community health improvement strategy plan 2023-2026

dayton children's

Executive Summary

Dayton Children's Mission
The relentless pursuit of optimal health for every child within our reach.

Dayton Children's Vision
Reinventing the path to children's health for families throughout our region and beyond.

The 2023-2026 Community Health Needs Assessment (CHNA) and subsequent Implementation Plan (IP) are critical to the mission and vision of Dayton Children's Hospital.

In 2002, Dayton Children's began conducting community health needs assessments (CHNA) for measuring and addressing the pediatric health status of the Greater Dayton community. Dayton Children's CHNA fulfills nationally mandated requirements for hospitals. H.R. 3590 Patient Protection and Affordable Care Act states that to maintain tax-exempt status, not-for-profit hospitals are required to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the needs identified through the assessment.

The 2023-2026 Dayton Children's CHNA incorporated secondary data from multiple sources, including county-level data, whenever possible. The hospital utilized resources such as the Child Opportunity Index, the Center for Disease Control and Prevention, the U.S. Census, Healthy People 2030, among other national and local sources to identify issues impacting children's health. It must be highlighted that finding consistently available child health data is difficult, especially as local, state, and national health departments and organizations are coming out of the COVID-19 pandemic. The most recently available data was used for the CHNA but the gaps in data underscore the importance of community input in data collection and in the setting of priorities. Community input from public health departments, child serving organizations, and community members was leveraged throughout the process as this is an important part of completing an actionable needs assessment.   The full CHNA can be found here: https://www.childrensdayton.org/community/community-health/community-health-needs-assessment.

The Dayton Children's CHNA is used as a vital tool for creating the Dayton Children's Implementation Plan (IP). This plan is used by health, human services, governmental, educational, and other community agencies, in collaboration with Dayton Children's, to set priorities, coordinate and target resources. An IP is critical for developing policies and defining actions to target efforts that promote health. The purpose of the Dayton Children's CHNA and IP is not to duplicate, but rather offer child population data and strategies to complement data and planning needs. To create the IP, Dayton Children's Center for Health Equity reviewed and evaluated previous strategies and priority areas, engaged local health departments, hospital champions, and community members to define strategies that would be most appropriate for community-level interventions.

Community Served by Dayton Children's
Dayton Children's serves 20 Ohio counties and eastern Indiana, however for the purposes of determining the community covered by this community health needs assessment and implementation plan, the hospital chose to include our primary service area where 75 percent of our patient population comes from. This primary service area covers zip codes in Montgomery, Miami, Greene, Clark, and Warren Counties. These counties represent urban, rural, and suburban communities. Our health assessment focused on the pediatric population living in these counties. To have the most actionable and impactful implementation strategy, Dayton Children's identified three specific communities in the City of Dayton where health outcomes are the poorest. The Implementation Plan outlines specific strategies to improve pediatric health in these communities in partnership with community residents and community-based organizations.

Alignment with Regional, State, and National Standards

To have the greatest impact on community level health outcomes, the 2023-2026 Dayton Children's Implementation Plan priorities align with regional, state, and national priorities where possible. Dayton Children's will be addressing the following priority health outcomes to reach the child population in the Greater Dayton Area (Montgomery, Clark, Greene, Miami, and Warren Counties): mental health and addiction, chronic disease, and maternal and infant health. Additionally, Dayton Children's will be addressing the following priority health factors: community conditions and access to care.

Alignment with Regional Health Departments

Here are the areas that the Dayton Children's Implementation Plan aligns with regional county health departments covered in the CHNA.

- The Dayton Children's Implementation Plan aligns with the following three priority areas indicated in the Public Health – Dayton & Montgomery County Community Health Assessment: behavioral health, physical health (chronic disease/birth outcomes) and social determinants of health. To view, please visit: https://www.cha.phdmc.org/
- The Dayton Children's Implementation Plan aligns with four priorities indicated in the Clark County Community Health Improvement Plan (CHIP): maternal/infant health and sexual health, chronic disease, mental health & substance use. To view, please visit: https://ccchd.com/wp-content/uploads/2022/01/Clark-County-CHIP-2020-2022-Single-Page.pdf
- The Dayton Children's Implementation Plan aligns with two priorities indicated in the Greene County Community Health Improvement Plan (CHIP): obesity and preventative health services. To view, please visit: https://www.gcph.info/platform/cms/Accreditation/2020%20Greene%20County%20Community%20Health%20Improvement%20Plan.pdf
- The Dayton Children's Implementation Plan aligns with three priorities indicated in the Miami County Community Health Improvement Plan (CHIP): chronic disease, maternal and family health, and mental health and addiction. To view, please visit: https://www.miamicountyhealth.net/pdf/food-safety/0ae78b_026b8b89aaf34bb4aa6e073e90281d6d.pdf
- The Dayton Children's Implementation Plan aligns with two priorities indicated in the Warren County Community Health Improvement Plan (CHIP): behavioral health and prevention and wellness. To view, please visit: https://warrenchd.com/wp-content/uploads/2017/12/CommunityHealthImprovementPlan2016.pdf

Alignment with the Ohio State Health Improvement Plan (SHIP)

The 2020-2022 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioan's achieve their full health potential, the state tracks the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

In addition to tracking progress on overall health outcomes, the SHIP focuses on three priority topics:
- Mental Health and Addiction (includes depression, suicide, youth drug use, and drug overdose deaths)
- Chronic Disease (includes conditions such as heart disease, diabetes, and childhood conditions [asthma and lead])
- Maternal and Infant Health (includes infant and maternal mortality and preterm births).

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors:

- Community Conditions (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
- Health Behaviors (includes tobacco/nicotine use, nutrition, and physical activity)
- Access to Care (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care). Figure 1 shows the SHIP framework.
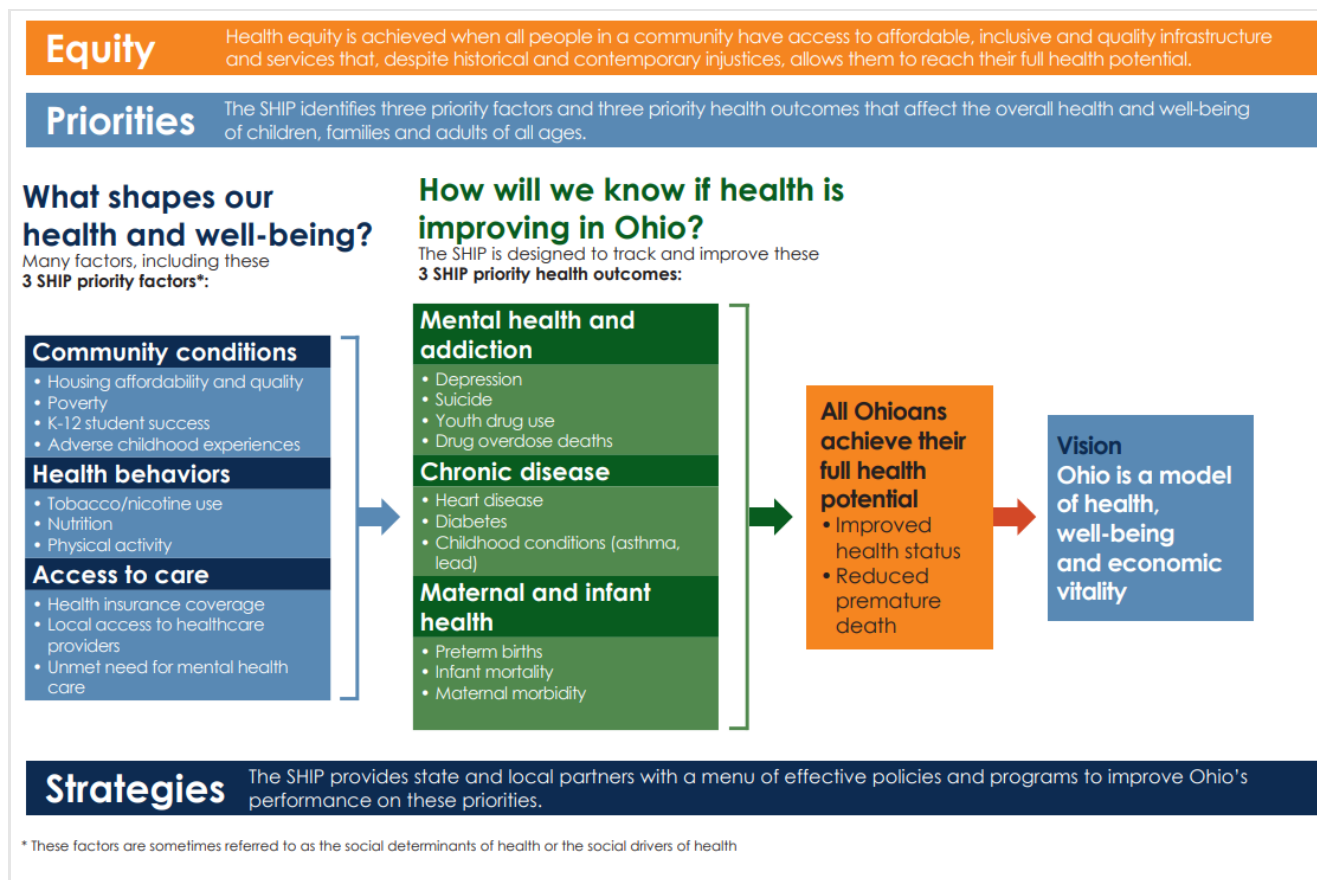
Figure 1: SHIP Framework

The Dayton Children's IP was required by the Ohio Department of Health to select at least 1 priority factor, 1 priority health outcome (topic), 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP. Dayton Children's IP is aligned on two priority factors and all three priority health outcomes. Table 2 identifies the priority factors, priority health outcomes and strategies in the Dayton Children's IP that are in alignment with the SHIP. The full SHIP is available here: https://odh.ohio.gov/about-us/sha-ship/state-health-improvement-plan.

Priority Factor	Priority Health Outcome/Topic	Priority Indicator	Dayton Children's Aligned Strategy
Community Conditions	Poverty	CC2. Child poverty	DCCC1. Financial literacy and wealth-building initiatives
Community Conditions	K-12 student success	CC5. Kindergarten Readiness	DCCC2. Early Childhood Education

Access to Care	Local access to healthcare services	AC3. Primary care health professional shortage areas	DCAC2. Culturally competent workforce in underserved communities
Priority Health Outcomes	**Priority Health Outcome/Topic**	**Priority Indicator**	**Dayton Children's Aligned Strategy**
Mental Health and Addiction	Depression	MHA1. Youth depression	DCMH1. Mental Health Education
Mental Health and Addiction	Depression	MHA1. Youth depression	DCMH2. Coordinated care for behavioral health
Mental Health and Addiction	Depression	MHA1. Youth depression	DCMH3. School-based depression prevention and treatment
Mental Health and Addiction	Suicide deaths	MHA3. Youth suicide deaths	DCMH4. Safer suicide care through systems change
Chronic Disease	Harmful childhood conditions	CD5. Child asthma morbidity	DCCD2. Multicomponent asthma interventions
Maternal and Infant Health	Infant mortality	MIH2. Infant mortality	DCMIH3. Care coordination and access to well-woman care

Table 1: Strategy Alignment with SHIP

Alignment with Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. The objectives fall into five categories: Health Conditions, Health Behaviors, Populations, Settings and Systems and the Social Determinants of Health. The Dayton Children's Improvement Plan aligns with several objectives in Healthy People 2030 outlined in Table 3 below. More information about Healthy People 2030 can be found here https://health.gov/healthypeople.

Topic	Indicator
Infants	• MICH-02: Reduce the rate of deaths
Children	• MICH-03: Reduce the rate of deaths in children and adolescents aged 1 to 19 years • EMC-07: Increase the proportion of children and adolescents who show resilience to challenges and stress
Child and Adolescent Development	• EMC-D01: Increase the proportion of children who are developmentally ready for school
Hospital and Emergency Services	• RD-03: Reduce emergency department visits for people aged 5 years and over with asthma
Mental Health and Mental Disorders	• MHMD-02: Reduce suicide attempts by adolescents
Nutrition and Healthy Eating	• NWS-01: Reduce household food insecurity and hunger

Table 2: Alignment with Healthy People 2030

Strategic Planning Model

Dayton Children's Community Health Needs Assessment planning committee approached implementation planning through the following process.

1. Choosing Priorities: The team used quantitative and qualitative data to prioritize target impact areas based on the previous Implementation Plan, community input through the Community Health Needs Assessment process, and identification of health disparities and inequities in geographic regions.
2. Review of Previous Strategies: Center for Health Equity staff reviewed the 2020-2023 priorities from the previous Implementation Plan with the strategy owners to obtain feedback on impact and possible next steps including sunsetting or enhancing each strategy.
3. Gap Analysis: The project team determined gaps between community needs and community resources to address priorities by reviewing both secondary data and community survey results. Strategic actions and initiatives identified.
4. Best Practices: Staff reviewed best practices and proven strategies, evidence continuum, and feasibility continuum outlined in the State Health Improvement Plan (SHIP) for alignment and inclusion in 2023-2026 plan.
5. Resource Assessment: The team determined existing programs, services, and activities in the community that address the priority target impact areas and looked at the number of programs or possible collaborators that address each outcome and geographic area served.
6. Plan Creation: The project team created action step recommendations based on one or more the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation based on existing resources and collaborations.

Health Disparities and Health Equity

Equity principles, including authentic community engagement and prioritizing actions based on structural inequities, were a high priority during the 2023-2026 Community Health Needs Assessment and strategic planning process. The plan includes several strategies to directly address identified populations at a disproportionate risk for negative impacts to their health particularly based on race, economic status, and geographic region. Community engagement strategies including partnership development and expansion, engagement activities and a focus on organizational policies, systems and structural change are also embedded in the strategies. Whenever possible, the Dayton Children's CHIP identifies strategies likely to reduce disparities and inequities.

Priority Areas and Factors

The Dayton Children's Implementation Plan (IP) focuses on the following Priority Areas and Factors, in alignment with the State Health Improvement Plan (SHIP):

- Mental Health and Addiction
- Chronic Disease
- Maternal and Infant Health
- Community Conditions
- Access to Care

For each of these Priority Areas and Factors, the plan includes the name of the strategy, the anticipated impact of the strategy, priority outcomes and indicators for measurement, associated action steps, hospital resources to address the strategy, and planned collaborations with community partners.

Priority Area: Mental Health and Addiction

Mental Health and Addiction remains a high priority within the Greater Dayton community. Respondents to our community survey expressed this when asked what resources are needed in the community to keep families healthy. For example, respondents told us, **"More mental health options available"** and **"Access to counseling, it is nearly impossible to get into a therapist."** The strategies in this priority area focus on the continuum of behavioral health services with a focus on prevention and community-based programs.

| Priority Topic: Mental Health and Addiction	
Strategy DCMH1: Continue the spread of the On Our Sleeves Movement throughout the Dayton Region	
Anticipated Impact: The On Our Sleeves Movement aims to reduce the stigma around children's mental health. Community-based mental health education is one prevention strategy that can improve rates of youth depression and mental health challenges.	
Priority Outcomes	**Priority Indicators**
Reduce depression treatment unmet need Reduce mental health stigma	Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH1) **Baseline** (MHA-2022): 59.8% of youth with major depressive episode who did not receive any mental health treatment Percent of 7-12th graders in Western Ohio who saw a health care provider for a mental health problem in the past year (OHYES!*) **Baseline** (OHYES!- 2022): 29.15% percent of 7-12th graders in Western Ohio who saw a healthcare provider for a mental health problem in the past year

Action Steps	Hospital Resources	Planned Collaborations
Continue to spread the On Our Sleeves Movement, a childhood mental health campaign, throughout the Dayton region.

Position this program as a community-based prevention program. | Project coordinator, funding for campaign, marketing support | Nationwide Children's Hospital, local school districts, libraries, community organizations, local businesses, Five Rivers Metroparks, Montgomery County ADAMHS, philanthropy |

Priority Topic: Mental Health and Addiction
Strategy DCMH2: Integrate behavioral health throughout primary care
Anticipated Impact: Behavioral health integrated within primary care is a best practice and has shown improved mental health, increased adherence to treatment, improved quality of life, increased patient engagement, and increased patient satisfaction.

Priority Outcome	Priority Indicators
Reduce mental health professional shortage areas	Percent of Ohioans living in health professional shortage area (HRSA*) **Baseline** (HRSA- 2022)**:** HPSA Facilities: 284 HPSA Geographic Areas: 71 HPSA Population Groups: 133 Total Count of HPSAs: 488

Action Steps	Hospital Resources	Planned Collaborations
Continue to integrate behavioral health into primary care practices by bringing mental health and/or substance abuse screenings and treatments into the primary care setting (ex: PHQ-9 depression screening).

Explore efforts including coordination between primary care providers, case managers, and mental health specialists. Determine training needs or realignment of roles.

Focus on best service for patient families and evaluation of outcomes. | Program director, program staff and providers, quality improvement and data analytics support, philanthropy | Primary care practice network, Partners for Kids, local school districts |

Priority Topic: Mental Health and Addiction		
Strategy DCMH3: Spread comprehensive school-based "Student Resiliency Coordinator" program		
Anticipated Impact: School-based mental health programs have been shown to increase resiliency skills, improve mental health, improve behavior, and improve academic achievement. Programs offered through schools also improve access to care.		
Priority Outcome	**Priority Indicators**	
Reduce depression treatment unmet need	Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH[1]) **Baseline** (MHA-2022): 63.3% of youth with major depressive episode who did not receive any mental health treatment	
Action Steps	**Hospital Resources**	**Planned Collaborators**
Spread the comprehensive school-based mental health program in partnership with schools across the region. Provide a student resiliency coordinator within each school to connect and provide students with resources to address mental health needs. Continue evaluation of program and outcomes.	Grant writing and management resources, program director, supervision of staff, student resiliency coordinators, evaluation of outcomes	Montgomery County ADAMHS, local school districts

Priority Topic: Mental Health and Addiction		
Strategy DCMH4: Spread comprehensive approach to suicide care (Zero Suicide)		
Anticipated Impact: Zero Suicide is a best-practice, quality improvement approach based on the realization that suicidal individuals often fall through cracks in the fragmented health system and therefore an approach to suicide prevention requires a system-wide approach to improve outcomes and close gaps. This quality improvement approach focuses on safer suicide care for high-risk patients ages 12 through 18.		
Priority Outcome	**Priority Indicator**	
Reduce youth suicide deaths	Number of youth suicide deaths due to suicide per 100,000 population (ODH*) **Baseline** (ODH- 2022): 11.0 youth deaths due to suicide per 100,000 population	
Action Steps	**Hospital Resources**	**Planned Collaborators**
Continue the expansion of the Zero Suicide concept of the National Strategy for Suicide Prevention to pursue a reduction in suicide and improve care for those who seek help inside the hospital in ambulatory clinics and beyond the hospital into schools and community-based programs.	Quality improvement, data analysis, implementation team and lead	Local school districts, Ohio Children's Hospital Association, Ohio Suicide Youth Collaborative, Montgomery County ADAMHS

Priority Area: Chronic Disease
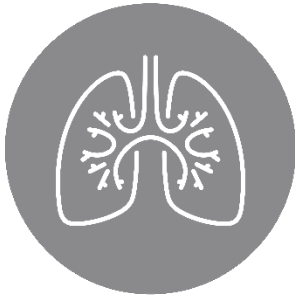
Chronic Disease was a significant concern for participants. Nearly half of all community survey respondents stated they were "very concerned" about chronic disease. When asked what was needed in the community to keep families healthy, respondents mentioned chronic diseases such as asthma, "More information about children with asthma" and more specifically, "Dayton Children's Northwest and a lot of urgent cares that don't address specialization like asthma and allergies." Respondents also discussed the importance of access to nutritious food, "Produce and healthy options within a community." Strategies in this priority area focus on expansion of existing resources to improve food insecurity and address asthma.

Priority Topic: Chronic Disease		
Strategy DCCD1: Implement healthy food initiatives to reduce impact of chronic disease		
Anticipated Impact: By providing nutrition and health education about food, healthy food consumption can be increased and food insecurity can be decreased.		
Priority Outcome	**Priority Indicator**	
Reduce childhood obesity	Percent of children who were obese by BMI classifications **Baseline** (NSCH-2018): 19.3% of US children and adolescents aged 2-19 years have been diagnosed with obesity, including 6.1% with severe obesity, and another 16.1% are overweight	
Action Steps	**Hospital Resources**	**Planned Collaborators**
Continue healthy food initiatives led by Dayton Children's, for example: • Cooking demonstrations and recipe creation within the Demonstration Kitchen • Support for specific patient populations/families with chronic disease	Community food equity program manager, demonstration kitchen funding (physical space, food, supplies), hospital dietician support, marketing support	Patient families, community members, community partners, Our Lady of the Rosary

Priority Topic: Chronic Disease
Strategy DCCH2: Improve health disparities for children with asthma
Anticipated Impact: Strategies such as health home environment assessments, community health workers, environmental remediation and programs focused on improving asthma management will improve outcomes for children with asthma from the most in-need communities by reducing exposure to allergens and reducing hospital utilization.

Priority Outcomes		Priority Indicators	
Reduce childhood asthma morbidity Reduce child asthma hospitalizations		Percent of children diagnosed with asthma Emergency department visits for pediatric asthma, per 10,000 children ages 0-17 **Baseline** (CDC 2019): 7.8% children living with asthma in Ohio	
Action Steps	**Hospital Resources**	**Planned Collaborators**	
Identify strategies that will be most impactful to address asthma in the priority zip codes. For example: • Medical legal partnerships • Healthy home environment assessments • Utilization of community health workers (CHWs) • Housing remediation and repair • Community-based education Ensure community and stakeholder involvement in planning and selecting strategies. Continue to improve data collection and data-sharing processes to develop neighborhood specific interventions.	Program management, data support, clinical support, community health workers, financial support, grant writing support	Dayton Asthma Alliance, Ohio Department of Health, Dayton Regional Pathways HUB, Medical Legal Partnership for Children	

Priority Area: Maternal and Infant Health

Maternal and Infant Health was a significant concern. Sixty percent of community survey respondents stated they were "very concerned" about maternal and infant health, and thirty-seven percent ranked this as their highest concern. When asked about needs in the community to keep families healthy, respondents told us, **"Making mental health care for postpartum mother feel more accessible to where they don't feel judged or don't feel scared to lose their child over seeking help."** Others expressed broader needs including, **"Better post-partum support for moms and babies. Better safe child-care options. More emotional support for parents, especially new parents or those with multiple kids or those with chronic or emotional conditions."** Strategies in the Maternal and Infant Health priority area focus on increased education and better collaboration within the health care system to support infants and mothers.

Priority Topic: Maternal and Infant Health		
Strategy DCMIH1: Increase the use of safe sleep practices		
Anticipated Impact: Through consistent education and modeling safe sleep within the hospital and community setting there will be a decrease in unsafe sleep deaths.		
Priority Outcome		**Priority Indicator**
Reduce infant mortality due to unsafe sleep conditions		Rate of infant deaths per 1,000 live births **Baseline** (ODH- 2020): 6.7 deaths per 1,000 live births
Action Step	**Hospital Resources**	**Planned Collaborators**
Develop a standardized approach for ongoing safe sleep education for hospital staff. Continue to raise awareness and promote the most up-to-date safe sleep practices through coordinated messages and programs such as the Safe Sleep Ambassador program. • Partner and strengthen relationships with organizations to integrate safe sleep practices into the hospital/ prenatal/community settings. • Explore media partnerships to scale messaging and campaigns. • Network with healthcare professionals to promote the most recent guidelines and use of culturally sensitive safe sleep conversations with families in their practices.	Dayton Children's emergency department outreach nurses, community health workers, lactation consultants, infant mortality awareness and prevention committee, safe sleep committee, project manager	Public Health – Dayton & Montgomery County, Every One Reach One Maternal & Infant Vitality Task Force Safe Sleep Branch, Dayton Police & Fire Departments, hospitals, health clinics, pediatric offices, media partners, local colleges, and universities.

Further strengthen data collection and data-sharing within partnering organizations. Continue to integrate safe sleep best practices into hospital workflow, policies, and procedures.		

Priority Topic: Maternal and Infant Health
Strategy DCMIH2: Increase human milk feeding breastfeeding and provide lactation support
Anticipated Impact: Increase breastfeeding duration for infants and children receiving care at regional primary care practices through increased availability of and targeted lactation support, partnership with pediatricians, and relentless efforts to reduce barriers to breastfeeding or providing breastmilk within our system and scope of influence.

Priority Outcome	Priority Indicators
Increase lactation duration	% of infants receiving breastmilk exclusively at 3 months % of infants receiving any breastmilk at 6 months Baseline (ODH-2019): 42.7% infants exclusively breastfeeding at 3 months (Ohio) 45.3% infants exclusively breastfeeding at 3 months (National) 50.4% infants receiving any breastmilk at 6 months (Ohio) 55.8% infants receiving any breastmilk at 6 months (National)

Action Steps	Hospital Resources	Planned Collaborations
Improve understanding of and develop solutions to overcome barriers to initiation and continuation of breastfeeding. Continue to provide health professionals with resources to help promote breastfeeding and lactation in the hospital and clinic setting. Provide equitable access to lactation support.	Director, clinical nutrition and lactation, lactation supervisor, internal medicine-pediatrician, clinical dietitian and lactation specialist, infant mortality awareness and prevention committee, project manager	Moms2B, Greater Miami Valley Breastfeeding Coalition, Every One Reach One Maternal & Infant Vitality Task Force, Public Health – Dayton & Montgomery, County, Human Milk Collective Impact Forum, Ohio Lactation Association, Academy of Breastfeeding Medicine

Priority Topic: Maternal and Infant Health
Strategy DCMIH3: Implement the Ohio Better Birth Outcomes Project
Anticipated Impact: Health outcomes for mothers and infants will be improved through better collaboration between healthcare systems focused on quality improvement interventions across prenatal and perinatal periods.

Priority Outcome		Priority Indicator
Reduce infant mortality Reduce prematurity		Rate of infant deaths per 1,000 live births (ODH*) **Baseline** (ODH-2020): 6.7 deaths per 1,000 live births
Action Step	**Hospital Resources**	**Planned Collaborators**
Continue gap analysis to identify and prioritize specific maternal and infant health needs. Convene key partners to gain buy-in and support for project implementation. Build leadership infrastructure of key partners to support advancing the Ohio Better Birth Outcomes project. Involve key partners to develop a plan outlining goals, objectives, timelines, and quality improvement initiatives. Identify data needs and sources to support project plan and metrics at the regional level. Collaborate with existing providers to implement quality improvement initiatives. Monitor, track, and report outcomes.	Project manager, quality improvement support, data support	Greater Dayton Area Hospital Association, Regional Adult Hospitals, Federally Qualified Health Centers, Nationwide Children's Hospital, Partners for Kids, Public Health – Dayton & Montgomery County, EveryOne Reach One Maternal & Infant Vitality Task Force, Montgomery County

Priority Factor: Community Conditions

Community Conditions covered a range of domains including availability of housing, parks and safe places to walk and play, grocery stores, and transportation. Fifty-three percent of community survey respondents stated they were "very concerned" about community conditions. When asked what was needed in the community to help families be healthy, respondents told us, **"Resources to meet basic needs so they can focus on healthcare. Transportation and housing are the two biggest hardships. Mental health resources for families, caregiver support and training, Language services for ESL families."** Others mentioned increasing awareness of programs to support families, expressing a need for **"Better ways to find out about what's available"** and **"Education and awareness for sure. Reach out programs for those that fall through the gaps."** Community Conditions are a broad range and require alignment of the entire community. Therefore, for the community conditions priority factor the hospital will focus on greater connection to resources and more support for families, specifically those with children ages birth to five.

Priority Factor: Community Conditions		
Strategy DCCC1: Outreach and advocacy to maintain or increase enrollment in federal food assistance, housing, and poverty reduction programs		
Anticipated Impact: Improving access through outreach and advocacy to anti-poverty programs for children and families reduces disparities and helps to address social determinants of health		
Priority Outcomes	**Priority Indicators**	
Reduce poverty	Children living in poverty (American Community Survey) **Baseline** (Children's Defense Fund- 2021) 18.4% of children living in poverty	
Action Steps	**Hospital Resources**	**Planned Collaborators**
Thoroughly research best practices to connect families with anti-poverty programs. Establish and maintain partnerships with identified programs. Identify and implement processes to make referrals easier for hospital staff and community members.	Project management, data collection and evaluation	Women Infants and Children (WIC), City of Dayton, Volunteer Income Tax Assistance (VITA), Partners for Kids, Medical Legal Partnership for Children

Priority Factor: Community Conditions	
Strategy DCCC2: Launch collective impact initiative to address health and educational needs of children birth to five	
Anticipated Impact: Birth to five are critical years for the long-term success of children. There are many systems and partners who serve families with this age group. Through better alignment, our community can improve outcomes for children through the first five years of life.	
Priority Outcome	**Priority Indicator**
Improve kindergarten readiness	Percent of kindergarten students demonstrating readiness (Ohio Kindergarten Readiness Assessment) **Baseline** (HPIO- 2018-19) 40.9% of kindergarten students demonstrating readiness

Action Step	Hospital Resources	Planned Collaborations
Convene group and obtain buy-in Develop charter, scope, and structure. Develop collective priorities, objectives and initiatives related to kindergarten readiness and preventative care. Measure and track progress. Report collective outcomes.	Leadership to convene group, funding, and administrative support for Montgomery County Imagination Library	Preschool Promise, organizations serving children ages birth to five, Montgomery Imagination Library Steering Committee, Partners for Kids

Priority Topic: Community Conditions
Strategy DCCC3: Continue development and execution of programs to address food insecurity
Anticipated Impact: Healthy food initiatives including food pantries and the Dayton Children's "Food Pharm" combine hunger relief efforts with healthy eating opportunities and nutrition information for families. These programs can reduce food insecurity.

Priority Outcome	Priority Indicator
Reduce food insecurity	Percent of households that are food insecure (Feeding America, Map the Meal Gap) **Baseline** (Feeding America- 2020): 22.7% of households in Montgomery County were food insecure

Action Steps	Hospital Resources	Planned Collaborations
Enhance the "Food Pharm" program, which increases consumption and access to nutritious foods, including fresh produce. Expand the neighborhood food pantry at Connor Child Health Pavilion to serve more members of the Greater Old North Dayton neighborhood.	Community food equity program manager, hospital "Food Pharm" and pantry facilities	The Dayton Foodbank, Kiser Neighborhood Schools Center, Greater Old North Dayton Neighborhood Association

Priority Factor: Access to Care

Access to care was an important concern for families related to a range of types of care. Fifty-six percent of community survey respondents stated they were "very concerned" about access to healthcare and twenty-four percent ranked this as their highest concern. Some families noted the need for care that was accessible at more flexible times of the day. **"Evening and weekend clinics to allow for families to both care for their child and work. Desperately need more pediatric dentists that accept government insurances both on and off the bus line."** Others mentioned mental health care, **"Improved access to mental health services and healthcare via pro bono programs or just increase in available locations and resources with varying hours of operation to increase access for working families."** Strategies addressing the access to care priority factor will focus on better connections to services for families to support navigation of the health care system.

Priority Factor: Access to Care
Strategy DCAC1: Promote connections to primary/preventive care
Anticipated Impact: Ensuring children have access to comprehensive and coordinated primary/preventive care can increase the likelihood of children obtaining preventive screenings, completing vaccinations, and obtaining quality outcomes.

Priority Outcome	Priority Indicator
Reduce unmet needs, medical care	Percentage of children who are up-to-date on preventive care **Baseline** (HPIO- 2019): 71% had access to medical and dental care

Action Step	Hospital Resources	Planned Collaborations
Promote preventive well-child care and maintain continuity of care. Utilize community partnerships to promote messaging and marketing materials (ex: churches, hospitals, pharmacies, health departments, schools, childcare centers, media, etc.). Provide partners with educational materials and ways to support marketing campaigns and raise awareness of the importance of preventive health care.	Project management, data analysis, marketing support and materials	Primary care practices, Partners for Kids

Priority Factor: Access to Care
Strategy DCAC2: Further integrate community health workers (CHWs) into clinical services
Anticipated Impact: The use of community health workers has the expected benefits of increased patient knowledge, improved access to care, an increase in healthy behaviors and improvement in preventive care.

Priority Outcomes	Priority Indicators
Increase local access to healthcare services	Health Professional Shortage Areas **Baseline** (HRSA- 2022) Ohio has 182 Health Professional Shortage Areas, covering 47.87% of the population.

Action Steps	Hospital Resources	Planned Collaborations
Continue referral process and data collection on CHW outcomes. Ensure training opportunities for standardized messaging across clinical settings when utilizing community health workers. Specific focus on utilization of CHWs for asthma patients with greatest health disparities.	Community health workers, program manager, quality improvement, implementation, and data analysis support.	Dayton Regional Pathways HUB, Greater Dayton Area Hospital Association, Ohio Department of Health, Montgomery County Job and Family Services

Place-Based Strategies

In addition to the strategies identified above that address priority indicators and factors, the hospital has chosen to identify several place-based strategies within specific geographic regions where health outcomes are poorer compared to the overall region. The plan includes several strategies to directly address identified populations at a disproportionate risk for negative impacts to their health particularly based on race, economic status, and geographic region. These geographic regions include:

- Northwest and West Dayton defined as ZIP codes 45405, 45406 and 45417
- Old North Dayton defined as ZIP code 45404
- East Dayton defined as ZIP codes 45403 and 45410

For each of these Geographic Priority Areas, the plan includes the top three priority factors/areas identified by the community, the name of the strategy, the anticipated impact of the strategy and associated action steps, hospital resources to address the strategy and planned collaborations with community partners.

Geographic Priority Area: Northwest and West Dayton

In Northwest and West Dayton, defined as ZIP Codes 45405, 45406 and 45417, the top three priority factors/areas were Infant Mortality (39% ranked highest), Access to Care (24% ranked highest) and Mental Health (23% ranked highest). Survey respondents from these ZIP codes shared "The community needs health advocates that reflect the diversity in the community. Individuals that are in the community, respected by the community and live in the community." and "Better outreach centers for mental health."

Geographic Priority Area: Northwest and West Dayton		
Priority Factors/Areas Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 1: Integrate Hope Center Primary Care Practice/Dayton Children's Pediatrics Northwest into Promise Zone initiative.		
Anticipated Impact: Leveraging the programs and resources housed in Dayton Children's Pediatrics Northwest and throughout Dayton Children's, support the goals of the Promise Zone initiative which aims to support a cradle-to-career continuum of services centered on creating measurable improved outcomes in education, economic stability, health and well-being and community growth.		
Action Steps	**Hospital Resources**	**Planned Collaborations**
Define Dayton Children's role in the health/wellness group. Use neighborhood data gathered through the Community Health Needs assessment to define possible interventions and initiatives. Prioritize possible initiatives. Implement prioritized initiatives.	Dayton Children's Pediatrics Northwest clinical programs. Project management and in-kind support for program planning, implementation, quality improvement, and evaluation of community-based initiatives.	Omega Community Development Corporation, Mini University, Promise Neighborhoods, Learn to Earn, Miami Valley Child Development Center,

Geographic Region: West Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 2: Define and implement targeted interventions 45417 to reduce health disparities and improve access to pediatric primary care.		
Anticipated Impact: Improved access to preventative and primary health care can impact long-term health outcomes for children in this neighborhood.		
Action Steps	Hospital Resources	Planned Collaborations
Scope services to be offered and begin facility development. Identify strategic partnerships. Identify additional strategies to reduce health disparities within neighborhood.	Project management and in-kind support for program planning, implementation, quality improvement, and evaluation of community-based initiatives. Investment in facility development and operations.	Healthy Family Market/Sunlight Village, CityWide Development Corporation

Geographic Region: West Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 3: Improve access to built-environment amenities for children.		
Anticipated Impact: Improved access to parks, sidewalks and other recreational amenities can improve health and wellness outcomes for children.		
Action Steps	Hospital Resources	Planned Collaborations
Define Dayton Children's role within existing initiatives within the neighborhood. Leverage data and input from community feedback to enhance programs.	Project management and in-kind support for program planning and implementation.	Bike Miami Valley, The Miami Valley Urban League, CityWide Development, Carillon and Edgemont Neighborhoods, City of Dayton, Center for Health Equity Community Advisory Board

Geographic Priority Area: Old North Dayton

In Old North Dayton, defined as ZIP Code 45404, the top three priority factors/areas were Infant Mortality (38% ranked highest), Access to Care (24% ranked highest) and Mental Health (18% ranked highest). A survey respondent from these ZIP codes shared needs such as "Mental health treatment for whole families not just children or parent. Easier access to these services. Healthcare for people who can't seem to get the cover they need."

Geographic Region: Old North Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 1: Implement Kinship Housing Project in Greater Old North Dayton		
Anticipated Impact: The purpose of the Kinship Care Housing Project is to provide safe and affordable housing to kinship caregivers so they can best care for children in their care. By providing appropriate housing to kinship caregivers, significant health disparities can be addressed while keeping children in stable home environments and giving them the opportunity to thrive.		
Action Steps	Hospital Resources	Planned Collaborations
Finalize funding and financing for the project. Partner with neighborhood and kinship caregivers to design space and support services. Break ground on housing project. Define program support services.	Project management and in-kind support for project planning and program implementation.	Greater Old North Dayton Neighborhood Association, CityWide Development, Model Group, Kinship Caregivers, Davinci Investors, City of Dayton, Center for Health Equity Community Advisory Board

Geographic Region: Old North Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 2: Build community network to support families in Old North Dayton.		
Anticipated Impact: Greater coordination of services and improved communication for families can decrease isolation and ensure families can connect to the assets in the neighborhood. Special attention will be paid to families who are new to the United States and often choose Old North Dayton as their home and families who are served by Kiser Neighborhood Schools Center.		
Action Steps	Hospital Resources	Planned Collaborations
Assess existing resources within the Old North Dayton neighborhood. Identify information and communication needs of families. Identify strategic partners to address the needs of families.	Project management and in-kind support for project planning and program implementation.	Welcome Dayton, El Puente, Kiser Neighborhood Schools Center, Kroc Center, E.C. Doren Library, Center for Health Equity Community Advisory Board, Catholic Social Services

Geographic Region: East Dayton

In East Dayton, defined as ZIP Codes 45403 and 45410, the top three priority factors/areas were Infant Mortality (40% ranked highest), Mental Health (21% ranked highest) and Access to Care (19% ranked highest). Survey respondents from these ZIP codes shared needs including "Health care for everyone no matter what the circumstances are, people should be able to have insurance no matter what!" and "More social services; treatment for mental illness, including addiction, for mothers AND their children."

Geographic Region: East Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 1: Build community network to support families in East Dayton.		
Anticipated Impact: Greater coordination of services and improved communication for families can decrease isolation and ensure families can connect to the assets in the neighborhood. Special attention will be paid to families who are new to the United States, whose first language is not English and often choose East Dayton as their home.		
Action Steps	**Hospital Resources**	**Planned Collaborations**
Assess existing resources within the East Dayton neighborhoods. Identify information and communication needs of families. Identify strategic partners to address the needs of families.	Project management and in-kind support for project planning and program implementation.	Welcome Dayton, Dayton Dream Center, Ebenezer Healthcare Access, Burkhardt/Springfield Neighborhood Association, With God's Grace, Stepping Stones Learning Center, City of Dayton, Preschool Promise, Catholic Social Services, Center for Health Equity Community Advisory Board

Geographic Region: East Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental Health
Strategy 2: Complete Ohio Health Improvement Zone (OHIZ) community assessment and asset map to identify community-driven health improvement initiatives.		
Anticipated Impact: Through the Ohio Health Improvement Zone (OHIZ) pilot project funded by the Ohio Department of Health, Dayton Children's will engage with community partners and residents who live in the Burkhardt/Springfield Neighborhood to assess their current health needs, highlight their community assets and prioritize area of focus for future collaborative work.		

Action Steps	Hospital Resources	Planned Collaborations
Continue work with the OHIZ advisory group to complete the OHIZ community assessment and asset map. With project partners, identify community-driven health improvement initiatives in the Burkhardt/Springfield Neighborhood. Explore funding and other support opportunities for improvement initiatives. Plan and execute prioritized initiatives.	Project management and in-kind support for project planning and program implementation.	Ohio Department of Health, Center for Health Equity Community Advisory Board, Dayton Dream Center, Ebenezer Healthcare Access, Burkhardt/Springfield Neighborhood Association, With God's Grace, Stepping Stones Learning Center, City of Dayton

Geographic Region: East Dayton		
Priority Factors Identified by the Community		
Infant Mortality	Access to Care	Mental heath
Strategy 3: Improve access to built-environment amenities for children and families.		
Anticipated Impact: Improved access to parks, sidewalks and other recreational amenities can improve health and wellness outcomes for children. Specific attention should be paid to neighborhood maintenance which was identified as a need of the community.		
Action Steps	**Hospital Resources**	**Planned Collaborations**
Define Dayton Children's role within existing initiatives within the neighborhood. Leverage data and input from community feedback to enhance programs.	Project management and in-kind support for project planning and program implementation.	Burkhardt/Springfield Neighborhood Association, City of Dayton, East End Community Services, Center for Health Equity Community Advisory Board, Mike's Bike Park, Five Rivers MetroParks, Walnut Hill's Neighborhood Association

Progress and Measuring Outcomes

The implementation strategy has built-in continuous improvement and accountability. The progress of meeting the local priorities will be monitored with measurable indicators identified for each strategy found within the action steps. Most indicators align directly with the SHIP. If a new SHIP is published during the 2023-2026 IP cycle, the implementation committee will review to identify opportunities for alignment. The individuals that are working on action steps will meet on an as-needed basis to ensure progress against the plan. The full implementation committee will meet at least two times each year to report progress. Action steps, responsible individuals, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly to be as responsive to community needs as possible. Progress on the Implementation Plan will be posted yearly at https://www.childrensdayton.org/community/community-health/community-health-needs-assessment.

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Written Comments
Individuals are encouraged to submit written comments, questions, or other feedback about the Dayton Children's Hospital Implementation Plan to salemj@childrensdayton.org.

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