

The Conference Board Answers Steven Lewis

Anne Golden

We at the Conference Board of Canada are avid readers of Longwoods publications and newsletters. We were very surprised after reading the essay prepared by Steven Lewis that appeared on the July 1 e-letter. His essay, titled *The Conference Board: Rank Amateurs with an Agenda*, left us perplexed by its snarky and unprofessional tone, its limited ability to appropriately interpret the data presented in the summary, and its poor understanding of benchmarking methodologies—which, by the way, is one of the Conference Board’s core competencies. We have been involved in benchmarking projects for over a decade, and have been hired for our benchmarking expertise in countries such as Australia and Ukraine.

As Mr. Lewis appropriately pointed out, we did not release a full-scale report. What was released on June 30 is, in effect, an executive summary. However, the methodology and list of indicators are included on the website (under Methodology and Details and Analysis, respectively). The rankings and a full analysis of each indicator will be added to the website in September. At that time, a section will be added to the methodology with full details on data sources.

When the Conference Board talks about “health” in the report card, we are talking about “health status”. It is therefore appropriate to make recommendations about the factors that affect our health status—such as the health care system and lifestyle choices. The purpose of the health category in the Report Card on Canada is to assess the health status of average Canadians. We have chosen to include and rank diseases that are the top burdens in Canada. We think that this approach is more appropriate than ranking diseases which do not affect many Canadians. So, for example, we do not include mortality due to malaria. While it may be a health burden in many countries, it is not in Canada.

Mr. Lewis was puzzled by results from Italy (A) and Denmark (D) given that the two indicators he pointed out (life expectancy and infant mortality) were on opposite ends of the scale. Having him be more thorough to review the list of indicators on the web site under Details and Analysis, he would have seen that in addition to life expectancy and infant mortality, there are eight other indicators. Denmark does worse, relative to Italy, on six of these indicators.

Mr. Lewis rightly pointed out that our inclusion of heart disease in a sentence about the increasing rates of chronic diseases, like diabetes, was incorrect. We have made a correction to the website.

We agree with Mr. Lewis that there is undoubtedly an alignment between progressive democratic systems and health outcomes, and we have done work on this subject. However, this report only focused on the examination of 10 health status indicators. In this phase of the research we did not analyze the factors influencing this ranking. However, this will be the purpose of an upcoming phase of this project after the September release.

We also agree with Mr. Lewis that primary health care reform is essential if we want to make a difference—we raised this issue in last year’s report card. Primary health care reform will

undoubtedly be referred to again when we expand on the Overviews in the September full release. The Conference Board has been consistently supportive of the publicly-funded health care system and a strong supporter of primary health care reform. In fact, we have provided support to federal and provincial governments over the past few years to advance primary health care in this country and primary health care issues have been studied in depth in several other Conference Board publications. For Mr. Lewis to suggest otherwise is irresponsible and disrespectful.

We are the foremost, independent, not-for-profit applied research organization in Canada. We are objective and non-partisan and we do not lobby for specific interests. Our only agenda is to improve the health of Canadians. The Report Card on Canada clearly states that its overall goal is to assess Canada's **quality of life** relative to peer countries, and that "Most Canadians would agree that without health, quality of life is severely compromised." All of our work in the health care field has one goal—to improve the health, and by extension the quality of life, of Canadians. We are proud of our achievements and firmly believe we are contributing to a better Canada. By exposing Canada's weaknesses, we aim to bring increased focus to these areas for improvements.

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