



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data Summary***

Dataset name: India HeartRescue Global Evaluation Baseline Household 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 household survey conducted in Bangalore, India. Data were collected from 2,400 households. One eligible adult per household was randomly selected from the household roster. Information was collected from respondents through computer-assisted personal interviews (CAPI). Data were collected about demographics, health history and status, health behaviors, health care use, and knowledge, attitudes and practices regarding CVD, risk factors, and CVD care.

#### 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)
- GFK Mode Ltd

#### Funders:

- Medtronic Foundation

### Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), GfK Mode (India). India HeartRescue Global Evaluation Baseline Household Survey 2015. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

### ***File Inventory***

<b>File Name</b>	<b>Description</b>	<b>Version date</b>
IHME_HEARTR_IND_HHS_2015_Y2020M03D27.CSV	Household survey data	March 27, 2020
IHME_HEARTR_IND_HHS_2015_CODEBOOK_Y2020M03D27.CSV	Codebook	March 27, 2020
IHME_HEARTR_IND_HHS_2015_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire	March 27, 2020
IHME_HEARTR_IND_EMS_2015_INFO_SHEET_Y2020M03D27.PDF	Data Release Information Sheet	March 27, 2020

### **Data Structure**

Each row represents one household. The household is uniquely identified by variable household\_id.

### ***Methodological statement***

#### **Data Collection**

Training sessions and health facility pilot surveys were conducted in Bangalore, India in September 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 household pilot in communities to practice the household surveys. 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.

Bangalore was selected a priori as potential intervention sites based on numerous factors, including discussions with key health leaders in India. Data were collected in Bangalore between September and November 2015.

## **Sampling/Population**

In Bangalore, a stratified random sampling method was used to select 2,400 households from the urban core. First, 80 wards were selected using probability proportional to size. These wards were stratified by Socio Economic Classification (SEC) (high/medium/low) and one polling area representing each SEC strata was then randomly selected from each ward. From the list of households for each polling area, 30 households were selected. One adult per household was then randomly selected from the household roster using the Kish method so as to ensure proper representation of age and sex groups. In case of refusal, the next household was automatically selected using right hand rule. It was ensured that at least 10 respondents were interviewed from each gender.

## **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**

To request further information about the HeartRescue Global Evaluation project, 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.