



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data summary***

Project name: Access, Bottlenecks, Costs, and Equity (ABCE) project in Tamil Nadu

Date of release: March 27, 2018

Summary:

This dataset is from the Access, Bottlenecks, Costs, and Equity (ABCE) project in Tamil Nadu, jointly conducted by the Public Health Foundation of India (PHFI) and the Institute for Health Metrics and Evaluation (IHME). The dataset contains information from patient exit interviews conducted after patients visited facilities in the ABCE sample. Data include patient ratings of satisfaction for a variety of facility features; reported travel and medical expenses; travel and wait times; and demographic characteristics. The dataset is at the patient level. These interviews can be linked to facility-level information from the ABCE Facility Survey using the unique facility identifier.

Relevant publications:

Institute for Health Metrics and Evaluation (IHME), Public Health Foundation of India (PHFI). *Assessing Facility Capacity, Costs of Care, and Patient Perspectives*: Tamil Nadu. Seattle, WA: IHME and New Delhi: PHFI, 2018.

### **Acknowledgments**

Collaborating organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Public Health Foundation of India (PHFI)
- Tamil Nadu state government and district officials

Funding institution:

Bill & Melinda Gates Foundation

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### ***File inventory***

<b>File name</b>	<b>Description</b>	<b>Date Finalized</b>
IHME_ABCE_IND_TN_2012_2013_EXIT_DATA_Y2_018M03D27.CSV	Public use survey dataset – CSV format	March 27, 2018
IHME_ABCE_IND_TN_2012_2013_EXIT_DATA_Y2_018M03D27.DTA	Public use survey dataset – DTA format	March 27, 2018
IHME_ABCE_IND_TN_2012_2013_EXIT_CODEBOOK_Y2018M03D27.CSV	Codebook, with descriptions of all variables included in the dataset	March 27, 2018
IHME_ABCE_IND_TN_2012_2013_EXIT_QUESTIONNAIRE_Y2018M03D27.PDF	Patient Exit Interview Questionnaire	March 27, 2018
IHME_ABCE_IND_TN_2012_2013_EXIT_INFO_SHEET_Y2018M03D27.PDF	Data release information sheet	March 27, 2018

### ***Data structure***

The data are structured such that each row represents an interviewed patient.

### ***Methodological statement***

#### **Data collection**

Patient interviews were in Tamil Nadu were collected with the ABCE Facility Survey from January to July 2013 by research associates (RAs) hired by PHFI. All data were collected with DatStat, which allows for survey adaptation and customization based on respondent answers. All collected data went through a thorough verification process between PHFI, IHME, and the ABCE field team. Following data collection, the data were methodically cleaned and re-verified, and securely stored in databases hosted at IHME and PHFI.

All instruments used for the ABCE project in Tamil Nadu are available through IHME’s Global Health Data Exchange (GHDx): <http://ghdx.healthdata.org/record/india-tamil-nadu-access-bottlenecks-costs-and-equity-project-2012-2013>.

#### **Sampling/population**

This study was conducted as part of the larger ABCE project in India. First, a sample of facilities was selected using the process detailed in the Data Release Information Sheet for the ABCE Facility Survey in Tamil Nadu. Patient exit interviews were conducted at a subset of these facilities. A total of 2,277 patients were selected as a convenience sample as they exited facilities.

If a given facility had multiple exit locations, RAs were instructed to approach patients from each location based on the approximate proportion of patients passing through each. RAs assessed the eligibility of patients using a script provided by the electronic survey. If there was a group of patients exiting at once, the RA used a random number generator in the survey software to select which eligible patient should be interviewed.

Eligibility for participation in the exit interviews was determined by age (whether the patient was 18 years or older or, if younger than 18 years old, was accompanied by an attendant who met the age requirement) and responsiveness (whether the patient or attendant was able to respond to questions).

The sampling strategy varied slightly by facility type, in order to account for the varying patient volumes experienced at each facility by the type of health facility platform. Before beginning to sample, the RA asked the facility in-charge about the average number of patients treated each day; if the number was less than the value associated with a given platform type or level of care, they were instructed to conduct interviews on an additional day to get the required sample of patients from the facility.

Although the patient sample was a convenience sample, efforts were made to make it representative of patients that typically presented at a given health facility (e.g., RAs did not conduct the survey on the day of a special event such as a vaccination campaign). RAs were also asked to spend at least two days conducting interviews, interviewing 10-15 patients each day.

## **Weighting**

The data are unweighted.

## **Imputed variables and constructed variables**

No variables are imputed.

## **Known data-quality issues**

For facilities with very small patient volumes, RAs were unable to interview the required sample of patients. In addition, there were some facilities where no interviews took place, even though they were selected for the exit interview portion of the study.

## **Codebooks**

Variable names and labels can be found in the Excel file

“[IHME\\_ABCE\\_IND\\_TN\\_2012\\_2013\\_EXIT\\_CODEBOOK\\_Y2018M03D27.CSV](#).” This codebook contains variable names pertaining to the Patient Exit Interview Survey.

## **Public Use Dataset Notes**

This is a public use dataset. The data have been de-identified. Variables determined to contain identifiable private information, or potentially identifiable private information, for health facilities, health workers, and/or other individuals have been removed in accordance with IHME’s microdata release protocol. The protocol’s determination for variables that constitute identifiable private information is based primarily on [HIPAA’S De-identification Standard](#).

## ***Additional Information***

### **Terms and Conditions**

<http://www.healthdata.org/about/terms-and-conditions>

### **Contact information**

To request further information about the ABCE project in India or in other countries, please contact IHME:

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.