

Sutter Health

Memorial Medical Center

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

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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 Medical Center, 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 Medical Center 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 Medical Center, ATTN: Brooke Galas, 1700 Coffee Road Modesto, CA 95355; 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. Access to Basic Needs, Such as Housing, Jobs, and Food
2. Access to Mental, Behavioral, and Substance-Abuse Services
3. Access to Quality Primary Care Health Services
4. Safe and Violence-Free Environment
5. Injury and Disease Prevention and Management
6. Active Living and Healthy Eating
7. Access and Functional Needs – Transportation and Physical Disability
8. Access to Specialty and Extended Care
9. Pollution-Free Living Environment

The 2019 Community Health Needs Assessment conducted by Memorial Medical Center 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 Medical Center. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. This assessment was conducted jointly with Stanislaus Surgical Hospital, because both hospitals serve the same service area of Stanislaus County.

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. This model of population health includes many factors that impact and account for individual health and well-being. Further, 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 11 one-on-one and group interviews with 16 community health experts, social-service providers, and medical personnel. Further, 75 community residents participated in nine focus groups across the county.

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. Further, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 10 PHNs identified in previous CHNAs.

The full 2019 Community Health Needs Assessment conducted by Memorial Medical Center is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

The definition of the community served was Stanislaus County. This is the designated service area because the majority of patients served by Memorial Medical Center resided in this area.

Located in California’s central valley, the county covers approximately 1,500 square miles and is home to over 530,000 residents. It is the 16th most populous among California’s 58 counties. There are nine incorporated cities in the county including Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford. Of these, Modesto, the county seat, is the most populous accounting for approximately 40% of the county’s population; Turlock is the second, followed by Ceres. The two largest race/ethnic groups in the county are those of Hispanic or Latino origin (44.8%), followed by Caucasians (43.5%). Agriculture plays a significant role in the county, thus the county’s largest employers are in the agriculture and food related industries. The Robert Wood Johnson’s County Health Rankings ranked Stanislaus County the 41st most healthy among California’s 58 counties.

Population characteristics for the service area are presented below.

	Total Population	% Minority	Median Age	Median Income	% Poverty	% Unemployed	% Uninsured	% No HS Graduation	% Living in High Housing Costs	% with Disability
<i>Stanislaus</i>	530,561	55.9%	33.8	\$51,591	18.2%	13.8%	11.5%	22.4%	40.6%	13.4%
<i>California</i>	38,654,206	61.6%	36.0	\$63,783	15.8%	8.7%	12.6%	17.9%	42.9%	10.6%

Significant Health Needs Identified in the 2019 CHNA

The following significant health needs were identified in the 2019 CHNA:

- 1. Access to Basic Needs, Such as Housing, Jobs, and Food** – Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Maslow’s Hierarchy of Needs says that only when people have their basic physiological and safety needs met can they become engaged members of society and self-actualize or live to their fullest potential, including enjoying good health.
- 2. Access to Mental, Behavioral, and Substance-Abuse 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 concurrently. Adequate access to mental, behavioral, and substance-abuse services helps community members obtain additional support when needed.
- 3. 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 similar. 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.

4. **Safe and Violence-Free Environment** – Feeling safe in one’s home and community are fundamental to overall health. Next to having basic needs met (e.g., food, shelter, clothing) is physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences and can have significant negative impacts on physical and mental well-being.
5. **Injury and Disease Prevention and Management** – Knowledge is important for individual health and well-being, and efforts aimed at 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 focused on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection [STI] prevention, influenza shots) and intensive strategies for the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.
6. **Active Living and Healthy Eating** – Physical activity and eating a healthy diet are extremely important for one’s overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes are often overloaded with fast food and other establishments where unhealthy food is sold.
7. **Access and Functional Needs – Transportation and Physical Disability** – 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 that promote and support a healthy life. Examining the number of people that have a disability is also an important indicator for community health in an effort to ensure that all community members have access to necessities for a high quality of life.
8. **Access to Specialty and Extended Care** – Extended care services, which include specialty care, are care devoted to a particular branch of medicine and focus 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 chronic diseases such as diabetes and high blood pressure on their own. In addition to specialty care, extended care refers to care needed in the community that supports overall physical health and wellness and that extends beyond primary care services, such as skilled nursing facilities, hospice care, in-home health care, and the like.
9. **Pollution-Free Living Environment** – Living in a pollution-free environment is essential for health. Individual health is determined by a number of factors, and some models show that one’s living environment, including the physical (natural and built) and sociocultural environment, has more impact on individual health than one’s lifestyle, heredity, or access to medical services.

Primary and secondary data were analyzed to identify and prioritize the significant health needs within the Memorial Medical Center 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 Medical Center 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 Medical Center 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. Access to Basic Needs, Such as Housing, Jobs, and Food
2. Access to Mental, Behavioral, and Substance-Abuse Services
3. Access to Quality Primary Care Health Services
4. Safe and Violence-Free Environment
5. Injury and Disease Prevention and Management
6. Active Living and Healthy Eating

Access to Basic Needs, Such as Housing, Jobs, and Food

Name of program/activity/initiative	
Description	Modesto Gospel Mission The Modesto Gospel Mission Respite Program has 10 beds available for emergency housing. 6 Male beds and 4 Female beds. Respite has a medical component and a mental health component. Respite is up to 10 Days. After the 10-day respite period, the respite guest can transfer to the Mission's homeless emergency shelter program, which allows a person to stay for approximately 9 months if all conditions are met, or the Mission's residential 18-month New Life Program. Case managers also try to work with the respite guest to locate transitional or alternate housing. This 10-day respite period can be extended for a short period of

	time depending on the respite guest's medical condition and availability of respite beds.
Goals	<ul style="list-style-type: none"> To provide a healthy and supportive environment for all respite guests, whether that be medical respite or mental health respite. To provide support and encouragement to work diligently on the goals they have whether that is finding and securing permanent housing, finding a long-term substance abuse program, or helping someone get connected with mental health services. To provide a safe place to continue the healing process for those coming out of a medical hospital.
Outcomes	<ul style="list-style-type: none"> 2021 – 14 individuals served in respite with 290 total services provided to them; 10,794 pounds of food distributed shelter-wide.
Name of program/activity/initiative	Second Harvest Food Bank Mobile Fresh Program
Description	The Mobile Fresh Program is a direct-distribution of supplemental foods to extend food resources for those that are struggling with food insecurity. The Program is designed to bring the food out to meet the people where they live, addressing some of the barriers of the low-income population.
Goals	To increase consumption of produce and healthy food choices.
Outcomes	<ul style="list-style-type: none"> 2021 – 1,800 total individuals served; 194,042 pounds of food distributed.

Access to Mental, Behavioral, and Substance-Abuse Services

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 tele psych 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	<p>In 2021, the mental health strategy helped with the following initiatives:</p> <ul style="list-style-type: none"> 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.

Access to Quality Primary Care Health Services

Name of program/activity/initiative	Golden Valley Health Centers Street Medicine
Description	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.
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	<ul style="list-style-type: none"> • 2021 –223 adults served; 92 services provided; 223 service referrals.
Name of program/activity/initiative	Golden Valley Health Centers Emergency Department Navigation
Description	The Memorial Medical Center (MMC) ED Patient Service Navigator Program is a partnership between Sutter Health and Golden Valley Health Centers (GVHC) wherein GVHC provides two Patient Service Navigators (PSNs) who are based in Memorial Medical Center Emergency Department (ED). The PSN's role is to connect with ED patients so they can be provided with support services such as scheduling clinic appointment with their preferred Primary Care Provider (PCP). Other services offered by ED PSNs are scheduling patients for dental appointment, temporary housing referral and other community resources such as soup kitchens around the vicinity.
Goals	<p>The PSNs will receive a "warm hand-off" of the discharged patients from the ER Staff prior to assessing patients' needs.</p> <p>The PSNs will review the patients' file and discuss with the patients the options of a follow up clinic appointment and other assistance that the patients may need such as temporary housing and other community resources and linkages.</p> <p>PSNs will schedule an appointment at a clinic of the patient's preference and provide information regarding available and/or needed resources.</p>
Outcomes	<ul style="list-style-type: none"> • 2021 – 3,281 total individuals served; 517 services provided.

Safe and Violence-Free Environment

Name of program/activity/initiative	Haven Women's Center of Stanislaus: HARRT (Healthy And Responsible Relationships Troop)
Description	Haven's Healthy And Responsible Relationships Troop (HARRT) is a school-based youth leadership and adolescent relationship abuse (ARA) prevention program. HARRT builds students' knowledge, leadership skills and capacity to address and prevent ARA while promoting healthy teen relationships. HARRT peer educators conduct annual ARA prevention campaigns to affect positive school systems change and improve campus climates. Additionally, HARRT participants advocate for school districts to adopt comprehensive ARA prevention policies to reduce health risks and negative educational outcomes associated with abusive relationships, of which one in three high schoolers are likely to experience.
Goals	The overarching goal of the HARRT program is to reduce and prevent Adolescent Relationship Abuse (ARA), promote healthy teen relationships, and increase youth awareness of resources and supportive services for youth experiencing dating violence in Stanislaus County.
Outcomes	<ul style="list-style-type: none"> • 2021 – 40 youth engaged in the program; 193 were reached through events/outreach. • Example – With so many youth yearning for genuine connection and a space to share their struggles and triumphs with each other, there were many moments that truly illustrated the impact of the program. One example took place at Patterson High, when a student who had heard of the HARRT club through active participation on campus, social media, and PSA videos asked the HARRT club to coordinate with her on creating a rally event that brought awareness to sexual violence. The HARRT members were enthusiastic in creating an event that would educate and serve the entire school, and it all stemmed from one person who saw and connected with our message.

Injury and Disease Prevention and Management

Name of program/activity/initiative	Stanislaus County Office of Education: Tobacco Use Prevention Education (TUPE)
Description	The Stanislaus County Office of Education (SCOE), Tobacco Use Prevention Education (TUPE) program has a long history of providing quality programming in the 26 school districts in Stanislaus County. The program fully funds a staff of 4 and program advisors at 74 school sites. TUPE staff work diligently to ensure all grant requirements are executed with quality in a timely manner. TUPE/PHAST has received funding from Sutter Health Memorial Hospital for the past 10 years to provide tobacco prevention education to K-12 youth in Stanislaus County.
Goals	The anticipated program outcomes are to reach students, staff, parents and community members in their communities with vaping prevention education to combat the high rates of youth use in Stanislaus County. As well as decrease community use of vaping products and realign the social norms of tobacco use and vaping by changing attitude towards health and personal responsibility through an increase in knowledge.
Outcomes	<ul style="list-style-type: none"> • 2021 – 906 individuals reached through events/outreach. • Example – The presentations were a huge success during the 2021 school year and school sites enjoyed the virtual offerings in this time of uncertainty. A short evaluation was completed by 261 attendees of the presentations. From the responses of the evaluation survey, 90% of attendees from all the presentations

were students, 8% were staff members and 2% were parents or community members. Of respondents, 49% were of Hispanic/Latino descent and 17% were a part of the LGBTQ+ community. Respondents were asked what they learned from the presentations, 89% said they strongly agree or agree that after the presentation they know more about how the brain becomes addicted to drugs like nicotine. Also, after the presentation, 61% of respondents strongly agree or agree that they understand why most people who currently smoke or use tobacco started before the age of 21. Finally after the presentation, 87% of respondents strongly agree or agree they understand more about how the tobacco industry has used the science of addiction to hook its consumers.

Active Living and Healthy Eating

Name of program/activity/initiative	Boys and Girls Club of Stanislaus: West Modesto Clubhouse
Description	The Boys & Girls Clubs of Stanislaus County is an after-school and summer youth enrichment organization that provides quality educational, leadership, and character-building programs in positive settings for youth ages 6-18.
Goals	Our mission is to enable all youth people, especially those who need us most, to reach their full potential. This program's goal is to provide services to 120 unduplicated youth in underserved communities of west Modesto.
Outcomes	<ul style="list-style-type: none"> • 2021 – 182 children and youth served; 85 families served; 182 total services provided. Funding allowed the Club to open a new west Modesto building to serve more youth.

Needs Memorial Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Memorial Medical Center 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. Access and Functional Needs – Transportation and Physical Disability** – While our implementation plan does not directly address issues of transportation and physical disability, many of our programs will offer clients referrals to transportation services so that they can access medical appointments.
- 2. Access to Specialty and Extended Care** – Our focus in Stanislaus County is primarily on expanding access to primary care through partnerships with our FQHC and community partners. However, several of these programs which increase access to primary care will also help patients become connected to specialty care once they are established with a PCP.
- 3. Pollution-Free Living Environment** – Due to limited resources and ability to impact environmental policies, the hospital does not intend to directly address this health issue at this time.

Approval by Governing Board

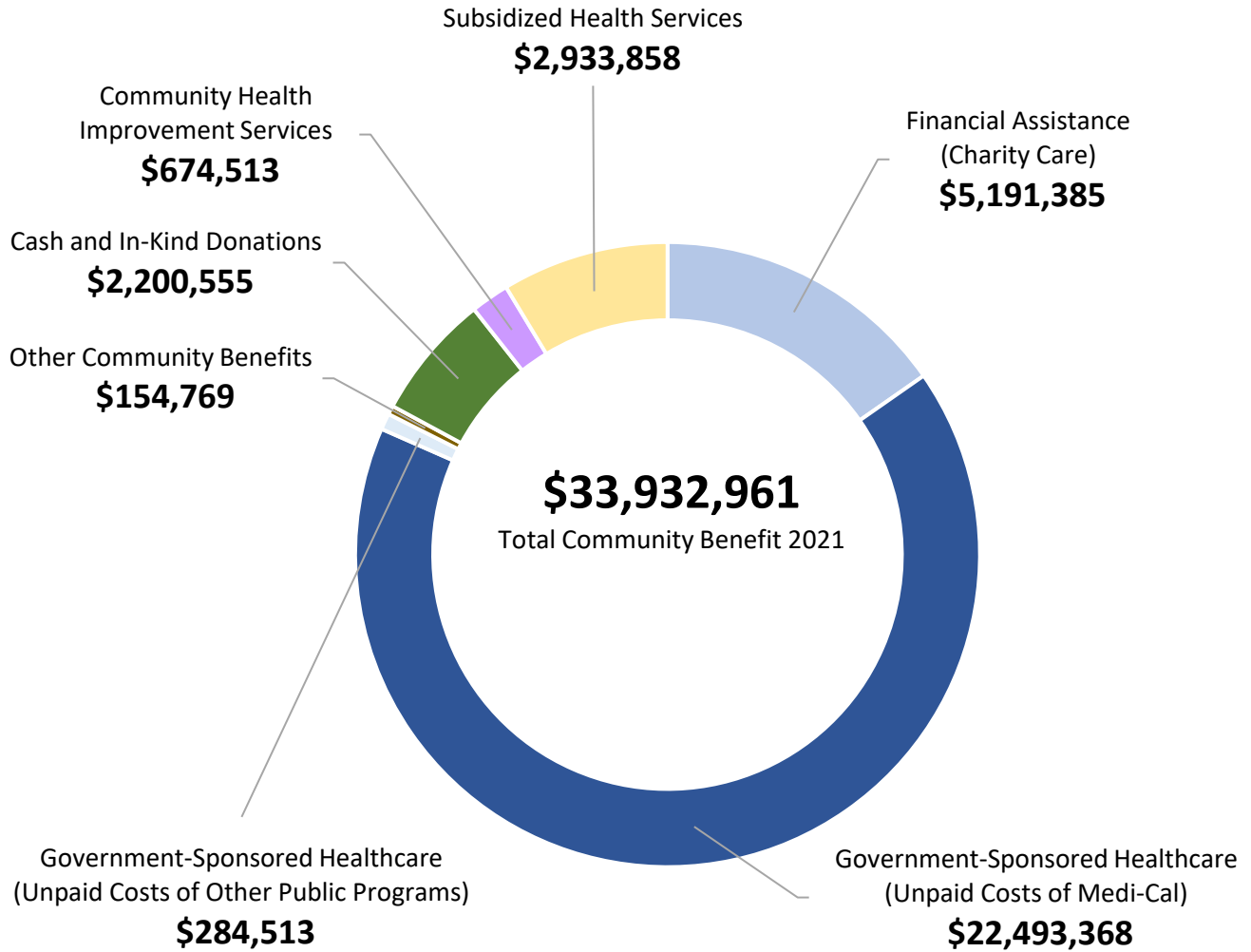
The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Valley Hospitals Board on November 21, 2019.

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.

Memorial Medical Center 2021 Total Community Benefit & Unpaid Costs of Medicare



2021 unpaid costs of Medicare were \$83,303,656