



# **2016-2019 Community Benefit Implementation Strategy**

*for*

Goleta Valley Cottage Hospital

Santa Barbara Cottage Hospital

Santa Ynez Valley Cottage Hospital

## COTTAGE HEALTH COMMUNITY BENEFIT

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Cottage Health (CH) is committed to improving the well-being of Santa Barbara County residents. Good health starts long before someone arrives at a doctor's office or hospital. 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), and Santa Ynez Valley Cottage Hospital (SYVCH) jointly conducted a Community Health Needs Assessment (CHNA) in 2016. The results of this assessment form a detailed description of residents' health in the County of Santa Barbara that can be used to identify community health needs and prioritize evidence-based, effective strategies to address them.

The 2016 – 2019 Community Benefit Implementation Strategy describes how Cottage Health, representing GVCH, SBCH, and SYVCH, will meet the prioritized community health needs identified in the 2016 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.

## 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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Cottage Health conducted a Community Health Needs Assessment in 2016 to analyze and describe Santa Barbara County's most pressing health needs. The 2016 CHNA describes the well-being of Santa Barbara County's residents and selected social determinants of their health, with comparisons to California's health profile as a whole. It also connects selected health indicators for Santa Barbara County to the goals or targets in *Healthy People 2020 (HP 2020)*, the national planning document created every 10 years by the U.S. Department of Health and Human Services.

The complete 2016 CHNA can be found at <https://www.cottagehealth.org/population-health/community-health-needs-assessment/>.

### Data Collection 2016

To obtain data for the CHNA report, Cottage Health conducted a telephone survey with approximately 2,500 community members and an in-person Listening Tour with more than 230 individuals who represent the broad interests of the community, including medically underserved, low-income, and vulnerable populations. Secondary data were also obtained from existing online sources.

### Health Data

Cottage Health contracted with ICF, an international consulting firm with extensive experience in survey methodology, analysis, and reporting. ICF used two data sources for the CHNA: a telephone survey designed specifically for this effort and existing health and demographic data (such as U.S. Census data) already collected for the County and State of California. The telephone survey, conducted in the summer of 2016, obtained data from Santa Barbara County adults ages 18 and older. A group of trained interviewers contacted randomly selected residents and asked a series of questions based on the Behavioral Risk Factor Surveillance System (BRFSS) survey instrument, created by the Centers for Disease Control and Prevention (CDC). ICF weighted the data to make sure that survey results were representative of county demographics,

such as age, race/ethnicity, and gender, and then analyzed data to determine relationships among the various health indicators.

### Community Perspectives: Cottage Health Listening Tour

The Listening Tour solicited input from a wide array of community members and leaders, including public health officials, health providers, nonprofit workers, Cottage Health employees, government leaders, and business owners. These participants identified significant health needs in the community and were introduced to Population Health at Cottage Health. In total, more than 230 individuals participated in the Listening Tour through 20 focus groups conducted from June through August 2016.

### Results

Based on results from the phone survey, secondary data analysis, and Listening Tour, Cottage Health chose 13 health indicators for in-depth analysis and created health indicator profiles for each one. These indicators were selected using the Leading Health Indicators from Healthy People 2020 and CDC's Community Health Status Indicators (CHSI) as sources.

These data were further analyzed based on demographic differences, which are presented in-depth in the health indicator profiles in the CHNA report. Many differences were found within demographic groups, such as economic status, race/ethnicity, and educational attainment. When viewing population-level data, demographic differences provide a deeper understanding of the health outcomes of various groups.

## PRIORITY AREA IDENTIFICATION

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The results show that on many health indicators, Santa Barbara County compares well overall to California and has already met six Healthy People 2020 targets. However, the benefits of good health and well-being do not extend to all groups in the county, with Hispanic residents, people with low incomes, and those with less education suffering the most from health disparities.

Cottage Health conducted an external prioritization survey and an internal prioritization process using a scoresheet that ranked priorities based on community resources available, state and national benchmarks, the extent to which certain populations are disproportionately affected, and community input. Overall, five areas emerged as priority health areas in Santa Barbara County (alpha order):

1. Access to Care
2. Chronic Conditions
3. Food Insecurity
4. Housing Insecurity
5. Mental Health

Cottage Health is committed to taking action based on the findings in the 2016 Community Health Needs Assessment. Efforts to address these areas could lead to significant population health improvements in the county, especially among the most vulnerable. In implementing evidence-based population health programs and policies, we will also promote health equity through focused strategies among communities and in neighborhoods that are experiencing poorer health outcomes.

In addition, Cottage Health has identified **injury and violence** as a priority health area, based on CH Emergency Departments' (ED) trauma registry reporting. The registry indicates that falls, motor vehicle

collisions, and bicycle and pedestrian injuries are the top three causes of trauma ED visits across all three hospitals. Interventions that address 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 125 years. Community outreach programs and strategies have been ongoing in the six priority health areas for many years. With a new focus on population health, Cottage Health will continue to serve the community through these long-standing community benefit strategies, while seeking opportunities to align these efforts with broader initiatives and priority areas. In addition, new key programs and strategies will address these priority areas through a population health approach.

Cottage Health will promote significant population health improvements among patient, community, and insured populations focusing on vulnerable demographics (*e.g.*, homeless, language barriers, low-income, no high school degree, Medi-Cal, and children) and using evidence-based programs and policies. Key programs, identified in Figure 1, will target these often-overlapping populations through the following intervention approaches:

- Patient interventions will emphasize an uptake of primary care services, improved care coordination and chronic disease management, and partnerships with community organizations to decrease preventable hospitalizations and readmissions.
- Community interventions will focus on disease prevention and health promotion programs and policies and approaches targeting underlying risks, such as substance abuse, diet and sedentary lifestyles, and social and environmental factors/determinants.
- Insured population interventions will include partnerships with employers and insurers for improved cost management, quality of care and population health outcomes.

Developed through internal and external stakeholder conversations, the *Population Health Planning Tool – A Roadmap Identifying Resources, Activities and Outcomes* (Figure 2) outlines the anticipated impact and critical elements of all programs and strategies taken in a population health approach. Figure 3 provides a complete list of all programs and strategies by priority area.

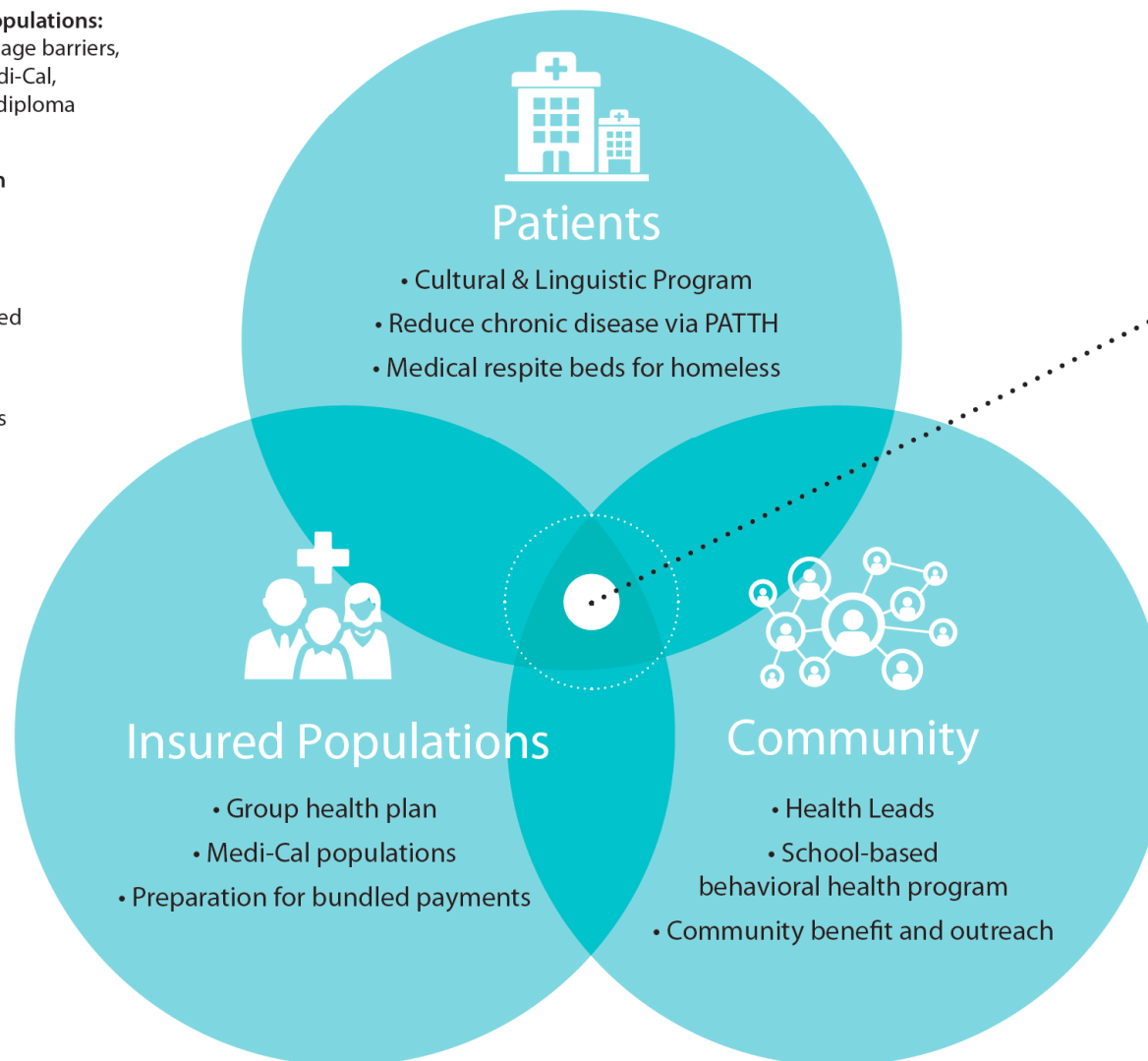
Figure 1. 2016-2019 Population Health Implementation Strategy Framework

# Population Health Strategy Framework 2016–19

**Initiative focus on underserved populations:**  
homeless, language barriers, low income, Medi-Cal, children, no HS diploma

**Initiative implementation process:**

1. Assessment
2. Planning
3. Evidence-Based Interventions
4. Evaluation
5. Data Analytics



Collective impact for behavioral health via policy, systems and environmental approach with the involvement of all community partners

**Example strategies:**

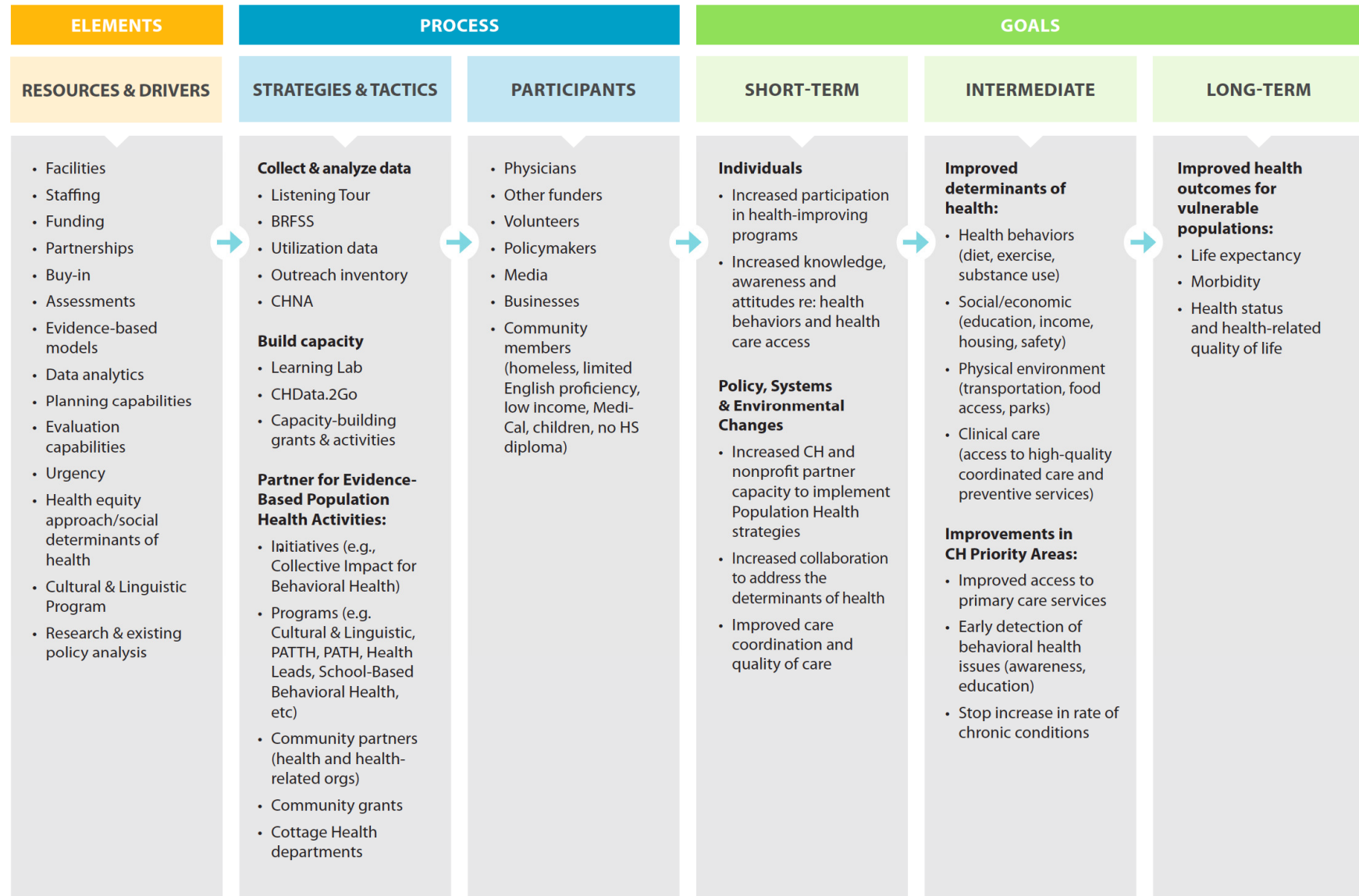
**Long-term goal –**  
remove barriers and improve access to behavioral health care

**Short-term goal –**  
increase access to behavioral health programs in schools

**Figure 2. Population Health Planning Tool – A Roadmap Identifying Resources, Activities and Outcomes**

## Population Health Planning Tool

A visual tool to show the relationship between resources, activities, and results you want to achieve.



**Figure 3. Community Benefit Priority Area Strategies/Programs**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Access to Care	Cottage Health Cultural & Linguistic Program	GVCH, SBCH, SYVCH
	Medical Respite Program	GVCH, SBCH, SYVCH
	Cancer Screenings & Prevention Events	GVCH, SBCH, SYVCH
	Charity Care	GVCH, SBCH, SYVCH
	Childbirth Education Classes	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Community Programs Support (e.g., sponsorships)	GVCH, SBCH, SYVCH
	Concussion Clinic	SBCH
	CPR Classes	GVCH, SBCH, SYVCH
	Flu Shot Clinics	GVCH, SBCH, SYVCH
	Grants Programs	GVCH, SBCH, SYVCH
	Insurance Enrollment	GVCH, SBCH, SYVCH
	Medical Education	GVCH, SBCH, SYVCH
	Medicare and MediCal Shortfalls	GVCH, SBCH, SYVCH
	Mental Health Fair	SBCH
	Parish Nursing	SBCH
	SAGE Medical Library	SBCH
	Santa Barbara Neighborhood Clinic partnership	GVCH, SBCH, SYVCH
	Santa Ynez Valley Annual Health Fair	SYVCH
Chronic Conditions	Expanded Post-Acute Telephone Treatment Help (PATTH)	GVCH, SBCH, SYVCH
	Adapted Cycling Clinic	SBCH
	Adapted Golf	SBCH
	Adapted Kayaking	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Diabetes Education Program (in-patient)	GVCH, SBCH, SYVCH
	Farmers Market	SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Nutrition Education	GVCH, SBCH, SYVCH
	Outlook Group	SBCH
	Project Re-entry	SBCH
	Spinal Cord Injury Life Series	SBCH
	Stroke Education Series	SBCH
	Therapeutic Recreation Programs	SBCH
Behavioral Health	Weight-loss Surgery and Support Groups	SBCH
	Wheelchair Sports Camp and Clinics	SBCH
	Collective Impact for Behavioral Health	GVCH, SBCH, SYVCH
	School-Based Behavioral Health Program	GVCH, SBCH, SYVCH
	Coast Caregiver Resource Center	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Cottage Outpatient Center of San Luis Obispo	SBCH
	Cottage Residential Center	SBCH
	Emergency Department Holding Unit (EDHU)	SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Inpatient Psychiatry & Addiction Medicine Services	SBCH
	Mental Health Intensive Outpatient Program	SBCH
	Parish Nursing	SBCH
	Prescribing Safe	GVCH, SBCH, SYVCH
	Support Groups	SBCH
Food & Housing Insecurity	Health Leads	GVCH, SBCH, SYVCH
	Bella Riviera	GVCH, SBCH, SYVCH
	Case Managers	GVCH, SBCH, SYVCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Grants programs	GVCH, SBCH, SYVCH
	Homeless Roundtable	SBCH
	Mortgage Assistance Program	GVCH, SBCH, SYVCH
	Social Workers	GVCH, SBCH, SYVCH
Injury & Violence	Villa Riviera	SBCH
	Arrive Alive	SBCH
	Car Seat Fitting Events	GVCH, SBCH
	Car Seat Safety Class	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Every 15 Minutes Filming/Moulage	GVCH, SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Matter of Balance Fall Prevention Workshop	SBCH
	Safe Kids Santa Barbara County Coalition	SBCH
	Safety Helmet Events and Demonstrations (e.g., Brain Care Bike Fair)	GVCH, SBCH, SYVCH
	Safety Presentations	GVCH, SBCH, SYVCH
	Safety Town	SBCH
	Start Smart Location Sponsor	GVCH, SBCH
	Think First Santa Barbara	SBCH



## Priority Health Area: Access to Care

Cottage Health will improve access to comprehensive, quality care for vulnerable populations. Strategies will target patients, community, and insured populations. These strategies or programs are shown in Figure 4.

**Figure 4. Strategies/Programs to Address Access to Care**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Access to Care	Cottage Health Cultural & Linguistic Program	GVCH, SBCH, SYVCH
	Medical Respite Program	GVCH, SBCH, SYVCH
	Cancer Screenings & Prevention Events	GVCH, SBCH, SYVCH
	Charity Care	GVCH, SBCH, SYVCH
	Childbirth Education Classes	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Community Programs Support (e.g., sponsorships)	GVCH, SBCH, SYVCH
	Concussion Clinic	SBCH
	CPR Classes	GVCH, SBCH, SYVCH
	Flu Shot Clinics	GVCH, SBCH, SYVCH
	Grants Programs	GVCH, SBCH, SYVCH
	Insurance Enrollment	GVCH, SBCH, SYVCH
	Medical Education	GVCH, SBCH, SYVCH
	Medicare and MediCal Shortfalls	GVCH, SBCH, SYVCH
	Mental Health Fair	SBCH
	Parish Nursing	SBCH
	SAGE Medical Library	SBCH
	Santa Barbara Neighborhood Clinic partnership	GVCH, SBCH, SYVCH
	Santa Ynez Valley Annual Health Fair	SYVCH

## New Strategies and Programs

The Cottage Health Cultural & Linguistic Program and Medical Respite Program are two new key programs for addressing access to care.

### ***Cottage Health Cultural & Linguistic Program***

Cottage Health patients are an important population whose health can be improved through a population health approach. Seeing a shift in the demographics of Santa Barbara County, Cottage Health has an opportunity to adapt culturally competent, evidence-based practices to improve patient health and clinical outcomes. Strategies around race, ethnicity, and language proficiency include improved data collection, provision of expanded interpreter services, and training for all staff, physicians, and volunteers.

### ***Medical Respite Program***

In partnership with PATH (People Assisting the Homeless) Santa Barbara, Cottage Health will expand its current respite bed program by creating medical respite beds for hospital discharged patients who are homeless, have moderate medical and behavioral health needs, and are interested in permanent housing solutions. Patients will receive a wide range of wrap-around services, including medical, behavioral, social, and non-medical services, leading to improved health outcomes of some of the most vulnerable residents of Santa Barbara County.



## Priority Health Area: Behavioral Health

Cottage Health will improve access to care and health outcomes for vulnerable populations with behavioral health needs through targeted population level strategies and programs (Figure 5).

**Figure 5. Strategies/Programs to Address Behavioral Health**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Behavioral Health	Collective Impact for Behavioral Health	GVCH, SBCH, SYVCH
	School-Based Behavioral Health Program	GVCH, SBCH, SYVCH
	Coast Caregiver Resource Center	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Cottage Outpatient Center of San Luis Obispo	SBCH
	Cottage Residential Center	SBCH
	Emergency Department Holding Unit (EDHU)	SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Inpatient Psychiatry & Addiction Medicine Services	SBCH
	Mental Health Intensive Outpatient Program	SBCH
	Parish Nursing	SBCH
	Prescribing Safe	GVCH, SBCH, SYVCH
	Support Groups	SBCH

## New Strategies and Programs

The Behavioral Health Collaborative and School-based Behavioral Health Program are two new key programs for improving behavioral health outcomes in Santa Barbara County. In addition, Cottage Health will support behavioral health programs through grants focused on a policy, systems, and environmental approach.

### **Behavioral Health Collaborative**

The Behavioral Health Collaborative is a collective impact effort that emerged from a convening of leading health organizations in Santa Barbara County. Serving as the backbone organization, Cottage Health will coordinate the collective impact effort, convening community partners to plan and implement strategies to address policies, systems, and environmental barriers to behavioral health services in Santa Barbara County. The Collaborative will seek to improve health outcomes of patients struggling with mental illness and/or substance use disorders.

### **School-based Behavioral Health Program**

The Mental Wellness Center (MWC), one of Cottage Health's 2016 and 2017 Community Partnership grantees, has implemented the Mental Health Matters program with transition-age youth (sixth and ninth graders) to plant seeds for early detection and intervention as well as address the stigma associated with mental health issues. The program has already been offered to 1,600 students during the 2015-16 academic year and found a decrease in stigma of mental health illnesses among youth. CH seeks to enhance these efforts by partnering with the MWC, schools, and other community organizations to include teachers and families, as well as coordinated care for students identified to have a mental health illness. Additionally CH will provide in-kind marketing and evaluation support to be determined through conversations with MWC. Based on full implementation of a school-based behavioral health program, Cottage Health anticipates the long-term goals of improved health outcomes and cultural shift in perspective and understanding of mental health issues.

## Priority Health Area: Chronic Conditions

Cottage Health will improve health outcomes for vulnerable populations with chronic conditions. Building on existing programs and strategies, Figure 6 outlines this approach for addressing chronic conditions.

**Figure 6. Strategies/Programs to Address Chronic Conditions**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Chronic Conditions	Expanded Post-Acute Telephone Treatment Help (PATTH)	GVCH, SBCH, SYVCH
	Adapted Cycling Clinic	SBCH
	Adapted Golf	SBCH
	Adapted Kayaking	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Diabetes Education Program (in-patient)	GVCH, SBCH, SYVCH
	Farmers Market	SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Nutrition Education	GVCH, SBCH, SYVCH
	Outlook Group	SBCH
	Project Re-entry	SBCH
	Spinal Cord Injury Life Series	SBCH
	Stroke Education Series	SBCH
	Therapeutic Recreation Programs	SBCH
	Weight-loss Surgery and Support Groups	SBCH
	Wheelchair Sports Camp and Clinics	SBCH

## New Strategy and Program

The Post-Acute Telephone Treatment Help (PATTH) Program will be a key program in this priority area.

### Expanded PATTH Program

In 2014 Cottage Health implemented the Post-Acute Telephone Treatment Help (PATTH) program, which provides telephone-based case management support to vulnerable patients who are discharged to home without skilled home care. Since implementing the program, PATTH has seen a very low readmission rate (5.5%) for patients enrolled in the program. Expanding PATTH services will provide low-income patients with chronic conditions (*i.e.*, heart attack, heart failure, pneumonia, COPD) with continuity of care and case management support post-discharge. Patients will be connected to medical, behavioral, social, and non-medical services through four weeks of telephone-based support following hospital discharge, resulting in improved quality of life and decreased readmissions and ED visits.

## Priority Health Areas: Food and Housing Insecurity

Cottage Health will improve health outcomes for vulnerable populations experiencing food and housing insecurity through a continued focus on patient assistance programs, homeless support, and employee housing assistance (Figure 7).

**Figure 7. Strategies/Programs to Address Food and Housing Insecurity**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Food & Housing Insecurity	Health Leads	GVCH, SBCH, SYVCH
	Bella Riviera	GVCH, SBCH, SYVCH
	Case Managers	GVCH, SBCH, SYVCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Grants programs	GVCH, SBCH, SYVCH
	Homeless Roundtable	SBCH
	Mortgage Assistance Program	GVCH, SBCH, SYVCH
	Social Workers	GVCH, SBCH, SYVCH
	Villa Riviera	SBCH

### New Strategy and Program

Implementing Health Leads in partnership with community organizations will address the social determinants, including food and housing, which impact health outcomes.

#### **Health Leads**

Health Leads, for the past 20 years, has partnered with healthcare organizations to address social needs through improving the connection to community resources like food, transportation, and other basic resource needs. By providing tools, products, and consultation, Health Leads helps organizations develop social needs interventions that enable the implementation of this approach to care.

Cottage Health will begin addressing patients' social needs, such as food and housing, by implementing Health Leads in various settings. Health Leads will serve as an enhancement to existing programs, allowing for improved case management and wrap-around care. Based on full implementation of the Health Leads model, Cottage Health anticipates improved health outcomes among participants and reduced costs for the health system.

## Priority Health Area: Injury and Violence

Cottage Health will prevent injury and violence through strategies and programs (Figure 8) 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 across all three hospitals. In all 1,320 trauma patients were admitted to CH hospitals in 2016. Interventions that address falls, motor vehicle collisions, and bicycle and pedestrian injuries have the potential to prevent unintentional injuries and violence.

**Figure 8. Strategies/Programs to Address Injury and Violence**

PRIORITY AREA	STRATEGIES/PROGRAMS	HOSPITAL(S)
Injury & Violence	Arrive Alive	SBCH
	Car Seat Fitting Events	GVCH, SBCH
	Car Seat Safety Class	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH, SBCH, SYVCH
	Every 15 Minutes Filming/Moulage	GVCH, SBCH
	Grants Programs	GVCH, SBCH, SYVCH
	Matter of Balance Fall Prevention Workshop	SBCH
	Safe Kids Santa Barbara County Coalition	SBCH
	Safety Helmet Events and Demonstrations (e.g., Brain Care Bike Fair)	GVCH, SBCH, SYVCH
	Safety Presentations	GVCH, SBCH, SYVCH
	Safety Town	SBCH
	Start Smart Location Sponsor	GVCH, SBCH
	Think First Santa Barbara	SBCH

## ADDITIONAL LEADING HEALTH INDICATORS

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Cottage Health selected 13 leading health indicators based on assessing emergent local health trends in the 2016 Santa Barbara County BRFSS and Listening Tour. A review of California BRFSS data and other leading health indicators from national assessments, including the Leading Health Indicators (LHI) from Healthy People 2020 and CDC's Community Health Status Indicators (CHSI), also contributed to the selection of the following 13 leading health indicators, which served as the focus for analysis in the 2016 CHNA:

1. Overall good health
2. Alcohol use (binge drinking, past 30 days)
3. Physical inactivity
4. Oral health (dentist in past year)
5. Smoking (cigarettes)
6. Obesity
7. Insurance status (insured)
8. Primary care provider (have usual PCP)
9. Diabetes
10. Cost as a barrier to care
11. Food insecurity
12. Mental health: depression and poor mental health days
13. Housing insecurity

Eight of the 13 health leading health indicators were part of the five priority health areas identified from the 2016 CHNA (access to care, behavioral health, chronic conditions, food insecurity, and housing insecurity).

The five indicators not prioritized and addressed are: (1) general health status, (2) smoking cigarettes, (3) binge drinking, (4) physical inactivity, and (5) access to dental care. These health indicators were not ranked as highly (in terms of need, urgency, collaboration among community organizations, health disparities, and community resources available) as were access to care, behavioral health, chronic conditions, food insecurity, and housing insecurity. In addition, there are currently leading community partners/stakeholders who are addressing general health status, smoking cigarettes, binge drinking, physical inactivity, and access to dental care. Though not selected as a priority area, 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.

## ADOPTION OF IMPLEMENTATION STRATEGY

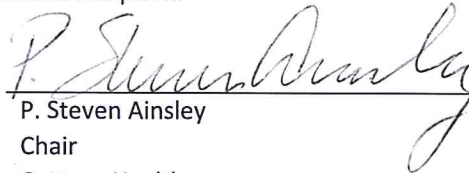
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On April 28, 2017, the Cottage Health Board of Directors met to discuss this Implementation Strategy for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital. Upon review, the Board of Directors approved 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:



Ronald C. Werft  
President & CEO  
Cottage Health



P. Steven Ainsley  
Chair  
Cottage Health  
Board of Directors

April 28, 2017  
Date

April 28, 2017  
Date