

2003 Outcomes and Community Impact Program



United Way of San Diego County

Medical Advocacy

INSIDE

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 frequently San Diego County residents would have benefited from the help of an advocate in obtaining needed physical or mental health services during the past year. Questions in this section inquired if respondents had needed advocacy help during the past 12 months.

Respondents who indicated they had needed advocacy in obtaining needed physical or mental health services were asked how well their needs were met.

This chapter explores the findings related to the need for medical advocacy services by San Diego County residents. This includes

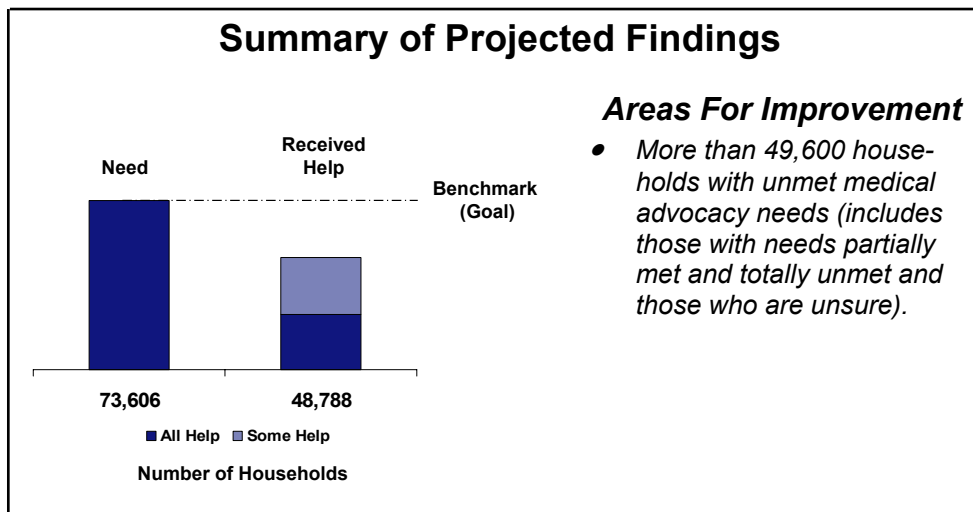
examining the findings by demographic subgroups including geographic location, age, race/ethnicity, educational level, income and other variables as indicated.

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

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SPECIAL POINTS OF INTEREST:

- Overall, 7.1 percent of the respondents reported a need for medical advocacy within the past 12 months.
- Of these, 32.6 percent reported they received all the medical advocacy needed.



Need for Medical Advocacy Services

“During the past 12 months would you or someone living in your household have benefited from the help of an advocate in obtaining needed physical or mental health services?”

Overall, 7.1 percent of the respondents (n=261) reported they or someone in their household would have benefited from the help of an advocate in obtaining physical or mental health services during the past 12 months. The level of need varied by geographic region, ethnicity, education and age. This section reviews the level of need and indicates differences between demographic subgroups that are statistically significant with an asterisk.

Within each demographic subgroup, those reporting a need for medical advocacy during the past 12 months ranged from 2.4 percent among Asian respondents to 13.1 percent among respondents reporting annual household incomes of less than \$20,000. Findings within these and other variables include:

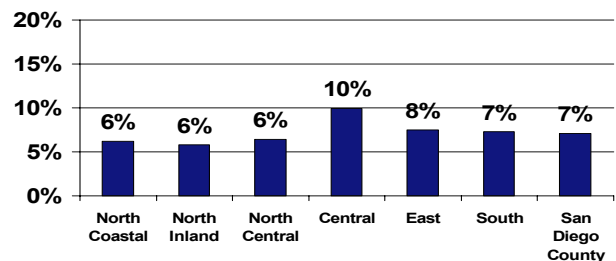
- Geographically, those reporting a need for medical advocacy ranged from 5.8 percent in the North Inland region to 9.9 percent in the Central region. These differences are not statistically significant.
- In terms of respondent race/ethnicity, the need for medical advocacy ranged from 2.4 percent among Asian respondents to 8.7 percent among white respondents. The difference between the African-American and Asian respondents is statistically significant.
- Persons with a college education or more are less likely to report a need for medical advocacy than respondents with less education. These differences are not statistically significant.
- Respondents with annual household incomes of less than \$20,000 reported a significantly higher need for medical advocacy than those with incomes of \$40,000 or more, 13.1 percent and 5.3 percent, respectively.

Review of other variables found the following statistically significant findings:

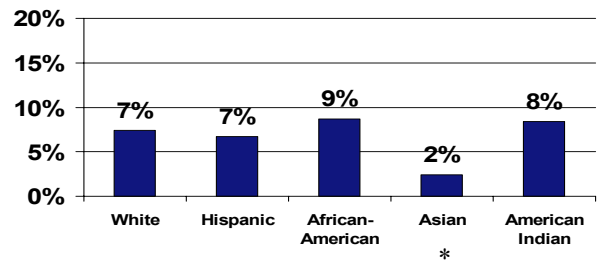
- Respondents who are separated or divorced reported a significantly higher need for medical advocacy than married respondents, 10.3 percent and 4.8 percent, respectively.
- Respondents without medical insurance coverage reported a significantly higher need for medical advocacy than respondents with health insurance coverage, 11.9 percent and 6.2 percent, respectively.

Percent indicating need for medical advocacy

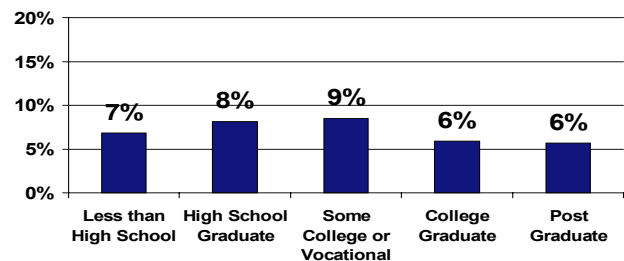
Geographic Region



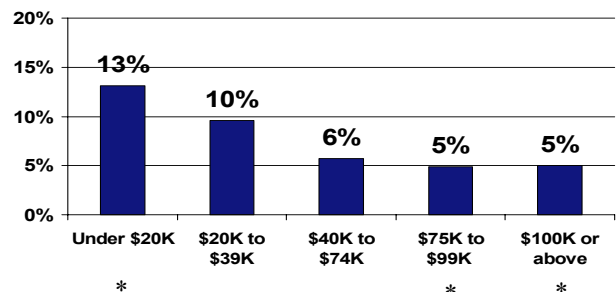
Race/Ethnicity



Educational Level



Household Income Category



* Difference significant at $p < .05$

Amount of Medical Advocacy Services Received

“Were you able to access all, some or none of the medical advocacy services needed?”

Overall, 32.6 percent of the respondents (n=85) reported they had received all the medical advocacy services needed. An additional 33.7 percent indicated they received some of the services while 30.3 percent reported they were unable to receive any of the medical advocacy services they needed. The levels of medical advocacy services received varied by geographic region, ethnicity, education and annual household income. This section reviews the levels of services received and denotes those differences that are statistically significant with an asterisk.

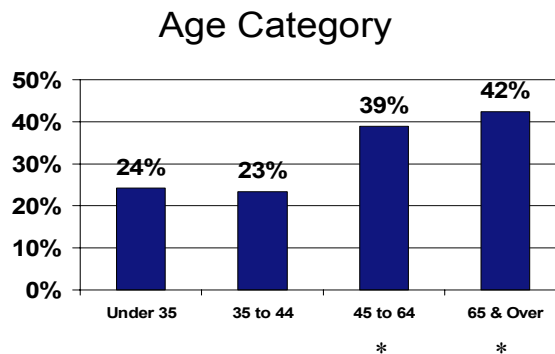
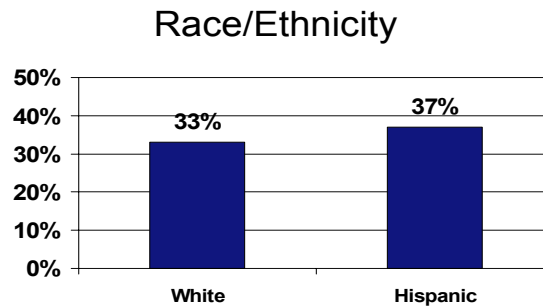
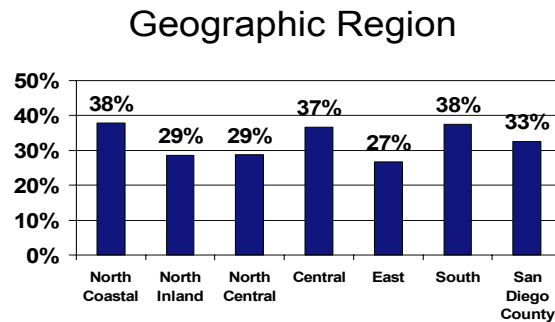
Within each demographic subgroup, those reporting they had received all the medical advocacy services needed ranged from 20.3 percent of respondents without a primary care physician to 42.4 percent for respondents age 65 and over. Findings within these and other variables include:

- Geographically, those reporting they had received all the medical advocacy services needed ranged from 26.7 percent in the East region to 37.8 percent in the North Coastal region. These differences are not statistically significant.
- In terms of respondent race/ethnicity, white and Hispanic respondents reported receiving similar levels of medical advocacy services, 33.1 and 37.0 percent, respectively.
- Respondents age 45 and over reported receiving all the medical advocacy services more often than younger respondents. These differences are statistically significant.
- Respondents with a primary care provider reported receiving all the medical advocacy services needed significantly more often than those without, 36.4 percent and 20.3 percent, respectively.

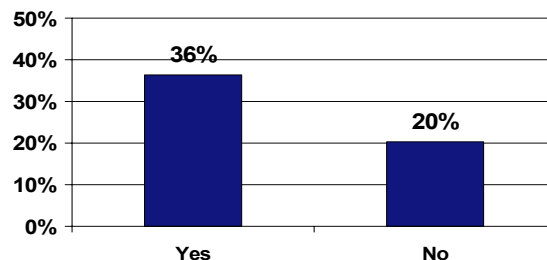
Review of other variables found the following statistically significant findings:

- Respondents who are separated or divorced reported a significantly less need for medical advocacy than married respondents, with 50 percent reporting they were unable to get any of the medical advocacy services needed.

Percent receiving all needed medical advocacy



Have Primary Care Provider?



* Difference significant at p < .05

Medical Advocacy Profile

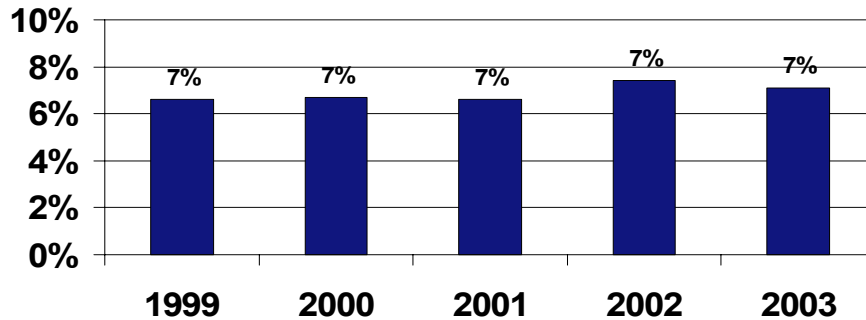
Countywide, an estimated 7.1 percent of occupied households reported the need for advocacy help to obtain needed medical or mental health services during the past year. This equates to an estimated 73,606 households in San Diego County reporting a need for medical advocacy services within the past 12 months.

	Need (n=3,662)			Amount of Help Received (n=261)			
	<i>(n)</i>	<i>(%)</i>	<i>(estimate)</i>		<i>(n)</i>	<i>(%)</i>	<i>(estimate)</i>
Yes	261	7.1	73,606	Received all needed	85	32.6	23,971
No	3,370	92.0	950,388	Received some	88	33.7	24,817
Don't know/Refused	31	0.8	8,742	Received none	79	30.3	22,279
				Don't know/Refused	9	3.4	2,538

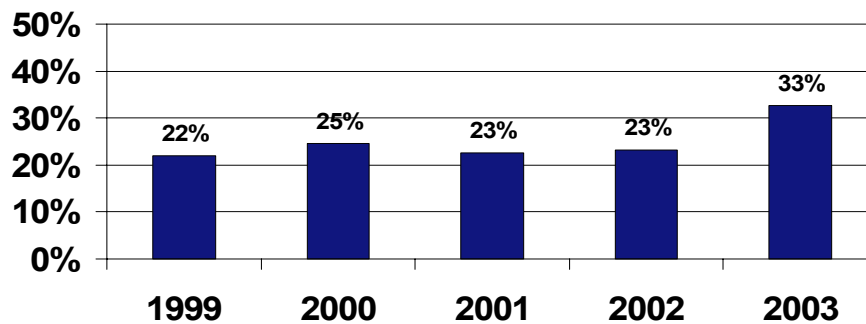
Five-Year Trend of Medical Advocacy Indicators

The following charts provide a comparison of medical advocacy need, utilization and satisfaction for the past five years.

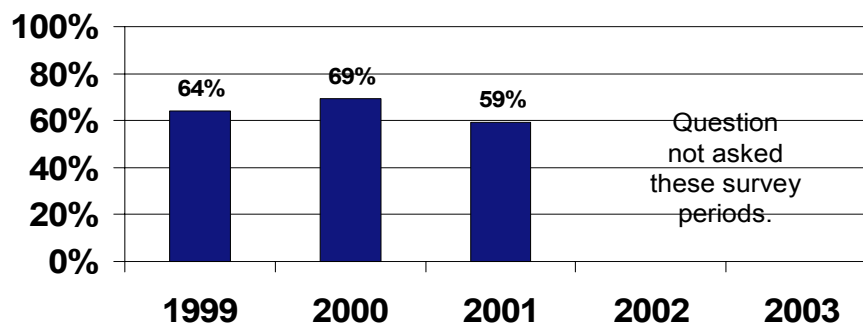
Percent needing medical advocacy services during the past 12 months



Percent indicating they received all needed medical advocacy services



Percent satisfied or very satisfied with medical advocacy services received



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.

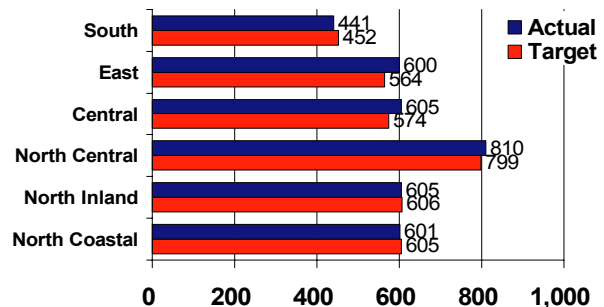
Methodology

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.

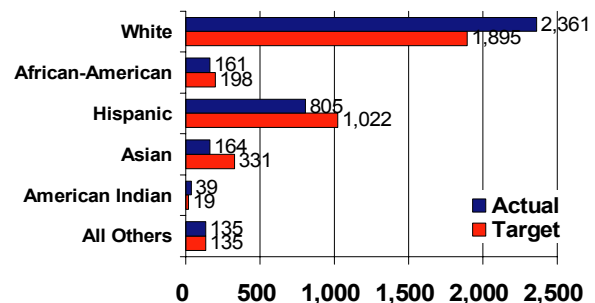
To enhance the quality of the data in terms of how well it represents the geographic and race/ethnic population of San Diego County, the county was divided into six geographic regions. These regions correspond with the San Diego County Health and Human Services Agency regions. A targeted number of interviews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

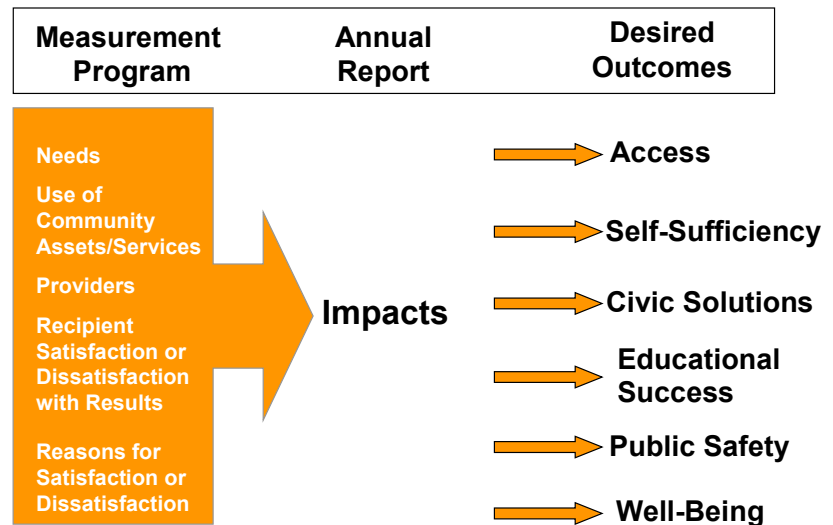
- Alliance Healthcare Foundation
- The California Endowment
- County of San Diego
- Community Health Improvement Partners (CHIP)
- Kaiser Permanente
- McCarthy Family Foundation
- INFO LINE of San Diego County
- The San Diego Foundation
- United Way of San Diego County

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. 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