



WAYS THE **UCLA CENTER FOR HEALTH POLICY RESEARCH** MADE AN IMPACT IN 2020

2020 Annual Report

DIRECTOR'S MESSAGE

IT IS WITH IMMEASURABLE SADNESS

that I begin this annual report with tragic news: Our beloved Associate Center Director Steven P. Wallace, PhD, who helped build the UCLA Center for Health Policy Research (CHPR) into the world-class policy research center it has been for more than two decades, passed away unexpectedly on March 30, 2021. On the next page and throughout this report, you will see the many ways Steve made an impact on our Center and this world.

Looking back at 2020 isn't easy, either. It was the deadliest year in U.S. history, due mainly to the COVID-19 pandemic, which further exposed the deep fractures and inequities in our society. Racism was declared a public health crisis: Vulnerable communities were disproportionately impacted by the virus, more Black lives were lost, anti-Asian violence surged by 150%, and calls for racial justice and equity were left unanswered. It was a year of disruption, darkness, and division, and we found ourselves at an inflection point in the midst of outsized challenges.

At the UCLA CHPR, we responded to these crises the way we know best: through data, decision tools, and policy insights.

Through our California Health Interview Survey (CHIS), we created several tools to track COVID-19 and various risk factors, revealing long-standing systemic social and health inequities facing racial and ethnic minority groups. We added a series of COVID-19 questions to CHIS and, for the first time in history, released preliminary estimates more than a year before release, on topics such as COVID-19 treatment and vaccine



acceptability, personal and financial impacts of the pandemic, and more across a range of demographic and socioeconomic factors.

In our first-ever annual report, we look at 20 ways the UCLA CHPR made an impact in 2020, from the COVID-19 dashboards to critical research focused on overlooked and underserved communities such as older adults, immigrants, American Indians and Alaska Natives, and Native Hawaiians and Pacific Islanders.

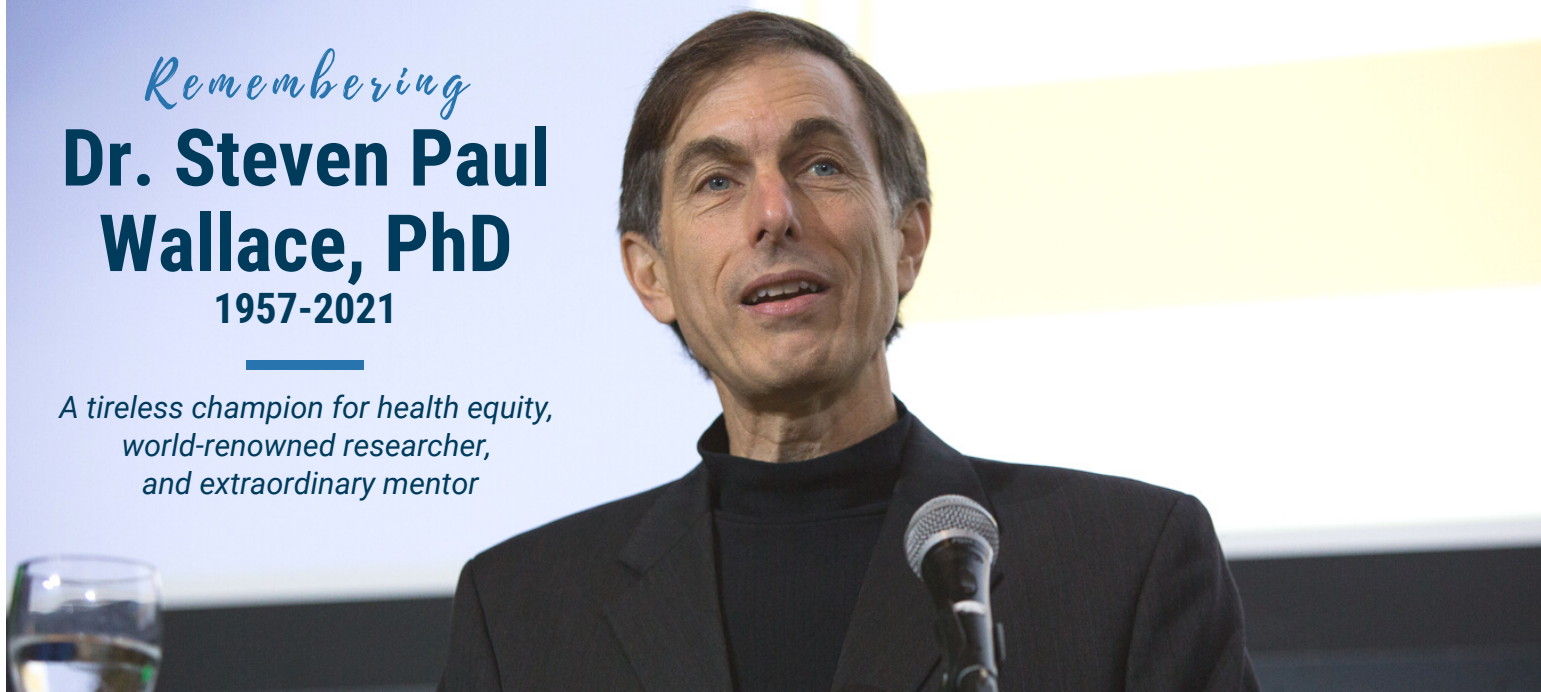
In a tumultuous year of health news, the UCLA CHPR remained a constant, providing credible, comprehensive, and accessible data aimed at improving access to health care and ultimately achieving health equity. Our faculty and work were mentioned over 500 times in the media, proof that we are committed to staying on the pulse of public health policy and dialogue. We will continue to develop and provide our evidence toolbox of data, dashboards, and insights in 2021 and beyond, as we look to a year of healing and health, science and research, and fighting for better health for **all**.

Ninez A. Ponce, PhD, MPP

Director, UCLA Center for Health Policy Research, and Principal Investigator, California Health Interview Survey (CHIS)

Remembering
**Dr. Steven Paul
Wallace, PhD**
1957-2021

*A tireless champion for health equity,
world-renowned researcher,
and extraordinary mentor*



Steven P. Wallace, PhD, associate center director, passed away on March 30, 2021.

Dr. Wallace was a world-renowned scholar on health, health disparities, and health policy of older adults, immigrants, and communities of color; a tireless champion for health equity; and a passionate educator and mentor. Above all, he was a devoted husband, father, and brother.

Dr. Wallace's wide-ranging contributions to public and community health span over 40 years, including 25 years at UCLA CHPR, where he led the Health Disparities Program and trailblazing research. He was the principal investigator of the NIH/NIMHD-funded RIGHTS (Research on ImmiGrant Health and State policy) Study, pioneered new approaches to elder economic security through the California Elder Economic Security Standard™ Index, and fostered an academic research community that is reflective of the diversity of the U.S. as the director of the Resource Centers for Minority Aging Research (RCMAR) National Coordinating Center.

A lauded researcher, Dr. Wallace has received more than 100 grants from federal agencies and private foundations, co-authored more than 100 articles in peer-reviewed journals, and earned various awards including the Lifetime Achievement Award from the Aging and Public Health Section of the American Public Health Association (APHA).

Though his accomplishments are numerous, his influence as a profound mentor and educator is unmatched. A professor in the Department of Community Health Sciences at the UCLA Fielding School of Public Health and former department chair and vice chair, Dr. Wallace mentored hundreds of students who have gone on to successful careers. Since his passing, students, colleagues, and mentees have shared stories of Dr. Wallace — how he lifted them up and created space for them to thrive on their own strengths, his commitment to creating opportunities for women of color and other marginalized communities, his kindness and compassion, his beautiful soul, his smile and laugh that filled a room, his boundless generosity of spirit. While each story is unique, they all share a common thread: Steve Wallace's impact is forever.

As a Center, we are committed to continuing Steve Wallace's legacy. And while his passing leaves a tremendous hole in our hearts, his work will continue through the many students he's mentored, the colleagues he's inspired, and the advancements in research that bear his name.

The Steve Wallace Fellowship Fund at the UCLA Fielding School of Public Health has been established to continue his deep commitment to mentoring first-generation students to become leaders in advancing public health policy.

TABLE OF CONTENTS

2 Director's Message

3 Remembering
Steven P. Wallace, PhD

5 UCLA CHPR at Glance

6 Letter from the Dean

7 20 Ways UCLA CHPR
Made an Impact in 2020

48 By the Numbers

50 Publications

52 Webinars and Events

53 Social Media/In
the News

56 External Publications

63 Presentations

69 Funders

UCLA CHPR AT A GLANCE

The UCLA Center for Health Policy Research (CHPR) is one of the nation's leading health policy research centers and the premier source of health policy information for California. UCLA CHPR is the home of the California Health Interview Survey (CHIS) and is based in the UCLA Fielding School of Public Health and affiliated with the UCLA Luskin School of Public Affairs.

MISSION AND VISION

UCLA CHPR improves the public's health through high-quality, objective, and evidence-based research and data that inform effective policymaking. We advance this mission through policy analysis, policy-relevant research, public service, community partnership, media relations, and education.

Our vision is a health policy process driven by credible and comprehensive evidence, leading to equitable, impactful, and cost-effective laws, policies, and programs. We believe data should be democratized and put into the hands of the public in ways that inform, educate, and result in grassroots-driven policy change. Ultimately, we aim to develop crucial evidence to support the elimination of persistent disparities in health and health coverage.

OUR FACULTY LEADERS



NINEZ A. PONCE, PHD, MPP, is the director of UCLA CHPR and principal investigator of CHIS, the nation's largest state health survey. An expert on immigrant and global health, survey-based research, social determinants of health, and health disparities, Ponce champions better data, especially on race/ethnicity, social determinants of health, better inferences on communities of color, better population representation of data, and better care for overlooked groups.



NADEREH POURAT, PHD, is the associate center director and director of the Health Economics and Evaluation Research (HEER) Program. She is sought after for her expertise in evaluations of national, statewide, and local health care delivery programs using mixed methods evaluation designs. Her research focuses on assessing disparities in access to care of underserved populations.



STEVEN P. WALLACE, PHD, was the associate center director and director of the Health Disparities Program. He was an internationally renowned scholar on health, health disparities, and health policy of older adults, immigrants, and communities of color, including Latinx, American Indian and Alaska Natives, African Americans, and Asian Americans. He passed away on March 30, 2021.



GERALD F. KOMINSKI, PHD, is a senior fellow at UCLA CHPR and served as director from 2012 to 2018. He is a nationally recognized expert on the financial impact of alternative approaches to health care, the Affordable Care Act, and health care reform. His research focuses on evaluating the costs and financing of public insurance programs including Medicare, Medicaid, and worker's compensation.

LETTER FROM THE DEAN

RON BROOKMEYER, PHD
DEAN AND DISTINGUISHED
PROFESSOR
UCLA FIELDING SCHOOL OF
PUBLIC HEALTH



The COVID-19 pandemic has laid bare and compounded longstanding inequities, leading to a converging crisis that has taken a devastating toll on communities across our state and nation. As we chart our path forward in 2021, the need to identify and implement lasting solutions remains paramount.

The democratization of data — ensuring that research findings are publicly available to serve as tools in effecting change — has been a hallmark of the UCLA Center for Health Policy Research since its doors opened in 1994. The Center’s California Health Interview Survey remains the nation’s largest state health survey and California’s most comprehensive source of health data. The survey findings are publicly accessible online for anyone to learn about the health statistics of a neighborhood or region in our state. Over the years, there have been more than 1.5 million searches in the database.

This year’s report from the Center is a compilation of research and project data related to COVID-19 and various risk factors across California counties, immigration, the Affordable Care Act, mental health, and

more. Evidence-based findings like these — information about what works — can result in a tipping point that brings about policy change.

The passing of Fielding School professor Dr. Steven P. Wallace — who served as an associate director at the Center for 25 years — is a profound loss felt deeply by our community. Steve led with light and resolve, was an indispensable leader in research and community collaborations, and had an incalculably positive impact on students and scholars.

Steve’s considerable legacy includes the many talented individuals he mentored through the UCLA Center for Health Policy Research who will carry their shared values and determination forward as the Center continues to lead the way through data, evidence, and analysis to help make California, and far beyond, healthier and more equitable.

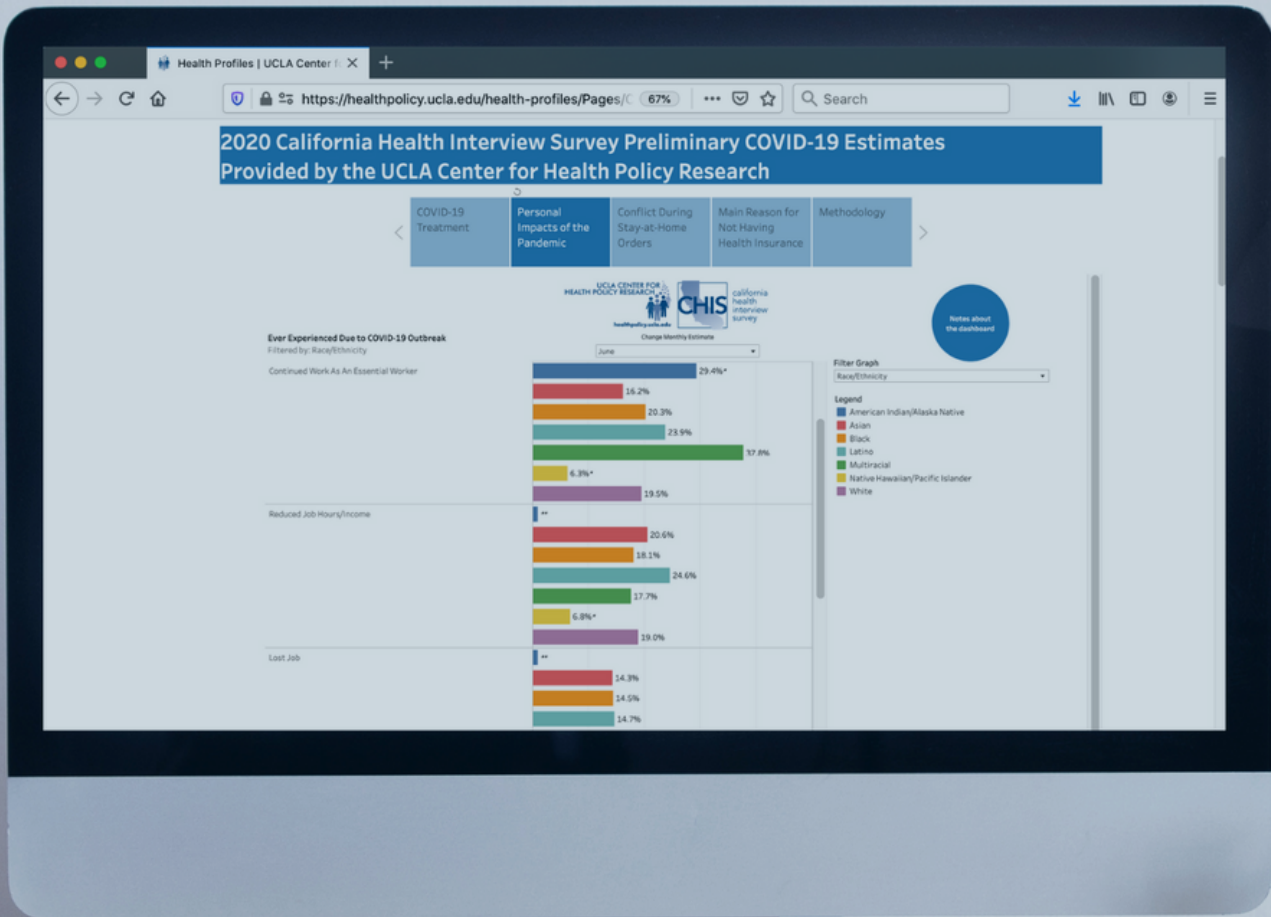
Dr. Ron Brookmeyer
Dean and Distinguished Professor
UCLA Fielding School of Public Health

20 Ways UCLA CHPR Made an Impact in 2020

2020 was a devastating year for our entire world — a year of challenges, of inequality, of loss. For public health, it was a year of upheaval and uncertainty, and a crucial call to action.

At the UCLA Center for Health Policy Research, we answered that call and delivered on our core mission: to improve the public's health through high-quality, objective, and evidence-based research and data that informs effective policymaking.

From our new COVID-19 dashboards that shine a light on risk factors and the impact the pandemic has had on vulnerable communities to our evaluations of Medi-Cal demonstrations, this annual report celebrates 20 groundbreaking research projects and studies, innovations and advancements, and stories that represent who the UCLA CHPR is: a national leader in health policy research.



CHIS COVID-19 dashboards

In response to the COVID-19 pandemic, UCLA CHPR's California Health Interview Survey (CHIS) created tools to track COVID-19 and various risk factors across California counties, as well as preliminary estimates from new COVID-19 questions in CHIS 2020, the first time in CHIS' 20-year history that estimates were released in advance of the annual data release.

2020 CHIS COVID-19 PRELIMINARY MONTHLY ESTIMATES

Presents preliminary monthly estimates from new COVID-19 questions added to the 2020 CHIS that include data from all surveys completed across California starting in May. Topics include COVID-19 treatment, personal and financial impacts of the pandemic, interpersonal conflict during stay-at-home orders, and more. Data on these topics are presented at the state level and can be filtered by numerous socioeconomic characteristics (including age, race/ethnicity, citizenship status, insurance status, income, and others) and health risk factors (asthma, diabetes, and high blood pressure).

COVID-19 RATES AND RISK FACTORS BY CALIFORNIA COUNTY DASHBOARD

Presents total COVID-19 case and death rates by each California county, race/ethnicity case, and death rates by those counties that provide COVID-19 data by race/ethnicity and CHIS estimates for COVID-19 risk factors for California counties by total population and race/ethnicity.

COVID-19 RATES AND RISK FACTORS BY CALIFORNIA COUNTY DATA TABLE

Presents total COVID-19 case and death rates by each California county and CHIS estimates for COVID-19 risk factors for California counties by total population.

NHPI COVID-19 DATA POLICY LAB DASHBOARD

Presents state-level COVID-19 case and death rates for Native Hawaiians and Pacific Islanders (NHPIs) across the United States.

6,754

Twitter impressions for our COVID-19 dashboards

15,534

views on our COVID-19 dashboards

250+

views on our COVID-19 dashboard tutorials



Evaluating Medi-Cal demonstrations

MEDI-CAL HAS EMBARKED ON AN EXTENSIVE

effort to improve care delivery following the triple aim of better care, better health, and lower costs. Several demonstration programs were implemented to achieve these goals. The UCLA CHPR's Health Economics and Evaluation Research (HEER) Program, led by Nadereh Pourat, PhD, rigorously evaluated three of these demonstrations to assess how these programs were implemented and whether they led to the desired results. These extensive mixed-methods evaluations are conducted by a large team at UCLA CHPR who have published multiple reports and studies that demonstrated their progress, including timely studies of emerging issues such as a blog article on the impact of the COVID-19 pandemic on program implementation. Three noteworthy projects include:

WHOLE PERSON CARE (WPC)

The WPC pilot program is one of the "Medi-Cal 2020" Section 1115 Medicaid Waiver programs implemented by the California Department of Health Care Services (DHCS). WPC is designed to provide care coordination to the most vulnerable Medi-Cal beneficiaries who frequently use health services at emergency rooms and hospitals, including those who are homeless, post-incarcerated individuals, and those with mental health conditions or substance use disorders. Twenty-five California pilots, consisting of county health agencies and other public and private organizations are enrolling those with high service use.

PUBLIC HOSPITAL REDESIGN AND INCENTIVES IN MEDI-CAL (PRIME)

DHCS awarded UCLA CHPR a five-year grant to evaluate the PRIME program, a \$3.7 billion demonstration project created under the Medi-Cal 2020 Section 1115 Waiver. The PRIME program aims to promote access to and improve the health of patients at public, municipal, and district hospitals by implementing health improvement projects, such as integration of physical and behavioral health care, transition from hospitalization to home health, and other post-acute services. Ultimately, 54 public hospitals aim to transform their outpatient care delivery and will receive payment for improved performance. A final evaluation will be published later in 2021.

HEALTH HOMES PROGRAM (HHP)

Authorized under California Assembly Bill 361 and approved by the Centers for Medicare and Medicaid Services under Section 2703 of the 2010 Patient Protection and Affordable Care Act, HHP was implemented by DHCS to serve eligible Medi-Cal Managed Care Plan (MCP) beneficiaries with complex needs, including individuals with chronic conditions and high levels of health service use. HHP is operated in 12 California counties by 16 managed care plans that contract with Community-Based Care Management Entities or directly deliver services to HHP enrollees.

READ THE 2020 PUBLICATIONS

[Interim Evaluation of California's Whole Person Care \(WPC\) Program](#)

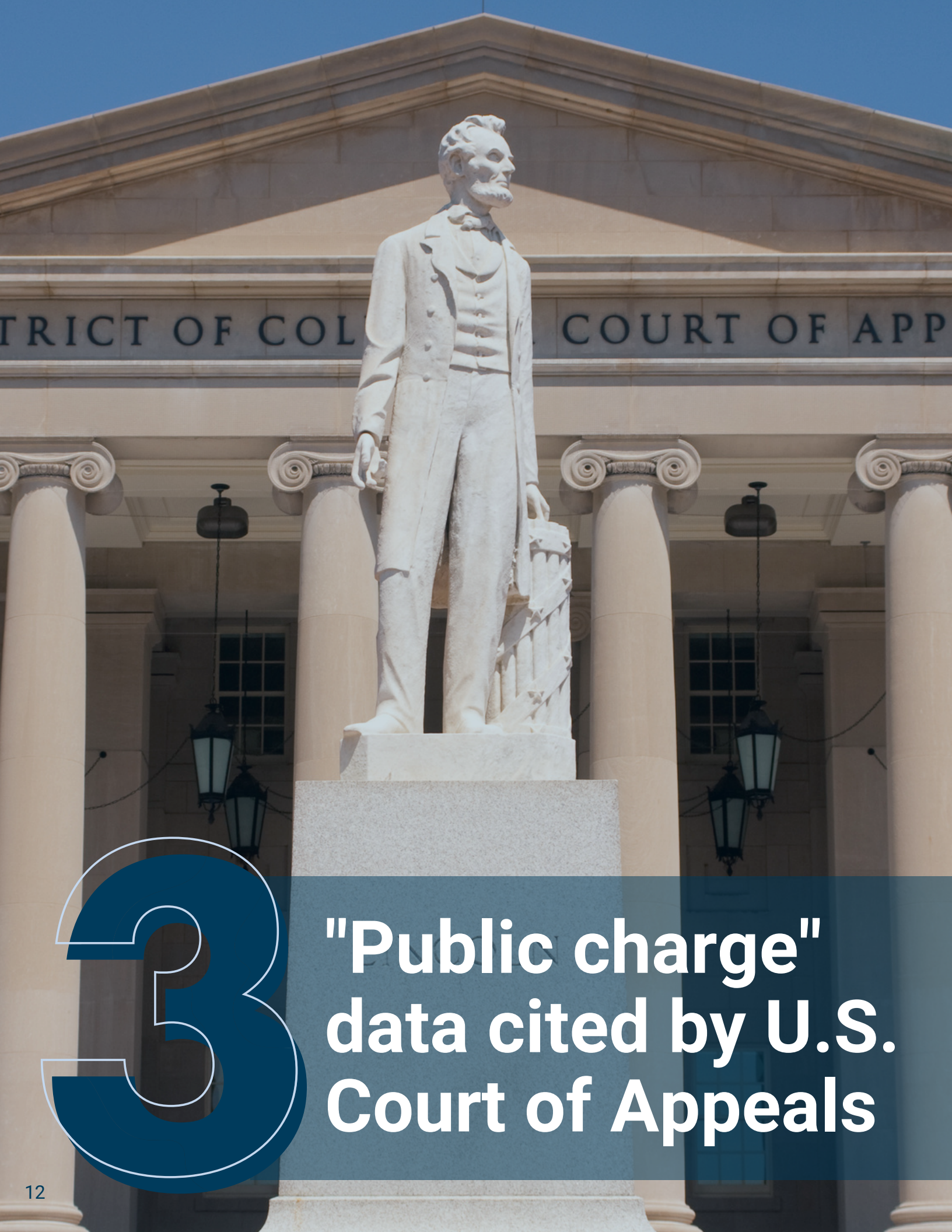
[Integrating Health and Human Services in California's Whole Person Care Medicaid 1115 Waiver Demonstration](#) (Health Affairs)

[How California Counties' COVID-19 Response Benefited from the "Whole Person Care" Program](#) (Health Affairs)

[Preliminary Summative Evaluation of California's PRIME Program](#)

[Interim Evaluation of California's PRIME Program](#)

[First Interim Evaluation of California's Health Homes Program](#)



3

**"Public charge"
data cited by U.S.
Court of Appeals**

U.S. COURT OF APPEALS CITES UCLA CHPR "PUBLIC CHARGE" DATA

U.S. immigration officials use the term “public charge” to describe people applying for a green card who are deemed likely to become primarily dependent on the government to meet their basic needs.

In 2018, the U.S. Department of Homeland Security proposed changing the so-called “public charge” rule, which would broaden the definition of public charge to include immigrants who use one or more government programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), and housing assistance, and add specific requirements to the public charge test for income, health, age, and even English proficiency. This proposal would drastically expand the grounds on which an immigrant could be denied legal permanent residency or admission to the United States.

Joining with the UC Berkeley Center for Labor Research and Education and the California Food Policy Advocates, UCLA CHPR researchers conducted a rapid analysis to understand the potential impact on health, the health workforce, and the economy. The [research](#), funded by the California Health Care Foundation, was cited hundreds of times by organizations and individuals providing public comments on the proposed rules.

Since the rule was implemented, subsequent lawsuits have been filed, and several cases also cited our data to demonstrate the negative impact of the rule. In 2020, the [United States Court of Appeals for the Ninth District](#) cited UCLA CHPR research as evidence to oppose public charge in a stay of an order against the U.S. Department of Homeland Security.

The concern over the proposed rule and its impact on California prompted The California Endowment to fund further work to understand its impact on health care in the state’s immigrant community. The new brief will be released in early 2021.



“California is home to nearly 40 million people, and more than a quarter of our population was not born in the United States. Immigrants make crucial contributions to California’s workforce, economy and tax base. The proposed changes to the ‘public charge’ test would significantly reduce the use of much-needed public programs among those who are eligible, and the economic ripple effect would hurt communities statewide.”



Ninez A. Ponce, PhD
UCLA CHPR Director

A woman with long dark hair, wearing a white long-sleeved shirt and blue jeans, is sitting on the floor against a light-colored wall. She has her hands covering her face, suggesting distress or mental health struggles. The image is framed by dark blue geometric shapes.

Measuring mental health needs

MENTAL HEALTH: NEEDS AND MAGNITUDE

Two groundbreaking studies led by UCLA CHPR Research Scientist D. Imelda Padilla-Frausto, PhD, MPH, take a closer look at gaps in mental health care for California’s adults.







The first **study**, released in June 2020, found that of the 3 million California adults who had recently experienced psychological distress and were eligible for public mental health services, 1.8 million said they received no treatment or support. Findings highlighted the need to expand access to the prevention and early intervention programs of the state’s Mental Health Services Act, or Proposition 63, passed in 2004 to provide comprehensive support for uninsured residents and those on Medi-Cal or other public insurance programs.

According to Padilla-Frausto, while previous studies assessing unmet mental health needs have focused on people requiring intensive services, such as those with serious psychological distress (SPD), this analysis is the first to also identify and examine gaps in care for those with moderate psychological distress (MPD), which, if untreated, could become severe and disabling.

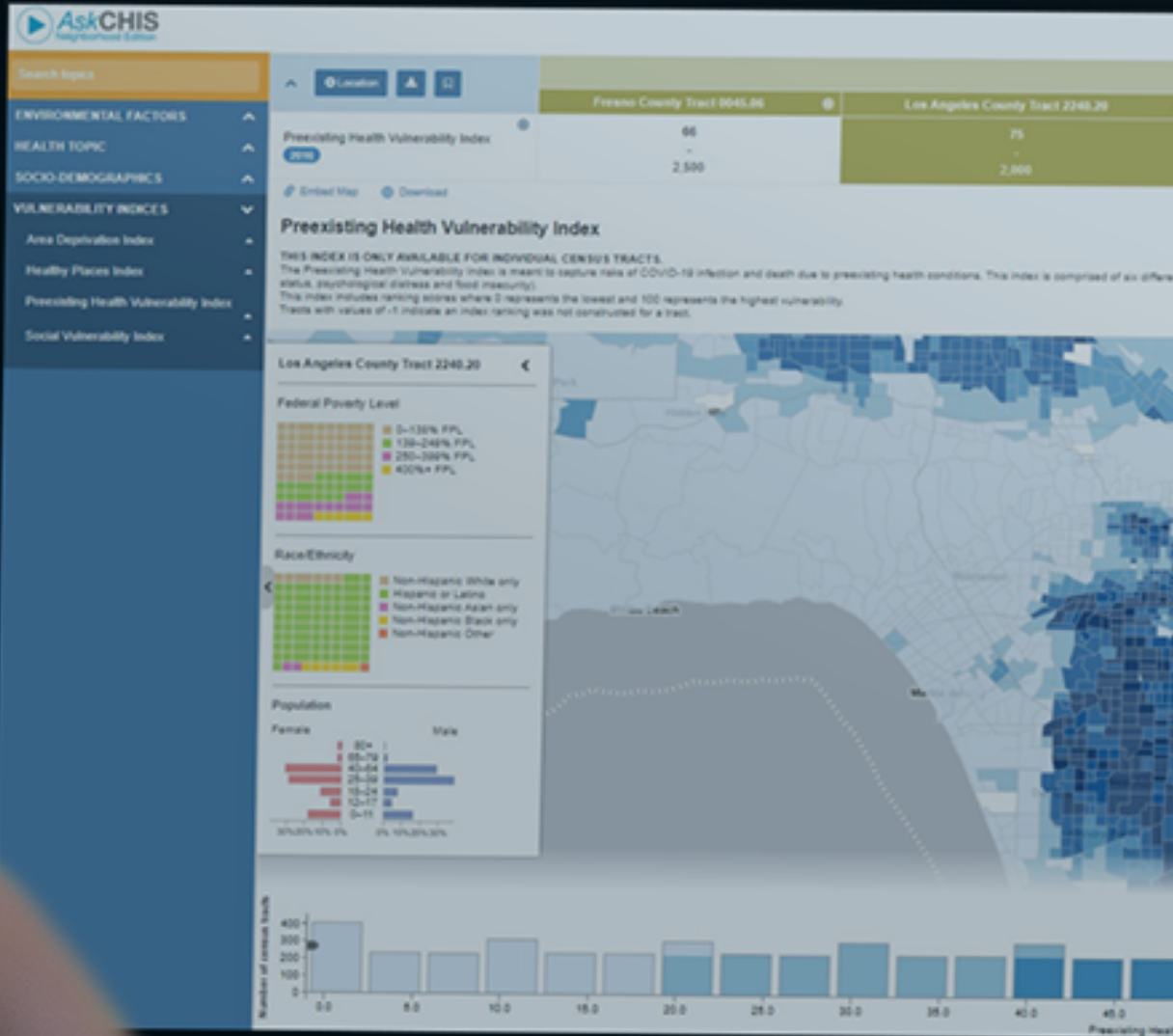
The subsequent **policy brief**, published in September 2020, showed that from 2014 to 2018 the number of California adults who reported that they had experienced SPD in any given year increased by 42%. Based on CHIS data, the study authors projected that nearly 2.2 million Californians experienced serious psychological distress in 2014, and that the figure steadily increased through 2018, when, according to the data, 3.2 million experienced such issues.

Authors provided recommendations to address the trend, focusing on structural

factors that may be contributing to people’s increasing levels of distress, and in particular the lack of access to mental health services for people in underserved communities. They urge policymakers to prioritize equity-based economic recovery policies that consider the disadvantages that at-risk groups were already facing, including lack of access to basic needs and services.

Serious Psychological Distress (SPD)* on the Rise		
	Who had the biggest jump in SPD over a five-year period?	Who had persistently high rates of SPD? (2018 data)
Age		
	+104% 18–24 year olds	23% 18–24 year olds
Race/Ethnicity		
	+171% Asians	11.6% Latinos
Sexual orientation		
	+44% LGB people	31% LGB people
Education		
	+65% College graduates	14.7% Adults, some college
Poverty level		
	+79% Wealthier (≥300% FPL)	15.8% Poorest (0–99% FPL)
Job level		
	+103% Part-time workers	23.5% Unemployed

*Based on the number and frequency of symptoms reported in the past year, SPD is an estimate of adults with serious, diagnosable mental disorders that warrant mental health treatment.



CHIS data release and redesign

THE CALIFORNIA HEALTH INTERVIEW SURVEY

(CHIS), the nation's largest state health survey, unveiled its 2019 data on October 29, 2020. Ninez A. Ponce, PhD, MPP, UCLA CHPR director and CHIS principal investigator, and Todd Hughes, CHIS director, [discussed findings from the 2019 survey](#) and shared data from brand new questions on sex without consent, public program participation, caregiving, social media use and mental health, and suicide ideation among veterans, and shared CHIS' new sampling and data collection redesign. More than 270 people virtually attended the release, with organizations such as the CDC, California and Los Angeles Departments of Public Health, and California Health Care Foundation in attendance.

SAMPLING AND DATA COLLECTION REDESIGN

CHIS has employed random-digit-dial sampling and telephone interviewing since its inception, but industry declines in telephone interview response rates, along with cultural shifts in telephone usage, motivated exploring alternative sampling and data collection methodologies for CHIS moving forward. Following extensive experimentation and research, CHIS transitioned to a mixed-mode survey (web and telephone) using a random sample of California addresses for 2019–2020.

Using both web and telephone data collection methods, CHIS continues to collect data for adults, children (ages 0–11), and adolescents (ages 12–17). The web survey was available in five languages: English, Spanish, Chinese, Korean, and Vietnamese. Trained interviewers were available to conduct the survey over the telephone in all five languages as well as Tagalog.

Learn more about the [CHIS 2019-2020 Redesign: Rationale, Empirical Evaluation, and Trends](#).

NEW AND UPDATED SURVEY QUESTIONS

Survey questions are added, removed, and modified in each two-year cycle of CHIS to meet stakeholders' needs and monitor emerging public health concerns. Questions are removed from the interview to reduce its length and save data collection costs when topics are no longer relevant for public health surveillance, or when sponsor funding is no longer available. Most CHIS questions remain in the interview across multiple CHIS cycles. For CHIS 2019–2020 approximately 80% of the content continued from CHIS 2018. Occasionally, changes to question wording are made based on methodological evaluations or when user feedback strongly suggests that changes will produce better data. Otherwise, questions are consistent across years to aid in trending and pooling. Reinstated questions were asked in cycles prior to 2017–2018, and again in 2019–2020.

A full list of topics in CHIS 2019–2020 are available on the [CHIS Survey Topics page](#). The full CHIS 2019 and 2020 questionnaires are available on the [CHIS Questionnaires page](#).

TARGETING THROUGH PREDICTIVE MODELING

CHIS 2019–2020 introduced a new data science procedure to help target specific, commonly underrepresented demographic groups. CHIS specifically targeted Asian households including Korean and Vietnamese, Latino and Spanish-speaking households, those with low educational attainment, non-citizens, and households with children under 18. For more details on the predictive modeling, see [CHIS 2019 Methodology Report 1 – Sample Design](#).

40+

questionnaire topics added
to CHIS 2019–2020

90%

of adult surveys completed on the
web, and 10% over the phone

26,016

number of people interviewed
for CHIS 2019

E.R. Brown Symposium

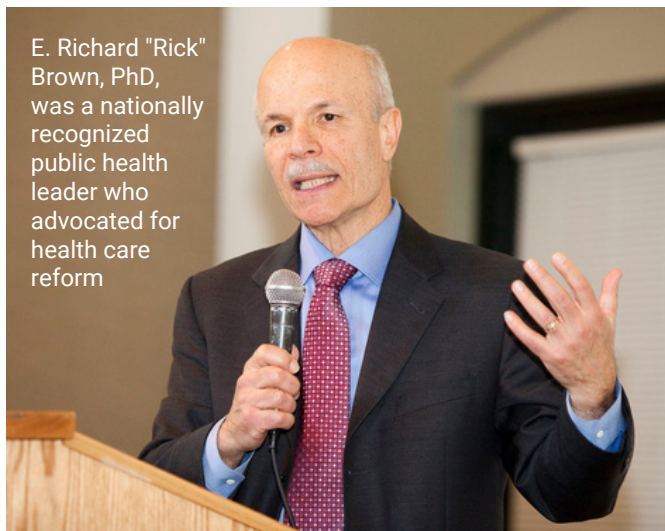


HEALING A FRACTURED SOCIETY: HEALTH CARE AS A RIGHT

The **E.R. Brown Symposium** series began in 2019 in honor of UCLA CHPR founder, the late (great) Dr. E. Richard "Rick" Brown, as a forum to bring together thought leaders in timely health policy discussions. Thanks to the generous support of Dr. Brown's wife, Marianne Brown, last year we held two days of discussions about the potential for a health-care-for-all model to be implemented in California. The event brought together international experts in universal health coverage systems, policymakers and health care leaders, community representatives and advocates, and researchers. This exchange of ideas among thought leaders is the kind of event we feel is especially valuable to find calls to action to address critical health issues, such as we are preparing to do today. And as always, we engage students — the future health and policy leaders — to help shape the dialogue and really envision the future of care.

Like so much else in 2020, we took our event into the virtual space, with great success. Following a welcome by new University of California President **Dr. Michael Drake**, the 500 attendees listened to engaging panel discussions by our distinguished panelists who discussed the fractures the COVID-19 pandemic has laid bare in our health systems and the strategies for change in addressing health equity.

Dr. Bob Ross, President and CEO of the California Endowment, provided a closing summation and remarks, then students were invited into small-group mentoring sessions with panelists and other health policy leaders. A recording of the symposium can be viewed on [YouTube](#).



E. Richard "Rick" Brown, PhD, was a nationally recognized public health leader who advocated for health care reform

Putting Social Justice and Equity at the Front Line in Health Care Panel

Sandro Galea, MD, MPH, DrPH, Dean and Robert A. Knox Professor, Boston University School of Public Health

J. Nadine Gracia, MD, Executive Vice President and COO, Trust for America's Health

Sandra Hernandez, MD, President and CEO, California Health Care Foundation

Moderated by **Michael Rodriguez**, MD, MPH, Director, Health Equity Network of the Americas, Faculty, David Geffen School of Medicine

Repairing a Fractured Health Care System to Fulfill the Promise of Health Equity Panel

Lanhee Chen, PhD, David and Diane Steffy Fellow in American Public Policy Studies, Hoover Institution, Stanford University

Lisa Simpson, MB, BCh, MPH, President and CEO, AcademyHealth

Anthony Wright, Executive Director, Health Access California

Moderated by **Mark A. Peterson**, PhD, Faculty, UCLA Luskin School of Public Affairs



Voter engagement

THE LINK BETWEEN VOTING HABITS, HEALTH, RACE AND ETHNICITY

Are people who vote healthier than those who don't? According to a UCLA CHPR policy brief, California adults who are in good health with little psychological distress are more likely to consistently vote in local, state, and national elections than those with physical or psychological health issues. The brief, [Better Health, Greater Social Cohesion Linked to Voter Participation](#), also found differences in voting by health and neighborhood factors which suggested that people who vote are healthier, have better access to health care, and live in more cohesive and safer neighborhoods than those who don't vote.

“These differences in civic activities such as voting could contribute to policies that fail to meet the health needs of Californians who are less healthy, face barriers in access to health care and live in disadvantaged communities, which may in turn lead to greater inequities in health,” said Susan Babey, PhD, UCLA CHPR senior research scientist and lead author of the study.

Using data from the 2017 and 2018 CHIS, the study found that the percentage of adults who reported always voting was highest among those who said they were in excellent or very good health (40.9%) and who had experienced no psychological distress in the past year (40.1%). Among those in fair or poor health, 32.7% said they always voted, while only 23.3% of respondents who had experienced psychological distress voted consistently.

An October 2020 fact sheet, [Voter Participation in California Varies Widely by Type of Election and by Voter Race and Ethnicity](#), which used data from the 2019 CHIS, found that an estimated 2.8 million eligible Californians never vote in national, state, or local elections, and 7.7 million only vote sometimes — potentially leaving more than 10 million ballots uncast.

Among registered voters in California...

44% always vote **17%** frequently vote

34% sometimes vote **5%** never vote

442,000

California adults who are likely eligible to vote reported they are not eligible

10.5 million

eligible Californians "never" or "sometimes" vote in national, state, or local elections

Least likely to vote, by race and ethnicity

(Percentage who say they "never" or "sometimes" vote)

39% Asians **34%** Latinos



Native Hawaiian and Pacific Islander COVID-19 Data Policy Lab

THE NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI) COVID-19 DATA POLICY LAB

The COVID-19 pandemic revealed and exacerbated disparities in access to health care and other resources, and most strikingly across diverse racial and ethnic groups across the United States. It not only devastated communities, it illuminated the inequities in our health care system. And for Native Hawaiians and Pacific Islanders (NHPIs) – who saw among the highest rates of infection of any race and ethnicity – a lack of disaggregated race and ethnicity data made them invisible. So how does a group which has often been masked by a lack of meaningful data become unhidden?

A few months into the pandemic, UCLA CHPR Director Ninez A. Ponce, PhD, MPP, was asked to join a weekly call with community leaders, scholars, advocates, and members of the NHPI community to discuss the toll on the community and what they could do. *Your numbers are so small, they're statistically insignificant*, they had been told. But how could 1.4 million Native Hawaiians and Pacific Islanders living in the United States be small? Working with six volunteers and in coordination with the local and national Pacific Islander COVID-19 response teams, Ponce began scraping data, finding that in the few states that disaggregated data, NHPIs were dying at the highest rates of any racial or ethnic group.

"It was truly a labor of love," says Ponce, who introduced the [Native Hawaiian and Pacific Islander \(NHPI\) COVID-19 Data Policy Lab and dashboard](#) at an unveiling in August 2020. Currently, only 20 states and Washington D.C. report NHPI COVID-19 cases and 19 states and Washington D.C. report disaggregated NHPI COVID-19 deaths.

The lab aims to address striking gaps within data and research for NHPIs including the need to increase the number of states reporting disaggregated NHPI COVID-19 cases and calling attention to NHPIs experiencing the highest COVID-19 rates of any racial and ethnic group here in California and throughout the country including Arkansas, Washington, Hawaii, Oregon, and Utah.

Data produced by the lab have been used in testimony before the U.S. House of Representatives Ways and Means Committee, included in journals such as JAMA Network and Health Affairs, and featured in various news media.

In January 2021, the NHPI COVID-19 Data Policy Lab received a [\\$500,000 grant from the Robert Wood Johnson Foundation \(RWJF\)](#) to build off of this exciting work.

\$500K

grant from the Robert Wood Johnson Foundation (RWJF)

350+

people attended the launch of the NHPI COVID-19 Data Policy Lab



**Improving data,
overcoming
invisibility**

IMPROVING DATA FOR AMERICAN INDIANS AND ALASKA NATIVES

An estimated 5.7 million American Indians and Alaska Natives (AIANs) live in the United States — that's more than the cities of Los Angeles and San Francisco combined — yet population data systems hide or obscure their representation in federal data systems, making it nearly impossible to know what services are needed to improve their health. How does this happen?

“American Indians and Alaska Natives are often underrepresented in health research because of narrow definitions in the race and ethnicity categories across national and state surveys,” said Tara Becker, UCLA CHPR senior public administration analyst and lead author of the policy brief, [Limited Access to Health Data on American Indian and Alaska Natives Impedes Population Health Insights](#). “It is vital to note that single-race, non-Latino American Indian and Alaska Native data are often used to represent the entire population, which can be misleading, considering that fewer than 2 in 5 American Indians and Alaska Natives report themselves in this category.”

The project, funded by the United States Secretary of the Department of Health and Human Services' Assistant Secretary for Planning and Evaluation (ASPE), acknowledges that AIANs face the risk of imprecise survey estimates due to survey processes regarding the classification, tabulation, and weighting of race/ethnicity.

Variations in approaches to classifying racial and ethnic populations in federal and state health statistics have substantial implications for how we measure health status, access to health care, health care quality, and health equity. The report identified strategies to improve data capacity for AIANs in federal health surveys by exploring current approaches to collecting and coding of AIANs across eight population-based health surveys (seven federal surveys and the California Health Interview Survey).

The analysis assessed how different coding and weighting decisions affect the classification and measurement of the AIAN population, and results provide insight into the representativeness of each survey on the AIAN population and our ability to draw conclusions about the health of American Indians and Alaska Natives and the health disparities they face.

Through a subsequent agency briefing for data custodians and a [UCLA CHPR webinar](#), the team shared strategies for researchers seeking to use those data sets. This work, along with other research on barriers to disaggregating the Asian American, Native Hawaiian, and Pacific Islander groups in population health resources, are featured articles in a 2021 special issue of *Population Research and Policy Review*, which is being co-edited by UCLA CHPR Director of Stakeholder Relations AJ Scheitler, EdD.

10 years of the Affordable Care Act



10 YEARS OF THE ACA: MAJOR GAINS AND ONGOING DISPARITIES

A decade after the landmark Affordable Care Act (ACA) was enacted to expand health insurance coverage to the nation's most vulnerable uninsured, UCLA CHPR and Claremont Graduate University (CGU) released a 58-page research report that addresses the question: **How large of an impact has the ACA made over the past 10 years?**

This study, **Ten Years of the Affordable Care Act: Major Gains and Ongoing Disparities**, conducted jointly by UCLA CHPR and CGU with support from the A-Mark Foundation, provides updates on national uninsured rates and looks at disparities across a spectrum of population groups, including several that haven't received attention in other studies. These include state Medicaid expansion status, education, housing, employment, citizenship, English proficiency, race/ethnicity, and age. Using annual data from the 2008 through 2018 American Community Surveys, conducted by the Census Bureau, the authors discuss uninsured rates related to these factors, as well as changes in type of coverage among the insured.

"Research has shown that the ACA is a landmark law that increased insurance coverage across diverse groups throughout the nation," said Gerald Kominski, PhD, co-lead author of the report and UCLA CHPR senior fellow.

KEY FINDINGS INCLUDE:

- All population groups had improved coverage from 2014 to 2016, but progress has eroded for some groups since 2017
- States that expanded Medicaid saw more reduced uninsured rates
- Higher education is related to lower uninsured rates at every income level
- People who had full housing basic amenities had lower uninsured rates than those who lacked at least one
- Both employed and non-employed individuals gained coverage under the ACA, but higher rates are seen among the employed
- 1 in 3 non-citizens remain uninsured
- Higher uninsured rates are seen among those with lower levels of English proficiency
- All racial/ethnic groups saw declines in uninsured rates, though disparities still exist, especially among Latino and American Indian/Alaska Native populations
- Individuals ages 19–25 had the largest gains in coverage, and all age groups experienced lower uninsured rates

“

.....
We wanted to demonstrate that although coverage improved for all groups under the ACA, some groups have improved less than others. We call on fellow researchers to look into these persistent disparities and to identify possible pathways to insure all individuals.

”



Gerald Kominski, PhD
Senior Fellow



Surge in e- cigarette and marijuana use

THE STARTLING SURGE IN E-CIGARETTE AND MARIJUANA USE

Marijuana and e-cigarette use jumped dramatically among Californians ages 18–25 between 2017 and 2018, with large proportions of underage users, according to a 2020 UCLA CHPR policy brief, **The Changing Landscape: Tobacco and Marijuana Use Among Young Adults in California**, which showed that e-cigarette vaping surged by 48% over that period, while marijuana use increased by 19%.

Using data from the 2018 CHIS, researchers found that more than a third of young adults — or 1.7 million — were using at least one of these products, with 314,000 reporting smoking cigarettes, 682,000 using e-cigarettes, and 1.3 million using marijuana. Flavors were popular among young adults, with 4 of 5 e-cigarette users vaping flavored products and 2 in 5 cigarette users smoking menthol cigarettes. Additionally, 48% of e-cigarette users, 40% of marijuana users, and 28% of cigarette smokers were ages 18–20 — under the legal age-limit of 21 to purchase these products in 2018.

Study authors Ying-Ying Meng, DrPH, UCLA CHPR senior research scientist and co-director of the Chronic Disease Program, and Ninez A. Ponce, PhD, MPP, UCLA CHPR director, suggested several policy approaches to respond to the changing smoking landscape,

including ensuring that tobacco control policies are equitably applied throughout California's diverse communities. In addition to state policies, California cities and counties have the legal authority to enact smoking, vaping, and marijuana-use policies, and the authors recommend enacting price policies, such as e-cigarette taxes and minimum floor prices; banning flavored nicotine products; implementing smoke-free policies in various outdoor areas and in multiunit housing that explicitly include e-cigarettes and marijuana; and capping or limiting the number of retailers of these products by geographic areas.

In 2020, Meng received a \$900,000 grant from the Tobacco-Related Disease Research Program (TRDRP) for a study on state and local policies on cigarette smoking behaviors and disparities. The project is a quasi-experimental study that will link existing state-, county-, and city-level tobacco control policies and city-level data on social determinants of health with the CHIS data from 2014–2019. The project aims to examine the interaction of individual, community (neighborhood), and socioeconomic (SES) factors, as well as the impact of state and local policies on cigarette use and tobacco-related disparities.

“

.....
Although the state and local governments have made massive strides in tobacco control policy, our research underscores the importance of considering laws that affect access to all three products together. Policies are needed to discourage young adults from switching from one product to another due to differences in price, access, and availability.

”



Ying-Ying Meng, DrPH
Chronic Disease Program
Co-Director

Reducing barriers to breast cancer care



REDUCING BARRIERS TO BREAST CANCER CARE

Breast cancer is the most commonly diagnosed cancer among women in the United States, with approximately 276,000 women diagnosed each year and about 1 in 8 developing invasive breast cancer over the course of their lifetime. Survival rates for metastatic breast cancer, or stage 4 breast cancer, are low and are impacted in part by time-sensitive access to care factors that may be improved through policy changes.

Teaming up with the UCLA Jonsson Comprehensive Cancer Center, researchers worked to identify the barriers that women in California face when treating metastatic breast cancer. Researchers captured the experiences of patients, health care providers, and support service staff to identify the most common issues patients encounter and made recommendations on policy and programmatic options to address the barriers and improve care, building on work conducted in 2017 on barriers faced by breast cancer patients.

The team will present findings with key legislative and agency staff to promote the policy recommendations identified by the funder, the California Breast Cancer Research Program. Fact sheets on policy priorities will also be widely distributed to community groups and advocates.

SHARING AND CARING

As part of the Barriers to Metastatic Breast Cancer Care in California study, the team explored the use of a social media-based group to contribute to the key informant portion of data collection. The Twitter-based Breast Cancer Social Media (#BCSM) community, co-founded by two breast cancer patient advocates in 2011, featured weekly tweet chats with patients, physicians, researchers, advocacy organizations, and others offering a virtual education and support experience for all impacted by breast cancer.

Recognizing that online patient communities can be a valuable source of timely and real-world data, which may be used to inform policy change, the study aim was to partner with the #BCSM community to gather data on key barriers to care and potential policy solutions for patients living with metastatic breast cancer.

The result was a robust source of information informing the study, and experience with a new research method to consider when seeking broad reach in a quick-response timeline. The research was presented at the [**AcademyHealth 2020 Annual Research Meeting**](#) and was published in *JMIR Public Health and Surveillance* in January 2021.



288

tweets
generated by



42

participants
resulting in



2.1 million

impressions
on Twitter

United States
**Census
2020**

13

**Implications
of a census
undercount**

UNDERCOUNT OF LATINOS IN CENSUS COULD COST LA COUNTY HALF A BILLION DOLLARS

As the 2020 U.S. Census approached, researchers at UCLA CHPR and Charles R. Drew University of Medicine and Science published a policy brief that projected that an undercount of Latino Californians was likely to occur, and that it could cost Los Angeles County over a half billion dollars.

The data showed that in a worst-case scenario – which would be about a 10% undercount of Latinos – LA County could lose \$586 million in federal funding. The county relies on federal funds for key public programs such as the Supplemental Nutrition Assistance Program (SNAP) and Head Start early childhood education program.

Steven P. Wallace, PhD, UCLA CHPR associate director and co-author of the policy brief, said the 10% undercount estimate was based on two factors. First, previous research showed that Latinos were undercounted by 5% in the 1990 census, by 0.7% in the 2000 census, and by 1.5% in the 2010 census, and independent sources estimated that the undercount for Latinos in California in the 2020 census could be 3.6% based on national trends. Second, the growth of anti-immigrant rhetoric and policies in the U.S. in recent years, and the hotly debated proposal to add a question to the census about respondents' citizenship status – which was ultimately struck down by the Supreme Court – may have influenced certain groups, particularly Latinos, to avoid participating in the census.

With Latinos making up almost half of the Los Angeles County population, researchers' projections show that an undercount may have harmful effects on these crucial social service and health care programs, which all of the county's low-income and immigrant groups rely on. They make up 33% and 42% of the population, respectively.

The study, [Health and Social Service Implications of a Census Undercount in Los Angeles](#), projected that if a 10% undercount occurred:

- Supplemental Nutrition Assistance Program (SNAP) could lose up to \$102.4 million in federal funding and reduce the county's ability to serve nearly 15,700 households.
- Up to 259 high-risk families in the Head Start program could lose home visitations.
- Los Angeles County could lose almost \$15 million for Section 8 housing. That would amount to losing about 1,450 housing vouchers for county residents.
- Almost 60,000 students could lose free or reduced-price meals.
- The Health Center Program could lose up to \$10.2 million that could have been used to treat nearly 79,000 patients in community clinics.

Grants to advance research



HIGHLIGHTING THREE NEW GRANTS

Gun violence is one of the five leading causes of death among Americans ages 1–64, but despite more than 38,000 deaths and 115,000 injuries from firearms each year, funding for gun violence research has been limited.

In July 2020, the National Collaborative for Gun Violence Research (NCGVR) awarded \$7.5 million to 15 research projects. Among the awardees, UCLA CHPR Director **Ninez A. Ponce**, PhD, MPP, and Michael Rodriguez, MD, MPH, professor at the David Geffen School of Medicine at UCLA, received a **three-year \$596,171 grant to fund research on gun violence** related to firearm ownership, storage practices, and perceptions of gun safety, and fill critical data gaps about risk factors for gun suicide and urban gun violence related to understudied and disproportionately affected groups such as youth and young adults, veterans, immigrants, and LGBT people. A firearms module will be added to the 2021 and 2022 CHIS, the first time this information will be collected as part of a population health survey.

NCGVR Director Andrew Morral noted that, during the COVID-19 pandemic, both sales of firearms and deaths from gun violence have increased across the country – underscoring the urgent need for rigorous research that can inform effective gun policy. “We must answer the question: What works and what doesn’t to reduce gun violence?” Morral said. “Studies like Dr. Ponce and Dr. Rodriguez’s fill a critical gap in our understanding of gun violence and how to prevent it.”

Associate Center Director **Nadereh Pourat**, PhD, and UC Berkeley Associate Professor Emmeline Chuang, PhD, received a **\$200,000 grant from the Robert Wood Johnson Foundation** (RWJF) to explore how California counties responded to COVID-19 under the Whole Person Care (WPC) Medicaid Pilot Program. The grant will expand on efforts to evaluate WPC, which aims to provide coordinated health care and social services for patients with complex needs.

Researchers will look at whether WPC improved health outcomes and service delivery for enrolled patients and findings will be used to inform future efforts by service providers and policymakers to improve Medicaid beneficiaries’ quality of care and health outcomes.

The **California Air Resources Board** (CARB) awarded UCLA CHPR a two-year \$400,000 grant to evaluate the acute health impacts from short-term particulate matter (PM) exposure on work loss days in times without recent wildfires, and during and after wildfires. The project, led by **Ying-Ying Meng**, DrPH, co-director of the UCLA CHPR Chronic Disease Program, will link CHIS 2015–2018 data to existing government monitoring data for PM2.5, meteorology data, and wildfire data for health impact studies.

The results of this project will inform CARB’s health benefits calculations of work loss days from PM2.5 exposure related to regulation development and also from wildfire smoke exposure.



15

Can LA's multi-unit housing go smoke-free?

SECONDHAND SMOKE IN MULTI-UNIT HOUSING

Half of apartment dwellers in Los Angeles report having been exposed to unwanted secondhand smoke (SHS) in their homes in the last year, and 9 in 10 said they favor policies banning smoking from their buildings, a study by researchers at UCLA CHPR revealed.

Owners of multiunit housing (MUH) properties in Los Angeles also expressed strong support, with 92% saying they favor smoke-free policies, according to the study, which surveyed 5,000 tenants and owners in some of the city's most densely populated areas.

“We found that 1 in 2 tenants said that they were exposed to secondhand smoke and that there is a need to reduce that exposure in order to protect all tenants and children from harmful health effects,” said Peggy Toy, UCLA CHPR Health DATA Program director and lead author of the policy brief, **Health at Risk: Policies Are Needed to End Cigarette, Marijuana, and E-cigarette Secondhand Smoke in Multi-Unit Housing in Los Angeles.**

Currently, that protection is hard to come by. There is no citywide policy in Los Angeles prohibiting tenants from smoking in privately owned apartments and condominiums. And in Los Angeles County, roughly 80% of cities allow smoking in these units. Around 80 million Americans live in multiunit housing and can be exposed to smoke in their homes, and according to the U.S. Department of Health and Human Services, SHS from tobacco has been linked to over 40,000 annual deaths

from heart disease and lung cancer combined.

The study also found higher-than-average rates of SHS exposure among vulnerable and minority tenants including:

- 55% of tenants who live with someone with a chronic disease
- 54% of tenants with children
- 54% of Latino tenants, and 51% of Black tenants – more than any other races or ethnicities.

And while there was overwhelming support from tenants and owners to ban smoking, policies can be difficult to implement. Authors recommended establishing a single smoke-free policy requiring all MUH properties in Los Angeles to be 100% smoke-free, identifying a policy-enforcement model, engaging and mobilizing community partners, among others.

In addition to the brief, 18 publications were produced for all 15 city council districts on SHS exposure and chronic health conditions. The Los Angeles County Department of Public Health Tobacco Control and Prevention Program sponsored the study with funding from the California Department of Public Health California Tobacco Control Program. Toy currently serves on the MUH workgroup for LADPH TCPP and has provided technical assistance to grantees working on smoke-free MUH in LA County including the city of West Hollywood.

49%

of surveyed tenants reported that secondhand smoke had drifted into their unit in the past year

9 in 10

surveyed tenants favored policies banning smoking from their buildings

92%

of surveyed owners favored smoke-free policies

Shining a light on oral health disparities



DISPARITIES WIDEN THE GAP IN ORAL HEALTH CARE

Four studies, released in July 2020 and November 2020, shed light on the role of dental insurance on oral health care use and highlighted the social determinants of oral health among low-income and older adults in California. The research was led by Nadereh Pourat, PhD, associate center director and director of the HEER Program, and used data from the 2017 and 2018 CHIS.

The July **studies** included a policy brief and an infographic and showed that low-income California adults are less likely to receive timely dental care including regular checkups and are more likely to visit the dentist for specific problems than those with higher incomes — a fact that remained true even for low-income residents who have dental insurance. Researchers found that among those adults with the lowest incomes, 59% had seen a dentist within the last year, compared with 80% for higher-income residents. The disparity persisted even for those with private dental insurance, with 75% of the lowest-income adults and 85% of the highest-income residents having a dental visit in the past year.

Authors stressed that dental care and dental insurance are not affordable to all Californians. The ACA does not consider dental care an essential benefit, many employers do not include dental benefits in

their employment-based health insurance plans, and private dental policies are costly. Furthermore, many dentists don't participate in Medi-Cal due to lower provider reimbursement levels.

The November **studies** also included a policy brief and an infographic and examined the role economic, social, and environmental factors play in oral health and found that more than 1 in 4 California adults reported having poor oral health. About 1 in 2 of the lowest-income residents reported having poor oral health and the figure dropped to 1 in 5 for those with the highest incomes.

The data highlighted significant differences in residents' oral health across income, education, employment, immigration status, and other categories, revealing the crucial influence of social determinants and illustrating that poor oral health is not simply a result of lack of access to dental care.

Poor oral health was more common among adults who had no dental insurance (32%) or Medi-Cal (42%) vs. those with private insurance (16%), those with no college education vs. college-educated residents (36% vs. 15%), immigrants vs. U.S.-born residents (37% vs. 22%), among others.

“

.....
Oral health is an integral part of overall health, and the lowest-income individuals have the least access and suffer the consequences. It is important to break down silos that perpetuate disparities in access to dental care. We can start by promoting parity in dental insurance.”

”



Nadereh Pourat, PhD
Associate Center Director



17

Identifying the needs of older adults

ACCORDING TO U.S. CENSUS PROJECTIONS, the 65 and older population is projected to grow from 56 million in 2020 to 73 million in 2030. Is the country ready for this surge? What resources and policies are needed to help them more smoothly transition into older adulthood? A number of UCLA CHPR's Health Disparities Program projects address the current and future needs of the country's diverse population of older adults.

ELDER INDEX

A single elder is considered in poverty if their income is less than \$12,490, according to the 2019 federal poverty guideline level (FPL). In a high-cost state such as California, the FPL, which was developed in the 1960s, is an antiquated measure of economic need. The result? Hundreds of thousands of older Californians are economically insecure and do not have enough income to make ends meet, but are not classified as poor – and the unmet needs of those overlooked may translate to poor or worse health outcomes. UCLA CHPR's **California Elder Economic Security Standard™ Index**, or Elder Index, gauges how much older adults must pay for basic necessities such as housing, health care, food, and transportation in different counties in the state, finding that cost in much of California was more than double the national FPL.

In September 2020, D. Imelda Padilla-Frausto, PhD, MPH, and Steven P. Wallace, PhD, unveiled the 2019 California Elder Index at a **webinar**, discussing trends in the basic cost of living; uncovering the hidden poor (older adults with income above the FPL but not enough to meet their basic needs); identifying gender, racial, and ethnic inequities; and sharing implications for older adults during COVID-19. The Elder Index helps advocacy groups and legislators fight for more funding and more effectively allocate resources based on variations in regional costs. Additionally, the World Health Organization cited the Elder Index in its 2020 **Decade of Healthy Ageing: Baseline Report**.

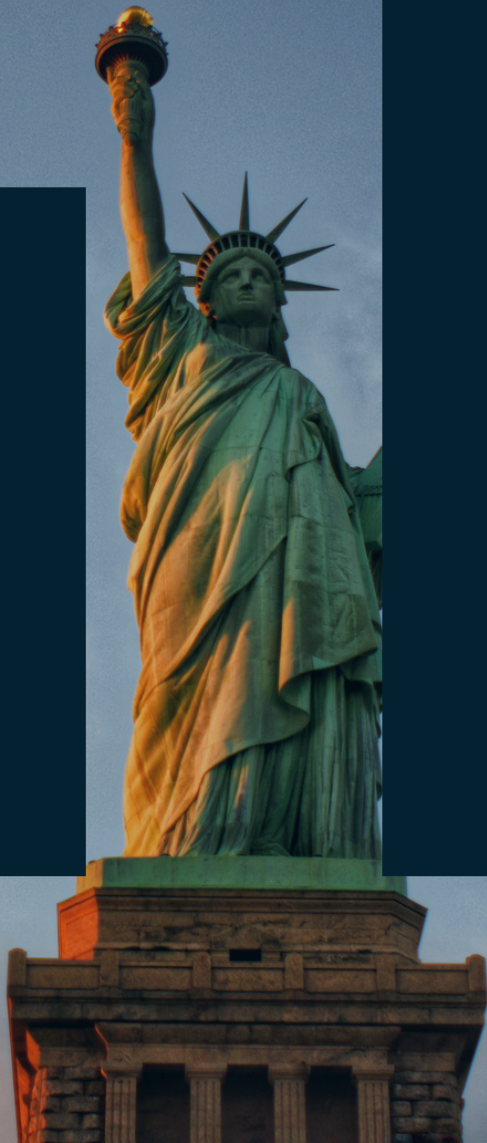
RCMAR

The **Resource Centers for Minority Aging Research (RCMAR) National Coordinating Center**, led by Steven P. Wallace, PhD, supports the National Institute on Aging (NIA) and its RCMAR grantees in increasing the diversity of the aging research workforce and is a resource for 18 RCMAR centers' leaders, scientists, and staff. The coordinating center fosters and supports an academic research community that reflects the diversity of the nation and a field that responds to the health and well-being of older adults in diverse communities by disseminating information, convening an annual conference and other events, writing publications, and more.

LTSS

UCLA CHPR Research Scientist Kathryn Kietzman, PhD, studies **Long-Term Services and Supports (LTSS)** for older adults and others with chronic disabilities, whose needs are often overlooked. Kietzman helped create select LTSS screening questions for the 2019 CHIS, and followed up with an **LTSS respondent survey** to better understand the experiences of Californians who have difficulties with certain daily life activities. The data has helped inform the state's Master Plan for Aging Research Subcommittee, which Kietzman was tapped to serve on in 2020. The group identified data sources and needs, recommended measures to include in a data dashboard, and developed a proposal for a research agenda – all designed to support and measure progress as the state implements its master plan. The work, Kietzman says, "presented an unparalleled opportunity for policymakers, program administrators and providers, researchers, family members, and consumers of LTSS to work together to identify ways to assess the performance of our current system of LTSS, to assess what the gaps are, as well as the potential for improvement." Kietzman also led the development of caregiving questions in CHIS released in 2020.

Examining how policies impact immigrant health



IMMIGRANT HEALTH AND STATE POLICY

How do various policies in California affect the health and well-being of Asian and Latino immigrants living in the state? The [Research on ImmiGrant Health and State policy \(RIGHTS\) study](#) is in the process of finding out.

Led by Steven P. Wallace, PhD, principal investigator of the RIGHTS study and associate director at UCLA CHPR, and funded by the National Institutes of Health (NIH) and National Institute on Minority Health and Health Disparities (NIMHD), the RIGHTS study focuses on the experiences that Asian and Latin American Californians have as they seek health care, go to work and school, and engage in their communities.

A follow-up survey to the California Health Interview Survey (CHIS), which is conducted in seven languages, authors of the study focused on 1,000 Asian and 1,000 Latino immigrants statewide to understand their experiences dealing with health care, social services, employment, education, and law enforcement and how those experiences impacted their health and access to health care. An additional 60 individual interviews were conducted with Chinese and Mexican immigrants in Los Angeles and Fresno counties to compare experiences in a county where policies were more "inclusive" toward immigrants (for example, Los Angeles County offers health care to residents regardless of citizenship status) compared to a county whose policies were likely to exclude immigrants. The study builds on knowledge regarding the impact of contextual and structural factors on both groups and how policy, legal status, and race/ethnicity may have impacts across the two groups on their access to health care.

The project team, which includes UCLA CHPR Associate Director Nadereh Pourat, PhD,

Senior Research Scientist Kathryn Kietzman, PhD, and Faculty Associates Maria-Elena Young, PhD, Michael Rodríguez, MD, and May Sudhinaraset, PhD, completed data collection in 2020, and is analyzing data and will provide data from the project this summer. Preliminary analyses have been presented at national conferences and publications are underway.

RIGHTS is advised by a Community Advisory Board, made up of representatives from nonprofits such as the Association of Asian Pacific Community Health Organizations (AAPCHO), California Immigrant Policy Center (CIPC), Consulado de Mexico/Ventanillas de salud Program, Latino Coalition for a Healthy California (LCHC), and other organizations, as well as an Academic Advisory Committee that includes academic and technical advisers.

In late 2020, the NIH awarded additional funding to Wallace, Kietzman, and Young to study the multilevel influences on access to health care for Latinx youth, who make up one-quarter of the total youth population in the U.S. Conducted in collaboration with Drexel University, researchers will examine how Latino children's family composition, their parent's engagement with providers, and their parent's perception about immigration influences their children's access to health care. The study is a new CHIS follow-up study that complements the analysis of adults in RIGHTS by looking at youth in the 2020 and 2021 CHIS.

Wallace and Young also co-authored a national study that examined the extent to which the relationship between citizenship and health care inequities is moderated by state-level criminalization policies. The study was published in [BMC Public Health](#).



19

Addressing health equity through data disaggregation

NATIONAL NETWORK OF HEALTH SURVEYS DATA DISAGGREGATION WORKSHOPS

For some, “data disaggregation” is a buzzword, but for the UCLA CHPR, it’s what we do and who we are.

Now more than ever, data disaggregation – breaking down information into smaller subpopulations – is needed to expose gaps in health equity and inform policies and programs to close those gaps.

In 2020, the UCLA CHPR-led **National Network of Health Surveys** built on our history of sharing knowledge and advancing survey science by producing a series of workshops and technical assistance sessions addressing some of the key barriers to increased disaggregation of race/ethnicity data in health sources.

The series, supported by the Robert Wood Johnson Foundation, has included workshops on considerations for increasing disaggregation, question wording and response sets, coding and machine learning strategies, and the user experience accessing data. Attendees have represented local, state, and national organizations such as the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), California Department of Public Health, and much more.



ABOUT THE NATIONAL NETWORK OF HEALTH SURVEYS

The National Network of Health Surveys is a coalition of health survey leaders, data custodians, and data users seeking to improve the quality and availability of population health information on underrepresented communities. The Network has tapped into the extensive expertise to provide hands-on guidance for increasing the availability of data on diverse communities.

Supporting statewide health policy analyses



CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM (CHBRP)

At what cost? Policymakers are often concerned with the fiscal impact of new proposals. CHPR staff members Nadereh Pourat, PhD (vice chair), Gerald Kominski, PhD, and Riti Shimkhada, PhD, constitute the cost team of the **California Health Benefits Review Program (CHBRP)**, which 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.

Working with teams from other UC institutions, the CHBRP program provided analysis reports for 13 bills during the 2020 legislative session:

AB 1904, Pelvic Floor Physical Therapy

AB 2625, Emergency Ground Medical Transportation

AB 1986, Colorectal Cancer Screening and Testing

AB 2781, Treatment for Infertility

AB 2144, Step Therapy and Prior Authorization

SB 854, Substance Use Disorder

AB 2203, Insulin Cost-Sharing Cap

SB 855, Mental Health Parity

AB 2204, Sexually Transmitted Diseases

SB 888, Substance Use Disorder Services: Contingency Management

AB 2242, Mental Health Services

SB 1452, Biological Products

AB 2258, Doula Care: Medi-Cal Pilot Program

CALIFORNIA SIMULATION OF INSURANCE MARKETS (CALSIM)

Developed in UCLA CHPR's Health Economics and Evaluation Research (HEER) Program under the leadership of Gerald Kominski, PhD, and in collaboration with the UC Berkeley Center for Labor Research and Education, the **California Simulation of Insurance Markets (CalSIM)** is a micro-simulation model to evaluate how the Affordable Care Act (ACA) and other health reform proposals might impact employer-based health insurance, family health care expenses, decisions to enroll in Medi-Cal, Exchange coverage, employer-based insurance, and more.

To date, CalSIM has helped California's state and local health officials, medical providers, community representatives, insurance companies, and others to understand both eligibility and likely enrollment of Californians in the Medi-Cal expansion as well as in the state's new health insurance exchange, Covered California. Most recently, CalSIM has been used to estimate the impact of state-based reforms to expand subsidies, reinstate the "individual mandate," and expand eligibility for Medi-Cal coverage for undocumented young adults.

UCLA CHPR BY THE NUMBERS

UCLA CHPR Website



47,958

total number of publication views in 2020



465,105

total website traffic in 2020

AskCHIS™
and
AskCHIS™
Neighborhood
Edition (NE)

Total queries



81,420

registered users



93,317

queries run in 2020

AskCHIS™

1.53 million

total queries made since its inception in 2002

AskCHIS™ NE

58,044

total queries made since its inception in 2015

CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) COVID-19 DASHBOARDS

Rates and Risk Factors by California County Dashboard

7,423

total views

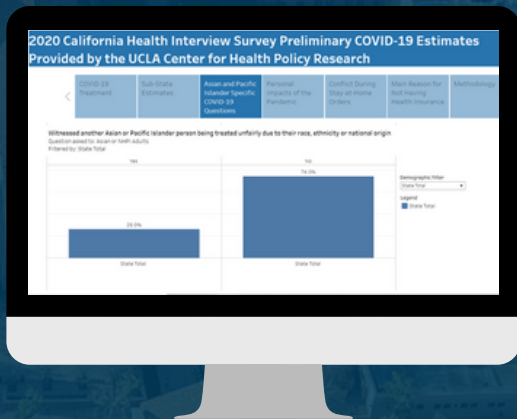


Rates and Risk Factors by California County Data Table

3,938

total views

CHIS Preliminary Estimates Dashboard



2,901

total views

NHPI COVID-19 Data Policy Lab Dashboard



1,272

total views

UCLA CHPR PUBLICATIONS

UCLA CHPR produced more than 20 publications in house, including policy briefs, fact sheets, infographics, and research reports.

Interim Evaluation of California's Whole Person Care (WPC) Program

Nadereh Pourat, Emmeline Chuang, Xiao Chen, Brenna O'Masta, Leigh Ann Haley, Connie Lu, Michael Huynh, Elaine M. Albertson, Denisse M. Huerta

Education Matters: Despite Improvements Under the ACA, Disparities in Coverage Based on Educational Level Persist

Gerald F. Kominski, Petra Rasmussen, et al.

Despite Gains From ACA, Lower Rates of Health Insurance Coverage Persist Among Those Lacking Housing Basics

Deborah Freund, Chengcheng Zhang, Petra Rasmussen, Safia Hassan, Gerald F. Kominski

Health and Social Service Implications of a Census Undercount in Los Angeles

Steven P. Wallace, Angubeen Khan, Homero E. del Pino

Interim Evaluation of California's Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program

Nadereh Pourat, Xiao Chen, Ana E. Martinez, Lina Tieu, Maria Ditter, Michael Huynh, Leigh Ann Haley, Jack Needleman, Denisse M. Huerta

Ten Years of the Affordable Care Act: Major Gains and Ongoing Disparities

Gerald F. Kominski, Petra Rasmussen, Chengcheng Zhang, Safia Hassan, Deborah Freund

Health at Risk: Policies Are Needed to End Cigarette, Marijuana, and E-Cigarette Secondhand Smoke in Multi-Unit Housing in Los Angeles

Peggy Toy, Catherine Yount, Ying-Ying Meng, William Zou, Jessica Ventura, Huongly K. Do, Nadereh Pourat

Nearly 2 Million California Adults Not Getting Needed Public Mental Health Services

D. Imelda Padilla-Frausto, Safa Salem

The Changing Landscape: Tobacco and Marijuana Use Among Young Adults in California

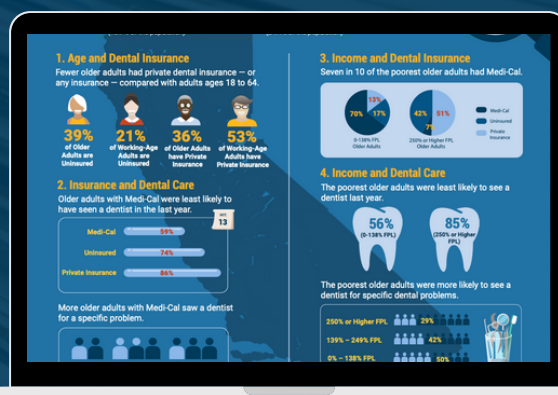
Ying-Ying Meng, Ninez A. Ponce

Despite Insurance, the Poorest Adults Have the Worst Access to Dental Care

Nadereh Pourat, Maria Ditter

Oral Health Access Among Older Californians

Nadereh Pourat, Maria Ditter



First Interim Evaluation of California's Health Homes Program (HHP)

Nadereh Pourat, Xiao Chen, Brenna O'Masta, Leigh Ann Haley, Anna Warrick, Weihao Zhou, Hanqing Yao

Better Health, Greater Social Cohesion Linked to Voter Participation

Susan H. Babey, Joelle Wolstein, Shana A. Charles

Serious Psychological Distress on the Rise Among Adults in California

D. Imelda Padilla-Frausto, Hin Wing Tse, et al.

Innovative Methods to Increase Child Interviews in the California Health Interview Survey and CHIS 2019-2020 Redesign: Rationale, Empirical Evaluation, and Trends

Brian Wells

Voter Participation in California Varies Widely by Type of Election and Voter Race and Ethnicity

Susan H. Babey, Joelle Wolstein, Shana A. Charles

Limited Access to Health Data on American Indian and Alaska Natives Impedes Population Health Insights

Tara Becker, Susan H. Babey, Riti Shimkhada, AJ Scheitler, Ninez A. Ponce

Income Disparities Widen the Gap in Oral Health of California Adults

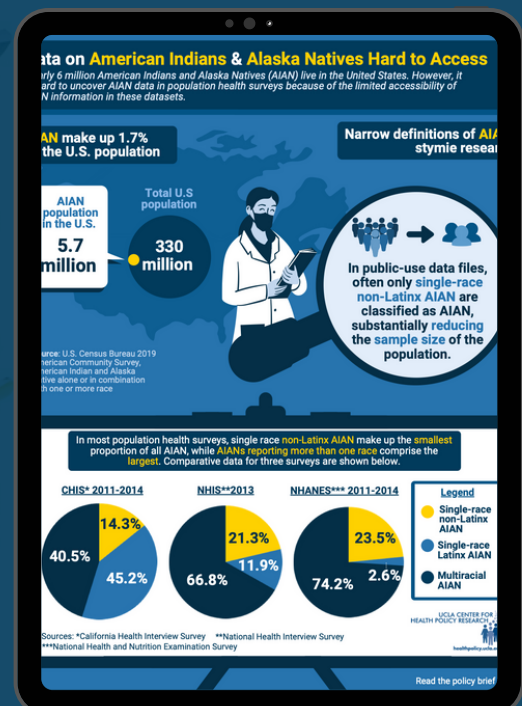
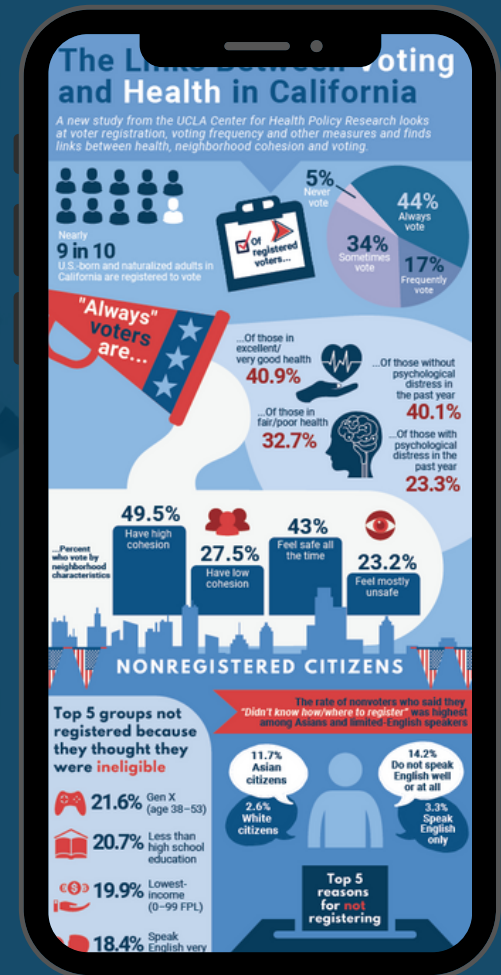
Nadereh Pourat, Maria Ditter

Oral Health of Californians Differs by Where They Live

Nadereh Pourat, Maria Ditter

CHIS Making an Impact 2020

Tiffany Lopes, Venetia Lai, Elaiza Torralba, Celeste Peralta, Yazmine Desanges, et al.



UCLA CHPR WEBINARS & EVENTS

UCLA CHPR hosted more than a dozen seminars, webinars, and events in 2020, attracting public health leaders, policymakers, media, and more.

Cost of Single-Payer Health Care in the US: A Systematic Review

James G. Kahn (UCSF Philip R. Lee Institute for Health Policy Studies), Michael A. Rodriguez (UCLA David Geffen School of Medicine and UCLA Fielding School of Public Health)

Addressing the Aging Population and the Needs of Older Adults/Mapping California Health Interview Survey Data to California's Master Plan for Aging

Ritu Sadana (World Health Organization), Kathryn Kietzman

Census Undercount of Latino Immigrants: Impact on Health and Social Programs in Los Angeles

Steven P. Wallace, Homero E. del Pino (Charles R. Drew University of Medicine and Science)

Health at Risk: Policies Are Needed to End Cigarette, Marijuana, and E-Cigarette Secondhand Smoke in Multi-Unit Housing in Los Angeles

Peggy Toy, Catherine Yount

Pride and Pandemic: Vulnerabilities to COVID-19 Among LGBT Adults in California

Kathryn O'Neill (Williams Institute)

Combining Traditional Modeling with Machine Learning for Predicting COVID-19

Christina Ramirez (UCLA Fielding School of Public Health)

Hidden No More: Unmasking Data for Health Equity, Introducing the Native Hawaiian and Pacific Islander COVID-19 Data Policy Lab

Ninez A. Ponce, Richard Calvin Chang, Corina Penaia, Karla Thomas, Vananh Tran, John Greer, Nicholas Pierson

California Elder Index 2019 Release: Basic Economic Needs of Older Adults and Profile of Those Struggling to Make Ends Meet

D. Imelda Padilla-Frausto, Steven P. Wallace

2020 E.R. Brown Symposium – Healing a Fractured Society: Health Care as a Right

Ninez A. Ponce et al.

CHIS 2019 Data Release

Ninez A. Ponce, Todd Hughes, Susan H. Babey

Overcoming Invisibility: Better Health Data for American Indians and Alaska Natives

Tara Becker, Riti Shimkhada, Ninez A. Ponce

National Network of Surveys' Workshop Series: Addressing Health Equity through Data Disaggregation

Ninez A. Ponce, AJ Scheitler, Tara Becker

California Health Interview Survey (CHIS) Data User Training

Peggy Toy, Jacob Rosalez



3,350+

people attended UCLA CHPR events in 2020

SOCIAL MEDIA SNAPSHOT

135K+

Twitter impressions
in 2020, a 17.8%
year-over-year
growth

+21.8%

year-over-year
growth in Twitter
followers

18,705

Facebook reach
in 2020

1,551

engagements on
Facebook in 2020

3,513

views on YouTube
videos in 2020

+62%

year-over-year
growth in YouTube
impressions

UCLA CHPR MAKES HEADLINES

From providing data on the disproportionate impact of COVID-19 on underserved populations to weighing in on the public charge rule, our faculty and staff earned local, national, and even international recognition.

500+

media mentions in 2020



50+

news outlets including:

- | | |
|--------------------------|-----------------|
| The Los Angeles Times | NPR |
| The Wall Street Journal | BBC News |
| The Guardian | CalMatters |
| California Healthline | KQED |
| KTVU San Francisco | Medical Xpress |
| Yahoo Finance | KPCC |
| AARP | ABC-7 |
| Kaiser Health News | NBC Los Angeles |
| El País | Univision |
| Público | KTVU-TV |
| Times of San Diego | KPCC |
| USA Today | Sacramento Bee |
| U.S. News & World Report | LAist |
| Washington Post | |

“

We have reached a crossroads where only decisive measures can prevent our hospitals from becoming overwhelmed. A time-limited 'circuit breaker' can reverse the tide of the epidemic, bring the number of cases down by breaking the chain of infection, and reduce pressure on our health care system.

— Ninez A. Ponce, PhD, MPP, UCLA CHPR director, discussing the coalition of LA-area unions' call for a strict four-week LA countywide lockdown to control COVID-19 surge, on KNX1070.

”

Some of the 500+ news stories include:

NBC

[New study reveals previously invisible health issues among Asians in U.S.](#)

ABC-7

[Survey: 10 million eligible CA voters don't vote or only vote occasionally.](#)

NBC Los Angeles

[Black and Latinos' Finances Hit the Hardest by COVID-19, UCLA Survey Finds](#)

The Guardian

[‘They feel invincible’: how California’s coronavirus plan went wrong](#)

CalMatters

[Why is the coronavirus deadly for so many Blacks residents of Los Angeles?](#)

The San Diego Union-Tribune

[Insist on better U.S. nutrition guidelines or Latinos will keep bearing the brunt of health crises](#)

The Sacramento Bee

[More than 1,000 reports of anti-Asian racism in California since March, data show](#)

Times of San Diego

[Study: Citizens in Good Health, Living in Safer Neighborhoods More Likely To Vote](#)

Bay Area Reporter

[Editorial: More evidence SOGI data is needed](#)

Becker’s Dental Review

[Significant oral health access disparities affect low-income Californians, study finds](#)

Univision

[Los alcances de la reactivación de la regla de carga pública para todos los trámites, incluida la residencia](#)

KPCC

[The healthier you are the more likely you are to vote](#)

Washington Post

[Coronavirus update: California surpasses 10,000 deaths as Trump signs economic relief orders](#)

U.S. News & World Report

[Marijuana, E-Cigarettes Enticing More Young Adults](#)

Sacramento Bee

[Latinos are more likely to get COVID-19 and diabetes. What does the combination mean for health?](#)

— “

If it all happens in six weeks, then the lines at the clinics will look like the lines out of Costco.

— **Steven P. Wallace, PhD**

UCLA CHPR associate center director, discusses the potential impact of the coronavirus in March 2020, in *The Los Angeles Times*

” —

“

Biden’s proposal would allow undocumented immigrants to buy health insurance, including the proposed public option, in the ACA marketplaces without federal subsidies. That isn’t free care.

”

— **Gerald Kominski, PhD**

UCLA CHPR senior fellow, on a claim that Democrats voted to fine American citizens for not buying health insurance and conspired to give it to “illegal aliens” for free, as featured in the **Associated Press (AP) and 150+ outlets**

EXTERNAL PUBLICATIONS

A sampling of UCLA CHPR staff and faculty publications featured in journals.

January 2020

Coverage, Affordability, and Care for Low-Income People with Diabetes: 4 Years after the Affordable Care Act's Medicaid Expansions

Journal of General Internal Medicine

Dahai Yue, Yuhui Zhu, Petra Rasmussen, James Godwin, Ninez A. Ponce

Impact of Gentrification on Adult Mental Health

Health Services Research

Linda Diem Tran, Thomas H. Rice, Paul M. Ong, Sudipto Banerjee, Julia Liou, Ninez A. Ponce

Projected Costs of Single-Payer Healthcare Financing in the United States: A Systematic Review of Economic Analyses

PLOS Medicine

Christopher Cai, Jackson Runte, Ninez A. Ponce, Michael A. Rodriguez, James G. Kahn, et al.

February 2020

Out-of-Pocket Spending and Financial Burden Among Low Income Adults After Medicaid Expansions in the United States: Quasi-Experimental Difference-in-Difference Study

BMJ

Hiroshi Gotanda, Ashish K. Jha, KT Li, Gerald F. Kominski, Yusuke Tsugawa

Factors Associated with Differential Readmission Diagnoses Following Acute Exacerbations of Chronic Obstructive Pulmonary Disease

Journal of Hospital Medicine

Russell G. Buhr, Gerald F. Kominski, Michael Ong, et al.

Health Conditions, Outcomes, and Service Access Among Filipino, Vietnamese, Chinese, Japanese, and Korean Adults in California, 2011-2017

American Journal of Public Health

Alexandra C. Adia, Ninez A. Ponce, et al.

Missed Opportunities for HIV Screening of New Enrollees in California's Low Income Health Program

AIDS Education and Prevention

Kimberly Ling Murtaugh, Arleen Leibowitz, Xiao Chen and Nadereh Pourat

March 2020

Towards Universal Health Coverage: Achievements and Challenges of 10 Years of Healthcare Reform in China

BMJ Global Health

Wenjuan Tao, Dahai Yue, Gerald F. Kominski, et al.

Caring for Latinxs with Dementia in a Globalized World: "Latinos and Dementia: Prescriptions for Policy and Programs that Empower Older Latinos and Their Families"

Springer

Valentine M. Villa, Steven P. Wallace

April 2020

Integrating Health and Human Services in California's Whole Person Care Medicaid 1115 Waiver Demonstration

Health Affairs

Emmeline Chuang, Nadereh Pourat, Leigh Ann Haley, Brenna O'Masta, Elaine M. Albertson, Connie Lu

How California Counties' COVID-19 Response Benefited from the "Whole Person Care" Program

Health Affairs Blog

Nadereh Pourat, Emmeline Chuang, Leigh Ann Haley

EXTERNAL PUBLICATIONS

May 2020

Cardiovascular Disease Behavioral Risk Factors Among Latinos by Citizenship and Documentation Status

BMC Public Health

Alexander N. Ortega, Jessie Kemmick Pintor, Brent A. Langellier, Arturo Vargas Bustamante, Maria-Elena De Trinidad Young, Michael L. Prelip, Cinthya K. Alberto, Steven P. Wallace

Racial/Ethnic Variations in Weight Management Among Patients with Overweight and Obesity Status Who Are Served by Health Centers

Clinical Obesity

Nadereh Pourat, Xiao Chen, Connie Lu, Weihao Zhou, Marlon Daniel, Hank Hoang, Alek Sripipatana

June 2020

Readmission Rates for Chronic Obstructive Pulmonary Disease Under the Hospital Readmissions Reduction Program: An Interrupted Time Series Analysis

Journal of General Internal Medicine

Russell G. Buhr, Gerald F. Kominski, Michael Ong, et al.

Pseudo-Likelihood Based Logistic Regression for Estimating COVID-19 Infection and Case Fatality Rates by Gender, Race, and Age in California

MedRXiv

Di Xiong, Lu Zhang, Gregory Watson, Phillip Sundin, Teresa Bufford, Joseph A. Zoller, John Shamshoian, Marc A. Suchard, Christina M. Ramirez

July 2020

The Importance of Health Insurance in Addressing Asian American Disparities in Utilization of Clinical Preventive Services: 12-Year Pooled Data from California

Healthy Equity

Sara McMenamin, Nadereh Pourat, Richard Lee, Nancy Breen

Impact of Oral Health Service Expansion Funding at Health Centers in the United States

Journal of Public Health Dentistry

Vy Nguyen, Marlon Daniel, Renée Joskow, Connie Lu, Xiao Chen, Weihao Zhou, Sue Lin, Alek Sripipatana, Suma Nair, Nadereh Pourat

Healthcare Decision-Making Among Dual-Eligible Immigrants: Implications from a Study of an Integrated Medicare-Medicaid Demonstration Program in California

Journal of Immigrant and Minority Health

Kaitlyn McBride, Adrian Matias Bacong, Ana Reynoso, Steven P. Wallace, Kathryn G. Kietzman

Frequent Emergency Department Use Among Homeless Individuals Seen in Emergent Care: High Risks of Opioid-Related Diagnoses and Adverse Health Services Utilization Outcomes

Journal of Clinical and Translational Science

Ayae Yamamoto, Lillian Gelberg, Yusuke Tsugawa, Gerald F. Kominski, Jack Needleman

August 2020

Evaluating Inpatient Adverse Outcomes Under California's Delivery System Reform Incentive Payment Program

Health Services Research

Michelle S. Keller, Xiao Chen, James Godwin, Jack Needleman, Nadereh Pourat

Duration of United States Residence and Self-Reported Health Among African-Born Immigrant Adults

Journal of Immigrant and Minority Health

Ezinne M. Nwankwo, Steven P. Wallace

The Relationship between Portable School-Based Oral Health Prevention Services and Subsequent Oral Health Treatment

Journal of Public Health Dentistry

Nadereh Pourat, Xiao Chen, Joanne Spetz

Count Native Hawaiian and Pacific Islanders in COVID-19 Data – It's an OMB Mandate

Health Affairs

Richard Calvin Chang, Corina Penaia, Karla Thomas

EXTERNAL PUBLICATIONS

September 2020

Baseline Characteristics of the 2015–2019 First Year Student Cohorts of the NIH Building Infrastructure Leading to Diversity (BUILD) Program

Ethnicity & Disease

Keith C. Norris, Steven P. Wallace, et al.

Impact of Oral Health Service Expansion Funding at Health Centers in the United States

Journal of Public Health Dentistry

Vy Nguyen, Marlon Daniel, Renée Joskow, Connie Lu, Xiao Chen, Weihao Zhou, Sue Lin, Alek Sripipatana, Suma Nair, Nadereh Pourat

October 2020

Are Improvements Still Needed to the Modified Hospital Readmissions Reduction Program: A Health and Retirement Study (2000–2014)?

Journal of General Internal Medicine

Charleen Hsuan, Ninez A. Ponce, Geoffrey J. Hoffman, et al.

States with Fewer Criminalizing Immigrant Policies Have Smaller Health Care Inequities Between Citizens and Noncitizens

BMC Public Health

Maria-Elena De Trinidad Young, Hiram Beltrán-Sánchez, Steven P. Wallace

Predicting Differential Improvements in Annual Pollutant Concentrations and Exposures for Regulatory Policy Assessment

Environment International

Jason G. Su, Ying-Ying Meng, Xiao Chen, John Molitor, Dahai Yue, Michael Jerrett

Food Insecurity and Healthcare Access, Utilization, and Quality Among Middle and Later Life Adults in California

Journal of Aging and Health

Emily Janio, Dara H. Sorkin

November 2020

The Role of Dentist Supply, Need for Care and Long-Term Continuity in Health Resources and Services Administration-Funded Health Centres in the United States

Community Dentistry and Oral Epidemiology

Nadereh Pourat, Xiao Chen, Connie Lu, Weihao Zhou, Hank Hoang, Alek Sripipatana, et al.

Immigrants and the Affordable Care Act: Changes in Coverage and Access to Care by Documentation Status

Journal of Immigrant and Minority Health

Thalia Porteny, Ninez A. Ponce, et al.

Examining Trends in Substance Use Disorder Capacity and Service Delivery by Health Resources and Services Administration-Funded Health Centers: A Time Series Regression Analysis

PLOS One

Nadereh Pourat, Brenna O'Masta, Xiao Chen, Connie Lu, Weihao Zhou, Marlon Daniel, Hank Hoang, Alek Sripipatana

December 2020

Colocation Does Not Equal Integration: Identifying and Measuring Best Practices in Primary Care Integration of Children's Oral Health Services in Health Centers

Journal of Evidence-Based Dental Practice

Nadereh Pourat, Ana E. Martinez, Leigh Ann Haley, James J. Crall

Centering Health Equity in Population Health Surveys

JAMA Health Forum

Ninez A. Ponce

Assessing Clinical Quality Performance and Staffing Capacity Differences Between Urban and Rural Health Resources and Services Administration-Funded Health Centers in the United States: A Cross Sectional Study

PLOS One

Nadereh Pourat, Xiao Chen, Connie Lu, Weihao Zhou, Hank Hoang, Alek Sripipatana

JOURNAL ARTICLES THAT CITE CHIS DATA

January 2020

Sport and Physical Activity in Epilepsy: A Systematic Review (Deutsches Arzteblatt International)

Discrimination in Healthcare as a Barrier to Care: Experiences of Socially Disadvantaged Populations in France from a Nationally Representative Survey (BMC Public Health)

Low Human Papillomavirus Literacy Among Asian-American Women in California: An Analysis of the California Health Interview Survey (Journal of Racial and Ethnic Health Disparities)

Standards-Based Clinical Decision Support Platform to Manage Patients Who Meet Guideline-Based Criteria for Genetic Evaluation of Familial Cancer (JCO Clinical Cancer Informatics)

The Role of the Medicaid Expansion in the Use of Preventive Health Care Services in California Men (American Journal of Men's Health)

Association Between Rural Residence and Non-fatal Suicidal Behavior Among California Adults: A Population-Based Study (Journal of Rural Health)

February 2020

Association Between Preference for Using Alcohol Beverage-Named E-Liquids and Alcohol Use Among High School Youth (Drug and Alcohol Dependence)

Disentangling Individual and Neighborhood Differences in the Intention to Quit Smoking in Asian American Male Smokers (Preventive Medicine Reports)

Examining Psychological Distress Across Intersections of Immigrant Generational Status, Race, Poverty, and Gender (Community Mental Health Journal)

Dog Ownership and Walking: Perceived and Audited Walkability and Activity Correlates (International Journal of Environmental Research and Public Health)

March 2020

Trends in Internet Use Among Older Adults in the United States, 2011–2016 (Journal of Applied Gerontology)

Obesity and Obesogenic Behaviors in Asian American Children with Immigrant and US-Born Mothers (International Journal of Environmental Research and Public Health)

Measurement Equivalence of the Kessler 6 Psychological Distress Scale for Chinese and Korean Immigrants: Comparison Between Younger and Older Adults (International Journal of Methods in Psychiatric Research)

Increased Mortality in Asians with Systemic Sclerosis in Northern California (ACR Open Rheumatology)

Integration of Tobacco Treatment Services into Cancer Care at Stanford (International Journal of Environmental Research and Public Health)

Neighborhood Environments, SNAP-Ed Eligibility, and Health Behaviors: An Analysis of the California Health Interview Survey (Journal of Urban Health)

April 2020

Assessment of Health Information About COVID-19 Prevention on the Internet: Infodemiological Study (JMIR Public Health and Surveillance)

The Influence of Patient-Provider Communication on Cancer Screenings Differs Among Racial and Ethnic Groups (Preventive Medicine Reports)

The Reported Impact of Public Involvement in Biobanks: A Scoping Review (Health Expectations)

JOURNAL ARTICLES THAT CITE CHIS DATA

The Use of Technology for Communicating with Clinicians or Seeking Health Information in a Multilingual Urban Cohort: Cross-Sectional Survey (Journal of Medical Internet Research)

Online Health Information – Seeking Among Older Women with Chronic Illness: Analysis of the Women's Health Initiative (JMIR Public Health and Surveillance)

Introduction to Survey Sampling (SAGE Publishing)

May 2020

Primary Care Access to New Patient Appointments for California Medicaid Enrollees: A Simulated Patient Study (Annals of Family Medicine)

Effectiveness of Interventions to Identify and Manage Patients with Familial Cancer Risk in Primary Care: A Systematic Review (Journal of Community Genetics)

Exploring the Provider-Level Socio-Demographic Determinants of Diet Quality of Preschool-Aged Children Attending Family Childcare Homes (Nutrients)

Germline Mutation in MUS81 Resulting in Impaired Protein Stability is Associated with Familial Breast and Thyroid Cancer (Cancers)

Occupying Multiple Stigmatized Identities: Smoking and Unemployment Stigmas Among the Unemployed (SSM – Population Health)

Defining Gentrification for Epidemiologic Research: A Systematic Review (PLoS One)

Association of Patients' Perception of Primary Care Provider Listening with Emergency Department Use (PRIMER)

Effectiveness of Text Message Interventions for Weight Management in Adolescents: Systematic Review (JMIR Mhealth Uhealth)

Ambiguity in Communicating Intensity of Physical Activity: Survey Study (JMIR Public Health and Surveillance)

June 2020

Impact of Age on Patients' Communication and Technology Preferences in the Era of Meaningful Use: Mixed Methods Study (Journal of Medical Internet Research)

Food Insecurity and COVID-19: Disparities in Early Effects for US Adults (Nutrients)

Feasibility and Acceptability of a Mobile Mindfulness Meditation Intervention Among Women: Intervention Study (JMIR Mhealth Uhealth)

Mobile Health for Pediatric Weight Management: Systematic Scoping Review (JMIR Mhealth Uhealth)

Translation and Psychometric Evaluation of the German Version of the Organisational Readiness for Implementing Change Measure (ORIC): A Cross-Sectional Study (BMJ Open)

Psychological Distress among College Students: Role of Food Insecurity and Other Social Determinants of Mental Health (International Journal of Environmental Research and Public Health)

Heterogeneity in the Association of Citizenship Status on Self-Rated Health Among Asians in California (Journal of Immigrant and Minority Health)

Trends in Sugar-Sweetened Beverage Consumption Among California Children (Public Health Nutrition)

The Oxford Handbook of Sexual and Gender Minority Mental Health (Oxford University Press)

July 2020

Insurance Types, Usual Sources of Health Care, and Perceived Discrimination (The Journal of the American Board of Family Medicine)

JOURNAL ARTICLES THAT CITE CHIS DATA

Identifying Optimal Survey-Based Algorithms to Distinguish Diabetes Type Among Adults with Diabetes (Journal of Clinical and Translational Endocrinology)

An Untapped Potential in Primary Care: Semi-Structured Interviews with Clinicians on How Patient Portals Will Work for Caregivers in the Safety Net (Journal of Medical Internet Research)

Association Between Disability and Cardiovascular Event and Mortality: A Nationwide Representative Longitudinal Study in Korea (PLoS One)

A Methodology for Small Area Prevalence Estimation Based on Survey Data (International Journal for Equity in Health)

August 2020

Exploring WHO Communication during the COVID 19 Pandemic through the WHO Website Based on W3C Guidelines: Accessible for All? (International Journal of Environmental Research and Public Health)

Filipino Help-Seeking for Mental Health Problems and Associated Barriers and Facilitators: A Systematic Review (Social Psychiatry and Psychiatric Epidemiology)

Gender Differences in Self-Reported Family History of Cancer: A Review and Secondary Data Analysis (Cancer Medicine)

September 2020

Excessive Absenteeism Due to Asthma in California Elementary Schoolchildren (Academic Pediatrics)

HIV and Sexual Health Services Available to Sexual and Gender Minority Youth Seeking Care at Outpatient Public Mental Health Programs in Two California Counties (Health Equity)

Health Research in JFEI Over a Decade: 2009–2019 (Journal of Family and Economic Issues)

Respondent-Driven Sampling for Immigrant Populations: A Health Survey of Foreign-Born Korean Americans (Journal of Immigrant and Minority Health)

Racial Discrimination as a Mediator of Racial Disparities in Insomnia Disorder (Sleep Health)

Online Negative Sentiment Towards Mexicans and Hispanics and Impact on Mental Well-being: A Time-Series Analysis of Social Media Data During the 2016 United States Presidential Election (Heliyon)

October 2020

Equal Access to Telemedicine during COVID-19 Pandemic: A Pediatric Otolaryngology Perspective (Laryngoscope)

Trajectories of Nicotine and Cannabis Vaping and Polyuse From Adolescence to Young Adulthood (JAMA Network Open)

Disparities in the Diagnosis and Treatment of Gastric Cancer in Relation to Disabilities (Clinical and Translational Gastroenterology)

Health-Related Influences of Extending Marital Benefits to Same-Sex Couples: Results from the California Health Interview Survey (Family Relations)

Racial/Ethnic Disparities in Household Food Insecurity During the COVID-19 Pandemic: A Nationally Representative Study (Journal of Racial and Ethnic Health Disparities)

Risk Factors for Conversion of Hip Arthroscopy to Total Hip Arthroplasty: A Large Closed-Cohort Study (Arthroscopy, Sports Medicine, and Rehabilitation)

The Prevalence and Management of Diabetes Among Vietnamese Americans: A Population-Based Survey of an Understudied Ethnic Group (Chronic Illness)

JOURNAL ARTICLES THAT CITE CHIS DATA

[Spanish-Speaking Parents' Experiences Accessing Academic Medical Center Care: Barriers, Facilitators and Technology Use](#) (Academic Pediatrics)

[The Hunger-Obesity Paradox: Exploring Food Banking System Characteristics and Obesity Inequities Among Food-Insecure Pantry Clients](#) (PLoS One)

[The Affordable Care Act and Changes in Women's Health Insurance Coverage Before, During, and After Pregnancy in California](#) (Public Health Reports)

[Food Insecurity and Likely Psychological Distress: Isolation of BMI and Income among Women in California](#) (Journal of Hunger & Environmental Nutrition)

[Implementing a Multilevel Intervention to Accelerate Colorectal Cancer Screening and Follow-up in Federally Qualified Health Centers Using a Stepped Wedge Design: A Study Protocol](#) (Implementation Science)

November 2020

[At the Intersection of Precision Medicine and Population Health: An Implementation-Effectiveness Study of Family Health History Based Systematic Risk Assessment in Primary Care](#) (BMC Health Services Research)

[Perinatal Outcomes in Women with Elevated Blood Pressure and Stage 1 Hypertension](#) (American Journal of Obstetrics & Gynecology)

[Health Disparities of Older Adults in California: The Role of Sexual Identity and Latinx Ethnicity](#) (Gerontologist)

[Intersections of Neighborhood Co-Ethnic Density and Nativity Status on Heavy Drinking in a General Population Sample of U.S. Latinos and Asians](#) (Alcohol and Alcoholism)

December 2020

[An Evidence Review of Face Masks Against COVID-19](#) (Perspective)

[Unmet Medical Needs Among Adults Who Move Due to Unaffordable Housing: California Health Interview Survey, 2011–2017](#) (Journal of General Internal Medicine)

Publications by Government Agencies and Others that Use CHIS Data

[Improving Health Care Data in California](#)

[The SSI/SSP Grant: A Critical Support for Older Women and People of Color in California Left Behind by the Labor Market and State](#)

[From Surviving to Thriving: Ensuring the Golden Years Remain Golden for Older Women](#)

[Tobacco Control is a Critical Component to COVID-19 Management](#)

[Vulnerabilities to COVID-19 Among Older LGBT Adults in California, Health Vulnerabilities to COVID-19 Among LGBT Adults in California, and Economic Vulnerabilities to COVID-19 Among LGBT Adults in California](#)

[How California Counties' COVID-19 Response Benefited from the "Whole Person Care" Program](#)

[Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019](#)

[Early Implementation Strategic Plan 2020-2024: A Blueprint for Peace and Healing](#)

[The Report on the Status of Women and Girls in California 2020](#)

[Orange County Community Indicators 2020-2021](#)

[How Many in Your Area Are Covered by the Affordable Care Act?](#)

[Los Angeles Neighborhoods and COVID-19 Medical Vulnerability Indicators: A Local Data Model for Equity in Public Health Decision-Making](#)

PRESENTATIONS

Selected conferences and speaking engagements featuring UCLA CHPR staff.

University of Maryland and University of Michigan Joint Program in Survey Methodology Seminar Series

January 29, 2020 | Ann Arbor, MI

Innovating a multi-mode design for a diverse population: Results from two field experiments of the California Health Interview Survey
Brian Wells

2020 Health Datapalooza

February 10-11, 2020 | Washington, D.C.

Sampling and surveying rare populations: A review with examples from the California Health Interview Survey
Brian Wells

Methodology Matters: Impacts of Sample Design
Tara Becker

The Importance of Racial/Ethnic Data Disaggregation
Ninez A. Ponce

24th Annual Insure the Uninsured (ITUP) Conference

February 24-25, 2020 | Sacramento, CA

Whole Person Care Improves Care Coordination for Many Californians
Nadereh Pourat

UCLA Cancer Prevention and Control Research Seminar

March 2, 2020 | Los Angeles, CA

Methodological Considerations in Evaluation of the Whole Person Care Program
Nadereh Pourat

USC Annenberg Center for Health Journalism 2020 California Fellowship

March 17, 2020 | Virtual

Health Coverage in California
Ninez A. Ponce

UCLA Fielding School of Public Health Epidemiology COVID-19 Seminar Series

June 3, 2020 | Virtual

Public Health Policy and Data Collection of COVID-19
Ninez A. Ponce

75th Annual American Association for Public Opinion Research (AAPOR) Conference

June 11-12, 2020 | Virtual

The Impact of California Health Interview Survey in Data Disaggregation of Health Data for Asian American, Native Hawaiian and Pacific Islanders (AANHPIs)
Ninez A. Ponce

Impacts of sampling frame and survey mode changes on a follow-on study of immigrants
Brian Wells, Maria-Elena De Trinidad Young, Lei Chen, Steven P. Wallace

The use of incentives to influence parental permission in surveying teenagers
Royce Park, Brian Wells, Todd Hughes, Susan Sherr, Ninez A. Ponce

A performance evaluation of autocoding open survey responses in CHIS 2018
Errol Lopez, Ninez Ponce, YuChing Yang, Todd Hughes

PRESENTATIONS

AcademyHealth 2020 Annual Research Meeting (ARM)

July 28–August 6, 2020 | Virtual

Opening Plenary: Ninez A. Ponce (co-chair)

Assessing Progress in Behavioral Health Integration Under California Section 1115 Medicaid Waiver Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program

Lina Tieu, Nadereh Pourat, Ana Martinez, Xiao Chen, Michael Huynh, Leigh Ann Haley

Assessment of the Value-Based Payment Methodology Under the California Section 1115 Medicaid Waiver Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program

Nadereh Pourat, Michael Huynh, Ana Martinez, Xiao Chen, Dahai Yue, Catly Do

Mental Health Staffing at HRSA-Funded Health Centers to Improve Comprehensive Care Access

Amy Bonilla, Nadereh Pourat, Emmeline Chuang, Susan Ettner, Bonnie Zima, Xiao Chen, Connie Lu, et al.

Identifying Complex and High Utilizer Patients within Health Resources and Services Administration-Funded Health Centers

Nadereh Pourat, Xiao Chen, Yusuke Tsugawa, Connie Lu, Weihao Zhou, et al.

Impact of Oral Health Service Expansion Funding at Health Centers in the US

Nadereh Pourat, Vy Nguyen, Marlon Daniel, Renee Joskow, Connie Lu, Xiao Chen, Weihao Zhou, et al.

Oral Health Capacity and Dental Care Utilization in HRSA-Funded Health Centers

Nadereh Pourat, Xiao Chen, Connie Lu, Weihao Zhou, et al.

The Effect of the ACA on Cancer Detection

Srikanth Kadiyala, Gerald F. Kominski, et al.

Star Power: How Do Consumers Respond to Health Plan Quality Star Ratings?

Petra Rasmussen, Thomas Rice, et al.

Growth of Aging Patients at Health Resources and Services Administration-Funded Health Centers

Nadereh Pourat, Steven P. Wallace, Xiao Chen, Connie Lu, Weihao Zhou, Brenna O'Masta, et al.

Using a Twitter Chat to Rapidly Identify Barriers and Policy Solutions for Metastatic Breast Cancer Care

Riti Shimkhada, AJ Scheitler, Deanna Attai, Susan Babey, Beth Glenn, Ninez A. Ponce

Coordination of Health Care and Housing Services for Homeless and Other High-Need Medicaid Patients: Lessons from California's Medicaid Section 1115 Pilot Program

Elaine Michelle Albertson, Emmeline Chuang, Leigh Ann Haley, Brenna O'Masta, Nadereh Pourat

How to Identify Homelessness Using Administrative Data

Dahai Yue, Nadereh Pourat, Xiao Chen, Brenna O'Masta, Michael Huynh, Kong Xin

Predictors of Housing Insecurity Among Latinxs

Melissa Chincilla, Ninez A. Ponce

Impact of English Language Proficiency on Cardiovascular Disease Outcomes

An Analysis of Six Determinants That Influence General Health Status for Adults in the Golden State

Health and Political Participation: Results from the 2016 Election in California

Dominated Plan Choice on Covered California for the 2018 Plan Year

David M. Anderson, Petra Rasmussen

PRESENTATIONS

National Institutes of Health (NIH) Inclusion Across the Lifespan II

September 2, 2020 | Virtual

Recruitment, Enrollment, and Retention

Steven P. Wallace (co-chair and presenter)

15th Summer Institute on Migration and Global Health

September 3, 2020 | Virtual

COVID-19, Immigrant Workers, and Their Families in California

Steven P. Wallace

Health Resources and Services Administration, Office of Quality Improvement, Data and Evaluation Division Speaker Series

August 25, 2020 | Virtual

The Relative Contribution of Social Determinants on the Health Status of Health Center Patients

Nadereh Pourat

Power in Unity: Achieving Racial and Health Equity in the COVID Era Conference

September 29, 2020 | Virtual

The Data Disaggregation Imperative to Achieve Health Equity (keynote address)

Ninez A. Ponce (Data Equity Award winner)

State Health Access Data Assistance Center Webinar

October 13, 2020 | Virtual

From Telephone to Multi-mode Surveys: State Case Studies and Conversations

Todd Hughes

The SCAN Foundation 2020 Forum: Honoring the Journal of Growing Older

October 20, 2020 | Virtual

2020 LTSS State Scorecard: Measuring Progress to Advance Action

Kathryn Kietzman

Paul Torrens Health Forum at UCLA

October 21, 2020 | Virtual

"The 2020 Presidential Election: What's at Stake for Health?"

Gerald F. Kominski

2020 American Public Health Association (APHA) Annual Meeting and Expo

October 24–28, 2020 | Virtual

Diverse Approaches to Studying Diverse Populations: New Research from RCMAR Scientists

Steven P. Wallace (moderator)

The Impact of COVID-19 on Older People and Health Equity in the United States

Steven P. Wallace

When "Race" Matters in Models

Ninez A. Ponce

The Changing Landscape: Cigarette, E-Cigarette and Marijuana Smoking Among Young Adults in California

Ninez A. Ponce, Ying-Ying Meng

Public Support for All-Inclusive Smokefree Multi-Unit Housing Policy Including Marijuana and Vaping

Peggy Toy, Ying-Ying Meng, Catherine Yount

PRESENTATIONS

Public Support for All-Inclusive Smokefree Multi-Unit Housing Policy Including Marijuana and Vaping

Peggy Toy, Ying-Ying Meng, Catherine Yount

Mind the Gaps in Chinese Immigrant Health Research: Insider Researchers' Reflections on Working with the Chinese Community in the Field

Hin Wing Tse, Lei Chen, Deborah Wong, Maria-Elena Young

Assessing Progress in Behavioral Health Integration Under California Section 1115 Medicaid Waiver Public Hospital Redesign and Incentives in Medi-Cal (PRIME)

Lina Tieu, Ana Martinez, Xiao Chen, Michael Huynh, Leigh Ann Haley, Nadereh Pourat

Assessment of Value-Based Payment Methodology Under California Section 1115 Medicaid Waiver Public Hospital Redesign and Incentives in Medi-Cal (PRIME)

Nadereh Pourat, Michael Huynh, Ana Martinez, Dahai Yue, Xiao Chen

Identifying Complex and High Utilizer Patients within HRSA-Funded Health Centers

Nadereh Pourat, Xiao Chen, Yusuke Tsugawa, Connie Lu, Weihao Zhou, et al.

Alaska's Primary Dental Health Aides: Adapting a Community Health Worker Program to Preventive Dental Care

Nadereh Pourat

Growth of Older Adult Patients at Health Resources and Services Administration-Funded Health Centers

Nadereh Pourat, Steven P. Wallace, Xiao Chen, Connie Lu, Weihao Zhou, Brenna O'Masta, et al.

Disparities in Civic Engagement and Academic Achievement Among California Adolescents

Susan H. Babey, Joelle Wolstein

Modifications to the Hospital Readmissions Reduction Program: Improvements Still Needed?

Ninez A. Ponce et al.

Experiences of Exclusion in Employment and Impacts on Health Care Access Among Latino and Asian Immigrants in California

Michelle Nakphong, Iris Guzman-Ruiz, Brenda Morales, Lei Chen, Kathryn Kietzman, Steven P. Wallace

Mental Health Staffing at HRSA-Funded Health Centers Improve Comprehensive Care Access

Susan Ettner, Bonnie Zima, Xiao Chen, Connie Lu, Amy Bonilla, Nadereh Pourat, et al.

Facilitating a Smoke-Free, Market Rate Multi-Unit Housing Policy Initiative

Peggy Toy, Ying-Ying Meng, Catherine Yount, et al.

Immigration Enforcement and State Exclusion in Latinx and Asian Migrant Health

Iris Guzman-Ruiz, Michael Rodriguez, Maria-Elena Young, Steven P. Wallace

Experiences of Exclusion Among Latino and Asian Immigrants in the Policy Context of California: Implications for Access to Health Care

Steven P. Wallace, Nadereh Pourat, Michael Rodriguez, May Sudhinaraset, Maria-Elena Young, Altaf Saadi

The Influence of Intersecting Institutional Policies on the Lived Experiences of Mexican and Chinese Immigrants in California: Impacts on Health

Iris Guzman-Ruiz, Maria-Elena Young, Michelle Nakphong, Lei Chen, Brenda Morales, Reyna Campos, Kathryn Kietzman, Steven P. Wallace

PRESENTATIONS/AWARDS

Immigrant Fears Related to Use of Government Benefits: Implications of the 'Public Charge' and Its Impact on Access to Care

Michael Rodriguez, May Sudhinaraset, Kathryn Kietzman, Steven P. Wallace

The Health Impact of Immigration Surveillance, Racial Profiling, and Deportation Among Latino and Asian Immigrants in California

Maria-Elena Young, Lei Chen, Steven P. Wallace

Rising Prevalence of Tobacco Use Among California's Latino and Asian Populations

The Relationship Between Social Determinants of Health and Chronic Disease Prevalence Among an Ethnically Diverse Sample of U.S. Adults

Disparities in Telehealth Use Among Patients with Limited English Proficiency: California Health Interview Survey, 2015-2018

Development of the Health Atlas: Health Outcomes Among Asian Americans, Native Hawaiian/Pacific Islanders, and Other Racial/Ethnic Groups

Assessing the Quality of Health Care Received by Food Insecure Older Adults

Emily Janio, Dara Sorkin

Is Type 2 Diabetes a Risk Factor for Psychological Distress Among Foreign-Born Asian Americans in California?

Social Determinants of Self-Reported Oral Health: A Path Analysis

UCLA Asian American Studies Center Seminar Series

November 13, 2020 | Virtual

Pandemics and Vulnerable Communities
Ninez A. Ponce

Centers for Disease Control and Prevention (CDC) Webinar

November 16, 2020 | Virtual

Improving Data Capacity for American Indians/Alaska Natives
Ninez A. Ponce

Awards and Honors

Ninez A. Ponce, PhD, MPP, was awarded the 2019–2020 Don T. Nakanishi Award for Outstanding Engaged Scholarship by the UCLA Asian American Studies Center. "Dr. Ponce's work is both life-changing and life-saving. She exemplifies the spirit of Dr. Nakanishi's legacy of visibility and representation," said one of several nominators. For over 30 years, Ponce has been a national advocate for Asian Americans, Native Hawaiians, and Pacific Islanders.

Ninez A. Ponce, PhD, MPP, was named to the Board of Directors of AcademyHealth, a leading national organization serving the fields of health services and policy research. She was also elected to the National Academy of Social Insurance, a nonprofit, nonpartisan organization made up of the nation's leading experts on social insurance.

UCLA CHPR PROGRAMS

California Health Interview Survey (CHIS)

The California Health Interview Survey (CHIS) is the largest state health survey and one of the largest health surveys in the nation. Conducted in English, Spanish, Chinese (Mandarin and Cantonese), Korean, Japanese, Vietnamese, and Tagalog, CHIS collects data on more than 20,000 households each year on adults, teenagers, and children to construct a detailed picture of the health and health care needs of California's diverse population.

As part of UCLA CHPR's commitment to democratize data, CHIS offers free online data tools: AskCHIS™, an online health query system that allows users to search for health statistics on California counties, regions, and state, and AskCHIS™ Neighborhood Edition (NE), a GIS search tool for health indicators by ZIP code, city, county, legislative districts, and census tracts. Legislators, policymakers, local health departments, state agencies, community organizations, advocacy groups, foundations, researchers, and many others use CHIS data to justify programs that fight health threats.

Chronic Disease

The Chronic Disease Program is a premier source of research and data on chronic diseases such as asthma, diabetes, cancer, and heart disease, as well as a range of health promotion issues. Staff conduct research on factors that both promote healthy living (more physical activity and better diet) and prevent the development or exacerbation of chronic diseases.

Health DATA

The Health DATA (Data. Advocacy. Training. Assistance.) Program is a public service program which provides technical assistance to make data understandable to a wide range of audiences. Through in-person and online trainings, the program's goal is to improve the capacity of health experts and advocates to find, understand, and present credible data in their programmatic and policy work.

Health Disparities

The Health Disparities Program examines the unique health concerns of populations challenged by inequities in health and health care quality along racial, ethnic, age, or socioeconomic lines. In particular, the program is noted for its expertise on older adults, immigrants, women, and the American Indian and Alaska Native populations.

Health Economics and Evaluation Research (HEER) Program

The Health Economics and Evaluation Research (HEER) Program examines the economic and financial impacts of national, state, and local-level health care interventions. The HEER Program aims to increase understanding of the costs and benefits of health care interventions, as well as suggest ways to make programs and policies more effective.

From local public health interventions, to statewide efforts to improve Medi-Cal, to national debates on health care financing, HEER staff provide analysis, conduct evaluations, and offer expertise to policymakers and others concerned with health care costs.

Health Insurance

The Health Insurance Program examines key state and national trends in health insurance coverage, including employer and individual insurance, access to insurance, as well as the health and economic impact of lack of insurance. Program research has been included in Supreme Court amicus briefs in support of health care reform.

UCLA CHPR FUNDERS

The Archstone Foundation

Aurrera Health Group

California Department of Health Care Services

California Department of Health Care Services, Mental Health Services Division

California Department of Housing and Community Development

California Department of Public Health

California Department of Public Health, California Tobacco Control Program

The California Endowment

California Environmental Protection Agency

California Health Benefit Exchange (Covered California)

California Health Care Foundation

California Mental Health Services Authority

California Tobacco Control Program

The California Wellness Foundation

Cedars-Sinai

City and County of San Francisco

County of San Diego

Department of Health and Human Services' Health Resources and Services Administration (HRSA)

First 5 California

Health Effects Institute

Kaiser Foundation Research Institute

Kaiser Permanente

Los Angeles County Department of Public Health

Metta Fund

National Collaborative on Gun Violence Research/RAND

National Institute of Aging

National Institute on Minority Health and Health Disparities

National Institutes of Health Community Engagement Alliance Against COVID-19 Disparities

Robert Wood Johnson Foundation

San Diego County Health and Human Services Agency

SCAN Health Plan

UC California Breast Cancer Research Program

UC Tobacco-Related Disease Research Program

University of California, Berkeley

University of the Philippines Manila

MAILING ADDRESS

10960 Wilshire Blvd.
Suite #1550
Los Angeles, CA 90024

EMAIL ADDRESS

healthpolicy@ucla.edu

WEBSITE

healthpolicy.ucla.edu

CONNECT WITH US

