

2024 CHIS

Making an Impact



california
health
interview
survey

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450+ media hits

CHIS data were featured in local, state, national, and international news outlets, including Newsweek, The Hill, KPBS, MSN, LAist, and more!

More than

100 publications

CHIS data were used or cited in more than 100 publications in 2024 — from peer-reviewed journal articles to policy briefs to government reports.

22,480 households

The October 2024 release of CHIS 2023 data included responses from 22,480 households, including 21,671 adults, 968 adolescents, and 3,377 children.

1.8+ million

More than 1.8 million queries have been run in *AskCHIS™* and *AskCHIS™ Neighborhood Edition (NE)* since inception.

19 million

There are currently 536 total variables and topics and 19 million different estimates that can be explored in *AskCHIS™*.

102,199 queries

More than 102,000 queries were run in *AskCHIS™* and *AskCHIS™ Neighborhood Edition (NE)* in 2024.

Letter from the Directors



Ninez A. Ponce, PhD, MPP
Center Director, UCLA Center
for Health Policy Research
(CHPR), and Principal
Investigator, CHIS

Todd Hughes
Director, California Health
Interview Survey (CHIS)

Ripples of Change: How CHIS Data Creates Waves of Impact

Since its launch, the California Health Interview Survey, or CHIS as many of you know it, has provided one-of-a-kind data about the health of California's diverse population to inform policy and programs that address health disparities.

The largest state health survey in the nation, CHIS provides pivotal insights into a wide range of health matters, from use of and access to health care, to health conditions and behaviors, to a range of topics that influence health: public program participation, housing, income and employment, food insecurity, climate change, gun violence, adverse childhood experiences, and much more.

To remain an essential tool in a constantly evolving health landscape, we continue to expand and update our areas of inquiry. In the 2023–2024 CHIS, we added more than 50 questions on topics including gambling, housing discrimination, and adolescents' sexual orientation. Among the findings:

- 9.4% of Black or African American adults experienced housing discrimination, which was 4x higher than white adults (2.3%).
- About 25% of California adults said they gambled in the past year, and of those individuals, 6.7% reported they had symptoms of problem gambling.
- 67.8% of gay or lesbian adolescents reported serious psychological distress in the past year, compared with 23.2% of straight adolescents.

Producing insights like these, which didn't exist before, has built CHIS into a highly trusted resource cited by policymakers, researchers, health departments, journalists, and advocates.

As you will see in this report, the ripples of CHIS extend beyond California, reaching corners of this country and world that many wouldn't imagine a state survey could reach – from studies published in peer-reviewed journals across various fields and throughout the United States, to the more than 450 mentions in news outlets around the world, to organizations using CHIS as a model for data collection on underrepresented populations.

This year the UCLA Center for Health Policy Research celebrated its 30th anniversary by honoring the contributions of the past, spotlighting our work in the present, and reaffirming our commitment to building a healthier and sustainable future through data that we collect, produce, and share.

For all that we at UCLA CHPR and CHIS accomplished, none of it would have been possible without you – our staff, funders, collaborators, friends, and partners.

So as 2024 comes to a close, we also want to take this opportunity to say: "THANK YOU."

Thank you for your trust, generosity, and support.

A Look Back at 2024

Now, we look at some of the important ways the California Health Interview Survey made an impact in 2024 ...

Health Inequities Abound: California Health Interview Survey Data Release

Differences in race and ethnicity, income level, and sexual orientation and gender identity continued in 2023 to be linked to differences in equitable experiences across a range of health-related issues affecting Californians, according to the UCLA Center for Health Policy Research's latest [California Health Interview Survey \(CHIS\)](#).

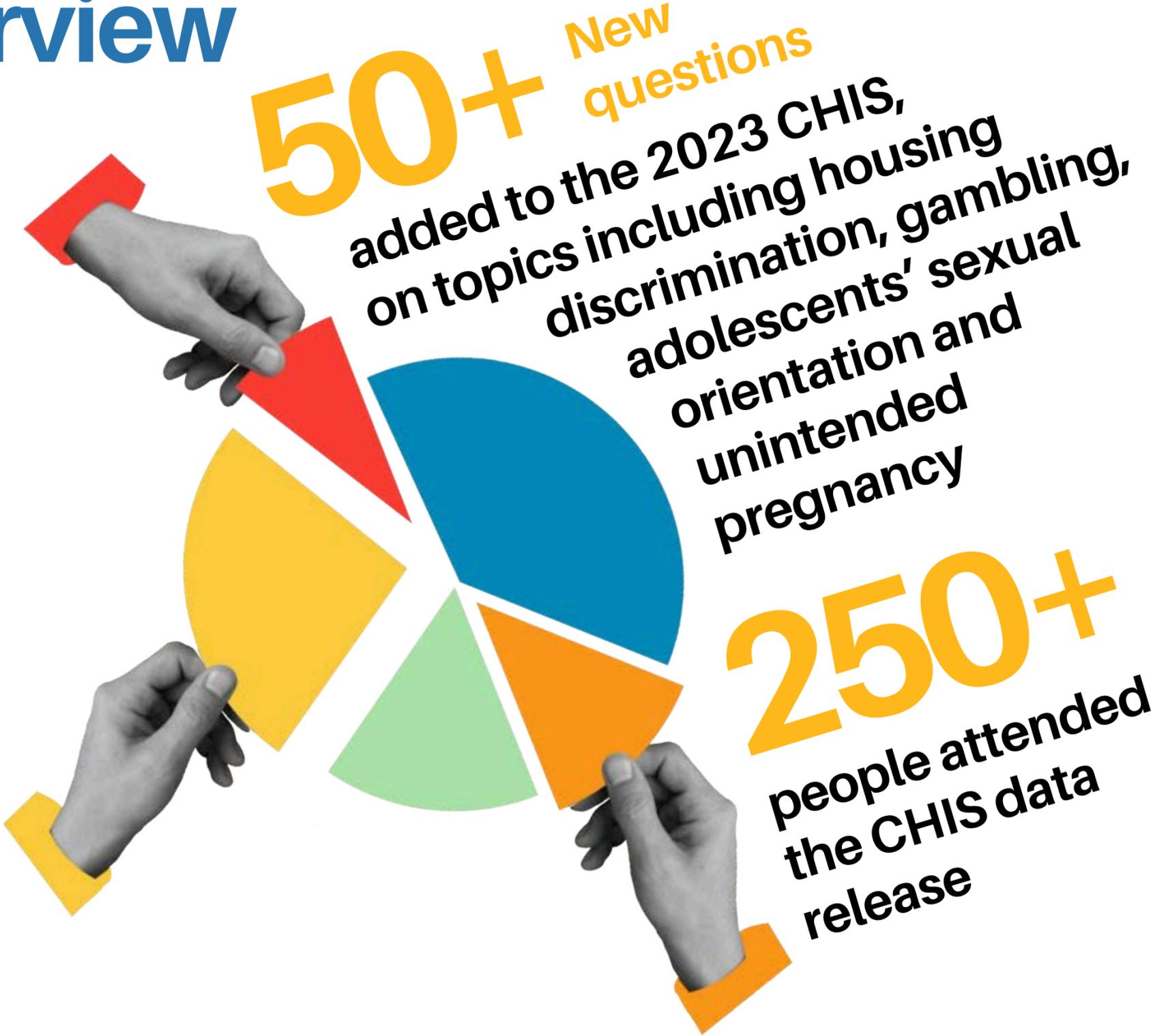
Housing discrimination was one of many topics added in 2023 to the nation's largest state health survey, which since 2001 has collected data and highlighted gaps in health and health care access to help inform budgeting, advocacy, and legislation. Collecting data about topics like discrimination and housing insecurity enhances researchers' understanding of how people's day-to-day experiences are associated with health outcomes.

"These new topics provide policymakers, researchers, journalists, community advocates, and the public additional verified data to help them better

understand the challenges facing California's diverse population," said Ninez A. Ponce, PhD, MPP, principal investigator of CHIS and director of the UCLA CHPR.

Housing discrimination
Among adults, 4.6% said they experienced housing discrimination in the last two years. The data showed that 9.4% of Black or African American adults experienced housing discrimination, which was more than four times higher than white adults (2.3%). CHIS also showed that 7.6% of multiracial adults, 6.9% of Latinx adults, and 2.5% of Asian adults experienced housing discrimination.

People whose income was less than 200% of the federal poverty level (\$60,000 for a family of four in 2023) experienced housing discrimination at more than twice the rate of people earning more than that (8% versus 3.1%), according to CHIS.



Gambling is associated with a risk of poor health outcomes and mental health problems

Researchers learned that about 25% of California adults said they gambled in the past year, and of those individuals, 6.7% reported they had symptoms of problem gambling.

Police stops down except for Black or African American adults

While the numbers for all California adults who were stopped by police in the last year decreased from 20% in 2022 to 16.8% in 2023, the numbers for Black or African American adults increased from 26.7% to 30.2%. All other races and ethnicities reported a decrease in police stops from 2022 to 2023.

Voter engagement

Adult Californians with U.S. citizenship who are struggling more with basic needs like housing and income are less likely to be engaged with national, state, and local elections.

- 65.7% of those with stable housing said they were always or frequently engaged in national, state, and local elections, compared with 48.8% of those without stable housing.

- 71.8% of those earning more than 200% of the federal poverty level were always or frequently engaged in elections, compared with 47.1% of those earning less than 200% of the federal poverty level.

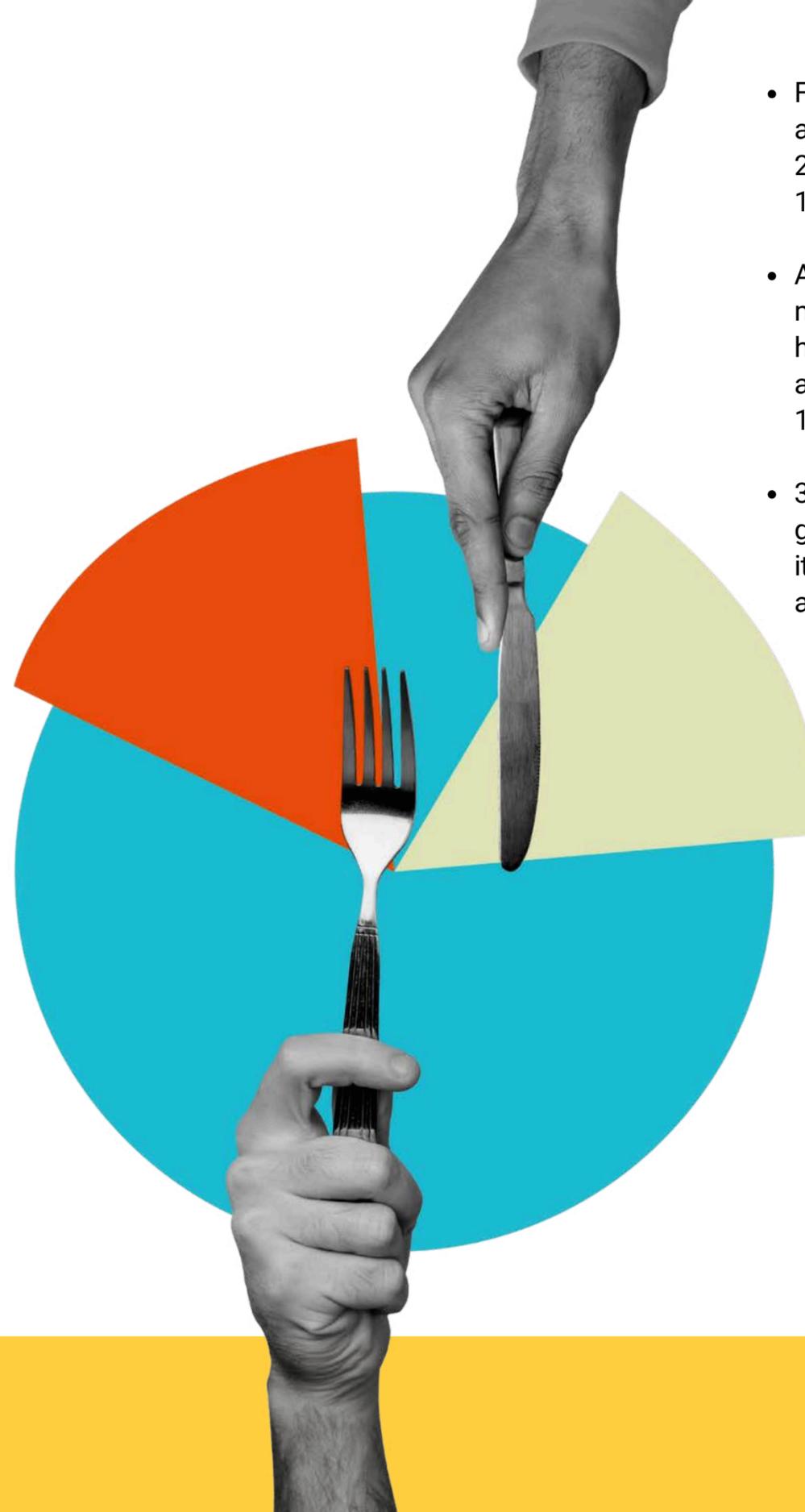
Adolescent sexual orientation

In a new question added for 2023, CHIS asked adolescents (ages 12–17), in addition to adults, about their sexual orientation. The survey also added a question about gender identity of children under age 12.

- Among adolescents, 13.3% said they were gay, lesbian, bisexual, pansexual, or used a different term, compared with 9.3% of adults.
- 67.8% of gay or lesbian adolescents reported experiencing serious psychological distress in the past year, compared with 23.2% of straight adolescents.

Mental health concerns

Though the proportion of adults reporting serious psychological distress (SPD) was returning to pre-pandemic levels (13% in 2019, peaking at 17% in 2021, and 13.9% in 2023), mental health and access to care remain concerning for some groups.



- For Asian adults, rates of SPD remain above pre-pandemic levels (9.7% in 2019, peaking at 14.5% in 2021, and 12.8% in 2023).
- Adults with unstable housing were more than twice as likely to say they had SPD in the past year compared with adults in stable housing (30% versus 13.1%).
- 30.6% of adult respondents who didn't get the emotional help they needed said it was because of the difficulty getting an appointment.

Food insecurity

Almost half (44.5%) of California adults earning less than 200% of the federal poverty level in 2023 reported being unable to afford enough food. This figure has increased every year since 2020, when it was 35.8%.

Medical debt

More than half of adults who had problems paying their medical bills in the past year reported incurring credit card debt to pay their medical expenses. This percentage has grown from 45.2% in 2020 to 56.3% in 2023.

2023 CHIS by the Numbers

22,480

households interviewed

- 21,671 adults
- 968 adolescents
- 3,377 children

89%

**of interviews
completed by web**

536

**topics covered
in CHIS**

6

languages

CHIS is conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese), Korean, Vietnamese, and Tagalog.

8%

of adult interviews completed in a language other than English

11%

of interviews completed by phone

What's New in 2024

CHIS' Online Health Query Tools

Whether used by policymakers interested in understanding the health needs of their diverse legislative districts, journalists covering inequities in mental health care across marginalized communities, community organizations advocating for a healthy food program, or just concerned Californians, CHIS' free online health query tools, AskCHIS™ and AskCHIS™ Neighborhood Edition (NE), have been providing insightful data for years.

AskCHIS™ Neighborhood Edition (NE)

This year, CHIS launched the new [AskCHIS™ NE](#) in Tableau, featuring a revamped look and feel, and adding new 2021–2022 CHIS data.

AskCHIS™ NE provides data on select health topics: chronic conditions such as asthma and diabetes, delays in receiving medical care, health and mental health status, physical activity, food insecurity, and more. The updated application still

supports the same geographies – census tracts, ZIP codes, legislative districts, cities, and counties. Updates to the application were made to support updated geographic boundaries for the new 2022 small area estimates. Video tutorials are also available to help guide users on how to create tables and maps.

AskCHIS™

[AskCHIS™](#) was updated in October 2024 with the full 2023 CHIS data.

As CHIS' most comprehensive tool, AskCHIS™ draws upon the responses of 20,000+ California households interviewed each year and provides data on a wide range of health topics across many sociodemographic factors. Users are able to quickly search for health statistics by county, region, and state.

Currently, there are approximately 19 million different CHIS estimates that can be explored in AskCHIS™.

536

**total variables/
topics are included
in the AskCHIS™
system for 2023**

19 million

**different CHIS estimates
can be explored in AskCHIS™**



1,493

detailed variables for research in the CHIS 2023 Public Use Files



CHIS Public Use Files (PUFs)

In 2024, CHIS released several new [Public Use Files \(PUFs\)](#):

2023 One-Year PUF

One-year PUFs consist of individual records obtained from each survey year (CHIS 2001–2023), contain comprehensive data on a large range of topics at the state level, and include variables that minimize the risk of indirect identification of CHIS respondents.

2023 Long-Term Services and Supports (LTSS) PUF

CHIS has introduced a new 2023 PUF for the Long-Term Services and Supports (LTSS) Study, which contains a set of questions assessing experiences of Californians who have difficulties with certain activities of daily life, such as dressing, bathing, walking, or doing errands.

2021–2022 Two-Year Cycle PUFs

Unlike the single-year PUFs, two-year PUFs have additional variables and more detailed indicators such as race and ethnicity variables in groups that otherwise may have smaller sample sizes (i.e., American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and other racial and ethnic subgroups).

“The larger samples in the two-year Public Use Files enable researchers and other CHIS users to look at more granular data on racial and ethnic subgroups. A core focus of the UCLA Center for Health Policy Research is understanding inequities in health and the social drivers of health on communities that are often hidden by combined or aggregated data,” said Ninez A. Ponce, PhD, MPP, director of the UCLA CHPR and principal investigator of CHIS. “Looking at more-detailed data allows stakeholders to look at health indicators and tailor support or outreach to groups who need help.”

CHIS PUFs provide researchers and other data users with comprehensive statewide CHIS data files to customize and run their own data analyses, with files available in a variety of data formats – SAS and Stata. PUFs are also available in adult, teen, and child age groups, and are free and accessible to anyone via a brief application.

PUFs include:

- **Microdata files** with individual respondents in rows and variables in columns.
- **Hundreds of variables** covering health status, health conditions, health-related behaviors, health care access, health insurance coverage information, and detailed demographic information including gender, age, race and ethnicity, urban/rural, and other descriptors.

Health Profiles

Health Profiles provide quick and easy access to the most commonly requested health indicators from the CHIS. The simple dashboards present data on demographics, health care access and utilization, health behaviors, health outcomes, and other factors by geography: county, region, Los Angeles Service Planning Area (SPA), and San Diego Health and Human Service Agency region. Health Profiles can be downloaded in both PDF and CSV formats.

Both the [Adult Health Profiles](#) and [Race and Ethnicity Health Profiles](#) were updated in 2024 with 2021–2022 CHIS data.

CHIS 2023 Methodology Reports

Sample design, data collection methods, data processing and editing procedures, response rates, and weighting and variance estimation.

Explore the five methodology reports for the 2023 CHIS:

Report 1: 2023 Sample Design – describes the procedures used to design and select the sample for CHIS 2023, including why the design features were selected and alternatives that were considered. The report also provides information about the sampling methods used for both the household and person (within household) sampling and a discussion on achieved sample size and how it compares to the planned sample size.

Report 2: 2023 Data Collection Methods – describes the protocols followed to contact sampled addresses and how data were collected for CHIS 2023, including procedures to complete the child and adolescent extended interviews and outcomes of sampled addresses and quality control measures.

Report 3: 2023 Data Processing Procedures – describes the data processing and editing procedures for CHIS 2023, including detailing the data editing procedures and addressing the steps taken for ensuring data quality, delivery of the final data sets, information about geographic coding, how the race and ethnicity survey items were coded for CHIS, and more.

Report 4: 2023 Response Rates – provides analysts with information about the response rates in CHIS 2023 and examines procedures used in the survey to improve response rates.

Report 5: 2023 Weighting and Variance Estimation – describes the weighting and variance estimation methods from CHIS 2023, including the steps used to create the analytical weights for analyzing the data from the adult, child, and adolescent interviews. The purpose of weighting the survey data is to permit analysts to produce estimates of the health characteristics for the entire California population and subgroups including counties and, in some cases, cities.

Methodology Papers 2023

An Experimental Evaluation of Methods for Converting Partial Interviews to Completes in an Address-Based Sample Survey

Push-to-web surveys have emerged as a promising data collection method over the last decade. However, breakoffs are a prevalent issue in the web mode that leads to incomplete data and potential bias in key survey estimates. This paper shares methods for converting partial interviews into completes.

Can FedEx Mailings Improve Response from Black or African American Californians in an Address-Based Sample Survey?

An Experiment in the California Health Interview Survey

In an effort to increase participation among Black and African American Californians, CHIS conducted an experiment in 2023 to explore enhancements to its existing mail methods in high density Black and African American census tracts, specifically testing the effects of using FedEx mailings for nonresponse follow-up. This paper shares whether FedEx mail affects response rates, respondent representativeness, and survey costs.



87,202

queries run in AskCHIS™ in 2024



1,884,543

queries run in AskCHIS™ since inception



5,901

total AskCHIS™ users in 2024

AskCHIS™ 2024 By the Numbers

Top 10 AskCHIS™ queries in 2024

Variable	Number of Queries
1. Likely has had serious psychological distress during past year	2,610
2. Ever diagnosed with diabetes	2,449
3. Health status	2,188
4. Current smoking status – adults	2,156
5. Food security (ability to afford enough food)	1,729
6. Covered by Medi-Cal	1,632
7. Currently insured	1,487
8. Ever diagnosed with heart disease	1,486
9. Ever diagnosed with asthma	1,442
10. Ever seriously thought about committing suicide	1,350

AskCHIS™ Neighborhood Edition (NE) 2024 By the Numbers

14,997

queries run in
AskCHIS™ NE
in 2024

72,281

queries run in
AskCHIS™ NE
since inception

2,314

total AskCHIS™ NE
users in 2024

🔍 Top 10 AskCHIS™ NE queries in 2024

- | | |
|---|--|
| 1 Ever diagnosed with asthma | 6 Pollution burden |
| 2 Health status – fair or poor health | 7 Obese or overweight |
| 3 Delay in receiving care – delayed prescriptions/medical services | 8 Tobacco – current smoker |
| 4 Food insecurity | 9 Ever diagnosed with heart disease |
| 5 Ever diagnosed with diabetes | 10 Health insurance |

Queries by Geography

8,684

County

8,103

City

4,138

ZIP Code

3,136

Census Tract

Noteworthy Additions to CHIS 2023

From housing discrimination and gambling to adolescent sexual orientation and child gender identity, explore the new questionnaire topics in the 2023 CHIS.

New Adult Questionnaire Topics

- Hemoglobin A1C level under control among diabetics *†
- Medication to control hypertension, hypertension under control in the past 12 months, reduce salt in diet to control hypertension *†
- High cholesterol in the past 12 months*†
- Ever had stroke *†
- COVID-19: Home test vs. lab test *†§
- COVID-19: Booster vaccination status*†§
- COVID-19: Likelihood of getting additional vaccine doses, reason for getting additional vaccine doses*†§
- COVID-19: N95, KN95, or K94 masks; reason for not getting N95, KN95, or K94 masks*†§
- Number of hours of moderate physical activities in a week*†
- E-cigarette cessation in the past month*†
- Prescription painkiller use in the past 12 months *†
- Reasons for using prescription painkiller in the past 12 months†
- Source of prescription painkiller†‡
- Gambling in the past 12 months*†
- Financial and mental impacts of gambling on behavioral health*†
- Withheld information about gambling from friends and family*†
- Received care through telehealth services for mental health or use of alcohol/drugs†‡
- Preference and satisfaction with telehealth services†‡
- Accessed filtered air during wildfire smoke*†
- Usual provider offered telehealth, mode and type in the past 12 months*†
- Ease of accessing care and treatment in past 6 months*†
- Delayed or forgone care in getting prescription medication or needed care*†
- Reasons for delayed care or delayed prescription*†‡
- Unintended pregnancy in the past 12 months*†
- Frequency and place of receiving dental care*†
- Main reason for not seeing a dentist*†
- Place of residency one year ago*†‡
- Housing discrimination experience, main reason for discrimination*†‡
- Housing Choice section 8 voucher*†
- Hate incident experience and witness, type, location, reason for hate incident*†‡
- Adverse Childhood Experiences (ACEs) awareness*†
- Provider discussed strengths, resilience during ACEs assessment*†

Reinstated content:

- Activities of daily living/disability status*†
- Caregiving and its effects on caregivers*†

* Available in Public Use Files (PUFs)

† Available through AskCHIS™

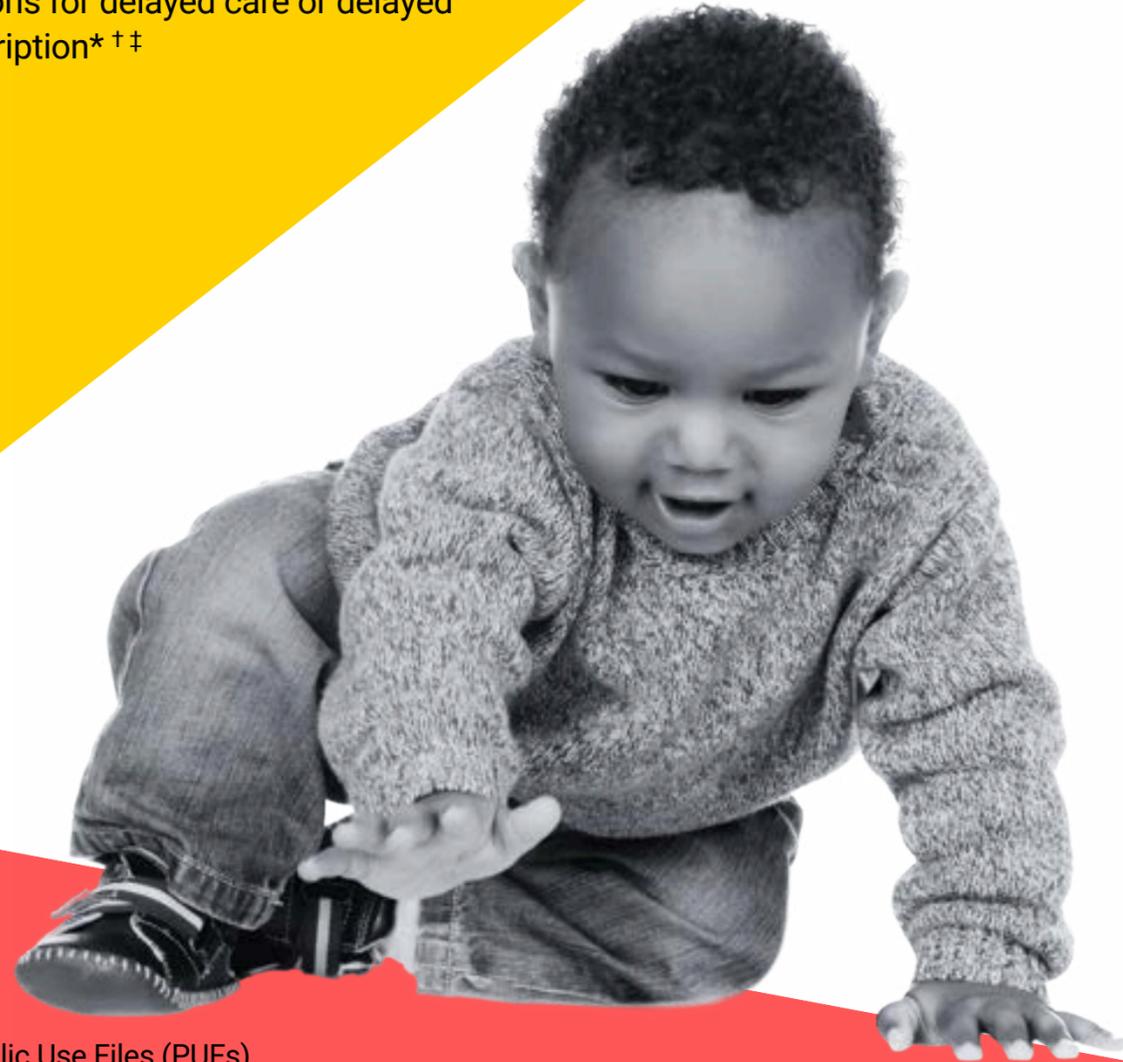
‡ Raw data for some variables in the topic area only available for analysis through the Data Access Center (DAC)

§ Preliminary 2023 COVID-19 estimates are available on the UCLA CHPR's 2023 CHIS COVID-19 Preliminary Estimates Dashboard



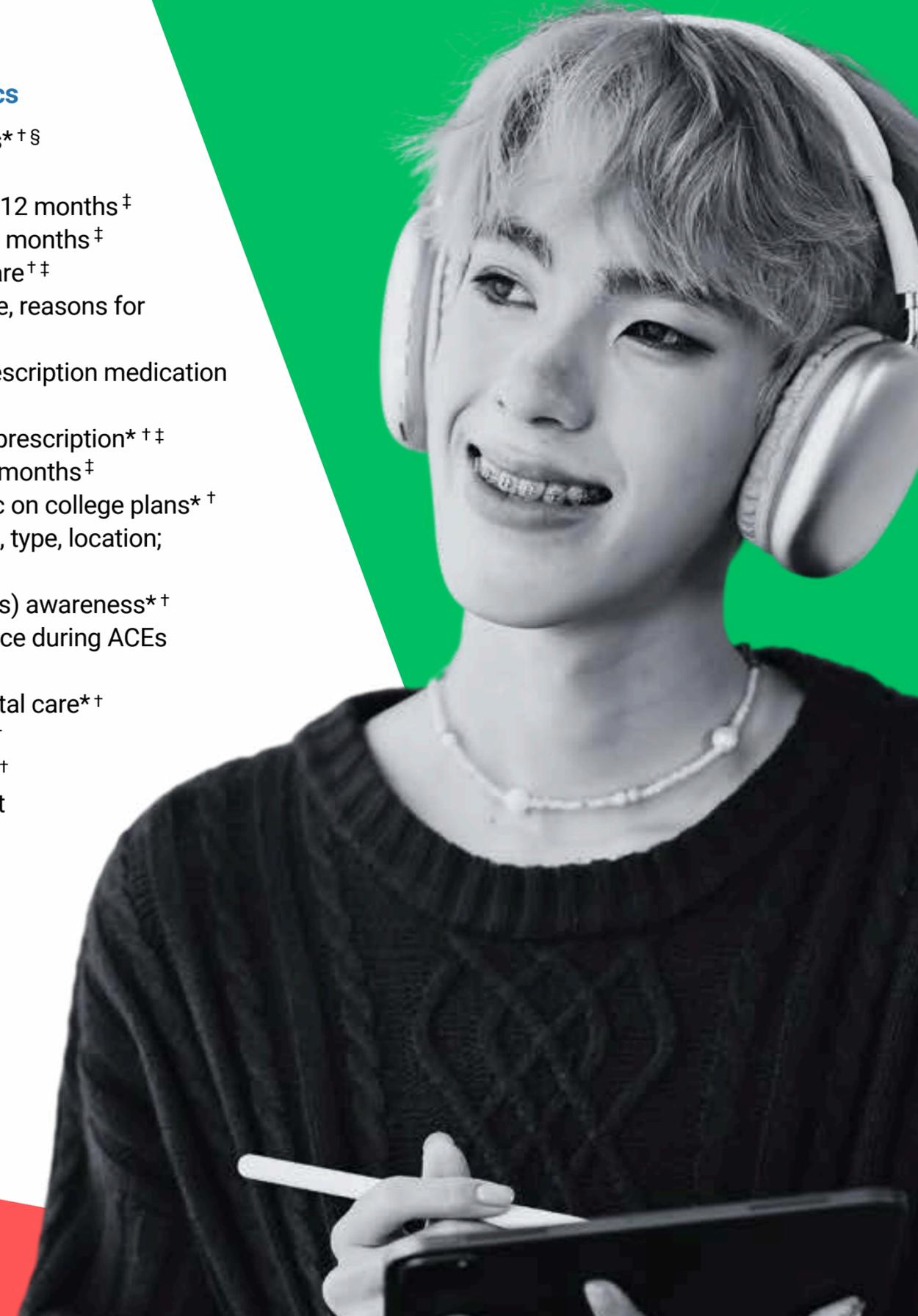
New Child Questionnaire Topics

- Gender identity^{†‡}
- COVID-19: Booster vaccination status^{*†§}
- Ease of accessing care and treatment in the past 6 months^{*†}
- Delayed or forgone care in getting prescription medication or needed care^{*†}
- Reasons for delayed care or delayed prescription^{*†‡}



New Adolescent Questionnaire Topics

- COVID-19: Booster vaccination status^{*†§}
- Heroin use in the past 12 months[‡]
- Prescription painkiller use in the past 12 months[‡]
- Methamphetamine use in the past 12 months[‡]
- Satisfaction with mental telehealth care^{†‡}
- Delayed or forgone mental health care, reasons for delayed mental health care^{†‡}
- Delayed or forgone care in getting prescription medication or needed care^{*†}
- Reasons for delayed care or delayed prescription^{*†‡}
- Unintended pregnancy in the past 12 months[‡]
- Plans for college, impact of pandemic on college plans^{*†}
- Hate incident experience and witness, type, location; reason for hate incident^{*†‡}
- Adverse Childhood Experiences (ACEs) awareness^{*†}
- Provider discussed strengths, resilience during ACEs assessment^{*†}
- Frequency and place of receiving dental care^{*†}
- Source of dental health information^{*†}
- Main reason for not seeing a dentist^{*†}
- Ease of accessing care and treatment in the past 6 months^{*†}
- Sexual orientation^{*†}



* Available in Public Use Files (PUFs)

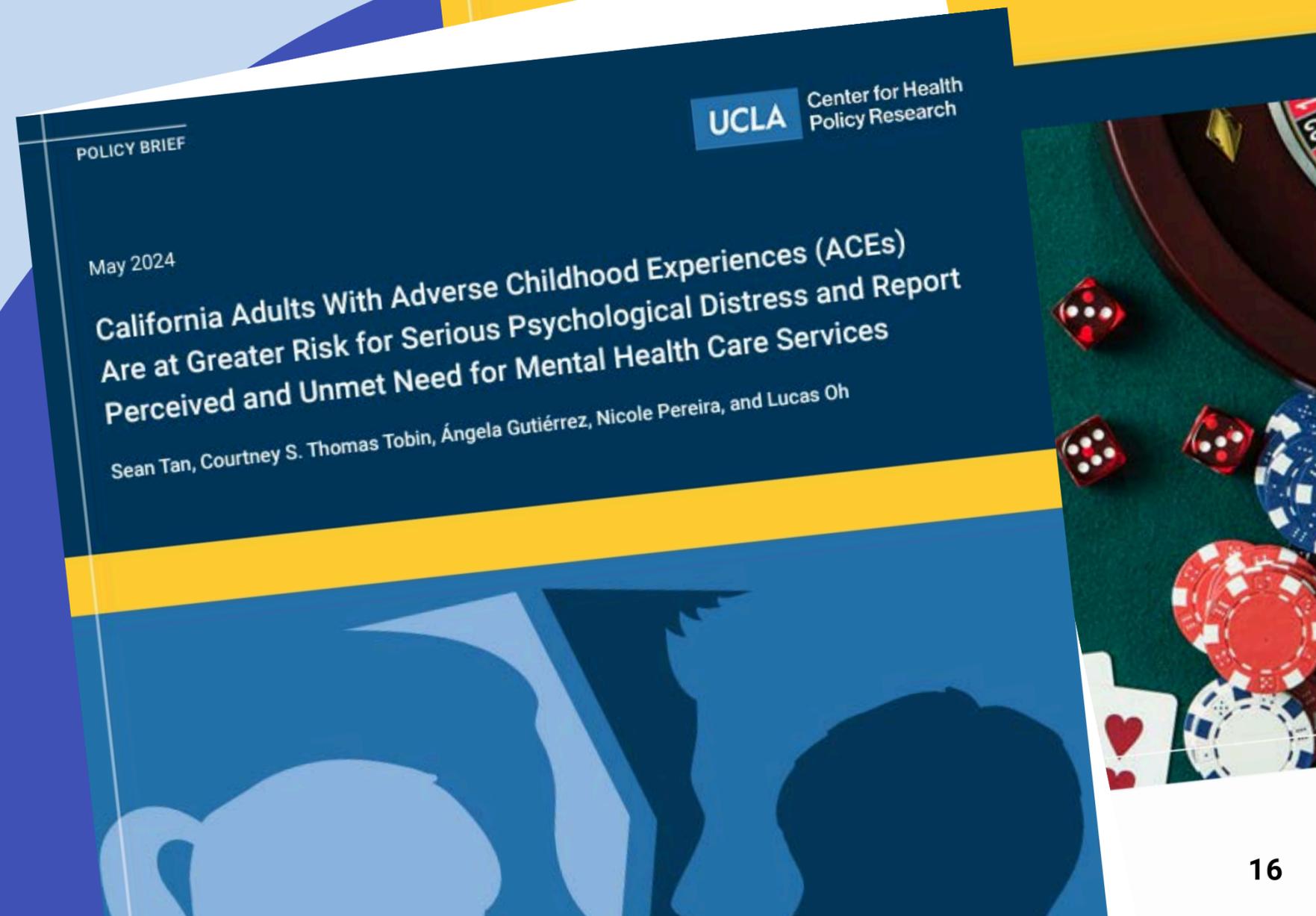
† Available through AskCHIS™

‡ Raw data for some variables in the topic area only available for analysis through the Data Access Center (DAC)

§ Preliminary 2023 COVID-19 estimates are available on the UCLA CHPR's 2023 CHIS COVID-19 Preliminary Estimates Dashboard

2024 CHIS Publications

From examining the health and mental health risks of housing insecurity, gun violence, adverse childhood experiences, and gambling, to focusing on the unique challenges and needs of California's older adults, immigrants, Native Hawaiians and Pacific Islanders, and other marginalized populations, explore some of the 2024 California Health Interview Survey policy briefs, fact sheets, and reports.



When Rhetoric Becomes Reality:

Immigrants in California Face Growing Psychological Distress

2 in 3 (67%)

California immigrants with serious psychological distress (SPD) did not see a health care provider for their mental health needs between 2019 and 2021

California's immigrant adults living in the U.S. fewer than 5 years experienced a

140% increase

in SPD from 2015–2017 to 2019–2021, compared with all immigrant adults who experienced a

50% increase

Serious Psychological Distress (SPD) is defined as

severe, diagnosable mental health challenges such as depression and anxiety that warrant mental health treatment within a population. It is based on the number and frequency of symptoms reported in the year prior to being surveyed.

Since 2015, anti-immigrant rhetoric and restrictive policies across the country have led to a decrease in immigrants' use of public benefits programs and health care services, which has important implications for mental health and mental health care.

Although California has enacted policies to remove barriers to care for immigrants — with most Californians supporting these policies — a study by the UCLA Center for Health Policy Research (CHPR) revealed large disparities in rates of serious psychological distress (SPD) across immigrant subgroups in California.

Using data from the 2015–2021 CHIS, [Immigrants in California Have Increased Psychological Distress and High Rates of Unmet Need for Mental Health Care](#), a policy brief co-authored by UCLA CHPR Research Scientist D. Imelda Padilla-Frausto, PhD; Nicole Pereira; Ángela Gutiérrez, PhD; and Sean Tan examines disparities in SPD and unaddressed mental health care needs based on three factors: length of time lived in the U.S., citizenship status, and English language proficiency.

Responses gathered during 2015–2017 served as the baseline, while 2019–2021 provided a comparison period based on how anti-immigrant sentiment increased in the United States.

Length of time lived in the U.S.

Recent immigrants experienced the highest increase. For immigrants living in the United States fewer than five years, rates of serious psychological distress increased 140%, from 5% of those surveyed between 2015–2017 to 12% for those surveyed between 2019–2021. By comparison, adult immigrants overall saw a 50% increase — from 6% to 9%.

English language proficiency

While immigrants who speak only English showed no increase in serious psychological distress, adults with limited to no English proficiency experienced a 33% increase, from 6% to 8%. Those proficient in English saw a 67% increase, from 6% to 10%.

Citizenship status

Naturalized citizens reported a 33% increase in serious psychological distress, while noncitizens with green cards showed an 83% increase and noncitizens without green cards showed a 71% increase.

Compounding stress related to the increase in anti-immigrant rhetoric and policies, 67% of all immigrants with SPD said they did not see a health care provider for their mental health care needs between 2019 and 2021.

Familiarity with social systems in the United States influenced whether someone saw a mental health care provider. The study showed:

- Immigrants living in the U.S. for fewer than five years were more likely to report unmet needs: 77% vs. 66% for those in the U.S. longer than five years.
- Noncitizen immigrants were more likely than naturalized citizens to have unmet needs: 73% vs. 60%.

Non-English speakers were more likely than those who spoke only English to have unmet needs: 72% vs. 58%.

To help overcome these barriers to care, study authors recommend increasing access to affordable, culturally relevant, and linguistically appropriate mental health care for all Californians, regardless of citizenship. Some specific recommendations include:

- Adopting evidence-based practices, such as trauma systems therapy for refugees, that address the historical and current distress stemming from detention, deportation, family separation, and other stressors related to immigration policies.
- Taking advantage of technological advances such as telehealth and expanding the mental health workforce with diverse lay providers.

Adults Who Had Difficult Childhoods Are Not Receiving Sufficient Mental Health Care

While 20% of California adults said they had four or more adverse childhood experiences (ACEs), nearly 40% of that group reported an unmet mental health need in the last year, according to a [policy brief](#) by the UCLA Center for Health Policy Research (CHPR).

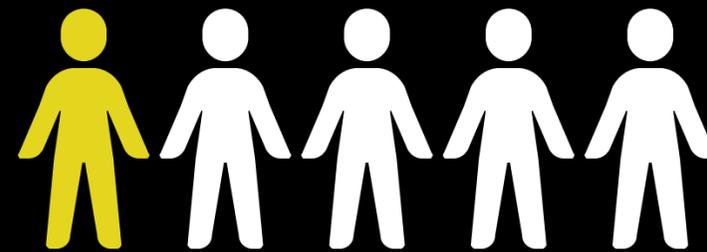
The study, which uses 2022 California Health Interview Survey (CHIS) data, notes that ACEs can disrupt healthy brain development and alter how the body responds to future stressful experiences. Preventing ACEs can reduce a broad range of health, socioeconomic, and behavioral problems, such as depression and cardiovascular disease, unemployment, and heavy drinking and smoking in adulthood.

“This study helps us more clearly understand how our childhoods shape the adults we become, in particular our mental well-being,” said Sean Tan, MPP, the study’s

lead author. “If we get better at screening for these adverse childhood experiences as part of people’s routine health care visits, the potential benefits may go beyond better physical and mental health.”

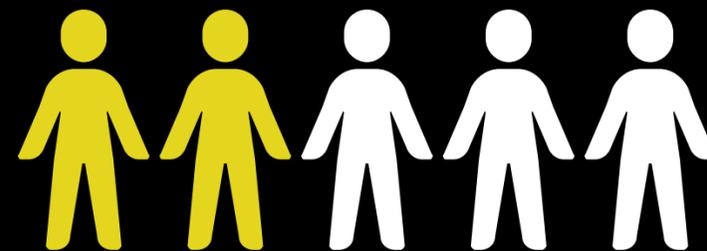
Findings include:

- 24.5% of adults ages 18–35 had four or more ACEs compared to 12.6% of adults ages 65 and older.
- 28.6% of adults who had four or more ACEs said they experienced serious psychological distress in the past year, while 7.3% of adults who had no ACEs reported serious psychological distress.
- Among adults who had at least one ACE, 47.9% of those ages 18–35 reported an unmet need for mental health services in the past year compared to 21.4% of adults ages 65 and older.



1 in 5

California adults had four or more ACEs



Nearly

2 in 5

adults who had four or more ACEs reported an unmet need for treatment.

Adverse childhood experiences (ACEs)

refer to physical or emotional neglect; physical, sexual, and emotional abuse; and household challenges, including intimate partner violence, divorce or parental separation, living with anyone involved in the criminal justice system, or who is struggling with mental illness and/or substance use disorder.



- 70% of Native Hawaiian or Pacific Islander adults reported having had one to three adverse childhood experiences, the greatest proportion of all racial or ethnic groups.
- Larger proportions of adults who identified as American Indian or Alaska Native (36.8%), multiracial (27.3%), Black or African American (25.9%), or Latino (24.2%) reported having had four or more ACEs compared to all adults (20.1%).

Positive childhood experiences — which include feeling safe and protected at home as children, feeling that their family stood by them during difficult times, and feeling a sense of belonging in high school — before the age of 18 can protect against the harmful effects of adverse experiences, the report said. Nearly two-thirds of adults 65 and older reported having four or more positive childhood experiences compared to 52.6% of adults ages 18–35. Nearly 1 in 9 (10.8%) California adults said they had no positive childhood experiences.

To curtail the effects of ACEs, authors recommend expanding ACEs screening training requirements not just for providers seeking Medi-Cal reimbursements but for all insurance payers, as well as developing campaigns to increase screenings for adverse childhood experiences, especially

for populations insured by Medi-Cal. The percentage of Medi-Cal recipients who had an ACEs screening by county ranged from 0.2% (Colusa County) to 39.6% (Orange County) among children and young adults up to age 20, according to the report.

“As society has made progress in destigmatizing discussions about mental health and including mental health care in our definition of ‘health care,’ our study shows that we still have a long way to go in terms of providing services and treatment,” Tan said.

Where You Live Matters:

South L.A., Antelope Valley Lead L.A. County in Preventable Hospitalizations

Los Angeles County residents with chronic health conditions like diabetes, asthma, or hypertension who live in lower-income areas like South Los Angeles have a higher risk of a preventable hospitalization or emergency department visits, according to a policy brief from the UCLA Center for Health Policy Research (CHPR).

High rates of preventable hospitalizations and emergency department visits in an area suggest that outpatient care is insufficient, the report states. This is because of inequities in access to and quality of health care combined with acute need in these areas.

“These disparities are another striking example of the health care system failing to properly serve the people who are most medically and socially vulnerable,” said Ninez A. Ponce, PhD, MPP, director of the CHPR and lead author of the study. “People shouldn’t become desensitized to these inequities. Instead, this should raise the alarms that we need to fix our systems.”

In their policy brief, [Geographic Disparities In Preventable Hospitalizations and Emergency Department Visits In Los Angeles County](#), researchers from the UCLA CHPR and the Martin Luther King, Jr. Community Healthcare Center for Advancing Health Equity analyzed 2016–2021 patient discharge data for hospitalizations and emergency department visits from the California

Department of Health Care Access and Information, along with 2016–2021 data from the California Health Interview Survey (CHIS).

They found that South Los Angeles has the highest proportion of adults covered by Medi-Cal (35.2%), the state program that pays for a variety of medical services for people with limited incomes and resources. The Antelope Valley has the second-highest percentage (27.9%), while West Los Angeles has the lowest percentage of adults insured through Medi-Cal (10.7%).

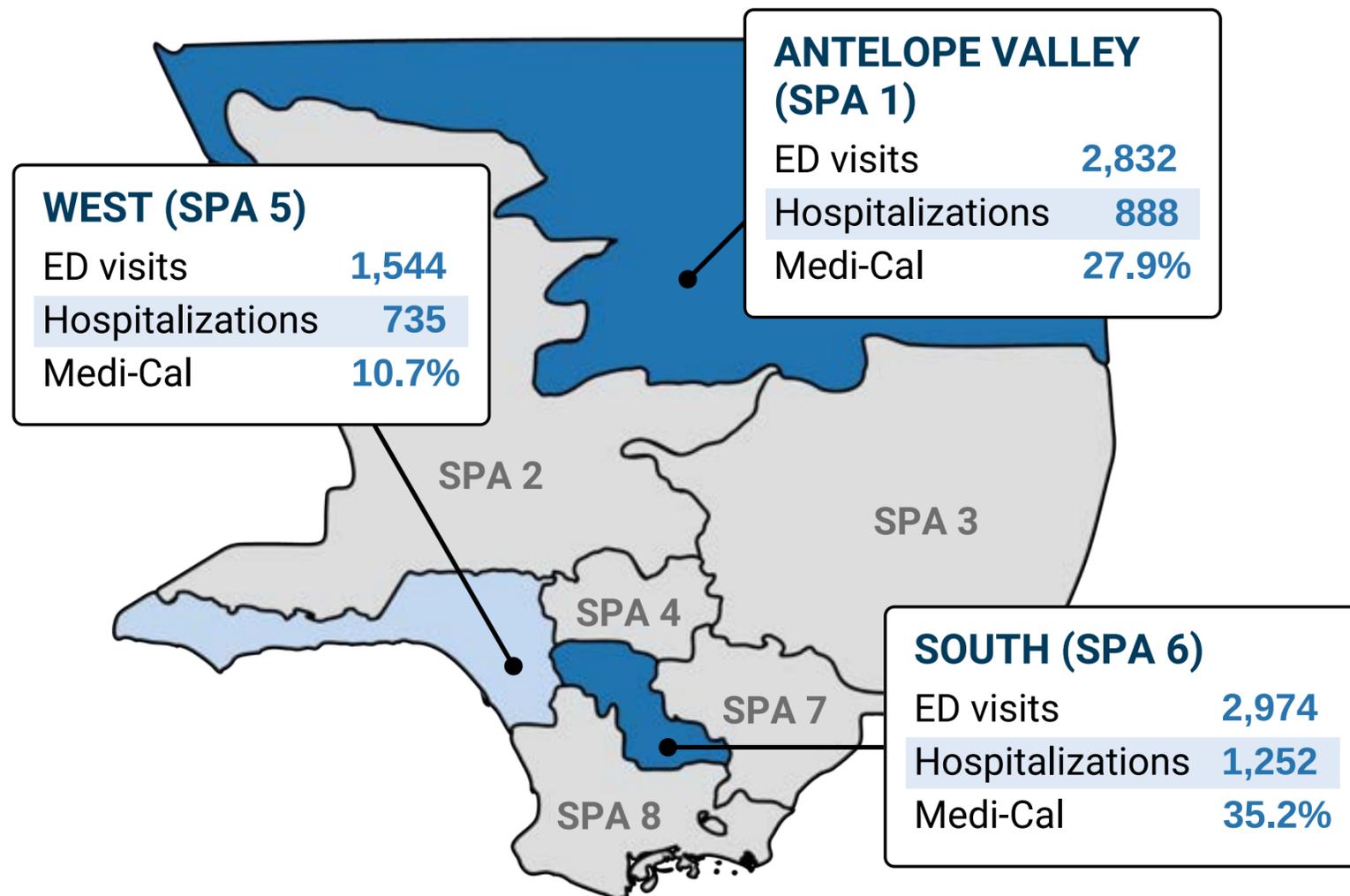
People with common conditions don’t get appropriate care

They identified admissions for conditions for which hospitalizations and emergency department visits are typically preventable with appropriate disease management to calculate rates of preventable admissions. Proper disease management entails regular visits to primary care providers and specialists, along with taking medications as prescribed.

These conditions include but are not limited to:

- Diabetes
- Chronic obstructive pulmonary disease
- Asthma
- Hypertension
- Heart failure
- Dehydration
- Bacterial pneumonia
- Urinary tract infection

Who had the **highest** and **lowest** rates of preventable hospitalization and emergency department (ED) visits and percentage of Medi-Cal patients?



Rates shown are per 100,000 people

Making health care harder to get is bad business

The gaps in access can be attributed to lower payments to Medi-Cal providers, shortages of Medi-Cal providers in under-resourced communities, and fewer doctors accepting Medi-Cal compared to private insurance, the study said.

Preventable hospitalizations and emergency department visits are estimated to cost 2.5 to 10 times more than outpatient visits. In California alone, more than \$3.5 billion is spent on hospitalizations that are potentially preventable with better outpatient care. In 2021, there were more than 220,000 preventable hospitalizations in the state with more than 25% of them (58,000+) in Los Angeles County.

Researchers are encouraged that California recently passed legislation that will increase provider reimbursement rates for some services, including primary care. This change targets rate increases for primary care, obstetric, and non-specialty mental health services to no less than 87.5% of the Medicare rate.

They note that state and local policymakers and payers should consider the following recommendations to prevent costly emergency department visits and hospitalizations:

- Improve access to primary and specialty care. Payers, such as the Centers for Medicare & Medicaid Services, should increase the proportion of spending allocated to primary care. New health centers should be built in areas with federally designated shortages.
- Increase payments for Medi-Cal providers. In California, Medi-Cal providers are paid 73 cents for every dollar paid to Medicare providers. Improving payment rates for health care providers can help attract and retain skilled professionals in communities with populations who are predominantly on Medi-Cal.



5,200,000

California adults felt their housing was unstable



Housing insecurity and mental health:

The hidden toll of California's housing crisis

Housing insecurity

is defined as either having unstable housing or frequently worrying about keeping up with rent or mortgage payments.

As California struggles with providing affordable housing, a [study](#) by the UCLA Center for Health Policy Research (CHPR) shows that people who experience housing insecurity have much higher rates of psychological distress.

In examining data from the 2022 California Health Interview Survey (CHIS), the authors of the policy brief on disparities in housing insecurity and mental health found that people of color were more likely to report their housing as unstable.

While 18%, or 5.2 million, of California adults said their housing situation felt unstable, the rates were significantly higher for marginalized racial and ethnic populations:

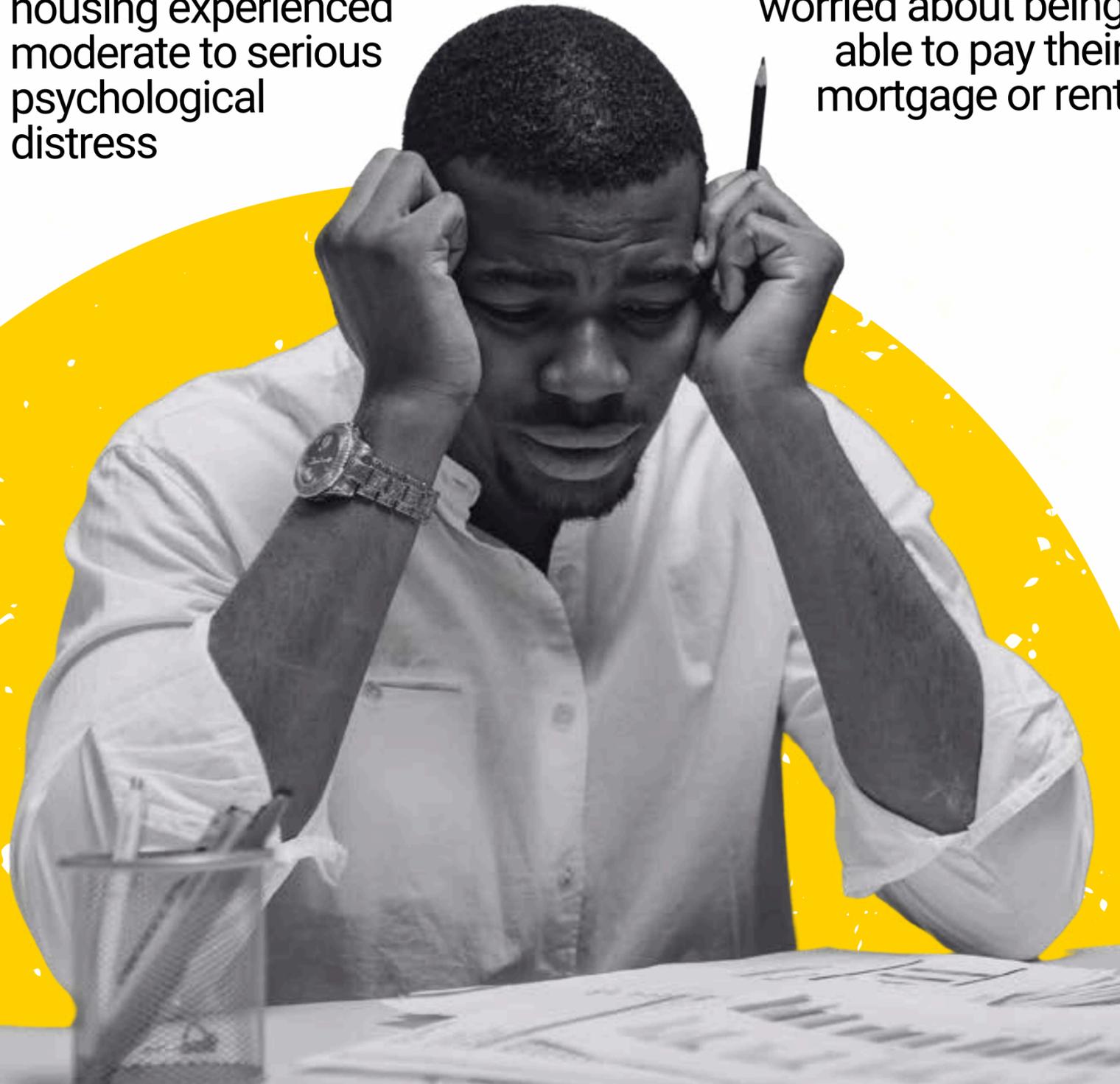
- 29% of American Indian or Alaska Native adults, which is 61% higher than the average
- 26% of Black or African American adults, which is 44% higher than the average
- 24% of Latinx adults, which is 33% higher than the average

45%

of California adults with unstable housing experienced moderate to serious psychological distress

41%

of California adults said they frequently worried about being able to pay their mortgage or rent



People who reported they frequently worried about being able to pay their rent or mortgage experienced psychological distress at nearly twice the proportion of those who did not, 39% versus 21%, which has implications for mental health policies and programs in the state, the authors said.

Who worries most about being able to pay for their housing?

While 41% of those surveyed said they frequently worried about being able to pay their mortgage or rent, the percentages were higher for Native Hawaiian and Pacific Islander (62%), Latinx (51%), and Black or African American (43%) adults in California. More than half (52%) of noncitizens frequently worried about struggling to keep up with their rent or mortgage compared with 39% of U.S. citizens. About half (49%) of adults ages 18–29 frequently worried about paying their rent or mortgage compared with 22% of adults 65 and older.

“Housing is the largest regular expense for the vast majority of people, so it follows that people who typically have lower wages and fewer assets would have more unstable housing and worry more about paying their bills,” said Joelle Wolstein, PhD, one of the study’s authors and a research scientist at the UCLA CHPR.

Ripple effects of unstable housing

The report states that 45% of adults with unstable housing had experienced moderate or serious psychological distress — a measure of mental or behavioral health, including symptoms of anxiety or depression — in the year prior to being surveyed compared with 25% of adults with stable housing. Yet those with unstable housing utilized mental health care at a similar rate to adults who had stable housing (22% vs. 18%, respectively).

Policy recommendations: Invest, connect, include

The report recommends that California:

- **Invest in programs** that create or preserve affordable housing opportunities.
- **Connect mental health services** with housing resources. Integrative care models such as Medicaid Health Homes, California Department of Healthcare Services’ Whole Person Care, patient-centered medical home models, and Community Behavioral Health Clinics have shown promise.
- **Enact inclusive housing assistance policies.** Governments may consider eliminating citizenship requirements in public housing and rental assistance programs. In recent years, California expanded Medi-Cal benefits to cover all income-qualified individuals, regardless of citizenship status.

Piecing the Puzzle of AANHPI Mental Health

Historically, Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities have been viewed as a monolithic group, and a lack of disaggregated data has masked the unique experiences and disparities faced by these communities.

The UCLA Center for Health Policy Research (CHPR) and AAPI Data developed a 65-page research report, [Piecing the Puzzle of AANHPI Mental Health: A Community Analysis of Mental Health Experiences of Asian Americans, Native Hawaiians, and Pacific Islanders in California](#), a deep analysis of data from the 2020–2022 California Health Interview Surveys (CHIS) and the California AANHPI

Community Needs Survey (a 15-minute follow-on survey for AANHPIs who responded to the 2021 and 2022 CHIS), combined with historical community experiences as influenced by cultural factors, U.S. foreign policy, and intergenerational trauma, and feedback from an intentional sample of leaders in various NHPI and Asian American communities.

“The goal of the report is to spur a more nuanced discourse on mental health for Native Hawaiian, Pacific Islander, and Asian American communities,” said Ninez A. Ponce, PhD, MPP, director of the UCLA CHPR and one of the report’s authors.



“Community-informed research is foundational to addressing the distinct mental health needs of Asian American, Native Hawaiian, and Pacific Islander communities.”

This report goes a long way toward piecing the puzzle of AANHPI mental health by uplifting new data on mental health indicators, barriers to receiving care, and recommendations to overcome them. We are incredibly grateful for key investments from the State of California, our partnerships with the UCLA Center for Health Policy Research and California Health Interview Survey, and insights from community partners to produce research that is insightful, timely, and solutions-oriented.”

—**Karthick Ramakrishnan, PhD**
Founder and Director, AAPI Data

Mental health support needs and utilization

Despite facing frequent experiences with discrimination and rising fears of hate crimes and gun violence, only 24% of NHPI adults and 16% of Asian American (AA) adults in California say they need mental health support.

Research suggests that AANHPI populations have some of the lowest rates of mental health service utilization compared to other racialized and minoritized populations, which was exacerbated by how AANHPI communities bore the blame for the pandemic. Adding the stressors from stay-at-home orders, social isolation, anti-Asian hate incidents, and gun violence to more common worries about finances, housing, jobs, fitting in, and relationships was a recipe for increased mental health problems.

- In an average month, 48% of AA adults and 45% of NHPI adults were asked where they were from, with the assumption that they were not from the U.S.
- 24% of AA adults said that others frequently treated them as if they don't speak English and 22% received poorer service than others at restaurants or stores. Nearly 1 in 3 NHPIs (30%) also reported experiencing poorer service at restaurants or stores.
- 20% of AA adults have been a victim of a hate crime or incident.

Among those who sought mental health care, 42% of NHPI adults and 31% of AA adults had difficulties accessing services, citing cost, lack of insurance, and not knowing their options.

Zeroing in on specific subpopulations reveals insights

The report also provides a more granular examination of mental health experiences for eight AANHPI subgroups: Native Hawaiian and Pacific Islander, Vietnamese, other Southeast Asian (excluding Vietnamese), Filipino, South Asian, Korean, Japanese, and Chinese.

While 45% of NHPI and 46% of Asian American adults said they are “very or somewhat worried” about being a victim of gun violence, which was higher than the California population overall (30%), examining the data by the more precise subcategories uncovered insights. For example, CHIS data showed that 62% of Japanese adolescents worried about being shot by a firearm, compared to 26% of adolescents in California. Recent mass shootings targeting the Asian community have likely contributed to AANHPI's heightened worries, the report said.

The report also spotlights the roles of culture and language in influencing whether people seek help with their mental health issues. For example, Native Hawaiians' approach to health and well-being integrates physical, spiritual, emotional, and

mental aspects and approaches to mental health care need to be mindful of the balance of these factors. In Vietnamese culture, mental health is seen as a consequence of past misdeeds or ancestral sins. Linguistically, mental health concerns have a negative connotation and are labeled as điên (meaning “madness or crazy”) and can bring disgrace and shame to the family. With more than 100 languages and dialects spoken in the Philippines, language barriers pose a challenge, particularly when there is a lack of staff and clinicians fluent in Tagalog and other Filipino languages.

Based on the findings, researchers provided the following policy recommendations:

- Create culturally specific awareness campaigns about mental health care.
- Expanded training and support on culturally and linguistically aligned care for the existing mental health workforce.
- Develop a pipeline of Native Hawaiian, Pacific Islander, and Asian American mental health providers.

“Though they’re all unique, Native Hawaiian, Pacific Islander, and Asian American communities share a common thread – resilient cultures that survived trauma and oppression, a deep-rooted recognition of the sacrifice of those who came before them, and an empathy in supporting

communities as they toil through victimization and adversity,” Ponce said.

While these strengths have enabled many members of these communities to thrive in the United States, they’ve simultaneously contributed to mental health problems.

“Narratives of community resilience can mask individual struggles and serve as a barrier to care. The message to our communities should be clear: getting the care you need is a sign of strength,” Ramakrishnan said.

AAPI Data and UCLA CHPR/CHIS Continued Partnership

This report builds on two prior reports by AAPI Data and the UCLA CHPR that describe the state of health and mental health of AA and NHPI populations in California:

[The Post-Pandemic Agenda for Community Well-being among Asian Americans, Native Hawaiians, and Pacific Islanders in California](#) (2023)

[The Health, Mental Health, and Social Service Needs of Asian Americans and Pacific Islanders in California](#) (2022)

**THE HEALTH, MENTAL HEALTH,
AND SOCIAL SERVICE NEEDS
OF ASIAN AMERICANS AND
PACIFIC ISLANDERS IN
CALIFORNIA**

REPORT
February 2023
**The Post-Pandemic Agenda for Community Well-being
among Asian Americans, Native Hawaiians,
and Pacific Islanders in California**
Howard Shih, Ryan Vinh, Karthick Ramakrishnan, and Patricia Gasawai from AAPI Data;
Todd Hughes and Ninez Ponce from UCLA Center for Health Policy Research



Living in Fear:

Examining Gun Violence Concerns and Firearms Access Among California's LGBT Communities and Youth/Young Adults

In 2024, the UCLA CHPR published the final two policy briefs in a series of five publications to advance knowledge on gun violence related to firearm ownership, storage practices, and perceptions of gun safety, and risk factors for gun suicide and gun violence among understudied and disproportionately impacted subpopulations.

With support from the National Collaborative for Gun Violence Research, the UCLA CHPR added a series of questions to the 2021 and 2022 CHIS and brought together researchers and other experts from UCLA, the Williams Institute, UC Irvine, and the University of Colorado School of Medicine to fill critical gaps in data on [immigrants](#), [veterans](#), LGBT people, and youth and young adults. UCLA CHPR Director and CHIS Principal Investigator Ninez A. Ponce, PhD, MPP, and Dr. Michael Rodriguez, professor emeritus of family medicine at the David Geffen School of Medicine at UCLA, were co-principal investigators.

LGBT adults more likely to be worried about being a victim of gun violence

Though a smaller percentage of LGBT adults in California (14%) had firearms in their households than non-LGBT adults (18%), LGBT adults reported higher rates of risk for firearm-related injury or

mortality, including serious thoughts of suicide in the previous year and intimate partner violence, according to the study, titled [Firearm Ownership, Risk of Firearm Violence, and Fear of Firearm Victimization Among LGBT Adults in California](#). Using 2021 and 2022 CHIS data, researchers found that more LGBT adults in California (55%) reported that they were “somewhat” or “very worried” about being a victim of gun violence than non-LGBT adults (45%). This was also the case across all racial and ethnic groups: Non-LGBT white adults were least likely to express fear of being a victim of gun violence (31%), while Asian LGBT adults were most likely to be afraid of being a victim of gun violence (71%).

“What we found in our study demonstrates a clear need for enhanced suicide and violence prevention efforts focused on LGBT people in California,” said Kerith Conron, ScD, lead author and formerly the Blachford-Cooper Research Director and Distinguished Scholar at the Williams Institute at UCLA School of Law.

More than three times as many LGBT adults reported they had serious thoughts about suicide in the past year compared to non-LGBT adults (15% vs. 4%). Serious thoughts about suicide were more common among LGBT adults than non-LGBT adults across all racial and ethnic groups.

About 1 in 5 (21%) Black LGBT adults had serious thoughts about suicide in the past year, and about 1 in 4 (24%) LGBT respondents who are American Indian, Alaska Native, Native Hawaiian, Pacific Islander, who reported another race, or who are multiracial reported seriously thinking about suicide in the past year. For white LGBT adults, it was 15%.

“LGBT people are also at comparable or higher risk of intimate partner violence, and they are more likely to report suicide attempts, further underscoring why we need to study firearm violence as a matter of public health and human rights,” said Ponce.

On June 13, the CHPR hosted a [webinar](#) featuring experts and advocates, including Kerith Conron (Williams Institute), Kate Reese (Everytown for Gun Safety), Mallery Jenna Robinson (A Hateful Homicide podcast), Refugio “Cuco” Rodriguez (Hope and Heal Fund), and Gabriella Rodriguez (QLatinx), discussing risk factors and threats, as well as strategies to promote safety for LGBTQ communities.

Youth who worry about gun violence victimization more likely to report thoughts about suicide

Among Californians ages 15–24, fears of gun violence and access to firearms showed troubling connections to suicidal

thoughts and suicide attempts according to the policy brief, [Firearms and Suicide Risk: Implications for Preventing Mortality and Morbidity Among California’s Youth](#).

Using 2021 and 2022 CHIS data, researchers found that youth who expressed worries about being a victim of gun violence were nearly twice as likely to report suicidal thoughts in their lifetimes compared to those who didn’t express those concerns.

Across the state, 24.6% of adolescents (ages 15–17) reported having had thoughts of suicide in their lifetime. Of those adolescents who reported thoughts about suicide in the previous year, 32.9% reported making a suicide attempt.

Among young adults (ages 18–24), 30.8% reported having had thoughts of suicide in their lifetime, while 32.4% of those who had thought about suicide in the previous year reported making a suicide attempt.

Overall, 14.2% of young adults and 1.5% of adolescents reported access to at least one firearm. For 2022 specifically, researchers found that youth who said they had access to firearms were approximately two times more likely to have made a suicide attempt in their lifetimes compared to those who said they didn’t have access to firearms.

An estimated

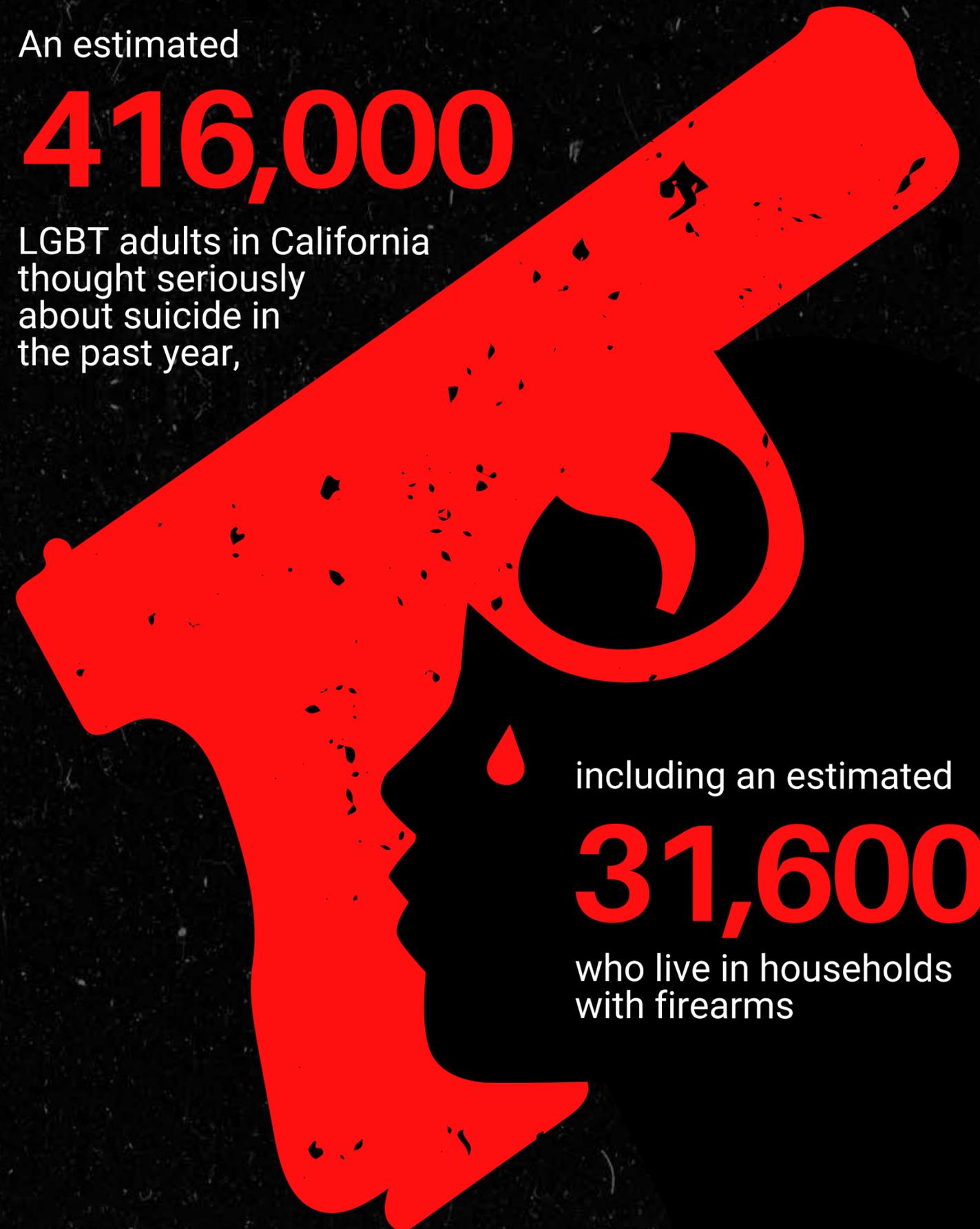
416,000

LGBT adults in California thought seriously about suicide in the past year,

including an estimated

31,600

who live in households with firearms



A Patchwork of Protection:

Not All Californians Benefit from Policies Curbing Tobacco Use

Cigarette smoking remains the leading cause of preventable death and disease in the United States and California. Although California has made progress reducing cigarette smoking rates during the past three decades, progress across communities in the state has been uneven.

In what was one of the first studies to examine the impact of state and local policies on smoking behaviors, researchers at the UCLA Center for Health Policy Research (CHPR) found that cities with strong regulations limiting tobacco have greater reductions in adult cigarette smoking rates than cities with weak regulations or those that don't have them.

The brief, [State and Local Tobacco Control Policies Are Associated with Decreasing Cigarette Smoking Rates and Disparities](#), which uses data from the 2014–2019 CHIS, combined adult data and existing state-, county-, and city-level tobacco control policies and neighborhood-level data on social drivers of health.

Strong local policies were also associated with decreased smoking rates among adult populations disproportionately harmed by the tobacco epidemic, thereby reducing health disparities resulting from cigarette smoking. Those who have been disproportionately harmed include racial, ethnic, and sexual minorities; low-income,

rural, or multiunit housing residents; and residents in neighborhoods with high concentrations of low-income populations or minoritized populations.

California has been at the forefront in adopting policies to decrease smoking and its harmful public health effects. In 1995, it was the first state in the country to ban indoor smoking in workplaces, including restaurants.

In April 2017, California sharply increased the taxes on a pack of cigarettes by \$2 to \$2.87 per pack. Before that (2014–2016), 12.5% of California adults reported cigarette smoking when in areas without



local or state tobacco-curbing policies. After the state policy took effect (2017–2019), rates declined to 7.7% where both state and local policies were in place, compared to 11% in areas with no local policies to supplement state regulations.

Differences across California’s 58 counties and 482 incorporated cities, including smoke-free outdoor ordinances, restrictions on smoking in apartment buildings, tobacco retailer licensing requirements, and ordinances regulating emerging issues such as flavored tobacco products have created a patchwork of regulations.

Among Californians with low family incomes, 67% were unprotected by a smoke-free housing policy and 65% were unprotected by a policy reducing sales of tobacco products. Among people who lived in rural areas, 53% were unprotected by a smoke-free outdoor air policy while 80% were unprotected by policies reducing sales of tobacco products.

Among those who lived in low socioeconomic status neighborhoods, 25.1% of Latinx and 17.2% of Black or African American Californians were unprotected by local tobacco control policies, compared with 7% of Latinx and 8.5% of Black or African American Californians from high socioeconomic status neighborhoods who were unprotected.

“To eliminate disparities, it is critical to empower members of the communities who have been most harmed by the patchwork of regulations by providing resources, information, and partnership,” said Ying-Ying Meng, DrPH, lead author of the study and director of research at the UCLA CHPR.

Remembering Ying-Ying Meng

UCLA CHPR Director of Research [Ying-Ying Meng, DrPH](#), whose work focused on the causes of and solutions to inequities in health and health care delivery from a holistic perspective, died of cancer on April 11, 2024.

For more than two decades Meng led pivotal studies on environmental health, air pollution, asthma, smoking behaviors and tobacco policies, and much more. Her contributions helped make the UCLA CHPR a go-to source for those seeking insightful analysis of population-based data to understand the relationship between physical and social environments and chronic disease.

“In her remarkable work as a researcher and scholar, Ying-Ying helped people understand what terms like ‘health disparities’ and ‘health equity’ mean and why they’re so important,” said Ninez A. Ponce, PhD, MPP, director of the UCLA CHPR.

“Dr. Meng was an inspiration. She said that she did not want her mentoring to be just about fostering professional skills but also inspiring personal growth and resilience,” said Yu Yu, MD, PhD, a postdoctoral researcher at the UCLA CHPR and co-author of the study. “She was always ready to listen, advise, and gently guide. I am profoundly grateful for the opportunity to have worked alongside Dr. Meng, even though it was for only 1,304 days. Her dedication to excellence and her legacy of professionalism will forever remain in my heart.”



Nearly **Half a Million** Californians Reported Symptoms of **Problem Gambling**

As gambling continues to become more mainstream, the California Health Interview Survey (CHIS) added a gambling module in 2023 to examine the issue through a public health lens. Released in October 2024, the data and [fact sheet](#) showed associations between gambling and a risk of poor health outcomes as well as mental health problems.

About 1 in 4 California adults (7.2 million) said they gambled in the past year. Of those, about 6.7% (488,000) reported they had symptoms of problem gambling, which is often marked by an uncontrollable urge to gamble, negative effects on a person's finances, deteriorating relationships, and/or mental health problems.

In California, legal forms of gambling include tribal casinos, card rooms, lotteries, betting on horse racing, and charitable gaming. State propositions to legalize online and sports betting failed in 2022 and 2024. Since 2018, 38 states, plus the District of Columbia and Puerto Rico, have legalized at least one form of sports betting.

While most people who gamble do not experience any health or financial problems, the increasing opportunities for gambling has made studying its effects so important.

The CHIS data showed that adults who reported any gambling in the past year were more likely to report behaviors associated with increased risk of poor health outcomes, such as binge drinking (24.4%), smoking (7.2%), use of e-cigarettes or vapes (6.4%), and substance use (2.4%).

The data also provided insights into how the consequences of gambling ripple outward:

- 1.6% (112,000) of California adults who had gambled in the past 12 months reported that they needed help with living expenses from friends, family members, or public assistance programs because of gambling.



Who is more likely to gamble?

Adults who said they gambled in the past year:



1 in 4

California adults gambled in the past year



American Indian and Alaska Native

40.4%

Black or African American

34.0%

Multiracial

32.2%

Latinx

25.1%

White

24.8%

Asian

19.9%

28.1%

Men

29.1%

Ages 50–64

21.7%

Women

24.8%

65 and older

17.6%

Ages 18–24

32.0%

Veterans

- 3.8% (274,000) of California adults who had gambled in the past 12 months reported that they had kept their friends or family from knowing how much they gambled.
- 24.9% of California adults with any symptoms of problem gambling reported experiencing serious psychological distress in the past year, compared to 13.5% of gambling adults without symptoms of problem gambling.

“Our survey data show these problems are going untreated,” said Ninez A. Ponce, PhD, MPP, coauthor of the study. “Only 28.2% of adults who gambled in the past year and showed any symptoms of problem gambling said that they saw a health care provider to discuss their mental health or alcohol or drug use in the past year.”



CHIS Wins National Inclusive Voices Award

In recognition of more than two decades of work advancing data equity, the American Association for Public Opinion Research (AAPOR) honored the UCLA Center for Health Policy Research's California Health Interview Survey (CHIS) with its 2024 Inclusive Voices Award.

"We couldn't be more thrilled and appreciative to receive such a prestigious award," said Ninez A. Ponce, PhD, MPP, UCLA CHPR director and CHIS principal investigator. "Over the years, so many people at the Center — and specifically on the CHIS team — have dedicated themselves to expanding representation and inclusivity in population data."

Presented by the nation's most esteemed association of public opinion and survey research professionals, AAPOR's Inclusive Voices Award recognizes the important data sets, research, and survey methods that have improved the ability to study complex social phenomena related to understudied populations.

"AAPOR is proud to award the 2024 Inclusive Voices Award to the California Health Interview Survey. For over 20 years CHIS has served as a national model for best practices in collecting data on race and ethnicity, sexual orientation and gender identity, and immigration status," the association said. "AAPOR selected CHIS as the recipient of the Inclusive Voices Award for its commitment to design a general population survey to include the voices of those who are undercounted or underrepresented and its commitment to health equity via data equity."

The award was presented on May 16, 2024, at the AAPOR 79th annual conference in Atlanta.

Why data disaggregation is so important
As government agencies and foundations incorporate population data more and more in their decision-making, Ponce said it's essential that they have more precise information. One way CHIS has been an

exemplar in collecting data on race and ethnicity is with the special efforts made to increase participation by underrepresented populations such as Native Hawaiians and Pacific Islanders, American Indians and Alaska Natives, and Asian subgroups, as well as immigrants, older adults, and LGBTQ+ populations.

When the COVID-19 pandemic began, CHIS created several tools to track case and death rates and various risk factors, revealing systemic social and health inequities. The survey also added a series of COVID-19 questions and, for the first time in history, released preliminary estimates on topics such as COVID-19 treatment and vaccine acceptability, personal and financial impacts of the pandemic, and hate incidents. Sharing these preliminary estimates helped policymakers, health experts, and the public understand the immediate and ongoing impact of the pandemic on Californians.



Another way CHIS has been a leader in the field of data collection has been through its evolution. Todd Hughes, director of CHIS, led a redesign in 2019 that moved the methodology from a telephone survey to an address-based sampling design using mail push-to-web data collection with telephone follow-up.

“The DNA of our work is accurate and precise representation. That means meeting people where they are, and as technology evolves, we have, too,” Hughes said. “It’s humbling to see the rigorous work of our team earn such recognition.”

Creating more precise data sets requires purposeful work

Researchers undertake special efforts during the sample design process to ensure that the people surveyed reflect the population of the most diverse state in the country.

Additionally, survey materials in Spanish, Chinese (Mandarin and Cantonese), Korean, Vietnamese, and Tagalog are sent to sample addresses, based on prediction models of the language needs of each address. Bilingual telephone interviewers are available in each of these languages as well.

Partnering with other researchers and organizations in recent years, CHIS has implemented oversamples of American Indians and Alaska Natives, as well as specific geographic area oversamples to meet targets of age/race/ethnicity profiles for local health departments and health delivery systems.

This level of data disaggregation enables researchers to measure the health and well-being of small population groups, allowing the data-driven health narrative for different groups to be told in their own voices.

The award from AAPOR, which includes producers and users of survey data from a variety of disciplines, comes as the UCLA CHPR celebrates three decades of work.

“To be honored among our peers and colleagues is wonderful,” Ponce said. “This kind of recognition fuels us all as we chart the future of how the UCLA Center for Health Policy Research will continue to work toward health equity through data equity.”



Elevating Voices, Driving Change:

Ninez Ponce Honored with Prestigious Health Education Award

Whether leading the UCLA Center for Health Policy Research (CHPR), teaching students at the UCLA Fielding School of Public Health (FSPH), or speaking with lawmakers in Sacramento or Washington, D.C., UCLA CHPR Director Ninez A. Ponce, PhD, MPP, is widely esteemed for her decades-long dedication to turning this ideal into reality: “Without data equity, we will not achieve health equity.”

In her work, Ponce has helped ensure public health data collection goes beyond just including historically underrepresented communities; she has focused on these communities to understand their unique needs and developed health programs and policies to address them.

In recognition of this commitment, [Ponce received the 2024 Elizabeth Fries Health Education Award](#) from the CDC Foundation and the James F. and Sarah T. Fries Foundation.

“Helping make sure health policies live up to their promises and truly benefit everyone has been my life’s work. Receiving an honor like this wouldn’t have been possible without colleagues, mentors, and collaborators,” said Ponce, who is also principal investigator of the California Health Interview Survey (CHIS) and the Fred W. and Pamela K. Wasserman Chair in Health Policy and Management at the UCLA FSPH. “As a professor at UCLA, being able to share my



“Without data equity, we will not achieve health equity.”

passion for this work with the next generation of health policy scholars is a humbling honor.”

The Elizabeth Fries Health Education Award was established in 1992 in memory of James and Sarah Fries’ late daughter, a professor of psychology at Virginia Commonwealth University and co-director of the Cancer Outreach Program. The \$50,000 prize is awarded annually to an individual who has made substantial contributions to their area of health education.

“We’re thrilled to honor Ninez Ponce for her scholarship and policy advocacy for data equity and representativeness that has generated new and crucial understandings of racial and ethnic health disparities, particularly for Asian, Native Hawaiian, and Pacific Islander populations,” said Dr. Judy Monroe, president and CEO of the CDC Foundation.

“The public health data infrastructure she and the UCLA Center for Health Policy Research have built in California has provided comprehensive findings that have informed state and federal policy,

and enabled communities to identify key health needs, tailor interventions, and advocate for resources to address health disparities."

As one of the founders of CHIS nearly 25 years ago, Ponce helped pioneer ways to democratize data and put it into the hands of the public in ways that inform, educate, and result in grassroots-driven policy change. The center's data and research have been cited in bills and cases on health care reform in California, the impact of the federal "public charge" rule, food

assistance for undocumented immigrants, and more. In 2024, users ran 102,000+ queries in AskCHIS™ and AskCHIS™ Neighborhood Edition – totaling more than 1.9 million queries since inception.

"It's so gratifying to see how many organizations and people use California Health Interview Survey data," Ponce said. "It's a powerful reminder about how putting information into the hands of the public exemplifies what we set out to do in creating the UCLA Center for Health Policy Research."

An elected member of the National Academy of Social Insurance, Ponce currently serves on the Data Disaggregation workgroup for the White House Asian American, Native Hawaiian, Pacific Islander Commission. She is also an associate editor for diversity, equity, and inclusion at JAMA Health Forum, on the editorial boards of Milbank Quarterly, Health Services Research, and Health Affairs Scholar, and has served on the board of scientific counselors for the National Center for Health Statistics.

As a recognized leader in using data to advance health equity, in December 2023 the UCLA CHPR scaled its work nationally by launching the UCLA Data Equity Center. This initiative will team UCLA researchers and other experts in data science with organizations, scholars, and agencies across the country to help ensure that historically marginalized populations are more accurately represented in information used by government, business, and philanthropy to make crucial decisions.

"In all of Dr. Ponce's work, she brings a steady, calm, and inspiring voice to her education efforts, bringing along policymakers and program leaders to understand the distributional impacts of the choices they make and the importance of making the 'invisible, visible' by ensuring data disaggregation," said Dr. Lisa Simpson, former president and CEO of AcademyHealth, who nominated Ponce for the award.



CHIS in Legislation

CHIS data
were used for
part of the
analysis or
background
for **30**
bills

Each year, the California Health Benefits Review Program (CHBRP) responds to requests from the California State Legislature to provide independent analysis of the medical, financial, and public health impacts of proposed health insurance benefit mandates and repeals. CHIS and the UC Berkeley Labor Center and UCLA Center for Health Policy Research's California Simulation of Insurance Markets (CalSIM) microsimulation model are both used as data sources.

During the 2023–2024 legislative session, CHIS data were used for part of the analysis or background for **30 bills** and specifically cited in the estimates provided in the following CHBRP analysis:

[Assembly Bill \(AB\) 2467 Menopause \(Bauer-Kahan\)](#) would require coverage for treatment of menopause symptoms, including but not limited one particular drug and multiple bill-identified therapeutic categories of drugs.

[Senate Bill \(SB\) 839 Obesity Parity Treatment Act \(Bradford\)](#) would require comprehensive coverage for obesity treatments, including intensive behavioral therapy (IBT), bariatric surgery, and the two groups of prescription drugs approved by the Food and Drug Administration (FDA) with an indication for weight management: glucagon-like peptide 1 (GLP-1) receptor agonists and non-GLP-1s. SB 839 would also require that cost sharing for obesity treatments not be different or separate from treatments for other illnesses, conditions, or disorders.

CHIS Data Cited in Assembly Committee Meetings

[California State Assembly Select Committee on Mental Health Accessibility within Non-English Speaking Communities](#)

Thu Quach, PhD, president of Asian Health Services, cited CHIS data during her testimony on advancing mental health equity for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs).

“Lack of disaggregated data masks disparities within and among AANHPI groups. For example, despite significant mental health stressors, the statewide California Health Interview Survey (CHIS) shows that 16% of Asian Americans reported the need for mental health support, which is lower than California’s overall population of 24%. But when the data is disaggregated by ethnicity and by age group, we see that more apparent disparities such as 43% of Southeast Asian adolescents reported needing mental health support compared to California’s statewide adolescent average of 34%. Similarly, while 6% of all Asian older adults thought about suicide in the last year, when disaggregated 16% of Korean older adults contemplated suicide.

Furthermore, many surveys are not conducted in-language, thus excluding AANHPI populations with limited English proficiency. Some studies that utilize in-language survey and screening instruments have shown greater mental health concerns and underutilization among AANHPI respondents, underscoring the need for more linguistically inclusive research.

For decades, our communities have advocated for accurate data as is paramount to advancing health equity. We can't address disparities impacting communities unless we can uncover the true inequities.”

California State Assemblymembers Mike Fong, Alex Lee, Evan Low, Esmeralda Soria, Phil Ting, and Stephanie Nguyen, who serves as chair of the committee, participated in the hearing.

California State Assembly Select Committee on Happiness and Public Policy Outcomes

In a hearing of the Select Committee on Happiness and Public Policy Outcomes, experts shared factors influencing happiness across different age demographics in California and explored policy recommendations designed to address barriers to happiness.

Martha Dominguez-Brinkley, PhD, deputy director of program innovation and evaluation at First 5 California, cited data from the 2019–2022 CHIS in her testimony, highlighting trends in pregnancy plans among females ages 18–44 by race and ethnicity.

California State Assembly Speaker Emeritus Anthony Rendon and California Assemblymembers Lisa Calderon and Pilar Schiavo participated in the hearing.

California Senate Passes Bill Recognizing Native Hawaiian and Pacific Islander Heritage Month

Sponsored by Senator Dave Min, this bill recognizes April 2024 as Native Hawaiian and Pacific Islander Heritage Month, recognizes the role that Native Hawaiians and Pacific Islanders (NHPIs) have played in the social, economic, and political development of California throughout the state’s history, and encourages all federal, state, and local organizations to promote the preservation of NHPI history and culture, including the preservation of NHPI communities. The bill, which cites UCLA CHPR and its NHPI Data Policy Lab, passed the Senate on June 20, 2024.



Disaggregation Nation:

Ninez Ponce discusses revised federal data collection standards

The new set of minimum race and/or ethnicity categories are:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Affirming years of work by demographic researchers and public health experts around the country — including those at the UCLA Center for Health Policy Research (CHPR) and California Health Interview Survey (CHIS) — that called for more inclusive and precise data collection, in 2024 the Biden administration announced changes that expand how population data will be collected by the federal government.

It is the first significant update to how racial and ethnic population data has been collected by the White House Office of Management and Budget (OMB) since 1997.

“My colleagues and I are beyond thrilled by this welcome and long-overdue news,” [said Ninez A. Ponce, PhD, MPP](#), director of the UCLA CHPR and principal investigator of the CHIS. “It’s not possible to fully understand the unique experiences and needs of different racial and ethnic groups if we don’t allow individuals to identify themselves on a form as they identify themselves in daily life.”

Ponce in May 2023 had joined leaders from the government, health, business, and other sectors at a [White House Forum on Asian Americans, Native Hawaiians, and Pacific Islanders](#). “As our society evolves to become ever more multicultural and multiethnic, these new rules are a crucial step toward recognizing that and toward achieving health equity.”

UCLA CHPR’s CHIS, Data Equity Center, and NHPI Data Policy Lab each submitted letters to OMB with feedback to revise the standards in [2023](#).

Race and ethnicity question changed, category added

The biggest change to Statistical Policy Directive No. 15 eliminates separate questions for selecting “race” and “ethnicity.” Instead, this will be one question that allows a person to choose the myriad ways they identify. Also, the category of “Middle Eastern or North African” has been added.

Federal agencies will be required to collect more than the “minimum required race and ethnicity categories for most situations, to ensure further disaggregation in the collection, tabulation, and presentation of data when useful and appropriate,” the OMB said in its announcement.

Disaggregating Native Hawaiian and Pacific Islander data

The experiences of Native Hawaiians and Pacific Islanders (NHPs) during the height of the COVID-19 pandemic exemplify the problems of overly broad racial and ethnic categories. Datasets that grouped NHPs in the Asian category showed that other racial and ethnic groups were in far more jeopardy. However, in the few states that disaggregated NHPs, data showed that the community was dying at the highest rates of any racial or ethnic group.

Federal agencies must submit plans for complete compliance within 18 months and finish bringing all data collections and programs into compliance with the updated standards within five years.

Getting private industry to buy into the new federal standards

In a [July 2024 discussion hosted by the Robert Wood Johnson Foundation \(RWJF\)](#) about the revised standards, Ponce said the key is minimizing the “other race” category in public health.

“For public health, it is about detecting need. And aggregation hides needs.” For example, she said Koreans in California had one of the highest uninsured rates, but it was not seen in datasets that did not separate Asian data by ethnicity.

Will private health sector follow collection guidelines?

While federal agencies will be required to use the new standards, it's not mandatory for private companies working in health care or health care-related fields to follow them.

Ponce said that private health sectors have a goal of providing excellent health care, but with a focus on profit, while the Centers for Medicare and Medicaid Services have more of an equity agenda. But she thinks having the right incentives could get private health providers to follow federal standards on data collection.

“If the accrediting bodies [of the private sector health care industry] are saying you cannot be accredited unless you comply at the minimum with OMB’s Statistical Policy Directive 15, then that is one way to incentivize change,” Ponce said.

“They are losing dollars on the table. You cannot have high-quality delivery of care or effective health systems if you do not have the data equity piece.”

“

For public health, it is about detecting need. And aggregation hides needs.”

CHIS in Media

As the United States' largest state-based population health survey and a national model for rigorous survey data collection of diverse populations, CHIS continues to be a highly trusted source in some of the country's top publications while also reaching often-ignored smaller audiences in hyperlocal news media.

450+

mentions of CHIS and CHIS data
in news outlets around the world

60+

media outlets

Outlets include:

ABC 10

AsAm News

California Healthline

CalMatters

Capital & Main

Financial Times

HealthDay

KPBS

KFF Health News

KQED

KTLA

L.A. Taco

LAist

MSN

Newsweek

The Sacramento Bee

**USC Annenberg Center
for Health Journalism**

Vanity Fair Italy

WebMD





KFF Health News

[California Is Investing \\$500M in Therapy Apps for Youth. Advocates Fear It Won't Pay Off.](#)

Nearly half of California youths from the ages of 12 to 17 report having recently struggled with mental health issues, with nearly a third experiencing serious psychological distress, according to a 2021 study by the UCLA Center for Health Policy Research. These rates are even higher for multiracial youths and those from low-income families.

Newsweek

[California Food Program in Danger](#)

California has a significant food insecurity problem, with UCLA's Center for Health Policy and Research finding 3.4 million residents went hungry in 2021, and 39 percent of adults could not afford enough food for themselves.

The Korea Daily

[Lack of Korean-speaking psychiatrists, with less than 10 doctors in LA Koreatown](#)

The UCLA Center for Health Policy Research also identifies language as a critical barrier. "Language significantly hinders access to mental health care for the Korean community in California, where almost half have limited English proficiency. Bilingual professionals, in-language services, and Korean materials are essential," says Ninez Ponce, director of the UCLA Center for Health Policy Research. "Mainstream providers might misdiagnose or overlook mental distress in Koreans, underscoring the need for culturally aligned training and practices."

AsAm News

[Asian foster kids face housing instability and homelessness as young adults](#)

A recent report by the UCLA Center for Health Policy Research used 2022 California Health Interview Survey (CHIS) data to show the mental health effects of housing instability on adults apart from the impact of being in and exiting the foster care system.

MSN

[LGBT adults in California face increased risks of firearm violence](#)

In analyzing data from the 2021 and 2022 California Health Interview Survey, or CHIS, researchers found that more lesbian, gay, bisexual, and transgender adults in California (55%) reported that they were "somewhat" or "very worried" about being a victim of gun violence than non-LGBT adults (45%). California is home to an estimated 2.9 million LGBT adults.

"LGBT people are also at comparable or higher risk of intimate partner violence, and they are more likely to report suicide attempts, further underscoring why we need to study firearm violence as a matter of public health and human rights," said Ninez Ponce, director of the UCLA CHPR.

LAist

[Some immigrants in LA County struggle with post-election fear, anxiety. Here's where to seek help](#)

According to a study published last year by the UCLA Center for Health Policy Research, the percentage of immigrant adults in California with "serious psychological distress" increased by 50% between 2015 and 2021. The study defines serious psychological distress as severe, diagnosable mental health conditions, like depression and anxiety.

“Public health data are intended to help policymakers

address the needs of all communities. Having the right data — data that allow us to understand differences within population subgroups — can help us pinpoint the needs of specific communities, allocate resources more appropriately and develop more effective solutions. But if our data fail to capture our population’s diversity, we may fail to meet the needs of millions.

Setting the Agenda

Ninez A. Ponce, PhD, MPP, director of the UCLA CHPR and principal investigator of CHIS, authored an [op-ed in The Hill](#) about the critical importance of changes made by the White House’s Office of Management and Budget (OMB) to federal data collection standards.

The Hill is one of the leading news outlets covering policy and politics in Washington, D.C., and a must-read among members of congress, senators, policymakers, and their staffs.

“OMB’s changes — the first since 1997 — were a key component of the call to action and recommendations from the Robert Wood Johnson Foundation’s National Commission to Transform Public Health Data Systems, of which Ponce was a member.

Will federal agencies understand and implement the new standards properly?

There is also the question of how the data will be reported. How nuanced should the reporting be? What is the best way to present the data?

These and other questions need to be addressed urgently because the next Census will be here before we know it. At the same time, safeguarding privacy, confidentiality, and statistical stability remain paramount. However, it is also essential that the data reflect all people — regardless of their race or ethnicity. It’s possible to do both. The California Health Interview Survey, which I lead, and which is the nation’s largest state health survey, is proof of that.

Every person behind those stories deserves to be seen for who they are — not as “other,” or hidden inside some broad category of race or ethnicity that makes them less visible. We must act now to ensure that, by the next Census, everyone counts.”

Bragging RIGHTS

The Research on Immigrant Health and State Policy (RIGHTS) Study, created and previously led by the late Steven P. Wallace, PhD, associate center director and UCLA Fielding School of Public Health professor, aimed to understand the experiences that Asian and Latinx Californians have as they seek health care, go to work and school, and engage in their communities, as well as how the state's policies and programs shape these experiences and how such experiences influence people's ability to seek the health care they need.

A follow-on survey to the California Health Interview Survey (CHIS), the RIGHTS Study focused on 1,000 Asian and 1,000 Latinx immigrants. Sixty individual interviews were conducted with Chinese and Mexican immigrants in L.A. and Fresno counties to compare experiences in a county where policies were more "inclusive" toward immigrants (for example, L.A. offers health care to residents regardless of citizenship status) compared to a county whose policies were likely to exclude immigrants.

In August 2024, the UCLA Center for Health Policy Research released three videos highlighting the study. The videos have nearly **35,000 views**.

[How Public Policy Shapes the Experiences of Immigrant Health: The RIGHTS Study](#)
RIGHTS Study researchers share findings from the study.

23,803 views

[Expanding Knowledge to Advance Immigrant Health in California: The RIGHTS Study](#)
RIGHTS Study researchers discuss the importance of understanding immigrant communities and how state and federal policies can affect immigrant health.

2,788 views

[Giving Voice to Immigrant Health in California: The RIGHTS Study](#)

RIGHTS Study researchers share their personal stories about being immigrants or children of immigrants in this country and talk about why the study is so important.

8,205 views

The work of the RIGHTS Study also showed up in a very unexpected place this year – the Scot Scoop, the student newspaper of Carlmont High School in Fremont, California. Student reporter Antonina Mikriukova cited data from a [RIGHTS Study policy brief](#) in her story about how local theater in the Belmont area helped immigrants feel welcome in their communities.

"I came across your data while doing online research for my article and used it because I thought it clearly demonstrated the point I wanted to get across," Mikriukova said in an email. "Scot Scoop is an award-winning student news site (we recently won the 2024 Pacemaker Award!), and our journalism advisor taught us to use only the most reputable and precise sources in order to lend credibility and professionalism to our publication."

Seeing the CHPR's work referenced as "most reputable" in high schools and with the next generation of potential leaders, journalists, policymakers, and advocates is a surprising example of one of the center's founding ideas – "data should not sit on a shelf."



A study from the UCLA Center for Health Policy Research found

70%
of immigrants surveyed felt as though they had been discriminated against in the workplace on the basis of skin color or accent.

– Antonina Mikriukova

CHIS in UCLA CHPR Events



February 2024

[Piecing the Puzzle of AANHPI Mental Health: A Community Analysis of Asian American, Native Hawaiian, and Pacific Islander Mental Health Experiences in California](#)

February 29, 2024

Fontane Lo, Ninez A. Ponce, Karthick Ramakrishnan, Connie Tan

March 2024

[Uneven Protection: Gaps in California's Tobacco Control Policy Coverage Leave Many Vulnerable](#)

March 27, 2024

Evi Hernandez, Ninez A. Ponce, Peggy Toy, Yu Yu

April 2024

[The Stark Contrasts in LA County's Preventable Hospitalizations and Emergency Department Visits](#)

April 23, 2024

Susan H. Babey, Ninez A. Ponce

May 2024

[Intersection Between Identity and Data: An Innovative Approach to Disaggregating Data Among the Hispanic and Latino Communities](#)

May 16, 2024

AJ Scheitler, Lindsey Whittington

June 2024

[Diving into CAPIWAVES: Examining Mental Well-Being and COVID-19 Economic Impacts Among NHPs in California](#)

June 11, 2024

Richard Calvin Chang, Melenaite Fifita, Brittany Morey, Corina Penaia, Ninez A. Ponce

[LGBTQ People and Gun Violence: Threats and Strategies to Promote Safety](#)

June 13, 2024

Kerith Conron, Kate Reese, Mallery Jenna Robinson, Gabriella Rodriguez, Refugio "Cuco" Rodriguez

July 2024

[Addressing Social and Economic Drivers of Health among Californians Who Need Long-Term Services and Supports](#)

July 24, 2024

Lei Chen, Kathryn Kietzman

Pathways to Data Equity: State Data Leaders Summit

July 30–31, 2024

AJ Scheitler, Susan H. Babey, Ninez A. Ponce

The UCLA CHPR's Data Equity Center hosted a two-day summit in Minneapolis, Minnesota, bringing state data equity leaders from across the country together for an insightful exchange of information and ideas on topics including the impact of the new OMB guidelines on the collection of race and ethnicity on data collection, reporting, and dissemination practices; community engagement; data collection and processing practices; and the challenges facing states implementing data changes. Presenters included staff from CHIS, as well as the U.S. Census, State Health Access Data Assistance Center (SHADAC), California Department of Public Health, Oregon Health Authority, Colorado Health Institute, HARC.

"The UCLA team brought together such an amazing cross-section of people working to advance equity in their states as well as the incredible experts from the Census. I came out of this convening with an even stronger community of peers, great ideas for supporting the implementation of demographic data standards, and a real optimism for advancing equity in the state of California."

— Jason Lally

State Chief Data Officer

California Office of Data and Innovation

August 2024

California Health Interview Survey (CHIS) Data User Training

August 27, 2024
Jacob Rosalez

October 2024

California Health Interview Survey (CHIS) Data Release

October 3, 2024
Todd Hughes, Ninez A. Ponce

California Health Interview Survey (CHIS) Data User Training

October 17, 2024
Jacob Rosalez

2024 E.R. Brown Symposium: Building a Better Future of Health Policy and Research

October 24, 2024
Todd Hughes, Royce Park, Ninez A. Ponce, Jacob Rosalez

November 2024

UCLA Center for Health Policy Research 30th Anniversary Gala and Awards Dinner

November 13, 2024

The UCLA CHPR hosted a celebration honoring the UCLA CHPR and CHIS leadership, key researchers, and partners who have been integral to CHPR's milestone achievements during the last 30 years that have made California the state to emulate in health policy. Current and former staff shared CHIS' beginnings and celebrated former staff and honorees who helped shape CHIS.



1,700+

attendees across
UCLA CHPR events
featuring CHIS data



January 2024

California Breast Cancer Research Program’s Occupational Risks and Consumer Products Contributing to Breast Cancer Virtual Conference
January 19, 2024 | Virtual
[Translating Research to Policy – Breakout Session](#)
AJ Scheitler

March 2024

National Committee for Quality Assurance (NCQA) Health Equity Forum
March 4–5, 2024 | Los Angeles, California
[Current and Future State of Collecting, Managing and Sharing Data - The UCLA Data Equity Center](#)
Ninez A. Ponce



CHIS in Presentations

Los Angeles, Atlanta, Minneapolis, New York, St. Louis, Seattle, Baltimore, Portland, and Hawai’i. UCLA Center for Health Policy Research staff and faculty shared CHIS across the United States.

California Oral Health Technical Assistance Center (COHTAC) – Local Oral Health Program Convening
March 5, 2024 | Los Angeles, California
[California Health Interview Survey \(CHIS\) as an Oral Health Data Source for Community Needs Assessments](#)
Andrew Juhnke

Society of Public Health Education Annual Meeting – [Presentation of the 2024 Elizabeth Fries Health Education Award](#)
March 20, 2024 | St. Louis, Missouri
Ninez A. Ponce

April 2024

Addressing Health Equity and Data (AHEAD) Community Data Training Module 2 – Finding Data
March 7 and 18, 2024 | Virtual
Richard Chang, Christen Marquez, Corina Penaia
The Native Hawaiian and Pacific Islander (NHPI) Data Policy Lab trained 45 members and staff from the NHPI community and organizations on how to access and use AskCHIS™.

California Conference of Local Health Data Managers and Epidemiologists (CCLHDME)
April 24, 2024
California Health Interview Survey: An Overview of CHIS and How Local Health Jurisdictions Can Use CHIS Data
Andrew Juhnke, Royce Park



“Data equity principles are to be applied at every step — from collecting, processing, tabulating [to] sharing the data. And you can’t do this unless you build community, because you’re collecting data on people.”

— Ninez A. Ponce, PhD, MPP

May 2024

California Oral Health Technical Assistance Center – Local Oral Health Program Convening

May 7, 2024 | Redding, California
[California Health Interview Survey \(CHIS\) as an Oral Health Data Source for Community Needs Assessments](#)
Andrew Juhnke

UCLA Latino Policy and Politics Institute Disaster Displacement Disparities and Undocumented Migrants Workshop

May 8, 2024 | Irvine, California
Overview of Disaster Impacts to Undocumented Migrants panel
Ángela Gutiérrez presented findings from her [policy brief](#) with lead author Imelda Padilla-Frausto.

Banbury Center Cold Spring Harbor Laboratory's Measure Racism, Not Just Race

May 15, 2024 | Lloyd Harbor, New York
Why Aggregated Data Is a Form of Structural Racism
Ninez A. Ponce



American Association for Public Opinion Research (AAPOR) 79th Annual Conference

May 15–17, 2024 | Atlanta, Georgia

[Change in Mode, Change in Content, or Change in Trends? Disentangling Trends in the Identification of Transgender Population in the California Health Interview Survey after Methodological Redesign](#)

Tara Becker, Todd Hughes, Jody Herman, Ilan Meyer

[Building Upon the NASEM Report Recommendations: Cognitive Testing of Sexual Orientation and Gender Identity \(SOGI\) in the California Health Interview Survey](#)

Todd Hughes, Nicole Lordi, Royce Park, Priyanka Shrivastava, Jiangzhou Fu, Valerie Steinmetz, Daniela Aguilar, Wanli Wan

[Translating Sex and Gender: Performance of Spanish and Asian Language Translations of a Two-Step Gender Identity Sequence](#)

Tara Becker, Ilan Meyer, Todd Hughes, Jody Herman



[An Experimental Evaluation of Methods for Converting Partial to Complete in an Address-Based Sample Survey](#)

Todd Hughes, Xinyu Zhang, Jiangzhou Fu, Royce Park, Vanessa Harrell, Margie Engle-Bauer

[Can Fedex Mailings Improve Response from Blacks or African Americans in an Address-Based Sample? An Experiment in the California Health Interview Survey](#)

Jiangzhou Fu, Todd Hughes, Xinyu Zhang, Royce Park, Arina Goyle

[Adapting Data Management Strategies for Novel Question Types: Insights from the California Health Interview Survey \(CHIS\) 2021–2022](#)

Yasmine Alhoch, YuChing Yang, Todd Hughes

Robert Wood Johnson Foundation Convening Panel Discussion

[Implications and Insights on Federal Revisions to Race and Ethnicity Data Collection](#)

May 17, 2024 | Virtual
Ninez A. Ponce

UCLA Asian American, Native Hawaiian, and Pacific Islander Heritage Month Panel: Measuring Race/Ethnicity: What the New Federal Standards Mean for Research, Policy, and Programs

May 21, 2024 | Virtual
Ninez A. Ponce

June 2024



AcademyHealth

2024 AcademyHealth Annual Research Meeting (ARM)

June 29–July 2, 2024 | Baltimore, Maryland

[Health-Related Outcomes Among Diverse Californians with Needs for Long-Term Services and Supports](#)

Lei Chen, Kathryn Kietzman

[Age Matters in Financial Strain and Health and Well-Being for Adults Who Need Long-Term Services and Supports](#)

Lei Chen, Kathryn Kietzman

July 2024

California Racial Equity Commission Data Committee Meeting

July 17, 2024 | Riverside, California
[Data Considerations and Opportunities Panel](#)

Ninez A. Ponce, John Dobard, Jason Lally, Edward-Michael Muña, Larissa Estes (facilitator)

August 2024

California Asian American and Native Hawaiian and Pacific Islander Health Equity Roundtable Convening

August 6, 2024 | Sacramento, California
Ninez A. Ponce

2024 Joint Statistical Meetings

August 8, 2024 | Portland, Oregon
[Integrating CHIS and ACS Data to Enhance Health Metric Estimations for Small Populations](#)

Zheyu Jiang, YuChing Yang, Tara Becker, Todd Hughes, Jiangzhou Fu, Ninez A. Ponce

September 2024

Cedars-Sinai Health System Health Equity Speaker Series

September 11, 2024 | Virtual
Profile of Patient: How Demographics Impact Health Outcomes Panel
Ninez A. Ponce

Persistent Poverty Initiative Annual Meeting at Stanford University

September 13, 2024 | Stanford, California
[Leveraging Real-World Data to Reduce Cancer Inequalities in Persistent Poverty Areas Panel](#)

Ninez A. Ponce

University of Hawai'i at Mānoa Thompson School of Social Work & Public Health Dean's Speaker Series

September 20, 2024 | Honolulu, Hawai'i
Ninez A. Ponce

October 2024



American Public Health Association (APHA) 2024 Annual Meeting and Expo

October 27–30, 2024 | Minneapolis, Minnesota

[The Intersection of Food Insecurity, Health Status and Other Social Drivers of Health Including Education, Housing, Neighborhood Safety, and Childhood Experiences](#)

Susan H. Babey

[Food Insecurity Associated with Avoiding Public Programs Due to Immigration Concerns](#)

Susan H. Babey, Joelle Wolstein, Sean Tan

[Housing Insecurity Associated with Avoiding Public Programs Due to Concerns About Immigration Status Among Low-Income Immigrant Adults](#)

Joelle Wolstein, Sean Tan, Susan H. Babey

CHIS data were also featured in the following presentations and posters:

[Air Pollution Exposure Disparities Among Asian American, Native Hawaiian, and Pacific Islander Subgroups in California](#)

[Championing Oral Health with Harm Reduction Strategies](#)

[Food Insecurity, Hunger, and Psychological Distress: Differences by Enrollment in SNPA](#)

[The Impact of Adverse and Positive Childhood Experiences on Psychological Distress by Race and Ethnicity](#)

[Explaining Ethnic Disparities in Telehealth Use with Different Levels of English Proficiency: A Decomposition Approach](#)

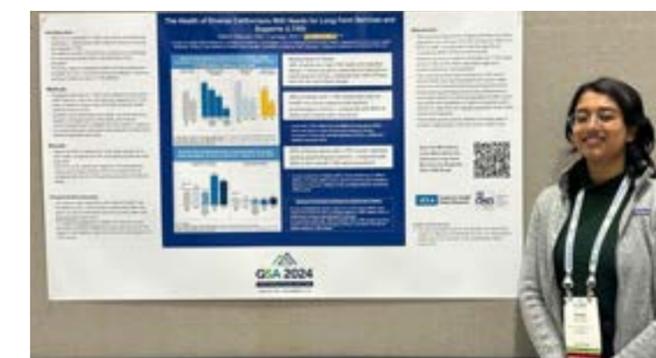
[Identifying Health and Well-Being Disparities within the LGBTQ Population in San Diego County](#)

November 2024



Covered California 2025 "Let's Talk Health" Open Enrollment Campaign

November 13, 2024 | Los Angeles, California
Riti Shimkhada



2024 Gerontological Society of America Annual Scientific Meeting

November 13–16, 2024 | Seattle, Washington
The Health of Diverse Californians with Needs for Long-Term Services and Supports
Kathryn Kietzman, Lei Chen, Preeti Juturu

CHIS Journal Articles and Policy Reports

The use of CHIS data in academic and policy circles has not only expanded our understanding of health disparities and trends but has also played a pivotal role in shaping evidence-based policies that address the unique health care needs of communities across the state.



UCLA CHPR Publications Featuring CHIS Data

UCLA CHPR staff produced 18 publications, including policy briefs, fact sheets, reports, and infographics, using CHIS data in 2024.

February 2024

[Piecing the Puzzle of AANHPI Mental Health: A Community Analysis of Mental Health Experiences of Asian Americans, Native Hawaiians, and Pacific Islanders in California Research Report](#)

Connie Tan, Fontane Lo, **Ninez A. Ponce**, Clarielisa Ocampo, Michelle Galán
Uses 2020–2022 CHIS data

March 2024

[State and Local Tobacco Control Policies Are Associated With Decreasing Cigarette Smoking Rates and Disparities Policy Brief and Infographic](#)

Ying-Ying Meng, Yu Yu, **Peggy Toy**, Evi Hernandez, **James Macinko**, **Ninez A. Ponce**
Uses 2014–2019 CHIS data

April 2024

[Geographic Disparities in Preventable Hospitalizations and Emergency Department Visits in Los Angeles County Policy Brief and Infographic](#)

Ninez A. Ponce, Susan H. Babey, **Ying-Ying Meng**, Sarah Stigers, Riti Shimkhada, **Srikanth Kadiyala**, Kristalee Lio, Patrick Chen, Jorge Reyno, Elaine Batchlor
Uses 2016–2021 CHIS data

[Firearms and Suicide Risk: Implications for Preventing Mortality and Morbidity Among California’s Youth Policy Brief and Infographic](#)

Roberto López Jr., Joan R. Asarnow
Uses 2021 and 2022 CHIS data

May 2024

[California Adults With Adverse Childhood Experiences \(ACEs\) Are at Greater Risk for Serious Psychological Distress and Report Perceived and Unmet Need for Mental Health Care Services Policy Brief and Infographic](#)

Sean Tan, Courtney S. Thomas-Tobin, Ángela Gutiérrez, Nicole Pereira, Lucas Oh
Uses 2022 CHIS data

June 2024

[California Adults Who Experience Housing Insecurity Also Experience Psychological Distress, With Few Seeking Mental Health Care Policy Brief and Infographic](#)

Joelle Wolstein, Nicole Pereira, **Sean Tan**, Lucas Oh
Uses 2022 CHIS data

[5 Facts: Gun Ownership and Fear of Gun Violence Among LGBT Adults in California Infographic](#)

Uses 2021–2022 CHIS data

July 2024

[The Health of Diverse Californians with Need for Long-Term Services and Supports Policy Brief and Infographic](#)

Kathryn Kietzman, Lei Chen, **Preeti Juturu**
Uses 2019–2020 CHIS data

[Financial Worries of Diverse Californians With Needs for Long-Term Services and Supports Fact Sheet](#)

Kathryn Kietzman, Lei Chen, **Preeti Juturu**
Uses 2019–2020 CHIS data

[How a Sense of Neighborhood Cohesion Affects the Health of Diverse Californians With Needs for Long-Term Services and Supports Fact Sheet](#)

Preeti Juturu, Lei Chen, **Kathryn Kietzman**
Uses 2019–2020 CHIS data

September 2024

[Firearm Ownership, Risk of Firearm Violence, and Fear of Firearm Victimization Among LGBT Adults in California Policy Brief](#)

Kerith Conron, **Sean Tan**
Uses 2021 and 2022 CHIS data

October 2024

[Gambling and Associated Health Risks in California Fact Sheet](#)

Sean Tan, **Ninez A. Ponce**
Uses 2023 CHIS data

“The work on CHIS and the reports and publications that have come from it have **informed the California and national landscape for decades**. CHIS has been **innovative with survey methodology** and processes to address survey response rates and engagement that keeps the information **robust and meaningful** for California. CHIS informs our work at DHCS across many of our programs as we continue to maximize coverage and deliver high-quality services.”

— **Dr. Linette Scott**

Chief Data Officer and Deputy Director, Enterprise Data and Information Management, California Department of Health Care Services

Peer-Reviewed Journal Articles Using CHIS Data by UCLA CHPR Staff

March 2024

Journal of Survey Statistics and Methodology

[Improving the Efficiency of Outbound CATI as a Nonresponse Follow-Up Mode in Address-Based Samples: A Quasi-Experimental Evaluation of a Dynamic Adaptive Design](#)

Michael T. Jackson, **Todd Hughes, Jiangzhou Fu**

Cites 2022 CHIS methodology

BMJ Public Health

[Health and Economic Cost Estimates of Short-Term Total and Wildfire PM_{2.5} Exposure on Work Loss: Using the Consecutive California Health Interview Survey \(CHIS\) Data 2015–2018](#)

Ying-Ying Meng, Yu Yu, Diane Garcia-Gonzales, Mohammad Z. Al-Hamdan, Miriam E. Marlier, Joseph L. Wilkins, Ninez A. Ponce, Michael Jerrett

Uses 2015–2018 CHIS data

April 2024

Mental Health Services Act (MHSA) Innovation Technology Suite Project Report

[Help@Hand Statewide Evaluation: Year 5 Annual Report/Preliminary Final Report](#)

Dara H. Sorkin, Dana Mukamel, et al., University of California, Irvine Program of Research in Translational Technology Enabling High Quality Care, University of California, Irvine

Uses 2019–2022 CHIS data

BMJ Public Health

[Persistent Effects of Legal Status on Healthcare Access and Outcomes: Findings from a State-Wide Representative Cross-Sectional Survey in California](#)

May Sudhinaraset, Lei Chen, Nadereh Pourat, Michelle Kao Nakphong, Maria-Elena De Trinidad Young

Uses 2018, 2020 CHIS data

Population Health

[The Legacy of Immigration Policies and Employment Exclusion: Assessing the Relationship Between Employment Exclusions and Immigrant Health](#)

Kevin F. Lee, **Michelle Kao Nakphong, Maria-Elena De Trinidad Young**

Uses 2020 CHIS data

May 2024

JMIR Pediatrics and Parenting

[Social Media Use and Serious Psychological Distress Among Adolescents](#)

Riti Shimkhada, Ninez A. Ponce

Uses 2019–2021 CHIS data

June 2024

Healthy Equity

[Implications and Insights on Federal Revisions to Race and Ethnicity Data Collection](#)

Tina Kauh, Meeta Anand, Maya Berry, **Ninez A. Ponce**

Cites CHIS

August 2024

Medical Care

[Health Care Access and Utilization and the Latino Health Paradox](#)

Clara B. Barajas, Alexandra C. Rivera-González, **Arturo Vargas Bustamante**, Brent A. Langellier, Damaris Lopez Mercado, **Ninez A. Ponce, Dylan H. Roby, Jim P. Stimpson, Maria-Elena De Trinidad Young**, Alexander N. Ortega
Uses CHIS questionnaire

September 2024

Journal of Immigrant and Minority Health

[Determinants to Tele-Mental Health Services Utilization Among California Adults: Do Immigration-Related Variables Matter?](#)

Hafifa Siddiq, **Kristen R. Choi**, Nicholas Jackson, Altaf Saadi, **Lillian Gelberg, Ninez A. Ponce**, Sae Takada
Uses 2015–2018 CHIS data

October 2024

Medical Care Research and Review

[Assessing Narrative Patterns in Health Access, Outcomes, and Behaviors Across Three Data Sets from England, the United States, and California for Sexual Minority Adults](#)

Sarah MacCarthy, Peyton Miller, **Ninez A. Ponce**, Marc N. Elliott
Uses CHIS data

Peer-Reviewed Journal Articles

Featuring CHIS Data by External Authors

December 2023

Innovation in Aging

[Extreme Weather and Health Among Older Populations: Individual and Contextual-Level Vulnerability and Resilience](#)

Eunyoung Choi, Bei Wu, Jennifer Ailshire
Uses 2021 CHIS data

January 2024

BMC Public Health

[Access to Healthcare Among Transgender Women Living with and without HIV in the United States: Associations with Gender Minority Stress and Resilience Factors](#)

Talia A. Loeb, Sarah M. Murray, Erin E. Cooney, Tonia Poteat, et al.
Uses 2011 CHIS data

Journal of Adolescent Health

[Rural vs. Urban Differences in Climate Change Anxiety and the Role of Civic Engagement Among California Adolescents](#)

Austin D. Le, Sara Warfield Kelly
Uses 2021 CHIS data

Journal of the American Board of Family Medicine

[Disparities in Screening for Adverse Childhood Experiences](#)

Héctor E. Alcalá, Amanda E. Ng, Nicholas Tkach, Dahai Yue, Mienah Sharif
Uses 2021 CHIS data

Screening for adverse childhood experiences (ACEs) in the clinical setting is set to become more commonplace with continued efforts to reimburse clinicians for screening. However, an examination of disparities in ACEs screening and related attitudes/beliefs is needed. Using 2021 CHIS data, authors found that Black, Latinx, and Asian individuals had lower odds of being screened for ACEs than non-Hispanic whites individuals. A recent doctor's visit, higher burden of ACEs, and serious psychological distress (SPD) were associated with higher odds of being screened. Latinx, women, bisexuals, those with a recent doctor's visit, and those with SPD had higher odds of believing clinicians asking about ACEs was very important, relative to their counterparts.

February 2024

American Journal of Industrial Medicine
[Exploring the Characteristics and Health Outcomes of Working from Home: Analysis of 2021 California Health Interview Survey Data](#)

Sungwon Park, Chang Gi Park, OiSaeng Hong
Uses 2021 CHIS data

Nonprofit and Voluntary Sector Quarterly
[The Relation Between Perceived Racial Discrimination and Civic Engagement Among People of Asian Descent](#)

Long Tran, Darwin Baluran, Shahidul Hassan
Uses 2021 CHIS data

The Journal of Allergy and Clinical Immunology

[Asthma Episode/Attack Risk By Smoking Status, Self-Reported Gender, Educational Attainment, E-Cigarette Usage and Exposure to Marijuana Smoke](#)

Lillian Cooper, Paulina Ordonez, Katherine Saxton
Use 2021 CHIS data

Preventing Chronic Disease

[Temporal Patterns in Fruit and Vegetable Intake Among Racially and Ethnically Diverse Children and Adolescents in California](#)

Maria Elena Acosta, Emma V. Sanchez-Vaznaugh, Mika Matsuzaki, Nancy Barba, Brisa N. Sánchez
Uses 2011–2020 CHIS data

Journal of Community Medicine and Public Health Reports
[Impact of Primary Care Utilization and Insurance on Emergency Department Visits](#)

Henry O'Lawrence, Alfonso Vargas, Linda Martinez, Rebecca M. Perley
Uses 2021 CHIS data

Social Work in Public Health

[Health Literacy Among Korean American Immigrant Women in the USA: Role of Social Support](#)

Y. Joon Choi, Hee Yun Lee, Young Ji Yoon, Julianne Blackburn
Uses CHIS methodology on health literacy

March 2024

Journals of Gerontology, Series B [Loneliness and Psychological Distress Among Older Californians: The Moderating Roles of Citizenship Status and English Proficiency](#)

Kazumi Tsuchiya, Harry Owen Taylor, Adrian Matias Bacong, Michael David Niño
Uses 2019–2020 CHIS data

Compared with native-born older adults, older immigrants are more likely to experience loneliness, which could negatively affect their health and well-being. Using CHIS data, authors examine whether loneliness, citizenship status, and English proficiency were associated with psychological distress.

After adjusting for health and sociodemographic factors, authors found that while loneliness was associated with distress, citizenship status and English proficiency were not.

However, when citizenship status and/or English proficiency were combined with loneliness, there was an amplified negative effect on health among naturalized citizens and those with limited English proficiency compared with native-born citizens and those who speak English only.

BMC Public Health [Racial/Ethnic Differences in the Association Between Transgender-Related U.S. State Policies and Self-Rated Health of Transgender Women](#)

Wesley M. King, Kristi E. Gamarel, Nancy L. Fleischer, Asa E. Radix, et al.
Participants completed five-item CHIS social support measure

Preventing Chronic Disease [Integrating Healthy Nutrition Standards and Practices Into Food Service Contracting in a Large US County Government](#)

Michelle Wood, Brenda Robles, Jacqueline Beltran, Tony Kuo
Uses 2021 CHIS data

April 2024

Children [Associations Among COVID-19 Family Stress, Family Functioning, and Child Health-Related Quality of Life through Lifestyle Behaviors in Children](#)

Kay W. Kim, Jan L. Wallander, Deborah Wiebe
Uses 2009 CHIS dietary screener

Journal of Occupational and Environmental Medicine [Unmet Mental Health Needs Among California Workers Since the Start of the COVID-19 Pandemic](#)

Kathryn Gibb, David P. Bui, Jonah Cox, Nichole Watmore, Ximena P. Vergara
Uses 2013–2021 CHIS data

Journal of Asthma and Allergy [Costs of Air Pollution in California's San Joaquin Valley: A Societal Perspective of the Burden of Asthma on Emergency Departments and Inpatient Care](#)

Gilda Zarate-Gonzalez, Paul Brown, Ricardo Cisneros
Uses CHIS data sources to identify asthma prevalence among people in the San Joaquin Valley

Journal of Human Behavior in the Social Environment [Predictors of Healthcare Usage Among Asian Americans During the COVID-19 Pandemic in California](#)

Sharon Kim Tran, Janaki Santhiveeran
Uses 2021 CHIS data

May 2024

JAMA Network Open [Telehealth Experience Among Patients with Limited English Proficiency](#)

Jorge A. Rodriguez, Elaine C. Khoong, Stuart R. Lipsitz, et al.
Uses 2021 CHIS data

June 2024

Current Oncology [Navigation-Based Telehealth Informed Decision-Making for Prostate Cancer Screening in Black Men](#)

Djibril M. Ba, Chrispin Kayembe, Joe Littlejohn, Lauren J. Van Scoy, et al.
Uses CHIS question on discrimination

July 2024

American Journal of Epidemiology [Estimating Dementia Incidence in Insured Older Asian Americans and Pacific Islanders in California: An Application of Inverse Odds of Selection Weights](#)

Eleanor Hayes-Larson, Yixuan Zhou, Yingyan Wu, Gilbert C. Gee, Ron Brookmeyer, et al.
Uses CHIS insurance data

August 2024

The New England Journal of Medicine [Table Stakes for Equity – Consumer Demographic Data at a State-Based Marketplace](#)

S. Monica Soni, Jessica Altman
Uses 2013, 2016, and 2022 CHIS data

BMC Public Health [Acculturating to Multiculturalism: A New Dimension of Dietary Acculturation Among Asian American, Native Hawaiian, and Pacific Islander Women in the San Francisco Bay Area, USA](#)

Judy Y. Tan, Alice Guan, Autumn E. Albers, et al.
Uses 2011–2012 CHIS methodology

Journal of the American Medical Informatics Association [User Guide for Social Determinants of Health Survey Data in the All of Us Research Program](#)

Theresa A. Koleck, Caitlin Dreibach, Chen Zhang, Susan Grayson, et al.
Uses 2018 CHIS adult questionnaire

August 2024

PLOS Climate

[Exposure to Climate Events and Mental Health: Risk and Protective Factors From the California Health Interview Survey](#)

Daniel Zhao, Elissa Epel, Elaine Allen, Alison R. Hwong
Uses 2021 CHIS data

Using the new climate change data in the 2021 CHIS, this study examines how individual factors and neighborhood social cohesion are associated with negative mental health effects of exposure to extreme weather events. Analyzing the association between respondent characteristics and self-reported negative mental health effects following exposure to extreme weather events, the study found that 53% of respondents reported being affected by climate events, and of these, 22.8% reported a negative impact on their mental health. **“To our knowledge, this is the first United States statewide panel survey that directly asks about climate change-related mental health effects,** providing normative statewide data on climate-related distress levels from a large, diverse sample of respondents,” the authors wrote. **“This survey is notable for capturing data from a state that has shouldered a significant burden of climate events, including wildfires and floods.”** The study was featured in HealthDay, MedicalXpress, Physician’s Weekly, and other outlets.

September 2024

Sexes

[Contraceptive Use Disparities in Asian American Women in 2015–2016: California Health and Interview Survey](#)

Hui Xie, Yannan Li, Chi Wen, Qian Wang
Uses 2015–2016 CHIS data

Community Science

[Environmental Health Assessment by Local Environmental Justice Experts for Evidence-Based Decision-Making in an Agricultural Community of Northern California](#)

Alfonso A. Aranda, J. Skye Kelty, et al.
Uses 2005–2017 CHIS data

Circulation

[Social Determinants of Cardiovascular Health in Asian Americans: A Scientific Statement From the American Heart Association](#)

Nilay S. Shah, Namratha R. Kandula, Yvonne Commodore-Mensah, Brittany N. Morey, et al.
Uses 2003–2020 CHIS data

Cancer Epidemiology, Biomarkers & Prevention

[Assessing Cigarette Smoking Intensity Among California Adults and the Need for Tailored Interventions to Reduce Health Disparities](#)

Salome Kapella Mshigeni, Anhthu Nguyen, Julian C. Sacdalan, et al.
Uses 2019 CHIS data

October 2024

SSM - Mental Health

[Has Population Mental Health Returned to Pre-pandemic Levels, Among and Between Racialized Groups and by Immigration Status?](#)

Caitlin Patler, Paola D. Langer
Uses 2017–2022 CHIS data

GeoHealth

[The Impact of Wildfire Smoke on Asthma Control in California: A Microsimulation Approach](#)

Sigal Maya, Neeta Thakur, Tarik Benmarhnia, Sheri D. Weiser, James G. Kahn
Uses 2019–2020 CHIS data

November 2024

Psychiatric Services

[Changes in Mental Health Services Use Under the ACA in One State: Role of Mental Health Provider Shortages](#)

Lyoung Hee Kim
Uses 2011–2018 CHIS data

January 2024

**The Williams Institute Reports
[Transgender Immigrants in California](#)**

Elana Redfield, Rubben Guardado,
Kerith J. Conron
Uses 2015–2021 CHIS data

[Latinx LGBT Immigrants Without Green Cards in California](#)

Rubben Guardado, Miguel Fuentes
Carreño, Kerith J. Conron
Uses 2015–2021 CHIS data

LGBTQ people experience well-documented discrimination and stigma, which is associated with increased risk for violence and negative health and economic outcomes. Using CHIS data, the Williams Institute produced two reports examining the demographic, socioeconomic, and health characteristics of transgender immigrants and Latinx LGBT immigrants without green cards in California.

“UCLA CHPR has been an invaluable and key partner with the Williams Institute in advancing our knowledge about gender identity and sexual orientation measures for surveys. In 2014, the team at CHIS and the Williams Institute worked together to test measures for gender identity that would help create representative data about transgender Californians. The work we did back then would set the stage for further evidence-based refinement of these measures over the years and would help inform and support efforts to expand gender identity data collection at the federal level,” said Jody L. Herman, PhD, the Reid Rasmussen Senior Scholar of Public Policy at the Williams Institute. “This work is ongoing, and CHPR and CHIS can be incredibly proud of their efforts in advancing trans health research, not only in California, but nationally.

Reports and External Publications that Use CHIS

January 2024

San Francisco Department of Public Health Report

[2023 San Francisco Biennial Food Security and Equity Report](#)

Uses 2018–2022 CHIS data

**Kidsdata.org Dashboard
[Children Who Have Received a Developmental Screening](#)**

Uses 2021–2022 CHIS data

**Children Now Report
[2024 California Children’s Report Card](#)**

Uses pooled 2019–2021 and 2020–2022 CHIS data

**UC Berkeley Labor Center Report
[Measuring Consumer Affordability Is Integral to Achieving the Goals of the California Office of Health Care Affordability](#)**

Miranda Dietz, Laurel Lucia
Cites CHIS and [UCLA CHPR/UC Berkeley Labor Center policy brief](#)

Orange County Board of Supervisors Report

[29th Annual Report on the Conditions of Children in Orange County](#)

Uses pooled 2017–2021 CHIS data

**Community Catalyst and LeadingAge LTSS Center @UMass Boston Report
[Centering Perspectives of Dually Eligible Older Adults of Color: Piloting Co-Creation of Home and Community-Based Care Quality Measures](#)**

Uses CHIS questions

California Center for Rural Policy at Cal Poly Humboldt Report

[California’s Rural North: Exploring the Roots of Health Disparities](#)

Uses 2011–2021 CHIS data

**SF Soda Tax for Health Data Report
[San Francisco Sugary Drinks Distributor Tax Advisory Committee 2023 Data Report](#)**

Uses various years of CHIS data



Spotlight

The Children's Partnership



Each year, The Children's Partnership shines a spotlight on the health needs of children with its impactful "A Child is a Child" campaign. This initiative unites a diverse coalition of individuals and organizations to champion the rights of every child.

Through a powerful series of fact sheets, which use data from the California Health Interview Survey (CHIS), the campaign reveals some of the stark realities faced by California's diverse child population, highlighting issues like food insecurity, poverty, childhood trauma, and systemic inequities that fuel health disparities.

February 2024

The Children's Partnership Fact Sheet (in partnership with California Black Health Network and California Black Women's Health Project)

[A Child is a Child: Black Children's Health](#)

Uses 2021 CHIS data

May 2024

The Children's Partnership Fact Sheet (in partnership with Asian Resources, Inc.)

[A Child is a Child: Asian American Children's Health](#)

Uses 2019, 2020, and 2021 CHIS data

The Children's Partnership Fact Sheet (in partnership with the Native Hawaiian and Pacific Islander Data Policy Lab at the UCLA Center for Health Policy Research)

[A Child is a Child: Native Hawaiian and Pacific Islander Children's Health](#)

Uses 2019, 2020, and 2021 CHIS data

June 2024

The Children's Partnership Fact Sheet (in partnership with the Children Thrive Action Network and the California Protecting Immigrant Families campaign)

[A Child is a Child: Children in Immigrant Families](#)

Uses 2017–2021 CHIS data

September 2024

The Children's Partnership Fact Sheet (in partnership with Latino Coalition for a Healthy California, Latino Health Access, and Abriendo Puertas)

[A Child is a Child: Latine Children's Health](#)

Uses 2022 CHIS data

November 2024

The Children's Partnership Fact Sheet (in partnership with California Consortium for Urban Indian Health and United American Indian Involvement)

[A Child is a Child: American Indian, Alaska Native and Indigenous Children's Health](#)

Uses 2019, 2020, and 2021 CHIS data

January 2024

California Department of Health Care Services and California Department of Aging Fact Sheet

[Supporting Medicare Patients in California: Coverage for Behavioral Health Services, Medicare Behavioral Health Fact Sheet for Providers](#)

Uses 2021 CHIS data

California Department of Public Health Report

[Key Findings from the 2023 Online California Adult Tobacco Survey](#)

Cites CHIS

February 2024

Disability Rights Education and Defense Fund Brief

[Charting Equality: Why Demographic Disability Data is Good for Everyone](#)

Mary Lou Breslin, Silvia Yee

References CHIS

Los Angeles County Department of Mental Health Interim Report

[Establishing a Roadmap to Address the Mental Health Bed Shortage: Board of Supervisors Motion Response](#)

Lisa H. Wong

Uses 2022 CHIS data

Children Now Report

[Big Feelings: Parents and Caregivers Need More Help to Support Children Under 5](#)

References CHIS data

March 2024

National Academies of Sciences, Engineering, and Medicine Book Chapter

[Addressing the Rising Mental Health Needs of an Aging Population: Proceedings of a Workshop](#)

Uses 2013–2019 CHIS data

April 2024

Orange County Health Care Agency Report

[OC Community Health Improvement Plan 2024–2026](#)

Orange County Health Care Agency

Uses 2011–2021 CHIS data

County of San Diego, Health and Human Services Agency Brief

[The Adult Lesbian, Gay, Bisexual, and Queer \(LGBQ\) Population in San Diego County, 2018–2022](#)

Uses 2018–2022 CHIS data

County of Fresno Fact Sheet

[Overview of Chronic Diseases in Fresno County](#)

Uses 2018–2022 CHIS data

May 2024

California Department of Public Health Data Brief

[Health Equity: Beyond the Numbers, Justice Involvement, Part 1: Adults Who Were Ever Arrested or Booked](#)

Jason R. Singson, Kristal Popp

Uses 2021–2022 CHIS data

California Department of Public Health, California Tobacco Prevention Program Report

[California Tobacco Facts and Figures 2024](#)

Uses 2001–2022 CHIS data

Centers for Disease Control and Prevention Program Evaluation Brief

[Facilitators and Barriers to Passing Local Policies That Prohibit the Sale of Flavored Tobacco Products: Qualitative Analysis of Strategies Implemented by 36 Communities in California, 2017–2021](#)

Uses 2017–2021 CHIS data on adult cigarette smoking

Feeding America Report

[Map the Meal Gap 2024](#)

References [The Overlooked Burden of Food Insecurity Among Asian Americans: Results from the California Health Interview Survey](#), which uses 2001–2012 CHIS data

California Department of Public Health Undo End Tobacco Damage Now Blog

[Nicotine = Brain Poison: How to Protect Your Kids](#)

Cites 2021 CHIS e-cigarette data

[Why Vapes Are Not a Safe Alternative](#)

Cites 2022 CHIS e-cigarette data

National Institutes of Health, Office of Research on Women's Health Report

[Health of Women of U3 \(Understudied, Underrepresented and Underreported\) Populations Data Book 2024](#)

References study that uses 2015–2016 CHIS data

California Department of Health Report

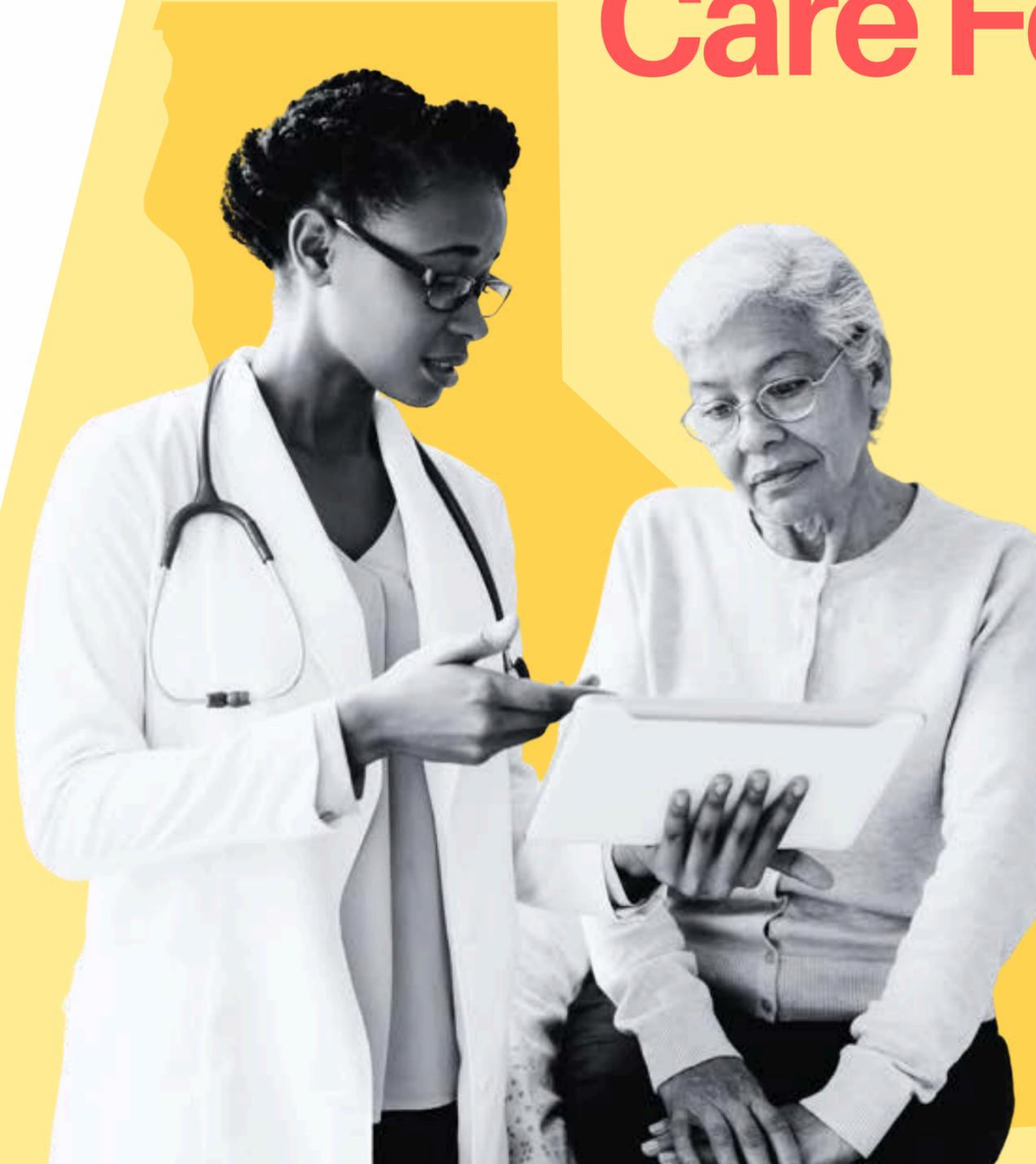
[California State of Public Health](#)

Uses 2021 and 2022 CHIS data



Spotlight

California Health Care Foundation



June 2024

California Health Care Foundation
Report
[Health Disparities by Race and Ethnicity
in California – 2024 Edition](#)
Aurrera Health Group
Uses 2021 CHIS data

August 2024

California Health Care Foundation Issue
Brief
[Language Barriers and Health Equity:
The Challenges Faced by Californians
with Limited English Proficiency](#)
Lacey Hartman
Uses 2021–2022 CHIS data

California Health Care Foundation
Report
[A Closer Look: Health Disparities Among
California’s Asian Communities](#)
Uses 2021 CHIS data

October 2024

California Health Care Foundation Report
[2024 Edition – Californians with Low
Income](#)
James Paci, Matthew Newman
Uses 2022 CHIS data

California Health Care Foundation Report
[2024 Edition – Quality of Care: Children’s
Health](#)
Jen Joynt
Uses 2021–2022 CHIS data

“The work of CHPR – and especially CHIS – has been instrumental to our work and mission. Like so many, we rely on CHIS to help us understand the health care experiences of California’s diverse communities, Medi-Cal members, and those who are uninsured. CHPR and the CHIS help us track access and barriers to care, disparities between Medi-Cal members and other insured Californians, and disparities within the Medi-Cal population. **This work underpins several of our health care almanacs, it helps inform our strategy, and it helps us measure the progress that we – and the state as a whole – are making.**

It’s hard to think of any significant policy decision that’s been made in California in the last 20 years on coverage and access to care that hasn’t drawn upon the CHIS or CalSIM and the ability of CHPR to make meaning of this rich, community-level survey data. **Because of CHIS’ large sample size, its ability to provide local insights, and its ability to stratify responses by community, language, and many other variables, it galvanizes elected officials like few other data sources can.”**

—Dr. Sandra R. Hernández
President and CEO, California Health Care
Foundation



June 2024

San Francisco Food Security Task Force Report

[2024 Recommendations](#)

Uses 2022 CHIS data

County of Contra Costa Report

[Contra Costa Health Atlas](#)

Uses 2001–2022 CHIS data

County of San Diego Health and Human Services Agency Report

[Childhood Experiences in San Diego County, 2019–2022](#)

Uses 2011–2021 CHIS data

California Department of Health Care Services, UCLA-UCSF ACEs Aware Family Resilience Network, Office of the California Surgeon General Report

[ACEs Aware Progress Report: 2019–2023](#)

Uses 2021 CHIS data

Community Vital Signs Initiative, San Bernardino County Reports

[2024 Community Health Assessment](#) and [Community Transformation Plan 2024–2029](#)

Use 2017–2021 CHIS data

Alameda County Health Behavioral Health Department Report

[Alameda County MHSA Community Program Planning Process \(CPPP\): Annual Report FY 2024–2025](#)

Uses CHIS Adult Health Profiles and AskCHIS™ data

San Diego Health and Human Services Agency, Behavioral Health Services Report

[County of San Diego Mental Health Services Act \(MHSA\), Fiscal Year 2024–25 Annual Update](#)

Uses 2022 CHIS data

The California Center for Rural Policy at Cal Poly Humboldt Report

[Redwood Region RISE \(Resilient, Inclusive, and Sustainable Economy\): Regional Plan Part 1](#)

Uses 2011–2022 CHIS data

Alameda County Social Services Agency Research Report

[Alameda County is Age Friendly: Countywide Area Plan For Older Adults Four-Year Area Plan On Aging, Fiscal Years 2024–2028](#)

Uses 2022 CHIS data

Williams Institute and Los Angeles County Department of Public Health Report

[Communities of Resilience: The Lived Experiences of LGBTQ Adults in Los Angeles County](#)

Brad Sears, Kerith J. Conron, Christy Mallory, et al.

Uses 2015–2016 and 2020–2022 CHIS data

July 2024

The Health Alliance of Northern California, North Coast Clinics Network Fact Sheet

[Colorectal Cancer Screening](#)

Cites CHIS 2020 Public Use File

August 2024

Community Foundation of San Luis Obispo County Report

[What Do Women Need: Issues Impacting Women & Girls in San Luis Obispo County, 2024](#)

Uses 2011–2012, 2021–2022, 2022 CHIS data

September 2024

San Diego County Health and Human Services Agency Brief

[Racial Equity: Framework & Outcomes Brief](#)

Uses 2018–2022 CHIS data

October 2024

California Budget & Policy Center Fact Sheet

[California Sees Health Gains for Undocumented Residents After Medi-Cal Expansion](#)

Monica Saucedo, Adriana Ramos-Yamamoto

Uses 2013–2019 CHIS data

San Benito County Health and Human Services Agency, Public Health Services Report

[San Benito County Community Health Assessment 2023–2024](#)

Uses pooled 2021 and 2022 CHIS data

Children Now Report

[In Defense of Children and the Planet: How California Can Improve Children's Health Through Environmental Justice](#)

Colleen Corrigan

Cites 2021 CHIS data

November 2024

California Department of Health and Human Services Draft Report for Public Comment

[Building California's Comprehensive 988-Crisis System: A Strategic Blueprint](#)

Recommends using CHIS data

California Budget & Policy Center Fact Sheet

[Universal Health Coverage in California: Progress and Key Policy Actions](#)

Uses 2023 CHIS data

Dashboards that Use CHIS Data

- [Archstone Foundation Transforming Health Care for Older Adults in California Action Framework](#)
- [Be Healthy Sacramento Health Data Portal](#)
- [Be Well Placer Disparities Dashboard](#)
- [California Department of Public Health Office of Health Equity \(OHE\) AskCHIS NE Dashboard](#)
- [California Master Plan for Aging: Data Dashboard for Aging](#)
- [The California Women's Well-Being Index](#)
- [Contra Costa County Health Atlas](#)
- [County of San Diego Health and Human Services Agency Childhood Experiences Dashboard](#)
- [DataShare Santa Cruz County Dashboard](#)
- [Health Matters in Ventura County Community Dashboards](#)
- [Healthy Alameda County Disparities Dashboard](#)
- [Healthy Fresno County Community Dashboard](#)
- [Healthy Mendocino](#)
- [Hope Rising Lake County](#)
- [Kids Data – Developmental Screening Dashboard](#)
- [Lesbian Gay, Bisexual, Transgender, and Queer Population in San Diego County](#)
- [RACE COUNTS: Updated Racial Equity Data for 2024: Officer-Initiated Traffic Stops and Post-COVID Education](#)
- [San Bernardino County Community Indicators](#)
- [San Luis Obispo Health Counts](#)
- [San Mateo County All Together Better Disparities Dashboard](#)
- [Sonoma County GIS Hub](#)
- [Strategic Health Alliance Pursuing Equity \(SHAPE\) Riverside County Dashboard](#)
- [Sutter and Yuba County Behavioral Health Indicators](#)
- [Well Dorado Dashboard](#)

Peer-Reviewed Journal Articles Referencing CHIS

Research using CHIS data was also cited in the following journal articles:

January 2024

The Journal of the American Board of Family Medicine

[A Focus on Climate Change and How It Impacts Family Medicine](#)

Dean A. Seehusen, Marjorie A. Bowman, Jacqueline Britz, Christy J. W. Ledford
References [Disparities in Screening for Adverse Childhood Experiences](#), which uses 2021 CHIS data

March 2024

American Journal of Preventive Medicine

[Tobacco Quitline Callers Who Use Cannabis and Their Likelihood of Quitting Cigarette Smoking](#)

Shu-Hong Zhu, Gary J. Tedeschi, Shuwen Li, Jijiang Wang, et al.
References 2022 CHIS cigarette, cannabis use

April 2024

Journal of the American Heart Association

[Social Determinants of Cardiovascular Risk Factors Among Asian American Subgroups](#)

Alicia L. Zhu, Austin D. Le, Yuemeng Li, Latha P. Palaniappan, et al.
References [The Overlooked Burden of Food Insecurity Among Asian Americans: Results from the California Health Interview Survey](#), which uses 2001–2012 CHIS data

June 2024

Social Sciences

[Preventive Healthcare Utilization among Asian Americans in the U.S.: Testing the Institute of Medicine's Model of Access to Healthcare](#)

Siryung Lee, Hyunwoo Yoon, Soondool Chung, Yuri Jang, Mitra Naseh
References 2023 CHIS data

October 2024

Journal of Pediatrics

[Risk of Incident Asthma Among Young Asian American, Native Hawaiian, and Pacific Islander Children from Age 3 to 7 Years in a Northern California Healthcare System](#)

Anna Chen Arroyo, Jimmy Ko, Malini Chandra, Polly Huang, et al.
References [Association Between Asthma and Obesity Among Immigrant Asian Americans, California Health Interview Survey, 2001–2011](#), which uses 2001–2011 CHIS data





We thank you for your ongoing support of the **California Health Interview Survey!**

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