

Legal and Procedural Issues Encountered in Conducting the 2003 JCUSH

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INTRODUCTION

Canada and the United States have been part of various existing efforts to compare countries on health related issues. While these activities have provided valuable information, the comparability of the data that have been generated has been limited since varying instruments and methods have been used within each country.

The Joint Canada/United States Survey of Health (JCUSH) represents the first attempt to collect comprehensive information regarding health status and access to health care services using a single survey and a standard approach across countries. The survey, conducted jointly by Statistics Canada (STC) and the National Center for Health Statistics (NCHS) of the U.S. Centers for Disease Control and Prevention, was designed and conducted to collect the same information in the same manner from both Canadian and U.S. residents.

The survey collected comparable information on a broad range of topics, including:

- self-reported health, chronic conditions, functional status and depression;
- life-style factors such as smoking, obesity, and activity levels;
- use of health care services such as visits to physicians and hospitals, use of dental services and prescription drugs, insurance status and unmet health care needs; and
- demographic and socio-economic information.

Because the JCUSH was conducted in the same manner in both countries, it provides a degree of comparability never before possible. As a result, direct comparisons can be made between Canada and the U.S. regarding health status, the extent of mobility limitations, and access to health care services.

METHODS

The project called for a one-time telephone survey to be conducted in both countries, controlling for survey

design and implementation effects, such that truly comparable results could be produced. The project tested the ability of two national statistical offices to integrate their survey design and analysis activities, to achieve a greater degree of international comparability in health statistics. In addition to STC and NCHS, external funding partners included the Robert Wood Johnson Foundation and the Canadian Institutes of Health Research.

The survey content was drawn from the Canadian Community Health Survey (CCHS) and the National Health Interview Survey (NHIS) in the U.S. This was done so that the results of the study could be compared to standard data produced through each country's ongoing statistical system. In addition, the knowledge gained from JCUSH could be used to support harmonization across the national surveys.

The target population for JCUSH includes residents of Canada and the United States aged 18 or older living in private dwellings. The target population excludes the institutionalized population and those living in either the Canadian or U.S. territories. Persons without landline phones were not interviewed. The JCUSH sample was designed to produce reliable national estimates for three age groups (18-44, 45-64 and 65 and over) by gender. Households were selected through a Random Digit Dialing (RDD) process. The number of persons responding to the survey was 3,505 in Canada and 5,183 in the U.S. Post-stratification was done to ensure that the final weights sum to the population estimates for some auxiliary variables. In Canada, population estimates were based on the 1996 Census of Population, and in the United States, estimates were based on the October 2002 Current Population Survey. Interviews were conducted from four of Statistics Canada's regional offices. Response rates were 66% and 50% in Canada and the U.S., respectively.

The JCUSH sample was stratified by province in Canada and by four geographic regions in the United States (Northeast, Midwest, West and South). In each country, the sample was proportionally allocated within each stratum based on the population sizes. Statistics Canada and NCHS were responsible for drawing their own sample but equivalent designs were used to ensure comparability of the resulting data.

SURVEY OBJECTIVES

The principal objectives of JCUSH were:

- (1) to develop, implement, and document a model of successful collaboration by national statistical offices for conducting joint health surveys of their national populations;
- (2) to use knowledge gained in conducting the JCUSH to modify or fine-tune questionnaires from the two countries' ongoing national health surveys so as to enhance comparability between countries; and
- (3) To produce a data set with highly comparable data on the Canadian and U.S. populations for use by researchers studying the effect of variations in health systems on health care, health status, and functional status.

PROJECT MANAGEMENT

Since Statistics Canada was collecting the data on behalf of the two organizations, the project was managed out of their Health Statistics Division. A JCUSH Project Team was created, which included employees of Statistics Canada's Health Statistics Division, Survey Operations Division and Household Survey Methods Division, as well as staff with similar expertise from NCHS. The JCUSH Project Team held regular weekly meetings, communicating with the NCHS participants via a telephone conference call. A Steering Committee—three senior managers from the two agencies—was also created to oversee the project. The Steering Committee met face to face four times throughout the nine-month period of planning and development. There were regular conference calls and excellent co-operation among all those involved.

A major aspect of the project planning critical to success was the ability to identify the differences between the U.S. and Canadian surveying procedures, strategies and legal requirements, and evaluate if and how these differences might impact on the survey process. Although a great deal of discussion and upfront planning was done, and an excellent rapport was established between the two organizations, some assumptions were incorrectly made about standard operating procedures. The most serious pertained to sample design and defining final collection disposition codes.

Ensuring effective communications is always a challenge for any project, and certainly the challenge was even greater given the physical distance and the fact that two different organizations were involved in the work.

PROJECT TIMELINE

Funding approval for the project was received in April 2002. The initial project schedule called for data collection to start in March 2003, with a final master file to be released in September 2003. It was necessary to revise the collection schedule in order to finish data collection during the 2002/2003 fiscal year. This decision meant that a pre-test was not done. It is possible that some of the difficulties encountered in conducting the survey would have been uncovered by a pretest.

INTERVIEWER TRAINING

The interviewer training took place a few days prior to collection. Senior interviewers and project managers from each of the participating Statistics Canada regional offices came to Ottawa to receive training on the JCUSH collection application. Special attention was paid to ensure interviewers were versed in potential differences between American and Canadian concepts. NCHS staff was in attendance at interviewer training and presented the differences between the Canadian and U.S. education and health care systems. Training also focused on the interview languages, with the Canadian interview being conducted in either English or French, and the U.S. interview in either English or Spanish. NCHS and STC staff also personally monitored collection during the first week and were able to quickly react to some early problems identified with the interviewer introductory remarks.

SAMPLE DESIGN

Each organization was responsible for designing and drawing their sample. The Canadian portion of the JCUSH RDD sample was drawn from the Statistics Canada telephone register. In the U.S., the RDD sample was selected using the GENESYS Sampling System (a proprietary product of Donnelley Marketing Information Systems (DMIS)). When GENESYS draws a sample, they then perform a screening process in which they state that they can remove up to 50% of the business and non-working numbers from the sample.

One of the first issues identified by the collection staff was the fact that considerable resources and

time had to be spent to confirm the validity of the U.S. numbers. STC interviewers lacked the tools they normally have for resolving Canadian numbers, and their only recourse was to call many times to confirm there really was no possible contact. The U.S. has a large number of telephone companies and therefore it was not possible to further validate the GENESYS-selected telephone numbers through lists or other means. In Canada, interviewers have at their disposal lists that they can use to confirm numbers. This is one of the big differences between the two countries' samples that was not predicted and that eventually complicated the collection process. The U.S. numbers were validated a second time during the collection phase through GENESYS, but only a handful of numbers by this time were confirmed as out of scope.

problems and to produce a useful model for future collaboration as well as a rich data base for analysis.

COLLECTION

Collection began in November 2002, and was planned to end in March 2003. The sample was contacted out of four of Statistics Canada's regional offices. Due to the lower than anticipated response rates for the U.S. sample, collection was extended into April in one regional office and was re-opened in another for several weeks in June. Major efforts were made to not only extend collection, but to focus on those most likely to yield a response.

CONCLUSIONS

Because the JCUSH was conducted in the same manner in both countries, it provides a degree of comparability never before possible. As a result, direct comparisons can be made between Canada and the U.S. regarding health status, the extent of mobility limitations, and access to health care services. While final response rates, especially for the U.S. sample, were lower than hoped, the project has achieved many of the original objectives, and the collected data offers some very valuable research potentials. Equally important, conducting a survey together made the differences in the methodology used by the two organizations clear to all participants. This increased knowledge is now being applied to improving collection processes in both countries. The problems encountered in conducting the JCUSH were the same as those each agency had encountered in their national systems. The survey raised new implementation issues, but one of the basic problems was that there wasn't enough time to adequately address collection issues either in the planning or implementation stages, a common problem. However, the agencies worked together to solve these