

According to the World Health Organization, chronic diseases are the leading cause of mortality in the world, representing 60% of all deaths. The Public Health Agency of Canada has calculated that three of every five Canadians aged 20 or older have a chronic illness, and four out of five are at risk. *Health Guide Canada* offers a comprehensive overview of 107 chronic and mental illnesses from Addison's to Wilson's disease, including a new entry this edition on Guillain-Barré Syndrome. Each chapter includes an easy-to-understand medical description, plus a wide range of condition-specific support services and information resources that deal with the variety of issues concerning those with a chronic or mental illness, as well as those who support the illness community.

The word *chronic* comes from the Greek word *chronos*, meaning *time* (the Greek god Chronos is often depicted as Father Time). The World Health Organization defines a chronic disease as one “of long duration and generally slow progression.” It is rarely curable and will likely cause significant changes to the person's quality of life. Mental health disorders include a wide variety of psychological illnesses.

Health Guide Canada contains thousands of ways to deal with the many aspects of chronic or mental health disorders. It includes associations, government agencies, libraries and resource centres, educational facilities, hospitals and publications. In addition to chapters dealing with specific chronic or mental conditions, there is a chapter relevant to the health industry in general, as well as others dealing with charitable foundations, death and bereavement groups, homeopathic medicine, indigenous issues and sports for the disabled.

This guide will provide critical information to those dealing for the first time with the stress and crucial need-to-know issues, as well as to those already coping with chronic disease. *How can I connect with others with diabetes? What cancer treatment is best for me? What genetic disorders could my child be at risk of inheriting? What factors are influencing the health of Canadians?* You'll find ways to answer these questions and more in Grey House's newly updated health text.

In addition to patients and families, hospital and medical centre personnel can find the support they need in their work or study. *Health Guide Canada* is full of resources crucial for people with chronic illness as they transition from diagnosis to home, home to work, and work to community life.

Health Guide Canada provides, in one source, comprehensive, critical, immediate information, from national associations to local health centres. Each listing will provide a description, address (including website, email address and social media links, if possible) and executives' names and titles, as well as a number of details specific to that type of organization.

Educational Material

To access information by specific chronic illness, body system or disorder category, the cross-referenced Chronic Illness–Body System chart in the front of the book makes it easy.

Two reports—*Health Status of Canadians 2016* and *A Focus on Family Violence in Canada*—by the Public Health Agency of Canada provide an overview of the factors affecting the health of Canadians.

A Glossary of medical terminology, showing the meanings of prefixes, roots and suffixes follows the reports.

Arrangement

Section I: Chronic & Mental Illnesses contains 107 chronic or mental condition chapters, which are arranged alphabetically by name of the disorder. Each chapter begins with a brief and straightforward description of the illness, showing probable causes, symptoms, prevalence and treatment options.

Following each description are disease-specific resources. Chapters contain the following: associations, publications, government agencies, libraries and resource centres, educational facilities, and hospitals—a total of over 5,000 listings. Listings include the name of the organization or publication, address, phone, fax number, email, website, social media links and executives, as available. Brief descriptions and other details are included depending on the type of listing: an association, for example, may include the year it was founded and yearly dues; while a magazine might include its frequency and number of pages.

Section II: General Resources includes similar categories to Section I, but shows information related to health in general instead of to a specific illness.

Section III: Appendices include charitable foundations, which among other entities lists organizations devoted to granting wishes of chronically and terminally ill individuals; death and bereavement listings showing support services for those who find themselves or a loved one close to death or grieving a loss; homeopathic medicine facilities providing information on where to access more holistic services; organizations devoted to indigenous health issues; and sports groups for the disabled.

Section IV: Statistics contains statistical data drawn from Statistics Canada and the Fraser Institute, showing information on numbers of people with different illnesses in Canada, the performance of the health program and wait times for certain procedures.

Rounding out this directory are the Entry Name and Publication Indexes, which allow users additional access to the information.

Health Guide Canada is also available for subscription on CIRC: Canada's Information Resource Centre. Subscribers to CIRC can access their subscriptions online and do customized searches that make finding information quicker and easier. Visit www.circ.greyhouse.ca for more information.

We acknowledge the valuable contribution of those individuals and organizations who have responded to our information gathering process throughout the year; your help and timely responses to our questionnaires are greatly appreciated.

Every effort has been made to ensure the accuracy of the information included in this edition of *Health Guide Canada*. Do not hesitate to contact us with comments or if revisions are necessary.



Selon l'Organisation mondiale de la Santé, les maladies chroniques constituent la principale cause de mortalité dans le monde alors qu'elles expliquent 60 % des décès. L'Agence de la santé publique du Canada a calculé que 3 Canadiens sur 5 âgés de 20 ans ou plus sont aux prises avec une maladie chronique et que 4 Canadiens sur 5 sont à risque de le devenir. Le *Guide canadien de la santé* donne un aperçu global de 107 maladies chroniques et mentales, de la maladie d'Addison à celle de Wilson, y compris une nouvelle entrée portant sur le syndrome de Guillain-Barré. Chaque chapitre comprend une description médicale facile à comprendre, une vaste gamme de services de soutien particuliers à l'état et des ressources documentaires qui portent sur diverses questions relatives aux personnes qui sont aux prises avec une maladie chronique ou mentale et à ceux qui soutiennent la communauté liée à cette maladie.

Le terme « chronique » provient du grec « chronos » qui signifie « temps » (le dieu grec Chronos est souvent dépeint en tant que père du temps). Selon l'Organisation mondiale de la Santé, une maladie chronique est de longue durée et progresse habituellement lentement. On peut rarement la guérir et il y a de fortes chances qu'elle modifie grandement la qualité de vie de la personne. Les problèmes de santé mentale couvrent un large éventail de maladies psychologiques.

Le *Guide canadien de la santé* contient des milliers de moyens pour composer avec divers aspects d'une maladie chronique ou d'un problème de santé mentale. Il comprend des associations, des organismes gouvernementaux, des bibliothèques et des centres de documentation, des services d'éducation, des hôpitaux et des publications. En plus des chapitres qui portent sur des états chroniques ou mentaux, un chapitre traite de l'industrie de la santé en général; d'autres abordent les fondations qui réalisent des rêves, les groupes de soutien axés sur le décès et le deuil, la médecine homéopathique, les questions autochtones et les sports pour les personnes handicapées.

Ce guide donne une information cruciale à ceux et celles qui doivent composer, pour la première fois, avec la tension et les enjeux essentiels de même qu'à toute personne aux prises avec une maladie chronique. *Comment puis-je entrer en communication avec d'autres personnes qui souffrent de diabète? Quel traitement du cancer me convient le mieux? Quels troubles génétiques mon enfant risque-t-il d'hériter? Quels facteurs influencent la santé des Canadiens?* Vous trouverez comment répondre à ces questions, entre autres, dans ce document sur la santé de Grey House récemment mis à jour.

Les membres du personnel des hôpitaux et des centres médicaux peuvent trouver, au même titre que parents et familles, le soutien dont ils ont besoin dans le cadre de leur travail ou de leurs études. Le *Guide canadien de la santé* est rempli de ressources capitales pour les personnes qui souffrent d'une maladie chronique alors qu'elles passent du diagnostic au retour à la maison, de la maison au travail et du travail à la vie au sein de la communauté.

Le *Guide canadien de la santé* réunit des renseignements exhaustifs, critiques et immédiats, des associations nationales aux centres de santé locaux. Chaque entrée comprend une description, une adresse (y compris le site Web, le courriel et les liens des médias sociaux, lorsque possible), les noms et titres des directeurs de même que plusieurs détails particuliers à ce type d'organisme.

Matériel didactique

Le tableau à référence croisée Maladie chronique—systèmes et appareils de l'organisme, au début du livre, simplifie l'accès aux renseignements par maladie chronique particulière, système de l'organisme et catégorie de problème.

Deux articles—*État de santé des Canadiens 2016* et *Regard sur la violence familiale au Canada*—publiés par l'Agence de la santé publique du

Canada, donnent un aperçu des facteurs qui ont une incidence sur la santé des Canadiens.

Un glossaire de terminologie médicale, montrant les significations des préfixes, des racines et des suffixes, suit les articles.

Plan

La section I contient 107 chapitres portant sur la maladie chronique ou mentale; elle est organisée en ordre alphabétique de nom de maladie. Chaque chapitre commence par une description brève et simple de la maladie, des causes probables apparentes, des symptômes, de la prévalence et des possibilités de traitement.

Des ressources particulières à la maladie accompagnent chaque description. Les chapitres comprennent des associations, des publications, des organismes gouvernementaux, des bibliothèques et centres de documentation, des services d'éducation et des hôpitaux. Cet ouvrage de référence décrit plus de 5 000 entrées. Elles comprennent le nom de l'organisme ou le titre de la publication, son adresse, numéro de téléphone, numéro de télécopieur, adresse électronique, site Web, les liens vers les médias sociaux et les directeurs, lorsque l'information est accessible. Selon le type d'entrée, de brèves descriptions et d'autres détails sont fournis. Par exemple, une association peut indiquer l'année de sa création et le montant de sa cotisation annuelle; une revue peut indiquer son tirage et le nombre de pages qu'elle compte.

La section II, qui porte sur les ressources génériques, comprend les renseignements connexes à la santé en général, sans être reliés à une maladie en particulier.

La section III comprend des annexes comme les œuvres de charité, dont font partie les organismes qui réalisent les rêves de personnes aux prises avec une maladie chronique ou en phase terminale; des entrées portant sur le décès et le deuil comprenant des services de soutien pour ceux et celles qui se préparent à mourir ou dont un être cher se trouve dans cette situation ou qui pleurent une perte; des services de médecine homéopathique qui donnent de l'information sur l'accès à des services plus holistiques; des organismes dédiés aux questions de santé autochtones; des groupes de sport pour les personnes handicapées.

La section IV contient des données statistiques tirées de Statistiques Canada et de Fraser Institute, montrant l'information sur des nombres de personnes avec différentes maladies au Canada, le programme de santé et temps d'attente pour certaines procédures.

Un index de nom et un index des publications complète ce répertoire afin de permettre aux utilisateurs d'accéder autrement à l'information.

Le *Guide canadien de la santé* est également offert par inscription au CDC : Centre de documentation du Canada. Les abonnés au CDC peuvent accéder à leurs inscriptions en ligne et effectuer des recherches personnalisées afin de trouver l'information plus rapidement et plus facilement. Consultez www.circ.greyhouse.ca pour obtenir plus d'information.

Nous tenons à souligner la précieuse contribution des personnes et des organismes qui ont collaboré tout au long de l'année à notre procédé de cueillette d'information; votre aide, vos réponses à nos questionnaires dans les délais impartis sont grandement appréciés.

Tous les efforts ont été faits pour assurer l'exactitude des renseignements compris dans la présente édition de *Guide canadien de la santé*. N'hésitez pas à communiquer avec nous pour nous faire part de vos commentaires ou pour nous demander une révision, le cas échéant.

Addison's Disease

Addison's disease, also referred to as adrenal insufficiency, stems from the malfunction of the adrenal glands located on top of the kidneys. In this disease, there is an insufficient amount of cortisol and aldosterone produced by the adrenal cortex, the gland's firm outer layer.

Cause

Most often, Addison's disease results from destruction of the adrenal gland. Patients develop antibodies against their own adrenal tissue (autoimmune reaction). It may also be caused by fungal infections (or other infections such as HIV and tuberculosis), malignant tumours, trauma or blood loss.

Symptoms

The symptoms of Addison's disease usually develop slowly over the course of several months. Signs of the disease may include fatigue, weakness, loss of appetite, nausea and vomiting, low blood pressure (hypotension) and salt cravings. Other symptoms such as darkening of the skin (hyperpigmentation), muscle pain, low blood sugar (hypoglycemia), depression and irritability may also occur. If a person is in acute adrenal failure (Addisonian crisis), there may be a sudden onset of signs and symptoms such as severe vomiting and diarrhea, pain in the lower abdomen, back or legs, low blood pressure, difficulty breathing and loss of consciousness.

Prevalence

Addison's disease is a rare disorder that is diagnosed in about 1 in 100,000 people. It affects men, women and children of all ages.

Treatment Options

Addison's disease is diagnosed after a thorough medical history is taken, and a number of tests are performed. These tests may include a blood test, an ACTH (adrenocorticotropic hormone) test, an insulin-induced hypoglycemia test and imaging tests.

The primary treatment for Addison's disease is hormone replacement therapy. Options to counteract hormonal loss include oral corticosteroids, corticosteroid injections and androgen replacement therapy. During times of illness and surgery, a temporary increase in dosage is usually suggested. Treatment should never be stopped, even for a day, without the advice of a physician. Persons undergoing treatment should wear a medical alert bracelet and carry a medical identification card to let emergency medical providers know of their diagnosis. Immediate treatment—typically through injections of hydrocortisone, saline and sugar—is required during an Addisonian crisis.

People with Addison's disease require lifelong treatment. However, with proper hormone replacement therapy, they are able to lead normal lives.

National Associations

The Canadian Addison Society / La Société canadienne d'Addison

1 Palace Arch Dr., Etobicoke, ON M9A 2S1

Toll-Free: 888-550-5582

Other Communication: newsletter@addisonsociety.ca

e-mail: info@addisonsociety.ca

www.addisonsociety.ca

Overview: A small national charitable organization founded in 1990

Mission: To offer information about Addison's Disease; To assist in the education of the medical society & the public about Addison's Disease

Chief Officer(s):

Harold Smith, President

president@addisonsociety.ca

Roger Steinmann, Vice-President

vicepresident@addisonsociety.ca

Rick Burpee, Secretary-Treasurer

secretary-treasurer@addisonsociety.ca

Publications:

• The Canadian Addison Society Newsletter

Type: Newsletter; Frequency: Quarterly

Profile: Society updates & current information regarding Addison's Disease

Adjustment Disorders

Cause

The experience of stress in life is inevitable. Serious life changes such as job loss, divorce and surgery, and more commonplace events like the first day of school and worries about money can all be stressful. When faced with such situations, people usually do their best to cope and move on. However, if a person cannot seem to adjust to these life changes and continues to feel overwhelmed and anxious and have trouble functioning normally, an adjustment disorder—a stress-related mental illness—may be diagnosed. Adjustment disorders are divided into six subtypes: depressed mood; anxiety; mixed anxiety and depressed mood; disturbance of conduct; mixed disturbance of emotions and conduct; and unspecified.

Symptoms

The symptoms of adjustment disorders are both emotional and behavioural, and vary from person to person. However, in all cases, the symptoms begin within three months of experiencing a stressful event. An adjustment disorder may make a person feel sad, nervous, anxious, worried, hopeless or desperate. Physical complaints such as trembling, twitching and skipped heartbeats may also be experienced. People suffering from an adjustment disorder may also exhibit changes in behaviour including social withdrawal, vandalism, truancy, fighting and reckless driving. Adjustment disorders increase the risk of suicidal behaviour, and they also complicate the course of other medical conditions (for example, patients may not take their medication or eat properly). If the symptoms persist for less than six months after the stressor ends, the disorder is considered acute; if symptoms persist for more than six months, the disorder is considered to be chronic.

Prevalence

Men and women of all ages, as well as children, can suffer from this disorder. The chance of having an adjustment disorder is about the same for boys and girls, but among adults, women are twice as likely as men to be affected. In the general population, the prevalence of adjustment disorders is estimated to range from 5 to 20 percent. In the labour market, an adjustment disorder—often referred to as burnout—is one of the most common mental disorders diagnosed in workers.

Treatment Options

The diagnosis of an adjustment disorder is made after a thorough psychiatric evaluation has ruled out other possible diagnoses. For example, symptoms that are part of a personality disorder and become worse under stress are not usually considered to be adjustment disorders unless they are new types of symptoms for the individual. The patient must also meet the criteria for adjustment disorder that are specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. An emotional or behavioural response that is out-of-proportion to a specific stressor, or that impairs a person's ability to function in social, workplace and school settings meets the criteria, as do symptoms that develop within three months of experiencing a stressful event (other than bereavement).

Anyone who is experiencing one or more stressful events or circumstances, and feels overwhelmed or markedly distressed and cannot function normally, should seek help. The main type of

treatment prescribed for adjustment disorder is psychotherapy and, depending on the circumstances, can include individual, couple or family therapy. Medications—most often antidepressants and anti-anxiety agents—are sometimes prescribed for a few weeks or months. In most instances, long-term therapy will not be necessary, and the person can expect significant improvement within 8 to 12 sessions.

National Associations

The Organization for Bipolar Affective Disorder (OBAD)

1019 - 7th Ave. SW, Calgary AB T2P 1A8

Tel: 403-263-7408

Toll-Free: 866-263-7408

e-mail: obad@obad.ca

www.obad.ca

Overview: A medium-sized national charitable organization

Mission: To assist people affected directly or indirectly by bipolar disorder, depression, & anxiety

Chief Officer(s):

Kaj Korvela, Executive Director

International Associations

International Society for Affective Disorders (ISAD)

c/o Caroline Holebrook, Institute of Psychiatry, King's College London, PO72 De Crespigny Park, Denmark Hill, London SE5 8AF UK

Tel: +44 (0) 20 7848 0295; Fax: +44 (0) 20 7848 0298

Other Communication: help@isad.org.uk

e-mail: enquiry@isad.org.uk

www.isad.org.uk

twitter.com/ISADTweeet

Overview: A large international charitable organization founded in 2001

Mission: To advance research into affective disorders through all relevant scientific disciplines

Chief Officer(s):

Allan Young, President

Anthony Cleare, Treasurer

John Rush, Regional Representative, North America (Canada & the United States)

Caroline Holebrook, Administrator

caroline.loveland@kcl.ac.uk

Publications:

• Journal of Affective Disorders

Type: Journal; Editor: Jair Soares; Paolo Brambilla

Aging

Aging is not a disease, but part of the normal life cycle, and many seniors retain good health and live independently for long past the traditional age of retirement. In time, however, most will develop one or more chronic conditions. In Canada, the number of cases of chronic illness is on the rise among seniors.

Cause

There are a number of reasons why people might be developing age-related disorders more quickly than they did in previous generations. Seniors, and in particular older women, often get little physical activity. In fact, they are the most inactive segment of the population in Canada. In addition, the prevalence of obesity is increasing in the older population. In 2004, the obesity rate for adults aged 75 and over reached 24 percent compared to 11 percent in 1978-79. The risk of injury, chronic disease and poor health increases as a result of being overweight. Smoking is also a factor associated with developing a chronic disease and is implicated in 8 of the 14 top causes of death in people aged 65 years or over in Canada.

Symptoms

Life expectancy for Canadians is longer than it ever has been before—78 years for men, and 83 years for women. However, the

number of years spent in good health has been on the decline since reaching a peak in 1996. The types of chronic illness commonly occurring due to aging are chronic pain, diabetes and certain types of cancer. Dementia is also common and currently affects around half a million seniors in Canada. By 2038, it is estimated that more than one million older adults will suffer from this condition.

Prevalence

The elderly population in Canada is growing faster than any other segment of the population, and it is estimated that this trend will continue for the next several decades. In 2015, there were about 5.8 million people in Canada (about one in six Canadians) who were 65 years of age or older, and by 2035 the number of seniors is expected to double. By 2030, it is estimated that almost one in four Canadians will be 65 years of age or older. The 80-plus age category is populated by a far greater number of women than men.

Treatment Options

Treating the elderly requires many medical and non-medical services, integrated to provide a comprehensive continuum of care. Older Canadians can stay healthier and live longer if they adopt healthy eating habits, are physically active, stay socially connected, reduce their risks for falls and refrain from smoking.

See also Alzheimer's Disease

National Associations

Active Living Coalition for Older Adults (ALCOA) / Coalition d'une vie active pour les aîné(e)s

PO Box 143, Stn. Main, Shelburne ON L9V 3L8

Tel: 519-925-1676

Toll-Free: 800-549-9799

Other Communication: Other URL: www.silvertimes.ca

e-mail: alcoa@uniserve.com

www.alcoa.ca

www.facebook.com/726682140748841

Overview: A medium-sized national organization founded in 1993

Mission: To encourage older Canadians to maintain & enhance their well-being & independence through a lifestyle that embraces daily physical activities

Chief Officer(s):

Patricia Clark, Executive Director

Canadian Academy of Geriatric Psychiatry (CAGP) / L'Académie canadienne de psychiatrie gériatrique (ACPG)

#6, 20 Crown Steel Dr., Markham ON L3R 9X9

Tel: 905-415-3917; Fax: 905-415-0071

Toll-Free: 855-415-3917

e-mail: cagp@secretariatcentral.com

www.cagp.ca

www.facebook.com/CanadianAcademyofGeriatricPsychiatry

Overview: A small national organization

Mission: To promote mental health for elderly people in Canada

Member of: Council of Academies of the Canadian Psychiatric Association

Chief Officer(s):

Mark Rapoport, President

Maria Kardaris, Manager

Nancy Vasil, Co-Chair, Communications

Publications:

• CAGP [Canadian Academy of Geriatric Psychiatry] E-newsletter

Type: Newsletter; Frequency: Quarterly

Profile: CAGP reports, meetings, awards, & statistics

• Canadian Journal of Geriatric Medicine & Psychiatry

Type: Journal

Profile: Peer-reviewed original research on the health & care of older adults, co-sponsored by the Canadian Academy of Geriatric Psychiatry & the Canadian Geriatrics Society

Canadian Alliance for Long Term Care (CALTC)

e-mail: info@caltc.ca
www.caltc.ca

Overview: A medium-sized national organization

Mission: To ensure the delivery of quality care to vulnerable citizens of Canada

Canadian Association on Gerontology (CAG) / Association canadienne de gérontologie (ACG)

c/o University of Toronto, #160, 500 University Ave., Toronto ON M5G 1V7

Toll-Free: 855-224-2240
www.cagacg.ca

www.linkedin.com/company/canadian-association-on-gerontology
www.facebook.com/CdnAssocGero
twitter.com/cagacg

Overview: A medium-sized national charitable organization founded in 1971

Mission: To develop the theoretical & practical understanding of individual & population aging through multidisciplinary research, practice, education & policy analysis in gerontology; To seek the improvement of the conditions of life of elderly people in Canada

Member of: International Association of Gerontology & Geriatrics

Chief Officer(s):

Verena Menec, Vice-President
Anthony Lombardo, PhD, Executive Director
Alison Phinney, Secretary-Treasurer

Publications:

- Abuse & Neglect of Older Canadians: Strategies for Change
- CAG [Canadian Association on Gerontology] Newsletter / Bulletin d'information de l'ACG

Type: Newsletter; Frequency: Quarterly

Profile: Information about conferences, events, students, publications, & CAG news

- Canadian Association on Gerontology Conference Program Books
Frequency: Biennially
- Canadian Association on Gerontology Policy Statements & Issues Papers
- Canadian Journal on Aging [a publication of the Canadian Association on Gerontology]
Frequency: Quarterly; Accepts Advertising; Editor: Dr. Paul Stolee; ISSN: 0714-9808; Price: \$30/student; \$71 individual; \$115 institution
Profile: A refereed publication with articles about aging concerned with biology, practice, social sciences, & psychology
- National Forum on Closing the Care Gap

Canadian Geriatrics Society (CGS) / Société canadienne de gériatrie (SCG)

#6, 20 Crown Steel Dr., Markham ON L3R 9X9

Tel: 905-415-3917; Fax: 905-415-0071
Toll-Free: 855-415-3917
www.canadiangeriatrics.ca
twitter.com/CanGeriSoc

Previous Name: Canadian Society of Geriatric Medicine

Overview: A small national organization founded in 1981

Mission: To promote excellence in the medical care of the elderly; To support high standards of research on geriatrics; To disseminate information about the clinical care of the elderly

Member of: Royal College of Physicians & Surgeons of Canada

Affiliation(s): Canadian Association of Gerontology

Chief Officer(s):

Karen Fruetel, President

Canadian Gerontological Nursing Association (CGNA) / Association canadienne des infirmières et infirmiers en gérontologie

www.cgna.net

Overview: A medium-sized national charitable organization founded in 1984

Mission: To promote gerontological nursing practice standards & educational programs in gerontological nursing; To promote the health of elderly persons; To promote networking opportunities; To support & disseminate gerontological nursing research; To represent members to government, education, professional & other appropriate bodies

Affiliation(s): Canadian Nurses Association

Chief Officer(s):

Veronique Boscart, RN, MScN, MEd, President

vboscart@conestogac.on.ca

Michelle Heyer, Treasurer

Publications:

- The Canadian Gerontological Nurse [a publication of the Canadian Gerontological Nursing Association]

Type: Newsletter; Frequency: Quarterly

- Gerontological Nursing Competencies & Standards of Practice

Type: Document; Price: \$13 members; \$16 non-members

- Perspectives [a publication of the Canadian Gerontological Nursing Association]

Type: Journal; Frequency: Quarterly; ISSN: 0831-7445

Canadian Rheumatology Association (CRA) / Société canadienne de rhumatologie

#244, 12 - 16715 Yonge St., Newmarket ON L3X 1X4

Tel: 905-952-0698; Fax: 905-952-0708

e-mail: info@rheum.ca
rheum.ca

Overview: A small national organization

Mission: To represent Canadian rheumatologists & promote their pursuit of excellence in arthritis care & research in Canada through leadership, education & communication

Affiliation(s): Canadian Medical Association, Royal College of Physicians & Surgeons of Canada

Chief Officer(s):

Cory Baillie, President
Jacob Karsh, Sec.-Treas.

Publications:

- Journal of the Canadian Rheumatology Association

Type: Journal; Frequency: Quarterly

Canadian Society for the Study of the Aging Male (CSSAM) / Société canadienne pour l'Étude de l'Homme Vieillissant (SCEHV)

71 Dewlane Dr., Toronto ON M2R 2P9

Tel: 416-480-0010; Fax: 416-480-0010

e-mail: secretariat@cssam.com
www.cssam.com

Previous Name: Canadian Andropause Society

Overview: A small national organization founded in 1998

Mission: To support research on the physical, medical, sociological, & psychological changes in aging men

Chief Officer(s):

David Greenberg, President

Elder Mediation Canada (EMC)

www.eldermediation.ca

Overview: A medium-sized national organization

Mission: To advance the practice of elder mediation in Canada; to improve the qualifications & effectiveness of mediators

Affiliation(s): Elder Mediation International Network; Family Mediation Canada

National Initiative for the Care of the Elderly (NICE) / Initiative nationale pour le soin des personnes âgées

#328, 263 McCaul St., Toronto ON M5T 1W7

Tel: 416-978-0545; Fax: 416-978-4771

e-mail: nicenetadmin@utoronto.ca
www.nicenet.ca

facebook.com/NICElderly
twitter.com/NICElderly

Overview: A small national organization

Mission: National network of researchers & practitioners involved in the care of older adults through medicine, nursing & social work

Member of: Network of Centres of Excellence

Chief Officer(s):

Anthony Lombardo, Network Manager

National Associations

Accreditation Canada / Agrément Canada

1150 Cyrville Rd., Ottawa ON K1J 7S9

Tel: 613-738-3800; Fax: 613-738-7755

Toll-Free: 800-814-7769

www.accreditation.ca

www.linkedin.com/company/accreditation-canada

twitter.com/AccredCanada

Previous Name: Canadian Council on Health Services Accreditation;
Canadian Council on Health Facilities Accreditation

Overview: A large national licensing charitable organization founded in 1958

Mission: To improve quality in health services through accreditation; To provide health care organizations with a voluntary, external peer review to assess the quality of their services

Chief Officer(s):

George Weber, Chair

Leslee Thompson, President & CEO

Publications:

• Accreditation Canada Annual Report

Type: Yearbook; Frequency: Annually

• Accreditation Standard

Type: Newsletter; Frequency: Semiannually; ISBN: 978-1-55149-086-1

Profile: Updates & information about accreditation for Accreditation Canada's client organizations

• Canadian Health Accreditation Report

Frequency: Annually; ISBN: 978-1-55149-073-1

Profile: Findings from accreditation surveys, highlights of challenges & successes in health care, & leading practices by health organizations across Canada

• In Touch: A Newsletter for Surveyors

Type: Newsletter

Profile: Information for surveyors

• Leadership in the Journey to Quality Health Care: The History of Accreditation

Type: Book

Profile: Evolution of Accreditation Canada over the past fifty years

• Leading Practices

Frequency: Annually

Profile: Companion report to the annual Canadian Health Accreditation Report which presents a compilation of practices identified by surveyors

• Qmentum Quarterly

Type: Journal; Frequency: Quarterly; Accepts Advertising

Profile: Educational information for health & social services organizations to improve quality & patient safety

• The Value & Impact of Accreditation in Health Care: A Review of the Literature

Author: Wendy Nicklin; Sarah Dickson

• Within Our Grasp: A Healthy Workplace Action Strategy for Success & Sustainability in Canada's Healthcare System

Association des établissements privés conventionnés - santé services sociaux (AEPSC)

#200, 1076, rue de Bleury, Montréal QC H2Z 1N2

Tél: 514-499-3630; Téléc: 514-873-7063

Courriel: info@aepc.qc.ca

www.aepc.qc.ca

www.facebook.com/416653585019212

twitter.com/AEPC_SSS

Nom précédent: Association des centres hospitaliers et centres d'accueil privés du Québec

Aperçu: Dimension: moyenne; Envergure: nationale; Organisme sans but lucratif; fondée en 1979

Mission: Promouvoir l'amélioration continue de la qualité des soins et des services donnés au sein des entreprises membres; protéger et promouvoir l'entreprise privée dans le domaine de la santé et du bien-être

Membre(s) du bureau directeur:

Danny Macdonald, Directeur général par intérim

Association for Vaccine Damaged Children

67 Shier Dr., Winnipeg MB R3R 2H2

Overview: A small national organization founded in 1986

Mission: To inform parents of the risks of immunization; To support parents in any challenging situation with public health authorities

Chief Officer(s):

Mary James, Co-Founder

tjames4@shaw.ca

Association of Faculties of Medicine of Canada (AFMC) / L'Association des facultés de médecine du Canada (AFMC)

#800, 265 Carling Ave., Ottawa ON K1S 2E1

Tel: 613-730-0687; Fax: 613-730-1196

e-mail: username@afmc.ca

www.afmc.ca

twitter.com/afmc_e

Previous Name: Association of Canadian Medical Colleges

Overview: A medium-sized national charitable organization founded in 1943

Mission: To represent the interests of members in medical research policy formulation; to promote & advance academic medicine through the review & development of standards for medical education, through the development of national policies appropriate to the aims & purposes of Canadian faculties of medicine, through the fostering of research, & through representation of Canadian faculties of medicine to professional associations & governments

Affiliation(s): Canadian Medical Association; Association of Universities & Colleges of Canada

Chief Officer(s):

Genevieve Moineau, President & CEO

Association of Medical Microbiology & Infectious Disease Canada (AMMI Canada) / Association pour la microbiologie médicale et l'infectiologie Canada

192 Bank St., Ottawa ON K2P 1W8

Tel: 613-260-3233; Fax: 613-260-3235

e-mail: communications@ammi.ca

www.ammi.ca

Previous Name: Canadian Infectious Disease Society

Overview: A small national charitable organization founded in 1978

Mission: To represent the broad interests of researchers & physicians who specialize in the fields of infectious diseases & medical microbiology in Canada; To contribute to the health of people at risk of, or affected by, infectious diseases; To promote & facilitate research; To develop policies for the prevention, diagnosis, & management of infectious diseases

Chief Officer(s):

Riccarda Galioto, Chief Operating Officer

manager@ammi.ca

Paul Glover, Coordinator, Meetings & Membership

info@ammi.ca

Tamara Nahal, Coordinator, Communications

communications@ammi.ca

Publications:

• Association of Medical Microbiology & Infectious Disease Canada Annual Report

Type: Yearbook; Frequency: Annually

• Association of Medical Microbiology & Infectious Disease Canada Membership Directory

Type: Directory

• Canadian Journal of Infectious Disease & Medical Microbiology

Type: Journal; Editor: Dr. John M. Conly; Price: Free with membership in the Association of Medical Microbiology & Infectious Disease

• Members Connect [a publication of the Association of Medical Microbiology & Infectious Disease Canada]

Type: Newsletter; Price: Free with membership in the Association of Medical Microbiology & Infectious Disease

Profile: The newsletter of the Association of Medical Microbiology & Infectious Disease Canada

Barth Syndrome Foundation of Canada

#115, 162 Guelph St., Georgetown ON L7G 5X7

Tel: 905-873-2391

Toll-Free: 888-732-9458

www.barthsyndrome.ca

www.facebook.com/barthsyndromecanada

Overview: A medium-sized national charitable organization

Mission: To find research grants into the cause, treatments & cure for Barth Syndrome; To assist Canadian families & physicians dealing with the disease

Affiliation(s): Barth Syndrome Foundation Inc.

Chief Officer(s):

Susan Hone, President

Charitable Foundations

National Associations

Achilles Canada

119 Snowden Ave., Toronto ON M4N 2A8

Tel: 416-485-6451; Fax: 416-485-0823
www.achillescanada.ca

Previous Name: Achilles Track Club Canada

Overview: A medium-sized national charitable organization founded in 1999

Mission: To encourage & assist all persons with disabilities (visual disability, cerebral palsy, paraplegia, arthritis, epilepsy, multiple sclerosis, amputation, cystic fibrosis, stroke, cancer, traumatic head injury, & many others) to enjoy running for health in a social environment

Chief Officer(s):

Brian McLean, Contact
bmclean@achillescanada.ca

Acupuncture Canada

Tower II, #109, 895 Don Mills Rd., Toronto ON M3C 1W3

Tel: 416-752-3988; Fax: 416-752-4398
www.acupuncturecanada.org

Previous Name: Acupuncture Foundation of Canada Institute

Overview: A medium-sized national organization founded in 1995

Mission: To define & maintain the highest professional standards for the use of acupuncture; To gain recognition of acupuncture's legitimate place in western medicine as a safe, efficient complement to conventional medical treatment; To design educational training programs for physicians, physiotherapists, RNs, dentists, chiropractors & naturopaths in the methodology & practice of acupuncture

Affiliation(s): World Federation of Acupuncture Societies; Pan Pacific Medical Acupuncture Forum

Chief Officer(s):

Jacek Brachaniec, President
Cathy Donald, Treasurer
Ronda Kellington, Executive Director
rkellington@acupuncturecanada.org
Ann Eldemire, Administrative Coordinator
aeldemire@acupuncturecanada.org
Sheila Williams, Director, Education Administration
Christina Rogoza, Director, Education Curriculum

Air Canada Foundation

Montréal QC

e-mail: foundation-fondation@aircanada.ca
www.aircanada.com/en/about/community/foundation

Overview: A medium-sized national charitable organization founded in 2012

Mission: To help connect sick children to the medical care they need; to help alleviate child poverty

L'Arche Foundation

#300, 10271 Yonge St., Richmond Hill ON L4C 3B5

Tel: 905-770-7696; Fax: 905-884-4819
Toll-Free: 800-571-0212
e-mail: info@larchefoundation.ca
www.larchefoundation.ca

www.facebook.com/larchecanadafoundation
www.twitter.com/LArcheCanadaF1

Overview: A medium-sized national charitable organization overseen by L'Arche Canada

Mission: To raise money to support the activities of L'Arche Canada

Member of: L'Arche International

Chief Officer(s):

Gary Sim, President & CEO

The Belinda Stronach Foundation (TBSF)

Toronto ON

www.tbsf.ca
www.youtube.com/user/TheTBSFChannel

Overview: A small national charitable organization founded in 2008

Mission: Assists girls and women and Aboriginal youth in Canada and youth in developing nations to achieve a better life through the provision of programs that enhance basic health and education, improve economic and political independence and that promote civic involvement.

Chief Officer(s):

Belinda Stronach, President & CEO

Best Buddies Canada (BBC) / Vrais Copains

#907, 1243 Islington Ave., Toronto ON M8X 1Y9

Tel: 416-531-0003; Fax: 416-531-0325
Toll-Free: 888-779-0061
e-mail: info@bestbuddies.ca
www.bestbuddies.ca

www.facebook.com/BestBuddiesCanada

twitter.com/BestBuddiesCND

www.youtube.com/user/bestbuddiescanada

Overview: A medium-sized national charitable organization founded in 1995

Mission: To enhance communities by offering one-to-one friendships & leadership development opportunities for people with intellectual & developmental disabilities

Member of: Best Buddies International

Chief Officer(s):

Stephen Pinnock, Executive Director
sp@bestbuddies.ca
Ethel Maamo, Manager, Programs
ethelm@bestbuddies.ca

Canadian Abilities Foundation

#803, 255 Duncan Mill Rd., Toronto ON M3B 3H9

Tel: 416-421-7944; Fax: 416-421-8418
e-mail: abilities@bcsgroup.com
www.abilities.ca
twitter.com/abilitiescanada

Overview: A small national charitable organization founded in 1988

Mission: To provide information, inspiration & opportunity to Canadians with disabilities

Chief Officer(s):

Caroline Tapp-McDougall, Executive Director & Managing Editor

Publications:

• Abilities

Type: Magazine; Frequency: Quarterly; Accepts Advertising

Profile: For people with disabilities, their families, friends, & professionals

Canadian Association of Medical Teams Abroad (CAMTA)

103 Laurier Dr., Edmonton AB T5R 5P6

Tel: 780-486-7161; Fax: 403-223-9020
e-mail: info@camta.com
camta.com

www.facebook.com/237638586268756

twitter.com/camta

Overview: A small national charitable organization founded in 2001

Mission: CAMTA provides orthopedic surgeries to pediatric and adult patients in Ecuador.

Chief Officer(s):

Marc Moreau, President
Francisco Gallardo, Secretary
Veronica Kong, Executive Director

Canadian Digestive Health Foundation (CDHF) / Fondation

canadienne for la promotion de la santé digestive

#455, 2525 Old Bronte Rd., Oakville ON L6M 4J2

Tel: 905-847-2002

www.cdhf.ca

www.linkedin.com/company/649009

www.facebook.com/CDHFDn

twitter.com/TheCDHF

www.youtube.com/user/CDHFtube

Overview: A medium-sized national charitable organization founded in

1994 overseen by Canadian Association of Gastroenterology

Mission: To raise funds for the protection, promotion, & improvement of digestive health

Chief Officer(s):

Richard Fedorak, President
Catherine Mulvale, Executive Director

Publications:

• Canadian Digestive Health Foundation Newsletter

Type: Newsletter

Profile: Current information from digestive health experts across Canada

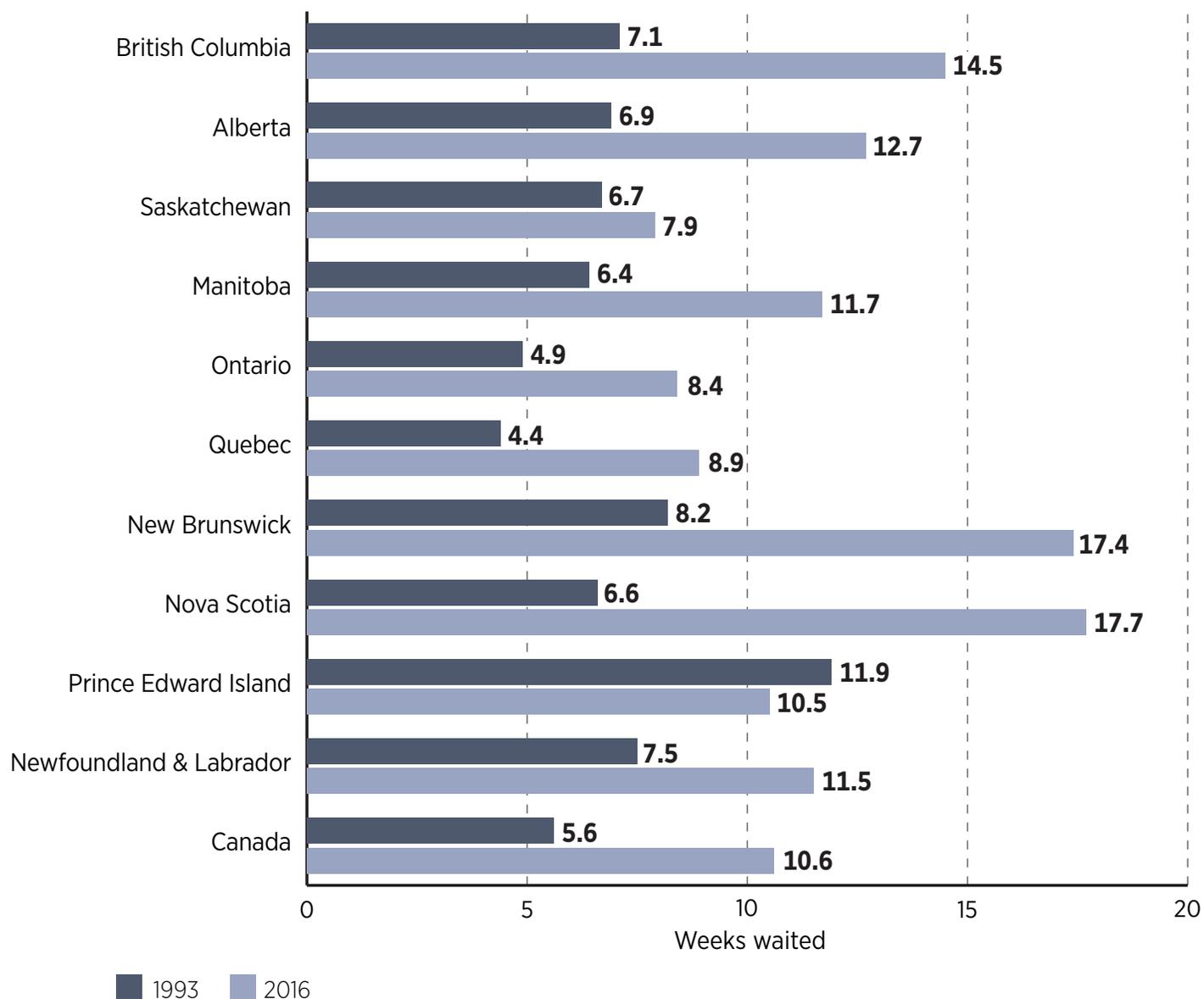
AGE-STANDARDIZED RATES, PERCEIVED HEALTH, VERY GOOD OR EXCELLENT (%),⁶ BOTH SEXES, CANADA, PROVINCES AND TERRITORIES

Geography	2003	2005	2007	2008	2009	2010	2011	2012	2013	2014
Canada	59.7	61.5	61.2	60.6	62.2	61.9	61.6	61.9	61.3	60.9
Newfoundland and Labrador	67.4	65.6	64.0	63.5	59.3	65.4	62.2	61.1	63.6	61.7
Prince Edward Island	66.2	60.2	59.3	63.2	62.9	67.0	59.7	60.6	59.7	62.0
Nova Scotia	60.0	60.1	59.5	58.6	62.1	60.8	61.1	60.7	60.9	60.2
New Brunswick	52.1	56.8	58.1	57.6	58.4	57.1	56.6	57.8	57.7	55.7
Quebec	58.6	61.2	61.6	61.3	63.3	61.5	61.7	61.7	60.9	60.8
Ontario	58.3	62.0	61.2	60.9	62.8	62.6	61.7	62.5	62.0	61.0
Manitoba	62.4	60.7	61.5	55.9	61.8	58.4	58.0	60.3	60.3	61.0
Saskatchewan	61.6	59.7	58.4	56.6	61.0	59.7	58.7	59.0	60.1	62.4
Alberta	63.7	62.4	62.6	63.4	61.8	62.4	62.7	62.9	62.5	63.5
British Columbia	61.6	61.0	60.5	58.7	60.6	62.6	62.7	61.4	60.4	59.2
Yukon ⁴	54.3	57.4	55.8	61.6	60.8	57.8	60.1	57.1	59.7	58.7
Northwest Territories ⁴	54.4	60.5	50.7	47.9	49.6	45.4	46.9	52.0	53.7	50.9
Nunavut ^{4, 5}	52.1	46.8	54.4	42.9	41.6	45.9	42.7	42.2	35.7	34.7

Source: Statistics Canada. *Table 105-0503 - Health indicator profile, age-standardized rate, annual estimates, by sex, Canada, provinces and territories, occasional*, CANSIM (database). (accessed: March 1, 2017)

Please see footnotes [30](#), [31](#), [57](#), [58](#), [59](#), [60](#), [61](#), [62](#), [64](#) for characteristics of the age-standardized rate.

Graph 3: Median wait between appointment with specialist and treatment, by province, 1993 and 2016



Source: The Fraser Institute's national waiting list survey, 2016; *Waiting Your Turn*, 1997.

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