

# 2023 Community Health Needs Assessment and 2023-2025 Implementation Strategy

CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and  
Children's Hospital



**CAMC**  
**Health System**

 **Vandalia Health**



Approved by CAMC Board Planning on September 6, 2023  
and by the CAMC Board of Trustees on September 28, 2023

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

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

**2023 Community Health Needs Assessment and Implementation Plan**

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

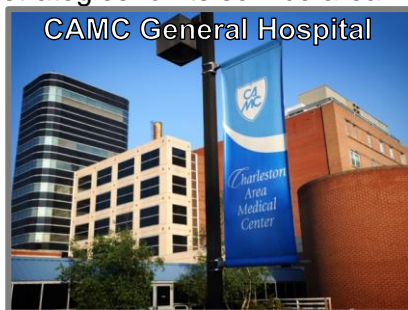
**2023 Community Needs Assessment**

**Executive Summary**

This Community Needs Assessment provides the basis for the community benefit programs that Charleston Area Medical Center will address from 2023-2025 to improve the health of our community.

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 nonprofit hospital comprised of CAMC Memorial Hospital, CAMC General Hospital, CAMC Women and Children's Hospital, and CAMC Teays Valley Hospital. CAMC is also the sole member of CAMC Greenbrier Valley Hospital and CAMC Plateau Medical Center. The six hospitals in the CAMC health system participate in joint strategic planning and budgeting processes. Each hospital has responsibility for key service lines. Our hospitals care for our community residents throughout every stage of their lives. Our patients depend on us to provide high quality, convenient and compassionate care – care delivered regardless of a patient's ability to pay. CAMC's Kanawha County hospitals serve as resident teaching facilities for Cardiovascular Disease Fellowship, Interventional Cardiology Fellowship, Emergency Medicine, Family Medicine, Gastroenterology, Internal Medicine, Medicine-Psychiatry, Neurology, Obstetrics & Gynecology, Osteopathic Neuromusculoskeletal Medicine, Pediatrics, Psychiatry/Behavioral Medicine, Psychology Internship, Pulmonary Critical Care, Surgery, Urology, Vascular Surgery, Oral & Maxillofacial, and Pharmacy. 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. CAMC Teays Valley Hospital addresses community benefit for its Putnam County service area and completes its own community health needs assessment in conjunction with others in Putnam County. As a community hospital, CAMC Teays develops its own implementation strategies for its service area. CAMC Greenbrier Valley Hospital addresses community benefit for its Greenbrier County service area and completes its own community health needs assessment in conjunction with others in Greenbrier County. CAMC Greenbrier Valley Hospital develops its own implementation strategies for its service area.





# 2023 Community Health Needs Assessment



## 2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Charleston Area Medical Center conducted its ninth triennial community health needs assessment through the Kanawha Coalition for Community Health Improvement in the fourth quarter of 2022. Through our strategic planning process, the community health needs assessment is used to set community health priorities for CAMC and for each of the CAMC hospitals in Kanawha County.

CAMC Memorial Hospital, CAMC General Hospital and CAMC Women and Children's Hospital are all located in Charleston, West Virginia (Kanawha County) and together make up Charleston Area Medical Center. Although separately licensed, the hospitals all operate under one tax ID and one provider number. Each hospital specializes in services: CAMC Memorial (cardiology, vascular, oncology); CAMC General (neurosciences, orthopedics, trauma, medical rehabilitation); CAMC Women and Children's (women, children, NICU, PICU). General medicine and surgery are at both CAMC Memorial and CAMC General Hospitals. CAMC Teays Valley Hospital is located in Putnam County, West Virginia and completes its own Community Health Needs Assessment and Implementation Strategies. CAMC Greenbrier Valley Hospital is located in Greenbrier County, West Virginia and completes its own Community Health Needs Assessment and Implementation Strategies.

The Kanawha Coalition for Community Health Improvement defines its community as Kanawha County. Because of the size and scope of our services, the approach we use at CAMC to identify our community is based on our strategic objectives, key stakeholder needs, and our capacity. For our CAMC community strategy, community is defined by the need identified and population to be addressed. For example, some include a number of counties and others may be neighborhood specific.

Detailed health and socioeconomic information for each of our service area counties is available on the CAMC website ([www.camc.org](http://www.camc.org)) in the document entitled *Health Indicator Data Sheet*. Primary and chronic disease needs and other health issues of uninsured, low-income persons, and minority groups are considered through all steps of the survey process.

### Kanawha Coalition for Community Health Improvement Community Health Needs Assessment Process and Findings

The Kanawha Coalition for Community Health Improvement (KCCHI) has served as the backbone organization for our community's collective efforts to identify and address health needs in Kanawha County since 1994. The Coalition's mission is ***to identify, evaluate and coordinate resources to make sustainable improvement to community conditions that impact the health of the people who live, learn, work and play in Kanawha County.*** Members of our leadership team include the health department, behavioral health facility, federally qualified health center, United Way, local health department, school system, faith-based partnership, business alliance and the State Bureau for Public Health. The CHNA process has improved over the years through multiple cycles of learning into a rigorous evidence-based process that has been highlighted as a national role model process by both the National Quality Forum (NQF) and the Centers for Disease Control (CDC). KCCHI remains committed to excellence through continuous improvement in its assessment process and its overall operations.

**Steering Committee Members** include:

Nicole Christian, President, Charleston Area Alliance

Julia Blackwood, Executive Assistant to the Health Officer, Kanawha-Charleston Health Department

Kerri Cooper, Community Impact Director, United Way of Central West Virginia  
Katie Knapp, RHIT Director of Corporate Compliance & HIM Systems, Thomas Health Systems  
David Ferretti, Attorney, Spilman Thomas & Battle, PLLC  
Andrew Dunlap, Vice-President of Economic Development, Charleston Area Alliance  
Tamara Fuller, Chief Strategy Officer, Charleston Area Medical Center  
James Vance, Assistant Director, Division of Health Promotion and Chronic Disease, WV Bureau for Public Health  
Melanie Seiler, Executive Director, Active Southern West Virginia  
Alicia Warden BSN, RN, NCSN, Lead School Nurse, Kanawha County Schools Health Services  
Aaron Alexander, Vice President for Legal, Thomas Health Systems, Inc.  
Margaret Ann O'Neal, President, United Way of Central West Virginia  
Reverend James Patterson, President, Partnership of African American Churches  
David Ramsey, CEO, Charleston Area Medical Center  
Steven Eshenaur, Board of Health, Health Officer, Kanawha-Charleston Health Department  
Sheryn Carey, Director, Division of Health Promotion and Chronic Disease, WV Bureau for Public Health  
Sherri Young, DO, MBA, FAAFP, DHL, Associate Chief Medical Officer, CAMC Health System  
Orlando Craighead, Executive Director, Kanawha Coalition for Community Health Improvement

Our leadership understands that the challenges our community faces today and those we will have in the future will require a high level of performance – a commitment to community performance excellence that grows out the recognition that the social determinants of educational achievement, economic vitality, and health status are inextricable interwoven. We understand that these challenges require a commitment among leaders across sectors and generations to take a systems approach to community performance.

In 2017 the Kanawha Coalition for Community Health Improvement joined the first Cohort of Communities in the Nation to embark on a journey to performance excellence by helping refine and improve the Communities of Excellence Framework and better understand the key requirements needed to successfully adopt and sustain positive change in communities.

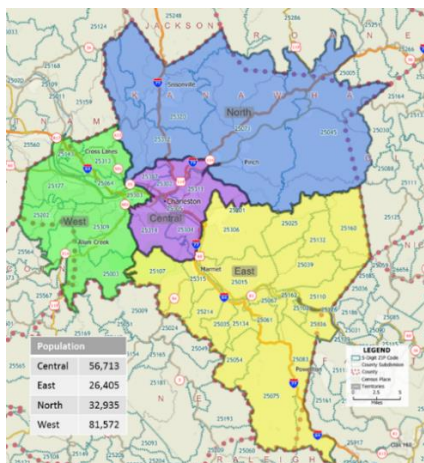
The Communities of Excellence Framework has helped the Kanawha Coalition for Community Health Improvement further enhance its triennial Community Health Needs Assessment (CHNA) process. The following section highlights improvements that have been incorporated into our 2022 CHNA.

## **Improvements to our 2022 CHNA Process**

Kanawha Coalition leaders identified varying requirements among community groups in Kanawha County based on geography. We enlisted the aid of the County Commissioners, local mayors, and community leaders to identify key challenges and potential solutions under the new priority areas for LIVE, LEARN, WORK and PLAY.

In our county, we conducted three listening initiatives in rural and centralized locations. Even though our local partners helped us find venues and spread the word about the listening sessions in their neighborhoods, only 20 people showed up for the entire event. To fully represent the voice of the people living in our community, KCCHI responded by extending our data collection methods. There were also





opportunities for locals to use QR codes at local events and fairs to participate in community surveys online, which were then posted on city Facebook pages and regional periodicals. To improve information gathering from the region in the underserved populations as well as those experiencing homelessness, the Coalition engaged our community partners at HealthRight and the Ryan White Program.

Figure P.1-4 Community Groups

Community Group	Key Characteristics	Recent Changes in Need	Key Requirements
North	Rural; Small towns; Most residents are descendants from the area; High rate of home ownership; Strong local governments; Strong community leadership; Declining population; Inadequate broadband	Decline in coal resulting in loss of jobs and impact on the economy; Flood recovery	<ul style="list-style-type: none"> <li>• Feel valued</li> <li>• Input and inclusion</li> <li>• Involvement of local champions</li> </ul>
West	Bedroom communities of Charleston; High traffic area in Cross Lanes; Strong local identity; Chemical industry; Higher education presence; West End of Charleston focus for grants and improvement efforts	New sports complex; New chemical business	<ul style="list-style-type: none"> <li>• Integrated with Charleston</li> </ul>
Central	Most population density and diversity; Business hub; State, county and city government; Losing population; Higher education presence, Health care hub	Population loss in the city of Charleston; New industry and innovation in the Civic Center design	<ul style="list-style-type: none"> <li>• Voice from all segments of the community</li> <li>• Desire to make Charleston a better place</li> </ul>
East	Most rural; Most residents are descendants from the area; High rate of home ownership; Economy fluctuates with the coal industry; Lower income; Feel isolated; Inadequate broadband; Suspicious of outsiders; Internally focused; Everyone knows everyone	Decline in the coal industry; Local college left the area	<ul style="list-style-type: none"> <li>• Feel valued and connected</li> <li>• Create inclusion without coming to Charleston to participate</li> <li>• Maintain confidentiality</li> </ul>

## Our customers

The Kanawha Coalition has broadened its definition of its target audience to include, in addition to locals, employers, tourists, commuters from nearby counties who come here for work, and lawmakers. The Kanawha Coalition has utilized interviewing techniques to get feedback on our priorities under LIVE, LEARN, WORK, and PLAY from each of these client segments.

## Social Determinants of Health

The World Health Organization defines Social Determinants of Health as circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and



supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. ([www.healthypeople.gov](http://www.healthypeople.gov))

The County Health Rankings (CHR) program measures the health of nearly all counties in the Nation. CHR is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

This report shares findings from the Kanawha Coalition's 2022 Community Health Needs Assessment (CHNA) which include surveying community key informants, a randomly selected household survey, and holding community focus groups. The report will provide these findings within the context of the Social Determinants of Health and include data measured by the 2022 County Health Rankings. By aligning the primary data collected through our CHNA with secondary data measured by the County Health Rankings, we strive to present a more robust interpretation.

Revisions include an expansion from a health focused model to one that assesses issues across social determinates of health under the categories of Live, Learn, Work and Play. Live is broken into two distinct sections: Health and Social and Safety and Infrastructure.

### GREAT Place to Live

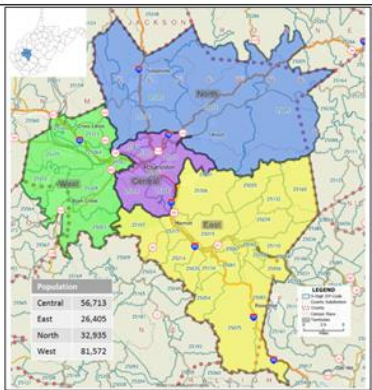
**Community Health & Social Key Requirements:**

- Caring for aging population
- Substance use treatment and recovery
- Prevention of chronic diseases /Health Promotion (K-HIP)
- Food access
- Safe/affordable housing
- Social gathering places
- Diversity and culture

**Community Safety & Infrastructure Key Requirements:**

- Transportation
- Road Safety
- Safe Air & Water
- Connectivity (fiber optics)
- Emergency Preparedness
- Response to Homelessness

### Kanawha County



### GREAT Place to Learn

**Education Key Requirements:**

Quality of and Availability to:

- Childcare / Pre-K
- K-12 education
- Career & Technology
- College

### GREAT Place to Work


**Employment Key Requirements:**

- Qualified/prepared workforce
- Drug free workforce
- Retention of young people

### GREAT Place to Play

**Attractions Key Requirements:**

- Arts/Culture
- Entertainment
- Dining
- Shopping
- Sports/Recreation



**Kanawha Coalition  
for Community Health Improvement**

Revised January 24, 2019

## Our Key Community Work Systems





## COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

This process was designed to engage the local governments and major employers in the area and the residents of Kanawha. The following are those who aided in the dissemination of this survey:

- Kanawha County Commissioners Office
- City of Charleston Mayors Office
- City of Saint Albans Mayors Office
- City of Dunbar Mayors Office
- City of South Charleston Mayors Office
- City of Elkview Mayors Office
- City of Montgomery Mayors Office
- City of Smithers Mayors Office
- Charleston Parks & Recreation
- Charleston Area Medical Center
- Thomas Health Systems
- Kanawha County Board of Education

From July 1, 2022 through October 31, 2022, the KCCHI leadership assessed the health needs of the community. Kanawha County residents who were 18 and older were the intended audience. To allow all Kanawha County residents to participate, the survey was widely disseminated. Email, social media, and publications from local communities were used to publicize the survey. Social media groups, church groups, and other public spaces were used to disseminate social media flyers throughout the county. Through an online link, the main survey was carried out. The survey asked 69 questions covering the following topics: LIVE, LEARN, WORK and PLAY. In total, 1,191 replies were obtained.

Following the completion of the survey, the information was gathered by the KCCHI Executive Director and shared with the CAMC Strategic Planning Department to assess the results and establish the initial objectives that would be presented and discussed at the KCCHI Steering Committee in the coming months.

The Kanawha Coalition investigated many avenues for involving important stakeholders and sector specialists in our efforts to enhance the health of Kanawha County. The members of our leadership team invited professionals in the fields of Live, Learn, Work, and Play to take part in our Expert Opinion Survey. There were fifty-two participants. As a result, important sectors were well represented.



### STEP 1: Expert Opinion Survey

The Kanawha Coalition's Steering Committee designated Key Experts, and 52 of the 60 identified completed the online poll. To elicit a wide range of replies, the survey contained both standardized questions and open-ended questions.

## STEP 2: Convening of Experts

The Kanawha Coalition improved the way interested parties and professionals from important sectors can participate in our efforts to improve the health in Kanawha County. In addition to the Key Experts online poll, participants were asked to discuss the main issues that they believed to exist in Kanawha County with reference to risky behaviors for health, medical treatment, social and economic aspects, and the physical environment.

They were requested to discuss the difficulties and impediments they see, as well as their ideas for how to get through them. We questioned these professionals about the major issues they saw in Kanawha County.

## STEPS 3 and 4: Top Challenge Ranking Survey and Customer Feedback (Community Input)

### Focus Groups:

In October 2022, focus groups were held in Kanawha County to better understand local needs. Focus groups provide insight into the needs, concerns, and experiences of people whose voices are not frequently heard as part of the Coalition's assessment. Focus groups typically consist of a small number of people from a target or vulnerable community. Residents from towns spread across the county's many geographic regions participated in the focus groups that were created in this instance. It is crucial to remember that while the findings may reflect the opinions of certain community members in Kanawha County, they may not necessarily be representative of all of them.

Three focus groups were organized in succession. Discussion topics that might influence community members' health were the focus of the gathering. Focus groups in the community included a total of 30 participants. In these three groups residents from the following areas attended: Elkview, Clendenin, Dunbar, Westside of Charleston, Malden, Marmet, Charleston, and St. Albans.

For each category (LIVE Health and Social, LIVE Safety and Infrastructure, LEARN, WORK, and PLAY), input for each of the top challenges was given on top contributing factors, potential resolutions, and how other communities successfully addressed the challenges.

**Steps 5 and 6, Planning and Implementation**, will occur once our new Community Health Improvement Councils are formed for each new priority. Councils will be comprised of both subject experts and community residents.

## COMMUNITY BASED, FOCUS GROUPS & EXPERT OPINIONS TOP CHALLENGES

### LIVE: Health and Social

#### Top Challenges:

- **Substance Abuse/Addiction/Treatment & Recovery**



- Access to Health Promotion & Chronic Disease Prevention Education
- Poverty & Affordable Housing
- Lack of Services for Senior Population

## **LIVE: Safety and Infrastructure**

### **Top Challenges:**

- Crime
- Homelessness
- Connectivity (Fiber Optics)
- Transportation
- Infrastructure Improvements



## **LEARN**

### **Top Challenges:**

- Quality Education/Affordable Childcare
- Support for Children & Families
- Support for Quality K-12 Education
- Career & Technical Education to Meet Workforce Demand



## **WORK**

### **Top Challenges:**

- Workforce Development
- Lack of Diverse Job Opportunities
- Jobs/Wages



## **PLAY**

### **Top Challenges:**

- Access to the Arts, Culture & Entertainment Opportunities
- Shopping/Business Opportunities
- Recreational Spaces in Neighborhoods





## ONLINE SURVEY EXPERT OPINIONS & FOCUS GROUPS

### LIVE: Health and Social

- Access to Substance Use/Addiction Treatment
- Access to Health Promotion and Prevention Chronic Disease Prevention Education (including Dental

### LIVE: Safety and Infrastructure

- Homelessness-Treatment, Recovery and Housing, Mental health services
- Increase in Crime

### LEARN

- Lack of Education Programs to Meet Workforce Demand
- Lack of Affordable Childcare Options
- Lack of Knowledge of the Importance of Early Childhood Education

### WORK

- Workforce Readiness, Inability to Obtain and Keep Jobs
- Shortage of Skilled Workforce Due to Inadequate Education/Training (Vocational Training)
- Lack of Job Education and Training Opportunities

### PLAY

- Lack of Access and Affordability and Funding for all the Arts, Cultural and Entertainment Opportunities
- Lack of/Decline in Shopping Opportunities and Lack of Support in Small Businesses
- Lack of Usage/Knowledge of Community Centers

## TOP RESULTS/COMMUNITY/EXPERTS RANKINGS

LIVE: Health and Social Top Challenge	
Poverty	89.68%
Access to Health Promotion and Prevention/Chronic Disease Prevention Education (Obesity)	81.83%
Substance Abuse/Addiction Treatment	80.79%
Affordable Housing	78.95%

<b>LIVE: Safety and Infrastructure Top Challenge</b>	
<b>Homelessness</b>	<b>94.65%</b>
Mental Health for Adults and Children	77.29%
Crime	84.00%

<b>LEARN Top Challenge</b>	
<b>Education on Early Childhood Education</b>	<b>80.00%</b>

<b>WORK Top Challenge</b>	
<b>Employer Health Checks for Employees/Incentive Programs</b>	<b>80.42%</b>
Shortage of Skilled Workforce Due to Inadequate Education/Training – Along with Lack of Job Education and Training Opportunities	67.65%
Lack of Infrastructure	64.71%
Transportation/Use of Rail System as Part of Public Transportation	61.77%

<b>PLAY Top Challenge</b>	
<b>Lack of Sharing Information of Activities in Kanawha County</b>	<b>83.33%</b>
Lack of Access and Affordability and Funding for all the Arts, Cultural/Entertainment Opportunities/Physical Activities	75.00%
Lack of Usage/Knowledge of Community Center (based on focus groups)	65.00%

## TOP KCCHI PRIORITIES 2023

### Live: Health and Social

Wellness Promotion and Chronic Disease Prevention Education (Obesity)

### Live: Safety and Infrastructure

Mental Health (Children & Adults)

### LEARN

Educate Families on the Importance of Early Childhood Education

### WORK

Employer Wellness Programs

### PLAY

Expand Use/Knowledge of Community Center for Social & Recreational Activities in Kanawha County

## COMMUNITY/EXPERT INPUT ON TOP PRIORITIES

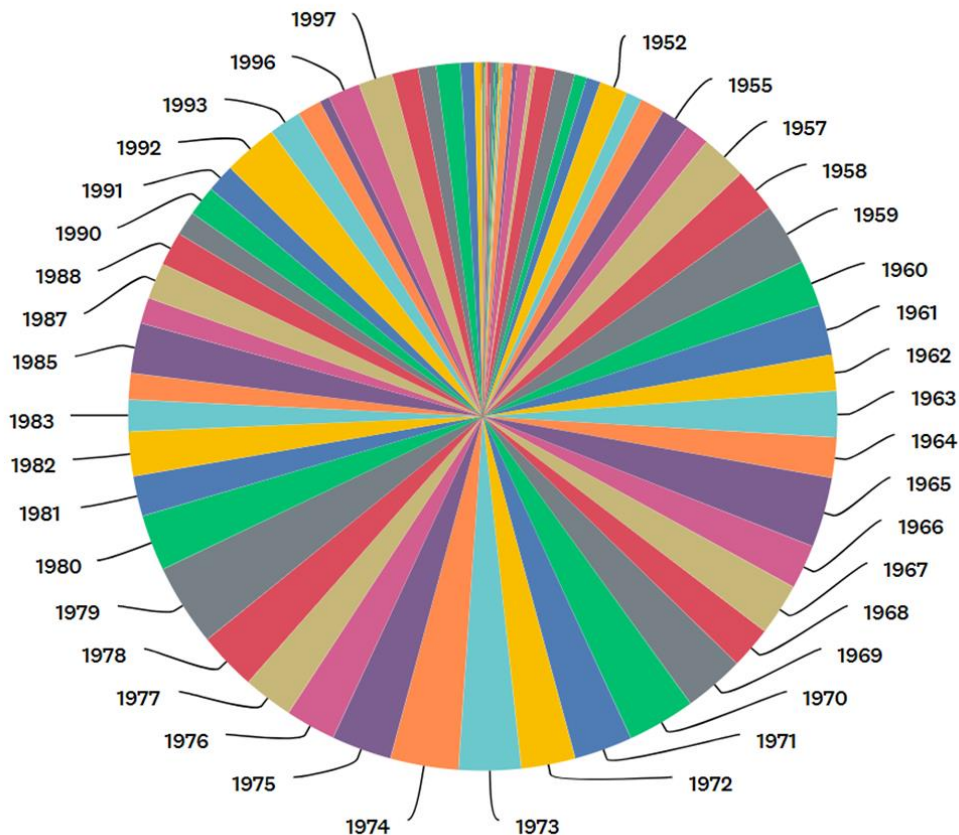
### OVERALL RESPONDENT DEMOGRAPHICS:

(Assessment includes statistically significant data, more than 5 percentage point difference)

Kanawha County was covered by the online community poll. Caucasians made up many respondents to the study (84.57%), followed by African Americans (9.98%) and other persons of color (1.82%). highlighting the value and necessity of conducting community surveys.

Race/Ethnicity	Online Survey Averages
Caucasian	84.57%
African American	9.98%
Asian American	0.82%
Hispanic/Latino	0.64%
Indigenous person	0.27%
Pacific Islander	0.09%
No Answer	1.81%

Chart represents the largest sections of the population that participated in the online survey.





## Priority: Wellness promotion and chronic disease prevention education

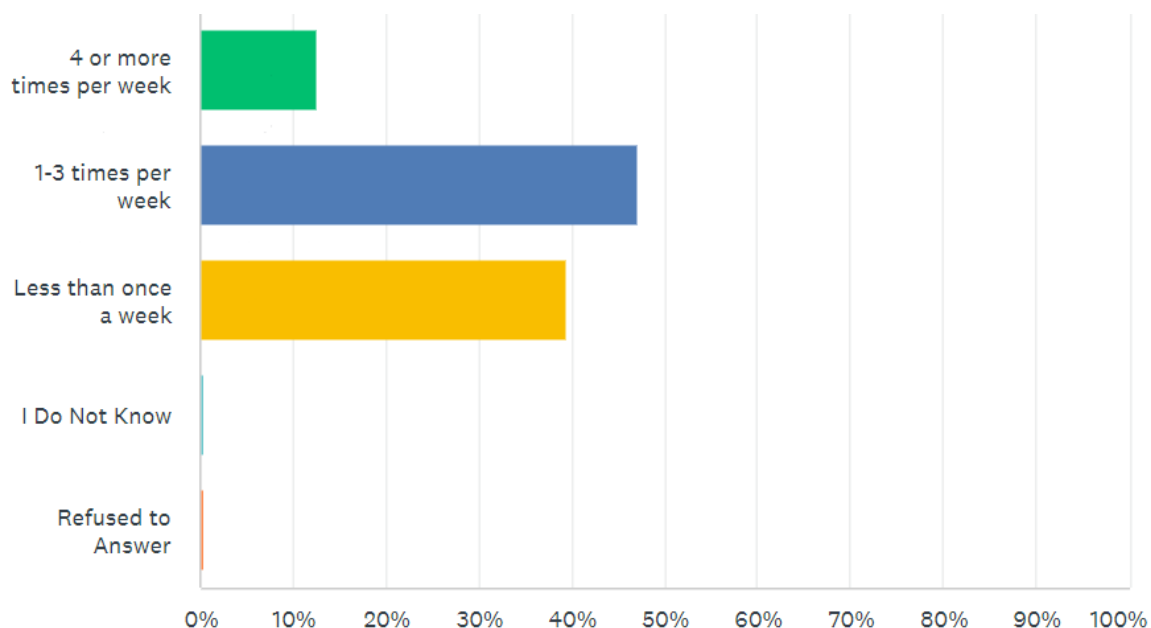


Obesity, diabetes, heart disease, and high blood pressure were among the chronic health issues or chronic diseases that were examined in this survey. These illnesses were chosen because the Centers for Disease Control and Prevention recognized them as the leading causes of death among Americans. (Centers for Disease Control, 2022. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>).

We were able to collect more information via online survey, and made the following findings:

53.33% of respondents said they learned about health from their doctors or other healthcare providers, the health department, or because they themselves work in the medical field, while 75.09% of respondents said they get their information online and from talking to healthcare providers, 71.34% from searching the internet. We were able to poll workers at two significant local hospitals, the county health department, and neighborhood clinics in Kanawha County using the online survey. Only 25.27% of respondents said they obtained knowledge via books, periodicals, pamphlets, or other printed items.

It is noteworthy that 90.65% of those who responded to the online survey had completed college-level coursework; this may also have an impact on their access to health education or other resources, given the substantial correlation between lower educational attainment and poor health outcomes. According to the online study, obesity is one of the top issues. The statistics demonstrate why the state's obesity rates are rising when fast food is considered. Respondents in the community-based survey were asked During an average week, how many times do you eat any food, including meals and snacks, from a fast-food restaurant, like McDonalds, Taco Bell, Kentucky Fried Chicken, or another similar type of place?



ANSWER CHOICES	RESPONSES	
▼ 4 or more times per week	12.58%	101
▼ 1-3 times per week	47.20%	379
▼ Less than once a week	39.35%	316
▼ I Do Not Know	0.37%	3
▼ Refused to Answer	0.50%	4
TOTAL		803

This is also impacted by the lack of exercise 64.70% and poor eating habits 70.91% have led to the increase in our obesity levels.

Additional Resources: <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>

It is also significant to note that 84.57% of respondents who identified as Caucasian completed the online poll. 9.98% of respondents who identified as African American completed the online poll. When comparing health and educational outcomes, this should be considered because minority populations have greater obstacles to overcome in terms of health. This may be a need in our community that needs to be filled to improve health disparities among minority communities, low-income populations, and populations at risk.

Additional Resources: <https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=57>

To better understand the needs of the community and spot any potential gaps, we were able to ask more detailed questions on awareness and engagement in the neighborhood through our online survey. When asked if they would know who to contact if they had questions regarding access to health information, 75% of community members said their healthcare provider or a provider portal would be the source of their information. This has a direct connection to the data acquired about the dissemination of health information and demonstrates how, in some instances, the gap has been closed. In some situations, such as those involving African American communities and low-income residents, we are still behind where we ought to be in terms of access to health information for all members of our community, which has an impact on health outcomes.

## Summary

### Potential Gaps and Other Considerations:

The Live: Health and Social study highlights several gaps, such as the need to expand access to health education and awareness among all populations, the possibility of collaborating with medical and community health professionals to improve the information provided at doctor's visits, the need to increase advertising, and the need to investigate new channels for publicizing and communicating about health issues. This might also be an area to investigate because vulnerable groups including low-income people, seniors, and single parents need additional tools and supports to access health information to promote good health decisions.

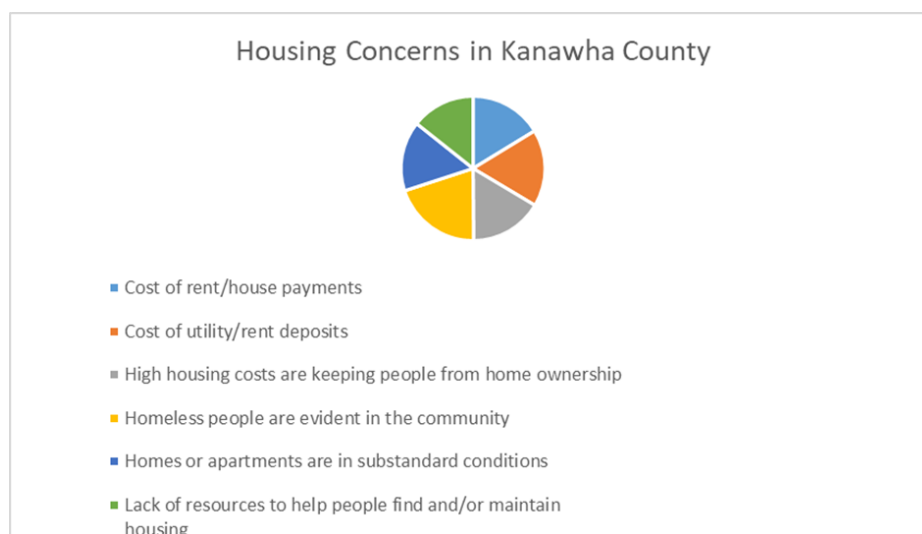
## Priority: Homelessness Population (Mental Health/Treatment/Crime)

According to Continuums of Care's report to the U.S. Department of Housing and Urban Development in January 2020, West Virginia had an estimated 1,341 people who were homeless on any given day (HUD). Of that total, fifty-eight were family households, 104 were veterans, 112 were young adults (18–24) living alone, and 174 were those who were chronically homeless.



The online survey community 94.64% stated that the homeless population has increased and more visible in the community. The Community survey also stated that 76.68% of the respondents thought that cost of rent/housing were high and 73.74% of the Homes or apartments are in substandard conditions (poor condition).

Public school data reported to the U.S. Department of Education during the 2018-2019 school year shows that an estimated 10,522 public school students experienced homelessness over the course of the year. Of that total, 279 students were unsheltered, 834 were in shelters, 259 were in hotels/motels, and 9,150 were doubled up.



	YES	NO	I DO NOT KNOW	TOTAL
▼ Cost of rent/house payments	76.68% 730	10.50% 100	12.82% 122	952
▼ Cost of utility/rent deposits	81.13% 774	7.23% 69	11.64% 111	954
▼ High housing costs are keeping people from home ownership	76.94% 734	11.74% 112	11.32% 108	954
▼ Homeless people are evident in the community	94.64% 901	2.21% 21	3.15% 30	952
▼ Homes or apartments are in substandard conditions (poor condition)	73.74% 705	9.21% 88	17.05% 163	956
▼ Lack of resources to help people find and/or maintain housing	67.43% 644	12.46% 119	20.10% 192	955
▼ Lack of shelters for emergency situations (domestic violence)	53.87% 515	21.55% 206	24.58% 235	956
▼ Lack of shelter for emergency situations (natural disaster)	54.61% 521	18.13% 173	27.25% 260	954



## Homelessness Statistics for **West Virginia**

<b>Total Homeless Population</b>	<b>1,341</b>
Total Family Households Experiencing Homelessness	<b>58</b>
Veterans Experiencing Homelessness	<b>104</b>
Persons Experiencing Chronic Homelessness	<b>174</b>
Unaccompanied Young Adults (Aged 18-24) Experiencing Homelessness	<b>112</b>
<b>Total Number of Homeless Students</b>	<b>10,522</b>
Total Number of Unaccompanied Homeless Students	<b>951</b>
Nighttime Residence: Unsheltered	<b>279</b>
Nighttime Residence: Shelters	<b>834</b>
Nighttime Residence: Hotels/motels	<b>259</b>
Nighttime Residence: Doubled up	<b>9,150</b>

## Crime in Kanawha County, West Virginia

- Crime is ranked on a scale of 1 (low crime) to 100 (high crime)
- Kanawha County violent crime is 18.9 (The U.S. average is 22.7)
- Kanawha County property crime is 35.3 (The U.S. average is 35.4)

## Kanawha County Crime Breakdown

The tables below show which crimes are used to calculate the Crime Grades above. All crime rates are shown as the number of crimes per 1,000 Kanawha County residents in a standard year. In the online community survey, 84% of the respondents thought crime was a problem in Kanawha County.

Violent Crime Rates

Crime Type	Crime Rate
Assault	2.106
Robbery	0.2245
Rape	0.3592
Murder	0.0360
<b>Total Violent Crime</b>	<b>2.726 (B)</b>

Property Crime Rates

Crime Type	Crime Rate
Theft	12.87
Vehicle Theft	0.3247
Burglary	3.180
Arson	0.2265
<b>Total Property Crime</b>	<b>16.60 (B-)</b>

Other Crime Rates

Crime Type	Crime Rate
Kidnapping	0.0891
Drug Crimes	1.382
Vandalism	7.889
Identity Theft	0.7244
Animal Cruelty	0.0151
<b>Total "Other" Rate</b>	<b>10.10 (C+)</b>

In terms of safety, Kanawha County is in the 66th percentile, which indicates that 34% of counties are safer and 66% are more hazardous. Only the legal borders of Kanawha County are covered by this analysis. In a typical year, Kanawha County experiences 29.43 crimes for per 1,000 residents. Residents of Kanawha County typically believe that the southwest region of the county is the safest. In Kanawha County, your likelihood of becoming a victim of crime can range from 1 in 70 in the southwest to 1 in 22 in the southeast neighborhoods. However, comparing crime rates or any other crime rates is not as simple as it may seem. For more information, check the link below in additional resources.

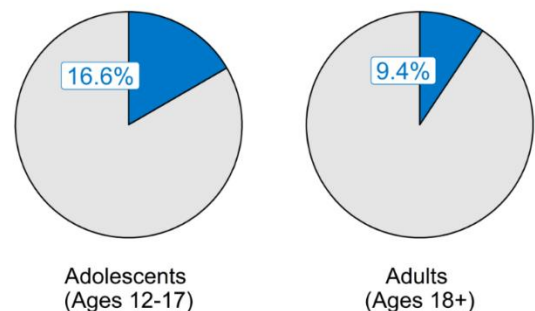
## Mental Illness Prevalence

Diagnoseable diseases that influence a person's emotional, psychological, and social wellbeing as well as frequently their behavior are mental illnesses, which can be either acute or chronic. These ailments include, among others, mood or personality disorders, schizophrenia, anxiety, and depression. In the wake of the COVID-19 pandemic, mental health issues have gotten worse. Since May 2020, more than three out of ten adults in the United States have disclosed having an anxiety or depression condition. In contrast, about one in ten persons in 2019 reported having an anxiety or depressive condition.

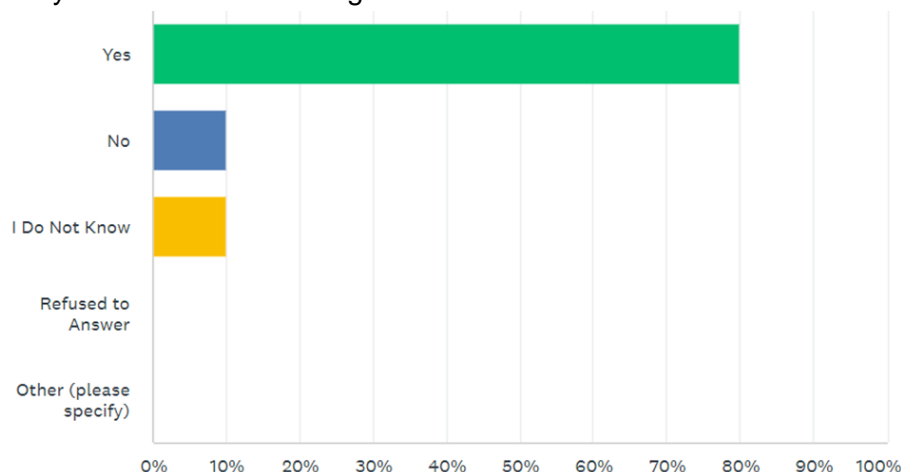
In comparison to adults in the United States, individuals in West Virginia reported symptoms of anxiety and/or depressive illness at a rate of 31.7% from September 29 to October 11, 2021, as indicated in the graph below.

Even before the pandemic, many people reported experiencing a mental disorder. In 2018–2019, there were 24.6% of adults in West Virginia who had a mental illness of some kind, which was higher than the national average of 19.9%. In West Virginia, major depressive episodes were reported by 16.6% of teenagers and 9.4% of adults in the year before to the pandemic, which was comparable to U.S. rates (15.1% and 7.5%, respectively).

Individuals in West Virginia Reporting a Major Depressive Episode in the Past Year, by Age Group, 2018-2019



Among the question was asked with the online survey is there a lack of metal health services for adults and children. 78.37% of respondents indicated yes for a lack of services for adults and 76.20% of respondents indicated Yes there was a lack of services for children as well. When asking the Experts on this opinion they indicated the following:



ANSWER CHOICES ▼	RESPONSES ▼	
▼ Yes	16.67%	2
▼ No	75.00%	9
▼ I Do Not Know	8.33%	1
▼ Refused to Answer	0.00%	0
▼ Other (please specify) <span>Responses</span>	0.00%	0
TOTAL		12

### Additional Resources:

#### For information on Crime/Mental Health in Kanawha County

<https://crimegrade.org/safest-places-in-kanawha-county-wv/>

<https://www.neighborhoodscout.com/wv/charleston/crime>

<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/west-virginia/>

<https://www.usich.gov/homelessness-statistics/wv/>

### Summary

#### Potential Gaps and Other Considerations

More focus on specific crimes committed in the Kanawha County region may have been given in the online community poll. There have been theft and property damage events in Dunbar, St. Albans, and Charleston, which have been committed by people with drug use disorder, homeless individuals, and those with unstable mental health. Many of these situations cannot be handled by the police because of the type of crime, or lack thereof. It is true that Kanawha County needs to reform its local laws and policies as well as work with the residents in these local communities.

To cut down on some of the crimes in these communities there needs to be a centralized area where assistance is available for the homeless and those with substance abuse disorder. Additionally, a centralized facility where people with mental instability can be transported to get services or held until a family member can be called to pick them up is required. Dealing with open drug users in local areas requires more effort. To prevent them from openly using in the public in parks and playgrounds, local laws need to be changed or enforced.



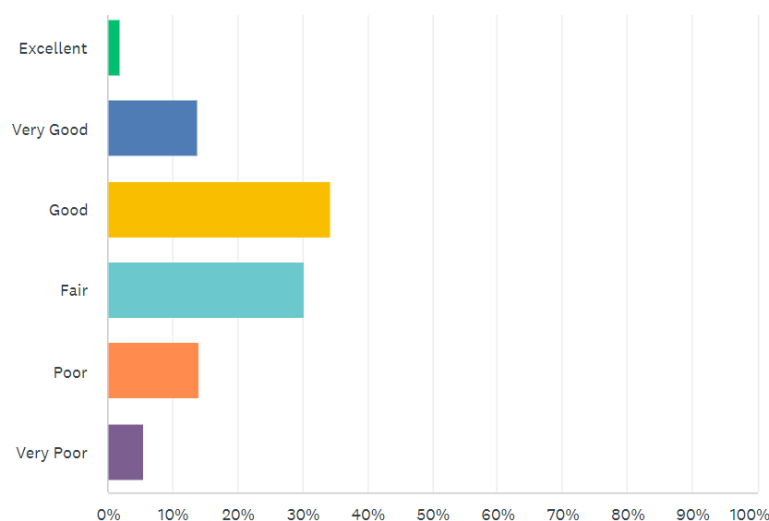
## Priority: Educating Families on the Importance of Early Childhood Education/Daycare

Early childhood education, such as daycare and preschool programs, are essential to a young child's development because they pave the way for the formation of appropriate behaviors as well as a healthy mental and physical growth (ODPHP). Our evaluation includes inquiries regarding families' access to sufficient and inexpensive early childhood education options considering education as a social determinant of health.



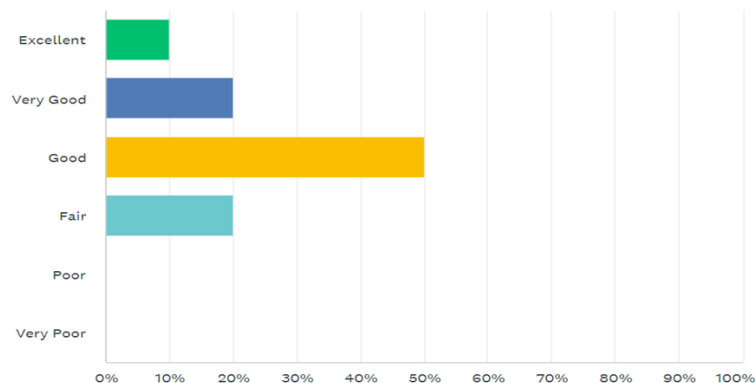
When asked if they thought Kanawha County citizens had access to inexpensive, high-quality daycare, the expert online survey respondents gave the following answers: 33.33% said no, and 41.67% said they were unsure if such childcare was available. This was a subject that was discussed in the focus groups more could be done to make childcare more accessible. According to the Experts in the Learning online survey, 80% of respondents said that early childhood education should be made mandatory. Future assessments should make more of an effort to include parents of young children to better grasp the problems in our communities.

The Kanawha County residents were asked to rate the quality of the Kanawha County School system.



ANSWER CHOICES	RESPONSES	
Excellent	1.90%	15
Very Good	13.96%	110
Good	34.26%	270
Fair	30.33%	239
Poor	14.09%	111
Very Poor	5.46%	43
<b>TOTAL</b>		<b>788</b>

The same question was asked of the Experts.



ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	10.00%	1
I Do Not Know	10.00%	1
Refused to Answer	0.00%	0
Other (please specify)	Responses 0.00%	0
TOTAL		10

Kanawha County Schools is a public school district located in CHARLESTON, WV. It has 24,721 students in grades PK, K-12 with a student-teacher ratio of 14 to 1. According to state test scores, 42% of students are at least proficient in math and 47% in reading.

## Kanawha County Schools Rankings

Niche ranks nearly 100,000 schools and districts based on statistics and millions of opinions from students and parents.

Most Diverse School Districts in West Virginia

**#3** of 55

Best School Districts for Athletes in West Virginia

**#9** of 55

Districts with the Best Teachers in West Virginia

**#18** of 55

### Additional Resources:

<https://nca.school/15-reasons-why-preschool-is-one-of-the-most-important-decisions-you-can-make/>

<https://www.nccp.org/demographic/?state=WV&id=7>

<https://www.niche.com/k12/d/kanawha-county-schools-wv/#rankings>

## **Summary**

### **Potential Gaps and Other Considerations**

More attention is needed in the fields of early childhood education and childcare, according to focus groups, expert online surveys, and the community online survey. Because Pre-K often dismisses around noon, which interferes with a parent's work schedule, these two topics are related. This also includes the cost-effectiveness of childcare.

The Online Community Survey suggests that additional work should be done between daycare providers and families using the services to understand the needs and challenges, as well as that more effort should be made to include parents of young children in future assessments to better understand the problems in our community. Families' top concerns are affordability and service hours, therefore there may be chances to examine adjustments to policies, systems, and environmental factors to make services more beneficial and affordable for families while also increasing provider profitability.

## Priority: Transportation/Infrastructure/Worksite Wellness

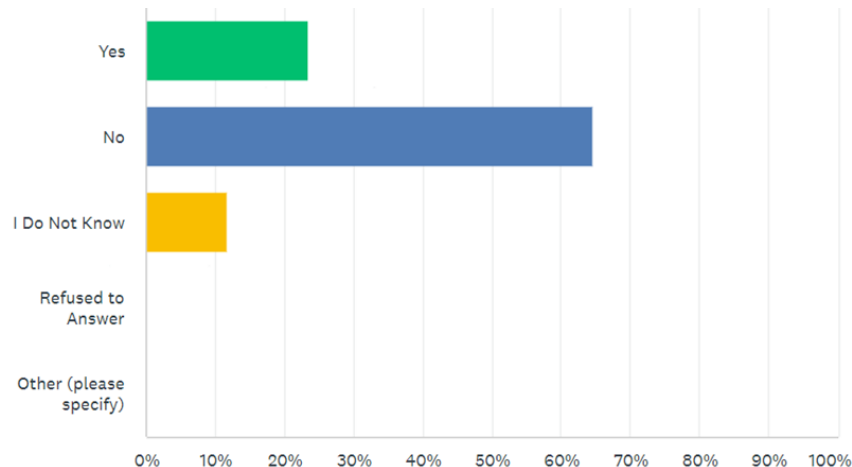
### Transportation



A person's life is impacted by transportation in many ways, and thriving communities depend on having accessible, reliable transportation services. A person's ability to get healthcare services may be hampered by transportation problems. These problems may lead to postponed or missed doctor's appointments, higher healthcare costs, and generally worse health results. As a tool for wellbeing, transportation can also be used. The ability to be healthy for both individuals and communities is influenced by several important economic and social factors, including transportation.

Services like public transit, especially in rural places, may literally be a lifesaver for people who have no other way to go around their neighborhood. People can engage in activities that are both life-sustaining and enriching thanks to accessible services. A sense of purpose can be created, improved mental outlook and cognitive function, improved physical health, and access to meals, personal appointments, and social events, among other things.

Looking to the Expert's opinion with the online survey: they were asked in their opinion was their adequate public transportation in Kanawha County?



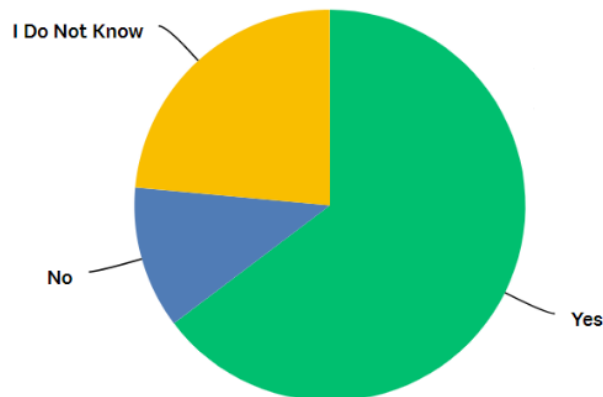
ANSWER CHOICES	RESPONSES	
Yes	23.53%	4
No	64.71%	11
I Do Not Know	11.76%	2
Refused to Answer	0.00%	0
Other (please specify)	0.00%	0
TOTAL		17



The Kanawha Valley Regional Transportation (KRT) is a staple in Kanawha County and is the main source of public transportation. KRT has their regular routes which all buses are off the road by 1:55 am. In many areas the buses run every 30 minutes and as the day goes on, they are cuts to every hour. KRT also has two programs to accommodate Kanawha County. KAT- curb-to-curb transportation service for eligible passengers (based upon criteria

established by the Americans with Disabilities Act) who are unable to utilize the regular KVRTA fixed route service. This service is set up for those living off the bus route and who need transportation to the closest bus route and for those who are disabled. They do have another program with money given by State Public Health Dept. to aid those in recovery programs to go to the doctor, pharmacy or to selected recovery sites for free. Public transportation has dipped since the Covid 19 pandemic.

Experts were asked should utilization of the existing rail system in Kanawha County be considered for public transportation.



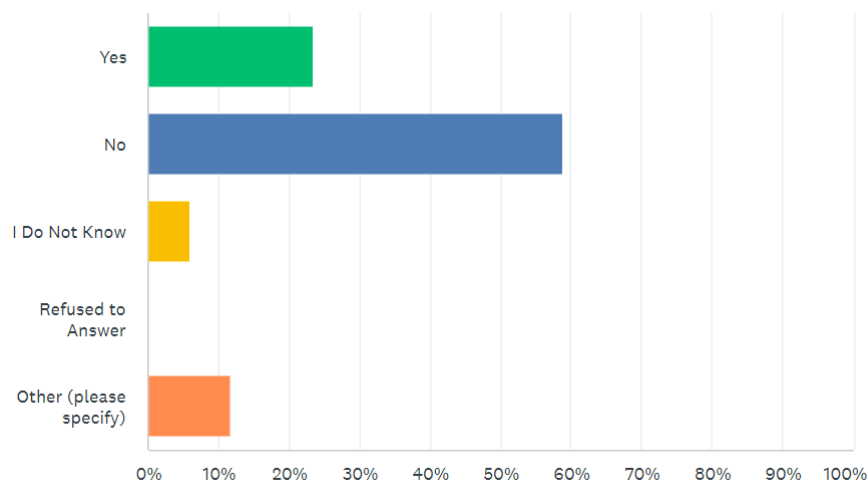
ANSWER CHOICES	RESPONSES	
Yes	64.71%	11
No	11.76%	2
I Do Not Know	23.53%	4
Refused to Answer	0.00%	0
Other (please specify)	0.00%	0
TOTAL		17

**Infrastructure:** To aid in public transportation other organizations joined in aiding transportation to seniors such as Kanawha Senior Services and Faith in Action. These two organizations have become vital as part of our public transportation system, by providing transportation to medical appointment, grocery shopping and day to day transportation needs.

Kanawha county is looking to improve around infrastructure and working on current projects. the department of highways is set with several paving project throughout Kanawha County. over 800 miles-worth of roadways will be resurfaced this year, with projects taking place in all 55 counties across the state. In Kanawha County lighting along major highway (I-77) was upgraded to increase visibility and overall safety for commuters in the area. The safety levy was just passed which provides vital support for county's emergency ambulance system, our public transportation system as well as financial support for more than 40 police and fire departments in Kanawha County.

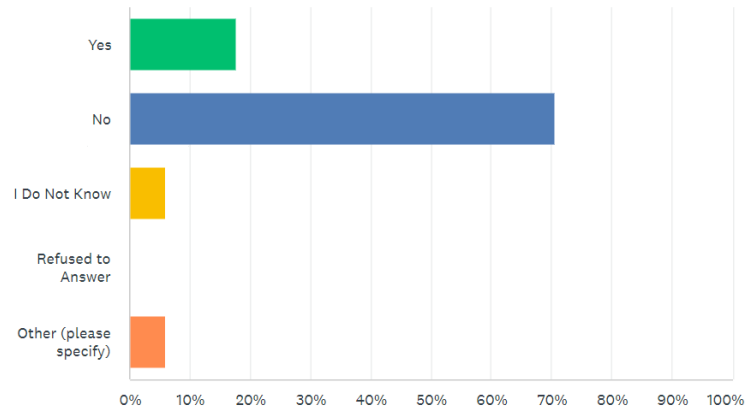
Projects	Project Cost
Widen WV 601 to correct offset intersection and grade, separate CSX crossing	\$55 million
Construct new bridge over Elk Rive & upgrade connecting roads	\$9 million
Construction RHL Blvd connector from shops at Trace Fork WV to 601	\$10 million
Add 3 lanes to US 119 northbound from Cantley Drive to McCorkle and improve operation.	\$5.6 million
Add lanes to US 119 (corridor G) from Lawndale Lane to McCorkle Ave and to the I-64 connector. Install Cantley flyover, build underpass at Lucado road and Oakwood Road and improve operation.	\$34.7 million
Improve intersection of WV 622 and WV 62 in Cross Lanes, including single improvements and turn lanes.	\$4.7 million
Widen and upgrade the 3rd street rail underpass in St. Albans.	\$9.6 million
Add Southbound left turn lane on WV 62 (W. Washington St.) at Woodrum Lane.	\$0.6 million
The MacCorkle Avenue ADA ramp project is in conjunction with two other major upgrade projects on MacCorkle Avenue, which include repaving the highway from 40th Street to 56th Street, and a drainage correction and reconstruction project from 33rd Street to 40th Street. install 105 curb cuts along MacCorkle Avenue from 35th Street to 58th Street in Kanawha City. The project is part of an ongoing plan to bring all West Virginia highways into compliance with the Americans with Disabilities Act of 1990.	\$570,000
Total Transportation Safety Projects	\$1,29,770,000

Experts were also asked their opinion on infrastructure meeting the demands of the population in Kanawha County? (Transportation, Roads, and Broadband access)



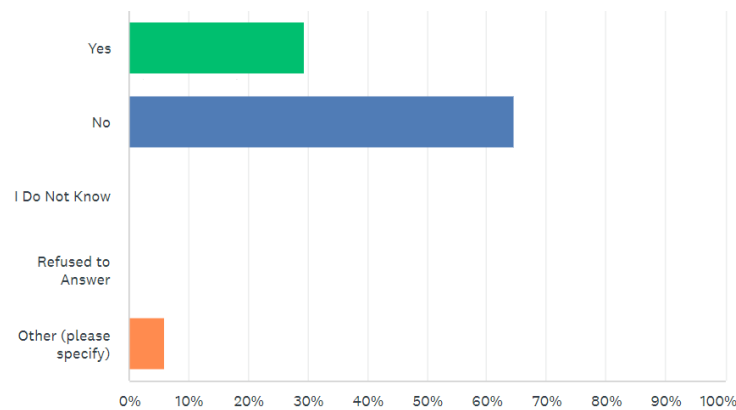
ANSWER CHOICES	RESPONSES
▼ Yes	29.41% 5
▼ No	64.71% 11
▼ I Do Not Know	0.00% 0
▼ Refused to Answer	0.00% 0
▼ Other (please specify)	5.88% 1

Experts were asked do residents have the resources to maintain a high quality of life



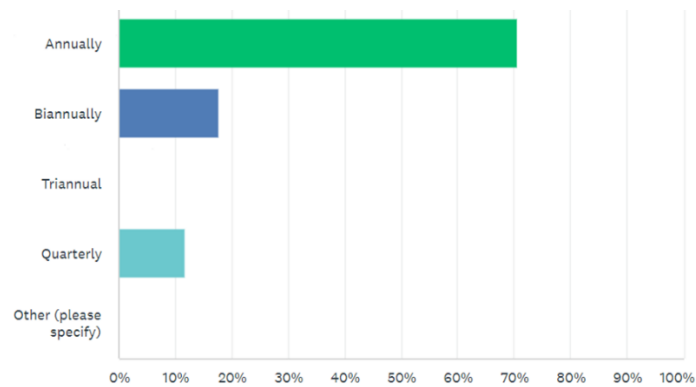
ANSWER CHOICES	RESPONSES	
▼ Yes	17.65%	3
▼ No	70.59%	12
▼ I Do Not Know	5.88%	1
▼ Refused to Answer	0.00%	0
▼ Other (please specify)	Responses 5.88%	1
TOTAL		17

Experts were also asked their opinion of residents have steady jobs and financial stability.



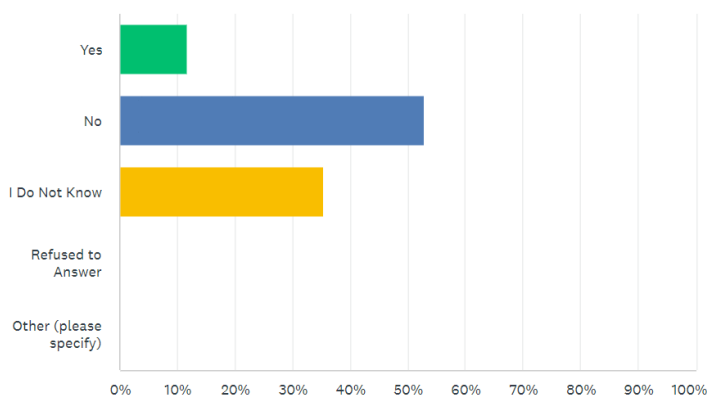
ANSWER CHOICES	RESPONSES	
▼ Yes	29.41%	5
▼ No	64.71%	11
▼ I Do Not Know	0.00%	0
▼ Refused to Answer	0.00%	0
▼ Other (please specify)	Responses 5.88%	1
TOTAL		17

Experts also indicated that employers should provide annual health checks to employees.



ANSWER CHOICES	RESPONSES	
▼ Annually	70.59%	12
▼ Biannually	17.65%	3
▼ Triannual	0.00%	0
▼ Quarterly	11.76%	2
▼ Other (please specify)	Responses 0.00%	0
TOTAL		17

Experts were asked do enough employers in Kanawha County provide employee health programs to aid in their wellbeing.



ANSWER CHOICES	RESPONSES	
▼ Yes	11.76%	2
▼ No	52.94%	9
▼ I Do Not Know	35.29%	6
▼ Refused to Answer	0.00%	0
▼ Other (please specify)	Responses 0.00%	0
TOTAL		17



## **Additional Resources**

<https://nationalcenterformobilitymanagement.org/transportation-supports-integration-into-the-community/>

<https://corporatefinanceinstitute.com/resources/management/employee-wellness-programs/>

## **Summary**

### **Potential Gaps and Other Considerations:**

The online community survey fell short in its questioning of transportation, but the focus group session revealed that for seniors' transportation is still a challenge in making appointments, going to the supermarket and day to day activities. Also, the online Expert surveys reveal more in transportation level of living in Kanawha County. utilization of public transit, road safety, and road design.

People who use their own vehicles were more concerned about the problems caused by road construction, while those who depend on public transportation expressed worries about its accessibility and availability to satisfy their daily demands. Both difficulties present prospective research subjects in the fields of policy, systems, and environment, such as collaborating with local authorities and infrastructure systems to assist development and transformation to satisfy local requirements.

The benefits of having a worksite wellness program may be hard for an employer to see as it related to money put in, but the benefits to the employer will be well worth the cost over the long haul as well as with the county.

## Priority: Expand Use/Knowledge of Community Centers for Social & Recreational Activities

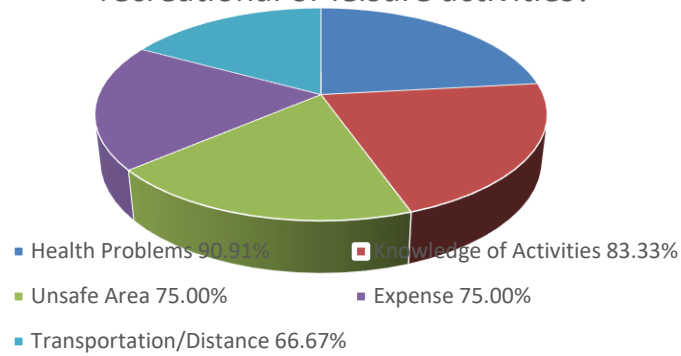
In our Play study, we questioned survey participants about their availability to safe recreational spaces in their neighborhoods, the sorts of recreational facilities they had access to, and any potential problems with outdoor leisure.



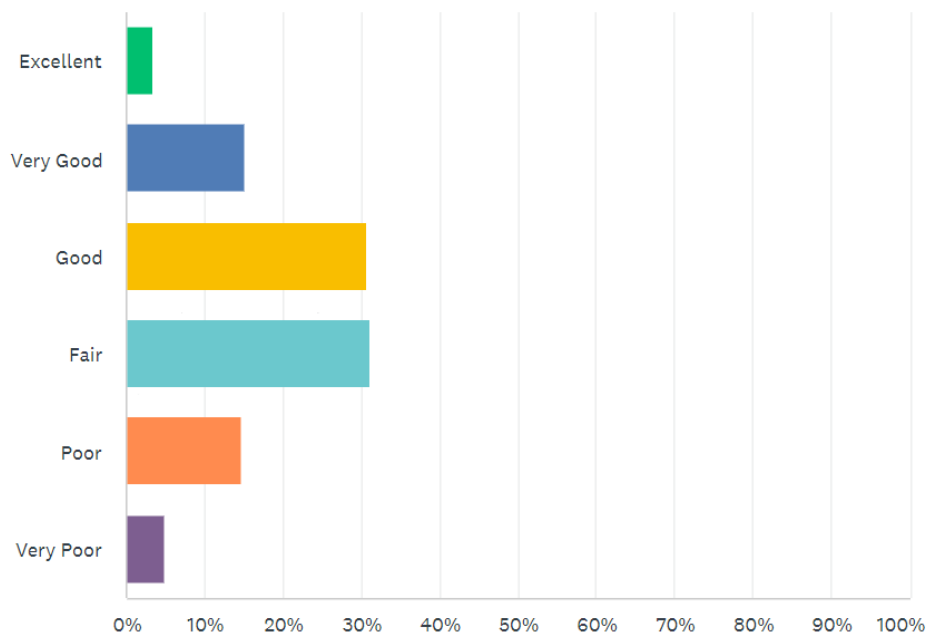
From the online survey done throughout Kanawha County, residents were asked the following: What would keep them from walking? The reasons were: work schedule 64% and family responsibilities 55.36%.

	YES-	NO-	I DO NOT KNOW-	REFUSED TO ANSWER-	TOTAL-	WEIGHTED AVERAGE-
- No facilities/trails nearby	24.65% 194	72.94% 574	1.78% 14	0.64% 5	787	1.78
- An unsafe neighborhood due to crime	28.72% 224	69.23% 540	1.79% 14	0.26% 2	780	1.74
- Unsafe street traffic	33.84% 265	64.88% 508	1.02% 8	0.26% 2	783	1.68
- No sidewalks	41.25% 323	57.22% 448	1.02% 8	0.51% 4	783	1.61
- Ice/snow on sidewalks	29.37% 227	67.79% 524	2.33% 18	0.52% 4	773	1.74
- Lack of crosswalks	16.69% 129	81.11% 627	1.68% 13	0.52% 4	773	1.86
- Too hilly or steep	28.00% 217	70.19% 544	1.29% 10	0.52% 4	775	1.74
- No scenery to enjoy	12.27% 95	85.40% 661	1.94% 15	0.39% 3	774	1.90
- Lack of lighting	29.25% 227	68.69% 533	1.68% 13	0.39% 3	776	1.73
- No one to walk with	38.30% 298	60.28% 469	1.16% 9	0.26% 2	778	1.63
- Family responsibilities	55.36% 434	43.11% 338	1.15% 9	0.38% 3	784	1.47
- Work schedule	64.09% 505	34.64% 273	1.02% 8	0.25% 2	788	1.37

The following are the top conditions keep Kanawha County residents from participating in recreational or leisure activities?

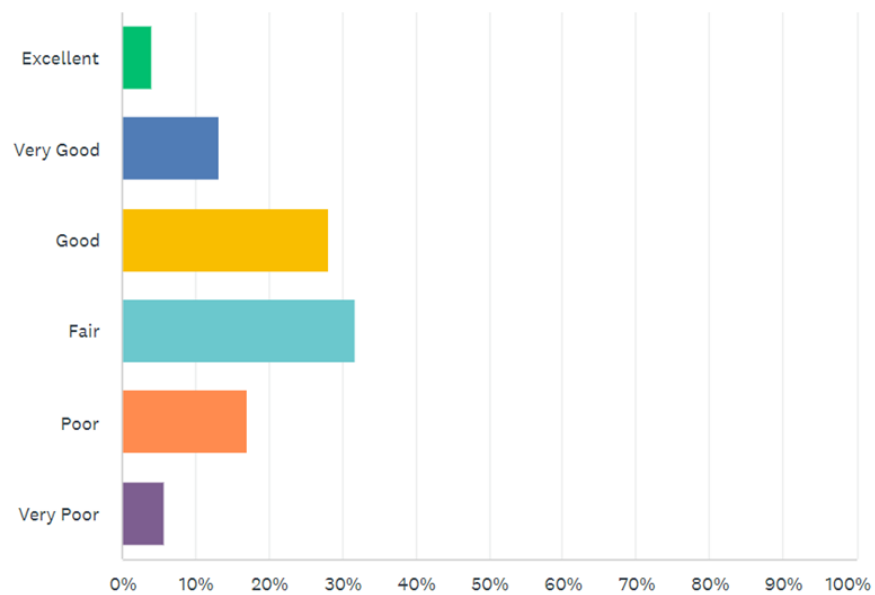


Community opinions on rating activities in Kanawha County as follows:



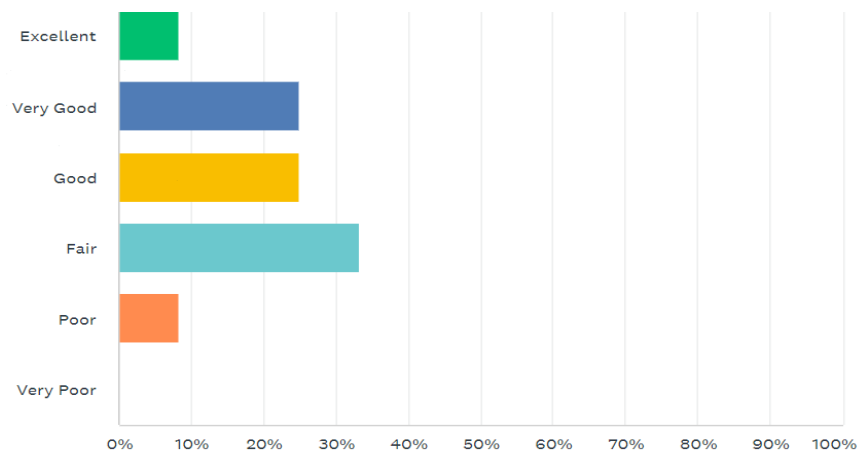
ANSWER CHOICES	RESPONSES
▼ Excellent	3.39% 27
▼ Very Good	15.18% 121
▼ Good	30.74% 245
▼ Fair	31.12% 248
▼ Poor	14.68% 117
▼ Very Poor	4.89% 39
<b>TOTAL</b>	<b>797</b>

The community online survey asked residents to rate the availability of activities conducted in a safe place for children and adults to have recreation.



ANSWER CHOICES	RESPONSES	
▼ Excellent	4.15%	33
▼ Very Good	13.21%	105
▼ Good	28.18%	224
▼ Fair	31.70%	252
▼ Poor	16.98%	135
▼ Very Poor	5.79%	46
<b>TOTAL</b>		<b>795</b>

The Expert surveys were not far off from the community-based surveys





ANSWER CHOICES ▼	RESPONSES ▼	
▼ Excellent	8.33%	1
▼ Very Good	25.00%	3
▼ Good	25.00%	3
▼ Fair	33.33%	4
▼ Poor	8.33%	1
▼ Very Poor	0.00%	0
TOTAL		12

## Additional Resources

<https://extension.wvu.edu/community-business-safety/tourism-hospitality/west-virginias-wild-and-wonderful-state-parks>

## Summary

### Potential Gaps and Other Considerations:

Informing residents about available activities and cost was the issue that came up most often when it came to using existing recreational venues. Although there seems to be ample recreation area in cities like Charleston, accessibility is obviously a problem. To fill a research gap in our study and better understand the requirements of the larger Kanawha County, more focus needs to be paid to surveying people in other sections of Kanawha County who cannot access Charleston or other major towns for recreational options. Considering the existing recreational facilities, initiatives, and plans to raise public awareness of events, leisure, and travel, as well as the prospect of locating financing to support this work.

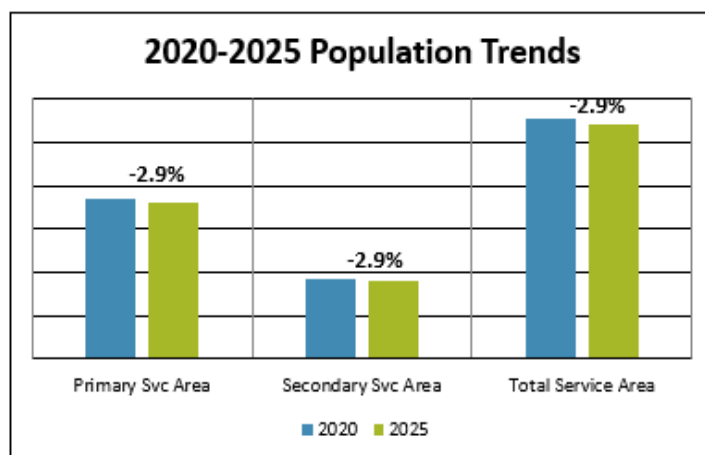
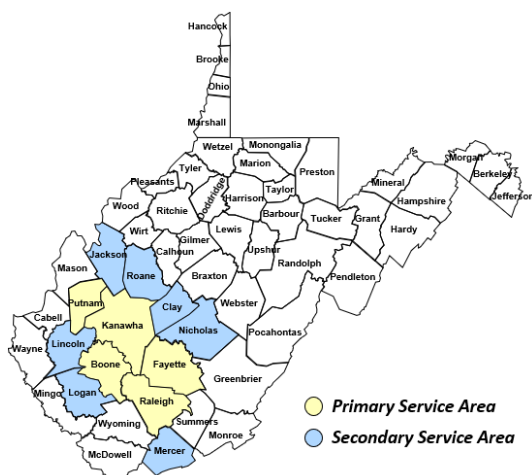
## Summary

The CHNA report included an online community survey and expert surveys in the areas of live, learn, work, and play. In addition, CHNA considered the views of the three focus groups, which included a combined total of 30 participants from various areas of Kanawha County. The areas of concern have not changed in the past three years, but the severity has. Residents in Kanawha County have been consistent with previous study done in areas of Live, Learn, Work and Play. partially because of the Covid- 19 outbreak and the nationwide halt campaign. This office's efforts to enhance the quality of life for Kanawha County citizens will continue in many of these areas in the coming year.

## OBJECTIVE DATA – SECONDARY COUNTY HEALTH DATA

A comprehensive database of health-related data and statistics is compiled/updated by CAMC staff from numerous sources regarding the health of the citizens of Kanawha County, as well as the other counties in our Primary and Secondary Service Area and is incorporated into the document entitled *Health Indicator Data Sheet*. The findings are sorted into categories for ease of reference and provide the following for each indicator: name, data link, County results, West Virginia results, United States results, West Virginia county rank and United States state rank. The trend is then established for each indicator, as well as comparison to West Virginia and the nation. These trends and comparisons are color coded to identify improvement in trend, and if comparisons are favorable or unfavorable. The *Health Indicator Data Sheet* is available on the CAMC website and is used extensively for community need, statistical and grant writing purposes.

## CAMC NEEDS ASSESSMENT FOR OTHER PRIMARY AND SECONDARY SERVICE AREA COUNTIES



### Primary Service Area

- Boone County
- Fayette County
- Kanawha County
- Putnam County
- Raleigh County

### Secondary Service Area

- Clay County
- Jackson County
- Lincoln County
- Logan County
- Mercer County
- Nicholas County
- Roane County

County	2020 Population	2025 Projected Population	2020-2025 Change	2020-2025 % Change
Boone County	21,344	20,198	-1,146	-5.4%
Fayette County	42,259	40,845	-1,414	-3.3%
Kanawha County	177,009	170,757	-6,252	-3.5%
Putnam County	56,734	57,216	482	0.8%
Raleigh County	72,948	70,610	-2,338	-3.2%
<b>Primary Svc Area</b>	<b>370,294</b>	<b>359,626</b>	<b>-10,668</b>	<b>-2.9%</b>
Clay County	8,495	8,215	-280	-3.3%
Jackson County	28,505	28,214	-291	-1.0%
Lincoln County	20,293	19,742	-551	-2.7%
Logan County	31,740	30,073	-1,667	-5.3%
Mercer County	58,235	56,643	-1,592	-2.7%
Nicholas County	24,492	23,846	-646	-2.6%
Roane County	13,743	13,361	-382	-2.8%
<b>Secondary Svc Area</b>	<b>185,503</b>	<b>180,094</b>	<b>-5,409</b>	<b>-2.9%</b>
<b>Total Service Area</b>	<b>555,797</b>	<b>539,720</b>	<b>-16,077</b>	<b>-2.9%</b>

Variable	CAMC 12 County Service Area			
	2020	2025	Change	%Change
<b>DEMOGRAPHIC CHARACTERISTICS</b>				
Total Population	554,356	538,225	-16,131	-2.9%
Total Male Population	272,120	264,407	-7,713	-2.8%
Total Female Population	282,236	273,818	-8,418	-3.0%
Females, Child Bearing Age (15-44)	94,106	89,531	-4,575	-4.9%
Average Household Income	\$62,313			
<b>POPULATION DISTRIBUTION</b>				
Age Distribution				
0-14	94,179	88,442	-5,737	-6.1%
15-17	19,823	19,778	-45	-0.2%
18-24	43,620	44,903	1,283	2.9%
25-34	62,822	58,378	-4,444	-7.1%
35-54	136,198	126,102	-10,096	-7.4%
55-64	80,589	74,312	-6,277	-7.8%
65+	117,125	126,310	9,185	7.8%
<b>HOUSEHOLD INCOME DISTRIBUTION</b>				
Total Households	233,992	227,845	-6,147	-2.6%
2020 Household Income Distribution	HH Count	% of Total		
<\$15K	36,574	15.7%		
\$15-25K	31,387	13.4%		
\$25-50K	59,714	25.6%		
\$50-75K	40,893	17.5%		
\$75-100K	25,307	10.8%		
Over \$100K	39,605	17.0%		
<b>EDUCATION LEVEL</b>				
Population Age 25+	396,734			
2020 Adult Education Level Distribution	25+ Pop	% of Total		
Less than High School	18,514	4.7%		
Some High School	36,288	9.1%		
High School Degree	163,421	41.2%		
Some College/Assoc. Degree	101,516	25.6%		
Bachelor's Degree or Greater	76,995	19.4%		
<b>RACE/ETHNICITY</b>				
Population	554,356			
2020 Race/Ethnicity Distribution	Pop	% of Total		
White Non-Hispanic	505,240	91.1%		
Black Non-Hispanic	26,261	4.7%		
Hispanic	7,159	1.3%		
Asian & Pacific Is. Non-Hispanic	4,133	0.7%		
All Others	11,563	2.1%		

### Median Age and Income

County	2020		2025		2020 Total		2025 Total		2020 Median		2025 Median	
	Median Age	Median Age	Households	Households	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income	Household Income
Boone	44.6	46.0	8,599	8,136	\$39,439	\$39,549						
Clay	44.2	44.5	3,421	3,322	\$34,666	\$34,143						
Fayette	44.0	44.5	17,477	16,957	\$42,859	\$45,185						
Jackson	44.0	44.4	11,859	11,809	\$44,801	\$46,437						
Kanawha	43.6	44.4	77,612	74,972	\$45,640	\$47,162						
Lincoln	43.6	44.3	8,377	8,209	\$38,800	\$40,034						
Logan	44.5	45.7	12,980	12,349	\$38,521	\$38,427						
Mercer	43.4	43.9	25,113	24,502	\$40,869	\$43,165						
Nicholas	45.6	46.3	10,426	10,217	\$39,162	\$38,572						
Putnam	42.6	43.8	22,745	23,032	\$66,280	\$72,221						
Raleigh	42.6	43.4	29,559	28,642	\$42,856	\$43,049						
Roane	46.1	47.1	5,824	5,698	\$41,894	\$44,653						
Total	43.6	44.4	233,992	227,845	\$45,122	\$46,924						

### Labor Force Characteristics

County	2020 Total		Total Labor		Employed in		Employed in		Unemployed in		Females in	
	Count	%Down	Count	%Across	Count	%Across	Count	%Across	Count	%Across	Count	%Across
Kanawha	145,793	32.1%	80,454	55.2%	74,894	51.4%	281	0.2%	5,279	3.6%	39,168	51.4%
Raleigh	59,623	13.1%	29,474	49.4%	26,890	45.1%	32	0.1%	2,552	4.3%	14,021	47.1%
Mercer	47,513	10.4%	22,545	47.5%	21,164	44.5%	0	0.0%	1,381	2.9%	11,305	45.0%
Putnam	45,923	10.1%	26,771	58.3%	25,753	56.1%	110	0.2%	908	2.0%	12,183	51.8%
Fayette	34,491	7.6%	16,350	47.4%	14,991	43.5%	0	0.0%	1,359	3.9%	7,529	44.0%
Logan	26,184	5.8%	11,161	42.6%	9,742	37.2%	0	0.0%	1,419	5.4%	5,134	38.4%
Jackson	23,167	5.1%	11,325	48.9%	10,809	46.7%	0	0.0%	516	2.2%	5,100	43.3%
Nicholas	20,092	4.4%	9,993	49.7%	9,269	46.1%	0	0.0%	724	3.6%	4,506	43.9%
Boone	17,516	3.9%	7,150	40.8%	6,400	36.5%	0	0.0%	750	4.3%	3,164	35.5%
Lincoln	16,346	3.6%	7,270	44.5%	6,749	41.3%	0	0.0%	521	3.2%	3,395	41.0%
Roane	11,322	2.5%	5,005	44.2%	4,551	40.2%	0	0.0%	454	4.0%	2,240	39.3%
Clay	6,799	1.5%	2,625	38.6%	2,339	34.4%	0	0.0%	286	4.2%	1,155	34.0%
Total	454,769	100.0%	230,123	50.6%	213,551	47.0%	423	0.1%	16,149	3.6%	108,900	46.6%

To ensure needs are identified for CAMC's other service area counties beyond Kanawha County, County Indicator Data Reports were prepared for Putnam, Boone, Fayette and Raleigh Counties (Primary Service Area Counties) and for Clay, Jackson, Lincoln, Logan, Mercer, Nicholas and Roane Counties (Secondary Service Area Counties). These County Indicator Data Reports are available on the CAMC website at [www.camc.org](http://www.camc.org).

**Service Area Health Priorities by County**  
**2023 Community Benefit Planning**  
**2022**

<b>Indicator</b>	<b>Total Service Area Ranking</b>
Percent of adults reporting poor or fair health	67
Poor physical health days	67
Unemployment	67
Premature Death Years of potential life lost before age 75	64
Physical Inactivity	62
Poor mental health days	62
Percent Children in Poverty	61
Access to exercise opportunities	60
Young children not in school	59
Adult Smoking	58
Death rate due to cardiovascular disease	58
Percent of labor force that drives alone to work	57
Death rate due to intentional self-harm	55
People living below poverty rate	55
Drug Overdose Deaths	54
Families living below poverty rate	54
Mode of getting to work: public transit	54
Motor vehicle crash death rate	53
Child and teen death rate	52
Diabetes Prevalence among adults 18+	52
Low birthweight	52
Mean travel time to work	52
Percent Low Birth Weight babies	52
Death by Influenza/Pneumonia	51
Death rate due Alzheimer's Disease	51
Food Insecurity	51
Percent of children eligible for free lunch	51
Child abuse/neglect rate	50
Mode of getting to work: % drove alone	50
Colorectal cancer incidence rate	49
Lung cancer incidence rate	49
Children in families where household head lacks high school diploma	48
Occupied housing units with no vehicles available	48
Residents >25 with BA degree or higher	48
Some college	48
Death rate due to colorectal cancer	47
Death rate due to prostate cancer	47

Oral cancer incidence rate	47
Social associations	47
Alcohol-Impaired Driving (BAC-.08+) Fatalities	46
Bladder cancer incidence rate	46
Children in Poverty	46
Infant mortality rate per 1,000 live births	46
Non-Hodgkin Lymphoma incidence rate	46
Death rate due to stroke	45
3-12 grade students proficient in Science	44
Primary Care Physicians	44
Teen birth rate	44
Mammogram screening	43
8 <sup>th</sup> grade students proficient in Science	42
Death rate due to lung and bronchus cancer	42
Death rate due to motor vehicle injuries	42
People over 65 living below poverty rate	41
Teen birth rate	41
5th grade students proficient in Science	40
3-12 grade students proficient in Reading	38
Limited Access to Healthy Foods	38
Melanoma of the skin incidence rate	38
Diabetes Prevalence	37
Food environment index	37
Preventable hospitalizations	37
Uterus incidence rate	37
4 <sup>th</sup> grade students proficient in Reading	35
Death rate due to breast cancer	35
Literacy	35
The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	35
Excessive Drinking	34
Homicide rate	33
8 <sup>th</sup> grade students proficient in Reading	31
4 <sup>th</sup> grade students Who Scored Below Proficient Reading	30
Gonorrhea rate	30
3-12 grade students proficient in Math	28
Chlamydia (per 100,000)	28
4 <sup>th</sup> grade students proficient in Math	27
Children in single-parent households	27
Children who are obese (5th grade students)	27
Pancreatic cancer incidence rate	27
Brain cancer incidence rate	26
Ovarian cancer incidence rate	26
8 <sup>th</sup> grade students proficient in Math	25
Uninsured (Percent of adult population under age 65 without health insurance)	25
Breast cancer incidence rate (female)	24
Early Syphilis	22
All Drugs - Overdose Counts by Drug Type	21
Children who are overweight (5th grade students)	20



HIV Prevalence	20
Four Year Graduation Rate	18
Disability Status: Do you have serious difficulty concentrating, remembering or making decisions?	17
Adults engaging in any physical activities.	16
Adults who are obese	16
Esophagus incidence rate	16
Mammogram history - Women aged 40+ who have had a mammogram within past 2 years	16
Prostate cancer incidence rate	15
Adults who visited a dentist	14
Adults with asthma	14
Cervical cancer incidence rate	14
Consumed fruit one or more times per day	14
General Health (Fair / Poor)	14
General Health (Good / Better)	14
Homeownership rate	14
Consumed vegetables one or more times per day	13
Disability Status: Do you have serious difficulty walking or climbing stairs?	13
Hypertension (Adults who have been told they have high blood pressure)	13
Influenza vaccination rate 65+	13
Stroke (Ever told you had a Stroke)	13
Heart Attack (Ever told you had a Heart Attack)	12
High school graduation	12
Smokeless Tobacco Use: Do you currently use chewing tobacco, snuff or snus? Response is "Not at all"	12
Angina/Coronary Heart Disease (Ever told you had an Angina/Coronary Heart Disease)	11
High school students not graduating on time	11
Adults who have never smoked	10
E-Cigarette User Status: Adults who are current e-cigarette users	10
Arthritis - Adults who have been told they have arthritis	9
Cholesterol never checked (from Q last 5 yrs.)	9
Diabetes (Ever told you had a Diabetes)	9
Chip Enrollment (As of June)	8
High Cholesterol	8
Pneumonia vaccination rate 65+	8
Colon cancer screening – Adults aged 50-75 who had colonoscopy in the past ten years	7
Colon cancer screening – Adults aged 50-75 who have had a blood stool test within past year	7
Participated in 150 minutes or more of Aerobic Physical Activity per week	7
Adults overweight	6
Men aged 40+ who have had a PSA test within the past two years	6
Participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines	6
Participated in muscle strengthening exercises two or more times per week	6
Adult binge plus heavy drinking	5
PAP test history - Women aged 21-65 who have had a pap test in the past three years	5
Cholesterol checked last 5 years	4
Shingle vaccination	4

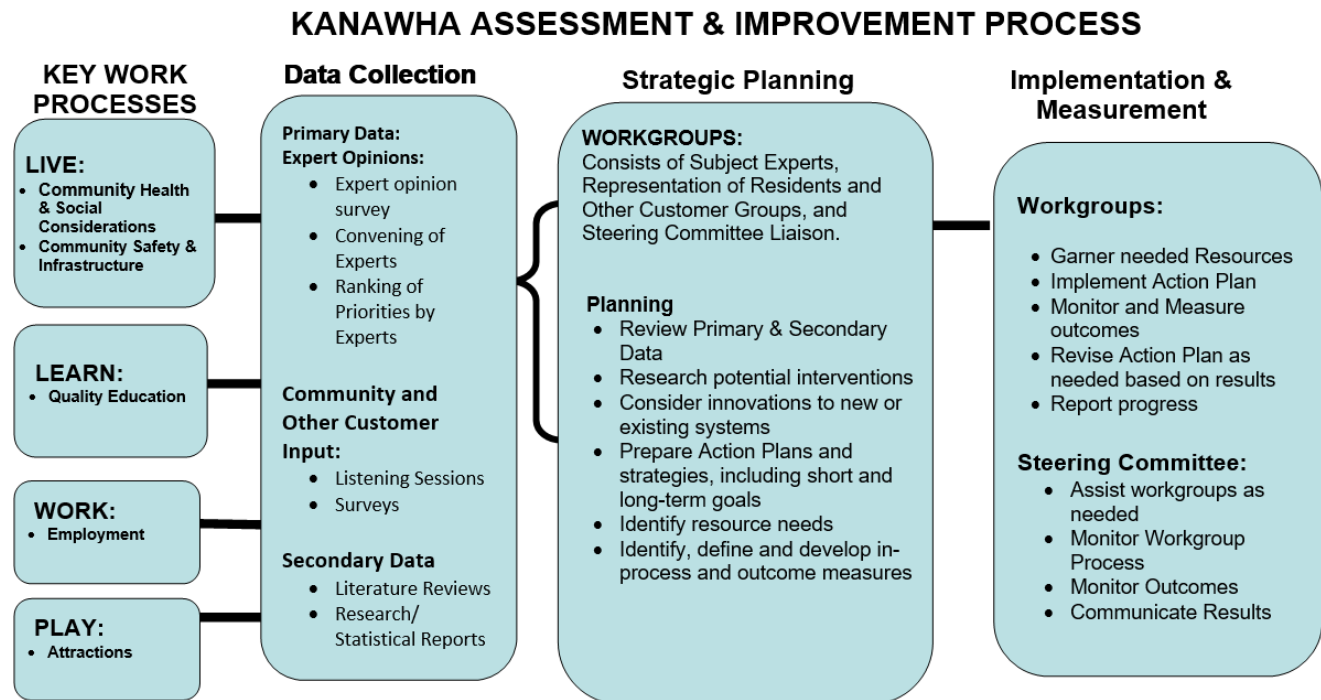
The analysis from the County Health Indicator Reports for our 12-county service area support the findings from the Kanawha Coalition Community Needs Assessment.

The Kanawha Coalition Assessment Process findings (County Health Data, Expert Opinion Survey, Focus Groups, and an Online Survey) and the County Health Indicator Reports were systematically analyzed to develop a list of the top community health issues for our 12-county service area. These include:

<b>LIVE: Health and Social</b>
<b>Wellness promotion and chronic disease prevention education</b> <ul style="list-style-type: none"> <li>Diabetes, Obesity, Heart Disease, COPD, Cancer, Dental, Substance Abuse/Addiction, HIV/AIDS, Hepatitis A/B/C</li> </ul>
<b>LIVE: Safety and Infrastructure</b>
<b>Mental health (children &amp; adults)</b> <ul style="list-style-type: none"> <li>Mental Health, Homelessness, Crime</li> </ul>
<b>LEARN</b>
<b>Educate families on the importance of early childhood education</b> <ul style="list-style-type: none"> <li>Access and Availability of Early Childhood Education</li> </ul>
<b>WORK</b>
<b>Employer wellness programs</b> <ul style="list-style-type: none"> <li>Jobs/Wages, Workforce Development, Lack of Diverse Job Opportunities</li> </ul>
<b>PLAY</b>
<b>Expand use/knowledge of community center for social &amp; recreational activities in Kanawha County</b> <ul style="list-style-type: none"> <li>Access to the Arts, Culture &amp; Entertainment Opportunities, Shopping/Business Opportunities, Recreational Spaces in Neighborhoods</li> </ul>

## ASSESSMENT and IMPROVEMENT PROCESS

The Kanawha Coalition for Community Health Improvement uses the following process to assess, implement and measure the identified top issues under each priority area.



Revised: March, 2020

The Kanawha Coalition for Community Health Improvement's process serves as CAMC's needs assessment and was conducted in conjunction with CAMC General Hospital, CAMC Memorial Hospital, CAMC Women and Children's Hospital, and Thomas Health Systems.

The CAMC Needs Assessment is made widely available to the public via the CAMC Health System website at [www.camc.org](http://www.camc.org) and is available upon request from any CAMC hospital. The Kanawha Coalition for Community Health Improvement's Needs Assessment is available on the Kanawha Coalition for Community Health Improvement's website at [www.healthykanawha.org](http://www.healthykanawha.org) and is available upon request as well.

## CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

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

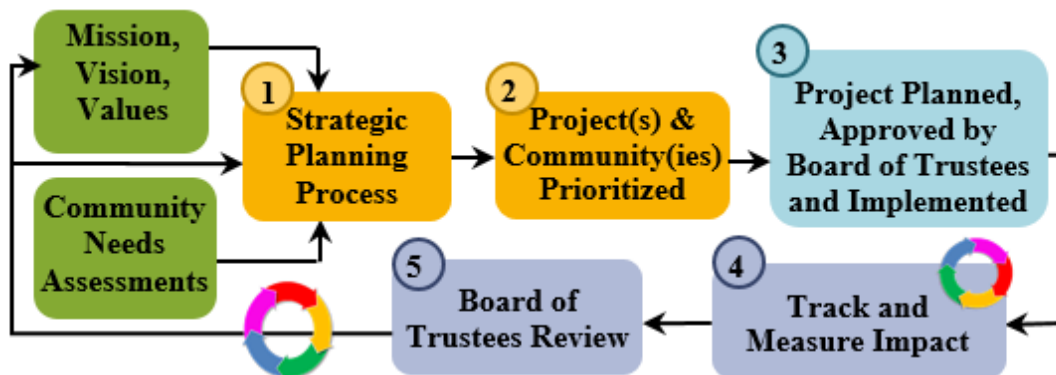
Although all CAMC hospitals are licensed separately, the Kanawha County Charleston hospitals jointly plan, implement goals and report into one governance structure. Because CAMC Teays Valley Hospital is located in Putnam County and serves as a community hospital, it completes its own community needs assessment and implementation strategies. CAMC Greenbrier Valley Hospital is located in Greenbrier County, West Virginia and completes its own Community Health 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, Feb. 2017)

The following outlines CAMC's community support process:



Annually during the strategic planning process<sup>1</sup> we review the community health needs assessment findings, community priorities and our service area. In alignment with our mission, vision and values, we identify community health projects and their associated communities<sup>1</sup> for

our community plan. These projects are <sup>3</sup> planned, implemented, and posted to our CAMC website. We <sup>4</sup> track and measure progress and use the DMAIC process for improvement. The CAMC Board of Trustees approves the plan and <sup>5</sup> reviews plan progress annually. Because of the size and scope of our services, the approach we use to identify our key communities <sup>2</sup> is based on the project, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC strategy, community is based on the need identified through needs assessments for each of our service area counties and the population to be addressed. For example, our work to build a sustainable Research Infrastructure covers all of West Virginia and our HIV program serves our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have resulted in alignment of Civic Affairs Council monetary contributions to community needs, and to improvements in including social determinants of health in the KCCHI Needs Assessment 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 issues identified during the KCCHI Community Needs Assessment Process. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups' plans. Once the KCCHI plans are developed, as part of the strategic planning process, CAMC determines if there are additional areas of support that can be provided by CAMC to address the identified issues. The following table lists programs provided by CAMC that address these community priorities and are identified and funded as part of operational planning by the CAMC Board of Trustees.

ADDRESSED BY CAMC	CAMC General	CAMC Memorial	CAMC WCH	How Addressed by CAMC (Implementation strategies and ongoing work) (I) = Implementation Strategy
<b>LIVE: Health and Social Wellness promotion and chronic disease prevention education</b>				
Diabetes	X	X	X	<ul style="list-style-type: none"> <li>• Keys 4 HealthyKids - Reduce Childhood Obesity, Prevent Diabetes (I)</li> <li>• FARMacy Program (I)</li> <li>• Diabetic Eye Screenings (I)</li> <li>• Gestational Diabetes Class at FRC</li> </ul>
Obesity	X	X	X	<ul style="list-style-type: none"> <li>• Keys 4 HealthyKids – Improve Access and Consumption of Local Produce (I)</li> <li>• Healthy Neighborhood Partnership with Dollar General (I)</li> <li>• Genesis 5K Program</li> <li>• Healthy Wage Challenges (Weight Loss/Healthy Steps)</li> </ul>
Limited Access to Food/Food Insecurity	X	X	X	<ul style="list-style-type: none"> <li>• FARMacy Program (I)</li> <li>• Healthy Neighborhood Partnership with Dollar General (I)</li> <li>• Sow &amp; Grow (I)</li> <li>• Social Determinants of Health – Coordinated Care Network (I)</li> </ul>
Heart Disease		X		<ul style="list-style-type: none"> <li>• Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I)</li> <li>• Advanced Life Support Training</li> <li>• Heart Failure Readmission</li> <li>• CMS Indicator Compliance</li> <li>• American Heart Association Sponsorship</li> <li>• Women Heart Support Group</li> <li>• Charleston WV Heart Walk</li> </ul>



COPD	X	X	X	<ul style="list-style-type: none"> <li>• Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I)</li> <li>• CMS Indicator Compliance</li> <li>• COPD Readmissions</li> <li>• Smoke Free Campuses</li> </ul>
Cancer		X	X	<ul style="list-style-type: none"> <li>• Cancer Center Fashion Show</li> <li>• Cancer Center Support Group</li> <li>• Breast Cancer Awareness Activities</li> <li>• Breast Cancer Survivorship Group</li> <li>• Run for Your Life</li> <li>• Screen 2 Intervene</li> <li>• Healthy Steps Exercise Program</li> <li>• Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I)</li> <li>• Community Cancer Education Inc. (Civic Affairs)</li> <li>• CAMC Foundation Grant–CAMC Breast Center free mammograms to uninsured/underinsured women; CAMC Cancer Center for assistance with meds, chemo, supplies, etc.</li> </ul>
Dental	X	X	X	<ul style="list-style-type: none"> <li>• Mobile Unit</li> </ul>
Substance Abuse/Addiction, HIV/AIDS, Hepatitis A/B/C	X	X	X	<ul style="list-style-type: none"> <li>• Ryan White Program (I)</li> <li>• RMOMS (I)</li> <li>• WCH C.A.R.E (I)</li> <li>• Build a sustainable research infrastructure that substantively contributes to improving WV health outcomes (I)</li> <li>• Baby First Program Addiction Services Peer Recovery Support Specialists</li> <li>• REA of Hope Fellowship Home – Civic Affairs</li> </ul>
Wellness Promotion	X	X	X	<ul style="list-style-type: none"> <li>• Discounted Lab Work</li> <li>• Healthy Neighborhood Partnership with Dollar General (I)</li> <li>• Healthy Kanawha Wellness Program (I)</li> <li>• Drive Thru Health Fairs (I)</li> <li>• RMOMS (I)</li> <li>• Vaccine Initiatives</li> </ul>
<b>LIVE: Safety and Infrastructure</b>				
<b>Mental Health (children &amp; adults)</b>				
Mental Health	X	X	X	<ul style="list-style-type: none"> <li>• Outpatient Mental Health Services for Uninsured and Underinsured</li> <li>• Provide medical direction to EMS agencies (I)</li> <li>• Family Resource Center</li> <li>• The Healing House (Civic Affairs)</li> </ul>
Homelessness	X	X	X	<ul style="list-style-type: none"> <li>• Provide medical direction to EMS agencies (I)</li> <li>• WV Health Right–Access to Care, Pharmacy Services</li> <li>• Covenant House – Civic Affairs</li> </ul>
Crime	X	X	X	<ul style="list-style-type: none"> <li>• Provide medical direction to EMS agencies (I)</li> </ul>
<b>LEARN</b>				
<b>Educate families on the importance of early childhood education</b>				
Access and Availability of Early Childhood Education	X	X	X	<ul style="list-style-type: none"> <li>• Teddy Bear Fair</li> <li>• Keys 4 HealthyKids - Reduce Childhood Obesity, Prevent Diabetes (I)</li> <li>• Drive Thru Health Fairs (I)</li> </ul>
<b>WORK</b>				
<b>Employer wellness programs</b>				
Jobs/Wages	X	X	X	<ul style="list-style-type: none"> <li>• Medical Explorers</li> <li>• Healthcare Career Showcase</li> <li>• CAMC Career Road Map</li> </ul>

Lack of Diverse Job Opportunities, Workforce Development	X	X	X	<ul style="list-style-type: none"> <li>• Build the Base of Local Growers and Artisans</li> <li>• Imagine U</li> <li>• Junior Nurse Academy</li> <li>• CAMC Foundation Grant – Tuition Assistance</li> <li>• Teaching Institution</li> </ul>
<b>PLAY</b> Expand use/knowledge of community center for social & recreational activities in Kanawha County				
Access to Arts, Culture & Entertainment Opportunities	X	X	X	<ul style="list-style-type: none"> <li>• CAMC Pride Card</li> </ul>
Shopping/Business Opportunities	X	X	X	<ul style="list-style-type: none"> <li>• CAMC Pride Card</li> </ul>
Access to Recreational Spaces in Neighborhoods	X	X	X	<ul style="list-style-type: none"> <li>• United Way Day of Caring</li> <li>• CAMC Pride Card</li> <li>• CAMC Event at Appalachian Power Park</li> </ul>

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

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

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

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

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

**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.

**CAMC Greenbrier Valley Hospital**, a 122-bed acute care hospital in Greenbrier County, WV, provides inpatient care, outpatient care, emergency services, surgical care and diagnostic services to its community as well as community benefit to the residents of its county. CAMC Greenbrier Valley Hospital 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 2023 Community Health Needs Assessment and Implementation Strategy was made widely available on CAMC's website, and the Needs Assessment was also published on the Kanawha Coalition for Community Health Improvement website. Annually, CAMC reports on the Implementation Strategies, and these are posted to the CAMC website. CAMC did not receive any input from the public through the comment section with the postings or from any other source.

## **INPUT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN CAMC'S PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT**

Progress toward achievement of implementation strategies identified in CAMC's 2020 Community Health Needs Assessment and report on the Implementation Strategies in 2020, 2021 and 2022 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 2022 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 and 2022 CHNA. CAMC made significant progress over the 2014–2022 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 2023.

# 2023 - 2025 CAMC Community Benefit Plan Implementation Strategy

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

1. Social Determinants of Health Initiative
2. Pharmacy Program
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. Healthy Neighborhoods Partnership with Dollar General
6. Drive Thru Health Fairs
7. Diabetic Eye Screenings
8. Healthy Kanawha Wellness Program

<b>#1</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Wellness promotion and chronic disease prevention
IDENTIFIED HEALTH ISSUE	Improve access to services for people who experience financial insecurities that relate to food and utilities as well as improving transportation barriers.
COMMUNITY SERVED	Greater Kanawha Valley, Medicaid/Medicare beneficiaries, fixed/limited income residents.
PROGRAM DESCRIPTION AND RATIONALE	The Social Determinants of Health (SDoH) initiative bolsters access to essential services for individuals facing financial insecurities, especially in food, utilities, and transportation. Recognizing the challenges many community members face, this initiative addresses transportation barriers to ensure that distance or mobility challenges don't prevent access to crucial services. Central to this effort is establishing a coordinated care network that seamlessly integrates health and social assistance providers. Through collaboration and streamlined communication, the program endeavors to provide a smooth experience for individuals seeking services, eliminating the everyday obstacles of bureaucracy and fragmentation. The ultimate goal is to construct a more resilient, interconnected, supportive community environment.
STRATEGIC OBJECTIVE	<b>SOCIAL DETERMINANTS OF HEALTH (SDoH) - Focus on creating a coordinated care network of health and social service providers to ensure people can access the services they need seamlessly.</b>
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Food insecurities:               <ul style="list-style-type: none"> <li>○ Increase access to healthy food options in low-income communities.</li> <li>○ Provide financial assistance to help people afford food.</li> <li>○ Educate people about healthy eating habits.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Utilities paying/management: <ul style="list-style-type: none"> <li>○ Help people find affordable housing with utilities included.</li> <li>○ Provide financial assistance to help people pay their utility bills.</li> <li>○ Educate people about how to manage their utility bills.</li> </ul> </li> <li>• Transportation barriers: <ul style="list-style-type: none"> <li>○ Provide carpool matching services.</li> <li>○ Create more accessible public transportation.</li> <li>○ Educate people about transportation options.</li> </ul> </li> </ul>
MEASURE TO EVALUATE THE IMPACT	Number of referrals, Percentage of patients that received needed services
TIMELINE	<p>2023-2025</p> <p>First year building connection and resources to refer patients to.</p> <p>Second year focuses on being able to continue to grow resources and start directing those in need to the appropriate help.</p> <p>Third year will consist of building and referring but being able to quantify the success of the program by generating reports of closed success/unsuccessful cases.</p>
RESOURCES	<p><b>Referral Management:</b> Service providers can send and receive electronic referrals, ensuring that individuals get the care or services they need, whether clinical care, food assistance, housing, or any other service.</p> <p><b>Coordination:</b> The platform tracks the individual's journey through the system, allowing organizations to see the referral status, whether a service was delivered, and the outcome.</p> <p><b>Data &amp; Analytics:</b> Provides insights and reports on how services are being used, which can guide decision-making and highlight areas where more resources might be needed.</p> <p><b>Addressing Social Determinants of Health:</b> By linking health and social service providers, address social needs such as housing, food insecurity, transportation, and employment, recognizing that these factors can significantly impact health outcomes.</p> <p><b>Communication Tools:</b> The platform allows for secure and confidential communication between organizations, ensuring that sensitive information is protected while facilitating coordination.</p> <p><b>Integration with Existing Systems:</b> Can be integrated with electronic health records (EHRs) and other IT systems, making it a seamless part of an organization's workflow.</p>
PARTNERS/ COLLABORATORS	<p>Unite Us is a technology company that has developed a platform aimed at connecting healthcare and social service providers. The platform facilitates coordination and referrals among a network of community organizations and service providers, making it easier for individuals to access the services they need. Unite Us enables organizations, whether they are health systems, governments, or nonprofits, to form integrated networks where partners can collaborate to address the social determinants of health.</p>

#2	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Food insecurity and diabetic management education
IDENTIFIED HEALTH ISSUE	Improve access to healthy produce and disease management maintenance for individuals that suffer from diabetes and food insecurity
COMMUNITY SERVED	Individuals within Kanawha, Logan, Monongalia, Greenbrier, Cabell counties who reside in a food desert community
PROGRAM DESCRIPTION AND RATIONALE	<p>FARMacy is a Food as Medicine program where individuals are identified based on screening positive for food insecurity and uncontrolled diabetes (defined as having an A1c greater than 7.0%). This program aims to conclude that disease management can be achieved through access to healthy foods to address food insecurities along with increased nutritional, physical activity, and disease process education.</p> <p><b>Annual 15-week Program</b> – Patients have the opportunity to obtain weekly servings of produce along with standardized education aimed at improving the understanding of diabetes management and healthy lifestyle changes.</p> <p><b>Pop-Up Markets</b> – Community members have the opportunity to engage with a healthcare practice while gathering fresh produce along with education materials on diabetes management and healthy lifestyle changes.</p>
STRATEGIC OBJECTIVE	<b>REDUCE FOOD INSECURITIES AND IMPROVE HEALTH OUTCOMES IN DIABETIC PATIENTS</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Provide consistent healthy produce to participants</li> <li>2. Improve patient self-accessed disease management and healthy lifestyle knowledge</li> <li>3. Improve health outcomes for diabetic patients through intervention</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of patients enrolled</li> <li>• Percent of patients with improved labs, weight, and body mass index (BMI)</li> <li>• Percent of patients male vs female</li> </ul> <p>Start of annual Program: Labs consisting of A1c and total cholesterol are collected at onset of 15-week program</p> <p>Weekly: Weight and blood pressure are recorded weekly</p> <p>Conclusion of annual Program: A1c and total cholesterol are collected to compare to the values from the start of the program</p>
TIMELINE	May 2022 – Oct 2024 with opportunity for additional funding
RESOURCES	<b>Grant Funding:</b> Unicare WV. Through partnerships with payers, funding is secured to provide weekly produce from local area farms along with educational materials and monitoring equipment consisting of body scale, food scale, measuring cups and spoons, water reminder bottle, vegetable slicer, pedometer, reference materials and journals. Education on disease specific nutritional information and physical activity is provided weekly to the participants in a group setting. Cooking demonstrations are also utilized to educate participants in healthy cooking options for the produce received.



PARTNERS/ COLLABORATORS	Vandalia Health Network Unicare WVU Extension Services Ornery Acres Farm Four Seasons Produce Mountain Harvest Gritt's Farm CAMC LabWorks Mon Health Lab Services
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<b>#3</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Substance Abuse/Addiction, HIV/AIDS, Hepatitis A/B/C, Mental Health
IDENTIFIED HEALTH ISSUE	HIV in West Virginia
COMMUNITY SERVED	Part C 19 county service area in southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC 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 520 individuals at three locations (CAMC Outpatient Care Center Memorial, CAMC-RWP Beckley Clinic and RWP Mobile Medicine Clinic). 80% of all new diagnoses identified or referred to the RWP in 2022 were related to injection drug use, many of whom are unstably housed. Patients served have grown by over 40% in the last three years, largely fueled by the ongoing HIV outbreak in Kanawha County. HIV and SUD stigma remains the single largest barrier to care. Services include primary and pregnancy care and HIV specialty care; mental health; referral to addiction and specialty care; case management and social services; HIV testing/counseling and linkage in community and in ED/hospital (Early Intervention Services), and client retention in care by providing food, transportation, emergency utility and housing assistance. The program serves primarily the rural, underserved and impoverished counties of this area. As of December 31, 2022, a total of 2,207 were living with HIV/AIDS in West Virginia.</p>
STRATEGIC OBJECTIVE	<b>PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS</b>

<p>GOALS TO ADDRESS THE HEALTH NEED</p>	<p>Quality Medical Initiatives:</p> <ol style="list-style-type: none"> <li>1. Client Linkage and Retention Program for high-risk newly diagnosed in community</li> <li>2. HIV viral load suppression with ART</li> <li>3. Integrated mobile medicine unit clinic for HIV, HCV, SUD, Women's Health, STD and Primary Care telehealth – West Side Charleston and Eastern Kanawha County</li> <li>4. HIV Testing and Linkage services for SUD in ED/hospital</li> <li>5. Telemedicine via OPCC, Beckley and Mobile Clinic to clients in southern counties</li> <li>6. Intensive clinical case management for unstably housed persons with SUD and/or mental health issues</li> <li>7. Work with hospital to decrease SUD stigma towards patients by employees/staff</li> </ol> <p>Outreach/Support Services:</p> <ul style="list-style-type: none"> <li>• Free rapid HIV testing/education/linkage to other services via “mobile backpack”, targeted populations such as harm reduction clinics, drop-in centers, soup kitchens and other HIV venues such as community wellness events e.g. Addiction recovery month, WV Pride Week activities</li> <li>• Community Linkage Coordinator client street outreach and ongoing contact</li> <li>• Community Linkage Coordinator development of relations with corrections, other county Overdose Quick Response Teams (QRTs), county health departments, harm reduction clinics, corrections, addiction recovery centers and sober living homes</li> <li>• Staff travel to Beckley for weekly clinic.</li> <li>• Telemedicine clinics</li> <li>• Emergency funding for food pantry and for immediate life-saving needs such as lack of utilities and temporary stable environment for homeless/unstably-housed HIV-positive clients, in or out of care.</li> <li>• Collaboration with Covenant House, RCCR and KVC for housing</li> <li>• Travel exhibits</li> <li>• Newsletters and educational brochures distribution</li> <li>• Social media</li> <li>• UC and WV State University student programs</li> <li>• Social Media client support</li> </ul> <p>Prevention:</p> <ul style="list-style-type: none"> <li>• Condom distribution</li> <li>• HIV Test kit education and distribution</li> <li>• Education Presentations and lectures</li> <li>• Partner PrEP education and treatment</li> <li>• Vaccines</li> </ul>
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MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• HIV viral load suppression %</li> <li>• Number of new clients</li> <li>• Number of out-of-care clients returned to care</li> <li>• Number of clients' partners/contacts on PrEP</li> <li>• Number of HIV tests performed/number of positives recorded</li> <li>• Client surveys</li> <li>• Number of clients who are unstably housed</li> <li>• Number of clients receiving addiction care</li> <li>• Number of clients receiving mental health care</li> <li>• Number of clients receiving Hepatitis C treatment</li> <li>• Number of clients receiving food pantry or emergency utility/housing assistance</li> <li>• Social Media development stages</li> <li>• Number of presentations and audience</li> <li>• Number of clients receiving emergency funding</li> </ul>
TIMELINE	2023-2025
RESOURCES	CAMC Charity Care CAMC Outpatient Care Center CHERI HRSA Ryan White Part C HRSA 340B Program Income Highmark WV SUD Grant CAMC Foundation
PARTNERS/ COLLABORATORS	CAMC Health Education and Research Institute, Office of Grants Development and Compliance and Center for Academic Medicine CAMC Addiction Care Team WV Bureau for Public Health Div of STD, HIV, Hepatitis and TB (DSHHT) Highmark WV Covenant House City of Charleston CARE Team Religious Coalition for Community Renewal (RCCR) Kanawha Valley Collective (KVC) WV Health Right Ryan White Part B Program CAMC Foundation

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

PROGRAM DESCRIPTION AND RATIONALE	<p>CAMC has entered a third cycle of partnering through the WV Clinical and Translational Science Institute (WVCTSI), which was created in 2012. A founding member of WVCTSI, CAMC has worked within WVCTSI to form a well-connected, statewide health research network, creating the infrastructure to address substantial health issues of WV. 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 partners to establish trust and collaboration.</p> <p>Major Health Concerns: Poverty is pervasive in Appalachia with counties of “high poverty” (presence of poverty rates &gt; 1.5 the U.S. average) located mainly in WV and Eastern Kentucky. Appalachian mortality rates have increased with most counties of eastern Kentucky and southern WV having mortality rates well in excess of the US average. WV ranks 47th among the 50 states in the 2015 America’s Health Rankings and at or near the bottom for several chronic diseases including cancer and cardiovascular disease. Moreover, WV has the highest prevalence of smoking. Drug addiction is highly prevalent with drug overdose deaths in WV increasing 47% to 32.4 per 100,000 population, the highest per capita death rate in the United States. As a result of the increased prevalence of intravenous drug use, hepatitis B and C incidence have sky-rocketed resulting in the highest and second highest rates, respectively, in the nation. Though there are a plethora of areas to potentially target, the impact will be greatest by focusing on the following health priorities: addiction and resultant emerging epidemics (hepatitis C), cancer, cardiovascular disease, and chronic lung disease.</p>
STRATEGIC OBJECTIVE	<p><b>BUILD A SUSTAINABLE RESEARCH INFRASTRUCTURE THAT SUBSTANTIVELY CONTRIBUTES TO IMPROVING WV HEALTH OUTCOMES</b></p>
GOALS TO ADDRESS THE HEALTH NEED	<p>Aim 1: Conduct epidemiological and biostatistical consulting services, including application of techniques such as geospatial approaches.</p> <p>Aim 2: Provide statistical, epidemiologic, and research design training for clinician researchers.</p> <p>Aim 3: Develop comprehensive infrastructure and collaborations across WV that facilitate clinical study participation among diverse rural populations.</p> <p>Aim 4: Disseminate research findings.</p> <p>Aim 5: Improve the quality and impact of clinical and translational research in WV.</p> <p>Aim 6: Spark early-stage investigator development in clinical and translational research.</p>

MEASURE TO EVALUATE THE IMPACT	<b>Figure 2. WVCTSI Overall Logic Model</b>				
	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes - Short Term</b>	<b>Outcomes - Intermediate</b>	<b>Outcomes - Long Term</b>
	Build collaborative, productive research infrastructure across West Virginia that addresses WV health disparities.	Studies addressing WV disparities; Linked pubs; Ext. funding props/awards.	50% of studies address WV disparities; ↑10% # linked pubs, # ext. funding proposals, & \$ ext. funding.	75% of studies address WV disparities; ↑15% # linked pubs, # ext. funding proposals, & \$ ext. funding.	>85% studies address WV disparities; 10 high profile publications (e.g., NEJM); ↑20% # ext. funding proposals & \$ ext. funding.
	Train and position for success the next generation of clinician scientists and translational researchers that excel in team science, positively impacting health in WV.	Early-stage investigators (ESIs) using services; ESI linked pubs, ext. funding props/ awards	↑10% ESI service use, # ESI pubs, # ESI props, & \$ ESI ext. funding.	↑15% ESI service use, # ESI pubs, # ESI props, & \$ ESI ext. funding.	↑25% ESI service use, # ESI pubs, # ESI props, & \$ ESI ext. funding; ↑25% \$ ESI funding; >2 ESIs transition to independence
	Actively engage multiple stakeholders, including rural communities, in research and effectively disseminate research to rural populations in a manner that facilitates understanding and trust.	Clinical study enrollment; Policy & practice changes; Stakeholder events.	↑10% study enrollment, # policy/ practice changes, # stakeholder events, & # stakeholders engaged.	↑20% study enrollment, # policy/ practice changes, # stakeholder events, & # stakeholders engaged.	↑25% study enrollment, # policy/ practice changes, & # stakeholders engaged; Decreased mortality in >1 chronic disease.
TIMELINE	2023 - 2028				
RESOURCES	CTSI Grant CAMC				
PARTNERS/ COLLABORATORS	CAMC/CHERI/WVU/Lewisburg Medical School/Marshall/VA/NIOSH				

<b>#5</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Obesity, Heart Disease, SDoH – WV Food Insecurity
IDENTIFIED HEALTH ISSUE	Limited access to Food, Obesity, DM, Cardiovascular Disease
COMMUNITY SERVED	Network patients identified as food insecure using SDoH tool or clinical screening
PROGRAM DESCRIPTION AND RATIONALE	Healthy Neighborhood aims to address food insecurity and improve health outcomes by providing a prefunded, restricted-use debit card to purchase healthy and nutritious food in Dollar General stores. There are 242,180 people in West Virginia food insecure, including 68,130 children. Nearly 39,000 people who are food insecure are in Huntington and in a recently released report the Commonwealth Fund for 2019-20, WV ranked 50 <sup>th</sup> for adults who are obese and 51 <sup>st</sup> for children who are overweight or obese. Limited access to fresh fruits and vegetables and healthier forms of lean protein as opposed to the more affordable high-calorie, low nutrient, and processed foods, is a major factor contributing to obesity in our patient population. West Virginia ranked 2 <sup>nd</sup> highest nationally in the prevalence of general health of adults as either fair or poor. West Virginia’s overall food insecurity rate was 13.5 percent in 2019, and likely increased due to COVID-19 in the following years.
STRATEGIC OBJECTIVE	<b>REDUCE FOOD INSECURITY AND IMPROVE HEALTH OUTCOMES</b>
GOALS TO ADDRESS THE HEALTH NEED	1. Increase enrollment within VHN/MHN 2. Expand program outside of network

MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of enrollments by end of year</li> <li>• Number of patients report increased food access</li> <li>• Number of patients report decreased food insecurity</li> </ul>
TIMELINE	2023-2025
RESOURCES	<p><b>Grant Funding:</b> Highmark West Virginia Charitable Fund for Health, Highmark Foundation</p> <p><b>Referral Base:</b> Patients are screening for food insecurity within their practice location and referred eligibility verification.</p> <p><b>Debit Card:</b> Prefunded, restricted-use debit cards are sent to the patient by In-Comm</p> <p><b>Spend tracking:</b> Card usage tracking is available on each participant to ensure utilization of the benefit</p> <p><b>Point of Sale:</b> Education is provided to Dollar General stores on the procedure to accept this benefit</p>
PARTNERS/ COLLABORATORS	<p>Highmark Foundation</p> <p>Vandalia Health Network</p> <p>Vandalia Health</p> <p>Mountain Health Network</p> <p>Marshall Internal Medicine</p> <p>FamilyCare Health System</p> <p>WV Health Right</p> <p>InComm Payments</p> <p>Dollar General</p>

#6	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Access to COVID-19 and flu immunizations, general health and wellness information and screening
IDENTIFIED HEALTH ISSUE	Improve preventive screening rates and general health and wellness knowledge of the surrounding communities.
COMMUNITY SERVED	Community members in Kanawha and surrounding counties
PROGRAM DESCRIPTION AND RATIONALE	<p>Quick and convenient access to immunizations, preventive screening and routine wellness information continues to be a barrier for our patients. This need was highlighted during the COVID-19 pandemic when access to many preventive care services were not available. Drive Thru Health Fairs offer a quick, convenient option for community members to access health information and preventive screening. Community health fairs are hosted at a variety of locations to appeal to the most convenient location to the patient. Basic screening such as blood pressure and blood glucose level are checked while the patient is safely in their parked car. This allows an opportunity for severe cardiovascular or diabetic issues to be observed. Education is supplied on appropriate disease state such as diabetes, COPD, CAD, CHF while necessary preventive care recommendations by age are shared. The patient has an opportunity to have additional laboratory services.</p>
STRATEGIC OBJECTIVE	<b>INCREASE ACCESS TO IMMUNIZATIONS, BASIC HEALTH ASSESSMENTS, AND WELLNESS KNOWLEDGE</b>



GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase preventative screening rates for service offered at each drive through health fair</li> <li>2. Provide preventative care and wellness information to a broad community</li> <li>3. Increase patient reach throughout the community</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of participants</li> <li>• Number of participants who received each preventative screening offered</li> </ul>
TIMELINE	Ongoing
RESOURCES	Engagement of community partners to supply targeted information and services. Physical community locations throughout the county provide a variety of options to meet the patient in a convenient location.
PARTNERS/ COLLABORATORS	Vandalia Health Network Payer Partners – Unicare, Aetna Better Health, The Health Plan, Humana, United Healthcare Kanawha Valley Emergency Ambulance Authority Kanawha Charleston Health Department Charleston Fire Department CAMC Telemedicine CAMC LabWorks CAMC Women's and Children American Cancer Society

<b>#7</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes
IDENTIFIED HEALTH ISSUE	Limited availability to appropriate eye screening for diabetic patients
COMMUNITY SERVED	Patients in and around Kanawha County who have an open opportunity for a diabetic eye exam
PROGRAM DESCRIPTION AND RATIONALE	Diabetic eye exams are important to improve the management of diabetes in those patients. Small changes to the eye that do not affect vision may be detected with a retinal eye exam, slowing the progression by initiating appropriate treatment at an early stage. The aim is to increase availability of diabetic retinal eye cameras at the point of care with the patient. By deploying handheld cameras, this can be achieved. Training is provided to practice staff to ensure proper scanning. Practices are encouraged to incorporate the camera into the clinic workflow to capture the scan of any appropriate patient.
STRATEGIC OBJECTIVE	<b>INCREASE THE DIABETIC EYE SCREENING RATE IN DIABETIC PATIENTS</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Improve access to diabetic retinal eye cameras.</li> <li>2. Improve detection of diabetic pathology.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Collect totals of scans completed and compared to the total number of individuals in need of a diabetic retinal eye exam</li> <li>• Total referrals made for additional specialist ophthalmology services due to pathology identified</li> <li>• Total number of scans unable to interpret</li> </ul>

TIMELINE	2023 - 2025
RESOURCES	<p><b>Grant Funding:</b> Unicare, physical camera donations by Aetna Better Health WV</p> <p><b>Retina Scans:</b> A portable handheld retinal eye camera is used to collect a picture of the internal anatomy of the eye to access for the presence of change consistent with diabetic retinopathy. Dilation drops are used at the discretion of the rendering provider, Primary Care Physician (PCP)</p> <p><b>Interpretation:</b> Software included within the camera encrypts the images and uploads to a platform where they are interpreted by an assigned ophthalmology provider. Image reports are downloaded from a secure portal and incorporated into the Electronic Health Record (EHR) where further clinical decisions are made by the PCP and referrals to specialists as appropriate.</p> <p><b>Service reimbursement:</b> Rendering provider submits claim to appropriate payer for service reimbursement</p>
PARTNERS/ COLLABORATORS	<p>IRIS</p> <p>Retina Labs</p> <p>Aetna Better Health WV</p> <p>Unicare</p> <p>Kanawha Valley Emergency Ambulance Authority</p> <p>Cabin Creek Health System</p> <p>CAMC Family Medicine</p> <p>CAMC Telemedicine</p>

#8	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Wellness promotion and chronic disease prevention education
IDENTIFIED HEALTH ISSUE	Lack of awareness of activities and knowledge of the importance of overall health
COMMUNITY SERVED	Kanawha County

PROGRAM DESCRIPTION AND RATIONALE	<p>Program Description: Healthy Kanawha is a comprehensive wellness program aimed at improving health outcomes across our county through education, fitness, proper nutrition, preventive care, and community building. Programming is open to all residents regardless of age, background, or socioeconomic status.</p> <p>Healthy Kanawha offers free weekly exercise classes in group settings to promote physical fitness. This includes strength training, yoga, Zumba, and outdoor activities. Cooking demonstrations and nutrition seminars teach healthy eating habits and skills. Health education videos provide information on chronic disease prevention and management. We facilitate connections to clinical services like health screenings and insurance enrollment. Social gatherings and friendship circles address isolation and forge bonds. Classes take place at local parks, churches, community centers and other accessible locations. Transportation, on-site childcare, and supplies are provided free of charge. Program guides, social media, are used heavily for recruitment and promotion.</p> <p>Rationale: Healthy Kanawha aims to address alarming rates of obesity, diabetes, heart disease, cancer, and other chronic conditions in our county by empowering residents to make positive lifestyle changes. Physical inactivity, poor nutrition, and smoking contribute significantly to preventable illnesses and healthcare costs here. Access barriers like transportation, lack of time, and cost also impede wellness.</p> <p>By bringing fun, engaging health promotion activities directly to neighborhoods across our county, we can reduce these barriers and equip residents with the knowledge, skills, and motivation to improve their health. Evidence shows that programs integrating education, fitness, nutrition, community building and clinical linkages are effective at sparking and sustaining behavior change. We believe comprehensive, multilevel intervention tailored to community needs provides the best chance to create a culture of health and wellbeing in Kanawha County.</p>
STRATEGIC OBJECTIVE	<b>IMPROVE HEALTH OUTCOMES ACROSS OUR COUNTY THROUGH EDUCATION, FITNESS, PROPER NUTRITION, PREVENTIVE CARE, AND COMMUNITY BUILDING.</b>
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> <li>• Engage 25 community partners such as businesses, schools, and faith groups</li> <li>• Secure funding to make all programming free for participants by end of Year 1</li> <li>• Launch social marketing campaign and have 1,000 followers on social media by Year 2</li> </ul>
MEASURE TO EVALUATE THE IMPACT	<p>Participation Tracking</p> <ul style="list-style-type: none"> <li>• Collect registration/attendance data for all classes, events, and activities</li> <li>• Track number of unique participants over time</li> </ul> <p>Physical Health Screenings</p> <ul style="list-style-type: none"> <li>• Measure weight, BMI, body fat percentage, blood pressure, glucose at baseline and intervals</li> <li>• Monitor screening scores over time to assess health improvements</li> </ul>
TIMELINE	2023-2025

RESOURCES	Grant funded through WV Health Right, Family Care and WVSU by Unicare and Humana for cooking classes, exercise classes
PARTNERS/ COLLABORATORS	Kanawha Coalition for Community Health Improvement WV Health Right, Family Care West Virginia State University Kanawha-Charleston Health Dept Charleston Parks and Recreation Humana Active Southern WV

<b>#9</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Primary prevention of chronic obstructive pulmonary disease and other chronic lung diseases through anti-vaping/tobacco education in middle schools
IDENTIFIED HEALTH ISSUE	Chronic Obstructive Pulmonary Disease and other respiratory illnesses caused by, or exacerbated by the use of tobacco and vape products
COMMUNITY SERVED	Middle schools in all 55 counties in WV
PROGRAM DESCRIPTION AND RATIONALE	“ <i>CATCH My Breath</i> ” is an anti-vaping educational program geared towards middle school aged kids (grades 5-10). Over the past four years, <i>Partners in Health Network, Inc.</i> has administered an incentive program to actively encourage middle schools to participate. Teacher champions within the schools become certified through a train-the-trainer web-based education program. The schools receive monetary incentives for each child who completes the entire program. The suggested use of those funds is for health and wellness programs within the schools. Students are evaluated on their attitudes towards vaping prior to entering the program, and once again at the completion of the curriculum. Starting in 2023, PIHN has partnered with others to expand the program statewide in a coordinated effort titled “ <i>WV’s Clear future: Don’t Let Vaping Cloud It.</i> ”
STRATEGIC OBJECTIVE	<b>PROVIDE CATCH MY BREATH CURRICULUM TO AT LEAST ONE MIDDLE SCHOOL IN EVERY COUNTY IN WV. PROVIDE THE CURRICULUM TO ALL MIDDLE SCHOOLS IN WV WITHIN THREE YEARS.</b>
GOALS TO ADDRESS THE HEALTH NEED	Recruit teachers and schools to participate. Get at least one teacher in each county trained to provide the CMB curriculum.
MEASURE TO EVALUATE THE IMPACT	Number of schools that participate. Number of students who receive the curriculum. Pre- and post-survey results.
TIMELINE	2023-2026
RESOURCES	<b>Grant Funding:</b> Pallottine Foundation of Huntington, Benedum Foundation, Sisters of St. Joseph Health and Wellness Foundation. Additional grant funding is currently being sought. <b>Schools:</b> Individual teachers, principals and schools will need to embrace the program and provide the curriculum to students.
PARTNERS/ COLLABORATORS	WV DHHR; Department of Tobacco Prevention WV Board of Education American Lung Association WV Alliance for Creative Health Solutions

<b>#10</b>	<b>Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital</b>
COMMUNITY HEALTH NEED	Access to pulmonary rehabilitation, quality pulmonary function testing, prevention, and management of COPD, especially in rural areas.
IDENTIFIED HEALTH ISSUE	Chronic Obstructive Pulmonary Disease and other chronic lung diseases
COMMUNITY SERVED	The counties of Kanawha, Lincoln, Boone, Fayette, Roane, Jackson, Calhoun, Preston, Pocahontas, Logan.
PROGRAM DESCRIPTION AND RATIONALE	The Appalachian Pulmonary Health Project includes a network of pulmonary rehab sites in rural areas in WV called the Grace Anne Dorney Pulmonary Rehab Centers. These centers help those with breathing problems return to a healthier and more active life. The network started 10 years ago and continues to recruit new sites. The APHP director coordinates with the sites, CAMC Pulmonology and the CAMC COPD Quality Improvement Committee on care coordination.
STRATEGIC OBJECTIVE	<b>INCREASE ACCESS TO PULMONARY FUNCTION TESTING AND PULMONARY REHAB. IMPROVED CARE COORDINATION FOR PATIENTS WITH COPD OR OTHER CHRONIC LUNG DISEASES.</b>
GOALS TO ADDRESS THE HEALTH NEED	Host quarterly meetings with respiratory therapists to discuss challenges and best practices. Recruit additional pulmonary rehab sites.
MEASURE TO EVALUATE THE IMPACT	Number of intakes at each pulmonary rehab site. Graduation rate at each pulmonary rehab site. Healthcare data collected upon intake and upon graduation to determine the efficacy of pulmonary rehab.
TIMELINE	Ongoing
RESOURCES	<b>Grant Funding:</b> The Dorney Koppel Foundation, CAMC Foundation, Logan Healthcare Foundation. <b>Medical Director:</b> Dr. Dan Doyle is a retired primary care physician who services as the APHP medical director.
PARTNERS/ COLLABORATORS	Boone Memorial Hospital Cabin Creek Health Systems Jackson General Hospital Minnie Hamilton Health System Mon Health Preston Memorial Hospital Montgomery General Hospital New River Health Association Pocahontas Memorial Hospital Roane General Hospital Southern WV Health System CAMC Pulmonology CAMC Center for Academic Medicine

## CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

### CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

<b>#11</b>	<b>CAMC General Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder, Diabetes, Heart Disease, Obesity, Cancer, COPD, Homelessness, Crime
IDENTIFIED HEALTH ISSUE	Access to tertiary care services in the rural and mountainous counties in the region requires a coordinated process and preparation of EMS personnel for the best outcome.
COMMUNITY SERVED	WV Office of EMS Region 3/4 Includes nine counties: Kanawha, Putnam, Boone, Clay, Fayette, Nicholas, Webster, Greenbrier, Pocahontas
PROGRAM DESCRIPTION AND RATIONALE	Charleston MedBase provides medical command to all EMS agencies (air and ground) in this region. Includes all medical oversight for all EMS units providing patient care, medical direction, performance improvement oversight and medical guidance based on State of WV Office of EMS protocols. Provides hospitals in the region with reports of incoming patients and treatments in progress. Provides regional hospitals with trauma, cardiac, stroke, sepsis and respiratory team activations. Provides regional hospitals with EMS liaisons for Red and Yellow Alert status. Also, provides dispatch of closest medical helicopter for all appropriate EMS requests for helicopters in this region and tracks response times.
STRATEGIC OBJECTIVE	<b>PROVIDE MEDICAL DIRECTION TO EMS AGENCIES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Ensure patients receive timely and appropriate care at the right location.</li> <li>2. Decrease mortality for trauma and patients with other types of alert status.</li> <li>3. Decrease ambulance off load times to &lt;30 minutes.</li> <li>4. SUD counselors on sight &amp; assigned to patients with SUD at their request.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Number of calls taken</li> <li>• Types of calls</li> <li>• Communicators</li> <li>• Receiving facilities</li> <li>• Trauma alert activations</li> <li>• Other alerts: Stroke alert activations, sepsis alerts, cardiac alerts and respiratory alerts</li> <li>• Trends of calls by EMS agencies and types of calls</li> <li>• Ambulance off load times</li> </ul>
TIMELINE	24 hours a day; 7 days a week

RESOURCES	Charleston MedBase – CAMC General Hospital. Full cost is absorbed by CAMC General Hospital's operational budget with no financial assistance from any outside source. Staffed with Communication Specialist/Paramedics.
PARTNERS/ COLLABORATORS	WV Office of EMS, Bureau of Public Health, DHHR WV Trauma Registry and Trauma Committee WV EMS Regional Office (EMSOR) WV EMS Technical Support Network CARES Team (Planning in progress with city government team & volunteers to form coalition to address homelessness and SUD patients experiencing crisis Violence Prevention Teams



## CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

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

### CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

<b>#12</b>	<b>CAMC Memorial Hospital - CAMC Cancer Center</b>
COMMUNITY HEALTH NEED	Cancer, Limited Access to Healthy Food
IDENTIFIED HEALTH ISSUE	Food insecurity in cancer patients is associated with worse quality of life and psychological well-being. (Reference: Simmons LA, Modesitt SC, Brody AC, et al.. Food insecurity among cancer patients in Kentucky: a pilot study. <i>J Oncol Pract.</i> 2006;2:274–279)
COMMUNITY SERVED	Primarily CAMC 12 county service area, but includes any patient seeking treatment at CAMC Cancer Center
PROGRAM DESCRIPTION AND RATIONALE	<u>Sow &amp; Grow Program</u> – Originally implemented as a pilot program at the CAMC Cancer Center in Summer 2022 in collaboration with Gritts Farm, with funding support from the Mountains of Hope Coalition. Program focused on providing food access to those currently receiving cancer treatments to assist in promotion of adding fresh fruits and vegetables to their diet, increasing quality of life and psychosocial well-being. The program was continued in 2023 with funding support from the CAMC Foundation.
STRATEGIC OBJECTIVE	<b>Increasing access to nutritious foods for cancer patients receiving treatment and cancer survivors.</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase awareness, education, and access to healthier food options by providing access to free fresh fruits and vegetables on-site.</li> <li>2. Provide additional nutritional support for patients receiving treatment and/or in cancer survivorship.</li> <li>3. Assist those with financial difficulties with access to free foods that support positive nutritional values and health benefits.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. Calculate number of patients served.</li> <li>2. Define and identify counties of participation.</li> <li>3. Define age levels of participants.</li> </ol> <ul style="list-style-type: none"> <li>• Collect feedback comments from participants and program staff.</li> </ul>
TIMELINE	2023-2025
RESOURCES	CAMC Foundation Grant
PARTNERS/ COLLABORATORS	Gritts Farm CAMC Foundation

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

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

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

<b>#13</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Substance Use Disorder
IDENTIFIED HEALTH ISSUE	Perinatal and Postpartum Substance Use
COMMUNITY SERVED	Primarily 12 County Service Area but includes any patient delivering at CAMC Women and Children's Hospital
PROGRAM DESCRIPTION AND RATIONALE	<p><b>WCH C.A.R.E. (Comprehensive Addiction Recovery Efforts)</b></p> <p>In response to the substance use epidemic in our State, the WCH CARE team was created to identify and address the complex needs of pregnant and parenting women who are struggling with substance use disorder.</p> <p>The CARE team is a multidisciplinary taskforce that includes physicians, nurses, ED providers, Social workers, Administration, Women's Health Addictions Program staff, NICU, Peer Recovery Support Specialist, Family Resource Center, MB, L&amp;D, and GYN.</p> <p>The task force increases communication, encourages a multidisciplinary team approach, and works to enhance the quality of care and outcomes for patients with SUD.</p>
STRATEGIC OBJECTIVE	<b>STANDARDIZE OUR APPROACH TO TREATING SUBSTANCE USE DISORDER FOR PREGNANT AND POSTPARTUM WOMEN AND THEIR CHILDREN.</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase the use of MOUD to treat opioid withdrawal.</li> <li>2. Reduce stigma.</li> <li>3. Provide psychosocial support for pregnant and postpartum women in recovery.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> <li>• Increase utilization of the MAT Power Plan at WCH.</li> <li>• Continue to expand the MOMs and Baby First programs to provide recovery support to mothers.</li> <li>• Decrease surgical discharge opioid scripts.</li> <li>• Increase access to Naloxone.</li> </ul>
TIMELINE	2023-2025
RESOURCES	<p>State Opioid Response Grant – CAMC Addiction Services Department</p> <p>CAMC Operational Budget</p> <p>Prevention First Grant</p>

PARTNERS/ COLLABORATORS	CAMC Addiction Services Department 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
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<b>#14</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Wellness Promotion and Chronic Disease Prevention Education; Substance Abuse/Addiction
IDENTIFIED HEALTH ISSUE	Lack of Prenatal Care; Prenatal Care in Outlying Counties (RMOMS)
COMMUNITY SERVED	Primarily 8 County Service Area: Braxton, Calhoun, Gilmer, Lewis, Nicholas, Roane, Upshur and Webster
PROGRAM DESCRIPTION AND RATIONALE	WVRMOMS Governance Council is working together to meet the needs of pregnant women in the above 8 counties. The goal is to work toward improving continuity of maternity care for women from preconception through pregnancy, childbirth and postpartum in the rural areas of the state of West Virginia.
<b>STRATEGIC OBJECTIVE</b>	<b>TO EXPAND OBSTETRICAL AND SPECIALTY CARE IN THE DESIGNATED 8 COUNTY AREA.</b>
GOALS TO ADDRESS THE HEALTH NEED	Improve maternal and neonatal outcomes in this rural region of WV.
MEASURE TO EVALUATE THE IMPACT	1. Number of patients seen in the program. 2. Patient satisfaction on timeliness of getting an appointment, convenience, ease of the process, and overall satisfaction.
TIMELINE	2020-2025
RESOURCES	WV Perinatal Partnership Grant
PARTNERS/ COLLABORATORS	CAMC OB/GYN Center Neonatal Intensive Care Unit Family Resource Center WCH Social Services Right from the Start Primary Care CAMC Women and Children's Hospital Emergency Department

<b>#15</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity
IDENTIFIED HEALTH ISSUE	Diabetes in pediatric patients
COMMUNITY SERVED	Pediatric patients and their families in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	<p>West Virginia leads the nation in obesity and diabetes. Whereas most other states have improved or at least stabilized both obesity and diabetes rates, WV continues to have escalating rates each year. High school students have reached an overweight and obesity rate of 30.3% from WV CARDIAC data. Younger children ages 2-4 years participating in WIC recently showed a statistically significant increase in obesity from 14% up to 16.4%. HealthyKids Wellness and Weight Management Clinic (HealthyKids) provides Stage 3 comprehensive, family-based, multidisciplinary weight management across the lifespan. HealthyKids also offers Stage 4 care which adds medication management and metabolic surgery.</p> <p><b>Group session will re-start, cooking classes will be offered and hunger vital sign screening for food/nutrition security will be performed.</b></p>
STRATEGIC OBJECTIVE	<b>REDUCE CHILDHOOD OBESITY BY INCREASING ACCESS TO MULTI-DISCIPLINARY TREATMENT GROUP SERVICES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase access to HealthyKids Stage 3 and Stage 4 multi-disciplinary obesity management clinic.</li> <li>2. Offer group nutrition and physical activity.</li> <li>3. Offer group cooking classes for healthy well-balanced meals with adequate protein and fiber and complex carbohydrates.</li> <li>4. Screen for nutrition/food insecurity.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. Track 3<sup>rd</sup> appointment out for existing and new patients to measure access.</li> <li>2. Track number of patients that participate in group.</li> <li>3. Track number of patients that participate in cooking classes.</li> <li>4. Track rate of food insecurity.</li> </ol>
TIMELINE	Ongoing
RESOURCES	<p>Diabetes Prevention Grant from BPH</p> <p>Grant funding from Claude Worthington Benedum Foundation</p>
PARTNERS/ COLLABORATORS	<p>KEYS 4 HealthyKids</p> <p>WVU Extension SNAP-Ed</p> <p>Sub-Contacted Dietitian to host cooking classes</p> <p>CAMC Institute</p>

<b>#16</b>	<b>CAMC Women and Children's Hospital</b>
COMMUNITY HEALTH NEED	Diabetes, Obesity
IDENTIFIED HEALTH ISSUE	Diabetes, Obesity in pediatric patients

COMMUNITY SERVED	Pediatric patients and their families in CAMC's service area
PROGRAM DESCRIPTION AND RATIONALE	<p>West Virginia leads the nation in obesity and diabetes. Whereas most other states have improved or at least stabilized both obesity and diabetes rates, WV continues to have escalating rates each year. High school students have reached an overweight and obesity rate of 30.3% from WV CARDIAC data. Younger children ages 2-4 years participating in WIC recently showed a statistically significant increase in obesity from 14% up to 16.4%.</p> <p>5210 Rx program is a family-based Stage 3 Structured Weight Management Program for children and parents/guardians. This program is aimed at creating lifelong lifestyle transformations through healthy eating and regular physical activity. "Prescriptions" are dispensed for eating fresh fruit and vegetables, physical activity and drinking more water and limiting sugary drinks to "zero." During the nutrition group, health educators teach children and adults about healthy eating, portion control, food label reading, and meal preparation techniques. A different recipe is highlighted and prepared each week. In the exercise session, families are introduced to various physical activity options, such as body weight exercises led by an exercise physiologist. Research shows that a child is more successful in making healthy lifestyle changes when the whole family is involved and committed to adopting healthier habits.</p> <p>Group cooking classes featuring healthy recipes teaching both the child and the parent about meal planning and basic culinary skills will also be offered.</p> <p>Per the new clinical practice guidelines, patients need 26 contact hours of behavioral changes to make a success lifestyle change that will last and be effective enough to treat chronic obesity and its associated co-morbidities. A community health worker will be added to reach the patient contact hours. This will add home visits with patients and families on food insecurity and compliance of the education, and home environment.</p>
STRATEGIC OBJECTIVE	<b>REDUCE/PREVENT CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES</b>
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> <li>1. Increase access to Stage 3 &amp; 4 Structured Weight Management Programs by offering virtual &amp; HUB options.</li> <li>2. Decrease childhood obesity rates in the pediatric patient population.</li> <li>3. Educate community providers on 5210, 5210 RX, and Fresh Connect (produce Rx program for food as medicine program), monthly Project ECHO for Pediatric Obesity with CME credits.</li> <li>4. C3 (Connecting Clinics 2 Communities) collaborative to invite community partners to build community infrastructure for healthy eating and physical activity.</li> <li>5. Day Camp for obesity children with 5210 education, tasting vegetables &amp; fruit in 3 different ways events, cooking class, and physical activities within the local community centers.</li> <li>6. Track number of home visits completed by the community health worker.</li> </ol>
MEASURE TO EVALUATE THE IMPACT	<ol style="list-style-type: none"> <li>1. Track # of families participating in the program.</li> <li>2. Track patient changes in BMI pre- and post-intervention and over time.</li> <li>3. Track number of providers trained, and CME credits offered for Project ECHO.</li> <li>4. Track number of patient receiving Fresh Connect produce Rx and total amount of funding utilized to purchase fruits and vegetables.</li> <li>5. Report of outcomes from the C3 Collaborative.</li> </ol>

	6. Track number of sessions/groups and patients attending Day Camps.
<b>TIMELINE</b>	Ongoing
<b>RESOURCES</b>	Grant Funding from: The Diabetes Prevention Grant from BPH The Claude Worthington Benedum Foundation Marshall University Aetna
<b>PARTNERS/ COLLABORATORS</b>	KEYS 4 HealthyKids CAMC Weight Loss Clinic HealthyKids Wellness and Weight Management Clinic Benedum Foundation WVU Extension SNAP-Ed CAMC Institute