



CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's Hospital



## 2021 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.

Approved by the CAMC Board of Trustees, December 21, 2022

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

**2021 Community Benefit Report and Report on 2020-2022 Implementation Strategies**

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

**2021 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 2021, Charleston Area Medical Center provided \$166,677,666 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



## 2021 COMMUNITY BENEFIT SUMMARY for CAMC MEMORIAL, CAMC GENERAL, CAMC WOMEN and CHILDREN'S, and CAMC TEAYS VALLEY HOSPITALS\*

### CHARITY CARE AT COST

**\$13,716,440**

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

**\$111,162,500**

#### Other Public Unreimbursed Costs

**\$164,309**

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

### SUBSIDIZED HEALTH SERVICES

**\$1,400,641**

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 \$338,142, the Lactation Support Program at \$239,638 and the Palliative Care Program at \$822,861.

### COMMUNITY BENEFIT PROGRAMS AND SERVICES

**\$40,234,046**

See details beginning on page 44.

Community Health Improvement Services	1,411,780
Health Professions Education	38,189,581
Financial and In-Kind Contributions	51,525
Community Building Activities	344,053
Community Benefit Operations	237,107

**TOTAL                      \$166,677,666**

**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

**\$232,397,664**

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

### BAD DEBT AT CHARGE

**\$53,016,605**

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

## 2021 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 19.

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>
<b>Wellness promotion and chronic disease prevention education</b> <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>
<b>Safe roads &amp; transportation</b> <ul style="list-style-type: none"><li>• Homelessness, Safe/Distracted Driving, Access to Transportation</li></ul>
<b>LEARN</b>
<b>Access to affordable and adequate early childhood education</b> <ul style="list-style-type: none"><li>• Access and Availability of Early Childhood Education</li></ul>

<b>WORK</b>
<b>Barriers to Work</b> <ul style="list-style-type: none"> <li>• Low Wages, Lack of Job Opportunities/Education or Skills Training</li> </ul>
<b>PLAY</b>
<b>Access to safe and Adequate recreation, exercise and play opportunities</b> <ul style="list-style-type: none"> <li>• Safety and Accessibility of Recreation Areas</li> </ul>

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 2021.

# Kanawha-County Health Improvement Process Implementation Plan

Date Created: 8/1/2017 (DRAFT)

Date Reviewed/Updated: 05/1/2022

<b>PRIORITY AREA:</b> Early Childhood Education
<b>GOAL:</b> To increase the awareness of the importance of early childhood education and to increase enrollment in Kanawha County

<b>PERFORMANCE MEASURES</b> How We Will Know We are Making a Difference		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
To increase the number of interest meeting for communities that are considered low income by 2%.	Annual CHIP Progress Report	Annually
To have served 200 to 300 one-page documents to local hospitals describing the importance of early childhood education	Annual CHIP Progress Report/ Local community development plans	Annually
To have one barrier Eliminated as it pertains to early childhood enrollment	Annual CHIP Progress Report	Annually
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Work with the BOE at making Pre-K mandator	Board of Education	As updated
Measure enrollment from year to year	Board of Education	As updated
Aid in eliminating barriers to parents to enroll children	Board of Education	As updated
Increase enrollment in low-income areas by 5%	Board of Education	As updated
To screen children early to detect any learning disabilities	Board of Education	As updated

<b>OBJECTIVE #1 To measure the participation in interest meeting and increase participation</b>					
<b>BACKGROUND ON STRATEGY</b> Source: KCCHI Focus Group Findings Evidence Base: <a href="https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf">https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf</a> Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental Rationale: Studies have shown that early childhood education aid in a child being a better student in the long run Strategy: Promote interest in a community setting and inform the community residents of the importance 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>
Find funding source(s)					
Promoting interest meeting in low-income areas in Kanawha County	March, 2022				
The start of interest meeting in Kanawha County	April, 2022				
Meet with BOE/Pre-K to see what marketing materials will be needed for an advertising campaign	On going	Staff time Volunteer time Community teams	KCCHI Stakeholders Group / BOE	Market inventory	Completed
Monitor, update and evaluate database usage	September 1, 2022 (on-going)	Staff time Funding	KCCHI Stakeholders Group / BOE	Quarterly progress reports	Completed

<b>OBJECTIVE #2 Create a one-page document that can be placed into the newborn packages to provide information on the importance of early childhood education to new parents at local hospitals (CAMC and Thomas)</b>					
<b>BACKGROUND ON STRATEGY</b> Source: Evidence Base: Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input checked="" type="checkbox"/> Environmental Rationale: Introduce new parents to the importance of early childhood education, which will result in improved educational outcomes in the long run. Strategy: by including a one-page document into newborn packages at hospitals Target Audience: New parents					
<b>ACTION PLAN</b>					
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 discussions to identify solutions.	July - Oct., 2022	Staff time Volunteer time Participating communities Meeting space & materials	BOE/KCCHI Stakeholders Group	List of potential solutions to improve enrollment of Pre-K	Ongoing
Engage faith-based organizations to encourage participation in Pre-K initiative	July – Oct. 2022	Staff time Volunteer time Engagement of faith-based initiatives	BOE/KCCHI Stakeholders Group	Engagement of faith community	Completed
Support local planned initiatives to address gaps as deemed appropriate	July 2022 – March, 2024	Staff time Volunteer time	BOE/KCCHI Stakeholders Group	Community plans Improved access	Ongoing

<b>OBJECTIVE #3: Working with BOE and with communities across Kanawha County to eliminate barriers and address gaps in services</b>					
<b>BACKGROUND ON STRATEGY</b> Source: A Guide to Assessment in Early childhood Evidence Base: <a href="https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf">https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf</a>  Type of Change(s): <input type="checkbox"/> Policy <input type="checkbox"/> Systems <input checked="" type="checkbox"/> Environmental Rationale: By addressing the barriers that keep parents from bring children to Pre-K we can increase the overall numbers Strategy: Working with faith-based organizations and Board of Education to address barriers Target Audience: Kanawha County Residents					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are also engaged in increasing enrollment	July, 2022	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group	List of potential stakeholders Ideas/resources	Ongoing process
Engage Stakeholders in Developing implementation plan to address berries (if there are any barriers to enrollment)	August 1, 2022	Staff time Volunteer time Meeting space Meeting materials	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Implementation plan	Ongoing process
Develop evaluation plan	August 1, 2022	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Evaluation plan	
Implement plan	Sept. – Nov. 2022	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group		Ongoing



		Participation of community members			
<b>Plan for future challenges based upon outcomes, revise as needed</b>	January 2023	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing

<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: Increase awareness of the importance of Pre-K education	X	X	X
2: Implement one pager to insert into	X	X	X
3: Increase enrollment in Kanawha County	X	X	X

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>
The ultimate objective would be to amend the mandate to make Pre-K compulsory, which would boost enrolment and provide children a head start in school. By collaborating with Kanawha County hospitals and the BOE, early childhood education should grow in popularity and relevance throughout the county.

# Kanawha-County Health Improvement Process Implementation Plan

Date Created: 6/1/2020 (DRAFT)

Date Reviewed/Updated: 6/10/2022

<b>PRIORITY AREA: Health &amp; Social</b>
<b>GOAL: To increase access to wellness promotion and chronic disease prevention education for employees as well as the community at large.</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>
Regular interdepartmental planning sessions to promote among CAMC community	Annual CHIP Progress Report	Annually
Identified gaps in access to health and wellness prevention and locally developed plans to address these gaps.	Annual CHIP Progress Report/ Local community development plans	Annually
Plan developed and implemented to publicly promote prevention educational resources	Annual CHIP Progress Report	Annually
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Utilization by employees and general population	Keys4Kids/KCCHI	As updated
Growth in knowledge base related to topics discussed	Keys4Kids/KCCHI	As updated
Request for additional topics	Keys4Kids/KCCHI	As updated
Overall improvement in population from attending listening sessions	Keys4Kids/KCCHI	As updated

<b>OBJECTIVE #1: Increase and expand knowledge base of the residents of Kanawha County through information sessions designed around health topics related to chronic diseases associated with obesity</b>					
<b>BACKGROUND ON STRATEGY</b> <b>Source:</b> KCCHI Focus Group Findings <b>Evidence Base:</b> Effectiveness of databases for social services and working with employee wellness program have proven to be instrumental in linking people with services. <b>Type of Change(s):</b> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental <b>Rationale:</b> increased education and knowledge proven effective in improved healthy lifestyle choices/decisions. <b>Strategy:</b> Centralized database where employees and community could listen to the information sessions <b>Target Audience:</b> 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>
Find the expertise within CAMC and build a team to ensure the success of this program					
Survey on what session would be of interest	January, 2021				
Launch information sessions	January, 2022				
Identify existing areas of concern among employees as well community	June, 2022	Staff time Volunteer time Community teams	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Community teams	Ongoing

Schedule information sessions to go with each month that has falls in line with national health issues	March - April, 2022	Staff time Volunteer time Community teams	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Market inventory	Ongoing
Expand efforts to in reaching in house community of CAMC	June, 2022	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Resource lists that can be linked to via new database  Shared use agreements	A work in progress
Monitor, update and evaluate information session attendance	April, 2022 (on-going)	Staff time Funding	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Quarterly progress reports	Ongoing

**OBJECTIVE #2: Identify and address gaps in access to health and wellness education as identified through health assessment (see action plan under objective one).**

**BACKGROUND ON STRATEGY**

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

**Evidence Base:** McKeon, G., Papadopoulos, E., Firth, J., Joshi, R., Teasdale, S., Newby, J., & Rosenbaum, S. (2022). Social media interventions targeting exercise and diet behaviors in people with noncommunicable diseases (NCDs): A systematic review. Internet interventions, 27, 100497. <https://doi.org/10.1016/j.invent.2022.100497>

**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 health and wellness listening sessions and facilitate opportunities and facilitate discussions to identify solutions.	July - Sept., 2022	Staff time Volunteer time Participating communities Meeting space & materials	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	List of potential solutions to improve access to listening sessions	Improve on marketing to CAMC employees and community at large
Engage faith-based physical activity initiatives	July – Sept. 2022	Staff time Volunteer time Engagement of faith-based initiatives	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Engagement of faith community	Ongoing
Address barriers for community participation (links, web page to listen to recordings)	August. 2022	Staff time Volunteer time Citizen engagement	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Enhanced access to listening platforms	Ongoing
Support local planned initiatives to address gaps as deemed appropriate	January 1, 2022 – January 1, 2024	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Community plans Improved access	Ongoing

**OBJECTIVE #3: Implement a county wide strategy for all in Kanawha County to be able to listen to the information sessions.**

**BACKGROUND ON STRATEGY**

**Source:**

**Evidence Base:**

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

**Rationale:** This strategy will promote better health among Kanawha County residents

<b>Strategy:</b> County-wide to promote building a knowledge base on one's own health and wellness					
<b>Target Audience:</b> Employee's and Community at large					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative activities to screen time (i.e., WV Health Network, Keys4Kids, WV Health Connection, etc.)	May 1, 2022	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	List of potential stakeholders	Ongoing
Engage Stakeholders in Developing implementation plan for pushing prevention education for Kanawha County	July 1, 2022	Staff time Volunteer time Meeting space Meeting materials	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Implementation plan	Working many depts for better promotion
Develop evaluation plan	July 1, 2022	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Evaluation plan	By tracking how many people attend
Develop sustainability plan	July 1, 2022	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Sustainability plan	Providing continuing education credit
Procure funding		Funding	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Funding	Funding will not be necessary
Implement plan	May. – July 2022	Staff time Volunteer time Participation of community members	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	number of participants	
Plan for future challenges based upon outcomes, revise as needed	January 1, 2023	Staff time Volunteer time	Keys4Kids/WV Health Network/KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
Objective #	WV Healthy People 2020	Healthy People 2020	National Prevention Strategy
1: Develop an expanded knowledge through information sessions for employees and the public at large (on going)	X	X	X
2: Identify and address gaps in access to these listening sessions so all can have an opportunity to obtain the information	X	X	X
3: Address chronic diseases within Kanawha County to aid in prevention	X	X	X

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>
Key4Kids will continue with these learning sessions by offering continuing education which encourages employees to attend. Community based sessions with similar topics will be offered to the general population as well and recorded and set on a website for other to partake in learning.

# Kanawha-County Health Improvement Process Implementation Plan

Date Created: 8/1/2017 (DRAFT)

Date Reviewed/Updated: 6/23/2022

<b>PRIORITY AREA: Access to Physical Activities in Kanawha County</b>
<b>GOAL: To increase access to safe and adequate recreation, exercise and play opportunities among Kanawha County residents by stripping away barriers for resident can have access to recreational/physical activity opportunities regardless of where they live in Kanawha County.</b>

<b>PERFORMANCE MEASURES How We Will Know We are Making a Difference</b>		
<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
Encourage citizens of Kanawha County to participate in free events, and limit sofa time.	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 35.0% to 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

<b>OBJECTIVE #1: Develop an expanded recreational/physical activity database, searchable by geographic locations in Kanawha County by April, 2022</b>					
<b>BACKGROUND ON STRATEGY</b>					
<b>Source:</b> KCCHI Focus Group Findings					
<b>Evidence Base:</b> Effectiveness of databases for social services. Proven to be instrumental in linking people with services.					
<b>Type of Change(s):</b> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental					
<b>Rationale:</b> 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					
<b>Strategy:</b> Centralized database for recreational and physical activity opportunities					
<b>Target Audience:</b> 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>
Find funding source(s) for online database design (See Diabetes Goal, Objective 3)					
Design and pilot database	March 2022				



Launch database	April, 2022				
Develop teams or identify existing teams for key geographic locations in Kanawha County	April, 2022	Staff time Volunteer time Community teams	ASWV/SOHO/KCCHI Stakeholders Group	Community teams	Completed
Teams conduct local inventory of recreational and physical activity opportunities by geographic location	March - April, 2022	Staff time Volunteer time Community teams	ASWV/SOHO/KCCHI Stakeholders Group	Market inventory	Completed
Identify other existing lists of resources (public parks, city parks, community centers, KEYS4HK GIS map, 211, etc.)	April, 2022	Staff time Volunteer time	ASWV/ SOHO/Key4Kids KCCHI Stakeholders Group	Resource lists that can be linked to via new database Shared use agreements	Completed
Monitor, update and evaluate database usage	April, 2022 (on-going)	Staff time Funding	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Quarterly progress reports	Completed

**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.	Feb.- March 2022	Staff time Volunteer time Participating communities Meeting space & materials	ASWV/SOHO/ KCCHI Stakeholders Group	List of potential solutions to improve access to recreational and physical activity opportunities	Completed
Engage faith-based physical activity initiatives	March 2022 (ongoing)	Staff time Volunteer time Engagement of faith-based initiatives	ASWV/ SOHO/ KCCHI Stakeholders Group	Engagement of faith community	(Ongoing)
Assess Kanawha Regional Transit routes to access physical activity opportunities and work with KRT to address transportation barriers	July 2022 (ongoing)	Staff time Volunteer time Citizen engagement KRT engagement	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Enhanced transit routes	
Support local planned initiatives to address gaps as deemed appropriate	March 2022 (ongoing)	Staff time Volunteer time	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Community plans Improved access	(Work in Progress)

**OBJECTIVE #3: Build up Community Captains to lead activities in Kanawha County**

**BACKGROUND ON STRATEGY**

**Source** <https://activeswv.org/community-captains/>

**Evidence Base:** *The Guide to Community Prevention Services (The Guide)*

[https://journals.lww.com/jphmp/fulltext/2008/11001/Community\\_Health\\_Ambassadors\\_A\\_Model\\_for\\_Engaging.13.asp](https://journals.lww.com/jphmp/fulltext/2008/11001/Community_Health_Ambassadors_A_Model_for_Engaging.13.asp)  
X

<b>Type of Change(s):</b> <input type="checkbox"/> Policy <input type="checkbox"/> Systems <input checked="" type="checkbox"/> Environmental <b>Rationale:</b> 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) <b>Strategy:</b> County-wide community Captain program to promote activities in local areas by local people <b>Target Audience:</b> Community members					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative activities to screen time (i.e., Active Southern WV, Keys4Kids, Charleston Parks & Recreation, etc.)	May 1, 2022	Staff time Volunteer time	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	List of potential stakeholders-Active Southern WV, Key4Kids, Charleston Parks & Recreation	Completed
Engage Stakeholders in Developing implementation plan to roll out community-based activities	May 1, 2022	Staff time Volunteer time Meeting space Meeting materials	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Implementation plan	Building of Community Captains Program (Completed)
Develop evaluation plan	May 1, 2022	Staff time Volunteer time	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Evaluation plan – Once a month check ins	Completed
Develop sustainability plan	May 1, 2022	Staff time Volunteer time	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Sustainability plan- Once CC has been built up the program will be on going	10 Community Captains in use in Kanawha County
Procure funding	June, 2022	Funding	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Funding	(Ongoing)
Implement plan	May. – Nov. 2022	Staff time Volunteer time Participation of community members	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Turn Off Challenge; number of participants	
Plan for future challenges based upon outcomes, revise as needed	Feb. 1, 2023	Staff time Volunteer time	ASWV/SOHO/Keys4Kids/ KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
Objective #	WV Healthy People 2020	Healthy People 2020	National Prevention Strategy
1: Develop an expanded recreational/physical activity database, searchable by geographic locations in Kanawha County by April 2022 (ongoing).	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 Community Captain program	X	X	X

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>
A permanent home for the centralized database will be identified to display activities throughout Kanawha County. Local community development plans will be in place to address gaps in access to recreation/physical activity opportunities. Community members will be linked to local resources and key stakeholders who can help support community plans.

# Kanawha-County Health Improvement Process Implementation Plan

Date Created: 5/1/2022 (DRAFT)

Date Reviewed/Updated: 09/15/2022

**PRIORITY AREA:** Increased access to transportation for people who live, work and play in Kanawha County.

**GOAL:** To increase awareness of the different modes and program related to transportation for Kanawha County

## PERFORMANCE MEASURES

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

Short Term Indicators	Source	Frequency
Increased knowledge of what types of transportation services are supplied in Kanawha County	Annual CHIP Progress Report	Annually
Identified gaps in transportation for Kanawha County Residents	Annual CHIP Progress Report/ Local community development plans	Annually
Identified barriers for residents in accessing transportation	Annual CHIP Progress Report	Annually
Long Term Indicators	Source	Frequency
Usage of public transportation	KRT	As updated
Efficiency in travel	KRT	As updated
How accessible is public transportation within Kanawha County	KRT	As updated
Affordability to travel using public transportation and other modes	KRT	As updated

## OBJECTIVE #1: Increase the knowledge base of Kanawha County residents about the different modes of transportation which are available by 2023

### BACKGROUND ON STRATEGY

Source: KCCHI Focus Group Findings

Evidence Base:

Type of Change(s): ☐ Policy ☒ Systems ☐ Environmental

**Rationale:** Pesola, A. J., Hakala, P., Berg, P., Ramezani, S., Villanueva, K., Tuuva-Hongisto, S., Ronkainen, J., & Laatikainen, T. E. (2020). Does free public transit increase physical activity and independent mobility in children? Study protocol for comparing children's activity between two Finnish towns with and without free public transit. BMC public health, 20(1), 342. <https://doi.org/10.1186/s12889-020-8385-6>

**Strategy:** Develop a centralized website where employees and community could access information related to modes of transportation.

**Target Audience:** Adults and families

### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Find the expertise within Transportation sector and build a team to ensure the success of this program					
Do an assessment of what modes of transportation are available to the public					
Gather transportation resources that the general public can use	Jan – June 2022	Staff time Volunteer time Community teams	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Community teams	Ongoing
Create an area where	March to	Staff time	KRT/Faith In Action,	Market inventory	Ongoing

information can be presented to population at large or is distributed out	June	Volunteer time Community teams	Kanawha Senior Services/KCCHI Stakeholders Group		
Entertain other modes of transportation that will address the aging population	June-2022 (on-going)	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Resource lists that can be linked to via new database Shared use agreements	Work in Progress
Monitor, update and evaluate information	April,2022 (on-going)	Staff time Funding	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Quarterly progress reports	Ongoing

#### OBJECTIVE #2: Identify and address gaps in accessing transportation in Kanawha County

##### BACKGROUND ON STRATEGY

**Source:** (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 transportation facilitate opportunities and facilitate discussions to identify solutions.	July - Sept., 2022	Staff time Volunteer time Participating communities Meeting space & materials	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	List of potential solutions to improve access to listening sessions	Improve on marketing to community residents
Engage faith-based in conversations with congregations and with organizations that can engage with seniors	July – Sept. 2022	Staff time Volunteer time Engagement of faith-based initiatives	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Engagement of faith community	Work in Progress
Address barriers for community participation to accessing public transportation	August. 2022	Staff time Volunteer time Citizen engagement	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Enhanced access to listening platforms	Ongoing
Support local planned initiatives to address gaps as deemed appropriate	January1, 2022 – January 1, 2024	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Community plans Improved access	Ongoing

#### OBJECTIVE #3: Implement a county wide strategy to inform Kanawha County residents of the different forms of transportation and by what companies which provide the transportation

##### BACKGROUND ON STRATEGY

**Source:**

**Evidence Base:**

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

**Rationale:** This strategy will promote better access among Kanawha County residents

**Strategy:** County-wide to promote having access to transportation throughout Kanawha County

**Target Audience:** Employee's and Community at large

##### ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or	Progress Notes
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				Result	
<b>Identify and Recruit Stakeholders and others who are already working in transportation (i.e. KRT, Kanawha Senior Services ,etc.)</b>	May 1, 2022	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	List of potential stakeholders	Done
<b>Engage Stakeholders in Developing implementation plan for better marketing to Kanawha residents</b>	July 1, 2022	Staff time Volunteer time Meeting space Meeting materials	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Implementation plan	Working many depts for better promotion
<b>Develop evaluation plan</b>	July 1, 2022	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Evaluation plan	By tracking how many people ride
<b>Develop sustainability plan</b>	July 1, 2022	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Sustainability plan	Providing look at aiding with eliminating barriers
<b>Procure funding</b>	open	Funding	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Funding	Ongoing
<b>Implement plan</b>	May. – July 2022	Staff time Volunteer time Participation of community members	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Increase number of participants	Numbers have increased over last 4 months
<b>Plan for future challenges based upon outcomes, revise as needed</b>	January 1, 2023	Staff time Volunteer time	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing

#### ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Objective #	WV Healthy People 2020	Healthy People 2020	National Prevention Strategy
1: Develop and expand access to transportation knowledge through information sessions for employees and the public at large (on going)	X	X	X
2: Identify and address gaps in access to transportation	X	X	X
3: How do residents go about connecting with the different modes of transportation	X	X	X

#### DESCRIBE PLANS FOR SUSTAINING ACTION

At this point in time many of the solutions for transportation would short term and would be tied to some type of grant funding. We will continue as a community to seek long term solutions but until then we will have to rely on short term solutions to fill the gaps in services.



## 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.

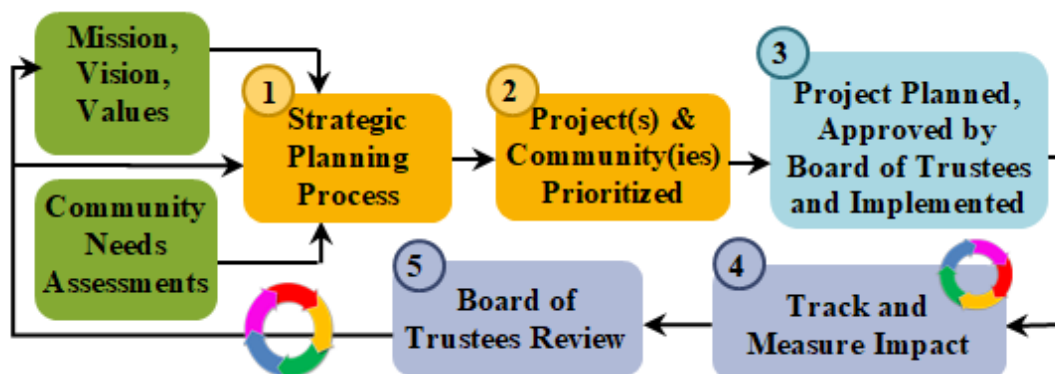
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs 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> <li>• WV Chapter, Nat'l Hemophilia Foundation (Civic Affairs)</li> <li>• Recovery Point of WV (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>• Covenant House – Civic Affairs</li> <li>• Daymark – Civic Affairs</li> <li>• Salvation Army – 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>• Childhood Language Center &amp; Children's Therapy Clinic (Civic Affairs)</li> <li>• Salvation Army Charleston Command (Civic Affairs)</li> <li>• Piedmont Elementary Celebration Station (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 2020 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 2020 Community Health Needs Assessment and Report on Implementation Strategies and 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 2014–2020 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


#1	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital
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	<p>Accountable Health Communities Program - The AHC program will systematically identify the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries, including those who are dually eligible, and address their identified needs. Socioeconomic factors affect health across the life span either by providing, or limiting, access to adequate housing, nutrition, transportation, education, a safe physical environment, and a voice in policy. A large body of scientific evidence supports a fundamental relationship between income inequality and negative health outcomes and that reducing poverty would improve population health. Furthermore, increasing access to affordable services related to nutrition, education, housing and safety (both physical and psychological) could also improve population health by partially mitigating the impact of poverty on overall health and well-being.</p> <p>The U.S. Census Bureau estimates that 18.3% of West Virginia (WV) residents are currently living in poverty. Child poverty continues to increase with almost 12% living in deep poverty, meaning these children survive on family incomes that are 50% below the poverty line. WV currently ranks 47th out of 50 states in overall health when considering community and environmental factors (secure housing, food security, availability of violence-free places), access to quality, affordable clinical care, public health programs and influence on policy, and individual health behaviors such as physical inactivity, poor diet, and substance use. WV also ranks 49th out of 50 states in negative health behaviors including excessive drinking, smoking, obesity, physical inactivity, as well as low high school graduation rate and is ranked 48th and 50th in poor mental health and poor physical health days, respectively and 49th in both premature death and preventable hospitalizations. Poor overall health is a major public health and financial concern in WV. According to the National Health Expenditure Data: Health Expenditures by State of Residence Report, it costs approximately \$13,964 in total health spending including all privately and publicly 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>

	<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

2021 Progress	<p>The Accountable Health Communities (AHC) project period began on May 1, 2017. During 2021, the following was accomplished:</p> <ul style="list-style-type: none"> <li>• There were 4,019 beneficiaries screened during the year.</li> <li>• Navigation services were offered to 1,282 beneficiaries in 2021 and 496 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 continued to employ 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 and Screening and Referral Specialist attended the AHC virtual conference.</li> <li>• The Program Director, Screening and Referral Specialist and both Navigators were able to participate in many webinars and educational calls offered by CMS. CMS approved our application for a no-cost extension, which extends the AHC project to April 30, 2023.</li> </ul>
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<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 	<p>CAMC is working with The Greater Kanawha Valley Foundation to create and sustain a wealth creation value chain. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC’s 5 county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over 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.”</p>
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
2021 Progress	In 2021, the number of growers GAP certified continues to increase. CAMC purchased \$167,000 worth of produce and goods from local growers and artisans in 2021. 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	<p>CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division</p> <p>Elton John AIDS Foundation</p> <p>First Presbyterian Church of Charleston</p> <p>WV Covenant House</p> <p>Pretera Center</p> <p>Partnership For Health</p> <p>Ryan White Part B Program</p> <p>CAMC Foundation</p> <p>Beckley/Raleigh Health Department Physicians</p> <p>Dentists in Beckley</p> <p>CAMC Dental Clinic</p> <p>MidAtlantic AIDS Education and Training Center WV</p>
2021 Progress	<p>In 2021, the CAMC Ryan White Program reports the following:</p> <ul style="list-style-type: none"> <li>• Viral load suppression - 85%</li> <li>• Number of new clients - 84</li> <li>• Number of HIV test kits distributed/number of positives recorded - 752 /11 new positives</li> <li>• Number of presentations and audience – 30</li> <li>• 9 hours of State committee work and 19 hours dedicated to Rea of Hope and Hospice Care Board</li> <li>• Number of clients receiving emergency funding - 18</li> <li>• Pantry visits-498</li> <li>• Number of clients receiving PRSS support-29</li> <li>• Number of clients who entered addiction treatment-22</li> <li>• Number of clients receiving intensive community case management-59</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
PROGRAM DESCRIPTION AND RATIONALE	<p>The WV Clinical and Translational Science Institute (WVCTSI) was created in 2012 through the initial Clinical and Translational Research award and has subsequently formed a well-connected, statewide health research network, creating the infrastructure to address the substantial health issues of WV. Since 2012, WVCTSI has been a transformative force, implementing investigator mentoring services, establishing pilot project funding, forming a practice-based research network, creating an integrated data repository of 2 million unique electronic medical records, developing a culture of research integrity, and working with our partners to establish trust and collaboration. Productivity has exponentially increased: publications tripled in Year 4 compared to Year 2, external funding applications more than doubled from Year 3 to 4, and external funding increased 80% over the past year. Funding is now directed to addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p> <p>Major Health Concerns: Poverty is pervasive in Appalachia with counties of “high poverty” (presence of poverty rates &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</p>

	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.																																		
STRATEGIC OBJECTIVE	BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIVELY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES BY 2022																																		
GOALS TO ADDRESS THE HEALTH NEED	<div>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.</div> <div>2. Actively engage with multiple stakeholders, including communities, medical providers, and policy makers to drive research that improves health of West Virginians.</div>																																		
MEASURE TO EVALUATE THE IMPACT	<table><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><tr><td>Aim 1</td><td>Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims &amp; projects.</td><td>Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.</td><td>Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.</td><td>Increase in funded proposals of 15% &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><tr><td>Aim 2</td><td>Create policies &amp; procedures to drive performance, comm. &amp; collaboration among multiple, diverse stakeholders.</td><td>WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.</td><td>Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.</td><td>Increase in externally funded investigators of 10% over 2016; &gt; 2 policy/practice changes per year.</td><td>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td></tr><tr><td>Aim 3</td><td>Provide fiscal and resource management, ensuring cores resourcing and sustainability.</td><td>Submitted grant proposals; Funded grants; External funding of core services; Health outcomes.</td><td>Increase in submitted grant proposals of 10% over 2016.</td><td>Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.</td><td>External funding &gt;50% operational cost of CRDEB, CRRF, &amp; Lab Technologies cores.</td></tr><tr><td>Aim 4</td><td>Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</td><td>Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.</td><td>100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.</td><td>Increase in funded proposals of 15% over 2016.</td><td>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td></tr></table>						Activities	Outputs	July 2017-June 2019	July 2019 – June 2021	July 2021–June 2022	Aim 1	Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims & projects.	Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.	Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% & trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.	Decrease drug overdose & CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.	Aim 2	Create policies & procedures to drive performance, comm. & collaboration among multiple, diverse stakeholders.	WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.	Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.	Increase in externally funded investigators of 10% over 2016; > 2 policy/practice changes per year.	Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.	Aim 3	Provide fiscal and resource management, ensuring cores resourcing and sustainability.	Submitted grant proposals; Funded grants; External funding of core services; Health outcomes.	Increase in submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.	External funding >50% operational cost of CRDEB, CRRF, & Lab Technologies cores.	Aim 4	Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.	Successful investigator hiring in priority areas; Linked publications; Submitted grants; Funded grants; Health outcomes.	100% recruitment targets hired; Increase in linked publications of 25% and submitted grant proposals of 10% over 2016.	Increase in funded proposals of 15% over 2016.	Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.
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TIMELINE	2017 - 2022																																		



RESOURCES	CTSI Grant CAMC
PARTNERS/ COLLABORATORS	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH
2021 Progress	<p><b>Specific Aim 1. Transform community-identified research questions into externally-funded projects that improve health outcomes in WVCTSI health priority areas.</b></p> <p>There were 5 new, 35 ongoing, and 10 completed WVPBRN projects as well as 0 new, 1 ongoing, and 0 completed CEO projects. 2 WVPBRN projects were reviewed and 2 accepted in Q4. There were, 5 Community Engagement and Training services, 267 Project Implementation services, 39 Project Development and Success services, 0 new Design Studio service, 6 Consultation services, 33 WVPBRN Activities, 0 funding opportunity identified, 117 ECHO services, and 15 services for products reported during Q4. WVCTSI co-hosted the Symposium on Substance Use Research with the COBRE-funded Rural Drug Addiction Research Center (P20GM130461) at the University of Nebraska and the COBRE Center for Opioids, Overdose and Hope at Rhode Island Medical Center (P20GM125507). Given that WV has the highest drug overdose mortality rate, the forum provided a prime opportunity for discussion of topics related to substance use disorder such as stigma and harm reduction.</p> <p><b>Specific Aim 2. Effectively engage investigators throughout WV by providing traditional services in biostatistics and epidemiology.</b></p> <p>Investigators engage through the CRDEB core utilizing available resources including the Integrated Data Repository (IDR), REDCap, and TriNetX. There were 130 new REDCap users in Q4 with a total of 2,949 REDCap users to date (811 of which are active users). Of the 2,949 REDCap users, 2,173 were from WVU (569 active), 22 from CAMC (5 active), 19 from WVSOM (8 active), and 735 not affiliated with the above entities (229 active). There were 12 hours reported in the category of updating existing REDCap projects and 26.75 hours building new REDCap projects Q4. 1 REDCap project was made for WVCTSI-funded investigators and 4 REDCap projects were made for non-WVCTSI investigators. There was a total of 3,633 REDCap projects and 9,994 data instruments, 140 new REDCap service inquiries, and 0 hours of REDCap consultations reported in Q4. The total number of current TriNetX users was 578 in Q4 and there were 3,223 new TriNetX inquiries, with 37 new TriNetX logins and 2 data set requests.</p> <p><b>Specific Aim 3. Implement cutting-edge tools and methods in biostatistics and epidemiology, with a particular focus on the needs of WV researchers.</b></p> <p>CRDEB reported 41 BMIR-related inquiries, 26 new unique CRDEB consultations, 2 sample size/power consultations, 17 new statistical analysis consultations, and 9 new clinical study design consultations in Q4. Additionally, 338.25 hours were dedicated to biostatistics consultations. CRDEB reported 116 GIS analysis consultations for Q4.</p> <p><b>Specific Aim 4. Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.</b></p> <p>CAMC recruited cancer research investigators 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. 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.</p>
STRATEGIC OBJECTIVE	<b>IMPROVE ACCESS AND CONSUMPTION OF LOCAL PRODUCE</b>
GOALS TO ADDRESS THE HEALTH NEED	<p>Increase access to local produce by:</p> <ol style="list-style-type: none"> <li>1. Hosting Pop-up Kids Markets at childcare centers in WV</li> <li>2. “Prescribing” Fruit and Vegetable Rx to HealthyKids patients.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. The number of children served at the childcare centers.</li> <li>2. The number of patients who received a FNV Rx</li> <li>3. The value of the produce distributed at the childcare centers and with the FNV Rx</li> </ol>
TIMELINE	WV Farmer’s Market Season (May to September) each year
RESOURCES	<p>Grant funding from:</p> <p>The Claude Worthington Benedum Foundation</p> <p>The Greater Kanawha Valley Foundation</p> <p>WVU Extension SNAP-ED Program</p>

<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>2021 Progress</b>  	<p>In 2021, KEYS 4 HealthyKids (KEYS) partnered with SNAP-ED to complete a research study on the effect of biweekly kids pop-up farmers markets on produce consumption in children at participating child care centers across southern WV.</p> <p>In total, 61 markets were held over the course of 14 weeks at 9 child care centers. During this time \$13,395 in vouchers were redeemed for fresh, locally grown produce. Approximately 2,335 children were served. Each child received a \$5 in vouchers for each market. Markets included nutrition education and taste tests. Families also received recipes.</p> <p>In 2021, the following three practices participated in the Fruit and Vegetable Prescription Project (FNV Rx): HealthyKids at CAMC Weight Loss Center in Charleston, FamilyCare-Children's Medicine Center also in Charleston, and Kid Care West Pediatrics in Hurricane. These practices "prescribed" 128 FNV Rx's, of which 75 of these FNV Rx's were redeemed. A total of \$1,500 in vouchers was redeemed for fresh produce through the FNV Rx Project.</p> <p>In 2021, KEYS expanded the "FNV Rx Project" to the "5210 Rx Program." The 5210 Rx Program is a yearlong program based on the 5210 healthy habits. 5210 stands for 5 or more servings of fruits and vegetables each day, 2 hours or less of recreational screen time per day, 1 hour of physical activity per day, and 0 sugary drinks. In addition to prescribing "fruits and vegetables" to their patients, providers also prescribed "physical activity" and "water" to their patients. Providers made goals with patients regarding these healthy habits and gave them goal trackers to track their progress. Patients who returned their goal trackers received an incentive based on whatever goal they were working on. For example, if they received a physical activity prescription, they received a physical activity incentive, such as a soccer ball. If the prescription was for water, they received a water incentive, such as a water bottle, upon returning their goal tracker. In total, all three practices prescribed 140 "physical activity" prescriptions and 64 "water" prescriptions to their patients. A total of 66 physical activity and 64 water incentives were given to patients from the three practices.</p> <p>In 2021, KEYS partnered with a dietitian to offer individual medical nutrition therapy sessions and cooking demonstrations to patients. Twenty patients from Kid Care West received medical nutrition therapy from the dietitian. A total of 28 cooking demonstrations were offered with 171 participants attending these classes. Over 38 cooking incentives were distributed to patients at these classes.</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. Medbase also dispatches HealthTeam ambulances contracted to provide transport of CAMC patients upon
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

2021 Progress	<ul style="list-style-type: none"> <li>• In 2021, 53,242 calls were received. There were 24,644 BLS calls, 27,140 ALS calls, 133 C3IFT calls and 137 CCT calls.</li> <li>• There were 906 Trauma Team Activations; 506 Stroke Alerts; 139 Cardiac/STEMI Alerts.</li> <li>• There were 14,303 Code Red calls and 1,683 Code Yellow calls.</li> <li>• Calls were received from multiple EMS agencies in WV and surrounding states.</li> <li>• Dispatched 17,584 ambulance transports</li> </ul>
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## 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
2021 Progress	In 2021, 200 of the \$25 gas cards were issued to 182 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
2021 Progress	In 2021, 7 dental clearance letters were obtained and 10 procedures totaling over \$29,000 were performed.



## 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

#9	CAMC Women and Children's Hospital
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
2021 Progress 	Jan 2021-Dec 2021, the Women's Health Addiction Program (WHAP) in the OB GYN Center has seen 10 enrollments with 3 of those being completely tapered prior to delivery. There were also 3 babies delivered from 2020 enrollments that were completely tapered. In 2021 there were 108 LARC insertions. The risk adjusted LOS of NAS babies in the NICU has improved. The Observed/Expected ratio for 2021 was 0.80.

<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
2021 Progress	In 2021, there were 17 newly diagnosed patients. The Children's Infusion Center had a 96% 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 6.5\%</math> 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
2021 Progress	The trial is now closed and 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 (<math>&lt;5.7</math>), pre-diabetic (5.7-6.4) or diabetic (<math>&gt;6.5</math>).</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>

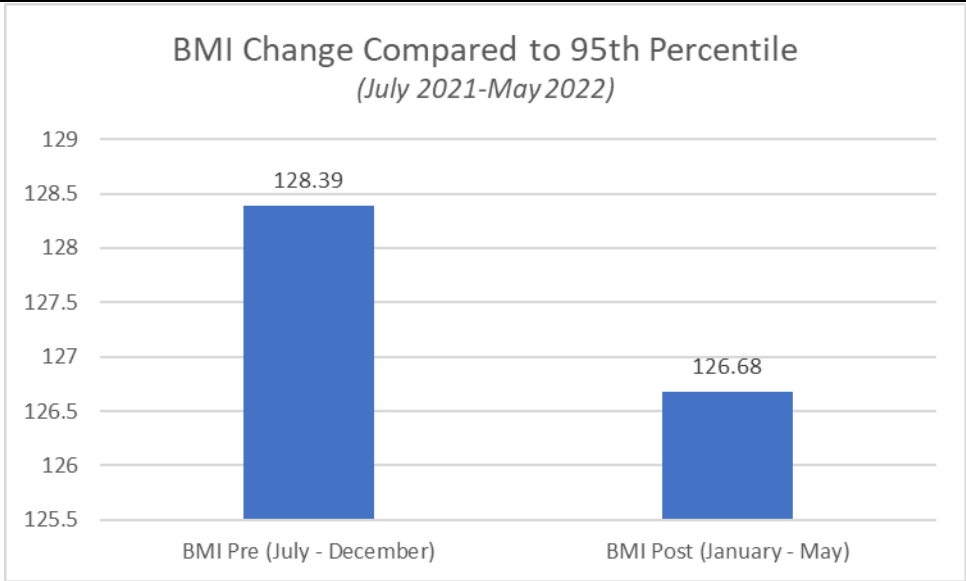
2021 Progress	<p>Due to the COVID pandemic, there continued to be increased variability in access for HealthyKids this year. Access in 2021 was significantly improved as compared to 2020. The 3<sup>rd</sup> appointment out for new patients ranged from 7 to 21 days and for follow-up's 5 to 15 days. HealthyKids offered visits via telehealth through the CAMC Hub's and to private homes with internet access.</p> <p>Virtual group evening programs were also available in 2021 and included Steps 4 Stronger Families, Cooking Camp during the summer and virtual/in-person cooking classes in the fall and winter. Physical activity group activity occurred weekly on Thursdays rotating at local parks around Kanawha County. Reach for these programs are reported under strategy #5 and #12.</p> <p>Provider referrals to HealthyKids for 2021 included most private pediatricians in the Kanawha Valley as well as FQHC's and extended to Cabell County with referrals from Marshall Pediatrics. Most of the referrals were similar to 2021 with addition of providers outside of immediate referral area. We anticipated this was due to more of the Clinical-Community Collaborative outreach beyond Kanawha County.</p> <p>Increased awareness regarding early referrals to HealthyKids program was accomplished by adding videos and links the HealthyKids website hosted by CAMC. A private Facebook page for HealthyKids patients only was started in 2020 for patients and families that increased from 119 members in 2020 to 180 members in 2021. This Facebook page is managed by the KEYS 4 HealthyKids Education Specialist.</p> <p>Due to the delay in developing software to extract and analyze patient data, no clinical parameters regarding HgbA1c and pre-DM status are available.</p>
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<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
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%.</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	REDUCE/PREVENT CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES
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
2021 Progress	<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. The new Stage 2 programs offered were Steps 4 Stronger Families and KEYS 2 STOP Insulin resistance. Due to the COVID pandemic, these programs were offered virtually via zoom. In November and December, a physical activity class was also taught at a local gym in Charleston. A total of 55 individuals participated in these programs.</p> <p>HealthyKids patients at CAMC Weight Loss Center had 282 patient care visits. There were also 59 new patients in 9 months of 2021 since for 3 months in-person new patient visits were not safe due to COVID-19 pandemic.</p> <p>All of the programs were promoted by pediatric providers during office visits and also on the private (patients only) HealthyKids WV Facebook page. The participating patient members increased from 119 to 180 this year.</p> <p>Clinical parameters such as BMI, HgbA1c, and cumulative results of the 5210 patient questionnaires were obtained. Our most recent evaluation, which analyzed participants in our programs from July 2021-May 2022, demonstrated that the average age of participants was 11.1 years of age with the minimum age of 2.9 and a maximum age of 18.3. Of the participants, 46.7% were male and 53.3% were female. Pre and post BMI measurements were included for 208 participants across three locations for this report. Of the 208 participants who had at least two measurements, there was 1.71-point change in BMI percent compared to 95th percentile (128.39 to 126.68). A Wilcoxon signed rank test showed that there was a statistically significant difference in the BMI compared to 95th percentile at initial and final visits for individual participants, (p=0.0007).</p>





## **APPENDIX**

### **LISTING OF ADDITIONAL 2021 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER**



Charleston Area Medical Center  
Program Detail Full  
For period from 1/1/2021 through 12/31/2021

<u>Category / Title / Department</u>	Monetary Inputs	Outputs		
	Expenses	Offsets	Benefit	Persons

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:** 8.00

**Persons:** 90

**Expenses:** 512

**Revenues:** 0

**Benefit:** 512



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.

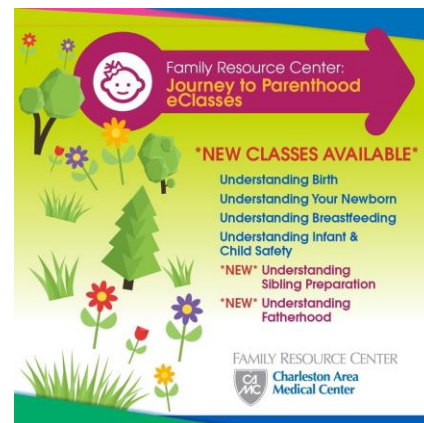
**Staff Hours:** 0.00

**Persons:** 551

**Expenses:** 72,000

**Revenues:** 0

**Benefit:** 72,000



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:** 48

**Expenses:** 150

**Revenues:** 0

**Benefit:** 150

### Imagine U: A Virtual Healthcare Experience

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

**Category:** A1

**Gender:** Both Males and Females

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

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

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

**Partners:** WV Department of Education

**Staff Hours:** 30.00

**Persons:** 2,023

**Expenses:** 912

**Revenues:** 0

**Benefit:** 912



### Mini Medical School for the Public

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

**Category:** A1

**Gender:** Both Males and Females

**Department:** 25810 (CHERI)

**Department Contact:** Jay Ripley (8-8399)

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

**Partners:** WVU School of Medicine  
WVDHHR  
Arthritis Foundation

**Staff Hours:** 8.00

**Persons:** 42

**Expenses:** 4,510

**Revenues:** 0

**Benefit:** 4,510



### Project Echo - Cancer Survivorship

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

**Category:** A1

**Gender:** Both Males and Females

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

**Department Contact:** Jay Ripley (8-8399)

**Staff Hours:** 8.00

**Persons:** 90

**Expenses:** 512

**Revenues:** 0

**Benefit:** 512

*** Community Health Education (A1)	78,596	0	78,596	2,844
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## 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:** 470

**Expenses:** 470,137

**Revenues:** 230,652

**Benefit:** 239,485

### 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 Darkness to Light 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:** 607

**Expenses:** 185,366

**Revenues:** 0

**Benefit:** 185,366



### 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:** 151

**Expenses:** 45,000

**Revenues:** 0

**Benefit:** 45,000



### 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:** 375

**Expenses:** 112,500

**Revenues:** 0

**Benefit:** 112,500

#### West Virginia Health Right Support

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

**Category:** A2

**Gender:** Both Males and Females

**Department:** 41804 (Housekeeping)

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

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

**Staff Hours:** 0.00

**Persons:** Unknown

**Expenses:** 144,993

**Revenues:** 0

**Benefit:** 144,993



*** Community Based Clinical Services (A2)	957,996	230,652	727,344	1,603
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#### Health Care Support Services (A3)

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

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

**Category:** A3

**Gender:** Both Males and Females

**Department:** 31706 (Finance)

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

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

**Staff Hours:** 0.00

**Persons:** 27,790

**Expenses:** 568,083

**Revenues:** 0

**Benefit:** 568,083

##### 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:** 2.00

**Persons:** 2  
**Expenses:** 176  
**Revenues:** 0  
**Benefit:** 176

*** Health Care Support Services (A3)	568,259	0	568,259	27,792
**** Community Health Improvement Services (A)	1,604,851	230,652	1,374,199	32,239

#### **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:** 171

**Expenses:** 45,517,186

**Revenues:** 7,519,871

**Benefit:** 37,997,315



#### **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:** 4.00

**Persons:** 230

**Expenses:** 128

**Revenues:** 0

**Benefit:** 128

#### **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:** 4.00

**Persons:** 950

**Expenses:** 128

**Revenues:** 0

**Benefit:** 128



*** Physicians/Medical Students (B1)	45,517,442	7,519,871	37,997,571	1,351
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## 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:** 40.00

**Volunteer Hours:** 0.00

**Persons:** 850

**Expenses:** 1,248

**Revenues:** 0

**Benefit:** 1,248

*** Nurses/Nursing Students (B2)	1,248	0	1,248	850
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## Other Health Professional Education (B3)

### Medical Explorers

**Description:** A program designed to introduce youth in Kanawha County to health care professions. Youth must be at least 14 years of age and have completed the 8th grade or are ages 14-18. The program introduces youth to 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



*** Other Health Professional Education (B3)	766	0	766	22
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## Scholarships/Funding for Professional Education (B4)

### University of Charleston Health Program Support

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

**Category:** B4

**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

*** Scholarships/Funding for Professional Education (B4)	189,996	0	189,996	0
**** Health Professions Education (B)	45,709,452	7,519,871	38,189,581	2,223

#### 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)  
**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:** 40.00  
**Persons:** Unknown  
**Expenses:** 26,600  
**Revenues:** 0  
**Benefit:** 26,600

*** Cash Donations (E1)	26,600	0	26,600	0
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##### In-kind Donations (E3)

##### 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)  
**Community Need:** Unemployment/Jobs/Poverty  
**Staff Hours:** 0.00  
**Persons:** Unknown  
**Expenses:** 12,300





Revenues:	0			
Benefit:	12,300			
<b>*** In-kind Donations (E3)</b>	<b>12,300</b>	<b>0</b>	<b>12,300</b>	<b>0</b>
<b>**** Financial and In-Kind Contributions (E)</b>	<b>38,900</b>	<b>0</b>	<b>38,900</b>	<b>0</b>

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

**Local Wealth Creation - Value Chain**

<b>Description:</b>	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.
<b>Category:</b>	F2
<b>Gender:</b>	Both Males and Females
<b>Department:</b>	1 (Dietary Services)
<b>Department Contact:</b>	Mike Marinaro (8-6551)
<b>Objectives:</b>	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.
<b>Partners:</b>	Greater Kanawha Valley Foundation
<b>Staff Hours:</b>	30.00
<b>Persons:</b>	146
<b>Expenses:</b>	1,200
<b>Revenues:</b>	0
<b>Benefit:</b>	1,200



<b>*** Economic Development (F2)</b>	<b>1,200</b>	<b>0</b>	<b>1,200</b>	<b>146</b>
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**Community Support (F3)**

**Partners In Health Network**

<b>Description:</b>	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.
<b>Category:</b>	F3
<b>Gender:</b>	Both Males and Females
<b>Department:</b>	46876 (Partners In Health)
<b>Department Contact:</b>	Tom Kuhn (8-7386)
<b>Objectives:</b>	Assist small rural hospitals and health clinics to remain viable.
<b>Staff Hours:</b>	0.00
<b>Persons:</b>	Unknown
<b>Expenses:</b>	332,241
<b>Revenues:</b>	0
<b>Benefit:</b>	332,241

<b>*** Community Support (F3)</b>	<b>332,241</b>	<b>0</b>	<b>332,241</b>	<b>0</b>
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**Workforce Development (F8)**

**CORE Creating Opportunities for Recovery Employment**

<b>Description:</b>	Program providing the resources and support necessary to help individuals in recovery re-enter
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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:** 5.00  
**Persons:** Unknown  
**Expenses:** 136  
**Revenues:** 0  
**Benefit:** 136

#### Workforce Innovation and Opportunities Act

**Description:** Working with the Local Elected Board of Kanawha County to consolidate, coordinate and improve workforce investment programs pursuant to the provisions of the Workforce Innovation and Opportunity Act of 2014.  
**Category:** F8  
**Gender:** Both Males and Females  
**Department:** 21926 (Human Resources Workforce Dev)  
**Department Contact:** Debby Schoolcraft (8-3376)  
**Objectives:** Increase the business community's involvement in the workforce investment programs and address workforce investment needs of job seekers, workers and businesses within the Kanawha County workforce investment area represented by the Local Elected Board.  
**Staff Hours:** 120.00  
**Persons:** Unknown  
**Expenses:** 7,416  
**Revenues:** 0  
**Benefit:** 7,416

<b>*** Workforce Development (F8)</b>	<b>7,552</b>	<b>0</b>	<b>7,552</b>	<b>0</b>
<b>**** Community Building Activities (F)</b>	<b>340,993</b>	<b>0</b>	<b>340,993</b>	<b>146</b>

#### 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:** Orlando Craighead (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



**Kanawha Coalition  
for Community  
Health Improvement**

### **Totals:**

**Number of Programs:** 27  
**Staff Hours:** 1,339.00  
**Persons:** 34,608  
**Expenses:** 47,918,493  
**Revenues:** 7,750,523  
**Benefit:** 40,167,970