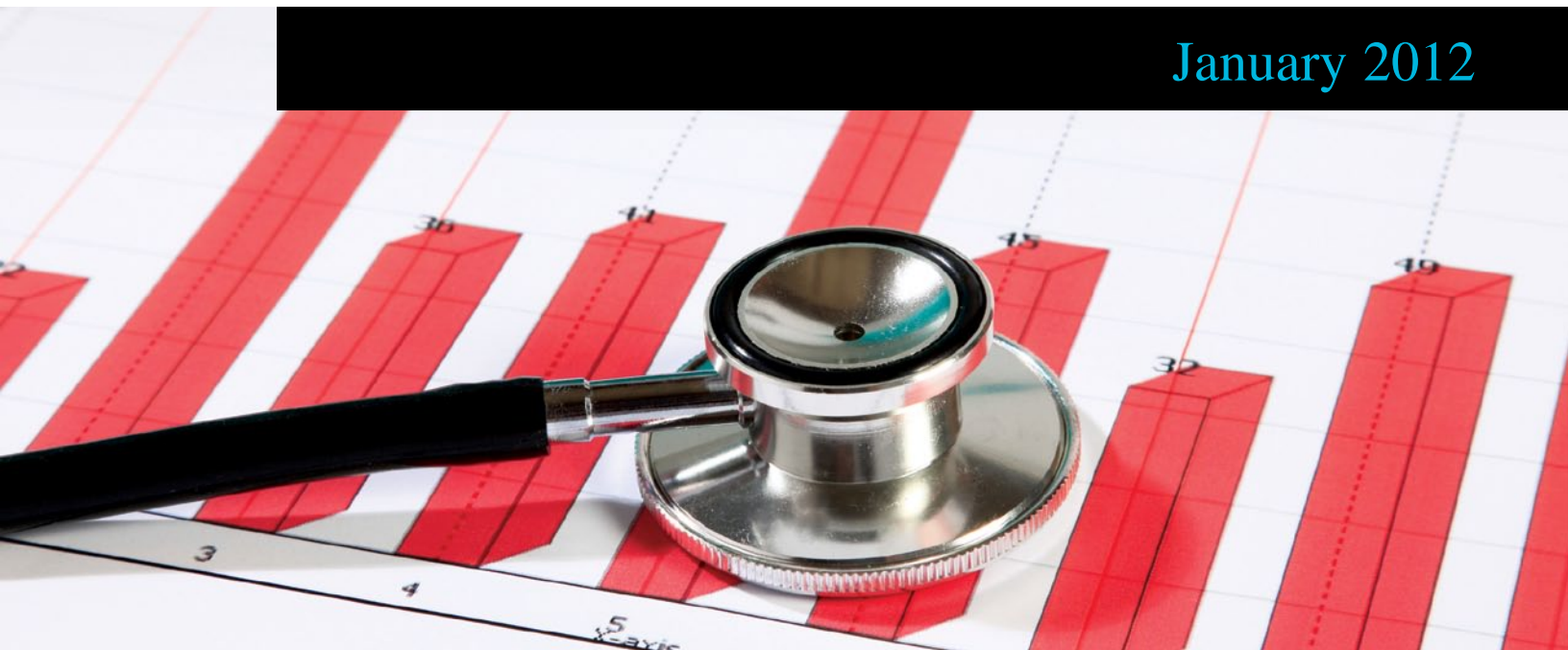




January 2012



Who's Doing What in the Canadian Health System: A Selected List of Research Organizations



Canadian Alliance for
Sustainable Health Care



The Canadian Alliance for Sustainable Health Care: Who's Doing What in the Canadian Health System
by *The Conference Board of Canada*

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ABOUT THE CANADIAN ALLIANCE FOR SUSTAINABLE HEALTH CARE

The Canadian Alliance for Sustainable Health Care (CASHC) was created to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets.

The work of the Alliance is to help Canadians better understand the conditions under which Canada's health care system is sustainable financially and in a broader sense. These include the financial aspects, institutional and private firm-level performance as well as the volunteer sector. Themes that will be covered in future reports include prevention, health care service delivery and spectrum of care, organizational design, alignment and performance, financing, human capital, innovation, technology and drugs, governance, and bioethics.

Launched in May 2011, CASHC actively engages private and public sector leaders from the health and health care sectors in developing its research agenda. Some 29 companies and organizations have invested in the initiative, providing invaluable financial, leadership, and expert support.

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Who's Doing What in the Canadian Health System: A Selected List of Organizations

Key Findings

- ◆ Sustainability—Canadians are increasingly aware that the health care system faces severe financial challenges and that something needs to be done to make it more sustainable.
- ◆ Complexity—Canada's health care system involves a vast array of organizations with many focuses doing research on health care.
- ◆ Coordination—The system has many players with various priorities that are not necessarily complementary. This poses challenges for overall strategic alignment.
- ◆ Gaps in the Health Research Market—Comprehensive research is required to delineate challenges to the sustainability of the Canadian health care system and the possible impact of various proposed interventions.
- ◆ Need for a Neutral Venue—Stakeholders from multiple disciplines need a non-partisan place to discuss areas for reform and action.
- ◆ Unique Advantage—The Conference Board of Canada can conduct research in many areas to inform public debate. These areas include quantitative and related analysis; health policy and evaluation; and governance and organizational effectiveness.

INTRODUCTION AND APPROACH

The sustainability of the health care system is a top priority for Canadian governments and for many organizations in both the private and public sectors. As Canadians age, they are increasingly aware that the publicly funded health care system faces severe financial challenges, and that something needs to be done to make it more sustainable. To succeed, any reforms and actions to make the Canadian health system sustainable require the involvement and contributions of many organizations providing evidence-based research for decision-making. Currently, various Canadian organizations with different priorities and interests conduct health care research. However, this scan reveals gaps in the health research market.

Our aim is to address research gaps and contribute to the discussion on the sustainability of health care.

To better understand how The Conference Board of Canada can help close some of these research gaps and bring value to the national discussion on the sustainability of the health care system, we have prepared an [inventory](#)¹ of organizations that have research capacity

¹ This document is a companion to the full inventory, which is available online at www.conferenceboard.ca/CASHC/inventory.

related to health care delivery and policy. The purpose of the inventory is to help the Conference Board identify organizations with complementary research capacity, to help it avoid duplicating work already being done, and to confirm that it can bring a unique perspective and research focus to this fundamental debate.

The health care system involves many players with varied interests. The inventory provides an overview of research in the Canadian health care sector, focusing on three related interests: health economics research and modelling, operations management, and health human resources.

The inventory is comprehensive and includes many of the key players that do research in at least one of the three research interests identified. Although our search was comprehensive, it does not include all participants in the sector. However, it does provide a sense of the breadth and depth of organizations engaged in these research areas.

The decision to include an organization in the inventory is based on our interpretation of the publicly available information and recent research.

For key organizations in the inventory, we define its type (such as government, association, think tank, or consultant); and we provide information on its mandate and main activities, largely extracted from public websites. To help readers assess each organization, we also include its primary focus, its research interests and research capacity, and examples of relevant published research. The decision to include or exclude an organization in the inventory is based on our interpretation of the publicly available information and recent research, or on our knowledge of the research interests of these organizations. Given the subjective nature of the selection criteria and the fact that there are ongoing health research activities in Canada, the inventory is subject to change.

Overall, the list includes 76 Canadian organizations and 12 hand-picked international organizations. In addition, we include the names of about 200 organizations that

have a research interest in the Canadian health care system but do not necessarily have an interest in one of the three topics of research.

ANALYSIS

As mentioned, the list of 88 organizations included in the inventory is limited to those that do research on one or more of the following topics:

- ♦ **health economics research and modelling**, including forward-looking population health analysis, current and future health care spending, fiscal balances, public and private investment and expenditures, and current funding structures;
- ♦ **operations management**, including the health care system's operations and design, productivity, efficiency, quality of care, technology, and innovation; and
- ♦ **health human resources**, including existing and future labour demand and supply, deployment of the workforce, and the impact of chronic diseases on labour productivity at the firm and societal levels.

We have chosen these topics based on the Conference Board's existing knowledge areas and capacity. In particular, the health economics research is grounded in the Conference Board's cutting-edge economic modelling capacity. This expertise resides in the team of more than 30 economists responsible for the medium-term and long-term economic forecasts for Canada, its regions and cities, and major industries. Conference Board employees have developed additional capacity in health economic analysis over the years by working on large projects, such as the physician demand model for Ontario, and research on health care spending and provincial fiscal sustainability, the economic impact of various chronic diseases, and the economic footprint of home and community care. The Conference Board also has a pan-Canadian and multi-sectoral perspective, whereas some other organizations focus on a narrower perspective, such as a particular subsection of the population, certain regions, or specific sectors.

In addition, in-depth knowledge from the Conference Board's six health-related research centres and councils helps the Conference Board identify issues and develop

solutions in the areas of operations management and health human resources. These are the relevant centres and councils:

- ◆ the Centre for Health System Design and Management;
- ◆ the Centre for the Advancement of Health Innovation;
- ◆ the Centre for Chronic Disease Prevention and Management;
- ◆ the Council on Workplace Health and Wellness;
- ◆ the Senior Executive Health and Safety Leadership Charter; and
- ◆ the Roundtable on Socio-Economic Determinants of Health.

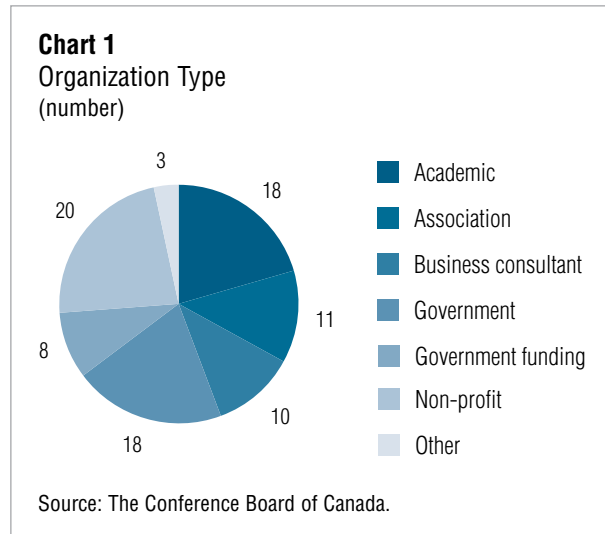
A better understanding of who is conducting research in these areas will help the Conference Board avoid duplication of efforts, identify possible partnership opportunities, and determine the strategic orientation of its health research.

ORGANIZATIONS AND RESEARCH INTERESTS

Among the 88 organizations in the inventory, six main types of organizations stand out, as shown in Chart 1:

- ◆ 18 academic organizations, most of which are health research centres associated with the largest Canadian universities;
- ◆ 11 associations that have produced or contracted research recently on related topics;
- ◆ 10 business consultants that generally produce research for associations or in collaboration with the academic community;
- ◆ 18 provincial, territorial, and federal health ministries and agencies;
- ◆ 8 government funding organizations; and
- ◆ 20 other non-profit organizations with various mandates.

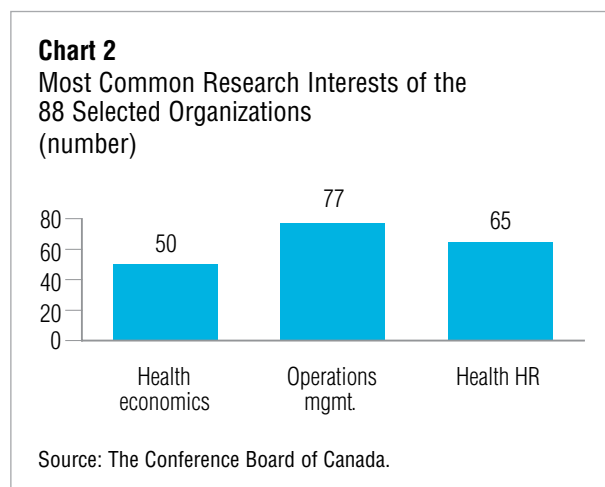
Although the classification by type of organization is straightforward, the classification in terms of research interest is more subjective, as the organizations identified typically produce or contract out research in many health-related areas. Our classification reflects one or more dominant research themes, filtered out of our review of



each organization’s list of reports published in recent years. As such, our classification remains a good indicator of the degree of importance of each of the three research interests among the 88 organizations.

As indicated in Chart 2, operations management is the most common research interest among the organizations studied, but the other two themes remain well represented. In addition, there is a large degree of overlap among and between organizations with an interest in more than one topic:

- ◆ 27 organizations have an interest in both operations management and health human resources; and
- ◆ 36 organizations have an interest in all three research areas.



REVIEW OF ORGANIZATIONS, BY TYPE

Many organizations included in this document conduct health care and health system research that overlaps with specific Conference Board health research areas. Also, given the broad nature of this research area, many organizations with possible overlapping interests have not been included in this list, either because they did not produce research regularly or simply because we were not aware of their capacity. However, despite some overlap, a detailed look at the selected list of organizations demonstrates the similarities are generally limited to one dimension in terms of in-depth research capacity.

Nine academic organizations stand out as key players in health economic research and modelling, operations management, and health human resources.

In the following section, to shed light on this aspect, we highlight organizations that stand out in terms of research performed. This helps to identify the unique research capacity that the Conference Board brings to the health care debate and why the Conference Board needs to play a strategic role in this public policy discussion.

Academic Organizations

Among the 18 academic organizations identified, many stand out in various health research fields. In particular, a few conduct research activities in all three health knowledge areas that we identified as the Conference Board's research interests. The following are descriptions of those academic organizations that stood out as key players in the realm of research in health economics research and modelling, operations management, and health human resources.

Laurentian University, Centre for Rural and Northern Health Research

The Centre for Rural and Northern Health Research (CranHR) is a non-profit, independent research centre that conducts interdisciplinary research on rural health with a view to improving health services, access to health care in rural and Northern communities, and understanding of the health care system. The organization is supported by several funding bodies, including the Canadian

Institutes of Health Research, the Ontario Ministry of Health and Long-Term Care, Health Canada, and the Canadian Health Services Research Foundation. Research is conducted by investigators from various faculties at Laurentian University and Lakehead University, and from the health care community in the area. In terms of types of research, CranHR has engaged in some modelling studies, including Development of Financial Indicators and Economic Modelling of Provincial/Federal Cost Drivers for Keewaytinook Okimakanak Telehealth, and studies on Aboriginal health human resources, such as Aboriginal Health Human Resources in Ontario: A Current Snapshot. CranHR also engages in knowledge translation and dissemination. Its main focus is on rural and Aboriginal health.

McMaster University, Centre for Health Economics and Policy Analysis

The Centre for Health Economics and Policy Analysis (CHEPA) is a reputable, independent, non-profit, academic research centre. CHEPA researchers engage mainly in health services and policy research, and health economics research. They have a strong capacity for modelling and health economics forecasting. CHEPA engages in research to inform public policy. It has strengths in health economics evaluation, health technology assessment, health human resources, and needs-based and primary care funding models. CHEPA appears to have the capacity to perform commissioned research through partnerships that can be formed through the McMaster Industry Liaison Office; however, it is unclear how much of such work it does. CHEPA has a large health systems research and knowledge translation network. It has a collaborative research program with the Ontario Ministry of Health and Long-Term Care. Its researchers are McMaster University faculty members, who mainly produce peer-reviewed journal publications and, to a lesser extent, reports.

Queen's University, Centre for Health Services and Policy Research

The Centre for Health Services and Policy Research (CHSPR) is a non-profit, independent, academic research centre within the Faculty of Health Sciences at Queen's University. It works in partnership with other academic institutions, government, and the private sector. The research staff includes faculty investigators who are funded through the university and through various

health research granting agencies. Most of its publications appear in peer-reviewed journals; its researchers also publish in books and, to a lesser extent, reports. It is not clear whether CHSPR engages in commissioned or consultant work, and it does not explicitly engage in knowledge translation. The majority of its publications focus on epidemiological topics. There are also a few examples of health economic research, including *The Cost of Waiting: The Economic Benefit of Reduction in Waiting for Early Breast Cancer Radiotherapy* and *Methodological Approach to Building an Economic Model to Assess the Impact of Full-Time Nurse Staffing Levels: A Cost-Benefit Analysis*.

University of Alberta, Parkland Institute

The Parkland Institute is a non-profit, independent, academic research network within the Faculty of Arts at the University of Alberta. Its research appears to consist mainly of literature reviews, commentaries, and essays. It has not engaged in health economic analysis research. Its publications are predominantly reports or books. The Institute appears to be funded through membership donations. Its research focuses on issues relevant to Alberta. Some recent health research publications include a report informed by public feedback called *Access, Quality, and Affordability: Real Health Care Change for Albertans*.

University of British Columbia, Centre for Health Services and Policy Research

The Centre for Health Services and Policy Research (CHSPR) is a non-profit, independent, academic research centre. It engages in research and knowledge translation to inform and support Canadian health policy. CHSPR receives core funding from the B.C. Ministry of Health Services and from external granting agencies, including the Canada Foundation for Innovation, the Canadian Health Services Research Foundation, the Canadian Institutes of Health Research, the Commonwealth Fund, Health Canada, the Michael Smith Foundation for Health Research, and WorkSafeBC. It also partners with various organizations—including the Centre for Health Economics and Policy Analysis, the B.C. Cancer Agency, and the Manitoba Centre for Health Policy—on research projects. Its research themes include health and health care

use, health human resources, primary health care, pharmaceutical policy, and workplace health and safety. It has produced many publications on health economics and organization, such as *The Short-Term Impact of Ontario's Generic Pricing Reforms* and *Publicly Funded Medical Savings Accounts: Expenditure and Distributional Impacts in Ontario, Canada*. It does not appear that CHSPR engages in very much modelling or economic forecasting. Most of the publications are in peer-reviewed journals.

University of Calgary, Population Health Intervention Research Centre

The Population Health Intervention Research Centre (PHIRC) is a non-profit, independent, academic research centre. It engages in research to inform health policy. PHIRC was formed under the Centres for Research Development program of the Institute of Population and Public Health at the Canadian Institutes of Health Research (CIHR). Its research is funded mainly by CIHR; however, it also receives grants from other organizations, including the Public Health Agency of Canada, the Canadian Institute for Health Information, the Alberta Heritage Foundation for Medical Research, the Cochrane Collaboration, and the Social Sciences and Humanities Research Council. It does not appear to be funded by the private sector. The research it produces appears to be mainly epidemiological and appears predominantly in peer-reviewed journals. In the area of health economics, it has published only systematic reviews, such as its 2008 report *A Review of Methods for the Economic Evaluation of Canada's Investment in Early Child Development*.

University of Manitoba, Manitoba Centre for Health Policy

The Manitoba Centre for Health Policy (MCHP) is a non-profit, independent, academic research unit. Its research is focused on the health of Manitobans. In terms of funding, it has had a series of five-year contracts with the Province of Manitoba since 1991 to provide six major research projects annually. MCHP appears to engage primarily in population health evaluation studies. It has done a couple of health economic studies, such as *The Additional Cost of Chronic Disease in Manitoba*. The empirical approach used as support in its research includes regression analysis and modelling.

MCHP does not appear to use forecast modelling or scenario testing. It seems to engage in more social health research than health systems research. It does not appear to engage in commissioned research for organizations outside Manitoba.

University of Toronto, Rotman School of Management, Collaborative for Health Sector Strategy

The Collaborative for Health Sector Strategy (CHSS) is a non-profit, independent, academic research institute within the Rotman School of Management at the University of Toronto. It has a board of advisors from industry, government, and academia, which helps it create a research agenda to produce practical management knowledge for the health sector and the life sciences. The type of research CHSS conducts includes research into organizational redesign, system integration, and the sustainability of public funding in Canadian health care. It also measures, analyzes, and reports on the productivity of the Ontario health system. The focus is mainly on the Ontario health sector. In addition to research, CHSS also participates in knowledge transfer in health sector management. It has forged some high-profile partnerships, such as a recent collaboration with Michael Porter of the Harvard Business School to study the application of value-based competition in Ontario. It also partners with the Institute of Clinical and Evaluative Sciences, the Ontario Ministry of Health and Long-Term Care, and the Ontario Association of Community Care Access Centres. CHSS has done some projects that involve modelling; however, it does not appear to engage in much health economic modelling or analysis.

University of Toronto, Toronto Health Economics and Technology Assessment Collaborative

The Toronto Health Economics and Technology Assessment Collaborative (THETA) is a non-profit, independent, academic collaborative research unit based at the University of Toronto. Its research focuses on health technology assessment and is funded mainly by the Ontario Ministry of Health and Long-Term Care and Health Quality Ontario. THETA tries to foster partnerships among researchers, policy-makers, and health service providers along with conducting research, and to engage in health economic and health policy modelling. Its publications have appeared primarily in peer-reviewed

journals. It is funded through the university as well as through research and operating grants from such organizations as the Canadian Institutes of Health Research (CIHR); for instance, CIHR funded a project called the Assessment of the Cost and Equity of Different Catastrophic Drug Insurance Options for Canadians. Most of its studies appear to be micro-analyses, such as cost-effectiveness analyses, although THETA has done broader policy health economic research projects. One such example is the study *Counting Backward to Health Care's Future: Using Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Health Care Expenditures*, published in 2007. It is unclear whether and to what extent THETA engages in knowledge translation and dissemination, since the majority of its publications appear in peer-reviewed journals and the capacity for widespread dissemination does not appear to be large.

Associations

Of the 11 associations identified, the majority are research funders or research users. For the most part, they engage in advocacy or policy activities that require an evidence base that may include health economics, operations management, and health human resources research. The associations identified as having a keen interest in the three health knowledge areas include the Canadian Medical Association, the Canadian Healthcare Association, and the Canadian Home Care Association. The following is a description of the key associations identified in the review.

Canadian Healthcare Association

The Canadian Healthcare Association (CHA) is a non-profit federation of provincial and territorial hospital and health organizations across Canada. Its board members include representatives from various provincial and territorial health authorities and health organizations. CHA engages in policy development and advocacy, and provides professional development opportunities. It focuses on health system efficiencies, advocacy, governance, funding, health human resources, health services, system sustainability, and continuum of care. Although CHA does not engage in research in house, it does provide grants and contributions for activities that may foster research that can provide evidence to support its work.

Canadian Home Care Association

The Canadian Home Care Association (CHCA) is a non-profit national organization that engages in policy and advocacy work. It represents more than 400 home care organizations. As part of its mandate, it employs evidence-based research for decision-making in order to inform clinical, management, and policy decisions within the home care sector. Although it does not do in-house research, CHCA has participated in several research partnerships, including a pan-Canadian research study on home support workers funded by Health Canada.

The aforementioned associations predominantly engage in advocacy and policy work; however, they also seem to form research project partnerships or to commission research to support their policy and advocacy mandates. Each association plays an important role and has a strong interest in the three health research domains: health economics research and modelling, operations management, and health human resources. These associations are also active in knowledge translation, in that they apply research evidence to policy recommendations.

Canadian Medical Association

The Canadian Medical Association (CMA) is a non-profit organization whose key function is to advocate on behalf of Canadian physicians and the public on health care issues. It occasionally produces research reports and develops resource guides on issues of interest and concern to Canadian physicians. It also oversees the National Physician Survey, in partnership with the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. In addition, CMA owns several publications, including the *Canadian Medical Association Journal* (CMAJ), the *Canadian Journal of Surgery*, the *Journal of Psychiatry and Neuroscience*, and the *Canadian Journal of Rural Medicine*. CMAJ, in particular, is a prominent journal with high international visibility.

Business Consultants

The group of consultants identified in this review is considered the most similar group to the Conference Board in terms of health economics research capacity, services provided, and publication history. Among the consultants identified, the most comparable include H. Krueger & Associates, Hollander Analytical Services

Ltd., RiskAnalytica, and Zowall Consulting Health Economics & Outcomes Research. The following are descriptions of each of these consultants.

H. Krueger & Associates

H. Krueger & Associates is a for-profit, independent consulting company specializing in business plans and economic analysis for evolving health programs, systems, and technologies. The company offers health economics forecasting services similar to those offered by the Conference Board, in that it performs modelling and forecasting/scenario analyses to evaluate the impact of various health policies. For example, the Heart and Stroke Foundation of Canada, CancerCare Manitoba, Health in Common, and the Alliance for the Prevention of Chronic Diseases commissioned the firm to produce the report *Making the Case for Primary Prevention: An Economic Analysis of Risk Factors in Manitoba*. The company also published the report *An Overview of Selected Cancers and Modifiable Cancer Risk Factors in Canada*, commissioned by the Public Health Agency of Canada. Both reports used modelling and forecasting to assess the health and economic impact of reducing modifiable risk factors for selected diseases. Although H. Krueger & Associates provides similar analytical services, it is not as focused on knowledge translation and dissemination as the Conference Board is.

Hollander Analytical Services Ltd.

Hollander Analytical Services Ltd. is a for-profit, independent research consulting firm that provides research and evaluation, forecasting and economic analysis, and strategic consulting services. It has expertise in health economic research. The firm has produced high-quality work on home care, continuing care delivery systems, health services delivery and funding models, and end-of-life care. Health Canada, the B.C. Ministry of Health Services, the Victorian Order of Nurses, and the Canadian Partnership Against Cancer have been among the firm's funders. Some of the work overlaps with that of the Conference Board, although it seems that most of the company's work has been in the area of home care.

RiskAnalytica

RiskAnalytica is an independent, for-profit consulting firm. It engages in custom research for the public and private sector, carrying out case studies, as well as

modelling and forecasting analyses. Similar to the Conference Board, it uses complex models and simulations to test hypothetical future scenarios in the context of health, health care, and health policy. An example of its health economic modelling work is the recently published *Life and Economic Burden of Lung Disease in Ontario: 2011 to 2041*. Its presence in the marketplace is expanding and the quality of its work is high. In contrast to the Conference Board, it does not have a detailed macroeconomic analytical platform and knowledge dissemination is not its focus.

Zowall Consulting Health Economics & Outcomes Research

Zowall Consulting is a for-profit, independent consulting research organization that specializes in the economic evaluation of pharmaceuticals, medical devices, health outcomes research, and disease management programs. It performs health economic modelling of interventions such as clinical treatments, and health technologies and procedures. One recent publication examined the cost effectiveness of magnetic resonance-guided ultrasound surgery for treatment of uterine fibroids. The company does not appear to have undertaken much broad health policy, health systems, or health human resources analysis. Its publications have appeared mainly in peer-reviewed journals. Zowall offers consulting services similar to those offered by the Conference Board, including cost-of-illness analysis, employer-oriented analysis of the medical and productivity loss costs of a disease, and forecasting.

These for-profit, independent consulting firms can do research related to health economic modelling and health policy analysis, which requires stakeholder engagement. The consultant firms identified appear to have strengths in research and, to a lesser extent, in knowledge translation and dissemination.

HEALTH MINISTRIES AND GOVERNMENT AGENCIES

Several government ministries and agencies, at the federal and provincial/territorial levels, have some capacity to perform in-house research; however, they mainly commission research or provide grants to non-profit research institutes. One of the prominent provincial health ministries is the Ontario Ministry of Health and

Long-Term Care. It provides funds for health systems and policy research to several research institutes, as outlined in the review of organizations. At the federal level, the Public Health Agency of Canada and Health Canada have funded various consultants and research institutes to engage in specific research projects to support evidence-based Canadian health policy. Some federal and provincial agencies, such as Statistics Canada and the Institut de la statistique du Québec, engage in research and provide data in all three health research interests. They do so to fulfill their own research mandates, as well as to provide information on a commissioned or consultant basis for external organizations, groups, and individuals. The following are descriptions of each of the key governmental ministries and agencies identified in this review.

Institut de la statistique du Québec

The Institut de la statistique du Québec is a non-profit, non-partisan government agency within the Quebec provincial government, quite similar to Statistics Canada. The agency engages in research and provides data to external organizations and individuals for research purposes. It offers an input-output economic model that could be used for the health sector. It also provides customized economic studies for a fee. The Institut does not engage in knowledge translation and dissemination.

Statistics Canada

Statistics Canada is a non-profit federal government agency. It is not independent. Statistics Canada has a wealth of data, which it uses in its research into the cost effectiveness of health care. It employs modelling and forecasting. Its Population Health Model (POHEM) has been used in a variety of areas, including the evaluation of the health and economic impact of population health interventions, diseases, and risk factors. In the past, Statistics Canada has been contracted to provide research and analysis for a variety of organizations, such as the Public Health Agency of Canada and the Canadian Partnership Against Cancer.

Non-Profit Organizations

Several non-profit organizations with significant resources at their disposal were identified in this review as having overlapping health research interests with the Conference

Board. The Conference Board currently uses data and evidence from some of these organizations to perform its own work.

Canadian Institute for Health Information

The Canadian Institute for Health Information (CIHI) is a non-profit, neutral, and independent organization that primarily maintains health databases. In terms of research, it provides data for analysis and engages in its own analysis to produce research reports. CIHI also participates in knowledge translation activities—specifically, helping people use its data and perform analyses. CIHI typically partners with other health organizations, particularly Statistics Canada and Canada Health Infoway. Its strategic directions include producing “relevant and actionable analyses,” which may in the future include more health economics and modelling; however, CIHI has not produced much of this research in the past. Areas it has highlighted as a focus for the future include health funding, costs, and productivity, as well as health human resources. CIHI’s forecasts appear in its National Health Expenditures Trend reports, which provide outlooks for the current year of publication (e.g., a forecast for 2010 using 2008 data). These are estimates of recent history rather than pure forecasting work. CIHI engages in some benchmarking research, such as studies of wait times for health services. It does not seem to do commissioned research; rather, it provides its data to external organizations for a fee.

Élisabeth Bruyère Research Institute

The C.T. Lamont Primary Health Care Research Centre of the Élisabeth Bruyère Research Institute (EBRI-CT Lamont) carries out research focused on the organization and delivery of primary health care services. Until recently, EBRI-CT Lamont had focused much of its research on improving the delivery of care; for example, it evaluated strategies to improve chronic disease care. In addition, EBRI-CT Lamont is currently researching the use of e-communication between primary care physicians and specialists to help reduce wait times, the quantification of the relationship between patient and primary care physician, and strategies to improve immigrant health. Most recently, it has engaged in health economic research and modelling. In 2010, the Canadian Health Services Research Foundation granted EBRI-CT Lamont \$50,000 to conduct several research projects on the health and

economic impact of primary care improvements. The research staff is a mix of principal investigators who have a clinical background in pharmacy or medicine, and/or an academic appointment at the University of Ottawa, and independent researchers.

Health Council of Canada

Canada’s First Ministers established the Health Council of Canada (HCC)—a non-profit, independent organization—in the 2003 Accord on Health Care Renewal. They enhanced the organization’s role in 2004 under the 10-Year Plan to Strengthen Health Care. HCC’s goal is to engage in research and knowledge translation in the area of health care reform at the national level. HCC is funded by Health Canada and does not solicit funding from other sectors or organizations. Primarily, it produces reports on work focused on the Accord, in the specific areas of Aboriginal health, access to care in the North, access and wait times, health human resources, public reporting on health status and health outcomes, home and community care, pharmaceuticals management, disease prevention, promotion and public health, primary health care, and health information systems and electronic health records. HCC has not yet engaged in any health economic research or modelling. The majority of its reports are based on public consultations, expert panels, case studies, and literature reviews.

Institute for Clinical Evaluative Sciences

The Institute for Clinical Evaluative Sciences (ICES) is a non-profit, independent research organization that carries out population-based health services research that is relevant to clinical practice and health policy development, specifically in Ontario. It also monitors trends in health services delivery in the province. ICES has research programs in five areas: cancer, cardiovascular and diagnostic imaging, chronic disease and pharmacotherapy, health systems and policy evaluation, and primary care and population health. ICES also manages and maintains a network of stakeholders, associate scientists, and representatives of provincial, national, and international organizations. ICES does not appear to provide research on a consultancy or commissioned basis. It is funded by the Ontario Ministry of Health and Long-Term Care.

Institute of Health Economics

Based in Alberta, the Institute of Health Economics (IHE) is a non-profit, public-private partnership that engages in health economic research and modelling. Its research focuses mainly on health technology assessment, decision analytic modelling, and health system evaluation. The organization also engages in traditional knowledge translation and dissemination activities. In terms of special programs and projects, IHE is engaged in research that includes economic modelling, systematic reviews, studies on resource use and treatment modalities, and knowledge translation and dissemination in the area of mental health and addictions. IHE also works on special projects, including the Alberta Diabetes Atlas and the Alberta Primary Care Atlas projects. The researchers are full-time staff members and academic fellows who are faculty members at Alberta universities. Like the Conference Board, IHE is governed by a board of directors. Through its partnerships with various organizations, IHE often engages in commissioned work. For example, it is currently involved in a knowledge exchange project called *Becoming the Best: Building Sustainability Health Series*, which was commissioned by Alberta Health Services, and Alberta Health and Wellness. It appears that most, if not all, of IHE's work is focused on Alberta and funded by provincial sources.

These non-profit organizations have several advantages in engaging in health research, including relatively secure funding, access to rich data, and a large research capacity (i.e., health economists, data analysts, and policy analysts). For these reasons, they have been able to produce rigorous and reliable research and at the same time engage in effective knowledge translation and dissemination efforts. These attributes also contribute to a higher potential for uptake in the form of policies and activities.

Think Tanks

Several other types of non-profit organizations identified in the inventory are think tanks, including the Canadian Centre for Policy Alternatives, the Institute for Research on Public Policy, and the Change Foundation. Other think tanks, such as the C.D. Howe Institute and the Fraser Institute, conduct health care and health system research with a policy focus, but they do so on an irregular basis. As such, they are listed in Appendix A.

Canadian Centre for Policy Alternatives

The Canadian Centre for Policy Alternatives (CCPA) is a non-partisan, independent research organization, although its research tends to be left leaning and highly focused on social policies. It has done some research on health, the health care system, and pharmacare. Some of its health economic work focuses on the cost of poverty; it has also produced commentary pieces on the sustainability of health care. It uses research analysis that focuses mainly on upstream determinants of health, whereas the Conference Board uses methodologies and health economic modelling to address both the upstream and downstream determinants of health.

Institute for Research on Public Policy

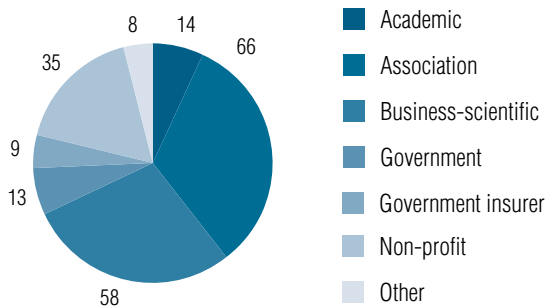
The Institute for Research on Public Policy (IRPP) is a non-profit, independent research centre. It engages in research to inform public policy in Canada. The federal and provincial governments, and the private sector, fund it through an endowment fund. Like the Conference Board, it obtains its financial resources from a broad range of sources. IRPP accepts only unconditional financial support. It has produced several health care-related research publications—mainly commentaries, essays, and literature reviews. To date, it has not done modelling or health economics research.

These think tanks have published widely in all three health research interest areas; however, they have not carried out health economics modelling and forecasting.

Other Organizations

An additional list of about 200 health sector organizations is provided in Appendix A. Given that the Conference Board will tackle issues of potential interest to these organizations, engaging in a dialogue with them would likely open research opportunities. This list includes mainly disease-specific associations, health human resources associations, pharmaceutical companies, organizations with a focus on clinical and scientific research, and health-related government agencies. Chart 3 shows the proportion of different types of organizations listed in Appendix A.

Chart 3
Organization Type
(number)



Source: The Conference Board of Canada.

THE CONFERENCE BOARD OF CANADA DIFFERENCE

Among the organizations listed, only a few have research and facilitation capacities similar to those of The Conference Board of Canada. It is important to identify these organizations in order to uncover distinctive traits that differentiate the Conference Board from them. We found six organizations, mainly in the non-profit and consulting categories, whose research and facilitation mandates could overlap in many aspects with those of the Conference Board:

- ◆ H. Krueger & Associates;
- ◆ Health Council of Canada;
- ◆ Hollander Analytical Services Ltd.;
- ◆ Institute of Health Economics;
- ◆ McMaster University, Centre for Health Economics and Policy Analysis; and
- ◆ RiskAnalytica.

Three main characteristics distinguish the Conference Board from the organizations listed above. First, the quantitative research experience at the Conference Board includes a macroeconomic modelling capacity with extensive analytical expertise applied to Canada's regions and industries. This overarching capacity and know-how ensures that the health-specific research is solidly grounded. Second, the Board's research capability is distributed among the three areas of research interest: health economics research and modelling, operations management, and health human resources. Considerable

resources are required to produce results on each of these fronts simultaneously. In that regard, the Conference Board taps into the largest combined team of economists and researchers with health expertise of all the organizations on the list. Finally, the Conference Board's competence in fostering dialogue among stakeholders to deal with complex issues goes back to its founding mission and makes it one of the most credible multidisciplinary voices in the country today. In carrying out its activities, the Conference Board adopted an objective, non-partisan policy stance that differentiates it from many other organizations that have a defined policy agenda to promote.

Our research capacity covers areas ranging from quantitative and related health care analysis, to health policy, governance, and organizational effectiveness.

In sum, the Conference Board's strengths lie in its stakeholder engagement expertise (in both the public and private sectors), its knowledge translation and dissemination experience, its visibility, its unbiased perspective, its independence, and its established reputation in the area of economic modelling and forecasting.

As a result, despite the occasional overlap in research interests or facilitation capacity among the organizations listed, no other organization on the list is directly comparable to The Conference Board of Canada. We can indeed help to fill a "market gap" in health care analysis.

CONCLUSION

The Canadian health care research industry is complex and involves a vast array of organizations that focus on one or more research themes. As a result, coordination is difficult, which poses challenges for overall strategic alignment.

A common vision is required in the current context, where the publicly funded health care system faces severe financial challenges, while businesses increasingly need to address the pressure on firm-level performance from an aging workforce and its impact on health care cost and productivity. An informed dialogue among stakeholders

to develop areas of consensus for reform and action would help all parties determine the best ways to enhance the sustainability of the Canadian health care system.

The Conference Board of Canada can play a unique role. It has extensive experience in conducting research and in facilitating dialogue among many stakeholders to deal with complex issues, determine their implications, and suggest policy options. Its research capacity is comprehensive, covering areas ranging from quantitative and related health care analysis, to health policy, governance, and organizational effectiveness.

As a result, the Conference Board is in an ideal position to bring together the various research dimensions related to health care, to foster dialogue, and to produce insights and recommendations, all aimed at improving the sustainability of the Canadian health care system.

Our review of key players involved in Canadian health care research confirms that the Conference Board can fill a gap in the market. Based on a previous review of the organizations included in this document, The Conference Board of Canada has launched the Canadian Alliance for Sustainable Health Care (CASHC). The purpose of CASHC is to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets, and to facilitate open dialogue on this research and its implications. The goal is to improve the functioning of the Canadian health system as a whole, and health care practices within firms and organizations. The work of CASHC will help Canadian leaders and all Canadians to better understand the conditions under which Canada's health care system can be sustained, both financially and more broadly.

APPENDIX A

Health Sector Organizations

Included in this appendix are more than 200 health sector organizations. Given that the Conference Board will tackle issues of potential interest to these organizations, engaging in a dialogue with them would likely open research opportunities. This list includes mainly disease-specific associations, health human resources associations, pharmaceutical companies, organizations with a focus on clinical and scientific research, and health-related government agencies.

ACADEMIC

- ◆ Canadian Centre for Analysis of Regionalization and Health
- ◆ Dalhousie University, Population Health Research Unit
- ◆ McGill University Health Centre
- ◆ McMaster University, Health Information Research Unit
- ◆ McMaster University, Population Health Research Institute
- ◆ University of Alberta, Alberta Research Centre for Health Evidence
- ◆ University of Alberta, Health Law Institute
- ◆ University of Alberta, School of Public Health (formerly Centre for Health Promotion Studies)
- ◆ University of British Columbia Therapeutics Initiative
- ◆ University of British Columbia, Centre for Health and Environment Research
- ◆ University of British Columbia, Centre for Population Health Promotion Research
- ◆ University of Toronto, Centre for Evidence-Based Medicine
- ◆ University of Toronto, Centre for Health Promotion
- ◆ University of Toronto, Nursing Health Services Research Unit

ASSOCIATION

- ◆ Alzheimer Society of Canada
- ◆ Arthritis Society
- ◆ Association of Workers' Compensation Boards of Canada
- ◆ Asthma Society of Canada
- ◆ Canada's Research-Based Pharmaceutical Companies
- ◆ Canadian AIDS Society
- ◆ Canadian Association for Community Care
- ◆ Canadian Association of Chain Drug Stores
- ◆ Canadian Association of Medical Radiation Technologists
- ◆ Canadian Association of Naturopathic Doctors
- ◆ Canadian Association of Occupational Therapists
- ◆ Canadian Association of Optometrists
- ◆ Canadian Association of Paediatric Health Centres
- ◆ Canadian Association of Retired Persons
- ◆ Canadian Association of Social Workers
- ◆ Canadian Association of Speech-Language Pathologists and Audiologists
- ◆ Canadian Breast Cancer Network

- ♦ Canadian Cancer Society
- ♦ Canadian Chiropractic Association
- ♦ Canadian College of Health Leaders
- ♦ Canadian Counselling and Psychotherapy Association
- ♦ Canadian Cystic Fibrosis Foundation
- ♦ Canadian Dental Association
- ♦ Canadian Dental Hygienists Association
- ♦ Canadian Dermatology Association
- ♦ Canadian Diabetes Association
- ♦ Canadian Generic Pharmaceutical Association
- ♦ Canadian Health Libraries Association
- ♦ Canadian Hemophilia Society
- ♦ Canadian Hospice Palliative Care Association
- ♦ Canadian Life and Health Insurance Association Inc.
- ♦ Canadian Lung Association
- ♦ Canadian Mental Health Association
- ♦ Canadian Nutrition Society
- ♦ Canadian Ophthalmological Society
- ♦ Canadian Orthopaedic Association
- ♦ Canadian Pharmacists Association
- ♦ Canadian Physiotherapy Association
- ♦ Canadian Podiatric Medical Association
- ♦ Canadian Psychological Association
- ♦ Canadian Public Health Association
- ♦ Canadian Society for Medical Laboratory Science
- ♦ Canadian Society of Nutrition Management
- ♦ Canadian Society of Respiratory Therapists
- ♦ Canadian Women's Health Network
- ♦ Catholic Health Association of Canada
- ♦ Collège des médecins du Québec
- ♦ Dietitians of Canada
- ♦ Health Charities Coalition of Canada
- ♦ Hepatitis C Society of Canada
- ♦ Huntington Society of Canada
- ♦ Kidney Foundation of Canada
- ♦ Multiple Sclerosis Society of Canada
- ♦ Muscular Dystrophy Canada
- ♦ National Aboriginal Health Organization
- ♦ National Coalition for Vision Health
- ♦ National Network for Mental Health
- ♦ Ontario Association of Community Care Access Centre
- ♦ Ontario Medical Association
- ♦ Opticians Association of Canada
- ♦ Osteoporosis Society of Canada
- ♦ Paramedic Association of Canada
- ♦ Parkinson Society Canada
- ♦ Royal College of Dentists of Canada
- ♦ Wait Time Alliance for Timely Access to Health Care
- ♦ Women and Health Protection

BUSINESS-SCIENTIFIC

- ♦ Abbott Laboratories, Ltd.
- ♦ Actelion Pharmaceuticals Canada Inc.
- ♦ Amgen Canada Inc.
- ♦ Aon Hewitt
- ♦ Aptalis
- ♦ Astellas Pharma Canada, Inc.
- ♦ AstraZeneca Canada Inc.
- ♦ Bayer Inc.
- ♦ Boehringer Ingelheim (Canada) Ltd.
- ♦ Bristol-Myers Squibb Canada
- ♦ Brunel Life Sciences
- ♦ Ceapro Inc.
- ♦ Charles River Laboratories
- ♦ Council for Continuing Pharmaceutical Education
- ♦ Cubic Health Inc.
- ♦ E-Z-EM Canada Inc., Bracco Imaging Canada
- ♦ Eisai Ltd.
- ♦ Eli Lilly Canada Inc.
- ♦ EMD Serono Canada Inc.
- ♦ Endoceutics Inc.
- ♦ Fujitsu Consulting (Canada) Inc.
- ♦ Gilead Sciences Canada, Inc.
- ♦ GlaxoSmithKline Inc.
- ♦ i3 Canada
- ♦ Ikaria Canada Inc.
- ♦ Informetrica Ltd.
- ♦ Inimex Pharmaceuticals, Inc.
- ♦ Janssen Inc.
- ♦ KalGene Pharmaceuticals Inc.
- ♦ KPMG
- ♦ LEO Pharma Inc.
- ♦ Lundbeck Canada Inc.
- ♦ Medicago
- ♦ Mercer
- ♦ Merck Canada Inc.
- ♦ NeuroImage Inc.

- ◆ Novartis Pharmaceuticals Canada Inc.
- ◆ Nuero-Technics Incorporated
- ◆ Otsuka Canada Pharmaceutical Inc.
- ◆ Paladin Labs Inc.
- ◆ Pfizer Canada Inc.
- ◆ Pharmanet Canada Inc.
- ◆ ProMetic Life Sciences Inc.
- ◆ Purdue Pharma Canada
- ◆ Quintiles Canada Inc.
- ◆ Roche Canada
- ◆ ROPACK Inc.
- ◆ Sanofi-aventis Canada
- ◆ Sanofi Pasteur Ltd.
- ◆ Servier Canada Inc.
- ◆ Shire Canada Inc.
- ◆ Sunovion Pharmaceuticals Canada Inc.
- ◆ Takeda Canada, Inc.
- ◆ Therapure Biopharma Inc.
- ◆ Theratechnologies Inc.
- ◆ Univalor
- ◆ Warner Chilcott Canada Co.
- ◆ YM BioSciences Inc.

GOVERNMENT

- ◆ Centres of Excellence for Women’s Health
- ◆ Health Quality Council (Saskatchewan)
- ◆ Health Services Restructuring Commission (Ontario) (*archive only*)
- ◆ Health Technology Exchange (Ontario)
- ◆ Improving Women’s Health in Ontario (ECHO)
- ◆ Networks of Centres of Excellence of Canada
- ◆ Patented Medicine Prices Review Board
- ◆ Prairie Women’s Health Centre of Excellence
- ◆ Premier’s Advisory Council on Health (Alberta)
- ◆ Prince Edward Island Health Research Institute
- ◆ Régie de l’assurance maladie du Québec
- ◆ Standing Senate Committee on Social Affairs, Science and Technology
- ◆ Women and Health Care Reform Group

GOVERNMENT INSURER

- ◆ Alberta Health Care Insurance Plan
- ◆ Health Insurance BC
- ◆ Manitoba Health Services Insurance Plan
- ◆ New Brunswick Medicare
- ◆ Newfoundland and Labrador Medical Care Plan
- ◆ Nova Scotia’s Health Insurance Programs
- ◆ Ontario Health Insurance Plan
- ◆ P.E.I. Health Card
- ◆ Saskatchewan Provincial Health Insurance Plan

NON-PROFIT

- ◆ Accreditation Canada
- ◆ Atlantic Health Promotion Research Centre
- ◆ C.D. Howe Institute
- ◆ Cameron Institute
- ◆ Canada Health Infoway
- ◆ Canadian Agency for Drug and Technologies in Health
- ◆ Canadian Blood Services
- ◆ Canadian Centre for Policy Alternatives
- ◆ Canadian Consortium for Health Promotion Research
- ◆ Canadian Council on Health Services Accreditation
- ◆ Canadian Heart Research Centre
- ◆ Canadian National Institute for the Blind
- ◆ Canadian Organization for Rare Disorders
- ◆ Canadian Policy Research Networks, Health Network (*Archive only*)
- ◆ Canadian Population Health Initiative
- ◆ Cardiac Care Network of Ontario
- ◆ Centre for Addiction and Mental Health
- ◆ Centre for Research on Inner City Health
- ◆ Centre for the Study of Living Standards
- ◆ CIRANO
- ◆ Coalition for Research in Women’s Health
- ◆ Council of Canadians
- ◆ Epilepsy Canada
- ◆ Fraser Institute

- ◆ Health Professions Regulatory Advisory Council (Ontario)
- ◆ Héma-Québec
- ◆ Institute for Safe Medication Practices
- ◆ Institute for Work and Health
- ◆ Macdonald-Laurier Institute
- ◆ Medical Council of Canada
- ◆ Medical Reform Group
- ◆ Ontario Federation of Community Mental Health and Addiction Programs
- ◆ Population Health Improvement Research Network
- ◆ Public Policy Forum
- ◆ Wellesley Institute

OTHER

- ◆ Canadian Doctors for Medicare
- ◆ Canadian Health Coalition
- ◆ Canadian Institute of Child Health
- ◆ Canadian Medical Foundation
- ◆ Health Action Lobby
- ◆ Healthcare Insurance Reciprocal of Canada
- ◆ TD Bank Financial Group
- ◆ TELUS Health Solutions

Canadian Alliance for Sustainable Health Care

The Canadian Alliance for Sustainable Health Care (CASHC) provides Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets. CASHC facilitates open dialogue regarding this research and its implications, with a view to improving the Canadian health system as a whole as well as health care practices within firms and organizations. The work of CASHC will help Canadians better understand the conditions under which Canada's health care system is sustainable—financially, and in a broader sense.

Key Objectives

- Undertake detailed analysis of financial pressures and reform options in the health care system, identifying implications and enabling discussion of policy options.
- Apply CASHC's modelling and analytic capacity to various health-system policy interventions that have been proposed; and assess the economic, financial, and social implications.

Who Should Join

CASHC appeals to investors from both the private and public sectors. Public sector organizations and associations that are stakeholders in the health care system are also encouraged to invest.

Exclusive Benefits of Membership

- **Champion Investors**—participate in the overall planning, conduct, and decision-making of the Alliance, including defining the research agenda and selecting research projects. Champion Investors receive first priority in hosting CASHC meetings and events.
- **Lead Investors**—participate in defining the research agendas, selecting research projects, and discussing the implications and policy options emerging from the research.
- **Partners**—have access to the Alliance's research results prior to public release and participate in CASHC meetings.
- **Participants**—participate in CASHC meetings and have access to the Alliance's research results prior to public release.

E-MAIL contactcashc@conferenceboard.ca to receive an invitation to an upcoming meeting.



The Canadian Alliance for Sustainable Health Care (CASHC)

FOR MORE INFORMATION ON CASHC, PLEASE CONTACT:

Glen Hodgson

Senior Vice-President and Chief Economist

The Conference Board of Canada

255 Smyth Road, Ottawa ON K1H 8M7

Tel.: 613-526-3090 ext. 444

E-mail: hodgson@conferenceboard.ca

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Insights You Can Count On



255 Smyth Road, Ottawa ON K1H 8M7 Canada
Tel. 613-526-3280 • Fax 613-526-4857 • Inquiries 1-866-711-2262

The Conference Board, Inc. 845 Third Avenue, New York NY 10022-6679 USA Tel. 212-759-0900 • Fax 212-980-7014 • www.conference-board.org
The Conference Board Europe Chaussée de La Hulpe 130, Box 11, B-1000 Brussels, Belgium Tel. +32 2 675 54 05 • Fax +32 2 675 03 95
The Conference Board Asia-Pacific 2802 Admiralty Centre, Tower 1, 18 Harcourt Road, Admiralty Hong Kong SAR Tel. +852 2511 1630 • Fax +852 2869 1403

conferenceboard.ca