



Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Year 2023

Saint Agnes Medical Center (Saint Agnes) and Fresno Surgical Hospital (Fresno Surgical) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 27, 2022 and November 15, 2022. The CHNA was completed in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations. The complete CHNA report is available electronically at www.samc.com/assets/documents/2022-chna_board_approval.pdf or printed copies are available at 1303 E. Herndon Ave. Fresno, CA 93720.

Saint Agnes Mission

We, Saint Agnes Medical Center and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Fresno Surgical Hospital Mission

To provide a high quality of care through compassion to all we serve by creating a supportive environment for our patients, clinical staff and employees.



Our Hospitals

The Sisters of the Holy Cross began their ministry in Fresno, California in 1894, with the opening of a boarding and day school for girls. In 1929, at the request of the local bishop, eight Holy Cross Sisters established the original Saint Agnes Hospital close to the downtown area on the corner of Fruit and Floradora avenues. As Fresno grew northward and the hospital outgrew its facilities, Saint Agnes Medical Center relocated to its present site in north Fresno in 1975. From the original 75 beds, Saint Agnes has grown to a current bed capacity of 436 licensed beds and cares for residents of Fresno, Kings, Madera and Tulare counties. Saint Agnes continues to expand its four accredited physician residency programs and is Fresno County's only nationally recognized Baby-Friendly Hospital.



FSH was founded by two orthopedic surgeons, Alan H. Pierrot, MD and Thomas Thaxter, MD, who had a vision of improving healthcare. Originally named Fresno Surgery Center (FSC), the facility opened as an outpatient surgery center in 1984. It was the first facility in the United States to provide elective surgery and post-surgical care in a non-hospital setting. In 1988, FSC was designated by the California State Legislature as the first participant in a pilot project and opened our post-surgical recovery care center. This expanded the scope of service to include overnight post-surgical care, the first facility in the nation to do so in a non-hospital setting. In 1993, FSC sought to become a licensed acute-care hospital. Though only surgical patients are admitted, this hospital licensure enables it to serve inpatients (including Medicare patients) without restrictions on the length of their recovery stay.

Our Community Based Services

Saint Agnes Medical Center's programs give Valley residents greater access to needed primary and specialty care. This includes Saint Agnes Care, a nonprofit subsidiary comprised of primary, specialty and urgent care clinics, which includes a network of more than 80 providers at 20 locations in the cities of Fresno and Clovis. To

provide better access and more convenient care for Valley residents, Saint Agnes Care Center has expanded and now houses the Brain & Spine and Orthopedic Institutes along with General Surgery, Metabolic and Bariatric Surgery and Cardiovascular Surgery all under the same roof.

The Saint Agnes Health Hub provides health education, health navigation, screening and assessment for social influencers of health and toxic stress, and individual support and advocacy to assist patients who are medically vulnerable and who face barriers to resources that address clinical and social care. Additionally, women and children experiencing financial hardship, and women experiencing homelessness can access clothing, hygiene products, diapers and other basic needs from the Holy Cross Health and Wellness Center. Saint Agnes also partners with West Care California and Kings View to provide substance use and behavioral health programs from the Center.

Our Community

According to the U.S. Geological Survey, the Central Valley, also known as the Great Valley of California, covers about 20,000 square miles and is one of the more notable structural depressions in the world. Occupying a central position in California, it is bounded by the Cascade Range to the north, the Sierra Nevada to the east, the Tehachapi Mountains to the south, and the Coast Ranges and San Francisco Bay to the west. The Central Valley can be divided into two large parts: the northern one-third is known as the Sacramento Valley and the southern two-thirds is known as the San Joaquin Valley. The San Joaquin Valley can be split further into the San Joaquin Basin and the Tulare Basin.

For the purposes of this Community Health Needs Assessment, Saint Agnes and Fresno Surgical Hospitals used a geographic approach focusing on the area from which most patients come for care. This area includes Fresno and Madera, which according to the U.S. Census Bureau, together cover 8,164 square miles and more than 1.5 million acres. Additionally, the report area has a total of 1,139,954 with 12.8% of the persons living within the report area identifying as non-citizens and over 50% identifying as Hispanic or Latino. By defining the geographic area and population, we were diligent to ensure that no groups, especially minority, low-income, or medically underserved, were excluded from the assessment process or data collection.

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for those who are experiencing poverty or other vulnerabilities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and focuses on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health Needs of the Community

The CHNA conducted between October 2022 through mid-January 2023 identified the significant health needs within the communities of Fresno and Madera. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Poverty
2. Poor air quality/pollution
3. Homelessness
4. Food insecurity
5. Safety/neighborhood crime
6. Lack of affordable/acceptable housing
7. Insurance barrier/access to medical care
8. Not enough providers/treatment locations/long wait times
9. Expensive medical care
10. Lack of provider compassion/discrimination
11. Lack of transportation

Hospital Implementation Strategy

Significant health needs to be addressed by Saint Agnes

Saint Agnes, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

- 1 **Food Insecurity** – CHNA pages 28-35, 40, 42-45
- 2 **Safety/neighborhood crime** – CHNA pages 32, 41, 99, 103
- 3 **Not enough providers/treatment location/long wait times** – CHNA pages 31-32, 36-39, 102

Significant health needs to be addressed by Saint Agnes and Fresno Surgical

- 1 **Expensive Medical Care** – CHNA page 38, 46 & 48

Significant health needs that will not be addressed

Saint Agnes acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which are the most pressing, under-addressed and within its ability to influence. Saint Agnes does not intend to specifically address the following health needs:

- **Poverty** – while this priority will not be specifically addressed, economic stability may be a strategy within the priorities selected.
- **Poor air quality/pollution** – Saint Agnes is an environmentally conscious facility and addresses this issue at the facility level.
- **Homelessness** – to avoid duplication of efforts because other organizations are addressing the need. Saint Agnes will continue to support services for homeless with agency programs already underway.
- **Lack of affordable/acceptable housing** – relative lack of expertise or competency to effectively address the need.
- **Insurance barrier/access to medical care** – while this priority will not specifically be addressed, Saint Agnes Health Hub and Financial Assistance does provide services that address insurance and medical care for patients and community members.
- **Lack of provider compassion/discrimination** – while this priority will not specifically be addressed, Saint Agnes and Trinity Health are focused on advancing diversity, equity and inclusion.
- **Lack of transportation** – the need rated relatively low priority in the needs assessment.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. This implementation strategy outlines actions that will be taken by Saint Agnes. This strategy is an amended implementation strategy that adds actions for years two and three. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

1

Food Insecurity



Hospital facility: Saint Agnes Medical Center

CHNA reference pages: 28-35, 40, 42-45

Brief description of need:

- Combined 24% of low-income population in Fresno and Madera have low food access
- High priority zones in Fresno has a relatively high number of households (23.6%) without vehicles that are more than one-half mile from supermarket
- The average percentage of adults (34.7%), living in Fresno age 18 and older who are obese is higher than the California state average (24%)

Equitable and Inclusive SMART Objective(s):

1. By December 2022, convene an advisory group of 8-20 residents and community stakeholders in West Fresno neighborhood to conduct a root cause analysis root cause analysis in preparation of a workplan.
2. By February 2023, define 2-3 evidence-based interventions to address identified root causes that include at least one policy, system change and/or environmental transformation initiative to improve access to healthy and affordable foods in southwest Fresno.
3. By June 2025, increase collaboration between community organizations, healthcare providers, local businesses, and government agencies to address food insecurity by 15%.
4. By June 2025, increase access to healthy and affordable food options by supporting initiatives that are increasing grocery stores, farmers markets and/or other food by 20% over the next 3 years in underserved areas of the community.

These goals and metrics provide a framework for addressing food security in Fresno and can be adjusted as needed based on progress made and changes in the community.

"Maslow's hierarchy you know? Do they have access to food and a whole lot of food insecurity? So I think that's one issue." – Madera Resident

Actions the hospital facility intends to take to address the health need:

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Gain a deeper understanding of resident lived experiences related to healthy food access. By December 2022, convene an advisory group of 8-20 residents and community stakeholders in West Fresno neighborhood to conduct a root cause analysis in preparation of a workplan.	x			Saint Agnes Medical Center	Staff, Materials, Facilitation, Funding \$1,000 per session
				Every Neighborhood Partnership	Staffing, facilities
				Fresno Metro Ministry	Funding, staffing
			Focus location(s)	Focus Population(s)	
			West Fresno zip code(s): 93706	Urban, African American/Black, Hispanic	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
By February, 2023, define 2-3 strategies and develop a workplan to address at least one policy, system change and environmental transformation initiative to improve access to healthy and affordable foods.	x			Saint Agnes Medical Center	Funding, staff
			Focus location(s)	Focus Population(s)	
			West Fresno zip code(s): 93706	Food insecure residents – Hispanic, African American, SE Asian	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Support city-wide food security initiatives that increase collaboration by 15% over the next three years to address food insecurity in high priority zip codes.	x	x	x	Saint Agnes Medical Center	Funding, staff, TA resources
				Fresno Metro Ministry	Staff, facilities
				Saint Rest Baptist Church	Property, staff
				Every Neighborhood Partnership	Staff, volunteers
				Fresno Housing	Staffing, Volunteers
			Focus location(s)	Focus Population(s)	
			West Fresno zip code(s): 93706	Food insecure residents – Hispanic, African American, SE Asian	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Addressed access to fresh, affordable, and nutritious foods – promoting healthy grocers & health care access throughout the plan area.	x	x	x	Saint Agnes Medical Center	Funding, staff, TA resources
				Fresno Metro Ministry	Staff, facilities
				Saint Rest Baptist Church	Property, staff
				Community Food Bank/distribution sites	Facility, Product, Staff
				Fresno Housing	Staffing, Volunteers
			Focus location(s)	Focus Population(s)	
			West Fresno zip code(s): 93706	Food insecure residents – Hispanic, African American, SE Asian	

Anticipated impact of these actions:

Impact Measures	Baseline	Target	Plan to evaluate the impact
<ul style="list-style-type: none"> • Number of root cause issues identified • Number of countermeasures identified by workgroup to address food insecurity in northeast Madera • Number of new partners identified. 	<ul style="list-style-type: none"> • No specific issues identified in northeast Madera • No interventions identified to specifically address challenges northeast Madera, 93637, 93638 	<ul style="list-style-type: none"> • 2-3 Root cause issues identified. • 2-3 Strategies developed • 2 new partners identified 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> • Number of root cause issues identified • Number of counter measures identified by workgroup to address food insecurity in west Fresno area. • Number of new partners identified. 	<ul style="list-style-type: none"> • No specific issues identified in 93706 • No counter measures identified to specifically address 93706 area 	<ul style="list-style-type: none"> • 2-3 Root cause issues identified. • 2-3 counter measures identified • 2 new partners identified 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> • Number of strategies developed • Number of policies identified for advocacy • Number of system changes defined • Number of environmental transformation initiatives identified • Contributions identified 	<ul style="list-style-type: none"> • Zero 2022 strategies defined. • Zero policies identified • Zero system changes defined • Contributions not currently allocated 	<ul style="list-style-type: none"> • 2-3 Strategies developed • 1 policy, system change and/or initiative defined • At least one additional committed partner • Approval by Mission/CB committee 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> • Number of partnerships between business and community-based organizations • Number of convenings • Number of food security countermeasures addressed 	<ul style="list-style-type: none"> • 2 Strong partnerships with faith-based and CBO partner • 1 partnership with health improvement partnership • Monthly convenings 	<ul style="list-style-type: none"> • Addition of 1-3 partners • Addition of 1 additional partner with other cross-sector collaboration • 1-2 countermeasures identified 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> • Number of new food outlets established in the 93706 area • Number of households impacted through food resources. 	<ul style="list-style-type: none"> • 1 Farmers' Market (FM) at start of 2022 • Baseline is 0 households impacted through FM 	<ul style="list-style-type: none"> • Addition of 1 Sustained Farmers Market strategy • Impact at minimum of 30% of households within Transforming Communities Neighborhood (917 households) 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders Data collection to measure results of food security interventions</p>

2

Safety/ Neighborhood Crime



Hospital facility: Saint Agnes Medical Center

CHNA reference pages: 32, 41, 98-99, 103

Brief description of need:

- 36% of respondents in the neighborhood domain identified safe community as a health priority
- 32% of respondents in the neighborhood domain identified peaceful communities as a health priority
- Incarceration rate in the focus area is 3.94% and higher than the State average of .9%.
- Homicide rates have nearly doubled since 2019 to 74 per year in 2020 and 2021, with Black and Hispanic victims totaling 54 of the homicides, and 90% of the homicides was due to gun violence, according to the annual Fresno Police reports.

Equitable and Inclusive SMART Objective(s):

1. By November 2022, convene an advisory group of 8-20 residents and community stakeholders in the California Avenue Neighborhood 93706 zip code area to conduct a root cause analysis in preparation of a workplan.
2. By February 2023, define 2-3 strategies and develop a workplan to address at least one policy, system change and/or environmental transformation initiative to achieve safe, connected, and low crime within the California Avenue Neighborhood Initiative boundary
3. By July 2024, create and build a Community Justice Network (CJN) in Southwest Fresno (zip code 93706) centering on racial equity and justice.
4. By June 2025, observe a 20% increase in the positive perceptions and attitudes of 93706 residents regarding community ownership and community relationships.
5. By June 2025, implement at least 2-4 environmental changes (lighting, parks, complete street, etc.) to promote safer neighborhoods.
6. By June 2025, regularly convene local cross-sector Southwest Fresno Council to review the communication, accountability, and specific Southwest Fresno issues between CJN, the 93706 community, and local agencies (law enforcement, policymakers, civic leaders, etc.).

"Keeping the streets dark feels intentional because it is so obviously different." Southwest Fresno resident

Actions the hospital facility intends to take to address the health need:

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Gain a deeper understanding of resident lived experiences related to safety and crime in their neighborhood. By November 2022, convene an advisory group of 8-20 residents and community stakeholders in California Avenue Neighborhood initiative in the 93706 neighborhoods to conduct a root cause analysis in preparation of a workplan.	x			Saint Agnes Medical Center	Staff, Materials, Facilitation, Funding \$1,000 per session
				Fresno Housing	Staffing, facilities
				Every Neighborhood Partnership	Staff for outreach coordination
				Focus location(s)	Focus Population(s)
				California Avenue Neighborhood Initiative boundary	Urban, African American/Black, Hispanic
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Y1	Y2	Y3			
By June 2023, define 2-3 strategies and develop a Community Action Plan to address at least one policy, system change and environmental transformation initiative to improve neighborhood safety and	x			Saint Agnes Medical Center	Funding, staff
				Fresno Housing	Staff, facilities, stipends
				CAN neighborhood residents	Time
				Every Neighborhood Partnership	Staff, outreach
				Generation Changers	Outreach
				Fresno Police Department	Staff, outreach
Focus location(s)	Focus Population(s)				
California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American				
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Y1	Y2	Y3			
By December 2022, determine the structure, leadership, and operational procedures of the initial Community Workgroup that will lead the Implementation Plan.	x			Saint Agnes Medical Center	Funding, staff, Participation stipends/incentives for Community Workgroup members
				Fresno Housing	Staff, facilities, stipends
				CAN neighborhood residents	Time, sweat equity
				Every Neighborhood Partnership	Staff, outreach
				Focus location(s)	Focus Population(s)
				California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Y1	Y2	Y3			
By June 2024, create and build a Community Justice Network (CJN) in Southwest Fresno (zip code 93706) centering on racial equity and justice. CJN will recruit	x			Saint Agnes Medical Center	Funding, staff, Participation stipends/incentives for Community Workgroup members
				Fresno Housing	Staff, facilities, stipends
				CAN neighborhood residents	Time, sweat equity
				Every Neighborhood Partnership	Staff, outreach
				Focus location(s)	Focus Population(s)

and train community mediators to lead community practices (healing circles, defense meetings, participatory defense. Exposer clinics. Community forums, town halls, social events, etc.) to promote healthier, safer, and more connected neighborhoods.				California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American	
				Fresno Housing	Staff, facilities, stipends	
				CAN neighborhood residents	Time, sweat equity	
				Every Neighborhood Partnership	Staff, outreach	
				Focus location(s)	Focus Population(s)	
				California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
	Y1	Y2	Y3			
By June 2025, develop an advocacy plan and communications campaign for improving identified environmental changes.				Saint Agnes Medical Center	Funding, staff, Participation stipends/incentives for Community Workgroup members	
				Fresno Housing	Staff, facilities, stipends	
				CAN neighborhood residents	Time, sweat equity	
				Every Neighborhood Partnership	Staff, outreach	
			x	x	Focus location(s)	Focus Population(s)
					California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
	Y1	Y2	Y3			
By June 2025, identify and partner with target agencies, such as law enforcement, policymakers, civic leaders, school systems, prisons, etc. To streamline forms of communication and accountability in the 93706 community.				Saint Agnes Medical Center	Funding, staff, Participation stipends/incentives for Community Workgroup members	
				Fresno Housing	Staff, facilities, stipends	
				CAN neighborhood residents	Time, sweat equity	
				Every Neighborhood Partnership	Staff, outreach	
			x	x	Focus location(s)	Focus Population(s)
					California Avenue Neighborhood Initiative boundary	Residents living in the California Avenue Neighborhood – Hispanic, African American

Anticipated impact of these actions:

Impact Measures	CHNA Baseline	Target	Plan to evaluate the impact
<ul style="list-style-type: none"> Number of issues identified Number of countermeasures identified Number of partners identified. 	<ul style="list-style-type: none"> No specific issues identified No strategies identified 	<ul style="list-style-type: none"> 2-3 Root cause issues identified. 4-5 community improvement options identified 2-3 new partners identified 	<ul style="list-style-type: none"> Follow-up meeting with residents. Follow-up meeting with key stakeholders
<ul style="list-style-type: none"> Number of strategies developed Number of policies identified for advocacy 	<ul style="list-style-type: none"> Zero 2022 strategies defined. Zero policies 	<ul style="list-style-type: none"> 2-3 Strategies developed 1 policy, system 	<ul style="list-style-type: none"> Follow-up meeting with residents. Follow-up meeting with key stakeholders

<ul style="list-style-type: none"> • Number of system changes defined • Types of contributions identified 	<p>identified</p> <ul style="list-style-type: none"> • Zero system changes defined • Contributions not currently allocated 	<p>change and/or initiative defined</p> <ul style="list-style-type: none"> • At least one additional committed partner • Approval by Mission/CB committee 	
<ul style="list-style-type: none"> • Number of practices established to promote healthier, safer, connected neighborhoods • Number of structural changes identified • Number of community members trained on advocacy • Number of partners engaged • Number of communication channels developed 	<ul style="list-style-type: none"> • Zero practices established • Zero structural changes identified • 1-2 members trained on advocacy • 3 Partners engaged • Zero communication channels developed. 	<ul style="list-style-type: none"> • 1-3 practices established • 1-3 structural changes identified • 5-10 members trained on advocacy • 8-10 Partners engaged • 1-2 communication channels developed. 	<p>Follow-up meeting with residents. Follow-up meeting with key stakeholders Data collection to track effectiveness of interventions.</p>

3

Providers/ locations/ wait times



Hospital facility: Saint Agnes Medical Center
CHNA reference pages: - 31-32, 36-39, 102

Brief description of need:

- Within the report area, there is a total of 176 Health Professional Shortage Areas (HPSAs). HPSAs are defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Provider rate per 100,000 population 79.61 with 87 locations in Fresno County
- Provider rate per 100,000 population 75.2 with 19 locations in Madera County
- Provider rate per 100,000 population 101.38 with 1280 locations in California

Equitable and Inclusive SMART Objective(s):

1. Convene an advisory group of 8-20 residents and community stakeholders living in and serving the rural area of Fresno and northeast Madera counties to conduct a root cause analysis by 12/31/2022
2. By June 2023, define 1-2 strategies and develop a workplan to address at least one initiative to address provider, location shortages.
3. By June 2023, develop workplan to address provider access in a timely manner for 2-3 specific rural locations.

*"My experiences were not the best when getting health care in my community. There is a shortage of doctors, long waiting this time, and the doctors do not seem to take my concerns about my health seriously."
Fresno, Child-Youth, FG2, English*

Actions the hospital facility intends to take to address the health need:

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
By November 2022, convene an advisory group of 8-20 residents and community stakeholders living in and/or serving rural Fresno and Madera Fresno 93706 neighborhood to conduct a root cause analysis in preparation of a workplan	x			Saint Agnes Medical Center	VP time, coordination
				Saint Agnes Graduate Medical Residency	MD oversight, medical resident leads
				California State University	Data
				Fresno County Dept. Public Health	Data
				Focus location(s)	Focus Population(s)
			Metro, Rural Fresno – 93210-93646-93656, 93606, 93706 Madera area – 93638, 93640	Farmworker, under/uninsured, under-resourced, and homeless	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
By June 2023, define 1-3 strategies and develop a workplan to address at least one transformation initiative to impact access to healthcare providers in a timely manner in focal areas.	x	x	x	Saint Agnes Medical Center	CHWB coordination and outreach
				Saint Agnes Graduate Medical Residency	MD oversight, medical resident leads
				California State University	Mobile units – nursing
				Fresno County Dept. Public Health	Funding opportunity
				Community Based Organization	Time and personnel
				Focus location(s)	Focus Population(s)
			Metro, Rural Fresno – 93210-93646-93656, 93606, 93706 Madera area – 93638, 93640	Farmworker, under/uninsured, under-resourced, and homeless	
Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
By June 2024 develop FQHC partnership to decrease scheduling gap for patients who lack primary care provider.		x		Saint Agnes Medical Center,	VP time, coordination, space,
				Camarena Health	Social Work coordination

Anticipated impact of these actions:

Impact Measures	CHNA Baseline	Target	Plan to evaluate the impact
<ul style="list-style-type: none"> • Number of issues identified • Number of countermeasures identified • Number of partners identified. • Funding mechanisms identified 	Currently no specific strategies to address provider access in a timely manner in rural Fresno or Madera	<ul style="list-style-type: none"> • 2-3 Root cause issues identified. • 4-5 community improvement options identified • 2-3 new partners identified 	Follow-up meeting with residents. Follow-up meeting with key stakeholders
<ul style="list-style-type: none"> • Number of strategies developed • Number of system changes defined • Types of contributions identified 	Currently no specific strategies to address provider access in a timely manner in rural Fresno or Madera	<ul style="list-style-type: none"> • 2-3 Strategies developed • 1 policy, system change and/or initiative defined • At least one additional committed partner • Approval by Mission/CB committee 	Follow-up meeting with residents. Follow-up meeting with key stakeholders
<ul style="list-style-type: none"> • Number of rural clinics scheduled • Amount of funding dedicated to program • Number of patients reached • Number of services provided 	Baseline not yet established	<ul style="list-style-type: none"> • Minimum of 4-6 clinics scheduled per month • Minimum of 5 partnerships established for consistency • One new grant per year to fund program • 1200 patients reached 	Patient Data Collected Clinic locations identified and scheduled
<ul style="list-style-type: none"> • Number of patients case managed by FQHC partnership 	Baseline not yet established	<ul style="list-style-type: none"> • LOS Scorecard Measure • ED Visit reduction for patient 	Patient Data Scorecard

4

Expensive Medical Care



Hospital facility: Saint Agnes Medical Center and Fresno Surgical Hospital
CHNA reference pages: CHNA pages 38, 46 & 48

Brief description of need:

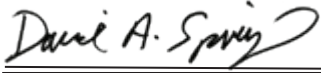
- Within the report area, the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance) is 42.46%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.
- In the report area 7.23% of the total civilian non-institutionalized population are without health insurance coverage.
- Total unemployment in the report area for the current month equals 6.9% (at the time of this report). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
- In the report area 42.42% or 985,123 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL).

Equitable and Inclusive SMART Objective(s):

1. Annually implement the financial assistance policies for both Saint Agnes Medical Center and Fresno Surgical Hospital.
2. Annually review the financial assistance policies for both Saint Agnes Medical Center and Fresno Surgical Hospital.

Adoption of Implementation Strategy

On November 30, 2023, the Mission and Community Benefit Committee for Saint Agnes Medical Center voted after review of the updated 2023 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, this Implementation Strategy and the related budget has been approved.



David Spivey – Interim President & Market Leader

11/30/2023

