



CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's Hospital



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



The Community Benefit Report is made available to the public via the CAMC Health System website at www.camc.org 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**

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

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

2019 Community Benefit Report
On 2017 - 2019 Implementation Strategies
Executive Summary

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

In 2019, Charleston Area Medical Center provided \$183,013,465 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



**2019 COMMUNITY BENEFIT SUMMARY for
CAMC MEMORIAL, CAMC GENERAL,
CAMC WOMEN and CHILDREN'S, and
CAMC TEAYS VALLEY HOSPITALS***

CHARITY CARE AT COST

\$20,986,228

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

GOVERNMENT SPONSORED MEANS-TESTED HEALTH CARE SHORTFALLS

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

Unreimbursed Medicaid

\$119,579,546

Other Public Unreimbursed Costs

\$1,322,581

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

SUBSIDIZED HEALTH SERVICES

\$1,020,940

Clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, it would be either unavailable in the area or fall to the responsibility of the government or other not-for-profit organization to provide. Subsidized health services at CAMC include Family Resource Center support at \$400,846, the Lactation Support Program at \$217,708 and the Palliative Care Program at \$402,386.

COMMUNITY BENEFIT PROGRAMS AND SERVICES

\$40,104,170

See details beginning on page 47.

Community Health Improvement Services	951,191
Health Professions Education	38,419,555
Financial and In-Kind Contributions	295,446
Community Building Activities	246,744
Community Benefit Operations	191,234

TOTAL \$183,013,465

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

\$175,782,113

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

BAD DEBT AT CHARGE

\$41,901,882

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

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

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

CAMC General Hospital, CAMC Memorial Hospital and CAMC Women and Children’s Hospital

2019 Community Benefit and Implementation Strategy Report

The Kanawha Coalition for Community Health Improvement was founded in 1994 by Charleston Area Medical Center and other Kanawha County hospitals working in partnership with local organizations. The Coalition’s mission is *to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County*. A Community Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement every three years. The Implementation Strategies in this report are based on the 2017 Community Health Needs Assessment. The community forum prioritizes the top health issues and the Kanawha Coalition forms work groups to address the top three issues. CAMC supports the work of these groups but also addresses the remaining health issues through a systematic process described on page 28.

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

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

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

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

CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top three health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups’ plans. The workgroups accomplishments were as follows in 2019.

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

Date Created: 8/1/2017

Date Reviewed/Updated: 12/31/2019

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

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

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

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

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

Strategy: Prevention education

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

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Develop written evaluation plan, with short-term and long-term indicators, for prevention education in Kanawha County Schools.	December 31, 2017 (ongoing monitoring)	Staff time Volunteer time Evaluators Time	Kanawha County Schools/Kanawha Communities That Care	Evaluation plan Scores demonstrate improved social emotional learning skills	Completed
Identify funding sources and apply/receive funding for evidence-based programming expansion into grades K-8	January 2018	Staff time Volunteer time Funding	KCCHI/ Kanawha Communities That Care	Funding secured	Completed: Funding secured for Too Good For Drugs curriculum for all grades K-8. \$10,000 T-Center \$5,000 CAMC Civic Affairs Council \$50,000 Kanawha County Schools Completed 2019: Secured additional funding secured for the purchase of updated Too Good For Drugs curriculum for grades K-8.
Provide Too Good for Drugs (TGFD) evidence-based curriculum training to school personnel grades K-8	August 2017 (elementary) August 2018 (middle)	Staff time Training space & materials	Kanawha Communities That Care	School personnel trained	Completed: 4-member Too Good teams trained from 43 elementary schools and 14 middle schools (Sept. 2018)
Continue providing TGFD for 1 st and 4 th grades (all schools)	Ongoing	School Counselors' time Funding for Student handbooks	Kanawha County Schools	All 1 st & 4 th graders receive TGFD Pre-posts tests completed by students	Completed: Too Good For Drugs implemented in grades K-8, School Year 2018-2019 (Pre/Post Survey Results completed)
Add evidence-based curriculum, all schools, grades 2 nd and 7 th .	August – October 2018	Staff time Start- up funding for classroom curriculum Ongoing funding for student handbooks	Kanawha County Schools	TGFD delivered to 2 nd , 4 th and 7 th graders Pre-posts tests completed by students	Completed: Too Good For Drugs implemented in grades K-8, School Year 2018-2019 (Pre/Post Survey Results pending)

Expand Generation Rx program into all 3rd grade classes	Ongoing	Staff time Funding for instructor tool-kits	University of Charleston/KCS	Generation Rx delivered to all 3 rd graders Student surveys completed	Completed: Partnered with Kanawha County Schools on Generation Rx program delivered by University of Charleston School of Pharmacy students for all third grade class rooms in Kanawha County, funded by Cardinal Health.
Partner with DEA 360 to provide Operation Prevention resources to school personnel	July 2017 (ongoing)	Staff time	Kanawha County Schools	School personnel linked to Operation Prevention resources	Completed: Provided to elementary school personnel (2017-2018 School Year)
Recruit adult coordinators for Youth Leadership Groups (example: SADD) in all Middle and High Schools in Kanawha County (i.e. school personnel, parents, college students, etc.)	Ongoing (monthly)	Staff time Volunteer time	Kanawha County Schools/Kanawha Communities That Care/United Way of Central WV	Adult coordinators for each youth leadership group	On going
Develop Youth Leadership Mentorship Program - Engage students: colleges; Job Corps; and Career Schools - Engage High School youth leaders as mentors to Middle School Leadership Groups	Ongoing (monthly)	Staff time Volunteer time Student engagement	Kanawha Communities That Care/United Way of Central WV	Mentorship program operational	On going
Recruit student members for Youth Leadership Groups	Ongoing (monthly)	Staff time Volunteer time Recruitment materials	Adult advisors	Students recruited and active	On going
Provide training to new adult coordinators	Ongoing (monthly)	Staff time Volunteer time Training space and materials	Kanawha Communities That Care/ United Way of Central WV	All adult coordinators complete training course	On going
Provide leadership training to participating youth	Ongoing (monthly)	Staff time Training space and materials Funding	Kanawha Communities that Care/ United Way of Central WV	All participating youth receive leadership training	Completed: 30 Kanawha County SADD Chapter Youth attended the 2018 WV SADD Leadership Conference On going
Develop and implement an application process for Kanawha County Youth Leadership Council with	November 2017	Staff time Adult advisors' time Youth engagement Funding for Council	Kanawha Communities That Care		COMPLETED: Applications developed and provided to student leadership groups October 2017

representation from all active leadership groups.		meetings/support			
Establish a Kanawha County Youth Leadership Council	Ongoing (monthly)	Staff time Youth	Kanawha Communities That Care	An active Kanawha County Youth Leadership Council with representation from all Youth Leadership Groups	COMPLETED
Celebrate Youth Leadership successes / Hold recognition event	June, 2018 (Annually)	Staff time Volunteer time Appreciation and Achievement awards Donations for recognition event	Kanawha County Schools/Kanawha Communities That Care/ United Way of Central WV	Annual celebration/recognition event	On going

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Kanawha County youth

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Meet with Kanawha County Schools on a plan for early identification, brief intervention and referral to treatment for mental health and substance abuse issues	December 1, 2017	Staff time Meeting space	Kanawha County Schools / Kanawha Communities That Care	Kanawha County School policy regarding SBIRT	Completed (via phone/email)
Develop strategic plan and budget.	August 31, 2018	Staff time Meeting space Meeting materials	Kanawha County Schools / Kanawha Communities That Care	Strategic plan for implementation	Deferred to 2020
Develop evaluation plan to include short-term and long-term	August 31, 2018	Staff time Volunteer time	Kanawha County Schools / KCCHI/Kanawha	Evaluation Plan	Deferred to 2020

indicators	(ongoing monitoring)	Evaluator's time	Communities That Care		
Procure funding for implementation	March 31, 2019	Staff time Volunteer Time Funding	KCCHI/KCS	Funding	Deferred to 2020
Provide SBIRT & Mental Health First Aid training for Kanawha County Schools personnel	August 1, 2019	Staff time Training materials Meeting space	Kanawha County Schools / Kanawha Communities That Care	School personnel complete training	Deferred to 2020
Implement plan	September 1, 2019	Staff time Funding	Kanawha County Schools	SBIRT implemented	Deferred to 2020
Update plan based on results	June 1, 2020	Staff time Funding	Kanawha County Schools / Kanawha Communities That Care	Revised plan	Deferred to 2020

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

BACKGROUND ON STRATEGY

Source: Based on the success of the Colerain Township, Ohio Quick Response Team model.

[http://www.watchustrive.org/colerain.aspx\[watchustrive.org\]](http://www.watchustrive.org/colerain.aspx[watchustrive.org])

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: People who have overdosed and their families

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Advocate for policies that support getting overdose patients to treatment centers verses hospital emergency rooms	Ongoing	Staff time Policy experts	Great Rivers System for Addiction Care	New or revised policies	Recovery Coaches on the QRT, in Emergency Departments and inpatient in hospitals.
Seek consultation from communities who have QRT's in operation	October 31, 2017	Staff time Travel costs	City of Charleston	Learn what is working and what has not worked	Completed City of Charleston QRT launched in the fall of 2018. They worked closely with Huntington's QRT to develop protocols and trained on Cordata. Kanawha County is pursuing

					funding for QRT to expand into the county.
Identify key partners	October 31, 2017	Staff time	Kanawha-Charleston Health Department (KCHD)	QRT Team	Completed Sky Kershner engaged for motivational interviewing Partnerships with Presteria, Highland, and Thomas Hospital Formed for Recovery Coaches component Core Team of stakeholders from major area hospitals and KCHD formed Steve Weber, from Charleston Police committed Core Team to reach out to Mark Strickland from Ambulance Authority.
Hold initial meeting of partners	November 30, 2017	Staff time Meeting space and materials	Kanawha-Charleston Health Department (KCHD)	QRT Team	Completed
Develop QRT process for Kanawha County	Feb. 1, 2018	Staff time Volunteer time	Kanawha-Charleston Health Department (KCHD)	QRT implementation plan	Completed
Develop and implement evaluation plan for QRT	May – Oct. 2018 (monthly)	Staff time Evaluator Funding	City of Charleston	Pilot Evaluation Report	Completed
Develop QRT “Resource Recovery Packets” for OD patients and their families	Feb. 1, 2018	Staff time Volunteer time Funding	City of Charleston	Resource Recovery Packets	Completed QRT provides information to the clients
Procure funding	April 1, 2018	Funding: -Personnel -Capital costs -Printing	City of Charleston	Funding	Completed Funding has been secured through the WV DHHR.
Pilot QRT process for pre-determined period of time	May – Oct. 2018	Staff time Volunteer time Funding	City of Charleston	Pilot completed – QRTs response teams operational	Completed
Revise process as needed	Nov. 2018	Staff time Volunteer time Funding	City of Charleston	Final Implementation Plan	On going
Develop and implement sustainability plan	Dec. 2018	Staff time Volunteer time Funding	City of Charleston	Sustainability Plan	Completed

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

BACKGROUND ON STRATEGY

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

Type of Change(s): Policy Systems Environmental

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

Strategy: Establish Project Engage in Kanawha County

Target Audience: Patients with substance use disorders

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Hold meeting to discuss Project Engage with hospitals and other key stakeholders	Oct. 1, 2017	Staff time Volunteer time	Beth Welsh and Deb Koester	Project Engage introduced to key stakeholders	Completed: Project Engage in CAMC Women and Children's, And Thomas Memorial
Develop implementation plan to include budget and evaluation components	Jan. 1, 2018	Staff time Hospital engagement	Karen Yost, Joe Deegan, Deb Koester Hospital Leadership	Implementation plan Budget Evaluation plan	Completed Project Engage in CAMC Women and Children's, And Thomas Memorial
Collaborate with hospital staff to identify and connect patients with community-based substance use disorder treatment programs and other resources.	March. 1, 2018	Staff time Training Patient engagement Funding	Karen Yost, Joe Deegan, Deb Koester Hospital Leadership	Patients identified Patients connected to services/resources	Completed: Project Engage in CAMC Women and Children's, and Thomas Memorial
Integrate peers in recovery, called Engagement Specialists, into the clinical setting in the hospital to meet with patients at their bedside about their alcohol and/or drug use.	March 1, 2018	Staff time Volunteer time Training Patient engagement Funding	Karen Yost, Joe Deegan, Deb Koester Hospital Leadership	Engagement Specialists	Completed: Recovery Coaches are in place at CAMC General, Women and Children's and Thomas Memorial inpatient.
Work with treatment providers and insurers to develop a discharge plan to achieve the best possible outcome for each patient.	March. 1, 2017	Staff time Provider engagement Insurers engagement	Karen Yost, Joe Deegan, Deb Koester Hospital Leadership	Discharge plans	Completed: Recovery Coaches work with clients to ensure placement in to programs once they are discharged.

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

DESCRIBE PLANS FOR SUSTAINING ACTION

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

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

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

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

UPDATE: In October 2019 the Kanawha Communities That Care Board partnered with United Way of Central West Virginia to transfer Kanawha Communities That Care as a new program of the United Way as a means of sustaining its work.

PRIORITY AREA: Diabetes

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

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

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

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

Strategy: To establish a county based coalition.

Target Audience: Adults with diabetes and pre-diabetes.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Consult with other diabetes coalitions in the state	Oct. – Dec., 2017	Staff time Volunteer time Travel costs	KCHD	Identify best model/practices	Completed
Identify all stakeholders/potential members	Feb. 1, 2017	Staff time	KCCHI / KCHD	Recruitment list of potential members	Completed
Hold “call to action” meeting	March. 30, 2018	Staff time Meeting space Meeting materials Funding	KCCHI / KCHD	Recruit members	Completed Established first ever Kanawha Diabetes Coalition (KDC). It has met monthly since May 2017. KDC has 140 individual members, representing 60 organizations.
Identify what is already happening around diabetes/pre-diabetes in Kanawha County	Feb. 28, 2018	Staff time Volunteer time			Completed: <ul style="list-style-type: none"> Completed inventory of Kanawha County diabetes and pre-diabetes programs. Worked with WVU School of Public Health on Health Connect to populate Kanawha County resources based on our inventory. This searchable, mappable online inventory is available at https://www.healthconnection.com/kanwha-diabetes-coalitionresource.
Develop and adopt written organizational policies and membership guidelines	March 28, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Written policies Membership guidelines	Completed: <ul style="list-style-type: none"> Developed Internship opportunities for KCCHI KCD work. Developed written goals and objectives for KDC 2019-2020. Developed Committee and Leadership structure for the KDC.
Develop sustainability plan	July 1, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Sustainability plan	Ongoing fundraising

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

BACKGROUND ON STRATEGY

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

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

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Adults and Families

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Determine terminology to be used in campaign/materials	March 1, 2018		Kanawha Diabetes Coalition		Workgroup decided to promote existing partners healthy eating/nutritional educational programs instead of develop an additional program.
Develop implementation plan	May 1, 2018		Kanawha Diabetes Coalition		NA
Develop evaluation plan with short-term and long-term indicators	May 1, 2018 (ongoing monitoring)	Staff time Volunteer time Evaluator’s time	Kanawha Diabetes Coalition / KCCHI		NA
Procure funding	June 1, 2018	Funding	Kanawha Diabetes Coalition / KCCHI		NA
Identify and recruit pilot market site	July 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		NA
Identify and recruit pilot food pantry site	July 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		NA
Develop campaign materials	July 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		NA
Develop informational packet	July 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		NA
Recruit tour leaders	August 1, 2018	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		NA
Hold individual meetings with	August	Staff time	Kanawha Diabetes		NA

pilot market owners/managers	2018	Volunteer time Travel costs	Coalition / KCCHI		
Obtain signed MOUS with pilot locations	Sept. 1, 2018	Staff time Volunteer time Market participation	Kanawha Diabetes Coalition / KCCHI		NA
Implement campaign	Oct. – Dec., 2018	Staff time Volunteer time Market participation	Kanawha Diabetes Coalition / KCCHI		NA
Refine and expand campaign to additional market/food pantry sites based on results	February 1, 2019	Staff time Volunteer time Funding	Kanawha Diabetes Coalition / KCCHI		NA

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

BACKGROUND ON STRATEGY

Source: KCCHI Focus Group Findings

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Adults and families

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop implementation plan that links Pre-Diabetes/Diabetes Resource database to existing database for social determinants of health (UWCWV I&R)	Jan. 1, 2018	Staff time Volunteer time Partnership with UWCWV’s 211	Kanawha Diabetes Coalition/ Kanawha Family Resource Network (KFRN)		Completed: <ul style="list-style-type: none">Completed inventory of Kanawha County diabetes and pre-diabetes programs.
Determine type of information to collect	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Survey instruments	Completed
Develop evaluation plan with short-term and long-term measures	Jan. 1, 2018	Staff time Volunteer time Evaluator’s time	Kanawha Diabetes Coalition / KFRN		Completed

Develop sustainability plan (engage college students assistance with database maintenance/updates)	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN		In progress
Find funding source(s) for online database design	Feb. 1, 2018	Funding	Kanawha Diabetes Coalition / KFRN / KCCHI	Funding	On going Continue working with WVU School of Public Health on Health Connect to update Kanawha County resources based on our inventory. This searchable, mappable online inventory is available at https://www.wvhealthconnection.com/kanawha-county-diabetes-coalition .
Design online searchable database	March 1, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Online database	Completed: Partnering with WVU School of Public Health's www.wvhealthconnection.com
Develop inventory materials	March 1, 2018		Kanawha Diabetes Coalition / KFRN		Completed
Develop teams or identify existing teams for key geographic locations in Kanawha County	March 1, 2018	Staff time Volunteer time Community teams	Kanawha Diabetes Coalition / Kanawha Family Resource Network (KFRN)	Community teams	Completed
Teams conduct local inventory of healthy food availability and educational opportunities	March – April, 2018	Staff time Volunteer time Community teams	Kanawha Diabetes Coalition / KFRN	Market inventory	Completed <ul style="list-style-type: none"> Conducted community assessment, including an environmental scan, of pre-diabetes resources, access to healthy foods, and physical activity opportunities for residents in of the flood ravaged Clendenin, WV area. Presented findings and recommendations to Mayor of Clendenin and members of Clendenin City Council.
Pilot database	May, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Database works as anticipated	Completed
Develop promotional materials	May, 2018			Printed materials	Completed
Launch database	June, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Media coverage	Completed
Revise as needed, based on evaluation results	Sept. 2018 (on-going)	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Quarterly progress reports	Ongoing

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Adults with pre-diabetes or diabetes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Research evidence-based models for Fruit & Vegetable Rx projects	April 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI	List of potential healthy food Rx models	Completed
Select Rx program best suited for Kanawha County pilot	April 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI	Selected Rx program	Completed: Decided to assist in promoting already existing Farmacy projects in Kanawha County, instead of starting up a new program.
Develop implementation plan, linking Rx program to food venues identified in Objective #2	May 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KCCHI		NA
Develop evaluation plan	May 1, 2018	Staff time Volunteer time Evaluator's time	Kanawha Diabetes Coalition / KCCHI	Completed evaluation report	NA
Develop sustainability plan	May 1, 2018		Kanawha Diabetes Coalition / KCCHI		NA
Procure funding	June 1, 2018	Funding	Kanawha Diabetes Coalition	Funding	NA
Hold introductory meeting with interested clinics and FARMacies	August 1, 2018	Staff time Volunteer time Clinic and FARMacy participation Funding	Kanawha Diabetes Coalition	Participating clinics and pharmacies	NA
Pilot Rx program in 3 clinical settings and 2 FARMacy settings	Aug. – Oct. 2018	Staff time Volunteer time Clinic and FARMacy	Kanawha Diabetes Coalition	Piloted in 3 clinical settings and 2 pharmacy settings	NA

		participation Funding			
Monitor and evaluate pilot project outcomes	Aug- Oct. 2018	Staff time Volunteer time	Kanawha Diabetes Coalition	Completed evaluation report	NA
Refine project, with stakeholder input, based on evaluation results	Sept 1, 2018	Staff time Volunteer time Clinic staff time	Kanawha Diabetes Coalition	Completed implementation plan	NA
Expand Rx project to additional clinics/FARMacies	October 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition	Expanded Rx program	NA

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Adults with pre-diabetes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop an evaluation plan for Objective 5	Nov. 2017	Staff time Volunteer time	KCCHI	Evaluation plan with short-term and long-term measures	Completed
Recruit payers to partner in this project to assess return on investment (use of diabetes prevention cost calculator tools)	March, 2018	Staff time Payer engagement	KCCHI	Payers use diabetes prevention cost calculator tools to assess ROI	Completed: Convened major payer to discuss return on investment for Prediabetes programs.
Work with payers to consider reimbursement for the National Diabetes Prevention Program	March 31, 2018	Staff time Payer engagement	KCCHI	Payers agree to reimburse for NDPP	Completed

Work through the Medicaid Health Home project that provides enhanced reimbursement for care for patients with diabetes, pre-diabetes, obesity and at risk for anxiety, depression	May 30, 2018	Staff time Health care provider engagement	KCCHI	Garner enhanced reimbursements for care of patients with diabetes, pre-diabetes and at risk for anxiety and/or depression	Completed: Surveyed Kanawha County clinics regarding their usage of the CDC Prediabetes Screening Test.
Develop an inventory of diabetes programs/ pre-diabetes programs and food venues available in Kanawha County	See Objectives 2 & 4				
Develop plan to overcome barriers to patient access to programs (i.e. transportation incentives; virtual DPP)	May 2018	Staff time Volunteer time	KCCHI	Patient access to programs	NA
Develop an awareness campaign about who is at risk for pre-diabetes/diabetes	May 2018	Staff time Volunteer time	KCCHI	Awareness campaign	NA
Promote identification of patients at risk for diabetes by utilizing screening tools for pre-diabetes (CDC Prediabetes Screening Test)	June - August, 2018	Staff time Volunteer time Engagement by Providers & Patients	KCCHI	Health care providers use CDC Prediabetes Screening Test)	Completed: Surveyed Kanawha County clinics regarding their usage of the CDC Prediabetes Screening Test.
Promote health care provider's use of referral systems for patients with diabetes to a Diabetes Self-Management Program	June – August, 2018	Staff time Volunteer time Health Care Providers engagement Patient engagement	KCCHI	Patients referred to Diabetes Self-Management Programs	Completed
Promote health care providers use of referral systems for patients with pre-diabetes to a National Diabetes Prevention Program	June-August, 2018	Staff time Volunteer time Health Care Providers engagement Patient engagement	KCCHI	Patients referred to National Diabetes Prevention Programs	Completed
Prepare a report that includes health impact statements and share with funders and other stakeholders	Sept. 28, 2018	Staff time Volunteer time Health care providers and payers process and outcome data	KCCHI	Kanawha County Case Study (Report)	Completed
Pilot Community-Clinical Linkage with Primary Care provider and NDPP	June 2020				In progress: June 2019: Secured a Clinical-Community Linkage mini-grant through Try This WV and recruited a private physician's office and local community program to participate in the project.

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

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

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

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

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

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Find funding source(s) for online database design (See Diabetes Goal, Objective 3)	See Diabetes Goal, Objective #3				
Design and pilot database	May 2018				
Launch database	June, 2018				
Develop teams or identify existing teams for key geographic locations in Kanawha County	March 1, 2018	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / Kanawha Family Resource Network (KFRN)	Community teams	Completed
Teams conduct local inventory of recreational and physical activity opportunities by geographic location	March - April, 2018	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / KFRN	Market inventory	Completed: Conducted community assessment, including an environmental scan, of pre-diabetes resources, access to healthy foods, and physical activity opportunities for residents in of the flood ravaged Clendenin, WV area.
Identify other existing lists of resources (public parks, city parks, community centers, KEYS4HK GIS map, 211, KISRA, Mary C. Snow School display, etc.)	April, 2018	Staff time Volunteer time	KCCHI Stakeholders Group / KFRN	Resource lists that can be linked to via new database Shared use agreements	Presented findings and recommendations to Mayor of Clendenin and members of Clendenin City Council.
Monitor, update and evaluate database usage	September 1, 2018 (on-going)	Staff time Funding	KCCHI Stakeholders Group / KFRN	Quarterly progress reports	Ongoing (via www.wvhealthconnection.com)

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

BACKGROUND ON STRATEGY

Source: Completed inventory (see Objective One Action Plan)

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Community members

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Convene residents/key stakeholders in communities affected by gaps in access to recreational and physical activity opportunities and facilitate discussions to identify solutions.	July - Sept., 2018	Staff time Volunteer time Participating communities Meeting space & materials	KCCHI Stakeholders Group	List of potential solutions to improve access to recreational and physical activity opportunities	Completed: Recruited community-based (non-profit and for profit) physical activity services to the Kanawha Diabetes Coalition. Included Kanawha County physical activity opportunities in the Health Connection database. Fitness instructors at local businesses have become certified in the National Pre-Diabetes Prevention Program.
Engage faith-based physical activity initiatives (i.e. Upward Bound, etc.)	July – Sept. 2018	Staff time Volunteer time Engagement of faith-based initiatives	KCCHI Stakeholders Group		Completed
Assess Kanawha Regional Transit routes to access physical activity opportunities and work with KRT to address transportation barriers	Aug. 2018	Staff time Volunteer time Citizen engagement KRT engagement			NA
Support local planned initiatives to address gaps as deemed appropriate	Oct. 1, 2018 – March 1, 2020	Staff time Volunteer time	KCCHI Stakeholders Group	Community plans Improved access	Ongoing

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

BACKGROUND ON STRATEGY

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

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

Type of Change(s): Policy Systems Environmental

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

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

Target Audience: Community members

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative activities to screen time (i.e. <i>Minds in Motion at pre-K and elementary schools, WV Department of Education's Operation Tone Up, WV Fit and Active Schools, New Balance, etc.</i>)	May 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	List of potential stakeholders Ideas/resources for alternative activities to screen time	Deferred (unknown date) This activity was deferred indefinitely by Kanawha Diabetes Coalition members
Engage Stakeholders in Developing implementation plan for Turn Off Challenge (research QR codes to promote walking)	August 1, 2019	Staff time Volunteer time Meeting space Meeting materials	KCCHI Stakeholders Group	Implementation plan	NA
Develop evaluation plan	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Evaluation plan	NA
Develop sustainability plan	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Sustainability plan	NA
Procure funding	August 1, 2019	Funding	KCCHI Stakeholders Group / KCCHI	Funding	NA
Implement plan	Sept. – Nov. 2019	Staff time Volunteer time Participation of community members	KCCHI Stakeholders Group	Turn Off Challenge; number of participants	NA
Plan for future challenges based upon outcomes, revise as needed	Feb. 1, 2020	Staff time Volunteer time	KCCHI Stakeholders Group	Calendar of future event(s)	NA

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

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

CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 956 beds on four campuses: General Hospital (268 beds), Memorial Hospital (472 beds), Women and Children’s Hospital (146 beds) and CAMC Teays Valley Hospital (70 beds). CAMC General, Memorial and Women and Children’s hospitals are all located in the city limits of Charleston in Kanawha County. General Hospital focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Memorial Hospital supports the cardiac, peripheral vascular and oncology services lines and Women and Children’s Hospital focuses on mother, baby, pediatric and gynecology service lines. Medicine and general surgery cross both Memorial and General Hospitals. Community benefit services are aligned by service versus hospital, thus at times are clearly aligned by hospital, but not in the case of many of the activities that span all hospitals. Additionally, many of our reports that are used for benchmarking and comparisons are for CAMC versus the individual hospitals.

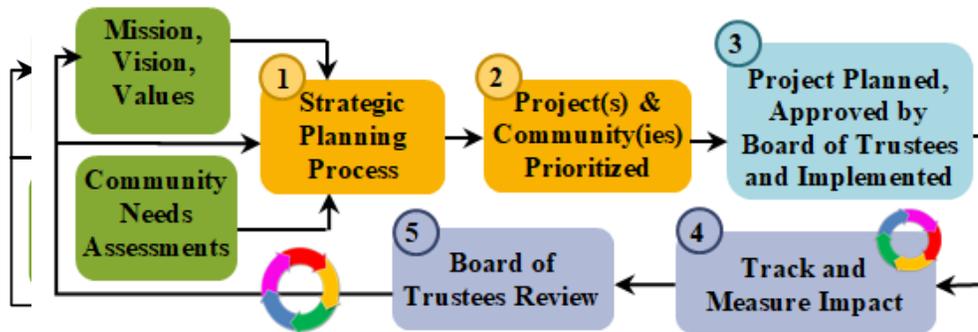
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs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

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

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

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

The following outlines CAMC’s community support process:



Annually during the strategic planning process¹ we review the community health needs assessment findings, community priorities and our Environmental Analysis. In alignment with our mission, vision and values, we identify community health projects and their associated communities¹ for our community plan. These projects are³ planned, implemented, and posted to our CAMC website. We⁴ track and measure progress and use the DMAIC process for improvement. The CAMC Board approves the plan and⁵ reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities² is based on the project, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC strategy, community is based on the need identified through needs assessments for each of our service area counties and the population to be addressed. For example, our work to build a sustainable Research Infrastructure covers all of West Virginia and our HIV program serves our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is

evaluated based on predetermined criteria for outcomes expected. Cycles of learning have resulted in alignment of Civic Affairs Council monetary contributions to community needs, and to improvements in the random telephone survey process. In addition, CAMC staff serve on the community workgroups of the Kanawha Coalition for Community Health Improvement and they, along with Steering Committee members, are involved in development of a community-wide community benefit plan addressing the top three health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups' plans. Once the KCCHI plans are developed, as part of the strategic planning process, CAMC determines if there are additional areas of support that can be provided by CAMC to address the identified issues. The following table lists programs provided by CAMC that address these community priorities, and are identified and funded as part of operational planning by the CAMC Board of Trustees.

	ADDRESSED BY CAMC	CAMC General	CAMC Memorial	CAMC WCH	RANKING SCORE	How Addressed by CAMC (Implementation strategies and ongoing work) (I) = Implementation Strategy
1	Drugs	X	X	X	33.957	<ul style="list-style-type: none"> • Ryan White Program (I) • HIV/HVC Testing (I) • WECARE (I) • Drug Affected Incarcerated Pregnant Women (I)
2	Diabetes			X	32.884	<ul style="list-style-type: none"> • Diabetes in Children and Teens (I)
3	Obesity			X	32.826	<ul style="list-style-type: none"> • Keys for Healthy Kids
4	Heart Disease		X		32.406	<ul style="list-style-type: none"> • Basic Life Support Training • Heart Failure Readmission • CMS Indicator Compliance • Decrease Incidence of Endocarditis (I)
5	Limited Access to Food	X	X	X	31.696	<ul style="list-style-type: none"> • Build the Base of Local Growers (I)
6	Tobacco Use	X	X	X	31.522	<ul style="list-style-type: none"> • American Lung Association Bike Trek • Great American Smokeout • Smoking Status of Each Patient and Offer Cessation Support • Smoke free Campuses • Tobacco Cessation – Pregnant Women (I)
7	Lack of Access to Mental Health	X	X	X	31.275	<ul style="list-style-type: none"> • Outpatient Mental Health Services for Uninsured and Underinsured • Treatment of Dementia (I) • Mental Health Services for Children with Cancer (I)
8	Cancer		X	X	28.765	<ul style="list-style-type: none"> • Relay for Life • Prostate Screening • Look Good/Feel Better • Cancer Support Group • Breast Cancer Awareness Activities • Breast Cancer Survivorship Group • Run for Your Life • Healthy Steps Exercise program • Mental Health Services for Children with Cancer (I)

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

NEED NOT ADDRESSED	RANKING SCORE	REASON NOT ADDRESSED
Melanoma Incidence Rate	Primary Service Area	Addressed by CAMC Teays Valley Hospital Implementation Strategy
Teen Birth Rate	Secondary Service Area	Addressed by United Way of Central West Virginia Agencies

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

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

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

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

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

PARTNERS/ COLLABORATORS	CAMC Labor and Delivery Department, Emergency Department, Behavioral Medicine Department, Family Medicine Center 48 clinical sites within nine health systems that collectively serve all 55 counties of WV
2019 Progress Report	<p>The Accountable Health Communities (AHC) project period began on May 1, 2017. During 2019, the following was accomplished:</p> <ul style="list-style-type: none"> • Thirty-six clinical delivery sites began screening beneficiaries for health-related social needs. This is in addition to the 15 that began screening in 2018. • There were 11,251 beneficiaries screened during 1019. • Navigation services were offered to 406 beneficiaries during this time. • The Community Resource Inventory was updated multiple times with over 800 community resources included. • We recruited multiple additional clinical delivery sites to participate in the AHC model in order to increase our number of navigation cases. • Additional clinical delivery site staff were trained to begin screening beneficiaries in 2020. • Updates were completed on CAPGate based on CMS requirements and all data was submitted successfully. • The Program Director, Screening and Referral Specialist and Database Administrator attended the AHC in-person meeting in Baltimore, Maryland. • The Program Director, Screening and Referral Specialist, Database Administrator and both Navigators were able to participate in many webinars and educational calls offered by CMS.

#2	Charleston Area Medical Center - General, Memorial, Women and Children's Hospitals
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners. By creating local wealth based on identified needs, we can increase local growers to provide healthy food to our community and to address Limited Access to Food
IDENTIFIED HEALTH ISSUE	Limited Access to Food, Diabetes, Obesity
COMMUNITY SERVED	Growers in our Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	<p>CAMC is working with The Greater Kanawha Valley Foundation to create and sustain a wealth creation value chain. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC's 5 county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The value chain premises are that we need to be intentionally inclusive of local people and places as economic contributors to have a positive impact on wealth in our communities. This program's focus is on working with local growers to develop their capability to sell their produce to CAMC at a guaranteed quantity and price and once the process is established to roll it out to other "buyers."</p>



STRATEGIC OBJECTIVE	BUILD THE BASE OF LOCAL GROWERS SELLING FRESH VEGETABLES TO CAMC
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Support and encourage local growers to become GAP certified. 2. Provide guaranteed quantity and price to decrease risk to growers.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of growers GAP certified • Number of growers providing fresh food to CAMC • Amount of produce purchased by CAMC • Amount of dollars going into our local grower community vs. out-of-state purchases.
TIMELINE	2017 - 2019
RESOURCES	Greater Kanawha Valley Foundation for program support CAMC budget for food purchases
PARTNERS/ COLLABORATORS	Greater Kanawha Valley Foundation Morrison's Food Services Corey Brothers WV Department of Agriculture Local Growers
2019 Progress Report	WV now has 25 GAP certified growers. Local efforts continue as we work with the state Department of Agriculture to increase the number of training classes and timeliness of the certification process. For the 2019 growing season (6/15/19 – 10/31/19), West Virginia, Ohio and Kentucky sourced product was \$56,382 which is 22.28% of net purchases.

#3	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital
COMMUNITY HEALTH NEED	Drugs, Lack of Mental Health Services
IDENTIFIED HEALTH ISSUE	HIV in West Virginia
COMMUNITY SERVED	Part C 19 county service area in southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC/WVU Charleston Division Ryan White (RW) Program's mission is to increase access to services for individuals at-risk for, or infected with HIV disease and to provide culturally sensitive, quality, comprehensive HIV-related primary care, regardless of a patient's ability to pay. The program is currently the only fully funded Part C site in southern West Virginia and provides HIV primary care to approximately 366 individuals. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; linkage and retention and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. As of December 31, 2016, a total of 1,746 were living with HIV/AIDS with 739 (42%) reported from the program's service area.</p>
STRATEGIC OBJECTIVE	PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS



GOALS TO ADDRESS THE HEALTH NEED	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> 1. Client Linkage and Retention Program 2. Framingham Heart Study QI Project 3. Viral Load Suppression/HAART Project 4. Partnership for Health 5. Oral Care Program 6. Social Media Peer Support Initiative/rural outreach 7. Telemedicine Clinic 8. HIV/HEP C Harm Reduction Initiative <p>Outreach:</p> <ul style="list-style-type: none"> • Free rapid HIV testing distributed in clinics, home visits, presentations, colleges, and other HIV venues such as WV Pride Week activities • Linkage Coordinator client home visits and ongoing contact • Staff travel to Beckley for a monthly clinic • Telemedicine clinic • Collaboration with Pretera and WV Covenant House • Travel exhibits • Newsletters and educational brochures distribution • Facebook, newspaper outreach • UC and WV State University student programs • Emergency fund for immediate life-saving needs such as lack of utilities and temporary stable environment for homeless/unstably-housed HIV-positive clients, in or out of care. • Social Media client support <p>Prevention:</p> <ul style="list-style-type: none"> • Condom distribution • HIV Test kit education and distribution • Education Presentations and lectures • Partner PrEP education and treatment • Vaccines
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Viral load suppression % • Number of new clients • Number of out-of-care clients returned to care • Number of clients on PrEP • Number of HIV test kits distributed/number of positives recorded • Client surveys • Number and cost of clients receiving oral care • Lipid screening/smoking/Framingham Heart Study scores • Social Media development stages • Number of presentations and audience • Number of clients receiving emergency funding
TIMELINE	2017-2019
RESOURCES	<p>CAMC Charity Care - \$512,061 CAMC Outpatient Care Center - \$14,000 CHERI - \$74,900 WVU - \$15,000 non-HIV specific outpatient clinics HRSA - \$480,272 CDC - \$27,500 Presidential AIDS Initiative Supplemental Grant - \$40,000 Program Income - \$23,420 Elton John AIDS Foundation – \$93,000 First Presbyterian Church of Charleston - \$3,000</p>

PARTNERS/ COLLABORATORS	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division Elton John AIDS Foundation First Presbyterian Church of Charleston WV Covenant House Prestera Center Partnership For Health Ryan White Part B Program CAMC Foundation Beckley/Raleigh Health Department Physicians Dentists in Beckley CAMC Dental Clinic MidAtlantic AIDS Education and Training Center WV
2019 Progress Report	<ul style="list-style-type: none"> • Viral load suppression – 92% • Number of new clients in 2019 – 40 • Number of out-of-care clients returned to care – 14 • Number of HIV test kits distributed/number of positives recorded – approx.300 kits; 1 positive tested by staff; 1 person reported a positive result at home • Number of clients receiving HIV screening in mobile harm reduction – on average 45 people per week • Number of clients receiving risk reduction education in mobile harm reduction - on average 45 people per week • Number of clients receiving naloxone in mobile harm reduction - 100 • Lipid screening/smoking/Framingham Heart Study scores – 324 • Social Media development stages – Facebook ads are now active and bus wrap advertising for the Ryan White Program. • Number of presentations and audience – 14 presentations; approx. 200 • Number of clients receiving emergency funding – 22

#4	Charleston Area Medical Center - General, Memorial, Women and Children's Hospitals
COMMUNITY HEALTH NEED	Lack of Access to Mental Health
IDENTIFIED HEALTH ISSUE	Dementia
COMMUNITY SERVED	CAMC Service Area
PROGRAM DESCRIPTION AND RATIONALE	The Imaging Dementia—Evidence for Amyloid Scanning (IDEAS) Study will assess the impact of amyloid PET on patient outcomes under Coverage with Evidence in patients meeting Appropriate Use Criteria for amyloid PET.
STRATEGIC OBJECTIVE	EXAMINE HOW BRAIN IMAGING HELPS GUIDE DOCTORS IN TREATMENT OF DEMENTIA AND TO DETERMINE WHETHER THESE CHANGES IN TREATMENT LEAD TO BETTER MEDICAL OUTCOMES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Enroll patients. 2. Estimate how frequently amyloid PET leads to a change in primary suspected etiological diagnosis. 3. Estimate the frequency of reduction in unnecessary diagnostic tests and AD drug therapy.

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Test whether amyloid PET imaging will lead to a $\geq 30\%$ change between <i>intended</i> and <i>actual</i> patient management within 90 days (75-105 day allowable range) in a composite measure of at least one of the following: <ul style="list-style-type: none"> a) AD drug therapy; b) Other drug therapy; and c) Counseling about safety and future planning.
TIMELINE	2017 - 2020
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, ACRIN, CMS (Medicare), WVU Department of Internal Medicine and Behavioral Medicine
2019 Progress Report	We participated in the trial that was a multi-site study. The study is currently closed to enrollment and the data has not been released by the sponsor as to if the objectives were met. Once this has been met we will update our progress.

#5	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Drugs, Cancer, Heart Disease
IDENTIFIED HEALTH ISSUE	Poor Health Outcomes in West Virginia
COMMUNITY SERVED	State-wide
PROGRAM DESCRIPTION AND RATIONALE	<p>The WV Clinical and Translational Science Institute (WVCTSI) was created in 2012 through the initial Clinical and Translational Research award and has subsequently formed a well-connected, statewide health research network, creating the infrastructure to address the substantial health issues of WV. Since 2012, WVCTSI has been a transformative force, implementing investigator mentoring services, establishing pilot project funding, forming a practice-based research network, creating an integrated data repository of 2 million unique electronic medical records, developing a culture of research integrity, and working with our partners to establish trust and collaboration. Productivity has exponentially increased: publications tripled in Year 4 compared to Year 2, external funding applications more than doubled from Year 3 to 4, and external funding increased 80% over the past year. Funding is now directed to addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p> <p>Major Health Concerns: Poverty is pervasive in Appalachia with counties of “high poverty” (presence of poverty rates > 1.5 the U.S. average) located mainly in WV and Eastern Kentucky. Appalachian mortality rates have increased with most counties of eastern Kentucky and southern WV having mortality rates well in excess of the US average. WV ranks 47th among the 50 states in the 2015 America’s Health Rankings and at or near the bottom for a number of chronic diseases including cancer and cardiovascular disease. Moreover, WV has the highest prevalence of smoking. Drug addiction is highly prevalent; over the past 2 years, drug overdose deaths in WV increased 47% to 32.4 per 100,000 population, the highest per capita death rate in the United States. As a result of the increased prevalence of intravenous drug use, hepatitis B and C incidence have sky rocketed resulting in the highest and second highest rates, respectively, in the nation. Though there are a plethora of areas to potentially target, the impact will be greatest by focusing on the following health priorities: addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p>

STRATEGIC OBJECTIVE	BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIVELY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES BY 2022																																				
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Recruit, train, and position for success the next generation of clinician scientists and translational researchers that excel in team science, positively impacting health in West Virginia. 2. Actively engage with multiple stakeholders, including communities, medical providers, and policy makers to drive research that improves health of West Virginians. 																																				
MEASURE TO EVALUATE THE IMPACT	<table border="1"> <thead> <tr> <th colspan="6">Administrative Compact Logic Model</th> </tr> <tr> <th>Activities</th> <th>Outputs</th> <th colspan="2">July 2017 – June 2019</th> <th>July 2019 – June 2021</th> <th>July 2021 – June 2022</th> </tr> </thead> <tbody> <tr> <td>Aim 1</td> <td>Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims & projects.</td> <td>Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.</td> <td>Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.</td> <td>Increase in funded proposals of 15% & trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.</td> <td>Decrease drug overdose & CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.</td> </tr> <tr> <td>Aim 2</td> <td>Create policies & procedures to drive performance, comm. & collaboration among multiple, diverse stakeholders.</td> <td>WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.</td> <td>Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.</td> <td>Increase in externally funded investigators of 10% over 2016; > 2 policy/practice changes per year.</td> <td>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td> </tr> <tr> <td>Aim 3</td> <td>Provide fiscal and resource management, ensuring cores resourcing and sustainability.</td> <td>Submitted grant proposals; Funded grants; External funding of core services; Health outcomes.</td> <td>Increase in submitted grant proposals of 10% over 2016.</td> <td>Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.</td> <td>External funding >50% operational cost of CRDEB, CRRF, & Lab Technologies cores.</td> </tr> <tr> <td>Aim 4</td> <td>Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</td> <td>Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.</td> <td>100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.</td> <td>Increase in funded proposals of 15% over 2016.</td> <td>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td> </tr> </tbody> </table>	Administrative Compact Logic Model						Activities	Outputs	July 2017 – June 2019		July 2019 – June 2021	July 2021 – June 2022	Aim 1	Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims & projects.	Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.	Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% & trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.	Decrease drug overdose & CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.	Aim 2	Create policies & procedures to drive performance, comm. & collaboration among multiple, diverse stakeholders.	WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.	Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.	Increase in externally funded investigators of 10% over 2016; > 2 policy/practice changes per year.	Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.	Aim 3	Provide fiscal and resource management, ensuring cores resourcing and sustainability.	Submitted grant proposals; Funded grants; External funding of core services; Health outcomes.	Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.	External funding >50% operational cost of CRDEB, CRRF, & Lab Technologies cores.	Aim 4	Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.	Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.	100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% over 2016.	Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.
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TIMELINE	2017 - 2022																																				
RESOURCES	CTSI Grant \$50 million CAMC \$1.5 million over 5 years																																				
PARTNERS/ COLLABORATORS	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH																																				
2019 Progress Report	<p>The following statistical measures were reported in 2019:</p> <ul style="list-style-type: none"> • 120 publications • 127 funded proposals; 240 externally-funded proposals supported • 1927 REDCap users; 327 REDCap service requests • 365 TriNetX users; 69 offered studies; 28 accepted studies • 108 WVPBRN sites; 32 new WVPBRN projects • 150 ECHO sites • 1148 iLab users; 88 IDR data set requests • 1164 biospecimens collected • 116 pilot applications; 35 awarded 																																				

CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

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

PARTNERS/ COLLABORATORS	Gilead Kanawha Charleston Health Department Ryan White Program at CAMC
2019 Progress Report	Reviews of CAMC policies were conducted in 2018 and we continue to study workflows and staffing resources. However, the Gilead FOCUS grant was not applied for in 2019 and will be under review in 2020.

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

PARTNERS/ COLLABORATORS	WV Office of EMS, Bureau of Public Health, DHHR WV Trauma Registry and Trauma Committee WV EMS Regional Office (EMSOR) WV EMS Technical Support Network
2019 Progress Report	<ul style="list-style-type: none"> • In 2019, 58,178 calls were taken, 1,616 involving physician consultation and intervention. There were 24,494 BLS calls, 29,987 ALS calls, 313 C3IFT calls and 267 CCT calls. A total of 146 were marked for QA/QI for follow-up. • There were 985 Trauma Team Activations; 453 Stroke Alerts; 232, Cardiac/STEMI Alerts; 555 Respiratory Alerts; and 98 Sepsis Alerts. • Calls were received from 58 EMS agencies in WV plus several other agencies from bordering states, with 59 receiving facilities reported. • Tracked a total of 5,801 Red Alerts and 1,303 Yellow Alerts • Staffed by 28 Paramedic/Communication Specialists and 7 Dispatchers • CAMC ground transportation provided by HealthTeam Charleston transported 19,097 patients. This includes interdivisional transfers, inter-facility transports from outlying facilities, and patients being discharged.

CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Memorial Hospital (472 beds) supports the cardiac, peripheral vascular and oncology services lines with admissions and outpatient visits. Medicine and general surgery cross both Memorial and General Hospitals.

#8	CAMC Memorial Hospital
COMMUNITY HEALTH NEED	Drugs, Lack of Access to Mental Health Services
IDENTIFIED HEALTH ISSUE	Substance Abuse/IV Drug Use
COMMUNITY SERVED	Endocarditis patients at CAMC Memorial Hospital from our primary and secondary service area and others seeking service at CAMC.
PROGRAM DESCRIPTION AND RATIONALE	Provide drug counseling and rehab options for patients with endocarditis. Partnered with other organizations for drug rehabilitation either after surgery or while waiting for surgery.
STRATEGIC OBJECTIVE	PREVENT DRUG RELAPSE AND DECREASE INCIDENCE OF ENDOCARDITIS
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Reduce the risk of recurrent endocarditis due to persistent IV drug use at discharge following a valve surgery. 2. Make a drug rehab program available with short and long term goals for each individual with substance abuse.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of readmissions for recurrent endocarditis • Number of readmissions for recurrent endocarditis after drug rehab • Number of readmissions for recurrent endocarditis after drug rehab with a positive drug screen
TIMELINE	One year to determine feasibility of the program based on outcomes
RESOURCES	Substance abuse outpatient programs, inpatient drug rehab programs, Social Services and Infectious Disease departments at CAMC
PARTNERS/ COLLABORATORS	CAMC Medical Staff Highland Hospital Social Services Drug Rehab Programs
2019 Progress Report	<p>A study was completed highlighting how a previously rare life-threatening infection, IE, has dramatically increased in the wake of the Appalachian opioid epidemic. While the number of patients with IVDU-IE are eclipsed by the growing list of other opioid syndemic diseases (Hepatitis C, HIV and overdose), the costs per patient and overall healthcare system impact can't be underestimated. The increase in IVDU-IE in southern West Virginia comes at a time when the region faces an unrelenting recession and after hospital resources have been extinguished by contracting reimbursements and regional economic challenges [17]. The Southern West Virginia energy sector contraction and associated unemployment persists, in part, due to concerns from new industries regarding relocation to a region with such a high incidence of opiate dependence in a potential workforce. This economic downturn cycle along-side increases in prescription opioid medications and influx of inexpensive heroin, have all likely participated in the regional opioid crisis [19, 30].</p> <p>Further research is needed to understand the overall impact of illicit drug use in the region and the multiple socioeconomic issues or other causation variables that may be participating in the epidemic. However, based on the findings reported herein, investment in resources for high-risk areas, defined by geo-map driven hot spot analysis, for needle exchanges and rehabilitation</p>

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

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

#9	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Drugs
IDENTIFIED HEALTH ISSUE	Use of drugs by pregnant women
COMMUNITY SERVED	Primarily 12 County Service Area but includes any patient delivering at CAMC Women and Children's Hospital
PROGRAM DESCRIPTION AND RATIONALE	 <p>WECARE – West Virginia has an epidemic of drug addiction. WECARE is a comprehensive program for pregnant women that offers group and individual counseling at the Family Resource Center on the CAMC Women and Children's Hospital campus to assist mothers to the road of recovery. The program also includes work with Right From the Start for relapse prevention and partners with the Kanawha Charleston Health Department for long-acting reversible contraceptives (LARC -methods of birth control that provide effective contraception for an extended period without requiring user action).</p>
STRATEGIC OBJECTIVE	DECREASE THE NUMBER OF DRUG AFFECTED MOTHERS AND BABIES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Decrease the number of babies with Neonatal Abstinence Syndrome. 2. Prevent relapse of mothers. 3. Increase the use of long-acting reversible contraceptives.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants in WECARE • Length of stay for babies in the Neonatal Intensive Care Unit • Number of participants using LARC • Number remaining drug free
TIMELINE	2017-2019
RESOURCES	CAMC Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	Women's Medicine Center Neonatal Intensive Care Unit Family Resource Center Kanawha Charleston Health Department Kanawha County Drug Court Right from the Start Primary Care CAMC Women and Children's Hospital Emergency Department
2019 Progress Report	In 2019 we served 523 drug affected mothers and babies. The length of stay for babies born with NAS was 13.54 days. 230 babies were treated with NAS.

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

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

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

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants in the Tobacco Cessation Classes • Number of participants who participate in the weekly cessation consultation sessions • Number who quit tobacco use
TIMELINE	2017-2019
RESOURCES	Operational Budget Grant from the state of West Virginia
2019 Progress Report	The program assisted 251 women who were identified as tobacco users in the CAMC Women's Medicine Center in 2019. The program had a self-reported 25% quit rate with a quit validation (CO levels at non-smoker) at 22.7%. The program's quit rate continues to be above the National Quit Rate of 13%-18%.

#12	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Tobacco Use
IDENTIFIED HEALTH ISSUE	Smoking/Vaping and Tobacco use in Pregnant Women
COMMUNITY SERVED	CAMC Service Area
PROGRAM DESCRIPTION AND RATIONALE	Tobacco Free for Baby & Me is an evidence based program for pregnant mothers and their households to assist them in quitting tobacco
STRATEGIC OBJECTIVE	TOBACCO CESSATION IN THE PREGNANT POPULATION AND THEIR HOUSEHOLDS
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide tools/education for pregnant women to stop tobacco use. 2. Eliminate exposure to secondhand smoke. 3. Promote quitting among adults and youth in the household. 4. Support the effort to remain quit post-partum.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number participating • Number quitting tobacco use • Number who remain tobacco free post-partum
TIMELINE	2017-2019
RESOURCES	WV Quitline WV Dept. of Tobacco Prevention The WV Coalition for a Smoke Free Environment Centers for Disease Control Kanawha Charleston Health Department CAMC Institute
PARTNERS/ COLLABORATORS	Women's Medicine Center
2019 Progress Report	The usage rate for e-cigarettes is 4.2%. We experienced a 27.3% quit rate for e-cigarette users.

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

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

#14	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Diabetes
IDENTIFIED HEALTH ISSUE	Diabetes in pediatric patients
COMMUNITY SERVED	Pediatric patients in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	Offering a randomized, double-blind study comparing the effect of once-weekly dulaglutide with a placebo in pediatric patients with type 2 diabetes mellitus. Dulaglutide is like a natural hormone called glucagon-like peptide 1 that your body makes. Dulaglutide usually causes the release of insulin and lowers blood sugar in adults with Type II diabetes.
STRATEGIC OBJECTIVE	DETERMINE HOW DULAGLUTIDE COMPARES TO PLACEBO IN CHILDREN AND TEENS WITH TYPE 2 DIABETES.
GOALS TO ADDRESS THE HEALTH NEED	The primary objective of this study is to test the hypothesis that dulaglutide given subcutaneously once a week for 26 weeks to children and adolescents with type 2 diabetes mellitus who have inadequate glycemic control, despite diet and exercise, with or without metformin and/or basal insulin, is superior to placebo in the treatment of T2DM, as measured by baseline to Week 26 change in hemoglobin A1c.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> Change in HbA1c between baseline and Week 26 Change in fasting blood glucose between baseline and Week 26 Percentage of patients with HbA1c \leq6.5% at Week 26 Change in body mass index between baseline and Week 26
TIMELINE	January 2017 through June 2022
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, Eli Lilly and Company, Inc., WVU Pediatrics faculty
2019 Progress Report	We are currently enrolling patients in the trial and active. Therefore, we are unaware if the objectives have been met until the multi-center study has been completed and data analyzed.

APPENDIX

LISTING OF ADDITIONAL 2019 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER

Community Health Improvement Services (A)

Community Health Education (A1)

AARP Driving Safety Courses

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

Category: A1

Gender: Both Males and Females

Department: 25810 (CHERI)

Department Contact: CHERI (8-9903)

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

Staff Hours: 4.00

Persons: 20

Expenses: 250

Revenues: 0

Benefit: 250

Advanced Life Support Training

Description: Advanced Life Support Training for health care providers and first responders in the community.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Doug Douglas (8-7809)

Staff Hours: 32.00

Persons: 39

Expenses: 1,280

Revenues: 0

Benefit: 1,280



ALA Bike Trek and Great Smoke Out

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

Category: A1

Gender: Both Males and Females

Department: 49642 (CAMC Cancer Center)

Department Contact: Bev Farmer (8-8399)

Staff Hours: 32.00

Persons: 65

Expenses: 960

Revenues: 0

Benefit: 960



Breast Cancer Awareness Activities

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

Category: A1
Gender: Females
Department: 46509 (Southridge Imaging Ctr)
Department Contact: Kelly Combs (8-7031)
Staff Hours: 8.00
Persons: 500
Expenses: 304
Revenues: 0
Benefit: 304

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: Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Staff Hours: 99.00
Persons: 20
Expenses: 3,333
Revenues: 0
Benefit: 3,333



CAMC Cancer Center Fashion Show

Description: The CAMC Cancer Center hosted its third annual fashion show Oct. 4. The runway show featured several models, who are cancer patients and survivors, wearing outfits and accessories donated by local businesses. The event was emceed by WCHS TV's Kennie Bass who introduced the models, described their outfits and entertained the crowd with stories about the patients.

Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Jennifer Hancock (8-8399)

Objectives: An event for current cancer patients and survivors to celebrate them to improve self-esteem and overall well-being of the cancer patient.

Staff Hours: 24.00
Persons: 225
Expenses: 1,764
Revenues: 0
Benefit: 1,764



CAMC Cancer Center Support Groups

Description: The group helps participants to discover strategies to cope with common problems faced by men who have cancer, meet others who are facing similar circumstances and explore what is ahead in their lives in the company of others who can understand and relate the journey.

Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)

Objectives: Improve treatment outcomes and help patients with changes and ultimately survivorship.
Staff Hours: 7.00
Persons: 10
Expenses: 243
Revenues: 0
Benefit: 243

Childbirth Education Program

Description: Program designed for newly expectant parents.
Category: A1
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (8-2545)
Objectives: Improved birth outcomes.
Staff Hours: 0.00
Persons: 1,200
Expenses: 70,000
Revenues: 0
Benefit: 70,000



Community Outreach Tumor Boards

Description: Provides weekly outreach to outlying community hospital tumor boards to lend the expertise of our Oncology Specialist.
Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Jay Ripley (8-8399)
Community Need: Coordinated Cancer Care for residents living in southern West Virginia.
Staff Hours: 16.00
Persons: 720
Expenses: 528
Revenues: 0
Benefit: 528

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.
Staff Hours: 0.00
Persons: 125
Expenses: 608
Revenues: 0
Benefit: 608

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 down to the impact it can have on the individual teen, their family, friends, and communities.
Staff Hours: 4.00
Persons: 30
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 medications.

Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Doug Douglas (8-7809)
Objectives: Prevent traffic accidents and fatalities.
Staff Hours: 1.00
Persons: 30
Expenses: 30
Revenues: 0
Benefit: 30



Health Information Center

Description: The Health Information Center provides up-to-date reliable health information via the website.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: CHERI (8-9989)
Objectives: Promote health education in the community.
Staff Hours: 0.00
Persons: 32,000
Expenses: 50,000
Revenues: 0
Benefit: 50,000

Imagine U: A Virtual Healthcare Experience

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

Partners: WV Department of Education
Staff Hours: 60.00
Persons: 1,156
Expenses: 8,673
Revenues: 0
Benefit: 8,673

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)

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.

Staff Hours: 120.00
Persons: Unknown
Expenses: 18,427
Revenues: 0
Benefit: 18,427



Lung Bridge Program

Description: A program to improve the coordination of care and decrease the consequences of treatment for patients diagnosed with stage I, II, and III lung cancer after they complete treatment. We partner with patients to provide a person-centered approach to survivorship care planning and to identify ongoing physical, social, emotional, and financial needs.

Category: A1
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)

Objectives: Lower the impact of lung cancer recurrence by promoting increased surveillance, increase provider knowledge of survivorship issues through podcasts and an annual Lung Cancer Conference, and educate the community at large through social media and promotion of the community resources.

Staff Hours: 96.00
Persons: 4
Expenses: 2,976
Revenues: 0
Benefit: 2,976

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: 25810 (CHERI)

Department Contact: CHERI (8-9903)

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

Partners: WVU School of Medicine
WVDHHR
Arthritis Foundation

Staff Hours: 34.00

Persons: 351

Expenses: 11,773

Revenues: 0

Benefit: 11,773



Never Leave Your Wingman Outreach Program

Description: The incidence of healthcare and emergency services professionals suffering mental health issues continues to grow. Many times we fail to recognize indicators of a pending crisis in a colleague. This Program addresses this problem, equipping you with a skill set to differentiate burnout and compassion fatigue, identify those requiring crisis intervention and improve the overall mental wellness of your team.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Doug Douglas (8-7809)

Staff Hours: 6.00

Persons: 80

Expenses: 240

Revenues: 0

Benefit: 240

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.

Staff Hours: 18.00

Persons: 250

Expenses: 780

Revenues: 0

Benefit: 780



Project Echo - Cancer Survivorship

Description: Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians, the spokes in our model, become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.

Category: A1

Gender: Both Males and Females

Department: 49642 (CAMC Cancer Center)

Department Contact: Jay Ripley (8-8399)

Staff Hours: 10.00
Persons: 35
Expenses: 330
Revenues: 0
Benefit: 330

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.

Staff Hours: 12.00

Persons: 170

Expenses: 410

Revenues: 0

Benefit: 410

Relay for Life

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

Category: A1

Gender: Females

Department: 47441 (Chemotherapy)

Department Contact: Bev Farmer (8-8399)

Community Need: Cancer

Staff Hours: 2.00

Persons: 50

Expenses: 168

Revenues: 0

Benefit: 168



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

Staff Hours: 12.00

Persons: 670

Expenses: 348

Revenues: 0

Benefit: 348



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)

Staff Hours: 15.00

Persons: 300

Expenses: 600

Revenues: 0

Benefit: 600

Stop The Bleed

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

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Doug Douglas (8-7809)

Staff Hours: 90.00

Persons: 1,143

Expenses: 3,600

Revenues: 0

Benefit: 3,600



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)

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

Staff Hours: 39.00

Persons: 420

Expenses: 17,030

Revenues: 15,000

Benefit: 2,030



Tobacco Free Day at the WV Legislature

Description: Participated in the Tobacco Free Day at the WV Legislature and our booth provided educational materials on the harmful effects of tobacco use, second hand smoke, and the costs of tobacco use. We also provided materials on tobacco cessation.

Category: A1

Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Objectives: To encourage smoking cessation and educate the public on the dangers of tobacco.
Staff Hours: 16.00
Persons: 413
Expenses: 368
Revenues: 0
Benefit: 368

Wear Red Day

Description: Staff provided a table with informational materials for the American Heart Association's Wear Red Day which is a comprehensive platform designed to increase women's heart health awareness and serve as a catalyst for change to improve the lives of women globally.

Category: A1
Gender: Females
Department: 46830 (Volunteer Services)
Department Contact: Kelly Anderson (83779)
Staff Hours: 4.00
Persons: 150
Expenses: 160
Revenues: 0
Benefit: 160



Women Heart Support Group

Description: A support group for women who have experienced a cardiac event and are managing their heart disease.

Category: A1
Gender: Females
Department: 46830 (Volunteer Services)
Department Contact: Kelly Anderson (83779)
Staff Hours: 12.00
Persons: 15
Expenses: 540
Revenues: 0
Benefit: 540



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

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

Staff Hours: 0.00
Persons: 300
Expenses: 250
Revenues: 0
Benefit: 250



	Expenses	Offsets	Benefit	Persons
Community Health Education (A1)	196,133	15,000	181,133	40,491

Community Based Clinical Services (A2)

CAMC Ryan White Program

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

Staff Hours: 0.00

Persons: 375

Expenses: 578,607

Revenues: 516,678

Benefit: 61,929



Child Advocacy Center

Description: Program designed to provide a safe, child friendly place for children with alleged sexual or physical abuse or neglect. Provides a complete medical and psychosocial evaluation and may include a forensic interview. Provide training and education for prosecutors, Child Protective Services, law enforcement, physicians and health care providers. Also, testify and serve as expert witnesses and consultants. In 2017 we also began providing the Stewards of Children program to educate providers, family members, and educators on sexual abuse, physical abuse or neglect.

Category: A2

Gender: Both Males and Females

Department: 43602 (Children's Medicine Center)

Department Contact: Debbie Carte (8-2536)

Staff Hours: 0.00

Persons: 527

Expenses: 8,695

Revenues: 0

Benefit: 8,695



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

Staff Hours: 0.00

Persons: 627

Expenses: 3,403

Revenues: 0

Benefit: 3,403



Get Physical

Description: Annual sports physicals for middle and high school students.
Category: A2
Gender: Both Males and Females
Department: 47654 (Sports Medicine)
Department Contact: Leslie Johnson (8-4900)
Objectives: Provide annual sports physicals for students of Kanawha and surrounding counties.
Staff Hours: 80.00
Persons: 179
Expenses: 8,200
Revenues: 0
Benefit: 8,200



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: Filling the gap in mental health services for the uninsured or underinsured. This program serves individuals who have health insurance that does not cover behavioral health services or individuals without health insurance.
Staff Hours: 0.00
Persons: 125
Expenses: 20,000
Revenues: 0
Benefit: 20,000

West Virginia Health Right Support

Description: A free clinic located in CAMC's service area that provides primary health care and adult dental care to the uninsured and underinsured population. CAMC provides pharmacy support, maintenance and housekeeping services to the free clinic.
Category: A2
Gender: Both Males and Females
Department: 41804 (Housekeeping)
Department Contact: Joe Tucker (8-6241)
Objectives: To support health care delivery to those unable to obtain services elsewhere.
Staff Hours: 0.00
Persons: Unknown
Expenses: 148,820
Revenues: 0
Benefit: 148,820

	Expenses	Offsets	Benefit	Persons
Community Based Clinical Services (A2)	767,725	516,678	251,047	1,833

Health Care Support Services (A3)

Healthy Steps Exercise Program

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

Category: A3
Gender: Both Males and Females
Department: 49642 (CAMC Cancer Center)
Department Contact: Bev Farmer (8-8399)
Staff Hours: 96.00
Persons: 40
Expenses: 1,536
Revenues: 0
Benefit: 1,536

Enrollment Assistance for Patients & Families for Health Coverage

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

Category: A3
Gender: Both Males and Females
Department: 31706 (Finance)
Department Contact: Jay Richmond (8-6250)
Community Need: Unemployment/Jobs/Poverty
Staff Hours: 0.00
Persons: 9,363
Expenses: 431,069
Revenues: 0
Benefit: 431,069

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)

Objectives: Improving self-esteem and overall well-being of the cancer patient.
Staff Hours: 3.00
Persons: 97
Expenses: 60
Revenues: 0
Benefit: 60



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.

Staff Hours: 0.00
Persons: 7
Expenses: 60
Revenues: 0
Benefit: 60

	Expenses	Offsets	Benefit	Persons
Health Care Support Services (A3)	432,725	0	432,725	9,507

Social and Environmental Improvement Activities (A4)

CAMC Mall Walkers Program

Description: The Mall Walkers Program is provided at the Charleston Town Center and participants meet at 8:30 in the center court to discuss health topics such as stroke awareness, holiday meal planning and infection prevention. Participants then are provided a parking pass to use between 7 am and 10 am Monday through Saturday and they can walk at their own pace.

Category: A4
Gender: Both Males and Females
Department: 21942 (Marketing)
Department Contact: Elizabeth Pellegrin (8-5757)
Objectives: Promote health education and exercise.
Staff Hours: 70.00
Persons: 652
Expenses: 2,645
Revenues: 0
Benefit: 2,645



	Expenses	Offsets	Benefit	Persons
Social and Environmental Improvement Activities (A4)	2,645	0	2,645	652

	Expenses	Offsets	Benefit	Persons
**** Community Health Improvement Services (A)	1,399,228	531,678	867,550	52,483

Health Professions Education (B)

Physicians/Medical Students (B1)

CAMC Graduate Medical Education

Description: CAMC provides 17 residency and fellowship programs (allopathic and osteopathic including 3 dual tracks). CAMC has medical school affiliations with West Virginia University School of Medicine and the West Virginia School of Osteopathic Medicine. We currently have 171 medical residents enrolled on campus.

Category: B1
Gender: Both Males and Females
Department: 31720 (Accounting)
Department Contact: Debbie McClure (8-3380)
Staff Hours: 0.00
Persons: Unknown
Expenses: 45,269,385
Revenues: 7,252,039
Benefit: 38,017,346



Ethics in the Round

Description: Quarterly 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.
Staff Hours: 20.00
Persons: 96
Expenses: 660
Revenues: 0
Benefit: 660

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.
Staff Hours: 20.00
Persons: 413
Expenses: 660
Revenues: 0
Benefit: 660

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.
Staff Hours: 8.00
Persons: 227
Expenses: 264
Revenues: 0
Benefit: 264

	Expenses	Offsets	Benefit	Persons
Physicians/Medical Students (B1)	45,270,969	7,252,039	38,018,930	736

Nurses/Nursing Students (B2)

Nursing Pathways Program

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

Staff Hours: 546.00
Persons: 66
Expenses: 218,926
Revenues: 13,053
Benefit: 205,873

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 through their trauma center.
Staff Hours: 6.00
Persons: 40
Expenses: 240
Revenues: 0
Benefit: 240

WV State Trauma Symposium

Description: Conference is designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers and prehospital health care, coding specialists and health information professionals.
 This conference is a collaborative effort between experts in various trauma disciplines from around West Virginia. An eight hour trauma nursing workshop was held on the opening day of the conference featuring topics on surgical trauma, pediatric trauma and complications. The speakers will present progressive and challenging issues in the field of trauma care. A poster session will also be held highlighting trauma research throughout the state.
Category: B2
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.
Staff Hours: 24.00
Persons: 125
Expenses: 960
Revenues: 0
Benefit: 960

	Expenses	Offsets	Benefit	Persons
Nurses/Nursing Students (B2)	220,126	13,053	207,073	231

Other Health Professional Education (B3)

Medical Explorers

Description: A program designed to introduce youth in Kanawha and Putnam counties who are 14 years of age and have completed the 8th grade or are ages 15 to 20 and have designated health care as their health cluster to the health care environment.
Category: B3
Gender: Both Males and Females

Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Schoolcraft (8-3376)
Objectives: Increase health career awareness by educating middle and high school students about health professions and careers.
Staff Hours: 35.00
Persons: 40
Expenses: 1,636
Revenues: 0
Benefit: 1,636



Rural Trauma Team Development Course

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

Category: B3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: 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. To educate the audience regarding the state's regional, and local trauma system. Outline components of the various stages of trauma assessment. Outline the components of the primary survey, decision to transfer, secondary survey, and demonstrate the concepts of the primary survey.

Staff Hours: 48.00
Persons: 30
Expenses: 1,920
Revenues: 0
Benefit: 1,920

	Expenses	Offsets	Benefit	Persons
Other Health Professional Education (B3)	3,556	0	3,556	70

Scholarships/Funding for Professional Education (B4)

University of Charleston Health Program Support

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

Category: B4
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Schoolcraft (8-3376)

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

Staff Hours: 0.00
Persons: Unknown
Expenses: 189,996
Revenues: 0
Benefit: 189,996

	Expenses	Offsets	Benefit	Persons
Scholarships/Funding for Professional Education (B4)	189,996	0	189,996	0

	Expenses	Offsets	Benefit	Persons
**** Health Professions Education (B)	45,684,647	7,265,092	38,419,555	1,037

Financial and In-Kind Contributions (E)

Cash Donations (E1)

Civic Affairs Council

Description: The Civic Affairs Council is comprised of employees who review the applications for charitable donations and make awards based on specific community benefit criteria. Funding provided to area high schools for Project Graduation, Daymark, Inc., Salvation Army, REA of Hope, Children's Therapy Clinic, Union Mission, the Gabriel Project of WV, Charity in Action, American Cancer Society, Covenant House, Childhood Language Center, Pretera Foundation, United Way of Central WV, WVSU Foundation (Grandfamilies Education), Heart and Hand Outreach Ministries, Recovery Point of Huntington, Inc., the Childhood Language Center and the Children's Home Society of WV.

Category: E1

Gender: Both Males and Females

Department: 10000 (Civic Affairs)

Department Contact: Johnna Wills (8-7168)

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.

Staff Hours: 36.00

Persons: Unknown

Expenses: 26,620

Revenues: 0

Benefit: 26,620

	Expenses	Offsets	Benefit	Persons
Cash Donations (E1)	26,620	0	26,620	0

In-kind Donations (E3)

Community Board Participation By CAMC Personnel

Description: CAMC's participation on local, state, and national boards to provide our expertise in the fields of healthcare, management, safety, community health and education.

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 community.

Staff Hours: 0.00

Persons: Unknown

Expenses: 203,013

Revenues: 0

Benefit: 203,013

Ronald McDonald House Housekeeping Support

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

Category: E3

Gender: Both Males and Females
Department: 41804 (Housekeeping)
Department Contact: Joe Tucker (8-6241)
Staff Hours: 0.00
Persons: Unknown
Expenses: 12,300
Revenues: 0
Benefit: 12,300



	Expenses	Offsets	Benefit	Persons
In-kind Donations (E3)	215,313	0	215,313	0
**** Financial and In-Kind Contributions (E)	241,933	0	241,933	0

Community Building Activities (F)

Economic Development (F2)

Local Wealth Creation - Value Chain

Description: Value - Chain food system incorporating local growers to replace imports from the outside economy with herbs and vegetables that can be grown locally for the same or lower cost with the same or higher quality.

Category: F2

Gender: Both Males and Females

Department: 1 (Dietary Services)

Department Contact: Mike Marinaro (8-6551)

Objectives: To decrease sodium and fat in foods prepared in CAMC hospitals through the use of fresh herbs and vegetables. To open new avenues for existing and new growers with a guaranteed market for their produce.

Staff Hours: 30.00

Persons: 145

Expenses: 1,200

Revenues: 0

Benefit: 1,200



	Expenses	Offsets	Benefit	Persons
Economic Development (F2)	1,200	0	1,200	145

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.

Staff Hours: 0.00

Persons: Unknown

Expenses: 181,815

Revenues: 0

Benefit: 181,815

	Expenses	Offsets	Benefit	Persons
Community Support (F3)	181,815	0	181,815	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)

Staff Hours: 225.00

Persons: Unknown

Expenses: 9,000

Revenues: 0

Benefit: 9,000



	Expenses	Offsets	Benefit	Persons
Environmental Improvements (F4)	9,000	0	9,000	0

Workforce Development (F8)

Health Care Career Showcase

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

Category: F8

Gender: Both Males and Females

Department: 21926 (Human Resources Workforce Dev)

Department Contact: Debby Schoolcraft (8-3376)

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

Staff Hours: 211.00

Persons: 1,200

Expenses: 32,564

Revenues: 0

Benefit: 32,564



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)

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.

Staff Hours: 240.00
Persons: Unknown
Expenses: 14,152
Revenues: 0
Benefit: 14,152

	Expenses	Offsets	Benefit	Persons
Workforce Development (F8)	46,716	0	46,716	1,200

Other - Health Fair (F9)

Teddy Bear Fair

Description: Children's Health Fair.
Category: F9
Gender: Both Males and Females
Department: 43120 (Pediatrics)
Department Contact: Susan Russell (8-2885)



Objectives: Allow children to visit the hospital in a non-threatening way, complete with playing with medical equipment and trying on surgical masks. They receive tours of the hospital, play games, receive car seat education, and health education materials.
Staff Hours: 460.00
Persons: 845
Expenses: 17,629
Revenues: 14,210
Benefit: 3,419

	Expenses	Offsets	Benefit	Persons
Other - Health Fair (F9)	17,629	14,210	3,419	845

	Expenses	Offsets	Benefit	Persons
**** Community Building Activities (F)	256,360	14,210	242,150	2,190

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: To compile and report the organization's community benefit by surveying the individual departments, administrators, and other staff at our three hospitals.
Staff Hours: 1,040.00
Persons: Unknown
Expenses: 33,400
Revenues: 0
Benefit: 33,400

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.

Staff Hours: 0.00

Persons: Unknown

Expenses: 145,024

Revenues: 0

Benefit: 145,024

	Expenses	Offsets	Benefit	Persons
Dedicated Staff (G1)	178,424	0	178,424	0
**** Community Benefit Operations (G)	178,424	0	178,424	0
Total Community Benefit (Programs 62)	47,760,592	7,810,980	39,949,612	55,710