# SUTTER DELTA MEDICAL CENTER

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

Approved by the Sutter Bay Hospitals Board of Directors
October 17, 2025

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## General Information

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

## Summary: 2025 Implementation Strategy

The Implementation Strategy (IS) describes how Sutter Delta Medical Center (SDMC), 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, SDMC 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

SDMC 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 3901 Lone Tree Way, Antioch, CA 94509; 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

SDMC 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

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

### 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

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[1] Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2014. www.countyhealthrankings.org.

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 education. 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 (See Appendix Tables B1, B2, B3).[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 13 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.
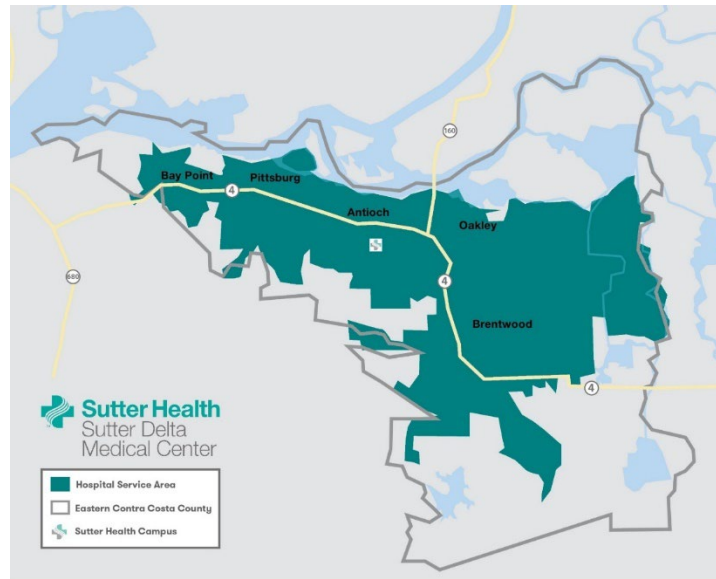
## Community Served

The definition of the community served included portions of Contra Costa County that are served by Sutter Delta Medical Center. Sutter Delta Medical Center, part of the Sutter Health network, is a not-for-profit hospital located in Antioch that provides health care services to patients throughout eastern Contra Costa County. Sutter Delta Medical Center's service area includes six ZIP codes surrounding the hospital and its neighboring communities. The local data gathered for the assessment represents residents across the service area, including the cities of Antioch, Pittsburg, Brentwood, Oakley, and Bay Point (Figure 1).

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[2] "County Health Rankings & Roadmaps – Technical Documentation", 2025. https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR%20Technical%20Documentation%202025_2.pdf
[3] Kaiser Permanente CHNA Data Platform: public.tableau.com/app/profile/kp.chna.data.platform/vizzes

*Figure 1. Sutter Delta Medical Center Service Area Map*



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

| Table 1. Population Characteristics: SDMC Service Area | |
|---|---|
| Total Population | *357,204* |
| % Non-White or Hispanic | *71* |
| Median Age (yrs.) | *37* |
| Median Household Income ($) | *100,992* |
| % Poverty | *10.1* |
| % Unemployed | *6.5* |
| % Uninsured | *5.6* |
| % Without High School Degree | *14.3* |
| % With Severe Housing Cost Burden | *17.3* |
| % With Disability | *13.4* |
| Race/ethnicity | |
|     % Hispanic or Latino | *37* |
|     % White | *29* |
|     % Asian | *14* |
|     % Black or African American | *13* |
|     % Multiracial | *6* |
|     % Native Hawaiian or Pacific Islander | *1* |
|     % Another race/ethnicity | *<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. Mental/Behavioral Health/Unhealthy Substance Use
3. Chronic Disease and Disability
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, 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 SDMC 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.

# SDMC 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 SDMC 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 SDMC 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 |
|---|---|---|---|
| **Basic Needs (Housing, Food, Income)** | 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 have access to education, job training programs and employment opportunities, and successfully complete these offerings. |
| **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 youth mental health prevention through inclusive, trauma-informed programs to expand access, reduce disparities, and strengthen the future mental health workforce, promoting long-term community wellbeing and resilience. | Youth will have access to mental health and life skills education programs. |
| | | 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. |

| Priority Health Need | Goal | Strategies | Anticipated Outcomes |
|---|---|---|---|
| **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. | 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. |

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 SDMC 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. Chronic Disease and Disability

SDMC 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.