How Canada Compares

Results From The Commonwealth Fund's 2023 International Health Policy Survey of the General Population in 10 Countries

Methodology Notes

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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The Commonwealth Fund's 2023 International Health Policy Survey of the General Population reflects the experiences and perceptions of a random sample of patients age 18 and older in 10 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and the United States.

Sampling methodology

Interviews were conducted between March 6 and August 20, 2023, with field periods varying from 6 to 23 weeks across countries. Probability-based overlapping landline and cellphone designs were used to generate the samples in all countries except for Sweden and Switzerland, where address-based samples were randomly generated from population registries. In Canada, a random digit dialling overlapping sampling frame telephone design was used to obtain all completed interviews. This approach allowed surveyors to reach respondents on both cellphones and landlines to produce a more nationally representative sample. In the U.K., probability panel sample was also included to help increase interviews with subgroups of interest, namely economically inactive adults. In the U.S., 3 different sample frames were used for data collection: address-based sampling (ABS), SSRS Opinion Panel sample and prepaid cell sample. Most of the interviews were conducted using ABS. The survey consisted of landline and cellphone interviews using a common questionnaire that was translated and adjusted for country-specific wording as needed. Most of the interviews done in Sweden, Switzerland and the U.S. were completed online. Roughly half of the interviews in the U.K. were completed online. The Commonwealth Fund contracted with Social Science Research Solutions (SSRS) to manage data collection in partnership with country contractors.

Table 1a Total number of interviews completed, by country

Country	Total interviews
Australia	751
Canada	**4,820**
France	751
Germany	2,005
Netherlands	751
New Zealand	750
Sweden	2,266
Switzerland	2,292
United Kingdom	3,361
United States	3,594

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

Province/territory	Total interviews	Percentage distribution
Newfoundland and Labrador	251	5.2%
Prince Edward Island	250	5.2%
Nova Scotia	261	5.4%
New Brunswick	250	5.2%
Quebec	1,001	20.8%
Ontario	1,300	27.0%
Manitoba	251	5.2%
Saskatchewan	251	5.2%
Alberta	259	5.4%
British Columbia	251	5.2%
Yukon	251	5.2%
Northwest Territories	143	3.0%
Nunavut	101	2.1%
Total	**4,820**	**100%**

Note
Percentages may not add to 100 due to rounding.

The Commonwealth Fund funded 1,000 completed interviews across Canada. The Canadian Institute for Health Information (CIHI) funded additional interviews with the goal of reaching 250 completed interviews in each province and territory; however, only 143 interviews were done in the Northwest Territories and 101 in Nunavut. Funding was also provided to increase the sample sizes in Quebec (Commissaire à la santé et au bien-être, ministère de la Santé et des Services sociaux du Québec) and in Ontario (Ontario Health). In total, 4,820 interviews were completed across Canada.

Coverage

The following subjects were covered:

- Patient's access to primary and preventive care, including promptness of attention, such as availability of same-day appointments
- Patient's relationship with regular doctor/general practitioner, including experience with coordination of health care
- Patient's use of technology to access medical care, including through patient portals and telehealth
- Patient's use of and experience with specialists

- Patient's 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
- Experiences with prescription medications
- Patient's overall health and medical conditions
- Behavioural factors affecting health and social context
- Mental health needs and experiences
- Social service needs and experiences
- Experiences of caregivers
- Perceived experiences of discrimination when receiving medical care

Data collection

The survey was conducted in Canada from March 14 to August 20, 2023, by SSRS in partnership with Léger. Bilingual interviewers made all calls for the Quebec sample and were available to complete interviews with French-speaking respondents in other provinces and territories as needed. Among the 4,820 respondents, 34% were reached by landline and 66% by cellphone. 54.1% were female, 45.1% were male and 0.8% chose answers other than male or female.

Table 2 Response rates, by country

Country	Total
Australia	9.7%
Canada	**11.7%**
France	10.7%
Germany	22.9%
Netherlands	10.0%
New Zealand	8.7%
Sweden	29.2%
Switzerland	48.8%
United Kingdom	5.8%
United States	9.9%

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

The 2023 Canadian response rate of 11.7% is lower than the rate attained in the 2020 International Health Policy Survey of the General Population (19.2%).

Weighting of results

Data for each country was weighted to help ensure that the final outcome is representative of adults age 18 and older. This was accomplished by using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables to known population parameters using a GENLOG procedure. To handle missing data among some of the parameter variables, SSRS employed a technique called hot decking. Hot deck imputation randomly replaces the missing values of a respondent with the values of another similar respondent without missing data. The weighting procedures accounted for the sample design and probability of selection, as well as for systematic non-response across known population parameters. To the extent possible, the weighting procedure replicated the 2020 weighting protocol.

Survey data for Canada was weighted in each province and territory by age, gender, educational attainment and phone status (landline with multiple adults versus single adult in household; cellphone only versus use of both landline and cellphone). Data was weighted for knowledge of official languages (English only versus French only versus both languages) in Quebec, in New Brunswick and in Canada as a whole. Additionally, at the Canada level, there was a weighting adjustment for the share of the Canadian population age 18 and older that each province or territory represents. Population parameters were derived from the 2021 Census.

To address concerns about probability of selection, the following base-weight adjustments were implemented:

- Within-household correction (WHC): Respondents reached by landline and living in households with 2 or more adults received a weight adjustment of 2. Those living in single-adult households received a weight adjustment of 1. No adjustment was made for cellphones as they are treated as personal devices.
- Dual-usage correction (DUC): Adults answering both landlines and cellphones received a weight adjustment of 0.5. Those answering only a single mode received a weight adjustment of 1.
- A base weight was created equalling the product of WHC × DUC.

With the base weight applied, the sample underwent iterative proportional fitting (or "raking"), a procedure in which the data was repeatedly balanced to match the known population parameters for age by gender, educational attainment and knowledge of official languages (for Quebec, for New Brunswick and for Canada as a whole).

Weighting procedures were, overall, consistent with the protocol for the 2020 International Health Policy Survey of the General Population.

Table 3 Unweighted and weighted distributions of respondents, by province/territory

Province/territory	Unweighted distribution	Weighted distribution
Newfoundland and Labrador	5.2%	1.4%
Prince Edward Island	5.2%	0.4%
Nova Scotia	5.4%	2.7%
New Brunswick	5.2%	2.1%
Quebec	20.8%	22.9%
Ontario	27.0%	38.8%
Manitoba	5.2%	3.5%
Saskatchewan	5.2%	2.9%
Alberta	5.4%	11.1%
British Columbia	5.2%	13.9%
Yukon	5.2%	0.1%
Northwest Territories	3.0%	0.1%
Nunavut	2.1%	0.1%

Note
Percentages may not add to 100 due to rounding.

Trending analysis

Data from the 2023 International Health Policy Survey of the General Population is not directly comparable with data from the 2020 survey. In particular, due to changes to some questions (e.g., question text revised, response options added, question placement changed, translation changed), some trends may have been affected. Therefore, caution should be used when interpreting the trends.

Significance testing

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 10 countries;
- Provincial and territorial results were significantly different from the international average; and
- Canadian results in 2023 were significantly different from Canadian results in 2020 and 2016.

For the calculation of variances and 95% confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments. Coefficients of variation were calculated by dividing the standard error by the estimate. T-tests were used to determine whether there was a significant difference between the means of 2 groups.

Calculations presented in CIHI's snapshots and Quick Stats exclude the following responses: "not applicable," "not sure," "declined to answer" and other not applicable answers.

Averages

In the analysis, the Commonwealth Fund average was calculated by adding the results from the 10 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians in all provinces and territories (as opposed to the mean of provincial and territorial results).

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