This community benefit report describes the programs and services going on everyday at Charleston Area Medical Center to improve the health of our community.

In 2011, Charleston Area Medical Center provided $120,971,264 in community benefit. Merely stating the dollars, however, does not adequately portray the lives touched. In our community, this includes mothers, newborns, grandparents, the homeless, children and youth in our schools, and the working poor... and many more, as this report describes. Our programs and services go well beyond the traditional health care we often think of when we consider hospital care and are delivered both inside and outside the walls of our hospitals. They are driven by our mission, Striving to provide the best health care to every patient, every day. Our hospitals and outpatient programs bring our mission to life – providing effective, efficient, equitable, timely and safe care to all, regardless of their ability to pay.

Charleston Area Medical Center is a not-for-profit three-hospital system designed to provide care for our community residents throughout every stage of their lives. Our patients depend on us to provide convenient and compassionate care – care delivered regardless of a patient’s ability to pay. As a resident teaching facility for internal medicine, internal medicine/pediatrics, internal medicine/psychiatry, family medicine, pediatrics, surgery, psychiatry, obstetrics and gynecology, emergency medicine, urological surgery, osteopathic internship, internal medicine geriatric fellowship, vascular surgery fellowship, oral and maxillofacial surgery fellowship and pharmacy, we give patients access to the latest developments in medical care. We provide our community with programs of excellence in cardiovascular services, medicine, surgery, oncology, trauma, neurology, orthopedics, rehabilitation, bariatrics, and women and children’s services.

We give back to our community because we understand the impact that exceptional medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people. In this report, you will read about examples of the programs we provide to the community and how we demonstrate our community commitment.
2011 COMMUNITY BENEFIT SUMMARY

CHARITY CARE AT COST $39,030,011
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.

<table>
<thead>
<tr>
<th>Unreimbursed Medicaid</th>
<th>$45,768,834</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Public Unreimbursed Costs</td>
<td>$ 2,292,433</td>
</tr>
</tbody>
</table>
Includes CHIPS, Prevention First, Catastrophic Illness Commission, Community Access Program

SUBSIDIZED HEALTH SERVICES $820,674
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 $412,204; the Lactation Support Program at $145,434 and the Palliative Care Program at $263,036

COMMUNITY BENEFIT PROGRAMS AND SERVICES $33,059,312
See details beginning on page 34.

| Community Health Improvement Services | 2,950,736 |
| Health Professions Education | 29,676,338 |
| Financial and In-Kind Contributions | 151,760 |
| Community Building Activities | 188,674 |
| Community Benefit Operations | 91,804 |

TOTAL $120,971,264

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 $41,730,853
Medicare is not considered a means tested program and thus is not included as part of community benefit.

BAD DEBT AT COST $21,545,282
Unreimbursed costs, excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.

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

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

Our vision also shows our commitment to our community:

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

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

CAMC’s Core Values: Compassion, Respect, Integrity, Stewardship, Safety

CAMC is West Virginia’s largest medical center with over 6,100 employees and 578 Active and Associate Medical Staff. CAMC is licensed for 838 beds at three campuses: General Hospital (268 beds), Memorial Hospital (424 beds) and Women and Children’s Hospital (146 beds). Our health care services delivery focuses on providing a full range of inpatient and outpatient services as a tertiary regional referral center, teaching and safety net hospital. As a regional referral center, CAMC has one of only two state Level I Trauma Centers, a Level III Neonatal Intensive Care Unit, a Pediatric Intensive Care Unit, a TJC Certified Primary Stroke Center and a Bariatric Center of Excellence. CAMC is the primary safety net provider of women and children’s and trauma services in central and southern WV, providing 23% of the charity care in the state. CAMC has established medical and allied health education excellence as a core competency and has 78 WVU/WVSOM medical students training at CAMC hospitals, 178 CAMC employed residents per year, a School of Nurse Anesthesia (offering a clinically oriented doctoral program in management practice in nurse anesthesia [DMPNA] with Marshall University – the only such doctoral degree housed in a business school in the U.S.), and serves as a training site for more than 700 students in various health disciplines.

In 2011, CAMC had 40,254 inpatient discharges, 562,854 outpatient visits, 2,913 births and 99,611 visits to our Emergency Departments. CAMC’s inpatient payer mix is 46% Medicare, 23% Medicaid, 19% Commercial, 4% Self Pay, and 8% Other.

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

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

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

Assessing & Addressing Community Health Needs, Draft February 2012

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

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

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

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

In total, CAMC provides over $120,971,264 in overall community benefit to the residents of its primary and secondary service areas.

COMMUNITY HEALTH NEEDS ASSESSMENT

Charleston Area Medical Center conducted its fifth triennial community health needs assessment through the Kanawha Coalition for Community Health Improvement during 2011. The community health needs assessment is used by CAMC Memorial Hospital, CAMC General Hospital and CAMC Teays Valley Hospital.

For purposes of community health needs assessment, Kanawha County was chosen for the area of focus due to all CAMC hospitals being located in Kanawha County. Additionally, the Kanawha Coalition for Community Health Improvement assesses the health status of Kanawha County, the Steering Committee Membership is focused primarily on Kanawha County and we have the ability to
provide continuity of our data collection and outcome measurement processes with this definition of community.

Demographics for Kanawha County that are used for all CAMC hospitals:

### Population Trends

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Females 2011</th>
<th>Males 2011</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-01</td>
<td>1,184</td>
<td>1,257</td>
<td>2,441</td>
</tr>
<tr>
<td>01-04</td>
<td>4,705</td>
<td>4,906</td>
<td>9,611</td>
</tr>
<tr>
<td>05-09</td>
<td>5,843</td>
<td>6,079</td>
<td>11,922</td>
</tr>
<tr>
<td>10-14</td>
<td>5,516</td>
<td>5,827</td>
<td>11,343</td>
</tr>
<tr>
<td>15-17</td>
<td>3,340</td>
<td>3,577</td>
<td>6,917</td>
</tr>
<tr>
<td>18-24</td>
<td>7,537</td>
<td>7,748</td>
<td>15,285</td>
</tr>
<tr>
<td>25-34</td>
<td>12,679</td>
<td>12,403</td>
<td>25,082</td>
</tr>
<tr>
<td>35-44</td>
<td>12,654</td>
<td>12,190</td>
<td>24,844</td>
</tr>
<tr>
<td>45-54</td>
<td>15,111</td>
<td>14,075</td>
<td>29,186</td>
</tr>
<tr>
<td>55-59</td>
<td>8,004</td>
<td>7,393</td>
<td>15,397</td>
</tr>
<tr>
<td>60-64</td>
<td>6,607</td>
<td>6,023</td>
<td>12,630</td>
</tr>
<tr>
<td>65-69</td>
<td>5,071</td>
<td>4,485</td>
<td>9,556</td>
</tr>
<tr>
<td>70-74</td>
<td>4,452</td>
<td>3,456</td>
<td>7,908</td>
</tr>
<tr>
<td>75-79</td>
<td>3,911</td>
<td>2,588</td>
<td>6,499</td>
</tr>
<tr>
<td>80-84</td>
<td>3,296</td>
<td>1,972</td>
<td>5,268</td>
</tr>
<tr>
<td>85+</td>
<td>3,365</td>
<td>1,508</td>
<td>4,873</td>
</tr>
<tr>
<td><strong>2011 Population</strong></td>
<td><strong>103,275</strong></td>
<td><strong>95,487</strong></td>
<td><strong>198,762</strong></td>
</tr>
</tbody>
</table>

### Insurance Estimates

<table>
<thead>
<tr>
<th>Insurance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>11.1%</td>
</tr>
<tr>
<td>Medicare</td>
<td>17.8%</td>
</tr>
<tr>
<td>Medicare Dual Eligible</td>
<td>3.3%</td>
</tr>
<tr>
<td>Private - Direct</td>
<td>3.4%</td>
</tr>
<tr>
<td>Private - ESI</td>
<td>53.0%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

### Other Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Households</td>
<td>88,338</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$36,541</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$22,025</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$50,881</td>
</tr>
<tr>
<td>Median Age</td>
<td>42</td>
</tr>
<tr>
<td>Median Female Age</td>
<td>43</td>
</tr>
<tr>
<td>Median Male Age</td>
<td>40</td>
</tr>
<tr>
<td>Third Quartile (Kanawha Co. compared to other WV Counties)</td>
<td>Bottom Quartile (WV Compared to rest of US)</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>Preventable hospitalizations (# per 1,000 Medicare enrollees)</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Diabetes (adult)</td>
</tr>
<tr>
<td>Premature death (years of potential life lost before age 75)</td>
<td>Heart attack</td>
</tr>
<tr>
<td>Mammograms screening (% Medicare Age 67-69)</td>
<td>Cardiac heart disease</td>
</tr>
<tr>
<td>Adult binge drinking</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Adult binge drinking plus heavy drinking</td>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>Residents age 25+ with BA degree or higher</td>
</tr>
<tr>
<td>Liquor store density</td>
<td>High school dropout rate</td>
</tr>
<tr>
<td>Diabetes (Adult)</td>
<td>Health status (fair or poor)</td>
</tr>
<tr>
<td>% of Children eligible for free lunch</td>
<td>Prescription drug use</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>Death rate from drug overdose</td>
</tr>
<tr>
<td>% of Labor force that drives alone to work</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bottom Quartile (WV Compared to rest of US)</th>
<th>Bottom Quartile (WV Compared to rest of US)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer deaths</td>
<td>Adults without a time in the past year couldn’t see doctor but could not because of cost</td>
</tr>
<tr>
<td>% of Mothers who breast feed</td>
<td>Total single premium per enrolled employee at private sector establishments that offer health insurance</td>
</tr>
<tr>
<td>Smoking</td>
<td>Cardiovascular deaths</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>Poor mental health days</td>
</tr>
<tr>
<td>Obesity</td>
<td>Median household income</td>
</tr>
<tr>
<td>Daily vegetable consumption</td>
<td>Low birth weight babies</td>
</tr>
<tr>
<td>Recent dental visit</td>
<td>Percent low birth weight babies</td>
</tr>
<tr>
<td>Premature death (years lost per 100,000 population)</td>
<td>Air pollution (fine particulate matter)</td>
</tr>
<tr>
<td>Stroke</td>
<td>Children in families where no parent has full time, year round employment</td>
</tr>
<tr>
<td></td>
<td>Per capita income</td>
</tr>
<tr>
<td></td>
<td>Occupational fatalities</td>
</tr>
<tr>
<td></td>
<td>Child death rate</td>
</tr>
<tr>
<td></td>
<td>Children in poverty</td>
</tr>
<tr>
<td></td>
<td>Pre-term births</td>
</tr>
<tr>
<td></td>
<td>Obesity among children</td>
</tr>
</tbody>
</table>

Detailed health and socioeconomic information is available on the CAMC Website ([www.camc.org](http://www.camc.org)) and the Kanawha Coalition for Community Health Improvement website ([www.healthykanawha.org](http://www.healthykanawha.org)) in the document entitled *Health Indicator Data Sheet*.

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

Steering Committee Members include:
John Ballengee, President, United Way of Central West Virginia
Martha Cook Carter, CEO, FamilyCare HealthCenter
Sharon Covert, Executive Director, Wellness Council of West Virginia  
Stephen Dexter, CEO, Thomas Health System, Inc.  
Andrew Dunlap, Economic Development Manager, Charleston Area Alliance  
Rahul Gupta, M.D., Executive Director and Health Officer, Kanawha-Charleston Health Department  
Brenda Grant, Chief Strategy Officer, Charleston Area Medical Center  
Brenda Isaac, Lead School Nurse, Kanawha County Schools  
Daniel Lauffer, Administrator, Saint Francis Hospital  
David McWatters, Administrator, Highland Hospital  
David Ramsey, CEO, CAMC Health System  
David Shapiro, Partner, Spilman Thomas & Battle, PLLC  
Judy Crabtree, Executive Director, Kanawha Coalition for Community Health Improvement

The Kanawha Coalition’s goals for the Community Health Assessment process include:
1. Assess the health needs of the citizens of Kanawha County.
2. Inventory available resources.
3. Determine unmet needs.
4. Evaluate and prioritize needs.
5. Involve affected organizations and constituencies in developing possible solutions.
6. Develop consensus.
7. Facilitate implementation.
8. Measure and evaluate outcomes.

The Coalition's assessment covers a wide variety of health care topics and is designed to determine perception of health care needs and concerns, and to provide indication of actual health-related behaviors. The survey also addresses a number of social and economic concerns.

The assessment process encompasses the following:
- The collection, compilation and analysis of existing secondary county health data.
- A randomized household telephone survey to gain community input.
- Key informant interviews to gain input from professionals representative of key sectors of the community.
- A health issues forum to set priorities for the Coalition’s work.

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

This following summarizes the data derived from the randomized household telephone survey completed by 259 households from January 10 – May 31, 2011.

**Household Telephone Survey**
The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument, thorough and consistent training of interviewers, and the use of reputable survey-analysis software. The principal investigator provided oversight to the surveying process including data collection and entry. This assessment marked the first use of online survey collection. The Coalition decided to use this technology to enable cross-tabulations of data at a level not previously available. This report was compiled and verified for
accuracy by members of the Kanawha Coalition for Community Health Improvement. This survey sample size results in a statistically significant 95% confidence interval with an error of margin of plus or minus 6.08%. Not all respondents answered every question therefore the margin of error was adjusted and reported for each question, based on the number of respondents.

An independent sampling firm randomly selected landline telephone numbers for Kanawha County households. The random landline sample consisted of 4,000 numbers which was screened for disconnects, resulting in a list of 2,378 numbers. Twenty volunteers were recruited and trained in how to administer the phone survey.

After learning that that the number of American homes with only wireless telephones continues to grow and that more than one of every four American homes (26.6%) had only wireless telephones (January-June 2010 National Health Interview Survey), the Kanawha Coalition acquired a second random sample of 5,000 wireless telephone numbers for Kanawha County. The wireless sample received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone. The wireless sample also received text messages to their cellular phones encouraging them to visit the Coalition’s website to take the online survey.

As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data. This comparison reveals an over-representation of respondents who were older (over 55), Caucasian, and with higher educational attainment. There was an under-representation of African Americans and those with lower-education (high school or less). The Kanawha Coalition conducted focus groups among individuals from these under-represented populations. Focus group findings were intentionally reported independently from those of the scientific random telephone survey to maintain fidelity.

**Key Informant Interviews**

The process for consulting with persons representing the community’s interests are addressed not only through the telephone survey, but also ensured through Key Informant Interviews. These key informant surveys were conducted with 95 key informants in Kanawha County from March 1 through May 31, 2011. In contrast with the structured randomized household survey, which is comprised of standardized questions to ensure consistent information was solicited on specific topics, the key informant survey is less structured, using open ended questions to elicit a full range of responses. Although this data is considered subjective and is non-numeric, it has been coded into numeric categories for analysis. The Kanawha Coalition for Community Health Improvement’s Steering Committee identified 160 key informants, consisting of individuals representing 12 sectors: business, government, law enforcement, faith, education, healthcare, public health, first responders, non-profit services, mental and behavioral health, media, and funders/foundations. A total of 95 key informants completed the survey with representation from all 12 sectors (see below). Ten key informants were interviewed one-on-one and another 85 responded to an online survey. The online survey was developed due to difficulty in scheduling one-on-one interviews. The same interview questions were used for both the online survey and the one-on-one interviews.
Question 1 of the key informant survey asked for opinions about “Kanawha County’s greatest assets or strengths”.

<table>
<thead>
<tr>
<th>Top Assets and Strengths</th>
<th># of references</th>
<th>Percentage of total references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our people and friendly atmosphere</td>
<td>68</td>
<td>23%</td>
</tr>
<tr>
<td>Our leadership and ability to partner and collaborate</td>
<td>51</td>
<td>18%</td>
</tr>
<tr>
<td>Our location and size</td>
<td>46</td>
<td>16%</td>
</tr>
</tbody>
</table>

Question 2 asked what they “believed to be the county’s biggest health problems” and to rank those in order of importance, with “1” being most important. Question 3 solicited opinions about the “challenges that prevent us from making changes or improving these issues”.

95 Key Informants by Sector

- **Healthcare, 17%**
- **Public Health, 19%**
- **Non-Profit Services, 11%**
- **Faith, 6%**
- **Education, 7%**
- **Business, 7%**
- **Government, 7%**
- **Law Enforcement, 4%**
- **Media, 3%**
- **Funders, 7%**
- **Mental & Behavioral Health, 7%**
- **First Responders, 4%**
Question 4 asked what they thought “needed to happen to address their top health concerns”. Key informants sometimes shared multiple responses to questions, therefore, each reference to specific county strengths, assets, and health problems were entered separately. These references were categorized and categorized by frequency (number of times referenced) and by key informant sectors.

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

<table>
<thead>
<tr>
<th>Individual Factors 20%</th>
<th>Environment Factors 40%</th>
<th>Leadership /Collaboration 18%</th>
<th>Access to Healthcare Services 22%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy / Low motivation</td>
<td>Public health education</td>
<td>Lack of leadership support</td>
<td>Funding</td>
</tr>
<tr>
<td>Cultural influence</td>
<td>Poverty</td>
<td>Lack of accountability by health improvement organizations</td>
<td>Access to care</td>
</tr>
<tr>
<td>Personal habit</td>
<td>Natural environment</td>
<td>Enforcement of laws &amp; regulations regarding tobacco</td>
<td>Cost of care</td>
</tr>
</tbody>
</table>

James Agee, Captain, St. Albans Police Department
Alex Austin, Roark-Sullivan Lifeway Center, Inc.
John Ballengee, United Way of Central WV
Donald Troy Blum, FamilyCare HealthCenter
Damron Bradshaw, Mayor, Town of Chesapeake /Upper Kanawha Valley Enrichment Center
Janet Briscoe, Kanawha-Charleston Health Dept.
Cindy Burkholder, Charleston Area Medical Center
Chris Callas, Board, United Way of Central WV
Dick Calloway, Mayor, City of St. Albans
Kent Carper, Kanawha County Commission
Martha Carter, FamilyCare HealthCenter
Kelli Caseman, WV School-Based Health Assembly
David Clayman, Clayman & Associates, PLLC
Brent Coates, Chief, St. Albans Police Department
Rabbi James D. Cohn, Temple Israel (Reform Judaism)
Wayne Coombs, WV Prevention Resource Center
Steve Cunningham, Rite Aid/ Family Care
Patty Deutsch, Wellness Council of West Virginia
Steve Dexter, Thomas Health System Inc.
Rev. Wilma M. Dobbins, Montgomery United Methodist Church
Melissa Doty, Covenant House
Drew Dunlap, Charleston Area Alliance
Michelle Easton, University of Charleston School of Pharmacy
Krista Farley, Kanawha-Charleston Health Dept.
Bethany Ferris, Thomas Health System Inc.
Dan Foster M.D., WV State Senate, CAMC
Margo Friend, United Way Adolescent Health Initiative
Grace Gibson, FamilyCare HealthCenter
John Giroir, YMCA of Kanawha Valley

Brenda Grant, Charleston Area Medical Center
Kathryn Gregory, The Charleston Gazette
Jim Guidarini, Dow
Rahul Gupta M.D., Kanawha-Charleston Health Department
Belle Haddad, Kanawha County Schools
Margie Hale, WV KIDS COUNT Fund
Martha J. Hill, Attorney
Marsha Hopkins, Black Medical Society of WV
Diana Hunt, Kanawha County Schools
Mark Hunt, WV House of Delegates
Brenda Isaac, Kanawha County Board of Health
Rev. Loretta Isaiah, St. Andrews United Methodist Church
Jamie Jeffrey M.D., Charleston Area Medical Center
Kimberly Johnson, KC Emergency Ambulance Authority
Becky Jordan, Kanawha County Board of Education
Sharon Lansdale, Center for Rural Health Development
Mellow Lee, West Side Elementary School
Scott McClanahan, Kanawha Valley Senior Services
Jerry McGhee, Chief, Marmet Community Fire Dept.
Larry McKay, Bristol Broadcasting
David McWatters, Highland Hospital Association
Dawn Miller, The Charleston Gazette
Lillian Morris, Charleston Area Medical Center
Frank Mullen, Mayor, City of South Charleston
Bobbi Jo Mutto, Marshall University School of Medicine
Marcia Nutter, Kanawha County Schools
Mike O’Neal, University of Charleston School of Pharmacy
Timothy O’Neal, Thomas Health System Inc.
Chuck Overstreet, Chief, Charleston Fire Department
Corey Palumbo, WV State Senate
Focus Groups
2011 Health Assessment Focus Groups were held in two locations: FamilyCare and WV Health Right with a total of 12 participants. Demographics included eight female and four male; eight African American and four Caucasian; all were Low Income / Uninsured and Underinsured; 80% low educational attainment; and all were residents of both urban (Charleston) and outlying rural areas of Kanawha County. The participants provided information on the biggest health problem in Kanawha County; Barriers/Challenges/Contributors to the problems; and what they think needs to happen in Kanawha County to address these issues.

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

A process is then implemented to review the findings from the Community Health Survey, focus groups, input from key informants and secondary data to compile a list of top community health issues. These identified issues are:

<table>
<thead>
<tr>
<th>Access to Healthcare / Lack of Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Pollution</td>
</tr>
<tr>
<td>Dental Health</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Drug Abuse <em>(includes RX abuse)</em></td>
</tr>
<tr>
<td>Heart Disease</td>
</tr>
<tr>
<td>High School Drop Out</td>
</tr>
<tr>
<td>Illiteracy</td>
</tr>
<tr>
<td>Lack of Physical Activity</td>
</tr>
<tr>
<td>Obesity / Nutrition</td>
</tr>
<tr>
<td>Poverty / Unemployment</td>
</tr>
<tr>
<td>Tobacco</td>
</tr>
</tbody>
</table>
These issues are then prioritized through a county-wide open Community Forum to establish the top three health issues the community will address over the next three-year time frame.

The Health Issues Forum was held on October 11, 2011. 125 community members were in attendance to prioritize the top issues on which the Kanawha Coalition for Community Health Improvement would focus its efforts over the next three years.

The following ranking tool was used by the attendees at the forum to identify the top 3 priorities for Kanawha County:

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Table #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale: 1=Completely Disagree</td>
<td>2=Strongly Disagree</td>
</tr>
<tr>
<td>Problem is greater in Kanawha County compared to state or region</td>
<td>We can create a major improvement in the quality of life by addressing this problem</td>
</tr>
<tr>
<td>Access to Healthcare/Lack of Health Insurance</td>
<td>Air Pollution</td>
</tr>
</tbody>
</table>

The ranking results follow:

<table>
<thead>
<tr>
<th>TOP ISSUES</th>
<th>ISSUE</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity/Nutrition</td>
<td>34.725</td>
</tr>
<tr>
<td>2</td>
<td>Lack of Physical Activity</td>
<td>33.538</td>
</tr>
<tr>
<td>3</td>
<td>Drug Abuse (includes RX drugs)</td>
<td>32.765</td>
</tr>
<tr>
<td>4</td>
<td>High School Drop-Out</td>
<td>32.163</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes</td>
<td>31.725</td>
</tr>
<tr>
<td>6</td>
<td>Tobacco</td>
<td>31.700</td>
</tr>
<tr>
<td>7</td>
<td>Heart Disease</td>
<td>31.613</td>
</tr>
<tr>
<td>8</td>
<td>Illiteracy</td>
<td>30.363</td>
</tr>
<tr>
<td>9</td>
<td>Dental Health</td>
<td>30.275</td>
</tr>
<tr>
<td>10</td>
<td>Poverty/Unemployment</td>
<td>28.988</td>
</tr>
<tr>
<td>11</td>
<td>Access to Healthcare/Lack of Insurance</td>
<td>27.800</td>
</tr>
<tr>
<td>12</td>
<td>Air Pollution</td>
<td>27.675</td>
</tr>
</tbody>
</table>
The top three prioritized issues are:
   1) Obesity/Nutrition
   2) Lack of Physical Activity
   3) Drug Abuse (including prescription drug abuse)

Workgroups were then formed to address these top three issues. Invitees are identified at the Forum focusing on those in the community identified as currently working on the issue, those with knowledge and skills to address the issues, representatives of all age groups and interested citizens. Invitations are issued and the current workgroup membership follows.

**KCCHI Obesity/Nutrition Workgroup**
West Virginia University Extension
United Way of Central WV, Intake & Referral
April’s Kitchen
St. Francis Hospital
Kanawha County Schools
West Virginia Medical Institute
WV Breast Feeding Alliance
Charleston Area Alliance
WV DHHR
RESA 3
Highland Hospital
Charleston Area Medical Center (2)
Cabin Creek Health Systems
WV State University
WV State University Extension
Kanawha-Charleston Health Department
WV Power

**KCCHI Physical Activity Workgroup**
West Virginia University Extension
St. Francis Hospital
Kanawha-Charleston Health Department
Capital Resource Agency
City of Charleston, Parks and Recreation
Highland Hospital
Charleston Area Alliance
WV DHHR
Kanawha County Schools
RESA 3
Cabin Creek Health Systems
Kanawha Valley Senior Services
WVU Health Science Center
WV School-based Health Assembly
West Side Community and Family Development Corporation
WV State University
WV Power
Minority Health Group

**KCCHI Drug Abuse Workgroup**
St. Francis Hospital
Kanawha County Schools
Charleston Police Department
Charleston Area Alliance
WV DHHR
RESA 3
Charleston Area Medical Center
Cabin Creek Health Systems
University of Charleston School of Pharmacy
Kanawha-Charleston Health Department
Kanawha Valley Senior Services
First Choice Services (WV RX Abuse Quitline)
WV School-Based Health Assembly
Highland Hospital
WV Coalition for Domestic Violence
Kanawha Communities That Care
WV State University
West Virginia University Extension
WV State University Extension
National Association of Social Workers, WV Chapter
Kanawha County Library System
Workgroup Process
The Kanawha Coalition for Community Health Improvement uses the following process to address the identified top three issues from the community forum.

**STEP ONE: Problem Identification (Health Issues Forum)**

**STEP TWO: Problem Analysis (2 months)**
- Collect information about the problem
- Analyze the current situation
- Map resources
- Identify root causes
- Identify linkages and interdependencies among issues being studied by other work groups
- Make a statement about where the community is with regard to the problem/identify strengths, weaknesses, opportunities, threats (Current State)
- Identify desired state

**STEP THREE: Develop Solutions (2 months)**
- Research interventions that have proven successful in other communities
- Prepare an Action Plan and strategies, including short-term and long-term strategies. (Logic models per goal)
- Identify resource needs/potential and committed resources
- Identify, define and develop in-process and outcome measures

**STEP FOUR: Measure Outcomes (Complete by end of 2014)**
- Implement Action Plan
- Monitor and measure outcomes
- Revise Action Plan as needed based on results
- Report progress

In order to minimize the information gaps that limit CAMC’s ability to access all of the community’s health data, the Kanawha Coalition process works to ensure that the survey sample size is valid, that the sample is randomly selected and that volunteers were recruited and trained in how to administer the phone survey. As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data. This comparison reveals an over-representation of respondents who were older (over 55), Caucasian, and with higher educational attainment. There was an underrepresentation of African Americans and those with lower-education (high school or less). The Kanawha Coalition conducted focus groups among individuals from these underrepresented populations. Focus group findings are intentionally reported independently from those of the scientific random telephone survey to maintain fidelity.

Primary and chronic disease needs and other health issues of uninsured, low-income persons, and minority groups are considered through all steps of the survey process and detailed health and socioeconomic information is available on the CAMC Website ([www.camc.org](http://www.camc.org)) and the Kanawha Coalition for Community Health Improvement website ([www.healthykanawha.org](http://www.healthykanawha.org)) in the document entitled Health Indicator Data Sheet. Additional information for Kanawha County residents was provided by the *Black Medical Society Health Report*. 
The Kanawha Coalition for Community Health Improvement’s process serves as CAMC’s Needs Assessment and was conducted in conjunction with CAMC Memorial Hospital, CAMC General Hospital, CAMC Women and Children’s Hospital, Thomas Hospital, St. Francis Hospital and Highland Hospital.

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

Kanawha Coalition for Community Health Improvement - Community Impact from Workgroups (2011 Workgroup Update)

The Kanawha Coalition has a long history of successful work in Kanawha County to “measurably improve the health of the people of Kanawha County.” An update of workgroup progress and other activities of the Coalition through 2011 include:

**Tobacco Prevention Update: (2011)**

- Conducted the first ever “Pack the Park for Public Health” event at Appalachian Power Alley Park in Charleston, West Virginia. This event was intended to strengthen community support in Kanawha County for our Clean Indoor Air Regulation (CIAR) by celebrating the importance of good public health policy, and to provide an opportunity for surrounding counties to learn more about our county’s experience in implementing our CIAR and how they too can achieve a similar outcome. Seventeen different public health organizations exhibited at the event and approximately 300 people pre-registered and attended the event. Participating counties included Cabell, Wirt, Lewis and Monongalia.

- KCCHI partnered with the Kanawha-Charleston Health Department to submit its social marketing campaign, “Eat, Drink & Breathe Easy” to the National Association of County and City Health Officers (NACCHO) as a promising practice. It was recognized by NACCHO as a promising practice in 2010.
Chart A shows the trends of smokers and non-smokers among Kanawha County from 2000 through 2010 (CDC SMART BRFSS Data). The Youth Risk Behavior Survey data (Chart B) is conducted every two years, with the latest data available from 2009.

**Obesity Prevention Update: (2011)**
- KCCHI continues to serve as a community partner on Kanawha County Schools’ Wellness Committee.
- KCCHI offers community-based public health experience to students pursuing health-related degrees. KCCHI served as project site for the University of Charleston School of Pharmacy and nursing students.

**Other:**
- KCCHI is a founding member of the Kanawha Communities That Care (CTC) Substance Abuse Prevention Partnership. KCCHI’s executive director served as CTC’s Board Chair 2006-09 and continues to serve as a member of the board (2009 – present) [www.kanawhacountyctc.org](http://www.kanawhacountyctc.org)
- KCCHI works with CAMC to coordinate the Robert Wood Johnson Foundation Healthy Kids Healthy Communities Grant, for which CAMC Health Education and Research Institute serves as the lead, fiscal agent. This grant, in the amount of $360,000/four years (2009–2013), is intended to address childhood obesity through environmental and policy change. **KEYS 4 HealthyKids (KEYS)** continued to work with Champion sites to increase access to affordable healthy foods and increase physical activity opportunities in Charleston’s low income neighborhoods. The “Eating Healthy Team” continued to be successful with community gardening efforts. Piedmont’s Cornucopia, a raised bed garden, was revitalized and adopted by the Master Gardeners and Piedmont Elementary School. New container gardens at the East End Family Resource Center were cared for by the afterschool program. Each gardening partner received Jr. Master Garden curriculum and training. The joining of the KEYS Garden committee with the Kanawha Community Gardening Association will provide sustainability of efforts in this area.
The KEYS Youth Council completed walkability audits, a grocery store tour hosting Congresswoman Shelly Moore Capito and photo voice training. Their first photo voice project detailed issues with school lunches and was presented to the Kanawha County Wellness Committee and the School Based Health Policy Roundtable.

The Childcare team facilitated NAP SACC training and ongoing technical assistance throughout the year with five area Childcare Centers. The “Healthy Childcare Centers” consisted of two preschools, two aftercares and one family home center which in total serve 405 children ages 3-16. Every center accomplished the goal of serving more water, skim or 1% milk and serving more fresh fruits and vegetables. KEYS team created indoor play boxes to increase physical activity during indoor play and provided several centers with portable outdoor play equipment all of which examples of the 36 new and ten improved nutrition and physical activity written policies, practices and environmental changes to date.

The youth “being active” team was successful in distributing 2000 maps of physical activity opportunities in the West Side and East End of Charleston. A formal “Environmental Assessment Workshop” which included a walkability audit around the new elementary school on the West Side resulted in the addition of cross walks at the school.

KEYS has been successful in bringing together traditional and non-traditional partners to conquer the childhood obesity epidemic. The KEYS’ sponsored Obesity Task Force Focus brought each sector of the community represented to problem solve together how to proceed to reverse childhood obesity by 2015. Our community, schools, faith based organizations, Office of Child Nutrition, Bureau of Public Health, WIC, legislators, Farms Coalition, transportation, city planning and healthcare came together to network, understand each others’ barriers and learn efforts of one another.

In the policy area, the WV Physical Plan was finalized and includes the needed policy and environmental change to make WV more active. On a local level, the City of Charleston began to work on the City’s Comprehensive Plan.

CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

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

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

Our history is one of establishing programs and services to meet the needs of the citizens of our community. From our beginning, our focus has been on assessing needs and working to provide the needed services, either solely or in partnership with others. We recognize the responsibility we have serving the central and southern part of West Virginia. There is a certain pride in being different that has, since the birth of our state, taken us on a road less traveled. Our patients reside in the Appalachian valleys and mountains in sometimes still difficult to access remote areas. Research continues to show that there is still too little physical activity, too much obesity, heart disease, cancer and black lung. In too many indicators of social health, we are too close to last. The CAMC Health System, as professionals individually and collectively, believe it is our responsibility to influence the
quality of life in ways that transcend the role of a typical hospital. Despite the obstacles faced by a state working hard to strengthen its economic base and its ability to recruit and retain talent, we believe our role is to be the inspiration to encourage health far beyond the treatment of disease. As the largest health care provider in WV, we accept the obligation of leadership. We seek to innovate and implement programs to assure that our people can enjoy all that West Virginia has to offer through the greatest possible health and well being.

SAFETY NET SERVICES
With the number of infants born prematurely rising steadily in recent years, the nation's hospitals are bolstering services for premature infants and their families. Recognizing that premature infants are more likely than full-term infants to experience complications that require intense medical care such as feeding tubes, ventilators and oxygen monitors, many hospitals are adding or expanding their NICUs. Nationally, NICUs often act as “profit centers for hospitals because of generous reimbursement rates,” according to Price Waterhouse. Unlike the national norm, at CAMC we lose an average of $3,900 for each NICU admission for a total loss of $1,824,184 in 2011. This loss occurs because of high Medicaid utilization (64%) coupled with a low payment rate from Medicaid. Additionally, the average loss for each PICU admission is $4,000 with 56% being Medicaid.

MEDICAL EDUCATION
Charleston Area Medical Center sponsors thirteen accredited internship, residency and fellowship programs. Programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). CAMC sponsors three pharmacy residency programs, accredited by the American Society of Health System Pharmacy (ASHP); a clinical psychology internship, accredited by the American Psychological Association (APA); and a fellowship in oral maxillofacial surgery. CAMC also sponsors a School of Nurse Anesthesia accredited by the Council on Accreditation. Working with education affiliates such as West Virginia University, the West Virginia School of Osteopathic Medicine and Marshall University, 172 individuals are enrolled in internships, residency and fellowship programs and 77 students are enrolled in the nurse anesthesia program.

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

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

CAMC HEALTH SYTEM COMPANIES AND THEIR ROLES IN COMMUNITY HEALTH IMPROVEMENT:

CAMC Health Education and Research Institute serves as the education and research arm of the CAMC Health System. The Institute promotes the health of the community by:
- Sponsoring health professional training programs training the region's health professionals.
- Providing continuing education to health professionals in the community, region and state.
• Sponsoring management and leadership development programs.
• Sponsoring community health education and prevention education programs for the community.
• Conducting clinical and health services research targeted to improve health and health services delivery of our patients and community.
• Pursuing special program funding and grants to support education and research programs.
• Promoting economic development through its employment of approximately 80 full-time education, research and support staff and through its extramural and externally funded sponsored programs.

CAMC Foundation’s mission is to support and promote CAMC’s delivery of excellent and compassionate health services, and its contribution to the quality of life and economic vitality of the region. This is accomplished by support of many services to CAMC patients and employees. Each year the Foundation supports the Prevention First Program at CAMC Women and Children’s Hospital. The Prevention First Program seeks to reduce medical costs, facilitate all aspects of health care, including support of the medical plan established by the primary care physician, while meeting the special needs of low-income children and family in the home environment. Specifically, the Prevention First Program promotes healthy outcomes that will decrease pre-term labor, infant mortality, unplanned C-Section rate, NICU/PICU length of stay and increase infant birth weight while promoting childhood well-child care and immunizations. Each year the foundation also helps keep physicians and allied health care employees up-to-date by providing funding for many continuing education programs. In 2011, the Foundation provided a $200,000 grant for continuing education for CAMC employees in support of keeping our employees well trained to better serve our patients. To ensure that our community receives care from well-trained health care professions, the Foundation also provided $250,000 for nursing and allied health scholarships to individuals pursuing a career in health care.

Integrated Health Care Providers (IHCPI) is an affiliated company of the CAMC Health System existing to support the mission of CAMC in striving to provide the best healthcare to every patient every day. When the CAMC Health System determines an essential physician need or access issue for patients is present, IHCPI can be called upon to open a practice. When the existing provider community cannot provide an essential service, IHCPI through its affiliation with CAMC Health System can work to fill the gaps. Currently, IHCPI operates the mission critical entities of the David Lee Cancer Center, Health Plus network and a host of sub-specialty physician practices primarily operated to support the Level I trauma mission of CAMC. IHCPI practices see a disproportionate share of the uninsured and underinsured in their practice locations. When many of the sub-specialists are not providing trauma support, they are providing access to care for many who cannot receive services locally such as dental, oral maxilla-facial/cleft palates, cranial reshaping, etc.

CAMC Teays Valley Hospital is a 68 bed rural hospital in Putnam County, WV and provides acute and emergency services to its community as well as community benefit to the residents of its county.

CAMC LEADERSHIP IN COMMUNITY HEALTH
Since our formation in 1972 when CAMC affiliated with West Virginia University to establish the WVU Charleston Division to expand medical education opportunities to southern WV, CAMC has continued to be an “innovator” in our approach to addressing community health. In 1986 our merger with a community hospital allowed us to create Women and Children’s Hospital to better focus on the health of this population. In 1995, our focus on improving health earned us the VHA Community Health Award and we continue this founding principle to address the identified community health needs for community. The Board Planning Committee provides oversight and direction for our community health plan and reports to the Board of Trustees, a volunteer board representing the community. To keep community health at the forefront, community health is a BIG DOT (our term for a key measure for the system) which is reported quarterly to the Board and throughout the organization. Our senior team provides leadership to a number of community organizations, both in board leadership roles and financially.
Commitment
The ongoing support for many programs, as well as the continual development of new programs, is evidence of our commitment to community health. Not only do we continue to provide mission critical services that do not generate revenue but meet community needs (such as the Family Resource Center, Lactation Support and Palliative Care), we provide the majority of the funding and housing for the Executive Director of the Kanawha Coalition for Community Health Improvement. Recognizing the need to support children with alleged sexual abuse, physical abuse or neglect, we established the Child Advocacy Center. We provide pharmacy support, maintenance and housekeeping services at no cost to the local West Virginia Health Right Clinic that serves the uninsured/underinsured. We also incurred nearly $1.2 million in expenses to support patients with the paperwork and information needed for enrollment in government programs or obtaining charity care.

Community Involvement
Annually, CAMC identifies key communities and areas of focus through four approaches:
1) CAMC’s Planning Department identifies and analyzes state and county level demographics and identified health risks and compares our services and programs with the identified needs. The gap analysis is reviewed
annually as part of the strategic planning process and new programs or services may be initiated. An example is the development of the Wound Center due to the high incidence of diabetes in our population.

2) CAMC’s CEO and Chief Strategy Officer serve on the Steering Committee of the KCCHI and CAMC supports the efforts of the Coalition’s community health survey conducted every three years. The survey results are used to develop priorities for Kanawha County. The top three community health issues are identified through a community forum and addressed through community work groups, which include participation from CAMC employees as well as other agencies and community volunteers.

3) Members of the CAMC senior leadership team work with the United Way of Central West Virginia in development of a needs assessment that is used to determine funding priorities for Kanawha and Putnam County social service agencies.

4) CAMC addresses public policy issues at both the state and federal levels, such as advocating for Medicaid and Medicare funding. Legislature agendas are developed each year.

Sustainability
CAMC’s annual budget includes board approved expenditures for community benefit and each department budget is approved for community benefit programs and in the Community Benefit Report detail in Appendix A. The support for the Kanawha Coalition for Community Health Improvement and the Partners in Health Program has continued since the mid-1990s and these programs are recognized as valuable contributors to meeting our mission. Funding has continued for these programs even while we have worked to reduce our overall costs. Striving to provide the best health care to every patient, every day and improving the health of our community is why we exist.

COMMUNITY HEALTH SERVICES, COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES, HEALTH PROFESSIONS EDUCATION AND COMMUNITY BUILDING ACTIVITIES - Details for programs and services are found in Appendix A.
APPENDIX A

LISTING OF 2011 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER

NOTE: At CAMC, we have measured community benefit since 1993. Initially we used Lyons Software, and then used the methodology created by the West Virginia Health Care Authority. We are again using Lyons Software. This community benefit inventory reflects CAMC’s community-based and community oriented focus, demonstrates our accountability to the community and our response to unmet needs and the community’s priority health issues.

Assessing & Addressing Community Health Needs Draft February 2012 as well as the IRS Instructions for Schedule (Form 990) were used to prepare the 2011 Community Benefit Report.
2011 Community Benefit Activities

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

AARP Driving Safety Courses
Description: Educational program designed to demonstrate how age related changes may affect seniors' driving safety, promote safety, educate our geriatric population and reduce motor vehicle accidents.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Withrow-Thornton (8-9989)
Objective: Participants will understand age-related changes that may affect their driving and improve their safety on the road.
Partners: WV Chapter of AARP
Persons: 80
Expenses: 2,085
Revenues: 0
Benefit: 2,085

Advanced Anatomy and Physiology Class
Description: The CAMC Patient Simulation Center offers an advanced anatomy and physiology classes to area high school students. The classes are often designed to coincide with the current areas the students are studying with a focus on basic patient assessment.
Category: A1
Gender: Both Males and Females
Department: 25774 (Patient Simulation Center)
Department Contact: Barbara McKee (8-1859)
Objective: Provide an enhanced educational opportunity for area students.
Persons: 400
Expenses: 17,790
Revenues: 0
Benefit: 17,790

Asthma Awareness
Description: Booths at the Town Center Mall on World Asthma Day and at the State Capitol promoting asthma awareness.
Category: A1
Gender: Both Males and Females
Department: 42500 (Respiratory Care)
Department Contact: Chuck Menders (8-9401)
Objective: Promote awareness of asthma to support early diagnosis and treatment.
Persons: 550
Expenses: 1,150
Revenues: 0
Benefit: 1,150

ATV & Bicycle Safety Program
Description: A program designed to teach ATV and bicycle safety at local elementary schools.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Tresa Pullen, RN, BSN (8-7809)
Objective: To educate elementary school children regarding ATV, bicycle, and playground safety. Six bicycle helmets were donated to students who did not have helmets.
Persons: 1,095
Expenses: 1,367
Revenues: 0
Benefit: 1,367

ATV Safety Presentation
Description: A powerpoint presentation and video regarding ATV safety. Designed to promote safety and awareness in school aged children. WV leads the nation in ATV deaths per population and our most vulnerable groups are pre-teen and teenage children who may have access or own adult sized ATVs. These presentations are often their first exposure to any form of ATV safety education.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Tresa Pullen, RN, BSN (8-7809)
Objective: Promote ATV Safety, rules of the road, proper gear, size appropriate vehicles, and no passengers.
Persons: 185
Expenses: 160
Revenues: 0
Benefit: 160

Baby Sign Language Program (Classes and Playgroup)
Description: Support and education for parents and their small children both hearing impaired and non-impaired. Sign language vocabulary taught to both parents and children in classroom and play group format.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Promote language development with small children through parent-child interaction through play with signing.
Persons: 36
Expenses: 500
Revenues: 0
Benefit: 500

Breast Cancer Support Group
Description: Support group for persons diagnosed with breast cancer.
Category: A1
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Objective: The group meets monthly to provide information and support on the social, psychological, and emotional issues facing those diagnosed with breast cancer.
Persons: 20
Expenses: 360
Revenues: 0
Benefit: 360

Broken Promises
Description: A demonstration of scenarios involving students in motor vehicle accidents on prom night starting from the scene of the accident to the funeral. Speakers provide information about the loss of a loved one.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Tresa Pullen, RN, BSN (8-7809)
Objective: To increase awareness for outcomes of alcohol/drug consumption and driving.
Persons: 500
Expenses: 1,150
Revenues: 0
Benefit: 1,150

CAMC Participation in State and National Registries
Description: CAMC participates in multiple state and national registries to advance medical and health care knowledge and improve the quality of patient care in West Virginia and across the nation. These registries provide important data on disease incidence, treatment outcomes, best practices, and emerging technology that is shared with facilities and health care providers across the country. Registries include: WV Birth Registry, NICU/PICU, National Vascular Quality Initiative, State and National Tumor Registries, Society of Thoracic Surgeons Registry, and the National Cardiovascular Data Registry.
Category: A1
Gender: Both Males and Females
Department: 21930 (Coding and Registry)
Department Contact: Ebenetta Rhinehart (8-7980)
Objective: Advance medical/health care knowledge in obstetrics, neonatology, oncology, invasive cardiology, and vascular medicine in West Virginia and across the nation. The sharing of the information gathered on diagnosis, procedures performed, patient care outcomes, and survival rates is vital to ensuring quality of care.
Persons: Unknown
Expenses: 787,500
Revenues: 0
Benefit: 787,500

CAMC Patient Simulation Center Outreach
Description: Advance stroke life support training provided to area EMS personnel at the CAMC Simulation Center.
Category: A1
Gender: Both Males and Females
Department: 25774 (Patient Simulation Center)
Department Contact: Barbara McKee (8-1859)
Objective: Provide an enhanced training for area EMS personnel.
Persons: 120
Expenses: 17,760
Revenues: 0
Benefit: 17,760
CAMC Wound Healing Center Outreach
Description: Presentations to local community groups and nursing students on wound healing and chronic wound care, hyperbaric oxygen therapy, and pressure ulcer treatment.
Category: A1
Gender: Both Males and Females
Department: 47658 (Wound Healing Center)
Department Contact: Marilyn Ingram (8-7049)
Objective: Educate the community about wounds and wound care.
Persons: 19
Expenses: 200
Revenues: 0
Benefit: 200

Car Seat Safety
Description: A program designed to instruct new parents on the use of car seats purchased through Prevention First Grant for the car seat safety class.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Teaches new parents how to safely utilize the car seat they have been provided. If the restraint devices are used correctly the potential for injury to the child in the event of a motor vehicle accident is greatly reduced.
Persons: 89
Expenses: 2,520
Revenues: 0
Benefit: 2,520

Cardiac Kids
Description: A program to perform blood work on students in Kanawha County Elementary Schools and to educate them about the risks for cardiac disease that is identified from the findings.
Category: A1
Gender: Females
Department: 43540 (WCH Lab)
Department Contact: Nassar Larijani (8-2386)
Persons: Unknown
Expenses: 500
Revenues: 0
Benefit: 500

Childbirth Education Classes
Description: Program designed for expectant parents.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Improved birth outcomes.
Persons: 1,836
Expenses: 31,000
Revenues: 0
Benefit: 31,000
Closed Circuit TV network system

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

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 25780 (Health Information Center)  
**Department Contact:** Beverly Withrow-Thornton (8-9989)  
**Objective:** To provide consistent patient education for our patients and their families.  
**Persons:** 4,441  
**Expenses:** 39,346  
**Revenues:** 0  
**Benefit:** 39,346

Community Health and Outreach

**Description:** Health education resources provided for area health fairs.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 25780 (Health Information Center)  
**Department Contact:** Beverly Withrow-Thornton (8-9989)  
**Objective:** Promote healthy lifestyles, health awareness, and the programs and services offered by the Health Information Center.

**Persons:** 350  
**Expenses:** 730  
**Revenues:** 0  
**Benefit:** 730

Compassionate Friends Support Group

**Description:** Support group for bereaved parents.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 43608 (Family Resource Center)  
**Department Contact:** Kelly Gilbert (8-2545)  
**Objective:** Nationally recognized support group for any bereaved parent.

**Persons:** 139  
**Expenses:** 1,172  
**Revenues:** 0  
**Benefit:** 1,172

CPR Class

**Description:** Basic life saving class for health care providers at the WV Health Right Clinic in Charleston.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 41032 (3 South)  
**Department Contact:** Odessa Richards (8-3409)  
**Objective:** To teach members of the community basic life saving skills including CPR and Heimlich Maneuver.

**Persons:** 52  
**Expenses:** 400  
**Revenues:** 0  
**Benefit:** 400
Digital Signage (CAMC TV) and Video PSAs

Description: Strategically located throughout common areas of our three hospitals we broadcast CAMC TV to introduce and engage patients, family, and visitors in CAMC’s patient safety, patient satisfaction and quality improvement efforts as well as providing examples of CAMC’s benefit to the community. In 2011 we began providing Video PSAs that are also accessible via web and lobby screens 24/7. Topics range from stoke identification to proper hand washing techniques and precautions to prevent the spread of influenza.

Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Withrow-Thornton (8-9989)
Objective: Engaging and educating patients, family, and community on patient satisfaction and quality improvement efforts at CAMC and how they help.
Advance Knowledge: True
Persons: 7,041
Expenses: 24,675
Revenues: 0
Benefit: 24,675

Distracted Driving/Driving Safety for Teens

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

Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Tresa Pullen, RN, BSN (8-7809)
Objective: Create a greater awareness of the dangers associated with distracted driving by discussing the common causes, the potential outcomes and traffic accident statistics. This is then translated down to the impact it can have on the individual teen, their family, friends, and communities.
Persons: 100
Expenses: 141
Revenues: 0
Benefit: 141

Fall Prevention

Description: A Trauma Services community outreach program for the elderly designed to help reduce falls and injuries in the home.

Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Tresa Pullen, RN, BSN (8-7809)
Objective: Reduce critical injuries due to falls around the home.
Persons: 60
Expenses: 144
Revenues: 0
Benefit: 144
Gun, ATV & Bike Safety

**Description:** A presentation and handouts for area Elementary and Middle Schools providing an overview of firearms safety, ATV laws and safety, safe bicycle riding and injury prevention.

**Category:** A1
**Gender:** Both Males and Females
**Department:** 41232 (Trauma Services)
**Department Contact:** Tresa Pullen, RN, BSN (8-7809)

**Objective:** Educate local children on safe practices for handling firearms, operating ATVs, and riding bicycles in order to reduce traumatic injuries and premature deaths in the community.

**Persons:** 375
**Expenses:** 592
**Revenues:** 0
**Benefit:** 592

Health Information Center

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

**Category:** A1
**Gender:** Both Males and Females
**Department:** 25780 (Health Information Center)
**Department Contact:** Beverly Withrow-Thornton (8-9989)

**Objective:** Promote health education in the community.

**Partners:** Lung Association
American Cancer Society
American Heart Association

**Persons:** 30,000
**Expenses:** 12,000
**Revenues:** 0
**Benefit:** 12,000

Hospice Tree (Love Light Tree)

**Description:** Staffed the Hospice Tree Table at the Charleston Town Center which raised money to support local hospice.

**Category:** A1
**Gender:** Both Males and Females
**Department:** 47441 (Chemotherapy)
**Department Contact:** Bev Farmer (8-8399)

**Persons:** Unknown
**Expenses:** 280
**Revenues:** 0
**Benefit:** 280

Imagine U: A Virtual Healthcare Experience

**Description:** CAMC broadcast of a craniotomy surgery narrated by a local physician via web cast to introduce students to careers in healthcare using technology that links health science classrooms to the real world of health care and hospitals. Students from Boone, Clay, Roane, Jackson, Kanawha and Putnam Counties participated.

**Category:** A1
**Gender:** Both Males and Females
**Department:** 21926 (Human Resources Workforce Dev)
**Department Contact:** Debby Roquet (8-3376)

**Objective:** Expose the students at eleven high schools in Kanawha and Boone Counties, four vocational and technical centers to health care careers.

**Partners:** WV Department of Education

**Persons:** 260

**Expenses:** 11,339

**Revenues:** 0

**Benefit:** 11,339

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**Infant Massage Classes**

**Description:** Classes for parents and infants that cover benefits of massage and specific techniques to soothe a new baby.

**Category:** A1

**Gender:** Both Males and Females

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

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

**Objective:** Parents learn to decrease tension, fussiness and irritability with their new babies.

**Persons:** 10

**Expenses:** 120

**Revenues:** 0

**Benefit:** 120

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**Infertility Support Group**

**Description:** Support group for persons dealing with infertility.

**Category:** A1

**Gender:** Both Males and Females

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

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

**Objective:** Monthly support group to help those dealing with infertility come to some form of resolution i.e. adoption, child free living or pregnancy.

**Partners:** All OB/GYN providers in the greater community.

**Persons:** 6

**Expenses:** 248

**Revenues:** 0

**Benefit:** 248

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**Kanawha Lactation Association**

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

**Category:** A1

**Gender:** Both Males and Females

**Department:** 43116 (Lactation)

**Department Contact:** Jamie Peden (8-2180)

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

**Persons:** Unknown

**Expenses:** 2,500

**Revenues:** 0

**Benefit:** 2,500
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 partnered with Appalachian Power Park to hold 92 events in 50 area elementary schools promoting the benefits of eating 5 servings of fruits and vegetables a day, limiting recreational TV time to two hours a day, encouraging 1 hour or more a day of moderate to vigorous physical exercise, and eliminating soft drinks and sugar sweetened sports drinks.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 21942 (Marketing)  
**Department Contact:** Elizabeth Pellegrin (8-5757)  
**Objective:** Decrease childhood obesity and teach children the benefits of a healthy diet and exercise in our community.  
**Persons:** 13,000  
**Expenses:** 30,296  
**Revenues:** 0  
**Benefit:** 30,296

Living with Your ICD (Implantable Cardiac Defibrillator)

**Description:** A support group and education for people living with an ICD.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 25780 (Health Information Center)  
**Department Contact:** Beverly Withrow-Thornton (8-9989)  
**Objective:** To teach and inform patients and families with an ICD on ways to improve quality of life.  
**Persons:** 24  
**Expenses:** 1,822  
**Revenues:** 0  
**Benefit:** 1,822

Mammography Screening Educational Program

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

**Category:** A1  
**Gender:** Females  
**Department:** 41518 (Medical Imaging)  
**Department Contact:** Tuanya Layton (8-9289)  
**Objective:** Educational program designed to explain the importance of regular mammography and bone density screening.  
**Persons:** 929  
**Expenses:** 590  
**Revenues:** 0  
**Benefit:** 590

Massage Therapy

**Description:** The program provides massage for patients or parents in the NICU, labor and delivery, mother/baby unit and the Infusion Center.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 43608 (Family Resource Center)  
**Department Contact:** Kelly Gilbert (8-2545)  
**Objective:** Stress relief for patients and parents. Provides a time of respite.
New Patient Chemo Class
Description: A class designed for patients and their families who are about to begin chemotherapy and the content is based on feedback from former patients. The classes are offered twice per month.
Category: A1
Gender: Both Males and Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Objective: The class is designed to inform the patients about chemotherapy and available services.
Persons: 16
Expenses: 300
Revenues: 0
Benefit: 300

NICU Family Education
Description: Educational program offered to parents and families of premature infants in our NICU to better understand the special needs of their children while they are in the unit.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: To prepare parents to participate in their child’s care while they are in the NICU.
Persons: 62
Expenses: 2,500
Revenues: 0
Benefit: 2,500

Organ Donation Night At Appalachian Power Park
Description: The renal transplant program at General Hospital sponsors an annual night at the ball park for organ recipients and works in concert with the West Virginia Department of Motor Vehicles and others to educate the public on the importance of organ donation and to register individuals for organ donation.
Category: A1
Gender: Both Males and Females
Department: 41452 (Transplant Center)
Department Contact: Glenn Martin (8-6525)
Objective: To heighten awareness of the importance of organ donation.
Persons: 4,000
Expenses: 1,500
Revenues: 0
Benefit: 1,500

Pregnancy Massage Class
Description: Interactive workshop where partners learn techniques to comfort the expectant mother and laboring women.
Category: A1
Gender: Both Males and Females
Objective: Promote massage for pregnancy, labor, and birth and lifelong general relaxation techniques to decrease stress.

Persons: 18
Expenses: 240
Revenues: 0
Benefit: 240

Red Cross Blood Drive Support
Description: Provides support, signage, and set up/clean up for Red Cross Blood drives held at CAMC facilities.
Category: A1
Gender: Both Males and Females
Department: 42562 (Transfusion Services)
Department Contact: Shari Griffith (8-4236)
Objective: Making employees and visitors aware that the Red Cross is having a blood drive and where they can go if they wish to donate. Also to provide support for setting up and cleaning up the room used for the blood drive.
Enhance Community: True
Persons: 100
Expenses: 500
Revenues: 0
Benefit: 500

Relay for Life
Description: Staffed the Annual Relay for Life in Charleston which promotes cancer awareness and invites cancer survivors and family to participate in the walk. The event raises money for the American Cancer Society.
Category: A1
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Persons: Unknown
Expenses: 1,500
Revenues: 0
Benefit: 1,500

Safe Sleep Crib Class
Description: A class designed to demonstrate safe ways of putting your infant to bed.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Reduce infant crib deaths.
Persons: 10
Expenses: 1,780
Revenues: 0
Benefit: 1,780
Sibling Prep Class
Description: A 90 minute class for children who are soon to become big brothers and big sisters.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: To prepare children for the arrival of siblings.
Persons: 89
Expenses: 372
Revenues: 0
Benefit: 372

Spinal Cord Injury/ Support Education Awareness (SCI/SEA)
Description: Resource meetings held monthly for SCI survivors, family, new patients or anyone interested in the care and rehabilitation and welfare of individuals who have sustained spinal cord injury.
Category: A1
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (8-7608)
Objective: Expose new patients and community members to peers surviving with SCI. Education and updates on research, new techniques and enhance accessible options and community awareness.
Partners: SCI/SEA board and community members.
Persons: 35
Expenses: 2,104
Revenues: 0
Benefit: 2,104

Think First For Kids
Description: Program provided in Kanawha County elementary schools that focuses on the prevention of head and spinal injuries.
Category: A1
Gender: Both Males and Females
Department: 41158 (Neuro ICU General)
Department Contact: Debbie Toney (8-3783)
Objective: Educate children to help prevent head and spinal injuries on the playground, riding bicycles, car safety, and water safety.
Persons: 480
Expenses: 12,000
Revenues: 0
Benefit: 12,000

Yoga Program in Area Schools
Description: A six-week yoga class offered to area schools.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: To promote wellness and foster self esteem in a non-competitive way. Yoga's benefits are calming exercise and enhanced balance.
Persons: 325
Expenses: 8,000
Revenues: 0
Benefit: 8,000

*** Community Health Education (A1)
Persons: 67,722
Expenses: 1,050,033
Revenues: 0
Benefit: 1,050,033

Community Based Clinical Services (A2)

Blood Pressure Checks
Description: Blood pressure clinics offered weekly at Littlepage, Carroll Terrace, Lee Terrace, Lippert Terrace and Orchard Manor housing projects.
Category: A2
Gender: Both Males and Females
Department: 42314 (Cardiac Rehab)
Department Contact: Ed Haver (8-9520)
Objective: To give residents of various housing projects a regular time to have their blood pressure checked. The goal is controlled blood pressure and many have been counseled regarding medications/compliance.
Persons: 240
Expenses: 850
Revenues: 0
Benefit: 850

CAMC Ryan White Program
Description: Primary outpatient care, education, and information for individuals in southern WV (service area is 16 counties in Public Health Districts 1, 3, and 4) who are at-risk or infected with HIV, regardless of ability to pay.
Category: A2
Gender: Both Males and Females
Department: 46579 (Pharmacy Administration)
Department Contact: Christine Teague (8-8106)
Objective: Primary care to at-risk and HIV infected persons in the service area.
Persons: 353
Expenses: 392,101
Revenues: 0
Benefit: 392,101

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.
Category: A2
Gender: Both Males and Females
Department: 43602 (Children's Medicine Center)
Department Contact: Debbie Carte (8-2536)
Persons: 346
Expenses: 90,591
Revenues: 0
Benefit: 90,591

Drug Addicted Mother Baby Program
Description: Program for pregnant women who have been identified as drug users during the early stages of their pregnancy.
Category: A2
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Persons: 780
Expenses: 4,500
Revenues: 0
Benefit: 4,500

Get Physical
Description: Annual sports physicals for middle and high school students.
Category: A2
Gender: Both Males and Females
Department: 47654 (Sports Medicine)
Department Contact: Mark Henrich (8-4900)
Objective: Provide annual sports physicals for students of Kanawha and surrounding counties.
Persons: 320
Expenses: 1,025
Revenues: 0
Benefit: 1,025

Medical Rehabilitation Recreational Therapy Program
Description: Medical Rehabilitation provides a Recreational Therapy Program both during a rehabilitation patient’s stay and as an aftercare option for patients needing the service. Services are provided at no charge and include functional activity, aquatic therapy, kinetic activity, activity daily living, family conferences, and patient evaluations.
Category: A2
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (8-7608)
Objective: The return of patients to the highest level of functionality that they can attain.
Persons: 182
Expenses: 2,900
Revenues: 0
Benefit: 2,900

Outpatient Mental Health Services
Description: Outpatient mental health services for the uninsured or underinsured.
Category: A2
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objective: Filling the gap in mental health services for the uninsured or underinsured. This program serves individuals who have health insurance that does not cover behavioral health services or individuals without health insurance.
Persons: 478
Expenses: 75,000  
Revenues: 0  
Benefit: 75,000

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

Category: A2  
Gender: Both Males and Females  
Department: 46579 (Pharmacy Administration)  
Department Contact: Christine Teague (8-8106)  
Objective: To support health care delivery to those unable to obtain services elsewhere.

Persons: Unknown  
Expenses: 147,173  
Revenues: 0  
Benefit: 147,173

*** Community Based Clinical Services (A2)  
Persons: 2,699  
Expenses: 714,140  
Revenues: 0  
Benefit: 714,140

Health Care Support Services (A3)

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

Category: A3  
Gender: Both Males and Females  
Department: 41346 (Medical Rehab)  
Department Contact: Jeremiah Gagnon (8-7608)  
Objective: To expose the community to challenged sports such as wheelchair basketball leagues, marksmanship and other events and exhibitions. The program helps individuals develop the skills necessary to participate in a recreation activity. It offers an outlet and an opportunity to pursue these sports at a level in which they wish to compete.

Persons: 259  
Expenses: 16,334  
Revenues: 9,190  
Benefit: 7,144

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 35,000 charity and government enrollment applications were provided.

Category: A3  
Gender: Both Males and Females
Department: 31706 (Finance)
Department Contact: Jay Richmond (8-6250)
Persons: 98,183
Expenses: 1,179,000
Revenues: 0
Benefit: 1,179,000

Follow-Up After Perinatal Loss
Description: Labor and Delivery RNs provide outpatient referral and resources for perinatal loss and bereavement.
Category: A3
Gender: Females
Department: 43110 (Labor & Delivery)
Department Contact: Denise Burgess (8-2158)
Objective: Follow-up after experiencing perinatal loss.
Provide outpatient referral services/programs to support the patient after the loss.
Enhance Community: True
Persons: 12
Expenses: 248
Revenues: 0
Benefit: 248

Look Good/Feel Better
Description: Professional cosmetologist provides makeovers for cancer patients.
Category: A3
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Objective: Improving self esteem and overall well being of the cancer patient.
Persons: 32
Expenses: 75
Revenues: 0
Benefit: 75

Provide Nourishment
Description: Nutrition Services provides nutrition products to patients upon discharge until they can obtain the product themselves through an outside source.
Category: A3
Gender: Both Males and Females
Department: 41802 (Nutrition Services)
Department Contact: Peg Andrews (8-3416)
Objective: To provide appropriate and sufficient nutrition to discharged patients until an outside source is obtained.
Persons: 3
Expenses: 96
Revenues: 0
Benefit: 96

*** Health Care Support Services (A3)
Persons: 98,489
Expenses: 1,195,753  
Revenues: 9,190  
Benefit: 1,186,563

**** Community Health Improvement Services (A)  
Persons: 168,910  
Expenses: 2,959,926  
Revenues: 9,190  
Benefit: 2,950,736

Health Professions Education (B)  
Physicians/Medical Students (B1)

CAMC Graduate Medical Education
Description: CAMC provides 13 residency programs (allopathic and osteopathic including 3 dual tracks). CAMC has medical school affiliations with West Virginia University School of Medicine and the West Virginia School of Osteopathic Medicine. We currently have 164 medical residents enrolled on campus.
Category: B1  
Gender: Both Males and Females  
Department: 31720 (Accounting)  
Department Contact: Debbie McClure (8-3380)  
Persons: 164  
Expenses: 30,178,377  
Revenues: 6,509,237  
Benefit: 23,669,140

Ethics in the Round
Description: Monthly presentations designed to provide education to medical professionals on current ethics topics.
Category: B1  
Gender: Both Males and Females  
Department: 25768 (Continuing Education)  
Department Contact: Jay Ripley (8-9964)  
Objective: Provide a forum for medical professionals to discuss ethics issues.
Persons: 651  
Expenses: 21,802  
Revenues: 0  
Benefit: 21,802

Geriatric Lunch Time Learning
Description: One hour educational lectures on various topics in geriatric medicine.
Category: B1  
Gender: Both Males and Females  
Department: 25768 (Continuing Education)  
Department Contact: Jay Ripley (8-9964)  
Objective: To provide professional education to the medical community on geriatric topics and issues.
Persons: 210  
Expenses: 10,232  
Revenues: 0  
Benefit: 10,232
Pharmacy Journal Club Series

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

Category: B1
Gender: Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Withrow-Thornton (8-9989)

Objective: Increase educational opportunities for area pharmacists and pharmacy students.
Persons: 336
Expenses: 3,940
Revenues: 0
Benefit: 3,940

Physician Guest Lecture Program

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

Category: B1
Gender: Both Males and Females
Department: 25768 (Continuing Education)
Department Contact: Jay Ripley (8-9964)

Objective: Provide physician education to medical staff and medical students on CAMC's campus.
Persons: 1,680
Expenses: 46,320
Revenues: 0
Benefit: 46,320

Research Lunch and Learn

Description: One hour lectures on current health care research topics provided on CAMC's campus.

Category: B1
Gender: Both Males and Females
Department: 25768 (Continuing Education)
Department Contact: Jay Ripley (8-9964)

Objective: Provide research education to physicians and healthcare providers.
Persons: 350
Expenses: 13,300
Revenues: 0
Benefit: 13,300

Rural Outreach Physician Education

Description: Outreach education provides professional education to physicians and health care providers in outlying areas. In 2011, 10 outreach programs were held.

Category: B1
Gender: Both Males and Females
Department: 25768 (Continuing Education)
Department Contact: Jay Ripley (8-9964)

Objective: To further the education of health care professionals in rural West Virginia.
Persons: 236
Expenses: 11,325
Revenues: 0
Benefit: 11,325

Severe Sepsis/Septic Shock: Early Goal Directed Therapy
Description: Program in the Patient Simulation Center designed to improve the knowledge and skills associated with early recognition and early intervention for patients with severe sepsis and/or septic shock. The participant teams consist of a provider, nurse pharmacist and RRT as well as one team from an outlying community hospital.
Category: B1
Gender: Both Males and Females
Department: 25774 (Patient Simulation Center)
Department Contact: Barbara McKee (8-1859)
Objective: Recognize the signs and symptoms associated with severe sepsis.
Institute the 6 hour bundle of care priorities.
Develop a differential diagnosis for sepsis.
Determine the appropriate modalities for vascular access.
Evaluate the patient's fluid resuscitation requirements.
Select the appropriate antibiotic therapy.
Institute the 24 hour bundle of care priorities.
Persons: 25
Expenses: 15,050
Revenues: 0
Benefit: 15,050

*** Physicians/Medical Students (B1)
Persons: 3,652
Expenses: 30,300,346
Revenues: 6,509,237
Benefit: 23,791,109

Nurses/Nursing Students (B2)
CAMC Nursing Education
Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in nursing programs. We provide a clinical setting, including staff time for education/supervision, for RN and BSN nursing students, LPN students, and Nurse Aide students enrolled in educational programs for which we have an educational affiliation agreement.
Category: B2
Gender: Both Males and Females
Department: -46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objective: To provide clinical experiences for students.
Persons: 91
Expenses: 4,338,955
Revenues: 0
Benefit: 4,338,955

Lactation Education
Description: Lectures to nursing students at the University of Charleston and WV State University on the value of and importance of breastfeeding.
Category: B2
Gender: Both Males and Females
Department: 43116 (Lactation)
Department Contact: Jamie Peden (8-2180)
Objective: To promote, support, and protect breastfeeding in our area.
Persons: 47
Expenses: 1,200
Revenues: 0
Benefit: 1,200

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
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Objective: To increase the number of licensed RNs.
Persons: 96
Expenses: 551,539
Revenues: 398,231
Benefit: 153,308

*** Nurses/Nursing Students (B2)
Persons: 234
Expenses: 4,891,694
Revenues: 398,231
Benefit: 4,493,463

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 Health Unit Coordinator, Imaging, Surgery Tech, Physical Therapy and a host of other allied health professionals enrolled in educational programs for which we have an educational affiliation agreement.
Category: B3
Gender: Both Males and Females
Department: -46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objective: To provide a clinical setting for student learning.
Persons: 271
Expenses: 886,954
Revenues: 0
Benefit: 886,954
Medical Explorers

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

**Category:** B3  
**Gender:** Both Males and Females  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Roquet (8-3376)  
**Objective:** Increase health career awareness by educating middle and high school students about health professions and careers.  
**Partners:** Boy Scouts of America - Exploring program  
**Persons:** 50  
**Expenses:** 1,732  
**Revenues:** 0  
**Benefit:** 1,732

Physician Assistant Student Rotations

**Description:** The hospitalist program had 10 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  
**Gender:** Both Males and Females  
**Department:** 42005 (Hospitalist Program)  
**Department Contact:** Diane Bossie (8-5848)  
**Persons:** 10  
**Expenses:** 216,000  
**Revenues:** 0  
**Benefit:** 216,000

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  
**Gender:** Both Males and Females  
**Department:** 41232 (Trauma Services)  
**Department Contact:** Tresa Pullen (8-7809)  
**Objective:** The purpose of the course is to increase efficiency of resource utilization and improve the level of care provided to the patient. The program seeks to educate the audience regarding the state’s regional, and local trauma system. Outline components of the various stages of trauma assessment. Outline the components of the primary survey, decision to transfer secondary survey, and to demonstrate the concepts of the primary survey.

**Persons:** 15  
**Expenses:** 2,080  
**Revenues:** 0  
**Benefit:** 2,080
*** Other Health Professional Education (B3)

Persons: 346
Expenses: 1,106,766
Revenues: 0
Benefit: 1,106,766

Scholarships/Funding for Professional Education (B4)

University of Charleston Health Program Support

Description: Financial support for faculty for the nursing and pharmacy programs at the University of Charleston.
Category: B4
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)

Department Contact: Debby Roquet (8-3376)

Objective: To maintain an adequate number of health professionals in the community to fill existing and future health care profession needs.

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

*** Scholarships/funding for Professional Education (B4)

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

**** Health Professions Education (B)

Persons: 4,232
Expenses: 36,583,806
Revenues: 6,907,468
Benefit: 29,676,338

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

Civic Affairs

Description: The Civic Affairs Council is comprised of employees who review the applications for charitable donations and make awards based on specific community benefit criteria. Funding provided to area high schools for Project Graduation, March of Dimes, Daymark, Inc., Salvation Army, WV Health Right, American Cancer Society, Mental Health Association, The Education Alliance, Girl Scouts, Hospice Care, REA of Hope, Alzheimer's Association, Children's Therapy Clinic, Charleston Daily Mail's Neediest Cases, Union Mission, Appalachian Children's Chorus, Big Brothers/Big Sisters, Covenant House of WV, Families Conference, Adolescent Health Initiative, Keys for Kids, Special Olympics, Roark-Sullivan Lifeway Center, The Gabriel Project of WV, Family Counseling Connection, National MS Society, WV Chapter, and the Children’s Theatre of Charleston.
Category: E1
Gender: Both Males and Females

Department: 10000 (Civic Affairs)

Department Contact: Tom Kuhn (8-7386)

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

Persons: Unknown

Expenses: 32,024

Revenues: 0

Benefit: 32,024

** Cash Donations (E1)

Persons: 0

Expenses: 32,024

Revenues: 0

Benefit: 32,024

In-Kind Donations (E-3)

Community Board Participation By CAMC Personnel

Description: David L. Ramsey, President and CEO participated on the HealthNet Aeromedical Board of Directors, WV Hospital Association, VHA Central Atlantic Board of Directors, WV Insurance Commission Access WV High Risk Pool, University of Charleston Board of Directors and Vitality Committee, Edgewood Summit Board of Directors, Clay Center for the Arts & Sciences - WV Board of Directors, Mid-Atlantic Technology, Research & Innovation Center Board of Directors, WV Chamber of Commerce Board of Directors, the Charleston Housing Corporation and the West Virginia Roundtable.

Glenn Crotty, Jr. M.D., COO participated as a board member of the University of Charleston School of Business and Baldrige National Quality Award Examiner.

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, Upper Kanawha Valley Starting Points, and Domestic Violence Coalition Children's Advisory Group.

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

Dr. Elizabeth L. Spangler, Vice President, Medical Affairs, participated on the governing boards of the Edgewood Summit and WV Medical Professional Health Program.

Janna Inghram, Director Workforce Development participated on the Workforce Investment Board and the Kanawha Valley Community and Technical College Board of Directors.

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

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

Robert D. Whitler, Vice President, Government and Community Affairs participated on the governing boards of WV Health Right, WomenCare, Center for Rural Health Development, and the WV Board of Osteopathy.

Sharon Hall, President, CAMC Health Education and Research Institute, participated on the
governing boards of the WVU School of Medicine Advisory Board, WV School of Osteopathic Medicine, WV Telehealth Alliance, United Way, WV Nursing Leadership Institute, AAMC Leadership Development Committee, and WVU Physicians of Charleston. Ms. Hall also provided a presentation to the AAMC Group on Resident Affairs.

Tuanya Layton, Association of Nuclear Medicine Technology and the WV State Community and Technical College.

Brenda Grant, Chief Strategy Officer, participated on the United Way Board, Executive Committee and Chair of the Community Services Committee; Kanawha Coalition for Community Health Improvement Steering Committee, the Partnership for Excellence Judge, and New Charleston Committee Member.

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

Brad Young, Technology Assessment Officer, participated on the West Virginia E-Health Initiative a coalition of members from healthcare, business and state government who work to promote the broad adoption, use and coordination of information technology in health care.

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

**Persons:** 0  
**Expenses:** 113,191  
**Revenues:** 0  
**Benefit:** 113,191

**Ronald McDonald House Housekeeping Support**

**Description:** Donate Housekeeping Services for Ronald McDonald House at no cost.

**Category:** E3  
**Gender:** Both Males and Females  
**Department:** 41804 (Housekeeping)  
**Department Contact:** Joe Tucker (8-6241)  
**Persons:** Unknown  
**Expenses:** 6,545  
**Revenues:** 0  
**Benefit:** 6,545

*** In-Kind Donations (E3)  
**Persons:** 0  
**Expenses:** 119,736  
**Revenues:** 0  
**Benefit:** 119,736

**** Financial and In-Kind Contributions (E)  
**Persons:** 0  
**Expenses:** 151,760  
**Revenues:** 0  
**Benefit:** 151,760
Community Building Activities (F)
Community Support (F3)

Partners In Health Network
Description: The network serves to improve the delivery of health care in the region by providing a network administrative center, physician liaison, patient surveys, outreach activities, networking, credentialing, purchasing program, critical access hospital support, educational activities, workshops, and presentations designed for small rural hospitals and health clinics in the region.

Category: F3
Gender: Both Males and Females
Department: 46876 (Partners In Health)
Department Contact: Tom Kuhn (8-7386)
Objective: Assist small rural hospitals and health clinics to remain viable.
Persons: Unknown
Expenses: 69,101
Revenues: 0
Benefit: 69,101

*** Community Support (F3)
Persons: 0
Expenses: 69,101
Revenues: 0
Benefit: 69,101

Workforce Development (F8)

Educational and Career Presentations at Area Schools
Description: Presentations to local high school students on careers in respiratory care.
Category: F8
Gender: Both Males and Females
Department: 42500 (Respiratory Care)
Department Contact: Chuck Menders (8-9401)
Persons: 40
Expenses: 25
Revenues: 0
Benefit: 25

Work Experience/On the Job Training (OJT)
Description: Provides students enrolled in post-secondary educational facilities with related on-the-job training hours (work-based experience) required for graduation.
Category: F8
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Objective: Provide students with required work based experience hours to graduate.
Persons: 50
Expenses: 570
Revenues: 0
Benefit: 570
*** Workforce Development (F8)
Persons: 90
Expenses: 595
Revenues: 0
Benefit: 595

Other – Health Fair (F9)

**Teddy Bear Fair**
Description: Children's Health Fair.
Category: F9
Gender: Both Males and Females
Department: 43120 (Pediatrics)
Department Contact: Susan Russell (8-2885)
Objective: Allow children to visit the hospital in a 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.
Partners: Carelink/CAMC Foundation and Kohls
Persons: 809
Expenses: 29,535
Revenues: 13,000
Benefit: 16,535

**Healthfest**
Description: Health Fair offering over 25 screenings and health information to the public.
Category: F9
Gender: Both Males and Females
Department: 21942 (Marketing)
Department Contact: Elizabeth Pellegrin (8-5757)
Objective: To serve the Kanawha Valley with free screenings to improve health, enhance preventive care and provide educational materials.
Persons: 1,800
Expenses: 120,091
Revenues: 17,648
Benefit: 102,443

*** Other – Health Fair (F9)
Persons: 2,609
Expenses: 149,626
Revenues: 30,648
Benefit: 118,978

**** Community Building Activities
Persons: 2,699
Expenses: 219,322
Revenues: 30,648
Benefit: 188,674
Community Benefit Operations (G)
Dedicated Staff (G1)

Community Benefit Operations
Description: Planning Department staff dedicated to Community Benefit Reporting.
Category: G1
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objective: To compile and report the organization's community benefit by surveying the individual departments, administrators, and other staff at our three hospitals.
Persons: Unknown
Expenses: 15,000
Revenues: 0
Benefit: 15,000

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
Gender: Both Males and Females
Department: 46832 (Community Health)
Department Contact: Judy Crabtree (8-7557)
Objective: Mobilize community groups to address the community focus areas of obesity, lack of activity and tobacco use.
Persons: Unknown
Expenses: 76,804
Revenues: 0
Benefit: 76,804

*** Dedicated Staff (G1)
Persons: 0
Expenses: 91,804
Revenues: 0
Benefit: 91,804

**** Community Benefit Operations (G)
Persons: 0
Expenses: 91,804
Revenues: 0
Benefit: 91,804

Community Benefit Program Grand Totals
Number of Programs: 82
Persons: 175,841
Expenses: 40,006,618
Revenues: 6,947,306
Benefit: 33,059,312