Hudson Hospital & Clinic

Community Health Needs Assessment Implementation Plan

May 2025

HealthPartners 2025 Community Health Needs Assessment (CHNA) Implementation Plan

The purpose of this CHNA implementation plan is to describe how the Valley Hospitals plan to address each of the three community health needs prioritized in our 2024 needs assessment: **Mental Health & Well-being**, **Social Drivers of Health**, and **Access to Care**. Throughout our CHNA, we also sought to understand and describe the ways in which contextual factors, such as social, economic and environmental conditions and systems, contribute to health inequities and disparities that impact the health and well-being of our patients, members and communities.

Over the next three years (2025-2027), our hospitals will begin to address each of these priority health needs. We will use a combination of **system-wide and hospital-specific strategies** to achieve our goals. Every initiative incorporates key **evidence-based** strategies, many of which intervene at multiple levels. These **strategies** seek to accomplish prioritized goals, organized by priority need.

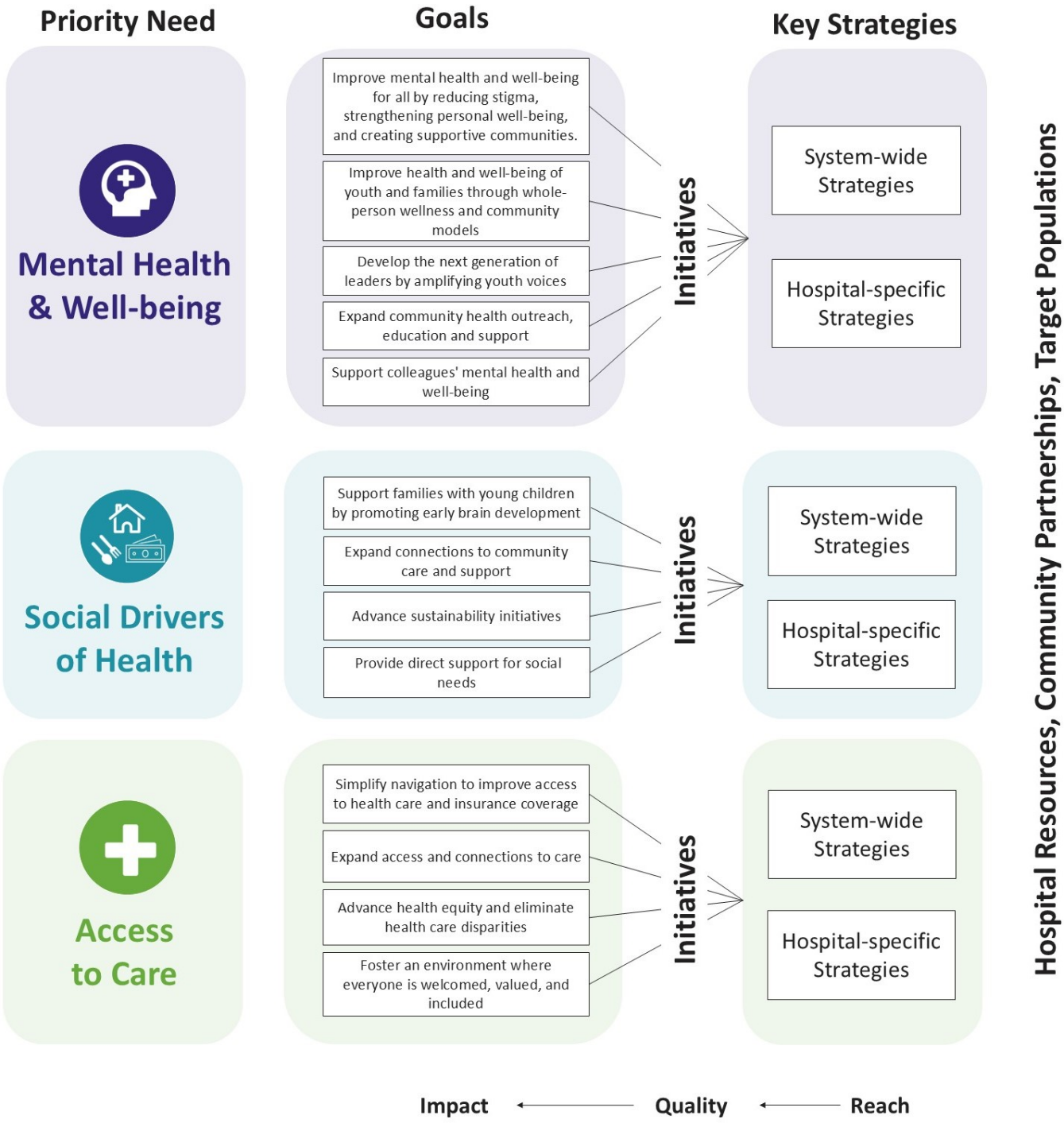
HealthPartners is committed to authentic community engagement and building trusted relationships. This plan describes both the **hospital resources** contributed to each initiative and the **community partnerships** that support progress toward each goal. In addition, we identify the **target population** for each initiative.

Lastly, we describe the **anticipated impact** of each initiative. Over the next three years, we will evaluate implementation of this plan. Additional categories of evaluation metrics will include **reach** (measuring the number of people served, overall and by target population(s)), and **quality** (measuring participant experience and perceived **impact)**.

Our approach to our CHNA implementation plan is depicted in the simplified Driver Diagram below and the plan itself is described in the pages that follow.

Figure 1. HealthPartners CHNA Priority Needs

Figure 2. HealthPartners CHNA Implementation Plan Driver Diagram



Priority Need 1: Mental Health & Well-being

Mental health refers to a person's emotional, psychological and social well-being, affecting how they think, feel and act. It influences overall health and how one manages stress, builds relationships and copes with life's challenges. Mental health can vary across the life span, based on factors including social connectedness, emotional resiliency, substance use and mental health conditions, such as depression or anxiety, that disrupt thoughts, emotions and behaviors.

Goal 1: Improve mental health and well-being for all by reducing stigma, strengthening personal well-being, and creating supportive communities.

Make It OK

Make It OK is a community initiative committed to raising awareness, changing attitudes and ending the stigma of mental health, including substance use disorder (SUD) by increasing understanding, encouraging open and caring conversations, empowering people to share their story, fostering personal well-being, creating positive community change and bridging to resources for care and support. We do this work through education and support, community outreach, campaigns and promotion and community partnerships built on trust.

Hudson Hospital & Clinic engages in ongoing community outreach at multiple events with local community partners. Hudson Hospital also supports virtual and in person presentations and Ambassador trainings, including those specific to stigma surrounding Substance Use Disorder.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
• **Increased awareness** of mental health, stigma and SUD. • **Reduction in stigma** and barriers to accessing mental health resources, care and support. • **Expansion of trained ambassadors** serving as trusted messengers in the community. • **Strengthened community engagement** in areas disproportionately affected by mental health issues and stigma through targeted outreach and partnerships. • **Higher engagement** with the Make It OK website and educational tools aimed at reducing stigma and connecting individuals to resources. • **Strengthened resources** to support self-care and resiliency, promoting personal well-being and helping individuals thrive.	• Community members • Community partners and worksites • HealthPartners patients, members and colleagues • Communities most affected	Convened by HealthPartners and supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	Make It OK partners with NAMI MN and WI, Iowa Healthiest State Initiative, Make It OK community steering committee, Regions Hospital, other health systems, nonprofit organizations businesses, faith communities, public health, schools and community coalitions that focus on mental health and well-being. See full partner list at www.makeitok.org/about Hudson Hospital & Clinic also partner with: • Programs for Change • Healthier Together of St. Croix and Pierce Counties

Goal 2: Improve health and well-being of youth and families through whole-person wellness and community models

PowerUp

PowerUp is a community-wide initiative to support and promote well-being for youth and families through eating better, moving more and feeling good in fun in engaging ways through education, resources, partnerships, access to free or low-cost well-being activities and opportunities such as open gyms, farmers markets, community events, and developing and supporting healthy food policy and guidelines.

Hudson Hospital & Clinic engages in ongoing community outreach at multiple events with local community partners. Hudson Hospital also engages with schools, libraries, community education and other partners to offer education and resources. This also includes sponsoring free and low-cost physical activity spaces (open gyms, swims and skates) at school and community sites to support healthy families.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased awareness** of the importance of nutrition, physical activity and well-being among youth and families. 2. **Higher engagement** with PowerUp website, tools, and resources. 3. **Strengthened community engagement** through building community trust, leading to greater reach among youth and families. 4. **Strengthened resources** to promote positive relationships with food, body, movement and well-being for youth and supportive adults.	• Families with youth ages 4-11 • Community members • Communities and families most affected • HealthPartners patients, members and colleagues	Convened by HealthPartners and supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	PowerUp partners with schools, parks, nonprofit organizations, businesses, government & public health agencies, faith communities and more. Hudson Hospital & Clinic also partners with Hudson Area Schools.

Goal 3: Develop the next generation of leaders by amplifying youth voices

Teen Leadership Council

The **Teen Leadership Council (TLC)** is a year-long opportunity for high school students across the Twin Cities and western Wisconsin who are interested in health and well-being. The program develops the next generation of resilient leaders by amplifying youth voices and giving youth a platform to make change in their communities through volunteerism, teen-led consultations, advocacy and career exploration.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Development of leadership skills** and a sense of belonging among teens, encouraging community engagement and altruism. 2. **Youth empowerment** through feeling heard and validated, contributing to their ability to effect change.	• High school students from communities in our service area with diverse lived experiences	Convened by HealthPartners and supported through a combination of financial and staff resources from	TLC partners with public health, schools, other health systems, nonprofit organizations, HealthPartners Institute, PowerUp, Make It OK, Be Real, and more.

3. **Enhanced equity** and relevance in programming by incorporating teen perspectives. 4. **Broadening of teens' perspectives** on health-related careers.	• HealthPartners colleagues and community partners	HealthPartners, hospitals and hospital foundations	

Goal 4: Expand community health outreach, education and support

Mental Health & Well-being Education, Resources, and Outreach Initiatives

HealthPartners develops, supports, promotes and collaborates with community partners on community outreach, programs, services, resources and education, addressing spiritual and cultural well-being practices, suicide prevention and grief support. It's all to help connect people and communities to mental health and well-being resources.

Hudson Hospital & Clinic also supports:

- Faith Community Nursing Program
- Falls prevention and foot care programs
- St Croix Valley Grief Coalition: Growing Through Loss Program
- Community health education classes
- Injury Prevention programs

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to mental health and well-being resources and services for community members.	• Community members • Communities most affected • HealthPartners patients, members and colleagues • Make It OK Ambassadors	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with NAMI MN, MN Department of Health, spiritual care services, suicide prevention programs, grief support coalitions, schools, public health and mental health agencies. Hudson Hospital & Clinic also partners with: • Local faith communities, funeral homes, schools, hospice and home care agencies

Substance Use and Misuse Awareness Initiatives

We partner to help raise awareness of substance use, misuse and SUD through community outreach and engagement, education, and resources—addressing myths, breaking the stigma, fostering open conversations, understanding risks, recognizing warning signs and promoting healthy behaviors to prevent substance misuse. Hudson Hospital & Clinic also partners with Programs for Change staff to do outreach and educate on the stigma of substance use disorder through Make It OK.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased awareness** of substance use and misuse. 2. **Enhanced prevention efforts** through education, resources, and promotion of healthy behaviors. 3. **Improved access** to care for SUD.	• Community members • Communities most affected • HealthPartners patients, members and colleagues • Make It OK Ambassadors	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with Make It OK, Programs for Change recovery treatment, substance use providers, schools and other community organizations.

Community Partner Support for Mental Health and Substance Use and Misuse Initiatives

HealthPartners provides sponsorships, grants, volunteers and resources to support community partners with a focus on mental health, substance use and misuse and SUD.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to necessary services for community members with mental health or substance use needs. 2. **Strengthened community engagement** through partnerships with local organizations, fostering trust and stronger connections between health care systems and communities.	• Community members • Communities most affected • Community partners • HealthPartners patients, members and colleagues • Make It OK Ambassadors	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with community agencies and partners including Bloomington Veterans Memorial, Penumbra Theatre and more.

Mental Health and Substance Use and Misuse Community Collaboration Initiatives

Actively participate in collective efforts that create opportunities for open dialogue, shared resources and aligned actions to improve mental health, well-being and substance use with internal partners, other health systems and community and government agencies. This includes collaborating around mental health and substance use, and specific partnerships such as suicide prevention, substance misuse prevention, belonging, social connectedness, well-being and youth mental health.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Enhanced collaboration** among partners to support and improve health care and community systems addressing mental health and SUD.	• Community members • Communities most affected • HealthPartners patients, members and colleagues	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with MN Healthy Partnership, East and North Metro Mental Health Roundtables, East Metro Suicide Prevention Regional Coordination, and more.

Goal 5: Support colleagues' mental health and well-being

Colleague Well-Being Initiatives

HealthPartners offers health and well-being programs that equip, empower and support colleagues' mental health and well-being. These programs are designed to help strengthen self-care, build emotional resilience, foster supportive relationships, reduce burnout and support a psychologically safe culture and environment—helping colleagues show up as their best selves at work, with their families and in their communities. Programs include Be Well, Lead Well, Clinician Well-being, workplace violence prevention, Lifestyle Medicine Interest group, Make It OK and more.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased engagement** of colleagues in self-care, movement and restorative breaks, enabling them to perform optimally in various aspects of life. 2. **Enhanced support** for colleagues through strategies that reduce physical and emotional stress, while building leadership confidence in fostering team well-being and a psychologically safe environment.	• All HealthPartners colleagues and medical plan covered spouses	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners contracts with a variety of Employee Assistance Programs (EAP), including Worksite Place Options (WPO) and Vital WorkLife.

Priority Need 2: Social Drivers of Health

Social drivers of health (SDOH) are the community and environmental conditions that affect health and well-being. They include adequate and secure income, housing, food and nutrition, employment and work, education, transportation, access to childcare and interpersonal safety. They also include a sense of belonging, the natural and built environment and climate impacts.

Goal 1: Support families with young children by promoting early brain development

Little Moments Count

Little Moments Count is a community-wide collaborative and campaign to increase parent and caregiver knowledge and behaviors of brain-building activities with children ages prenatal to 3 years old. Hudson Hospital & Clinic has also built a regional coalition around early brain development through events and resources, presentations and training Ambassadors to care messages into the community.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Higher engagement** of community partners to support families in optimizing early brain development interactions. 2. **Increased awareness** of the importance of early brain development in children from prenatal to three years old, promoting practical interactive activities like reading, talking, playing and singing.	• Parents/caregivers of children, prenatal to age 3 years old • Community members • Communities most affected • HealthPartners patients, members and colleagues	Convened by HealthPartners and supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	Little Moments Count partners with 115 organizations, including public radio and hospital staff. Hudson Hospital & Clinic also partners with St. Croix Valley Family Resource Center, Stillwater Early Childhood Family Education, Family Friendly Workplaces, St. Croix Valley Foundation, HeadStart, local health systems, libraries and schools. See full list at www.littlemomentscount.org

Goal 2: Expand connections to community care and support

Community Partner Support for Social Drivers of Health Initiatives

HealthPartners provides sponsorships and grants, and volunteers to support community partners with a focus on the social needs, including food and nutrition, housing, transportation, financial security, early brain development and interpersonal safety.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to essential resources such as food, housing, transportation, financial security, early brain development and interpersonal safety. 2. **Strengthened community engagement** that foster trust and connections between health care systems and community organizations, enhancing support for social needs.	• Community partners supporting social needs • Community members • Communities most affected • HealthPartners patients, members and colleagues	Supported through a combination of financial and staff resources from HealthPartners and Hospitals	HealthPartners partners with food shelves and other agencies.

Screenings for Social Drivers of Health Initiatives

Patients and members are screened for SDOH and connected to supportive resources. Public community resource directories are available to help patients, members and community find resources to address social needs, including food and nutrition, housing, education, childcare, employment and more.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Consistent identification and support** of patients' and members' social needs with compassion.	• HealthPartners patients and colleagues • Members covered by specific health plans • Community partners supporting social needs • Communities most affected	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	Extensive list of partners are found in community resource directories. Link: Search local resources, assistance and support | HealthPartners

Healthy Beginnings

The Healthy Beginnings initiative helps patients achieve a healthy pregnancy and birth by providing comprehensive support to pregnant people experiencing SUD, mental health needs, homelessness, poverty, domestic violence or other complex psychosocial issues.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Consistent identification and support** of expecting families' social needs with compassion.	• Perinatal families • Members covered by specific health plans • Community partners supporting social needs • Communities most affected	Supported through a combination of financial and staff resources from HealthPartners	Healthy Beginnings partners with HealthPartners OB-GYN, African American Babies Coalition, DIVA Moms, Nubian Moms, County WIC, home visiting partnerships, The Food Group and more.

Social Drivers of Health Community Collaborations Initiatives

HealthPartners actively participates in collaborative efforts focused on improving and coordinating systems that support social needs, including other health systems, and community and government agencies. Efforts include statewide convenings around SDOH and specific partnerships around food insecurity and housing.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Enhanced collaboration** among partners to support and improve health care and community systems addressing SDOH.	• HealthPartners patients and members • Community partners supporting social needs • Communities most affected	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with agencies serving social needs, including StratisHealth, The Food Group, MN Foundation for Essential Needs, SuperShelf partners, Minnesota Council of Health Plans, state and local government and others Hudson Hospital & Clinic also partners with St. Croix Valley Food Bank and Wisconsin Extension Services.

Goal 3: Advance sustainability initiatives

Environmental and Community Resilience Initiatives

Support and promote sustainability through the lens of the triple bottom-line of people, planet and prosperity, including hospital green teams, emergency preparedness and resilience, energy conservation, community partnerships and education, strategies to reduce food waste and medication take-back programs.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Enhanced balance** of environmental, human and economic health to support the well-being of all community members. 2. **Reduce operational costs**	• HealthPartners patients and members • Community partners supporting social needs • Communities most affected	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with community agencies and coalitions focused on sustainability.

Goal 4: Provide direct support for social needs

Immediate Social Needs Support Initiatives

Patients' and members' immediate social needs are addressed through gift cards and/or resources to support food, housing, transportation, prescription costs, medical equipment and other essential needs. Medical respite and pet respite are also provided.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Consistent support** for patients' and members' immediate, short-term social needs. 2. **Reduce barriers** to care, enabling patients to attend appointments and receive necessary treatments and promote equity in health care access.	• Patients and members experiencing social needs	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with numerous community agencies serving social needs.

Priority Need 3: Access to Care

Access to care means having equitable access to convenient, affordable, safe and high-quality health care. It includes a care experience where people feel like they are seen, heard, known and treated as a partner in the process. Access includes factors such as the cost of care and insurance coverage, care coordination, navigation and use of technology. It means simplifying the complex health care system to be more understandable and accessible for all.

Goal 1: Simplify navigation to improve access to health care and insurance coverage

Care Navigator Initiatives

Trained professionals who guide individuals through the complexities of accessing health care services, insurance coverage and specialized care, ensuring they receive the support needed to navigate medical systems effectively and efficiently.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to necessary services and specialists for patients. 2. **Enhanced care coordination** leading to more effective treatment and better patient outcomes. 3. **Improved patient experience** through clearer guidance within health care systems, reducing confusion and barriers.	• HealthPartners patients and members who need support to access, navigate and understand health care services	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with county health departments, home health agencies, social services agencies, aging and disability support networks and more.

Home and Community Care Initiatives

Home and community-based care programs help individuals with complex health needs navigate and coordinate care, ensuring they receive the right support in the right setting. Programs such as the Expanded Complex Case Management Program and Health Care Home provide assessments, care coordination and connections to community and caregiver resources. These efforts enhance access, improve health outcomes and support patients in managing their health more effectively.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to support for patients with complex health needs. 2. **Enhanced care coordination** by strengthening connections between patients, providers and community resources. 3. **More personalized support** through tailored assistance to help patients navigate their care and achieve health goals.	• HealthPartners patients and members with complex health needs or disabilities • Those facing barriers to accessing clinic-based care	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with county health departments, home health agencies, social services agencies, aging and disability support networks and more.

Technology to Support Navigation and Care Access Initiatives

Technology plays a vital role in improving access to care and helping individuals navigate health services with ease. Through digital tools like the MyCare and MyPlan apps, care lines, Find Care, Telemedicine, hybrid care and Virtuwell, we are expanding engagement, streamlining care coordination and scheduling, and making it easier for patients to connect with the right providers.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved access** to care through 24/7 support and easy-to-use digital tools, ensuring timely guidance and services. 2. **Enhanced care coordination** by streamlined and simplified appointment scheduling, and connecting patients with appropriate providers, reducing confusion and wait times. 3. **Enhanced patient engagement** through active participation in health management with user-friendly apps and virtual care options.	• HealthPartners patients and members • Those facing barriers to accessing, including those living in rural or underserved areas	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with county health departments, home health agencies, community-based organizations and more.

Pharmacy and Medication Support Initiatives

Services focus on ensuring safe and effective medication use while improving access to necessary medications. This includes personalized medication management, drug assistance programs and helping patients navigate medication-related challenges. The aim is to enhance health outcomes by optimizing medication use and addressing barriers to access. Hudson Hospital & Clinic offers an Immediate Need Assistance Program for patients.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased medication safety** through clinical pharmacist consultations that ensure safe medication use and reduce the risk of adverse drug interactions and errors. 2. **Increased access** to medications through drug assistance programs that help patients obtain necessary medications, particularly those patients facing financial or access barriers.	• Patients managing multiple medications, with chronic conditions • Patients facing financial or access barriers to essential medications	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with other health systems and clinics, county health departments, mental health organizations, social service agencies, prescription assistance programs and Medicaid and Medicare providers.

Goal 2: Expand access and connections to care

Medical Care Initiatives

Medical care services are designed to ensure patients receive the right care in the right setting, whether at home, in transitional care or through specialized programs. From in-home care for seriously ill patients to follow-up visits after hospital discharge, these services help improve continuity of care, reduce hospital readmissions, and support patient well-being with a focus on equitable access, culturally competent care and proactive health management, including falls prevention, integrated therapies and chronic disease support. By expanding care options and removing barriers, we enhance health outcomes and patient experiences across all stages of care. Hudson Hospital & Clinic also provides home care, palliative care and hospice.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Improved continuity of care** by reducing hospital readmissions and supporting smooth transitions between care settings. 2. **Improved access** to care by bringing medical services directly to patients who face barriers to traditional clinic-based care. 3. **Enhanced patient engagement** through active participation in health management with user-friendly apps and virtual care options.	• Older adults • Individuals with serious or chronic illnesses • Patients recovering from hospitalization • Individuals with limited mobility • Underserved populations facing barriers to accessing medical care	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with public health, community clinics and health centers, schools, nonprofit organizations and more. Hudson Hospital & Clinic also partners with: • Clinics, skilled nursing facilities, assisted living in Washington County, Polk, St. Croix, Pierce, parts of Ramsey

Mental Health and Substance Use Disorder Care Initiatives

Expanding access to mental health and SUD care ensures individuals receive timely, effective support when they need it most. Through crisis intervention, rapid access therapy, outpatient programs and specialized services like maternal mental health screening and eating disorder treatment, we help bridge gaps in care. These programs provide immediate and long-term support, reduce barriers to treatment and promote recovery and well-being for individuals of all ages. Hudson Hospital & Clinic provides substance use recovery through Programs for Change. Hudson Hospital also has Emergency Behavioral Health Televideo Services to provide assessments and referrals for emergency department patients.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased access** to mental health support by reducing wait times for care and providing immediate crisis intervention. 2. **Improved recovery outcomes** through expanded access to evidence-based substance use treatment and long-term support. 3. **Greater access to specialized care** for maternal mental health, eating disorders and other critical behavioral health needs.	• Patients needing access to mental health and SUD care	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	HealthPartners partners with public health, community clinics and health centers, school districts, social service nonprofit organizations and more. Hudson Hospital & Clinic also partners with St. Croix County Criminal Justice Collaborating Council

Goal 3: Advance health equity and eliminate health care disparities

Health Disparities Gaps Collaboration Initiatives

Efforts to eliminate health care disparities focus on identifying and addressing gaps in care to ensure equitable access and outcomes for all patients and members. Through collaboration across the system, we work to make measurable progress in disparities in maternal and infant care, childhood immunizations and chronic conditions. By raising awareness, building accountability, supporting research and fostering engagement at every level of the organization, we strive to create a culture focused on ensuring equitable access to high-quality care for all. Hudson Hospital & Clinic provides interpreter services to patients, members, guests and family members with limited English proficiency (LEP) or those who are deaf, DeafBlind or hard-of-hearing.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Reduced disparities in care** by addressing gaps in maternal and infant health, childhood immunizations and chronic disease management. 2. **Improved health outcomes** through equitable access to high-quality care, ensuring better health for all communities. 3. **Enhanced collaboration** across health care systems, public health agencies and community organizations to drive systemic change.	HealthPartners patients and members experiencing health disparities	Supported through a combination of financial and staff resources from HealthPartners, Hospitals, HealthPartners Institute and Hospital Foundations	HealthPartners partners with public health, culturally specific organizations, maternal and child health advocacy groups, health equity coalitions and more.

HealthPartners Institute Research and Education Initiatives

Research is a valuable tool in improving diversity, equity and inclusion. The knowledge gained through our studies can impact patient care here as well as address societal gaps. Our research includes the Community Advisory Council, Clinical Simulation Lab, Pregnancy and Child Health Research Center, medical residency and training and the Electronic Health Records Consortium.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. Research improves health or health care 2. Projects increase understanding of health disparities 3. Our work is conducted by inclusive project teams.	Research projects address a broad range of community health and clinical topics and conditions	Hospitals partner with the Institute on multiple patient-related projects, including staff support	The HealthPartners Institute partners with other health systems, academic institutions and community partners. Link: HealthPartners Institute Medical Research - Education Institute

Goal 4: Foster an environment where everyone is welcomed, valued and included

Workplace Culture Initiatives

We foster a culture that uses a diverse, inclusive and equitable lens when making decisions, creating policies and developing procedures. Our approach is grounded in our vision: "Health as it could be, affordability as it must be, through relationships built on trust."

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Increased inclusivity** in decision-making, policies, procedures and strategies. 2. **Strengthened workforce diversity** through intentional recruitment, retention and support efforts. 3. **A more supportive and equitable workplace** where employees feel valued by building trust, belonging and engagement.	• All HealthPartners colleagues	Supported through a combination of financial and staff resources from HealthPartners and our hospitals	Community partners providing colleague education such as Habitat for Humanity and other local non-profit organizations.

Patient Experience Initiatives

Patient Experience principles of "See Me, Hear Me, Know Me and Partner with Me" are foundational to building relationships built on trust with patients, members and community. These principles focus on fostering meaningful, personalized, unbiased connections in providing high quality care. By teaching our care teams and colleagues how to engage with patients through attentive listening, clear communication and shared decision-making, we aim to improve patient satisfaction and provide equitable care. Hudson Hospital & Clinic also participates in quarterly doula calls and in the local breastfeeding coalition.

Anticipated Impact	Target Population(s)	Hospital Resources	Community Partners
1. **Enhanced patient trust and satisfaction** through clearer, more personalized communication that ensures patients feel respected, heard and understood in their care. 2. **Improved health outcomes** by increasing patient engagement and adherence to care plans through a supportive and inclusive experience.	• All patients	Supported through a combination of financial and staff resources from HealthPartners, hospitals and hospital foundations	Hospital Patient and Family Advisory Councils Hudson Hospital & Clinic also partners with the Washington County Public Health.

Contact Information

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To view the Hudson Hospital & Clinic's 2024 Community Health Needs Assessments, see:
https://www.healthpartners.com/care/hospitals/hudson/about/community-health-needs/