Community Health Needs Assessment Implementation Plan

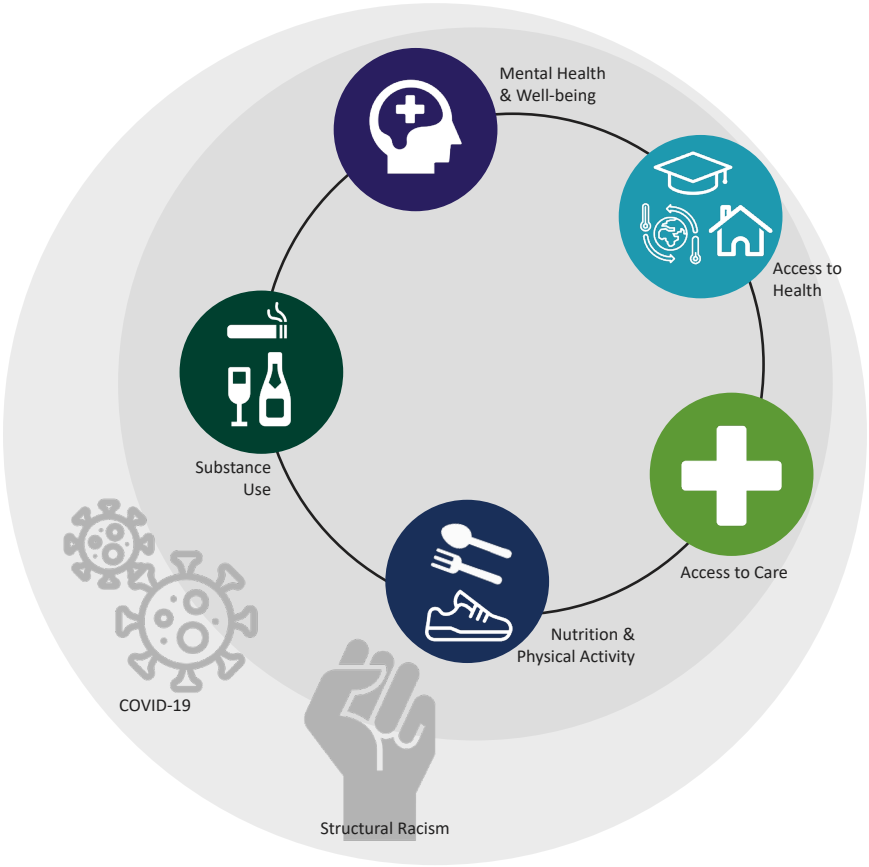
Board review: April 27, 2022

Hudson Hospital & Clinic

HealthPartners 2022 CHNA Implementation Plan

The purpose of this Community Health Needs Assessment (CHNA) Implementation Plan is to describe how Hudson Hospital & Clinic plans to address each of the 5 needs areas identified through the 2021 CHNA process. The needs areas identified in the most recent CHNA are shown on the graphic to the right, and include the following:

- Mental Health and Well-being
- Access to Health
- Access to Care
- Nutrition and Physical Activity
- Substance Use



Woven throughout each of these Needs Areas are two cross-cutting contextual factors: structural racism and the COVID-19 pandemic.

Over the next three years (2022-2024), our hospital intends to address all five top significant health needs areas in some way. Below we outline strategies and actions set by Hudson Hospital & Clinic to address each needs area, hospital resources that will be committed, partners and anticipated impact towards each goal.

Goal: Improve Mental Health & Well-being

Mental Health and Well-being is the interconnection between mental illness and the associated stigma, social connectedness, resiliency, and overall mental, social, and emotional well-being.

Strategies/action	Anticipated Impact	Hospital Resources	Partners
Make It OK Community campaign to reduce the stigma of mental health and illness through: • Website and social media • Toolkits and resources • Community outreach and Ambassador Training • Community collaborations	• Increased awareness and knowledge of mental health and illness stigma in communities, schools, employers, community agencies, faith communities and through other partners. • Expanded engagement and reach in those more reluctant to seek care, vulnerable communities and communities of color • Reduction in stigmatized attitudes and actions, to create more caring communities.	• Staff for program support and subject matter expertise, steering committee participation, program evaluation and partnership development • HealthPartners supports makeitok.org development and maintenance • Support from the Hudson Hospital Foundation	The Make It Ok initiative collaborates and partners with more than 30 Steering Committee members and partners including the National Alliance for Mental Illness (NAMI), hospitals and health care, East Metro Mental Health Roundtable, Teen Leadership Council, local public health, community agencies, mental health providers, employers and Healthier Together Mental Health Workgroup. The ongoing partner list can be found at www.makeitok.org
Mental Health Community Collaborations Actively participate in community collaborations to make equitable progress with mental health and well-being.	• Strengthen and support community partnerships and collective action • Collaborate to make equitable progress toward improving community mental health and well-being	• Participate in and support collective efforts	Partners include: • Healthier Together Mental Health Workgroup • Wisconsin Hospital Association – Mental Health Service Providers • St. Croix County Criminal Justice Collaborating Council (CJCC) • National Alliance for Mental Illness (NAMI) • Faith communities

Little Moments Count Community coalition to help parents and the community understand the importance of talking, playing, reading and singing early and often with children.	• Increase positive interactions and experiences in early childhood • Positively impact health and well-being outcomes later in life.	• Staff for program support, subject matter expertise, steering committee and partnership • HealthPartners supports Littlemomentscount.org website development and maintenance	LMC is a collaborative of 57 organizations working to help increase parent and community interaction with babies and children including. See partner list at www.littlemomentscount.org/about-us
Behavioral Health Services Integration of behavioral health into primary care, hospital inpatient and outpatient care, including assessment and intervention models.	• Improved experiences and reduced barriers for patients • Simplified and alignment of triage, intake, and scheduling across the care system. • Improved provider communication, care management and coordination • Expanded access to mental health services	• Core internal work • Staff, systems and support In- and outpatient services are based at and operated by Amery Hospital & Clinic	Partners include: • County Health Department • Wisconsin Hospital Association – Mental Health Service Providers
Behavioral Health Crisis Services - Crisis Immediate Access (CIA) Behavioral health telemedicine outpatient service, providing immediate mental health and crisis assessment via tele-video for all HealthPartners patients.	• Improved access to mental health care • Expanded access to mental health services • Deferral of hospital ED crisis cases	• Staff for program coordination, support and care delivery; subject matter expertise • Clinic and ambulatory care staff • Participate in and support collective efforts	Partners include: • County Health Departments • Wisconsin Hospital Association – Mental Health Service Providers
Emergency Behavioral Health Tele-video Services Collaboration Public-private partnership between area health systems and counties to provide behavioral health assessment and referral for Emergency Department patients.	• Simplified and improved experiences and reduced barriers for patients	• This service is based and operated from Hudson Hospital • Staff for program coordination, support and care delivery; subject matter expertise • Participate in and support collective efforts • Support from the Hudson Hospital Foundation	Partners include: • Wisconsin Department of Health Services (DHS) • Lakeview Hospital • Hudson Hospital • Westfields Hospital • Amery Hospital • Western Wisconsin Health • St. Croix Regional Medical Center • Osceola Medical Center • River Falls Area Hospital • Polk County Public Health • St. Croix County Public Health

			• Pierce County Public Health • Local law enforcement
Be Well-An employee well-being program for HealthPartners staff colleague well-being including mental health, well-being and resiliency programs and services.	• Improved emotional well-being and resiliency of hospital and clinic staff • Maintain strong health care workforce	• Hospital coordinates, promotes, connects staff with programs and resources and provides incentives for participation	Partners include: • Employee Assistance Program • Be Well program partners • Local agencies

Goal: Improve Access to Health

Access to Health refers to the social and environmental conditions and unmet social needs that directly and indirectly affect people's health and well-being such as housing, income, food security, transportation, employment, education, clean and sustainable environment, and more.

Strategies/action	Anticipated Impact	Hospital Resources	Partners
Social Drivers of Health screening and referral (SDOH) A system-wide approach to addressing social determinants of health through screening, systems, community partnerships and referral	• Patients' social needs are identified and addressed • Community partners and resources are engaged and accessible	• Core internal work • Staff, systems and support	Partners include: • Community agencies (Hunger Solutions, STEP, local food shelves) • NowPow/Unite Us
SuperShelf Collaborative initiative to transform food shelves by making healthy, culturally specific foods accessible and appealing	• Increased nutritional quality of food available to clients • Increased availability of culturally specific foods • Equitable and client-focused atmosphere at food shelves	• Staff for program support and implementation; subject matter expertise • Participate in and support collective efforts • Resources for food shelf transformations	Partners include: • Valley Outreach • The Food Group • University of Minnesota • Hunger Solutions Minnesota • Other partners and participating food shelves at www.supershelfmn.org
Sustainability	• Impacts will include improved air and water quality, more	• Led by our Sustainability team	Partners include: • Local public health

HealthPartners supports and promotes sustainability through the lens of the triple bottom-line of people, planet, and prosperity. Where environmental health is in balance with both human and economic health and well-being for all members of our community.	predictable temperatures, and improved quality of life.	• Supported by hospital green teams • Hudson Hospital operates and maintains local community gardens • Hudson Hospital supports local farmer's market	• Grassroots organizations • Farmers, farmer's markets, recyclers and others
Community Health Collaborations Actively participate in community collaborations to make equitable progress with social drivers of health including food insecurity	• Strengthen and support community partnerships and collective action • Collaborate to make equitable progress toward improving community social drivers of health • Increase community access to food and other basic needs	• Staff, partner, participate and support collective efforts • Volunteer support from hospital and clinic employees. • Support from the Hudson Hospital Foundation	Partners include: • Teen Leadership Council • SuperShelf • St. Croix County Public Health and Community Services • Healthier Together Food Insecurity Workgroup • United Way St. Croix Valley Housing Project (Mobilizing Communities for a Just Response) • Hudson food shelf partnership • St. Croix Valley Food Bank • Local Chambers of Commerce • Local school districts
Transportation options Collaborations to explore ways to increase access to transportation options and provide the best, most safe, appropriate and member-focused experience for older adults, people with disabilities and those lacking reliable transportation.	• Community members will be aware of and better connected to reliable transportation options • Increased awareness of medical transportation options	• Participate in and support collective efforts	Partners include: • Local public health • Community agencies

Goal: Improve Access to Care

Access to Care means having equitable access to appropriate, convenient, affordable and culturally responsive, trauma informed health care. This includes factors such as proximity to care, diversity training for staff, diverse backgrounds of providers, cost of care, insurance coverage, medical transportation, and care coordination within the health care system.

Strategies/action	Anticipated Impact	Hospital Resources	Partners
Build an anti-racist culture through training, employee engagement and equitable policies and practices	• Deepen our workforce's collective understanding of bias, racism and cultural humility as we build trust with community.	• Diversity and Inclusion teams, human resources and hospital leadership • Staff, systems and support; core internal work • Valley Health Equity Committee	Partners include: • Penumbra Theater • YWCA • Center for Economic Inclusion • Local public health • Community agencies
Address disparities in care Accelerate and expand our efforts to eliminate disparities in chronic conditions, preventive screenings, maternal and infant care and childhood immunizations and others. This work is done with a focus on health equity, identifying patient disparities including factors such as race, socioeconomics, gender and other factors.	• Improved access to care • Reduced disparities in care	• Staff, systems and support; core internal work • Performance Improvement projects • Valley Health Equity Committee	Partners include: • Community agencies • Integrated Care for High-Risk Pregnancies Initiative • Minnesota Council of Health Plans • Local public health
Clinical Performance Improvement Improve Coordination of Care within our system and outside partners to improve care efficiency and quality	• Improved access to care • Improved Care Coordination and Quality Outcomes	• Staff systems and support; core internal work • Performance improvement projects	Partners include • Community Paramedics • Transitional Care Units • Healthcare Plans • Homecare and Hospice
Leverage Technology for Seamless Care Expand the use of technology (telemedicine, emails, text messages, MyChart messages, etc.)	• Increased access to care	• Internal resources and systems	Partners include: • EPIC • Google

to engage patients between visits and promote healthy behaviors			
Access to Care Community Collaborations Actively participate in community collaborations to make equitable progress with access to care.	• Strengthen and support community partnerships and collective action • Collaborate to make equitable progress toward improving access to care	• Participate in and support collective efforts • Hospital support of local agencies • Patient Advisory Council coordination	Partners include: • Patient Advisory Councils • Local public health and community services • Community agencies • Community Health Workers
Community Health Education Community health education classes and opportunities are offered to in the St. Croix Valley at low-cost or without charge.	• Community members will learn about health and wellbeing and various medical conditions, learn skills to support their health and wellbeing, and learn about services at our hospitals and clinics.	• Staff for program coordination • Health professional subject matter experts in chronic disease prevention and management, joint health, sleep, mental health, pulmonary health and health promotion.	Partners include: • Health care providers • Topic-specific instructors • Community agencies
Diabetes Education High quality diabetes education program for patients and families, including standardized processes and educational materials. Diabetes Prevention classes.	• Improve quality of life and reduce complications from diabetes • Improve access to diabetes care	• Core internal work • Staff for program coordination, support and care delivery; subject matter expertise	Partners include: • Community agencies • Centers for Disease Control
Injury Prevention & Community Outreach Outreach and education to prevent and reduce injuries including: ○ Child passenger safety & car seat service ○ Pedestrian and bicycle safety ○ Helmet safety ○ Water safety ○ First aid, CPR, and Stop the Bleed	• Prevent and reduce injury • Increase and/or improve community awareness and knowledge of injury reduction and prevention	• Staff for program coordination, support and implementation; subject matter expertise • Participate in and support collective efforts	Partners include: • Local public health • Local fire or police departments • Local safety councils • Local parks and recreation • Local schools
Emergency Medical Services Safety planning and standby for events; education and awareness	• Reduce response time to injuries • Improve community knowledge and awareness of distracted driving and driving under the influence	• Staff for program support and subject matter expertise • Participate in and support collective efforts	Partners include: • Local public health and community services • Local fire or police departments • Local schools

Workforce Recruitment and Retention Strategies Focused effort to increase awareness and engagement in health care employment opportunities, with a focus on entry-level and technical positions and reaching diverse talent. This strategy includes: • Training and internship opportunities in hospitals and clinics • Scholarships for training and tuition assistance for career advancement • Collaboration with health care and schools • Increased visibility of employment opportunities in diverse populations • Enhanced onboarding processes, preceptors and relationship-building	• Increased awareness of health care jobs and training opportunities to diverse candidates • Reduced financial barriers to training and career advancement • Increased retention of talent	• Hospital and clinic leadership • Human resources leaders • Valley Health Equity Committee • Hudson Hospital Foundation	Partners include: • Specific software (CIRCA) recruiting job board focused on diverse applicants • Consortium of regional hospitals, clinics, technical schools and high schools
Patient Emergency Fund Provide emergency financial assistance for patients based on need for prescription costs, medical equipment, transportation cost and other essential needs	• Reduced barriers to accessing care	• Staff support to help patients navigate financial assistance • Support from the Hudson Hospital Foundation	Partners include: • Donors • Community agencies
Community Paramedicine Follow-up home visits for post-hospital discharge for congestive heart failure	• Reduce readmissions • Keeping people in their home, out of the hospital	• Core internal work • Staff for program coordination, support and implementation; subject matter expertise • Participate in and support collective efforts	Partners include: • Community agencies • Local law enforcement and fire • Local fire departments
Children's Health Initiative HealthPartners is working to improve the health and well-being of children and their families by concentrating on: Promoting early brain development, providing family centered care and strengthening our communities. Areas of focus include:	• Improve the health of children in early childhood • Improve the health of mothers during and after pregnancy and delivery	• Staff, systems and support	Partners include: • Local county public health and community services • Integrated Care for High-Risk Pregnancies Initiative • Ramsey County WIC and SNAP • Minnesota Breastfeeding Coalition • Reach Out and Read

• Healthy Beginnings: Promote drug, alcohol and tobacco-free pregnancies by universally screening all pregnant women and offering non-judgmental support; identify other needs (socioeconomic, etc) • Little Moments Count • Breastfeeding promotion and support • Postpartum depression screening			• Little Moments Count • CollegeBound St. Paul • Heart of the Customer • Teen Leadership Council
Senior Care Service Line Home-based medicine by physician or advanced practice provider for adults experiencing difficulty navigating the traditional care model.	• Reduce readmissions • Keeping people in their home, out of the hospital • Improved experiences and reduced barriers for patients	• Core internal work • Staff for program coordination, support and care delivery; subject matter expertise	Partners include: • Community agencies
Homecare, Palliative Care & Hospice Provides in-home care to seriously ill patients, and supports them and their caregivers.	• Reduce readmissions • Keeping people in their home, out of the hospital • Improved experiences and reduced barriers for patients	• Core internal work • Staff for program coordination, support and implementation; subject matter expertise	Partners include: • Clinics, skilled nursing facilities, assisted living
Community Falls Prevention Programs Stepping On, Tai Qi Quan and Moving for Better Balance are evidence-based programs to reduce falls and improve wellbeing for older adults.	• Reduced incidence of falls in our community • Older adults are healthier and more independent	• Hospital rehab and faith community nursing staff • Program promotion • Community partnership	Partners include: • Community agencies

Goal: Improve Nutrition & Physical Activity

Nutrition & Physical Activity means equitable access to nutrition, physical activity and healthy supportive environments for families and communities.

Strategies/action	Anticipated Impact	Hospital Resources	Partners
PowerUp Community-wide initiative to support eating better, moving more and feeling good. Resources include: • School Challenge and teacher resources • Classes for cooking and sports nutrition • Community options for physical activity • Family magazines, online resources and recipes	• Increased awareness about resources for eating better, moving more and feeling good • Improved attitudes and behaviors around eating, physical activity and mental well-being	• Staff for program development and subject matter expertise, steering committee, program evaluation and partnership development • Development and maintenance of powerup4kids.org and program resources • Support from the Hudson Hospital Foundation	Partners include: • School districts including: Hudson, River Falls, Prescott • Teachers and youth leaders • School Age Care programs • Community agencies and food pantries • Local public health • Faith communities • YMCA Adventure Lab and Unlock It • YMCA Hudson • YMCA Camp St. Croix
Nutrition & Physical Activity Collaborations Actively participate in community collaborations to make equitable progress with nutrition and physical activity.	• Strengthen and support community partnerships and collective action • Collaborate to make equitable progress toward improving nutrition and physical activity	• Foster, initiate, partner in and support efforts • Provide subject matter expertise • Connect to care providers	Partners include: • Local public health • Community agencies • Local Farmer's markets • Local Schools • YMCA Hudson • YMCA Camp St. Croix • YMCA Adventure Lab and Unlock It • Local Chambers of Commerce
Be Well Employee well-being program. Support and empower colleagues with resources for	• Improved support for better colleague nutrition, physical activity and well-being	• Hospital coordinates, promotes, connects staff with programs and	Partners include: • Employee Assistance Program

improved nutrition, physical activity and overall well-being	• Provide healthy food options at hospital locations	resources and provides incentives for participation	• Be Well program partners • Local agencies
Community Health Education Community health education classes and podcasts on nutrition, healthy cooking and a variety of ways to increase physical activity are offered to in the St. Croix Valley at low-cost or without charge.	• Community members will learn about strategies to improve health and wellbeing, nutrition and physical activity	• Staff for program coordination, promotion and delivery • Health professional subject matter experts in chronic disease prevention, nutrition, fitness, walking, cooking, childhood feeding and breastfeeding.	Partners include: • Health care providers • Topic-specific instructors • Community agencies
HealthPartners Teen Leadership Council Program that inspires and develops youth as community health leaders through leadership development, understanding community health principles, teen consultation with partners, volunteerism and action projects.	• Development of youth community health leaders • Teens grow in leadership skills, agency, and positive self-identity, and impact their communities through volunteerism and sharing their voice.	• Hospital staff facilitates program • Hospital staff promotes and supports • Supported by Hudson Hospital Foundation	Partners include: • School districts • Youth organizations • Local public health • Health care providers • UW Extension service

Goal: Reduce Substance Use

Substance Use covers substance abuse and addiction, which are the use of substances including alcohol, tobacco and e-cigarettes, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being and causes problems or distress that affect daily life.

Strategies/action	Anticipated Impact	Hospital Resources	Partners
Medication Take Back Drop boxes locations at hospitals to collect prescription medication and opioids in a secure manner	• Prevent prescription drugs to prevent accidental poisoning or misuse • Prevent medications from entering the water and drinking water	• Hospital pharmacies	Partners include: • Local law enforcement • Local public health
Opioid Prescription Monitoring Continue to implement collaborative practice agreements offering chronic pain management alternatives, pain clinic referrals and partner with medication therapy management pharmacists to wean and taper patients off addictive pain medications. Continue to monitor amount and frequency of opioid prescriptions.	• Increased access to treatment options that are more effective for chronic pain than opioid prescribing. • Increased access to specialized pain clinics that focus on the physical, emotional, lack of sleep, physical activity, social factors and addiction • Support for taping off addictive pain medications	• Pharmacy and clinical staff and coordination	Partners include: • Public Health Agencies
Make It OK for Substance Use Disorder Training and resources to reduce the stigma of mental health and substance use disorder through community outreach and health care provider training	• Increased awareness and knowledge of substance use stigma • Reduction in stigmatized attitudes and actions, to reduce reluctance to seek care and assessment for substance use disorder	• Staff for program support and subject matter expertise, steering committee participation, program evaluation and partnership development • With support from the Hudson Hospital Foundation	The Make It Ok initiative collaborates and partners with more than 30 Steering Committee members and partners including the National Alliance for Mental Illness (NAMI), hospitals and health care, local public health, mental health and substance use disorder providers. The ongoing partner list can be found at www.makeitok.org

Programs for Change Compassionate, non-judgmental intensive outpatient substance use disorder treatment and recovery program using evidence-based treatment models.	• Improved experiences and reduced barriers for patients • Program participants are treated with dignity and compassion • Program participants receive comprehensive assessment, treatment recommendations and referrals to address all coexisting mental health or medical needs.	• Staff for program development and delivery • Subject matter expertise and clinical leadership • With support from the Hudson Hospital Foundation	Partners include: • Local Public Health • Make It OK Ambassadors • Regional Substance Use Disorder Consortium • St. Croix County Criminal Justice Collaborating Council (CJCC)
Substance Use Community Collaborations Actively participate in community collaborations to make equitable progress with prevention and treatment of substance use and abuse including alcohol, drugs, tobacco and nicotine.	• Strengthen and support community partnerships and collective action • Collaborate to make equitable progress toward improving substance use	• Participate in and support collective efforts to reduce substance use	Partners include: • Local Public Health • Regional Substance Use Disorder Consortium • St. Croix County Criminal Justice Collaborating Council (CJCC) • Healthier Together Substance Use Workgroup

Contact Information

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