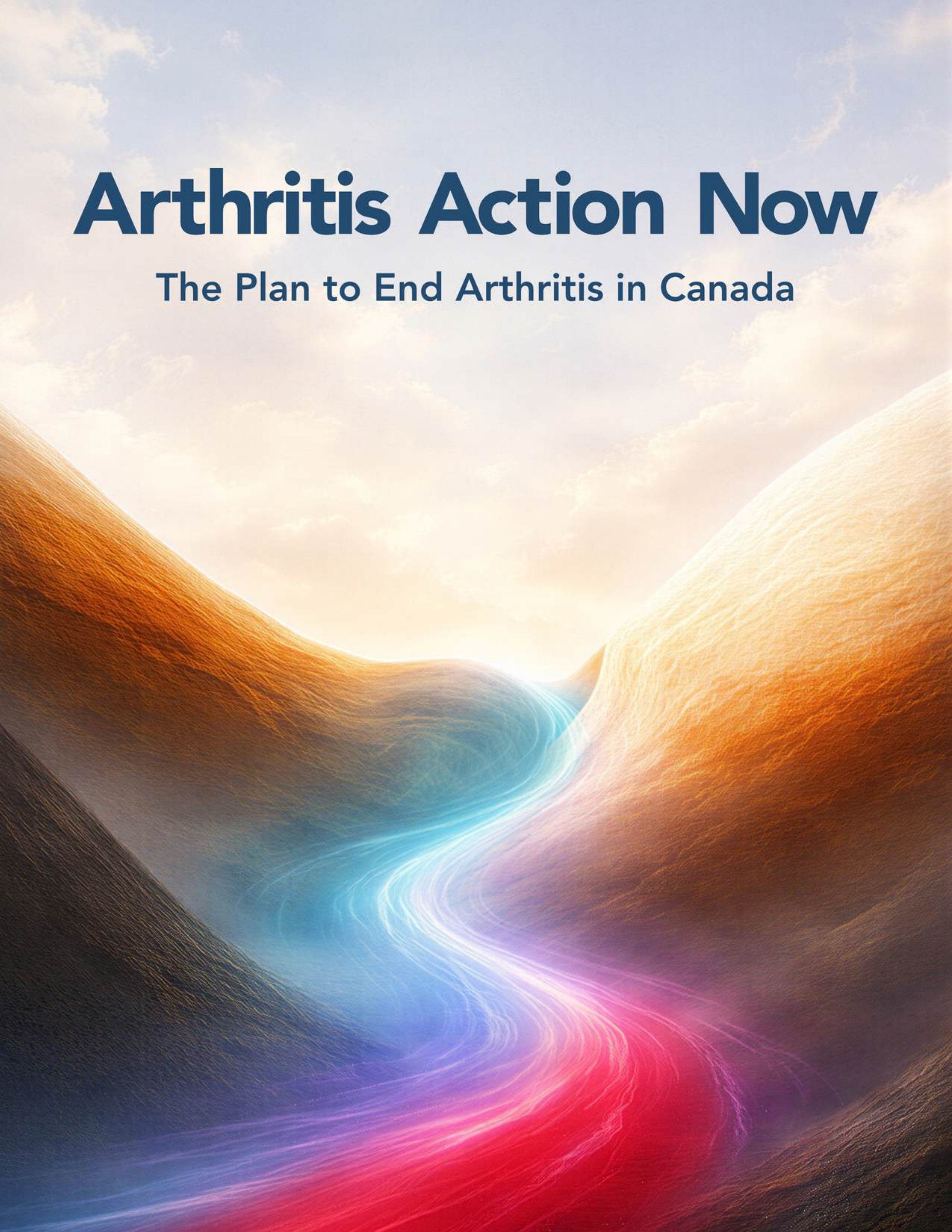
Arthritis Action Now

The Plan to End Arthritis in Canada



This artwork, created by Kjel Erickson for the cover of the Arthritis Action Now, depicts a joint as a landscape.

Two luminous forms rise on either side representing bone, with the stream as the joint space between them. Above, a wide and hopeful sky opens outward, bright with the promise of what becomes possible when collective effort takes shape. From that sky, light descends. Cool teal and blue pour downward through the joint, washing through what burns vivid red at the base — the colour of pain and inflammation that defines the lived experience of millions in Canada living with arthritis, and the weight carried by those who support them. The light does not wait at a distant horizon. It comes down into the darkness, into the pain and into the joint itself. These shifting hues also reflect the three pillars of the plan, guiding the path toward innovation, discovery, and lasting change.

Together, these elements capture the momentum of more than 20 organizations working in partnership to move toward a future where arthritis no longer defines the lives of those it touches.

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Executive Summary

Arthritis is a silent epidemic affecting more than six million people in Canada, across all ages, income levels, ethnicities, genders and backgrounds.

Arthritis and related rheumatic diseases involve pain, swelling, stiffness and inflammation of the joints and can impact other tissues and organs. Arthritis is complex and diverse: it encompasses more than 100 types, none of which have a cure. It's the leading cause of disability in Canada, impacting people physically, mentally and financially. Arthritis exacts a $45.9 billion toll on our economy, due to healthcare costs and loss of productivity.

We refuse to accept this as inevitable.

In 2023, Canada's arthritis community came together with an unprecedented sense of urgency and shared purpose. Some of us have arthritis ourselves and know the daily struggles. Some of us are researchers and scientists working to discover new treatments. Some of us are clinicians, treating patients with a wide range of arthritis symptoms. Some of us are advocates, fighting for access to medication, surgery, rehabilitation and equity across diverse communities. What we've discovered is our shared purpose: our unwavering commitment to do better for people with arthritis.

Arthritis Society Canada and 21 other organizations representing patients, researchers, clinicians and advocates, joined forces to confront the challenges faced by millions of people in Canada. Together we began shaping a plan that would address the pressing needs of those living with arthritis today, chart a bold research agenda for the future, and identify what's required to support individuals fighting for their health, their families and their livelihoods. The result is Arthritis Action Now: The Plan to End Arthritis in Canada.

Our solutions are built on three pillars:

Public Policy Priorities

We call on provincial, territorial and federal governments to create and support legislation and funding for timely, appropriate and inclusive arthritis care; to reduce arthritis-related disability and associated costs, and to position Canada as a global leader in research, prevention and treatment innovation.

Research and Innovation Priorities

Created by Canada's scientific community, the research and innovation priorities will galvanize research institutions and funders to ultimately cure arthritis. This will require robust collaboration, increased investment and clear pathways to implementation.

Catalysts for Change

We have identified nine initiatives that will spur transformation — including precision medicine, protecting youth from future arthritis, advancing arthritis equity and arthritis aware workplaces — and we call on public, private and philanthropic sectors to invest.

On behalf of the leadership of Arthritis Society Canada and the Arthritis Ecosystem Champions who created this plan, I invite you to support our bold vision: the prevention, better treatment and ultimate cure of arthritis. We invite patients, their families, government, philanthropic donors, corporations, research institutions and health organizations to be part of making a difference.

The time for action is now.

Trish Barbato
President and CEO, Arthritis Society Canada
Chair, Arthritis Ecosystem Champions

Dedication

Arthritis Action Now is dedicated to the millions of people in Canada who live with arthritis every day — and to the strong and passionate voices who shared their stories, struggles and solutions.

Introduction: Arthritis Is Not What You Think It Is

Arthritis affects more people in Canada than diabetes, heart disease, stroke, cancer and dementia combined.[1] More than 6 million people across Canada – one in four women, one in six men – deal with the pain of this chronic disease and its impacts on all facets of their lives.[1] Half of the people with arthritis are under the age of 65, including 25,000 children and youth.[1–3] Arthritis inflicts a $45.9 billion annual drain on our economy[4] and forces millions of people into unnecessary suffering.[1,4,5]

Arthritis is a chronic disease driven by inflammation leading to pain, fatigue and many other debilitating symptoms. It encompasses more than 100 distinct types that systematically attack joints, tissues and organs, each presenting unique challenges and devastating consequences. Arthritis is serious and some forms lead to premature death.

Arthritis is not a normal part of aging. It is not only an older person's disease. It is not inevitable.

Examples of some of the most common types of arthritis and related diseases are described below.

Osteoarthritis: A Tsunami

Osteoarthritis affects more than 4.5 million people in Canada.[6,7] One in three people with osteoarthritis are diagnosed before age 45.[6] Despite being the most common form of arthritis, osteoarthritis remains dangerously misunderstood as normally occurring "wear and tear." This disease systematically attacks the joints, infusing basic daily activities with enduring pain. The economic impact is staggering. More than 175,000 hip and knee replacements were performed in 2024-2025, costing more than $1.64 billion, with over 99% of knee replacements and over 70% of hip replacements directly attributable to osteoarthritis.[8] Among working-age people with osteoarthritis, 42% are completely removed from the labor force.[6]

Guiding Principles

Our guiding principles reflect how we work together, how we lead and how we aim to shape arthritis policy, research and care. They are rooted in a vision of a more equitable, inclusive and collaborative future — one that recognizes and respects the diverse realities of those we serve and work with.

Representation

Those most affected by arthritis must have meaningful influence over the decisions that impact their lives. Our community elevates the voices of people with lived experience, ensuring they are not only heard but are partners in actively shaping policies, programs, and healthcare systems.

Equity

We strive to eliminate systemic barriers that contribute to health disparities in arthritis care, outcomes, and representation. Equity is not just an ideal—it is a practice embedded \in how we lead, collaborate, and advocate.

Respectful Engagement

We foster inclusive, honest dialogue that welcomes diverse viewpoints and embraces complexity. We believe that respectful engagement is essential for building trust, deepening understanding, and creating solutions that reflect the full spectrum of lived experiences within the arthritis community.

Gout: Not to be Ignored

Gout is the most common form of inflammatory arthritis, caused by uric acid crystals accumulating in the joints and soft tissues, which can cause sudden and severe pain and swelling. Affecting as many as 1 million people in Canada, gout has seen a steady rise in prevalence, with men four times more likely to have the disease than women.[3,7,9] Despite being manageable with appropriate treatment and lifestyle changes, gout is often underdiagnosed and undertreated.[10,11] Without proper management, gout attacks can become recurrent, leading to permanent joint damage and possibly life-threatening complications.[12]

Rheumatoid Arthritis: Full Body Attack

Rheumatoid arthritis is an autoimmune, systemic inflammatory disease that attacks the joints and bones as well as the heart, lungs, eyes and blood vessels. More than 480,000 people in Canada have rheumatoid arthritis and the prevalence has been increasing.[7,13] Women face disproportionate impact, often during their most productive years.[7] Without appropriate early treatment by rheumatologists[14] – within two to four months of persistent symptoms or as soon as possible after diagnosis[15] – irreversible joint damage can occur, leading previously independent individuals to require extensive lifelong treatment, care and support.

> "I've spent my whole life working hard, and now I can't walk 20 minutes without needing a break. I've lost half an inch on my left leg. Every step is agony, like a dull knife twisting deep into my hip. I never knew osteoarthritis could make me feel so helpless."
>
> **Tejan, British Columbia**

Guiding Principles Continued

Partnership

We operate in the spirit of collaboration—across organizations, sectors, and communities. We recognize that lasting change in arthritis care, research, and policy requires collective effort, shared responsibility, and a commitment to working better together.

Evidence and Experience

We believe that both scientific evidence and lived experience are essential to understanding arthritis and driving meaningful change. We advocate for research, programs, systems, and policies that are co-created with people who live with arthritis. Their experiences offer critical context, surface unseen realities, and challenge assumptions that may be embedded in traditional systems.

Accountability

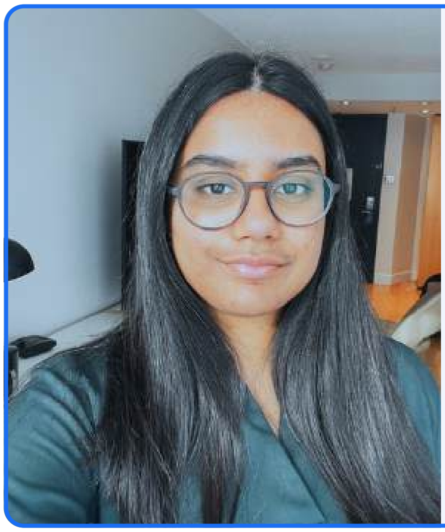
We hold ourselves—and one another—accountable to the values and commitments we share. We commit to transparency in our decisions, actions, and use of resources. We establish clear ways to evaluate our impact and ensure our work remains relevant, ethical, and aligned with our purpose.

Psoriatic Arthritis: Dual Assault

Estimated to affect one to two people per 1,000 in Canada[16], psoriatic arthritis represents one of the most complex and unpredictable forms of inflammatory arthritis. This condition combines the visible stigma of psoriasis skin lesions with the invisible agony of joint inflammation, causing both physical disability and profound psychosocial impact. The disease attacks joints and can also cause spinal inflammation, tendon damage and nail destruction, while increasing risks of cardiovascular disease, diabetes and depression.

Axial Spondyloarthritis: More than a Spine Under Siege

As part of the broader spondyloarthritis family estimated to affect more than 400,000 people in Canada[3,17], axial spondyloarthritis primarily targets young adults during their career-building years. This condition systematically fuses the spine, transforming flexible vertebrae into rigid bone formations that eliminate mobility and trap patients in progressively worsening posture. The chronic inflammation can extend beyond the spine to affect the eyes, heart, gastrointestinal tract, skin and lungs, while relentless pain and increasing disability can devastate careers, relationships and quality of life. Those living with this form of arthritis face a 35% increased risk of death from heart attack and a 60% increased risk of death from stroke.[18]



> “As a child, I frequently experienced fatigue, psoriasis and lower back pain that radiated down to my feet. These symptoms worsened during early adolescence, and I was dismissed by specialists, told it was just growing pains. I lived in agony until I finally received an axial spondyloarthritis diagnosis at 20. I lost almost a decade — that’s an unforgiveable system failure.”
>
> **Anna, Ontario**

Systemic Lupus Erythematosus: The Disease with 1,000 Faces

Arthritis is one of the most common symptoms of lupus with the most common type of lupus being Systemic Lupus Erythematosus (SLE), a complex condition that can target any tissue or organ of the body, including the joints, skin, muscles, blood and blood vessels, lungs, heart, kidneys and brain. Impacting about 1 in 1,000 adults and children in Canada[19], SLE represents one of the most unpredictable and potentially fatal forms of autoimmune arthritis related diseases. It disproportionately impacts women.[19] The unpredictable nature of flares creates a constant state of medical emergency preparedness, while the visible symptoms – including the characteristic facial rash – create additional social and professional challenges.

Vasculitis: The Silent Killer

Vasculitis is a rare condition that causes inflammation in the walls of blood vessels. There are more than 25 types of vasculitis, and all are life-threatening autoimmune diseases. Undiagnosed and untreated, vasculitis destroys blood vessels often attacking the kidneys and lungs and can lead to organ damage, blindness, stroke, heart attack or even death. Once diagnosed, vasculitis is treated aggressively with powerful immune supressing medications. The rarity of vasculitis often leads to diagnostic delays, another path toward irreversible organ damage that is sometimes fatal. Survivors face the risk of disease relapse, repeated organ damage and side effects of immunosuppressive treatments. Vasculitis affects people of all ages, genders and ethnicities. It can also be a complication of inflammatory forms of arthritis and related diseases, including rheumatoid arthritis and lupus.

> "I was severely unwell. I had bleeding in my lungs, inflammation of the arteries of my heart, damage to other organs. My eyes, nose, airway, ears and nerves were deeply affected. Different organs were threatening to shut down altogether – I was at a very high risk of dying. My vasculitis was so aggressive that it was unclear whether I'd survive."
>
> **Karam, British Columbia**

Juvenile Arthritis: Childhood Stolen and Lifelong Impact

Approximately 25,000 children in Canada seek care for arthritis,[2] including more than 6,000 diagnosed with juvenile idiopathic arthritis (JIA),[7] making it one of the most common — and most under-recognized — chronic childhood diseases. Children are also affected by other serious childhood-onset rheumatic diseases such as lupus, juvenile dermatomyositis, vasculitis and autoinflammatory syndromes. These diseases disrupt daily life in profound ways: ongoing pain and fatigue, frequent medical appointments, missed school, limited participation with peers and substantial emotional, financial and logistical strain on families. Without timely diagnosis and coordinated pediatric care, children face preventable and lifelong consequences, including impaired growth, vision loss, reduced physical function and mental-health challenges.

Arthritis Risk Factors

Sex and/or gender

Sex and/or gender plays a crucial role, with women experiencing a disproportionate burden — one in four women versus one in six men develop arthritis,[1] and women are about twice as likely to develop rheumatoid arthritis.[7]

Genetic predisposition

Genetic predisposition increases susceptibility for diseases like rheumatoid arthritis and lupus, though having arthritis-associated genes doesn’t guarantee disease development.[20,21]

Obesity

Obesity significantly increases risk, particularly for osteoarthritis in weight-bearing joints, with obese individuals showing as much as 60% higher odds of arthritis diagnosis.[22]

Previous joint injuries

Previous joint injuries from sports, recreational activities, accidents or repetitive occupational stress increase the risk of osteoarthritis.[25,26]

Smoking

Smoking increases risk of rheumatoid arthritis, with risks persisting even after cessation and childhood exposure to second-hand smoke increasing adult rheumatoid arthritis risk.[23,24]

Comorbidities & Mortality Facts

Having arthritis can **increase your risk of dying from any cause.**[27–30] Arthritis can lead to cardiovascular disease and associated death.[18,27–31] Osteoarthritis also often coexists with diabetes[1,32], and walking limitations from osteoarthritis pain can raise the risk of diabetes complications.[33]

Over **80% of people in Canada with arthritis have at least one other chronic health condition** such as back problems, high blood pressure, high cholesterol, heart disease, diabetes, mood disorders or anxiety disorders.[1]

Arthritis takes a toll on mental health – especially among young people. In inflammatory arthritis, some studies have suggested that depression or anxiety can negatively impact remission rates and disease outcomes.[34,35]

Canada Is Failing Patients

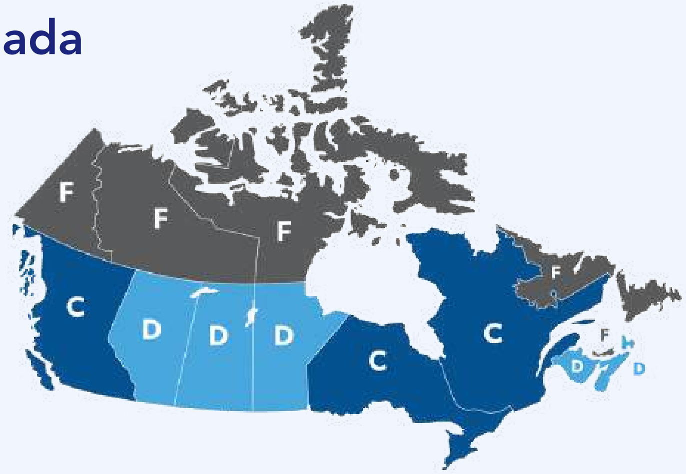
State of Arthritis in Canada

REPORT CARD 2026

Jurisdictions were assessed on:

- ✓ Access to Care & Treatment
- ✓ Wellness
- ✓ Research & Innovation

READ THE FULL REPORT



Delayed Diagnosis

Delays in diagnosing autoimmune forms of arthritis can lead to irreversible joint damage. Diagnosis can take months or years, even more than a decade, for many forms of arthritis.[36–40] Unlike many common chronic diseases that can be effectively managed in primary care, many forms of arthritis require a rheumatologist to accurately diagnose and effectively manage the disease. Access to rheumatologists[14], early recognition and prompt initiation of disease-modifying therapies are critical to preserving joint integrity and preventing lifelong disability. Without early treatment, inflammation leads to loss of joint function, ongoing pain and the erosion of cartilage and bone. Once this structural damage occurs, it cannot be reversed. Diagnostic delays are one of the most consequential and preventable drivers of long-term harm for children.

> I'd like to reduce the wait time to see a doctor. It makes a difference when you start treatment. The disease will continue and it'll be harder to control if you have to wait.
>
> **Rocio, Quebec**

What is a rheumatologist?

Rheumatologists are advanced medical specialists that diagnose, treat and manage autoimmune forms of arthritis - such as rheumatoid arthritis, lupus-related arthritis, spondyloarthritis, psoriatic arthritis - and other musculoskeletal conditions.

Surgical Wait Time Crisis

Over 70% of hip replacements and over 99% of knee replacements are directly attributable to arthritis.[8] In 2024, only 68% of people waiting for a hip replacement and 61% of those waiting for a knee replacement received surgery within the recommended six-month benchmark — down from 75% and 70%, respectively, before the pandemic.[41] These delays mean about 25,000 individuals wait beyond medically appropriate timeframes each year, enduring deteriorating function and escalating pain.

> “Wait times for surgery are unacceptable. This creates mental health issues due to chronic pain and feeling hopeless and helpless.”
>
> **Tina, Ontario**

Lack of Primary Care Access and Knowledge

Close to six million people living in Canada lack access to a regular healthcare provider[42,43], creating dangerous gaps in chronic disease management. Even with access to primary care, most healthcare providers are not trained to adequately manage arthritis in adults or children. For patients requiring access to rheumatologists for monitoring, medication adjustments and preventive interventions, this access crisis transforms manageable conditions into emergency situations.

Limited Access to Publicly Funded Prevention and Rehabilitation Programs

Although arthritis affects more people in Canada than any other chronic disease[1], it is rarely prioritized in prevention, early intervention or ongoing self-management strategies. Access to evidence-based preventive and rehabilitative arthritis care is constrained by limited public funding and program availability. Public coverage for prevention and rehabilitation (including occupational therapy, physiotherapy, chiropractic care, nutrition, kinesiology and social work) is limited or non-existent. Private insurance only partially offsets costs and is not universally available. As a result, many individuals wait months or go without essential services that reduce pain, preserve mobility, improve function and support participation in daily life, school and work. Among people with arthritis-associated disability in Canada who require help from allied healthcare services (mostly rehabilitation services), two-thirds report receiving insufficient help or no help at all.[5] This gap is even greater at younger ages, with 80% of those age 15-45 reporting unmet allied healthcare needs.[5]

Medication Access Barriers

Restrictions in public drug plans create barriers, with patients facing delayed or denied coverage for effective treatments. Not all medication is covered, forcing many to choose between essential medications and other necessities. Government protocols can restrict opportunities for clinicians to prescribe more targeted medications sooner. In addition, new therapies experience delays in being listed in Canada. Additional barriers exist for children with arthritis including delayed approval of pediatric indications, reliance on off-label prescribing and significant variation in provincial formulary coverage.

> “In the past two decades, we have seen giant advances in the treatment of vasculitides. In Canada, we can deliver even more advances in patient care with quicker diagnosis of vasculitis, but we also need quicker access, and coverage, to the newest medications.”
>
> **Christian Pagnoux, MD, MPH, MSc, Toronto Vasculitis Clinic, Mount Sinai Hospital**

Declining Research Investment

There has been a dramatic decline in federal investment in arthritis research — leaving promising, potentially life-changing studies without funding. While Canada’s largest health research agency has increased overall funding by 29% since 2017 (to 2025), arthritis-specific research investment has declined nearly 24%, now representing just 1.2% of its research spending.[44,45]

Arthritis from an Equity and Relational Approach

Arthritis in Canada is exacerbated by deeply entrenched inequities in healthcare shaped by history, systems and social realities. Persistent inequities in prevention, diagnosis, treatment and long-term support have resulted in disproportionate impacts on many underserved communities.

The following groups are identified as underserved in this plan, although this list is not exhaustive: 2SLGBTQIA+ communities; First Nations (including individuals who live both on and off reserve), Inuit and Métis people (collectively referred to as Indigenous Peoples); Black communities; racialized communities; newcomers; and rural and remote communities. Intersectionality is an important consideration, as people may be part of more than one community and bring those experiences with them.

The Arthritis Ecosystem Champions developed a comprehensive response and commitment to the TRC Calls to Action for Health #18-24[46]

How Systems Shape Care Experiences

Social determinants of health, such as housing, income, food security, employment, geography, social identity and access to services, play a central role in shaping overall health including arthritis risk, disease progression and outcomes. Within healthcare systems, these realities lead to:

- Symptoms being minimized or misunderstood
- Delayed or missed diagnoses
- Experiences of stigma related to pain, disability, gender and identity
- Cultural disconnection between patients and providers
- Bias influencing whose experiences are believed and prioritized

Indigenous Peoples experience the highest prevalence of arthritis in Canada[47,48] and continue to face significant barriers to timely diagnosis, culturally grounded care and continuity of services—particularly for those living on reserve or in rural and remote communities. Fragmented jurisdictional responsibilities, combined with the enduring impacts of residential schools and systemic racism, have disrupted trust and shaped how healthcare systems are experienced.

Black communities experience systemic inequities in healthcare in Canada.[49] Anti-Black racism compounds barriers to effective arthritis care, perpetuating harmful stereotypes, discrimination in healthcare settings and racism-induced stress. Arthritis care experiences in Black communities in Canada are influenced by fragmented care and a legacy of mistreatment and harm[50], and it is underappreciated that arthritis and related diseases can manifest differently – and in some contexts, more severely – in Black people[50–54].

Arthritis from an Equity and Relational Approach

Many communities are under-represented in research, policy and practice. This lack of visibility reinforces inequities and limits the development of responsive, culturally grounded models of care. This is particularly true, for example, across 2SLGBTQIA+ communities, where people experience chronic stress due to stigma and discrimination, often leading to health system avoidance. In addition, many people in racialized and newcomer communities face barriers in accessing arthritis information in their languages and cultural context.

For individuals who live at the intersection of multiple identities — such as Indigenous or Black women with disabilities living in rural or low-income contexts — these barriers compound, intensifying inequities and contributing to avoidable suffering.

A Life-Affirming Path Forward

Advancing equitable arthritis care requires sustained commitment to approaches grounded in self-determination, relational accountability, cultural grounding and gentleness. This work calls for transforming how care is designed, delivered and evaluated. As such, Arthritis Action Now emphasizes:

- Lived experiences and patient voices
- Addressing social and structural conditions that shape health
- Embedding cultural safety and trust-building within care delivery
- Strengthening research and policy to reflect diverse realities
- Designing systems that restore balance rather than perpetuate harm

This is not only about improving outcomes — it is about restoring relationships. When arthritis care honours dignity, culture and interconnectedness, it becomes a force for healing that extends beyond individuals to families, communities and future generations.

Indigenous-Grounded, Equity-Oriented Action

"A relational and Indigenous-grounded framing for advancing equitable arthritis care in Canada is guided by the understanding that language shapes reality. Centering Indigenous perspectives means healing emerges through right relations, balance, responsibility and goodness. It intentionally moves away from deficit-based or oppositional language and instead restores dignity, trust and holistic well-being. In this way, Arthritis Action Now is a living commitment to care differently.

From an Indigenous lens, illness does not reside solely in the body. Health is understood as holistic and relational, intertwined with spirit, family, land, culture, language and community. When arthritis care is designed primarily through narrow biomedical models, it can unintentionally deepen disconnection and inequity. Honouring lived experience as a valid and necessary form of knowledge is essential to reshaping arthritis systems in ways that are ethical, effective and inclusive."

Dr. Terri-Lynn Fox, PhD,
Independent Indigenous Researcher

Economic Impact of Arthritis in Canada

Arthritis is a health crisis. It's also a rapidly escalating economic emergency — one that drains Canada's prosperity, region by region, workplace by workplace, year after year. And yet, it remains chronically under-resourced relative to the staggering burden it places on our healthcare system, our labour force, and our national competitiveness.

Canada's total health expenditures reached close to $400 billion in 2025.[56] Arthritis care consumed a substantial portion of that cost through emergency department visits, hospitalizations, and complex specialist care.[57-59] Globally, musculoskeletal diseases including arthritis rank among the top five drivers of escalating healthcare costs worldwide.[60]

$45.9 BILLION ANNUAL ECONOMIC COST

Arthritis costs Canada $45.9 billion every year, with costs predicted to rise.[4] This represents millions of people in Canada sidelined from their full potential, healthcare systems stretched beyond their limits, and communities bearing the weight of the disease. Investments in strategic arthritis solutions support innovation, productivity, and a workforce capable of powering Canada's economic future.

This $45.9 billion annual impact includes $20.1 billion in direct costs that flow through every level of Canada's healthcare system and beyond.[4] Doctor visits, hospitalizations, prescription medications, specialist care, surgical interventions, rehabilitation services: each represents both a cost today and a measurable opportunity for savings tomorrow.

Indirect costs account for $25.8 billion of the annual economic toll of arthritis, representing lost productivity, absenteeism, and presenteeism across Canada's labour force.[4] It shows up in careers curtailed too early and workers unable to contribute at full capacity.

Arthritis is Canada's leading cause of disability.[5] It can strike people in the middle of their most productive years — forcing workforce exits, limiting career advancement, and compressing lifetime earnings. Eighty-five per cent of workers with arthritis report that the disease affects, or will affect, their job performance.[55] As Canada's population ages, these pressures will only intensify.

Investing in arthritis care and research will ultimately improve economic prosperity, reduce healthcare costs, reduce disability, and strengthen Canada's workforce for generations to come.

THE IMPACT ACROSS CANADA

Province	2025 Annual Economic Cost [4]
Ontario	$17.8 billion
Quebec	$10.5 billion
British Columbia	$6.5 billion
Alberta	$5.1 billion
Manitoba	$1.5 billion
Saskatchewan	$1.4 billion
Nova Scotia	$1.3 billion
New Brunswick	$1.0 billion
Newfoundland and Labrador	$0.6 billion
Prince Edward Island	$0.2 billion
Total	**$45.9 billion**

Note: Territorial data is excluded from this analysis due to a lack of reliable data for the prevalence of arthritis and its attributed costs.

Governments at every level must address arthritis as a health and economic priority.

The Opportunity: Three Interconnected Pathways to Transformation

Arthritis will impact 9 million people in Canada by 2045 if we do not act.[1]

The crisis is accelerating. The science is ready. The ecosystem is aligned. The time to act is now.

What Will Be Different?

Arthritis Action Now is bold - with a clear vision of the impact it will make for people living with arthritis:

Deliver the world's first disease-modifying treatment for osteoarthritis

Achieve long-lasting remission for inflammatory arthritis in adults and children

Drive awareness and enhance access to enable prevention, reduce disability and optimize health

Arthritis Action Now was created for action and implementation. It is divided into three audience-specific strategies designed to mobilize Canada's full spectrum of decision-makers.

Pillar 1: Policy Priorities provide government leaders at all levels with actionable policy frameworks.

Pillar 2: Research and Innovation Priorities engage Canada's academic and scientific community with a comprehensive 20-year prioritized research strategy.

Pillar 3: Catalysts for Change target philanthropic investors, corporate partners and donors with investment opportunities.

Pillar 1: Arthritis Policy Priorities

The success of the plan depends on the commitment and action of all levels of government.

At the federal level, this plan aligns with the Government of Canada's priorities to drive made-in-Canada solutions that improve wellbeing and strengthen productivity. Improving access to care, increasing investments in research and innovation, and strengthening digital and data infrastructure will reduce the burden of arthritis, enabling people to stay active and engaged in their communities and the workforce.

At the provincial and territorial levels, this plan supports health system sustainability and mandates to reduce surgical wait times, strengthen primary and community-based care and build workforce capacity.

Arthritis Action Now calls on all governments in Canada to advance health equity by removing barriers faced by underserved populations.

The Case for Government Action Now

Across the country health resources and systems are straining to address the $45.9 billion[4] annual economic costs of arthritis. Arthritis Action Now focuses on three urgent policy priorities that would effectively support patients and reduce this financial burden. These priorities were co-developed with arthritis patients, community partners, healthcare providers, researchers and system leaders.

Priority: Timely, appropriate and inclusive arthritis prevention and care

- Build arthritis care pathways for prevention, diagnosis and treatment
- Accelerate access to new therapies and ensure people get the right treatment at the right time
- Co-develop culturally safe arthritis prevention and care with Indigenous communities

Priority: Reduction of arthritis-related disability

- Provide access to community-based self-management and support programs
- Reduce wait times for joint replacement surgeries
- Implement targeted arthritis prevention programs and public awareness campaigns

Priority: Canada as a leader in arthritis research and innovation

- Increase investments in arthritis research and innovation including Indigenous-led research
- Implement a pan-Canadian health data strategy that includes arthritis data and equity metrics

Priority: Timely, Appropriate and Inclusive Arthritis Prevention and Care

All people in Canada will receive timely, appropriate and inclusive arthritis prevention and care that is culturally safe and have access to prescribed treatments no matter where they live.

Canada's arthritis care systems are failing to deliver timely, equitable and effective care for millions of people. Access to high-quality, evidence-based arthritis care varies widely across the country.

Gaps persist across the arthritis care continuum from childhood through adulthood. Many people with forms of inflammatory arthritis, such as rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis or lupus experience diagnostic delays, sometimes for ten years or more[36–40] due to limited primary care training in arthritis and poor integration between primary and speciality care pathways.

> It took 15 years for me to be properly diagnosed and to receive effective treatment.

Interprovincial regulatory barriers restrict workforce mobility and limit access to care, while inadequate education leaves many clinicians underprepared to recognize and manage arthritis effectively. Access to rehabilitation and supportive care services is limited by workforce shortages, inconsistent public coverage and partial private insurance coverage.

Inconsistent public drug plan coverage across Canada and outdated criteria with reimbursement policies can delay access to more effective treatments. Indigenous communities face additional barriers to culturally safe care. Successful screening, prevention and care models remain isolated rather than scaled nationally.

ACTION: Build and strengthen arthritis care pathways for early prevention, diagnosis and treatment

Federal, provincial and territorial governments must fund and support the implementation of standardized arthritis and musculoskeletal care pathways. Up to a third of primary care visits are related to arthritis or other musculoskeletal conditions.[61] Strengthening arthritis care pathways will address the gaps between primary care and rheumatology and across specialities (dermatology, ophthalmology, rheumatology), improve health equity and patient experience, and reduce costs and emergency rooms visits. Targeted actions to remove barriers faced by underserved populations must be prioritized, including mobile clinics for rural and remote communities and community-based arthritis health navigators.

Action Plan for Pain

Arthritis is one of the leading drivers of chronic pain in Canada. Arthritis Action Now aligns with the federal Action Plan for Pain in Canada,[62] which recognizes chronic pain as a public health priority and calls for coordinated, equitable and person-centred care pathways across jurisdictions.

EXPAND ARTHRITIS INTEGRATED CARE PATHWAYS

Integrated care pathways must include rapid access clinics that leverage practitioners with extended scope training in rheumatic and musculoskeletal diseases, such as Advanced Clinician Practitioner in Arthritis Care (ACPAC)–trained occupational therapists, physiotherapists, nurses and chiropractors. These practitioners are trained to triage, screen, assess, educate and fast-track patients with active disease to specialists and surgical care when needed.

Comprehensive arthritis care requires interprofessional teams that include nurses, pharmacists and dietitians. For example, British Columbia funds specialized rheumatology nurses embedded in community-based rheumatology practices to deliver telephone triage, patient education and medication monitoring services.[64]

Pharmacists help patients navigate complex medication regimens, prevent adverse interactions and improve adherence. Dietitians address weight management and metabolic health contributing to reduced pain, improved function and better overall quality of life.

Youth transitioning from pediatric to adult arthritis care face significant gaps that contribute to poorer health outcomes and increased hospital admissions. Governments must invest in structured transition programs with direct and meaningful youth engagement.

Best Practice: Model of Care

Advanced Clinician Practitioner in Arthritis Care (ACPAC) extended scope practitioners can help manage caseloads, particularly in rural, remote and urban areas with limited physician availability, filling critical gaps through a shared-care model. The Ontario Rheumatology Association has successfully piloted a model of care to improve arthritis care in Northern Ontario. The “hub-and-spoke” care model features ACPAC-trained extended role practitioners, based in core northern communities, providing in-person rheumatological care, centralized triage and virtual consultation in partnership with affiliated rheumatologists across southern Ontario.[63] This proven hub-and-spoke model can be expanded in northern regions across Canada to improve arthritis care in underserved communities.

SCALE ARTHRITIS SCREENING AND ASSESSMENT PROGRAMS

Successful pilot models in Ontario (Rheumatology Rapid Assessment Clinics) and Alberta (newborn screening for developmental dysplasia of the hip) demonstrate the effectiveness of coordinated arthritis screening and assessment programs.[65,66] Federal, provincial and territorial governments must jointly fund and scale effective initiatives including:

- Age-appropriate musculoskeletal risk assessment in primary care from childhood through adulthood
- Newborn screening for developmental dysplasia of the hip
- Targeted inflammatory arthritis screening in high-risk populations

ENABLE HEALTH WORKFORCE MOBILITY

Governments must work together to remove interprovincial regulatory and labour mobility barriers to provide more mobility and flexibility for rheumatologists, arthritis interprofessional healthcare providers and virtual care teams. Federal, provincial and territorial governments must accelerate workforce mobility efforts including the establishment of a pan-Canadian licensure system.

STRENGTHEN ARTHRITIS KNOWLEDGE AND KNOWLEDGE TRANSLATION

Academic institutions and federal, provincial and territorial governments must work together to address significant gaps in education on rheumatic and musculoskeletal diseases for all healthcare providers. Current training leaves many primary care providers underprepared to recognize and manage arthritis effectively. Actions needed include:

- Integrate standardized, evidence-based arthritis modules across the lifespan into undergraduate and postgraduate healthcare curriculum
- Expand continuing professional development including paediatric-specific musculoskeletal training and education on inflammatory arthritis presentation, comorbidities and treatment pathways
- Deliver targeted initiatives for primary care networks, team based primary care and community health hubs

By embedding a focus on arthritis education in both academic and practice settings, Canada can build human health resource capacity, strengthen early diagnosis and referral, and improve access to consistent, evidence-based care across the country.

Best Practice: Strengthening Primary Care

Ontario's Extension of Community Healthcare Outcomes program[67] creates a virtual learning community that connects primary care providers with specialists, enabling them to build confidence and expertise through case-based learning, shared best practices and practical guidance for managing real patients in their communities.

ACTION: Accelerate Access to New Therapies and Ensure People Get the Right Treatment at the Right Time

Federal, provincial and territorial governments must collaborate to streamline public drug plan review processes, remove "fail first" or step therapy and harmonize coverage criteria.

Children and youth with juvenile arthritis often experience delays in accessing effective treatments, including biologics and other advanced therapies, even though clinical trials and studies show these medicines can help prevent joint damage and support healthy development. Starting biologic treatment within six months of symptom onset makes it significantly more likely to achieve inactive disease in juvenile arthritis; however, in Canada, this early treatment window is not always realized due to fail-first requirements.[69]

Canada Lags Behind

People in Canada face significantly longer wait times for access to new medicines through public drug plans compared to peer countries, with delays often extending over two years from regulatory approval to formulary listing.[68] Canada ranks 19th out of 20 Organization for Economic Co-operation and Development (OECD) countries and last in the G7 regarding the time it takes for patients to access new approved medicines.[68]

The current system creates a patchwork of access across the country. A review of administrative and regulatory barriers across all levels of government, including product reviews, health technology assessments and pricing negotiations, is essential to remove redundancies and accelerate the path from drug approval to patient access.

> "If I had been given the option of biologic medication when I was first diagnosed, a lot of my current issues could have been avoided."
>
> **Tucker, Nova Scotia**

Translating Evidence to Action

The Understanding Childhood Arthritis Network (UCAN)[70] generates national, longitudinal research and real-world data on juvenile arthritis, providing robust evidence on treatment effectiveness and outcomes that can directly inform government decisions on public drug program coverage for children and youth across Canada.

ACTION: Co-Develop Culturally Safe Arthritis Prevention and Care with Indigenous Communities

Federal, provincial and territorial governments must partner with Indigenous leadership and governance bodies, organizations and communities to co-develop culturally safe arthritis prevention and care pathways closer to home. This includes Indigenous-led models of care, integration of traditional healing and the expansion of an Indigenous health workforce.

Arthritis organizations, academic institutions and professional associations must work in partnership with Indigenous communities to support healthcare workforce development, redesign care delivery, establish accountability mechanisms for sustained, culturally safe practices and care and to advance the Truth and Reconciliation Calls to Action[46].

Priority: Reduction of Arthritis-Related Disability

People will receive the social, financial and community support, care programs and access to interprofessional healthcare providers required to maintain or restore health, and to prevent or delay progression of arthritis, and to reduce arthritis-related disability and costs to the public system.

Arthritis is the leading case of disability in Canada, with arthritis-associated disability affecting approximately 1.4 million people.[5] About half of those are of working age and arthritis-related disability disproportionately affects women.[5] Arthritis unnecessarily sidelines millions from work, school and community life due to delayed access to care, long surgical wait times, limited self-management supports and inadequate social supports.

Federal, provincial and territorial governments must expand surgical capacity through proven care models, invest in culturally appropriate community support programs and modernize social support systems. This coordinated approach must prioritize equity and ensure that all people can access the essential care, rehabilitation and supports needed to maintain function, remain active, employed and engaged in their communities.

ACTION: Provide Access to Community-Based Self-Management and Support Programs

SELF-MANAGEMENT PROGRAMS

Federal, provincial and territorial governments must fund and scale community-based arthritis prevention and self-management programs as a core component of chronic disease care. These programs equip people with the knowledge, skills and confidence to reduce risk, manage their disease, maintain function and facilitate participation in daily activities, while navigating healthcare effectively. Priority must be placed on culturally appropriate, inclusive and accessible care with targeted outreach to rural, remote and other underserved communities where access to specialized care is limited. Programs must also be affordable and widely accessible to ensure that all the people can benefit. This represents a fundamental shift from reactive treatment to proactive patient-centred care.

Programs like GLA:D® Canada, the Mary Pack Arthritis Program and OsteoArthritis Service Integration System (OASIS) in British Columbia, and Ontario's government-funded Arthritis Education and Rehabilitation Program (AREP) equip people with essential self-management skills. Through targeted education about arthritis and practical exercise instruction, these programs provide patients with the tools and confidence to make informed decisions about their care and take control of their disease.

Best Practice: GLA:D®

About 40% of people who participate in GLA:D® Canada programs have a clinically significant improvement in pain, function and quality of life.[71] Studies from Denmark have also found that about 75% of people no longer elected for knee replacement after participating in GLA:D® after one year, and two-thirds no longer elected for knee replacement after two years.[72,73] Scaling these models across Canada will relieve pressure on acute care systems and support people with arthritis to remain active, productive members of the workforce and their communities.

SOCIAL SUPPORT PROGRAMS

Federal, provincial and territorial governments must formally recognize arthritis as an episodic disability within their income support, employment and disability benefit programs and policies. Arthritis-related limitations can vary dramatically over time, yet current eligibility criteria do not recognize the fluctuating nature of the disease. As a result, many people with arthritis are excluded from receiving critical supports despite experiencing significant and recurring functional limitations.

Urgent Action Required on Disability Tax Credit

The Disability Tax Credit (DTC)[74] should include episodic disability criteria, simplify its application processes and provide clear guidance for healthcare providers. The current requirement that limitations be present "all or substantially all of the time" creates significant eligibility challenges for people with arthritis whose symptoms often fluctuate significantly but can severely impact their daily lives. Modernizing the DTC will enable adults and families with children who have arthritis-related limitations to access tax relief and qualify for other federal and provincial benefits.

Comprehensive support must address the full spectrum of arthritis-related needs for all people with arthritis, from children to older adults. This includes expanding access to health and rehabilitation services, assistive devices, essential medications and social support programs for daily living, employment and participation in community life.

Arthritis is a leading cause of work disability, with working-age people with arthritis in Canada twice as likely to be out of the workforce.[1] Research suggests that high job demands, low job control and limited social support at work increase the risk of long-term work disability associated with musculoskeletal disease.[75–77] This may create significant costs for employers through lost productivity and disability claims. Encouraging and supporting the broader use of tools like Making it Work[78,79] and the Job Demands and Accommodations Planning Tool[80] may help reduce these costs and keep more people with arthritis in the workforce.

Promoting social prescribing in arthritis care — linking patients with non-clinical community supports such as physical activity groups, peer support networks, arts and wellness programs and other community resources — can enhance preventive efforts, support mental health and strengthen social participation. Social prescribing offers a person-centred approach that addresses the social and lifestyle factors contributing to arthritis onset and progression.

> "Accessing disability benefits for my rheumatoid arthritis was a nightmare — as a Black woman with invisible, debilitating pain, I had to fight to be believed and advocate relentlessly for the disability benefits I needed and was entitled to."
>
> **Liza, Ontario**

ACTION: Reduce Wait times for Joint Replacement Surgeries

Arthritis is the leading cause of joint replacement surgeries, including over 99% of knee replacements and over 70% of hip replacements.[8] These surgeries profoundly improve quality of life, restoring mobility, relieving pain and enabling people to return to work and normal activities. However, delays in these essential procedures lead to more pain, further joint deterioration, additional surgeries and increased costs to both the health system and economy. Despite government efforts through dedicated funding and task forces, Canadian Institute for Health Information (CIHI) data show that in 2024 only 68% of hip replacement and 61% of knee replacement patients received surgery within the recommended six-month benchmark.[41]

Federal, provincial and territorial governments must work in partnership with healthcare providers, patient organizations and system leaders to develop and implement coordinated, data-driven solutions to reduce wait times. These must include:

- Clear national targets and transparent public tracking
- and reporting
- Centralized intake and triage models
- Scaling proven models of care
- Improving access to early interventions that can prevent or delay surgery — particularly in rural and remote communities

> "For 10 years, I thought my pain was normal. Now, it's almost impossible to walk and work, and I'm on a long waitlist for a second knee replacement."
>
> **Gilbert, Quebec**

ACTION: Implement Targeted Arthritis Prevention Programs and Public Awareness Campaigns

Arthritis presents a powerful opportunity to strengthen prevention infrastructure, shift care upstream and create a more sustainable, person-centred health system. Provincial and territorial governments must fund and incorporate arthritis prevention into public health strategies, occupational health standards and chronic disease prevention frameworks. Priority actions must address modifiable risk factors, including physical inactivity, smoking, obesity, as well as injury prevention, injury treatment, vaccinations, mental health and workplace accommodations. Rehabilitation professionals, interprofessional care teams and not for profit community organizations should play a central role in delivering prevention and early intervention initiatives. The federal government must support national public awareness campaigns to improve recognition of early symptoms, risk factors and evidence-informed self-management strategies for arthritis. Awareness campaigns for underserved populations must be co-developed with these communities and culturally adapted to ensure relevance, trust and impact.

Priority: Canada as a Leader in Arthritis Research and Innovation

Canada will be a global leader and collaborator in arthritis research and innovation and integrated health data platforms.

Arthritis research in Canada remains chronically underfunded relative to the scale of disease burden, limiting progress in developing new treatments and improving prevention and care. Canada is home to a strong arthritis research community, including interprofessional healthcare providers, people with lived experience, robust health data assets and established knowledge sharing networks. Closing the research funding gap and investing in coordinated data infrastructure will strengthen Canada's leadership, generate real world evidence, improve prevention, care delivery and help reduce long-term healthcare costs.

ACTION: Increase Investments in Arthritis Research and Innovation including Indigenous-led Research

Arthritis represents one of Canada's greatest and fastest-growing health and economic challenges, yet it is among the most underfunded areas of health research — arthritis research is awarded less than two per cent of research funding.[44,45] To correct this imbalance, we call on the federal government to fund arthritis research as prioritized by Canada's scientific community under Pillar 2 Research and Innovation Priorities. These investments will accelerate discovery, strengthen accountability and establish a continuous learning system that translates research into improved arthritis prevention and care.

Provincial and territorial governments play an equally vital role. Co-investment in arthritis research is essential to support regional studies and accelerate the development and implementation of innovative care models that address local health system needs and improve health outcomes.

> "As both a patient and a research partner, I have seen firsthand how research translates into real-world impact. I was diagnosed with juvenile arthritis at 13 and spent years navigating trial-and-error treatments, constantly weighing disease control against side effects. Continued research reduces that uncertainty by enabling more targeted therapies, fewer adverse effects, improved quality of life and fewer long-term comorbidities. These outcomes aren't abstract, they are measurable, immediate and life-changing."
>
> **Natasha Trehan, Ontario**

Federal, provincial and territorial governments must also fund and support Indigenous-designed research and systems to collect arthritis-specific Indigenous data on access, experience and outcomes in arthritis care. These systems must align with OCAP® principles[81] and other community driven frameworks which support identification of priorities, strengths and solutions to improve arthritis prevention and outcomes.[81–83]

ACTION: Implement a Pan-Canadian Health Data Strategy that includes Arthritis Data and Equity Metrics

Federal, provincial and territorial governments have a timely opportunity to modernize health data infrastructure and improve arthritis prevention and care in Canada. The Research and Innovation pillar of the plan outlines the case for an arthritis-specific health data strategy and the need for high-quality integrated data platforms. We urge all levels of government to partner on implementing a robust pan-Canadian health data strategy that prioritizes arthritis and embeds standardized health equity metrics.

This work would align with and advance ongoing pan-Canadian efforts to standardize health data and strengthen interoperability across the health system. It would contribute to a coordinated approach to health data stewardship and shared data standards, supporting more consistent, high-quality information use across the country. Meaningful engagement with the arthritis community, including patients and interprofessional healthcare providers, is essential to guide the co-development of standardized data sets, ensuring that national data initiatives reflect real-world patient needs and priorities.

To drive continuous system improvement and advance health equity, data systems must enable routine public reporting on arthritis care access, quality and outcomes. Core indicators must be disaggregated by geography, demographics, Indigenous identity, racial and cultural background, gender, sexuality, income and other key social determinants of health, alongside patient-reported outcomes and quality-of-life measures.

Integrating these standardized data sets with academic research, real-world evidence and patient experience will create a powerful feedback loop that accelerates discovery, informs service delivery and clinical practice, guides policy reform and supports implementation of innovations that improve health outcomes for people with arthritis while strengthening health system efficiency.

Policy priorities alone are not enough to achieve lasting transformation. Breakthroughs through scientific discoveries are the key to bring better treatments and ultimately cures to people with arthritis. The Research and Innovation pillar sets out the long-term research priorities for arthritis, developed collaboratively with the research and scientific community.

Pillar 2: Research and Innovation Priorities

Canada stands at a pivotal moment. Ranking fifth among global peers in arthritis research productivity,[84] driven by leaders in arthritis research and a highly collaborative culture, we have the foundation, expertise and unique advantages to lead global efforts. Working alongside people with arthritis, Canada can support global strides in arthritis prevention, care and management.

Our competitive advantages are substantial:

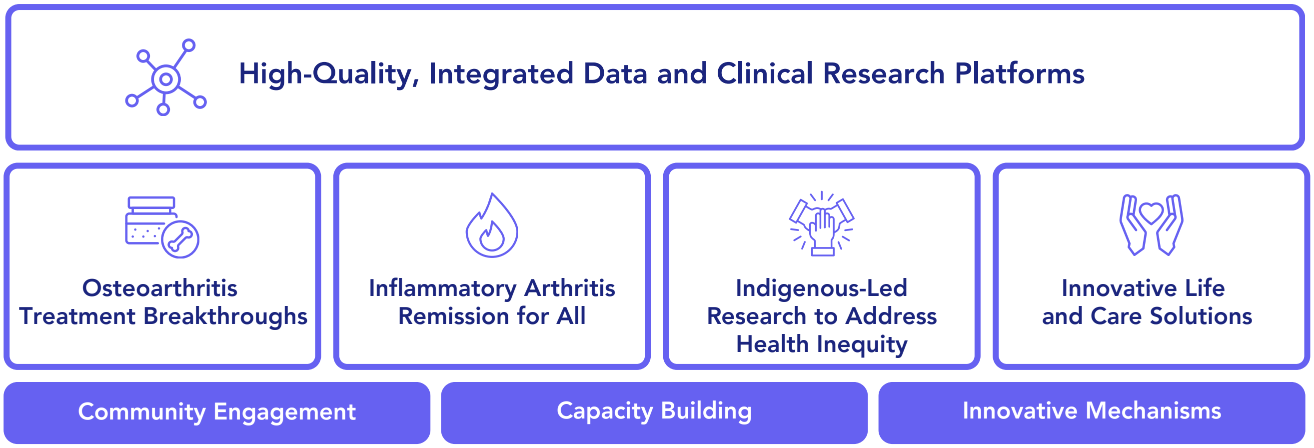
- Universal healthcare system enabling population-level research
- Diverse demographic representation
- World-class research infrastructure including valuable patient cohorts and clinical networks
- Proven track record in health innovation

The opportunity is unprecedented: High-quality, integrated data platforms driving four strategic areas will position Canada as a global leader in arthritis research and innovation, driving discoveries from prevention to cures, while addressing the real-world needs of people in Canada.

Canada’s Path to Global Leadership

The overarching strategic priority to support high-quality, integrated data and clinical research platforms will drive the other priority areas and cross-cutting accelerators — patient and community engagement, capacity building, innovative mechanisms — and strengthen Canada’s research leadership.

People with arthritis are meaningfully engaged in all aspects of this work



High-Quality, Integrated Data and Clinical Research Platforms

Osteoarthritis Treatment Breakthroughs

Inflammatory Arthritis Remission for All

Indigenous-Led Research to Address Health Inequity

Innovative Life and Care Solutions

Community Engagement

Capacity Building

Innovative Mechanisms

Five priority areas are underpinned by a research ecosystem that strengthens community engagement, capacity building and innovative mechanisms. Specifically, community engagement that encourages meaningful collaboration; capacity building that fosters sustainable innovation capabilities for future health challenges; and innovative mechanisms that recognize the value of Canada’s strengths while evolving to drive even more impactful outcomes. Researchers in Canada will continue to partner with and lead international efforts, to complement efforts that are being driven from within.

SCOPE AND IMPACT

These priority areas were developed to create transformative impact across the diverse spectrum of arthritis and related conditions, recognizing that the needs may vary significantly, for example, between osteoarthritis, rheumatoid arthritis, spondyloarthritis, juvenile arthritis, psoriatic arthritis, vasculitis and fibromyalgia. Each priority addresses critical gaps while acknowledging that solutions must be tailored to different disease mechanisms, patient populations and community contexts.

While Indigenous-led research stands as a distinct and essential priority, the imperative of addressing health inequities extends to all underserved communities. Race-based experiences and data must be carefully considered in research and data platforms to ensure they reflect the diverse population.

Priority Area: High-Quality, Integrated Data and Clinical Research Platforms

Personalized prevention and treatments are driven by high-quality, integrated data and clinical research platforms to evaluate the full impact of arthritis.

High-quality, integrated data and clinical research platforms represent the essential infrastructure upon which breakthrough advances in arthritis research and care depend. Without robust, ethically governed and scientifically productive data ecosystems, our most ambitious goals will be hindered. This priority is a critical cross-cutting accelerator that amplifies and enables every other priority.

Data Platforms as the Foundation for Osteoarthritis Prevention and Treatment Breakthroughs

The search for the first disease-modifying treatment for osteoarthritis depends on integrated data platforms that can reveal patterns invisible to traditional approaches. Artificial Intelligence (AI)-assisted arthritis diagnosis is already supporting clinical assessment, while machine learning algorithms are being tested to predict osteoarthritis progression.[85–87]

These platforms will enable the development of sensitive screening tools for osteoarthritis risk and sophisticated biomarker panels for pre-clinical disease identification and prognostic disease management. Early changes that precede visible joint damage may reveal intervention points where disease modification — or even reversal — becomes possible.

A national platform that strengthens arthritis clinical trials will accelerate the testing of promising therapies by enabling patient recruitment, improving the efficiency of trial initiation and standardizing data collection protocols.

Enabling Remission and Cures for All Through Predictive Modelling

Achieving long-lasting remission and unlocking cures for adults and children with inflammatory arthritis requires moving beyond one-size-fits-all approaches to personalized medicine. Integrated and open data platforms that maximize molecular and clinical data across cohorts and datasets will make this possible. Biomarker discovery, AI-enabled early detection and the integration of patient-generated health data will accelerate diagnosis and personalized treatment pathways. Machine learning algorithms analyzing well-powered, integrated datasets can predict treatment response patterns, identify optimal drug combinations and anticipate potential complications. Real-time monitoring through wearable technologies and mobile health applications enables continuous feedback about disease activity and treatment effectiveness, allowing for real-time adjustments to prevent flares and maintain remission. For pediatric patients, life-course data integration ensures that treatment strategies account for growth, development and long-term quality of life outcomes. Nationwide data initiatives must include pediatric-specific outcomes and indicators and support linkages between pediatric and adult datasets to enable life-course monitoring and improve long-term health outcomes.

Supporting Indigenous Leadership Through Data Sovereignty

Data platforms must support infrastructure for Indigenous Peoples to lead research that honors Indigenous ways of knowing. Data governance structures that respect Indigenous data sovereignty and community self-determination must be established to ensure data about Indigenous populations is appropriately respected and represented. Indigenous communities must define how their data is collected, stored, analyzed and used, ensuring research serves Indigenous priorities. These platforms can integrate traditional knowledge with biomedical data, potentially revealing new insights about arthritis prevention and treatment. Coordinated biobanks and registries will include protocols specifically designed with Indigenous communities, ensuring that research contributes to healing historical trauma rather than perpetuating colonial practices.

Powering Innovative Life Solutions Through Comprehensive Understanding

Developing evidence-based, innovative ways of supporting all aspects of life with arthritis requires understanding arthritis as a complex condition that impacts work, relationships, mental health and community participation. Integrated data platforms will make this holistic view possible by linking clinical data with social determinants of health, patient-reported outcomes and life-course information.

AI-powered modelling can identify which interventions most effectively improve not just clinical outcomes, but overall life satisfaction and community engagement. Real-time monitoring technologies can provide continuous support for self-management, track progress toward personalized goals and connect people with appropriate resources. By analyzing data across populations, these platforms can reveal innovative solutions that work for diverse communities, ensuring that breakthroughs benefit everyone.

MULTIPLIER EFFECT

High-quality, integrated data and clinical research platforms function as a research multiplier. With robust platforms that are designed with the communities they represent, every advance builds upon previous knowledge, every insight generates new questions and every community's contribution enhances understanding for all.

High-Quality, Integrated Data and Clinical Research Platforms

- Pan-Canadian health data strategy specific to arthritis
- National clinical trials platform for arthritis
- Connected and coordinated arthritis biobanks, registries, cohorts and databases
- Biomarkers and emerging technologies for pre-clinical and early disease identification and stratification
- Screening tools and risk prediction models
- Artificial intelligence to optimize arthritis understanding and care
- Diverse representation that reflects all underserved groups within data platforms

The Vision: Canada as a Data Integration Leader

Canada will support a sophisticated, ethically governed and scientifically productive arthritis data ecosystem through unprecedented integration of clinical, biological and social determinants data, as well as patient-reported information.

A comprehensive arthritis data ecosystem will enable personalized prevention strategies, improve diagnosis, treatment selection and patient outcomes. Data platforms will monitor and evaluate the full impact of arthritis while integrating clinical, genomic, imaging, patient-reported and population-based data across the life-course to create unprecedented research opportunities. Importantly, it will include and connect underrepresented communities that have been historically missed. The strength of Canada's universal healthcare system will be leveraged while acknowledging that each regional/territorial health system will need to be considered uniquely, while ensuring underserved groups are represented in clinical cohorts and data collected across platforms. People with arthritis will be intimately involved in the co-design of data collection protocols, helping to define privacy standards and ensuring data serves community needs.

1. Pan-Canadian Clinical Trials, Registries, Clinical Cohorts and Discovery Platforms

Arthritis platforms with stable infrastructure funding will connect research centres, hospitals and clinics across the country, leveraging well-established national and regional assets (Appendix 4) and organizations leading clinical trials.

A nationwide clinical trials platform with a focus on arthritis will enable larger, more diverse and more impactful clinical trials. This will elevate Canada globally as a preferred location for arthritis research because of our ability to recruit diverse patient populations and generate high-quality, real-world evidence.

Canada's Data Challenges

- Healthcare data fragmentation costs the global healthcare system billions in inefficiencies and duplicated efforts
- Clinical trial initiation and recruitment challenges contribute to significant delays
- Many patient and population cohorts, registries and biobanks exist across Canada, however they are not maximized with inconsistent data collection and access standards

Canada's Data Opportunities

- Canada's universal healthcare system covers over 41 million people[88], representing enormous potential for population-based research
- Integration of healthcare data can reduce costs while improving patient outcomes
- Connected Care for Canadians Act to ensure people have access to their health data and can benefit from the integration of data systems and new technologies
- Well-established clinical and research infrastructure and networking models
- Researchers and clinicians have a strong history of collaboration

Data collection protocols, trial initiation and ethics approval requirements will be standardized and streamlined, enabling patient recruitment and rapid knowledge sharing. Clinical cohorts and biobanks with standardized protocols that link specimen data and clinical data will underpin this platform. Canada's universal healthcare and collaborative research and clinical ecosystem provide the ideal foundation for this comprehensive approach.

2. Artificial Intelligence (AI) and Analytics

Studies on AI and arthritis offer evidence for AI's multi-faceted impact, stressing how its safe translation into healthcare settings could improve the experiences of both healthcare professionals and patients. Integrating AI into real-world healthcare settings on a broad scale requires multi-disciplinary effort to address ethical, technological and regulatory issues.

Research efforts in AI will impact how risk factors and early signs of arthritis are assessed, interpret medical images and biomarkers, predict disease progression and treatment response, and more. This work will be conducted acknowledging that societal inequities and biases are inherent in current AI approaches, and the implications of these limitations must be considered.

> **Predictive analytics:** Machine learning models that analyze and integrate data will develop risk prediction models, predict disease progression, treatment responses and potential complications. This predictive capacity will enable proactive management that prevents disability and improves quality of life.
>
> **Pattern recognition:** AI systems will identify subtle patterns leading to new insights about arthritis mechanisms and treatment approaches. This analytical power will accelerate discovery and establish Canada as a leader in data-driven arthritis research.
>
> **Real-time monitoring:** AI will integrate wearable technologies and mobile health applications to monitor people in real-time. For people at risk, it can encourage healthy lifestyles, monitor physical activity, track progress towards goals and identify early signs of disease. For people with arthritis, it will provide continuous feedback about disease activity, treatment effectiveness and quality of life.

3. Precision Medicine

Precision medicine, also referred to as personalized medicine, is reshaping prevention and treatment with genomic advances revealing new insights about disease susceptibility and pharmacogenomics uncovering genetic variants that predict treatment response with machine learning models.

These efforts should continue to be prioritized with a focus on new screening tools, biomarker panels for pre-clinical and early disease identification and stratification, and pharmacogenomics for personalized treatment selection. The impacts of these approaches include the reduction in diagnostic delays, optimized treatment selection and the acceleration of drug development. Patient preferences can also be integrated with biological markers to present new opportunities for personalized care, early intervention and equitable access.

Summary of Tactics

- Develop a pan-Canadian health data strategy specific to arthritis that complements the pan-Canadian health data strategy
- Establish a national clinical trials platform for arthritis
- Connect and coordinate arthritis biobanks, clinical cohorts, registries and databases across Canada with common standards, linked to clinical and patient-reported data
- Promote diverse representation in datasets, registries, prospective and clinical cohorts that captures underrepresented communities as well as social determinants of health, life-course data and patient-reported outcomes
- Invest in innovative research investments (e.g. translational, epidemiological, health services) to identify trends, predictive tools, efficiencies and novel insights
- Develop and apply AI and new technologies to identify risk factors and early signs of arthritis, interpret images and biomarkers, predict disease progression and treatment response, monitor disease activity, improve patient disease tracking and self-management
- Develop sensitive and specific screening tools and risk prediction models
- Create discerning biomarker panels for pre-clinical and early disease identification and stratification
- Explore novel imaging technologies for pre-clinical disease identification and assessment
- Develop and implement algorithms for personalized treatment selection and pharmacogenomic approaches

Priority Area: Osteoarthritis Treatment Breakthroughs

The first disease-modifying treatment for osteoarthritis is available in clinical practice and the effects of osteoarthritis can be reversed.

Osteoarthritis Treatment Breakthroughs

- Basic discovery, drug development and clinical trials to uncover disease-modifying therapies for osteoarthritis
- Endogenous repair mechanisms, regenerative approaches and biomaterials to reverse cartilage damage
- Non-traditional approaches to improve joint health

The Vision: Disease-modifying Treatments to Revolutionize Osteoarthritis Care

The pressing need for novel osteoarthritis treatments represents one of the most significant challenges in musculoskeletal health. Current therapeutic approaches predominantly focus on symptomatic relief, failing to address the underlying pathology of progressive joint degeneration. This means that for millions, the disease trajectory continues towards increasing pain, functional decline and, often, the necessity for joint replacement surgeries. Without disease-modifying or regenerative interventions, the burden on individuals and healthcare systems will continue to grow.

Strategic investment in developing treatments that can slow or reverse damage to joint tissues, or regenerate tissues such as cartilage, is a critical imperative. Such breakthroughs would fundamentally transform patient care, offering the potential to preserve joint function, reduce chronic pain and avoid many major surgical procedures. This shift from managing symptoms to modifying disease progression would yield profound benefits.

Developing the first treatment that can reverse osteoarthritis would represent a transformational shift in arthritis care. Researchers in Canada can play critical roles in the discovery of new targets, clinical trials and economic analysis, while advancing international initiatives.

Osteoarthritis Burden

- Over 4.5 million people in Canada have osteoarthritis, with 1 in 7 adults affected[6,7]
- 1 billion people are projected to have osteoarthritis worldwide by 2050[89]
- Osteoarthritis is the leading cause of joint replacements accounting for over 99% of knee replacements and over 70% of hip replacements[8]

Treatment Limitations

- Current treatments only manage symptoms, with no disease-modifying therapies
- Non-steroidal anti-inflammatory drugs, commonly used to treat osteoarthritis pain, are among the top classes of drugs to cause hospitalizations in Canada due to adverse effects[90]
- Joint replacement surgery has 20-year failure rates of 5-15%, requiring costly revisions[91,157]

1. Molecular Mechanisms and Biological Understanding

Understanding the genetic and molecular bases of osteoarthritis will reveal why some people develop the condition while others don't, why the disease progresses differently in different individuals, and how to target treatments to modify the underlying disease mechanisms.

Research focused on mechanisms that drive disease initiation and progression — including immune system dysfunction, pain pathways, tissue communication, and acute joint injury and chronic loading responses — will uncover new ways to treat and lead to a cure for the disease. Specific areas of focus include the genetic and molecular bases of osteoarthritis, sex-specific differences, mechanical factors that trigger biomedical responses, metabolic syndrome and connections between the microbiome and diet in inflammation.

2. Regenerative Medicine

Regenerative medicine holds transformative potential for osteoarthritis treatments to focus on the repair, regeneration and restoration of damaged joint tissues. Approaches such as stem cell therapies, gene therapies, activating endogenous repair mechanisms coupled with senolytic therapies, offer the promise of fundamentally altering disease progression by directly addressing cartilage degradation and inflammation. Research into new biomaterials and tissue engineering offers great potential for biological substitutes and smart delivery systems to repair cartilage damage.

Summary of Tactics

- Advance understanding of molecular mechanisms of immune system dysfunction, pain, tissue communication, acute joint injury and chronic loading response
  - Genetic and molecular bases of arthritis
  - Sex-specific differences
  - Microbiome, diet and inflammation
  - Metabolic syndrome
- Drug development and clinical trials to uncover disease-modifying agents for osteoarthritis
- Repair joint damage through regenerative approaches
  - Endogenous repair mechanisms
  - Senolytic therapies
  - Tissue engineering for cartilage repair
  - Cell-based treatments
  - Biomaterials for tissue replacement
- Evidence-based approaches to improve joint health
  - Complementary and alternative medicine
  - Physiotherapy and occupational therapy (e.g. muscle strengthening, neuromuscular control and gait retraining)
  - Nutrition, diet and lifestyle

Priority Area: Inflammatory Arthritis Remission for All

Adults and children with inflammatory arthritis can achieve long-lasting remission and cures.

Inflammatory Arthritis Remission for All

- Immune tolerance mechanisms to treat autoimmune forms of arthritis
- Root causes of inflammation and the role of diet and the microbiome
- Biomarkers to predict treatment response and remission potential
- Precision medicine to develop therapeutics and tapering studies to optimize therapeutics and minimize drug exposure

The Vision: Cures for Inflammatory Arthritis

The goal of inflammatory arthritis treatment is long-lasting, sustainable and cost-effective remission and cures that allow people to lead full lives. While current pharmacological interventions are critical for managing disease activity and preventing irreversible joint damage, they often require long-term adherence and can carry a considerable burden of side effects, financial strain and psychological impact. Enabling people with arthritis to sustain remission while balancing the overall impact on their lives offers a transformative pathway to improve well-being, reduce treatment-related complications and restore quality of life.

For children with inflammatory arthritis, achieving remission holds even greater significance due to the implications for long-term growth and development. Sustained remission without continuous pharmacological intervention minimizes exposure to medications that can carry cumulative side effects. This is important for a child's physical maturation and fostering an unencumbered childhood, reducing the psychological burden of lifelong chronic illness management.

Inflammatory Arthritis Treatments

- Over 1 million people in Canada have inflammatory arthritis, including more than 480,000 with rheumatoid arthritis[3,7]
- Biologic medications cost public drug programs billions of dollars annually – about a third of total spending[92]
- Less than half of patients achieve sustained clinical remission with current treatments[93]
- Patients can become resistant to their treatment, and many fail several medications before finding one that is effective[94–96]
- Lifelong medication dependence has significant psychological and financial impacts

1. Molecular Mechanisms and Biological Understanding

Fundamental research is foundational to transformative treatment advancements including the interplay of immune system dysfunction, pain signaling, tissue communication and mechanical joint injury. Research into the genetic and molecular bases of arthritis, alongside critical investigations into sex-specific differences in disease pathways and refractory disease, offers invaluable insights for precision medicine. Furthermore, it's essential to explore the connections between the microbiome, diet and inflammation, as well as to delve into immune tolerance mechanisms in inflammatory arthritis.

2. Immune Tolerance Restoration

Unlike current therapeutic approaches that primarily suppress immune mediated inflammation, restoring immune tolerance aims to re-educate the immune response to stop attacking healthy joint tissues. Achieving this fundamental re-establishment of self-tolerance holds the potential to move beyond lifelong immunosuppression, significantly reducing treatment-related side effects and enabling sustained remission.

3. Juvenile Arthritis

Juvenile arthritis research must prioritize investigations into disease pathogenesis and biomarkers to enable earlier, more precise diagnosis and personalized therapeutic approaches recognizing that early intervention offers the best chance for permanent cure. Research must develop and refine targeted therapies, while optimizing long-term disease management and safe medication tapering to minimize pharmacological exposure during critical developmental periods in growing children. At the same time, research must also address the significant mental health and psychosocial impacts of chronic juvenile arthritis, and the unique challenges children face when transitioning into adult care.

Children's Unique Needs

- Over 6,000 children in Canada have juvenile idiopathic arthritis, with over 25,000 seeking healthcare for arthritis in general[3,7]
- Early intervention (within six months) improves long-term outcomes[97]
- 44% to 55% of children with juvenile idiopathic arthritis experience disability as adults[98]
- Children with arthritis face unique challenges when transitioning to adult care settings

> "I don't know life without arthritis. I was diagnosed at 15 months. I've had chronic pain or stiffness every day."

Lacey, Nova Scotia

Summary of Tactics

- Advance understanding of molecular mechanisms of immune system dysfunction, pain, tissue communication and mechanical joint injury
    - Genetic and molecular bases of arthritis
    - Sex-specific differences in disease pathways
    - Microbiome, diet and inflammation connections
    - Metabolic syndrome
    - Immune tolerance mechanisms in inflammatory arthritis
- Explore immune tolerance mechanisms in adults and children with autoimmune forms of arthritis and specific therapies for immune system dysfunction
- Develop early therapeutic interventions for juvenile arthritis
- Advance precision medicine and tapering studies to optimize therapeutics and minimize drug exposure
- Develop and validate biomarkers to predict treatment response and remission potential
- Study combination therapy approaches targeting multiple pathways

Priority Area: Indigenous-Led Research to Address Health Inequity

Indigenous Peoples lead research that honours Indigenous ways of knowing to reduce the disproportionate impact of arthritis on Indigenous Peoples.

Indigenous-Led Research to Address Health Inequity

- Training and leadership initiatives for Indigenous researchers and Indigenous people with arthritis
- Integrate traditional way of knowing with Western research methodologies
- Knowledge and data about arthritis in Indigenous Peoples
- Tools and strategies to monitor and reduce health inequities in Indigenous Peoples
- Self-management tools for Indigenous Peoples

The Vision: Self-determination of Indigenous Peoples Drives Arthritis Research that Integrates Indigenous Ways of Knowing

Canada will support Indigenous-led arthritis research that transforms how research is conducted with and by Indigenous communities. This priority goes beyond inclusion — it's about Indigenous leadership, self-determination and the integration of Indigenous knowledge systems with Western science to create new approaches to understanding and treating arthritis. Addressing this demands a strategic, long-term commitment that aligns with the Truth and Reconciliation Commission's Calls to Action[46].

Supporting Indigenous leadership addresses historical research inequities while creating new paradigms for respectful, community-led research. Indigenous Peoples in Canada represent 5% of the population[101], creating significant opportunities for Indigenous-led research. Integrating Indigenous ways of knowing with Western methodologies creates novel approaches that could revolutionize arthritis understanding and treatment. Indigenous communities will determine how Indigenous ways of knowing are integrated and ensure that Indigenous Peoples lead and partner in research affecting their communities.

Disproportionate Disease Burden

- Indigenous people in Canada have arthritis prevalence rates at least 1.5 to three times higher than non-Indigenous populations[47,99,100]
- Indigenous people with arthritis experience poor to moderate function at a rate 22% higher than in the general population with arthritis, and moderate to severe pain at a rate 19% higher[48]
- Indigenous people with arthritis are 24% more likely to be out of the labour force[48]

1. Indigenous Research Leadership

Programs to support Indigenous researchers from their undergraduate studies through to senior leadership positions are required. Indigenous researchers will be able to lead innovative approaches that honour Indigenous ways of knowing while also acknowledging Western-style research. This will establish true partnerships where Indigenous and non-Indigenous researchers work together, each contributing their unique expertise and perspectives.

Training opportunities for Indigenous researchers and researchers studying Indigenous populations will support partnerships between academia and Indigenous communities and organizations. In addition, Indigenous people with lived experience will be encouraged and equipped with supports to allow them to participate in research. These efforts will increase the number of highly qualified personnel in research who are Indigenous.

The Network Environments for Indigenous Health Research (NEIHR) program launched by CIHR serves as a valuable model to strengthen Indigenous research capacity, training and mentoring, while supporting Indigenous health research that reflects the values and priorities of Indigenous Peoples.[102]

For example, Manitoba's NEIHR, "Kishaadigeh: Indigenous Self Determination through Research for our Future Generations" based out of the Ongomiizwin Institute at the University of Manitoba, successfully established research lodges in partnership with like-minded organizations, focused on community-specific research governance, policy and infrastructure, supported Indigenous scholars, and strength-based research grounded in Indigenous knowledge and ethical protocols.

2. Indigenous-focused Arthritis Research

Based on a commitment to growing knowledge and data about arthritis in Indigenous Peoples that respects First Nations Principles of OCAP® (Ownership, Control, Access and Possession)[81] and other established frameworks[81–83], Indigenous communities must maintain sovereignty over their health data.

Indigenous ways of knowing and Western methodologies must be prioritized in research through approaches like Two-Eyed Seeing (Etuaptmumk). This respectful weaving together of knowledge systems creates richer, more holistic understanding of arthritis and its impacts on Indigenous communities. Knowledge gaps related to comprehensive incidence and prevalence data, demographic patterns, risk factors, genetic influences, access to care and more, must be investigated to better understand arthritis in Indigenous populations.

Central to this work is building relationships with knowledge keepers and elders. Community-based research models will ensure genuine partnership where research is led or co-led by Indigenous communities. This includes respecting ceremonial protocols and ensuring knowledge keeper compensation, while integrating traditional and Western healing practices that have demonstrated positive health outcomes. Evidence-based outreach strategies for underserved communities that account for geographical barriers, cultural values and the unique challenges faced by Indigenous populations must also be implemented.

Equally critical is developing robust tools and strategies for monitoring and reducing health inequities in arthritis. This includes community-driven mechanisms to track progress, identify disparities and ensure approaches genuinely reduce the burden of arthritis in Indigenous communities. These tools must be designed by and with Indigenous input and governance, reflecting the specific metrics and outcomes that matter most to communities. Healthcare models must actively counter the impacts of colonization, systemic racism, historical, intergenerational and ongoing trauma, while promoting healing and cultural reclamation.

Summary of Tactics

- Build capacity, training and leadership opportunities to support Indigenous researchers
- Support partnerships between academia and Indigenous communities
- Invest in Indigenous-led research using culturally appropriate methods
- Support distinction-based approaches appreciating differences between Métis, Inuit and First Nations people on and off reserve
- Grow knowledge and data about arthritis in Indigenous Peoples that respects First Nations Principles of Ownership, Control, Access and Possession (OCAP®) and other community-driven frameworks[81–83]
- Recognize the value of Indigenous ways of knowing and healing practices while also integrating them with Western research methodologies
- Develop and implement evidence-based interventions, outreach strategies and monitoring tools to reduce the impact of arthritis on Indigenous people
- Develop, validate and increase awareness of self-management tools for Indigenous and other underserved populations
- Develop tools and strategies for culturally safe and inclusive care that includes learnings about colonization
- Support Indigenous people with lived experience to participate in research

Priority Area: Innovative Life and Care Solutions

Develop and implement evidence-based and innovative ways of supporting all aspects of peoples' lives with arthritis.

Innovative Life Solutions

- Mobilize research to inform care, policy and programs
- Evidence-based, interprofessional care teams
- Interventions to prevent joint injuries and reduce the risk of arthritis after injury
- Evidence-based programs to support full participation in daily life including education and employment, and programs to enhance mental health, wellness and physical activity
- Health services research that includes patient reported outcomes to drive equitable outcomes
- New technologies like AI to monitor disease activity, improve patient disease tracking and self-management
- Impact of arthritis and the risk of developing other conditions (and vice-versa)
- Mechanisms of arthritis pain, non-pharmacological interventions, novel analgesics and pain management

The Vision: Comprehensive Arthritis Innovations

Comprehensive, integrated and innovative solutions are required to support people with, or at risk of developing, arthritis. People with arthritis will define and evaluate what comprehensive support looks like.

By focusing on mobilizing research knowledge, the healthcare system will learn and improve by integrating data, evidence and experiences to enhance patient care and outcomes. Public policy will be informed by the most current evidence and community programs can be tailored to have maximum impact. The cross-cutting nature of this priority integrates healthcare delivery, technology, policy, workplace and school accommodation and community support, while moving from disease-focused to person-focused approaches.

Current Context

- 40% of people in Canada with arthritis report pain that limits activities, representing 2.4 million people[1]
- Working-aged people in Canada with arthritis are twice as likely to be out of the workforce compared to their peers without arthritis[1]
- Up to 40 to 50% of arthritis cases may be prevented through addressing and better managing modifiable risk factors[103–105]
- Over 80% of people with arthritis have at least one other chronic condition[1], requiring coordinated care that currently doesn't exist

1. Knowledge Mobilization

Mobilizing research evidence will improve clinical practice, inform policy decisions and enhance community supports. Data collected and analyzed from interactions with the healthcare system, patient-reported outcomes, community programs and social systems can be used to optimize treatments, improve outcomes and reduce costs.

A focus on the spread and scaling of proven solutions (in addition to the development of new approaches where required) will ensure that all people in Canada with arthritis receive evidence-based, high-quality care regardless of where they live or their socioeconomic status. Implementation science initiatives will drive the translation of research findings into real-world practice and quality improvements to inform clinical, policy and program decisions.

2. Virtual Care

Virtual care for arthritis presents an opportunity to enhance patient outcomes and operational efficiency, especially for stable adult patients. As part of a holistic approach that includes in-person visits, virtual care can improve accessibility by overcoming geographical and mobility barriers. This enhanced continuity of care fosters better adherence to treatment plans and frees up valuable clinic resources, allowing for more focus on complex cases and in-person diagnostics. Virtual platforms also facilitate broader access to specialized expertise, connecting patients with a wider pool of professionals.

3. Prevention and Early Intervention

The importance of arthritis prevention, early detection and early intervention cannot be overstated. By investing in robust preventative initiatives, we aim to significantly reduce disease incidence, thereby preserving joint health and maintaining higher levels of functional independence. Identifying people at risk and intervening early may prevent, delay or reduce the severity of disease.

Early detection and intervention are critical for altering disease trajectories. Timely treatment can slow disease progression, minimize irreversible joint damage, and sustain patient mobility and quality of life. This approach shifts the paradigm from reactive symptom management to proactive disease modification, reducing the need for more intensive treatments at later stages.

Efforts must focus on peoples’ needs and priorities to prevent arthritis (primary prevention), detect it early (secondary prevention) or reduce its impact (tertiary prevention). While lifestyle and behavioral interventions, diet and nutrition, physical activity and ergonomics will continue to be important, there are specific and timely opportunities around evidence-based injury prevention programs in sport and recreation, prevention pathways following joint injury, targeted screening for people at high risk, and research on occupational exposures and workplace accommodations.

4. Comprehensive Support

A cornerstone of arthritis management must be a commitment to evidence-based methodologies across all facets of a person’s life, from daily self-management to navigating professional environments and significant life stage transitions. Evidence-based approaches must ensure that individuals receive interventions that are effective and safe and empower them. They foster greater confidence, enhance adherence to care plans and minimize the impact of misinformation.

Research into areas like arthritis-specific mental health interventions, mindfulness and cognitive-behavioral approaches address the holistic burden of the disease, ensuring that psychological well-being is integrated into comprehensive care models. For example, pediatric rheumatology mental health research partnerships are exploring how integrated approaches can improve outcomes for children and youth with arthritis.

Advancements in wearable technologies for real-time monitoring and feedback, coupled with AI-enabled analytics for disease activity tracking and enhanced self-management, offer unprecedented opportunities for personalized, data-driven interventions. Dedicated research into innovations for the treatment of pain (particularly chronic pain), alongside exploration of non-pharmacological pain management strategies, is essential for alleviating the most debilitating symptoms.

Research initiatives must include the review of existing self-management tools, development and validation of new ones where necessary. These interconnected research avenues represent a transformative pathway towards more effective, patient-centric and sustainable arthritis care.

> “
>
> Arthritis has a wide-ranging impact on other areas. There’s fatigue, effects on mental health, effects on organs, impact on social life, mourning a former lifestyle, loss of mobility and independence, etc.

Summary of Tactics

- Mobilize research to inform care, policy and programs
- Focus on health services research to drive equitable outcomes
- Collect and analyze arthritis patient data, including patient reported outcomes, to inform clinical decisions and drive quality improvement
- Develop and implement:
  - Evidence-based, standardized, interprofessional care teams that integrate primary, allied and specialty care
  - Interventions to prevent arthritis (primary prevention), detect it early (secondary prevention) or reduce its impact (tertiary prevention)
    - Screening initiatives to identify individuals at highest risk for developing future immune mediated diseases such as rheumatoid arthritis, psoriatic arthritis and lupus
    - Behaviour modification interventions and pharmacological interventions for the highest-risk individuals
- Create and validate virtual care approaches for urban, rural and remote areas
- Develop and implement arthritis prevention pathways following joint injury
  - Sport, recreation and occupational injury prevention and management programs
  - Physical activity, exercise and healthy lifestyles that reduce risk and/or delay onset and progression
  - Occupational exposures and workplace accommodations
- Emphasize research and implementation to support people with arthritis through all aspects of their lives including education and employment
  - Review existing self-management and decision-support tools, develop and validate new ones where necessary, and support implementation
  - Transition programs for key life stages
  - Mental health, mindfulness and cognitive-behavioral approaches and social support interventions
  - Wearable technologies for real-time monitoring and feedback
  - Analytics based on new technologies like AI to monitor disease activity, improve patient disease tracking and self-management
  - Impact of arthritis and the risk of developing other conditions (and vice-versa)
- Investigate mechanisms of arthritis pain, non-pharmacological interventions, novel analgesics and pain management technologies

Cross-Cutting Accelerators

Patient and Community Engagement

Groundbreaking research advances must be shaped by the lived experiences, priorities and values of those directly impacted by arthritis. We build on the Canadian Arthritis Patient Alliance (CAPA) Patient Charter[106] and efforts like the Strategy for Patient Oriented Research (SPOR)[107] and other patient groups and health charities to guide research engagement efforts.

People impacted by arthritis must be full participants and leaders in the research process. This includes priority-setting, participating as research partners and in clinical trials. People with arthritis must be treated with dignity and respect as genuine research partners.

Patient advisory structures, co-leadership models and training programs must be prioritized to help patients become highly qualified research partners and leaders. Family-partnered research networks are also foundational to long-term success in early diagnosis, remission and equitable access to innovation for juvenile arthritis research. Finally, findings must be communicated in accessible formats and translated into practical improvements in care and quality of life.

Community engagement requires input from diverse communities to ensure that research is relevant and focuses on questions and outcomes that genuinely matter to the people affected.

PEDIATRIC AND FAMILY ENGAGEMENT

Recognizing the unique challenges faced by children with arthritis, this strategy places an emphasis on partnering with families and caregivers in pediatric research. They are integral partners, helping to define success metrics that extend to ensuring healthy childhood development, supporting educational achievement and fostering long-term life opportunities and milestones. Family-partnered research networks are foundational to long-term success in early diagnosis, remission and equitable access to innovation. This dedicated engagement ensures that research for juvenile arthritis is holistic, addressing the distinct needs of children and their families, considers the unique challenges of children transitioning into adult care and paving the way for a future where young lives are not limited by arthritis.

Summary of Tactics

- Embed and support people with arthritis on research teams
- Establish governance structures that support patient leadership and decision-making in research strategies and programs
- Develop effective tools to share research findings and clinical trial opportunities
- Develop training programs to support the participation in research of people with arthritis
- Promote the engagement of diverse communities in research

Capacity Building

Research capacity building is fundamental for accelerating scientific discovery and translating research into tangible benefits. This includes comprehensive programs to attract, develop and retain a robust pipeline of highly skilled arthritis researchers, including early career scientists, interdisciplinary teams and patient partners. Initiatives should include mentorship programs, training opportunities and career development.

Summary of Tactics

- Create a stable and attractive environment that maintains a strong arthritis research community through dedicated funding, networking and mentorship
- Support capacity building programs across disciplines and sectors

Innovative Funding Mechanisms

Traditional grant mechanisms provide foundational stability that is essential to the advancement of scientific discovery. Through rigorous peer-review, these mechanisms ensure the funding of scientifically meritorious projects, upholding research quality and integrity, while nurturing a resilient research ecosystem that ensures the steady progression of scientific understanding.

However new approaches are required to accelerate progress — leveraging current trends, partnerships and strategic opportunities. Mechanisms must encourage partnerships between funders to make transformative investments in arthritis research, while global collaboration and partnerships across industries like those with pharmaceutical and medical technology companies will foster innovation.

Approaches that enable the pursuit of high-risk, high-reward research, leverage public-private partnerships, international collaboration, and outcome-based investment will help drive the future of scientific progress. Funding structures that encourage interdisciplinary research can encourage collaboration among researchers, clinicians and patients across geographic borders, while creating a robust environment for scientific training and capacity development.

Research funding models of venture philanthropy, impact investing and risk-sharing models may accelerate research translation. Embracing these dynamic funding approaches will support an agile and impactful research ecosystem, ensuring that cutting-edge discoveries are rapidly translated into tangible benefits for people living with arthritis.

Creating knowledge translation hubs that fill the critical gap between research and real-world solutions will support new ventures that unlock prevention strategies, treatments and technologies to transform arthritis management and care.

Summary of Tactics

- Establish centres of arthritis research excellence that promote cross-cutting and translational science, collaboration, networking and capacity building. Interdisciplinary teams should include actively engaged patients, caregivers and healthcare providers - including rehabilitation professionals, nurses, pharmacists and ACPAC-trained clinicians
- Attract investment and participation from the global community through strategic partnerships and aligned research priorities
- Establish a balance of investigator-led and priority-driven research across the arthritis funding ecosystem, that recognizes the importance of both small, feasibility funding and larger initiatives
- Create knowledge translation hubs
- Support mechanisms that promote a dynamic commercialization environment, the development of intellectual property, industry partnerships and private sector investment

Pillar 3: Catalysts for Change

The Catalysts for Change offer a portfolio of bold, proven and effective, investable initiatives to draw donors, philanthropic bodies and corporate partners to the most pressing challenges of arthritis. Rather than a prioritized list, it presents opportunities for mutual benefit and synergistic impact with donors and partners.

The Catalysts for Change aim to attract a wide range of supporters and partners to drive lasting impact. This pillar provides an outline to begin strategic conversations, from which individual, detailed strategies, cases for support, timelines, budgets and key performance indicators can be created.

Accelerating Paths to Cures

Transform lives through research investment

Why?

Right now, millions of people across the country, of all ages and backgrounds, are feeling the burning pain of arthritis, carefully managing their energy and commitments, and adapting how they move, work and play to get through the day. The mental, emotional and physical toll can be devastating.

Yet, arthritis research in Canada is chronically and unacceptably underfunded.

We can support people with arthritis to manage their condition and improve how they access and navigate their complex healthcare journeys. But to truly change the future, we must go further. We must fund world-class, groundbreaking research that leads us to cures.

Research is needed to help us understand how to live well with arthritis by finding ways to ease pain, reduce treatment side effects and improve daily life right now. It also holds the key to tomorrow, helping us unlock revolutionary new treatments and discoveries that will one day prevent and ultimately cure arthritis.

As detailed in the Pillar 2 Research and Innovation Priorities section, the arthritis research community is now united behind key research priorities. Investment is the fuel that this research strategy needs.

FACTS

- Despite the high prevalence of arthritis, arthritis research is awarded receives less than 2%
- of federal investment in health research[44,45]
- Canada's universal healthcare system covers 41 million people[88], providing unparalleled population coverage and data integration opportunities to solve pressing research questions
- One billion people are projected to have osteoarthritis worldwide by 2050[89], but there are no treatments to slow or reverse it
- Thanks to research, revolutionary advances in treatments for inflammatory arthritis have transformed lives worldwide, but still only up to 45% of patients achieve sustained clinical remission with current treatments[93]
- Indigenous people in Canada are disproportionately impacted by arthritis[47,48] but underrepresented among the researchers who study it[108]
- The Canadian arthritis research ecosystem has a strong history of collaboration among researchers, clinicians and patients

What Should Be Different

Picture communities where arthritis is caught before it steals mobility, and where predictive data identifies at-risk individuals years before symptoms appear. Imagine Indigenous-led research that unlocks approaches to maintaining musculoskeletal health and wellness through the lifespan. Envision the first therapies that reverse joint damage, giving people back the lives they thought they'd lost.

This future is within reach when the Canadian arthritis research community is united by common priorities.

Children with arthritis grow up knowing remission, not limitation. Adults redirect energy from managing pain toward pursuing dreams. Healthcare systems shift from expensive crisis management to affordable prevention.

The ripple effects touch everyone: families reunited around active lives, workplaces retaining experienced talent and healthcare dollars redirected from treatment to prevention.

Canada becomes the place where arthritis transforms from a pervasive challenge into a solved problem and millions of people get their futures back.

Taking Action: Now and into the Future

Arthritis researchers, patient partners and communities across Canada have spoken. Our common agenda is to generate groundbreaking advances in prevention, treatment and quality of life that are fundamentally shaped by the lived experiences, priorities and values of those directly impacted by arthritis. We are on a path to cures.

The five priority areas and desired outcomes for arthritis research in Canada, detailed in the Pillar 2 Research and Innovation Priorities section, are:

- **High-quality, integrated data platforms:** Personalized prevention and treatments are driven by high-quality, integrated data platforms to evaluate the full impact of arthritis
- **Osteoarthritis treatment breakthroughs:** The first disease-modifying treatment for osteoarthritis is available in clinical practice and the effects of osteoarthritis can be reversed
- **Inflammatory arthritis remission for all:** Adults and children with inflammatory arthritis can achieve long-lasting remission and cures
- **Indigenous-led research to address health inequity:** Indigenous Peoples lead research that honours Indigenous ways of knowing to reduce the disproportionate impact of arthritis on Indigenous Peoples
- **Innovative life and care solutions:** Develop and implement evidence-based and innovative ways of supporting all aspects of peoples' lives with arthritis

Implementing this Catalyst for Change will lead to:

- Precision medicine driven by integrated patient data, personalizing both prevention and treatment approaches to improve health outcomes
- A treatment revolution in osteoarthritis, changing the course of the disease and restoring joint health
- More pain-free years and better quality of life for children and adults of all ages with inflammatory arthritis
- More Indigenous-led arthritis research, and improvements in arthritis diagnosis, care and health outcomes in Indigenous populations across Canada
- Improvements in quality of life and access to care for everyone with arthritis in Canada

Accelerating Impact: An Example of Nationwide Research Coordination and Collaboration

The Understanding Childhood Arthritis Network (UCAN) research collaborative is an outstanding example of aligning research approaches to attain common goals across the entire pediatric rheumatology research community in Canada.[70] From establishing partnerships with existing networks in 2009, to harmonizing data and research protocols for every clinical investigation, to consensus priority setting nationally and internationally, UCAN and its partners have established a roadmap for how to work collectively to change arthritis. This has led to advances in personalized medicine for juvenile arthritis that would never have been possible without collaboration, transformation of how arthritis research is integrated into clinical practice and new partnerships with research communities across the world.[109]

Powering Precision Medicine with Artificial Intelligence

Give patients the right treatment at the right time

Why?

As healthcare technology advances at an unprecedented pace, keeping up with innovative developments is critical to improving outcomes for people with arthritis. Supporting research and driving action in this area will help ensure more precise and effective approaches to diagnosis, treatment and care.

The power and potential of AI in medicine — using computers to mimic human learning and reasoning at an expansive scale — is upon us, and momentum is building.

> "Investing in AI-driven arthritis research is not just about advancing technology – it's about accelerating discoveries to transform lives. With donor funding, the expansive powers of AI can be leveraged to help researchers uncover disease mechanisms, revolutionize early diagnosis and develop personalized treatments, ultimately improving outcomes for millions affected by the devastating realities of arthritis, and the many more who will be impacted as the population ages."
>
> **Dr. May Choi, Alberta**

Canada is establishing itself as an AI leader, working with the brightest minds nationally and internationally and committing to bold investments, including billions of dollars budgeted by the federal government to support Canadian AI.[110]

Research is already demonstrating AI's potential to support arthritis prevention, prediction, diagnosis, treatment and care.[85–87] While these findings are promising, integrating AI into real-world healthcare settings on a broad scale requires further research and multi-disciplinary scientific effort to address existing ethical, technological and regulatory issues.

As detailed in the Pillar 2 Research and Innovation Priorities section, targeted research efforts in the responsible use of AI will help assess risk factors and early signs of arthritis, interpret medical images, predict disease progression, interpret biomarkers, predict treatment response and more. Developing AI solutions for arthritis must also include safeguards to maintain privacy and trust, while minimizing perpetuation of inequities, bias and environmental impacts.

FACTS

- Over the past decade, there has been a surge of scientific publications on the application of AI to rheumatic diseases[111]
- AI models have accurately detected early rheumatoid arthritis and osteoarthritis from medical imaging in the research setting, but no AI-based tools have yet been approved for routine clinical use [85–87]
- As a world-leading AI ecosystem, Canada was the first country to launch a national AI strategy, investing over $2 billion in AI, digital research and innovation since 2017[112]
- About 1,500 Canadian companies are developing AI solutions and 10% of the world's top-tier AI researchers are in Canada, ranking the country second on a global scale[113]

What Should Be Different

Imagine a physician being able to prescribe treatments for someone newly diagnosed with an inflammatory disease without trial and error. Imagine a grandfather with rheumatoid arthritis whose smartwatch is set to detect inflammation spikes days before he feels symptoms, allowing his medication to be adjusted before a painful flare derails his time with the grandkids. Envision a young athlete seeking AI analysis to discover whether her genetics and injury history put her at high risk for arthritis and receiving a personalized prevention plan that keeps her joints healthy for decades.

This is precision medicine powered by artificial intelligence.

We need doctors to be able to predict which medication will work best for each patient on the first try, ending the exhausting trial-and-error process that leaves people suffering for months. We need radiologists, supported by AI, to spot joint changes, catching arthritis at its earliest, most treatable stage.

No more years of uncertainty, wondering "Is this just aging or something more?" No more watching helplessly as arthritis progresses because the signs were missed. Instead, Canada becomes the place where AI transforms arthritis from a life-altering diagnosis into a manageable condition caught early, treated precisely and monitored continuously.

Taking Action: Now and into the Future

Through Arthritis Action Now's research strategy, researchers will develop and apply AI to arthritis management to improve arthritis prevention, detection, diagnosis, treatment, monitoring and self-management, with informed consent and privacy as a foundation.

Priority areas for research include:

- Predictive Analytics: New machine learning algorithms that analyze and integrate data to develop risk prediction models, and predict disease progression, treatment responses and potential complications
- Pattern Recognition: AI models that identify subtle patterns in data that humans might miss, leading to new insights about how arthritis develops, how to detect it early and reliably, and how to treat it
- Real-time Monitoring: AI integrated with wearable technologies and mobile health applications to monitor people with or at risk of arthritis in real-time

Implementing this Catalyst for Change will:

- Provide unprecedented predictive capacity to enable proactive management that prevents disability and improves quality of life
- Accelerate scientific discovery and establish Canada as a global leader in data-driven arthritis research
- Encourage healthy lifestyles for people at risk of arthritis, monitor physical activity, track progress towards goals and identify early signs of disease
- Provide continuous feedback to people with arthritis about disease activity, treatment effectiveness and quality of life, enabling timely treatment adjustments to manage or prevent arthritis flares

Accelerating Impact: Preventing Osteoarthritis in First Nations and Rural Communities

The Newborn Arthritis Prevention Screening (NAPS) Program[114] provides an excellent example of how responsible use of AI and community partnership can drive impact in hard-to-reach communities. Led by Arthritis Society Canada and researchers from the University of Alberta, the NAPS Program screens newborns for hip dysplasia, an easily treatable condition that often leads to devastating osteoarthritis if undetected. A novel AI technology-enabled hand-held ultrasound system scans babies' hips and accurately detects hip dysplasia on site in seconds, making it simple to use in remote locations.[66] It has been successfully piloted and is in use with First Nations communities in Alberta, where infants have a higher risk of hip dysplasia.[115]

Igniting Arthritis Innovation

Bring arthritis innovations to an untapped market

Why?

Investments in innovation must create transformational impact. The Arthritis Accelerator will support a comprehensive arthritis innovation pipeline in Canada — the first ecosystem where breakthrough discoveries move from lab to patient in months, not decades.

Despite arthritis being Canada's leading cause of disability and a major driver of economic burden, Canada has not created a dedicated innovation ecosystem for arthritis solutions – nor have other countries.

Canada can establish the only arthritis-focused accelerator globally, creating a competitive advantage in healthcare innovation.

This Catalyst for Change can bridge the chasm where the majority of breakthrough arthritis research dies before reaching patients.

The Arthritis Accelerator is designed to fill the critical gap between research and real-world solutions. By fostering early-stage ideas, providing expert mentorship and securing market access, we can turn promising research into tangible innovations.

By building a dedicated ecosystem to support and grow arthritis-focused ventures, we will unlock new treatments and technologies that can transform patient care. We can't afford to wait. Arthritis patients deserve more than research papers; they need scalable solutions. The Arthritis Accelerator will ensure Canada becomes a global leader in innovation, delivering real impact for millions of people.

FACTS

- Local and regional hot spots for health innovation are found across the country but exist in silos, and have not been scaled nationwide or dedicated to arthritis[116]
- Canada ranks fourth globally in terms of health and biosciences hubs but aims to improve by advancing innovation and accelerating commercialization[117]
- A Global Innovation Index ranked Canada 17th in 2025 but highlighted its strengths in university-industry research and development collaborations and room to grow[118]
- Creative Destruction Lab (CDL), a non-profit dedicated to enhancing the commercialization of science for the betterment of humankind, has scaled over 500 startups in other sectors, but none focused solely on arthritis[119]

What Should Be Different

Picture a brilliant researcher with a breakthrough arthritis treatment sitting in their lab, knowing that within months — not decades — their discovery will reach the patients who desperately need it.

Imagine entrepreneurs with arthritis themselves, finally having access to the mentorship, funding and partnerships needed to turn their lived-experience innovations into life-changing solutions. Envision patients across Canada becoming the first in the world to access personalized treatments because Canada has become the global destination where arthritis innovation thrives.

See cutting-edge treatments moving seamlessly from lab bench to bedside, guided by patients who understand exactly what solutions they need. Picture international investors flocking to Canadian arthritis ventures, knowing this is where breakthrough discoveries happen fastest and most effectively.

No more promising research gathering dust in academic journals while patients wait years for relief. No more brilliant innovations languishing in the “valley of death” between discovery and commercialization. Instead, Canada becomes the place where arthritis innovation moves at the speed of human need, where researchers, entrepreneurs, healthcare providers and patients collaborate to ensure every breakthrough reaches the people it was designed to help.

Taking Action: Now and into the Future

By accelerating arthritis innovation, we will bring more solutions from concept to commercialization while delivering real, scalable impact for patients. Priority actions across include:

IGNITE: Build and catalyze the pipeline

- Attract early-stage ideas and talent by fostering new ventures in arthritis innovation
- Connect researchers with business experts to assess commercialization potential
- Launch funding opportunities to provide financial support for early-stage innovation

NURTURE: Guide acceleration through connection into an expert ecosystem

- Offer structured mentorship from world-class operators, investors and arthritis experts
- Provide access to expert panels and key opinion leaders for product stress-testing
- Involve arthritis patients in desirability labs to ensure product relevance and usability

LAUNCH: Fund, expose and provide access to markets

- Facilitate milestone-based grants and connections to public or private capital
- Help companies access patient communities, health systems and distribution channels
- Position ventures for investment through showcases

Implementing this Catalyst for Change will:

- Accelerate the development, applications and commercialization of innovative arthritis solutions, ensuring breakthrough treatments reach patients faster
- Expand access to cutting-edge, personalized treatments for patients, improving quality of care and patient outcomes
- Reduce the risk of failure for early-stage arthritis ventures by providing strategic support, expert mentorship and critical funding
- Strengthen collaboration across stakeholders, connecting researchers, healthcare providers, entrepreneurs and patients to ensure real-world relevance for new solutions
- Position Canada as a global leader in musculoskeletal health innovation, attracting international attention and investment

Accelerating Impact: Creative Destruction Lab

Creative Destruction Lab (CDL) at the University of Toronto's Rotman School of Management has built a blueprint for transformative opportunities for trailblazing innovators to accelerate and scale solutions.[120] Entrepreneurs across Canada with cutting-edge ideas and products are provided with assistance to develop and launch their innovations. This approach could accelerate the application of arthritis discoveries. By leveraging patient-centered insights and CDL's mentorship and investor networks, the groundwork is being laid for faster, more effective innovations that will transform arthritis care in Canada and beyond. Scaling collaborations like this will ensure that new treatments and technologies reach the patients who need them most, while also fostering a thriving arthritis-focused innovation ecosystem in Canada, enhancing quality of life for those living with arthritis and positioning Canada as a leader in musculoskeletal health innovation.

Preventing the Next Generation of Arthritis

Prevent arthritis from sports and recreation injuries in youth

Why?

Arthritis is not solely the result of aging. It's a growing concern among youth, especially for those engaged in recreational or competitive athletics. Many young people suffer joint injuries, such as ACL tears or repetitive strain, which drastically increase their risk of developing osteoarthritis (OA).[26]

With hundreds of thousands of youth sustaining knee injuries annually in Canada, a large proportion of these individuals will face the debilitating effects of osteoarthritis by their thirties.[26,121–123] Yet, despite the clear connection between early injuries and osteoarthritis, there is little to no awareness about this risk or what to do about it in youth sports and recreation.

By raising awareness early, we can arm youth, their trainers, instructors, coaches and parents with the knowledge and tools to protect their joints, manage their joint health and prevent a lifetime of pain and disability.

Our lack of proactive joint health education and programs means that millions of young people are heading into adulthood with no understanding of the importance of injury prevention and how to care for their bodies after injuries. By implementing a youth-focused arthritis prevention campaign in schools, sports programs and other athletic areas, such as dance, we can reduce the incidence of arthritis in adulthood but also promote healthier, more active lifestyles for future generations.

The success of concussion education — such as Rowan's Law[124]— proves that when we focus on raising awareness about a health issue early, it can have a profound impact on youth sports culture. By introducing arthritis awareness, we can change the narrative around joint health and create a future where kids grow up knowing how to protect their joints as well as they protect their heads. This proactive approach will not only prevent injuries but will build a more resilient generation, ready to enjoy an active, pain-free life without the looming threat of early arthritis.

"I have been a skier all my life. It has been a love and passion of mine since I was little — until arthritis put me in a wheelchair. Through my struggle I reignited my love for the sport with the adaptive form of sit skiing. Youth sport needs a culture that treats pain as a warning, not a weakness. There is always a way to make sport possible. It truly changes lives. We all must keep in mind that it is about protecting athletes' bodies — and futures."

Maddie, British Columbia

FACTS

- Up to 45% of high school students participating in sport or recreational activities sustain an injury, often to the knee[123]
- Active youth with a knee injury are up to six times more likely to get osteoarthritis[26,125,126]
- Up to half of youth with sport-related knee injuries are expected to develop osteoarthritis early in adulthood[127,128]
- Girls are more likely to injure their knee in sport than boys, and less likely to return to sport within five years after injury[129,130]

> "My last teen years were spent in significant pain — at one point, I couldn't even stand for 10 minutes. I was extremely athletic until arthritis hit, and losing that felt like the end of the world. Thankfully, medication turned things around. Although I still have restrictions and must listen to my body, I'm proud of my progress and eager to keep pushing my limits. We must raise awareness so others can spot the signs faster and get the treatment they need to live full, active lives."
>
> **William, Quebec**

What Should Be Different

Picture a 16-year-old soccer player whose coach teaches them how to protect their knees for the decades ahead. Imagine student athletes being confident that their sport is building strength, not stealing their future mobility.

Envision athletic programs where every coach, instructor, trainer and parent understands that an injury in youth today could mean a 35-year-old who can't run after their toddler tomorrow. Where young athletes learn that protecting their joints isn't about playing it safe, it's about playing smart so they can keep playing for life.

Picture high school graduates who leave with trophies and memories, as well as healthy joints and the knowledge to keep them that way. Or former athletes in their 40s still hiking, dancing and active instead of managing chronic pain and considering joint replacement surgery.

No more young athletic dreams turning into adult nightmares of arthritis. No more accepting that sports injuries are "just part of the game." Instead, a generation grows up understanding that every practice, every game, every movement is an investment in their future and Canada leads the world in proving that athletic excellence and lifelong joint health aren't mutually exclusive. This is the culture shift within reach when arthritis prevention is as fundamental to youth sports as helmets and proper hydration.

Taking Action: Now and into the Future

It is not acceptable for young athletes to face a lifetime of pain due to preventable joint injuries, or a lack of awareness and resources to manage a joint injury. Canada needs to define and support Arthritis Awareness in Youth Sports to provide coaches, schools and sports programs with the tools and resources to understand the long-term impact of joint injuries and prevent the development of arthritis in later life.

Priority actions identified include:

- Integrating arthritis and joint-health education into schools through health and physical education curricula, emphasizing prevention and early reporting of injuries
- Embedding joint-injury prevention, joint health and arthritis awareness into coaching certifications, athletic therapy and professional trainer certifications, athlete onboarding, modeling Rowan's Law-style safety modules
- Launching national awareness-building activities for parents and athletes highlighting the long-term impact of untreated joint injuries and the importance of early care

Implementing such a framework will:

- Increase awareness of the long-term risks of joint injuries, empowering young athletes, coaches, trainers and parents with the knowledge to protect joints and prevent future arthritis
- Reduce the incidence of injuries and prevent the progression of arthritis through early intervention, joint-friendly training and proper recovery practices
- Lower healthcare and costs by reducing the need for expensive surgeries, treatments and long-term care for arthritis-related conditions in later life
- Foster a culture of proactive joint health and mobility, leading to healthier, more active lifestyles for youth and reducing the long-term burden on the healthcare system
- Create a sustainable movement where arthritis prevention becomes a standard part of youth sports education, ensuring that future generations are better equipped to maintain their joint health throughout life

Accelerating Impact: Rowan's Law is a Template for Success

Rowan's Law was passed in Ontario in 2018 to improve concussion safety and awareness in amateur sport following the tragic death of Rowan Stringer, a teenage rugby player from Ottawa.[124] It has demonstrated the power of education and legislation in transforming youth sports culture by raising awareness about concussions and ensuring that athletes, coaches and parents are equipped with the tools to recognize and respond to head injuries. Its success lies in the integration of mandatory education, clear guidelines and support for injury recovery, creating a framework that can be adapted to tackle joint health and arthritis. By modeling an arthritis awareness and prevention initiative after Rowan's Law, we can replicate this success: instilling a similar sense of responsibility in youth sports communities, implementing preventative strategies and ultimately creating a culture where joint health is prioritized as much as concussion safety. This proven approach offers a strong foundation to address arthritis risk in young athletes, laying the groundwork for a nationwide movement that can protect the future mobility of our youth.

Closing the Gap in Childhood Rheumatic Care

Ensure timely diagnosis and equitable access to effective treatment and team-based care — because consequences last a lifetime

Why?

More than 25,000 children in Canada live with serious autoimmune and inflammatory diseases, including juvenile idiopathic arthritis (JIA), childhood lupus, juvenile dermatomyositis (JDM), vasculitis and systemic autoinflammatory conditions.[2,3,7]

Together, these diseases are among the leading causes of chronic pain and disability in children, disrupting growth, development and everyday functioning, including school participation. For some conditions, disease also involves vital organs, with lifelong consequences, even becoming life-threatening.[131]

"Arthritis affects me a lot now at age 15. I was diagnosed late. I'm home-schooled because I'm unable to attend school. I get very fatigued. I walk with a cane. In a regular day, I might find it hard to take a shower, stand for a long time, do up my buttons, type on the computer or write. Sometimes walking even 100 metres can be very difficult. Arthritis and lupus have taken away aspects of my childhood. It can be hard to smile when I think of what arthritis puts me through."

Isabella, Ontario

Treatment is often long-term, and for some conditions early genetic testing is critical to guide therapy. When diagnosed and treated early, most children can manage pain, function well and fully participate in school and recreational activities. Too often, however, diagnosis is delayed and access to specialized care and effective therapies varies widely across Canada.

Early symptoms are subtle and frequently misattributed, allowing inflammatory disease to progress during a narrow window when permanent damage can still be prevented. Families face immediate strain from travel, missed work and school, and emotional stress, which often worsens during transition to adult care. Despite strong research capacity, uneven access to proven treatments persists. Coordinated national action to ensure early diagnosis, equitable treatment and continuous care is essential to improve lifelong outcomes.

FACTS

- One in five children with juvenile arthritis develops uveitis, a typically silent form of eye inflammation that can lead to permanent vision loss[132]
- Families can face up to tens of thousands of dollars in yearly out-of-pocket costs, with frequent work disruptions for parents further compounding financial strain and economic impact[133]
- Canada has approximately 55 pediatric rheumatologists (fewer than one specialist per 100,000 children), which is an estimated shortfall of at least 80 full-time clinicians. This leads to unacceptable wait times for appointments, diagnosis and treatment[134]
- Over 90% of pediatric rheumatologists practice in major cities with little to no funded outreach, leaving children with rheumatic diseases living in rural, remote and Indigenous communities with inequitable access to care[134]
- Up to 40% of youth with arthritis experience significant anxiety, depression or panic disorder related to symptoms, procedures or disease flares[135]
- Between 25-50% of youth are not effectively transitioned to adult care, with inconsistent resources, funding and support across Canada[136]

What Should Be Different

Picture a child whose early symptoms are recognized and acted on — leading to timely referral and a clear pathway to specialized care, rather than months or years of uncertainty and delayed diagnosis. Imagine parents hearing, "We caught this early, and here's exactly how we're going to help your child thrive," instead of navigating years of misdiagnosis and delayed or difficult to access treatments.

No more families driving hours for specialist care while conditions worsen. No more teenagers aging out of pediatric services and falling through system gaps. No more parents forced to choose between essential medications and basic living costs.

This transformation is within reach when Canada prioritizes children living with arthritis.

Across the country, pediatric rheumatology teams deliver excellent, multidisciplinary care, yet access to this care — and to effective treatments — remains uneven, delayed or unavailable depending on where a child lives. With timely diagnosis and equitable access to team-based care, children are better able to manage pain, stay engaged in school, and develop the health and skills needed for adult independence.

Canada can become a place where juvenile arthritis is diagnosed early and met with a clear treatment plan, not a lifelong burden. Fewer preventable complications. Less uncertainty. More children growing up healthier and more confident — because Canada chose to protect and safeguard vulnerable children.

Taking Action: Now and into the Future

It is not acceptable for children to experience preventable pain, disability, vision loss or organ damage because their inflammatory disease was treated too late or because safe and effective new therapies are not available. Canada needs a coordinated approach that ensures children receive the right care at the right time, and that support continues as they grow.

Priority areas identified include:

- **Accelerating care pathways:** Supporting earlier recognition, faster referral and rapid access to specialists and advanced treatments
- **Standardizing quality of care:** Ensuring consistent access to multidisciplinary and mental health supports, uveitis screening and appropriate medications — supported by the resources, training and capacity-building needed to deliver existing standards of care equitably across jurisdictions
- **Ensuring lifelong continuity of care:** Developing stronger youth-to-adult transitions, continuous data, uninterrupted medication access, and fewer preventable flares and hospitalizations
- **Expanding access to advanced therapies:** Removing barriers to proven treatments to reduce flares, support remission and avoid unnecessary pain or procedures
- **Advance research in juvenile arthritis:** Invest to achieve long-term remission

Implementing this strategy across Canada would lead to:

- **Early, confident diagnosis:** Primary-care providers recognize early signs of pediatric rheumatic disease and promptly evaluate prolonged fever or swollen joints
- **Timely, equitable access to care:** Families receive rapid referral to interprofessional specialist teams. For children with suspected autoinflammatory or complex inflammatory disease, access to recommended genetic testing supports accurate diagnosis and effective treatment
- **Right treatment, right time:** Children have rapid access to effective therapies without denials, delays or geographic inequities
- **Access to multidisciplinary supports:** Children can access physiotherapy, occupational therapy, psychology, social work and child-life services when clinically indicated, through coordinated care models that build on existing pediatric rheumatology services and extend access beyond major centres
- **Family and school supports:** Families are supported with medications, school accommodations and community resources, while schools implement measures that protect learning and participation
- **Lifelong continuity and innovation:** Youth transition smoothly into adult care through funded pathways that enable equitable, personalized care
- **Positive system impact:** A sustainable system for lifelong care will lower emergency visits and long-term disability, and improve mental health, school participation and family well-being

Accelerating Impact: Designing Systems Around Children

Evidence from coordinated pediatric specialty care in other areas of health and disease shows what is possible when systems are intentionally designed around children and families: early recognition, clear care pathways, access to multidisciplinary supports, real-world data and supported transitions.

For example, specialized clinics for children and teens with cystic fibrosis provide comprehensive interdisciplinary care from a team that includes specialists, nurses, dietitians, physiotherapists, psychologists, pharmacists and social workers.[137] This care model, research and new medications have led to an increase in the median age of survival to a milestone of 60 years.[138] Applying these principles to pediatric rheumatology would strengthen continuity of care and reduce preventable harm across the lifespan.

Advancing Arthritis Equity through Investment in Communities

Support diverse communities to achieve better arthritis health outcomes.

Why?

Arthritis in Canada is laden with the impacts of inequities within the healthcare system, and of social and structural determinants of health. Consequently, people in many underserved communities are more likely to have arthritis or arthritis-related challenges, but less likely to have access to essential and culturally relevant arthritis information, support and care.

Each person with arthritis has a different experience, and every single one deserves equitable access to relevant, accurate arthritis information and culturally safe, timely and effective care.

We can help dismantle the barriers to this vision by investing directly in the expertise of community leaders and members to create tangible solutions tailored to their needs. The path to achieving health equity for people with arthritis in Canada is complex and will require systemic changes as detailed in the Pillar 1 Arthritis Policy Priorities section. In parallel, at the local grassroots level, members of the arthritis ecosystem must partner respectfully with diverse communities and invest in community-led arthritis education and prevention initiatives.

> Investing directly in communities to support education about arthritis can make a huge difference in people's lives. For Indigenous communities especially, healing must be rooted in respect, connection and programs that are shaped by them – not for them.
>
> **Dr. Catherine Cook, Manitoba**

FACTS

- Arthritis prevalence, access to healthcare and health outcomes vary across racial and cultural groups in Canada, with the most inequitable disparities documented in Indigenous Peoples[47,48]
- For many groups, such as in 2SLGBTQIA+ communities, specific arthritis needs and experiences remain largely unexplored through formal research
- Arthritis education resources do not reflect the 400+ languages spoken in Canada[139], and direct translation misses essential cultural adaptation, leading to inequitable access to crucial health information
- Universal solutions for all must be balanced with those tailored for the priorities and needs of specific communities — for example, acknowledging historical and ongoing harms and trauma experienced by Indigenous Peoples and Black communities due to racism, systemic oppression and the legacy of colonization, residential schools, and the Trans-Atlantic slave trade and slavery

What Should Be Different

Imagine a Canada where every person with arthritis has access to the healthcare, information and support they need, no matter who they are or where they live.

Picture a young Inuk woman learning about arthritis prevention through teachings that honour both traditional knowledge and modern medicine, delivered by someone who looks like her, speaks her language and understands her northern community's unique challenges. Envision a Black father in Nova Scotia discovering joint-friendly exercises through his church community, while a newcomer family in Vancouver receives culturally relevant arthritis information in their first language at a trusted community centre.

This is what happens when local organizations, cultural associations and grassroots networks lead initiatives that reach diverse underserved populations, as they prevent and manage arthritis on their own terms. By directly investing in community-led actions, arthritis solutions grow from within communities themselves, rooted in lived experience and delivered by trusted local voices. The vision is a future where learning and healing happens alongside community, respect and genuine partnership, where organizations in the arthritis ecosystem meet community members where they share arthritis information in ways that resonate to improve arthritis health literacy, promote joint health, and support for navigating and accessing care.

Taking Action: Now and into the Future

Partnering authentically with communities underpins all aspects of the Arthritis Action Now plan. We are calling for actions across the full spectrum of advocacy, awareness-building, education, support services, research, innovation and care. In community consultations, common themes arose around needs for multilingual and culturally relevant arthritis information and educational resources, as well as gaps in arthritis awareness among multiple underserved communities.

Priority actions for investing in communities include:
- Community-led creation of arthritis information and support resources, facilitating connection to arthritis expert and language translation partners as needed, to improve access to community-tailored arthritis education and healthcare navigation resources
- Supporting community-based arthritis prevention and/or awareness programs led by organizations or community leaders representing underserved groups

Implementing such a community-led strategy across Canada would:
- Actively contribute to healing historical, intergenerational, and ongoing trauma, fostering an environment of trust, respect and genuine partnership
- Provide more diverse arthritis information tailored to the lived experiences underserved communities, readily accessible at no cost
- Improve people's confidence and self-efficacy in navigating the healthcare system and advocating for their arthritis care
- Generate strategic social return through upstream investment in arthritis prevention and community-led care, reducing long-term healthcare costs while improving individuals' quality of life

Accelerating Impact: Investing in Community-Driven Arthritis Action

Arthritis Society Canada's Community Action Grants provide funding to community groups exploring local solutions for people living with arthritis. For example, grants have supported a monthly arthritis education and social drop-in program in rural Swan River and other sites in Wuskwi Sipihk First Nation in northwest Manitoba.[140,141]

These grants prioritize underserved communities including Indigenous Peoples, newcomers, rural populations and low-income groups, among others. By investing in community leaders and organizations who know their members best, this program has funded real-world impact like improving mobility and reducing pain through exercise, connecting people with arthritis in rural communities to peer support, and raising arthritis awareness in culturally safe and relevant contexts.

Addressing Arthritis in Women

Understand and address the disproportionate impact of arthritis in women

Why?

Arthritis disproportionately affects women. Yet, arthritis is not often a part of the women's health conversation.

Arthritis Action Now offers a unique opportunity to build bridges between the arthritis ecosystem and the women's health ecosystem for mutual benefit and synergistic impact through dedicated research and awareness-building initiatives. By investing in research programs dedicated to the interface of arthritis and women's health, raising arthritis awareness in women at risk across the country, and connecting the spheres of women's health and arthritis healthcare services, we can transform the health and wellbeing of millions of women in Canada.

Every woman with or at risk of arthritis should be supported through every stage of life.

> "I couldn't hold my newborn baby — my hands wouldn't let me. I cried hysterically. I felt so defeated as a mom, heartbroken that I couldn't even feed her. I was in excruciating pain. It was pins and needles, but also this sharp, stabbing pain that I felt everywhere. Before I knew it, it was all over my body. It got to the point that I became bedridden. I couldn't even move, go to the washroom. Arthritis takes over your life. It changes your path forever."
>
> **Sharmila, Ontario**

A note on sex and gender

The disproportionate impact of arthritis referenced here has largely been described in people assigned or recorded as female at birth. We acknowledge that not everyone assigned female at birth identifies as a woman, and not all women share the experience of being assigned female at birth. Currently, there is very limited research worldwide on the impact of arthritis in trans, intersex and gender-diverse people. We recognize that many of the impacts of arthritis discussed here may be shared by individuals who do not identify within a sex and gender binary. Understanding distinctions in arthritis and arthritis care across all sexes and genders and advocating for inclusive and respectful research practices are vital.

FACTS

- One in four women in Canada live with arthritis, compared to one in six men. This means about 3.6 million women are living with arthritis today, and by 2045, this number is projected to rise to 5.5 million[1]
- Women are at higher risk than men of developing autoimmune diseases, including many forms of inflammatory arthritis, as well as chronic pain conditions[142,143]
- The increased risk of chronic pain in women globally is exacerbated by gender-based violence, trauma and social determinants of health[143]
- Women undergo about 60% of the knee and hip replacement surgeries in Canada, mostly for arthritis[8]
- Women with arthritis often report higher rates of pain, fatigue, sleep problems, stress and mental health challenges than men with arthritis[144,145]
- Arthritis can complicate pregnancy and fertility, delay conception and increase risks of miscarriage, stillbirth, preterm birth and other complications[146]
- Declining estrogen during menopause may trigger or worsen arthritis[147,148]
- Women represent 75% of the paid caregiving workforce, including roles such as nurses, early childhood educators and personal support workers[149]
- Integration of women's health and arthritis healthcare providers is lacking, resulting in missed opportunities to support women's quality of life

What Should Be Different

Picture a woman in her 30s whose joint pain is finally taken seriously — not dismissed as "stress" or "getting older" — because her healthcare provider understands that arthritis affects women in unique and complex ways.

Imagine women receiving arthritis care that considers hormones, family planning, pregnancy, postpartum and menopause as integral considerations, not complications to work around. Envision teenage girls learning the early warning signs of arthritis, empowering them to seek help before irreversible joint damage occurs.

Picture researchers studying specifically how estrogen and other hormones, menopause, and pregnancy influence arthritis progression in women and clinical trials where women are proportionally represented among participants — unlocking treatments designed for women's bodies, not adapted from studies focused on cisgender men. Envision healthcare networks where rheumatologists and women's healthcare specialists collaborate seamlessly.

This is the paradigm shift within reach when women's health and arthritis care unite. No more women suffering in silence, believing their pain is "normal" or "just part of being a woman." No more fragmented care that treats symptoms in isolation instead of treating the whole woman.

Instead, healthcare systems and practitioners recognize that most arthritis patients are women. And that demands specialized understanding, research, and care tailored to women's unique biology and physiology, experiences and needs.

Taking Action: Now and into the Future

Canada needs an integrated approach to research, care and education dedicated to arthritis in women that includes key partners across healthcare and other key ecosystems, such as workplaces, sport organizations and educational institutions.

Priority areas for action include:

- Unlocking the mysteries of arthritis and women's health by dedicating research funding towards projects studying: sex and gender differences in arthritis experiences and care; the role of sex chromosomes, sex hormones and the impact of hormone-based therapies; arthritis across life events including trying to conceive, pregnancy, the postpartum period, perimenopause, menopause and post-menopause periods; and methods to catch arthritis early and prevent progression in women
- Establishing an Arthritis and Women's Healthcare Provider Network to connect healthcare providers in a virtual community of practice to support the clinical management of women with arthritis and other rheumatic conditions
- Change the conversation linking arthritis to women's health through education and awareness building, partnering with likeminded organizations and tailoring messaging to specific audiences, including the public, people with or at risk of arthritis, caregivers and healthcare providers

Implementing this strategic initiative will:

- Increase investment in women's health research, with a focus on arthritis
- Increase the number of researchers and research programs in Canada related to arthritis in women
- Reveal a greater understanding of how arthritis impacts women at the molecular, biological, individual and population levels
- Foster greater collaboration between healthcare providers and integration of women's health and arthritis care
- Establish new collaborations and partnerships between arthritis organizations and women's health organizations
- Increase awareness of the impact of arthritis in women and improve recognition of early warning signs to encourage earlier diagnosis and prevention of progression

Accelerating Impact: Inspiration from the Heart and Stroke Foundation

Transforming health for women with arthritis can take advantage of the rising interest in women's health at all ages and stages of life. One inspirational example is how the Heart and Stroke Foundation of Canada has successfully drawn attention to heart disease and stroke as the top cause of premature death in women in Canada, and how heart attack symptoms are often missed in women, in part due to most clinical studies being performed in men.[150] By empowering women with information, offering opportunities for them to share their stories, and aligning healthcare and research directions, this initiative is an outstanding example of what could be done for arthritis.

Building Arthritis Aware Workplaces

Retain talent, boost productivity and reduce costs

Why?

A pervasive myth that arthritis is a simple condition of older age leads most employers to dismiss or underestimate its impact, especially on younger workers. The reality is that arthritis is Canada's leading cause of disability[5], with 3 million working-age people living with arthritis.[1]

The result? Loss of productivity, missed work, disability leaves, early retirements and the immeasurable toll on employees' mental and physical health as they navigate work limitations.

This lack of awareness means few workplaces champion effective education and accommodations for arthritis as an episodic chronic disease, leaving the immense talent and resilience of these workers untapped.

> "I was reaching the peak of my game, looking at career advancements coming until it all ended. Retirement? Gone. No celebration. Twenty-five years in and I had to step out the door. Arthritis has stolen my ability to work in my chosen career."
>
> **Robert, Saskatchewan**

FACTS

- Arthritis is Canada's number one cause of disability, and half of those with arthritis-associated disability are of working age[5]
- One in three people with osteoarthritis in Canada are diagnosed before 45, in their prime working years[6]
- Working-aged people with arthritis in Canada are twice as likely as those without arthritis to be out of the labour force[1]
- Lost work productivity, absenteeism, and presenteeism in the labour force due to arthritis costs the Canadian economy more than $25.8 billion annually[4]
- Barriers to workforce participation for people with arthritis can be compounded for workers who are disabled, women, Indigenous, Black, racialized, 2SLGBTQIA+ or from other groups that are disadvantaged through systems of power[151]

What Should Be Different

Imagine an employer that educates their employees on joint health and arthritis prevention and saves thousands of dollars in lost productivity, employee absenteeism and disability costs. Imagine a construction firm discovering that proactive ergonomic adjustments kept their most skilled electrician productive for five extra years, while also saving recruitment and training costs.

Envision boardrooms where retention rates soar because employees no longer hide health conditions or leave for "more understanding" competitors. See manufacturing leaders discovering that joint-friendly tools don't just help workers with arthritis, they prevent injuries across their entire workforce, slashing workers' compensation claims.

No more watching decades of institutional knowledge walk out the door through preventable early retirements. No more competing for scarce talent while overlooking the skilled workers already on your payroll. No more paying premium recruitment fees when small workplace modifications could have kept your best people.

Instead, forward-thinking employers gain first-mover advantage in inclusive hiring, accessing a talent pool others ignore. They discover that flexibility investments — adjustable workstations, flexible schedules, supportive management training — generate returns through improved loyalty, reduced turnover and enhanced productivity.

Canada's competitive advantage is when employers embrace arthritis aware workplaces. Canada's smartest companies prove that arthritis aware workplaces aren't accommodation costs — they're strategic investments that strengthen the bottom line.

Taking Action: Now and into the Future

We need forward-thinking employers, insurers and other partners to co-create a comprehensive framework that will improve workplace capacity and decrease disability costs.

Priority elements include:

- Industry-specific arthritis awareness campaigns to support joint health in the workplace
- Evidence-based arthritis education toolkits tailored to industry sectors to equip employers to support employees

Implementing Arthritis Aware Workplaces across Canada would:

- Directly improve workforce participation, reduce unemployment, underemployment, absenteeism, presenteeism and undesired early retirement
- Reduce disability costs due to arthritis and its complications
- Stabilize workforce capacity as older adults continue to work
- Build more productive, inclusive workplaces
- Strengthen the national economy, reclaiming tens of billions of dollars annually to healthcare costs and diminished productivity

Accelerating Impact: Building a Movement

The framework will leverage and expand on existing resources, such as tools developed in the Accommodating and Communicating about Episodic Disabilities (ACED) Partnership Project.[80] Led by Dr. Monique Gignac at the Institute for Work and Health, this project developed online tools that have already improved workers' experiences.

For example, the Job Demands and Accommodation Planning Tool (JDAPT) has helped tens of thousands of employees and employers effectively plan accommodations for conditions including arthritis in the workplace.

The Menopause Works Here™ campaign of the Menopause Foundation of Canada [152] that is championing menopause inclusive workplaces also serves as a bold inspiration.

Making Arthritis Impossible to Ignore

Lead Canada's campaign to create an arthritis awareness movement

Why?

Arthritis is Canada's number one cause of disability, but hardly anyone knows it.[5,55] It affects people of all ages and communities, yet it remains invisible, misunderstood and deeply underfunded. Despite being more common than cancer, heart disease, stroke and dementia combined[1], arthritis receives little public attention and few dedicated awareness efforts. This gap presents a rare opportunity to shape a nationwide health narrative and connect with millions of people across Canada.

Its seriousness is underestimated. The pervasive myth that it's "just arthritis" and an inevitable part of aging undermines the myriad of ways that arthritis impacts lives at all ages, from infants to older adults. The personal, health system and economic toll arthritis takes is cloaked in silence.
There is no national campaign, no mainstream conversation and no shared urgency. As a result, millions live with invisible pain, excluded from policy discussions, media coverage and healthcare priorities.

"I was 18 when I was diagnosed. People think you get arthritis in your 60s or 70s. It's uncommon to see someone young struggling with arthritis. Arthritis impacts everyone. It's not just an older person's disease. Living with this disease, I've noticed that society doesn't do much to accommodate this invisible condition."

Chantal, British Columbia

FACTS

- More than 6 million people in Canada have arthritis[1], which impacts not only them, but their families and loved ones, caregivers, educators, employers and the entire health system
- As many as 25,000 children and youth seek healthcare for arthritis,[2,3] and yet only one in five people in Canada are aware that arthritis can be present in children[153]
- 73% of people in Canada say they know or love someone who has arthritis[154]
- Arthritis is the number one cause of disability in Canada.[5] Alarmingly, only 4% of people in Canada know this to be true[55]
- One-quarter of all disability in Canada is associated with arthritis,[5] making it a main driver of health-related economic costs
- Arthritis impacts pain, mobility, mental health, ability to perform daily activities, social participation and the ability to work or study[1]
- Arthritis can be fatal. Its complications and associated conditions like cardiovascular disease can lead to premature death[18,27–31] — a fact hidden from public conversation

What Should Be Different

Picture a world where saying "I have arthritis" doesn't prompt awkward silence or dismissive comments about "getting older," but genuine understanding and support.

Imagine families gathering around dinner tables, discussing arthritis prevention with the same urgency they talk about heart health or cancer screening. Envision teenagers participating in nationwide challenges that make joint health as cool and important as mental health awareness, while their parents finally understand why their friend's "invisible" arthritis pain is real and debilitating.

Picture social media feeds where arthritis stories inspire action, not pity. See policymakers prioritizing arthritis funding because their constituents demand it. Watch as employers, schools and community centers proactively create arthritis aware environments because public awareness has made inclusion the expectation, not the exception.

No more suffering in silence while the world treats arthritis as an inevitable part of aging.

Instead, arthritis becomes Canada's next great health movement — where more than 6 million voices unite with millions more supporters, creating unstoppable momentum for research funding, policy change and social transformation that ensures no one faces arthritis alone.

This is Canada's arthritis awakening: loud, unapologetic and impossible to ignore.

Taking Action: Now and into the Future

Canada is ready for to awaken arthritis awareness: a national movement that transforms silence into visibility, and indifference into action.

To get there, we need more than awareness. We need a shift in mindset, understanding and collective action. This means bringing together health leaders, innovators and communities across the country to make arthritis part of Canada's shared health conversations.

This is our moment to unite voices, change perceptions and change the story of arthritis for good. Priority areas for action to advance Canada's arthritis awareness movement include:

- Public understanding: Close the knowledge gap by making arthritis visible, understood and recognized as a top health priority
- Empathy and perception: Shift attitudes from indifference to empathy through stories grounded in lived experience and dignity
- Behaviour and engagement: Inspire collective action with simple, shareable ways for people to see it, feel it and act for it

- Funding and investment: Turn awareness into sustained giving, partnerships, and resources that accelerate research and care
- Policy and systems attention: Use public visibility to unlock policy change, strengthen accountability and advance equity in care

Implementing this strategic initiative will:

- Elevate arthritis to the forefront of Canada's health conversation
- Build empathy and inclusion so people with arthritis are seen, heard and supported in every community across Canada
- Mobilize people in Canada to take meaningful action, from awareness to advocacy to investment
- Unlock new funding streams that drive innovations, prevention and better care
- Influence policy and systems to deliver more equitable, culturally relevant arthritis support and treatments nationwide

Accelerating Impact: Normalizing Conversation to Drive Change with Lessons from *Bell Let's Talk*

Bell Let's Talk became one of Canada's most effective public awareness campaigns by normalizing conversations about mental health at a national scale.[155] Through simple, accessible language, sustained visibility and broad participation, it reframed mental health from a private struggle into a shared social issue. By inviting individuals, workplaces, media and institutions into the conversation, the campaign helped reduce stigma and foster open conversations about mental health across Canadian society.

The campaign's success was rooted in normalization. *Bell Let's Talk* shifted public understanding by framing mental health not as a niche or personal failing, but as a universal human experience. Through consistent messaging, accessible storytelling and high-profile participation, it brought mental health out of the shadows and into homes, workplaces, schools and public discourse. Talking openly became not only acceptable but encouraged.

Bell Let's Talk shows that when understanding is built over time, public awareness can drive widespread change. We will build a nationwide movement that follows this path for arthritis, elevating lived experiences, fostering empathy and reshaping public understanding so arthritis is seen as urgent, real and worthy of immediate action.

The Vision: What Transformation Looks Like

Canada stands at an unprecedented convergence moment where scientific capability, technological innovation and systemic readiness align to create breakthrough possibilities. We possess the essential ingredients to fundamentally transform outcomes for millions and establish Canada as the global epicenter for arthritis solutions.

By 2035

Equitable and timely access to care

- Reduce arthritis-related surgical wait times to recommended benchmarks
- Increase number of rheumatologists to recommended benchmarks
- Collect and report data on time from symptom onset to diagnosis of inflammatory arthritis
- Increase access to community-based rehabilitation and support programs to address unmet needs
- Increase arthritis-related health data for Indigenous, Black and other underserved communities

Comprehensive arthritis public policy

- Create federal arthritis all-party caucus to advance policy changes
- Faster and streamlined approval, review and public listing of new arthritis medications to align with peer countries
- Update reimbursement criteria for public drug plans to ensure access to the right medication at the right time
- Advance equitable access to personalized, precision-based treatments for children
- Inclusion of arthritis in federal, provincial and territorial chronic disease frameworks
- Governments recognize arthritis as an episodic disability and include in disability support programs

Fully integrated arthritis data and clinical research platforms

- Establish core set of data/variables that are included in all arthritis data platforms (e.g. cohorts, registries, biobanks) in Canada
- Create standard operating and access procedures for biobanks
- Coordinate access to arthritis data platforms
- Person-centric and interoperable health data systems that include arthritis-related health data

By 2040

National prevention awareness

- Implement awareness, evidence-based interventions and policy supports to prevent arthritis in youth
- Implement interventions and policy supports to reduce arthritis risk

Research breakthroughs

- Advance discovery of disease-modifying treatments for osteoarthritis
- Double the number of arthritis clinical trials in Canada
- World-leading integrated and accessible arthritis data platforms, including underserved communities

Robust investments

- Double government funding for arthritis research
- Increase public funding for community-based arthritis management and support programs

By 2045

Equity for underserved communities

- Reduce the impact of arthritis on Indigenous, Black and other underserved communities
- Increase regular access to healthcare providers

World class treatments

- Discover first osteoarthritis disease-modifying treatment
- Put at least one inflammatory disease in long-term remission
- Canada is a global destination for arthritis clinical trials
- Canada is a global incubator for arthritis innovation

Economic and productivity gains

- Generate economic returns through reduced healthcare costs and increased productivity
- Reduce arthritis-associated disability
- Increase per cent of people with arthritis able to participate in the labour force

Your Role In Transformation

For Government Leaders

Champion immediate policy implementation. Every year of delay deepens preventable disability and economic drain. The policy priorities provide you an actionable framework.

For Researchers and Institutions

Advance strategic research priorities positioning Canada for global leadership. Collaborate across institutions and funders to accelerate discovery and translation into real-world impact.

For Healthcare Providers

Lead evidence-driven arthritis care standards, support team-based models and champion culturally safe approaches addressing the needs of Indigenous, Black and other underserved communities.

For Corporate Partners and Donors

Fund breakthrough research and innovation, scale workplace health initiatives, and support prevention and equitable care programs. These investments will make a measurable social impact.

For Everyone

Join the movement in making arthritis impossible to ignore. Use your voice and platform to elevate arthritis as a national health priority. Share stories, demand policy reform and support millions of people in Canada with arthritis.

Canada’s Arthritis Ecosystem: The Collective Strength of 21 Champion Organizations

Canada’s arthritis ecosystem has created a comprehensive plan for arthritis in Canada. This unprecedented alliance of twenty-one Arthritis Ecosystem Champion organizations represents the full spectrum of the arthritis community: patient advocacy groups, healthcare providers, research institutions and professional associations.

In 2023 Arthritis Society Canada took a leadership role in engaging and aligning the Champion organizations. The collaborative strength of the plan is embodied in the Champion organizations’ shared commitment to patient-centred solutions, evidence-based approaches and equitable outcomes. Together, these Champions bring decades of expertise, established networks, proven track records and the collective trust of the communities they serve.

Collective Impact Model

Arthritis Action Now was created using the Collective Impact model, which was first articulated in a 2011 Stanford Social Innovation Review article.[156] Collective impact is defined as a network of community members, organizations and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change

In this model, Arthritis Society Canada was the backbone organization, leading the initiative under approval of its Board of Directors. Arthritis Society Canada provided dedicated staff and resources to coordinate activities, manage data systems, facilitate communication and maintain strategic focus across the 21 organization ecosystem. The Arthritis Ecosystem Champions met over a three-year period to collaboratively shape and finalize Arthritis Action Now: The Plan to End Arthritis in Canada.

Through this comprehensive blueprint for change, Arthritis Action Now articulates an ambitious vision and has the passion and people to bring it to reality — delivering measurable improvements in prevention, care and outcomes for the more than 6 million people in Canada with arthritis.

For information about this plan, please contact info@arthritis.ca.

Appendix 1: Endorsements

The following organizations endorse Arthritis Action Now: The Plan to End Arthritis in Canada as an important strategic framework for advancing arthritis prevention, better treatment and ultimately a cure.

Canadian Association for Long Term Care

CAND

CAOT ACE
Canadian Association of Occupational Therapy
Association canadienne de l'ergothérapie
ACE CAOT
Association canadienne de l'ergothérapie
Canadian Association of Occupational Therapy

Canadian Centre for Caregiving Excellence
A program of the Azrieli Foundation

Canadian Centre for Rural and Agricultural Health

Association chiropratique canadienne
Canadian Chiropractic Association

Canadian Nurses Association
Association des infirmières et infirmiers du Canada

CORD
Canadian Organization for Rare Disorders

THE CANADIAN PAIN SOCIETY
LA SOCIÉTÉ CANADIENNE DE LA DOULEUR

Canadian Physiotherapy Association
Association canadienne de physiothérapie

cpi
CANADIAN POVERTY INSTITUTE

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

CanAge.
Canada's National Seniors' Advocacy Organization

cbrc
Community-Based Research Centre

Dietitians of Canada
Les diététistes du Canada

FIBROMYALGIA ASSOCIATION CANADA
ASSOCIATION DE LA FIBROMYALGIE DU CANADA

GLA:D Back CANADA

GLA:D™ CANADA

Medtech Canada

Mood Disorders Society of Canada

PIPN
People in Pain Network

realize
FOSTERING POSITIVE CHANGE FOR PEOPLE LIVING WITH HIV AND OTHER EPISODIC DISABILITIES

RESEARCH CANADA
RECHERCHE CANADA

Scleroderma Canada
Sclérodermie Canada

Appendix 2: Our Process

Arthritis Society Canada provided leadership, coordination and resources to create Arthritis Action Now: The Plan to End Arthritis in Canada. The development of this plan was rooted in a highly collaborative and multi-faceted engagement process, drawing extensively from the insights of researchers, clinicians, patients and various communities across Canada.

Foundational Knowledge Synthesis: The work began with a comprehensive literature and environmental scan, culminating in the creation of an Arthritis Book of Knowledge. This living resource provides a curated overview of key relevant academic and grey literature, alongside patient-focused publications, intended to inform strategic directions.

Community Prioritization Workshop: A workshop was held in Winnipeg in early 2024, and convened research, clinical and patient leaders from the arthritis community. This served as a crucial starting point for collectively identifying priorities and shaping the foundational structure for the strategy.

Diverse Discussion Groups: Following the initial workshop, 23 discussion groups were facilitated across a wide range of topics related to arthritis and future priorities. These discussions, which included areas such as youth sport, 2SLGBTQIA+ communities, access to care, AI innovations and underserved populations, naturally surfaced critical themes and incredible ideas. A dedicated session facilitated by the Canada Arthritis Trainee Alliance gathered insights from arthritis research trainees and early career investigators.

Research and Patient Surveys: The engagement process was enriched by insights from extensive surveys. Approximately 150 researchers and 230 patients provided valuable input on their perspectives regarding research priorities, emerging opportunities and existing challenges.

Community Engagement: More than 100,000 people across Canada helped co-create the plan through high-level engagement activities including survey questions and targeted social media interactions. This extensive outreach captured diverse perspectives from people with lived experience of arthritis, their families and caregivers, and community members across demographics and geographic regions.

Advocacy Working Group: The Policy Priorities were overseen by a dedicated Advocacy Working Group that included many of the Arthritis Ecosystem Champions and was co-chaired by Kelly Gorman and Kelly Lendvoy. A list of working group members can be found in Appendix 3.

Appendix 2: Our Process

Research and Innovation Working Group: The Research and Innovation priorities were developed by a dedicated Research and Innovation Working Group. This group comprised leading research, clinical and expert professionals from institutions across the country, and patients. The group was co-chaired by Dr. Tom Appleton, Dr. Hani El-Gabalawy, Catherine Hofstetter, Dr. Mohit Kapoor, and Dr. Diane Lacaille, ensuring rigorous scientific, clinical and patient relevance. The group established a set of five Guiding Principles as a foundation for decision-making:

Impact-driven with measurable outcomes
- Scale of potential impact relative to current state
- Promotes innovation and research excellence
- Cross-cutting, muti-disciplinary and trans-disciplinary
- Transformational

Relevance to Canada and global impact
- Important and compelling to people in Canada
- Addresses priorities and real-world needs of patients, people at risk or others impacted by arthritis
- Builds on, develops, or sustains unique strengths in Canada
- Fosters Canadian leadership in international collaboration/ global initiatives

Equity, social justice and inclusion
- Addresses gaps and inequities
- Informed/led by underserved populations
- Appropriately applies an equity, diversity and inclusion lens

Economic sustainability
- Funding/fundraising potential
- Potential to leverage partnerships

Capacity building and resiliency
- Adaptable to new opportunities/innovations
- Forward-looking
- Attracting, developing, supporting and retaining talent, including people with lived experience of arthritis
- Fosters infrastructure that supports long-term sustainability

Complete membership of the Research and Innovation Working Group can be found in Appendix 3.

Equity Advisory Group: To ensure that the plan was approached with an intentional lens of supporting equity in arthritis care, an Equity Advisory Group provided essential feedback and perspectives throughout the knowledge synthesis and writing process. The group, co-chaired by Dr. Catherine Cook and Antonella Scali, brought together several professionals deeply connected to health equity, including some members with lived experience of rheumatic disease. They regularly met virtually to share insights into underserved communities and inequity. Complete membership of the Equity Advisory Group can be found in Appendix 3.

Targeted Engagement Sessions: Individual meetings were held with various leaders representing **u**nderserved communities, innovation and ecosystem thought leaders, Indigenous leaders and many more. To supplement research survey responses and ensure comprehensive representation, in-person meetings were strategically facilitated with research leaders and teams at universities, including Laval, McGill, Dalhousie, Saskatchewan, Alberta and Calgary, particularly in areas where initial survey engagement and/or representation was lower. Similarly, a small group of Indigenous researchers, clinicians and patients provided input into the relevant research priorities to ensure that recommendations were appropriate and culturally respectful.

Arthritis Ecosystem Champions: Arthritis Action Now was guided and informed by the 21 Arthritis Ecosystem Champions, who led the broader development of Arthritis Action Now, ensuring seamless integration and shared vision. Arthritis Society Canada acted as the backbone organization, engaging and aligning the Champions toward collective impact.

Appendix 3: Acknowledgments

Arthritis Society Canada Leadership and Coordination

As the backbone organization for this initiative, Arthritis Society Canada provided dedicated leadership, coordination and resources to create this plan. Under the approval and guidance of its Board of Directors, Arthritis Society Canada was the primary funder of Arthritis Action Now.

Individual Arthritis Society Canada staff were essential in creating this plan including Trish Barbato, President and CEO, who initiated and led the plan's development, Dr. Siân Bevan, Chief Science Officer, who substantially created the Arthritis Book of Knowledge resource and supported the Research and Innovation Working Group, Kelly Gorman, Co-Chair of the Advocacy and Awareness Working Group, Shawn Brady, Dr. Carolyn Goard, Kaitlyn Jaggers and Shiwani Gaur who worked tirelessly to bring this plan to life.

We extend our thanks to Kelly Lendvoy, Vice President, Communications & Public Affairs, Arthritis Consumer Experts (ACE), who served as Co-Chair of the Advocacy and Awareness Working Group providing exceptional leadership and strategic direction.

Financial Acknowledgement

At its meeting in June 2023, Arthritis Society Canada's Board of Directors unanimously approved Arthritis Society Canada lead the creation of the plan, assuming its governance and financial oversight. Arthritis Society Canada was the primary funder of Arthritis Action Now.

We are deeply grateful to the following organizations and individuals, listed alphabetically, whose generous financial contributions ranged from $20,000 to over $100,000 to Arthritis Society Canada in support of the plan:

- Canadian Institutes of Health Research — Institute of Musculoskeletal Health and Arthritis
- Canadian Rheumatology Association
- John and Mary Crocker
- Anna Maria Frediani
- GreenShield
- Medline Canada, Corporation
- Lynn and Tom Oldfield

A Collaborative Achievement

Arthritis Action Now represents an unprecedented collaborative effort involving thousands of individuals and organizations across Canada. This comprehensive strategy was built through extensive consultation, research and partnership with diverse voices from across Canada. We extend our deepest gratitude to all who contributed their expertise, lived experience and unwavering commitment to transforming arthritis care in Canada.

Arthritis Ecosystem Champions

Arthritis Action Now was created through the unified commitment of 21 champion organizations who came together to serve as the primary drivers of the plan and speak with one voice for the millions of people in Canada impacted by arthritis. The ecosystem was convened and led by Trish Barbato, President and CEO of Arthritis Society Canada. The Champions included:

Arthritis Community Research and Epidemiology Unit (ACREU) — Dr. Anthony Perruccio, Co-Director
Arthritis Consumer Experts (ACE) — Cheryl Koehn, Founder & President
Arthritis Health Professions Association (AHPA) — Michelle Bridge, President
Arthritis Research Canada (ARC) — Dr. Diane Lacaille, Scientific Director
Arthritis Society Canada — Trish Barbato, President & Chief Executive Officer
Ase Community Foundation — Liza Arnason, Founder & Chair
Association des médecins rhumatologues du Québec — Dr. Hugues Allard-Chamard, President
Bone and Joint Canada — Rhona McGlasson, Executive Director
Canadian Arthritis Patient Alliance (CAPA) — Linda Wilhelm, President
Canadian Institutes of Health Research-Institute of Musculoskeletal Health and Arthritis (CIHR-IMHA) — Dr. Karim Khan, past Scientific Director, Dr. Rae Yeung, Scientific Director, Dr. Hetty Mulhall, Associate Scientific Director, and Tianna Magel, past Analyst
Canadian Orthopaedic Association (COA) — Cynthia Vezina, Chief Executive Officer
Canadian Rheumatology Association (CRA) — Dr. Ahmad Zbib, Chief Executive Officer
Canadian Spondyloarthritis Association — Brenda Delodder, Executive Director & Chief Executive Officer
Cassie + Friends — Jennifer Wilson, Executive Director
Lupus Canada — Leanne Mielczarek, Chief Executive Officer
Osteoarthritis Research Society International (OARSI) — Dr. Mohit Kapoor, Treasurer
Ongomiizwin Indigenous Institute of Health and Healing, University of Manitoba — Dr. Amanda Fowler-Woods, Assistant Professor
Pain BC — Maria Hudspith, Executive Director
Psoriasis Canada — Antonella Scali, Chief Executive Officer
Take a Pain Check Foundation — Natasha Trehan, Founder & Executive Director
Vasculitis Foundation Canada — Jon Stewart, President

Research And Innovation Working Group

The strategic direction for the Research and Innovation section of Arthritis Action Now was guided by an exceptional working group of leading research, clinical and patient experts:

Co-Chairs

Dr. Tom Appleton, Western University — Bone & Joint Institute
Dr. Hani El-Gabalawy, University of Manitoba
Catherine Hofstetter, Patient Representative
Dr. Mohit Kapoor, Schroeder Arthritis Research Institute — University Health Network / University of Toronto
Dr. Diane Lacaille, University of British Columbia — Arthritis Research Canada

Working Group Members

Dr. Cheryl Barnabe, University of Calgary — McCaig Institute for Bone & Joint Health
Jennifer Boyle, Patient Representative
Dr. Ines Colmegna, McGill University — The Research Institute of the McGill University Health Centre
Dr. Maria Fernandes, Université Laval
Dr. Paul Fortin, Université Laval — Pavillon CHUL de CHU de Québec
Dr. Monique Gignac, University of Toronto — Institute for Work & Health
Dr. Cheryl Hubley-Kozey, Dalhousie University
Dr. Igor Jurisica, Schroeder Arthritis Research Institute, Krembil Research Institute-University Health Network / University of Toronto
Dr. Karim Khan, University of British Columbia — (past Scientific Director of CIHR-IMHA)
Dr. Alex Legge, Dalhousie University
Dr. Linda Li, University of British Columbia — Arthritis Research Canada
Tianna Magel, University of British Columbia — (past Analyst of CIHR-IMHA)
Dr. Liam O’Neil, University of Manitoba
Dr. Anthony Perruccio, Schroeder Arthritis Institute — University Health Network
Laurie Proulx, Patient Representative
Dr. Proton Rahman, Memorial University of Newfoundland
Dr. Raja Rampersaud, Toronto Western Hospital (UHN), University of Toronto, Schroeder Arthritis Institute, Krembil Brain Institute-UHN, Altum Health
Dr. Elizabeth Stringer, Dalhousie University & IWK Health
Dr. Matthew Teeter, Western University
Dr. Marinka Twilt, University of Calgary
Dr. Jackie Whittaker, University of British Columbia — Arthritis Research Canada
Dr. Janie Wilson, Dalhousie University
Dr. Rae Yeung, The Hospital for Sick Children, University of Toronto / CIHR-IMHA
Dr. James Young, Schroeder Arthritis Institute — University Health Network

We acknowledge research leaders and teams from institutions across Canada who participated in in-person engagement sessions to augment the process: Dalhousie University, Jewish General Hospital, Lady Davis Institute, McGill University, Université Laval, University of Alberta, University of Calgary and University of Saskatchewan.

We would also like to acknowledge those not listed above that were active participants in the Community Prioritization Workshop in Winnipeg (described in Appendix 2): Dr. Claire Barber, University of Calgary; Dr. Susan Bartlett, McGill University; Dr. Terri-Lynn Fox, Patient Representative; Dr. Carol Hitchon, University of Manitoba; Cheryl Koehn, Arthritis Consumer Experts; Dr. David Robinson, University of Manitoba; Antonella Scali, Canadian Psoriasis Network; Dr. Annemiek Willemze, Leiden University Medical Centre; and Dr. Ahmad Zbib, Canadian Rheumatology Association.

Equity Advisory Group

The Equity Advisory Group provided pivotal feedback to ensure that the plan is positioned to make tangible headway in eliminating inequities in arthritis care in Canada. Their dedication and passion are deeply appreciated and has made a remarkable impact on the plan’s structure and framing.

Co-Chairs

Dr. Catherine Cook, National Indigenous Advisor, Arthritis Society Canada
Antonella Scali, Psoriasis Canada

Members

Liza Arnason, Ase Community Foundation for Black Canadians with Disabilities
Dr. Terri-Lynn Fox, PhD, Independent Indigenous Researcher
Rebecca Reagan, Registered Social Worker
Dr. David Robinson, University of Manitoba
Anu Radha Verma, Independent Community-Based Researcher

Advocacy and Awareness Working Group

The public policy priorities in the plan were shaped by invaluable input from the Advocacy and Awareness Working Group. Through collaborative meetings and facilitated sessions, this dedicated group was pivotal in identifying and distilling these priorities from a comprehensive list of potential priorities into the most critical areas. We are deeply grateful for their expertise and contributions.

Co-Chairs

Kelly Lendvoy, Arthritis Consumer Experts
Kelly Gorman, Arthritis Society Canada

Working Group Members

Dr. Anthony Perruccio, Arthritis Community Research and Epidemiology Unit
Cheryl Koehn, Arthritis Consumer Experts
Michelle Bridge/Laura Passalent, Arthritis Health Practitioners Association
Michelle Tice, Arthritis Research Canada
Margretha Gonsalvez, Arthritis Society Canada
Laurie Proulx/Linda Wilhelm, Canadian Arthritis PatienAlliance
Chelsea Patriquin, Canadian Orthopaedic Association
Dr. Ahmad Zbib/Erin Stewart, Canadian Rheumatology Association
Brenda Delodder, Canadian Spondyloarthritis Association
Jennifer Wilson, Cassie + Friends
Leanne Mielczarek/Heather Coates, Lupus Canada
Dr. Mohit Kapoor, Osteoarthritis Research Society International
Antonella Scali, Psoriasis Canada
Dr. Hugues Allard-Charmand, Quebec Rheumatologist Association
Natasha Trehan/Maggie Douglas, Take a Pain Check
Jon Stewart, Vasculitis Foundation Canada

Community Consultation Participants

Discussion Group Leaders and Participants

We acknowledge the leaders and participants of over 20 discussion and focus groups who provided invaluable insights across diverse topics including:

- Youth sport and arthritis prevention
- 2SLGBTQIA+ communities and arthritis care (facilitated by the Community-Based Research Centre)
- Access to care challenges and solutions
- AI innovations in arthritis management
- Underserved populations and inclusive care
- Research priorities and community needs

People with Lived Experience and Caregivers

We extend profound gratitude to the individuals living with arthritis who shared their stories, challenges and aspirations throughout the consultation process. From urban centers to rural and remote communities, from children to older adults, these voices shaped every aspect of this plan. We acknowledge the essential contributions of caregivers who provided perspectives on the broader impact of arthritis on families and communities across Canada.

Community Organizations and Healthcare Providers

Recognition goes to the numerous community organizations, cultural associations, and grassroots networks that facilitated discussions and ensured diverse voices were heard in the development of Arthritis Action Now. Gratitude extends to the healthcare providers, clinicians and allied health professionals who contributed their clinical expertise and frontline perspectives to inform practical, implementable solutions.

Indigenous Partners and Contributors

Indigenous Advisory Contributors

We acknowledge with deep respect and appreciation the contributions of Dr. Catherine Cook (National Indigenous Advisor, Arthritis Society Canada), Dr. Cheryl Barnabe (University of Calgary) and Dr. Terri-Lynn Fox, PhD (Independent Indigenous Researcher) for their essential guidance in shaping the Indigenous priorities and approaches within the plan. Their expertise, cultural knowledge and commitment to Indigenous health equity were instrumental in ensuring these priorities and approaches are appropriate, meaningful and grounded in principles of Indigenous self-determination across research, care, advocacy and community engagement.

Indigenous Researchers, Clinicians, Knowledge Keepers and Elders

We also acknowledge the Indigenous researchers, clinicians, knowledge keepers and Elders who participated in introductory meetings and provided valuable insights that informed our understanding of Indigenous perspectives on arthritis research and care. While these engagements were primarily informational and relationship-building in nature, the insights shared helped guide our approach and commitment to respectful, culturally safe practices.

Truth and Reconciliation Commission: Calls to Action for Health #18-24 Response Document

Special recognition goes to Cheryl Koehn, Founder and President of Arthritis Consumer Experts (ACE), who championed the creation of the Truth and Reconciliation Commission: Calls to Action for Health response document, ensuring its accessibility through ACE’s dedicated Calls to Action website and overseeing meaningful collaboration with First Nations and Métis artists for culturally appropriate design.

Appendix 3: Acknowledgments

We acknowledge the valuable contribution of Andrea Kates of SUMA Consulting for her incredible facilitation and ideation expertise.

To aid in the synthesis and analysis of the vast information gathered for this plan, Arthritis Society Canada utilized its private AI platform Agentiiv.

This acknowledgment represents our gratitude to all contributors as of January 31, 2026.

Appendix 4: Key Arthritis Platforms and Cohorts in Canada

- Canadian Early Arthritis Cohort (CATCH) — following people with new onset inflammatory or rheumatoid arthritis across Canada to examine the course of disease and response treatments focused on early inflammatory arthritis (established in 2007)
- 1000 Faces of Canadian Lupus — a cross-Canada national prospective observational study to understand the influence of ethnicity and socioeconomic factors on disease activity, organ involvement, and disease outcomes for adults and children with Systemic Lupus Erythematosus (SLE) (established in 2005)
- Spondyloarthritis Research Consortium of Canada (SPARCC) — nine active collaborating sites nationwide longitudinally following patient cohorts (established in 2003)
- Ontario Best Practices Research Initiatives (OBRI) — a clinical cohort of rheumatoid arthritis patients in Ontario to understand use, safety and effectiveness of therapies, clinical practice and healthcare utilization (real world data) (established in 2005)
- Rhumadata (Quebec) — clinical database and registry monitoring the clinical care of patients with inflammatory diseases from two major centres in Quebec including real-world observational data (established in 1998)
- Early Undifferentiated PolyArthritis (EUPA) cohort — long-term observational study to better understand the disease and improve treatment protocols at the Centre hospitalier universitaire de Sherbrooke (CHUS) (established in 1998)
- Rheumatoid Arthritis Pharmacovigilance Program (RAPPORT) — registry and patient care program in Alberta linking clinical practice with real-world data to track the safety, effectiveness, and cost-benefit of biologic treatments for rheumatoid arthritis (RA) and psoriatic arthritis (PsA) (established in 2004)
- Canadian Alliance of Pediatric Rheumatology Investigators (CAPRI) and its JIA Registry — Canadian research network including all pediatric rheumatology centres, with collaborative multicentre research programs in juvenile arthritis and rheumatic diseases, with its ongoing longitudinal research registry and platform, enrolling all newly diagnosed children with JIA in Canada (established in 2006)
- Understanding Childhood Arthritis Network (UCAN) — Canada's pediatric precision-medicine and biomarker discovery platform with juvenile arthritis cohorts and biobanks (established in 2011)
- International Psoriasis & Arthritis Research Team (IPART) — international consortium of rheumatologists and dermatologists across Canada and the United States with expertise in genomics, inflammation, immunology and epidemiology (established in 2007)

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