Sutter Health

SUTTER SANTA ROSA REGIONAL 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 Santa Rosa Regional Hospital
30 Mark West Springs Rd.
Santa Rosa, CA 95403

License #110000005

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	October 17, 2025
Date written plan was required to be adopted	May 15, 2026
Authorized governing body that adopted the written plan	Sutter Bay Hospitals 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	October 19, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Santa Rosa Regional Hospital (SSRRH), 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, SSRRH has identified the following significant health needs to be addressed in 2025-2027:

1. Access to Care
2. Income and Employment
3. Mental and behavioral health including substance use

SSRRH 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 30 Mark West Springs Road, Santa Rosa, CA 95403; 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 Santa Rosa Regional Hospital (SSRRH) 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, SSRRH'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

The CHNA was conducted by Harder+Company Community Research (www.harderco.com).

Assessment Process and Methods

The data frame for the CHNA included data from the Kaiser Permanente CHNA Data Platform (*https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere*), which includes a core set of 85 indicators from publicly available data sources, as well as additional secondary data from local reports and other online sources. The research team also conducted primary data collection with a diverse group of community members. A total of 17 unique individuals participated in one-on-one or group interviews, and 11 participants participated in one of three focus groups. Those who participated included representatives from local health departments, community-based organizations, and other local government agencies, as well as clients of local service providers, and individuals representing people who are medically underserved, low income, or who face unique barriers to health (see Appendix A for CHNA participants).

The social determinants of health were used to identify and organize secondary (quantitative) data. Datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Furthermore, the measures included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment. When data were available, indicators were examined by race and ethnicity at the subcounty level to document health and social inequities.

Process and Criteria to Identify and Prioritize Significant Health Needs

Measures were clustered into 15 potential health needs. Primary and secondary data for each health need were scored and assigned a weight. Weighted values for each need were summed, converted to a percentile score for easy comparison, and then ranked to determine the four significant health needs.

Community Served

Sutter Santa Rosa Regional Hospital is located at 30 Mark West Springs Road, Santa Rosa, CA 95403. For the purposes of this CHNA, the primary service area consists of the 36 ZIP Codes which make up Sonoma County (Figure 1). Located in Northern California, Sonoma County includes three distinct regions with 30 towns and cities, each with its own unique landscape. The Valleys and Vineyards region is known for its lush countryside and is home to 18 wine regions. The Redwoods and Rivers region includes wineries as well as redwood reserves. The western edge of Sonoma County runs 55 miles along the Pacific Ocean and makes up the Coastal region of the county.

Figure 1: Community Served by SSRRH.

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

Population Characteristics: Sonoma County	
Total Population	*481,812*
% Non-White or Hispanic	*42.7*
Median Age (yrs.)	*43.3*
Median Income	*$100,707*
% Poverty	*8.9*
% Unemployed	*4.0*
% Uninsured	*4.1*
% Without High School Degree	*11.9*
% With High Housing Costs	*42.1*
% With Disability	*12.4*
Race/ethnicity	
% White	*57.3*
% Hispanic or Latinx	*30.3*
% Two or more races	*5.2*
% Asian	*4.3*
% Black or African American	*1.6*
% Some other race	*0.8*
% Native Hawaiian or Pacific Islander	*0.3*
% American Indian or Alaska Native	*0.2*

Source: U.S. Census Bureau, American Community Survey, 2023 5-Year Estimates

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 care
2. Housing and homelessness
3. Income and employment
4. Mental and behavioral health including substance use

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 SSRRH Plans to Address

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

1. **Access to Care**- Access to holistic, quality health care services – including having low-cost insurance and culturally responsive care options – is important for promoting a high quality of life for everyone. While Sonoma County appears healthy overall, the high concentration of wealthy and healthy individuals masks the high need that exists for historically marginalized communities. Racial health disparities are more severe in Sonoma County compared to the state average.[1] Sonoma County residents face several challenges in accessing the most appropriate care to meet their needs. Barriers include high costs, mistrust in the healthcare system, cultural stigma surrounding seeking care, long wait times, and opportunities for more specialized providers who are culturally or linguistically competent. According to interview respondents, Sonoma County is facing a shortage of healthcare providers, and more providers who are multilingual and culturally diverse are needed. Extended waitlists further worsen the challenges in accessing care. Additionally, insurance coverage rates differ by race and ethnicity, with Native Hawaiian/Pacific Islander and Hispanic/Latinx communities experiencing the highest levels of uninsurance compared to other racial and ethnic groups.[2]
2. **Income and Employment-** Economic security is a key component of health and wellbeing, as the economic opportunity afforded by steady employment promotes a sense of purpose and provides opportunities to improve one's economic circumstances over time. Sonoma County faces unique challenges due to the coexistence of extreme wealth and poverty. Data reveal disparities across race and ethnicity, where historically marginalized communities face the greatest burdens related to income and employment.[3] The high cost of living in Sonoma County has detrimental effects on community members who make lower incomes, many of whom are providing services the community needs, such as health care providers, home health aides, teachers, child care providers, agricultural workers, and food service workers. Some interview respondents highlighted the difficult situations and increasing needs that agricultural workers in Sonoma County often face. For example, during days with poor air quality, agricultural workers are often seen outside without OSHA required safety equipment (i.e., N95 respirators), which increases their risk for and prevalence of asthma and heart disease.
3. **Mental and behavioral health including substance use**- Behavioral health is the foundation for healthy living, and encompasses mental illness, substance use and overdoses, and access to service providers for preventive care and treatment. Across many standard measures of mental and behavioral health, Sonoma County is doing better than state and national averages, yet many residents experience mental and behavioral health challenges. Interview respondents report observing poorer mental health than in previous years, exacerbated by higher levels of loneliness and isolation stemming from the COVID-19 pandemic. Additionally, there are disparities in access to mental/behavioral health services due to stigma, expense, and opportunities for more culturally and linguistically responsive providers. Community leaders share some communities hold or experience stigma related to needing or receiving mental health services. They also express there is a need for more culturally and linguistically responsive mental health providers who are equipped to serve LGBTQ+, Asian, and migrant communities, as well as more pathways into these careers.

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[1] RACE COUNTS, racecounts.org/county/Sonoma
[2] American Community Survey Table S2701 2023 1-yr estimates, data.census.gov
[3] RACE COUNTS, racecounts.org/county/Sonoma

SSRRH 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 SSRRH 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 SSRRH 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 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.	Invest in safe and supportive short-term residential care to help community members experiencing housing insecurity heal from an illness or injury and transition to stable housing.	Program participants experience access to healthcare, housing and other community-based services that support health and address basic needs.	In 2025, 191 community members were served through investments in this strategy: • 178 people received respite/recuperative care, • 16,202 bed nights were provided, and • 42 people obtained shelter and 20 obtained permanent housing.
		Expand the capacity of community clinics to provide high quality primary healthcare services by investing in capital campaigns and programmatic support.	Community clinics make annual progress toward and/or complete capital projects and patients access primary care and other health services.	In 2025, capital investment was provided in support of a community healthcare facility serving rural populations that will serve least 8,000 patients annually (an increase of more than 2,000 patients annually).

Priority Health Need	Goal	Strategies	Anticipated Outcomes	2025 Outcomes
Income and Employment	Cultivate a talent pipeline, enhance workforce readiness, and support the broader community.	Prepare high school students for meaningful employment within the healthcare industry and other fields, through career pathways, mentorship, and social-emotional and academic supports.	High school students in the program gain access to education/job training programs for the skills, mentorship, and social-emotional support necessary to secure meaningful employment in healthcare and other fields.	In 2025, 155 community members received services as a result of investments in this strategy: • 32 healthcare workers were trained, • 154 connections to internships were provided, and • 34 scholarships provided.
		Invest in a skilled clinical and non-clinical healthcare workforce by supporting post-secondary allied health programs and students through tailored learning experiences, mentorship, tutoring, and other support services.	Program participants will have access to post-secondary allied health programs that provide education or job training and services to support housing and other basic needs.	In 2025, 174 community members received services as a result of investment in this strategy: • 11 healthcare workers were trained, • 57 people enrolled and 16 people graduated from an education/ training program, and • 22 connections to clinical rotations were provided, among other services.

		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.	Program participants will have access to education or job training and other services to support employment and address basic needs.	In 2025, 28 community members received services as a result of an investment in this strategy, through 28 connections to internships and stipends/financial aid.
		Increase employment readiness by investing in programs that foster personal, professional, and leadership development.	Program participants have access to education, job training programs and employment opportunities, and successfully complete these offerings	Planning for future investments to advance this strategy is underway.
Mental and Behavioral Health Including Substance Use	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.	Community members will have access to behavioral health crisis services and other mental health support services.	In 2025, 889 community members received crisis response services a result of investment in this strategy.

		Invest in a coordinated network of culturally responsive, trauma-informed, and community-based mental health and/or substance use prevention and intervention strategies—spanning prevention, crisis care and post-stabilization, housing and vocational support, integrated healthcare models, and workforce development—to optimize access, strengthen service capacity, and improve behavioral health outcomes for underserved, uninsured, and high-risk populations across all age groups.	Community members will have access to services addressing behavioral health, primary care and basic needs.	In 2025, 16,037 community members were served as a result of investments in this strategy.
		Invest in targeted mental health interventions for youth to address emotional and psychological challenges early, optimize access for underserved populations, and support the development of coping skills, resilience, and long-term mental wellbeing.	Youth will have access to services addressing behavioral health, primary care and basic needs.	Planning for future investments to advance this strategy is underway.

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 SSRRH 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: Housing and homelessness.

SSRRH 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 names and titles of interviewees, the topic of the interview, the total number of participants, the population represented for focus group members, the attendees' role in the population, and the date of interview.

Table A1: Key informant list.

Organization	Date	Number of Participants	Area of Expertise	Primary Populations Served
Sonoma County Public Health Officer	7/24/2024	1	Public Health	Sonoma County
AAPIC North Bay	7/23/2024	2	Community wellness	Asian American and Pacific Islander communities
Council on Aging	7/2/2024	1	Community wellness	Older adults
Catholic Charities of the Diocese of Santa Rosa	7/10/2024	1	Housing, economic security, immigration	Unhoused community
County of Sonoma Human Services; North Bay Jobs and Justice; Graton Day Labor Center	8/2/2024	3	Economic security	Sonoma County
NAACP for Sonoma County	7/22/2024	1	Community wellness	Black/African American community
Disability Services and Legal Center	7/23/2024	1	Disability justice	Individuals with disabilities
Sonoma County Dept of Health Services, Behavioral Health Division	7/26/2024	1	Behavioral health	Sonoma County
Positive Images	7/17/2024	2	Community wellness	LGBTQ+ community
Burbank Housing	7/3/2024	2	Housing	Unhoused and at risk individuals

Organization	Date	Number of Participants	Area of Expertise	Primary Populations Served
Nuestra Comunidad	7/10/2024	1	Community wellnes s and disaster preparedness	Latino community

Focus Groups

Table A2 contains a listing of community resident groups that contributed input to the CHNA. The table describes the hosting organization of the focus group, the names and titles of attendees, the topic of the focus group, the total number of participants, the population represented for focus group members, the attendees' role in the population, and the date of the focus group.

Table A2: Focus group list.

Hosting Organization	Date	Number of Participants	Population Represented
Organized with support from TLC Child and Family Services and the Community Support Network	8/8/24	5	Transitional Aged Youth (TAY)
Organized with support from SCOE and 4Cs	9/12/24	2	Parents of students
Organized with support from Alliance Medical Center, Sonoma County Indian Health Project, Santa Rosa Community health Center, Petaluma Health Center, and West County Health Centers	7/31/24	4	Federally Qualified Health Centers (FQHC)

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 Santa Rosa Regional 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	$4,015,149		$4,015,149
Medi-Cal	$4,992,646		$4,992,646
Other Means-Tested Government (Indigent Care)	$18,438		$18,438
Sum Financial Assistance and Means-Tested Government Program	**$9,026,233**		**$9,026,233**
Other Benefits			
Community Health Improvement Services	$520,382	$0	$520,382
Community Benefit Operations	$34,481	$11,494	$45,975
Health Professions Education	$0	$15,156,404	$15,156,404
Subsidized Health Services	$0	$485,268	$485,268
Research	$0	$0	$0
Cash and in-kind Contributions for Community Benefits	$781,345	$0	$781,345
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$1,336,208**	**$15,653,166**	**$16,989,374**

Community Benefits Spending			
Total Community Benefits	**$10,362,441**	**$15,653,166**	**$26,015,607**
Medicare	$47,826,502		$47,826,502
Total Community Benefits with Medicare	**$58,188,943**	**$15,653,166**	**$73,842,109**