Kettering Health Hamilton

2026-2028 Implementation Strategies

Executive Summary

The Collective Health Agenda is the Greater Cincinnati Tri-State Region's roadmap to advance health and equity. It is a collaborative, coordinated, and prioritized plan to build upon the region's strengths and achieve the vision that:

Every individual and community in the region should have equitable access and support to achieve their desired health outcomes. Achieving this vision requires that communities have what they need to be healthy and that our policies, systems, and environments advance health for every individual and family.

The Regional Collective Health Agenda moves towards this vision by identifying:
- Ten metrics of success to track progress over time on three regional priorities
- Seventeen shared strategies to address the regional priorities
- Opportunities for collective action across sectors
- Eleven shared advocacy priorities to support regional efforts

The agenda was created to be a flexible, living plan that can be adjusted as community conditions, regional capacity, and outside forces change over time.

How does it build upon the 2024 Regional Community Health Needs Assessment?

In 2024, 45 organizations across the Greater Cincinnati Tri-State Region partnered on a Regional Community Health Needs Assessment (CHNA) to evaluate the health and well-being of the region and identify opportunities for collective action. The CHNA assessed the most significant health needs in the region and defined three priorities for collective action:

- **Mental health treatment and prevention**

- **Homelessness prevention and housing stability**

- **Heart disease and stroke prevention and treatment**

Kettering Health Mission and Values

Our Mission:
To live God's love by promoting and restoring health.

Our Values:
Emerging from our mission, our values shape the decisions and actions that enable us to continue to become a remarkable team.

- **Belonging**- Ensuring everyone is seen, heard, and empowered by valuing different perspectives, practicing respect, and inviting collaboration.
- **Wholeness**- Recognizing the whole person by supporting physical, emotional, and spiritual well-being in every interaction.
- **Excellence**- Driving toward the highest standards of care through a relentless focus on safety, clinical precision, and quality improvement.
- **Leadership-** Demonstrating ownership and accountability as team players by acting thoughtfully, communicating directly, and serving humbly.
- **Learning-** Pursuing growth through a culture of curiosity, focused feedback, and a commitment to delivering better outcomes together.

Prioritized Health Needs

Priorities
The priorities for Kettering Health Hamilton are the top community health needs identified in the Community Health Needs Assessment (CHNA):
Identified Priorities:

1. **Mental health treatment and prevention**

2. **Homelessness prevention and housing stability**

3. **Heart disease and stroke prevention and treatment**

Significant Health Needs to be Addressed
Implementation Strategies, listed on the following pages, address all the above prioritized health needs.

Significant Health Needs Not Addressed
Not applicable.

Process for Strategy Development

Jimmy Phillips, Chief Strategy Officer, Cole Taylor, Director of Community Partnerships and Advocacy, and Molly Hallock, Program Coordinator, Community Benefit convened internal stakeholders to ratify the priorities and to develop strategies. Strategies were discussed in several meetings to identify best-practice and evidence-based responses for each priority area. Preferred strategies also:
- Increased or leveraged connections with community-based organizations,
- Reflected the values and best practices of Kettering Health, and
- Promoted alignment and integration with state and local public health priorities.

The CHNA introduction and IS Development Meeting was held on May 5, 2025, with meetings continuing through November 2025.

Attendance:
Mike Gentry, Chief Executive Officer Kettering Health
Jimmy Phillips, Chief Strategy Officer
Eric Crouch, Vice President Information Systems
Timothy Ko, Chief Financial Officer
Paul Hoover, President Kettering Health Hamilton
Brooke Harris, Chief Human Resource Officer
Daniel Wolcott, Acute Care President
Cole Taylor, Director of Community Partnerships and Advocacy
Ron Connovich, Kettering Health Medical Group President
Jody Underwood, Vice President of Population Health
Adam Maycock, President Kettering Health Main Campus
Michael Rabuka, Administrative Director of Behavioral Health
Sonja Kranbuhl, Director of Foundation
Julie Manual, Manager of Clinical Program Adult IOP
Stephen O'Neal, Chief Nursing Officer

Jackie Lovelace, Director of Maternity
Michelle Beebe, Manager Network Outreach
Chrissie Richards, Executive Director of Women's Services
Erica Schneider, President Kettering Health Miamisburg & Washington Township
Aimee Fahey, Vice President Patient Care
Steven Chavez, Vice President Finance
Kyla Dierker, Director of Nursing
Teri Warner, Practice Manager
Lisa Geloff, Administrative Director
Joe Belew, KHH Advisory Board Member
Liz Hayden, KHH Advisory Board Member
Cindy Hogg, Butler County Health Department, Director of Health
Brein Everhart, Combined Public Health District
Cara Brown, Director of Addiction Services
John Lewis, KHH Advisory Board Member
Stephen Roller, Executive Director Primary Health Solutions
Wendy Waters-Connell, Executive Director YWCA
Brittany McGinnis, Program Supervisor PRIMM
Molly Hallock, Community Benefit Coordinator
Laurie Jakoplic, Manager Community Outreach

The hospital committee finalized its implementation strategies in October 2025. Senior leaders at the hospital approved final versions before presenting the implementation strategies to the Board of Directors in November 2025.

Several strategies are contingent on community involvement and partnerships for their eventual success. Hospitals traditionally have not sought to share responsibility for health outcomes with external partners. There is a degree of uncertainty about exactly how collaborations will develop, but the potential of broad-based and tangible improvements is worth the risk. This level of sharing is the only path forward to improve impact for individuals and for the health of the community. With robust community partnerships, another advantage will be the ability to respond as new emerging issues surface.

Description of Strategies

Program	Description
Equity in Control: Chronic Disease Management	This initiative targets improved control of hypertension and diabetes among Medicaid adults, aiming for a 5% increase in patients meeting clinical targets (BP <140/90, A1C <9.0).
Community-Based Mini Grants	Kettering Health partners with local community organizations to distribute mini grants aligned with documented needs from the regional CHNA.

Program	Description
Kettering Health Rural Health Transformation	KHRHT model integrates advanced technologies such as virtual specialty care, remote patient monitoring and data driven population health management to expand access, improve patient experience, and ensure higher quality outcomes. Care will be strengthened across a three-county region while using technology-enabled models to extend reach into the surrounding eight counties improving access for nearly 20% of Ohio's rural population.
Partnering for Change	Partnering for Change, a statewide initiative focused on reducing infant mortality by replicating the successful Cradle Cincinnati model in select Ohio communities, will be led by Dayton Children's Hospital for the Dayton region.
Cancer Support Groups	Due to the growing number of cancer cases and the impact that has on our communities and healthcare systems, the KH oncology service line offers Cancer Support Groups that meet monthly.
Help Me Grow	Help Me Grow is Ohio's evidenced-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children.
First Steps	The First Steps program ensures moms have everything they need to feel comfortable and confident breastfeeding their baby.
Tobacco Cessation	Tobacco use is a public health crisis causing harmful effects to both users and those around secondhand smoke. Kettering Health Community Outreach will take tobacco cessation referrals and connect those individuals to available resources free of charge. There are many free programs in the Dayton area that can help you quit tobacco. These programs will take you through the quitting process, provide nicotine replacement therapy, and support you so you can quit for good. All programs address e-

Program	Description
	cigarettes/vaping and are held virtually unless otherwise indicated.
College Age Intensive Outpatient Program (IOP)	The college-age IOP tailors its curriculum to fit the unique needs of 18–25-year-old college students. This specific IOP was developed after local colleges were overwhelmed with the high demand of students needing support. Kettering Health, in partnership with Dayton Children's and local colleges, developed the college-age IOP. The first college-age IOP in the region will be available with the fall semester 2025.
Perinatal Intensive Outpatient Program (IOP)	A Maternal Mental Health IOP will address a serious gap in mental health services for women within the perinatal period. Mental health conditions were the leading cause of pregnancy-related deaths in Ohio from 2008-2018. This program will provide needed support and education to women who are struggling with mental health issues during and after pregnancy. Kettering Health will be the first hospital system in the region to offer perinatal mental health services.
Grief Support Group	Helping suicide loss survivors and unintentional drug overdose loss survivors experience a restoration of hope and a future where they can thrive. (LOSS/DOSS) The support group will meet monthly at Kettering Health Hamilton in partnership with Envision Partnerships and Butler County Suicide Prevention Coalition.
Community Health Worker	(CHW) focused on the OB population in Hamilton. CHW's can be a vital component in improving maternal and infant health outcomes, especially for underserved communities. This CHW is a grant funded position and will serve in outpatient OB offices as well as in KHH.

Document Structure

Barriers to Accessing Care	Healthcare Services	Wellbeing & Quality of Life

Cross-Cutting Strategies:
Addressing Social Determinants of Health (SDOH) & Advocacy

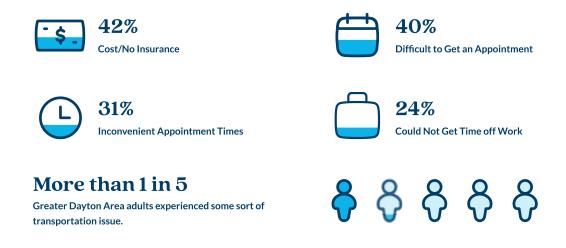| Barriers to Accessing Care	Healthcare Services	Wellbeing & Quality of Life
Strategy #1: Educate & inform patients on their health care benefits and options **Strategy #2:** Rural Health Transformation	**Strategy #1:** Equity in Control: chronic disease management **Strategy #2:** Partnering for Change Help Me Grow CHW: Perinatal Population **Strategy #3:** Intensive Outpatient Programs: Impacting Mental Health	**Strategy #1:** From the Ground Up: Community-based Mini Grants. **Strategy #2:** Cancer Support Groups Grief Support Group **Strategy #3:** Tobacco Cessation

Barriers to Accessing Care

Reducing barriers to accessing care continues to be a priority focus area for the Dayton region. This priority area places focus on improving the region's health literacy. Our collaborative efforts will ensure community members, particularly those who are underinsured or uninsured, understand their care benefits, coverage options, and how to access and navigate the system effectively.

42%
Cost/No Insurance

40%
Difficult to Get an Appointment

31%
Inconvenient Appointment Times

24%
Could Not Get Time off Work

More than 1 in 5
Greater Dayton Area adults experienced some sort of transportation issue.

Source: 2024 Dayton Area Community Health Needs Assessment

Strategy #1 | *Educate & inform patients on their healthcare benefits and options*

This strategy focuses on equipping patients with the knowledge they need to make informed decisions regarding their healthcare plans, services, and coverage. By enhancing patient understanding, we aim to reduce confusion, improve access to care, and increase overall satisfaction with healthcare services.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
• Increase the Dayton region's health literacy • Number of individuals reached through health literacy programming focusing on the underinsured and uninsured populations	**Dayton region to work collaboratively to:** • Standardize how health literacy is measured & tracked • Regional campaign to educate/inform (re: healthcare options, • Support those without insurance by enrolling them in Medicaid	• Cassano Health Center • Primary Health Solutions • CareSource • Ohio University • GDAHA

Cross-Cutting Strategy | *SDOH: Build & maintain community partnerships*

Strategy #2
Kettering Health Rural Health Transformation (KHRHT), Cassano Health Center, & Rural Health Initiative
Increase access & availability of care options, with focus on uninsured, underinsured, and underserved individuals

These strategies aim to reduce health care disparities by expanding access to care options and ensuring that individuals can obtain the services they need, regardless of their insurance status or geographical location. By focusing on the needs of the underserved populations, we will enhance the availability of essential health care services and support systems that facilitate improved health outcomes.

A. Rural Health refers to care delivered in health professional shortage areas (HPSAs) which are defined service areas that demonstrate a critical shortage of primary care physicians, dentists, or mental health providers. These areas face persistent barriers to care due to geographic isolation, workforce shortages, and socioeconomic disparities. KHRHT model integrates advanced technologies such as virtual specialty care, remote patient monitoring, and data driven population health management to expand access, improve patient experience, and ensure higher quality outcomes. Care will be strengthened across a three-county region while using technology-enabled models to

extend reach into the surrounding eight counties improving access for nearly 20% of Ohio's rural population.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
KHRHT • Increased patient access to primary and specialty care providers • 85% unattached will establish PCP • 25% virtual care remote patient monitoring (RPM) for chronic disease management	• Build IT infrastructure • Wilmington Staffing: 4 Physicians, 8 APP's • *Washington Courthouse: 3 Physicians, 4 APP's* • *Hillsboro: 3 Physicians, 6 APP's* • *6 Rural Health FM Residents*	• Clinton, Fayette, and Highland Counties • Ohio University

Healthcare Services

Our Greater Dayton hospitals play a vital role in addressing chronic disease, maternal and infant health, and behavioral health. This priority area will advance the Greater Dayton region's community health through enhanced healthcare services. It will help patients navigate long-term conditions, reduce preventable complications, ensure healthier pregnancies and births, and address the growing need for comprehensive behavioral health services.

35%
Of adults had ever been diagnosed with high blood pressure. Greater Dayton Area adults diagnosed with high blood pressure were also ages 65 or older (53%), Black (39%), or male (37%).

5%
Of adults reported they had survived a heart attack or myocardial infarction in their lifetime. This increased to 10% of all adults 65 years of age or older.

8,015
Total pre-term births between 2018-2022*

6,221
Total low birth weight births between 2018-2022*

21%
Of adults had a period of two or more weeks when they felt so sad or hopeless nearly everyday that they stopped doing usual activities in the past year.

38%
Of Greater Dayton Area adults rated their mental health as not good during four or more days in the previous month.

Source: 2024 Dayton Area Community Health Needs Assessment

Strategy #1
Equity in Control: Chronic Disease Management

This initiative targets improved control of hypertension and diabetes among Medicaid adults, aiming for a 5% increase in patients meeting clinical targets (BP <140/90, A1C <9.0). A Care Navigator will coordinate specialty care, patient support, and follow-ups. Community outreach—including screenings, education, and social media—will expand engagement beyond current patients. The program emphasizes preventive, community-based care to reduce complications and aligns with a population health approach.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
• Achieve a 5% increase in the percentage of patients with controlled conditions as evaluated by Hypertension: (<140/90) from 60% by 5% • Diabetes: (A1C <9.0) from 53% by 5%.	• A market trial in West Dayton will deploy a specialty-focused Care Navigator to coordinate care, support patients, and facilitate follow-up. • Scale the program to Hamilton locations after pilot completion • Outreach efforts will extend beyond current patients to include community-wide screenings and education through partnerships, events, and social media campaigns.	• Kettering Health Outpatient Clinics • Ohio University • Diabetic Education • Medicaid MCO's • Transportation • RPM Technology Vendors

Strategy #2 Partnering for Change, Help Me Grow, First Steps & CHW: Perinatal Population
Enhance the quality and accessibility of prenatal care to expectant mothers and educate on its importance

A. Partnering for Change, a statewide initiative focused on reducing infant mortality by replicating the successful Cradle Cincinnati model in select Ohio communities, will be led by Dayton Children's Hospital for the Dayton region. Funded by the Ohio Department of Children and Youth, the initiative provides $750,000 over three state fiscal years (through June 2027). The initiative is housed within the hospital's Center for Health Equity and is guided by four foundational principles.

B. Help Me Grow is Ohio's evidenced-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children. Help Me Grow includes Central Intake, Help Me Grow Home Visiting and Help me Grow Early Intervention. Hospitals pay for the benefits of nine nurses who conduct home visits with new mothers.

C. The First Steps program ensures moms have everything they need to feel comfortable and confident breastfeeding their baby. First Steps is located at Kettering Health Washington Township and is open to any mom in the community. Two lactation consultants are staffed as well as an assistant that helps with bra fittings, maternity clothes and scheduling. Other resources include a breastmilk dispensary (only the 2nd in the state), Mommy Konnect group, and NEST collaboration, an after-hours telehealth lactation service.

D. CHW: Perinatal Population (CHW) focused on the OB population in Hamilton. CHW's can be a vital component in improving maternal and infant health outcomes, especially for underserved communities. This CHW is a grant funded position and will serve in outpatient OB offices as well as in KHH

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
PFP & HMG	**PFC Collaboratively:**	**PFC**
• Decrease pre-term births	$750,000 regional grant over 3 years	• GDAHA, Dayton Children's HMG
• Decrease low weight births	• Develop regional resources & best practices to inform patients of importance of maternal and infant health	• Pathways HUB
• Improve birth outcomes		• GDAHA
• Increase # of mothers receiving prenatal care in first trimester	**HMG**	**First Steps**
	• 9 HMG RN's-$5,000/RN in benefits/annually	• NEST Collaborative
First Steps	• Caseload: up to 25/RN	• Breastmilk Dispensary
• Lactation Education and support	**First Steps**	• Mommy Konnect
• Increase exclusive breastfeeding to 60%	• 2 FTE Lac Consultants	**KHH**
	• Maintain breast milk dispensary	• KHH: Inpatient/outpatient
• Increase Medicaid population moms exclusive breastfeeding rate	**CHW**	
CHW	• Placement of CHW	
• Caseload/CHW	• Build relationships internal/external to KHH	
• Reduced premature births		
• Increase infant/maternal health outcomes		

Strategy #3
Intensive Outpatient Programs:

Perinatal & College-Age
Support mental health for special populations

Kettering Health is the first in the region to develop and implement a perinatal mental health program to improve infant and maternal health outcomes and a college-age mental health program.

A. The perinatal IOP will evaluate the mental health of the mom, the mom/baby attachment, and medication management. Additional resources such as WIC, Jobs and Family Services, lactation consultants, among others will be available. The program is 4-6 weeks including, 12 hours of treatment/week. Moms and babies can attend the perinatal outpatient program.

B. The college-age IOP tailors its curriculum to fit the unique needs of 18–25-year-old college students. This specific IOP was developed after local colleges were overwhelmed with the high demand of students needing support. Kettering Health, in partnership with Dayton Children's and local colleges, developed the college-age IOP. The first college-age IOP in the region will be available with the fall semester 2025.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
IOP: Perinatal and College	**Perinatal IOP**	**Perinatal IOP**
• Track days from referral to program	• .5 NP + 2FTE	• KHWT
• % participants/program completion	• Infrastructure to accommodate babies: camera's, panic buttons, cribs etc.	• First Steps
• % accepted to the IOP	**College-Age IOP**	• POEM
• Track referrals to the program	• .2 NP + 1 FTE, DC to provide .8 clinician and .5 FTE	**College-Age IOP**
	• Program onsite at KHBMC	• Dayton Children's
		• Sinclair Community College, Wright State, UD, Premier Health, Clark State, Kettering College

Wellbeing & Quality of Life

There is an opportunity to proactively support and encourage the wellbeing of those who live in the Greater Dayton area. Wellbeing (or lack thereof) is viewed as an underlying driver of health choices and outcomes. A shared focus on this priority area can encourage individuals to adopt healthier lifestyles, leading to long-term improvements in physical and mental well-being.

45%

Of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.

Source: 2024 Dayton Area Community Health Needs Assessment

Strategy #1 From the Ground Up: Community-based Mini Grants
Encouraging and supporting healthy behaviors & lifestyles at the local community level.

Through the Declare Community Fund, Kettering Health and Declare will support community-led initiatives focused on improving mental health outcomes as well as physical and healthy behaviors, across the Miami Valley region. Through the Hope4Community Fund, Kettering Health and Miami Valley Leadership Foundation (MVLF) will award mini grants to local Hope4Community leadership teams to support projects aligned with Community Health Needs Assessment (CHNA) priorities. This initiative leverages MVLF's grassroots insight to target high-impact efforts in areas such as behavioral health, food and housing insecurity, and other key SDOH challenges

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
• # of grants awarded • Type of program implemented • Impact reports	• *Maintain local level partnerships with community organizations.*	• Declare • Miami Valley Leadership Foundation

Strategy #2 Cancer Support Groups & Grief Support Groups
Support for community cancer patients and their caregivers. Support for Suicide loss survivors and drug overdose loss survivors.

A. Due to the growing number of cancer cases and the impact that has on our communities and healthcare systems the KH oncology service line offers Cancer Support Groups that meet monthly. Kettering Health Dayton provides meeting space and KH oncology service line provides all the labor/staffing, refreshments, materials, and in-kind funds to operate the Cancer Support Group. The support group is open to anyone and is offered both in-person and virtually.

B. Helping suicide loss survivors and unintentional drug overdose loss survivors experience a restoration of hope and a future where they can thrive. (LOSS/DOSS) The support group will meet monthly at Kettering Health Hamilton in partnership with Envision Partnerships and Butler County Suicide Prevention Coalition.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
• # of cancer support groups/month • Attendance	• Topic and presenter • In-kind donations to offer the support groups: space, presenter, materials, and refreshments	**Cancer Support Groups** • KHDO • Kettering Health Cancer Center • Maple Tree Alliance • Pink Ribbon Good **Grief Support Groups** • KHH • Envision Partnership • Butler County Suicide Prevention Coalition

Strategy #3 Tobacco Cessation
Encouraging and supporting healthy behaviors and substance use cessation.

Tobacco use is a public health crisis causing harmful effects to both users and those around secondhand smoke. Kettering Health Community Outreach will take tobacco cessation referrals and connect those individuals to available resources free of charge. There are many free programs in the Dayton area that can help you quit tobacco. These programs will take you through the quitting process, provide nicotine replacement therapy, and support you so you can quit for good. All programs address e-cigarettes/vaping and are held virtually unless otherwise indicated.

OUTCOMES	ACTION ITEMS	PARTNERS & RESOURCES
• # of referrals	• .25 FTE from KH Community Outreach to connect referrals to resources & teach tobacco cessation classes.	• 1800QuitNow • ODH

Accountability

The hospital president will be responsible for ensuring progress on the measures used to evaluate the impact of each strategy. Periodic updates will ensure strategies stay on target. Annually hospital executive and board members will receive progress reports.

_11_ / _7_ / _2025_

Date approved by Kettering Health Board of Directors