

CAMC General Hospital

CAMC Memorial Hospital

CAMC Women and
Children's Hospital



2013 Community Benefit Report and 2014-2016 Community Health Needs Assessment and Implementation Plan



**Charleston Area Medical Center
CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children’s Hospital
Charleston, West Virginia**

**2013 Community Benefit Report and 2014 Community Health Needs Assessment
and Implementation Plan**

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Charleston Area Medical Center
CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children's Hospital
Charleston, West Virginia

2013 Community Benefit Report and
2014 Community Needs Assessment

Executive Summary

This community benefit report describes the programs and services that take place every day at Charleston Area Medical Center to improve the health of our community.

In 2013, Charleston Area Medical Center provided **\$124,538,439** in community benefit. Merely stating the dollars, however, does not adequately portray the lives touched. In our community, this includes mothers, newborns, grandparents, the homeless, children and youth in our schools, and the working poor. . . and many more, as this report describes. Our programs and services go well beyond the traditional health care we often think of when we consider hospital care and are delivered both inside and outside the walls of our hospitals. They are driven by our mission, *Striving to provide the best health care to every patient, every day.* Our hospitals and outpatient programs and services bring our mission to life – providing effective, efficient, equitable, timely and safe care to all, regardless of ability to pay.

Charleston Area Medical Center is a not-for-profit four-hospital system comprised of CAMC Memorial Hospital, CAMC General Hospital and CAMC Women and Children's Hospital. Our hospitals operate under one administrative structure and participate in joint strategic planning and budgeting processes. Each hospital has responsibility for key service lines. Our hospitals are designed to provide care for our community residents throughout every stage of their lives. Our patients depend on us to provide convenient and compassionate care – care delivered regardless of a patient's ability to pay. As a resident teaching facility for internal medicine, internal medicine/pediatrics, internal medicine/psychiatry, family medicine, pediatrics, surgery, psychiatry, obstetrics and gynecology, emergency medicine, urological surgery, osteopathic internship, internal medicine geriatric fellowship, vascular surgery fellowship, oral and maxillofacial surgery fellowship and pharmacy, we give patients access to the latest developments in medical care. We provide our community with programs of excellence in cardiovascular services, medicine, surgery, oncology, trauma, neurology, orthopedics, rehabilitation, bariatrics, and women and children's services.

We give back to our community because we understand the impact that exceptional medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people. In this report, you will read about examples of the programs we provide to the community and how we demonstrate our community commitment.

CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's



2013 COMMUNITY BENEFIT SUMMARY for CAMC MEMORIAL, CAMC GENERAL and CAMC WOMEN and CHILDREN'S HOSPITALS

CHARITY CARE AT COST

\$43,292,223

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity care is reported in terms of costs, not charges. Charity care does not include (1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by patients, or the cost of providing such care to patients; (2) the difference between the cost of care provided under Medicaid or other means- tested government programs or under Medicare and the revenue derived therefrom; or (3) contractual adjustments with any third-party payors.

GOVERNMENT SPONSORED MEANS-TESTED HEALTH CARE SHORTFALLS

Includes the unpaid costs of public programs for low income persons; the "shortfall" created when a facility receives payments that are less than cost of caring for public program beneficiaries. This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments.

Unreimbursed Medicaid

\$32,406,505

Other Public Unreimbursed Costs

\$ 2,994,911

Includes CHIPS, Prevention First, Catastrophic Illness Commission, Community Access Program

SUBSIDIZED HEALTH SERVICES

\$ 1,392,587

Clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, it would be either unavailable in the area or fall to the responsibility of the government or other not-for-profit organization to provide. Subsidized health services at CAMC include Family Resource Center support at \$508,910, the Lactation Support Program at \$155,666, Palliative Care Program at \$599,691, Health Kids Weight Management at \$128,320.

COMMUNITY BENEFIT PROGRAMS AND SERVICES

\$44,452,213

See details beginning on page 44.

Community Health Improvement Services	3,210,745
Health Professions Education	40,706,983
Financial and In-Kind Contributions	224,995
Community Building Activities	221,139
Community Benefit Operations	88,351

TOTAL

\$124,538,439

In addition to the above, although Medicare and Bad Debt are not included as part of the community benefit report per IRS guidelines, they are reflective of CAMC's role in providing benefit to our community.

UNREIMBURSED MEDICARE AT COST

\$70,352,182

Medicare is not considered a means tested program and thus is not included as part of community benefit.

BAD DEBT AT COST

\$43,448,235

Unreimbursed costs, excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.

NOTE: *Charity Care, Unreimbursed Medicare, Medicaid and Bad Debt – The total cost estimate for this care was determined by applying our Medicare ratio of cost to charges generated for these patient financial classifications.*

**Charleston Area Medical Center
Charleston, West Virginia**

**CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children's Hospital**

2013 Community Benefit Report

INTRODUCTION AND OVERVIEW

Charleston Area Medical Center (CAMC) focuses on the health of our patients and our community. Our mission is "***Striving to provide the best health care to every patient, every day.***"

Our vision also shows our commitment to our community:



Charleston Area Medical Center, the best health care provider and teaching hospital in West Virginia, is recognized as the:

- **Best place to receive patient-centered care.**
- **Best place to work.**
- **Best place to practice medicine.**
- **Best place to learn.**
- **Best place to refer patients.**

CAMC's Core Values: Quality, Service with Compassion, Respect, Integrity, Stewardship, Safety

CAMC is West Virginia's largest hospital with over 6,800 employees and 558 Active and Associate Medical Staff. CAMC is licensed for 838 beds at three campuses: General Hospital (268 beds), Memorial Hospital (424 beds), and Women and Children's Hospital (146 beds). Although licensed separately, our three hospitals have one tax identification number and one provider number. CAMC has one administrative, support, planning and financial structure for the three hospitals. Our health care services delivery focuses on providing a full range of inpatient and outpatient services as a tertiary regional referral center, teaching and safety net hospital. As a regional referral center, CAMC has one of only two state Level I Trauma Centers, a Level III Neonatal Intensive Care Unit, a Pediatric Intensive Care Unit, a TJC Certified Primary Stroke Center and a Bariatric Center of Excellence. CAMC is the primary safety net provider of women and children's and trauma services in central and southern WV, providing over 20% of the charity care in the state (23% for acute care hospitals). CAMC has 74 WVU/WVSOM medical students training at CAMC hospitals, 171 CAMC employed residents per year, a School of Nurse Anesthesia (offering a clinically oriented doctoral program in management practice in nurse anesthesia [DMPNA] with Marshall University – the only such doctoral degree housed in a business school in the United States), and serves as a training site for more than 800 students in various health disciplines.

In 2013, CAMC had 37,593 inpatient discharges, 528,370 outpatient visits, 2,755 births and 98,883 visits to our Emergency Departments. CAMC's inpatient payer mix is 47% Medicare, 23% Medicaid, 18% Commercial, 4% Self Pay, and 8% Other.

CAMC does much more than just provide health care; we are involved in nearly every aspect of the lives and well being of the community we serve. Our organization was born out of community need and continues in that tradition today. Creative state-of-the-art programs and services are available to our community because we invest our time, talents, and bottom-line to serve our community – particularly the needs of the low income, elderly and other vulnerable persons.

Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit criteria:

- *Improves access to health care services.*
- *Enhances the health of the community.*
- *Advances medical or health care knowledge.*
- *Relieves or reduces the burden of government or other community efforts.*

Assessing & Addressing Community Health Needs, Draft February 2012

Charleston Area Medical Center further refines this definition to include community benefits as programs or services that address community health and health-related needs and provide measurable improvement in health access, health status, and the use of health resources.

CAMC is the largest provider of uncompensated care and the largest Medicaid provider in West Virginia. CAMC is also the primary medical safety net provider of women and children's and trauma services in central and southern West Virginia.

Additionally, CAMC is the only major teaching hospital in southern West Virginia. As a teaching hospital, CAMC serves the uninsured and underinsured with highly specialized safety net services. For years, CAMC has trained physicians, nurse anesthetists, and numerous other allied health professionals. Community benefit examples include Graduate Medical Education, nursing education support, clinical rotations and School of Nurse Anesthesia.

CAMC assists and collaborates with rural hospitals to improve care in the state, in such areas as telemedicine, networking and outreach, and other programs. CAMC also offers services such as laundry, laboratory, etc. to these hospitals on a fee for service basis, providing them with a cost-effective alternative to providing such services themselves. Examples of community benefit and programs in this area include: Telemedicine sites, Partners in Health, Partner's Program, and Physician Networking and Outreach.

In total, CAMC provides over \$124,538,439 in overall community benefit to the residents of its primary and secondary service areas.

The Kanawha Coalition for Community Health Improvement was founded in 1994 by Kanawha County hospitals working in partnership with other local organizations. The Coalition's mission is *to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County.* The Community Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement.

The Kanawha Coalition for Community Health Improvement's goals for the Community Health Needs Assessment process include:

1. Assess the health needs of the citizens of Kanawha County.
2. Inventory available resources.
3. Determine unmet needs.
4. Evaluate and prioritize needs.
5. Involve affected organizations and constituencies in developing possible solutions.
6. Develop consensus.
7. Facilitate implementation.
8. Measure and evaluate outcomes.

As described in our 2012 Community Benefit Report, the top three issues the Kanawha Coalition for Community Health Improvement's work groups were addressing included:

- 1) Obesity
- 2) Lack of Physical Activity
- 3) Drug Abuse (including prescription drug abuse)

Progress reports for these workgroups follows:

KANAWHA COALITION FOR COMMUNITY HEALTH IMPROVEMENT PROGRESS REPORT WORKGROUP ACCOMPLISHMENTS FOR 2013

Kanawha Coalition for Community Health Improvement Physical Activity, Obesity and Nutrition Accomplishments through 2013

Obesity/Nutrition Workgroup Membership

American Heart Association
April's Kitchen
Cabin Creek Health Systems
Charleston Area Alliance
Charleston Area Medical Center
Highland Hospital
Kanawha County Schools
Kanawha-Charleston Health
Department
KEYS 4 HealthyKids
RESA 3
Thomas Health System
Wellness Council of WV
West Virginia Breast Feeding
Alliance
West Virginia Medical Institute
West Virginia State University
West Virginia State University Extension
West Virginia University Extension
WV Power Baseball
United Way of Central West Virginia, Information and Referral



Physical Activity Workgroup Membership

American Heart Association
Cabin Creek Health System
Capital Resource Agency
Charleston Area Alliance
Charleston Area Medical Center
City of Charleston, Parks and Recreation
Highland Hospital
Kanawha County Schools
Kanawha Valley Senior Services
Kanawha-Charleston Health Department
Minority Health Group
RESA 3
Thomas Health System
West Side Community and Family Development Corporation
Wellness Council of WV
West Virginia School-based Health Assembly
West Virginia State University
West Virginia University Extension
West Virginia University Health Sciences Center
WV Power Baseball



Kanawha Coalition for Community Health Improvement Joint Committee on Worksite Wellness

(Workgroups on Physical Activity, Obesity and Nutrition)

Goal(s):

1. Increase opportunities for Kanawha County employees to be physically active and to eat healthy while at work through enhanced policies and supportive environments within the workplace.
2. Increase employee awareness about healthy choices for physical activity and nutrition.

Objectives:

1. Conduct a county-wide employee survey to gauge the level of well worksite policies and environments that impact workers' ability to be physically active and to eat healthy while at work. (By April 30, 2013)
2. Six Kanawha County companies will use employee survey results as a guide to enhance existing and/or initiate new policies and environmental changes within their worksite to support physical activity and healthy eating opportunities for employees. (By December 2013)
3. Develop a communications/marketing plan to share messages and education with Kanawha County employers to support and encourage policies and environmental changes to increase physical activity and healthy eating opportunities for Kanawha County employees. (February 2014)

4. Develop and disseminate a resource guide for Kanawha County employers highlighting best practices for worksite wellness policies on physical activity and healthy eating. (By December 2014)

**Obesity/Nutrition and Lack of Physical Activity
Joint Worksite Wellness Initiative ACCOMPLISHMENTS**

<p align="center">Action Plan Timeline: Ongoing through 2014</p>	<p align="center">Accomplishments (through December 2013)</p>
<p>Conduct a county-wide employee survey to gauge the level of well worksite policies and environments that impact workers ability to be physically active and to eat healthy while at work. (By April 30, 2013)</p> <p>Recruit six Kanawha County companies to use employee survey results as a guide to enhance existing and/or initiate new policies and environmental changes within their worksite to support physical activity and healthy eating opportunities for employees. (By December 2013)</p> <p>Develop and implement a communications/marketing plan to share messages and education with Kanawha County employers to support and encourage policies and environmental changes to increase physical activity and healthy eating opportunities for Kanawha County employees. (February 2014)</p> <p>Develop and disseminate a resource guide for Kanawha County employers highlighting best practices for worksite wellness policies on physical activity and healthy eating. (By December 2014)</p>	<ul style="list-style-type: none"> • Drafted employee survey • Pre-tested survey with group of 11 employees (representative of different companies, recruited by Charleston Area Alliance) • Finalized survey • Developed marketing message and strategy to promote survey among employees who work in Kanawha County • Disseminated information about the on-line survey via social media, newspaper article, and hand-delivered postcards with online link to survey to area businesses throughout county • Collected, compiled 1,805 completed surveys into reports based on number of employees: 50 or less; 100 or less; 101-500; 500 or more. • Conducted “forces of change” assessment to identify similarities and variances of employees by size of company • Identified areas for improvement specifically for small companies (50 and under) • Identified best environmental, policy and individual programs and practices surrounding physical activity and healthy eating at the workplace • Created an online Healthy Choices at Work Resource Guide (www.wcwg.org – click on Healthy Choices button) • Partnered with Charleston Area Alliance to plan Live Well Charlie West campaign for January 2014 with plans to launch the Healthy Choices at Work Resource Guide

**Kanawha Coalition for Community Health Improvement
Drug Abuse Workgroup
Accomplishments through 2013**

**Health Priority 3
Drug Abuse**

Drug Abuse Workgroup Members

Cabin Creek Health System
Charleston Area Alliance
Charleston Area Medical Center
Charleston Police Department
First Choice Services (WV Rx Abuse Quitline)
Highland Hospital
Kanawha Communities That Care
Kanawha County Library System
Kanawha County Schools
Kanawha Valley Senior Services
Kanawha-Charleston Health Department
National Association of Social Workers, WV Chapter
Pretera Center
RESA 3
Saint Francis Hospital
University of Charleston School of Pharmacy
West Virginia Coalition Against Domestic Violence
West Virginia School-Based Health Assembly
West Virginia State University Extension
West Virginia University Extension

**Kanawha Coalition for Community Health Improvement
Drug Abuse Workgroup**

Goal(s):

1. Decrease drug abuse among youth by increasing their resiliency during early childhood.
2. Decrease drug abuse by increasing the knowledge of parents/guardians about positive, healthy communication with their children.
3. Decrease access to drugs.

Objectives:

- Establish and/or expand existing evidence-based prevention programming opportunities that teach Kanawha County children, age 12 and younger, how to be socially competent and autonomous problem solvers (by December 2014).

- Facilitate and foster collaboration between Kanawha County Schools, the University of Charleston's School of Pharmacy and other community partners to jointly pilot prevention programming at 3 elementary schools and 2 community-based sites (by December 2013).
- Identify, select and implement a campaign and/or program to educate parents about how to talk to young children about the topic of drug abuse including the proper use of prescription drugs (by July 2014).
- Advocate for new and/or enhanced legislation that will support evidence-based drug prevention efforts (by December 2014).

2013 Drug Abuse Workgroup ACCOMPLISHMENTS

<p>Drug Abuse Workgroup Goals:</p> <ul style="list-style-type: none"> • Decrease drug abuse among youth by increasing their resiliency during early childhood. • Decrease drug abuse by increasing the knowledge of parents/guardians about positive, healthy communication with their children. • Decrease access to drugs. 	
<p>Action Plan Timeline: Ongoing through 2014</p>	<p>Accomplishments (through 2013)</p>
<p>Develop a sustainable substance abuse prevention program through interagency collaborations that targets education of youth and their families in Kanawha County.</p>	<ul style="list-style-type: none"> • Researched effective social and emotional learning programs with evidence of drug prevention outcomes • Selected Too Good For Drugs and Violence (Mendez Foundation) as the evidenced-based program we would promote to meet our objective to teach Kanawha County children how to be socially competent and autonomous problem solvers • Partnered with the University of Charleston School of Pharmacy, University of Charleston's Education Program, Salvation Army Boys and Girls Club, East End Family Resource Center, The Regional Family Resource Network, Piedmont Elementary School, Anne Bailey Elementary School, Weimer Elementary School, West Side Elementary School, Kanawha County School's Central Office, and Kanawha Communities That Care on a grant application to provide social and emotional learning programming. • Submitted grant applications to the Kanawha Valley Council on Philanthropy and The Greater Kanawha Valley Foundation
<p>Implement an evidence based program that increases the coping skills of 4th and 5th graders in four Kanawha County elementary schools. (By December 2014)</p>	
<p>Implement a community evidence based substance abuse prevention program that reaches at least 300 elementary aged children in four after-school programs in Kanawha County. (By December 2014)</p>	

<p>Publish and distribute two substance abuse and prevention special edition tabloids to educate parents, caregivers, and families in Kanawha County. (By December 2014)</p>	<ul style="list-style-type: none"> • Researched effective parent-child communications programming specific to drug prevention; reviewed materials and videos Submitted grant applications to the Kanawha Valley Council on Philanthropy and The Greater Kanawha Valley Foundation
<p>Implement at least four medication take back programs in conjunction with each of the four Kanawha County elementary schools and after-school programs (by December 2014)</p>	<ul style="list-style-type: none"> • Selected Parent 360Rx toolkit (www.pact360.org <i>The Partnership at DrugFree.org</i>)
<p>Identify, select and implement a campaign and/or program to educate parents about how to talk to young children about the topic of drug abuse including the proper use of prescription drugs (By December 2014)</p>	<ul style="list-style-type: none"> • Formed a team to educate the public about the harmful effects of meth labs on communities and prescription-only pseudoephedrine policies • Expanded our team to include other regional/state organizations. Named team the West Virginia Intervention on Meth Labs Committee
<p>Advocate for new and/or enhanced legislation that will support evidence-based drug prevention efforts (By December 2014)</p>	<ul style="list-style-type: none"> • Arranged for government and law enforcement professionals from the states of Mississippi and Oregon to present by phone to WVIML Committee • Participated in media interviews about meth labs problem and policy proposal • Held four (4) community focus groups on prescription pseudoephedrine policy • Compiled focus group results and presented to WVIML Committee. • Developed promotional “Rethink your meds. Stop meth labs.” campaign based on focus group results • Developed and disseminated policy fact sheets • Developed and implemented legislative action alerts for policy advocates • Attended legislative committee meetings and Senate and House meetings where policy was discussed



Charleston Area Medical Center 2013 Community Benefit Plan Implementation Strategy Progress Report and Outcomes



CAMC COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY PROGRESS REPORT AND OUTCOMES FOR 2013

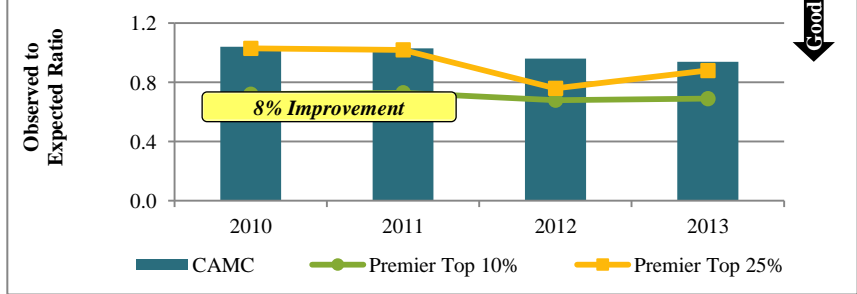
JOINT IMPLEMENTATION STRATEGIES:

The following community benefit implementation strategies were established as part of the strategic planning process in 2013 and results are inclusive of CAMC General, CAMC Memorial and CAMC Women and Children's hospitals' activities. Due to our corporate structure, corporate support for planning, quality, safety, finance and other functions, we address these issues for all hospitals from a system perspective as Charleston Area Medical Center.

1. **Reduce Readmissions**
2. **Implement Telemedicine in Key Access Services**
3. **Develop Medical Homes**
4. **Provide Access to Specialty Health Care for the Service Area through Medical Staff Recruitment**
5. **Implement Programs from the Geriatrics Initiative**
6. **Provide HIV Primary Care and Decrease New HIV Infections**
7. **Value Creation – Built Environment**

#1	Charleston Area Medical Center
COMMUNITY HEALTH NEED	Access to healthcare
IDENTIFIED HEALTH ISSUE	Readmissions
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	Readmissions determine how CAMC provides care to our service area, specifically demonstrating our ability to care for our patients' health, irrespective of the setting in which the care is provided. 30 day readmission is a key measure for how well we manage care in the community. Strong post-acute relationships, coupled with an appropriate discharge planning process improves patient outcomes.
STRATEGIC OBJECTIVE	REDUCE READMISSIONS
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Decrease readmissions for nursing home patients. 2. Seek grant funding for expansion of nursing home project. 3. Improve the discharge process. 4. Establish a Post Acute Clinic. 5. Identify and establish one chronic disease management program.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • 30 Day Readmission Rate for nursing home pulmonary-type patients managed by Genesis at Valley and Oakridge Centers • Overall 30 Day Readmission Rate
TIMELINE	2012-2014 (Begin on 7/1/2013)
RESOURCES	Funding by CAMC
PARTNERS/COLLABORATORS	Genesis Health Care (Valley and Oakridge Centers), Amedisys Home Health of WV
2013-2014 PROGRESS REPORT	<p><u>GOALS TO ADDRESS THE HEALTH NEED</u></p> <p>1. DECREASE READMISSIONS FOR NURSING HOME PATIENTS.</p> <p>Partnered with Genesis facilities (specifically Oakridge and Valley) to focus on patients with COPD and pneumonia. They have specialized programs that are directed by Dr. Storm. These patients are entered into the program and follow a stringent medical plan along with respiratory treatment, education on their condition and disease coping skills.</p> <p>Monthly meetings are held to review the process and determine what can be done better and what conditions may have affected the readmissions.</p>

Figure 7.1-52 Readmissions Overall



2. SEEK GRANT FUNDING FOR EXPANSION OF NURSING HOME PROJECT.

Applied for a USDA RUS (Rural Utilities Services) Grant. Healthcare for Elderly and Long-term Patients in West Virginia (HELP WV) to use community health workers, called CHERPs (Community Health Education Resource Persons), as intermediaries between community members/patients and health care providers. The goal is to improve patient treatment adherence, decrease emergency room visits, decrease re-admissions, and improve patient profiles.

3. IMPROVE THE DISCHARGE PROCESS.

Implemented multi-disciplinary rounds to identify barriers and work with the multi-disciplinary team to remove them both at the patient level, department level and system level. There are various work groups around each of the identified barriers.

4. ESTABLISH A POST ACUTE CLINIC.

The Readmission Group and CTC is working with Dr. Bowden to provide a discharge clinic in his office for those patients who have no primary care physician or who cannot be scheduled for a follow-up appointment after discharge before 10-14 days and need to be seen to prevent readmissions. These patients can come from the Observation Unit, ED, any nursing unit and will be seen next day or in the next two days. Since a significant amount of readmissions occur within 7-10 days, we are working to have these patients seen soon after discharge. This process is being piloted on the patients in the CDU.

5. IDENTIFY AND ESTABLISH ONE CHRONIC DISEASE MANAGEMENT PROGRAM.

A readmission project underway at CAMC is described below to address CHF. As of July 17, 2014 we have reached the planned halfway landmark with the enrollment (136 out of 260). The preliminary analyses indicate that patients who are readmitted have poor compliance with the program (few to none messages attended). Preliminary analyses regarding the average number of messages attended per patient are pending. Regarding the comparison with CypherVoice, the data are inconclusive due to low power; we will not know the results of the comparison until we complete the enrollment (260 patients). The abstract for the project protocol follows:

The Effect of Technology-Based Disease Management Solutions on the 30 Day Readmission Rate in Patients with Congestive Heart Failure Objectives

The current project aims to investigate the post-discharge management of patients hospitalized with a primary diagnosis of Congestive Heart Failure (CHF) by comparing two technology-based disease management solutions: AudiaHealth's ListenUP! *for health*® (LUfh), and CipherHealth's CipherVoice® (CV), a solution currently in use at CAMC. While both solutions use Interactive Voice Response Systems (IVRS), the approaches are different. ListenUP! *for health* uses IVRS to deliver thirty (30) daily interactive educational "tip-of-the-day" messages regarding their CHF and collects symptom data to support patient self-management. CipherVoice uses IVRS to deliver two (2) calls, one within 48 hours of discharge and a second call 7 days later. The project will seek to determine if the inclusion of daily educational self-management messages improves the 30 day readmission rate for CHF patients.

Design

Patients discharged with a primary diagnosis of CHF are randomly assigned to receive either LUfh or CV messages at home. Standard protocols (including standardized messages) are used for each product. Patients assigned to LUfh are asked before being discharged from the hospital to designate a time of day to receive messages. Messages are delivered daily for thirty (30) days. Each message includes at the end a set of clinical questions related to treatment plan adherence and symptoms that can be answered via phone keypad. Answers are automatically entered into the respective user interface (dashboard) for the two solutions. The responses are monitored and patients are contacted if they miss calls. A record of these calls is maintained for all patients. One hundred thirty (130) patients will be enrolled in each arm of the study.

Preliminary data

As of July 17, 2014, a total of 136 patients were enrolled in the project, 68 patients for each arm of the study. The 30 day readmission rates for this sample are pending. A preliminary analysis conducted in June 2014 for a group of 112 patients (54 LUfh, 58 CV) enrolled between 03/11/2013 and 06/06/2014, indicated that 6 patients in the LUfh group and 4 patients in the CV group were readmitted within 30 days post-discharge. An important characteristic of these patients was poor compliance with the phone calls (very few to none messages received within the 30 days timeframe).



#2	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital																					
COMMUNITY HEALTH NEED	Access to healthcare																					
IDENTIFIED HEALTH ISSUE	Lack of ability to immediately assess stroke patients in referral hospitals																					
COMMUNITY SERVED	Patients in the primary and secondary service area																					
PROGRAM DESCRIPTION AND RATIONALE	Telemedicine provides access to CAMC’s specialized services to referral hospitals and referring physicians.																					
STRATEGIC OBJECTIVE	IMPLEMENT TELEMEDICINE IN KEY ACCESS AREAS																					
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide telestroke for earlier diagnosis and appropriate early intervention for stroke patients. 2. Identify 2 additional telemedicine opportunities for CAMC services. 																					
MEASURE	<ul style="list-style-type: none"> Stroke Outcomes Improved access to care 																					
TIMELINE	Fully implement telestroke by the end of 2013 Other priorities established during 2013; implemented by 2014																					
RESOURCES	CAMC funding																					
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute Partner Hospitals																					
2013-2014 Progress Report	<p>1. PROVIDE TELESTROKE FOR EARLIER DIAGNOSIS AND APPROPRIATE EARLY INTERVENTION FOR STROKE PATIENTS.</p> <p><u>Telestroke</u> –This project is in collaboration with neurology services and emergency room services at CAMC General Hospital. Phase I of this pilot project will allow for neurologists to provide consults to the General ED for patients from their physical offices located at the Memorial Hospital site. Phase 2 of the project would allow for consults from rural providers/facilities. Funding provided for the project jointly by General Hospital administration and CHERI. Demonstration of project held June 30 for project steering committee in the CAMC Simulation Center. Physician training planned for July 2014. Go-Live in August 2014.</p> <p>Stroke Outcomes:</p> <p>Figure 7.1-41 Neuro/Trauma - IV tPA Door To Drug Average Minutes for Stroke Patients</p> <table border="1"> <caption>Figure 7.1-41 Neuro/Trauma - IV tPA Door To Drug Average Minutes for Stroke Patients</caption> <thead> <tr> <th>Year</th> <th>CAMC (Minutes)</th> <th>Get with the Guidelines Hospitals 751+ Beds (Minutes)</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>~85</td> <td>~95</td> </tr> <tr> <td>2010</td> <td>~80</td> <td>~95</td> </tr> <tr> <td>2011</td> <td>~75</td> <td>~95</td> </tr> <tr> <td>2012</td> <td>~70</td> <td>~95</td> </tr> <tr> <td>2013</td> <td>~65</td> <td>~95</td> </tr> <tr> <td>2014 Projection</td> <td>~60</td> <td>~95</td> </tr> </tbody> </table> <p>Stroke Volumes: Ischemic and hemorrhagic stroke: 2012 - 684 2013 - 689</p> <p>2. IDENTIFY 2 ADDITIONAL TELEMEDICINE OPPORTUNITIES FOR CAMC SERVICES.</p> <p><u>Diabetic Retinopathy</u> – Five sites have been targeted for the diabetic retinopathy project. Each of the proposed rural sites will be provided with a diabetic retinopathy camera and telehealth equipment to conduct annual patient exams with consultation provided from Charleston. Project equipment for this project was funded from a grant from Frontier Telecommunications.</p> <ul style="list-style-type: none"> ○ Webster Hospital: Heather Meadows, NP ○ Minnie Hamilton: Nina Smith, RN and/or Barb Cooper ○ Pocahontas Hospital: Terry Wagner 	Year	CAMC (Minutes)	Get with the Guidelines Hospitals 751+ Beds (Minutes)	2009	~85	~95	2010	~80	~95	2011	~75	~95	2012	~70	~95	2013	~65	~95	2014 Projection	~60	~95
Year	CAMC (Minutes)	Get with the Guidelines Hospitals 751+ Beds (Minutes)																				
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2012	~70	~95																				
2013	~65	~95																				
2014 Projection	~60	~95																				

	<ul style="list-style-type: none"> ○ CCWV – Clay: Diane Hannah (Camera is already on site) 3/13 trial run ○ CCWV – Buckhannon <p>Dr. Enrique Calderon has agreed to do the screenings. Screening checklist drafted. Representatives from Medical Video Concepts will be coming to train the contact people listed above. Completed a training for all five sites in July and went live on August 1, 2014.</p>
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#3	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Access to healthcare
IDENTIFIED HEALTH ISSUE	Coordination of Patient Care Across the Continuum
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	Coordination of patient care across the continuum to reduce potentially avoidable admissions and improve health by providing access to primary and preventative care through medical homes. WV had one of the highest rates of potentially avoidable ED use among Medicare beneficiaries according to The Commonwealth Fund Scorecard (2012).
STRATEGIC OBJECTIVE	DEVELOP MEDICAL HOMES
GOALS	1. Identify opportunities for development of medical homes 2. Establish business plan
MEASURE TO EVALUATE THE IMPACT	• Assess measures established in the business plan
TIMELINE	Assessment during 2013
RESOURCES	CAMC funding of assessment
PARTNERS/COLLABORATORS	CAMC Physician Group WVU/Charleston Partner hospitals
2013-2014 Progress Report	<p>1. IDENTIFY OPPORTUNITIES FOR DEVELOPMENT OF MEDICAL HOMES and 2. ESTABLISH BUSINESS PLAN</p> <p>The CAMC Family Medicine Center has achieved Level 2 NCQA Medical Home Certification and continues to participate as one of four locations in our market (and one of 15 sites in the U.S.) in a CMMI Demonstration project on the Medical Neighborhood. The CMMI project is focused on decreasing cost for Medicare and Medicaid, improving population health, improving patient experience and scaling spread of the medical neighborhood across our area.</p> <p>The Family Medicine Center and its participants are using practice coaches in the office setting and using population health and cost per beneficiary software to manage health and utilization of care. The focus is on pre-visit planning, improving preventative health services and identifying those who are most at risk and those who may be consuming a disproportionate share of cost and utilization in settings such as the Emergency Department.</p> <p>Local partners in the project are:</p> <ul style="list-style-type: none"> • CAMC as the system convener • WVU Family Medicine faculty working in the CAMC Family Medicine Center, along with CAMC Family Medicine Residents, • Charleston Internal Medicine • Womenscare/Familycare and Cabin Creek Health System FQHC locations <p>The Business Plan includes spread to the CAMC Outpatient Care Center (Internal Medicine clinics) and Roane General Hospital Outpatient Clinics.</p>

#4	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Access to healthcare
IDENTIFIED HEALTH ISSUE	Access to specialty health care
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	CAMC’s service area hospitals/Partners In Health Program include critical access and small rural hospitals in need of access to specialist services.
STRATEGIC OBJECTIVE	PROVIDE ACCESS TO SPECIALTY HEALTH CARE FOR THE SERVICE AREA THROUGH MEDICAL STAFF RECRUITMENT
GOALS TO ADDRESS THE HEALTH NEED	1. Recruit medical staff for high priority community needs 2. Ensure access to needed specialists
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Medical Staff recruited to service specialty needs based on the Medical Staff Development Plan • Number of medical staff specialty offerings
TIMELINE	Ongoing
RESOURCES	Medical Staff recruitment and loan expenses; income guarantees
PARTNERS/COLLABORATORS	CAMC Physician Group, WVU/Charleston
2013-2014 Progress Report	<p>1. RECRUIT MEDICAL STAFF FOR HIGH PRIORITY COMMUNITY NEEDS</p> <p>In 2013, CAMC recruited 14 physicians to the CAMC Medical Staff who were identified as high priority recruitments to meet the specialty health care needs of our community and those of our referring hospitals. Specialties included: Emergency Medicine, Family Practice, Internal Medicine, Neurology, Neurosurgery, Palliative Medicine, Renal Pathology, Pediatric GI, Pediatric Neurology, Pediatric Surgery, Urgent Care.</p> <p>2. ENSURE ACCESS TO NEEDED SPECIALISTS</p> <p>A total of 39 new medical staff were credentialed to practice at CAMC in 2013. When the CAMC Health System identifies an essential physician need, an access issue for patients, or when the existing provider community cannot provide an essential service, IHCPi through its affiliation with CAMC Health System works to fill the gaps. Currently, IHCPi operates the mission critical entity of the David Lee Cancer Center and a host of sub-specialty physician practices primarily operated to support the Level I trauma and tertiary care mission of CAMC. IHCPi practices see a disproportionate share of the underinsured in their practice locations. When many of the sub-specialists are not providing trauma support, they are providing access to care for many who cannot receive services locally such as pediatric dental and oral maxilla-facial care.</p>

#5	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Geriatrics – identified through CAMC’s strategic planning process
IDENTIFIED HEALTH ISSUE	Aging population in WV
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	According to the US Census, WV has the second oldest population in the nation. As the age of West Virginia’s population increases, so does the need for quality, accessible health care for the elderly, as well as highly-trained specialists to provide care. In 2004, CAMC took the lead and entered into a dialogue with over 40 individuals representing 20 aging organizations in our region to discuss how we could work together to impact the health of older adults in our state. In 2006, the Arthur B. Hodges Foundation and the CAMC Foundation established an endowment in the amount of \$2 million to support geriatric endeavors. The endowment fund has made it possible to develop and sustain three

<p>2011-2014 Percent Change in Population by Age Group CAMC's 12 County Service Area</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>Age 0-17</td> <td>-1.5%</td> </tr> <tr> <td>Age 18-44</td> <td>-2.5%</td> </tr> <tr> <td>Age 45-64</td> <td>-2.5%</td> </tr> <tr> <td>Age 65+</td> <td>10.5%</td> </tr> </tbody> </table>	Age Group	Percent Change	Age 0-17	-1.5%	Age 18-44	-2.5%	Age 45-64	-2.5%	Age 65+	10.5%	<p>new geriatric training programs in Charleston - a geriatric medicine fellowship, a geriatric pharmacy residency program and a post-master's geriatric nurse practitioner program. In 2010, both foundations gifted an additional \$250,000 to support geriatric research for faculty, residents, fellows and students. In addition, a Geriatrics Journal Club meets monthly, weekly Geriatrics Lectures are held with guest speakers making up-to-date presentations, monthly Geriatrics Lunchtime Learning programs are telecast to all CAMC locations, a 5 week Caregiver Educational Course is offered two times a year to assist caregivers in their role, and AARP Driving Safety Courses are regularly offered to seniors.</p>
Age Group	Percent Change										
Age 0-17	-1.5%										
Age 18-44	-2.5%										
Age 45-64	-2.5%										
Age 65+	10.5%										
<p>STRATEGIC OBJECTIVE</p>	<p>IMPLEMENT PROGRAMS THROUGH THE GERIATRICS INITIATIVE TO SUPPORT OUR GERIATRIC PATIENTS</p>										
<p>GOALS TO ADDRESS THE HEALTH NEED</p>	<ol style="list-style-type: none"> 1. Continue geriatric training programs for geriatric pharmacy, geriatric medicine fellows, and geriatric post-masters nursing. 2. Focus on clinical care coordination using a multi-disciplinary team approach. 3. Expand geriatric research. 										
<p>MEASURE TO EVALUATE THE IMPACT</p>	<ul style="list-style-type: none"> • Number completing training programs • Number of geriatric research protocols 										
<p>TIMELINE</p>	<p>Ongoing</p>										
<p>RESOURCES</p>	<p>An endowed fund at the CAMC Foundation supports the Geriatric Initiative with an annual grant of \$175,000. The Claude Worthington Benedum Foundation provided funds in the amount of \$98,603 for innovation programs. The WVU-Charleston Division provides in-kind support estimated at \$120,000 for the Geriatrics Initiative.</p>										
<p>PARTNERS/COLLABORATORS</p>	<p>CAMC Health Education and Research Institute West Virginia University/Charleston Division.</p>										
<p>2013-2014 Progress Report</p>	<p>1. CONTINUE GERIATRIC TRAINING PROGRAMS FOR GERIATRIC PHARMACY, GERIATRIC MEDICINE FELLOWS, AND GERIATRIC POST-MASTERS NURSING.</p> <p>Through the Geriatrics Initiative, efforts are being made to expand an interdisciplinary approach to geriatrics care as a part of the CAMC Strategic Plan. Funding from the Arthur B. Hodges Foundation and the CAMC Foundation continue to support academic programs including support for medicine faculty and fellows, travel for residents, fellows and faculty to attend state and national geriatrics conferences, purchase of books and support for other educational endeavors. The following describes each program and gives updates regarding the activities through 2013:</p> <p>Geriatrics Medicine Fellowship Program</p> <p>The Geriatrics Medicine Fellowship Program does not currently have a fellow participating. However, the geriatric faculty remains busy teaching students and residents and works closely with geriatric medicine and geriatric pharmacy. The program is run by Todd H. Goldberg, M.D., MHA, CMD, FACP, Associate Professor and Director of Geriatrics. In 2013, Raghavendra Mulinti, MD, joined the department of internal medicine specializing in geriatrics. Dr. Mulinti graduated from Osmania Medical College. He completed an internal medicine residency at Greater Baltimore Medical Center and a geriatric fellowship at Beth Israel Deaconess Medical Center. He is certified by the American Board of Internal Medicine.</p> <p>Geriatrics Pharmacy Residency Program</p> <p>David P. Elliott, PharmD, CGP, FCCP, FASCP, AGSF serves as the program director and is also Professor and Associate Chair of Clinical Pharmacy at the Robert C. Byrd Health Sciences Center of West Virginia</p>										

University-Charleston Division. Dr. Elliott also serves as the director of the WV Geriatric Education Center.

Geriatric Nurse Practitioner Program

We are planning a joint adult/geriatric acute care nurse practitioner focus to meet national accreditation and certification standards. A national search for a program director is underway. We anticipate opening the program within one (1) year of hiring a program director. Eleven students completed the GNP program and all students have been successful in achieving Board Certification as Geriatric Nurse Practitioners, a 100 percent success rate!

2. FOCUS ON CLINICAL CARE COORDINATION USING A MULTI-DISCIPLINARY TEAM APPROACH.

The Geriatrics Initiative highlights and activities for 2013:

Geriatrics Interdisciplinary Clinic

The Geriatrics Interprofessional Clinic Practice, located in the CAMC Outpatient Care Center operates three days a week and has continued to grow in the number of patients and families served. A satellite practice at Edgewood Summit is open two days per week and exposes learners to an alternative care environment. Students, residents, and fellows see patients in an interprofessional and collaborative manner to address the needs of the patients and their families.

Geriatrics Journal Club

Journal Club provides the learners with an opportunity to present materials to the interprofessional group of attendees. Geriatrics Journal Club is held the third Wednesday of each month and is open to all learners.

Geriatrics Lunchtime Learning

Geriatrics Lunchtime Learning is held on the fourth Wednesday of each month. The lectures are broadcast to three other CAMC locations - CAMC Women and Children's Hospital, CAMC Teays Valley and CAMC General Hospital.

Project for Quality Improvement and Performance Improvement VIP Program

The Volunteers Informing Patients (VIP) program was a pilot project conducted in 2011 under the guidance of the Geriatric Steering Committee. Funds contributed by the Arthur B. Hodges Foundation and the CAMC Foundation supported this program. The VIP program provides inpatients 65 years and older with daily visits from volunteers. These volunteers have been trained to orient patients to time, date, and place; to provide the patient and their families with meaningful interactions and activities; to assist the patients with non-medical needs, and to communicate the needs of the patient to the staff. The pilot proved to be beneficial to our patients and their families so in 2012 the program was continued and the VIP Coordinator was maintained by a commitment from CAMC. During 2013, 35 volunteers were trained and 3,407 patients were visited. Our volunteers contributed 1,188 hours visiting our older adult patients. We have found that 52% of the patients visited by a VIP volunteer had no family or visitors during their hospital stay. We continue to recruit and train volunteers.

West Virginia Geriatrics Education Center

Highlights in 2013 include:

- Continued to collaborate with and support a statewide consortium of geriatrics education providers including WVU Health Sciences at the Eastern Division, Morgantown and Charleston campuses, Marshall University School of Medicine, WV School of Osteopathic Medicine and Area Health Education Centers, serving more rural areas of the state.
- Plan and deliver the Geriatrics Lunchtime Learning sessions at the WVU-Charleston Division campus as well as a number of regional geriatric

educational faculty development trainings.

- Continued to conduct annual faculty training in Health Literacy.
- Co-sponsored West Virginia Geriatric Society meeting with CAMC Institute and the University of Charleston, School of Pharmacy reaching over seventy health professionals.

Geriatric Caregiver Classes

A caregiver educational course was designed for family caregivers of frail elders to participate in formal educational sessions. These sessions assisted caregivers of frail elders in learning the knowledge and skills to take better care of their frail elder relatives and themselves. The goal of this program was to fill an important need, that is, assist caregivers to become empowered, hardier, and have the ability to cope with the stress associated with care giving. At this time the research data collected from the participants of the caregiver educational course is being analyzed. Analysis of the data is being prepared for publication in journals focusing on older adults.

3. EXPAND GERIATRIC RESEARCH

Geriatric Research Activity - 2013

Study Title	Status	Name
Stress, Hardiness, and Psychological Distress of Elderly Spousal Caregivers of Persons with Dementia	ACTIVE	Barbara Nunley, Ph.D.
Validation of a Competency Guide for Geriatric Enhanced Rotations	ACTIVE	Barbara Nunley, Ph.D.
Associations Between Drug Burden Index and Anticholinergic Risk Scale and the Incidence of Adverse Outcomes in Hospitalized Elderly Patients	ACTIVE	David Elliott, PharmD
The Relationship Between Initial Serum Glucose Level and Injury Severity Score in the Geriatric Trauma Patient	ACTIVE	Priscilla Walkup, DMP, CRNA
Evaluation of Drug Burden Index, Anticholinergic Risk Score, and Medication Regimen Complexity Index in Geriatric Outpatients	ACTIVE	David Elliott, PharmD
Intravenous Propofol Versus Inhaled Sevoflurane in Geriatric Patients Undergoing Elective Cystoscopic Surgeries	ACTIVE	William White, Jr., DMP, CRNA
In elderly patients who underwent hip surgery is there a difference in hemodynamic response at 5, 10, and 15 minutes post-induction to etomidate versus propofol induction?	ACTIVE	William White, Jr., DMP, CRNA
Are we adequately using physical therapy for hospitalized older adults with heart failure?	Presented at the 2013 National ACP	William H. Carter, MD, Brandon Radow, Ravdeep Kaur, and Jeff Brown
Specific Induction Agents and Their Effect on Blood Pressure in Geriatric Patients	Presented May 2013, Research Lunch and Learn	Kathryn Newcome, DMP, CRNA, Nicholas Painter, DPNA Student Research Project
Nonosteoporotic Bone Mineral Densities and Fracture Occurrence	Submitted Abstract for 2014 Research Day	Alfred Pfister, MD
Evaluation of Educational Intervention of Caregivers	Closed to enrollment. Working on publications.	Barbara Nunley, Ph.D.

Drug Burden Index and Anticholinergic Risk Scale as Predictors of Readmission to the Hospital	Closed to enrollment. Working on publications.	David Elliott, PharmD
Trauma and the Elderly: An Opportunity for Improvement	Open. Submitted one article: Alcohol and the Elderly	Mary Emmett, PhD, Kelly Jo Evans, RN; Sam Agarwal, MD; Sisa Shamblyn; Jessie Harman, BSN; David Seidler, MD; Sherry Tkuner; Todd Goldberg, MD; Tracy Lester; Jennifer Scott, BSN; Zaid Katrib, MS3, Vickie Sorrell, RN, BSN, CEN
Long-Term Prediction on Fractures in Women after Peripheral Bone Densitometry Examination	Published in the WV Medical Journal.	Alfred Pfister, MD, Norma Khan; Shahana Masood; Sunil Jain; Nicholas Sheets; and Chris Welch.
Proportion of Fractures Related to Low Trauma	Accepted for publication in Southern Medical Journal, 2014. In production.	Alfred Pfister, MD, Todd Goldberg, MD; Chris Welch, MS; Mary Emmett, Ph.D.
Geriatric Trauma: Alcohol Use and Injury Patterns: A Four Year Review	ACTIVE	Mary Emmett, PhD, Steven Hollosi, DO, Richard Whiddon, DO
Trauma and the Elderly: An Opportunity for Improvement	(3 Studies: Open protocol)	Mary Emmett, PhD
Outcomes in Trauma Geriatrics Patients: Glucose level and ISS.	ACTIVE	SRNA Josh Hawkins
Incidence of Clinically Significant Bleeding in Patients on Anticoagulation	Research Day 2013. CLOSED 3/2014	Molly John, MD, Muhammad Jamil, MD; Asif Khan, MD; Brandon Radow, MSIV
Morbidity and Mortality of Geriatric Patients Diagnosed with Pulmonary Embolism	State ACP 2012 (1st place winner), National ACP 2013. Accepted to The American Journal of Geriatric Society. Published 3/2014.	Molly John, MD, David Greenwald; Ann Barry; Carl Williams

	<p>Published Research/Articles:</p> <p>Goldberg TH. "An ounce of prevention worth the price to Medicare." WV State Journal, 12/15/2012, available online at http://www.statejournal.com/story/20330089/an-ounce-of-prevention-worth-the-price-to-medicare.</p> <p>Goldberg TH. "The continuum of elder care." WV State Journal, 7/22/13, available online at http://www.statejournal.com/story/22875422/continuum-of-elder-care-supports-variety-of-unique-needs.</p> <p>Goldberg, TH. "Is Charleston Really the most miserable city?" http://www.statejournal.com/story/22075200/is-charleston-really-the-most-miserable-city</p> <p>Original Research:</p> <p>Dispennette R, Elliott D, Nguyen L, Richmond R. Drug Burden Index score and anticholinergic risk scale as predictors of readmission to the hospital. Consult Pharm 2014; 29: 158-68.</p> <p>Maynor LM, Barrickman AL, Stamatakis MK, Elliott DP. Student and faculty perceptions of lecture recording in a doctor of pharmacy curriculum. Am J Pharm Educ 2013; 77:165.</p> <p>Book Chapters:</p> <p>Dong, B, Elliott DP (Eds). Ambulatory care self-assessment program: infection primary care. ACSAP 2013 Book 2. Lenexa, KS: American College of Clinical Pharmacy</p> <p>Dong, B, Elliott DP (Eds). Ambulatory care self-assessment program: pulmonary and preventive care. ACSAP 2013 Book 1. Lenexa, KS: American College of Clinical Pharmacy</p>
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#6	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	HIV
IDENTIFIED HEALTH ISSUE	HIV in West Virginia
COMMUNITY SERVED	Young white males, African Americans and the rural poor with HIV in Southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC/WVU Charleston Division Ryan White Program’s mission is to increase access to services for individuals at-risk for, or infected with HIV disease and to provide culturally sensitive, quality, comprehensive HIV-related primary care, regardless of a patient’s ability to pay. The program is currently the only fully funded Part C site in southern West Virginia and provides HIV primary care to approximately 350 individuals. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; peer advocacy and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. Although funding has been level over the last ten years, our patient load has tripled. There are an estimated 1,000 individuals living with HIV/AIDS in our service area (1 in 5 are unaware of their diagnosis).</p>
STRATEGIC OBJECTIVE	PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS



GOALS TO ADDRESS THE HEALTH NEED	<p>1. Test and get into care as many HIV-infected individuals as possible. In order to be successful in terms of outreach, we must continue to develop effective marketing strategies and provide updated and pertinent educational resources based on our client population and CAMC Ryan White Program (CAMCRWP) initiatives.</p> <p>2. Concentrate on two target audiences - females ages 25-54 and young adults ages 16-35 - through radio advertisements over the next 12 months and revisit our findings.</p>																								
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants • Number of new contacts • Number of new AIDS cases per 100,000 population age 13 and older 																								
TIMELINE	2012-2014																								
RESOURCES	<p>In-kind contributions from CAMC (\$277,129 charity care and \$14,000 general Outpatient Care Center budget; does not include registration, scheduling and billing in-kind support), WVU (\$15,000 non-HIV specific outpatient clinics) and CAMC Institute (\$68,317) totaled \$374,446.</p> <p>Funding: HRSA - \$448,987 (outpatient primary care), CDC - \$25,000 (Partnership for Health prevention program aimed at sexual behavior modification), CAMC Foundation Grants (\$20,000), donation from WVSU (\$600), program income (\$18,080).</p>																								
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division																								
2013-2014 Progress Report	<p>1. TEST AND GET INTO CARE AS MANY HIV-INFECTED INDIVIDUALS AS POSSIBLE.</p> <p>CAMC Ryan White Program</p> <ul style="list-style-type: none"> • Successful NCCR renewal FY2013 - \$453,303 • Effect of sequester of federal funds <ul style="list-style-type: none"> ○ 5% reduction total baseline budget; continuation of \$38,000 supplemental award = \$491,303 ○ Budget revision submitted June 2013 • Successful CY 2012 RSR submission – March 2013 • Successful FY 2012 FSR submission - June 2013 <ul style="list-style-type: none"> ○ No carryover from FY2012 • Audit of RWP FY 2011 no reportable findings - July 2013 <p>Patient Enrollment and Access</p> <ul style="list-style-type: none"> • Cumulative numbers HIV/AIDS cases in the 19 county area in southern WV account for 50% of all cases in the state <table border="1" data-bbox="803 1507 1445 1753"> <thead> <tr> <th><u>Year</u></th> <th><u>New</u></th> <th><u>Total Clients</u></th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>41</td> <td>225</td> </tr> <tr> <td>2008</td> <td>74</td> <td>285</td> </tr> <tr> <td>2009</td> <td>51</td> <td>314</td> </tr> <tr> <td>2010</td> <td>40</td> <td>299</td> </tr> <tr> <td>2011</td> <td>71</td> <td>352</td> </tr> <tr> <td>2012</td> <td>39</td> <td>333</td> </tr> <tr> <td>2013</td> <td>58</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> • 42% of the CAMC RWP clients had intermediate to high risk CHD scores. • The clients in our community are disproportionately impacted by tobacco use. • Tobacco use is the key risk factor where intervention could have significant impact on risk reduction. 	<u>Year</u>	<u>New</u>	<u>Total Clients</u>	2007	41	225	2008	74	285	2009	51	314	2010	40	299	2011	71	352	2012	39	333	2013	58	
<u>Year</u>	<u>New</u>	<u>Total Clients</u>																							
2007	41	225																							
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2009	51	314																							
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2011	71	352																							
2012	39	333																							
2013	58																								

ADDRESSED THESE ISSUES THROUGH:

- Standardized CV risk assessment at every ID clinic visit (Framingham Risk scoring) and Individualized Plans
- Ongoing smoking cessation program with Covenant House
- Client retention
- Hepatitis B Vaccination program
- Tri-State HIVQUAL Regional Group (WV, western PA, OH)

2. CONCENTRATE ON TWO TARGET AUDIENCES - FEMALES AGES 25-54 AND YOUNG ADULTS AGES 16-35.

- Unduplicated clients: 333
- New clients: 39
- Sex
 - Female 63 (19%)
 - Male 270 (81%)
- Household Income
 - Equal or below FPL 203 (61%)
 - 101-200% FPL 108 (32%)
 - 201-300% FPL 17 (5%)
 - >300% FPL 5 (2%)
 - Unknown/Unreported 0

OUTREACH:

- Free rapid HIV testing in clinics
- Media
- Youth Education in grades 7-10 Kanawha County
- Sponsors/Presenters
 - Fairness West Virginia Conference
 - West Virginia Public Health Symposium
 - World AIDS Day events
 - WV and National Ryan White All-Titles Meetings
 - CAMC Health Fest
 - Gay Pride Parade and Festival, Rainbow Run fundraiser

PREVENTION:

- Continued CDC funding
 - "Partnership for Health"
 - \$25,000 annually
- Hepatitis B grant with state HIV/AIDS/STD program
 - 300 Hepatitis B vaccine doses
 - \$1,500 annual stipend
- Over 4,000 condoms distributed

BARRIERS TO ADDRESS:

- Access to qualified, compassionate primary care providers
- Transportation
- Access to mental health, substance abuse and dental services
- Understanding and navigating ACA with support of RW providers
- Lack of peer social support/network
- Stigma

#7	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of poor people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners.
IDENTIFIED HEALTH ISSUE	Poverty/Unemployment
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	CAMC is working with The Ford Foundation as part of their wealth/ value chain creation approach. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC’s five county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The Ford Foundation’s value chain premises are that we need to be intentionally inclusive of poor people and places as economic contributors to have a positive impact on wealth in our communities.
STRATEGIC OBJECTIVE	DEVELOP THE FIRST VALUE CHAIN IN THE HEALTH CARE SECTOR BASED ON THE FORD FOUNDATION VALUE CHAIN APPROACH
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Identify gaps that need to be filled in the health care sector 2. Identify obstacles that stand in the way of an effective value chain (such as policy barriers, consumer education, access to resources) 3. Identify what would help grow more and better jobs for people in the community 4. Identify how we can generate more locally owned and controlled resources
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of viable options identified • Options pursued • Implementation of a value chain
TIMELINE	Identify and implement one value chain in 2013
RESOURCES	Greater Kanawha Valley Foundation for facilitation and meeting support; Ford Foundation expertise and facilitation; CAMC budget
PARTNERS/COLLABORATORS	<p>Ford Foundation Greater Kanawha Valley Foundation CAMC Health Education and Research Institute Kanawha Coalition for Community Health Improvement</p>
2013-2014 Progress Report	<ol style="list-style-type: none"> 1. IDENTIFY GAPS THAT NEED TO BE FILLED IN THE HEALTH CARE SECTOR Identified four potential value chains: Plastic Recycling, Locally Grown Herbs, Healthy Kids Program, Telemedicine 2. IDENTIFY OBSTACLES THAT STAND IN THE WAY OF AN EFFECTIVE VALUE CHAIN (SUCH AS POLICY BARRIERS, CONSUMER EDUCATION, ACCESS TO RESOURCES)

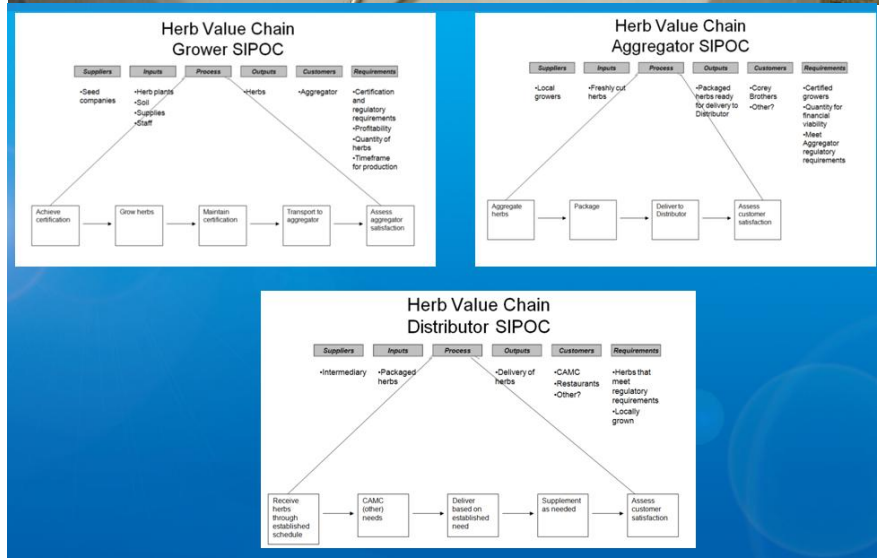
Completed the value chain analysis for each of the value chains including identification of obstacles.

3. IDENTIFY WHAT WOULD HELP GROW MORE AND BETTER JOBS FOR PEOPLE IN THE COMMUNITY

Completed as part of the value chain analysis.

4. IDENTIFY HOW WE CAN GENERATE MORE LOCALLY OWNED AND CONTROLLED RESOURCES

Selected the herb value chain for our first effort. Invited all stakeholders and developed SIPOCs for each role in the value chain.




Worked with the Department of Agriculture on training and liability issues and met with local growers. At present, there are two suppliers who are providing fresh vegetables to CAMC for use in cooking and also we are providing produce in our cafeterias for employee, medical staff and visitor purchase. Plans are in place to expand number of growers for vegetables and continue to develop a base of growers for herbs.

CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC General Hospital (268 beds) focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Medicine and general surgery cross both Memorial and General Hospitals.


CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

#8	CAMC General Hospital
COMMUNITY HEALTH NEED	Obesity/Nutrition; Diabetes
IDENTIFIED HEALTH ISSUE	Obesity, diabetes
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	In 2010, West Virginia's obesity rate was 32.5%. Bariatric surgery has been found to address obesity and resolve diabetes in the obese population.
STRATEGIC OBJECTIVE	SUPPORT REDUCTION OF OBESITY THROUGH PROVISION OF A BARIATRIC SURGERY PROGRAM.
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Maintain Bariatric Surgery Center of Excellence designation 2. Provide educational and exercise component for adult weight loss
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Patients following protocol for surgery • Adherence to Center of Excellence standards
TIMELINE	Ongoing
RESOURCES	Internal
2013-2014 Progress Report 	<ol style="list-style-type: none"> 1. MAINTAIN BARIATRIC SURGERY CENTER OF EXCELLENCE DESIGNATION The Bariatric Surgery Program was renewed as a Center of Excellence from the American College of Surgeons and the ASMBS in April 2014. 2. PROVIDE EDUCATIONAL AND EXERCISE COMPONENT FOR ADULT WEIGHT LOSS For 2013, the CAMC Weight Loss Center had 484 surgical weight loss patients and 102 visits for adult medical weight loss. All visits included education, exercise education and evaluation, and medical treatment from a medical provider which adhere to the Center of Excellence standards. <p>In addition, the 2013 WV Obesity Conference: The Multi-sector Approach to the Obesity Epidemic in Appalachia was held on May 17th. The conference provided lectures and panel discussions on a variety of obesity related medical and community issues.</p>

CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Memorial Hospital (424 beds) supports the cardiac, peripheral vascular and oncology services lines with admissions and outpatient visits. Medicine and general surgery cross both Memorial and General Hospitals.


CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

#9	CAMC Memorial Hospital
COMMUNITY HEALTH NEED	Incidence of cancer in service area
IDENTIFIED HEALTH ISSUE	Continuum of care support for cancer patients and cancer survivors
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	Cancer is the second most common cause of death. Kanawha County has one of highest cancer mortality rates in WV.
STRATEGIC OBJECTIVE	DEVELOP AND IMPLEMENT A CANCER PATIENT NAVIGATION AND SURVIVORSHIP PROGRAM BY 2014
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Develop and implement oncology patient navigation program. 2. Develop and implement a cancer survivorship program
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Program implementation • Number patients supported in patient navigation system • Number of patients supported in survivorship program
TIMELINE	2014
RESOURCES	Staff education; information system; grant resources for program development
PARTNERS/COLLABORATORS	Benedum Foundation
2013- 2014 Progress Report 	<ol style="list-style-type: none"> 1. Develop and implement oncology patient navigation program. Cancer patient navigation program developed and implemented. Colon cancer patient participants: 2013 = 129 Lung cancer patient participants: 2013 = 107 Breast cancer patient participants: To begin June 2014 2. Develop and implement a cancer survivorship program Staff selected, cancer survivorship training completed and policies developed. First patients in 2014.

CAMC WOMEN AND CHILDREN'S HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Women and Children's Hospital (146 beds) focuses on mother, baby, pediatric and gynecology service lines.

CAMC WOMEN AND CHILDREN'S HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

#10	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity/Nutrition
IDENTIFIED HEALTH ISSUE	Childhood Obesity
PROGRAM DESCRIPTION AND RATIONALE	 <p>CAMC and CHERI partnered with the Kanawha Coalition for Community Health Improvement to obtain funding to address childhood obesity from the Robert Wood Johnson Foundation <i>Healthy Kids, Healthy Communities</i> grant. Kanawha County was one of only 41 communities to receive this grant nationwide and the only one in WV. KEYS 4 HealthyKids impacts the community through policy and environmental change to increase access to healthy affordable food and physical activity opportunities. Through the assessment phase, KEYS learned that residents had an interest in community gardens and pocket parks within their neighborhoods to increase access to healthy affordable food and physical activity opportunities. KEYS also learned that area childcare facilities yearned for the technical assistance to create policies within their facility that improved access to healthy, affordable food and physical activity for the children they served. Through community partnerships, KEYS has been able to offer a training program to childcare centers, spark interest in community gardens and form a community gardens committee, and identify two vacant properties for pocket parks. This program is an ongoing effort to address obesity in Kanawha County, supporting the KCCHI workgroup on Obesity which was established in March 2007.</p>
COMMUNITY SERVED	The K4HK initiative focuses on low resource, at-risk youth and their families currently living in the East End and the West Side of Charleston. These neighborhoods all share similar disparities in terms of lack of access to safe venues for physical activity and healthy, affordable foods; however all have strong neighborhood associations.
STRATEGIC OBJECTIVE	REDUCE CHILDHOOD OBESITY
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Revitalize four community gardens 2. Develop a plan to deliver leftover produce to area food banks and shelters 3. Identify one pocket park location in each community. Plan for revitalization and ensure the parks will be available to everyone. 5. Six area childcare facilities to participate in the Nutrition and Physical Activity Self Assessment for Childcare Centers to improve their policies regarding healthy affordable food and physical activity. When the training is complete, the six centers will be KEYS 4 HealthyKids Certified Healthy Childcare Centers. 6. Create a youth council with children and increase membership. Use the youth council to complete Walkability Audits around various community centers and share their information with City Council and CURA.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Community gardens • Parks established in designated communities • Childcare Center involvement and policy changes

	<ul style="list-style-type: none"> • Walkability Audit completed 														
TIMELINE	2013														
RESOURCES	Robert Wood Johnson Foundation (\$90,000), CAMC Foundation (\$10,000), City of Charleston (\$10,000), Charleston Area Business Alliance (\$5,000), Claude Worthington Benedum Foundation (\$25,000), Thomas Health Systems (\$10,000), Family Care Health Center (\$1,000), Central Counties AHEC (\$1,000), Cabin Creek Health Center (\$1,000), CAMC Civic Affairs (\$2,500). In-Kind Funding: CAMC (\$28,640), Kanawha Coalition for Community Health Improvement (\$39,241), Kanawha-Charleston Health Department (\$5,795).														
PARTNERS/ COLLABORATORS	CAMC Health Education and Research Institute, city government, other local health care providers, business groups, community health providers, social service organizations, and individuals (22 organizations in total).														
2013- 2014 Progress Report	KEYS 4 HealthyKids In December 2009, KEYS 4 HealthyKids (KEYS) partnership received a four-year, \$360,000 grant as part of the HKHC national program. Charleston Area Medical Center Health Education and Research Institute (CHERI) was the lead agency for the HKHC grant. The partnership focused on increasing access to fresh and affordable foods and increasing physical activity opportunities within Charleston’s East End and West Side neighborhoods. The partnership’s reach expanded throughout Kanawha County and the surrounding nine counties in later years of HKHC funding. Over the source of the four year grant, KEYS leveraged an additional \$1.6 million in matching funds and in-kind resources.														
	<table border="1"> <thead> <tr> <th>Organization/Institution</th> <th>Partners</th> </tr> </thead> <tbody> <tr> <td>Business/Industry/ Commercial</td> <td>West Virginia Dairy Council Charleston Area Alliance Valley Health Systems, Inc. WIC Program Capital Market Three Trees Design and Landscaping</td> </tr> <tr> <td>Civic Organization</td> <td>United Way of Central West Virginia Salvation Army Boys and Girls Club YMCA of Kanawha Valley</td> </tr> <tr> <td>College/University</td> <td>West Virginia University Central Counties AHEC WVU Extension Prevention Research Center West Virginia State University Extension</td> </tr> <tr> <td>Foundation</td> <td>Claude Worthington Benedum Foundation Charleston Area Medical Center Foundation Charleston Area Medical Center Health Education and Research Institute, Inc. (CHERI)</td> </tr> <tr> <td>Government</td> <td>City of Charleston Charleston Urban Renewal Authority (CURA) City of Charleston City Council and Mayor City of Charleston Mayor’s Office of Economic and Community Development City of Charleston Parks and Recreation Department City of Charleston City Council Parks and Recreation Charleston Land Trust Kanawha-Charleston County Health Department Kanawha-Charleston Housing Authority Orchard Manor Resident Management Corp West Virginia Office of Healthy Lifestyles West Virginia Development Office</td> </tr> <tr> <td>Medical/Health Organizations</td> <td>Cabin Creek Health Systems CAMC Health Systems, Inc. CAMC Family Resource Center Charleston Area Medical Center Civic Affairs Council Thomas Health System, Inc.</td> </tr> </tbody> </table>	Organization/Institution	Partners	Business/Industry/ Commercial	West Virginia Dairy Council Charleston Area Alliance Valley Health Systems, Inc. WIC Program Capital Market Three Trees Design and Landscaping	Civic Organization	United Way of Central West Virginia Salvation Army Boys and Girls Club YMCA of Kanawha Valley	College/University	West Virginia University Central Counties AHEC WVU Extension Prevention Research Center West Virginia State University Extension	Foundation	Claude Worthington Benedum Foundation Charleston Area Medical Center Foundation Charleston Area Medical Center Health Education and Research Institute, Inc. (CHERI)	Government	City of Charleston Charleston Urban Renewal Authority (CURA) City of Charleston City Council and Mayor City of Charleston Mayor’s Office of Economic and Community Development City of Charleston Parks and Recreation Department City of Charleston City Council Parks and Recreation Charleston Land Trust Kanawha-Charleston County Health Department Kanawha-Charleston Housing Authority Orchard Manor Resident Management Corp West Virginia Office of Healthy Lifestyles West Virginia Development Office	Medical/Health Organizations	Cabin Creek Health Systems CAMC Health Systems, Inc. CAMC Family Resource Center Charleston Area Medical Center Civic Affairs Council Thomas Health System, Inc.
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	Other Community-Based Organizations	Bob Burdette Center Bryan Boyd Creative Group Charleston Kiwanis Club Charleston Montessori School Common Grounds Food Pantry East End Family Resource Center (EEFRC) East End Community Association East End Community Organization Family and Youth Development Services, Inc. Family Care Health Center Friends of the Kanawha Trestle Trail Kanawha Coalition for Community Health Improvement Main Street Programs NeighborWoods Partnership of African American Churches Wellness Council of West Virginia West Side Neighborhood Association West Virginia Council of Churches West Virginia on the Move
	Policy/Advocacy Organization	West Virginia Healthy Kids and Families Coalition
	School	Kanawha County Schools
<p>The partnership and capacity building strategies of the partnership included:</p> <p>KEYS Youth Council: Recognizing the importance of engaging the youth of Charleston, KEYS 4 HealthyKids collaborated with the local YMCA to form the KEYS Youth Council in 2010. Housed and sponsored by the YMCA, the council focused on childhood obesity prevention and advocacy and was comprised of middle school students from Kanawha County. The youth met monthly to identify and address opportunities and challenges to physical activity and nutrition. Youth Council activities and accomplishments included:</p> <ul style="list-style-type: none"> • An annual advocacy and Photovoice training for current and new Youth Council members. The first Photovoice project focused on school lunches and was presented to the Kanawha County Schools Wellness Committee. • Walkability and bikeability audits. • Participation in a grocery store tour with Congresswoman Shelly Moore Capito and West Virginia Delegate Mesha Poore. • Participation in advocacy training with Charleston City Council members, KEYS staff, and YMCA staff. As a result of the training, the City Council members formally requested the Youth Council's assistance in assessing city-operated parks and making recommendations for improvements. • A presentation by the KEYS Youth Council President on school wellness initiatives and youth engagement in wellness planning at the West Virginia State Department of Education's KidStrong Conference in his role as National Advisory Council Member of the Alliance for a Healthier Generation. <p>Community Action Toolkit and Peer Learning Network: In 2012, KEYS developed a Community Action Toolkit and a Peer Learning Network to support new communities and organizations in Kanawha County and surrounding counties in their active living and healthy eating efforts. The Community Action Toolkit was designed to assist communities and organizations prioritize efforts, create a work plan, and implement policy, practice, and environmental changes. The toolkit included a guidebook, video, and 5210 promotional materials, and was made available to the public on the KEYS website. The Peer Learning Network was created for KEYS to provide technical assistance and to encourage cross-site learning from participants. The Community Action Toolkit</p>		

and Peer Learning Network were open to Kanawha County applicants in 2012. The following year they were made available to a ten-county area: Boone, Clay, Fayette, Jackson, Kanawha, Lincoln, Nicholas, Putnam, Raleigh, and Roane counties. The partnership received funding from Claude Worthington Benedum Foundation to create the toolkit and offer funds to participating communities. The first year, mini-grants from \$3,000-\$6,000 were available to applicants partnering with at least two other organizations who would collectively start a community assessment. The assessment results would drive the communities' healthy and active living initiatives. In 2013, KEYS provided funds to new expansion communities for expenses directly related to improving food access and for increasing physical opportunity. The initial meeting of the Peer Learning Network was facilitated by KEYS Steering Committee, and over 50 partners and media contacts attended the press conference. KEYS provided ongoing technical assistance to the organizations through the Peer Learning Network.

Community Action Toolkit and Peer Learning Network participants included:

- 2012: Common Grounds food pantry in Kanawha City, City of Clendenin, Thomas Hospital Foundation for the North Charleston neighborhood, the county-wide School and Youth Garden Support Network (SYGSN)
- 2013: City of Richwood, City of Ripley, Regional Education Service Agency 1, Clay Elementary, Hamlin PK-8 Elementary in Lincoln County, Build it Up! WV, Raleigh County Community Council, Step by Step

Along with partnership and capacity building strategies, the KEYS 4 HealthyKids partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies. The healthy eating and active living strategies of KEYS 4 HealthyKids included:

Child Care Nutrition and Physical Activity Standards: KEYS 4 HealthyKids partnered with 18 child care centers to improve nutrition and physical activity standards in child care settings. Eighteen centers participated to improve standards using the Nutrition and Physical Activity Self-Assessment for Child Care Centers (NAP SACC) tool.

Policy, Practice, and Environmental Changes

Across the 18 participating child care centers and after school programs, the following policy and environmental changes were implemented:

- Nutrition: 192 new and improved policy and practice changes (i.e., increased fruit/vegetable servings, increased access to water, decreased access to vending)
- Physical Activity: 63 new and improved policy and practice changes and 28 new and improved environmental changes (i.e., increased indoor and outdoor physical activity time, increased equipment for play time)

In addition, the East End Family Resource Center and YMCA Preschool enrolled in the Federal Children and Adult Care Food Program to improve the nutrient intake of children by providing reimbursement for meals served that met minimum nutritional standards.

Participating childcare centers included:

2011: First Presbyterian, East End Family Resource Center, YMCA Preschool, YMCA After School and Summer Camp, Mom's Helping Hand
2012: Vista View Learning Center; East End Family Resource Center; The Bob Burdette Centers of Emmanuel, Calvary, and West Charleston; the four Partnership of African American Churches Centers, and Salvation Army Boys and Girls Club

2013: St. Agnes and Teays Valley, Linwood Community Daycare

Parks and Play Spaces: KEYS 4 HealthyKids partnered with Charleston Parks and Recreation, child care centers and after school programs, local businesses and organizations to implement policy, practice, and environmental changes at parks and play spaces in Charleston and Kanawha County. Several of these changes occurred because of participation in the KEYS Community Action Toolkit and Peer Learning Network and as a result of the Youth Council's presentation to Charleston City Council Parks and Recreation Committee and the ongoing dialogue between the youth and Charleston Parks and Recreation staff identifying barriers to play.

Policy, Practice, and Environmental Changes

The partnership advocated for and supported the installation of one new pocket park, four new playgrounds and/or natural learning areas, and modifications to several parks and play spaces.

New Parks and Play Spaces

- A pocket park with playground equipment was installed at East End Family Resource Center.
- Playground equipment was installed at Magic Island.
- CAMC and KEYS partnered to install a new Play Patch Playground in Charleston Town Center featuring the 5210 healthy eating and active living message. The playground was designed for children under four feet tall and had ample seating for parents to directly observe their children playing and climbing in the Play Patch consisting of fruit and vegetable play structures.
- A community playground was installed at Charleston Montessori School on the West Side.
- A new play structure was installed at Clendenin Elementary.

New Parks and Play Space Equipment

- Physical activity equipment for North Charleston Baptist Church was purchased to use in the community gymnasium.
- KEYS partnered with Orchard Manor Residential Association and Kanawha Housing to increase multigenerational physical activity opportunities for residents at Orchard Manor. Office for Healthy Lifestyles funds were used to purchase indoor physical activity equipment and to mark a new walking trail.
- Salvation Army Boys and Girls Club afterschool program purchased electronic physical activity equipment and compiled best practice policy guidelines for the equipment with Office for Healthy Lifestyles funding.

Modified Parks and Play Spaces

- Improvements were made to the existing Celebration Station Park as a result of youth environmental audits. The park revitalization project included new basketball rims, new and repaired swings, slides, various play structures and wood replacement.

Shared Use Agreements

- A formal shared use agreement was created between Charleston Montessori School and Grace Covenant Baptist Church to allow Montessori student and community access to the playground. The agreement stated that the school was responsible for the liability of the community playground.
- North Charleston Baptist Church created an informal shared use agreement to open its gymnasium to community members on Wednesday evenings and Sunday afternoons.

Youth Scholarship Program

KEYS created the Youth Scholarship Program to provide financial assistance and equipment for after school sports programs to increase participation in disadvantaged youth on the West Side and East End. In addition to fees and equipment needs, transportation was identified as a key barrier to participation. KEYS committed \$2,000 to the program and utilized additional grant funds from Greater Kanawha Valley Foundation (nonmatching, \$10,000 in 2012) to support the program. Additionally, 875 children (grades K-5) at low-income, year-round Charleston schools (Piedmont and West Side Elementary) received soccer instruction five days a week for three weeks with every child receiving an opportunity for a \$75 West Side Soccer League Scholarship. Approximately 40 children took advantage of the scholarship. In addition, five children from Piedmont and West Side received full scholarships and uniforms for Jiu Jitsu training. Local sports organizations partnered to continue offering programs and scholarships to the students at Piedmont and West Side Elementary.

Implementation

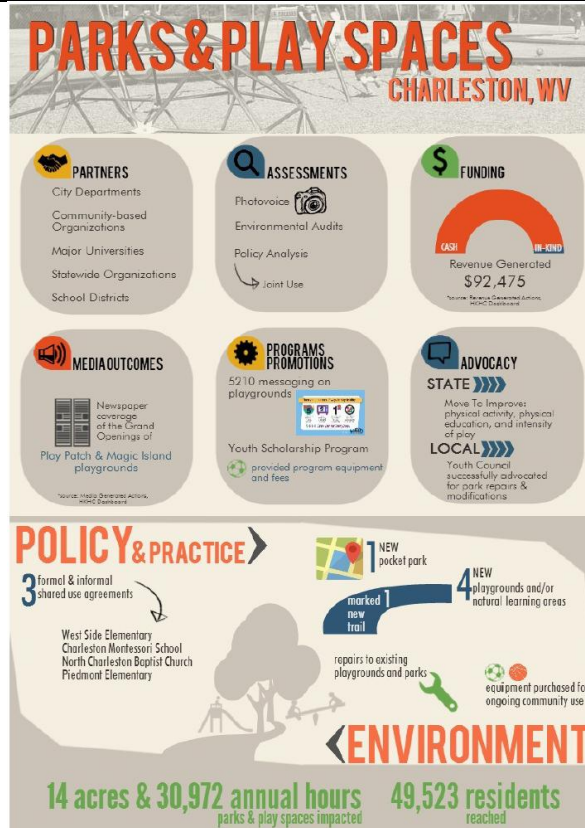
KEYS partnered with Charleston Park and Recreation Department to purchase playground equipment for parks in Charleston. KEYS contributed \$14,000 toward playground equipment so that Charleston Parks and Recreation could reach the \$50,000 minimum to purchase equipment at a discounted rate. The equipment was installed at the East End Family Resource Center and Magic Island. Because of the environmental audit completed by the Youth Council, Charleston Parks and Recreation made repairs and improvements to area parks. Parks and Recreation requested that the youth continue to conduct audits and submit the data to expedite repairs.

East End Park

Results from the partnership's comparison of physical activity mapping to census tract data prompted Charleston Parks and Recreation to agree to add an additional park to the East End neighborhood. Charleston Urban Renewal Authority donated a lot adjacent to East End Family Resource Center, which houses an after school program for low-income African American youth ages 5-18. Youth at the East End Family Resource Center voted on the color scheme for the playground.

Celebration Station Park

Several youth from the East End Family Resource Center attended the community forums held by the partnership. When asked about their utilization of Celebration Station, youth stated that they did not like the basketball rims and chose not to use them. In response, the partnership installed new rims. The existing play structure was also repaired and modified. Additional funds were used to hire a consultant from the original playground designer, Leather Associates, to create a long-term plan for repair and replacement of park structures.



City Comprehensive Planning: Partnership staff provided extensive input to the City of Charleston’s new comprehensive plan, Imagine Charleston. Imagine Charleston is the first Charleston comprehensive plan to incorporate a health section that includes healthy eating and active living.

Policy, Practice, and Environmental Changes

Imagine Charleston was adopted by Charleston City Council in October 2013. Policies recommended by KEYS and adopted into the final plan included access to both healthy, affordable food and places to be active for families and children. The partnership was identified as the lead responsible for implementing the many health components of Imagine Charleston.

Implementation

In 2012, the City of Charleston began the process of creating a new city comprehensive plan. This 15-20 year plan was funded by the City of Charleston, Charleston Urban Renewal Authority, Charleston Area Alliance, and The Greater Kanawha Valley Foundation. The visioning and planning process was branded, “Imagine Charleston.” The city hired planning and design consultants to lead citizens and community leaders through a visioning process. KEYS was a key leader in coordinating and promoting the community engagement process which included resident focus groups and public comment forums. KEYS also made it a priority to partner with the city and consultants to ensure that health considerations were part of the planning and decision making process. The partnership’s project director was a member of the advisory committee and partnership staff participated in focus groups, weekly conference calls with the local planning committee and consultants, and met directly with the consulting team, providing input, suggestions, and examples of policies encouraging healthy eating and active living. KEYS provided the consultants with the physical activity opportunity maps and the Kanawha Boulevard walkability audits. The wide-ranging collaboration allowed for better coordination of services and additional input to the planning process.

Access to Healthy Food: KEYS collaborated with community members, schools, and child care centers to improve access to healthy and affordable food in a wide variety of areas including farmers' markets, food pantries, community gardens, and school and youth gardens.

Policy, Practice, and Environmental Changes

Access to Healthy Food policy, practice, and environmental changes included:
Farmers' Markets:

- An Electronic Benefits Transfer (EBT) machine was added to the West Side Farmers' Market, providing Supplemental Nutrition Assistance Program (SNAP) recipients access to fresh produce closer to home.

Corner Stores:

- Six refrigeration units were placed in area corner stores to hold water and fresh produce. The units were purchased from funds from Office of Healthy Lifestyles.

Community-Based Organizations:

- A refrigerator and freezer were installed at the Common Grounds food pantry to store fresh and frozen produce for pantry families. Common Grounds partnered with West Virginia University (WVU) Extension for use of its commercial kitchen.
- The Common Grounds food pantry adopted nutrition policies for its food boxes including an increase in the number of fruits, vegetables, and whole grains and a reduction in foods high in fat and sodium. The pantry also adopted a policy to encourage healthy purchases and a policy to recommend healthy donations.
- North Charleston Baptist Church adopted a healthier menu for church functions.
- As part of the Community Action Toolkit, Southern West Virginia Multicultural Museum and Community Center adopted a policy to no longer provide children in the center with soda.
- Big Ugly Community Center adopted policies that prohibited the use of program funds for sugar sweetened beverages purchases and prioritized the purchase of local produce.

Schools:

- KEYS helped to revise the Kanawha County School Wellness Policy so that the nutrition education component was in line with United States Department of Agriculture dietary guidelines and what constitutes "extreme weather" was clarified for when considering outdoor versus indoor recess.

Community Gardens:

- KEYS collaborated with community members, schools, and child care centers to install or improve seven community gardens in Charleston.
- The School and Youth Garden Network created 12 food production areas at local schools. Food production areas included raised beds, container gardens and indoor growing space.
- The School and Youth Garden Network provided curriculum, agriculture, and material supplies in the first year and distributed over 500 cherry tomato plants to students.
- Charleston City Council passed an urban agriculture bill, permitting community gardens and up to six hens and three beehives on city property.

School and Youth Garden Support Network: KEYS and West Virginia University Extension partnered to develop the School and Youth Garden Support Network (SYGSN) to enhance sustainability of gardens. The Network was created as part of the first round of Community Action Toolkit and Peer Learning Network recipients. It provided garden-based training to local educators, developed

curricula for schools, and built raised bed gardens at area schools and afterschool programs. SYGSN partnered with Food and Farm Coalition and leveraged funds to develop and maintain a community garden website that featured garden curriculum for teachers to meet core curriculum standards. There were 13 schools, 26 classrooms, and 700 kids participating in the school and youth garden support network. Approximately 1,500 kids were sent home with plants from the West Virginia University Nutrition Extension Outreach Instructors. In 2013, a School Garden Symposium was held with attendance from 60 teachers across the state.

Complementary Programs/Promotions

As part of the Common Grounds food pantry's participation in the Community Action Toolkit program, pantry customers participated in monthly cooking classes to learn how to prepare food available from the pantry. KEYS also helped create healthy donation and suggestion lists and developed fruit and vegetable recipe cards for churches and schools to distribute.

Tool Lending Program: KEYS eating healthy team leaders established a tool lending program in partnership with WVU Extension, Kanawha Community Garden Association, and Rock Lake Community Garden. Funds from West Virginia's Office of Healthy Lifestyles were used to purchase small equipment for partnership gardens. Many organizations did not want to house the equipment on their property due to liability and dangers associated with storing the equipment. KEYS purchased sheds to be placed at several gardens and created Google documents for check-outs and waivers. The garden coordinator trained gardeners on how to use the Google documents and components of the tool lending program.

SUSTAINABILITY

Over the course of the project, partnership leadership worked to sustain each individual project and the partnership as a whole. In the last year of funding, KEYS created a 2014-2016 sustainability plan to ensure the work continued into the future. As part of the planning process, KEYS surveyed past and current partners to determine interest and level of commitment for projects and focus areas. The survey was used to prioritize strategies. The partnership also conducted a formative self-assessment and cost analysis for focus areas moving forward. As a result of the sustainability planning process, KEYS 4 HealthyKids was able to focus its future direction on high priority strategies. Additional funding will enable KEYS to continue to operate with partnership staff, a steering committee, and workgroups. The partnership committed to moving forward in the following areas:

- Community Action Toolkit and Peer Learning Network
- School and Youth Garden Network
- Natural Learning Environments and edible gardens at child care and after school facilities
- NAP SACC in Charleston and across the state
- Imagine Charleston policy development
- KEYS Youth Council

The partnership also committed to expanding its efforts to include involvement in the statewide Try This Initiative to network and share healthy eating and active living efforts across West Virginia, expanded access to healthy food efforts (i.e., Farm-to-Preschool, Farm-to-School, community gardens, and urban agriculture), and state and local physical activity policy advocacy.

Future Funding

As part of the partnership's sustainability planning in 2013, partnership staff applied for and received funding to continue its work. Future funding included:

- CAMC Foundation (\$45,000) to continue work on natural learning environments, school gardens, and NAP SACC centers

- CAMC Health System (\$20,000, in-kind) to support the KEYS 2014 workplan and provide office space, printing, a desktop computer, three laptop computers, and general use of office equipment
- The Greater Kanawha Valley Foundation (\$20,000) for Natural Learning Environments for four child care centers
- State of West Virginia, SNAP-Ed Program, (\$150,000) for school gardens, NAP SACC centers, and school wellness committees
- Bureau of Public Health (\$19,600) for Kidz Bite Back, a youth leadership program, and Farm-to-Preschool a Community Supported Agriculture (CSA) and food cooperative for child care centers
- AmeriCorps VISTA employee, in partnership with West Virginia University Extension, for the KEYS 2014 workplan
- Coventry Cares (\$13,150) for Kidz Bite Back.



#11	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Access to health care
IDENTIFIED HEALTH ISSUE	Access to health care
COMMUNITY SERVED	Primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	High risk pregnant women and their health care providers need access to perinatal consultation services, education and obstetrical referrals without leaving their rural providers.
STRATEGIC OBJECTIVE	DESIGN AND IMPLEMENT A STATEWIDE PERINATAL TELEHEALTH PROGRAM
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide rural health care sites with the equipment and training necessary to link their organizations (and obstetricians, nurse practitioners, certified nurse midwives, nurses, pregnant women and their families) with the three tertiary care centers (and perinatologists) in the state. 2. 17 rural healthcare sites will have access to obstetric/perinatal care via telemedicine consultations for the first time. 3. Pregnant mothers located in 14 rural counties will receive better and more frequent care due to greater accessibility of healthcare. 4. 353,250 rural county residents will realize additional benefits from this project through access to the videoconferencing equipment provided in their local areas. This equipment will provide access to general healthcare consults, healthcare education, first aid and basic healthcare training for local responders, communication and information gathering sessions with a variety of social service organizations, etc.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Identify equipment specifications for the rural sites and provide equipment • Enhance broadband capabilities for these rural sites through a project with the Federal Communications Commission (FCC) • Provide perinatal consultations at all sites
TIMELINE	2012 -2013
RESOURCES	Department of Agriculture; Rural Urban Systems Grant (\$371,609); Claude Worthington Benedum Foundation (\$150,000); West Virginia Health Care Authority (\$50,000); Matching funds from participating sites (\$210,077).
PARTNERS/COLLABORATORS	West Virginia Perinatal Partnership Cabell Huntington Hospital – Huntington, WV WVU Hospital-Ruby Memorial, Morgantown, WV
2013-2014 Progress Report	<p>1. PROVIDE RURAL HEALTH CARE SITES WITH THE EQUIPMENT AND TRAINING NECESSARY TO LINK THEIR ORGANIZATIONS (AND OBSTETRICIANS, NURSE PRACTITIONERS, CERTIFIED NURSE MIDWIVES, NURSES, PREGNANT WOMEN AND THEIR FAMILIES) WITH THE THREE TERTIARY CARE CENTERS (AND PERINATOLOGISTS) IN THE STATE. 17 RURAL HEALTHCARE SITES WILL HAVE ACCESS TO OBSTETRIC/PERINATAL CARE VIA TELEMEDICINE CONSULTATIONS FOR THE FIRST TIME</p> <p>WV Perinatal Telehealth Project Description. Working with the West Virginia Perinatal Partnership, CAMC has spent the past several years to designing and developing a statewide Perinatal Telehealth Program. The Program provides rural health care sites with the equipment and training necessary to link their organizations (and obstetricians, nurse practitioners, certified nurse midwives, nurses, pregnant women and their families) with tertiary care centers (and perinatologists) allowing high risk pregnant women and their health care providers to receive perinatal consultation services, education and obstetrical referrals without leaving their rural providers.</p>

Participating Sites

Rural Hospitals

Davis Memorial Hospital
Grant Memorial Hospital
Preston Memorial Hospital
Roane General Hospital
Stonewall General Hospital
Summersville Memorial Hospital
Williamson Memorial Hospital
Greenbrier Valley Medical Center
St. Joseph's Hospital - Buckhannon


Primary Care Centers

Southern WV Health System, Man
Lincoln Primary Care Center
Primary Care Systems – Clay County
Roane Co. Family Health Care
Valley Health Systems – Fort Gay
Valley Health Systems – Wayne
Valley Health – Mill Creek
Family Care – Madison

Outcomes:

- 17 rural healthcare sites **have access to obstetric/perinatal care via telemedicine consults for the first time**
- **Pregnant mothers located in 14 rural counties receive better and more frequent care due to greater accessibility of healthcare**
- 353,250 rural county residents **realize additional benefits from this project through access to the videoconferencing equipment provided in their local areas. This equipment will provide access to general healthcare consults, healthcare education, first aid and basic healthcare training for local responders, communication and information gathering sessions with a variety of social service organizations, etc.**

1. **Site visits to rural and tertiary sites** conducted by representatives from the WV Perinatal Partnership and CAMC Institute have continued throughout the project when necessary to deploy and test equipment.
2. **Financial Considerations:** Documentation necessary to meet USDA requirements for “match” were prepared and processed for approval; this was necessary before any equipment could be purchased for tertiary and rural sites. This included processing documentation to receive a \$50,000 matching grant from the WV Healthcare Authority. Continued reporting/documentation to the Claude Worthington Benedum Foundation for their grant to fund a project coordinator and to provide support for project coordination, site travel, and education and awareness projects for all sites.
3. **Website Enhancement.** With the WV Perinatal Partnership taking a lead role; information related to the WV Perinatal Telehealth Network was posted on the Partnership's website.
4. **All tertiary care centers (perinatologists) have received equipment** to provide consultation services. These sites include:
 - Cabell Huntington Hospital – Huntington, WV
 - CAMC – Women and Children's Hospital, Charleston, WV
 - WVU Hospital-Ruby Memorial, Morgantown, WV
5. **Evaluation:** The Perinatal Telehealth Coordinator and WV Perinatal Partnership specialists will continue to evaluate and monitor the consultation process.

#12	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity
IDENTIFIED HEALTH ISSUE	Obesity/Nutrition
COMMUNITY SERVED	Children and their families in the primary and secondary service area.
PROGRAM DESCRIPTION AND RATIONALE	In 2009, 14.2% of high school students and 18.9% of children (2007) in West Virginia were obese. The CAMC Weight Loss Center provides comprehensive and multidisciplinary weight management offerings across the lifespan. The children's component is under the direction of Dr. Jamie Jeffrey, Medical Director of our Children's Medicine Center and Project Director for the Keys 4 Healthy Kids grant.
STRATEGIC OBJECTIVE	REDUCE CHILDHOOD OBESITY
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide childhood obesity program 2. Increase awareness of the program 3. Increase participation
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Participation • Weight loss in participants • Impact on family
TIMELINE	Ongoing
RESOURCES	Internal funding
2013-2014 Progress Report 	<ol style="list-style-type: none"> 1. Provide childhood obesity program Provide childhood obesity program. HealthyKids program now offered two days per week and Kids gym available 4 days per week. 2. Increase awareness of the program. HealthyKids link added to Weight Loss Center website. 3. Increase participation. 213 visits completed for Dr. Jeffrey and the HealthyKids Program with 88% of patients completing the group program. <p>Weight loss in participants - Average decrease in BMI was 2.7 for 8 week program (national benchmark 0.8-1.2) with 100% of participants losing weight.</p> <p>Impact on family - Family member participates in weekly group and can exercise with their kids.</p>

**LISTING OF ADDITIONAL
2013 COMMUNITY BENEFIT PROGRAMS FOR
CHARLESTON AREA MEDICAL CENTER**



**Community Health Improvement Services (A)
Community Health Education (A1)**

AARP Driving Safety Courses

Description: Educational program designed to demonstrate how age related changes may affect seniors' driving safety, promote safety, educate our geriatric population and reduce motor vehicle accidents.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Objective: Participants will understand age-related changes that may affect their driving and improve their safety on the road.

Partners: WV Chapter of AARP

Persons: 73

Expenses: 2,135

Revenues: 0

Benefit: 2,135

Alzheimer's Walk

Description: Organized walk to promote awareness and raise funds for Alzheimer's Research.

Category: A1

Gender: Both Males and Females

Department: 41141 (NSICU)

Department Contact: Jessica Arnold (8-3783)

Objective: Raise awareness and funds to support Alzheimer's Research.

Persons: Unknown

Expenses: 420

Revenues: 0

Benefit: 420

Asthma Awareness

Description: Informational displays at the Capitol City Market on World Asthma Day and at the State Capitol promoting asthma awareness. Participation in the Kid Strong Conference by providing an Asthma 101 presentation to school nurses/teachers/coaches. Participation in the Asthma Education Institute and the Respiratory Rally Hall-O-Wheeze as well as presentations to the community promoting asthma awareness.

Category: A1

Gender: Both Males and Females

Department: 42500 (Respiratory Care)

Department Contact: Chuck Menders (8-9401)

Objective: Promote awareness of asthma to support early diagnosis and treatment.

Persons: 152

Expenses: 3,520

Revenues: 0

Benefit: 3,520

ATV & Bicycle Safety Program

Description: A program designed to teach ATV and bicycle safety at local elementary schools.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: To educate elementary school children regarding ATV, bicycle, and playground safety. Six bicycle helmets were donated to students who did not have helmets.

Persons: 1,275

Expenses: 1,160
Revenues: 0
Benefit: 1,160

Baby Sign Language Program (Classes and Playgroup)

Description: Support and education for parents and their small children both hearing impaired and non-impaired. Sign language vocabulary taught to both parents and children in classroom and play group format.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (8-2545)

Objective: Promote language development with small children through parent-child interaction through play with signing.

Persons: 53

Expenses: 420

Revenues: 0

Benefit: 420

Bicycle Safety

Description: A safety presentation that provides facts on bicycle related injuries, helmet effectiveness, safety tips, hand signals and the rules of the road to area elementary school students.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Prevent bicycle injuries and promote the use of helmets.

Persons: 1,227

Expenses: 1,200

Revenues: 0

Benefit: 1,200



Broken Promises

Description: A demonstration of scenarios involving students in motor vehicle accidents on prom night starting from the scene of the accident to the funeral. Speakers provide information about the loss of a loved one.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: To increase awareness for outcomes of alcohol/drug consumption and driving.

Persons: 400

Expenses: 800

Revenues: 0

Benefit: 800

CAMC Participation in State and National Registries

Description: CAMC participates in multiple state and national registries to advance medical and health care knowledge and improve the quality of patient care in West Virginia and across the nation. These registries provide important data on disease incidence, treatment outcomes, best practices, and emerging technology that is shared with facilities and health care providers across the country. Registries include: WV Birth Registry and NICU/PICU Registries, National Vascular Quality Initiative, State and National Tumor Registries, the Society of Thoracic Surgeons Registry, and the National Cardiovascular Data Registry.

Category: A1
Gender: Both Males and Females
Department: 21930 (Coding and Registry)
Department Contact: Ebenetta Rhinehart (8-7980)
Objective: Advance medical/health care knowledge in obstetrics, neonatology, oncology, invasive cardiology, and vascular medicine in West Virginia and across the nation. The sharing of the information gathered on diagnosis, procedures performed, patient care outcomes, and survival rates are vital to ensuring and improving the quality of care.
Persons: Unknown
Expenses: 680,783
Revenues: 0
Benefit: 680,783

Car Seat Safety

Description: A program designed to instruct new parents on the use of car seats purchased through Prevention First Grant for the car seat safety class.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Teaches new parents how to safely utilize the car seat they have been provided. If the restraint devices are used correctly the potential for injury to the child in the event of a motor vehicle accident is greatly reduced.
Persons: 146
Expenses: 3,657
Revenues: 0
Benefit: 3,657

Cardiac Kids

Description: A program designed to go into Kanawha County Elementary Schools and perform blood work on the students and educate them about the risks for cardiac disease that is identified from the findings.
Category: A1
Gender: Both
Department: 43540 (WCH Lab)
Department Contact: Nassar Larijani (8-2386)
Persons: Unknown
Expenses: 4,000
Revenues: 0
Benefit: 4,000

Childbirth Education Classes

Description: Childbirth classes designed for newly expectant parents.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Improved birth outcomes.
Persons: 1,533
Expenses: 45,694
Revenues: 0
Benefit: 45,694

Closed Circuit TV network system

Description: An on demand TV system offering over 100 educational videos for access to patients and their families. The system also includes a relaxation channel and the ability to access videos based on patient availability by making selections on their telephone keypad.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Objective: To provide current vetted patient education for our patients and their families.

Persons: 5,000

Expenses: 39,800

Revenues: 0

Benefit: 39,800

Community Health and Outreach

Description: Health education resources provided for area health fairs on healthy eating, exercise, and how to access the many resources available in the Health Information Center. The HIC offers health information on diseases and conditions, tests and procedures, and other health topics.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Objective: Promote healthy lifestyles, health awareness, and the programs and services offered by the Health Information Center.

Persons: 836

Expenses: 5,863

Revenues: 0

Benefit: 5,863

Compassionate Friends Support Group

Description: Support group for bereaved parents.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (8-2545)

Objective: Nationally recognized support group for any bereaved parent.

Persons: 144

Expenses: 1,200

Revenues: 0

Benefit: 1,200

Digital Signage (CAMC TV) and Video PSAs

Description: CAMC TV is broadcasted throughout our three hospitals to provide educational topics ranging from stroke identification to proper hand washing techniques and precautions to prevent the spread of influenza.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Objective: Engaging and educating patients, family, and community on health education topics.

Persons: Unknown

Expenses: 49,700

Revenues: 0

Benefit: 49,700

Distracted Driving/Driving Safety for Teens

Description: Presentation about distracted driving statistics and habits. Review of safe driving practices and teen driving safety followed by a question and answer session. Program was provided at Buffalo High School in Putnam County.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Create a greater awareness of the dangers associated with distracted driving by discussing the common causes, the potential outcomes and traffic accident statistics. This is then translated down to the impact it can have on the individual teen, their family, friends, and communities.

Persons: 250

Expenses: 216

Revenues: 0

Benefit: 216

Driving Safety Community Events

Description: Presentations at various community events that include the use of a Virtual Driver interactive Simulator to demonstrate the effects of distracted driving, drunk driving, and driving under the influence of medications.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Prevent traffic accidents and fatalities.

Persons: 150

Expenses: 640

Revenues: 0

Benefit: 640



Gun/Playground Safety

Description: A presentation with handouts given at area Elementary Schools to provide an overview of firearms safety and safety precautions on the playground. The presenters review ways to prevent injuries and the students provide feedback on injury prevention.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: To prevent accidents on the playground and unnecessary firearms injuries.

Persons: 600

Expenses: 100

Revenues: 0

Benefit: 100

Health Information Center

Description: The Health Information Center provides up-to-date validated health information via the website. The HIC provides email responses to specific health questions submitted by the public via email. The HIC also provides a 1-800 telephone number where members of the community can request answers to health information questions.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)
Objective: Promote health education in the community.
Partners: Lung Association
 American Cancer Society
 American Heart Association
Persons: 700
Expenses: 1,475
Revenues: 0
Benefit: 1,475



Hospice Tree (Love Light Tree)

Description: Staffed the Hospice Tree Table at the Charleston Town Center which raised money to support local hospice.
Category: A1
Gender: Both Males and Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Persons: Unknown
Expenses: 324
Revenues: 0
Benefit: 324

Imagine U: A Virtual Healthcare Experience

Description: CAMC broadcast of a craniotomy surgery narrated by a local physician via web cast to introduce students to careers in healthcare using technology that links health science classrooms to the real world of health care and hospitals. Students from Boone, Clay, Roane, Jackson, Kanawha and Putnam Counties participated.
Category: A1
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Objective: Expose the students at eleven high schools, four vocational and technical centers to health care careers.
Partners: WV Department of Education
Persons: 2,900
Expenses: 10,492
Revenues: 0
Benefit: 10,492

Infant Massage Classes

Description: Classes for parents and infants that cover benefits of massage and specific techniques to soothe a new baby.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Parents learn to decrease tension, fussiness and irritability with their new babies.
Persons: 6
Expenses: 180
Revenues: 0
Benefit: 180

Kanawha Lactation Association

Description: Six lactation consultants participate on the Kanawha Lactation Association which meets bi-monthly and works to promote, support and protect breastfeeding.

Category: A1

Gender: Both Males and Females

Department: 43116 (Lactation)

Department Contact: Jamie Peden (8-2180)

Objective: To promote, support, and protect breastfeeding in our service area.

Persons: Unknown

Expenses: 2,500

Revenues: 0

Benefit: 2,500

Kanawha Valley Speaks: Economic Impact of Obesity

Description: A video created by George Washington High School students aimed at children, teens and young adults encouraging healthy habits to reduce obesity in West Virginia. CAMC provided the studio, helped create graphics and edited the video.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Community Need: Obesity

Objective: Encourage healthy lifestyle habits and generate support for a campaign that would be funded via a tax on sugar sweetened soft drinks.

Persons: Unknown

Expenses: 1,050

Revenues: 0

Benefit: 1,050

Healthy Kids 5-2-1-0 Program

Description: The 5-2-1-0 Program is designed to modify childcare behavior and encourage children to live a healthier lifestyle. CAMC partnered with Appalachian Power Park to hold 92 events in 50 area elementary schools promoting the benefits of eating 5 servings of fruits and vegetables a day, limiting recreational TV time to two hours a day, encouraging 1 hour or more a day of moderate to vigorous physical exercise, and eliminating soft drinks and sugar sweetened sports drinks. CAMC designed and developed a Children's Playscape at the Town Center Mall with a theme to promote 5-2-1-0 Healthy Kids Program.

Category: A1

Gender: Both Males and Females

Department: 21942 (Marketing)

Department Contact: Elizabeth Pellegrin (8-5757)

Objective: Decrease childhood obesity and teach children the benefits of a healthy diet and exercise in our community.

Persons: Unknown

Expenses: 2,222

Revenues: 0

Benefit: 2,222



Mammography Screening Educational Program

Description: Educational program provided to the community on the importance of mammography screenings.

Category: A1

Gender: Females

Department: 41518 (Medical Imaging)
Department Contact: Tuanya Layton (8-9289)
Objective: Educational program explaining the importance of mammography and bone density screening.
Persons: 100
Expenses: 108
Revenues: 0
Benefit: 108

New Patient Chemo Class

Description: A class designed for patients and their families who are about to begin chemotherapy. The content is based on feedback from former patients. The classes are offered twice per month.
Category: A1
Gender: Both Males and Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Objective: The class is designed to inform the patients about chemotherapy and available services.
Persons: 36
Expenses: 810
Revenues: 0
Benefit: 810

NICU Family Education

Description: Educational program offered to parents and families of premature infants in our NICU to better understand the special needs of their children while they are in the unit.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: To prepare parents to participate in their infant's care while they are in the NICU.
Persons: 30
Expenses: 3,109
Revenues: 0
Benefit: 3,109

Occupational Lung Center Outreach

Description: Presentations on pulmonary diagnostic review for area professionals to measure the level of lung impairment. The tests are used to evaluate and monitor diseases that affect heart and lung function, to monitor the effects of environmental, occupational, and drug exposures, to assess risks of surgery and to assist in evaluation performed before employment or for insurance purposes.
Category: A1
Gender: Both Males and Females
Department: 47656 (Lung Center)
Department Contact: Byron Young (8-7111)
Objective: Educate area professionals on how to utilize information from the Occupational Lung Center.
Persons: 65
Expenses: 400
Revenues: 0
Benefit: 400



Organ Donation Night At Appalachian Power Park

Description: The renal transplant program at General Hospital sponsors an annual night at the ball park for organ recipients and works in concert with the West Virginia Department of Motor Vehicles and others to educate the public on the importance of organ donation and to register individuals for organ donation.

Category: A1

Gender: Both Males and Females

Department: 41452 (Transplant Center)

Department Contact: Glenn Martin (8-6525)

Objective: To heighten awareness of the importance of organ donation.

Persons: 4,000

Expenses: 1,500

Revenues: 0

Benefit: 1,500



Pedestrian and Seatbelt Safety

Description: Program for elementary school students to increase their awareness of traffic and traffic signals and signs, how to properly interact with traffic and on the importance of seatbelt use.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Reduce accidents and traumatic injuries by making children aware of the dangers posed by traffic and not wearing their seat belt.

Persons: 525

Expenses: 880

Revenues: 0

Benefit: 880

Pregnancy Massage Class

Description: Interactive workshop where partners learn techniques to comfort the expectant mother and laboring women.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (8-2545)

Objective: Promote massage for pregnancy, labor, and birth and lifelong general relaxation techniques to decrease stress.

Persons: 30

Expenses: 540

Revenues: 0

Benefit: 540

Red Cross Blood Drive Support

Description: Provides support, signage, and set up/clean up for Red Cross Blood drives held at CAMC facilities.

Category: A1

Gender: Both Males and Females

Department: 42562 (Transfusion Services)

Department Contact: Shari Griffith (8-4236)

Objective: Making employees and visitors aware that the Red Cross is having a blood drive and where they can go if they wish to donate. Also to provide support for setting up and cleaning up the room used for the blood drive.

Persons: 110
Expenses: 756
Revenues: 0
Benefit: 756

Relay for Life

Description: Staffed the Annual Relay for Life in Charleston which promotes cancer awareness and invites cancer survivors and family to participate in the walk. The event raises money for the American Cancer Society.

Category: A1
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Persons: Unknown
Expenses: 240
Revenues: 0
Benefit: 240

Rural Trauma Packaging for Transport

Description: Outreach activity designed to educate EMS personnel on the proper way to prepare and transport trauma patients to trauma centers.

Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (8-7809)
Objective: Safe transport of trauma patients from the field to the trauma center.
Persons: 20
Expenses: 320
Revenues: 0
Benefit: 320

Sibling Prep Class

Description: A 90 minute class for children who are soon to become big brothers and big sisters.

Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: To prepare children for the arrival of siblings.
Persons: 22
Expenses: 600
Revenues: 0
Benefit: 600

Spinal Cord Injury/ Support Education Awareness (SCI/SEA)

Description: Resource meetings held monthly for SCI survivors, family, new patients or anyone interested in the care and rehabilitation and welfare of individuals who have sustained spinal cord injury.

Category: A1
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (8-7608)

Objective: Expose new patients and community members to peers surviving with SCI. Education and updates on research, new techniques and enhance accessible options and community awareness.

Partners: SCI/SEA board and community members.

Persons: 50

Expenses: 1,846

Revenues: 0

Benefit: 1,846

Think First For Kids

Description: Program provided in Kanawha County elementary schools that focuses on the prevention of head and spinal injuries.

Category: A1

Gender: Both Males and Females

Department: 41158 (Neuro ICU General)

Department Contact: Debbie Toney (8-3783)

Objective: Educate children to help prevent head and spinal injuries on the playground, riding bicycles, car safety, and water safety.

Persons: 515

Expenses: 15,000

Revenues: 0

Benefit: 15,000



WV Health Occupations Students of America (HOSA)

Description: Provided two \$250 academic scholarships for post secondary education to 1st place winners in two categories to students who compete in the annual WV HOSA State Leadership Conference.

Category: A1

Gender: Both Males and Females

Department: 21926 (Human Resources Workforce Dev)

Department Contact: Debby Roquet (8-3376)

Objective: Provide support to WV HOSA who works with area students interested in healthcare professions to develop leadership and academic skills.

Persons: 300

Expenses: 500

Revenues: 0

Benefit: 500

	Expenses	Offsets	Benefit	Persons
*** Community Health Education	886,160	30,165	855,995	21,248

Community Based Clinical Services (A2)

Blood Pressure Checks

Description: Blood pressure clinics offered at Carroll Terrace and Lee Terrace housing projects.

Category: A2

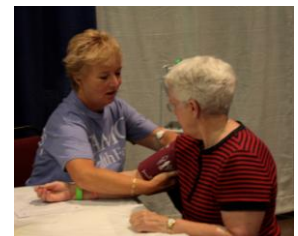
Gender: Both Males and Females

Department: 42314 (Cardiac Rehab)

Department Contact: Ed Haver (8-9520)

Objective: To give residents of various housing projects a regular time to have their blood pressure checked. The goal is controlled blood pressure and many have been counseled regarding medications/compliance.

Persons: 200



Expenses: 708
Revenues: 0
Benefit: 708

CAMC Ryan White Program

Description: Primary outpatient care, education, and information for individuals in southern WV (service area is 16 counties in Public Health Districts 1, 3, and 4) who are at-risk or infected with HIV, regardless of ability to pay.

Category: A2

Gender: Both Males and Females

Department: 46579 (Pharmacy Administration)

Department Contact: Christine Teague (8-8106)

Objective: Primary care to at-risk and HIV infected persons in the service area.

Persons: 352

Expenses: 446,348

Revenues: 56,718

Benefit: 389,666

Child Advocacy Center

Description: Program designed to provide a safe, child friendly place for children with alleged sexual or physical abuse or neglect. Provides a complete medical and psychosocial evaluation and may include a forensic interview. Provide training and education for prosecutors, Child Protective Services, law enforcement, physicians and health care providers. Also, testify and serve as expert witnesses and consultants. In 2013, provided child abuse prevention materials to over 4,000 children in area daycare providers and pediatricians offices and our instructors performed over 95 hours of child abuse training to area professionals.

Category: A2

Gender: Both Males and Females

Department: 43602 (Children's Medicine Center)

Department Contact: Debbie Carte (8-2536)

Persons: 4,400

Expenses: 91,637

Revenues: 0

Benefit: 91,637



Drug Addicted Mother Baby Program

Description: Program for pregnant women who have been identified as drug users during the early stages of their pregnancy.

Category: A2

Gender: Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (8-2545)

Persons: 720

Expenses: 18,112

Revenues: 0

Benefit: 18,112



Get Physical

Description: Annual sports physicals for middle and high school students.

Category: A2

Gender: Both Males and Females

Department: 47654 (Sports Medicine)

Department Contact: Leslie Johnson (8-4900)

Objective: Provide annual sports physicals for students of Kanawha and surrounding counties.

Persons: 300

Expenses: 2,640
Revenues: 0
Benefit: 2,640

Medical Rehabilitation Recreational Therapy Program

Description: Medical Rehabilitation provides a Recreational Therapy Program both during a Rehabilitation patient's stay and as an aftercare option for patients needing the service. Services are provided at no charge and include functional activity, aquatic therapy, kinetic activity, activity daily living, family conferences and patient evaluations.

Category: A2

Gender: Both Males and Females

Department: 41346 (Medical Rehab)

Department Contact: Jeremiah Gagnon (8-7608)

Objective: The return of patients to the highest level of functionality that they can attain.

Persons: 101

Expenses: 1,595

Revenues: 0

Benefit: 1,595

Outpatient Mental Health Services

Description: Outpatient mental health services for the uninsured or underinsured.

Category: A2

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (8-2545)

Objective: Filling the gap in mental health services for the uninsured or underinsured. This program serves individuals who have health insurance that does not cover behavioral health services or individuals without health insurance.

Persons: 420

Expenses: 105,080

Revenues: 0

Benefit: 105,080

Prostate Screening (PSA Event)

Description: A Prostate Screening Program provided to residents of the community to help in the early detection of prostate cancer.

Category: A2

Gender: Males

Department: 49266 (Urology Center)

Department Contact: Becky Harless (8-6457)

Objective: Early detection of cancer.

Persons: 15

Expenses: 375

Revenues: 0

Benefit: 375

West Virginia Health Right Support

Description: A free clinic located in CAMC's service area that provides primary health care and adult dental care to the uninsured and underinsured population. CAMC provides pharmacy support, maintenance and housekeeping services to the free clinic.

Category: A2

Gender: Both Males and Females

Department: 46579 (Pharmacy Administration)

Department Contact: Christine Teague (8-8106)

Objective: To support health care delivery to those unable to obtain services elsewhere.

Persons: Unknown

Expenses: 156,457

Revenues: 0

Benefit: 156,457

	Expenses	Offsets	Benefit	Persons
*** Community Based Clinical Services	822,988	56,718	766,270	6,508

Health Care Support Services (A3)

Challenged Sports Program

Description: Organize and coordinate a challenged sports program, games, leagues, and exhibitions to offer new patients and individuals in the community an opportunity to participate in challenged sports.

Category: A3

Gender: Both Males and Females

Department: 41346 (Medical Rehab)

Department Contact: Jeremiah Gagnon (8-7608)

Objective: To expose the community to challenged sports such as wheelchair basketball leagues, marksmanship and other events and exhibitions. The program helps individuals develop the skills necessary to participate in a recreation activity. It offers an outlet and an opportunity to pursue these sports at a level in which they wish to compete.

Persons: 484

Expenses: 9,286

Revenues: 0

Benefit: 9,286



Enrollment Assistance for Patients & Families for Health Coverage

Description: Patient Accounts provides support enrolling patients in government programs or in obtaining charity care. Financial Counselors address the charity process for CAMC patients. Over 34,000 charity and government enrollment applications were provided.

Category: A3

Gender: Both Males and Females

Department: 31706 (Finance)

Department Contact: Jay Richmond (8-6250)

Persons: 31,865

Expenses: 1,574,800

Revenues: 0

Benefit: 1,574,800

Follow-Up After Perinatal Loss

Description: Labor and Delivery nurses provide outpatient referral and resources for perinatal loss and bereavement.

Category: A3

Gender: Females

Department: 43110 (Labor & Delivery)

Department Contact: Denise Burgess (8-2158)

Objective: Follow-up after experiencing perinatal loss.

Provide outpatient referral services/programs to support the patient after the loss.

Persons: 30

Expenses: 1,300

Revenues: 0
Benefit: 1,300

Look Good/Feel Better

Description: Professional cosmetologist provides makeovers for cancer patients.
Category: A3
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Objective: Improving self esteem and overall well being of the cancer patient.
Persons: 6
Expenses: 30
Revenues: 0
Benefit: 30

Patient Nourishment Program

Description: Nutrition Services provides nutrition products to patients upon discharge until they can obtain the product themselves through an outside source.
Category: A3
Gender: Both Males and Females
Department: 41802 (Nutrition Services)
Department Contact: Peg Andrews (8-3416)
Objective: To provide appropriate and sufficient nutrition to discharged patients until an outside source is obtained.
Persons: 3
Expenses: 64
Revenues: 0
Benefit: 64

	Expenses	Offsets	Benefit	Persons
*** Health Care Support Services	1,585,480	0	1,585,480	32,388

Social and Environmental Improvement Activities (A4)

CAMC Mall Walkers Program

Description: The weekly Mall Walkers Program is provided at the Charleston Town Center and participants meet at 8:30 in the center court to discuss health topics such as stroke awareness, holiday meal planning, and infection prevention. Participants then are provided a parking pass to use between 7am and 10 am Monday through Saturday and they can walk at their own pace.
Category: A4
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Objective: Promote health education and exercise.
Persons: 225
Expenses: 3,000
Revenues: 0
Benefit: 3,000



	Expenses	Offsets	Benefit	Persons
*** Social and Environmental Improvement Activities	3,000	0	3,000	225

**** Community Health Improvement Services	3,297,628	86,883	3,210,745	60,369
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**Health Professions Education (B)
Physicians/Medical Students (B1)**

CAMC Graduate Medical Education

Description: CAMC provides 13 residency programs (allopathic and osteopathic, including 3 dual tracks). CAMC has medical school affiliations with West Virginia University School of Medicine and the West Virginia School of Osteopathic Medicine. We currently have 171 medical residents enrolled on campus.

Category: B1

Gender: Both Males and Females

Department: 31720 (Accounting)

Department Contact: Debbie McClure (8-3380)

Persons: 171

Expenses: 36,898,513

Revenues: 6,609,260

Benefit: 30,289,253

Ethics in the Round

Description: Monthly presentations designed to provide education to medical professionals on current ethics topics.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (8-9964)

Objective: Provide a forum for medical professionals to discuss ethics issues.

Persons: 508

Expenses: 19,650

Revenues: 0

Benefit: 19,650

Geriatric Lunch Time Learning

Description: Monthly one hour educational lectures on various topics in geriatric medicine.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (8-9964)

Objective: To provide professional education to the medical community on geriatric topics and issues.

Persons: 426

Expenses: 12,600

Revenues: 0

Benefit: 12,600

Pharmacy Journal Club Series

Description: Program for area pharmacists and pharmacy students to discuss and present journal articles, patient cases, and relevant topics such as disease states, new drugs, new practice ideas pertaining to the practice of clinical pharmacy. Participants develop oral presentation and literature analysis skills related to the practice of clinical pharmacy and create professional enrichment opportunities to practicing pharmacists in the WVU and CAMC system.

Category: B1

Gender: Both

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (8-9989)

Objective: Increase educational opportunities for area pharmacists and pharmacy students.

Persons: 450

Expenses: 3,940
Revenues: 0
Benefit: 3,940

Physician Guest Lecture Program

Description: Professional education lectures for physicians and healthcare professionals covering topics such as Traditional Approaches to Pain Management, Resolving Shoulder Impairments, and the Dilemma of Surgery in Extreme Old Age.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (8-9964)

Objective: Provide physician education to medical staff and medical students.

Persons: 1,700

Expenses: 1,508

Revenues: 0

Benefit: 1,508

Research Lunch and Learn

Description: One hour lectures on current health care research topics.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (8-9964)

Objective: Provide research education to physicians and healthcare providers.

Persons: 540

Expenses: 696

Revenues: 0

Benefit: 696

Rural Outreach Physician Education

Description: Outreach education provides professional education to physicians and health care providers in outlying areas. In 2013, five outreach programs were held.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (8-9964)

Objective: To further the education of health care professionals in rural West Virginia.

Persons: 102

Expenses: 5,862

Revenues: 0

Benefit: 5,862

University of Charleston School of Pharmacy/WVUSOM - IPE

Description: Interprofessional Education (IPE) Course in the CAMC Patient Simulation Center designed to courses are those designed to capitalize on the interaction of students from two or more disciplines. Such interaction is envisioned as an extension of their development in a particular profession. In other words, IPE courses seek to help students learn more about their role in the function of interdisciplinary teams while enhancing their insight into and appreciation for the contributions of other disciplines in the delivery of health care.

Category: B1

Gender: Both Males and Females

Department: 25774 (Patient Simulation Center)

Department Contact: Barbara McKee (8-1859)

Persons: 36
Expenses: 3,440
Revenues: 0
Benefit: 3,440

	Expenses	Offsets	Benefit	Persons
*** Physicians/Medical Students	36,946,209	6,609,260	30,336,949	3,933
Nurses/Nursing Students (B2)				

CAMC Nursing Education

Description: CAMC provides the clinical setting and staff instruction/supervision for students enrolled in area nursing programs affiliated with CAMC. CRNA, RN, and BSN nursing students receive educational instruction and supervision while on patient care floors, in the operating rooms, or other patient care areas.

Category: B2
Gender: Both Males and Females
Department: -46872 (Planning)

Department Contact: David Jarrett (8-7854)

Objective: To provide clinical experiences for students.

Persons: 101
Expenses: 7,803,731
Revenues: 0
Benefit: 7,803,731

Nursing Pathways Program

Description: CAMC and WV State Community and Technical College have formed a partnership to provide a two-year nursing program. The Nursing Pathways Program includes three distinct entries to earning a two-year associate degree. 1) a mid-year ADN Program 2) a Paramedic to Registered Nurse Fast Track Program and 3) a Licensed Practical Nurse to Registered NurseFast Track Program.

Category: B2
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)

Department Contact: Debby Roquet (8-3376)

Objective: To increase the number of licensed RNs.

Persons: 117
Expenses: 637,063
Revenues: 267,559
Benefit: 369,504

Nursing Student Skills Day

Description: A student skills sessions for nurse practitioner students in the CAMC Patient Simulation Center. Four Student Skills Days were held in 2012.

Category: B2
Gender: Both Males and Females
Department: 25774 (Patient Simulation Center)

Department Contact: Barbara McKee (8-1859)

Objective: Provide an educational opportunity for nursing students in the CAMC Patient Simulation Center.

Persons: 20
Expenses: 8,260
Revenues: 0
Benefit: 8,260

West Virginia State Trauma Audit Review (WV STAR)

Description: Annual gathering of trauma professionals from the state's Trauma Centers to conduct peer review discussion of trauma cases from the previous year at each facility.

Category: B2

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Peer review discussions to educate trauma providers and better prepare them for cases that may come through their trauma center.

Persons: 80

Expenses: 640

Revenues: 0

Benefit: 640

WV State Trauma Symposium

Description: A conference designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers and pre-hospital health care, coding specialists and health information professionals. This conference is a collaborative effort between experts in various trauma disciplines from around West Virginia. An eight hour trauma nursing workshop features topics on surgical trauma, pediatric trauma and complications. The speakers present progressive and challenging issues in the field of trauma care. A poster session highlights trauma research throughout the state.

Category: B2

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (8-7809)

Objective: Provides personnel for registration, support and speakers for the event.

Persons: 156

Expenses: 2,880

Revenues: 0

Benefit: 2,880

	Expenses	Offsets	Benefit	Persons
*** Nurses/Nursing Students	8,452,574	267,559	8,185,015	474

Other Health Professional Education (B3)

CAMC Allied Health Professional Education

Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in local allied health professional education programs. CAMC provides the clinical setting and supervision to students for Imaging, Nuclear Medicine, Respiratory Therapy, Physical Therapy and other allied health professionals enrolled in educational programs for which we have an educational affiliation agreement.

Category: B3

Gender: Both Males and Females

Department: 46872 (Planning)

Department Contact: David Jarrett (8-7854)

Objective: To provide a clinical setting for student learning.

Persons: 361

Expenses: 1,866,230

Revenues: 0

Benefit: 1,866,230

Medical Explorers

Description: A program designed to introduce youth in Kanawha and Putnam counties who are 14 years of age and have completed the 8th grade or are ages 15 to 20 and have designated health care as their health cluster to the health care environment.

Category: B3
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Objective: Increase health career awareness by educating middle and high school students about health professions and careers.
Partners: Boy Scouts of America - Exploring program
Persons: 90
Expenses: 1,669
Revenues: 0
Benefit: 1,669

Permissive Hypotension in Trauma

Description: Community trauma outreach to area EMS personnel on the benefits of permissive hypotension resuscitation in trauma patients. The goal blood pressure for these patients is a mean arterial pressure of 40-50mmHg or a systolic blood pressure less than or equal to 80. The key is to avoid normalizing blood pressure in a context where blood loss may be enhanced.

Category: B3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (8-7809)
Objective: Better survival outcomes for trauma patients.
Persons: 20
Expenses: 120
Revenues: 0
Benefit: 120

Physician Assistant Student Rotations

Description: The hospitalist program had 10 physician assistant students from Mountain State University and Alderson Broaddus College during a six week rotation in the hospital. CAMC's hospitalists spent 25% of the student's six-week rotation directly instructing/interacting with the students.

Category: B3
Gender: Both Males and Females
Department: 42005 (Hospitalist Program)
Department Contact: Diane Bossie (8-5848)
Persons: 5
Expenses: 32,000
Revenues: 0
Benefit: 32,000

	Expenses	Offsets	Benefit	Persons
*** Other Health Professional Education	1,900,019	0	1,900,019	476

Scholarships/Funding for Professional Education (B4)

University of Charleston Health Program Support

Description: Financial support for faculty for the nursing and pharmacy programs at the University of Charleston.

Category: B4
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Objective: To maintain an adequate number of health professionals in the community to fill existing and future health care profession needs.

Persons: Unknown
Expenses: 285,000
Revenues: 0
Benefit: 285,000

	Expenses	Offsets	Benefit	Persons
*** Scholarships/Funding for Professional Education	285,000	0	285,000	0
**** Health Professions Education	47,583,802	6,876,819	40,706,983	4,883

Financial and In-Kind Contributions (E)
Cash Donations (E1)

Civic Affairs

Description: The Civic Affairs Council is comprised of employees who review the applications for Charitable donations and make awards based on specific community benefit criteria. Funding provided to area high schools for Project Graduation, March of Dimes, Daymark, Inc., Salvation Army, WV Health Right, American Cancer Society, Mental Health Association, The Education Alliance, Girl Scouts, Hospice Care, REA of Hope, Alzheimer's Association, Children's Therapy Clinic, Charleston Daily Mail's Neediest Cases, Union Mission, Appalachian Children's Chorus, Big Brothers/Big Sisters, Covenant House of WV, Families Conference, Adolescent Health Initiative, Keys for Kids, Special Olympics, Roark-Sullivan Lifeway Center, The Gabriel Project of WV, Family Counseling Connection, National MS Society, WV Chapter, and the Children's Theatre of Charleston.

Category: E1
Gender: Both Males and Females
Department: 10000 (Civic Affairs)

Department Contact: Tom Kuhn (8-7386)

Objective: Provide financial support to programs and services in our service area to support health, educational, social services, civic and economic development requests.

Persons: Unknown
Expenses: 32,146
Revenues: 0
Benefit: 32,146

	Expenses	Offsets	Benefit	Persons
*** Cash Donations	32,146	0	32,146	0

In-kind Donations (E3)

Community Board Participation By CAMC Personnel

Description: David L. Ramsey, President and CEO, participated on the HealthNet Aeromedical Board of Directors, WV Hospital Association, VHA Central Atlantic Board of Directors, University of Charleston Board of Directors and Vitality Committee, Clay Center for the Arts & Sciences - WV Board of Directors, WV Chamber of Commerce Board of Directors, WV Medical School of Osteopathic Medicine, Health Insight Board, CAMC Housing Corporation Board, and CAMC foundation Board.

Glenn Crotty, Jr. M.D., COO, participated as a board member for the Partnership for Excellence (Ohio, Indiana and West Virginia state Baldrige program, Baldrige National Quality Award Examiner, Regional Board of the American Red Cross, and Physician Volunteer for WV Health Right.

Beverly Kitchen, RN, Regional Care Coordinator, Right From the Start, participated on the boards and committees of the March of Dimes and Chair of the March of Dimes Program Services, and Upper Kanawha Valley Starting Points, the Newborn Hearing Screening Advisory Board, and Perinatal Partnership Maternal Drug Committee.

Dawn Schoolcraft, Associate Administrator, Women and Children's Hospital, participated on the board of Ronald McDonald House.

Ken Wilson, Maintenance Director, participated in monthly meetings in Hurricane, WV to review issues pertaining to client rights, grievances to persons under the care of Presteria and ResCare in group homes or other community settings.

Mike Williams, Administrator, General Hospital, participated as Secretary on the State Trauma Advisory Committee that meets twice a year on trauma services in West Virginia and the East End Association.

Robert D. Whitler, Vice President, Government and Community Affairs served on the board for WV Health Right, and on the boards of WomenCare, Center for Rural Health Development, the WV Board of Osteopathic Medicine and Logan Healthcare Foundation.

Sharon Hall, President, CAMC Health Education and Research Institute, participated on the governing boards of the WV School of Osteopathic Medicine, WV School of Osteopathic Medicine OPTI Strategic Planning Committee and Executive Committee, WV Telehealth Alliance Board of Directors and Executive Committee, United Way, WVU Physicians of Charleston Board, Nursing Leadership Institute, AAMC Group of Resident Affairs Leadership Task Force, Greater Kanawha Valley Foundation, and ASHP Committee on Credentialing.

Barbara McKee, Nursing Education Specialist, participated on the WV/AHA Emergency Cardiac Care Committee and the WV Nurses Association Education Council and the Code Blue Committee.

Bev Thornton, Education Division Director, participated in the Multidisciplinary Patient Education Council and Health Information Center Community Committee.

Jerry Handley, Media Production Specialist, participated in the WV Broadcasting Hall of Fame Program Committee.

Mary Emmett, Corporate Director, participated on the Grants Review Committee of the Health Services and Resources Administration for Community Grants and Innovation in Community Health

Tuanya Layton, Imaging Quality Manager, West Virginia Association of Nuclear Medicine Technology and the Kanawha Valley Community and Technical College Advisory Board. WV State Medical Imaging Board of Examiners

Brenda Grant, Chief Strategy Officer, participated on the United Way Board, Executive Committee and Chair of the Community Services Committee; Kanawha Coalition for Community Health Improvement Steering Committee, The Partnership for Excellence, and Greater Kanawha Valley Foundation Value Chain Committee.

Chuck Menders, Director Respiratory Care, participated on the West Virginia Asthma Coalition which supports the use of NHIH guidelines and disseminates these best practices to providers throughout the state and the WV Society for Respiratory Care as a State Delegate.

Tracy Matthews, Coordinator, participated on the West Virginia Board of Respiratory Care.

Len Picha, Respiratory Therapist, participated on the West Virginia Asthma Coalition.

Brad Young, Technology Assessment Officer, participated on the West Virginia Chapter of the Health Information and Management Systems Society.

Dianna Branham, Nurse Manager, participated on the University of Charleston Advisory Board for the BSN Program, Kanawha Valley Community and Tech Center RN Advisory

Board and the WV Values Collaborative.

Becky Oakley, Nurse Manager, participated on the Metro 911 board of Directors, West Virginia Office of EMS Technical Services Network Board of Directors, EMSOR (EMS Office of the Region Board of Directors, West Virginia OEMS Medical Command Committee and the HealthNet Aeromedical Services Communication Leadership Team.

Ed Haver, Director, Cardiac Rehab/Ornish Program, participated as the Chairperson for the State AACVPR MAC J11 Reimbursement Committee, AACVPR Program Certification Reviewer, and as a WVACVPR reimbursement contact person.

Category: E3
Gender: Both Males and Females
Department: 21900 (CAMC Administration)
Department Contact: David Ramsey (8-7627)
Objective: To share CAMC's leadership, knowledge and experience in the fields of healthcare, management, and education with community boards and associations to enhance the community.
Persons: Unknown
Expenses: 168,691
Revenues: 0
Benefit: 168,691

Ronald McDonald House Housekeeping Support

Description: Donate Housekeeping Services for Ronald McDonald House.
Category: E3
Gender: Both Males and Females
Department: 41804 (Housekeeping)
Department Contact: Joe Tucker (8-6241)
Persons: Unknown
Expenses: 8,786
Revenues: 0
Benefit: 8,786



Supply Donations

Description: Donations of linen supplies for area homeless shelters.
Category: E3
Gender: Both
Department: 31733 (Supply Chain Management)
Department Contact: Steve Perry (8-4173)
Objective: Provide for the homeless.
Persons: Unknown
Expenses: 15,372
Revenues: 0
Benefit: 15,372

*** In-kind Donations	Expenses 192,849	Offsets 0	Benefit 192,849	Persons 0
**** Financial and In-Kind Contributions	Expenses 224,995	Offsets 0	Benefit 224,995	Persons 0

Community Building Activities (F)
Community Support (F3)

Partners In Health Network

Description: The network serves to improve the delivery of health care in the region by providing a network administrative center, physician liaison, patient surveys, outreach activities, networking, credentialing, purchasing program, critical access hospital support, educational

activities, workshops, and presentations designed for small rural hospitals and health clinics in the region.

Category: F3
Gender: Both Males and Females
Department: 46876 (Partners In Health)
Department Contact: Tom Kuhn (8-7386)
Objective: Assist small rural hospitals and health clinics to remain viable.
Persons: Unknown
Expenses: 110,778
Revenues: 0
Benefit: 110,778

	Expenses	Offsets	Benefit	Persons
*** Community Support	110,141	0	110,141	0

Environmental Improvements (F4)

United Way Day of Caring

Description: CAMC employees volunteered to participate in the United Way's Day of Caring and this year our staff members were assigned to work at Daymark's New Connections building. The New Connections building houses a GED program and transitional living program to provide supervised living quarters for youth ages 16 to 21 who are in the custody of the state or homeless. Staff painted the entrance and GED lab at the building.

Category: F4
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objective: To maintain the building and provide a nice environment for the youth in the transitional living program.
Partners: United Way, Salvation Army
Persons: 105
Expenses: 3,200
Revenues: 0
Benefit: 3,200

	Expenses	Offsets	Benefit	Persons
*** Environmental Improvements	3,200	0	3,200	105

Workforce Development (F8)

Educational and Career Presentations at Area Schools

Description: Presentations to local high school students on careers in respiratory care.

Category: F8
Gender: Both Males and Females
Department: 42500 (Respiratory Care)
Department Contact: Chuck Menders (8-9401)
Persons: 30
Expenses: 75
Revenues: 0
Benefit: 75

	Expenses	Offsets	Benefit	Persons
*** Workforce Development	75	0	75	30

Other - Health Fair (F9)

Healthfest

Description: Health Fair offering over 25 screenings and health information to the public.

Category: F9

Gender: Both Males and Females

Department: 21942 (Marketing)

Department Contact: Elizabeth Pellegrin (8-5757)

Objective: To serve the Kanawha Valley with free screenings to improve health, enhance preventive care and provide educational materials.

Persons: 1,600

Expenses: 130,693

Revenues: 19,200

Benefit: 111,493



Teddy Bear Fair

Description: Children's Health Fair.

Category: F9

Gender: Both Males and Females

Department: 43120 (Pediatrics)

Department Contact: Susan Russell (8-2885)

Objective: Allow children to visit the hospital in a nonthreatening way, complete with playing with medical equipment and trying on surgical masks. They receive tours of the hospital, play games, receive car seat education, and health education materials.

Partners: Carelink/CAMC Foundation and Kohl's

Persons: 885

Expenses: 8,637

Revenues: 12,407

Benefit: (3,770)

	Expenses	Offsets	Benefit	Persons
*** Other - Health Fair	139,330	31,607	107,723	2,485

	Expenses	Offsets	Benefit	Persons
**** Community Building Activities	252,746	31,607	221,139	2,620

**Community Benefit Operations (G)
Dedicated Staff (G1)**

Community Benefit Operations

Description: Planning Department staff dedicated to Community Benefit Reporting.

Category: G1

Gender: Both Males and Females

Department: -46872 (Planning)

Department Contact: David Jarrett (8-7854)

Objective: To compile and report the organization's community benefit by surveying the individual departments, administrators, and other staff at our hospitals.

Persons: Unknown

Expenses: 16,200

Revenues: 0

Benefit: 16,200

Kanawha Coalition for Community Health Improvement

Description: A community partnership of volunteers from all the local hospitals, Kanawha-Charleston Health Department, United Way, Kanawha County Schools, Wellness Council of WV, and local businesses with a mission to identify and evaluate health risks and coordinate resources to improve the health of the people of Kanawha County.

Category: G1
Gender: Both Males and Females
Department: 46832 (Community Health)
Department Contact: Judy Crabtree (8-7557)

Objective: Mobilize community groups to address the community focus areas of obesity, lack of physical activity and tobacco use.

Persons: Unknown
Expenses: 72,151
Revenues: 0
Benefit: 72,151

	Expenses	Offsets	Benefit	Persons
*** Dedicated Staff	88,351	0	88,351	0

	Expenses	Offsets	Benefit	Persons
**** Community Benefit Operations	88,351	0	88,351	0

Community Benefit Program Grand Totals:

Number of Programs:	83
Persons:	67,872
Expenses:	51,447,522
Offsets:	6,995,309
Benefit:	\$44,452,213



2014 COMMUNITY HEALTH NEEDS ASSESSMENT

2014 COMMUNITY HEALTH NEEDS ASSESSMENT

Charleston Area Medical Center conducted its sixth triennial community health needs assessment through the Kanawha Coalition for Community Health Improvement in the first quarter of 2014. Through our strategic planning process, the community health needs assessment is used to set community health priorities for CAMC and for each of the CAMC hospitals.

CAMC Memorial Hospital, CAMC General Hospital and CAMC Women and Children's Hospital are all located in Charleston, West Virginia and together make up Charleston Area Medical Center. Although separately licensed, the hospitals all operate under one tax ID and one provider number. Each hospital specializes in services: CAMC Memorial (cardiology, oncology); CAMC General (neurosciences, orthopedics, trauma, medical rehabilitation); CAMC Women and Children's (women, children, NICU, PICU). General medicine and surgery are at both CAMC Memorial and CAMC General Hospitals.

The Kanawha Coalition for Community Health Improvement defines its community as Kanawha County. Because of the size and scope of our services, the approach we use at CAMC to identify our communities is based on our strategic objectives, key stakeholder needs, and our capacity. For our CAMC community strategy, community is defined by the need identified and population to be addressed. For example, our Perinatal Telemedicine Project includes 14 rural counties, our Child Advocacy Center and HIV program serve our entire 12 county service area, and our Childhood Obesity program is currently focused on two Charleston neighborhoods.

Demographics for Kanawha County and the CAMC primary and secondary service area:

Age Group	Kanawha Co 2013 Females	Kanawha Co 2013 Females	Kanawha Co 2013 Total Population	Service Area 2013 Females	Service Area 2013 Males	Service Area 2013 Total Population
00-01	1,126	1,076	2,202	3,110	3,124	6,234
01-04	4,291	4,589	8,880	12,422	13,198	25,620
05-09	5,434	5,617	11,051	15,484	16,119	31,603
10-14	5,523	5,694	11,217	15,813	16,562	32,375
15-17	3,348	3,555	6,903	9,775	10,380	20,155
18-24	7,618	7,998	15,616	20,810	22,648	43,458
25-34	11,635	11,299	22,934	30,516	31,189	61,705
35-44	12,194	11,937	24,131	34,843	35,009	69,852
45-54	14,312	13,395	27,707	39,256	38,166	77,422
55-59	8,188	7,637	15,825	22,251	21,769	44,020
60-64	7,389	6,619	14,008	20,432	19,416	39,848
65-69	5,763	5,034	10,797	15,939	14,635	30,574
70-74	4,635	3,687	8,322	12,586	10,819	23,405
75-79	3,850	2,493	6,343	10,233	7,259	17,492
80-84	3,094	1,873	4,967	7,831	5,006	12,837
85+	3,122	1,483	4,605	7,824	3,709	11,533
2013 Population	101,522	93,986	195,508	279,125	269,008	548,133

Age Group	Kanawha Co		Kanawha Co	Service Area	Service Area	Service Area
	2013	2013	2013	2013	2013	2013
	Females	Females	Total	Females	Males	Total
00-17	19,722	20,531	40,253	56,604	59,383	115,987
18-44	31,447	31,234	62,681	86,169	88,846	175,015
45-64	29,889	27,651	57,540	81,939	79,351	161,290
65+	20,464	14,570	35,034	54,413	41,428	95,841
2013						
Population	101,522	93,986	195,508	279,125	269,008	548,133

Insurance	Kanawha Co %	Service Area %	Description
Medicaid %	13.7%	15.1%	Excludes those also receiving Medicare benefits
Medicare %	17.8%	17.3%	Excludes those also receiving Medicaid benefits
Medicare Dual Eligible %	3.2%	3.4%	Includes those receiving BOTH Medicare and Medicaid
Private - Direct %	2.8%	2.6%	Includes only those purchasing insurance directly from insurance provider (Excludes those receiving insurance from employer)
Private - ESI %	50.3%	47.1%	Includes only those receiving insurance through their employer
Uninsured %	12.3%	14.5%	Includes all individuals without any insurance coverage.

Other Information	Kanawha County	Service Area
Total Households	85,339	228,867
Median Household Income	\$39,761	\$36,060
Average Household Income	\$52,995	\$48,102
Median Age	44	43
Median Female Age	45	44
Median Male Age	42	42



Detailed health and socioeconomic information is available on the CAMC website (www.camc.org) and the Kanawha Coalition for Community Health Improvement website (www.healthyskanawha.org) in the document entitled *Health Indicator Data Sheet*. Primary and chronic disease needs and other health issues of uninsured, low-income persons, and minority groups are considered through all steps of the survey process.

The Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement which was founded in 1994 by Kanawha County hospitals working in partnership with other local organizations. The Coalition's mission is to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County.

Steering Committee Members include:

- John Ballengee, President, United Way of Central West Virginia
- Martha Cook Carter, CEO, FamilyCare Health Center
- Stephen Dexter, CEO, Thomas Health System, Inc.
- Rahul Gupta, M.D., Executive Director and Health Officer, Kanawha-Charleston Health Department
- Brenda Grant, Chief Strategy Officer, Charleston Area Medical Center
- Brenda Isaac, Lead School Nurse, Kanawha County Schools
- Adam Flack, Executive Director, Wellness Council of West Virginia
- Drema Pierson, Corporate Compliance Officer, Thomas Health System, Inc.
- Cynthia Persily, Administrator, Highland Hospital

David Ramsey, President and CEO, CAMC Health System
David Shapiro, Partner, Spilman Thomas & Battle, PLLC
Judy Crabtree, Executive Director, Kanawha Coalition for Community Health Improvement

The Kanawha Coalition for Community Health Assessment's goals for the Community Health Needs Assessment process include:

1. Assess the health needs of the citizens of Kanawha County.
2. Inventory available resources.
3. Determine unmet needs.
4. Evaluate and prioritize needs.
5. Involve affected organizations and constituencies in developing possible solutions.
6. Develop consensus.
7. Facilitate implementation.
8. Measure and evaluate outcomes.

The Coalition's 2014 Community Needs Assessment covers a wide variety of health care topics and is designed to determine perception of health care needs and health-related behaviors. The survey also addresses a number of social and economic concerns.

The assessment process encompasses the following:

- The collection, compilation and analysis of existing secondary county health data.
- Key informant interviews to gain input from professionals representative of key sectors of the community.
- A randomized household telephone survey to gain community input.
- Focus groups among hard-to-reach, at-risk populations (senior citizens, African Americans, single parents).
- A health issues forum to set priorities for the Coalition's work.

Objective Data – Secondary County Health Data

A comprehensive database of health related data and statistics is compiled/updated from numerous sources regarding the health of the citizens of Kanawha County and is incorporated into the document entitled *Health Indicator Data Sheet*. The findings are sorted into 28 categories for ease of reference and provide the following for each indicator: name, data link, Kanawha County results, West Virginia results, United States results, comparative trends, notes, West Virginia county rank, United States state rank, and a comparison between the most current and the previous measurements. The *Health Indicator Data Sheet* is available on the CAMC and Kanawha Coalition websites and is used extensively by the community for statistical and grant writing purposes.

Dr. Rahul Gupta, Executive Director and Health Officer, Kanawha-Charleston Health Department serves on the Kanawha Coalition Steering Committee and is an active participant in the survey process to provide public health insight and ensure data integrity. Additionally, epidemiologists from the West Virginia Department of Health and Human Services work with the Coalition for question design for consistency with other surveys to allow benchmarks and comparisons. In addition, Key Informant Interviews provide in-depth information on the community.

The processes for obtaining input from persons who represent the community follows and include descriptions for the Household Telephone Survey, Focus Groups and Key Informant Interviews.

Household Telephone Survey

The process used and the data derived from the randomized household telephone survey completed by 302 households from January 22 – February 20, 2014 is described below.

The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument, thorough and consistent training of interviewers, and the use of reputable survey-analysis software. The principal investigator provided oversight to the surveying process including data collection and entry. Data was collected and entered using a web-based survey. This report was compiled and verified for accuracy by members of the Kanawha Coalition for Community Health Improvement. This survey sample size results in a statistically significant 95% confidence interval with an error margin of plus or minus 5.63%. Not all respondents answered every question; therefore the margin of error was adjusted and reported for each question, based on the number of respondents. An independent sampling firm randomly selected landline telephone numbers for Kanawha County households. The random landline sample consisted of 4,000 numbers which was screened for disconnects and businesses, resulting in a list of 2,000 numbers. A total of sixteen individuals received training and administered the phone survey.

After learning that the number of American homes with only wireless telephones continues to grow and that 39.4% of American homes had only wireless telephones (January – June 2013 National Health Interview Survey), the Kanawha Coalition acquired a random address sample of 5,000 additional Kanawha County residents which included wireless and some unlisted numbers. The wireless sample received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone.

The Kanawha Coalition process works to ensure that the survey sample size is valid, and that the sample is randomly selected. It also ensured that the fourth-year nursing students with the University of Charleston's School of Nursing were adequately trained in how to administer the phone survey. As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data. This comparison reveals an over-representation of respondents who were female, over 55 years of age, had no children in the home and were Caucasian. There was an under-representation of African Americans, people with lower-educational attainment (high school or less), those with children in the home, and those who had never been married. The Kanawha Coalition conducted focus groups among individuals from these under-represented populations. Focus group findings are intentionally reported independently from those of the scientific random telephone survey to maintain fidelity.

Focus Groups

Six focus groups were held in 2013. A total of 15 senior citizens, 14 single-parents, and 10 African Americans participated. Host sites for the focus groups included the Kanawha Institute for Social Research and Action (KISRA), Shiloh Baptist Church, the United Way of Central West Virginia (Retired Senior Volunteer Program), and the Martin Luther King Community Center (after school program). Focus group participants were asked to share their opinions about barriers and challenges facing their particular population regarding access to health services, social and economic factors (e.g. employment, education, access to technology, and community attitudes surrounding discrimination, racism), the

physical “built” environment (e.g. housing, access to healthy foods, air and water quality) and any other top health issues and pressing concerns.

The comments by focus group participants were coded to develop key themes. These main themes include the following:

African America

- Concerns about chemical plants or exposure to chemicals
- Feeling unsafe in their neighborhoods
- High unemployment
- Lack of access to affordable, healthy foods
- Lack of educational opportunities
- Lack of housing, financial assistance
- Lack of near-by health care services
- Need for transportation (to health care services, employment, educational opportunities)
- Racism

Single Parents

- Challenges to employment: limited help at unemployment offices, lack of transportation
- Flooding (pertaining to housing)
- Lack of access to health insurance information and options (Obama care)
- Lack of affordable healthy foods
- Limited awareness of how to access healthy foods
- Lack of affordable housing
- High utility costs
- Mental health issues
- Lack of “connectivity” to others in community
- Racism

Senior Citizens

- Lack of communication and information about the availability of the following in the community:
 - ▶ Safe, affordable housing for seniors
 - ▶ Places to access healthy foods
 - ▶ Employment
 - ▶ Education opportunities
- Lack of transportation
- Need to stay socially connected
- Safety concerns (home break-ins, drug problems)

Key Informant Interviews

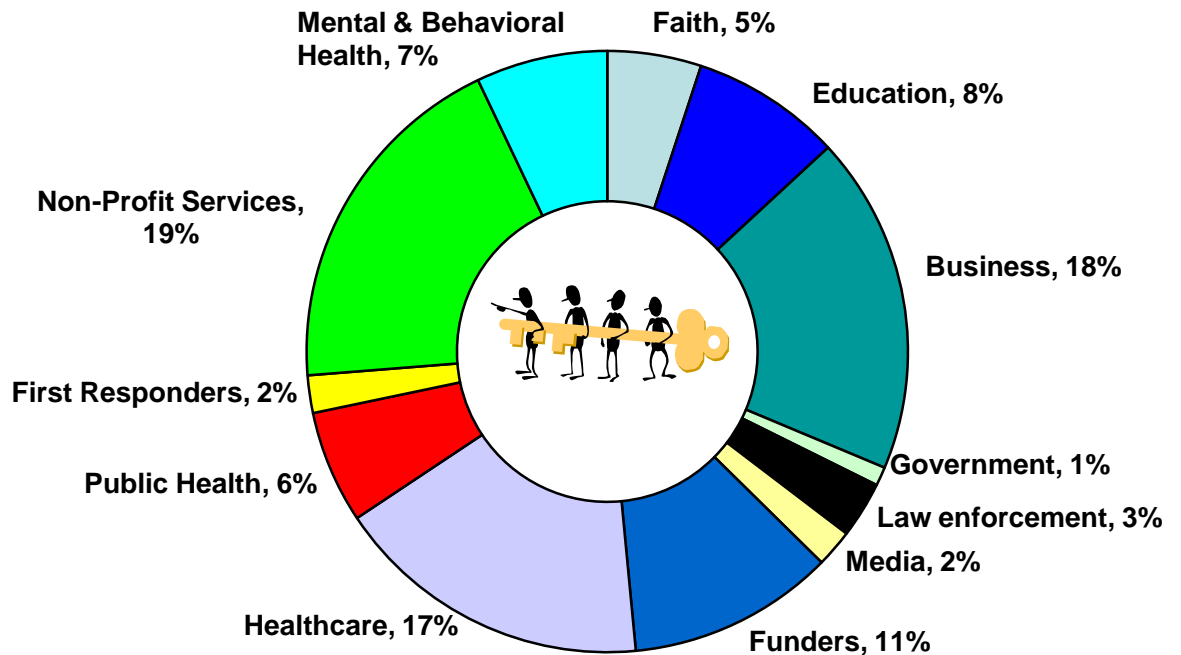
The process for consulting with persons representing the community’s interests are addressed not only through the telephone survey, but also ensured through Key Informant Interviews. Key Informant Interviews were conducted with 85 key informants in Kanawha County from July 30 through December 18, 2013.

Reporting of Findings:

Key informants were asked to share what they believed to be the biggest concerns in Kanawha County regarding health risk behaviors, clinical care, social and economic factors and the physical environment. They were also asked to share what challenges and barriers they believe exist that prevent improvement in the areas, along with their thoughts on what needs to happen to overcome these challenges and barriers. In contrast with the structured randomized household survey, which is comprised of standardized questions to ensure consistent information was solicited on specific topics, the key informant survey is less structured, using open ended questions to elicit a full range of responses. Although this data is considered subjective and is non-numeric, it has been coded into numeric categories for analysis. The Kanawha Coalition for Community Health Improvement’s Steering Committee identified 150 key informants, consisting of individuals representing 12 sectors: business, government, law enforcement, faith, education, healthcare, public health, first responders, non-profit services, mental and behavioral health, media, and funders/foundations. A total of 85 key informants completed the survey with representation from all 12 sectors (see below).

85 Key Informants by Sector

Chart 1: Key Informants by Sector



Question 1 of the key informant survey asked for opinions about the “most pressing social and economic factors facing Kanawha County”.

Definition: Includes a person’s lifestyle, occupation, income and education, as well as the economic status of the community.

Top Social-Economic Factors	# respondent comments (unduplicated)
Jobs/Employment/Unemployment	48
Lack of education	21
Poverty	16

SUGGESTED AREAS OF IMPROVEMENT:

Jobs: Most agreed that there is a need for political change in regard to economic development. It was suggested that legislation should be overhauled to support attracting industry as well as start up businesses to West Virginia. Several key informants said that community members should hold state and local leaders accountable for these needed changes. Other suggested interventions included reducing government handouts, requiring minimum educational attainment and increasing minimum wages.

Lack of Education: A lack of parental involvement or oversight in a child’s education was cited as a problem by several key informants. Mentioned most often was the concern that parents do not seem to place importance on their child’s school attendance. Respondents said that this lack of positive parental involvement results in a “generational mindset” that negatively impacts a child’s desire to achieve success in school and well into their future. Again, key informants mentioned the need for early education on future career options, as one respondent stated, “to instill a sense that it is achievable.” Another said “We need a new culture of optimism.” Key informants seem to concur that there is a need for a strategic plan to approach educating the future workforce here in West Virginia. The need for parental involvement in a child’s education and early career exploration were mentioned as areas for improvements. One respondent suggested that dynamic leaders from the community interact with elementary and middle school students to demonstrate that there is hope and that education can “empower” people. Increased funding to schools in low-income school areas was suggested as a more holistic approach to early childhood education, where “nutrition, behavior, and maturity are nurtured.”

Poverty: Key informants shared their perceptions on the growing size of Kanawha County’s low income population. Mentioned several times was the “shrinking of the middle class” and rise in the “working poor”. The decline in the coal industry was mentioned several times as contributing to poverty in our region, particularly the southern part of West Virginia. Respondents mentioned poverty as a barrier to affording additional job training and education. Poverty was also listed as a contributor to inadequate housing, poor diet, drug abuse and mental health problems. It was again recommended that West Virginia (local and state leaders) explore alternative jobs beyond the mining of coal. Also suggested was the recruitment of entrepreneurs and businesses that are willing to train their own workforces.

Question 2 asked what they “believed to be the county’s most pressing physical environmental issues”.

Definition: Includes both adequate environmental quality (clean air and water) and the built environment (buildings, roads, parks, restaurants, grocery stores and other amenities).

Top Physical (Built) Environmental Issues	# respondent comments (unduplicated)
Chemicals/Pollution	22
Infrastructure (includes roads)	19
Parks, Green space, Walking/Biking paths	19

SUGGESTED AREAS FOR IMPROVEMENT:

Key informants suggested better cooperation and interaction among city, county and state officials. A countywide plan that could be accomplished in stages was recommended. Several said the County Commission and other sources should make it a priority of their funding. It was suggested that funding be made available to towns that will spend it specifically on safe places for children to be active, such as parks, playgrounds, and community gyms.

Question 3 asked what they “believed to be the county’s biggest areas of concern regarding clinical care”.

Definition: Access to quality health care, including prevention services.

Top Clinical Care Concerns	# respondent comments (unduplicated)
Healthcare professional shortages	22
Health insurance	19
Need for free clinics	13
Affordability of healthcare services	13

SUGGESTED AREAS FOR IMPROVEMENT

One main theme that emerged from key informant comments was the increasing role of patients in their own care. Respondents said efforts need to be taken to teach people to be an active participant and to improve their own health status. Prevention and wellness education were mentioned as vital keys to improving patient health. A need for population based disease management was also emphasized.

Respondents said that technology, as it advances, should make care more accessible by providing “virtual” healthcare systems that take the healthcare to the patients. Others suggested ways to overcome barriers to care by rural residents including an increase in KRT bus routes or van services to transport patients to urgent care facilities, and opening more “lower intensity” clinics to address non-emergencies in underserved areas. Examples given included mobile satellite clinics, parish clinics, and/or more school clinics.

Furthermore, respondents recommended improvements be made to reimburse primary care physicians or to create other incentives for them to locate to Kanawha County. Ideas shared included a break on property taxes, eliminating B&O taxes, or even a direct stipend for practicing here. Hospitals, too, should come up with ways or incentives to keep the staff they have.

Finally, several key informants suggested removing constraints on the practice of non-physician primary care providers such as nurse practitioners, which could help resolve some of the impact of primary care physician shortages.

Health Insurance: Key informants expressed a “wait and see” attitude in regard to new health insurance exchanges and Medicaid expansion through the Affordable Care Act. They were undecided as to whether ACA would alleviate the current problems or cause some unforeseen consequences to the health insurance system. Those who expressed concerns mentioned a fear that low insurance exchange payments may force physicians not to accept new patients. In addition to malpractice concerns, respondents said that government and insurance mandated documentation will likely deter physicians from accepting certain patients based on their coverage. They also cited a lack of reimbursement to treat drug addiction as an ever growing problem.

Several key informants suggested more dedicated funding for healthcare agencies that serve uninsured or underinsured populations. Others suggested promoting existing prevention screenings and additional prevention education efforts to stave off chronic diseases among certain at-risk populations thereby reducing the strain on the insurance system. Increased care coordination was cited by several respondents as a way to reduce the burden on the healthcare system.

Need for more free clinics: Key informants suggested a concerted effort to educate the public on the types of free or low-cost health care available in Kanawha County. They said that churches and other community organizations could be called upon to help promote these services. They also suggested locating new clinics at familiar places within communities such as schools.

Affordability of healthcare services: It was suggested that more clinics accept Medicare and Medicaid. Also suggested was to put in place some cost saving measures for families, for example, free regular physical exams either required or provided to youth at schools, regardless of participation in sports. Again, there was an emphasis on population health that could help defer costs of medical treatment by preventing health problems in the first place.

Question 4 asked what “health risk behaviors they believed are the biggest concern in Kanawha County”.

Definition: Any action taken by a person that increases the chance of disease or injury.

Top Risky Behaviors	# respondent comments (unduplicated)
Drugs	59
Obesity	46
Tobacco	28

SUGGESTED AREAS FOR IMPROVEMENT

Drugs: A majority of key informants pointed to a need for concerted investment by leadership for drug addiction treatment and recovery programs. Also, the need for prevention education beginning in early childhood and continuing through adulthood was emphasized. They suggested stiffer penalties including required drug screenings for pregnant women and for people receiving government assistance, and closer collaboration among child protective services and the judicial system to avoid giving parental rights back to those who continue to abuse drugs. Several respondents mentioned the need for stronger regulations for doctors who over prescribe pain medications. They expressed a desire to see more viable employment options, job skills training, and a more diverse economy that did not rely so much on the coal industry. They felt these jobs would deter all types of risky behaviors.

Obesity: Almost all key informants indicated a need for increased educational opportunities about healthy eating and exercise, especially among individuals and families on public assistance and our school aged children. They indicated a need to target adults who influence children through efforts like wellness strategies within the workplace. Most key informants advocated for an increased investment by leadership in an infrastructure that supports healthy living.

Tobacco: Key informants offered some suggested remedies such as: increased taxes on tobacco products, fines for businesses who sell to minors, early and consistent childhood prevention education, highlighting positive activities around healthy lifestyles using traditional and social media, using incentives for people on government assistance to stop smoking, and adding more smoking cessation classes and support groups.

Participants in the 2014 Kanawha Coalition for Community Health Improvement Key Informant Survey included:

Bruce Adkins, WV Bureau for Public Health
Jeffrey Allen, WV Council of Churches
Alex Alston, Roarke Sullivan Lifeway Center
Matthew Ballard, Charleston Area Alliance
John Ballengee, United Way of Central WV
Victoria Ballengee, Tyler Mountain/Cross Lanes
Darick Biondi, Mt. Juliet and Glasgow UMC
Cindy Burkholder, Charleston Area Medical Center
Christopher Callas, Jackson Kelly, PLLC
Kelli Caseman, WV School-Based Health Assembly
Becky Ceperley, The Greater Kanawha Valley Foundation
Kristin Chandler, Charleston Area Medical Center
Mark Chandler, Trianna Energy
James Cohn, Temple Israel
Steve Cunningham, Rite Aid
Sean Devlin, Enterprise Holdings
Stephen Dexter, Thomas Health Systems
Robert Eggleton, Charleston Police Department
Frank Fazzolari, The Counseling Connection
Connie Fitzgerald, Highland Hospital
Dr. Jim Frame, David Lee Cancer Center, CAMC
Chris Gautier, DuPont
Brenda Grant, Charleston Area Medical Center
Dr. Rahul Gupta, Kanawha-Charleston Health Department
Sharon Hall, CAMC Institute
Elizabeth Hardy, Catholic Charities WV
Beth Hedrick, Thomas Memorial Hospital
Billy Helmbright, Charleston Police Department
Jessie Helmbright, Charleston Area Medical Center
Brian Hemphill, WV State University
Scott Henson, WQBE
Stephen Hewitt, Star USA Federal Credit Union
Mike Holtsclaw, BB&T
Eddie Ivy, Kanawha County Schools
Kim Johnson, Kanawha County Emergency Ambulance Authority
Holly Jordan, FamilyCare Health Center
Josephine Kabler, University of Charleston, School of Health Sciences
Debbie Kingsbury, Salvation Army, Charleston WV Area Command
Laurel Kirksey, Alzheimer's Association
Vickie Klennert, Kanawha-Charleston Health Department
JF Lacaria, WV Conference-The United Methodist Church
Erin LaFon, Wellness Council of WV
Valicia Leary, Children's Therapy Clinic
Tyler London, Dow Chemical Company
Barbara Mallory, United Way of Central WV
Brienne Marco, Spilman Thomas & Battle, PLLC
Jeri Matheny, Appalachian Power
David McFarland, Kanawha Valley Fellowship Home
Ralph Miller, Charleston Community and Family Development Corporation
Sara Fitzwater Miller, Kanawha-Charleston Health Department
Dawn Miller, The Charleston Gazette
Alana Minear, WV Commercial Insurance
Lillian Morris, Charleston Area Medical Center
Debra Mullins, The University of Charleston
Duane Napier, The University of Charleston
Alvita Nathaniel, West Virginia University School of Nursing, Charleston Division
Cynthia Persily, Highland Hospital
Drema Pierson, Thomas Health Systems
P. Michael Pleska, United Way of Central WV
Amy Potesta, DDS, Kanawha County Dental Council
David Ramsey, Charleston Area Medical Center
Errol Randle, Charleston Police Department
Anita Ray, Kanawha-Charleston Health Department
Larry Robertson, Hospice Care
Dr. Greg Rosencrance, West Virginia University Health Sciences Center, Charleston Division
David Shapiro, Spilman Thomas & Battle, PLLC
Dr. Eric Shouldis, Charleston Area Medical Center
Dr. Mark K. Stephens, Charleston Area Medical Center, Integrated Health Care Providers
Dr. Paul Stobie, Thomas Memorial Hospital
Ronald Stoner, West Side Neighborhood Association
Jay Thomas, NTV Asset Management
L. Newton Thomas, Jr, United Way of Central WV
Kim Tieman, Claude Worthington Benedum Foundation
Patricia Tilley, Heart and Hand House
Tom Tinder, WV Bar Foundation
Lisa Turley, United Way of Central WV
Steve Wehrle, H.B. Wehrle Foundation
Debbie Weinstein, YWCA Charleston
Patricia White, WV Health Right
Paul White, Commercial Insurance Services
Adrienne Worthy, Legal Aid of WV
Sandy Zando, The Foundation for the Thomas Memorial and Saint Francis Hospitals
Kim Zwier, Fifth-Third Bank
One anonymous key informant

The assessment process findings (County Health Data, Randomized Household Telephone Survey, Focus Groups and Key Informant Interviews) were systematically analyzed to develop a list of the top community health issues for Kanawha County. These included:

Cancer
Drugs / Prescription & Illicit
Educational Attainment / High School Dropout
Heart Disease / High Blood Pressure
Lack of Physical Activity
Lung Disease / Asthma / COPD
Obesity / Overweight / Poor Eating Habits
Tobacco Use / Secondhand Smoke Exposure
Unemployment / Jobs / Poverty

These issues were then prioritized through a county-wide open Community Forum to establish the top three health issues the community will address over the next three-year time frame.

The Health Issues Forum was held on April 22, 2014. Over 100 community members were in attendance to prioritize the top issues on which the Kanawha Coalition for Community Health Improvement would focus its efforts over the next three years.

Fact Sheets for each top issue were provided at the community forum to assist attendees in prioritization of these twelve issues.

The following ranking tool was used by the attendees at the forum to identify the top three priorities for Kanawha County:

Participant # _____ Table # _____

Scale: 1=Completely Disagree 2=Strongly Disagree 3=Disagree 4=Neither Agree nor Disagree 5=Agree 6=Strongly Agree 7=Completely Agree	Problem is greater in Kanawha County compared to state or region	We can create a major improvement in the quality of life by addressing this problem	We can make progress on this problem in the short-term (3 years)	The progress we make over the 3 years can be sustained long-term	We can do something about this problem with existing leadership and resources	We can reduce long-term cost to the community by addressing this problem	TOTAL
Cancer							
Drugs / Prescription & Illicit							
Educational Attainment / High School Dropout							
Heart Disease / High Blood Pressure							
Lack of Physical Activity							
Lung Disease / Asthma / COPD							
Obesity / Overweight / Poor Eating Habits							
Tobacco Use / Secondhand Smoke Exposure							
Unemployment / Jobs / Poverty							

The ranking of results follow:

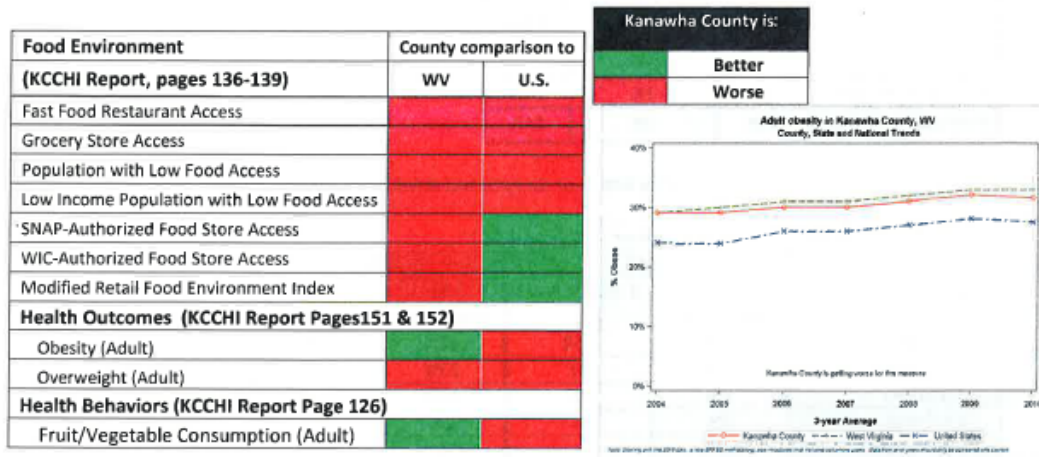
	Issue	Score
1	Obesity/Overweight/Poor Eating Habits	34.309
2	Drugs/Prescription and Illicit	33.265
3	Lack of Physical Activity	32.853
4	Heart Disease/High Blood Pressure	31.618
5	Tobacco Use/Secondhand Smoke Exposure	31.206
6	Educational Attainment/High School Dropout	30.029
7	Unemployment/Jobs/Poverty	28.838
8	Cancer	28.765
9	Lung Disease/Asthma/COPD	28.750

The top three prioritized issues are:

- 1) Obesity/Overweight/Poor Eating Habits
- 2) Drug Abuse (including prescription drug abuse)
- 3) Lack of Physical Activity

The following fact sheet SNAP SHOTS supported the selection of the top three issues:

SNAP SHOT Obesity / Overweight / Poor Eating Habits



State Ranking

Source: 2014 F as in Fat Report

Obesity rate among:	Rate	Rank
Adults	33.8%	4
High Schoolers	14.6%	12
10-17 yr-olds	18.5%	13
Low Income 2-4s	14.0%	21

2013 Youth Risk Behavior Survey High School Results	
Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days	38.0%
Percentage of students who drank a can, bottle, or glass of soda or pop two or more times per day during the past seven days	29.5%
Percentage of students who were trying to lose weight	50.01%
Percentage of students who described themselves as slightly or very overweight	35.6%
Percentage of students who were overweight (i.e. at or above the 85 th percentile but below the 95 th percentile for body mass index, by age and sex)	15.5%
Percentage of students who were obese (i.e. at or above the 95 th percentile for body mass index, by age and sex)	15.6%

KCCHI 2014 Health Assessment Results

KEY INFORMANTS

Top Three Issues (Frequency)

Health Problem	Number of References (Frequency)
Drugs (includes alcohol)	39
Economy	39
Obesity	24

When asked about the barriers and challenges that face Kanawha Countians in regards to obesity, key informants shared the following: deeply rooted personal habits and a non-supportive culture; poor food choices; a fast food mentality; easy access to sugary drinks and snacks; and a lack of education, understanding of the consequences of a poor diet, sedentary lifestyles; lack of public green spaces; lack of time to access existing physical activities; lack of adult role models for healthy eating and physical activity for our children; and a lack of adequate funding allocated by leadership to address these risk factors.

HOUSEHOLD SURVEY RESPONDENTS

Risky Behavior	Percentage Ranking as " 4 or 5" (big problem)		
	2014	Percent difference (From 2011)	2011
Being Overweight	91%	1%	90%
Poor eating habits	84%	0%	84%

On an average day, about how many sodas or sweetened drinks such as Gatorade, Red Bull or sweetened tea do you drink?

2014: 281 Respondents with margin of error 5.84 (+ or -)

Reason	2014		2011	
	% responses	# respondents	% responses	# respondents
Zero (0)	54%	152	62%	153
1-2 drinks	32%	91	23%	57
3-5 drinks	9%	26	12%	29
6 + drinks	3%	9	2%	5
Don't know	0.7%	2	0.4%	1
Refused	0.4%	1	0.4%	1

During an average week, how many times do you eat any food, including meals and snacks, from a fast food restaurant?

2014: 281 Respondents with margin of error 5.84 (+ or -)

Reason	2014		2011	
	% responses	# respondents	% responses	# respondents
4+ times per week	9%	25	9%	23
1-3 times per week	37%	104	33%	80
Less than 1 time per week	53%	148	55%	135
Don't know	0.7%	2	2%	5
Refused	0.7%	2	1%	3

FOCUS GROUP COMMENTS

African American

There is a lack of grocery stores within walking distance in the communities where they lived (downtown Charleston and the Institute area)

Single Parent

- A lack of affordable healthy foods (too expensive)
- Having limited information about resources for healthy foods
- A need for community gardens to help them access free produce

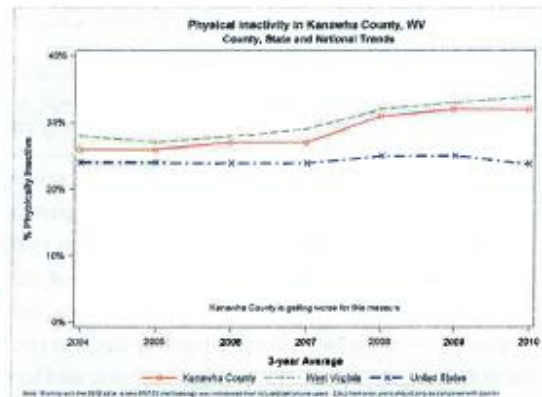
Senior Citizens

A lack of information about who provides healthy foods to seniors

SNAP SHOT Lack of Physical Activity

Kanawha County is:	
	Better
	Worse

Physical Environment (KCCHI Report, pages 140 -141)	County comparison to	
	WV	U.S.
Park Access		
Recreation and Fitness Facility Access		
Health Behaviors (KCCHI Report Page 126)		
Physical Inactivity (Adult)		



Physical Activity (Adult)	
Adults engaging in regular physical activity	69.9% (2010) 67.8% (2009) 74.9% (2007) 67.5% (2005)
Adults engaging in 30+ minutes of moderate physical activity 5 or more days/wk or 20+ minutes of vigorous activity 3 or more days/wk	23.3% (2011) 24.1% (2010) 15.8% (2009) 18.9% (2007) 17.5% (2005)
Exercise: During the past month, did you participate in any physical activities?	68.6% (2011) 69.9% (2010) 67.8% (2009) 69.5% (2008) 74.9% (2007) 76.8% (2006) 67.5% (2005)
Participated in 150 minutes or more of Aerobic Physical Activity per week	48.4% (2011)
Participated Muscle Strengthening exercises more than twice per week	20.8% (2011)
Participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines	14.0% (2011)

Physical Activity (WV High School Students)	
Percentage of students who were physically active for at least 60 minutes per day on 7 of the past seven days	31.0% (2013) 29.0% (2011) 22.6% (2009) 26.3% (2007) 17.8% (2005)
Percent of students who <u>did not</u> attend physical education classes in an average week (when in school)	64.3% (2011) 67.4% (2009) 66.8% (2007) 63.8% (2005)
Percent of students who watch TV 3 or more hours per day	32.9% (2013) 31.2% (2011) 31.5% (2009) 32.0% (2007)
Percent of students who played video or computer games or used a computer for something that was not school work 3+ hours per day on an average school day	41.6% (2013) 32.2% (2011) 24.1% (2009) 27.7% (2007)
Youth who did not play on sports teams	47.9% (2013) 43.1% (2011) 47.8% (2009) 48.2% (2007) 48.1% (2005) 47.3% (2003)

KCCHI 2014 Health Assessment Results

KEY INFORMANTS

<i>"What are the most pressing Physical Environmental factors in Kanawha County?"</i> Top Three	# respondent comments (unduplicated)
Chemical / Pollution	22
Infrastructure (water, sewage, electrical, roads)	19
Parks, green space, walking and biking paths	19

Key informants expressed a need for additional safe walking and biking paths (sidewalks, bike trails, etc.) in Kanawha County. The lack of green spaces and parks within walking distance from neighborhoods was also a concern. They acknowledged that in some places in Kanawha County's geography makes it more difficult to walk and bike and that in rural communities the lack of space and money to build recreational facilities was probably a factor. However, respondents indicated that they mostly felt the barriers to improvements were the cost of improvements, the lack of investment by city and county leaders and competing priorities. Key informants also pointed to a general apathy among the public and lack of interest by residents.

Key informants suggested better cooperation and interaction among city, county and state officials. A countywide plan that could be accomplished in stages was recommended. Several said the County Commission and other sources should make it a priority of their funding. It was suggested that funding be made available to towns that will spend it specifically on safe places for children to be active, such as parks, playgrounds, and community gyms.

HOUSEHOLD SURVEY RESPONDENTS

The Physical "Built" Environment	Percentage Ranking as " 4 or 5" (big problem)	
	2014	2011
Access to physical activity opportunities in the community	49%	*

*Not asked

Overall how would you rate your community on the availability of safe places for children to play?

	2014	2011
Excellent	12%	11%
Very Good	19%	16%
Good	35%	27%
Fair	19%	27%
Poor	15%	19%

Most Household Respondents said the top reasons they walk are:

For health benefits (35%)
Personal enjoyment (30%)
Out of need to get somewhere (28%)

Top reasons they don't walk include:

No sidewalks (49%)
Ice/snow (49%)
Health problems (30%)
Unsafe street traffic (29%)
Unsafe neighborhood due to crime (29%)

2014: 285 Respondents with margin of error 5.80 (+ or -)

Risky Behavior	Percentage Ranking as "4 or 5" (big problem)						
	2014	Percent difference (From 2011)	2011	2006	2002-03	1998	1995
Lack of exercise	85%	(1%)	86%	84%	84%	79%	77%

Leisure Time or Recreational Activities during past month

	2014	2011
Yes	52%	63%
No	48%	37%

Vigorous Activities during past month

	2014	2011
Yes	27%	37%
No	72%	63%

Among the 125 respondents who were employed...

Mostly sit or stand 68% (85).... 68% in 2011
 Mostly walk 26% (32)....21% in 2011
 Mostly heavy labor 4% (5)..... 8% in 2011

Believe children should receive a minimum of 30 minutes physical activity, in addition to what they may be getting in PE class...

Yes 84% (235)
 No 9% (24)
 Not sure 7% (20)

Hours watching TV or playing video games (on average day)

	2014		2011	
	% responses	# respondents	% responses	# respondents
More than 6 hours a day	16%	46	8%	20
4-6 hours a day	24%	68	22%	55
1-3 hours a day	47%	131	57%	139
Less than 1 hour a day	9%	24	9%	21
Never	3%	9	4%	9

FOCUS GROUP COMMENTS

African American

A need for safe places to walk due to poor lighting, lack of sidewalks and speeding traffic
 A lack of police presence makes them "feel uneasy" about letting their children play outside

SNAP SHOT Drugs (Prescription & Illicit)

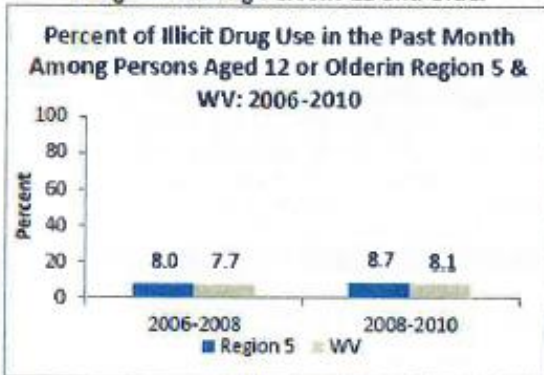
2013 Youth Risk Behavior Survey High School Results	
Percentage of students who used marijuana one or more times during their life	39.0%
Percentage of students who tried marijuana for the first time before age 13 years	9.1%
Percentage of students who used marijuana one or more times during the past 30 days	18.9%
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	5.2%
Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	9.2%
Percentage of students who used heroin one or more time during their life	2.1%
Percentage of students who used methamphetamines one or more times during their life	3.6%
Percentage of students who used ecstasy one or more time during their life	4.9%
Percentage of students who took steroid pills or shots without a doctor's prescription one or more times during their life	3.6%
Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life	16.5%
Percentage of students who used a needle to inject any illegal drug into their body one or more times during their life	2.1%
Percentage of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months	17.1%

Behavioral Health Epidemiological County Profile

(For Region 5, made up of Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam and Wayne Counties)

Prepared by the WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities

Drug Use Among Persons 12 and Older



Source: NSDUH

Note: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. The 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

Percent of Illicit Drug Use Other Than Marijuana in the Past Month Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010

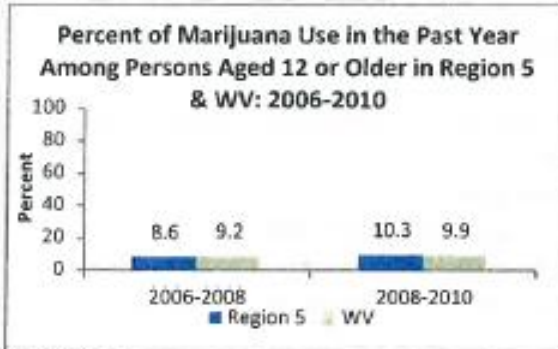


Source: NSDUH

Note: Illicit Drugs Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and

Kanawha County Behavioral Health Epidemiological Profile

2006. The 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.



Source: NSDUH

Note: 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

	2006-2008	2008-2010
Region 5	5.3%	6.1%
West Virginia	5.4%	5.8%

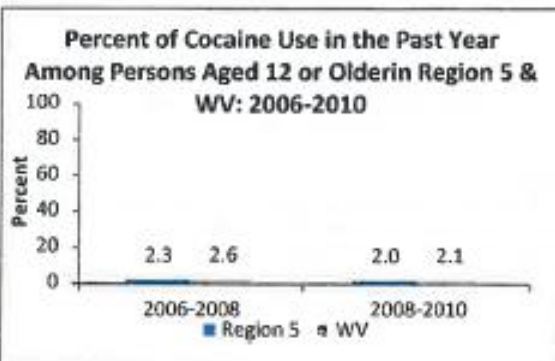
Source: NSDUH

Note: 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

	2006-2008	2008-2010
Region 5	1.2%	1.3%
West Virginia	1.2%	1.3%

Source: NSDUH

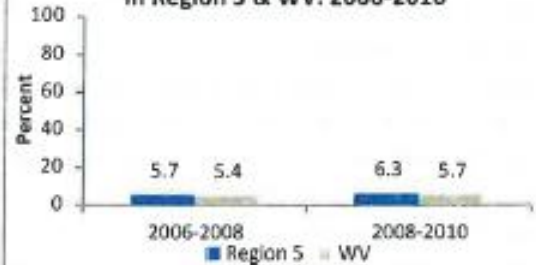
Note: Average annual marijuana initiation rate = $100 * ((X1 + (0.5 * X1 + X2)) + 2)$, where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of persons who never used marijuana. Both of the computation components, X1 and X2, are based on a survey-weighted hierarchical Bayes estimation approach. The age group is based on a respondent's age at the time of the interview, not his or her age at first use. 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.



Source: NSDUH

Note: 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

Percent of Nonmedical Use of Pain Relievers in Past Year Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010



Source: NSDUH

Note: 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

Drug Risk & Protective Factors

Perceptions of Great Risk of Smoking Marijuana Once a Month Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010

	2006-2008	2008-2010
Region 5	44.5%	41.2%
West Virginia	44.3%	42.0%

Illicit Drug Dependence or Abuse in the Past Year Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010

	2006-2008	2008-2010
Region 5	3.0%	3.0%
West Virginia	2.9%	2.9%

Illicit Drug Dependence in the Past Year Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010

	2006-2008	2008-2010
Region 5	2.1%	2.5%
West Virginia	2.1%	2.3%

Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year Among Persons Aged 12 or Older in Region 5 & WV: 2006-2010

	2006-2008	2008-2010
Region 5	2.7%	2.8%
West Virginia	2.6%	2.6%

Source: NSDUH

Note: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). 2006-2008 & 2008-2011 data was revised March 2012. See previous definition of Region 5.

Drug Consequences

2012 Morbidity Rates per 10,000 Discharges			
	Kanawha	WV	Rank in WV
Drug Related Diagnosis	584.0	506.5	9

Source: WV Health Care Authority

*There are 55 counties in WV: 1st highest rate and 55th lowest rate

2006-2010 Mortality Rates per 100,000 population			
	Kanawha	WV	Rank in WV
Drug Overdose	28.0	26.8	17

Source: WV Health Statistics Center, Vital Statistics System

*There are 55 counties in WV: 1st highest rate and 55th lowest rate

Domestic Violence Abusers Served by WV Coalition Against Domestic Violence by Behavioral Health Status in Kanawha County in 2012		
	Number	Percent
Substance abuse identified as contributing to abuse	999	29.8%

Methamphetamine Lab Seizures

Methamphetamine lab seizures jumped 85 percent in West Virginia in 2013 as police discovered the illegal drug-making operations in 45 of the state's 55 counties.

Authorities seized 533 meth labs, compared to 288 in 2012, a West Virginia State Police report says. Kanawha County led the state with 159 meth lab seizures, followed by 36 in Wood County, 28 in Putnam County, 27 in Upshur County, 21 in Mason County, 20 in Cabell County and 19 in Greenbrier County.

KCCHI 2014 Health Assessment Results

KEY INFORMANTS

<i>"What Health Risk Behaviors are of the biggest concern?"</i> Top Three Risky Behaviors	# respondent comments (unduplicated)
Drugs	59
Obesity	46
Tobacco	28

KEY INFORMANT COMMENTS

The barriers and challenges contributing to drug abuse mentioned most often by key informants include: lack of prevention, treatment and recovery programs, overprescribing by doctors, need for stiffer penalties or bigger consequences for those who abuse or provide drugs, poverty and lack of meaningful employment opportunities, lack of education, and a lack of coordinated efforts to address all of these issues.

A majority of key informants pointed to a need for concerted investment by leadership for drug addiction treatment and recovery programs. Also, the need for prevention education beginning in early childhood and continuing through adulthood was emphasized. They suggested stiffer penalties including required drug screenings for pregnant women and for people receiving government assistance, and closer collaboration among child protective services and the judicial system to avoid giving parental rights back to those who continue to abuse drugs. Several respondents mentioned the need for stronger regulations for doctors who over prescribe pain medications. They expressed a desire to see more viable employment options, job skills training, and a more diverse economy that did not rely so much on the coal industry. They felt these jobs would deter all types of risky behaviors.

HOUSEHOLD SURVEY RESPONDENTS

2014: 285 Respondents with margin of error 5.80 (+ or -)

Risky Behavior	Percentage Ranking as " 4 or 5" (big problem)						
	2014	Percent difference (From 2011)	2011	2006	2002-03	1998	1995
Misuse prescription drugs	81%	5%	76%	59%	*	*	*
Illegal drug use	66%	(6%)	72%	79%	65%	77%	72%

*Not asked

**1995-2003 surveys included all ages under alcohol use

All time high

FOCUS GROUP COMMENTS

Senior Citizens

Safety was a concern. Mentioned most often were home break-ins and drug-related crimes in the community.

Workgroup Process

The Kanawha Coalition for Community Health Improvement uses the following process to address the identified top three issues from the community forum.

STEP ONE: Problem Identification (Health Issues Forum)

STEP TWO: Problem Analysis (2 months)

- Collect information about the problem
- Analyze the current situation
- Map resources
- Identify root causes
- Identify linkages and interdependencies among issues being studied by other work groups
- Make a statement about where the community is with regard to the problem/identify strengths, weaknesses, opportunities, threats (Current State)
- Identify desired state

STEP THREE: Develop Solutions (2 months)

- Research interventions that have proven successful in other communities
- Prepare an Action Plan and strategies, including short-term and long-term strategies (Logic Model)
- Identify resource needs/potential and committed resources
- Identify, define and develop in-process and outcome measures

STEP FOUR: Measure Outcomes (Ongoing and completed by end of the third year)

- Implement Action Plan
- Monitor and measure outcomes
- Revise Action Plan as needed based on results
- Report progress

The Kanawha Coalition for Community Health Improvement's process serves as CAMC's needs assessment and was conducted in conjunction with CAMC General Hospital, CAMC Memorial Hospital, CAMC Women and Children's Hospital, Thomas Memorial Hospital, St. Francis Hospital and Highland Hospital.

The Needs Assessment is made widely available to the public via the CAMC Health System website at www.camc.org, is available upon request from the hospital facility and is available on the Kanawha Coalition for Community Health Improvement website at www.healthykanawha.org. In addition, it is provided to all attendees at the community forum, to each workgroup member and to the CAMC Board of Trustees.

2014-2017 Workgroup Implementation Strategies

Kanawha Coalition for Community Health Improvement

The 2014 Kanawha Coalition's Community Health Needs Assessment (CHNA) resulted in the same top three health concerns for Kanawha County as the 2011 CHNA. Significant progress is being made to address these issues and the Kanawha Coalition has developed plans to build upon its previous workgroup efforts to address Obesity/Nutrition, Lack of Physical Activity, and Drug Abuse. The Coalition's workgroups have set their three year goals and first year objectives. 2016-2017 objectives will be finalized by October 2014.

Kanawha Coalition for Community Health Improvement

Obesity/Nutrition Workgroup

Obesity/Nutrition Workgroup Membership

American Heart Association

April's Kitchen

Cabin Creek Health System

Charleston Area Alliance

Charleston Area Medical Center

Highland Hospital

Kanawha County Schools

Kanawha-Charleston Health Department

KEYS 4 HealthyKids

RESA 3

Thomas Health System

United Way of Central West Virginia, Information and Referral

Wellness Council of WV

West Virginia Breast Feeding Alliance

West Virginia Medical Institute

West Virginia State University

West Virginia State University Extension

West Virginia University Extension

WV Power Baseball

2017 Goal: Decrease the percentage of people living in Kanawha County with low food access from 28% to 23% by September 29, 2017.

Year One Objectives:

1. Recruit at least 5 Kanawha County businesses, organizations or schools to support *Health on the Shelf* evidence-based strategies. (By September 2015)
2. Partner with the Kanawha Charleston Health Department to support its healthy restaurant strategies with 10 Kanawha County restaurants. (By September 2015)

Obesity/Nutrition

GOAL: Decrease the percentage of people living in Kanawha County with low food access from 28% to 23% by September 29, 2017.

Year One, Objective 1: Partner with the Kanawha Charleston Health Department to support Health on the Shelf strategies by developing at least 5 partnerships with local businesses, organizations or schools to change food systems and environments. (By September 2015)	
Action Plan	Output/ Measure
Recruit 5 partnerships in Kanawha County of businesses, organizations and schools to support Health on the Shelf initiatives.	# of partnerships
Develop a two-tier system for store certification implementation based on Health on the Shelf criteria.	Completed tier system
Monitor policies that food retailers implement that require providing at least three fresh fruit and vegetable options.	# policies adopted
Recruit and certify local small food retailers to voluntarily provide fresh fruits and vegetables in stores in one of the two tier certification systems. Provide incentives to stores including paid local advertising, social media marketing, signage and materials.	# stores certifications

Year One, Objective 2: Partner with Kanawha Charleston Health Department to support its healthy restaurant strategies with 10 Kanawha County restaurants (By September 2015)	
Action Plan	Output/ Measure
Develop a set criteria point system rubric to standardize grading restaurants in Kanawha County.	Rubric complete
Utilizing initial sanitation inspections, determine 40 restaurants to pilot for use of the rubric system.	# restaurants to evaluate with rubric
Evaluate the results of the rubric to select and recruit 10 restaurants as pilot healthy restaurants.	# restaurants selected for pilot

Kanawha Coalition for Community Health Improvement Physical Activity Workgroup

Physical Activity Workgroup Membership

American Heart Association

Cabin Creek Health System

Capital Resource Agency

Charleston Area Alliance

Charleston Area Medical Center

City of Charleston, Parks and Recreation

Highland Hospital

Kanawha County Schools

Kanawha Valley Senior Services

Kanawha-Charleston Health Department

Minority Health Group

RESA 3

Thomas Health System

West Side Community and Family Development Corporation

Wellness Council of WV

West Virginia School-based Health Assembly

West Virginia State University

West Virginia University Extension

West Virginia University Health Science Center

WV Power Baseball

2017 Goal: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22%.

Year One Objectives:

1. Pilot Healthy Choices at Work worksite challenge in at least 10 small businesses in Kanawha County to increase supportive policies, practices and environmental conditions for physical activity and healthy eating. (By September 29, 2015)
2. Conduct a large scale, highly visible physical activity campaign that targets Kanawha County adults, age 20 and older, promoting stair usage through media, point-of-decision prompts, and community events. (By September 29, 2015)

GOAL: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22% (By September 29, 2017)

Year One, Objective 1: Pilot Healthy Choices at Work worksite challenge in at least 10 small businesses in Kanawha County to increase supportive policies, practices and environmental conditions for physical activity and healthy eating. (By September 29, 2015)	
Action Plan	Output/ Measure
Development of a <i>Healthy Choices At Work</i> worksite challenge program, measures of improvements, recognition and associated awards.	Work plan Pre and post surveys Scoring process
Recruitment of 10 small businesses.	10 participating companies
Coalition workgroup members meet to review resources and tools available for worksites in the “Healthy Choices at Work” resource guide and toolkit.	10 coaches trained
Coalition workgroup meets to assign individual members to serve as coaches to recruited worksites.	10 companies assigned coaches
Coaches meet with worksite leadership to complete pre-survey and review toolkit recommendations.	Pre-surveys completed
Coaches meet with worksite leadership to assist in goal setting based on pre-survey results.	Worksite goals
Worksite implements plan and measures progress towards goals. Coaches provide technical assistance as needed.	Policies and environmental changes
Coaches meet with worksite leadership to complete post survey.	Post surveys completed
Coalition workgroup convenes to assess improvements in company pre-post surveys.	Final scores
Coalition publicly recognizes all participating worksites and makes awards to those with biggest improvement.	Awards and recognition event Media coverage

GOAL: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22% (By September 29, 2017)

Year One, Objective 2: Conduct a large scale, highly visible physical activity campaign that targets Kanawha County adults, age 20 and older, promoting stair usage through media, point-of-decision prompts, and community events. (By September 29, 2015)	
Action Plan	Output/ Measure
Coalition workgroup’s membership is representative of all geographical areas of the county.	Membership
Development of stair usage campaign, including branding, media messages, signage, and implementation and evaluation strategies.	Work plan Evaluation plan
Media buys and production of media components. Kick-off event, signage placement.	Media buys/ production Kick-off event Signage placement
Coalition members and University of Charleston senior nursing students conduct observational surveys at key stairwell locations throughout county. Coalition tracks participation in community “stair-climbing” events. Coalition workgroup monitors and evaluate reach of media messages.	Observational surveys completed Events held Media reach

Kanawha Coalition for Community Health Improvement Drug Abuse Workgroup

Drug Abuse Workgroup Members

Cabin Creek Health System	National Association of Social Workers, WV Chapter
Charleston Area Alliance	Pretera Center
Charleston Area Medical Center	RESA 3
Charleston Police Department	Saint Francis Hospital
First Choice Services (WV Rx Abuse Quitline)	University of Charleston School of Pharmacy
Highland Hospital	West Virginia Coalition Against Domestic Violence
Kanawha Communities That Care	West Virginia School-Based Health Assembly
Kanawha County Library System	West Virginia State University Extension
Kanawha County Schools	West Virginia University Extension
Kanawha Valley Senior Services	
Kanawha-Charleston Health Department	

2017 Goal(s):

1. Decrease drug abuse among youth by increasing their resiliency during early childhood.
2. Decrease drug abuse in Kanawha County through evidence-based strategies.
3. Decrease the number of meth labs in West Virginia.

Year One Objectives:

1. Expand Too Good For Drugs and Violence training for youth at four additional community-based sites. (By September 29, 2015)
2. Expand Parent Rx360 program to four more Kanawha County communities. (By September 29, 2015)
3. Partner with Kanawha Communities That Care to select and implement 2 additional evidence-based strategies to address drug abuse in Kanawha County. (By September 29, 2015)
4. Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2015)

GOAL 1: Decrease drug abuse among Kanawha County youth by increasing their resiliency during early childhood.
(By September 29, 2017)

Year One, Objective 1: Expand Too Good For Drugs and Violence training for youth at four additional community-based sites. (By September 29, 2015)	
Action Plan	Output/ Measure
Plan, promote and conduct Too Good For Drugs and Violence training for youth service organizations.	# attending training Post survey results
Recruit 4 additional community-based sites to conduct Too Good For Drugs training.	Memos of Understanding with sites Pre and post youth survey results # of children impacted

GOAL 2: Decrease drug abuse in Kanawha County through evidence-based strategies. (By September 29, 2017)

Year One, Objective 1: Partner with Kanawha Communities That Care to select and implement 2 additional evidence-based strategies to address drug abuse in Kanawha County. (By September 29, 2015)	
Action Plan	Output/ Measure
Conduct joint strategic planning sessions to identify and select 2 additional evidence-based strategies to address prescription drug abuse.	2 evidence-based strategies identified and selected
Develop an implementation plan for both strategies.	Implementation plans
Implement plan, with periodic assessments for any needed revisions.	Strategies implemented
Evaluate, measure results and prepare final report.	Evaluations completed Final report

GOAL 2: Decrease prescription drug abuse among in Kanawha County. (By September 29, 2017)

Year One, Objective 2: Expand Parent Rx360 program to 4 more Kanawha County communities. (By September 29, 2015)	
Action Plan	Output/ Measure
Plan and promote Parent Rx360 community-based forums to educate parents about prescription drug abuse and actions they can take to keep their children safe.	# forum attendees Media reach
Recruit 4 additional Kanawha County communities to host Parent Rx360 forums.	Post survey results

GOAL 3: Decrease the number of meth labs in West Virginia. (By September 29, 2017)

Year One, Objective 1: Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2015)	
Action Plan	Output/ Measure
Educate public about meth labs and importance of a prescription-only policy for pseudoephedrine products that can be easily converted to make meth through traditional and social media sources, community presentations and dissemination of print materials.	# of presentations # materials disseminated Media reach
Educate legislators about how a prescription-only policy will decrease meth labs in WV, through presentations to Legislative Committees and dissemination of information.	# of Legislators in support of policy Passage of legislation

NEEDS ASSESSMENT FOR OTHER PRIMARY AND SECONDARY SERVICE AREA COUNTIES

To ensure needs are identified for CAMC's other service area counties beyond Kanawha County, County Indicator Data Reports were prepared for Putnam, Fayette, Boone and Logan Counties (Primary Service Area Counties) and for Jackson, Roane, Clay, Braxton, Nicholas, Lincoln and Raleigh (Secondary Service Area Counties). These County Indicator Data Reports are available on the CAMC website at www.camc.org.

Service Area Health Priorities by County
2014 Community Benefit Planning
 September 2014

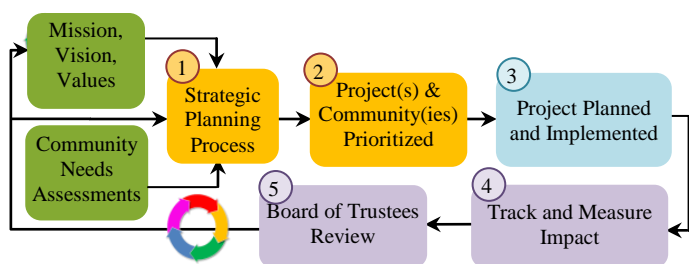
Health Indicator	PRIMARY SERVICE AREA					SECONDARY SERVICE AREA						
	Kanawha	Putnam	Fayette	Boone	Logan	Jackson	Roane	Clay	Braxton	Nicholas	Lincoln	Raleigh
PCP Ratio												
Preventable Hospitalizations												
YPLL												
Colorectal Cancer												
Lung Cancer												
Heart Attack, CV Disease, Coronary Heart Disease												
Teen Death Rate/ Teen Injury Death Rate												
Motor Vehicle Crash Death Rate												
Childhood Obesity												
Poor Mental Health Days												
Children Living in Poverty												
People Below Poverty Rate												
Stroke												
Child Death Rate												
Adult Obesity												
Juvenile Delinquency												
High School Graduation/Drop Out Rate												
Physical Inactivity												
Locations for Physical Activity												
Poor Physical Health Days												
Teen Birth Rate												
Alzheimers Death Rate												
Lack of College Education												
Flu / Pneumonia Deaths												
Chlamydia												

- | |
|--|
| <p>PRIMARY SERVICE AREA</p> <p>Top Issues Identified From the County Indicator Data Reports</p> <ol style="list-style-type: none"> 1. Heart Disease 2. High School Drop Out Rate 3. Poor Physical Health 4. Preventable Hospitalizations 5. Teen Birth Rate |
| <p>SECONDARY SERVICE AREA</p> <ol style="list-style-type: none"> 1. Lung Cancer 2. Children Living in Poverty 3. Poor Physical Health 4. Teen Birth Rate 5. Preventable Hospitalizations 6. PCP Ratio |

CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 838 beds at three campuses: General Hospital (268 beds), Memorial Hospital (424 beds) and Women and Children's Hospital (146 beds). General Hospital focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Memorial Hospital supports the cardiac, peripheral vascular and oncology services lines and Women and Children's Hospital focuses on mother, baby, pediatric and gynecology service lines. Medicine and general surgery cross both Memorial and General Hospitals. Although the hospitals are licensed separately, the hospitals jointly plan, implement goals and report into one governance structure. The CAMC Board of Trustees governs the CAMC hospitals. Community benefit services are aligned by service versus hospital, thus at times are clearly aligned by hospital, but not in the case of many of the activities that span all hospitals. Additionally, many of our reports that are used for benchmarking and comparisons are for CAMC versus the individual hospitals.

The following outlines CAMC's community support process:



CAMC supports and strengthens its key communities through a systematic approach

that begins with our mission, vision and values. Annually during our strategic planning process ¹ we review the community health needs assessment findings and priorities to develop our community strategy. This strategy is based on issues identified through the needs assessment process and supplemented with findings from our internal Environmental Analysis. Communities are identified ², strategies are identified and plans are funded, implemented ³, tracked and measured ⁴. Our Board approves the plan and reviews plan progress annually ⁵. Because of the size and scope of our services, the approach we use to identify our key communities ² is based on the strategy, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC community strategy, community is based on the need identified and population to be addressed. We develop Health Indicator Data Sheets for each of our service area counties and identify key issues to address for all or part of our service area. For example, our Perinatal Telemedicine Project includes 14 rural counties and our Child Advocacy Center and HIV program serve our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have ensured the Civic Affairs Council monetary contributions support community organizations in the service area that are clearly aligned with our community strategy. In addition to addressing community needs and contributing financially, our leadership team serves in key leadership roles for community activities, programs and organizations as well as supports the workforce in participating in many community benefit activities such as Day of Caring and HealthFest.

In addition, CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and they, along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top three health issues identified during

the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups' plans. Once the KCCHI plans are developed, as part of the strategic planning process, CAMC determines if there are additional areas of support that can be provided by CAMC to address the identified issues. The following table lists programs provided by CAMC that address these community priorities, and are identified and funded as part of operational planning by the CAMC Board of Trustees.

	ADDRESSED BY CAMC	CAMC General	CAMC Memorial	CAMC WCH	RANKING SCORE	How Addressed by CAMC in Addition to KCCHI Workgroup Activity <i>(program descriptions found in Appendix)</i>
1	Obesity	X		X	34.309	<ul style="list-style-type: none"> • KCCHI Workgroup participation • Keys for Healthy Kids 5-2-1-0 Program • Bariatric Surgery Center of Excellence • Medical Weight Loss Program • Kanawha Valley Speaks
2	Drugs/ Prescription and Illicit			X	33.265	<ul style="list-style-type: none"> • KCCHI Workgroup participation • Drug Addicted Mother/Baby Program • Contribution to Rea of Hope Fellowship Home
3	Lack of Physical Activity	X	X	X	32.853	<ul style="list-style-type: none"> • KCCHI Workgroup • Get Physical • Healthy Kids • ATV and Bicycle Safety • Challenged Sports Program • Heart Fit • Teddy Bear Fair • Mall Walkers
4	Heart Disease/ High Blood Pressure <i>(Also identified in our Primary Service Area)</i>	X	X		31.618	<ul style="list-style-type: none"> • Blood Pressure checks at Housing Projects • Cardiac Kids • CPR Classes • Heart Failure Readmission • CMS Indicator compliance • Ornish Program
5	Tobacco Use/ Second Hand Smoke Exposure	X	X	X	31.206	<ul style="list-style-type: none"> • Smoking cessation classes for pregnant women • Smoke free campus
7	Unemployment Jobs/ Poverty <i>(Children Living in Poverty also identified in our Secondary Service Area)</i>	X	X	X	28.838	<ul style="list-style-type: none"> • CAMC is the third largest non-government employer in WV employing over 6,000 people • Charity care and bad debt • Civic Affairs contributions to Union Mission, Salvation Army, Daily Mail Neediest Cases, Roark Sullivan Lifeway Center, Covenant House, Gabriel Project, March of Dimes, Family Counseling Connection, Daymark, Mental Health

						<ul style="list-style-type: none"> Association, Gabriel Project • Donate linen supplies to area homeless shelters • United Way Day of Caring • WV Health Occupations Students of America • Ronald McDonald House • Ford Foundation Value Chain Creation • Enrollment Assistance for Patients for Health Care Coverage • HealthFest • Mammography Screening • Outpatient Mental Health Services • Partners in Health Network • Teddy Bear Fair • Health Information Center • WV HealthRight support • Charity Care • Patient Nourishment Program
8	Cancer <i>(Lung Cancer also identified in our Secondary Service Area)</i>	X	X	X	28.765	<ul style="list-style-type: none"> • Relay for Life • Prostate Screening • Look Good/Feel Better • Civic Affairs contributions to the American Cancer Society and Hospice
9	Lung Disease/ Asthma/ COPD	X			28.750	<ul style="list-style-type: none"> • Incinerator Program • Occupational Lung Center Outreach • Asthma Awareness activities

The following community priority need is not addressed by CAMC hospitals in a systematic way and the rationale is provided for each.

	NEED NOT ADDRESSED	RANKING SCORE	REASON NOT ADDRESSED
6	High School Drop-Out <i>(Also identified in our Primary Service Area)</i>	30.029	Issue being addressed by United Way of Central WV, Kanawha County Schools and State Department of Education.

CAMC AND CAMC HEALTH SYSTEM INFRASTRUCTURE TO ADDRESS COMMUNITY NEED:

Charleston Area Medical Center provides quality care for our community residents throughout every stage of life focused on our key strengths of (1) clinical and technical excellence, (2) performance excellence culture and infrastructure and (3) education. We understand the leadership role that health care must play in providing exceptional medical care, charity care, education, corporate contributions and creating community partnerships to address the lives of the real people we care for everyday. What sets us apart is our strong track record of developing partnerships to address health issues. Our innovative investment of time and dollars will be even more important to our ongoing work as health care reform results in declining reimbursement and growing need for access to services.

Our history is one of establishing programs and services to meet the needs of the citizens of our community. From our beginning, our focus has been on assessing needs and working to provide the needed services, either solely or in partnership with others. We recognize the responsibility we have serving the central and southern part of West Virginia. Our patients reside in the Appalachian valleys and mountains in sometimes still difficult to access remote areas. In too many indicators of social health, we are too close to last. The CAMC Health System, as professionals individually and collectively, believe it is our responsibility to influence the quality of life in ways that transcend the role of a typical hospital. We seek to innovate and implement programs to assure that our people can enjoy all that West Virginia has to offer through the greatest possible health and well being.

SAFETY NET SERVICES

With the number of infants born prematurely rising steadily in recent years, the nation's hospitals are bolstering services for premature infants and their families. Recognizing that premature infants are more likely than full-term infants to experience complications that require intense medical care such as feeding tubes, ventilators and oxygen monitors, many hospitals are adding or expanding their NICUs. Nationally, NICUs often act as "profit centers for hospitals because of generous reimbursement rates," according to Price Waterhouse. Unlike the national norm, at CAMC we lose an average of \$1,250 for each NICU admission for a total loss of \$705,210 in 2013. This loss occurs because of high Medicaid utilization (67%) coupled with a low payment rate from Medicaid. Additionally, the average loss for each PICU admission is \$2,600 with 62% being Medicaid.



MEDICAL EDUCATION

Charleston Area Medical Center sponsors thirteen accredited internship, residency and fellowship programs. Programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). CAMC sponsors three pharmacy residency programs, accredited by the American Society of Health System Pharmacy (ASHP); a clinical psychology internship, accredited by the American Psychological Association (APA); and a fellowship in oral maxillofacial surgery. CAMC also sponsors a School of Nurse Anesthesia accredited by the Council on Accreditation. Working with education affiliates such as West Virginia University, the West Virginia School of Osteopathic Medicine and Marshall University, 171 individuals are enrolled in internships, residency and fellowship programs and 83 students are enrolled in the nurse anesthesia program.



CLINICAL TRAINING SITE

CAMC serves as a clinical training site for approximately 800 students per year through educational affiliations from West Virginia and regional colleges and universities. Currently, there are 145 affiliations with health professions programs in 30 disciplines including nursing, pharmacy, physical therapy, physician assistant and other health disciplines.

RESEARCH and CLINICAL TRIALS

CAMC Health Education and Research Institute, Inc., a sister company to CAMC, is actively engaged in clinical trials and has active research protocols in oncology, cardiology/ cardiovascular research, medicine and medicine subspecialties, behavioral health community medicine, pediatrics, nursing research and trauma/pain. The majority of this research is conducted at CAMC hospitals.



ALTHOUGH NOT COUNTED AS CAMC COMMUNITY BENEFIT, CAMC HEALTH SYTEM COMPANIES PLAY A SIGNIFICANT ROLE IN COMMUNITY HEALTH IMPROVEMENT:

CAMC Health Education and Research Institute serves as the education and research arm of the CAMC Health System. The Institute promotes the health of the community by:

- Sponsoring health professional training programs training the region's health professionals.
- Providing continuing education to health professionals in the community, region and state.
- Sponsoring management and leadership development programs.
- Sponsoring community health education and prevention education programs for the community.
- Conducting clinical and health services research targeted to improve health and health services delivery of our patients and community.
- Pursuing special program funding and grants to support education and research programs.
- Promoting economic development through its employment of approximately 80 full-time education, research and support staff and through its extramural and externally funded sponsored programs.
- Promoting telehealth opportunities that link providers for health consultation and that improves access to health services to patients.
- Creating linkages to education affiliates allowing approximately 800 learners to receive clinical training experiences at CAMC.
- Sponsoring simulation training experiences for regional education affiliates.
- Promoting and sustaining networks and partnerships that improve access to clinical trials and research funding opportunities.

The CAMC Foundation's mission is to support and promote CAMC's delivery of excellent and compassionate health services and CAMC's contribution to the quality of life and economic vitality of the region. This is accomplished through support of many services to CAMC patients and employees. Each year, the Foundation supports the Prevention First Program at CAMC Women and Children's Hospital. The Prevention First Program seeks to reduce medical costs, facilitate all aspects of health care, including support of the medical plan established by the primary care physician, while meeting the special needs of low-income children and families in the home environment. Specifically, the Prevention First Program promotes healthy outcomes that will decrease pre-term labor, infant mortality, unplanned C-Section rate, NICU/PICU length of stay and increase infant birth weight while promoting well-child care and immunizations. The Foundation also helps keep physicians and allied health care employees up-to-date by providing funding for many continuing education programs. In 2013, the Foundation provided a \$200,000 grant for continuing education for CAMC employees in support of keeping our employees well trained to better serve our patients. To ensure that our community receives care from well-trained health care professions, the Foundation also provided \$300,000 for nursing, medical student and allied health scholarships to individuals pursuing careers in health care.

Integrated Health Care Providers (IHCPI) is an affiliated company of the CAMC Health System existing to support the mission of CAMC in *striving to provide the best healthcare to every patient every day*. When the CAMC Health System identifies an essential physician need, an access issue for patients, or when the existing provider community cannot provide an essential service, IHCPI through its affiliation with the CAMC Health System works to fill the gaps. Currently, IHCPI operates the mission critical entity of the David Lee Cancer Center and a host of sub-specialty physician practices primarily operated to support the Level I trauma and tertiary care mission of CAMC. IHCPI practices see a disproportionate share of the underinsured in their practice locations. When many of the sub-specialists are not providing trauma support, they are providing access to care for many who cannot receive services locally such as pediatric dental and oral maxilla-facial care.

CAMC Teays Valley Hospital, a 70 bed rural hospital in Putnam County, WV, provides acute and emergency services to its community as well as community benefit to the residents of its county. CAMC Teays completes its own Community Benefit Report.

CAMC LEADERSHIP IN COMMUNITY HEALTH

Since our formation in 1972 when CAMC affiliated with West Virginia University to establish the WVU Charleston Division to expand medical education opportunities to southern WV, CAMC has continued to be an “innovator” in addressing community health. In 1986, our merger with a community hospital allowed us to create Women and Children’s Hospital to better focus on the health of these segments of our population. In 1995, our focus on improving health earned us the VHA Community Health Award and we continue this founding principle to address the identified community health needs for community. The Board Planning and Public Policy Committee provides oversight and direction for our community health plan and reports to the Board of Trustees, a volunteer board representing the community. To keep community health at the forefront, improving the health of our community is a goal for the CAMC Health System and results are reported to the Board and throughout the organization. Our senior team provides leadership to a number of community organizations, both in board leadership roles and financially.



COMMITMENT

The ongoing support for many programs, as well as the continual development of new programs, is evidence of our commitment to community health. Not only do we continue to provide mission critical services that do not generate revenue but meet community needs (such as the Family Resource Center, Lactation Support and Palliative Care), we provide the majority of the funding and housing for the Executive Director of the Kanawha Coalition for Community Health Improvement. Recognizing the need to support children with alleged sexual abuse, physical abuse or neglect, we established the Child Advocacy Center. We provide pharmacy support, maintenance and housekeeping services at no cost to the local West Virginia Health Right Clinic that serves the uninsured/underinsured. We also incurred \$1,574,800 in expenses to support patients with the paperwork and information needed for assistance with enrollment in government programs, exchanges or obtaining charity care.

INPUT RECEIVED ON THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FROM THE PUBLIC

CAMC’s 2013 Community Benefit Report which included the Community Health Needs Assessment and Implementation Strategy was made widely available on CAMC’s website and the Needs Assessment was also published on the Kanawha Coalition for Community Health Improvement website. CAMC did not receive any input from the public through the comment section with the posting. The Coalition received three responses noting the helpfulness of the Needs Assessment for grant writing and school projects.

2014 - 2016 CAMC Community Benefit Plan Implementation Strategy

JOINT IMPLEMENTATION STRATEGIES: The following community benefit implementation strategies are inclusive of CAMC General, CAMC Memorial and CAMC Women and Children’s hospitals. Due to our corporate structure, corporate support for planning, quality, safety, finance and other functions, we address these issues for all hospitals from a system perspective as Charleston Area Medical Center.

1. Reduce Over-Utilization of the Emergency Room
2. Provide Physician Drug Diversion Training
3. Provide Medical Homes/Neighborhood
4. Provide Access to Specialty Health Care for the Service Area through Medical Staff Recruitment
5. Provide HIV Primary Care and Decrease New HIV Infections
6. Build the Base of Local Growers Providing Fresh Herbs, Fruits and Vegetables to CAMC

#1	Charleston Area Medical Center General, Memorial, Women and Children’s Hospitals
COMMUNITY HEALTH NEED	Preventable Hospitalizations, PCP Ratio
IDENTIFIED HEALTH ISSUE	Over-Utilization of the Emergency Room
COMMUNITY SERVED	Kanawha, Raleigh, Jackson, Fayette, Roane, Putnam Counties
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC Health Education and Research Institute, Inc., [CHERI], Charleston Area Medical Center, Inc. (CAMC), and Genesis HealthCare have initiated the Healthcare for Elderly and Long-term Patients in West Virginia (HELP WV) program. This program is seeking RUS grant funding for telehealth equipment to be installed in 12 medical facilities in rural counties of West Virginia, the 7th most rural state in the nation. [Census 2010] A significant number of seniors in these counties utilize the ER when their symptoms escalate to critical status and have become “ER frequent flyers.” To address these issues, we must educate our impoverished rural West Virginians in two critical areas, which will impact a third area:</p> <ul style="list-style-type: none"> • Better health in general, leading to the prevention of the high incidence of heart disease, obesity, diabetes, and other common diseases • Effective, economical management of healthcare for the abundance of our seniors having persistent or critical, often long-term to end-of-life illnesses • Reduction in healthcare costs to payors.

	<p>Sites:</p> <table border="1"> <thead> <tr> <th>Site Name</th> <th>Site Designation</th> <th>Site Address</th> <th>County</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>CAMC Memorial Hospital (CAMC)</td> <td>Hub</td> <td>3200 MacCorkle Ave SE Charleston, WV 25304</td> <td>Kanawha</td> <td>8,922</td> </tr> <tr> <td>Ravenswood Village</td> <td>End-User</td> <td>200 South Ritchie Ave Ravenswood, WV 26164</td> <td>Jackson</td> <td>3,876</td> </tr> <tr> <td>Raleigh Center</td> <td>End-User</td> <td>1631 Ritter Drive Daniels, WV 25832</td> <td>Raleigh</td> <td>1,881</td> </tr> <tr> <td>Ansted Center</td> <td>End-User</td> <td>106 Tyree Street Ansted, WV 25812</td> <td>Fayette</td> <td>1,404</td> </tr> <tr> <td>Hilltop Center</td> <td>End-User</td> <td>Saddle Shop Rd. Oak Hill, WV 25901</td> <td>Fayette</td> <td>7,730</td> </tr> <tr> <td>Hidden Valley Center</td> <td>End-User</td> <td>438 23rd St Oak Hill, WV 25901</td> <td>Fayette</td> <td>7,730</td> </tr> <tr> <td>Miletree Center</td> <td>End-User</td> <td>825 Summit St Spencer, WV 25276</td> <td>Roane</td> <td>2,322</td> </tr> <tr> <td>Dunbar Center</td> <td>End-User</td> <td>501 Caldwell Dr Dunbar, WV 25064</td> <td>Kanawha</td> <td>7,907</td> </tr> <tr> <td>Cedar Ridge Center</td> <td>End-User</td> <td>300 Cedar Ridge Rd. Sissonville, WV 25320</td> <td>Kanawha</td> <td>4,028</td> </tr> <tr> <td>Marmet Center</td> <td>End-User</td> <td>1 Sutphin Drive Marmet, WV 25315</td> <td>Kanawha</td> <td>1,503</td> </tr> <tr> <td>Teays Valley Center</td> <td>End-User</td> <td>590 N Poplar Fork Rd Hurricane, WV 25526</td> <td>Putnam</td> <td>6,284</td> </tr> <tr> <td>Putnam Center</td> <td>End-User</td> <td>300 Seville Rd Hurricane, WV 25526</td> <td>Putnam</td> <td>6,284</td> </tr> </tbody> </table>	Site Name	Site Designation	Site Address	County	Population	CAMC Memorial Hospital (CAMC)	Hub	3200 MacCorkle Ave SE Charleston, WV 25304	Kanawha	8,922	Ravenswood Village	End-User	200 South Ritchie Ave Ravenswood, WV 26164	Jackson	3,876	Raleigh Center	End-User	1631 Ritter Drive Daniels, WV 25832	Raleigh	1,881	Ansted Center	End-User	106 Tyree Street Ansted, WV 25812	Fayette	1,404	Hilltop Center	End-User	Saddle Shop Rd. Oak Hill, WV 25901	Fayette	7,730	Hidden Valley Center	End-User	438 23rd St Oak Hill, WV 25901	Fayette	7,730	Miletree Center	End-User	825 Summit St Spencer, WV 25276	Roane	2,322	Dunbar Center	End-User	501 Caldwell Dr Dunbar, WV 25064	Kanawha	7,907	Cedar Ridge Center	End-User	300 Cedar Ridge Rd. Sissonville, WV 25320	Kanawha	4,028	Marmet Center	End-User	1 Sutphin Drive Marmet, WV 25315	Kanawha	1,503	Teays Valley Center	End-User	590 N Poplar Fork Rd Hurricane, WV 25526	Putnam	6,284	Putnam Center	End-User	300 Seville Rd Hurricane, WV 25526	Putnam	6,284
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STRATEGIC OBJECTIVE	REDUCE OVER UTILIZATION OF THE EMERGENCY ROOM																																																																	
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide services via telehealth “after-hours” – when a physician is not available at a Genesis site for an admission or if there is a “change in status” of a patient. 2. Utilize the telehealth system at a Genesis site for follow-up care for patients that have recently had a procedure – need a wound examined, psychiatric consult, etc. 																																																																	
MEASURE TO EVALUATE THE IMPACT	<p>Expected outcomes include:</p> <ul style="list-style-type: none"> • Immediate access via tele-health to a terminal patient’s care preferences and directives saves time in delivering life-sustaining treatment or immediately respecting one’s preference. • 1,153 medical professionals will have efficient, convenient access to required CME via DLT technology, saving \$1.055 million on travel, meals, and lodging each year (115 physicians * \$800/yr) + (438 mid-level providers * \$250/year) * 3 years). • Our HELP WV program for RUS DLT consists of one hub site and 11 end-user sites, located in Fayette, Jackson, Kanawha, Putnam, Raleigh and Roane counties. • Emergency visits for preventable and non-emergency healthcare issues, especially those by frequent flyers, will be reduced by 65%. This will be the result of all identified frequent flyers being educated on health matters via tele-health videos, which are on-topic and available for immediate viewing in the waiting room or during the emergency visit. The first year, we estimate the reduction to be 20%, second year 45%, and 65% by the end of the third year. • A 65% reduction in frequent flyer visits will translate into healthcare cost savings. Instead of nearly \$740,000 billed to Medicare/Medicaid in 6 months, it will be reduced to approximately \$260,000, nearly a \$480,000 savings. Instead of \$500,000 in unpaid care, the amount will be closer to 																																																																	


	<p>\$175,000. Savings are realized in proportion to the first, second and third-year established timeframes.</p> <ul style="list-style-type: none"> • Our recently discharged seniors will participate in weekly conversations with a medical assistant, who calls for the purpose of medical surveillance of the patient's treatment and maintenance plan, including reminders for follow-up appointments with the PCP. Through the DLT equipment, patient records are referenced, updated and made available to physicians. This activity leads to prevention of readmissions. Three minutes per phone call to 4 patients a day (per site, average of 11 end-user sites) is expected to generate a payoff in prevention. Secondary calls to a PCP or pharmacy will also be included if necessary. • Peer-to-peer consults via tele-medicine equipment allows for real-time identification of symptoms and permits treatment protocols to commence sooner with greater accuracy. • Transcription errors are expected to be reduced by 98%. Electronic records allow for immediate retrieval, dramatically faster search capabilities, and crisp, legible standardized data entry. Estimated reduction in numbers of retrievals and filings of paper patient records -- during shift changes only -- is 10,617,120 incidents. [Based on 2,424 total admissions in 2012 at our 11 facilities: (1 out + 1 in per shift * 2 shifts/day) * (2,424 patients * 365 days/year) * 3 years] Only a minimal amount of paper patient records will be necessary. • Direct admitting via telehealth will result in a 90% reduction in paper patient records that must change hands. Phone calls to search for available beds and appropriate care will be decreased from approximately 10 calls to 3 per patient, resulting in a 65% reduction. Faxing records and all associated activity will be nearly eliminated, saving 1,212 person hours, translating to \$38,178 saved over 3 years (.5 hours/admission * 2,424 patients/year) * \$10.50/hour wage * 3 years). • Money will not be spent for transport to a hospital, where no medical procedure can change the outcome for a terminal patient. Estimated savings is \$97,200 over three years (\$1,000/1-way transport + \$1,250/ER admission) * (10% of 144 average total of unnecessary admissions in 11 facilities 2012) * 3 years).
TIMELINE	2014 - 2016
RESOURCES	<p>USDA RUS (Rural Utilities Services) Grant Award of \$254,904 expected Winter, 2014 with a CAMC match of \$224,000 for equipment expenditure regardless of the grant availability.</p> <p>RUS grant can only be expended on equipment for rural sites; Benedum Grant Award of \$150,000 requested for training/coordination.</p>
PARTNERS/COLLABORATORS	<p>CAMC Health Education and Research Institute, Inc., [CHERI] and Genesis HealthCare (GHC)</p> <p><i>Genesis HealthCare (GHC) is one of the nation's largest skilled nursing and rehabilitation therapy providers. GHC is dedicated to delivery of high-quality, personalized healthcare to their patients and residents in nursing centers and assisted/senior living communities. All End-User sites in this application are GHC facilities.</i></p>

#2	Charleston Area Medical Center General, Memorial, Women and Children's Hospitals
COMMUNITY HEALTH NEED	Drugs/ Prescription and Illicit
IDENTIFIED HEALTH ISSUE	Prescription Drug Abuse
COMMUNITY SERVED	The state of West Virginia and border states
PROGRAM DESCRIPTION AND RATIONALE	Physician Drug Diversion Training - This program was developed and presented in cooperation with the West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine to meet the mandatory 3.0 hour CME requirement on <i>Best Practice Prescribing of Controlled Substances and Drug Diversion Training</i> . This material is designed to provide the primary care physician or specialty physician with an overview of topics related to proper prescribing of controlled substances and drug diversion training
STRATEGIC OBJECTIVE	PROVIDE PHYSICIAN DRUG DIVERSION TRAINING
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide the Physician Drug Diversion Training. 2. Meet the following compliance requirements under West Virginia's controlled substances laws and regulations: <ul style="list-style-type: none"> • Follow the steps necessary to register, log-on and use West Virginia's controlled substance monitoring program. • Recognize the epidemiology of chronic pain and distinguish the proper use and misuse of opioids through patient evaluations and risk assessment tools. • Follow the proper protocol when using opioids in the treatment of chronic pain including an understanding of toxicities and drug interactions. • Discuss West Virginia statistics on prescription drug diversion and abuse. • Identify drug seeking tactics and behaviors and understand the 'best practice' methods to work with patients suspected of inappropriate behavior. • Follow case studies of an evidence-based protocol for starting patients on opioid analgesic therapy, including issues specific to safely initiating and titrating opioids including treatment objectives, monitoring, referral, informed consent, agreements, urine screens, pill counts, patient education, and medical record documentation.
MEASURE TO EVALUATE THE IMPACT	CME Course evaluation and participant post test scores
TIMELINE	July 2013- 2016
RESOURCES	WV State Medical Association WV Osteopathic Medical Association WV Board of Medicine WV Board of Osteopathic Medicine CAMC Health Education and Research Institute

#3	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital
COMMUNITY HEALTH NEED	PCP Ratio, Preventable Hospitalizations, Heart Disease, Poor Physical Health
IDENTIFIED HEALTH ISSUE	Coordination of Patient Care Across the Continuum
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	The Family Medicine Center CMMI Demonstration Project is a collaborative project designed to connect hospitals and other health care "neighbors" with primary care practices with the overall goals of improving patient experience and driving better quality at a more affordable cost.

	Coordination of patient care across the continuum will reduce potentially avoidable admissions and improve health by providing access to primary and preventative care through these medical homes.
STRATEGIC OBJECTIVE	PROVIDE MEDICAL HOMES/NEIGHBORHOOD
GOALS	<ol style="list-style-type: none"> 1. Achieve NCQA Patient Centered Medical Home (PCMH) Level 2 Recognition in 2014. 2. Increase preventive health screenings of Family Medicine Center patients by 25% 3. Increase flu vaccinations for FMC patients by 30%. 4. Spread PCMH-N practice methodology to other facilities. 5. Decrease hospital readmissions through TCM. 6. Decrease unnecessary ER use through enhanced patient management and more open access.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • NCQA PCMH Level 2 Recognition • Measure number and type of preventive health screenings for FMC patients • Measure percentage of FMC patients with flu vaccine documented each fall/winter • PCMH Level 2 Recognition for CAMC Outpatient Care Center and for two of the Roane General Rural Health Centers • Measure hospital readmissions in <30 days for improvement • Measure ER MVP reports
TIMELINE	2014 - 2017
RESOURCES	CMMI 3 year project funding
PARTNERS/COLLABORATORS	CAMC Physician Group WVU/Charleston Partner hospitals

#4	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Heart Disease, Lung Cancer, Poor Physical Health, Preventable Hospitalizations, Teen Birth Rate, Children Living in Poverty, PCP Ratio
IDENTIFIED HEALTH ISSUE	Access to specialty health care
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	CAMC’s service area includes critical access and small rural hospitals in need of access to specialist services.
STRATEGIC OBJECTIVE	PROVIDE ACCESS TO SPECIALTY HEALTH CARE FOR THE SERVICE AREA THROUGH MEDICAL STAFF RECRUITMENT
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Recruit medical staff for high priority community needs 2. Ensure access to needed specialists
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Medical Staff recruited to service specialty needs based on the Medical Staff Development Plan • Number of medical staff specialty offerings
TIMELINE	Ongoing
RESOURCES	Medical Staff recruitment and loan expenses; income guarantees
PARTNERS/COLLABORATORS	CAMC Physician Group, WVU/Charleston

#5	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Preventable Hospitalizations, Poor Physical Health, PCP Ratio
IDENTIFIED HEALTH ISSUE	HIV in West Virginia
COMMUNITY SERVED	Part C 19 county service area (3 new counties added in 2013) in southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	 <p>The CAMC/WVU Charleston Division Ryan White Program’s mission is to increase access to services for individuals at-risk for, or infected with HIV disease and to provide culturally sensitive, quality, comprehensive HIV-related primary care, regardless of a patient’s ability to pay. The program is currently the only fully funded Part C site in southern West Virginia and provides HIV primary care to approximately 333 individuals. 58 new patients were served in 2013. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; peer advocacy and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. Although funding has been level over the last ten years, our patient load has tripled. There are an estimated 1,000 individuals living with HIV/AIDS in our service area (1 in 5 are unaware of their diagnosis).</p>
STRATEGIC OBJECTIVE	PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS
GOALS TO ADDRESS THE HEALTH NEED	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> 1. Framingham Heart Study QI Project 2. Tobacco Cessation Partnership with Covenant House 3. Syphilis QI Project 4. Tri-state Regional Group – Viral Load Suppression/HAART Project 5. Partnership for Health 6 Oral Care PI Project <p>Outreach:</p> <ul style="list-style-type: none"> • Free rapid HIV testing in clinics • Media • Youth education in grades 7-10 in Kanawha County • Presentations • <p>Prevention:</p> <ul style="list-style-type: none"> • Hepatitis B vaccines • Condom distribution •
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants program • Number of new contacts • Number of participants in quality initiatives • Outreach programs and participants • • Prevention programs and participants
TIMELINE	2014-2016

RESOURCES	CAMC Charity Care - \$512,061 CAMC Outpatient Care Center - \$14,000 CHERI - \$73,545 WVU - \$15,000 non-HIV specific outpatient clinics HRSA - \$453,303 CDC - \$27,500 Presidential AIDS Initiative Supplemental Grant - \$40,000 CAMC Foundation - \$40,000 Program Income - \$18,000 Rainbow Run Fundraiser - \$800
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division

#6	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of poor people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners.
IDENTIFIED HEALTH ISSUE	Unemployment/Jobs/Poverty and Obesity/Overweight/Poor Eating Habits
COMMUNITY SERVED	Growers in our Primary Service Area and patients and families in our Primary and Secondary Service Areas
PROGRAM DESCRIPTION AND RATIONALE	CAMC is working with The Greater Kanawha Valley Foundation as part of their wealth/ value chain creation approach. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC’s 5 county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The Ford Foundation’s value chain premises are that we need to be intentionally inclusive of poor people and places as economic contributors to have a positive impact on wealth in our communities.
STRATEGIC OBJECTIVE	BUILD THE BASE OF LOCAL GROWERS PROVIDING FRESH HERBS, FRUITS AND VEGETABLES TO CAMC
GOALS TO ADDRESS THE HEALTH NEED	1. Address obstacles that stand in the way of an effective value chain (such as policy barriers, consumer education, and access to resources). 2. Implement the locally grown food value chain. 3. Grow jobs for people in the community.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of growers providing fresh food to CAMC • Amount of produce purchased by CAMC • Cost to CAMC for the value chain
TIMELINE	2014 – 2017

RESOURCES	Greater Kanawha Valley Foundation for facilitation and meeting support; Ford Foundation expertise and facilitation; CAMC budget
PARTNERS/COLLABORATORS	Greater Kanawha Valley Foundation Morrison's Food Services Corey Brothers WV Department of Agriculture Local Growers WV State University Extension Appalachian Regional Fellowship Program

CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC General Hospital (268 beds) focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Medicine and general surgery cross both Memorial and General Hospitals.

CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

#7	CAMC General Hospital
COMMUNITY HEALTH NEED	Obesity/Overweight/Poor Eating Habits
IDENTIFIED HEALTH ISSUE	Obesity
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	In 2010, West Virginia's obesity rate was 33%. Bariatric surgery has been found to address obesity and resolve diabetes in the obese population.
STRATEGIC OBJECTIVE	SUPPORT REDUCTION OF OBESITY TO IMPROVE HEALTH THROUGH PROVIDING A BARIATRIC SURGERY PROGRAM
GOALS TO ADDRESS THE HEALTH NEED	1. Maintain Bariatric Surgery Center of Excellence designation 2. Provide educational and exercise component for adult weight loss
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Patients following protocol for surgery • Adherence to Center of Excellence standards
TIMELINE	Ongoing
RESOURCES	CAMC

CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Memorial Hospital (424 beds) supports the cardiac, peripheral vascular and oncology services lines with admissions and outpatient visits. Medicine and general surgery cross both Memorial and General Hospitals.

#8	CAMC Memorial Hospital
COMMUNITY HEALTH NEED	Cancer, Lung Cancer
IDENTIFIED HEALTH ISSUE	Continuum of care support for cancer patients and cancer survivors
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	Cancer is the second most common cause of death in West Virginia and Kanawha County has one of highest cancer mortality rates in WV. CAMC's cancer center volumes increase annually and our mission is "striving to provide the best health care to every patient, every day." Support services for our cancer patients are critical in meeting our mission.
STRATEGIC OBJECTIVE	GROW THE CANCER PATIENT NAVIGATION AND SURVIVORSHIP PROGRAM
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Utilize the oncology patient navigation program. 2. Grow the cancer survivorship program
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number patients supported in patient navigation system • Number of patients supported in survivorship program • Patient satisfaction with the programs
TIMELINE	2014-2016
RESOURCES	Staff education; information system; program development
PARTNERS/COLLABORATORS	Benedum Foundation

CAMC WOMEN AND CHILDREN'S HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Women and Children's Hospital (146 beds) focuses on mother, baby, pediatric and gynecology service lines.

#9	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity, Children Living in Poverty
IDENTIFIED HEALTH ISSUE	Obesity/Nutrition
COMMUNITY SERVED	Children and their families in the primary and secondary service area.
PROGRAM DESCRIPTION AND RATIONALE	The 2013 "F as in Fat" report, ranked WV as #1 in diabetes and #2 in physical inactivity. High school students have reached an overweight and obesity rate of 30.3% and younger children age 2-4 years already have obesity rates of 14%. The CAMC Weight Loss Center provides comprehensive and multidisciplinary weight management offerings across the lifespan. The children's component is under the direction of Dr. Jamie Jeffrey, Medical Director of HealthyKids Pediatric Weight Management Program and Project Director for the KEYS 4 HealthyKids grant.
STRATEGIC OBJECTIVE	REDUCE CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide childhood obesity program 2. Increase awareness of the program 3. Increase access to care
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Participation • Weight loss and improved metabolic parameters in participants • Assess and address impact on the child's family
TIMELINE	2014- 2016 and ongoing
RESOURCES	Internal funding

#10	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity, Children Living in Poverty
IDENTIFIED HEALTH ISSUE	Obesity/Nutrition
COMMUNITY SERVED	The Keys 4 Healthy Kids initiative focused on low resource, at-risk youth and their families in the East End and the West Side of Charleston. These neighborhoods all shared similar disparities in terms of lack of access to safe venues for physical activity and healthy, affordable foods; however all had strong neighborhood associations. The program expanded to cover all of Kanawha County and 9 surrounding counties over a 4 year period. During this next phase, some components will become statewide.

PROGRAM DESCRIPTION AND RATIONALE



In December 2009, CAMC and CHERI along with the Kanawha Coalition established a KEYS 4 HealthyKids (KEYS) partnership that received a four-year, \$360,000 grant from the Robert Wood Johnson Foundation's *Healthy Kids, Healthy Communities* grant program. The partnership focused on increasing access to fresh and affordable foods and increasing physical activity opportunities within Charleston's East End and West Side neighborhoods. The partnership's reach expanded throughout Kanawha County and the surrounding nine counties over the course of the grant and leveraged an additional \$1.6 million in matching funds and in-kind resources. KEYS 4 HealthyKids impacted the community through policy and environmental change to increase access to healthy affordable food and physical activity opportunities. Through the assessment phase, KEYS learned that residents had an interest in community gardens and pocket parks within their neighborhoods to increase access to healthy affordable food and physical activity opportunities. KEYS also learned that area childcare facilities needed technical assistance to create policies within their facility that improved access to healthy, affordable food and physical activity for the children they served. Through community partnerships, KEYS offered a training program to childcare centers, sparked interest in community gardens and formed a community gardens committee, and identified two vacant properties for pocket parks. Over the course of the project, partnership leadership worked to sustain each individual project and the partnership as a whole. In the last year of funding, KEYS created a sustainability plan to ensure the work continued into the future that focused its future direction on high priority strategies.

STRATEGIC OBJECTIVE	PREVENT CHILDHOOD OBESITY
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Establish a Community Action Toolkit and Peer Learning Network. 2. Establish a School and Youth Garden Network. 3. Provide Natural Learning Environments and edible gardens at childcare and after school facilities. 4. Provide NAP SACC in Charleston and across West Virginia. 5. Imagine Charleston policy development. 6. Establish KEYS Youth Council. 7. Expand the Try This Initiative across West Virginia.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Toolkit and Learning Network operational with goals and outcome measures established and tracked. • School and Youth Garden Network operational. • Number of gardens at childcare and after school facilities. • NAP SACC statistics. • Imagine Charleston policies developed and shared. • KEYS Youth Council membership and number of meetings held. • Try This Initiative outcomes.
TIMELINE	2014-2016.
RESOURCES	CAMC Foundation - \$45,000 CAMC - \$20,000 (office space and equipment) The Greater Kanawha Valley Foundation - \$20,000 WV SANP-Ed Program - \$150,000 WV Bureau of Public Health - \$19,600 Coventry Cares - \$13,150 AmeriCorps VISTA

#11	CAMC Women and Children’s Hospital																																																												
COMMUNITY HEALTH NEED	Children Living in Poverty																																																												
IDENTIFIED HEALTH ISSUE	Mental Health Services for vulnerable pediatric and adolescent populations																																																												
COMMUNITY SERVED	8 rural counties in WV (Kanawha, Boone, Webster, Jackson, Calhoun, Fayette, Pocahontas, and Greenbrier)																																																												
PROGRAM DESCRIPTION AND RATIONALE	<p>West Virginia Kids Intervention and Developmental Services Initiative (WV KIDS) will increase access to mental health services for the most vulnerable pediatric and adolescent populations. This project will impact more than 20,000 children and adolescents and allow them access to state-of-the-art telemedicine services using distance telemedicine equipment in fixed locations. The hub site is located at Highland Hospital in Charleston, WV and the end-user sites, all members of the Partners in Health Network, are located in eight rural counties: Kanawha, Boone, Webster, Jackson, Calhoun, Fayette, Pocahontas, and Greenbrier. The site list for the project is listed below:</p> <table border="1"> <thead> <tr> <th>Site Name</th> <th>Site Designation</th> <th>Site Address</th> <th>County</th> <th>Population</th> </tr> </thead> <tbody> <tr> <td>Highland Hospital</td> <td>Hub</td> <td>300 56th Street Charleston, WV 25302</td> <td>Kanawha</td> <td>51,400</td> </tr> <tr> <td>Boone Memorial Hospital</td> <td>End-User</td> <td>701 Madison Avenue Madison, WV 25705</td> <td>Boone</td> <td>3,076</td> </tr> <tr> <td>Cabin Creek Health Systems</td> <td>End-User</td> <td>79 Cabin Creek Road Dawes, WV 25054</td> <td>Kanawha</td> <td>656</td> </tr> <tr> <td>Camden-on-Gauley Medical Center</td> <td>End-User</td> <td>1003 Webster Camden-on-Gauley, WV 26208</td> <td>Webster</td> <td>169</td> </tr> <tr> <td>Jackson General Hospital</td> <td>End-User</td> <td>122 Pinnell Street Ripley, WV 25281</td> <td>Jackson</td> <td>3,252</td> </tr> <tr> <td>Minnie Hamilton Health System</td> <td>End-User</td> <td>186 Hospital Drive Grantsville, WV 26147</td> <td>Calhoun</td> <td>561</td> </tr> <tr> <td>New River Health Association</td> <td>End-User</td> <td>57 Sutphin Lane Scarbro, WV 25971</td> <td>Fayette</td> <td>486</td> </tr> <tr> <td>Pocahontas Memorial Hospital</td> <td>End-User</td> <td>150 Duncan Road Buckeye, WV 24924</td> <td>Pocahontas</td> <td>1,054</td> </tr> <tr> <td>Rainelle Medical Center</td> <td>End-User</td> <td>645 Kanawha Avenue Rainelle WV 25962</td> <td>Greenbrier</td> <td>1,505</td> </tr> <tr> <td>Riverside Health Center</td> <td>End-User</td> <td>1 Warrior Way, Suite 103, Belle, WV 25015</td> <td>Kanawha</td> <td>1,260</td> </tr> <tr> <td>Webster County Memorial Hospital</td> <td>End-User</td> <td>324 Miller Mt. Drive Webster Springs 26288</td> <td>Webster</td> <td>776</td> </tr> </tbody> </table> <p>The telemedicine equipment for this project takes into account the specific needs of the population and the goals of providing access to tele-behavioral health services. This includes videoconferencing equipment, telemedicine carts that offer stable and safe moving of equipment within the facility, high- definition monitors to enable patient face recognition, expressions, and any other data that requires a close up view of the patient. A high definition camera and microphones aid in providing psychiatric diagnoses, care and therapy. The equipment will enable multi-site views on one monitor for group meetings, as well as a system for non-video related content, such as documents and charts that are transmitted during meetings via videoconferencing. All of this equipment makes it possible for more mental healthcare services to be provided without the patient having to wait a great length of time to obtain an appointment, as compared to a standard office appointment, which typically takes weeks. Timely, expert psychiatric evaluations can dictate whether admitting a patient to a psychiatric hospital is the only alternative, allowing for the possibility of alternative, less expensive and higher quality care.</p>	Site Name	Site Designation	Site Address	County	Population	Highland Hospital	Hub	300 56 th Street Charleston, WV 25302	Kanawha	51,400	Boone Memorial Hospital	End-User	701 Madison Avenue Madison, WV 25705	Boone	3,076	Cabin Creek Health Systems	End-User	79 Cabin Creek Road Dawes, WV 25054	Kanawha	656	Camden-on-Gauley Medical Center	End-User	1003 Webster Camden-on-Gauley, WV 26208	Webster	169	Jackson General Hospital	End-User	122 Pinnell Street Ripley, WV 25281	Jackson	3,252	Minnie Hamilton Health System	End-User	186 Hospital Drive Grantsville, WV 26147	Calhoun	561	New River Health Association	End-User	57 Sutphin Lane Scarbro, WV 25971	Fayette	486	Pocahontas Memorial Hospital	End-User	150 Duncan Road Buckeye, WV 24924	Pocahontas	1,054	Rainelle Medical Center	End-User	645 Kanawha Avenue Rainelle WV 25962	Greenbrier	1,505	Riverside Health Center	End-User	1 Warrior Way, Suite 103, Belle, WV 25015	Kanawha	1,260	Webster County Memorial Hospital	End-User	324 Miller Mt. Drive Webster Springs 26288	Webster	776
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STRATEGIC OBJECTIVE	IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR VULNERABLE PEDIATRIC AND ADOLESCENT POPULATIONS
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Increase access to psychiatrists, who will be able to assess and appropriately evaluate a patient, make a diagnosis, and prescribe treatment. 2. Provide therapy sessions with mental healthcare professionals via telemedicine 3. Provide peer-to-peer consults with psychiatrists for community primary care physicians and other medical professionals.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • The number of children receiving tele-behavioral health services • Appointment wait time
TIMELINE	2014- 2016
RESOURCES	USDA – RUS Grant – submitted 7/2014 \$468,197 \$238,829 match for planned equipment expenditures
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute, Inc Highland Hospital Partners in Health Network Participating sites include: Highland Hospital in Charleston, WV; Boone Memorial Hospital in Madison, WV; Cabin Creek Health Systems in Dawes, WV; Camden-on-Gauley Medical Center in Camden on Gauley, WV; Jackson General Hospital in Ripley, WV; Minnie Hamilton Health System in Grantsville, WV; New River Health Association in Scarbro, WV; Pocahontas Memorial Hospital in Buckeye, WV; Rainelle Medical Center in Rainelle, WV; Riverside Health Center in Belle, WV; and Webster County Memorial Hospital in Webster Springs, WV.

#12	CAMC Women and Children’s Hospital
COMMUNITY HEALTH NEED	Tobacco Use/Secondhand Smoke Exposure, Teen Birth Rate
IDENTIFIED HEALTH ISSUE	Tobacco use in pregnant women
COMMUNITY SERVED	23 counties in southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	West Virginia is number one in the nation for tobacco use among pregnant women (28.7%). Research has well established that tobacco dependence during pregnancy causes the risk of poor fetal outcomes. In an effort to ameliorate tobacco dependence among smoking pregnant women, smoking cessation programs have been tailored to this specific population. The tobacco cessation program for pregnant women (Tobacco Free for Baby and Me) was developed at CAMC’s Women and Children’s Hospital in the obstetric clinic in conjunction with the WV Bureau for Public Health’s Division of Tobacco. The program addresses the needs of pregnant tobacco users through a comprehensive approach to training providers in the best practices for tobacco cessation and provides a standardized training program. Part of this program involves asking women about their tobacco usage during each perinatal visit. In conjunction with substance abuse testing, a Cotinine test was added to the initial prenatal screening. The purpose of this study is to determine if using Cotinine Biomarker Feedback will reduce prenatal smoking and improve perinatal outcomes.

STRATEGIC OBJECTIVE	PROVIDE TOBACCO CESSATION FOR PREGNANT WOMEN
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide training to all staff in the Women's Medicine Center (WMC) in tobacco cessation 2. Provide ongoing counseling to every women in the WMC regarding the harmful effects of tobacco 3. Continue research to validate the benefits of cessation 4. Identify if Cotinine testing improves cessation rates and secondarily to compare fetal outcomes with reduction of tobacco use 5. Increase the quit rate among pregnant women in WV
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Monthly statistics that address the number served and the validated quits. • Results of Cotinine Biomarker Feedback on prenatal smoking and perinatal outcomes.
TIMELINE	2014-2016
RESOURCES	CAMC Foundation CAMC Women and Children's Medicine Center CAMC Health Education and Research Institute WVU Medical Division of Tobacco Prevention WV Quit line

