

CHIS in the COMMUNITY:

California Health Interview Survey Has Become an Indispensable Tool

By painting in sharper and fuller tones

a picture of the health of California's diverse populations, the California Health Interview Survey (CHIS) has become an indispensable tool for state, federal and local public health agencies, community-based organizations, foundations and researchers. CHIS has identified previously unrecognizable problems and helped advocates illustrate the extent of known concerns. It has informed new policies and interventions designed to improve the health of vulnerable groups and expand access to the health care system; attracted national attention from health survey researchers and state agencies interested in duplicating the effort; and secured substantial public and private funding support.

And CHIS has surprised even its principal investigator with the breadth of its reach.

"We have seen many more applications than I ever anticipated," says Dr. E. Richard Brown, professor in the School of Public Health and director of the UCLA Center for Health Policy Research, housed in the school and a collaborative effort with the School of Public Affairs. "And I've always been an optimist about its potential."

The California Department of Health Services, National Cancer Institute, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, universities and other research organizations used data from CHIS 2001 – the first of the biannual surveys – for studies on important health issues. Community-based organizations have relied on CHIS findings to plan their activities, advocate for new policies, and bolster their applications for grant funding. CHIS data enable county health departments to measure their progress by comparing the health of a particular population with similar populations in other counties. The list of uses and users is enormous.

There are many keys to the success of CHIS, not the least of which is its ability to provide local-level data where previously there were none. Findings are broken down by county – and in some cases, smaller areas. In response to specific requests, for example, statisticians from the UCLA Center for Health Policy Research have applied small-area estimation techniques to CHIS data to provide reliable estimates for cities, legislative districts, and school districts.

"CHIS provides a picture of the population in these communities and the kinds of needs they have," Brown says. "This enables legislators and local advocates to highlight problems in their communities, and it gives local health



"CHIS enables legislators and local advocates to highlight problems in their communities, and it gives local health departments and community clinics a way to quantify those needs and to plan policies and programs."

—Dr. E. Richard Brown

departments and community clinics a way to quantify those needs and to plan policies and programs, as well as justifying their actions to the people to whom they are accountable.”

“CHIS is emerging as a uniquely powerful tool for epidemiologic studies of important health issues like asthma, diabetes, obesity, and access to health care,” adds Dr. John Kurata, CHIS director.

CHIS data are applied all over California’s diverse geographic landscape – from the most rural to the most urban communities. Often-overlooked populations are included – from recent immigrants, many undocumented, to those who are typically left out of population surveys, or their responses not accurately captured, because of limited English proficiency. CHIS is administered in six languages. It also provides more adequate samples for several Asian and Latino ethnic subgroups and for American Indians whose numbers have traditionally been too small in population surveys to provide statistically valid information. Likewise, data are gathered on a wide range of health conditions, and on health insurance and access to services. And by asking a core set of questions every two years, CHIS enables users to analyze trends, or to combine data from more than one survey to lend more statistical power to studies of small population groups or areas.

The CHIS team invests substantial resources into making the information accessible to others as quickly as possible, through both its user-friendly

★ More than 6.5 million non-elderly Californians were uninsured at some time during 2003. While both adults and children lost employment-based health insurance coverage between 2001 and 2003, the uninsured rate for children decreased as a result of expanded enrollment in Medi-Cal and Healthy Families.

online data query system, *AskCHIS* (linked on the CHIS Web site, www.chis.ucla.edu), which has amassed more than 6,000 registered users, and its data files for researchers and analysts. “*AskCHIS* democratizes data by providing instant access to customized results from CHIS,” says Dr. Jeffrey Luck, associate professor at the school and co-principal investigator of CHIS. “It means you don’t need advanced statistical training to get detailed, accurate data about California’s population for advocacy or fundraising.” The UCLA Center for Health Policy Research also uses CHIS data to produce policy-



“The policy brief [on food insecurity in California] has been used by state and local agencies to bring essential services and programs to people in need of them.”

—Dr. Gail Harrison

relevant publications on key public health and health care issues and disseminates them widely in print and through its Web site (www.healthpolicy.ucla.edu). UCLA School of Public Health faculty, some of whom serve on CHIS advisory committees, have employed CHIS data in their studies, as have many other researchers.

The first survey, CHIS 2001, has already resulted in important changes that enhance the health and access to care for children and adults throughout California. Statewide, CHIS data are used to estimate the number of uninsured children and adults who are eligible for the public Medi-Cal or Healthy Families programs. State agencies and the Legislature rely on these estimates to better understand the magnitude of California’s large uninsured population and to plan and budget resources. At the local level, CHIS 2001 results are used in many counties to document the need for, and to develop, new public-private expansion programs for children who don’t qualify for public programs.

Community clinics and local health departments employ CHIS data to obtain local-level estimates of the uninsured.

Many of the First 5 county commissions – established to carry out the mandate of Proposition 10, which added a cigarette tax to fund education, health, child care and other programs for expectant parents and children through age 5 – have used CHIS data to justify the need for, plan and develop

★ Older Latinos in California have higher rates of fair and poor health, higher rates of diabetes, and more emotional difficulties than other elders in the state.

** Mexican immigrant adults are four times more likely than U.S.-born non-Latino whites to have no health insurance, and more than twice as likely to have no usual source of care.*

new public-private expansion programs for uninsured children ineligible for Medi-Cal or Healthy Families. Asthma control agencies and organizations use CHIS data to track state- and local-level prevalence and to focus attention on prevention. State, county and local researchers rely on CHIS data to

track prevalence and to encourage prevention of diabetes, obesity, hunger, lack of physical activity, and other key public health problems.

A November 2002 policy brief and subsequent fact sheet on the number of Californians at risk for, or suffering from, hunger proved to be particularly powerful, leading to legislative action. Using CHIS 2001 data, authors led by Dr. Gail Harrison, professor in the School of Public Health, concluded that more than 2.2 million low-income California adults cannot always afford to put food on the table, and nearly one in three of these adults – 658,000 – experiences episodes of hunger. A number of advo-



**Leona M. Butler | Chief Executive Officer
Santa Clara Family Health Plan**

A not-for-profit, locally formed organization designed to provide affordable health coverage to lower-income residents of California's fourth-largest county, the Santa Clara Family Health Plan established the Children's Health Initiative in 2001 – a commitment to making sure all of Santa Clara County's 72,000 uninsured children were covered. The 72,000 figure came from CHIS data. "The estimates were amazingly accurate," says Butler. Using CHIS numbers, her organization determined that approximately one-fourth of the county's uninsured children – 18,000 – were not eligible for the public Healthy Families or Medi-Cal programs. To reach that population, the organization started Healthy Kids, which provides low-cost coverage to county residents under 18 with family incomes at or below 300 percent of the federal poverty level and who are not eligible for the public programs. Healthy Kids has enrolled 13,000 children; 2,000 more are on a waiting list. "CHIS data enabled us to show what was needed and successfully apply for funding," Butler notes. Using these programs as models and CHIS as their source of population data, a dozen counties have implemented similar programs, and approximately 20 others are in the planning stages.



**Michael Flood | Executive Director
Los Angeles Regional Foodbank**

The substantial news-media coverage of a November 2002 CHIS policy brief on hunger and people at risk for hunger in California helped to raise awareness of the problem in a way that was extremely helpful for an organization such as Flood's, which mobilizes resources in the community to fight hunger and its causes. "We found that the media and the public were surprised about both the extent of hunger and the fact that hunger exists in all geographic regions throughout Los Angeles County," says Flood. Along with raising public consciousness, the CHIS data provided critical sub-county data on who is affected. "Los Angeles County is so large that the overall number of hungry and food-insecure people, while interesting, doesn't give us enough information to know where we should be expanding services or starting new programs," Flood explains. "We had never been able to compare our service levels in a particular area with what the overall need is in that area. Having these data enables us to make sure we're targeting the areas that are most in need."

★ Individuals with asthma living in areas with the highest annual ozone concentrations are approximately 30% more likely to experience daily or weekly asthma symptoms than those living in areas with the lowest ozone levels.

cacy groups, including the Los Angeles Regional Foodbank and California Food Policy Advocates, seized on the data to lobby for legislation. AB 231, which expanded food stamp eligibility, twice referenced the CHIS findings. The bill was passed and signed into law. The CHIS data have also spurred county supervisors in Los Angeles and in parts of Central California to take action. “The policy brief has been downloaded from the Web site more than 50,000 times, and used by state and local agencies to bring essential services and programs to people in need of them,” says Harrison. “It’s a very gratifying example of the kind of impact that CHIS is having.”

* from CHIS 2001 and CHIS 2003 data

★ Assembly District (AD) 62 in San Bernardino leads the state in overweight and obesity, with 71% of adults having a body mass index exceeding the standard cutoff of 25. In contrast, 39% of adults in San Francisco’s AD 39 are overweight or obese.



**Kathleen Curtis, Ph.D. | Director
Central California Center for Health and Human Services
California State University, Fresno**

An ancillary unit of California State University, Fresno that has been developed to address some of the most serious health needs of the San Joaquin Valley through research, teaching and community service, the Central California Center for Health and Human Services houses both the Central California Children’s Institute and the Central Valley Health Policy Institute. Both, says Curtis, have used CHIS data almost daily since the fall of 2002. Center researchers relied extensively on CHIS in several San Joaquin Valley regional health indicator studies; in a county-specific ‘Report Card’; and in issue-focused reports on topics such as asthma, access to care, obesity and diabetes that used eight-county San Joaquin Valley data. By providing detailed, local-level data on the San Joaquin Valley population, CHIS helps researchers paint a clearer picture of the health of the region’s residents, Curtis says. “Previously we would look at California-specific data from national surveys, but those surveys tend to be infrequent and you never know where in California they were measuring,” she explains. “Data specific to our area, with sampling across age ranges and ethnic groups, is much more real and relevant.”



**Holly J. Mitchell | Chief Executive Officer
Crystal Stairs, Inc.**

As CEO of one of California’s largest private, nonprofit child care and development organizations – Crystal Stairs facilitates care to approximately 25,000 children each day in South-Central Los Angeles – Mitchell accepted an invitation to sit on the CHIS 2005 Child Technical Advisory Committee, giving her the chance to offer input on aspects of the 2005 survey pertinent to child care utilization. “The staff at CHIS has been very accommodating in talking with us about questions that could help identify the unique child care utilization needs of California residents – addressing cost, affordability and other access issues,” Mitchell says. “It’s a wonderful opportunity to learn in greater detail about the needs of families so that we can develop strategies for future programs.” Crystal Stairs has employed data from CHIS surveys in applying for grant dollars to support its outreach efforts, she notes, adding: “Through CHIS, budget-constrained advocates, child care planning bodies, as well as parent and provider groups, have access to high-quality data on child care needs and utilization.”