SAN DIEGO COUNTY
Healthy Community Index (HCI)[1]

The purpose of the HCI is to provide a quick comparison between the overall annual United Way Outcomes Measurement Program findings in **two key areas—the percent of respondents whose needs were fully met and the combined percentage of respondents whose needs were either fully or partially met.** For each need/asset indicator in the survey, respondents were first asked if they (or a member of their household) had a need/interest in that area (i.e., did you have a need for dental care for yourself or your dependents, or did you want to participate in a neighborhood association?). If they answered yes, they were then asked to rate how well that need/interest was met—fully met, partially, or not at all.

As a target to strive for, ideally all perceived needs or interests would be fully met. The 1999-2002 HCI scores listed below, and the attached individual scores, are a simple way to compare how well respondents felt their needs were being met year to year. For more details, refer to the 42 indicator reports produced each year.

An important caveat related to the individual indicator scores is to stress the importance that sample size has on whether a given percent change from year to year is significant. Out of the 3,600+ respondents each year in 1999-2002, the size of the sample that might have a particular need varies from all the people surveyed (i.e., all people were assumed to need dental care services) to a small portion of the survey sample (i.e., people who had a need for respite care services). **So the significance, if any, of a variance between years on any indicator is a combination of both the size of the percentage change and the size of the respondent sample. Statistically significant changes in percentages between years are noted by an asterisk (*) or a plus (+) in the significance column.**

It will take several more years of data collection before any trend analysis can be undertaken with a high degree of confidence. At this point, changes in the data should be interpreted with caution. They are best used to stimulate thinking and dialogue about possible trends and to help focus community attention on those areas that seem most critical for intervention and systemic change.

	All Needs Met				Some or All Needs Met			
	1999	2000	2001	2002	1999	2000	2001	2002
Annual HCI Scores	**55.4%**	**56.5%**	**56.2%**	**53.3%**	**77.4%**	**79.4%**	**79.4%**	**77.3%**
Variances		**+1.1%**	**-.3%**	**-2.9%**		**+2.0%**	**.0%**	**-2.1%**

1 Notes

The annual HCI score is calculated by adding--for all the indicators where comparable data is available for all four years--the number of respondents who expressed a need(s) and dividing by the number who said they had their need(s) met (fully or partially). This methodology adjusts for the fact that a few indicators may be added or deleted each year. This methodology also weights the data so that indicators with a large number of people expressing a need have more weight than those where the need is smaller.

The HCI index highlights issues that go beyond the impact of the level and targeting of public and private funding toward community health and well being needs and visions. This funding occurs within the context of larger economic and social trends (i.e., a rising or falling economy, the level of community engagement, etc.). It is not, therefore, a yardstick per se to measure the impact of any one sector alone. It does, however, highlight indicators of community success and areas needing improvement.