For Dr. Ninez Ponce, the opportunity to participate in developing a groundbreaking state health survey shortly after earning her Ph.D. in 1998 was “a dream come true.” More than a decade later, Ponce, an associate professor in the UCLA Fielding School of Public Health and associate director of UCLA’s Asian American Studies Center, is the new principal investigator of the same California Health Interview Survey (CHIS), now the nation’s largest state health survey and widely admired for the detailed picture it provides of the health and health care needs of California’s diverse population (for more on CHIS, see the article on page 11).

Ponce’s path to the UCLA Fielding School of Public Health faculty – and specifically the school’s Center for Health Policy Research, where CHIS is based – can be traced to the frustrations she experienced with health surveys when she was starting her career as an advocate. After earning a Master of Public Policy degree from Harvard’s Kennedy School of Government in 1988, Ponce spent three years as deputy director of the Asian & Pacific Islander American Health Forum, a nonprofit advocacy and policy research organization aiming to advance the health of Asian and Pacific Islanders in the United States. In that role, she became a strong proponent for population-based health surveys that would collect data better representing the diversity of Asian American/Pacific Islanders and other populations.
The Asian and Pacific Islander population was lumped together in surveys, despite the fact that we knew there were significant differences when you broke it down into subgroups,” Ponce says. “Because of that, it was very difficult to use data to demonstrate needs we knew existed but weren’t being met because of the ‘model minority’ myth, which depicted Asian American/Pacific Islanders as not having the same problems as other racial/ethnic minorities.”

Ever since, one of Ponce’s major interests has been in promoting and developing surveys that represent hard-to-reach populations, both by oversampling certain subgroups whose numbers would otherwise be too small to be significant, and by designing surveys that are culturally and linguistically appropriate to ensure participation of groups whose health needs might otherwise go unrecognized.

After years of working to effect change at the National Center for Health Statistics and through presentations at meetings of statisticians, Ponce decided to obtain research and statistical skills of her own by enrolling in the UCLA Fielding School of Public Health’s Ph.D. program. In 1999, shortly after Ponce completed her Ph.D., she was hired as an assistant professor in the school’s Department of Health Policy and Management and a senior research scientist at the Center for Health Policy Research.

The fulfillment of a dream came that year when Ponce was invited by Dr. E. Richard Brown, the center’s founding director, to sit at the table during the initial discussions of an ambitious new project, the California Health Interview Survey. “After years of working as an advocate and hearing that it was too expensive to oversample Asian subgroups, I was suddenly at the drawing board,” Ponce recalls. “After being told it was too confusing to survey in all of these different Asian languages, I was on the other side.” For the first CHIS survey in 2001, Ponce led the efforts on the measurement of race/ethnicity, acculturation, physician-patient communication and discrimination. In doing so, she devised the rationale for Asian subgroup oversamples, as well as the cultural and linguistic adaptation of the survey.

The importance of oversampling can be seen in the issue of cancer screening, one of Ponce’s major areas of research. Overall, Asian Americans and Pacific Islanders have lower screening rates for breast, cervical and colorectal cancers than other U.S. racial/ethnic groups, but the rates among specific Asian subgroups vary widely. “Having that level of detail makes it possible to target the right groups in efforts to overcome barriers to screening,” Ponce says.

When she isn’t involved in survey research, Ponce is focused on racial/ethnic disparities in health, including work that sheds light on the “transaction costs” of care for certain populations. “These are social determinants of health that aren’t necessarily reflected in most analyses of health care,” she explains. Examples include not only the cost of care and access to health insurance, but also rules that can exclude individuals from receiving health benefits based on their citizenship or sexual orientation (such as when same-sex spouses fail to qualify for coverage on their partner’s plan); and limits to the effectiveness of care based on language barriers and lack of interpreter services.

“It can take a long time to learn another language – if you’re an adult coming to this country, it might be 10-15 years before you feel comfortable communicating with your doctor in English – and in that time, a tumor could grow, undetected,” notes Ponce. “Yes, there are individual responsibilities, but there are also structural barriers that individuals can’t easily overcome, yet societies can.”

Born in the Philippines to a father who was an accountant and a mother who was a schoolteacher, Ponce was 7 when her family immigrated to San Francisco. Her parents were adamant about raising her biculturally, making sure their daughter maintained her Filipino roots. As a teacher, Ponce’s mother embraced the linguistic and cultural diversity of her students. “She would stay up all night writing proposals to fund different cultural programs for the schools,” Ponce recalls. “At one point she came home and said, ‘I’ve got to learn Russian! I’m getting more and more Russian students.’ ”

Ponce inherited that interest in cultures and languages, as well as her mother’s love of teaching. She was voted Outstanding Professor by the UCLA Public Health Student Association in 2008, and the following year she received the Dean’s Distinguished Teaching award. “So much of academia involves delayed gratification – you write a grant, eventually it’s funded, then you work on it, submit articles to journals, and the end product comes many years after you started,” Ponce says. “With teaching, you can convey something in a way that resonates with students and immediately see the reward. And it’s gratifying to continue my mom’s legacy.”

Ponce is also pleased to have become the principal investigator of CHIS, a survey that has adopted much of what she advocated more than two decades ago. “I’m very honored to uphold Rick Brown’s legacy with CHIS,” says Ponce of her mentor, who died in April. “I’m happy to say that the principles we laid out in 1999 are still in place. This is a large public health survey that depicts the diversity of the population, and informs policies for the state and local communities that can improve health and reduce racial/ethnic disparities. I’m excited to continue that vision.”

“One of Ponce’s other interests is in survey design,” says Dr. Amy Zaslavsky, the principal investigator of the California Health Interview Survey. “She has had a major role in the development of the survey and oversampling methods and has been involved with the National Center for Health Statistics and other organizations that are interested in developing survey methods that account for this diversity.”