



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data Summary***

Dataset name: Brazil HeartRescue Global Evaluation Baseline Household Survey 2019

Project name: HeartRescue Global Evaluation

Date of release: March 27, 2020

#### Summary:

The HeartRescue Global Project, a multi-country, multi-year effort aims to improve access and quality for acute cardiovascular disease (CVD), including ST-elevation myocardial infarction (STEMI) and sudden cardiac arrest (SCA) in selected locations in China, India, and Brazil. This dataset is the product of a HeartRescue program impact evaluation. It includes results of a baseline household survey conducted in Vitória da Conquista, Brazil. An adult age 30 years or older was interviewed from each eligible household. Topics covered in the interview included demographic and household characteristics; healthcare use and access; health knowledge, attitudes, and practices related to CVD health; CVD risk factors; and participants' health histories. In total, data were collected from 1,054 households.

### **Acknowledgements**

#### Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Tesla Management and Technology EIRELI (Brazil)
- Research Triangle Institute (RTI) International
- Brazilian Clinical Research Institute (BCRI)

#### Funders:

- Medtronic Foundation

#### Suggested Citation:

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## ***File Inventory***

<b>File Name</b>	<b>Description</b>	<b>Version Date</b>
IHME_HEARTR_BRA_HHS_2019_Y2020M03D27.CSV	Brazil household survey data	March 27, 2020
IHME_HEARTR_BRA_HHS_2019_CODEBOOK_Y2020M03D27.CSV	Codebook	March 27, 2020
IHME_HEARTR_BRA_HHS_2019_QUESTIONSNAIRE_Y2020M03D27.PDF	Questionnaire	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_INFO_SHEET_Y2020M03D27.PDF	Data Release Information Sheet	March 27, 2020

## **Data Structure**

Each row represents one household. The household is uniquely identified by the combination of two variables: the census tract (census\_tract) and household number (hhid). Alternatively, the user can uniquely identify observations by using the IHME generated variable (uniq).

## ***Methodological statement***

### **Data Collection**

Training sessions and health facility pilot surveys were conducted in Vitória da Conquista, Brazil in April, 2019. There were 43 surveyors who attended a two-day training, of which 39 were continued on to collect data for the project. The training included an introduction to the project, proper conduct of survey, in-depth view of the instrument, and hands-on training on the CAPI software. Training was followed by a two-day pilot in communities to practice the household surveys and selection process. Data was collected using tablets equipped with CAPI software. A lead surveyor monitored the conduct of the facility survey and reported feedback. Data collection using CAPI allowed data to be transferred instantaneously once a survey was completed via a secure link to the Institute for Health Metrics and Evaluation (IHME). IHME monitored collected data on a continuous basis and provided feedback. Suggestions, surveyor feedback, and any modifications were incorporated into the instruments and readily transmitted to the field.

### **Sampling/Population**

#### **Household**

For this evaluation, data were collected from 1,054 households within Vitória da Conquista, Brazil. Participants were selected in a three-stage sampling process. First, 40 census tracts were selected using probability proportional to size. In the second stage, households within each census tract were selected by systematic random sampling. Finally, an adult (aged 30 years or older) was randomly selected from the list of eligible residents built at the moment of interview, without regard to sex or age strata.

The sample size for each location was defined using a formula for a single proportion from a finite population. The calculation took into consideration the population size, a 95% confidence interval, an estimated error of 3%, and a conservative expected proportion of an attribute of 50%.

## **Weighting**

Survey weights were calculated to account for differential selection probabilities and a poststratification procedure was performed to approximate the age, sex and rural/urban composition of data included in the 2010 Brazilian National Census, and to account for the non-response.

## **Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How**

No data was imputed in this dataset.

The only constructed variable is called *p\_weight* which is described in the survey weights information above.

## **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***

No personally identifiable information was collected for this study; however, this data was stripped of comments and information on who conducted the interview. Some variables in the dataset do not contain data, such as date of birth, because this information was not stored on the survey or sent to IHME. The date of birth was entered into the survey and an internal calculation was done to provide age. The surveys have also been stripped of the facility name and type (public or private) in order to keep the participating facilities anonymous.

## **Terms and Conditions**

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

## **Contact information**

To request further information about the HeartRescue Evaluation, 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.