Community Health Needs Assessment 2026-2029

dayton children's

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Introduction

The mission of Dayton Children's Hospital is the relentless pursuit of optimal health for every child within our reach. To fulfill our mission, we must understand the status of children's health in our community and the barriers that exist for children and families. This community health needs assessment (CHNA) provides us with a snapshot of children's health and gives us actionable data to pursue optimal health for all children in our region.

We know a significant amount of a child's health is driven by social and behavioral factors including education, housing, access to food, and safe neighborhoods. In this assessment, we were intentional in focusing our efforts to identify specific needs of the children in communities where we see some of the greatest health disparities.

To identify these disparities in an equitable way, this CHNA not only considers secondary data from public health and other publicly available sources but also has a significant amount of community input into the issues of greatest concern around children's health. The rich information gathered directly from parents and guardians of children, lays a significant foundation for identifying meaningful health strategies. The Dayton Children's Center for Community Health team conducted the health assessment using various methods to obtain this relevant information.

We want to thank our many community partners including public health professionals, child-serving organizations, social service partners and community residents who were part of the needs assessment process. We also thank the hundreds of parents who took our parent survey and spoke to us at community events ensuring their voices and experiences were represented in the process. Their insights and feedback make this a significant document on the status of children's health in our community.

It is our hope that this assessment will foster greater collaboration among those serving children and families and highlight the need for strategic investments so children in our community can thrive.

background

definition of community and service area

Dayton Children's Hospital serves 20 Ohio counties and eastern Indiana, but to determine the community covered by this CHNA, the hospital chose to include its primary service area where 75 percent of the patient population resides. This primary service area covers ZIP codes in Clark, Greene, Miami, Montgomery and Warren Counties. These counties represent urban, rural, and suburban communities. This 2026 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 is physically located and health disparities for children are most challenging.

inclusion of medically underserved populations

Approximately 26.9 percent of Dayton City residents were below the poverty line, according to the most recent American Community Survey 5-year estimates (U.S. Census Bureau, 2024). In Dayton, child poverty rates are very concerning with 35 percent of children under 18 affected (American Community Survey, 2024). For this reason, data collection was done in-person for specific zip codes to capture communities with poorer health outcomes. Special attention was also paid to include community members whose primary or preferred language is not English by offering the survey in six languages: English, Kinyarwanda, Spanish, Russian, Swahili, and Haitian Creole.

process and methods for engaging community

Community engagement was paramount throughout the data collection process. Multiple sectors, including public health and community members, were asked to participate in the various phases of the project.

At a regional level, public health professionals were interviewed from Clark, Greene, Miami, Montgomery and Warren Counties. Through these interviews, Dayton Children's explored each health department's community health assessments and additional questions related to pediatric health.

To engage parents and guardians at the regional level, a 14-question survey was created to capture barriers to optimal health including health concerns, family social needs and barriers to accessing care. Over 1,500 community members took this survey.

To thoroughly engage priority populations, staff from the Dayton Children's Center for Community Health worked with key community partners to attend community events for in-person data collection.

data collection and analysis

Dayton Children's Center for Community Health led the 2026 community health needs assessment (CHNA), providing full leadership over data collection, analysis, and project coordination from start to finish. Together, this multidisciplinary team provided the expertise and guidance needed to carry out the assessment effectively.

The assessment also reflected a strong commitment to academic community partnership. The Center for Community Health collaborated with students from two local universities, each contributing in meaningful and distinct ways to the data collection process. Nineteen Health Engagement Fellows from the University of Dayton supported community outreach and survey distribution at community events and community partner organizations sites while four public

health students from Wright State University conducted the key informant interviews shared later in this document. These academic partnerships not only expanded the capacity and reach of the assessment but also provided meaningful real-world learning experiences for students, deepening their understanding of public health and community engagement through training and hands-on fieldwork that strengthened their skills.

primary data collection methods

The assessment used a mixed methods approach, incorporating both qualitative and quantitative data to develop a clear understanding of child health and health-related needs across the greater Dayton region. This approach allowed the project team to explore community priorities, available resources, and emerging needs by gathering insight directly from parents/guardians and stakeholders closest to the issues. By using multiple primary data collection methods, including in-person and online surveys, as well as interactive poster boards and key informant in-depth interviews, the hospital and community partners are better positioned to identify strengths and gaps, align efforts more effectively, and ensure that resulting strategies reflect lived experiences and community identified priorities. This process also created opportunities to strengthen relationships, deepen community engagement, and promote informed decision making.

community surveys

The survey served as the primary data collection instrument for the assessment. The project team collected survey responses for just over five months, from June 14 – November 28, 2025, which allowed us to reach families from diverse backgrounds across all five counties in Dayton Children's primary service area. A total of 1,513 participants completed the 2026 Community Health Needs Assessment (CHNA) survey.

The survey consisted of 14 questions designed to capture participant perspectives on children's health. Topics addressed in the survey included:

- Barriers to accessing medical and mental health care for children
- Community-identified priority health issues affecting children
- Social needs experienced by families including social and environmental drivers of health

To ensure accessibility for all families, the survey instrument was provided in six languages: English, Kinyarwanda, Spanish, Russian, Swahili, and Haitian Creole. A map was developed that included all community event locations and community partner sites. This tool helped identify areas that have historically been harder to engage with traditional mail survey methods. For these areas we conducted intentional on the ground outreach. In addition, the Community Advisory Board (a group of engaged and diverse community stakeholders who help to inform the Center for Community Health's work and create comprehensive measures to address health inequities within the 20-county service area) provided ongoing guidance on effective engagement strategies, helping identify community events and advising outreach approaches that would best resonate with the community.

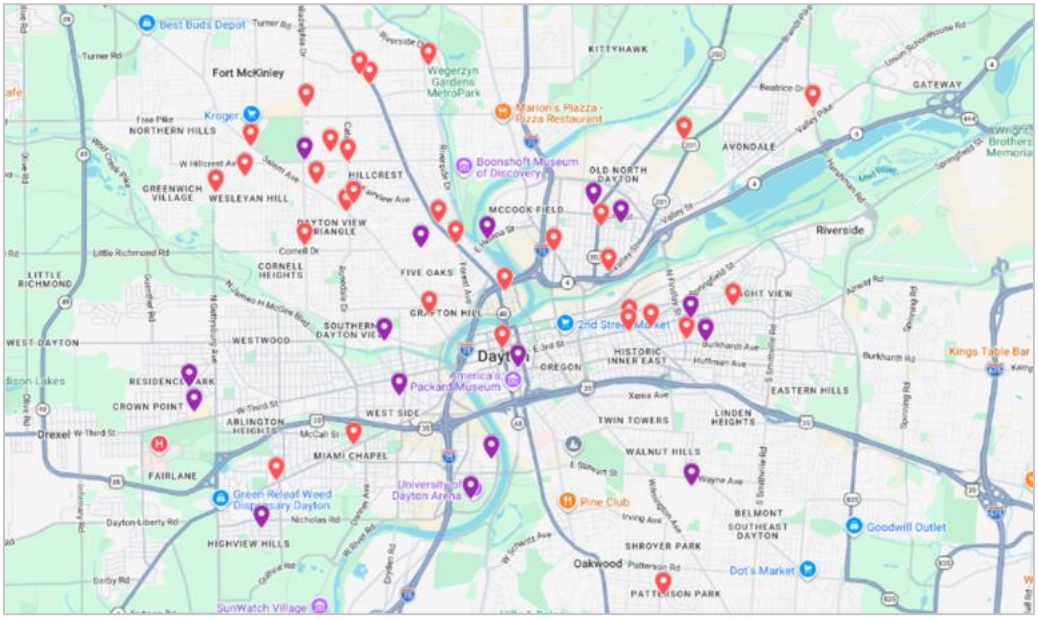

Figure 1: Survey

Participants who completed the survey were eligible to enter a raffle for a $100 gift card. To maintain participant's privacy and confidentiality, the gift card registration process was intentionally housed in a separate survey system that could not be linked back to any individual survey responses.

The survey was made accessible through multiple channels to make sure no family was left out because of technology barriers, language, or personal circumstances.

tablet-based survey completion at community events

The project team attended 36 community events during the data collection period, where tablets were made available and distributed directly to families to support on-site survey completion. To increase engagement and encourage survey participation, giveaways were provided at community events. These included hygiene kits at back-to-school events as well as additional incentive items.

email-based survey distribution to patient families

In addition to in-person, tablet-based completion, the survey was also distributed to Dayton Children's patient families via email. Each email included both a direct survey link and a QR code that recipients could scan for convenient access.

community partner distribution

The hospital partnered with 46 community organizations during the data collection period to share the survey directly with the families they serve. Partners distributed the survey through multiple formats—including in-person tabling at community events, distributing printed postcards containing QR codes, and via email communication through their organizational newsletters. These partner organizations represent a wide range of service sectors, including social services, nonprofit agencies, healthcare providers, and others.

community input posters

To supplement the survey and deepen the understanding of barriers to medical care access, the project team developed brief interactive poster boards that were used at community events. These posters expanded key survey questions by listing medical care access barriers and allowing attendees to place adhesive dots next to the barriers they experienced. In total, 343 participants provided input using this approach.

These tools were used at several high attendance community events, including Halloween Trunk-or-Treats, to increase engagement in areas with low engagement and gather quick input from families who might not complete the full survey.

key informant interviews

Key stakeholders in public health were invited to participate in-depth key informant interviews. All five counties' public health departments participated in the key informant survey.

These individuals were selected based on their expertise, their professional experience addressing major health issues in the community, and their ability to offer informed perspectives on current challenges and future opportunities. Their insights provided valuable context to supplement the quantitative findings from the community survey.

sampling

The sampling frame for the survey consisted of parents and guardians of children residing in the greater Dayton area, defined as adults responsible for a child(ren) under age 22. Participants were recruited using a convenience sampling approach across a wide range of community settings. This strategy allowed for flexible outreach and facilitated engagement with a more diverse population of families. Key informant interviews utilized purposive sampling to ensure participation from individuals with specific public health knowledge and community insight.

data analysis

Survey responses were analyzed using descriptive analysis to summarize key patterns and trends in a clear and accessible way. Findings were reported across several domains, including participant demographics, overall survey results, and subgroup analyses.

Subgroup analyses were conducted to examine differences in responses across key demographic characteristics such as age, race and ethnicity, language, insurance coverage, and geography.

Key informant interviews were analyzed separately using rapid qualitative analysis, student note takers took in depth notes on participant responses to each question and the project team created a summary matrix to easily look across responses to summarize findings among participants. Across all data sources, findings were reviewed to identify cross-cutting patterns, trends, and disparities.

The Center for Community Health was actively engaged throughout the analytical process. Midway through the project, members reviewed interim drafts and preliminary findings, providing feedback that helped refine priority areas and identify communities or topics requiring additional engagement. This iterative review process strengthened the rigor of the final analysis and ensured it reflected community-lived experiences.

In addition, throughout the document there are "a closer look" sections that bring in community-based and other local data collected from various departments that give additional context to the community health needs assessment findings. The project team included this information to underscore the hospital's ongoing commitment to listening to the community as programs and initiatives are being developed.

secondary data collection methods

Numerous secondary data sources and metrics were utilized to inform this community health assessment. A comprehensive review of quantitative data from national, state, and local sources was conducted to examine health outcomes, social drivers of health, and broader contextual factors affecting children and families across the service area.

To ensure relevance and accuracy, all secondary data included in the analysis were required to have been collected or published in 2023 or later. This criterion ensured that the indicators used reflect current conditions rather than outdated trends. In instances where comparable national, state, or local data were not available for all counties at the time of report preparation, those indicators were excluded from the analysis. A complete list of secondary data sources is provided in appendix b: reference.

limitations

Several limitations were considered when interpreting the findings of this report.

First, the survey utilized a convenience sampling approach, meaning participants were recruited primarily through community events and partner organizations. As a result, the survey sample is not fully representative of all parents and guardians residing in the greater Dayton area. Findings therefore reflect the perspectives of individuals who were reached through these engagement channels. A further limitation presented due to the convenient sample was that most respondents identified as female and mothers. Other gender identities and parent/guardian types such as fathers, were less represented.

Second, key informant interviews captured the perspectives of selected public health professionals using a purposive sampling strategy. While this approach allowed for in-depth insights from knowledgeable stakeholders, the views expressed reflect the experiences and priorities of those specific individuals and may not represent the full range of professional perspectives across the broader community.

Additionally, although the survey instrument was translated into five languages, challenges remained in reaching parents and guardians from some language groups. As a result, certain communities were less represented in the final sample, highlighting persistent barriers to engagement among linguistically diverse populations.

Finally, limitations related to secondary data availability were noted. Comparable county-level data were not available for all indicators at the time of report preparation. In some instances, data were missing for specific counties, which limits direct comparisons across the service area.

secondary data

This section summarizes secondary data used to inform the 2026–2029 Community Health Needs Assessment (CHNA). Data in this section focuses on children, adolescents, and families across the five-county service area, with state and national comparisons wherever they were available. The data integrates demographic data, health outcomes, safety indicators, access to care, social drivers of health, and county-level opportunity measures.

county-level overview

Across the five-county service area, children under age 18 represent roughly 20–23% of the population, with Montgomery County having the largest absolute number of children (approximately 118,000). Warren County has the highest proportion of children relative to the total population, while Greene County has the lowest percentage. These demographics establish the scale and distribution of pediatric need across the region (U.S. Census Bureau, 2024). Table 1 below highlights key economic factors that impact overall health outcomes and opportunities for children (County Health Rankings, 2025).

			County				
	Ohio	U.S.	Clark (n= 134,610)	Greene (n= 169,691)	Miami (n= 110,876)	Montgomery (n=533,796)	Warren (n=252,148)
% Children in Poverty (2023)	18%	16%	21%	11%	11%	22%	6%
Income Inequality (2023)	4.6	4.9	4.4	4.6	3.9	4.7	3.8
School funding adequacy (2022)[1]	$44	$1,411	$1,094	$2,502	$2,617	-$468	$3,683
Median household income (2023)	$67,900	$77,700	$58,700	$84,000	$75,700	$62,700	$108,000
Child Care Cost Burden (2024)[2]	32%	28%	36%	34%	23%	45%	26%
% uninsured children (2022)	4%	5%	4%	4%	4%	4%	3%

Table 1: Factors impacting health outcomes for children

[1] School Funding adequacy: the average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
[2] Childcare cost burden: childcare costs for a household with two children as a percent of median household income.

maternal, infant and early childhood health

infant mortality and birth outcomes

Ohio ranks poorly nationally for infant and neonatal mortality. Clark and Montgomery counties experience particularly elevated infant mortality rates (IMR) and adverse birth outcomes (Table 2), including low birth weight and preterm birth (Ohio Department of Children and Youth, 2024-2025).

	IMR (per 1,000 live births)	Preterm %	Extremely Preterm %	Low Birth Weight	Very Low Birth Weight
Ohio	6.4	10.8	0.7	8.7	1.3
Clark	9.7	11.7	0.6	9	1.5
Greene	6.0	10	0.7	8.1	1.0
Miami	n/a	10.5	0.9	6.2	1.4
Montgomery	7.2	11.6	1.0	9.3	1.6
Warren	6.1	8.2	0.7	6.1	n/a

Table 2: Infant mortality and birth outcomes by county

a closer look – Roots To Rise Dayton

In late 2025, Roots To Rise Dayton conducted community needs and asset mapping in Montgomery County to develop a comprehensive and community-informed picture of the maternal and infant health ecosystem. This process intentionally centered the voices of various members of the community. Findings highlight that Montgomery County's maternal and infant health challenges are driven by interconnected systemic, structural, and social factors, rather than access to medical care alone. Persistent disparities—particularly affecting Black families—are closely tied to:

- Systemic racism in healthcare
- Socioeconomic instability
- Housing and food insecurity
- Transportation barriers
- Inconsistent insurance coverage

Many mothers report feeling unheard or dismissed by providers, excluded from decision-making, and lacking respectful, culturally responsive care, which undermines trust and discourages engagement in prenatal, postpartum, and mental health services. Community voices call for respectful, equitable, and empowering care; expanded access to affordable, high-quality prenatal, postpartum, and maternal mental health services and resources; and trusted community-based supports that address root social drivers of health. The findings point to a clear opportunity for Roots To Rise Dayton to advance equity through community-driven, culturally responsive, and systems-level strategies, including strengthened community engagement and trust, expanding wraparound services, data transparency and sharing, and multi-sector collaborations that center lived experiences of families most impacted.

early childhood development and education

In Ohio, 36.5% of children demonstrated readiness for kindergarten in 2023 which is an increase from 2022 (35.4%). This means they demonstrated skills, abilities and knowledge to engage in a classroom environment. It is important to note for comparison that in 2019 41.2% of students demonstrated readiness (Ohio Department of Children and Youth, 2019, 2022, & 2023). For third grade reading proficiency, rates increased from 62.3% in 2022-2023 to 64.5% in 2023-2024 in Ohio (Department of Education & Workforce, 2025). The declines in

readiness and proficiency, followed by slight but steady increases demonstrate that children in early childhood are still being impacted by the COVID-19 pandemic.

violence, injury, and safety

state rankings

Ohio consistently ranks in the lower-middle range nationally for injury deaths, firearm deaths, and child victimization, with no improvement from 2023 to 2024. Rankings indicate persistent safety challenges for children and adolescents (America's Health Rankings, 2024).

child abuse and neglect

Montgomery County reports substantially higher child welfare system involvement (Table 3) than surrounding counties, including:

- The highest number of child abuse and neglect intakes
- The greatest number of children removed from homes
- The largest number of children in Department of Youth Services (DYS) care

Substance use contributes significantly to removals, particularly in Warren and Clark counties (Ohio Department of Children and Youth, 2024).

County	Population Under 18	Total Intakes	Total Children Removed	% due to Substance Abuse	Total Number in DYS* Care
Clark	29,882	2,553	120	29%	122
Greene	34,784	2,662	68	11%	62
Miami	25,276	1,759	68	19%	63
Montgomery	117,885	10,784	832	27%	747
Warren	59,626	2,342	88	47%	118

Table 3: Child welfare system involvement by county **Department of Youth Services*

fatal and violence-related injuries

Nationally and in Ohio, firearm injuries are a top cause of death among children and adolescents ages 1-17. Though these firearm related deaths divided between homicides and suicides in the

data (see Figure 2) when combined they surpass motor vehicle traffic related deaths (Mv traffic). This is a new trend, that was first noted nationally in 2020 with over 4,300 individuals aged 1–19 dying from firearm injuries, while motor vehicles caused roughly 3,900 fatalities in this group (BBC, 2022).

transportation and injury prevention

motor vehicle and pedestrian safety

Motor vehicle injuries remain a leading cause of death for children and adolescents. Seatbelt use is generally high across counties (above 95%), (Ohio State Highway Patrol, 2019-2024) though youth-reported behaviors reveal gaps (High School Youth Risk Behavior Survey, 2023):

Over half of Ohio high school students report not always wearing a seatbelt. Over one-third report texting while driving.

Pedal cyclist[3] fatalities among children remain relatively rare but persistent, with 11 child deaths statewide between 2020–2023 (National Highway Traffic Safety Administration, 2020-2023).

access to health care

insurance and primary care

Ohio mirrors national data for insurance coverage among children (National Survey of Children's Health, 2023):

- Approximately 93% insured
- Low levels of forgone care
- Slightly better-than-national access to primary care providers and well-child visits

Dental care access is a notable gap, Ohio children are less likely than the national average to have had a dental visit in the past year. Vision care access is comparable to national levels. (National Survey of Children's Health, 2023).

a closer look – rural health needs

The 2025 Rural Health Needs Assessment, conducted by Dayton Children's as the west region lead for Partners For Kids (the largest pediatric accountable care organization in the United States) examined pediatric healthcare access in four rural Ohio counties—Auglaize, Darke, Mercer, and Preble. Using interviews with 29 community leaders and focus groups with 50 parents and guardians, the assessment applied Levesque's Five A's of Access framework[4] alongside social drivers of health to understand how families experience care. While basic services exist, families face persistent barriers including limited pediatric specialty and dental care, long travel distances, provider shortages (especially those accepting Medicaid), lengthy wait times, and insufficient pediatric-focused emergency and mental health services. Broader challenges such as housing instability, food insecurity, transportation barriers, and youth substance use further compound access issues.

The findings also highlight declining trust in healthcare systems following the COVID-19 pandemic, contributing to vaccine hesitancy and increased reliance on non-evidence-based care. Families

[3] *Pedal cyclists are riders of two-wheel, nonmotorized vehicles, tricycles, and unicycles powered solely by pedals, who are involved in motor vehicle crashes. However, starting in 2022, pedal cyclists also include riders on bicycles powered by pedals and/or motors.
[4] The framework suggests a multidimensional view of healthcare access in the context of health systems with dimensions of approachability, acceptability, availability/accommodation, affordability, and appropriateness.

emphasized the need for respectful, empathetic, and communicative healthcare relationships, while community leaders stressed the importance of local care coordination and culturally responsive outreach. County-specific opportunities include strengthening community partnerships, expanding care coordination, addressing vaccine hesitancy, and bringing pediatric and specialty services directly into rural settings—particularly through schools, telehealth, and satellite clinics. Overall, the assessment provides a foundation for Partners for Kids to implement community-driven, data-informed strategies aimed at reducing disparities and improving pediatric health outcomes in rural communities.

mental health, substance use and bullying

mental health indicators

Ohio ranks mid-to-low nationally on child mental health indicators, including flourishing, substance use, and mental health conditions (Table 4). Nearly one in five youth experienced a depressive episode in the past year, and almost half did not receive treatment. Workforce availability remains strained (Mental Health America, 2025).

In last year, youth (12-17) with:	% Prevalence	National Rank
At least 1 depressive episode	19%	25th
Depressive episode without treatment	46%	14th
Substance use disorder	9%	27th
Serious suicidal thoughts	14%	33rd
Without preventative health visit	24%	13th
Mental health workforce availability	310:1	25th

Table 4: Mental health indicators for youth aged 12 to 17

bullying

As seen in Table 5, bullying rates among Ohio youth exceed national averages (High School Youth Risk Behavior Survey, 2023).

	National		Ohio	
	2021	2023	2021	2023
Bullied on school property	15%	19%	19.5%	22%
Electronically bullied	16%	16%	19.2%	21%
School avoidance due to feeling unsafe	9%	13%	9%	10%

Table 5: Bullying rates for Ohio youth

youth substance use

Survey data shows that vaping is the most reported substance used by youth in the past 30 days, followed by alcohol and marijuana, indicating ongoing prevention needs (High School Youth Risk Behavior Survey, 2023).

a closer look - provider survey

In 2024, the Dayton Children's Behavioral Health team conducted a digital survey of community providers to identify gaps in youth mental health and addiction services across the hospital's service area. The assessment included three components: a provider survey, an analysis of referral trends to the Mental Health Resource Connection and Youth and Family Resource Connection, and a mapping of existing community mental health services. A total of 337 providers responded, including 197 behavioral health professionals or administrators, with respondents representing both Dayton Children's affiliates and community-based organizations. Across provider types and employment settings, the most significant service gaps identified were autism spectrum disorder testing, substance use treatment, and behavioral therapy for children ages 3–5.

Referral trend analysis for fiscal years 2023 and 2024 showed that the most common concerns prompting referrals included anxiety, behavioral challenges, ADHD-related symptoms, autism-related symptoms, and depression. Mapping of available community services revealed limited capacity, particularly for autism evaluations and substance use treatment, with relatively few service locations across the region and variation by county and age eligibility. In response to these findings, Dayton Children's has begun sharing results with stakeholders to inform planning and collaboration, with an emphasis on developing programs and partnerships to address identified gaps.

food access, physical activity and environment

food insecurity

Child food insecurity remains high, particularly in Montgomery (24%) and Clark (23%) counties, exceeding the state average (19.8%) (Feeding America, 2022-2023). Statewide child food insecurity increased slightly from 2022 to 2023 (America's Health Rankings, 2024).

An indicator of poverty and food access is the percentage of residents receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Below table 6 shows the highest percentage of support is in Montgomery and Clark counties (DataOhio, 2026):

% of population receiving SNAP benefits				
Clark (n= 21,593)	Greene (n= 14,384)	Miami (n= 9,733)	Montgomery (n= 76,610)	Warren (n= 10,558)
16%	8.51%	8.86%	14.31%	4.23%

Table 6: SNAP benefits by county

physical activity

Ohio's ranking for physical activity declined sharply from 26.4% in 2023 to 22.2% in 2024, signaling worsening conditions for active lifestyles among children (America's Health Rankings, 2024).

physical environment and opportunity

Ohio ranks poorly on children in poverty, air pollution, and housing with lead risk (America's Health Rankings, 2024).

Ohioans were exposed to PM2.5[5] pollution more often than people in most other states, ranking 46th out of all 50 states and DC on PM2.5 pollution exposure (Health Policy Institute of Ohio,

[5] PM2.5: fine inhalable particles, with diameters that are generally 2.5 micrometers and smaller. How small is 2.5 micrometers? Think

2021). According to the Ohio Housing Finance Agency, “More than two-thirds of Ohio homes were built before 1980, making them old enough to contain lead-based paint, including 425,235 homes with young children present” (Ohio Housing Finance Agency, 2026).

chronic disease and health behaviors

Ohio children experience slightly higher rates of (National Survey of Children's Health, 2023):

- Obesity
- Special health care needs[6]
- Secondhand smoke exposure in the home

a closer look - Ohio asthma burdens report

In 2022, chronic asthma was more common for Ohio children compared to children overall in the United States. In Ohio, 6.8% of children had asthma compared to 6.2% of children in the United States (Figure 3). Among these children with asthma, there is a racial disparity in emergency department visits noted in figure 4, with nearly 5 times as many visits by black non-Hispanic children compared to white non-Hispanic children. (Ohio Department of Health, 2021-2022).

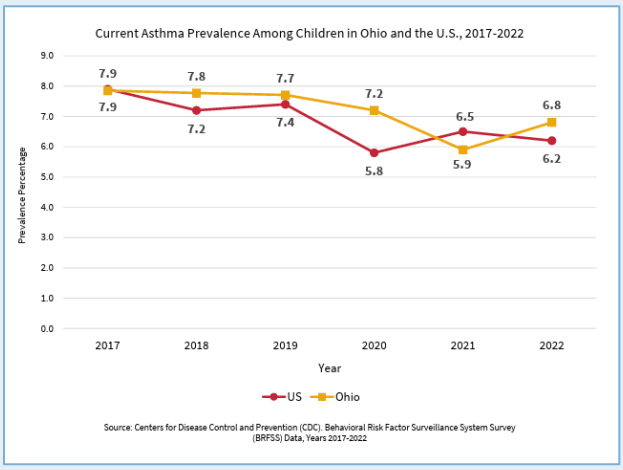

Figure 3: Asthma prevalence – Ohio vs. U.S.

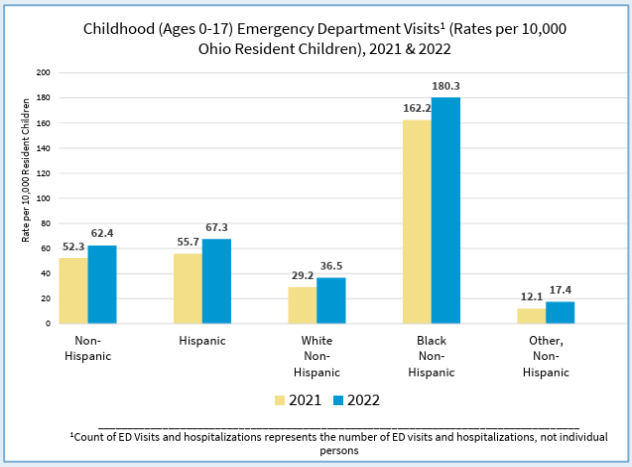

Figure 4: Asthma ED visits by race

about a single hair from your head. Source: (U.S. Environmental Protection Agency , 2025)

[6] The National Survey of Children’s Health (NSCH) identifies special health care needs based on the health consequences a child experiences due to an ongoing health condition, regardless of diagnosis. These are categorized as: 1) need or use of prescription medications, 2) need or use of services, 3) need or use of specialized therapies, 4) functional difficulties, and 5) emotional, developmental, or behavioral problems for which treatment or counseling is needed. This approach allows the NSCH to identify Children and Youth with Special Health Care Needs across the range and diversity of health care conditions, disabilities, and special needs.

primary data

This section presents the results of the project team's primary data collection activities including survey demographics, overall results, and subgroup analysis key findings. Subgroup analysis was conducted by race/ethnicity of respondent, insurance type, and language the survey was completed in. Additionally, key informant interviews were conducted with local public health departments to determine existing community health priorities, strategies, and gaps that offer collaboration opportunities. As Figure 5 shows, the primary data collection efforts included 36 community events and 46 partners who distributed the survey via paper, QR code, flyer, or email list. These efforts led to a total of 1,513 surveys being collected.

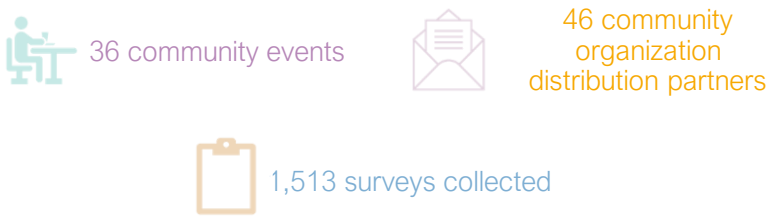

Figure 5: Methods of data collection

community survey

This survey had initial qualifying questions to verify the respondent was a parent or guardian of a child(ren) under the age of 22. Various demographics were collected and are outlined in Table 7 below. Respondents could identify multiple age groups of children they had, with the majority (47%) reporting a toddler (age 1-3 years) at home. Other majority respondent demographics include mothers (86%), individuals identifying as Caucasian or White (60%) or Black or African American (22%), residents of Montgomery County (59%), and English speakers (92.5%).

	n = 1513	%
Age Group of Children*		
Infant (less than 1 year)	285	19%
Toddler (1-3 years)	709	47%
Young Child (4-5 years)	543	36%
Child (6-12 years)	680	45%
Adolescent (13-17 years)	275	18%
Adult (18+ years)	86	6%
Relationship to Child*		
Mother	1302	86%
Father	147	10%
Aunt	11	1%
Grandparent	39	3%
Cousin	5	0%
Uncle	3	0%
Other	12	1%

Respondent Race and Ethnicity		
Caucasian or White	911	60%
Black or African American	337	22%
Hispanic or Latino/a/x	107	7%
Prefer not to respond	59	4%
Multiracial	49	3%
Asian or Asian American	29	2%
All other races and ethnicities	21	1%
County		
Montgomery	900	59%
Greene	224	15%
Miami	81	5%
Clark	59	4%
Warren	50	3%
Darke	37	2%
Preble	16	1%
Auglaize	15	1%
Mercer	15	1%
All other counties	116	8%
ZIP Codes in area of interest*		
45417	92	6%
45406	67	4%
45403	67	4%
45405	61	4%
45404	57	4%
45410	33	2%
Montgomery Co. (other ZIP codes)	538	36%
Language survey was completed in		
English	1,400	92.5%
Spanish	86	5.7%
Haitian Creole	14	0.9%
Other Languages	13	0.9%

Table 7: Demographics of community survey respondents

overall survey results

Survey questions asked respondents about the perceived biggest health concerns for children in their community, social needs identified within their families over the last 12 months, and barriers to accessing both medical and mental health care for their children. The following figures report findings from these questions.

area of highest concern

In the past several years, and especially since the 2020 COVID-19 pandemic, mental health has been a top concern. Risk of suicide was included within the response option for mental health as noted in Figure 6. Bullying was the second most reported concern, followed by development (language/speaking, motor skills, and reading). This is understandable given both the current mental health burden facing children and youth and the fact that most respondents had toddlers, making early development a key focus, particularly since the first five years of life are critical to development.

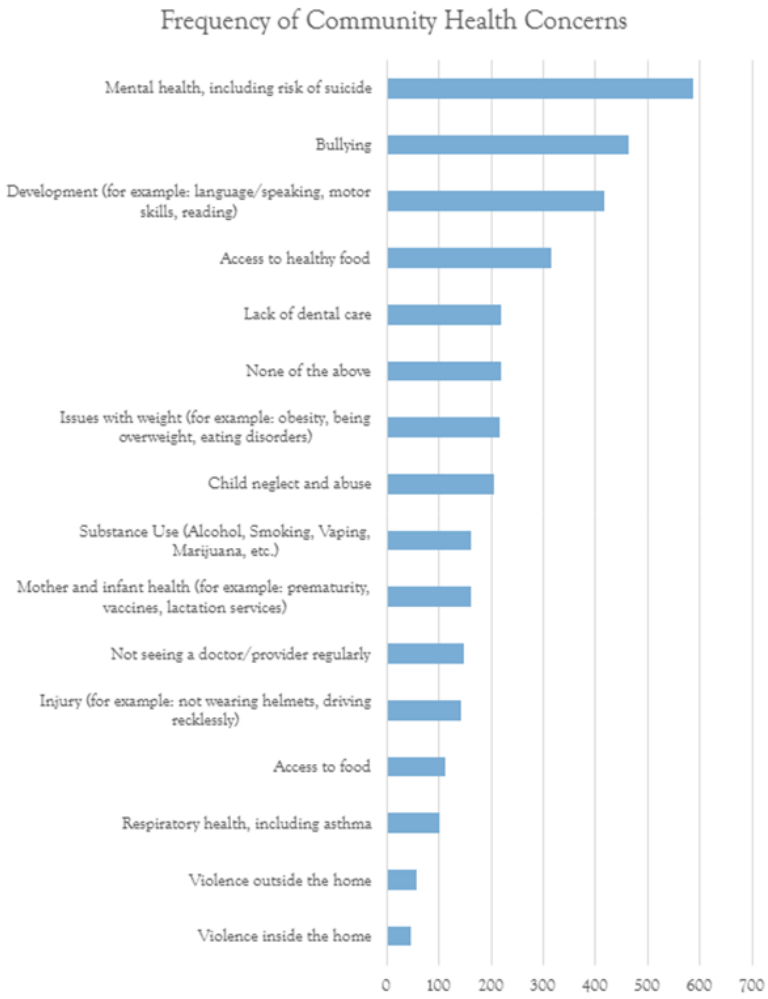

Figure 6: Frequency of Community Health Concerns

Figure 7: Team members using sandwich boards at local trunk or treat

sandwich board community surveying

Several counties had lower representation in surveying, and it was particularly important for the project team to gain a better understanding regarding barriers to accessing care. A single question was posed (*"what has prevented you from taking your child to the doctor?*) to community members at trunk or treat events in Clark, Miami, Greene and Montgomery Counties (Figure 7). Of the 343 respondents to this survey, 23% identified worry about costs, and an equal number indicated "other". Through anecdotal conversation, "other" often meant none of the above response options, or they did not have any perceived barriers to accessing care.

experienced barriers to obtaining medical and mental health care

When asked about barriers to obtaining care for their children (Table 8), the majority of respondents reported that they did not experience any of the barriers listed. For respondents that did experience barriers, 14% were the most concerned about costs associated with medical care, and another 14% expressed concern regarding appointment availability. Surprisingly when asked about mental health care, these percentages were much lower at 8% (costs) and 7% (appointment availability). This survey was provided by a children's hospital which could potentially skew responses due to people being unwilling to indicate access barriers or may be more likely to be in a group not impacted by the barriers because they are already engaging with Dayton Children's.

Barrier	Medical Care (#)	Medical Care (%)	Mental Health Care (#)	Mental Health Care (%)
None of the above	949	63%	1174	78%
I am worried about how much it will cost	213	14%	114	8%
Unable to schedule an appointment when needed	218	14%	102	7%
Not sure how to find a doctor	57	4%	80	5%
Unable to find a doctor who takes my insurance	104	7%	67	4%
Do not have reliable transportation	76	5%	40	3%
Not comfortable with available service provider(s)	60	4%	32	2%
Do not have insurance to cover medical care	61	4%	29	2%
Provider not aware how to serve children with special needs or disabilities	42	3%	27	2%
Unable to find a doctor who knows or understands my cultural and religious belief	36	2%	21	1%

Table 8: Barriers to care

family social needs

It is well documented that a person's health is determined more by factors outside of the healthcare system than inside it (American Hospital Association, 2018). In the healthcare setting we refer to these factors as social needs (including food, housing, transportation, and income). In alignment with Dayton Children's commitment to continue growing clinical screening for social needs we included a social needs question in the survey. Survey results identified that running out of food before being able to buy more, and paying mortgage or rent on time, were the top two challenges faced by families in the past 12 months (Figure 8). Other identified needs included being unable to pay for basics like food, medical care, and heating. This aligns with the economic constraints being seen across the country.

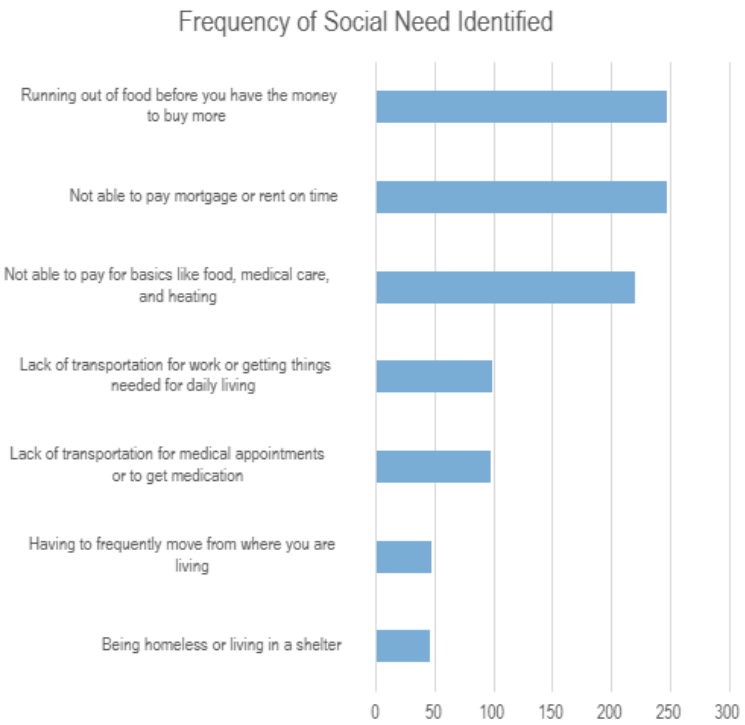

Figure 8: Frequency of social need identified

a closer look - marketing survey

In advance of launching a new website in 2025, Dayton Children's conducted research to better understand how caregivers and patients navigate care across chronic, specialty, acute and primary care settings. The study included 20 in-depth interviews and over 400 survey responses, with a focus on decision-making, system navigation and the use of digital tools such as MyChart, online scheduling and the hospital website. Findings revealed key challenges, including difficulty identifying the appropriate level of care, navigating multiple entry points for scheduling and inconsistent use of digital tools. These barriers highlighted gaps in the digital experience that could delay or prevent timely access to care.

Insights from this research directly informed the design and development of a new, patient-centered website aimed at improving access and reducing friction in the care journey. Enhancements included streamlined navigation, improved search functionality, clearer calls to action and optimized mobile and accessible experiences, as well as an enhanced "Find a Provider" tool and virtual assistant support. These improvements help families more quickly find essential information such as provider details, accepted insurance, scheduling availability and cost estimates.

With improved visibility of tools such as the symptom checker, real-time location hours and wait times, families are better equipped to choose the right level of care at the right time.

By aligning digital strategy with caregiver needs, Dayton Children's is improving access to care and supporting more informed decision-making, reflecting an ongoing commitment to reducing barriers, strengthening health equity and enhancing the patient experience across the region.

subgroup analyses: key findings

Mental health and suicide risk (41.4%) was the top reported health concern by English language surveyors followed by bullying (32.3%) (see Figure 10).

Respondents who completed the survey in Spanish, most often identified lack of dental care (31.4%) and difficulty seeing a doctor regularly (15.1%), as top health concerns. Developmental delays were the only concern reported across all language groups, ranking among the top health concerns for both English language respondents (28.4%) and Spanish language respondents (18.6%). Also reflected in health concerns by race/ethnicity (Figure 9) was the concern regarding lack of dental care (14%) for the Hispanic or Latin a/x/o respondents, while the Asian American respondents were the only group to report mother and infant health (12%) as a top concern.

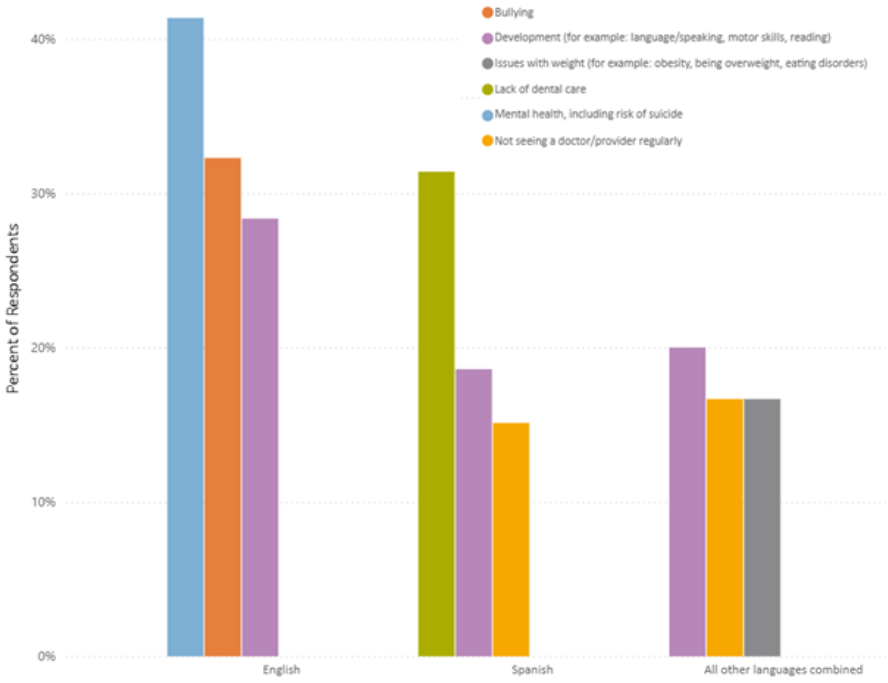

Figure 10: Health concern by language

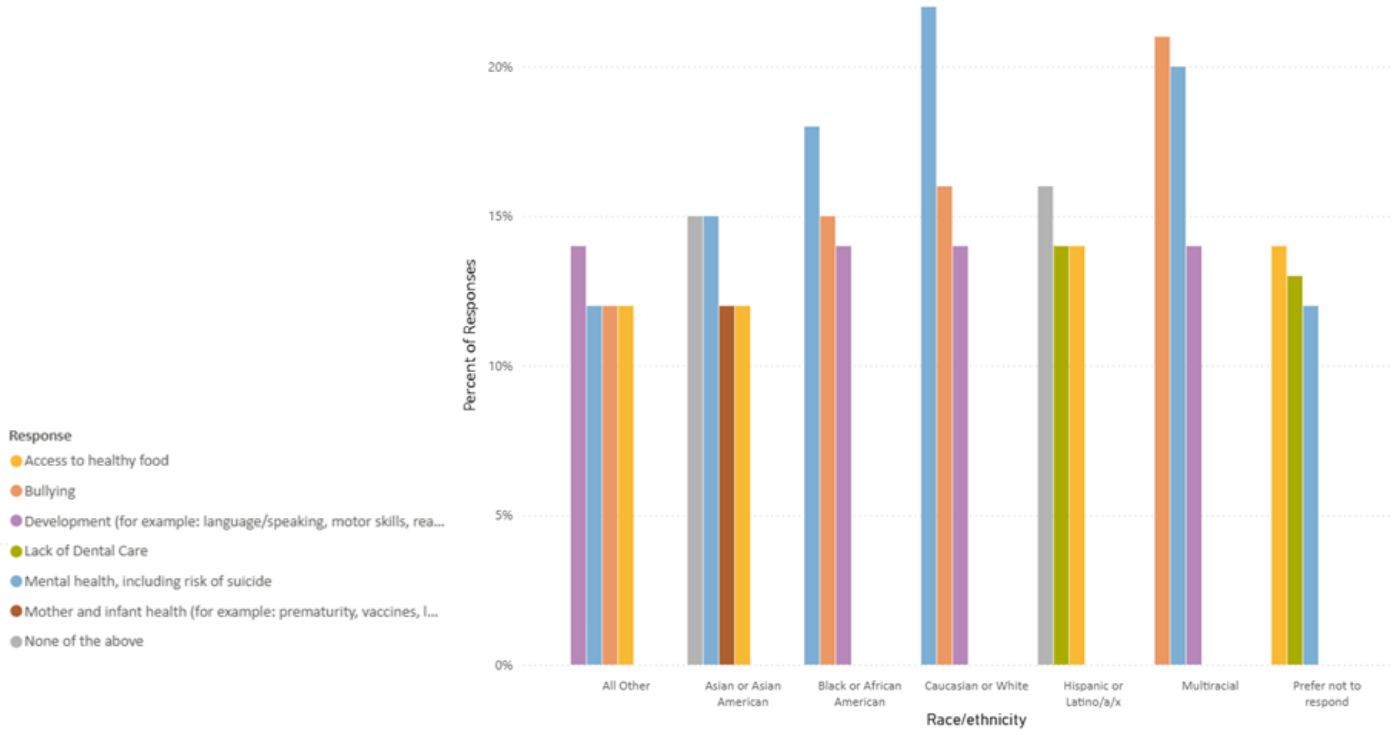

Figure 9: Health concerns by race/ethnicity

a closer look – language

More than 1 in 5 Americans aged 5 and older speaks a language other than English at home (U.S. Census Bureau, 2022) and approximately 29.6 million of those individuals are considered to have Limited English Proficiency which means they do not speak English as a primary language and have a limited ability to read, write, speak, or understand it (Ali, 2025).
In Ohio, 7.74% of households use a language other than English as their primary shared language. In Montgomery County, approximately 7.3% of residents aged 5 and older speak a non-English language at home, based on 2020–2024 U.S. Census Bureau data. Languages with increasing representation include Spanish, Haitian Creole, Kinyarwanda, Swahili, and others across the county.

In 2024, Clark County's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) reported that nearly 23 percent of its recipients spoke Haitian Creole, showing that families, especially those with children, are much more likely to be non-English speaking (Clark County Combined Health District, 2025). Including these voices in the CHNA was a strategic necessity to ensure that the unique health needs of these growing underrepresented communities were not overlooked.

Language is not a mere communication tool; it plays a critical role in shaping health experiences and outcomes, but it is often oversimplified in data collection and health research. Language is frequently treated as a binary variable—English versus non-English. While this approach may simplify analysis, it can obscure important nuances that lead to incomplete conclusions and overlook the complexity of how people use language in healthcare settings, and risks masking meaningful disparities (Quadri, 2023).

A core objective of the 2026 CHNA was to ensure that the diverse families within the Dayton Children's service area were represented and that their specific health-related needs were accurately captured. Recognizing that English-only surveys often exclude the various populations facing the greatest disparities, the assessment was translated into the top five non-English languages seen at Dayton Children's: Spanish, Haitian Creole, Russian, Swahili, and Kinyarwanda. While the majority of surveys were completed in English, nearly 7.5% were completed in languages other than English.

summary of overall survey results

The project team conducted a comprehensive primary data collection effort to better understand child and family health needs across the Dayton Children's service area. This effort included 1,513 community surveys collected through 36 community events and 46 distribution partners, supplemented by targeted outreach and interviews with public health departments across five counties. Survey respondents were primarily mothers of young children, with most living in Montgomery County and completing the survey in English, though intentional translation efforts helped capture perspectives from Spanish, Haitian Creole, and other non-English–speaking families. Subgroup analysis examined differences by race/ethnicity, insurance type, and language to highlight disparities and priority areas.

Overall findings indicate that mental health and suicide risk are the most frequently cited concerns for children, followed by bullying and development. Families also reported significant social needs, particularly food insecurity and difficulty paying for housing and basic necessities, reinforcing the impact of social drivers on child health. While most respondents did not report barriers to accessing care, cost and appointment availability emerged as the most common challenges when barriers did exist.

public health interviews

To better understand the existing priorities and child focused community work of public health partners, we conducted rapid qualitative interviews with public health departments in the five-county area of this assessment (Clark, Greene, Miami, Montgomery and Warren Counties). An interview guide with four sections and a total of twelve questions was utilized to conduct these interviews. Each question also included one or more probing questions to ensure that data collected was reflective of the intent of the question. Table 9 below organizes a summary of findings based on the four sections of the survey.

Section 1: Understanding County Health Priorities - Alignment	Section 2: Strategies to Address Child Health Needs	Section 3: Available Data and Gaps	Section 4: Collaboration and Aspirations
• All counties had strategies that align with Dayton Children's priorities; specifically mental health (noting increasing suicide rates) and maternal/infant health • Counties would like more focus on transportation needs, declining vaccination rates, obesity (nutritional health & food insecurity), and dental care access • Other issues counties would like to address are healthcare equity, increasing diversity in different areas, overall healthcare/substance abuse literacy, and economic stability	• Large (almost universal) emphasis on youth mental health and infant mortality • "Prevention" (e.g., educational programs and seminars) was often cited as an early management strategy • Mobile dental health programs • Regular programming varies massively between counties (differing budgets and levels of community engagement and school participation); all feature informational seminars and some kind of school involvement	• Most departments use surveys from area schools and government data (state and national) provided by Ohio Department of Health and Centers for Disease Control and Prevention (CDC) to determine issues; committees then decide which issues can be reasonably addressed in each community (most have limited funding) • The CHNA itself is not stated to have a massive impact on department policy, but it is said to complement other sources of information for program planning and focus points • Counties expressed their wishes for more real-time local youth data, acknowledging that many of their sources are dated • Some counties did their own youth surveys	• In general counties had some collaboration partners, but they all mentioned they were always willing to collaborate with more groups and organizations to improve community needs • Counties addressed specific preventative collaborations with Dayton Children's (epic information access, car seats, dental access, lead clinic), as well as chronic diseases, mental health, food insecurity, maternal/child health, and injury prevention • Counties noted aspirations for faster diagnosis for developmental issues, bringing children out of poverty, and addressing the associated social drivers

Table 9: Summary of public health survey findings

summary of findings

The combination of utilizing secondary and primary data (including various data sources, community surveying, public health interviews, and sandwich board focused surveying), allowed key themes to rise to the top. Main takeaways from:

Secondary data:

- Safety, mental health, and injury prevention remain critical priorities
- Infant mortality and maternal health disparities persist, particularly in Clark and Montgomery counties
- Access gaps exist in dental care, mental health services, and early childhood education
- Social drivers (including poverty, food insecurity, and childcare affordability) strongly shape child health outcomes

Primary data:

- *Health concerns*
  - Majority: mental health including risk of suicide, bullying, and development
  - Subgroups: lack of dental care, mother and infant health, and access to healthy food
- *Social needs*
  - Running out of food before having money to buy more
  - Paying mortgage or rent on time
- *Barriers to care*
  - Inability to schedule appointments when needed
  - Cost of care

To address these complex concerns, needs, and barriers, it will be critical for implementation planning to outline existing resources, plans, and partners who are already engaged in this work. And then follow through with priorities and strategies that address the gaps in the work but build on existing knowledge.

evaluation of impact

An impact evaluation considers the feedback from the last community health needs assessment conducted in 2023 and the subsequent interventions executed in the health improvement strategy plan. Dayton Children's publishes an implementation strategy update every year, and the three-year highlights are included in the evaluation of impact. Please see appendix a: 2023-2026 CHNA/ evaluation of impact. This information was utilized for the prioritization process.

identifying and prioritizing significant health needs

Priorities identified from this assessment that will be included in the subsequent implementation strategy plan, built upon results obtained from the evaluation of impact. Additionally, community members were engaged through the online survey and in-person data collection to prioritize issues while further investigating barriers to optimal health for children.

Then an internal team of Dayton Children's leaders further refined the priorities to ensure alignment with hospital strategy and investment. Dayton Children's is focused on the following priority health outcomes: Healthy Moms and Babies, Healthy Children, Mental Health and Community Conditions.

resources to address needs

The needs and priorities identified through the planning process resulted in a comprehensive 2026 Dayton Children's Implementation Strategy Plan. Numerous resources were identified to address the needs found in the report, which can be found in appendix c: resource inventory.

CHNA availability

The assessment and plan were widely distributed to the public through the hospital website, key constituent meetings, and a public media launch.

The 2026 Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found on the Dayton Children's website: https://childrensdayton.org/community/community-health/community-health-needs-assessment/.

adoption by board

The Dayton Children's Board of Trustees adopted the 2026 Community Health Needs Assessment on May 19, 2026.

acknowledgements

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Written Comments

Individuals are encouraged to submit written comments, questions, or other feedback about the Dayton Children's community health needs assessment to SteveleyA@childrensdayton.org.

appendix

appendix a: 2023-2026 CHNA/HISP evaluation of impact

Priority Topic: Mental Health and Addiction		
Strategy	Anticipated Impact	Three-Year Impact
Continue the spread of the On Our Sleeves Movement throughout the Dayton Region	The On Our Sleeves Movement aims to reduce the stigma around children's mental health. Community-based mental health education is one prevention strategy that can improve rates of youth depression and mental health challenges.	The initiative delivered more than 100 community presentations promoting social-emotional learning and kindness-based prevention strategies. Key accomplishments included educator training, expanded Kindness Kit implementation, distribution of over 1,000 children's books, updated kindergarten resources informed by stakeholder feedback, and launch of the Classroom Champion Campaign, alongside strengthened partnerships to support sustainability.
Integrate behavioral health throughout primary care	Behavioral health integrated within primary care is a best practice and has shown improved mental health, increased adherence to treatment, improved quality of life, increased patient engagements, and increased patient satisfaction.	Early in the cycle, the program focused on Dayton Children's owned practices. Later in the cycle, the program began shifting to an expanded model that integrates Behavioral Health Clinicians into community practice settings while strengthening standardized training and onboarding improving consistency and scalability across services.
Spread comprehensive school-based "Student Resiliency Coordinator" program	School-based mental health programs have been shown to increase resiliency skills, improve mental health, improve behavior, and improve academic achievement. Programs offered through schools also improve access to care.	The School-Based Resiliency program provided prevention, screening, and early intervention supports across multiple school districts, serving students through School Resiliency Coordinators and school-based therapists. The program utilized evidence-based screening tools for trauma, substance use, suicide risk, and depression, with students receiving brief interventions or referrals as appropriate. Program scope and staffing shifted in response to funding transitions and partnerships.
Spread comprehensive approach to suicide care (Zero Suicide)	Zero Suicide is a best-practice, quality improvement approach based on the realization that suicidal individuals often fall through cracks in the fragmented health system and therefore an approach to suicide prevention requires a system-wide approach to improve outcomes and close gaps. This quality improvement approach focuses on safer suicide care for high-risk patients ages 10 through 18.	The ASQ suicide screening tool was steadily expanded across Dayton Children's ambulatory clinics. Implementation and compliance monitoring were supported through Power BI dashboards. Ongoing efforts are focused on resolving data reporting issues and adapting workflows in high-volume clinics to sustain and expand screening capacity.

Priority Topic: Chronic Disease		
Strategy	Anticipated Impact	Three-Year Impact
Implement healthy food initiatives to reduce impact of chronic disease	By providing nutrition and health education about food, healthy food consumption can be increased, and food insecurity can be decreased.	Class offerings in the Community Teaching Kitchen continue to grow and be responsive to community needs. Group medical nutrition therapy and general classes are now available online, with growing participation as community outreach and booking systems improve. Hundreds of cooking classes have been offered in the last three years.
Improve health disparities for children with asthma	Strategies such as health home environment assessments, community health workers, environmental remediation and programs focused on improving asthma management will improve outcomes for children with asthma from the most in-need communities by reducing exposure to allergens and reducing hospital utilization.	The Dayton Asthma Alliance advanced its strategy by establishing workgroups, engaging families and community partners, and using data-driven equity action planning to address asthma disparities. An Equity Action Lab narrowed focus to community-based initiatives to improve asthma medication adherence including stakeholder engagement with school nurses and identification of pilot opportunities to support stock inhalers in schools.

Priority Topic: Maternal and Infant Health		
Strategy	Anticipated Impact	Three-Year Impact
Increase the use of safe sleep practices	Through consistent education and modeling safe sleep within the hospital and community setting there will be a decrease in unsafe sleep deaths.	The initiative addressed safe sleep through a combination of direct resource provision and systems-level education. Patient assistance funds supported Pack ‘n Play distribution to families lacking safe sleep options, while the injury prevention team partnered with public health to relaunch of the Safe Sleep Ambassador program. Educational materials for clinical staff were revised to align with updated AAP recommendations, incorporating current data and conversation-based counseling techniques.
Increase human milk feeding breastfeeding and provide lactation support.	Increase breastfeeding duration for infants and children receiving care at regional primary care practices through increased availability of and targeted lactation support, partnership with pediatricians, and relentless efforts to reduce barriers to breastfeeding or providing breastmilk within our system and scope of influence.	The lactation team consistently supported more than 95% of eligible inpatient families on non-NICU units, helping address feeding challenges during hospital stays. Outpatient lactation services remained strong, averaging 71–73 clinic visits per month and 121–143 monthly visits across Dayton Children’s Pediatrics locations. In the NICU, outcomes remain high, with 90% human milk initiation and 82% of infants receiving full or partial human milk at discharge.

Implement the Partnering for Change Initiative	Health outcomes for mothers and infants will be improved through better collaboration between healthcare systems focused on quality improvement interventions across prenatal and perinatal periods.	Dayton Children's advanced the Partnering for Change initiative (now Roots to Rise Dayton: Nurturing Moms & Babies) by strengthening cross-sector partnerships, aligning around a shared data framework, and centering community voice to address Black infant mortality. Key activities included large-scale partner convenings, establishment of guiding principles and drivers, initiation of learning collaborative planning, and submission of a major state grant to fund community- and faith-based maternal health supports.

Priority Factor: Community Conditions		
Strategy	Anticipated Impact	Three-Year Impact
Outreach and advocacy to maintain or increase enrollment in federal food assistance, housing and poverty reduction programs.	Improving access through outreach and advocacy to anti-poverty programs for children and families reduces disparities and helps to address the social drivers of health.	In partnership with our accountable care organization, Partners for Kids, Dayton Children's helped to connect hundreds of families to Social Security and other financial support programs. In addition, the hospital helped to prepare taxes for families through the Volunteer Income Tax Assistance (VITA) program.
Strategy DCCC2: Launch collective impact initiative to address health and educational needs of children birth to five	Birth to five are critical years for the long-term success of children. There are many systems and partners who serve families with this age group. Through better alignment, our community can improve outcomes for children through the first five years of life.	In partnership with Preschool Promise and other local collaborators, the Be Ready by 5 initiative launched connecting families to resources in Montgomery County that help prepare children for success in Kindergarten and beyond. As part of the launch, an online platform was developed to help families identify what birth to 5 resources they were eligible for and in some cases directly apply for those programs easing paperwork and burden for families. In addition, the Montgomery County Imagination Library, led by Dayton Children's, continues to serve over 20,000 children each month through free book distribution.
Continue development and execution of programs to address food insecurity	Healthy food initiatives including food pantries and the Dayton Children's "Food Pharm" combine hunger relief efforts with healthy eating opportunities and nutrition information for families. These programs can reduce food insecurity.	Food insecurity continued to increase, resulting in sustained high utilization of food pantry and food pharm services. Investments such as a new freezer expanded access to fresh and frozen foods, while pantry demand surged following a federal government shutdown that reduced SNAP benefits in November 2025.

Priority Factor: Access to Care		
Strategy	Anticipated Impact	Three-Year Impact
Promote connections to primary/ preventive care	Ensuring children have access to comprehensive and coordinated primary/preventive care can increase the likelihood of children obtaining preventive screenings, completing vaccinations, and obtaining quality outcomes.	Efforts during this period focused on expanding access to primary and preventive care through provider recruitment, geographic expansion, and community partnerships designed to reduce avoidable emergency department use, strengthen care navigation and improve access to well-child care. Through our work with the Outcomes Acceleration for Kids (OAK) work, our region saw improvement in well-child visit compliance for Medicaid patients.
Further integrate community health workers (CHWs) into clinical services	The use of community health workers has the expected benefits of increased patient knowledge, improved access to care, an increase in healthy behaviors, and improvement in preventive	This period focused on strengthening the CHW program's capacity, referral pathways, and ability to connect high-risk families to care. CHWs expanded proactive engagement by responding to eligible asthma and pregnancy patients in the Emergency Department and piloting inpatient outreach for asthma admissions, improving education, care navigation, and access to ongoing support. Community partnerships and referral mechanisms were broadened and investments in Epic strengthened accountability and positioning the program to demonstrate impact.

Place-Based Strategies - Geographic Region: West Dayton		
Strategy	Anticipated Impact	Three-Year Impact
Integrate Hope Center Primary Care Practice/Dayton Children's Pediatrics into Promize Zone initiative.	Leveraging the programs and resources housed in Dayton Children's Pediatrics Northwest and throughout Dayton Children's, support the goals of the Promize Zone initiative which aims to support a cradle-to-career continuum of services centered on creating measurable improved outcomes in education, economic stability, health and well-being and community growth.	Dayton Children's Pediatrics focused on improving access for children in the Promise Zone and saw a significant reduction in wait-time for appointments as a result. In addition, the hospital continues to support the 2Gen collaborative work in Northwest Dayton and funded several community benefit grants in the West and Northwest Dayton communities addressing education, economic stability and overall community well-being.
Define and implement targeted interventions in 45417 to reduce health disparities and improve access to pediatric primary care.	Improved access to preventative and primary health care can impact long-term health outcomes for children in this neighborhood.	After extensive work gaining community input, the hospital invested in a $8.4 million urgent care in 45417 to directly address the needs identified by the community. This urgent care will improve access to behavioral health and social need support for the community. The urgent care opened in May 2026.

Improve access to built-environment amenities for children.	Improved access to parks, sidewalks and other recreational amenities can improve health and wellness outcomes for children.	Dayton Children's continued to engage with nearly 20 partners to work on active transportation strategies in West and Northwest Dayton. Progress includes new infrastructure funding to connect community assets near Louise Troy School, a Bike Friendly Community designation for Dayton, continued engagement through educational programs, and new helmet distribution partnerships to support youth biking in the Carillon neighborhood.

Place-Based Strategies - Geographic Region: Old North Dayton		
Strategy	Anticipated Impact	Three-Year Impact
Implement Kinship Housing Project in Greater Old North Dayton.	The purpose of the Kinship Care Housing Project is to provide safe and affordable housing to kinship caregivers so they can best care for children in their care. By providing appropriate housing to kinship caregivers, significant health disparities can be addressed while keeping children in stable home environments and giving them the opportunity to thrive.	The $13 million Kinship Housing Project progressed from construction to occupancy during this period. The project officially opened on October 27, 2025, with construction of all housing completed by February 2026. Lease-up began and the first family moved in on February 2, 2026. Recruitment and lease-up efforts are ongoing until all 26 units are filled.
Build community network to support families in Old North Dayton.	Greater coordination of services and improved communication for families can decrease isolation and ensure families can connect to the assets in the neighborhood. Special attention will be paid to families who are new to the United States and often choose Old North Dayton as their home and families who are served by Kiser Neighborhood Schools Center.	The Greater Old North Dayton Healthy Way Collaborative is a community-led effort focused on food security, active living, and inclusive health communication. The group identified strong interest in partnering with the Montgomery County Food Equity Coalition to address food insecurity collaboratively. In addition, the hospital built a community resource guide for Old North Dayton which is accessible to all neighborhood members.

Place-Based Strategies - Geographic Region: East Dayton		
Strategy	Anticipated Impact	Three-Year Impact
Build community network to support families in East Dayton.	Greater coordination of services and improved communication for families can decrease isolation and ensure families can connect to the assets in the neighborhood. Special attention will be paid to families who are new to the United States, whose first language is not English and often choose East Dayton as their home.	This specific strategy was rolled into the work through the Ohio Health Improvement Zone (OHIZ) project as all of the same partners were involved.
Complete Ohio Health Improvement Zone (OHIZ) community assessment and asset map to identify community-driven health improvement initiatives.	Through the Ohio Health Improvement Zone (OHIZ) pilot project funded by the Ohio Department of Health, Dayton Children's will engage with community partners and residents who live in the Burkhardt/Springfield Neighborhood to assess their current health needs, highlight their community assets ad prioritize areas of focus for future collaborative work.	The Ohio Health Improvement Zone (OHIZ) project concluded with completion of asset mapping and post-survey collection. Planning for the Community Development Block Grant project is underway with partner programming in development and volunteer recruitment in progress. Tool development is advancing with three community partners and aligns with the Youth Strategic Plan and Dayton Children's mental health priorities.
Improve access to built-environment amenities for children and families.	Improved access to parks, sidewalks and other recreational amenities can improve health and wellness outcomes for children. Specific attention should be paid to neighborhood maintenance which was identified as a need of the community.	During the last three years, Dayton Children's supported active transportation efforts in East Dayton including Mike's Bike Park, ensuring children have access to helmets when attending the park, and partnering with Five Rivers Metroparks to install life jacket loaner station at Eastwood Lake.

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appendix c: resource inventory

The following is a listing of community resources guides for Clark, Greene, Miami, Montgomery and Warren Counties. As more guides become available electronically, it was ideal for us to link these resources as they are updated more routinely than this document.

How to scan a QR code: To scan a QR code, simply open your smartphone camera app, point it steadily at the code from a few inches away, and tap the pop-up link.

all counties	
description	scan QR code or click link
Dayton Children's Community Resource Hub	Click HERE
Local Help Now: Alcohol, Drug, Addiction and Mental Health Services (ADAMHS) Board Montgomery County	Click HERE

Clark	
description	scan QR code or click link
Health Resource Guide for Clark & Champaign Counties	Click HERE

Greene	
description	scan QR code or click link
Greene County Community Resource Guide – Greene County Public Health	Click HERE
Greene County Resource Guide – resources in and around Greene County, Ohio: Mental Health and Recovery Board, Greene County Drug-Free Coalition, Hope Spot and Greene County Public Health	Click HERE

Miami	
description	scan QR code or click link
Miami County Community Action Council & Miami Metropolitan Housing Authority	Click HERE
County Site	Click HERE

Montgomery	
description	scan QR code or click link
Montgomery County, OH	Click HERE
Montgomery County Human Services Planning & Development Department	Click HERE
Dayton Metro Library	Click HERE

Warren	
description	scan QR code or click link
Warren County Resource Guide: Warren County Educational Service Center & Family and Children First Council	Click HERE
Help in Warren County	Click HERE
Help Me Grow Community Resource Directory Early Intervention, Home Visiting and Family Supports Warren County	Click HERE