Sutter Health

SUTTER AUBURN FAITH 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 Auburn Faith Hospital
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Auburn, CA 95602

License #30000012

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 Valley 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	July 21, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Auburn Faith Hospital (SAFH), 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, SAFH has identified the following significant health needs to be addressed in 2025-2027:

1. Access to Mental/Behavioral Health and Substance Use Services
2. Access to Quality Primary Care Health Services
3. Access to Functional Needs

SAFH 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 11815 Education Street, Auburn, CA 95602; 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 Auburn Faith Hospital (SAFH) 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, SAFH'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 SAFH. 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).

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

[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*.

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.

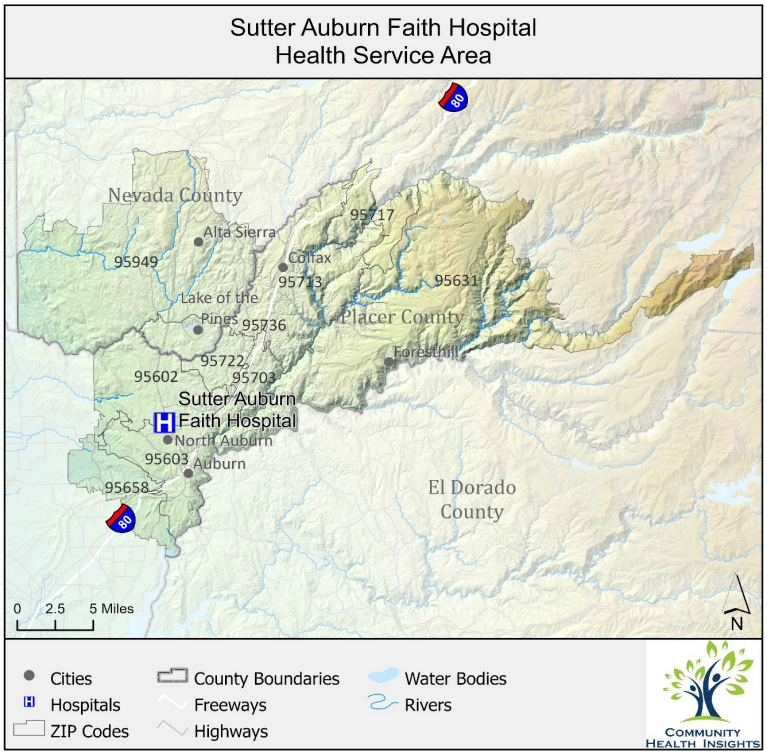
Process and Criteria to Identify and Prioritize Significant Health Needs

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 included the primary service area of the hospital, Sutter Auburn Faith Hospital, with a population of 97,750. The primary service area of the hospital was defined by 10 ZIP Codes – 95602, 95603, 95631, 95658, 95703, 95713, 95717, 95722, 95736, and 95949. This is the designated service area because the majority of patients served by SAFH resided in these ZIP Codes. The service area is located in Placer County (with one ZIP Code extending into Nevada County) and includes the city of Auburn. This area of Placer County is often referred to as “the foothills” of the Sierra Nevada Mountain Range (Figure 1).

Figure 1: Community served by SAFH.



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

Table 1. Population Characteristics: Placer County	
Total Population	*406,608*
Median Age (yrs.)	*42.3*
Median Income	*$109,375*
% Poverty	*6.8*
% Unemployed	*4.3*
% Uninsured	*3.3*
% Without High School Degree	*5.1*
% With High Housing Costs	*34.3*
% With Disability	*11.2*
Race/ethnicity	
% White	*67.3*
% Asian	*8.9*
% Hispanic or Latino	*15.4*
% Black or African American	*1.6*
% Multiracial	*6.0*
% Another race/ethnicity	*0.6*
% Native Hawaiian or Pacific Islander	*0.2*
% American Indian or Alaska Native	*0.2*

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 Specialty and Extended Care
4. Access to Quality Primary Care Health Services
5. System Navigation
6. Access to Functional Needs
7. Healthy Physical Environment
8. Increased Community Connections
9. Injury and Disease Prevention and Management
10. Access to Dental Care and Preventive Services

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 SAFH Plans to Address

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

1. **Access to Mental/Behavioral Health and Substance Use Services** – Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access to mental, behavioral, and substance use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.

2. **Access to Quality Primary Care Health Services** – Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.

3. **Access to Functional Needs** – Functional needs refer to needs related to adequate transportation access and conditions which promote access for individuals with physical disabilities. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

SAFH 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 SAFH 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 SAFH 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	Outcomes
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.	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 that address basic needs and healthcare.	In 2025, 687 community members were served through an investment in this strategy, including: • 482 who received basic needs, • 135 who accessed behavioral health services, • 86 who received support managing a chronic condition, • 39 who enrolled in health insurance, and • 13 who obtained shelter.

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.	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, 1,286 community members were served through an investment in this strategy, including: • 582 who received specialty care services, • 419 who received a primary care services, and • 350 who received medication management services.
		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, 30 community members were provided with respite/recuperative care: • 3,650 bed nights provided, • 15 individuals were enrolled in health insurance, and • 16 individuals were placed in temporary, transitional, or permanent housing.

Access to Functional Needs	Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings.	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, 1,347 community members were served through an investment in this strategy, including: • 333 who received specialty care services, • 117 who attended a primary care appointment, • 24 who obtained respite care, • In addition, 22,477 transportation services were provided.

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 SAFH Does Not Plan to Address

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

SAFH 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
Auburn Renewal Center	07/18/2024	1	Free medical clinic	Uninsured, underinsured, undocumented, Spanish speaking, homeless
Auburn Hip Hop Congress	07/18/2024	1	Youth development through music and art	At risk youth, low income, LGBTQ, Native American
Homeless Resource Council of the Sierras	07/19/2024	3	Housing	Homeless
Chapa-De Indian Health	07/30/2024	4	Health care	Native American community
Placer County Public Health	08/26/2024	2	Public Health	Placer County
Placer Collaborative Network	09/11/2024	5	Housing, education, youth development	Low income, minorities, underserved
Sutter Auburn Faith Hospital Staff	10/04/2024	1	Acute care hospital; Healthcare services	Placer County
Lighthouse Counseling and Family Resource Center	02/04/2025	1	Counseling and social services	Low income families
Placer Community Foundation	02/06/2025	1	Community development and grant funding	Seniors, low income, at risk youth, minorities, underserved

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
Lighthouse Counseling & Family Resource Center	02/19/2025	6	Low-income families and individuals; Spanish speaking
Placer Collaborative Network	03/04/2025	12	LGBTQ, low income, seniors, homeless, underserved
Feeding the Foothills (previously Placer Food Bank)	03/14/2025	9	Low income families, seniors, LGBTQ, underserved
Auburn Renewal Center	03/25/2025	10	Low income, Hispanic, Spanish speaking, immigrant, unhoused

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. Eleven 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:

> Comfort Keepers #374, Sierra Sacramento Valley Medical Society, AUBURN RENEWAL CENTER, WellSpace Health, The Sacramento Environmental Justice Coalition (Sac-EJC.org), Society for the Blind, LLC

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

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$1,626,228		$1,626,228
Medi-Cal	$8,425,929		$8,425,929
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Program	**$10,052,157**		**$10,052,157**
Other Benefits			
Community Health Improvement Services	$45,577	$0	$45,577
Community Benefit Operations	$0	$42,307	$42,307
Health Professions Education	$0	$0	$0
Subsidized Health Services	$0	$224,371	$224,371
Research	$0	$21,691	$21,691
Cash and in-kind Contributions for Community Benefits	$425,020	$293,333	$718,353
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$470,597**	**$581,702**	**$1,052,299**

Community Benefits Spending			
Total Community Benefits	**$10,522,754**	**$581,702**	**$11,104,456**
Medicare	$29,363,712		$29,363,712
Total Community Benefits with Medicare	**$39,886,466**	**$581,702**	**$40,468,168**