Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: China HeartRescue Global Evaluation Baseline Health Facility Survey 2015

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 health facility and emergency medical service (EMS) survey conducted in Beijing and Shanghai, China. Data were collected from three secondary hospitals and one tertiary hospital. Data were collected about facility capacity, equipment availability, pharmaceutical and supply stocks, staffing, and services provided. The data were collected through computer-assisted personal interviews (CAPI).

Related publications and visualizations:

Duber HC, McNellan CR, Wollum A, Phillips B, Allen K, Brown JC, et al. Public knowledge of cardiovascular disease and response to acute cardiac events in three cities in China and India. Heart (British Cardiac Society). 2018; 104(1): 67–72.

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention (CCDC)

Funders:

- Medtronic Foundation

Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), National Center for Chronic and Noncommunicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention (CCDC). China HeartRescue Global Evaluation Baseline Health Facility Survey 2015. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

File Inventory

File Name	Description	Version Date
IHME_HEARTR_CHN_HFS_2015_M1_Y2020M03D27.CSV	China health facility questionnaire and observation module 1	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M1_CODEBOOK_Y2020M03D27.CSV	Codebook – module 1	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M1_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire – module 1	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M2_Y2020M03D27.CSV	China health facility questionnaire and observation module 2	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M2_CODEBOOK_Y2020M03D27.CSV	Codebook – module 2	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M2_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire – module 2	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M3_Y2020M03D27.CSV	China health facility questionnaire and observation module 3	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M3_CODEBOOK_Y2020M03D27.CSV	Codebook – module 3	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_M3_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire – module 3	March 27, 2020
IHME_HEARTR_CHN_HFS_2015_INFO_SHEET_Y2020M03D27.PDF	Data Release Information Sheet	March 27, 2020

Data Structure

Each row represents one health facility. The facility is identified by the variable customid.

Methodological statement

Data Collection

Training sessions and health facility pilot surveys were conducted in both Beijing, China and Shanghai, China in March, 2015. 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 pilot in a community to practice the household surveys. Data were 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.

Shanghai and Beijing were selected a priori as potential intervention sites based on numerous factors, including discussions with key health leaders in China. Data were collected in Shanghai and Beijing between April and June 2015.

Sampling/Population

Two districts in each city were chosen for the study, namely Chaoyang and Xicheng districts in Beijing, and Changning and Chongming districts in Shanghai. A mixed methods approach was adopted in which both quantitative and qualitative data were collected to capture the different types of needs, barriers and opportunities for care. Household surveys were carried out with 1,500 individuals in each city to understand demand side challenges. Systematic hospital and emergency medical service facility assessments were conducted to capture supply side capacity.

Household

Households in Beijing and Shanghai were selected using stratified random sampling to select at least 3,000 total households divided evenly amongst Xicheng and Chaoyang Districts in Beijing, and Changning and Chongming Counties in Shanghai. Within each county/district, streets or townships were stratified into four levels (distant, moderate-distant, nearby, and neighbored) according to the distance between the community and the survey hospital. One street or township was selected per stratum. Within each street or township, four residential committees or villages were selected by probability proportional to size, and 48 residents ages 18 and older were selected per committee/village using simple random sampling until an age-sex quota was met that matched the age-sex distribution of the county/district.

Weighting

There are no survey weights included in these data.

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

No data were imputed in this dataset.

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, these data were 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 comments in order to keep the participating facilities anonymous.

Terms and Conditions

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

Contact information

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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.