

2024

New London Hospital Community Health Improvement Plan

The **2024 CHIP** outlines New London Hospital's commitment to **improving community health** through strategic investments in population health and addressing critical needs influenced by social determinants of health across its 15-town service area.



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Executive Summary

Since the Affordable Care Act (ACA) was enacted, New London Hospital Association, Inc. (NLHA), also commonly abbreviated as NLH, has conducted four Community Health Needs Assessments (CHNA) with a Community Health Improvement Plan (CHIP) (2015, 2018, 2021 and now most recently in 2024)¹. This CHIP along with the 2024 CHNA and the yearly Community Benefit Reporting form meet the regulatory responsibilities of the NLH and drive the work of the NLH Community Health department.

With this fourth iteration of CHNA/CHIP cycle, we are now able to see there are persistent themes in our community. Specifically, each previous CHNA/CHIP results are a combination or reordering of priorities from the last. This suggests that the necessary interventions needed for long term health improvement may be systemic in nature. Explicitly, many of the health priorities are related to Social Determinants of Health (SDoH) - a term defined as “non-medical factors that influence health outcomes”², meaning factors that have been traditionally outside the direct influence of hospitals such as income, education, community infrastructure (i.e. transportation networks), community safety and belonging, as well as rurality. In fact, the National Academy of Medicine notes that approximately 80 - 90% of “modifiable” health outcomes are attributed to social determinants of health leaving only 10 - 20% are determined by clinical interventions³. Due to the complex nature of SDoH factors, NLH may not take a lead in an intervention, yet will work with partner organizations who are better positioned to address the need through targeted and sustained intervention while simultaneously strengthening hospital-based interventions demonstrating efficacy and value, based on existing resources.

The 2024 NLH CHIP describes how NLH will continue to work to improve the health of the community through investments in community-based population health strategies in our 15 town service area⁴. Specifically, how these investments align with identified community health needs and what broad outcome goals NLH is striving to achieve through these investments. The focus of these investments is a result of an evaluative process conducted by the NLH Community Health department in conjunction with the NLH CHIP Advisory Council in July and August 2024.

CHIP 4x

Welcome to the fourth iteration of CHNA/CHIP cycle, we are now able to see there are persistent themes in our community. Including a focus on Social Determinants of Health³



80 - 90%

of “modifiable” health outcomes are attributed to social determinants of health³ - a term defined as “non-medical factors that influence health outcomes”². Such as income, education, community infrastructure community safety and belonging.



Strategies

NLH will continue to work, and work with, partner organizations to improve the health of the community through investments in community-based population health strategies.



2 Locations

New London Hospital Association, Inc. (NLHA) includes two physical locations: New London Hospital (NLH) and Newport Health Center (NHC).

¹ New London Hospital Association, Inc. Annual and Community Reports. Annual and Community Reports | About | New London Hospital. 2024. Last accessed: 2/7/2024.

² Centers for Disease Control (CDC). Social Determinants of Health at CDC. Social Determinants of Health at CDC | About | CDC 2022. Last accessed: 2/7/2024.

The NLH CHIP Advisory Council has identified four S.E.E.D. strategies, supported by three AIMS, that seek to maximize conditions for health and wellness in our service area by:

1

Strengthening existing NLH efforts to **improve healthcare availability and affordability**. This includes access to affordable medications as well as mental and dental health care.

2

Evaluate and engage partnerships for impact with a specific focus on special populations identified in the 2024 CHNA: seniors, LGBTQIA+, veterans, youth, and indigenous populations.

3

Engage in community health programming that seeks to **address SDoH factors** influencing our service area.

4

Develop a **health literacy plan** that will augment the communities understanding of health services resources in our service area. This includes partnering with organizations to bring educational opportunities directly into the community (virtual and in-person).

S.E.E.D.

- Strengthening existing efforts
- Evaluate partnerships
- Engage in community
- Develop a health literacy plan



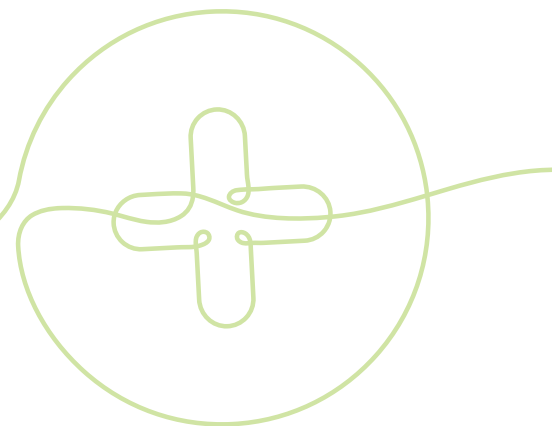
Community Health

Our collective effort is our best strategy to move toward improved health and well-being. Thank you to our community health partners and you, our community.

Our collective effort is our best strategy to move toward improved health and well-being. Our Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP) partners were: Dartmouth-Hitchcock Health, Alice Peck Day Memorial Hospital, Mt Ascutney Hospital and Health Center, New London Hospital, and Valley Regional Hospital, and you, our community.

Lauren Geddes Wirth, MD
President & Chief Executive Officer (CEO)

Jenn Alford-Teaster, MA, MPH
Community Health



³ National Academy of Medicine (NAM). Social Determinants of Health 101 for Health Care: Five Plus Five. Social Determinants of Health 101 for Health Care: Five Plus Five - National Academy of Medicine (nam.edu) 2017. Last accessed: 2/7/2024.

⁴ New London Hospital Association, Inc service area: Andover, Bradford, Croydon, Danbury, Goshen, Grantham, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Washington and Wilmot.

*The 2024 NLH Community Health Improvement Plan (CHIP) is dedicated to our patients and community members. The work of Community Health is to support you in your journey to health and wellness. **Thank you for trusting us to be a part of the journey with you.***

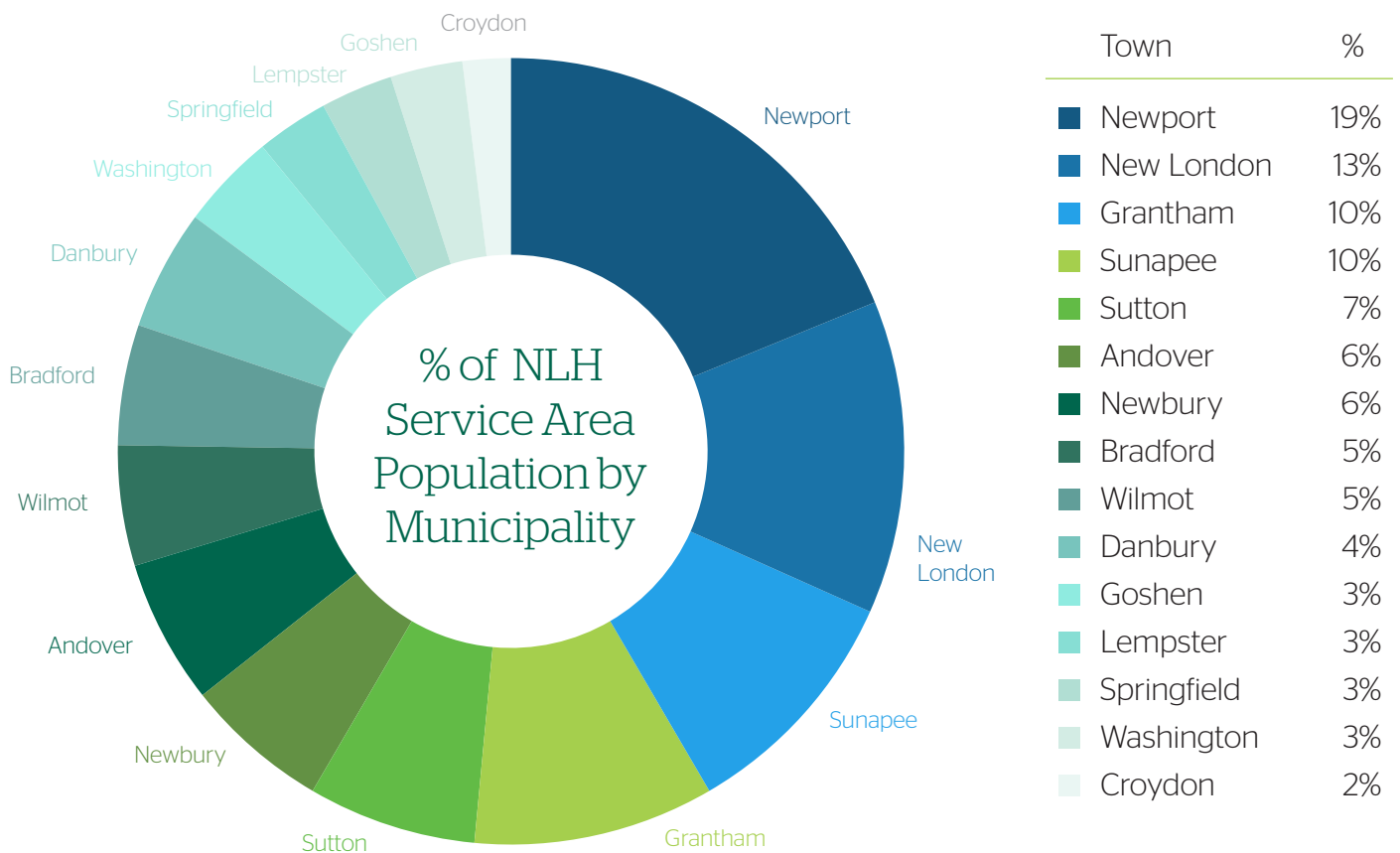
The NLH Community Health Needs Assessment (CHNA) and resulting Community Health Improvement Plan (CHIP) **is only possible through the support from our community partners.** We wish to acknowledge these organizations for their support:

- **Community centers:** Newport Recreation Center, Newport Senior Center, Bradford Senior Center, and Franklin Senior Center (serving Andover, Danbury, and Wilmot)
- **Community libraries including:** Andover libraries, Brown Memorial Library (Bradford), Dunbar Free Library (Croydon/Grantham), George Gamble Library (Danbury), Olive G Pettis Library (Goshen), Miner Free Library (Lempster), Tracy Memorial Library (New London), Newbury Library, Richards Free Library (Newport), Libbie Cass Library (Springfield), Abbott Library (Sunapee), Sutton Free Library, Wilmot Free Library, Shedd Free Library (Washington)
- **Dartmouth Health Population Health Team**
- **Dartmouth Health System members** including Alice Peck Day, Mt Ascutney, Valley Regional Hospital
- **Greater Sullivan County Public Health Network (GSCPHN)**
- **John Snow Incorporated (JSI)**
- **Kearsarge Neighborhood Partners (KNP)**
- **Lake Sunapee Visiting Nurses Association (LSVNA)**
- **Members of the Community Health Advisory Council (Table 1)**
- **Mount Sunapee Resort**
- **NH Healthcare Workers for Climate Action**
- **NLH Communications Team**
- **Proctor Academy**
- **Sugar River Bank**
- **Editorial Review: Julia Whitney, NLH Communications Manager**
Design: Maryellen (Meg) Gale, RC Brayshaw & Company, LLC



New London Hospital Service Area

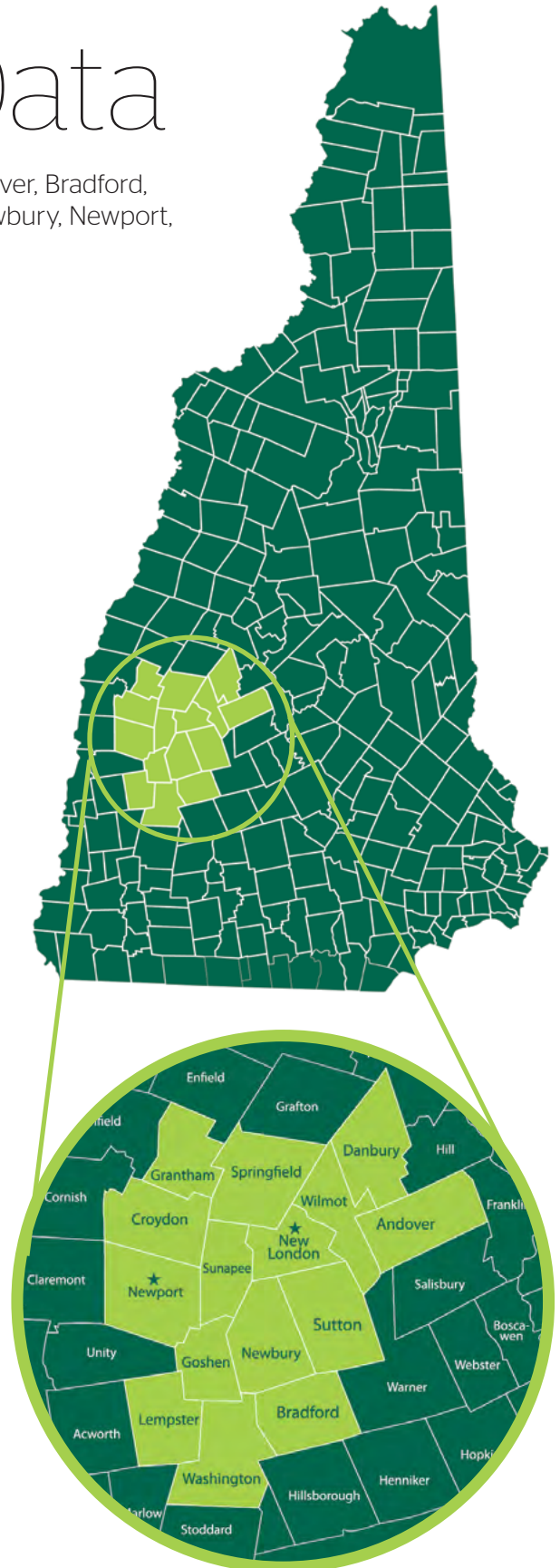
New London Hospital Association, Inc. (NLHA) includes two physical locations: NLH in New London, NH and separately Newport Health Center (NHC) in Newport, NH. Between these two physical locations, these communities make up the primary service area: Andover, Bradford, Croydon, Danbury, Goshen, Grantham, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Washington and Wilmot.



New London Hospital Service Area Data

Service area population and demographics for municipalities: Andover, Bradford, Croydon, Danbury, Goshen, Grantham, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Washington and Wilmot.

| Municipality | 2022 Population Estimate | Median Age | % 18 years & Under | % 65+ |
|-------------------------------|--------------------------|------------|--------------------|------------|
| Andover | 2,151 | 46 | 16% | 28% |
| Bradford | 1,565 | 47 | 22% | 23% |
| Croydon | 796 | 51 | 18% | 26% |
| Danbury | 1,491 | 49 | 19% | 21% |
| Goshen | 1,077 | 51 | 12% | 28% |
| Grantham | 3,394 | 52 | 22% | 26% |
| Lempster | 957 | 43 | 24% | 20% |
| New London | 4,389 | 52 | 12% | 36% |
| Newbury | 1,911 | 49 | 20% | 21% |
| Newport | 6,347 | 45 | 12% | 18% |
| Springfield | 939 | 52 | 13% | 18% |
| Sunapee | 3,377 | 53 | 12% | 26% |
| Sutton | 2,254 | 47 | 19% | 20% |
| Washington | 1,042 | 56 | 11% | 30% |
| Wilmot | 1,502 | 47 | 18% | 20% |
| Total NLH Service Area | 33,192 | 49 | 16% | 24% |
| New Hampshire | 1,379,610 | 43 | 19% | 19% |



New London Hospital Demographic Data

Chart 1 compares and contrasts median household income data. Chart 2 is the % under the federal poverty level (FPL).

Median Household Income

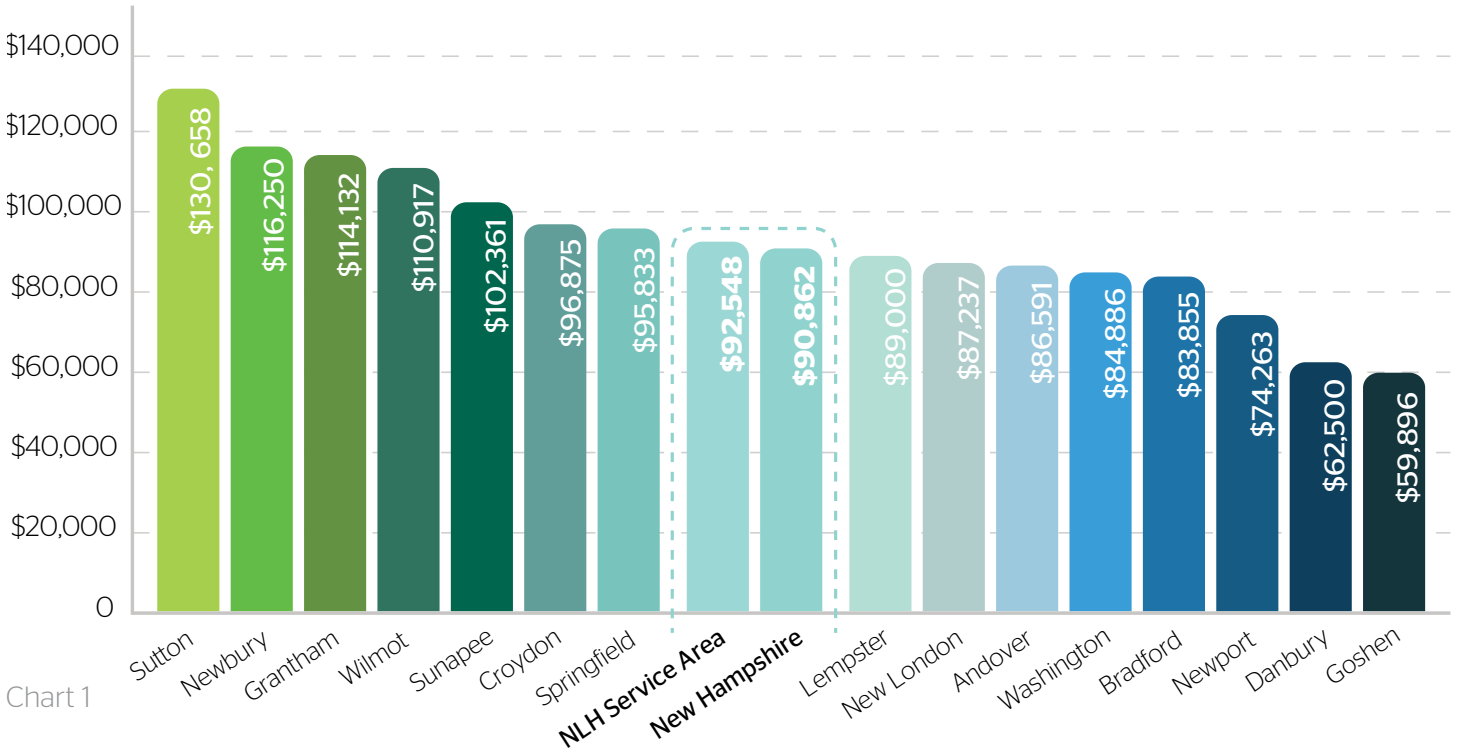


Chart 1

% of Town Population under the Federal Poverty Level

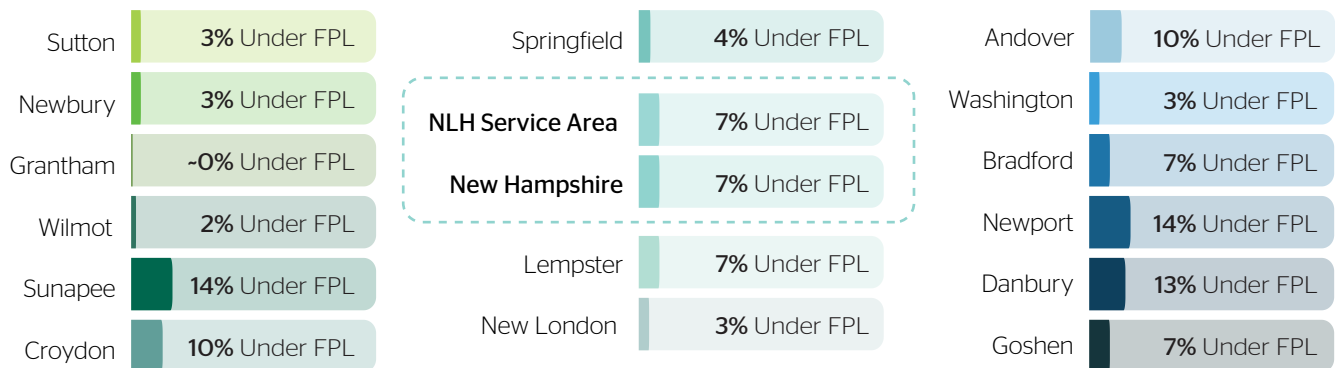


Chart 2

NLH Demographic Data

Population of single parents¹ and people with disabilities²

By municipality listed % of household headed by single parents, and % of the town population with a disability. Disability is defined as hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.²



Andover

26% of households with children in Andover are headed by **single parents**.

11% of the population has a **disability**.



Bradford

38% of households with children in Bradford are headed by **single parents**.

8% of the population has a **disability**.



Croydon

41% of households with children in Croydon are headed by **single parents**.

13% of the population has a **disability**.



Danbury

35% of households with children in Danbury are headed by **single parents**.

15% of the population has a **disability**.



Goshen

6% of households with children in Goshen are headed by **single parents**.

23% of the population has a **disability**.



Grantham

22% of households with children in Grantham are headed by **single parents**.

9% of the population has a **disability**.



Lempster

45% of households with children in Lempster are headed by **single parents**.

9% of the population has a **disability**.



New London

3% of households with children in New London are headed by **single parents**.

12% of the population has a **disability**.



Newbury

4% of households with children in Newbury are headed by **single parents**.

9% of the population has a **disability**.



Newport

34% of households with children in Newport are headed by **single parents**.

16% of the population has a **disability**.



Springfield

48% of households with children in Springfield are headed by **single parents**.

6% of the population has a **disability**.



Sunapee

25% of households with children in Sunapee are headed by **single parents**.

14% of the population has a **disability**.



Sutton

7% of households with children in Sutton are headed by **single parents**.

9% of the population has a **disability**.



Washington

35% of households with children in Washington are headed by **single parents**.

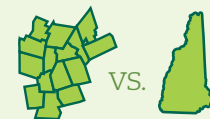
12% of the population has a **disability**.



Wilmot

29% of households with children in Wilmot are headed by **single parents**.

7% of the population has a **disability**.



NLH Area vs. NH

24% of households with children in this area are headed by **single parents**, vs. **12%** in all of NH.

12% of the population has a **disability**, vs. **13%** in all of NH.

¹ U.S. Census. American Community Survey (ACS). Subject Definitions. URL: <https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html>. Last reviewed: 5/15/2024. Last Accessed: 10/10/24.

² U.S. Census. American Community Survey (ACS). How Disability Data are Collected from The American Community Survey. URL: <https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html> Last accessed: 10/10/2024

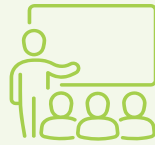
CHNA Survey Outreach

Community Health Needs Assessment (CHNA) Reach



14 Libraries

Survey tables set up at 14 libraries across the region.



4 Events

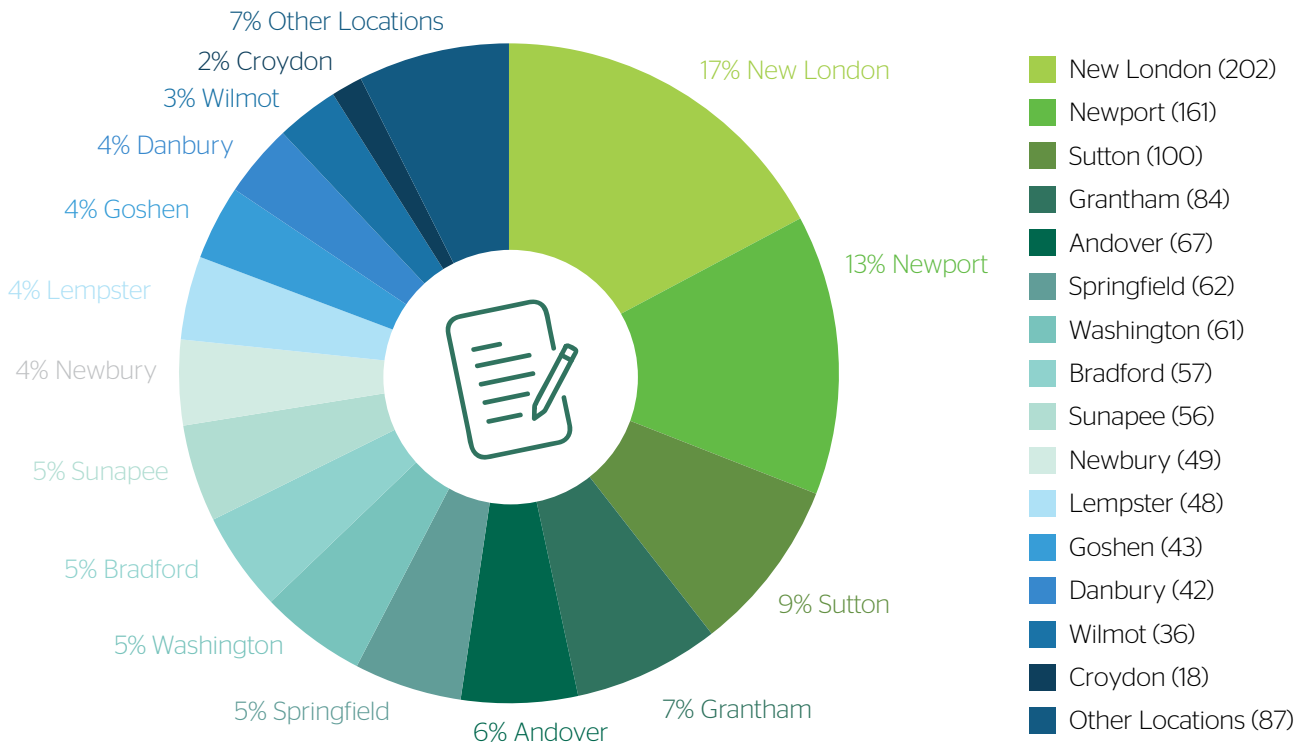
Four in person Events held for the community.



1352 Surveyed

1352 people reached across the NLH region.

CHNA Survey Respondents by Town



2024 CHIP Guiding Principles

NLH Community Health Improvement Plan (CHIP) Guiding Principles

Diversity, Equity, Inclusion, and Belonging (DEIB) Statement

New London Hospital (NLH) shares the mission statement of Dartmouth Health on the commitment to DEIB: At Dartmouth Health, we believe that the diversity of our patients, people, and community shows a strength we support and celebrate.

We are committed to creating a welcoming and inclusive environment for everyone to thrive, honoring all within our organization and the communities we serve.

Our belief is simple and actionable: Dartmouth Health is better when we embrace each other with open hearts and minds, confront our biases, and take a stand for equity and inclusion.

Healthcare Anchor Network (HAN) Principles

Dartmouth Health is a founding member of the Healthcare Anchor Network (HAN)¹. The HAN framework recognizes the important and powerful influence that hospital systems have in their community as it relates to the Social Drivers/Determinants of Health (SDoH)². As such, the HAN provides a framework for hospitals to develop policies to catalyze that power for social change with a specific emphasis on health equity for vulnerable populations.

HAN network mission pillars include: hiring, purchasing, investing, policy/advocacy, community giving, real estate/building for impact and volunteering³.

As a Dartmouth Health System member, NLH supports the use of these aspirational principles for our Community Health work. Specifically, where it is appropriate and reasonable to do so we target our support in areas where there is the potential for the most impact.



¹ Healthcare Anchor Network (HAN). About the Healthcare Anchor Network. Website: Healthcare Anchor Network - a growing national collaboration of 65 leading healthcare systems building more inclusive and sustainable local economies Last accessed: 7/8/2024.

² National Association of Community Health Centers (NACHC). Social Drivers vs. Social Determinants: Using Clear Terms. Website: Social Drivers vs. Social Determinants: Using Clear Terms - NACHC Last accessed: 7/8/2024.

³ Healthcare Anchor Network (HAN). HAN Mission Pillars. Website: Anchor Mission Pillars (healthcareanchor.network) Last accessed: 7/8/2024.

New London Hospital: Mission, Vision, Values

OUR MISSION

To continually improve the wellbeing of individuals in our region by providing high-quality healthcare to our communities.

OUR VISION

We will be the regional leader in delivering excellence in community health, patient experience and quality outcomes as part of a world-class health system.

OUR VALUES



EXCELLENCE

We deliver high-quality, customer-focused care to all we serve.



COMPASSION

We provide person-centered care and treat patients and family members with respect, sensitivity and empathy.



ACCOUNTABILITY

Each of us is responsible for our actions. We are committed to delivering value through responsible stewardship of our financial and human resources.



COLLABORATION

We value the contributions of all patients, staff, families and community partners as catalysts for health improvement in our region.

CHIP Advisory Council Members

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Lauren A.G. Wirth, MD

President & Chief Executive Officer (CEO)
New London Hospital Association, Inc. (NLHA)

Development Process & Timeline

2024 Community Health Improvement Plan (CHIP) Development Process & Timeline

The CHIP development took place in late summer and early fall 2024. The process included a multi-scale engagement strategy including presenting the CHNA results to the NLH community for feedback, NLH leadership review, as well as the creation of a NLH CHIP Advisory Council to oversee the effort.

1

July 2024 - NLH Community Conversations

NLH hosted 14 NLH Community Conversations to review the NLH CHNA with members of our community. The events were designed to provide an overview of the results of the CHNA and to solicit feedback on meaningful interventions for the issues identified in the CHNA. These ideas were presented to the NLH CHIP Advisory Council for consideration.

Our outreach includes events in these towns: Andover, Bradford, Croydon, Danbury, Goshen, Grantham, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Washington, Wilmot. Grantham and Croydon share a library so they have a single event, and Lempster did not host an event due to the size of the library (no running water or parking). Participation at the Washington library event included Lempster (the adjacent town). The 14 events in each of our communities were held during July 2024.

2

August 2024 - NLH Leadership Review

Community Health consulted with President & Chief Executive Officer (CEO) Dr. Lauren Geddes Wirth, Kathleen Kennedy (Sr. Dir of Community Partnerships and Engagement), Matt Whitcomb (Sr. Dir. Of Ambulatory Care Services) and received guidance and input on the CHIP draft.

3

Summer/Fall 2024 - NLH CHIP Advisory Council

The NLH CHIP Advisory Council assisted in the development of the strategy of the CHIP by reviewing drafts and providing input on the direction of the work. Each member of the council was provided time to review the content as well as approve the final draft.

4

August 2024 - Dartmouth Health System Partners

Dartmouth Health System partners were sent the NLH CHIP for review and feedback.

5

October 2024 - NLH Board of Trustees Meeting and Vote

On October 24, 2024 the NLH Board of Trustees met to review and approve the 2024 NLH CHIP.

6

Winter 2024 - 2025 - NLH CHIP Community Conversations

The NLH CHIP has been approved by the NLH Board of Trustees, Community Health will work with NLH CHIP Advisory Council, community partners, and the NLH Communications team to develop a NLH CHIP Community Conversations program.



2024 New London Hospital CHIP Priorities

The Community Health Improvement Plan (CHIP) is a regulatory compliance document that is designed to reflect a responsiveness to the community needs identified in the Community Health Needs Assessment (CHNA). The 2024 CHNA listed these seven areas as the community health priorities.



Availability of primary care and medical sub-specialty services;



Cost of health care services including medications, affordability of health insurance;



Social drivers of health and well-being such as housing affordability, access to healthy foods and affordable, dependable child care;



Availability of mental health services;



Services for older adults including transportation, opportunities for social interaction, and supports for aging in place;



Health and human service workforce shortages and challenges navigating the health care system;



Availability and affordability of dental care services.

2024 CHIP Priorities

Introducing S.E.E.D.

Given the cyclical nature of the Community Health Needs Assessment (CHNA), this Community Health Improvement Plan (CHIP) will focus on strengthening interventions on persistent themes (e.g. healthcare affordability and availability) across cycles that remain a priority area and evaluating additional programming for new and emerging themes (e.g. provider cultural awareness). To achieve these goals, the CHIP will utilize a combination of these four strategies:



Strengthening existing NLH efforts that seek to improve healthcare availability and affordability. This includes access to affordable medications as well as mental and dental health care.



Evaluate and engage partnerships for impact with a specific focus on special populations identified in the 2024 CHNA: seniors, LGBTQIA+, veterans, youth, and indigenous populations.



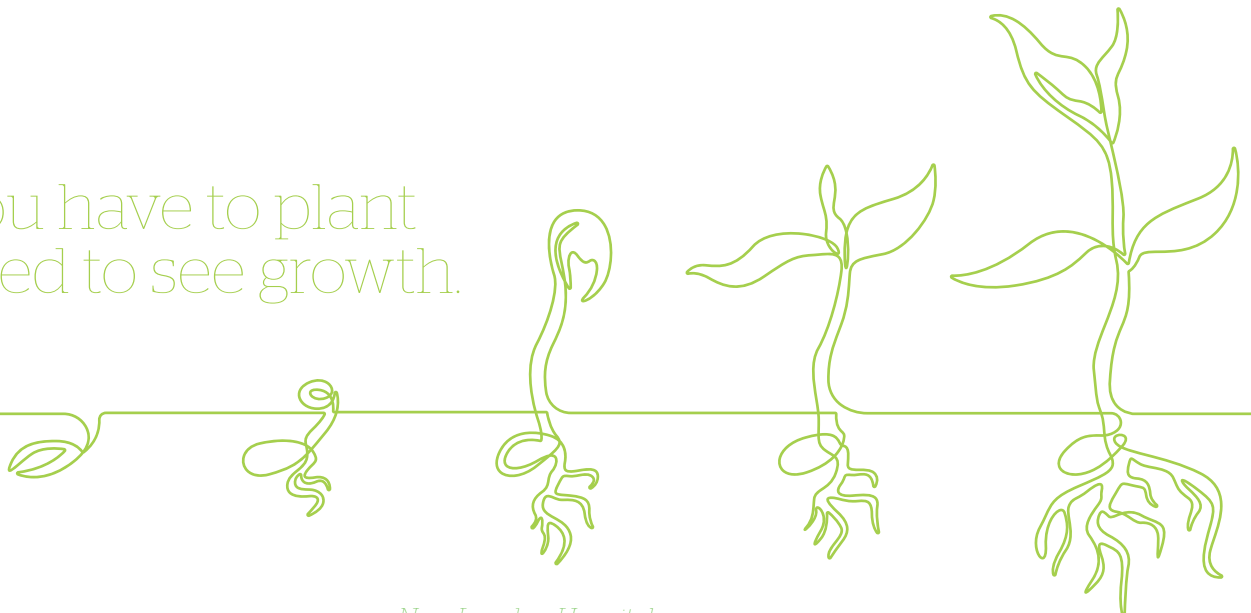
Engage in community health programming that seeks to address social determinants of health (SDoH) factors influencing our service area.



Develop a health literacy plan that will expand on the communities understanding of health resources in our service area.

The CHIP categorizes issue areas by AIM including 1) access to healthcare, 2) connect public health programs in the community, and 3) address social determinants of health (SDoH). A full list of NLH programs organized by CHIP AIMS are listed on the next page.

You have to plant
a seed to see growth.





AIM 1

Strengthen Access to Healthcare

“Access to care” is a phrase that is often used interchangeably to mean five different concepts:¹ **Affordability** (both the cost of the service as well as out of pocket costs), **Availability** (length of time to receive an appointment), **Accessibility** (location), **Accommodation** (patient preferences in care) and/or **Acceptability** (bias free treatment).

In the 2024 NLH CHNA, access to healthcare remains a persistent theme with many reporting that the ability to receive services due to availability, affordability and acceptability are worse than they were in 2021. For this reason, these issues areas are listed as priority “health care access” AIM for the NLH 2024 CHNA:



Provider Availability + Affordability

Provider Availability/Affordability [ex. Time to appointment, out of pocket costs]



Increase Medical Access + Affordability

Strategy:

Monitor number of Primary Care Providers (PCP) in NLH and NHC

Continue to provide direct financial counseling for patients requesting financial assistance

Continue Healthcare Marketplace Navigator Program to assist with Medicaid Enrollment

Sustain the Tiger Treatment Center at Newport Middle School

Sustain the Transitional Care Nurses Program

Sustain the Care Management Program

Launch Mobile Integrated Health (MIH) Program through Emergency Services Department.

Support the Community Nursing Program

Outcomes:

Optimizing the PCP panel which is the total number of patients that an individual PCP is responsible for managing

Total number of patients counseled and that utilize services

36 visits (1 per month for three years)

Number of students served

Number of patients served

Number of patients served

Number of patients served

Provide administrative support to towns interested in developing the program

¹ Durkin, James. The Five A's of Healthcare Accessibility. Website: The Five A's of Healthcare Accessibility | James Durkin | Healthcare Last accessed: July 9, 2024.



AIM 1

Strengthen Access to Healthcare

Medication

Medication Affordability

[e.g. Out of pocket costs]

Strategy:

Continue Medication bridge; Medication Bridge is a financial program to counsel patients who may be unable to pay for their medications

Outcomes:

Number of patient referrals



Track Medication Referrals

Cultural Awareness

Provider Cultural Awareness Acceptability

[e.g. bias in special population care delivery]

Strategy:

Develop Clinical Education on Health Equity for clinical staff

Outcomes:

Provider participation



Education on Health Equity

Dental Care

Dental Care Availability/Affordability

[e.g. routine care, emergency care, time to appointment, location of appointment]

Strategy:

Continue to host the Mobile Medicaid Dental Clinic in Newport

Explore expanding the NH DHHS Mobile Medicaid Dental Clinic to children and seniors

Outcomes:

36 visits (1 per month for three years)

Explore program expansion with partners



Host the Mobile Medicaid Dental Clinic



AIM 1

Strengthen Access to Healthcare

Mental Health Availability + Affordability

Mental Health Availability/Affordability)

[e.g. time to appointment, cost of appointment including out of pocket costs, insufficient insurance]



Increase Mental Health Access and Affordability

Strategy:

Continuing Education For mental health awareness. (NLH Medical & Non-Medical staff)

Sustain partnerships and coalition meetings with organizations in our region including, but not limited to: TLC Rainbow Roundtable, NH Queer Consortium, Youth Can, Granite Hope Veteran Coalition, DH system partnerships with the Gunlock and Suicide Prevention team meetings

Outcomes:

Curate programming for medical providers for continual learning (formal and informal)

Continued Partnerships





AIM 2

Connect Public Health Programs in the Community

NLH Community Health will increase their presence into the 15 town service area both by in-person events as well as virtual events coordinated with community partners and on the areas of public health that the 2024 CHNA identified below:

Prevention Measures

Prevention [e.g. Screening, Educational]



Support prevention with screenings and local programs

Strategy:

Meet Adult Screening benchmarks

Continue to partner/co-host Point of Distribution (POD) for vaccines

Support the Community Nursing Program

Outcomes:

Meet Quality metrics for the Adult screener for chronic conditions including diabetes, heart disease and cancer

Number of patients served

Support towns interested in developing the program



AIM 2

Connect Public Health Programs in the Community

Aid for the Aging

Aging

[e.g. Falls Prevention, Home Assessment, Social Isolation]



Fall prevention & local programs

Strategy:

Provide funding support for Kearsarge Council on Aging for Falls Prevention Program

Starting the Mobile Integrated Health (MIH) Program

Engage Lake Sunapee Visiting Nurse Association (LSVNA) and NH/VT Visiting Nurse and Hospice, a Dartmouth Health system member

Outcomes:

Amount of funding, increased fall awareness, falls prevented

If program is successfully launched in 2024, number of patients served

Partner with Lake Sunapee Visiting Nurse Association (LSVNA,) and NH/VT Visiting Nurse and Hospice, a Dartmouth Health system member

Substance Misuse

Substance Misuse

[e.g. Educational programs, Psycho-Social Community Supports, SDoH]



Address substance misuse in the NLH Area

Strategy:

Host two Drug Take Back Events in the Spring and Fall

Deterra bags for deactivating medications to be disposed in regular trash

Provide Substance Misuse Resource Material To community members

Provide Youth Vaping information to youth and parents

Outcomes:

Two events a year coordinated with NLH Pharmacy, local Police and Sheriff departments

Provide Deterra bags to community members

Maintain up-to-date brochures, media and material in the clinic

Number of up to date brochures, media and material in the clinic



AIM 2

Connect Public Health Programs in the Community

Health Literacy

Health Literacy

[e.g. in person programs in the community on health services available as well as condition specific]



Design health literacy materials for the community

Strategy:

Increase awareness of Primary Care Provider (PCP) availability through communications strategy

Curate a list of public health topics of interest from NLH libraries and prepare resources for the librarians to provide in the community

Outcomes:

Improve survey responses to indicate access to healthcare services are “better” than 2024

Establish a routine program sharing process with the librarians on public health topics of interest

Loneliness and Social Isolation

Loneliness and Social Isolation

[e.g. creating opportunities for patients and community members to interact]



Work with local organizations to help prevent loneliness

Strategy:

Sustain partnerships and coalition meetings with organizations in our region including, but not limited to: TLC Rainbow Roundtable, Kearsarge Neighborhood Partnership (KNP) Kearsarge Community Network, Granite Hope Veteran Coalition

Outcomes:

Sustain partnerships and coalition meetings



AIM 3

Address Social Determinants of Health

Through a combination of partnership building and direct investment, **NLH will continue to address social issues facing our communities.**

For all areas of the Social Determinants of Health (SDoH) NLH has provided two full time Community Health Workers (CHW) to support patients in addressing SDoH needs covering themes listed below.



Affordable Food

[e.g. increasing the number of patients served through the Mobile Farm Stand, connecting resources to patients who screen food insecure]



Improve Food Access

Affordable Food

Strategy:

Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports

Expand the Mobile Farm Stand Program

Sustain the Little Free Pantries (NLH Locations)

Sustain the emergency food cards and bags for patients screening food insecure

Sustain partnerships and coalition meetings with organizations in our region including, but not limited to: NH Hunger Solutions, Dartmouth Health Food Champions, Kearsarge Neighborhood Partnership (KNP)

Outcomes:

Maintain CHW at NLH and NHC

Support the Mobile Farm Stand program (2025, 2026, 2027)

Support the Little Free Pantries year round, stand up the Little Free Pantry at NHC

Pediatric and women's health grocery cards and/or food bags for urgent food needs

Sustain partnerships



AIM 3

Address Social Determinants of Health

Available + Affordable Housing

Available/Affordable Housing

[e.g. partnerships with agencies addressing housing crisis]



Help address Housing crisis

Strategy:

Community Health Workers (CHW) work with patients experiencing housing challenges with community resources

Expand housing partnerships

Outcomes:

Community Health Workers (CHNA) at NLH and NHC

Expand partnerships with housing organizations

Transportation

Transportation

[e.g. Community Nursing]



Help address Local issues with transportation

Strategy:

Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports

Join NH Healthcare Transportation Task Force

Outcomes:

Maintain CHW at NLH and NHC

Represent Critical Access Hospitals (CAH) on NH Healthcare Transportation Task Force

Childcare

Available/Affordable Childcare

[e.g. NLH Childcare availability/affordability review]



Explore opportunities for expanded community programming

Strategy:

ABC Childcare Program at New London Hospital

Outcomes:

Continue to provide affordable childcare



AIM 3

Address Social Determinants of Health

Improved Community Infrastructure

Improved Community Infrastructure

[e.g. transportation to and from appointments, drug take back]



Work with local organizations to improve community infrastructure

Strategy:

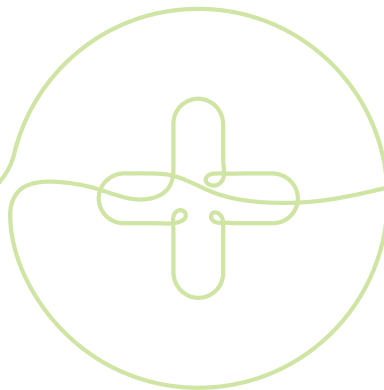
Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports

Continue community engagement strategies supporting influential community supports

Outcomes:

Maintain CHW at NLH and NHC

Kearsarge Community Network (KCN), Sunset Hill Education Institute (SHEI), Wheelchair Health In Motion (WHIM), Kearsarge Neighborhood Partners (KNP), NL and Newport Police Departments, NH Department of Health and Human Services partnerships as well as continued participation on the Dartmouth Health System member meetings





Regulatory Statement

This Community Health Improvement Plan (CHIP) meets New London Hospital Association, Inc (NLHA) regulatory obligations to address the health needs of our service area as identified in the NLH 2024 Community Health Needs Assessment (CHNA).

Contact Information

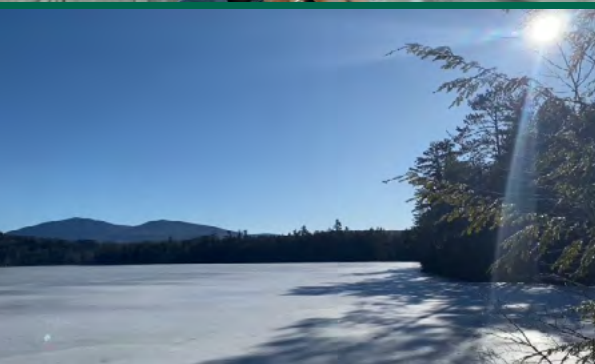
For questions related to the CHIP including requesting printed documents and community presentations please reach out to NLH Community Health.

NLH Community Health:

email: community.health@newlondonhospital.org

or visit <https://www.newlondonhospital.org/services/community-health>

Phone: 603-526-5184



2024 Community Health Improvement Plan



Dartmouth
Health

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**New London Hospital
Newport Health Center**

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