

# How Canada Compares: Results From The Commonwealth Fund 2014 International Health Policy Survey of Older Adults

## 1. Sampling Methodology

The Commonwealth Fund 2014 International Health Policy Survey of Older Adults reflects patients' experiences and the perceptions of a random sample of the general population age 55 and older in 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States. Participants were interviewed by telephone (landline or cell phone) between March and May 2014. In Canada, 5,269 respondents were surveyed by Social Science Research Solutions (SSRS), a firm contracted by The Commonwealth Fund to manage the Canadian data collection. All participants in the 2014 sample frame for Canada were interviewed on a landline.

## 2. Total Number of Interviews Conducted

Countries	Total Interviews	Canadian Provinces and Territories	Total Interviews	Percentage Distribution
Australia	3,310	Newfoundland and Labrador	252	5%
<b>Canada</b>	<b>5,269</b>	Prince Edward Island	261	5%
France	1,500	Nova Scotia	258	5%
Germany	928	New Brunswick	277	5%
Netherlands	1,000	Quebec	1,006	19%
New Zealand	750	Ontario	1,502	29%
Norway	1,000	Manitoba	252	5%
Sweden	7,206	Saskatchewan	254	5%
Switzerland	1,812	Alberta	953	18%
U.K.	1,000	British Columbia	250	5%
U.S.	1,755	Yukon	3	0%
		Northwest Territories	1	0%
		Nunavut	0	0%
		<b>Total</b>	<b>5,269</b>	<b>100%</b>

Of the 5,269 Canadian respondents, 37% were male and 63% were female.

### 3. Data Collection

SSRS conducted interviews in Canada between March 4 and May 28, 2014, in both official languages. Common questions were asked in all 11 countries; in Canada, SSRS asked additional questions.

### 4. Response Rates by Country

Countries	Total Response Rates
Australia	31%
<b>Canada</b>	<b>28%</b>
France	29%
Germany	26%
Netherlands	25%
New Zealand	27%
Norway	16%
Sweden	23%
Switzerland	60%
U.K.	23%
U.S.	24%

### 5. Coverage

The 2014 survey focused on adults age 55+. The subjects covered included the respondents'

- Overall views of the health care system;
- Access to primary and preventive care, including promptness of attention (e.g., availability of same-day appointments);
- Relationship with their regular doctor/GP, including experience with coordination of health care;
- Use of and experience with specialists;
- Experience with care in the hospital and emergency department;
- Health care coverage, affordability of care, experience with administrative/financial burdens and out-of-pocket costs;
- Experience with prescription medications and medical errors;
- Overall health and medical conditions;
- End-of-life care wishes and considerations;
- Experience with activities of daily living (ADLs);
- Experience with health promotion and healthy lifestyles, including smoking, exercise and dietary habits; and
- Care or assistance provided to other people with health problems.

## 6. Weighting of Results

The survey data for Canada was weighted by age, gender, educational attainment and knowledge of the official languages within each of the 10 provinces. Additionally, data was subsequently weighted to reflect Canada's geographic distribution, by provinces and territories. Population parameters for these calculations were derived from the 2011 Census.

The Commonwealth Fund average is a simple average for the 11 countries. Each country was given the same weight.

## 7. Significance Testing

The Canadian Institute for Health Information (CIHI) developed statistical methods to determine whether

- Canadian results were significantly different from the international average of 11 countries;
- Provincial results were significantly different from the international average; and
- Provincial results were significantly different from the Canadian average.

In the chartbook, an asterisk (\*) indicates that results are significantly different on bar graphs, and colour codes are used elsewhere.

To calculate variances and confidence intervals, CIHI used standard methods for the variances of sums and differences of estimates from independent simple random samples, and the design effects provided by SSRS to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments.