

How Canada Compares: Results From The Commonwealth Fund's 2017 International Health Policy Survey of Older Adults in 11 Countries

Methodology Notes



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For permission or information, please contact CIHI:

Canadian Institute for Health Information 495 Richmond Road, Suite 600 Ottawa, Ontario K2A 4H6 Phone: 613-241-7860

Fax: 613-241-8120

www.cihi.ca

copyright@cihi.ca

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Sampling methodology

The Commonwealth Fund's 2017 International Health Policy Survey of Older Adults reflects patients' experiences and perceptions among a random sample of patients age 65 and older in 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

Table 1a Total number of interviews completed, by country

| Countries | Total interviews |
|----------------|------------------|
| Australia | 2,500 |
| Canada | 4,549 |
| France | 750 |
| Germany | 751 |
| Netherlands | 750 |
| New Zealand | 500 |
| Norway | 750 |
| Sweden | 7,000 |
| Switzerland | 3,238 |
| United Kingdom | 753 |
| United States | 1,392 |

Table 1b Total number of interviews completed, by province/territory

| Provinces/territories | Total interviews | Percentage distribution |
|--|------------------|-------------------------|
| Newfoundland and Labrador | 254 | 5.6% |
| Prince Edward Island | 253 | 5.6% |
| Nova Scotia | 259 | 5.7% |
| New Brunswick | 273 | 6.0% |
| Quebec | 1,002 | 22.0% |
| Ontario | 1,504 | 33.1% |
| Manitoba | 250 | 5.5% |
| Saskatchewan | 251 | 5.5% |
| Alberta | 250 | 5.5% |
| British Columbia | 250 | 5.5% |
| Territories (Yukon, Northwest Territories, Nunavut) | 3 | 0.1% |
| Total | 4,549 | 100% |

Note

Percentages may not add to 100 due to rounding.

The Commonwealth Fund funded 750 completed interviews across Canada. The Canadian Institute for Health Information (CIHI) funded additional interviews to reach a minimum of 250 completed interviews in each province. Sample sizes were further increased in Quebec and Ontario with funding from the Commissaire à la santé et au bien-être du Québec and Health Quality Ontario, respectively. In total, 4,549 interviews were completed across Canada.

Data collection

The survey consisted of computer-assisted telephone interviews using a common questionnaire that was translated and adjusted for country-specific wording as needed. Both landline and cell phone interviews were conducted in 8 countries; in Canada, France and Germany, only landline interviews were conducted. Switzerland also offered an online option.

In Canada, the sampling design covered more than 95% of in-service landline numbers. Landlines included voice-over-internet protocol (VoIP) phones. Telephone numbers of people in long-term care residential facilities and on Indigenous reserves were included in the sampling design. The survey was conducted between March 6 and May 15, 2017, by Social Science Research Solutions (SSRS), a firm contracted by The Commonwealth Fund to manage data collection in Canada. A separate landline program was staffed with bilingual interviewers in order to accommodate French-speaking Canadians. Among the 4,549 respondents, 63% were female and 37% male. 79% of the respondents were English-speaking and 21% French-speaking.

Table 2 Response rates by country

| Country | Total |
|----------------|-------|
| Australia | 25.3% |
| Canada | 23.2% |
| France | 23.5% |
| Germany | 19.0% |
| Netherlands | 52.1% |
| New Zealand | 26.4% |
| Norway | 15.1% |
| Sweden | 29.2% |
| Switzerland | 44.6% |
| United Kingdom | 21.7% |
| United States | 18.8% |

Note

Response rates are calculated using the approach of the American Association for Public Opinion Research.

The Canadian response rate of 23.2% is comparable to the 27.7% attained in the 2014 Commonwealth Fund International Health Policy Survey of Older Adults (people age 55 and older).

Coverage

The Commonwealth Fund's 2017 survey focused on older adults age 65 and older (the 2014 survey focused on those age 55+). The following subjects, which are common to all 11 countries, were covered:

- Patients' access to primary and preventive care, including promptness of attention (e.g., availability of same-day appointment);
- Patients' experience with regular doctor/general practitioner, including coordination of health care services;
- Patients' use of and experience with specialists;
- Patients' 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 medication;
- Patient's overall health and chronic medical conditions:
- Care assistance and informal caregiving; and
- · End-of-life care wishes.

In Canada, the survey also included questions on patients' experience with home care (including palliative care) received from a government home care program and the use of digital technologies to monitor health at home.

Weighting of results

Data was weighted to help ensure that the final outcome is representative of adults age 65 and older in each country.

Survey data for Canada was weighted by age, gender and educational attainment within each province. Data was weighted for knowledge of official languages in Quebec and in Canada as a whole. Additionally, data was then weighted to reflect Canada's overall geographic distribution for all provinces and territories.

- Population parameters were derived from the Canadian 2016 Census, with the exception of knowledge of official languages and education data, which were based on the 2011 Census since 2016 Census data for these 2 parameters was not yet available.
- To address concerns about selection bias, the following base-weight adjustments were implemented:
 - Within-household correction (WHC): Respondents reached by landline phone and living in households with 2 or more adults age 65 and older received a weight of 2. Those living in single-adult households received a weight of 1.
- With the base-weight adjustments applied, the sample underwent iterative proportional fitting (or "raking"), a procedure in which the data was repeatedly balanced to match the known marginal distribution of the population parameters. This procedure was repeated until the total differences between the weighted sample and the population parameters were near 0.
- Weighting procedures were, overall, consistent with the protocol for The Commonwealth Fund's 2014 survey of older adults (age 55+) and the 2016 survey of the general population.

Table 3 Unweighted and weighted distributions of respondents, provinces and territories

| Provinces/territories | Unweighted distribution | Weighted distribution |
|--|-------------------------|-----------------------|
| Newfoundland and Labrador | 5.6% | 1.7% |
| Prince Edward Island | 5.6% | 0.5% |
| Nova Scotia | 5.7% | 3.1% |
| New Brunswick | 6.0% | 2.5% |
| Quebec | 22.0% | 25.2% |
| Ontario | 33.1% | 37.9% |
| Manitoba | 5.5% | 3.4% |
| Saskatchewan | 5.5% | 2.9% |
| Alberta | 5.5% | 8.4% |
| British Columbia | 5.5% | 14.3% |
| Territories (Yukon, Northwest Territories, Nunavut) | 0.1% | 0.1% |

Note

Percentages may not add to 100 due to rounding.

Trending analysis

Data reported in the 2017 survey of older adults age 65 and older is not directly comparable with data reported for people age 65 and older in The Commonwealth Fund's 2014 survey of older adults (age 55+). In particular, the data reported for people age 65 and older in the 2014 survey was weighted as part of the age 55+ weighting scheme but not specifically to represent the 65+ subpopulation, whereas in 2017, all interviews were completed with respondents age 65 and older and were weighted to population targets for this age group. Furthermore, due to questionnaire changes (e.g., question text revisions, response option additions, question placement changes, translation changes), some trends may have been affected.

Significance testing

CIHI developed statistical methods to determine whether

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

A colour-coded legend is used in results tables, bar graphs and elsewhere in the chartbookⁱ to indicate significantly different results.

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

Averages

For the chartbook, The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. In the chartbook and data tables (a companion product), the Canadian average represents the average experience of Canadians in all provinces and territories (as opposed to the mean of provincial results).

i. An accessible PDF is also available on CIHI's website.



CIHI Ottawa

613-241-7860

495 Richmond Road Suite 600 Ottawa, Ont. K2A 4H6 **CIHI Toronto**

4110 Yonge Street Suite 300 Toronto, Ont. M2P 2B7 416-481-2002 **CIHI Victoria**

880 Douglas Street Suite 600 Victoria, B.C. V8W 2B7 **250-220-4100** **CIHI Montréal**

1010 Sherbrooke Street West Suite 602 Montréal, Que. H3A 2R7 **514-842-2226**

cihi.ca

