



CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's Hospital



# 2020 Community Benefit Report and Report on 2020-2022 Implementation Strategies



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

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

**2020 Community Benefit Report and Report on 2020-2022 Implementation Strategies**

**Table of Contents**

**Executive Summary .....3**

**Community Benefit Summary .....4**

**2020 Community Benefit and Implementation Strategy Report.....5**

**Kanawha Coalition for Community Health Improvement Progress Report  
Workgroup Accomplishments for 2020.....7**

**Charleston Area Medical Center Community Needs Planning.....28**

**2020-2022 CAMC Community Benefit Plan and 2020 Progress on Implementation  
Strategies.....33**

**CAMC Joint Implementation Strategies**

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 .....33

Build the base of local growers and artisans selling fresh vegetables and crafted products to CAMC 35

Provide HIV primary care and decrease new HIV infections .....36

Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes by 2022 .....38

Improve access and consumption of local produce .....41

**CAMC General Hospital**

Provide medical direction to EMS agencies .....43

**CAMC Memorial Hospital**

Provide transportation resources to adults with cancer .....45

Provide access to dental care services to address the delay in care with cancer patients .....45

**CAMC Women and Children’s Hospital**

Decrease the number of drug affected mothers and babies .....47

Provide mental health services to children with cancer .....48

Determine how Dulaglutide compares to placebo in children and teens with Type 2 Diabetes .....48

Reduce childhood obesity, treat co-morbidities and prevent diabetes .....49

Reduce/prevent childhood obesity, treat co-morbidities and prevent diabetes .....50

**Appendix**

**Additional 2020 Community Benefit Programs .....52**

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

**2020 Community Benefit Report on 2020-2022 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 2020, Charleston Area Medical Center provided \$174,718,056 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



**2020 COMMUNITY BENEFIT SUMMARY for  
CAMC MEMORIAL, CAMC GENERAL,  
CAMC WOMEN and CHILDREN'S, and  
CAMC TEAYS VALLEY HOSPITALS\***

**CHARITY CARE AT COST \$19,840,276**

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 \$110,063,549**

**Other Public Unreimbursed Costs \$1,187,885**

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

**SUBSIDIZED HEALTH SERVICES \$1,529,575**

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 \$715,372, the Lactation Support Program at \$215,485 and the Palliative Care Program at \$598,718.

**COMMUNITY BENEFIT PROGRAMS AND SERVICES \$42,096,771**

See details beginning on page 38.

Community Health Improvement Services	1,292,822
Health Professions Education	40,047,719
Financial and In-Kind Contributions	221,516
Community Building Activities	333,807
Community Benefit Operations	200,907

**TOTAL \$174,718,056**

**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 \$234,856,355**

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

**BAD DEBT AT CHARGE \$39,095,434**

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

## 2020 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 2020 Community Health Needs Assessment. The Kanawha Coalition for Community Health Improvement held a convening of Community Experts to rank and prioritize the top community needs and forms work groups to address these top 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 Kanawha Coalition Assessment Process findings (County Health Data, Expert Opinion Survey, Convening of Experts, Listening sessions, and a paper and online survey) and the County Health Indicator Reports were systematically analyzed to develop a list of the top community health issues for our 12 county service area. These include:

<b>LIVE: Health and Social</b>
<p><b>Wellness promotion and chronic disease prevention education</b></p> <ul style="list-style-type: none"> <li>• Diabetes, Obesity, Heart Disease, COPD, Substance Use Disorder, HIV/AIDS, Hepatitis A/B/C, Mental Health</li> </ul>
<b>LIVE: Safety and Infrastructure</b>
<p><b>Safe roads &amp; transportation</b></p> <ul style="list-style-type: none"> <li>• Homelessness, Safe/Distracted Driving, Access to Transportation</li> </ul>
<b>LEARN</b>
<p><b>Access to affordable and adequate early childhood education</b></p> <ul style="list-style-type: none"> <li>• Access and Availability of Early Childhood Education</li> </ul>

## WORK

### Barriers to Work

- Low Wages, Lack of Job Opportunities/Education or Skills Training

## PLAY

### Access to safe and Adequate recreation, exercise and play opportunities

- Safety and Accessibility of Recreation Areas

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 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 2020.

# Kanawha-County Health Improvement Process Implementation Plan

Date Created: 8/1/2017 (DRAFT)

Date Reviewed/Updated: 12/31/2020

<b>PRIORITY AREA: Substance Abuse (Illicit, not including Tobacco/Alcohol)</b>
<b>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).</b>

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

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

**BACKGROUND ON STRATEGY**

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

**Evidence Base:** Developing social emotional learning skills, bonding with the school/teacher, and adopting conventional norms about substance use and aggression are all protective factors that decrease the likelihood of 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
<b>Develop written evaluation plan, with short-term and long-term indicators, for prevention education in Kanawha County Schools.</b>	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
<b>Identify funding sources and apply/receive funding for evidence-based programming expansion into grades K-8</b>	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
<b>Provide Too Good for Drugs (TGFD) evidence-based curriculum training to school personnel grades K-8</b>	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)
<b>Continue providing TGFD for 1<sup>st</sup> and 4<sup>th</sup> grades (all schools)</b>	Ongoing	School Counselors' time Funding for Student handbooks	Kanawha County Schools	All 1 <sup>st</sup> & 4 <sup>th</sup> graders receive TGFD Pre-posts tests completed by students	Completed: Too Good For Drugs implemented in grades K-8, School Year 2018-2019. Ongoing School Year 2019-2020
<b>Add evidence-based curriculum, all schools, grades 2<sup>nd</sup> and 7<sup>th</sup>.</b>	August – October 2018	Staff time Start- up funding for classroom curriculum Ongoing funding for student handbooks	Kanawha County Schools	TGFD delivered to 2 <sup>nd</sup> , 4 <sup>th</sup> and 7 <sup>th</sup> graders Pre-posts tests completed by students	Completed: Too Good For Drugs implemented in grades K-8, School Year 2018-2019 Ongoing School Year 2019-2020

<b>Expand Generation Rx program into all 3<sup>rd</sup> grade classes</b>	Ongoing	Staff time Funding for instructor tool-kits	University of Charleston/KCS	Generation Rx delivered to all 3 <sup>rd</sup> graders Student surveys completed	Completed: Partnered with Kanawha County Schools on Generation Rx program delivered by University of Charleston School of Pharmacy students for all third grade classrooms in Kanawha County, funded by Cardinal Health.
<b>Partner with DEA 360 to provide Operation Prevention resources to school personnel</b>	July 2017 (ongoing)	Staff time	Kanawha County Schools	School personnel linked to Operation Prevention resources	Completed: Provided to elementary school personnel (2017-2018 School Year)
<b>Recruit adult coordinators for Youth Leadership Groups (example: SADD) in all Middle and High Schools in Kanawha County (i.e. school personnel, parents, college students, etc.)</b>	Ongoing (monthly)	Staff time Volunteer time	Kanawha County Schools/Kanawha Communities That Care	Adult coordinators for each youth leadership group	Ongoing- Kanawha Communities That Care became a program under United Way of Central WV (October 2019)
<b>Develop Youth Leadership Mentorship Program</b>  - Engage students: colleges; Job Corps; and Career Schools  - Engage High School youth leaders as mentors to Middle School Leadership Groups	Ongoing (monthly)	Staff time Volunteer time Student engagement	Kanawha Communities That Care	Mentorship program operational	NA
<b>Recruit student members for Youth Leadership Groups</b>	Ongoing (monthly)	Staff time Volunteer time Recruitment materials	Adult advisors	Students recruited and active	NA
<b>Provide training to new adult coordinators</b>	Ongoing (monthly)	Staff time Volunteer time Training space and materials	Kanawha Communities That Care	All adult coordinators complete training course	NA
<b>Provide leadership training to participating youth</b>	Ongoing (monthly)	Staff time Training space and materials Funding	Kanawha Communities that Care	All participating youth receive leadership training	Completed: 30 Kanawha County SADD Chapter Youth attended the 2018 WV SADD Leadership Conference
<b>Develop and implement an application process for Kanawha County Youth Leadership Council with</b>	November 2017	Staff time Adult advisors' time Youth	Kanawha Communities That Care		COMPLETED: Applications developed and provided to student leadership groups October 2017

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

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

**BACKGROUND ON STRATEGY**

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

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

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

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

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

**Target Audience:** Kanawha County youth

**ACTION PLAN**

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

<b>Develop evaluation plan to include short-term and long-term indicators</b>	August 31, 2018 (ongoing monitoring)	Staff time Volunteer time Evaluator's time	Kanawha County Schools / KCCHI/Kanawha Communities That Care	Evaluation Plan	NA
<b>Procure funding for implementation</b>	March 31, 2019	Staff time Volunteer Time Funding	KCCHI/KCS	Funding	NA
<b>Provide SBIRT &amp; Mental Health First Aid training for Kanawha County Schools personnel</b>	August 1, 2019	Staff time Training materials Meeting space	Kanawha County Schools / Kanawha Communities That Care	School personnel complete training	Postponed until 2021-2022 per Kanawha County Schools
<b>Implement plan</b>	September 1, 2019	Staff time Funding	Kanawha County Schools	SBIRT implemented	NA
<b>Update plan based on results</b>	June 1, 2020	Staff time Funding	Kanawha County Schools / Kanawha Communities That Care	Revised plan	

#### 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.

**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.watchusthrive.org/colerain.aspx> [watchusthrive.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 versus hospital emergency rooms	Ongoing	Staff time Policy experts	Great Rivers System for Addiction Care	New or revised policies	Completed 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 Huntington QRT Program to Kick off December 1 <sup>st</sup> , Pilot of Program saw 25% recovery success rate.  City of Charleston QRT launched in the fall of 2018.
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/Ongoing

<b>Develop QRT “Resource Recovery Packets” for OD patients and their families</b>	Feb. 1, 2018	Staff time Volunteer time Funding	City of Charleston	Resource Recovery Packets	Completed
<b>Procure funding</b>	April 1, 2018	Funding: -Personnel -Capital costs -Printing	City of Charleston	Funding	Completed
<b>Pilot QRT process for pre-determined period of time</b>	May – Oct. 2018	Staff time Volunteer time Funding	City of Charleston	Pilot completed – QRTs response teams operational	Completed
<b>Revise process as needed</b>	Nov. 2018	Staff time Volunteer time Funding	City of Charleston	Final Implementation Plan	On going
<b>Develop and implement sustainability plan</b>	Dec. 2018	Staff time Volunteer time Funding	City of Charleston	Sustainability Plan	Ongoing (grant funded)

**PRIORITY AREA: Diabetes**

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

**PERFORMANCE MEASURES**

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

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

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

**BACKGROUND ON STRATEGY**

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

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

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

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

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

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

<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
<b>Consult with other diabetes coalitions in the state</b>	Oct. – Dec., 2017	Staff time Volunteer time Travel costs	KCHD	Identify best model/practices	Completed
<b>Identify all stakeholders/potential members</b>	Feb. 1, 2017	Staff time	KCCHI / KCHD	Recruitment list of potential members	Completed
<b>Hold “call to action” meeting</b>	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.
<b>Identify what is already happening around diabetes/pre-diabetes in Kanawha County</b>	Feb. 28, 2018	Staff time Volunteer time			Completed: <ul style="list-style-type: none"> <li>Completed inventory of Kanawha County diabetes and pre-diabetes programs.</li> <li>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 <a href="https://www.healthconnection.com/kanwha-diabetes-coalitionresource">https://www.healthconnection.com/kanwha-diabetes-coalitionresource</a>.</li> </ul>
<b>Develop and adopt written organizational policies and membership guidelines</b>	March 28, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Written policies Membership guidelines	Completed: <ul style="list-style-type: none"> <li>Developed Internship opportunities for KCCHI KCD work.</li> <li>Developed written goals and objectives for KDC 2019-2020.</li> <li>Developed Committee and Leadership structure for the KDC.</li> </ul>
<b>Develop sustainability plan</b>	July 1, 2018	Staff time Volunteer time	Kanawha County Diabetes Coalition	Sustainability plan	KCCHI continues to provide staff support for KDC until a permanent host is found (projected 2021)

**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 pilot market owners/managers	August 2018	Staff time Volunteer time Travel costs	Kanawha Diabetes Coalition / KCCHI		NA

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

<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
<b>Develop implementation plan that links Pre-Diabetes/Diabetes Resource database to existing database for social determinants of health (UWCWV I&amp;R)</b>	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"> <li>Completed inventory of Kanawha County diabetes and pre-diabetes programs.</li> </ul>
<b>Determine type of information to collect</b>	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Survey instruments	Completed
<b>Develop evaluation plan with short-term and long-term measures</b>	Jan. 1, 2018	Staff time Volunteer time Evaluator’s time	Kanawha Diabetes Coalition / KFRN		Completed
<b>Develop sustainability plan (engage college students assistance with database maintenance/updates)</b>	Jan. 1, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN		Not completed. Continuing as a new objective under 2020 Community Health Improvement Plan.
<b>Find funding source(s) for online database design</b>	Feb. 1, 2018	Funding	Kanawha Diabetes Coalition / KFRN /	Funding	Worked with WVU School of Public Health on Health Connect to populate Kanawha County resources based on our

			KCCHI		inventory. This searchable, mappable online inventory is available at <a href="https://www.wvhealthconnection.com/kanawha-county-diabetes-coalition">https://www.wvhealthconnection.com/kanawha-county-diabetes-coalition</a> .
<b>Design online searchable database</b>	March 1, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Online database	Completed: Partnering with WVU School of Public Health's <a href="http://www.wvhealthconnection.com">www.wvhealthconnection.com</a>
<b>Develop inventory materials</b>	March 1, 2018		Kanawha Diabetes Coalition / KFRN		Completed
<b>Develop teams or identify existing teams for key geographic locations in Kanawha County</b>	March 1, 2018	Staff time Volunteer time Community teams	Kanawha Diabetes Coalition / Kanawha Family Resource Network (KFRN)	Community teams	Completed
<b>Teams conduct local inventory of healthy food availability and educational opportunities</b>	March – April, 2018	Staff time Volunteer time Community teams	Kanawha Diabetes Coalition / KFRN	Market inventory	<ul style="list-style-type: none"> <li>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.</li> <li>Presented findings and recommendations to Mayor of Clendenin and members of Clendenin City Council.</li> </ul>
<b>Pilot database</b>	May, 2018	Staff time Volunteer time	Kanawha Diabetes Coalition / KFRN	Database works as anticipated	Completed
<b>Develop promotional materials</b>	May, 2018			Printed materials	Completed
<b>Launch database</b>	June, 2018	Staff time Funding	Kanawha Diabetes Coalition / KFRN	Media coverage	Completed
<b>Revise as needed, based on evaluation results</b>	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 (Pharmacy 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

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

**BACKGROUND ON STRATEGY**

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

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

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

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

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

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

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
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				

<b>Develop plan to overcome barriers to patient access to programs (i.e. transportation incentives; virtual DPP)</b>	May 2018	Staff time Volunteer time	KCCHI	Patient access to programs	NA
<b>Develop an awareness campaign about who is at risk for pre-diabetes/diabetes</b>	May 2018	Staff time Volunteer time	KCCHI	Awareness campaign	NA
<b>Promote identification of patients at risk for diabetes by utilizing screening tools for pre-diabetes (CDC Prediabetes Screening Test)</b>	June - August, 2018	Staff time Volunteer time Engagement by Providers & Patients	KCCHI	Health care providers use CDC Prediabetes Screening Test)	Completed: Surveyed Kanawha County clinics regarding their usage of the CDC Prediabetes Screening Test.
<b>Promote health care provider's use of referral systems for patients with diabetes to a Diabetes Self-Management Program</b>	June – August, 2018	Staff time Volunteer time Health Care Providers engagement Patient engagement	KCCHI	Patients referred to Diabetes Self-Management Programs	Completed
<b>Promote health care providers use of referral systems for patients with pre-diabetes to a National Diabetes Prevention Program</b>	June-August, 2018	Staff time Volunteer time Health Care Providers engagement Patient engagement	KCCHI	Patients referred to National Diabetes Prevention Programs	Completed
<b>Prepare a report that includes health impact statements and share with funders and other stakeholders</b>	Sept. 28, 2018	Staff time Volunteer time Health care providers and payers process and outcome data	KCCHI	Kanawha County Case Study (Report)	Completed

**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**

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

**PRIORITY AREA: Obesity**

**GOAL: Address overweight and obesity among Kanawha County residents by increasing their access to recreational/physical activity opportunities regardless of where they live.**

**PERFORMANCE MEASURES**

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

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

**OBJECTIVE #1: Develop an expanded recreational/physical activity database, searchable by geographic locations in Kanawha County by December 1, 2018.**

**BACKGROUND ON STRATEGY**

**Source: KCCHI Focus Group Findings**

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

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

**Rationale:** A “one-stop”, centralized resource database for recreational and physical activity opportunities was identified as a need through KCCHI’s focus groups by participants who were overweight and/or pre-diabetic/diabetic

**Strategy:** Centralized database for recreational and physical activity opportunities

**Target Audience:** Adults and families

<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
<b>Find funding source(s) for online database design (See Diabetes Goal, Objective 3)</b>	See Diabetes Goal, Objective #3				
<b>Design and pilot database</b>	May 2018				
<b>Launch database</b>	June, 2018				
<b>Develop teams or identify existing teams for key geographic locations in Kanawha County</b>	March 1, 2018	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / Kanawha Family Resource Network (KFRN)	Community teams	Completed
<b>Teams conduct local inventory of recreational and physical activity opportunities by geographic location</b>	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.
<b>Identify other existing lists of resources (public parks, city parks, community centers, KEYS4HK GIS map, 211, KISRA, Mary C. Snow School display, etc.)</b>	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.
<b>Monitor, update and evaluate database usage</b>	September 1, 2018 (on-going)	Staff time Funding	KCCHI Stakeholders Group / KFRN	Quarterly progress reports	Ongoing (via <a href="http://www.wvhealthconnection.com">www.wvhealthconnection.com</a> )

**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 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

<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
<b>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>)</b>	May 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	List of potential stakeholders  Ideas/resources for alternative activities to screen time	This objective was not completed. In 2020, through a new partnership with Active Southern WV, KCCHI is currently in the process of developing a new action plan for its 2020-2023 Community Health Improvement Plan.
<b>Engage Stakeholders in Developing implementation plan for Turn Off Challenge (research QR codes to promote walking)</b>	August 1, 2019	Staff time Volunteer time Meeting space Meeting materials	KCCHI Stakeholders Group	Implementation plan	NA
<b>Develop evaluation plan</b>	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Evaluation plan	NA
<b>Develop sustainability plan</b>	August 1, 2019	Staff time Volunteer time	KCCHI Stakeholders Group	Sustainability plan	NA
<b>Procure funding</b>	August 1, 2019	Funding	KCCHI Stakeholders Group / KCCHI	Funding	NA
<b>Implement plan</b>	Sept. – Nov. 2019	Staff time Volunteer time Participation of community members	KCCHI Stakeholders Group	Turn Off Challenge; number of participants	NA
<b>Plan for future challenges based upon outcomes, revise as needed</b>	Feb. 1, 2020	Staff time Volunteer time	KCCHI Stakeholders Group	Calendar of future event(s)	NA

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

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

## CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 956 beds on four campuses: General Hospital (268 beds), Memorial Hospital (472 beds), Women and Children’s Hospital (146 beds) and CAMC Teays Valley Hospital (70 beds). CAMC General, Memorial and Women and Children’s hospitals are all located in the city limits of Charleston in Kanawha County. General Hospital focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Memorial Hospital supports the cardiac, peripheral vascular and oncology services lines. 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.

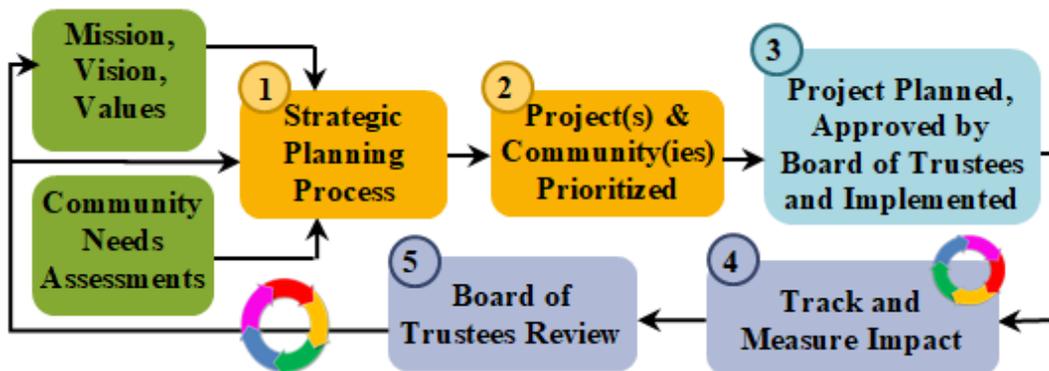
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs 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, December 2020)

The following outlines CAMC’s community support process:



Annually during the strategic planning process<sup>1</sup> we review the community health needs assessment findings, community priorities and our Environmental Analysis. In alignment with our mission, vision and values, we identify community health projects and their associated communities<sup>1</sup> for our community plan. These projects are<sup>3</sup> planned, implemented, and posted to our CAMC website. We<sup>4</sup> track and measure progress and use the DMAIC process for improvement. The CAMC Board approves the plan and<sup>5</sup> reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities<sup>2</sup> is based on the project, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our

CAMC strategy, community is based on the need identified through needs assessments for each of our service area counties and the population to be addressed. For example, our work to build a sustainable Research Infrastructure covers all of West Virginia and our HIV program serves our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have resulted in alignment of Civic Affairs Council monetary contributions to community needs, and to improvements from 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 health issues identified during the Convening of Community Experts. 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	How Addressed by CAMC (Implementation strategies and ongoing work) (I) = Implementation Strategy
<b>LIVE: Health and Social Wellness promotion and chronic disease prevention education</b>				
Diabetes			X	<ul style="list-style-type: none"> <li>• Keys 4 HealthyKids - Reduce Childhood Obesity, Prevent Diabetes (I)</li> <li>• Gestational Diabetes Class at FRC</li> </ul>
Obesity	X	X	X	<ul style="list-style-type: none"> <li>• Keys 4 HealthyKids – Improve Access and Consumption of Local Produce (I)</li> <li>• Get Physical</li> <li>• Mall Walkers</li> <li>• Healthy Wage Challenges (Weight Loss/Healthy Steps)</li> <li>• Play Patch at Charleston Town Center Mall</li> </ul>
Limited Access to Food	X	X	X	<ul style="list-style-type: none"> <li>• Build the Base of Local Growers and Artisans (I)</li> </ul>
Heart Disease		X		<ul style="list-style-type: none"> <li>• Advanced Life Support Training</li> <li>• Heart Failure Readmission</li> <li>• CMS Indicator Compliance</li> <li>• American Heart Association Sponsorship</li> <li>• Women Heart Support Group</li> <li>• Charleston WV Heart Walk</li> </ul>
COPD	X	X	X	<ul style="list-style-type: none"> <li>• CMS Indicator Compliance</li> <li>• COPD Readmission</li> <li>• Tobacco Free Day</li> <li>• Smoke Free Campuses</li> </ul>
Cancer		X	X	<ul style="list-style-type: none"> <li>• Relay for Life</li> <li>• Cancer Center Fashion Show</li> <li>• Cancer Center Support Group</li> <li>• Breast Cancer Awareness Activities</li> <li>• Breast Cancer Survivorship Group</li> <li>• Run for Your Life</li> <li>• American Lung Association Bike Trek</li> <li>• Great American Smokeout</li> <li>• Healthy Steps Exercise Program</li> <li>• Mental Health Services for Children with Cancer (I)</li> <li>• CAMC Foundation Grant–CAMC Breast Center free mammograms to uninsured/underinsured women; CAMC</li> </ul>

				<b>Cancer Center for assistance with meds, chemo, supplies, etc.</b>
Substance Use Disorder, HIV/AIDS, Hepatitis A/B/C	X	X	X	<ul style="list-style-type: none"> <li>• Ryan White Program (I)</li> <li>• WECARE (I)</li> <li>• Baby First Program Addiction Services Peer Recovery Support Specialists</li> <li>• REA of Hope Fellowship Home – Civic Affairs</li> </ul>
Mental Health	X	X	X	<ul style="list-style-type: none"> <li>• Outpatient Mental Health Services for Uninsured and Underinsured</li> <li>• Treatment of Dementia (I)</li> <li>• Mental Health Services for Children with Cancer (I)</li> </ul>
Wellness Promotion	X	X	X	<ul style="list-style-type: none"> <li>• Health Information Center</li> <li>• Discounted Lab Work</li> <li>• Flu Vaccine with Health Department</li> <li>• COVID-19 Vaccine with Health Department</li> </ul>
<b>LIVE: Safety and Infrastructure</b>				
<b>Safe roads &amp; transportation</b>				
Homelessness	X	X	X	<ul style="list-style-type: none"> <li>• WV Health Right–Access to Care, Pharmacy Services – Civic Affairs</li> <li>• Covenant House – Civic Affairs</li> </ul>
Safe/Distracted Driving	X			<ul style="list-style-type: none"> <li>• Distracted Driving/Driving Safety for Teens - Doug Douglas</li> <li>• Project Graduation Dollars – Civic Affairs</li> </ul>
Access to Transportation	X	X	X	<ul style="list-style-type: none"> <li>• Transportation resources for adults with cancer</li> <li>• CAMC Uber</li> <li>• Faith in Action of the Kanawha Valley (Civic Affairs)</li> </ul>
<b>LEARN</b>				
<b>Access to affordable and adequate early childhood education</b>				
Access and Availability of Early Childhood Education			X	<ul style="list-style-type: none"> <li>• Teddy Bear Fair</li> <li>• Grandfamilies Program–teach computer skills (Civic Affairs)</li> <li>• Childhood Language Center &amp; Children’s Therapy Clinic (Civic Affairs)</li> <li>• Improve Access and Consumption of Local Produce (I)</li> </ul>
<b>WORK</b>				
<b>Barriers to work</b>				
Low Wages	X	X	X	<ul style="list-style-type: none"> <li>• Medical Explorers</li> <li>• Healthcare Career Showcase</li> <li>• CAMC Career Road Map</li> <li>• Workforce Innovation and Opportunities Act</li> </ul>
Lack of Job Opportunities, Education, Skills Training	X	X	X	<ul style="list-style-type: none"> <li>• Build the Base of Local Growers and Artisans (I)</li> <li>• Imagine U</li> <li>• Junior Nurse Academy</li> <li>• CAMC Foundation Grant – Tuition Assistance</li> <li>• Teaching Institution</li> </ul>
<b>PLAY</b>				
<b>Access to safe and adequate recreation, exercise and play opportunities</b>				
Safety and Accessibility of Recreation Areas	X	X	X	<ul style="list-style-type: none"> <li>• Play Patch at Charleston Town Center Mall</li> <li>• United Way Day of Caring</li> <li>• Think First for Kids</li> </ul>

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

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

- Sponsoring health professional training programs training the region's health professionals.
- Providing continuing education to health professionals in the community, region and state.
- Sponsoring management and leadership development programs.
- Sponsoring community health education and prevention education programs for the community.
- Conducting clinical and health services research targeted to improve health and health services delivery of our patients and community.
- Pursuing special program funding and grants to support education and research programs.
- Sponsoring simulation training experiences for regional education affiliates.
- Promoting and sustaining networks and partnerships that improve access to clinical trials and research funding opportunities.

**CAMC Foundation, Inc.** is the fund-raising organization for Charleston Area Medical Center (CAMC). The foundation works with donors to secure current and future support for CAMC programs and services to improve the health of the people in West Virginia. Looking to the future of health care in southern West Virginia, the CAMC Foundation serves as the conduit for charitable care; to help CAMC deliver high-level clinical health care, to provide educational opportunities for practitioners to become healers, and to fund social medical services for those in need. The foundation's mission is to support and promote Charleston Area Medical Center's delivery of excellent and compassionate health services and its contributions to the quality of life and economic vitality of the region.

The CAMC Foundation is guided by a volunteer board of directors representing many facets of our community, as well as a staff of individuals with many years' experience and strong community ties and loyalty.

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

## **INPUT RECEIVED ON PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FROM THE PUBLIC**

CAMC's 2017 Community Health Needs Assessment and Implementation Strategy was made widely available on CAMC's website and the Needs Assessment was also published on the Kanawha Coalition for Community Health Improvement website. Annually, CAMC reports on the Implementation Strategies and these are posted to the CAMC website. CAMC did not receive any input from the public through the comment section with the postings or from any other source.

## **INPUT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN CAMC'S PRIOR COMMUNITY BENEFIT REPORT ON IMPLEMENTATION STRATEGIES**

Progress toward achievement of implementation strategies identified in CAMC's 2017 Community Health Needs Assessment and report on the Implementation Strategies in 2017, 2018 and 2019 were considered in the following ways:

- a. Progress toward achievement of each implementation strategy was reviewed and assessed to determine if further action could bring additional improvement.
- b. The results of each of the Kanawha Coalition's Workgroups was also reviewed and assessed to determine level of effectiveness in improving the identified area.
- c. Once the 2020 CHNA top issues were identified from the community health needs assessment and analysis of CAMC's primary and secondary service areas, the issues were compared to the prior implementation strategy to determine if continued focus was warranted for any of the issues or if new strategies needed to be developed.

For example, Limited Access to Food was identified as a top issue in the 2017 CHNA, but not in the 2020 CHNA. CAMC made significant progress over the 2014–2019 time period. CAMC will continue to address this issue because access to healthy food is linked to Diabetes, Obesity, and Heart Disease, which have been noted as priority issues within our community in 2020.

# 2020 - 2022 CAMC Community Benefit Plan Implementation Strategy

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

1. **Accountable Health Communities Program**
2. **Build Base of Local Growers and Artisans Providing Fresh Vegetables and Crafted Products to CAMC**
3. **Provide HIV Primary Care and Decrease New HIV Infections**
4. **Build a Sustainable Research Infrastructure that Substantively Contributes to Improving WV Health Outcomes**
5. **Improve Access and Consumption of Local Produce**

<b>#1</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity, Substance Use Disorder, Heart Disease, COPD, Limited Access to Food, Mental Health, Cancer
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	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. 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 \$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

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

2020 Progress	<p>The Accountable Health Communities (AHC) project period began on May 1, 2017. During 2020, the following was accomplished:</p> <ul style="list-style-type: none"> <li>• Four additional clinical delivery sites were added to the program, including the West Virginia Health Network.</li> <li>• There were 16,200 beneficiaries screened during 2020, which is almost 5,000 more than in 2019.</li> <li>• Navigation services were offered to 1,357 beneficiaries in 2020 and 563 beneficiaries were added to the control group.</li> <li>• The Community Resource Inventory was updated multiple times with over 800 community resources included.</li> <li>• We hired two phone screeners to screen beneficiaries who had been to any of the CAMC emergency departments.</li> <li>• Updates were completed on CAPGate based on CMS requirements and all data was submitted successfully.</li> <li>• The Program Director, Screening and Referral Specialist and Database Administrator attended the AHC virtual conference.</li> <li>• 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.</li> </ul>
---------------	--

<b>#2</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners. By creating local wealth based on identified needs, we can increase local growers to provide healthy food to our community and to address Limited Access to Food
IDENTIFIED HEALTH ISSUE	Diabetes, Obesity, Limited Access to Food, Lack of Job Opportunities
COMMUNITY SERVED	Growers and Artisans in West Virginia
PROGRAM DESCRIPTION AND RATIONALE 	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 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 and artisans to develop their capability to sell their produce and products to CAMC at a guaranteed quantity and price and once the process is established to roll it out to other “buyers.”
STRATEGIC OBJECTIVE	<b>BUILD THE BASE OF LOCAL GROWERS AND ARTISANS SELLING FRESH VEGETABLES AND CRAFTED PRODUCTS TO CAMC</b>

GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Support and encourage local growers to become GAP certified.</li> <li>2. Provide guaranteed quantity and price to decrease risk to growers.</li> <li>3. Support and encourage local artisans to submit product for review and selection for sale in CAMC gift shops.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of growers GAP certified</li> <li>• Number of growers providing fresh food to CAMC</li> <li>• Amount of produce purchased by CAMC</li> <li>• Amount of dollars going into our local grower community vs. out-of-state purchases</li> <li>• Amount of crafted products purchased by CAMC</li> </ul>
TIMELINE	2017 - 2022
RESOURCES	Greater Kanawha Valley Foundation for program support CAMC budget for food and craft purchases
PARTNERS/ COLLABORATORS	Greater Kanawha Valley Foundation Morrison's Food Services Corey Brothers WV Department of Agriculture Local Growers Local Artisans
2020 Progress	In 2020, the number of growers GAP certified remained unchanged. CAMC purchased \$102,952 worth of produce and goods from local growers and artisans in 2020. It was a decrease of \$47,043 from 2019 and impacted by the pandemic. All of CAMC's gift shops now carry a full line of products produced by multiple local artisans.

<b>#3</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder, Hepatitis A/B/C, Mental Health
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 375 individuals. 40 new patients were served in 2019. 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, 2018, a total of 1,891 were living with HIV/AIDS in West Virginia.</p>
STRATEGIC OBJECTIVE	<b>PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS</b>



GOALS TO ADDRESS THE HEALTH NEED	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> <li>1. Client Linkage and Retention Program</li> <li>2. Framingham Heart Study QI Project</li> <li>3. Viral Load Suppression/HAART Project</li> <li>4. Partnership for Health</li> <li>5. Oral Care Program</li> <li>6. Social Media Peer Support Initiative/rural outreach</li> <li>7. Telemedicine Clinic</li> <li>8. HIV/HEP C Harm Reduction Initiative</li> </ol> <p>Outreach:</p> <ul style="list-style-type: none"> <li>• Free rapid HIV testing distributed in clinics, home visits, presentations, colleges, and other HIV venues such as WV Pride Week activities</li> <li>• Linkage Coordinator client home visits and ongoing contact</li> <li>• Staff travel to Beckley for a monthly clinic</li> <li>• Telemedicine clinic</li> <li>• Collaboration with Pretera and WV Covenant House</li> <li>• Travel exhibits</li> <li>• Newsletters and educational brochures distribution</li> <li>• Facebook, newspaper outreach</li> <li>• UC and WV State University student programs</li> <li>• Emergency fund for immediate life-saving needs such as lack of utilities and temporary stable environment for homeless/unstably-housed HIV-positive clients, in or out of care.</li> <li>• Social Media client support</li> </ul> <p>Prevention:</p> <ul style="list-style-type: none"> <li>• Condom distribution</li> <li>• HIV Test kit education and distribution</li> <li>• Education Presentations and lectures</li> <li>• Partner PrEP education and treatment</li> <li>• Vaccines</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Viral load suppression %</li> <li>• Number of new clients</li> <li>• Number of out-of-care clients returned to care</li> <li>• Number of clients on PrEP</li> <li>• Number of HIV test kits distributed/number of positives recorded</li> <li>• Client surveys</li> <li>• Number and cost of clients receiving oral care</li> <li>• Lipid screening/smoking/Framingham Heart Study scores</li> <li>• Social Media development stages</li> <li>• Number of presentations and audience</li> <li>• Number of clients receiving emergency funding</li> </ul>
TIMELINE	2017-2022
RESOURCES	<p>CAMC Charity Care  CAMC Outpatient Care Center  CHERI  WVU - non-HIV specific outpatient clinics  HRSA  CDC  Presidential AIDS Initiative Supplemental Grant  Program Income  Elton John AIDS Foundation  First Presbyterian Church of Charleston</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
2020 Progress	In 2020, the CAMC Ryan White Program reports the following: <ul style="list-style-type: none"> <li>• Viral load suppression - 81%</li> <li>• Number of new clients - 46</li> <li>• Number of out-of-care clients returned to care - 13</li> <li>• Number of clients on PrEP - 12</li> <li>• Number of HIV test kits distributed/number of positives recorded - 40</li> <li>• Number and cost of clients receiving oral care - 10 clients at \$5,437</li> <li>• Lipid screening/smoking/Framingham Heart Study scores - 47</li> <li>• Social Media development stages – none in 2020</li> <li>• Number of presentations and audience - 1</li> <li>• Number of clients receiving emergency funding - 12</li> </ul>

<b>#4</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder, Cancer, Heart Disease, COPD
IDENTIFIED HEALTH ISSUE	Poor Health Outcomes in West Virginia
COMMUNITY SERVED	State-wide

<p><b>PROGRAM DESCRIPTION AND RATIONALE</b></p>	<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 &gt; 1.5 the U.S. average) located mainly in WV and Eastern Kentucky. Appalachian mortality rates have increased with most counties of eastern Kentucky and southern WV having mortality rates well in excess of the US average. WV ranks 47th among the 50 states in the 2015 America’s Health Rankings and at or near the bottom for a number of chronic diseases including cancer and cardiovascular disease. Moreover, WV has the highest prevalence of smoking. Drug addiction is highly prevalent; over the past 2 years, drug overdose deaths in WV increased 47% to 32.4 per 100,000 population, the highest per capita death rate in the United States. As a result of the increased prevalence of intravenous drug use, hepatitis B and C incidence have sky rocketed resulting in the highest and second highest rates, respectively, in the nation. Though there is 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>												
<p><b>STRATEGIC OBJECTIVE</b></p>	<p><b>BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIALLY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES BY 2022</b></p>												
<p><b>GOALS TO ADDRESS THE HEALTH NEED</b></p>	<ol style="list-style-type: none"> <li>1. Recruit, train, and position for success the next generation of clinician scientists and translational researchers that excel in team science, positively impacting health in West Virginia.</li> <li>2. Actively engage with multiple stakeholders, including communities, medical providers, and policy makers to drive research that improves health of West Virginians.</li> </ol>												
<p><b>MEASURE TO EVALUATE THE IMPACT</b></p>	<p><b>Administrative Compact Logic Model</b></p> <table border="1"> <thead> <tr> <th></th> <th>Activities</th> <th>Outputs</th> <th>July 2017-June 2019</th> <th>July 2019 – June 2021</th> <th>July 2021-June 2022</th> </tr> </thead> <tbody> <tr> <td><b>Aim 1</b></td> <td><b>Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims &amp; projects.</b></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% &amp; trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.</td> <td>Decrease drug overdose &amp; CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.</td> </tr> </tbody> </table>		Activities	Outputs	July 2017-June 2019	July 2019 – June 2021	July 2021-June 2022	<b>Aim 1</b>	<b>Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims &amp; projects.</b>	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.
	Activities	Outputs	July 2017-June 2019	July 2019 – June 2021	July 2021-June 2022								
<b>Aim 1</b>	<b>Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims &amp; projects.</b>	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.								

	<p><b>Aim 2</b> Create policies &amp; procedures to drive performance, comm. &amp; collaboration among multiple, diverse stakeholders.</p> <p><b>Aim 3</b> Provide fiscal and resource management, ensuring cores resourcing and sustainability.</p> <p><b>Aim 4</b> Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</p>	<p>WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.</p> <p>Submitted grant proposals; Funded grants; External funding of core services; Health outcomes.</p> <p>Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.</p>	<p>Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.</p> <p>Increase in submitted grant proposals of 10% over 2016.</p> <p>100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.</p>	<p>Increase in externally funded investigators of 10% over 2016; &gt; 2 policy/practice changes per year.</p> <p>Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.</p> <p>Increase in funded proposals of 15% over 2016.</p>	<p>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</p> <p>External funding &gt;50% operational cost of CRDEB, CRRF, &amp; Lab Technologies cores.</p> <p>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</p>																														
TIMELINE	2017 - 2022																																		
RESOURCES	CTSI Grant CAMC																																		
PARTNERS/ COLLABORATORS	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH																																		
2020 Progress	<p>Specific Aim 1. Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims and projects.</p> <p>1. There were 48 external funding proposals and 64 funded awards during year 9. 2. Table 1. CTR-linked Publications by Year and Quarter per Official NCBI Data.</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Totals</th> </tr> </thead> <tbody> <tr> <td>Year 1-5</td> <td></td> <td></td> <td></td> <td></td> <td>693</td> </tr> <tr> <td>Year 6</td> <td>58</td> <td>68</td> <td>78 (5)</td> <td>68 (1)</td> <td>272 (6)</td> </tr> <tr> <td>Year 7</td> <td>56</td> <td>65 (1)</td> <td>74 (3)</td> <td>90 (2)</td> <td>285 (6)</td> </tr> <tr> <td>Year 8</td> <td>65 (5)</td> <td>90 (3)</td> <td>68 (4)</td> <td>51 (10)</td> <td>274 (22)</td> </tr> </tbody> </table> <p>Specific Aim 2. Create policies and procedures to drive performance, transparency, constructive communication and collaboration among multiple, diverse stakeholders (i.e., investigators, rural providers, community members). Innovative assessment of communication strategies have evolved with this aim. From Y8Q4 to Y9Q1, WVCTSI website traffic increased on average, with 88 more visitors per day, with total number of website hits increasing by 30k, from 96k to 124k. WVCTSI's social media engagement continues to steadily increase: Facebook (+18 Likes and +17 follows), Twitter (+22 Followers), and Listserv (+178). This is in addition to more traditional ways of demonstrating impact via presentations (at professional meetings) and via medical publications.</p> <p>Specific Aim 3. Provide sound fiscal and resource management, ensuring appropriate</p>						Q1	Q2	Q3	Q4	Totals	Year 1-5					693	Year 6	58	68	78 (5)	68 (1)	272 (6)	Year 7	56	65 (1)	74 (3)	90 (2)	285 (6)	Year 8	65 (5)	90 (3)	68 (4)	51 (10)	274 (22)
	Q1	Q2	Q3	Q4	Totals																														
Year 1-5					693																														
Year 6	58	68	78 (5)	68 (1)	272 (6)																														
Year 7	56	65 (1)	74 (3)	90 (2)	285 (6)																														
Year 8	65 (5)	90 (3)	68 (4)	51 (10)	274 (22)																														

	<p>resourcing of cores, flexibility to meet changing needs and environments, and sustainability of services.</p> <p>As noted above, WVCTSI supported 48 external funding proposals and 64 external awards this quarter. Percentage of NIH award expended ranged from 2 – 17%, with PD and TEC spending the least (2 and 3%), and TRCL and CRDEB spending the most (13 and 17%). There were 4 cost transfers/corrections reported this quarter. Moreover, resource allocation was redirected towards “emerging epidemics,” including COVID and substance abuse-related activities.</p> <p>Specific Aim 4. Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</p> <p>CAMC recruited cancer research investigators (one of whom is a practicing oncologist) over this period, which has already resulted in an internally funded project, a peer-reviewed publication and another one in preparation.</p>
--	---

<b>#5</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity, Limited Access to Food, Access and Availability of Early Childhood Education (LEARN
IDENTIFIED HEALTH ISSUE	Limited access and consumption to local produce
COMMUNITY SERVED	Young children attending childcare centers statewide and HealthyKids patients
PROGRAM DESCRIPTION AND RATIONALE	<p>Farm to Childcare with Pop-Up Kids Markets at Childcare Centers and Fruit &amp; Vegetable Prescriptions (FNV Rx) at HealthyKids</p> <p>The current health of children in WV predicts the future health of the state’s population. This is because children who are overweight/obese as preschoolers are five times as likely as normal-weight children to be overweight/obese adults (CDC Vital Signs, August 2013). Over the past 30 years, childhood obesity has more than doubled in children and quadrupled in adolescents (Ogden, 2012). However, more recently childhood obesity rates nationwide have stabilized. Unfortunately, this is not the case for our children with West Virginia (WV) being only one of four states that has an increasing rate of obesity in two to four year olds at 16.4% (The State of Obesity, 2014).</p> <p>The preschool years are a critical time; preschool age children are developing their lifelong habits. Intervention efforts must be focused where they can be most impactful. Since over 60% of WV children are in non-parental care, where they spend most of their day and consume 50-100% of their Recommended Dietary Allowances (Ammerman, 2007), the early care and education setting strongly influences fruit and vegetable intake and physical activity. Farm to Childcare is the perfect opportunity to engage children in eating healthy, access local and fresh foods, gardening opportunities, agriculture and food education at an early age.</p> <p>Factors for the increasing rate of obesity in WV likely include the proportion of families living in poverty and experiencing inadequate access to fresh fruits and vegetables. Our state is ranked as the third most impoverished state in the United States (O’Leary, 2014). In 2013, at least 100,000 children in West Virginia lived in poverty. Living in poverty comes with persistent barriers to establishing good, consistent, health habits. These barriers include a “lack of access to healthy, affordable foods” (Food Research and Action Center, 2011) as well as poorer access to fresh foods (Levine, 2011). Fruit and Vegetable Prescription Project (FNV Rx) plan is modeled after two evidence-based interventions (Wholesome Wave and SNAP Stretch) that have proven success for increased fruit and vegetable intake in low-income families.</p>



	The HealthyKids providers will write prescriptions for fruits and vegetables and patients redeem at local farmers markets or receive a produce box at their appointment.
<b>STRATEGIC OBJECTIVE</b>	<b>IMPROVE ACCESS AND CONSUMPTION OF LOCAL PRODUCE</b>
<b>GOALS TO ADDRESS THE HEALTH NEED</b>	Increase access to local produce by: 1. Hosting Pop-up Kids Markets at childcare centers in WV 2. “Prescribing” Fruit and Vegetable Rx to HealthyKids patients.
<b>MEASURE TO EVALUATE THE IMPACT</b>	1. The number of children served at the childcare centers. 2. The number of patients who received a FNV Rx 3. The value of the produce distributed at the childcare centers and with the FNV Rx
<b>TIMELINE</b>	WV Farmer’s Market Season (May to September) each year
<b>RESOURCES</b>	Grant funding from: The Claude Worthington Benedum Foundation The Greater Kanawha Valley Foundation WVU Extension SNAP-ED Program
<b>PARTNERS/ COLLABORATORS</b>	KEYS 4 HealthyKids Turnrow Appalachian Farm Collective KISRA and Paradise Farms WVU Extension Family Nutrition Program SNAP-Ed Health Educators KEYS 4 HealthyKids Peer Learning Network DHHR/ECE nurse health consultants
<b>2020 Progress</b>	 <p>In 2020, KEYS 4 HealthyKids hosted monthly Kids’ Pop-up Markets at participating childcare centers. Over 2307 children were reached who received a total value of \$18,456 of fresh, local produce from WV farmers. Due to the COVID pandemic, the markets looked a little different this year with the earlier markets consisting of the produce being pre-bagged for social distancing. Once safe, traditional markets resumed that included food demonstrations, tastings, and recipes for the children and families.</p> <p>The Fruit and Vegetable Prescription Project (FNV Rx) was piloted with two practices in 2020. HealthyKids at CAMC Weight Loss Center in Kanawha County and Montgomery General Pediatrics in Kanawha/Fayette County “prescribed” a total number of 200 and 84 FNV Rx, respectively.</p> <p>The value of the produce for the Kids’ Pop-up markets was \$18,456 and for FNV Rx was \$5680. The total produce distributed to our community during the 2020 Farmer’s Market Season was \$24,136.</p> <p>Other programming was limited due to COVID pandemic, but the KEYS 4 HealthyKids team and partners continued as many activities virtually as possible. We hosted one in-person and one virtual grocery store tour to practice reading labels and shopping for food quality on a budget. Cooking classes and cooking camps were hosted virtually on Wednesday evenings for 18 patients and their families reaching approximately 60 community members.</p> <p>Two portable “Kitchen a-la-carte” were purchased in 2020 with grant funding from BPH. One is located at CAMC in storage and the other in the community center at Gateway in Fayette County. With social distancing requirements due to COVID-19, the kitchen a-la-carte were underutilized in 2020. The one housed at Gateway Center has been used for cooking demonstrations at monthly farmer’s markets and by the WVU Extension SNAP-Ed health educator.</p>

## CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

### CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

<b>#6</b>	<b>CAMC General Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder, Diabetes, Heart Disease, Obesity, Cancer, COPD
IDENTIFIED HEALTH ISSUE	Access to tertiary care services in the rural and mountainous counties in the region requires a coordinated process and preparation of EMS personnel for the best outcome.
COMMUNITY SERVED	WV Office of EMS Region 3/4 Includes nine counties: Kanawha, Putnam, Boone, Clay, Fayette, Nicholas, Webster, Greenbrier, Pocahontas
PROGRAM DESCRIPTION AND RATIONALE	Charleston MedBase provides medical command to all EMS agencies (air and ground) in this region. Includes all medical oversight for all EMS units providing patient care, medical direction, performance improvement oversight and medical guidance based on State of WV Office of EMS protocols. Provides hospitals in the region with reports of incoming patients and treatments in progress. Provides regional hospitals with trauma, cardiac, stroke, sepsis and respiratory team activations. Provides regional hospitals with EMS liaisons for Red and Yellow Alert status. Also, provides dispatch of closest medical helicopter for all appropriate EMS requests for helicopters in this region and tracks response times.
STRATEGIC OBJECTIVE	<b>PROVIDE MEDICAL DIRECTION TO EMS AGENCIES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Ensure patients receive timely and appropriate care at the right location.</li> <li>2. Decrease mortality for trauma and patients with other types of alert status.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of calls taken</li> <li>• Types of calls</li> <li>• Communicators</li> <li>• Receiving facilities</li> <li>• Trauma alert activations</li> <li>• Other alerts: Stroke alert activations, sepsis alerts, cardiac alerts and respiratory alerts</li> <li>• Trends of calls by EMS agencies and types of calls</li> </ul>
TIMELINE	24 hours a day; 7 days a week
RESOURCES	Charleston MedBase – CAMC General Hospital. Full cost is absorbed by CAMC General Hospital's operational budget with no financial assistance from any outside source. Staffed with Communication Specialist/Paramedics.
PARTNERS/ COLLABORATORS	WV Office of EMS, Bureau of Public Health, DHHR WV Trauma Registry and Trauma Committee WV EMS Regional Office (EMSOR) WV EMS Technical Support Network



2020 Progress	<ul style="list-style-type: none"><li>• In 2020, 51,615 calls were received. There were 22,397 BLS calls, 26,670 ALS calls, 206 C3IFT calls and 179 CCT calls.</li><li>• There were 1,034 Trauma Team Activations; 467 Stroke Alerts; 149 Cardiac/STEMI Alerts.</li><li>• There were 368 Code Red calls and 666 Code Yellow calls.</li><li>• Calls were received from 54 EMS agencies in WV.</li></ul>
---------------	--

## CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

### CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

<b>#7</b>	<b>CAMC Memorial Hospital - CAMC Cancer Center</b>
COMMUNITY HEALTH NEED	Cancer, Access to Transportation
IDENTIFIED HEALTH ISSUE	Inability to receive cancer treatments due to little/no transportation options.
COMMUNITY SERVED	Primarily CAMC 12 county service area, but includes any patient seeking treatment at CAMC Cancer Center
PROGRAM DESCRIPTION AND RATIONALE	Transportation for services were expressed by those patients in need of assistance. Without transportation assistance, patients did not have the ability to receive treatment for their cancer.
STRATEGIC OBJECTIVE	<b>PROVIDE TRANSPORTATION RESOURCES TO ADULTS WITH CANCER</b>
GOALS TO ADDRESS THE HEALTH NEED	1. Offer gas cards to those in need with no other transportation services for treatment.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>Number of gas cards given to cancer patients</li> </ul>
TIMELINE	2020-2022
RESOURCES	Gas cards purchased from the American Cancer Society & Mountains of Hope
PARTNERS/ COLLABORATORS	Mountains of Hope American Cancer Society
2020 Progress	In 2020, \$200 in gas cards were issued to 10 patients.

<b>#8</b>	<b>CAMC Memorial Hospital – CAMC Cancer Center</b>
COMMUNITY HEALTH NEED	Cancer
IDENTIFIED HEALTH ISSUE	Delay in care due to required dental clearance prior to receiving certain chemotherapy medications.
COMMUNITY SERVED	Primarily CAMC 12 county service area, but includes any patient seeking treatment at CAMC
PROGRAM DESCRIPTION AND RATIONALE	Dental services are not covered in most health insurance plans. Some medications given to treat cancer require a patient to have dental clearance from a dentist. Without insurance patients were delaying care or cancelling treatment appointments. A grant was obtained by the CAMC Foundation for assistance in securing required dental services. A local dental provider agreed to provide services in which grant funds could be used as payment.
STRATEGIC OBJECTIVE	<b>PROVIDE ACCESS TO DENTAL CARE SERVICES TO ADDRESS THE DELAY IN CARE WITH CANCER PATIENTS</b>

GOALS TO ADDRESS THE HEALTH NEED	1. Offer dental consultations to adult oncology patients requiring dental clearance.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of dental clearance letters obtained</li> </ul>
TIMELINE	2020-2022
RESOURCES	CAMC Foundation Grant
PARTNERS/ COLLABORATORS	Ghareeb Dental Group CAMC Foundation
2020 Progress	In 2020, 10 dental clearance letters were obtained.

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

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

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

<b>#9</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder
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	<b>WECARE</b> – West Virginia has an epidemic of drug addiction. WECARE is a comprehensive taskforce at Women and Children's Hospital developed to assist pregnant women and their babies. The taskforce includes staff members from the ER, Social Services, WHAP Program at the OB/GYN Center, NICU, Family Resource Center, Peer Recovery specialist, MB, L&D, and GYN. This multidisciplinary taskforce is a comprehensive way to meet the diverse needs of the patients dealing with SUD at Women and Children's Hospital.
STRATEGIC OBJECTIVE	<b>DECREASE THE NUMBER OF DRUG AFFECTED MOTHERS AND BABIES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Decrease the number of babies with Neonatal Abstinence Syndrome.</li> <li>2. Prevent relapse of mothers.</li> <li>3. Increase the use of long-acting reversible contraceptives.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of participants in WECARE</li> <li>• Length of stay for babies in the Neonatal Intensive Care Unit</li> <li>• Number of participants using LARC</li> <li>• Number remaining drug free</li> </ul>
TIMELINE	2020-2022
RESOURCES	CAMC Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	CAMC OB/GYN Center Neonatal Intensive Care Unit Family Resource Center WCH Social Services Kanawha County Drug Court Right from the Start Primary Care CAMC Women and Children's Hospital Emergency Department
2020 Progress 	Jan 2020-Dec 2020, the Women's Health Addiction Program (WHAP) in the OB GYN Center has seen 41 enrollments (with 38 of those being pregnant). WHAP deliveries during that same period included 11 babies born to mothers completely tapered from Subutex/Suboxone prior to delivery. Post-partum WHAP mothers seen during that same period are still abstinent from opiates as well as Subutex/Suboxone. The risk adjusted LOS of NAS babies in the NICU has improved. The Observed/Expected ratio for 2020 was 1.0.

<b>#10</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Cancer, Mental Health
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 cancer. This program provides a multidisciplinary approach with the Children's Infusion Center and the Family Resource Center. When a child is newly diagnosis with cancer, a consultation is sent for the FRC to connect with the child and their caregivers. This approach provides the initial contact for mental health services while hospitalized or in the infusion center. New in 2020 is the development of the survivorship clinic. This is where children are seen post treatment and the multidisciplinary approach continues.
<b>STRATEGIC OBJECTIVE</b>	<b>PROVIDE MENTAL HEALTH SERVICES TO CHILDREN WITH CANCER</b>
GOALS TO ADDRESS THE HEALTH NEED	1. Offer mental health consultations to the pediatric oncology patients at CAMC Women and Children's Hospital
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of children participating</li> <li>• Patient satisfaction</li> </ul>
TIMELINE	2020-2022
RESOURCES	Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	CAMC Women and Children's Oncology Team Hospice Compassionate Friends
2020 Progress	In 2020, there were 13 newly diagnosed patients. The Children's Infusion Center had a 91% Excellent overall satisfaction rating.

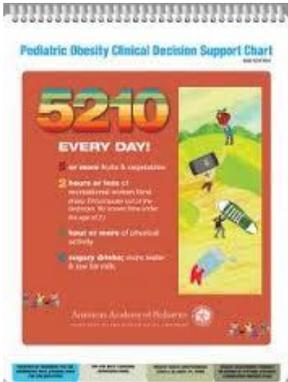
<b>#11</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes
IDENTIFIED HEALTH ISSUE	Diabetes in pediatric patients
COMMUNITY SERVED	Pediatric patients in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	Offering a randomized, double-blind study comparing the effect of once-weekly Dulaglutide with a placebo in pediatric patients with type 2 diabetes mellitus. Dulaglutide is like a natural hormone called glucagon-like peptide 1 that your body makes. Dulaglutide usually causes the release of insulin and lowers blood sugar in adults with Type II diabetes.
<b>STRATEGIC OBJECTIVE</b>	<b>Determine how Dulaglutide compares to placebo in children and teens with type 2 diabetes.</b>
GOALS TO ADDRESS THE HEALTH NEED	The primary objective of this study is to test the hypothesis that Dulaglutide given subcutaneously once a week for 26 weeks to children and adolescents with type 2 diabetes mellitus who have inadequate glycemic control, despite diet and exercise, with or without metformin and/or basal insulin, is superior to placebo in the treatment of T2DM, as measured by baseline to Week 26 change in hemoglobin A1c.

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Change in HbA1c between baseline and Week 26</li> <li>• Change in fasting blood glucose between baseline and Week 26</li> <li>• Percentage of patients with HbA1c <math>\leq</math>6.5% at Week 26</li> <li>• Change in body mass index between baseline and Week 26</li> </ul>
TIMELINE	January 2017 through June 2022
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, Eli Lilly and Company, Inc., WVU Pediatrics faculty
2020 Progress	The trial remained open and active in 2020, however due to COVID19 no new patients were enrolled in the trial. As the trial remains open, we are unaware if the objectives have been met until the multi-center study has been completed and data analyzed.

<b>#12</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity
IDENTIFIED HEALTH ISSUE	Diabetes in pediatric patients
COMMUNITY SERVED	Pediatric patients and their families in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	<p>West Virginia leads the nation in obesity and diabetes. Whereas most other states have improved or at least stabilized both obesity and diabetes rates, WV continues to have escalating rates each year. High school students have reached an overweight and obesity rate of 30.3% from WV CARDIAC data. Younger children age 2-4 years participating in WIC recently showed a statistically significant increase in obesity from 14% up to 16.4%. HealthyKids Wellness and Weight Management Clinic (HealthyKids) provides Stage 3 comprehensive, family-based, multidisciplinary weight management across the lifespan. HealthyKids also offers Stage 4 care, which adds medication management and metabolic surgery.</p> <p><b>CAMC Weight Loss Clinic and HealthyKids Wellness and Weight Management Clinic</b></p>
STRATEGIC OBJECTIVE	<b>REDUCE CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase access to HealthyKids Stage 3 and Stage 4 multi-disciplinary obesity management clinic</li> <li>2. Increase awareness of Stage 3 and Stage 4 clinics to referring providers in CAMC service area</li> <li>3. Reverse pre-diabetes in the pediatric patient population</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. Track 3<sup>rd</sup> appointment out for existing and new patients to measure access</li> <li>2. Track referrals by provider</li> <li>3. Track patients HgbA1c over time and classify as normal (&lt;5.7), pre-diabetic (5.7-6.4) or diabetic (&gt;6.5).</li> </ol>
TIMELINE	Ongoing
RESOURCES	<p>Internal Funding</p> <p>Diabetes Prevention Grant from BPH</p> <p>Grant funding from Claude Worthington Benedum Foundation</p>
PARTNERS/ COLLABORATORS	<p>KEYS 4 HealthyKids</p> <p>HealthyKids Inc.</p> <p>WVU Extension SNAP-Ed</p> <p>CAMC Institute</p>

<p>2020 Progress</p>	<p>Due to the COVID pandemic in 2020, there was increased variability in access for HealthyKids this year. The 3<sup>rd</sup> appointment out for new patients ranged from 14 to 56 days and for follow-up's 14 to 44 days. The time periods of unavailable appointments were during the initial surge of COVID. Follow up visits were transitioned to telehealth within 2 weeks of the pandemic, but limited new patients were seen between Feb. and May. Three new virtual evening options were available for existing patients during this time. The programs included Steps 4 Stronger Families on Tuesday evening, Cooking Camp on Wednesday evenings, and KEYS 2 STOP Insulin Resistance on Thursday evenings.</p> <p>Provider referrals to HealthyKids for 2020 included most private pediatricians in the Kanawha Valley as well as FQHC's and extended to Cabell County with referrals from Marshall Pediatrics. The majority of the referrals were from Children's Medicine Center at Women &amp; Children's hospital (18%), Dr. Childers (16%), South Charleston Pediatrics (14%), Valley Health Pediatrics (9%) and Capital City Pediatrics (8%).</p> <p>Increased awareness regarding early referrals to HealthyKids program was accomplished by adding videos and links the HealthyKids website hosted by CAMC, a new private facebook page was started in 2020 for patients and families that resulted in 119 members. Dr. Jeffrey presented grand rounds both at Marshall University and CAMC Women &amp; Children's in 2020. A new patient informational pamphlet was provided at the grand rounds, to referring pediatrician practices, and to each new patient referral.</p> <p>Due to the delay in developing software to extract and analyze patient data, no clinical parameters are available for 2020.</p>
----------------------	--

<b>#13</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity
IDENTIFIED HEALTH ISSUE	Diabetes, Obesity in pediatric patients
COMMUNITY SERVED	Pediatric patients and their families in CAMC's service area
<p>PROGRAM DESCRIPTION AND RATIONALE</p> 	<p>West Virginia leads the nation in obesity and diabetes. Whereas most other states have improved or at least stabilized both obesity and diabetes rates, WV continues to have escalating rates each year. High school students have reached an overweight and obesity rate of 30.3% from WV CARDIAC data. Younger children age 2-4 years participating in WIC recently showed a statistically significant increase in obesity from 14% up to 16.4%.</p> <p>Steps 4 Stronger Families is a family-based Stage 2 Structured Weight Management Program for children and parents/guardians. This 12-week program is aimed at creating lifelong lifestyle transformations through healthy eating and regular physical activity. The program is divided into two sessions—a nutrition session and a physical activity session. During the nutrition session, a health educator teaches children and adults about healthy eating, portion control, food label reading, and meal preparation techniques. A different recipe is highlighted and prepared each week. In the exercise session, families are introduced to various physical activity options, such as body weight exercises led by an exercise physiologist. Research shows that a child is more successful in making healthy lifestyle changes when the whole family is involved and committed to adopting healthier habits.</p>

STRATEGIC OBJECTIVE	<b>REDUCE/PREVENT CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase access to Stage 2 Structured Weight Management Programs by offering a virtual option</li> <li>2. Increase awareness of Stage 2 Structured Weight Management Programs to referring providers in CAMC service area</li> <li>3. Reverse pre-diabetes in the pediatric patient population</li> <li>4. Decrease childhood obesity rates in the pediatric patient population</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. Track # of families participating in the program</li> <li>2. Track # of referrals by provider</li> <li>3. Track patients HgbA1c over time and classify as normal (&lt;5.7), pre-diabetic (5.7 - 6.4) or diabetic (&gt;6.5)</li> <li>4. Track patient/adults' changes in BMI over time</li> <li>5. Track patient/adult behavior changes</li> </ol>
TIMELINE	Ongoing
RESOURCES	Grant Funding from: The Diabetes Prevention Grant from BPH The Claude Worthington Benedum Foundation
PARTNERS/ COLLABORATORS	KEYS 4 HealthyKids CAMC Weight Loss Clinic HealthyKids Wellness and Weight Management Clinic HealthyKids Inc. WVU Extension SNAP-Ed CAMC Institute
<p>2020 Progress</p>  <p>The image shows a spiral-bound notebook with a red cover. The cover features the text 'Pediatric Obesity Clinical Decision Support Chart' at the top. Below that, it says '5210 EVERY DAY!' in large, colorful letters. Underneath, there are several bullet points: 'Eat more fruits &amp; vegetables', 'Reduce screen time', 'Limit sugary drinks', and 'Engage in physical activity'. The bottom of the cover has the American Academy of Pediatrics logo.</p>	<p>KEYS 4 HealthyKids clinical-community coordinator and medical director of HealthyKids collaborated on developing new Stage 2 structured weight management programs for patients of three pediatric practices. Over 12 pediatric providers were trained in 2020 with the 5210 Pediatric Obesity Clinical Decision Support chart. The new stage 2 programs offered were Steps 4 Stronger Families, virtual cooking camps, and KEYS 2 STOP Insulin resistance. Steps 4 Stronger Families had two in person sessions but then transitioned to zoom due to COVID pandemic. A total of 40 patients were referred in 2020 and 30 completed Steps 4 Stronger Families 12-week program. An additional 45 patients participated in the Wednesday evening virtual cooking camps. A more specialized virtual class, KEYS 2 STOP Insulin Resistance, served an additional 12 patients.</p> <p>All of the programs were promoted by pediatric providers during office visits and also on the private HealthyKids WV Facebook page.</p> <p>Clinical parameters such as BMI, HgbA1c, and cumulative results of the 5210 patient questionnaires were collected. The data was unable to be analyzed due to delay in evaluation programming to retrieve from the electronic medical record. A new program in CapGate has been developed and is currently in the testing stage.</p>

# **APPENDIX**

## **LISTING OF ADDITIONAL 2020 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER**

**Charleston Area Medical Center**  
**Program Detail Full**  
**For period from 1/1/2020 through 12/31/2020**

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

**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 to 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:** 950  
**Expenses:** 72,000  
**Revenues:** 0  
**Benefit:** 72,000



**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:** 96  
**Expenses:** 537  
**Revenues:** 0  
**Benefit:** 537

#### COVID Mask it Campaign

**Description:** PSA encouraging Mask It Campaign and purchase of COVID vaccine stickers for the Kanawha County Health Department to provide people after they received their vaccine.  
**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 21942 (Marketing)  
**Department Contact:** Elizabeth Pellegrin (8-5757)  
**Objectives:** Generate public awareness on the importance of wearing a mask during the COVID pandemic and providing vaccine recipients stickers to celebrate getting vaccinated.  
**Staff Hours:** 0.00  
**Persons:** Unknown  
**Expenses:** 8,210  
**Revenues:** 0  
**Benefit:** 8,210



#### COVID Related Social Media and Public Service Announcements

**Description:** Content generated by CAMC's Marketing and Public Affairs managing public questions, patient concerns or issues, visitation guidance and dissemination of information related to COVID from mid-March Through the end of December. The department worked with multiple media outlets to keep the public informed of important testing, care and hospital information. Responded to multiple national outlets on social distancing, masking and vaccination success.  
**Category:** A1  
**Gender:** Both Males and Females  
**Department:** 21942 (Marketing)  
**Department Contact:** Elizabeth Pellegrin (8-5757)  
**Objectives:** Keep our community and residents of the state informed and aware of the importance of social distancing, masking, and handwashing as well as information on the disease.  
**Staff Hours:** 0.00  
**Persons:** Unknown  
**Expenses:** 112,572  
**Revenues:** 0  
**Benefit:** 112,572

#### 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:** Beverly Withrow-Thornton (8-9989)  
**Objectives:** Promote health education in the community.

**Partners:** Lung Association  
 American Cancer Society  
 American Heart Association  
**Staff Hours:** 0.00  
**Persons:** 32,000  
**Expenses:** 50,000  
**Revenues:** 0  
**Benefit:** 50,000

**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



*** Community Health Education (A1)	262,517	0	262,517	33,776
-------------------------------------	---------	---	---------	--------

**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:** 395  
**Expenses:** 278,267  
**Revenues:** 206,176  
**Benefit:** 72,091



**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. We also provide 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:** 437  
**Expenses:** 119,416  
**Revenues:** 0  
**Benefit:** 119,416



**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)  
**Staff Hours:** 0.00  
**Persons:** 185  
**Expenses:** 10,856  
**Revenues:** 0  
**Benefit:** 10,856

**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:** 110  
**Expenses:** 36,286  
**Revenues:** 0  
**Benefit:** 36,286



**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)  
**Community Need:** Unemployment/Jobs/Poverty

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

**Staff Hours:** 0.00  
**Persons:** Unknown  
**Expenses:** 145,873  
**Revenues:** 0  
**Benefit:** 145,873



<b>*** Community Based Clinical Services (A2)</b>	<b>590,698</b>	<b>206,176</b>	<b>384,522</b>	<b>1,127</b>
---	----------------	----------------	----------------	--------------

**Health Care Support Services (A3)**

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

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

**Category:** A3  
**Gender:** Both Males and Females  
**Department:** 31706 (Finance)  
**Department Contact:** Finance (8-6250)  
**Community Need:** Unemployment/Jobs/Poverty  
**Staff Hours:** 0.00  
**Persons:** 5,972  
**Expenses:** 548,625  
**Revenues:** 0  
**Benefit:** 548,625

**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  
**Volunteer Hours:** 0.00  
**Persons:** 4  
**Expenses:** 40  
**Revenues:** 0  
**Benefit:** 40

<b>*** Health Care Support Services (A3)</b>	<b>548,665</b>	<b>0</b>	<b>548,665</b>	<b>5,976</b>
--	----------------	----------	----------------	--------------

<b>**** Community Health Improvement Services (A)</b>	<b>1,401,880</b>	<b>206,176</b>	<b>1,195,704</b>	<b>40,879</b>
---	------------------	----------------	------------------	---------------

## 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:** 47,798,582

**Revenues:** 7,750,863

**Benefit:** 40,047,719



#### 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:** 15.00

**Persons:** 180

**Expenses:** 450

**Revenues:** 0

**Benefit:** 450

#### 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:** 1,000

**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:** 166  
**Expenses:** 264  
**Revenues:** 0  
**Benefit:** 264

<b>*** Physicians/Medical Students (B1)</b>	<b>47,799,956</b>	<b>7,750,863</b>	<b>40,049,093</b>	<b>1,346</b>
---	-------------------	------------------	-------------------	--------------

**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)  
**Community Need:** Unemployment/Jobs/Poverty  
**Objectives:** To increase the number of licensed RNs.  
**Staff Hours:** 4.00  
**Persons:** 66  
**Expenses:** 11,652  
**Revenues:** 0  
**Benefit:** 11,652

<b>*** Nurses/Nursing Students (B2)</b>	<b>11,652</b>	<b>0</b>	<b>11,652</b>	<b>66</b>
---	---------------	----------	---------------	-----------

**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)  
**Community Need:** Educational Attainment/High School Dropout  
**Objectives:** Increase health career awareness by educating middle and high school students about health professions and careers.  
**Partners:** Boy Scouts of America - Exploring program  
**Staff Hours:** 0.00  
**Persons:** 22  
**Expenses:** 766  
**Revenues:** 0  
**Benefit:** 766



<b>*** Other Health Professional Education (B3)</b>	<b>766</b>	<b>0</b>	<b>766</b>	<b>22</b>
---	------------	----------	------------	-----------

**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

<b>*** Scholarships/Funding for Professional Education (B4)</b>	<b>189,996</b>	<b>0</b>	<b>189,996</b>	<b>0</b>
<b>**** Health Professions Education (B)</b>	<b>48,002,370</b>	<b>7,750,863</b>	<b>40,251,507</b>	<b>1,434</b>

**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, Prestera 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:** 25,000  
**Revenues:** 0  
**Benefit:** 25,000

<b>*** Cash Donations (E1)</b>	<b>25,000</b>	<b>0</b>	<b>25,000</b>	<b>0</b>
--------------------------------	---------------	----------	---------------	----------

**In-kind Donations (E3)**

**Community Board Participation By CAMC Personnel**

**Description:** CAMC personnel participate on multiple national, state, professional and local community boards providing expertise in the field of health care. Our personnel provide their expertise on the quality and delivery of health care to Nursing Schools, various state and national health care boards, imaging modalities, and other professional health care boards. They also work with state and local government on workforce

development, disaster planning, public health, and community development. Their involvement insures we are able to meet our community's health care needs.

**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:** 168,111  
**Revenues:** 0  
**Benefit:** 168,111

**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



<b>*** In-kind Donations (E3)</b>	<b>180,411</b>	<b>0</b>	<b>180,411</b>	<b>0</b>
<b>**** Financial and In-Kind Contributions (E)</b>	<b>205,411</b>	<b>0</b>	<b>205,411</b>	<b>0</b>

**Community Building Activities (F)  
Economic Development (F2)**

**Local Wealth Creation - Value Chain**

**Description:** Value - Chain food system incorporating local growers to replace imports from the outside economy with herbs and vegetables that can be grown locally for the same or lower cost with the same or higher quality.  
**Category:** F2  
**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.  
**Partners:** Greater Kanawha Valley Foundation  
**Staff Hours:** 30.00  
**Persons:** 146  
**Expenses:** 1,200  
**Revenues:** 0  
**Benefit:** 1,200



<b>*** Economic Development (F2)</b>	<b>1,200</b>	<b>0</b>	<b>1,200</b>	<b>146</b>
--------------------------------------	--------------	----------	--------------	------------

**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:** 332,241  
**Revenues:** 0  
**Benefit:** 332,241



*** Community Support (F3)	332,241	0	332,241	0
----------------------------	---------	---	---------	---

**Workforce Development (F8)**

**CORE Creating Opportunities for Recovery Employment**

**Description:** Program providing the resources and support necessary to help individuals in recovery re-enter the workforce through CORE initiative. Creation of a ready workforce within the 12 county region of southwestern WV.

**Category:** F8  
**Gender:** Both Males and Females  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** To serve people and communities affected by substance use by creating a regional infrastructure for comprehensive recovery workforce development services. Employment specialists work with local employers to overcome barriers to employing people in recovery and help reduce stigma.  
**Staff Hours:** 2.00  
**Persons:** 1  
**Expenses:** 71  
**Revenues:** 0  
**Benefit:** 71

**Workforce Innovation and Opportunities Act**

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

**Category:** F8  
**Gender:** Both Males and Females  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Community Need:** Unemployment/Jobs/Poverty  
**Objectives:** Increase the business community's involvement in the workforce investment programs and address workforce investment needs of job seekers, workers and businesses within the Kanawha County workforce investment area represented by the Local Elected Board.  
**Staff Hours:** 5.00

**Persons:** Unknown  
**Expenses:** 295  
**Revenues:** 0  
**Benefit:** 295

*** Workforce Development (F8)	366	0	366	1
**** Community Building Activities (F)	333,807	0	333,807	147

**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:** 36,200  
**Revenues:** 0  
**Benefit:** 36,200

**Kanawha Coalition for Community Health Improvement**

**Description:** A community partnership of volunteers from all the local hospitals, Kanawha-Charleston Health Department, United Way, Kanawha County Schools, Wellness Council of WV, and local businesses with a mission to identify and evaluate health risks and coordinate resources to 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:** 188,097  
**Revenues:** 0  
**Benefit:** 188,097



*** Dedicated Staff (G1)	224,297	0	224,297	0
**** Community Benefit Operations (G)	224,297	0	224,297	0
<b>Number of Programs</b> 31	<b>Total</b>	<b>50,167,765</b>	<b>7,957,039</b>	<b>42,210,726</b>
			<b>42,460</b>	