



SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ

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

Submitted to the Department of Health Care Access and Information
July 2026

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

General Information

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

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Maternity & Surgery Center of Santa Cruz (SMSC), 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, SMSC has identified the following significant health needs to be addressed in 2025-2027:

1. Behavioral Health
2. Economic Security
3. Healthcare Access and Delivery
4. Maternal & Infant Health

SMSC 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 2900 Chanticleer Avenue, Santa Cruz, CA 95065; 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 Maternity & Surgery Center of Santa Cruz (SMSC) 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, SMSC'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 SMSC.

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 12 key informant interviews and 2 focus groups. Input from over 34 community members, community leaders, health experts and representatives of various organizations and sectors informed the 2025 CHNA (see Appendix A for CHNA participants). In addition, over 250 quantitative health indicators were reviewed to assist with understanding health needs in Santa Cruz County and assessing priorities of the communities. Process and Criteria to Identify and Prioritize Significant Health Needs

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 $\geq 50\%$ 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 Santa Cruz 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 Maternity & Surgery Center of Santa Cruz (SMSC) 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. SMSC is located in Santa Cruz County and serves the entire county (Figure 1).

Figure 1: Community served by SMSC.



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

Table 1. Population Characteristics: Santa Cruz County	
Total Population	265,735
Median Age (yrs.)	41.2
Median Household Income (\$)	107,936
% Living below 200% of Federal Poverty Level	26
% Over Age 25 with a Bachelor's Degree	44
% Spending Half of Income on Housing Costs	20
% With Disability	11
Race/ethnicity	
% White	58
% Other	20
% 2+ races	15
% Asian	5
% Native American	1
% Pacific Islander	0.2

Table 1. Population Characteristics: Santa Cruz County	
% Black	1
% Latine	36

Sources: American Community Survey 5-year Estimates, 2017-2021; Small Area Income and Poverty Estimates, 2023, as cited by Community Health Rankings; United States Census Bureau, American Community Survey, 5-year estimates, 2019-2023; United States Census Bureau, American Community Survey, 5-year estimates, 2018-2022; Datashare Santa Cruz County, 2024

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
- 2. Community Safety
- 2. Healthy Lifestyles
- 3. Healthcare Access & Delivery
- 3. Housing & Homelessness
- 4. Cancer
- 4. Education
- 4. Maternal & Infant Health

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 SMSC 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 Santa Cruz County and was the second highest health priority by focus groups and key informants. Santa Cruz County adults reported higher rates of mental distress and serious psychological challenges compared to state averages. Opioid-related deaths are 55% higher than the state average, with Black residents experiencing eight times higher opioid mortality than the county. Youth mental health needs are a growing concern among CHNA participants, with increased anxiety, depression, and behavioral challenges observed as early as kindergarten. Mental health challenges now account for one-fourth (25%) of child hospitalizations, a figure higher than the state and neighboring counties. CHNA participants note that access to behavioral health care remains a significant challenge due to the growing demand for services, resulting in long waitlists, limited psychiatric beds and provider shortages.
2. **Economic Security** - Economic security, including food security, was the third highest-priority health need in interviews and focus group discussions. The high cost of living in Santa Cruz County, including housing costs, gasoline, and food was identified by many CHNA participants as significant burdens for many community members. Economic challenges are exacerbated for unemployed individuals and the county's unemployment rate is 30% higher than the state in 2025. Participants highlighted the interconnected nature of housing affordability, workforce challenges, and the high cost of living. They noted that workforce shortages, particularly in community health centers and nonprofits, are worsened by the high cost of living, making it difficult to recruit and retain employees. Economic challenges are particularly tough for families, with rising childcare costs making it difficult for parents to find affordable care. While the percentage of children in poverty is lower than the state overall, it is rising, with a higher percentage of Latine children experiencing poverty compared to other groups.
3. **Healthcare Access and Delivery** - Health care access and delivery was the fourth highest priority health need in interviews and focus group discussions. The percentage of people reporting delays or difficulty receiving necessary medical care was approximately 20% higher in Santa Cruz County than in the State (21% versus 17%), with adult patient delays increasing over time. CHNA experts mentioned that healthcare providers often struggle to offer comprehensive care, including necessary follow-ups and specialized treatments, due to low Medi-Cal reimbursement rates. These rates make it difficult for providers to cover costs and sustain their operations. On the other hand, participants noted that private insurance provides less coverage than Medi-Cal for mental health services, contributing to disparities in care. Systemic issues in healthcare delivery were central themes, with many participants noting the need for better coordination between hospitals, clinics, and mental health services. Improved integration between primary care and mental health services was identified by participants as crucial, particularly with limited provider availability for children and those needing long-term mental health care.

4. **Maternal & Infant Health** - Maternal and infant health outcomes in Santa Cruz County are statistically better than the State, however significant disparities exist. Although a higher percentage of Santa Cruz County mothers receive prenatal care within the first trimester compared to California as a whole, Black and Latina mothers are significantly less likely to access this care compared to other racial and ethnic groups in the county, according to California Department of Public Health's Vital Data. Economic challenges were frequently identified as a significant barrier to consistent and quality maternal and infant healthcare. Many participants reported challenges accessing prenatal and postpartum care, particularly in clinics that accept those on Medi-Cal or without insurance, leading to long wait times for appointments and inadequate care for low-income mothers.

SMSC 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 SMSC 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 SMSC 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 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, 65 community members accessed 758 behavioral health appointments through an investment in this strategy.

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, 88 community members were served through an investment in this strategy: • 30 obtained employment, • 29 graduated from job training or internship, and • 8 Healthcare workers were trained.
Healthcare Access and Delivery; Maternal & Infant Health	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, 88 community members received respite/recuperative care as a result of an investment in this strategy: • A total of 8,671 bed nights were provided, • All individuals served received shelter and primary care, and • 7 obtained permanent housing.

		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, 17,753 community members (15,529 children and youth) were served through an investment in this strategy: • 1,146 received specialty care and 581 received primary care, • 1,259 received healthcare navigation services, and • 2,483 received health insurance navigation services.
		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, 26,681 community members were served through an investment in this strategy: • 21,451 received primary care services, • 1,669 received specialty care services, and • 1,384 received behavioral health services.

Evaluation of Effectiveness

Sutter Health regularly monitors the impact and effectiveness of our community health strategies to ensure programs meet the needs of the communities we serve. We require all community partners who receive funding to report measurable outcomes, including but not limited to the outcomes identified in the table above, to demonstrate the impact of their programs. These reports help track program success, so that we may shift our strategies to more effectively meet the needs in the CHNA if needed.

Health Needs SMSC 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, Healthy Lifestyles, Housing & Homelessness, Cancer, and Education.

SMSC 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.

ID#	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
<i>Organizations</i>							
1	Interview	Anita Aguirre, MPH, Chief Executive Officer, Santa Cruz Community Health Centers	North County	1	Low-income, medically underserved	Leader	3/25/2024
2	Interview	Mai Bui-Duy, Director of Health Information & Population Health, Salud Para La Gente	South County	1	Low-income, medically underserved	Leader	3/26/2024
3	Interview	Monica Morales, Director, Health Services Agency	Public health	1	Low-income, medically underserved	Leader	3/27/2024
4	Interview	Robert Ratner, Housing for Health Division Director, County of Santa Cruz Human Services Department	Homelessness	1	Low-income	Leader	4/12/2024
5	Interview	Director of Integrated Behavioral Health, Adult Services, Encompass Community Services Sabina Iles, Integrated Behavioral Health Director/Youth & Families, Encompass Community Services	Behavioral health	2	Low-income, medically underserved	Leaders	4/24/2024
6	Interview	James Russell, Director of Access and Crisis Services, Santa Cruz County Behavioral Health	Behavioral health	2	Low-income, medically underserved	Leaders	7/24/2024

		Crisis Services Manager, Santa Cruz County Behavioral Health					
7	Interview	Dennis Hsieh, Chief Medical Officer, Central California Alliance for Health	Healthcare access	1	Low-income, medically underserved	Leader	9/10/2024
8	Interview	Erica Padilla-Chavez, Chief Executive Officer, Second Harvest Food Bank Santa Cruz County	Food insecurity	1	Low-income	Leader	10/3/2024
9	Interview	RC Fam Raíces y Cariño	Maternal/infant health	1	Low-income, medically underserved	Leader	10/9/2024
10	Interview	Faris Sabbah, Santa Cruz County Superintendent of Schools, Santa Cruz County Office of Education	Education	1	Low-income	Leader	10/9/2024
11	Interview	Corinne Jones, Director of Programs, Senior Network Services	Older adults	1	Low-income, medically underserved	Leader	10/10/2024
12	Interview	Leeann Luna, Chief Executive Officer, Monarch Services Jeanette Valencia, Program Manager, Monarch Services	Community safety	2	Low income	Leaders	10/18/2024

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.

ID#	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
13	Focus Group	Hosts: Dominican Hospital and Sutter Maternity & Surgery Center	North County equity	8	Low-income, minority	(See below)	6/17/2024
		<i>Attendees:</i>					

		Jennifer Herrera, Assistant Director, County of Santa Cruz, Health Services Agency				Representative	
		Grant Hartzog, Professor, University of California, Santa Cruz				Representative	
		Cybele Lolley, Clinical Program Director, The Diversity Center of Santa Cruz County				Representative	
		David Molina, Commissioner, Santa Cruz County Commission on Disabilities				Representative	
		Jessica Bulleri, Campus Wellness Program Manager, University of California, Santa Cruz				Representative	
		Crystal Gonzalez, Semillitas Program Director, Ventures				Representative	
		Keisha Browder, Chief Executive Officer, United Way of Santa Cruz County				Representative	
		Maritza Lara, Executive Director, Health Improvement Partnership of Santa Cruz County				Representative	

Community Residents

14	Focus Group	Host: Community Action Board of Santa Cruz - Davenport Resource Service Center	Farmworkers	10	Low-income, medically underserved	Members	6/27/2024
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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 Maternity & Surgery 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	\$287,661		\$287,661
Medi-Cal	\$4,155,340		\$4,155,340
Other Means-Tested Government (Indigent Care)	\$0		\$0
Sum Financial Assistance and Means-Tested Government Program	\$4,443,001		\$4,443,001
Other Benefits			
Community Health Improvement Services	\$22,369	\$60,780	\$83,149
Community Benefit Operations	\$7,418	\$2,473	\$9,891
Health Professions Education	\$0	\$0	\$0
Subsidized Health Services	\$0	\$17,393	\$17,393
Research	\$0	\$0	\$0
Cash and in-kind Contributions for Community Benefits	\$535,000	\$0	\$535,000
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$564,787	\$80,646	\$645,433

Community Benefits Spending			
Total Community Benefits	\$5,007,788	\$80,646	\$5,088,434
Medicare	\$20,275,226		\$20,275,226
Total Community Benefits with Medicare	\$25,283,014	\$80,646	\$25,363,660