

ACE Survey for Federal Election Political Parties

Share your plan for arthritis prevention, treatment, and care in Canada

The more than 100 types of the disease contribute to a wide range of health challenges that collectively cost billions of dollars every year. Timely and equitable arthritis diagnosis, care and treatment must be a top priority for the next federal government. Without intervention, more than 9 million Canadians are expected to be living with arthritis by 2040.

Arthritis in Canada: The Facts

More than 6 million Canadians live with arthritis. Arthritis is the most common chronic disease in Canada and affects more people than heart disease, stroke, diabetes, cancer, and dementia combined. The disease also has a disproportionate impact on Indigenous Peoples, who have some of the highest rates of arthritis and are more susceptible to becoming disabled by arthritis or developing co-morbidities.

Arthritis affects Canadians of all ages. Arthritis is often believed to be a disease of older adults however, the reality is that around half of those living with it are under the age of 65, and many are diagnosed in their 30s, 40s, or even earlier. More than 25,000 children in Canada are living with arthritis.

Canadians are waiting too long for joint replacement surgery. 99% of knee and over 70% of hip replacements are due to arthritis. Too many people in Canada are living in devastating pain waiting for life-changing joint replacement surgeries. A [comparison of wait times](#) in Canada and other countries shows people waited longer for joint replacements in Canada than in the U.S., U.K, Australia, Germany and France.

Arthritis is a disease that can progress to other diseases. Arthritis is a precursor to cardiovascular disease and puts people at a higher risk of developing conditions such as diabetes, depression and osteoporosis. Tackling arthritis in its earlier stages can help stop the chronic disease cascade.

Arthritis is a significant burden on Canada's economy and health system. The impact of arthritis extends far beyond the individual – it's felt by workplaces, healthcare systems, and the economy. As the leading cause of work disability, arthritis costs Canada over \$33 billion every year in healthcare expenses and lost workdays. In 2021-2022 over \$1.26 billion was spent on [hospital costs](#) for hip and knee joint replacements. In 2023, purchases for [arthritis medications](#) by retail and hospitals was over \$3.5 billion, the third top drug class purchase.

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Six million Canadians living with arthritis want to know what is your plan for arthritis.

Arthritis Consumer Experts is asking Canadian federal political parties to share their perspectives on how to meet the needs of Canadians living with arthritis. We look forward to your response.



Question 1

If elected, what will your government do to ensure better and faster access to arthritis care and treatment?

Canadian living with inflammatory arthritis, like rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis or lupus, require access to essential medicines they need for managing symptoms and slowing disease progression.

Many people with arthritis become resistant to medications within five years and need access to new, innovative treatments. The drug review process must be streamlined to ensure more timely new drug approvals in Canada – it takes [a year longer](#) in Canada than in other developed countries.

A [Statistics Canada](#) report states that in 2021, more than one in every five (21%) adults in Canada reported not having any prescription insurance to cover medication costs. This lack of coverage forced some individuals to delay or skip doses due to the unaffordable cost of medication, or to shoulder higher out-of-pocket expenses.

With the passage of the Pharmacare Act, it is also critical that there be a full range of arthritis medication options included in the proposed national formulary so that Canadians living with arthritis have access to essential medicines, regardless of their ability to pay.



Question 2

If elected, how will your government ensure provinces and territories adhere to agreed-upon surgical wait time targets and implement best practice, as well as offer effective joint replacement prevention education at a population level?

Some individuals with severe osteoarthritis require joint replacement surgery to achieve better quality of life, less pain and more joint function. Despite efforts to reduce wait times for joint replacement surgeries, wait times remain too long, leaving people living in debilitating pain. A CIHI [report](#) shows that 38% of people who require surgery are waiting longer than the established benchmark wait time target of 6 months. Wait times also vary greatly across the country and fewer joint replacement surgeries were done within the clinically acceptable wait time in 2023 (62%) than in 2019 (72%). This time does not include the wait time from when the family doctor makes the referral to when a person sees the specialist, which can take months to years.

Question 3

If elected, how will your government work with provincial and territorial governments to standardize arthritis health data, so access and quality of care are consistently measured, evaluated and reported on across the country?

Data and data integration are key to improving the health system and health outcomes. If we optimize how we collect, use and report on health data, it will better inform health care decisions and lead to better health outcomes and quality of life for people living with arthritis. Lack of timely, accessible, transparent arthritis data continues to be a major barrier for informed decision-making on patient care and innovation in our health system. All jurisdictions must work together to standardize how and what data is collected, enable appropriate data sharing, make it available to patients and ensure there are safeguards in place.

Question 4

If elected, what culturally appropriate, patient-centered policies will your government introduce to help Indigenous Peoples navigate the healthcare system and receive coordinated care within their community to manage their arthritis?

Indigenous Peoples in Canada have some of the highest rates of serious or life-threatening arthritis in the world and are at greater risk for becoming disabled by arthritis or developing co-morbidities. Significant gaps in Indigenous arthritis care currently exist in Canada. Based on recommendations in the Truth and Reconciliation Calls to Action, Indigenous Peoples, communities and organizations' have established health priorities and initiatives to advance Indigenous self-determination and control over health and health care and improve access to culturally safe, community-based health, healing and wellness services.

Question 5

If elected, will your government increase arthritis research funding to align with the disease's prevalence and impact and support high impact areas, including precision medicine, arthritis prevention, population health data and Indigenous arthritis health research?

Arthritis research in Canada is significantly underfunded compared to other chronic diseases such as cancer, diabetes, and cardiovascular conditions, even though nearly 6 million Canadians live with arthritis. Addressing arthritis more upstream by identifying the underlying causes of various forms of arthritis can prevent the disease from evolving into more serious complications down the line.