

NLH Community Health 2025 Highlights

Message from President & CEO: Lauren Geddes Wirth, MD

At New London Hospital (NLH), our mission is clear: to continually improve the well-being of individuals in our region by providing high-quality healthcare to our communities. Throughout 2025, we have strengthened this mission by expanding access to care, deepening community engagement, and addressing the social factors that shape health and wellness.

To expand healthcare access, we have focused on reducing barriers and connecting residents to the services they need. Our New London and Newport locations, along with dedicated Community Health Workers (CHW) within our primary care offices, help residents receive timely, affordable care close to home. These efforts exemplify our commitment to excellence and compassion – delivering high-quality, person-centered care to every individual we serve.

Our public health programming thrives because of meaningful collaboration with the community. We listen to residents, incorporate their input, and build programs tailored to area needs. Partnerships with clinicians, philanthropic leaders, and corporate champions demonstrate the power of collaboration and community engagement.

At the heart of our patient and community care initiatives are our CHWs, Lindsey Boisvert and Cecily Fellows, who bridge the gap between healthcare and daily life. They help residents access in-home care, counseling, Women, Infants, Children (WIC), childcare support, and housing resources – navigating complex systems and coordinating services to meet each person's unique needs. Their work exemplifies accountability, ensuring that every action we take delivers value to our communities.

Across the three aims of our 2024 Community Health Improvement Plan (CHIP) – healthcare access, public health programming, and

Serving our Rural Communities

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



Reducing Barriers

We are reducing barriers and connecting residents to the care they need – timely, affordable, and close to home.



Delivering Values

We deliver excellence, compassion, accountability, and collaboration – the values that define our care and our community.



Healthier + Stronger

Together, we are building a healthier, stronger, and more connected community where every resident has the opportunity to thrive.



Dartmouth
Health

New London Hospital
Newport Health Center

addressing social determinants of health — we fully embraced our mission, vision, and values during 2025. I would like to take the opportunity to share them with you, below:

Mission: To continually improve the well-being of individuals in our region by providing high-quality healthcare to our communities.

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

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.

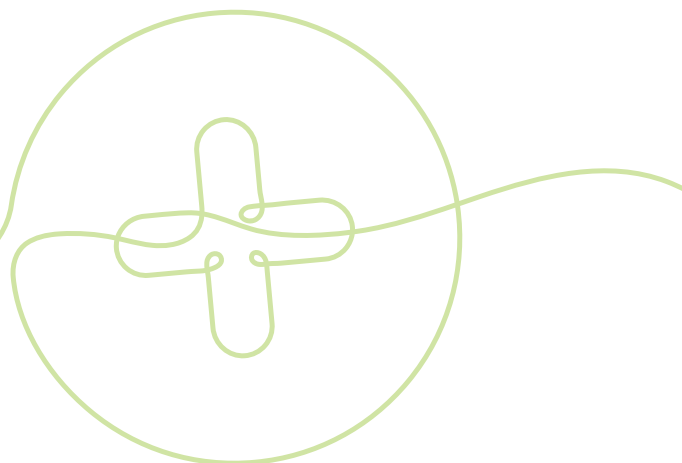
I am deeply grateful to our staff, community partners, and donors for their dedication to these principles. Together, we are not only providing care — we are building a healthier, stronger, and more connected community where every resident has the support, resources, and opportunities to thrive.

With Appreciation,

Lauren Geddes Wirth, MD
President & CEO, NLH



Lauren Geddes Wirth, MD, CEO with friends at 2025 Hospital Days.





2025 Impact Numbers

Serving our community through vital supports – including resources for **older adults, transportation, food access, financial assistance, housing, behavioral health, & more.**



1320+

Patients Screen Positive for Patient and Community Care Support

Patients fill out a Social Determinants of Health (SDoH) screener when they check in asking about questions related to social and economic needs. If a patient answers a question suggesting a need, a Community Health Worker (CHW) can assist with connecting patients with community resources.



500

Patients Referred by Primary Care Providers

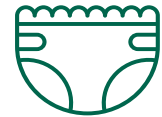


175+

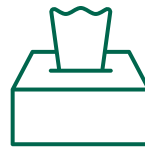
Patients served by Patient and Community Care Supports.



Approx. 500 lbs
of food provided



39,594
Diapers provided by NLH



1,531
Packages of baby
wipes provided



400
Cans of formula given to
patients and partners



1288
Tampons and
pads given



85
Emergency food bags
provided

We have seen an increase in the need of support services from 2024 to 2025

These include: application assistance, resource navigation, advocacy & support, collaboration with community partners, care coordination & more.



AIM 1: Healthcare Access

(Affordability and Accessibility)

Healthcare access is more than an open door — it's about ensuring every person in our community can receive care when they need it. Over the past year, New London Hospital (NLH) and our Newport Health Center (NHC) location have made strides toward improving the affordability and accessibility of healthcare, guided by the expertise of Matt Petrin, Senior Director of Ambulatory Services.

"This year we've seen real progress in reducing barriers to care," Petrin explains. "Accessibility is not just about the number of patients we see. It's about how quickly people can get appointments and how financial support programs help make care truly affordable."

At NLH, accessibility is tracked through scheduling efficiency, patient wait times, and patient assistance programs. These measures provide a clear picture of how well the hospital meets the needs of the community.

Tracking access, improving care

Enhanced scheduling systems have reduced wait times for same-day appointments, while financial assistance programs have supported patients facing high out-of-pocket costs.

"Even with progress, there are persistent barriers," Petrin notes. "Transportation, insurance complexities, and workforce shortages still make accessing care difficult for some residents."

Proactive outreach — including phone follow-ups, text reminders — has helped identify gaps early, preventing missed appointments and connecting residents to care before delays occur.

Looking ahead: Opportunities for growth

Local, innovative partnerships are a key part of our approach. "These collaborations could reduce costs, streamline care, and bring resources directly to the communities that need them most," says Petrin.

For example, NLH partners with the State of New Hampshire Medicaid Office and Solvere Health to bring

Mobile Medicaid Dental Clinics to Newport every six to eight weeks to provide dental care to an underserved population.

The hospital has two Community Health Workers (CHW) within primary care offices at both locations, ensuring patients can access personalized support for medical, behavioral, and social needs right where they receive care.

Additionally, NLH continues to advocate for expanded insurance coverage and flexible payment options to make care more affordable and accessible for all residents.

"Accessibility isn't just about the number of patients we see — it's about how quickly people can get appointments and how affordable that care truly is."

— Matt Petrin, Senior Director
of Ambulatory Services



Mariana Poore, NH Navigator Program, and Lindsey Boisvert, (CHW), at the December 2025 Open Enrollment table event at Newport Health Center.



AIM 2: Public Health Programming in the Community

Public health thrives when advocates and healthcare workers seek to understand all aspects of community life, without judgment. At NLH, that belief guided this year's community health programming and inspired new levels of collaboration between clinicians, community members, and philanthropic leaders.

For Stephen T. Rust, MD, a board-certified geriatrician and leader of NLH's Primary Care Senior Health and Internal Medicine team, this approach isn't just a philosophy. It's the foundation of lasting change.

"Public health programs only succeed when they truly meet people where they are in their lives," says Rust. "That means listening to residents, identifying what matters most to them, and building programs around their real needs – not just what we assume those needs are."

Community-driven initiatives that make a difference

This year, several initiatives reflected that mindset in action. One was a quality improvement project designed to enhance how advance directives – documents that record a person's healthcare wishes – are completed and integrated into medical records.

"This was an opportunity to strengthen both the clinical process and the patient experience," Rust explains. "Advance directives aren't just forms; they're conversations about dignity, choice, and respect. By improving how we support patients through that process, we're aligning care with what matters most to them."

In August 2025, Rust hosted a community discussion at the Newbury Library on "Geriatric Sleep Hygiene," highlighting sleep as a key component of wellness and healthy aging. The event brought residents, caregivers, and clinicians together in a relaxed, informative setting.



Stephen Rust, MD at the Newbury Public Library giving a talk on sleep Health in August 2025

"At NLH, public health thrives through collaboration – listening, learning, and building programs around what matters most to our community."

– Dr. Stephen Rust, NLH



Bonnie Smith, Director of Radiology presenting material at the Proctor Academy Health Fair in October 2025.

“Our public health programs thrive only when we meaningfully engage our community in both design and delivery.”

— Kathleen Kennedy,
Senior Director, Community
Partnerships and Engagement

NLH also identified a growing need for closer collaboration with home health and hospice partners, particularly to support high-quality geriatric healthcare at the hospital and to ensure seamless transitions between care settings. These partnerships are central to NLH’s vision of whole-person care that extends far beyond the hospital’s walls.

Engaging community and philanthropy in shared purpose

For NLH Sr. Director of Community Partnerships and Engagement, Kathleen Kennedy, community engagement, is about building trust that lasts.

“Our public health work is strongest when the community helps shape both how programs are designed and how they’re delivered. This year’s Annual Benefit focused on strengthening geriatric care at New London Hospital and Newport Health Center, reflecting a shared commitment with local philanthropic partners to better serve our aging community and improve the care environments they rely on.”

Building a healthier future together

Rust and Kennedy identified a common theme in NLH’s efforts this year: the community’s shared desire to age in place and remain active, connected members of the region.

“Patients and families are telling us they want to stay connected – to their homes, their neighbors, and their routines,” says Rust. “Our job is to make that possible by aligning our programs with what people value most: independence, connection, and well-being.”

Looking ahead, NLH plans to deepen its partnerships with community leaders and donors in shaping future patient and community care initiatives. Through collaboration between clinicians, community members, and philanthropists, NLH continues to demonstrate what it means to make public health truly public – rooted in trust, guided by shared purpose, and sustained by the people it serves.



AIM 3: Addressing Social Determinants of Health

At NLH, care extends far beyond our clinic walls. True wellness depends not just on medical care, but also on access to food, housing, childcare, transportation, and emotional support.

Community Health Workers (CHWs) bridge those gaps. Lindsey Boisvert (NLH) and Cecily Fellows (NHC) Help residents navigate complex systems, access resources, and gain confidence in managing their health, and this is the focus of the Care Management and Community Health Worker teams at NLH and NHC.

Fellows adds that “As a Community Health Worker in primary care, I help patients overcome barriers to care by connecting them with the resources, services, and support systems they need to stay healthy and secure. I walk alongside patients of all ages as they navigate complex health and social needs—linking them to vital services, advocating on their behalf, and ensuring they have the tools and support to thrive in their communities.”

Fellows adds, “Every interaction matters. Whether helping someone find a safe place to sleep or connecting a family with support programs, these moments build trust and stronger community connections.”

The gratitude they receive underscores the impact: “You did in one visit what I’ve been trying to do for over a year. No one has been able to help me like this,” a patient shared.

Each interaction is more than a referral—it’s a relationship, a moment of hope, and often the first step toward stability.

Overcoming barriers through collaboration and advocacy

While the successes are inspiring, the path to connecting people with resources isn’t always easy. Boisvert and Fellows describe a landscape where systems are often “clunky” and difficult to navigate, particularly for residents without reliable internet access, transportation, or familiarity with online benefit portals.

“The Kearsarge area can be a bit of a resource desert,” Boisvert explains. “Helping folks connect to services in person can be a challenge when transportation is a factor.”



Women, Infants and Children (WIC) Program and Diaper Bank.



Little Free Pantry (LFP) supplies at Newport Health Center.

Many programs exist, but they're hard to access — and patients trying to do it alone can get lost in the process.”

“We work to bring multiple agencies together to support patients collaboratively, rather than duplicating or overlapping efforts,” Fellows adds. “Knowing how to navigate the systems and make connections is a critical part of what we do.”

To bridge these gaps, they have developed strong relationships with regional organizations, agencies, and service providers. These connections allow CHWs to help patients apply for benefits, access essential services, and coordinate multiple supports in a seamless and sustainable way.

An important example of this coordination is with transitional care nurses. The transitional care nurses at New London Hospital and Newport Health Center help patients safely move between healthcare settings, such as from hospital to home, rehabilitation, or long-term care, ensuring continuity and quality of care. They act as a bridge during vulnerable periods of transition by coordinating care plans with physicians, families, and multidisciplinary teams, making sure patients understand their medications, follow-up appointments, and self-care instructions. Their role is to reduce hospital readmissions, prevent complications, and ease patient anxiety by providing education, monitoring recovery, and maintaining communication across providers.

Fundraising and community support

From a fundraising perspective, Kathleen Kennedy emphasizes that CHWs are a critical link between the hospital and the community. A recent example is Hospital Days, which raised funds for essentials like food, diapers, and clothing. Donors' generosity allows CHWs to distribute these resources directly, making a tangible difference and reinforcing trust.

What success looks like

Sustainable funding ensures CHWs have the tools, training, and resources needed to address social determinants of health effectively. “Success looks like stronger community partnerships, measurable reductions in health inequities, and empowered individuals experiencing improved quality of life,” Kennedy adds.

For Boisvert, Fellows, and the broader NLH team, success is measured not only by numbers but by stories of stability, empowerment, and connection: older adults safely aging in place, parents supported after birth, and children accessing care when needed.

“Our work is about being the bridge between the healthcare system and the social or community supports our patients need.”

Through the leadership of CHWs, NLH and NHC continue to connect care with compassion, systems with people, and health with the everyday realities of life in our community.

“When someone feels seen and supported, they're more likely to engage in their healthcare and improve their quality of life. That's how lasting change happens.”



Deb Wood, Care Experience and Patient Family Advisory Council (PFAC) member, NHC, preparing diapers for the NHC Diaper Bank.

CHIP Advisory Council Members

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Program Manager, Community Health

Karen Beinhaur, MSN/Ed, MBA, RN, CEN, NEA-BC

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President & Chief Executive Officer (CEO)

Acknowledgements

We extend our heartfelt thanks to the patients, families, and community members who entrust NLH with their care and partner with us to improve health in our region. Your voices, insights, and engagement guide our programs, inspire our staff, and make our mission possible. We are grateful for your trust, collaboration, and support as we continue working together to build a healthier, stronger community.

For questions related to the 2025 Community Health Year End Highlight, including requesting printed documents and community presentations, please reach out to NLH Community Health.

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