

# Ascension St. Vincent Anderson

## Implementation Strategy for the 2024 CHNA Madison County, Indiana



**Ascension**

The purpose of this Implementation Strategy (IS) is to describe how the hospital plans to address prioritized health needs from its current Community Health Needs Assessment (CHNA). The significant health needs the hospital does not intend to address are identified, and a rationale is provided. Special attention has been given to the needs of individuals and communities at increased risk for poor health outcomes or experiencing social factors that place them at risk.

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The Ascension St. Vincent Anderson Board of Directors approved the 2024 Implementation Strategy on October 29, 2025 (2024 tax year) and applies to the following three-year cycle: July 2025 to June 2028 (FY 2026 - FY 2028). This report, as well as the previous report, can be found on our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.**

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## Introduction

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to impoverished and vulnerable persons.

### About Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all, with special attention to those most vulnerable. In FY2024, Ascension provided \$2.1 billion in care of persons living in poverty and other community benefit programs. Across 16 states and the District of Columbia, Ascension's network encompasses approximately 99,000 associates, 23,000 aligned providers, 94 wholly owned or consolidated hospitals, and ownership interests in 27 additional hospitals through partnerships. Ascension also operates 30 senior living facilities and a variety of other care sites offering a range of healthcare services.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the US. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

**Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

## **Ascension St. Vincent Indiana**

Ascension St. Vincent operates 19 hospitals in addition to a comprehensive network of affiliated joint ventures, medical practices and clinics serving Indiana and employs more than 13,000 associates. In Fiscal Year 2024, Ascension St. Vincent provided more than \$357 million in community benefit and care of persons living in poverty throughout the state.

## **Ascension St. Vincent Anderson**

As a Ministry of the Catholic Church, Ascension St. Vincent Anderson is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships. For many years, the hospital has provided medical care for the residents of Madison County, Indiana and neighboring areas.

In 1894, St. Vincent Anderson, formerly Saint John's Health System, was founded by the Sisters of the Holy Cross. The hospital merged with the St. Vincent system in 2003. Ascension St. Vincent Anderson is a 225-bed acute healthcare facility that offers the following services: blood disorders, cancer, cardiovascular services, dermatology, diabetes care, digestive health, ear nose and throat, emergency medicine, home care, hospice, immediate care, interventional radiology, laboratory services, maternity services, medical imaging, mental & behavioral health, neuroscience, nutrition support, orthopedics, pediatrics, primary care, rehabilitation services, respiratory care, senior services, sleep disorders, spiritual care, sports performance, supportive care services, surgery, trauma, urology, wellness medicine, women's health, and wound treatment. Ascension St. Vincent Anderson's primary service area is Madison County which is in Central Indiana, and its ED is designated as a Trauma Center Level III.

For more information about Ascension St. Vincent Anderson, visit:

<https://healthcare.ascension.org/locations/indiana/inasc/anderson-ascension-st-vincent-anderson>

## Overview of the Implementation Strategy

### Needs Prioritization

Included in Code Section 501(r)(3) is the requirement that hospitals must provide a description of the process and criteria used to determine the most significant health needs of the community identified through the CHNA, along with a description of the process and criteria used to determine the prioritized needs to be addressed by the hospital. Accordingly, Ascension St. Vincent Anderson used a phased prioritization approach to identify the needs of Madison County. The first step was to determine the broader set of identified needs. The CHNA assessment narrowed identified needs to a group of significant needs determined most crucial for community stakeholders to address.

After completing the CHNA assessment, significant needs were further narrowed down to prioritized needs that the hospital will address within the IS. To arrive at the prioritized needs, Ascension St. Vincent Anderson used the following process: hospital leaders and board members reviewed the 2024 CHNA significant health needs and the data used to define each as significant, then voted on the top three needs they determined the hospital could respond to within its IS during the next three years. The criteria used to prioritize the significant needs were:

- **Organizational capacity** – The hospital facility has the capacity to respond to the issue.
- **Existing infrastructure** – The hospital facility has programs, systems, staff and support resources in place to respond to the issue.
- **Established relationships** – There are established relationships with community partners to respond to the issue.
- **Ongoing investment** – There are existing resources committed to the issue. Staff time and financial resources for this issue are counted as part of the community benefit effort.
- **Focus area** – The hospital facility has acknowledged competencies and expertise to respond to the issue and the issue fits with the organizational mission.
- **Magnitude of the problem** – The number of and/or disparities among people
- **Severity of consequences** – The potential for mortality or morbidity
- **Feasibility of intervention** – The available resources and evidence-based solutions
- **Alignment with organizational or community goals** – The response would fit with strategic plans

## Needs That Will Be Addressed

Following the completion of the current CHNA, Ascension St. Vincent Anderson has selected the prioritized needs outlined below for its 2024 IS. Ascension has defined “prioritized needs” as the significant needs that the hospital has prioritized to address through the three-year CHNA cycle:

- **Access to Care** – This need was selected because access to care indicators such as adults reporting fair or poor health, low birthweight babies, per capita supply of healthcare providers, preventable hospital stays, and/or core preventive services compared unfavorably to peer counties or U.S. averages and because community meeting participants identified access to care (including preventive services) as a priority.
- **Behavioral Health (includes Mental Health and Access to Mental Health Services and Substance Use Disorders, including Nicotine)**–This need was selected because mental health indicators such as number of poor mental health days, number of mental health providers per population, depression rate and/or suicide rate compared unfavorably to peer counties or U.S. averages and because community meeting participants identified mental health as a priority. Substance use disorder is included because indicators such as drug poisoning deaths, percentage of tobacco and/or e-cigarette users, opioid-related deaths, and/or the percentage of alcohol-impaired driving deaths compared unfavorably to peer counties or U.S. averages and because community meeting participants stressed the prevalence of SUD and mental health as co-occurring health issues and identified them as priorities.
- **Substance Use Disorders, including Nicotine** - This need was selected because indicators such as adults and/or youth who smoke and/or use e-cigarettes, overdose deaths, and/or alcohol-impaired driving deaths exceed Indiana and/or national averages. Community input indicated substance use disorders are prevalent and closely associated with mental health concerns and stressed this issue as a priority.

Ascension St. Vincent Anderson understands the importance of all the community's health needs. It is committed to playing an active role in improving the health of the people in the communities it serves. For this implementation strategy, Ascension St. Vincent Anderson has focused its efforts on the above priorities.

## Needs That Will Not Be Addressed

Based on the prioritization criteria, the health needs identified through the CHNA that Ascension St. Vincent Anderson does not plan to address within the hospital's IS at this time include:

- **Maternal, Infant, and Child Health** - The hospital, together with AMG, provides health care services to pregnant women, infants, and children. Additionally, the hospital does address this need in various ways including participation in statewide committees and local community coalitions, offering support groups, and/or providing community education. The hospital will remain committed to partnering with community groups to address maternal, infant, and child health –and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, have focused efforts to improve maternal, infant, and child health, the hospital will not directly address this need in the current Implementation Strategy.
- **Obesity, Physical Inactivity, and Associated Chronic Disease** - The hospital, together with AMG, provides education on various health topics related to obesity, physical inactivity, and associated chronic disease through health fairs and screenings, health education, wellness programs, lectures, school health education programs, and/or community support groups. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in their current Implementation Strategy.
- **Services for Older Adults** - The hospital, together with AMG, works collaboratively with the Ascension St. Vincent - Center for Healthy Aging to support older adults as they cope with complex health problems that can be associated with aging. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to address needs of seniors, the hospital will not directly address this need in the current Implementation Strategy.
- **Social Drivers of Health (including Poverty, Affordable Housing, Food Insecurity, and Transportation)** - The hospital, together with AMG, screens patients for needs related to social determinants of health. Moreover, supporting services and referrals are provided by Community Health Workers in the Ascension St. Vincent Health Access Department, to meet needs, such as transportation and housing. Additionally, the hospital remains committed to partnering with community groups to address needs related social determinants of health and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in the current Implementation Strategy.

While these needs are not the focus of this Implementation Strategy, Ascension St. Vincent Anderson may consider investing resources in these areas as appropriate, depending on opportunities to leverage



organizational assets in partnership with local communities and organizations. Also, this report only encompasses a partial inventory of everything Ascension St. Vincent Anderson does to support health within the community.

To find a list of resources for needs not being addressed, please refer to the Ascension St. Vincent Anderson's 2024 CHNA: [https://healthcare.ascension.org/2024\\_CHNA/Anderson](https://healthcare.ascension.org/2024_CHNA/Anderson).

## **Written Comments**

This IS has been made available to the public and is open for public comment. Questions or comments about this Implementation Strategy can be submitted via the website: <https://healthcare.ascension.org/chna>.

## **Approval and Adoption of the IS by Ascension St. Vincent Anderson**

To ensure the Ascension St. Vincent Anderson's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 Implementation Strategy was presented and adopted by the Ascension St. Vincent Anderson Board of Directors on October 29, 2025. Although an authorized body of the hospital must adopt the IS to be compliant with the provisions of the Affordable Care Act, adoption of the IS also demonstrates that the board is aware of the IS, endorses the priorities identified, and supports the action plans that have been developed to address prioritized needs.

## Action Plans

The IS below is based on prioritized needs from the hospital's most recent CHNA. These strategies and action plans represent where the hospital will focus its community efforts over the next three years.

| Access To Care  |  |
|---|--|
| <b>Hospital(s) Name(s)</b><br>Ascension St. Vincent Anderson Hospital   |  |
| <b>Prioritized Health Need</b><br>Access to Care  |  |
| <b>Objective</b> <ol style="list-style-type: none"> <li>By June 30, 2028, Ascension St. Vincent Anderson will increase the 3-year total number of individuals enrolled in public programs through the completion of an Enrollment Pathway by 3% compared to the total enrolled during FY2023–FY2025.</li> <li>By June 30, 2028, Ascension St. Vincent Anderson will increase the 3-year total number of individuals established with a medical home through the completion of a Medical Home Pathway by 3% compared to the total established in FY2023-FY2025.</li> </ol> |  |
| <b>Strategy</b><br>Provide technical support for individuals when applying for public programs and finding primary care   |  |
| <b>Collaborators/Resources</b> <ul style="list-style-type: none"> <li><b>Collaborators:</b> FSSA, FQHCs, community groups focused on access to care, referring organizations</li> <li><b>ASV Department/Program:</b> Health Access/Community Health Worker (CHW) Advocacy, Mission Integration</li> </ul>   | <b>Budget*</b> <ul style="list-style-type: none"> <li>Associate time to develop materials with updated eligibility requirements</li> <li>Associate time working with individual to complete a pathway</li> <li>Printing costs for updated materials</li> </ul> |
| ACTION STEPS  | ROLE/OWNER   |
| Establish, or utilize an existing, internal workgroup to identify and implement ways the hospital can support the CHW and increased access to care.   | IS Priority Lead (Access)  |
| Work with Advocacy and Communications to develop materials to inform individuals of new Medicaid eligibility requirements.  | IS Priority Lead (Access)  |
| Complete the Medical Home Pathway through the following steps: assess and address barriers to establishing a medical home, refer patients to a medical home, educate on process, assist with scheduling, confirm attendance at appointment and follow up for ongoing concerns.  | Community Health Worker  |
| Complete the Enrollment Pathway through the following steps: verify appropriate application is completed, review referrals for social drivers of health (SDOH), assess and address barriers, monitor patient progress and provide ongoing management.   | Community Health Worker  |
| Track and report progress via bi-annual IS Tracker Report   | Health Access Director & Community Benefit   |

**ANTICIPATED IMPACT**

The anticipated impact of these actions is increased access to care by providing support with establishing a medical home and securing medical insurance.

*\*The budget for this initiative is an estimate and should be considered as such.*

| Behavioral Health  |   |
|--|---|
| <b>Hospital(s) Name(s)</b><br><b>Ascension St. Vincent Anderson Hospital</b>   |   |
| <b>Prioritized Health Need</b><br>Behavioral Health (including mental health, substance use disorder, and suicide)   |   |
| <b>Objective</b><br>By June 30, 2028, Ascension St. Vincent Anderson , in collaboration with the Stress Center, will sponsor and support the certification of at least one community member who works with youth and young adults, ages 10 through 24, in the evidence-based online QPR Pathfinder Training. |   |
| <b>Strategy</b><br>Support the development of a new workforce of crisis responders.  |   |
| <b>Collaborators/Resources</b> <ul style="list-style-type: none"> <li>• <b>Collaborators:</b> QPR, Community partners, community coalitions, local schools and youth sports/clubs</li> <li>• <b>ASV Department/Program:</b> Stress Center, Peyton Manning Children's Hospital</li> </ul>                     | <b>Budget*</b> <ul style="list-style-type: none"> <li>• Fee for QPR training.</li> <li>• Staff time working towards this initiative.</li> </ul> |
| ACTION STEPS   | ROLE/OWNER  |
| Develop applicable materials, including an application for individuals who are interested in being trained and post training document(s) to assess the perceived impact from the training.   | Community Benefit   |
| Promote the training opportunity, identify individual(s) to attend training, secure training placement, and complete required post-training documentation.   | IS Priority Lead (Behavioral Health)  |
| Complete required quarterly reporting to Community Benefit.  | IS Priority Lead (Behavioral Health)  |
| ANTICIPATED IMPACT   |   |
| The anticipated impact is an increase to the number of community members who work with young people that are equipped to recognize and respond effectively to the signs of a suicide crisis, enhancing early intervention and reducing the risk of suicide among youth and young adults.                     |   |

*\*The budget for this initiative is an estimate and should be considered as such.*

| Substance Use Disorder   |  |
|--|--|
| <b>Hospital(s) Name(s)</b><br><b>Ascension St. Vincent Anderson Hospital</b>   |  |
| <b>Prioritized Health Need</b><br>Substance Use Disorder   |  |
| <b>Objective</b><br>By June 30, 2028, Ascension St. Vincent Anderson will expand access to substance use treatment by extending the no-charge evaluation model from youth to adult; thereby, eliminating the individual fee for substance use evaluations.   |  |
| <b>Strategy</b><br>Increase access to intervention and treatment resources by reducing barriers.   |  |
| <b>Collaborators/Resources</b> <ul style="list-style-type: none"> <li>• <b>Collaborators:</b> Madison County Judicial System, Anderson City Judicial System, Henry County Judicial System, Madison County Mental Health and Addition Coalition</li> <li>• <b>ASV Department/Program:</b> Anderson Center Behavioral Health, Health Access/Community Health Worker</li> </ul> | <b>Budget*</b> <ul style="list-style-type: none"> <li>• Staff time to promote the change with collaborators, to conduct assessments and track and analyze results.</li> <li>• Printing costs to promote the procedural change, e.g. paper copies.</li> </ul> |
| ACTION STEPS   | ROLE/OWNER   |
| Seek internal approvals to eliminate the individual fee for adult substance use evaluations.   | Director, Anderson Center  |
| Identify baseline by reviewing historical data, including the number of adult substance use evaluations completed per year and the referral sources.   | IS Priority Lead (SUD)   |
| Share the revised fee schedule and effective date of the fee elimination to referral sources, community coalitions and the broader community.  | Director, Anderson Center  |
| Continue outreach to ensure the revised fee schedule to relevant parties.  | IS Priority Lead (SUD)   |
| Track and submit results to Community Benefit on a quarterly basis.  | IS Priority Lead (SUD)   |
| ANTICIPATED IMPACT   |  |
| The anticipated impact of these actions will be increased access to substance use disorder treatment and more individuals in recovery.   |  |

*\*The budget for this initiative is an estimate and should be considered as such.*

## **Evaluation**

Ascension St. Vincent Anderson will develop a comprehensive measurement and evaluation process for the implementation strategy. The Hospital will monitor and evaluate the action plans outlined in this plan for the purpose of reporting and documenting the impact these action plans have on the community. Ascension St. Vincent Anderson uses a tracking system to capture community benefit activities and implementation. Data will be aggregated into an annual Community Benefit report made available to the community to ensure accountability.