community health needs assessment

2017

implementation plan

dayton children's

above and beyond

Table of Contents

Executive Summary

In 2002, Dayton Children's began conducting community health needs assessments (CHNA) for measuring and addressing the pediatric health status of the Greater Dayton community. The most recent Dayton Children's CHNA was cross-sectional in nature and included a written survey of children within the Greater Dayton Area (92 zip codes in Montgomery, Miami, Greene, Clark, and Warren counties). The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their National Survey of Children's Health (NSCH). This has allowed Dayton Children's to compare the data collected in their CHNA to national, state and local health trends.

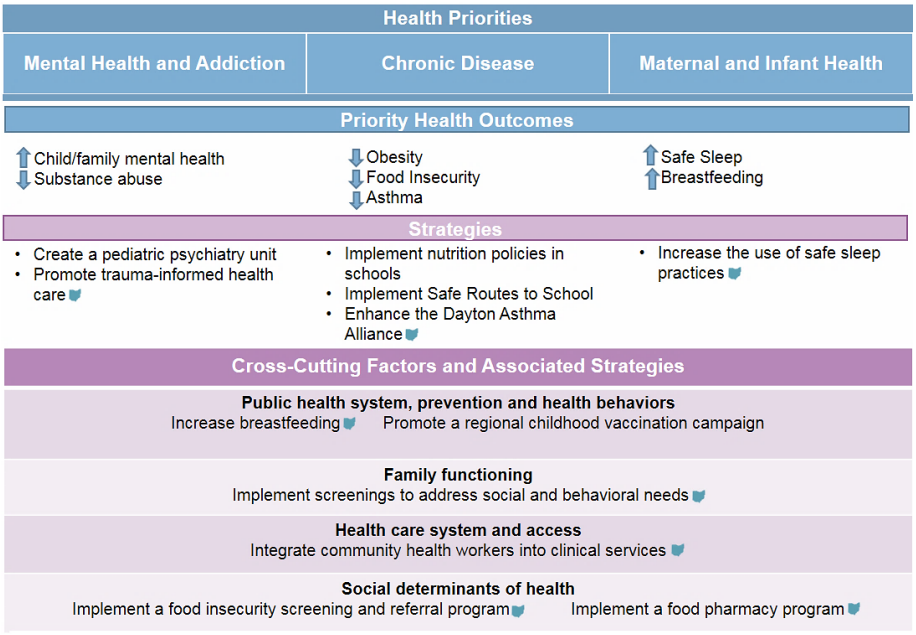
Dayton Children's CHNA also fulfills nationally mandated requirements for hospitals. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a CHNA at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

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

The Dayton Children's CHNA has been utilized as a vital tool for creating the Dayton Children's Implementation Plan (IP). This plan is used by health, human services, governmental, educational, and other community agencies, in collaboration with Dayton Children's, to set priorities, coordinate and target resources. An IP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely manner. The purpose of the Dayton Children's CHNA and IP is not to duplicate, rather offer child population data to compliment data and planning needs.

Dayton Children's contracted with the Hospital Council of Northwest Ohio, a neutral non-profit regional hospital association, to facilitate the process. Dayton Children's then invited key community leaders to participate in an organized process of strategic planning to improve the health of children of the Greater Dayton Area. The following priorities were selected:

Figure 1.1: 2017-2020 Dayton Children's Implementation Plan Priorities



Partners

The 2017-2020 Implementation Plan was drafted by agencies and service providers within the Greater Dayton Area. During May 2017, the committee reviewed many sources of information concerning the health and social challenges Greater Dayton Area children and families may face. The committee determined priority issues which represented gaps in current programming and policies and examined best practices and solutions to address these gaps which, if addressed, could improve future outcomes. The committee has recommended specific actions for Dayton Children's and community partners to address in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

Dayton Children's Assessment Planning Committee

Clark County Combined Health District
Jessica Hamilton

Dayton Children's
Jessica Saunders, Jonathan Thackeray, MD

ECHO (Empowering Children with Hope and Opportunity) at the University of Dayton
Rhonda Mercs

Greene County Public Health
Ashley Steveley, Sheryl Wynn

Healthy Communities Consulting, LLC
Jim Gross

Miami County Public Health
Janel Hodges

Miami Valley Regional Planning Commission
Matt Lindsay

Montgomery County Job and Family Services, Children Service Division
Rosie Owens, Rosemary Carr

Public Health—Dayton & Montgomery County
Kyle Wallace

Sinclair Community College, Division Health Sciences
Rena Shuchat

University of Dayton, Fitz Center for Leadership in Community
Montgomery County Family and Children First Council
Bob Stoughton

Warren County Health District
Dustin Ratliff

Wright State University Department of Population & Public Health Sciences
Marietta Orlowski, PhD, Sylvia Ellison

The community health improvement process was facilitated by Britney Ward, Director of Community Health Improvement and Emily Golias, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

Vision and Mission

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

The Vision of Dayton Children's

To be the 1st Choice for children's health.

The Mission of Dayton Children's

To improve the health status of all children through service, education, research and advocacy.

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

Alignment with Regional, State, and National Standards

The 2017-2020 Dayton Children's Implementation Plan priorities align perfectly with regional, state and national priorities. Dayton Children's will be addressing the following priorities to reach the child population in the Greater Dayton Area (Montgomery, Clark, Greene, Miami, and Warren Counties): mental health and addiction, chronic disease and maternal and infant health.

2016 Montgomery County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with all three priorities indicated in the Montgomery County CHIP: birth outcomes, chronic disease prevention, and behavioral health. To view, please visit: **www.phdmc.org/report/community-health-improvement-plan#chip-documents**

Montgomery County Joint Strategic Planning Process

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

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

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

Greene County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with three priorities indicated in the Greene County CHIP: infant mortality, substance abuse, and nutrition and physical activity. To view, please visit:
http://www.gcph.info/files/resources/Greene_County_Community_Health_Improvement_Plan.pdf

2013-2017 Miami County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with one priority indicated in the Miami County CHIP: nutrition promotion. To view, please visit: **https://www.miamicountyhealth.net/**

2016 Warren County Community Health Improvement Plan (CHIP)

The Dayton Children's Implementation Plan aligns with all three priorities indicated in the Warren County CHIP: behavioral health and prevention and wellness. To view, please visit:
http://www.wcchd.com/documents/warrencounty-chip2016.pdf

Ohio State Health Improvement Plan (SHIP)

***Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP. Throughout the report, hyperlinks will be highlighted in* bold, gold text.**

The 2017-2019 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- **Self-reported health status** (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental Health and Addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.

The Dayton Children's IP was required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP.

The following Dayton Children's IP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2: 2017-2020 Dayton Children's IP Alignment with the 2017-2019 SHIP

Priority Topics	*Priority Outcomes*	*Cross-Cutting Factors*	*Cross-Cutting Outcomes*
Mental and addiction	• Decrease depression • Decrease drug dependence/abuse	• Social determinants of health • Public health system, prevention and health behaviors • Healthcare system and access	• Increase breastfeeding • Reduce obesity • Improve coping skills • Provider availability-Community Health Workers • Reduce food insecurity
Chronic Disease	• Decrease asthma		
Maternal and Infant Health	• Decrease infant mortality		

To align with and support ***Mental health and addiction***, Dayton Children's will work to increase awareness of trauma informed care, and will work to create a psychiatry unit in Dayton Children's.

To align with and support ***Chronic disease***, Dayton Children's will work to implement tobacco-free policies, increase home visits, and implement, food insecurity screenings and food pharmacies as cross cutting strategies.

To align with and support ***Maternal and infant health***, Dayton Children's will work to increase the use of safe sleep practices and will increase breastfeeding as a cross cutting strategy.

U.S. Department of Health and Human Services National Prevention Strategies

The Dayton Children's Implementation Plan also aligns with five of the National Prevention Strategies for the U.S. population: healthy eating, active living, mental and emotional well-being, preventing drug abuse, and reproductive and sexual health.

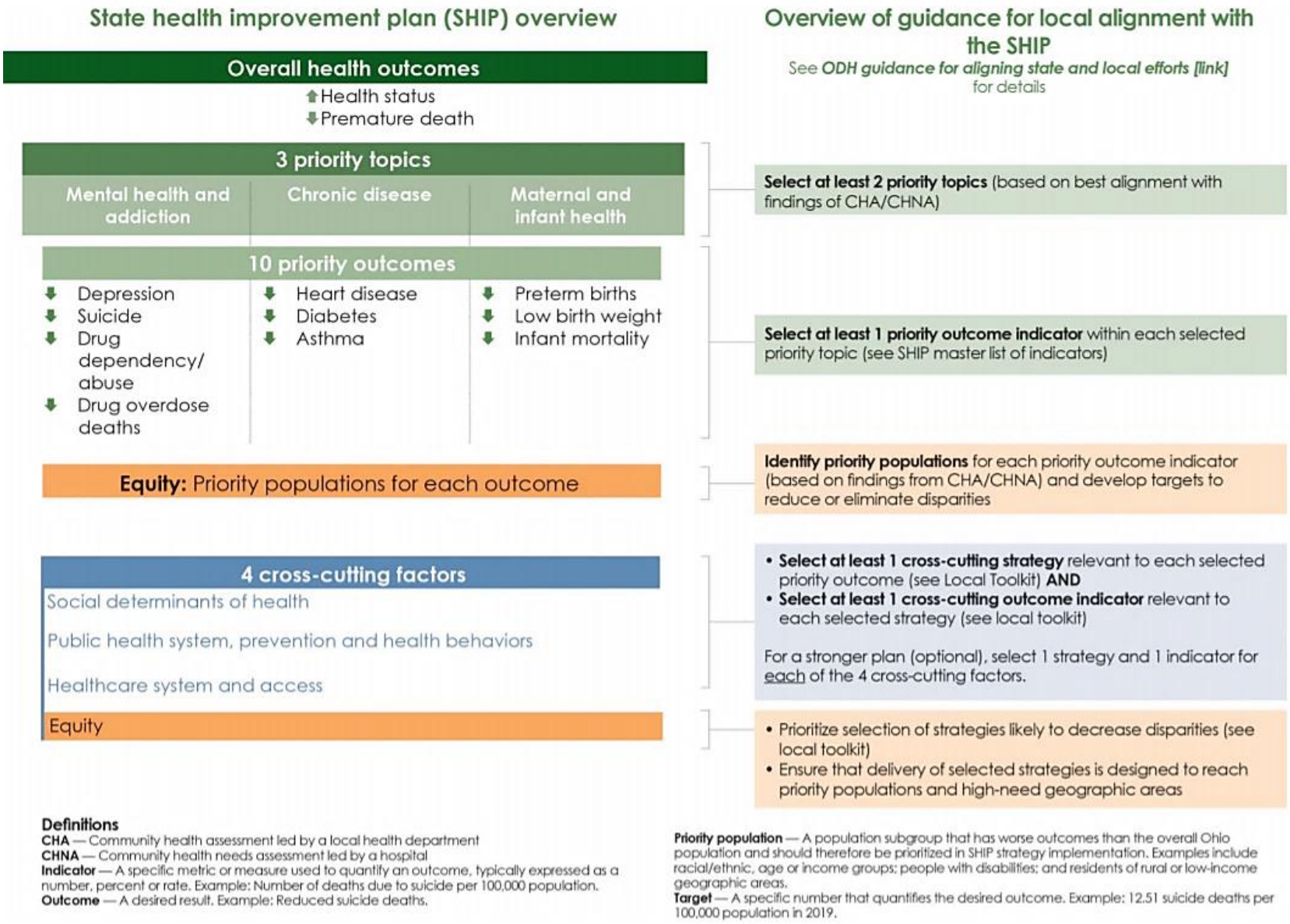
Healthy People 2020

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

- Maternal, Infant, and Child Health (MICH)-1: Reduce the rate of fetal and infant deaths
- Mental Health and Mental Disorders (MHMD)-1: Increase depression screening by primary care providers

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

Figure 1.3: 2017-2019 State Implementation Plan (SHIP) Overview



Strategic Planning Model

Beginning in May 2017, Dayton Children's Community Health Needs Assessment Planning Committee held a series of meetings and completed the following planning steps:

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

Recommended Action Steps

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

1. Execute plan to create a psychiatry unit in Dayton Children's
2. Promote trauma-informed health care

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

1. Implement nutrition policy in schools
2. Implement safe routes to school
3. Enhance the Dayton Asthma Alliance

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

1. Increase the use of safe sleep practices

To address most priority areas, the following **cross-cutting strategies** are recommended:

1. Increase breastfeeding
2. Promote a regional childhood vaccination campaign
3. Explore and implement screenings to address social and behavioral needs
4. Integrate community health workers into clinical services
5. Implement a food insecurity screening and referral program
6. Implement a food pharmacy program

Needs Assessment

The Dayton Children's Community Health Needs Assessment Planning Committee reviewed the 2017 Dayton Children's Community Health Needs Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. The full report can be found at **https://www.childrensdayton.org/**. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

Key Issue or Concern	**Percent of Population**	**Age Group Most at Risk** *(if applicable)*	**Gender or Income Level Most at Risk** *(if applicable)*
Mental Health (11 Votes)			
Child received mental health care or counseling in the past year	9%	Age: 6-11 (12%)	Income: <$25,000 (17%)
Mother described her mental or emotional health as fair or poor	15%	Age: 0-5 (19%)	N/A
Father described his mental or emotional health as fair or poor	11%	Age: 6-11 (19%)	N/A
Food Insecurity (8 Votes)			
Family experienced at least one type of food insecurity	13%	Age: 0-5 (19%)	Income: <$25,000 (60%)
Breastfeeding (7 votes)			
Child (age 0-5) was never breastfed	30%	N/A	N/A
Child (age 0-5) was breastfed less than 6 months	25%	N/A	N/A
Obesity (7 votes)			
Child was classified as obese by Body Mass Index (BMI)	36%	Age: 0-5 (51%)	Income: <$25,000 (61%)
Child was classified as overweight by Body Mass Index (BMI)	14%	Age: 6-11 (17%)	Income: >$25,000 (15%)
Access to Health Care (7 votes)			
Child went to the emergency room for primary care	5%	Age: 0-5 (7%)	Income: <$25,000 (18%)
Parent did not have one or more persons they thought of as their child's personal doctor or nurse	12%	Age: 6-11 (13%)	Income: <$25,000 (33%)
Parent was uninsured	18%	Age: 6-11 (18%)	Income: <$25,000 (19%)
Safe Sleep (5 votes)			
Child (age 0-5) slept in bed with parent or another person as an infant	41%	N/A	N/A
Asthma (5 votes)			
Child was diagnosed with asthma	9%	Age: 6-11 (10%)	Income: <$25,000 (21%)

Key Issue or Concern	Percent of Population	Age Group Most at Risk *(if applicable)*	Gender or Income Level Most at Risk *(if applicable)*
Bullying (4 Votes)			
Child (age 6-11) was bullied in the past year	43%	N/A	N/A
Family Functioning (4 votes)			
Child (age 0-5) was read to every day	35%	N/A	N/A
Family did not eat a meal together every day of the week	60%	Age: 6-11 (65%)	Income: >$25,000 (61%)
Immunizations (4 votes)			
Child did not receive the flu vaccine in the past year	44%	Age: 6-11 (49%)	Income: <$25,000 (52%)
Child is not up to date with all recommended vaccinations	10%	Age: 6-11 (14%)	Income: >$25,000 (11%)
Birth Outcomes (2 votes)			
Child was born premature (3 or more weeks before due date)	11%	N/A	Income: <$25,000 (12%)
Mother had prenatal care within first three months of pregnancy	88%	Age: 0-5 (89%)	N/A
Tobacco Use (2 votes)			
Mother smoked cigarettes or used other tobacco products during pregnancy	9%	N/A	N/A
Neurological Disorders (2 votes)			
Child was diagnosed with ADD/ADHD	8%	Age: 6-11 (10%)	Income: <$25,000 (9%)
Child was diagnosed with Autism	3%	N/A	N/A
Bone, Joint, or Muscle Problems (1 vote)			
Child was diagnosed with bone, joint or muscle problems	3%	Age: 0-5 (6%)	Income: <$25,000 (6%)

Priorities Selected

Based on the 2017 Dayton Children's Community Health Needs Assessment, key issues were identified for children and families. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	**Average Score**
Mental Health	23.8
Obesity	23.6
Access to Health Care	22.5
Food Insecurity	22.1
Immunizations	21.6
Family Functioning	21.2
Safe Sleep	20.1
Bullying	19.2
Breastfeeding	19.1
Asthma	18.4

Following the ranking, the committee analyzed the results, discussed options and selected the priorities.

Dayton Children's will focus on the following three priority area over the next 3 years:

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

Dayton Children's will also focus on the following cross-cutting strategies to address most, if not all, priority areas:

1. **Access to health care, including immunizations**
2. **Family Functioning**

Resource Assessment

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

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

Existing resources were incorporated into the IP where possible.

The resource assessment can be found at the following website:

https://www.childrensdayton.org/

Priority 1: Mental Health and Addiction

Mental Health and Addiction Indicators

Child Mental Health

One percent (1%) of Greater Dayton Area children were diagnosed with depression, increasing to 2% of the 0 to 5 year old population.

Greater Dayton Area parents reported their child experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (14%); lived with someone who had a problem with alcohol or drugs (7%); lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (5%); seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (3%); been the victim of violence or witness violence in their neighborhood (3%); lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (2%); lived with a parent/guardian who died (1%); and was treated or judged unfairly because his/her ethnic group (1%).

One-in-11 (9%) children experienced two or more adverse childhood experiences.

More than two-fifths (43%) of parents reported their child was bullied in the past year. The following types of bullying were reported: 28% were verbally bullied (teased, taunted or called harmful names); 12% were indirectly bullied (spread mean rumors about or kept out of a "group"); 4% were physically bullied (they were hit, kicked, punched or people took their belongings).

Over three-quarters (78%) of parents reported their child's health insurance covered mental health services.

Parent Mental Health

Eighty-three percent (83%) of parents rated their mental and emotional health as excellent or very good, decreasing to 47% of parents with incomes less than $25,000. Seventeen percent (17%) rated their mental and emotional health as fair or poor.

Nearly one-fifth (19%) of mothers and 11% of fathers of 0 to 5 year olds rated their mental and emotional health as fair or poor. Thirteen percent (13%) of mothers and 19% of fathers of 6 to11 year olds rated their mental or emotional health as fair or poor.

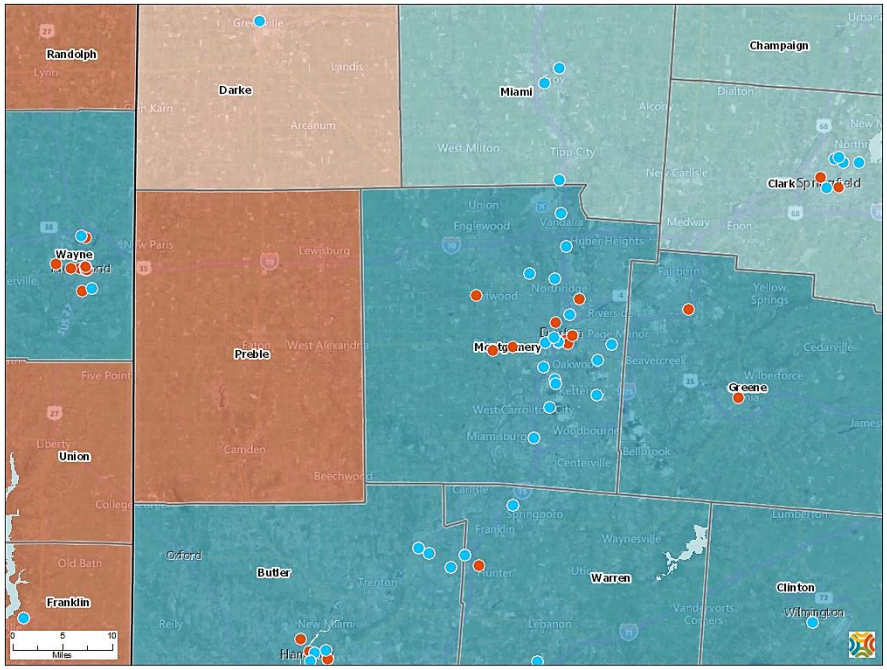
Parent Alcohol, Tobacco, and Other Drug Use

During their last pregnancy, mothers did the following: smoked cigarettes or used other tobacco products (9%); consumed alcoholic beverages (6%); used marijuana (5%); used opioids (4%); and used any drugs not prescribed for them (4%).

Child Comparisons	Greater Dayton Area 2017 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Greater Dayton Area 2017 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Mother's mental or emotional health is fair/poor	19%	7%	7%	13%	10%	8%
Father's mental or emotional health is fair/poor	11%	N/A	3%	19%	7%	5%

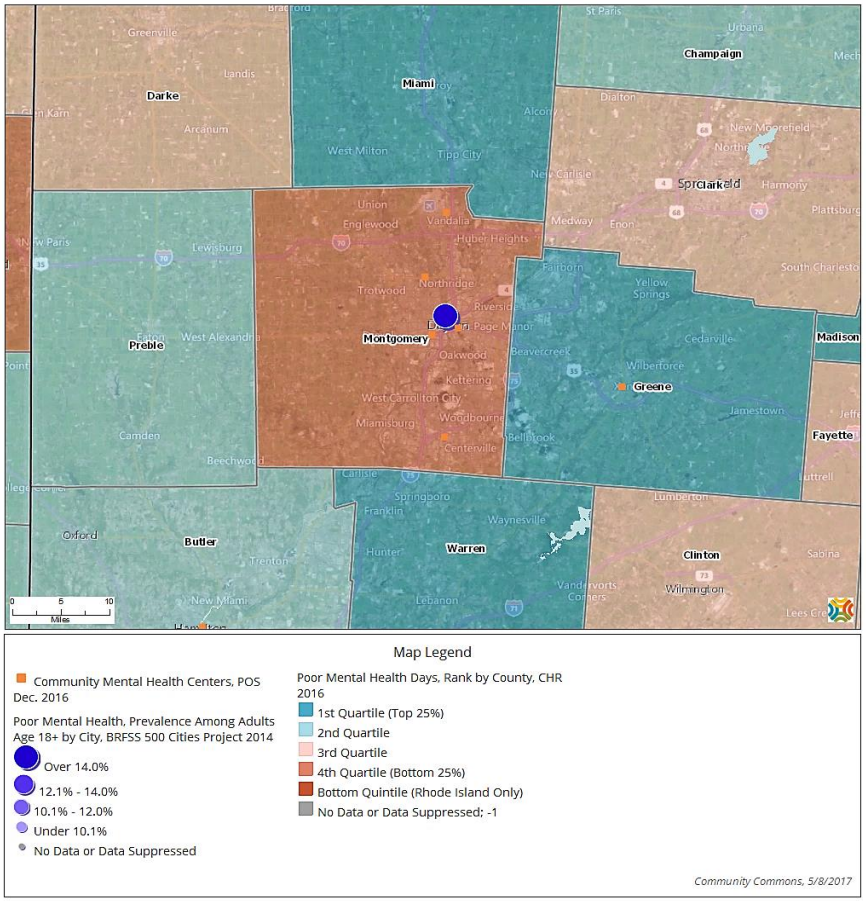
Map: Access to Mental Health Care Providers

Access to Mental Health Care Providers, Rank by County, CHR 2016



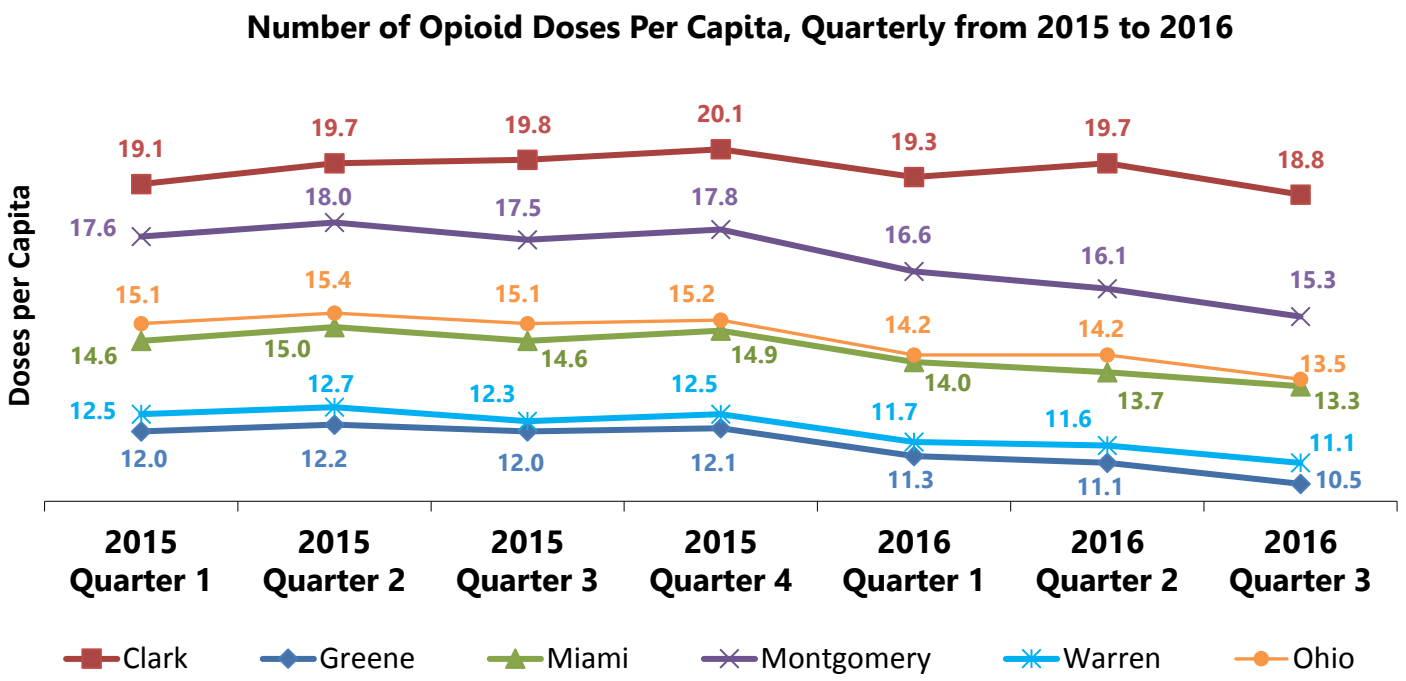
Map: Poor Mental Health Days

Poor Mental Health Days, Rank by County, CHR 2016



Opioid Doses Per Capita, Quarterly from 2015-2016

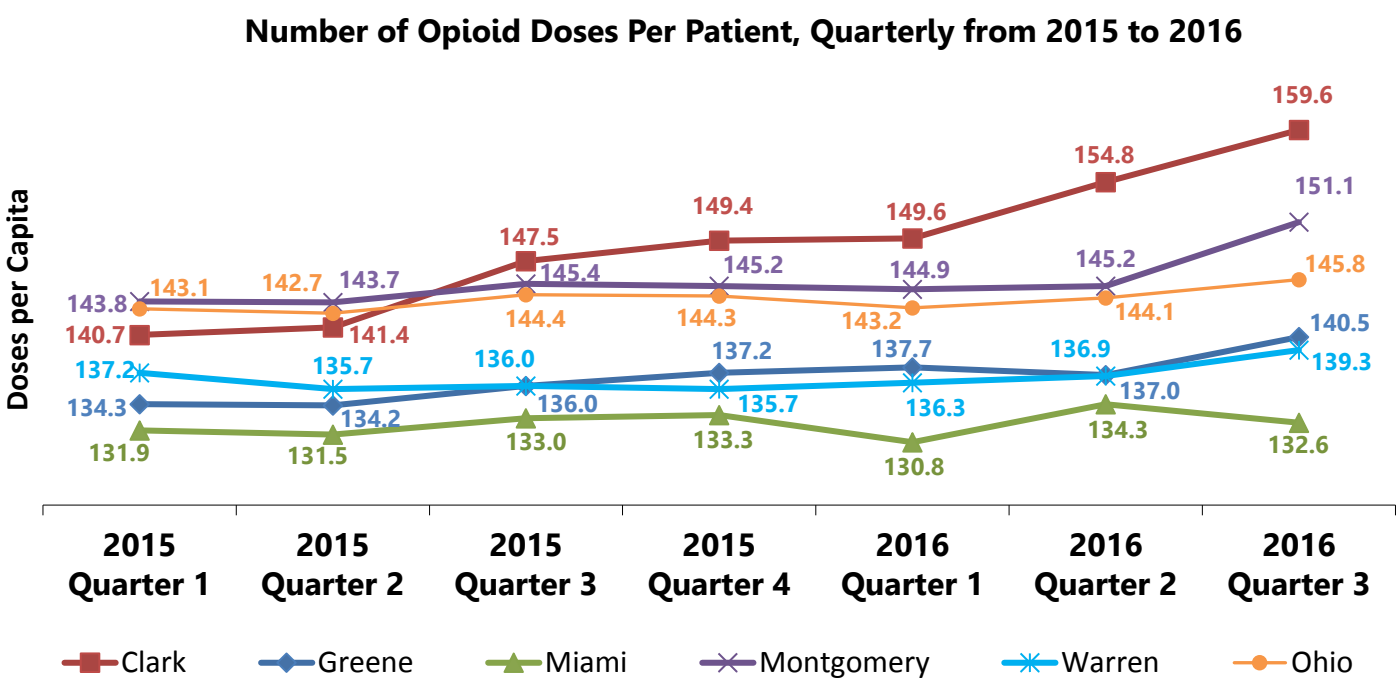
Ohio's Automated Rx Reporting System (OARRS)



(Source: Ohio's Automated Rx Reporting System, 2015-2016)

Opioid Doses Per Patient, Quarterly from 2015-2016

Ohio's Automated Rx Reporting System (OARRS)

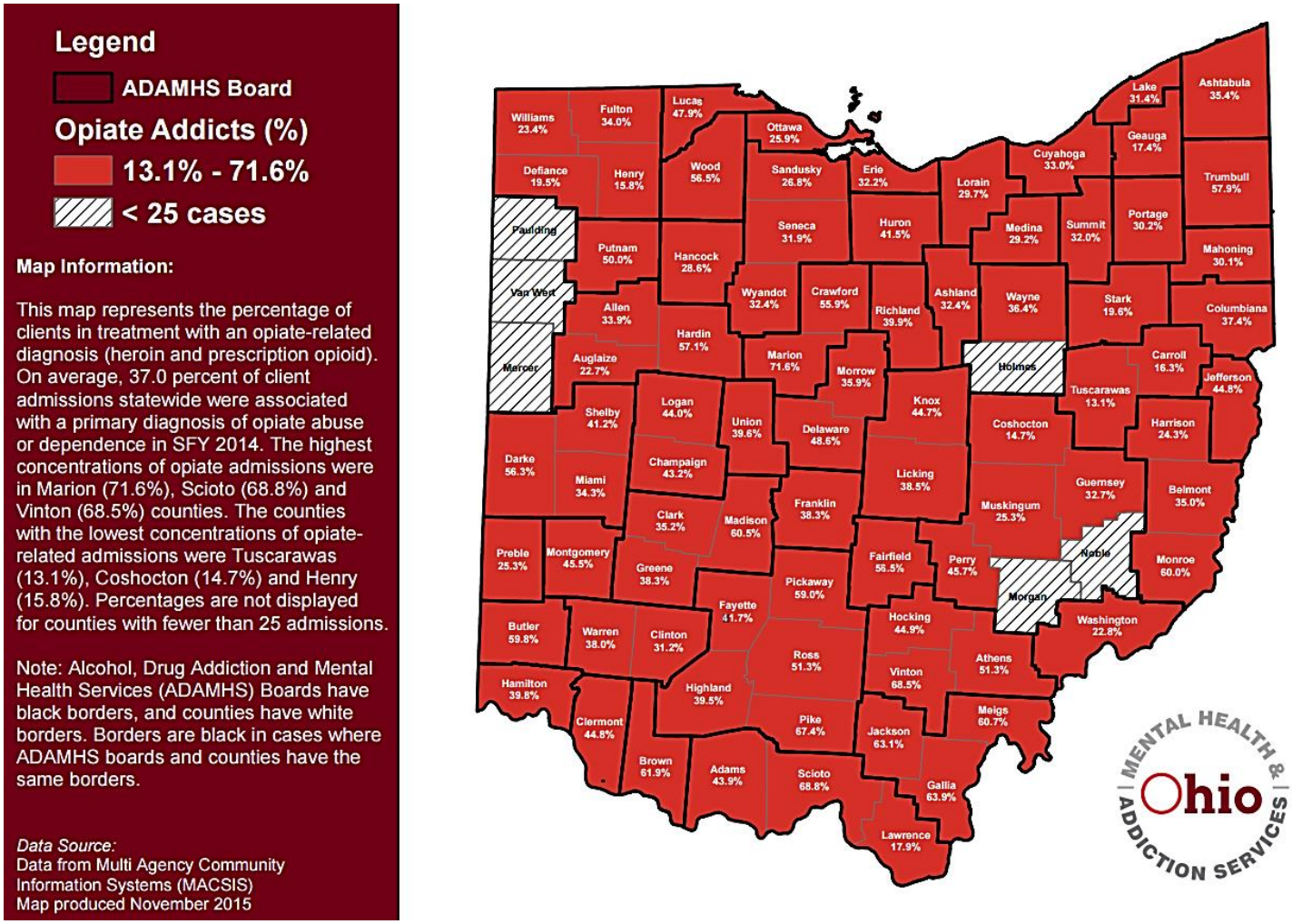


(Source: Ohio's Automated Rx Reporting System, 2015-2016)

Unduplicated Admissions for Opiate Abuse and Dependence, 2014

Ohio Mental Health and Addiction Services, Doses Per Capita

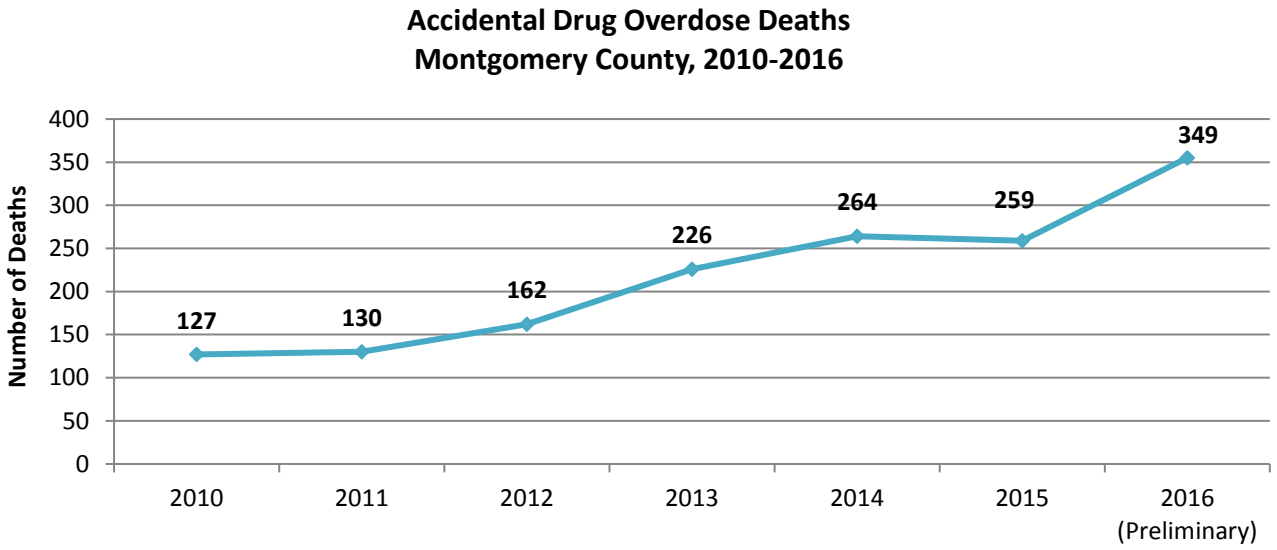
- Over one-third (37%) of client admissions throughout Ohio were associated with a primary diagnosis of opiate abuse or dependence.
- In Montgomery County, approximately 50% of client admissions were opiate-related.
- In Clark County, approximately 35% of client admissions were opiate-related.
- In Greene County, approximately 38% of client admissions were opiate-related.
- In Miami County, approximately 34% of client admissions were opiate-related.
- In Warren County, approximately 38% of client admissions were opiate-related.



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2014)

Accidental Drug Overdose Deaths, Montgomery County, 2010-2016

Montgomery County Coroner's Office, 2016



(Source: Montgomery County Coroner's Office, 2016)

2014-2015 Unintentional Drug Overdose Death Rates

Location	Unintentional Drug Overdose Death rate per 100,000 population (2014-15)
Clark County	44.7
Greene County	27.0
Miami County	18.7
Montgomery County	49.9
Warren County	19.9
State of Ohio	25.2

(Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on May 16, 2017 3:35:44 PM)

Gaps and Potential Strategies

Following the key issue activity and priority ranking, the committee broke out into groups to discuss gaps within each priority area and potential strategies to bridge those gaps. Gaps and their potential strategies around mental health and addiction can be identified in the table below.

Gaps	Potential Strategies
1. Access to mental health providers	• Triple P Program • Certificate program for Education majors at the University of Dayton • Second Step Program • Trauma-informed Care • Cognitive intervention
2. Bullying	• Changing perceptions of what bullying is • Identifying bullying issues among youth • Parent education • Signs of Suicide program
3. Family unit	• Making the family unit a priority • Education about the importance of the family unit

Best Practices

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

1. The Incredible Years®: The Incredible Years programs for parents and teachers reduce challenging behaviors in children and increase their social and self-control skills. The Incredible Years programs have been evaluated by the developer and independent investigators. Evaluations have included randomized control group research studies with diverse groups of parents and teachers. The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence and reducing behavior problems. Evidence shows that the program has turned around the behaviors of up to 80 percent of the children of participating parents and teachers. If left unchecked these behaviors would mean those children are at greater risk in adulthood of unemployment, mental health problems, substance abuse, early pregnancy/early fatherhood, criminal offending, multiple arrests and imprisonment, higher rates of domestic violence and shortened life expectancy. Incredible Years training programs give parents and teachers strategies to manage behaviors such as aggressiveness, ongoing tantrums, and acting out behavior such as swearing, whining, yelling, hitting and kicking, answering back, and refusing to follow rules. Through using a range of strategies, parents and teachers help children regulate their emotions and improve their social skills so that they can get along better with peers and adults, and do better academically. It can also mean a more enjoyable family life.

2. SOS Signs of Suicide®: The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell).

The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

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

There are two components of the PHQ-9:

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

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

4. Project ASSERT: Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a **screening, brief intervention, and referral to treatment (SBIRT)** model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:

a) Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
b) Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
c) Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during medical care, while the patient is waiting for the doctor, laboratory results, or medications

5. Mental Health First Aid: Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depression, anxiety, and/or psychotic disorders, which may occur with substance abuse).

The intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants' understanding of the impact and prevalence of mental health problems; and provides an overview of common support and treatment resources for those with a mental health problem. Participants also are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:

- A--Assess for risk of suicide or harm
- L--Listen nonjudgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

In addition, the course helps participants to not only gain confidence in their capacity to approach and offer assistance to others, but also to improve their personal mental health. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

In the studies reviewed for this summary, Mental Health First Aid was delivered as a 9-hour course, through three weekly sessions of 3 hours each. Participants were recruited from community and workplace settings in Ashtabula or were members of the general public who responded to recruitment efforts. Some of the participants (7%-60% across the three studies reviewed) had experienced mental health problems.

Action Step Recommendations & Plan

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

1. Execute plan to create a psychiatry unit in Dayton Children's
2. Promote trauma-informed health care

Action Plan

Priority Topic: Mental health and addiction				
Strategy 1: Execute plan to create a psychiatry unit in Dayton Children's				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Review results of the feasibility study conducted during previous CHNA Implementation Plan cycle. Obtain approval and begin design of pediatric psychiatry unit at Dayton Children's. Receive approval of design and begin construction of unit. Open pediatric psychiatry unit at Dayton Children's.	**Priority Outcome:** Reduce unmet needs, mental health **Priority Indicator:** Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH[1])	Youth	Dayton Children's	July 1, 2018
Year 2: Continue execution of the plan.				July 1, 2019
Year 3: Continue execution of the plan.				July 1, 2020

[1]*National Survey on Drug Use and Health*

Priority Topic: Mental health and addiction				
Strategy 2: Promote trauma-informed health care				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Collaborate with PHDMC (CHIP Behavioral Health Objective 2.2) to facility an assessment among clinicians and other community organizations in the Greater Dayton Area on their awareness and understanding of trauma-informed care, including toxic stress and adverse childhood experiences. Facilitate training to increase education and understanding of trauma-informed care, especially for children in high-risk circumstances.	**Priority Outcome:** 1. Improve mental health status of mother and father 2. Reduce depression in children **Priority Indicator:** 1. Percentage of parents who rated their emotional health status as fair or poor (NSCH[1]) 2. Percent of children who were diagnosed with depression (NSCH[1])	Children and Families	Dayton Children's	July 1, 2018
Year 2: Pilot trauma-informed care within specific clinics at Dayton Children's serving high-risk populations. Collect data and outcomes to share with other providers.				July 1, 2019
Year 3: Identify opportunities to scale trauma-informed care to other providers.				July 1, 2020

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

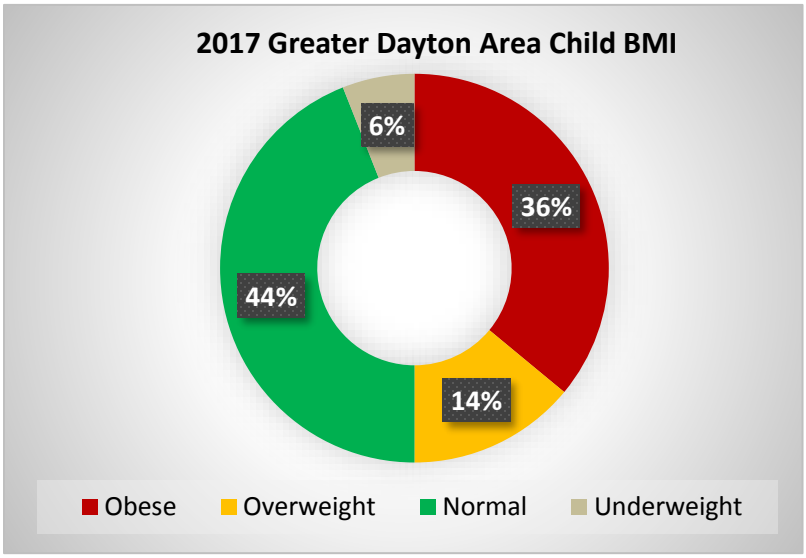
Chronic Disease Indicators

Half of Greater Dayton Area children were classified as overweight (14%) or obese (36%) by Body Mass Index (BMI) calculations.

Thirteen percent (13%) of parents reported experiencing food insecurity, increasing to 19% of parents with a child age 0 to 5 and 60% of parents with incomes less than $25,000.

Six percent (6%) of parents reported their child was exposed to secondhand smoke or vaping products at home.

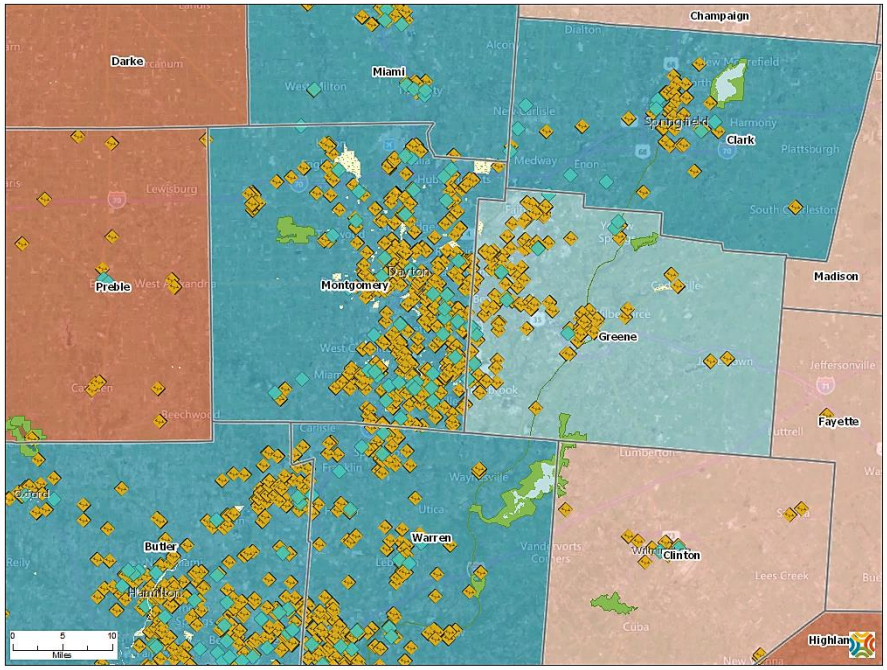
Nine percent (9%) of Greater Dayton Area parents were told by a doctor that their child had asthma.



Child Comparisons	City of Dayton	Outside of Dayton	Greater Dayton Area 2017	Ohio 2011/12	U.S. 2011/12
Diagnosed with asthma (ages 0-5)	9%	5%	7%	6%	6%
Diagnosed with asthma (ages 6-11)	9%	11%	10%	10%	10%

Map: Access to Exercise Opportunities

Access to Exercise Opportunities, Rank by County, CHR 2016



Map Legend

- Fitness and Recreation Facilities, ReferenceUSA© 2015
- Playgrounds and Courts, OpenStreetMap 2015

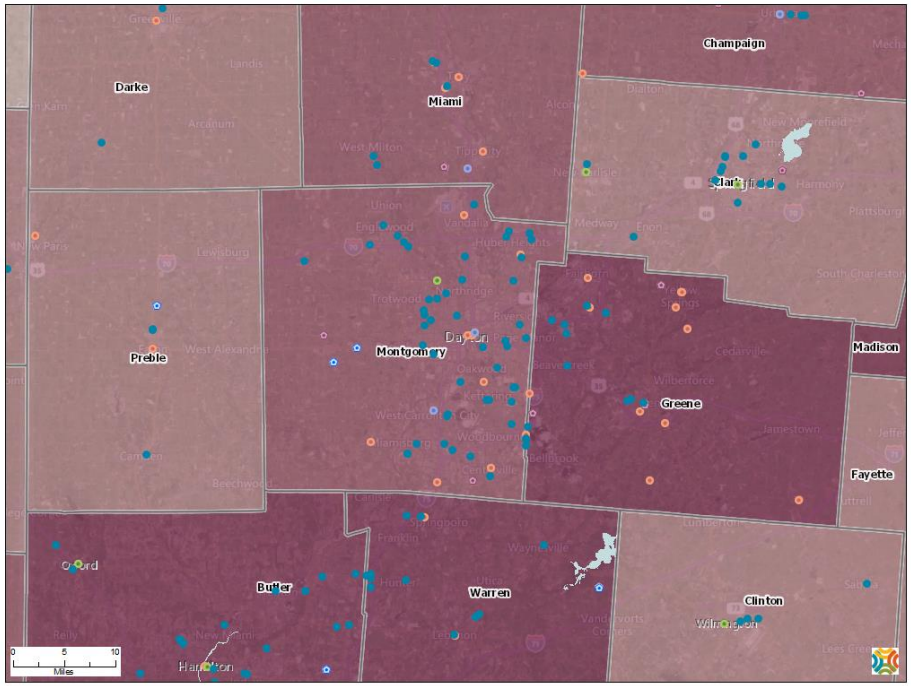
Federal, State, and Local Parks, ESRI 2010
- National Park or Forest
- State Park or Forest
- County Park
- Regional Park
- Local Park

Access to Exercise Opportunities, Rank by County, CHR 2016
- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1

Community Commons, 5/8/2017

Map: Food Insecure Children Ineligible for Assistance

Food Insecure Children Ineligible for Assistance, Percent by County, Feeding America 2014



Map Legend

- Major Supermarkets, USA May 2016
- Community Supported Agriculture (CSA) Sites, USA - AMS May 2016
- On-Farm Markets, USA - AMS May 2016
- Farmers' Markets Accepting WIC / WIC Cash, USA - AMS May 2016
- Farmers' Markets Accepting SNAP, USA - AMS May 2016
- Farmers' Markets, USA - AMS May 2016

Food Insecure Children Ineligible for Assistance, Percent by County, Feeding America 2014
- Over 38.1%
- 28.1 - 38.0%
- 18.1 - 28.0%
- Under 18.1%

Community Commons, 5/8/2017

Gaps and Potential Strategies

Following the key issue activity and priority ranking, the committee broke out into groups to discuss gaps within each priority area and potential strategies to bridge those gaps. Gaps and their potential strategies around chronic disease can be identified in the table below.

Gaps	Potential Strategies
1. Accessibility to healthy and affordable food (food deserts)	• Healthy corner stores • Collaboration with the local hunger coalition • Food pharmacies • Healthier choices at food pantries
2. Lack of knowledge regarding fresh food preparation	• Cooking classes • Cooking Matters program • Cooking Matters at the Store program • Utilize OSUE programming
3. Access to physical activity	• Get Up programming • Not removing recess (Ohio AAP statement) • Encourage parents and families to be active • Work with parks to do physical activity programming
4. Home and environmental issues causing asthma	• Home visits • Tobacco prevention • Increase education about asthma • Increase environmental health inspections
5. Tobacco use	• Smoking cessation • Support Tobacco 21 • Housing regulations

Best Practices

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

1. School-Based Obesity Prevention Interventions: School-based obesity prevention programs seek to increase physical activity and improve nutrition before, during, and after school.

Programs combine educational, behavioral, environmental, and other components such as health and nutrition education classes, enhanced physical education and activities, promotion of healthy food options, and family education and involvement. Specific components vary by program. Expected beneficial outcomes include increased physical activity, increased physical fitness, improved weight status, and increased consumption of fruit and vegetables.

2. Fuel Up To Play 60 (National Dairy Council & National Football League): Fuel Up to Play 60 encourages youth to eat healthy and move more — and studies suggest that well-nourished, physically active kids can be better students. Better nutrition, including eating a healthy breakfast each day, helps students get the nutrients they need and may help improve their academic performance. What's more, being physically active may help students improve self-esteem, cognitive function and test scores.

With Fuel Up to Play 60, healthy students can have more fun! By participating in the program, youth have the opportunity to earn rewards and prizes. Those students who help build the program may benefit even more. In fact, researchers say peer group interaction may help to influence healthy choices, and student involvement can lead to motivation and engagement in learning. Schools have the chance to receive $4,000 through a competitive, nationwide funding program to help implement the program successfully.

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

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

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

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

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

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

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

Action Step Recommendations & Plan

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

1. Implement nutrition policy in schools
2. Implement Safe Routes to School
3. Enhance the Dayton Asthma Alliance

Action Plan

<table>
<tr><th colspan="5">Priority Topic: Chronic disease</th></tr>
<tr><th colspan="5">Strategy 1: Implement nutrition policy in schools</th></tr>
<tr><th>Action Step</th><th>Priority Outcome & Indicator</th><th>Priority Population</th><th>Person/ Agency Responsible</th><th>Timeline</th></tr>
<tr><td>Year 1: Work with the PHDMC Communities Preventing Chronic Disease program to choose at least one preschool or child care center to implement a healthier choices campaign.

Work with school personnel to introduce at least one priority area (where applicable) to focus on and implement:
• Healthier snack “extra choices” offered during school lunches
• Healthier fundraising foods
• Healthier choices in vending machines
• Healthier choices at sporting events and concession stands
• Reducing unhealthy foods as rewards</td><td rowspan="3">Priority Outcome:
Reduce childhood obesity

Priority Indicator:
Percent of children who were obese by BMI classifications (NSCH[1])</td><td rowspan="3">Children</td><td rowspan="3">Dayton Children’s</td><td>July 1, 2018</td></tr>
<tr><td>Year 2: Continue efforts from year 1. Choose 2-3 preschools or child care centers to implement a healthier choices campaign.

Each of the selected preschools or child care centers will choose at least 1-2 priority areas to focus on and implement.</td><td>July 1, 2019</td></tr>
<tr><td>Year 3: Continue efforts from Years 1and 2.

Each of the selected preschools and/or child care centers will implement at least 4 of the 5 priority areas.</td><td>July 1, 2020</td></tr>
</table>

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

Priority Topic: Chronic disease				
Strategy 2: Implement Safe Routes to School				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Work with PHDMC (CHIP Chronic Disease Prevention Objective 1.2) to collect baseline data on current **Safe Routes to School (SRTS)** programs in the Greater Dayton Area. Gather information on what types of activities are offered, how many people attend the activities, how often the activities take place, and the location. Identify key stakeholders to collaborate and develop a plan to start or expand SRTS programs. Develop program goals and an evaluation process for tracking outcomes. Look for funding sources to incentivize participation in the SRTS program.	**Priority Outcome:** Reduce childhood obesity **Priority Indicator:** Percent of children who were obese by BMI classifications (NSCH[1])	Children	Dayton Children's	July 1, 2018
Year 2: Recruit individuals to serve as walking/biking leaders. Decide on the locations, walking routes and number of walking/biking groups. Link the walking/biking groups with existing organizations to increase participation. Consider faith-based organizations, schools, community-based organizations, and health care providers. Begin implementing the program with one new school district.				July 1, 2019
Year 3: Raise awareness and promote the SRTS programs. Evaluate program goals. Increase the number of SRTS programs by 25% from baseline.				July 1, 2020

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

<table>
<tr><th colspan="5">Priority Topic: Chronic disease</th></tr>
<tr><th colspan="5">Strategy 3: Enhance the Dayton Asthma Alliance</th></tr>
<tr><th>Action Step</th><th>Priority Outcome & Indicator</th><th>Priority Population</th><th>Person/ Agency Responsible</th><th>Timeline</th></tr>
<tr><td>Year 1: Continue the work of the Dayton Asthma Alliance to improve health outcomes for children with asthma by implementing the following tactics:
Increasing the use of home visitors to identify asthma triggers
Increasing smoke-free multi-unit housing complexes
Increasing the number of jurisdictions implementing Tobacco 21 and other tobacco reduction policies
Increasing the number of schools, day cares and child-serving organizations implementing asthma education and environmental trigger modifications
Identify best practices in the primary care setting to address asthma
Support other local health departments working to improve the health of children with asthma</td><td rowspan="3">Priority Outcome(s):
1. Reduce child asthma hospitalizations
2. Tobacco-free policies enacted

Priority Indicator(s):
1. Emergency department visits for pediatric asthma, per 10,000 children ages (0-17)
2. In development: Number of smoke-free/tobacco-free policies enacted for K-12 schools, multi-unit housing and other spaces (per SHIP)</td><td rowspan="3">Children and Families</td><td rowspan="3">Dayton Children’s</td><td>July 1, 2018</td></tr>
<tr><td>Year 2: Continue efforts of Year 1. Target 2 additional school districts or child-serving organizations to implement asthma programming. Continue education efforts. Support local tobacco-prevention policies. Share best practices in the primary care setting to community primary care physicians.</td><td>July 1, 2019</td></tr>
<tr><td>Year 3: Continue efforts of Years 1 and 2.</td><td>July 1, 2020</td></tr>
</table>

Priority 3: Maternal and Infant Health

Maternal and Infant Health Indicators

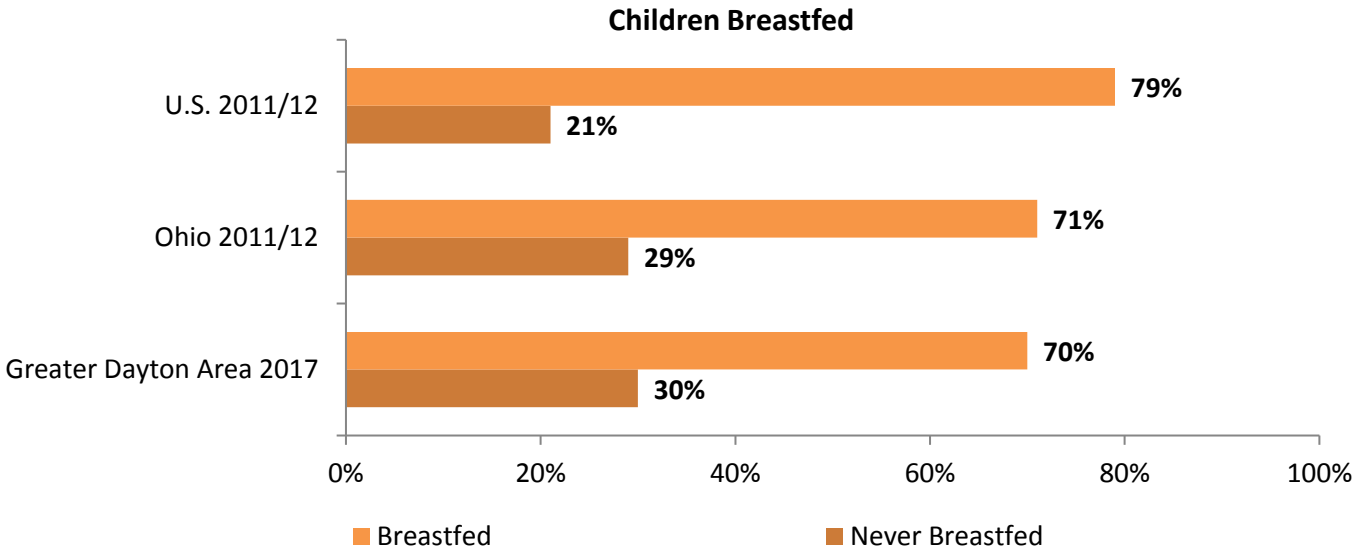
Eighty-eight percent (88%) of mothers recieved prenatal care within the first three months of pregnancy.

One out of nine (11%) children were born permature, having been born 3 or more weeks before their due date.

One-quarter (25%) of parents with a child ages 0 to 5 reported their child was breastfed for 6 months or less.

Thirty percent (30%) of parents of 0 to 5 year olds reported their child was never breastfed.

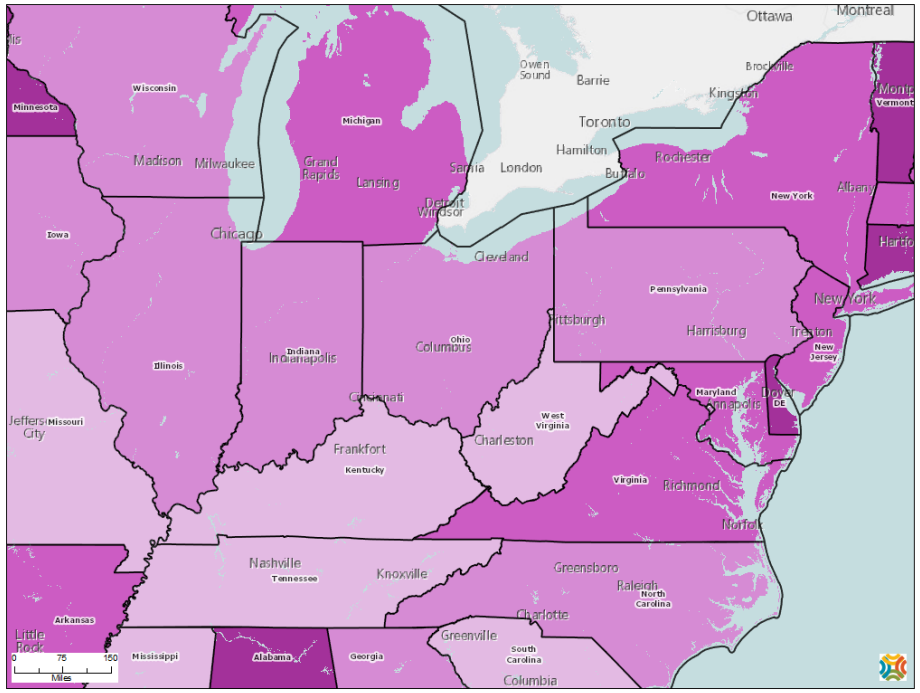
More than two-fifths (41%) of parents of 0 to 5 year olds reported their child slept in bed with a parent or another person as an infant.



Child Comparisons	City of Dayton	Outside of Dayton	Greater Dayton Area 2017	Ohio 2011/12	U.S. 2011/12
Born premature, or 3 or more weeks before due date (ages 0-5)	4%	17%	11%	12%	13%
Born premature, or 3 or more weeks before due date (ages 6-11)	13%	10%	11%	11%	12%

Map: Children Age 0-5 Breastfed for 6 months

Children Age 0-5 Breastfed for 6 months, Percent by State, NSCH 2011-12



Map Legend

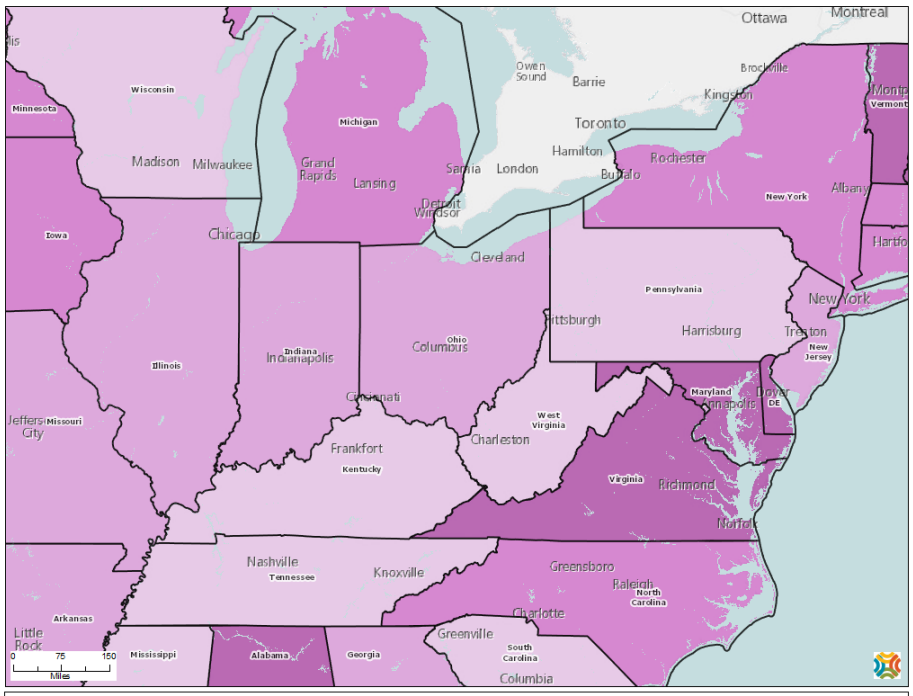
Children Age 0-5 Breastfed for 6 Months, Percent by State, NSCH 2011-12

- Over 56.0%
- 48.1 - 56.0%
- 40.1 - 48.0%
- Under 40.1%

Community Commons, 5/8/2017

Map: Children Age 0-5 Breastfed for 12 months

Children Age 0-5 Breastfed for 12 months, Percent by State, NSCH 2011-12



Map Legend

Children Age 0-5 Breastfed for 12 Months, Percent by State, NSCH 2011-12

- Over 40.0%
- 35.1 - 40.0%
- 30.1 - 35.0%
- Under 30.1%

Community Commons, 5/8/2017

Gaps and Potential Strategies

Following the key issue activity and priority ranking, the committee broke out into groups to discuss gaps within each priority area and potential strategies to bridge those gaps. Gaps and their potential strategies around maternal and infant health can be identified in the table below.

Gaps	Potential Strategies
1. Safe sleep	• Cribs for Kids • Home visits • Increase education
2. Breastfeeding	• Lactation consultant and EMS partnership • Training fathers • ODH messaging • Make a business case for breastfeeding at work • Encourage the choice to breastfeed • Increase education regarding breastfeeding

Best Practices

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

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

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

2. Breastfeeding Promotion Programs: Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding. There is strong evidence that breastfeeding promotion programs increase initiation, duration and exclusivity of breastfeeding. Breastfeeding has also been shown to provide health benefits to mother
and child, including reduced rates of breast and ovarian cancer for women; fewer ear infections, lower respiratory tract infections, and gastrointestinal infections for children; and lower likelihood of childhood obesity, type 2 diabetes, and asthma (USPSTF-Breastfeeding, 2008). Education interventions increase breastfeeding initiation rates, particularly in low income women. Face to face support and tailored education increase the effectiveness of support efforts. Combining pre- and post-natal interventions increases initiation and duration more than pre- or post-natal efforts alone. Support from health professionals, lay health workers, and peers have demonstrated positive effects, including increasing initiation, duration, and exclusivity. Implementing components of the Baby Friendly Hospitals Initiative, as a whole or individually, has been shown to increase breastfeeding rates. This includes practices in maternal care such as rooming in, staff training to support breastfeeding, and maternal education. For employed mothers, supportive work environments increase the duration of breastfeeding.

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

The program promotes the following message (ABC's of safe sleep):

Alone: Always put baby in crib alone. They shouldn't sleep in a bed or have anyone else in theirs.
Back: Always put the baby on their back to sleep—at night or even when they're just napping.
Crib: Always make sure the only thing on their firm mattress is a fitted sheet. No blankets or stuffed animals.

Action Step Recommendations & Plan

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

1. Increase the use of safe sleep practices

Priority Topic: Maternal and infant health				
Strategy 1: Increase the use of safe sleep practices				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Work with PHDMC, local hospitals and other organizations to integrate safe sleep practices (i.e. The ABC's of Safe Sleep, Cribs for Kids) into the hospital and community. Disseminate ODH materials targeted at education and awareness.	**Priority Outcome:** Reduce infant mortality **Priority Indicator:** Rate of infant deaths per 1,000 live births	Children	Dayton Children's	July 1, 2018
Year 2: Continue to raise awareness and promote safe sleep practices through coordinated messages.				July 1, 2019
Year 3: Continue efforts from years 1 and 2.				July 1, 2020

Cross-cutting Strategies

Cross-cutting Outcomes

In addition to tracking progress on the IP priority outcome objectives, Dayton Children's will evaluate the impact of strategies implemented by also measuring progress on a set of cross-cutting outcome objectives. Examples of cross-cutting outcomes are listed below. See the **master list of SHIP indicators** for the complete list of the SHIP cross-cutting outcome indicators and the community toolkits for a recommended set of aligned community indicators to track progress related to each IP strategy.

Social determinants of health: Examples of cross-cutting outcomes that address all priorities

- Improve third grade reading proficiency
- Reduce chronic absenteeism in school
- Reduce high housing cost burden
- Reduce secondhand smoke exposure for children

Prevention, public health system and health behaviors: Examples of cross-cutting outcomes that address all priorities

- Increase adult vegetable consumption
- Reduce adult physical inactivity
- Reduce adult smoking
- Reduce youth all-tobacco use

Healthcare system and access: Examples of cross-cutting outcomes that address all priorities

- Reduce percent of adults who are uninsured
- Reduce percent of adults unable to see a doctor due to cost
- Reduce primary care health professional shortage areas

Action Step Recommendations & Plan

To address most, if not all priority areas, the following **cross-cutting strategies** are recommended:

1. Increase breastfeeding
2. Promote a regional childhood vaccination campaign
3. Explore and implement screenings to address social and behavioral needs
4. Integrate community health workers into clinical services
5. Implement a food insecurity screening and referral program
6. Implement a food pharmacy program

Cross-cutting Factor: Public health system, prevention and health behaviors				
Strategy 1: Increase breastfeeding				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Collaborate with primary care physicians and birthing hospitals to standardize breastfeeding education across regional providers during pregnancy and postpartum.	**Cross-cutting Outcome:** Increase breastfeeding **Cross-cutting Indicator:** Percent of infants that were ever breastfed	Children and Families	Dayton Children's	July 1, 2018
Year 2: Continue work from Year 1.				July 1, 2019
Year 3: Continue work from Year 2.				July 1, 2020

Cross-cutting Factor: Public health system, prevention and health behaviors				
Strategy 2: Promote a regional childhood vaccination campaign				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Include various sectors of the community in the regional campaign (community organizations, churches, hospitals, pharmacies, health departments, political officials, law enforcement, schools, child care centers, media, etc.) Provide sectors with ways to support the campaign: posting or handing out flyers, social media campaigns, posting vaccination schedules, offering their facility as a vaccination site, offer free or reduced-cost immunizations etc.)	**Cross-cutting Outcome:** Increase childhood vaccinations **Cross-cutting Indicator:** Percentage of children who received all their recommended vaccinations	Children	Dayton Children's	July 1, 2018
Year 2: Continue raising awareness of the importance of childhood vaccinations. Provide vaccination information/educational materials at all community health promotion/awareness events; include information in local newspapers and magazines. Provide vaccination information/educational materials to all local schools and child care locations.				July 1, 2019
Year 3: Increase number of childhood vaccination sites by 50% from baseline.				July 1, 2020

Cross-cutting Factor: Family functioning				
Strategy 3: Explore and implement screenings to address social and behavioral needs				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Continue screening and resource follow-up in the primary care clinic setting to address the social determinants of health. Share data and outcomes to scale and spread. Identify interventions and/or connections for children and families to address identified needs. Evidence-based programs including Triple P to be explored. Pilot program to screen at-risk children and connect to programs to improve social skills.	**Cross-cutting Outcomes:** 1. Improve coping skills 2. Identify and address social determinants of health **Cross-cutting Indicators:** 1. Not currently available (per SHIP) 2.Not currently available	Children and Families	Dayton Children's	July 1, 2018
Year 2: Continue efforts from year 1.				July 1, 2019
Year 3: Continue efforts from year 2.				July 1, 2020

Cross-cutting Factor: Health care system and access				
Strategy 4: Integrate community health workers into clinical services				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Explore the feasibility of Dayton Children's employing a community health worker (CHW) in a specific clinic setting. Identify referral process and begin collection data on CHW outcomes.	**Cross-cutting Outcome:** Provider availability- Community Health Workers **Cross-cutting Indicator:** Address the social determinants of health in a clinical setting	Children and Families	Dayton Children's	July 1, 2018
Year 2: Continue with referral process and data collection on CHW outcomes.				July 1, 2019
Year 3: Identify how CHW employment can be scaled and sustainable to other clinical settings.				July 1, 2020

Cross-cutting Factor: Social determinants of health				
Strategy 5: Implement a food insecurity screening and referral program				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Research the 2-item Food Insecurity (FI) Screening Tool and determine feasibility of implementing a food insecurity screening and referral program. Educate healthcare providers on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Implement the screening model in at least 1 location with accompanying evaluation measures.	**Cross-cutting Outcome:** Reduce food insecurity **Cross-cutting Indicator:** Percent of households that are food insecure (Feeding America, Map the Meal Gap)	Children and Families	Dayton Children's	July 1, 2018
Year 2: Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, etc. Continue efforts of Year 1.				July 1, 2019
Year 3: Double the number of locations offering food insecurity screening and referrals.				July 1, 2020

Cross-cutting Factor: Social determinants of health				
Strategy 6: Implement a food pharmacy program				
Action Step	**Cross-cutting Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Research the Alliance to End Hunger ProMedica Food Pharmacy or another similar program. Obtain baseline data to document need for a Food Pharmacy. Contact health care organizations, food pantries, farmers markets, and other potential partners. Schedule and attend meetings with potential partners to discuss the need and feasibility of a food pharmacy. Finalize location, program partners, vendors, and other details necessary for the implementation of a food pharmacy. Determine what additional program materials are needed. Develop program materials.	**Cross-cutting Outcome:** Reduce food insecurity **Cross-cutting Indicator:** Percent of households that are food insecure (Feeding America, Map the Meal Gap)	Children and Families	Dayton Children's	July 1, 2018
Year 2: Continue efforts from year 1. Implement the food pharmacy in one location with accompanying evaluation measures.				July 1, 2019
Year 3: Continue efforts from years 1 and 2.				July 1, 2020

Progress and Measuring Outcomes

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

Dayton Children's will continue facilitating a Community Health Needs Assessments every three years to collect and track data. Primary data will be collected for children using national sets of questions to not only compare trends in the Greater Dayton Area, but also be able to compare to the region, state, nation, and Healthy People 2020. This data will serve as measurable outcomes for each of the priority areas. Indicators have already been defined throughout this report within each strategy.

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

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

Contact Us

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

Jessica Saunders
Director, Center for Child Health and Wellness
Dayton Children's Hospital
One Children's Plaza
Dayton, Ohio 45404-1815
937-641-3385
saundersj@childrensdayton.org