams were also placed at busy street corners, major commuting hubs, and bridges.

Early detection and diagnosis of arthritis is critical to reduce pain and prevent irreversible damage to the joints. To assist primary care professionals diagnose, manage, and discuss arthritis with their patients,

the NAAP developed a point-of-practice arthritis tool. Five thousand arthritis point-of-practice tools were distributed at two conferences in April and May 2010: the Canadian Conference on Medical Education (CCME 2010) and the 8th annual Primary Care Today educational conference and medical exposition.



NAAP Year Two – An “Appy” place

– Arthritis at the intersection of health and technology

Smartphones are rapidly changing the way physicians and medical institutions function and help patients. Approximately 60% of physicians in Canada have integrated smartphone use into the Health Network.

Doctors are meeting online to discuss challenging cases, using social media as part of their practice. Researchers are working with patients to learn about side effects in real-time to improve therapeutic regimens. Today doctors several hundred miles from their patients use smartphones not only to monitor their conditions in real-time, but also to share information, update charts, and carry out procedures with remote instructions if needed.

The smartphone phenomenon has spilled out of medical practices and into university medical classes. For example, the University of Alberta prepares medical students to make the transition from the school to the hospital, with a focus on smartphone-based medical applications.

Making the case for an arthritis app

When ACE began planning for year two of the *Arthritis is cured! (if you want it) National Arthritis Awareness Program* in May 2010, there were approximately 150,000 third party applications, or apps, available at the App Store. As of February 2011, there were more than 300,000, including over 6,000 iPhone medical applications for consumers and healthcare professionals.

Another way to measure this growth is to consider that at the end of September 2009, the App Store hit 2 billion apps downloaded, and by January 2010 there were 3 billion downloads from the App Store.

There are medical applications able to calculate drug doses, receive patient records, monitor patient health in real time around the world, research new innovations, and translate languages with medical terminology; all with the swipe of a finger.

However, currently available smartphone arthritis applications are rudimentary and fall well below the standard found in other disease groups, such as cancer, diabetes, or heart and stroke.

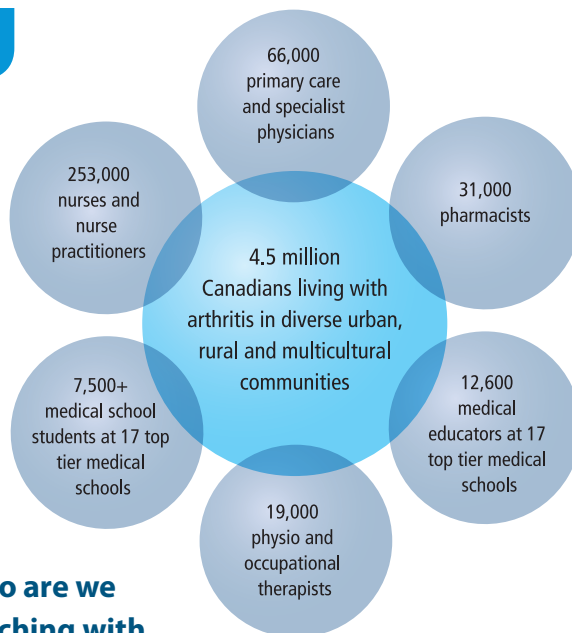
NAAP Year Two, capitalizing on the exponential growth of app use, seeks to provide a groundbreaking app that delivers arthritis information, resources, and support to the public, patients, primary care physicians, allied health professionals, and pharmacists.

Building on the unique, “point-of-practice” arthritis tool, created in the first year, and taking the lessons learned from a focus group of 75 family physicians and

rheumatologists, ACE and ARC will launch the most sophisticated arthritis apps designed for the iPhone. The first one, designed to serve healthcare professionals, will be launched in May 2011. A second one for arthritis consumers and the public will follow shortly after. These two iPhone arthritis apps will raise the level of conversation about prevention, early detection and “best practice” medical treatment and self-management, and provide leading-edge information on “best practice” guidelines for patient consultations.



Who are we reaching with our app?



NAAP Year Two – How you can get involved

NAAP Year Two needs your participation to help drive awareness for arthritis prevention, diagnosis, treatment, and self management. We ask you to get involved:

- Download and try our app, visit our website or join us on Facebook, Twitter or LinkedIn.
- If you are a primary care or nurse practitioner, talk to your patients about prevention and early detection of osteoarthritis and inflammatory arthritis.
- If you are a physiotherapist or occupational therapist, talk to your patients with joint complaints/ issues about prevention, exercise and surgical or injury rehabilitation strategies.
- If you are a pharmacist, talk to your customers about the importance of sticking to prescribed treatment and encourage them to learn about self-management strategies.
- And, if you are a consumer, speak to your healthcare provider about being screened for osteoarthritis and inflammatory arthritis as part of your annual check-up.

Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit www.jointhehealth.org

Guiding principles and acknowledgement

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a

practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.

Thanks

ACE thanks the Arthritis Research Centre of Canada (ARC) for its scientific review of JointHealth™.



Acknowledgement

Over the past 12 months, ACE received unrestricted grants-in-aid from: Abbott Laboratories Ltd., Amgen Canada, Arthritis Research Centre of Canada, Bristol-Myers Squibb Canada, Canadian Institutes of Health Research, GlaxoSmithKline, Hoffman-La Roche Canada Ltd., Merck & Co. Canada, Pfizer Canada, Sanofi-aventis Canada Inc., and UCB Canada Inc. ACE also receives unsolicited donations from its community members (people with arthritis) across Canada.

ACE thanks these private and public organizations and individuals.

Disclaimer

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.


Arthritis Consumer Experts™
Suite #200B 1228 Hamilton Street Vancouver BC V6B 6L2

