

Introduction

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 44% of adults aged 20 or older have at least 1 of 10 common chronic conditions. *Health Guide Canada* offers a comprehensive overview of 107 chronic and mental illnesses from Addison's to Wilson's disease. 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—*Addressing Stigma: Towards a More Inclusive Health System* and *Handle With Care: Preserving Antibiotics Now and Into the Future*—by the Public Health Agency of Canada, provide an overview of the factors affecting the health of Canadians, and the importance of using antibiotics responsibly in human medicine. The infographic *Mental Health of Canadians during the COVID-19 Pandemic* is also included.

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 circ.greyhouse.ca for more information.

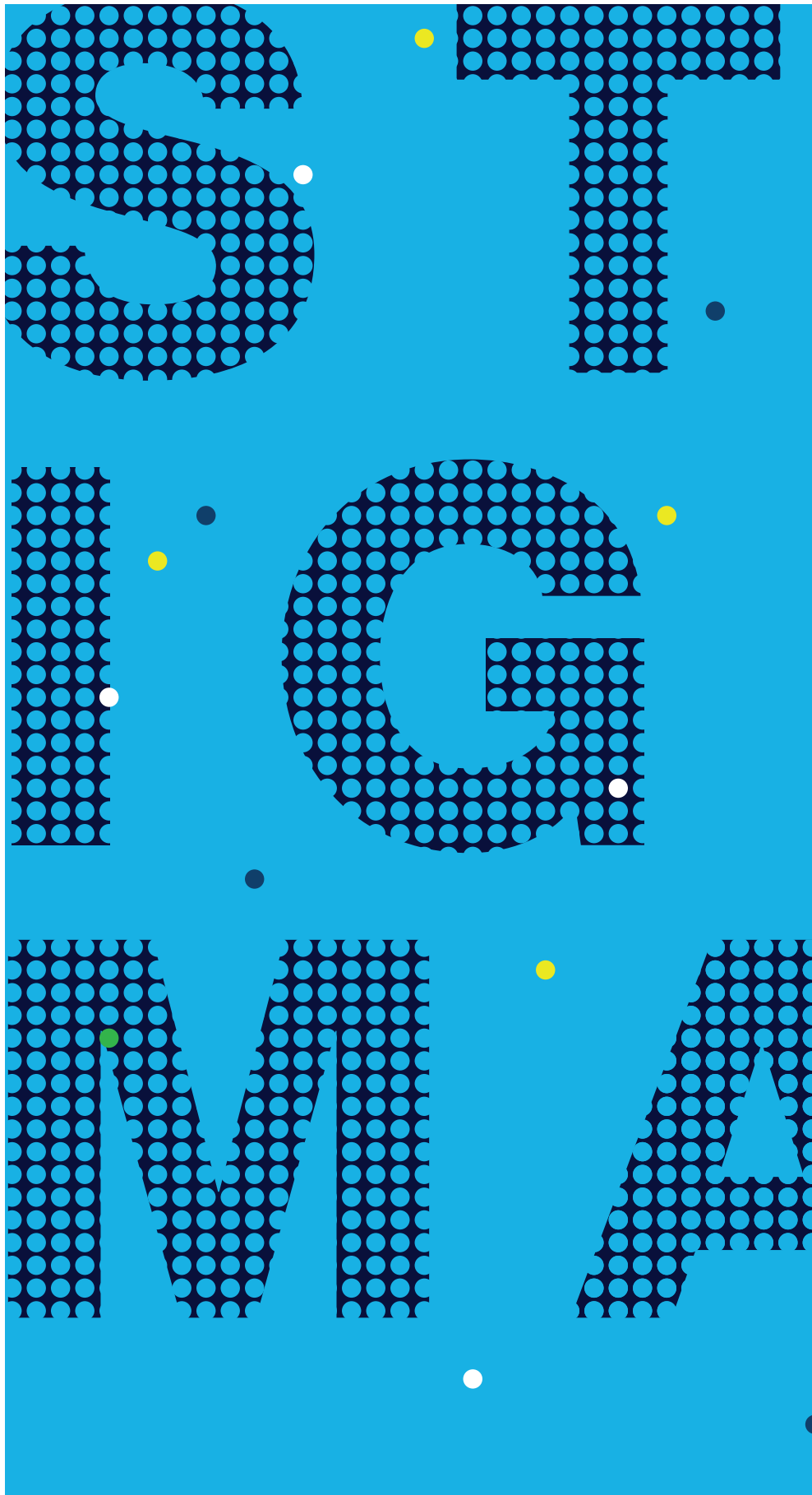
We acknowledge the valuable contribution of those individuals and organizations who have responded to our information gathering process throughout the year; your help and timely responses to our questionnaires are greatly appreciated.

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.

Chronic & Mental Illness—Body System

The following chart lists the illness and its body system(s) or disorder category. Chronic conditions not listed, such as Cancer, Genetic Disorders and Metabolic Disorders, do not fall into a specific system(s). A cross-reference chart follows that lists the information in reverse—body system or disorder categories followed by chronic illnesses.

CHRONIC & MENTAL ILLNESS	BODY SYSTEM/DISORDER CATEGORY
Addison's Disease	Endocrine
Adjustment Disorders	Behavioural
Aging	Cells & Tissues
AIDS/HIV	Immune, Infectious Disease
Allergies	Immune
Alzheimer's Disease	Nervous
Amyotrophic Lateral Sclerosis	Nervous
Anxiety Disorders	Behavioural
Arthritis	Muscular, Skeletal
Asthma	Respiratory
Ataxia	Nervous
Attention Deficit Hyperactivity Disorder	Behavioural, Developmental
Autistic Spectrum Disorders	Behavioural, Developmental
Brain Tumours	Nervous
Blood Disorders	Blood
Carpal Tunnel Syndrome	Muscular, Skeletal, Nervous
Celiac Disease	Gastrointestinal
Cerebral Palsy	Nervous, Muscular
Chronic Fatigue Syndrome	Immune
Chronic Pain	Nervous
Cognitive Disorders	Nervous
Conduct Disorder	Behavioural
Congenital Heart Disease	Cardiovascular
Cooley's Anemia (Thalassemia)	Blood
Crohn's Disease	Gastrointestinal
Cystic Fibrosis	Respiratory, Gastrointestinal
Diabetes Mellitus	Endocrine
Down Syndrome	Developmental
Eating Disorders (Anorexia Nervosa, Bulimia)	Behavioural
Endometriosis	Reproductive
Epilepsy	Nervous
Fabry Disease	Gastrointestinal
Fibromyalgia	Muscular, Skeletal
Gastrointestinal Disorders	Gastrointestinal
Gaucher Disease	Gastrointestinal
Gender Dysphoria	Behavioural
Growth Disorders	Developmental
Guillain-Barré Syndrome	Immune, Nervous
Gulf War Syndrome	Nervous
Head Injuries	Nervous
Hearing Loss	Sensory
Heart Disease	Cardiovascular
Hemophilia	Blood
Hepatitis	Infectious Disease
Huntington Disease	Nervous
Hydrocephalus	Nervous
Hypertension	Cardiovascular
Impulse Control Disorder	Behavioural
Incontinence	Urinary
Infertility	Reproductive
Kidney Disease	Gastrointestinal
Leprosy	Dermatologic, Nervous
Liver Disease	Gastrointestinal



Addressing Stigma

Towards a More Inclusive Health System

The Chief Public Health Officer's Report on the State of Public Health in Canada 2019

Canada

CHAPTER 1

Describing the Health of Canadians

Introduction

Canadians are among the healthiest people in the world. In general, we live long lives in good health. Nevertheless, there are some concerning public health trends and health inequities.

The content of this chapter is based on indicator data derived from the Chief Public Health Officer's Health Status Dashboard (Appendix A), as well as other national data sources and scientific literature exploring the health of Canadians. Dashboard changes compared to the previous version that was published as part of the *Chief Public Health Officer's Report on the State of Public Health in Canada 2018: Preventing Problematic Substance Use in Youth*, include indicator value updates and breakdowns per sex, where available. In the event that no new indicator results were available, last year's published results are used. It is important to note, however, that national-level data can mask the health status of some groups in Canada. This chapter offers some examples of these persistent health inequities.

Health Trend Highlights

Life Expectancy is Changing

In 2017,¹ life expectancy at birth for women was 84 years, while for men it was 80 years.² Life expectancy is affected by both the number of deaths in a population, as well as the age at which those deaths occur.

For years, life expectancy at birth has steadily increased in Canada for both sexes, but recent data suggest this may be starting to change. From 2016 to 2017, for the first time in four decades, there was no year-to-year increase in life expectancy at birth for either males or females.²

Despite this, some encouraging trends in life expectancy have been observed. Over the course of the previous three decades, male life expectancy at birth has increasingly approached the life expectancy of females, so the gap between the sexes has decreased.² Life expectancy at birth has been positively influenced by fewer deaths or later deaths related to cancer or circulatory diseases from 2016 to 2017.²

Life expectancy is changing across age groups. Older people benefitted from improved mortality rates in 2017, meaning that they are dying at a slower rate than in 2016. However, gains in life expectancy at birth, due to these improved mortality rates for older Canadians, are being largely offset by increased mortality rates among younger adults. This is especially true for males (Figure 1).²

i Respective life expectancy data is based on reference period 2015–2017.

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

ONTARIO

The Canadian Addison Society/La Société canadienne d'Addison

2 Palace Arch Dr., Toronto ON M9A 2S1

Toll-Free: 888-550-5582

Other Communication: newsletter@addisonsociety.ca

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):

Carolynn Yeates, President

president@addisonsociety.ca

Derek Burpee, 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

ALBERTA

The Organization for Bipolar Affective Disorder (OBAD)

c/o cSPACE King Edward, 1721 - 29th Ave. SW, #375, Calgary AB T2T 6T7

Tel: 403-263-7408

Toll-Free: 866-263-7408

info@obad.ca

www.obad.ca

www.facebook.com/CalgaryOBAD

www.instagram.com/obadca

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 United Kingdom

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

Other Communication: help@isad.org.uk

enquiry@isad.org.uk

www.isad.org.uk

www.linkedin.com/groups/4953524

www.facebook.com/isadconference

twitter.com/ISADTweet

Overview: A large international charitable organization founded in 2001

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

Chief Officer(s):

Sidney Kennedy, President

Allan Young, Treasurer

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 2014, the obesity rate for adults aged 75 and over reached 28 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 im-

plicated 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—80 years for men, and 84 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

Canadian Association for Long Term Care (CALTC)

info@caltc.ca

www.caltc.ca

www.facebook.com/caltc.ca

twitter.com/CALTC_CA

Overview: A medium-sized national organization

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

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

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

Elder Mediation Canada (EMC)

www.fmc.ca/mediation/elder-mediation

Overview: A medium-sized national organization

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

National Associations

Canadian Association for Health Humanities (CAHH)/Association canadienne des sciences humaines en santé (ACSHS)

canahh@outlook.com
www.cahh.ca

Overview: A small national organization founded in 2018

Mission: To advance patient care & increase understanding of the human condition through the exchange of critical dialogue between scholars & practitioners; To support initiatives, research, & educational practices that integrate the humanities & social sciences into the health profession

Chief Officer(s):

Tom Rosenal, President
Brett Schrewe, Secretary
cahhsecretary@cahh.ca

Canadian Association of Physicians of Indian Heritage (CAPIH)

Tel: 204-642-5151
capih2012@gmail.com

Overview: A medium-sized national organization founded in 2005

Mission: To arrange continuing medical education meetings & seminars; to provide resources, services & expertise within Canada & in the Third World as needed

Affiliation(s): American Association of Physicians of Indian Origin (AAPI)

Chief Officer(s):

Sunil Patel, President

Canadian Association of Physicians with Disabilities

info@capd.ca
www.capd.ca

Overview: A small national organization

Mission: CAPD provides a national forum for physicians with disabilities, opening avenues for exchange of ideas & information, particularly as these apply to clinical practice. It aims to improve the quality of care & of life for people with disabilities by influencing clinical education & research in matters pertaining to both patients & physicians with disabilities. It also acts as a vehicle to inform & educate the public at large regarding the many facets of disabilities & to be proactive in influencing policies & laws.

Affiliation(s): Canadian Medical Association

Chief Officer(s):

Franco Rizzuti, President
Nick Walker, Treasurer
Janel Nadeau, Secretary

Canadian Association of Staff Physician Recruiters (CASPR)

info@caspr.ca
caspr.ca
twitter.com/CanadianASPR

Overview: A medium-sized national organization

Mission: To advance & promote the physician recruitment profession through education, networking, & advocacy; To enable physician recruiters across Canada to connect & share best practices for physician recruitment & retention

Chief Officer(s):

Carly Cox, Administrative Coordinator

Canadian Council of University Physical Education & Kinesiology Administrators (CCUPEKA)/Conseil canadien des administrateurs universitaires en éducation physique et kinésiologie (CCAUEPK)

www.ccupeka.org

Overview: A small national organization founded in 1971 overseen by Universities Canada

Mission: To serve as an accrediting body for physical education & kinesiology programs at universities in Canada; To offer a voice for academics, through lobbying initiatives

Member of: Universities Canada

Chief Officer(s):

René Murphy, President
rene.murphy@acadiou.ca
Kerry Mummery, President-Elect
kerry.mummery@ualberta.ca

Canadian Health Economics Association (CHEA)/Association canadienne d'économie de la santé (ACES)

www.chea-aces.ca

Overview: A small national organization founded in 2017

Mission: To address the needs of health economists in Canada; To assist in the advancement & professional development of health economists trained or working in Canada; To promote the scholarly work of health economists in Canada

Chief Officer(s):

Paul Grootendorst, President

Clinical Research Association of Canada (CRAC)

info@craconline.ca
www.craconline.ca
www.linkedin.com/groups/4415217
www.facebook.com/344539855971362
twitter.com/CRAC_execs

Overview: A small national organization founded in 1988

Mission: To allow for the exchange of ideas pertaining to pharmaceutical, biotechnology, & device clinical research

Chief Officer(s):

Sabrina Ramkellawan, President

Multidisciplinary Association for Psychedelic Studies Canada

info@mapscanada.org
www.mapscanada.org

Also Known As: MAPS Canada

Overview: A small national organization

Mission: To work towards the mainstreaming & legalization of psychedelic medicine; To support innovation & research on marijuana & psychedelics; To develop a network of clinics where psychedelic treatments can be administered safely

Affiliation(s): Multidisciplinary Association for Psychedelic Studies

Chief Officer(s):

Mark Haden, Executive Director

ALBERTA

Canadian Association of Child Neurology (CACN)/L'Association canadienne de neurologie pédiatrique (ACNP)

#709, 7015 Macleod Trail SW, Calgary AB T2H 2K6

Tel: 403-229-9544; Fax: 403-229-1661
www.cnsfederation.org

Overview: A small national organization founded in 1991 overseen by Canadian Neurological Sciences Federation

Mission: To advance knowledge about the development of the nervous system from conception, as well as the diseases of the nervous system in children; To improve treatment of young people with neurological handicaps

Chief Officer(s):

Simon Levin, President

Publications:

• Canadian Association of Child Neurology Membership Directory
Type: Directory

Canadian College of Emergency Medical Services (CCEMS) c/o Edmonton General Hospital, 4712 - 91 Ave., Edmonton AB T6B 2L1

Tel: 780-451-4437
Toll-Free: 800-797-4437
info@ccofems.org
www.ccofems.org
twitter.com/ccofems

Overview: A medium-sized national organization founded in 1988

Mission: To provide training & education for emergency medical services professionals

Chief Officer(s):

Greg Clarkes, President
greg@ccofems.org

Canadian Patient Safety Institute (CPSI)/Institut canadien pour la sécurité des patients

#1400, 10025 - 102A Ave., Edmonton AB T5J 2Z2

Tel: 780-409-8090; Fax: 780-409-8098
Toll-Free: 866-421-6933

info@cpsi-icsp.ca
www.patientsafetyinstitute.ca
www.linkedin.com/companies/canadian-patient-safety-institute
www.facebook.com/PatientSafety
twitter.com/Patient_Safety
www.youtube.com/patientsafetycanada

Overview: A small national organization founded in 2003

Mission: To work with patients, healthcare providers, organizations, regulatory bodies, & governments to provide safer healthcare for Canadians; To promote leading practices for patient safety within Canada's health system

Chief Officer(s):

Ronald Guse, Chair
Chris Power, Chief Executive Officer
Christopher Thrall, Communications Officer
cthral@cps-i-icsp.ca

Publications:

• Patient Safety Matters: The CPSI Newsletter

Type: Newsletter

Profile: Institute updates, courses, appointments, profiles, funding, & upcoming events

Medical Group Management Association of Canada
c/o Jennifer McDougall, MGMAC President, 3916 MacLeod Trail SE, Calgary AB T2G 2C5

Tel: 403-455-9235
info@mgmac.org
www.mgmac.org

Overview: A small national organization

Mission: To provide support for clinic managers across Canada

Chief Officer(s):

Jennifer McDougall, President
Marc Desjardins, Secretary

Vecova Centre for Disability Services & Research
3304 - 33 St. NW, Calgary AB T2L 2A6

Tel: 403-284-1121; Fax: 403-284-1146
info@vecova.ca
www.vecova.ca
www.linkedin.com/company/vecova
www.facebook.com/Vecova
twitter.com/Vecova
www.youtube.com/user/Vecovadisability

Also Known As: Vecova

Previous Name: Vocational & Rehabilitation Research Institute

Overview: A large national charitable organization founded in 1966

Mission: To meet the changing needs of individuals with disabilities & the community-at-large through services, research, & enterprises

Member of: Alberta Association of Rehabilitation Centres

Affiliation(s): University of Calgary

Chief Officer(s):

Joan Lee, Chief Executive Officer
Kaitlyn Pecson, Manager, Communications

BRITISH COLUMBIA

Biophysical Society of Canada (BSC)/La société de biophysique du Canada
BC

www.biophysicalsociety.ca
www.linkedin.com/company/biophysical-society-of-canada
www.facebook.com/biophysicalsocietyofcanada
twitter.com/BiophysCanada

Overview: A medium-sized national organization founded in 1985 overseen by Canadian Federation of Biological Societies

Mission: To promote biophysical research & education; to encourage cross-feeding of ideas between the physical & biological sciences; to foster & support scientific meetings, workshops & discussions in biophysics; to represent Canadian biophysics & biophysicists

Chief Officer(s):

Zoya Leonenko, President

Canadian Art Therapy Association (CATA)/L'association canadienne d'art thérapie
PO Box 658, Stn. Main, Parksville BC V9P 2G7

admin@canadianarttherapy.org
www.canadianarttherapy.org
www.linkedin.com/company/canadian-art-therapy-association—association
www.facebook.com/CATAarttherapy
twitter.com/cata_art
instagram.com/cata_photos_acat

Overview: A small national organization founded in 1977

Mission: To promote the development & maintenance of professional standards of art therapy training, registration, research, & practice in

Canada; To heighten awareness of art therapy as an important mental health discipline

Chief Officer(s):

Amanda Gee, President
president@canadianarttherapy.org
Nicole Le Bihan, Vice-President
vicepresident@canadianarttherapy.org
Waqas Yousafzai, Treasurer
treasurer@canadianarttherapy.org

Publications:

• Canadian Art Therapy Association Directory

Type: Directory

Profile: Listings of professional & registered art therapists, who are members of the Canadian Art Therapy Association & who chose to be listed in the directory

• Canadian Art Therapy Association Journal

Type: Journal; *Frequency:* Semiannually; *Editor:* Marilyn Magnuson; *ISSN:* 0832-2473; *Price:* Free with membership CATA; \$30 non-members in Canada; \$35 in the U.S.A.; \$40 intl.

• Canadian Art Therapy Association Newsletter

Type: Newsletter; *Frequency:* 3 pa

Canadian Association for Immunization Research & Evaluation
950 West 28th Ave., Vancouver BC V5Z 4H4

Tel: 604-875-2422; Fax: 604-875-2635
caire@bcchr.ca
www.caire.ca

Overview: A small national organization

Mission: To promote vaccinology research in Canada; To represent the interests of individuals in the vaccinology research field; To stimulate public interest in vaccine studies & vaccine-preventable diseases; To disseminate information from research studies to health professionals & the public

Chief Officer(s):

Natasha Crowcroft, Co-Chair
Manish Sadarangani, Co-Chair

Canadian Association for Integrative Nutrition
244 West Esplanade, 5th Fl., North Vancouver BC V7M 3M6

Toll-Free: 877-670-9710
info@integrativenutritionassociation.com
www.integrativenutritionassociation.com
www.facebook.com/integrativenutrition.ca
twitter.com/NutritionAssoc
www.instagram.com/integrative_nutrition

Overview: A small national organization

Mission: To represent & unite holistic nutritionists & health coaches in Canada through education, networking, & community

Canadian Association of MAiD Assessors & Providers (CAMAP)
326 - 1964 Fort St., Victoria BC V8R 6R3

camap.office@gmail.com
www.camapcanada.ca

Overview: A medium-sized national organization

Mission: To provide support for Medical Assistance in Dying (MAiD) assessors & providers; To serve as a leader in determining MAiD standards; To provide information about MAiD to the healthcare community & the public

Chief Officer(s):

Stefanie Green, Administrator, 250-592-4710, Fax: 250-592-4712

Canadian Association of Professionals with Disabilities
714 Warder Place, Victoria BC V9A 7H6

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www.canadianprofessionals.org

Overview: A medium-sized national organization founded in 2003

Mission: To address issues affecting professionals with disabilities

Canadian College of Professional Counsellors & Psychotherapists (CCPCP)
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Overview: A small national organization founded in 2006

Statistics

This statistics section starts with tables of health topics that include geographic regions (Canada and its provinces) and age-standardized rates. Topics include overall health and mental health, life stress, specific conditions such as diabetes and cancer, injuries in the last 12 months, leisure-time physical activity, exposure to second-hand smoke at home, and sense of community well being, among others. Most topics break down into sub-categories-such as Both Sexes, Males, and Females-for a total of 158 tables. They include data for up to 15 years, from 2003 to 2018.

Following the health trends tables is a section of graphs on wait times-referral to appointment, appointment to treatment, referral to treatment-by province. The data includes statistics for the years 1993/1994 and 2019 for easy comparison.

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