



EDEN MEDICAL CENTER

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

Submitted to the Department of Healthcare Access and Information
July 2026

Table of Contents

General Information	3
Summary: 2025 Implementation Strategy	4
Introduction/Background	5
2025 Community Health Needs Assessment Approach	5
Community Served	6
Significant Health Needs Identified in the 2025 CHNA	8
Sutter Health's Approach to Implementation Strategies	8
Health Needs EMC Plans to Address.....	9
EMC Implementation Strategies.....	10
Evaluation of Effectiveness	11
Health Needs EMC Does Not Plan to Address.....	12
Appendix A: 2025 CHNA Participants	13
Appendix B: 2025 Community Benefit Financials	20

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 Eden Medical Center (EMC), 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, EMC has identified the following significant health needs to be addressed in 2025-2027:

1. Access to Care
2. Mental/Behavioral Health/Unhealthy Substance Use
3. Education

EMC 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 20103 Lake Chabot Road, Castro Valley, CA 94546; 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

Eden Medical Center (EMC) 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, EMC'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 EMC.

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 Eden 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 education (see Appendix A for CHNA participants). Also included are results from 16 focus groups, with residents

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

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.

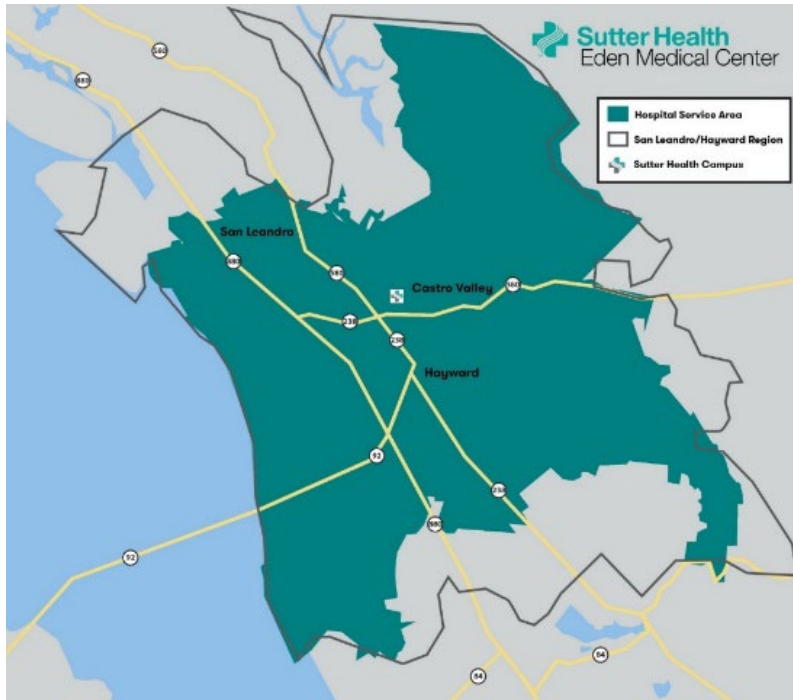
Scores from 0 (no need) to 4 (very high need) were assigned to each of the 13 health need areas (*Access to Care*, for example) for every data source. In addition, each data source was assigned a weight of 0-10, with 10 representing the highest quality data source. This resulted in a final “matrix” of 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 Alameda County that are served by Eden Medical Center. Eden Medical Center, part of the Sutter Health network, is a not-for-profit hospital that provides health care services to patients throughout the East Bay Area in central Alameda County. Eden Medical Center’s service area includes ten ZIP codes surrounding the hospital and its neighboring communities. It includes the cities of San Leandro and Hayward, as well as unincorporated areas including Castro Valley, Ashland, and Cherryland. San Leandro, with a population of 85,784, is the largest city in the service area (Figure 1).

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

Figure 1. Eden Medical Center Service Area Map



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

Table 1. Population Characteristics: EMC Service Area	
Total Population	545,685
Median Age (yrs.)	39
Median Household Income (\$)	99,669
% Poverty	9.9
% Unemployed	5.4
% Uninsured	5.2
% Without High School Degree	17.4
% With Severe Housing Cost Burden	18.5
% With Disability	9.9
Race/ethnicity	
% Hispanic or Latino	37
% Asian	31
% White	16
% Black or African American	11
% Multiracial	4
% Native Hawaiian or Pacific Islander	2
% 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) Access to Care
- 3) Mental/Behavioral Health/Unhealthy Substance Use
- 4) Community Safety

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 EMC 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. **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.
3. **Access to Mental/Behavioral Health and Substance Use Services** – 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.

EMC 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 EMC 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 EMC 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.	Invest in a skilled clinical and non-clinical healthcare workforce by supporting post-secondary allied health programs and students through tailored learning experiences, mentorship, tutoring, and other support services.	Program participants will have access to post-secondary allied health programs that provide education or job training and services to support housing and other basic needs.	In 2025, 736 community members were served through an investment in this strategy: • 324 participants enrolled in education or job training, and • 35 healthcare workers were trained.
Access to Care	Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings.	Invest in safe and supportive short-term residential care to help community members experiencing housing insecurity heal from an illness or injury and transition to stable housing.	Program participants experience access to healthcare, housing and other community-based services that support health and address basic needs.	In 2025, 71 community members were served through an investment in this strategy: • All 71 received primary care and shelter, and • 47 obtained permanent housing.

		Expand the capacity of community clinics to provide high quality primary healthcare services by investing in capital campaigns and programmatic support.	Community clinics make annual progress toward and/or complete capital projects and patients access primary care and other health services.	In 2025, 10,100 community members were served through an investment in this strategy: • 1,096 accessed behavioral health 29,005 individual or group behavioral health appointments • In addition, a capital investment was provided in support of a facility that will provide community-based, comprehensive care for seniors.
Access to Mental/Behavioral Health and Substance Use Services	Cultivate community mental health by expanding access to inclusive, trauma-informed prevention, intervention, crisis and substance use disorder services through innovative, culturally responsive delivery systems.	Invest in mental health interventions for youth to address emotional and psychological challenges early, optimize access for underserved populations, and support the development of coping skills, resilience, and long-term mental wellbeing.	Youth will have access to services addressing behavioral health, primary care and basic needs.	In 2025, 1,083 community members (1,064 youth) were served through an investment in this strategy: • 473 accessed behavioral health appointments, • Of those assessed, 266 participants experienced improved mental health or substance use, and 691 experienced improved mental health or substance use knowledge.

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 EMC 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: Community Safety.

EMC 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 Interview List

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Abode Services	6/13/2024	1	Housing 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
Alameda County Health Care for the Homeless	6/11/2024	2	Housing sector, healthcare sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved
Alameda County Behavioral Health Office of Health Equity	5/22/2024	1	Mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
Alameda County Community Food Bank	6/26/2024	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

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented
Alameda County Nurse Family Partnership	4/26/2024	1	Healthcare sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, children and youth
Alameda County Public Health	5/16/2024	2	Healthcare sector	Public health
Bay Area Regional Health Inequities Initiative (BARHII)	7/29/2024	1	Healthcare sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved
Asian Health Services	6/26/2024	1	Healthcare 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, recent immigrants and/or people who are undocumented
Aliados Health/La Clínica de la Raza	6/18/2024	2	Healthcare 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
Davis Street	5/30/2024	1	Housing sector, food and nutritional security sector, healthcare 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,

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
Day Break Adult Day Center	7/16/2024	1	Healthcare sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, seniors
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
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
Eden United Church of Christ	5/16/2024	1	Food and nutritional security sector, mental health sector	Racial or ethnic groups in the community that experience disparities and/or have low incomes and/or are medically underserved, people experiencing homelessness, people with fixed incomes, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants including undocumented, food security sector, mental health and wellness sector
Fresh Approach	6/5/2024	1	Food and nutritional security sector	Children and youth

Organization	Date	Number of Participants	Area of Expertise	Populations Served
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
Hayward Unified/San Leandro Unified School District	8/6/2024	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
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
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,

Organization	Date	Number of Participants	Area of Expertise	Populations Served
				people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented
Side by Side	7/16/2024	3	Housing sector, education sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English
Union City Family Center and Fremont Family Resource Center	6/27/2024	2	Social services	People who are medically underserved
Pacific Center for Human Growth	7/23/2024	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+
Fred Finch Youth & Family Services	5/14/2024	1	Housing sector, mental health sector	Children and youth
Berkeley Zen Center Gurdwara Sahib Fremont First United Methodist Church of Fremont Temple Sinai Crosspoint Church GraceWay Church	6/25/2024	6	Community/social services sector	General public, faith-based communities
Bay Area Community Health (BACH) Newark Promotores Asian Health Services La Clinica de la Raza Roots Health Center Order of Malta Freedom Community Clinic	6/11/2024	12	Healthcare sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved

Organization	Date	Number of Participants	Area of Expertise	Populations Served
West Oakland Health Center Native American Health Center AXIS La Familia Tiburcio Vasquez				
Bay Area Community Health (BACH) Haller's Pharmacy / Fremont Opioid Collaborative City of Fremont / Fremont Opioid Collaborative La Familia Humanistic Alternatives to Addiction Research and Treatment, Inc. (H.A.A.R.T.) Horizons National Coalition Against Prescription Drug Abuse Lifelong East Bay Community Recovery Project Discovery Counseling Center	6/12/2024	9	Healthcare sector, mental health sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved
College of Alameda Career Technical Education Program UC Berkeley / UCSF Center for Educational Partnerships Health Career Connection Ohlone College Nurse Training Program Eden Area Regional Occupation Program (ROP) UC Berkeley / Health Career Collaborative (for high schoolers)	8/12/2024	8	Economic opportunities sector	Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Cristo Rey De La Salle High School Tri-Valley Career Center				

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
AC Probation	9/18/2024	13	Justice-involved
Eden Youth & Family Center	9/12/2024	17	Latinx mothers; Spanish-speakers
EmbraceHer/AAH (Douglas-Black Maternal Infant Health)	8/17/2024	3	Black or African American
Family Health Services	8/15/2024	8	Black or African American Parents
Family Health Services	8/15/2024	3	Spanish-Speaking Parents
Korean Community Center	8/22/2024	14	Korean-speaking; seniors
Mam/Spanish (Fruitvale-Held at Cesar E. Chavez Branch Library in Oakland)	7/20/2024	8	Spanish Speaking; Mam Speaking
Regional Center of the East Bay / Disability Council	8/19/2024	18	Disabilities (individuals with disabilities and family advocates)
YMCA	8/15/2024	7	Spanish speaking; Latinx parents

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.

Eden Medical Center (SMCCV)
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	\$5,578,706		\$5,578,706
Medi-Cal	\$27,282,545		\$27,282,545
Other Means-Tested Government (Indigent Care)	\$74,335		\$74,335
Sum Financial Assistance and Means-Tested Government Program	\$32,935,586		\$32,935,586
Other Benefits			
Community Health Improvement Services	\$1,065,224	\$55,549	\$1,120,773
Community Benefit Operations	\$34,662	\$11,554	\$46,216
Health Professions Education	\$0	\$49,223	\$49,223
Subsidized Health Services	\$0	\$40,004	\$40,004
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$920,687	\$0	\$920,687
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$2,020,573	\$156,330	\$2,176,903

Community Benefits Spending			
Total Community Benefits	\$34,956,159	\$156,330	\$35,112,489
Medicare	\$84,382,498		\$84,382,498
Total Community Benefits with Medicare	\$119,338,657	\$156,330	\$119,494,987