

2003 Outcomes and Community Impact Program



United Way of San Diego County

General Health Status

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 the perceived general health status of San Diego County residents.

Questions in this section inquired how respondents perceived their health, how many days during the past 30 days their physical or mental health was not good and how many days poor physical or mental health kept them from doing their normal activities.

In addition, respondents were

asked if they are currently physically disabled and if they currently have a doctor or other health professional they consider to be their primary care provider.

This chapter explores the findings related to the health status of San Diego County residents. This includes examining the findings by demographic subgroups including geographic location, age, race/ethnicity, educational level, income and other variables as indicated.

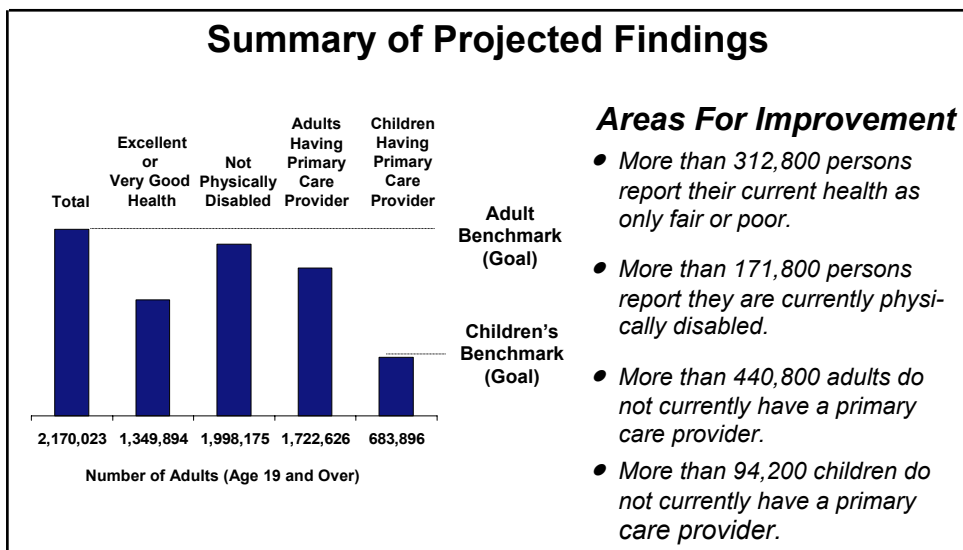
In addition, findings are projected for the current population of San Diego County.

INSIDE

General health status	2
Physical health status	3
Mental health status	4
Impact of poor health	5
Physical disability	6
Primary care provider	7
Profile	9
Five-year trend	10
Background & Concept	11

SPECIAL POINTS OF INTEREST:

- Overall, 62.2 percent of respondents reported their health as very good or excellent.
- Slightly over 14 percent of respondents reported their health as fair or poor.
- Overall, respondents reported an average of 3.4 days of poor physical health within the past 30 days.
- Overall, respondents reported an average of 2.96 days of poor mental health within the past 30 days.
- Overall, respondents reported an average of 1.42 days during the past 30 days in which they were prevented from doing their usual activities due to poor physical or mental health.
- Overall, 7.9 percent of respondents reported being physically disabled.
- Over 79.4 percent of respondents reported having a primary care provider.
- Over 86 percent of respondents with children reported their children have a primary care provider.



General Health Status

“Would you say that in general your health is excellent, very good, good, fair or poor?”

Overall, 62.2 percent of respondents reported their health is very good or excellent. Another 14.4 percent said their health is only fair or poor. Health status varied by geographic region, ethnicity, education and type of insurance coverage.

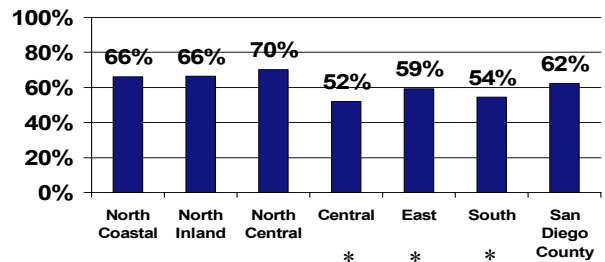
This section reviews the perceived health status and highlights those areas that are either higher or lower than average. Observed differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting their perceived level of health as very good or excellent ranged from 31.9 percent for respondents with Medi-Cal insurance to 79.7 percent for respondents with annual household incomes of \$100,000 or more. Findings within these groups include:

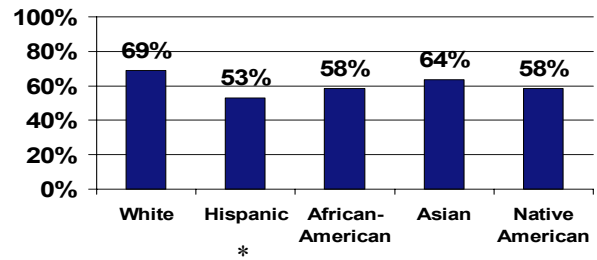
- Geographically, persons reporting their health as very good or excellent ranged from 51.9 percent in the Central region to 70.3 percent in the North Central region. Respondents living in the North Central, North Inland and North Coastal regions were significantly more likely to report their health as very good or excellent than those living in other regions.
 - Hispanic respondents reported their health as very good or excellent significantly less often than other respondents.
 - Persons with less education were less likely to report their health status as very good or excellent than persons having more education. College graduates were significantly more likely to report their health as very good or excellent than those with less education, while those with less than a high school education were significantly less likely than other respondents to report their health as very good or excellent.
 - Persons with commercial insurance provided by their employer, those with military/Champus coverage and those with Healthy San Diego were significantly more likely to report their health status as very good or excellent than persons with Medi-Cal, Medicare or no insurance coverage.
- Review of other demographic variables found the following statistically significant findings:
- Male respondents were significantly more likely to report their health as very good or excellent than female respondents, 65.6 percent and 60.1 percent, respectively.
 - Respondents with annual household incomes of \$40,000 or above were significantly more likely to report their health as very good or excellent than others, 73.4 percent and 42.4 percent, respectively.

Percent indicating their health is very good or excellent

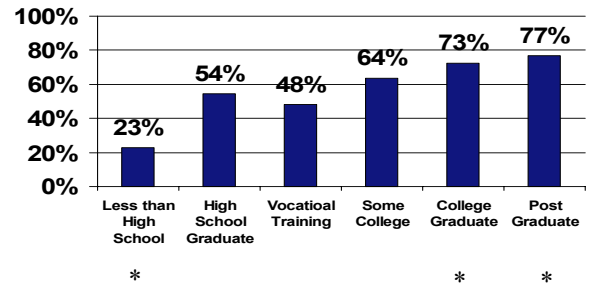
Geographic Region



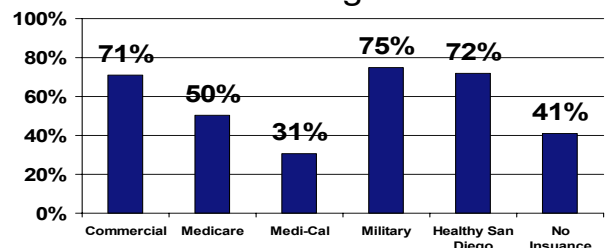
Race/Ethnicity



Educational Level



Type of Medical Insurance Coverage



Current Physical Health Status

“Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”

To better quantify the physical health status of respondents, each respondent was asked to state the number of days within the previous 30 days they considered their physical health to be not good, due to either illness or injury.

Overall, 60.7 percent of the respondents indicated zero days of poor physical health within the past 30 days. Furthermore, 4.6 percent indicated their physical health had not been good the entire past 30-day period. The mean number of days respondents reported their health as not good was 3.4.

As shown in the following charts for each demographic subgroup, the number of days respondents reported their physical health as not good ranged from 1.8 days for respondents living in households with annual income of \$100,000 or more to 6.5 days for persons with annual household incomes under \$20,000.

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

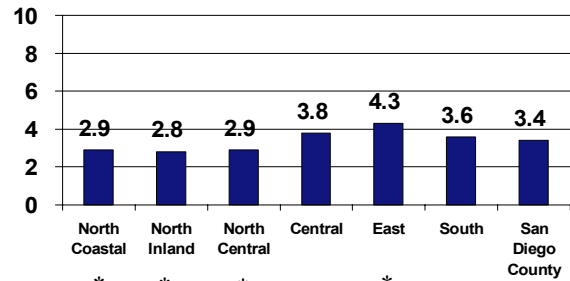
- Geographically, the mean number of poor physical health days ranged from 2.8 in the North Inland region to 4.3 days in the East region. The differences between the East and North Coastal, North Inland and North Central regions are statistically significant.
- The mean number of poor physical health days varied by race/ethnic group, ranging from 2.4 for Asian respondents to 6.1 among Native American respondents. These differences are not statistically significant.
- In terms of age, respondents age 65 and older reported a significantly higher mean number of days in poor health than respondents in the 21 to 44 age categories.
- Respondents living in households with annual incomes of less than \$40,000 reported significantly more mean days in poor physical health than those living in households with annual incomes of \$40,000 or more.

Review of other demographic subgroups identified the following significant variations:

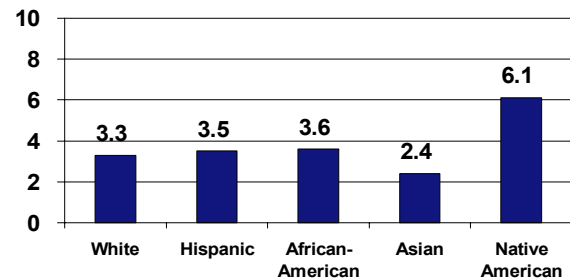
- Respondents with Medi-Cal health insurance reported significantly more days in poor physical health than respondents with commercial medical insurance, 7.7 days and 2.7 days, respectively.
- Respondents with a high school education or less reported significantly more days in poor physical health than respondents with a college education or more, 4.2 days and 2.5 days, respectively.
- Female respondents reported significantly more days in poor physical health than male respondents, 3.8 days and 2.8 days, respectively.

Mean number of days during past 30 days physical health not good

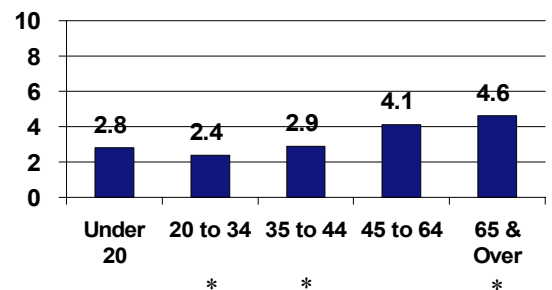
Geographic Region



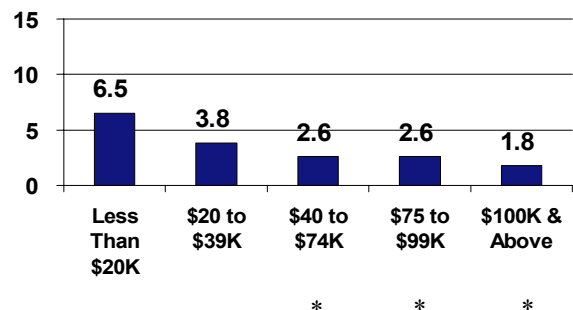
Race/Ethnicity



Age Category



Annual Household Income



Current Mental Health Status

“Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Mental health is another important aspect of a person’s overall health status. To help quantify this aspect of health, each respondent was asked to state the number of days within the previous 30 days they considered their mental health to be not good, due either to stress, depression or problems with emotions.

Overall, 91.4 percent of the respondents indicated they had fewer than 14 days of poor mental health within the past 30 days. Furthermore, 8.6 percent indicated their mental health had not been good 14 or more days in the past 30 days (i.e., frequent mental distress or FMD).

As shown in the following charts for each demographic subgroup, the percentage of respondents reporting their mental health as not good for 14 or more days in the past 30 days ranged from 4.8 percent for persons age 65 or over to 28.6 percent among Native American respondents.

An examination of demographic variables indicates some variation in the reported number of poor mental health days. Observed differences that are statistically significant have been indicated with an asterisk. The following briefly describes some of the observed variations.

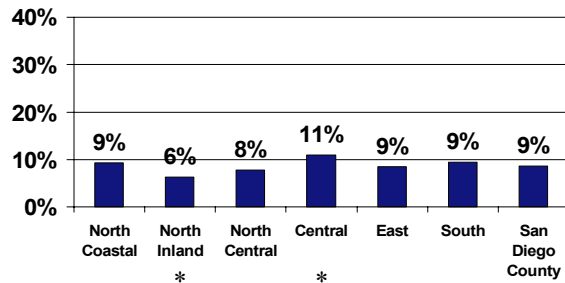
- Geographically, those reporting 14 or more poor mental health days ranged from 6.3 percent in the North Inland region to 10.9 percent in the Central region. Respondents living in the Central region reported 14 or more poor mental health days significantly more often than those living in the North Inland region.
- Reporting of 14 or more poor mental health days ranged from 4.3 percent among Asian respondents to 28.6 percent for Native American respondents. These differences are statistically significant.
- In terms of age, respondents age 65 and older reported 14 or more days in poor mental health significantly less than younger respondents.
- Respondents with Medi-Cal health insurance reported 14 or more days of poor mental health significantly more than respondents with other types of medical insurance and those without medical insurance.

Review of other demographic subgroups identified the following statistically significant variations.

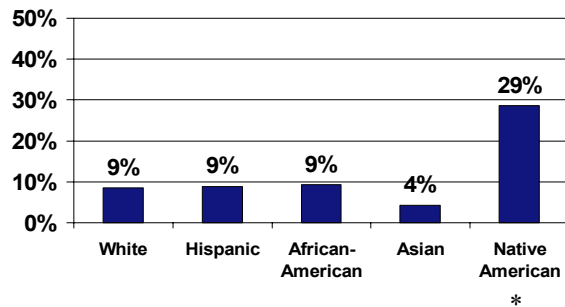
- Respondents living in households with annual incomes of less than \$40,000 reported 14 or more days of poor mental health significantly more than respondents with higher household incomes, 14.1 percent and 6.4 percent, respectively.
- Separated or divorced respondents reported 14 or more days of poor mental health significantly more than married respondents, 14.9 percent and 5.5 percent, respectively.

Percent reporting 14 or more days in past 30 days mental health not good

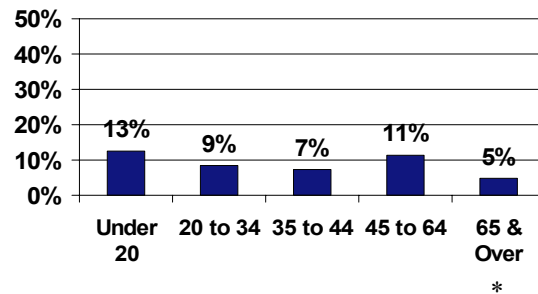
Geographic Region



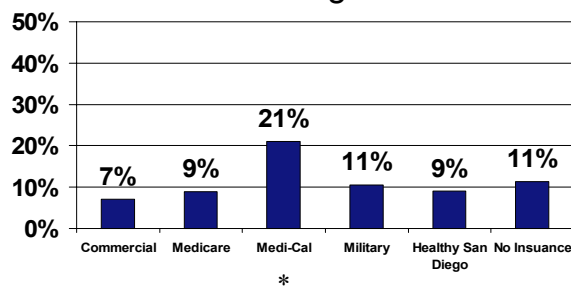
Race/Ethnicity



Age Category



Type of Medical Insurance Coverage



Impact of Poor Physical or Mental Health

“During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?”

To quantify the impact of poor physical or mental health, each respondent was asked to state the number of days within the previous 30 days poor physical or mental health kept them from doing their usual activities such as self-care, work or recreation.

Overall, 75.5 percent of the respondents indicated zero days within the past 30. Furthermore, three percent indicated their physical or mental health had prevented them from doing their usual activities during the entire past 30-day period. The mean number of days of restricted activity reported was 1.95.

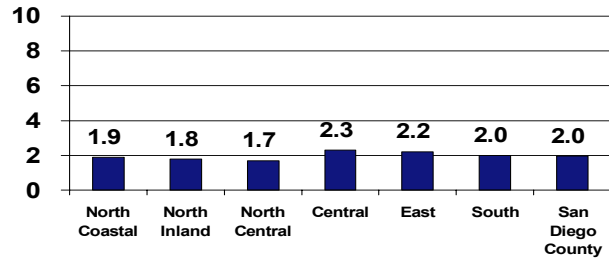
As shown in the accompanying charts for each demographic subgroup, the number of days respondents reported restricted activity ranged from 1.1 days among Asian respondents to 6.6 days among respondents with Medi-Cal health insurance.

An examination of demographic variables indicates some variation in the level of mean number of restricted activity days. Observed differences that are statistically significant have been indicated with an asterisk. The following briefly describes some of the observed variations.

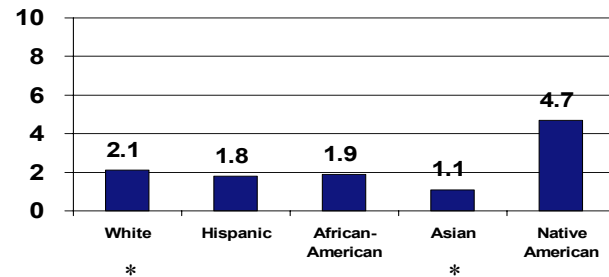
- Geographically, no significant difference was noted in the mean number of restricted activity days, which ranged from 1.7 in the North Central region to 2.3 days in the Central region.
 - The mean number of restricted activity days varied by race/ethnic group, ranging from 1.1 for Asian respondents to 4.7 for Native American respondents. The difference between white and Asian respondents are statistically significant.
 - In terms of age, the mean number of restricted activity days ranged from 1.2 days for respondents age 20 to 34 to 2.9 days for respondents between the ages of 45 to 64. The difference between respondents ages of 45 to 64 and young respondents are statistically significant.
 - Respondents with Medi-Cal health insurance reported a mean number of restricted activity days of 6.6, which is significantly higher than respondents with other types of medical insurance and those without medical insurance.
- Other demographic subgroups reviewed identified the following statistically significant variation.
- Respondents living in households with annual incomes of less than \$40,000 reported significantly higher mean number of restricted activity days at 3.05, than households with incomes of \$40,000 or more, at 1.4 days of restricted activity.

Mean number of days during past 30 days poor health prevented normal activities

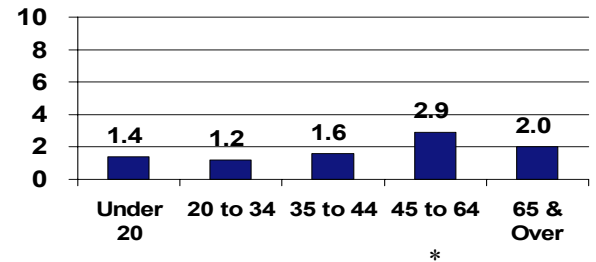
Geographic Region



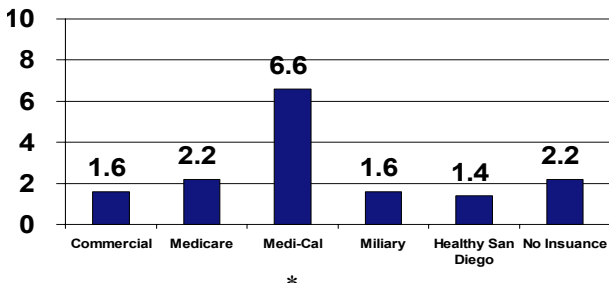
Race/Ethnicity



Age Category



Type of Medical Insurance Coverage



*Significant at p < .05

Physical Disability Status

“Are you currently physically disabled?”

Overall, 7.9 percent of the respondents reported they are currently physically disabled.

This section reviews respondents’ disability status by demographic subgroups with observed variations. Differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting they are currently disabled ranged from 2.3 percent among respondents under age 20 to 37.2 percent for respondents with Medi-Cal insurance. Findings within these groups include:

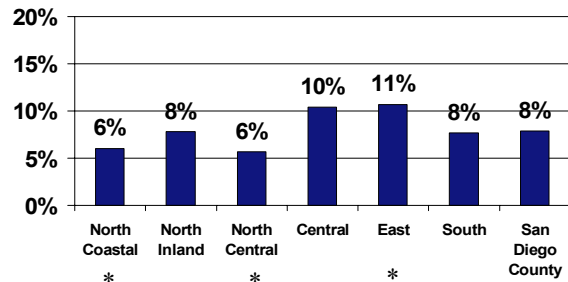
- Geographically, respondents reporting a current physical disability ranged from 5.7 percent in the North Coastal region to 10.7 percent in the East region. Respondents living in the East and Central regions were significantly more likely to report having a physical disability than those living in the North Coastal and North Central regions.
- African-American and Native American respondents were significantly more likely to report being physically disabled than Asian and Hispanic respondents.
- The percent of persons reporting a physical disability increased with age. Persons age 45 and over reported physical disabilities significantly more often than respondents under age 35.
- Persons covered by Medi-Cal and Medicare insurance reported being physically disabled significantly more often than other respondents.

Other variables examined found the following statistically significant differences:

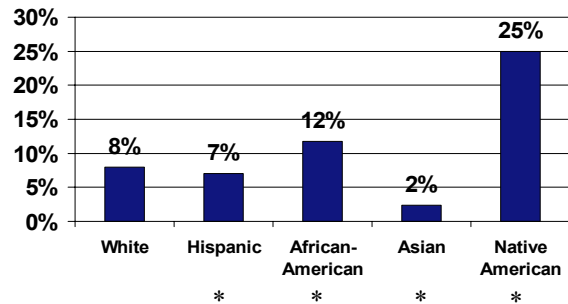
- Respondents with a college education or more were significantly less likely to report they are physically disabled than those with a high school education or less, 5.3 percent and 10.1 percent, respectively.
- Persons living in households with annual incomes of less than \$40,000 reported a physical disability significantly more often than those with higher annual household incomes, 14.2 percent vs. 4.5 percent.

Percent indicating they are currently disabled

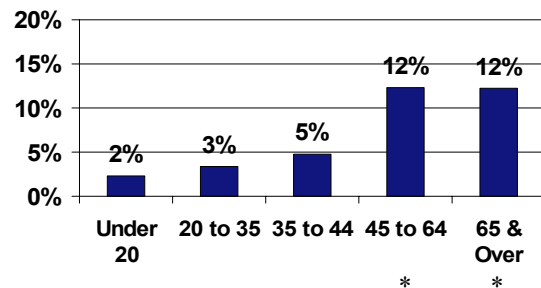
Geographic Region



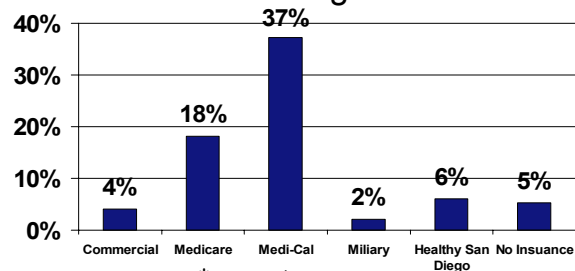
Race/Ethnicity



Age Category



Type of Medical Insurance Coverage



Use of Primary Care Providers — Adults

“Do you currently have a doctor or other health professional such as a physician’s assistant who you consider your primary care provider who you would see if you needed medical advice or care?”

Overall, 79.4 percent of the respondents reported they currently have a doctor or other health professional they consider as their primary care provider. This section reviews these findings by demographic subgroups with observed variation. Differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting they currently have a primary care provider ranged from 27.9 percent for respondents with no insurance to 96.2 percent for respondents with Medicare insurance. Findings within these groups include:

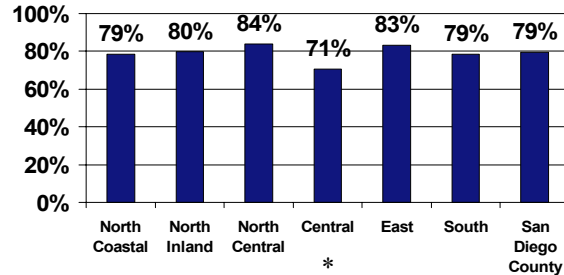
- Geographically, persons reporting they currently have a primary care provider ranged from 70.6 percent in the Central region to 83.3 percent in the East region. Respondents living in the Central region were significantly less likely to report having a primary care provider than those living in other regions.
- Only 58.5 percent of Hispanic respondents reported having a primary care provider, which is significantly lower than all other racial/ethnic groups.
- The percent of persons reporting they currently have a primary care provider increased with age, ranging from 64 percent for those under age 35 to 95 percent for those age 65 or over. Respondents under age 35 were significantly less likely to report having a primary care physician than older respondents.
- Persons with no insurance coverage were significantly less likely to have a primary care provider than those with insurance coverage.

Other variables examined found statistically significant differences within the following demographic subgroups:

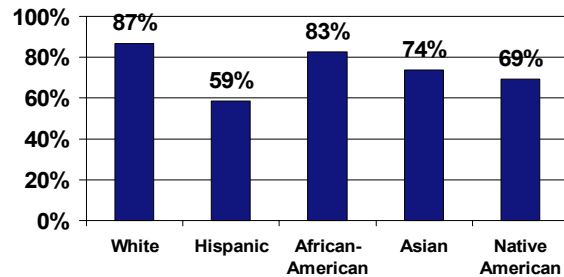
- Respondents with less than a high school education were significantly less likely to have a primary care provider than those with more education, 44.9 percent and 83.4 percent, respectively.
- The likelihood of having a primary care provider increased with annual household income, ranging from 60.6 percent for those with incomes of less than \$20,000 to 88.8 percent for those with incomes of \$75,000 or more. These differences are significant.
- Single persons were significantly less likely to have a primary care provider than persons in other marital groups, 69.8 percent vs. 83.5 percent, respectively.
- Female respondents were significantly more likely to report having a primary care provider than males, 82.4 percent and 74.8 percent, respectively.

Percent indicating they currently have a primary care provider

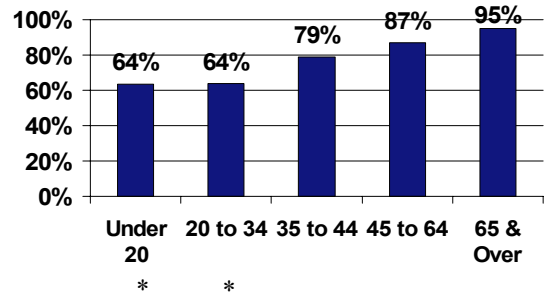
Geographic Region



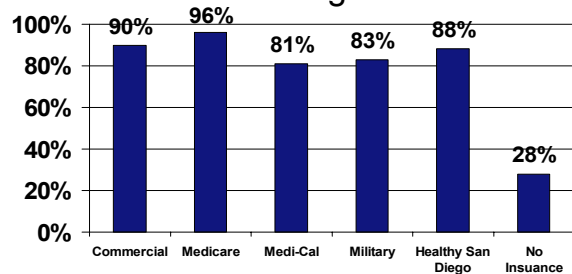
Race/Ethnicity



Age Category



Type of Medical Insurance Coverage



*Significant at $p < .05$

Use of Primary Care Providers — Children

“Do your children currently have a doctor or other health professional such as a physician’s assistant who you consider their primary care provider who they would see if they needed medical advice or care?”

Overall, 86.4 percent of the respondents with children reported their children currently have a doctor or other health professional they consider as their child’s primary care provider. This section reviews these finding by demographic subgroups with observed variation. Differences that are statistically significant have been indicated with an asterisk.

Within each demographic subgroup, those reporting their children currently have a primary care provider ranged from 61.8 percent for respondents whose children do not have medical insurance to 94.0 percent for respondents with a post graduate education. Findings within these groups include:

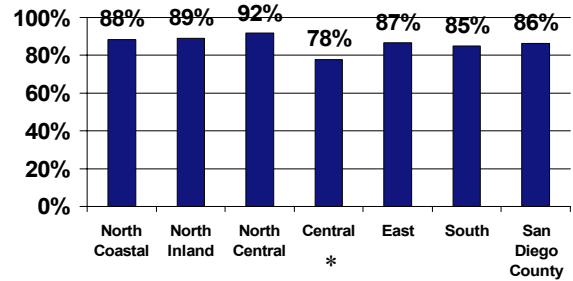
- Geographically, persons reporting their children currently have a primary care provider ranged from 77.8 percent in the Central region to 91.8 percent in the North Central region. Respondents with children living in the Central region are significantly less likely to have a primary care provider for their children than other regions.
- Hispanic and African-American respondents were significantly less likely to report their children have a primary care provider than white respondents.
- Respondents with less than a high school education were significantly less likely to report their children have a primary care provider than persons with a college education or more.
- Children with medical insurance coverage were significantly more likely to have a primary care provider than children without medical insurance coverage, 91.6 percent and 50.0 percent, respectively.

Other variables examined found significant differences within the following demographic subgroups:

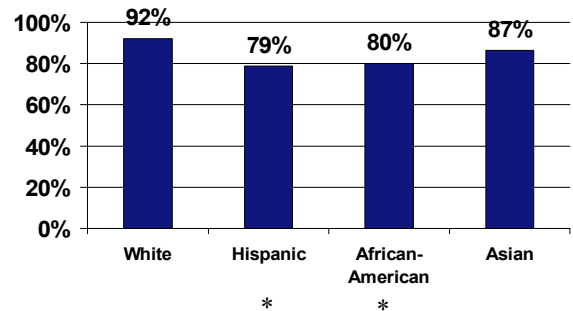
- Children living in households with annual incomes of less than \$40,000 were significantly less likely to have a primary care provider than children from higher income groups, 76.0 percent and 92.4 percent, respectively.
- Children of single respondents were significantly less likely to have a primary care provider than children of married respondents, 73.0 percent and 90.8 percent, respectively.

Percent indicating their children currently have a primary care provider

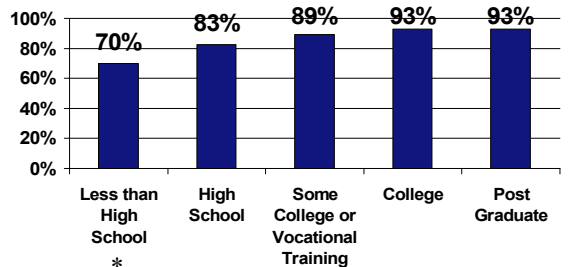
Geographic Region



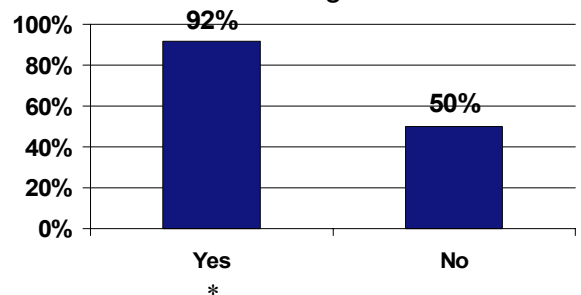
Race/Ethnicity



Education Level



Children’s Medical Insurance Coverage



Physical and Mental Health Status Profile

Countywide, 62.2 percent of the adult population report their health as very good or excellent. This equates to an estimated 1,349,894 adults in San Diego County who report their current health as very good or excellent. Another 14.4 percent reported their health as only fair or poor, which equates to an estimated 312,881 persons.

Health Status (n=3,662)

	(n)	(%)	(estimate)
Excellent or very good	2,278	62.2	1,349,894
Good	848	23.2	502,507
Fair or poor	528	14.4	312,881
Don't know/Refused	8	0.2	4,741

Days Physical Health Not Good During Past 30 Days (n=3,662)

Mean days in poor physical health 3.36 days

	(n)	(%)	(estimate)
Zero days	2,188	59.7	1,296,562
1 to 5 days	857	23.4	507,840
6 to 10 days	201	5.5	119,108
11 to 29	190	5.2	112,590
30 days	166	4.5	98,368
Don't know/Refused	60	1.6	35,555

Days Mental Health Not Good During Past 30 Days (n=3,662)

Mean days in poor mental health 2.96 days

	(n)	(%)	(estimate)
Under 14 days	3,307	90.3	1,959,657
14 or more days	312	8.5	184,884
Don't know/Refused	43	1.2	25,481

Primary Care Provider (n=3,662)

	(n)	(%)	(estimate)
Yes	2,907	79.4	1,722,626
No	744	20.3	440,878
Don't know/Refused	11	0.3	6,518

Days Normal Activities Limited During Past 30 Days Due to Mental or Physical Problems (n=3,662)

Mean days in limited activity 2.07 days

	(n)	(%)	(estimate)
Zero days	2,744	74.9	1,626,035
1 to 5 days	559	15.3	331,251
6 to 10 days	136	3.7	80,591
11 to 29	102	2.8	60,443
30 days	93	2.5	55,110
Don't know/Refused	28	0.8	16,592

Physical Disability (n=3,662)

	(n)	(%)	(estimate)
Yes	290	7.9	171,848
No	3,353	91.6	1,986,916
Don't know/Refused	19	0.5	11,259

Satisfaction with How Well Physical Disability Needs Met (n=290)

	(n)	(%)	(estimate)
Satisfied or very satisfied	151	52.1	89,479
Somewhat satisfied or dissatisfied	80	27.6	47,406
Dissatisfied or very dissatisfied	48	16.6	28,444
Don't know / Refused	11	3.8	6,518

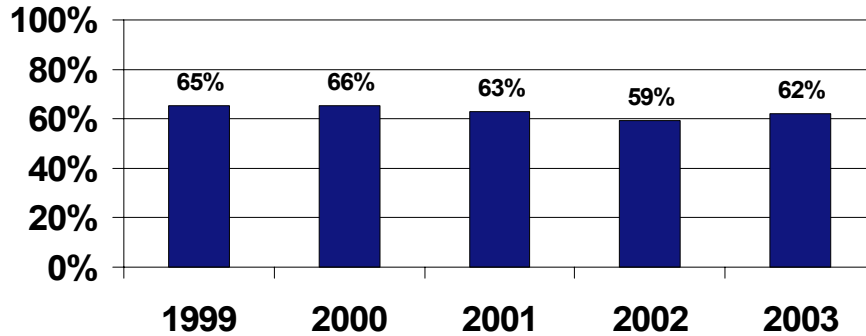
Children have Primary Care Provider (n=1,419)

	(n)	(%)	(estimate)
Yes	1,226	86.4	683,896
No	169	11.9	94,273
Don't know/Refused	24	1.7	13,388

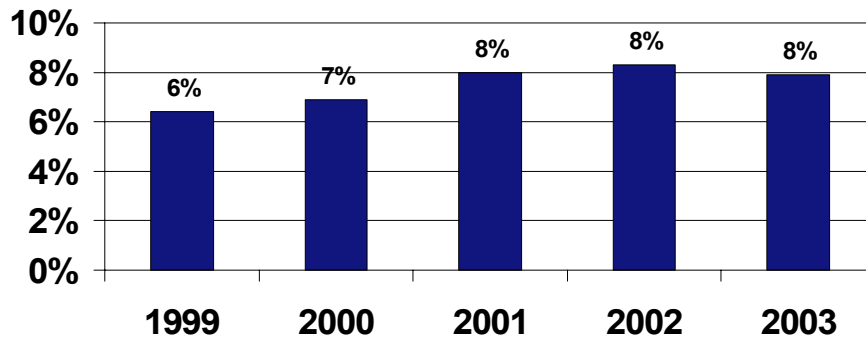
Five-Year Trend of General Health Status Indicators

The following charts provide a comparison of general health status indicators for the past five years.

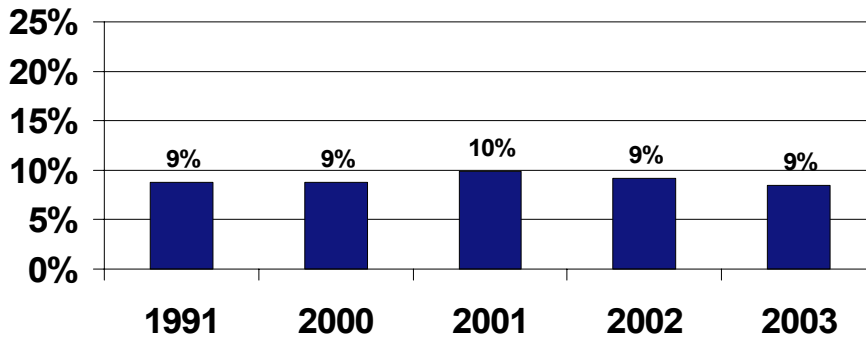
Percent rating their health status as very good or excellent



Percent indicating they are currently disabled



Percent indicating frequent mental distress (FMD) (i.e., mental health not good 14 or more days during past 30 days)



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.

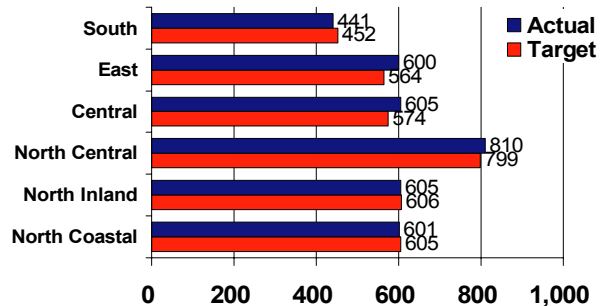
Methodology

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.

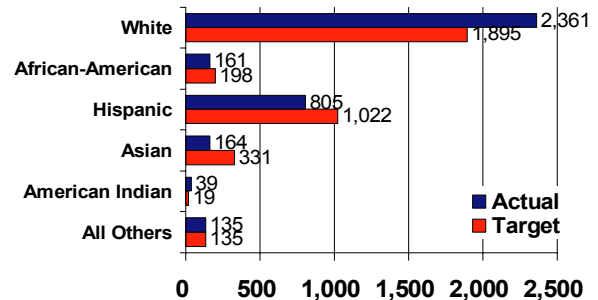
To enhance the quality of the data in terms of how well it represents the geographic and race/ethnic population of San Diego County, the county was divided into six geographic regions. These regions correspond with the San Diego County Health and Human Services Agency regions. A targeted number of interviews 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

United Way of San Diego County

Scott A. Suckow
Associate Director, Community Building
4699 Murphy Canyon Road
San Diego, CA 92123-5371

Phone: 858-636-4178
Fax: 858-492-2059
Email: ssuckow@uwsd.org

Moder Research & Communications, Inc.

Michael J. Moder, MHSA
President
3105 Freeman Street
San Diego, CA 92106

Phone: 619-523-2006
Fax : 619-523-2321
Email: Michael@moderresearch.com

Social & Behavioral Research Institute California State University San Marcos

Richard T. Serpe, Ph.D.
Director
Phone: 760-750-3288
Fax: 760-750-3291
Email: rserpe@csusm.edu

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

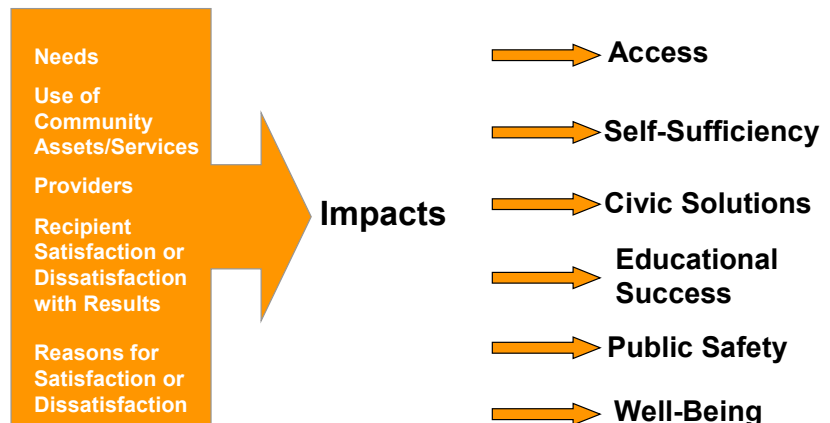
Outcomes and Impact Program Overview

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. On the homepage click on the Outcomes / Healthy Community Index icon.

Outcomes and Impact

Measurement Program	Annual Report	Desired Outcomes
---------------------	---------------	------------------



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