

Operational and Methodological Lessons Learned from the 2003 Joint Canada/U.S. Survey of Health

Catherine Simile, Ph.D.
National Center for Health Statistics



Overview

- Genesis and Objectives
- Lessons learned
 - Questionnaire Design
 - Sampling and Data Collections
 - Data Processing and Release

How It Started

- Both NCHS and STC were involved in international efforts to improve cross national comparisons of health data
- NCHS/STC yearly interchanges to discuss common interests
- Idea for a joint survey launched at the October 2000 Interchange

Objectives

- Produce highly comparable data on the Canadian and American populations unaffected by difference in data collection methodology on the following core indicators:
 - Health care
 - Functional status
 - Health status
 - Risk factors

Objectives (cont.)

- Influence content of the each country's ongoing, national health surveys to enhance comparability and data quality
- Develop a model for successful collaboration towards standardizing concepts

Organization

- Project Team –Responsible for day to day operations
- Steering Committee – project oversight
- All interviews conducted from Statistics Canada's Regional Offices using RDD and CATI

Survey tasks

- Questionnaire design - questions taken from ongoing surveys in both countries -the Canadian Community Health Survey and the National Health Interview Survey
- Average duration of questionnaire – 25 minutes
- Editing specifications specific to questions
- Interviews conducted in English, Spanish (US), and French (Canada)

Population Covered

- Residents of Canada and the US aged 18 and older living in private dwellings with telephones
- Canadian samples stratified by province
- US samples stratified by 4 regions
- Sample designed to produce reliable national estimates for 3 age groups (18-44, 45-64, 65 and over) by gender

Sample Size

- Canada: 3,505
- US: 5,183

Timeline

- October 2000 – Idea hatched
- June 2002 – Final content decided
- Nov. 4, 2002 – Data collection starts

Timeline (cont.)

- July 14, 2003 - collection officially ended
- September, 2003 – official response rates calculated
- June, 2004 data and analytic report jointly released on websites

Cognitive Testing: Window of Opportunity

Normal practice:

- U.S.: individual one-on-one English interviews in Washington D. C. agency office
- Canada: focus groups in English in Ottawa and in French in Montreal

JCUSH:

- Combined approach: one-on-one interviews and focus groups for both U.S. and Canada in agency labs and off-site

Cognitive Testing, (cont'd)

- Forced us to think about comparability differently:
More difference between subsamples in country than between countries
- Led to a new way of doing cognitive testing in U.S.

Translation: Implementation of New Guidelines

Languages used in this survey

- English (both countries)
- French (Canada only, required by law)
- Spanish (U.S. only, customary)

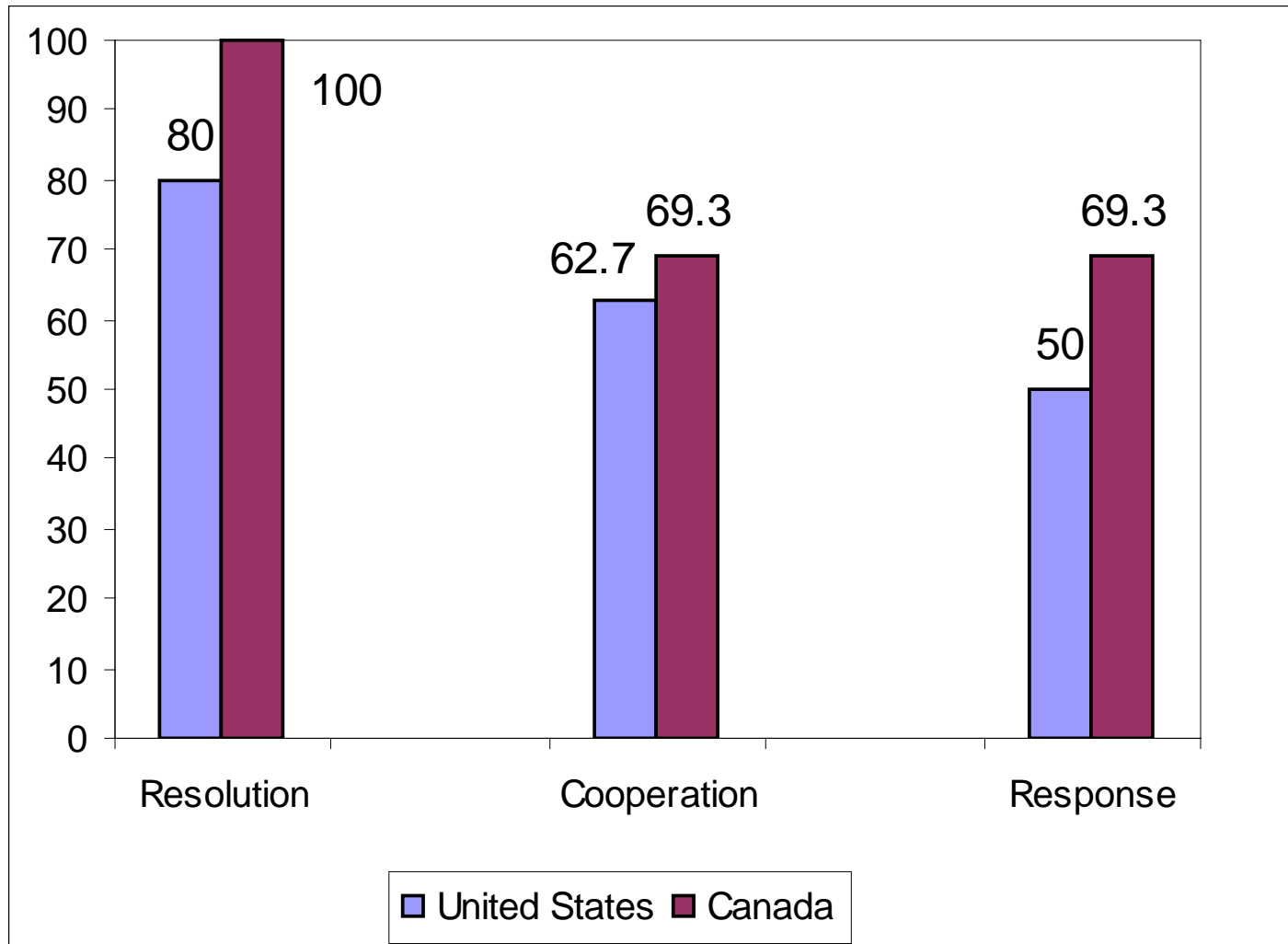
Steps from the Guidelines:

1. Pre-translation preparation--NO
2. Selection of contractor--YES
3. Completion of translation from final text--NO
4. Review of translation—YES
 - Bilingual review used survey and topic experts, U. S. Census interviewers, translators, and French speaker from Canada
5. Adjudication--YES
6. Development of survey instrument --YES
7. Pretest of survey, including translators--NO
8. Selection of interviewers YES
9. Training of Interviewers--NO
10. Incorporation of feedback from the field--YES

Data Collection Expectations

- “Clean sample” and resolving cases
- Cooperativeness of Canadian and U.S. population different
- Differences in implementing legal requirements impacted discretion and authority of data collection staff

DATA COLLECTION RESULTS: Resolution, Cooperation and Final Response Rates, JCUSH



Resolving Cases

- Sampling methodologist for each country determined number of telephone lines necessary to reach intended sample sizes

	# of lines selected Sample	Targeted size
United States	32,009	5,000
Canada	10,334	3,500

Resolving Cases (Cont'd)

- Definition of clean sample different
 - GENYSIS removed 1/3 of original U.S. sample
 - The remaining 2/3 sent to Statistics Canada assumed to be “clean”
- Working residential numbers cannot be verified in the U.S. like they can in Canada

Cooperation: Refusals

Percentage of all eligible cases:

	U.S.	Canada
• Refusals	21%	14%
• Breakoffs	11%	<.01%
TOTAL	33%	14%

Collection Monitoring

- Not necessary to monitor unresolved cases where 100% of the cases can be relatively easily resolved
- The monitoring system used works well for a Canadian sample, but not for a U.S. sample where much of resolution work is done by field staff
- Throughout the data collection period, the staff was always uncertain as to what was happening, and so had difficulty ascertaining how to allocate resources
- Did not help that U.S. staff could not easily travel to Canada

Discretion and Authority of Data Collection Staff

- Restrictions and delays to convert non response (all communications approved by NCHS Institutional Review Board)

Data Release

Followed Statistics Canada's usual practice.

Preparation for release included both:

- editing and review of microdata for public release
- collaborative analytical report released at the same time

Collaborative analysis hampered by legal restrictions on data access

Summary

- Windows of Opportunity Provided
 - New ways of doing cognitive testing
 - First opportunity to implement new translation guidelines
- Communication and Clarifying Assumptions Crucial
 - “Clean sample” and resolving cases
 - Differences in cooperativeness of Canadian and US population require different monitoring and collection strategies
- Difference in implementing legal requirements not insignificant in their impacts
 - impacted the discretion and authority of interviewers
 - difficult to collaborate in analysis

Access Data and Reports

NCHS website at
www.cdc.gov/nchs/nhis.htm

Statistics Canada website at
www.statcan.ca

Contact Information

Catherine M. Simile, Ph.D.

National Center for Health Statistics
Division of Health Interview Statistics

3311 Toledo Road, Room 2115

Hyattsville, MD 20782

Phone: (301) 458-4499

Email: cus4@cdc.gov

