

Selon le Conseil canadien de la santé, environ un tiers des Canadiens souffrent d'au moins une maladie chronique; si l'on considère que le nombre de Canadiens âgés de plus de 65 ans devrait doubler d'ici 2036, on peut s'attendre à une augmentation substantielle du nombre de personnes souffrantes. Le *Guide canadien de la santé : un manuel informatif au sujet des maladies chroniques et mentales de même que des services en santé au Canada* donne un aperçu exhaustif de 106 maladies chroniques et mentales, y compris 7 nouvelles catégories de maladies, de la maladie d'Addison à celle de Wilson. Chaque chapitre comprend une description médicale facile à comprendre, une vaste gamme de services de soutien particuliers à l'éta 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? Comment puis-je obtenir un meilleur accès aux programmes de santé publique par l'entremise de la technologie numérique?* 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 livres pour enfants. 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—*La santé et le bien-être des Canadiens* et *Utilisation des technologies numériques en santé publique*—publiés par l'Agence de la santé publique du Canada, donnent un aperçu des facteurs qui ont une incidence sur la santé des Canadiens et du rôle de la technologie pour mettre en relation la population et les soins de santé.

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

### Plan

La section I contient 106 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 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](http://www.circ.greyhouse.ca) pour obtenir plus d'information.

## 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.

<b>CHRONIC &amp; MENTAL ILLNESS</b>	<b>BODY SYSTEM/DISORDER CATEGORY</b>
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
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
Lung Disease	Respiratory

# THE HEALTH AND WELL-BEING OF CANADIANS

Many factors can impact and influence the health of a population. Being able to identify who we are using characteristics such as age and sex, and factors that may influence overall health, such as education, income and personal behaviours, can help to explain some health outcomes.

## Who we are

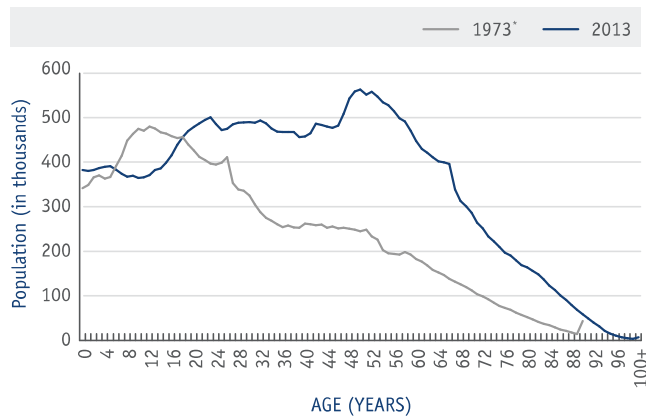
### Population

Canada's population has increased by 56% over the past 40 years and exceeded 35 million people in 2013.<sup>15</sup> As estimated by the 2011 National Household Survey, 1.4 million people in Canada identified as Aboriginal (61% First Nations, 32% Métis and 4% Inuit), while 6.8 million identified as being foreign born.<sup>9, 415</sup> The majority of Canadians (61%) lived in large urban population centres in 2011.<sup>15, 308</sup>

### Life expectancy

The life expectancy of Canadians has increased dramatically, by approximately 19 years for males and 22 years for females, over the past three-quarter century.<sup>17, 18</sup>

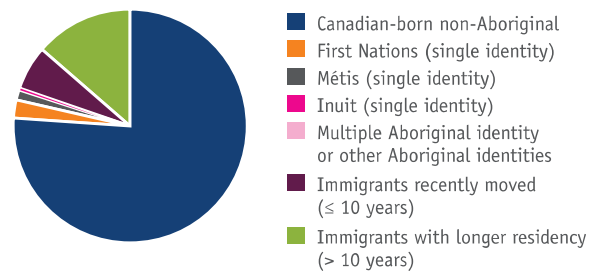
**FIGURE A.1** Population by age, Canada, 1973\* and 2013<sup>15</sup>



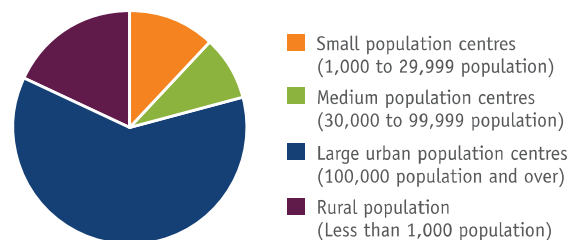
\* Population totals at 90 years in 1973.



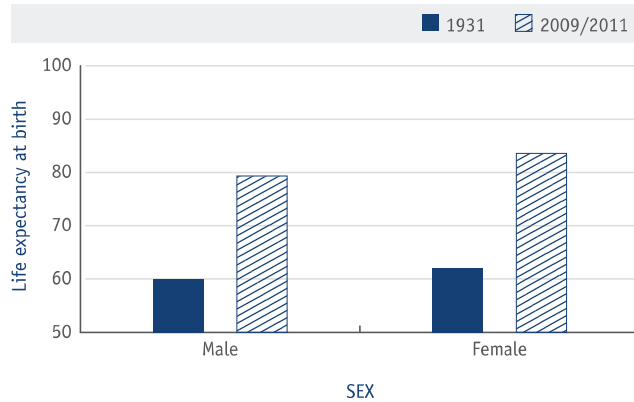
**FIGURE A.2** Population distribution by origin, Canada, 2011<sup>9, 15, 415</sup>



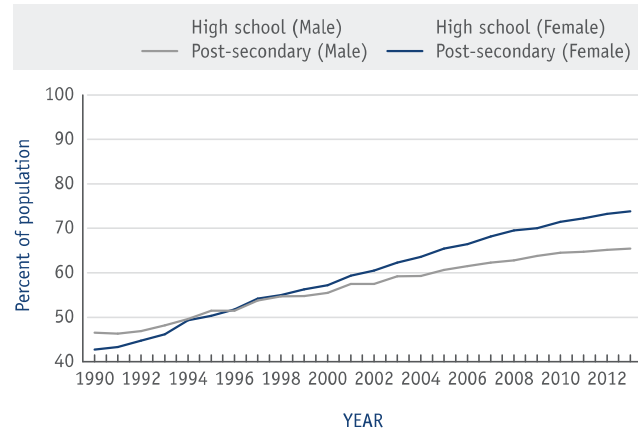
**FIGURE A.3** Population distribution by population density, Canada, 2011<sup>15, 308</sup>



**FIGURE A.4** Life expectancy at birth by sex, Canada, 1931 and 2009/2011<sup>17, 18</sup>



**FIGURE A.5** Population\* completing high school or post-secondary school by sex, Canada excluding territories, 1990 to 2013<sup>416</sup>



\* Population aged 25 to 44 years.

## Factors influencing health

### Education, employment and income

#### Education

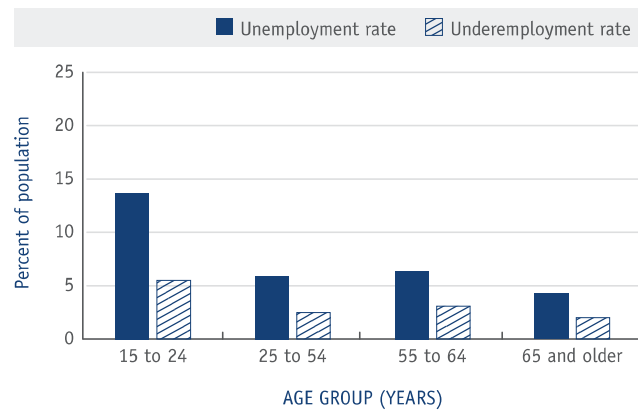
Better education generally leads to better overall health.<sup>124, 418, 419</sup> The number of Canadians who have completed high school has steadily increased over the past 20 years.<sup>416</sup> The number of people, particularly females, who have completed a post-secondary education has also increased.<sup>416</sup>

#### Employment

Unemployment has been associated with poorer health outcomes.<sup>124, 171</sup> Unemployed workers are twice as likely as their employed counterparts to experience psychological problems such as depression, anxiety, low self-perceived health and poor self-esteem.<sup>419, 420</sup>

Like unemployment, underemployment—people working part-time because they cannot find full-time employment, discouraged employment seekers and those waiting to hear about possible employment—is unequally distributed across the population.<sup>421</sup> Younger workers, females and visible minorities report higher rates of underemployment.<sup>421</sup>

**FIGURE A.6** Unemployment and underemployment rate by age group, Canada excluding territories, 2013<sup>417</sup>



## 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

193 Elgin Ave. West, Goderich ON N7A 2E7

Toll-Free: 888-550-5582

Other Communication: [newsletter@addisonsociety.ca](mailto:newsletter@addisonsociety.ca)

e-mail: [liaisonsecretary@addisonsociety.ca](mailto:liaisonsecretary@addisonsociety.ca)

[www.addisonsociety.ca](http://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](mailto:president@addisonsociety.ca)

Roger Steinmann, Vice-President

[vicepresident@addisonsociety.ca](mailto:vicepresident@addisonsociety.ca)

Rick Burpee, Secretary-Treasurer

[Treasurer@addisonsociety.ca](mailto:Treasurer@addisonsociety.ca)

#### Publications:

• The Canadian Addison Society Newsletter

Type: Newsletter; Frequency: Quarterly; Editor: Patricia Hehner

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

## 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

e-mail: communications@accreditation.ca

www.accreditation.ca

**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):**

Sébastien Audette, Chief Executive Officer & Secretary

Jil Beardmore, Contact

jil.beardmore@accreditation.ca

**Publications:**

- Accreditation Canada Annual Report

Type: Yearbook; Frequency: Annually

- Accreditation Standard

Type: Newsletter; Frequency: Semiannually; Editor: Sandra Morrison; Leanne Craig; 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; Editor: Erin Guthrie

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; Editor: Erin Guthrie

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 (AEPC)

#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

c/o Mary James, 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, Contact, 204-895-9192

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

#101, 298 Elgin St., Ottawa ON K2P 1M3

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

Other Communication: Alternate e-mail: communications@ammi.ca

e-mail: info@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):**

Lynn Johnston, President

Brett Filson, Executive Director

director@ammi.ca

Riccarda Galioto, Office Manager & Coordinator, Special Events

manager@ammi.ca

Sarah Forgie, Secretary

Mel Krajden, Treasurer

Kimberley Wannamaker, Administrative Assistant, Membership

info@ammi.ca

Gwen Lovagi, Contact, 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; 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; Fax: 905-877-5952

Toll-Free: 888-732-9458

www.barthsyndrome.ca

## Charitable Foundations

### National Associations

#### Achilles Canada

123 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 to enjoy running for health in a social environment

**Chief Officer(s):**

Brian McLean, Contact  
bmclean@achillescanada.ca

#### Acupuncture Foundation of Canada Institute (AFCI) / Institut de la fondation d'acupuncture du Canada

#204, 2131 Lawrence Ave. East, Toronto ON M1R 5G4

Tel: 416-752-3988; Fax: 416-752-4398  
e-mail: afciweb@afcinstitute.com  
www.afcinstitute.com

**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):**

Mac Mierzejewski, President/Chair  
Cathy Donald, Treasurer  
Ronda Kellington, Managing Director

#### Air Canada Foundation

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

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

**Mission:** Helps connect sick children to the medical care they need, alleviate child poverty, and make the wishes of ill kids come true.

#### L'Arche Foundation

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

Tel: 905-770-7696; Fax: 905-884-4819  
e-mail: foundation@larche.ca  
www.larchefoundation.ca  
www.facebook.com/larche.canada

**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):**

Kathy Adamo, Acting Executive Director  
Dean Levitt, Chair

#### 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

#923, 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

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

**Mission:** To enhance our communities through one-to-one friendships between students & people with intellectual disabilities

**Member of:** Best Buddies International

**Chief Officer(s):**

Stephen Pinnock, Executive Director, 416-531-0003  
sp@bestbuddies.ca

Emily Bolyea-Kyere, Director, Program & Special Events  
emily@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):**

Cameron Graham, Chair

**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  
Jim Raso, Secretary  
Sandra Muchekeza, Administrator

#### Canadian Burn Foundation (CBF)

2051 - 47 St., Edmonton AB T6L 2V5

Tel: 780-448-9025  
Toll-Free: 877-448-9025  
e-mail: info@canadianburnfoundation.org  
www.canadianburnfoundation.org

**Overview:** A small national organization founded in 1998

**Mission:** To provide support & services to burn survivors

**Chief Officer(s):**

Barry Peachey, President  
Stephen Williams, CEO  
swilliams@canadianburnfoundation.org  
Nadine Spindler, Executive Director  
nadine@canadianburnfoundation.org

#### Canadian Digestive Health Foundation (CDHF) / Fondation canadienne pour la promotion de la santé digestive

PO Box 76059, #3, 1500 Upper Middle Rd., Oakville ON L6M 3H5

Tel: 905-829-3949  
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

## 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 eleven years, from 2003 to 2013.

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 2014 for easy comparison.

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Age-standardized rates, perceived health, very good or excellent (%),<sup>1</sup> both sexes, Canada, provinces and territories

Geography	Age-standardized rates, both sexes										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
◀▼▲▶	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲	▼▲
<b>Canada</b>	59.7	..	61.5	..	61.2	60.6	62.2	61.9	61.6	61.9	61.3
Newfoundland and Labrador	67.4	..	65.6	..	64.0	63.5	59.3	65.4	62.2	61.1	63.6
Prince Edward Island	66.2	..	60.2	..	59.3	63.2	62.9	67.0	59.7	60.6	59.7
Nova Scotia	60.0	..	60.1	..	59.5	58.6	62.1	60.8	61.1	60.7	60.9
New Brunswick	52.1	..	56.8	..	58.1	57.6	58.4	57.1	56.6	57.8	57.7
Quebec	58.6	..	61.2	..	61.6	61.3	63.3	61.5	61.7	61.7	60.9
Ontario	58.3	..	62.0	..	61.2	60.9	62.8	62.6	61.7	62.5	62.0
Manitoba	62.4	..	60.7	..	61.5	55.9	61.8	58.4	58.0	60.3	60.3
Saskatchewan	61.6	..	59.7	..	58.4	56.6	61.0	59.7	58.7	59.0	60.1
Alberta	63.7	..	62.4	..	62.6	63.4	61.8	62.4	62.7	62.9	62.5
British Columbia	61.6	..	61.0	..	60.5	58.7	60.6	62.6	62.7	61.4	60.4
Yukon	54.3	..	57.4	..	55.8	61.6	60.8	57.8	60.1	57.1	59.7
Northwest Territories	54.4	..	60.5	..	50.7	47.9	49.6	45.4	46.9	52.0	53.7
Nunavut	52.1	..	46.8	..	54.4	42.9	41.6	45.9	42.7	42.2	35.7

## Symbols

.. not available for a specific reference period

## Footnotes

<sup>1</sup> Perceived health, very good or excellent

**Source:** Statistics Canada, Canadian Community Health Survey.

**CANSIM table no(s):** [105-0501](#) (rates), [105-0503](#) (age-standardized rates)

Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as incipient disease, disease severity, physiological and psychological reserves as well as social and mental function.

Perceived health refers to a person's health in general — not only the absence of disease or injury, but also physical, mental and social well-being.

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