## **About the Arthritis Alliance of Canada**

By Janet Yale, Chair of the Arthritis Alliance of Canada

he Arthritis Alliance of Canada (AAC) was formed in 2002 and exists to serve a simple goal: Improving the lives of the more than 4.6 million Canadians with arthritis.

With more than 30 member organizations, the AAC brings together arthritis healthcare professionals, researchers, funding agencies, governments, voluntary sector agencies, industry and, most importantly, representatives from arthritis patient organizations across Canada.

Members of the AAC contribute a wide range of expertise and capabilities to networks across Canada, working to provide evidence-based information to

inform and support public policies that raise awareness of arthritis. Ongoing work—as individual organizations and in collaboration with other arthritis stakeholders—is essential to achieving the overall goals of mitigating the burden of the more than 100 types of arthritis, the leading cause of disability in Canada.

While each member organization continues their own work, the AAC provides a central focus and a forum for broader collaborative initiatives. A core principle underlying the work of the AAC is to put evidence-based knowledge into action. In partnership and collaboration, we have developed a national strategy based on three key pillars: Advancing knowledge and awareness; improving prevention and care; and supporting ongoing stakeholder collaboration. More details can be found at <a href="https://www.arthritisalliance.ca/en/joint-action-on-arthritis">www.arthritisalliance.ca/en/joint-action-on-arthritis</a>.

This strategic framework establishes research priorities, identifies principles to guide the design and delivery of care, and proposes a mechanism for the arthritis community to engage with governments and the broader



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healthcare community. Most importantly, the AAC is committed to putting the person with arthritis front and centre and, to this end, we ensure that there is consumer representation at a leadership level in all our initiatives.

Since the release of our framework in the fall of 2012, much progress has been made. Beginning in the fall of 2013, we have held an Annual Research Symposium and Conference to share research discoveries, conduct working sessions in our priority areas, raise awareness of arthritis with government and external audiences, and celebrate our successes at an annual Gala Dinner. We have included the presenta-

tion of the *Qualman-Davies Arthritis Consumer Community Leadership Award* at our Gala in recognition of the key role played by effective consumer leadership and advocacy.

Over the last three years, we have also focused on improving access to care for patients with autoimmune arthritis and osteoarthritis (OA). We have developed tools to enable the improvement of outcomes through evidence-based models of care that can be adapted and implemented in local environments. This has formed the basis for our advocacy efforts with the federal government and provincial governments across the country.

Looking ahead, the decisions the government makes today will impact patients' access to quality arthritis care in the years to come. However, we continue to face a huge challenge in having arthritis recognized as a major health concern and being prioritized for government investment. Our *Impact Report* documents the growing economic burden of arthritis, both in terms of health care and productivity costs, and outlines risk-mitigation strategies. The AAC decided to leverage this foundational

work in order to develop and implement a comprehensive advocacy plan to make the case for a national arthritis strategy.

Please read through this issue of the CRAJ to learn more about the initiatives underway at the AAC to improve

arthritis prevention and care in Canada.

To receive our monthly newsletter to stay informed or get involved, please contact Ms. Jaime Coish, Executive Director of the AAC, at <code>jcoish@arthritisalliance.ca</code>.

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## A Brief History of Our Publications

