

2022 Community Benefit Report

and Report on 2020-2022 Implementation Strategies

CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's Hospital



*Approved by CAMC Board Planning on November 1, 2023 and
by the CAMC Board of Trustees, November 16, 2023*

The Community Benefit Report is made available to the public via the CAMC Health System website at www.camc.org and is available upon request from the hospital facility.



CAMC
Health System

 **Vandalia Health**

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

2022 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

2022 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 2022, Charleston Area Medical Center provided \$143,959,875 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



2022 COMMUNITY BENEFIT SUMMARY for CAMC MEMORIAL, CAMC GENERAL, CAMC WOMEN and CHILDREN'S, and CAMC TEAYS VALLEY HOSPITALS*

CHARITY CARE AT COST

\$12,308,800

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

\$109,464,269

Other Public Unreimbursed Costs

\$151,785

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

SUBSIDIZED HEALTH SERVICES

\$1,257,858

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

\$20,777,163

See details beginning on page 44.

Community Health Improvement Services	659,506
Health Professions Education	19,251,910
Financial and In-Kind Contributions	86,984
Community Building Activities	516,564
Community Benefit Operations	262,199

TOTAL

\$143,959,875

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

\$263,522,752

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

BAD DEBT AT CHARGE

\$50,764,573

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

2022 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 23.

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:

LIVE: Health and Social

Wellness promotion and chronic disease prevention education

- Diabetes, Obesity, Heart Disease, COPD, Substance Use Disorder, HIV/AIDS, Hepatitis A/B/C, Mental Health

LIVE: Safety and Infrastructure

Safe roads & transportation

- Homelessness, Safe/Distracted Driving, Access to Transportation

LEARN

Access to affordable and adequate early childhood education

- Access and Availability of Early Childhood Education

WORK

Barriers to Work

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

PLAY

Access to safe and Adequate recreation, exercise and play opportunities

- Safety and Accessibility of Recreation Areas

CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups' plans. The workgroups accomplishments were as follows in 2022.

Kanawha-County Health Improvement Process Implementation Plan

Date Created: 1/1/2023 (DRAFT)

Date Reviewed/Updated: 01/12/23

PRIORITY AREA: Live: Health & Social
GOAL: Expand access to and knowledge of wellness promotion and chronic disease prevention education/Obesity

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
Work with local organizations on expanding knowledge of chronic diseases associated with obesity. Also, work with organizations to create or use existing platforms to promote information into Kanawha County	Annual CHIP Progress Report	Annually
Have monthly streaming sessions on various chronic diseases and in person on certain dates	Annual CHIP Progress Report	Annually
Work with organizations that are looking to do or expand Pharmacy type programs in Kanawha County. As well as working with organizations that offer cooking classes that promote healthy eating	Annual CHIP Progress Report	Annually
Long Term Indicators	Source	Frequency
Decrease the prevalence of obesity among Kanawha County residents from 39.4% to 38.4% by 2030 (USNew.com) through education	USNews.com	As updated
Decrease the prevalence of diabetes among Kanawha County adults from 11.8% to 10% by 2030 (USNews.com) through education	USNew.com	As updated
Decrease the prevalence of heart disease among Kanawha County adults from 7.7% to 6.7% by 2030 (USNews.com) through education	USNew.com	As updated
Decrease the prevalence of physical inactivity in Kanawha County from 30.2% to 28.2% among adults by 2030 (USNews.com) through education	USNew.com	As updated
Increase awareness of health literacy on chronic diseases associated with obesity		As updated
Increase the proportion of people who have access to places where they can engage in recreation and physical exercise and who are informed of what's going on in Kanawha County.		As updated

OBJECTIVE #1: Work with organizations to create or use existing platforms to promote information on chronic diseases that affect residents of Kanawha County					
BACKGROUND ON STRATEGY Source: KCCHI Focus Group Findings/Expert Online Survey Evidence Base: Effectiveness of databases for residents to be instrumental in linking people with information. Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental Rationale: A “one-stop”, centralized resource database for chronic disease information. Opportunities were identified as a need through KCCHI’s focus groups and expert online survey Strategy: Centralized database for chronic disease information for all of Kanawha County Target Audience: Adults, Children and Families					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Find a source that is already available/work with other organizations who have database to promote in Kanawha County					

Expand or create(s) a platform that currently exist	January 2023				
Contact organizations with existing platforms to promote information sessions	January 2023				
Develop teams or identify existing teams for key geographic locations in Kanawha County	January 2023	Staff time Volunteer time Community teams	Key4kids/ASWV /SOHO/ WV Health Right/Kanawha County Health Dept/KCCHI Stakeholders Group	Community teams	January 2023
Teams conduct local list of providers that are doing some type of information sessions by geographic location	Ongoing	Staff time Volunteer time Community teams	Key4kids/ASWV /SOHO/ WV health Right/KCCHI Stakeholders Group	Market inventory	January 2023

OBJECTIVE #2: Work with organizations that are looking to expand or create Cooking Classes in Kanawha County

BACKGROUND ON STRATEGY

Source:

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: work with local community-based organizations so residents will be willing to participate.

Strategy: Work in community by community to promote a healthy community

Target Audience: Kanawha County Residents

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Work with organizations to promote information sessions on chronic disease within Kanawha County	Ongoing	Staff time Volunteer time Participating communities Meeting space & materials	Key4kids/ASWV /SOHO/WV Health Right/Kanawha County Health Dept/ KCCHI Stakeholders Group	List of potential solutions to improve access to information concerning chronic diseases	April 2022 and Ongoing
Plan for monthly session to be live streamed or pre-recorded and uploaded to centralized local for all to see	Ongoing	Staff time Volunteer time Engagement of public and private	Key4kids/ASWV /SOHO/WV Health Right/ KCCHI Stakeholders Group	Engagement of low-income communities in Kanawha County	January 2023
Work with the Kanawha Diabetes Coalition to promote awareness in Kanawha County	Ongoing	Engage with local government to ensure internet access	Key4kids/ASWV /SOHO/WV Health Right/ KCCHI Stakeholders Group	Enhanced transit routes	January 2023
Create Hub for Diabetes/Obesity for community to regain their health	Ongoing	Staff time Volunteer time	Key4kids/ASWV /SOHO/WV Health Right/WV Health Network/ KCCHI Stakeholders	Community plans Improved access	March 2023- Ongoing

OBJECTIVE #3: Work with organizations to promote Rx vegetable program and healthy cooking classes in Kanawha County

BACKGROUND ON STRATEGY

Source:

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

<https://www.thecommunityguide.org/sites/default/files/assets/Obesity-MD.pdf>[thecommunityguide.org](https://www.thecommunityguide.org)

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

Rationale:

Strategy: Target Audience: Community members					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative means of assisting vegetables as medicine programs	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/WV Health Right/ KCCHI Stakeholders Group	List of potential stakeholders	September 2022-Ongoing
Engage Stakeholders in Developing implementation plan for pushing out program (or a segment) to county residents	Ongoing	Staff time Volunteer time Meeting space Meeting materials	Key4kids/ASWV Charleston Parks & Recreation/SOHO/WV Health Right/ KCCHI Stakeholders Group	Implementation plan	September-Ongoing
Work with local organizations that doing cooking classes to improve lifestyle	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Evaluation plan	September-Ongoing
Develop sustainability plan/Funding	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Sustainability plan	Ongoing
Implement plan	Ongoing	Staff time Volunteer time Participation of community members	Key4kids/ASWV /SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	To expand into different areas of Kanawha County	Ongoing and Expansion by June 2023
Plan for future challenges based upon outcomes, revise as needed	December 2023	Staff time Volunteer time	Key4kids/ASWV /SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing
ALIGNMENT WITH STATE/NATIONAL PRIORITIES					
Objective #	WV Healthy People 2030		Healthy People 2030	National Prevention Strategy	
1: Provides everyone access to accurate, actionable health information	X		X	X	
2 Increase the dissemination and use of evidence-based health literacy practices and interventions.	X		X	X	
3: Supports life-long learning and skills to promote good health	X		X	X	

DESCRIBE PLANS FOR SUSTAINING ACTION
A permanent home for the centralized database will be identified. Possibly by using data bases for Keys4Kids and WV Health Right Local community development plans will be in place to address gaps in access to health information Community members will be linked to local resources and key stakeholders who can help support community plans. Potential for several grants this coming year

Kanawha-County Health Improvement Process Implementation Plan

Date Created: 1/1/2023 (DRAFT)

Date Reviewed/Updated: 04/15/2023

PRIORITY AREA: Safety and Infrastructure-Access to Mental Health services for Adults/Children
GOAL: To increase awareness of the importance of mental health and where to obtain services for Kanawha County

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
Increased knowledge of service in Kanawha County	Annual CHIP Progress Report	Annually
Identified gaps in residents receiving services in Kanawha County	Annual CHIP Progress Report	Annually
Identified barriers for residents in accessing mental health services	Annual CHIP Progress Report	Annually
Long Term Indicators	Source	Frequency
To improve the mental health services for Kanawha county Residents	Annual CHIP Progress Report	As updated
Improve academic performance among children	Annual CHIP Progress Report	As updated
Have hubs set up in Kanawha County to address mental health needs	Annual CHIP Progress Report	As updated
Limit the number of hospitalizations or emergency room visits	Annual CHIP Progress Report	As updated

OBJECTIVE #1: Increase the knowledge base of Kanawha County residents on the importance of mental health services and how to receive them					
BACKGROUND ON STRATEGY Source: KCCHI Focus Group Findings Evidence Base: Stupinski, A. M., Alshaabi, T., Arnold, M. V., Adams, J. L., Minot, J. R., Price, M., Dodds, P. S., & Danforth, C. M. (2022). Quantifying Changes in the Language Used Around Mental Health on Twitter Over 10 Years: Observational Study. JMIR mental health, 9(3), e33685. https://doi.org/10.2196/33685 Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental Rationale: changes the culture and improve the health of the Kanawha County Strategy: to have open discussions on the importance of mental health and use local platform to do so Target Audience: Adults and families					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Locate service in Kanawha County	Service have been located within Kanawha County by Executive Director and a list has been complied				
What services are available to those with medica and Medicare insurance	January-ongoing 2023				

Educate the community about mental health	January ongoing 2023	Staff time Volunteer time Community teams	Prestera/Keep Your Faith Corp/KCCHI Stakeholders Group	Resource lists that can be linked to via new database	Ongoing
Create an open, supportive environment:	Ongoing	Staff time Volunteer time	Prestera/WW Healthy Westside/Keep Your Faith corp /KCCHI Stakeholders Group	Shared environment for community	Work in Progress
Connect with local organizations	January Ongoing 2023	Staff time Funding	KRT/Faith In Action, Kanawha Senior Services/KCCHI Stakeholders Group	Working with local mental health providers in communities	Ongoing

OBJECTIVE #2: Work on lessening the stigma surrounding mental health and services

BACKGROUND ON STRATEGY

Source: Potts, L. C., Bakolis, I., Deb, T., Lempp, H., Vince, T., Benbow, Y., Waugh, W., Kim, S., Raza, S., Henderson, C., & INDIGO READ Study Group (2022). Anti-stigma training and positive changes in mental illness stigma outcomes in medical students in ten countries: a mediation analysis on pathways via empathy development and anxiety reduction. Social psychiatry and psychiatric epidemiology, 57(9), 1861–1873. <https://doi.org/10.1007/s00127-022-02284-0>

Evidence Base: Engaging businesses and local organizations to address mental health within their own businesses.

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 mental health/facilitate opportunities and facilitate discussions to identify solutions.	January 2023- Ongoing	Staff time Volunteer time Participating communities Meeting space & materials	WW Healthy Westside/Prestera /KCCHI Stakeholders Group	List of potential solutions to improve access to listening sessions	Improve on marketing to community residents. Ongoing
Engage faith-based in conversations with congregations and with organizations that can engage with seniors and local businesses	January 2023- Ongoing	Staff time Volunteer time Engagement of faith-based initiatives	Faith In Action, Kanawha Senior Services/local business owners/KCCHI Stakeholders Group	Engagement of faith community	Work in Progress
Address barriers for community to access mental health services	January 2023- Ongoing	Staff time Volunteer time Citizen engagement	Faith In Action, Kanawha Senior Services/Prestera/KCCHI Stakeholders Group	Enhanced access to listening platforms	Ongoing

OBJECTIVE #3 Engagement of community residents and build platform to speak about mental health services

BACKGROUND ON STRATEGY

Source: Adu, J., Oudshoorn, A., Anderson, K., Marshall, C. A., & Stuart, H. (2022). Social Contact: Next Steps in an Effective Strategy to Mitigate the Stigma of Mental Illness. Issues in mental health nursing, 43(5), 485–488. <https://doi.org/10.1080/01612840.2021.1986757>

Evidence Base: Highlight mental health service providers and the utilization of social media to aid in diminishing the stigma of mental illness

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 mental health services throughout Kanawha County

Target Audience: Employee's and Community at large

ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working in mental health services	January 2023- Ongoing	Staff time Volunteer time	Prestera/Faith In Action/ WW Healthy Westside/KCCHI Stakeholders Group	List of potential stakeholders	Done
Engage Stakeholders in Developing implementation plan to lessen the stigma of mental health/improve marketing to Kanawha residents	January 2023- Ongoing	Staff time Volunteer time Meeting space Meeting materials	Prestera/Faith In Action/ WW Healthy Westside/KCCHI Stakeholders Group	Implementation plan	Working many depts for better promotion
Utilize social media and other platforms (Spotlight on Health/Community Spotlight on Health)	January 2023- Ongoing	Staff time Volunteer time	KRT/Faith In Action/WW Healthy Westside/WW Health right/Health Dept /KCCHI Stakeholders Group	Evaluation plan	By tracking how many people view content
Develop sustainability plan		Staff time Volunteer time	KRT/Faith In Action/ WW Healthy Westside/KCCHI Stakeholders Group	Sustainability plan	Providing look at aiding with eliminating barriers
ALIGNMENT WITH STATE/NATIONAL PRIORITIES					
Objectives #		WV Healthy People 2030	Healthy People 2030	National Prevention Strategy	
1: Develop and expand access to mental health services knowledge through information sessions for employees and the public at large (on going)		X	X	X	
2: Identify and address gaps in access to mental health services		X	X	X	
3: How do residents go about connecting with the different services in Kanawha County		X	X	X	
DESCRIBE PLANS FOR SUSTAINING ACTION					
Partner with local organizations that provide free or low-cost mental health services for those who cannot afford them. Additionally, advocate for more funding and resources for mental health services.					

Kanawha-County Health Improvement Process Implementation Plan

Date Created: 12/1/2022 (DRAFT)

Date Reviewed/Updated: 1/01/2023

PRIORITY AREA: Learn					
GOAL: Access to/Knowledge of Early Childhood Education/Affordable Childcare					
PERFORMANCE MEASURES					
How We Will Know We are Making a Difference					
Short Term Indicators			Source	Frequency	
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	
Long Term Indicators			Source	Frequency	
Work with the BOE with tng early childhood education to child care			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	
OBJECTIVE #1 To measure the participation in interest meeting and increase participation					
BACKGROUND ON STRATEGY					
Source: KCCHI Focus Group Findings					
Evidence Base: https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf					
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					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Find funding source(s)					
Promoting interest meeting in low-income areas in Kanawha County	March, 2023				
The start of interest meeting in Kanawha County	April, 2023				
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

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)

BACKGROUND ON STRATEGY

Source:

Evidence Base:

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

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 discussions to identify solutions.	July - Oct., 2023	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. 2023	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 – March, 2024	Staff time Volunteer time	BOE/KCCHI Stakeholders Group	Community plans Improved access	Ongoing

OBJECTIVE #3: Working with BOE and with communities across Kanawha County to eliminate barriers and address gaps in services

BACKGROUND ON STRATEGY

Source: A Guide to Assessment in Early childhood

Evidence Base: <https://wvde.state.wv.us/oel/docs/Washington%20Assessment%20Guide.pdf>

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

ACTION PLAN

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, 2023	Staff time Volunteer time Meeting space Meeting materials	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Implementation plan	Ongoing process
Develop evaluation plan	August 1, 2023	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Evaluation plan	
Implement plan	Sept. – Nov. 2023	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group		Ongoing

		Participation of community members			
Plan for future challenges based upon outcomes, revise as needed	January 2024	Staff time Volunteer time	BOE/CAMC/Thomas/KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing
ALIGNMENT WITH STATE/NATIONAL PRIORITIES					
Objective #	WV Healthy Communities 2023		WV Healthy Communities 2023	Prevention Strategy	
1: Increase awareness of the importance of Pre-K education	X		X	X	
2: Implement one pager to insert into new parents packets	X		X	X	
3: Increase enrollment in Kanawha County	X		X	X	

DESCRIBE PLANS FOR SUSTAINING ACTION
The ultimate objective would be to amend the mandate to make Pre-K compulsory or to connect early childhood education to childcare, 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: 1/1/2023 (DRAFT)

Date Reviewed/Updated: 04/15/2023.

PRIORITY AREA: Access/Knowledge of Job Opportunities for young adults 18 to 28
GOAL: To increase awareness of job opportunities as well as to access for young people in Kanawha County

PERFORMANCE MEASURES		
How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
Promote job fairs and other job-seeking opportunities through local media outlets, such as radio stations, newspapers, and television.	Annual CHIP Progress Report	Annually
Provide resources and guidance to young people who are interested in pursuing higher education and trade schools.	Annual CHIP Progress Report	Annually
Reach out to local churches, non-profits, and community organizations to spread the word about job opportunities and resources available to youth.	Annual CHIP Progress Report	Annually
Long Term Indicators	Source	Frequency
To improve access and knowledge of job opportunities	Annual CHIP Progress Report	As updated
Develop an internship program to provide young people with hands-on experience in a professional setting	Annual CHIP Progress Report	As updated
Decrease unemployment among 18-32 segments	Annual CHIP Progress Report	As updated

OBJECTIVE #1: Increase the knowledge base of Kanawha County residents on potential job opportunities for young adults 18 to 32					
BACKGROUND ON STRATEGY					
Source: KCCHI Focus Group Findings there is a lack of engagement with 18 to 28 as it relates to stepping into the job market.					
Evidence Base: Loprest, P.J., Spaulding, S., & Nightingale, D.S. (2019). Disconnected Young Adults: Increasing Engagement and Opportunity. RSF, 5, 221 - 243.					
Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental					
Rationale: changes the culture and improve the health of the Kanawha County					
Strategy: Target young adults 18 to 28 for job opportunities in Kanawha County					
Target Audience: Adults and families					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Locate service in Kanawha County	Compile a list of job opportunities within Kanawha County				
Work with schools' community at large	January-ongoing 2023				
Educate the community about job opportunities available	January ongoing 2023	Staff time Volunteer time Community teams	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Resource lists that can be linked to database	Ongoing

Create an open, supportive environment:	Ongoing	Staff time Volunteer time	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Shared environment for community	Work in Progress
Connect with local organizations	January Ongoing 2023	Staff time Funding	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Working with local businesses and mayors in Kanawha County	Ongoing

OBJECTIVE #2: Create Opportunities for Young Adults to have access to and Knowledge of Job Opportunities

BACKGROUND ON STRATEGY

Source: Mayombe, C. (2021). Partnership with stakeholders as innovative model of work-integrated learning for unemployed youths. Higher Education, Skills and Work-Based Learning.

Evidence Base: Engaging businesses and local organizations to address job opportunities for young adults 18 to 28 within Kanawha County.

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 job opportunities/facilitate opportunities and facilitate discussions to identify solutions.	January 2023- Ongoing	Staff time Volunteer time Participating communities Meeting space & materials	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	List of potential solutions to improve access to listening sessions	Improve on marketing to community residents. Ongoing
Engage businesses, Universities, Trade Schools, and the community at large	January 2023- Ongoing	Staff time Volunteer time Engagement of faith-based initiatives	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Engagement of community	Work in Progress
Address barriers for young adults to engage in gaining full time employment	January 2023- Ongoing	Staff time Volunteer time Citizen engagement	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Enhanced access to listening platforms	Ongoing

OBJECTIVE #3 Actively engagement of young adults 18 to 28 on gainful employment

BACKGROUND ON STRATEGY

Source: Lambert, T. E (2023) The Great Resignation in the United States: A Study of Labor Market Segmentation: College of Business, University of Louisville, Louisville, KY, USA <https://www.tandfonline.com/doi/abs/10.1080/07360932.2022.2164599>

Evidence Base: Addressing why so many have walked away from positions or refuse to enter the workforce.

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

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

Strategy: County-wide to promote having knowledge of job opportunities throughout Kanawha County

Target Audience: Employee's and Community at large

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Engagement of young adults 18 to 28 on job opportunities by having recruitment sessions for specific employers	August 2023- Ongoing	Staff time Volunteer time	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	List of potential stakeholders	In progress
Set up an internship program with Universities, trade schools and High Schools in Kanawha County	August 2023- Ongoing	Staff time Volunteer time Meeting space Meeting materials	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Implementation plan	Working many depts for better promotion
Utilize social media and other platforms to pull young adults into the Job market	January 2023- Ongoing	Staff time Volunteer time	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Evaluation plan	By tracking how many people view content
Develop sustainability plan	January 2023- Ongoing	Staff time Volunteer time	Element federal Credit Union/Tech Center/Higher Education/Kanawha County Schools/KCCHI Stakeholders Group	Sustainability plan	Providing look at aiding with eliminating barriers

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Objectives #	WV Healthy People 2030	Healthy People 2030	National Prevention Strategy
1: Develop and expand access for young adults' knowledge through information sessions for job opportunities and the public at large (on going)	X	X	X
2: Identify and address gaps in accessing information about job opening in Kanawha County	X	X	X
3: How do 18 to 28 young adults gain information about employers and how to motivate them to join the workforce in Kanawha County	X	X	X

DESCRIBE PLANS FOR SUSTAINING ACTION

1. Establish a Youth Employment Initiative: This initiative could focus on providing employment opportunities for young adults through job fairs and career counseling services. The initiative should include resources to help young adults build their resumes, practice interviewing, and research potential employers.
2. Support Small Businesses: Many small businesses in Kanawha County rely on the support of local residents. Encouraging young adults to shop small and patronize local businesses can help spark job creation and build the local economy.
3. Create Apprenticeships: Apprenticeships are a great way for young adults to gain practical, on-the-job experience. Encouraging local businesses to offer apprenticeships to young adults can help them gain the skills and confidence needed to compete in the job market.
4. Foster Educational Opportunities: Investing in educational opportunities in the community can help young adults gain the skills they need to join the workforce. This could include offering classes or workshops on topics like financial literacy, computer literacy, and job-specific skills.
5. Promote Networking: Networking is an important part of finding a job. Encouraging young adults to attend networking events or join professional organizations can help them build relationships with potential employers.

Kanawha-County Health Improvement Process Implementation Plan

Date Created: 12/1/2022 (DRAFT)

Date Reviewed/Updated: 01/12/23

PRIORITY AREA: Play
GOAL: Expand access to and knowledge of community centers and senior centers in Kanawha County and the services provided by these facilities.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
An online database to increase knowledge of and access to recreation/physical activity opportunities, searchable by 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
Better job of promoting among residents of Kanawha County activities as well as physical fitness.	Annual CHIP Progress Report	Annually
Long Term Indicators	Source	Frequency
Increase the percentage of population with adequate access to locations for physical activity and awareness of activities in Kanawha County		As updated
Decrease the prevalence of obesity among WV adults from 40.6% to 38.6% by 2030 (Healthy People 2030)	Healthy People 2030	As updated
Decrease the prevalence of obesity among WV children from 35.5% to 30.0% by 2030 (Healthy People 2030)	Healthy People 2030	As updated
Increase the prevalence of leisure-time exercise among West Virginia adults from 70.3% to 73.0% by 2030 (BRFSS 2022)	Healthy People 2030	As updated
Decrease the prevalence of physical inactivity in WV from 29.6% to 25.66% among adults by 2030 (Healthy People 2030)	Healthy People 2030	As updated

OBJECTIVE #1: Increase and expanded recreational/physical activity database, searchable by locations in Kanawha County by July 1, 2025.					
BACKGROUND ON STRATEGY					
Source: KCCHI Focus Group Findings/Expert Online Survey					
Evidence Base: https://effectivedatabase.com/why-should-you-have-a-centralized-system/					
Type of Change(s): <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Systems <input type="checkbox"/> Environmental					
Rationale: A “one-stop”, centralized resource database for recreational and physical activity opportunities was identified as a need through KCCHI’s focus groups and expert online survey					
Strategy: Centralized database for recreational and physical activity opportunities					
Target Audience: Adults, Children and Families					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create or find a source that is already available/work with other organizations who have database to promote in Kanawha County					

Expand database(s) that currently exist	January 2023				
Contact organizations with current database	January 2023				
Develop teams or identify existing teams for key geographic locations in Kanawha County	2023	Staff time Volunteer time Community teams	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	Community teams	Identified
Teams conduct local inventory of recreational and physical activity opportunities by geographic location	Ongoing	Staff time Volunteer time Community teams	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	Market inventory	Identified
Identify other existing lists of resources (public parks, city parks, community centers, KEYS4HK GIS map, etc.)	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	Resource lists that can be linked to via new database Shared use agreements	Ongoing
Monitor, update and evaluate database usage	April, 2023 (on-going)	Staff time Funding	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	Quarterly progress reports	Ongoing

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

BACKGROUND ON STRATEGY

Source:

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.	Ongoing	Meeting with local leaders and organizations.	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	List of potential solutions to improve access to recreational and physical activity opportunities	Ongoing
Work with local groups to facilitate knowledge of activities going on in local communities	Ongoing		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	Ongoing	Staff time Volunteer time Citizen engagement KRT engagement	KCCHI Stakeholders Group	Enhanced transit routes	Still in process
Support local planned initiatives to address gaps as deemed appropriate	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group	Community plans Improved access	Ongoing

OBJECTIVE #3: Implement a countywide					
BACKGROUND ON STRATEGY Source: Evidence Base: <i>The Guide to Community Prevention Services (The Guide)</i> https://www.thecommunityguide.org/sites/default/files/assets/Obesity-MD.pdf thecommunityguide.org Type of Change(s): <input type="checkbox"/> Policy <input type="checkbox"/> Systems <input checked="" type="checkbox"/> Environmental Rationale: This strategy will promote the new online recreation/physical activity opportunities database to link residents to opportunities accessible in their community. (see Objective 1: Action Plan) Strategy: Target Audience: Community members					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and Recruit Stakeholders and others who are already working on alternative activities to screen time (i.e., Active Southern WV, Keys4Kids, Charleston Parks & Recreation, etc.)	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	List of potential stakeholders	Ongoing
Engage Stakeholders in Developing implementation plan for pushing out activities to county residents	Ongoing	Staff time Volunteer time Meeting space Meeting materials	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Implementation plan	March 2022- Ongoing
Develop evaluation plan	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Evaluation plan	Quarterly reports
Develop sustainability plan	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Sustainability plan	Ongoing
Implement plan	Ongoing	Staff time Volunteer time Participation of community members	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Community wide classes and activities	Classes have been a success and are growing in number
Plan for future challenges based upon outcomes, revise as needed	Ongoing	Staff time Volunteer time	Key4kids/ASWV Charleston Parks & Recreation/SOHO/ KCCHI Stakeholders Group KCCHI Stakeholders Group	Calendar of future event(s)	Ongoing
ALIGNMENT WITH STATE/NATIONAL PRIORITIES					
Objective #	WV Healthy People 2030	Healthy People 2030	National Prevention Strategy		
1: Develop an expanded recreational/physical activity database, searchable by geographic	X	X	X		

locations in Kanawha County by December 2023 (on going)			
2: Identify and address gaps in access to recreational and physical activity opportunities as identified	X	X	X
3: Work with local groups to promote recreational centers/senior centers	X	X	X

DESCRIBE PLANS FOR SUSTAINING ACTION

A permanent home for the centralized database will be identified. Potentially 1305 Workshop Wizard database
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.
Potential for small community grants within the Charleston area.

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.

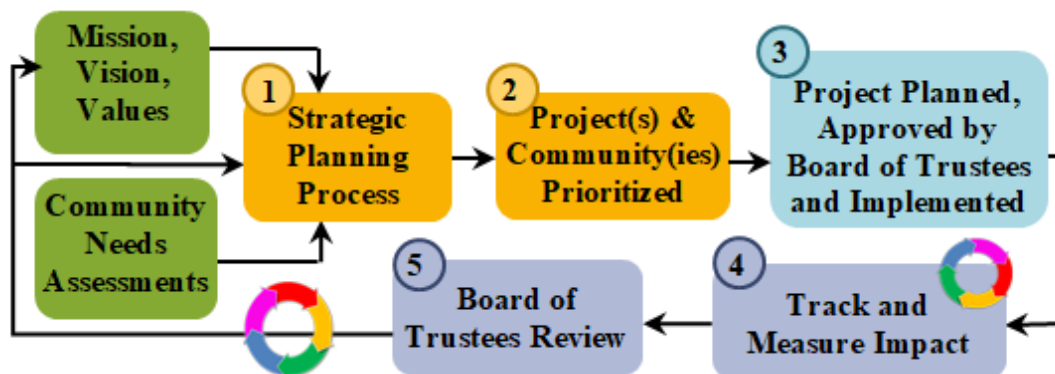
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs 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 process¹ we review the community health needs assessment findings, community priorities and our Environmental Analysis. In alignment with our mission, vision and values, we identify community health projects and their associated communities¹ for our community plan. These projects are³ planned, implemented, and posted to our CAMC website. We⁴ track and measure progress and use the DMAIC process for improvement. The CAMC Board approves the plan and⁵ reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities² is based on the project, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC strategy, community is based on the need identified through needs assessments for each of our service area counties and the

population to be addressed. For example, our work to build a sustainable Research Infrastructure covers all of West Virginia and our HIV program serves our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have resulted in alignment of Civic Affairs Council monetary contributions to community needs, and to improvements 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
LIVE: Health and Social				
Wellness promotion and chronic disease prevention education				
Diabetes			X	<ul style="list-style-type: none"> • Keys 4 HealthyKids - Reduce Childhood Obesity, Prevent Diabetes (I) • Gestational Diabetes Class at FRC
Obesity	X	X	X	<ul style="list-style-type: none"> • Keys 4 HealthyKids – Improve Access and Consumption of Local Produce (I) • Genesis 5K Program • Healthy Wage Challenges (Weight Loss/Healthy Steps) • Play Patch at Charleston Town Center Mall
Limited Access to Food	X	X	X	<ul style="list-style-type: none"> • Build the Base of Local Growers and Artisans (I)
Heart Disease		X		<ul style="list-style-type: none"> • Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I) • Advanced Life Support Training • Heart Failure Readmission • CMS Indicator Compliance • American Heart Association Sponsorship • Women Heart Support Group • Charleston WV Heart Walk
COPD	X	X	X	<ul style="list-style-type: none"> • Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I) • CMS Indicator Compliance • COPD Readmission • Smoke Free Campuses
Cancer		X	X	<ul style="list-style-type: none"> • Cancer Center Fashion Show • Cancer Center Support Group • Breast Cancer Awareness Activities • Breast Cancer Survivorship Group • Run for Your Life • Screen 2 Intervene • Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I) • Healthy Steps Exercise Program • Mental Health Services for Children with Cancer (I) • CAMC Foundation Grant–CAMC Breast Center free mammograms to uninsured/underinsured women

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

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:



**Institute for
Academic Medicine**

 **Vandalia Health**

- 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.



**CAMC
Foundation**

 **Vandalia Health**

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 CAMC website.

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 in 2020, 2021 and 2022 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 2014–2021 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 the 2020 Community Health Needs Assessment.

2020 - 2022 CAMC Community Benefit Plan

2022 Progress on Implementation Strategies

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


1. Accountable Health Communities Program
2. Build 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	IMPLEMENT THE ACCOUNTABLE HEALTH COMMUNITIES GRANT TO IMPROVE OVERALL PATIENT WELL-BEING, INCREASE HEALTH EQUITY, AND REDUCE THE COST OF HEALTH CARE FOR THOSE PARTICIPATING.
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Increase community-dwelling beneficiaries' awareness of community resources that might be available to address their unmet health-related social needs. 2. Increase the connection of high-risk community-dwelling beneficiaries with certain unmet health-related social needs to community resources through navigation services. 3. Optimize community capacity to address health-related social needs through quality improvement, data-driven decision-making, and coordination and alignment of community-based resources. 4. Reduce inpatient and outpatient health care utilization and the total costs of health care by addressing unmet health-related social needs through referral and connection to community services.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Increase preventive health screenings • Decrease ED visits • Decrease readmissions • Decrease healthcare costs • Increase appropriate utilization of outpatient services
TIMELINE	Five year project beginning 4/1/2017 through 3/31/2022
RESOURCES	Partners in Health Network (PIHN), the West Virginia Bureau for Medical Services (WVBMS), the West Virginia Center for Excellence in Disabilities (WVCED), the West Virginia Alliance of Family Resource Networks (WVAFRN), the West Virginia Medical Institute (WVMI), the West Virginia Healthy Kids and Family Coalition otherwise known as "Try This West Virginia", and the West Virginia University Institute for Community and Rural Health (WVUICRH).
PARTNERS/ COLLABORATORS	CAMC Labor and Delivery Department, Emergency Department, Behavioral Medicine Department, Family Medicine Center 48 clinical sites within nine health systems that collectively serve all 55 counties of WV

2022 Progress	<p>The Accountable Health Communities (AHC) project period began on May 1, 2017. During 2022, the following was accomplished:</p> <ul style="list-style-type: none"> • All clinical delivery sites continued to screen beneficiaries. Beneficiaries continued to be randomized into the model - 30% control group (resources list only) and 70% were provided the resource list plus navigation services from our trained navigators. • The Community Resource Inventory was updated multiple times with over 800 community resources included. • We continued to employ one phone screener to screen beneficiaries who had been to any of the CAMC emergency departments. • Monthly newsletters were published and sent to all interested parties. • A gap analysis with both qualitative and quantitative analyses was conducted with plans to write a narrative for submission to CMS and other interested parties. • The transition to CMS data system version 8 was successful and all data was submitted successfully throughout the year. • CMS Quality Control/Quality Assurance reports were reviewed with the data system vendor throughout the year. • 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 extended the AHC project to April 30, 2023. • Multiple new MOUs were executed to continue work during the no-cost extension year. • AHC staff worked closely with Gainwell Technologies (IT vendor for WV DHHR) to correct nearly 20,000 Medicaid ID errors. Around 15,000 of those errors were corrected through this process. • Work began on the Final Programmatic Progress Report due to CMS after the completion of the no-cost extension year.
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#2	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of 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 of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The value chain premises are that we need to be intentionally inclusive of local people and places as economic contributors to have a positive impact on wealth in our communities. This program's focus is on working with local growers 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	BUILD THE BASE OF LOCAL GROWERS AND ARTISANS SELLING FRESH VEGETABLES AND CRAFTED PRODUCTS TO CAMC
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Support and encourage local growers to become GAP certified. 2. Provide guaranteed quantity and price to decrease risk to growers. 3. Support and encourage local artisans to submit product for review and selection for sale in CAMC gift shops.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of growers GAP certified • Number of growers providing fresh food to CAMC • Amount of produce purchased by CAMC • Amount of dollars going into our local grower community vs. out-of-state purchases • Amount of crafted products purchased by CAMC
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
2022 Progress	In 2022, the number of growers GAP certified continues to increase. CAMC purchased \$170,000 worth of produce and goods from local growers and artisans in 2022. All of CAMC's gift shops now carry a full line of products produced by multiple local artisans and all of the shops have returned to a full schedule.

#3	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital
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

<p>PROGRAM DESCRIPTION AND RATIONALE</p> 	<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>
<p>STRATEGIC OBJECTIVE</p>	<p>PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS</p>
<p>GOALS TO ADDRESS THE HEALTH NEED</p>	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> 1. Client Linkage and Retention Program 2. Framingham Heart Study QI Project 3. Viral Load Suppression/HAART Project 4. Partnership for Health 5. Oral Care Program 6. Social Media Peer Support Initiative/rural outreach 7. Telemedicine Clinic 8. HIV/HEP C Harm Reduction Initiative <p>Outreach:</p> <ul style="list-style-type: none"> • Free rapid HIV testing distributed in clinics, home visits, presentations, colleges, and other HIV venues such as WV Pride Week activities • Linkage Coordinator client home visits and ongoing contact • Staff travel to Beckley for a monthly clinic • Telemedicine clinic • Collaboration with Pretera and WV Covenant House • Travel exhibits • Newsletters and educational brochures distribution • Facebook, newspaper outreach • UC and WV State University student programs • Emergency fund for immediate life-saving needs such as lack of utilities and temporary stable environment for homeless/unstably-housed HIV-positive clients, in or out of care. • Social Media client support <p>Prevention:</p> <ul style="list-style-type: none"> • Condom distribution • HIV Test kit education and distribution • Education Presentations and lectures • Partner PrEP education and treatment • Vaccines
<p>MEASURE TO EVALUATE THE IMPACT</p>	<ul style="list-style-type: none"> • Viral load suppression % • Number of new clients • Number of out-of-care clients returned to care • Number of clients on PrEP • Number of HIV test kits distributed/number of positives recorded • Client surveys • Number and cost of clients receiving oral care • Lipid screening/smoking/Framingham Heart Study scores • Social Media development stages • Number of presentations and audience • Number of clients receiving emergency funding

TIMELINE	2017-2022
RESOURCES	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
PARTNERS/ COLLABORATORS	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division Elton John AIDS Foundation First Presbyterian Church of Charleston WV Covenant House Prester Center Partnership For Health Ryan White Part B Program CAMC Foundation Beckley/Raleigh Health Department Physicians Dentists in Beckley CAMC Dental Clinic MidAtlantic AIDS Education and Training Center WV
2022 Progress	In 2022, the CAMC Ryan White Program reports the following: <ul style="list-style-type: none"> • Viral load suppression - 79% • Number of new clients - 61 • Number of HIV test kits distributed/number of positives recorded – 836 and 2 new positives • Number of presentations and audience – 37, 1,019 attendees • Number of clients receiving emergency funding - 35 • Pantry visits - 476 • Number of clients receiving PRSS support - 40 • Number of clients who entered addiction treatment – 56 referred, 24 treated





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

	<p>external funding applications more than doubled from Year 3 to 4, and external funding increased 80% over the past year. Funding is now directed to addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p> <p>Major Health Concerns: Poverty is pervasive in Appalachia with counties of “high poverty” (presence of poverty rates > 1.5 the U.S. average) located mainly in WV and Eastern Kentucky. Appalachian mortality rates have increased with most counties of eastern Kentucky and southern WV having mortality rates well in excess of the US average. WV ranks 47th among the 50 states in the 2015 America’s Health Rankings and at or near the bottom for a number of chronic diseases including cancer and cardiovascular disease. Moreover, WV has the highest prevalence of smoking. Drug addiction is highly prevalent; over the past 2 years, drug overdose deaths in WV increased 47% to 32.4 per 100,000 population, the highest per capita death rate in the United States. As a result of the increased prevalence of intravenous drug use, hepatitis B and C incidence have sky rocketed resulting in the highest and second highest rates, respectively, in the nation. Though there is a plethora of areas to potentially target, the impact will be greatest by focusing on the following health priorities: addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p>																												
STRATEGIC OBJECTIVE	BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIVELY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES BY 2022																												
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Recruit, train, and position for success the next generation of clinician scientists and translational researchers that excel in team science, positively impacting health in West Virginia. 2. Actively engage with multiple stakeholders, including communities, medical providers, and policy makers to drive research that improves health of West Virginians. 																												
MEASURE TO EVALUATE THE IMPACT	<p>Administrative Compact Logic Model</p> <table> <tr> <th>Activities</th><th>Outputs</th><th>July 2017-June 2019</th><th>July 2019 – June 2021</th><th>July 2021-June 2022</th><th></th></tr> <tr> <td>Aim 1 Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims & projects.</td><td>Linked publications; Submitted grant proposals; Funded grants; Clinical trial enrollment; Health outcomes.</td><td></td><td>Increase in linked publications of 25% over 2016; Increase in submitted grant proposals of 10% over 2016.</td><td>Increase in funded proposals of 15% & trial enrollment 25% over 2016; 50% attainment of WVCTSI Sp. Aims.</td><td>Decrease drug overdose & CVD deaths; Increase earlier cancer diagnoses; 100% Aims attainment.</td></tr> <tr> <td>Aim 2 Create policies & procedures to drive performance, comm. & collaboration among multiple, diverse stakeholders.</td><td>WVCTSI membership; Collaborative projects; Funded investigators; Implemented policy and practice changes; Health outcomes.</td><td></td><td>Increase in WVCTSI membership of 20% over 2016; Increase in collaborative projects of 20% over 2016.</td><td>Increase in externally funded investigators of 10% over 2016; > 2 policy/practice changes per year.</td><td>Decrease trend in drug overdose and CVD deaths; Increase earlier stage cancer diagnosis.</td></tr> <tr> <td>Aim 3 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></td><td>Increase in submitted grant proposals of 10% over 2016.</td><td>Increase in funded proposals of 15% over 2016; External funding of cores increased 15% over 2016.</td><td>External funding >50% operational cost of CRDEB, CRRF, & Lab Technologies cores.</td></tr> </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.
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TIMELINE	2017 - 2022																																									
RESOURCES	CTSI Grant CAMC																																									
PARTNERS/ COLLABORATORS	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH																																									
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#5	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital
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


<p>PROGRAM DESCRIPTION AND RATIONALE</p> 	<p>Farm to Childcare with Pop-Up Kids Markets at Childcare Centers and Fruit & 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 transitioned to the Fresh Connect debit card to Capital Market in 2022. Patients and families could shop at any time and spend up to \$50/month for 3 months during the summer. This was in comparison to the past when there was only a limited window of time to pick up produce boxes at the office or at Capital Market.</p>
<p>STRATEGIC OBJECTIVE</p>	<p>IMPROVE ACCESS AND CONSUMPTION OF LOCAL PRODUCE</p>
<p>GOALS TO ADDRESS THE HEALTH NEED</p>	<p>Increase access to local produce by:</p> <ol style="list-style-type: none"> 1. Hosting Pop-up Kids Markets at childcare centers in WV 2. "Prescribing" Fruit and Vegetable Rx to HealthyKids patients with the Fresh Connect debit card
<p>MEASURE TO EVALUATE THE IMPACT</p>	<ol style="list-style-type: none"> 1. The number of children served at the childcare centers. 2. The number of patients who received/participated in the Fresh Connect Debit Card produce Rx program from HealthyKids 3. The value of the produce distributed at the childcare centers and with the FNV Rx
<p>TIMELINE</p>	<p>WV Farmer's Market Season (May to September) each year</p>
<p>RESOURCES</p>	<p>Grant funding from: The Claude Worthington Benedum Foundation WVU Extension SNAP-ED Program Bureau of Public Health</p>
<p>PARTNERS/ COLLABORATORS</p>	<p>KEYS 4 HealthyKids WVU Extension Family Nutrition Program SNAP-Ed Health Educators KEYS 4 HealthyKids Peer Learning Network Capital Market Gritt;s Farms</p>

	<p>Crichfield Farm New Roots Farm McDonald Farms About Fresh</p>
<p>2022 Progress</p> 	<p>In 2022, KEYS 4 HealthyKids (KEYS) offered monthly Kids' Pop-up Farmers Markets at Child Care Centers in WV and produce prescriptions (5210 Rx and Fresh Connect) to our patients.</p> <p>Over 2400 children attending WV child care centers cashed in their \$5 produce "coupon" at 60 Kids' Pop-up Markets at nine child care centers. KEYS partnered with five local farmers to purchase over \$15,000 of fresh, locally grown produce. If extra produce was available, child care staff also shopped at the market and the remained produce was donated to the centers' kitchens for meals and snacks. Markets included nutrition education and taste tests for the children, staff, and parents. Families also received recipes highlighting the seasonal produce. Improving the nutrition environment and offering produce tasting is primary prevention during critical health behavior and brain development for our youngest WV citizens.</p> <p>In 2022, two practices participated in the Fruit and Vegetable Prescription Project (FNV Rx). The practices were HealthyKids at CAMC Weight Loss Center in Charleston and FamilyCare-Children's Medicine Center also in Charleston. Food insecurity was assessed by the evidenced based two-question screener and 13.2% of patients were food insecure.</p> <p>For the summer market season in Charleston, a new produce prescription program called Fresh Connect was utilized as a pilot. Providers prescribed fruits and vegetables by enrolling patients in the Fresh Connect Program. Through this program, patients received Fresh Connect pre-loaded debit cards. The debit cards were loaded with \$50/month and patients could use them at two vendors at Capitol Market in Charleston, WV for fresh, local produce.</p> <p>During the pilot, a total of 79 patients were enrolled in the Fresh Connect Program, with 45 of those patients being from the Children's Medicine Center and 34 from HealthyKids. The two practices had a total net spend of \$2,831.28. The total number of times patients shopped was 148, with the average transaction amount being \$19.15.</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

#6	CAMC General Hospital
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	 <p>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</p>
STRATEGIC OBJECTIVE	PROVIDE MEDICAL DIRECTION TO EMS AGENCIES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Ensure patients receive timely and appropriate care at the right location. 2. Decrease mortality for trauma and patients with other types of alert status.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of calls taken • Types of calls • Communicators • Receiving facilities • Trauma alert activations • Other alerts: Stroke alert activations, sepsis alerts, cardiac alerts and respiratory alerts • Trends of calls by EMS agencies and types of calls
TIMELINE	24 hours a day; 7 days a week
RESOURCES	Charleston MedBase – CAMC General Hospital. Full cost is absorbed by CAMC General Hospital's operational budget with no financial assistance from any outside source. Staffed with Communication Specialist/Paramedics.
PARTNERS/ COLLABORATORS	WV Office of EMS, Bureau of Public Health, DHHR WV Trauma Registry and Trauma Committee WV EMS Regional Office (EMSOR) WV EMS Technical Support Network

2022 Progress	<ul style="list-style-type: none"> • In 2022, 54,314 calls were received. There were 27,514 BLS calls, 25,748 ALS calls, 82 C3IFT calls and 105 CCT calls. • There were 910 Trauma Team Activations; 532 Stroke Alerts; 149 Cardiac/STEMI Alerts. • There were 7,878 Code Red calls and 2,037 Code Yellow calls. • Calls were received from multiple EMS agencies in WV and surrounding states. • Dispatched 16,979 ambulance transports
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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

#7	CAMC Memorial Hospital - CAMC Cancer Center
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	PROVIDE TRANSPORTATION RESOURCES TO ADULTS WITH CANCER
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"> Number of gas cards given to cancer patients
TIMELINE	2020-2022
RESOURCES	Gas cards purchased from the American Cancer Society & Mountains of Hope
PARTNERS/ COLLABORATORS	Mountains of Hope American Cancer Society
2022 Progress	In 2022, 205 of the \$25 gas cards were issued.


#8	CAMC Memorial Hospital – CAMC Cancer Center
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	PROVIDE ACCESS TO DENTAL CARE SERVICES TO ADDRESS THE DELAY IN CARE WITH CANCER PATIENTS

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"> Number of dental clearance letters obtained
TIMELINE	2020-2022
RESOURCES	CAMC Foundation Grant
PARTNERS/ COLLABORATORS	Ghareeb Dental Group CAMC Foundation
2022 Progress	In 2022, 9 dental clearance letters were obtained totaling \$46,332.

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	WECARE – 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	DECREASE THE NUMBER OF DRUG AFFECTED MOTHERS AND BABIES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Decrease the number of babies with Neonatal Abstinence Syndrome. 2. Prevent relapse of mothers. 3. Increase the use of long-acting reversible contraceptives.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants in WECARE • Length of stay for babies in the Neonatal Intensive Care Unit • Number of participants using LARC • Number remaining drug free
TIMELINE	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
2022 Progress 	In 2022, the Women's Health Addiction Program (WHAP) in the OB GYN Center has seen 98 mothers in the Drug Addicted Mother Baby Program. In 2022 there were 102 LARC insertions. The risk adjusted LOS of NAS babies in the NICU has improved. The Observed/Expected ratio for 2022 was 0.80.

#10	CAMC Women and Children's Hospital
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 providers 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.
STRATEGIC OBJECTIVE	PROVIDE MENTAL HEALTH SERVICES TO CHILDREN WITH CANCER
GOALS TO ADDRESS THE HEALTH NEED	1. Offer mental health consultations to the pediatric oncology patients at CAMC Women and Children's Hospital
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of children participating • Patient satisfaction
TIMELINE	2020-2022
RESOURCES	Operational Budget Prevention First Grant
PARTNERS/ COLLABORATORS	CAMC Women and Children's Oncology Team Hospice Compassionate Friends
2022 Progress	In 2022, there were 21 newly diagnosed patients. The Children's Infusion Center had a 97% Excellent overall satisfaction rating.

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

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Change in HbA1c between baseline and Week 26 • Change in fasting blood glucose between baseline and Week 26 • Percentage of patients with HbA1c $\leq 6.5\%$ at Week 26 • Change in body mass index between baseline and Week 26
TIMELINE	January 2017 through June 2022
RESOURCES	CAMC Clinical Trials Center
PARTNERS/ COLLABORATORS	CHERI, Eli Lilly and Company, Inc., WVU Pediatrics faculty
2022 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.

#12	CAMC Women and Children's Hospital
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>CAMC Weight Loss Clinic and HealthyKids Wellness and Weight Management Clinic</p>
STRATEGIC OBJECTIVE	REDUCE CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Increase access to HealthyKids Stage 3 and Stage 4 multi-disciplinary obesity management clinic 2. Increase awareness of Stage 3 and Stage 4 clinics to referring providers in CAMC service area 3. Reverse pre-diabetes in the pediatric patient population
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> 1. Track 3rd appointment out for existing and new patients to measure access 2. Track referrals by provider 3. Track patients HgbA1c over time and classify as normal (<5.7), pre-diabetic (5.7-6.4) or diabetic (>6.5).
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>

2022 Progress

With the worst of the COVID pandemic left behind, increased access to new, follow up, and telehealth appointments were available in 2022 for HealthyKids clinic at CAMC Wight Loss Center. The 3rd appointment out for new patients ranged from 2 to 30 days and for follow-up's 2 to 15 days. (HealthyKids clinics are only offered two days a week on Tuesday and Thursday. HealthyKids offered visits via telehealth through the CAMC Hub's and to private homes with internet access.

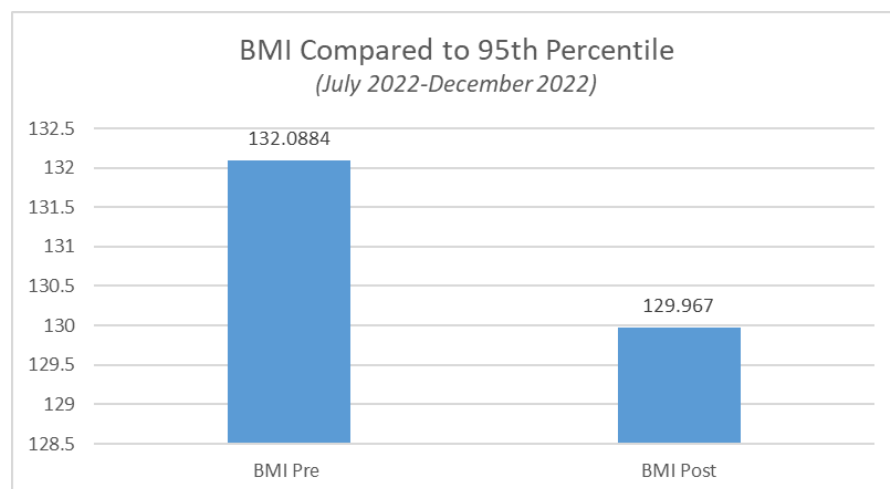
Provider referrals to HealthyKids for 2022 included most private pediatricians in the Kanawha Valley as well as FQHC's and extended to Cabell County with referrals from Marshall Pediatrics. Most of the referrals were similar to 2021 with addition of providers outside of immediate referral area. Approximately 32% of new patients were from >1 hour away from Charleston. We anticipated this was due to more of the Clinical-Community Collaborative outreach beyond Kanawha County and the telehealth hubs.

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 204 members in 2022. This Facebook page is managed by the KEYS 4 HealthyKids staff.

Due to the delay in developing software to extract and analyze patient data, no clinical parameters regarding HgbA1c and pre-DM status are available. BMI data of patients from HealthyKids and CMC that participated in the 5210 Rx program and the produce Rx program (Fresh Connect) was available in 2022.

The body mass indexes (BMI's) of patients were tracked from July 2022-December 2022. During this time, 35 of 48 (72.9%) of participants included in analysis had an improvement in BMI based on percentile and z-score changes. The average age of participants of our programs was 11.3 years of age, with a minimum age of 5.7 and a maximum age of 18.3. Of the participants, 27.1% were male and 72.9% were female. Pre and post BMI measurements were included for 48 participants across two locations for this report. Of the 48 participants who had at least two measurements, there was a 2.12-point change in BMI percent compared to the 95th percentile (132.08 to 129.97). A paired t-test showed this was a statistically significant difference ($p=0.0218$).

Table 3 BMI Results (BMI%95):



#13	CAMC Women and Children's Hospital
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>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.</p> <p>The 5210 expansion project included primary care practices to offer stage 2 treatment programs in the primary care setting. The virtual program, STEPS 4 Stronger Families, a stage 2 structure weight management program, was offered virtually in the past due to the COVID pandemic.</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"> 1. Increase awareness of Stage 2 Structured Weight Management Programs to referring providers in CAMC service area 2. Reverse pre-diabetes in the pediatric patient population 3. Decrease childhood obesity rates in the pediatric patient population
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> 1. Track # of families participating in the 5210 Rx program 2. Track # of referrals by provider 3. Track patients HgbA1c over time and classify as normal (<5.7), pre-diabetic (5.7 - 6.4) or diabetic (>6.5) 4. Track patient/adults' changes in BMI over time 5. Track patient/adult behavior changes
TIMELINE	Ongoing
RESOURCES	<p>Grant Funding from:</p> <ul style="list-style-type: none"> The Diabetes Prevention Grant from BPH The Claude Worthington Benedum Foundation SNAP-Ed Grant
PARTNERS/ COLLABORATORS	<p>KEYS 4 HealthyKids CAMC Weight Loss Clinic HealthyKids Wellness and Weight Management Clinic HealthyKids Inc. WVU Extension SNAP-Ed</p>


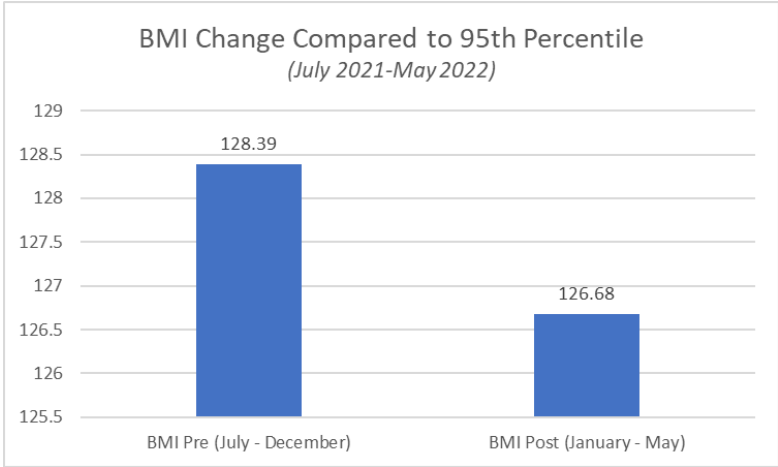
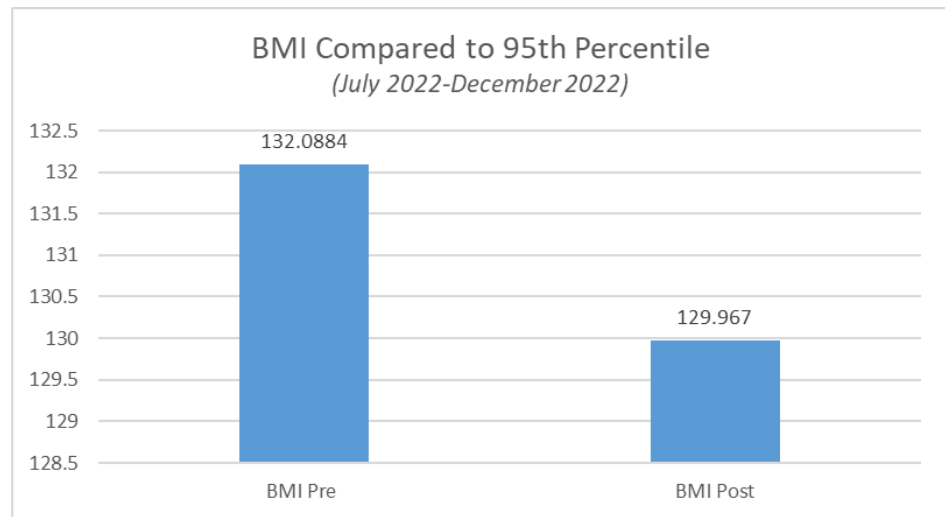
	CAMC Institute Health Right Community Teaching Clinic on West Side						
<p>2022 Progress</p> 	<p>In 2022, both HealthyKids at CAMC Weight Loss Center, as a stage 3 and 4 multi-disciplinary clinic, and FamilyCare Children's Medicine Center (CMC) at Women & Children's Hospital offered the 5210 Rx program and the Fresh Connect produce Rx program.</p> <p>All of the programs were promoted by pediatric providers during office visits and on the private (patients only) HealthyKids WV Facebook page. The participating patient members increased from 119 to 204 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> <div data-bbox="537 846 1310 1310"> <p>BMI Change Compared to 95th Percentile (July 2021-May 2022)</p>  <table border="1"> <thead> <tr> <th>Measurement Period</th> <th>BMI Percentile</th> </tr> </thead> <tbody> <tr> <td>BMI Pre (July - December)</td> <td>128.39</td> </tr> <tr> <td>BMI Post (January - May)</td> <td>126.68</td> </tr> </tbody> </table> </div> <p>From Jan to Dec, 2022, there were 45 active patients at HealthyKids and 63 at CMC. There were a total of 103 portable physical activity incentives earned by patients and 100 water incentives.</p> <p>There were also 23 in-person cooking classes offered over the course of 2022. These cooking classes hosted 181 patients, siblings, and caregivers. Kroger debit cards and food supplies were covered by grant from BPH.</p> <p>The body mass indexes (BMI's) of patients were tracked from July 2022-December 2022. During this time, 35 of 48 (72.9%) of participants included in analysis had an improvement in BMI based on percentile and z-score changes. The average age of participants of our programs was 11.3 years of age, with a minimum age of 5.7 and a maximum age of 18.3. Of the participants, 27.1% were male and 72.9% were female. Pre and post BMI measurements were included for 48 participants across two locations for this report. Of the 48 participants who had at least two measurements, there was a 2.12-point change in BMI percent compared to the 95th percentile (132.08 to 129.97). A paired t-test showed this was a statistically significant difference ($p=0.0218$).</p>	Measurement Period	BMI Percentile	BMI Pre (July - December)	128.39	BMI Post (January - May)	126.68
Measurement Period	BMI Percentile						
BMI Pre (July - December)	128.39						
BMI Post (January - May)	126.68						

Table 3 BMI Results (BMI%95):



APPENDIX

LISTING OF ADDITIONAL 2022 COMMUNITY BENEFIT PROGRAMS FOR CHARLESTON AREA MEDICAL CENTER

Charleston Area Medical Center
Program Detail Full
For period 01/01/2022 through 12/31/2022

Category/Title/Department

Community Health Improvement Services (A)

Community Health Education (A1)

Program Title: CAMC Cancer Center Fashion Show

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

Category: A1

Department: 49642 - CAMC Cancer Center

Department Contact: Bev Farmer (8-8399) ()

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

Persons: 150

Expenses: \$754

Revenues: \$0

Benefit: \$754



Program Title: 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

Department: 49642 - CAMC Cancer Center

Department Contact: Bev Farmer (8-8399) ()

Objectives: Improve treatment outcomes and help patients with changes and ultimately survivorship.

Persons: 44

Expenses: \$2,014

Revenues: \$0

Benefit: \$2,014



Program Title: Childbirth Education Program

Description: Program designed for newly expectant parents.

Category: A1

Department: 43608 - Family Resource Center

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

Objectives: Improved birth outcomes.

Persons: 542

Expenses: \$60,909

Revenues: \$0

Benefit: \$60,909

Program Title: Cross Lanes Methodist Health Fair

Description: Provided literature and fielded questions at the health fair.

Category: A1

Department: 49642 - CAMC Cancer Center

Department Contact: Bev Farmer (8-8399) ()

Objectives: Provided educational information about cancer screening and services available in the community.

Persons: 70

Expenses: \$296

Revenues: \$0

Benefit: \$296

Program Title: Imagine U: A Virtual Healthcare Experience

Description: CAMC broadcast of surgical procedures 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

Department: 21926 - Human Resources Workforce Dev

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

Community Need: Educational Attainment/High School Dropout

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

Persons: 3,110

Expenses: \$2,322

Revenues: \$0

Benefit: \$2,322

Program Title: 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

Department: 25810 - CHERI

Department Contact: CHERI (8-9903) ()

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

Persons: 28

Expenses: \$5,858

Revenues: \$0

Benefit: \$5,858

Program Title: 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

Department: 49642 - CAMC Cancer Center



Department Contact: Bev Farmer (8-8399) ()
 Community Need: The continued treatment and monitoring of cancer patients in rural areas.
 Persons: Unknown
 Expenses: \$300
 Revenues: \$0
 Benefit: \$300

Program Title: Run For Your Life

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

Category: A1

Department: 49642 - CAMC Cancer Center

Department Contact: Bev Farmer (8-8399) ()

Community Need: Colorectal Cancer

Persons: 670

Expenses: \$1,443

Revenues: \$0

Benefit: \$1,443



Program Title: Stop The Bleed

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

Category: A1

Department: 41232 - Trauma Services

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

Persons: 140

Expenses: \$960

Revenues: \$0

Benefit: \$960



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Community Health Education (A1) Totals:	\$74,856	\$0	\$74,856	4,754

Community Based Clinical Services (A2)

Program Title: 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

Department: 46579 - Pharmacy Administration

Department Contact: Christine Teague (8-8106) ()

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

Persons: 3,087



Expenses: \$196,725

Revenues: \$77,128

Benefit: \$119,597

Program Title: 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

Department: 43602 - Children's Medicine Center

Department Contact: Debbie Carte (8-2536) ()

Objectives: To provide a safe, child friendly place for children with alleged sexual or physical abuse or neglect to be treated.

Persons: 456

Expenses: \$144,864

Revenues: \$0

Benefit: \$144,864



Program Title: 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

Department: 43608 - Family Resource Center

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

Persons: 98

Expenses: \$24,860

Revenues: \$0

Benefit: \$24,860



Program Title: Outpatient Mental Health Services

Description: Outpatient mental health services for the uninsured or underinsured.

Category: A2

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.

Persons: 78

Expenses: \$56,805

Revenues: \$0

Benefit: \$56,805

Program Title: Sports Medicine Consults for High School Athletes

Description: A free clinic that provides consults on sports medicine injuries for area high school athletes. The clinic is open on Saturdays at the CAMC Physical Therapy Center.

Category: A2
 Department: 47654 - Sports Medicine
 Department Contact: Leslie Johnson (8-4900) ()
 Staff Hours: 33.00
 Persons: 36
 Expenses: \$1,340
 Revenues: \$0
 Benefit: \$1,340



Program Title: 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
 Department: 41804 - Housekeeping
 Department Contact: Joe Tucker (8-6241) ()
 Objectives: To support health care delivery to those unable to obtain services elsewhere.
 Persons: Unknown
 Expenses: \$219,366
 Revenues: \$0
 Benefit: \$219,366



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Community Based Clinical Services (A2) Totals:	\$643,960	\$77,128	\$566,832	3,755

Health Care Support Services (A3)

Program Title: CAMC Feed the Love

Description: The Feed the Love campaign collected food from CAMC employees and visitors to help stock local food banks in Kanawha and Putnam Counties. The program was able to provide 10 large containers of food for the local food banks in 2022.

Category: A3
 Department: 31733 - Supply Chain Management
 Department Contact: Steve Perry (8-4173) ()
 Objectives: Provide food for low income residents in our community.
 Persons: Unknown
 Expenses: \$848
 Revenues: \$0
 Benefit: \$848



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Health Care Support Services (A3) Totals:	\$848	\$0	\$848	Unknown

Social and Environmental Improvement Activities (A4)

Program Title: 2022 Campbell's Creek Flood Relief

Description: Collected and transported donated cleaning supplies, goods, and linens to Mary Ingles Elementary School and the Cedar Grove Fire Department after flooding affected the area.

Category: A4

Department: 31733 - Supply Chain Management

Department Contact: Steve Perry (8-4173) ()

Persons: Unknown

Expenses: \$1,540

Revenues: \$0

Benefit: \$1,540



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Social and Environmental Improvement Activities (A4) Totals:	\$1,540	\$0	\$1,540	Unknown

Community Health Improvement Services (A) Totals:	\$721,204	\$77,128	\$644,076	8,509
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Health Professions Education (B)

Physicians/Medical Students (B1)

Program Title: CAMC Graduate Medical Education

Description: CAMC provides 23 residency and fellowship programs. CAMC has medical school affiliations with West Virginia University Charleston, the West Virginia School of Osteopathic Medicine and Marshall University. We currently have 190 medical residents enrolled on campus.

Category: B1

Department: 31720 - Accounting

Department Contact: Debbie McClure (8-3380) ()

Persons: 190

Expenses: \$25,130,605

Revenues: \$7,935,606

Benefit: \$17,194,999



**Institute for
Academic Medicine**
 **Vandalia Health**

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Physicians/Medical Students (B1) Totals:	\$25,130,605	\$7,935,606	\$17,194,999	190

Scholarships/Funding Health Professions Education (B4)

Program Title: Student RN Tuition Assistance

Description: Financial support for faculty for the nursing programs at the local colleges and universities. In 2022, CAMC provided Student Tuition Assistance at Bluefield State College, Bridge Valley Community and Technical College, Collins Career Center, Fairmont State College, Marshall University, New River CTC, Ohio University, Saint Mary's, University of Charleston, Southern WV CTC, University of Rio Grande, Valley College, WVJC, WVIC, WVU, WV State University, and WVU Parkersburg.

Category: B4

Department: 21926 - Human Resources Workforce Dev
 Department Contact: Workforce Development (8-3376) ()
 Objectives: To maintain an adequate number of health professionals in the community to fill existing and future health care profession needs.
 Persons: Unknown
 Expenses: \$2,056,912
 Revenues: \$0
 Benefit: \$2,056,912

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Scholarships/Funding Health Professions Education (B4) Totals:	\$2,056,912	\$0	\$2,056,912	Unknown
Health Professions Education (B) Totals:	\$27,187,517	\$7,935,606	\$19,251,911	190

Cash and In-Kind Contributions (E)

Cash Donations (E1)

Program Title: Civic Affairs Council

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

Category: E1

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.

Persons: Unknown

Expenses: \$39,560

Revenues: \$0

Benefit: \$39,560

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Cash Donations (E1) Totals:	\$39,560	\$0	\$39,560	Unknown

In-kind Donations (E3) Totals:

Program Title: Ronald McDonald House Housekeeping Support

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

Category: E3

Department: 41804 - Housekeeping

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

Persons: Unknown

Expenses: \$12,624



Revenues: \$0
Benefit: \$12,624

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
In-kind Donations (E3) Totals:	\$12,624	\$0	\$12,624	Unknown
Cash and In-Kind Contributions (E) Totals:	\$52,184	\$0	\$52,184	Unknown

Community Building Activities (F)

Economic Development (F2)

Program Title: Local Wealth Creation - Value Chain

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

Category: F2

Department: 1 - Dietary Services

Department Contact: Mike Marinaro (8-6551) ()

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

Persons: 100

Expenses: \$1,200

Revenues: \$0

Benefit: \$1,200



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Economic Development (F2) Totals:	\$1,200	\$0	\$1,200	100

Community Support (F3)

Program Title: Partners In Health Network

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

Category: F3

Department: 46876 - Partners In Health

Department Contact: Tom Khun (8-7386) ()

Objectives: Assist small rural hospitals and health clinics to remain viable.

Persons: Unknown

Expenses: \$498,140

Revenues: \$0

Benefit: \$498,140

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Community Support (F3) Totals:	\$498,140	\$0	\$498,140	Unknown

Environmental Improvements (F4)

Program Title: United Way Day of Caring

Description: CAMC employees volunteered to participate in the United Way's Day of Caring performing community service projects for the community.

Category: F4

Department: 46872 - Planning

Department Contact: Tamara Fuller (8-7885) ()

Partners: United Way

Persons: Unknown

Expenses: \$5,040

Revenues: \$0

Benefit: \$5,040



	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Environmental Improvements (F4) Totals:	\$5,040	\$0	\$5,040	Unknown
Community Building Activities (F) Totals:	\$504,380	\$0	\$504,380	100

Community Benefit Operations (G) Assigned Staff (G1)

Program Title: Community Benefit Operations

Description: Planning Department staff dedicated to Community Benefit Reporting.

Category: G1

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.

Persons: Unknown

Expenses: \$43,400

Revenues: \$0

Benefit: \$43,400

Program Title: 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

Department: 46832 - Community Health

Department Contact: David Jarrett (8-7854) ()

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

Persons: Unknown

Expenses: \$205,605



**Kanawha Coalition
for Community
Health Improvement**

Revenues: \$0

Benefit: \$205,605

	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Assigned Staff (G1) Totals:	\$249,005	\$0	\$249,005	Unknown
Community Benefit Operations (G) Totals:	\$249,005	\$0	\$249,005	Unknown
Number of Programs: 26	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u>Persons</u>
Totals:	\$28,714,290	\$8,012,734	\$20,701,556	8,609