



CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's Hospital

# 2017 Community Benefit Report and Report on 2017-2019 Implementation Strategies



The Community Benefit Report is made available to the public via the CAMC Health System website at [www.camc.org](http://www.camc.org) and is available upon request from the hospital facility.



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

**2017 Community Benefit Report and Report on 2017-2019 Implementation Strategies**

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

**2017 Community Benefit Report**  
**On 2017 - 2019 Implementation Strategies**  
**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 2017, Charleston Area Medical Center provided \$149,267,572 in community benefit. 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. CAMC Teays Valley Hospital was added in March 2014 and has its own community health needs assessment, implementation strategies and community benefit report. 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. 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 Hospital



**2017 COMMUNITY BENEFIT SUMMARY for  
CAMC MEMORIAL, CAMC GENERAL,  
CAMC WOMEN and CHILDREN'S, and  
CAMC TEAYS VALLEY HOSPITALS\***

**CHARITY CARE AT COST** **\$18,316,638**

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** **\$88,728,201**

**Other Public Unreimbursed Costs** **\$980,067**

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

**SUBSIDIZED HEALTH SERVICES** **\$1,627,777**

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 \$575,795, the Lactation Support Program at \$213,254 and the Palliative Care Program at \$838,728.

**COMMUNITY BENEFIT PROGRAMS AND SERVICES** **\$38,380,521**

See details beginning on page 38.

Community Health Improvement Services	1,099,982
Health Professions Education	37,717,291
Financial and In-Kind Contributions	341,073
Community Building Activities	341,055
Community Benefit Operations	115,488

**TOTAL** **\$149,267,572**

**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** **\$149,597,679**

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

**BAD DEBT AT CHARGE** **\$24,053,321**

Unreimbursed charges, 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.*

\* *CAMC Teays Valley Hospital became part of Charleston Area Medical Center, Inc. in March 2014 and all CAMC hospitals are under the same provider number.*



# Charleston Area Medical Center Charleston, West Virginia

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

## 2017 Community Benefit and Implementation Strategy Report

The Kanawha Coalition for Community Health Improvement was founded in 1994 by Charleston Area Medical Center and other Kanawha County hospitals working in partnership with 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*. A Community Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement every three years. The Implementation Strategies in this report are based on the 2017 Community Health Needs Assessment. The community forum prioritizes the top health issues and the Kanawha Coalition forms work groups to address the top three issues. CAMC supports the work of these groups but also addresses the remaining health issues through a systematic process described on page 26.

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.

The top three issues prioritized by the community from the 2017 Community Needs Assessment are listed below. Each of these issues is being addressed by a Kanawha Coalition for Community Health Improvement work group. Progress reports for each of these workgroups follows.

<b>Drugs (All types, does not include alcohol)</b>
<b>Diabetes</b>
<b>Obesity (Includes physical inactivity and lack of access to physical activity opportunities)</b>

CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and 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. The workgroups accomplishments were as follows in 2017.

**Kanawha-County Health Improvement Process  
Implementation Plan**

Date Created: 8/1/2017

Date Reviewed/Updated: 12/31/2017

**PRIORITY AREA: Substance Abuse (Illicit, not including Tobacco/Alcohol)**

**GOAL: To develop an integrated system of care for coordination of health that addresses coordination, prevention and risk reduction, access to care, and cost of services related to Substance Use Disorders (SUDs).**

**PERFORMANCE MEASURES**

**How We Will Know We are Making a Difference**

<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Too Good for Drugs curriculum implemented in all elementary schools in Kanawha County	Annual CHIP Progress Review	<i>Annually</i>
Youth led substance abuse prevention groups in all middle and high schools in Kanawha County	Annual CHIP Progress Review	<i>Annually</i>
Screening, Brief Intervention, and Referral to Treatment conducted in all Kanawha County Schools	Annual CHIP Progress Review	<i>Annually</i>
Quick Response Teams for drug overdose follow-up and referral services operational	Annual CHIP Progress Review	<i>Annually</i>
Project ENGAGE operational	Annual CHIP Progress Review	<i>Annually</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Decrease in high school students who report having ever used marijuana</i>	<i>WV YRBS</i>	<i>As updated</i>
<i>Decreases in high school students who report having taken prescription drugs without a doctor's prescription</i>	<i>WV YRBS</i>	<i>As updated</i>
Decrease in deaths due to overdose	<i>WV Health Statistics Center</i>	<i>Annually</i>
Decrease in reported overdoses among Harm Reduction Clinic patients	<i>KCHD HRC Monitoring System</i>	<i>Annually</i>

**OBJECTIVE #1:** Partner with Kanawha County Schools and Kanawha Communities that Care to implement substance abuse prevention education in grades Kindergarten through 12.

**BACKGROUND ON STRATEGY**

**Source:** <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=75>

**Evidence Base:** Developing social emotional learning skills, bonding with the school/teacher, and adopting conventional norms about substance use and aggression are all protective factors that decrease the likelihood of violent behavior and substance use, while increasing the likelihood of student success both socially and academically.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Legislative House Bill 2195 passed April 2017, requires comprehensive drug awareness and prevention program in all public schools; and requires county boards to implement no later than 2018-2019 school year

**Strategy:** Prevention education

**Target Audience:** Kanawha County Youth, grade levels Kindergarten through High School

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop written evaluation plan, with short-term and long-term indicators, for prevention education in Kanawha County Schools.	December 31, 2017 (ongoing monitoring)	Staff time Volunteer time Evaluators Time	Kanawha County Schools/Kanawha Communities That Care	Evaluation plan Scores demonstrate improved social emotional learning skills	In progress
Identify funding sources and apply/receive funding for evidence-based programming expansion into grades K-8	January 2018	Staff time Volunteer time Funding	KCCHI/ Kanawha Communities That Care	Funding secured	Funding: \$10,000 T-Center \$5,000 CAMC Civic Affairs Council \$50,000 Kanawha County Schools
Provide Too Good for Drugs (TGFD) evidence-based curriculum training to school personnel grades K-8	August 2017 (elementary) August 2018 (middle)	Staff time Training space & materials	Kanawha Communities That Care	School personnel trained	Completed training of elementary school staff July 2017
Continue providing TGFD for 1 <sup>st</sup> and 4 <sup>th</sup> grades (all schools)	Ongoing	School Counselors' time Funding for Student handbooks	Kanawha County Schools	All 1 <sup>st</sup> & 4 <sup>th</sup> graders receive TGFD Pre-posts tests completed by students	Initiated 2017-2018 school year (ongoing)
Add evidence-based curriculum, all schools, grades 2 <sup>nd</sup> and 7 <sup>th</sup> .	August – October 2018	Staff time Start- up funding for classroom curriculum Ongoing funding for student	Kanawha County Schools	TGFD delivered to 2 <sup>nd</sup> , 4 <sup>th</sup> and 7 <sup>th</sup> graders Pre-posts tests completed by students	In progress

		handbooks			
<b>Expand Generation Rx program into all 3<sup>rd</sup> grade classes</b>	Ongoing	Staff time Funding for instructor tool-kits	University of Charleston/KCS	Generation Rx delivered to all 3 <sup>rd</sup> graders Student surveys completed	In progress
<b>Partner with DEA 360 to provide Operation Prevention resources to school personnel</b>	July 2017 (ongoing)	Staff time	Kanawha County Schools	School personnel linked to Operation Prevention resources	Completed: Provided to elementary school personnel (2017-2018 School Year)
<b>Recruit adult coordinators for Youth Leadership Groups (example: SADD) in all Middle and High Schools in Kanawha County (i.e. school personnel, parents, college students, etc.)</b>	Ongoing (monthly)	Staff time Volunteer time	Kanawha County Schools/Kanawha Communities That Care	Adult coordinators for each youth leadership group	In progress
<b>Develop Youth Leadership Mentorship Program</b> - Engage students: colleges; Job Corps; and Career Schools - Engage High School youth leaders as mentors to Middle School Leadership Groups	Ongoing (monthly)	Staff time Volunteer time Student engagement	Kanawha Communities That Care	Mentorship program operational	
<b>Recruit student members for Youth Leadership Groups</b>	Ongoing (monthly)	Staff time Volunteer time Recruitment materials	Adult advisors	Students recruited and active	In progress
<b>Provide training to new adult coordinators</b>	Ongoing (monthly)	Staff time Volunteer time Training space and materials	Kanawha Communities That Care	All adult coordinators complete training course	In progress
<b>Provide leadership training to participating youth</b>	Ongoing (monthly)	Staff time Training space and materials Funding	Kanawha Communities that Care	All participating youth receive leadership training	In progress
<b>Develop and implement an application process for Kanawha County Youth Leadership Council with</b>	November 2017	Staff time Adult advisors' time Youth	Kanawha Communities That Care		COMPLETED: Applications developed and provided to student leadership groups October 2017



representation from all active leadership groups.		engagement Funding for Council meetings/support			
<b>Establish a Kanawha County Youth Leadership Council</b>	Ongoing (monthly)	Staff time Youth	Kanawha Communities That Care	An active Kanawha County Youth Leadership Council with representation from all Youth Leadership Groups	COMPLETED
<b>Celebrate Youth Leadership successes / Hold recognition event</b>	June, 2018 (Annually)	Staff time Volunteer time Appreciation and Achievement awards Donations for recognition event	Kanawha County Schools/Kanawha Communities That Care	Annual celebration/recognition event	In progress

**OBJECTIVE #2: Establish process for early identification of Substance Use Disorder and Mental Health Issues among Kanawha County youth by Dec. 1, 2020.**

**BACKGROUND ON STRATEGY**

**Source:** <https://www.integration.samhsa.gov/clinical-practice/sbirt>

**Evidence Base:** Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Early intervention screening has proven effective in communities throughout the United States

**Strategy:** SBIRT: Screening, Brief Intervention, and Referral to Treatment; include mental health issues through Mental Health First Aid.

**Target Audience:** Kanawha County youth

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<b>Meet with Kanawha County Schools on a plan for early identification, brief intervention and referral to treatment for mental health and substance abuse issues</b>	December 1, 2017	Staff time Meeting space	Kanawha County Schools / Kanawha Communities That Care	Kanawha County School policy regarding SBIRT	
<b>Develop strategic plan and budget.</b>	August 31, 2018	Staff time Meeting space Meeting	Kanawha County Schools / Kanawha Communities That Care	Strategic plan for implementation	

		materials			
<b>Develop evaluation plan to include short-term and long-term indicators</b>	August 31, 2018 (ongoing monitoring)	Staff time Volunteer time Evaluator's time	Kanawha County Schools / KCCHI/Kanawha Communities That Care	Evaluation Plan	
<b>Procure funding for implementation</b>	March 31, 2019	Staff time Volunteer Time Funding	KCCHI/KCS	Funding	
<b>Provide SBIRT &amp; Mental Health First Aid training for Kanawha County Schools personnel</b>	August 1, 2019	Staff time Training materials Meeting space	Kanawha County Schools / Kanawha Communities That Care	School personnel complete training	
<b>Implement plan</b>	September 1, 2019	Staff time Funding	Kanawha County Schools	SBIRT implemented	
<b>Update plan based on results</b>	June 1, 2020	Staff time Funding	Kanawha County Schools / Kanawha Communities That Care	Revised plan	

**OBJECTIVE #3: Establish Quick Response Teams to connect people to treatment and prevent future overdoses.**

**BACKGROUND ON STRATEGY**

**Source:** Based on the success of the Colerain Township, Ohio Quick Response Team model. <http://www.watchustrive.org/colerain.aspx>[[watchustrive.org](http://www.watchustrive.org)]

**Evidence Base:** Since the Colerain Township QRT's deployment, 100% of the overdose victims who received face-to-face follow-up from the QRT team within five days of the overdose are now in treatment. Colerain Township has reported a 33% reduction in overdoses.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** The week following an overdose presents a time when there is a higher probability that an addict will be willing to seek treatment.

**Strategy:** Establish Quick Response Teams (QRTs) to respond within 48 hours of overdoses and provide assistance to addicts and families and try to link them to services.

**Target Audience:** People who have overdosed and their families

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<b>Advocate for policies that support getting overdose patients to treatment centers verses hospital emergency rooms</b>	Ongoing	Staff time Policy experts	KCCHI	New or revised policies	Recovery Coaches in Harm Reduction Clinic CSE in Hospital
<b>Seek consultation from communities who have QRT's in operation</b>	October 31, 2017	Staff time Travel costs	Kanawha-Charleston Health Department (KCHD)	Learn what is working and what has not worked	Initial meeting held at Kanawha-Charleston Health Dept. Friday, Sept. 29, 2017 during which the Huntington QRT program presented on their protocols and pilot project

					Huntington QRT Program to Kick off December 1 <sup>st</sup> , Pilot of Program saw 25% recovery success rate
<b>Identify key partners</b>	October 31, 2017	Staff time	Kanawha-Charleston Health Department (KCHD)	QRT Team	Sky Kershner engaged for motivational interviewing Partnerships with Pretera, Highland, and Thomas Hospital Formed for Recovery Coaches component Core Team of stakeholders from major area hospitals and KCHD formed Steve Weber, from Charleston Police committed Core Team to reach out to Mark Strickland from Ambulance Authority
<b>Hold initial meeting of partners</b>	November 30, 2017	Staff time Meeting space and materials	Kanawha-Charleston Health Department (KCHD)	QRT Team	Initial meeting held at Kanawha-Charleston Health Dept. Friday, Sept. 29, 2017 Two Core Team meetings held in November 2017 and October 2017
<b>Develop QRT process for Kanawha County</b>	Feb. 1, 2018	Staff time Volunteer time	Kanawha-Charleston Health Department (KCHD)	QRT implementation plan	Kanawha County QRT will utilize Huntington protocols
<b>Develop and implement evaluation plan for QRT</b>	May – Oct. 2018 (monthly)	Staff time Evaluator Funding	Kanawha-Charleston Health Department (KCHD)	Pilot Evaluation Report	An evaluation plan has not been identified, suggested to borrow Huntington QRT Evaluation with Marshall University, with the possibility of bringing other University's such as WVU
<b>Develop QRT "Resource Recovery Packets" for OD patients and their families</b>	Feb. 1, 2018	Staff time Volunteer time Funding	Kanawha-Charleston Health Department (KCHD)	Resource Recovery Packets	KCTC substance abuse coalition working on resource packet for first responders and EMS including a magnet with HELP 4 WV number on it  Suggested to also adopt the Colerain Ohio packet
<b>Procure funding</b>	April 1, 2018	Funding: -Personnel -Capital costs -Printing	Kanawha-Charleston Health Department (KCHD)	Funding	Karen Yost, as a member of the Core Team for the Kanawha QRT, has identified funding opportunity through the state and a proposal for the funding is in progress as of November 2017  Karen Yost stated estimates for the project and budget is still needed
<b>Pilot QRT process for pre-determined period of time</b>	May – Oct. 2018	Staff time Volunteer time Funding	Kanawha-Charleston Health Department (KCHD)	Pilot completed – QRT's response teams operational	A launch date of June 2018 (6 months) is expected.
<b>Revise process as needed</b>	Nov. 2018	Staff time Volunteer time Funding	Kanawha-Charleston Health Department (KCHD)	Final Implementation Plan	
<b>Develop and implement sustainability plan</b>	Dec. 2018	Staff time Volunteer time Funding	Kanawha-Charleston Health Department (KCHD)	Sustainability Plan	

**OBJECTIVE #4:** Establish an early intervention and referral to substance use disorder treatment program to help hospital patients who may be struggling with alcohol or drug use.

**BACKGROUND ON STRATEGY**

**Source:** Patterned after a program by Dr. Terry Horton at Christiana Health in Delaware. Engages hospital staff and physicians in education, development of clinical pathways, patient screening, early intervention, etc. **Evidence Base:** <http://regionalhealthsummit.org/> for the presentation: [A Health System's Response to the Opioid Epidemic](#) by Terry Horton, MD

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Evidence exists that Project Engage increases the number of patients entering into treatment, reduces in-patient falls, improves attitudes among nursing staff, and results in long-term costs savings.

**Strategy:** Establish Project Engage in Kanawha County

**Target Audience:** Patients with substance use disorders

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Hold meeting to discuss Project Engage with hospitals and other key stakeholders	Oct. 1, 2017	Staff time Volunteer time	Bob Hansen	Project Engage introduced to key stakeholders	Initial meeting held at Kanawha-Charleston Health Dept. Friday, Sept. 29, 2017 Follow up meetings in progress
Develop implementation plan to include budget and evaluation components	Jan. 1, 2018	Staff time Hospital engagement	Karen Yost, Joe Deegan, Bob Hansen, Deb Koester	Implementation plan Budget Evaluation plan	
Collaborate with hospital staff to identify and connect patients with community-based substance use disorder treatment programs and other resources.	March. 1, 2018	Staff time Training Patient engagement Funding	Karen Yost, Joe Deegan, Bob Hansen, Deb Koester	Patients identified Patients connected to services/resources	
Integrate peers in recovery, called Engagement Specialists, into the clinical setting in the hospital to meet with patients at their bedside about their alcohol and/or drug use.	March 1, 2018	Staff time Volunteer time Training Patient engagement Funding	Karen Yost, Joe Deegan, Bob Hansen, Deb Koester	Engagement Specialists	
Work with treatment providers and insurers to develop a discharge plan to achieve the best possible outcome for each patient.	March. 1, 2017	Staff time Provider engagement Insurers engagement	Karen Yost, Joe Deegan, Bob Hansen, Deb Koester	Discharge plans	

**ALIGNMENT WITH STATE/NATIONAL PRIORITIES**

Objective #	WV Healthy People 2020	Healthy People 2020	National Prevention Strategy
1: Partner with Kanawha County Schools and Kanawha Communities that Care to implement substance abuse prevention education in grades Kindergarten through 12.	X	X	X
2: Establish process for early identification of Substance Use Disorder and Mental Health issues among Kanawha County youth by Dec. 1, 2020.		X	X
3: Establish Quick Response Teams to deliver timely follow-up care and referral services to patients who have overdosed and their families.		X	X
4: Establish an early intervention and referral to substance use disorder treatment program to help hospital patients who may be struggling with alcohol or drug use.		X	X

**DESCRIBE PLANS FOR SUSTAINING ACTION**

Since schools will already have been provided Too Good For Drug curriculum, the only need will be the procurement of student handbooks for future classes. This will be supported by parent groups through fundraisers.

Kanawha Communities That Care will assist in the procurement of the necessary financial support to sustain the youth leadership groups for middle schools and high schools.

SBIRT / Mental Health First Aid will be codified by Kanawha County Schools.

Quick Response Teams and Project ENGAGE will be sustained by local stakeholder groups.

**PRIORITY AREA: Diabetes**

**GOAL: Establish a comprehensive and sustainable approach for educating Kanawha County residents who have been diagnosed as pre-diabetic or diabetic about healthy food options and where they can be accessed in their community.**

**PERFORMANCE MEASURES**

**How We Will Know We are Making a Difference**

<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
An established county wide diabetes coalition	Annual CHIP Progress Review	Annually
Diabetes coalition conducts three strategies: implement nutrient dense food signage and/or food market tours; produce and maintain centralized database of existing pre-diabetes/diabetes programs and other related resources; and fruits/vegetables RX program.	Annual CHIP Progress Review	Annually
Kanawha County health care provider(s) recruited to identify patients at risk for diabetes and link patients with diabetes and pre-diabetes management programs.	Annual CHIP Progress Review	Annually
Payer(s) recruited to reimburse for the National Diabetes Prevention Program Recruit a Medicaid Health Home program to participate that provides enhanced reimbursement for care for patients with diabetes, pre-diabetes, obesity and at risk for anxiety, depression	Annual CHIP Progress Review	Annually
A case study is developed for Kanawha County and results are shared with funders and other stakeholders	Annual CHIP Progress Review	Annually
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 8.3% to 10.3% by 2020 (BRFSS 2013)	WV-BRFSS	As updated
Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.7% to 3.5% by 2020 (BRFSS 2013)	WV-BRFSS	As updated

**OBJECTIVE #1: Convene and establish a Kanawha County Diabetes Coalition by March 28, 2018.**

**BACKGROUND ON STRATEGY**

**Source:** <https://livewell.marshall.edu/DMC/>

**Evidence Base:** Diabetes coalitions help organize existing diabetes stakeholders around planning, implementing, and evaluating community based projects to help individuals with type two diabetes control their disease and prevent the disease in people who may be at risk.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** It is proven successful in other West Virginia communities.

**Strategy:** To establish a county based coalition.

**Target Audience:** Adults with diabetes and pre-diabetes.

**ACTION PLAN**



Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Consult with other diabetes coalitions in the state	Oct. – Dec., 2017	Staff time Volunteer time Travel costs	KCHD	Identify best model/practices	Completed
Identify all stakeholders/potential members	Feb. 1, 2017	Staff time	KCCHI / KCHD	Recruitment list of potential members	Completed
Hold “call to action” meeting	March. 30, 2018	Staff time Meeting space Meeting materials Funding	KCCHI / KCHD	Recruit members	
Identify what is already happening around diabetes/pre-diabetes in Kanawha County	Feb. 28, 2018	Staff time Volunteer time			
Develop and adopt written organizational policies and membership guidelines	March 28, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Written policies Membership guidelines	
Develop sustainability plan	July 1, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Sustainability plan	

**OBJECTIVE #2: Implement either nutrient dense food signage campaign or grocery store tours with 6 markets where food is sold in Kanawha County by December 31, 2018.**

**BACKGROUND ON STRATEGY**

Source: <https://cookingmatters.org/at-the-store>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4416784/pdf/nihms498630.pdf>

**Evidence Base:** Nutrition education supports healthier food choices, which helps prevent onset of pre-diabetes and manage type-two diabetes.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Similar programs such as Cooking Matters have been featured by First Lady Michelle Obama’s Let’s Move! campaign and recognized by the U.S. Department of Agriculture for excellence in nutrition education. The Walmart Foundation is the national sponsor of Cooking Matters.

**Strategy:** Diabetic-Friendly Food Signage Campaign and Grocery Store Tours

**Target Audience:** Adults and Families

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Determine terminology to be used in campaign/materials	March 1, 2018		Kanawha Diabetes Coalition		
Develop implementation plan	May 1,		Kanawha Diabetes		

	2018		Coalition		
<b>Develop evaluation plan with short-term and long-term indicators</b>	May 1, 2018 (ongoing monitoring)	Staff time Volunteer time Evaluator's time	Kanawha Diabetes Coalition / KCCHI		
<b>Procure funding</b>	June 1, 2018	Funding	Kanawha Diabetes Coalition / KCCHI		
<b>Identify and recruit pilot market site</b>	July 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		Cheryl Jackson to report back on proposed pilot with Walmart Judy to research existing projects with dollar stores
<b>Identify and recruit pilot food pantry site</b>	July 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		
<b>Develop campaign materials</b>	July 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		Susie Sims will check on cost of vegetable strainers to help reduce sodium intake
<b>Develop informational packet</b>	July 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		
<b>Recruit tour leaders</b>	August 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		
<b>Hold individual meetings with pilot market owners/managers</b>	August 2018	Staff time Volunteer time Travel costs	Kanawha Diabetes Coalition / KCCHI		
<b>Obtain signed MOUS with pilot locations</b>	Sept. 1, 2018	Staff time Volunteer time Market participation	Kanawha Diabetes Coalition / KCCHI		
<b>Implement campaign</b>	Oct. – Dec., 2018	Staff time Volunteer time Market participation	Kanawha Diabetes Coalition / KCCHI		
<b>Refine and expand campaign to additional market/food pantry sites based on results</b>	February 1, 2019	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		

**OBJECTIVE #3: Develop a centralized database for pre-diabetes/diabetes focused resources, searchable by geographic locations within Kanawha County by December 1, 2018.**

**BACKGROUND ON STRATEGY**

**Source:** KCCHI Focus Group Findings

**Evidence Base:** Effectiveness of databases for social services. Proven to be instrumental in linking people with services.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** A “one-stop”, centralized resource database for educational opportunities and healthy food availability was identified as a need through KCCHI’s focus groups by participants who were pre-diabetic/diabetic

**Strategy:** Centralized database for pre-diabetes/diabetes focused resources

**Target Audience:** Adults and families

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop implementation plan that links Pre-Diabetes/Diabetes Resource database to existing database for social determinants of health (UWCWV I&R)	Jan. 1, 2018	Staff time Volunteer time Partnership with UWCWV’s 211	Kanawha Diabetes Coalition/ Kanawha Family Resource Network (KFRN)		It was decided to hold a separate meeting to further discuss partnering with United Way of Central WV and those working on the WBBPH’s Workshop Wizard database.
Determine type of information to collect	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Survey instruments	
Develop evaluation plan with short-term and long-term measures	Jan. 1, 2018	Staff time Volunteer time Evaluator’s time	Kanawha Diabetes Coalition / KFRN		
Develop sustainability plan (engage college students assistance with database maintenance/updates)	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN		
Find funding source(s) for online database design	Feb. 1, 2018	Funding	Kanawha Diabetes Coalition / KFRN / KCCHI	Funding	
Design online searchable database	March 1, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Online database	
Develop inventory materials	March 1, 2018		Kanawha Diabetes Coalition / KFRN		
Develop teams or identify existing teams for key geographic locations in Kanawha County	March 1, 2018	Staff time Volunteer time Community teams	Kanawha Diabetes Coalition / Kanawha Family Resource Network (KFRN)	Community teams	
Teams conduct local inventory of healthy food availability and educational opportunities	March – April, 2018	Staff time Volunteer time Community	Kanawha Diabetes Coalition / KFRN	Market inventory	

		teams			
<b>Pilot database</b>	May, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Database works as anticipated	
<b>Develop promotional materials</b>	May, 2018			Printed materials	
<b>Launch database</b>	June, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Media coverage	
<b>Revise as needed, based on evaluation results</b>	Sept 2018 (on-going)	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Quarterly progress reports	

**OBJECTIVE #4: Establish fruits and vegetables Rx project by December 2019.**

**BACKGROUND ON STRATEGY**

**Source:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4416784/>

**Evidence Base:** Evidence suggests that a fruit and vegetable Rx (prescription) approach promotes culture change among participating community partners and health centers, and may meet some needs of patients related to accessing, affording, and understanding the importance of healthy food.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Focus group findings revealed the need to better communications between health care providers and pre-diabetic/diabetic patients concerning healthy eating.

**Strategy:** Work with health care providers and pharmacists to institute an Rx project for fruits and vegetables for patients with pre-diabetes or diabetes. Increase fruit and vegetable consumption among these patients.

**Target Audience:** Adults with pre-diabetes or diabetes

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<b>Research evidence-based models for Fruit &amp; Vegetable Rx projects</b>	April 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI	List of potential healthy food Rx models	
<b>Select Rx program best suited for Kanawha County pilot</b>	April 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI	Selected Rx program	
<b>Develop implementation plan, linking Rx program to food venues identified in Objective #2</b>	May 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		
<b>Develop evaluation plan</b>	May 1, 2018	Staff time Volunteer time Evaluator's time	Kanawha Diabetes Coalition / KCCHI	Completed evaluation report	
<b>Develop sustainability plan</b>	May 1, 2018		Kanawha Diabetes Coalition / KCCHI		
<b>Procure funding</b>	June 1, 2018	Funding	Kanawha Diabetes Coalition	Funding	

<b>Hold introductory meeting with interested clinics and FARMacies</b>	August 1, 2018	Staff time Volunteer time Clinic and FARMacy participation Funding	Kanawha Diabetes Coalition	Participating clinics and pharmacies	
<b>Pilot Rx program in 3 clinical settings and 2 FARMacy settings</b>	Aug. – Oct. 2018	Staff time Volunteer time Clinic and FARMacy participation Funding	Kanawha Diabetes Coalition	Piloted in 3 clinical settings and 2 pharmacy settings	
<b>Monitor and evaluate pilot project outcomes</b>	Aug- Oct. 2018	Staff time Volunteer time	Kanawha Diabetes Coalition	Completed evaluation report	
<b>Refine project, with stakeholder input, based on evaluation results</b>	Sept 1, 2018	Staff time Volunteer time Clinic staff time	Kanawha Diabetes Coalition	Completed implementation plan	
<b>Expand Rx project to additional clinics/FARMacies</b>	October 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition	Expanded Rx program	

**OBJECTIVE #5: Work with one health care provider to link patients at risk for diabetes with a National Diabetes Prevention Program (NDDP) in Kanawha County by December 2018.**

**BACKGROUND ON STRATEGY**

**Source:** <https://www.cdc.gov/diabetes/prevention/index.html>

**Evidence Base:** The Community Preventive Services Task Force, an independent, nonfederal panel of public health and prevention experts, recommends programs like CDC-recognized lifestyle change programs—for people at increased risk of type-2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** People with prediabetes who take part in a structured lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). This finding was the result of the program helping people lose 5% to 7% of their body weight through healthier eating and 150 minutes of physical activity a week. For a person who weighs 200 pounds, losing 5% to 7% of their body weight means losing just 10 to 14 pounds. It doesn't take a drastic weight loss to make a big impact. And the impact of this program can last for years to come. Research has found that even after 10 years, people who completed a diabetes prevention lifestyle change program were one third less likely to develop type-2 diabetes.

**Strategy:** Recruit health care provider(s) to screen patients at risk for diabetes and to refer patients to a National Diabetes Prevention Program. Recruit payers to partner in this project to assess return on investment (use of diabetes prevention cost calculator tools).

**Target Audience:** Adults with pre-diabetes

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
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<b>Develop an evaluation plan for Objective 5</b>	Nov. 2017	Staff time Volunteer time	KCCHI	Evaluation plan with short-term and long-term measures	
<b>Recruit payers to partner in this project to assess return on investment (use of diabetes prevention cost calculator tools)</b>	March, 2018	Staff time Payer engagement	KCCHI	Payers use diabetes prevention cost calculator tools to assess ROI	
<b>Work with payers to consider reimbursement for the National Diabetes Prevention Program</b>	March 31, 2018	Staff time Payer engagement	KCCHI	Payers agree to reimburse for NDPP	
<b>Work through the Medicaid Health Home project that provides enhanced reimbursement for care for patients with diabetes, pre-diabetes, obesity and at risk for anxiety, depression</b>	May 30, 2018	Staff time Health care provider engagement	KCCHI	Garner enhanced reimbursements for care of patients with diabetes, pre-diabetes and at risk for anxiety and/or depression	
<b>Develop an inventory of diabetes programs/ pre-diabetes programs and food venues available in Kanawha County</b>	See Objectives 2 & 4				
<b>Develop plan to overcome barriers to patient access to programs (i.e. transportation incentives; virtual DPP)</b>	May 2018	Staff time Volunteer time	KCCHI	Patient access to programs	
<b>Develop an awareness campaign about who is at risk for pre-diabetes/diabetes</b>	May 2018	Staff time Volunteer time	KCCHI	Awareness campaign	
<b>Promote identification of patients at risk for diabetes by utilizing screening tools for pre-diabetes (CDC Prediabetes Screening Test)</b>	June - August, 2018	Staff time Volunteer time Engagement by Providers & Patients	KCCHI	Health care providers use CDC Prediabetes Screening Test)	
<b>Promote health care provider's use of referral systems for patients with diabetes to a Diabetes Self-Management Program</b>	June – August, 2018	Staff time Volunteer time Health Care Providers engagement Patient	KCCHI	Patients referred to Diabetes Self-Management Programs	



		engagement			
<b>Promote health care providers use of referral systems for patients with pre-diabetes to a National Diabetes Prevention Program</b>	June-August, 2018	Staff time Volunteer time Health Care Providers engagement Patient engagement	KCCHI	Patients referred to National Diabetes Prevention Programs	
<b>Prepare a report that includes health impact statements and share with funders and other stakeholders</b>	Sept. 28, 2018	Staff time Volunteer time Health care providers and payers process and outcome data	KCCHI	Kanawha County Case Study (Report)	

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
<b>Objective #</b>	<b>WV Healthy People 2020</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1: Convene and establish a Kanawha County Diabetes Coalition by March 28, 2018.	X	X	X
2: Implement either nutrient dense food signage campaign or grocery store tours with 6 markets where food is sold in Kanawha County by October 1, 2018	X	X	X
3: Develop a centralized database for pre-diabetes/diabetes focused resources, searchable by geographic locations within Kanawha County by December 1, 2018.	X	X	X
4: Establish fruits and vegetables Rx project by December 2019.	X	X	X
5: Work with health care providers to link patients at risk for diabetes with a National Diabetes Prevention Program (NDDP) in Kanawha County by December 2018.	X	X	X

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>
<p>The Diabetes Coalition will develop its own sustainability plan.</p> <p>The food market strategies will include permanent diabetic-friendly food signage placement.</p> <p>A permanent home for the centralized database will be identified.</p> <p>Downloadable materials will be produced for use by pharmacies and clinicians for the Fruit and Vegetable Rx Project.</p> <p>Payers continue to provide reimbursements for the National Diabetes Prevention Program.</p> <p>Retrofit – online DPP</p>

**PRIORITY AREA: Obesity****GOAL: Address overweight and obesity among Kanawha County residents by increasing their access to recreational/physical activity opportunities regardless of where they live.****PERFORMANCE MEASURES****How We Will Know We are Making a Difference**

<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
An online database of recreation/physical activity opportunities, searchable by geographic location in Kanawha County	Annual CHIP Progress Report	Annually
Identified gaps in access to recreation/physical activity opportunities and locally developed plans to address these gaps.	Annual CHIP Progress Report/ Local community development plans	Annually
A Turn-Off Campaign to promote less screen time and more physical activity	Annual CHIP Progress Report	Annually
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Decrease the prevalence of obesity among WV adults from to 35.0% 25.7% by 2020 (Healthy People 2020)	WV-BRFSS	As updated
Decrease the prevalence of obesity among WV high school students from 15.6% to 14.0% by 2020 (Healthy People 2020)	WV-BRFSS	As updated
Increase the prevalence of leisure-time exercise among West Virginia adults from 71.3% to 75.0% by 2020 (BRFSS 2014)	WV-BRFSS	As updated
Increase the prevalence of adults who meet the 2008 Physical Activity Guidelines for Americans from 12.7% to 14.0% by 2020 (BRFSS 2013)	WV-BRFSS	As updated
Increase the percentage of population with adequate access to locations for physical activity	RWJ County Health Rankings	As updated
Increase the prevalence of daily physical activity for at least 60 minutes among public high school students from 31.0% to 45.0% by 2019 (YRBS 2013)	YRBS-2013	As updated

**OBJECTIVE #1: Develop an expanded recreational/physical activity database, searchable by geographic locations in Kanawha County by December 1, 2018.****BACKGROUND ON STRATEGY****Source:** KCCHI Focus Group Findings**Evidence Base:** Effectiveness of databases for social services. Proven to be instrumental in linking people with services.**Type of Change(s):**  Policy  Systems  Environmental**Rationale:** A “one-stop”, centralized resource database for recreational and physical activity opportunities was identified as a need through KCCHI’s focus groups by participants who were overweight and/or pre-diabetic/diabetic**Strategy:** Centralized database for recreational and physical activity opportunities**Target Audience:** Adults and families**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Find funding source(s) for online database design (See Diabetes Goal, Objective 3)	See Diabetes Goal, Objective #3				
Design and pilot database	May 2018				
Launch database	June, 2018				
Develop teams or identify existing teams for key geographic locations in Kanawha County	March 1, 2018	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / Kanawha Family Resource Network (KFRN)	Community teams	
Teams conduct local inventory of recreational and physical activity opportunities by geographic location	March - April, 2018	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / KFRN	Market inventory	
Identify other existing lists of resources (public parks, city parks, community centers, KEYS4HK GIS map, 211, KISRA, Mary C. Snow School display, etc.)	April, 2018	Staff time Volunteer time	KCCHI Stakeholders Group / KFRN	Resource lists that can be linked to via new database  Shared use agreements	
Monitor, update and evaluate database usage	September 1, 2018 (on-going)	Staff time Funding	KCCHI Stakeholders Group / KFRN	Quarterly progress reports	

**OBJECTIVE #2: Identify and address gaps in access to recreational and physical activity opportunities as identified through inventory (see action plan under objective one).**

**BACKGROUND ON STRATEGY**

**Source:** Completed inventory (see Objective One Action Plan)

**Evidence Base:** Engaging community members in local planning efforts has proven effective in multiple community development efforts.

**Type of Change(s):**  Policy  Systems  Environmental

**Rationale:** Community members know best what will work or not work in their community.

**Strategy:** Convene community meetings in areas where gaps are identified to facilitate discussions about solutions.

**Target Audience:** Community members

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Convene residents/key	July -	Staff time	KCCHI Stakeholders	List of potential	

stakeholders in communities affected by gaps in access to recreational and physical activity opportunities and facilitate discussions to identify solutions.	Sept., 2018	Volunteer time Participating communities Meeting space & materials	Group	solutions to improve access to recreational and physical activity opportunities	
Engage faith-based physical activity initiatives (i.e. Upward Bound, etc.)	July – Sept. 2018	Staff time Volunteer time Engagement of faith-based initiatives	KCCHI Stakeholders Group		
Assess Kanawha Regional Transit routes to access physical activity opportunities and work with KRT to address transportation barriers	Aug. 2018	Staff time Volunteer time Citizen engagement KRT engagement			
Support local planned initiatives to address gaps as deemed appropriate	Oct. 1, 2018 – March 1, 2020	Staff time Volunteer time	KCCHI Stakeholders Group	Community plans Improved access	

**OBJECTIVE #3: Implement a countywide “Turn off” challenge that incorporates walking as a form of exercise by March 2018.**

**BACKGROUND ON STRATEGY**

Source: <http://www.tvturnoff.net>

Evidence Base: *The Guide to Community Prevention Services (The Guide)* <https://www.thecommunityguide.org/sites/default/files/assets/Obesity-MD.pdf>[thecommunityguide.org](https://www.thecommunityguide.org)

Type of Change(s):  Policy  Systems  Environmental

**Rationale:** This strategy will promote the new online recreation/physical activity opportunities database to link residents to opportunities accessible in their community. (see Objective 1: Action Plan)

**Strategy:** County-wide Turn-Off Campaign to reduce screen time

**Target Audience:** Community members

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative activities to screen time (i.e. <i>Minds in Motion at pre-K and elementary schools, WV Department of</i>	May 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	List of potential stakeholders  Ideas/resources for alternative activities to screen	

<i>Education's Operation Tone Up, WV Fit and Active Schools, New Balance, etc.)</i>				time	
<b>Engage Stakeholders in Developing implementation plan for Turn Off Challenge (research QR codes to promote walking)</b>	August 1, 2019	Staff time Volunteer time Meeting space Meeting materials	KCCHI Stakeholders Group	Implementation plan	
<b>Develop evaluation plan</b>	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Evaluation plan	
<b>Develop sustainability plan</b>	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Sustainability plan	
<b>Procure funding</b>	August 1, 2019	Funding	KCCHI Stakeholders Group / KCCHI	Funding	
<b>Implement plan</b>	Sept. – Nov. 2019	Staff time Volunteer time Participation of community members	KCCHI Stakeholders Group	Turn Off Challenge; number of participants	
<b>Plan for future challenges based upon outcomes, revise as needed</b>	Feb. 1, 2020	Staff time Volunteer time	KCCHI Stakeholders Group	Calendar of future event(s)	

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
<b>Objective #</b>	<b>WV Healthy People 2020</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1: Develop an expanded recreational/physical activity database, searchable by geographic locations in Kanawha County by December 1, 2018.	X	X	X
2: Identify and address gaps in access to recreational and physical activity opportunities as identified	X	X	X
3: Implement a countywide "Turn off" challenge that incorporates walking as a form of exercise by March 2018. through inventory	X	X	X

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>
<p>A permanent home for the centralized database will be identified. Potentially 1305 Workshop Wizard database</p> <p>Local community development plans will be in place to address gaps in access to recreation/physical activity opportunities.</p> <p>Community members will be linked to local resources and key stakeholders who can help support community plans.</p> <p>Potential for Try This grants</p> <p>The need for sustaining the Turn Off campaign will be based on outcomes of initial campaign.</p>

## CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 956 beds on four campuses: General Hospital (268 beds), Memorial Hospital (472 beds), Women and Children’s Hospital (146 beds) and CAMC Teays Valley Hospital (70 beds). CAMC General, Memorial and Women and Children’s hospitals are all located in the city limits of Charleston in Kanawha County. 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. 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.

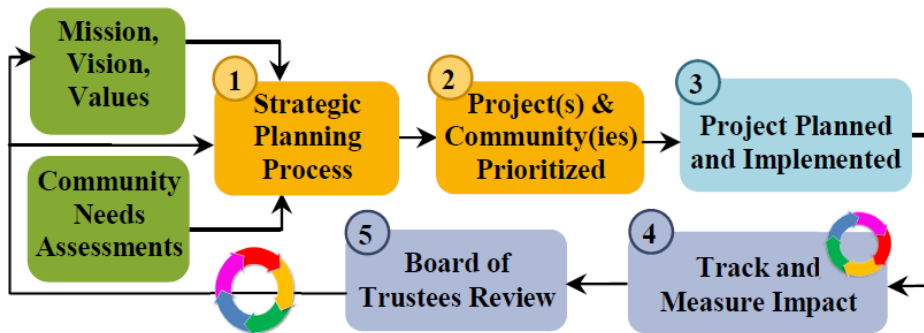
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs assessment and implementation strategies.

The CAMC Board of Trustees governs all CAMC hospitals and approves the Community Health Needs Assessments, Implementation Strategies and annual community benefit reports.

Community benefit is defined as a program or activity that responds to a demonstrated health-related community need and seeks to achieve at least one community benefit objective:

- Improve access to health services
- Enhance public health
- Advance generalizable knowledge
- Relieve a government burden to improve health (CHA, Vizient, Verite Healthcare Consulting, February 2017)

The following outlines CAMC’s community support process:



Annually during the strategic planning process<sup>1</sup> we review the community health needs assessment findings, community priorities and our Environmental Analysis. In alignment with our mission, vision and values, we identify community health projects and their associated communities<sup>1</sup> for our community plan. These projects are<sup>3</sup> planned, implemented, and posted to our CAMC website. We<sup>4</sup> track and measure progress and use the DMAIC process for improvement. The CAMC Board approves the plan and<sup>5</sup> reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities<sup>2</sup> is based on the project, 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 strategy, community is based on the need identified through needs assessments for each of our service area counties and the population to be addressed. For example, our work to build a sustainable Research Infrastructure covers all of West Virginia and our HIV program serves 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 resulted in alignment of Civic Affairs Council monetary contributions to community needs, and to improvements in the random telephone survey process. In addition, CAMC staff serve 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 (Implementation strategies and ongoing work) (I) = Implementation Strategy
1	Drugs	X	X	X	33.957	<ul style="list-style-type: none"> <li>• Ryan White Program (I)</li> <li>• HIV/HVC Testing (I)</li> <li>• WECARE (I)</li> <li>• Drug Affected Incarcerated Pregnant Women (I)</li> </ul>
2	Diabetes			X	32.884	<ul style="list-style-type: none"> <li>• Diabetes in Children and Teens (I)</li> </ul>
3	Obesity			X	32.826	<ul style="list-style-type: none"> <li>• Keys for Healthy Kids</li> </ul>
4	Heart Disease		X		32.406	<ul style="list-style-type: none"> <li>• Basic Life Support Training</li> <li>• Heart Failure Readmission</li> <li>• CMS Indicator Compliance</li> <li>• Decrease Incidence of Endocarditis (I)</li> </ul>
5	Limited Access to Food	X	X	X	31.696	<ul style="list-style-type: none"> <li>• Build the Base of Local Growers (I)</li> </ul>
6	Tobacco Use	X	X	X	31.522	<ul style="list-style-type: none"> <li>• American Lung Association Bike Trek</li> <li>• Great American Smokeout</li> <li>• Smoking Status of Each Patient and Offer Cessation Support</li> <li>• Smokefree Campuses</li> <li>• Tobacco Cessation – Pregnant Women (I)</li> </ul>
7	Lack of Access to Mental Health	X	X	X	31.275	<ul style="list-style-type: none"> <li>• Outpatient Mental Health Services for Uninsured and Underinsured</li> <li>• Treatment of Dementia (I)</li> <li>• Mental Health Services for Children with Cancer (I)</li> </ul>
8	Cancer		X	X	28.765	<ul style="list-style-type: none"> <li>• Relay for Life</li> <li>• Prostate Screening</li> <li>• Look Good/Feel Better</li> <li>• Cancer Support Group</li> <li>• Breast Cancer Awareness Activities</li> <li>• Breast Cancer Survivorship Group</li> <li>• Run for Your Life</li> <li>• Healthy Steps Exercise program</li> <li>• Mental Health Services for Children with Cancer (I)</li> </ul>

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
Melanoma Incidence Rate	Primary Service Area	Addressed by CAMC Teays Valley Hospital Implementation Strategy
Teen Birth Rate	Secondary Service Area	Addressed by United Way of Central West Virginia Agencies

# 2017 - 2019 CAMC Community Benefit Plan 2017 Progress on Implementation Strategies

**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. Accountable Health Communities Program
2. Build the Base of Local Growers Providing Fresh Vegetables to CAMC
3. Provide HIV Primary Care and Decrease New HIV Infections
4. Examine How Brain Imaging Helps Guide Doctors in Treatment of Dementia and to Determine Whether These Changes in Treatment Lead to Better Medical Outcomes
5. Build a Sustainable Research Infrastructure that Substantively Contributes to Improving WV Health Outcomes

<b>#1</b>	<b>Charleston Area Medical Center - General, Memorial, Women and Children’s Hospitals</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity, Drugs, Heart Disease, Limited Access to Food, Lack of Access to Mental Health Services, Cancer, Flu Death Rate
IDENTIFIED HEALTH ISSUE	Improve the health of Medicare and Medicaid beneficiaries with health-related social needs.
COMMUNITY SERVED	Medicaid, Medicare, and CHIP beneficiaries
PROGRAM DESCRIPTION AND RATIONALE	<p>Accountable Health Communities Program - The AHC program will systematically identify the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries, including those who are dually eligible, and address their identified needs. Socioeconomic factors affect health across the life span either by providing, or limiting, access to adequate housing, nutrition, transportation, education, a safe physical environment, and a voice in policy. A large body of scientific evidence supports a fundamental relationship between income inequality and negative health outcomes and that reducing poverty would improve population health. Furthermore, increasing access to affordable services related to nutrition, education, housing and safety (both physical and psychological) could also improve population health by partially mitigating the impact of poverty on overall health and well-being.</p> <p>The U.S. Census Bureau estimates that 18.3% of West Virginia (WV) residents are currently living in poverty. Child poverty continues to increase with almost 12% living in deep poverty, meaning these children survive on family incomes that are 50% below the poverty line. WV currently ranks 47th out of 50 states in overall health when considering community and environmental factors (secure housing, food security, availability of violence-free places), access to quality, affordable clinical care, public health programs and influence on policy, and individual health behaviors such as physical inactivity, poor diet, and substance use. WV also ranks 49th out of 50 states in negative health behaviors including excessive drinking, smoking, obesity, physical inactivity, as well as low high school graduation rate and is ranked 48th and 50th in poor mental health and poor physical health days, respectively and 49th in both premature death and preventable hospitalizations. Poor overall health is a major public health and financial concern in WV. According to the National Health Expenditure</p>


	<p>Data: Health Expenditures by State of Residence Report, it costs approximately \$13,964 in total health spending including all privately and publically funded personal health care services to treat a patient. As of November 2015, WV had net expenditures, including CMS-64 adjustments, of more than \$1.5 billion in health care with a projected cost of more than \$2.5 billion by June 30, 2016. As of March 2016, 988,031 out of 1,844,128 West Virginians were enrolled in Medicare, Medicaid, and the Children’s Health Insurance related programs. Approximately 54% of WV residents are community-dwelling beneficiaries and represent a significant proportion of state health care expenditures. Despite these alarming health care issues and costs, WV residents have shown both a desire and a readiness for a healthy change in at least two ways: health care providers are incorporating patient navigation services for traditionally non-clinical needs that affect health and a statewide grassroots movement “Try This West Virginia” is helping inspire citizens within communities to collaborate on promotion of healthy behaviors. In response to the need for an accountable healthy community model, we have established a partnership consortium composed of 48 clinical sites within nine health systems that collectively serve all 55 counties of WV. We believe this consortium offers the most competitive approach for addressing the social service needs in the state because of the sustained expertise, innovative clinical practices and designs, and established coordination of social services of partners involved. The proposed consortium had 296,208 encounters (128,734 unique beneficiary encounters) with community-dwelling beneficiaries in the past twelve months and is confident in meeting the requirement to present opportunities to screen at least 75,000 beneficiaries per year for Year 2 through Year 4 as well as 18,750 during Year 1 and 37,500 during Year 5.</p>
STRATEGIC OBJECTIVE	<b>IMPLEMENT THE ACCOUNTABLE HEALTH COMMUNITIES GRANT TO IMPROVE OVERALL PATIENT WELL-BEING, INCREASE HEALTH EQUITY, AND REDUCE THE COST OF HEALTH CARE FOR THOSE PARTICIPATING</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase community-dwelling beneficiaries’ awareness of community resources that might be available to address their unmet health-related social needs.</li> <li>2. Increase the connection of high-risk community-dwelling beneficiaries with certain unmet health-related social needs to community resources through navigation services.</li> <li>3. Optimize community capacity to address health-related social needs through quality improvement, data-driven decision making, and coordination and alignment of community-based resources.</li> <li>4. Reduce inpatient and outpatient health care utilization and the total costs of health care by addressing unmet health-related social needs through referral and connection to community services.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Increase preventive health screenings</li> <li>• Decrease ED Visits</li> <li>• Decrease readmissions</li> <li>• Decrease healthcare costs</li> <li>• Increase appropriate utilization of outpatient services</li> </ul>
TIMELINE	Five year project beginning 4/1/2017 through 3/31/2022

RESOURCES	Partners in Health Network (PIHN), the West Virginia Bureau for Medical Services (WVBMS), the West Virginia Center for Excellence in Disabilities (WVCED), the West Virginia Alliance of Family Resource Networks (WVAFRN), the West Virginia Medical Institute (WVMI), the West Virginia Healthy Kids and Family Coalition otherwise known as “Try This West Virginia”, and the West Virginia University Institute for Community and Rural Health (WVUICRH).
PARTNERS/ COLLABORATORS	CAMC Labor and Delivery Department, Emergency Department, Behavioral Medicine Department, Family Medicine Center  48 clinical sites within nine health systems that collectively serve all 55 counties of WV
<b>2017 Progress Report</b>	The Accountable Health Communities (AHC) project period began on May 1, 2017. Since that time, the following has been accomplished: <ul style="list-style-type: none"> <li>• The Program Director and Screening and Referral Specialist were hired</li> <li>• Memorandums of Understanding were completed with all the clinical site organizations</li> <li>• Standard Operating Procedures, implementation plans and training materials were established and submitted to CMS</li> <li>• Modules were added to CAPGate to document the screening and navigation processes</li> <li>• A Community Resource Inventory was developed with over 900 community resources included</li> <li>• Two navigators were hired and trained on the AHC program and CAPGate</li> <li>• Approximately 40 screeners have been trained on both the program and the use of CAPGate</li> </ul>

<b>#2</b>	<b>Charleston Area Medical Center - General, Memorial, Women and Children’s Hospitals</b>
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners. By creating local wealth based on identified needs, we can increase local growers to provide healthy food to our community and to address Limited Access to Food
IDENTIFIED HEALTH ISSUE	Limited Access to Food, Diabetes, Obesity
COMMUNITY SERVED	Growers in our Primary and Secondary Service Area

<p><b>PROGRAM DESCRIPTION AND RATIONALE</b></p> 	<p>CAMC is working with The Greater Kanawha Valley Foundation to create and sustain a wealth creation value chain. 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 value chain premises are that we need to be intentionally inclusive of local people and places as economic contributors to have a positive impact on wealth in our communities. This program's focus is on working with local growers to develop their capability to sell their produce to CAMC at a guaranteed quantity and price and once the process is established to roll it out to other "buyers."</p>
<p><b>STRATEGIC OBJECTIVE</b></p>	<p><b>BUILD THE BASE OF LOCAL GROWERS SELLING FRESH VEGETABLES TO CAMC</b></p>
<p><b>GOALS TO ADDRESS THE HEALTH NEED</b></p>	<ol style="list-style-type: none"> <li>1. Support and encourage local growers to become GAP certified.</li> <li>2. Provide guaranteed quantity and price to decrease risk to growers.</li> </ol>
<p><b>MEASURE TO EVALUATE THE IMPACT</b></p>	<ul style="list-style-type: none"> <li>• Number of growers GAP certified</li> <li>• Number of growers providing fresh food to CAMC</li> <li>• Amount of produce purchased by CAMC</li> <li>• Amount of dollars going into our local grower community vs. out-of-state purchases.</li> </ul>
<p><b>TIMELINE</b></p>	<p>2017 - 2019</p>
<p><b>RESOURCES</b></p>	<p>Greater Kanawha Valley Foundation for program support CAMC budget for food purchases</p>
<p><b>PARTNERS/ COLLABORATORS</b></p>	<p>Greater Kanawha Valley Foundation Morrison's Food Services Corey Brothers WV Department of Agriculture Local Growers</p>
<p><b>2017 Progress Report</b></p>	<p>WV now has 16 GAP certified growers. Local efforts include working with the state Department of Agriculture to increase the number of training classes and timeliness of the certification process. Met with growers and interest has increased. Supported growers with developing their Farm Safety Plans. Using a consultant to assist growers with training and mock audits. For the 2017 growing season (6/15/17 – 10/31/17), West Virginia, Ohio and Kentucky sourced product was \$67,243 which is 18.37% of net purchases.</p>

<p><b>#3</b></p>	<p><b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital</b></p>
<p><b>COMMUNITY HEALTH NEED</b></p>	<p>Drugs, Lack of Mental Health Services</p>
<p><b>IDENTIFIED HEALTH ISSUE</b></p>	<p>HIV in West Virginia</p>

COMMUNITY SERVED	Part C 19 county service area in southern West Virginia
<p>PROGRAM DESCRIPTION AND RATIONALE</p> 	<p>The CAMC/WVU Charleston Division Ryan White (RW) 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. 38 new patients were served in 2016. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; linkage and retention and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. As of December 31, 2016, a total of 1,746 were living with HIV/AIDS with 739 (42%) reported from the program’s service area.</p>
STRATEGIC OBJECTIVE	<b>PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS</b>
GOALS TO ADDRESS THE HEALTH NEED	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> <li>1. Client Linkage and Retention Program</li> <li>2. Framingham Heart Study QI Project</li> <li>3. Viral Load Suppression/HAART Project</li> <li>4. Partnership for Health</li> <li>5. Oral Care Program</li> <li>6. Social Media Peer Support Initiative/rural outreach</li> <li>7. Telemedicine Clinic</li> <li>8. HIV/HEP C Harm Reduction Initiative</li> </ol> <p>Outreach:</p> <ul style="list-style-type: none"> <li>• Free rapid HIV testing distributed in clinics, home visits, presentations, colleges, and other HIV venues such as WV Pride Week activities</li> <li>• Linkage Coordinator client home visits and ongoing contact</li> <li>• Staff travel to Beckley for a monthly clinic</li> <li>• Telemedicine clinic</li> <li>• Collaboration with Pretera and WV Covenant House</li> <li>• Travel exhibits</li> <li>• Newsletters and educational brochures distribution</li> <li>• Facebook, newspaper outreach</li> <li>• UC and WV State University student programs</li> <li>• Emergency fund for immediate life-saving needs such as lack of utilities and temporary stable environment for homeless/unstably-housed HIV-positive clients, in or out of care.</li> <li>• Social Media client support</li> </ul> <p>Prevention:</p> <ul style="list-style-type: none"> <li>• Condom distribution</li> <li>• HIV Test kit education and distribution</li> <li>• Education Presentations and lectures</li> <li>• Partner PrEP education and treatment</li> <li>• Vaccines</li> </ul>

<b>MEASURE TO EVALUATE THE IMPACT</b>	<ul style="list-style-type: none"> <li>• Viral load suppression %</li> <li>• Number of new clients</li> <li>• Number of out-of-care clients returned to care</li> <li>• Number of clients on PrEP</li> <li>• Number of HIV test kits distributed/number of positives recorded</li> <li>• Client surveys</li> <li>• Number and cost of clients receiving oral care</li> <li>• Lipid screening/smoking/Framingham Heart Study scores</li> <li>• Social Media development stages</li> <li>• Number of presentations and audience</li> <li>• Number of clients receiving emergency funding</li> </ul>
<b>TIMELINE</b>	2017-2019
<b>RESOURCES</b>	CAMC Charity Care - \$512,061 CAMC Outpatient Care Center - \$14,000 CHERI - \$74,900 WVU - \$15,000 non-HIV specific outpatient clinics HRSA - \$480,272 CDC - \$27,500 Presidential AIDS Initiative Supplemental Grant - \$40,000 Program Income - \$23,420 Elton John AIDS Foundation – \$93,000 First Presbyterian Church of Charleston - \$3,000
<b>PARTNERS/ COLLABORATORS</b>	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division Elton John AIDS Foundation First Presbyterian Church of Charleston WV Covenant House Pretera Center Partnership For Health Ryan White Part B Program CAMC Foundation Beckley/Raleigh Health Department Physicians Dentists in Beckley CAMC Dental Clinic MidAtlantic AIDS Education and Training Center WV
<b>2017 Progress Report</b>	<ul style="list-style-type: none"> <li>• Viral load suppression – 83.82%</li> <li>• Number of new clients in 2017 – 38</li> <li>• Number of out-of-care clients returned to care – 27</li> <li>• Number of clients on PrEP – 9</li> <li>• Number of HIV test kits distributed/number of positives recorded – approx.460 kits; 1 positive tested by staff; no record for tests taken home</li> <li>• Number and cost of clients receiving oral care – 370 clients; \$1,000</li> <li>• Lipid screening/smoking/Framingham Heart Study scores – 370</li> <li>• Social Media development stages – social media ads now active; bus wraps are anticipated soon,</li> <li>• Number of presentations and audience – 14 presentations; approx. 200</li> <li>• Number of clients receiving emergency funding – 15</li> </ul>

<b>#4</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Lack of Access to Mental Health
IDENTIFIED HEALTH ISSUE	Dementia
COMMUNITY SERVED	CAMC Service Area
PROGRAM DESCRIPTION AND RATIONALE	The Imaging Dementia—Evidence for Amyloid Scanning (IDEAS) Study will assess the impact of amyloid PET on patient outcomes under Coverage with Evidence in patients meeting Appropriate Use Criteria for amyloid PET.
STRATEGIC OBJECTIVE	<b>EXAMINE HOW BRAIN IMAGING HELPS GUIDE DOCTORS IN TREATMENT OF DEMENTIA AND TO DETERMINE WHETHER THESE CHANGES IN TREATMENT LEAD TO BETTER MEDICAL OUTCOMES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Enroll patients.</li> <li>2. Estimate how frequently amyloid PET leads to a change in primary suspected etiological diagnosis.</li> <li>3. Estimate the frequency of reduction in unnecessary diagnostic tests and AD drug therapy.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Test whether amyloid PET imaging will lead to a <math>\geq 30\%</math> change between <i>intended</i> and <i>actual</i> patient management within 90 days (75-105 day allowable range) in a composite measure of at least one of the following: <ol style="list-style-type: none"> <li>a) AD drug therapy;</li> <li>b) Other drug therapy; and</li> <li>c) Counseling about safety and future planning.</li> </ol> </li> </ul>
TIMELINE	2017-2020
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, ACRIN, CMS (Medicare), WVU Department of Internal Medicine and Behavioral Medicine
<b>2017 Progress Report</b>	We participated in the trial that was a multi-site study. The study is currently closed to enrollment and the data has not been released by the sponsor as to if the objectives were met. Once this has been met we will update our progress.

<b>#5</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Drugs, Cancer, Heart Disease
IDENTIFIED HEALTH ISSUE	Poor Health Outcomes in West Virginia
COMMUNITY SERVED	State-wide
PROGRAM DESCRIPTION AND RATIONALE	The WV Clinical and Translational Science Institute (WVCTSI) was created in 2012 through the initial Clinical and Translational Research award and has subsequently formed a well-connected, statewide health research network, creating the infrastructure to address the substantial health issues of WV. Since 2012, WVCTSI has been a transformative force, implementing investigator mentoring services, establishing pilot project funding, forming a practice-based research network, creating an integrated data repository of 2 million unique electronic medical records, developing a culture of research integrity, and working with our partners to establish trust



	<p>and collaboration. Productivity has exponentially increased: publications tripled in Year 4 compared to Year 2, external funding applications more than doubled from Year 3 to 4, and external funding increased 80% over the past year. Funding is now directed to addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p> <p>Major Health Concerns: Poverty is pervasive in Appalachia with counties of “high poverty” (presence of poverty rates &gt; 1.5 the U.S. average) located mainly in WV and Eastern Kentucky. Appalachian mortality rates have increased with most counties of eastern Kentucky and southern WV having mortality rates well in excess of the US average. WV ranks 47th among the 50 states in the 2015 America’s Health Rankings and at or near the bottom for a number of chronic diseases including cancer and cardiovascular disease. Moreover, WV has the highest prevalence of smoking. Drug addiction is highly prevalent; over the past 2 years, drug overdose deaths in WV increased 47% to 32.4 per 100,000 population, the highest per capita death rate in the United States. As a result of the increased prevalence of intravenous drug use, hepatitis B and C incidence have sky rocketed resulting in the highest and second highest rates, respectively, in the nation. Though there are a plethora of areas to potentially target, the impact will be greatest by focusing on the following health priorities: addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p>																							
STRATEGIC OBJECTIVE	<b>BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIVELY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES BY 2022</b>																							
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Recruit, train, and position for success the next generation of clinician scientists and translational researchers that excel in team science, positively impacting health in West Virginia.</li> <li>2. Actively engage with multiple stakeholders, including communities, medical providers, and policy makers to drive research that improves health of West Virginians.</li> </ol>																							
MEASURE TO EVALUATE THE IMPACT	<p><b>Administrative Compact Logic Model</b></p> <table border="1"> <thead> <tr> <th data-bbox="524 1224 613 1245">Activities</th> <th data-bbox="638 1224 727 1245">Outputs</th> <th data-bbox="841 1224 1044 1245">July 2017 – June 2019</th> <th data-bbox="1101 1224 1206 1245">July 2019 – June 2021</th> <th data-bbox="1263 1224 1369 1245">July 2021 – June 2022</th> </tr> </thead> <tbody> <tr> <td data-bbox="524 1266 613 1287">Aim 1</td> <td data-bbox="638 1266 776 1476">Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims &amp; projects.</td> <td data-bbox="800 1266 938 1476">Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.</td> <td data-bbox="963 1266 1068 1476">Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.</td> <td data-bbox="1101 1266 1239 1455">Increase in funded proposals of 15% &amp; trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.</td> <td data-bbox="1263 1266 1385 1455">Decrease drug overdose &amp; CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.</td> </tr> <tr> <td data-bbox="524 1497 613 1518">Aim 2</td> <td data-bbox="638 1497 776 1707">Create policies &amp; procedures to drive performance, comm. &amp; collaboration among multiple, diverse stakeholders.</td> <td data-bbox="800 1497 938 1749">WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.</td> <td data-bbox="963 1497 1068 1707">Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.</td> <td data-bbox="1101 1497 1239 1686">Increase in externally funded investigators of 10% over 2016; &gt; 2 policy/practice changes per year.</td> <td data-bbox="1263 1497 1385 1665">Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td> </tr> <tr> <td data-bbox="524 1749 613 1770">Aim 3</td> <td data-bbox="638 1749 776 1875">Provide fiscal and resource management, ensuring cores resourcing and sustainability.</td> <td data-bbox="800 1749 938 1896">Submitted grant proposals; Funded grants; External funding of core</td> <td data-bbox="963 1749 1068 1875">Increase in submitted grant proposals of 10% over 2016.</td> <td data-bbox="1101 1749 1239 1896">Increase in funded proposals of 15% over 2016; External funding of cores</td> <td data-bbox="1263 1749 1385 1896">External funding &gt;50% operational cost of CRDEB, CRRF, &amp; Lab Technologies</td> </tr> </tbody> </table>	Activities	Outputs	July 2017 – June 2019	July 2019 – June 2021	July 2021 – June 2022	Aim 1	Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims & projects.	Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.	Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% & trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.	Decrease drug overdose & CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.	Aim 2	Create policies & procedures to drive performance, comm. & collaboration among multiple, diverse stakeholders.	WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.	Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.	Increase in externally funded investigators of 10% over 2016; > 2 policy/practice changes per year.	Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.	Aim 3	Provide fiscal and resource management, ensuring cores resourcing and sustainability.	Submitted grant proposals; Funded grants; External funding of core	Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% over 2016; External funding of cores	External funding >50% operational cost of CRDEB, CRRF, & Lab Technologies
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	<p>services; Health outcomes.</p> <p><b>Aim 4</b>    <b>Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</b></p> <p>Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.</p> <p>100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.</p> <p>increased 15% over 2016.</p> <p>cores.</p> <p>Increase in funded proposals of 15% over 2016.</p> <p>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</p>
<b>TIMELINE</b>	2017 - 2022
<b>RESOURCES</b>	CTSI Grant \$50 million CAMC \$1.5 million over 5 years
<b>PARTNERS/ COLLABORATORS</b>	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH
<b>2017 Progress Report</b>	<p>The following statistical measures were reported in 2017:</p> <ul style="list-style-type: none"> <li>• 191 publications, 226 external funding proposals, 238 funded awards</li> <li>• 250 investigator development services through iLab Core Management System</li> <li>• 38 TriNetX studies offered to date: 19 accepted</li> <li>• 26 new ECHO project sites</li> <li>• 22 early state investigators submitting pilot project applications with 6 new pilot projects funded</li> <li>• 26 new custom IDR datasets and 47 ongoing IDR projects</li> <li>• 2 biospecimen projects, 32 illumina genomics and 16 MicroCT imaging projects</li> </ul>

## 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.

<b>#6</b>	<b>CAMC General Hospital</b>
COMMUNITY HEALTH NEED	Drugs, Lack of Access to Mental Health Services
IDENTIFIED HEALTH ISSUE	Incidence of Hepatitis C and HIV
COMMUNITY SERVED	Counties in West Virginia are most vulnerable to outbreaks of HIV and HCV due to needle sharing during drug use according to the CDC. All of southern WV is identified as "at risk." CAMC's service area covers most of these southern counties.
PROGRAM DESCRIPTION AND RATIONALE	<p>Surveillance is showing an explosion of drug abuse in West Virginia and an increase in Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) infections. It is estimated that 14% of HIV is undiagnosed and 45% diagnosed but not in care; while 50% of HCV infections are undiagnosed and 23% are not RNA confirmed.</p> <p>The FOCUS approach is to partner with government agencies, health systems and others in 30+ highly impacted cities to:</p> <ul style="list-style-type: none"> <li>• Make HIV and HCV screening a standard of care</li> <li>• Change public perceptions, overcome stigma</li> <li>• Increase stakeholder dialogue</li> <li>• Ensure patient linkage to care and treatment and to keep patients in care</li> </ul>
STRATEGIC OBJECTIVE	<b>INTEGRATE HIV AND HCV TESTING INTO ROUTINE SCREENING AS PART OF THE NORMAL CLINICAL FLOW AT CAMC EMERGENCY ROOMS AND CLINICS</b>
GOALS TO ADDRESS THE HEALTH NEED	<p><u>YEAR ONE</u></p> <ol style="list-style-type: none"> <li>1. Review CAMC policies</li> <li>2. Establish clinical workflows</li> <li>3. Assign staffing and resources</li> <li>4. Update protocols for testing, lab order sets and EMR modification</li> <li>5. Go live at CAMC General Hospital Emergency Department</li> <li>6. Cycle of Learning</li> <li>7. Innovation and Iterative Process</li> </ol> <p><u>YEAR TWO</u></p> <ol style="list-style-type: none"> <li>1. Expand to other emergency departments</li> <li>2. Establish system of care for treatment and follow-up</li> </ol> <p><u>YEAR THREE</u></p> <ol style="list-style-type: none"> <li>1. Expand to clinics</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of tests performed</li> <li>• Number of positive patients identified through testing</li> <li>• Diagnosed infections</li> <li>• Number of patients attending first appointment</li> </ul>
TIMELINE	Begin 4 <sup>th</sup> quarter 2017 - 2020
RESOURCES	Gilead FOCUS grant Operational budget

PARTNERS/ COLLABORATORS	Gilead Kanawha Charleston Health Department Ryan White Program at CAMC
<b>2017 Progress Report</b>	Reviews of CAMC policies were conducted in the 4 <sup>th</sup> Quarter of 2017 and we continue to study workflows and staffing resources. However, the Gilead FOCUS grant was not applied for in 2017 and will be under review in 2018.

<b>#7</b>	<b>CAMC General Hospital</b>
COMMUNITY HEALTH NEED	Drugs, Diabetes, Heart Disease, Obesity, Cancer
IDENTIFIED HEALTH ISSUE	Access to tertiary care services in the rural and mountainous counties in the region requires a coordinated process and preparation of EMS personnel for the best outcome.
COMMUNITY SERVED	WV Office of EMS Region 3/4 Includes nine counties: Kanawha, Putnam, Boone, Clay, Fayette, Nicholas, Webster, Greenbrier, Pocahontas
PROGRAM DESCRIPTION AND RATIONALE	Charleston MedBase provides medical command to all EMS agencies (air and ground) in this region. Includes all medical oversight for all EMS units providing patient care, medical direction, performance improvement oversight and medical guidance based on State of WV Office of EMS protocols. Provides hospitals in the region with reports of incoming patients and treatments in progress. Provides regional hospitals with trauma, cardiac, stroke, sepsis and respiratory team activations. Provides regional hospitals with EMS liaisons for Red and Yellow Alert status. Also, provides dispatch of closest medical helicopter for all appropriate EMS requests for helicopters in this region and tracks response times.
STRATEGIC OBJECTIVE	<b>PROVIDE MEDICAL DIRECTION TO EMS AGENCIES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Ensure patients receive timely and appropriate care at the right location.</li> <li>2. Decrease mortality for trauma and patients with other types of alert status.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of calls taken</li> <li>• Types of calls</li> <li>• Communicators</li> <li>• Receiving facilities</li> <li>• Trauma alert activations</li> <li>• Other alerts: Stroke alert activations, sepsis alerts, cardiac alerts and respiratory alerts</li> <li>• Trends of calls by EMS agencies and types of calls</li> </ul>
TIMELINE	24 hours a day; 7 days a week
RESOURCES	Charleston MedBase – CAMC General Hospital. Full cost is absorbed by CAMC General Hospital’s operational budget with no financial assistance from any outside source. Staffed with Communication Specialist/Paramedics.
PARTNERS/ COLLABORATORS	WV Office of EMS, Bureau of Public Health, DHHR WV Trauma Registry and Trauma Committee WV EMS Regional Office (EMSOR) WV EMS Technical Support Network

<b>2017 Progress Report</b>	<ul style="list-style-type: none"><li>• In 2017, 58,075 calls were taken. There were 29,998 Advanced Life Support (ALS) calls, 23,596 Basic Life Support (BLS) calls, 164 Class 3 Interfacility Transfer (C3IFT) calls, and 213 Critical Care Transport (CCT) calls.</li><li>• There were 22 communicators receiving calls and 57 receiving facilities reported.</li><li>• There were 1,105 Trauma Alert Activations 358 of which were Stroke Alerts.</li><li>• We also tracked all 57 EMS agencies by the number of calls and call types.</li></ul>
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## CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY


CAMC Memorial Hospital (472 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.

<b>#8</b>	<b>CAMC Memorial Hospital</b>
COMMUNITY HEALTH NEED	Drugs, Lack of Access to Mental Health Services
IDENTIFIED HEALTH ISSUE	Substance Abuse/IV Drug Use
COMMUNITY SERVED	Endocarditis patients at CAMC Memorial Hospital from our primary and secondary service area and others seeking service at CAMC.
PROGRAM DESCRIPTION AND RATIONALE	Provide drug counseling and rehab options for patients with endocarditis. Partnered with other organizations for drug rehabilitation either after surgery or while waiting for surgery.
STRATEGIC OBJECTIVE	<b>PREVENT DRUG RELAPSE AND DECREASE INCIDENCE OF ENDOCARDITIS</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Reduce the risk of recurrent endocarditis due to persistent IV drug use at discharge following a valve surgery.</li> <li>2. Make a drug rehab program available with short and long term goals for each individual with substance abuse.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of readmissions for recurrent endocarditis</li> <li>• Number of readmissions for recurrent endocarditis after drug rehab</li> <li>• Number of readmissions for recurrent endocarditis after drug rehab with a positive drug screen</li> </ul>
TIMELINE	One year to determine feasibility of the program based on outcomes
RESOURCES	Substance abuse outpatient programs, inpatient drug rehab programs, Social Services and Infectious Disease departments at CAMC
PARTNERS/ COLLABORATORS	CAMC Medical Staff Highland Hospital Social Services Drug Rehab Programs
<b>2017 Progress Report</b>	<p>A study was completed highlighting how a previously rare life-threatening infection, IE, has dramatically increased in the wake of the Appalachian opioid epidemic. While the number of patients with IVDU-IE are eclipsed by the growing list of other opioid syndemic diseases (Hepatitis C, HIV and overdose), the costs per patient and overall healthcare system impact can't be underestimated. The increase in IVDU-IE in southern West Virginia comes at a time when the region faces an unrelenting recession and after hospital resources have been extinguished by contracting reimbursements and regional economic challenges [17]. The Southern West Virginia energy sector contraction and associated unemployment persists, in part, due to concerns from new industries regarding relocation to a region with such a high incidence of opiate dependence in a potential workforce. This economic downturn cycle along-side increases in prescription opioid medications and influx of inexpensive heroin, have all likely participated in the regional opioid crisis [19, 30].</p> <p>Further research is needed to understand the overall impact of illicit drug use in the region and the multiple socioeconomic issues or other causation variables that may be participating in the epidemic. However, based on the findings reported herein, investment in resources for high-risk areas, defined by geo-map driven hot spot analysis, for needle exchanges and</p>

	<p>rehabilitation centers may be warranted. Along those lines, we are now seeking to define clusters or regions with increased serious infection risk so we can study the impact of local interventions and hopefully translate these findings into preventive solutions.</p> <p>Investigators have determined there is little value at this time in conducting further analysis and tracking readmission rates as very few of these patients are utilizing drug rehabilitation services.</p>
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## 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.

<b>#9</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Drugs
IDENTIFIED HEALTH ISSUE	Use of drugs by pregnant women
COMMUNITY SERVED	Primarily 12 County Service Area but includes any patient delivering at CAMC Women and Children's Hospital
PROGRAM DESCRIPTION AND RATIONALE	 <p><b>WECARE</b> – West Virginia has an epidemic of drug addiction. WECARE is a comprehensive program for pregnant women that offers group and individual counseling at the Family Resource Center on the CAMC Women and Children's Hospital campus to assist mothers to the road of recovery. The program also includes work with Right From the Start for relapse prevention and partners with the Kanawha Charleston Health Department for long-acting reversible contraceptives (LARC -methods of birth control that provide effective contraception for an extended period without requiring user action).</p>
STRATEGIC OBJECTIVE	<b>DECREASE THE NUMBER OF DRUG AFFECTED MOTHERS AND BABIES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Decrease the number of babies with Neonatal Abstinence Syndrome.</li> <li>2. Prevent relapse of mothers.</li> <li>3. Increase the use of long-acting reversible contraceptives.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of participants in WECARE</li> <li>• Length of stay for babies in the Neonatal Intensive Care Unit</li> <li>• Number of participants using LARC</li> <li>• Number remaining drug free</li> </ul>
TIMELINE	2017-2019
RESOURCES	CAMC Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	Women's Medicine Center Neonatal Intensive Care Unit Family Resource Center Kanawha Charleston Health Department Kanawha County Drug Court Right from the Start Primary Care CAMC Women and Children's Hospital Emergency Department
<b>2017 Progress Report</b>	In 2017 we served 300 drug affected mothers and babies. The length of stay for babies in the Neonatal Intensive Care Unit is 24.5 days.

<b>#10</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Drugs
IDENTIFIED HEALTH ISSUE	Use of drugs by incarcerated pregnant women
COMMUNITY SERVED	Any incarcerated woman delivering at CAMC Women and Children's Hospital



PROGRAM DESCRIPTION AND RATIONALE	<b>Telehealth at South Central Regional Jail</b> - West Virginia has an epidemic of drug addiction with a high rate of addiction for incarcerated women. This comprehensive program will assist patients who are incarcerated obtain therapy services. Telehealth would allow pregnant women who are located at South Central Regional Jail to participate in individual or group therapy via the telehealth system.
STRATEGIC OBJECTIVE	<b>DECREASE THE NUMBER OF DRUG AFFECTED MOTHERS AND BABIES AMONG INCARCERATED WOMEN</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Offer a program for pregnant women who are dealing with addiction via telemedicine.</li> <li>2. Decrease the number of babies with Neonatal Abstinence Syndrome.</li> <li>3. Prevent relapse of mothers.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of participants</li> <li>• Overall patient satisfaction</li> <li>• Number drug free at delivery</li> <li>• Number remaining drug free</li> </ul>
TIMELINE	2017-2019
RESOURCES	Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	Women's Medicine Center Neonatal Intensive Care Unit Kanawha Charleston Health Department Kanawha County Drug Court/Jail system Right from the Start Primary Care CAMC Women and Children's Hospital Emergency Department
<b>2017 Progress Report</b>	We were unable to clear certain legal obstacles with the prison system and we will not be pursuing this strategy.

<b>#11</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Tobacco Use
IDENTIFIED HEALTH ISSUE	Tobacco use among pregnant women resulting in low birth weight babies.
COMMUNITY SERVED	Any patient delivering at Women and Children's Hospital.  Any pregnant woman interested in attending a cessation class at the Family Resource Center.
PROGRAM DESCRIPTION AND RATIONALE	Offer a tobacco cessation class at the Family Resource Center and ongoing weekly one-on-one smoking cessation consultations at the Women's Medicine Center.
STRATEGIC OBJECTIVE	<b>DECREASE THE NUMBER OF PREGNANT WOMEN USING TOBACCO PRODUCTS</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Offer smoking cessation classes at the CAMC Family Resource Center on the Women and Children's Hospital campus on a quarterly basis.</li> <li>2. Offer weekly one-on-one smoking cessation consultation to patients in the Women's Medicine Center.</li> </ol>

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of participants in the Tobacco Cessation Classes</li> <li>• Number of participants who participate in the weekly cessation consultation sessions</li> <li>• Number who quit tobacco use</li> </ul>
TIMELINE	2017-2019
RESOURCES	Operational Budget Grant from the state of West Virginia
<b>2017 Progress Report</b>	The program assisted 200 women who were identified as tobacco users in the CAMC Women's Medicine Center in 2017. The program had an 18.9% quit rate with a quit validation (CO levels at non-smoker) at 72.5%. The program's quit rate continues to be above the National Quit Rate of 13%- 18%. A Certified Tobacco Treatment Specialist provides individual counseling for hours per week.

<b>#12</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Tobacco Use
IDENTIFIED HEALTH ISSUE	Smoking/Vaping and Tobacco use in Pregnant Women
COMMUNITY SERVED	CAMC Service Area
PROGRAM DESCRIPTION AND RATIONALE	Tobacco Free for Baby & Me is an evidence based program for pregnant mothers and their households to assist them in quitting tobacco
STRATEGIC OBJECTIVE	<b>TOBACCO CESSATION IN THE PREGNANT POPULATION AND THEIR HOUSEHOLDS</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Provide tools/education for pregnant women to stop tobacco use.</li> <li>2. Eliminate exposure to secondhand smoke.</li> <li>3. Promote quitting among adults and youth in the household.</li> <li>4. Support the effort to remain quit post-partum.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number participating</li> <li>• Number quitting tobacco use</li> <li>• Number who remain tobacco free post-partum</li> </ul>
TIMELINE	2017-2019
RESOURCES	WV Quitline WV Dept. of Tobacco Prevention The WV Coalition for a Smoke Free Environment Centers for Disease Control Kanawha Charleston Health Department CAMC Institute
PARTNERS/ COLLABORATORS	Women's Medicine Center
<b>2017 Progress Report</b>	The program intake form has been revised to compliment the research study on the usage of e-cigs in pregnant women.

<b>#13</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Cancer, Lack of Access to Mental Health Services
IDENTIFIED HEALTH ISSUE	Mental health services for pediatric oncology services was not available in our service area

COMMUNITY SERVED	Any pediatric inpatient.
PROGRAM DESCRIPTION AND RATIONALE	Mental Health services have not been available to children with cancers. This program will provide consultations supporting the goal of providing a multidisciplinary approach to care for children with cancer. This program provides an initial contact for mental health services while hospitalized and, if needed, post-discharge or at any point during treatment or recovery.
STRATEGIC OBJECTIVE	<b>PROVIDE MENTAL HEALTH SERVICES TO CHILDREN WITH CANCER</b>
GOALS TO ADDRESS THE HEALTH NEED	1. Offer mental health consultations to the pediatric oncology patients at CAMC Women and Children's Hospital
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>Number of children participating</li> </ul>
TIMELINE	2017-2019
RESOURCES	Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	CAMC Women and Children's Oncology Team Hospice Compassionate Friends
<b>2017 Progress Report</b>	In 2017, thirteen newly diagnosed patients were referred to the FRC.

<b>#14</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes
IDENTIFIED HEALTH ISSUE	Diabetes in pediatric patients
COMMUNITY SERVED	Pediatric patients in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	Offering a randomized, double-blind study comparing the effect of once-weekly dulaglutide with a placebo in pediatric patients with type 2 diabetes mellitus. Dulaglutide is like a natural hormone called glucagon-like peptide 1 that your body makes. Dulaglutide usually causes the release of insulin and lowers blood sugar in adults with Type II diabetes.
STRATEGIC OBJECTIVE	<b>DETERMINE HOW DULAGLUTIDE COMPARES TO PLACEBO IN CHILDREN AND TEENS WITH TYPE 2 DIABETES.</b>
GOALS TO ADDRESS THE HEALTH NEED	The primary objective of this study is to test the hypothesis that dulaglutide given subcutaneously once a week for 26 weeks to children and adolescents with type 2 diabetes mellitus who have inadequate glycemic control, despite diet and exercise, with or without metformin and/or basal insulin, is superior to placebo in the treatment of T2DM, as measured by baseline to Week 26 change in hemoglobin A1c.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>Change in HbA1c between baseline and Week 26</li> <li>Change in fasting blood glucose between baseline and Week 26</li> <li>Percentage of patients with HbA1c <math>\leq</math>6.5% at Week 26</li> <li>Change in body mass index between baseline and Week 26</li> </ul>
TIMELINE	January 2017 through June 2022
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, Eli Lilly and Company, Inc., WVU Pediatrics faculty
<b>2017 Progress Report</b>	We are currently enrolling patients in the trial and active. Therefore, we are unaware if the objectives have been met until the multi-center study has been completed and data analyzed. We currently enrolled 3 which has us listed as one of the top enrollers in this early phase trial.

# **APPENDIX**

## **LISTING OF ADDITIONAL 2017 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER**

**Program Detail Full**  
**For period from 1/1/2017 through 12/31/2017**

**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

**Department:** 25810 (CHERI)

**Department Contact:** Lee Layne (8-9903)

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

**Persons:** 75

**Expenses:** 2,385

**Revenues:** 0

**Benefit:** 2,385

**ALA Bike Trek and Great Smoke Out**

**Description:** Staffed the American Lung Association Bike Trek cycling event in Charleston and the Tobacco Free Day at the Capitol which promotes smoking cessation and raises money for the American Lung Association.

**Category:** A1

**Department:** 49642 (CAMC Cancer Center)

**Department Contact:** Bev Farmer (8-8399)

**Persons:** 895

**Expenses:** 4,022

**Revenues:** 0

**Benefit:** 4,022



**Alzheimer's Walk**

**Description:** Walk to promote awareness and raise funds for Alzheimer's Research.

**Category:** A1

**Department:** 46509 (Southridge Imaging Center)

**Department Contact:** Kelly Combs (8-7031)

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

**Persons:** 200

**Expenses:** 350

**Revenues:** 0

**Benefit:** 350

**Asthma Awareness**

**Description:** Informational displays at various community events. Staff participated on the COPD Coalition as well as presentations to the community promoting asthma awareness at local health fairs, grade schools, and community events.

**Category:** A1

**Department:** 42500 (Respiratory Care)

**Department Contact:** Chuck Menders (8-9401)

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

**Persons:** 210

**Expenses:** 800

**Revenues:** 0  
**Benefit:** 800

### ATV's Avoiding Traumatic Injuries

**Description:** A course designed to educate the public on ATV safety with a focus on the safe operation of the ATV. It discusses injury patterns associated with ATVs and the current ATV death count in WV and current ATV laws.

**Category:** A1  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Persons:** 50  
**Expenses:** 200  
**Revenues:** 0  
**Benefit:** 200

### Basic Life Support Training for the Community

**Description:** Free basic life support training and basic first aid classes offered to the community and to various groups like Girl Scouts.

**Category:** A1  
**Department:** 25810 (CHERI)  
**Department Contact:** Lee Layne (8-9903)  
**Objectives:** Train community members in basic life support skills.  
**Persons:** 24  
**Expenses:** 240  
**Revenues:** 0  
**Benefit:** 240

### 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  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** Prevent bicycle injuries and promote the use of helmets.  
**Persons:** 250  
**Expenses:** 160  
**Revenues:** 0  
**Benefit:** 160



### Breast Cancer Awareness Activities

**Description:** Promoted breast cancer awareness at various community events and the Cancer Screening and Prevention Day in our community by providing literature and one-on-one education. Also provided support for the WVU Breast Education Conference.

**Category:** A1  
**Department:** 46509 (Southridge Imaging Center)  
**Department Contact:** Kelly Combs (8-7031)  
**Persons:** 250  
**Expenses:** 7,800  
**Revenues:** 0  
**Benefit:** 7,800



### Childbirth Education Program

**Description:** Program designed for newly expectant parents.  
**Category:** A1  
**Department:** 43608 (Family Resource Center)  
**Department Contact:** Kelly Gilbert (8-2545)  
**Objectives:** Improved birth outcomes.  
**Persons:** 1,391  
**Expenses:** 70,000  
**Revenues:** 0  
**Benefit:** 70,000

#### Compassionate Friends Support Group

**Description:** Support group for bereaved parents.  
**Category:** A1  
**Department:** 43608 (Family Resource Center)  
**Department Contact:** Kelly Gilbert (8-2545)  
**Objectives:** Nationally recognized support group for any bereaved parent.  
**Persons:** 135  
**Expenses:** 1,200  
**Revenues:** 0  
**Benefit:** 1,200

#### Digital Signage (CAMC TV) and Video PSAs

**Description:** CAMC TV is broadcast 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  
**Department:** 25810 (CHERI)  
**Department Contact:** Lee Layne (8-9903)  
**Objectives:** Engaging and educating patients, family, and community on health education topics.  
**Persons:** Unknown  
**Expenses:** 45,075  
**Revenues:** 0  
**Benefit:** 45,075

#### 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.  
**Category:** A1  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** 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:** 235  
**Expenses:** 480  
**Revenues:** 0  
**Benefit:** 480



#### 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  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** Prevent traffic accidents and fatalities.  
**Persons:** 200  
**Expenses:** 120  
**Revenues:** 0  
**Benefit:** 120

**Health Information Center**

**Description:** The Health Information Center provides up-to-date reliable health information via the website.  
**Category:** A1  
**Department:** 25780 (Health Information Center)  
**Department Contact:** Beverly Withrow-Thornton (8-9989)  
**Objectives:** Promote health education in the community.  
**Persons:** 32,000  
**Expenses:** 50,000  
**Revenues:** 0  
**Benefit:** 50,000



**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  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** Expose the students at eleven high schools in Kanawha and Boone Counties, four vocational and technical centers to health care careers.  
**Persons:** 800  
**Expenses:** 9,869  
**Revenues:** 0  
**Benefit:** 9,869

**Immunization Awareness**

**Description:** Participated in Immunization Day at the WV Legislature to educate the general public on the importance of mandatory immunization.  
**Category:** A1  
**Department:** 46840 (Epidemiology)  
**Department Contact:** Sharon Winefordner (8-8846)  
**Objectives:** Promote immunization programs for childhood diseases.  
**Persons:** 50  
**Expenses:** 380  
**Revenues:** 0  
**Benefit:** 380

**Keys for 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 partners with the Charleston Town Center Mall to provide the Play Patch, 940 square feet, play area for small children that includes fruit and vegetable themed play equipment along with a family restroom.



**Category:** A1  
**Department:** 21942 (Marketing)  
**Department Contact:** Elizabeth Pellegrin (8-5757)

**Objectives:** The vegetable theme of the play area supports the national 5-2-1-0 campaign, which encourages children to, daily, eat five fruits and vegetables, watch TV or play video and computer games for less than two hours, get one hour of exercise and skip sugary beverages.

**Persons:** Unknown  
**Expenses:** 18,248  
**Revenues:** 0  
**Benefit:** 18,248



### Mini Medical School for the Public

**Description:** Programs for the community on a variety of health topics focusing on prevention, diagnosis and treatment options. Offered on the hospital campus and to rural sites via telehealth and live on the internet.

**Category:** A1  
**Department:** 25810 (CHERI)  
**Department Contact:** Lee Layne (8-9903)

**Objectives:** Educating the public on a variety of diseases and disorders and focusing on the prevention, diagnosis, and treatment options for each.

**Persons:** 435  
**Expenses:** 17,967  
**Revenues:** 0  
**Benefit:** 17,967

### Organ Donation Awareness

**Description:** The renal transplant program at General Hospital staffs a booth during the Charleston Festival to educate the public on the importance of organ donation and to register individuals for organ donation.

**Category:** A1  
**Department:** 41452 (Transplant Center)  
**Department Contact:** Glenn Martin (8-6525)

**Objectives:** To heighten awareness of the importance of organ donation.

**Persons:** 250  
**Expenses:** 780  
**Revenues:** 0  
**Benefit:** 780



### Red Cross Blood Drive Support

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

**Category:** A1  
**Department:** 42562 (Transfusion Services)  
**Department Contact:** Shari Griffith (8-4236)

**Objectives:** 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:** 168  
**Expenses:** 408  
**Revenues:** 0  
**Benefit:** 408

## 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  
**Department:** 47441 (Chemotherapy)  
**Department Contact:** Bev Farmer (8-8399)  
**Persons:** 150  
**Expenses:** 473  
**Revenues:** 0  
**Benefit:** 473



## Run For Your Life

**Description:** Staffed the Run For Your Life race and walk held in Charleston as part of Festival. The event promotes colorectal cancer screening and education.

**Category:** A1  
**Department:** 49642 (CAMC Cancer Center)  
**Department Contact:** Bev Farmer (8-8399)  
**Persons:** 430  
**Expenses:** 1,470  
**Revenues:** 0  
**Benefit:** 1,470



## Senior Lifestyles & Injury Prevention (SLIP)

**Description:** The SLIP injury prevention program is designed to address the needs of older adults. Elderly persons are disproportionately at risk for poor outcomes following injury, and are rapidly growing in the overall population.

**Category:** A1  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Persons:** 242  
**Expenses:** 560  
**Revenues:** 0  
**Benefit:** 560

## Stop The Bleed

**Description:** Stop the Bleed is an educational program designed to teach the general public how to treat severe bleeding in the event of an accident or disaster to save a life until first responders can arrive. The program demonstrates the application of pressure to the wound with hands, applying a dressing and press, and how to apply a tourniquet.

**Category:** A1  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Persons:** 1,161  
**Expenses:** 3,280  
**Revenues:** 0  
**Benefit:** 3,280



## Think First For Kids

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

**Category:** A1  
**Department:** 41158 (Neuro ICU General)

**Department Contact:** Debbie Toney (8-3783)

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

**Persons:** 500

**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 student who compete in the annual WV HOSA State Leadership Conference.

**Category:** A1

**Department:** 21926 (Human Resources Workforce Dev)

**Department Contact:** Debby Schoolcraft (8-3376)

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

**Persons:** 300

**Expenses:** 250

**Revenues:** 0

**Benefit:** 250

	<b>Expenses</b>	<b>Offsets</b>	<b>Benefit</b>	<b>Persons</b>
<b>*** Community Health Education (A1)</b>	<b>251,517</b>	<b>0</b>	<b>251,517</b>	<b>40,401</b>

#### Community Based Clinical Services (A2)

##### 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 their ability to pay.

**Category:** A2

**Department:** 46579 (Pharmacy Administration)

**Department Contact:** Christine Teague (8-8106)

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

**Persons:** 368

**Expenses:** 389,146

**Revenues:** 327,524

**Benefit:** 61,622

##### 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 2017 we also began providing the Stewards of Children program to educate providers, family members, and educators on sexual abuse, physical abuse or neglect.

**Category:** A2

**Department:** 43602 (Children's Medicine Center)

**Department Contact:** Debbie Carte (8-2536)

**Persons:** 650

**Expenses:** 47,327

**Revenues:** 0

**Benefit:** 47,327

**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

**Department:** 43608 (Family Resource Center)

**Department Contact:** Kelly Gilbert (8-2545)

**Persons:** 672

**Expenses:** 3,404

**Revenues:** 0

**Benefit:** 3,404

**Housing Authority Cancer Screening**

**Description:** The CAMC Cancer Center visited Lippert Terrace, Lee Terrace, Carol Terrace, Jarrett Terrace and Washington Manor to provide cancer screening, smoking cessation programs and breast cancer awareness presentations to the residents.

**Category:** A2

**Department:** 49642 (CAMC Cancer Center)

**Department Contact:** Bev Farmer (8-8399)

**Objectives:** Provide cancer screening and health information to residents of Housing Authority residences.

**Persons:** 45

**Expenses:** 560

**Revenues:** 0

**Benefit:** 560

**Outpatient Mental Health Services**

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

**Category:** A2

**Department:** 43608 (Family Resource Center)

**Department Contact:** Kelly Gilbert (8-2545)

**Objectives:** 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:** 115

**Expenses:** 16,720

**Revenues:** 0

**Benefit:** 16,720

**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

**Department:** 41804 (Housekeeping)

**Department Contact:** Joe Tucker (8-6241)

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

**Persons:** Unknown

**Expenses:** 133,923

**Revenues:** 0

**Benefit:** 133,923

*** Community Based Clinical Services (A2)	591,080	327,524	263,556	1,850
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### Health Care Support Services (A3)

#### Enrollment Assistance for Patients & Families for Health Coverage

**Description:** Patient Accounts provides support to patients for enrollment in government programs or in obtaining charity care. Financial Counselors address the charity process for CAMC patients. Over 37,000 charity and government enrollment applications were provided.

**Category:** A3

**Department:** 31706 (Finance)

**Department Contact:** Jay Richmond (8-6250)

**Persons:** 8,984

**Expenses:** 474,240

**Revenues:** 0

**Benefit:** 474,240

#### Follow-Up After Perinatal Loss

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

**Category:** A3

**Department:** 43110 (Labor & Delivery)

**Department Contact:** Celena King (8-2177)

**Objectives:** Follow-up after experiencing perinatal loss.

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

**Persons:** 30

**Expenses:** 1,200

**Revenues:** 0

**Benefit:** 1,200

#### Healthy Steps Exercise Program

**Description:** Healthy Steps is a therapy, exercise and movement program designed to improve the overall wellness, range-of-motion, balance, strength, emotional well-being for cancer survivors and other chronic illnesses or medical conditions.

**Category:** A3

**Department:** 49642 (CAMC Cancer Center)

**Department Contact:** Bev Farmer (8-8399)

**Community Need:** Cancer

**Persons:** 45

**Expenses:** 3,672

**Revenues:** 0

**Benefit:** 3,672

#### Look Good/Feel Better

**Description:** Professional cosmetologist provides makeovers for cancer patients.

**Category:** A3

**Department:** 47441 (Chemotherapy)

**Department Contact:** Bev Farmer (8-8399)

**Objectives:** Improving self-esteem and overall well-being of the cancer patient.

**Persons:** 8

**Expenses:** 92

**Revenues:** 0

**Benefit:** 92



**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

**Department:** 41802 (Nutrition Services)

**Department Contact:** Peg Andrews (8-3416)

**Objectives:** To provide appropriate and sufficient nutrition to discharged patients until an outside source is obtained.

**Persons:** 5

**Expenses:** 99

**Revenues:** 0

**Benefit:** 99

<b>*** Health Care Support Services (A3)</b>	<b>479,303</b>	<b>0</b>	<b>479,303</b>	<b>9,072</b>
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**Social and Environmental Improvement Activities (A4)**

**CAMC Mall Walkers Program**

**Description:** The 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 10am Monday through Saturday and they can walk at their own pace.

**Category:** A4

**Department:** 21942 (Marketing)

**Department Contact:** Elizabeth Pellegrin (8-5757)

**Objectives:** Promote health education and exercise.

**Persons:** 257

**Expenses:** 1,272

**Revenues:** 0

**Benefit:** 1,272



<b>*** Social and Environmental Improvement Activities (A4)</b>	<b>1,272</b>	<b>0</b>	<b>1,272</b>	<b>257</b>
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<b>**** Community Health Improvement Services (A)</b>	<b>1,323,172</b>	<b>327,524</b>	<b>995,648</b>	<b>51,580</b>
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**Health Professions Education (B)**  
**Physicians/Medical Students (B1)**

**CAMC Graduate Medical Education**

**Description:** CAMC provides 17 residency and fellowship 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

**Department:** 31720 (Accounting)

**Department Contact:** Debbie McClure (8-3380)

**Persons:** 171

**Expenses:** 42,132,205

**Revenues:** 6,321,448  
**Benefit:** 35,810,757

**Ethics in the Round**

**Description:** Monthly presentations designed to provide education to medical professionals on current ethics topics.  
**Category:** B1  
**Department:** 25768 (Continuing Education)  
**Department Contact:** Jay Ripley (8-9964)  
**Objectives:** Provide a forum for medical professionals to discuss ethics issues.  
**Persons:** 300  
**Expenses:** 434  
**Revenues:** 0  
**Benefit:** 434

**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  
**Department:** 25768 (Continuing Education)  
**Department Contact:** Jay Ripley (8-9964)  
**Objectives:** Provide physician education to medical staff and medical students on CAMC's campus.  
**Persons:** 82  
**Expenses:** 186  
**Revenues:** 0  
**Benefit:** 186

<b>*** Physicians/Medical Students (B1)</b>	<b>42,132,825</b>	<b>6,321,448</b>	<b>35,811,377</b>	<b>382</b>
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**Nurses/Nursing Students (B2)**

**CAMC Nursing Education**

**Description:** CAMC provides a clinical setting and staff instruction/supervision for students enrolled in nursing programs affiliated with CAMC. CRNA, RN and BSN nursing students enrolled in educational instruction and supervision while on patient care floors, in the operating room or other patient care areas.  
**Category:** B2  
**Department:** -46872 (Planning)  
**Department Contact:** David Jarrett (8-7854)  
**Objectives:** To provide clinical experiences for students.  
**Persons:** 188  
**Expenses:** 1,273,135  
**Revenues:** 0  
**Benefit:** 1,273,135

**Future of Nursing WV**

**Description:** A coalition of statewide and national providers that addresses the 2010 Institute of Medicine's recommendations for the future of nursing. The recommendations suggest new ways for nurses to practice and enhance access to care. The directives contained in The Future of Nursing: Leading Change, Advancing Health aim for an American health care system that centers on the patient, relies on evidence-based practices, and leads to the improved health of people in all categories and locations. Nurses and nursing leaders are central to that vision.

**Category:** B2  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** To work with the statewide committee as it addresses the 2010 Institute of Medicine's recommendations for the future of nursing.  
**Persons:** Unknown  
**Expenses:** 3,628  
**Revenues:** 0  
**Benefit:** 3,628

#### **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 midyear ADN program 2) a Paramedic to Registered Nurse Fast Track Program and 3) a Licensed Practical Nurse to Registered Nurse Fast Track Program.  
**Category:** B2  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** To increase the number of licensed RNs.  
**Persons:** 66  
**Expenses:** 397,554  
**Revenues:** 369,629  
**Benefit:** 27,925

#### **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  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** Peer review discussions to educate trauma providers and better prepare them for cases that may come through their trauma center.  
**Persons:** 65  
**Expenses:** 520  
**Revenues:** 0  
**Benefit:** 520

#### **WV State Trauma Symposium**

**Description:** Conference is designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers and prehospital 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 was held on the opening day of the conference featuring topics on surgical trauma, pediatric trauma and complications. The speakers will present progressive and challenging issues in the field of trauma care. A poster session will also be held highlighting trauma research throughout the state.  
**Category:** B2  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** Facilitate the event and make sure each day of the conference runs smoothly. CAMC provided personnel for registration and support at the event.  
**Persons:** 125



Expenses: 960  
 Revenues: 0  
 Benefit: 960

<b>*** Nurses/Nursing Students (B2)</b>	<b>1,675,797</b>	<b>369,629</b>	<b>1,306,168</b>	<b>444</b>
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**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  
**Department:** -46872 (Planning)  
**Department Contact:** David Jarrett (8-7854)  
**Persons:** 371  
**Expenses:** 424,117  
**Revenues:** 0  
**Benefit:** 424,117

**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  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)

**Objectives:** Increase health career awareness by educating middle and high school students about health professions and careers.  
**Persons:** 40  
**Expenses:** 2,060  
**Revenues:** 0  
**Benefit:** 2,060

**Physician Assistant Student Rotations**

**Description:** The hospitalist program had physician assistant students from Mountain State University and Alderson Broaddus 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  
**Department:** 42005 (Hospitalist Program)  
**Department Contact:** (8-5848)  
**Persons:** 25  
**Expenses:** 28,000  
**Revenues:** 0  
**Benefit:** 28,000

**Rural Trauma Team Development Course**

**Description:** The course is designed by the American College of Surgeons Committee on Trauma to help rural hospitals with the development of their trauma teams. CAMC is the tertiary hub hospital for central and southern West Virginia and operates the only Level 1 Trauma Center in the region. The program standardizes care of trauma patients in the rural setting to improve outcomes.

**Category:** B3  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Doug Douglas (8-7809)  
**Objectives:** The purpose of the course is to increase efficiency of resource utilization and improve the level of care provided to the patient.  
**Persons:** 82  
**Expenses:** 3,040  
**Revenues:** 0  
**Benefit:** 3,040

<b>*** Other Health Professional Education (B3)</b>	<b>457,217</b>	<b>0</b>	<b>457,217</b>	<b>518</b>
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**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  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** 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

<b>*** Scholarships/Funding for Professional Education (B4)</b>	<b>285,000</b>	<b>0</b>	<b>285,000</b>	<b>0</b>
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<b>**** Health Professions Education (B)</b>	<b>44,550,839</b>	<b>6,691,077</b>	<b>37,859,762</b>	<b>1,344</b>
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**Financial and In-Kind Contributions (E)**

**Cash Donations (E1)**

**Civic Affairs Council**

**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, Daymark, Inc., Salvation Army, WV Health Right, American Lung Association, Girl Scouts, Boy Scouts, REA of Hope, Children's Therapy Clinic, Charleston Daily Mail's Neediest Cases, Union Mission, The Gabriel Project of WV, National Muscular Dystrophy Association, Ronald McDonald House, Faith in Action of Kanawha Valley, American Cancer Society, Highland Hospital, Pro KIDS, Inc. Habitat of Humanity, Childhood Language Center, Prestera Foundation, and the Summer Food Bank at Cross Lanes United Methodist.  
**Category:** E1  
**Department:** 10000 (Civic Affairs)  
**Department Contact:** Johnna Wills (8-7168)  
**Objectives:** 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:** 35,500  
**Revenues:** 0  
**Benefit:** 35,500

<b>*** Cash Donations (E1)</b>	<b>35,500</b>	<b>0</b>	<b>35,500</b>	<b>0</b>
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**In-kind Donations (E3)**

**Community Board Participation By CAMC Personnel**

**Description:** CAMC personnel participated on the following local, state and national boards and organizations.

David L. Ramsey, President and CEO, participated on the HealthNet Aeromedical Board of Directors, WV Hospital Association, WV Chamber of Commerce Board of Directors, WV Medical School of Osteopathic Medicine, and as a speaker at various Baldrige events.

Glenn Crotty, Jr. M.D., COO, participated as a National Judge on the Baldrige Performance Excellence Program, a board member for the Partnership for Excellence, Alumni Examiner for the Baldrige Performance Excellence Program, serves on the Regional Board of the American Red Cross, Physician Volunteer for WV Health Right, a board member of the Charleston Area Alliance, and University of Charleston Graduate School of Business Advisory Board.

Robert D. Whitler, Vice President, Government and Community Affairs served on the boards for WV Health Right, Center for Rural Health Development, the WV Board of Osteopathic Medicine, West Virginia Rural Health Association, Logan Healthcare Foundation and the finance committee of FamilyCare Health Centers.

Brenda Grant, Chief Strategy Officer, participated on the United Way Board as Chair and on the Executive Committee, Kanawha Coalition for Community Health Improvement Steering Committee, CHI Learning Collaborative, The Partnership for Excellence Examiner Training and Judge, Greater Kanawha Valley Foundation Value Chain Initiative, Civic Affairs Committee, NQF Community Health Field Test Group and Communities of Excellence.

Mike Williams, Administrator, General Hospital, participated as Secretary on the State Trauma Advisory Committee and the East End Advisory Board as Vice Chair.

Andrew Weber, Administrator, Women and Children's Hospital, served as the President of the board for Kids Count, board member for the Fund for the Arts, board member of the WV Hospital Association and as a Malcolm Baldrige National Examiner.

Elizabeth Pellegrin, Chief Marketing Officer, served as a board member of the Glottelty Foundation.

Melanie Ward, M.D., served as the keynote speaker for the Charleston Chapter of the National MS Society.

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.

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

Jay Ripley, Lead Education Specialist, participated as a member of the WV State Medical Association's CME Committee.

Tuanya Layton, Imaging Quality Manager, participated as chair of the West Virginia State Medical Imaging Board of Examiners, an executive board member of the Appalachian Association of Nuclear Medicine Technologists, Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee, Southern WV Community & Technical College Advisory Committee, and the University of Charleston Radiological Health Sciences Joint Advisory Committee.

Kim Lowe, Pharm. D., BCNP, participated on the Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee.

Kathy Newsome, Imaging Manager, participated as an executive board member of the Appalachian Association of Nuclear Medicine Technologists and the Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee.

Chuck Menders, Director Respiratory Care, participated on the West Virginia Society for Respiratory Care as a State Delegate, the American Association for Respiratory Care PACT and on the board of the West Virginia COPD Coalition.

Tracy Matthews, Coordinator, participated as President on the West Virginia Board of Respiratory Care, the West Virginia COPD Coalition, and the WV Society for Respiratory Care.

Len Picha, Respiratory Therapist, participated on the board of the West Virginia COPD Coalition and the West Virginia Board of Respiratory Care.

Dianna Branham, Nurse Manager, participated on the Bridge Valley Community & Technical College Nursing Advisory Committee.

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.

Anita Ferguson, Manager Workforce Development, participated on the Bridge Valley Community & Technical College Foundation Board of Directors.

Tammy Young and Lauren Lane, Employment Associates, participated on the boards of Garnet Career Center, Boone Career & Technical Center, Bridge Valley Community & Technical College, WV Junior College, Southern WV Community & Technical College and the Ross Medical Education Center.

Jessie Baldwin, Nurse Recruiter, participated on the Community Nursing Program Advisory Committee.

Maricris Miller, Associate Administrator, participated as a Baldrige National Quality Award examiner, The Partnership for Excellence judge, and trainer.

Heidi Edwards, Associate Administrator, participated as a Partnership for Excellence (Ohio, Indiana and West Virginia state Baldrige program examiner.

Cynthia Coleman, Associate Administrator, participated as a Partnership for Excellence examiner.

Shelda Martin, M.D. Associate Chief Medical Officer, participated as a Partnership for Excellence examiner.

**Category:** E3  
**Department:** 21900 (CAMC Administration)  
**Department Contact:** David Ramsey (8-7627)  
**Objectives:** 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:** 269,176  
**Revenues:** 0  
**Benefit:** 269,176

**Ronald McDonald House Housekeeping Support**

**Description:** Donate Housekeeping Services for Ronald McDonald House at no cost.  
**Category:** E3  
**Department:** 41804 (Housekeeping)  
**Department Contact:** Joe Tucker (8-6241)  
**Community Need:** Unemployment/Jobs/Poverty  
**Persons:** Unknown  
**Expenses:** 12,240  
**Revenues:** 0  
**Benefit:** 12,240

<b>*** In-kind Donations (E3)</b>	<b>281,416</b>	<b>0</b>	<b>281,416</b>	<b>0</b>
<b>**** Financial and In-Kind Contributions (E)</b>	<b>316,916</b>	<b>0</b>	<b>316,916</b>	<b>0</b>

**Community Building Activities (F)**

**Economic Development (F2)**

**Local Wealth Creation - Value Chain**

**Description:** Value - Chain food system incorporating local growers to replace imports from the outside economy with herbs and vegetables that can be grown locally for the same or lower cost with the same or higher quality.  
**Category:** F2  
**Department:** 1 (Dietary Services)  
**Department Contact:** Mike Marinaro (8-6551)  
**Objectives:** To decrease sodium and fat in foods prepared in CAMC hospitals through the use of fresh herbs and vegetables. To open new avenues for existing and new growers with a guaranteed market for their produce.  
**Persons:** 101  
**Expenses:** 200  
**Revenues:** 0  
**Benefit:** 200



<b>*** Economic Development (F2)</b>	<b>200</b>	<b>0</b>	<b>200</b>	<b>101</b>
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**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  
**Department:** 46876 (Partners In Health)  
**Department Contact:** Tom Khun (8-7386)  
**Objectives:** Assist small rural hospitals and health clinics to remain viable.  
**Persons:** Unknown  
**Expenses:** 181,815  
**Revenues:** 0  
**Benefit:** 181,815

<b>*** Community Support (F3)</b>	<b>181,815</b>	<b>0</b>	<b>181,815</b>	<b>0</b>
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**Environmental Improvements (F4)**

**United Way Day of Caring**

**Description:** CAMC employees volunteered to participate in the United Way's Day of Caring performing community service projects for the community.

**Category:** F4

**Department:** 46872 (Planning)

**Department Contact:** David Jarrett (8-7854)

**Persons:** Unknown

**Expenses:** 8,960

**Revenues:** 0

**Benefit:** 8,960



<b>*** Environmental Improvements (F4)</b>	<b>8,960</b>	<b>0</b>	<b>8,960</b>	<b>0</b>
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**Workforce Development (F8)**

**Health Care Career Showcase**

**Description:** An event to showcase career opportunities in a hospital to high school students in eight surrounding counties. Colleges, universities, career and technical centers from WV provided information on degree programs, certificates, and training available as well as entrance requirements and financial assistance.

**Category:** F8

**Department:** 21926 (Human Resources Workforce Dev)

**Department Contact:** Debby Schoolcraft (8-3376)

**Objectives:** Increase awareness of health care occupations by bringing students, schools and professionals together to showcase today's trends in health care.

**Persons:** 200

**Expenses:** 34,244

**Revenues:** 0

**Benefit:** 34,244



**Workforce Innovation and Opportunities Act**

**Description:** Working with the Local Elected Board of Kanawha County to consolidate, coordinate and improve workforce investment programs pursuant to the provisions of the Workforce Innovation and Opportunity Act of 2014.

**Category:** F8

**Department:** 21926 (Human Resources Workforce Dev)

**Department Contact:** Debby Schoolcraft (8-3376)

**Objectives:** Increase the business community's involvement in the workforce investment programs and address workforce investment needs of job seekers, workers and businesses within the Kanawha County workforce investment area represented by the Local Elected Board.

**Persons:** Unknown

**Expenses:** 3,628

**Revenues:** 0

**Benefit:** 3,628

<b>*** Workforce Development (F8)</b>	<b>37,872</b>	<b>0</b>	<b>37,872</b>	<b>200</b>
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**Other - Health Fair (F9)**

**Healthfest**

**Description:** Health Fair offering over 25 screenings and health information to the public as well as free athletic physicals for area youth.

**Category:** F9

**Department:** 21942 (Marketing)

**Department Contact:** Elizabeth Pellegrin (8-5757)

**Community Need:** Lack of Physical Activity

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

**Persons:** 1,750

**Expenses:** 121,006

**Revenues:** 32,129

**Benefit:** 88,877



#### Teddy Bear Fair

**Description:** Children's Health Fair.

**Category:** F9

**Department:** 43120 (Pediatrics)

**Department Contact:** Susan Russell (8-2885)

**Objectives:** Allow children to visit the hospital in a non-threatening 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.

**Persons:** Unknown

**Expenses:** 21,292

**Revenues:** 7,582

**Benefit:** 13,710



<b>*** Other - Health Fair (F9)</b>	<b>142,298</b>	<b>39,711</b>	<b>102,587</b>	<b>1,750</b>
<b>**** Community Building Activities (F)</b>	<b>371,145</b>	<b>39,711</b>	<b>331,434</b>	<b>2,051</b>

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

##### Community Benefit Operations

**Description:** Planning Department staff dedicated to Community Benefit Reporting.

**Category:** G1

**Department:** -46872 (Planning)

**Department Contact:** David Jarrett (8-7854)

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

**Persons:** Unknown

**Expenses:** 20,551

**Revenues:** 0

**Benefit:** 20,551

#### 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 measurably improve the health of the people of Kanawha County.

**Category:** G1

**Department:** 46832 (Community Health)

**Department Contact:** Judy Crabtree (8-7557)

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

**Persons:** Unknown

**Expenses:** 91,612

**Revenues:** 0

**Benefit:** 91,612

<b>*** Dedicated Staff (G1)</b>		<b>112,163</b>	<b>0</b>	<b>112,163</b>	<b>0</b>
<b>**** Community Benefit Operations (G)</b>		<b>112,163</b>	<b>0</b>	<b>112,163</b>	<b>0</b>
<b>Number of Programs</b>	<b>63</b>	<b>Total</b>	<b>46,674,235</b>	<b>7,058,312</b>	<b>39,615,923</b>
				<b>54,975</b>	

**Totals:**

**Number of Programs:** 63

**Staff Hours:** 9,542.00

**Persons:** 54,975

**Expenses:** 46,674,235

**Revenues:** 7,058,312

**Benefit:** 39,615,923