

Ascension St. John Medical Center

**Implementation Strategy for the 2024 CHNA
Tulsa County, Oklahoma**



Ascension

The purpose of this Implementation Strategy (IS) is to describe how Ascension St. John Medical Center plans to address the prioritized needs from its 2024 Community Health Needs Assessment (CHNA). Rationale is provided for the significant needs the hospital does not intend to address through the IS. Special attention has been given to the needs of individuals and groups with adverse health outcomes or social factors that may put them at high risk.

St. John Medical Center, Inc. (dba Ascension St. John Medical Center)

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<https://healthcare.ascension.org/locations/oklahoma/oktul/tulsa-ascension-st-john-medical-center>

918-744-3131

Hospital EIN: 73-0579286

The 2024 IS was approved and adopted by the authorized governing body of the hospital on October 13, 2025 (tax year 2024). The IS applies to the following three-year CHNA cycle: July 1, 2025, to June 30, 2028.

This report, as well as the CHNA and previous IS report, can be found on our public website:

<https://healthcare.ascension.org/chna>. We value the community's voice and welcome feedback.

Comments and questions can be submitted via the website.

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Introduction

About Ascension

Ascension is one of the nation's leading nonprofit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all, with special attention to those most vulnerable. In fiscal year 2024, 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 U.S. 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. John



Serving eastern Oklahoma and southeastern Kansas for nearly a century, Ascension St. John operates six hospitals and more than 80 healthcare clinics and facilities that together employ around 6,000 associates. In fiscal year 2024, Ascension St. John provided more than \$66.5 million in total community benefit, which includes care for persons living in poverty.

On Valentine's Day in 1926, Lillian Patricia Brown was born at a 50-bed hospital in Tulsa that was newly constructed but not yet opened. Just six days later, the Sisters of Sorrowful Mother officially opened the doors to St. John's Hospital (now Ascension St. John Medical Center), beginning our legacy.

Ascension St. John Medical Center

As a Ministry of the Catholic Church, Ascension St. John Medical Center is a nonprofit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships, and provides medical care to Tulsa County. Ascension St. John Medical Center operates one hospital campus with 677 licensed beds.

Located in the city of Tulsa, Okla., Ascension St. John Medical Center is the health system's flagship hospital. The full-service tertiary facility provides a broad range of inpatient and outpatient services and is nationally and regionally recognized for its services. Ascension St. John Medical Center is an important referral center for many forms of advanced medical services for the entire northeastern Oklahoma region. The hospital offers services in trauma; neurology, neurosurgery and stroke care; cardiology and cardiothoracic surgery; kidney transplant; adult and neonatal intensive care; orthopedics; women's health; metabolic and bariatric care; and many other areas.

Serving Oklahoma since 1926, Ascension St. John Medical Center continues the long and valued tradition of responding to the health needs of the people in our community, following in the footsteps of our legacy sponsor, the Sisters of the Sorrowful Mother.

For more information about Ascension St. John Medical Center, visit <https://healthcare.ascension.org/locations/oklahoma/oktul/tulsa-ascension-st-john-medical-center>.



Overview of the Implementation Strategy

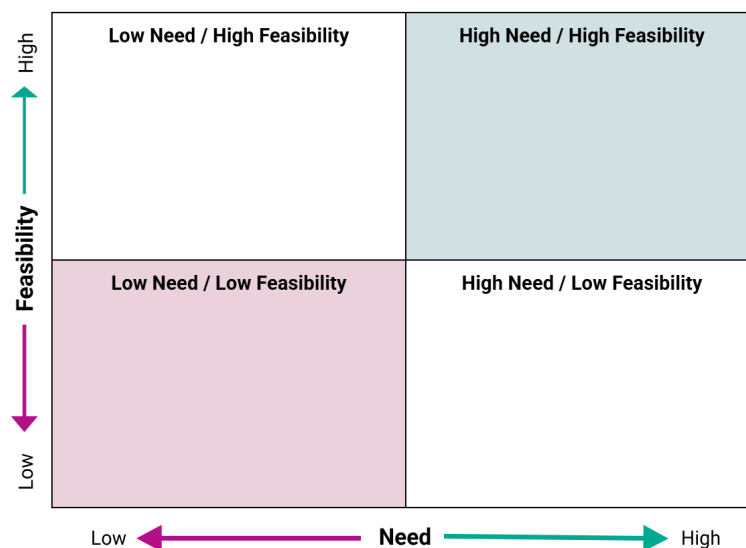
Needs Prioritization

Included in Section 501(r)(3) of the Internal Revenue Code is the requirement that hospitals must provide a description of the process and criteria used to determine the 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.

Ascension St. John Medical Center used a phased prioritization approach to assess the needs of Tulsa County. The first step was to determine a broader set of identified needs through community input and secondary data analyses. The CHNA narrowed identified needs to a group of significant needs determined the most important to be addressed within the community.

Following the CHNA, the significant needs were further narrowed down to prioritized needs that the hospital will address through the IS. To arrive at the prioritized needs, Ascension St. John created a strategy grid based on the prioritization model as outlined by the National Association of County & City Health Officials (NACCHO).

First, the Community Benefit team facilitated a prioritization activity at a January 2025 meeting of the Mission Committee of the Ascension St. John Board of Directors, which included diverse internal representation of board members, market executives, and key department leads. The group was instructed to complete the strategy grid from the market perspective, listing the significant needs from all six of Ascension St. John's CHNAs. Additionally, the group used Nominal Group Technique to anonymously rank the county-specific needs for each hospital.



Using the two-criteria grid, the participants placed each significant need into the box they felt was the best fit:

- High Need / High Feasibility – These needs are the highest priority.
- Low Need / High Feasibility – Often difficult to eliminate but not a priority, these needs may need to be reassessed for impact.
- High Need / Low Feasibility – These needs will require significant investments of time and resources.
- Low Need / Low Feasibility – These needs are the lowest priority.

Needs were then weighed and ranked for priority-setting using numeric values, with 1 being the highest importance to address. The significant needs that received the lowest scores were those that appeared the most in the High Need / High Feasibility box. The top three needs in this category were prioritized for all six hospitals. The significant needs that received the highest scores were those that appeared the most in the Low Need / Low Feasibility box and will not be addressed. Significant needs that appeared more frequently in the Low Need / High Feasibility and High Need / Low Feasibility boxes received middle-rank scores and would not be addressed in the implementation strategy unless given priority by an individual hospital.

Through the Nominal Group Technique, the significant needs of each county were ranked based on total weighted scores, with 1 being the highest priority and the last number being the lowest. Each significant need was tallied, receiving a weighted average and sum. They were then ranked based on the scores received. These two identifiers were compared with each other and solidified the results of the strategy grid exercise.

Next, the Community Benefit team met individually with each hospital leadership team to guide them in completion of a strategy grid from only the perspective of their respective community. Results from the Mission Committee exercises were not revealed until after the exercise. Results from the hospital leadership team meetings strongly aligned with those of the Mission Committee.

Needs That Will Be Addressed

Based on the prioritization activities, Ascension St. John Medical Center prioritized the needs outlined below for its 2024 CHNA implementation strategy. Ascension defines “prioritized needs” as the significant needs the hospital has prioritized to address through the three-year CHNA cycle:

- **Access to care:** This need was selected because access to timely diagnosis, treatment, and preventive care leads to improved health outcomes, reduced mortality, and a higher quality of life. Individuals who experience barriers to care are more likely to experience worsening of chronic diseases that could have been better managed, leading to higher healthcare costs and increased health inequities. Access to care was ranked high in both need and feasibility.

- **Mental and behavioral health:** This need was selected due to its severity and far-reaching impact on community well-being. Provider shortages negatively impact individual health by delaying or preventing access to necessary care, potentially worsening existing mental health conditions. Shortages can also lead to longer wait times for appointments, reduced availability of specialized services, and increased costs for individuals and healthcare providers. Selection of this need also aligns with the Oklahoma State Department of Health's 2023-2028 Oklahoma State Health Improvement Plan.
- **Food security:** This need was selected because of its size and severity, as well as its contribution to broader systemic challenges. Limited access to healthy, affordable food options can lead to chronic diseases, particularly for low-income and rural populations. With higher feasibility, interventions would reduce barriers to nutritious food, which impacts overall health and well-being. Selection of this need also aligns with [Ascension's commitment to the White House Challenge to End Hunger and Build Healthy Communities](#).
- **Housing:** This need was selected because the size of the issue was evident, with high rates of homelessness and a lack of affordable housing affecting Tulsa County residents. The severity of housing instability was underscored, given its significant impact on physical and mental health outcomes. Selection of this need also aligns with the City of Tulsa's Tulsa Housing Strategy and the Tulsa Health Department's 2023-2028 Community Health Improvement Plan.

These results reflect the community's focus on addressing urgent issues while ensuring that solutions are both viable and sustainable over time. Ascension St. John Medical Center understands the importance of all the community's needs. The hospital is committed to playing an active role in community health improvement. For the IS, however, the hospital has focused efforts on the above priorities.

Needs That Will Not Be Addressed

Transportation, education, and employment were not selected in this CHNA cycle and therefore will not be addressed through the subsequent implementation strategy. After thoughtful analysis and discussion during the prioritization exercises, these needs were deemed important but did not rise to the same level of prioritization as the four needs listed above.

While all of these issues continue to impact residents across the county, they did not match the feasibility of access to care, mental and behavioral health, food security, and housing. Still, these issues deserve further attention and study by health systems, as they reflect important secondary factors adversely affecting health and prosperity in Tulsa County.

This report encompasses only a partial inventory of actions the hospital plans to take to support health and well-being in the community. The hospital may consider investing resources in other areas as appropriate and as needed by residents of Tulsa County, depending on opportunities to leverage organizational assets and community-based partnerships.

A list of resources for all the significant needs is included in the 2025 CHNA:

<https://healthcare.ascension.org/chna>.

Written Comments

This IS has been made available to the public and is open for comments or questions via the website:

<https://healthcare.ascension.org/chna>.

Approval and Adoption of the IS by Board of Directors

To ensure Ascension St. John Medical Center's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 IS was presented to and adopted by the Ascension St. John Medical Center Board of Directors on October 13, 2025. Although an authorized body of the hospital must adopt the IS to be compliant with provisions in the Affordable Care Act, adoption of the IS also demonstrates the board is aware of the IS, endorses the prioritized needs, and supports the action plans developed to respond to those needs.

Action Plans

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

Prioritized Need: Access to Care

Strategy 1: Assist individuals with eligibility and applications for public health insurance programs.
Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN
Objective: By June 30, 2028, the percentage of the Tulsa County population under age 65 without health insurance will decrease. This objective aligns with the following Healthy People 2030 objectives: • AHS-01: Increase the proportion of people with health insurance. • AHS-04: Reduce the proportion of people who can't get medical care when they need it.
Collaborators: • Ascension affiliates: R1 RCM • Joint ventures: N/A • Community-based organizations: Tulsa Healthcare Coverage Program • Other collaborators: TBD
Resources: • People: financial counselors, care coordinators (e.g., social workers, case managers, navigators, and care managers) • Processes: electronic health record (EHR) payor identification, patient referrals, financial assessments • Other investments: IT infrastructure, in-kind donation of space for enrollment events
Tactics: • Identify patients who are uninsured and refer them to R1. • Educate patients about Medicaid, the Children's Health Insurance Program (CHIP), and other public programs. • Assess patients' eligibility for programs. • Assist patients with (re)enrollment processes. • Identify opportunities to host or participate in enrollment events.
Anticipated impact: This strategy will improve access to healthcare services, increase preventive care, and reduce avoidable emergency visits for the currently uninsured population.

Strategy 2: Provide free or reduced-cost medications for qualifying uninsured and underinsured individuals.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 30, 2028, the percentage of the Tulsa County population unable to obtain prescription medicines due to cost will decrease. This objective aligns with the following Healthy People 2030 objective:

- [AHS-6](#): Reduce the proportion of people who can't get prescription medicines when they need them.

Collaborators:

- Ascension affiliates: Dispensary of Hope, Ascension Rx
- Joint ventures: N/A
- Community-based organizations: Medical Access Program partner clinics
- Other collaborators: N/A

Resources:

- People: pharmacists and pharmacy technicians, care coordinators
- Processes: ASJMC and ASJJP dispensing site operations, 340B Committee, patient assessments and referrals
- Other investments: IT infrastructure, medications and supplies, program membership fees, ASJ Foundation funding support

Tactics:

- Operate Dispensary of Hope and the patient assistance card program.
- Participate in the 340B Drug Pricing Program.
- Assess patients' eligibility for programs.
- Provide free and/or reduced-cost medications and testing supplies to qualifying uninsured and underinsured individuals.
- Promote awareness of Dispensary of Hope and the 340B Drug Pricing Program in the community and among caregivers.
- Explore options to expand program support at ASJ and/or in collaboration with community clinics.

Anticipated impact: This strategy will enhance adherence to prescribed medications, improving health outcomes for individuals whose income is near or below the federal poverty line.

Strategy 3: Increase primary care connections for individuals who are uninsured or receive Medicaid.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 30, 2028, the percentage of adults reporting fair or poor health for Tulsa County will decrease. This objective aligns with the following Healthy People 2030 objectives:

- [AHS-07](#): Increase the proportion of people with a usual primary care provider.
- [AHS-08](#): Increase the proportion of adults who get recommended evidence-based preventive healthcare.
- [AHS-04](#): Reduce the proportion of people who can't get medical care when they need it.

Collaborators:

- Ascension affiliates: R1 RCM
- Joint ventures: N/A
- Community-based organizations: federally qualified health centers (FQHCs), nonprofit community clinics, social service agencies
- Other collaborators: TBD

Resources:

- People: Ascension Data Science Institute (ADSI), Medicaid & Uninsured Transformation initiative leads, care coordinators, Medical Mission at Home planning committee
- Processes: data analysis, care site optimization (e.g., EHR payor identification), patient referrals
- Other investments: printed materials, restricted donations

Tactics:

- Drive efforts to transform the care delivery model through new initiatives.
- Complete an environmental scan of community clinic assets and capacities.
- Identify key partners for navigation of "unattached" patients, Medical Mission at Home attendees, and other individuals as appropriate.
- Financially invest in community safety-net clinics.
- Collaborate with other Ascension markets to exchange best practices.

Anticipated impact: This strategy will improve access to healthcare services, increase preventive care, and reduce avoidable emergency visits for the uninsured and Medicaid populations.

Strategy 4: Identify opportunities to educate individuals on how to navigate the healthcare system, including health insurance.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 30, 2028, the percentage of the Tulsa County population under age 65 without health insurance will decrease. This objective aligns with the following Healthy People 2030 objectives:

- [AHS-01](#): Increase the proportion of people with health insurance.
- [AHS-04](#): Reduce the proportion of people who can't get medical care when they need it.
- [HC/HIT-02](#): Decrease the proportion of adults who report poor communication with their healthcare provider.

Collaborators:

- Ascension affiliates: R1 RCM
- Joint ventures: N/A
- Community-based organizations: Tulsa Healthcare Coverage Program, community churches
- Other collaborators: Tulsa Health Department, Saint Francis Health System, CommunityCare

Resources:

- People: Community Benefit, Health Equity Initiative (HEI), Marketing, and External Communications teams
- Processes: financial counseling
- Other investments: printed materials, HEI funding support

Tactics:

- Collaborate with community partners.
- Coordinate events as needed.
- Provide culturally responsive education on healthcare system navigation.
- As it relates to Strategy 1, assist individuals with health insurance eligibility and applications.
- As it relates to Strategy 3, connect individuals with a primary care provider.

Anticipated impact: This strategy will improve access to healthcare services, increase preventive care, promote health literacy and shared decision-making, and reduce avoidable emergency visits.

Strategy 5: Support access to care efforts of community partners through cash and in-kind donations.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 30, 2028, the premature death rate* of Tulsa County will decrease. This objective aligns with several Healthy People 2030 objectives, including:

- [AHS-04](#): Reduce the proportion of people who can't get medical care when they need it.
- [AHS-08](#): Increase the proportion of adults who get recommended evidence-based preventive healthcare.

**Years of potential life lost before age 75 per 100,000 population (age-adjusted)*

Collaborators:

- Ascension affiliates: N/A
- Joint ventures: N/A
- Community-based organizations: various (TBD)
- Other collaborators: N/A

Resources:

- People: Health Equity Initiative, Community Benefit, Mission Integration, and Internal Communications teams; Community Investment Council (CIC); associates interested in volunteering
- Processes: funding application reviews, payment requests, CIC and other stakeholder meetings, associate outreach and communication, activity coordination
- Other investments: restricted grants and donations, IT infrastructure

Tactics:

- Identify local organizations in need of support to drive access to care programs and initiatives.
- Provide cash and/or in-kind donations.
- Coordinate and promote volunteer opportunities among associates.

Anticipated impact: This strategy will enhance access to care in the community.

Prioritized Need: Mental and Behavioral Health

Strategy 1: Enhance access to psychiatry services.
Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN
Objective: By June 30, 2028, the number of deaths due to suicide per 100,000 will decrease for Tulsa County. This objective aligns with several Healthy People 2030 objectives, including: ● MHMD-05: Increase the proportion of adults with depression who get treatment. ● MHMD-04: Increase the proportion of adults with serious mental illness who get treatment. ● MHMD-01: Reduce the suicide rate. ● IVP-19: Reduce emergency department visits for nonfatal intentional self-harm injuries.
Collaborators: ● Ascension affiliates: QLER Telepsychiatry ● Joint ventures: N/A ● Community-based organizations: CREOKS Behavioral Health Services ● Other collaborators: N/A
Resources: ● People: care providers, care coordinators, Case Management team ● Processes: patient screenings and referrals ● Other investments: IT infrastructure
Tactics: ● Implement telepsychiatry services to optimize appointment capacity. ● Consistently screen patients for mental and behavioral health conditions (e.g., depression, suicide risk) at intake. ● Refer patients to Case Management as appropriate. ● Provide orders based on psychiatrist recommendations.
Anticipated impact: This strategy will ensure timely and easily accessible services for mental and behavioral healthcare.

Strategy 2: Follow up with patients at risk of suicide following a medical visit or hospital stay.
Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN
Objective: By June 30, 2028, the number of deaths due to suicide per 100,000 will decrease for Tulsa County. This objective aligns with the following Healthy People 2030 objectives: ● MHMD-01: Reduce the suicide rate. ● IVP-19: Reduce emergency department visits for nonfatal intentional self-harm injuries.
Collaborators: ● Ascension affiliates: N/A ● Joint ventures: N/A ● Community-based organizations: N/A ● Other collaborators: Substance Abuse & Mental Health Services Administration (SAMHSA)
Resources: ● People: care providers, Behavioral Health team ● Processes: patient screenings (e.g., PHQ-9, Edinburgh Postnatal Depression Scale, Geriatric Depression Scale) ● Other investments: N/A
Tactics: ● Screen patients for depression and other mental or behavioral health conditions. ● Incorporate the Zero Suicide model to guide prevention efforts. ● Place follow-up calls to at-risk patients.
Anticipated impact: This strategy will mitigate social isolation and promote adherence to post-discharge care instructions, reducing the risk of suicide.

Strategy 3: Support mental and behavioral health efforts of community partners through cash and in-kind donations.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 30, 2028, the percentage of adults reporting 14 or more days of poor mental health per month will decrease for Tulsa County. This objective aligns with several Healthy People 2030 objectives, including:

- [MHMD-05](#): Increase the proportion of adults with depression who get treatment.
- [MHMD-04](#): Increase the proportion of adults with serious mental illness who get treatment.
- [MHMD-01](#): Reduce the suicide rate.

Collaborators:

- Ascension affiliates: N/A
- Joint ventures: N/A
- Community-based organizations: various (TBD)
- Other collaborators: N/A

Resources:

- People: Health Equity Initiative, Community Benefit, Mission Integration, and Internal Communications teams; CIC; associates interested in volunteering
- Processes: funding application reviews, payment requests, CIC and other stakeholder meetings, associate outreach and communication, activity coordination
- Other investments: restricted grants and donations, IT infrastructure

Tactics:

- Identify local organizations in need of support to drive mental and behavioral health programs and initiatives.
- Provide cash and/or in-kind donations.
- Coordinate and promote volunteer opportunities among associates.

Anticipated impact: This strategy will enhance mental and behavioral health in the community.

Prioritized Need: Food Security

Strategy 1: Identify and pursue ways to offer nutritious food to patients facing food insecurity.
Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN
Objective: By June 20, 2028, the percentage of food-insecure households in Tulsa County will decrease. This objective aligns with the following Healthy People 2030 objective: • NWS-01: Reduce household food insecurity and hunger.
Collaborators: • Ascension affiliates: TouchPoint • Joint ventures: N/A • Community-based organizations: local food banks • Other collaborators: Oklahoma Hospital Association
Resources: • People: hospital leadership, Women's Center team (pilot site) • Processes: social determinant of health (SDoH) screenings, patient referrals • Other investments: food supply procurement, funding support, in-kind donation of space
Tactics: • Identify opportunities for interventions, such as on-site food pantries. • Leverage tools from the existing food produce market program, e.g., recipes and community resource handouts. • Screen patients for food insecurity. • Provide navigation support and referrals as needed.
Anticipated impact: This strategy will support health and healing by offering nutritious food and reducing stress following a medical visit or hospital stay.

Strategy 2: Connect patients and community members with identified food security needs to local community resources.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 20, 2028, the percentage of food-insecure households in Tulsa County will decrease. Additionally, the annual totals of Neighborhood Resource active users, searches, interactions, and programs added/claimed for Tulsa County will increase. This objective aligns with the following Healthy People 2030 objective:

- [NWS-01](#): Reduce household food insecurity and hunger.

Collaborators:

- Ascension affiliates: N/A
- Joint ventures: N/A
- Community-based organizations: various
- Other collaborators: FindHelp

Resources:

- People: care providers, care coordinators, Neighborhood Resource initiative leads, Marketing and Internal Communications teams, Medical Mission at Home planning committee
- Processes: SDoH screenings, connections and referrals, awareness campaign
- Other investments: Neighborhood Resource platform, printed materials, IT infrastructure

Tactics:

- Collaborate with community-based organizations to make connections, learn and share best practices, and support broader efforts of the community.
- Conduct an SDoH screening for all patients at least annually.
- Offer the SDoH screening tool publicly on the Neighborhood Resource community site.
- Use Neighborhood Resource to refer patients to free or reduced-cost social services and other community-based resources based on their individual needs.
- Provide navigation support as needed.
- Explore integration of Neighborhood Resource into the market's EHR system.
- Participate in Ascension's Neighborhood Resource awareness campaign.
- Promote Neighborhood Resource at Medical Mission at Home events.

Anticipated impact: This strategy will help stabilize and promote the well-being of individuals with immediate food security needs.

Strategy 3: Support food security efforts of community partners through cash and in-kind donations.

Hospitals: ASJMC, ASJO, ASJBA, ASJS, ASJJP, ASJN

Objective: By June 20, 2028, the percentage of food-insecure households in Tulsa County will decrease. This objective aligns with the following Healthy People 2030 objective:

- [NWS-01](#): Reduce household food insecurity and hunger.

Collaborators:

- Ascension affiliates: N/A
- Joint ventures: N/A
- Community-based organizations: various
- Other collaborators: N/A

Resources:

- People: Health Equity Initiative, Community Benefit, Mission Integration, and Internal Communications teams; CIC; associates interested in volunteering
- Processes: funding application reviews, payment requests, CIC meetings, associate outreach and communication, activity coordination
- Other investments: restricted grants and donations, IT infrastructure

Tactics:

- Identify local organizations in need of support to drive food security programs and initiatives.
- Provide cash and/or in-kind donations.
- Coordinate and promote volunteer opportunities among associates.

Anticipated impact: This strategy will enhance food security in the community.

Prioritized Need: Housing

Strategy 1: Connect patients and community members with identified housing needs to local community resources.

Hospitals: ASJMC, ASJBA, ASJS

Objective: By June 30, 2028, the rate of home ownership in Tulsa County will increase. Additionally, the annual totals of Neighborhood Resource active users, searches, interactions, and programs added/claimed for Tulsa County will increase. This objective aligns with the following objectives of [A Way Home for Tulsa's 2025-2029 strategic plan](#):

- Improve discharge policies and supports to reduce the number of individuals that exit institutions and systems of care and end up in homelessness.
- Increase community support.

Collaborators:

- Ascension affiliates: N/A
- Joint ventures: N/A
- Community-based organizations: various
- Other collaborators: FindHelp

Resources:

- People: care providers, care coordinators, Neighborhood Resource initiative leads, Marketing and Internal Communications teams, Medical Mission at Home planning committee
- Processes: SDoH screenings, connections and referrals
- Other investments: Neighborhood Resource platform, printed materials, IT infrastructure

Tactics:

- Engage with community-based organizations to make connections, exchange best practices, and support community initiatives.
- Conduct an SDoH screening for all patients at least annually.
- Offer the SDoH screening tool publicly on the Neighborhood Resource community site.
- Use Neighborhood Resource to refer patients to free or reduced-cost social services and other community-based resources based on their individual needs.
- Provide navigation support as needed.
- Explore integration of Neighborhood Resource into the market's EHR system.
- Participate in Ascension's Neighborhood Resource awareness campaign.
- Promote Neighborhood Resource at Medical Mission at Home events.

Anticipated impact: This strategy will help stabilize and promote the well-being of individuals with immediate housing needs.

Strategy 2: Support housing efforts of community partners through cash and in-kind donations.
Hospitals: ASJMC, ASJBA, ASJS
Objective: By June 30, 2028, the rate of home ownership in Tulsa County will increase. This objective aligns with the following objectives of A Way Home for Tulsa's 2025-2029 strategic plan: • Improve discharge policies and supports to reduce the number of individuals that exit institutions and systems of care and end up in homelessness. • Increase community support.
Collaborators: • Ascension affiliates: • Joint ventures: • Community-based organizations: • Other collaborators:
Resources: • People: Health Equity Initiative, Community Benefit, Mission Integration, and Internal Communications teams; CIC; associates interested in volunteering • Processes: funding application reviews, payment requests, CIC and other stakeholder meetings, associate outreach and communication, activity coordination • Other investments: restricted grants and donations, IT infrastructure
Tactics: • Identify local organizations in need of support to drive housing programs and initiatives. • Provide cash and/or in-kind donations. • Coordinate and promote volunteer opportunities among associates.
Anticipated impact: This strategy will enhance housing in the community.

Evaluation

Ascension St. John Medical Center will develop a comprehensive measurement and evaluation process to monitor the strategies outlined in this report. The impact of each action plan is documented and reported on the hospital's annual IRS Form 990 Schedule H, as well as the next CHNA.