



SUTTER COAST HOSPITAL

2025 – 2027 Implementation Strategy Responding to the 2025 Community Health Needs Assessment

Approved by the Sutter Coast Hospital Board of Directors
November 20, 2025

Table of Contents

General Information	3
Summary: 2025 Implementation Strategy	4
Introduction/Background	5
2025 Community Health Needs Assessment Approach	5
Community Served	6
Significant Health Needs Identified in the 2025 CHNA	7
Sutter Health's Approach to Implementation Strategies	8
Health Needs SCH Plans to Address	9
SCH Implementation Strategies	10
Health Needs SCH Does Not Plan to Address	12

General Information

Date written plan was adopted by authorized governing body	November 20, 2025
Date written plan was required to be adopted	May 15, 2026
Authorized governing body that adopted the written plan	Sutter Coast Hospital Board
Was the written plan adopted by the authorized governing body on or before the 15 th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body	July 21, 2022

Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Coast Hospital (SCH), 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, SCH has identified the following significant health needs to be addressed in 2025-2027:

1. Access to Mental/Behavioral Health and Substance Use Services
2. Access to Quality Primary Care Health Services
3. Access to Specialty and Extended Care
4. Injury and Disease Prevention and Management
5. Access to Functional Needs

SCH 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 800 E. Washington Blvd. Crescent City, CA 95531; 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

SCH is affiliated with Sutter Health, a not-for-profit healthcare system dedicated to providing comprehensive, high-quality care throughout California. Committed to innovative, high-quality patient care and community partnerships, Sutter Health is pursuing a bold new plan to reach more people and make excellent healthcare more connected and accessible. Currently serving 3.5 million patients, thanks to our dedicated team of approximately 60,000 employees and clinicians, and 14,000+ affiliated physicians and advanced practice clinicians, with a unified focus on expanding care to serve more patients.

Sutter Health delivers exceptional and affordable care through its network of hospitals, medical groups, ambulatory surgery centers, urgent care clinics, telehealth, home health, and hospice services. Dedicated to transforming healthcare, at Sutter Health, getting better never stops. Learn more about how Sutter Health is transforming healthcare at sutterhealth.org and vitals.sutterhealth.org.

Community Benefit

As part of Sutter Health's commitment to fulfill its not-for-profit mission and to help serve some of the most vulnerable in its communities, Sutter invests annually in community benefit programs that help improve the overall health and wellbeing of the regions Sutter serves. Sutter's investments in community benefit programs and services increased to more than \$1 billion in 2024. This investment includes \$96 million in traditional charity care, which covers medically necessary care to eligible patients, regardless of their ability to pay; \$665 million in unreimbursed costs of providing care to Medi-Cal patients; and investments in community health programs to address identified community health needs. In 2024, Sutter sharpened its focus to address 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. See more about how Sutter Health reinvests into the community and works to advance healthy outcomes for all by visiting sutterhealth.org/community-benefit.

2025 Community Health Needs Assessment Approach

Community Health Insights (www.communityhealthinsights.com) conducted the 2025 CHNA on behalf of SCH. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California.

Assessment Process and Methods

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model.¹ This model of population health includes many factors that impact and account for individual health and well-being. Furthermore, to guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 21 community health experts, social service providers, and medical personnel. Additionally, answers from 420 of the Del Norte Community Survey were included. The survey was designed and administered between May – June 2024 by the California Center for

¹ Robert Wood Johnson Foundation, and University of Wisconsin, 2024. County Health Rankings Model. Retrieved 18 July 2024 from <https://www.countyhealthrankings.org/health-data/methodology-and-sources/methods>.

Rural Policy at Cal Poly Humbolt in partnership with the Del Norte County Department of Health and Human Services, Public Health Branch.

Focusing on social determinants of health to identify and organize secondary data, datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Furthermore, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

Process and Criteria to Identify and Prioritize Significant Health Needs

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 12 potential health needs (PHNs). These PHNs were identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. These PHNs were selected as significant health needs. These significant health needs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 12 PHNs identified in previous CHNAs.

Community Served

The definition of the community served included the primary service area of the hospital, which included the coastal communities of Del Norte County, California and Bookings Harbor areas of Curry County, Oregon. The total population of the service area was 41,834 (Figure 1).

Figure 1: Community served by SCH.



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

Table 1. Population Characteristics: Del Norte and Curry Counties		
	<i>Del Norte</i>	<i>Curry</i>
Total Population	27,462	23,404
% Non-White or Hispanic	39.3	15.9
Median Age (yrs.)	40	56.8
Median Income	\$61,149	\$64,300
% Poverty	14.3	12.4
% Unemployed	6.3	7.2
% Uninsured	6.1	5.3
% Without High School Degree	16.8	8.9
% With High Housing Costs	28.6	28.5
% With Disability	19.3	21.6
Race/ethnicity		
% White	61.1	83.1
% Hispanic or Latino	19.6	7.5
% American Indian or Alaska Native	6.2	1.3
% Multiracial	6.1	6.3
% Asian	3.0	0.7
% Black or African American	2.9	0.3
% Another race/ethnicity	0.7	0.5
% Native Hawaiian or Pacific Islander	0.4	0.3

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

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. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Mental/Behavioral Health and Substance Use Services
3. Access to Quality Primary Care Health Services
4. Access to Dental Care and Preventive Services
5. Access to Specialty and Extended Care
6. Injury and Disease Prevention and Management
7. Increased Community Connections
8. Access to Functional Needs
9. Safe and Violence-Free Environment
10. Active Living and Healthy Eating
11. System Navigation

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, or community-based settings.
- **Workforce Development** – invest in the future generation of healthcare workers to improve the workforce pipeline and access to care.

Health Needs SCH Plans to Address

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

- 1. Access to Mental/Behavioral Health and Substance Use Services** - Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access to mental, behavioral, and substance use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.
- 2. Access to Quality Primary Care Health Services** - Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.
- 3. Access to Specialty and Extended Care** - Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services that is needed in the community to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.
- 4. Injury and Disease Prevention and Management** - Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.
- 5. Access to Functional Needs** - Functional needs refer to needs related to adequate transportation access and conditions which promote access for individuals with physical disabilities. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

SCH 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 SCH 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 SCH plans to address in 2025, as well as the goals and strategies we will implement to achieve the listed outcomes.

Priority Health Need	Goal	Strategies	Anticipated Outcomes
Access to Mental/Behavioral Health and Substance Use Services	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. Investments in this strategy will include partnering with Del Norte County Behavioral Health, law enforcement, and regional healthcare providers to develop shared protocols and referral pathways, and establishing an Emergency Psychiatric Assessment, Treatment & Healing (EMPATH) unit as part of a coordinated community mental health strategy.	Community members will have access to behavioral health crisis services and other mental health support services.

Priority Health Need	Goal	Strategies	Anticipated Outcomes
Access to Quality Primary Care Health Services	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. Investments in this strategy will include implementing a Family Medicine Residency Program to build a long-term provider pipeline and continuing recruitment and retention initiatives for physicians and advanced practice providers.	Patients will experience increased access to primary care through increased appointment availability and provider recruitment and retention initiatives.
Access to Specialty and Extended 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.	Enhance access to specialty care in the community. Investments in this strategy will include increasing availability of telehealth specialty services, including cardiology and other high-demand specialties, and continuing physician and advanced practice provider recruitment and retention initiatives.	Patients will experience increased access to specialty care through telehealth specialty services and provider recruitment and retention initiatives.
Injury and Disease Prevention and Management	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.	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. Investments in this strategy will include expanded care coordination through primary care teams to support chronic disease monitoring and follow-up, and improved patient outreach for preventive and screening services through telehealth and care navigation.	Community members experience access to chronic disease risk reduction education, screenings, and treatment, healthy foods, and physical activity opportunities.

Priority Health Need	Goal	Strategies	Anticipated Outcomes
Access to Functional Needs	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. Investments in this strategy will include continuing a transportation support program including bus passes and taxi vouchers for SCH services, and working with community partners to align transportation resources to patient needs.	Patients experience increased access to community-based services that address basic needs and healthcare.

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 demonstrating 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 SCH Does Not Plan to Address

No hospital can address all of the health needs present in its community. This IS does not include specific plans to address the following significant health needs that were identified in the 2025 Community Health Needs Assessment:

1. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Dental Care and Preventive Services
3. Increased Community Connections
4. Safe and Violence-Free Environment
5. Active Living and Healthy Eating
6. System Navigation

SCH 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. Therefore, we will not be addressing the health needs listed above for the following reasons:

- With limited resources available, we are prioritizing the needs we are positioned to most effectively address.
- There are already capable organizations working to address the other health needs.
- We are providing resources to the areas most aligned with our skillset and capabilities.
- There is not sufficient time for us to impact meaningful change for all identified health needs.