

# 2003 Outcomes and Community Impact Program



United Way of San Diego County

## Dental Care Needs

The 2003 Outcomes & Community Impact Program surveyed 3,662 randomly selected households from throughout San Diego County between October 24, 2003 and March 30, 2004. One segment of this survey was intended to determine how well the dental care needs of San Diego County residents are being met. Questions in this section inquired if respondents perceived a need for any dental care services for either themselves or their children during the past 12 months for any reason.

Respondents who indicated a past need for dental care, again for either themselves or their children, were asked the main reason for needing dental care and the degree to which their needs were met. If all their dental care needs were not met, respondents were asked the main reason their needs were not met.

Those receiving some or all of the dental care needed were asked to evaluate their satisfaction with the dental care services they received.

Additional questions related to den-

tal health asked respondents if their children missed school during the past 12 months due to dental problems. Respondents were also asked if they currently have a dentist they see for regular dental care. Additionally, respondents with children in the household were asked if their children have a dentist they see for regular dental care.

This chapter explores the findings related to how well the perceived dental care needs of San Diego County residents are being met. This includes examining the findings by demographic variables including geographic location, age, race/ethnicity, educational level and income.

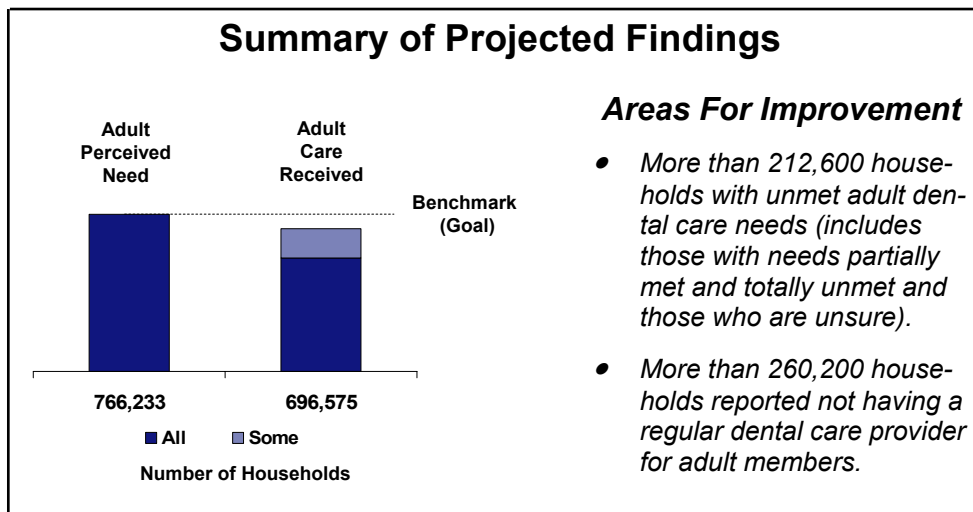
In addition, findings are projected to the current number of occupied households in San Diego County.

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### SPECIAL POINTS OF INTEREST:

- Over 74 percent of respondents reported a need for adult dental care within the past 12 months.
- Over 72 percent of the respondents with a need indicated all of their dental care needs were met. An additional 8.7 percent said they didn't receive any of the care they needed.
- Over 76 percent of respondents reported their children received dental care during the past 12 months.
- Not needing dental care was the most frequent reason mentioned for not receiving children's dental care, named by 49.8 percent of respondents with children not receiving dental care.
- Almost 75 percent of adults and 75.1 percent of children have a regular dental care provider.



## Need for Dental Care Services — Adults

*“Have you needed any dental care, including routine check-ups and cleaning, during the past 12 months?”*

Overall, 74.2 percent of the respondents (n=2,717) reported a need for some type of dental care during the past 12 months. The need for dental care varied by geographic region, ethnicity, education and income. This section reviews the perceived needs and reports observed differences. Differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting a need for dental care during the past 12 months ranged from 47.0 percent for respondents with less than a high school education to 88.1 percent for respondents with annual household incomes of \$100,000 or more. Findings within these groups include:

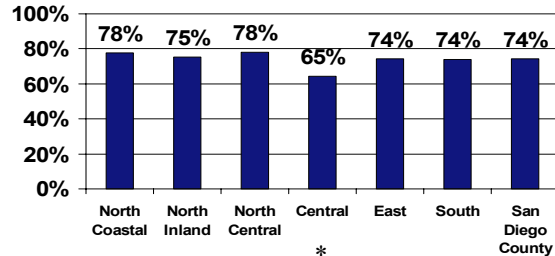
- Geographically, the reported need ranged from 64.5 percent in the Central region to 78.1 percent in the North Central region. Those reporting the need for dental care was significantly lower in the Central region than other regions.
- Hispanic respondents reported a significantly lower need for dental care during the past 12 months than other respondents.
- Persons with a high school education or less were significantly less likely to report a need for dental care than respondents with more education.
- Respondents with dental insurance coverage were significantly more likely to report a need for dental care than those without dental insurance coverage, 81.2 and 63.3 percent, respectively.

Review of other variables including annual household income, gender and age found the following statistically significant differences:

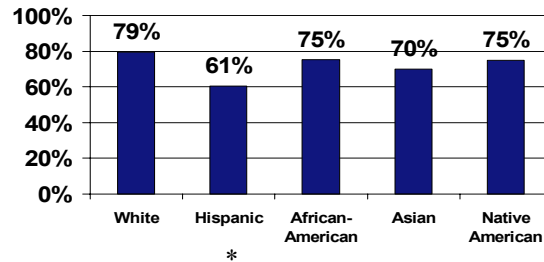
- Need for dental care increased as total annual income increased, ranging from 55.0 percent for those with annual household incomes under \$20,000 to 88.1 percent for those with annual household incomes of \$100,000 or more.
- Female respondents were significantly more likely to report a need for dental care than males, 75.8 and 71.7 percent, respectively.
- In terms of age, respondents aged 45 to 64 were more likely than other age groups to need dental care. Need ranged from 68.1 percent for respondents between ages 20 and 34 to 79.5 percent for those in the 45 to 64 age category, which is significantly higher.

Percent indicating a need for dental care

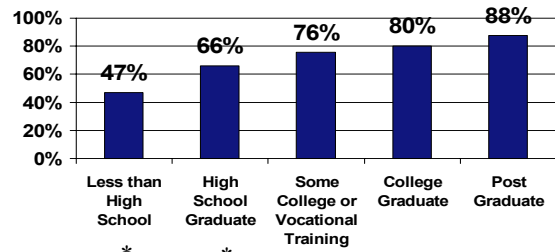
### Geographic Region



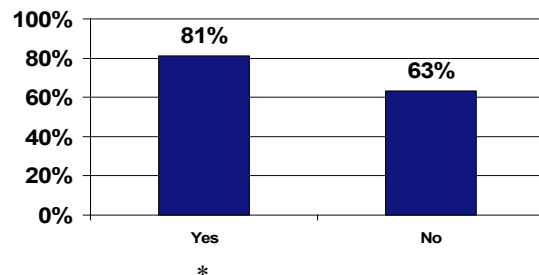
### Race/Ethnicity



### Educational Level



### Dental Insurance Coverage



\* Significant at p < .05

## Amount of Dental Care Received

*“Did you receive all, some or none of the needed dental care?”*

Respondents indicating a need for dental care were asked how well their needs were met based on three levels of fulfillment, all, some or none. Overall, 72.2 percent indicated they received all the care needed. Another 18.7 percent said they received some of the care needed, while 8.7 percent indicated they received none of the needed care.

All dental care needs being met ranged from 31.6 percent among those without a dentist they see for regular dental care to 85.8 percent for persons with annual household incomes of \$100,000 or more.

An examination of demographic variables indicates some variation in the level of needs being met. Observed differences that are statistically significant have been indicated with an asterisk. The following briefly describes some of the observed variations.

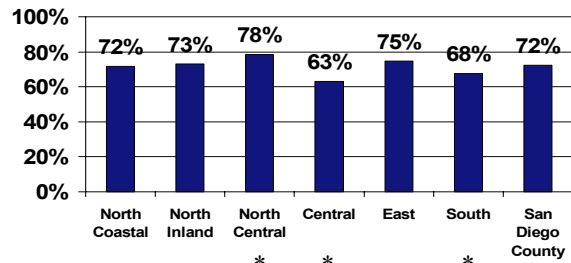
- Geographically, significantly fewer respondents reported having all their dental care needs met in the Central and South regions compared to those in the North Central, North Inland region.
- In terms of race/ethnicity, those reporting all their dental care needs were met ranged from 58.5 percent for Hispanic respondents to 76.5 percent for white respondents. Hispanic and African-Americans reported a significantly lower level of needs met than white and Asian respondents.
- Less than half of the respondents living in households with annual incomes of less than \$20,000 reported all of their dental care needs were met during the past 12 months. Respondents living in households with annual incomes under \$40,000 reported a significantly lower level of dental care needs being met than respondents with annual household incomes of more than \$40,000.
- Respondents without dental insurance reported a significantly higher unmet need for dental care during the past 12 months than those with dental insurance, 31.6 percent and 79.7 percent, respectively.

Other variables reviewed including educational level and age category found the following statistically significant differences in the level of unmet dental care needs.

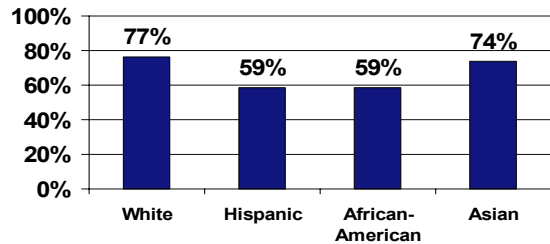
- Respondents with less than a high school education were significantly less likely to report having all their dental care needs met than those with more education, 46.0 percent and 74.1 percent, respectively.
- Persons age 65 years and over were significantly more likely to report all of their dental care needs were met than respondents under age 45, 82.7 percent and 66.8 percent, respectively.

### Percent indicating they received all of the needed dental care

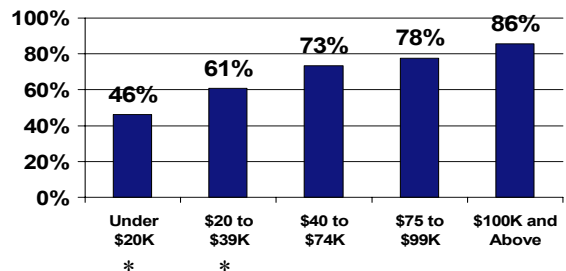
#### Geographic Region



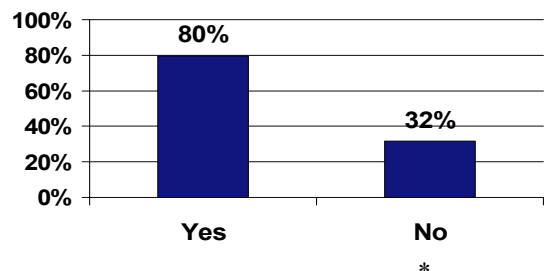
#### Race/Ethnicity



#### Annual Household Income



#### Dental Insurance Coverage



\* Significant at  $p < .05$

## Reasons for Needing Dental Care Services

*“What is the main reason you needed dental care services?”*

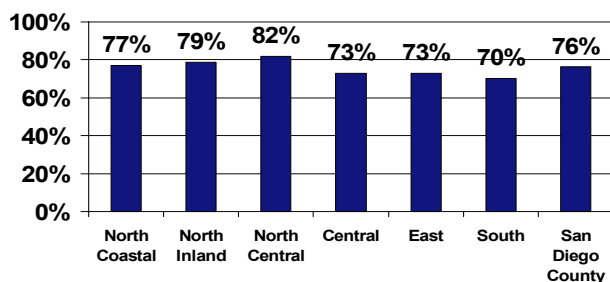
Those respondents indicating they needed dental care services were asked to state the main reasons why they needed care. The majority, 76.4 percent, indicated regular check-up and cleaning as the main reason for needing dental care. The next most often reason was treatment for a cavity, named by 13.5 percent of respondents.

The charts on the bottom of this page provide a profile of respondents’ needs for regular check-ups and cleaning.

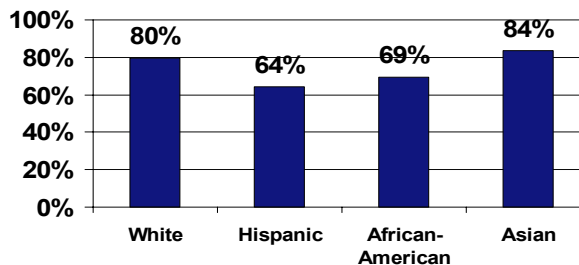
Main reasons for needing dental care services	Percent	n
Regular check-up/cleaning	76.4	2,075
Treatment for cavity	13.5	368
Braces or other cosmetics	5.3	144
Treatment for injury from accident or pain	3.8	104
Don't know/Refused	1.0	26
Total	100	2,717

### Percent indicating they needed a regular check-up or teeth cleaning during the past 12 months

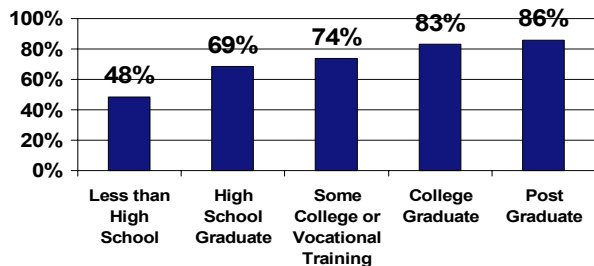
Geographic Region



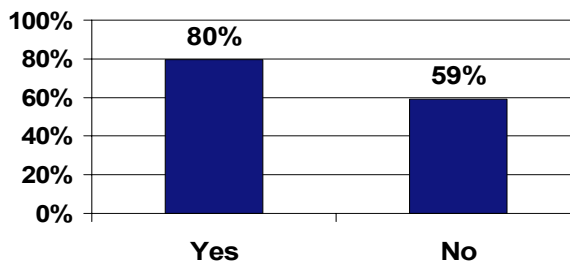
Race/Ethnicity



Educational Level



Currently Have a Dentist



## Satisfaction with Dental Care Services Received

*“How satisfied are you with the dental care services you received?”*

Those receiving some or all of the dental services they needed were asked to rate their level of satisfaction using a six-point scale with six being “very satisfied” and one being “very dissatisfied.”

The overall mean level of satisfaction with dental services received was 5.2. In terms of proportion, those satisfied or very satisfied accounted for 80.4 percent. Those dissatisfied or very dissatisfied accounted for 19.6 percent.

Within each demographic subgroup, the level of satisfaction with dental services ranged from 55.5 percent for respondents who currently do not have a dentist they see for regular dental care to 85.8 percent for respondents with annual household incomes of \$100,000 or more. Findings within these groups include:

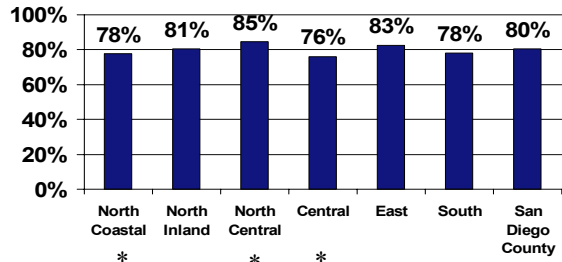
- Geographically, those reporting satisfaction ranged from 76.1 percent in the Central region to 82.6 percent in the East region. Satisfaction with dental services is significantly higher in the North Central region than in either the North Coastal or the Central regions.
- In terms of race/ethnicity, white respondents were significantly more satisfied with dental services than African-American respondents.
- Satisfaction with dental services ranged from 72.2 percent for those with incomes under \$20,000 to 85.8 percent for those with incomes of \$100,000 or more. Respondents with total household incomes of \$100,000 or more reported significantly higher satisfaction levels than those with annual household incomes under \$40,000.
- Those respondents who have a dentist they see for regular dental care were significantly more satisfied than those not having a regular dentist.

Other variables reviewed including educational level, marital status and age category found the following statistically significant differences in the level of unmet dental care needs.

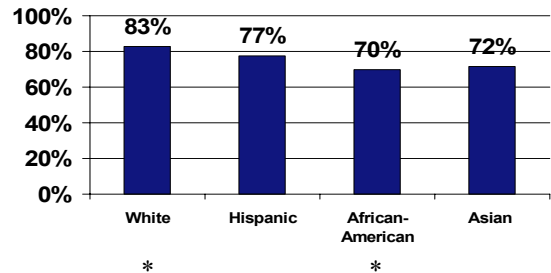
- Respondents with a college education or more were significantly more satisfied with their dental care than those with less than a high school education, 74.3 percent and 82.5 percent, respectively.
- Persons age 45 years and over were significantly more satisfied with their dental care than those age 35 to 44, 82.9 percent and 76.5 percent, respectively.
- Married respondents were significantly more satisfied than separated or divorced respondents, 83.8 percent and 73.0 percent, respectively.

### Percent indicating satisfied or very satisfied with the dental services received

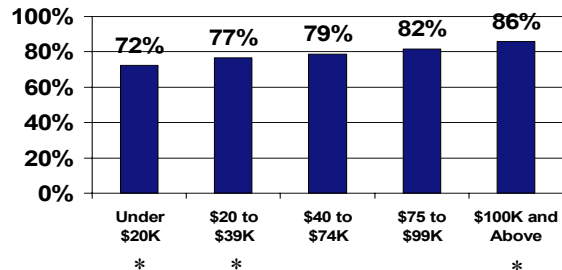
#### Geographic Region



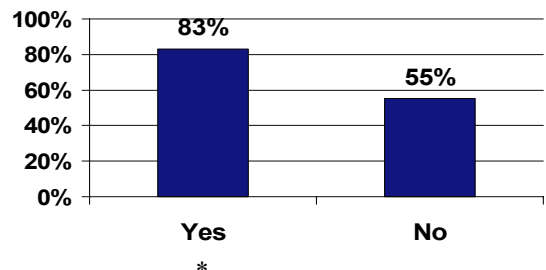
#### Race/Ethnicity



#### Annual Household Income



#### Currently Have Dentist



\* Significant at p < .05

## Use of Dental Care Services — Children

*“Have your children received dental care during the past 12 months?”*

Overall, 76.3 percent of the respondents with children under age 18 reported their children received dental care during the past 12 months. The utilization of dental care varied by geographic region, ethnicity, education and income. This section reviews the utilization of dental care by children and reports observed differences. Differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting the use of dental care during the past 12 months ranged from 27.1 percent for respondents indicating their children do not have a regular dental care provider to 92.6 percent for respondents reporting their children have a dentist. Findings within these groups include:

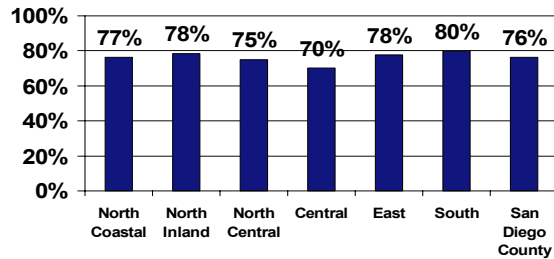
- Geographically, the reported utilization ranged from 70.2 percent in the Central region to 79.9 percent in the South region. These differences are not statistically significant.
- African-American respondents reported their children received significantly less dental care during the past 12 months than white respondents.
- Persons with annual household incomes of less than \$40,000 reported their children received significantly less dental care during the past 12 months than those with annual household incomes over \$40,000.
- Respondents reporting their children have a regular dentist reported their children received significantly more dental care during the past 12 months than those with no dentist.

Review of other variables including annual household income, gender and age found the following statistically significant differences:

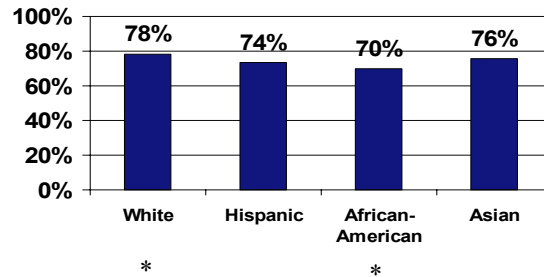
- Respondents with less than a high school education reported their children received significantly less dental care during the past 12 months than those with a college education, 69.9 percent and 78.6 percent, respectively.
- In terms of age, respondents under age 35 reported their children received significantly less dental care during the past 12 months than those over age 35, 66.9 percent and 81.5 percent, respectively.

Percent indicating children received dental care

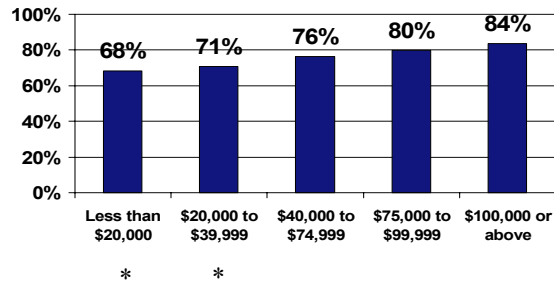
### Geographic Region



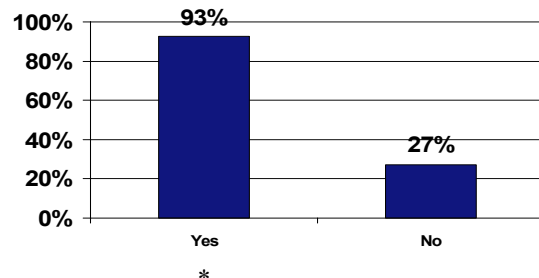
### Race/Ethnicity



### Annual Household Income



### Currently Have a Dentist



\* Significant at p < .05

## Reasons Children Need Dental Care Services

*“What are the reasons your children needed dental care services during past month?”*

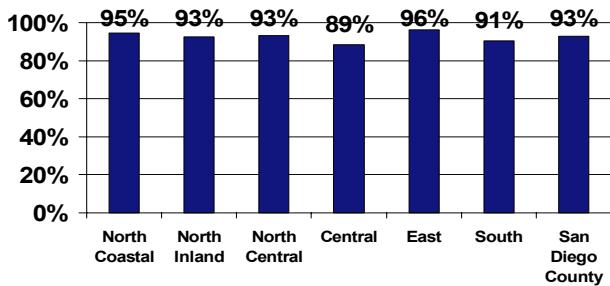
Those respondents indicating their children utilized dental care services during the past 12 months were asked to describe the types of dental services received. The majority, 92.7 percent, indicated regular check-up and cleaning as the main reason for needing dental care. The next most often reason was treatment for a cavity, named by 36.0 percent of respondents.

The charts on the bottom of this page provide a profile of children’s utilization of regular check-ups and cleaning during the past 12 months.

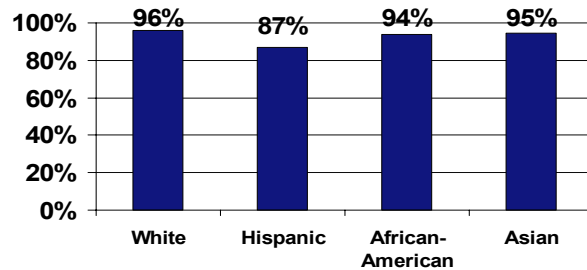
Main reasons for needing dental care services	Percent	n
Regular check-up/cleaning	92.7	1,003
Treatment for cavity	36.0	390
Dental X-rays	31.6	342
Fluoride treatments	25.0	271
Sealants	19.9	215
Braces or other cosmetic	21.3	231
Emergency dental care	3.4	37
Total (multiple responses allowed)		1,082

### Of those who received care, percent indicating their children received a regular check-up or teeth cleaning during the past 12 months

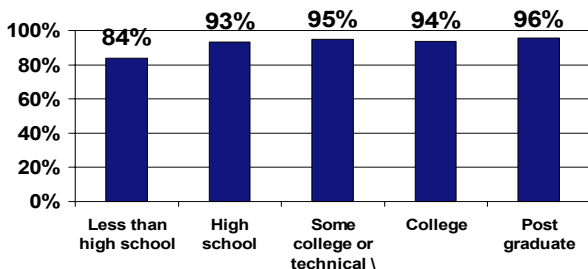
Geographic Region



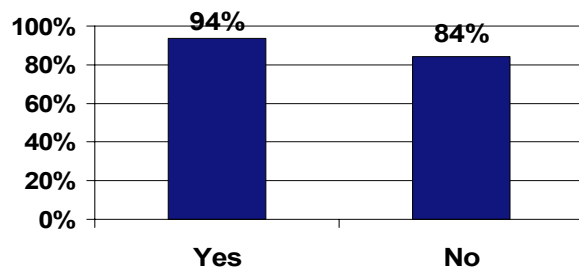
Race/Ethnicity



Education Level



Children Currently Have a Dentist



## Missed School Due to Dental Problems

*“Did your children miss school due to treatment for a cavity or emergency dental care for pain or injury?”*

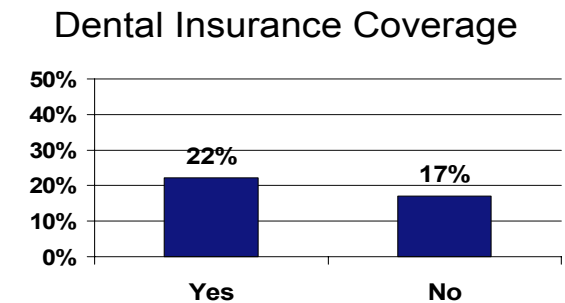
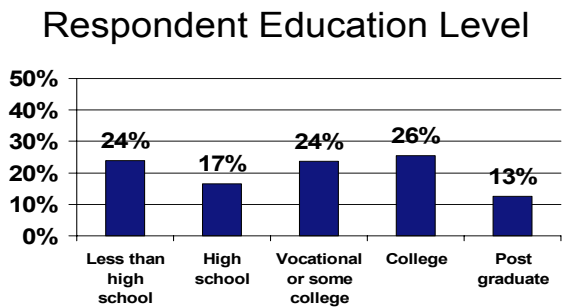
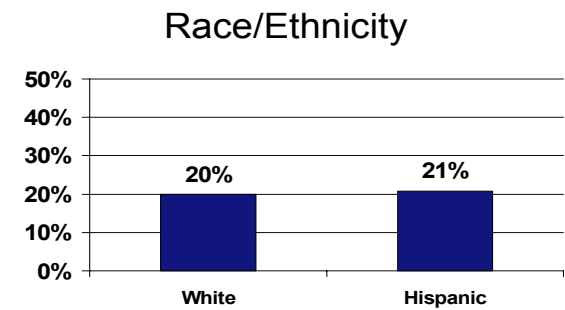
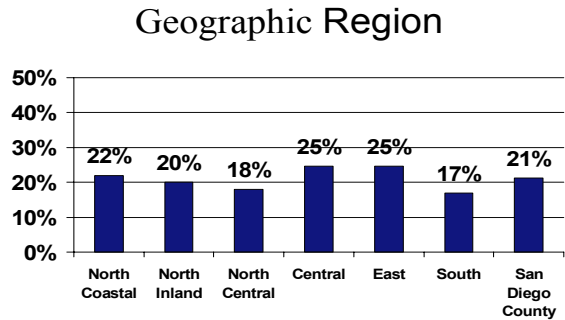
Overall, 21.3 percent of respondents indicating their children received treatment for a cavity or emergency dental care reported their children missed school because of the dental problem. This section reviews the percentage of respondents indicating their children missed school due to dental problems.

Within each demographic subgroup, those reporting their children missed school due to dental problems during the past 12 months ranged from 15.4 percent for respondents whose children do not have a dentist for regular care to 27.9 percent for respondents with annual household income between \$75,000 to \$99,999. Findings within these groups include:

- Geographically, those reporting their children missed school due to dental problems ranged from 16.9 percent in the South region to 24.7 percent in the East and Central regions. There were no significant differences between regions.
- In terms of race/ethnicity, those reporting their children missed school due to dental problems ranged during the past 12 months ranged from 19.9 percent among white respondents to 20.7 for Hispanic respondents. There were no significant differences between race/ethnic groups.
- The percentage of those reporting their children missed school due to dental problems ranged from 12.5 percent among those with a post graduate education to 25.5 percent for those with a college education. These differences were not significant.
- Those respondents without dental insurance coverage reporting their children missed school due to dental problems less often than those with dental insurance coverage, 17.1 percent and 22.2 percent, respectively. The differences were not significant.

Review of other demographic subgroups did not find any statistically significant differences.

Percent indicating their children missed due to dental problems





## Reasons Children Did Not Receive Needed Dental Care Services

*“What is the main reason why your children did not receive dental care services during the past 12 months?”*

Those respondents indicating their children had not received any dental care services during the past 12 months were asked to state the main reason they did not receive the care. The most frequent reasons mentioned were that children did not need dental services during the past 12 months or that children were infants and did not require dental care, 36.2 percent and 27.3 percent, respectively. Other reasons include not being able to afford dental care or having no dental insurance.

<b>Main reasons for children not receiving dental care services</b>	<b>Per-cent</b>	<b><i>n</i></b>
<b>No dental care needed</b>	36.2	122
<b>Children in household are infants</b>	27.3	92
<b>Could not afford</b>	10.9	37
<b>No dental insurance</b>	9.8	33
<b>Could not find type of care needed</b>	3.9	13
<b>Don't know/Refused</b>	11.9	40
<b>Total</b>	100	337

## Regular Dental Provider — Adults

*“Do you currently have a dentist you see for regular dental care?”*

Respondents were asked if they have a dentist they see for regular dental care. Overall, 74.5 percent of the respondents (n=2,729) reported they have a regular dental provider. This section reviews the percentage of respondents indicating they have a regular dental provider and reports observed differences. Differences that are statistically significant have been indicated with an asterisk.

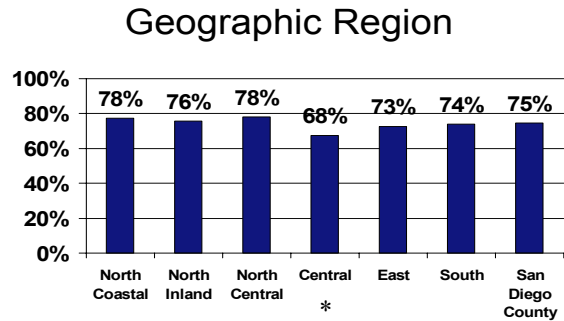
Within each demographic subgroup, those reporting they have a regular dental provider ranged from 45.4 percent for respondents with less than a high school education to 91.3 percent for respondents with incomes of \$100,000 or more. Findings within these groups include:

- Geographically, those reporting they have a regular dental provider ranged from 67.6 percent in the Central region to 78.1 percent in the North Central region. Significantly fewer respondents living in the Central region reported having a regular dental provider than those living in the North Coastal and North Central regions.
- White respondents reported a significantly higher level of having a regular dental provider than Hispanic respondents, 79.5 percent and 60.2 percent, respectively.
- Those with incomes under \$40,000 were significantly less likely to report having a regular dental provider than those in higher income categories.
- The percentage of those reporting they have a regular dental provider increased with education, ranging from 45.4 percent for those with less than a high school education to 85.3 percent for those with a post graduate education. Those with a college education or more were significantly more likely to have a dentist than those with a high school education or less.

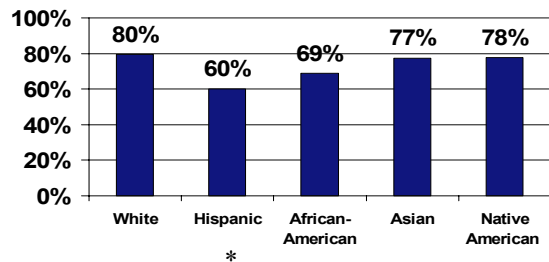
Examination of other variables found the following statistically significant differences:

- In terms of age, significantly more respondents in the 45 to 64 age category reported having a regular dental provider than respondents under age 35, 80.0 percent and 63.8 percent, respectively.
- Significantly more females reported having a regular dental provider than males, 77.7 percent and 69.6 percent, respectively.
- Significantly more respondents with dental insurance reported having a regular dental provider than those who do not have insurance, 86.5 percent and 56.3 percent, respectively.

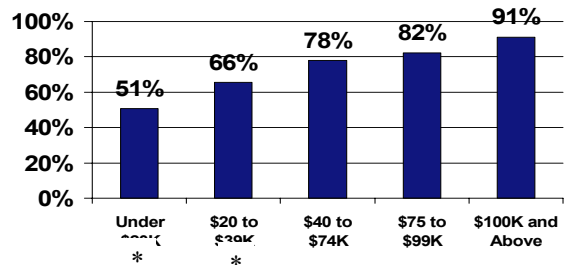
Percent of adults with a regular dental provider



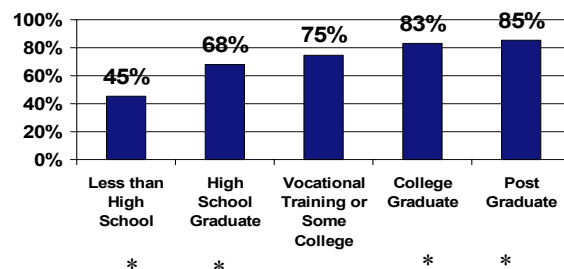
Race/Ethnicity



Annual Household Income



Educational Level



\* Significant at p < .05

## Regular Dental Provider — Children

*“Do your children currently have a dentist they see for regular dental care?”*

Respondents with children in the household were asked if their children had a dentist they see for regular dental care. Overall, 75.1 percent of these respondents (n = 1,065) reported their children have a regular dental provider. This section reviews the percentage of respondents indicating their children have a regular dental provider and reports observed differences. Differences that are statistically significant have been indicated with an asterisk.

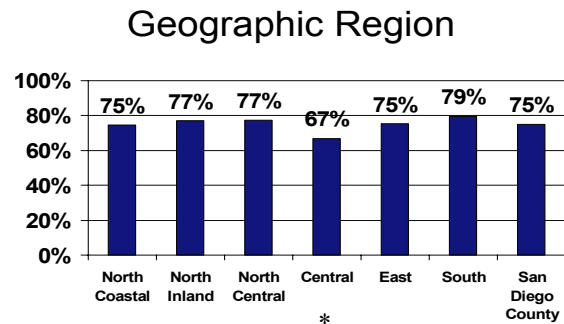
Within each demographic subgroup, those reporting their children have a regular dental provider ranged from 45.0 percent for respondents without dental insurance coverage to 87.1 percent for respondents with incomes of \$100,000 or more. Findings within these groups include:

- Geographically, those reporting their children have a regular dental provider ranged from 66.9 percent in the Central region to 79.4 percent in the South region. Significantly fewer respondents living in the Central region reported having a regular dental provider for their children than those living in other regions.
- White and Asian respondents reported similar levels of their children having a regular dental provider. Hispanic and African-American respondents were significantly more likely to reported not having a regular dental provider for their children.
- Respondents reporting their children have a regular dental provider ranged from 65.7 percent for those with incomes of under \$20,000 to 87.1 percent for those with incomes of \$100,000 or more. Significantly fewer respondents in the under \$40,000 income category reported having a regular dental provider than those in income categories of \$40,000 or more.
- The percentage of those reporting their children have a regular dental provider ranged from 60.3 percent for those with less than a high school education to 82.5 percent for respondents with a college education. Significantly fewer respondents with a high school education or less reported their children have a regular dental care provider than those with a college education.

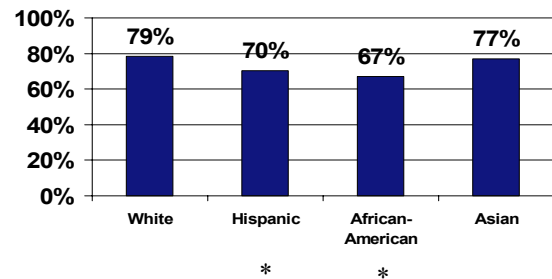
Review of other variables found the following statistically significant differences:

- Significantly more respondents with dental insurance reported having a regular dental provider for their children than those who do not have insurance, 86.1 percent and 45.0 percent, respectively.

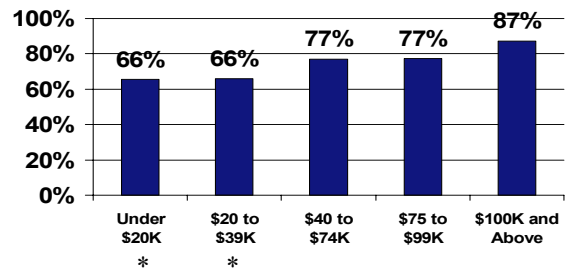
Percent of children with a regular dental provider



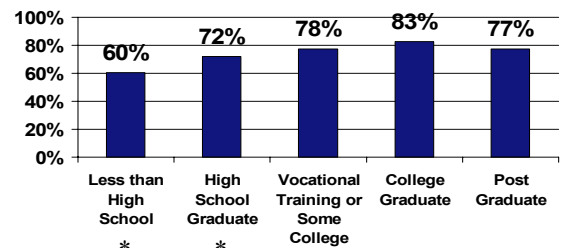
Race/Ethnicity



Annual Household Income



Educational Level



\* Significant at p < .05

## Adult Dental Care Services Profile

Countywide, the need for dental care services is estimated to be 74.2 percent of the 1,032,736 occupied households. This equates to an estimated 766,233 households in San Diego County reporting a need for dental care services within the past 12 months.

### Need for Dental Care Services

(n=3,662)

	(n)	(%)	(estimate)
Yes	2,717	74.2	766,233
No	940	25.7	265,093
Don't know/Refused	5	0.1	1,410

### Satisfaction (n=2,470)

	(n)	(%)	(estimate)
Very satisfied or satisfied	1,986	80.4	560,080
Somewhat satisfied or dissatisfied	380	15.4	107,165
Very dissatisfied or dissatisfied	98	4.0	27,637
Don't know/Refused	6	0.2	1,692

### How Well Need Met (n=2,717)

	(n)	(%)	(estimate)
All needs met	1,963	72.2	553,594
Needs partially met	507	18.7	142,981
All needs unmet	237	8.7	66,837
Don't Know/Refused	10	0.4	2,820

### Regular Dental Provider — Adults

(n=3,662)

	(n)	(%)	(estimate)
Yes	2,729	74.5	769,617
No	923	25.2	260,299
Don't know/Refused	10	0.3	2,820

### Main Reason for Needing Care (n=2,717)

	(n)	(%)	(estimate)
Regular check-up/cleaning	2,075	76.4	585,179
Treatment for cavity	368	13.5	103,781
Braces or cosmetics	144	5.3	40,610
Treatment for injury	104	3.8	29,329
Don't know/Refused	26	1.0	7,332

## Children's Dental Care Services Profile

Countywide, the need for children's dental care services is estimated to be 76.3 percent of the estimated 399,669 occupied households with children under age 18. This equates to an estimated 304,751 households in San Diego County reporting a need for children's dental care services within the past 12 months.

### Received Dental Care Services

(n=1,419)

	(n)	(%)	(estimate)
Yes	1,082	76.3	304,751
No	218	15.4	61,401
No, children are infants	92	6.5	25,912
Don't know/Refused	27	1.9	7,605

### School Missed Due to Dental Problems

(n=404)

	(n)	(%)	(estimate)
Yes	86	21.3	25,601
No	312	77.2	92,879
Don't know/Refused	6	1.5	1,786

### Main Reason for Needing Care (n=1,082)

	(n)	(%)	(estimate)
Regular check-up/cleaning	1,003	92.7	282,500
Treatment for cavity	390	36.0	109,846
X-rays	342	31.6	96,326
Fluoride	271	25.0	76,329
Sealants	215	19.9	60,556
Braces or cosmetics	231	21.3	65,062
Emergency treatment for injury	37	3.4	10,421
Don't know/Refused	4	0.4	1,127

### Main Reason for Not getting Care

(n=245)

	(n)	(%)	(estimate)
Children didn't need care	122	49.8	30,575
Couldn't afford dental care	37	15.1	9,273
No dental insurance	33	13.5	8,273
Couldn't find type of care needed	13	5.3	3,258
Don't know/Refused	40	16.3	10,025

(multiple responses allowed)

### Regular Dental Provider — Children

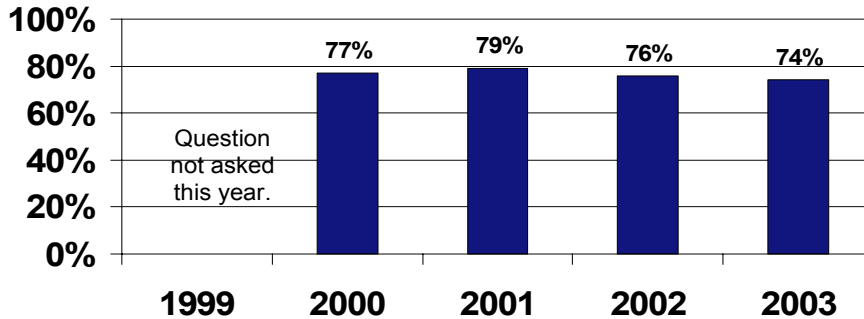
(n=1,419)

	(n)	(%)	(estimate)
Yes	1,065	75.1	299,963
No	329	23.2	92,665
Don't know/Refused	25	1.8	7,041

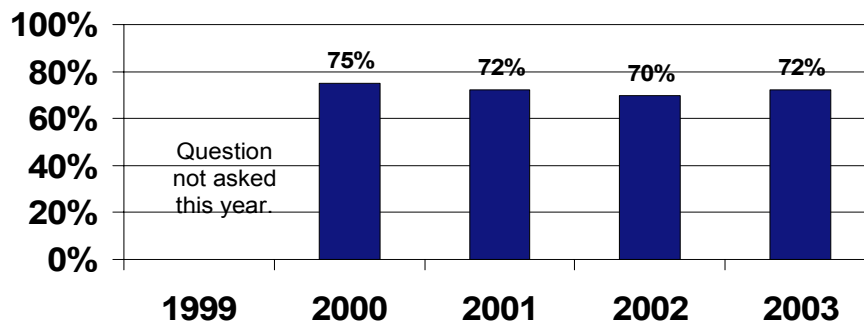
## Five-Year Trend of Dental Care Indicators

The following charts provide a comparison of dental care need, utilization and satisfaction for the past four years. *(This question set was not asked until the 2000 survey.)*

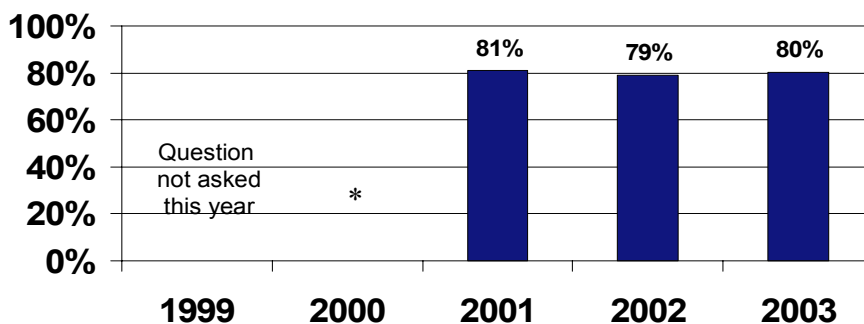
Percent needing dental care services during the past 12 months



Percent indicating they received all needed dental care services



Percent satisfied or very satisfied with dental care services received



\* Due to a data collection error in 2000, satisfaction with dental care received could not be reported accurately.

## Background

Each year billions of dollars are invested in San Diego County by federal, state, county, cities and charitable organizations to improve the health and well-being of the community and its residents. These funds are applied to a wide variety of health, social and community issues. All concerned have a growing interest in knowing whether this investment of community assets is making a difference. The Outcomes and Community Impact Measurement Program has been designed to be a comprehensive measurement and outcomes reporting system related to the health and well-being of San Diego County residents.

The Outcomes and Community Impact Measurement Program data reviewed in this document are for the 2003 data collection and reporting period.

## Concept

Initial concepts behind this program began in 1995 when the United Way of San Diego County convened eight task forces representing San Diego County residents and community leaders who developed the following list of desired countywide outcomes:

- **Access** – People have access to a full range of effective community services.
- **Self-sufficiency** – People reach and maintain an optimal level of independence and health.
- **Civic Solutions** – People live in, participate in and are supported by diverse, economically sound communities.
- **Educational Success** – People have the necessary life-long educational support to reach their potential as productive and contributing community members.
- **Public Safety** – People feel safe from the threat of crime and violence in their homes, neighborhoods and communities.
- **Well-being** – People are emotionally self-sufficient and able to cope with the stressors in their lives.

Based on the desired outcomes developed by these task forces, a measurement platform was designed to measure the impact of community assets and services on addressing people's needs and visions.

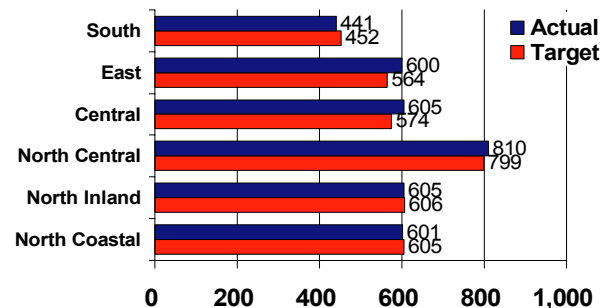
## Methodology

Data was collected via telephone interviews with 3,662 randomly selected persons living throughout San Diego County. The interviews, lasting an average of 22.6 minutes, were conducted by trained interviewers from the Social and Behavioral Research Institute located at California State University San Marcos between October 24, 2003 and March 30, 2004.

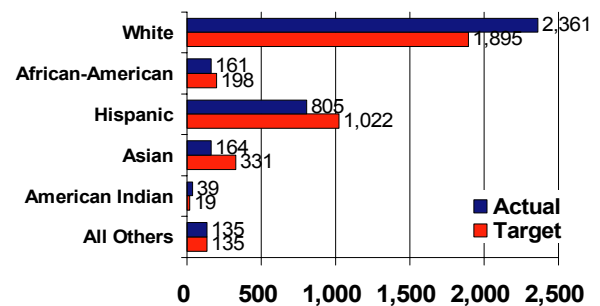
To enhance the quality of the data in terms of how well it represents the geographic and race/ethnic population of San Diego County, the county was divided into six geographic regions. These regions correspond with the San Diego County Health and Human Services Agency regions. A targeted number of interviews for each race/ethnic category within each region was established to more accurately represent the actual population within the regions.

The following tables present the targeted and actual number of interviews completed.

Targeted Number of Interviews by Region



Targeted Number of Interviews by Race/Ethnicity



# 2003 Outcomes and Community Impact Program

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### 2003 Funding Sources

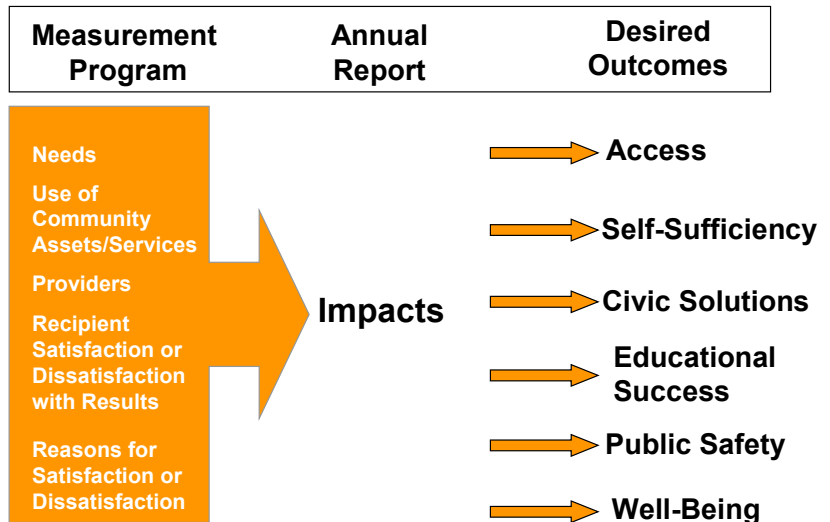
- Alliance Healthcare Foundation
- The California Endowment
- County of San Diego
- Community Health Improvement Partners (CHIP)
- Kaiser Permanente
- McCarthy Family Foundation
- INFO LINE of San Diego County
- The San Diego Foundation
- United Way of San Diego County

## Outcomes and Impact Program Overview

The information contained in this report presents the findings for one of the 24 areas explored in the 2003 Outcomes and Impact Study. Other areas range from advocacy services to youth development. Each of these areas is covered in an individual report which can be obtained from the United Way of San Diego County. In addition, there are appendices supporting each of these reports which provide very detailed data in the format of cross tabulations of questions for each area by many key variables.

To view the 2003 Outcomes and Community Impact Program reports or to order copies of the 1999, 2000, 2001 and 2002 reports on disk, visit the United Way's website at [www.uwsd.org](http://www.uwsd.org). On the homepage click on the Outcomes / Healthy Community Index icon.

### Outcomes and Impact



## More Information Available

The information provided in this report is one segment of the available outcome and impact program reporting. Additional information is available including:

- Five-year history of top-level findings
- Methodology and Technical Report
- Frequencies
- Cross tabulations
- Significance tests