community health needs assessment implementation strategy

2020

dayton
children's

above and beyond

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Executive Summary

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. The most recent 2020 Dayton Children's CHNA was cross-sectional in nature and included a written survey of children within the Greater Dayton Area (92 zip codes in Montgomery, Miami, Greene, Clark, and Warren counties). The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their National Survey of Children's Health (NSCH). This has allowed Dayton Children's to compare the data collected in their CHNA to national, state and local health trends. HCNO also incorporated secondary data from multiple sites, including county-level data, whenever possible (ex: HCNO utilized sites such as National Survey of Children's Health (NSCH), numerous CDC sites, U.S. Census data, Healthy People 2020, among other national and local sources.

Dayton Children's CHNA also fulfills nationally mandated requirements for hospitals. H.R. 3590 Patient Protection and Affordable Care Act states that in order 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.

From the beginning phases of the CHNA, community leaders and public health officials were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Dayton Children's CHNA has been utilized 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. It should define the vision for the health of the community inclusively and should be done in a timely manner. The purpose of the Dayton Children's CHNA and IP is not to duplicate, rather offer child population data and strategies to compliment data and planning needs.

Dayton Children's contracted with the Hospital Council of Northwest Ohio, a neutral non-profit regional hospital association, to facilitate the process. Dayton Children's then invited key community leaders to participate in an organized process of strategic planning to improve the health of children of the Greater Dayton Area. Then an internal team of Dayton Children's leaders refined the priorities to ensure alignment with hospital strategy and investment. The following priorities and priority factors were selected: mental health and addiction, chronic disease, maternal and infant health, community conditions, and access to care. Figure 1.1. (below) outlines the priorities and outcomes that will be discussed later in this plan.

Amid the planning process and after initial data collection, the Greater Dayton community was struck by COVID-19 along with the rest of the country. Immediately, issues including food insecurity, unstable housing, mental health and access to care became more pronounced. As the State of Ohio works to mitigate the impact of COVID-19, there is uncertainty around funding for Medicaid and education, both critical to children's health. Community leaders expressed great concern over the impact of COVID-19 on the Greater Dayton community and therefore this Implementation Plan considers the changing and unknown environment brought about by COVID-19.

Figure 1.1: 2020-2023 Dayton Children's Implementation Strategy Plan Priorities and Outcomes

Priorities		
Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
Outcomes		
• Improve family/child mental health • Reduce depression • Reduce suicide deaths	• Reduce harmful childhood conditions (reduce asthma) • Reduce food insecurity • Reduce obesity	• Reduce infant mortality • Increase safe sleep • Increase breastfeeding
Priority Factors		
Community Conditions		Access to Care
Outcomes		
• Reduce poverty • Improve K-12 student success		• Increase local access to healthcare services • Reduce unmet need for mental health care

Partners

The 2020-2023 Implementation Plan was drafted by agencies and service providers within the Greater Dayton Area. During May 2020, the committee reviewed many sources of information concerning the health and social challenges Greater Dayton Area children and families may face. The committee determined priority issues which represented gaps in current programming and policies and examined best practices and solutions to address these gaps which, if addressed, could improve future outcomes. The committee has recommended specific actions for Dayton Children's and community partners to address in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

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The community health improvement process was facilitated by Emily Stearns, Community Health Improvement Manager, from the Hospital Council of Northwest Ohio

Vision and Mission

Vision statements defines what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of Dayton Children's

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

The Mission of Dayton Children's

Relentless pursuit of optimal health for every child within our reach.

The Community Health Needs Assessment and subsequent Implementation Plan is critical to the mission and vision of Dayton Children's.

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 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. Special attention has been given to the City of Dayton in Montgomery County where Dayton Children's physically is located and health disparities for children are most challenging.

Alignment with Regional, State, and National Standards

The 2020-2023 Dayton Children's Implementation Plan priorities align perfectly with regional, state and national priorities. 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.

2016 Montgomery County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with all three priorities indicated in the Montgomery County CHIP: birth outcomes, chronic disease prevention, and behavioral health. To view, please visit: **https://www.phdmc.org/agency-publications/99-chip-2016/file**

Montgomery County Joint Strategic Planning Process

The Dayton Children's Implementation Plan aligns with priorities identified in the Montgomery County Strategic Plan: access to food, substance abuse, chronic disease, kindergarten readiness, concentrated poverty, and birth outcomes. To view, please visit: **http://www.mcohio.org/FINAL_Strategic_Plan_document_4_28_16.pdf**

2016-2019 Clark County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with five priorities indicated in the Clark County CHIP: chronic disease control, mental health, nutrition, physical activity, and substance abuse and treatment. To view, please visit: **http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf**

Greene County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with three priorities indicated in the Greene County CHIP: chronic disease, mental health and substance abuse, and maternal and child health. To view, visit: **http://www.gcph.info/files/resources/Greene_County_Community_Health_Improvement_Plan.pdf**

2018-2020 Miami County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with three priorities indicated in the Miami County CHIP: chronic disease, maternal and family health, and mental health and addiction. To view, please visit: **https://84a732f2-c06d-4021-9081-e9d2141e5586.filesusr.com/ugd/0ae78b_1f00e12b2eb9434186ce6ba05ec31912.pdf**

2016 Warren County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with two priorities indicated in the Warren County CHIP: behavioral health and prevention and wellness. To view, please visit: **http://warrenchd.com/wp-content/uploads/2017/12/CommunityHealthImprovementPlan2016.pdf**

Healthy People 2020

Dayton Children's priorities also fit specific Healthy People 2020 goals. For example:

- Maternal, Infant, and Child Health (MICH)-1: Reduce the rate of fetal and infant deaths
- Mental Health and Mental Disorder (MHMD) – 2: Reduce suicide attempts by adolescents
- Nutrition and Weight Status (NWS) – 10: Reduce the proportion of children and adolescents who are considered obese

Please visit **Healthy People 2020** for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)*

The 2020-2022 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 will track 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 will focus on three priority topics:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead])
3. **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 that impact the 3 priority health outcomes: community conditions, health behaviors and access to care. The three priority factors include the following:

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

The Dayton Children's IP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol 🔵 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Dayton Children's IP identifies strategies likely to reduce disparities and inequities. This symbol √ will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities. Throughout the report, hyperlinks will be highlighted in **bold, gold text**.

Note: This plan was developed using guidance from the draft 2020-2022 Ohio State Health Improvement Plan (SHIP). The Ohio SHIP is subject to change.

The following Dayton Children's IP priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP*:

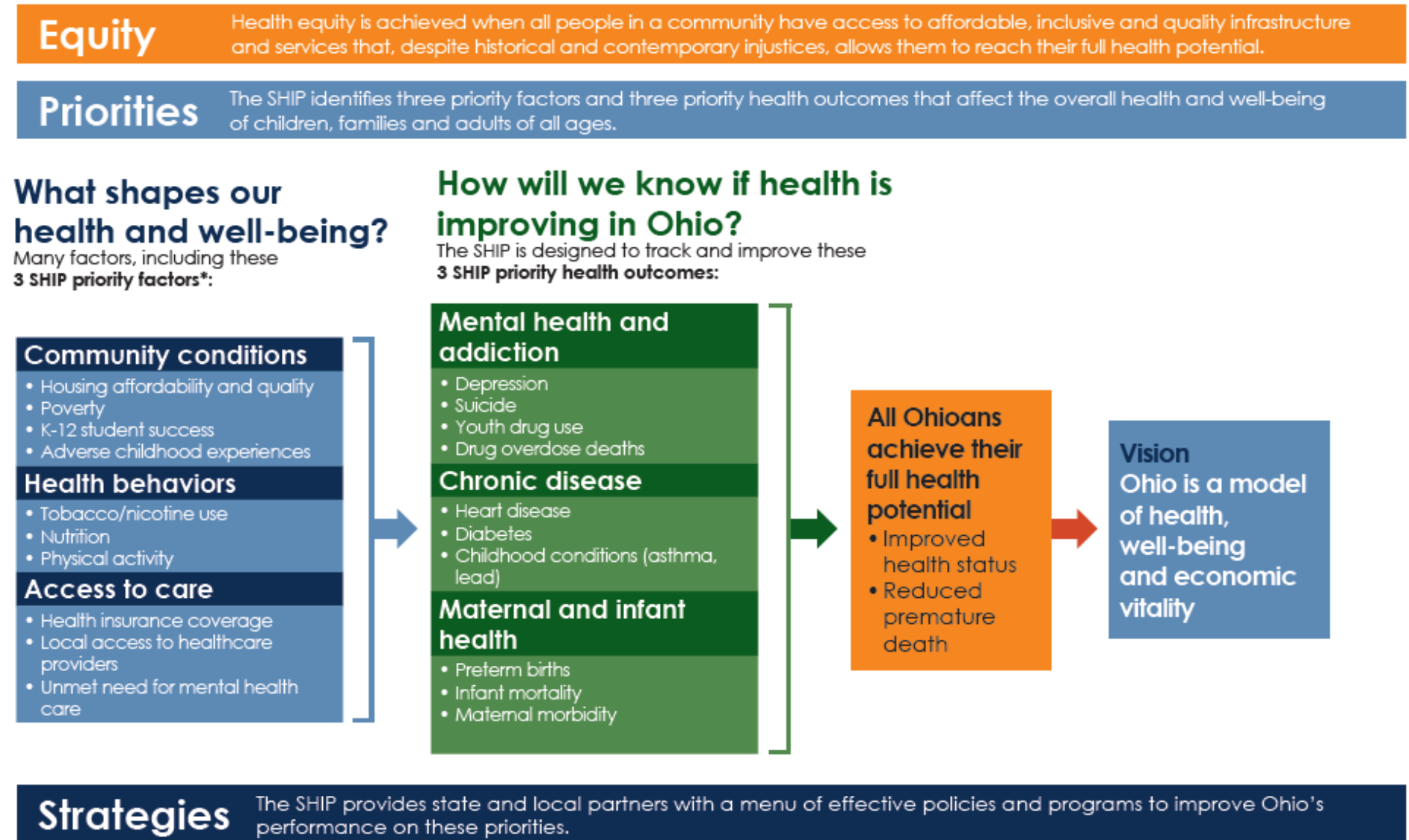**Figure 1.2: 2020-2023 Dayton Children's IP Alignment with the 2020-2022 SHIP**

Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Mental Health and Addiction	• Youth depression • Youth suicide deaths	• Launch and spread the on Our Sleeves Movement • Adopt and embed a comprehensive approach to suicide care (Zero-suicide)	• Not available
Chronic Disease	• Childhood asthma morbidity	• Enhance the Dayton Asthma Alliance	• Implement healthy food initiatives • Implement Safe Routes to School • Expand the food insecurity and referral program • Continue to enhance the "Food Pharm" program • Increase physical activity opportunities among families
Maternal and Infant Health	• Infant mortality	• Increase the use of safe sleep practices	• Increase breastfeeding and provide breastfeeding support
Priority Outcomes	**Priority Indicators**	**Strategies to Impact Priority Indicators**	**Additional Aligned Strategies**
Community Conditions	• Child poverty • Kindergarten readiness	• Expand screenings to address social needs • Support and expand strategies to improve kindergarten readiness	• Not available
Access to Care	• Primary care health professional shortage areas • Youth depression treatment unmet need • Mental health professional shortage area	• Further integrate community health workers into clinical services • Develop a comprehensive school-based program • Integrate behavioral health throughout primary care	• Not available

Note: This plan was developed using guidance from the draft 2020-2022 Ohio State Health Improvement Plan (SHIP). The Ohio SHIP is subject to change. Strategy alignment was based on the 2016-2019 Ohio SHIP.

Alignment with National and State Standards, continued

Figure 1.3: 2020-2022 State Implementation Plan (SHIP) Overview*

Note: This plan was developed using guidance from the draft 2020-2022 Ohio State Health Improvement Plan (SHIP). The Ohio SHIP is subject to change.

Equity Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes:**

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Strategies The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

Strategic Planning Model

Beginning in May 2020, Dayton Children's Community Health Needs Assessment Planning Committee held a series of online meetings and completed the following planning steps:

1. **Initial Meeting:** Review of process and timeline, finalize committee members, create or review vision
2. **Choosing Priorities:** Use of quantitative and qualitative data to prioritize target impact areas
3. **Resource Assessment:** Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. **Gap Analysis:** Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification
5. **Best Practices:** Review of best practices and proven strategies, evidence continuum, and feasibility continuum
6. **Draft Plan:** Review of all steps taken; 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

Recommended Action Steps*

To work toward improving **mental health and addiction** outcomes, the following strategies are recommended:

1. Launch and spread the On Our Sleeve Movement throughout the Dayton Region
2. Integrate behavioral health throughout primary care √
3. Develop a comprehensive school-based program
4. Adopt and embed a comprehensive approach to suicide care (Zero-Suicide)
5. Develop and launch partial hospitalization and intensive outpatient therapy services
6. Implement the OAAP Store it Safe Program
7. Implement The Roadmap Project

To work toward improving **chronic disease** outcomes, the following strategies are recommended:

1. Implement healthy food initiatives √
2. Implement Safe Routes to School
3. Enhance the Dayton Asthma Alliance √
4. Expand the food insecurity and referral program
5. Continue to enhance the "Food Pharm" program
6. Increase physical activity opportunities among families
7. Implement lead prevention quality improvement project

To work toward improving **maternal and infant health** outcomes, the following strategies are recommended:

1. Increase the use of safe sleep practices
2. Increase breastfeeding and provide breastfeeding support √
3. Increase parenting resources and support

To work toward improving **community conditions**, the following strategies are recommended:

1. Expand screenings to address social needs √
2. Support and expand strategies to improve kindergarten readiness √

To work toward improving **access to care**, the following strategies are recommended:

1. Promote preventive health care
2. Further integrate community health workers into clinical services √
3. Provide cultural competency training for health care professionals √

Note: Strategy alignment was based on the 2016-2019 Ohio SHIP.

Needs Assessment

The Dayton Children's Community Health Needs Assessment Planning Committee reviewed the 2020 Dayton Children's Community Health Needs Assessment. The detailed primary and secondary data for each individual priority area can be found in the section it corresponds to. The full report can be found at **https://www.childrensdayton.org/**. Each member completed an "Identifying Key Issues and Concerns" via an online platform "SurveyMonkey." The following tables were the group results.

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*
Mental and behavioral health (9 votes)			
Children with at least one behavioral/emotional difficulty	27%	N/A	N/A
Children diagnosed with behavioral or conduct problems	6%	Dayton Age: 6-11 (11%)	N/A
Children diagnosed with anxiety problems	10%	Age: 6-11 (12%) Dayton Age: 6-11 (15%)	N/A
Children receiving treatment or counseling from a mental health professional in the past year	9%	Dayton Age: 6-11 (16%)	Income: <$25K (19%) Likely more pronounced due to COVID-19
Parents who rated their mental and emotional health as fair or poor	8%	Age: 0-5 mothers (19%) Age: 6-11 fathers (19%) Dayton Age: 0-5 fathers (27%)	Income: <$25K (24%) Likely more pronounced due to COVID-19
Asthma (6 votes)			
Children diagnosed with asthma	12%	Dayton Age: 0-5 (19%) Dayton Age: 6-11 (17%)	N/A
Food insecurity (6 votes)			
Parents who reported at least one food insecurity issue in the past year	12%	N/A	Income: <$25K (48%) (more than 1 food insecurity)
Children living in Miami County who were food insecure *(Source: Feeding America, 2017)*	17.4%	N/A	Low income
Children living in Montgomery County who were food insecure *(Source: Feeding America, 2017)*	21.6%	N/A	Low income

N/A – Not Available

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*
Poverty (5 votes)			
Children in the City of Dayton living at or below the federal poverty level *(Source: Dayton Children's Hospital – Pediatric Care of Children in Poverty, 2017)*	48.2%	Age: 0-5 (80%)	Low income
Infant mortality (3 votes)			
Infant deaths in Ohio that are prematurity-related *(Source: Ohio Department of Health, 2018)*	32%	Age: <1 year old	Low income
Children born premature (3 or more weeks before his or her due date)	12%	Dayton Age: 0-5 (17%) Dayton Age: 6-11 (15%)	N/A
Parents reported putting their child to sleep in bed with another person (0-5 year olds)	30%	N/A	N/A
Access to care (3 votes)			
Parents who reported their child did not receive all of the medical care they needed due to inconvenient times/could not get an appointment	15%	N/A	N/A
Children who were uninsured	3%	Parents who were uninsured: (17%)	N/A
Parents who had one or more people they think of as their child's personal doctor or nurse	86%	Dayton Age: 0-5 (83%)	Income: <$25K (62%)
Overweight/obesity (2 votes)			
Children who are overweight or obese	32%	N/A	N/A
Tobacco use (1 vote)			
Adult tobacco use *(Source: not provided)*	21%	N/A	Low income
Mothers who smoked or used tobacco products during their last pregnancy	7%	N/A	N/A
Kindergarten readiness (1 vote)			
Economically disadvantaged children that demonstrated kindergarten readiness *(Source: Groundwork Ohio, 2020)*	26%	Age: 0-5	Low income
Breastfeeding (1 vote)			
Children never breastfed (0-5 year olds)	16%	N/A	N/A

N/A – Not Available

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*
Assistance meeting basic needs (1 vote)			
Family member received food stamps or SNAP benefits in the past year (low compared to state data indicating those who need assistance may not be accessing services)	7%	Dayton Age: 0-5 (5%) Dayton Age: 6-11 (10%)	N/A
Diagnosed with speech and language disorder (1 vote)			
Diagnosed with speech or language disorder	13%	Dayton Age: 0-5 (13%)	N/A
Diagnosed with ADHD/ADD (1 vote)			
Diagnosed with ADHD/ADD	6%	Dayton Age: 0-5 year (17%)	N/A
Physical inactivity (1 vote)			
Children who did not engage in any physical activity in the past week	4%	Dayton Age: 6-11 (3%)	N/A
Dental care (1 vote)			
Children who had been to the dentist in the past year	80%	Age: 0-5 (56%)	N/A
Safe travel to and from school (1 vote)			
Children 6-11 years old traveling to/from school safely	5% walked home from school	N/A	N/A
Community context/social cohesion (1 vote)			
Children in Ohio living in neighborhoods that are poorly kept or rundown *(Source: U.S. Health and Human Services, 2014)*	21%	N/A	Low income

N/A – Not Available

Priorities Selected

Dayton Children's invited key community leaders to participate in an organized process of strategic planning to improve the health of children of the Greater Dayton Area. Based on the 2020 Dayton Children's Community Health Needs Assessment, key issues were identified for children and families via an online platform (SurveyMonkey). Overall, there were 17 key issues identified by the community partners. Each organization was given 5 votes. The top 7 key issues and their corresponding votes are described in the table below.

The results were compiled and shared with an internal team of Dayton Children's leaders who refined the priorities to ensure alignment with hospital strategy and investment. The group analyzed the results, discussed options, and came to a consensus on the priority areas the hospital will focus on over the next three years.

Key issues	Votes
1. Mental and behavioral health	9
2. Asthma	6
3. Food insecurity	6
4. Poverty	5
5. Infant mortality	3
6. Access to care	3
7. Overweight/obesity	2

Dayton Children's Hospital will focus on the following priority health outcomes over the next 3 years:

1. **Mental health and addiction**, including family/child mental health and substance abuse
2. **Chronic disease**, including obesity, food insecurity and asthma
3. **Maternal and infant health**, including breastfeeding, safe sleep practices, and family functioning

Dayton Children's Hospital will also focus on the following priority factors to address most, if not all, priority areas:

1. **Community conditions**
2. **Access to care**

Resource Assessment

Based on the chosen priorities, the Dayton Children's Community Health Needs Assessment Planning Committee was asked to complete a resource inventory for each priority. The resource inventory allowed the committee to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. The committee was then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based practice** has compelling evidence of effectiveness. Participant success can be attributed to the program itself and there is evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor and applicability to other settings is insufficient. A **non-evidence-based practice** has neither no documentation that it has ever been used (regardless of the principles it is based upon) nor has been implemented successfully with evaluation.

Existing resources were incorporated into the IP where possible.

The resource assessment can be found at the following website:

https://www.childrensdayton.org/

Mental Health and Addiction Indicators

Child Mental Health

Twelve percent (12%) of parents reported their child had an emotional, developmental, or behavioral problem for which they needed treatment or counseling.

More than one fourth (27%) of Greater Dayton Area children had difficulties in the following areas:
— Emotions/moods (18%)
— Concentration (13%)
— Behavior (8%)
— Being able to get along with people (3%)
— Aggression with peers (2%)

Nine percent (9%) of Greater Dayton Area children received mental health care or counseling from a mental health professional in the past year, increasing to 19% of those with incomes less than $25,000.

Child 0-5 Comparisons	Dayton 2020 Ages 0-5 (n=42)	Outside of Dayton 2020 Ages 0-5 (n=61)	Greater Dayton Area 2017 Ages 0-5	Greater Dayton Area 2020 Ages 0-5	Ohio 2017/18 Ages 0-5	U.S. 2017/18 Ages 0-5
Diagnosed with anxiety problems	7%	2%	5%	4%	1%*	2%*
Diagnosed with behavioral or conduct problems	5%	3%	6%	4%	3%*	5%*

Ages 3-5

Child 6-11 Comparisons	Dayton 2020 Ages 6-11 (n=95)	Outside of Dayton 2020 Ages 6-11 (n=128)	Greater Dayton Area 2017 Ages 6-11	Greater Dayton Area 2020 Ages 6-11	Ohio 2017/18 Ages 6-11	U.S. 2017/18 Ages 6-11
Diagnosed with anxiety problems	15%	10%	8%	12%	9%	9%
Diagnosed with behavioral or conduct problems	11%	2%	4%	6%	13%	10%
Diagnosed with depression	2%	2%	1%	2%	1%	2%

Parent Mental Health

Sixty-eight percent (68%) of parents rated their mental and emotional health as excellent or very good, decreasing to 52% of parents with incomes less than $25,000. Eight percent (8%) of parents rated their mental and emotional health as fair or poor, increasing to 24% of those with incomes less than $25,000.

Six percent (6%) of mothers and 13% of fathers of 0 to 5 year olds rated their mental and emotional health as fair or poor. Eight percent (8%) of mothers and 6% of fathers of 6 to 11 year olds rated their mental or emotional health as fair or poor.

Child 0-5 Comparisons	Dayton 2020 Ages 0-5 (n=42)	Outside of Dayton 2020 Ages 0-5 (n=61)	Greater Dayton Area 2017 Ages 0-5	Greater Dayton Area 2020 Ages 0-5	Ohio 2017/18 Ages 0-5	U.S. 2017/18 Ages 0-5
Mother's mental or emotional health is fair/poor	3%	9%	19%	6%	9%	5%
Father's mental or emotional health is fair/poor	27%	13%	11%	13%	7%	3%

Child 6-11 Comparisons	Dayton 2020 Ages 6-11 (n=95)	Outside of Dayton 2020 Ages 6-11 (n=128)	Greater Dayton Area 2017 Ages 6-11	Greater Dayton Area 2020 Ages 6-11	Ohio 2017/18 Ages 6-11	U.S. 2017/18 Ages 6-11
Mother's mental or emotional health is fair/poor	12%	5%	13%	8%	9%	5%
Father's mental or emotional health is fair/poor	11%	6%	19%	6%	4%	3%

Gaps and Potential Strategies

Following the key issues activity and priority selection, the committee discussed gaps surrounding 2017-2020 strategies that aligned with current priority areas. The committee discussed potential strategies or areas of improvement to bridge those gaps. Following this exercise, additional strategies were discussed and noted if they met any of the following criteria: evidence based, likely to decrease disparities, alignment with the state health improvement plan, and alignment with Dayton Children's hospital strategic plan.

Gaps and potential strategies around mental health and addiction can be identified below.

Supported strategies:

1. Integrate behavioral health within primary care
2. Zero suicide approach to suicide care
3. On Our Sleeves Movement
4. Universal access to parenting support
5. The Roadmap Project
6. School-based programming
7. OAAP Store it Safe Program
8. Partial hospitalization and intensive outpatient therapy services
9. Depression screening across clinically integrated network

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies or Areas for Improvement
1. Promote trauma-informed health care	• Become more parent-specific to support families	• Opportunity for parent support strategies • Promote access to universal parenting support
2. Execute plan to create a psychiatry unit in Dayton Children's Hospital	• Strategy complete - Dayton Children's Hospital opened the psychiatry unit in 2019	• None noted

Best Practices

The planning committee reviewed best practices for potential inclusion in the action plan. The following programs and policies have been reviewed and have proven strategies to **improve mental health and addiction:**

Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. This approach presents both bold and aspirational challenges. For health care systems, this approach represents a commitment to patient safety, the most fundamental responsibility of health care and to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through cracks in a fragmented, and sometimes distracted, health care system. A systematic approach to quality improvement in these settings is both available and necessary. The challenge and implementation of a Zero Suicide approach cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.

Behavioral Health Primary Care Integration brings mental health and/or substance abuse screenings and treatments into a primary care setting. These efforts can include coordination between primary care providers, case managers or behavioral health consultants, and mental health specialists, and often require training and redefinition or realignment of staff roles. Telehealth tools such as electronic health records, text messaging, mobile applications, and online therapies may be used to support integration. Mental health conditions and substance abuse issues often occur with other chronic medical conditions; patients with severe conditions are referred to specialty care.

Expected beneficial outcomes:
- Improved mental health
- Increased adherence to treatment
- Improved quality of life
- Increased patient engagement
- Increased patient satisfaction

Telehealth uses telecommunications technology to deliver consultative, diagnostic, and health care treatment services. Services can encompass primary and specialty care, referrals, and remote monitoring of vital signs, and may be provided via videoconference, email, smartphones, wireless tools, or other modalities. Telemedicine can supplement health care services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited access to care.

Expected beneficial outcomes:
- Increased access to care
- Improved mental health
- Reduced mortality
- Increased medication adherence

School-based social and emotional instruction focuses on five core competency areas: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. Such instruction typically includes efforts to develop skills such as recognizing and managing emotions, setting and reaching goals, appreciating others' perspectives, establishing and maintaining relationships, and handling interpersonal situations constructively. Skills may be modeled, practiced, and then applied throughout the school day. Social and emotional learning can also be called emotional literacy, emotional intelligence, mental health, resilience, life skills, or character education.

Expected beneficial outcomes:
- Increased academic achievement
- Increased high school graduation
- Improved social emotional skills
- Increased school engagement
- Increased self-confidence
- Improved mental health
- Improved youth behavior

The PHQ-9 is the nine-item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression and selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff.

 There are two components of the PHQ-9:

- Assessing symptoms and functional impairment to make a tentative depression diagnosis
- Deriving a severity score to help select and monitor treatment

The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fifth Edition (DSM-V).

Action Step Recommendations & Plan

To work toward **improving mental health and addiction outcomes**, the following strategies are recommended:

1. Launch and spread the On Our Sleeve Movement throughout the Dayton Region
2. Integrate behavioral health throughout primary care √
3. Develop a comprehensive school-based program
4. Adopt and embed a comprehensive approach to suicide care (Zero-Suicide)
5. Develop and launch partial hospitalization and intensive outpatient therapy services
6. Implement the OAAP Store it Safe Program
7. Implement The Roadmap Project

Action Plan

Priority Topic: Mental health and addiction				
Strategy 1: Launch and spread the On Our Sleeve Movement throughout the Dayton Region				
Goal: Reduce mental health stigma				
Objective: By July 1, 2023, increase the percentage of youth who saw a healthcare provider for a mental health problem in the past year				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Research the On Our Sleeve Movement, a childhood mental health campaign launched by Nationwide Children's Hospital. Determine ways for Dayton Children's Hospital to support and launch the movement, which is dedicated to end the stigma surrounding childhood mental health. Explore the following: providing educational resources, engaging community partners, accelerating research, and reducing stigma surrounding mental illness.	**Priority Outcomes:** 1. Reduce depression treatment unmet need 2. Reduce mental health stigma **Priority Indicators:** 1. Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH[1]) 2. Percent of 7-12th graders in Western Ohio who saw a health care provider for a mental health problem in the past year (OHYES!*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

[1] National Survey on Drug Use and Health *Ohio Healthy Youth Environment Survey

Priority Topic: Mental health and addiction				
Strategy 2: Integrate behavioral health throughout primary care √ 🦫				
Goal: Increase access to behavioral health services for patients				
Objective: By January 31, 2021, provide Dayton Children's Pediatrics families with in-time behavioral support and mental health services within their medical home using an integrated behavioral health model				

Action Step	Priority Outcome & Indicator	Priority Population	Person/ Agency Responsible	Timeline
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. Explore online tools and therapies that may support integration, such as **telehealth**.	**Priority Outcome:** Reduce mental health professional shortage areas **Priority Indicator:** Percent of Ohioans living in a psychiatry health professional shortage area (HRSA*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Strategy 3: Develop a comprehensive school-based program 🦫				
Goal: Develop resiliency characteristics for children in Dayton Public Schools				
Objective: By July 1, 2023, increase emotional and behavioral skills for children in Dayton Public Schools				

Action Step	Priority Outcome & Indicator	Priority Population	Person/ Agency Responsible	Timeline
Launch the comprehensive school-based mental health program in partnership with Dayton Public Schools. Provide a student resiliency coordinator within each school to connect and provide students with resources to address mental health needs.	**Priority Outcome:** Reduce depression treatment unmet need **Priority Indicator:** Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH[1])	Children	Dayton Children's	July 1, 2020 through July 1, 2023

[1] National Survey on Drug Use and Health
*Health Resources and Services Administration
Note: strategies # 2 and #3 are cross-cutting and impacts "health care access"

Priority Topic: Mental health and addiction				
Strategy 4: Adopt and embed a comprehensive approach to suicide care (Zero Suicide) 🛡				
Goal: Reduce youth suicide for ages 12-18				
Objective: By July 1, 2023, develop and launch a data-driven quality improvement approach to suicide care				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Explore 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. Embed a comprehensive approach to suicide care by committing to patient safety and the safety and support of clinical staff. Develop a systematic approach to quality improvement in these settings.	**Priority Outcome:** Reduce youth suicide deaths **Priority Indicator:** Number of youth suicide deaths due to suicide per 100,000 population (ODH*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Ohio Department of Health

Priority Topic: Mental health and addiction				
Strategy 5: Develop and launch partial hospitalization and intensive outpatient therapy services				
Goal: Increase access to mental health care				
Objective: By July 1, 2023, increase the percentage of children with major depressive episodes obtaining mental health treatment				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Complete facility renovation and launch partial hospitalization and intensive outpatient services at Dayton Children's.	**Priority Outcomes:** 1. Reduce unmet needs, mental health 2. Reduce youth suicide deaths **Priority Indicators:** 1. Percent of youth in Western Ohio who were recently depressed who received mental health care in the past year (OHYES![1]) 2. Number of youth suicide deaths due to suicide per 100,000 population (ODH*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

*Ohio Department of Health
[1] Ohio Healthy Youth Environment Survey
Note: Strategy # 5 is cross-cutting and impacts "health care access"

Priority Topic: Mental health and addiction				
Strategy 6: Implement the OAAP Store it Safe Program				
Goal: Increase firearm safety education within Dayton Children's				
Objective: By July 1, 2023, distribute 150 gun storage boxes through Dayton Children's Pediatrics				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Implement the Ohio Academy of Pediatrics Foundation **Store it Safe Program**. Use tools and materials provided by Store it Safe. Implement strategies to encourage safe storage of firearms and encourage families to educate their children about safety issues related to firearms. Track program measures, for example, how many guns storage tools have been distributed.	**Priority Outcome:** Reduce youth suicide deaths **Priority Indicator:** Number of youth suicide deaths due to suicide per 100,000 population (ODH*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Priority Topic: Mental health and addiction				
Strategy 7: Implement The Roadmap Project				
Goal: Promote resilience and emotional and mental health for children and families diagnosed with a chronic health condition				
Objective: By July 1, 2023, increase the percentage of children with major chronic conditions receiving counsel and support to build resiliency				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue implementation of **The Roadmap Project** to support the mental and emotional health and resilience of pediatric patients with chronic conditions. Support quality improvement teams and implement strategies to support patients with chronic conditions, their families, and the medical teams who care for them. Track measures to assess progress. For example: percent of families with children with chronic conditions who report that their child's care team members talked to them about things in their life that cause stress because of their child's health or care needs.	**Priority Outcomes:** 1. Reduce unmet needs, mental health 2. Reduce youth suicide deaths **Priority Indicators:** 1. Percent of youth in Western Ohio who were recently depressed who received mental health care in the past year (OHYES![1]) 2. Number of youth suicide deaths due to suicide per 100,000 population (ODH*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

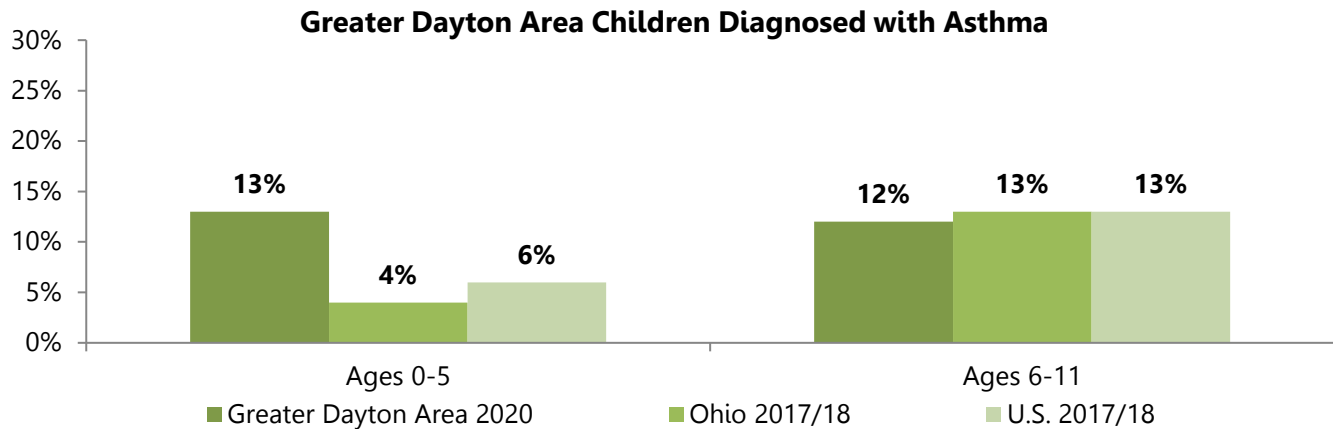*Ohio Department of Health
[1] Ohio Healthy Youth Environment Survey
Note: Strategy #7 is cross-cutting and impacts "health care access"

Chronic Disease Indicators

Asthma

Twelve percent (12%) of Greater Dayton Area parents were told by a doctor that their child had asthma.

Greater Dayton Area Children Diagnosed with Asthma

Seven percent (7%) of parents reported their child had an episode of asthma or asthma attack in the past year.

Of parents who reported their child has an asthma attack in the past six months, they reported taking them for treatment at: home (83%), a doctor's office (22%), an emergency room (17%), and urgent care center (11%).

Child 0-5 Comparisons	Dayton 2020 Ages 0-5 (n=42)	Outside of Dayton 2020 Ages 0-5 (n=61)	Greater Dayton Area 2017 Ages 0-5	Greater Dayton Area 2020 Ages 0-5	Ohio 2017/18 Ages 0-5	U.S. 2017/18 Ages 0-5
Diagnosed with asthma	19%	8%	7%	13%	4%	6%

Child 6-11 Comparisons	Dayton 2020 Ages 6-11 (n=95)	Outside of Dayton 2020 Ages 6-11 (n=128)	Greater Dayton Area 2017 Ages 6-11	Greater Dayton Area 2020 Ages 6-11	Ohio 2017/18 Ages 6-11	U.S. 2017/18 Ages 6-11
Diagnosed with asthma	17%	8%	10%	12%	13%	13%

Obesity/Overweight

Sixteen percent (16%) of children were classified as obese by body mass index (BMI) calculations; 16% were classified as overweight; 60% were normal weight; and 8% were underweight.

2020 Greater Dayton Area Child BMI

- Obese
- Overweight
- Normal
- Underweight
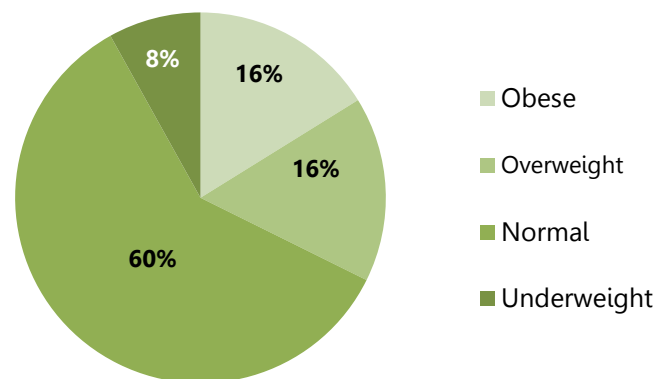
Food Insecurity

Twelve percent (12%) of Greater Dayton Area parents reported experiencing any of the following issues in the past year:

— They had to choose between paying bills and buying food (8%)
— They worried food would run out before they got money/food stamps to buy more (6%)
— Loss of income led to food insecurity issues (4%)
— They went hungry/ate less to provide more food for their family (4%)
— Their food assistance was cut (3%)
— They were hungry, but did not eat because they did not have money for food (1%)

Eight percent (8%) of parents experienced more than one type of food insecurity, increasing to 48% of parents with incomes less than $25,000.

Food Insecurity

- The following are the child food insecurity rates for counties within the Dayton Children's Hospital service area in 2017:
  — 21.3% in Clark County or approximately 6,590 children
  — 18.3% in Greene County or approximately 6,280 children
  — 17.4% in Miami County or approximately 4,190 children
  — 21.6% in Montgomery County or approximately 25,700 children
  — 14.6% in Warren County or approximately 8,400 children

(Source: Feeding America and Map the Meal Gap. Child Food Insecurity in Ohio by County, 2017)

Gaps and Potential Strategies

Following the key issues activity and priority selection, the committee discussed gaps surrounding 2017-2020 strategies that aligned with current priority areas. The committee discussed potential strategies or areas of improvement to bridge those gaps. Following this exercise, additional strategies were discussed and noted if they met any of the following criteria: evidence based, likely to decrease disparities, alignment with the state health improvement plan, and alignment with Dayton Children's Hospital strategic plan.

Gaps and potential strategies around chronic disease can be identified below.

Supported strategies:

1. Incorporate physical activity into families. Explore additional programs for physical activity opportunities (Safe Routes to Parks, Prescriptions to Parks, Walk with a Doc)
2. Improve access to services for children who are food insecure or obese through advocacy for systems and policies
3. Build childhood food insecurity response to address issues arising from COVID-19
4. Identify, through research, the return on investment of variety strategies to address food insecurity and childhood obesity in order to identify best practice and potentially scale

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies/Areas for Improvement
1. Implement nutrition policy in schools	• Nutrition policies in preschools have widely been accepted, however many gaps remain in implementation and resources for child serving organizations • Difficult to impact nutrition policies in schools due to policies set at federal level • School policies dependent on how active schools are	• Build capacity of child serving organization (i.e., childcare centers, after school programs, etc.) to identify and offer healthy food options through Demonstration Kitchen programming • Enhance community education offerings through the Demonstration Kitchen, particularly through remote and digital options • Build upon relationships for further reach within region
2. Implement Safe Routes to School	• Lack of proof as to exactly why children are not walking to school in certain neighborhoods (i.e., perception of safety, education around how to walk/bike safely)	• Safe Routes to School grant with Dayton Public Schools • Neighborhood (school) specific data collection and strategy development required (walking school buses, bike trains, eyes on the street programs) • Monitor infrastructure updates completed by City of Dayton

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies/Areas for Improvement
3. Enhance the Dayton Asthma Alliance	• Engagement within alliance • Community/neighborhood data is lacking - a more targeted approach needed to move forward for a greater impact on Asthma outcomes • Sharing of data within organizations • Community involvement	• Bring community along in conversation and when selecting strategies • Identify and address social drivers of health with greatest impact on Asthma through the Dayton Asthma Alliance • Improve engagement within alliance • Become more data and outcome driven and improve data-sharing • Select targeted neighborhood-specific evidence-based strategies/interventions

Best Practices

The planning committee reviewed best practices for potential inclusion in the action plan. The following programs and policies have been reviewed and have proven strategies to **improve chronic disease**:

Safe Routes to School (SRTS) is a federally supported program that promotes walking and biking to school through education and incentives. The program also targets city planning and legislation to make walking and biking safer. Expected beneficial outcomes include increased physical activity, healthier transportation behaviors, improved student health, decreased traffic and emissions near schools, and reduced exposure to emissions.

There is strong evidence that SRTS increases the number of students walking or biking to school. Establishing SRTS is a recommended strategy to increase physical activity among students.

Active travel to school is associated with healthier body composition and cardio fitness levels. SRTS has a small positive effect on active travel among children. By improving walking and bicycling routes, SRTS projects in urban areas may also increase physical activity levels for adults. SRTS has been shown to reduce the incidence of pedestrian crashes.

Replacing automotive trips with biking and walking has positive environmental impacts at relatively low cost, although the long-term effect on traffic reduction is likely minor. Surveys of parents driving their children less than two miles to school indicate that convenience and saving time prompt the behavior; SRTS may not be able to address these parental constraints.

Expected beneficial outcomes:
• Increased active transportation
• Increased physical activity
• Improved health outcomes
• Increased pedestrian and cyclist safety
• Reduced emissions
• Reduced vehicle miles traveled

Cooking Matters (No Kid Hungry Center for Best Practices): Cooking Matters hands-on courses empower families with the skills to be self-sufficient in the kitchen. In communities across America, participants and volunteer instructors come together each week to share lessons and meals with each other.

Courses meet for two hours, once a week for six weeks and are team-taught by a volunteer chef and nutrition educator. Lessons cover meal preparation, grocery shopping, food budgeting and nutrition. Participants practice fundamental food skills, including proper knife techniques, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a $10 budget. Adults and teens take home a bag of groceries after each class so they can practice the recipes taught that day.

Community partners that serve low-income families offer six-week Cooking Matters courses to adults, kids and families. Share Our Strength provides seven specialized curricula that cover nutrition and healthy eating, food preparation, budgeting and shopping. Cooking Matters' culinary and nutrition volunteers teach these high-quality, cooking-based courses at a variety of community-based agencies— including Head Start centers, housing centers and after-school programs—with neighborhood locations that make it easy for families to attend.

Food Insecurity Screening and Referral: Hospitals and clinics can play a central role in screening and identifying patients at risk for food insecurity and connecting families with needed community resources. It is important to advocate for federal and local policies that support access to adequate healthy food for an active and healthy life.

Nutrition Prescriptions are a way for physicians and other health care providers to outline a healthy, balanced eating plan for patients. Based on US Dietary Guidelines for adults, children, and adolescents, nutrition prescriptions establish achievable goals for the patient and their family. Health care providers review progress at each office visit and a nutrition specialist is consulted for dietary advice as needed. Some nutrition prescription programs partner with local farmers' markets (FVRx programs); in these programs, prescriptions for fruit and vegetables are redeemed or invited at participating markets. Such prescriptions typically support the purchase of at least one serving of produce per day for each patient and their family members.

Expected beneficial outcomes:
- Increased healthy food consumption
- Increased fruit & vegetable consumption
- Improved health-related knowledge
- Improved dietary habits
- Improved nutrition
- Improved health outcomes

Exercise Prescriptions for physical activity and exercise are one way for primary care physicians and other health care providers to give patients physical activity advice and information. Prescriptions for physical activity outline an exercise plan that can safely meet a patient's needs based on their current physical condition and the recommended daily Physical Activity Guidelines for Americans.

Expected beneficial outcomes:
- Increased physical activity
- Improved physical fitness
- Increased mobility
- Improved health outcomes
- Improved mental health

Medical Legal Partnerships integrate legal services into health care settings, such as hospitals, public health departments, and behavioral health facilities. Health care providers refer patients to onsite legal assistance, which can include legal aid attorneys, private practice lawyers operating on a pro bono basis, and law professors and students. Patients are typically screened for legal needs in waiting rooms; electronic health records (EHRs) may also prompt providers to screen for legal needs. When needs are identified, legal providers work with health care providers and patients to address concerns related to housing, food and utilities assistance, and social services.

Expected beneficial outcomes:
- Improved access to legal services
- Improved health outcomes
- Improved well-being
- Reduced stress

Healthy Home Environment Assessments engage home visitors, sometimes community health workers (CHWs), similarly trained asthma outreach workers, other professionals, paraprofessionals, or volunteers to assess and remediate environmental health risks within the home. Programs typically focus on improving asthma management via low cost changes such as improved ventilation, integrated pest management, and other forms of allergen control. Programs may also provide low emission vacuums, allergen-impermeable bedding covers, air filters, cleaning supplies, and supplies for roach abatement.

Expected beneficial outcomes:
- Reduced exposure to allergens
- Reduced hospital utilization

Action Step Recommendations & Plan

To work toward **improving chronic disease outcomes**, the following strategies are recommended:

1. Implement healthy food initiatives √ 🛡
2. Implement Safe Routes to School 🛡
3. Enhance the Dayton Asthma Alliance √ 🛡
4. Expand the food insecurity and referral program 🛡
5. Continue to enhance the "Food Pharm" program 🛡
6. Increase physical activity opportunities among families 🛡
7. Implement lead prevention quality improvement project

Action Plan

Priority Topic: Chronic Disease				
Strategy 1: Implement healthy food initiatives √ 🛡				
Goal: Increase access to healthy food				
Objective: By July 1, 2023, increase the impact of the community teaching kitchen by increasing people served by 10 percent incrementally each year				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue healthy food initiatives within Dayton Children's Hospital, for example: • Cooking demonstrations and recipe creation within the Demonstration Kitchen • Supporting the Healthy Harvest and Backpack Program to provide meals and snacks to children • Supporting the Homefull Mobile Market and the Gem City Market to improve access to food Determine quality improvement opportunities for existing healthy food initiatives. For example, determine feasibility of implementing virtual or digital classes within the Demonstration Kitchen, ensure materials are culturally appropriate for those accessing services, and build capacity among child serving organizations.	**Priority Outcome:** Reduce childhood obesity **Priority Indicator:** Percent of children who were obese by BMI classifications (NSCH[1])	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

[1]*National Survey of Children's Health*

Priority Topic: Chronic Disease				
Strategy 2: Implement Safe Routes to School 🔷				
Goal: Increase number of children walking and biking to school				
Objective: By July 1, 2023 increase the number of Dayton Public Schools students walking and biking to school by 5 percent				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Evaluate program goals. Identify key stakeholders to collaborate and develop a plan to expand **Safe Routes to School** (SRTS) programs in the Greater Dayton Area. Develop program goals and an evaluation process for tracking outcomes. Review data and determine ways to improve data collection for the SRTS program (ex: neighborhood or school specific data to target strategy development). Raise awareness and promote the SRTS programs. Closely monitor and promote infrastructure updates by the City of Dayton.	**Priority Outcomes:** Reduce childhood obesity Increase students walking and biking to school **Priority Indicators:** Percent of children who were obese by BMI classifications (NSCH[1]) Percent of children walking and biking to school	Children	Dayton Children's	July 1, 2020 through July 1, 2023

Priority Topic: Chronic Disease				
Strategy 3: Enhance the Dayton Asthma Alliance √ 🗾				
Goal: Decrease hospital utilization for asthma				
Objective: By July 1, 2023, decrease the number of emergency room and inpatient visits for asthma in key zip codes				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue the work of the Dayton Asthma Alliance to improve health outcomes for children with asthma. Using data, determine which evidence-based practices will be implemented over the cycle to target those with the most need. For example: • Medical legal partnerships • Healthy home environment assessments • Community health workers (CHWs) • Tobacco cessation programs Ensure community and stakeholder involvement in planning and selecting strategies. Continue to improve data collection and data-sharing processes to develop neighborhood specific interventions.	**Priority Outcomes:** Reduce childhood asthma morbidity Reduce child asthma hospitalizations **Priority Indicators:** Percent of children diagnosed with asthma Emergency department visits for pediatric asthma, per 10,000 children ages 0-17	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

[1]National Survey of Children's Health

Priority Topic: Chronic Disease				

Strategy 4: Expand the food insecurity screening and referral program 🛡

Goal: Expand food insecurity screening within Dayton Children's

Objective: By July 1, 2021, expand the food insecurity screening and referral program to one additional clinic

Action Step	Priority Outcome & Indicator	Priority Population	Person/ Agency Responsible	Timeline
Expand the 2-item Food Insecurity (FI) Screening Tool and referral program within Dayton Children's Hospital. Implement the screening model in additional locations with accompanying evaluation measures. Continue to educate health care providers on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level.	**Priority Outcome:** Reduce food insecurity **Priority Indicator:** Percent of households that are food insecure (Feeding America, Map the Meal Gap)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Strategy 5: Continue to enhance the "Food Pharm" program √ 🛡

Goal: Enhance the Food Pharm program at Dayton Children's

Objective: By July 1, 2023, increase the number of boxes distributed incrementally year over year by 10 percent
Objective: Increase access to food resources to 250 families in the Dayton area in response to COVID-19

Action Step	Priority Outcome & Indicator	Priority Population	Person/ Agency Responsible	Timeline
Enhance the "Food Pharm" program, which increases consumption and access to nutritious foods, including fresh produce. Determine quality improvement initiatives related to the "Food Pharm" program. For example, determine the need for training and/or tools to ensure the program has appropriate options for specific cultures and diets, and ensure recipes are provided with food boxes	**Priority Outcome:** Reduce food insecurity **Priority Indicator:** Percent of households that are food insecure (Feeding America, Map the Meal Gap)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Priority Topic: Chronic Disease				
Strategy 6: Increase physical activity opportunities among families 🔷				
Goal: Increase physical activity				
Objective: By July 31, 2023, increase the number of children reporting 60 minutes of physical activity daily				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Explore best practices to increase physical activity opportunities among families. Explore the following: • **Exercise prescriptions** • Prescriptions to play • Walk with a Doc • Safe Routes to Parks Implement selected physical activity initiatives. Obtain baseline data on races and other organized physical activities in the Dayton region and if they offer a child or family component. Meet with organized physical activity leadership to assess the feasibility of integrating child and family components into current planned events and activities.	**Priority Outcome:** Increase child physical activity **Priority Indicator:** Percent of children (6-11) who were physically active at least 60 minutes per day	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023
Strategy 7: Implement lead prevention quality improvement project				
Goal: Decrease rates of lead toxicity in children				
Objective: By July 31, 2023, increase lead screening rates in patients at the 12 and 24-month well child visit				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Develop quality improvement initiatives at Dayton Children's to increase lead screening, testing rates, and referrals to appropriate resources. Explore the following: • Educate providers on the gap in current lead testing and improve testing rates at Dayton Children's • Educate providers and families on existing lead prevention resources in the Greater Dayton Area. • Integrate counseling on lead poisoning prevention	**Priority Outcome:** Decrease child lead poisoning **Priority Indicator:** Percent of young children with elevated blood lead levels (ODH*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

*Ohio Department of Health

Maternal and Infant Health Indicators

Safe Sleep

Greater Dayton Area parents reported putting their child to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (82%); pack n' play (51%); in bed with another person (30%); swing (25%); car seat (25%); crib/bassinette with bumper, blankets, or stuffed animals (11%); couch or chair/recliner (7%); and floor (6%).

Breastfeeding

Mothers breastfed their child: three months or less (18%); four to six months (22%); seven to nine months (10%); ten months to one year (15%); more than one year (15%); still breastfeeding (1%); and never breastfed (16%).

Parents gave the following reasons why their child was not breastfed for a year: did not produce enough milk (42%), did not want to (14%), inconvenient (7%), did not have workplace support (7%), did not have time (4%), mother had medical issues (4%), did not have adequate support (3%), medical issue with baby (2%), did not have adequate education (1%), and other (13%).

The following graph shows the percent of infants who had been breastfed or given breast milk from Greater Dayton Area, Ohio, and U.S.

Greater Dayton Area Children Breastfed
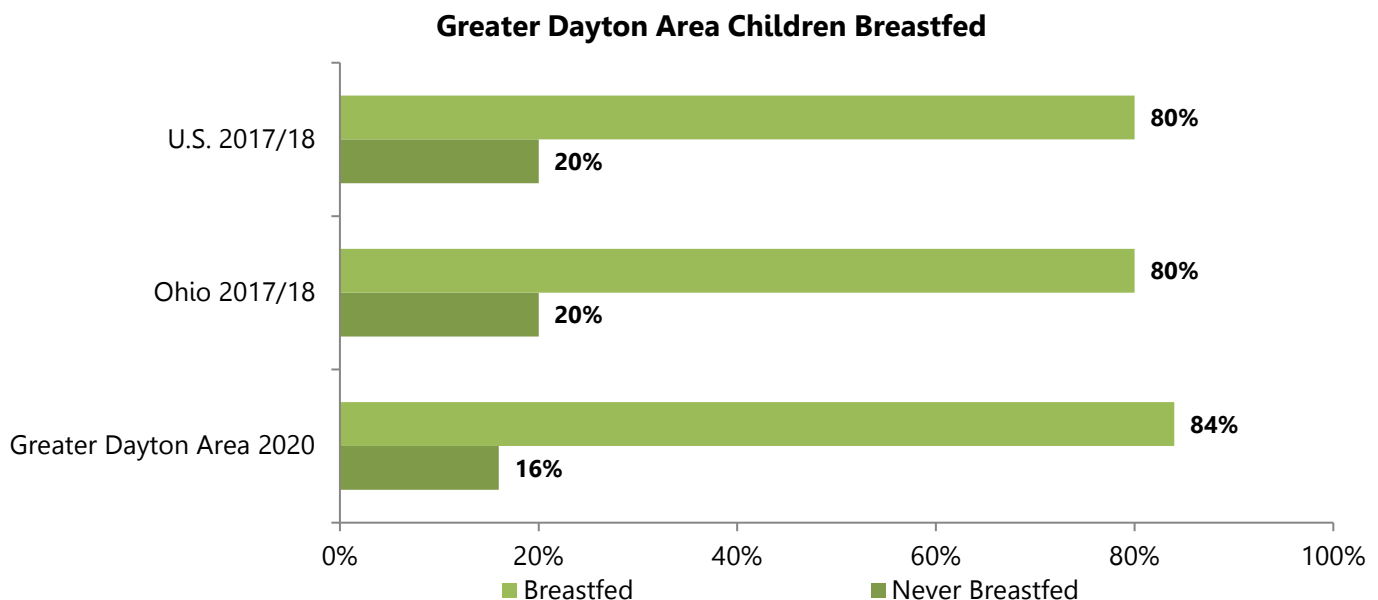
Infant Mortality

During their last pregnancy, 7% of mothers smokers cigarettes or other tobacco products.

Twelve percent (12%) of parents reported their child was born premature (more than three weeks before his or her due date).

The below table is from the 2018 Ohio Infant Mortality Data Annual Report. The table indicates county level infant mortality data (per 1,000 live births) for the Greater Dayton Area.

	Total Deaths	Total Births	Infant Mortality Rate
Ohio	4,903	689,146	5.8
Clark County	58	7,942	7.3
Green County	42	8,979	4.7
Miami County	29	5,981	4.8
Montgomery County	232	33,122	7.0
Warren County	49	11,843	4.1

(Source: Ohio Department of Health, Infant Mortality Annual Report, 2018)

Child 0-5 Comparisons	Dayton 2020 Ages 0-5 (n=42)	Outside of Dayton 2020 Ages 0-5 (n=61)	Greater Dayton Area 2017 Ages 0-5	Greater Dayton Area 2020 Ages 0-5	Ohio 2017/18 Ages 0-5	U.S. 2017/18 Ages 0-5
Born premature (three or more weeks before due date)	17%	12%	11%	14%	10%	12%

Child 6-11 Comparisons	Dayton 2020 Ages 6-11 (n=95)	Outside of Dayton 2020 Ages 6-11 (n=128)	Greater Dayton Area 2017 Ages 6-11	Greater Dayton Area 2020 Ages 6-11	Ohio 2017/18 Ages 6-11	U.S. 2017/18 Ages 6-11
Born premature (three or more weeks before due date)	15%	7%	11%	10%	14%	12%

Gaps and Potential Strategies

Following the key issues activity and priority selection, the committee discussed gaps surrounding 2017-2020 strategies that aligned with current priority areas. The committee discussed potential strategies or areas of improvement to bridge those gaps. Following this exercise, additional strategies were discussed and noted if they met any of the following criteria: evidence based, likely to decrease disparities, alignment with the state health improvement plan, and alignment with Dayton Children's Hospital strategic plan.

Gaps and potential strategies around maternal and infant health can be identified below.

Supported strategies:

1. Smoking cessation and pre-pregnancy health
2. Pre-conception health education within schools
3. Focus on ways to support families after giving birth (Ubicare/MIMI)
4. March of Dimes "IMPLICIT Interconception Care Toolkit"
5. National Institute for Children's Health Quality Safe Sleep Strategies after review of literature: provider education and modeling, effective campaigns and messaging, individual and group education for parents and caregivers

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies or Areas for Improvement
1. Increase safe sleep practices	• Lack of planning for safe sleep causes delays in obtaining a safe sleep environment for some infants • Strengthening relationships within external partnerships • Data gaps – need accurate data • Patient trust of the medical community • Increase in unsafe sleep deaths in Montgomery County • Parents report unsafe sleep practices • Lack of integrated safe sleep and breastfeeding best practice messaging	• Better understand the need for safe sleep education and dig further understand the reasons for infant death • Continue to market effective campaign and educational materials • Explore strategies to build trust among parents such as the Safe Sleep Ambassador Program • Continue key partnerships with Help Me Grow Brighter Futures, community centers, birthing hospitals and public health to increase safe sleep education • Continue in-house (Dayton Children's Pediatrics, social work, social work, education, etc.) modeling, messaging and education

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies or Areas for Improvement
2. Increase breastfeeding	• Patient trust of the medical community • Breastfeeding support is limited to certain populations with access to lactation consultants/dietitians • Drop off between breastfeeding initiation and exclusive breastfeeding at 3 months • Lack of infrastructure to support maintenance of breastfeeding	• Explore strategies to build trust among parents • Provide education/modeling • Continue resident training within hospital • Explore additional programming to support breastfeeding (telehealth and integrated clinical models) • Media opportunities to display breastfeeding as a norm • Further explore and strengthen group engagement settings • Explore opportunities to support infrastructure to support maintenance of breastfeeding

Best Practices

The planning committee reviewed best practices for potential inclusion in the action plan. The following programs and policies have been reviewed and have proven strategies to **improve maternal and infant health:**

Breastfeeding Promotion Programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding. There is strong evidence that breastfeeding promotion programs increase initiation, duration and exclusivity of breastfeeding. Breastfeeding has also been shown to provide health benefits to mother and child, including reduced rates of breast and ovarian cancer for women; fewer ear infections, lower respiratory tract infections, and gastrointestinal infections for children; and lower likelihood of childhood obesity, type 2 diabetes, and asthma. Education interventions increase breastfeeding initiation rates, particularly in low income women. Face to face support and tailored education increase the effectiveness of support efforts. Combining pre- and post-natal interventions increases initiation and duration more than pre- or post-natal efforts alone. Support from health professionals, lay health workers, and peers have demonstrated positive effects, including increasing initiation, duration, and exclusivity. Implementing components of the Baby Friendly Hospitals Initiative, as a whole or individually, has been shown to increase breastfeeding rates. This includes practices in maternal care such as rooming in, staff training to support breastfeeding, and maternal education. For employed mothers, supportive work environments increase the duration of breastfeeding.

The Ohio Hospital Association (OHA) Safe Sleep is Good4Baby Initiative: Safe sleep education and outreach is a major priority for the Ohio Department of Health (ODH), the Ohio Collaborative to Prevent Infant Mortality (OCPIM), the Ohio Injury Prevention Partnership (OIPP), Child Fatality Review (CFR), Fetal and Infant Mortality Review, March of Dimes, the American Academy of Pediatrics (AAP), Ohio Medicaid and many other organizations. OHA is providing the logistics to deploy a statewide hospital-led education and cultural awareness campaign on the importance of safe sleep. Working with ODH and several constituents represented by OCPIM, the Foundation began implementation of a coordinated and targeted campaign in Spring 2014. Using the local hospital as a focus for education and distribution, new mothers and their families received safe sleep counseling and products. More importantly, hospitals were asked to participate in the campaign by naming an internal sleep champion, developing safe sleep committees and infrastructure, adopting (and auditing) in-hospital safe sleep practices and instructing employees, parents, families and the community on appropriate safe sleep practices. OHA continues track these initiatives' processes and outcomes metrics through a regional score card. The program promotes the following message (ABC's of safe sleep):

Alone: Always put baby in crib alone. They shouldn't sleep in a bed or have anyone else in theirs.
Back: Always put the baby on their back to sleep—at night or even when they're just napping.
Crib: Always make sure the only thing on their firm mattress is a fitted sheet.

Group-Based Parenting Programs use standardized curriculums to teach parenting skills in a group setting. Programs are usually based on behavioral or cognitive-behavioral approaches and often target parents whose children display or are at risk for aggressive and disruptive behaviors, possess low self-esteem or poor social skills. In some programs, participants' children are at risk of, or diagnosed with, Conduct Disorder or Oppositional Defiant Disorder. Programs can be for parents of children of all ages but are most often designed for those with children under 12 years old.

Expected beneficial outcomes:
• Improved child behavior
• Improved mental health
• Improved parenting

Action Step Recommendations & Plan

To work toward **improving maternal and infant health**, the following strategies are recommended:

1. Increase the use of safe sleep practices 🛡️
2. Increase breastfeeding and provide breastfeeding support √ 🛡️
3. Increase parenting resources and support

Priority Topic: Maternal and infant health				
Strategy 1: Increase the use of safe sleep practices 🛡️				
Goal: Increase safe sleep education				
Objective: By July 1, 2023, increase number of community members receiving consistent safe sleep education through partners				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue to partner and strengthen relationships with PHDMC, local hospitals and other organizations to integrate safe sleep practices (i.e. The ABC's of Safe Sleep, Cribs for Kids) into the hospital/community settings. Raise awareness and promote safe sleep practices through coordinated messages and programs such as the Safe Sleep Ambassador program. Explore media partnerships to scale messaging and campaigns. Further strengthen data collection and data-sharing within partnering organizations. Continue providing safe sleep education to all personnel including clinical and non-clinical staff. Continue to integrate safe sleep best practices into hospital workflow, policies and procedures.	**Priority Outcome:** Reduce infant mortality due to unsafe sleep conditions **Priority Indicator:** Rate of infant deaths per 1,000 live births (ODH*)	Children	Dayton Children's	July 1, 2020 through July 1, 2023

*Ohio Department of Health

Priority Topic: Maternal and Infant Health				
Strategy 2: Increase breastfeeding and provide breastfeeding support √ 🗳				
Goal: Increase breastfeeding education				
Objective: By July 1, 2023, optimize the electronic medical record to reflect best practices to support breastfeeding				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue to provide breastfeeding education and support at Dayton Children's Hospital through provider and resident education, modeling and support, and group engagement. Explore additional programing opportunities to support breastfeeding such as Telehealth and integrated clinical models. Raise awareness and promote breastfeeding through coordinated messages and programs. Explore media partnerships to scale messaging and campaigns. Continue to integrate breastfeeding best practices into hospital workflow, policies and procedures.	**Priority Outcome:** Increase breastfeeding **Priority Indicator:** Percent of infants that were ever breastfed	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Priority Topic: Maternal and Infant Health				
Strategy 3: Increase parenting resources and support				
Goal: Expand awareness of parenting programs and resources offered by Dayton Children's				
Objective: By July 23, 2023, increase the number of parents enrolled in a parenting program by 20 percent from baseline				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue parenting programs and resources offered by Dayton Children's. For example: • Maternal and Infant Mortality Initiative (**MIMI**), which is a digital platform committed to engage, educate, and support expecting and new mothers from early pregnancy through their babies' first six months. • **Triple P**, a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teens. Increase public awareness regarding access to parenting programs within the Greater Dayton Area. Determine additional avenues for referrals. If there is a need for additional parenting resources, increase the number of parenting programs available by Dayton Children's.	**Priority Outcome:** Reduce infant mortality **Priority Indicator:** Rate of infant deaths per 1,000 live births (ODH*)	Children and families	Dayton Children's	July 1, 2020 through July 1, 2023

*Ohio Department of Health
Note: Strategy # 2 is cross-cutting and impacts "chronic disease," Strategy # 3 is cross-cutting and impacts "access to care"

Community Conditions Indicators

Poverty

Poverty significantly overlaps other known social drivers of health to impact child health disparities. Employment provides income that allows guardians to make choices about factors such as childcare, housing, education, food, and medical care which will all influence the overall health of a child. Medical bills, expenses and debt negatively impact the economic stability of a household. Access to better schools, healthy foods, health care, and transportation are conditions those in more affluent communities enjoy, leaving minority and low-income populations struggling to meet social drivers of health.

Statistics to consider:

- 48.2% of children in the city of Dayton live at or below the federal poverty level[1]
- Per the 2014 US Census data, an estimated 42.9% lived in households that were designated as "poor, near poor, or low income"[2]
- Poverty affects 37% of all children at some point during their childhood[2]
- 5.3 million children were affected by home foreclosures between 2007 and 2010[2]
- Children's sick days increased, and parent-reported child health status decreased remarkably after the stock market crash of 2008[3]
- 9% of children in Dayton have asthma compared with 7% in the U.S. overall[4]

Kindergarten Readiness

The first five years of life is when 90% of a child's brain develops and is critical for language skills[5]. When children start school behind, they tend to stay behind[6]. In Montgomery County, only 33% of children are kindergarten ready[7] compared to 41% across the state of Ohio[2]. These important stages of early development and kindergarten readiness are tied to later milestones such as third grade reading, eight grade math, and even high school graduation[1].

- Only 26% of economically disadvantaged children demonstrate kindergarten readiness[2]

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[1] Duffee, James. Pediatric Care of Children in Poverty. Pediatric Forum. August 2017. https://www.childrensdayton.org/the-hub/research/pediatric-care-children-poverty

[2] AAP COUNCIL ON COMMUNITY PEDIATRICS. Poverty and Child Health in the United States. Pediatrics. 2016; 137 (4):e20160339

[3] Health Affairs Culture of Health. Health Policy Brief: The Earned Income Tax Credit, Poverty, and Health. October 2008.

[4] Public Health Dayton and Montgomery County. (2019, September). Community Health Assessment 2019. Public Health Dayton and Montgomery County. https://www.phdmc.org/agency-publications/1290-2019-cha/file

[5] Health Policy Institute of Ohio. (2017, October). *Health Policy Brief: Connections Between Education and Health, The Importance of Early Learning. Health Policy Institute of Ohio.* https://www.healthpolicyohio.org/wp-content/uploads/2018/08/PolicyBrief_EducationAndHealth_No.-3-8.6.18-update.pdf

[6] Groundwork Ohio. (2020, February 14). *Early Literacy: A Foundation for Lifelong Learning.* Groundwork Ohio.

https://2d94f3a3-3d74-4931-8fd2-5e91fb54da89.filesusr.com/ugd/d2fbfd_c76e773620a843189f1718ab8e86ee3e.pdf

[7] Learn to Earn Dayton. (2018, November). *Recommendations Report: Birth to 3.* Learn to Earn Dayton. https://www.learntoearndayton.org/research

Gaps and Potential Strategies

Following the key issues activity and priority selection, the committee discussed gaps surrounding 2017-2020 strategies that aligned with current priority areas. The committee discussed potential strategies or areas of improvement to bridge those gaps. Following this exercise, additional strategies were discussed and noted if they met any of the following criteria: evidence based, likely to decrease disparities, alignment with the state health improvement plan, and alignment with Dayton Children's Hospital strategic plan.

Gaps and potential strategies around community conditions can be identified below.

Supported strategies:

1. Reach out and Read
2. Preschool Promise
3. Imagination Library
4. Community health workers

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies or Areas for Improvement
1. Explore and implement social/behavioral needs screening	• Limited to certain clinics • Difficult to integrate within medical records • Currently only social needs screening small subset of hospital • Current process (social needs screening) is not streamlined and labor intensive (not automatically in EMR, data in multiple places, workforce includes students) • Difficult to include both social and behavioral needs within screening	• Explore strategies and implement digital screening options that can integrate with EPIC and capture social needs screening data • Increase social needs identification by spreading screening to other (targeted) clinics within the hospital

Best Practices

The planning committee reviewed best practices for potential inclusion in the action plan. The following programs and policies have been reviewed and have proven strategies to **improve community conditions:**

Social service integration efforts coordinate access to services across multiple delivery systems and disciplinary boundaries such as housing, nutrition, disability, physical health, mental health, child welfare, transportation, and workforce services. Approaches to integrating and coordinating social services vary depending on community needs and service availability, and can be system- or sector-based, agency-based, or client- or family-based. Efforts can focus on improving collaboration across sectors, client pathways to service, or coordination and resource sharing across different levels of government. Frequent features of collaborative social service integration include having common goals and a shared understanding of roles and responsibilities among organizational partners; sharing information about patients, care, and administration; and staff and professional interactions at all levels of organizations.

Available evidence suggests integration of clinic and community service systems may decrease health care costs and health disparities and increase clinical and community capacity to provide onsite programs and services, service needs screening, and links to community resources.

Expected beneficial outcomes:
- Improved access to social services
- Increased social service efficiency
- Improved health outcomes
- Increased enrollment in social services

Reach Out and Read is a program that partners with doctors, nurse practitioners, and other medical professionals to incorporate literacy support into regular well-child visits. From the 6-month checkup through age five, medical providers give children developmentally appropriate books and give parents guidance and encouragement on reading with their children. The program focuses on children in low income communities.

Expected beneficial outcomes:
- Increased time spent reading
- Improved language skills

Publicly Funded Pre-K Programs are large-scale efforts to provide school-based early learning opportunities to preschool aged children. Programs are voluntary and can be for 3- and 4-year-olds, though programs often only or disproportionately serve 4-year-olds. Publicly-funded pre-K programs vary from state to state; they can be universally available regardless of family income or focus on specific populations, usually children from low income backgrounds. Programs also vary based on state early learning standards and guidelines for choosing curricula. Public pre-K programs are typically funded by the state but can be funded by municipalities and school districts.

Expected beneficial outcomes:
- Increased academic achievement
- Increased school readiness

Action Step Recommendations & Plan

To improve **community conditions**, the following strategies are recommended:

1. Expand screenings to address social needs √🟦
2. Support and expand strategies to improve kindergarten readiness √ 🟦

Priority Factor: Community Conditions				
Strategy 1: Expand screenings to address social needs √ 🟦				
Goal: Address social needs through resource connection				
Objective: By July 1, 2021, expand social needs screening program health to one additional outpatient clinic				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue screening and resource follow-up in clinical primary care settings to address the social determinants of health. Share data and outcomes to scale and spread. Explore strategies to increase social need identification. Implement digital screening options that can integrate with EPIC and capture social needs screening data. Increase social needs identification by 20% by expanding to additional targeted clinics within Dayton Children's.	**Priority Outcomes:** 1. Reduce poverty 2. Identify and address social determinants of health **Priority Indicators:** 1. Children living in poverty (American Community Survey) 2. Not currently available	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Priority Factor: Community Conditions				
Strategy 2: Support and expand strategies to improve kindergarten readiness √ 🐦				
Goal: Connect children to kindergarten readiness programs				
Objective: By July 1, 2023 obtain 50 percent saturation of the Montgomery County Imagination Library in identified high-need zip codes				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Continue to support kindergarten readiness strategies including: • Preschool Promise • The Imagination Library • Reach Out and Read	**Priority Outcome:** Improve kindergarten readiness **Priority Indicator:** Percent of kindergarten students demonstrating readiness (Ohio Kindergarten Readiness Assessment)	Children	Dayton Children's	July 1, 2020 through July 1, 2023

Access to Care Indicators

Health Insurance

Three percent (3%) of parents in the Greater Dayton Area reported that their child did not currently have health insurance.

Children had the following types of health insurance: parent's employer (77%), Medicaid or other public health benefits (17%), TRICARE or military health care (5%), self-paid (2%), Medicare (1%), Insurance Marketplace (1%), or some other source of insurance (1%).

Parents reported their child's health insurance covered the following:
— Doctor visits (99%)
— Prescription coverage (99%)
— Well child visits (99%)
— Immunizations (99%)
— Hospital stays (97%)
— Dental (94%)
— Vision (84%)
— Mental health (82%)
— Therapies (75%)

Medical Home

Eighty-six percent (86%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 62% of those with incomes less than $25,000.

Eighty-eight percent (88%) of children received all the medical care they needed in the past year. Parents who reported their child did not get all of the medical care they needed in the past year gave the following reasons: inconvenient times/could not get an appointment (15%), cost (8%), no insurance (8%), could not find a doctor who accepted child's insurance (8%), etc.

Child 0-5 Comparisons	Dayton 2020 Ages 0-5 (n=42)	Outside of Dayton 2020 Ages 0-5 (n=61)	Greater Dayton Area 2017 Ages 0-5	Greater Dayton Area 2020 Ages 0-5	Ohio 2017/18 Ages 0-5	U.S. 2017/18 Ages 0-5
Child received treatment or counseling from a mental health professional (in the past year)	2%	3%	3%	3%	2%*	3%
Had at least one personal doctor or nurse	83%	89%	87%	86%	72%	72%
Received all the medical care they needed (in the past year)	90%	97%	93%	94%	N/A	N/A

*Ages 3-5
N/A – Not Available

Child 6-11 Comparisons	Dayton 2020 Ages 6-11 (n=95)	Outside of Dayton 2020 Ages 6-11 (n=128)	Greater Dayton Area 2017 Ages 6-11	Greater Dayton Area 2020 Ages 6-11	Ohio 2017/18 Ages 6-11	U.S. 2017/18 Ages 6-11
Child received treatment or counseling from a mental health professional (in the past year)	16%	9%	12%	12%	10%	9%
Had at least one personal doctor or nurse	84%	88%	87%	86%	77%	72%
Received all the medical care they needed (in the past year)	85%	85%	98%	85%	N/A	N/A

N/A – Not Available

Gaps and Potential Strategies

Following the key issues activity and priority selection, the committee discussed gaps surrounding 2017-2020 strategies that aligned with current priority areas. The committee discussed potential strategies or areas of improvement to bridge those gaps. Following this exercise, additional strategies were discussed and noted if they met any of the following criteria: evidence based, likely to decrease disparities, alignment with the state health improvement plan, and alignment with Dayton Children's Hospital strategic plan.

Gaps and potential strategies around access to care can be identified below.

Supported Strategies:

1. Enhance trust within vulnerable populations
2. Involve community within programming
3. Link families to needed services and care and explore opportunities to improve linkages

Previous Strategy (2017-2020 IP)	Gaps	Potential Strategies or Areas for Improvement
1. Regional vaccination campaign	• Children not accessing vaccinations or well-visits due to current climate (COVID-19) • Lacking capacity to continue regional vaccination campaign	• Address within marketing strategy • Become more place-based specific when selecting strategies • Further develop initiatives to ensure access to preventive care
2. Integrate community health workers within clinical services	• Potential to expand within clinics • CHWs are needed to support at risk populations	• Expand reach and use of CHWs to support families • Research role of CHWs within behavioral health and other settings • Utilize CHWs across clinics to expand standardized messaging

Best Practices

The planning committee reviewed best practices for potential inclusion in the action plan. The following programs and policies have been reviewed and have proven strategies to **improve access to care:**

Community Health Workers (CHW) sometimes called lay health workers, serve a variety of functions, including: providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. They may work autonomously or as part of a multi-disciplinary team; training varies widely with intended role and location. CHW services are often targeted at women who are at high risk for poor birth outcomes. Expected beneficial outcomes include increased patient knowledge, increased access to care, increased use of preventive services, and improved health behaviors.

There is some evidence that CHWs improve patient knowledge and access to health care, especially for minority women and individuals with low incomes. CHWs have been shown to improve access to care for patients that may not otherwise receive care. CHWs appear as effective as, and sometimes more effective than, alternate approaches to disease prevention, asthma management, efforts to improve colorectal cancer screening, chronic disease management, and maternal and child health. This model has been shown to impact disparities.

Expected beneficial outcomes:
- Increased access to care
- Increased patient knowledge
- Increased healthy behaviors
- Increased preventive care
- Reduced low birthweight births
- Increased breastfeeding rates
- Improved mental health

Cultural competence training for health care professionals focuses on skills and knowledge that value diversity, understand and respond to cultural differences, and increase awareness of providers' and care organizations' cultural norms. Trainings can provide facts about patient cultures or include more complex interventions such as intercultural communication skills training, exploration of potential barriers to care, and institution of policies that are sensitive to the needs of patients from culturally and linguistically diverse (CALD) backgrounds

Expected beneficial outcomes:
- Increased cultural understanding and skills

Action Step Recommendations & Plan

To improve **access to care**, the following strategies are recommended:

1. Promote preventive health care
2. Further integrate community health workers into clinical services √ 🔷
3. Provide cultural competency training for health care professionals √ 🔷

Priority Factor: Access to Care					
Strategy 1: Promote preventive health care					
Goal: Provide the highest level of quality care to children at Dayton Children's Pediatrics					
Objective: By December 31, 2021, score above the threshold for all quality, activity, and efficiency metrics as defined by Ohio CPC, and sustain this increase through July 1, 2023					
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**	
Promote preventive health care and maintain continuity of care due to the current climate of COVID-19. 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.	**Priority Outcome:** Reduce unmet needs, medical care **Priority Indicator:** Percentage of children who received all of the medical care they need in the past year	Children	Dayton Children's	July 1, 2020 through July 1, 2023	

Priority Factor: Access to Care					
Strategy 2: Further integrate community health workers into clinical services √ 🔷					
Goal: Increase the use of community health workers to advocate for at-risk populations					
Objective: By July 1, 2023, increase the number of community health workers from 4 to 10 with particular focus on children in low opportunity neighborhoods, children with behavioral health concerns, children in kinship and adoptive care, and children with medical complexities					
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**	
Facilitate an assessment to determine gaps in service coordination and the potential need for patient navigators across additional clinical settings (ex: behavioral health). Explore the feasibility of hiring additional **community health workers (CHW).** Continue referral process and data collection on CHW outcomes. Ensure training opportunities for standardized messaging across clinical settings when utilizing community health workers.	**Priority Outcomes:** 1. Provider availability- Community Health Workers 2. Increase local access to healthcare services **Priority Indicators:** 1. Address the social determinants of health in a clinical setting 2. Primary care health professional shortage areas (HRSA*)	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023	

Priority Factor: Access to Care				
Strategy 3: Provide cultural competency training for health care professionals √ 🦫				
Goal: Increase cultural humility/competence educational opportunities within Dayton Children's				
Objective: By July 1, 2023, 100 percent of new hires and hospital leadership will receive cultural humility/competence education				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Educate/inform health care providers on county demographics and the importance of becoming culturally competent (focuses may include diversity and inclusion, culture, language, and health literacy). Research evidence-based cultural competency training opportunities. Offer a training/workshop on cultural competence, adopt culturally competent principles and policies/practices within strategy implementation.	**Priority Outcome:** Cultural competence and skills **Priority Indicator:** TBD per Ohio SHIP	Children and Families	Dayton Children's	July 1, 2020 through July 1, 2023

Strategy # 2 is cross-cutting and impacts "community conditions"
* Health Resources and Services Administration

The progress of meeting the local priorities will be monitored with measurable indicators identified for each strategy found within the action step and recommendation tables within each of the priority sections. Most indicators align directly with the SHIP. The individuals that are working on action steps will meet on an as-needed basis. The full committee will meet quarterly to report out the progress. The committee will form a plan to disseminate the Implementation Plan to the community. Action steps, responsible agencies, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly. Progress on the Implementation Plan will be posted yearly at www.childrensdayton.org.

Dayton Children's will continue facilitating a Community Health Needs Assessments every three years to collect and track data. Primary data will be collected for children using national sets of questions to not only compare trends in the Greater Dayton Area, but also be able to compare to the region, state, nation, and Healthy People 2020. This data will serve as measurable outcomes for each of the priority areas. Along with primary data, secondary data will be utilized to measure impact on certain strategies (example: Ohio Healthy Youth Environment Survey, Ohio Department of Health, etc.). Indicators have already been defined throughout this report within each strategy.

In addition to outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that the IP committee will monitor will include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all action steps have been incorporated into a Progress Report template that can be completed at all future Dayton Children's Assessment and Planning meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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Written comments:

Individuals are encouraged to submitted written comments, questions or other feedback about the Dayton Children's Hospital Implementation Plan to **saundersj@childrensdayton.org**.