Sutter Health

CALIFORNIA PACIFIC MEDICAL CENTER – VAN NESS AND DAVIES CAMPUSES

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 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 California Pacific Medical Center- Van Ness and Davies Campuses (CPMC), 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, CPMC has identified the following significant health needs to be addressed in 2025-2027:

1. Economic security
2. Access to care
3. Behavioral health

CPMC 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 P.O. Box 7999, San Francisco, CA 94120-7999; 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

California Pacific Medical Center (CPMC) 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, CPMC'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

The 2025 CHNA process was facilitated by Harder+Company Community Research (Harder+Company), an independent California-based evaluation company with expertise in community participation.

Assessment Process and Methods

This CHNA was guided by the San Francisco Health Improvement Partnership (SFHIP), whose mission is to improve community health and wellness through collective impact. SFHIP is comprised of mission-driven anchor institutions, health equity coalitions, the San Francisco Department of Public Health (SFDPH), funders, and educational, faith-based, healthcare, and other service provider networks.

To assess community strengths, health needs, and suggested solutions, we used both experiential insights and empirical data. Community insights were shared between May and September 2024, through six focus groups and 14 key informant interviews conducted as part of the Kaiser Permanente CHNA (see Appendix A for CHNA participants).

The focus groups centered around the three Health Equity Coalitions to provide information on their clients, participants, and community members. Recognizing the trusted and culturally concordant relationship that these groups have with and within their communities was also a way for the CHNA to instill equity into the overall process by including them as partners, not only as focus group participants but also members of SFHIP.

Numerical data was used to contextualize community input and provide background on the demographics and health of San Franciscans. These came from myriad publicly available data portals and reports, including those published by the San Francisco Department of Public Health and the City and County of San Francisco.

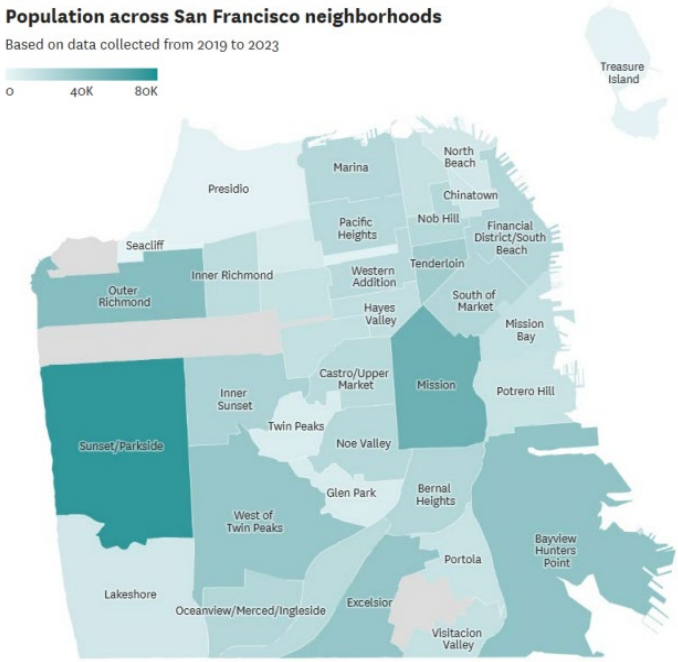
Process and Criteria to Identify and Prioritize Significant Health Needs

Community discussions suggested 23 health issues. Numerical data was then collected for each of these. Resulting graphs and representative quotes were then synthesized in a summary document. To identify the most significant health needs in San Francisco, SFHIP collectively reviewed the comprehensive findings over the course of several meetings. They engaged in robust discussions about the findings, coalescing through consensus around a set of needs that encompassed the most essential issues. Participants voted on the health needs, elevating access to care, behavioral health, and economic security. The identified significant health needs were then prioritized based on the primary data to honor and reflect the voice of the community. All mentions of themes associated with the significant health needs in the primary data were totaled. The health needs were then ranked based on the number of mentions, from highest to lowest.

Community Served

The City and County of San Francisco, with 827,526 people is the fourth-most populous city in California and the 17th-most populous city in the United States.[1] Its 46.9 square miles is often rounded up to 49, to connect to 1849, the year that started the gold rush and the nickname for San Franciscans as the 49ers. This compact area makes San Francisco the smallest geographic county in California and the secondmost densely populated major U.S. city (after New York City), which contribute to the high cost of property and living, and the corollary impact on housing disparities (Figure 1).

Figure 1: Community served by CPMC.[2]



[1] Source: U.S. Census
[2] Map: Harsha Devulapalli/The Chronicle

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

Table 1. Population Characteristics: San Francisco County	
Total Population	*827,526*
Life Expectancy (years)	*82.4*
Median Income ($)	*$141,446*
% Extremely Low Income Households	17
% Over Age 25 with a bachelor's degree	60
% Households Spending 30% or More of Income on Rent	36.9
% With Disability	*11*
Race/ethnicity	
%White	*50*
% Asian	*39*
% Hispanic/Latino	*16*
% Other race	*13*
% Black	*7*
% Native American	*2*
% Pacific Islander	*1*
Sources: U.S. Census Bureau. (2025). San Francisco Community Profile; National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program, 2020-2022; American Community Survey, ACS 5-Year Estimates, 2019-2023; American Community Survey, ACS 5-Year Estimates Subject Tables, 2022; City Health Dashboard. American Community Survey, US Census Bureau. 2022, 5 year estimate; US Census Bureau. American Community Survey, ACS 5-Year Estimates Data Profiles, 2023	

Significant Health Needs Identified in the 2025 CHNA

The following significant health needs were identified in the 2025 CHNA:

1. Economic security
2. Access to care
3. Behavioral 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 CPMC Plans to Address

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

1. **Economic Security** - Economic security includes education, employment, food security, housing and homelessness, and income. It is essential for accessing basic resources like food, healthcare, education, transportation, and housing. In San Francisco, the high cost of living makes it difficult for many residents to afford necessities which further exacerbates financial hardships and impacts housing, food, education and mobility. In addition, an acute housing shortage and high cost of living have contributed to more people becoming homeless.

2. **Access to Care** - Access to healthcare included aging, culturally responsive services, disability, oral health, and transportation. In San Francisco, access is shaped by affordability, provider availability, transportation, and cultural responsiveness, with disparities persisting in historically neglected marginalized communities. Barriers like language access, financial hardship, and limited providers contribute to delayed or inadequate care, especially for aging populations and those with disabilities. Addressing these challenges requires equitable, community-centered solutions, including wraparound services, culturally responsive providers, and expanded preventive care in underserved areas.

3. **Behavioral Health** - Behavioral health includes mental health and substance use and is shaped by emotional, social, and environmental factors. Access to resources, socioeconomic status, housing conditions, and trauma all impact behavioral health. In San Francisco, where the cost of living is high and access to behavioral health specialists are limited, communities face increased risks. The environments in which people live, learn, work, socialize, worship, and age influence overall health, functioning, and quality of life.

CPMC 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 CPMC 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 CPMC 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
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, 532 community members were served through investments in this strategy: • 48 obtained employment and 14 internships were provided, • 39 graduated from a job training program, • 238 interview and resume prep sessions were provided, and • 465 job training sessions were provided.

		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, capital funding was provided to support construction of a community workforce development center, expected to serve hundreds of community members annually. Capital funding also supported a pediatric simulation room for a nursing training program, expected to serve 120 pre-licensure nursing students annually.
		Increase employment readiness by investing in programs that foster personal, professional, and leadership development.	Program participants have access to education, job training programs and employment opportunities, and successfully complete these offerings.	In 2025, as a result of an investment in this strategy, a community outreach and stewardship program conducted 32 mentorship sessions and created connections to employment.
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.	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, 5,086 community members received services through investment in this strategy: • 1,546 accessed primary and/or specialty care services through 14,257 primary care and 3,388 specialty care appointments provided, • 652 people experienced reduced their social isolation, and • 89,620 pounds of food were distributed.

		Partner with Mobile and Street Medicine programs that serve individuals experiencing homelessness and other vulnerable community members by traveling to them, providing healthcare, and facilitating patient connection to housing and other wraparound services.	Community members access healthcare and other services that support health and address basic needs.	In 2025, 958 community members were served as a result of investment in this strategy: • 132 accessed primary health care services, • 44 accessed behavioral health services, and • 132 health navigation services were provided.
		Expand the capacity of community clinics to provide high quality primary healthcare services by investing in capital campaigns and programmatic support.	Community clinics make annual progress toward and/or complete capital projects and patients access primary care and other health services.	In 2025, 1,405 community members received services through investments in this strategy: • 1,365 accessed primary health care and 194 accessed specialty care services • 131 accessed behavioral health services, and • 92 surgical procedures were provided to uninsured individuals.
		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, 6,009 community members received services as a result of investment in this strategy, including: • 376,761 pounds of food, and • 297,259 home visits provided.

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.	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, 3,814 community members were served through investments in this strategy, including 537 who accessed behavioral health services, 408 of whom experienced improved mental health and/or substance use.
		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.

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 CPMC Does Not Plan to Address

CPMC plans to address all three of the health needs identified in the 2025 Community Health Needs Assessment. CPMC 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.

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 and the number of participants.

Table A1: Key informant list.

Organization	Number of Participants
APA Family Support Services	1
Bayview Hunters Point YMCA and Hope SF	2
FAACTS Coalition (Booker T Washington Community Services and Farming Hope)	2
Homeless Prenatal Program	1
Larkin Youth Services	3
Mission Neighborhood Centers	1
On Lok	1
San Francisco African American Faith Based Coalition	1
San Francisco Community Clinic Consortium	2
San Francisco Department of Public Health	1
San Francisco Human Rights Commission	1
San Francisco Unified School District	1
SF AIDS Foundation	2
Transgender District and San Francisco Community Health Center	2

Focus Groups

Table A2 contains a listing of community resident groups that contributed input to the CHNA. The table describes the organization participating in the focus group, the affiliations of the focus group participants, and the total number of participants.

Table A2: Focus group list.

Group	Participant Affiliations	Number of Participants
African American Health Equity Coalition	• Community members from the African American Health Equity Coalition	7

Asian & Pacific Islander Health Parity Coalition (APIHPC)	• APA Family Support Services • Chinese Parents Association for the Disabled (CPAD) • Community Youth Center • NICOS Chinese Health Coalition • Northeast Medical Services (NEMS) • On Lok Senior Services • Outer Mission / Excelsior neighborhood • Richmond Area Multi-Service Agency (RAMS) • SF Hep B Free • Southeast Asian Development Center • UCSF • YMCA	15
Chicano / Latino / Indígena Health Equity Coalition (CLI)	• Central American Resource Center (CARECEN) • Instituto Familiar de la Raza • San Francisco AIDS Foundation • San Francisco Mission District neighborhood • UCSF Center for Community Engagement • UCSF Clinical and Translational Science Institute	6
Community Clinics	• BAART Community Healthcare • Curry Senior Center • Mission Neighborhood Health Center • San Francisco Community Clinic Consortium	4
Health Insurers	• Anthem Blue Cross • Canopy Health • San Francisco Health Plan (SFHP) • UCSF Health"	4
People with disabilities	• SF Human Services Agency, Department of Disability and Aging Services • Support for Families of Children with Disabilities • San Francisco Disability Business Alliance	5

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.

California Pacific Medical Center: Van Ness and Davies Campuses
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	$9,603,436		$9,603,436
Medi-Cal	$101,582,351		$101,582,351
Other Means-Tested Government (Indigent Care)	$3,279,597		$3,279,597
Sum Financial Assistance and Means-Tested Government Program	**$114,465,384**		**$114,465,384**
Other Benefits			
Community Health Improvement Services	$1,969,065	$0	$1,969,065
Community Benefit Operations	$699,995	$36,821	$736,816
Health Professions Education	$0	$35,576,214	$35,576,214
Subsidized Health Services	$6,457,557	$4,810,387	$11,267,944
Research	$0	$7,989,885	$7,989,885
Cash and in-kind Contributions for Community Benefits	$13,992,189	$5,331	$13,997,520
Other Community Benefits	$0	$0	$0
Total Other Benefits	**$23,118,806**	**$48,418,638**	**$71,537,444**

Community Benefits Spending			
Total Community Benefits	**$137,584,190**	**$48,418,638**	**$186,002,828**
Medicare	$205,776,040		$205,776,040
Total Community Benefits with Medicare	**$343,360,230**	**$48,418,638**	**$391,778,868**