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## More than Numbers

*Inside the Community Assessment Project, what it means for locals and why it is important for Santa Cruz County*

"People think that how you improve quality of life is so complicated that it can't be done, but really, it should be no more complicated than this," says Susan Brutschy matter-of-factly.

Brutschy, the enthusiastic president of local social research nonprofit Applied Survey Research (ASR), is referring to her firm's magnum opus, the Santa Cruz County Community Assessment Project (CAP), an extensive annual report on the county's quality of life. The report includes a variety of data—from the acres of organic farmland (3,341) and how many miles the average resident commutes to work (26.9) to what percentage of the county's children live beneath the federal poverty level (17.8). It also notes that, in 2009, 72 percent of residents surveyed were "very satisfied" with their overall quality of life.

But the interesting information doesn't stop there.

By combining primary data gathered from an extensive telephone survey of more than 700 residents, with secondary data aggregated from a wealth of local and state sources, the CAP paints an intricately detailed portrait of life in our community.

When founding entities United Way of Santa Cruz County and Dominican Hospital had their first inklings to create a community report card more than 15 years ago, it wasn't a very common thing to do. In fact, once they formed a steering committee and contracted ASR to do the dirty (er, data) work, they found that very few such projects existed at all. They learned from and tweaked what there already was, mostly looking to the Jacksonville, Fla., project—the oldest in the country, having started in 1984—and also created much of their own methodology. Now the second oldest CAP in the country, the Santa Cruz County project is an international model for community indicator efforts. It has won numerous awards and recognitions, and its leaders have traveled to places in Europe, and to South Korea, Istanbul and, last month, Israel, to give speeches on how to run a successful community indicator project.

"We've been all over the world to talk about this project, and it's so different not to expect the government to make improvements," says Brutschy, recalling the attitudes in the countries she has visited. Locally, she has watched as countless Santa Cruz County agencies and leaders have partnered up to effect change at the local level, often after seeing alarming findings in the CAP. She's also seen a community-wide effort ("from the bottom up," she says) to determine what quality of life means to Santa Cruz, how it should be measured in the CAP, and what goals to set for changing the outcomes. "It's very unique for people to be involved in these initiatives and to say we have to work across public and private to achieve these outcomes," she adds. "Nobody cares about our community as much as our community members."

Still, the CAP Report, which celebrated its 15th anniversary last year, mostly lives on the desks of journalists, its pages often earmarked and coffee-stained from constant referencing; legislators, who refer to it for any given statistic about their district—invaluable when writing a speech; and nonprofit and organization heads, who utilize its findings to apply for grants. But the very people the report is talking about—you, your neighbors, your children—have yet to catch wind. An Executive Summary of the report is distributed to each household

every fall, and the entire report is available at [santacruzcountycap.org](http://santacruzcountycap.org), but it still remains a mystery.



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**HEALTHCARE FOR ALL** Thanks to surprising data about a lack of healthcare among county children, Healthy Kids was founded and now helps families like the Mehtas, who receive affordable comprehensive healthcare for their son, 5-year-old Om. *Photo: Kelly Vaillancourt*

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“Media and legislators use it, but the average Joe doesn’t seem to know it’s here,” notes Deanna Zachary, project manager at ASR. “Everyone should get it on their doorstep, but I don’t know how many people are opening and reading it. But it’s an incredible resource.”

While ASR is a neutral research group, it is anything but a stale data collector. Zachary, Brutschy and the rest aim to present the data in the most attention-grabbing way possible and, hopefully, in the process, inspire more people to do something with those numbers. “We understand our role is to be data people, but data people who make data friendly and usable, not data that just goes up on a shelf,” says Brutschy. “The utilization for us is to help and to train and encourage people to use the information to do a better job to achieve a difference in most quality of life indicators. It doesn’t sound that sexy, but that’s our driving force—every single day.”

And, at the end of the day, it is the community’s reactions (and resulting actions) to the expertly presented data that makes the Santa Cruz CAP the shining example it is. “Ours has led to more community change efforts than in a lot of other places,” says Zachary. “[Others] do the report, they have excellent data, but they don’t necessarily turn the data into action.”

As the CAP enters yet another year of information overload, and busily reaches out to residents for input on what the next set of five-year community goals should be—you can cast your vote at [goodtimesantacruz.com](http://goodtimesantacruz.com)—we look back over some of the ways in which the report’s numbers represent real community change.

## Healthy Kids

In 1995, there was no local data showing how many residents were covered by health insurance. So, determined to fill that hole, the CAP created a question in its survey asking individuals if they and their families had coverage. The response was dramatic: 25 percent of respondents had no health insurance. Alarmed, worried and outraged, a network of local organizations set about planning a summit conference to hash out a plan of action. After watching CAP data on health insurance for a few years, the gathering took place in 2001. The group’s consensus was to provide universal healthcare to the county’s children. “Children are the low-hanging fruit,” explains Leslie Conner, program and policy director of Health Improvement Partnership of Santa Cruz County (HIP). “It’s more affordable to cover kids, and it’s also where prevention has the biggest impact. Asthma, obesity, chronic disease—if you can get to kids earlier, they have better chances of becoming healthy adults.”

The resulting program was Healthy Kids, a healthcare system for county children ages 0 to 18 created by The United Way, Santa Cruz Community Foundation and First 5, a childhood health initiative funded by Proposition 10. Healthy Kids launched in 2004 with the goal of covering every uninsured Santa Cruz County child—estimated to be 5,000 in total, including 2,300 who would qualify for Healthy Kids and 2,700 who would be eligible for partner programs Healthy Families or Medi-Cal. But, as they would soon learn, they had greatly

underestimated the need.

“Once we announced it, we enrolled people much faster than we’d anticipated,” says Christina Cuevas, program director for the Santa Cruz County Community Foundation. “People were just waiting for something. Here was finally an opportunity for all families—if they were eligible or ineligible for public funding—to come through one door and to be helped to get to the right place to get their kids coverage.”

Twenty-eight children were enrolled in 2004, the inaugural year, but by January 2005, enrollment was up to 1,050. As of March, 2010, the total enrollment had reached 15,028. Since 2004, Healthy Kids has raised more than \$13 million to provide these 15,000-plus kids with medical, dental, vision and mental health services.

Originally, the program was to be picked up by the state a few years in, but (surprise!) the Golden State is in debt, and taking over programs like Healthy Kids has fallen to the wayside. After losing state supporters, Healthy Kids has entered a funding gap of \$500,000, but is still hanging on—unlike many similar programs in other California counties, which Cuevas says are chronically closing their doors.

Despite financial restrictions, the program continues to branch out in increasingly creative ways. Although there is an enrollment freeze for 6- to 18-year-olds (and a waiting list of 230), the 0- to 5-year-old program is still wide open. In an attempt to enroll every uninsured child in that bracket, Healthy Kids has increased its outreach, sending Certified Application Assistors (CAA)s to enroll families in the field, including in the maternity ward of hospitals. “Instead of waiting until they are out of the hospital and it’s a couple months down the road, where there is a very complicated application system, we do it right there in the hospital room,” says Conner. “We enroll them to Medi-Cal, we assign them to a primary provider, and we also orient them to First 5’s New Birth Kit.”

Xochitl Zaragoza is the CAA in the new Downtown Santa Cruz enrollment office, a small but cheerful space at 903 Pacific Ave. Her job, along with the other CAAs, is to make enrolling in Healthy Kids, Healthy Families or Medi-Cal as accessible, easy and painless as possible for the county’s low-income population. “The idea is to be more accessible to those who don’t have transportation or need to come on their work breaks, and make it so they can bring their kids,” she says, gesturing to the office’s colorful collection of children’s books.

Outreach has also extended into schools, which is where 5-year-old Om Mehta’s parents first heard about the program. “I used to work at CVS Pharmacy, for eight years, and I lost my job,” says his mother, Mina. “Getting insurance was really hard. My friend suggested I apply to Healthy Kids. At first I didn’t think we’d be eligible. I talked to Om’s teacher and she helped us get in touch with the office here, and it was so easy. We are really, really happy.”

ASR’s Zachary believes the formation of Healthy Kids is the perfect example of the shift from reliance on federal and state government to handle needs (like healthcare), to local entities rolling up their sleeves and doing it themselves—all the while being inspired and motivated by data seen in the CAP. “With Healthy Kids, [stakeholders] said, ‘well, George Bush isn’t going to help us, the state is broke—we’re going to have to do it ourselves,’” says Zachary. She says the DIY attitude is a result of our country’s political context, and a “unique mentality here, where citizen action is needed and growing. It’s really the next frontier.”