Relentlessly pursuing optimal health for all children within our reach

Community Benefit Contributions

Dayton Children’s community benefit contributions support organizations in our 20-County service region that help us realize our mission of relentlessly pursuing optimal health for all children within our reach. It takes a community working together to ensure children are healthy and safe where they live, learn, and play. As part of our commitment to the community, Dayton Children’s allocates our “community benefit” funding to organizations who are working to improve the lives of children and families in our service region in alignment with our community health needs assessment.

Funding decisions are made by the Community Benefits Subcommittee of the Board of Trustees of Dayton Children’s Hospital (or designees). The amount and number of contribution awards vary year to year. Awards are typically in the range of $2,500 to $12,000. The Community Benefits Subcommittee reserves the right to make exceptions to the application process.

**FY2021 Deadline Dates: Contribution Applications are due by 12:00 p.m. on the Deadline Date**

<table>
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<tr>
<th>Contribution Application Due:</th>
<th>Contribution Awards Announced:</th>
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<tr>
<td>October 1, 2020</td>
<td>November 15, 2020</td>
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**To be eligible for funds your organization must:**

- Be legally organized to be a not for profit
- Benefit the health of children and families in the Dayton Children’s 20-county service area

**Priority may be given to organizations that:**

- Have a diversity/inclusion policy
- Have a policy to protect children from physical/sexual abuse (if applicable)

**How to Apply for Funds**

Provide a proposal answering the following questions.

- Details about the Proposed Program or Project:
  - What is the description of the program your organization is proposing to be funded?
  - What are the specific quantifiable benefits of the program? (number of children served, etc.)
  - What data and evidence is there to suggest this program will address the recognized need?
  - Are there additional committed funders? If so, whom?
  - What is the timeline for implementation?
  - How does this program address health equity and disparities?

- Tell us a little more about your organization in general.
  - Describe your organization and your capacity to execute this program.
  - How will this program help your organization address community health need identified in the hospital’s [Community Health Needs Assessment](#) and/or hospital Community Benefit requirements?
What We Look for in a Project

- Social correlates of health through upstream approaches: We know a child’s health is greatly related to the environment in which he or she lives. The social correlates of health include the environmental factors that influence health, including early childhood development, employment opportunities, food insecurity, air and water quality, transportation, educational attainment, public safety, and housing.

- Health equity and reduction of disparities: Health disparities are the differences in health outcomes based on race, ethnicity, sexual orientation, and/or socio-economic status. Health equity is achieved when characteristics such as race, gender, sexual identity, and more are not correlated with higher rates of adverse health outcomes.

- Collaboration and partnership: Programs that value partnerships and align the practices and perspectives of communities, health systems, and public health under a shared vision help facilitate strong collaboration and partnerships. Programs that draw upon the strengths of each partner have a greater collective impact.

- Community-informed decision making: Programs that engage neighborhood residents and community leaders as key voices throughout all stages of planning and implementation honor the unique experience of those impacted by the intervention.

- Data-driven and evidence-based interventions: Programs that use data from both clinical and community sources as a tool to identify key needs, measure meaningful change, and create transparency amongst stakeholders. Identifying proven strategies that have tangible results.

- Alignment with regional, statewide, and national strategies: Programs that are aligned with the American Academy of Pediatrics, Healthy People 2020, Ohio’s State Health Improvement Plan, and other regional health improvement plans to contribute to a greater impact on children’s health.

Reporting and Follow-Up

A final report will be due 30 days after the project is complete based on the timeline given by the organization, or at the determination of the Community Benefits Subcommittee. The information in the final report may be shared through Dayton Children’s social media pages (Facebook, Twitter, LinkedIn, etc.), website or publications to generate awareness in our community about the program. The final report must include:

- How the project addressed community health priorities identified in the Community Health Needs Assessment. Metrics highlighting specific improvements in community health should be substantiated.
- Photographs, with captions, showing the project in action (per privacy and HIPPA/PHI compliance guidelines). Minors shown in photos must have a signed Dayton Children’s media release, if applicable.

If an organization’s final report is past due and no attempt has been made by the organization to extend the final report deadline, the organization may be ineligible to receive any future financial support from Dayton Children’s.

Additional Items

- Organizations receiving funding will be required to supply Dayton Children’s with their W-9 and tax-exempt number prior to payment being received.
- If the monies are not spent by the end of the original timeline stated, Dayton Children’s will request a brief modification to the timeline/program description.
- Multiple year funding opportunities will be considered and contingent upon annual review and completion of stated targets.
- Dayton Children’s reserves the right to ask for updates anytime during the process for publications and other reports required for Community Benefit purposes.
**Funding Categories**

### COMMUNITY HEALTH IMPROVEMENT SERVICES

*These activities are carried out to improve community health, extend beyond patient care activities, and are subsidized by the organization. Such services do not generate patient care bills although they may involve a nominal fee. Specific community health programs and activities to quantify include:*

- Community health education.
- Community-based clinical services, such as health services and screenings for uninsured and underinsured persons.
- Support groups.
- Health care support services, such as enrollment assistance in public programs and transportation efforts.
- Self-help programs, such as smoking cessation and weight loss programs.

Examples of recently funded programs:

- Gem City Market
- Girls on the Run
- Homefull Mobile Grocery Store

### COMMUNITY BUILDING ACTIVITIES

*Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards. These activities strengthen the community’s capacity to promote the health and well-being of its residents by offering the expertise and resources of the health care organization. Costs for these activities include cash and in-kind donations and expenses for the development of a variety of community-building programs and partnerships.*

Examples of recently funded programs:

- YWCA Drop-In Day Care
- Big Brothers Big Sisters

### WHAT WE GENERALLY DO NOT FUND

- Individuals
- Organizations that only serve adults
- General organizational operations
- Organizations that discriminate based on race, color, religion, national origin, citizenship status, sex, age, mental or physical disability, sexual orientation, veteran status or any applicable federal, state or local laws
- Operational deficits or reduced or lost funding
- Scholarships and travel grants
- Endowment funds
- Affiliates of labor organizations
- Golf tournaments and/or outings
- Hospitals and universities for internal programs
- Matching grants (unless local dollars are needed to fulfill a condition for a state or federal grant)
- Publications, including books, reports, research papers
- National and or state health organizations
- Organizations that only benefit a few people
- Organizations raising money for second party giving for community purposes
- Political organizations, candidates for political office and organizations whose primary purpose is to influence legislation. With certain, limited exceptions, we do not support campaigns for which we have to create employee teams to raise additional funds for an organization.