

***Putting Data and Information into Hands of Those
Who Can Use It: Dissemination Strategy
of the California Health Interview Survey***

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www.healthpolicy.ucla.edu

Translating research into policy to improve health

▶ **Intended outcome**

- ▶ Encouraging adoption of health policies to improve health and reduce disparities
- ▶ Promote development of “evidence-based health policy”

▶ **First step**

- ▶ Putting data and information into hands of policy makers and advocates

▶ **Requires**

- ▶ A strategy to make research findings and data accessible to policy makers and advocates
- ▶ A strategy to democratize access to analysis and application of data for policy makers and advocates with less technical capacity

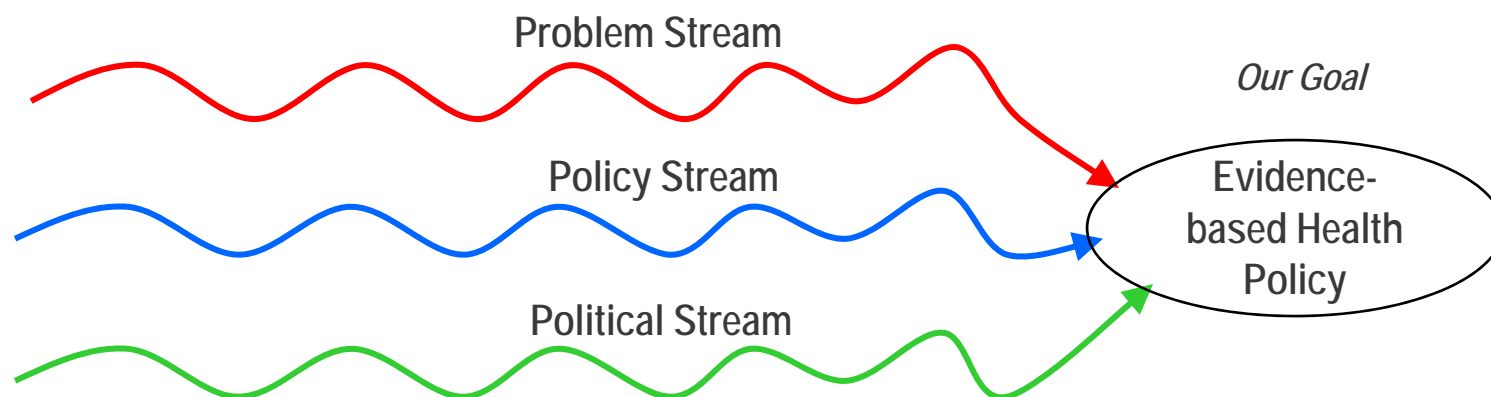
Opportunities to make empirical evidence relevant in policy process

▶ Data don't change policy

...but policy makers, advocates, and policy entrepreneurs can use data and research evidence to support policy change efforts

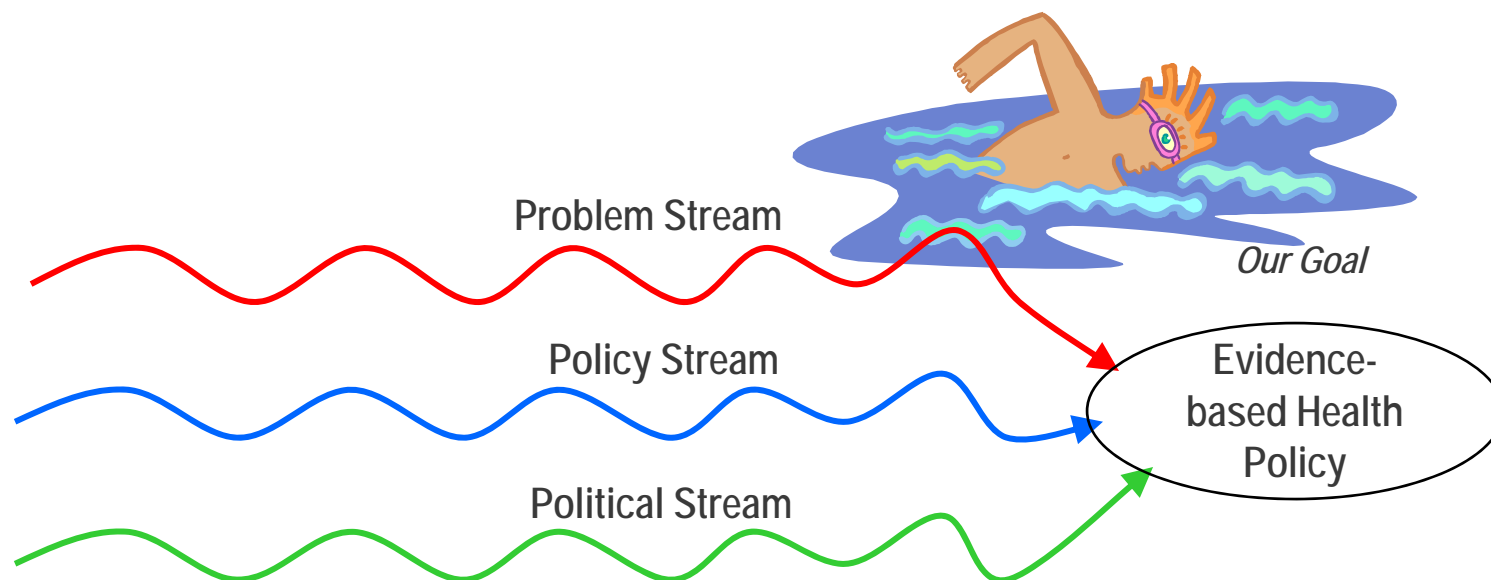
▶ Data and evidence are relevant to:

- ▶ Identifying, describing, & analyzing problem (Kingdon's "problem stream")
- ▶ Developing or analyzing policy options ("policy stream")



Opportunities to make empirical evidence relevant in policy process

- ▶ Health policy researchers need to swim in problem and policy streams to help translate their research and data into policy



Audiences for policy-relevant data and research evidence

▶ Audiences that may use data and research evidence for policy

- ▶ Policy makers in government agencies and legislatures
- ▶ Policy entrepreneurs in and out of government
- ▶ Advocates trying to influence policy process and outcomes

▶ Not all audiences have equal technical and policy resources to affect political policy process

- ▶ Many advocates, especially for low-income populations, have limited technical resources needed to access and analyze data
- ▶ Even many local health departments have limited data analytic technical capacity
- ▶ Many populations of color and smaller local jurisdictions find little data available on their group or area

How can researchers encourage policy audiences to use data and research evidence?

- ▶ **Academic health policy researchers' audience is traditionally peers — not policy audiences**
 - ▶ Peers not usually concerned about policy relevance
 - ▶ Peers usually concerned about scientific rigor — originality of research question, conceptual framework, data and methods
 - ▶ Publishing in peer-reviewed journals is key to academic career
- ▶ **Policy audiences care about policy and actionable factors relevant to it and few read peer-reviewed journals**

How can researchers encourage policy audiences to use data and research evidence?

- ▶ **Creating body of evidence that stakeholders and interest groups accept**
 - ▶ Researcher vs. advocate roles — a balancing act
- ▶ **Formats that are accessible to policy audiences**
 - ▶ Policy publications (reports, policy briefs, factsheets) vs. journal articles
- ▶ **Easily accessed channels of communication and dissemination**
 - ▶ Dissemination targeted directly to these audiences vs. “if we publish it, they will use it”

UCLA Center for Health Policy Research's strategy to democratize access to research data and analysis

- ▶ **The Center has developed several strategies to democratize access to research data and analysis**
 1. Encourage policy-focused research and actionable conclusions and recommendations
 2. Develop direct-to-policy-audiences channels of communication and dissemination
 3. Develop population-based data to provide information about diverse populations and geographic areas
 4. Provide free access to these data and easy-to-use analytic tools
 5. Help advocates and local health departments enhance their capacity to use data and research

- ▶ **These have proved effective in reaching policy audiences and impacting public policy**

Publications targeted to varied policy constituencies

- ▶ **Center faculty and researchers conduct studies on broad range of public health and health care policy issues**
 - ▶ Center researchers encouraged to pursue policy-focused research and to include policy relevant conclusions in journal submissions
 - ▶ Center publications written for policy audiences
- ▶ **Several types of Center publications to reach different policy constituencies**
 - ▶ Policy research reports ~ to meet needs of policy wonks, specialized policy makers, and focused policy advocates
 - ▶ Policy briefs ~ for those interested in policy issue but not deeply involved
 - ▶ Fact sheets ~ to interest people in policy issue even when they are not focused on it



Develop direct-to-policy-audiences channels of communication and dissemination

- ▶ **Extensive dissemination through multiple channels to maximize use of CHIS data and results by wide range of constituencies**
 - ▶ Designed to meet needs of policy makers, advocates, media, analysts, and researchers
 - ▶ For those with little technical capacity to those with substantial analytic skills and research capacity

- ▶ **Disseminate directly to broad policy audience and to larger public**
 - ▶ Listserv to announce publications, which are all free and available through Web site
 - ▶ Mailing lists for printed copies to key leaders in public health, health care, government, advocacy, and members of Legislature and Congress
 - ▶ Effective media outreach to promote publications

Develop population-based data to provide information about diverse populations and geographic areas

- ▶ **The Center also is home of California Health Interview Survey (CHIS)**
 - ▶ California's assessment tool designed to meet statewide and local needs for population-based health data on adults, adolescents, and children
 - ▶ Omnibus survey covers wide range of public health and health care topics plus extensive demographic and social information
 - ▶ Very large biennial RDD survey of California population
 - ▶ Survey conducted in 6 languages
 - ▶ Sample sizes: 56,000 households in 2001, 42,000 in 2003, and 45,000 in 2005
 - ▶ Statistically adequate samples for most counties
 - ▶ Statistically adequate samples for key ethnic groups and for Asian and Latino subgroups



www.chis.ucla.edu

Develop population-based data to provide information about diverse populations and geographic areas

- ▶ **CHIS is designed from ground up to provide data that is used**
 - ▶ To support policy analysis, development and advocacy at local level and statewide in public health and health care
 - ▶ To understand and measure health needs of California's population — capture ethnic, geographic, and social class diversity
- ▶ **Participatory planning process**
 - ▶ More than 140 individuals from over 60 diverse organizations and agencies participate in formal advisory committees
 - ▶ Helps assure relevance to policy needs and improves survey quality

Provide access to these data and develop free easy-to-use analytic tools

- ▶ **Extensive dissemination through multiple channels to maximize use of CHIS data and results by wide range of constituencies**
 - ▶ To meet needs of wide range of policy makers, advocates, and media—including those with little technical capacity—as well as researchers
- ▶ **Web site is portal to all information about CHIS**
 - ▶ Information about CHIS and each survey
 - ▶ Publications with analytic results
 - ▶ Electronic data files for analysis by independent researchers
 - ▶ Public use data files: more than 5,000 have been downloaded
 - ▶ Web-based CHIS Research Clearinghouse now includes 159 studies
- ▶ **Access to confidential data files**
 - ▶ Data Access Center: 106 outside researchers have used confidential data files through DAC
 - ▶ Local health departments get data files for their county populations
 - ▶ California Department of Health Services and other state agencies get confidential data files

Provide access to these data and develop free easy-to-use analytic tools

- ▶ CHIS provides free access to statewide and local data through fast, user-friendly Web-based data query system



- ▶ AskCHIS enables technical and non-technical users to obtain easily-tailored customized data results
- ▶ Compare or combine results across surveys
- ▶ More than 600 variables and geographic break-outs
- ▶ More than 220,000 AskCHIS queries completed to date by more than 12,000 registered users

- ▶ **AskCHIS democratizes access to data *and* analysis**



AskCHIS Basic

AskCHIS Basic ([Get started!](#)) is recommended for people who don't have significant experience with data analysis.

In this version, you can:

- Select statewide or county geographic areas for your results
- Customize your population using race, gender, age, and/or poverty level
- Compare your results by the most common comparison groups
- View your results in easy-to-read tables or graphs
- Export your results into MS Excel format

[GET STARTED!](#)

AskCHIS PRO

AskCHIS PRO ([Get started!](#)) is recommended for people who have significant experience with data analysis.

In this version, you can do everything AskCHIS Basic provides, PLUS:

- Select additional geographic groupings
- Make unlimited combinations of the subset populations in your results
- Cross-tabulate your results by any CHIS variable
- Customize your data display preferences
- Save your results to your personal library
- Take advantage of additional graph appearance options
- View standard errors or 90%/95%/99% confidence intervals

[GET STARTED!](#)

Help advocates and local health departments enhance capacity to use data and research

- ▶ **Center's public service program: Health DATA — “Turning Knowledge into Action”**
 - ▶ Created to build capacity of advocates, organizations, and agencies to use health research data to address their communities' health policy issues
- ▶ **Conducts training workshops to help staff and volunteers learn**
 - ▶ How to access health research data
 - ▶ Questions to ask about data quality and validity, and
 - ▶ How to apply research data in their programs and policy work
- ▶ **Workshops for community-based agencies, organizations, and local health departments**
 - ▶ Statewide organizations, local health departments, community clinic associations, community technology centers, etc. co-sponsor each one
 - ▶ Held in geographic areas throughout state



CHIS data and results are being used and have impact

- ▶ **Many agencies and organizations rely on CHIS data**
 - ▶ Governor's Office
 - ▶ State and local public health agencies
 - ▶ Other executive branch agencies and the Legislature
 - ▶ Advocacy groups and community-based organizations
 - ▶ Foundations
- ▶ **They use CHIS data to...**
 - ▶ Measure other health needs and develop policies and programs to address them
 - ▶ Advocate for policy change
 - ▶ In grant proposals for funding
 - ▶ Track progress in meeting Healthy People 2010 objectives
- ▶ **Researchers throughout the nation also use CHIS data**
 - ▶ 69 peer-reviewed journal articles using CHIS have been published to date
 - ▶ average of 14 per year since the first data file became available
 - ▶ 16 of those have focused on cancer, cancer screening, or smoking

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through AskCHIS**
- ▶ **CHIS data used by Molina Healthcare, a managed care plan that serves mainly Medicaid and SCHIP enrollees, to develop mammography program**
 - ▶ Molina Healthcare's Health Education Department analyzed CHIS data and reports finding that Latinas in San Diego County reported significantly lower rates of ever having mammogram compared to African Americans and Whites in county
 - ▶ Based on these data and fact that majority of Molina's San Diego members are Latino
 - ▶ Molina implemented a mammogram reminder mailing that was translated into Spanish and included a brochure on importance of mammograms and
 - ▶ Sent them to women age 40 and older in San Diego County

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through AskCHIS**
- ▶ **CHIS data used by Solano County Health and Social Services Department to develop report on health disparities in county**
 - ▶ A 2003 County Health Status Profiles by the State health department showed that Solano County was lagging behind other counties for certain health indicators
 - ▶ That report prompted Solano County Department of Health and Social Services (DHSS) to develop a report on “Health Disparity in Solano County 2004”
 - ▶ The report, using CHIS data CHIS data on health insurance, asthma prevalence, mental health, smoking, obesity, hypertension, and diabetes were accessed through AskCHIS
 - ▶ Report was presented to Solano Coalition for Better Health, a public-private county leadership collaboration
 - ▶ Report findings prompted County Board of Supervisors to direct DHSS to make Solano County the first in state to expand insurance coverage to all children in the county

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through AskCHIS**
- ▶ **CHIS data used in developing Children's Health Initiative of San Luis Obispo County**
 - ▶ To identify number of uninsured children and number who were eligible but not enrolled in State coverage programs
 - ▶ To develop an estimated cost of covering all children in the county
 - ▶ To describe target population during advocacy for new public-private Healthy Kids program in county
 - ▶ To evaluate progress of Healthy Kids program since implementation in early 2005

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through Local Health Department Files**
- ▶ **CHIS data used by Alameda County of Public Health Department**
 - ▶ Alameda County funded a CHIS 2003 oversample focused on Oakland and Hayward
 - ▶ County Public Health Department used the CHIS data to analyze social determinants, risk factors and disease burden within the county population
 - ▶ Department did special analyses for Hayward Obesity Workgroup, including data on CHIS data on diet, food choice, fast food intake, physical inactivity, and access to places for physical activity
 - ▶ CHIS measures also incorporated into neighborhood-level community assessment
 - ▶ Analyses used to prioritize the programmatic and policy areas for HOW
 - ▶ Department also partnered with Stanford Prevention Research Center in study to examine impact of outlet density on tobacco use
 - ▶ CHIS data used to identify variations in smoking prevalence throughout Oakland
 - ▶ CHIS data will be used with qualitative data to assess effects on smoking prevalence of marketing and advertising of tobacco and tobacco outlet density in parts of Oakland

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through Health DATA and AskCHIS**
- ▶ **CHIS data used by National Association of Latino Elected and Appointed Officials (NALEO)**
 - ▶ NALEO trains legislators on a wide range of policy issues, including data and statistics and how they can be used to shape public policy
 - ▶ One workshop of approximately 100 NALEO members in California focused on obesity and asthma among Latinos
 - ▶ CHIS data and publications were used as training materials and AskCHIS was introduced as health-related data source
 - ▶ In 2006, NALEO trained 12 members in California—school board members, county supervisors, and city council members—on use of AskCHIS and application of CHIS data to public policy
 - ▶ Training focus was on obesity prevention and how data could be used to support policies aimed at reducing childhood obesity in the Latino communities
 - ▶ Participants were required to develop policy proposal for their jurisdiction based on data and identify any limitations in data

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through Center analyses and AskCHIS**
- ▶ **CHIS data used to develop California's health care reform proposals**
 - ▶ CHIS used by all stakeholders to estimate numbers of uninsured and how many would be affected by each proposal
 - ▶ CHIS specifically used in health care reform proposals of:
 - ▶ Governor
 - ▶ Speaker of State Assembly
 - ▶ President of State Senate
 - ▶ CHIS data used in analysis of problem, assessment of each proposal, and recommended amendments to proposals
 - ▶ By advocacy groups
 - ▶ By health care industry groups

CHIS data and results are being used and have impact

- ▶ **Example of groups that access CHIS data through Center study in collaboration with California Food Policy Advocates**
- ▶ **CHIS data used to assess hunger and food insecurity in California**
 - ▶ First study, using CHIS 2001 data and published in November 2002
 - ▶ Provided first local as well as statewide estimates of hunger and food insecurity in California
 - Health policy research brief downloaded from Web site over 60,000 times!
 - ▶ Study prompted Legislator to successfully lead campaign to enact changes in State law, easing access to food stamps for low-income families
 - ▶ Second study, using CHIS 2003 data and published in June 2005
 - ▶ Provided data on many of smallest counties in state
 - ▶ Enabled rural food banks and community-based organizations to identify unmet needs and obtain funding to reduce problem

CHIS is making an impact

- ▶ **CHIS data and results are being used in policy development and advocacy**
- ▶ **Many examples of how CHIS is being used to change policy, get funding for programs and services, and improve health of communities**
 - ▶ See “CHIS Making an Impact” www.chis.ucla.edu
- ▶ **Multiple channels of dissemination and communication essential to robust impact of health surveys**
- ▶ ***CHIS is making a difference in the lives of Californians!***