Sutter Health

SUTTER LAKESIDE HOSPITAL

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

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

Sutter Lakeside Hospital
5176 Hill Rd. East
Lakeport, CA 95453

License #110000094

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 Lakeside Hospital (SLH), 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, SLH has identified the following significant health needs to be addressed in 2025-2027:

1. Behavioral Health
2. Economic Security
3. Healthcare Access & Delivery

SLH 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 5176 Hill Road East, Lakeport CA 95453; 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 Lakeside Hospital (SLH) 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, SLH'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 SLH.

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. Primary research was conducted through 6 key informant interviews and 4 focus groups. Transcripts of 2 interviews and 4 focus groups conducted by Adventist Health Clear Lake were included in Sutter Lakeside's CHNA. Input from 63 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,150 quantitative health indicators were reviewed to assist with understanding health needs in Lake 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 Lake 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 ranked from highest to lowest to determine the top four significant health needs.

Community Served

Sutter Lakeside 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. Sutter Lakeside is located in Lake County and serves the entire county (Figure 1).

Figure 1: Community served by SLH.

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

Table 1. Population Characteristics: Lake County	
Total Population	*67,878*
Life Expectancy (yrs.)	*75*
Median Household Income ($)	*58,738*
% Unemployed	*7*
% Over Age 25 with a Bachelor's Degree	*17*
% Households Spending One-third or More of Income on Housing	*35*
% With Disability	*14*
Race/ethnicity	
% White	*65*
% Latine	*25*
% Native American	5
% Black	2
% Asian	2
% Pacific Islander	0.3
% Latine	25

Sources: American Community Survey 5-year Estimates, 2017-2021; National Center for Health Statistics- Mortality Files, 2019-2020, as cited by Community Health Rankings; Small Area Income and Poverty Estimates, 2023, as cited by Community Health Rankings; California Employment Development Department (EDD) Labor Market Statistics, 2024; United States Census Bureau, American Community Survey, 5-year estimates, 2019-2023; 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:

1. Behavioral Health
2. Economic Security
3. Community Safety
4. Healthcare Access & Delivery

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 SLH Plans to Address

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

1. **Behavioral Health** - Behavioral health, which includes mental health, trauma, and substance use, emerged as a top-priority health need in interviews and focus group discussions. Most CHNA participants shared concerns about the rising prevalence of mental health issues, citing increased stress, anxiety, depression, and isolation, worsened by the COVID-19 pandemic. Lake County adults reported mental distress more frequently than state average and the county suicide rate (26.4 per 100,000) is over twice that of California overall (10.5). Participants called for more public education and community conversations around mental health and substance use to reduce stigma, coupled with better access to healthcare navigators for assistance with treatment and medication.

2. **Economic Security**– Economic security, including financial stability, food security, and economic development, was identified as one of the top priority health needs in interviews and focus group discussions. The high cost of living in Lake County was identified by many CHNA participants as a significant burden, citing concerns about stagnant wages failing to match inflation and rising living costs. Lake County residents have significantly lower income compared to California overall. In 2023, Lake Couty's median household income ($58,738) was approximately 40% less than the state overall ($96,334). Income is particularly lower for Lake County Native American residents, with incomes averaging roughly half of the county median household income and significantly lower than their Native peers statewide. Many CHNA participants emphasized the importance of economic development, including attracting high-paying jobs and industry growth as crucial for improving financial security.

3. **Healthcare Access & Delivery** - Healthcare access and delivery is a critical concern in Lake County and was identified as a top health priority by focus groups and key informants. CHNA participants identified a shortage of local providers in Lake County as a significant barrier to accessing timely healthcare. For example, the Lake County ratio of primary care physicians-to-patients (1:2,223) is almost twice as worse as the state (1:1,234) and is worsening. The ratio of other primary care providers, including nurse practitioners and physician assistants, is also worse than in California overall. Participants highlighted that low-income populations, including the elderly, face significant barriers to healthcare access and delivery due to financial constraints, often resulting in delayed or inadequate treatment. CHNA participants emphasized that reliable transportation is a critical need for accessing healthcare in a rural county. Participants expressed that there are opportunities to better understand diverse backgrounds, which would improve trust with the healthcare system, particularly among Latine, Native American, and disabled patients.

SLH 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 SLH 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 SLH 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.	Planning for future investments to advance this strategy is underway.
		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, a total of 46 community members were served through investment in this strategy, which provided access to behavioral health services.

		Invest in new systems of delivery that bring outreach, support groups, counseling, and mental health services, directly into low-income, underserved residential communities--ensuring accessible community-based care for adults, children, and young adults.	Community members will have access to services addressing behavioral health in individual and group settings, primary care and basic needs.	Planning for future investments to advance this strategy is underway.
Economic Security	Cultivate a talent pipeline, enhance workforce readiness, and support the broader community.	Invest in capital projects that expand the capacity of workforce development initiatives in healthcare and other fields to provide education, job training, technical and soft skill building, leadership development, employment services and supports, and financial coaching, among other programs and services.	Educational institutions, collaboratives, and community organizations will make progress towards providing access to education/job training programs and sites for the community.	In 2025, a capital investment was provided in support of a workforce education training facility that is expected to serve up to 7,500 youth and adults annually.
Healthcare Access & 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.	Invest in Community Health Worker/Promotores/Navigator initiatives in which trusted community members connect individuals and families with community healthcare providers, clinics, care teams, and resources to address their health, social and/or economic needs.	Patients experience increased access to primary care and other community-based services that support health and address basic needs.	Planning for future investments to advance this strategy is underway.

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 SLH 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.

SLH 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, 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	Nicole Flora, Executive Director, Lake County Economic Development Corporation	Economic security, business development	1	Low-income	Leader	5/9/2024
Interview	Elise Jones, Director, Lake County Behavioral Health Services	Behavioral health	1	Medically underserved	Leader	5/15/2024
Interview	N/A[1]	Homelessness, food security	1	Low-income, medically underserved	Leader	6/4/2024
Interview	Anthony Arton, Health Services Director, Lake County Health Services	Public health	1	Low-income, medically underserved, minorities	Leader, representative	6/17/2024
Interview	Sarah Ryan, Environmental Director, Big Valley Band of Pomo Indians	Environment	1	Medically underserved, minority	Leader	6/24/2024

[1] Key informant interviewee requested to not have their name, title and organization acknowledged in the report.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Program Director, Supported Living Services, People Services Inc.	Disabilities	1	Medically underserved, minority	Leader	7/16/2024
Interview – Secondary	Latinos United	Latine health	1	Minority	Leader	5/28/2024
Interview – Secondary	Robertson Rancheria	Native health	1	Minority	Leader	5/29/2024

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	Social services agencies	4	Low-income, medically underserved	(see below)	9/4/2024
	Attendees:					
	Janine Smith Citron, Director of Development, Hospice Services of Lake County & Lake Palliative Care				Leader	
	Sabrina Andrus, Executive Director, Mother-Wise				Leader	
	Ryan LaRue, Chief Executive Officer, Rural Communities Housing Development Corporation				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Christine Gomez, Early Intervention Program Director, Easterseals Northern California				Leader	
Focus Group	Host: Actionable Insights	Safety net clinics	7	Low-income, medically underserved	(see below)	9/20/2024
	Attendees:					
	Lake County Behavioral Health Services				Leader	
	Ronni Duncan, Licensed Clinical Social Worker, Adventist Health				Leader	
	Holly Goetz, Licensed Clinical Social Worker, Sutter Lakeside Hospital				Leader	
	Population Health Coordinator, Sutter Lakeside Hospital				Leader	
	Richard Occhino, Substance Use Program Coordinator for Prevention & Early Intervention, Lake County Behavioral Health Services				Leader	
	Nichole Dutcher, Elder's Case Manager, Lake County Tribal Health Consortium				Leader	
	Angelina Gamez, Community Health Representative/Certified Medical Assistant, Lake County Tribal Health Consortium				Leader	
Focus Group	Host: Redwood Community Services the Harbor	LGBTQ+ Youth	4	Minority	Members	9/26/2024
Focus Group	Host: Latinos United, Sutter Lakeside	Spanish-speakers	9	Minority	Members	9/26/2024
Focus Group -	Host: Lake County Children's Council	Youth	5	Low-income	Leaders	5/29/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Secondary						
Focus Group - Secondary	Host: Lake County Community Senior Center	Older adults	5	Low-income, medically underserved	Leaders	5/30/2024
Focus Group - Secondary	Host: Hinth' El Wellness Council	Native Americans	7	Minority	Representatives, Members	5/28/2024
Focus Group - Secondary	Host: Latinos United	Latines	9	Minority	Representatives, Members	5/28/2024

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

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$1,812,091		$1,812,091
Medi-Cal	$7,824,505		$7,824,505
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Program	**$9,636,596**		**$9,636,596**
Other Benefits			
Community Health Improvement Services	$72,237	$0	$72,237
Community Benefit Operations	$9,648	$3,216	$12,864
Health Professions Education	$0	$0	$0
Subsidized Health Services	$12,175	$14,425,080	$14,437,255
Research	$0	$0	$0
Cash and in-kind Contributions for Community Benefits	$205,008	$30,000	$235,008
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$299,068**	**$14,458,296**	**$14,757,364**

Community Benefits Spending			
Total Community Benefits	**$9,935,664**	**$14,458,296**	**$24,393,960**
Medicare	$0		$0
Total Community Benefits with Medicare	**$9,935,664**	**$14,458,296**	**$24,393,960**