



SUTTER DELTA MEDICAL CENTER

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

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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 15 th 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 Delta Medical Center (SDMC), 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, SDMC has identified the following significant health needs to be addressed in 2025-2027:

1. Basic Needs (Housing, Food, Income)
2. Mental/Behavioral Health/Unhealthy Substance Use
3. Access to Care

SDMC 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 3901 Lone Tree Way, Antioch, CA 94509; 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 Delta Medical Center (SDMC) 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, SDMC'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

Applied Survey Research (www.appliedsurveyresearch.org) conducted the 2025 CHNA on behalf of SDMC.

Assessment Process and Methods

This community health needs assessment (CHNA) analyzes timely and detailed qualitative and quantitative data across 13 potential health need areas based on the University of Wisconsin's County Health Rankings Model of Health.¹ This model uses health factors to report health outcomes like premature death, along with health factors like physical environment or economic factors. Understanding the outcomes of the measures used in this model "help(s) communities understand opportunities in their communities, how healthy their residents are today, and what factors are impacting future health."²

Using the potential need areas from the County Health Rankings model, the needs of the Alta Bates Summit Medical Center service area were identified and prioritized using data from 39 in-depth qualitative interviews with area leaders in sectors such as public health, social services, and

¹ Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2014. www.countyhealthrankings.org.

² "County Health Rankings & Roadmaps – Technical Documentation", 2025.

https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR%20Technical%20Documentation%202025_2.pdf

education (see Appendix A for CHNA participants). Also included are results from 16 focus groups, with residents from LGBTQ+, African American, Vietnamese, Spanish-speaking, Korean-speaking, Khmer-speaking, Tagalog-speaking, Mam-speaking, justice-involved, disabled, seniors, and parent communities, as well as approximately 125 quantitative metrics. Because these potential need areas were also used by the neighboring health system Kaiser Permanente, quantitative data from the publicly available Kaiser Permanente data platform that included 89 quantitative metrics were included in this analysis.³

Process and Criteria to Identify and Prioritize Significant Health Needs

Three overarching criteria drove the methods used to identify, analyze, and ultimately rank each of the 13 health need areas. These criteria, developed by neighboring Kaiser Permanente for their most recent community health needs assessment, include:

1. **Magnitude and severity of need:** Includes how measures compare to national benchmarks and the relative number of people affected.
2. **Community prioritizes the issue:** The community prioritizes the issue over other issues.
3. **Clear disparities or inequities:** Differences in health outcomes by geography, race and ethnicity, economic status, age, gender, or other factors.

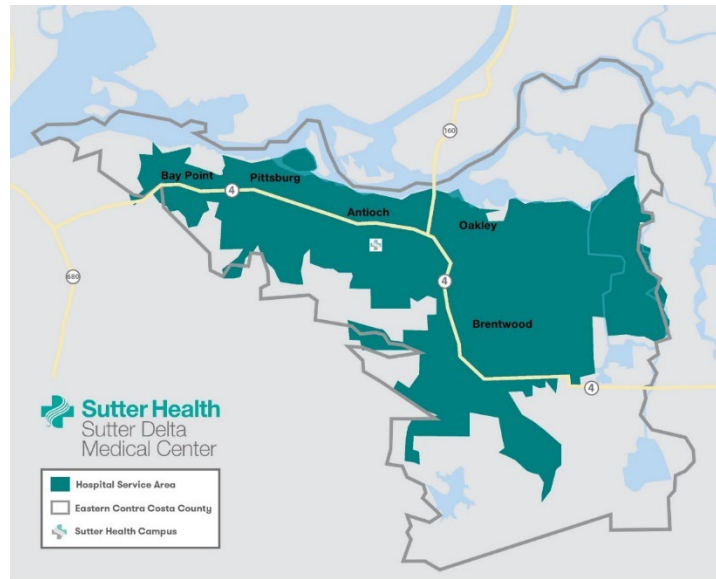
Scores from 0 (no need) to 4 (very high need) were assigned to each of the 13 health need areas (*Access to Care*, for example) for every data source. In addition, each data source was assigned a weight of 0-10, with 10 representing the highest quality data source. This resulted in a final “matrix” of health need areas, ranked from highest to lowest to determine the top four significant health needs.

Community Served

The definition of the community served included portions of Contra Costa County that are served by Sutter Delta Medical Center. Sutter Delta Medical Center, part of the Sutter Health network, is a not-for-profit hospital located in Antioch that provides health care services to patients throughout eastern Contra Costa County. Sutter Delta Medical Center’s service area includes six ZIP codes surrounding the hospital and its neighboring communities. The local data gathered for the assessment represents residents across the service area, including the cities of Antioch, Pittsburg, Brentwood, Oakley, and Bay Point (Figure 1).

³ Kaiser Permanente CHNA Data Platform: public.tableau.com/app/profile/kp.chna.data.platform/vizzes

Figure 1. Sutter Delta Medical Center Service Area Map



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

Table 1. Population Characteristics: SDMC Service Area	
Total Population	357,204
% Non-White or Hispanic	71
Median Age (yrs.)	37
Median Household Income (\$)	100,992
% Poverty	10.1
% Unemployed	6.5
% Uninsured	5.6
% Without High School Degree	14.3
% With Severe Housing Cost Burden	17.3
% With Disability	13.4
Race/ethnicity	
% Hispanic or Latino	37
% White	29
% Asian	14
% Black or African American	13
% Multiracial	6
% Native Hawaiian or Pacific Islander	1
% Another race/ethnicity	<1
% American Indian or Alaska Native	<1

Sources: U.S. Census, Esri data (2022), American Community Survey (2017 – 2021)

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. Basic Needs (Housing, Food, Income)
2. Mental/Behavioral Health/Unhealthy Substance Use
3. Chronic Disease and Disability
4. Access to Care

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 SDMC Plans to Address

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

1. **Basic Needs (Housing, Food, Income)** - Basic needs refer to the impact that access to safe and secure housing, healthy food options, and economic opportunity can have on the health of a person. All of these components are essential to achieving the highest quality health and well-being.
2. **Mental/Behavioral Health/Unhealthy Substance Use** - Mental and behavioral health play a vital role in overall well-being, influencing physical health, the ability to work and succeed in school, and meaningful participation in family and community life. Common measures include access to mental health services, levels of stress, and rates of suicide. Unhealthy substance use includes tobacco use, binge drinking, and the misuse of prescription or recreational drugs—behaviors that can lead to serious health consequences.
3. **Access to Care** - Access to care means individuals can obtain the health care services they need in a timely, affordable, and effective manner. It includes the availability of services, as well as culturally and linguistically appropriate support. Additionally, it ensures that care is comprehensive and provided by qualified professionals, meeting high-quality standards.

SDMC 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 SDMC 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 SDMC 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
Basic Needs (Housing, Food, Income)	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.	Program participants have access to education, job training programs and employment opportunities, and successfully complete these offerings.	In 2025, 336 community members were served as a result of investment in this strategy: • 95 people obtained employment, earning an average hourly wage of \$22.59, • 151 participants graduated from job training program.
Mental/ Behavioral Health/ Unhealthy Substance Use	Cultivate community mental health by expanding access to inclusive, trauma-informed prevention, intervention, crisis and substance use disorder services	Invest in youth mental health prevention through inclusive, trauma-informed programs to expand access, reduce disparities, and strengthen the future mental health workforce, promoting long-term community wellbeing and resilience.	Youth will have access to mental health and life skills education programs.	In 2025, 425 community members were served as a result of investments in school staff trainings addressing this strategy. Of those assessed, 128 participants reported increased knowledge on mental health or substance use.

Priority Health Need	Goal	Strategies	Anticipated Outcomes	2025 Outcomes
	through innovative, culturally responsive delivery systems.	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, 555 community members attended 2,841 behavioral health appointments as a result of an investment in this strategy.
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.	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, 3,742 community members were served as a result of investments in this strategy: • 3,336 received primary care services, • 1,364 received specialty care services, and • 569 received behavioral health services.

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 SDMC 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: Chronic Disease and Disability.

SDMC 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 date of the interview, the number of participants, area of expertise, and the populations served by the organization.

Table A1: Key informant list.

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Aliados Health/La Clínica de la Raza	6/18/2024	2	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Antioch Unified School District	7/17/2024	1	Education sector	Low-income, communities of color, children and youth, education stakeholders
Bay Area Regional Health Inequities Initiative (BARHII)	7/29/2024	1	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved
Center for Human Development	7/2/2024	1	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
Contra Costa County Employment and Human Services	7/16/2024	1	Economic opportunity sector	People who have low-incomes, people experiencing homelessness, seniors, people identifying as

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				LGBTQ+, people not proficient in English
Contra Costa Public Health	6/4/2024	1	Public health, health care sector, mental health sector, community safety sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Contra Costa County Transportation Authority	6/12/2024	1	Transportation sector	People who have low-incomes, seniors, people not proficient in English, persons with disabilities
Contra Costa County, Office of Reentry & Justice	6/24/2024	1	Community safety sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people experiencing homelessness, formerly incarcerated and under supervision
Contra Costa Family Justice Center	6/5/2024	1	Community safety sector	Community safety sector, racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people not proficient in English, recent immigrants and/or people who are undocumented, community safety sector
Contra Costa Health-Health Care for the Homeless	6/11/2024	1	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				immigrants and/or people who are undocumented
East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	6/6/2024	3	Housing sector, economic opportunity sector, food and nutritional security sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people not proficient in English, recent immigrants and/or people who are undocumented
East Contra Costa Community Alliance	6/19/2024	1	Health care sector, community and social services sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, people identifying as LGBTQ+, seasonal farmworkers, recent immigrants and/or people who are undocumented
Eden Housing Resident Services, Inc.	6/18/2024	1	Housing sector, economic opportunity sector, food and nutritional security sector, education sector	People who have low-incomes, people experiencing homelessness, seniors, children and youth, people not proficient in English, seasonal farmworkers
First Five Contra Costa	6/21/2024	2	Education sector	Education sector, people who have low-incomes, people who are medically underserved, children and youth, people not proficient in English, recent immigrants and/or people who are undocumented, Families with children ages 0-5
Food Bank of Contra Costa & Solano	6/28/2024	1	Food and nutritional security sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Fred Finch Youth & Family Services	5/14/2024	1	Housing sector, mental health sector	Children and youth
Fresh Approach	6/5/2024	1	Food and nutritional security sector	Children and youth
Greenlining Institute	5/29/2024	1	Housing sector, economic opportunity sector, food and nutritional security sector, environmental stewardship sector, community safety sector,	People not proficient in English
GRID Alternatives Bay Area	5/23/2024	5	Economic opportunity sector, environmental stewardship sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people with fixed incomes, people identifying as LGBTQ+, people not proficient in English
Healthy Richmond	6/18/2024	1	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, children and youth, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Hijas Del Campo	6/18/2024	1	Food and nutritional security sector,	Racial or ethnic groups that experience disparate health outcomes, people who have low-

Organization	Date	Number of Participants	Area of Expertise	Populations Served
			health care sector	incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, children and youth, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Hope Solutions	6/7/2024	1	Health care sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
J-Sei	6/26/2024	1	Food and nutritional security sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, seniors, people not proficient in English, recent immigrants and/or people who are undocumented
La Familia	5/30/2024	1	Mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved
Latina Center	7/23/2024	1	Economic opportunity sector, education sector, community safety sector, community and social services sector	People who have low-incomes, children and youth, people not proficient in English, recent immigrants and/or people who are undocumented

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Loaves & Fishes of Contra Costa	6/21/2024	1	Food and nutritional security sector	People who have low-incomes, people experiencing homelessness, seniors, children and youth
Monument Crisis Center	6/3/2024	1	Food and nutritional security sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented, Other: seasonal workers (landscape, service industry)
Mt. Diablo Unified School District	5/28/2024	1	Education sector	Children and youth
NAMI Alameda County South, NAMI Contra Costa County	6/13/2024	1	Mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
Opportunity Junction	6/7/2024	1	Economic opportunity sector, education sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes
Pittsburg Unified School District	7/18/2024	1	Education sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Rainbow Community Center	7/15/2024	1	Mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people identifying as LGBTQ+, seasonal farmworkers, recent immigrants and/or people who are undocumented
Rubicon	6/13/2024	1	Economic opportunity sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness
RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul	7/1/2024	2	Health care sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
STAND!	7/8/2024	1	Community safety sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English
Village Community Resource Center	7/11/2024	3	Education sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people not proficient in English, seasonal farmworkers,

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				recent immigrants and/or people who are undocumented
Woodbridge Health Services and Open House Center/Adaptive Learning Center	6/25/2024	2	Health care sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, seniors, people who have low-incomes, people with Autism and Developmental Disabilities

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 date it occurred, the total number of participants, and population represented for focus group members.

Table A2: Focus group list.

Hosting Organization	Date	Number of Participants	Population Represented
African American Wellness Program	7/12/2024	13	Black/African Americans
First 5 East County	7/29/2024	4	Disabilities
Full Circle of Choices	7/18/2024	7	Disabilities
MacDonald Church of Christ	7/20/2024	6	Black/African Americans
Monument Crisis Center	7/15/2024	5	Latino/Spanish-speaking
Pittsburg Senior Center	7/15/2024	9	Seniors
Rainbow Community Center	7/30/2024	4	LGBTQ+
Village Community Center	7/19/2024	9	Latino/Spanish-speaking

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 Delta Medical Center
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	\$3,382,139		\$3,382,139
Medi-Cal	\$38,667,004		\$38,667,004
Other Means-Tested Government (Indigent Care)	\$0		\$0
Sum Financial Assistance and Means-Tested Government Program	\$42,049,143		\$42,049,143
Other Benefits			
Community Health Improvement Services	\$178,898	\$0	\$178,898
Community Benefit Operations	\$20,220	\$6,740	\$26,960
Health Professions Education	\$0	\$0	\$0
Subsidized Health Services	\$1,350	\$52,179	\$53,529
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$150,406	\$315,000	\$465,406
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$350,874	\$373,919	\$724,793

Community Benefits Spending			
Total Community Benefits	\$42,400,017	\$373,919	\$42,773,936
Medicare	\$26,259,405		\$26,259,405
Total Community Benefits with Medicare	\$68,659,422	\$373,919	\$69,033,341