



Using Data for Decisionmaking

Community-Academic Collaborations

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TWO examples of Community-Driven Health Data for Policy

- ***The Proven:*** The California Health Interview Survey (CHIS) as a durable proof of concept for communities transforming survey data into policy action
- ***The Possible:*** New models of engagement: Community-Based Participatory Research with Community Health Centers asking what problems need to be solved, owning the data, and setting the rules of engagement



The California Health Interview Survey (CHIS) is California's source of state and local population-based health data

- **Designed from the ground up for communities to use the data...**
 1. To support decision making at the local level and statewide in public health and health care
 2. To measure health needs and disparities in California —by race/ethnicity, geography, age, gender and social class



California Health Interview Survey

- Telephone survey, conducted since 2001
- 5 waves: Up to 50,000 or more adults, teenagers and children; in the field for 6th wave; English, Spanish Mandarin Cantonese, Korean, Vietnamese and Tagalog (beginning 2013)
- Funded by federal and state health agencies, California and national foundations, and others
- In-kind support from members of workgroups, technical advisory groups

The CHIS Formula

Make data meaningful for counties

+ Make data meaningful for racial/ethnic groups

+ Free the data

= Data for policy action

CHIS as a Model for Participatory Research in Large Surveys

- CHIS's participatory research model is a hybrid approach that other large health surveys can use. The model ensures that
 - The survey is relevant to the communities that plan it
 - The survey appropriately measures factors related to community needs
 - Data and results are available and accessible to the relevant communities and their advocates

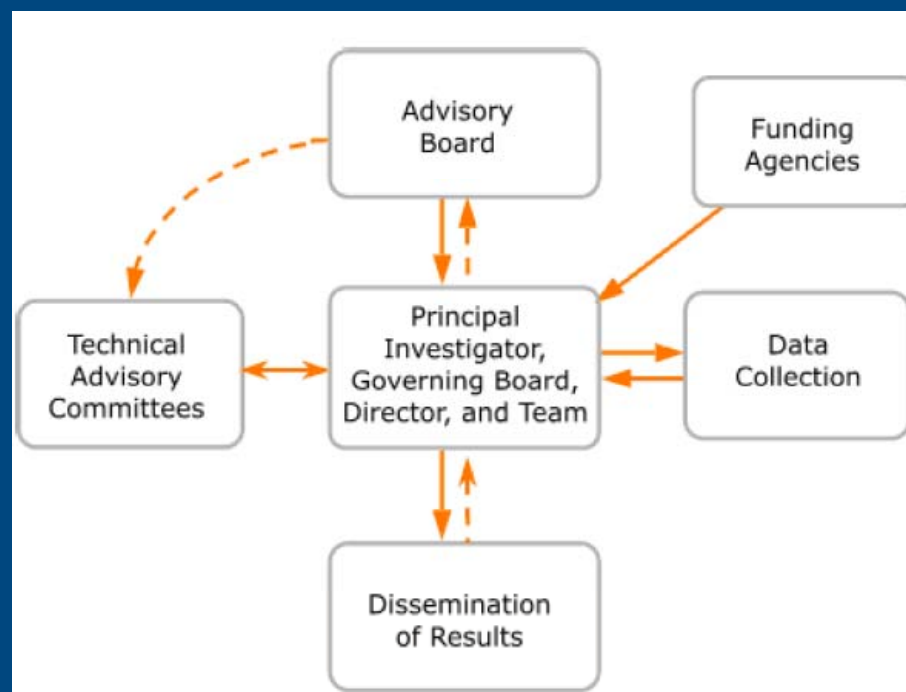


Figure. The California Health Interview Survey participatory model.

Brown ER, et al. Community based participatory research in the California Health Interview Survey. *Preventing Chronic Disease*; 2005,2(5):1-8

CHIS Generates Health Statistics for Legislative Districts

Recognizing the need to examine health statistics by political boundaries, CHIS allows data to be summarized by legislative district:

- CA Assembly
- CA Senate
- US Congressional District

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Health Profiles: Legislative Districts

Home > Health Profiles > Legislative Districts

2009 Adult (County)
2009 Teen/Child (County)
2009 Adult (Region)
2009 Teen/Child (Region)
2011 Adult (Region)
2011 Teen/Child (Region)
Methods
Legislative Districts

Legislative Health Profiles

Get estimates for your CA Assembly, CA Senate or US Congressional District

Need a quick health statistic on your legislative district? Select a topic and district type below and download a table that will give you:

- The number and percentage of constituents affected;
- How your district compares to the state.

Estimates come from the 2009 California Health Interview Survey (CHIS) and represent the 80 state assembly, 40 state senate and 53 US congressional districts that will be in effect from January 2013 to January 2023.

Topic	District Type		
	CA Assembly	CA Senate	Congressional
Current Smoker	PDF	PDF	PDF
Diabetes	PDF	PDF	PDF

print share

Look up your legislative district

California has 80 State Assembly Districts, 40 State Senate Districts and 53 US Congressional Districts.

Want to know where your Legislative District is? [Look it up here](#)

- CA Senate Assembly
- CA Senate District
- US Congressional District

Source:
[California Residents Redistricting Commission](#)

Health Topics Available by Legislative District

Source: 2009 California Health Interview Survey (CHIS)

- Boundaries for legislative districts were approximated using 2010 Census tracts
- Topics determined by most popular data searches on AskCHIS.com

Topic	District Type		
	CA Assembly	CA Senate	Congressional
Current Smoker	PDF	PDF	PDF
Diabetes	PDF	PDF	PDF
Obesity	PDF	PDF	PDF
Sedentary Behavior	PDF	PDF	PDF
Serious Psychological Distress	PDF	PDF	PDF
Current Asthma	PDF	PDF	PDF
Fast Food Consumption	PDF	PDF	PDF
Sugar Sweetened Beverage Consumption	PDF	PDF	PDF
Under 200% of Federal Poverty Level	PDF	PDF	PDF
Low-Income Food Insecurity	PDF	PDF	PDF
Uninsured Anytime in 2009	PDF	PDF	PDF
Exchange Eligible Under the Affordable Care Act (ACA)	PDF	PDF	PDF
Medi-Cal Eligible under ACA Expansion	PDF	PDF	PDF

Easy access to CHIS data & findings

- Dissemination of data & findings through multiple formats is a hallmark of CHIS
- Publications on the web
- *AskCHIS* online query tool
- Data files
 - Public use
 - Confidential

Much more information:

<http://www.chis.ucla.edu/>



AskCHIS gives you the answers

AskCHIS is a tool that allows you to quickly search for health statistics on your county, region and state. AskCHIS draws upon the responses of more than 50,000 Californians interviewed by The California Health Interview Survey (CHIS) - the largest state health survey in the United States.

AskCHIS is:

- **Easy to use**
- **Quick**
- **Free**
- **Authoritative**

You can see your results on-screen or export to an Excel file.

Thousands of health experts, policymakers, journalists and ordinary people use AskCHIS to quickly get data for grant proposals, needs assessments, research, news reporting, and policy-making.



The California Endowment

AskCHIS is supported by a grant from The California Endowment

AskCHIS login

Username:

Password:

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Two Examples in use of CHIS for Policy

- Examining the food environment in Los Angeles
- Predicting enrollment in ACA programs in California



Examining the Food Environment in LA

- In 2008 the Los Angeles City Council enacted a moratorium on new fast food establishments in South Los Angeles as part of an effort to prevent obesity and diabetes
- CHIS data presented in *Designed for Disease*, a report from PolicyLink, a research and action institute, on the associations between the food environment and obesity and diabetes, was used to support the ban



ACA enrollment & coverage

- CHIS is one of the datasources for the California Simulation of Insurance Markets (CalSIM), a micro-simulation model created by the UC Berkeley Labor Center and the UCLA Center for Health Policy Research
- Used by Covered California, the new California insurance exchange to understand the likely enrollment of Californians in an expanded Medi-Cal program and Covered California
- A CBO, California Pan-Ethnic Health Network (CPEHN) used CalSIM to predict that language barriers could deter more than 100,000 Californians from enrolling in Covered California.



The Proven:

The California Health Interview Survey (CHIS) as a durable proof of concept for communities transforming survey data into policy action

Insights...

- Stakeholder engagement at design stage
- Democratizing the data without compromising confidentiality
- Gains to sharing and banking
- Community use induces more demand → longevity of data

The Possible:

- New models of engagement: Community-Based Participatory Research with Community Health Centers asking what problems need to be solved, owning the data, and setting the rules of engagement
- AAPCHO-UCLA partnership

The Possible

Community Health Centers engage academic partners

Contract bound by CBPR principles

- Need track record of working with communities,
- Explicitly stated plans on ownership of data, and scientific capital

- Beyond local quality initiatives, CHCs want to actively inform the policy debates on:
 - Comparative effectiveness
 - Risk Adjustment & payment reform
 - Validated measures of patient satisfaction
 - Enabling Services (non-clinic services) addressing social determinants of health

The Possible

Community Health
Centers engage
academic partners

- Administrative data informative, but limited
 - Can be enhanced with linkages
- Administrative data is observational and not experimental
 - Can be examined with empirical modeling techniques to model quasi-experimental conditions

The Possible

Community Health Centers engage academic partners

Community most sophisticated with framing the problem

- Authentic engagement
 - CBPR that thrives requires constant contact, not just occasional signoff
- Democratizing data
 - Linkages, quasi-experimental designs meaningful if data is accessible—web-query system like *AskCHIS*?
- Utility of standardized measures
 - Understood as widening policy reach and impact
- Patient protection
 - Community IRB, DUAs, secure data access



Summary

Two models:

Research led, with strong community input

Community led, with strong research input

Shared vision:

Make data meaningful for communities+ Free the data

= Data for policy action



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Thank you
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