The Community Benefit Report is made available to the public via the CAMC Health System website at www.camc.org and is available upon request from the hospital facility.
Charleston Area Medical Center
CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children’s Hospital
Charleston, West Virginia


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Executive Summary

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

In 2016, Charleston Area Medical Center provided $164,624,727 in community benefit. Our programs and services go well beyond the traditional health care we often think of when we consider hospital care and are delivered both inside and outside the walls of our hospitals. They are driven by our mission, *Striving to provide the best health care to every patient, every day*. Our hospitals and outpatient programs and services bring our mission to life – providing effective, efficient, equitable, timely and safe care to all, regardless of ability to pay.

Charleston Area Medical Center is a not-for-profit four-hospital system comprised of CAMC Memorial Hospital, CAMC General Hospital and CAMC Women and Children’s Hospital. CAMC Teays Valley Hospital was added in March 2014 and has its own community health needs assessment, implementation strategies and community benefit report. Our hospitals operate under one administrative structure and participate in joint strategic planning and budgeting processes. Each hospital has responsibility for key service lines. Our hospitals are designed to provide care for our community residents throughout every stage of their lives. Our patients depend on us to provide convenient and compassionate care – care delivered regardless of a patient’s ability to pay. We provide our community with programs of excellence in cardiovascular services, medicine, surgery, oncology, trauma, neurology, orthopedics, rehabilitation, bariatrics, and women and children’s services.

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

CAMC General Hospital  CAMC Memorial Hospital  CAMC Women and Children’s Hospital
2016 COMMUNITY BENEFIT SUMMARY for CAMC MEMORIAL, CAMC GENERAL, CAMC WOMEN and CHILDREN’S, and CAMC TEAYS VALLEY HOSPITALS*

FINANCIAL ASSISTANCE AT COST (FORMERLY CHARITY CARE)  $18,895,221
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. Financial Assistance is reported in terms of costs, not charges. Financial Assistance does not include: (1) bad debt, (2) prompt pay or self-pay discounts, (3) information reported elsewhere, such as losses form means-tested programs, or (4) contractual allowances.

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

Unreimbursed Medicaid $105,525,763

Other Public Unreimbursed Costs $651,040
Includes CHIPS, Prevention First, Catastrophic Illness Commission, Community Access Program

SUBSIDIZED HEALTH SERVICES $1,172,182
Clinical services that are provided because of a community need despite a financial loss to the organization. The financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care/financial assistance, Medicaid and other means-tested government programs. Subsidized health services at CAMC include Family Resource Center support at $317,957, the Lactation Support Program at $200,196 and the Palliative Care Program at $654,029.

COMMUNITY HEALTH IMPROVEMENT PROGRAMS $38,380,521
(CAMC Memorial, CAMC General, CAMC Women and Children’s and CAMC Teays Valley Hospitals)
Activities or programs carried out or supported for the express purpose of improving community health that are subsidized by the health care organization. Such services do not generate inpatient or outpatient bills, although there may be nominal patient fee or sliding scale for these programs.
See details beginning on page 39 of this report and on page 10 of the CAMC Teays Valley 2016 Community Benefit Report.

<table>
<thead>
<tr>
<th>CAMC Memorial, General and WCH</th>
<th>CAMC Teays</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Improvement Services</td>
<td>2,132,478</td>
<td>103,849</td>
</tr>
<tr>
<td>Health Professions Education **</td>
<td>35,283,371</td>
<td>0</td>
</tr>
<tr>
<td>Cash and In-Kind Contributions</td>
<td>380,068</td>
<td>49,042</td>
</tr>
<tr>
<td>Community Building Activities</td>
<td>282,504</td>
<td>31,568</td>
</tr>
<tr>
<td>Community Benefit Operations</td>
<td>114,316</td>
<td>3,325</td>
</tr>
</tbody>
</table>

TOTAL $164,624,727

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 $143,786,276
Medicare is not considered a means tested program and thus is not included as part of community benefit.

BAD DEBT AT CHARGE $30,595,784
Unreimbursed charges, excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.

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

* CAMC Teays Valley Hospital became part of Charleston Area Medical Center, Inc. in March 2014 and all CAMC hospitals are under the same provider number for Financial Assistance at Cost, Medicaid and Other Means-Tested Government Programs and Subsidized Health Services. CAMC Teays Valley Hospital Community Health Improvement Program totals are included in the numbers above as noted.

**Includes offset for Medicaid Reimbursement for Direct GME of $434,962 to benefit reported on page 58 of this report.
2016 Community Benefit and Implementation Strategy Report

The Kanawha Coalition for Community Health Improvement was founded in 1994 by Charleston Area Medical Center and other Kanawha County hospitals working in partnership with local organizations. The Coalition’s mission is to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County. A Community Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement every three years. The Implementation Strategies in this report are based on the 2014 Community Health Needs Assessment. The community forum prioritizes the top health issues and the Kanawha Coalition forms work groups to address the top three issues. CAMC supports the work of these groups but also addresses the remaining health issues through a systematic process described on page 18.

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

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

The top three issues prioritized by the community from the 2014 Community Needs Assessment are listed below. Each of these issues is being addressed by a Kanawha Coalition for Community Health Improvement work group. Progress reports for each of these workgroups follows.

- Obesity/Overweight/Poor Eating Habits
- Drugs/Prescription and Illicit
- Lack of Physical Activity

CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top three health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups’ plans.
WORKGROUPS 1 and 2
Kanawha Coalition for Community Health Improvement
Joint Worksite Strategy Team –2016

Obesity/Overweight/Poor Eating Habits Workgroup Membership
American Heart Association
April’s Kitchen
Cabin Creek Health System
Charleston Area Alliance
Charleston Area Medical Center
Highland Hospital
Kanawha County Schools
Kanawha-Charleston Health Department
KEYS 4 HealthyKids
RESA 3

Physical Activity Workgroup Membership
American Heart Association
Cabin Creek Health System
Capital Resource Agency
Charleston Area Alliance
Charleston Area Medical Center
City of Charleston, Parks and Recreation
Highland Hospital
Kanawha County Schools
Kanawha Valley Senior Services
Kanawha-Charleston Health Department
RESA 3

2016 Goal: Decrease the percentage of adults over the age of 18 with inadequate fruit and vegetable consumption from 80% to 75%.

2016 Objectives:

1. Evaluate success of Healthy Choices at Work program and develop a plan to sustain the program beyond KCCHI workgroup involvement. (By December 2016)

2. Evaluate success of Take the Stairs! Campaign and develop a plan to sustain the initiative beyond KCCHI workgroup involvement. (By December 2016)
**3 Year GOAL:** Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22%.

Year One, Objective 1: Pilot Healthy Choices at Work worksite challenge in at least 10 small businesses in Kanawha County to increase supportive policies, practices and environmental conditions for physical activity and healthy eating. (By December 2015)

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress (through December 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a <em>Healthy Choices At Work</em> worksite challenge program, measures of improvements, recognition and associated awards.</td>
<td>Work plan</td>
<td>Completed: September 2014</td>
</tr>
<tr>
<td></td>
<td>Pre and post surveys</td>
<td>• Finalized <em>Healthy Choices at Work</em> Challenge survey and scoring process.</td>
</tr>
<tr>
<td></td>
<td>Scoring process</td>
<td>• Reviewed and finalized recruitment materials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Began recruitment of small businesses (50 employees or less).</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Completed: October 2014</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pre-tested <em>Healthy Choices at Work</em> small worksite challenge pre- and post-survey.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Presented KCCHI’s <em>Healthy Choices at Work Online Guide</em> at the 2014 Mid-Atlantic Conference on Worksite Wellness.</td>
</tr>
<tr>
<td>Recruitment of 10 small businesses.</td>
<td>10 participating companies</td>
<td>Completed: May 2015</td>
</tr>
<tr>
<td>Coaliton workgroup members review resources and tools available for worksites in the <em>Healthy Choices at Work</em> resource guide and toolkit.</td>
<td>10 coaches trained</td>
<td>Completed: December 2014</td>
</tr>
<tr>
<td>Coaliton workgroup assigns individual members to serve as coaches to recruited worksites.</td>
<td>10 companies assigned coaches</td>
<td>Completed: May 2015</td>
</tr>
<tr>
<td>Coaches meet with worksite leadership to complete pre-survey and review toolkit recommendations.</td>
<td>Pre-surveys completed</td>
<td>Completed: May 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coaches met with 8 pilot sites and assisted in completion of pre-surveys</td>
</tr>
<tr>
<td>Coaches meet with worksite leadership to assist in goal setting based on pre-survey results.</td>
<td>Worksite goals</td>
<td>Completed July 2015</td>
</tr>
<tr>
<td>Worksite implements plan and measures progress towards goals. Coaches provide technical assistance as needed.</td>
<td>Policies and environmental changes</td>
<td>Completed: June - November 2015</td>
</tr>
<tr>
<td>Coaches meet with worksite leadership to complete post survey.</td>
<td>Post surveys completed</td>
<td>Completed: November 28, 2015</td>
</tr>
</tbody>
</table>
Coalition workgroup convenes to assess improvements in company pre-post surveys.

<table>
<thead>
<tr>
<th>Final scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed: November 28, 2015</td>
</tr>
<tr>
<td>- Top three companies with improvements in their scores were identified. Total possible score was 1,000 points.</td>
</tr>
<tr>
<td>1st Place: Pre-Score 428.92 Post-Score 631.46 Improvement: 184.54</td>
</tr>
<tr>
<td>2nd Place: Pre-Score 471.00 Post-Score 650.18 Improvement: 179.18</td>
</tr>
<tr>
<td>3rd Place: Pre-Score 358.05 Post-Score 509.84 Improvement: 151.79</td>
</tr>
</tbody>
</table>

Coalition publicly recognizes all participating worksites and makes awards to those with biggest improvement.

| Awards and recognition event |
| Media coverage |
| Completed: December 2015 |
| - Held Recognition Breakfast December 11, 2015 |
| - Prizes awarded to top performing companies |
| - Shared by Social Media |

Year Two; Objective 1: Evaluate *Healthy Choices at Work* program and develop a plan to sustain the program beyond KCCHI workgroup involvement. (By December 2016)

| Action Plan |
| Output/ Measure |
| Implementation Strategy Progress (through December 2016) |
| Evaluate pilot project: conduct exit interviews with pilot sites |
| Completed exit interviews and surveys |
| Completed: April 2016 |
| Evaluation Results: |
| - Helped participating businesses identify areas for improvement around healthy eating and physical activity |
| - Gave businesses a “coach” to help guide/encourage them in their efforts |
| - Resulted in changes that would not have occurred without the project |
| - Little funding required |
| - Project should be continued |
| Develop sustainability plan: |
| Find new home agency/partner to carry on the work of *Healthy Choices at Work* |
| Program start-up under new agency |
| Completed: December 2016 |
| - WV Bureau for Public Health, Division of Health Promotion and Chronic Disease instituted *Well at Work* program, incorporating KCCHI best practices |
| - KCCHI agreed to award scholarships for 8 companies to attend the session on Worksite Wellness at the Try This Conference in 2017 |
Year One, Objective 2: Conduct a large scale, highly visible physical activity campaign that targets Kanawha County adults, age 20 and older, promoting stair usage through media, point-of-decision prompts, and community events.

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress (through December 2016)</th>
</tr>
</thead>
</table>
| Development of stair usage campaign, including branding, media messages, signage, and implementation and evaluation strategies. | Work plan | Completed: September 2014  
- Met with University of Charleston’s Senior Nursing Class to recruit students to assist with campaign, September 2, 2014. |
| Media buys and production of media components. Kick-off event, signage placement. | Media buys/ production  
Kick-off event  
Signage placement | Completed: March 2015  
- Contracted with WV Radio Corporation, produced 30: second spots to recruit companies to participate in stairwell usage campaign  
- WV Metro News ran story on the Campaign.  
- Kicked Off Campaign with Take the Stairs Kanawha County Facebook Page.  
- Signs developed by University Nursing students were provided to participating companies in downloadable format and printed and posted at their worksites. |
| Coalition members and University of Charleston senior nursing students conduct observational surveys at key stairwell locations throughout county. Coalition tracks participation in community “stair-climbing” events. Coalition workgroup monitors and evaluate reach of media messages. | Observational surveys completed  
Events held  
Media reach | Completed: April 2015  
- The campaign reached over 7,400 employees at 16 worksites.  
- Media coverage of check presentation to Highland Hospital who won the drawing among all participating companies. (Completed May 7, 2015) |
### Year Two, Objective 2: Evaluate *Take the Stairs!* Campaign and develop a plan to sustain the initiative beyond KCCHI workgroup involvement. (By December 2016)

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress (through December 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop sustainability plan:</td>
<td>Program start-up under new agency</td>
<td>Completed: December 2016</td>
</tr>
<tr>
<td>Find new home agency/partner to carry on Stairway Campaign.</td>
<td></td>
<td>• WV Bureau for Public Health, Division of Health Promotion and Chronic Disease instituted <em>Well at Work</em> program, incorporating KCCHI best practices</td>
</tr>
<tr>
<td>Support the startup of new agency initiative</td>
<td></td>
<td>• KCCHI agreed to award scholarships for 8 companies to attend the session on Worksite Wellness at the Try This Conference in 2017</td>
</tr>
</tbody>
</table>

### Year Two, Objective 3: Conduct *Every Body Walk!* Campaign by June 2016

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress (through December 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop <em>Every Body Walk</em> materials (flyers, power point, social marketing, action planning document)</td>
<td>Promotion and Recruitment materials</td>
<td>Completed May 2016</td>
</tr>
<tr>
<td>Recruit business/organizational participants and hold kick-off event in collaboration with American Heart Association, Kanawha-Charleston Health Department, Wellness Council, City of Charleston, Charleston Area Alliance.</td>
<td>Participants recruited</td>
<td>Completed April 1, 2016</td>
</tr>
<tr>
<td>Develop walking maps for participating companies</td>
<td>Walking route maps for each company</td>
<td>Completed May 11, 2016</td>
</tr>
<tr>
<td>Conduct regional trainings for participating companies</td>
<td>Training on Walking-Club Start-up</td>
<td>Completed May 20, 2016</td>
</tr>
</tbody>
</table>
| Collect completed action plans from participants | Completed action plans by participant organizations | Completed May 24, 2016
Organizations completing entire program with action plans to carry on their walking efforts:
- Blessed Sacrament Church
- United Way
- WVU Extension
- WV Division of Rehabilitation Services
- The Greater Kanawha Valley Foundation
- WV Equal Employment Opportunity Office

Awards presented
Winning participants were:
- Blessed Sacrament
- United Way
- The Greater Kanawha Valley Foundation |
Workgroup #3  
Kanawha Coalition for Community Health Improvement  
Drug Abuse Workgroup

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

Goals:

1. Decrease drug abuse among youth by increasing their resiliency during early childhood.

2. Decrease drug abuse in Kanawha County through evidence-based strategies.

3. Decrease prescription drug abuse in Kanawha County.

4. Decrease the number of meth labs in West Virginia.

2016 Objectives:

1. Expand Too Good For Drugs and Violence training for youth at four additional sites. (By December 2016)

2. Partner with Kanawha Communities That Care to implement environmental strategies to collect unused/expired medications from community members. (By December 2016)

3. Expand Community Outreach and Education by holding 4 additional Community-based Substance Abuse Prevention Meetings. (By December 2016)

4. Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2016)
GOAL 1: Decrease drug abuse among Kanawha County youth by increasing their resiliency during early childhood.

| Year One, Objective 1: Expand *Too Good For Drugs and Violence* training for youth at four additional community-based sites. (By December 2015) |
|---|---|---|
| Action Plan | Output/ Measure | Implementation Strategy Progress (Updated through December 2016) |
| Plan, promote and conduct *Too Good For Drugs and Violence* training for youth service organizations. | # attending training | Completed: April 2014
Held TGFD training with 15 in attendance, representative of 7 youth service organizations/schools. |
| | Post survey results | |
| Recruit 4 additional community-based sites to conduct *Too Good For Drugs* training. | Memorandum of Understanding with sites Pre and post youth survey results # of children impacted | Completed December 2015: Five community-based *Too Good For Drugs* programs were implemented during first and second school semesters reaching a total of 500 youth. Sites: YMCA, East End Family Resource Center, KISRA, Pinch, Belle. |

| Year Two, Objective 1: Expand *Too Good For Drugs and Violence* training for youth at four additional sites. (By December 2016) |
|---|---|---|
| Action Plan | Output/ Measure | Implementation Strategy Progress (Updated through December 2016) |
| Recruit 4 additional community-based sites to conduct *Too Good For Drugs* training. | Memorandum of Understanding with sites Pre and post youth survey results # of children impacted | Completed December 2016: *Too Good For Drugs* implemented at Belle Elementary, Pinch Elementary, Dupont Middle Schools (all 5th grade students), and Switzer Center After-School Program. Reached 300 students. |
GOAL 2: Decrease drug abuse in Kanawha County through evidence-based strategies.

| Year Two, Objective 1: Partner with Kanawha Communities That Care to implement environmental strategies to collect unused/expired medications from community members. (By December 2016) |
|---|---|---|
| Action Plan | Output/ Measure | Implementation Strategy Progress (Updated through December 2016) |
| Conduct joint strategic planning sessions to identify and select 2 additional evidence-based strategies to address prescription drug abuse. | 2 evidence-based strategies identified and selected | July 2014  
Held a strategic planning session July 16\(^{th}\).  
August 2014  
Held second strategic planning session August 27th. Selected strategies to limit access to unused/expired prescription medication:  
- Placement of additional permanent Rx drop boxes in the county  
- Public education about proper disposal of Rx medications |
| Develop an implementation plan for both strategies. | Implementation plans | Completed: April 2015 |
| Implement plan, with periodic assessments for any needed revisions. | Strategies implemented | Completed: December 2015  
- Purchased newspaper advertisement of permanent drop box locations (September 2015 and November 2015)  
Partnered with Kanawha Communities That Care for 4 memorandum of understandings with law enforcement detachments for the purchase of 4 new permanent Rx drop boxes. (Nitro, South Charleston, Dunbar, and Marmet) |
| Evaluate and measure results. Prepare final report. | Evaluations completed Final report | December 2015: 1,200 pounds of unused/expired medications were collected in Kanawha County in 2015. |
Year Two, Objective 1: Partner with Kanawha Communities That Care to implement environmental strategies to collect unused/expired medications from community members. (By December 2016)

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress (Updated through December 2016)</th>
</tr>
</thead>
</table>
| Continue implementing plan to collect unused/expired medications. | Strategies implemented | Completed: December 2016  
- Kanawha County now has 7 permanent Rx drop boxes.  
- Partnered with law enforcement during bi-annual National Rx Take-Back Days.  
- Partnered with Kanawha Communities That Care in conversations with local pharmacy chain to explore permanent drop box at one of its pharmacy locations.  
- Partnered with Kanawha Communities That Care to disseminate over 500 Rx disposal pouches provided through U.S. Senator Joe Manchin’s Office.  
**December 2016:** 1,600 pounds of unused/expired medications collected in Kanawha County |

GOAL 3: Decrease prescription drug abuse among in Kanawha County. (By September 29, 2017)

Year One, Objective 2: Expand Parent Rx360 program to 4 more Kanawha County communities.

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress</th>
</tr>
</thead>
</table>
| Plan and promote Parent Rx360 community-based forums to educate parents about prescription drug abuse and actions they can take to keep their children safe. | # forum attendees | Completed 2015: 3 additional Parent Rx360 meetings  
**Total Attendance:** 141 parents and guardians |
<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Output/ Measure</th>
<th>Implementation Strategy Progress</th>
</tr>
</thead>
</table>
| Plan and promote community-based meetings/forums to educate residents about prescription drug abuse and heroin addiction and how to keep medications safe, recognize signs of abuse, and available local resources/services. | # forum attendees | **Completed December 2016: 5 additional community-based meetings**  
**Total Attendance: 142 residents**  
- Partnered with Kanawha Communities That Care and local law enforcement to conduct 3 meetings at Charleston Housing Authority sites on ways to “safeguard medications”. Over 100 medication lock boxes were distributed.  
- Held Community Meeting on Heroin and Rx Painkiller Abuse at Marmet, WV. (May 2016)  
- Held a Parent Rx Meeting at South Park Village. (September 2016)  
- Served on WV Council of Churches Substance Abuse Steering Committee to plan and implement community “Listening Sessions” to learn how the faith community could help better address the substance abuse problem in communities. 9 Sessions were held in Kanawha County. (Fall 2016)  
- Facilitated conversation with University of Charleston and Kanawha County Schools to pilot the Generation Rx Program in 6 elementary schools. 80 UC Pharmacy Students received training to deliver program to 5th grade students. |
GOAL 4: Decrease the number of meth labs in West Virginia.

<table>
<thead>
<tr>
<th>Year Two, Objective 1: Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Plan</strong></td>
</tr>
</tbody>
</table>
| Educate public about meth labs and importance of a prescription-only policy for pseudoephedrine products that can be easily converted to make meth through traditional and social media sources, community presentations and dissemination of print materials. | # of presentations | May through August 2015  
- Held 3 Stop Meth Labs Team meetings/conference calls  
- Revised Policy Recommendation and One Pager for policy makers  
- Developed session agenda for Our Children Our Future Policy Symposium.  
**September 2015**  
- Presented policy issue at September 14, 2015 Policy Symposium.  
- Held public recognition event for pharmacies that had already stopped selling single-ingredient pseudoephedrine products (attending: Fruth, Rite-Aid, CVS; unable to attend: K-Mart and Walgreens)  
- Revised Meth Lab Progression Map (with projection through 2015)  
- One television news story and two newspaper article covered pharmacy recognition event and Stop Meth Labs policy recommendation  
**October - November 2015**  
Scheduled policy team members to present on Stop Meth Labs policy at statewide Our Children, Our Future Community and Candidate Forums. (5 Forums) |
|  | # materials disseminated |  |
|  | Media reach |  |
| Educate legislators about how a prescription-only policy will decrease meth labs in WV, through presentations to Legislative Committees and dissemination of information. | # of Legislators in support of policy | March 2016 - Bill was not introduced during 2016 Legislative Session |
|  | Passage of legislation |  |
CHARLESTON AREA MEDICAL CENTER
COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 886 beds on three of its four campuses: General Hospital (268 beds), Memorial Hospital (472 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 and services that span all hospitals. Additionally, many of our reports that are used for benchmarking and comparisons are for CAMC versus the individual hospitals.

The following outlines CAMC’s community support process:

![Diagram of the community support process]

CAMC supports and strengthens its key communities through a systematic approach that begins with our mission, vision and values. Annually during our strategic planning process we review the community health needs assessment findings and priorities to develop our community strategy. This strategy is based on issues identified through the needs assessment process and supplemented with findings from our internal Environmental Analysis. Communities are identified, strategies are identified and plans are funded, implemented, tracked and measured. Our Board approves the plan and reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities is based on the strategy, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC community strategy, community is based on the need identified and population to be addressed. We develop Health Indicator Data Sheets for each of our service area counties and identify key issues to address for all or part of our service area. For example, our Perinatal Telemedicine Project includes 14 rural counties and our Child Advocacy Center and HIV program serve our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for expected outcomes. Cycles of learning have ensured the Civic Affairs Council monetary contributions support community organizations in the service area that are clearly aligned with our community strategy. In addition to addressing community needs and contributing financially, our leadership team serves in key leadership roles for community activities, programs and organizations as well as supports the workforce in participating in many community benefit activities such as Day of Caring and HealthFest.
In addition, CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top three health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups’ plans. Once the KCCHI plans are developed, as part of the strategic planning process, CAMC determines if there are additional areas of support that can be provided by CAMC to address the identified issues. The following table lists programs provided by CAMC that address these community priorities, and are identified and funded as part of operational planning by the CAMC Board of Trustees.

<table>
<thead>
<tr>
<th>ADDRESSED BY CAMC</th>
<th>CAMC General</th>
<th>CAMC Memorial</th>
<th>CAMC WCH</th>
<th>RANKING SCORE</th>
<th>How Addressed by CAMC in Addition to KCCHI Workgroup Activity (program descriptions found in Appendix)</th>
</tr>
</thead>
</table>
| 1    Obesity      | X            |               | X        | 34.309        | • KCCHI Workgroup participation  
• Keys for Healthy Kids 5-2-1-0 Program  
• Bariatric Surgery Center of Excellence  
• Medical Weight Loss Program |
| 2   Drugs/Prescription and Illicit |               |               | X        | 33.265        | • KCCHI Workgroup participation  
• Drug Addicted Mother/Baby Program  
• Contribution to Rea of Hope Fellowship Home  
• Project Graduation funding support for each Kanawha County High School |
| 3   Lack of Physical Activity | X            | X             | X        | 32.853        | • KCCHI Workgroup  
• Think First for Kids  
• ATV and Bicycle Safety  
• Bicycle Safety  
• Challenged Sports Program  
• Heart Fit  
• Teddy Bear Fair  
• Mall Walkers Program |
| 4   Heart Disease/High Blood Pressure (Also identified in our Primary Service Area) | X            | X             |           | 31.618        | • Basic Life Support Training  
• Ornish Program |
| 5   Tobacco Use/Second Hand Smoke Exposure | X            | X             | X        | 31.206        | • Smoke free campus |
The following community priority need is not addressed by CAMC and the rationale is provided.

<table>
<thead>
<tr>
<th>NEED NOT ADDRESSED</th>
<th>RANKING SCORE</th>
<th>REASON NOT ADDRESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Drop-Out (Also identified in our Primary Service Area)</td>
<td>30.029</td>
<td>Issue being addressed by United Way of Central WV, Kanawha County Schools and State Department of Education</td>
</tr>
</tbody>
</table>
2014 - 2016 CAMC Community Benefit Plan
2016 Progress on Implementation Strategies

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

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

<table>
<thead>
<tr>
<th>#1</th>
<th>Charleston Area Medical Center General, Memorial, Women and Children’s Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>Preventable Hospitalizations, PCP Ratio</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Over-Utilization of the Emergency Room</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>Kanawha, Raleigh, Jackson, Fayette, Roane, Putnam Counties</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION AND RATIONALE

The CAMC Health Education and Research Institute, Inc., [CHERI], Charleston Area Medical Center, Inc. (CAMC), and Genesis HealthCare have initiated the Healthcare for Elderly and Long-Term Patients in West Virginia (HELP WV) program. This program is seeking RUS grant funding for telehealth equipment to be installed in 12 medical facilities in rural counties of West Virginia, the 7th most rural state in the nation. [Census 2010]

A significant number of seniors in these counties utilize the ER when their symptoms escalate to critical status and have become “ER frequent flyers.” To address these issues, we must educate our impoverished rural West Virginians in two critical areas, which will impact a third area:

- Better health in general, leading to the prevention of the high incidence of heart disease, obesity, diabetes, and other common diseases
- Effective, economical management of healthcare for the abundance of our seniors having persistent or critical, often long-term to end-of-life illnesses
- Reduction in healthcare costs to payors.

Sites:

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Site Designation</th>
<th>Site Address</th>
<th>County</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMC Memorial Hospital (CAMC)</td>
<td>Hub</td>
<td>3200 MacCorkle Ave SE Charleston, WV 25304</td>
<td>Kanawha</td>
<td>8,922</td>
</tr>
<tr>
<td>Ravenswood Village</td>
<td>End-User</td>
<td>200 South Ritchie Ave Ravenswood, WV 26164</td>
<td>Jackson</td>
<td>3,876</td>
</tr>
<tr>
<td>Raleigh Center</td>
<td>End-User</td>
<td>1631 Ritter Drive Daniels, WV 25832</td>
<td>Raleigh</td>
<td>1,881</td>
</tr>
<tr>
<td>Ansted Center</td>
<td>End-User</td>
<td>106 Tyree Street Ansted, WV 25812</td>
<td>Fayette</td>
<td>1,404</td>
</tr>
<tr>
<td>Location</td>
<td>Type</td>
<td>Address</td>
<td>County</td>
<td>Population</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>----------------------------------</td>
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<td>------------</td>
</tr>
<tr>
<td>Hilltop Center</td>
<td>End-User</td>
<td>Saddle Shop Rd. Oak Hill, WV 25901</td>
<td>Fayette</td>
<td>7,730</td>
</tr>
<tr>
<td>Hidden Valley Center</td>
<td>End-User</td>
<td>438 23rd St Oak Hill, WV 25901</td>
<td>Fayette</td>
<td>7,730</td>
</tr>
<tr>
<td>Miletree Center</td>
<td>End-User</td>
<td>825 Summit St Spencer, WV 25276</td>
<td>Roane</td>
<td>2,322</td>
</tr>
<tr>
<td>Dunbar Center</td>
<td>End-User</td>
<td>501 Caldwell Dr Dunbar, WV 25064</td>
<td>Kanawha</td>
<td>7,907</td>
</tr>
<tr>
<td>Cedar Ridge Center</td>
<td>End-User</td>
<td>300 Cedar Ridge Rd. Sissonville, WV 25320</td>
<td>Kanawha</td>
<td>4,028</td>
</tr>
<tr>
<td>Marmet Center</td>
<td>End-User</td>
<td>1 Sutphin Drive Marmet, WV 25315</td>
<td>Kanawha</td>
<td>1,503</td>
</tr>
<tr>
<td>Teays Valley Center</td>
<td>End-User</td>
<td>590 N Poplar Fork Rd Hurricane, WV 25526</td>
<td>Putnam</td>
<td>6,284</td>
</tr>
<tr>
<td>Putnam Center</td>
<td>End-User</td>
<td>300 Seville Rd Hurricane, WV 25526</td>
<td>Putnam</td>
<td>6,284</td>
</tr>
</tbody>
</table>

**STRATEGIC OBJECTIVE**

REDUCE OVER UTILIZATION OF THE EMERGENCY ROOM

**GOALS TO ADDRESS THE HEALTH NEED**

1. Provide services via telehealth “after-hours” – when a physician is not available at a Genesis site for an admission or if there is a “change in status” of a patient.
2. Utilize the telehealth system at a Genesis site for follow-up care for patients that have recently had a procedure – need a wound examined, psychiatric consult, etc.

**MEASURE TO EVALUATE THE IMPACT**

Expected outcomes include:

- Immediate access via tele-health to a terminal patient’s care preferences and directives saves time in delivering life-sustaining treatment or immediately respecting one’s preference.
- 1,153 medical professionals will have efficient, convenient access to required CME via DLT technology, saving $1.055 million on travel, meals, and lodging each year (115 physicians * $800/yr) + (438 mid-level providers * $250/year) * 3 years).
- Our HELP WV program for RUS DLT consists of one hub site and 11 end-user sites, located in Fayette, Jackson, Kanawha, Putnam, Raleigh and Roane counties.
- Emergency visits for preventable and non-emergency healthcare issues, especially those by frequent flyers, will be reduced by 65%. This will be the result of all identified frequent flyers being educated on health matters via tele-health videos, which are on-topic and available for immediate viewing in the waiting room or during the emergency visit. The first year, we estimate the reduction to be 20%, second year 45%, and 65% by the end of the third year.
- A 65% reduction in frequent flyer visits will translate into healthcare cost savings. Instead of nearly $740,000 billed to Medicare/Medicaid in 6 months, it will be reduced to approximately $260,000, nearly a $480,000 savings. Instead of $500,000 in unpaid care, the amount will be closer to $175,000. Savings are realized in proportion to the first, second and third-year established timeframes.
- Our recently discharged seniors will participate in weekly conversations with a medical assistant, who calls for the purpose of medical surveillance of the patient’s treatment and maintenance plan, including reminders for follow-up appointments with the PCP. Through the DLT equipment, patient records are referenced, updated and made available to physicians. This activity leads to prevention of readmissions. Three minutes per phone call to 4 patients a day (per site, average of 11 end-user sites) is expected to generate a payoff in prevention. Secondary
calls to a PCP or pharmacy will also be included if necessary.

- Peer-to-peer consults via tele-medicine equipment allows for real-time identification of symptoms and permits treatment protocols to commence sooner with greater accuracy.
- Transcription errors are expected to be reduced by 98%. Electronic records allow for immediate retrieval, dramatically faster search capabilities, and crisp, legible standardized data entry. Estimated reduction in numbers of retrievals and filings of paper patient records - during shift changes only - is 10,617,120 incidents. [Based on 2,424 total admissions in 2012 at our 11 facilities: (1 out + 1 in per shift * 2 shifts/day) * (2,424 patients * 365 days/year) * 3 years] Only a minimal amount of paper patient records will be necessary.
- Direct admitting via telehealth will result in a 90% reduction in paper patient records that must change hands. Phone calls to search for available beds and appropriate care will be decreased from approximately 10 calls to 3 per patient, resulting in a 65% reduction. Faxing records and all associated activity will be nearly eliminated, saving 1,212 person hours, translating to $38,178 saved over 3 years (.5 hours/admission * 2,424 patients/year) * $10.50/hour wage * 3 years).
- Money will not be spent for transport to a hospital, where no medical procedure can change the outcome for a terminal patient. Estimated savings is $97,200 over three years ($1,000/1-way transport + $1,250/ER admission) * (10% of 144 average total of unnecessary admissions in 11 facilities 2012) * 3 years).

**TIMELINE**  
2014 - 2016

**RESOURCES**  
USDA RUS (Rural Utilities Services) Grant Award of $254,904 expected Winter, 2014 with a CAMC match of $224,000 for equipment expenditure regardless of the grant availability.  
RUS grant can only be expended on equipment for rural sites; Benedum Grant Award of $150,000 requested for training/coordination.

**PARTNERS/COLLABORATORS**  
CAMC Health Education and Research Institute, Inc., [CHERI] and Genesis HealthCare (GHC)

*Genesis HealthCare (GHC) is one of the nation’s largest skilled nursing and rehabilitation therapy providers. GHC is dedicated to delivery of high-quality, personalized healthcare to their patients and residents in nursing centers and assisted/senior living communities. All End-User sites in this application are GHC facilities.*

**2016 Progress Report**  
Genesis Healthcare was unable to continue as the partnering organization for this project. CHERI requested a change in partner through the USDA, but the request was denied. CHERI has informed the USDA that due to the withdrawal of Genesis and denial of change of partner request we were rescinding our acceptance of the award. A new grant application was just released by the USDA and we plan to resubmit this project with the new partner organization, Stonerise Healthcare, for funding consideration.
<table>
<thead>
<tr>
<th>#2</th>
<th>Charleston Area Medical Center General, Memorial, Women and Children’s Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>Drugs/ Prescription and Illicit</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Prescription Drug Abuse</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>The state of West Virginia and border states</td>
</tr>
</tbody>
</table>

**PROGRAM DESCRIPTION AND RATIONALE**

**Physician Drug Diversion Training** - This program was developed and presented in cooperation with the West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine to meet the mandatory 3.0 hour CME requirement on *Best Practice Prescribing of Controlled Substances and Drug Diversion Training*. This material is designed to provide the primary care physician or specialty physician with an overview of topics related to proper prescribing of controlled substances and drug diversion training.

**STRATEGIC OBJECTIVE**

**PROVIDE PHYSICIAN DRUG DIVERSION TRAINING**

**GOALS TO ADDRESS THE HEALTH NEED**

1. Provide the Physician Drug Diversion Training.
2. Meet the following compliance requirements under West Virginia’s controlled substances laws and regulations:
   - Follow the steps necessary to register, log-on and use West Virginia’s controlled substance monitoring program.
   - Recognize the epidemiology of chronic pain and distinguish the proper use and misuse of opioids through patient evaluations and risk assessment tools.
   - Follow the proper protocol when using opioids in the treatment of chronic pain including an understanding of toxicities and drug interactions.
   - Discuss West Virginia statistics on prescription drug diversion and abuse.
   - Identify drug seeking tactics and behaviors and understand the ‘best practice’ methods to work with patients suspected of inappropriate behavior.
   - Follow case studies of an evidence-based protocol for starting patients on opioid analgesic therapy, including issues specific to safely initiating and titrating opioids including treatment objectives, monitoring, referral, informed consent, agreements, urine screens, pill counts, patient education, and medical record documentation.

**MEASURE TO EVALUATE THE IMPACT**

CME course evaluation and participant post test scores

**TIMELINE**

July 2013- 2016

**RESOURCES**

WV State Medical Association
WV Osteopathic Medical Association
WV Board of Medicine
WV Board of Osteopathic Medicine
CAMC Health Education and Research Institute

**2016 Progress Report**

Total Participants in 2016: 151 (includes Physicians and mid-level providers)
Note: This 3 year Program was active July 3, 2013 – July 31, 2016.
Participant evaluation average: 4.4 (Likert Scale 1-5)
Participants post-test passing score: 80%
<table>
<thead>
<tr>
<th>#</th>
<th>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>PCP Ratio, Preventable Hospitalizations, Heart Disease, Poor Physical Health</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Coordination of Patient Care Across the Continuum</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>Patients in the primary and secondary service area</td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION AND RATIONALE</td>
<td>The Family Medicine Center CMMI Demonstration Project is a collaborative project designed to connect hospitals and other health care “neighbors” with primary care practices with the overall goals of improving patient experience and driving better quality at a more affordable cost. Coordination of patient care across the continuum will reduce potentially avoidable admissions and improve health by providing access to primary and preventative care through these medical homes.</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
<td>PROVIDE MEDICAL HOMES/NEIGHBORHOOD</td>
</tr>
</tbody>
</table>
2. Increase preventative health screenings of Family Medicine Center (FMC) patients by 25%  
3. Increase flu vaccinations for FMC patients by 30%.  
4. Spread PCMH-N practice methodology to other facilities.  
5. Decrease hospital readmissions through TCM.  
6. Decrease unnecessary Emergency Room (ER) use through enhanced patient management and more open access. |
| MEASURE TO EVALUATE THE IMPACT | • NCQA PCMH Level 2 Recognition  
• Measure number and type of preventive health screenings for FMC patients  
• Measure percentage of FMC patients with flu vaccine documented each fall/winter  
• PCMH Level 2 Recognition for CAMC Outpatient Care Center (OPCC) and for two of the Roane General Rural Health Centers  
• Measure hospital readmissions in <30 days for improvement  
• Measure ER Multiple Visit Patient (MVP) reports |
| TIMELINE | 2014 - 2017 |
| RESOURCES | CMMI 3 year project funding; now internal operations funding |
| PARTNERS/COLLABORATORS | CAMC Physician Group  
WVU/Charleston  
Partner hospitals |
| 2016 Progress Report | • NCQA PCMH Level 2 Recognition – ACHIEVED 8/5/16 and will apply for renewal in 2019  
• Measure number and type of preventive health screenings for FMC patients – ACHIEVED the following increases:  
  • Breast Cancer Screenings – 46% July 2015 to 75% May 2017  
  • Colorectal Cancer Screenings - 31% July 2015 to 94%  
  • Cervical Cancer Screenings – 49% July 2015 to 85%  
• Measure percentage of FMC patients with flu vaccine documented each fall/winter – 81% of FMC patients received flu vaccine  
• PCMH Level 2 Recognition for CAMC Outpatient Care Center – Cerner implementation complete and OPCC set for conference regarding PCMH standards and application process |
Measure Emergency Room Multiple Visit Patients (MVP).
- 2014: 17 FMC ER MVPs
- 2015: 13 FMC ER MVPs (average)
- 2016: Struggled with affecting change in this area – have shifted focus to mainly work with our high risk patients in our risk stratification processes for patients with uncontrolled diabetes (A1c>9) and frequent inpatient admissions through TCM and CCM processes. Also incorporating new project with the American Heart Association for “Target BP” for our patients with uncontrolled hypertension. Results are not available at this time.

<table>
<thead>
<tr>
<th>#4</th>
<th>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>Heart Disease, Lung Cancer, Poor Physical Health, Preventable Hospitalizations, Teen Birth Rate, Children Living in Poverty, PCP Ratio</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Access to specialty health care</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>Patients in the primary and secondary service area</td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION AND RATIONALE</td>
<td>CAMC’s service area includes critical access and small rural hospitals in need of access to specialist services.</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
<td>PROVIDE ACCESS TO SPECIALTY HEALTH CARE FOR THE SERVICE AREA THROUGH MEDICAL STAFF RECRUITMENT</td>
</tr>
</tbody>
</table>
| GOALS TO ADDRESS THE HEALTH NEED | 1. Recruit medical staff for high priority community needs  
2. Ensure access to needed specialists |
| MEASURE TO EVALUATE THE IMPACT | • Medical Staff recruited to service specialty needs based on the Medical Staff Development Plan  
• Number of medical staff specialty offerings |
| TIMELINE | Ongoing |
| RESOURCES | Medical Staff recruitment and loan expenses; income guarantees |
| PARTNERS/COLLABORATORS | CAMC Physician Group, WVU/Charleston |

### 2016 Progress Report

**High Priority Physicians Recruited in 2016**

- Anesthesiology - 2
- Cardiology Interventional – 1
- Cardiothoracic Surgery – 1
- Dentist – 1
- Electrophysiology Cardiology – 1
- Emergency Medicine – 5
- Family Medicine – 1
- Gastroenterology - 1
- Hematology/Oncology – 2
- Hospitalists – 12
- Neurology – 4
- Otolaryngology – 1
- Pediatric Hematology/Oncology – 1
- Plastic Surgery (Wound Care) - 1
- Psychiatry – 2
- Pulmonary Critical Care – 4
#5  Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital

COMMUNITY HEALTH NEED  Preventable Hospitalizations, Poor Physical Health, PCP Ratio

IDENTIFIED HEALTH ISSUE  HIV in West Virginia

COMMUNITY SERVED  Part C 19 county service area (3 new counties added in 2013) in southern West Virginia

PROGRAM DESCRIPTION AND RATIONALE

The CAMC/WVU Charleston Division Ryan White (RW) Program’s mission is to increase access to services for individuals at-risk for, or infected with HIV disease and to provide culturally sensitive, quality, comprehensive HIV-related primary care, regardless of a patient’s ability to pay. The program is currently the only fully funded Part C site in southern West Virginia and provides HIV primary care to approximately 333 individuals. 58 new patients were served in 2013. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; peer advocacy and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. Although funding has been level over the last ten years, our patient load has tripled. There are an estimated 1,000 individuals living with HIV/AIDS in our service area (1 in 5 are unaware of their diagnosis).

STRATEGIC OBJECTIVE

PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS

GOALS TO ADDRESS THE HEALTH NEED

Quality Initiatives:
1. Framingham Heart Study QI Project
2. Tobacco Cessation Partnership with Covenant House
3. Syphilis QI Project
4. Tri-state Regional Group – Viral Load Suppression/HAART Project
5. Partnership for Health
6. Oral Care PI Project

Outreach:
- Free rapid HIV testing in clinics
- Media
- Youth education in grades 7-10 in Kanawha County
- Presentations

Prevention:
- Hepatitis B vaccines
- Condom distribution
| MEASURE TO EVALUATE THE IMPACT | • Number of participants program  
• Number of new contacts  
• Number of participants in quality initiatives  
• Outreach programs and participants  
• Prevention programs and participants |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>TIMELINE</td>
<td>2014-2016</td>
</tr>
</tbody>
</table>
| RESOURCES                     | CAMC Charity Care - $512,061  
CAMC Outpatient Care Center - $14,000  
CHERI - $73,545  
WVU - $15,000 non-HIV specific outpatient clinics  
HRSA - $453,303  
CDC - $27,500  
Presidential AIDS Initiative Supplemental Grant - $40,000  
CAMC Foundation - $40,000  
Program Income - $18,000  
Rainbow Run Fundraiser - $800 |
| PARTNERS/COLLABORATORS        | CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division |
| 2016 Progress Report          | MAJOR PROGRAM ACCOMPLISHMENT HIGHLIGHTS:  
• Increased access to care to the most vulnerable and increasing populations  
• New Linkage and Retention program  
• Provision of around-the-clock primary care  
• Provision of mental and dental health care services  
• Screening for high-risk sexual behavior of all enrolled RW clients corresponding risk-reduction strategies for HIV transmission  
• Comprehensive use of the CAREWare and Cerner data systems for generating reports and required HRSA submissions  
• Established a free home HIV test kit program for partners of RW enrolled clients and other interested individuals. Free kits are given Monday through Thursday at the outpatient clinic with pre- and post-test instructions to anyone who asks. These are also distributed at home visits and all presentations  
• Provision of education about HIV screening and testing to other health care providers and to the community in general  
• Establishment of an effective referral network to and from other medical care and/or case management and/or social service agencies/organizations  
• Establishment of effective partnerships with other Ryan White funded entities in West Virginia and surrounding states  
• Established a partnership with a Beckley dental provider in southern West Virginia  
• Established a telemedicine clinic for southern clients  
• Established a fund for emergency life-saving needs through two grant awards |
|                             | INCREASING AWARENESS AMONG PROVIDERS AND THE PUBLIC: |
Because of effective marketing and outreach of the program, the medical community and public recognize CAMC as a leader of HIV care in the state. The program staff participates in continuing medical education throughout the 19-county service area for health care providers and community members. We are working to dispel myths and minimize stigma. The program’s brochures, posters, newsletter and website are a successful part of these efforts. Staff provides presentations and exhibits throughout the service area.

COLLABORATION:
Successful linkages with other Ryan White funded entities in four border states have been created. In West Virginia, the CAMCRWP has an effective working relationship with the WVU Part C program in Morgantown as well as the Part B coordinator and Part B case managers assigned to the CAMCRWP service area. Coordination between all RW Part programs in WV also occurs each year for a statewide All-Titles meeting every spring. CAMC also participates in a regional tristate quality group with at least nine other Part C sites throughout WV, Ohio and western Pennsylvania. Through our linkage coordinator, we have established closer connections with local organizations to help care for clients’ needs such as housing and retention. We now have a dental provider in the southern part of the state for clients with transportation difficulties. We are in our second year of Elton John AIDS Foundation funding with a commitment of 3-5 years for our programs.

#6 Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital

COMMUNITY HEALTH NEED: The wealth creation approach intends to improve the livelihoods of poor people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners.

IDENTIFIED HEALTH ISSUE: Unemployment/Jobs/Poverty and Obesity/Overweight/Poor Eating Habits

COMMUNITY SERVED: Growers in our Primary Service Area and patients and families in our Primary and Secondary Service Areas

PROGRAM DESCRIPTION AND RATIONALE: CAMC is working with The Greater Kanawha Valley Foundation as part of their wealth/value chain creation approach. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC’s 5 county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The Ford Foundation’s value chain premises are that we need to be intentionally inclusive of poor people and places as economic contributors to have a positive impact on wealth in our communities.
<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>BUILD THE BASE OF LOCAL GROWERS PROVIDING FRESH HERBS, FRUITS AND VEGETABLES TO CAMC</th>
</tr>
</thead>
</table>
| GOALS TO ADDRESS THE HEALTH NEED | 1. Address obstacles that stand in the way of an effective value chain (such as policy barriers, consumer education, and access to resources).  
2. Implement the locally grown food value chain.  
3. Grow jobs for people in the community. |
| MEASURE TO EVALUATE THE IMPACT | - Number of growers providing fresh food to CAMC  
- Amount of produce purchased by CAMC  
- Cost to CAMC for the value chain |
| TIMELINE | 2014 – 2017 |
| RESOURCES | Greater Kanawha Valley Foundation for facilitation and meeting support; Ford Foundation expertise and facilitation; CAMC budget |
| PARTNERS/COLLABORATORS | Greater Kanawha Valley Foundation  
Morrison’s Food Services  
Corey Brothers  
WV Department of Agriculture  
Local Growers  
WV State University Extension  
Appalachian Regional Fellowship Program |
| 2016 Progress Report | WV now has 14 GAP certified growers. Local efforts include working with state Department of Agriculture to increase the number of training classes and timeliness of the certification process. Met with growers and interest has increased.  
Supported growers with developing their Farm Safety Plans.  
Using a consultant to assist growers with training and mock audits. One grower provided CSA boxes to 100 CAMC employees and medical staff for the 2016 season. For the 2016 growing season (6/15/16 – 10/31/16), West Virginia, Ohio and Kentucky sourced product was $42,477 which is 20.2% of net purchases. This includes 2,346 of the 10,752 pieces or 21.8% of total pieces were local. We continue to promote CAMC interest with the following flyer. |

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

<table>
<thead>
<tr>
<th>#7</th>
<th>COMMUNITY HEALTH NEED IDENTIFIED HEALTH ISSUE</th>
<th>CAMC General Hospital</th>
<th>Obesity/Overweight/Poor Eating Habits</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY SERVED</td>
<td>Patients in the primary and secondary service area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION AND RATIONALE</td>
<td>In 2010, West Virginia’s obesity rate was 33%. Bariatric surgery has been found to address obesity and resolve diabetes in the obese population.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
<td>SUPPORT REDUCTION OF OBESITY TO IMPROVE HEALTH THROUGH PROVIDING A BARIATRIC SURGERY PROGRAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOALS TO ADDRESS THE HEALTH NEED</td>
<td>1. Maintain Bariatric Surgery Center of Excellence designation 2. Provide educational and exercise component for adult weight loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEASURE TO EVALUATE THE IMPACT</td>
<td>Patients following protocol for surgery Adherence to Center of Excellence standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMELINE</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESOURCES</td>
<td>CAMC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016 Progress Report

The CAMC Weight Loss Center is recognized as a Bariatric MBSAQIP Accreditation Facility by the American Society for Metabolic and Bariatric Surgery and the American College of Surgeons. In addition, it is a recipient of the Blue Distinction Centers designation for Bariatric Surgery by the Blue Cross and Blue Shield Association for meeting quality-focused criteria that emphasize patient safety and outcomes.

The Weight Loss Center is designed to meet the criteria of the joint ASMBS and ACOS (MBSAQIP). All patient data is submitted to the benchmark database and outcomes and comparisons are made against 809 sites across the country. The benchmark data is used to measure outcomes and the success of our patients. All patients must complete the criteria of a minimum of 3 office visits, dietary counseling, and a psychological evaluation, plus show behavioral changes of diet and exercise before a surgical procedure. No patients go to surgery without following the criteria for the MBSAQIP and the minimum standard of care. All patients have access to support groups with continued educational monthly meeting with licensed providers at no additional charge. This helps promote behavioral changes for life that lead to long term success and to maintain their weight loss for life.
CAMC Memorial Hospital (424 beds) supports the cardiac, peripheral vascular and oncology services lines with admissions and outpatient visits. Medicine and general surgery cross both Memorial and General Hospitals.

<table>
<thead>
<tr>
<th>#8</th>
<th>CAMC Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>Cancer, Lung Cancer</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Continuum of care support for cancer patients and cancer survivors</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>Patients in the primary and secondary service area</td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION AND RATIONALE</td>
<td>Cancer is the second most common cause of death in West Virginia and Kanawha County has one of highest cancer mortality rates in WV. CAMC’s cancer center volumes increase annually and our mission is “striving to provide the best health care to every patient, every day.” Support services for our cancer patients are critical in meeting our mission.</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
<td>GROW THE CANCER PATIENT NAVIGATION AND SURVIVORSHIP PROGRAM</td>
</tr>
<tr>
<td>GOALS TO ADDRESS THE HEALTH NEED</td>
<td>1. Utilize the oncology patient navigation program. 2. Grow the cancer survivorship program</td>
</tr>
<tr>
<td>MEASURE TO EVALUATE THE IMPACT</td>
<td>Number patients supported in patient navigation system Number of patients supported in survivorship program Patient satisfaction with the programs</td>
</tr>
<tr>
<td>TIMELINE</td>
<td>2014-2016</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>Staff education; information system; program development</td>
</tr>
<tr>
<td>PARTNERS/COLLABORATORS</td>
<td>Benedum Foundation</td>
</tr>
</tbody>
</table>

**2016 Progress Report**

The Breast Navigator saw 1,102 patients in 2016. The navigator position has been instrumental in assisting the physicians with the OncotypeDX testing to expedite the time to treatment process and to assist with the Breast Multi-disciplinary clinic. The Breast Cancer Support Group meets every Thursday, with attendance of up to 23 survivors. This group will be participating in the filming of a video to be presented at Mountains of Hope Cancer Coalition, the CAMC website and YouTube, as well as an upcoming communication workshop in Spring 2017.

Lung/Head and Neck Navigator saw 1,120 patients in 2016. The navigator has screened 344 patients with 30 LRad 4s and assists LRad 4 patients through a multi-disciplinary team that meets monthly to review all cases and offer their expertise. All navigators are active participants in the Mountains of Hope Cancer Coalition and multiple cancer education/screening and outreach opportunities. They are assisting in the first upcoming fashion show for patients and family members with the various cranial prosthetics, mastectomy/prosthetic garments, compression garments and ostomy cover ups. Navigators supported the first Cancer Screening & Prevention Day held at
the CAMC Cancer Center in March 2016 to provide cancer screenings and education on the prevention of cancers. Other community events included: Run for Your Life Run/Walk, ALA Bike Trek, ALA Lung Expo, Housing Development screenings, Health Fest and other community health fairs as invited. The Colon/GI Navigator saw 948 patients in 2016. The Colon/GI Navigator monitors and trains staff on the importance of proper distress screening in oncology patients and represented CAMC Cancer Center at the American Psychosocial Oncology Society (APOS) Conference poster presentation on Distress Screening practices in March 2016. Represented CAMC Cancer Center at the Academy of Oncology Nurse & Patient Navigators (AONN) Conference in November 2016, where work on Distress Screening was submitted as an abstract for Best Practice. The Colon/GI Navigator sat for national certification testing and was successful!

Financial Navigators had 1,157 patient encounters. Survivorship Care - Our goal for 2016 was 25% of all patients diagnosed and/or treated with a curative intent have a survivorship visit. Achieved 26%. 75 total care plans given in 2016. 189 appointments scheduled.
CAMC WOMEN AND CHILDREN’S HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

<table>
<thead>
<tr>
<th>#9</th>
<th>CAMC Women and Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY HEALTH NEED</td>
<td>Obesity, Children Living in Poverty</td>
</tr>
<tr>
<td>IDENTIFIED HEALTH ISSUE</td>
<td>Obesity/Nutrition</td>
</tr>
<tr>
<td>COMMUNITY SERVED</td>
<td>Children and their families in the primary and secondary service area.</td>
</tr>
<tr>
<td>PROGRAM DESCRIPTION AND RATIONALE</td>
<td>The 2013 “F as in Fat” report, ranked WV as #1 in diabetes and #2 in physical inactivity. High school students have reached an overweight and obesity rate of 30.3% and younger children age 2-4 years already have obesity rates of 14%. The CAMC Weight Loss Center provides comprehensive and multidisciplinary weight management offerings across the lifespan. The children’s component is under the direction of Dr. Jamie Jeffrey, Medical Director of HealthyKids Pediatric Weight Management Program.</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
<td>REDUCE CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES</td>
</tr>
<tr>
<td>GOALS TO ADDRESS THE HEALTH NEED</td>
<td>Provide childhood obesity program</td>
</tr>
<tr>
<td></td>
<td>Increase awareness of the program</td>
</tr>
<tr>
<td></td>
<td>Increase access to care</td>
</tr>
<tr>
<td>MEASURE TO EVALUATE THE IMPACT</td>
<td>Participation</td>
</tr>
<tr>
<td></td>
<td>Weight loss and improved metabolic parameters in participants</td>
</tr>
<tr>
<td></td>
<td>Assess and address impact on the child’s family</td>
</tr>
<tr>
<td>TIMELINE</td>
<td>2014-2016 and ongoing</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>Internal funding</td>
</tr>
<tr>
<td>2016 Progress Report</td>
<td>HealthyKids Wellness &amp; Weight Management (HealthyKids) began 12 years ago offering group visits only one evening a week. In 2013, clinical time was increased to 3 clinics per week and 1 evening group. The new patient volume has nearly doubled with 33, 61 and 74 new patients in years 2014 to 2016, respectively. Group session occurs each Tuesday evening with group nutrition education and group exercise. The kid’s gym has been expanded to include more age appropriate portable physical activity equipment and a new A-frame Iron Range Training system. We also increased services to our patients and families including guest speakers, grocery store tours, menu planning and monthly cooking classes which contributed to their success. The access has also improved with decreasing 3rd appointment time out for a new patient from 39 days in 2013 to 14 days in 2016. We no longer have a waiting list and can schedule patients when they call. Total patient visits volumes have also increased from 227 encounters to 320 encounters (2015 stats) which does not include the evening group visits. The 3rd appointment out for existing patients is 9 days.</td>
</tr>
</tbody>
</table>
HealthyKids celebrated with outstanding clinical outcomes in 2014 with 96% of patients lowering their BMI from their first to last documented office visit. A retrospective study was recently completed to look at initial success and long-term weight management. Results showed 91% of patients decreased their BMI z-score (a standard deviation score to directly compare BMI’s). At an average of 8 years later, 69.2% of these patients kept their weight off successfully. The aforementioned research study won first place in original research in April, 2017 at the CAMC Research Day.

Increasing exposure for HealthyKids services for all children was facilitated by a new website and brochure and hosting displays at various conferences.

### #10

<table>
<thead>
<tr>
<th>Community Health Need</th>
<th>CAMC Women and Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity, Children Living in Poverty</td>
<td>Obesity/Nutrition</td>
</tr>
</tbody>
</table>

#### Community Served

The Keys 4 Healthy Kids initiative focused on low resource, at-risk youth and their families in the East End and the West Side of Charleston. These neighborhoods all shared similar disparities in terms of lack of access to safe venues for physical activity and healthy, affordable foods; however all had strong neighborhood associations. The program expanded to cover all of Kanawha County and 9 surrounding counties over a 4 year period. During this next phase, some components will become statewide.

#### Program Description and Rationale

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

**PREVENT CHILDHOOD OBESITY**

### GOALS TO ADDRESS THE HEALTH NEED

- Establish a Community Action Toolkit and Peer Learning Network.
- Establish a School and Youth Garden Network.
- Provide Natural Learning Environments and edible gardens at childcare and after school facilities.
- Provide NAP SACC in Charleston and across West Virginia.
- Imagine Charleston policy development.
- Establish KEYS Youth Council.
- Expand the Try This Initiative across West Virginia.

### MEASURE TO EVALUATE THE IMPACT

- Toolkit and Learning Network operational with goals and outcome measures established and tracked.
- School and Youth Garden Network operational.
- Number of gardens at childcare and after school facilities.
- NAP SACC statistics.
- Imagine Charleston policies developed and shared.
- KEYS Youth Council membership and number of meetings held.
- Try This Initiative outcomes.

### TIMELINE

2014-2016

### RESOURCES

- CAMC Foundation - $45,000
- CAMC - $20,000 (office space and equipment)
- The Greater Kanawha Valley Foundation - $20,000
- WV SANP-Ed Program - $150,000
- WV Bureau of Public Health - $19,600
- Coventry Cares - $13,150
- AmeriCorps VISTA

### 2016 PROGRESS REPORT

KEYS 4 HealthyKids continues to be active with increased reach in the public school setting, with youth gardens, and childcare center nutrition and physical activity improvements. In 2016, KEYS primary support was provided through a Benedum grant and subcontract with WVU Extension Family Nutrition Services. From 2014-2016, KEYS worked with 61 child care centers in 24 counties across the state. In 2016, KEYS worked with 9 schools impacting 4,837 WV students. KEYS also worked with the WV Bureau for Public Health and the Harvard Prevention Research Center to complete a return on investment cost analysis for Key 2 a Healthy Start as a primary obesity prevention initiative. It was estimated that 752 cases of obesity would be prevented.

### Pre and Post Assessment Scores

<table>
<thead>
<tr>
<th></th>
<th>Best Practices</th>
<th>Overall 2015 and 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre Assessment</td>
<td>47.6</td>
<td>71.5</td>
</tr>
<tr>
<td>Post Assessment</td>
<td>41.8</td>
<td>65.4</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Name</td>
<td>Site Designation</td>
<td>Site Address</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Highland Hospital</td>
<td>Hub</td>
<td>300 56th Street Charleston, WV 25302</td>
</tr>
<tr>
<td>Boone Memorial Hospital</td>
<td>End-User</td>
<td>701 Madison Avenue Madison, WV 25705</td>
</tr>
<tr>
<td>Cabin Creek Health Systems</td>
<td>End-User</td>
<td>79 Cabin Creek Road Dawes, WV 25054</td>
</tr>
<tr>
<td>Camden-on-Gauley Medical Center</td>
<td>End-User</td>
<td>1003 Webster Camden-on-Gauley, WV 26208</td>
</tr>
<tr>
<td>Jackson General Hospital</td>
<td>End-User</td>
<td>122 Pinnell Street Ripley, WV 25281</td>
</tr>
<tr>
<td>Minnie Hamilton Health System</td>
<td>End-User</td>
<td>186 Hospital Drive Grantsville, WV 26147</td>
</tr>
<tr>
<td>New River Health Association</td>
<td>End-User</td>
<td>57 Sulphin Lane Scarbro, WV 25971</td>
</tr>
<tr>
<td>Pocahontas Memorial Hospital</td>
<td>End-User</td>
<td>150 Duncan Road Buckeye, WV 24924</td>
</tr>
<tr>
<td>Rainelle Medical Center</td>
<td>End-User</td>
<td>645 Kanawha Avenue Rainelle WV 25962</td>
</tr>
<tr>
<td>Riverside Health Center</td>
<td>End-User</td>
<td>1 Warrior Way, Suite 103, Belle, WV 25015</td>
</tr>
<tr>
<td>Webster County Memorial Hospital</td>
<td>End-User</td>
<td>324 Miller Mt. Drive Webster Springs 26288</td>
</tr>
</tbody>
</table>

The telemedicine equipment for this project takes into account the specific needs of the population and the goals of providing access to tele-behavioral health services. This includes videoconferencing equipment, telemedicine carts that offer stable and safe moving of equipment within the facility, high-definition monitors to enable patient face recognition, expressions, and any other data that requires a close up view of the patient. A high definition camera and microphones aid in providing psychiatric diagnoses, care and therapy. The equipment will enable multi-site views on one monitor for group meetings, as well as a system for non-video related content, such as documents and charts that are transmitted during meetings via videoconferencing. All of this equipment makes it possible for more mental healthcare services to be provided without the patient having to wait a great length of time to obtain an appointment, as compared to a standard office appointment, which typically takes weeks. Timely, expert psychiatric evaluations can dictate whether admitting a patient to a psychiatric hospital is the only alternative, allowing for the possibility of alternative, less expensive and higher quality care.
<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR VULNERABLE PEDIATRIC AND ADOLESCENT POPULATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS TO ADDRESS THE HEALTH NEED</td>
<td>Increase access to psychiatrists, who will be able to assess and appropriately evaluate a patient, make a diagnosis, and prescribe treatment. Provide therapy sessions with mental healthcare professionals via telemedicine. Provide peer-to-peer consults with psychiatrists for community primary care physicians and other medical professionals.</td>
</tr>
<tr>
<td>MEASURE TO EVALUATE THE IMPACT</td>
<td>The number of children receiving tele-behavioral health services.</td>
</tr>
<tr>
<td>TIMELINE</td>
<td>2014-2016</td>
</tr>
<tr>
<td>RESOURCES</td>
<td>USDA – RUS Grant – submitted 7/2014 $468,197 $238,829 match for planned equipment expenditures</td>
</tr>
<tr>
<td>PARTNERS/COLLABORATORS</td>
<td>CAMC Health Education and Research Institute, Inc Highland Hospital Partners in Health Network Participating sites include: Highland Hospital in Charleston, WV; Boone Memorial Hospital in Madison, WV; Cabin Creek Health Systems in Dawes, WV; Camden-on-Gauley Medical Center in Camden on Gauley, WV; Jackson General Hospital in Ripley, WV; Minnie Hamilton Health System in Grantsville, WV; New River Health Association in Scarbro, WV; Pocahontas Memorial Hospital in Buckeye, WV; Rainelle Medical Center in Rainelle, WV; Riverside Health Center in Belle, WV; and Webster County Memorial Hospital in Webster Springs, WV.</td>
</tr>
<tr>
<td>2016 PROGRESS REPORT</td>
<td>The WVKIDS physical build out was completed July 2016.</td>
</tr>
<tr>
<td>HUB Site</td>
<td>• Core Call Management System completed mid-May. • HUB site endpoints configured and delivered late May. • HUB Site Network Core Switching Upgrade complete, July 2016.</td>
</tr>
<tr>
<td>End User Sites</td>
<td>• Systems where deployed and tested, May 10 - June 3, 2016.</td>
</tr>
<tr>
<td>System Administration</td>
<td>• System Administrator online training access provided June 2016. • System turned over to Highland System Administrator in August 2016.</td>
</tr>
</tbody>
</table>

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

### STRATEGIC OBJECTIVE
PROVIDE TOBACCO CESSATION FOR PREGNANT WOMEN

### GOALS TO ADDRESS THE HEALTH NEED
- Provide training to all staff in the Women’s Medicine Center (WMC) in tobacco cessation
- Provide ongoing counseling to every women in the WMC regarding the harmful effects of tobacco
- Continue research to validate the benefits of cessation
- Identify if Cotinine testing improves cessation rates and secondarily to compare fetal outcomes with reduction of tobacco use
- Increase the quit rate among pregnant women in WV

### MEASURE TO EVALUATE THE IMPACT
Monthly statistics that address the number served and the validated quits. Results of Cotinine Biomarker Feedback on prenatal smoking and perinatal outcomes.

### TIMELINE
2014-2016

### RESOURCES
- CAMC Foundation
- CAMC Women and Children’s Medicine Center
- CAMC Health Education and Research Institute
- WVU Medical Division of Tobacco Prevention
- WV Quit line

### 2016 PROGRESS REPORT
The “Tobacco Free For Baby and Me” cessation program reported an average 23% quit rate in 2016. The program’s quit rate continues to be above the National Quit Rate of 13%-18%. Quit Validation is reported at 87%. The program received 9 months of additional funding for a Certified Tobacco Treatment Specialist for individual counseling four hours per week. The Program Intake Form has been revised to compliment a research study on the usage of e-cigs in pregnant women.
APPENDIX

LISTING OF ADDITIONAL 2016 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER
Community Health Improvement Services (A)
Community Health Education (A1)

AARP Driving Safety Courses
Description: Educational program designed to demonstrate how age related changes may affect seniors' driving safety. The course educates our geriatric population to reduce motor vehicle accidents.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Objectives: Participants will understand age-related changes that may affect their driving and improve their safety on the road.
Partners: WV Chapter of AARP
Persons: 75
Expenses: 2,385
Revenues: 0
Benefit: 2,385

Active Cancer Patient Support Group
Description: A community support group for cancer patients undergoing treatment.
Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Community Need: Cancer
Objectives: Provide support for cancer patients.
Persons: 60
Expenses: 480
Revenues: 0
Benefit: 480

ALA Bike Trek and Great Smoke Out
Description: Provided education materials and displays for the American Lung Association Bike Trek cycling event in Charleston and the Great Smoke Out at the Cabin Creek Clinic which promotes smoking cessation and raises money for the American Lung Association.
Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Community Need: Lung Disease/Asthma/COPD
Persons: 169
Expenses: 4,222
Revenues: 0
Benefit: 4,222

Alzheimer's Walk
Description: Walk to promote awareness and raise funds for Alzheimer's Research.
Category: A1
Gender: Both Males and Females
Department: 46509 (Southridge Imaging Center)
Department Contact: Kelly Combs (8-7031)
Objectives: Raise awareness and funds to support Alzheimer’s Research.
Persons: 200
Expenses: 574
Revenues: 0
Benefit: 574

Asthma Awareness
Description: Informational display at Embassy Suites in Charleston for the Lung Force Expo. Staff participated on the COPD Coalition as well as provided presentations to the community promoting asthma awareness at local health fairs, grade schools, and community events.
Category: A1
Gender: Both Males and Females
Department: 42500 (Respiratory Care)
Department Contact: Chuck Menders (8-9401)
Community Need: Lung Disease/Asthma/COPD
Objectives: Promote awareness of asthma to support early diagnosis and treatment.
Persons: 305
Expenses: 800
Revenues: 0
Benefit: 800

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: Doug Douglas (8-7809)
Community Need: Lack of Physical Activity
Objectives: To educate elementary school children regarding ATV, bicycle, and playground safety. Six bicycle helmets were donated to students who did not have helmets.
Persons: 150
Expenses: 80
Revenues: 0
Benefit: 80

Basic Life Support Training for the Community
Description: Free basic life support training and basic first aid classes offered to the community and to various groups like Girl Scouts.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Community Need: Heart Disease/High Blood Pressure
Objectives: Train community members in basic life support skills.
Persons: 36
Expenses: 360
Revenues: 0
Benefit: 360

Bicycle Safety
Description: A safety presentation that provides facts on bicycle related injuries, helmet effectiveness, safety tips, hand signals and the rules of the road to area elementary school students.
Category: A1
Gender: Both Males and Females  
Department: 41232 (Trauma Services)  
Department Contact: Doug Douglas (8-7809)  
Community Need: Lack of Physical Activity  
Objectives: Prevent bicycle injuries and promote the use of helmets.  
Persons: 475  
Expenses: 200  
Revenues: 0  
Benefit: 200

Breast Cancer Awareness Activities  
Description: Promoted breast cancer awareness at the Komen Race for the Cure and Holiday in Pink events in our community by providing literature and one-on-one education. Also provided support for the WVU Breast Education Conference.  
Category: A1  
Gender: Females  
Department: 46509 (Southridge Imaging Center)  
Department Contact: Kelly Combs (8-7031)  
Community Need: Cancer  
Persons: 1,200  
Expenses: 1,308  
Revenues: 0  
Benefit: 1,308

Breast Cancer Survivorship Group  
Description: A support group for breast cancer survivors to meet and discuss prior treatments and experiences. Breast cancer survivors, family members and staff are all encouraged to participate.  
Category: A1  
Gender: Both Males and Females  
Department: 49642 (CAMC Cancer Center)  
Department Contact: Bev Farmer (8-8399)  
Community Need: Cancer  
Persons: 22  
Expenses: 5,120  
Revenues: 0  
Benefit: 5,120

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: Doug Douglas (8-7809)  
Objectives: To increase awareness for outcomes of alcohol/drug consumption and driving.  
Persons: 150  
Expenses: 400  
Revenues: 0  
Benefit: 400
Childbirth Education Program

Description: Program designed for expectant parents.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objectives: Improved birth outcomes.
Persons: 1,532
Expenses: 67,133
Revenues: 0
Benefit: 67,133

Closed Circuit TV network system

Description: An on demand TV system offering over 100 educational videos for access to patients and their families. The system also includes a relaxation channel and the ability to access videos based on patient availability by making selections on their telephone keypad.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Objectives: To provide consistent, current vetted medical and health information.
Persons: 15,000
Expenses: 65,600
Revenues: 0
Benefit: 65,600

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)
Objectives: Nationally recognized support group for any bereaved parent.
Persons: 108
Expenses: 1,200
Revenues: 0
Benefit: 1,200

Digital Signage (CAMC TV) and Video PSAs

Description: CAMC TV is broadcast throughout our three hospitals to provide educational topics ranging from stroke identification to proper hand washing techniques and precautions to prevent the spread of influenza.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Objectives: Engaging and educating patients, family and community on health education topics.
Persons: N/A
Expenses: 45,075
Revenues: 0
Benefit: 45,075
Distracted Driving/Driving Safety for Teens
Description: Presentation about distracted driving statistics and habits. Review of safe driving practices and teen driving safety followed by a question and answer session.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Create a greater awareness of the dangers associated with distracted driving by discussing the common causes, the potential outcomes and traffic accident statistics. This is then translated to the impact it can have on the individual teen, their family, friends, and communities.
Persons: 50
Expenses: 160
Revenues: 0
Benefit: 160

Driving Safety Community Events
Description: Presentations at various community events that include the use of a Virtual Driver Interactive Simulator to demonstrate the effects of distracted driving, drunk driving, and driving under the influence of drugs.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Prevent traffic accidents and fatalities.
Persons: 50
Expenses: 160
Revenues: 0
Benefit: 160

Health Information Center
Description: The Health Information Center provides up-to-date reliable on-line health information.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Objectives: Promote health education in the community.
Persons: 31,424
Expenses: 54,130
Revenues: 0
Benefit: 54,130

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 Development)
Department Contact: Debby Schoolcraft (8-3376)
Community Need: Educational Attainment/High School Dropout
Objectives: Expose the students at eleven high schools in Kanawha and Boone Counties, four vocational and technical centers to health care careers.
Persons: 800
Expenses: 9,869
Revenues: 0  
Benefit: 9,869

Immunization Awareness

**Description:** Participated in Immunization Day at the WV Legislature and at Braxton County Memorial Hospital to educate the general public on the importance of mandatory immunization.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 46840 (Epidemiology)  
**Department Contact:** Sharon Winefordner (8-8846)

**Objectives:** Promote immunization for programs for childhood diseases.  
**Persons:** 180  
**Expenses:** 2,964  
**Revenues:** 0  
**Benefit:** 2,964

Keys for Healthy Kids 5-2-1-0 Program

**Description:** The 5-2-1-0 Program is designed to modify childcare behavior and encourage children to live a healthier lifestyle. CAMC partners with the Charleston Town Center Mall to provide the Play Patch, 940 square feet, play area for small children that includes fruit and vegetable themed play equipment along with a family restroom.

**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 21942 (Marketing)  
**Department Contact:** Elizabeth Pellegrin (8-5757)

**Community Need:** Obesity/Overweight/Poor Eating Habits  
**Objectives:** The vegetable theme of the play area supports the national 5-2-1-0 campaign, which encourages children to, daily, eat five fruits and vegetables, watch TV or play video and computer games for less than two hours, get one hour of exercise and skip sugary beverages.  
**Persons:** Not available  
**Expenses:** 3,122  
**Revenues:** 0  
**Benefit:** 3,122

Mini Medical School for the Public

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

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

**Objectives:** Educating the public on a variety of diseases and disorders and focusing on the prevention, diagnosis, and treatment options for each.  
**Persons:** 435  
**Expenses:** 17,967  
**Revenues:** 0  
**Benefit:** 17,967
Organ Donation Awareness

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

Category: A1
Gender: Both Males and Females
Department: 41452 (Transplant Center)
Department Contact: Glenn Martin (8-6525)
Objectives: To heighten awareness of the importance of organ donation.
Persons: 250
Expenses: 720
Revenues: 0
Benefit: 720

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)
Objectives: Making employees and visitors aware that the Red Cross is having a blood drive and where they can go if they wish to donate. Also to provide support for setting up and cleaning up the room used for the blood drive.
Persons: 165
Expenses: 408
Revenues: 0
Benefit: 408

Relay for Life

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

Category: A1
Gender: Both Males and Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (8-8399)
Community Need: Cancer
Persons: 150
Expenses: 473
Revenues: 0
Benefit: 473

Run For Your Life

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

Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Community Need: Colorectal Cancer
Persons: 430
Expenses: 1,470
Revenues: 0
Benefit: 1,470
Senior Lifestyles & Injury Prevention (SLIP)

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

**Category:** A1

**Gender:** Both Males and Females

**Department:** 41232 (Trauma Services)

**Department Contact:** Doug Douglas (8-7809)

**Community Need:** Balance Your Life (fall prevention), My Home Safe Home (home safety), On the Right Road (motor vehicle safety) and Stepping Out Safely (pedestrian safety).

**Persons:** 295

**Expenses:** 200

**Revenues:** 0

**Benefit:** 200

---

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)

**Objectives:** 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.

**Staff Hours:** 20

**Persons:** 147

**Expenses:** 492

**Revenues:** 0

**Benefit:** 492

---

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)

**Community Need:** Lack of Physical Activity

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

**Persons:** 428

**Expenses:** 15,000

**Revenues:** 0

**Benefit:** 15,000

---

Walk With a Doc

**Description:** Monthly walks with a physician that begin with an educational topic such as high blood pressure, diabetes, or nutrition. The education is followed by a 45 minute group walk with the provider and staff. While walking participants can freely talk or ask questions of the providers. At the end of the walk free blood pressure checks and refreshments are offered.

**Category:** A1

**Gender:** Both Males and Females

**Department:** 67665 (Primary Care)

**Department Contact:** Kristin Carfagna (8-4797)
Objectives: Provide health information and promote communication between physicians and patients as well as promoting exercise and physical activity.

Persons: 180
Expenses: 3,510
Revenues: 1,250
Benefit: 2,260

WV Health Occupations Students of America (HOSA)

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

Category: A1
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Development)
Department Contact: Debby Schoolcraft (8-3376)
Community Need: Educational Attainment/High School Dropout

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

Persons: 300
Expenses: 250
Revenues: 0
Benefit: 250

*** Community Health Education (A1)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Offsets</th>
<th>Benefit</th>
<th>Persons</th>
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</thead>
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<td>305,832</td>
<td>1,250</td>
<td>304,582</td>
<td>54,766</td>
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</table>

Community Based Clinical Services (A2)

2016 Flood Relief Emergency Shelter and Field Hospital

Description: CAMC provided critical prescriptions at the Capitol High School emergency shelter and staffed a field hospital in Clendenin, Kanawha County in collaboration with the Kanawha County Emergency Ambulance Authority and the WV National Guard. The field hospital was operational from June 28 through July 10, 2016 during which time 322 patients were treated, 903 prescriptions were distributed, and 2,332 doses of Tetanus vaccine were administered.

Category: A2
Gender: Both Males and Females
Department: 46874 (Safety)
Department Contact: Lillian Morris (8-8208)

Objectives: To meet the urgent healthcare needs of the people affected by the June flood and provide prescription medications for area residents who lost them in the disaster. The field hospital provided assessments, prescriptions, minor suturing, and treated heat related illnesses and snake bites.

Persons: 3,859
Expenses: 92,617
Revenues: 0
Benefit: 92,617

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

Persons: 329
Expenses: 347,905
Revenues: 195,209
Benefit: 152,696

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: 476
Expenses: 27,408
Revenues: 0
Benefit: 27,408

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)
Community Need: Drugs/Prescription and Illicit
Persons: 550
Expenses: 3,696
Revenues: 0
Benefit: 3,696

Housing Authority Cancer Screening
Description: The CAMC Cancer Center provided cancer screening, smoking cessation programs and breast cancer awareness presentations to the residents of Lippert Terrace, Lee Terrace, Carol Terrace, Jarrett Terrace and Washington Manor.

Category: A2
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Community Need: Cancer
Objectives: Provide cancer screening and health information to Housing Authority low income residences.
Persons: 63
Expenses: 560
Revenues: 0
Benefit: 560

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)
Objectives: The return of patients to the highest level of functionality that they can attain.
Persons: 114
Expenses: 1,216
Revenues: 0
Benefit: 1,216

Orthopedic Physician Coverage for Area High School Sporting Events
Description: Provided onsite orthopedic physician coverage for athletes, cheerleaders and band members during the 2016 school year at 16 local high schools.
Category: A2
Gender: Both Males and Females
Department: 67644 (CAMC Orthopedics)
Department Contact: Gail Huffman (8-5870)
Objectives: On site health care coverage for area athletes.
Persons: 1,040
Expenses: 34,272
Revenues: 0
Benefit: 34,272

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)
Objectives: This program helps to fill the gap in mental health services for the uninsured or underinsured. It serves individuals who have health insurance that does not cover behavioral health services or individuals without health insurance.
Persons: 131
Expenses: 14,285
Revenues: 0
Benefit: 14,285

West Virginia Health Right Support
Description: A low income 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 clinic.
Category: A2
Gender: Both Males and Females
Department: 46579 (Pharmacy Administration)
Department Contact: David Jarrett (8-7854)
Community Need: Unemployment/Jobs/Poverty
Objectives: To support health care delivery to those unable to obtain services elsewhere.
Persons: N/A
Expenses: 247,498
Revenues: 0
Benefit: 247,498

*** Community Based Clinical Services (A2)  Expenses  Offsets  Benefit  Persons
769,457  195,209  574,248  6,562

Health Care Support Services (A3)

2016 Bridge Day Medical Command Center
Description: Provided personnel to staff the Medical Command Center during the 2016 Bridge Day at the New River Gorge Bridge in Fayette County. Bridge Day Activities on the closed 4-lane bridge include base jumping and rappelling from the bridge. The Medical Command Center is responsible for coordinating the recovery and transport of injured participants.
Category: A3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Coordinate the safe recovery and evacuation of injured participants at Bridge Day.
Persons: Not available.
Expenses: 577
Revenues: 0
Benefit: 577

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)
Community Need: Lack of Physical Activity
Objectives: To provide challenged sports such as wheelchair basketball leagues, marksmanship and other events. The program helps challenged athletes develop the skills necessary to participate.
Persons: 27
Expenses: 114
Revenues: 0
Benefit: 114

Enrollment Assistance for Patients and Families for Health Coverage
Description: Patient Accounts assists patients to enrollment in government programs or in obtaining charity care. Financial Counselors address the charity process for CAMC patients. Over 37,000 charity and government enrollment applications were provided.
Category: A3
Gender: Both Males and Females
Department: 31706 (Finance)
Department Contact: Jay Richmond (8-6250)
Community Need: Unemployment/Jobs/Poverty
Persons: 25,098
Expenses: 1,249,518
Revenues: 0
Benefit: 1,249,518

Follow-Up After Perinatal Loss
Description: Labor and Delivery nurses provide outpatient referral and resources for perinatal loss and bereavement services.
Category: A3
Gender: Females
Department: 43110 (Labor & Delivery)
Department Contact: Celena King (8-2177)
Objectives: Follow-up after experiencing perinatal loss. Provide outpatient referral services/programs to support the patient after the loss.
Persons: 30
Expenses: 1,200
Revenues: 0
Benefit: 1,200

Healthy Steps Exercise Program
Description: Healthy Steps is a therapy, exercise and movement program designed to improve the overall wellness, range-of-motion, balance, strength, emotional well-being for cancer survivors and others with chronic illnesses or medical conditions.
Category: A3
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Community Need: Cancer
Persons: 10
Expenses: 156
Revenues: 0
Benefit: 156

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)
Community Need: Cancer
Objectives: Improving self-esteem and overall well-being of the cancer patient.
Persons: 8
Expenses: 736
Revenues: 0
Benefit: 736

Patient Nourishment Program
Description: Nutrition Services provides nutrition products to patients upon discharge until they can obtain the product themselves through an outside source.
Category: A3
Gender: Both Males and Females
Department: 41802 (Nutrition Services)
Department Contact: Peg Andrews (8-3416)
Objectives: To provide appropriate and sufficient nutrition to discharged patients until an outside source is obtained.
Persons: 5
Expenses: 75
Revenues: 0
Benefit: 75

Expenses Offsets Benefit Persons
*** Health Care Support Services (A3) 1,252,376 0 1,252,376 25,178

Social and Environmental Improvement Activities (A4)
CAMC Mall Walkers Program
Description: The Mall Walkers Program is provided at the Charleston Town Center and participants meet one day per month in the center court to discuss health topics such as stroke awareness, holiday meal planning, and infection prevention. Participants are provided a parking pass to use between 7 a.m. and 10 a.m. Monday through Saturday so they can walk at their own pace.
Category: A4
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (8-9989)
Community Need: Lack of Physical Activity
Objectives: Promote health education and exercise.
Persons: 227
Expenses: 1,272
Revenues: 0
Benefit: 1,272
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<th>Description</th>
<th>Expenses</th>
<th>Offset</th>
<th>Benefit</th>
<th>Persons</th>
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### Health Professions Education (B)
#### Physicians/Medical Students (B1)

**CAMC Graduate Medical Education**
- **Description:** CAMC provides 17 residency and fellowship programs (allopathic and osteopathic including 3 dual tracks). CAMC has medical school affiliations with West Virginia University School of Medicine and the West Virginia School of Osteopathic Medicine. There are 171 medical residents enrolled on campus.
- **Category:** B1
- **Gender:** Both Males and Females
- **Department:** 31720 (Accounting)
- **Department Contact:** Debbie McClure (8-3380)
- **Persons:** 171
- **Expenses:** 40,221,388
- **Revenues:** 6,334,756
- **Benefit:** 33,886,632

**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)
- **Objectives:** Provide a forum for medical professionals to discuss ethics issues.
- **Persons:** 280
- **Expenses:** 434
- **Revenues:** 0
- **Benefit:** 434

**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)
- **Objectives:** To provide professional education to the medical community on geriatric topics and issues.
- **Persons:** 376
- **Expenses:** 558
- **Revenues:** 0
- **Benefit:** 558

**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)
Objectives: Provide physician education to medical staff and medical students on CAMC’s campus.
Persons: 82
Expenses: 186
Revenues: 0
Benefit: 186

<table>
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<th>Expenses</th>
<th>Offsets</th>
<th>Benefit</th>
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<td>6,334,756</td>
<td>33,887,810</td>
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Nurses/Nursing Students (B2)

CAMC Nursing Education
Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in nursing programs affiliated with CAMC. CRNA, RN and BSN nursing students enrolled in educational instruction and supervision while on patient care floors, in the operating room or other patient care areas.
Category: B2
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objectives: To provide clinical experiences for students.
Persons: 127
Expenses: 1,046,364
Revenues: 0
Benefit: 1,046,364

Future of Nursing WV
Description: A coalition of statewide and national providers that addresses the 2010 Institute of Medicine’s recommendations for the future of nursing. The recommendations suggest new ways for nurses to practice and enhance access to care. The directives contained in The Future of Nursing: Leading Change, Advancing Health aim for an American health care system that centers on the patient, relies on evidence-based practices, and leads to the improved health of people in all categories and locations. Nurses and nursing leaders are central to that vision.
Category: B2
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: Ron Moore (8-5486)
Objectives: To work with the statewide committee as it addresses the 2010 Institute of Medicine’s recommendations for the future of nursing.
Persons: Unknown
Expenses: 7,820
Revenues: 0
Benefit: 7,820

Nursing Pathways Program
Description: CAMC and WV State Community and Technical College formed a partnership to provide a two-year nursing program. The Nursing Pathways Program includes three distinct entries to earning a two-year associate degree: 1) a mid-year ADN program; 2) a Paramedic to Registered Nurse Fast Track Program; and 3) a Licensed Practical Nurse to Registered Nurse Fast Track Program.
Category: B2
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Development)
Department Contact: Debby Schoolcraft (8-3376)
Community Need: Unemployment/Jobs/Poverty
Objectives: To increase the number of licensed registered nurses.

Persons: 66
Expenses: 466,493
Revenues: 418,693
Benefit: 47,800

West Virginia State Trauma Audit Review (WV STAR)
Description: Annual gathering of trauma professionals from the state's Trauma Centers to conduct peer review discussion of trauma cases from the previous year at each facility.
Category: B2
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Peer review discussions to educate trauma providers and better prepare them for cases that may come to their trauma center.

Persons: 100
Expenses: 600
Revenues: 0
Benefit: 600

WV State Trauma Symposium
Description: This conference is a collaborative effort between experts in various trauma disciplines from around West Virginia and is designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers and prehospital health care, coding specialists and health information professionals. Includes an eight hour trauma nursing workshop featuring topics on surgical trauma, pediatric trauma and complications. The speakers present progressive and challenging issues in the field of trauma care. A poster session highlights trauma research throughout the state.
Category: B2
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Facilitate the event and make sure each day of the conference runs smoothly. CAMC provided personnel for registration and support at the event.

Persons: 125
Expenses: 960
Revenues: 0
Benefit: 960

*** Nursing/Nursing Students (B2)  Expenses  Offsets  Benefit  Persons
1,522,237  418,693  1,103,544  418

Other Health Professional Education (B3)

CAMC Allied Health Professional Education
Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in local allied health professional education programs. CAMC provides the clinical setting and supervision to students for Imaging, Nuclear Medicine, Respiratory Therapy, Physical Therapy and other allied health professionals enrolled in educational programs for which we have an educational affiliation agreement.
Category: B3
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (8-7854)
Objectives: To provide a clinical setting for student learning.
Persons: 360
Expenses: 407,344
Revenues: 0
Benefit: 407,344

Medical Explorers
Description: A program designed to introduce youth in Kanawha and Putnam counties to the health care environment. Participants must be at least 14 years of age and completed the 8th grade, or are ages 15 to 20 and have designated health care as their health cluster.
Category: B3
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Schoolcraft (8-3376)
Community Need: Educational Attainment/High School Dropout
Objectives: Increase health career awareness by educating middle and high school students about health professions and careers.
Persons: 90
Expenses: 2,611
Revenues: 136
Benefit: 2,475

Permissive Hypotension in Trauma
Description: Community trauma outreach to area EMS personnel on the benefits of permissive hypotension resuscitation in trauma patients. The goal blood pressure for these patients is a mean arterial pressure of 40-50mmHg or a systolic blood pressure less than or equal to 80. The key is to avoid normalizing blood pressure in a context where blood loss may be enhanced.
Category: B3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Better survival outcomes for trauma patients.
Persons: 12
Expenses: 1,280
Revenues: 0
Benefit: 1,280

Physician Assistant Student Rotations
Description: The hospitalist program had 25 physician assistant students from Mountain State University and Alderson Broaddus University during a six week rotation at CAMC.
Category: B3
Gender: Both Males and Females
Department: 42005 (Hospitalist Program)
Department Contact: (8-5848)
Persons: 25
Expenses: 28,000
Revenues: 0
Benefit: 28,000

Rural Trauma Team Development Course
Description: This 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: Doug Douglas (8-7809)
Objectives: The purpose of the course is to increase efficiency of resource utilization and improve the level of care provided to the patient and to educate the audience regarding the state’s regional and local trauma system. The course outlines the various stages of trauma assessment and the components of the primary survey, decision to transfer, secondary survey, and demonstrates the concepts of the primary survey.
Persons: 60
Expenses: 2,880
Revenues: 0
Benefit: 2,880

*** Allied Health Professional Education (B3)  442,115  136  441,979  547

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 Development)
Department Contact: Debby Schoolcraft (8-3376)
Objectives: To maintain an adequate number of health professionals in the community to fill existing and future health care profession needs.
Persons: Not available
Expenses: 285,000
Revenues: 0
Benefit: 285,000

Expenses  Offsets  Benefit  Persons
*** Scholarships/Funding for Professional Education (B4)  285,000  0  285,000  0

**** Health Professions Education (B)

Expenses  Offsets  Benefit  Persons
**** Health Professions Education (B)  42,471,918  6,753,585  35,718,333  1,874

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

2016 WV Flood Donation
Description: Cash donation to the American Red Cross for victims of the June 2016 WV Flood.
Category: E1
Gender: Both Males and Females
Department: 46874 (Safety)
Department Contact: Lillian Morris (8-8208)
Objectives: Flood Relief
Persons: Not available
Expenses: 25,000
Revenues: 0
Benefit: 25,000

Civic Affairs Council
Description: The Civic Affairs Council is comprised of employees who review the applications for charitable donations and make awards based on specific community benefit criteria. Funding was provided to area high schools for Project Graduation, Daymark, Salvation Army, WV Health Right, American Cancer Society, Girl Scouts, Boy Scouts, REA of Hope, Children's Therapy Clinic,
Charleston Daily Mail's Neediest Cases, Union Mission, The Gabriel Project of WV, National Muscular Dystrophy Association, Faith in Action of Kanawha Valley, Tri-County YMCA, Try This, Habitat of Humanity, Childhood Language Center, United Way of Central WV, Prestera, Dreams Community Development Corporation, Alzheimer's Association, WV Senior Sports Classic, YMCA of Kanawha Valley, and Read Aloud WV.

**Category:** E1  
**Gender:** Both Males and Females  
**Department:** 10000 (Civic Affairs)  
**Department Contact:** Liz Tate (8-7619)  
**Community Need:** Unemployment/Jobs/Poverty  
**Objectives:** Provide financial support to programs and services in our service area to support health, educational, social services, civic and economic development requests that address community needs.

**Persons:** Not available.  
**Expenses:** 36,660  
**Revenues:** 0  
**Benefit:** 36,660

### Expenses Offsets Benefit Persons

| Cash Donations (E1) | 61,660 | 0 | 61,660 | 0 |

### In-kind Donations (E3)

**Community Board Participation by CAMC Personnel**

**Description:** Community board participation by CAMC personnel for 2016.

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

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

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

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

- Mike Williams, Vice President/Administrator, CAMC General Hospital, served as Secretary on the State Trauma Advisory Committee and Vice Chair of the East End Advisory Board.

- Andrew Weber, Vice President/Administrator, CAMC Women and Children's Hospital, served as the President of the Kids Count board, board member for the Fund for the Arts, board member of the WV Hospital Association and as a Malcolm Baldrige National Quality Award Examiner.
Elizabeth Pellegrin, Chief Marketing Officer, served as a board member of the Glotfelty Foundation.

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

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

Ronald Moore, Chief Nursing Officer participated as a team leader on the Future of Nursing WV Committee of the West Virginia Hospital Association, the WV Center for Nursing Board of Directors, WVONE Board of Directors, Bridge Valley Nursing Advisory Board and the University of Charleston Advisory Board.

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

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

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

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

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

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

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

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

Brad Young, Enterprise Infrastructure Architect, participated on the West Virginia InfraGard Members Alliance, an FBI affiliated not-for-profit organization, for education around the protection of critical health care infrastructure.

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

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

Anita Ferguson, Manager Workforce Development, participated on the Bridge Valley Community & Technical College Foundation Board of Directors.
Tammy Young and Lauren Lane, Employment Associates, participated on the boards of Garnet Career Center, Boone Career & Technical Center, Bridge Valley Community & Technical College, WV Junior College, Southern WV Community & Technical College and the Ross Medical Education Center.

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

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

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

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

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

Carrie Morris, Nurse Manager, participated as a Partnership for Excellence (Ohio, Indiana and West Virginia) state Baldrige program examiner.

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

Christina Shaffer, Nurse Manager, participated as a Partnership for Excellence (Ohio, Indiana and West Virginia) state Baldrige program examiner.

Lisa Songer, Critical Care Director, participated as a Partnership for Excellence (Ohio, Indiana and West Virginia) state Baldrige program examiner.

**Category:** E3  
**Gender:** Both Males and Females  
**Department:** 21900 (CAMC Administration)  
**Department Contact:** David Ramsey (8-7627)  
**Objectives:** To share CAMC's leadership, knowledge and experience in the fields of healthcare, management and education with community boards and associations to enhance the region.  
**Persons:** Not available  
**Expenses:** 302,407  
**Revenues:** 0  
**Benefit:** 302,407

**Kanawha-Charleston Health Department Harm Reduction**  
**Description:** CAMC provided cash donations to support the Kanawha-Charleston Health Department's Harm Reduction Program. The needle exchange program serves over 2,228 area addicts and the needle exchange is open one day a week.  
**Category:** E3  
**Gender:** Both Males and Females  
**Department:** 46872 (Planning)  
**Department Contact:** Brenda Grant (8-7885)  
**Community Need:** Drug Addiction  
**Objectives:** Prevent the spread of blood borne diseases via the shared use of needles.  
**Persons:** 2,228  
**Expenses:** 4,000  
**Revenues:** 0  
**Benefit:** 4,000

**Ronald McDonald House Housekeeping Support**  
**Description:** Provide 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)
Community Need: Unemployment/Jobs/Poverty
Persons: N/A
Expenses: 12,001
Revenues: 0
Benefit: 12,001

*** In-Kind Donations (E3) 318,408 0 318,408 2,228

**** Financial and In-Kind Contributions 380,068 0 380,068 2,228

Community Building Activities (F)
Economic Development (F2)

Local Wealth Creation - Farm to Hospital
Description: Growth of the Value Chain food system incorporating local growers to replace imports from the outside economy with herbs and vegetables that can be grown locally for the same or lower cost with the same or higher quality.
Category: F2
Gender: Both Males and Females
Department: 1 (Dietary Services)
Department Contact: Mike Marinaro (8-6551) and Steve Perry
Community Need: Obesity/Overweight/Poor Eating Habits
Objectives: To decrease sodium and fat in foods prepared in CAMC hospitals through the use of fresh herbs and vegetables. To open new avenues for existing and new growers with a guaranteed market for their produce.
Persons: Not available
Expenses: 1,100
Revenues: 0
Benefit: 1,100

*** Economic Development (F2) 1,100 0 1,100 101

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)
Objectives: Assist small rural hospitals and health clinics to remain viable.
Persons: Unknown
Expenses: 165,922  
Revenues: 0  
Benefit: 165,922

*** Community Support (F3)  
Expenses: 165,922  
Offsets: 0  
Benefit: 165,922  
Persons: 0

Environmental Improvements (F4)

United Way Day of Caring
Description: CAMC employees volunteered to participate in the United Way's Day of Caring performing community service projects for the community.
Category: F4  
Gender: Both Males and Females  
Department: 46872 (Planning)  
Department Contact: David Jarrett (8-7854)  
Community Need: Unemployment/Jobs/Poverty  
Persons: Not applicable  
Expenses: 7,360  
Revenues: 0  
Benefit: 7,360

*** Environmental Improvements (F4)  
Expenses: 7,360  
Offsets: 0  
Benefit: 7,360  
Persons: 0

Workforce Development (F8)

Health Care Career Showcase
Description: An event to showcase hospital career opportunities to high school students in eight surrounding counties. Colleges, universities, career and technical centers from WV provided information on degree programs, certificates, and training available as well as entrance requirements and financial assistance.
Category: F8  
Gender: Both Males and Females  
Department: 21926 (Human Resources Workforce Dev)  
Department Contact: Debby Schoolcraft (8-3376)  
Community Need: Educational Attainment/High School Dropout  
Objectives: Increase awareness of health care occupations by bringing students, schools and professionals together to showcase today's trends in health care.
Persons: 200  
Expenses: 34,244  
Revenues: 0  
Benefit: 34,244

Health Career Awareness Days at CAMC
Description: Summer and fall presentations and tours by healthcare providers at CAMC hospitals for area high school students, instructors, and Charleston Alliance Leaders to educate instructors and area youth about healthcare careers available to them.
Category: F8  
Gender: Both Males and Females  
Department: 21926 (Human Resources Workforce Dev)  
Department Contact: Debby Schoolcraft (8-3376)  
Community Need: Educational Attainment/High School Dropout  
Persons: 90  
Expenses: 4,664  
Revenues: 0  
Benefit: 4,664
Workforce Innovation and Opportunities Act

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

Category: F8
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Schoolcraft (8-3376)
Community Need: Unemployment/Jobs/Poverty
Objectives: Increase the business community's involvement in the workforce investment programs and address workforce investment needs of job seekers, workers and businesses within the Kanawha County workforce investment area represented by the Local Elected Board.

Persons: Not available
Expenses: 1,179
Revenues: 0
Benefit: 1,179

*** Workforce Development (F8)

Expenses 40,087  Offsets 0  Benefit 40,087  Persons 290

Other - Health Fair (F9)

Healthfest

Description: Health fair offering over 25 free/reduced price screenings and health information to the public as well as free athletic physicals for area youth.

Category: F9
Gender: Both Males and Females
Department: 21942 (Marketing)
Department Contact: Elizabeth Pellegrin (8-5757)
Community Need: Lack of Physical Activity, Unemployment/Jobs/Poverty
Objectives: To serve the Kanawha Valley with free screenings to improve health, enhance preventive care and provide educational materials.

Persons: 1,600
Expenses: 98,696
Revenues: 37,380
Benefit: 61,316

Teddy Bear Fair

Description: Children's health fair

Category: F9
Gender: Both Males and Females
Department: 43120 (Pediatrics)
Department Contact: Susan Russell (8-2885)
Community Need: Lack of Physical Activity, Unemployment/Jobs/Poverty
Objectives: Allow children to visit the hospital in a non-threatening way, complete with playing with medical equipment and trying on surgical masks. They tour the hospital, play games, receive car seat education, and health education materials.

Persons: 1,243
Expenses: 19,208
Revenues: 12,489
Benefit: 6,719

*** Other – Health Fair (F9)

Expenses 117,904  Offsets 49,869  Benefit 68,035  Persons 2,843
### Community Building Activities (F)

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<thead>
<tr>
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<th>332,373</th>
<th>49,869</th>
<th>282,504</th>
<th>3,234</th>
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### 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)

**Objectives:** Preparation and implementation for community health needs assessment, community forum, identification of top health issues. Establishment of CAMC implementation strategies to address community health needs. Reporting on prior year implementation strategies. Compilation and reporting on CAMC’s community benefit by surveying the individual departments, administrators, and other staff at our three hospitals. Participating in ongoing community benefit education programs.

<table>
<thead>
<tr>
<th>Persons</th>
<th>Expenses</th>
<th>Revenues</th>
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<tbody>
<tr>
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<td>20,551</td>
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**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)

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

<table>
<thead>
<tr>
<th>Persons</th>
<th>Expenses</th>
<th>Revenues</th>
<th>Benefit</th>
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<tbody>
<tr>
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<tr>
<th>*** Dedicated Staff (G1)</th>
<th>Expenses</th>
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<th>**** Community Benefit Operations (G)</th>
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**Total Community Benefit**

| Total Community Benefit | 45,658,093 | 6,999,913 | 38,658,180 | 94,069 |

**Totals:**

- **Number of Programs:** 78
- **Persons:** 94,069
- **Expenses:** $45,627,612
- **Revenues:** $6,999,913
- **Benefit:** $38,627,699