2012 Community Benefit

INTRODUCTION AND OVERVIEW
Thomas Memorial Hospital was founded in 1946 to meet the health care needs of the community and continues the tradition of community service today. We invest time and resources in programs and services to meet the needs of the citizens we serve including low income, elderly and vulnerable populations.

Thomas Health System Overview
On January 1, 2007, Thomas Memorial Hospital and Saint Francis Hospital came together to become the Thomas Health System, Inc. The health system was formed to forge a partnership based on the strength of two established hospitals—Thomas Memorial and Saint Francis. Bringing the two hospitals under the umbrella of the Thomas Health System allows us to build on combined strengths to bring innovative and cost-effective health care to the Kanawha Valley.

Each hospital is governed by its own board of trustees. An additional board of trustees—made up of members of both hospital boards—oversees Thomas Health System, Inc. The main focus, within the Thomas Health System, is to maintain the highest standard of service, while continuing the mission of being the first choice for those in need of quality healthcare.

Both hospitals in the Thomas Health System bring a rich history of serving our community. The Thomas Health System continues to build on those traditions to provide our community with quality healthcare choices for many years to come.

Thomas Memorial and Saint Francis have been designated a Blue Distinction Center for knee and hip replacement by Highmark Blue Cross Blue Shield West Virginia. Thomas has Centers of Excellence in the following areas: Orthopedics, Breast Care Center, Lung Care Center and General Surgery. Saint Francis Centers of Excellence include Orthopedics, Retinal, Center for Pain Relief and ENT.

Thomas Memorial Hospital and St Francis Hospital along with other organizations in the Kanawha Valley conducted a community health needs assessment through the Kanawha Coalition for Community Health Improvement during 2011. This community health needs assessment is used by Thomas Memorial Hospital and St Francis Hospital to plan and allocate resources that address community health and health-related needs. Based on identified needs, programs and activities are developed to improve health access, health status, and health resources utilization in the communities they serve.
**Thomas Memorial Hospital**  
**FY 2012 COMMUNITY BENEFIT SUMMARY**

**CHARITY CARE AT COST**  
$1,728,595  
Free or discounted health services provided to persons who meet the organization’s criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity care is reported in terms of costs, not charges. Charity care does not include (1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by patients, or the cost of providing such care to patients; (2) the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived there from; or (3) contractual adjustments with any third-party payors.

**GOVERNMENT SPONSORED MEANS-TESTED HEALTH CARE SHORTFALLS**  
Includes the unpaid costs of public programs for low income persons; a “shortfall” is created when a facility receives payments that are less than cost of caring for public program beneficiaries. This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments.

Unreimbursed Medicaid  
$9,020,385  
Other Public Unreimbursed Costs  
$229,095  
Includes CHIPS, Prevention First, Catastrophic Illness Commission, Community Access Program

**COMMUNITY BENEFIT PROGRAMS AND SERVICES**  
$98,070  
Community Health Improvement Services  
Health Professions Education  
Financial and In-Kind Contributions  
Community Activities  
Community Benefit Operations

**UNREIMBURSED MEDICARE AT COST:**  
$763,557  
Medicare is not considered a means tested program and thus is not included as part of community benefit.

**BAD DEBT AT COST**  
$6,575,139  
Unreimbursed costs, excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.

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

Thomas Memorial also provides clinical experiences for Medical students, nurse anesthetists, and multiple allied health professionals. Community benefit examples include University of Charleston nursing education support, West Virginia State College nursing education support and clinical rotations. Additionally, Thomas Memorial Hospital Administrators and Managers provide time and expertise through service on numerous Boards of Directors for multiple civic, academic and health care organizations in the community.
COMMUNITY HEALTH NEEDS ASSESSMENT

For purposes of community health needs assessment, Kanawha County was chosen for the area of focus as both hospitals are located in Kanawha County. The Kanawha Coalition for Community Health Improvement assesses the health status of Kanawha County, the Steering Committee Membership is focused primarily on Kanawha County and we have the ability to provide continuity of our data collection and outcome measurement processes with this definition of community.

Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit criteria:

• *Improves access to health care services.*
• *Enhances the health of the community.*
• *Advances medical or health care knowledge.*
• *Relieves or reduces the burden of government or other community efforts.*
Kanawha County Demographics:
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Females 2011</th>
<th>Males 2011</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-01</td>
<td>1,184</td>
<td>1,257</td>
<td>2,441</td>
</tr>
<tr>
<td>01-04</td>
<td>4,705</td>
<td>4,906</td>
<td>9,611</td>
</tr>
<tr>
<td>05-09</td>
<td>5,843</td>
<td>6,079</td>
<td>11,922</td>
</tr>
<tr>
<td>10-14</td>
<td>5,516</td>
<td>5,827</td>
<td>11,343</td>
</tr>
<tr>
<td>15-17</td>
<td>3,340</td>
<td>3,577</td>
<td>6,917</td>
</tr>
<tr>
<td>18-24</td>
<td>7,537</td>
<td>7,748</td>
<td>15,285</td>
</tr>
<tr>
<td>25-34</td>
<td>12,679</td>
<td>12,403</td>
<td>25,082</td>
</tr>
<tr>
<td>35-44</td>
<td>12,654</td>
<td>12,190</td>
<td>24,844</td>
</tr>
<tr>
<td>45-54</td>
<td>15,111</td>
<td>14,075</td>
<td>29,186</td>
</tr>
<tr>
<td>55-59</td>
<td>8,004</td>
<td>7,393</td>
<td>15,397</td>
</tr>
<tr>
<td>60-64</td>
<td>6,607</td>
<td>6,023</td>
<td>12,630</td>
</tr>
<tr>
<td>65-69</td>
<td>5,071</td>
<td>4,485</td>
<td>9,556</td>
</tr>
<tr>
<td>70-74</td>
<td>4,452</td>
<td>3,456</td>
<td>7,908</td>
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<tr>
<td>75-79</td>
<td>3,911</td>
<td>2,588</td>
<td>6,499</td>
</tr>
<tr>
<td>80-84</td>
<td>3,296</td>
<td>1,972</td>
<td>5,268</td>
</tr>
<tr>
<td>85+</td>
<td>3,365</td>
<td>1,508</td>
<td>4,873</td>
</tr>
<tr>
<td><strong>2011</strong></td>
<td><strong>103,275</strong></td>
<td><strong>95,487</strong></td>
<td><strong>198,762</strong></td>
</tr>
</tbody>
</table>

**Insurance Estimates**

<table>
<thead>
<tr>
<th>Insurance</th>
<th>%</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid %</td>
<td>11.1%</td>
<td>Excludes those also receiving Medicare benefits</td>
</tr>
<tr>
<td>Medicare %</td>
<td>17.8%</td>
<td>Excludes those also receiving Medicaid benefits</td>
</tr>
<tr>
<td>Medicare Dual Eligible %</td>
<td>3.3%</td>
<td>Includes those receiving BOTH Medicare and Medicaid</td>
</tr>
<tr>
<td>Private - Direct %</td>
<td>3.4%</td>
<td>Includes only those purchasing insurance directly from insurance provider</td>
</tr>
<tr>
<td>Private - ESI %</td>
<td>53.0%</td>
<td>Includes only those receiving insurance through their employer</td>
</tr>
<tr>
<td>Uninsured %</td>
<td>11.4%</td>
<td>Includes all individuals without any insurance coverage.</td>
</tr>
</tbody>
</table>
Detailed health and socioeconomic information is available on the Kanawha Coalition for Community Health Improvement website (www.healthykanawha.org) in the document entitled *Health Indicator Data Sheet*.

The Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement which was founded in 1994 by Kanawha County hospitals working in partnership with other local organizations. The Coalition’s mission is to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County.

**Steering Committee Members include:**
John Ballengee, President, United Way of Central West Virginia  
Martha Cook Carter, CEO, FamilyCare HealthCenter  
Sharon Covert, Executive Director, Wellness Council of West Virginia  
Stephen Dexter, CEO, Thomas Health System, Inc.  
Andrew Dunlap, Economic Development Manager, Charleston Area Alliance  
Rahul Gupta, M.D., Executive Director and Health Officer, Kanawha-Charleston Health Department  
Brenda Grant, Chief Strategy Officer, Charleston Area Medical Center  
Brenda Isaac, Lead School Nurse, Kanawha County Schools  
Daniel Lauffer, Administrator, Saint Francis Hospital  
David McWatters, Administrator, Highland Hospital  
David Ramsey, CEO, CAMC Health System  
David Shapiro, Partner, Spilman Thomas & Battle, PLLC  
Drema Pierson, MSN, MBA, Corporate Compliance Officer, Thomas Health System, Inc.  
Judy Crabtree, Executive Director, Kanawha Coalition for Community Health Improvement

The Coalition’s goals for the Community Health Assessment process include:
1. Assess the health needs of the citizens of Kanawha County.
2. Inventory available resources.
3. Determine unmet needs.
4. Evaluate and prioritize needs.
5. Involve affected organizations and constituencies in developing possible solutions.
6. Develop consensus.
7. Facilitate implementation.
8. Measure and evaluate outcomes.

The Coalition's assessment covers a wide variety of health care topics and is designed to determine perception of health care needs and concerns, and to provide indication of actual health-related behaviors. The survey also addresses a number of social and economic concerns.

The assessment process encompasses the following:
- The collection, compilation and analysis of existing secondary county health data
- A randomized household telephone survey to gain community input
- Key informant interviews to gain input from professional representatives of key sectors of the community
- A health issues forum to set priorities for the Coalition’s work
To ensure the process for consulting with persons representing the community’s interests, Dr. Rahul Gupta, Executive Director and Health Officer, Kanawha-Charleston Health Department serves on the Kanawha Coalition Steering Committee and is an active participant in the survey process to provide public health insight and ensure data integrity. Additionally, epidemiologists from the West Virginia Department of Health and Human Services work with the Coalition for question design for consistency with other surveys to allow comparison. In addition, Key Informant interviews provide in-depth information on the community.

The following summarizes the data derived from the randomized household telephone survey completed by 259 households from January 10 – May 31, 2011.

**Household Telephone Survey**
The household surveys were conducted using appropriate quality controls which included involving research experts in the design of the survey instrument, thorough and consistent training of interviewers, and the use of reputable survey-analysis software. The principal investigator provided oversight to the surveying process including data collection and entry. This assessment marked the first use of online survey collection. The Coalition decided to use this technology to enable cross-tabulations of data at a level not previously available. This report was compiled and verified for accuracy by members of the Kanawha Coalition for Community Health Improvement. This survey sample size results in a statistically significant 95% confidence interval with an error of margin of plus or minus 6.08%. Not all respondents answered every question therefore the margin of error was adjusted and reported for each question, based on the number of respondents.

An independent sampling firm randomly selected landline telephone numbers for Kanawha County households. The random landline sample consisted of 4,000 numbers which was screened for disconnects, resulting in a list of 2,378 numbers. Twenty volunteers were recruited and trained in how to administer the phone survey.

After learning that that the number of American homes with only wireless telephones continues to grow and that more than one of every four American homes (26.6%) had only wireless telephones (*January-June 2010 National Health Interview Survey*), the Kanawha Coalition acquired a second random sample of 5,000 wireless telephone numbers for Kanawha County. The wireless sample received postcards in the mail directing them to the online survey or to call the Kanawha Coalition to arrange a convenient time to take the survey by telephone. The wireless sample also received text messages to their cellular phones encouraging them to visit the Coalition’s website to take the online survey.

As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data. This comparison reveals an over-representation of respondents who were older (over 55), Caucasian, and with higher educational attainment. There was an under-representation of African Americans and those with lower-education (high school or less). The Kanawha Coalition conducted focus groups among individuals from these under-represented populations. Focus group findings were intentionally reported independently from those of the scientific random telephone survey to maintain fidelity.
Key Informant Interviews
The process for consulting with persons representing the community’s interests are addressed not only through the telephone survey, but also ensured through Key Informant Interviews. These key informant surveys were conducted with 95 key informants in Kanawha County from March 1 through May 31, 2011. In contrast with the structured randomized household survey, which is comprised of standardized questions to ensure consistent information was solicited on specific topics, the key informant survey is less structured, using open ended questions to elicit a full range of responses.
Although this data is considered subjective and is non-numeric, it has been coded into numeric categories for analysis. The Kanawha Coalition for Community Health Improvement’s Steering Committee identified 160 key informants, consisting of individuals representing 12 sectors: business, government, law enforcement, faith, education, healthcare, public health, first responders, non-profit services, mental and behavioral health, media, and funders/foundations. A total of 95 key informants completed the survey with representation from all 12 sectors (see below). Ten key informants were interviewed one-on-one and another 85 responded to an online survey. The online survey was developed due to difficulty in scheduling one-on-one interviews. The same interview questions were used for both the online survey and the one-on-one interviews.
Reporting of Findings:

Question 1 of the key informant survey asked for opinions about “Kanawha County’s greatest assets or strengths”. To provide clarification, key informants were prompted to share what makes this place such a great place to live and allow the people here to work together to get things done. Question 2 asked what they “believed to be the county’s biggest health problems” and to rank those in order of importance, with “1” being most important. Question 3 solicited opinions about the “challenges that prevent us from making changes or improving these issues” and Question 4 asked what they thought “needed to happen to address their top health concerns”. Key informants sometimes shared multiple responses to questions, therefore, each reference to specific county strengths, assets, and health problem were entered separately. These references were categorized and categorized by frequency (number of times referenced) and by key informant sectors. This report also attempts to reflect some of the most frequently expressed opinions through quotes from responders.
The Kanawha Coalition for Community Health Improvement extends its sincere gratitude to the following individuals for participating in the key informant survey.

James Agee, Captain, St. Albans Police Department
Alex Austin, Roark-Sullivan Lifeway Center, Inc.
John Ballengee, United Way of Central WV
Donald Troy Blum, FamilyCare HealthCenter
Damron Bradshaw, Mayor, Town of Chesapeake / Upper Kanawha Valley Enrichment Center
Janet Briscoe, Kanawha-Charleston Health Dept.
Cindy Burkholder, Charleston Area Medical Center
Chris Callas, Board, United Way of Central WV
Dick Calloway, Mayor, City of St. Albans
Kent Carper, Kanawha County Commission
Martha Carter, FamilyCare HealthCenter
Kelli Caseman, WV School-Based Health Assembly
Becky Ceperley, The Greater Kanawha Valley Foundation
David Clayman, Clayman & Associates, PLLC
Brent Coates, Chief, St. Albans Police Department
Rabi James D. Cohn, Temple Israel (Reform Judaism)
Wayne Coombs, WV Prevention Resource Center
Steve Cunningham, Rite Aid/Family Care
Patty Deutsch, Wellness Council of West Virginia

Steve Dexter, Thomas Health System Inc.
Rev. Wilma M. Dobbins, Montgomery United Methodist Church
Melissa Doty, Covenant House
Drew Dunlap, Charleston Area Alliance
Michelle Easton, University of Charleston School of Pharmacy
Krista Farley, Kanawha-Charleston Health Dept.
Bethany Ferris, Thomas Health System Inc.
Dan Foster M.D., WV State Senate, CAMC
Margo Friend, United Way
Grace Gibson, FamilyCare HealthCenter
John Giroir, YMCA of Kanawha Valley
Brenda Grant, Charleston Area Medical Center
Kathryn Gregory, The Charleston Gazette
Jim Guidarini, Dow
Rahul Gupta M.D., Kanawha-Charleston Health Department
Belle Haddad, Kanawha County Schools
Margie Hale, WV KIDS COUNT Fund
Martha J. Hill, Attorney
Marsha Hopkins, Black Medical Society of WV
Diana Hunt, Kanawha County Schools
Mark Hunt, WV House of Delegates

Brenda Isaac, Kanawha County Board of Health
Rev. Loretta Isaiah, St. Andrews United Methodist Church
Jamie Jeffrey M.D, Charleston Area Medical Center
Kimberly Johnson, Kanawha County Emergency Ambulance Authority
Becky Jordan, Kanawha County Board of Education
Sharon Lansdale, Center for Rural Health Development
Mellow Lee, West Side Elementary School
Scott McClanahan, Kanawha Valley Senior Services
Jerry McGhee, Chief, Marmet Community Fire Dept.
Larry McKay, Bristol Broadcasting
David McWatters, Highland Hospital Association
Dawn Miller, The Charleston Gazette
Lillian Morris, Charleston Area Medical Center
Frank Mullen, Mayor, City of South Charleston
Bobbi Jo Mutto, Marshall University School of Medicine
Marcia Nutter, Kanawha County Schools
Mike O’Neal, University of Charleston School of Pharmacy
Timothy O’Neal, Thomas Health System Inc.
Chuck Overstreet, Chief, Charleston Fire Department
Corey Palumbo, WV State Senate
Rev. James Patterson, Partnership of African American Churches
Dennis Pease, Daymark Inc.
Renate Pore, WV Center on Budget and Policy
Anita Ray, Kanawha-Charleston Health Department

Robin Rector, Kanawha County Board of Education
Louise Reese, WV Primary Care Association
Robert Reishman, Kanawha County Board of Health
Tom Richmond, Captain, The Salvation Army
David Sanders, WV Mental Health Consumers Assoc.
Elizabeth Sharman, WVU / WV Poison Control
Dwight Sherman, Board, United Way of Central WV
Randall Short, D.O., BrickStreet Mutual Insurance Company
Eric Shouldis M.D., Charleston Area Medical Center
Mary Beth Smith, Thomas Health System Inc.
Shannon Snodgrass, Kanawha County Board of Health
Rev. Ron Stoner, Emmanuel Baptist and West Side Neighborhood Assoc.
Sgt. Valerie Strege, Charleston Police Department
Debra Sullivan, Charleston Catholic High School

Dennis Sutton, Children's Home Society of WV
Margaret Taylor, YWCA Sojourner's Shelter
Paula Taylor M.D, St. Francis Hospital
Karen Thaxton, City of Charleston
Kim Tieman, Benedum Foundation
Pat Tilley, South Charleston Community Civic Council
Tom Tinder, Board, United Way of Central WV
Amy Tolliver, WV State Medical Association
Nancy Tolliver, WV Perinatal Partnership of WV - Community Voices, Inc.
Rev. George A. Webb, Humphreys United Methodist Memorial Church
Stephen A. Weber, Kanawha County Board of Health
Brent Webster, Chief, Charleston Police Department
Dr. Edwin Welch, University of Charleston
Erik Wells, WV State Senate

Steve Wherle, H.B. Wherle Foundation
Pat White, WV Health Right, Inc.
Denise Wise, Kanawha County Schools
2011 Health Assessment **Focus Groups** were held in two locations: FamilyCare and WV Health Right with a total of 12 participants. Demographics included eight female and four male; eight African American and four Caucasian; all were Low Income / Uninsured and Underinsured; 80% low educational attainment; and all were residents of both urban (Charleston) and outlying rural areas of Kanawha County. The participants provided information on the biggest health problem in Kanawha County; Barriers/Challenges/Contributors to the problems; and what they think needs to happen in Kanawha County to address these issues.

**Objective Data**

A comprehensive database of health related data and statistics is compiled/updated from numerous sources regarding the health of the citizens of Kanawha County and incorporated into the document entitled *Health Indicator Data Sheet*. The findings are sorted into 28 categories for easy reference and provide the following for each indicator: name, data link, Kanawha County results, WV results, US results, comparative trends, notes, WV county rank, U.S. state rank, comparison between most current and the previous measurements. The *Health Indicator Data Sheet* is available on the CAMC and Kanawha Coalition website and is used extensively by the community for statistics and grant purposes.

A process is then implemented to review the findings from the Community Health Survey, focus groups, input from key informants and secondary data to compile a list of top community health issues. These identified issues are:

- Access to Healthcare / Lack of Health Insurance
- Air Pollution
- Dental Health
- Diabetes
- Drug Abuse *(includes RX abuse)*
- Heart Disease
- High School Drop Out
- Illiteracy
- Lack of Physical Activity
- Obesity / Nutrition
- Poverty / Unemployment
- Tobacco
These issues are then prioritized through a county-wide open Community Forum to establish the top three health issues the community will address over the next three-year time frame.

The Health Issues Forum was held on October 11, 2011. 125 community members were in attendance to prioritize the top issues on which the Kanawha Coalition for Community Health Improvement would focus its efforts over the next three years.

The following ranking tool was used by the attendees at the forum to identify the top 3 priorities for Kanawha County. Other areas identified as having less priority on this list are addressed in the top three focus areas and/or have been previously addressed. The ranking results follow:

<table>
<thead>
<tr>
<th></th>
<th>TOP ISSUES</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity/Nutrition</td>
<td>34.725</td>
</tr>
<tr>
<td>2</td>
<td>Lack of Physical Activity</td>
<td>33.538</td>
</tr>
<tr>
<td>3</td>
<td>Drug Abuse (includes RX drugs)</td>
<td>32.765</td>
</tr>
<tr>
<td>4</td>
<td>High School Drop-Out</td>
<td>32.163</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes</td>
<td>31.725</td>
</tr>
<tr>
<td>6</td>
<td>Tobacco</td>
<td>31.700</td>
</tr>
<tr>
<td>7</td>
<td>Heart Disease</td>
<td>31.613</td>
</tr>
<tr>
<td>8</td>
<td>Illiteracy</td>
<td>30.363</td>
</tr>
<tr>
<td>9</td>
<td>Dental Health</td>
<td>30.275</td>
</tr>
<tr>
<td>10</td>
<td>Poverty/Unemployment</td>
<td>28.988</td>
</tr>
<tr>
<td>11</td>
<td>Access to Healthcare/Lack of Insurance</td>
<td>27.800</td>
</tr>
<tr>
<td>12</td>
<td>Air Pollution</td>
<td>27.675</td>
</tr>
</tbody>
</table>
The top three prioritized issues are:
1) **Obesity/Nutrition**
2) **Lack of Physical Activity**
3) **Drug Abuse (including prescription drug abuse)**

Workgroups were then formed to address these top three issues. Invitees are identified at the Forum focusing on those in the community identified as currently working on the issue, those with knowledge and skills to address the issues, representatives of all age groups and interested citizens. Invitations are issued and the current workgroup membership follows.

**KCCHI Obesity/Nutrition Workgroup**
- West Virginia University Extension
- United Way of Central WV, Intake & Referral
- April’s Kitchen
- St. Francis Hospital
- Kanawha County Schools
- West Virginia Medical Institute
- WV Breast Feeding Alliance
- Charleston Area Alliance
- WV DHHR
- RESA 3
- Highland Hospital
- Charleston Area Medical Center (2)
- Cabin Creek Health Systems
- WV State University
- WV State University Extension
- Kanawha-Charleston Health Department
- WV Power

**KCCHI Drug Abuse Workgroup**
- WV State University
- WV Power
- Minority Health Group

**KCCHI Physical Activity Workgroup**
- West Virginia University Extension
- St. Francis Hospital
- Kanawha-Charleston Health Department
- Capital Resource Agency
- City of Charleston, Parks and Recreation
- Highland Hospital
- Charleston Area Alliance
- WV DHHR
- Kanawha County Schools
- RESA 3
- Cabin Creek Health Systems
- Kanawha Valley Senior Services
- WVU Health Science Center
- WV School-based Health Assembly
- West Side Community and Family Development Corporation
- WV State University
- WV Power
- WV Coalition for Domestic Violence
- Kanawha Communities That Care
- WV State University
- West Virginia University Extension
- WV State University Extension
- National Association of Social Workers, WV Chapter
- Kanawha County Library System
Workgroup Process
The Kanawha Coalition for Community Health Improvement uses the following process to address the identified top three issues from the community forum.

STEP ONE: Problem Identification (Health Issues Forum)

STEP TWO: Problem Analysis (2 months)
- Collect information about the problem
- Analyze the current situation
- Map resources
- Identify root causes
- Identify linkages and interdependencies among issues being studied by other work groups
- Make a statement about where the community is with regard to the problem/identify strengths, weaknesses, opportunities, threats (Current State)
- Identify desired state

STEP THREE: Develop Solutions (2 months)
- Research interventions that have proven successful in other communities
- Prepare an Action Plan and strategies, including short-term and long-term strategies. (Logic models per goal)
- Identify resource needs/potential and committed resources
- Identify, define and develop in-process and outcome measures

STEP FOUR: Measure Outcomes (Complete by end of 2014)
- Implement Action Plan
- Monitor and measure outcomes
- Revise Action Plan as needed based on results
- Report progress

In order to minimize the information gaps that limit the ability to access all of the community’s health data, the Kanawha Coalition process works to ensure that the survey sample size is valid, that the sample is randomly selected and that volunteers were recruited and trained in how to administer the phone survey. As with any telephone survey, there are certain limitations. The result of the survey depends on the accuracy of the responses given by the persons interviewed. Self-reported behavior must be interpreted with caution. To assure proper sampling distribution, the demographics of the survey respondents were compared to county demographics based on 2010 U.S. Census data. This comparison reveals an over-representation of respondents who were older (over 55), Caucasian, and with higher educational attainment. There was an underrepresentation of African Americans and those with lower-education (high school or less). The Kanawha Coalition conducted focus groups among individuals from these underrepresented populations. Focus group findings are intentionally reported independently from those of the scientific random telephone survey to maintain fidelity. 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 and detailed health and
socioeconomic information is available on the Kanawha Coalition for Community Health Improvement website (www.healthykanawha.org) in the document entitled Health Indicator Data Sheet. Additional information for Kanawha County residents was provided by the *Black Medical Society Health Report*.

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**Kanawha Coalition for Community Health Improvement - Community Impact from Workgroups (2011 Workgroup Update)**

The Kanawha Coalition has a long history of successful work in Kanawha County to “measurably improve the health of the people of Kanawha County.”

An update of workgroup progress and other activities of the Coalition through 2011 include:

**Tobacco Prevention Update: (2011)**

- Conducted the first ever “Pack the Park for Public Health” event at Appalachian Power Alley Park in Charleston, West Virginia. This event was intended to strengthen community support in Kanawha County for our Clean Indoor Air Regulation (CIAR) by celebrating the importance of good public health policy, and to provide an opportunity for surrounding counties to learn more about our county’s experience in implementing our CIAR and how they too can achieve a similar outcome. Seventeen different public health organizations exhibited at the event and approximately 300 people pre-registered and attended the event. Participating counties included Cabell, Wirt, Lewis and Monongalia.

- KCCHI partnered with the Kanawha-Charleston Health Department to submit its social marketing campaign, “Eat, Drink & Breathe Easy” to the National Association of County and City Health Officers (NACCHO) as a promising practice. It was recognized by NACCHO as a promising practice in 2010.

**Obesity Prevention Update: (2011)**

- KCCHI continues to serve as a community partner on Kanawha County Schools’ Wellness Committee.
- KCCHI offers community-based public health experience to students pursuing health-related degrees. KCCHI served as project site for the University of Charleston School of Pharmacy and nursing students.

**Other:**

- KCCHI is a founding member of the Kanawha Communities That Care (CTC) Substance Abuse Prevention Partnership. KCCHI’s executive director served as CTC’s Board Chair 2006-09 and continues to serve as a member of the board (2009 – present)

www.kanawahacountyctc.org
KCCHI works to coordinate the Robert Wood Johnson Foundation Healthy Kids Healthy Communities Grant in the amount of $360,000/four years (2009–2013). It is intended to address childhood obesity through environmental and policy change. **KEYS 4 HealthyKids (KEYS)** continued to work with Champion sites to increase access to affordable healthy foods and increase physical activity opportunities in Charleston’s low income neighborhoods. The “Eating Healthy Team” continued to be successful with community gardening efforts. Piedmont’s Cornucopia, a raised bed garden, was revitalized and adopted by the Master Gardeners and Piedmont Elementary School. New container gardens at the East End Family Resource Center were cared for by the afterschool program. Each gardening partner received Jr. Master Garden curriculum and training. The joining of the KEYS Garden committee with the Kanawha Community Gardening Association will provide sustainability of efforts in this area.
The KEYS Youth Council completed walkability audits, a grocery store tour hosting Congresswoman Shelly Moore Capito and photo voice training. Their first photo voice project detailed issues with school lunches and was presented to the Kanawha County Wellness Committee and the School Based Health Policy Roundtable.

The Childcare team facilitated NAP SACC training and ongoing technical assistance throughout the year with five area Childcare Centers. The “Healthy Childcare Centers” consisted of two preschools, two aftercares and one family home center which in total serve 405 children ages 3-16. Every center accomplished the goal of serving more water, skim or 1% milk and serving more fresh fruits and vegetables. KEYS team created indoor play boxes to increase physical activity during indoor play and provided several centers with portable outdoor play equipment all of which examples of the 36 new and ten improved nutrition and physical activity written policies, practices and environmental changes to date.

The youth “being active: team was successful in distributing 2000 maps of physical activity opportunities in the West Side and East End of Charleston. A formal “Environmental Assessment Workshop” which included a walkability audit around the new elementary school on the West Side resulted in the addition of cross walks at the school.

KEYS has been successful in bringing together traditional and non-traditional partners to conquer the childhood obesity epidemic. The KEYS’ sponsored Obesity Task Force Focus brought each sector of the community represented to problem solve together how to proceed to reverse childhood obesity by 2015. Our community, schools, faith based organizations, Office of Child Nutrition, Bureau of Public Health, WIC, legislators, Farms Coalition, transportation, city planning and healthcare came together to network, understand each others’ barriers and learn efforts of one another.

In the policy area, the WV Physical Plan was finalized and includes the needed policy and environmental change to make WV more active. On a local level, the City of Charleston began to work on the City’s Comprehensive Plan.
The Kanawha Coalition for Community Health Improvement’s process serves as the Thomas Health System Needs Assessment and was conducted in conjunction with CAMC Memorial Hospital, CAMC General Hospital, CAMC Women and Children’s Hospital, Thomas Hospital, St. Francis Hospital and Highland Hospital.

The Needs Assessment is made widely available to the public via the Thomas Memorial Hospital web site at www.thomaswv.org. It is available upon request in hard copy from the hospital facility and is available on the Kanawha Coalition for Community Health Improvement website at www.healthykanawha.org. In addition, it is provided to all attendees at the community forum and to each workgroup member.

Any questions or comments regarding the Thomas Health System, Inc Needs Assessment may be directed to 1-877-872-8254.
Meeting Community Needs:

Thomas Memorial Hospital focuses on the health of our patients and our community. Our mission is “To be the first choice for those in need of quality healthcare by providing the highest quality of service through a team of valued, caring and highly skilled employees and physicians in a state of the art facility”

Thomas Health System is the 10th largest employer in West Virginia with over 1300 employees at Thomas Memorial Hospital and 700 at St Francis Hospital. There are 330 active and associate Medical Staff at Thomas Memorial Hospital and over 300 at St Francis Hospital.

Thomas Health System is licensed for 383 beds on two campuses: Thomas Memorial Hospital (241 beds) and St Francis Hospital (142 beds).

In FY 2012, TMH had 9,416 inpatient discharges, 108,911 outpatient visits, 1,055 births and 35,005 visits to our Emergency Department. TMH’s inpatient payer mix:

- Medicare 49%
- Medicaid 20%
- Commercial 20%
- Self Pay 4%
- Other 7%

Goal and Infrastructure to Address Community Needs:

Together, Thomas Memorial and St Francis provide quality care for our community residents throughout every stage of life. Our history is one of establishing programs and services to meet the needs of the citizens of our community. Our focus has been on assessing needs and working to provide identified services, either solely or in partnership with others. Our patients continue to show that there is still too little physical activity, too much obesity, heart disease, cancer and black lung. West Virginia and our service area ranks last in too many indicators of social health. We believe that it is our responsibility to influence the health and well being of our community beyond the typical hospital experience. Our aim is to move beyond the boundaries of disease treatment into prevention, detection and disease management.

Sustainability

Our annual budget includes board approved expenditures for community benefit and specific department budgets are approved for community benefit programs. The support for the Kanawha Coalition for Community Health Improvement and the Partners in Health Program has continued since the mid-1990s and these programs are recognized as valuable contributors to meeting our mission. Funding has continued for these programs even as we strive to reduce overall costs.

The purpose of the hospital Foundation is to provide funds to financially assist the efforts of Thomas Memorial and Saint Francis Hospitals to further improve the health, education and well-
being of the citizens residing in our service areas. The Foundation provides grants and funds for the hospitals to carry out our mission of community service.
The following are examples of hospital community services provided by Thomas Memorial Hospital in collaboration with the THS Foundation and others. It reflects a community-based and community oriented focus, demonstrating our accountability to the community and our response to the community’s needs and health issues

2012 Community Programs and Activities:

Pregnancy Connections
Thomas Memorial Hospital along with surrounding area hospitals has seen a dramatic increase in drug exposed newborns. A collaborative effort funded in part by a grant from the Perinatal Partnership resulted in the “Pregnancy Connections” program designed to work with substance addicted expectant mothers to assure delivery of a drug free baby and to assist the mother for up to two years post delivery to remain drug free.

Training and Education
Thomas serves as a clinical training site for many students per year through educational affiliations from West Virginia and regional colleges and universities. Affiliations are in place with health professions programs in disciplines including nursing, pharmacy, physical therapy, physician assistant and other health disciplines.
In 2012, the Foundation provided funds for continuing education of employees in support of keeping our employees well trained to better serve our patients. To ensure that our community receives care from well-trained health care professions, the Foundation also provided $35,000 for nursing and allied health scholarships to individuals pursuing a career in health care.

Prime of Life
In collaboration with St Francis Hospital, the focus of Prime of Life is health promotion through screenings and education. Routine screenings are offered in various community settings for free include blood pressure and finger-stick glucose. For a small fee, they also offer lipid profile (cholesterol/triglycerides), PSA (prostate specific antigen), TSH (thyroid stimulating hormone), CBC (complete blood count), and Hgb A1C (average blood glucose for three months).
Physicians and other TMH and SF healthcare professionals are on hand to provide education and answer questions on a number of healthcare topics.

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Baby Bed Project
This grant funded project was established in 2003. Each year, infants are in jeopardy of dying while sleeping in inappropriate places such as drawers, boxes, sofas and adult beds. These funds provide low-income and indigent infants born at Thomas Memorial Hospital a safe and comfortable start in life, making a difference to the families that would, otherwise, not be able to afford a baby bed.

THE “GAP” PROGRAM
The “GAP” Program is vital to patients who are released from Saint Francis and Thomas Memorial Hospitals who cannot afford medications that they needed upon their discharge from the hospital. In 2012, over 230 patients received assistance from The “GAP” Program to continue their recovery at home. Over $6,100 was spent on medications, nebulizers, blood pressure monitors, scales, O2 and bi-pap one month rental, a tub transfer bench, a heavy duty wheeled walker, transportation, groceries, hotel accommodations, baby supplies and many other items.

Patient Stories:
- A patient lost her medical insurance coverage and was hospitalized due to bilateral Pneumonia and COPD. When discharged, she needed a bi-pap machine with heated humidity and O2. The Social Worker was able to set her up with home O2 and the needed bi-pap machine for one-month’s rental paid out of the “GAP” Program.
• A Skilled Nursing Unit patient recovering from a hip fracture was to be discharged and needed a tub transfer bench installed in her bathroom so that she would not fall when bathing. Due to the restrictions with her insurance coverage, Medicare would not cover the cost of the tub transfer bench. The patient was on a very limited income and could not afford the equipment. The Social Worker applied for assistance through the “GAP” Program for the much needed equipment so that the patient could protect against another fall and re-fracture.

• A patient recovering from a left total hip replacement was to be discharged to home and needed a heavy duty wheeled walker. Insurance would not cover the cost of this walker and the patient did not have the funds to purchase one. The Social Worker requested this equipment be provided by the “GAP” Program.

• An elderly male patient was admitted three times in one month for the same problem because he could not afford his medicine. A physician changed his medication to a more affordable one and the “GAP” program supplied the money that he needed to return home.

• An elderly female was diagnosed with cancer after a 10 day stay in the hospital. The patient needed ten radiation treatments. Her physician said if she could not travel back and forth for the treatments, she would have to be admitted. The “GAP” program provided her money for gas. Her family was extremely happy that she could be home where they could care for her.

Diabetes Seminar

In 2012, the foundation provided $1,396 for a free community Diabetes Seminar.
Gift Baskets

The Employee Club of Thomas Memorial Hospital provided $1,500 for holiday baskets for patients who had extended stays in the hospitals during the holidays in 2012.

Junior Nursing Academy - “Inspiring tomorrow’s leaders in nursing”

The Junior Nursing Academy is designed to provide training and mentoring by health care professionals for young people in the community who may be considering health care as their career choice. The Academy is a joint program of Thomas Memorial and Saint Francis Hospitals and a part of The Foundation’s programming efforts.

The academy has three primary focuses providing:

1. Opportunity for students to experience firsthand the rewards of nursing.
2. Opportunity for students to build confidence in their future plans.
3. Opportunity to build future nursing leaders.

The four-day program allowed 52 seventh and eighth grade students to shadow nurses at both hospitals. Students learned how to take vital signs (pulse, blood pressure, respirations); blood glucose checks; shot administration (on oranges); CPR training (on dummies) and bed making. They also learned about infection control in hospitals and Health Insurance Portability and Accountability Act Patient Privacy Rules. Their surgery experience allowed them to use laparoscopic equipment on a mannequin to retrieve a “tootsie roll”, which they could immediately eat. Senior Nursing Academy students were given opportunities to shadow nurses and see nursing first hand. The Foundation provided $5,000 for this program in 2012.

Car Seat Program

In 2012, more than 300 infant car seats were provided to families whose babies were born at Thomas Memorial Hospital. Thomas Hospital has distributed over 11,000 infant car seats since the program started in 1999. The Infant Car Seat Program continues as one of the special projects funded by donations from our community and from the Employee Club. The Foundation funds the cost of infant car seats for low-income and indigent newborns.

Flu Prevention Program

The Foundation provided funding for the hospital to purchase 500 flu shots for the Drive-Thru Flu Shot Program held on Saturday, September 22, 2012 at Thomas Hospital. The flu shots were restricted to people in the community 65 years of age and older or at risk. Recipients of the program drove to the front of the hospital, rolled down their car windows, rolled up their sleeves, and hospital health care workers administered the free shots. The Foundation provided $5,187 in 2012 to cover the cost of this program.
The Kidoodle Kids’ Day Health and Safety Fair

The annual program was held on Saturday, May 5, 2012 at the South Charleston Community Center. There were 500 children’s bicycle helmets distributed at the fair and throughout the community. Numerous health and medical care professionals teamed up with the community to encourage health and safety. Medical staff and physicians were on hand to provide free health screenings to children and educational materials to parents on a variety of issues. Height, weight, blood pressure, vision, dental, speech, hearing, scoliosis and glucose screenings were performed. Many children were identified with potential high blood pressure. Many different agencies came together for this event to provide lots of fun activities for the children. Children made their own first aid kits, planted basil, learned about gun and fire safety, and much more. The cost of the program was $12,025.