

Fiscal Years FY26-28





Saint Agnes Medical Center (Saint Agnes, SAMC) and Fresno Surgical Hospital (Fresno Surgical, FSH) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on April 25, 2025 and March 18, 2025, respectively. Saint Agnes and Fresno Surgical performed the CHNA 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 influencers 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 https://www.samc.com/about-us/community-benefits/health-needs-assessments-and-implementation

or printed copies are available at 1111 E. Spruce Avenue, Fresno, CA 93720

Our 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.

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.

The mission at Fresno Surgical Hospital is 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

Saint Agnes Medical Center (Saint Agnes Medical Center, Saint Agnes) is a Catholic healthcare ministry, not-for-profit hospital with 436 acute care beds, located in the city of Fresno, California. Saint Agnes Medical Center serves the community members of Fresno, Madera, Kings, and Tulare counties. In May 2013, Saint Agnes Medical Center became a member of Trinity Health, one of the largest not-for-profit, faith-based health care systems in the nation.

Saint Agnes Medical Center's 3,582 colleagues, 104 volunteers and 75 Saint Agnes Medical Group Providers, and 116 GME Providers serve the needs of 2.1 million patrons in its service area.

Saint Agnes Medical Center's community health programs, and support groups, play an essential role in the education and management of chronic conditions and diseases most prevalent in the Saint Agnes Medical Center service area.

Fresno Surgical - is a fully licensed, Joint Commission-accredited hospital that delivers award-winning surgical care and patient satisfaction. FSH is a physician-owned hospital that focuses solely on providing advanced, affordable surgical care.

Each year, FSH serves approximately 12,000 patients in our Central California service area including: Fresno, Madera, Merced, Kings and Tulare Counties. Patients enjoy a non-traditional, hotel-like setting and a commitment to quality care and patient satisfaction. Twenty-seven private inpatient suites give patients and their families an environment that promotes relaxation, comfort and healing.

Our Community Based Services

Saint Agnes outpatient care services and outreach programs include the Holy Cross Health and Wellness Center, the medical mobile health clinic, home health and hospice, outpatient infusion center, outpatient surgery center north, Saint Agnes physician residency clinic, Saint Agnes health hub, and the Saint Agnes wound care hyperbaric medicine and amputation prevention center.

Saint Agnes remains focused on maintaining important partnerships and building new relationships. Saint Agnes Care, a nonprofit subsidiary of Saint Agnes Medical Center comprised of primary, specialty and urgent care clinics. Programs and services include advanced laparoscopic and robotic surgery, breast center, cardiology, cardiothoracic surgery, family practice, general surgery, imaging center, internal medicine, metabolic & bariatric surgery, obstetrics and gynecology, occupational health, orthopedic surgery, pain management and sports medicine.

We partner with the 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.

Our Community

For the purposes of this Implementation Strategy, Saint Agnes and Fresno Surgical Hospitals are using a geographic approach focusing on the area from which most patients come from for care.

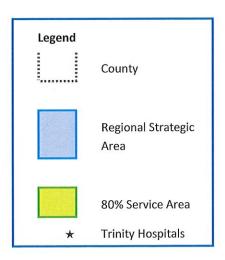
Fresno County is in the heart of California, in the San Joaquin Valley. Agriculture is the primary economic driver, earning the region its reputation as the "breadbasket of the world." Major crops include almonds, pistachios, grapes, citrus fruits, and dairy products. The region supports food processing, packing, and distribution industries, which provide additional employment opportunities.

Geographically, Fresno County spans about 6,000 square miles. The terrain ranges from flat valley lands in the west to the Sierra Nevada mountains in the east, including parts of Kings Canyon and Sequoia National Parks. The area enjoys a Mediterranean climate, with hot, dry summers and mild winters, making it ideal for farming. It is home to a network of rivers and reservoirs, including the San Joaquin River, which supports agricultural irrigation and water needs for local communities.

Demographically, Fresno County has a population of over 1 million people, making it the tenth most populous in the state. The community is diverse, with significant Hispanic, Asian, and white populations. This demographic diversity shapes the region's cultural, social, and economic fabric, influencing public policy, resource allocation, and community initiatives.

The county has a growing economy with agriculture, healthcare, education, and public services being major sectors. The county's central location makes it an accessible gateway to Yosemite, Kings Canyon, and Sequoia National Parks, drawing outdoor enthusiasts and tourists.

The rural nature of the areas within the county poses barriers to healthcare access, with fewer medical facilities and specialists compared to urban centers. Transportation challenges and a shortage of healthcare providers add to the difficulty of addressing the community's health needs.





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 people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. 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 will focus 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 and Social Needs of the Community

The CHNA conducted in calendar year 2024 identified the significant needs for health and social drivers of health within Fresno County. 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:

Economy

- Fresno County's economic landscape is influenced by a range of social factors that impact economic stability and growth.
- Key indicators include
 - social associations,
 - single-parent households,
 - domestic violence calls,
 - linguistic isolation, poverty rates,
 - Juvenile arrest rates reflect
- These challenges contribute to the county's economic vulnerability, limiting opportunities for growth and economic mobility for many of its residents
- Mental Health and Mental Disorders
- Fresno County faces significant barriers to accessing mental health care, with many residents unable to receive the timely and adequate support they need.
- These challenges are compounded by the
 - Mental health disorders rates
 - Substance use disorders, and
 - Mental health professional shortages

Access to Affordable	
Healthcare	 In Fresno County, despite increased insurance availability, barriers such a
Healthcare	 High out-of-pocket costs,
	 Limited provider networks, and
	 Shortages of healthcare professionals in certain areas continue to impede access to affordable and adequate care
Affordable Housing	 In Fresno County many individuals and families face significant challenge in accessing adequate living conditions. These include
	 Overcrowded housing,
	 Substandard conditions such as mold, poor ventilation and
	 Unsafe infrastructure and high housing cost burden
• Chronic Disease	 Fresno County faces significant health challenges related to chronic diseases, which reflect broader trends in health disparities and socioeconomic determinants.
	 Conditions such as diabetes, heart disease, asthma, and obesity are among the leading causes of morbidity and mortality in the region.
 Food Insecurity (Access to Healthy Foods) 	 Fresno County faces significant challenges related to food insecurity and access to healthy food, which contribute to poor health outcomes and the prevalence of chronic diseases.
	 The county's life expectancy is approximately 79.4 years, slightly below California's statewide average of 81.5 years, with food insecurity and pool diet contributing to disparities in life expectancy, particularly in underserved neighborhoods.
• Environmental Health	 Fresno County faces significant environmental health challenges that impact the well-being of its residents, particularly in vulnerable communities. Overcrowding in households is a concern, contributing to stress and increased exposure to indoor pollutants.
	 The county also experiences some of the worst air quality in the nation due to high levels of particulate matter (PM2.5), with the American Lung Association consistently ranking Fresno among the cities with the most polluted air
Substance Misuse/Alcohol Use	 Fresno County experiences limited access to treatment services exacerbating the issue of substance misuse and alcohol use.
	 Residents struggling with substance use disorders face significant barrier to care, including cost, lack of transportation, and inconvenient hours of operation at treatment facilities.
	 These challenges contribute to low treatment engagement and higher rates of substance-related health complications.
 Transportation 	In Fresno County, significant gaps in transportation infrastructure

Weight Status

- In Fresno County, obesity and overweight rates contribute to chronic disease prevalence.
- According to the UCLA Center for Health Policy Research, over 30% of adults in Fresno County are obese, and nearly 70% are classified as overweight or obese.
- Among youth, the obesity rate is approximately 20%, raising concerns about long-term health impacts.
- Secondary warning indicators for overweight and obese adults include an increased risk of heart disease, diabetes, and hypertension

Hospital Implementation Strategy

Significant health and social needs to be addressed

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

- 1 Access to Affordable Healthcare CHNA pages 25-26.
- 2 Food Insecurity/Food Access CHNA page 30.
- 3 Chronic Disease CHNA pages 28-29.

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

1 Access to Affordable Healthcare – CHNA pages 25-26.

Significant health and social needs that will not be addressed

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

- Economy while this priority will not be specifically addressed, economic stability may be a strategy within the priorities selected.
- Mental Health & Mental Disorders while this priority will not be specifically addressed, economic stability may be a strategy within the priorities selected.
- Affordable Housing relative lack of expertise or competency to effectively address the need
- Environmental Health Saint Agnes is an environmentally conscious facility and addresses this issue at the facility level
- Substance Misuse/Alcohol Use while this priority will not be specifically addressed, economic stability may be a strategy within the priorities selected.
- Transportation the need rated relatively low with focus groups for priority selection for hospitals to address.
- Weight Status the need rated relatively low with focus groups for priority selection for hospitals to address.

In addition to the above, due to limited human resource capacity, and existing processes and policies, Fresno Surgical Hospital will not be addressing the following two priorities:

- 1 Food Insecurity/Food Access CHNA page 30.
- 2 Chronic Disease CHNA pages 28-29.

This implementation strategy specifies community health needs that the hospitals, in collaboration with community partners, has determined to address. The hospitals reserve the right to amend this implementation strategy if 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 hospitals should refocus its limited resources to best serve the community.



Goal: Increase equitable access to comprehensive, affordable, and culturally responsive healthcare services for underserved populations in **Fresno County**.

	FY2026	FY2028
CHNA Impact Measures	Baseline	Target
# of advocacy opportunities in Fresno County	4	12
# of patients served at Saint Agnes Mobile and Safety Net Clinic	2572	9,927
# of school career pathways engaged in Fresno County	1	4

Strategy		imel Y2		Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Promote care for the common good and align with our mission by advocating for fair	x	x	x	Saint Agnes Medical Center	 Provides current legislative information to community partners Provides in-kind human resources to advocate at State and Federal level
payment, a strong healthcare workforce, universal coverage that integrates social care, and the protection of healthcare rights for those we serve.	x	x	x	Legislative Associations (CHA, AHA, Hospital Council, Alliance of Catholic Health Care)	 Provides current legislative information Collaboration on issues that align with our mission Advocacy representation
Actions: - Support at least 3–5 key state and federal bills annually. - Develop and submit support letters for	x	X	x	United Way Policy Advocacy	 Provides current legislative information that affects vulnerable populations Advocates at State level SAMC VP CHWB board and committee involvement
priorities that align with our mission. Provide testimony or submit comments on proposed legislation or policy.	x	X	x	Fresno County Dept of Public Health	 Develops and implements policies to improve public health through systems and environmental change Provides training and development programs to advance workforce (i.e. EMT, CHW, Infection Control)
 Conduct a call to action to educate and raise awareness of colleague stakeholders. 		X	x	Community Based Organizations (Leadership Council for Justice, Cultiva la Salud, Centro la Familia, etc.)	 Provides support for immigration, health and family services. Provides culturally competent healt education

				Focus location(s)	Focus Population(s)	
			no Co ode a	unty – with a focus on high priority reas.	 Low-income individuals and families Uninsured/underinsured resident Immigrant and undocumented populations 	
Strategy			line Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
Expand access to affordable, culturally responsive healthcare in Fresno County, prioritizing hard-	x		x	Saint Agnes Medical Center/Foundation/GME Fresno County Dept Public Health	Staffing Subsidized Services \$50k \$200K Mobile Health Funding Year 1	
to-reach communities through the growth of Safety Net Clinics and Mobile Health Services.	х	x	x	Foundations and Grants	Trinity Health Preserving our Legacy Funds and Philanthropic Donor funds	
 Open one Safety Net Clinic at Holy Cross Health and 		x	x	School Districts (Fresno, Sanger, Selma, Reedley)	To be determined in Y2	
Wellness Center.				Focus location(s)	Focus Population(s)	
 Expand mobile health clinic outreach in underserved areas. Ensure 100% of new sites and mobile units offer culturally and linguistically appropriate services. Secure 1-3 strategic partnerships and 2-3 new funding sources to support expansion. 	С	ity	of Fre		 Low-income individuals and families Rural communities Uninsured/underinsured residents Immigrant and undocumented populations Non-English speakers Individuals with limited transportation access 	
Strategy		Timeline Hospital and Committed Partners Y1 Y2 Y3 (align to indicate committed resource)		Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)	
Support Health Career Hubs in high schools and community colleges with mentorship,	x		X	Saint Agnes Medical Center Valley Regional Occupational Program School Districts	Human resources, mobile health Student oversight	
guidance, and training opportunities. Activities: - Establish a mentorship program with school districts in rural areas that have ROP or Health Career		×	x	(Reedley/Sanger/Fresno/Clovis) Fresno County Superintendent of	TBD Y2	
	x		X X X	Schools Community/Vocational Colleges Beyond Housing Foundation United Way Fresno Madera	TBD Y2 Scholarship opportunities TBD Y2	
Pathways Provide internships, job				Focus location(s)	Focus Population(s)	
shadowing and guest speakers to Middle/High Schools and Community Colleges.				unty with focus on rural areas or high poverty.	 Youth and Young Adults from Rural and low-income households Entry-level healthcare workers 	

2

Food Insecurity



Goal: Create sustainable, community-led solutions that go beyond temporary food relief and target the root causes of food insecurity.

CHNA Impact Measures	FY2026 Baseline	FY2028 Target
# of Outpatient Screenings at Saint Agnes Medical Foundation	13,000	14,900
# Pounds of food collected at Saint Agnes Medical Center	14,000	16,000
Saint Agnes Medical Center Facilities dedicated to food security	1	2

Strategy		meli Y2		Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Develop a Food Rx Program	x			Saint Agnes Medical Foundation	Resources to design a comprehensive program and engage partners in the prescription program
where health providers screen for food insecurity and prescribe fresh produce to		x		Federally Qualified Health Centers – Camarena Health, United Health Centers	Screening for food insecurity; integrating prescription in patient care workflow
qualifying patients. Actions:	х	х		Fresno County DPH	Public Health Data, technical assistance
 Screening and connecting to resources 		х	х	Central California Food Bank	Health food delivery, nutrition education, resource mapping
 Offer cooking demos, recipes, and culturally relevant nutrition info. 		х	x	Local Managed Care Plans (CalViva Health, Anthem Blue Cross, Kaiser Permanente)	Potential grant support – TBD annually
 Establish partnership with minimum of 3 food 				Focus location(s)	Focus Population(s)
providers	Ru	ıral a	areas	s Medical Center, Holy Cross Clinic, s – Fresno County, Selma, Sanger, arlier	Low income, housing insecure, diabetic, and/or hypertensive patients
Strategy		Timeline Y1 Y2 Y3		Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Improve physical/social space		х	x	Saint Agnes Medical Center	Human resources to coordinate
at Hospital owned facilities to support the goal of decreasing food insecurity. Including: - Farmers' market with vendors that accept EBT - Community Garden development at Holy Cross Health and Wellness Center		х	х	Holy Cross Center for Health and Wellness	Sq Ft of green space TBD Y2
		х	х	Foundations and grant makers	Funding TBD Y2
				Focus location(s)	Focus Population(s)
	He ar	ealth	and (Fres	s Medical Center, Holy Cross Center for I Wellness, Fresno metro and rural ano County, Sanger, Selma, Reedley,	Low income, housing insecure, diabetic, and/or hypertensive patients

Stratomi	Ti	mel	ine	Hospital and Committed Partners	Committed Resources
Strategy	Y1	Y2	Y3	(align to indicate committed resource)	(align by hospital/committed partner)
Engage with taskforce involvement to promote: - Local food access - Universal screening for food security - Incentives for healthy food options in neighborhoods		Х	Х	Saint Agnes Medical Center	Personnel – CHWB Coordinator, Advocacy Director
	X	Х	X	Patient Screening – Camarena Health, Sunrise Health, CVHP	Personnel – CHWs, Case Managers
		Х	х	Community Partners – Community Food Bank, Local food distribution sites	Boxed Food, Food Delivery, Food Markets
				Focus location(s)	Focus Population(s)
	He ar	ealth	and (Fres	s Medical Center, Holy Cross Center for I Wellness, Fresno metro and rural no County, Sanger, Selma, Reedley,	Low income, housing insecure, diabetic, and/or hypertensive patients

3

Chronic Disease



Goal: Reduce the burden of chronic diseases—specifically diabetes, hypertension, and heart disease—through integrated, evidence-based interventions that improve clinical outcomes, enhance patient self-management, and foster community support.

CHNA Impact Measures	FY2026 Baseline	FY2028 Target
Hypertension Control – Saint Agnes Medical Center Disparity Metrics	4.4%	4%
# of referrals made to CDSME Program in Rural Fresno County	0	360
# of Wellness Program connections made in Rural Fresno County	0	360

Strategy	Timeline			Hospital and Committed Partners	Committed Resources
	Y1	Y2	Y3	(align to indicate committed resource)	(align by hospital/committed partner)
Policy – Establish institutional		х	х	Saint Agnes Medical Center	Food and Nutrition Services
policies that support chronic	х	Х	Х	Fresno County Dept Public Health	Data support, funding
disease prevention and	х	Х		California Health Collaborative	Food Survey
management through:		Х	Х	Fresno Food Policy Council	Advocacy, policy standards
Healthy Procurement Policy that ensures that				Focus location(s)	Focus Population(s)
food purchased, served or sold meets basic nutritional guidelines to shape Saint Agnes into a healthy food environment.		esno)	no service area and rural areas of	Low income, food insecure, diabetic and/or hypertensive patients
Strategy		meli Y2	ne Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
System – Strengthen healthcare	Х	Х	х	Saint Agnes Medical Center/Foundation	Human Resource
and community systems to:	Х	Χ	Χ	Hope Hub – Community Health Hub	CHW coordination
Promote a stronger integration between		Х	Х	CBP - Fresno Center, Binational	Cultural and Linguistic Services (CHWs and Health Education Resources)
clinical and community- based organizations,		Х	х	ECM – Sunrise Health, Camarena Health, CVHP	CHW, Nurse Educator, Case Management
Engage Community Health	X			Sierra Kings Health District	\$25K Funding
Workers to assist with resource connections such as local nutrition, fitness and chronic disease selfmanagement programs.				Focus location(s)	Focus Population(s)
	1	MC esno		no service area and rural areas of	Low income, food insecure, diabetic and/or hypertensive patients

Garage and	Ti	meli	ne	Hospital and Committed Partners	Committed Resources	
Strategy	Y1	Y2	Y3	(align to indicate committed resource)	(align by hospital/committed partner)	
Environment – Create	X	Χ	Χ	Saint Agnes Medical Center	Human Resources, clinical support	
supportive environments that promote healthy behaviors and reduce risk factors for chronic disease by	X	х	х	CBO – Fresno Center, Building Healthy Communities, Fresno DRIVE Initiative, California Health Collaborative	Transportation coalition, resident and business collaboratives, health education, CHW support	
Working with local	X			Sierra Kings Health District	\$25K Funding	
coalitions to create a		Χ	Χ	Sanger, Reedley School Districts	TBD Y2	
Network of Care that		Χ	Χ	United Health Centers	TBD Y2	
encourages physical activity, community				Focus location(s)	Focus Population(s)	
gardens, nutrition education, transportation connections, and community engagement.		MC esno		no service area and rural areas of	Low income, food insecure, diabetic and/or hypertensive patients	

Adoption of Implementation Strategy

On October 23, the Board of Directors for Saint Agnes Medical Center and Fresno Surgical Hospital met to discuss the FY2026-2028 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget. The Implementation Strategy will be updated annually to reflect changes and partnerships.

Gurvinder Kaur, President and Market Leader

Saint Agnes Medical Center

195/2

DATE

