Sutter Health
Memorial Hospital Los Banos

2019 – 2021 Community Benefit Plan
Responding to the 2019 Community Health Needs Assessment
Submitted to the Office of Statewide Health Planning and Development May 2022

520 West I Street, Los Banos, CA 93635
FACILITY LICENSE # 040000177
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. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.
Introduction
The Implementation Strategy Plan describes how Memorial Hospital Los Banos, a Sutter Health affiliate, plans to address significant health needs identified in the 2019 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2019 through 2021.

The 2019 CHNA and the 2019 - 2021 Implementation Strategy Plan were undertaken by the hospital to understand and address community health needs, and in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The Implementation Strategy Plan addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this Implementation Strategy Plan as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

Memorial Hospital Los Banos welcomes comments from the public on the 2019 Community Health Needs Assessment and 2019 - 2021 Implementation Strategy Plan. 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 Memorial Hospital Los Banos, ATTN: Brooke Galas, 520 West I Street, Los Banos, CA 93635; and
- In-person at the hospital’s Information Desk.

About Sutter Health
Sutter Health is the not-for-profit parent of not-for-profit and for-profit companies that together form an integrated healthcare system located in Northern California. The system is committed to health equity, community partnerships and innovative, high-quality patient care. Our over 65,000 employees and associated clinicians serve more than 3 million patients through our hospitals, clinics and home health services.

Learn more about how we’re transforming healthcare at sutterhealth.org and vitals.sutterhealth.org

Sutter Health’s total investment in community benefit in 2021 was $872 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients. This amount also includes investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

As part of Sutter Health’s commitment to fulfill its not-for-profit mission and help serve some of the most vulnerable in its communities, the Sutter Health network has implemented charity care policies to help provide access to medically necessary care for all patients, regardless of their ability to pay. In 2021, Sutter Health invested $91 million in charity care. Sutter’s charity care policies for hospital services include, but are not limited to, the following:

1. Uninsured patients are eligible for full charity care for medically necessary hospital services if their family income is at or below 400% of the Federal Poverty Level (“FPL”).

2. Insured patients are eligible for High Medical Cost Charity Care for medically necessary hospital services if their family income is at or below 400% of the FPL and they incurred or paid medical expenses amounting to more than 10% of their family income over the last 12 months. (Sutter Health’s Financial Assistance Policy determines the calculation of a patient’s family income.)
Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The payments for patients who are covered by Medi-Cal and Medicare do not cover the full costs of providing care. In 2021, Sutter Health invested $557 million more than the state paid to care for Medi-Cal patients.

Through community benefit investments, Sutter helped local communities access primary, mental health and addiction care, and basic needs such as housing, jobs and food. See more about how Sutter Health reinvests into the community by visiting sutterpartners.org.

Through the 2019 Community Health Needs Assessment process the following significant community health needs were identified:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity, and Weight
4. Diabetes
5. Access to Health Services
6. Heart Disease and Stroke
7. Tobacco Use
8. Respiratory Diseases
9. Injury and Violence
10. Infant and Family Planning
11. Cancer
12. Kidney Disease
13. Dementia/Alzheimer’s Disease
14. Potentially Disabling Conditions

The 2019 Community Healthy Needs Assessment conducted by Memorial Hospital Los Banos is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

Community Health Insights (www.communityhealthinsights.com) conducted the 2019 assessment on behalf of Memorial Hospital Los Banos in partnership with Mercy Medical Center Merced and Valley Children’s Hospital. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. Community Health Insights also worked with Professional Research Consultants, Inc. (PRC) to complete the assessment. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

The Community Health Needs Assessment (CHNA) incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative
components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the study sponsors and PRC and is similar to previous surveys used in the region, allowing for data trending.

The full 2019 Community Health Needs Assessment conducted by Memorial Hospital Los Banos is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital
The study area for the survey effort is defined as each of the residential ZIP Codes comprising Merced County, California. This community definition was determined based on the ZIP Codes of residence of recent patients of Mercy Medical Center Merced, Memorial Hospital Los Banos, and Valley Children’s Hospital. Merced County, the focus of this Community Health Needs Assessment, encompasses 1,935.21 square miles and houses a total population of 265,001 residents, according to latest census estimates. Merced County is predominantly urban, with 85.7% of the population living in areas designated as urban.

In looking at race independent of ethnicity (Hispanic or Latino origin), 58.6% of residents of Merced County are White, 3.4% are Black, 33.6% are some “other” race, and 4.4% are multiple races. Merced County is “younger” than the state and the nation in that the median age is lower. In Merced County, 30.1% of the population are infants, children, or adolescents (age 0-17); another 59.4% are age 18 to 64, while 10.5% are age 65 and older.

Significant Health Needs Identified in the 2019 CHNA
The following significant health needs were identified in the 2019 CHNA:

1. **Substance Abuse** – Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes.

2. **Mental Health** – Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.

3. **Nutrition, Physical Activity, and Weight** – Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

4. **Diabetes** – Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.
5. **Access to Health Services** – Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

6. **Heart Disease and Stroke** – Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

7. **Tobacco Use** – Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

8. **Respiratory Diseases** – Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

9. **Injury and Violence** – Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

10. **Infant and Family Planning** – Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

11. **Cancer** – Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

12. **Kidney Disease** – Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

13. **Dementia/Alzheimer’s Disease** – Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia.
Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

14. Potentially Disabling Conditions – There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Primary and secondary data were analyzed to identify and prioritize the significant health needs within the Memorial Hospital Los Banos service area. This included identifying 10 potential health needs (PHNs) in these communities. These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the hospital's service area.

Once identified for the area, the final set of significant health needs (SHN) was prioritized. To reflect the voice of the community, significant health need prioritization was based solely on primary data. Key informants and focus-group participants were asked to identify the three most significant health needs in their communities. These responses were associated with one or more of the potential health needs. This, along with the responses across the rest of the interviews and focus groups, was used to derive two measures for each significant health need.

First, the total percentage of all primary data sources that mentioned themes associated with a significant health need at any point was calculated. This number was taken to represent how broadly a given significant health need was recognized within the community. Next, the percentage of times a theme associated with a significant health was mentioned as one of the top three health needs in the community was calculated. Since primary data sources were asked to prioritize health needs in this question, this number was taken to represent the intensity of the need.

These two measures were next rescaled so that the SHN with the maximum value for each measure equaled one, the minimum equaled zero, and all other SHNs had values appropriately proportional to the maximum and minimum values. The rescaled values were then summed to create a combined SHN prioritization index. SHNs were ranked in descending order based on this index value so that the SHN with the highest value was identified as the highest-priority health need, the SHN with the second highest value was identified as the second-highest-priority health need, and so on.

2019 – 2021 Implementation Strategy Plan
The implementation strategy plan describes how Memorial Hospital Los Banos plans to address significant health needs identified in the 2019 Community Health Needs Assessment 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 2019 CHNA.

Prioritized Significant Health Needs the Hospital will Address: The Implementation Strategy Plan serves as a foundation for further alignment and connection of other Memorial Hospital Los Banos initiatives that may not be described herein, but which together advance the hospital's commitment to improving the health of the communities it serves. Each year, programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue focus on the health needs listed below.
1. Mental Health

2. Nutrition, Physical Activity, and Weight

3. Access to Health Services

### Mental Health

**Name of program/activity/initiative** | Area Wide Mental Health Strategy
---|---
**Description** | The need for mental health services and resources, especially for the underserved, has reached a breaking point across the Sutter Health Valley Operating Unit. This is why we are focused on building a comprehensive mental health strategy that integrates key elements such as policy and advocacy, county specific investments, stigma reduction, increased awareness and education, with tangible outreach such as expanded mental health resources to professionals in the workplace and telepsych options to the underserved.

**Goals** | By linking these various strategies and efforts through engaging in statewide partnerships, replicating best practices, and securing innovation grants and award opportunities, we have the ability to create a seamless network of mental health care resources so desperately needed in the communities we serve.

**Outcomes** | In 2021, the mental health strategy helped with the following initiatives:
- Launch the 988 crisis line going live on July 26, 2022
- Pass SB803 for peer certification.
- Secure funding for SB71/Bring CA Home in amount of $2 billion over two years and an unspecified amount future funding.
- Advocate for funding for board and care with the County Behavioral Health Directors Association and other organizations serving people living with severe mental illness and/or substance use disorder. Resulting in securing $803 million, with program details still to be fleshed out.
- Propose Children and Youth Initiative and assist Secretary Ghaly to develop what became one of the Governor’s signature budget achievements: $4.5 billion over five years to meet the behavioral health needs of children.

**Name of program/activity/initiative** | Merced County Behavioral Health Links Program
---|---
**Description** | Collaboration with Merced County Behavioral Health to hire an Alcohol and Drug Counselor and Mental Health Clinician to provide services to the community of Los Banos.

**Goals** | Goal is to be able to complete screening for substance use disorders (SUD) and co-occurring disorders in the community and linking those individuals assessed as needing additional services to treatment and other resources. The practice of actively screening, initiating psychosocial and pharmacological interventions, and linking patients with SUD to ongoing medication maintenance and behavioral health therapies, has been identified as a critical component to successful recovery.

**Outcomes** | 2021 – Program initiated and scope defined, staff in the process of being hired.
- Once staff are hired in 2022, 75% of community and hospital-based referrals will receive a mental health/substance use...
disorder screening and be connected to the appropriate level of care.
- 90% of individuals in need of housing will receive a warm hand-off to housing resources including the respite house.

# Nutrition, Physical Activity, and Weight

<table>
<thead>
<tr>
<th>Name of program/activity/initiative</th>
<th>Boys &amp; Girls Club of Merced County</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Providing a positive, safe, healthy, fun and educational after school program for the children in Los Banos Monday through Friday to help bring out the best in each young person and enable them to reach their full potential as productive, caring, and responsible citizens.</td>
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| **Goals**                          | - To provide quality after-school enrichment activities that focus on academic success, healthy lifestyles, great character and leadership development.  
- To provide students a structured and safe environment that stresses responsible behavior, respect for others, and positive caring attitudes.  
- To provide caring staff mentors who provide guidance, support and encouragement to help children to build confidence and self-esteem so that they can realize their true potential.  
- To provide communication and resources to parents regarding their children's general wellbeing.  
- To fill in the gaps during the pandemic to help children with their virtual learning so that they do not fall behind or have learning loss. |
| **Outcomes**                       | - 2021: 17 children and youth served; 476 services provided. |

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<tr>
<th>Name of program/activity/initiative</th>
<th>Shady Creek Outdoor Education Foundation – Fit Quest</th>
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| **Description**                    | The three tenets of Fit Quest are nutrition, physical activity, and mental wellness and the students' overall health. The Fit Quest program serves students in the 5th and 6th grades (ages 9-13 years old in their respective communities) either in the classroom or, if the school permits, by interactive virtual assemblies (at least 2 site visits, if approved by the school) to accommodate current health concerns.  

The Fit Quest curriculum, now adapted to a live streaming interactive assembly, continues to immerse the students in three arenas, nutrition, mental wellness and physical activity. Using these topics we discuss and engage students in how to create a healthy, active lifestyle.  

Students in now six of the Merced schools will participate in age appropriate grade standard based nutrition, physical activity, and mental wellness experiential learning program. This will include zoom classroom/assembly instruction, (3 visits with the Fit Quest teaching team) visits are conducted by the former naturalists. |
| **Goals**                          | - This program raises awareness in students regarding the need to 1.) be thoughtful in food choices, 2.) be responsible for what they can control, 3.) choose to be active, 4.) provide mental wellness tools and mindfulness techniques. |
To provide tools, education, resources, and understanding of these tenets to students with a message that their choices today affect their health tomorrow, into their future. School visits and interactive virtual assemblies reinforce the program’s message.

**Outcomes**

- 2021 – Served 12 adults; challenges with delivering programming during the pandemic.

### Access to Health Services

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Golden Valley Health Centers Street Medicine</td>
<td>Golden Valley Health Centers Street Medicine Team provides acute medical services and access to care to people who are homeless. A Licensed Vocational Nurse (LVN) and a Community Health Worker (CHW) are connecting with the homeless population by bringing medical services to them with the use of a van equipped with medical supplies to perform basic medical services such as wound care, blood pressure checks, and health assessments. The general scope of the medical team is to provide outreach, triage, mobile medicine, transportation, and referrals to GVHC and community partners. Outreach entails making connections with the homeless population by listening and learning their needs as told by the community. The CHW provides water, snacks, socks, and education on how to access health care and other community resources.</td>
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**Goals**

- Our yearly goal is to provide direct medical services and/or access to a medical provider for at least 1,200 people within Stanislaus and Merced Counties.

**Outcomes**

- 2021 – 223 adults served; 92 services provided; 223 service referrals.

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<tr>
<th>Name of program/activity/initiative</th>
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<tbody>
<tr>
<td>United Way of Merced County – Cultiva La Salud</td>
<td>Cultiva La Salud recognizes residents play a critical role in cultivating and sustaining healthy communities and they must always be included in changing systems that impact their overall health. However, low income residents don’t often do not have access to civic engagement opportunities because some systems deliberately prevent them from uplifting their voices and concerns. Cultiva La Salud will continue to work with residents in creating policies and systems changes that improve the overall health of their communities. These may include no smoking in public places healthy water in schools, parent engagement in the Local Control Funding Formula to improve school health, joint use, healthy parks and other initiatives that support healthy equity opportunities. We will work with the first cohort of Mujeres Poderosas on a monthly basis and will train an additional 25 new residents to continue to build resident power.</td>
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**Goals**

- Train 25 to 30 new residents in Cultiva La Salud’s Powerful People Leadership Training and continue to work with the current (28 Residents Leaders from Cohort #1) to create positive social changes in the community of Los Banos and its surrounding area.
<table>
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<th>Name of program/activity/initiative</th>
<th>Description</th>
<th>Goals</th>
<th>Outcomes</th>
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<tr>
<td>Merced Rescue Mission – HOPE Respite</td>
<td>Respite home providing a safe place for homeless individuals to discharge to after inpatient or emergency department visit, helping to improve their recovery and health outcomes. Staff provide case management services to help the individual obtain vital documents, PCP visits, medication and one on one counseling. Program also provides housing navigation to all participants.</td>
<td>Provide 9 beds of time limited 24/7 shelter in a medical respite setting (1 week to 3 months). Improve the health of the program participants and decrease acute service utilization.</td>
<td>• 2021 – Served 56 individuals, provided 3,791 direct services. Helped 24 people establish with a primary care home.</td>
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Needs Memorial Hospital Los Banos Plans Not to Address

No hospital can address all of the health needs present in its community. Memorial Hospital Los Banos is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy plan does not include specific plans to address the following significant health needs that were identified in the 2019 Community Health Needs Assessment for the following reasons:

1. **Substance Abuse** – Our plan does not address substance abuse directly, however, we anticipate our street medicine and respite care programs will help assist individuals experiencing substance abuse issues and refer them to appropriate resources.

2. **Diabetes** – While we will not invest in this area, our programs in healthy eating and active living will address the upstream social determinants of health which could lead to diabetes later in life.

3. **Heart Disease and Stroke** – While we will not invest in this area, our programs in healthy eating and active living will address the upstream social determinants of health which could lead to heart disease and stroke later in life.

4. **Tobacco Use** – We do not plan to address tobacco abuse directly, however, we anticipate our investments in youth programs will help encourage healthier lifestyle habits for kids that will lead to a decreased likelihood of tobacco use later in life.

5. **Respiratory Diseases** – We do not feel respiratory disease is as pressing as other health needs identified in our assessment for this community, so due to limited time and resources we are choosing not to address this health need directly.

6. **Injury and Violence** – Our implementation plan will not specifically address injury and violence, however our goal is to decrease the likelihood of injury and violence through investments in youth programs that will keep kids safe and in a positive environment.

7. **Infant and Family Planning** – While our community health programs are not focused on infant and family planning, the Memorial Hospital Los Banos Rural Health Clinic does provide Gynecology and Women's Health services as well as prenatal care to underserved populations.

8. **Cancer** – We do not feel cancer is as pressing as other health needs identified in our assessment for this community, so due to limited time and resources we will not seek to address this health need directly.

9. **Kidney Disease** – We do not feel respiratory disease is as pressing as other health needs identified in this assessment, so due to limited time and resources we are choosing not to address this health need directly.

10. **Dementia/Alzheimer’s Disease** – Given limited time and resources and our focus on other priority needs, we will not be addressing dementia and Alzheimer’s during this implementation cycle. However, we will be increasing our mental health investments which could overlap with those experiencing dementia or Alzheimer’s.

11. **Potentially Disabling Conditions** – Given limited time and resources and our focus on other priority needs, we will not be addressing potentially disabling conditions during this implementation cycle.

Approval by Governing Board

The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Valley Hospitals Board on November 21, 2019.
Appendix: 2021 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 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 needy 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 affiliates provide some or all of these community benefit activities.
There were no unpaid costs of Medicare in 2021