



MEMORIAL 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 Valley 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	July 21, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Memorial Medical Center (MMC), 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, MMC has identified the following significant health needs to be addressed in 2025-2027:

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 Specialty and Extended Care

MMC 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 1700 Coffee Road Modesto, CA 95355; 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

Memorial Medical Center (MMC) 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, MMC'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 MMC. 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. Further, 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 community health experts, social service providers, and medical personnel. Furthermore, community residents or community service provider organizations participated in focus groups across the service area. Finally, community service providers responded to a Community Service Provider (CSP) survey asking about health need identification and prioritization (see Appendix A for CHNA participants).

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. Further, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

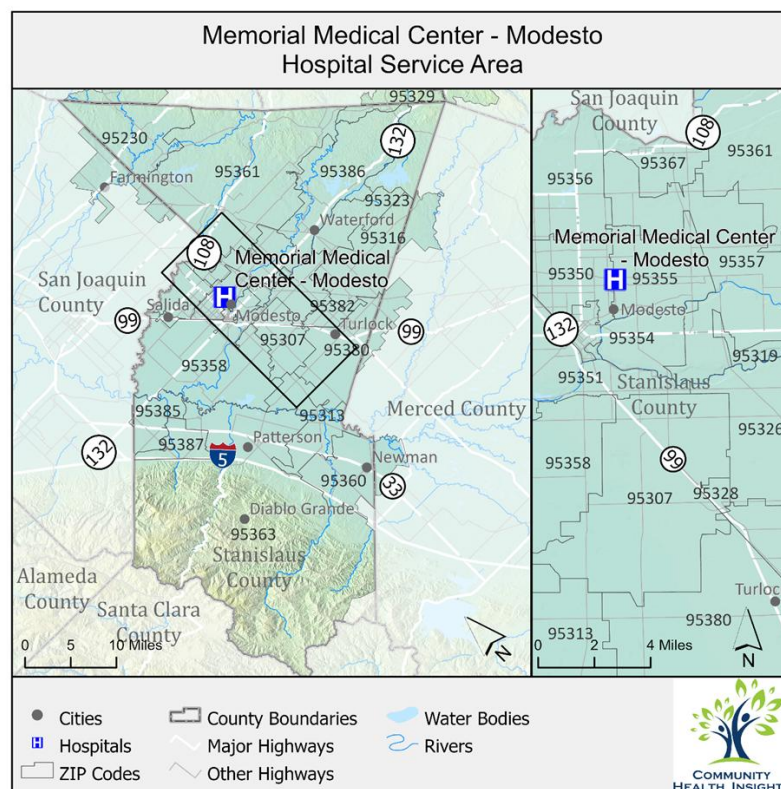
Process and Criteria to Identify and Prioritize Significant Health Needs

Primary and secondary data were analyzed to identify and prioritize SHNs. 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 (SHN). These SHN 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 was the county boundary of Stanislaus County. Stanislaus County includes the county hub which is the city of Modesto, California, and surrounding communities as defined by 26 ZIP Codes. This is the designated service area because most patients served by MMC resided in these ZIP Codes. Stanislaus County is located in the Central Valley of California and is a major agricultural producer for the state and the nation. The total population of the county was 557,985 (Figure 1).

Figure 1: Community served by MMC.



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

Table 1. Population Characteristics: Stanislaus County	
Total Population	552,063
Median Age (yrs.)	34.5
Median Income	\$74,872
% Poverty	13.7
% Unemployed	8.2
% Uninsured	6.1
% Without High School Degree	19.7
% With High Housing Costs	36.5
% With Disability	12.7
Race/ethnicity	
% White	37.5
% Asian	5.7
% Hispanic or Latino	49.2
% Black or African American	2.7
% Multiracial	3.7
% Another race/ethnicity	0.3
% Native Hawaiian or Pacific Islander	0.5
% American Indian or Alaska Native	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 Specialty and Extended Care
5. Access to Functional Needs
6. System Navigation
7. Increased Community Connections
8. Safe and Violence-Free Environment
9. Active Living and Healthy Eating
10. Access to Dental Care and Preventive Services
11. Injury and Disease Prevention and Management
12. Healthy Physical Environment

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 MMC Plans to Address

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

1. **Access to Basic Needs Such as Housing, Jobs, and Food-** Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Maslow's Hierarchy of Needs⁴ suggests that only when people have their basic physiological and safety needs met can they become engaged members of society and self-actualize or live to their fullest potential, including enjoying good health. Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, influence individual health as much as health behaviors and access to clinical care.
2. **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.
3. **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.
4. **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.

MMC 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 MMC 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 MMC 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 Basic Needs Such as Housing, Jobs, and Food	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, 237 community members were served as a result of investments in this strategy.
		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.	Patients experience increased access to community-based services to address basic needs and healthcare.	In 2025, as a result of investment in this strategy, • 39 people, including 25 youth, were served, • 39 were enrolled in income assistance, and • 86 employment services were provided.

	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, as a result of an investment in this strategy, 2,122 community members (2,019 youth) were served through 10,205 mentorships sessions.
		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, 60 healthcare workers were trained through an investment in this strategy. In addition, a capacity building investment was provided to support workforce development, onboarding, and training staff for Family Resource Center staff.
		Increase employment readiness by investing in programs that foster personal, professional, and leadership development.	Program participants experience access to and successful completion of education or job training programs and employment opportunities.	In 2025, 1,336 community members enrolled in education or job training as a result of an investment in this strategy.

Access to Mental/Behavioral Health and Substance Use Services	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 Community Health Worker/Promotores initiatives that promote well-being by connecting individuals and families with resources to address their health, social and/or economic needs via trusted community members.	Individuals and families are connected to community-based services that support health and address basic needs.	In 2025, through investments in this strategy, 250 communities experienced reduced social isolation.
	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 new systems of delivery that bring outreach, support groups, counseling, and mental health services, directly into low-income, underserved residential communities-- ensuring accessible community-based care for adults, children, and young adults.	Community members will have access to services addressing behavioral health in individual and group settings, primary care and basic needs.	In 2025, 5,315 community members, including 1,627 youth and 1,566 seniors, were served. Through investments in this strategy, 429 community members experienced reduced isolation, and 2,877 people obtained at least one basic need.

		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, as a result of investments in this strategy, 383 community members received services, including 3,727 individual or group behavioral health appointments.
		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, 248 community members (243 children and youth) were served through investment in this strategy; 45 individuals experienced improved mental health.

Access to Quality Primary Care Health Services	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 Mobile and Street Medicine programs that serve individuals experiencing homelessness and other vulnerable community members by traveling to them, providing healthcare, and facilitating patient connection to housing and other wraparound services.	Community members access healthcare and other services that support health and address basic needs.	In 2025, a capital investment was provided to support a new mobile health unit that will provide health care to community members, including exams and screening.
		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.	Community members experience access to chronic disease risk reduction education, screenings, and treatment, healthy foods, and physical activity opportunities.	In 2025, 88 community members were served through investment in this strategy: • 80 individuals increased nutrition knowledge, • 48 individuals increased their physical activity, and • 39,300 pounds of food were distributed.

		Supporting school-based prevention education programs to promote health in children and youth.	Children and youth participate in outreach programs that promote health behavior and life skills education.	In 2025, investments in this strategy served 1,143 people (1,018 youth) through health education and tobacco prevention campaigns.
		Invest in Community Health Worker/Promotores /Navigator initiatives in which trusted community members connect individuals and families with community healthcare providers, clinics, care teams, and resources to address their health, social and/or economic needs.	Patients experience increased access to primary care and other community-based services that support health and address basic needs.	In 2025, 3,228 community members were served through investments in this strategy, including 533 received access to primary health care appointments.
	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 will have access to education or job training and other services to support employment and address basic needs.	In 2025, 60 healthcare workers (family medicine residents) were trained via 650 clinical rotations as a result of an investment in this strategy.

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.	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, 542 community members were served through investments in this strategy, including 492 who received primary health care, 105 who received specialty care, and 300 who received chronic condition management support.
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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 MMC 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 Functional Needs, System Navigation, Increased Community Connections, Safe and Violence-Free Environment, Active Living and Healthy Eating, Access to Dental Care and Preventive Services, Injury and Disease Prevention and Management, and Healthy Physical Environment

MMC 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
Second Harvest Food Bank	10/17/24	1	Hunger relief, food insecurity	Food insecurity in Central Valley
Invest in Me	9/4/24	1	Youth development	Youth in western Stanislaus County
Valley Children's Healthcare	9/26/24	1	Healthcare services for children	Children in Central Valley
Modesto Gospel Mission	9/26/24	1	Behavioral health and housing services	Unhoused, food insecure in Modesto
Court Appointed Special Advocates	9/27/24	1	Advocate for youth	Children in legal system
Sierra Vista Child & Family Services	10/1/24	1	Behavioral health services for youth	Stanislaus County
Legacy Health Endowment	10/1/24	1	Community philanthropy	Stanislaus County
Human Services Agency Stanislaus County	10/15/24	1	Public Health	Stanislaus County
Community Hospice & Health Services	10/22/24	1	Hospice services	All residents of Central Valley
Catholic Charities	10/24/24	1	Nutrition and food services	Food insecurity in Central Valley
Healthy Alternatives to Violent Environments	10/24/24	2	Domestic violence services	Victims of sexual assault and human trafficking
Healthy Aging Association	10/29/24	1	Elderly Services	Seniors in Stanislaus County
International Rescue Committee	11/21/24	1	Refugee Services	Refugees in Stanislaus County
First 5 Stanislaus	2/13/25	1	Early childhood development	Young children in Stanislaus County
United Way	Fall 2024	1	Community building	Stanislaus County
Sutter Health	Fall 2024	1	Pediatrics	Greater Modesto area
Tuolumne River Trust	Fall 2024	1	Community Organization	Central Valley
Human Services Agency Stanislaus County	Fall 2024	1	Public Health	Stanislaus County
Health Plan of San Joaquin	Fall 2024	1	Medi-Cal managed care	Stanislaus County

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Health Net	Fall 2024	1	Health insurance services	Stanislaus County
Modesto Junior College	Fall 2024	1	Student health services	Post secondary students
Behavioral Health & Recovery Services	Fall 2024	1	Behavioral health services	Stanislaus County
Human Services Agency Stanislaus County	Fall 2024	1	Behavioral health services	Stanislaus County
West Side Ministries	Fall 2024	1	Community services	Low income in Turlock
Assyrian Wellness Collaborative	Fall 2024	1	Mental health services	Assyrian community in Stanislaus County
CalPride	Fall 2024	3	LGBTQ+ support services	LGBTQ+ community in Central Valley
Aspiranet	Fall 2024	1	Behavioral health and social services	Youth in Greater Modesto Area
West Modesto Community Collaborative	Fall 2024	1	Community support services	West Modesto
Center for Human Services	Fall 2024	1	Youth services	Homeless youth in Stanislaus County
Golden Valley Health Center	3/11/25	2	Community clinic services	Central Valley
Sutter Gould Medical Foundation	3/14/25	1	Healthcare services	Stanislaus County
Memorial Medical Center	3/14/25	2	Hospital services	Stanislaus County

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	Populations Represented
Cradle to Career	10/16/24	12	Youth in Stanislaus County
Cradle to Career (Spanish)	10/17/24	13	Youth in Stanislaus County
Youth Navigation Center	11/12/24	8	Homeless youth
Assyrian Global Network	11/13/24	8	Assyrian community in Stanislaus County
Invest in Me	11/13/24	11	Youth in Stanislaus County
Legacy Alliance Outreach	11/13/24	21	Formerly incarcerated
International Rescue Committee	11/13/24	14	Immigrants in Stanislaus County
United Domestic Workers Union	11/14/24	20	Domestic workers
Chemo Crew	11/14/24	8	Cancer patients in Stanislaus County

Hosting Organization	Date	Number of Participants	Populations Represented
Central Valley Opportunity Center	11/15/24	20	Employment trainees in the Central Valley
Behavioral Health Recovery Services	11/15/24	14	Adults and youth seeking mental health services
Protecting Health and Slamming Tobacco (Stanislaus County Office of Education)	12/06/24	7	Youth
CalPride	12/10/24	8	LGBTQ+ in Stanislaus County
NAACP	12/19/24	5	People of Color in Stanislaus County

Community Service Provider Survey

A web-based survey was administered to community service providers (CSPs) who delivered health and social services to community residents of the HSA. Sixteen respondents completed the survey. Survey respondents were asked if they would like the organizations they represented to be acknowledged in the report. The organizations represented by those respondents who requested acknowledgement are as follows. We thank all respondents for their participation in this process:

Catholic Charities of the Diocese of Stockton, St. Luke's Family Practice, Healthy Alternatives to Violent Environments, Community Hospice & Health Services, Healthy Aging Association, Stanislaus County Health Services Agency, CalPride Stanislaus/ CalPride Sierras/ CalPride Valle Central, St. Luke's Family Practice, Bristol Hospice Modesto, Stanislaus Multi Cultural Community Health Coalition West Modesto King Kennedy, United Way of Stanislaus County, Golden Valley Health Centers, Greater Modesto Dental Implant and Oral Surgery Center, Turning Point Community Programs, Tracy Community Connections Center

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.

Memorial 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	\$6,058,464		\$6,058,464
Medi-Cal	\$61,702,617		\$61,702,617
Other Means-Tested Government (Indigent Care)	\$244,815		\$244,815
Sum Financial Assistance and Means-Tested Government Program	\$68,005,896		\$68,005,896
Other Benefits			
Community Health Improvement Services	\$517,048	\$0	\$517,048
Community Benefit Operations	\$0	\$216,381	\$216,381
Health Professions Education	\$0	\$0	\$0
Subsidized Health Services	\$0	\$1,648,486	\$1,648,486
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$1,759,929	\$1,339,981	\$3,099,910
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$2,276,977	\$3,204,848	\$5,481,825

Community Benefits Spending			
Total Community Benefits	\$70,282,873	\$3,204,848	\$73,487,721
Medicare	\$136,505,083		\$136,505,083
Total Community Benefits with Medicare	\$206,787,956	\$3,204,848	\$209,992,804