What do you plan to do for Ontarians with arthritis?

Arthritis is one word describing over 100 types of disease and affects one out of five Ontario residents. To effectively treat and manage the most disabling and life-threatening types – osteoarthritis and rheumatoid arthritis – the next elected Ontario government must increase its level of awareness and standard of care.

Although the many forms of arthritis affect more than 1.8 million young and old Ontarians, there is no comprehensive model of arthritis care available in the province, and is particularly pronounced outside of the Greater Toronto Area. Where you live can be more important in determining treatment than how sick or disabled you are.

**What will your government do to bring a standardized model of arthritis care for all Ontario residents?**

Reliable, validated screening tests to detect and accurately diagnose arthritis exist, but have not been systematically implemented into Ontario’s medical school curricula and health care system.

**How will your government address the need to implement validated arthritis screening tests into Ontario’s medical schools and health care system?**
Arthritis Consumer Experts annually ranks publicly funded drug formularies based on the number of medically necessary arthritis medications (biologic response modifiers or "biologics") they list out of a possible ten. After ranking #3 in Canada in 2013, Ontario rose to a ranking of #1 in Canada in 2014 because of improved access to arthritis medications.

What will your government do to retain the province’s rating and ensure Ontarians living with arthritis, with the help of the doctors who treat them, are able to choose the medication most appropriate for their specific arthritis disease, family history and important risk factors?

The economic burden of arthritis in Canada was estimated to be 6.4 billion dollars in 2000 — over one quarter (29%) of the total cost of musculoskeletal diseases. Of the total arthritis-related costs, the greatest impact is due to the indirect costs ($4.3 billion), which consists of the lost production attributable to long-term disability and premature death versus direct costs ($2.1 billion) that include hospital, drug, physician and additional healthcare expenditures.

On average, over a quarter of men and women with arthritis between 25 and 44 years of age in Ontario were not in the labour force because of their arthritis.

How will your government establish and enact better healthcare guidelines so we can prevent the direct and indirect costs of arthritis on the Ontario economy?