

Sutter Health

Sutter Amador Hospital

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 Sutter Amador Hospital, 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.

Sutter Amador Hospital 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 2700 Gateway Oaks Drive, Suite 2200, Sacramento, CA 95833, Attn: Community Benefit 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](https://www.sutterpartners.org).

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

1. Access to Mental/Behavioral/Substance Abuse Services
2. Access to Quality Primary Care Health Services
3. Access to Basic Needs Such as Housing, Jobs, and Food
4. Injury and Disease Prevention Management
5. Access and Functional Needs
6. Access to Dental Care and Preventive Services
7. Access to Specialty and Extended Care

The 2019 Community Health Needs Assessment conducted by Sutter Amador Hospital is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

The purpose of this community health needs assessment (CHNA) was to identify and prioritize significant health needs of the Sutter Amador Hospital (SAH) service area. The priorities identified in this report help to guide nonprofit hospitals' community health improvement programs and community benefit activities as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act (and in California, Senate Bill 697) that nonprofit hospitals conduct a community health needs assessment at least once every three years. The CHNA was conducted by Community Health Insights (www.communityhealthinsights.com).

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 52 community health experts, social-service providers, and medical personnel. Further, 25 community residents participated in three focus groups across the service area.

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.

The full 2019 Community Health Needs Assessment conducted by Sutter Amador Hospital is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

The definition of the community served included the primary service area of the hospital which included 20 ZIP Codes—95225, 95226, 95232, 95245, 95248, 95252, 95254, 95255, 95257, 95601, 95629, 95640, 95642, 95665, 95666, 95669, 95675, 95685, 95689, and 95699. Though the service area includes both Amador and Calaveras Counties, geographically the majority of the SAH service area resides in Amador County, CA. SAH is in the city of Jackson, which is also the Amador County seat and home to approximately 4,500 area residents. The total population of the service area is 57,993.

Significant Health Needs Identified in the 2019 CHNA

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

1. Access to Mental/Behavioral/Substance Abuse Services
2. Access to Quality Primary Care Health Services
3. Access to Basic Needs Such as Housing, Jobs, and Food
4. Injury and Disease Prevention Management
5. Access and Functional Needs
6. Access to Dental Care and Preventive Services
7. Access to Specialty and Extended Care

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.

2019 – 2021 Implementation Strategy Plan

The implementation strategy plan describes how Sutter Amador Hospital 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 Sutter Amador Hospital 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 Mental/Behavioral/Substance Abuse Services
2. Access to Quality Primary Care Health Services
3. Access to Basic Needs Such as Housing, Jobs, and Food
4. Injury and Disease Prevention Management

5. Access and Functional Needs
6. Access to Dental Care and Preventive Services
7. Access to Specialty and Extended Care

Access to Mental/Behavioral/Substance Abuse Services

Name of program/activity/initiative	Suicide Prevention Follow-up Program
Description	The Suicide Prevention Follow-up Program was designed to help take the important first steps toward recovery after a suicidal crisis. Participation can help keep patients safe from suicide post-discharge. Support from the program provides hope and a safe, confidential space to talk about what patients have been experiencing, cope with the challenges and feelings that may arise after visiting the Emergency Department (ED). In addition, continuity in care is provided through emotional support, treatment referrals, coping skills, an action plan for times of crisis, and materials for suicide attempt survivors and those who have felt suicidal.
Goals	By linking patients who have attempted suicide or presented with suicidal ideations in our ED, we have the ability to provide patients with the support and additional resources needed for suicide attempt survivors and those who have felt suicidal.
2021 Outcomes	This program ended at the beginning of 2019 and no results are available.
Name of program/activity/initiative	Go! Youth Program
Description	The Go! Youth program is building a foundation for healthy relationships and lifestyle choices by providing education on topics such as healthy relationships, personal hygiene, drug abuse, self-esteem, life skills, and mental health. The population served are primarily youth from lower income families. Their families are able to access the local foodbank twice a month and the food bags provided for group twice a month will not cover all of their needs but will help to fill a gap. The program helps to supplement the food needs by providing fresh fruits and vegetables.
Goals	The goal of the program is to provide a foundation for healthy relationships and choices through education.
2021 Outcomes	In 2021, there were 1,306 services provided to 408 families.
Name of program/activity/initiative	Employ & Empower
Description	Case management services are provided to survivors of human trafficking or individuals at risk of exploitation between the ages of 16 and 50. Social workers will assist with goal setting, mental health services, childcare, obtain legal documentation, career development, job skills and education. Each client is assessed to allow for accurate case plan goals. Clients are connected to mental health resources and support at no cost. Financial assistance is provided to clients to help secure daycare until they remain consistently employed. Career development includes helping clients access documents necessary for employment, transportation education, purchasing professional clothing, promoting financial literacy skills, career goal setting, job readiness skills, job training, job placement and retention services.
Goals	Provide case management and wrap around services to help provide career development for survivors human trafficking or at-risk of exploitation.
2021 Outcomes	In 2021, the program began and provided 723 services to 42 individuals.

Name of program/activity/initiative	Youth Mentorship
Description	<p>Youth are mentored at the local junior high and high school in Jackson, servicing over 200 students. Many of the students are considered at-risk youth and children of essential workers that are forced to leave their children to complete distanced learning alone. As a result, the students are failing courses and feeling a ripple effect in their mental health.</p> <p>Each year, Nexus Youth hosts a camping trip as a reward to students who maintain a 2.0 GPA and this camping trip often serves as an incentive for students who require academic support at home. The participants will build new relationships and strengthen existing relationships with their peers and staff. While on the camping trip, the youth learn valuable communication skills, conflict management, and social skills that will help them throughout their life without the distraction of cell phones or cell service. The program offers the youth an opportunity to grow in a safe place surrounded by staff that desire to see each child reach their potential.</p>
Goals	The goal of the program is to promote healthy physical, social, and emotional well-being to all the participants.
2021 Outcomes	In 2021, the program began and provided 54 services to 42 individuals.

Access to Quality Primary Care Health Services

Name of program/activity/initiative	Primary Care Program – HPV Vaccinations
Description	The Primary Care program provides services and education of HPV vaccinations to prevent cervical cancer. Patients will be connected to discuss findings and receive follow up care. This program addresses multiple prioritized significant health needs, such as access to quality primary care health services; and injury and disease prevention management.
Goals	Funding will allow for the implementation of 5 HPV vaccination strategies. HPV vaccinations will target 11-12-year-old boys and girls, the American Cancer Society and CDC recommended age.
2021 Outcomes	This program discontinued at the end of 2020 and many programs didn't perform as initially anticipated due to COVID – particularly those around screening/vaccinations since much of those services were halted for health systems at one point in time.
Name of program/activity/initiative	Community COVID Clinic
Description	A locally Federally Qualified Health Center open a COVID Clinic to provide COVID-19 screenings and tests to all community members.
Goals	The goal is to conduct COVID-19 screenings and tests to all community members.
2021 Outcomes	The program discontinued at the end of 2020.
Name of program/activity/initiative	Patient Outreach
Description	The patient outreach program conducted patient outreach activities in the Amador community to better inform low-income and uninsured people what programs and services are available in their community.
Goals	The goal of the program is to inform low-income and uninsured patients of program and services available.
2021 Outcomes	The program discontinued at the end of 2020.

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

Name of program/activity/initiative	Modified Project Roomkey
Description	The modified version of Project Room Key program offers transportation, a minimum of two weeks of quarantined lodging, and wraparound services for eligible clients. Eligible clients are individuals without any form of shelter, contract traced and not able to return their only housing situation, or COVID positive. In addition, clients that are extremely vulnerable will be accepted into the program, which is defined as those who are 65 years or older with multiple comorbidities that puts the clients at higher risk. The funding from Sutter Health will help fill the gap of CARES dollars that will soon deplete and result in the lack of a safe place for individuals without shelter to self-isolate. While in the care of the program, patients will be case managed and connected to community resources, such as housing and eligible HHS programs. Referrals will be received from the Amador Public Health Department, local law enforcement and Sutter Amador Hospital.
Goals	The goal of the program is to transport, temporarily house and provide wrap around services to eligible clients.
2021 Outcomes	In 2021, the program began in response to COVID and served 80 adults & youth with 3,073 services.
Name of program/activity/initiative	COVID-19 Food Security Response
Description	In response to COVID-19, food banks were experiencing a sharp increase in need. The funding will increase food capacity to meet increased demand, specifically used for additional boxes and food.
Goals	The goal of the program is to meet the increased demand of food due to the impact of COVID-19.
2021 Outcomes	In 2021, the program served 8,973 individuals with 25,500 services.
Name of program/activity/initiative	Senior Protein Program
Description	The Senior Meal Bag Program provides fresh and nutritious foods to senior citizens of Amador County. Funding will help add a protein component to the meal bags, such as poultry and beef. In addition, funding will allow the program's expansion to new distribution sites in River pines, Plymouth and lone.
Goals	The goal of the program is to provide seniors with more protein rich foods and reach rural locations of the community.
2021 Outcomes	In 2021, the program served 8,973 individuals.
Name of program/activity/initiative	Go! Youth Program
Description	The Go! Youth program is building a foundation for healthy relationships and lifestyle choices by providing education on topics such as healthy relationships, personal hygiene, drug abuse, self-esteem, life skills, and mental health. The population served are primarily youth from lower income families. Their families are able to access the local foodbank twice a month and the food bags provided for group twice a month will not cover all of their needs but will help to fill a gap. The program helps to supplement the food needs by providing fresh fruits and vegetables.
Goals	The goal of the program is to provide a foundation for healthy relationships and choices through education.
2021 Outcomes	In 2021, there were 1,306 services provided to 408 families.
Name of program/activity/initiative	Employ & Empower
Description	Case management services are provided to survivors of human trafficking or individuals at risk of exploitation between the ages of 16 and 50. Social workers will assist with goal setting, mental health services, childcare, obtain legal documentation, career development, job skills and education. Each client is assessed to allow for accurate case plan goals.

	Clients are connected to mental health resources and support at no cost. Financial assistance is provided to clients to help secure daycare until they remain consistently employed. Career development includes helping clients access documents necessary for employment, transportation education, purchasing professional clothing, promoting financial literacy skills, career goal setting, job readiness skills, job training, job placement and retention services.
Goals	Provide case management and wrap around services to help provide career development for survivors human trafficking or at-risk of exploitation.
2021 Outcomes	In 2021, the program began and provided 723 services to 42 individuals.
Name of program/activity/initiative	Expanding Food Distribution to Vulnerable Populations
Description	The expansion of food distribution to vulnerable populations, includes the Seniors Meal Box program, Amador County School District's School Box program and targeting the most remote areas of Amador with a particular focus on River Pines and upper Buckhorn.
Goals	The goal of the program is to improve the quality, nutritional value and increase the quantity of the school box program currently provided to Amador County School District and seniors.
2021 Outcomes	In 2021, the program began and served 3,230 individuals with 3,220 services.

Injury and Disease Prevention Management

Name of program/activity/initiative	Primary Care Program – HPV Vaccinations
Description	The Primary Care program provides services and education of HPV vaccinations to prevent cervical cancer. Patients will be connected to discuss findings and receive follow up care. This program addresses multiple prioritized significant health needs, such as access to quality primary care health services; and injury and disease prevention management.
Goals	Funding will allow for the implementation of 5 HPV vaccination strategies. HPV vaccinations will target 11-12-year-old boys and girls, the American Cancer Society and CDC recommended age.
2021 Outcomes	The program discontinued at the end of 2020 and many programs didn't perform as initially anticipated due to COVID – particularly those around screening/vaccinations since much of those services were halted for health systems at one point in time.

Name of program/activity/initiative	Primary Care Program – Colorectal Screenings
Description	The Primary Care Program will provide services and education of colorectal screenings. Patients will be connected to discuss findings and receive follow up care. This program addresses multiple prioritized significant health needs, such as injury and disease prevention management; and access to specialty and extended care.
Goals	Funding will allow for the engagement in colorectal cancer prevention strategies on 10 evidence-based interventions for colorectal cancer screenings. In addition, the program will host a colorectal cancer learning collaborative to share best practices and evidence-based interventions with health centers and stakeholders.
2021 Outcomes	This program did not launch as anticipated due to COVID closures – particularly those around screening/vaccinations since much of those services were halted for health systems at one point in time.

Name of program/activity/initiative	Amador Lifeline
Description	Amador Lifeline is a paid subscription program that allows for seniors and individuals with disabilities, chronic illnesses and those in rehabilitative care in Amador County to remain living independently in their own homes with some sense of security and peace of mind. We are helping to supplement funding, which ensures that low-income Amador County residents can afford the paid subscription program by utilizing a sliding scale schedule.
Goals	The goal of this program is to link isolated, disabled and/or senior residents of Amador County with assistance and resources with the simple touch of a button. Given Amador's rural environment, this program is incredibly important to seniors.
2021 Outcomes	In 2021, the program served 49 individuals with 24 services.
Name of program/activity/initiative	Modified Project Roomkey
Description	The modified version of Project Room Key program offers transportation, a minimum of two weeks of quarantined lodging, and wraparound services for eligible clients. Eligible clients are individuals without any form of shelter, contract traced and not able to return their only housing situation, or COVID positive. In addition, clients that are extremely vulnerable will be accepted into the program, which is defined as those who are 65 years or older with multiple comorbidities that puts the clients at higher risk. The funding from Sutter Health will help fill the gap of CARES dollars that will soon deplete and result in the lack of a safe place for individuals without shelter to self-isolate. While in the care of the program, patients will be case managed and connected to community resources, such as housing and eligible HHS programs. Referrals will be received from the Amador Public Health Department, local law enforcement and Sutter Amador Hospital.
Goals	The goal of the program is to transport, temporarily house and provide wrap around services to eligible clients.
2021 Outcomes	In 2021, the program began in response to COVID and served 80 adults & youth with 3,073 services.
Name of program/activity/initiative	Senior Protein Program
Description	The Senior Meal Bag Program provides fresh and nutritious foods to senior citizens of Amador County. Funding will help add a protein component to the meal bags, such as poultry and beef. In addition, funding will allow the program's expansion to new distribution sites in River pines, Plymouth and lone.
Goals	The goal of the program is to provide seniors with more protein rich foods and reach rural locations of the community.
2021 Outcomes	In 2021, the program served 8,973 individuals.
Name of program/activity/initiative	Community COVID Clinic
Description	A locally Federally Qualified Health Center open a COVID Clinic to provide COVID-19 screenings and tests to all community members.
Goals	The goal is to conduct COVID-19 screenings and tests to all community members.
2021 Outcomes	The program discontinued at the end of 2020.

Access and Functional Needs

Name of program/activity/initiative	Amador Rides
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Description	Amador Rides utilizes volunteer drives to provide transportation to and from medical appointments for Amador County's underserved who are unable to access necessary medical care, due to transportation constraints, especially in the rural areas of Amador County. Scheduling and keeping non-emergency medical appointments is essential to maintaining quality of life, preventing injury, and treating illness.
Goals	The goal of Amador Rides is to provide rides to and from medical appointments for seniors and disabled residents of Amador County.
2021 Outcomes	In 2021, the program did not seek funding due to lack of volunteer drivers as a result of COVID-19. The program is anticipated to resume services in 2022.
Name of program/activity/initiative	Modified Project Roomkey
Description	The modified version of Project Room Key program offers transportation, a minimum of two weeks of quarantined lodging, and wraparound services for eligible clients. Eligible clients are individuals without any form of shelter, contract traced and not able to return their only housing situation, or COVID positive. In addition, clients that are extremely vulnerable will be accepted into the program, which is defined as those who are 65 years or older with multiple comorbidities that puts the clients at higher risk. The funding from Sutter Health will help fill the gap of CARES dollars that will soon deplete and result in the lack of a safe place for individuals without shelter to self-isolate. While in the care of the program, patients will be case managed and connected to community resources, such as housing and eligible HHS programs. Referrals will be received from the Amador Public Health Department, local law enforcement and Sutter Amador Hospital.
Goals	The goal of the program is to transport, temporarily house and provide wrap around services to eligible clients.
2021 Outcomes	In 2021, the program began in response to COVID and served 80 adults & youth with 3,073 services.
Name of program/activity/initiative	Transportation Program for Cancer Patients
Description	Support, Transportation, and Resource Services are provided to patients in cancer treatment or follow up from cancer treatment. We offer support groups, a resource community library, a free wig program (provided by a licensed cosmetologist).
Goals	The goal of the program is to provide support and transportation services to patients who live in Amador County.
2021 Outcomes	In 2021, the program served 214 individuals with 1,373 rides.

Access to Dental Care and Preventative Services

Name of program/activity/initiative	Expansion of Pediatric Dental Program
Description	The expansion of the Pediatric Dental Program provided to children and adolescents will allow for the best possible opportunity for good oral health that will last a lifetime. Untreated tooth decay can cause pain and infection that can lead to problems with eating, speaking and overall health. Through this program, patients are referred to specialists as needed. Dental services, include: comprehensive examinations, recall examinations, emergency visits/examinations and diagnosis, regular and deep cleanings, full-mouth & individual x-rays, fluoride treatments, dental sealants, oral hygiene instruction, temporary fillings, dental fillings and restorations, crowns for primary and permanent teeth, space maintainers, and routine extractions.

Goals	The goals of the program are to increase access to pediatric dental services.
2021 Outcomes	This program did not continue in 2021 as a result of the fallout from COVID-19.
Name of program/activity/initiative	Oral Health Program
Description	Dental hygiene kits will be distributed to low-income and underserved populations at toddler playgroups, school readiness programs, the food bank and school lunch programs. In addition, distribute oral health-related children's books for Adventist Health and MACT Indian Health Clinic to distribute to families once child receives a fluoride varnish treatment at well baby check visit.
Goals	The goals of the program are to improve to pediatric dental education.
2021 Outcomes	In 2021, the program began and concluded at the end of the year. The program served 1,020 individuals.

Access to Specialty and Extended Care

Name of program/activity/initiative	Primary Care Program – Colorectal Screenings
Description	The Primary Care Program will provide services and education of colorectal screenings. Patients will be connected to discuss findings and receive follow up care. This program addresses multiple prioritized significant health needs, such as injury and disease prevention management; and access to specialty and extended care.
Goals	Funding will allow for the engagement in colorectal cancer prevention strategies on 10 evidence-based interventions for colorectal cancer screenings. In addition, the program will host a colorectal cancer learning collaborative to share best practices and evidence-based interventions with health centers and stakeholders.
2021 Outcomes	This program did not launch as anticipated due to COVID closures – particularly those around screening/vaccinations since much of those services were halted for health systems at one point in time.

Needs Sutter Amador Hospital Plans Not to Address

No hospital can address all of the health needs present in its community. Sutter Amador Hospital 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:

N/A

Approval by Governing Board

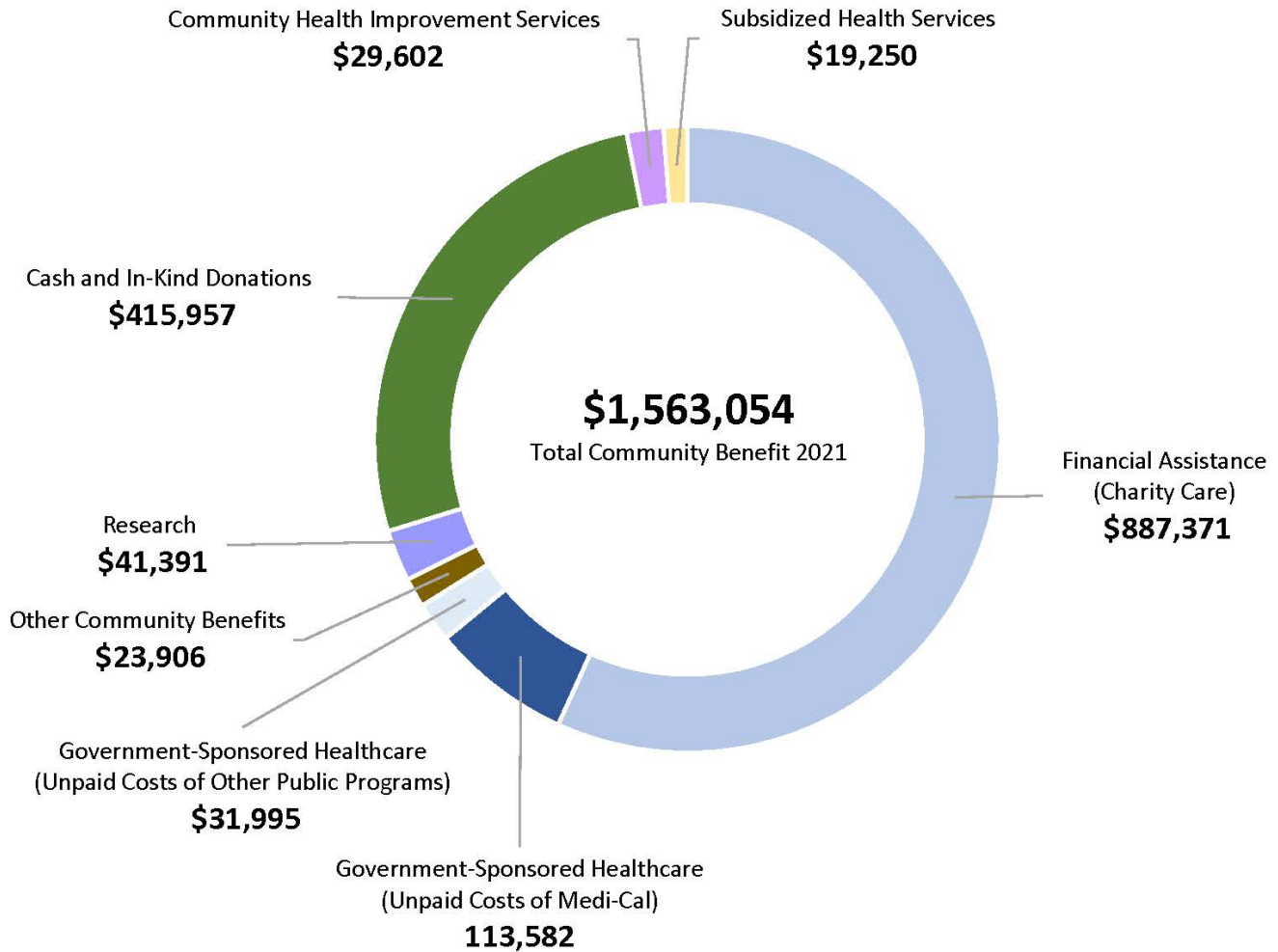
The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Valley Hospitals Board on November 21, 2019.

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.

Sutter Amador Hospital 2021 Total Community Benefit & Unpaid Costs of Medicare



2021 unpaid costs of Medicare were \$12,664,371