Sutter Health

SUTTER COAST HOSPITAL

2025 – 2027 Community Benefit Plan Responding to the 2025 Community Health Needs Assessment

Submitted to the Department of Health Care Access and Information
July 2026

Sutter Coast Hospital
800 E. Washington Blvd.
Crescent City, CA 95531

License #110000067

www.sutterhealth.org

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Note: This Community Benefit Plan is based on the hospital's implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

General Information

Date written plan was adopted by organization's governing body	November 20, 2025
Date written plan was required to be adopted	May 15, 2026
Authorized governing body that adopted the written plan	Sutter Coast Hospital Board
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes ☒ No ☐
Date facility's prior written plan was adopted by organization's governing body	July 21, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Coast Hospital (SCH), a Sutter Health system not-for-profit hospital, plans to address significant health needs identified in the 2025 Community Health Needs Assessment (CHNA) in calendar (tax) years 2025 through 2027.

The 2025 CHNA and the 2025 - 2027 IS were undertaken by the hospital to understand and address community health needs, in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The hospital reserves the right to amend this IS as circumstances warrant. As outlined in this document, SCH has identified the following significant health needs to be addressed in 2025-2027:

1. Access to Menta/Behavioral Health and Substance Use Services
2. Access to Quality Primary Care Health Services
3. Access to Specialty and Extended Care
4. Injury and Disease Prevention and Management
5. Access to Functional Needs

SCH welcomes comments from the public on the 2025 CHNA and 2025 - 2027 IS. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at *SHCB@sutterhealth.org;*
- Through the mail using the hospital's address at 800 E. Washington Blvd. Crescent City, CA 95531; and
- In-person at the hospital's Information Desk.

Sutter Health's CHNA reports and IS plans are publicly available online at *http://sutterhealth.org/about-us/community-benefit/community-health-needs-assessment*. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Introduction/Background

About Sutter Health

Sutter Coast Hospital (SCH) is affiliated with Sutter Health, a not-for-profit healthcare system dedicated to providing comprehensive, high-quality care throughout California. Committed to closing care gaps and driving innovative healthcare solutions, Sutter is pursuing a bold new plan to reach more people and make excellent healthcare more connected and accessible. Currently serving 3.6 million patients, thanks to our dedicated team of approximately 64,000 employees (including nurses) and 15,000+ affiliated physicians and advanced practice clinicians, with a unified focus on expanding care to serve more patients.

2025 Activities to Address Community Health Needs

As part of Sutter Health's commitment to fulfill its not-for-profit mission, Sutter invests deeply in the communities it serves to help close health care gaps and improve individual and community wellness. Sutter's investments in community benefit programs and services increased to nearly $1.2 billion in 2025, including $101 million in traditional charity care, $830 million in unreimbursed costs of providing care to Medi-Cal patients, $101 million in training, education and development of future health care professionals, as well as investments in programs to address identified community health needs.

In 2025, SCH's investments in community health programs addressed pressing community needs in three main priority areas: access to care, including chronic disease prevention and management; mental health and substance use treatment; and workforce development.

Learn more about how Sutter Health reinvests into communities and works to advance healthy outcomes for all by visiting *sutterhealth.org/community-benefit*.

2025 Community Health Needs Assessment Approach

Community Health Insights (*www.communityhealthinsights.com*) conducted the 2025 CHNA on behalf of SCH. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California.

Assessment Process and Methods

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. [1] This model of population health includes many factors that impact and account for individual health and well-being. Furthermore, to guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 21 community health experts, social service providers, and medical personnel. Additionally, answers from 420 of the Del Norte Community Survey were included. The survey was designed and administered between May – June 2024 by the California Center for Rural Policy at Cal Poly Humbolt in partnership with the Del Norte County Department of Health and Human Services, Public Health Branch (see Appendix A for CHNA participants).

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[1] Robert Wood Johnson Foundation, and University of Wisconsin, 2024. County Health Rankings Model. Retrieved 18 July 2024 from *https://www.countyhealthrankings.org/health-data/methodology-and-sources/methods*.

Focusing on social determinants of health to identify and organize secondary data, datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Furthermore, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

Process and Criteria to Identify and Prioritize Significant Health Needs

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 12 potential health needs (PHNs). These PHNs were identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. These PHNs were selected as significant health needs. These significant health needs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 12 PHNs identified in previous CHNAs.

Community Served

The definition of the community served included the primary service area of the hospital, which included the coastal communities of Del Norte County, California and Bookings Harbor areas of Curry County, Oregon. The total population of the service area was 41,834 (Figure 1).

Figure 1: Community served by SCH.

Selected population characteristics for SCH's service area are found in Table 1, below.

Table 1. Population Characteristics: Del Norte and Curry Counties		
	Del Norte	*Curry*
Total Population	*27,462*	*23,404*
% Non-White or Hispanic	*39.3*	*15.9*
Median Age (yrs.)	*40*	*56.8*
Median Income	*$61,149*	*$64,300*
% Poverty	*14.3*	*12,4*
% Unemployed	*6.3*	*7.2*
% Uninsured	*6.1*	*5.3*
% Without High School Degree	*16.8*	*8.9*
% With High Housing Costs	*28.6*	*28.5*
% With Disability	*19.3*	*21.6*
Race/ethnicity		
% White	*61.1*	*83.1*
% Hispanic or Latino	*19.6*	*7.5*
% American Indian or Alaska Native	*6.2*	*1.3*
% Multiracial	*6.1*	*6.3*
% Asian	*3.0*	*0.7*
% Black or African American	*2.9*	*0.3*
% Another race/ethnicity	*0.7*	*0.5*
% Native Hawaiian or Pacific Islander	*0.4*	*0.3*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Significant Health Needs Identified in the 2025 CHNA

Primary and secondary data were analyzed to identify and prioritize the significant health needs in the service area. The following significant health needs were identified in the 2025 CHNA:

1. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Mental/Behavioral Health and Substance Use Services
3. Access to Quality Primary Care Health Services
4. Access to Dental Care and Preventive Services
5. Access to Specialty and Extended Care
6. Injury and Disease Prevention and Management
7. Increased Community Connections
8. Access to Functional Needs
9. Safe and Violence-Free Environment
10. Active Living and Healthy Eating
11. System Navigation

Sutter Health's Approach to Implementation Strategies

We are passionate about giving back to the communities that trust us with their health. As a not-for-profit health system, we improve health outcomes beyond the walls of our hospitals and care facilities through community benefit investments and collaborative partnerships. Community-based services, mobile clinics, transportation services, and prevention and wellness programs are among the ways Sutter Health seeks to put its mission into action. Our commitment to healthier lives begins with building stronger communities.

When creating our IS, we focus on innovative and effective strategies, collaborative partnerships and sustainable solutions to address the most pressing community health issues. Using the CHNA as our guide, we tailor our approach in each community to consider the unique needs of those living in the hospital service area. In addition to the CHNA, we also consider:

- Key stakeholder input from community leaders and service providers.
- Data analysis showing gaps in care for Medi-Cal and uninsured individuals.
- Where we can lend our health care expertise to provide valuable tools, perspective or services.
- Existing community capacity to determine where more resources are needed and avoid duplication of efforts.

We have streamlined our IS approach across the Sutter Health system to be more effective in meeting community needs and share best practices across regions. We have identified these three areas as our overarching community health goals:

- **Access to Care, including Chronic Disease Prevention and Management** – increase capacity and reduce barriers for vulnerable patients accessing primary and specialty care, and implement programs to prevent and manage chronic diseases.
- **Mental Health and Substance Use Treatment** – improve access to and quality of mental health and substance use disorder services in clinics, schools, community-based settings, and counties.
- **Workforce Development** – invest in the future generation of healthcare workers to improve the workforce pipeline and access to care.

Health Needs SCH Plans to Address

The health needs the hospital will address in 2025-2027 are:

1. **Access to Mental/Behavioral Health and Substance Use Services** - Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access to mental, behavioral, and substance use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.
2. **Access to Quality Primary Care Health Services** - Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.
3. **Access to Specialty and Extended Care** - Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services that is needed in the community to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.
4. **Injury and Disease Prevention and Management** - Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.
5. **Access to Functional Needs** - Functional needs refer to needs related to adequate transportation access and conditions which promote access for individuals with physical disabilities. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

SCH Implementation Strategies

To ensure we are meeting the needs outlined in our CHNA, each hospital's IS aligns with the prioritized health needs of the hospital's service area while also supporting our organization's strategic approach.

This IS describes how SCH plans to address significant health needs identified in the 2025 CHNA and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit,
- Anticipated impacts of these actions and a plan to evaluate impact, and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2025 CHNA.

Below is an outline of the priority health needs SCH plans to address by the end of 2027, as well as the goals and strategies we will implement to achieve the listed outcomes.

Priority Health Need	Goal	Strategies	Anticipated Outcomes	2025 Outcomes
Access to Mental/Behavioral Health and Substance Use Services	Cultivate community mental health by expanding access to inclusive, trauma-informed prevention, intervention, crisis and substance use disorder services through innovative, culturally responsive delivery systems.	Invest in trauma-informed mental health crisis response and navigation services that provide rapid access to stabilization, care coordination, and culturally competent support to reduce harm, avoid unnecessary hospitalization, and promote access to ongoing behavioral health care for all. Investments in this strategy will include partnering with Del Norte County Behavioral Health, law enforcement, and regional healthcare providers to develop shared protocols and referral pathways, and establishing an Emergency Psychiatric Assessment, Treatment & Healing (EMPATH) unit as part of a coordinated community mental health strategy.	Community members will have access to behavioral health crisis services and other mental health support services.	Sutter Coast Hospital (SCH) continued implementation of a communitywide behavioral health strategy through ongoing collaboration with Del Norte County Behavioral Health, Emergency Medical Services (EMS), law enforcement, tribal partners, and community organizations. Construction and regulatory planning for the Emergency Psychiatric Assessment, Treatment and Healing (EmPATH) Unit advanced throughout 2025, supported by grant funding and multidisciplinary planning efforts. SCH also expanded behavioral health access through clinic based tele-psychiatry services and continued support of a community mobile crisis response initiatives designed to improve timely access to behavioral health care and crisis stabilization services.

Priority Health Need	Goal	Strategies	Anticipated Outcomes	2025 Outcomes
Access to Quality Primary Care Health Services	Cultivate a talent pipeline, enhance workforce readiness, and support the broader community.	Develop and improve sustainable career pathways in healthcare and other fields through investments in education, job training, technical and soft skill building, leadership development, employment services and supports, and financial coaching, among other programs and services. Investments in this strategy will include implementing a Family Medicine Residency Program to build a long-term provider pipeline and continuing recruitment and retention initiatives for physicians and advanced practice providers.	Patients will experience increased access to primary care through increased appointment availability and provider recruitment and retention initiatives.	SCH continued investing in workforce development and primary care access through provider recruitment and retention initiatives. The Family Medicine Residency Program achieved ACGME accreditation in 2025, representing a significant milestone toward establishing a sustainable local physician workforce pipeline. SCH also led the design and development phase of the Million Dollar Mission, a countywide provider recruitment and retention initiative developed in partnership with local healthcare organizations, community stakeholders, and public agencies. The initiative is focused on creating long-term strategies to attract and retain physicians and other healthcare professionals in Del Norte County to improve community access to primary care and specialty services. Ongoing recruitment efforts resulted in additional Family Medicine physician commitments and expanded provider capacity planning to improve long-term access to care throughout the community.

Access to Specialty and Extended Care	Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings.	Enhance access to specialty care in the community. Investments in this strategy will include increasing availability of telehealth specialty services, including cardiology and other high-demand specialties, and continuing physician and advanced practice provider recruitment and retention initiatives.	Patients will experience increased access to specialty care through telehealth specialty services and provider recruitment and retention initiatives.	SCH expanded access to specialty care through continued physician recruitment efforts and increased use of telehealth-supported specialty services. Specialty access initiatives included continued support for tele-nephrology and planning for additional virtual specialty care services to reduce travel burdens and improve access for rural patients. Recruitment efforts continued across multiple high-demand specialties, including pulmonology, oncology, and other specialty service lines.
Injury and Disease Prevention and Management	Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings.	Partner with programs that focus on chronic disease prevention, risk reduction, and management through improved access to screenings and treatment for chronic disease, health behavior and nutrition education, healthy and culturally appropriate foods, and physical activity opportunities for seniors, youth, and other vulnerable community members. Investments in this strategy will include expanded care coordination through primary care teams to support chronic disease monitoring and follow-up, and improved patient outreach for preventive and screening services through telehealth and care navigation.	Community members experience access to chronic disease risk reduction education, screenings, and treatment, healthy foods, and physical activity opportunities.	SCH enhanced chronic disease prevention and management through expanded care coordination, telehealth services, preventive screening outreach, and interdisciplinary primary care support. In 2025, SCH established an ambulatory quality care outcomes committee that routinely reviews primary care patient populations to identify gaps in preventive care, chronic disease management, screenings, immunizations, and other evidence-based health interventions. The committee conducts targeted patient-specific outreach to connect patients with recommended services and follow-up care, improving access to preventive healthcare and supporting early intervention for chronic conditions. Community

				members benefited from improved access to chronic disease monitoring, preventive screenings, health education, and coordinated care services designed to improve long-term health outcomes.
Access to Functional Needs	Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings.	Support case management in clinical and community settings to ensure patients receive necessary wraparound services that address health related social needs and promote health and wellbeing. Investments in this strategy will include continuing a transportation support program including bus passes and taxi vouchers for SCH services, and working with community partners to align transportation resources to patient needs.	Patients experience increased access to community-based services that address basic needs and healthcare.	SCH continued providing transportation assistance to support access to healthcare services through bus passes, taxi vouchers, and coordination with community partners. These efforts helped reduce transportation-related barriers to care and improved access to medical appointments, treatment services, and other healthcare resources for vulnerable community members.

Evaluation of Effectiveness

Sutter Health regularly monitors the impact and effectiveness of our community health strategies to ensure programs meet the needs of the communities we serve. We require all community partners who receive funding to report measurable outcomes, including but not limited to the outcomes identified in the table above, to demonstrate the impact of their programs. These reports help track program success, so that we may shift our strategies to more effectively meet the needs in the CHNA if needed.

Health Needs SCH Does Not Plan to Address

While no hospital can address all of the health needs present in its community, many health needs are interrelated. The following were not identified as the primary health needs to be addressed through this IS, though they remain important and are closely connected to our priorities: Access to Basic Needs Such as Housing, Jobs, and Food, Access to Dental Care and Preventive Services, Increased Community Connections, Safe and Violence-Free Environment, Active Living and Healthy Eating, and System Navigation

SCH is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong community partner so that it can continue to give back to the areas we serve. To leverage our resources and expertise, we are prioritizing the needs we are positioned to most effectively address.

Appendix A: 2025 CHNA Participants

Key Informant Interviews

Table A1 contains a listing of community health experts, or key informants, that contributed input to the CHNA. The table describes the name of the represented organization, the number of participants and area of expertise, the populations served by the organization, and the date of the interview.

Table A1: Key informant list.

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Open Door Clinic	08/21/2024	1	Primary care and behavioral health	Del Norte County
Sutter Coast Hospital Board Representative	08/22/2024	1	Healthcare services, governance and policy	Del Norte County
City of Crescent City	08/23/2024	1	Governance and policy	Crescent City
Sutter Clinic in Brookings	08/27/2024	1	Community health services	Del Norte County and Curry County
Brookings Harbor Community Helpers, Inc.	08/28/2024	1	Low income, homeless, struggle families	Brookings/Harbor Oregon
Partnership HealthPlan of California	08/28/2024	2	Medi-Cal Managed Care	Del Norte County
First 5 and Family Resource Center	08/29/2024	1	Early childhood development and family services	Del Norte County, families will children 0-5 years
College of the Redwoods	08/30/2024	1	Education, social determinants of health	Del Norte County
County of Del Norte	09/05/2024	1	Governance and policy	Del Norte County
Sutter Coast Hospital staff	09/12/2024	2	Acute care hospital	Del Norte County, Brookings/Harbor Oregon
United Indian Health Services	09/11/2024	1	Community health services	Native Americans in Del Norte County
Del Norte Unified School District / Dept of Education	09/23/2024	1	Education	School age children in Del Norte County

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Del Norte Health Care District	09/24/2024	1	Community health care, mental health, behavioral health	Del Note County
Del Norte Dept of Health and Human Services	09/27/2024	2	Public Health	Del Norte County
Del Norte Mission Possible and Del Norte Community Health Center	10/02/2024	4	Case management	Unhoused in Del Norte County

Community Survey

Sutter Coast Hospital utilized data from a community survey that was designed and administered by the California Center for Rural Policy at Cal Poly Humbolt, on behalf of Del Norte County Department of Public Health and Human Services Public Health Branch. Survey results were shared with Community Health Insights to help inform the community health needs assessment being conducted on behalf of Sutter Coast Hospital. This helped to lessen the burden on the community and community providers associated with organizing additional qualitative data collection methods such as additional interviews or focus groups. Four hundred and twenty community members responded to the survey.

Appendix B: 2025 Community Benefit Financials

Sutter Health hospitals and many other healthcare systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

Community benefit programs include traditional charity care which covers healthcare services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Additional community benefit expenses are reported based on total cost incurred, offset by any restricted revenue received to determine net community benefit expense. Additional community benefit programs include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, cash donations on behalf of the poor and underserved as well as contributions made to community agencies to fund charitable activities, training health professionals, the cost of performing medical research, and other services including health screenings and educating the community with various seminars and classes, and the costs associated with providing free clinics and community services. Sutter Health hospitals provide some or all of these community benefit activities.

Sutter Coast Hospital
Total Community Benefits & Unpaid Costs of Medicare
For period from 01/01/2025 through 12/31/2025

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$1,608,472		$1,608,472
Medi-Cal	$7,158,593		$7,158,593
Other Means-Tested Government (Indigent Care)	$7,670		$7,670
Sum Financial Assistance and Means-Tested Government Program	**$8,774,735**		**$8,774,735**
Other Benefits			
Community Health Improvement Services	$31,756	$0	$31,756
Community Benefit Operations	$0	$0	$0
Health Professions Education	$0	$0	$0
Subsidized Health Services	$0	$5,706,634	$5,706,634
Research	$0	$0	$0
Cash and in-kind Contributions for Community Benefits	$0	$0	$0
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$31,756**	**$5,706,634**	**$5,738,390**

Community Benefits Spending			
Total Community Benefits	**$8,806,491**	**$5,706,634**	**$14,513,125**
Medicare	$7,714,811		$7,714,811
Total Community Benefits with Medicare	**$16,521,302**	**$5,706,634**	**$22,227,936**