

## Roughly 1 in 5 Canadians live with arthritis.

### Where is our social movement?



At a recent dinner party, a good friend of mine said something revealing to me: “I don’t think of you as disabled.”

My friend’s comment was meant as a compliment but also reflected the still common misperception of arthritis pain as a “condition” associated with getting old and that can’t really be treated. It also reminded me how people with arthritis are often embarrassed about it and live in silence. This in spite of the fact that arthritis affects more than 4.6 million Canadians, is a debilitating disease and the leading cause of work disability in Canada and limits the activities of nearly 20% of Canadians.

I have had rheumatoid arthritis for 27 years and while I have learned to live with it, my life is a far cry from what it once was and what I wanted it to be. In my work, I try to build “pride” in everything ACE does. Still for reasons we have no “movement” but not because we’re not proud.

Often the disability you live with is invisible and isolating, making it difficult for a community to come together. Also, disabilities like arthritis rarely get the “headlines” that cancer and other high profile, celebrity-backed diseases get. Good for them, bad for us.

People with arthritis need to take action. Together, we need to pull our disease out of the closet and start talking about it. Not just during Arthritis Awareness Month in Canada but every day of the year.

Today, one in five Canadians is living with arthritis. Nearly two-

thirds of Canadians with arthritis are under the age of 65. By 2040, the number of Canadians with arthritis will increase to one in four.

The need to confront the stigma of arthritis and consumer silence is nowhere more evident than in the workplace. A recent evaluation of the economic burden of illnesses by Statistics Canada estimated the annual cost of workplace disability from arthritis and MSK conditions at \$13.6 billion.

Similar to the mental health community, Canadian workers with arthritis find it difficult – and for some, impossible – to disclose their diagnosis to their employers. While instituting workplace policy changes and practices that support flexible work arrangements is important, we must not overlook the real need for culture change in the workplace. Management experts widely agree that instituting

# The search is on for Canada's Best Workplaces for Employees Living with Arthritis Award

In this issue of JointHealth™ Insight, we take a closer look at ACE's third annual search for Canada's Best Workplaces for Employees Living with Arthritis. This year's award will focus and seek to recognize those workplaces and employers who progressively provide an environment that promotes work flexibility and meets the needs of employees living with arthritis, help them manage their disease and work with symptoms such as pain, fatigue, joint dysfunction or immobility.



Smart employers know committed, productive teams require an environment where employees know they can balance work, family and personal responsibilities. In this third year of our award, ACE is looking closely at the availability of flexible work benefits and policies, as well as employees' comments on their effectiveness. ACE wants to recognize companies providing innovative flexible work arrangements to help employees with arthritis, and other chronic diseases, take better care of themselves, and in turn report less pain, fatigue, and disruption at work, allowing them to remain employed for longer.

Commenting on the Best Arthritis Workplaces program, Dr. Monique Gignac, Associate Scientific Director and Senior Scientist at the Institute for Work and Health and a Professor at the University of Toronto said: "Our research shows that employees with arthritis who have flexibility in their work arrangements, more control and autonomy related to how they do their job and organize their schedule, and who have received job accommodations if they are needed, are

more productive at work and less likely to have disruptions to their jobs or ongoing activity limitations."

Flexible work arrangements are vitally important for employees working with arthritis due to its significant impact on productivity and its cost to society. Arthritis is the most common cause of disability in Canada, typically striking people, between ages 35-50, in their prime working years. Studies have also clearly shown that the cost of being present at work, but less productive, is higher than the cost of being absent, with a workforce survey showing the cost of presenteeism was four times higher than the cost of missed days from work. Statistics Canada estimates the annual cost of workplace disability from arthritis at \$13.6 billion per year.

In August, ACE shared these and other important facts about arthritis in the workplace during the federal government's "[Consulting with Canadians on flexible work arrangements](#)".

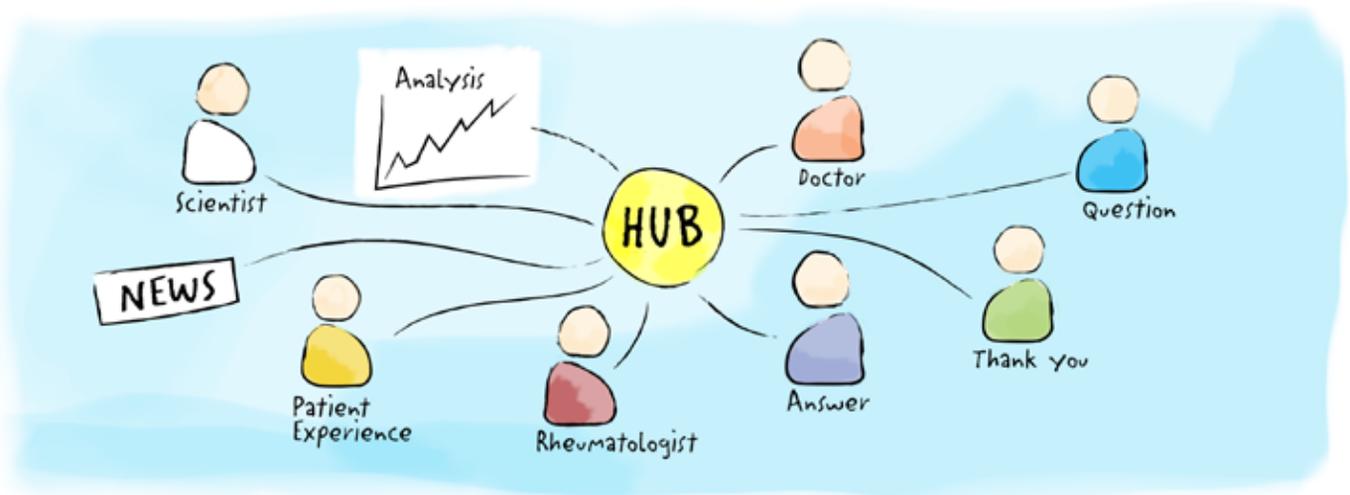
## **Is your company a candidate for Canada's Best Workplaces for Employees Living with Arthritis award?**

To identify Canada's Best Workplaces for Employees Living with Arthritis, Arthritis Consumer Experts, together with its Scientific Partner, Arthritis Research Canada, evaluates submissions from employers or employees from across Canada.

In choosing the finalists, ACE employs an extensive evaluation process, which includes wide-ranging criteria from which to judge and recognize Canadian companies' best arthritis strategies and practices in the workplace. Categorizing companies by size (small, medium and large), ACE analyzes company practices and programs compared to other candidate companies based on criteria such as physical workplace adaptability, flexible hours, employee education, and benefit plans.

**The deadline for applications is 5:00 p.m. EST on October 21, 2016 and winners will be announced during the American College of Rheumatology Annual Meeting - the premier scientific meeting in rheumatology - on November 14, 2016. To determine if your company is eligible for Canada's Best Workplaces for Employees Living with Arthritis award, please click [here](#).**

# ACE launches **Biosim•Exchange** Canada's first biosimilar information hub



**During Arthritis Awareness Month in Canada**, Arthritis Consumer Experts (ACE) is launching the Biosim•Exchange – a reader-friendly information hub for consumers and health care professionals to get the latest biosimilar news.

Biosimilars describe a group of biologic medications that are administered by subcutaneous injection or intravenous infusion and are proven similar, but not identical, as their originator biologics. Health Canada, which approved Canada's first biosimilar for the treatment of inflammatory forms of arthritis in 2015, defines biosimilars as a "biologic drug that enters the market subsequent to a version previously authorized in Canada, and with demonstrated similarity to a reference biologic drug." While relatively new to Canada, biosimilars have been approved for use in Europe for a decade and for use in arthritis since 2013.

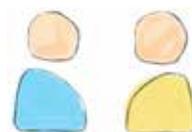
ACE has been a leader in biosimilars discussions since 2009 and has gone on to conduct workshops, webinars and education programs, sharing fact-based information with multi-stakeholder groups across Canada. ACE has consistently communicated its support of the development of a medication approval and reimbursement access regime, offering choice and broadening access, while ensuring "gold standard" patient care and safety. Based on this experience, ACE has created the Biosim•Exchange to provide fact-based information on biosimilars safety and effectiveness and report on public and private health insurance formulary policy or listing decisions.

Identifying the real need for balanced, evidence-based information on biosimilars, ACE's aim with the timely delivery of biosimilars information is to help patients better understand biosimilars and their place among other inflammatory arthritis treatments. With this knowledge, patients can have a full therapy

conversation with their rheumatologist (or other specialist) in order to best decide on their choice of medication, including originator biologics and biosimilars.

Biosimilars offer patients and physicians another choice in the treatment of inflammatory arthritis at a reduced price from the originator biologic. Provincial formularies and private health insurers have begun providing reimbursement for the first biosimilar approved in Canada for the treatment of inflammatory forms of arthritis. Both provincial and private payers are considering biosimilars as a key element in their mandates to list cost-effective medication treatment that is clinically meaningful to patients and contributes to long-term cost reductions and drug plan sustainability.

As biosimilars research data continues to be published and policies regulating them evolve, ACE is meeting with public formulary and private payer decision makers to provide our membership's views on the placement of biosimilars in therapy. ACE is advocating to provincial governments to reinvest drug plan savings from biosimilar listings back to drug plan budgets by listing new medicines coming into the marketplace to address unmet treatment needs.



**PATIENT  
EXCHANGE**

ACE encourages you to share the Biosim•Exchange with other patients, your friends and family.

We look forward to your questions and comments and want to hear about your experience with biosimilars.



EMAIL ACE

new policies in the workplace are rarely successful without culture change – that is to say– without changing the way people think and act, the structural changes an organization may make are not likely to succeed.

There is a stigma attached to arthritis that discourages employees with it from disclosing their disease to colleagues and employers. Many employees are worried that disclosure could have negative consequences, like loss of career opportunities or perhaps termination of employment. A 2016 public opinion poll by the Arthritis Alliance of Canada shows that almost half of Canadians would be reluctant to disclose to their employers that they are living with a chronic disease because of a fear of repercussions, and that nearly 40% knew someone that had been treated unfairly in the workplace because of a chronic disease.

Collective efforts are needed to change the stigma associated with discussing chronic diseases with employers and change workplace culture. We need only observe the work that the mental health community has undertaken to tackle stigma and raise awareness and promote understanding of mental illness in the workplace to

understand that changing culture is an important part of changing behaviour and norms.

Changing workplace policies won't be enough to achieve more flexible and accommodating workplaces; we must change workplace cultures and attitude if we want real change to happen.

## Let's start a movement!



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If you are living with arthritis, ACE wants to hear from you: How has it affected your sense of identity and your interactions with others? How has it affected you at work? Send us an email or tell us on twitter or Facebook. Your replies may also be referenced in a follow-up post.



## Arthritis Consumer Experts (ACE)

### 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.jointhealth.org](http://www.jointhealth.org)

### 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 grants and project support 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 website, or during any of its educational programs or activities.

### Thanks

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



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ACE's information, programs and services and opinions are free from influence from individuals or organizations providing ACE unrestricted grant funding.

### Disclaimer

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ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

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