

Saint Agnes Medical Center

# Community Benefit Plan

Fiscal Year ending June 30, 2025



A Member of Trinity Health

## Table of Contents

Introduction .....	3
Saint Agnes Medical Center Core Values .....	4
Board of Directors .....	5
Executive Summary .....	6
Commitment to the Community .....	7
2023 Community Health Needs Assessment .....	8
Community Profile .....	11
Summary of Key Program and Initiatives .....	12
Fiscal Year 2025	
Non-Quantifiable Benefit .....	21
Appendices .....	25
<u>Appendix A.</u> Community Health Needs Assessment Implementation Strategy	
<u>Appendix B.</u> Financial Support Policy	
<u>Appendix C.</u> Financial Report of Community Benefit Ministry Activity	

## Introduction

Founded by the Sisters of the Holy Cross in 1929, Saint Agnes Medical Center has been dedicated to providing high-quality, compassionate care to residents of the Valley for over nine decades. Since the opening of our initial 75-bed hospital at the corner of Fruit and Floradora avenues, Saint Agnes has played a leading role in shaping health care in the Central Valley. Although much has changed in the last 94 years, our commitment to meeting the diverse needs of our growing population and to healing the whole person—body, mind, and spirit—continues to inspire everything we do.

To enhance support for our healing ministry on a national level, Saint Agnes has partnered with Saint Alphonsus Health System in Idaho and Oregon to form Trinity Health’s West Region. This collaboration allows us to optimize operational processes and streamline communication, enabling us to focus on what matters most: caring for our community.

Our growth continues with the establishment of Saint Agnes Care, a nonprofit subsidiary of Saint Agnes Medical Center, comprising primary, specialty, and urgent care clinics. We are focused on improving access and convenience by expanding telehealth services and online scheduling for primary, urgent, and specialty care.

Saint Agnes is also proud of its six accredited residency and fellowship programs for physicians, as well as being Fresno’s first nationally recognized Baby-Friendly Hospital.

As we expand both our physical and virtual presence, Saint Agnes remains committed to maintaining critical partnerships and nurturing essential relationships within the community, providing our patients with the high-quality care they deserve. Guided by the values first inspired by the Sisters of the Holy Cross, Saint Agnes will continue striving to be a blessing to the people of our Central Valley.

## Vision, Mission, Core Values

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.

As a mission-driven, innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

### Our Core Values

- Reverence – We honor the sacredness and dignity of every person.
- Commitment to Those Experiencing Poverty: We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Justice – We foster right relationships to promote the common good, including the sustainability of Earth.
- Stewardship – We honor our heritage and hold ourselves accountable for the human, financial, and natural resources entrusted to our care.
- Integrity – We are faithful to who we say we are.

### Guiding Behaviors

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully, and directly.
- We are fully present.
- We are all accountable.
- We trust and assume the best in people's intentions.
- We are continuous learners.

## Our Board of Directors

Ronald J. Wathen, PE | Chair

Luis Santana | Vice-Chair

Adam J. Richins

Alan Birnbaum, MD

Angela Taylor

Dalpinder Sandhu, MD

Desrie van Putten

Janelle Dunn

Janet L. Young, EdD

Kirandeep Kaur Batth, MD

Pilar De La Cruz Samoulian, RN, MSN

Judge Robert Oliver

Sister Mary Alice Bowler, CSC

Susan D. Kuszmar, LMFT

## Executive Summary

Saint Agnes Medical Center (Saint Agnes) is a Catholic healthcare ministry and not-for-profit hospital with 436 acute care beds, located in Fresno, California. It serves the community members of Fresno, Madera, Kings, and Tulare counties. In May 2013, Saint Agnes became a member of Trinity Health, one of the nation's largest not-for-profit, faith-based healthcare systems, which returned \$1.47 billion to its communities through financial assistance, charity care, and other community benefit programs. The Center employs 3,653 staff members, has 174 volunteers, and comprises 99 providers in the Saint Agnes Medical Group, serving approximately 2.1 million patrons within its service area.

Saint Agnes Medical Center offers a wide range of programs and services, including advanced laparoscopic and robotic surgery, a breast center, cardiology, cardiothoracic surgery, family practice, general surgery, an imaging center, internal medicine, metabolic and bariatric surgery, obstetrics and gynecology, occupational health, orthopedic surgery, pain management, and sports medicine. The hospital collaborates with California Cancer Associates for Research & Excellence, Central Valley Health Plan, Central Valley Medical Providers, Fresno Surgical Hospital, Renaissance Surgery Center, and Valley Children's Healthcare to provide the most comprehensive health services.

The Community Health Education and support groups at Saint Agnes play a vital role in the education and management of chronic conditions and diseases that are most prevalent in the service area.

Additionally, Saint Agnes offers outpatient care services and outreach programs, which include the Holy Cross Health and Wellness Center, a mobile health clinic, home health and hospice services, an outpatient infusion center, an outpatient surgery center, the Saint Agnes physician residency clinic, the Saint Agnes health hub, and the Saint Agnes Wound Care, Hyperbaric Medicine, and Amputation Prevention Center.

This report reflects a commitment to ongoing collaboration, shared resources, and collective impact, all aimed at enhancing the community's well-being.

## Commitment to the Community

Saint Agnes Medical Center is dedicated to improving community health and well-being, guided by our core values and mission. We prioritize creating programs that enhance access to healthcare and improve the lives of low-income and marginalized individuals. Our commitment encompasses a comprehensive range of services, including preventive care, acute treatment, rehabilitation, and long-term health maintenance. With a holistic approach, we strive to support the well-being of the mind, body, and spirit, fostering healthier lifestyles and communities.

Community involvement is a cornerstone of our efforts. We collaborate with local organizations, advocate meaningful changes, and implement programs that directly benefit residents in our service area. Through our Community Health and Well-Being (CHWB) strategy, we focus on initiatives that address critical needs such as food security, neighborhood safety, and healthcare access. Our programs also target the social factors that influence health, support the prevention and management of chronic diseases, and provide resources for individuals facing substance use challenges.

Saint Agnes also invests in developing the next generation of healthcare professionals by supporting medical education and offering services for those experiencing homelessness. These efforts reflect our broader commitment to addressing pressing community needs while fostering a culture of compassion and service.

Our leadership team—comprising the Administration, the Board of Trustees, and the Community Benefit Committee—works tirelessly to integrate our mission and values into every aspect of our operations. This includes advancing Health and Human Impact initiatives, monitoring our progress, and aligning our efforts with the goals of Trinity Health. The Community Benefit Committee also provides input on strategic priorities, including the Community Health Needs Assessment, to ensure that our work remains impactful and relevant.

By fostering a supportive culture, we aim to enhance patient experience while empowering our colleagues. Together, these efforts reflect our unwavering commitment to creating healthier, more equitable communities and upholding the mission of Saint Agnes Medical Center.

## 2023 Community Health Needs Assessment (CHNA)

The Affordable Care Act of 2010 requires that hospitals with a 501(c)(3) designation conduct a Community Health Needs Assessment (CHNA) every three years. In accordance with section 501(r)(3)(A) of the Federal IRS Code, hospitals are obligated to perform a CHNA and implement strategies to address the community health needs identified through this assessment.

The CHNA underscores Saint Agnes Hospital's commitment to improving health outcomes within the community it serves by thoroughly evaluating health status in the service area. Throughout the assessment process, we engaged with residents and community leaders, ensuring their perspectives informed our work. Our objectives for the CHNA included:

- Engaging public health and community stakeholders, including community-based organizations and underserved populations, particularly low-income and minority groups.
- Assessing and understanding the community's health issues and needs, with a focus on priority zip codes.
- Analyzing risk factors and social determinants that impact health.
- Identifying community resources and exploring opportunities for collaboration with partners.
- Utilizing assessment findings to formulate and implement a strategy that addresses the prioritized health issues.

Continuing our tradition of collaboration, Saint Agnes worked alongside Central Valley hospitals and the Hospital Council of Northern and Central California to conduct the 2022 CHNA. The Hospital Council, a nonprofit trade association established in 1961, represents 197 hospitals and health systems across 50 of California's 58 counties, from Kern County to the Oregon border. The Council acted as the contracting agency for the 2022 assessment.

Under the guidance of Central Valley hospitals, the Hospital Council enlisted various community-based organizations, including Cultiva la Salud, the Fresno Center, and United Way of Fresno and Madera Counties, along with a subcontract with Live Well Madera County for primary data collection. The Central Valley Health Policy Institute (CVHPI) was responsible for both



qualitative and quantitative data analysis, resulting in a compilation of significant health needs for Fresno and Madera Counties.

Qualitative data analysis employed a grounded theory approach to identify prevalent discussion topics and themes, which were categorized into broader, inclusive social determinants of health (SDoH) domains. These domains included Economic Stability, Education Access and Quality, Health and Health Behaviors, Healthcare Access and Quality, Neighborhood and Environment, Social and Community Context, as well as a domain specifically addressing issues related to COVID-19. Focus group and key informant data were analyzed independently using the same methodological approach for both data sets.

Following the identification of priority themes from the focus group and key informant interviews, a composite score was established for each theme using quantitative data from a community-wide survey. These composite scores were calculated by determining the median percentage across items that closely aligned with each respective theme.

### **Significant Health Needs Identified – Fresno and Madera Counties**

#### *Domain A: Healthcare Access and Quality*

- High cost of medical care
- Insurance barriers and access issues to medical care
- Insufficient number of providers and treatment locations, resulting in long wait times
- Lack of provider compassion, discrimination, and mistrust in the medical system

#### *Domain B: Neighborhood and Environment*

- Safety concerns and neighborhood crime
- Poor air quality and pollution
- Lack of transportation
- Homelessness

#### *Domain C: Economic Stability*

- Limited availability of affordable and acceptable housing

- Poverty
- Food insecurity

### **Prioritization Process and Identified Needs**

A group of 48 advisors, including residents, Promotores, community health leaders, law enforcement officials, school health representatives, county agency personnel, housing agency representatives, youth, and leaders from community-based organizations, prioritized the identified health needs. These individuals were selected based on their expertise and engagement within the Fresno and Madera communities.

This prioritization process utilized secondary data obtained from the Trinity Health Community Health Needs Assessment Data Report ([trinityhealthdatahub.org](http://trinityhealthdatahub.org)) and the Point-in-Time (PIT) homeless counts for Fresno and Madera Counties.

### **Ranked Top Health Needs**

Prioritized Health Needs	BPR Score
Poverty	66.3
Poor air quality/pollution	60.6
Homelessness	58.8
Food insecurity	56.9
Safety/neighborhood crime	56.3
Lack of affordable/acceptable housing	53.6
Insurance barrier/access to medical care	53.3
Not enough providers/treatment locations/long wait times	50.0
Expensive medical care	44.4
Lack of provider compassion/Discrimination	44.0
Lack of transportation	36.3

## Community Profile

The Central Valley, also known as the Great Valley of California, spans approximately 20,000 square miles and is recognized as one of the world's most significant structural depressions, according to the U.S. Geological Survey. Situated in the heart of California, the Cascade Range borders it 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 Valley is divided into two main sections: the Sacramento Valley, located in the northern third, and the San Joaquin Valley, which spans the southern two-thirds. Additionally, the San Joaquin Valley is further divided into the San Joaquin Basin and the Tulare Basin. For this Community Health Needs Assessment (CHNA), Saint Agnes Medical Center focused on Fresno and Madera counties, where most of its patients reside. Together, these counties encompass 8,164 square miles, equivalent to over 1.5 million acres, and have a combined population of 1,171,000.

In November 2023, Saint Agnes adopted a plan to address the health needs identified in the CHNA, collaborating with community partners to take action. The strategy for the first year includes specific steps designed to improve health outcomes.

The programs or initiatives that have been supported, expanded, and/or implemented in Fiscal Year 2025 address the key health needs identified in the 2022 CHNA. This report highlights the hospital's contributions and ongoing efforts to enhance the health and well-being of the community it serves.

## Summary of Key Programs and Initiatives

Saint Agnes Medical Center made a net community impact contribution of \$123.2 million, with Charity Care and unpaid Medi-Cal costs accounting for 56% of this total. The overall contribution toward ministry for people experiencing poverty and broader community initiatives was \$70 million.

In FY25, Trinity Health continued evaluating the total impact its hospitals have on community health. This evaluation includes traditional Community Benefit, Community Building, the shortfall on Medicare services, expenses not covered by Community Benefit due to external funding, and all Community Health Workers involved in our Clinically Integrated Networks. Our ultimate goal in sharing the Community Impact is to demonstrate how our Catholic not-for-profit Health System positively affects the communities we serve, particularly those experiencing poverty, through financial investments.

### Charity Care at Cost

Saint Agnes Medical Center is committed to delivering high-quality healthcare services with compassion and respect, regardless of an individual's race, creed, gender, age, or financial status. This commitment includes offering accessible services to individuals without medical insurance or those who cannot afford to pay their full self-pay bill not covered by insurance. In FY25, Charity Care (financial assistance) amounted to \$6.5 million.

### Unpaid Costs of Medi-Cal

The means-tested healthcare community benefit, sponsored by the government, includes unpaid costs incurred through public programs for low-income individuals. This shortfall occurs when a service provider receives payments that are less than the cost of caring for beneficiaries in public programs. In FY25, the unpaid cost of Medi-Cal totaled \$62.5 million.

### Community Health Services

Saint Agnes Medical Center is dedicated to enhancing healthcare access for all individuals, regardless of their race, culture, or socioeconomic status. With a particular focus on vulnerable

populations, we prioritize ensuring that our programs reach those in greatest need. These services include:

- **Medical Financial Support Program:** This program provides financial assistance to patients needing help covering the costs of medical care, medication, medical equipment, and transportation to the Emergency Department or other appropriate facilities. All patients are eligible to apply for financial support either before or after receiving hospital services. Eligibility is assessed on an individual basis, taking into account income, assets, and insurance status. Staff members are available to assist patients in applying for public assistance programs if they qualify.
- **Partnerships at Holy Cross Health and Wellness Center:** We continued our collaboration with WestCare California to provide outpatient behavioral and mental health services at our downtown facility. This partnership aims to assist clients who are at risk of or experiencing homelessness, substance use disorders, and behavioral health episodes. Services at Holy Cross include rapid rehousing, parenting and financial literacy programs that promote self-sufficiency and family cohesion, diversion services to prevent homelessness, short-term case management for formerly incarcerated individuals, and outpatient treatment for substance use and behavioral health issues.

In May 2025, Saint Agnes Medical Center partnered with Poverello House to maximize the use of the Holy Cross Center by transforming an office building into a safe, temporary housing facility for unhoused and underserved women in Fresno. This newly renovated 2,426-square-foot facility offers 30 beds, a full-sized kitchen, a dining area, private showers, comfortable bedding, a laundry room, and a dedicated educational space for women to begin rebuilding their lives. In total, Saint Agnes documented 9,000 encounters and invested \$350,000.

- **Saint Agnes Health Hub:** Serving patients and clients since 2016, the Community Health Workers (CHW) at the Health Hub provide direct connections to community resources, including medical care and social services. In FY25, CHWs connected 5441 individuals facing barriers related to the Social Determinants of Health with the necessary resources needed to reduce these challenges. The top five needs identified were food security, medical referrals, transportation, financial assistance, and housing. Saint Agnes invested over \$350,000 to support the Health Hub.

- Partnership with Fresno County Department of Public Health (FCDPH): In FY25, our collaboration with the FCDPH Rural Mobile Health program continued to expand. Through this partnership, Saint Agnes provided medical services at no cost to agricultural workers and residents living in rural areas of Fresno County. We enhanced immediate care by launching a medical-grade mobile unit, allowing the Graduate Medical Education program to deliver care in private settings. In FY25, Saint Agnes hosted 89 mobile clinics, providing health services to 2,039 individuals in underserved, marginalized, and rural communities.

Saint Agnes Medical Center acknowledges the significant, positive impact that support systems have on an individual's overall well-being. These systems are essential for making healthier choices, enhancing coping skills, and reducing feelings of depression and anxiety. We are committed to meeting the needs of our patients, their families, and the broader community. As part of this commitment, we offer care coordination, health education, healthcare enrollment assistance, and support groups to meet the evolving needs of our patients and the broader community.

#### Health Care Enrollment Assistance

The lack of health insurance is a significant factor influencing health status. While the rate of uninsured individuals in the San Joaquin Valley has improved, the uninsured rate is estimated to be between 6 and 9 % in the Saint Agnes service area. This lack of insurance serves as a prominent barrier to accessing healthcare services, including primary care, specialty care, and other essential health services, which contribute to poor health outcomes. Saint Agnes Medical Center is dedicated to helping community members find a health insurance plan that best fits their needs and budget. In FY25, we assisted over 2,600 individuals with eligibility and insurance enrollment at a cost of \$162,350.

#### Community Benefit Operations

Saint Agnes Medical Center has established a dedicated Community Benefit department responsible for overseeing and coordinating various community benefit initiatives. This department conducts continuous assessments to identify emerging issues affecting the health and wellness of the communities we serve. We are committed to accurately accounting for and

overseeing our Community Benefit programs. The department oversees the Saint Agnes Health Hub, the Mobile Health Outreach Clinic, chronic disease management programs, the strategic implementation plan, and works in collaboration with community-based organizations to promote overall well-being throughout the Central Valley.

Additional staff who contribute time and resources to community benefit initiatives include the Chief Executive Officer, Chief Administrative Officer, Chief Development Officer and philanthropic staff, Vice President of Mission Services, Associate Council, Manager of Care Coordination and Social Services, Coordinator of Educational Programs for Women at the Holy Cross Health and Wellness Center, as well as the Controller and accounting staff.

The Community Benefit and Mission Services Committee, which includes leaders, staff, and community members from Saint Agnes Medical Center, meets quarterly to review and discuss the progress and strategy of Community Benefit initiatives. A Community Benefit sub-committee convenes on an ad-hoc basis to serve as an advisory team to the Vice President of Community Health & Well-being. Other Community Benefit-related expenses include overhead and office costs associated with Community Benefit Operations, as well as tracking software, equipment, training, and attendance at educational programs designed to enhance community benefit program planning and reporting. In FY25, the total costs associated with Community Benefit operations exceeded \$531,000.

#### Addressing Health Care Shortages

Saint Agnes Medical Center is deeply committed to expanding opportunities for both licensed and unlicensed healthcare providers. The organization provided more than 79,000 hours of support, benefiting over 5,000 nurses and other professionals. This substantial investment of over \$18 million in net Community Benefit underscores our unwavering commitment to developing a skilled and diverse healthcare workforce, ensuring that our community's health needs are met with the highest standards of care.

Our firm commitment to healthcare education is evident through collaborations with local colleges, universities, and specialty schools. This partnership has enhanced healthcare education and

demonstrated the benefits of collective efforts in improving community healthcare. We aim to reassure the community that we are investing in the future of healthcare, which will make a significant difference in the overall health of our community.

Saint Agnes remains committed to educating future physicians through its Graduate Medical Education (GME) program, which addresses the community health needs identified in the Community Health Needs Assessment (CHNA) regarding the shortage of healthcare providers in the Central Valley. This program focuses on training and retaining local physicians to meet the area's healthcare needs. This year, Saint Agnes proudly welcomed 45 new physician residents and fellows into the eighth class of Internal Medicine, seventh class of Family Medicine, fifth class of Emergency Medicine and Transitional Year programs, and its third cohort of community-based Sports Medicine fellows. The GME program has considerably increased the number of local physicians, thereby enhancing healthcare access in the community.

#### Addressing Significant Needs

Saint Agnes took significant steps to address food insecurity by initiating a hospital-wide food recovery program. In FY25, Saint Agnes actively engaged in a year-long food recovery initiative aimed at combating food insecurity in our communities and reducing food waste within the hospital. This program successfully donated 13,937 pounds of unused meals and food products to the Food-to-Share network, feeding more people and helping prevent food waste by rescuing surplus food. Through this effort, over 1 million pounds of nutritious food that would have otherwise gone to waste were recovered. The food was then distributed to families throughout the Central Valley facing food hardships and financial difficulties. In FY25, Saint Agnes served over 22,000 individuals and their families, contributing more than \$68,000 in net community benefit to support community-based food programming throughout the hospital. Through these initiatives, we ensure that those in need do not go without.

Saint Agnes Medical Center acknowledges that transportation barriers can impede individuals' ability to continue their medical treatments. To address this, we offer a transportation voucher program that provides taxi vouchers, bus tokens, and other specialized transportation methods to those in need. Our Care Managers, Social Workers, and Community Health Workers work together



to coordinate care and help remove these barriers. The costs related to the Transportation Voucher Program totaled \$186,000 and served 10,104 community members.

Saint Agnes acknowledges that grief is a profound personal experience, and each person navigates its complexities in their own unique way. After losing a loved one, mental health becomes even more important, as the grieving process greatly impacts emotional well-being. Confronting our feelings is essential for healing and adapting to life without our loved ones. Ignoring grief can lead to complications such as depression, anxiety, and other mental health issues, emphasizing the importance of actively managing your mental state during this bereavement period.

The grief support group allows community members to attend as many or as few sessions as they choose. While sharing feelings is optional, we encourage participants to express their grief. In FY25, the Grief Support Group positively impacted 145 individuals coping with the loss of a loved one or facing mental health challenges.

To better meet the specific needs of different groups experiencing mental health challenges, Saint Agnes also launched a comprehensive Perinatal Wellness Initiative within our Women and Infant Services. This initiative promotes healthy behaviors and coping strategies throughout pregnancy. We understand that social support during pregnancy is vital for a woman's physical and mental health, as it can help reduce stress, anxiety, and depression, leading to better pregnancy outcomes for both mothers and their babies. The program offers extensive mental health services, including counseling, lactation support, health education, and connections to critical community partners and support groups that address issues like postpartum depression and anxiety.

### Transforming Communities Initiative

Since its inception in 2022, Saint Agnes has remained committed to Southwest Fresno by providing over \$895,000 in innovative funding and technical assistance to various youth and justice-involved community-based organizations. In partnership with Trinity Health and Fresno Housing, this initiative strives to promote health and racial equity in communities facing high poverty rates and other vulnerabilities.

The Transforming Communities Initiative (TCI) has facilitated investments through collaboration among multi-sector groups to develop and implement evidence-based strategies addressing various aspects of neighborhood safety and violence in the 93706 zip-code. These strategies tackle socioeconomic inequalities, structural racism, community cohesion, access to resources, crime rates, and the physical and social environment, as outlined in the most recent Community Health Needs Assessment (CHNA) Implementation Strategy.

In the fiscal year 2025, the collaborative adapted to the needs of the community and its partners by establishing Southwest Fresno POWER (Partnership, Opportunity, Wellness, Equity, and Restoration). This updated partnership includes both new internal and external partners, promoting synergy in the work being done in Southwest Fresno. The collaboration builds on the momentum of similar initiatives, aiming for larger investments in the region, maximizing impact, and advancing shared short-term and long-term goals.

SW Fresno POWER focused on infrastructure, community change, and active participation from residents. SW Fresno POWER launched its first community survey, receiving hundreds of responses, and organized community meetings to discuss the renaming of Cesar Chavez Boulevard in 93706, the Elm St. rezone, and continued advocacy for the Southwest Specific plan. This plan aims to guide development in a historically underserved area of Fresno, addressing both environmental and community needs.

In FY25, Saint Agnes Medical Center contributed a total of \$335,000 to support this initiative.

#### Financial Contributions

Saint Agnes Medical Center supports local and national community benefit campaigns that address various health disparities through strategic donations, sponsorships, and board participation. In FY25, Saint Agnes Medical Center made contributions to several organizations, including:

- American Heart Association
- Angels of Grace
- Black Wellness and Prosperity Center
- California Health Collaborative
- California State University, Fresno

- CASA of Fresno and Madera Counties
- Central San Joaquin Valley Nursing Leadership Coalition
- Centro La Familia
- Community Link, Fresno Rainbow Pride
- Exceptional Parents Unlimited
- Fresno COMPACT
- Fresno EOC, LGBTQ+ Resource Center
- Fresno Metropolitan Ministry
- Fresno Rescue Mission
- Hmong Nurses Association
- Hope NOW
- Leukemia and Lymphoma Society
- Marjaree Mason Center
- Project Linus
- Regenerate California Innovation
- Santé Health Foundation
- Southwest Fresno POWER (Partnership for Opportunity, Wellness, Equity, and Restoration)
  - Advanced Peace
  - Alley in the Valley
  - Another Level Training Academy
  - Community Justice Center
  - Every Neighborhood Partnership
  - Faith in the Valley
  - Fresno Housing
  - Generation Changers
  - Neighborhood Watch
  - Stop the Violence - Fresno
- The Foundation FCOE
- United Health Center Foundation
- West Care of Central California

#### Other Community Benefit Offerings

Saint Agnes Medical Center is dedicated to consistently monitoring the health status of residents in our service area. We strive to gain a comprehensive understanding of local social and economic issues and to build meaningful partnerships with Community Benefit Organizations. Our goal is to maximize health impact within the community. In FY25, Saint Agnes donated \$1.1 million worth of surplus medical supplies and equipment to non-profit organizations.

## Non-Quantifiable Benefit

### Executive Leadership Activities

The leadership team at Saint Agnes Medical Center actively supports local organizations in various ways. By participating in local boards, committees, and coalitions, key leaders have the opportunity to share their unique expertise gained through their time and experience. This involvement also provides valuable insights into local issues that Saint Agnes Medical Center can help address. Each leader brings specific knowledge and a diverse range of subject matter expertise, which collectively enriches the organization's contribution to the community.

In FY25, the leaders and staff of Saint Agnes Medical Center dedicated their time to serve on the following boards, committees, and coalitions:

- American Heart Association Board of Trustees
- CASA of Fresno and Madera Counties
- Central San Joaquin Valley Nursing Leadership Coalition
- Clovis Chamber of Commerce
- Fresno Chamber of Commerce
- Fresno County Health Improvement Partnership (FCHIP)
- Fresno Beyond Housing Foundation
- Fresno Rotary Club
- Hospital Council of Northern and Central California
- Leukemia and Lymphoma Board of Trustees
- Medical Group Association
- Medical Health Emergency Preparedness Advisory Committee
- Mental Health Committee
- Nursing Education Board of Trustees
- Nursing Leadership Coalition Central Valley
- One Fresno Foundation
- United Way of Fresno and Madera Counties

And many more.

### Mission Services

Mission Services, in collaboration with the Center for Spiritual Care, strives to support the physical, mental, and spiritual well-being of patients, their family members, and staff at Saint Agnes Medical Center. Our staff members, who are Certified Chaplains, recognize that spiritual needs extend beyond the hospital setting. Various influences within the community and beyond can impact individuals in many ways. Therefore, the ministry of healing at Saint Agnes Medical Center extends its outreach to civic, religious, and social organizations throughout our service area.

### Advocacy

Saint Agnes believes that much of a person's health is influenced by factors outside of a hospital, including food, housing, and safety. That said, we are committed to bridging the gap between clinical care and social needs, helping individuals and families live healthier lives. The scope of this work includes incorporating Policy, Systems, and Environmental (PSE) change strategies that:

- Expand access to affordable, nutritious food options
- Maintain access to Medicaid for eligible patients
- Increase access to safe, stable, and affordable housing
- Build infrastructure to address disasters and public health crises
- Pilot a redesign of rural obstetric care
- Reduce community-based violence

Leaders at Saint Agnes Medical Center advocate for community health at the local, state, and national levels. We address issues that threaten the health and well-being of the populations we serve by working in partnership with elected officials, local stakeholders, the Hospital Council of Northern and Central California, and Trinity Health.

### Health Literacy Resources

The William O. Owen Medical Library, situated in the North Wing of Saint Agnes Medical Center's central facility, offers valuable resources on patient care, medical research, and health education to our physicians, nurses, and staff. This resource is also available to patients, family members, students, and other interested parties. Visitors are welcome to use the library or call for medical information during regular hours of operation (Monday through Friday, 8:30 a.m. - 4:00 p.m.), with library staff available to assist as needed.

Effective communication with constituents and community members is approached with care and dedication. Saint Agnes Medical Center's current initiatives include:, Health and Wellness Newsletters, Parent Care Online Newsletter, health-based public service announcements on KYNO radio, informational newspaper wraps, Women's Health Educational Series, Healthy Spirit Magazine, a comprehensive website, Health Information Library, and digital and physical promotion of chronic condition management resources and tools related to physical activity, nutrition, and overall holistic well-being.

### Community Health Recognition

Saint Agnes Medical Center was pleased and honored to have been named a Best Regional Hospital 2024-2025 by U.S. News & World Report, ranked No. 1 in Fresno and No. 49 in California.

Saint Agnes was also thrilled to be named People's Choice "Best Place to Have a Baby" and "Best Urgent Care/Walk-in Clinic" as part of The Fresno Bee's 2025 Best of Central California Awards.

With more than 974,000 votes cast across all categories and 688 businesses awarded, Saint Agnes ranked among the top in six health and wellness categories, including:

- Best Place to Have a Baby — First Place
- Best Urgent Care/Walk-In Clinic — First Place
- Best Hospital — Second Place
- Best Orthopedic Surgeon — Second Place
- Best Surgery Center — Second Place
- Best Women's Clinic — Second Place

Our nine Healthgrades Awards for 2025 prove once again that Saint Agnes is a leading hospital in the nation in the areas of spine and orthopedic surgery, based on the evaluation of nearly 5,000 hospitals.

These awards reflect our 95-year commitment to delivering the highest quality care to our patients and the Valley. We are proud to be the only hospital in Fresno to receive America's 100 Best

Hospitals for Spine Surgery award. We are even prouder to have held this honor for 14 consecutive years.

2025 Healthgrades Awards:

- America's 100 Best Hospitals for Spine Surgery™ (2012-2025)
- Spine Surgery Excellence Award™ (2012-2025)
- Top 10% in the Nation for Spine Surgery (2012-2025)
- Five-Star Spinal Fusion Surgery (2012-2025)
- Outpatient Orthopedic Surgery Excellence Award™ (2025)
- Outpatient Joint Replacement Excellence Award™ (2025)
- Top 10% in the Nation for Outpatient Orthopedic Surgery Excellence (2025)
- Top 10% in the Nation for Outpatient Joint Replacement (2025)
- Five-Star Outpatient Total Knee Replacement (2025)



# APPENDICES



# 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](http://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
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"> <li>Number of root cause issues identified</li> <li>Number of countermeasures identified by workgroup to address food insecurity in northeast Madera</li> <li>Number of new partners identified.</li> </ul>	<ul style="list-style-type: none"> <li>No specific issues identified in northeast Madera</li> <li>No interventions identified to specifically address challenges northeast Madera, 93637, 93638</li> </ul>	<ul style="list-style-type: none"> <li>2-3 Root cause issues identified.</li> <li>2-3 Strategies developed</li> <li>2 new partners identified</li> </ul>	<p>Follow-up meeting with residents.</p> <p>Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> <li>Number of root cause issues identified</li> <li>Number of counter measures identified by workgroup to address food insecurity in west Fresno area.</li> <li>Number of new partners identified.</li> </ul>	<ul style="list-style-type: none"> <li>No specific issues identified in 93706</li> <li>No counter measures identified to specifically address 93706 area</li> </ul>	<ul style="list-style-type: none"> <li>2-3 Root cause issues identified.</li> <li>2-3 counter measures identified</li> <li>2 new partners identified</li> </ul>	<p>Follow-up meeting with residents.</p> <p>Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> <li>Number of strategies developed</li> <li>Number of policies identified for advocacy</li> <li>Number of system changes defined</li> <li>Number of environmental transformation initiatives identified</li> <li>Contributions identified</li> </ul>	<ul style="list-style-type: none"> <li>Zero 2022 strategies defined.</li> <li>Zero policies identified</li> <li>Zero system changes defined</li> <li>Contributions not currently allocated</li> </ul>	<ul style="list-style-type: none"> <li>2-3 Strategies developed</li> <li>1 policy, system change and/or initiative defined</li> <li>At least one additional committed partner</li> <li>Approval by Mission/CB committee</li> </ul>	<p>Follow-up meeting with residents.</p> <p>Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> <li>Number of partnerships between business and community-based organizations</li> <li>Number of convenings</li> <li>Number of food security countermeasures addressed</li> </ul>	<ul style="list-style-type: none"> <li>2 Strong partnerships with faith-based and CBO partner</li> <li>1 partnership with health improvement partnership</li> <li>Monthly convenings</li> </ul>	<ul style="list-style-type: none"> <li>Addition of 1-3 partners</li> <li>Addition of 1 additional partner with other cross-sector collaboration</li> <li>1-2 countermeasures identified</li> </ul>	<p>Follow-up meeting with residents.</p> <p>Follow-up meeting with key stakeholders</p>
<ul style="list-style-type: none"> <li>Number of new food outlets established in the 93706 area</li> <li>Number of households impacted through food resources.</li> </ul>	<ul style="list-style-type: none"> <li>1 Farmers' Market (FM) at start of 2022</li> <li>Baseline is 0 households impacted through FM</li> </ul>	<ul style="list-style-type: none"> <li>Addition of 1 Sustained Farmers Market strategy</li> <li>Impact at minimum of 30% of households within Transforming Communities Neighborhood (917 households)</li> </ul>	<p>Follow-up meeting with residents.</p> <p>Follow-up meeting with key stakeholders</p> <p>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
				<b>Focus location(s)</b>	<b>Focus Population(s)</b>
				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		
				<b>Focus location(s)</b>	<b>Focus Population(s)</b>
				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		
				<b>Focus location(s)</b>	<b>Focus Population(s)</b>
				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"> <li>Number of issues identified</li> <li>Number of countermeasures identified</li> <li>Number of partners identified.</li> </ul>	<ul style="list-style-type: none"> <li>No specific issues identified</li> <li>No strategies identified</li> </ul>	<ul style="list-style-type: none"> <li>2-3 Root cause issues identified.</li> <li>4-5 community improvement options identified</li> <li>2-3 new partners identified</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up meeting with residents.</li> <li>Follow-up meeting with key stakeholders</li> </ul>
<ul style="list-style-type: none"> <li>Number of strategies developed</li> <li>Number of policies identified for advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Zero 2022 strategies defined.</li> <li>Zero policies</li> </ul>	<ul style="list-style-type: none"> <li>2-3 Strategies developed</li> <li>1 policy, system</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up meeting with residents.</li> <li>Follow-up meeting with key stakeholders</li> </ul>

<ul style="list-style-type: none"> <li>• Number of system changes defined</li> <li>• Types of contributions identified</li> </ul>	<p>identified</p> <ul style="list-style-type: none"> <li>• Zero system changes defined</li> <li>• Contributions not currently allocated</li> </ul>	<p>change and/or initiative defined</p> <ul style="list-style-type: none"> <li>• At least one additional committed partner</li> <li>• Approval by Mission/CB committee</li> </ul>	
<ul style="list-style-type: none"> <li>• Number of practices established to promote healthier, safer, connected neighborhoods</li> <li>• Number of structural changes identified</li> <li>• Number of community members trained on advocacy</li> <li>• Number of partners engaged</li> <li>• Number of communication channels developed</li> </ul>	<ul style="list-style-type: none"> <li>• Zero practices established</li> <li>• Zero structural changes identified</li> <li>• 1-2 members trained on advocacy</li> <li>• 3 Partners engaged</li> <li>• Zero communication channels developed.</li> </ul>	<ul style="list-style-type: none"> <li>• 1-3 practices established</li> <li>• 1-3 structural changes identified</li> <li>• 5-10 members trained on advocacy</li> <li>• 8-10 Partners engaged</li> <li>• 1-2 communication channels developed.</li> </ul>	<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"> <li>Number of issues identified</li> <li>Number of countermeasures identified</li> <li>Number of partners identified.</li> <li>Funding mechanisms identified</li> </ul>	Currently no specific strategies to address provider access in a timely manner in rural Fresno or Madera	<ul style="list-style-type: none"> <li>2-3 Root cause issues identified.</li> <li>4-5 community improvement options identified</li> <li>2-3 new partners identified</li> </ul>	Follow-up meeting with residents. Follow-up meeting with key stakeholders
<ul style="list-style-type: none"> <li>Number of strategies developed</li> <li>Number of system changes defined</li> <li>Types of contributions identified</li> </ul>	Currently no specific strategies to address provider access in a timely manner in rural Fresno or Madera	<ul style="list-style-type: none"> <li>2-3 Strategies developed</li> <li>1 policy, system change and/or initiative defined</li> <li>At least one additional committed partner</li> <li>Approval by Mission/CB committee</li> </ul>	Follow-up meeting with residents. Follow-up meeting with key stakeholders
<ul style="list-style-type: none"> <li>Number of rural clinics scheduled</li> <li>Amount of funding dedicated to program</li> <li>Number of patients reached</li> <li>Number of services provided</li> </ul>	Baseline not yet established	<ul style="list-style-type: none"> <li>Minimum of 4-6 clinics scheduled per month</li> <li>Minimum of 5 partnerships established for consistency</li> <li>One new grant per year to fund program</li> <li>1200 patients reached</li> </ul>	Patient Data Collected Clinic locations identified and scheduled
<ul style="list-style-type: none"> <li>Number of patients case managed by FQHC partnership</li> </ul>	Baseline not yet established	<ul style="list-style-type: none"> <li>LOS Scorecard Measure</li> <li>ED Visit reduction for patient</li> </ul>	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:

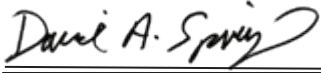
- Within the report area, the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance) is 42.46%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social 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



## APPENDIX B

# SAINT AGNES MEDICAL CENTER

Fresno, California

## ADMINISTRATION

Date Effective: September 2014

Index No. 010

Date Revised: November 2023

Date Reviewed: November 2023

### *Financial Assistance to Patients*

#### PURPOSE

To ensure uniform and balanced financial assistance practices within the Trinity Health system.

#### POLICY

See attached Saint Agnes Medical Center and Trinity Health Policy/Procedure/Documents related to Financial Assistance to Patients.

- Saint Agnes Medical Center –
  - Financial Assistance and Charity Care Policy
  - Notice Informing Individuals about Nondiscrimination and Accessibility Requirements
  - Financial Application Letter
  - Confidential Application
  - Financial Assistance Summary
- Trinity Health - Financial Assistance to Patients
  - Exhibit A – Notice Informing Individuals about Nondiscrimination and Accessibility Requirements
  - Exhibit B – Provider List
  - Exhibit C – Federal Poverty Level and Charity Adjustment Guidelines

Approved: \_\_\_\_\_

VP of Finance

11/10/23

Date

Approved: \_\_\_\_\_

President and Market Leader

11/13/23

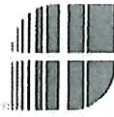
Date



## Saint Agnes Charity Policy

### Charity Write-off Guidelines in relation to Federal Poverty Income Levels Applicable to AIR and Bad Debt

	100%	200%	201%	400%	401%
<b>Persons in Family/Household</b>	<b>Income</b>	<b>Income to:</b>	<b>Income to:</b>	<b>Income to:</b>	<b>Income to:</b>
1	\$14,580	\$29,160	\$29,306	\$58,320	\$58,466
2	\$19,720	\$39,440	\$39,637	\$78,880	\$79,077
3	\$24,860	\$49,720	\$49,969	\$99,440	\$99,689
4	\$30,000	\$60,000	\$60,300	\$120,000	\$120,300
5	\$35,140	\$70,280	\$70,631	\$140,560	\$140,911
6	\$40,280	\$80,560	\$80,963	\$161,120	\$161,523
7	\$45,420	\$90,840	\$91,294	\$181,680	\$182,134
8	\$50,560	\$101,120	\$101,626	\$202,240	\$202,746
For families/households with more than 8 persons, add for each additional person	\$4,420	\$8,840	\$17,768	\$71,074	\$285,005
<b>Charity Adjustment</b>					
Saint Alphonsus - BAKER CITY	100%	100%	100%	49%	49%
Saint Alphonsus - BOISE	100%	100%	100%	72%	72%
Saint Alphonsus - NAMPA	100%	100%	100%	75%	75%
Saint Alphonsus - ONTARIO	100%	100%	100%	66%	66%
Saint Agnes - FRESNO	100%	100%	100%	78%	78%
Uninsured Discount	30%	30%	30%	30%	30%



## Saint Agnes Medical Center

### Financial Assistance and Charity Care Policy

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Saint Agnes Medical Center is committed to providing healthcare services to all patients based on medical necessity.

For patients who require financial assistance or who are experiencing temporary financial hardship, Saint Agnes Medical Center offers several assistance and payment options, including charity and discounted care, short term and long term payment plans and online patient portal payment capabilities.

#### *Uninsured Patients*

Saint Agnes Medical Center extends discounts to all uninsured patients who receive medically necessary services. Patient statements will reflect the discount amount and the adjusted balance due. Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at package rates with no additional discount. These services are expected to be paid at the time of service.

#### *Short-Term and Long Term Payment Plans*

Patients who cannot pay some or all of their financial responsibility may qualify for short term or long term payment plans. Saint Agnes Medical Center's short term payment plan is interest free and patient balances can be paid over the course of one year. Longer term interest bearing payment plans are available for those patients who cannot pay their balances within twelve months.

#### *Financial Assistance / Charity Care Policy*

A full discount for medically necessary services is available to patients who earn 200 percent or less of the Federal Poverty Level guidelines. Elective services such as cosmetic surgery are not included in our charity program. Those who earn between 200 and 400 percent of the Federal Poverty Level guidelines may be eligible for a partial discount. Patients who qualify for financial assistance will not be charged more than the Medicare discount rate. Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode of care exceed 20% of their income.

Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan, Medicaid eligibility, or other public assistance programs and refuse or are unwilling to apply.

You may access an application and the complete Financial Assistance Policy at our website:  
[www.samc.com/financial-support](http://www.samc.com/financial-support).

### *Patient Financial Services*

Financial counselors are available to work with patients in completing financial assistance applications in order to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at the hospital where they receive care to receive assistance in determining qualifications for financial assistance. Financial counselors can also provide free copies of the Financial Assistance Policy, Application, and Plain Language Summary for your review. Please contact or visit our Patient Financial Services Department:

**Saint Agnes Medical Center**  
**559-450-7262**  
**1303 E. Herndon Avenue**  
**Fresno, CA 93720**

The Financial Assistance Policy, Application and Plain Language Summary are also translated into Spanish and are available for communication in other languages by contacting the Patient Financial Services department at the numbers listed above.

### *The Health Insurance Marketplace*

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Beginning October 1, 2013, you will be able to shop at a new online Health Insurance Marketplace, also known as a health insurance exchange, where you can one-stop-shop for a plan that fits your budget and coverage needs. The next open enrollment for the health insurance exchange marketplace is in November 2016.



**2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For families/households with more than 8 persons, add \$5,140 for each additional person.	





Saint Agnes Medical Center

**NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND  
ACCESSIBILITY REQUIREMENTS**

Saint Agnes Medical Center, honor the sacredness and dignity of every person, complies with applicable Federal Civil Rights laws, and does not discriminate on the basis of protected classes, including but not limited to, race, color, national origin, age, disability or sex.

Saint Agnes Medical Center: Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language and interpreters services through video and audio interpreter system network.
- Written information in other formats such as large print, audio, accessible electronic and other formats.

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters services
- Information written in other languages

If you need these services, please contact us at (559)450-3000 TTY (559) 450-3233 for assistance

If you believe that Saint Agnes Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person, by mail, fax or email to:

Saint Agnes Medical Center,  
Attn: Risk Management  
1303 E. Herndon Ave.,  
Fresno, CA 93720  
559-450-7475,  
Email: [Information@samc.com](mailto:Information@samc.com)

You can also file a civil rights complaint with the US Department of Health & Human Services, Office of Civil Rights electronically via web, by mail or phone to :

Department of Health & Human Services  
200 Independence Avenue, SW, Room a509F,  
HHH Building, Washington, DC 20201  
Web <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Phone 1-800-368-1019 TTY 1-800-537-7697



## Saint Agnes Medical Center

### **Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-450-3000 (TTY: 1-559-450-3233).

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-450-3000 (TTY: 1-559-450-3233).

### **Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-559-450-3000 (TTY: 1-559-450-3233)。

### **Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-450-3000 (TTY: 1-559-450-3233).

### **Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. )번으로 전화해 주십시오. 1-559-450-3000 (TTY: 1-559-450-3233).

### **Armenian**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-559-450-3000 (TTY: 1-559-450-3233)։

### **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните . 1-559-450-3000 (TTY: 1-559-450-3233).

### **Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। ) पर कॉल करें। 1-559-450-3000 (TTY: 1-559-450-3233)।

### **Japanese**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます)まで、お電話にてご連絡ください。1-559-450-3000 (TTY: 1-559-450-3233)。

### **French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le . 1-559-450-3000 (TTY: 1-559-450-3233).

### **Punjabi**

ਧਿਆਨ ਦੇਣ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ) 'ਤੇ ਕਾਲ ਕਰੋ। 1-559-450-3000 (TTY: 1-559-450-3233)।

### **Portuguese**



## Saint Agnes Medical Center

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para . 1-559-450-3000 (TTY: 1-559-450-3233).

### German

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: . 1-559-450-3000 (TTY: 1-559-450-3233).

### Farsi

امش یارب ناگیار تروصب ینابز تالی هسرت، دینک یم وگتفگ یرراف نابز هب رگا: هجوت  
دیری گب سامت اب. دشاب یم مهارف 1-559-450-3000 (TTY: 1-559-450-3233)

### Cambodian

ប្របឃឹគុះ លើសិនអក្សរនិយម ព័ត៌មាន, លេខជំនួយផ្នែកក្នុង លេខមិនគិតលេខពល  
គិតព័ត៌មានសំបុត្រលេខអក្សរ។ ជូរ ទូរស័ព្ទ ។ 1-559-450-3000 (TTY: 1-559-450-3233).

### Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-559-450-3000 (TTY: 1-559-450-3233).

### Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,  
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-559-450-3000 (TTY: 1-559-450-3233).

### Arabic

1 مقرب لصرت. ان اجم اب كل رفاوت ذي غللا د عاس مل تامدخ ن اف، غللا ركذا ثدحت تنك اذا: عظوح لم - )  
مكبلاو مصلا فتاه. 11-559-450-3000 (TTY: 1-559-450-3233).

### Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau  
559-450-3000 (TTY: 1-559-450-3233).

### Samoa

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e  
leai se totogi, mo oe, Telefoni mai: 1-559-450-3000 (TTY: 1-559-450-3233).

### Hawaiian

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E  
kelepona iā 1- 1-559-450-3000 (TTY: 1-559-450-3233).





## Saint Agnes Medical Center

Thank you for your interest in our Financial Assistance Program. If you and/or a family member have applied for financial assistance at Saint Agnes Medical Center within the last six (6) months, please contact our office at (559) 450-3145 or (855) 224-5998 before completing this application.

Please return the completed application and all applicable documents listed below within thirty (30) days:

- ☐ **Three (3) months complete, itemized bank statements for all checking, savings, and/or investment accounts showing deposits and withdrawals. Please provide explanation for all deposits. (Required)**
- ☐ **Proof of earned and/or unearned income as documented below. (Required)**
  - 1. Three (3) recent pay stubs for yourself, spouse and all dependents showing pay rate and hours worked OR
  - 2. Current, or most recently filed, federal tax return for yourself and spouse OR
  - 3. Contribution statement from family/friends stating how living expenses are being met AND
  - 4. Any of the following documents, as applicable for yourself, spouse and all dependents:
    - o Most recent tax return including Profit/Loss statement if self-employed
    - o Most recent tax return for verification of dependents
    - o Unemployment benefits statement
    - o Student financial aid award letter
    - o Determination letter for public assistance (e.g., CalFresh, Medi-Cal, etc.)
    - o Social Security and/or Social Security Disability award letter or check
    - o Dividend, interest and income from any other source (e.g., rental income, alimony income, retirement benefits, etc.).

If you are unable to provide any of these documents, please provide a letter of explanation as to why the documents were not returned.

Please return the financial assistance application and supporting documents to:

Saint Agnes Medical Center  
Patient Financial Services  
PO Box 190930  
Boise, ID 83719-9919

Return by: \_\_\_\_\_

Please allow approximately 30 days for processing once we have received a completed application. If you have any questions or require information in another language, please contact our office at the number listed below.

Sincerely,

Saint Agnes Medical Center  
Customer Service  
(559) 450-3145 or (855) 224-5998



## Saint Agnes Medical Center

### CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Professional services provided by affiliated physicians or other providers may be billed separately. Application of Financial Assistance is at the discretion of those providers in accordance with their policies, procedures, and applicable regulations. The information provided in this application may be provided to affiliated providers to assist the patient. Saint Agnes Medical Center honors the sacredness and dignity of every person, complies with applicable federal and state laws, and does not discriminate on the basis of protected classes, including but not limited to, race, color, national origin, age, disability or sex.

Patient Name			Date of Birth
Street Address		Telephone	Message Phone
City/State/Zip			Social Security Number
Mailing Address (if different) or email if preferred			

Please provide the following information for yourself (if not the patient), spouse and dependents:

Name	SSN	Date of Birth	Relationship to Patient

Please list all account numbers and/or dates of service to be considered for financial assistance:

Patient Name	Account #	Date of Service	Medical Balance



## Saint Agnes Medical Center

### Healthcare Marketplace Status

Have you applied for Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Name/ID
If Yes, did you apply through:			<input type="checkbox"/> Medicaid - State <input type="checkbox"/> Health Exchange/ Healthcare.gov <input type="checkbox"/> Other _____
Were you approved for an insurance plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you enrolled and paid the premium for an insurance plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

### Monetary Assets

Checking Account Balance	Bank:	\$
Savings Account Balance	Bank:	\$

### Employment

Person Employed	Employer	Gross Pay Period	# of Pay Periods	Annual Gross
		\$		\$
		\$		\$
		\$		\$
		\$		\$

### Other income Source

Other income Source	Monthly	Annually
Alimony	\$	\$
Public Assistance Program Type _____ (e.g., Cash, Food Stamps, etc.)	\$	\$
Payment from Retirement Plan	\$	\$
Social Security / Social Security Disability	\$	\$
Unemployment or Worker's Comp Weeks: _____ No. of (Start Date: _____ End Date: _____) Per Week \$: _____	\$	\$
Other Income (Stocks/Bonds/Annuities/Interest/Rental Property)	\$	\$
Other Income (from family, friends, church, etc...)	\$	\$



## Saint Agnes Medical Center

### VERIFICATION OF INCOME AND IDENTIFICATION

*If we need additional information, you will be notified by telephone, US Mail or e-mail.*

I certify that all information is true and complete to the best of my knowledge. I understand that the information provided will be verified and treated as personal and confidential. I authorize the release of any and all information from the California Department of Health Care Services. I understand that I must provide verification of income, expenses, dependents, bank statements, pay vouchers and tax statements if applicable. I also understand that I will be liable for payment of any services rendered at Saint Agnes Medical Center if the above information is given under false pretenses. I know that I am asking for financial assistance from Saint Agnes Medical Center only and not from other health care providers or physicians.

SIGNATURE:

DATE:

\_\_\_\_\_  
SPOUSE SIGNATURE (If applicable)

\_\_\_\_\_  
DATE:

# APPENDIX C

## SAINT AGNES MEDICAL CENTER COMMUNITY BENEFIT MINISTRY ACTIVITY FOR THE YEAR ENDED JUNE 30

	2025			
	<u>Persons Served</u>	<u>Total Expense</u>	<u>Offsetting Revenue</u>	<u>Net Community Benefit</u>
<b>Ministry for the Poor and Underserved</b>				
Charity Care at Cost:				
Traditional Charity Care	8,717	\$6,578,477	-	\$6,578,477
Unpaid Costs of Medi-Cal Program:				
From Hospital Operations		196,120,000	234,901,000	(38,781,000)
From SAMF Operations		13,280,000	6,710,000	6,570,000
HQAF Program		85,829,116		85,829,116
	-	295,229,116	241,611,000	53,618,116
Community Health Services:				
Subsidized Health Services		7,646,426		7,646,426
Holy Cross Center for Women	9,379	366,443	19,373	347,070
Health HUB	5,441	414,927	56,185	358,742
Medi-Cal Eligibility Assistance(First Source)	555	85,030		85,030
Transportation Voucher Program	10,104	186,281		186,281
Community Health Outreach Mobile Health	1,922	560,168	549,985	10,183
Homeless Services				-
Housing for Homeless	2	876		876
Prescription Assistance	13	2,477		2,477
Durable Medical Equipment	13	1,784		1,784
Funeral Costs for the Poor				-
Clothing for Homeless		581		581
Food Recovery	13,937	41,815		41,815
Homeless Nutrition	3,264	26,228		26,228
Philanthropy - Supportive Services		116,359	74,338	42,021
Community Grants - TCI		335,343	335,343	-
	44,630	9,784,738	1,035,224	8,749,514
Financial Contributions:				
Donation of Medical Supplies - Gift in Kind		1,087,310		1,087,310
Other Financial Contributions		5,000		5,000
	-	1,092,310	-	1,092,310
<b>Ministry for the Poor and the Underserved</b>	<b>53,347</b>	<b>312,684,641</b>	<b>242,646,224</b>	<b>70,038,417</b>
<b>Ministry for the Broader Community</b>				
Community Health Services:				
Health Care Enrollment Assistance	2,065	77,320		77,320
Support Group, New Mom				-
Chronic Disease Self-Management Program		3,675		3,675
Support Group, Grief Support Group	145	1,540		1,540
Substance Use Navigation Services	156	30,962	24,934	6,028
Count the Kicks		7,971		7,971
Diversity Equity and Inclusion(DEI)		59,642		59,642
Physician Recruitment (SAMF)		20,897		20,897
Health Fairs/Screenings				-
Heart and Soul	122	21,595	8,046	13,549
Maternal/Infant Ed	103	5,451		5,451
Research				-
Workforce Development		93,575		93,575
	2,591	322,628	32,980	289,648
Community Benefits Operations:				
Community Benefit Donations		7,500	5,000	2,500
Other Community Benefits Costs		431,630		431,630
Community Benefits Operations		99,123		99,123
Community Health Needs Assessment		20,949	20,585	364
	-	551,702	20,585	531,117
Health Profession Education:				
Graduate Medical Education	526	30,231,997	13,709,311	16,522,686
Nurses and Nursing Students	5,037	1,439,331		1,439,331
Other Health Professions	158	381,810		381,810
Clinical Pastoral Education (incl Gift in Kind)				-
	5,721	32,053,138	13,709,311	18,343,827
Financial Contributions				
Multi-Needs - Donations		38,500		38,500
Breast Milk Drive		1,307		1,307
Blood Drive Program		3,194		3,194
	-	43,001	-	43,001
<b>Ministry for the Broader Community</b>	<b>8,312</b>	<b>32,970,469</b>	<b>13,762,876</b>	<b>19,207,593</b>
<b>TOTAL</b>	<b>61,659</b>	<b>\$345,655,110</b>	<b>\$256,409,100</b>	<b>\$89,246,010</b>



