Who Uses CHIS?

A new survey of California Health Interview Survey (CHIS) users found that:

- CHIS serves a diverse audience of individuals and organizations with a broad array of health data needs — from policy analysis and development, to service and program planning, to research and more.
- Survey participants access CHIS data in multiple ways: AskCHIS (our free online query system), publications using CHIS data, Public Use Files and the CHIS Data Access Center.
- Respondents emphasized the importance of CHIS’s rich, representative local data as well as data capturing California’s racial, ethnic and other diversity.

Exhibit 1. – CHIS Users by Organizational Affiliation

What is CHIS?
The California Health Interview Survey (CHIS) is the nation’s largest population-based state health survey. Conducted by UCLA Center for Health Policy Research (the Center), the survey provides policy makers, researchers as well as non-specialist audiences with important and accessible information on the health and health care of California’s diverse population.

Who uses CHIS?
CHIS users come from a range of organizational settings (Exhibit 1): educational and research institutions (29%); state, local, and tribal governments (22%); health care providers (11%); social service organizations (9%); advocacy organizations (9%); and others.

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How do users get CHIS data?
Respondents get CHIS data from Center publications (73%); AskCHIS, our free online query system (72%); Public Use Files (37%); publications of other organizations (36%); and our Data Access Center (26%, see Exhibit 2). Many users obtain CHIS data from more than one source.

Exhibit 2. – How CHIS Users Access Health Data

How do individuals use CHIS data?
Survey respondents most commonly said that they use CHIS data to “increase understanding and awareness” (79%). Fifty-nine percent said they used the data to conduct research while 56% used the data for planning, implementing, or evaluating health programs or services. Other frequently reported uses of the data include applying for funding (47%), policy or program advocacy (46%), and analyzing or developing policy (44%). Most respondents reported multiple uses.

Exhibit 3. – How the Data Are Used

How do organizations use CHIS data?
When asked for their primary use, foundation staff most frequently cited using CHIS data to “increase awareness and understanding” (30%). Among educational and research institutions, research was the most cited reason (47%), while both health care systems and state and local governments reported their primary use was to “plan, implement, or evaluate services and programs” (38% and 25%, respectively). Social service organizations used the data to apply for funding (42%) and advocacy organizations for policy or program advocacy (43%).

What’s unique about CHIS?
A vast majority of CHIS users report that both the survey’s local level data (90%) and its rich and representative racial and ethnic data (91%) are important to their work. (Exhibit 4)

Exhibit 4. – Importance of Local/Diversity Data

How will we use these findings?
Select health data users identified by this survey will be the focus of follow-up case studies. The overarching goal of this evaluation is to ensure that CHIS continues to meet the data needs of a wide audience of health data consumers, providing accessible and useful information to policymakers, researchers, program planners, administrators, clinicians, advocates and funders alike.

Methodology of the CHIS “Use and Impact” Study
The CHIS Use and Impact Study is one of the first systematic efforts to investigate how population health surveillance data influences health policy-making. From a sampling frame of 17,947 respondents, a total of 4,341 eligible respondents completed the survey. All exhibits represent the 2,143 (49.4%) who had used CHIS data in the past two years and identified CHIS as a primary data source.