



2026–2029

Community Benefit Implementation Strategy

for Goleta Valley Cottage Hospital,
Santa Barbara Cottage Hospital
and Santa Ynez Valley Cottage Hospital



Cottage
Center for
Population Health

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COTTAGE HEALTH COMMUNITY BENEFIT

Cottage Health (CH) is committed to improving the well-being of Santa Barbara County residents. To better understand the needs and strengths of the entire community, and the many diverse groups within it, Goleta Valley Cottage Hospital (GVCH), Santa Barbara Cottage Hospital (SBCH), Santa Ynez Valley Cottage Hospital (SYVCH) partnered with community organizations to conduct the 2025 Community Health Needs Assessment (CHNA) for Santa Barbara County. The results of this assessment form a detailed description of residents' health that can be used to identify health needs and prioritize evidence-based, effective strategies to address those needs.

The 2026 – 2029 Community Benefit Implementation Strategy describes how Cottage Health, representing GVCH, SBCH, and SYVCH, will meet the prioritized community health needs identified in the 2025 CHNA. This report describes Cottage Health's intended actions and strategies, anticipated impact, resources committed, and planned collaborations for addressing these prioritized health needs.

This report complies with federal tax law (Internal Revenue Code section 501[r]) that requires 501(c)(3) hospital facilities to adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Cottage Health conducted a Community Health Needs Assessment (CHNA) in 2025 to highlight the experiences of the county's communities, laying the foundation for collective action to improve health and well-being across the region. The 2025 CHNA describes findings through a mixed-methods exploration of the most pressing health needs of Santa Barbara County's residents, along with community-recommended actionable solutions.

The complete 2025 CHNA can be found at

https://stmlcottagehealthncus001.blob.core.windows.net/public/Cottage_Health_2025_Community_Health_Needs_Assessment.pdf

Data Collection 2025

The 2025 CHNA for Santa Barbara County includes primary data collected through a Listening Tour with more than 200 individuals who represent the broad interests of the community, including medically underserved, low-income, and minority populations. Additionally, secondary data were obtained from existing online sources. Three areas of focus were selected for the 2025 CHNA—maternal health, children's health, and chronic conditions—representing health and well-being across the life course.

Secondary Data

Secondary data analysis focused on the most recent available data (2019 or later) and was limited to measures published for Santa Barbara County and the state of California by authoritative public agencies. Data sources included, but were not limited to, the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC) programs, the California Health Interview Survey (CHIS), the U.S. Census Bureau, and the American Community Survey (ACS).

Within each domain, indicators were selected based on the availability of clear definitions and units of measurement, published county-level estimates (with sub-county geographies included when available), and

the ability to reliably stratify data by key demographic characteristics. Secondary data were used to assess health outcomes, health behaviors, access to care, and social and economic conditions across Santa Barbara County, with particular focus on maternal health, children’s health, and chronic conditions. Cottage Health contracted with the Population Health Innovation Lab (PHIL), a program of the Public Health Institute, to lead the secondary data component of the report.

Community Perspectives: Listening Tour

The Listening Tour solicited input from a wide array of community members and leaders, including public health officials, health care and social service providers, nonprofit workers, Cottage Health employees, parents, and other key stakeholders. These participants represent the broad interests of the community, including medically underserved, low-income, and minority populations. The Listening Tour was designed to complement and expand upon findings from the secondary data analysis by uncovering the lived experiences behind quantitative trends and identifying barriers, gaps, and community assets related to priority health needs.

In total, more than 200 individuals participated in the Listening Tour through a series of in-person and virtual focus groups and interviews conducted from July through September 2025 with a focus on three topic areas: 1) maternal health, 2) children’s health, and 3) chronic conditions. Interviews were offered in English, Spanish, and Mixteco. Community input (qualitative data) was combined with secondary data to better understand health priorities and support meaningful community engagement across Santa Barbara County.

Conclusions

The 2025 CHNA for Santa Barbara County shows a clear throughline: maternal health, children’s health, and chronic conditions are linked across the life course. Early life factors shape outcomes from birth to adulthood.

In Santa Barbara County, differences in income, English language proficiency, geography, and immigration status drive housing instability, food insecurity, workforce shortages, and fragmented systems of care. Yet the county’s strengths—community health workers, navigators, school-based services, behavioral health partners, and committed health systems—offer a foundation for progress.

Moving forward, priorities include access to care, behavioral health, chronic conditions, maternal health, resiliency, social needs, and injury and violence prevention. Cottage Health and its partners will translate findings into collective actions to improve health and well-being across Santa Barbara County.

PRIORITY AREA IDENTIFICATION

Guided by a life course framework, the 2025 assessment's three interrelated domains—maternal health, children's health, and chronic conditions—recognize that health trajectories are shaped by cumulative experiences and exposures from preconception through adulthood. Results confirmed that many of the health challenges identified in the 2022 CHNA persist. Data review and Listening Tour participants consistently pointed to how structural conditions—housing instability, food insecurity, workforce shortages, limited transportation, and fragmented systems of care—compound these health challenges.

Through a prioritization process that included an anonymous online prioritization survey of community representatives and a scoresheet ranking indicators based on need, urgency, collaboration among community organizations, and health disparities, twenty-two indicators were prioritized across the three focus areas. These twenty-two indicators were then grouped into six overarching priority health areas for Santa Barbara County (alpha order):

- Access to Care
- Behavioral Health
- Chronic Conditions
- Maternal Health
- Resiliency
- Social Needs

These six priority areas are consistent with those identified in the 2022 CHNA, reflecting the continued importance of these domains to health in Santa Barbara County. Cottage Health is committed to taking action based on these findings in the 2025 CHNA. Efforts to address these areas could lead to significant population health improvements in the county.

In addition, Cottage Health has identified injury and violence prevention as a priority health area, based on CH Emergency Departments' trauma registry reporting. The registry indicates that falls, motor vehicle collisions, and bicycle and pedestrian injuries remain the top causes of trauma ED visits. Interventions addressing these activities have the potential to prevent unintentional injuries and violence.

Population Health Approach

Cottage Health's hospitals have sought to improve the health outcomes of patients and community members in Santa Barbara County for more than 133 years. With a focus on population health, Cottage Health continues to serve the community through these long-standing community benefit strategies, while seeking opportunities to align these efforts with broader initiatives and community partnerships. In addition, key programs and strategies will address these priority areas through a population health approach.

Cottage Health will promote significant population health improvements among patient and community populations, focusing on vulnerable demographics (e.g., individuals experiencing homelessness, low-income, no high school degree, Medi-Cal, and children) and using evidence-based programs, partnerships, and policies. Key programs addressing health needs of priority populations will focus on these often-overlapping populations through the intervention approach as outlined in Figure 1.

Taking this population health approach, we ask the following questions and take the following steps:

1. What is the problem, and who is impacted? This helps identify the populations that are experiencing health needs, particularly populations experiencing health disparities. While there are many health issues affecting communities at large, it is important to understand which populations are affected the most by these needs.
2. Why this population? Further delving into the population in need, we seek to understand why this population in particular is experiencing this health need.
3. What is the plan for action? Working with the identified population, this population health approach helps determine the best plan of action in the form of programs, strategies, research and/or partnerships to address health needs.

To support this approach both within Cottage Health and across the many organizations and agencies working in the community, Population Health offers online data mapping and evaluation tools, hosts workshops and community convening events, and provides technical assistance. These resources and expertise sharing aim to build community capacity and promote an evidence-based, data-driven approach to addressing the health needs across the population.

Figure 1. 2026-2029 Population Health Intervention Approach



Priority Health Area: Access to Care

Cottage Health will increase access to comprehensive, quality care. Strategies will focus on patient and community populations.

Strategies

The Cottage Recuperative Care Program, Early Childhood Development Initiative and Emergency Department Support are three avenues for addressing access to care. Additional access to care strategies are shown in Figure 2.

Cottage Recuperative Care Program

In partnership with Mercy House, City of Santa Barbara, and CenCal Health, Cottage Health provides medical respite care for patients who are experiencing homelessness and have an acute medical need. Patients receive 90 days of support from Cottage nurses and a social needs navigator. The program takes a whole-person approach to care, addressing patients' immediate medical needs, connecting them to behavioral health services, helping them become document-ready for housing, and assisting them in accessing community supports to promote long-term stability and well-being.

Early Childhood Development Initiative

Cottage Health will launch an initiative to increase well-child visit completion and developmental screening rates among children in Santa Barbara County. In 2024, only 68.9% of Medi-Cal enrolled children completed well-child visits in the first 15 months of life, and only 33% of children were ready for kindergarten in 2023–2024. Well-child visits serve as important clinical touchpoints with developmental screening, immunizations, and early connections to services. This initiative will take a collaborative approach to address barriers to care and follow-up, ensuring families are connected to the services that support healthy development and school readiness.

Emergency Department Support

Cottage Health will improve health outcomes for community members with chronic conditions by implementing coordinated care strategies to connect individuals to primary care, virtual care, and community-based resources. This initiative focuses on patients with more than three emergency department visits annually who have chronic conditions, such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD), and congestive heart failure. Using a data-driven approach, Cottage Health will partner with CenCal Health, Santa Barbara Neighborhood Clinics, and American Indian Health Services to implement interventions aimed at addressing care gaps and social needs among this high-need population. This initiative seeks to ensure patients receive comprehensive, coordinated care that addresses both clinical and social drivers of health to improve quality of life and improve outcomes.

Figure 2. Strategies to Address Access to Care

Strategies	Hospitals
Access to Care	
Advance Care Planning	GVCH / SBCH / SYVCH
Bariatric Surgery Support Group	SBCH
Bariatric Weight-Loss Surgery Seminars	SBCH
California State University Channel Islands Nursing Program	GVCH / SBCH / SYVCH
Cancer Screenings & Prevention Events	GVCH / SBCH / SYVCH
Charity Care	GVCH / SBCH / SYVCH
Community Capacity Building: Evaluation Toolkit, Cottage Data2Go	GVCH / SBCH / SYVCH
Community Case Management	SBCH
Community Health Workers	GVCH / SBCH / SYVCH
Community Parish Nursing	SBCH
Community Programs Support (e.g., sponsorships)	GVCH / SBCH / SYVCH
Concussion Clinic & Discussions	SBCH
Cottage Clinical Network	GVCH / SBCH / SYVCH
Cottage Family Suites	SBCH
Cottage Recuperative & Transitional Care Programs	GVCH / SBCH / SYVCH
Cottage Virtual Care	GVCH / SBCH / SYVCH
CPR Classes	GVCH / SBCH / SYVCH
Early Childhood Development Initiative	GVCH / SBCH / SYVCH
Emergency Department Support	GVCH / SBCH / SYVCH
Flu Vaccine Clinics	GVCH / SBCH / SYVCH
Goals of Care Initiative	GVCH / SBCH / SYVCH
Grants Programs	GVCH / SBCH / SYVCH
Homelessness Roundtable	GVCH / SBCH / SYVCH
Insurance Enrollment	GVCH / SBCH / SYVCH
Medical Education	GVCH / SBCH / SYVCH
Medicare and MediCal Shortfalls	GVCH / SBCH / SYVCH
Meet the Doctor	GVCH / SBCH / SYVCH
Mental Health Fair	SBCH
On-Call Specialty Physicians	GVCH / SBCH / SYVCH
Patient and Family Advisory Council	GVCH / SBCH / SYVCH
SAGE Medical Library	SBCH
San Marcos High School's Health Careers Academy	GVCH / SBCH / SYVCH
Santa Barbara City College Nursing Program	GVCH / SBCH / SYVCH
Santa Barbara Neighborhood Clinic Partnership	GVCH / SBCH / SYVCH
Westmont College Nursing Program	GVCH / SBCH / SYVCH

Priority Health Area: Behavioral Health

Cottage Health will improve access to care and health outcomes for populations with behavioral health needs.

Strategies

The Behavioral Health Initiative – Mind Thrive and Behavioral Health Partnerships are key approaches for improving behavioral health outcomes in Santa Barbara County. Additional behavioral health strategies are shown in Figure 3.

Behavioral Health Initiative – Mind Thrive

Cottage Health’s Community Partnership Grants program supports the Behavioral Health Initiative (BHI) – Mind Thrive, which focuses on increasing access to behavioral health services for youth and addressing barriers to services. Taking an initiative-level approach, the grants program provides technical assistance, workshops, and shared learning opportunities and evaluates impact across partners.

Mind Thrive supports adolescents (ages 12- 18 years old) and their families who are struggling with behavioral health needs have improved behavioral health outcomes and quality of life in south Santa Barbara County. The model increases access and utilization of behavioral health services in two ways: 1) navigation support to make finding and using behavioral health services easier for families and 2) local resources for psychiatry, psychology, buffering supports, and community-based behavioral health services.

Behavioral Health Partnerships

Cottage Health partners to address behavioral health needs across Santa Barbara County with a focus on youth behavioral health and their families. Behavioral health includes both mental illness and substance use disorders. These partnerships include convening community stakeholders to plan and implement strategies to address policies, systems, and environmental barriers to behavioral health services, participating in community and funder collaborations to address behavioral health needs, partnering with local non-profits to include medical residents in youth behavioral health access points.

Figure 3. Strategies to Address Behavioral Health

Strategies	Hospitals
Behavioral Health	
Behavioral Health Initiative – Mind Thrive	GVCH / SBCH / SYVCH
Behavioral Health Partnerships	GVCH / SBCH / SYVCH
Coast Caregiver Resource Center	SBCH
Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
Community Parish Nursing	SBCH
Community Programs Support (e.g., sponsorships)	GVCH / SBCH / SYVCH
Cottage Outpatient Center of San Luis Obispo	SBCH
Cottage Residential Center	SBCH
Grants Programs	GVCH / SBCH / SYVCH
Mental Health Fair	SBCH
Mental Health Intensive Outpatient Program	SBCH
Psychiatric Grand Rounds	SBCH
Santa Barbara Neighborhood Clinics Bridge Clinic	SBCH
Support Groups	SBCH

Priority Health Area: Chronic Conditions

Cottage Health will seek to prevent and support chronic conditions among community members through new and existing strategies.

Strategies

The Community Health Worker program, Parish Nursing program, and Diabetes Initiative focus on this priority health area. Figure 4 outlines the range of programs, strategies, and initiatives for addressing chronic conditions.

Community Health Workers

Cottage Community Health Workers (CHWs) partner in the community and hospital with nurses, social workers, and other partners to support patients with accessing medical care, addressing basic needs, and improving health outcomes. CHWs partner to help transition patients with chronic conditions (e.g., congestive heart failure [CHF] and diabetes) when exiting the hospital and returning to their homes. This program focuses on supporting patients with education and information on how to live with and manage their chronic condition and connection to social needs resources. Additional partnerships with community organizations extend the reach of CHWs.

Community Parish Nursing

Community Parish Nursing supports the prevention and management of chronic conditions among community members. Parish nurses provide basic medical care, health education, screenings, medication management, spiritual care, and behavioral health support. Parish Nurses work similarly to holistic nurses—incorporating mind, body, and spirit to assist members of their community to heal and maintain overall health and wellness.

Diabetes Initiative

Cottage Health will improve health outcomes for community members at risk for or living with diabetes through an initiative that integrates clinical care, community-based prevention, and targeted support for high-need populations. This initiative includes implementation of the CDC's Prevent T2 lifestyle change program to help individuals at risk for type 2 diabetes adopt healthy behaviors and reduce their likelihood of developing the disease. Cottage Community Health Workers will provide education, care coordination, and social needs navigation for patients managing diabetes. Additionally, this initiative expands access to diabetes support through inpatient diabetes educators, programs tailored for Cottage Health employees with diabetes, and medical resident quality improvement projects focused on diabetic patients. Through partnerships across Cottage Health departments and with community organizations, this initiative aims to prevent new diabetes diagnoses and improve disease management in south Santa Barbara County.

Figure 4. Strategies to Address Chronic Conditions

Strategies/Programs	Hospitals
Chronic Conditions	
Accessible Yoga	GVCH / SBCH
Adapted Driving	GVCH / SBCH
Adapted Golf	GVCH / SBCH
Adapted Kayaking	GVCH / SBCH
Adapted Sports and Cycling	GVCH / SBCH
Aphasia Recovery Group	GVCH / SBCH
Arthritis Exercise Class	GVCH / SBCH
Better Breathers Club	SBCH
Cardiac Rehab Event	SYVCH
Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
Community Case Management	SBCH
Community Health Workers	GVCH / SBCH / SYVCH
Community Parish Nursing	SBCH
Community Programs Support (e.g., sponsorships)	GVCH / SBCH / SYVCH
Diabetes Initiative	GVCH / SBCH / SYVCH
Epilepsy Support Group	GVCH / SBCH
Farmers Market	SBCH
Grants Programs	GVCH / SBCH / SYVCH
Healthy Balance Weight-Management Clinic	SBCH
Heart Smart Lecture Series	SBCH
Inspire	GVCH / SBCH
Junior Wheelchair Sports Camp & Sports Camp Mini	GVCH / SBCH
Nutrition Education: Classes & Presentations	GVCH / SBCH / SYVCH
Outlook Group	GVCH / SBCH
Partners For Kids	SBCH
Pulmonary Hypertension Support Group	SBCH
Spinal Cord Injury Life Series	GVCH / SBCH
Stroke Education Series	GVCH / SBCH
Therapeutic Recreation Programs	GVCH / SBCH
Tuohy Foundation Aquatic Center	GVCH / SBCH
Weight-loss Surgery and Support Groups	SBCH
Wheelchair Sports Camp and Clinics	GVCH / SBCH

Priority Health Area: Maternal Health

Cottage Health will improve maternal health outcomes through research, community collaborations, and tailored services.

Strategies

The Maternal Health Research Project, Maternity Community Health Worker program, and Women's Health Initiative focus on this priority health area. Figure 5 highlights the ongoing work across Cottage Health in maternal health.

Maternal Health Research Project

This study aims to understand the needs of birthing patients through their pregnancy journey. The study will examine the extent to which factors affecting health outcomes are identified in the experiences or perceptions of women giving birth at Santa Barbara Cottage Hospital. Additional aims of this study are to characterize the experience(s) of gaps in patient-provider communication, perception(s) of barriers to decision-making autonomy, and perceived level of respect by providers and staff.

Maternity Community Health Worker

Cottage Health will expand maternal health support through the integration of Maternity Community Health Workers (CHWs) who provide care navigation from prenatal through postpartum periods. These trusted community members will offer education, resource referral, advocacy, and continuous support to women giving birth in the county. Maternity CHWs will work alongside clinical teams to ensure continuity of care and facilitate connections to essential services. This program builds on the existing Community Health Worker model, while addressing specific needs identified in the Maternal Health Research Project and 2025 Community Health Needs Assessment.

Women's Health Initiative

The Cottage Women's Health Initiative seeks to reimagine and elevate care for women across all life stages. This initiative will orchestrate a seamless, emotionally resonant care experience that honors the complexity of women's lives. To achieve this, Cottage Health will establish a women's health navigation programs to help women coordinate care, access timely answers, and move confidently through the health system. Supportive resources will be offered alongside clinical care to provide guidance and connection to tailored services across a spectrum of women's health needs. By centering women's lived knowledge and building on existing community partnerships, Cottage will create a new standard in women's health that feels held, connected, restorative, and proactive.

Figure 5. Strategies to Address Maternal Health

Strategies	Hospitals
Maternal Health	
Childbirth & Parenting Education Classes & Programs	SBCH
Community Health Workers	GVCH / SBCH / SYVCH
Gestational Diabetes Education Pilot Study	SBCH
Grants Programs	GVCH / SBCH / SYVCH
Maternal Health Research Project	GVCH / SBCH / SYVCH
Mother Infant Care Journal Club	SBCH
Mother's Circle	SBCH
Postpartum Depression and C-Sections Research Project	SBCH
Reproductive Health Equity Research & Pilot Project	SBCH
Warm Line	SBCH
Women's Health Initiative	GVCH / SBCH / SYVCH

Priority Health Area: Resiliency

Cottage Health will address resiliency through a focus on Adverse Childhood Experiences (ACEs) and trauma-informed care.

Strategies

The expansion and implementation of the Pediatric Resiliency Collaborative is a focus area within this priority health area.

Pediatric Resiliency Collaborative (PeRC)

PeRC is a community partnership that has the goal of implementing ACE screening and response in all pediatric clinics in Santa Barbara County. Key partners include Cottage Health, CALM, CenCal Health, County of Santa Barbara Health Department, Family Service Agency, and Carpinteria Children's Project. PeRC supports clinics with technical assistance and training for implementation of ACE screening and ensures that patients and families that screen positive are connected to high quality resources. Expansion of this initiative will include services provided to additional clinics, the addition of Healthy Outcomes from Positive Experiences (HOPE) framework and positive childhood experiences, and the development of a place-based pilot to provide community-level, wrap-around support for disrupting the effects of toxic stress in families.

Connect Santa Barbara County

Through an intensive community-centered process, Santa Barbara County identified and adopted Connect Santa Barbara County (powered by FindHelp) as a shared electronic platform to offer closed-loop community referrals. Cottage Health provides trainings and technical assistance to help organizations implement the platform among their clients, establish effective workflows, and integrate with existing technology. This platform is available for any community partner interested in adopting the platform.

Priority Health Area: Social Needs

Cottage Health will improve health outcomes for populations experiencing social needs, with a focus on food and housing insecurity.

Strategies

In partnership with community organizations, Cottage Health will address basic social needs through a continued focus on social needs screening and referral programs, supportive housing for individuals experiencing homelessness, and online data resources. Figure 6 highlights the range of programs, strategies, and initiatives for addressing social needs.

Social Needs Screening

Cottage Health supports social or basic needs of patients and employees through three screening and referral programs. Employee Resource Connect offers Cottage employees a confidential social needs screener, connecting them to resources for food, transportation, housing, behavioral health, and childcare through navigators at Family Service Agency. Patient Resource Connect screens patients in Cottage Emergency Departments, connecting those with identified needs to a resource navigator who follows up to ensure needs are met. Within Cottage inpatient settings, nurses screen patients for social needs and offer follow-up support through medical social workers and resource referrals. Together, these programs reflect Cottage Health's commitment to addressing the social drivers of health across its workforce and patient population, ensuring that individuals are connected to the resources they need to thrive.

Cottage Data2Go

Cottage Data2Go is an interactive, publicly accessible online data mapping and visualization tool developed by Cottage Health to support data-driven decision-making across Santa Barbara County. The platform provides community members, organizations, agencies, and policymakers with access to local health, demographic, and social driver of health indicators at the neighborhood and community level. By translating complex data into accessible, easy-to-use visualizations, Cottage Data2Go helps build community capacity to identify health disparities, prioritize resources, and plan evidence-based interventions. Cottage Data2Go will receive a comprehensive update to expand its functionality, refresh its data sources, and enhance the user experience for community partners and stakeholders.

Supportive Housing

Cottage Health partners with local nonprofits and agencies to offer supportive housing for individuals experiencing homelessness. Supportive housing sites offer transitional and permanent housing and wrap-around services to help address medical, behavioral, and social needs. Partners include the Housing Authority of the City of Santa Barbara, Housing Authority of the County of Santa Barbara, and DignityMoves. Referrals for these sites are managed through the Coordinated Entry System and pull from community members served through Cottage homelessness outreach programs, including Cottage Recuperative Care and Transitional Care programs.

Figure 6. Strategies to Address Social Needs

Strategies	Hospitals
Social Needs	
Bella Riviera	GVCH / SBCH / SYVCH
Case Management	GVCH / SBCH / SYVCH
Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
Community Case Management	GVCH / SBCH / SYVCH
Community Health Workers	GVCH / SBCH / SYVCH
Community Parish Nursing	SBCH
Employee Resource Connect	GVCH / SBCH / SYVCH
Grants Programs	GVCH / SBCH / SYVCH
Homelessness Roundtable	SBCH
Mortgage Assistance Program	GVCH / SBCH / SYVCH
Patient Assistance at Discharge	GVCH / SBCH / SYVCH
Patient Resource Connect	GVCH / SBCH / SYVCH
Social Driver of Health Screening and Referrals	GVCH / SBCH / SYVCH
Social Workers	GVCH / SBCH / SYVCH
Supportive Housing	GVCH / SBCH / SYVCH

Priority Health Area: Injury and Violence Prevention

Cottage Health will work to prevent injury and violence through strategies and programs (Figure 7) that reach patient and community populations. CH Emergency Departments’ trauma registry reports that falls, motor vehicle collisions, and bicycle and pedestrian injuries are the top three causes of trauma ED visits. More than 1,700 trauma patients were admitted to CH hospitals in 2025. Interventions that address falls, motor vehicle collisions, and bicycle and pedestrian injuries have the potential to prevent unintentional injuries and violence.

Figure 7. Strategies to Address Injury and Violence Prevention

Strategies	Hospitals
Injury and Violence Prevention	
Car Seat Trainings, Classes, & Fittings	GVCH / SBCH
Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
Concussion Clinic & Discussions	SBCH
Cribs for Kids Safe Sleep Program	SBCH
Emergency Preparedness Education	SBCH
Grants Programs	GVCH / SBCH / SYVCH
Heat Stroke Awareness	GVCH / SBCH
Helmet and Bike Safety (e.g., Fun in the Sun, bike rodeos, health fairs)	GVCH / SBCH
Impact Teen Driving	GVCH / SBCH
Matter of Balance Fall Prevention Workshop	GVCH / SBCH
Pedestrian Safety	GVCH / SBCH
Poison and Home Safety	GVCH / SBCH
Safe Kids Santa Barbara County Coalition	SBCH
Safety Presentations	GVCH / SBCH / SYVCH
Spinal Cord Injury Life Series	SBCH
Start Smart Driving	GVCH / SBCH
Stop the Bleed	SBCH
Tai Chi: Fall Prevention	GVCH / SBCH
Water Safety	GVCH / SBCH

ADDITIONAL LEADING HEALTH INDICATORS

Cottage Health and its CHNA partners identified health indicators based on assessing emergent local health trends in data from the 2016, 2019, 2022, and 2025 CHNAs. Indicators were prioritized within the topics of maternal health, children’s health, and chronic conditions. This includes the following:

- Maternal Health
 - Access to timely care when pregnant
 - Breastfeeding education and support
 - Fertility care
 - Gestational diabetes
 - Perinatal mental health
- Children’s Health
 - Access to care
 - Chronic conditions (asthma, diabetes, obesity)
 - Education readiness (specific to English language learners)
 - Food insecurity
 - Poverty
 - Preventive services and developmental screenings
 - Trauma
 - Unstable housing
 - Youth behavioral health (mental health, substance use)
- Chronic Conditions
 - Alzheimer's/Dementia
 - Cardiovascular health
 - Diabetes
 - Hypertension
 - Mental health
 - Neurological and developmental conditions
 - Obesity
 - Substance use disorders

A select number of health indicators were not ranked as highly (in terms of need, urgency, collaboration among community organizations, health disparities, and community resources available) as the other indicators. Therefore, three indicators were not prioritized in maternal health: (1) Pregnancy and infant loss, (2), serious health complications during or after childbirth, and (3) substance use during pregnancy. Two indicators were not prioritized in children’s health: (1) asthma and (2) cancer. Though not selected as part of the priority areas, some of the non-prioritized needs will be indirectly addressed through enhancing access to health care and by partnering with lead organizations addressing these areas.

The prioritized indicators were matched to Santa Barbara County demographics data and grouped into six priority areas that represent overarching areas of health need across the county:

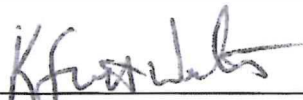
1. Access to Care
2. Behavioral Health
3. Chronic Conditions
4. Maternal Health
5. Resiliency
6. Social Needs

These priorities and related analyses were shared with CHNA Collaborative leaders, including Cottage Health leaders. Additional details on this process can be found in the [2025 CHNA](https://stmlcottagehealthncus001.blob.core.windows.net/public/Cottage_Health_2025_Community_Health_Needs_Assessment.pdf) (https://stmlcottagehealthncus001.blob.core.windows.net/public/Cottage_Health_2025_Community_Health_Needs_Assessment.pdf).

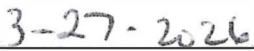
ADOPTION OF IMPLEMENTATION STRATEGY

On March 27, 2026, the Cottage Health Board of Directors approved this Implementation Strategy for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital.

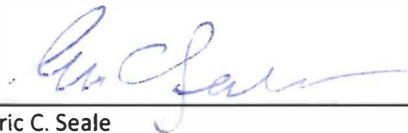
Cottage Health Leadership and Board of Directors Approval and Adoption:



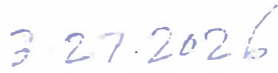
K. Scott Wester
President & CEO
Cottage Health



Date



Eric C. Seale
Chair
Cottage Health
Board of Directors



Date

2026–2029

Community Benefit
Implementation Strategy



Cottage
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