



## Board of Health Meeting

Tuesday, August 26, 2025

### Agenda

Jagdish Bhati	Mary Carol Burkhardt, M.D.	Jennifer Forrester, M.D.
Edward B. Herzig, M.D.	Christopher Lewis, M.D.	Raynal Moore
Ken Patel	Kiana Trabue	Ashlee Young

6:00 pm – 6:05 pm Call to Order and Roll Call

#### Old Business

6:05 pm – 6:10 pm Review and Approval of Minutes

- **Vote: Motion to Approve** the Minutes of July 22, 2025, Board of Health Meeting.

6:10 pm – 6:20 pm Food License & Facility Review Fees for License Year 2026-2027 Presentation Resolution 2025-004: Reading #2—Mr. Antonio Young

Smokefree Workplace Act Delegation of Authority Resolution 2025-005 – Mr. Antonio Young

- **Vote: Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-005.
- **Vote: Motion to Approve** Resolution 2025-005, granting authority to the Health Commissioner of the City of Cincinnati (the “Commissioner”) and the Commissioner’s designees to enforce the provisions of Ohio’s Smoke Free Workplace Act by issuing warnings, imposing civil fines, and exercising all other authorities delegated to the Board of Health in accordance with the Ohio Revised Code and the Ohio Administrative Code.

#### New Business

6:20 pm – 6:30 pm Finance Committee – Ms. Kiana Trabue

- **Vote: Motion to Approve** Hamilton County Public Health – Contract 55x10812
- **Vote: Motion to Approve** LabCorp – Contract 65x10806
- **Vote: Motion to Approve** Children’s Hospital Medical Center (CCHMC) – Contract 35x10555, 1<sup>st</sup> Amendment
- **Vote: Motion to Approve** Ohio Department of Job and Family Services: Refugee Program – Contract 45x10593, 1<sup>st</sup> Amendment

6:30 pm – 6:40 pm Finance Update – Mr. Mark Menkhaus Jr.

6:50 pm – 7:00 pm Cincinnati Health Department Accreditation Update: Strategic Plan – Dr. Grant Mussman

7:00 pm – 7:05 pm Personnel Actions—Dr. Grant Mussman

- **Vote: Motion to Approve** Personnel Actions dated August 26, 2025.

7:05 pm – 7:15 pm Nominations of Officers

#### **[Mission]**

*To assure access to quality services and to improve community health and wellness.*

- 7:15 pm – 7:25 pm      **Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee(s).
- 7:25 pm – 7:30 pm      Public Comments
- 7:30 pm                  Adjourn

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Documents in the Packet but not presented.

*The Communicable Disease Unit Report will not be presented this month and is included in the packet. Please contact Ms. Kim Wright with any questions/concerns.*

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**Next Meeting September 23, 2025**

**[Mission]**

*To assure access to quality services and to improve community health and wellness.*

**CINCINNATI BOARD OF HEALTH  
BOARD OF HEALTH MEETING  
July 22, 2025**

Ms. Ashlee Young, Chair of the Board of Health, called June 24, 2025, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

**I. ROLL CALL:**

**Board Members Attending:** Mr. Jagdish Bhati, Dr. Mary Carol Burkhardt, Dr. Jennifer Forrester, Dr. Edward Herzig, Dr. Christopher Lewis, Ms. Raynal Moore, Mr. Ken Patel, Ms. Kiana Trabue, Ms. Ashlee Young

**Absent:** Ms. Kiana Trabue

**Others Present:** Dr. Grant Mussman-Commissioner Ms. Sa-Leemah Cunningham-Clerk, Dr. Maryse Amin, Mr. Ian Doig, Mr. Antonio Young, Mr. Mark Menkhous Jr., Dr. Ashanti Salter, Ms. Kim Wright, Mr. Harry Barnes, Dr. Camille Jones, Mr. Jose Marques, Ms. Marla Fuller, Dr. Geneva Goode, Dr. Nick Taylor, Ms. Joyce Tate, Ms. Chante Randolph, Mr. John Sanders, Mr. Robert Smith, Ms. Robin Anderson, Mr. John Kachuba

**[AGENDA PACKET → JULY-BOH-AGENDA-PACKET-7.22.25.PDF](#)**

ITEM	TOPIC	RESPONSIBLE PARTY	ACTION/MOTION
<b>Minutes</b>	<b>Motion that the Board of Health approves the minutes from June 24, 2025, Board of Health Meeting.</b>	Ms. Sa-Leemah Cunningham	<b>Motion:</b> Mr. Jagdish Bhati <b>2nd:</b> Dr. Jennifer Forrester <b>Action:</b> 8-0 Passed
<b>Old Business</b>			
Commissioner's Report	<p>Dr. Grant Mussman shared the commissioner's report with the Board.</p> <p><b>Strategic Plan</b></p> <ul style="list-style-type: none"> <li>• Dr. Mussman reported that the department is finalizing a draft of the new Strategic Plan.</li> <li>• He explained that the plan is a requirement for public health accreditation.</li> <li>• The strategic plan builds on the Community Health Assessment (2023) and incorporates:               <ul style="list-style-type: none"> <li>○ Findings from community engagement</li> <li>○ SWOT analysis results.</li> <li>○ Employee input</li> </ul> </li> <li>• Dr. Mussman elaborated that the strategic plan was organized around five operational domains:               <ol style="list-style-type: none"> <li>1. Health outcomes</li> <li>2. Employee and client experience</li> <li>3. Access to services</li> </ol> </li> </ul>	Dr. Grant Mussman	n/a

- 4. Operational excellence
- 5. Employee and client safety

- Dr. Mussman stated he will present the full contents of the strategic plan at next month's meeting.

**School Health Nursing Program Transition**

- Dr. Mussman updated the board on the winding down of the school health nursing service line.
- Some staff have been reassigned to permanent roles consistent with their classifications.
- Most PHN IIs will return in August and be reassigned to new tasks until long-term placements are determined.
- Dr. Mussman clarified: "We are not in a layoff situation at this time. "Funding is secured through December, allowing time to work through staffing and placement.

**Federal Register Notice – Service Eligibility**

- Dr. Mussman updated the Board on a new Federal Register notice (reissued by HHS two weeks ago).
- The notice revises the 1998 interpretation of federal public benefit under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act (1996).
- Dr. Mussman pointed out this key point:
  - This limits eligibility for federal health center services to citizens and "qualified aliens" (federal terminology).
- Dr. Mussman explained the concerns:
  - Major potential impact on delivery service.
  - Lack of clarity from federal officials on implementation details, exceptions, and expectations.
  - A one-month public comment period is underway.
- Dr. Mussman informed that CHD is working with the City Manager's Office and Law Department to review implications.
- Dr. Mussman noted: "So far, the federal response has been, 'We'll get back to you.'"

**Public Health Alerts & Media Releases**

- Dr. Mussman discussed recent media releases issued.

	<ul style="list-style-type: none"><li>○ Mosquitoes testing positive for West Nile Virus.</li><li>○ Regional increases in parvovirus cases, which can affect pregnancies.</li><li>○ Information on both items was provided in the board packet.</li></ul> <p>❖ Dr. Mussman confirmed he will provide additional updates on the strategic plan and federal rule implications at upcoming meetings.</p> <p><b><u>Questions:</u></b></p> <ul style="list-style-type: none"><li>● Mr. Patel asked if there is any definition or wording available regarding the term “eligible alien.” He also wanted clarification on whether this definition is already in use, or if HHS has yet to provide guidance. In addition, Mr. Patel further inquired about the magnitude of the impact on the Health Department and what specifically raises concern for Dr. Mussman.<ul style="list-style-type: none"><li>○ Dr. Mussman answered:<ul style="list-style-type: none"><li>▪ The Law Department is reviewing the exact language.</li><li>▪ He shared that the plain language wording would exclude undocumented individuals, but further legal interpretation is still pending.</li><li>▪ Dr. Mussman also stated: “We do not know the immigration status of our patients. We are not a State Department arm, and we have no mechanism to check.”</li><li>▪ He Noted that the scope of impact is uncertain. Dr. Mussman referred to a 10-year-old census estimate, which indicated 20,000–30,000 undocumented individuals in the Cincinnati region.</li><li>▪ He Acknowledged this number may have shifted significantly over the last decade, but the actual impact remains unknown until more federal guidance is provided.</li></ul></li></ul></li></ul>		
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<p><b>Communicable Disease Unit (CDU) report: What's Bugging Us</b></p>	<p><b>Discussion Items:</b> Memo and presentation included in the agenda packet.</p> <p>Ms. Wright presented her report, Communicable Disease Unit (CDU): What's Bugging Us to the board.</p> <p>Ms. Wright stated she would focus on Lyme Disease.</p> <p><b>Introduction &amp; Background</b></p> <ul style="list-style-type: none"> <li>• Ms. Wright opened with background information, noting Lyme disease has been in the news recently.</li> <li>• Originated as an outbreak in Lyme, Connecticut in the 1970s, marked by fatigue, swollen knees, headaches, rashes.</li> <li>• In 1981, bacteria <i>Borrelia burgdorferi</i> was identified as the cause.</li> <li>• Transmitted by blacklegged ticks (deer ticks).</li> <li>• Affects humans, dogs, and horses.</li> <li>• Treatable with antibiotics; no human vaccine currently (canine vaccine exists, sometimes used in horses).</li> </ul> <p><b>Symptoms &amp; Stages</b></p> <ul style="list-style-type: none"> <li>• <b>Early/Localized infection</b> (3–30 days post-bite, avg. 7 days): fever, chills, fatigue, swollen lymph nodes, muscle/joint aches, headaches, and <i>erythema migrans</i>'s rash (bull's-eye rash).</li> <li>• <b>Later/Disseminated infection</b> (if untreated): <ul style="list-style-type: none"> <li>○ Severe headaches, neck stiffness.</li> <li>○ Additional rashes.</li> <li>○ Facial palsy.</li> <li>○ Severe joint pain/swelling.</li> <li>○ Heart palpitations/irregular heartbeat.</li> <li>○ Dizziness, nerve pain, numbness/tingling.</li> <li>○ Inflammation of brain/spinal cord.</li> </ul> </li> <li>• CDC notes patients develop post-treatment symptoms (fatigue, body aches, difficulty thinking). Cause unknown.</li> </ul> <p><b>Transmission &amp; Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Blacklegged tick is sole vector in eastern U.S.</li> <li>• Ticks must be attached ≥24 hours to transmit bacteria.</li> <li>• <b>Highest risk:</b> <ul style="list-style-type: none"> <li>○ <b>Nymphs</b> – size of poppy seed, often unnoticed.</li> <li>○ <b>Adult females</b> – larger, sesame-seed size, more likely to be spotted.</li> </ul> </li> </ul>	<p>Dr. Kim Wright</p>	<p>n/a</p>
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- Deer are important hosts for ticks but do not transmit Lyme bacteria.

**Co-infections**

- Blacklegged ticks can also transmit:
  - Human anaplasmosis
  - Babesiosis
  - Ehrlichiosis
  - Powassan virus disease
- Some ticks may carry multiple pathogens at once.

**Incidence Data**

- Lyme disease has been nationally notifiable since 1991.
- U.S. incidence ≈ 27 cases per 100,000 people, though true diagnoses are higher.
- Historically most prevalent in New England (Rhode Island highest at 147/100,000).
- Increasing in Midwestern states (Wisconsin, Minnesota).

**Ohio trends:**

- 48-fold increase in reported cases from 2010–2024.
- Highest incidence in eastern Ohio counties; western counties historically lower but shifting.
- **Cincinnati-specific data:**
  - 2025: 12 reports, 1 confirmed case.
  - 2024: 28 reports, 5 confirmed cases.
  - 2023: 19 reports, 2 confirmed cases.
  - Since 2000: 64 confirmed cases, ages 4–78 (median 33).
  - Demographics:
    - 63% male, 37% female.
    - 80% white, 8% Black, 2% Asian, 10% unknown.
    - 73% non-Hispanic, 27% unknown ethnicity.
  - 17% were hospitalized, no deaths.
  - Peak onset in May (nymphs feeding), smaller peak in October (adult females).

**Comparison:**

- 10 cases of spotted fever rickettsiosis (includes Rocky Mountain Spotted Fever) since 2000; higher hospitalization rate (30%).

**Public Health Interventions & Education**

- **Prevention/Education:**
  - Informing public about risk areas.
  - Using EPA-registered repellents (esp. DEET).
  - Treating clothing/gear with 0.5% permethrin.
  - Promoting daily tick checks and showering within 2 hours after being outdoors.
  - Advising laundering clothes on hot settings or drying on high heat for 10 min.
- Tick identification kits/cards available; cases investigated thoroughly.
- Advice for residents:
  - Safely remove ticks with tweezers.
  - Photograph or store the tick in a sealed bag/container.
  - Share with doctor if symptoms appear within 30 days.
- Emphasis on yard/neighborhood exposures: ticks common in shaded, wet habitats; less so in sunny, dry lawns.

Ms. Wright concluded with references and noted that education, prevention, and early detection remain key.

**Questions**

- Ms. Moore asked for clarification on the confirmed Lyme disease cases shown with green dots: Were these cases contracted in Ohio, or could they have been contracted elsewhere (e.g., hiking in Indiana, Kentucky, or even Europe)? Does the Health Department gather that information?
  - Ms. Wright confirmed that travel history is asked for every reported case within 30 days prior to symptom onset.
  - She noted that in Cincinnati, only one confirmed case has been identified this year. Ms. Wright stated that other cases shown in Hamilton County were investigated locally, but cases are counted by county of residence, regardless of where exposure occurred.
  - It is acknowledged that infections may have been contracted outside the area. Ms. Wright Emphasized that if a

	<p>cluster of cases were identified with exposures in the same local area, the team would escalate and coordinate with Jose (Environmental Health) to share information with the public, helping ensure people are aware and can take protective measures.</p> <ul style="list-style-type: none"> <li>• Dr. Lewis asked if it is true that covering a tick with Vaseline could suffocate it, making it disengage from the skin. He inquired whether this method might be better than using tweezers to remove the tick. <ul style="list-style-type: none"> <li>○ Ms. Wright answered that methods such as Vaseline, nail polish remover, fire, or squeezing with fingers should be avoided.</li> <li>○ Ms. Wright explained that these actions can agitate the tick, causing it to regurgitate its stomach contents into the host, which increases the risk of transmitting infection.</li> <li>○ She recommended using fine-tipped tweezers, grasping the tick by the head or as close to the skin as possible, and applying gentle, steady traction until the tick releases.</li> <li>○ She emphasized this approach provides the best chance of complete removal without additional health risks.</li> </ul> </li> </ul>		
<p><b>Food License &amp; Facility Review Fees for License Year 2026-2027 Presentation: Reading #1</b></p>	<p><b>Discussion Items:</b> Document and Presentation included in the agenda.</p> <p>Mr. Antonio Young Discussed the Food License &amp; Facility Review Fees for License Year 2026-2027 and BOH resolution 2025-004.</p> <ul style="list-style-type: none"> <li>• Food license calendar goes from March 1, 2026-February 28, 2027.</li> <li>• The Ohio food code requires that all local health departments calculate their costs and produce fees yearly. This ensures that our fees are fair and consistently cover the costs of administering the program.</li> <li>• Everything that is calculated from the previous calendar goes into these fees.</li> <li>• Fees are not for profit and ensure smooth operation.</li> <li>• Mr. Young proposed the following Food Fee Resolution 3 reading timeline: <ul style="list-style-type: none"> <li>○ July 22, 2025: Proposed Food fees document presented to BOH for</li> </ul> </li> </ul>	<p>Mr. Antonio Young</p>	<p>n/a</p>

discussion - **1st Reading**. Mail proposed fees schedule and public notification letter to license holders August 6, 2025, inviting their comments at the August 26, 2025, BOH meeting.

- August 26, 2025: Public comments and **2nd reading** of the proposed Food Fees document.
- September 23, 2025: **3rd Reading** of the proposed fees by staff. BOH resolution of 2026-2027 fees.
- Mr. Young discussed how the fees are calculated.
  - The cost methodology calculates the maximum allowable fees for risk-based restaurants and grocery stores, mobile (food trucks), temporary (5 days or less), and vending food licenses.
  - Calculations are based solely on inspections, enforcement, and administration of food programs.
- Mr. Young explained the risk levels.
  1. Risk Level 1: Small operations with minimal food handling (e.g., UDF, packaged food, fountain drinks).
  2. Risk Level 2: Basic handling of food, limited preparation, fewer hazards.
  3. Risk Level 3: More complex operations—cold holding, reheating, cross-contamination risks.
  4. Risk Level 4: Highest risk category. Includes bulk reheating of leftovers, catering, and serving vulnerable populations (e.g., nursing homes). Requires intensive inspections due to greater public health risk.
- Mr. Young went over the size classification.
  - Small facility: under 25,000 sq. ft.
  - Large facility: 25,000 sq. ft. or more.
  - Larger facilities incur higher inspection costs and higher fees.
- Mr. Young reviewed the projected fees/revenues. The food fees increase naturally each year, and CHD does not set out to make a profit from fees.
- Letters inviting public comments for the August 26 public hearing have been mailed.
- Final adoption is scheduled for September 23, 2025.

**Questions/Comments:**

- Dr. Burkhardt asked why the setup would allow for a shortfall instead of breaking even.
  - Mr. Young explained that, by design, there will always be a level of shortfall across categories.

	<ul style="list-style-type: none"> <li>○ He stated this is a normal and expected outcome of the state’s cost methodology.</li> <li>○ He also noted that the Health Department is becoming more proficient with calculations, and compared to last year, the figures are much improved.</li> <li>● Mr. Bhati expressed support for the fee changes, noting from his experience that higher-risk facilities appropriately warrant higher fees and commending the department for focusing on necessary adjustments. <ul style="list-style-type: none"> <li>○ Mr. Young noted in agreeance that the board packet includes a six-year history of food license fees. He explained that incremental annual increases are expected and appropriate. While initially concerned about potential issues with yearly increases, he confirmed that the Ohio Department of Health affirmed this trend is a natural result of cost methodology and inflation. He reassured the board that the department is correctly aligning fees with actual costs.</li> </ul> </li> </ul>		
<p><b>Household Sewage Treatment System, Resolution 2025-002 -Reading #2</b></p>	<p><b>Discussion Items:</b> Document included in the agenda packet.</p> <p>Mr. Antonio Young Discussed the second reading of Resolution 2025-002 for Household Sewage Treatment System at 5254 Shepherd Road with the board.</p> <ul style="list-style-type: none"> <li>● Mr. Young presented a variance request related to the installation of a replacement household sewage treatment system at 5254 Shepherd Road.</li> <li>● He explained that the existing system is failing and must be replaced, but the property’s slopes and narrow topography limit the available space for installation.</li> <li>● The proposed location—where the current system is situated—is the most suitable area for proper treatment but does not meet the required 10-foot isolation distances from the home and property line as outlined in the Ohio Administrative Code.</li> <li>● Mr. Young noted that such variances are common across Ohio, particularly for challenging lots, and are recognized by the Ohio Department of Health.</li> <li>● He emphasized that the homeowner will be required to maintain a lifetime service contract for the system and that the Health Department will conduct biannual inspections. Based on these safeguards and site limitations.</li> <li>● Mr. Young asked the board to waive the 3x readings and pass resolution 2025-002.</li> </ul> <p><b>Vote: Motion to Suspend the statutory rule requiring three readings of Resolution No. 2025-002</b></p>	<p>Mr. Antonio Young</p>	<p><b>Vote: Waive 3x readings for resolution 2025-002</b>  <b>Motion:</b> Dr. Edward Herzig  <b>2nd:</b> Dr. Jennifer Forrester  <b>Action: 8-0 Passed</b></p> <p><b>Vote: Approve Resolution 2025-002</b>  <b>Motion:</b> Mr. Jagdish Bhati  <b>2nd:</b> Ms. Raynal Moore  <b>Action: 8-0 Passed</b></p>

	<p><b>Vote: Motion to Approve</b> Resolution 2025-002, approving a limited variance from to replace an existing household sewage treatment system located at 5254 Shepherd Road in accordance with the Ohio Revised Code and the Ohio Administrative Code.</p>		
<p><b>Clear and Present Danger, Resolution 2025-003 -Reading #2</b></p>	<p><b>Discussion Items:</b> Document included in the agenda packet.</p> <p>Mr. Antonio Young Discussed the second reading of Resolution 2025-003 for Clear and Present Danger with the board.</p> <ul style="list-style-type: none"> <li>• Mr. Young provided a brief update on the revision of the existing Clear and Present Danger resolution. He stated that the update is being made with the recommendation of the Ohio Department of Agriculture in preparation for an upcoming resurvey scheduled at the end of June.</li> <li>• The Law Department has collaborated with staff to revise the current resolution found in the board packets.</li> <li>• The updated resolution aims to clarify the authority granted to the Health Commissioner, including authorized employees of the Board of Health.</li> <li>• It covers both non-emergency and emergency situations, with Mr. Young noting that in emergency contexts, the term “clear and present danger” is also applicable and used interchangeably.</li> <li>• The resolution explicitly defines authority and responsibilities in a manner that ensures compliance during state reviews.</li> <li>• Importantly, this new resolution will supersede all previous resolutions related to the same matter.</li> <li>• Mr. Young asked the board to waive the 3x readings and pass resolution 2025-003.</li> </ul> <p><b>Vote: Motion to Suspend</b> the statutory rule requiring three readings of Resolution No. 2025-003</p> <p><b>Vote: Motion to Approve</b> Resolution 2025-003, granting authority to the Health Commissioner of the City of Cincinnati, and the Commissioner’s designees as applicable, to suspend a licensee’s retail food establishment license or food service operation license in accordance with the rules established under Ohio Revised Code Sections 3717.29 and 3717.49, and superseding Board of Health Resolution No. 2023-01, Resolution No. 2022-004, Resolution No. 2017-04, and Resolution No. 2016-01.</p>	<p>Mr. Antonio Young</p>	<p><b>Vote: Waive 3x readings for resolution 2025-002</b>  <b>Motion:</b> Ms. Raynal Moore  <b>2nd:</b> Mr. Jagdish Bhati  <b>Action: 8-0 Passed</b></p> <p><b>Vote: Approve Resolution 2025-002</b>  <b>Motion:</b> Mr. Jagdish Bhati  <b>2nd:</b> Ms. Raynal Moore  <b>Action: 8-0 Passed</b></p>

<p><b>Environmental Waste Unit Presentation</b></p>	<p><b>Discussion Items:</b> Presentation included in the agenda.</p> <p>Ms. Robin Anderson, Supervisor of the Environmental Waste Unit, provided an overview of the Environmental Waste Unit's activities,</p> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• <b>Unit Staff:</b> 1 Supervisor, 1 Senior Environmental Specialist, 4 Environmental Health Specialists, 1 Customer Relations Representative.</li> <li>• One of four programs under Environmental Services.</li> <li>• Responsible for multiple environmental health programs including solid waste, scrap tires, body art, infectious waste, junk vehicles, and municipal solid waste facilities.</li> <li>• Environmental Health Specialists respond to complaints regarding open dumping and scrap tires.</li> <li>• Enforcement: Orders issued under CMC 714-31 and Board of Health Regulations 300.53-7; civil citations or court action if necessary.</li> <li>• 2024 Data: twenty-seven new open dumping complaints received. Eighty-seven inspections were conducted.</li> <li>• Inspections of new and used tire shops (52 facilities in the jurisdiction).</li> <li>• Seasonal inspections: spring through fall.</li> <li>• Enforcement: civil citations and prosecution as needed.</li> <li>• Licensing and inspections for tattooing, body piercing, microblading, and permanent makeup (67 establishments).</li> <li>• Inspect each establishment three times per year.</li> <li>• Respond to complaints of illegal practices.</li> <li>• Temporary Body Art Events: <ul style="list-style-type: none"> <li>○ Limit: max 5 days per event.</li> <li>○ 2024: 10 events; major recurring event: Villain Arts Tattoo Event (~300 artists).</li> </ul> </li> <li>• Inspect treatment facilities (autoclaving, chemical treatment, digesters, ozone).</li> <li>• Facilities: Children’s Hospital, University Hospital, Q Laboratories, US EPA.</li> <li>• Inspection Schedule: Quarterly; new facilities inspected every other week for first 3 months.</li> </ul>	<p>Ms. Robin Anderson</p>	<p>n/a</p>
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	<ul style="list-style-type: none"> <li>• Large Quantity Generators (producing &gt;50 lbs./month): 106 facilities inspected annually.</li> <li>• Responds to complaints as needed.</li> <li>• 2024 Data: &gt;1,100 junk vehicle complaints responded to.</li> <li>• Enforcement: <ul style="list-style-type: none"> <li>○ Orders under CMC 511-31 or CMC 758.</li> <li>○ Civil citations, prosecution, or police tow for noncompliance.</li> </ul> </li> <li>• 2024 Data: 216 vehicles referred to police for tow and destruction.</li> <li>• CSI Republic Services Transfer Station: <ul style="list-style-type: none"> <li>○ Licensed annually; inspected quarterly.</li> <li>○ Facility has never operated.</li> </ul> </li> <li>• ELDA Closed Landfill: Located on Estee Avenue; inspected quarterly (required yearly).</li> <li>• Whitton Recycling (C&amp;D Facility): Licensed last month; inspected biweekly for first 3 months, then quarterly.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Mr. Patel asked about what is inspected in the body art space? <ul style="list-style-type: none"> <li>○ Ms. Anderson explained that body art inspections focus on ensuring inks and sterilized equipment are not expired, disinfectants are effectively used, staff training and paperwork are up to date, the facility is clean, and, where applicable, autoclave records are maintained.</li> </ul> </li> <li>• Mr. Bhati asked, with 67 permanent facilities and three inspections per year, each site only gets checked periodically. How do you ensure the facilities are operating properly in between inspections? Is there a system to track compliance beyond the set inspection schedule, or are you limited by staffing? <ul style="list-style-type: none"> <li>○ Ms. Anderson explained that each body art facility is licensed annually (January–December) and inspected three times per year. During inspections, staff review records for the preceding months, along with equipment and facility compliance. She compared the process to food inspections, which occur twice yearly,</li> </ul> </li> </ul>		
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	noting body art inspections are even more frequent.		
<b>Finance Update</b>	<p><b>Discussion Items:</b> Memo and materials were included in the agenda.</p> <p>Mr. Menkhaus gave an update on CHD Financials for June 2025 and Year over Year.</p> <p><b>Highlights</b></p> <ul style="list-style-type: none"> <li>• Mr. Menkhaus reported that the numbers reflect the entire Fiscal year 25 numbers.</li> <li>• Revenue total was \$67,5835,783.76, decreased 8.47%. <ul style="list-style-type: none"> <li>○ Private Pay Insurance increased by 0.19%.</li> <li>○ Medicare increased by 3.28%.</li> <li>○ Medicaid decreased by 19.14%.</li> <li>○ Medicaid managed care increased by 29.20%.</li> <li>○ Self-Pay patients increased by 5.04%.</li> <li>○ Board of Ed Svcs (School Nurse’s Salary) decreased by 33.35%.</li> <li>○ Grants/Federal decreased by 0.20%.</li> </ul> </li> <li>• Expenses were \$66,4832,652.51, a decrease of 0.80%. <ul style="list-style-type: none"> <li>○ Property expenses increased by 51.36%.</li> <li>○ Personnel expenses increased by 3.76%.</li> <li>○ Contractual costs increased by 4.67%.</li> <li>○ Material costs decreased by 34.01%.</li> <li>○ Fixed costs decreased by 20.57%.</li> <li>○ Fringes increased by 5.03%.</li> </ul> </li> </ul> <p><b>The total available is \$3,539,131.25, decreased by 57.45%.</b></p>	Mr. Mark Menkhaus Jr.	n/a
<b>Personnel Actions</b>	<ul style="list-style-type: none"> <li>• Dr. Mussman directed the Board to the personnel actions included in the board packet.</li> <li>• Personnel actions include one optometry technician and three dental assistants.</li> </ul> <p><b>Motion to Approve the personnel actions dated July 22, 2025</b></p>	Dr. Grant Mussman	<b>Motion:</b> Mr. Ken Patel <b>2nd:</b> Dr. Jennifer Forrester <b>Action: 8-0 passed</b>
<b>New Business</b>			
<b>Executive Session</b>	<p><b>Motion for Executive Session – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee.</b></p> <p><b>Motion to approve the adaptation of the recommendation of HR of 80-hour suspension for the employee discussed in the executive session.</b></p>	Ms. Ashlee Young	<p><b>Vote:</b> Enter Executive Session <b>Motion:</b> Mary Carol Burkhardt <b>2nd:</b> Mr. Jagdish Bhati <b>Action: 8-0 passed</b></p> <p><b>Vote:</b> Adaptation of the recommendation of HR of 16-hour suspension for the employee discussed in executive session</p>

			<b>Motion:</b> Mr. Jagdish Bhati <b>2nd:</b> Dr. Edward Herzig <b>Action: 8-0 Passed</b>
<b>Additional New Business and Public Comments</b>	<b>Public Comments</b> <ul style="list-style-type: none"> <li>There were no public comments.</li> </ul>	Ms. Ashlee Young	n/a

**7:25 p.m. adjourned.**

**Next meeting:** Tuesday, August 26, 2025, at 6pm, via Zoom.

**Meeting can be viewed at:** <https://archive.org/details/boh-7-22-25>

Minutes Approved by:

\_\_\_\_\_  
 Sa-Leemah Cunningham  
 Cincinnati Board of Health Clerk

\_\_\_\_\_  
 Ashlee Young  
 Chairperson, Board of Health

**July 22, 2025 Meeting Attendance/vote sheet**

Board Members	Roll Call on 7.22.25	6.24.25 BOH Meeting Minutes	Waive 3x readings for Resolution 2025-002	Approve Resolution 2025-002	Waive 3x readings for Resolution 2025-003	Approve Resolution 2025-003	Personnel Actions Dated 7.22.25	Motion to move into Executive Session to discuss a personnel action	Adaptation of the recommendation of HR of 80 hr suspension discussed in executive session
Mr. Jagdish Bhati	x	M		M	2nd	M		2nd	M
Dr. Mary Carol Burkhardt	x							M	
Dr. Jennifer Forrester	x	2nd	2nd				2nd		
Dr. Edward Herzig	x		M						2nd
Dr. Christopher Lewis	x								
Ms. Raynal Moore	x			2nd	M	2nd			
Mr. Ken Patel	x						M		
Ms. Kiana Trabue									
Ms. Ashlee Young - Chair	x								
<b>Motion Result:</b>	Quorum	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed

x Present  
 Yay  
 Nay  
 Absent  
 Didn't vote but present  
M Move  
2nd Second

**STAFF**

Dr. Grant Mussman-Commissioner	x
Sa-Leemah Cunningham (clerk)	x
Dr. Maryse Amin	x
Ian Doig	x
Mark Menkhaus Jr.	x
Antonio Young	x
Dr. Ashanti Salter	x
Kim Wright	x
Harry Barnes	x
Dr. Camille Jones	x
Jose Marques	x
Marla Fuller	x
Dr. Geneva Goode	x
Dr. Nick Taylor	x
Joyce Tate	x
Chante Randolph	x
John Sanders	x
Robert Smith	x
Robin Anderson	x
John Kachuba	x

**Date:** July 22, 2025  
**To:** Members of the Board of Health  
**From:** Grant Mussman, MD, MHSA, Health Commissioner  
**Subject:** Food License and Facility Review Fees for LY 20265-2027

Environmental Services has completed the prescribed cost methodology and proposes license fee changes for retail food establishments (RFE)/ food service operations (FSO), mobile food businesses, temporary food stands, and vending machines.

**Background:** RFEs refer to those entities whose primary business is selling prepackaged food, not necessarily meant to be consumed on the premises (e.g. grocery stores, supermarkets). FSOs are entities whose primary business is selling food prepared for consumption on the premises (e.g. restaurants). For locations with both types of sales, a single license is given for the primary business (based on sales volume) with a rider permitting the secondary business. Mobile businesses are RFEs or FSOs “on wheels” (e.g. ice cream truck, hot dog stand). Temporary businesses are typically stands set up for short-term events like Oktoberfest and Taste of Cincinnati.

For FSOs and RFEs, the license fees and number of inspection are all based on the risk level the operation falls into. Risk levels are based on potential risk to the public in terms of sanitation and are generally determined by menu, preparation, and cooking processes. A higher risk level (categorized I-IV) indicates a higher potential for health risk. Additional detail on these risk levels is found in Attachment 1.

**LY 2026-27 Fees:** The license fees for license year 2026-27 (LY 2026-27) are based on costs derived from time staff spent in calendar year 2024 (CY 2024) fulfilling licensing, inspection, and administration requirements. The State of Ohio mandates the methodology used to calculate these costs. RFEs, FSOs, and vending machines have additional legislative constraints (caps) on how fees are calculated, while mobile and temporary businesses have no additional caps. A table depicting a more complete analysis of the changes in license fees and expected revenue is provided in Attachment 2.

**Timetable:** To accommodate the legal requirements for the Board to amend BOH Regulation 00079, I am proposing the following timetable:

Month	Action
July 22 <sup>nd</sup>	Proposed Food fees document presented to BOH for discussion - 1 <sup>st</sup> Reading. Mail proposed fees schedule and public notification letter to license holders by August 6 <sup>th</sup> , 2025, inviting their comments at the August 26, 2025, BOH meeting.
August 26 <sup>th</sup>	Public comments and 2 <sup>nd</sup> reading of the proposed Food Fees document.
September 23 <sup>rd</sup>	3 <sup>rd</sup> Reading of the proposed fees by staff. BOH resolution of 2026-2027 fees.

## Attachment 1

### OAC 3701-21-02.3 Risk level of food service operations.

The licenser will determine the risk level based on the highest risk level activity of the food service operation in accordance with the following criteria:

(A) Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or serves:

- (1) Coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
- (2) Pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
- (3) Fresh, unprocessed fruits and vegetables;
- (4) Pre-packaged non-time/temperature controlled for safety foods; or
- (5) Baby food or formula.

A "food delivery sales operation" as defined in division (H) of section 3717.01 of the Revised Code will be classified as a risk level I.

(B) Risk level II poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- (1) Handling, heat treating, or preparing non-time/temperature controlled for safety food;
- (2) Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
- (3) Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service; or
- (4) Hand dipping of commercially manufactured ice cream.

(C) Risk level III poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures in order to sell the product as ready-to-eat. Examples of risk level III activities include, but are not limited to:

- (1) Handling, cutting, or grinding raw meat products;
- (2) Cutting or slicing ready-to-eat meats and cheeses;
- (3) Assembling, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (4) Operating a soft serve ice cream or frozen yogurt machine;
- (5) Reheating in individual portions only; or
- (6) Heating of a product, from an intact, hermetically sealed package and holding the product hot.

(D) Risk level IV poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth. Examples of risk level IV activities include, but are not limited to:

- (1) Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
- (2) Operating a heat treatment dispensing freezer;
- (3) Catering as defined in division (G) of section 3717.01 of the Revised Code;
- (4) Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
- (5) Using freezing as a means to achieve parasite destruction;
- (6) Preparing food for a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living;
- (7) Using time as a public health control for time/temperature controlled for safety food;
- (8) Non-continuous cooking of raw time/temperature controlled for safety animal food;
- (9) Performing activities requiring a HACCP plan; or
- (10) Activities requiring a variance for the process.

(E) Mobile food service operations based on the highest risk level activity in accordance with the following criteria:

(1) Low risk poses a potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, hand contact, hand washing, and employee health concerns but minimal possibility of pathogenic growth exists and includes the following activities:

- (a) Holding for sale or service pre-packaged refrigerated or frozen time/temperature controlled for safety foods in equipment that complies with paragraph (KK)(3) of rule 3717-1-04.1 of the Administrative Code; and
- (b) Offering for sale or serving pre-packaged non-time/temperature controlled for safety foods;

(2) High risk poses a higher potential risk to the public than low risk because of concerns associated with: proper receiving, holding, and cooking temperatures; proper cooling procedures; processing a raw food product requiring bacterial load reduction procedures in order to sell or serve it as ready-to-eat; handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish or a food with raw time/temperature controlled for safety items as ingredients; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food. Examples of high-risk activities include, but are not limited to:

- (a) Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (b) Operating a heat treatment dispensing freezer;
- (c) Reheating bulk quantities or individual portions of leftover time/temperature controlled for safety food;
- (d) Heating of a product, from an intact, hermetically sealed package and holding it hot; or
- (e) Operating as a mobile catering food service operation as defined in paragraph (L) of rule 3701-21-01 of the Administrative Code.

## Attachment 2

### Analysis of LY 2026-2027 License Fees and Projected Revenues

Food License Type	Risk Class	Actual Cost-based Maximum	Allowed Cost-based Maximum	Proposed Fee	Current Fee	Number of Licenses	Projected Cost	Projected Revenue	Shortfall Using proposed
<25,000 ft. <sup>2</sup>	I	\$331.68	\$331.68	<b>\$331.00</b>	\$323.00	207	\$68,657.76	\$68,517.00	\$140.76
	II	\$374.26	\$374.26	<b>\$374.00</b>	\$364.00	453	\$169,539.78	\$169,422.00	\$117.78
	III	\$719.96	\$719.96	<b>\$719.00</b>	\$700.00	739	\$532,050.44	\$531,341.00	\$709.44
	IV	\$914.11	\$914.11	<b>\$914.00</b>	\$889.00	841	\$768,766.51	\$768,674.00	\$92.51
Risk-based RFE & FSO									
	I	\$481.54	\$481.54	<b>\$481.00</b>	\$468.00	0	\$0.00	\$0.00	\$0.00
>25,000 ft. <sup>2</sup>	II	\$507.09	\$507.09	<b>\$507.00</b>	\$493.00	0	\$0.00	\$0.00	\$0.00
	III	\$1,809.88	\$1,809.88	<b>\$1,809.00</b>	\$1,760.00	6	\$10,859.28	\$10,854.00	\$5.28
	IV	\$1,918.88	\$1,918.88	<b>\$1,918.00</b>	\$1,867.00	17	\$32,620.96	\$32,606.00	\$14.96
Temporary RFE & FSO		\$175.49	\$175.49	<b>\$175.00</b>	\$220.00	300	\$52,647.00	\$52,500.00	\$147.00
Mobile RFE & FSO	High Risk	\$159.56	\$159.56	<b>\$159.00</b>	\$154.00	229	\$36,539.24	\$36,411.00	\$128.24
	Low Risk *	\$79.78	\$79.78	<b>\$79.00</b>	\$77.00	11	\$877.58	\$869.00	\$8.58
Vending #		\$21.47	\$14.29	<b>\$14.29</b>	\$13.89	54	\$1,159.38	\$771.66	\$387.72
							<b>\$1,673,717.93</b>	<b>\$1,671,965.66</b>	<b>\$1,752.27</b>

# Vending is limited to last year's fee + CPI. In this case  $\$13.89 \times 2.9\% = .4028$ ,  $\$13.89 + .4028 = 14.29$

\* Low Risk Fee for FSO and RFE mobiles were adopted in 2024

**RESOLUTION**  
**BOARD OF HEALTH OF THE CITY OF CINCINNATI**

**A RESOLUTION** of the Board of Health of the City of Cincinnati, amending Board of Health Regulation No. 00079, “Fees Retail Food Establishments; Food Service Operations,” to establish updated fees for the licensing of retail food establishments and food service operations, and to establish new fees for the licensing of mobile food service operations in accordance with the new risk level established in the Ohio Administrative Code.

WHEREAS, Ohio Revised Code (“R.C.”) Sections 3717.21 and 3717.41 require all retail food establishments and food service operations in Cincinnati to obtain a license from the Board of Health of the City of Cincinnati (the “Licensor”), which issues new licenses and renewals through the Cincinnati Health Department (“CHD”); and

WHEREAS, R.C. Sections 3717.25 and 3717.45 permit Licensors to establish fees for the licensing of retail food establishments and food service operations; and

WHEREAS, Ohio Administrative Code (“OAC”) § 3701-21-02.2, “Cost analysis and calculation,” and OAC § 901:3-4, “Cost analysis and license fee calculation,” require Licensors to reassess these fees on an annual basis; and

WHEREAS, the Board of Health, acting as a Licensor of retail food establishments and food service operations in the City of Cincinnati, has determined that its licensing fees in Regulation 00079 should be amended in accordance with its annual reassessments; and

**BE IT RESOLVED** by the Board of Health of the City of Cincinnati, State of Ohio:

Section 1. That the Board of Health Regulation 00079 is hereby amended to read as follows:

§00079—Fees Retail Food Establishments; Food Service Operations

The cost of a license for a Retail Food Establishment or Food Service Operation as defined in Section 3717.01 of the Ohio Revised Code shall be any amount determined pursuant to Sections 3717.45 and 3717.25 of the Ohio Revised Code, plus the following license fees, based on the risk levels established in Ohio Administrative Code Sections 3701-21-02.3 and 901:4-4-05:

(A)	Retail Food Establishment/Food Service Operation Fees	
1)	< 25,000 ft. <sup>2</sup>	
	Risk Class Level 1	<del>\$323.00</del> <u>\$331.00</u>
	Risk Class Level 2	<del>\$364.00</del> <u>\$374.00</u>
	Risk Class Level 3	<del>\$700.00</del> <u>\$719.00</u>
	Risk Class Level 4	<del>\$889.00</del> <u>\$914.00</u>
2)	≥ 25,000 ft. <sup>2</sup>	
	Risk Class Level 1	<del>\$468.00</del> <u>\$481.00</u>
	Risk Class Level 2	<del>\$493.00</del> <u>\$507.00</u>
	Risk Class Level 3	<del>\$1,760.00</del> <u>\$1,809.00</u>
	Risk Class Level 4	<del>\$1,867.00</del> <u>\$1,918.00</u>
(B)	Fees for Temporary Food Service Operations / <u>Retail Food Establishments</u> (per single event, not to exceed a maximum of five consecutive days)	<del>\$220.00</del> <u>\$175.00</u>
(C)	Fees for Mobile Food Service Operations	
1)	High Risk	<del>\$154.00</del> <u>\$159.00</u>
2)	Low Risk	<del>\$77.00</del> <u>\$79.00</u>
(D)	Fees for Mobile Retail Food Establishments	
1)	High Risk	<del>\$154.00</del> <u>\$159.00</u>
2)	Low Risk	<del>\$77.00</del> <u>\$79.00</u>
(E)	Fees for Vending Food Service Operations	<del>\$13.89</del> <u>\$14.29</u>
(F)	Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).	
1)	< 10,000 ft. <sup>2</sup>	
	Risk Class Level 1	\$200.00
	Risk Class Level 2, 3 & 4	\$400.00
2)	≥ 10,000 ft. <sup>2</sup>	
	Risk Class Level 1	\$300.00
	Risk Class Level 2, 3 & 4	\$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have not been operated in over a year as a food service).

1) < 10,000 ft.<sup>2</sup>

Risk Class Levels 1	\$100.00
Risk Class Levels 2, 3 & 4	\$200.00

2) > 10,000 ft.<sup>2</sup>

Risk Class Levels 1	\$150.00
Risk Class Levels 2, 3 & 4	\$300.00

(H) Facility Review/Equipment Specification Fees  
\$100.00 for Change of Ownership only

(I) Any such fee or portion of such fee retained by the Board of Health shall be paid into a special fund as provided in Sections 3717.45 and 3717.25 of the Ohio Revised Code and used only for the purpose of administering and enforcing Sections 3717.01 to 3717.99 of the Revised Code.

(J) If a license fee is received by the Board of Health after March 1 of each year, a penalty of 25 percent of the applicable fee for that year shall be imposed and paid as provided in Sections 901:3-4-02 and 3701-21-02 of the Ohio Administrative Code. This subsection does not apply to Mobile Food Service Operations, Temporary Food Service Operations, Mobile Retail Food Establishments, Temporary Retail Food Establishments, or to a new Food Service Operation or Retail Food Establishment that opened for business subsequent to March 1 of that year.

Section 2. That the Health Commissioner and his designee(s) are authorized to do all things necessary and proper to comply with the terms of this Resolution.

Section 3. That this Resolution shall take effect and be in force from and after December 1, 2025.

**ADOPTED:** \_\_\_\_\_, 2025

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Ashlee Young, MPH  
Chairperson, Cincinnati Board of Health

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Dr. Grant Mussman, MD, MHSA  
Health Commissioner  
Cincinnati Board of Health

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New language underscored. Deleted language indicated by strikethrough.

**Attachment 4**

(This is the sample of letter sent to operators 20 days prior to the public hearing meeting)

Dear Food Service/Food Establishment/Temporary Food Service/Mobile Food Service/Vending Food Service Operator:

Ohio Revised Code 3717.071 mandates a food license cost recalculation each year. This enables the local health department to compare costs and revenues, adjusting as needed. Therefore, we are proposing that the Board of Health revise its food license fees for the 2026-2027 licensing year. The revised fees are shown on the reverse side of this letter.

You may contact the Food Safety Program office at (513) 564-1751 for questions concerning these new fees or food protection program laws.

In accordance with the law, a public hearing regarding the new food fees will be held on August 26, 2025. Following is an announcement of the public hearing.

Respectfully,

A handwritten signature in black ink, appearing to read 'Grant Mussman', written in a cursive style.

Grant Mussman, MD, MHSA  
Health Commissioner

NOTICE OF  
BOARD OF HEALTH  
PUBLIC HEARING

The Board of Health for the City of Cincinnati Health Department will hold a Public Hearing to receive comments from the public concerning proposed new Board of Health Regulation 00079 (Fees Retail Food Establishments/ Food Service Operations) to establish fees for licensing Retail Food Establishments and Food Service Operations.

Requests for copies of the proposed new Regulation 00079 (Retail Food Establishments; Food Service Operations) should be directed to Sa-Leemah Cunningham, Cincinnati Health Department, at (513) 357-7362.

The hearing will be held on **Tuesday, August 26, 2025, at 6:00 PM** during the regular monthly Board of Health meeting. The Board of Health meeting is being held via video conference, the link is below. To be permitted to the meeting, please pre-register to speak at this public hearing, or to request interpretation services for the hearing impaired, contact Mrs. Cunningham, at [BOHClerk@cincinnati-oh.gov](mailto:BOHClerk@cincinnati-oh.gov).

Zoom link: <https://cincinnati-oh.zoom.us/j/84332383728?pwd=KmlbB7SPYPa0X3MSYZxiW1SvpTXICT.1>

**Food Protection License Fees 2026-2027**

<b>Food License Type</b>	<b>Size</b>	<b>Risk Class</b>	<b>New License Fee</b>
<b>Risk Based Operations</b>	<25,000 ft. <sup>2</sup>	Level 1	\$331.00
		Level 2	\$374.00
		Level 3	\$719.00
		Level 4	\$914.00
	≥25,000 ft. <sup>2</sup>	Level 1	\$481.00
		Level 2	\$507.00
		Level 3	\$1,809.00
		Level 4	\$1,918.00
<b>Temporary Food Operation*</b>			\$175.00
<b>Mobile Food Operation</b>		High Risk	\$159.00
		Low Risk	\$79.00
<b>Vending Food Operation</b>			\$14.29

\* Per single event, not to exceed a maximum of 5 consecutive days

*This table does not reflect the Ohio Department of Health and Ohio Department of Agriculture state fees that must be added to the base fee.*

**RESOLUTION**  
**BOARD OF HEALTH OF THE CITY OF CINCINNATI**

**A RESOLUTION** of the Board of Health of the City of Cincinnati, amending Board of Health Regulation No. 00079, “Fees Retail Food Establishments; Food Service Operations,” to establish updated fees for the licensing of retail food establishments and food service operations, and to establish new fees for the licensing of mobile food service operations in accordance with the new risk level established in the Ohio Administrative Code.

WHEREAS, Ohio Revised Code (“R.C.”) Sections 3717.21 and 3717.41 require all retail food establishments and food service operations in Cincinnati to obtain a license from the Board of Health of the City of Cincinnati (the “Licensor”), which issues new licenses and renewals through the Cincinnati Health Department (“CHD”); and

WHEREAS, R.C. Sections 3717.25 and 3717.45 permit Licensors to establish fees for the licensing of retail food establishments and food service operations; and

WHEREAS, Ohio Administrative Code (“OAC”) § 3701-21-02.2, “Cost analysis and calculation,” and OAC § 901:3-4, “Cost analysis and license fee calculation,” require Licensors to reassess these fees on an annual basis; and

WHEREAS, the Board of Health, acting as a Licensor of retail food establishments and food service operations in the City of Cincinnati, has determined that its licensing fees in Regulation 00079 should be amended in accordance with its annual reassessments; and

**BE IT RESOLVED** by the Board of Health of the City of Cincinnati, State of Ohio:

Section 1. That the Board of Health Regulation 00079 is hereby amended to read as follows:

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(A)	Retail Food Establishment/Food Service Operation Fees	
1)	< 25,000 ft. <sup>2</sup>	
	Risk Class Level 1	<del>\$323.00</del> <u>\$331.00</u>
	Risk Class Level 2	<del>\$364.00</del> <u>\$374.00</u>
	Risk Class Level 3	<del>\$700.00</del> <u>\$719.00</u>
	Risk Class Level 4	<del>\$889.00</del> <u>\$914.00</u>
2)	≥ 25,000 ft. <sup>2</sup>	
	Risk Class Level 1	<del>\$468.00</del> <u>\$481.00</u>
	Risk Class Level 2	<del>\$493.00</del> <u>\$507.00</u>
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(B)	Fees for Temporary Food Service Operations / <u>Retail Food Establishments</u> (per single event, not to exceed a maximum of five consecutive days)	<del>\$220.00</del> <u>\$175.00</u>
(C)	Fees for Mobile Food Service Operations	
1)	High Risk	<del>\$154.00</del> <u>\$159.00</u>
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(D)	Fees for Mobile Retail Food Establishments	
1)	High Risk	<del>\$154.00</del> <u>\$159.00</u>
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(E)	Fees for Vending Food Service Operations	<del>\$13.89</del> <u>\$14.29</u>
(F)	Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).	
1)	< 10,000 ft. <sup>2</sup>	
	Risk Class Level 1	\$200.00
	Risk Class Level 2, 3 & 4	\$400.00
2)	≥ 10,000 ft. <sup>2</sup>	
	Risk Class Level 1	\$300.00
	Risk Class Level 2, 3 & 4	\$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have not been operated in over a year as a food service).

1) < 10,000 ft.<sup>2</sup>

Risk Class Levels 1	\$100.00
Risk Class Levels 2, 3 & 4	\$200.00

2) > 10,000 ft.<sup>2</sup>

Risk Class Levels 1	\$150.00
Risk Class Levels 2, 3 & 4	\$300.00

(H) Facility Review/Equipment Specification Fees  
\$100.00 for Change of Ownership only

(I) Any such fee or portion of such fee retained by the Board of Health shall be paid into a special fund as provided in Sections 3717.45 and 3717.25 of the Ohio Revised Code and used only for the purpose of administering and enforcing Sections 3717.01 to 3717.99 of the Revised Code.

(J) If a license fee is received by the Board of Health after March 1 of each year, a penalty of 25 percent of the applicable fee for that year shall be imposed and paid as provided in Sections 901:3-4-02 and 3701-21-02 of the Ohio Administrative Code. This subsection does not apply to Mobile Food Service Operations, Temporary Food Service Operations, Mobile Retail Food Establishments, Temporary Retail Food Establishments, or to a new Food Service Operation or Retail Food Establishment that opened for business subsequent to March 1 of that year.

Section 2. That the Health Commissioner and his designee(s) are authorized to do all things necessary and proper to comply with the terms of this Resolution.

Section 3. That this Resolution shall take effect and be in force from and after December 1, 2025.

**ADOPTED:** \_\_\_\_\_, 2025

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Ashlee Young, MPH  
Chairperson, Cincinnati Board of Health

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Dr. Grant Mussman, MD, MHSA  
Health Commissioner  
Cincinnati Board of Health

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New language underscored. Deleted language indicated by strikethrough.



# **Food License and Facility Review Fees for License Year 2026-2027**

## **BOH Resolution 00079**

Antonio Young, REHS  
Director, Environmental Health

7/22/25



# Food Fee Resolution Timetable



<b>Month</b>	<b>Action</b>
July 22 <sup>nd</sup>	Proposed Food fees document presented to BOH for discussion - 1 <sup>st</sup> Reading. Mail proposed fees schedule and public notification letter to license holders by August 6 <sup>th</sup> , 2025, inviting their comments at the August 26, 2025, BOH meeting.
August 26 <sup>th</sup>	Public comments and 2 <sup>nd</sup> reading of the proposed Food Fees document.
September 23 <sup>rd</sup>	3 <sup>rd</sup> Reading of the proposed fees by staff. BOH resolution of 2026-2027 fees.

# Factors Considered in Cost Methodology

**Methodology calculates maximum allowable fees for:**

- Risk-based Restaurants and grocery stores
- Mobile
- Temporary
- Vending food licenses



**Calculations are based exclusively on personnel costs for:**

- ✓ Inspections
- ✓ Enforcement
- ✓ Administration of food program

# 2025-2026 Projected Fees/Revenues



Food License Type	Size	Risk Class	New License Fee
<b>Risk Based Operations</b>	<b>&lt;25,000 ft.<sup>2</sup></b>	Level 1	\$331.00
		Level 2	\$374.00
		Level 3	\$719.00
		Level 4	\$914.00
	<b>≥25,000 ft.<sup>2</sup></b>	Level 1	\$481.00
		Level 2	\$507.00
		Level 3	\$1,809.00
		Level 4	\$1,918.00
<b>Temporary Food Operation*</b> (Taste of Cincinnati, Oktoberfest)			\$175.00
<b>Mobile Food Operation</b> (Food Trucks)		High Risk	\$159.00
		Low Risk	\$79.00
<b>Vending Food Operation</b> (Vending Machines)			\$14.29

# Q and A

city of  
**CINCINNATI**  
HEALTH DEPARTMENT

# Projected Fees in Detail

Food License Type	Risk Class	Actual Cost-based Maximum	Allowed Cost-based Maximum	Proposed Fee	Current Fee	Number of Licenses	Projected Cost	Projected Revenue	Shortfall Using proposed
<25,000 ft. <sup>2</sup>	I	\$331.68	\$331.68	<b>\$331.00</b>	\$323.00	207	\$68,657.76	\$68,517.00	\$140.76
	II	\$374.26	\$374.26	<b>\$374.00</b>	\$364.00	453	\$169,539.78	\$169,422.00	\$117.78
	III	\$719.96	\$719.96	<b>\$719.00</b>	\$700.00	739	\$532,050.44	\$531,341.00	\$709.44
	IV	\$914.11	\$914.11	<b>\$914.00</b>	\$889.00	841	\$768,766.51	\$768,674.00	\$92.51
Risk-based RFE & FSO									
>25,000 ft. <sup>2</sup>	I	\$481.54	\$481.54	<b>\$481.00</b>	\$468.00	0	\$0.00	\$0.00	\$0.00
	II	\$507.09	\$507.09	<b>\$507.00</b>	\$493.00	0	\$0.00	\$0.00	\$0.00
	III	\$1,809.88	\$1,809.88	<b>\$1,809.00</b>	\$1,760.00	6	\$10,859.28	\$10,854.00	\$5.28
	IV	\$1,918.88	\$1,918.88	<b>\$1,918.00</b>	\$1,867.00	17	\$32,620.96	\$32,606.00	\$14.96
Temporary RFE & FSO		\$175.49	\$175.49	<b>\$175.00</b>	\$220.00	300	\$52,647.00	\$52,500.00	\$147.00
Mobile RFE & FSO	High Risk	\$159.56	\$159.56	<b>\$159.00</b>	\$154.00	229	\$36,539.24	\$36,411.00	\$128.24
	Low Risk *	\$79.78	\$79.78	<b>\$79.00</b>	\$77.00	11	\$877.58	\$869.00	\$8.58
Vending #		\$21.47	\$14.29	<b>\$14.29</b>	\$13.89	54	\$1,159.38	\$771.66	\$387.72
							<b>\$1,673,717.93</b>	<b>\$1,671,965.66</b>	<b>\$1,752.27</b>

# Vending is limited to last year's fee + CPI. In this case  $\$13.89 \times 2.9\% = .4028$ ,  $\$13.89 + .4028 = 14.29$

\* Low Risk Fee for FSO and RFE mobiles were adopted in 2024

# CHD 6 Year Fee Chart

	2021	2022	2023	2024	2025	2026
<b>Level 1 S</b>	\$247.00	\$289.00	\$293.00	\$292.00	\$323.00	<b>\$331.00</b>
<b>Level 2 S</b>	\$279.00	\$326.00	\$331.00	\$330.00	\$364.00	<b>\$374.00</b>
<b>Level 3 S</b>	\$539.00	\$628.00	\$635.00	\$635.00	\$700.00	<b>\$719.00</b>
<b>Level 4 S</b>	\$685.00	\$797.00	\$806.00	\$805.00	\$889.00	<b>\$914.00</b>
<b>Level 1 L</b>	\$360.00	\$420.00	\$425.00	\$423.00	\$468.00	<b>\$481.00</b>
<b>Level 2 L</b>	\$379.00	\$442.00	\$448.00	\$447.00	\$493.00	<b>\$507.00</b>
<b>Level 3 L</b>	\$1,359.00	\$1,578.00	\$1,597.00	\$1,596.00	\$1,760.00	<b>\$1,809.00</b>
<b>Level 4 L</b>	\$1,441.00	\$1,673.00	\$1,693.00	\$1,692.00	\$1,867.00	<b>\$1,918.00</b>
<b>Temporary</b>	\$201.00	\$76.00	\$186.00	\$154.00	\$220.00	<b>\$175.00</b>
<b>Mobile (High)</b>	\$215.00	\$143.00	\$165.00	\$151.00	\$154.00	<b>\$159.00</b>
<b>Mobile (Low)</b>					\$77.00	<b>\$79.00</b>
<b>Vending</b>	\$11.64	\$11.80	\$12.62	\$13.44	\$13.89	<b>\$14.29</b>



# Current Fee Comparison

	Cincinnati (Current)	Delaware County	Darke County	Columbus City	HCPH
	2025	2025	2025	2025	2025
<b>Level 1 S</b>	\$323.00	\$295.00	\$265.82	\$258.00	\$246.00
<b>Level 2 S</b>	\$364.00	\$335.00	\$300.80	\$282.00	\$269.00
<b>Level 3 S</b>	\$700.00	\$635.00	\$582.80	\$488.00	\$456.00
<b>Level 4 S</b>	\$889.00	\$805.00	\$744.28	\$604.00	\$561.00
<b>Level 1 L</b>	\$468.00	\$425.00	\$388.94	\$348.00	\$327.00
<b>Level 2 L</b>	\$493.00	\$450.00	\$409.92	\$362.00	\$340.00
<b>Level 3 L</b>	\$1,760.00	\$1,585.00	\$1,480.16	\$1,160.00	\$1,045.00
<b>Level 4 L</b>	\$1,867.00	\$1,680.00	\$1,569.70	\$1,225.00	\$1,104.00
<b>Temporary</b>	\$220.00	\$95.00	\$70.00	\$60.00	\$64.75
<b>Mobile (High)</b>	\$154.00	\$270.00	\$121.20	\$245.00	\$124.00
<b>Mobile (Low)</b>	\$77.00	\$135.00	\$60.60	\$122.50	\$76.00
<b>Vending</b>	\$13.89	\$14.50	\$10.19	\$19.98	\$14.07

**City of Cincinnati Board of Health Finance Committee**

Kiana Trabue, Chair of the Board of Health Finance Committee, called the Tuesday, August 19, 2025 Finance Committee meeting to order at 5:00 pm.

**Roll Call**

**Members present:**

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>
<b>Approval of Minutes</b>	<p>The Chair asked Committee members if everyone had the opportunity to review the minutes from</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approves the minutes from June 2025.</p>	<p><b>Motion: Mr. Bhati</b>  <b>Second: Ms. Trabue</b>  <b>Action: Passed</b></p>
<p><b>Review of Contracts for BOH Approval:</b>  <u>August 19, 2025</u></p>	<p>The Chair began reviewing contracts going to BOH for approval.</p> <p><b>Playground Equipment Services - 65x10813</b>            Tiffany White explained that this contract, potentially being processed through PDQ, is valued at \$12,240.00 and includes both playground equipment and related services. The project involves the installation of a traffic garden designed by Discover Traffic Gardens, which was approved under a previous Board of Health contract. The vendor will be responsible for procuring all necessary materials and coordinating the installation with the painting team. This vendor is a trusted CPS partner, which is why they were selected for the project.</p> <p>Mr. Menkhaus, Jr., noted that because the contract amount is under \$15,000, it is being presented for informational purposes only and does not require a formal vote.</p> <p><b>Motion:</b> No motion needed.</p> <p><b>Hamilton County Public Health - 55x10812</b>            Lauren Thamann-Raines explained that this contract pertains to the Hamilton County Public Health “Dentures for Dollars” program. It is a renewal of an agreement the Cincinnati Health Department has maintained with Hamilton County since 2023. Under this program, the county reimburses the CHD for dentures provided to uninsured residents within Hamilton County.</p> <p>Dr. Jones inquired whether the program includes only Hamilton County residents and not those living in the City of Cincinnati. Ms. Thamann-Raines clarified that the program does, in fact, include residents of the City of Cincinnati, as well as all residents within Hamilton County.</p> <p>Ms. Trabue asked whether the contract term covers the 2025 calendar year, from January 1 through December 31. Ms. Thamann-Raines confirmed this, noting that the renewal was delayed due to uncertainty about the program’s funding for the year. Mr. Bhati questioned whether the organization profits from this program or simply passes through the costs.</p>	<p><b>Motion: N/A</b>  <b>Second: N/A</b>  <b>Action: N/A</b></p> <p><b>Motion: Ms. Trabue</b>  <b>Second: Mr. Bhati</b>  <b>Action: Passed</b></p>

	<p>Ms. Tate responded that the organization does not make a profit; rather, the program helps offset the cost of dentures for their patients. Dr. Jones also asked whether the funding originates from the state and is funneled through Hamilton County. Ms. Thamann-Raines stated she would review the contract details and provide an update to the committee.</p> <p><b>Motion:</b> That the BOH Finance Committee recommends approval.</p> <p><b>LabCorp - 65x10806</b>  Dr. Yury Gonzales explained that the LabCorp contract is an emergency purchase request, which was approved on July 3rd. The Cincinnati Health Department is currently revising the specifications and supporting documents for FP. The emergency contract, valued at \$1,312,500, will take effect after March 30, 2026, and serves as a continuation of the existing agreement with LabCorp.</p> <p>Mr. Bhati asked whether the necessary equipment is already in place or if it is being purchased. Mr. Menkhaus clarified that LabCorp provides laboratory services within the health centers and is co-located at the Bobby Stern Health Center. As the current LabCorp contract neared expiration, additional time was needed to prepare a new solicitation. The emergency contract will bridge the gap between the expiration of the existing agreement and the release of a new solicitation. This allows the department to continue services while preparing a competitive bid process to ensure the best value.</p> <p>Mr. Bhati asked if the \$1 million is being paid for lab services during the interim period. Mr. Menkhaus confirmed that the amount covers services provided between now and the end of March.</p> <p>Dr. Jones inquired whether the new RFP would begin in April 2026 or if there was flexibility for the start date. Mr. Menkhaus responded that the RFP process typically takes 6 to 9 months, and April 2026 is the target start date. He also noted that a transition period would be necessary due to LabCorp's co-location within the Health Center.</p> <p><b>Motion:</b> That the BOH Finance Committee recommends approval.</p> <p><b>Children's Hospital Medical Center (CHMC)- 1<sup>st</sup> Amendment – 35x10555</b>  Dr. Yury Gonzales explained that this is a renewal of the existing agreement with Cincinnati Children's Hospital. There are no changes to the original contract amount of \$50,000.</p> <p>Mr. Bhati inquired about the duration of the contract. Dr. Gonzales confirmed that it is annually renewed.</p> <p>Dr. Jones asked about the original start date and when the contract automatically renews. Mr. Menkhaus responded that the agreement began on March 6, 2023, and renews each year in March. He also clarified that an amendment, specifically the adoption of Schedule B, which outlines the data submission requirements to</p>	<p><b>Motion:</b> Mr. Bhati  <b>Second:</b> Dr. Jones  <b>Action:</b> Passed</p> <p><b>Motion:</b> Mr. Bhati  <b>Second:</b> Ms. Trabue  <b>Action:</b> Passed</p>
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<p>Cincinnati Children’s was previously approved by the Board. The agreement will continue to be renewed annually each March.</p> <p><b>Motion:</b> That the BOH Finance Committee recommends approval.</p> <p><b>Ohio Department of Job and Family Services-Refugee Program-1<sup>st</sup> Amendment - 45x10593</b></p> <p>Alenia Ross provided an update on the refugee grant funded by the Ohio Department of Job and Family Services (ODJFS), which supports health screenings for incoming refugees. The current grant period, originally set from June 1, 2024, to September 30, 2025, has now been extended through June 30, 2027. However, no additional funding has been allocated with this extension. The grant was initially funded at \$115,000, with a current remaining balance of \$2,799. Currently, future funding is on hold until further notice.</p> <p>Mr. Bhati asked why the grant would be extended if no additional funding was provided.</p> <p>Ms. Ross explained that it is time to renew the grant, but there is uncertainty regarding future funding. The extension is being granted as a precaution, pending more information.</p> <p>Ms. Tate added that the extension serves as a placeholder in case funding becomes available at the federal or state level. This ensures that refugee health services can continue without delay if support resumes.</p> <p>Mr. Bhati then asked: if only a small amount of funding (e.g., \$500) remains, what is the financial impact of continuing to provide services without reimbursement? He also asked how many individuals are typically served.</p> <p>Ms. Ross responded that, to date, the program has provided health screenings to at least 224 refugees. The last screening was conducted in May 2025. Since the program is currently on hold, no new refugees have been referred for screenings, and operations are at a standstill.</p> <p>Mr. Kachuba asked Ms. Ross to clarify which agency is responsible for initiating the funding.</p> <p>Ms. Tate explained that while the contract is with ODJFS at the state level, they coordinate with Catholic Charities, who refer newly arriving immigrants to the Health Department for refugee health services.</p> <p><b>Motion:</b> That the BOH Finance Committee recommends approval.</p>	<p><b>Motion:</b> Mr. Bhati  <b>Second:</b> Ms. Trabue  <b>Action:</b> Passed</p>
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<b>Financial Update</b>	<p>Mr. Menkhaus provided an overview of the financial statement for the period ending in</p> <p><b>Total Revenue:</b> Revenue at the end of July was \$4,242,517.51. Which is a 2.15% decrease from July of 2024. Expenses as of July 2025 totaled \$4,084,243.33 which is a 0.83% increase from July 2024. Total net gain after the capital revenue transfer was \$315,274.18. As of July, we had \$17,700 in overtime compared to the previous July's \$18,500.</p> <p><b>Total Expenses:</b></p> <ul style="list-style-type: none"> <li>○ 7100-Personnel: Personnel decreased by 0.83%. 7500-Fringes saw an increase of 4.55%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%).</li> <li>○ 7200-Contractual: Contractual Services saw a decrease of 7.73%, and 7300-Materials &amp; Supplies decreased by 57.65%. The differences are due to the timing of invoices paid. In FY26 we paid Cross Country Staffing \$9,760.10 as of July, yet in FY25 we paid Cross Country Staffing \$41,738.31 as of July. In FY25 we have yet to pay Cardinal Health as of July, yet in FY25 we paid Cardinal Health \$68,818.71 as of July. We also expensed \$67,219.52 to Patterson Dental Supply in FY25 that has yet to be expensed in FY26.</li> <li>○ 7400-Fixed Cost: Fixed Costs increased by 19.64%. The decrease is the timing of invoices paid. In FY26 we paid Ochin \$79,891.72 as of July, yet in FY25 we paid Ochin \$63,223.36 as of July. We also expensed \$25,000 to Hamilton County FY26 that was not expensed in FY25.</li> <li>○ 7600-Property: Property increased by 1980.24%. The increase is due to the renovation at the Price Hill Health Center and the sink hole at the Bobbie Sterne parking lot.</li> </ul> <p><b>Total Available: \$315,274.18</b></p>	
<b>New Business</b>	No new business for this meeting.	
<b>Public Comment</b>	Mrs. Mitchell stated that as of 5 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 5:26 pm

Next Meeting: **Tuesday, September 16, 2025, 5 p.m.**

Minutes prepared by Shurdina Mitchell

The meeting can be viewed and is incorporated in the minutes: <https://fb.watch/pD-N3kOzkN/>

**Board of Health Finance Committee Roll Calls for August 19, 2025:**

	<b>Roll Call</b>	<b>Minutes</b>	<b>Playground Equipment Services-65x10813 (Informational Purposes Only)</b>	<b>Hamilton County Public Health-55x10812</b>	<b>LabCorp-65x10806</b>	<b>Children’s Hospital Medical Center (CHMC)-35x10555-1<sup>st</sup> Amendment</b>	<b>Ohio Department of Job and Family Services-Refugee Program-45x10593 - 1<sup>st</sup> Amendment</b>
<b>Mr. Jagdish Bhati</b>	Y	MY	-	2Y	MY	MY	MY
<b>Dr. Edward Herzig</b>	-	-	-	-	-	-	-
<b>Dr. Camille Jones</b>	Y	Y	-	Y	2Y	Y	Y
<b>Mr. John Kachuba</b>	Y	Y	-	Y	Y	Y	Y
<b>Mr. Mark Menkhaus Jr.</b>	Y	Y	-	Y	Y	Y	Y
<b>Dr. Grant Mussman</b>	Y	A	-	Y	Y	Y	Y
<b>Ms. Joyce Tate</b>	Y	Y	-	Y	Y	Y	Y
<b>Ms. Kiana Trabue</b>	Y	2Y	-	MY	Y	2Y	2Y

**Y = Yes | N = No | A = Abstain | P = Present | R = Recuse | M = Moved | 2 = Second**

**Others present:** Shurdina Mitchell (Clerk) , Dr. Maryse Amin, Dr. Michelle Daniels, Dr. Yury Gonzales, Lauren Thamann-Raines, Alvenia Ross, Dr. Ashanti Salter, and Tiffany White

**RESOLUTION  
BOARD OF HEALTH OF THE CITY OF CINCINNATI**

**A RESOLUTION** of the Board of Health of the City of Cincinnati, **GRANTING** authority to the Health Commissioner of the City of Cincinnati (the “Commissioner”) and the Commissioner’s designees to enforce the provisions of Ohio’s Smoke Free Workplace Act by issuing warnings, imposing civil fines, and exercising all other authorities delegated to the Board of Health of the City of Cincinnati pursuant to Ohio Revised Code Chapter 3794 and Ohio Administrative Code Chapter 3701-52.

WHEREAS, Ohio Revised Code (“R.C.”) Chapter 3794 prohibits smoking in most public places and places of employment and imposes corresponding obligations on proprietors and individuals; and

WHEREAS, R.C. 3794.09(D) permits the Director of the Ohio Department of Health (“ODH”) to institute an action in the court of common pleas seeking an order in equity against a proprietor or individual that has repeatedly violated the provisions of R.C. 3794 or fails to comply with its provisions; and

WHEREAS, pursuant to Ohio Administrative Code 3701-52-08, ODH has designated local boards of health to enforce the provisions of R.C. 3794 and the regulations thereunder; and

WHEREAS, the Cincinnati Health Department (“CHD”) is the City agency responsible for carrying out the public health directives, programs, policies, and enforcement responsibilities of the Board of Health of the City of Cincinnati (the “Board”); and

WHEREAS, CHD already works directly with ODH to conduct investigations of smoke-free workplace complaints within the City of Cincinnati; and

WHEREAS, the Board believes that delegating additional Board-based authority to CHD, including but not limited to the authority described in R.C. 3794.09(D), will enhance the enforcement of Ohio’s Smoke-Free Workplace Act throughout Cincinnati; and

WHEREAS, ODH has communicated to CHD that this additional delegation of enforcement authority from the Board is a permissible manner to carry out the provisions of R.C. 3794; now, therefore,

**BE IT RESOLVED** by the Board of Health of the City of Cincinnati, State of Ohio:

Section 1. That the Board hereby authorizes the Health Commissioner of the City of Cincinnati (the “Commissioner”) and the Commissioner’s designees in the Cincinnati Health Department to take any action that the Board may take under Ohio Revised Code Chapter 3794 and the regulations promulgated thereunder to enforce the provisions of Ohio’s Smoke Free Workplace Act.

Section 2. That this Resolution shall go into effect and be in force from and after the earliest period allowed by law.

**ADOPTED:** \_\_\_\_\_, 2025

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Ashlee Young, MPH  
Chairperson, Cincinnati Board of Health

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Dr. Grant Mussman, MD, MHSA  
Health Commissioner  
Cincinnati Board of Health

Preparation Date July 18, 2025

## CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

This information must be supplied to the Contract Liaison no less than one week prior to the Board of Health meeting.

Vendor **Hamilton County Public Health (Dentures for Dollars Program)**  
Contract # **55x10812**

Person and Division responsible for administering contract/grant/lease:

Initiator Person & Phone # **Lauren Thamann-Raines, 513-357-7383**  
Division Head & Phone # **Joyce Tate, 513-357-7361**  
Division **Health/Dental**

Type of Contract/Agreement  Accounts Payable  Accounts Receivable  
 Service Contract (no \$)  Lease

Funding Source  General Fund  Grant Fund  Other Funding

Action Required:  Board Approval  Board Information

### CONTRACT DOLLAR AMOUNT

Original Amount **\$50,000**

### TERM

Original Term Start Date **01/01/2025** End Date **12/31/2025**

### EXECUTIVE SUMMARY

Hamilton County Public Health will pay the City of Cincinnati Health Department the cost of the laboratory fee for removable appliances fabricated for low-income (under 200 percent poverty) patients. These appliances include dentures and partials (including flippers).

The City of Cincinnati Health Department will submit to Hamilton County Public Health an invoice with attached laboratory bills on a quarterly basis for reimbursement. There is no limit on the amount to be reimbursed throughout the course of the agreement.

The proposed term is from January 1, 2025, through December 31, 2025.

Preparation Date July 1, 2025

### CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

This information must be supplied to the Contract Liaison no less than one week prior to the Board of Health meeting.

Vendor **Children’s Hospital Medical Center (CHMC)**

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Contract # **35x10555 – 1<sup>st</sup> Amendment**

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Person and Division responsible for administering contract/grant/lease:

Initiator Person & Phone # **Yury Gonzales, 513-357-**

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Division Head & Phone # **Grant Mussman, 513-357-7215**

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Division **Health**

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Type of Contract/Agreement  Accounts Payable  Accounts Receivable

Service Contract (no \$)  Lease

Funding Source  General Fund  Grant Fund  Other Funding

Action Required:  Board Approval  Board Information

### CONTRACT DOLLAR AMOUNT

Original Amount \$50,000

1<sup>st</sup> Amendment Amount \$0

Total Amount \$50,000

### TERM

Original Term Start Date Upon execution End Date 1 year from date of execution w/1 yearly auto-renewal

1<sup>st</sup> Amendment Term Start Date Upon execution End Date 1 year from date of execution w/1 yearly auto-renewal

### EXECUTIVE SUMMARY

This is an agreement between CHMC and the CHD for CHMC employed Psychologists, Licensed Independent Social Workers (LISWs), and/or Licensed Professional Clinical Counselors (LPCCs) (“Behavioral Health Providers”) to provide behavioral health care for CHD patients at Price Hill Health Center. CHD will bill, collect, and retain all professional fees for services rendered by the Behavioral Health Provider and pay them to CMHC. The term begins upon execution and continues for one year. It will auto-renew annually.

The first amendment adds Schedule B to the agreement (data submission requirements). Term and amount do not change.

Preparation Date July 3, 2025

## CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

This information must be supplied to the Contract Liaison no less than one week prior to the Board of Health meeting.

Vendor **LabCorp**

Contract # **65x10806**

Person and Division responsible for administering contract/grant/lease:

Initiator Person & Phone # **Yury Gonzales, 513-357-7281**

Division Head & Phone # **Grant Mussman, 513-357-7215**

Division **Health**

Type of Contract/Agreement  Accounts Payable  Accounts Receivable

Service Contract (no \$)  Lease

Funding Source  General Fund  Grant Fund  Other Funding

Action Required:  Board Approval  Board Information

### CONTRACT DOLLAR AMOUNT

Original Amount **\$1,612,500**

### TERM

Original Term Start Date **Upon execution** End Date **March 30, 2026**

### EXECUTIVE SUMMARY

This is an agreement between CHD and LabCorp to provide laboratory services to CHD patients. Clinical and anatomic laboratory testing includes but is not limited to analysis in the areas of clinical chemistry, hematology, serology, microbiology, cytogenetics, immunology, endocrinology, toxicology, histology, mycology, virology, cytology, and urinalysis.

An emergency purchase request was approved on 7/3/25. The specifications and supporting documents for a new RFP are currently being revised by CHD staff.

Preparation Date August 12, 2025

**CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET**

This information must be supplied to the Contract Liaison no less than one week prior to the Board of Health meeting.

Vendor **Ohio Department of Job and Family Services – Refugee Program**  
Contract # **45x10593 - 1<sup>st</sup> Amendment**

Person and Division responsible for administering contract/grant/lease:

Initiator Person & Phone # **Alvenia Ross 513-357-7372**  
Division Head & Phone # **Geneva Goode, 513-357-7490**  
Division **Primary Health Care**

Type of Contract/Agreement  Accounts Payable  Accounts Receivable  
 Service Contract (no \$)  Lease

Funding Source  General Fund  Grant Fund  Other Funding

Action Required:  Board Approval  Board Information

**CONTRACT DOLLAR AMOUNT**

Original Amount **\$149,000**  
1<sup>st</sup> Amendment **\$0**  
New Amount **\$149,000**

**TERM**

Original Term Start Date **7/1/2023** End Date **9/30/2025**  
1<sup>st</sup> Amendment Term Start Date **7/1/2023** End Date **6/30/2027**

**EXECUTIVE SUMMARY**

This is a grant agreement between the Ohio Department of Job and Family Services (ODJFS) and the Cincinnati Health Department. Compensation will be paid upon the completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation services at \$500.00 for each completed screening. The Cincinnati Health Department will bill Medicaid directly for the cost of the exam. ODJFS estimates a total of 288 screenings will be completed during the grant period.

The term will begin on July 1, 2023, and end on June 30, 2024, with optional extension through 9/30/2025.

The 1<sup>st</sup> amendment extends the agreement through 6/30/27 with no additional funding.



**DATE:** August 19, 2025

**TO:** City of Cincinnati Board of Health Finance Committee

**FROM:** Mark Menkhous, Jr., CFO

**SUBJECT:** Fiscal Presentation 2026

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**FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2026 – JULY**

**2026 July Highlights:**

- Revenue at the end of July was \$4,242,517.51. Which is a 2.15% decrease from July of 2024. Expenses as of July 2025 totaled \$4,084,243.33 which is a 0.83% increase from July 2024. Total net gain after the capital revenue transfer was \$315,274.18.

**Year over Year:**

- As of June, we had \$17,795.83 in overtime compared to July of 2024's total of \$18,574.01. Neither year as of July had any disaster overtime.
- We received capital revenue transfer for FY26 in the amount of \$157,000. In FY25 we received a total of \$2,187,000.
- 7100-Personnel decreased by 0.83%. 7500-Fringes saw an increase of 4.55%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%).
- 7200- Contractual Services saw a decrease of 7.73%, and 7300- Materials & Supplies decreased by 57.65%. The differences are due to the timing of invoices paid. In FY26 we paid Cross Country Staffing \$9,760.10 as of July, yet in FY25 we paid Cross Country Staffing \$41,738.31 as of July. In FY25 we have yet to pay Cardinal Health as of July, yet in FY25 we paid Cardinal Health \$68,818.71 as of July. We also expensed \$67,219.52 to Patterson Dental Supply in FY25 that has yet to be expensed in FY26.
- 7400-Fixed Costs increased by 19.64%. The decrease is the timing of invoices paid. In FY26 we paid Ochin \$79,891.72 as of July, yet in FY25 we paid Ochin \$63,223.36 as of July. We also expensed \$25,000 to Hamilton County FY26 that was not expensed in FY25.
- 7600-Property increased by 1980.24%. The increase is due to the renovation at the Price Hill Health Center and the sink hole at the Bobbie Sterne parking lot.

**Cincinnati Board of Health Financial Statement for the period of July**

	<b>FY26 Actual</b>	<b>FY25 Actual</b>	<b>Variance</b>
<b>Revenue</b>			
8236-Pools/Spa	\$2,001.50	\$18.25	10867.12%
8237-Household Sewage System	\$445.00	\$530.00	-16.04%
8239-Tatto/ Body, Environmental Waste License Fee	\$750.00	\$0.00	0.00%
8241-Food Service (Mobile-Temporary)	\$3,835.00	\$26,714.00	-85.64%
8242-Vending Machine Licenses	\$0.00	\$0.00	0.00%
8244-Food Establishments	\$9,949.25	\$14,396.25	-30.89%
8249-Food, NOC	\$13,512.50	\$9,955.25	35.73%
8432-Vending Machine Proceeds	\$0.00	\$0.00	0.00%
8536-Grants\State	\$246,615.15	\$61,690.95	299.76%
8556-Grants\Federal	\$535,062.00	\$830,500.59	-35.57%
8563-Bd of Ed Svc (School Nurses Sal.)	\$14,642.40	\$12,867.52	13.79%
8564-Ham Co Service	\$60,440.36	\$55,945.26	8.03%
8571-Specific Purpose\Private Org.	\$6,000.00	\$58,445.32	-89.73%
8617-Non-Department Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8618-Overhead Charges Indirect Costs	\$0.00	\$0.00	0.00%
8731-Birth & Death Certificates	\$68,788.82	\$42,975.16	60.07%
8732-Vital Stats - Other	\$1,253.45	\$246.48	408.54%
8733-Self-Pay Patient	\$85,164.74	\$83,228.53	2.33%
8734-Medicare	\$469,171.18	\$433,373.73	8.26%
8736-Medicaid	\$536,490.40	\$366,849.84	46.24%
8737-Private Pay Insurance	\$102,810.32	\$96,639.95	6.38%
8738-Medicaid Managed Care	\$567,443.15	\$690,762.73	-17.85%
8739-Misc. (Medical rec.\smoke free inv.)	\$97,685.36	\$138,745.66	-29.59%
8784-Private Lot Litter & Weed	\$0.00	\$0.00	0.00%
8811-Unclaimed Remains	\$300.00	\$0.00	0.00%
8914-Bond/Note Proceeds	\$0.00	\$0.00	0.00%
8917-Deferred Sewer Assessment Collections	\$0.00	\$0.00	0.00%
8932-Prior Year Reimbursement	\$3,096.35	\$22,750.00	-86.39%
% That is attributable from 416	\$1,417,060.58	\$1,389,166.95	2.01%
<b>Total Revenue</b>	<b>\$4,242,517.51</b>	<b>\$4,335,802.42</b>	<b>-2.15%</b>
<b>Expenses</b>			
71-Personnel	\$1,617,794.92	\$1,631,329.09	-0.83%
72-Contractual	\$644,174.16	\$698,115.80	-7.73%
73-Material	\$113,286.93	\$267,510.29	-57.65%
74-Fixed Cost	\$255,391.15	\$213,469.24	19.64%
75-Fringes	\$1,288,258.55	\$1,232,202.50	4.55%
76-Property	\$165,337.62	\$7,948.00	1980.24%
<b>Total Expenses</b>	<b>\$4,084,243.33</b>	<b>\$4,050,574.92</b>	<b>0.83%</b>
<b>Net Gain (Losses)</b>	<b>\$158,274.18</b>	<b>\$285,227.50</b>	<b>-44.51%</b>
8936-Transfer	\$157,000.00	\$2,187,000.00	
<b>Total Available</b>	<b>\$315,274.18</b>	<b>\$2,472,227.50</b>	<b>-87.25%</b>

# CHD Strategic Plan

Grant Mussman, MD MHSA

Health Commissioner, Cincinnati Health Department

August 26, 2025

# Agenda

- What is the Strategic Plan?
- CHD Background:
  - Internal structure and organization
  - Programs
  - Budget
  - Trends
- Strategic Planning Process
  - Selection of strategic objectives
  - Domain framework
- Overview of Strategic Objectives
- Performance Management System development and implementation

# What is the Strategic Plan?

- **Community Health Assessment (CHA)**
  - *“What’s going on in our community?”*
  - Identifies community needs and assets
- **Cincinnati Community Health Improvement Plan (CHIP)**
  - *“What will we (community + partners) do about it?”*
  - Uses CHA findings to set community-wide health priorities and action steps
- **Strategic Plan**
  - *“How will our health department contribute and strengthen itself to deliver on this and our organizational priorities?”*
  - Defines how CHD will organize itself and use its resources to contribute to the CHIP priorities while also meeting its own organizational goals

# CHD Mission and Vision

## **Vision**

The Cincinnati Health Department will be a public health leader for building and maintaining a healthy and safe community.

## **Mission**

To work for the health and wellness of Cincinnati citizens, employing methods that include surveillance, assessment, disease prevention, health education, and assuring access to public health services.

# CHD Core Values

## Collaboration

We believe in being an active member of our community, participating in conversations and engaging with each other productively and respectfully to achieve common goals.

## Commitment

We foster a culture of compassion and mutual respect among our employees and clients and recognize diversity as a strength in our organization and community.

## Accountability

We demonstrate the highest level of respect, integrity and professionalism, guided by our sense of trust and morality. We are dedicated to cultivating a sense of transparency both internally and with the general public.

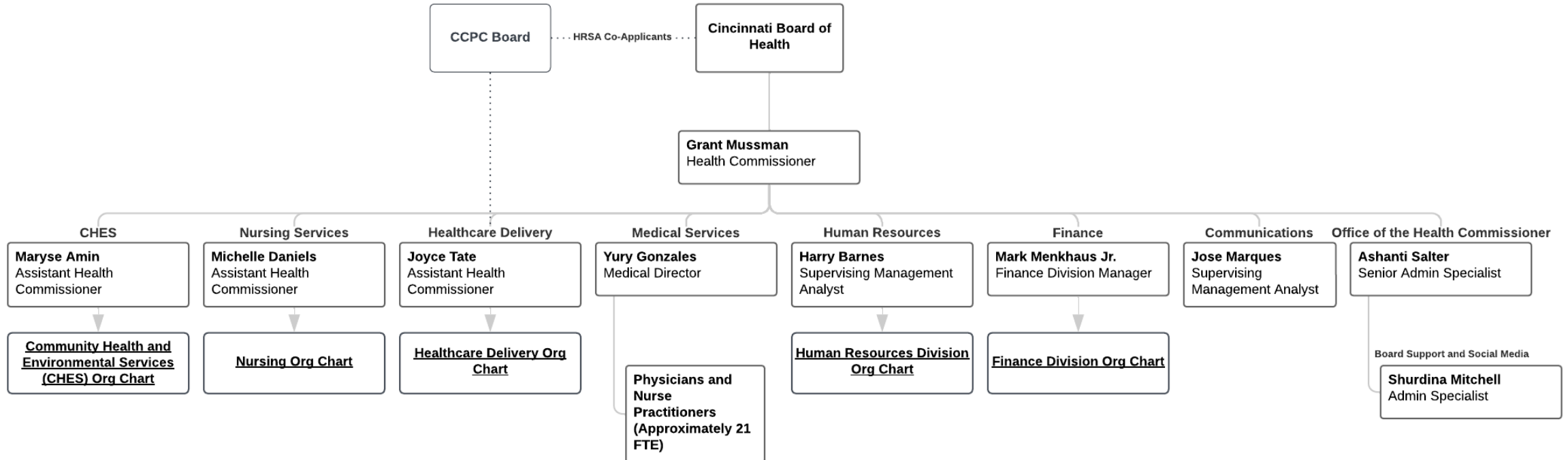
## Quality

We honor our mission by upholding excellence in personal, public health and patient care services. We strive to be the model for public health practice to continuously improve health and social equity for people of Cincinnati. We measure performance outcomes and social determinants of health through continuous quality improvement.

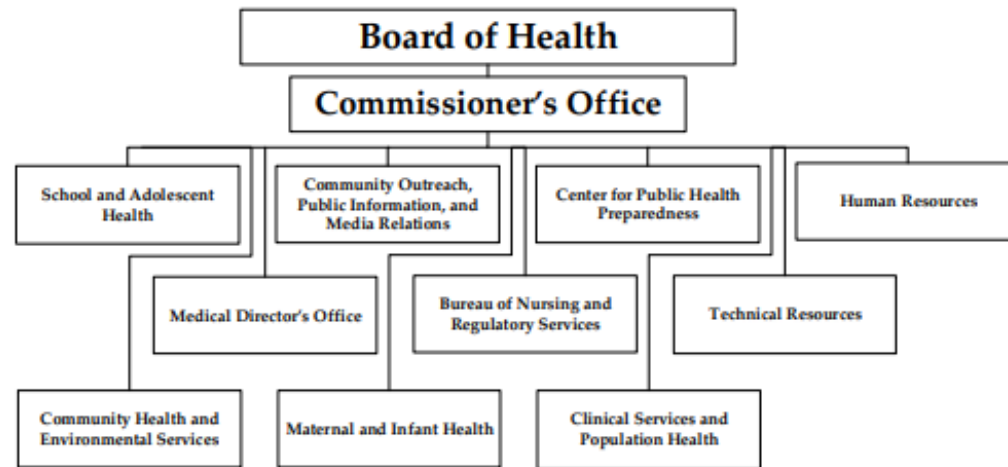
## Health Equity & Access

We strive to eliminate disparities and assure that everyone has a fair and just opportunity to be healthy. We work toward the timely availability of personal health services to achieve the best health outcomes.

# High Level Organization Chart



# Alternative Model



## Department Agencies

1. Office Of The Commissioner
2. Technical Resources
3. Community Health Services
4. Primary Health Care - Programs
5. Primary Health Care - Centers
6. School & Adolescent Health

- This is the model that appears in our budget documents
- Does not reflect our reporting structure
- Does reflect more closely our financial structure
- Included for reference information

# CHD Programs

## Community Health and Environmental Services

## Operations and Shared Services

## Healthcare Delivery

Communicable disease prevention and control

Emergency preparedness

Childhood Lead Poisoning Prevention

Healthy Communities

Vital Records

Epidemiology

Human Resources

Finance, IT and Facilities

Communications

Accreditation

Primary Care - Medical

Primary Care - Pediatric

Reproductive Health

Title X Family Planning

Dental

Vision

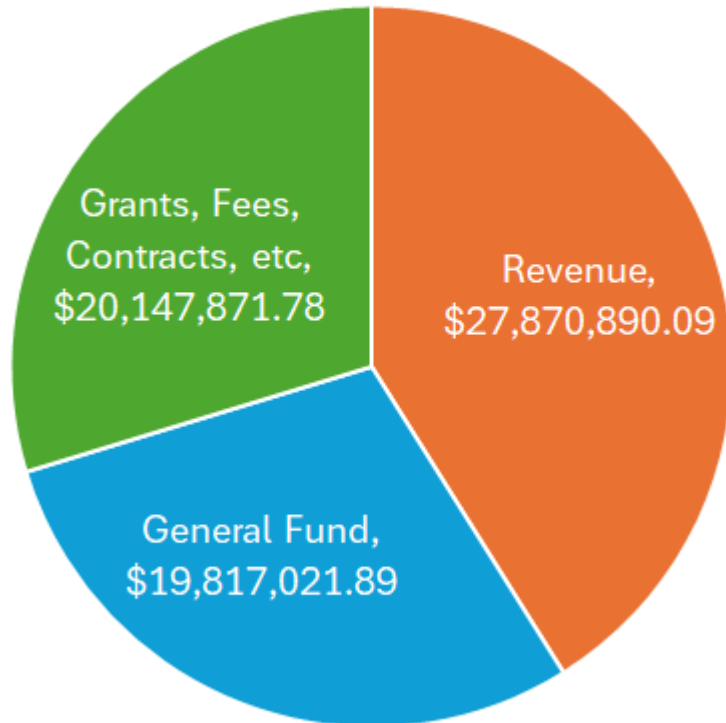
Pharmacy

Behavioral Health

# Budget and finance

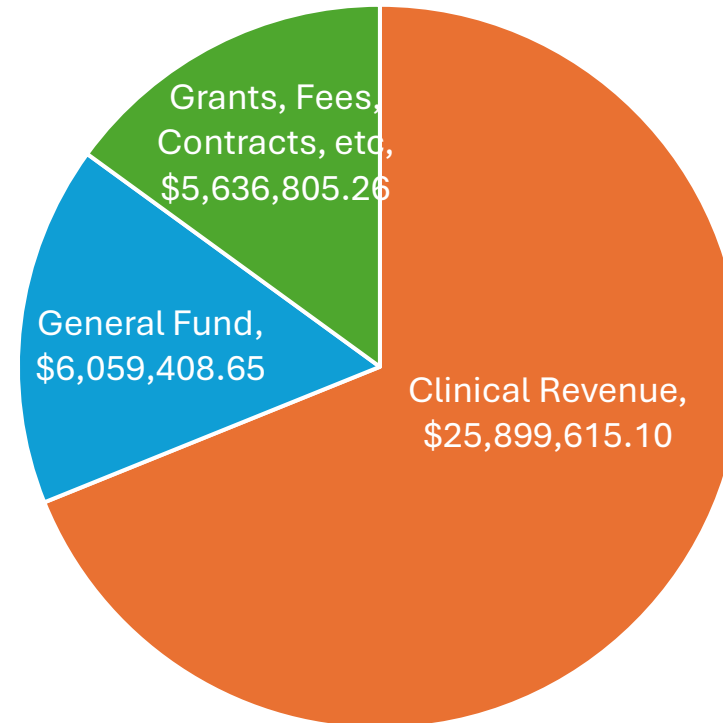
Cincinnati Health Department: Budgetary Sources

Total Budget: \$71 M (allowed), \$68M (Actual)



City of Cincinnati Primary Care FQHC: Budget Sources

Total Budget: \$37.8 M



Note: CCPC revenue down 1.5M due to decreased Medicaid coverage.

# CCPC Trends

- CCPC revenue down 1.5M due to decreased Medicaid coverage.
- We've seen significant decreases in our number of patients with Medicaid while Self-pay has increased significantly
- In the meantime, our patient visits actually increased by several thousand
- This indicates threat to our business model and sustainability

	Medicaid	Commercial	Medicare	Self-Pay
Medical	-2%	3%	0%	9%
Dental	-7%	-3%	0%	15%
School-Based Medical	-8%	2%	0%	7%
School-Based Dental	-1%	-1%	0%	4%
Behavioral Health	0%	5%	3%	2%
Vision	-10%	0%	-1%	10%

# Strategic Plan Process

- **Previous Strategic Plan**
  - Adopted April 28, 2020 (covering 2020–2021)
  - Comprehensive update delayed due to COVID-19 response
- **Progress & Lessons Learned**
  - Built on 2020 plan foundation
  - Incorporated key lessons from pandemic response
- **Framework Development (2020-Ongoing)**
  - Partnership with Cincinnati Children’s – James M. Anderson Center
  - Created metrics & dashboard for organizational standards
  - Developed framework: domains, service lines, “Big Dots”
  - Full implementation delayed by COVID-19

# Strategic Plan Process

- **Current Strategic Plan will cover 2025-2030**
  - Fully implements and refines foundational framework
  - Focus on **five functional domains (“Big Dots”)**:
    - Health Outcomes
    - Employee & Client Experience
    - Access to Services
    - Operational Excellence
    - Employee & Client Safety
- **Key Measure**
  - Roll-up metric: **Reducing life expectancy disparities**
  - Target: **20% reduction in excess years of life lost by 2030**
- **Performance Management**
  - Comprehensive department-wide dashboard
  - Service lines/programs track outcomes & report performance
  - Infrastructure for sustainable change, organizational focus, long-term resilience

# Selecting Strategic Goals and Priorities

- Alignment with CHD Mission, Vision and Values
- Insights gained from the Community Health Assessment (CHA)
- Employee input via Survey in December 2024 on various domains
  - Provision of clinical services
  - Building community trust
  - Policy and legislation
  - Harm reduction
  - Improving life expectancy
  - Targeted health programming for marginalized populations
- SWOT Analysis
- Placed in context: Strategic Performance Domains (“Big Dots”)

# Five Core Strategic Domain Areas

- Health Outcomes
- Employee and Client Experience
- Access to Services
- Operational Excellence
- Employee and Client Safety

**SYSTEM  
DOMAINS**

**HEALTH  
OUTCOMES**  
(Individual &  
Community)

**EXPERIENCE**  
(Employee &  
Client)

**ACCESS  
TO  
SERVICES**

**OPERATIONAL  
EXCELLENCE**  
(includes Flow)

**SAFETY**  
(Employee &  
Client)

# Objectives for Strategic Domain 1 Health Outcomes

- Establish a Community Collective Cardiovascular Group
  - Gain commitment from key stakeholders and establish the group by July 1, 2025
- Conduct a Community and Collaborative Scan for work on Cardiovascular Disease
  - Document best practices for community collaboratives focused on heart disease within the Ohio Collaboratives by December 31, 2026
- Develop and Implement a Collective Plan of Action

# Objectives for Strategic Domain 2

## Customer and Employee Experience

- Continually seek feedback from customers (clients) and employees
  - Annual Patient Survey
  - Annual Employee Survey
  - Conduct at least 1 QI project per year based on feedback

# Objectives for Strategic Domain 3

## Access to Services

- Build on internal assessment of current facilities (Jensen Report)
- Consolidation of non-clinical facilities
- Public engagement to better understand clinical needs, particularly for clinics with the most urgent plant issues
  - Bobbie Sterne Health Center
  - Millvale Health Center
  - Northside Health Center

# Objectives for Strategic Domain 4

## Operational Excellence

- Develop a performance management system
  - Multi-level
  - Overlaps (does not duplicate) the city's performance measures for health
- Continuous tracking and monitoring of metrics
  - Regular high-level review of performance measures with measure owners

# Objectives for Strategic Domain 5

## Safety

- Reduce injuries through accurate reporting and data analysis
  - Develop a coherent electronic safety reporting program
  - Develop safety-related performance improvement projects

# Performance Management

- Reflects performance of the health department from a very high level (preventable deaths at the city population level) down to the programmatic level
- Allows regular review of measures as a tool to evaluate performance and direct resources toward needs
- Includes measures the city is holding CHD accountable for in the budgeting process

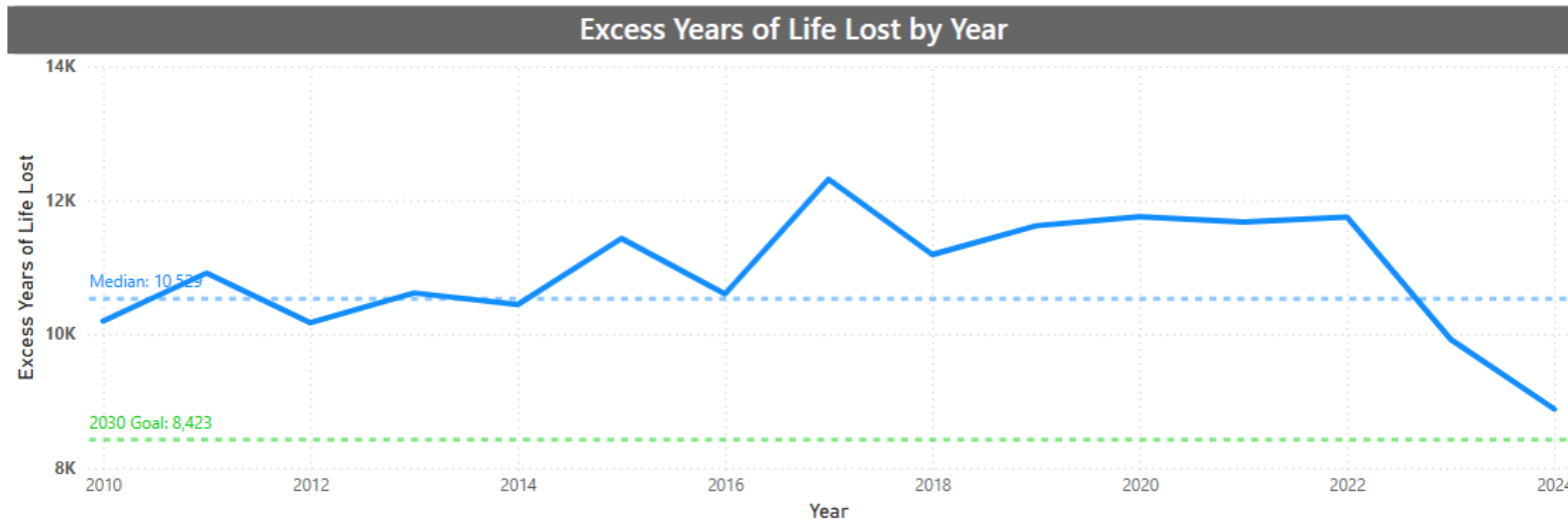
# Performance management dashboard



## City Health Measure

### Improving Life Expectancy and Reducing Life Expectancy Disparities

The Cincinnati Health Department's goal is to improve life expectancy in Cincinnati by reducing premature death. Premature deaths that happen at unusually high rates in some geographic areas may be more preventable, so we measure **excess years of life lost**, which measures the extent to which each neighborhood exceeds the city wide rate. Our goal is to reduce excess years of life lost in Cincinnati by 20% by 2030



Learn more about Excess Years of Life Lost

Cincinnati Health Department System Level Measures

- System Level: City (External)
- Owner: Health Commissioner

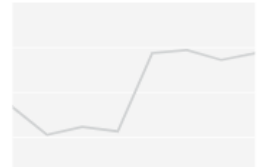
# System level: Departmental

## Owner: Health Commissioner

### Cincinnati Health Department System Level Dashboard

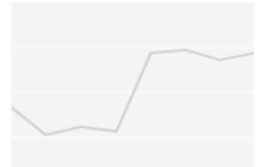
**Health Outcomes  
(Individual & Community)**

Select or drag fields to populate this visual

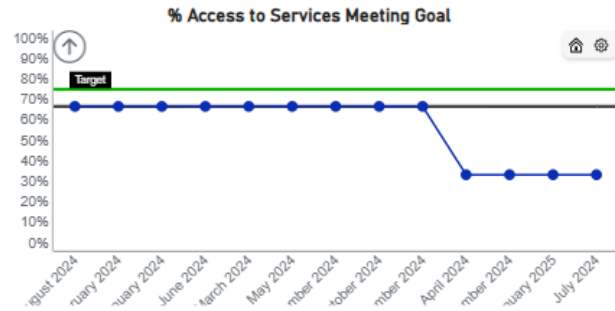


**Experience  
(Employee & Client)**

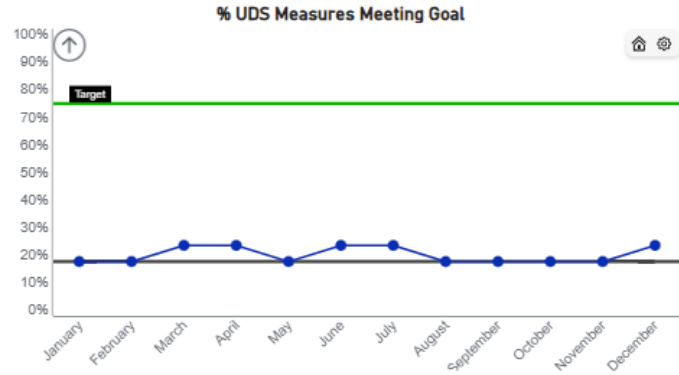
Select or drag fields to populate this visual



**Access to Services**

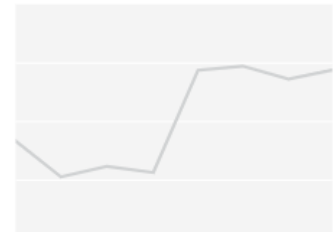


**Operational  
Excellence  
(Includes Flow)**



**Safety  
(Employee & Client)**

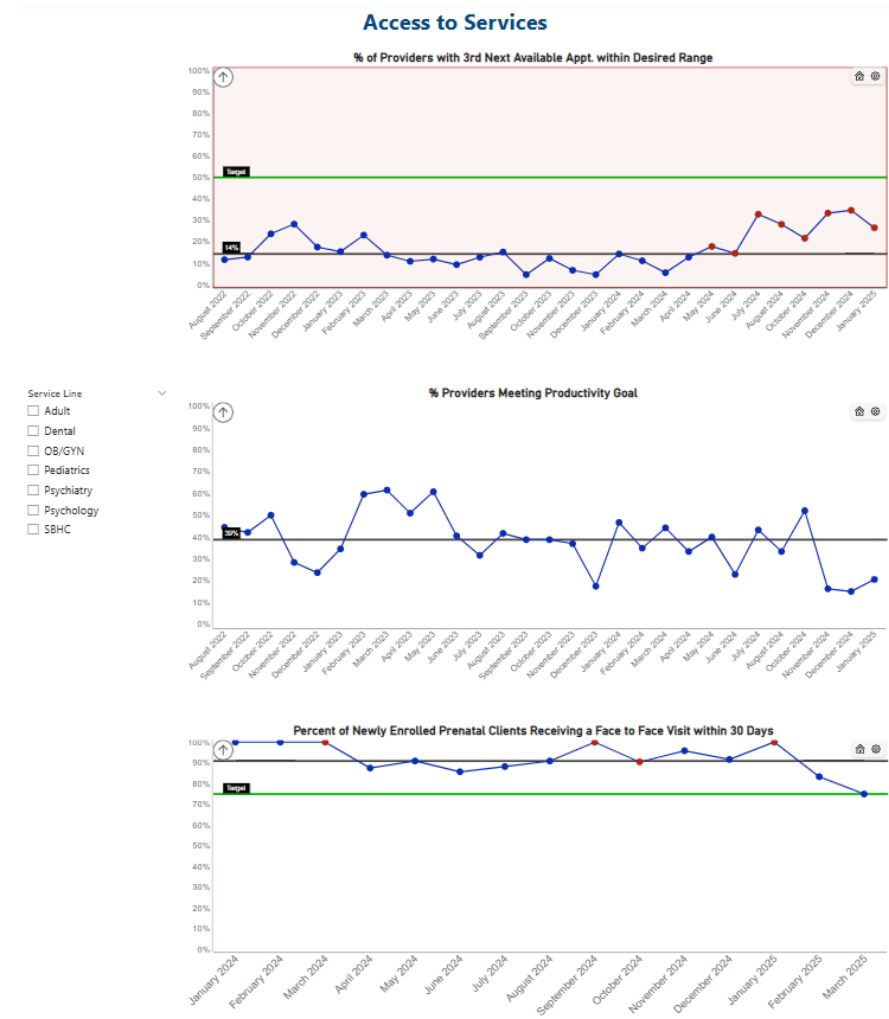
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# System Level: Service Line

Owners: Senior Leadership (measure dependent)

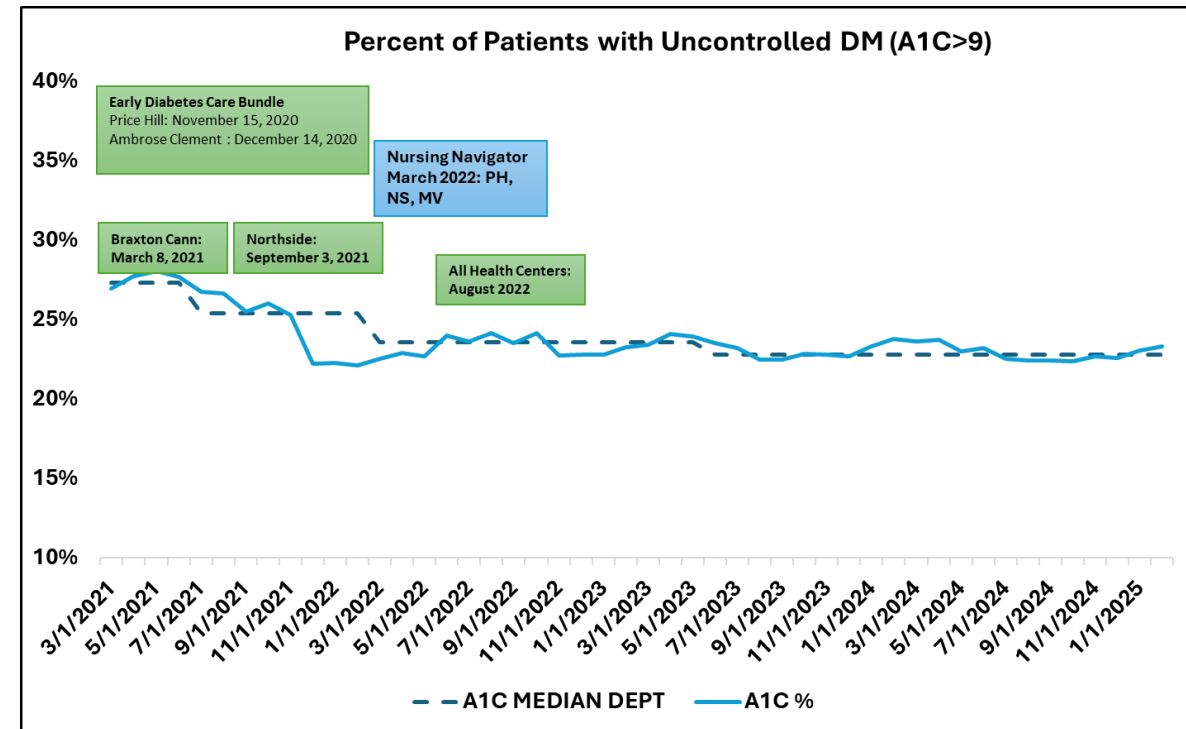
- This is a zoom-in on one domain (access)
- Various Measures
  - % providers meeting access goals
  - % providers meeting productivity goals
  - Percent of prenatal patients enrolled in CHW program in a timely fashion



# System Level: Individual Services

Owner: Improvement leaders, front line staff (measure dependent)

- Not every measure here is the focus of a quality improvement project, but many are
- Measures that the city is holding us accountable for fall at this level
- Includes also things like individual service delivery items (like healthy home customer service requests)



# City Performance Measures

- FY 25 operational accomplishments
  - Opening of Roberts Dental Center
  - HRSA Gold award for medical care quality
  - Attracting new medical and dental providers to improve access
- Strategic Projects
  - Facilities Modernization: Complete due diligence and planning for administrative building
  - Opioid Abatement: During FY 26, will review and evaluate quarterly progress assessments from grantees receiving \$3.9 million in OneOhio dollars distributed in conjunction with Hamilton County during FY 25.
- Performance Measures
  - Healthy Homes: 80% of Mold CSRs closed within 90 days
  - Healthy Communities: Distribute cribs to 90% of those requesting
  - Communicable Diseases: 90% of outbreak reports completed (closed) within 30 days of resolution
  - Maternal and Child Health: 75% of newly enrolled prenatal
  - Healthcare Delivery: 50% of providers have available appointments (3<sup>rd</sup> next available) within desired range
  - Lead Poisoning Prevention: 80% of lead risk assessments have first contact with occupant made within 3 business days

# Performance Management next steps

- Establishment of regular review with senior leadership
- Senior leaders will, in turn, review the drill down measures with their staff
- This integrates with our quality improvement system transformation model,
  - Which identifies areas of need
  - Directs resources to those areas utilizing quality improvement methodology
  - Ensures that improvement efforts are strategically aligned, adequately supported, and lead to permanent change

# Thank you!

- Questions?

# STRATEGIC PLAN

2025-2030



city of  
**CINCINNATI**  
HEALTH DEPARTMENT



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## Message from the Commissioner



In Cincinnati, where a person's ZIP code can determine decades of difference in life expectancy, we face a challenge that speaks to the very heart of public health. A 25-year gap between neighborhoods - driven by preventable diseases - reminds us that health disparities are not just statistics; they reflect lived realities that impact families, communities, and the future of our city.

Improving that gap isn't just a moral imperative - it benefits everyone. When we reduce barriers to care, prevent chronic disease, and improve access to essential services, we create a healthier, more vibrant Cincinnati for all. A city where every resident, regardless of where they live, has the opportunity for a longer and healthier life.

This strategic plan is our roadmap for action. It reflects not only the lessons we've learned - particularly through the challenges of the COVID-19 pandemic - but also the voices of the community and the pressing public health needs of today. We have synthesized these insights into a focused, measurable, and holistic plan that advances our mission. Through key priorities - health outcomes, access, experience, operational excellence, and safety - we are building an accountable and results-driven system to make real, sustainable improvements in the health of our city.

This plan represents our commitment to doing the hard, necessary work to close the life expectancy gap. And by doing so, we reaffirm our commitment to Cincinnati where everyone has the chance to live a full and healthy life.

Sincerely,

Grant Mussman, MD, MHA  
Health Commissioner, Cincinnati Health Department

## Executive Summary

The Cincinnati Board of Health adopted its previous Strategic Plan on **April 28, 2020**, covering the period of **2020–2021**. The original intent was to conduct a comprehensive update in 2022; however, the department's response to the COVID-19 pandemic required a shift in focus, delaying the update. This **new Strategic Plan** not only builds upon the progress made during the previous planning cycle but also incorporates key lessons learned from the pandemic response.

In 2020, the Cincinnati Health Department (CHD) partnered with **Cincinnati Children's Hospital Medical Center's James M. Anderson Center for Health Systems Excellence** to establish a set of metrics and a dashboard representing organizational standards across all departmental levels. As part of that effort, CHD developed a framework consisting of organizational-level domains, service lines, and eight foundational areas known as **"Big Dots."** This framework was intended to drive both strategic planning and performance management; however, full implementation was also delayed due to the demands of the COVID-19 response.

The current Strategic Plan fully implements this foundational framework and refines it by focusing on **five functional domains**, also referred to as **Big Dots**. These domains were chosen for their relevance across all areas of the department and their alignment with the strategic priorities of the Board of Health and CHD's mission. The five domains are:

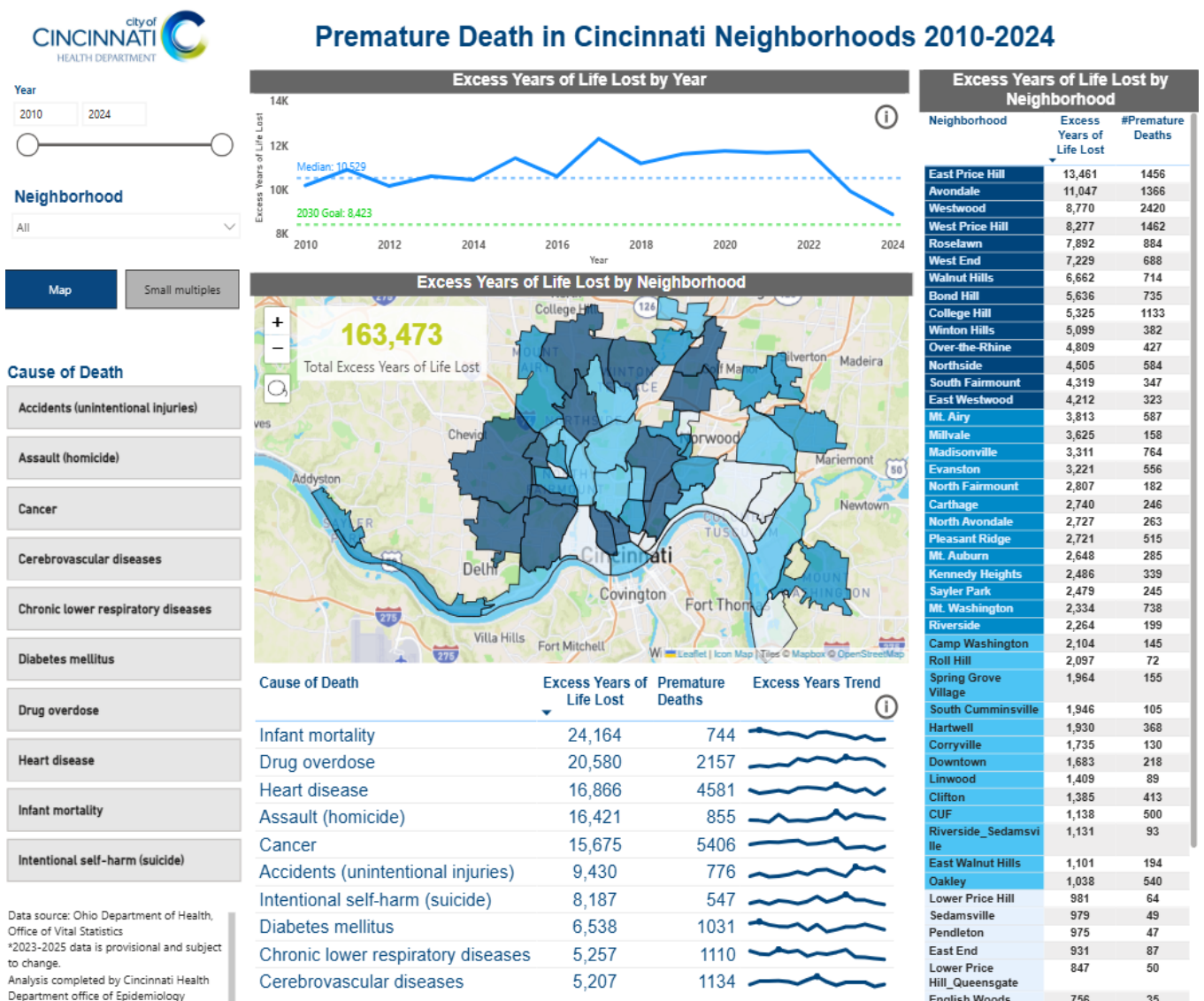
- **Health Outcomes**
- **Employee and Client Experience**
- **Access to Services**
- **Operational Excellence**
- **Employee and Client Safety**

In addition to the domain framework, CHD has introduced a key **"roll-up"** performance measure centered on reducing **life expectancy disparities**, emphasizing the department's commitment to addressing systemic health inequities in Cincinnati.

This Strategic Plan provides a comprehensive, department-wide **dashboard for performance management and quality improvement.**

Each service line and program within CHD will be responsible for tracking progress, measuring outcomes, and communicating performance data regularly. The plan establishes an internal infrastructure aimed at fostering **sustainable change, organizational focus, and long-term resilience.** The department's goal is to reduce the number of excess years of life lost in Cincinnati by 20% by 2030.

<https://www.cincinnati-oh.gov/health/public-health-hot-topics/life-expectancy/>



# Strategic Planning Process

The strategic planning process was initiated by the Health Commissioner, who presented the foundational framework for the new plan to the Board of Health. This planning framework was originally introduced during the previous strategic plan cycle; however, full implementation was delayed due to the COVID-19 pandemic. For the current plan, the framework was refined to focus on five core functional domains:

1. **Health Outcomes**
2. **Employee and Client Experience**
3. **Access to Services**
4. **Operational Excellence**
5. **Employee and Client Safety**

These domains were selected based on their alignment with the strategic priorities identified by the Board of Health and insights gained from the Community Health Assessment (CHA).

Throughout the planning process, regular updates were presented to the Board of Health during selected monthly meetings. These meetings were broadcast to the public through multiple platforms, and public comments were available via online submission through the CHD website.

Additionally, the Board President received regular one-on-one briefings to ensure ongoing communication and alignment.

In December 2024, feedback was actively solicited from all department employees. They were asked to provide input on the proposed strategic domains and to share their perspectives on a variety of public health focus areas, including:

- Provision of clinical services
- Building community trust
- Policy and legislation
- Harm reduction
- Improving life expectancy
- Targeted health programming for marginalized populations
- Communicable disease investigation

- Connecting the community to healthcare
- Other key public health priorities

To further inform the strategic planning process, members of the management team, along with clinical and administrative staff, conducted a series of meetings to perform a comprehensive **SWOT analysis** (Strengths, Weaknesses, Opportunities, and Threats). The findings of this analysis can be found in **Appendices A**.



# Strategic Priorities

The strategic priorities outlined here have been informed by the input and feedback received, including findings from the SWOT analysis, relevant health data, and contributions from key stakeholders. Together, these elements ensure that our priorities are evidence-based and aligned with both organizational goals and our broader public health mandate.

## Strategic Goal 1: Health Outcomes

Reduce excess years of potential life lost due to heart disease in Cincinnati.

Establish a Community Collective Cardiovascular Group			
Objectives (SMART)	Action Steps	Measures	Responsible Person or Program
Gain commitment from key stakeholders and establish the group by July 1, 2025	Recruit key stakeholders	Number of Stakeholder Organizations  • Number of Community Collaborative meetings	Cincinnati Health Department
	Review the Years of Life Lost Life Data and recommend priority neighborhoods		University of Cincinnati Hospital
	Leverage large group to develop collective action efforts		The Health Collaborative
Conduct a community and collaborative scan			
Objectives (SMART)	Action Steps	Measures	Responsible Person or Program

Document best practices for community collaboratives focused on heart disease within the Ohio Collaboratives by December 31, 2026	Document current community efforts and best practices from partner cities	# of community collaboratives profiled	Cincinnati Health Department
	Neighborhood comparisons (social and environmental)	# of health provider practices profiled	University of Cincinnati Hospital
	Understand the similarities and differences between those neighborhoods and the rest of Cincinnati as it relates to cardiovascular outcomes (linkage)	Completed environmental scan	The Health Collaborative
	Seek feedback from the community to better understand and address barriers (i.e., medicine compliance)		
	Develop a theory of change		

**Develop and implement a collective plan of action**

<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>
Action Plan completed by July 1, 2027.	Identify process for writing the plan	Process identified and agreed upon	Cincinnati Health Department
Action Plan implemented by December 31, 2027.	Write and finalize the plan	Completed plan	University of Cincinnati Hospital
	Assign implementation and monitor progress	Plan implemented. Progress monitored and in place	The Health Collaborative

## Strategic Goal 2: Customer and Employee Experience

Create a feedback-rich culture throughout the organization that focuses on client and employee experience.

<b>Continually seek feedback from customers (clients) and employees</b>			
<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>

Conduct a CCPC patient survey by June 30, 2025, and annually thereafter	Develop and/or update surveys	Report on survey results	Health Commissioner Senior Leadership
Conduct a staff feedback survey by June 30, 2025, and at least every 2 years thereafter	Implement surveys Analyze results	Results shared with Board of Health, leadership, and staff	CCPC Leadership QI Committee
Conduct at least 1 QI project per year based on feedback beginning June 30, 2025.	Share results for transparency with leadership and staff Refer results to QI Committee for potential projects	Feedback is incorporated into programs and services Completed QI projects	

### Strategic Goal 3: Access to Services

Assure community alignment and modernization of CHD’s public health and health center facilities.

<b>Perform an internal assessment of current facilities. (Based on Jensen Report, February 2024)</b>			
<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>
<p>Conduct an internal assessment of CHD functions, current facilities, and facilities needs by February 2024 (completed)</p> <p>Report will be made public by June 2024 (completed)</p> <p>The report will be shared with the public by August 2024 (completed)</p>	Objectives completed	<p>Report available on our website <a href="https://www.cincinnati.gov/health/chd-reports-and-publications/">https://www.cincinnati.gov/health/chd-reports-and-publications/</a></p>	Health Commissioner
<b>Engage the public directly before plan development to further understand community needs.</b>			

Objectives (SMART)	Action Steps	Measures	Responsible Person or Program
<p>Identify most pressing facilities needs by December 2025</p> <p>FY 26 and 27 Budgets will reflect the need for additional capital</p> <p>Conduct engagement of CHD customers and constituents for feedback on plan by June 30, 2026</p>	<p>Engage with and collect data from BHSC (Bobbie Sterne Health Center) customers. Distribute a survey to gauge public and patient needs for facilities and neighborhood concerns.</p> <p>Work with the City Manager's Office to place capital expenditures of appropriate amounts in FY26 and FY27 budgets. Include replacement or repair of BHSC (Bobbie Sterne Health Center) identified as top priorities.</p>	<p>Obtain survey results from 300 or more BHSC patients</p> <p>FY26 and 27 budgets will include capital expenditure and be publicly available.</p>	<p>Health Commissioner</p> <p>CHD Leadership</p> <p>City Manager's Office</p>

**Consolidation of non-clinical facilities**

Objectives (SMART)	Action Steps	Measures	Responsible Person or Program
<p>Identify and obtain new location for public health administration by December 2026</p> <p>Consolidate administrative and public health functions in a single building by June 2027</p>	<p>Work with City Mgr.'s Office and real estate to identify property</p> <p>Engage with architects to evaluate property relative to current needs</p> <p>Complete all necessary work</p> <p>Complete movement of personnel.</p>	<p>Purchase of property completed by December 2026</p> <p>Relocation completed by June 2027</p>	<p>Health Commissioner</p> <p>CHD Leadership</p> <p>City Manager's Office</p>

**Planning for health facilities modernization; replace or repair of Bobbie Sterne Health Center**

Objectives (SMART)	Action Steps	Measures	Responsible Person or Program
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Analyze data from patient engagement (collected in Phase 1) by June 2026	Identify staff to analyze data; implement	Data analyzed and compiled	Health Commissioner
Develop future scenarios based on patient needs by September 2026	Identify staff and partners to develop scenarios; implement	Future scenarios completed	CHD Leadership and City Manager's Office
Work with the Office of Community Planning and Engagement to begin public engagement and survey by September 2026	Identify steps and methods to begin community engagement; implement	Public engagement initiated by September 2026	

**Planning for health facilities modernization: Millvale Hopple Street and Northside Health Centers**

<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>
Begin patient engagement and surveys for these clinics by June 2027	Develop and implement engagement strategies and survey	Completed patient engagement results	Health Commissioner CHD Leadership and City Manager's Office
Develop a plan for these clinics by July 2027	Conduct a planning process for health facilities modernization	Plan is completed	

### Strategic Goal 4: Operational Excellence

Advance a culture of quality or advancing use of performance management concepts.

<b>Develop/update performance management system to improve data sharing and transparency</b>			
<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>

Update the performance management (PM) system by December 31, 2025.	Review and select PM software	PM system is updated	Senior Leadership
	Update the PM system	PM software is selected	
	Populate software with updated CHD PM system data and system level dashboard	Staff are trained New PM software is implemented and in use	
	Train staff		

**Conduct tracking & monitoring of performance management metrics**

<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>
Prepare progress reports at least bi-annually beginning January 1, 2026.	Develop an ongoing PM reporting system  Results shared with the Board of Health, leadership, and program staff	Completed PM reports  QI Council identifies potential QI projects based on PM reports	Senior Leadership

**Strategic Goal 5: Safety**

Ensure a safe environment for staff, patients, and the public.

**Reduce injuries through accurate reporting and data analysis**

<b>Objectives (SMART)</b>	<b>Action Steps</b>	<b>Measures</b>	<b>Responsible Person or Program</b>
Develop an electronic safety reporting program by June 2025	Automate Data Transfer	All forms are digitized	Emergency Preparedness
	Digitize all reporting forms	Hot links have been established	Safety Incident Reporting Team
	Create branching logic	All staff trained	
	Roll out the program to CHD staff		

		Program has been launched	
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## Linkage with the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

As the Cincinnati Health Department (CHD) began developing the framework for its strategic priorities, ensuring broad stakeholder engagement was a key objective. This inclusive process began in **Spring 2023** with the organization of multiple **community conversation forums**. CHD also conducted **surveys** targeting community partners and clients utilizing CHD clinical services.

The feedback received from these engagement efforts was instrumental in shaping the **2023–2028 Cincinnati Community Health Assessment (CHA)**. Alongside this community input, all available public health data for the City of Cincinnati was incorporated to identify the city's most pressing health concerns. The top three areas of concern identified in the CHA were:

- **Food Access**
- **Mental Health**
- **Financial Stability (Employment)**

Additional concerns frequently cited: prevention and primary care access, racism in healthcare, and access to healthy foods. These insights directly informed the development of CHD's **strategic priorities**, particularly within the domains of **Health Outcomes** and **Access to Care**.

# Alignment with the Community Health Improvement Plan (CHIP)

In December 2023, CHD invited key community stakeholders to participate in the **Community Health Improvement Plan (CHIP)** process. These collaborative sessions allowed participants to engage in meaningful dialogue and help shape a shared vision for community health improvement.

Following a series of discussions, CHIP action teams identified the following community health priorities:

- **Access to Care**
- **Behavioral and Mental Health**
- **Infant and Maternal Health**
- **Food Access and Healthy Eating**
- **Housing**

These CHIP priorities are reflected in CHD's strategic domains, especially within the areas of **Access to Care** and **Performance Management**.

Additionally, CHD's strategic priorities align with the **City of Cincinnati's five strategic priorities**:

1. **Public Safety and Health**
2. **Growing Economic Opportunities**
3. **Thriving Neighborhoods**
4. **Fiscal Sustainability**
5. **Excellent and Equitable Service Delivery**

## Strategic Plan Implementation & Monitoring

To ensure accountability and sustained progress, CHD will **regularly review and assess** the Strategic Plan's goals and objectives. The department will report on performance and implementation progress using multiple methods, including:

- **Quarterly updates to the governing body** during designated monthly Board of Health meetings
- **CHD program areas** will provide updates on their **quality improvement projects** during the monthly QI committee meetings.
- **Life Expectancy (Years of Life Lost)** data will be reflected on the CHD website and updated **annually**.
- **Quarterly updates** will be provided to the city manager's office on **performance measures** for identified program areas.

These structured updates will provide transparent reporting, maintain organizational focus, and allow for timely adjustments to implementation strategies as needed.

### Oversight and Performance Management

Oversight of strategic plan progress will be led by the **Health Commissioner** in collaboration with the management team. As part of this commitment, CHD is in the process of selecting and implementing a new **Performance Management (PM) software system**. Once implemented, this system will support integration of strategic plan progress into routine performance management reports, strengthening accountability and transparency across the department.

# Mission, Vision, and Core Values and Services

## Mission

- To work for the health and wellness of Cincinnati citizens, employing methods that include surveillance, assessment, disease prevention, health education and assuring access to public health services.

## Vision

- The Cincinnati Health Department will be a public health leader for building and maintaining a healthy and safe community.

## Core Values

### • Collaboration

We believe in being an active member of our community, participating in conversations and engaging with each other productively and respectfully to achieve common goals.

### Collaboration

We foster a culture of compassion and mutual respect among our employees and clients and recognize diversity as a strength in our organization and community.

### Accountability

We demonstrate the highest level of respect, integrity, and professionalism, guided by our sense of trust and morality. We are dedicated to cultivating a sense of transparency both internally and with the general public.

### Quality

We honor our mission by upholding excellence in personal, public health and patient care services. We strive to be the model for public health practice to continuously improve health and social equity for the people of Cincinnati. We measure performance outcomes and social determinants of health through continuous quality improvement.

### Health Equity & Access

We strive to eliminate disparities and assure that everyone has a fair and just opportunity to be healthy. We work toward the timely availability of personal health services to achieve the best health outcomes

### **Lead Poisoning Prevention**

- Childhood Lead Poisoning Program (CLPPP) can help control lead paint, dust and soil hazards.

### **Technical Environmental Services**

- Vector Control Program to address environmental public health concerns by monitoring the spread of vector borne diseases.
- Respond to reports of rabies animal bites, public swimming pools, pest control complaints in city buildings, etc.

### **Environmental Waste Unit**

- Conducts inspections and investigations that are related to proper waste disposal and the environmental impact.

### **Communicable Disease Unit**

- Investigates infectious disease outbreaks and reports.

### **Food Safety Inspection Program**

- Licenses and inspects all food service operations and retail food establishments to ensure compliance with food safety code.

### **Healthy Homes Program**

- Provides a healthy home assessment at no cost by a CHD inspector.
- Assessment identifies potential health risks within your home.

### **WIC Program**

- Nutrition and education program for eligible women who are pregnant, breastfeeding, or postpartum and infants & children up to age 5.

### **Vital Statistics**

- Issues birth certificates for anyone born in Ohio.
- Provides death certificates for all death that occur in the City of Cincinnati.

### **Community Nursing**

- Community health worker program and assistance for children with medical handicaps.

### **School-based Nursing**

- Health screenings, vaccinations, referrals, and collaboration with community partners. Case management for chronic health problems.

### **Healthy Communities Program**

- Health education at the individual and community level.
- Promotes sustainable healthy behavior change through policy, system, and environmental changes.

# Appendices A

## Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Strengths and Weaknesses are internal to an organization.

Opportunities and Threats are external and typically outside of your organization, in the larger community.

This SWOT analysis was conducted to identify critical risks, challenges, and opportunities impacting our public health mandate. It provides a strategic overview of CHD's current positioning and offers evidence-based insights to support informed decision-making and long-term planning. This analysis is intended to guide our collective efforts in advancing health outcomes and ensuring organizational effectiveness. The results are outlined in the table below:

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"><li>• Commitment to service; regardless of insurance and/or ability to pay.</li><li>• Size of our department and diversity of effort, CHD is actively involved in a variety of activities within our community.</li><li>• Ability to get things done (example COVID - 19)</li><li>• Expertise in data collection and analysis</li><li>• Quality Improvement and QI projects</li></ul>	<ul style="list-style-type: none"><li>• Overall recruitment processes</li><li>• Retention of staff (particularly behavioral health &amp; clinical staff)</li><li>• Facility – aging infrastructure, parking, access to services</li><li>• Succession planning</li><li>• Unique needs of public health</li><li>• Data infrastructure and technology (efficiency, vulnerability)</li><li>• Workforce training, ongoing need</li><li>• Funding – typically not enough and short-term</li></ul>

<ul style="list-style-type: none"> <li>• Good relationship with city leadership</li> <li>• Competitive employee benefits</li> <li>• Accredited!</li> <li>• Experienced, knowledgeable staff</li> <li>• Moving forward with technology</li> </ul>	<ul style="list-style-type: none"> <li>• Community trust (i.e., government institutions/healthcare)</li> <li>• Marketing - We do not always advertise what we do.</li> <li>• Organizing grants</li> </ul>
<p style="text-align: center;"><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• External collaboration for greater impact</li> <li>• Risk management technology.</li> <li>• Community engagement, especially where there is no social media.</li> <li>• Substance Abuse – Harm Reduction</li> <li>• Dedicated grant writer</li> <li>• Additional grant funding potentially available</li> <li>• Ability to take a leadership role in the city.</li> <li>• Policy &amp; Legislation</li> <li>• Legalization of Marijuana – education, fee collection, regulations</li> </ul>	<p style="text-align: center;"><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Budget deficits – city, state, federal</li> <li>• Loss of Funding (grants)</li> <li>• Community mistrust of government, healthcare organizations, etc.</li> <li>• Facility – not stable, aging infrastructures</li> <li>• Physical threats – active shooters, threats in the community</li> <li>• Vaccine preventable deaths</li> <li>• Recruiting for unique needs of public health workforce</li> <li>• Competition from the private health care sector</li> </ul>



**Date:** 8/26/2025

**To:** MEMBERS of the BOARD of HEALTH

**From:** Grant Mussman, MD MHSA, Health Commissioner

**Copies:** Leadership Team, HR File

**Subject:** PERSONNEL ACTIONS for August 26, 2025 BOARD of HEALTH MEETING

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**PROMOTIONS**

**COURTHNEY CALVIN      HEALTH CLINIC COORDINATOR      CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:      \$2,577.67 to \$3,464.17      Revenue Fund

The CCPC division wishes to promote Courthney L. Calvin to the position of Health Clinic Coordinator. Ms. Calvin has been a Public Health Educator (PHE) with the Healthy Communities Program since 2020. Prior to her position as a PHE, she worked as a Casework Associate for seven years (2013-2020) in our School-Based Health Center Program. As a Casework Associate, Ms. Calvin was responsible for monthly program reporting; managing and improving the SBHC consent rates; and using EPIC when working with patients. She is knowledgeable about grant writing and reporting and is active in the Cincinnati community. Her skills and knowledge will be an asset to the CCPC Operations Team.

**CRYSTAL GILCHRIST      CUSTOMER RELATIONS      CHES**  
**REPRESENTATIVE**

(Retirement vacancy)

Salary Bi-Weekly Range:      \$2,052.24 to \$2,125.14      General Fund

Crystal Gilchrist is an accomplished administrative and compliance professional with 20+ years of diverse experience spanning government, healthcare, education, and nonprofit sectors. Recognized for exceptional organizational skills, attention to detail, and ability to rapidly learn and master new systems. Proven track record in supervision, compliance auditing, safety management, records administration, and customer service. She is skilled in streamlining processes, enforcing regulatory standards, and fostering team productivity. Adept at building strong professional relationships and delivering high-quality work in fast-paced, multi-priority environments.

**PERSONNEL ACTIONS for August 26, 2025 , BOARD of HEALTH MEETING**  
**Page 2 of 2**

**PROMOTIONS (continued)**

**TARA JOHNSON                      HEALTH CLINIC COORDINATOR      CCPC**

(Resignation vacancy)

Salary Bi-Weekly Range:              \$2,577.67 to \$3,464.17                      Revenue Fund

The CCPC division wishes to promote Tara N. Johnson to the position of Health Clinic Coordinator. She has been a Senior CRR with the department since November 2021. Ms. Johnson has been responsible for many tasks including: updating HCPCS codes, modifiers and pricing prior to claims being released so that we are properly reimbursed; following up with patients and insurance companies about outstanding bills; and performing quality audits and tracking metrics related to clinical application usage. Ms. Johnson is very knowledgeable about EPIC, Medicaid and Medicaid Managed Care Organizations (MCO's), Private/Commercial, Medicare, and Tricare. Her skills and knowledge will be an asset to the CCPC Operations Team.

**JOHN MONAHAN                      SUPERVISING BEHAVIORAL              CCPC**  
**HEALTH SPECIALIST**

(New Position)

Salary Bi-Weekly Range:              \$3,057.86 to \$4,109.50                      Grant Fund

The CCPC division wishes to promote John W. Monahan to the position of Supervising Behavioral Health Specialist. Mr. Monahan has worked with CCPC as a Behavioral Health Specialist at Ambrose and Bobbie Sterne Health Centers since March 2024. He holds a Master of Social Work (MSW) from Northern Kentucky University and is licensed by the State of Ohio as a Counselor, Social Worker, and Marriage & Family Therapist as a LISW-S. Since joining the team, Mr. Monahan has been an asset and we look forward to him taking the lead on our behavioral health team.

**DATE:** August 18, 2025,  
**TO:** Cincinnati Health Department Board of Health  
**FROM:** Kim Wright, Supervising Epidemiologist Communicable Disease Prevention and Control - CHES

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**SUBJECT:** August 2025 Board of Health Communicable Disease Report

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**Presumptive healthcare-associated Legionnaires' Disease (LD) Investigation**

At the beginning of August CHD investigated a Legionnaires' Disease case reported by a local hospital, in a resident of a local long term care facility (LTCF). After determining the resident had no other exposures in the 14 days prior to the onset of illness on July 31, 2025, it was determined the case met the definition of presumptive healthcare-associated LD according to the Ohio Department of Health (ODH) Infectious Disease Control Manual (IDCM). CHD CDU and Environmental Health met with the ODH and facility representatives in order to prevent additional cases from occurring. The facility was directed to coordinate legionella bacteria testing of environmental samples with a water consultant, install water filters, share findings and symptoms with staff, residents, and visitors and to test and report new onsets of pneumonia and Pontiac Fever symptoms. CDU staff conducted a site visit to view areas of concern that the ill resident had frequented and made recommendations to prevent additional infections. The facility is cooperating with the investigation and is expected to have test results back soon. This is the 11<sup>th</sup> LD case CHD has investigated so far in 2025. In 2024 there were only 4 cases reported to CHD by the end of July.

**Respiratory Activity as of 8/9/2025\***

- CHD received 1 COVID-19 hospitalization report in July and has received 4 reports as of 8/18/2025 in August.
- CHD received 1 Influenza hospitalization report in July and has not received any to date in August.

*Wastewater Viral Activity Levels Week Ending 8/9/2025*

Respiratory Virus	US	Ohio	Greater Cincinnati			
			Taylor Creek	Muddy Creek	Mill Creek	Little Miami
COVID-19	Low	Very Low	Low	Low	Moderate	Moderate
Influenza	Very Low	Very Low	Not Detected	Not Detected	Not Detected	Not Detected
RSV	Very Low	Very Low	Not Detected	Not Detected	Not Detected	Not Detected

Sources: [NWSS Wastewater Monitoring in the U.S. | National Wastewater Surveillance System | CDC](#), [Monitoring Data | Ohio Department of Health](#),

### **CDU Back to School Communicable Disease Training**

CDU presented CD updates and reporting reminders to local school administrators, principals, and nurses on Friday, August 15, 2025, via Teams. It was also recorded for those who could not attend the live presentation.

### **Outbreak Investigation Training**

On 8/12/2025 CDU epidemiologists, nurses, and administrative support attended the in-person Outbreak Investigation Training Part 1 conducted by the Ohio Department of Health for Southwest Ohio local public health personnel. Staff will attend Part 2 on 9/3/2025.

### **Free COVID-19 Test Kits Distributed**

CDU distributed 209 COVID-19 Home Test Kits and health information to attendees of the 2025 Black Family Reunion held 8/16/2025-8/17/2025 at Sawyer Point Park. The test kits were purchased with COVID-19 grant funding. CHD will continue to provide free test kits to the community while supplies last.

### **Communicable Disease Investigations and Outbreaks in July**

CHD investigated 63 communicable disease reports in July 2025. You can find the cases meeting confirmed and probable case definitions included in the July Monthly Infectious Disease Surveillance Summary in the board's packet. This data is also updated each month on the Communicable Disease Dashboard that is located on the website: [Communicable Disease Unit - Health](#).

### **Outbreak Response**

CHD's Communicable Disease Control and Prevention Unit investigated 1 new outbreak (OB) in July:

- 1 Dermatologic OB in a school

**Date: August 26, 2025**

**To: Board of Health**

**From: Grand Mussman, MD, Health Commissioner**

**Subject: Health Commissioner's Report, Reflects July 2025**

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## **WIC Updates July 2025**

1. The WIC caseload for July was 15,619 with a small increase from last month.  
Women: 3,523   Infants: 3,781   Children: 8,315
2. July breastfeeding initiation rate was 64.61%. Breastfeeding at 6 months was 40.55%. Breastfeeding rate at 6 months had a slight increase this month. The WIC Lactation Center is Open for walk-in appointments. WIC offers a virtual and in-person breastfeeding class monthly and a Spanish virtual class monthly.
3. In July WIC provided 433 women education regarding urgent maternal warning signs during the perinatal period.

## **Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 8.26.2025**

### **Community Health and Environmental Services (CHES) updates:**

- Cincinnati Health Department partnered with the City Manager's Office to launch a medical debt relief project in response to Mayor Pureval's Financial Freedom Blueprint. With the launch, thus far \$219,849,397.57 in debt has been relieved for 107,546 individuals.
- Cincinnati Health Department continues to meet with the Cincy CHIP action teams on the five priorities set for the next three years. 1) Access to Care, 2) Mental and Behavioral Health, 3) Nutrition and Food Access, 4) Infant Vitality, 5) Housing. More information in the Accreditation section.
- Alternative Response to Crisis (ARC) pilot diverting low acuity 911 calls to a behavioral health and EMT team is continuing in the Cincinnati community, more information can be found with the link below:

[Alternative Response to Crisis \(cincinnati-oh.gov\)](https://www.cincinnati-oh.gov/health/alternative-response-to-crisis/)

### **Epidemiology**

#### **Epidemiology Data Briefs and Educational Guides:**

Data Briefs and Educational Guides can be found using the website below.

<https://www.cincinnati-oh.gov/health/community-health-data/epidemiology-data-briefs/>

The Emergency of Antimicrobial Resistance in Cincinnati (2017-2022)

[C:\Users\KIMBER~1.WRI\AppData\Local\Temp\msoA228.tmp \(cincinnati-oh.gov\)](C:\Users\KIMBER~1.WRI\AppData\Local\Temp\msoA228.tmp)

#### **2023 Annual Lead Report:**

[2023-LEAD-ANNUAL-REPORT-FINAL-\(2\).pdf](#)

**Epidemiologic Infant data:**  
**These numbers are provisional for 2022-2025:**

**Deaths for 2020:**

City 2020 = 44  
County (minus the city) 2020 = 33  
Total Hamilton County 2020 = 77

**The finalized number of births for 2020 (births extracted from Ohio Resident live births database (by residence city/county) as of 9.20.22):**

City of Cincinnati = 4,220  
Hamilton County births outside of the City limits = 6,110  
Hamilton County inclusive of the City = 10,330

**The finalized infant mortality rate for 2020 based on our current numbers:**

City of Cincinnati IMR = 10.4 per 1,000 live births  
Hamilton County outside the City limits = 5.4 per 1,000 live births  
Hamilton County IMR = 7.5 per 1,000 live births (inclusive of the city numbers)

**Provisional deaths for 2021:**

City 2021 = 41  
County (minus the city) 2021 = 24  
Total Hamilton County 2021 = 65

**The provisional number of births for 2021 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.9.23):**

City of Cincinnati = 4,111  
Hamilton County births outside of the City limits = 6,154  
Hamilton County inclusive of the City = 10,265

**The provisional infant mortality rate for 2021 based on our current numbers:**

City of Cincinnati IMR = 10.0 per 1,000 live births  
Hamilton County outside the City limits = 3.9 per 1,000 live births  
Hamilton County IMR = 6.3 per 1,000 live births (inclusive of the city numbers)

**Provisional deaths for 2022:**

City 2022 = 47  
County (minus the city) 2022 = 42  
Total Hamilton County 2022 = 89\*  
\*three deaths OOJ excluded

**The provisional number of births for 2022 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.28.24):**

City of Cincinnati = 4,155  
Hamilton County births outside of the City limits = 6,034  
Hamilton County inclusive of the City = 10,189

**The provisional infant mortality rate for 2022 based on our current numbers:**

City of Cincinnati IMR = 11.3 per 1,000 live births  
Hamilton County outside the City limits = 7.0 per 1,000 live births

Hamilton County IMR = 8.7 per 1,000 live births (inclusive of the city numbers)

**Provisional deaths for 2023:**

City 2023 = 29

County (minus the city) 2023 = 29

Total Hamilton County 2023 = 58

**The provisional number of births for 2023 (births extracted from state database (by residence city/county) as of 10.28.24):**

City of Cincinnati = 4,122

Hamilton County births outside of the City limits = 5,912

Hamilton County inclusive of the City = 10,034

**The provisional infant mortality rate for 2023 based on our current numbers:**

City of Cincinnati IMR = 7.04 per 1,000 live births

Hamilton County outside the City limits = 4.91 per 1,000 live births

Hamilton County IMR = 5.78 per 1,000 live births (inclusive of the city numbers)

**Provisional deaths for 2024:**

City 2024 = 33

County (minus the city) 2024 = 35

Total Hamilton County 2024 = 68

**The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of April 2025):**

City of Cincinnati = 4,099

Hamilton County births outside of the City limits = 5,894

Hamilton County inclusive of the City = 9,993

**The provisional infant mortality rate for 2024 based on our current numbers:**

City of Cincinnati IMR = 8.05 per 1,000 live births

Hamilton County outside the City limits = 5.94 per 1,000 live births

Hamilton County IMR = 6.80 per 1,000 live births (inclusive of the city numbers)

**Provisional deaths for 2025:**

City 2025 = 24

County (minus the city) 2025 = 19

Total Hamilton County 2025 = 43

**The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 8.18.25):**

City of Cincinnati = 2,421

Hamilton County births outside of the City limits = 3,435

Hamilton County inclusive of the City = 5,856

**The provisional infant mortality rate for 2025 based on our current numbers:**

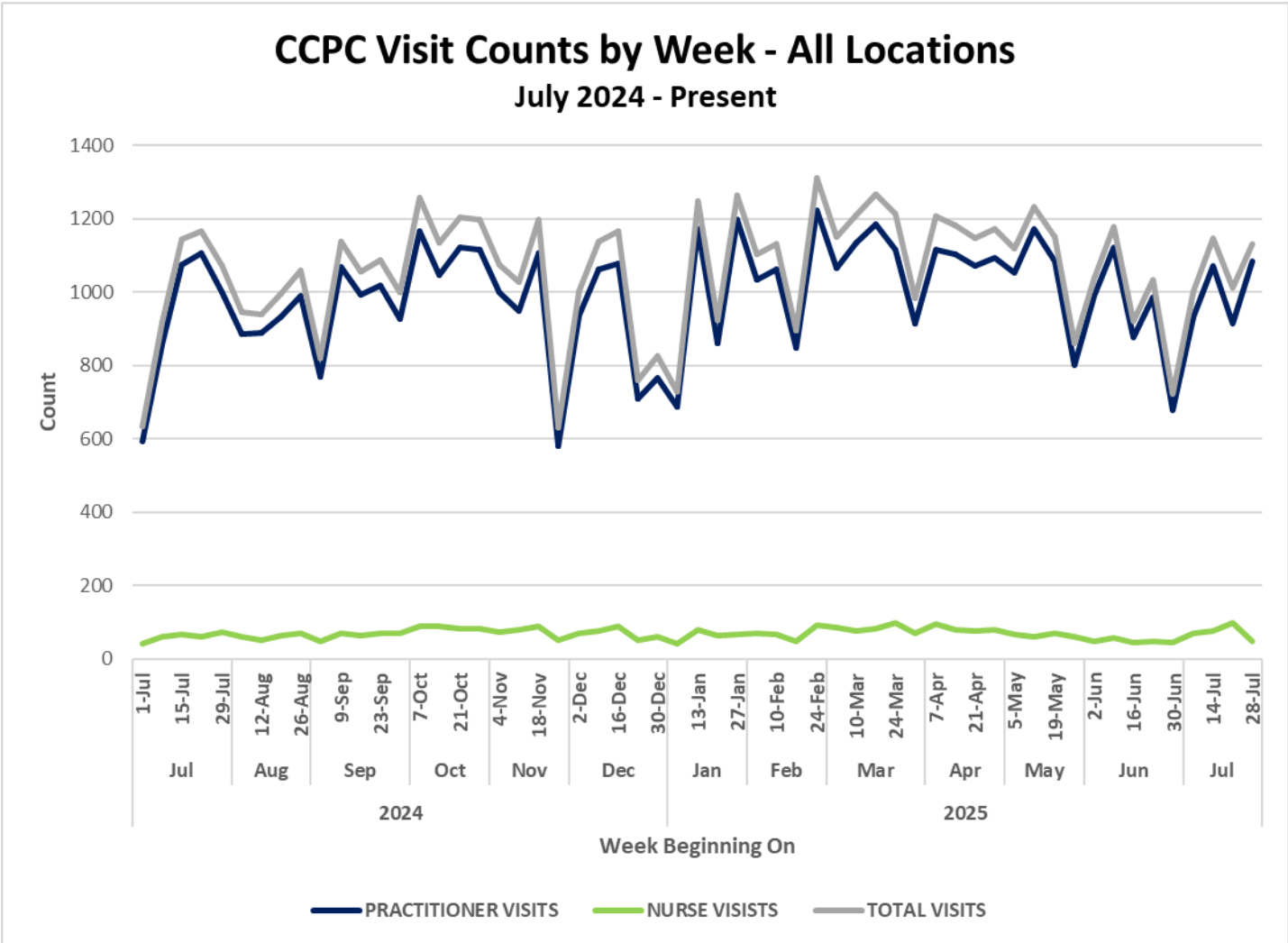
City of Cincinnati IMR = 9.91 per 1,000 live births

Hamilton County outside the City limits = 5.53 per 1,000 live births

Hamilton County IMR = 7.34 per 1,000 live births (inclusive of the city numbers)

**CCPC UPDATE**

**Figure 1. Number of Completed Patient Visits to All CCPC Community Health Center Sites**



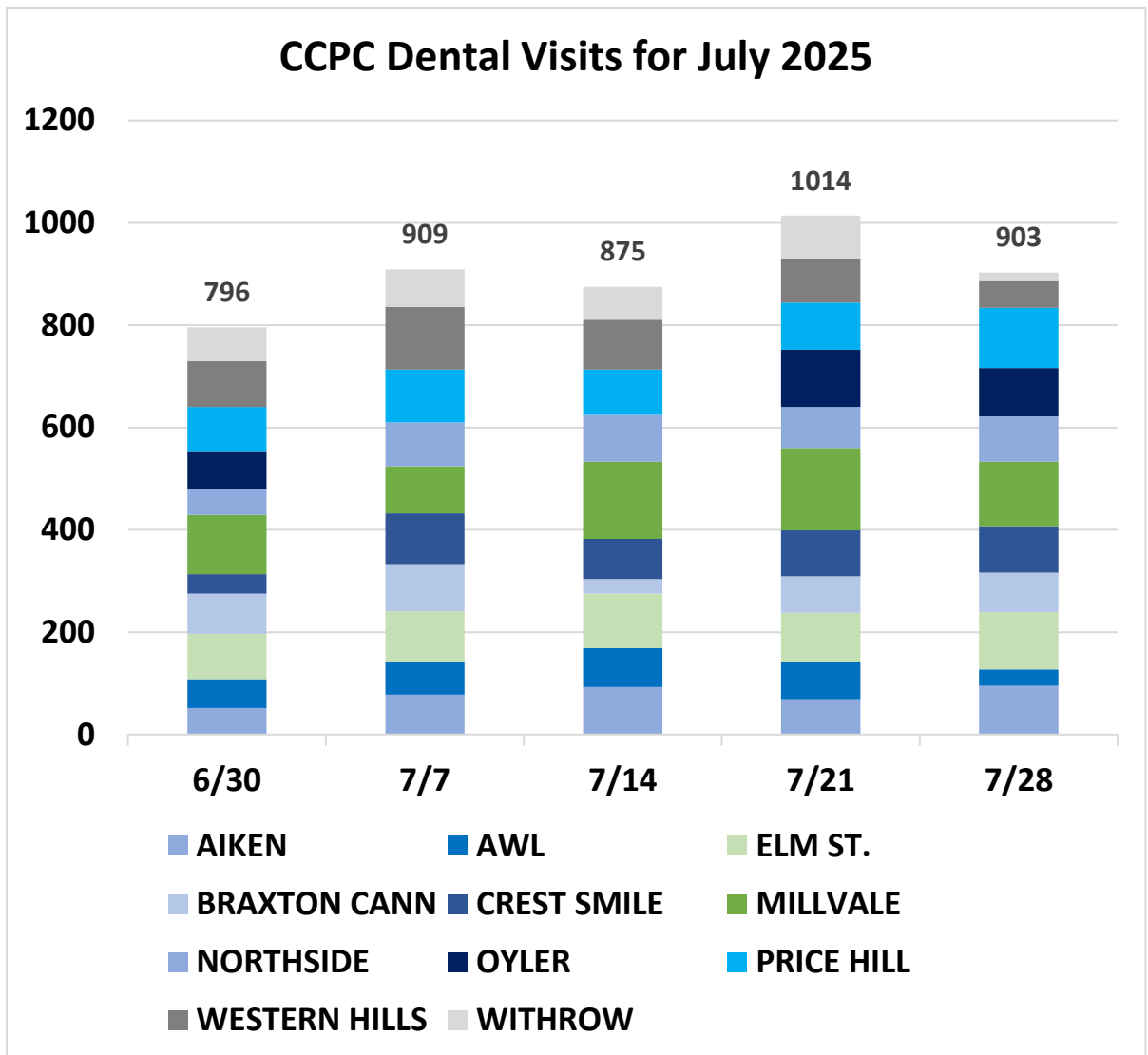
**Table 1. Number of Completed Patient Visits by Location for July 2025 and FYTD**

CCPC Community Health Centers	6/30	7/7	7/14	7/21	7/28	July 2025 Total	July 2024 Total	2025 FYTD Total	2024 FYTD Total
<b>VISITS</b>	<b>679</b>	<b>932</b>	<b>1072</b>	<b>914</b>	<b>1085</b>	<b>4682</b>	<b>4632</b>	<b>4682</b>	<b>4632</b>
AMBROSE CLEMENT	75	101	108	25	114	423	552	423	552
AMBROSE CLEMENT BH	31	32	38	33	36	170	141	170	141
BRAXTON CANN	52	76	81	68	72	349	474	349	474
BRAXTON CANN BH	1	4	3	3	2	13	0	13	0
ELM ST. BH	9	5	7	0	12	33	50	33	50
ELM ST.	109	138	137	155	228	767	832	767	832
MILLVALE	84	113	144	114	127	582	488	582	488
MILLVALE BH	3	11	14	11	11	50	62	50	62
NORTHSIDE	84	145	201	203	189	822	731	822	731
NORTHSIDE BH	9	23	27	19	21	99	8	99	8
PRICE HILL	204	256	277	253	243	1233	1143	1233	1143
PRICE HILL BH	18	28	35	30	30	141	151	141	151
<b>NEW PATIENTS</b>	<b>38</b>	<b>45</b>	<b>57</b>	<b>53</b>	<b>60</b>	<b>253</b>	<b>283</b>	<b>253</b>	<b>283</b>
AMBROSE CLEMENT	3	7	9	1	7	27	47	27	47
AMBROSE CLEMENT BH	0	0	0	0	0	0	4	0	4
BRAXTON CANN	6	4	6	3	2	21	27	21	27
BRAXTON CANN BH	0	0	0	0	0	0	0	0	0
ELM ST. BH	0	0	0	0	0	0	0	0	0
ELM ST.	8	9	10	12	18	57	49	57	49
MILLVALE	3	6	6	5	6	26	38	26	38
MILLVALE BH	0	0	0	0	0	0	0	0	0
NORTHSIDE	4	8	13	16	14	55	48	55	48
NORTHSIDE BH	0	0	0	1	1	2	0	2	0
PRICE HILL	14	11	13	15	12	65	68	65	68
PRICE HILL BH	0	0	0	0	0	0	2	0	2

**Table 2. Number of Pharmacy Fills for July 2025 and FYTD**

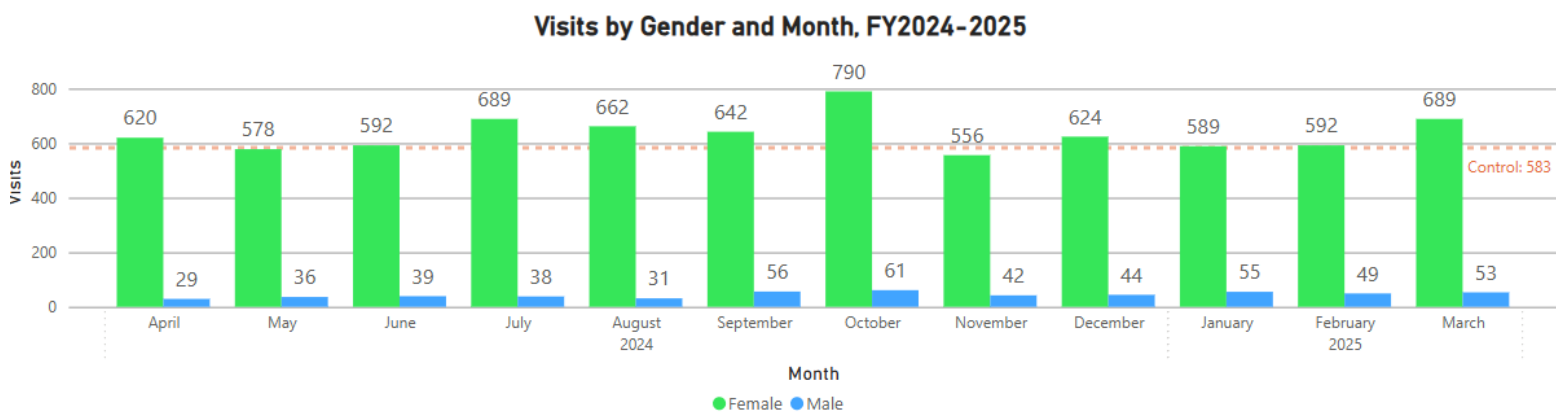
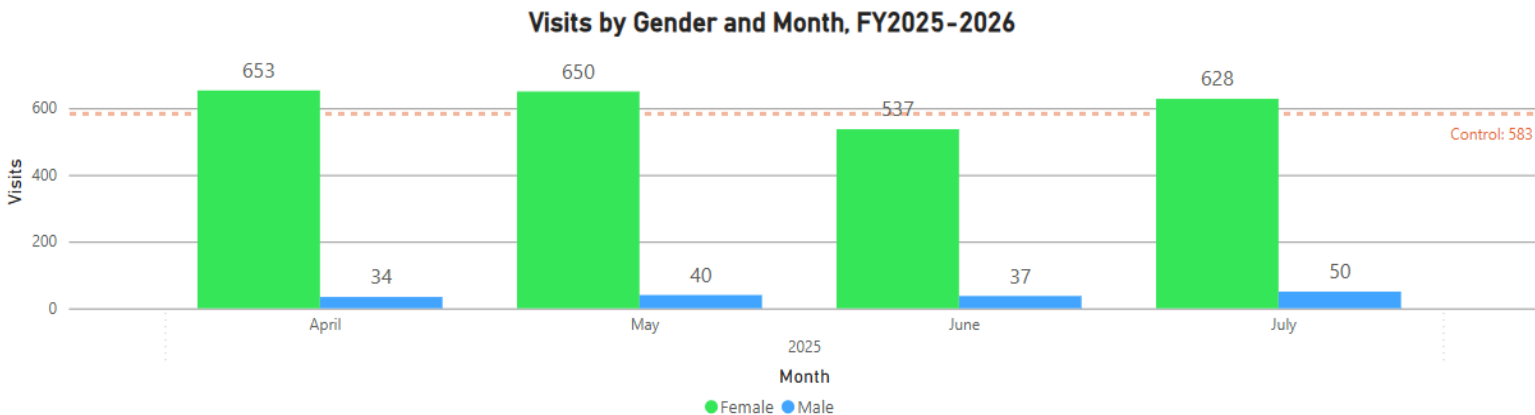
CCPC PHARMACY LOCATION	6/30	7/7	7/14	7/21	7/28	July 2025 Total	July 2024 Total	2025 FYTD Total	2024 FYTD Total
<b>NUMBER OF FILLS</b>	<b>1641</b>	<b>2252</b>	<b>2173</b>	<b>2237</b>	<b>2125</b>	<b>10428</b>	<b>10425</b>	<b>10428</b>	<b>10425</b>
AMBROSE CLEMENT	227	330	321	292	332	1502	1684	1502	1684
BRAXTON CANN	184	228	253	216	215	1096	1368	1096	1368
ELM ST.	263	355	357	406	438	1819	1980	1819	1980
MILLVALE	231	342	334	395	273	1575	1481	1575	1481
NORTHSIDE	284	355	361	249	317	1566	1438	1566	1438
PRICE HILL	452	642	547	679	550	2870	2474	2870	2474

Figure 2. Number of Completed CCPC Dental Visits for July 2025 by Location



## Reproductive Health and Wellness Program (RHWP) Data Report

**Figure 1a.** City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2025 – 2026



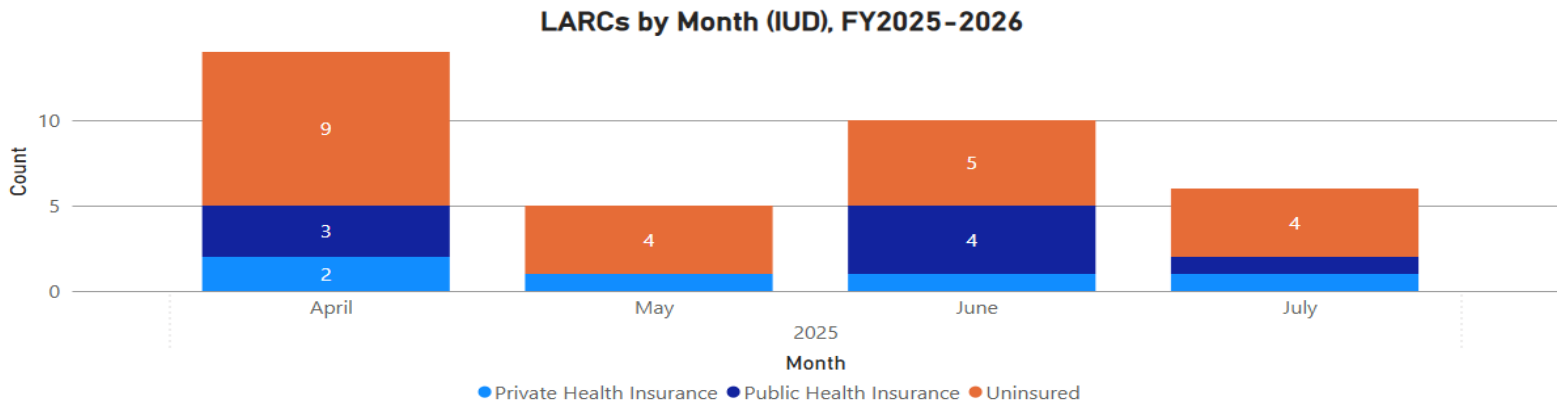
**Figure 1b.** City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025

FY24/25 Visits with Men: 533 patients  
 FY24/25 Visits with Women: 7623 patients  
 FY24/25 Visits Combined (men/women): 8156 patients  
 FY24/25 Control (Expected) Visits: 7000 patients  
 FY24/25 Visits as % of Control Total: 116.5%

Fiscal Year 2025 – 2026  
 FY25/26 Visits with Men: 161 patients  
 FY25/26 Visits with Women: 2468

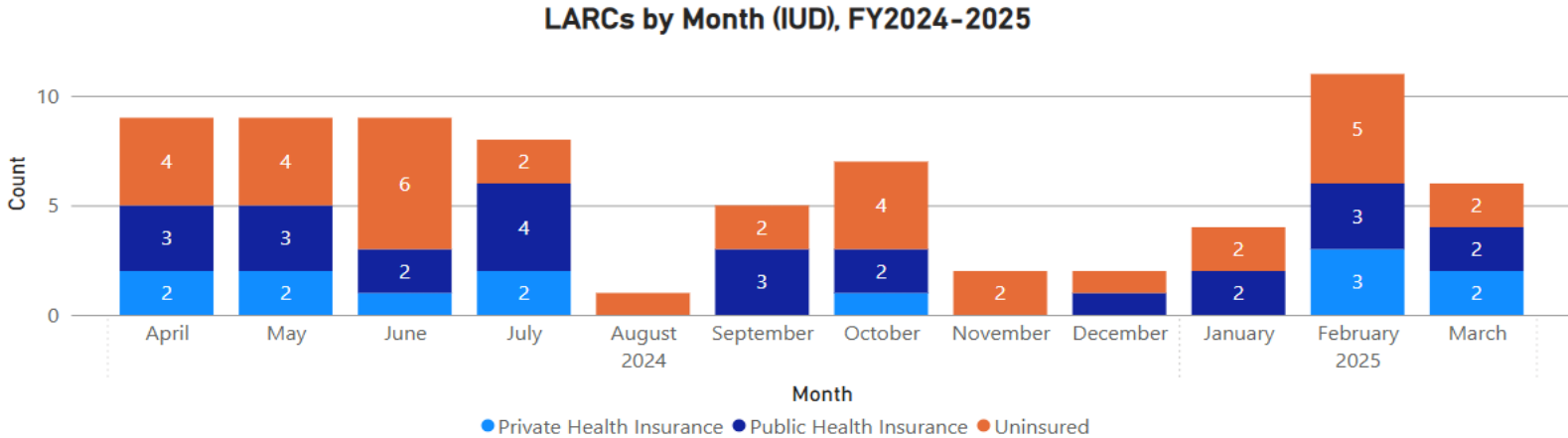
patients  
 FY25/26 Visits Combined (men/women): 2629  
 patients  
 FY25/26 Control (Expected) Visits: 583 patients  
 FY25/26 Visits as % of Control Total: 112.6%

**Figure 2a.** Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients



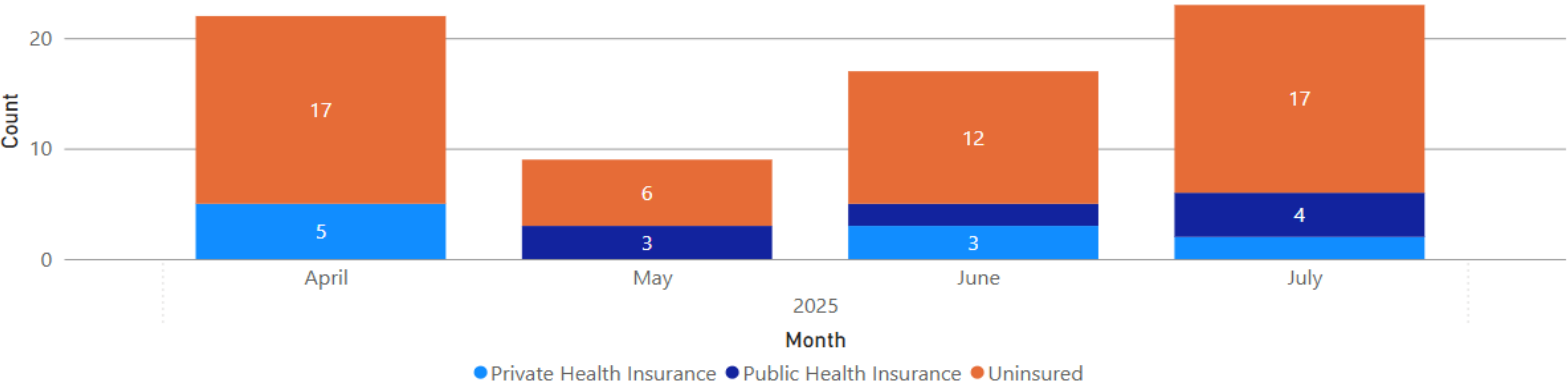
seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

**Figure 2b.** Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025



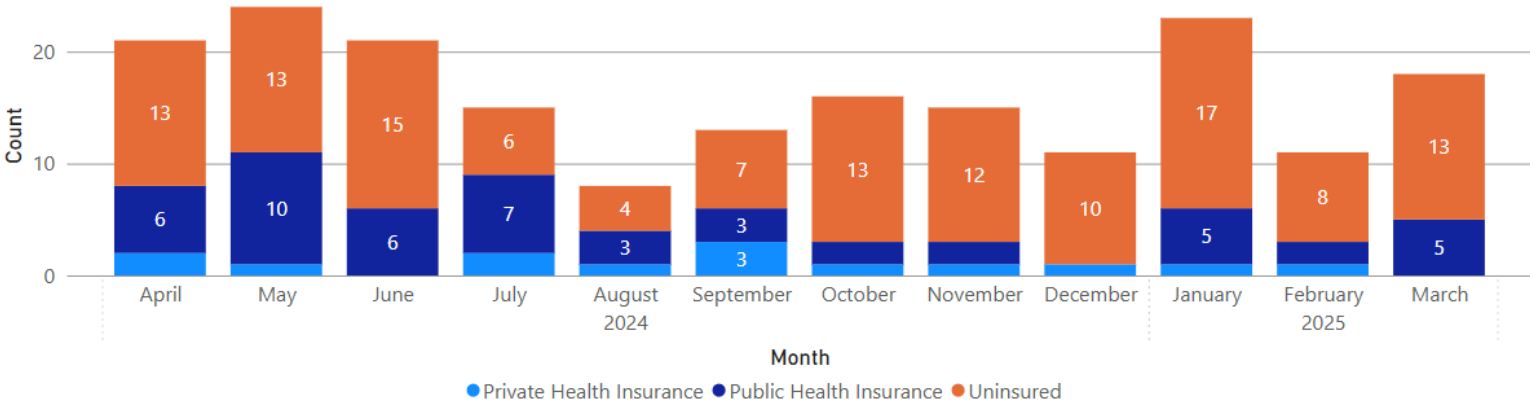
**Figure 3a.** Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

**LARCs by Month (Implant), FY2025-2026**



**Figure 3b.** Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 - 2025

**LARCs by Month (Implant), FY2024-2025**



**Table 1.** Selected Demographic Characteristics of Unduplicated RHWP Patients, July 2025

	Female	% in col.	Male	% in col.	Total	% in col.
<b>Race</b>						
AI/AN	11	1.75%	1	2.00%	12	1.71%
Asian	10	4.59%	0	0.00%	10	1.47%
Black	293	46.66%	39	78.00%	332	48.97%
PI/HN	17	2.71%	1	0.00%	17	2.51%
Unknown	93	14.81%	2	4.00%	95	14.01%
White	204	32.48%	8	16.00%	212	31.27%
<b>Ethnicity</b>						
Hispanic	257	40.92%	3	6.00%	260	38.35%
Non-Hispanic	371	59.08%	47	94.00%	418	61.65%
<b>Income</b>						
<=100% FPL	541	86.15%	43	86.00%	584	86.14%
101-249% FPL	77	12.26%	3	6.00%	80	11.80%
>=250% FPL	10	1.59%	4	8.00%	14	2.06%
<b>Insurance</b>						
Private	64	10.19%	11	22.00%	75	11.06%
Public	247	39.33%	14	28.00%	261	38.50%
Uninsured	317	50.48%	25	50.00%	342	50.44%
<b>Age (years)</b>						
<15	0	0.00%	0	0.00%	0	0.00%
15-49	586	93.31%	35	70.00%	621	91.59%
>50	42	6.69%	15	30.00%	57	8.41%
<b>Limited English</b>						
No	340	54.14%	49	98.00%	389	57.37%
Yes	288	45.86%	1	2.00%	289	42.63%

**Table 2.** Unduplicated RHWP Patients by CCPC Health Center, July 2025

	<b>Female</b>	<b>% in col.</b>	<b>Male</b>	<b>% in col.</b>	<b>Total</b>	<b>% in col.</b>
<b>Health Center</b>						
Ambrose Clement	106	16.88%	33	66.00%	139	20.50%
Braxton Cann	34	5.41%	0	0.00%	34	5.01%
Bobbie Sterne	103	16.40%	3	6.00%	106	15.63%
Millvale	66	10.51%	2	4.00%	68	10.03%
Northside	101	16.08%	12	24.00%	113	16.67%
Price Hill	218	34.71%	0	0.00%	218	32.15%

\* Reproductive health data is based on services as part of the Title X grant provided by our City of Cincinnati Primary Care (CCPC) Health Centers.

## **Accreditation**

### *PHAB Action Plan Update:*

The E-PHAB portal opened on April 1, 2025, in preparation of CHD's annual June submission. The 2025 annual report will include an application for PHAB to conduct a reaccreditation readiness assessment as our annual report submission in preparation for reaccreditation in June 2026.



<b>November</b>										
<b>December</b>										
<b>January</b>										
<b>February</b>										
<b>March</b>										
<b>April</b>										
<b>May</b>										
<b>June</b>										
<b>TOTAL</b>										

**RM**=reminders to families for immunizations now due

**RC**=recalls to families behind on immunizations

**IQIP**= Immunization Quality Improvement Process (CDC tool including audit) (2M/6M/12M=follow ups with practices involved in QI process)

**MOBI**=Maximizing Office Based Immunization education presentation for providers

**TIES**=Teenage Immunization Education Session -immunization education for providers regarding adolescents

**Peri HEPB**=Peri-natal Hepatitis

**\*JULY- MOBI, TIES, (7/17) and IQIP (7/324) required ODH training completed. ..training required PRIOR to initiating MOBI,TIES,IQIP outreach**

## Healthy Communities Program – Tiffany White

Live Work Play Cincinnati Coalition		
A multi-sector coalition that works to improve health outcomes by addressing health-related social needs and social determinants of health at the community level.		
Date of Meeting	Location & Presentations	Next Steps
No July Meeting	August <a href="#">newsletter</a>	Next meeting is September 3rd, 10:00 AM – 12:00 PM MSD Admin Building  NEW meeting frequency: in-person all coalition meetings will be quarterly (March, June, September, and December) on the first Wednesday of each month. Subcommittees will be held virtually each month.
Creating Healthy Communities Grant		
Implementation of strategies to improve healthy eating and active living in multiple Cincinnati neighborhoods. Strategies include: 1 pedestrian infrastructure strategy in Carthage, 1 food pantry strategy in Hartwell, 1 recreation/playground in Roll Hill/E. Westwood, and 2 Policy, System, and Environmental assessments in the Beekman Corridor.		
# of Meetings	Status	Next Steps
4 See Food Equity and Active Living Sections for more details.	Carthage – Hosted End of Summer Bash and painted intersection mural.  Hartwell – Order freezers to place in pantry.  Roll Hill – Setting date for traffic garden installation and kick-off event.	Carthage - Finalize installation for heritage walk with DOTE. Work with DOTE for remaining traffic calming strategies.  Hartwell – Cincy Freeze & Feed kick scheduled for September 24th  Roll Hill – Install traffic garden, host kick off event, and develop curriculum plan with Roll Hill PE teacher.

## Infant Vitality – Malina Harris

DCY- Cribs for Kids Subgrantee		
The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health is partnering with Cribs for Kids® and local organizations throughout Ohio to provide Cribettes® and safe sleep education to eligible families.		
# of families served since last report	Project Partners and Status	3 Next Steps
96 families	<b>Partners:</b> All In Cincinnati, Bethany House Services, Cherished Hearts CPR Family, Community Action Agency, Cradle Cincinnati Connections (CCC), Crossroad Health Center, First Step Home, Greater Cincinnati Behavioral Health Services, Healthcare Access Now (HCAN), Healthy Homes: Block by Block (Community Matters), Healthy Moms & Babes, Helping Young Mothers Mentor, Inc., Home Health/CHD, Interfaith Hospitality Network of Greater Cincinnati (IHNGC), Mercy	<b>Plan:</b> Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign.  <b>Meeting frequency: ODH TA Meetings are Quarterly.</b> Last meeting 6/11/25 Meetings are Quarterly Next Meeting 8/26/2025

	<p>Health – Perinatal Outreach Program, Nurse Family Partnership/ECS-Pathways to Home, Rosemary’s Babies Co., Santa Maria Community Service, Sigma Gamma Rho Sorority, Inc. Su Casa Hispanic Center, The Children’s Hospital/ECS, The Children’s Home of Cincinnati/ECS/Costars, The Christ Hospital, The Community Builders (TCB), TriHealth, The Salvation Army, University of Cincinnati Medical Center (UCMC)/Hoxworth/Women’s Center, WIC, Women’s Center of Ohio, TriHealth</p> <p>-----  <b>Status: Active</b></p>	
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**Sweet Cheeks Diaper Program**

# distributed since last report	Project Partners and Status	Next Steps
150 diapers have been distributed since the last BOH report.	<p><b>Partners:</b>  Sweet Cheeks Diaper Bank  HCAN, Mercy Health, Health Vine, UC Women’s Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC</p> <p>-----  <b>Status: Active</b></p>	<p><b>Plan:</b>  <b>Families have been referred to other agencies to receive diapers</b>  Agency is currently going through restructuring the program, so diaper ordering is currently on pause.</p> <p><b>Meeting frequency:</b> Last Meeting: 1/11/25  Next Meeting: 9/9/2025</p>

**CAT- The Cincinnati-Hamilton County Community Action Team**  
The mission of the Cincinnati-Hamilton County Community Action Team is to optimize equitable health outcomes for women, infants, children, and families in Cincinnati-Hamilton County through collaboration, education, and action. This group meets monthly.

# of meetings since last report	Project Partners and Status	Next Steps
3-Last Meeting: 6/26/25	<p><b>Partners:</b>  <b>Hamilton County</b></p> <p>-----  <b>Status: Active</b></p>	<p><b>Plan:</b> Discuss the results of the Maternal &amp; Child Health Survey. The work Group is being reconfigured and will meet on a quarterly basis.</p> <p><b>Meeting frequency: Quarterly</b>  Next Meeting: 9/25/25</p>

**OIPP/CIAG- Ohio Injury Prevention Partnership: Child Injury Action Group**  
The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified focus areas to address in their five-year strategic plan including teen driving, traumatic brain injury, safe sleep, youth suicide and child passenger safety.

# of meeting since last report	Project Partners and Status	Next Steps
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3	<b>Partners:</b> <b>Ohio Department of Health</b> <hr style="width: 20%; margin: 0 auto;"/> <b>Status: Active</b>	<b>Plan:</b> Strategic Plan Update Shared progress on the standardized data presentation the subcommittee members will be able to brand as their own and share within their respected communities. The presentation includes quantitative and qualitative data from multiple reporting sources (OPAS, CFR, etc.), representing all of Ohio. Presented on current work being done in the Infant Vitality Program. <b>Meeting frequency:</b> Quarterly Next Meeting 8/26/2025
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**Program supported projects/ meetings:**

- 7/14/25- Citi Camp Presentation
- 7/14/25- Carthage End of Summer Bash meeting
- 7/16/25 Citi Camp graduation ceremony check in meeting
- 7/16/25- Healthy Communities QI overview meeting
- 7/16/25- Cultivating Connections: Building Partnerships to Address Hunger, Nutrition & Health Webinar
- 7/17/25- Cradle Connections Learning Collaborative
- 7/18/25- CITI Camp graduation ceremony
- 7/21/25- Meeting with United Way Connections
- 7/23/25- CHD Quality Steering Committee Meeting
- 7/29/25- Community Engagement Training
- 8/5/25- Fatherhood Collaborative Meeting
- 8/6/25- LWPC Sub Committee meeting
- 8/12/25- Meeting with Cincinnati Museum Center
- 8/13/25- Women’s Health Equity Community of Practice meeting

**Food Equity (Healthy Eating)- Jasmine Robinson**

**Produce Perks- Community Supported Agriculture Distribution (Fruit and Vegetable Program)**  
Produce Perks and CHD partnered to increase access to healthy fresh fruits and vegetables in the Winton Hills neighborhood. The partnership has distributed over \$50,000 in healthy foods purchased directly from Mustard Seed Farms (a local, Cincinnati small-scale farm) strengthen healthy dietary habits and increase nutritional/cooking knowledge in hundreds of Winton Hills community members.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
0	Produce Perks, Winton Hills Community Church and Council, Mustard Seed Farm, and Last Mile Food Rescue. <hr style="width: 20%; margin: 0 auto;"/> <b>Status: Active (began 5/15/25- 21 families signed up)</b>	Weekly produce distributions to enlisted families and other community members.  <b>Meeting frequency:</b> as needed for planning

**Cincy Freeze & Feed**  
The Cincinnati Health Department (CHD) Healthy Communities Program will partner with the Cincinnati Recreation Commission (CRC) Hirsch and Millvale locations to implement a pilot community freezer program.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
2	CRC, La Soupe, CareSource, Food for the Soul, and Hamilton County ReSource ----- <b>Status: Active</b>	Soft launch and grand opening events completed for each site. Phase II application submitted and grant awarded..  <b>Meetings frequency:</b> standing weekly meetings for contract negotiations, promotion discussions, and general project updates.

**Systems to Achieve Food Equity (SAFE) Network**  
 a sub-network of All Children Thrive made up of individuals and organizations committed to improving food security in Cincinnati to ensure that all children have the food that they need to grow, develop, learn, and thrive.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
2	CCHMC, Freestore Foodbank, Hamilton County ReSource, La Soupe, and more. ----- <b>Status: Active</b>	Network planning for food distribution in the City of Cincinnati including non-instructional school day initiatives; communications team discussions' current project funding covers works in Avondale, East and Lower Price Hill (expansion into Roll Hill coming soon)  <b>Meeting frequency:</b> 3rd Thursday of every month ----- Stakeholder meeting to report on organizational updates, events, and needs working towards food equity in Cincinnati.  <b>Meeting frequency:</b> 1st Thursday of every month

**Food Equity Program Newsletter**  
 Each month, the Food Equity Coordinator sends a newsletter that includes local food related events such as food/produce distribution sites, pop ups, cooking improv learning sessions and more.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
0	<a href="#">Newsletter</a> sent to community members and partners by the end of the 2 <sup>nd</sup> week of each month. Posted on FEC site routinely ----- <b>Status: Active</b> (last sent on 8/8/25 to 238 individuals)	Continue to update newsletter content and layout to meet the reader's needs  <b>Meeting frequency:</b> included in monthly program meeting with HCP program manager and health counselor supervisor as well as needed meetings scheduled with SAFE's SSF Communications team for discussion/ review

**Department Engagement Champions**  
 Engagement Champions play a crucial role in shaping the city's culture. Engagement Champions will be at the forefront of driving meaningful change within the city's engagement practices.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
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4	<p>Meet with other department champions, stay informed on city-wide engagement updates, and share resources with colleagues</p> <p style="text-align: center;">-----</p> <p><b>Status: Active (next meeting on 8/21/25)</b></p>	<p><b>Meeting frequency:</b> standing monthly meetings with full group and additional meetings as needed based on active projects or requests</p>
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**Program supported projects/ meetings:**

- 7/16/25: Implicit Bias Training
- 7/16/25: ARC Resource Fair Planning
- 7/18/25: CITI Camp 2025 Graduation
- 7/21/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
- 7/22/25: ARC tour and meeting
- 7/25/25: CRC: Hartwell pantry cleaning and stock check
- 7/25/25: CRC: Millvale freezer cleaning and stock check
- 7/25/25: CRC: Hirsch freezer cleaning and stock check
- 7/28/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
- 7/29/25: Career Connections Spotlight Interview
- 7/31/25: Weekly Winton Hills Fruit and Vegetable Distribution (Produce Perks)
- 8/4/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
- 8/5/25: Fatherhood Collaborative of Hamilton County meeting and presentation
- 8/6/25: R.I.S.E (LWPC) Subcommittee meeting
- 8/7/25: Weekly Winton Hills Fruit and Vegetable Distribution (Produce Perks)
- 8/8/25: CRC: Millvale freezer cleaning and stock check
- 8/8/25: CRC: Hartwell pantry cleaning and stock check
- 8/8/25: CRC: Hirsch freezer cleaning and stock check
- 8/9/25: Carthage End of Summer Bash and street mural painting
- 8/13/25: CHC - Mandatory All-Project Conference Call
- 8/14/25: CHW Summit Planning meeting
- 8/14/25: Weekly Winton Hills Fruit and Vegetable Distribution (Produce Perks)
- 8/15/25: CRC: Millvale freezer cleaning and stock check
- 8/15/25: CRC: Hartwell pantry cleaning and stock check
- 8/15/25: CRC: Hirsch freezer cleaning and stock check

**Tobacco Free Living (TFL) – Courthney Calvin**

Project/ Meeting Title: Youth Vape Presentation Educate Cincinnati youth on the dangers of e-cig use.		
Date and # of Students	Project Partners and Status	Next Steps
<b>Total Amount of Students Educated:</b>	<b>Partners:</b>	<b>Plan:</b>
06/18 (40 Students)	Forest Park Cadets-Vape Education	<b>To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.</b>
06/26 (38 Students)	Vape Education City of Cincinnati Citi Camp	
<b>Students TOTAL 122</b>		
<b>Total Amount of Attendees at Community Events</b>	Hillcrest Community Health Fair- Tobacco Education	<b>Continue to build a partnership with the senior population in Cincinnati. Presenting information about the harmful effects of</b>

1 07/09		tobacco and educate about smoking in homes/apartments
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**Program supported projects/ meetings:**

- 07/15/25: University of Cincinnati Cancer Center Advisory Board Meeting
- 07/18/25: Citi Camp Vape Education
- 07/25/25: Eviction Meeting w/Council Woman Meeka Owens
- 07/26/25: Avondale Community Resource and Health Fair
- 07/28/25: Community Partner Meeting w/ Action For Smoke Free Multi Unit Housing
- 08/05/25: Fatherhood Collaborative meeting

## Tobacco 21/Tobacco Retail License (TRL) - Allyn Griffith

**Tobacco Retail Licensing/T21**  
License any retailer in the City of Cincinnati selling tobacco products. Conduct underage buy attempts and issue citations to enforce tobacco 21 laws.

	Status	Next Steps
	269 - Retailers Licensed 302 - Identified retailers 189 – 2025 TRL Inspections Completed 293 Underage Buy Attempts Completed, 81% Compliance	<b>Plan:</b> <ul style="list-style-type: none"> <li>• Continue Inspections/Compliance Checks until further notice.</li> <li>• Continue Issuing Citations for Non-licensed Retailers after Education</li> <li>• Hire additional underage buyer(s)</li> <li>• Prepare for REHS exam</li> </ul>

	269 - Retailers Licensed 302 - Identified retailers 189 – 2025 TRL Inspections Completed 293 Underage Buy Attempts Completed, 81% Compliance	<b>Plan:</b> <ul style="list-style-type: none"> <li>• Continue Inspections/Compliance Checks until further notice.</li> <li>• Continue Issuing Citations for Non-licensed Retailers after Education</li> <li>• Hire additional underage buyer(s)</li> <li>• Prepare for REHS exam</li> </ul>
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## Worksite Wellness & Active Living – Scott Dean

**ODH Creating Healthy Communities Grant (Carthage)**  
Supportive pedestrian infrastructure for Carthage. The goals being to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity.

# of Meeting since last report	Project Partners and Status	Next Steps
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10	<p><b>Partners:</b> Identified 36 partner agencies</p> <p>-----</p> <p><b>Status: Active</b></p> <p>Working with community on neighborhood improvements. Procuring wayfinding signage and traffic calming measures in the near future, so working with community to make selections. Selected an Artist and working on contract.</p>	<ul style="list-style-type: none"> <li>• Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues</li> <li>• Push out completion of Neighborhood Physical Activity survey</li> <li>• Zebra Striping intersection completed</li> <li>• Location and Orientation of Heritage Walk signs finalized and slated for installation in September</li> <li>• Successfully completed the Carthage End of Summer Bash 8/9. Street mural has been installed and worked with over 300 residents.</li> <li>• Additional traffic calming measures to be installed by September</li> <li>• Distributed 10 bicycle helmets to residents and gave bicycle safety education.</li> </ul> <p><b>Meeting frequency: Monthly with additional meetings as needed</b></p>
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**Y.E.S on Bike & Pedestrian Safety and ODH Creating Healthy Communities grant**  
The aim of this education series is to increase youth knowledge around the responsibilities of pedestrians, cyclists, and drivers to create a culture of safe transportation in neighborhoods. The goals of the CHC grant are to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity. We also are trying to increase the proportion of community members that engage in aerobic and muscle strengthening activity.

# of Meeting since last report	Project Partners and Status	Next Steps
5	<p><b>Partners:</b> Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team</p> <p>-----</p> <p><b>Status: Active</b></p> <p>Finalized pilot curriculum and began presentations. Continuing to find partners to present to</p> <p>Working with Roll Hill to establish new Traffic Garden</p> <p>Working on finalizing procurement contracts so Traffic Garden design can proceed</p>	<ul style="list-style-type: none"> <li>• Continuing work with principal to secure bicycles from Ethel Taylor</li> <li>• Continue work on developing a comprehensive curriculum.</li> <li>• Conducting comprehensive community engagement with students and parents.</li> <li>• Received updated contract proposal from PES which is being reviewed by procurement.</li> <li>• CPS completed prefabrication work on playground surface filling cracks.</li> </ul> <p><b>Meeting frequency: Monthly</b></p>

**Program supported projects/ meetings:**

- 7/14/25 – Carthage End of Summer Bash Partner Meeting
- 7/14/25 – Black Tech Week (7/14 – 7/16 attended sessions as available)
- 7/15/25 – CHC Active Living Networking Call
- 7/15/25 – CHC Weekly Group Meeting

7/16/25 – Citi Camp Graduation  
 7/17/25 – HC Programming Overview  
 7/17/25 – Winton Hills Plan  
 7/18/25 – Citi Camp Graduation  
 7/21/25 – CHC Group Weekly Meeting  
 7/24/25 – Winton Hills Plan  
 7/25/25 – Eviction Prevention Meeting  
 7/25/25 – Regional Trail and Bikeway Committee Meeting  
 7/28/25 – CROWN Mill Creek Greenway Meeting  
 7/29/25 – CHC Group Weekly Meeting  
 8/5/25 – CHC Group Weekly Meeting  
 8/5/25 – Carthage Event check in  
 8/7/25 – CHC Homebase Monthly Meeting  
 8/9/25 – Carthage End of Summer Bash  
 8/12/25 – CHC Group Weekly Meeting  
 8/12/25 – Engagement Champions Parks Tour

**Behavioral Health and Recovery Services - Eric Washington**

**Men's Health – Eric Washington**

<b>Project/ Meeting Title:</b> Recovery Ohio Drug Trends		
<b># of Meetings Since Last BOH Meeting</b>	<b>Project Partners and Status</b>	<b>Next Steps:</b>
1 Meetings	<b>Partners:</b> Recovery Ohio Drug Trends Monthly Meeting  <b>Status:</b> Ongoing	Continue to utilize shared information to better serve communities through emerging trends, patterns, insights, and outcomes related to Ohio's drug epidemic.  <b>Plan:</b> The meeting was created to provide decision makers across diverse public sectors with information sharing opportunities and actionable intelligence on emerging trends, patterns, insights, and outcomes related to Ohio's drug epidemic. <b>Meeting frequency:</b> Monthly x1
<b>Project/ Meeting Title:</b> Brother You're on My Mind and Youth Mentoring Program		
<b># of Events Since Last BOH Meeting</b>	<b>Project Partners and Status</b>	<b>Next Steps:</b>
1 Meeting	<b>Partners:</b> Omega Psi Phi – Barbershop Talk Series and Youth Mentoring <b>Status:</b> Ongoing	Monthly safe and supportive space to address topics around: Mental, Spiritual, Physical Health, Chronic Disease, Child Support, Resources  <b>Plan:</b> Continue to provide a safe and supportive space for men to meet monthly to have open conversations and to provide mentorship to The Youth Mentorship Program <b>Meeting frequency:</b> Monthly x1
<b>Project/Meeting Title:</b> Harm Reduction Committee		
<b># of Events Since Last BOH Meeting</b>	<b>Project Partners and Status</b>	<b>Next Steps:</b>
1 Meeting	<b>Partners:</b> Monthly meeting with community partners  <b>Status:</b> Ongoing	Monthly meeting with community partners to discuss Harm Reduction efforts  <b>Plan:</b> To continue to provide update on Harm Reduction in Hamilton County <b>Meeting frequency:</b> Monthly x1
<b>Project/ Meeting Title:</b> Recovery \Ohio Drug Trends Monthly Meeting		
<b># of Meetings Since Last Meeting</b>	<b>Project Partners and Status</b>	<b>Next Steps:</b>
		Continue to share and provide updates as needed

	<p><b>Partners: State of Ohio Partners (200+) Department of Mental Health and Addictive Services:</b></p> <p>The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails.</p> <p><b>Status:</b> Ongoing</p>	<p><b>Plan:</b></p> <p>Monthly Drug Update - The ONIC consists of criminal intelligence analysts and computer forensic specialists providing investigative, analytical, and data management support to local law enforcement agencies and drug task forces throughout Ohio</p> <p><b>Meeting frequency:</b> Monthly x1</p>
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**Program supported projects/ meetings:**

- 7/21/25 - Thrive Avondale Festival
- 7/21/25 - One Stop Provider Check In
- 7/21/25 – CHD CHC Group Weekly Meetings
- 7/22/25 – Black Collective Inc - 3rd Annual Health Block Party
- 7/22/25 – ACCESS Meeting w/ United Way *Keeley Shaw-Zuver*
- 7/23/25 - CHD Quality Steering Committee
- 7/25/25 - Youth Mentoring Summer Program
- 7/31/25 - 2024 State of Hamilton County Maternal and Infant Health
- 8/1/25 - Youth Mentoring Summer Program
- 8/4/25 – A-1 Stigma Meeting
- 8/5/25 – Carthage Check in Meeting
- 8/5/25 – Fatherhood Collaborative of Hamilton County
- 8/5/25 - National Night Out - Senior Chateau on the Hill
- 8/6/25 – LWPC Sub Committee Meeting (ACCESS)
- 8/11/25 - Community Freezers Cincy
- 8/11/25 - Meeting with City Retirement
- 8/13/25 - CHD CHC Group Weekly Meetings
- 8/13/25 - CHIPS Behavioral Health Workgroup
- 8/14/25 - Hamilton County Addiction Response Coalition's August Engage & Exchange
- 8/14/25 - Buckeye Health Resource Tool Review
- 8/14/25 - Winton Hills Produce Distribution
- 8/15/25 - Roll Hill Back to School Bash
- 8/15/25 - Youth Mentoring Summer Program

**Recovery Services/Community Outreach – Justin Berry**

Project/ Meeting Title – Community Outreach		
Details/ description		
# of ...	Project Partners and Status	Next Steps

<p>2 Meeting and Community Members reached) 71</p>	<p><b>Partners:</b> GCB, City Gospel, Heroin Coalition Team, CCRC, Step Stone and DeCoach, First Step Home, Treatment Team, CRC Rec Center, Our daily Bread), God Sam's, UC Hospital, 20/20, Brightview, LIT, <b>Status: (Ongoing)</b></p> <p>Nacarn- 15 kits passed out in community</p>	<p><b>Plan:</b></p> <p><b>Meeting frequency:</b> (Monthly and Bi-Monthly)</p> <p>This month was filled with a lot of connection to different services and giving information for to the community. There's a lot of people out here but not much help, so i have been pushing more outpatient services to people that are functioning at a higher level then others. I have also being doing more work with the homeless and trying to help them with housing, and suppling them with hygiene products due to the hotter weather. I have also passed out water to the community on few of the hotter days.</p>
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MONTH: (2025)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open cases:	84	78	76	68	68	70						
3.5-9 µg/dL case mgt & follow-up: *	7/17	12/10	18/12	17/15	25/12	22/1 2						
10+ µg/dL case mgt & follow-up:	5/10	3/10	1/10	5/7	6/11	4/13						
Risk assessments:	5	2	5	0	3	3						
Orders issued:	3	1	1	0	3	5						
Clearances EBL:	2	1	2	0	1	0						
Clearances HUD:	9	13	10	13	11	4						
Owner meetings EBL:	1	0	1	0	1	1						
Owner meetings HUD:	1	1	2	2	2	1						
Compliance checks EBL:	38	32	30	28	30	14						
Compliance checks HUD:	3	3	5	4	4	1						
Contractor mtgs EBL:	0	0	0	0	0	0						
Contractor Meetings HUD:	0	2	3	1	1	1						
Filed for prosecution:	0	0	0	0	0	1						
LIRAs:	1	0	1	3	3	0						
Grant apps uploaded (ODH /ODD/HUD)	0	0/1	0/3	1/0	0/1	0/3						
Case Update w/ Lead Clinic:	9	8	7	6	7	8						
Affidavit of Fact	0	0	0	0	0	0						

**Risk Assessment:** If a child has a lead level of 10 ug/dL and above, a risk assessment of the property is conducted to determine the source of lead poisoning.

**Orders issued:** If lead hazards are present on the property, orders are issued to the property owner to ensure compliance.

**Clearances:** These include soil and dust sample analysis for lead on EBL & HUD grant properties.

**Owner Meetings:** Meet with owners to discuss compliance with orders; meet with owners to discuss the HUD grant program.

**Compliance checks:** These are conducted to inspect the licensed lead abatement contractors and workers on the project sites for the EBL as well as the grant program.

**Contractor meetings:** Meet with the licensed lead abatement contractor at the job site/property to discuss the orders/work specifications for the EBL/HUD grant program.

**Filed for prosecution:** When non-compliance is achieved, the property owner is referred to the Law Department for enforcement action.

**PIRA's:** Paint Inspection/Risk Assessment of the house to evaluate lead hazards for lead remediation by the HUD grant.

**Case update with Lead Clinic:** Collaboration with CCHMC Lead Clinic every Thursday.

**Affidavit of Fact (AF):** When all resources for compliance are exhausted, the AF is sent to the Auditor's Office to flag properties with lead hazards so new owners are aware of the BOH Lead orders on the property.

July 2025 BOH Report  
Emergency Preparedness/Safety

**Meetings, Grants, and Employee Safety**

Attended the SWOPHR Emergency Response Coordinator Workgroup meeting July 8.  
Attended City-wide Safety Task Force meeting with City Employee Safety/Rick Management July 9.  
Attended ODH PHEP Grant kick-off meeting July 14.  
Attended BioWatch Quarterly BAC meeting July 16.

**Training, Exercises, and Improvement Plans**

Staff were trained in the use of our new air monitoring and detection equipment by the manufacturer on July 22.

Safety Staff conducted a Fire Drill at the Muhlberg building on July 23.

**Response/Preparedness Activities**

Attended the City EOC Planning Meeting for Music Fest July 17.

**Cincinnati Vital Records and Statistics Program**

**Monthly Dashboard for June 2025**

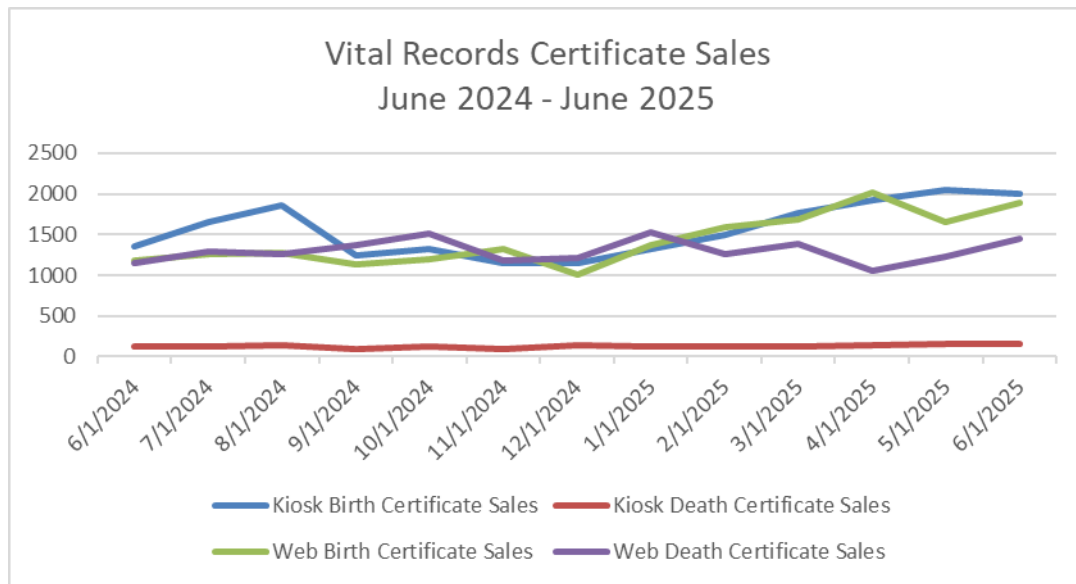
Vital Records received payment for 38 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 2 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 175 permits (burial, cremation, transport, or entombment).

Birth and Death Certificates requested from the kiosk, web system, and mail are shown in the chart that follows.

June 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificate	2007	1889	321	17
Death Certificate	155	1445	70	15
Total Payments	\$48,430	\$81,149	\$8,952	\$812



# Monthly Infectious Disease Surveillance Summary<sup>1,2</sup>, July 2025



Reportable Condition by Category <sup>3</sup>	2025 July	2025 Year to Date (YTD)	2024 July	2024 YTD	2024 Rate	Cincinnati 5 Year Average Rate (2020-2024)	Ohio 5 Year Average Rate (2019-2023)
<b>Food- or Waterborne</b>	<b>11</b>	<b>78</b>	<b>11</b>	<b>88</b>	<b>46.92</b>	<b>239.48</b>	<b>284.02</b>
Amebiasis					-	1.93	0.56
Brucellosis					-	-	0.12
Botulism					-	0.32	0.01
Campylobacteriosis	3	15	2	17	8.36	54.32	91.71
Cryptosporidiosis	1	7	1	7	6.11	20.89	20.73
Cyclosporiasis		1	1	1	0.32	1.29	3.68
<i>E. coli</i> , Shiga Toxin-Producing O157:H7	1	4	2	5	2.57	19.29	21.71
Giardiasis		4	2	11	4.50	24.43	16.49
Hepatitis A ( <i>also vaccine-preventable</i> )		1			-	1.61	16.82
Hepatitis E				1	0.32	0.64	0.06
Legionellosis - Legionnaires' Disease	1	10		4	2.89	19.93	28.18
Listeriosis					-	2.25	1.42
Salmonellosis	2	16	1	25	10.93	52.72	59.04
Salmonella Typhi (travel associated)					0.32	0.64	0.36
Shigellosis	3	13	1	9	6.75	29.25	13.48
Vibriosis (not cholera)		5		2	0.64	1.93	2.55
Yersiniosis		2	1	6	3.21	8.04	7.10
<b>Vectorborne</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>13</b>	<b>5.46</b>	<b>16.38</b>	<b>34.07</b>
Chikungunya Virus Disease*					0.32	0.32	0.15
Dengue				2	0.64	0.96	0.31
Lyme disease	2	4	4	5	1.61	6.43	28.52
Malaria*		2		6	2.57	7.07	2.74
Spotted Fever Rickettsiosis		1			-	0.96	1.43
Ehrlichiosis-Ehrlichia chaffeensis					-	0.32	0.63
Anaplasmosis-Anaplasma phagocytophilum					0.32	0.32	0.29
<b>Vaccine-Preventable</b>	<b>4</b>	<b>430</b>	<b>6</b>	<b>301</b>	<b>121.18</b>	<b>474.12</b>	<b>323.84</b>
<i>Hemophilus influenzae</i> , invasive disease		3		6	2.25	14.46	11.19
Influenza-associated hospitalization	1	371	1	253	89.68	360.66	279.59
Mumps				1	0.32	1.29	1.20
Pertussis	1	22	1	6	12.54	16.07	20.79
Meningococcal disease – Neisseria meningitidis		2			-	0.32	0.44

<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	2	23	1	21	9.00	56.25	-
<i>S. pneumoniae</i> , invasive (abx resistant)		7	1	6	3.21	14.14	-
Varicella (chickenpox)		2	2	8	4.18	10.93	10.63
<b>Viral Hepatitis</b>	<b>34</b>	<b>249</b>	<b>40</b>	<b>260</b>	<b>147.86</b>	<b>1266.8</b>	<b>601.08</b>
Hepatitis B, acute ( <i>also vaccine-preventable</i> )	1	3		4	2.57	8.36	5.58
Hepatitis B, chronic, newly identified ( <i>also vaccine-preventable</i> )	6	49	9	53	28.61	189.33	81.84
Hepatitis B, perinatal					-	0.32	0.03
Hepatitis C, acute		3		1	0.32	13.18	8.93
Hepatitis C, chronic, newly identified	27	193	31	199	115.40	1050.15	504.70 (combined chronic and perinatal rate)
Hepatitis C, perinatal		1		3	0.96	5.46	
<b>Healthcare Associated Infections (HAIs)<sup>4</sup></b>	<b>2</b>	<b>52</b>	<b>11</b>	<b>90</b>	<b>45.32</b>	<b>288.34</b>	<b>33.35</b>
Carbapenemase-Producing Organisms (CPO) (includes colonization screenings)		16	3	25	11.25	55.29	26.32
<i>Candida Auris</i> (includes colonization screenings)	2	36	8	65	34.07	233.05	7.03
<b>Other Conditions</b>	<b>168</b>	<b>1788</b>	<b>667</b>	<b>2980</b>	<b>1839.93</b>	<b>37132.45</b>	<b>31129.23</b>
COVID-19	163	1746	659	2928	1811.33	36976.57	31053.01 (3-year rate, 2020-2023)
Coccidioidomycosis		2		1	0.96	4.82	1.02
Creutzfeldt-Jakob Disease					0.32	0.64	0.96
Hemolytic uremic syndrome (HUS)							0.23
Meningitis, aseptic/viral	3	11	1	10	6.11	22.82	17.15
Meningitis, bacterial (not <i>N. meningitidis</i> )	1	3	3	7	4.18	14.14	5.76
MPOX				2	0.96	10.29	3.57
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19					-	6.11	3.65
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)					-	0.96	0.20
Streptococcal, Group A, invasive	1	21	3	24	11.25	71.04	34.40
Streptococcal, Group B, newborn			1	3	0.96	5.14	2.73
Toxic Shock Syndrome (TSS)					-	0.96	0.06
Tuberculosis <sup>2</sup>		5		5	3.86	18.64	6.49
Typhus Fever					-	0.32	-
<b>Sexually Transmitted Infection<sup>2</sup></b>	<b>473</b>	<b>3406</b>	<b>473</b>	<b>3373</b>	<b>1859.87</b>	<b>14579.68</b>	<b>4121.60</b>
Chlamydia infection	297	2102	278	2011	1109.62	8511.81	2465.52
Gonococcal infection	151	1027	141	1011	570.88	4704.96	1083.04
Human Immunodeficiency Virus (HIV)	10	91	20	94	46.93	334.62	344.30
Syphilis - congenital		2	1	4	1.61	7.71	2.27
Syphilis - early	3	36	6	56	28.93	262.62	-
Syphilis - primary	1	11		21	11.89	122.79	

Syphilis - secondary		23	5	40	19.61	194.79	67.56 (primary and secondary combined rate)
Syphilis – stage unknown	5	32	8	45	23.79	142.08	158.91 (total syphilis rate)
Syphilis – unknown duration or late	6	82	14	91	46.61	298.30	
<b>TOTAL CONFIRMED AND PROBABLE CASES</b>	<b>694</b>	<b>6010</b>	<b>1212</b>	<b>7105</b>	<b>4066.58</b>	<b>53996.66</b>	<b>36527.13</b>
<b>Outbreaks (Investigation Started)</b>	<b>2025 July</b>	<b>2025 YTD</b>	<b>2024 July</b>	<b>2024 YTD</b>	<b>2024 Rate</b>	<b>Cincinnati 5 Year Average Rate (2020-2024)</b>	
Dermatologic	1	4		2	2.25	7.39	
Gastrointestinal		6		3	1.29	6.43	
Respiratory		23	3	37	23.79	315.98	
Other		1		5	2.25	2.57	
Unknown					-	0.32	
<b>TOTAL OUTBREAKS (INVESTIGATION STARTED)</b>	<b>1</b>	<b>34</b>	<b>3</b>	<b>47</b>	<b>29.57</b>	<b>332.69</b>	

- 1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).  
\*Cases acquired through international travel
  - 2) Sexually transmitted infections, human immunodeficiency virus (HIV), and Tuberculosis cases are investigated and reported by the Hamilton County Public Health Department.
  - 3) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual>
  - 4) Healthcare Associated Infections (HAIs) are infections that patients get while or soon after receiving health care. More information about HAIs can be found at <https://www.cdc.gov/healthcare-associated-infections/about/index.html>
- All Cincinnati data is provided through the Ohio Disease Reporting System – **All data is provisional and subject to change.**
  - Case rates use the U.S Census Bureau’s 5-year average population estimates for Ohio and Cincinnati and are per 100,000 residents.
  - Ohio case counts were obtained from DataOhio’s Summary of Infectious Diseases in Ohio dashboard: <https://data.ohio.gov/wps/myportal/gov/data/view/summary-of-infectious-diseases-in-ohio?visualize=true> and Ohio Department of Health’s Data & Statistics page: <https://odh.ohio.gov/explore-data-and-stats>
  - Any dash (-) indicates there was no available data at the time this report was published due to lack of cases from 2019-2024.

# CITY OF CINCINNATI ENVIRONMENTAL HEALTH REPORT

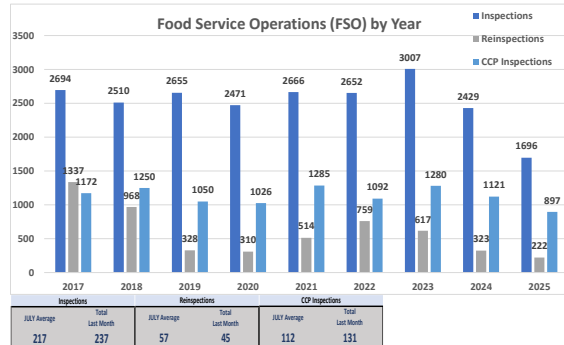
## Environmental Health

The Environmental Health Division strives to provide quality community-based services to Cincinnati citizens through the enforcement of public health laws. Through five offices (including Licensing Administration), the Division issues licenses, investigates complaints, abates public health nuisances, and conducts inspections of Cincinnati's restaurants, food trucks, grocery stores, festivals, composting facilities, tattoo and body piercing parlors, infectious waste facilities, junk vehicles, solid waste open dumps, swimming pools and spray grounds, mosquitoes, rabies exposures, household sewage treatment systems, smoking in public places, mold, no water, no heat, rat and mouse, surfacing sewage, roaches, defective plumbing, schools, unsanitary living conditions, hotels, and institutions, along with other programs. The Environmental Health Specialists focus on prevention, consultation, and educating our thriving community on health risks and maintaining a safe environment.

\*Averages for each category are based on the last five years average for the same month.

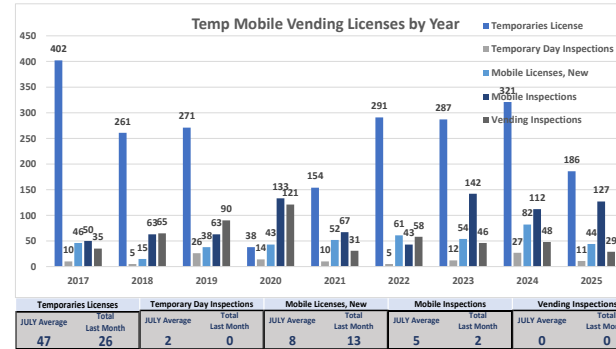
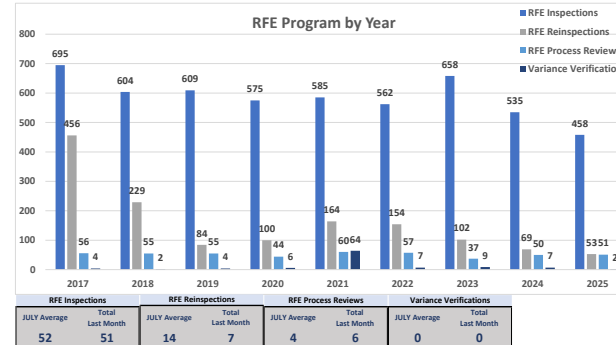
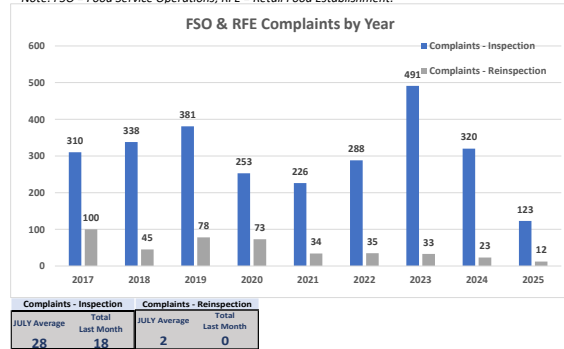
## FOOD INSPECTION PROGRAM

The Food Safety Program attended the SW Ohio Food Safety roundtable, held at Middletown Health Dept. We issued 26 Temporary licenses for 6 Special Events (Northside Rock & Roll Carnival, Ault Park fireworks, All American Birthday, Love on the 4th Brunch, Afrifest, and Festival 513).



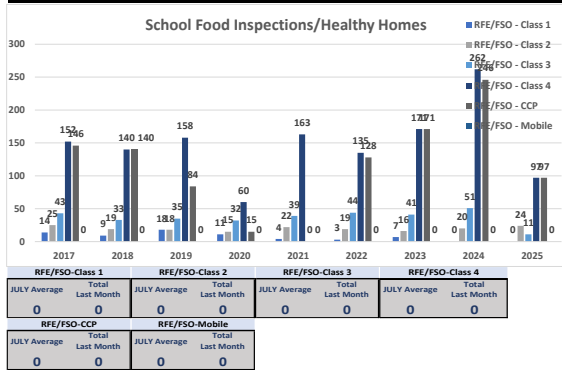
\*Note: CCP = Critical Control Point Inspections.

\*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.

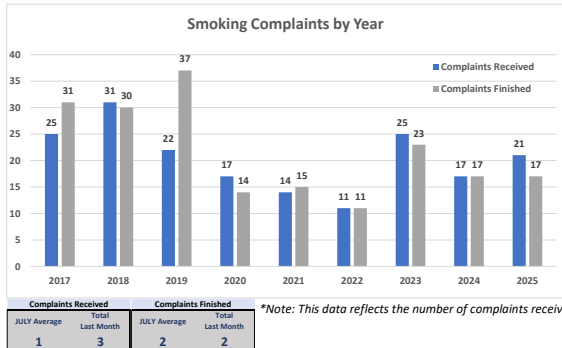
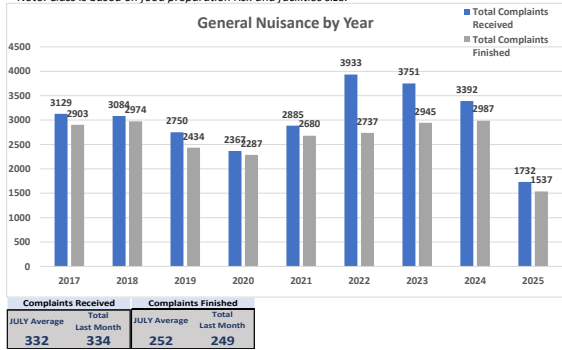


## HEALTHY HOMES PROGRAM

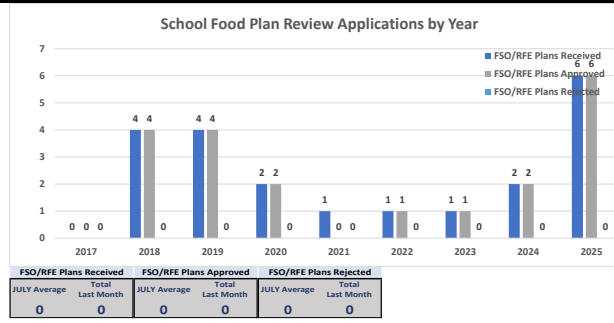
The Healthy Homes team conducted a sweep of Shelton Gardens Apt building with B&I over 120 units were inspected. Daniela an intern from Brooke Lipscomb's office shadowed with our team for 2 days. We conducted quarterly inspections of Job Corps this month as well.



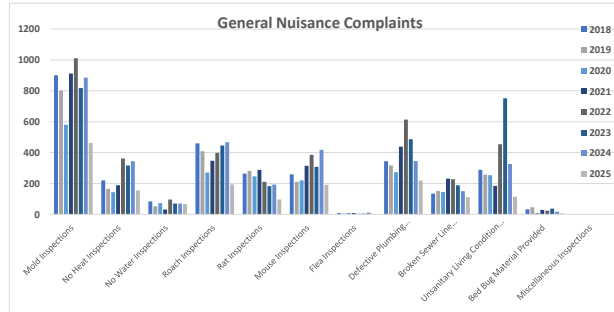
\*Note: Class is based on food preparation risk and facilities size.



\*Note: This data reflects the number of complaints received for the entire city

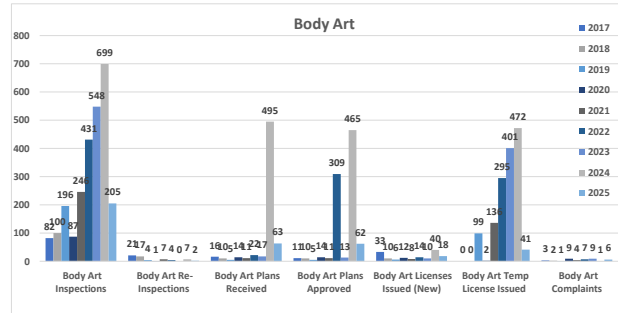
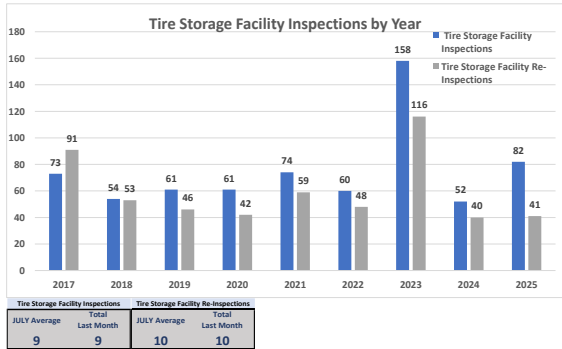
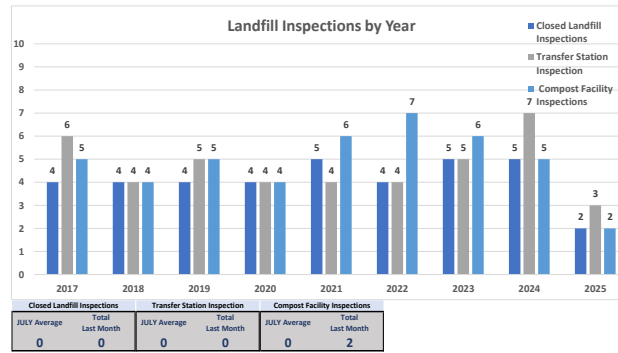
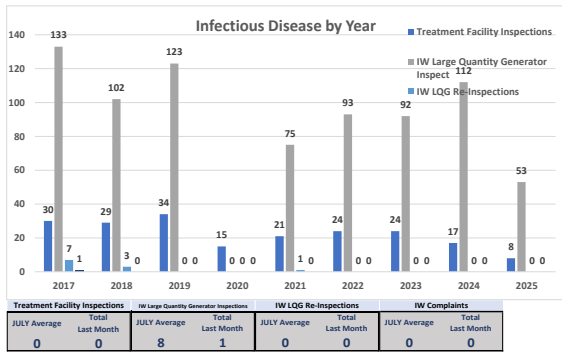
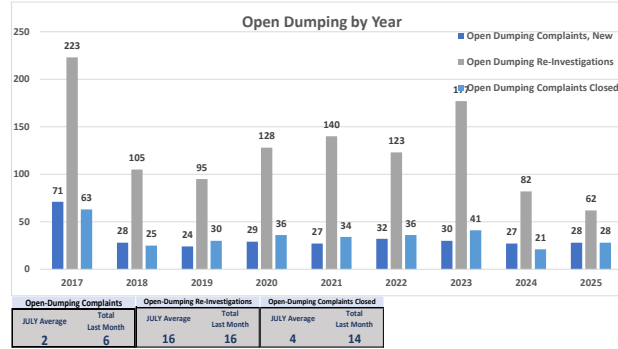
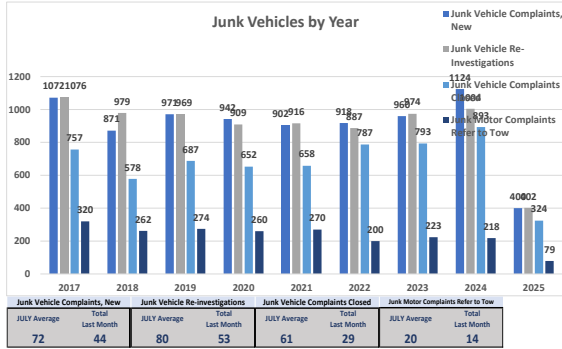


\*Note: Plan Reviews are only completed when there is a new facility or renovation



## ENVIRONMENTAL WASTE PROGRAM

The Waste Unit licensed two new body art establishments. One temporary body art event took place at Rhinegeist Brewery. Two inspections were conducted at the newly licensed C&DD Processing Facility - Whitton Recycling this month.



## TECHNICAL ENVIRONMENTAL SERVICES (TES)

The technical staff conducted extra inspections and daily water chemistry checks of downtown pools, spas, and spray grounds in conjunction with the Cincinnati Music Festival. In July, four additional pools of mosquitoes tested positive for West Nile Virus.

