

# THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) COVID-19 DASHBOARD:

EXAMINING THE IMPACT OF THE PANDEMIC ON ASIANS,  
NATIVE HAWAIIANS, AND PACIFIC ISLANDERS

ASIAN AMERICAN &  
PACIFIC ISLANDER  
POLICY INITIATIVE

<https://healthpolicy.ucla.edu/health-profiles/Pages/NHPI-COVID-19-Dashboard.aspx>  
<https://healthpolicy.ucla.edu/health-profiles/Pages/2022-COVID-19-Preliminary-Estimates.aspx>

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

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. CHPR's mission is to democratize data by putting it into the hands of all Californians through accessible tools, publications, and trainings.

The pandemic pushed the research community to create tools to track the disease and help control its spread. In response, the UCLA CHPR created CHIS 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 and 2022. The CHIS dashboards provide context amid the turmoil of COVID-19, providing easily accessible data about health disparities in California.

These tools showed which groups were most at risk from the disease based on incidence of chronic diseases, income, race/ethnicity, and other factors. CHIS added a series of COVID-19 questions and, for the first time in history, released preliminary estimates more than a year before release. CHIS was also used to inform timely studies that showed the importance of access to care to battle the disease among those who are most susceptible.

## 2020, 2021 AND 2022 CHIS COVID-19 PRELIMINARY MONTHLY ESTIMATES

Preliminary monthly estimates from new COVID-19 questions added to the 2020 and 2022 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, risk reduction behaviors (including wearing face coverings, gathering with people outside of their household, and following state and local guidelines), views on the COVID-19 vaccine, 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).

## NHPI COVID-19 DATA POLICY LAB DASHBOARD

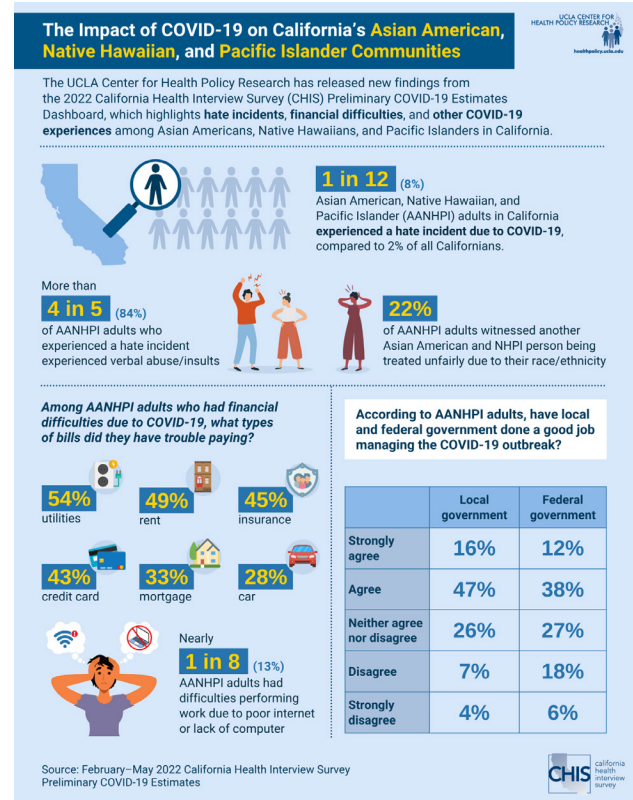
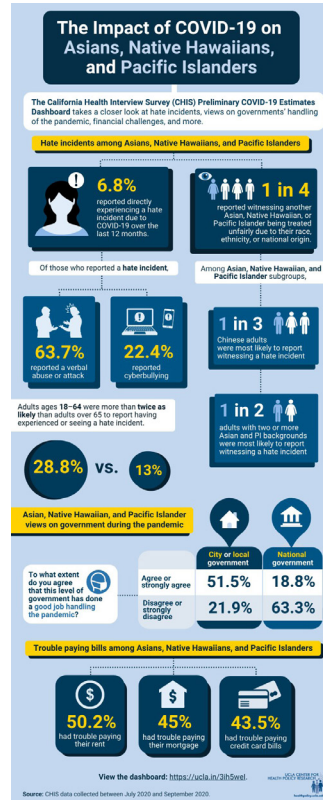
Presents state-level COVID-19 case and death rates for Native Hawaiians and Pacific Islanders across the United States. Over 350 people from the CDC, California Department of Public Health, and many other organizations joined the launch of the NHPI COVID-19 Data Policy Lab.

As emphasized by many studies throughout the course of the COVID-19 pandemic, a major barrier to conducting demographic research on Asian American and Pacific Islander (AAPI) communities disproportionately impacted

by COVID-19-related burdens persists due to the lack of publicly available, disaggregated data. Data dashboards such as those created at the UCLA Center for Health Policy Research are valuable tools not only for their utility in investigating factors associated with increased COVID-19 case rates and mortality among various counties, but also as free and easily interpretable data sources that anyone—such as non-profit staff, policymakers, researchers, media outlets, and interested individuals—can access.

Further, incorporating questions specifically focused on AAPI communities in surveys such as the California Health Interview Survey (CHIS) enables collection of more in-depth information. This includes AAPI-specific questions that document witnessing or directly experiencing a hate incident—an issue that uniquely afflicted AAPI communities as a result of anti-Asian racism. Such findings substantiate the reality of anti-Asian hate experiences, emphasizing the need for legislative action.

These tools both demonstrate the extensive possibilities for disaggregated data usage as well as to illustrate the importance of data disaggregation in categories of race, county, insurance status, and more. It is critical that such data be made widely available for individuals and groups who may not have access to the resources for collecting large samples of their own.



<https://aasc.ucla.edu>

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The views expressed herein are those of the CHIS team and not necessarily those of the University of California, Los Angeles. The research team alone are responsible for the content of this project.