Implementation Strategy Plan 2026-2029

dayton children's

Contents

Introduction

The 2026–2029 Community Health Needs Assessment (CHNA) and Implementation Strategy Plan (ISP) are key tools for advancing Dayton Children's Hospital's mission and vision for the region's children. Guided by the hospital's mission—the relentless pursuit of optimal health for every child within our reach—this work extends beyond hospital walls to identify and address the factors that shape health outcomes. Our vision—reinventing the path to children's health for families throughout our region and beyond—reinforces the importance of community-based interventions that account for the social and environmental contexts influencing family health.

Since 2002, Dayton Children's has led comprehensive CHNAs to better understand and address the pediatric health needs of the Greater Dayton community. These assessments also meet federal requirements outlined in the Patient Protection and Affordable Care Act (H.R. 3590), which mandates that not-for-profit hospitals complete a CHNA every three years and adopt an implementation strategy that responds to identified needs.

The 2026–2029 CHNA integrates the most current secondary data available from national and local sources—including the Child Opportunity Index, Centers for Disease Control and Prevention, U.S. Census, and Healthy People 2030—reflected in county-level data whenever possible. Because consistent child-specific data are often limited, community insight plays a crucial role in identifying needs and shaping priorities. Public health partners, child-serving organizations, non-profit agencies and community members contributed throughout the process to ensure an assessment grounded in lived experience and actionable insights. The full 2026-2029 CHNA is available here: https://childrensdayton.org/community/community-health/community-health-needs-assessment/.

The CHNA directly informs the Dayton Children's ISP and is a key tool for aligning priorities and coordinating resources across health, human services, governmental, educational, and community organizations. Rather than duplicating existing efforts, the ISP provides child-focused strategies that complement broader regional planning. To develop the ISP, the Dayton Children's Center for Community Health evaluated previous priorities and collaborated with local health departments, hospital leaders, and community stakeholders to identify effective, community-level interventions that address prioritized health needs.

The 2026-2029 ISP addresses key health needs groups into four categories: Healthy Moms and Babies, Healthy Children, Mental Health and Community Conditions. This document offers the anticipated impact of addressing each health need, and then specific aims, actions, hospital resources and planned collaborations to improve children's health within the Dayton Children's service area.

The Dayton Children's 2026-2029 Improvement Strategy Plan was approved by Dayton Children's Hospital Board of Trustees on May 19, 2026.

Community Served by Dayton Children's

While Dayton Children's serves families across 20 Ohio counties and eastern Indiana, the CHNA and ISP focus on the hospital's primary service area—where 75% of patients reside. This includes zip codes within Montgomery, Miami, Greene, Clark, and Warren counties, representing a diverse mix of urban, suburban, and rural communities. The ISP outlines targeted strategies to improve pediatric health within these communities in close partnership with residents and community-based organizations.

Alignment with Regional Health Departments

To have the greatest impact on community level health outcomes, the 2026-2029 Dayton Children's Implementation Strategy Plan (ISP) priorities align with regional, state, and national priorities where possible.

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

County Health Department	Priority Alignment	Community Health Improvement Plan Navigation Guide
Clark County Combined Health District (CCCHD)	- Chronic Disease / food insecurity - Mental Health - Maternal and Infant Health (with a focus on black mothers)	CCCHD Homepage Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)> "Click here to view our CHIP" 2026-2028 CHIP
Greene County Public Health	- Mental Health - Maternal & Infant Health	Greene County Public Health Homepage Resources>Data and Statistics>Greene County Public Health Community Health Assessment & Community Health Improvement Plan> Community Health Improvement Plan
Miami County Public Health	- Chronic Disease - Mental Health	Miami County Public Health Homepage Info>Community Health Improvement> Community Health Improvement Plan 2025-2028
Public Health-Dayton & Montgomery County (PHDMC)	- Maternal & Infant Vitality - Chronic Disease Prevention including decreasing food insecurity. - Mental Health including access to care and increase in prevention services. Along with a focus on decreasing overdose deaths.	Public Health Homepage Menu>Data & Reports>Community Improvement Plan>View the 2023-2025-Community Health Improvement Plan Summary
Warren County Health District	Mental Health and Substance Abuse	Warren County Health District Homepage About>Community Health Assessment>Community Health Improvement Plan> WCHD-CommunityHealthImprovementPlan.pdf

Alignment with the Ohio State Health Improvement Plan (SHIP)

The 2025-2029 State Health Improvement Plan (SHIP) is currently under development. However, as part of the data collection and alignment processes for Dayton Children's Community Health Needs Assessment, the Center for Community Health reviewed the 2023 Ohio State Health Assessment (SHA), which is the most

recent survey conducted. The project team anticipates that the major health priorities identified in the 2025-2029 SHIP will not significantly shift from previous issues identified. Therefore, common themes that likely will emerge include:

- Mental Health and Addiction (includes depression, suicide, youth drug use, and drug overdose deaths)
- Chronic Disease (includes conditions such as heart disease, diabetes, and childhood conditions [asthma and lead])
- Maternal and Infant Health (including infant and maternal mortality and preterm births)

The SHA also takes a comprehensive approach to underlying causes of poor health including:

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

The Dayton Children's Improvement Strategy Plan (ISP) aligns with these categories. The state calls their categories "priority health outcomes and priority factors" and the Dayton Children's ISP will use the language "Significant Health Issue and Cross-Cutting Concern" to align with the IRS guidance. The table below outlines this alignment.

State Health Improvement Plan	Dayton Children's Implementation Strategy Plan
Priority Health Outcome: Mental Health and Addiction	Significant Health Issue: Mental Health
Priority Health Outcome: Chronic Disease	Significant Health Issue: Healthy Children (focus on asthma)
Priority Health Outcome: Maternal and Infant Health	Significant Health Issue: Healthy Moms and Babies
Priority Factor: Community Conditions	Cross-cutting Concern: Community Conditions
Priority Factor: Access	Access is addressed in all significant health issue categories

Previously, the Dayton Children's Implementation Strategy Plan (ISP) was required by the Ohio Department of Health to select at least 1 priority factor, 1 priority health outcome (topic), 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the SHIP. Dayton Children's ISP is aligned on two priority factors and all three priority health outcomes as outlined above. The full 2020-2022 Ohio SHIP is available here: https://odh.ohio.gov/about-us/sha-ship/state-health-improvement-plan.

Alignment with Healthy People 2030

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

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

Strategic Planning Model

Dayton Children's Community Health Needs Assessment (CHNA) planning team followed a structured, data driven process to develop the 2026-2029 Implementation Strategy Plan (ISP):

1. **Priority Selection:** The team analyzed quantitative and qualitative data—including findings from the CHNA, community input, and results from the previous plan—to identify areas where interventions could have the greatest impact on children's health across key geographies and populations.
2. **Review of Previous Strategies:** The project team met with strategy owners to assess the 2023–2026 priorities, determine progress, and identify next steps, including whether strategies should be continued, expanded, or sun-setted.
3. **Gap Analysis:** Using secondary data and community survey results, the team identified gaps between community needs and existing resources and outlined strategic actions to address those gaps.
4. **Best Practices Review:** Staff evaluated evidence based and promising practices, considering feasibility and alignment with community needs for inclusion in the 2026–2029 plan.
5. **Resource Assessment:** The team examined current programs, services, and partnerships addressing each priority area, assessing capacity, geographic coverage, and opportunities for collaboration.
6. **Plan Development:** Based on the analyses, the team developed recommended action steps, which included enhancing existing initiatives, launching new programs or services, strengthening infrastructure, integrating evidence-based practices, and assessing feasibility based on available resources and partnerships.

Health Disparities and Health Equity

Equity principles—particularly authentic community engagement and prioritizing actions that address structural inequities—informed the 2026–2029 Community Health Needs Assessment and strategic planning process. The resulting ISP includes targeted strategies to support populations disproportionately affected by poor health outcomes, especially those impacted by racial, economic, or geographic inequities.

Community engagement remains central throughout the execution of strategies, including the expansion of partnerships, intentional engagement activities, and efforts to influence policies, systems, and structural

conditions. Whenever possible, Dayton Children's ISP elevates strategies with the greatest potential to reduce disparities and advance equity across the region.

Important Priorities Not Addressed

It is important to note that Dayton Children's is not planning to directly address priorities that other community organizations are already addressing or where resources are not available. Environmental health was identified as a priority, and there are many local governmental agencies that are working to resolve some of the environmental challenges identified. Dental health was identified as a priority; however, workforce shortages are very significant related to this issue and at this time Dayton Children's does not have the resources to address them from a community-based perspective.

2026-2029 Significant Health Needs

The Dayton Children's Implementation Plan Strategy (ISP) focuses on the following Significant Health Needs:

- Healthy Moms and Babies
- Healthy Children
- Mental Health
- Community Conditions

For each of these Significant Health Needs, the ISP includes the anticipated impact of addressing this health need and associated aims within each need, action steps, hospital resources to address the need, and planned collaborations with community partners.

Significant Health Need: Healthy Moms and Babies

Significant Health Need: Healthy Moms and Babies
Anticipated Impact: Our integrated efforts will reduce infant mortality by lowering rates of **preterm birth** and **low birthweight** through improved access to quality prenatal care, strengthened family support, and early, consistent safety and health education delivered in partnership with the community.

Specific Aims	Actions
Improve maternal and infant health outcomes	• Align healthcare and community partners through the Roots To Rise Dayton collective impact initiative. • Increase access to respectful, equitable, and empowering prenatal, postpartum, and infant care through connection and referral. • Prioritize lactation support for new mothers. • Deliver consistent education on safe sleep, poison prevention, and other early childhood safety practices.
Strengthen care access and family support through Community Health Workers	• Utilize Community Health Workers to help families navigate the healthcare system and connect to needed resources. • Address social drivers of health through outreach, referrals, and ongoing support. • Offer culturally responsive education on pregnancy, postpartum health, and newborn care. • Build strong, trust-based relationships between families, the hospital, and community partners.

Prevent childhood injuries and promote safety for infants and young children	• Provide free car seats to income eligible families through the Ohio Buckles Buckeyes program. • Offer car seat fitting and safety education to caregivers. • Train agencies and families in safe sleep, car seat safety, poison safety, and other prevention topics. • Embed child safety education across community and healthcare touchpoints.
Hospital Resources	Planned Collaborations
Data and Evaluation Support Key Personnel Philanthropy Program Funding	Cradle Cincinnati Help Me Grow Local Adult (Birthing) Hospitals Local High Schools Ohio Department of Health The Perinatal Consortium Public Health Dayton and Montgomery County Federally Qualified Health Centers (FQHCs) Queens Village Dayton University of Dayton Fitz Center for Leadership in Community Women Infants and Children (WIC) Wright State University Boonshoft School of Medicine Department of OB/GYN Other community-based organizations serving pregnant women and families with infants.

Significant Health Issue: Healthy Children

Anticipated Impact: These coordinated school-based health, care management, safety, and early childhood readiness strategies will improve children's access to essential physical, behavioral, and developmental care, strengthen continuity of support across settings, and reduce preventable health and safety risks. By addressing whole-child needs—particularly for those facing the greatest barriers—these efforts are expected to **increase well-child visit rates, reduce emergency department use and school absences, enhance family stability, and ensure children enter school healthy, safe, and ready to learn.**

Specific Aims	Actions
Continue to explore opportunities to provide integrated primary care in alternative venues, e.g. home, schools, and community.	• Continue and potentially expand school-based health programs to provide onsite health services within schools to increase access to primary care and essential supports. This includes offering well visits, same day sick care, and integrated services such as mental health therapy. • Work in close partnership with school staff to coordinate referrals, support whole child needs, and ensure continuity of care. • Champion access to and promotion of well child visits through proactive outreach and appointment reminders • Partner with schools to host well-visit campaigns and after-hour clinics.
Strengthen care coordination and resource connection to reduce barriers to health	• Help families navigate medical, behavioral, and social services; close the loop on referrals. • Address barriers (transportation, insurance, language, technology) and connect to community resources. • Track care plans across settings and monitor follow through.
Prevent and control chronic conditions, starting with asthma	• Provide controller medications at school with nursing oversight; monitor adherence and symptoms. • Align asthma action plans between families, primary care physicians, and school nurses; reduce emergency department visits and absences. • Coordinate communitywide strategies (home trigger reduction, education, spacer access) through the Dayton Asthma Alliance • Share data and best practices across partners; target high burden schools/neighborhoods.

Reduce injuries and prevent fatalities among children and teens	• Coordinate community and regional coalitions focused on improving child and teen safety. • Distribute safety gear such as helmets, lifejackets, and booster seats to children and families. • Provide education on safe riding practices for biking, scootering, skateboarding, and other wheeled activities. • Implement a parent teen campaign using evidence-based tools to support safe driving habits. • Share resources such as graduated driving guidelines, safety contracts, and checklists for new drivers. • Continue research and advocacy on violence prevention to support the development of local programs.
Boost early childhood development, kindergarten readiness, and school attendance	• Enroll families in early literacy and school readiness support(s); distribute age-appropriate books. • Promote parent coaching on language, play, and developmental milestones. • Coordinate screenings (vision, hearing, developmental) and referrals before kindergarten. • Provide parent workshops and resource guides aligned with school expectations to improve kindergarten readiness. • Identify at-risk students; partner with care coordination and school teams to resolve root causes (health, transportation, housing instability). • Use data driven outreach and positive attendance campaigns.
Hospital Resources	Planned Collaborations
Data and Evaluation Support Key Personnel Philanthropy Program Funding	Be Ready by 5 Dolly Parton's Imagination Library of Ohio The Greater Dayton School Learn to Earn Managed Care Organizations Ohio American Academy of Pediatrics (AAP) Ohio Outcomes Acceleration for Kids (OAK) Partners For Kids Preschool Promise Primary Care Practices Xenia Community Schools Additional state, regional and/or local coalitions/partners

Significant Health Need: Mental Health

Significant Health Need: Mental Health

Anticipated Impact: By building a connected and equitable continuum of mental health support for youth and young adults—from prevention to crisis response—we strengthen community partnerships and align systems to better meet their needs. This work addresses the impacts of **bullying, suicide risk, depression, and other mental health concerns** by improving access to and utilization of services through coordinated, community-driven approaches.

Specific Aims	Actions
Expand access to youth and young adult mental health services in community settings	• Launch initiatives focused on filling service gaps and ensuring timely, age-appropriate care. • Build partnerships across multiple higher education and health systems to meet a critical gap for young adults through the college-age intensive outpatient program (IOP). • Implement Zero Suicide standardized screening to identify youth at risk earlier and connect them to care.
Strengthen crisis response and care coordination	• Continue efforts that improve crisis pathways, stabilize youth in the least restrictive setting, and ensure follow-up. • Increase use of Mobile Response and Stabilization Services (MRSS) through real-time crisis notifications. • Create automatic follow-up pathways for youth seen in adult emergency departments through MRSS and/or Ohio RISE. • Train, plan, and link group homes to appropriate crisis support(s).
Advance school-based mental health and prevention	• Develop initiatives that build resilience, improve early intervention, and strengthen school community partnerships. • Bring all school mental health partners together to align services and build coordinated models. • Offer direct support within schools to build coping skills, emotional regulation, and early identification (i.e. student resiliency coordinators) • Continue implementation of On Our Sleeves, a stigma reduction and mental health literacy outreach initiative that supports students, families, and school staff.
Hospital Resources	**Planned Collaborations**
Key Personnel Philanthropy Program Funding	ASCEND Group Homes Local Adult Hospitals Local School Districts Montgomery County ADAMHS Board Nationwide Children's Hospital On Our Sleeves Ohio Children's Hospital Association Zero Suicide Collaborative

	Planned Collaborations (continued)
	Ohio Outcomes Acceleration for Kids (OAK) Ohio RISE Partners For Kids Additional state, regional and/or local coalitions/partners

Cross-Cutting Concern: Community Conditions
Anticipated Impact: These initiatives collectively strengthen the core community conditions—food security, housing stability, access to benefits, and coordinated cradle-to-career supports—that children and families need to thrive. Together, they are expected to **reduce poverty, improve health and educational outcomes, and decrease disparities** for families across the region. Ultimately, this work supports long-term economic mobility and healthier, more stable communities for future generations.

Specific Aims	Actions
Improve access to anti-poverty programs and social supports	• Conduct proactive outreach and enrollment assistance for SNAP, Head Start, WIC, SSI, housing assistance, TANF, Medicaid, and other federal poverty-reduction programs. • Advocate at local, state, and federal levels to preserve or expand program eligibility and funding. • Build partnerships with community-based organizations to identify families who are eligible but not enrolled. • Embed benefits navigator in clinical settings (e.g., pediatric practices) to streamline enrollment.
Reduce food insecurity through healthy food access initiatives	• Expand and sustain healthy food distribution models, including food pantries and the “Food Pharm.” • Provide families with nutrition education, culturally relevant food options, and resources for preparing healthy meals. • Integrate food security screenings within clinical visits and connect families to immediate food support. • Collaborate with community food partners to increase the availability of fresh, affordable foods in high-need neighborhoods.

Support stable housing for Kinship families	• Implement the Kinship Care Housing Project to provide supportive housing options. • Offer wraparound services (e.g., legal support, case management, parenting resources) to kinship families. • Track and evaluate outcomes related to child stability, health indicators, and caregiver well-being
Promote Two-Generation (2Gen) anti-poverty strategies that support entire families	• Partner with community organizations implementing 2Gen models combining child development, education, workforce readiness, and economic mobility support(s). • Embed family-focused screening and referral pathways in clinical settings. • Advocate for policies that strengthen caregiver support(s)—childcare access, workforce training, transportation, and income support(s). • Evaluate whole-family outcomes, including caregiver stability and child well-being.
Hospital Resources	**Planned Collaborations**
Key Personnel Philanthropy Program Funding	• After School Programs • Building Bridges • City of Dayton • CityWide Development • The Dayton Foodbank • Expanded Food and Nutrition Education Program (EFNEP) • Greater Old North Dayton Neighborhood Association • Head Start • Learn to Earn • Medical Legal Partnership for Children • Miami Valley Child Development Centers • Mini University • Model Group • Omega Community Development Corporation • Partners for Kids • School Programs • Scouting Programs • Volunteer Income Tax Assistance (VITA) • Women Infants and Children (WIC) • Additional state, regional and/or local coalitions/partners

Progress and Measuring Outcomes

The implementation strategy plan (ISP) incorporates a structured continuous improvement and accountability process. Progress toward meeting local priorities will be monitored by an internal team that convenes quarterly to review updates, assess performance against defined measurable indicators, and evaluate progress on each strategy. Annually, the committee will review action steps, assigned responsibilities, and timelines, making revisions as needed to remain responsive to emerging community needs. While the aims

and strategies will remain the focus over the next three years, specific activities and tactics may be adjusted to meet community needs and resource allocation. A summary of progress on the Implementation Strategy Plan will be published each year at: https://childrensdayton.org/community/community-health/community-health-needs-assessment/.

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Written Comments

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

above and beyond

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