



Camden Clark Medical Center

Community Health Implementation Report

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Prepared for:

Camden Clark Medical Center
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Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition
CCMC	Camden Clark Medical Center
CHNA	Community Health Needs Assessment
CHIP	Community Health Implementation Plan
ED	Emergency Department
TBD	To Be Determined
WVUHS	West Virginia University Hospital System

1 Health Topic: Obesity, Chronic Disease, Physical Activity, and Nutrition

During the 2020-2022 CHNA cycle, CCMC reviewed data surrounding a grouping of health topics that they commonly see among the community’s top concerns, and that are often interconnected. Leadership made the decision to prioritize them as a single broad topic area. This will allow for development or continuation of community benefit program that may touch on several of these health facets: obesity, related chronic disease, physical activity, and nutrition.

1.1 Strategy #1: Community HealthCheck – Caring for our Community Formal Health Literacy and Engagement Program

HealthCheck is a program designed to deliver health literacy and educational information to the community. It includes educational seminars, bi-monthly educational broadcasts on the local television stations as well as a tri-annual educational magazine, disease specific e-newsletters, and social/digital educational campaigns targeted to the population based on disease category.

Table 1: HealthCheck Program

HealthCheck Program	
Objectives	Provide relevant and timely health literacy and educational resources to individuals based on targeted needs.
Activities	<ul style="list-style-type: none"> • Determine health literacy and educational topics based on community need • Partner with providers and community partners to develop content • Develop broadcasts, videos, magazines, social/digital, etc. • Identify specific target audiences for each identified need utilizing comprehensive customer relationship management systems, health portals, etc. • Deliver content via multi-channel communication methods • Coordinate and deliver educational seminars
Planning Partners	<ul style="list-style-type: none"> • Local television stations • Providers and care delivery partners
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • Marketing & Communications
Resources	<ul style="list-style-type: none"> • Marketing resources • Local television resources • Financial resources

Evaluation Activities	<ul style="list-style-type: none"> • # Topics addressed • # Individuals reached • % Engagement with content
Point of Contact	CCMC Marketing and PR Department

1.2 Strategy #2: Accessibility to Quality Healthcare

This strategy involves the assessment of specific segments of the population and their care delivery needs. The organization routinely assesses the travel time, ease of scheduling, and length of time required to make an outpatient appointment. This data is used to develop plans, expand services, and deliver care closer to home for those in rural areas without immediate access to healthcare resources. Expansion of services includes telehealth options, self-scheduling, and the development of resources in the community.

Table 2: Accessibility to Quality Healthcare

Accessibility to Quality Healthcare	
Objectives	Provide accessible care to those throughout service area through expanded services.
Activities	<ul style="list-style-type: none"> • Assess populations to determine specific needs • Assess scheduling barriers and opportunities • Assess additional telehealth options • Identify necessary partners • Implement plans
Planning Partners	<ul style="list-style-type: none"> • Local care delivery partners • Technology partners
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • Providers
Resources	<ul style="list-style-type: none"> • Infrastructure • Technology • Human capital • Financial resources
Evaluation Activities	<ul style="list-style-type: none"> • # Additional services delivered • # Individuals served
Point of Contact	CCMC Business Development and Clinical Operations

1.3 Strategy #3: FARMacy Program

A local FARMacy program targets the community health concerns above by providing fresh produce monthly to patients who are at risk for co-morbid diseases associated with obesity. In the past, CCMC has planned additional points of nutritional education around this collaboration with their local farmer’s market and with WVU Extension. Like many things, COVID-19 affected the hospital’s ability to deliver this program as intended. The hospital was unable to support the program with in-person space in 2020 and 2021, and instead pivoted to providing vouchers for those participating in the program so that they would have access to fresh fruits and vegetables. This hospital has seen another COVID-19 surge during the implementation planning phase of this CHNA process, and so is prioritizing this area of community benefit with details of delivery for the coming years yet to be decided upon in full at a later time.

Table 3: FARMacy Program

FARMacy Program	
Objectives	Support participants of the local FARMacy program in a manner that will be fully determined in the coming months.
Activities	<ul style="list-style-type: none"> • Determine scope of delivery of this community benefit strategy: <ul style="list-style-type: none"> ○ Will support be provided to the FARMacy itself (e.g., market space on hospital property), to participants in the program (e.g., vouchers, as during COVID-19), or a combination of both? • Determine how resources and partners may change • Develop plan to deliver program • Communicate Offering • Implement programming
Planning Partners	<ul style="list-style-type: none"> • Local Farmer’s Market • WVU Extension • Dietitians • Providers
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • Marketing partners
Resources	<ul style="list-style-type: none"> • Physical location resources • Health food resources • Communication resources
Evaluation Activities	<ul style="list-style-type: none"> • # participants • Participant health status change
Point of Contact	TBD

1.4 Strategy #4: Dining with Diabetes

CCMC will partner with their local West Virginia University Extension office to offer to the community an existing Dining with Diabetes class. Much like the FARMacy program above, many details of the delivery of this formerly in-person program are still to be determined.

<https://extension.wvu.edu/food-health/diabetes/dining-with-diabetes>

Table 4: Dining with Diabetes

Dining with Diabetes	
Objectives	CCMC will host (TBD #) Dining with Diabetes courses consisting of four classes each.
Activities	<ul style="list-style-type: none"> • Plan dates • Identify participants • Marketing plan • Register participants • BPs and education for participants
Planning Partners	<ul style="list-style-type: none"> • WVU Extension Services
Implementation Partners	<ul style="list-style-type: none"> • WVU Extension Services • Marketing
Resources	<ul style="list-style-type: none"> • Space for classes • Print materials from WVU • Food
Evaluation Activities	<ul style="list-style-type: none"> • # classes held • # participants per class • Pre/post survey • Feedback survey
Point of Contact	Diabetes Educator

1.5 Strategy #5: Silver Sneakers

In the past, CCMC has hosted walking programs in an effort to educate and help community members improve their health. These programs have directly impacted areas of obesity, related chronic disease, and physical activity. CCMC will work to identify a time relative to this current point in the COVID-19 pandemic when it will be appropriate to resume this sort of community benefit strategy, this time implementing the Silver Sneakers program.

Table 5: Silver Sneakers

Silver Sneakers	
Objectives	Host community walking program during this CHNA cycle.
Activities	<ul style="list-style-type: none"> • Determine scope of new program • Determine location • Determine time frame • Determine how to market in community • TBD
Planning Partners	<ul style="list-style-type: none"> • Silver Sneakers • Location management • Health & Wellness providers
Implementation Partners	<ul style="list-style-type: none"> • All planning partners
Resources	<ul style="list-style-type: none"> • Communication resources • Organizational lead
Evaluation Activities	<ul style="list-style-type: none"> • # Participants • Participant health status change
Point of Contact	TBD

2 Health Topic: Substance Use and Mental Health

Throughout this 2020-22 CHNA cycle’s process, CCMC leadership saw issues surrounding substance use and mental health rise to the top of the community’s concerns. Clinical information, state and regional secondary data, and knowledge of other efforts within the community support the need to continue to address these issues through community benefit programs.

2.1 Strategy #1: ED Reverse the Cycle Model

Reverse the Cycle, an intervention model developed by the Mosaic Group, is being implemented in CCMC’s ED in mid-2022. WV DHHR’s BBH is funding the setup of this program, and Peer Recovery Coaches’ salaries will then be sustained by CCMC moving forward. Though the ED-based services provided under this program are clinical in nature and may become billable in the future, this model also includes a community-based component. Individuals can receive overdose prevention education, Naloxone information, connection to recovery support services, connection to substance use treatment programs, and coordination of care and services to prevent subsequent overdoses.

Table 6: ED Reverse the Cycle Model

ED Reverse the Cycle Model	
Objectives	Re-establish the RTC model in CCMC's ED in 2022. (Walkthrough of ED and PRC hiring process have already begun.)
Activities	<ul style="list-style-type: none"> • Recruit Peer Recovery Coaches • Onboard and train PRCs • Modify EMR protocol as needed • Train all medical staff on program and documentation • Launch program
Planning Partners	<ul style="list-style-type: none"> • Mosaic Group • WVU Office of Health Affairs • CCMC ED Medical Director or Nursing Director • Behavioral health • CCMC Legal Department
Implementation Partners	<ul style="list-style-type: none"> • Peer Recovery Coaches • PRC Supervisor • ED Staff • CCMC IT Department – if needed for EMR modifications
Resources	<ul style="list-style-type: none"> • Training resources • Financial resources
Evaluation Activities	<ul style="list-style-type: none"> • # of SBIRT screenings • # of ED patients engaged • # of patients referred to treatment • # of patients receiving MAT • OSOP engagements
Point of Contact	Chief Nursing Officer

2.2 Strategy #2: Medication-assisted treatment (MAT) – OB/GYN/Labor and Delivery

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders and can help some people to sustain recovery. CCMC will continue to deliver and expand this grant funded program to expectant mothers in need of counseling and treatment to ensure the healthy delivery of their infants and to support them in sustaining abstinence long-term.

Table 7: Medication-assisted treatment (MAT) – OB/GYN/Labor and Delivery

Medication-assisted treatment (MAT) – OB/GYN/Labor and Delivery	
Objectives	Ensure the healthy delivery of infants of mothers with opioid disorders and support those mothers sustain abstinence long-term.
Activities	<ul style="list-style-type: none"> • Sustain and Recruit Counselors • Onboard and train • Educate healthcare delivery partners • Train all medical staff on program and documentation • Deliver program
Planning Partners	<ul style="list-style-type: none"> • OB/GYN providers • CCMC Foundation • Clinical department and nursing leadership
Implementation Partners	<ul style="list-style-type: none"> • All planning partners
Resources	<ul style="list-style-type: none"> • Training resources • Counseling resources • Financial resources
Evaluation Activities	<ul style="list-style-type: none"> • # of expectant mothers screened • # of expectant mothers enrolled • # of enrolled mothers delivering healthy infants
Point of Contact	Chief Nursing Officer & OB/GYN Clinical Leadership

3 Health Topic: Cancer

Cancer is a third topic about which community members expressed much concern, which was supported by secondary data, and about which CCMC leadership saw opportunity to affect health outcomes.

3.1 Strategy #1: Free Mammogram Program

CCMC has supported free mammogram programming to residents in the past and will continue to do so this cycle.

Table 8: Free Mammogram Program

Free Mammogram Program	
Objectives	Provide free mammograms to those in financial need
Activities	<ul style="list-style-type: none"> • Educate providers and radiology staff on availability of program • Educate community on availability of program • Conduct fundraising events to support the program • Accept and manage applications
Planning Partners	<ul style="list-style-type: none"> • CCMC Foundation • Cancer Center • Radiology • Providers
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • CCMC Marketing
Resources	<ul style="list-style-type: none"> • Financial resources • Marketing resources
Evaluation Activities	<ul style="list-style-type: none"> • # patients screened
Point of Contact	CCMC Foundation Director

3.2 Strategy #2: Free Lung Screening Program

CCMC has supported free lung screening to residents in the past and will continue to do so this cycle.

Table 9: Free Long Screening Program

Free Lung Screening Program	
Objectives	Provide free lung screenings to those in financial need
Activities	<ul style="list-style-type: none"> • Educate providers and radiology staff on availability of program • Educate community on availability of program • Conduct fundraising events to support the program • Accept and manage applications
Planning Partners	<ul style="list-style-type: none"> • CCMC Foundation • Cancer Center • Radiology • Providers
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • CCMC Marketing
Resources	<ul style="list-style-type: none"> • Financial resources

	<ul style="list-style-type: none"> Marketing resources
Evaluation Activities	<ul style="list-style-type: none"> # patients screened
Point of Contact	CCMC Foundation Director

4 Health Topic: COVID-19

CCMC, like much of the country, has seen an ebb and flow in concerns related to COVID-19. Due to data collection for this CHNA happening at a time when there was a national and regional spike in COVID-19 cases, hospitalizations, and deaths, it rose near the top of the community’s concerns. Knowing that this may come and go for some time, CCMC recognizes the need for continued and ongoing public education.

4.1 Strategy #1: Continued Education

CCMC plans to provide continuing COVID-19 education to the community for the foreseeable future, with planning details TBD related to the current status of the pandemic.

Table 10: COVID-19 Education

COVID-19 Education	
Objectives	COVID-19 education will be provided based on the status of the pandemic and community needs.
Activities	<ul style="list-style-type: none"> Determine scope of ongoing COVID-19 education needs Identify audiences Identify needed partners Develop messaging Deliver messaging
Planning Partners	<ul style="list-style-type: none"> TBD
Implementation Partners	<ul style="list-style-type: none"> TBD
Resources	<ul style="list-style-type: none"> Communication resources Financial resources
Evaluation Activities	<ul style="list-style-type: none"> # Educational collateral developed and delivered # Engaged with content
Point of Contact	CCMC Marketing and PR

5 Health Topic: Poverty

CCMC’s primary data collection and community meeting response showed a deep community concern for issues surrounding cost of care, availability of jobs with good wages and benefits, food security, and more. Leadership knows that they cannot broadly affect this large systemic issue, but have chosen to prioritize it and implement strategies where they see places they can offer assistance.

5.1 Strategy #1: Transportation Funding Assistance

In the past CCMC has provided transportation assistance in the form of bus passes, gas cards, and other transportation vouchers. Realizing that this is an area where they can continue to affect the ability of persons living in poverty to access services, they will determine ways to keep this sort of support in place.

Table 11: Transportation Funding Assistance

Transportation Funding Assistance	
Objectives	Continue to provide transportation funding assistance to residents.
Activities	<ul style="list-style-type: none"> • Plan scope of ongoing transportation funding assistance • Determine timeline and resource needs • Conduct fundraising activities as needed
Planning Partners	<ul style="list-style-type: none"> • CCMC Foundation • Parkersburg Cardiology • CCMC Cancer Center
Implementation Partners	<ul style="list-style-type: none"> • All planning partners • CCMC Marketing
Resources	<ul style="list-style-type: none"> • Financial resources • Communication resources
Evaluation Activities	<ul style="list-style-type: none"> • Dollar value of transportation funds given • # individuals assisted with these programs
Point of Contact	CCMC Foundation Director