
Following the death of Dr. E. Richard “Rick” Brown last April, these and similar adjectives were invariably used to describe the iconic public health leader widely admired for his intense determination to make health care services more accessible and affordable to all Americans.

But beyond his role as a powerful and tireless advocate for health care reform who advised two U.S. presidents and three U.S. senators on the issue, Brown, a longtime professor at the UCLA Fielding School of Public Health, was a pioneer in the collection and broad dissemination of health survey data to influence policy. That legacy remains as powerful as ever through the work of the UCLA Center for Health Policy Research, which Brown founded at the Fielding School in 1994; and the California Health Interview Survey (CHIS), based in the center, which has become the nation’s largest state health survey and a critical source of information for California and national lawmakers.
"Rick was a force of nature," says Kim Belshé, senior policy advisor at the Public Policy Institute of California and the former director of the California Department of Health Services and secretary of the California Health and Human Services Agency. "He had this relentless pursuit of social justice and enduring commitment to informing and improving policy through independent, objective research and information. We didn't always see eye to eye in terms of policy solutions to big problems, but we shared an interest in evidence-based decision-making."

Brown promoted the development of health data surveys "to dispel persistent myths about the uninsured and to document the devastating consequences of the chronic lack of health insurance for millions of Americans," says Dr. Gerald Kominski, professor of health policy and management, who succeeded Brown as director of the UCLA Center for Health Policy Research last January. As an example of one pervasive myth, Kominski notes that many are surprised to learn that much of the uninsured population is employed. "When we don’t have facts in front of us, people can make ideologically driven points," Kominski says. "Through research, we have shown that even in the best of economic times, lack of insurance is a problem for somewhere between one-sixth and one-fifth of Californians."

Brown founded the UCLA Center for Health Policy Research with a core mission of translating academic research into practical evidence that policy audiences and community health organizations could use in their work. Central to this vision was the concept of credible and comprehensive data that would make a non-partisan case for policies and programs aimed at improving the health and well-being of Californians and the nation. Unlike many academic entities, which create knowledge for its own sake, the center aims to make information and analysis available to policymakers, advocates, journalists and others as a way of influencing the decision-making process.

"The work of the center has really delivered on Rick Brown's vision to develop a research program that meets the data and analytic needs of the policy world, as well as people in the community working at the ground level to improve health," says Dr. Diana M. Bontá (M.P.H. '75, Dr.P.H. '92), president and CEO of The California Wellness Foundation. "Center researchers have kept key health issues in the public sphere, providing clarity on health behaviors and conditions in a way that wouldn’t be possible without these very enriched telephone surveys that are conducted as part of CHIS."

Early in the center’s history, Brown concluded that California policymakers needed a survey that would provide detailed information on the health and access to health care of the state’s population, broken down by geography and a host of demographic characteristics. "National surveys could produce statistically reliable statewide estimates, but didn’t have enough people in the sample to make the distinction about specific counties and populations within the state," Kominski says.

Indefatigable as ever, Brown went about raising public and private funding to establish one of the largest health surveys in the United States. "He needed a lot of money, and you didn’t know what kind of results this survey was going to get," recalls Bontá, who has supported CHIS not only in her current role with The California Wellness Foundation, but also in her previous positions as vice president of public affairs for Kaiser Permanente Southern California and director of the California Department of Health Services. "But we trusted Rick’s vision that this was going to be very useful to communities, and the investments have paid off in allowing the type of research that, early on, we could only have dreamed about."
In 2001, the UCLA Center for Health Policy Research produced the first CHIS results from interviews with more than 55,000 California households, creating in the process a treasure trove of health data on the nation’s most populous and diverse state. Since then, the survey has become an essential source for policymakers, advocates, researchers, members of the news media and others interested in understanding the health of Californians and that of previously under-studied ethnic, racial, disabled and sexual minority groups.

CHIS data and research by the center have been at the heart of some of the state’s and nation’s most pressing health policy debates. CHIS findings were used extensively by then-Gov. Arnold Schwarzenegger and both parties in the Legislature during California’s first attempt to institute comprehensive health care reform in 2007 and 2008. CHIS-based research also focused national attention in 2010 on the problem of recession-driven loss of insurance, helping to support the passage of the federal Affordable Care Act (ACA) that year. Since then, California lawmakers have used CHIS to prepare for the implementation of the ACA. CHIS data and center research have also been the cornerstone of dozens of California laws and initiatives, including efforts to increase participation in the federal food-stamp program; develop new public–private expansion programs for children ineligible for private insurance, Medi-Cal or Healthy Families; collect health data on sexual minorities; impose a fast-food restaurant moratorium in impoverished areas of Los Angeles; and remove soda and other sugar-sweetened beverages from schools and government vending machines.

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“CHIS has been an invaluable resource that has helped inform programs, drive policy and identify problems in new ways,” says Dr. Jonathan Fielding, professor at the school and director of public health for Los Angeles County. “It’s of incalculable benefit for health departments to have this kind of county-level data on a broad range of health determinants, and to be able to see the trends over time.”
The survey has been equally vital to groups throughout the state that advocate on behalf of low-income, underserved and otherwise disadvantaged populations. “We have used CHIS data to point out to legislators the need for certain reforms or to reevaluate proposed budget cuts,” says Anthony Wright, executive director of Health Access California, a statewide health care consumer advocacy coalition. “It’s hard to make the case for policies without the data to back it up.”

CHIS has become the “go-to” source for neutral, authoritative information about the health of Californians, Wright says, noting, “I don’t recall anyone ever questioning the numbers.”

Belshé agrees. “From a diverse array of policymakers’ perspectives, CHIS and the work of the center are viewed as objective and of the highest quality,” she says. In that sense, adds Belshé, who worked closely with the center in California’s efforts at achieving comprehensive health reform in 2007-08, “I always thought of Rick as someone who used information to build bridges – connecting evidence with issues, data with decision-makers. Along the policymaking continuum – defining a problem, setting a policy agenda, identifying and assessing options, informing implementation and evaluating impact – the center has always been there to provide solid information, and we’re a better state as a result.”

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The users of CHIS data invariably point to the survey’s granularity as one of its great strengths – the detailed picture of health it provides not just through statewide estimates, but also through county and sub-county estimates for key populations, with breakdowns by factors such as income, immigration status and racial and ethnic group. “CHIS allows us to identify where there might be significant disparities in ethnic groups or by geography on issues such as asthma or cancer screening rates,” notes Bontà. Besides helping local health officials to prioritize and develop evidence-based policies, she explains, the county breakdown shows where “hot spots” exist for everything from teen pregnancies to various chronic conditions and provides local health departments with a barometer with which to measure the success of their efforts.
The inclusiveness of the CHIS survey when it comes to racial and ethnic sub-populations has been widely lauded. CHIS is conducted in English, Spanish, Chinese (Cantonese and Mandarin dialects), Korean and Vietnamese. By ensuring sufficient-sized sub-samples, the survey is able to produce statistically meaningful data on groups that have been under-represented in most other health surveys, including Latinos and Latino ethnic sub-groups, African Americans, American Indian/Alaska Natives, and a number of Asian sub-populations. Bontá points out that the center has also made concerted efforts to make the CHIS data accessible to non-English-speaking California residents.

From the beginning, Brown and the center’s leadership viewed the dissemination of the CHIS data to be as important as the survey itself. “This isn’t just a survey in which we collect data and then sit here in our office analyzing it,” says Kominski. “It’s about making that data widely available in user-friendly formats so that it can be used by policymakers and others to influence the political process.”

At the heart of what the center refers to as “the democratization of data” is AskCHIS, an online interface that allows users to quickly and easily generate customized health statistics from the CHIS data. “There have been times when we’ve had discussions in which a question came up about a particular statistic,” says Wright. “Even if it’s after hours, we can just go on the site and create our own cross-tab charts for a variety of scenarios. For most other surveys you have to accept what’s in the printed report.” AskCHIS, which fields approximately 10,000 queries a month, has served as an invaluable resource for members of the news media as well. “It’s a rare week when I don’t say to a reporter, ‘You should really check out the CHIS data’ to get the authoritative number on whatever it is that he or she is looking for,” Wright says.

The center has also held numerous training courses, in-person and online workshops and technical assistance sessions as a way to build the capacity of advocates, organizations and coalitions to use the data to address public health issues important to the communities they serve. Much of this is done through the center’s Health DATA program, which tailors the lessons to different groups’ skill levels and health issues of interest.

Whomever the audience – news media, academics, community-based advocates, public health professionals or legislators – the center has promoted the dissemination of data to influence policy in a way that few can match, fulfilling the vision Brown had from the start. “Rick contributed so much of himself to improving the health of Californians,” says California State Assemblyman Gilbert Cedillo, who has consulted with Brown and the center on a number of health issues. “Whether it was attending a meeting of the L.A. County Board of Supervisors, a health meeting in East L.A., or a meeting in Sacramento, he was always willing and available to share his knowledge about public health and health policy. As a policymaker I found his work impeccable, his research stellar and his advocacy work exceptional. He was also a great personal friend who left us too soon.”

Kominski joined the center as associate director when it was established in 1994, in large part because he shared Brown’s vision, dating to his pre-UCLA work as a staff member for the agency now called the Medicare Payment Advisory Commission (MedPAC). “I’ve believed throughout my professional career that it’s important to make information available to policymakers so that decisions can be based on the best evidence,” he says.

Brown is sorely missed, but his vision continues to be fulfilled by Kominski and the rest of the center’s leadership and staff. “Rick remains an inspiration and a high ideal to all of us,” Kominski says. “I am confident that his memory will be honored for many years to come through the important work of CHIS and the UCLA Center for Health Policy Research.”

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