Mass General Brigham
Wentworth-Douglass Hospital

2025

Community Health Implementation Plan

Mass General Brigham
Wentworth-Douglass Hospital

Community Health Implementation Strategy 2025

Contents

Executive Summary

I. Introduction

- Wentworth-Douglass Hospital (WDH or the hospital) has a proud tradition of serving our community and providing significant resources towards community benefit and community health improvement activities. Over the next three years (2026-2028), the hospital plans to continue this commitment as we strive to better serve our community.
- This Community Health Implementation Strategy (CHIS) is a road map to address community-identified public health challenges identified through the hospital's Community Health Needs Assessment (CHNA). It identifies significant community health needs the hospital plans to address through various strategic initiatives; outlines actions the hospital intends to take, including programs and resources it plans to commit; identifies planned collaborations between the hospital and other organizations; and describes the anticipated impact of these actions.
- WDH reserves the right to amend this CHIS as circumstances warrant. Certain community health needs may become more pronounced during the next three years and merit enhancements to the described strategic initiatives. Alternatively, other organizations may decide to increase resources devoted to addressing one or more of the significant community health needs and as a result the hospital may amend its strategies and focus on other identified needs.

II. Reference to CHNA

- This document describes how WDH plans to address significant health needs found in the CHNA published by the hospital on September 30, 2025. The full report is available at www.wdhospital.org/wdh/about-wdh/giving-back.
- The 2025 CHNA and CHIS were undertaken by the hospital to assess and address significant community health needs and in accordance with Internal Revenue Service (IRS) regulations in Section 501(r) of the Internal Revenue Code.

III. About Wentworth-Douglass Hospital

- Wentworth-Douglass Hospital is a nationally recognized, not-for-profit charitable health care organization located in Dover, New Hampshire. WDH has served the surrounding communities with compassionate care and innovation since 1906.
- Wentworth-Douglass includes 400 providers, more than 500 nurses, 3,500 employees, and 200 volunteers dedicated to the health, safety, and well-being of residents and visitors to the Seacoast area of New Hampshire and Southern Maine. Wentworth-Douglass includes a 178-bed Magnet® Recognized hospital, urgent care and walk-in care facilities, primary and specialty care practices, multiple testing centers, as well as The Works Health and Fitness Center and the Wentworth-Douglass Foundation. In 2017, WDH joined the Massachusetts General Hospital family and Mass General Brigham system.
- Additional information on the hospital and its services is available at www.wdhospital.org/wdh.

IV. Definition of Community Served

- For the purposes of this report, WDH's community is defined as 26 ZIP Codes representing 24 towns across Rockingham, Strafford, and Carroll counties in New Hampshire and York County in Maine. The 24 towns are Barrington (NH), Berwick (ME), Brookfield (NH), Dover (NH), Durham (NH), Eliot (ME), Farmington (NH), Kittery (ME), Kittery Point (ME), Lebanon (ME), Lee (NH), Madbury (NH), Middleton (NH), Milton (NH), Milton Mills (NH), Newington / Portsmouth (NH), Newmarket (NH), North Berwick (ME), Nottingham (NH), Rochester (NH), Rollinsford (NH), Somersworth (NH), South Berwick (ME), and Wakefield (NH).

V. Summary of Significant Community Health Needs

- The 2025 CHNA revealed the following significant health needs in the hospital's service area (in alphabetical order):
    1. Access to Care and Services
    2. Chronic Disease
    3. Mental Health
    4. Nutrition, Physical Inactivity, and Obesity
    5. Social Determinants of Health
    6. Substance Use Disorders

VI. Primary Focus

- The primary focus of this Implementation Strategy is to improve health outcomes in the communities served by the hospital. This includes aspects of both physical and mental health. It includes addressing health care disparities and supporting community and Mass General Brigham system initiatives designed to improve health outcomes and increase access to healthcare services. It also includes supporting mutually identified goals and strategies in alignment and partnership with the Strafford County Public Health Network.

VII. Planning Process and Methodology

- To develop this Implementation Strategy, the hospital reviewed the CHNA findings and applied the following criteria to determine the most appropriate needs for Wentworth-Douglass Hospital to address:
    - The extent to which the hospital has resources and competencies to address the need;
    - The impact that the hospital could have on the need;
    - The frequency with which stakeholders identified the need as a significant health priority; and
    - The extent of community support for the hospital to address the issue and potential for partnerships to address the issue.
- By applying these criteria, the hospital determined that it would address all of the significant community health needs identified in the CHNA.

Access to Care and Services

I. Explanation of Community Need Being Addressed

- The ratio of population to primary care providers and dentists are higher for Strafford County as compared to New Hampshire overall. This indicates a significant need for investment in primary care services and oral health services to improve access and reduce barriers to care. Access to primary, specialty, maternal care, long-term care, and supportive care services were identified by interview participants as challenging for all community residents, especially Medicaid enrollees, individuals without insurance, and residents with elevated health-related social needs, notably transportation needs. Additionally, financial barriers to care frequently impact care delivery and patients' ability to access services.

II. Goal(s) for Addressing Need(s)

- Ensure access to necessary health care services.

a. Specific Objective(s) to Achieve the Goal(s)

- Increase the capacity of primary care services through hiring additional providers and improving patient navigation resources.
- Increase the capacity of specialty care providers through hiring additional providers and improving patient navigation resources.
- Increase access to oral health care providers.
- Increase the capacity of maternal and infant health services, including labor and delivery services.
- Increase the capacity of long-term services and supports.
- Reduce financial barriers to care.

b. Strategies and Tactics

- Increase the capacity in MGB Medical Group (North Region) primary and specialty care practices.
    - Expand access to primary and specialty care providers through additional recruitment and/or new service locations.
    - Continue to streamline and enhance the provider recruitment process.
    - Implement new staffing strategies to improve and maintain provider support (partnering with community colleges, on the job educational opportunities, etc.).
- Reduce barriers to care through increased navigation and innovative solutions to improve access.
    - Maintain service offerings for timely access to health care, including walk-in, urgent care and/or telehealth services.
    - Maintain and/or expand patient navigation services.
    - Optimize provider capacity to ensure access for patients without primary care providers (PC Connect program).

    - Maintain and/or expand access improvement activities (panel management, FastPass, Virtual Clinic Support).
- Expand emergency services to address increased patient acuity and emergency care needs.
    - Open a free-standing emergency department in Rochester, NH to increase access to emergency and walk-in care.
    - Explore the creation of a mobile integrated health program and/or pre-hospital educational partnership with emergency medical services.
- Increase the capacity of maternal and infant health services, including labor and delivery services.
    - Expand access to maternal and infant health services through additional recruitment and/or new service locations.
    - Open a second dedicated operating room for cesarean-sections to support safe delivery of obstetrical care.
    - Explore expansion of pediatric and newborn care services.
- Build organizational capacity to increase access to long-term services and supports through internal programs and/or partnering with community organizations.
    - Maintain supportive and palliative care services and expand partnerships with specialty clinics, such as congestive heart failure.
    - Redesign and expand care management services.
    - Maintain and/or expand home care and Hospital at Home services.
    - Provide educational offerings for patients related to advanced care planning.
    - Offer educational programming for staff to improve understanding of advanced care planning needs and available resources.
- Advocate for policies that support access to long-term services and supports.
    - Educate state and regional policy makers about the demand for skilled nursing, long-term care, and hospice services.
- Maintain financial assistance services and reduce barriers to care.
    - Provide financial assistance to individuals and families receiving services from Wentworth-Douglass Hospital and the MGB Medical Group (North Region).
    - Maintain participation in Medicaid, although payments for services provided to Medicaid patients are traditionally less than the cost to provide these services.
    - Provide Marketplace and Medicaid (New Hampshire and Maine) enrollment assistance and educational resources to increase awareness of these programs.
    - Develop and implement educational offerings related to general insurance literacy, Medicare enrollment, and financial resource availability.

        - Advocate for increased support of New Hampshire's Medicaid program.
    - Build organizational capacity to increase access to oral health services through internal programs and/or partnering with community organizations.
        - Maintain support for the Wentworth Community Dental Center.
        - Provide educational offerings related to dental health.
        - Increase oral health provider coverage through the addition of one or more dentist(s) and the addition of one or more hygienist(s).
        - Explore potential opportunities for collaboration with one or more dental school(s) or community programs to increase access locally.

c. Community Collaborations

- MGB Medical Group (North Region)/Wentworth Health Partners
- Mass General Brigham
- Wentworth Community Dental Center
- Wentworth-Douglass Foundation
- New Hampshire Hospital Association
- Strafford County Public Health Network
- Greater Seacoast Community Health
- Meduit
- ServiceLink
- Local area hospitals, home care, hospice, and skilled nursing facilities as appropriate
- Local schools and colleges as appropriate
- Other community organizations as appropriate

Chronic Disease

I. Explanation of Community Need Being Addressed

- Data show that cancer, asthma, diabetes, cardiometabolic disease, and other chronic diseases contribute to mortality in the community and impact quality of life. Strafford, Rockingham, and York County residents report experiencing higher percentages of certain chronic diseases. Increased prevalence and severity of chronic disease due to delayed care associated with access issues was identified by interview participants as currently problematic and projected to worsen.

II. Goal(s) for Addressing Need(s)

- Improve health outcomes for those with chronic disease.

a. Specific Objective(s) to Achieve the Goal(s)

- Ensure patients with chronic diseases receive access to coordinated health and support services, assistance with social determinants, and other resources, to better manage their disease.
- Increase prevention and educational activities to improve health outcomes.

b. Strategies and Tactics

- Implement programs to support the health of patients with chronic disease.
    - Maintain and/or expand the Patient & Family Learning Center, including health coaching services.
    - Maintain support groups for patients with chronic diseases, such as diabetes.
    - Offer educational resources pertaining to chronic disease management, such as newsletters, articles, and educational sessions.
    - Maintain targeted risk clinics in the Mass General Cancer Center.
    - Maintain access to ambulatory pharmacy services to optimize medication therapy management in patients with chronic disease (including but not limited to financial barriers, patient education, medication adherence, etc.).
    - Address tobacco and vaping cessation through the Patient and Family Learning Center and expanded participation in QuitWorks-NH.
    - Offer educational programming and outreach focused on the risks of tobacco use (including vaping use).
    - Maintain and/or expand physical activity programs at The Works Family Health and Fitness Center designed to support those with chronic disease (Parkinson's Program; Osteoporosis Prevention Program; Cancer Recovery; cardiac rehabilitation; and WorksRx, an 8-week exercise program in which a health coach provides a safe exercise program based on medical history and contraindications).
    - Maintain wellness-focused programs for children and youth focused on chronic disease management, support, and empowerment (Camp Hotshot, Camp Meridian).
- Increase prevention and educational activities to improve health outcomes.
    - Participate in the Strafford County Public Health Advisory Council and associated community awareness and prevention activities pertaining to chronic disease and healthy living.
    - Offer educational events and risk screenings at least twice per year targeted at chronic disease awareness and prevention.
    - Offer educational events and risk screenings at least once per year targeted at cancer screening and prevention.
    - Promote mammography screenings and explore barriers to accessing care.
    - Offer free educational presentations to local non-profits through The Works Family Health and Fitness Center's Speaker's Bureau.
    - Explore implementation of vaccination clinics and enhanced vaccine awareness education to prevent disease, particularly for those at higher risk associated with chronic disease.

- Explore potential initiatives and community partnerships to address prevention activities for older adults and those with chronic disease (fall prevention, frailty programs, etc.).

Community Collaborations

- MGB Medical Group (North Region)/Wentworth Health Partners
- Wentworth-Douglass Outpatient Pharmacy
- The Works Family Health and Fitness Center
- Wentworth Homecare & Hospice
- Mass General Brigham
- New Hampshire Department of Public Health
- Community Partners
- Cornerstone VNA
- The Foundation for Healthy Communities
- Strafford County Public Health Network
- Zebra Crossings
- Sonatina Center
- Local home care agencies
- Local long term care facilities
- Local schools
- Other community organizations as appropriate

Mental Health and Substance Use Disorders

I. Explanation of Community Need Being Addressed

- Data show that Rockingham and Strafford Counties in New Hampshire and York County in Maine have a higher-than-average ratio of population to mental health providers. Additionally, approximately 45% of driving deaths in Strafford and Rockingham Counties had alcohol involvement, nearly twice the national average. Over 41% of youth in Strafford County reported feeling sad or hopeless almost every day for two weeks or more in a row, and approximately 9% percent of youth report using prescription drugs without a prescription or used differently. This indicates a significant need for investment in mental health care resources and substance use disorder treatment and prevention services to improve access and reduce barriers to care. Access to mental health and substance use disorder treatment and prevention services were identified by interview participants as areas of concern and where existing services were unavailable or unable to meet the needs of the community. In a survey of local residents, 70% of those who responded that they need mental health care indicated it was ‘very hard’ or ‘somewhat hard’ to receive or access care.

II. Goal(s) for Addressing Need(s)

- Ensure access to mental health and substance use disorder services and build equitable, accessible, respectful, and supportive communities and systems of care.

a. Specific Objective(s) to Achieve the Goal(s)

- Increase access to behavioral health resources and improve care coordination.

b. Strategies and Tactics

- Build organizational capacity to increase access to behavioral health services and supports through internal programs and reduce barriers to care.
    - Maintain and/or expand mental health services through MGB Medical Group's (North Region) integrated behavioral health practice and Great Bay Mental Health.
    - Maintain and/or expand substance use disorder treatment services through MGB Medical Group's (North Region) integrated behavioral health practice, Great Bay Mental Health, and The Doorway.
    - Maintain and/or expand outpatient substance use disorder treatment and recovery through the Doorway's medication assisted treatment program for substance use disorders.
    - Increase mental health provider coverage through the addition of one or more providers focused on behavioral health services for children, youth, and adolescents.
    - Explore partnerships or recruitment of one or more providers focused on specialty services (play-based therapy for children, cognitive behavioral therapy, and neuropsychiatry).
    - Increase mental health provider coverage through the addition of one or more provider(s) specializing in geriatric health and/or geriatric psychiatry.
    - Continue to expand programs to meet a more complex patient population with higher acuity behavioral health needs.
    - Maintain and/or expand Substance Use Resource Team (SURT) training to improve provider and clinicians' ability to care for patients with substance use disorder and reduce stigma.
    - In partnership with MGB Medical Group (North Region), develop a new care model to stabilize psychiatry patients and transfer care back to primary care providers (as appropriate) to expand access for higher acuity patients.
    - Explore adoption of the Substance Use Disorders Consultation model in partnership with Mass General Brigham.
    - Expand recovery coach accessibility for patients with substance use disorders.
    - Implement a pilot program for SBIRT (screening, brief intervention and referral to treatment) screening for problematic substance use in integrated behavioral health practices.
    - Explore partnerships and opportunities to provide community education pertaining to problematic alcohol use and the elevated risk of

fatalities or injuries associated with operating a motor vehicle under the influence of substances, including alcohol.
    - Explore opportunities to enhance care for patients with eating disorders.
- Support community coalitions and partnerships to advocate for policy, systems, and environmental changes to improve mental health and reduce stigma.
    - Explore opportunities to improve mental health in children/adolescents via community partnerships, such as collaboration with one or more local schools.
    - Participate in community-based efforts to improve access to mental health and substance use disorder treatment services, such as The Doorway.
    - Fund community grants (as appropriate) to support mental health programs.
    - Educate state and federal policy makers about mental health issues and the demand for inpatient and outpatient treatment services.
    - Offer educational programming for staff and providers to improve understanding of mental health needs and available resources.
    - As community services evolve, continue to expand programs and partnerships to meet a more complex patient population with higher acuity behavioral health needs.
    - Continue to participate in local Mental Health Alliances and support the Zero Suicides Initiative within the Dover School system.
    - Explore opportunities to expand mental health training for clinicians and community members.
- Support community coalitions and partnerships to advocate for policy, systems, and environmental changes to reduce youth and adult substance use, prevent substance use-related deaths, and reduce stigma.
    - Maintain and/or expand substance use disorder screening, counseling, referral, treatment, and prevention services through MGB Medical Group's (North Region) integrated behavioral health practice, Great Bay Mental Health, and The Doorway.
    - Participate in community-based efforts to improve access to mental health and substance use disorder treatment services, such as The Doorway, and address co-occurring disorders.
    - Fund community grants (as appropriate) to support community substance abuse prevention and treatment programs.
    - Educate state and federal policy makers, community members and other stakeholders about substance use disorders and the demand for treatment services.
    - Enhance participation in harm reduction education, programming, and activities.

- Offer educational programming for staff and providers to improve understanding of substance use disorder and available resources.
- Maintain tobacco cessation counseling services (including vaping use cessation) and participation in QuitWorks-NH. Additional detail is included under the section titled 'Chronic Disease'.
- Maintain and/or expand tobacco use screening and education in affiliated primary and specialty care offices.

c. Community Collaborations

- MGB Medical Group (North Region)/Wentworth Health Partners
- Mass General Brigham
- The Doorway
- Dover Youth 2 Youth
- Hope on Haven Hill
- SOS Recovery Community Organization
- Southeastern New Hampshire Alcohol & Drug Abuse Services
- NH Harm Reduction Coalition
- Triangle Club
- NAMI
- Seacoast Coordinated Response
- Seacoast Mental Health
- Community Partners
- Dover Mental Health Alliance
- Somersworth Mental Health Alliance
- Rochester Mental Health Alliance
- Greater Seacoast Community Health
- Strafford County Public Heath Network
- New Hampshire Hospital Association
- Local emergency medical services
- Local law enforcement agencies
- Local schools
- Other community organizations as appropriate

Nutrition, Physical Inactivity, and Obesity

I. Explanation of Community Need Being Addressed

- Diet and body weight are related to health status and chronic diseases, such as Type 2 diabetes, heart disease, stroke, and cancer. Nutritious diets that meet caloric needs, healthy body weight, and regular physical activity can improve the overall health and quality of life for individuals within the community. As identified in the CHNA, residents within the community report higher percentages of overweight status than overall U.S. residents. Additionally, many adults and youth within the community reported low levels of regular physical activity. The contribution of obesity to the prevalence of

chronic conditions, such as diabetes and heart disease, was identified by interview participants, along with the recognition that some community residents do not have the resources and skills necessary to access healthy foods.

II. Goal(s) for Addressing Need(s)

- Reduce diet-related health conditions and encourage healthy lifestyles inclusive of healthy nutrition and active living.

a. Specific Objective(s) to Achieve the Goal(s)

- Increase healthy eating habits and active living by increasing opportunities for physical activity, access to nutrition, and weight management support services.

b. Strategies and Tactics

- Support policy, system, programs, and environmental changes to increase access to affordable, healthy foods and physical activity in communities.
    - Explore opportunities to enhance nutrition, physical activity, and weight management service offerings via community partnerships, such as collaboration with one or more local schools.
    - Increase educational offerings related to nutrition and physical activity.
    - Maintain and/or expand wellness-focused programs for children and youth at The Works Family Health and Fitness Center (summer camp, after school programs, youth training academy, etc.).
    - Maintain and/or expand physical activity programs at The Works Family Health and Fitness Center (walking groups, personal and small group training, wellness programming, etc.).
    - Offer at least five free healthy cooking demonstrations annually for members of the Works Family Health and Fitness Center.
    - Maintain and/or expand nutritional counseling and dietitian services.
    - Maintain and/or expand the Patient & Family Learning Center, including health coaching services and promotion of the Diabetes Prevention Program.
    - Participate in the Strafford County Public Health Advisory Council and associated community awareness and prevention activities pertaining to obesity and physical activity.
- Increase the capacity of the Center for Weight Management and Bariatric Surgery and reduce barriers to care.
    - Maintain and/or expand weight management and bariatric surgery services.
    - Maintain My New Weigh at The Works Family Health and Fitness Center (a 12-week health coaching program with lectures on topics such as nutrition, stress management, behavior change, hormones, exercise, and more).
    - Increase educational programs and offerings related to obesity.

c. Community Collaborations

- MGB Medical Group (North Region)/Wentworth Health Partners
- The Works Family Health and Fitness Center
- The Foundation for Healthy Communities
- Strafford County Public Health Network
- Mass General Brigham
- Recreational centers/programs and youth programs
- Local senior centers and community centers
- Other community organizations as appropriate

Social Determinants of Health

I. Explanation of Community Need Being Addressed

- Social determinants of health are social, economic, physical, and other conditions that affect a wide range of health outcomes. Quality of life is affected by access to resources, including housing, education, public safety, and healthy food. Low-income census tracts and low-income census tracts that also have low access to healthy and affordable food exist within the local community. Lack of access to safe and affordable housing was identified as an issue by nearly every interview participant, as well as increased insecurity related to other basic needs, especially food security and transportation.

II. Goal(s) for Addressing Need(s)

- Address social determinants of health to improve the health and well-being of patients and community members.

a. Specific Objective(s) to Achieve the Goal(s)

- Collaborate with and convene community organizations to address social determinants of health.
- Advocate for policies and make investments that increase and preserve access to transportation.
- Advocate for policies and make investments that increase and preserve affordable housing.
- Increase economic security through innovative workforce development initiatives and partnerships.

b. Strategies and Tactics

- Direct resources and support policies that promote screening for social determinants of health and increase access to basic needs, such as food access.
    - Maintain and/or expand social work services at Wentworth-Douglass Hospital and MGB Medical Group (North Region).
    - Participate in a pilot program with the Foundation for Healthy Communities to screen patients for social determinants of health and ensure referrals to appropriate community partners.

- Participate in the Strafford County Public Health Advisory Council and associated activities pertaining to social determinants of health.
- Participate in the Community Diaper Program in partnership with Community Action Partnership of Strafford County.
- Serve as a location for the Fresh Food Bus in partnership with Gather, a local food security organization.
- Expand Wentworth-Douglass Hospital's Food Bag Program for patients who screen positive for food insecurity.
- Fund community grants (as appropriate) to support access to basic needs.

- Direct resources and support policies that promote and increase availability of transportation services.
  - Provide transportation assistance to qualifying patients through the Care Van transportation service (in accordance with program guidelines).
  - Explore opportunities to expand transportation services in collaboration with community partners.
  - Fund community grants (as appropriate) to support access to transportation.
- Direct resources and support policies that promote community development, increase affordable housing, and address the needs of members of the community without access to stable shelter.
  - Educate community members and stakeholders about unmet basic needs in the community, including affordable housing.
  - Participate in community-based efforts to improve access to basic needs, including affordable housing.
  - Fund community grants (as appropriate) to support access to basic needs.
- Direct resources and support policies that promote innovative workforce development.
  - Maintain and/or expand the Wentworth-Douglass High School Healthcare Internship Program to support clinical and non-clinical rotations for young adults interested in healthcare careers.
  - Maintain staffing support for the Emergency Medical Technician training course at the Dover Career Technical Institute.
  - Maintain and/or expand the Wentworth-Douglass Nursing Residency Program.
  - Maintain and/or expand the Wentworth-Douglass Pharmacy Residency Program.
  - Maintain and/or expand clinical student placements.
  - Explore opportunities to increase financial literacy in collaboration with community partners.

c. Community Collaborations

- MGB Medical Group (North Region)/Wentworth Health Partners
- Mass General Brigham
- Alliance for Community Transportation
- Community Action Partnership of Strafford County
- Strafford County Public Health Network
- Gather
- New Hampshire Food Bank
- Waypoint
- Dover Chamber of Commerce
- Portsmouth Chamber of Commerce
- Dover Adult Learning
- Local agencies which support affordable housing programs or services for those with housing instability
- Local high schools, community colleges, technical schools, and colleges
- Other area hospitals/health systems
- Other community organizations as appropriate

Substance Use Disorders

- Please refer to the section labeled “Mental Health and Substance Use Disorders”.

Planned Commitment of Resources

- Planned commitment of resources includes support for many activities, such as program maintenance or expansion, increased educational offerings, and community grant funding to community partners.

Evaluation Plan

- Wentworth-Douglass Hospital will assess the impact of the above initiatives annually and as part of the Community Health Needs Assessment it will conduct in 2028.

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