Sutter Health

MILLS-PENINSULA 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

Mills-Peninsula Medical Center
1501 Trousdale Dr.
Burlingame, CA 94010

License #220000037

www.sutterhealth.org

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Note: This Community Benefit Plan is based on the hospital's implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

General Information

Date written plan was adopted by organization's governing body	October 17, 2025
Date written plan was required to be adopted	May 15, 2026
Authorized governing body that adopted the written plan	Sutter Bay Hospitals Board
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes ☒ No ☐
Date facility's prior written plan was adopted by organization's governing body	October 19, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Health Mills-Peninsula Medical Center (MPMC), 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, MPMC has identified the following significant health needs to be addressed in 2025-2027:

1. Behavioral Health
2. Economic security
3. Healthcare Access and Delivery

MPMC 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 1501 Trousdale Drive, Burlingame, CA 94010; 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

Mills-Peninsula Medical Center (MPMC) 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, MPMC'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

Actionable Insights, LLC (*www.actionablellc.com*) conducted the 2025 CHNA on behalf of MPMC.

Assessment Process and Methods

The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list (see figure on next page). Primary research was conducted through 11 key informant interviews and 11 focus groups; transcripts of 4 interviews conducted by Kaiser Foundation Hospitals (South San Francisco and Redwood City) were included in MPMC's CHNA. Input from over 110 community members, community leaders, health experts and representatives of various organizations and sectors informed the 2025 CHNA. In addition, over 300 quantitative health indicators were reviewed to assist with understanding health needs in San Mateo County and assessing priorities of the communities.

Process and Criteria to Identify and Prioritize Significant Health Needs

Criteria for Health Need Identification

1. Meets the **definition of a health need** (a poor health outcome and its associated risks, or a risk that may lead to a poor health outcome).
2. **At least two data sources** for the health issue are available for the service area.
3. Meets the **community priority** criterion: Prioritized (i.e., voted in top five to discuss) by at least one-half of all community input cases (interviews and focus groups combined)
   or
4. Meets the **statistical data** criteria:
   a. Multiple indicators are worse than the state by 5% or more, or
   b. At least one indicator is worse (or worsening) and there are few available resources, or
   c. Multiple inequities by race/ethnicity are a concern.

Criteria for Health Need Prioritization

Community priority (WEIGHTED 2X). The community considers this health need a higher priority than other concerns identified during the CHNA primary data collection process. Scored 3 if prioritized by ≥50% of all focus groups and key informants combined; 2 if prioritized by more than two participants; 1 if by one participant; 0 if not prioritized. This criterion was weighted doubly in the prioritization

Statistical inequities (WEIGHTED 1X). This refers to statistical differences in health outcomes by racial/ethnic subgroups compared to San Mateo County overall. Scored 3 if 3+ indicators are worse for at least one racial/ethnic group, scored 2 if 2 indicators fail the county benchmark and 1 if 1 or less indicators fail. Health needs with fewer than 2 indicators available to benchmark were scored 0. This criterion was weighted by a factor of 1 in the prioritization.

Using the criteria above, the health needs were scored from highest to lowest to determine the top four significant health need rankings.

Community Served

Sutter Health Mills-Peninsula Medical Center (MPMC) relied on the Internal Revenue Service's definition of the community served by a hospital as "those people living within its hospital service area." A hospital service area comprises all residents in a defined geographic area and does not exclude low-income, underserved, or otherwise vulnerable populations. MPMC is located in San Mateo County and serves the entire county (Figure 1).

Figure 1: Community served by MPMC.

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

Table 1. Population Characteristics: San Mateo County	
Total Population	*728,762*
Median Age (yrs.)	*41.3*
Median Household Income ($)	*156,000*
% Poverty	*6*
% Unemployed	*7*
% Over Age 25 With Bachelor's Degree	*53*
% Households Spending More Than One Third of Income on Housing	*35*
% Under Age 65 With Disability	*5*
Race/ethnicity	
%White	*37*
% Asian	*32*
% Other	*14*
% 2+ races	*13*
% Black	*2*
% Pacific Islander	*1*
% Native American	*1*
% Latine	*25*

Sources: American Community Survey 5-year Estimates, 2017-2021; San Mateo County Health All Together Better Platform, 2018-2022; Bureau of Labor Statistics, 2021; United States Census Bureau, American Community Survey, 5-year estimates, 2019-2023; United States Census Bureau, American Community Survey, 5-year estimates, 2017-2021; U.S. Census Bureau: demographics, 2023

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. Several needs received identical scores within the top four rankings and are grouped by their shared prioritization. Within each group, health needs are listed alphabetically.

1. Behavioral Health
1. Economic Security
1. Healthcare Access and Delivery
2. Housing and Homelessness
3. Community Safety
3. Healthy Lifestyles
3. Oral Health
4. Education
4. Heart/Stroke

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 MPMC Plans to Address

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

1. **Behavioral Health**- Behavioral health — encompassing mental health, trauma, and substance use — is a critical concern in San Mateo County and was the highest-priority health needs in interviews and focus group discussions. The number of adults experiencing serious psychological distress continues to significantly increase and is highest among Latine residents. Adults who are seriously considering suicide also continues to significantly increase and is highest among White residents, however suicide contemplation (less seriously considered) is highest among Latine, Black, and Pacific Islanders, with the latter almost double the contemplation rate of the county overall. Substance use disorders were commonly linked with mental health issues by participants who recognized that substances are often used as coping mechanisms for stress, loneliness, and trauma. Like mental health outcomes, there are also racial disparities in San Mateo when it comes to adult substance use in the county.

2. **Economic Security**- Economic security, including food security, was the third highest-priority health need in interviews and focus group discussions. Participants emphasized that the cost of living in San Mateo County is extremely high and that individuals who earn as high as six figures often live paycheck to paycheck. Silicon Valley's income inequality hit a record high in 2022, with the top 0.001% holding 12% of the region’s wealth, the top 1% holding 64%, and the top 10% holding 70%. Rising housing demand and a growing ultra-wealthy population, including one of the world's highest billionaire concentrations, have further fueled this disparity. In addition to Latine residents, Black, Native, and Pacific Islander residents also have a significantly lower median household income compared to the county overall. While the percentage of individuals and families living below the federal poverty level (FPL) is better in San Mateo County than the state, it is significantly worse for these same groups (Latine, Black, Native, and Pacific Islander).

3. **Healthcare Access and Delivery-** Healthcare access and delivery was the second highest-priority health need in interviews and focus group discussions. While the county has a better primary care physician-to-patient ratio than the state and continues to improve, shortages persist in other critical provider roles. Economic instability and poverty were identified by CHNA participants as major barriers to accessing healthcare as low-income individuals often struggle with high healthcare costs, inadequate insurance coverage, and limited financial resources. CHNA participants noted health literacy issues and difficulty navigating the healthcare system as many San Mateo County residents lack awareness of available support systems (e.g., transportation covered by health plans), which hinders their ability to utilize existing resources effectively.

MPMC 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 MPMC 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 MPMC 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
Behavioral Health	Cultivate community mental health by expanding access to inclusive, trauma-informed prevention, intervention, crisis and substance use disorder services through innovative, culturally responsive delivery systems.	Invest in trauma-informed mental health crisis response and navigation services that provide rapid access to stabilization, care coordination, and culturally competent support to reduce harm, avoid unnecessary hospitalization, and promote access to ongoing behavioral health care for all.	Community members will have access to behavioral health crisis services and other mental health support services.	In 2025, 628 community members were served through investment in this strategy, including: • 444 who accessed 3,045 behavioral health services, • 72% (32) of surveyed participants experienced improved mental health or substance use, and • 88% (21) of surveyed participants experienced reduced social isolation.

		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, 469 community members were served through investments in this strategy: • 903 individual behavioral health appointments were provided, and • 1,694 group behavioral health appointments were provided. In addition, a capital investment was provided to support construction of a site that will provide services to address mental health and health related social needs.
		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, 369 community members were served through investments in this strategy, all of whom accessed behavioral health services. Of those assessed, 280 participants experienced increased mental health knowledge.

Economic Security	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, 121 community members were served through investment in job training and placement services, including 19 who obtained employment.
Healthcare Access and Delivery	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, 2,271 community members were served through investments in this strategy, including: • 447 who accessed behavioral health services, • 42 who received respite or recuperative care, • 418 who experienced reduced social isolation, and • 257 participants who increased their physical activity levels. • In addition, 1,800 pounds of food were distributed.

		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, through investment in this strategy, 390 community members (179 seniors) were served through 280 health education services and 3,567 transportation services to improve access to healthcare.
		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, 10,630 community members were served through investments in this strategy: • 895 accessed specialty care services (8,784 specialty care services were provided), • 790 behavioral health services were provided, and • 80 surgical procedures were provided to uninsured individuals.

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 MPMC Does Not Plan to Address

While no hospital can address all of the health needs present in its community, many health needs are interrelated. The following were not identified as the primary health needs to be addressed through this IS, though they remain important and are closely connected to our priorities: Housing and Homelessness, Community Safety, Healthy Lifestyles, Oral Health, Education, Heart/Stroke.

MPMC is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong community partner so that it can continue to give back to the areas we serve. To leverage our resources and expertise, we are prioritizing the needs we are positioned to most effectively address.

Appendix A: 2025 CHNA Participants

Key Informant Interviews

Table A1 contains a listing of community health experts, or key informants, that contributed input to the CHNA. The table describes the names and titles of interviewees, the topic of the interview, the total number of participants, the population represented for focus group members, the attendees' role in the population, and the date of interview.

Table A1: Key informant list.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Kismet Baldwin-Santana, Health Officer, San Mateo County Health	SMC: Public health	1	Low-income, minorities, medically underserved	Leader, representative	3/25/2024
Interview	Mark Cloutier, Chief Medical Officer, Caminar	SMC: Behavioral health	1	Medically underserved	Leader	4/4/2024
Interview	Anand Chabra MD, Medical Director, Family Health Services, San Mateo County Health	SMC: Maternal/ infant health	1	Medically underserved	Leader	4/16/2024
Interview	Jia Ren, Co-Chair of Chinese Health Initiative, San Mateo County	SMC: Asian health	1	Minorities, medically underserved	Leader, representative	5/15/2024
Interview	Clara Boyden, Deputy Director, Alcohol & Other Drug Services, San Mateo County Behavioral Health & Recovery Services	SMC: Substance use	1	Medically underserved	Leader	7/10/2024
Interview	Ophélie Vico, Community Health Director, Puente de la Costa Sur	SMC: Coastside health	1	Low-income, minorities, medically underserved	Leader, representative	7/17/2024
Interview	Elyse Brummer, Executive Director, Ombudsman Services of San Mateo County, Inc.	SMC: Older adult health	1	Low-income, medically underserved	Leader	8/12/2024
Interview	Tracey Fecher, Chief Executive Officer, Sonrisas Dental Health	SMC: Oral health - children	1	Low-income, medically underserved	Leader	8/14/2024

Interview	Bonnie Jue, Chief Operating Officer, Dental Director, Sonrisas Dental Health	SMC: Oral health – children	1	Low-income, medically underserved	Leader	8/14/2024
Interview	Yogita Thakur, Chief Dental Officer, Ravenswood Family Health Network	Oral health	1	Low-income, medically underserved	Leader	4/11/2024
Interview	Jack Mahoney, Senior Director, Silicon Valley Community Foundation	Wealth gap	1	Low-income	Leader	5/1/2024
Interview	Margaux Lazarin, DO, MPH, Senior Medical Director, Planned Parenthood Mar Monte	Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview	Senior Program Manager, Family Medicine, Planned Parenthood Mar Monte	Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview – Secondary	Boys & Girls Club	SMC: Youth	1	Low-income	Leader	Spring 2024
Interview – Secondary	Andrea Jones, Community Leader/Consultant, Thrive, The Alliance for Nonprofits in San Mateo County	SMC: Health equity	1	Low-income, medically underserved	Leader	Spring 2024
Interview – Secondary	Georgia Farooq, Executive Director, The Alliance for Nonprofits in San Mateo County	SMC: Health equity	1	Low-income, medically underserved	Leader	Spring 2024
Interview – Secondary	Sandra Winter, Executive Director, Senior Coastsiders	SMC: Older adults, coastside	1	Low-income, medically underserved	Leader	Spring 2024
Interview – Secondary	Nancy Magee, Superintendent, San Mateo County Office of Education	SMC: Youth, education	1	Low-income	Leader	Spring 2024

Focus Groups

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

Table A2: Focus group list.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group	Host: Actionable Insights	SMC/SCC: Health Equity	6	Minority, low-income, medically underserved	(see below)	5/30/2024
	Attendees:					
	Lauren Weston, Executive Director, Acterra: Action for a Healthy Planet				Leader	
	Lisa M. Tealer, Executive Director, Bay Area Community Health Advisory Council (BACHAC)				Leader	
	Leilani Michelle Jones, Executive Director, Office for Health Equity and Improvement, County of Santa Clara				Leader	
	Kamilah Davis, Program Coordinator, County of Santa Clara Public Health Department - Perinatal Equity Initiative				Leader	
	Maria Lorente-Foresti, Ph.D., Office of Diversity and Equity Director, San Mateo County Behavioral Health and Recovery Services				Leader	
	Tamarra Jones, Director of Public Health, Policy & Planning, San Mateo County Health				Leader	

Focus Group	Host: Actionable Insights	SMC/SCC: Safety net clinics	9	Medically underserved, low-income	(see below)	6/6/2024
	Attendees:					
	Sarita Kohli, President & Chief Executive Officer, AACI				Leader	
	Harsha Ramchandani, MD, Chief Medical Officer, Bay Area Community Health				Leader	
	Ranjani Chandramouli, MD, Chief Medical officer, Gardner health services				Leader	
	Daniela Arcienega, Director of Population Health, Indian Health Center of Santa Clara Valley				Leader	
	Medical Director, North East Medical Services				Leader	
	Ravenswood Family Health Network				Leader	
	Baldeep Singh, MD, Medical Director, Samaritan House				Leader	
	Tamara Montacute, Associate Medical Director, Samaritan House Free Clinics				Leader	
	Ria Paul, MD, Chief Medical Officer, Santa Clara Family Health Plan				Leader	

Focus Group	Host: Actionable Insights	SMC: Social determinants of health	11	Low-income	(see below)	8/1/2024
	Attendees:					
	Miguel Andrade, Human Services Specialist III, City of Redwood City/Fair Oaks Community Center					
	Executive Director, Coastside Hope					
	Veterans Services, County of San Mateo					
	Director of Client Services, Daly City Partnership					
	Human Services Agency - Employment Services					
	Michelle de Blank, Directing Attorney Family Advocacy Program, Legal Aid Society of San Mateo County					
	Anita M. Rees, Executive Director, Pacifica Resource Center					
	La Trice Taylor, Senior Director of Programs & Services, Samaritan House					
	Robyn Fischer, Associate Director of Client Services, Samaritan House					
	John Fong, Director of Children & Family Services, San Mateo					

	County Human Services Agency					
	YMCA Community Resource Center					
Focus Group	Host: Actionable Insights	SMC/SCC: Youth behavioral health	8	Medically underserved	(see below)	5/28/2024
	Attendees:					
	Marc Rappaport, Clinical Director, allcove - San Mateo					
	Annya Shapiro, Executive Director, Daly City Youth Health Center					
	Kara					
	Patrick Neddersen, Clinical Program Manager, Pacific Clinics					
	Jennifer Grier, LCSW, Senior Chief Clinical Officer, Rebekah Children's Services					
	Veronica Amador, Director of Self-Sufficiency, Sacred Heart Community Service					
	Program Manager, Santa Clara County Public Health Department					
	Olivia Heffernan, Youth Services, Events & Communications Manager, The National Alliance on Mental Illness (NAMI) San Mateo County					

Focus Group	Host: LifeMoves	SMC: Housing, unhoused community	9	Low-income, medically underserved,	Members	6/13/24
Focus Group	Host: San Mateo County Health: Nurse Family Partnership	SMC: Pregnant people	5	Medically underserved	Members	7/25/24
Focus Group	Host: Latinos United for a New America (LUNA)	SMC: Spanish-speakers	10	Medically underserved, minority	Members	7/26/24
Focus Group	Host: Samoan Solutions	SMC: Pacific Islander community	9	Minority	Members	8/14/24
Focus Group	Host: San Mateo County Health	SMC: Black community	4	Minority	Members	9/27/24
Focus Group	Host: Actionable Insights	SMC/SCC: Individuals with disabilities	13	Medically underserved, minority	Members	7/15/24
Focus Group	Host: Actionable Insights	SMC/SCC: LGBTQ+ community	8	Medically underserved, minority	Members	7/23/24

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.

Mills-Peninsula 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	$4,261,045		$4,261,045
Medi-Cal	$31,793,997		$31,793,997
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Program	**$36,055,042**		**$36,055,042**
Other Benefits			
Community Health Improvement Services	$436,092	$50,052	$486,144
Community Benefit Operations	$84,652	$18,738	$103,390
Health Professions Education	$0	$2,141,424	$2,141,424
Subsidized Health Services	$122,270	$2,159,770	$2,282,040
Research	$0	$0	$0
Cash and in-kind Contributions for Community Benefits	$1,716,553	$0	$1,716,553
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$2,359,567**	**$4,369,984**	**$6,729,551**

Community Benefits Spending			
Total Community Benefits	**$38,414,609**	**$4,369,984**	**$42,784,593**
Medicare	$151,528,263		$151,528,263
Total Community Benefits with Medicare	**$189,942,872**	**$4,369,984**	**$194,312,856**