Sutter Health

# ALTA BATES SUMMIT MEDICAL CENTER – ALTA BATES/HERRICK CAMPUS

## 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

Alta Bates/Herrick Campus
2450 Ashby Ave.
Berkeley, CA 94705

License #140000004

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 Alta Bates Summit Medical Center– Alta Bates/Herrick Campus (ABSMC), 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, ABSMC has identified the following significant health needs to be addressed in 2025-2027:

1. Basic Needs (Housing, Food, Income)
2. Mental/Behavioral Health/Unhealthy Substance Use
3. Access to Care

ABSMC 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 350 Hawthorne Avenue, Oakland, CA, 94609; 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

Alta Bates Summit Medical Center (ABSMC) 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, ABSMC's investments in community health programs addressed pressing community needs in three main priority areas: access to care, including chronic disease prevention and management; mental health and substance use treatment; and workforce development.

Learn more about how Sutter Health reinvests into communities and works to advance healthy outcomes for all by visiting *sutterhealth.org/community-benefit*.

## 2025 Community Health Needs Assessment Approach

Applied Survey Research (*www.appliedsurveyresearch.org*) conducted the 2025 CHNA on behalf of ABSMC.

### Assessment Process and Methods

This community health needs assessment (CHNA) analyzes timely and detailed qualitative and quantitative data across 13 potential health need areas based on the University of Wisconsin's County Health Rankings Model of Health.[1] This model uses health factors to report health outcomes like premature death, along with health factors like physical environment or economic factors. Understanding the outcomes of the measures used in this model "help(s) communities understand opportunities in their communities, how healthy their residents are today, and what factors are impacting future health."[2]

Using the potential need areas from the County Health Rankings model, the needs of the Alta Bates Summit Medical Center service area were identified and prioritized using data from 39 in-depth qualitative interviews with area leaders in sectors such as public health, social services, and

[1] Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2014. www.countyhealthrankings.org.
[2] "County Health Rankings & Roadmaps – Technical Documentation", 2025. https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR%20Technical%20Documentation%202025_2.pdf

education (see Appendix A for CHNA participants). Also included are results from 16 focus groups, with residents from LGBTQ+, African American, Vietnamese, Spanish-speaking, Korean-speaking, Khmer-speaking, Tagalog-speaking, Mam-speaking, justice-involved, disabled, seniors, and parent communities, as well as approximately 125 quantitative metrics. Because these potential need areas were also used by the neighboring health system Kaiser Permanente, quantitative data from the publicly available Kaiser Permanente data platform that included 89 quantitative metrics were included in this analysis.[3]

### Process and Criteria to Identify and Prioritize Significant Health Needs

Three overarching criteria drove the methods used to identify, analyze, and ultimately rank each of the health need areas. These criteria, developed by neighboring Kaiser Permanente for their most recent community health needs assessment, include:

1. **Magnitude and severity of need**: Includes how measures compare to national benchmarks and the relative number of people affected.
2. **Community prioritizes the issue:** The community prioritizes the issue over other issues.
3. **Clear disparities or inequities**: Differences in health outcomes by geography, race and ethnicity, economic status, age, gender, or other factors.

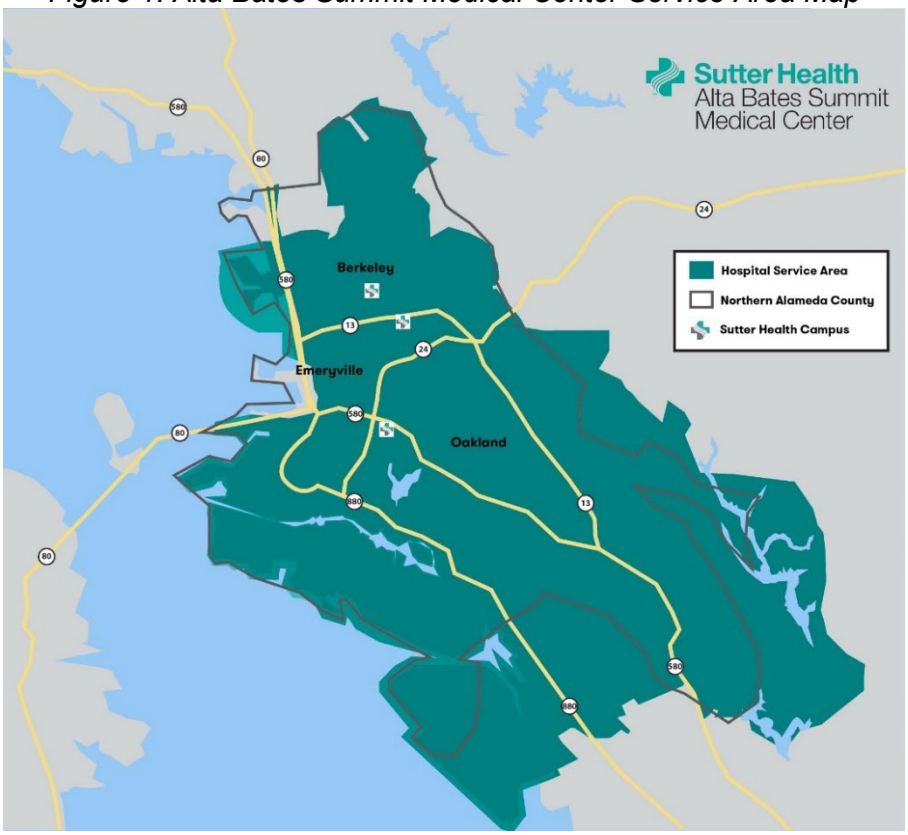
Scores from 0 (no need) to 4 (very high need) were assigned to each of the 13 health need areas (*Access to Care*, for example) for every data source. In addition, each data source was assigned a weight of 0-10, with 10 representing the highest quality data source. This resulted in a final "matrix" of health need areas, ranked from highest to lowest to determine the top four significant health needs.

## Community Served

The definition of the community served included portions of Alameda County that are served by Alta Bates Summit Medical Center. Alta Bates Summit Medical Center, part of the Sutter Health network, is a nonprofit hospital that provides health care services to patients throughout northern Alameda County. Alta Bates Summit Medical Center's campuses are located in the cities of Berkeley and Oakland, and its hospital service area includes 25 ZIP codes and neighboring communities surrounding the hospital. The local data gathered for the assessment represent residents across the service area, which consists of the cities of Oakland, Berkeley, Alameda, Albany, Emeryville, and Piedmont (Figure 1).

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

*Figure 1. Alta Bates Summit Medical Center Service Area Map*




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

| Table 1. Population Characteristics: ABSMC Service Area | |
|---|---|
| Total Population | *631,634* |
| Median Age (yrs.) | *38* |
| Median Household Income ($) | *105,940* |
| % Poverty | *12.7* |
| % Unemployed | *5.7* |
| % Uninsured | *5.0* |
| % Without High School Degree | *9.9* |
| % With Severe Housing Cost Burden | *20.1* |
| % With Disability | *9.9* |
| Race/ethnicity | |
| % White | *37* |
| % Asian | *22* |
| % Hispanic or Latino | *19* |
| % Black or African American | *14* |
| % Multiracial | *7* |
| % Another race/ethnicity | *<1* |
| % Native Hawaiian or Pacific Islander | *<1* |
| % American Indian or Alaska Native | *<1* |

*Sources: U.S. Census, Esri data (2022),* American Community Survey (2017 – 2021)

## Significant Health Needs Identified in the 2025 CHNA

Primary and secondary data were analyzed to identify and prioritize the significant health needs in the service area. The following significant health needs were identified in the 2025 CHNA:

1. Basic Needs (Housing, Food, Income)
2. Community Safety
3. Mental/Behavioral Health/Unhealthy Substance Use
4. Access to Care

## 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 ABSMC Plans to Address

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

1. **Basic Needs (Housing, Food, Income) -** Basic needs refer to the impact that access to safe and secure housing, healthy food options, and economic opportunity can have on the health of a person. All of these components are essential to achieving the highest quality health and well-being.

2. **Mental/Behavioral Health/Unhealthy Substance Use** - Mental and behavioral health play a vital role in overall well-being, influencing physical health, the ability to work and succeed in school, and meaningful participation in family and community life. Common measures include access to mental health services, levels of stress, and rates of suicide. Unhealthy substance use includes tobacco use, binge drinking, and the misuse of prescription or recreational drugs—behaviors that can lead to serious health consequences.

3. **Access to Care** - Access to care means individuals can obtain the health care services they need in a timely, affordable, and effective manner. It includes the availability of services, as well as culturally and linguistically appropriate support. Additionally, it ensures that care is comprehensive and provided by qualified professionals, meeting high-quality standards.

## ABSMC 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 ABSMC 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 ABSMC plans to address by the end of 2027, as well as the goals and strategies we will implement to achieve the listed outcomes.

| Priority Health Need | Goal | Strategies | Anticipated Outcomes | 2025 Outcomes |
|---|---|---|---|---|
| **Basic Needs** | 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. | Planning for future investments to advance this strategy is underway. |
| | | 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, investments in this strategy served a total of 1,651 people, including 1,627 youth:<br>• 71 graduated from a job training or internship program,<br>• 65 internships were provided, and<br>• 1,233 mentorship or tutoring sessions were provided. |

| | | | | |
|---|---|---|---|---|
| **Mental/ Behavioral Health/ Unhealthy Substance Use** | 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, 12,794 people received services through investments in this strategy, including:<br>• 7,912 people accessed behavioral health services,<br>• Of those assessed, 3,975 of assessed participants experienced improved mental health or substance use, and<br>• 6,415 participants experienced reduced social isolation. |
| **Access to Care** | Improve access to healthcare and chronic disease prevention and management by investing in integrated, person-centered systems of care and partnerships across clinical, community, and educational settings. | Invest in 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. | In 2025, 296 community members received services through investment in this strategy, including:<br>• 226 people accessed primary care services,<br>• 98 accessed behavioral health services,<br>• 175 health care navigation services were provided. |
| | | 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. | Planning for future investments to advance this strategy is underway. |

| | | | | |
|---|---|---|---|---|
| | | 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, 1,076 community members were served through investment in this strategy, including expansions in service that allowed clinics to reach more 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, 2,700 community members were served through investment in this strategy, including home visits that provided 755,797 meals. |

## 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 ABSMC 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.

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

# Appendix A: 2025 CHNA Participants

## Key Informant Interviews

Table A1 contains a listing of community health experts, or key informants, that contributed input to the CHNA. The table describes the name of the represented organization, the date of the interview, the number of participants, area of expertise, and the populations served by the organization.

*Table A1. Key Informant Interview Participant List*

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| Abode Services | 6/13/2024 | 1 | Housing sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented |
| Alameda County Behavioral Health Office of Health Equity | 5/22/2024 | 1 | Mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented |
| Alameda County Community Food Bank | 6/26/2024 | 1 | Food and nutritional security sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants, and/or people who are undocumented |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| Alameda County Health Care for the Homeless | 6/11/2024 | 2 | Housing sector, health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |
| Alameda County Nurse Family Partnership | 4/26/2024 | 1 | Health care sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, children and youth, |
| Alameda County Public Health | 5/16/2024 | 2 | Health care sector | Public health |
| Aliados Health/La Clinica de la Raza | 6/18/2024 | 2 | Health care sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, seasonal farmworkers, recent immigrants and/or people who are undocumented |
| Asian Health Services | 6/26/2024 | 1 | Health care sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented |
| Bay Area Community Health (BACH)<br>Haller's Pharmacy / Fremont Opioid Collaborative<br>City of Fremont / Fremont Opioid Collaborative<br>La Familia | 6/12/2024 | 9 | Health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| Humanistic Alternatives to Addiction Research and Treatment, Inc. (H.A.A.R.T.)<br>Horizons<br>National Coalition Against Prescription Drug Abuse<br>Lifelong East Bay Community<br>Recovery Project<br>Discovery Counseling Center | | | | |
| Bay Area Community Health (BACH)<br>Newark Promotores<br>Asian Health Services<br>La Clinica de la Raza<br>Roots Health Center<br>Order of Malta Freedom Community Clinic<br>West Oakland Health Center<br>Native American Health Center<br>AXIS<br>La Familia<br>Tiburcio Vasquez | 6/11/2024 | 12 | Health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |
| Bay Area Regional Health Inequities Initiative (BARHII) | 7/29/2024 | 1 | Health care sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |
| Berkeley Zen Center<br>Gurdwara Sahib Fremont<br>First United Methodist Church of Fremont | 6/25/2024 | 6 | Community/social services sector | General public, faith-based communities |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| Temple Sinai<br>Crosspoint Church<br>GraceWay Church | | | | |
| College of Alameda Career Technical Education Program<br>UC Berkeley / UCSF Center for Educational Partnerships Health Career Connection<br>Ohlone College Nurse Training Program<br>Eden Area Regional Occupation Program (ROP)<br>UC Berkeley / Health Career Collaborative (for high schoolers)<br>Cristo Rey De La Salle High School<br>Tri-Valley Career Center | 8/12/2024 | 8 | Economic opportunities sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |
| Day Break Adult Day Center | 7/16/2024 | 1 | Health care sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, seniors |
| Destiny Arts | 6/10/2024 | 1 | Food and nutritional security sector, education sector, community and social services sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented |
| Downtown Streets | 6/27/2024 | 1 | Housing sector, economic opportunity sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| | | | | homelessness, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented |
| East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS) | 6/6/2024 | 3 | Housing sector, economic opportunity sector, food and nutritional security sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people not proficient in English, recent immigrants and/or people who are undocumented |
| East Oakland Youth Development Center | 7/15/2024 | 2 | Economic opportunity sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, children and youth |
| Eden Housing Resident Services, Inc. | 6/18/2024 | 1 | Housing sector, economic opportunity sector, food and nutritional security sector, education sector | People who have low incomes, people experiencing homelessness, seniors, children and youth, people not proficient in English, seasonal farmworkers |
| Ella Baker Center | 5/15/2024 | 1 | Economic opportunity sector, environmental stewardship sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people identifying as LGBTQ+ |
| Fred Finch Youth & Family Services | 5/14/2024 | 1 | Housing sector, mental health sector | Children and youth |
| Fresh Approach | 6/5/2024 | 1 | Food and nutritional security sector | Children and youth |
| Greenlining Institute | 5/29/2024 | 1 | Housing sector, economic opportunity sector, food and nutritional | People not proficient in English |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| | | | security sector, environmental stewardship sector, community safety sector, | |
| GRID Alternatives Bay Area | 5/23/2024 | 5 | Economic opportunity sector, environmental stewardship sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people with fixed incomes, people identifying as LGBTQ+, people not proficient in English |
| J-Sei | 6/26/2024 | 1 | Food and nutritional security sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, seniors, people not proficient in English, recent immigrants and/or people who are undocumented |
| La Familia | 5/30/2024 | 1 | Mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |
| Life Long Medical Care | 7/17/2024 | 1 | Health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low-incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants, and/or people who are undocumented |
| NAMI Alameda County South, NAMI Contra Costa County | 6/13/2024 | 1 | Mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people identifying as LGBTQ+, people not proficient in English, |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| | | | | recent immigrants, and/or people who are undocumented |
| Native American Health Center | 6/13/2024 | 2 | Health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people with inadequate access to clean air and safe drinking water, children and youth, people not proficient in English, people identifying as LGBTQ+, recent immigrants, and/or people who are undocumented |
| Oakland Unified School District | 7/3/2024 | 1 | Education sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, children and youth, people identifying as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented |
| Pacific Center for Human Growth | 7/23/2024 | 1 | Mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people identifying as LGBTQ+ |
| Planting Justice | 6/18/2024 | 1 | Food and nutritional security sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people experiencing homelessness, people not proficient in English, recent immigrants, and/or people who are undocumented, and people who are formerly incarcerated |
| Rising Sun Center | 6/12/2024 | 1 | Economic opportunity sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, people identifying |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| | | | | as LGBTQ+, people not proficient in English, recent immigrants and/or people who are undocumented |
| Roots Community Health | 7/30/2024 | 1 | Health care sector, mental health sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, seniors, children and youth, people not proficient in English, recent immigrants, and/or people who are undocumented |
| Rubicon | 6/13/2024 | 1 | Economic opportunity sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, and people experiencing homelessness |
| Trybe | 7/15/2024 | 1 | Food and nutritional security sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved, people experiencing homelessness, people with inadequate access to clean air and safe drinking water, children and youth, people not proficient in English, recent immigrants, and/or people who are undocumented |
| Unity Council | 7/12/2024 | 1 | Economic opportunity sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people experiencing homelessness, children and youth, people not proficient in English, recent immigrants, and/or people who are undocumented |
| Vineyard 2.0 Resource Center<br>Oakland Family Resource Centers (Central, Frick, Hawthorne)<br>Fred Finch Family Services<br>Seneca Family | 7/22/2024 | 8 | Community/social services sector | Racial or ethnic groups that experience disparate health outcomes, people who have low incomes, people who are medically underserved |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|---|---|---|---|
| Services<br>Fremont Human Services Department<br>South County Partnership<br>Hively Family Resource Center<br>CityServe | | | | |
| Youth Alive, Tri-Valley Haven | 6/11/2024 | 2 | Community safety sector | Children and youth |

## Focus Groups

Table A2 contains a listing of community resident groups that contributed input to the CHNA. The table describes the hosting organization of the focus group, the date it occurred, the total number of participants, and population represented for focus group members.

*Table A2: Focus group list.*

| Hosting Organization | Date | Number of Participants | Population Represented |
|---|---|---|---|
| AC Probation | 9/18/2024 | 13 | Justice-involved |
| Allen Temple Arms | 8/7/2024 | 27 | Black Seniors |
| Asian Health Services | 8/28/2024 | 4 | Tagalog-speaking |
| Asian Health Services | 8/13/2024 | 10 | Vietnamese-speakers |
| Asian Health Services-Cambodian | 8/21/2024 | 6 | Khmer-speaking (Cambodian) |
| Family Health Services | 8/15/2024 | 8 | African American Parents |
| Family Health Services | 8/15/2024 | 3 | Spanish-Speaking Parents |
| Korean Community Center | 8/22/2024 | 14 | Korean-speaking; seniors |
| MacDonald Church of Christ | 7/20/2024 | 6 | Black/African Americans |
| MacDonald Church of Christ | 7/21/2024 | 7 | Seniors |
| Mam/Spanish (Fruitvale-Held at Ceasar E. Chavez Branch Library in Oakland) | 7/20/2024 | 8 | Spanish Speaking; Mam Speaking |
| Multicultural Institute | 7/18/2024 | 6 | Latino/Spanish-speaking |
| Oakland LGBTQ Community Center | 8/22/2024 | 8 | LGBTQ+, BIPOC (specifically Gay Bi Trans Men of Color) |
| Regional Center of the East Bay / Disability Council | 8/19/2024 | 18 | Disabilities (individuals with disabilities and family advocates) |
| Regional Center of the East Bay / Disability Council | 8/19/2024 | 13 | Disabilities/Spanish Speaking |
| Roots Health Center | 10/1/2024 | 8 | African American/40x40 zone |

## 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.

# Alta Bates Summit Medical Center: Alta Bates/Herrick Campus
# Total Community Benefits & Unpaid Costs of Medicare
# For period from 01/01/2025 through 12/31/2025

| Financial Assistance and Means-Tested Government Programs | Vulnerable Population | Broader Community | Total |
|---|---|---|---|
| Traditional Charity Care | $5,126,170 | | $5,126,170 |
| Medi-Cal | $31,074,575 | | $31,074,575 |
| Other Means-Tested Government (Indigent Care) | $17,885,572 | | $17,885,572 |
| **Sum Financial Assistance and Means-Tested Government Program** | **$54,086,317** | | **$54,086,317** |
| | | | |
| **Other Benefits** | | | |
| Community Health Improvement Services | $1,007,558 | $18,866 | $1,026,424 |
| Community Benefit Operations | $72,498 | $26,301 | $98,799 |
| Health Professions Education | $0 | $7,513,415 | $7,513,415 |
| Subsidized Health Services | $50,390 | $712,849 | $763,239 |
| Research | $0 | $0 | $0 |
| Cash and in-kind Contributions for Community Benefits | $1,192,792 | $0 | $1,192,792 |
| Other Community Benefits | $0 | $0 | $0 |
| **Total Other Benefits** | **$2,323,238** | **$8,271,431** | **$10,594,669** |

| Community Benefits Spending | | | |
|---|---|---|---|
| **Total Community Benefits** | **$56,409,555** | **$8,271,431** | **$64,680,986** |
| Medicare | $72,836,163 | | $72,836,163 |
| **Total Community Benefits with Medicare** | **$129,245,718** | **$8,271,431** | **$137,517,149** |