Board of Health Meeting

Tuesday, January 28, 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

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

- Vote: **Motion to Approve** the Minutes from December 3, 2024, Board of Health Meeting and December 23, 2024, Special Boar of Health Meeting.

Old Business

6:10 pm – 6:15 pm Introduction of New Board Member—Mr. Jagdish Bhati

6:15 pm – 6:25 pm Commissioner's Report – Dr. Grant Mussman

6:25 pm – 6:35 pm CDU report: What's bugging us? – Ms. Kim Wright

6:35 pm – 6:45 pm Cincinnati Country Club Pool Gate Variance Resolution No. 2024-006 Reading #2—Mr. Antonio Young

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2024-006.
- Vote: **Motion to Approve** Resolution No. 2024-006 APPROVING the Cincinnati Country Club Pool Gate Variance request for a limited variance from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s), subject to the approval of the Ohio Department of Health.

6:45 pm – 6:55 pm PFAS Presentation – Ms. Meriel Vigran

6:55 pm – 7:05 pm Finance Update – Mr. Mark Menkhaus Jr.

7:05 pm – 7:10 pm Personnel Actions—Dr. Grant Mussman

- Vote: **Motion to Approve** Personnel Actions dated January 28, 2025

New Business

7:10 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 employees.

7:25 pm – 7:30 pm Additional New Business and Public Comments

7:30 pm Adjourn

Next Meeting February 25, 2025

[Mission]

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

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
December 3, 2024

Ms. Ashlee Young, Chair of the Board of Health, called December 3, 2024, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. **ROLL CALL:**

Board Members Attending: Dr. Mary Carol Burkhardt, Dr. Jennifer Forrester, Dr. Edward Herzig, Dr. Christopher Lewis, Ms. Kiana Trabue, Ms. Ashlee Young

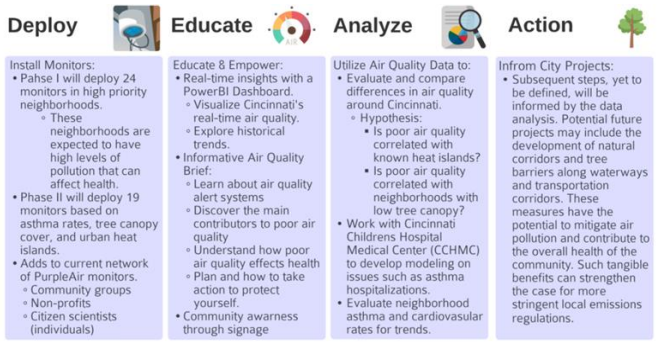
Absent: Dr. Surmeet Bedi, Ms. Raynal Moore, Mr. Ken Patel

Others Present: Mr. Timothy Collier, Ms. Sa-Leemah Cunningham, Dr. Michelle Daniels, Mr. Ian Doig, Mr. John Dunham, Dr. Yury Gonzales, Dr. Camille Jones, Mr. Mark Menkhaus Jr, Dr. Grant Mussman, Ms. Ashanti Salter, Ms. Joyce Tate, Ms. Kim Wright, Mr. Antonio Young

AGENDA December BOH Agenda Packet-12.3.24			
ITEM	**TOPIC**	**RESPONSIBLE PARTY**	**ACTION/MOTION**
Minutes	**Motion** that the Board of Health approves the minutes from October 22, 2024, Board of Health Meeting.	Ms. Sa-Leemah Cunningham	**Vote: Approval of Minutes** **Motion**: Dr. Edward Herzig **2nd:** Mr. Ken Patel **Action: 6-0 Passed**
Old Business			
Introduction of New Board Member-Dr. Mary Carol Burkhardt	Ms. Young welcomed a new Board member, Dr. Mary Carol Burkhardt, to the Board of Health and spoke about her background. Dr. Burkhardt was sworn in on the morning of December 3, 2024. • Dr. Mary Carol Burkhardt is an Associate Professor in the Division of General & Community Pediatrics of Pediatrics at Cincinnati Children's Hospital Medical Center (CCHMC). She has practiced primary care for 17 years and serves as an operational leader for CCHMC's academic primary care practices. Dr. Burkhardt practices at the Cincinnati Children's Hopple Street location, which shares a space with the CCPC Millvale Health Center. She received her Medical Degree at the University of Cincinnati and master's in health administration from Ohio University.	Ms. Ashlee Young	n/a

	• Dr. Burkhardt shared her excitement and enthusiasm for joining the board. She is eager to learn more about the Cincinnati Health Department and loves Public Health.		
Commissioner's Report	Dr. Grant Mussman shared a brief commissioner's update with the Board. **Cincinnati City Council Transgender Mental Health** • Dr. Mussman reminded the board that Cincinnati City Council adopted a motion to allocate dollars for transgender youth mental health services. • Dr. Mussman announced that Cincinnati Health Department is using some of the budget dollars towards Transgender Mental Health. • Dr. Mussman informed that there were no additional details to provide at the time of the meeting. He didn't anticipate any impact on operations. More details will be shared as they become available.	Dr. Grant Mussman	n/a
COVID-19 Update	**Discussion Items:** Memo included in the agenda packet.  COVID-19 update BOH 11.25.2024.docx Ms. Wright updated the Board on the COVID-19 Data for October and November 2024. **Highlights** • As of November 22, 2024, 94,409 cases were reported. • 3,490 COVID Hospitalizations were reported. • 816 COVID deaths were reported. • Community transmission rate declined to 10.5. • Wastewater levels are very low. • Large number of Free COVID test kits available to the community at the time of this meeting. • Flu and RSV numbers were low with Flu numbers increasing. • Respiratory anomaly was reported. Approximately 260 visits to hospitals in Hamilton County due to respiratory conditions were reported. • Cough anomaly was reported by a small amount of people that were seeking medical care due to a cough. • ODH put out a HAN alert due to the increase in respiratory pathogens (specifically pneumonia and mycoplasma).	Dr. Kim Wright	n/a

	• ODH reported over 1200 cases of pertussis in the 2024 winter season. • CDU reports a total of 26 cases of mpox (25 total cases were reported last month). • Clade I was detected in the United States and a new health advisory was issued on November 18, 2024. CDC continues to report that the risk to the overall US population is low. However, CHD was recently informed that based upon the latest forecasting model (added to packet), Hamilton County may be vulnerable to an outbreak scenario, if Clade I were to infect the at-risk community, identified by the modelers using the Ending the HIV Epidemic in the US (EHE) | EHE Initiative | CDC data, due to having only estimated 8% immunity, a calculation based upon vaccination rate and previous infections. Acknowledging some limitations of the data analysis, the CDC modeling shows very little impact of the arrival of Clade I to counties in the United States where there is an estimated 50% immunity in the at-risk population. The JYNNEOS vaccine is approximately 75% effective at preventing infection in patients who have only received 1 dose, and 86% effective in patients having completed the 2-dose recommendation. CHD CDU met with Hamilton County Public Health, CDC and ODH to hear more about the upcoming report that is expected to be published on the website soon. Our challenge is reaching and vaccinating the people at greatest risk. CDC believes an estimated 10,000 people are at risk in Hamilton County and the City of Cincinnati. •		
Cincinnati Country Club Pool Gate Variance Resolution No. 2024-006 – Reading #1	**Discussion Items:** Document and Presentation included in the agenda. Cincinnati Country Club Gate Variance Re pool gate variance request.pdf Mr. Antonio Young Discussed Resolution 2024-006 Cincinnati Country Club Pool Gate Variance. • Cincinnati Country Club is located at 2348 Grandin Road, Cincinnati, Ohio 45208. • Cincinnati Country Club operates three public swimming pools—a lap pool, family pool, and a baby/wading pool. • In this variance, the Cincinnati Country Club requests that there be an attendant at the entrance present in all hours of operation and making sure there is a lifeguard present for all	Mr. Antonio Young	**n/a**

	hours of operation; in addition to maintaining self-closing and lockable gates or doors. • Mr. Young recommended the passing of this resolution. • Per Ian Doig, to waive the 3x readings, 7 board members must be present and only 6 were present. Therefore, this will now be the FIRST reading of the resolution.		
Air Quality Sampling Presentation	**Discussion Items:** Presentation included in the agenda. BOH- Cincy Air Watch Slides.pptx Ms. Meriel Vigran presented an Air Quality Sampling Presentation to the board. **Highlights** • Ms. Vigran discussed the 2023 Green Cincinnati Plan's impact on identifying goals and actions regarding air quality. ○ **Goal:** Improve air quality so that Air Quality Index healthy days are increased by 30% by 2028. ○ **Strategy:** Increase air quality studies and educate and reduce pollution from air emissions. ○ **Actions:** Expand monitoring of air quality and nuisance odors incorporating citizen science in priority neighborhoods. Provide services, resources, and education for residents in priority neighborhoods on air quality alert system, sources of poor air quality, and air quality regulations. • Ms. Vigran explained the effect of air quality on health in Cincinnati neighborhoods. • Ms. Vigran discussed the Cincy Air Watch project stages: Deploy, Educate, Analyze, Action.  • Ms. Vigran informed there are currently 30 monitors currently installed with more to be installed in the future.	Ms. Meriel Vigran	n/a

	• Ms. Vigran discussed some Air quality education and resources.
	  ○ Cincy Air Watch provides services, resources, and education for residents on air quality alert systems, sources of poor air quality, and air quality regulations through a mix of educational materials and resources.
	  ○ An Air Quality Epidemiology Educational Brief about air quality is available on the CHD website, and OES Cincy Air watch page to educate the public on leading types of air pollution, how it can affect health, what causes air pollution, how to improve air quality, how to read the air quality index, local history of air quality, how to get involved, and further resources.
	  ○ A publicly available Cincy Air Watch Dashboard is available on the Cincy Insights website that integrates data from all publicly available PurpleAir monitors in Cincinnati through an API data call for visualization and analysis to have data transparency with residents.		

Finance Committee	**Discussion Items:** Documents included in the agenda. BOH Finance Committee - Minutes Contract Information Sheet - HCPH Harm R SHEET -UC Physicians, CONTRACT INFO CONTRACT INFO SHEET - UC Health, LL Ms. Ashlee Young presented the contracts that were discussed and presented at the Board of Health Finance Committee Meeting to the Board. **UC Health, LLC Parking Lease—Contract 35x10531, 1st Amendment** • Ms. Young explained CHD wants to develop a parking contract with UC Health, LLC for a total of 20 parking spaces in the parking lot adjacent to the ADAS Building located at 3009 Burnet Avenue, Cincinnati, Ohio 45219 for a cost of $62.31 per space per month, for a total (for 20 spaces) of $1,246.20/month. Rent shall increase by 2% each year, effective on the anniversary date of the Commencement Date. The term will begin on 11/1/22 and end on 10/31/2024. • The first amendment will extend the contract through 10/31/2026 with a 2% increase in rent 2025 and 2026.	Ms. Ashlee Young	**Vote:** Contract 35x10531, 1st Amendment **Motion:** Ms. Ashlee Young **2nd**: Ms. Kiana Trabue **Action: 5 Yes, 1 Abstain-Passed** **Vote:** Contract 15x10442, 1st Amendment **Motion:** Ms. Ashlee Young **2nd**: Dr. Edward Herzig **Action: 6-0 Passed** **Vote: Contract 45x10558** **Motion:** Ms. Ashlee Young **2nd**: Dr. Edward Herzig **Action: 5 Yes, 1 Abstain-Passed**

Hamilton County Public Harm Reduction Agreement—Contract 15x10442, 1st Amendment

- Ms. Young explained The Cincinnati Health Department would like to continue an agreement with Hamilton County Public Health to provide harm reduction services related to the Opioid epidemic**.** HCPH currently operates the syringe services program at five locations for three hours per site every week within the City of Cincinnati's health jurisdiction. The funding also helps offset costs for supplies including syringes, cookers, cotton, rinse water, tourniquets, fentanyl test strips, and toiletries.
- The amendment will extend the contract through December 31, 2025. HCPC would receive $100,000.00 for the entire calendar year of 2025 and will receive an additional $100,000.00 each year for two (2) 12-month auto-renewals.

UC Physicians, LLC—Contract 45x10558

- Ms. Young explained that this is an agreement between CHD and UC Physicians, LLC. to provide family medicine services to patients at CHD's health centers (sites TBD). Dr. Mamidi and Dr. Greenwood are Fellows in the UC Family Medicine Department's Global and Underserved Health Program. As fellows, the physicians will practice medicine in a culturally diverse community, in Cincinnati neighborhoods served by the Health Department's primary care services. It is anticipated that this opportunity will improve access to health care in vulnerable populations and may also include training of resident physicians in culturally appropriate care – care that those resident physicians might not otherwise receive.
- The term of this contract is from July 1, 2023, to June 30, 2024, and can be renewed by mutual agreement for two additional 12-month periods. The amount of the contract is not to exceed $269,360.00 ($134,680 x 2 physicians) annually based on the hourly rate of $140 x 52 weeks per year, or $808,080.00 ($404,080 x 2 physicians) cumulatively over three years.
- The amendment would incorporate Drs. O'Dea and Fujimura, permitting Dr. O'Dea's independent contract to come to an end. The amount of Dr. O'Dea's portion of the amended contract is not to exceed $142,376 annually based on the hourly rate of $148 x 18.5 hours per week x 52 weeks per year, or $213,564 cumulatively over the remaining 1.5 years of the contract. The amount of Dr. Fujimura's portion of the contract is not to exceed $265,864 annually based on the hourly rate of $142 x 36 hours per week x 52 weeks per year, or $398,796 cumulatively over 1.5 years.

Motion to Approve Hamilton County Solid Waste District– Contract 55x10731

	Motion to Approve UC Health, LLC Parking Lease—Contract 35x10531, 1st Amendment **Motion to Approve** Hamilton County Public Health Harm Reduction Agreement –Contract 15x10442, 1st Amendment		

Finance Update	**Discussion Items:** Memo and materials were included in the agenda.
	Finance Update BOH as of September 2024
	September Financial Report BOH 11.1.24.d
	
	Mr. Menkhaus gave an update on CHD Financials for September 2024 and Year over Year.
	
	Highlights
	• Revenue total was $12,501,829.70, a decrease of 8.39%.
	  ○ Private Pay Insurance decreased by 1.75%.
	  ○ Medicare increased by 3.44%.
	  ○ Medicaid decreased by 76.46%.
	  ○ Medicaid managed care increased by 14.37%.
	  ○ Self-Pay patients decreased by 2.23%.
	  ○ Board of Ed Svcs (School Nurse's Salary) decreased by 54.59%.
	  ○ Grants/Federal increased by 17.31%.
	• Expenses were $14,159,219.66, an increase of 1.30%.
	  ○ Property expenses increased by 49.69%.
	  ○ Personnel expenses increased by 5.50%.
	  ○ Contractual costs decreased by 5.94%.
	  ○ Material costs decreased by 12.41%.
	  ○ Fixed costs decreased by 5.06%.
	  ○ Fringes increased by 3.35%.
	
	The total available is $529,610.04, increased by 259.71%
		Mr. Mark Menkhaus Jr.	N/A

Personnel Actions	**Motion to Approve** the personnel actions dated December 3, 2024. BOH Personnel Actions_12.3.24.pdf	Dr. Grant Mussman	**Motion:** Dr. Jennifer Forrester **2nd:** Ms. Kiana Trabue **Action: 6-0 passed**
New Business			
Additional New Business and Public Comments	Ms. Young spoke about this meeting being the last meeting for Dr. Surmeet Bedi, as she is transitioning off the board early. Ms. Young shared a note that Dr. Bedi shared with the board. **Public Comments** • There were no public comments.	Ms. Ashlee Young	n/a

6:47 p.m. adjourned.

Next meeting: Tuesday, January 28, 2025, at 6pm via Zoom.

Meeting can be viewed at: https://archive.org/details/boh-11-3-24

Minutes Approved by:

_____	_____
Sa-Leemah Cunningham	Ashlee Young
Cincinnati Board of Health Clerk	Chairperson, Board of Health

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
December 23, 2024

Ms. Ashlee Young, Chair of the Board of Health, called the December 23, 2024, special meeting of the Cincinnati Board of Health to order at 12:30 p.m.

I. **ROLL CALL:**

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

Absent: Dr. Jennifer Forrester

Others Present: Mr. Ryan Baumgartner, Ms. Sa-Leemah Cunningham, Dr. Michelle Daniles, Mr. Ian Doig, Dr. Geneva Goode, Mr. Jose Marques, Mr. Mark Menkhaus Jr, Dr. Grant Mussman, Ms. Ashanti Salter,

AGENDA

Agenda-December 23 2024-Special Meet

ITEM	TOPIC	RESPONSIBLE PARTY	ACTION/MOTION
Old Business			
Finance Committee	**Discussion Items:** Documents included in the agenda. Contract Info Sheet-Cincinnati Publi School Health Program Nursing Ser Dr. Michelle Daniels presented the contracts that needed approval to the board. **Cincinnati Public Schools—Contract 15x10439, 2nd Amendment** • Dr. Daniels informed the board that this contract is between Cincinnati Public Schools and the Board of Health that allows the Cincinnati Health Department to provide school nursing services to students in the Cincinnati Public School District. Such services include but are not limited to management and administration of daily, as needed, and emergency medications, diabetes care, State mandated hearing and vision screenings, immunization administration and compliance, monitoring and reporting of communicable diseases, health education, assisting the district with submission of annual reports to the Ohio Department of Health, and providing skilled nursing	Dr. Michelle Daniels	**Vote:** Contract 15x10439, 2nd Amendment **Motion:** Mr. Jagdish Bhati **2nd**: Ms. Kiana Trabue **Action: 8-0 Passed** **Vote:** Contract 15x10442, 1st 55x10758 **Motion:** Mr. Jagdish Bhati **2nd**: Mr. Ken Patel **Action: 8-0 Passed**

	management as well as conduct intermittent skilled nursing procedures.
	• The first amendment extends the contract by six months.
	• The second amendment extends the contract by one month to allow for contract negotiations.
	
	Cincinnati Public Schools—Contract 55x10758
	• Dr. Daniels informed the board that this contract is between Cincinnati Public Schools and the Board of Health which allows the Cincinnati Health Department to provide school nursing services to students in the Cincinnati Public School District. Such services include but are not limited to management and administration of daily, as needed, and emergency medications, diabetes care, State mandated hearing and vision screenings, immunization administration and compliance, monitoring and reporting of communicable diseases, health education, assisting the district with submission of annual reports to the Ohio Department of Health, and providing skilled nursing management as well as conduct intermittent skilled nursing procedures. The term of the contract is for three years with automatic renewal for two successive one-year terms ending June 30, 2029. The contract dollar amount is approximately 3.8 million dollars for the first year and adjusted per the terms of the contract in subsequent years. Please see the attached budget for school nursing services for the 2024-2025 school year.
	• Mr. Bhati asked if the contract was auto-renewed for an additional 3 years, and Dr. Daniels said it would be auto-renew for 2 years.
	• Mr. Bhati asked if the Health Department had the option to change the pricing or will it stay the same. Mr. Menkhaus answered that it is generally increased by 2% each term.
	  ○ Dr. Herzig mentioned that none of the contract terms are listed in the executive summary.
	  ○ Dr. Daniels mentioned that a budget proposal is sent every year to Cincinnati Public Schools before the school year starts.
	• Mr. Patel asked if CPS disagrees with an adjustment, is there a recourse?
	  ○ Dr. Daniels answered that CPS may decide to decrease the number of nurses working at their schools; based on their budget.
	• Dr. Mussman informed if there is another extension needed, it would be presented at the January 2025 Board of Health Meeting.		

	Dr. Daniels requested motions to approve both the contract extension and the new contract. **Motion to Approve** the extension contract between the Board of Health and Cincinnati Public Schools for school nursing services—Contract 15x-10439, 2nd Amendment **Motion to Approve** entering a new contract with Cincinnati Public for school nursing Services-Contract 55x10758		
New Business			
Additional New Business and Public Comments	**Public Comments** • There were no public comments.	Ms. Ashlee Young	n/a

12:47 p.m. adjourned.

Next meeting: Tuesday, January 28, 2025, at 6pm via Zoom.

Meeting can be viewed at: https://archive.org/details/boh-sm-12-23-24

Minutes Approved by:

_____
Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

_____
Ashlee Young
Chairperson, Board of Health

December 3, 2024 Meeting Attendance/vote sheet

Board Members	Roll Call	10.22.24 BOH Meeting Minutes	UC Health, LLC Parking Lease—Contract 35x10531, 1st Amendment	Hamilton County Public Health –Contract 55x10741	UC Physicians LLC--Contract 45x10558	Personnel Actions Dated 12.3.24
Dr. Surmeet Bedi - last meeting						
Dr. Mary Burkhardt	x					
Dr. Jennifer Forrester	x		abstain		abstain	M
Dr. Edward Herzig	x	2nd		2nd	2nd	
Dr. Christopher Lewis	x					
Ms. Raynal Moore						
Mr. Ken Patel						
Ms. Kiana Trabue	x	M	2nd			2nd
Ms. Ashlee Young-Chair	x		M	M	M	
Motion Result:	Quorum	Passed	Passed	Passed	Passed	Passed

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

STAFF	
Sa-Leemah Cunningham-Clerk	x
Dr. Grant Mussman-Commissioner	x
Antonio Young	x
Ian Doig	x
Mark Menkhaus Jr.	x
Kim Wright	x
Timothy Collier	x
Joyce Tate	x
Dr. Michelle Daniels	x
Dr. Camille Jones	x
Ashanti Salter	x
Meriel Vigran	x
Jose Marques	x
Robert Smith	x

December 23, 2024 Meeting Attendance/vote sheet

Board Members	Roll Call	Extension of contract 15x10439, 2nd Amendment	Aprrove Contract 55x10758
Mr. Jagdish Bhati	x	M	M
Dr. Mary Burkhardt	x		
Dr. Jennifer Forrester			
Dr. Edward Herzig	x		
Dr. Christopher Lewis	x		
Ms. Raynal Moore	x		
Mr. Ken Patel	x		2nd
Ms. Kiana Trabue	x	2nd	
Ms. Ashlee Young-Chair	x		
Motion Result:	Quorum	Passed	Passed

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

STAFF	
Sa-Leemah Cunningham-Clerk	x
Dr. Grant Mussman-Commissioner	x
Ian Doig	x
Mark Menkhaus Jr.	x
Dr. Geneva Goode	x
Ashanti Salter	x
Jose Marques	x
Ryan Baumgartner	x
Dr. Michelle Daniels	x

DATE: January 25, 2025

TO: Board of Health Members

FROM: Dr. Grant Mussman, Health Commissioner

SUBJECT: Health Commissioner Executive Summary

Ohio's 1115 Medicaid Work and Community Engagement Waiver

- We are closely monitoring developments with Ohio's 1115 Medicaid Work and Community Engagement Waiver, which aimed to require certain Medicaid beneficiaries to engage in work or community activities to maintain coverage.
- Decrease in Medicaid coverage would put additional strain on our resources, as our current case mix is approximately 60% Medicaid and 30% uninsured
- Additional information:
    - The waiver was approved by the Centers for Medicare & Medicaid Services (CMS) in 2019 but later paused due to the COVID-19
    - It was posted again for public comment in December, indicating that the state will likely work toward re-instituting
    - Estimates of effect on Medicaid coverage vary, but all estimates (including official state estimates) anticipate loss of coverage, and in the tens of thousands **range**

Biannual Executive Budget Review for FY 26 and 27

- Review with the City Manager is set for early April
- The review will include both our operating and capital budgets
- Budget for personnel and non-personnel will be sent to us by the central budget office in mid-February. We will review and add budget exceptions as needed.
- We have already begun work on our capital budget, which broadly describes our next 6 years (with annual review) and includes sufficient budget for new buildings and/or substantial renovations (to be determined as our needs assessment continues).
- City Council will vote on the budgets in June after public comment periods.

Contract with Cincinnati Public Schools

- Our contract with Cincinnati Public Schools, which was approved by the Board of Health in our emergency meeting in December, is scheduled to be signed by the Board of Education on Monday 1/27/25

Departmental Report: Air Quality Monitoring (Epidemiology)

- Our deep dive topic for this month is in our Air Quality Monitoring project
- Meriel Vigran will be presenting her work from Environmental Epidemiology.

Unveiling of Braxton F. Cann Memorial Health Center Signage

- I am pleased to share that the signage for the Braxton F. Cann Memorial Health Center was unveiled on Tuesday, January 14, 2025. The ceremony brought together community members, healthcare professionals, and loved ones to celebrate Dr. Cann's legacy. Speakers shared heartfelt stories about his impact on patients and the medical field.

DATE: January 21, 2025

TO: Cincinnati Health Department Board of Health

FROM: Kim Wright, Supervising Epidemiologist Communicable Disease Prevention and Control - CHES

SUBJECT: January 2025 Board of Health Communicable Disease Report

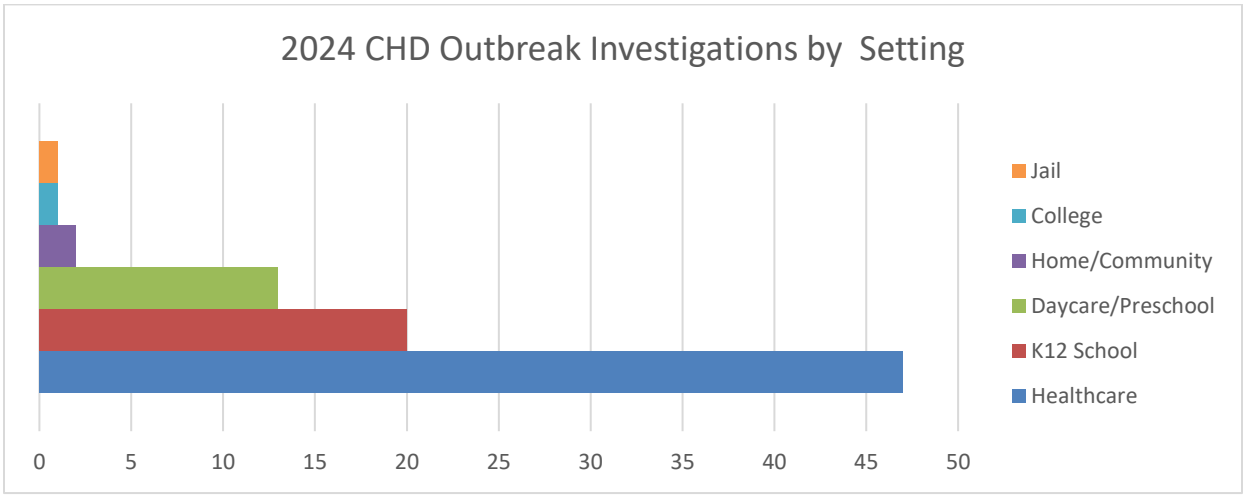
Preliminary 2024 Annual Case Counts and Trends

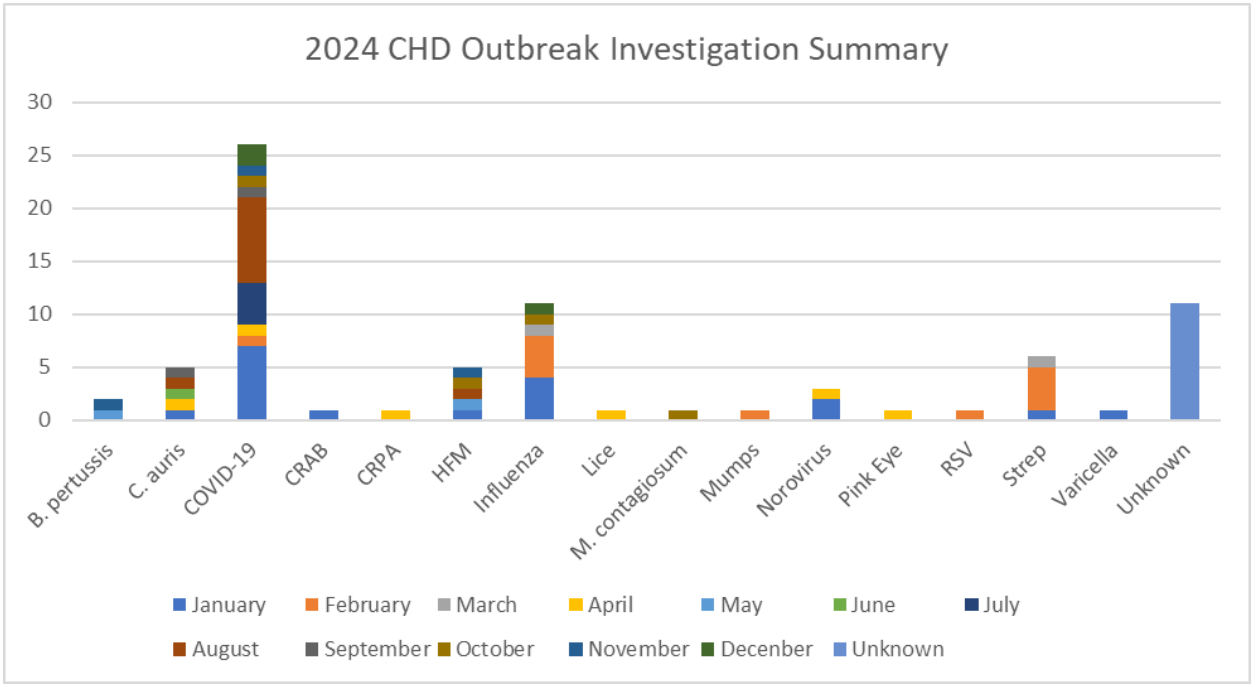
- The December 2024 Infectious Disease Report included in the Board of Health packet this month contains the preliminary annual 2024 confirmed and probable communicable disease case counts and outbreak numbers.

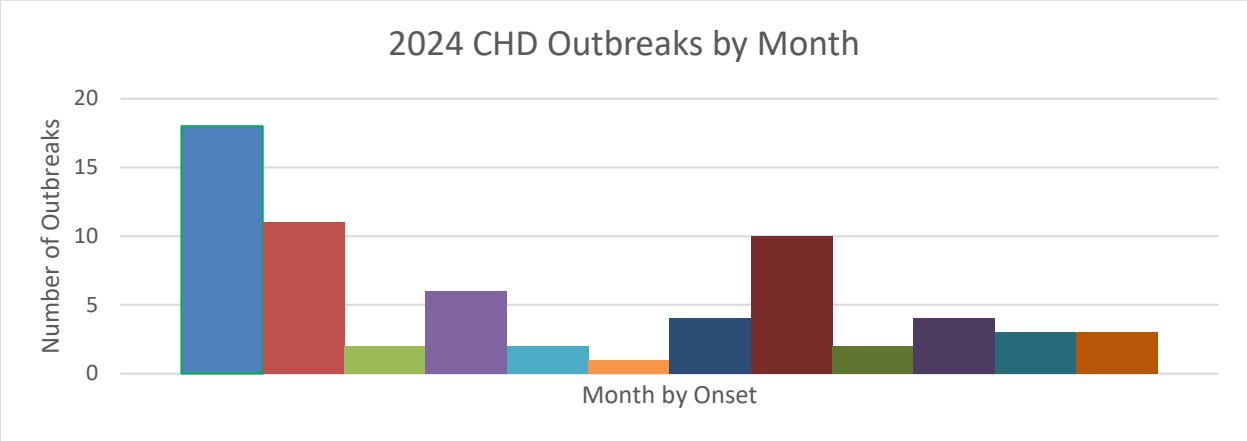
Highlights of 2024

- Overall numbers of confirmed and probable case counts and outbreaks are lower in 2024 than 2023. This is primarily due to the number of COVID-19 cases and outbreaks. The rate per 100,000 people of COVID-19 cases in Cincinnati continued to decline, from 3089.39 in 2023 to 1882.64. The number of respiratory outbreaks declined from 86 in 2023 to 44 in 2024.
- Other notable rate declines include the categories of **Food or Waterborne** 46.62 from 71.38, with the exception of Salmonellosis which rose to 10.93 from 9.00. There were no Hepatitis A confirmed or probable cases, and the Legionnaires' Disease rate fell from 5.47 to 2.89 in 2024. New **Viral Hepatitis** infections declined from 207.40 in 2023 to 148.23 in 2024. Notably Chronic Hepatitis C, the second highest reported condition in Cincinnati after COVID-19, declined from 168.49 in 2023 to 115.44 in 2024. Acute Hepatitis B, on the other hand rose from .32 to 2.57 in 2024.
- Increasing rates were observed in **Vaccine-Preventable** disease, from 43.62 in 2023 to 121.22 in 2024. These included Influenza-associated hospitalization, Pertussis (Whooping Cough), Antibiotic-resistant *Streptococcus pneumoniae*, and Varicella. Notably missing from this category is Measles. Cincinnati Communicable Disease Unit responded to a number of Measles exposures which included thousands of people at a Disney on Ice production in March of 2024. Cincinnati remains Measles free since 2012. **Vectorborne** disease rates rose from 3.54 in 2023 to 5.47. Besides rises in the travel associated cases of Chikungunya, Dengue, and Malaria, the Lyme disease rate more than doubled from .64 to 1.61.
- Outbreaks declined in all categories except for the **Other** category, which includes Healthcare-associated outbreaks.
- 2024 CHD investigations by the number
  - 6853 Confirmed and probable cases were counted in 2024
  - 5635 COVID-19 investigations
  - 1295 Other reportable conditions (not necessarily resulting in a confirmed or probable case)

- 2024 CHD outbreak investigations by the number
  84 Outbreaks investigated
  47 or 60% of all outbreaks investigated were in healthcare settings



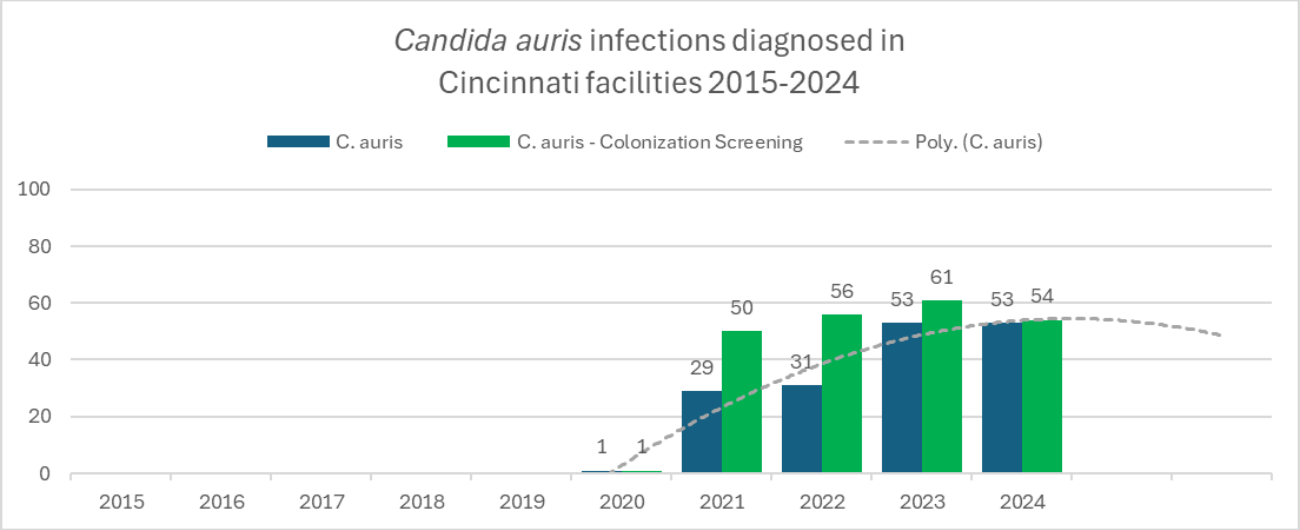




What's Bugging Us?

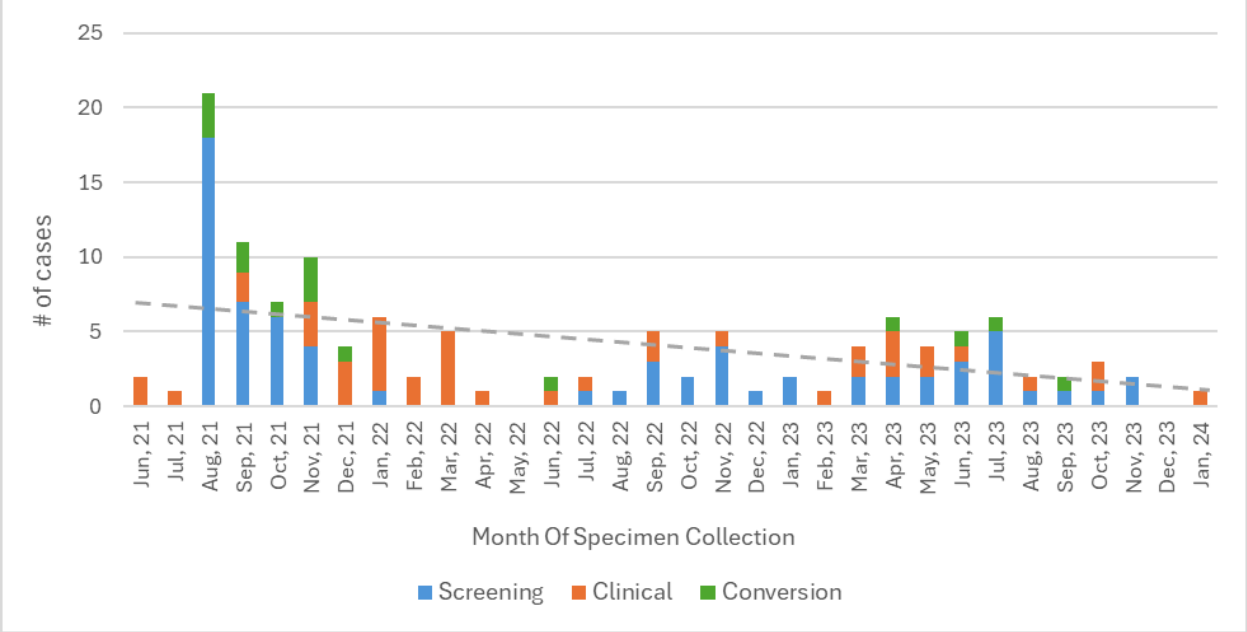
Healthcare-associated infections (HAI) and Antimicrobial Resistance

CDU Investigated 280 reported cases of *C. auris* and/or Carbapenemase-producing organisms (CPO) in 2024. The largest increase in reportable disease before and after COVID-19 (see table on page 7) occurred in *C.auris* (rate increase of 53.87 more per 100,000 cases diagnosed in Cincinnati healthcare facilities) and CPOs (rate increase of 31.53 more per 100,000 new infections in Cincinnati residents). While preliminary, the total number of *C. auris* infections appears to have slowed down to 53 in 2024, showing no increase since 2023, which is encouraging news, considering the time and effort the CDU team has invested since 2021working with the SWO *C.auris* task force, conducting Infection Control Assessment and Response (ICAR) on site at facilities (3 new conducted 2024), communicating with receiving facilities and health jurisdictions when transfers of colonized/infected patients are occurring to ensure they keep them in the recommended transmission based precautions, investigating history of facilities patients stayed when new cases are identified, and furthering developing CHD staff capacity to respond to healthcare-associated infections by applying for and being granted NACCHO grants that support staff development in CDU.



In January CDU ended a multi-year outbreak response to a HAI C. auris outbreak. Preliminary data analysis showed that clinical infections decreased over time when the facility followed screening recommendations. (Credit: CD Epidemiologist Grace Ryan) CDU's challenge is engaging acute care and long term care settings in preventive strategies before an outbreak occurs, and in some cases, engaging the facility in outbreak response in a timely manner.

Detection of *C. auris* infections, colonizations, and conversions during outbreak response at Facility A from June 2021 until January 2024, with infection trendline



Rabies

CHD conducted rabies exposures consultations and risk assessments in response to 50 individual incidents in 2024. Rabies is 100% preventable when the exposed person receives treatment prior to the start of symptoms. The incubation period of rabies in humans is usually 1-3 months, with a range from a few days to as long as a year or

more, according to the ODH Infectious Disease Control Manual. Human rabies cases in the United States are rare, with only 1 to 3 cases reported annually. An estimated 70% of infections acquired in the US are attributed to rabid bat exposures. Each year CHD reminds residents to "bat-proof" their residences as much as possible and to retain the bat if there are any encounters, in order to test the bat for rabies.
Rabies investigations by the numbers:

- CHD responded to 49 reported **animal encounters** resulting in 27 recommendations for rabies post-exposure prophylaxis (PEP).
  - The majority of exposures occurred at private residences
  - CHD assisted a local hospital with testing a bat for rabies after it was discovered in a neonatal unit. Fortunately, the bat tested negative and rabies exposures were able to be 100% ruled out in that incident
  - Of all the animals available to be tested in Cincinnati in 2024, 1 bat tested positive from a private home.
- CHD also responded to exposures related to 1 **human rabies** case after a Kentucky resident died in a hospital in Cincinnati.
  - 400 CDU staff hours had been worked related to the joint CDC, KDPH, ODH, and CHD public health response by the time of this report.
  - 194 people that were affiliated with the Cincinnati healthcare setting were assessed by CHD
  - 32 of those were referred for PEP by CHD
  - 12 others were recommended to receive PEP by the facility or did not receive a recommendation from public health or the facility (worried well)

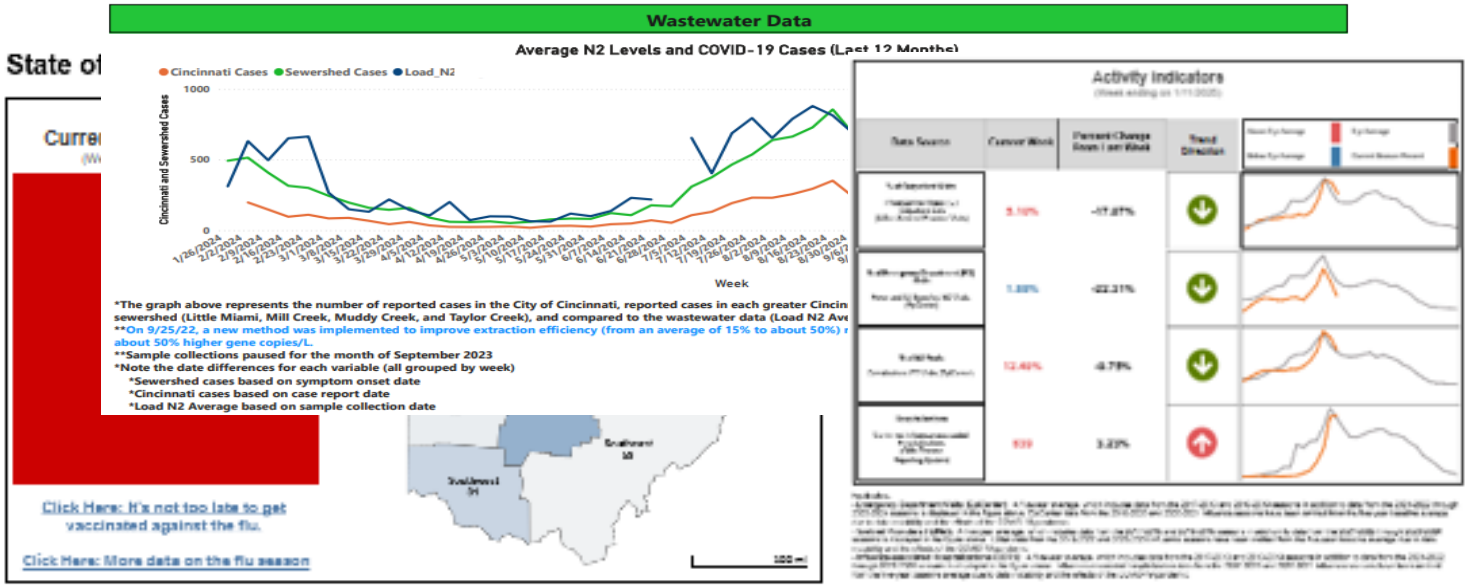
Vaccine Preventable Disease

- In addition to the human rabies response at the end of 2024, CHD continued to monitor a **Pertussis (Whooping Cough)** outbreak at a local university. Mostly vaccinated students, there is concern about the waning protection offered by the current vaccine and current recommendation. CHD finishes 2024 with a reported 39 cases of Pertussis. The highest number of cases reported since 38 cases were reported in 2019. CDC acknowledges the number of cases nationwide have returned to pre-pandemic numbers. Pertussis can be spread by vaccinated and unvaccinated people. After treatment with the appropriate antibiotics, infected people are no longer contagious to others. From the ODH IDCM, *Pertussis (whooping cough) can cause serious illness in babies, children, teens, and adults. Babies are at greatest risk for getting pertussis and then having serious complications from it, including death. Approximately half of babies less than 1 year old who get pertussis need treatment in the hospital.*
- **Measles** has already been mentioned; however the measles vaccine is very reliable. Although no cases of measles were reported in 2024 in Cincinnati, CHD was involved in large responses to unvaccinated cases who exposed residents of the city, prompting 21 day monitoring periods and recommendations for prophylaxis. CDC reports 284 measles cases in 2024 with 89% unvaccinated or status unknown, 7% having 1 MMR dose, and 4% having 2 doses MMR. 120 cases were under 5 years of age, 87 were from 5-19 years of age, and 77 cases were 20 years of age and older. The current situation can be viewed here: Measles Cases and Outbreaks | Measles (Rubeola) | CDC
- **Mpox Clade I** is an emerging infectious disease that has been identified as a concern for the Cincinnati area, due to low immunity rates identified in a CDC forecasting study that was shared with CHD at the end of 2024. While CHD reports administering 76 JYNNEOS vaccinations in 2024, more efforts are planned to keep offering this free service to the people who are at highest risk of infection due to the endemic Clade II

or the emerging Clade I Mpox. The current situation can be view here: [Mpox in the United States and Around the World: Current Situation | Mpox | CDC](#).

Seasonal Respiratory Viruses

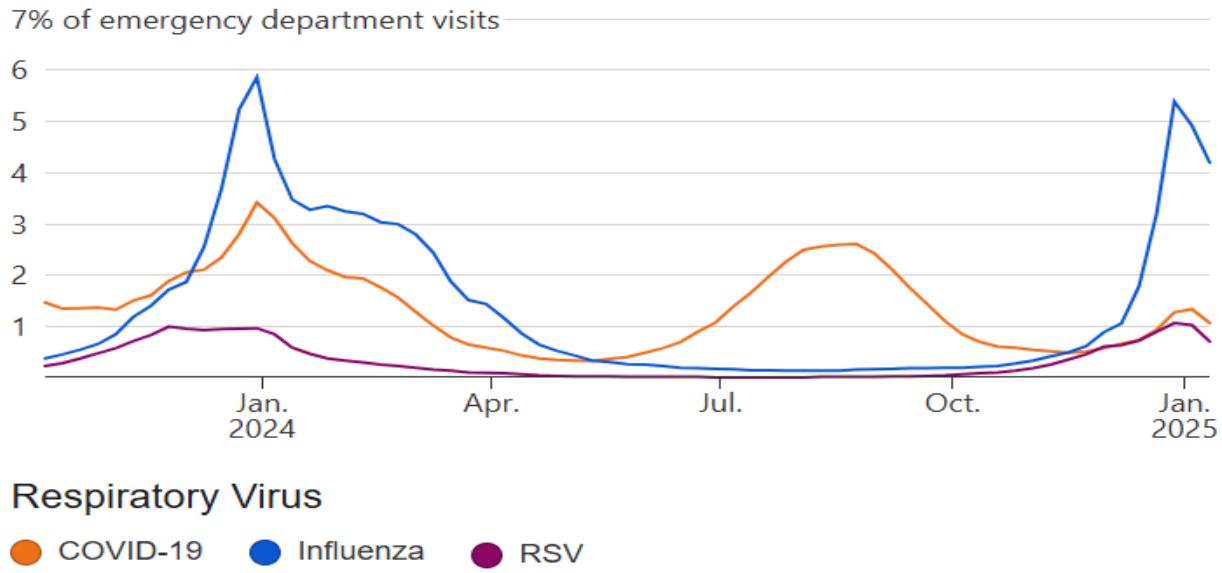
Wastewater analysis and clinical COVID-19 case data shows COVID-19 transmission peaking the last week of December 2024. As COVID-19 hospitalizations also declined in December, influenza hospitalizations began increasing. Investigations show Influenza Type A(H3) and Type A(H1) the dominant circulating subtypes, and most were not vaccinated. According to ODH influenza surveillance, flu activity remains high in the 1/17/2025 report but also shows 3 out of 4 indicators show peaks the first week of January 2025, similar to 2024 peaks, and hospitalizations still rising in the state.



On The Radar

CHD continues to monitor Influenza Type A(H5N1) reports in poultry, dairy and wildfowl in Ohio as well as the report of human infections, hospitalizations, and deaths in the country. CHD has communicated with providers regarding infection control and testing recommendations. On January 17, 2025 CDC issued a new Health Alert Network (HAN) with updated recommendations for healthcare providers which can be viewed here: [Health Alert Network (HAN) - 00520 | Accelerated Subtyping of Influenza A in Hospitalized Patients](#).

National Respiratory Indicators as of [January 15, 2025](#)



Before COVID-19 Rates and After COVID-19 Rates of Selected Diseases

In 2023 the emergency phase of the COVID-19 pandemic was declared over and now it is recognized as a seasonal respiratory virus, like influenza and RSV. The following are select disease rate changes from the 5 years preceding COVID-19 (2015-2019) to the 5 years after the arrival of COVID-19 to Cincinnati (2020-2024).

5 Year Rate Change 2015-2019 to 2020-2024	
Reportable Condition	**Rate Change**
Shigellosis	-105.31
Total count except for COVID-19	-78.38
Hepatitis A	-42.67
Meningitis - aseptic/viral	-34.88
Salmonellosis	-21.25
Pertussis	-18.89
Streptococcus pneumoniae - Invasive AR	-12.87
Giardiasis	-9.07
Campylobacteriosis	-8.74
Legionellosis	-7.02
Varicella	-3.90
Mumps	-3.01
Zika virus	-1.98
Chikungunya virus	-1.00
Typhoid fever	-0.99
Dengue	-0.35
Malaria	1.81
Coccidioidomycosis	1.90

Decreased after COVID-19
Increased after COVID-19

Vaccine preventable
Healthcare-associated
Travel-associated

Streptococcus pneumoniae - invasive Non-AR or Unk	3.19
E. coli, Shiga Toxin-Producing (O157:H7)	4.22
Yersiniosis	5.44
Mpox	8.39
Streptococcal - Group A -invasive	14.68
CPO	31.53
C. auris	53.87

Source: Ohio Data Reporting System (ODRS)
Data is provisional and subject to change.

city of
CINCINNATI
HEALTH DEPARTMENT

Communicable Disease Prevention and Control

Board of Health Presentation
1/28/2025

What's Bugging Us?

- Healthcare-associated Infections and Antimicrobial Resistance
  - Outbreaks
  - *Candida auris*
  - Carbapenemase-producing organisms
- Zoonotic Disease
  - Rabies
  - Avian Influenza
- Vaccine Preventable Diseases
  - Pertussis (Whooping Cough)
  - Measles
  - Mpox
- Seasonal Respiratory Viruses
  - COVID-19
  - Influenza
  - RSV

city of CINCINNATI HEALTH DEPARTMENT

Communicable Disease Prevention and Control

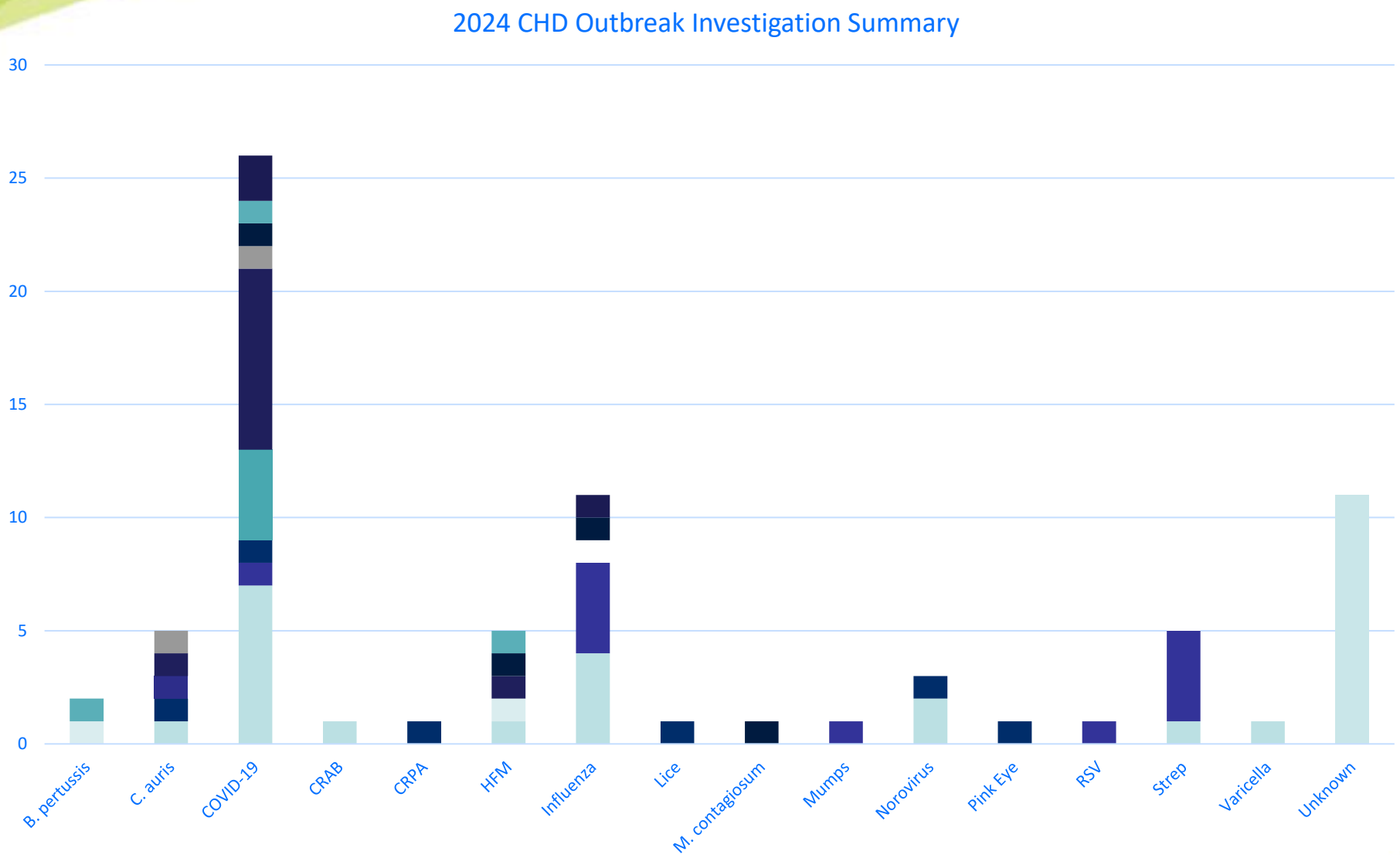
2024 Highlights

Case Investigations	5635 COVID-19
	1295 Non-COVID-19
Outbreak Investigations	26 COVID-19
	51 Non-COVID-19

city of CINCINNATI HEALTH DEPARTMENT

Communicable Disease Prevention and Control

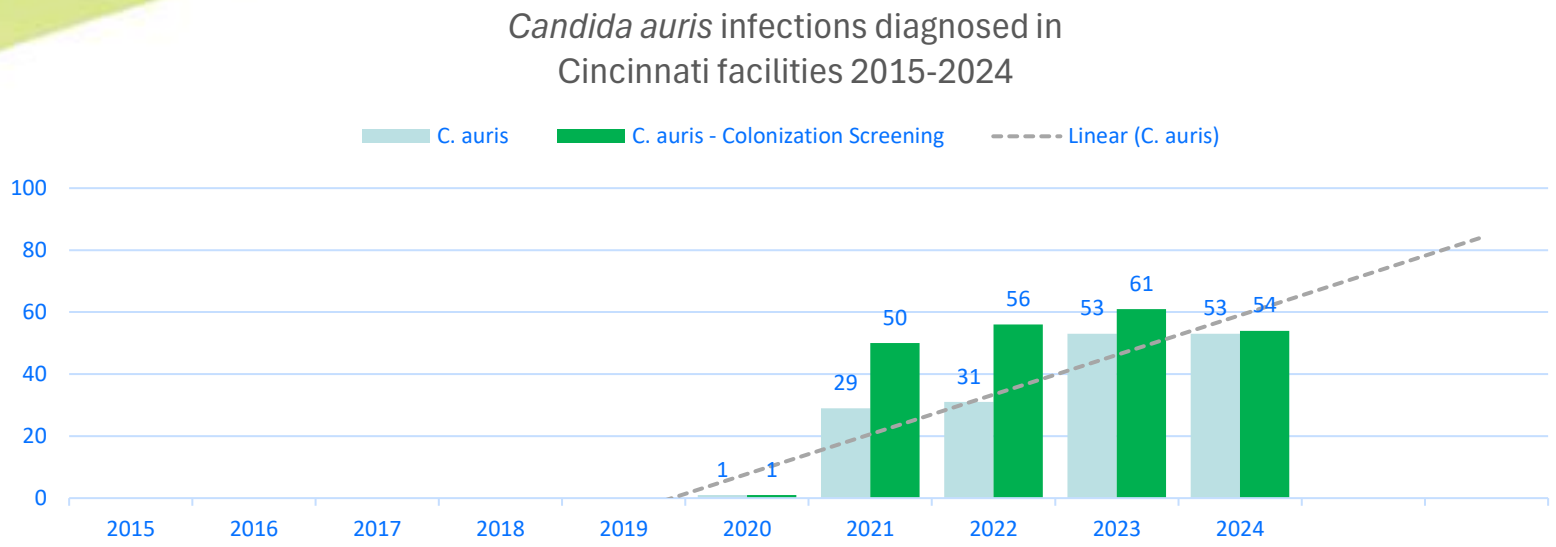
2024 Outbreaks

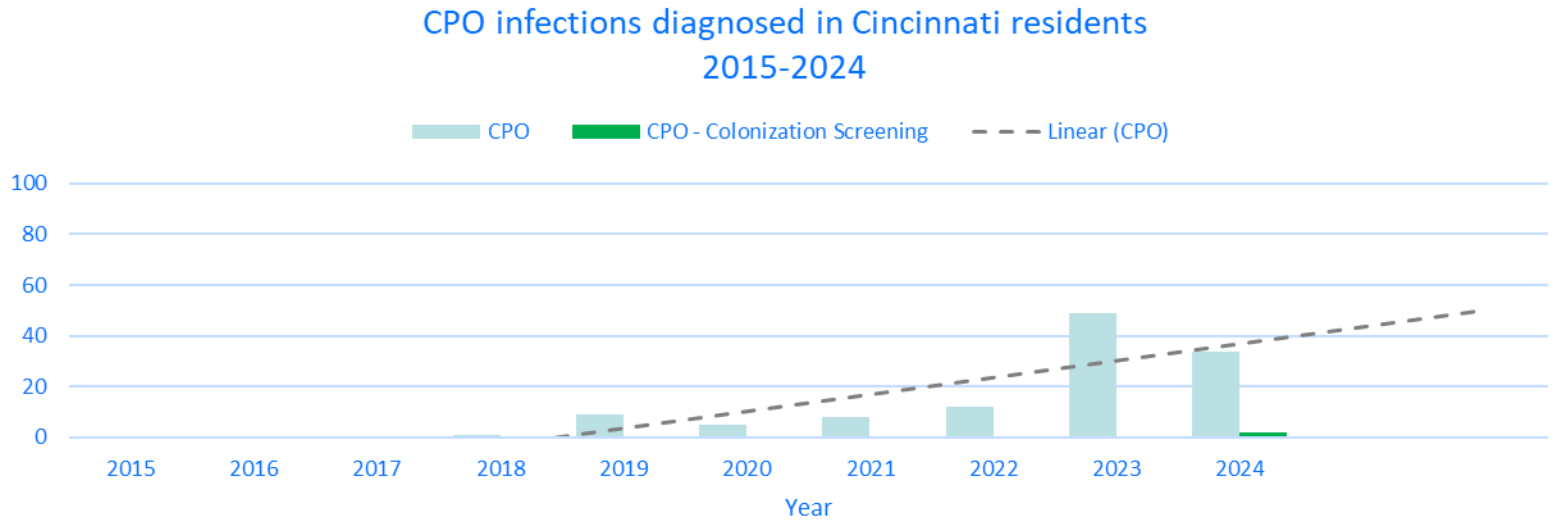


city of CINCINNATI HEALTH DEPARTMENT

Communicable Disease Prevention and Control

HAI/AR 2024 Trends





city of CINCINNATI HEALTH DEPARTMENT

Questions?

Kim Wright
Supervising Epidemiologist
Cincinnati Health Department
Communicable Disease Prevention and Control Unit
3101 Burnet Avenue Room 120
kimberly.wright@cincinnati-oh.gov
513-357-7391

city of
CINCINNATI
HEALTH DEPARTMENT

Cincinnati Board of Health
Resolution No. 2024 - _____

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati approving The Cincinnati Country Club's ("Licensee's") request for a limited variance from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s), subject to the approval of the Ohio Department of Health, where the variance is not contrary to the public interest, and where Licensee has shown both that there is good cause for the issuance of a variance and that the variance will not result in any adverse effect on the public health and safety.

WHEREAS, The Cincinnati Country Club ("Licensee") is licensed by the Board of Health of the City of Cincinnati (the "Board") under Ohio Administrative Code ("OAC") 3701-31-03 to operate three public swimming pools (including a lap pool, a family pool, and a baby/wading pool) located at 2348 Grandin Rd., Cincinnati, OH 45208 (the "Facility"); and

WHEREAS, pursuant to OAC 3701-31-04(B)(6)(s), Licensee is required to maintain a perimeter barrier around the Facility with gates or doors that are self-closing and lockable unless otherwise permitted by law and Licensee has requested a limited variance from the requirements of OAC 3701-31-04(B)(6)(s); and

WHEREAS, Licensee's standard operating procedure during the Facility's operating hours is to keep the Facility's two entrance gates open while employees staff check-in areas at the entrances to the Facility, constantly monitoring membership, user ages, pool occupancy, and access to the Facility; and

WHEREAS, pursuant to OAC 3701-31-04(E)(4), Licensee provides lifeguards on duty during the Facility's operating hours; and

WHEREAS, all Facility gates and access points are closed and locked during the Facility' non-operating hours, with appropriate signage stating "Danger – Pool Closed;" and

WHEREAS, all Facility gates and access points other than the entrance gates will be fitted with self-closing and latching hardware, or remain locked to prevent unauthorized access; and

WHEREAS, the Board is permitted to grant this limited variance pursuant to OAC 3701-31-03(H), subject to the approval of the Ohio Department of Health;

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

Section 1. That pursuant to Ohio Administrative Code 3701-31-03(H), and subject to the

approval of the Ohio Department of Health, the Board or Health of the City of Cincinnati (the "Board") approves the grant of a limited variance to The Cincinnati Country Club ("Licensee") from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s).

Section 2. That the Board finds that this variance is not contrary to the public interest, that good cause exists for the issuance of this variance, and that this variance will not result in any adverse effect on the public health and safety.

Section 3. That Licensee shall constantly monitor the Facility's entrance gates during they Facility's operating hours to ensure against unauthorized entry.

Section 4. That Licensee shall fit all Facility gates and access points other than the entrance gates with self-closing and latching hardware, or keep those gates locked at all times.

Section 5. That Licensee shall close and lock all Facility entrances and access points and post appropriate signage stating "Danger – Pool Closed" during the Facility's non-operating hours.

Section 6. That this variance will expire ten years from the date of approval unless further action is deemed necessary by the Board.

ADOPTED: _____, 2024

_____
Ashlee Young, MPH, CHES
Chairperson, Board of Health

_____
Grant Mussman, MD, MHSA
Health Commissioner

September 1, 2024

Cincinnati Health Department
3101 Burnet Ave
Cincinnati, Ohio 45229

Cincinnati Country Club, 2348 Grandin Rd, Cincinnati, OH 45208: Variance for Ohio Administrative Code (OAC) 3701-31-04 (B)(6)(s)" all perimeter barriers shall be with gates or doors that are self-closing and lockable unless otherwise permitted by law."

Cincinnati Country Club and SwimSafe Pool Management are requesting a variance from OAC 3701-31-04 (B)(6)(s)_Self-Closing and Lockable Gate for Cincinnati Country Club. The entrances to the pool will be through two gates in the perimeter fence which are self-closing, self-latching and lockable. The entrances to the pool will be through two monitored check-in areas. The standard operating procedure is for each check-in desk to always be attended by a staff person when the pool is open.

When the pool is open, there are lifeguards always on duty. When the pool is closed the gates will be closed and locked, and the pool will not be accessible. During non-operating hours we will post proper, "Danger Pool Closed" signage. The facility was designed for this operating procedure. It is our belief that this will not pose any danger to the public because the Cincinnati Country Club will ensure there is always an attendant monitoring the entrance, checking people into the pool, checking age and monitoring occupancy count. All other gates and access points have been fitted with
self-closing, self-latching and lockable gates for egress only.

Cincinnati Country Club and SwimSafe are requesting this variance for a period of ten years from date of approval.

Shane Wiggins

SWimSafe Pool Management, Inc.
President
107 Commerce Blvd Loveland, OH 45140

Robert Snider

Robert M Snider A.G.M.

Cincinnati Country Club
Assistant General Manager
2348 Grandin Rd, Cincinnati, OH 45208

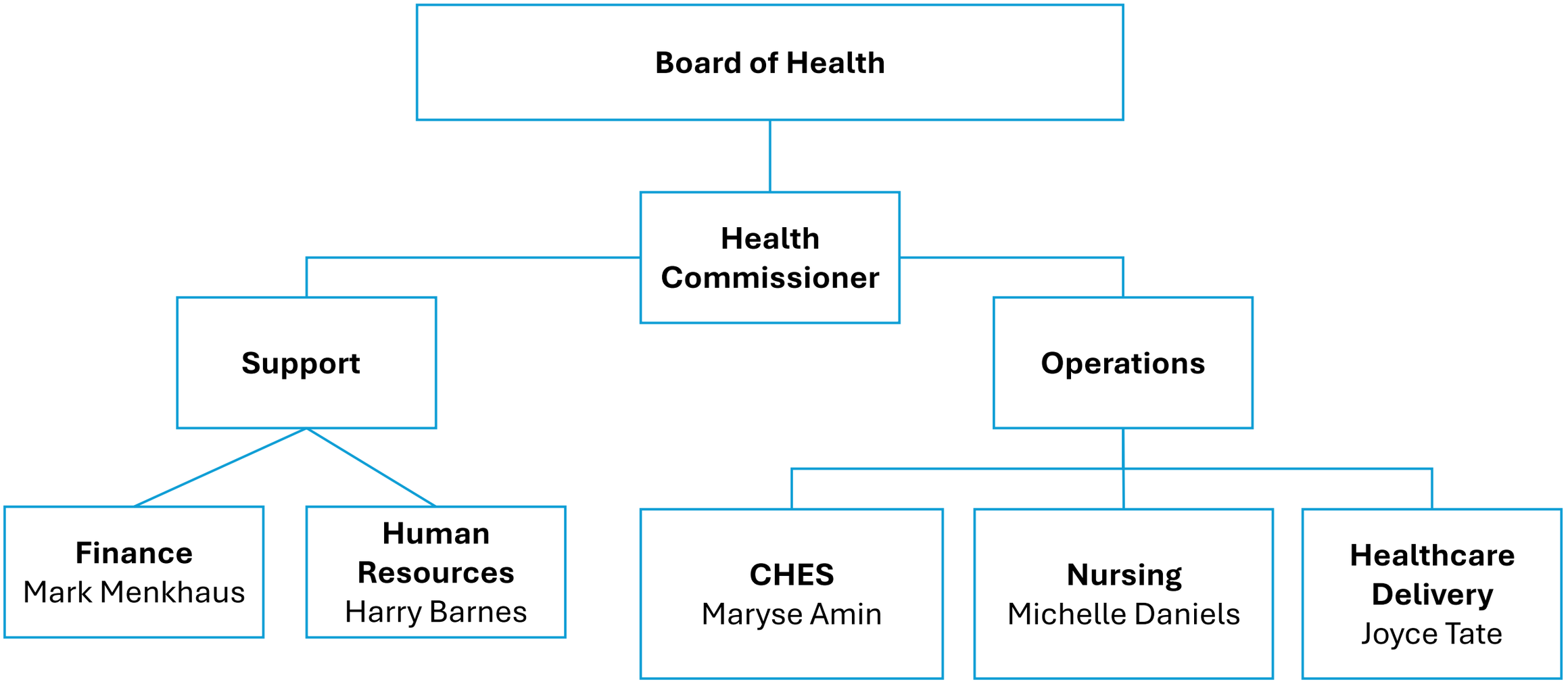
CHD Reporting Structure

Cincinnati Board of Health Meeting

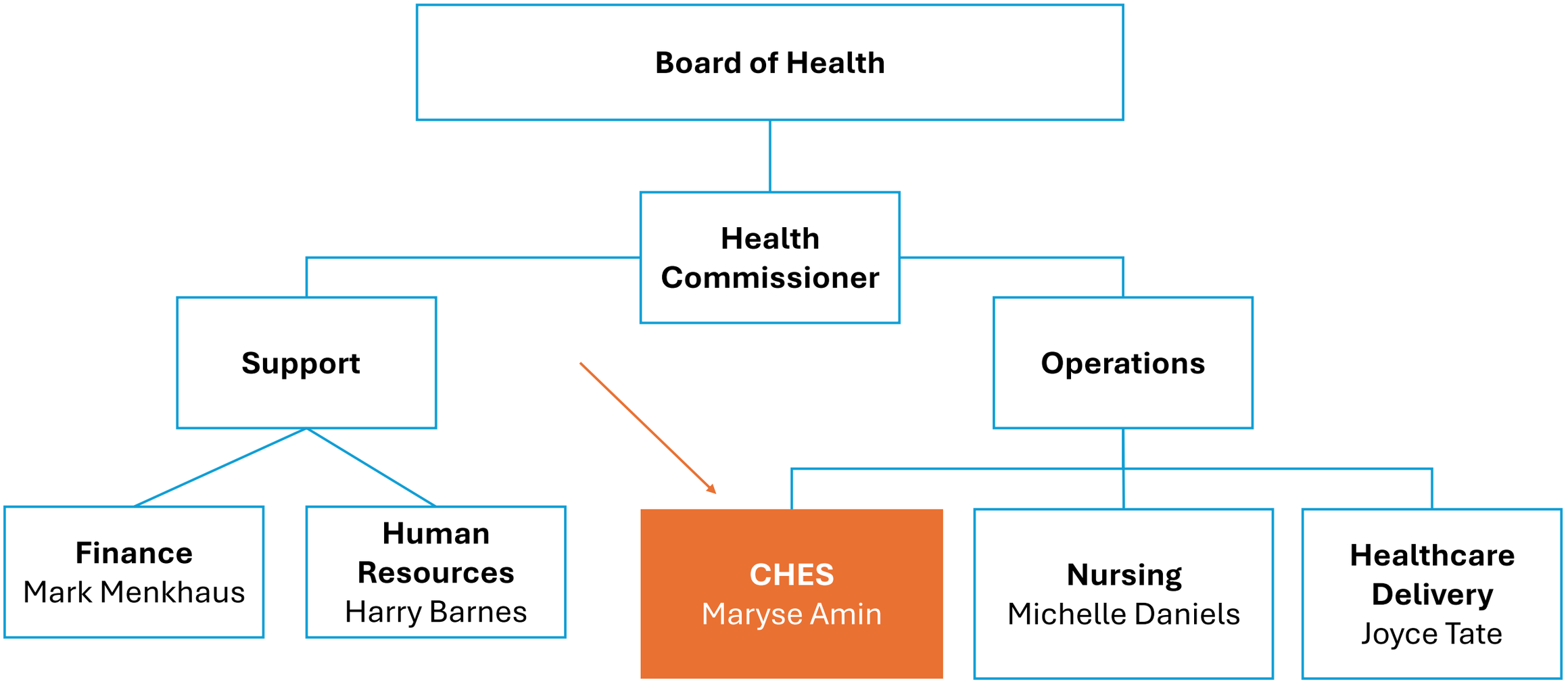
January 28, 2025

city of CINCINNATI HEALTH DEPARTMENT

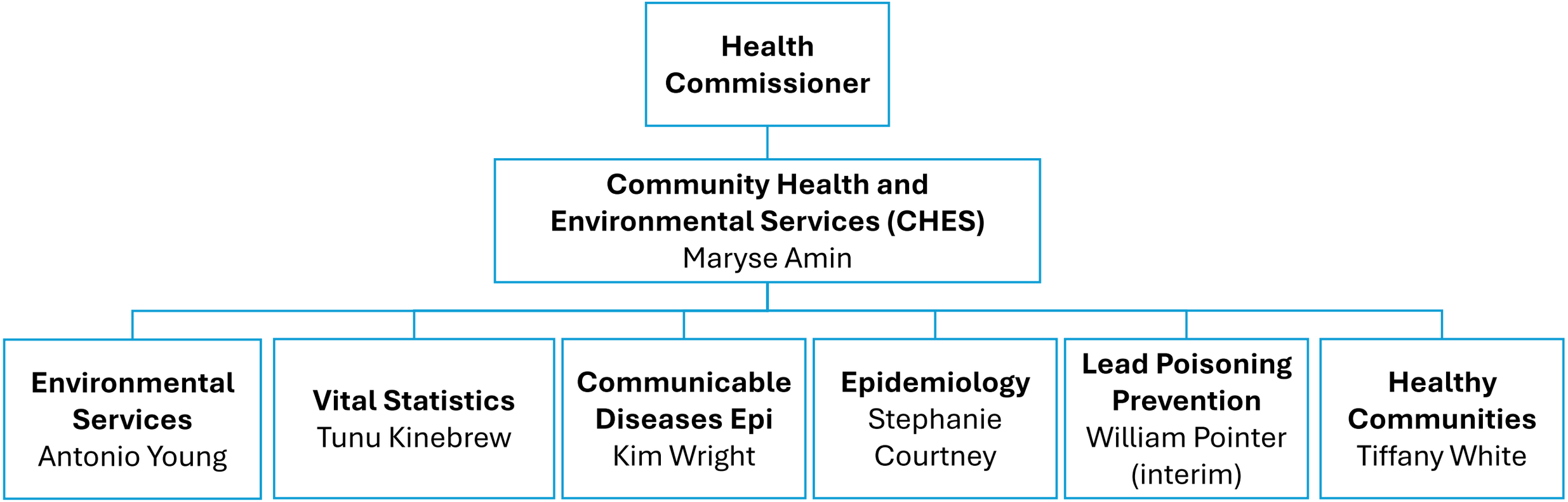
CHD High-Level Reporting Structure



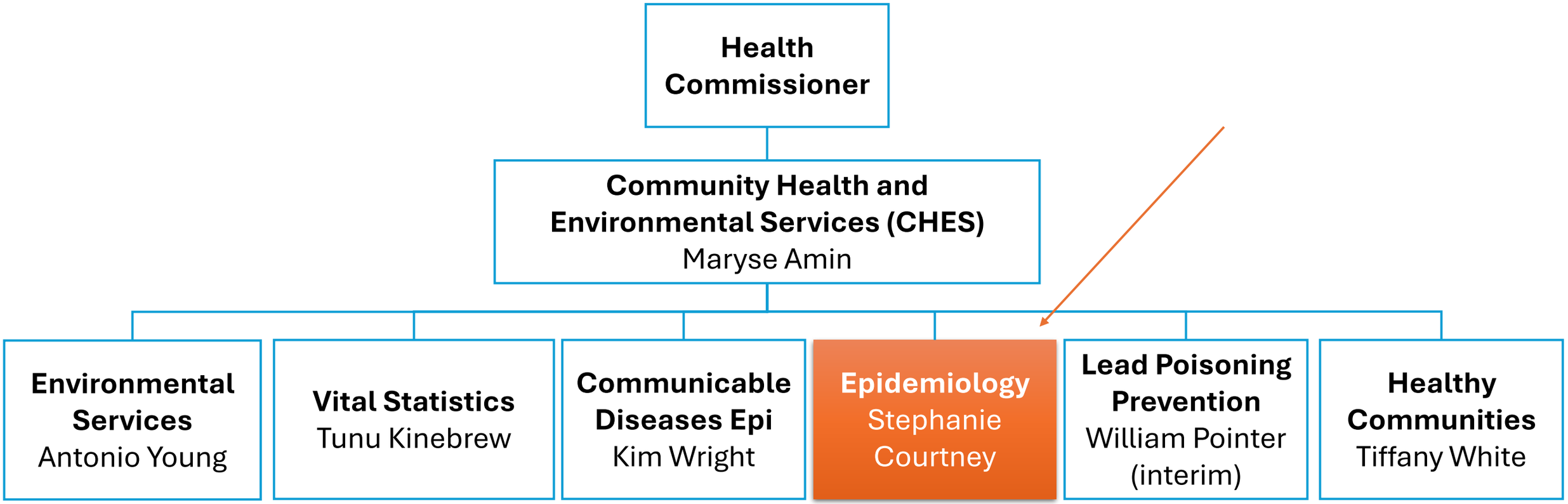
CHD High-Level Reporting Structure



CHES


Health Commissioner
Community Health and Environmental Services (CHES)
Maryse Amin
Environmental Services
Antonio Young
Vital Statistics
Tunu Kinebrew
Communicable Diseases Epi
Kim Wright
Epidemiology
Stephanie Courtney
Lead Poisoning Prevention
William Pointer (interim)
Healthy Communities
Tiffany White

CHES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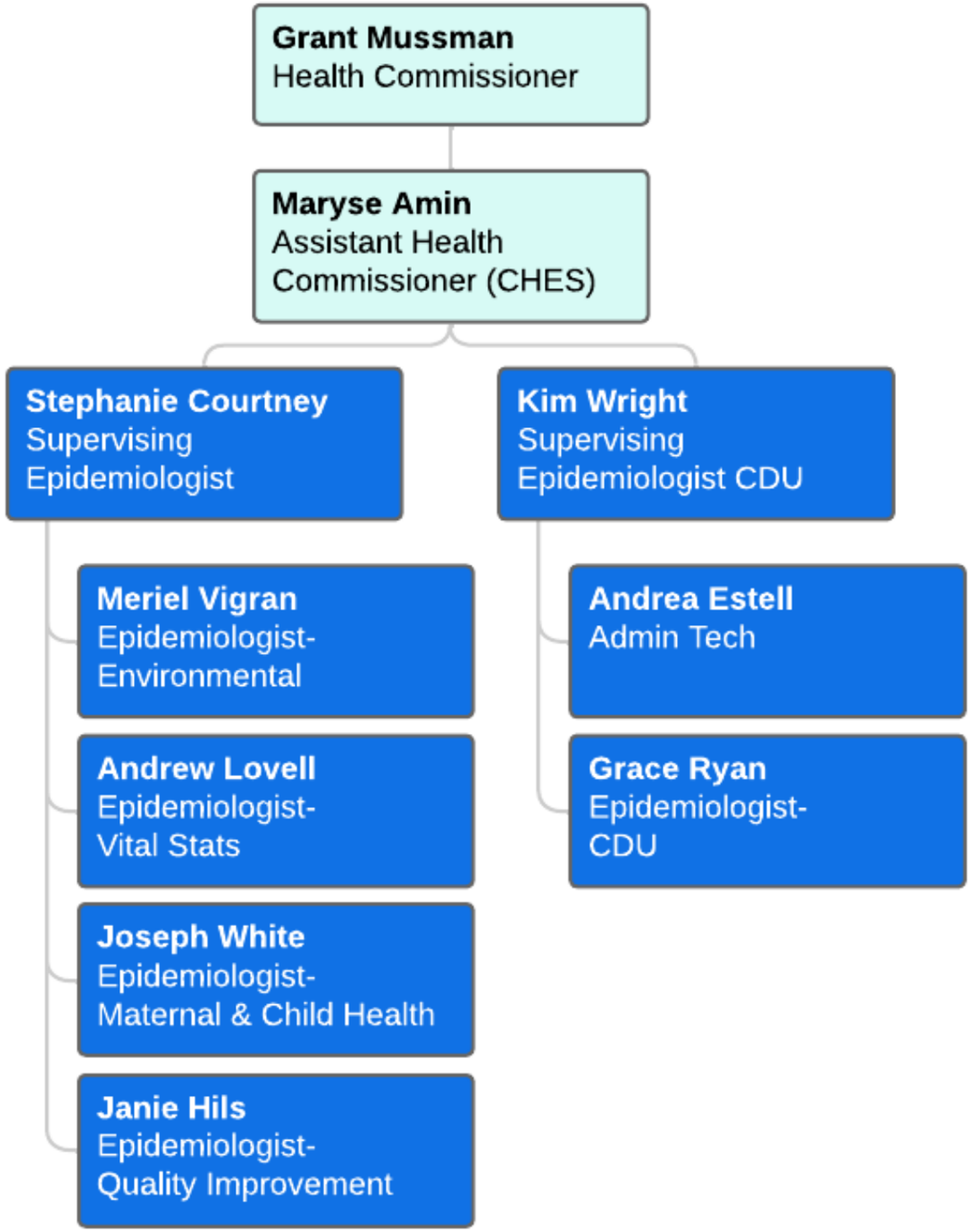
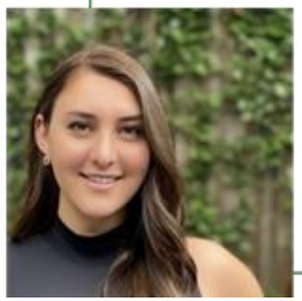


Epidemiology Detail

PFAS

Cincinnati Board of Health Meeting

January 28, 2025



Meriel Vigran, MPH

Environmental Epidemiologist
Cincinnati Health Department
Meriel.Vigran@cincinnati-oh.gov

city of CINCINNATI
HEALTH DEPARTMENT

What Are PFAS?

What are the Exposures to PFAS?

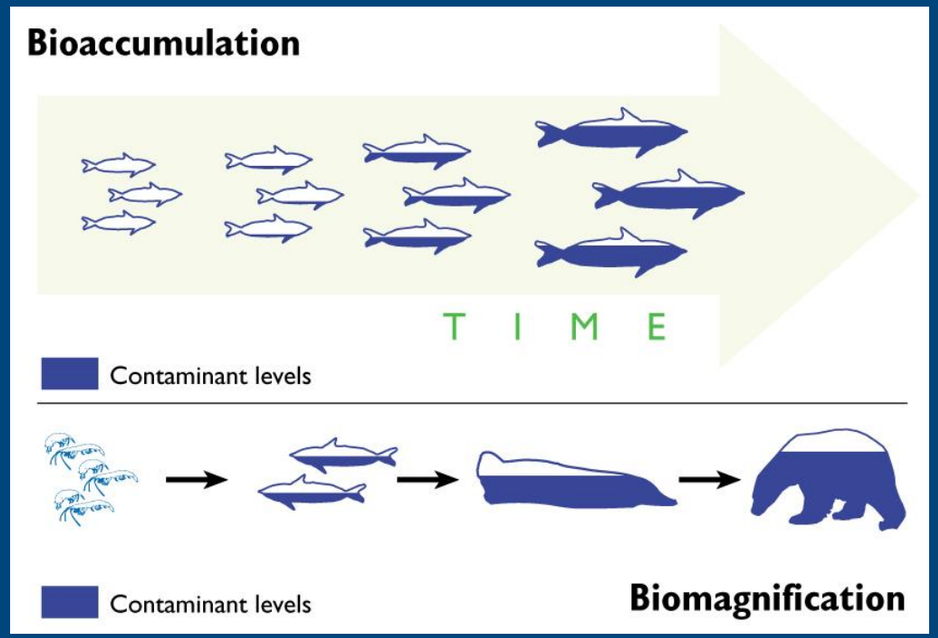
What are the Biological Impact of PFAS?

How are We Protecting Our Water?

What Other Steps is Cincinnati Taking?

What Are PFAS?

- Perfluoroalkyl Substances (PFAS) are synthetic chemicals, also known as “forever chemicals”. These Chemicals cannot be broken down by natural systems in the environment or metabolized in our bodies. PFAS become stored in plants, animals, and humans through bioaccumulation and biomagnification.



- First created in the 1940s, PFAS have fluorocarbon chains that reduce surface tension. Today, the EPA estimates there to be around 12,000 kinds of PFAS used in a wide variety of products to make surfaces water and oil resistant.


Water Resistant Clothing: Raincoats, Jackets, and Moisture Wicking Athleticwear


Stain-Resistant Coating on Textiles, Upholstery, and Carpets


Firefighting Foam: Aqueous Film-Forming Foam (AFFF)


Paints, Varnishes, and Sealants


Some Cleaning Products


Grease–Resistant Paper: Fast Food Containers, Microwave-Popcorn Bags, Pizza Boxes, Food Wrappers.


Teflon Skillets, Non-Stick Pots and Pans


Personal Care Products: Spray Shampoos, Hairspray, Facewash Beads, and Dental Floss

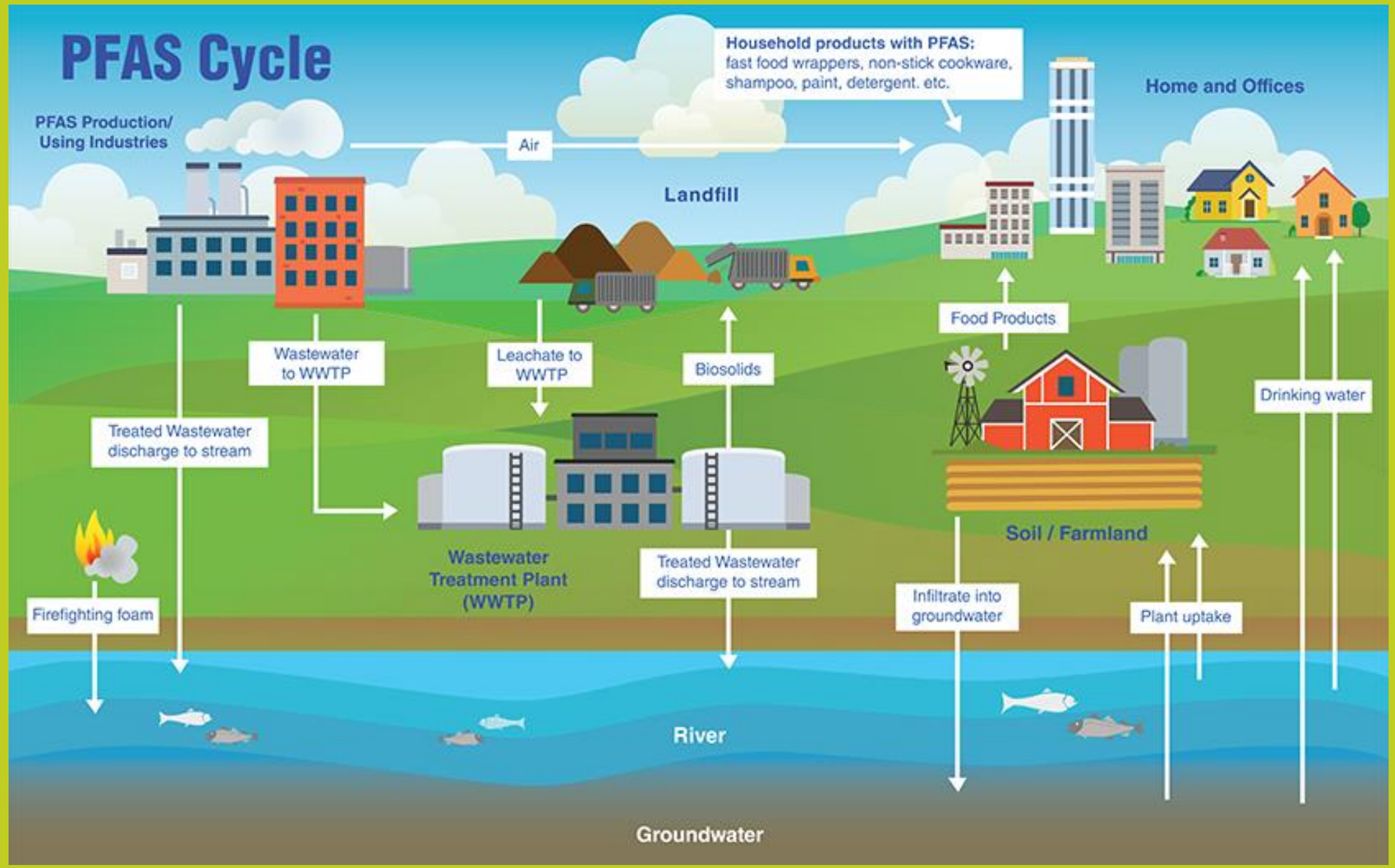

Cosmetics: Nail Polish, Eye Makeup and Liquid Lipsticks


Chalks

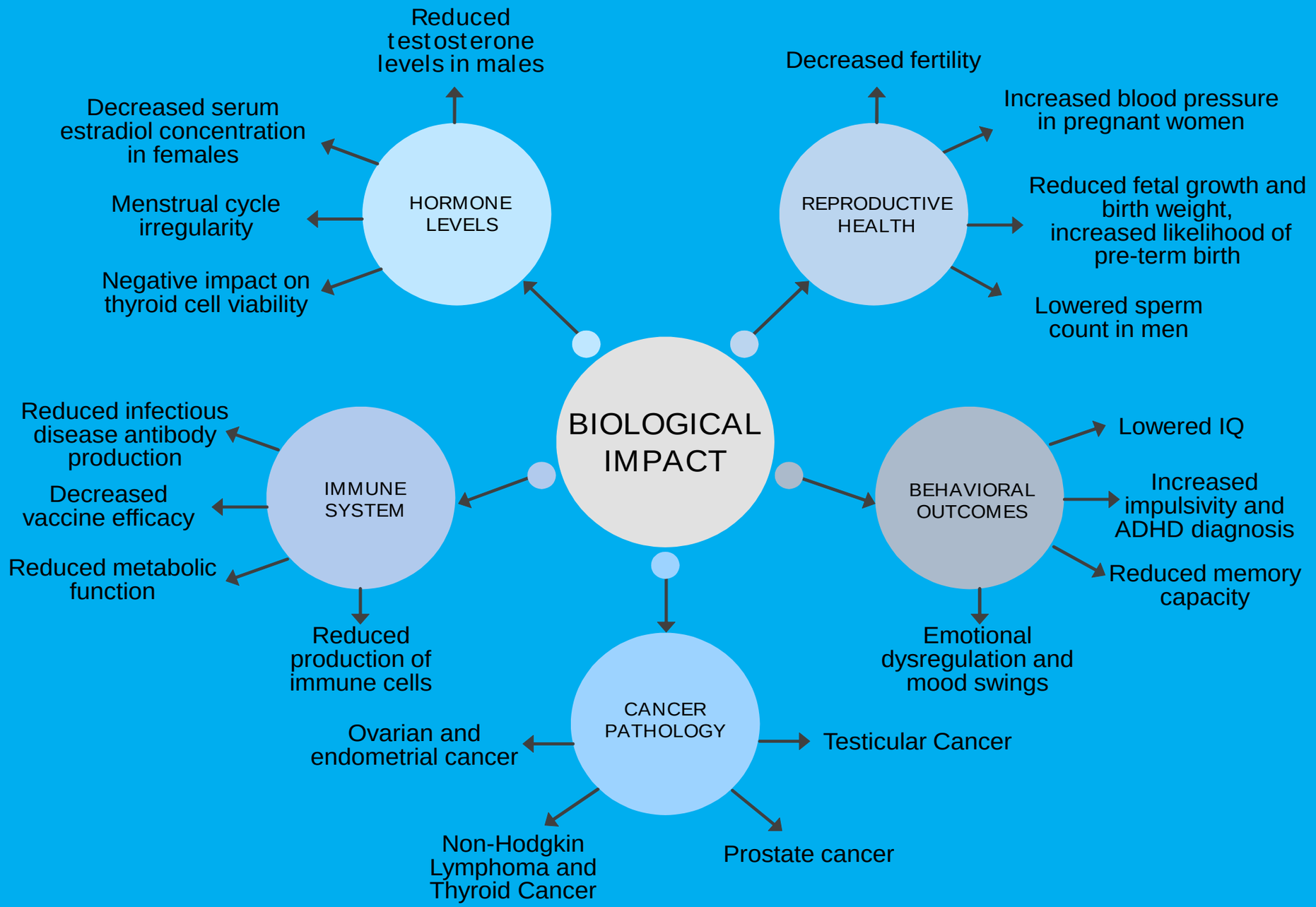
What are the Exposures to PFAS?

- Exposure to PFAS happens when an individual absorbs a PFAS chemical through the skin, ingests it, or inhales it.
- Most known exposures are relatively low, but prolonged exposure to a concentrated source can result in high PFAS concentrations in the body over time.
- Some ways an individual can be exposed to high concentrations of PFAS are:

What are the Exposures to PFAS?

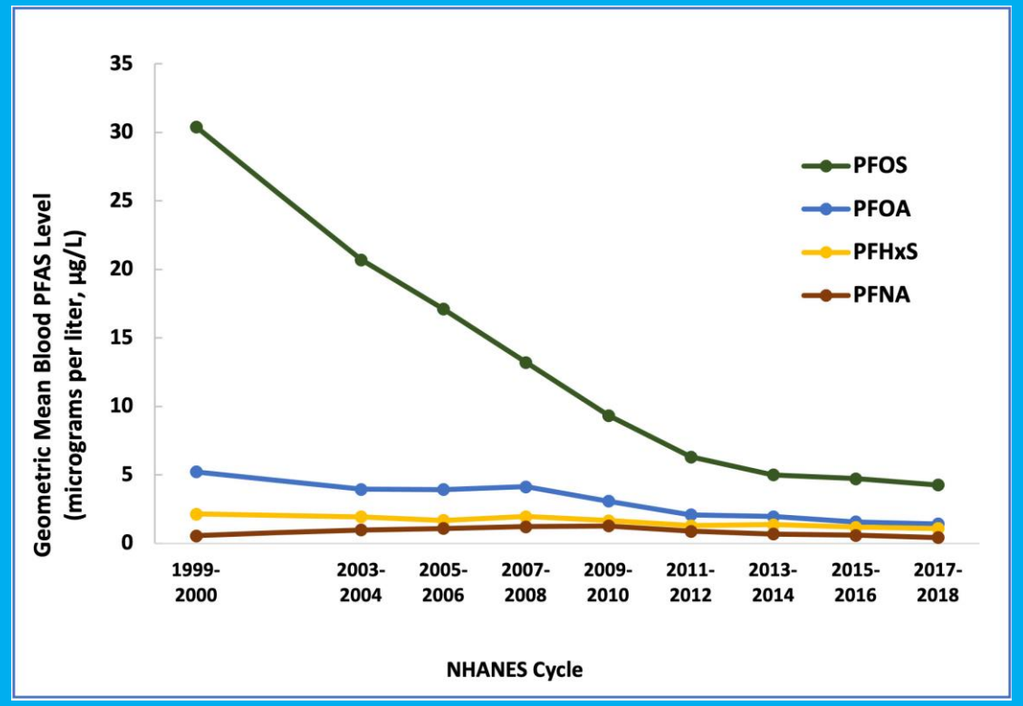


What are the Biological Impact of PFAS?

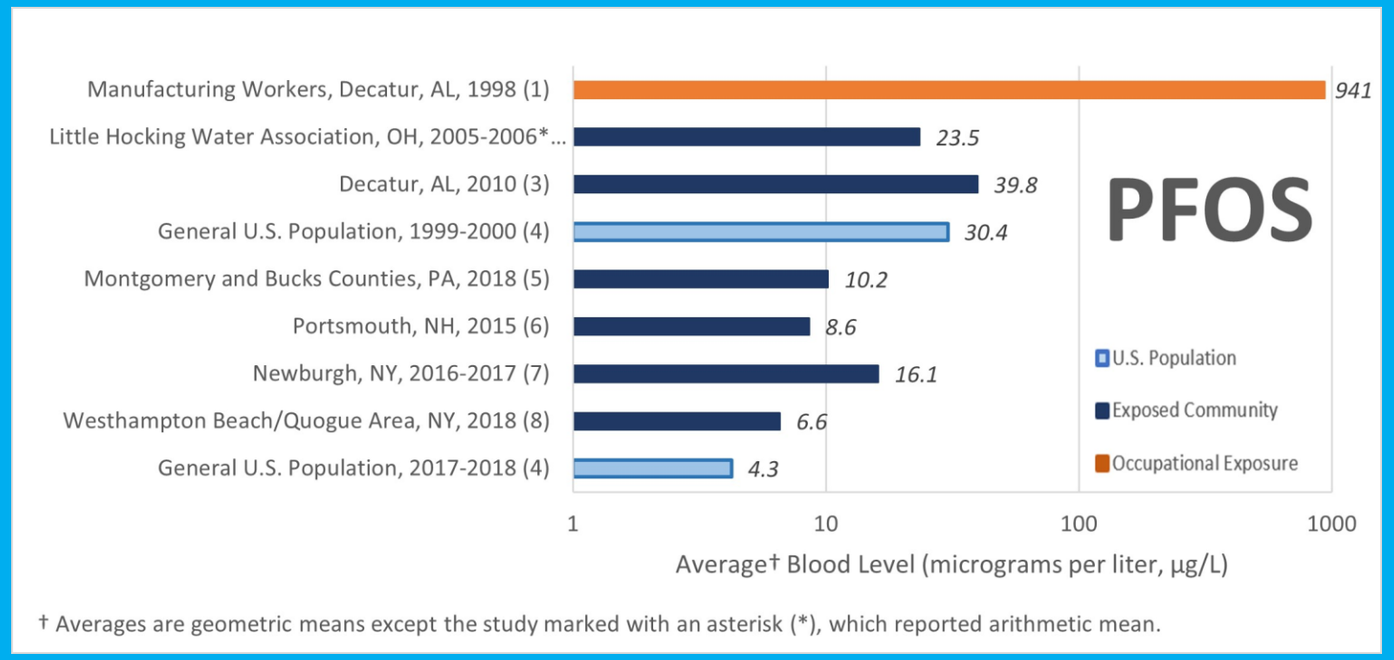


What are the Biological Impact of PFAS?

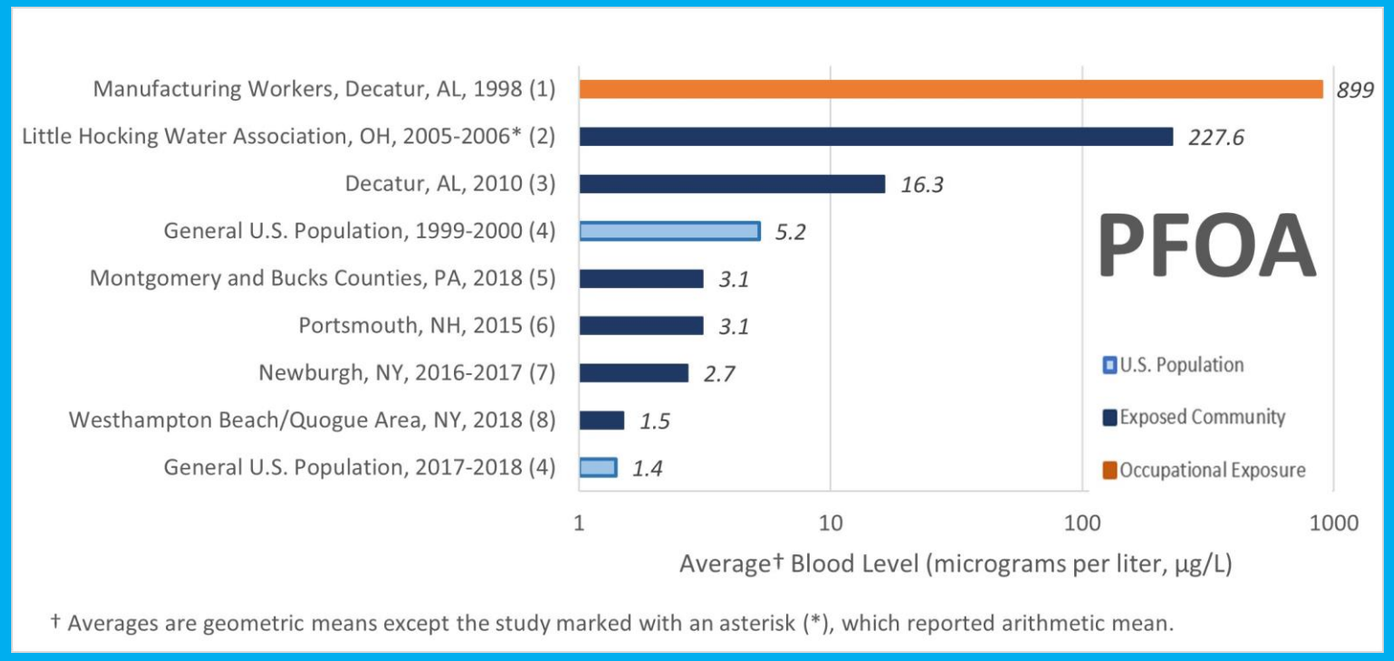
- According to the Centers for Disease Control and Prevention (CDC), **nearly all people in the U.S. have been exposed to PFAS**.
- PFAS blood levels are declining with reduced production and use.



Figures from Centers for Disease Control and Prevention. National Report on Human Exposure to Environmental Chemicals, Biomonitoring Data Tables for Environmental Chemicals. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.



† Averages are geometric means except the study marked with an asterisk (*), which reported arithmetic mean.



† Averages are geometric means except the study marked with an asterisk (*), which reported arithmetic mean.

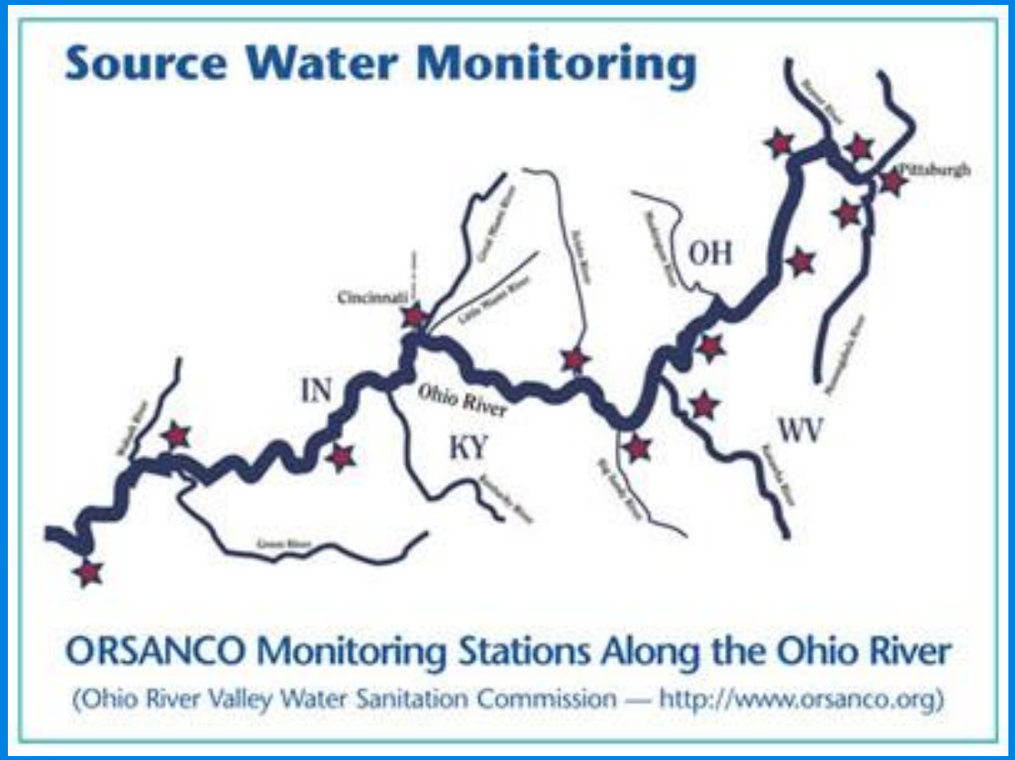
How are We Protecting Our Water?

Monitoring:

- GCWW tests water both before the water enters the treatment plant and after it is treated.
- GCWW participates in The Ohio River Valley Water Sanitation Commission (ORSANCO), which oversees 17 monitoring stations on the Ohio River that monitor for the most spilled contaminants, including PFAS, and volatile organic compounds.

Protecting:

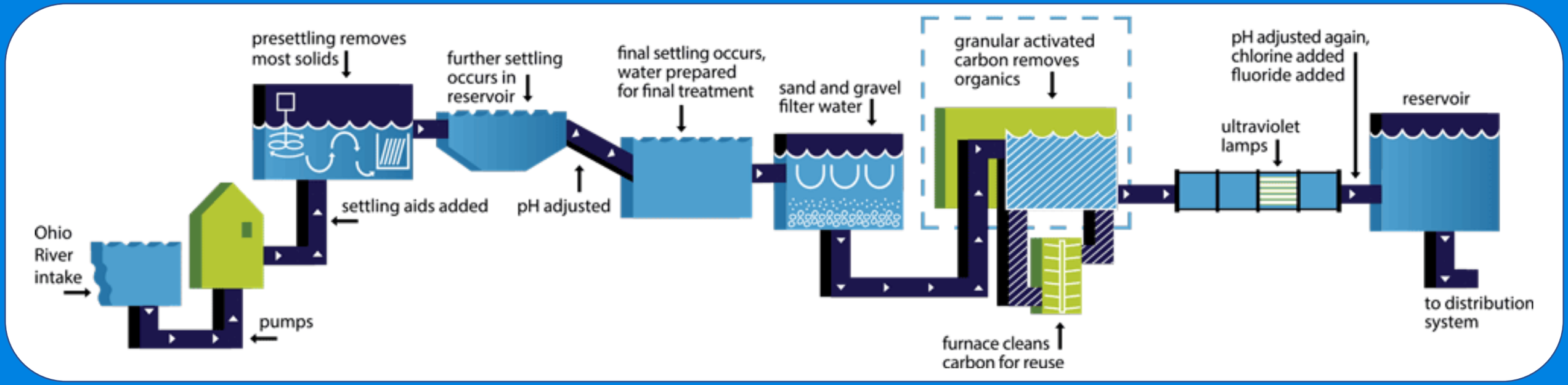
- The Ohio EPA regulates PFAS through wastewater discharge permits.
- US EPA is currently working on implementing stricter standards that will reduce the amount of PFAS runoff into our water sources.
- The US EPA enacted drinking water regulations for six common PFAS including PFOA and PFOS.
- GCWW conducts investigations to determine possible polluters of PFAS upstream.
- To further protect our drinking water, GCWW can close the Ohio River intake pump until a contaminant spill passes. Meanwhile stored and supplementary water is utilized.
- The GMBVA aquifer is protected by the Hamilton to New Baltimore Groundwater Consortium, which developed legislation that requires businesses to register their facilities with the Consortium.



What is Greater Cincinnati Water Works Doing?

Treating:

- Cincinnati has some of the highest quality water in the nation thanks to its state-of-the-art facilities.
- Most of Cincinnati's water is treated in the Richard Miller Treatment Plant, which filters the water through a Granulated Active Carbon (GAC) treatment system.
    - GAC has been recognized as the best available technology for removing the most common chemicals found in spills in the Ohio River including some PFAS. GAC is made from organic materials that are naturally high in carbon such as coconut shells and coal. These small particles are called Granulated Carbon (GC). GC particles are heated up, or "activated" to create microscopic fractures that increase their surface area. These tiny cracks allow water to pass through but catch chemical particles such as PFAS.

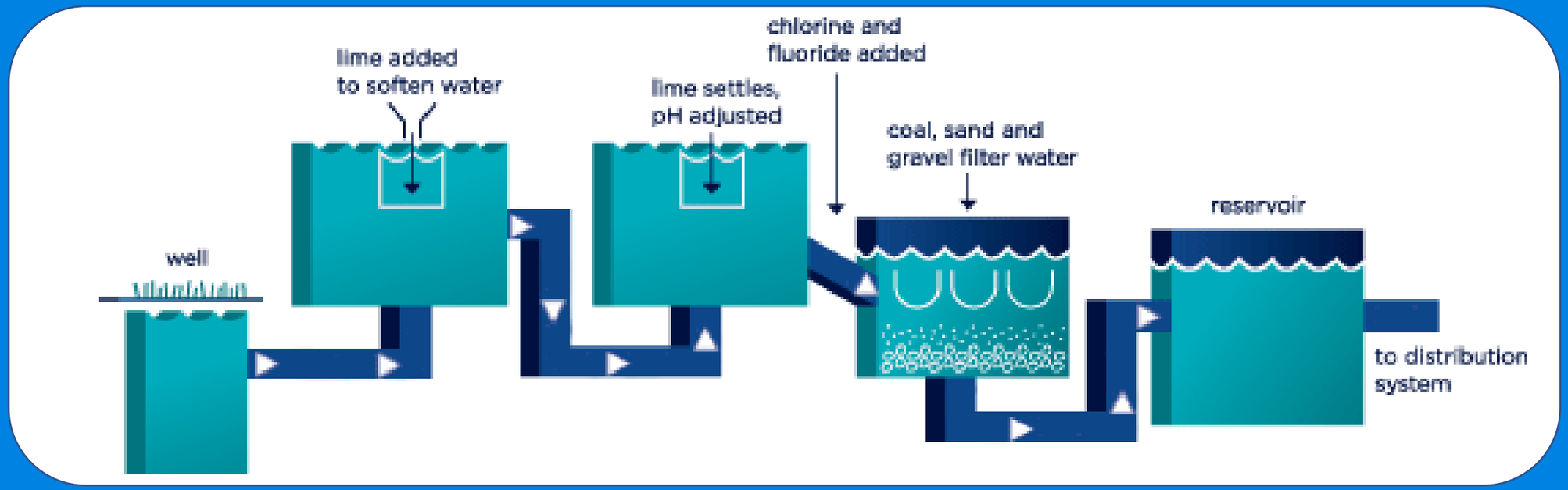


What is Greater Cincinnati Water Works Doing?

Treating:

- GCWW also uses source water from its Charles M. Bolton Wellfield on the Great Miami Aquifer (an aquifer is buried sand and gravel filled with water). It is located in the portion of the aquifer served by the Hamilton to New Baltimore Consortium, which has developed an award-winning source water protection program to protect the aquifer.

    - Monitoring from this smaller treatment plant has found some compounds which were note entirely removed by the treatment there. As a result, GCWW is both trying to identify the source of these compounds and is evaluating the treatment and other means to cost effectively address the threat of PFAS at that plant.



What Other Steps is Cincinnati Taking?

- CFD – Phasing out aqueous film form foam (AFFF) for fighting liquid fuel fires.

- GCWW – Drinking Water Supply Greater Cincinnati Water Works (GCWW) is required to monitor 29 PFAS compounds under the 2021 Unregulated Contaminant Monitoring Rule (UCMR).

- MSD – Wastewater Collection and Treatment MSD is collaborating with USEPA Office of Research and Development to evaluate how PFAS in influent coming to the treatment plant partitions between treated effluent and wastewater treatment solids. MSD also plans to participate in USEPA's Publicly owned Treatment Works (POTW) Influent Study, which will collect data on industrial discharges of PFAS-containing wastewater sent to POTWs for treatment. This information will allow USEPA to identify industrial sources of PFAS and assess the need for additional regulatory control measures.

- Procurement – Purchases of Goods and Services for the City require that all city departments, boards, and commissions specify environmentally preferable supplies, services, or construction when appropriate. Products that do not contain PFAS are considered environmentally preferred per City Municipal Code Section 321-22.

Questions?

city of CINCINNATI
HEALTH DEPARTMENT

DATE: January 21, 2025

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2025

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2025 – December

2024 December Highlights:

- Revenue as of the end of December was $29,690,315.70. Which is a 2.11% increase from December of 2023. Expenses as of December 2024 totaled $31,787,076.62 which is a 7.98% increase from December 2023. Total net gain after the capital revenue transfer was $90,239.08.

Year over Year:

- As of December, we had $90,700.69 in overtime compared to December of 2023's total of $85,406.60. Neither year had any disaster overtime as of the month of December.

- We received capital revenue transfer for FY25 in the amount of $2,187,000. In FY24 we received partial revenue transfer in December and the balance in February for a total of $1,227,000.00.

- 7100-Personnel increased by 14% (4.9 increase in prior month). This increase is due to COLAs for non-represented and AFSCME staff. 7500-Fringes saw a corresponding increase of 7.39% (3.13% in the prior month). The increase is also attributed to the month of December having 3 pay periods while FY24 only had 2 pay periods in December. Calendar Year 2024 also saw 27 pay periods. This only happens every 10 years.

- 7200- Contractual Services saw an increase of 3.98% (4.9% increase in prior month), and 7300- Materials & Supplies increased by 13.73% (28.83% increase in prior month). The increases are due to the timing of invoices paid. In FY25 we have paid Cardinal Health $779,936.96 as of December, yet in FY24 we paid Cardinal Health $576,425.76 as of December. We also expensed $250,000 to Community Learning Center Institute in FY25 that was not expensed in FY24.

- 7400-Fixed Costs decreased by 25.97% (27.82% decrease in prior month). The decrease is the timing of invoices paid. In FY25 we have paid Talbert Services $19,270.56 as of December, yet in FY24 we paid Talbert Services $462,644.35 as of December.

- 7600-Property decreased by 59.96% (44.13% increase in prior month).

Cincinnati Board of Health Financial Statement for the period of December

	FY25 Actual	FY24 Actual	Variance
Revenue			
8236-Pools/Spa	$1,642.50	$2,470.23	-33.51%
8237-Household Sewage System	$25,043.00	$21,924.00	14.23%
8239-Tatto/ Body, Environmental Waste License Fee	$5,275.00	$42,775.00	-87.67%
8241-Food Service (Mobile-Temporary)	$54,391.94	$85,645.00	-36.49%
8242-Vending Machine Licenses	$53.76	$88.34	-39.14%
8244-Food Establishments	$104,017.25	$6,781.00	1433.95%
8249-Food, NOC	$27,314.50	$32,870.25	-16.90%
8432-Vending Machine Proceeds	$0.00	$0.00	0.00%
8536-Grants\State	$486,406.25	$531,736.38	-8.52%
8556-Grants\Federal	$6,253,553.41	$4,341,264.33	44.05%
8563-Bd of Ed Svc (School Nurses Sal.)	$1,747,068.61	$1,674,392.66	4.34%
8564-Ham Co Service	$89,885.27	$126,423.84	-28.90%
8571-Specific Purpose\Private Org.	$153,097.86	$843,719.89	-81.85%
8617-Non-Department Fringe Benefit Reimbursement	$1,085.76	$529.71	104.97%
8618-Overhead Charges Indirect Costs	$61,340.00	$0.00	0.00%
8731-Birth & Death Certificates	$262,186.24	$258,463.84	1.44%
8732-Vital Stats - Other	$3,556.15	$2,186.93	62.61%
8733-Self-Pay Patient	$459,615.22	$456,075.22	0.78%
8734-Medicare	$2,663,184.15	$2,592,201.17	2.74%
8736-Medicaid	$2,810,571.63	$5,328,158.29	-47.25%
8737-Private Pay Insurance	$617,342.64	$616,923.18	0.07%
8738-Medicaid Managed Care	$3,376,659.19	$3,165,892.51	6.66%
8739-Misc. (Medical rec.\smoke free inv.)	$1,048,532.13	$613,168.21	71.00%
8784-Private Lot Litter & Weed	$0.00	$0.00	0.00%
8811-Unclaimed Remains	$0.00	$0.00	0.00%
8914-Bond/Note Proceeds	$0.00	$125,000.00	-100.00%
8917-Deferred Sewer Assessment Collections	$226.60	$342.49	-33.84%
8932-Prior Year Reimbursement	$185,076.65	$32,969.95	461.35%
% That is attributable from 416	$9,253,189.99	$8,174,323.77	13.20%
Total Revenue	$29,690,315.70	$29,076,326.19	2.11%
Expenses			
71-Personnel	$16,841,032.17	$14,773,155.62	14.00%
72-Contractual	$4,608,591.71	$4,432,333.91	3.98%
73-Material	$2,106,071.37	$1,851,894.10	13.73%
74-Fixed Cost	$1,214,200.65	$1,640,182.34	-25.97%
75-Fringes	$6,885,126.53	$6,411,182.30	7.39%
76-Property	$132,054.19	$329,778.93	-59.96%
Total Expenses	$31,787,076.62	$29,438,527.20	7.98%
Net Gain (Losses)	**($2,096,760.92)**	**($362,201.01)**	478.89%
8936-Transfer	**$2,187,000.00**	**$125,000.00**	
Total Available	**$90,239.08**	**($237,201.01)**	138.04%

Interdepartmental Correspondence Sheet

Date: 1/28/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for January 28, 2025 BOARD of HEALTH MEETING

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

MICHELLE BURCH	**PUBLIC HEALTH PEDIATRICIAN**	**CCPC**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$5,946.47 to $8,027.74	General Fund

A highly skilled and dedicated Medical Director and Pediatrician with over a decade of experience in both clinical and administrative roles. Currently serving as the Medical Director for Butler County General Health District, she leads a team of healthcare professionals in providing comprehensive public health services, including disease prevention, health promotion, and environmental protection. She offers expert medical guidance across various health initiatives, including infectious disease management, vaccinations, harm reduction, and maternal-child health.

GABRIELA GONZALEZ- CANTORAN	**PUBLIC HEALTH PEDIATRICIAN**	**CCPC**
(Resignation vacancy)		
Salary Bi-Weekly Range:	$5,946.47 to $8,027.74	General Fund

Dr. Gabriela Gonzalez-Cantoran is a dedicated resident physician at Cincinnati Children's Hospital Medical Center, with an expected residency completion in July 2025. She holds a Doctor of Medicine degree from the University of Illinois College of Medicine and a Bachelor's in Latino/a Studies from Northwestern University. Her commitment to diversity and social justice is evident through her leadership roles in organizations like the Latino Medical Student Association and her receipt of the Hector Perez Garcia, MD Social Justice Award. Dr. Gonzalez-Cantoran also brings valuable community engagement experience, having volunteered extensively in free clinics and mentorship programs, particularly supporting underserved and Spanish-speaking populations.

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

CARA HARRIS-CLARK **PUBLIC HEALTH NURSE 2** **CCPC**
(Transfer vacancy)
Salary Bi-Weekly Range: $2,374.81 to $3,206.05 Revenue Fund

Cara Harris, RN, brings over 10 years of comprehensive nursing experience, specializing in Women Reproductive Health and Wellness with the TriHealth Hospital System. Cara's OB/GYN experience has been based in inpatient and outpatient settings. She also serves as a team ambassador and training for new Registered Nurses working in Labor and Delivery. Cara is deeply committed to providing compassionate care to underserved patient populations, demonstrating her dedication to addressing healthcare inequities and improving outcomes for vulnerable communities.

KELSEY KUNATH **DIETITIAN** **WIC PROGRAM**
(Resignation vacancy)
Salary Bi-Weekly Range: $2,295.94 to $3,085.55 Grant Fund

Kelsey Kunath received her undergraduate degree from the University of North Dakota and her master's degree from the University of Cincinnati. She has experience working as Certified Nurse's Assistant and managing missionary groups on campus. During her internship program she had a rotation in a WIC office. She has an interest in community nutrition to assist with access to food and education to make an early impact on life.

BRANDY NOBLE **PUBLIC HEALTH NURSE 2** **CCPC**
(Resignation vacancy)
Salary Bi-Weekly Range: $2,374.81 to $3,206.05 Revenue Fund

Brandy Noble, RN, brings 12 years of comprehensive nursing experience, specializing in critical care, emergency department, and agency acute care staffing across diverse healthcare settings, including Mercy Hospital and the University of Cincinnati Medical Center. Currently pursuing a master's in education, Brandy is deeply committed to providing compassionate care to underserved patient populations, demonstrating her dedication to addressing healthcare inequities and improving outcomes for vulnerable communities.

LAKEYSHA POWERS **MEDICAL ASSISTANT** **CCPC**
(Other)
Salary Bi-Weekly Range: $2,052.24 to $2,167.95 Revenue Fund

Ms. Powers completed her training to become a medical assistant from The Christ College of Nurs-ing and Health Sciences in August of 2022. Since October 2022, Ms. Powers has worked at the University of Cincinnati Physician's office. Her duties include the following front and back-office tasks: scheduling, patient rooming, administering injections/vaccines, and completion of CLIA lab testing for patients. Ms. Powers has also worked briefly at TriHealth Rehabilitation Hospital in housekeeping.

Ms. Powers is a current patient of CCPC and feels that she wants to contribute to the excellent care she receives from CHD. She wants to continue to grow as a medical assistant in the School Based Health Center Program. Her varied skills and knowledge will benefit the school health program.

Cincinnati Health Department Quality Improvement Steering Committee End of Year Celebration

December 11th, 2024

Table of Contents

The Big Picture:
QI and Performance Management at CHD

- Quality Improvement is the tool we use to decrease variation in outcomes and improve results
- Performance management is how we evaluate our success in executing our mission and identify and prioritize areas of improvement

"The mission of the Health Department is 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"

The framework provides a way of looking at CHD that is not siloed by program

- Domains

- Activities

Hypertension Control (~~**Hirpa**~~)
*Hypertension Control-African American (**Courtney**)
*High-Risk Adults with Diabetes (**Gonzales**)
*Pharmacy Medication Therapy Management (**Miller**)
*Lead (**Saker**)
*Depression Remission (**Meyer**)
Colorectal Cancer (**Mehta**)
*Food Insecurity and Maternal Depression (**Haas**)

*Reduction of USPS mail complaints and returns (**Kinebrew**)

*Access to Preventative Oral Health (**Novais**)
*Flex Scheduling SBHC (**Sirbu**)
*Cycle Time SBHC (**Keefe**)

Lead Remediation Time (**Aparajit**)
*Lead Screening Reliability (**Amin**)
*Mold Complaints (**Uran**)
*Access to Home-Remediation for Asthma Patients (**Young**)
*Improve Process for "Daily" (**Hils**)
*Compliance with Chronic Care Bundle-Asthma (**Sirbu**)
*Cribs 4 Kids (**Harris**)
*Food License Renewal Process (**Sanders**)
*HH Complaints (**Williams**)

*Safety (Standardization of Reporting (**Vincent**)

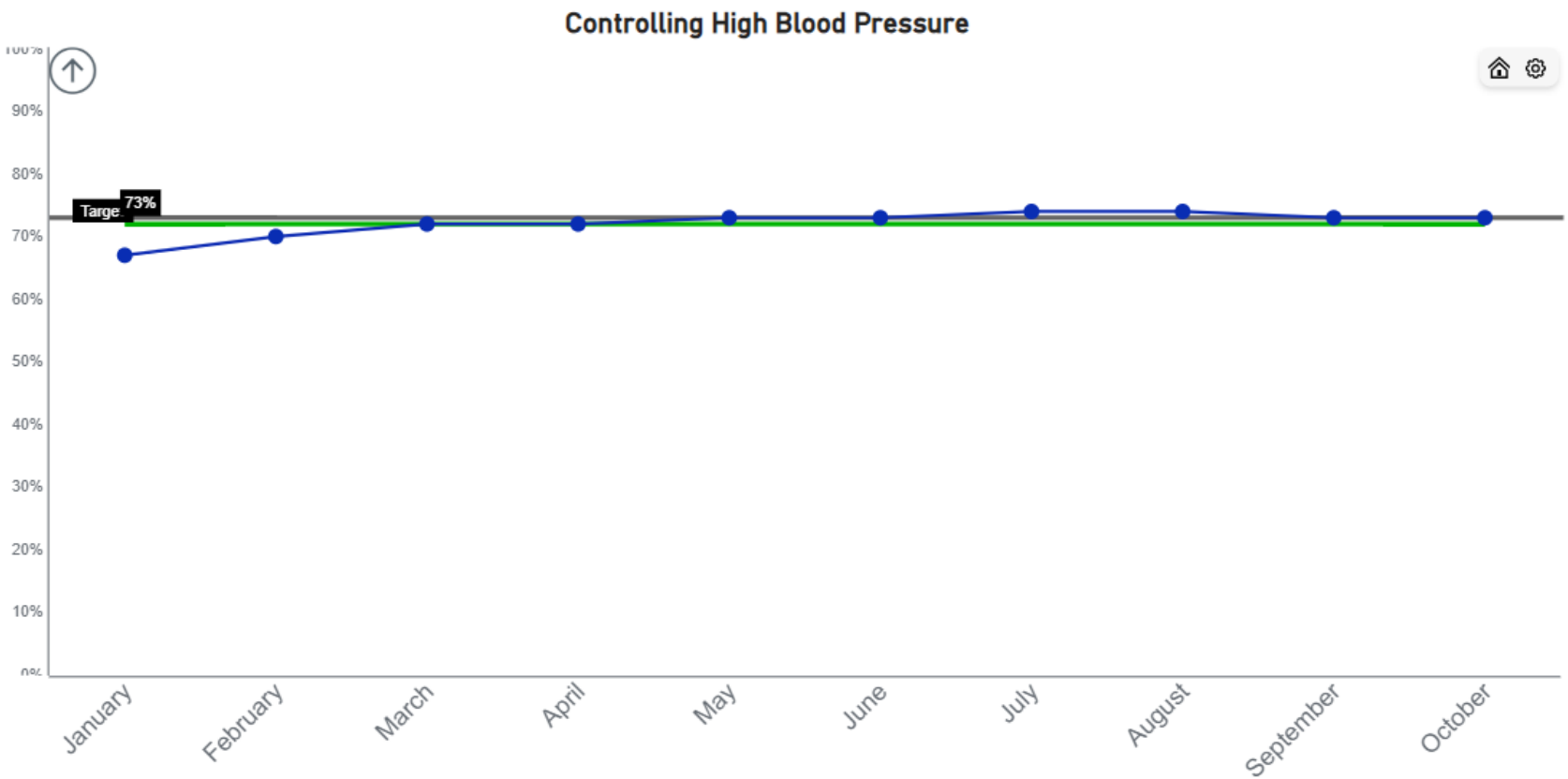
Measuring Performance: System level dashboard

- Coming soon: System Level Dashboard 2.0
- Each level of management will have critical measures displayed
- Quickly tell the story of how well we are doing

Operational Excellence
(Includes Flow)

UDS Measure Monthly 2024

- Adult BMI & Follow - Up
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- **Controlling High Blood Pressure**
- Dental Sealants Ages 6-9 Years...
- Depression Remission at 12 Mo...
- DM: A1c Poor Control (Reverse ...
- Early Entry Into Prenatal Care
- HIV Linkage to Care
- HIV Screening
- Ischemic Vascular Disease: Use ...
- Low Birth Weight
- Pediatric BMI & Counseling
- Screening for Clinical Depression
- Statin Therapy for the Preventio...
- Tobacco Use Screening



Operational Excellence (Includes Flow)

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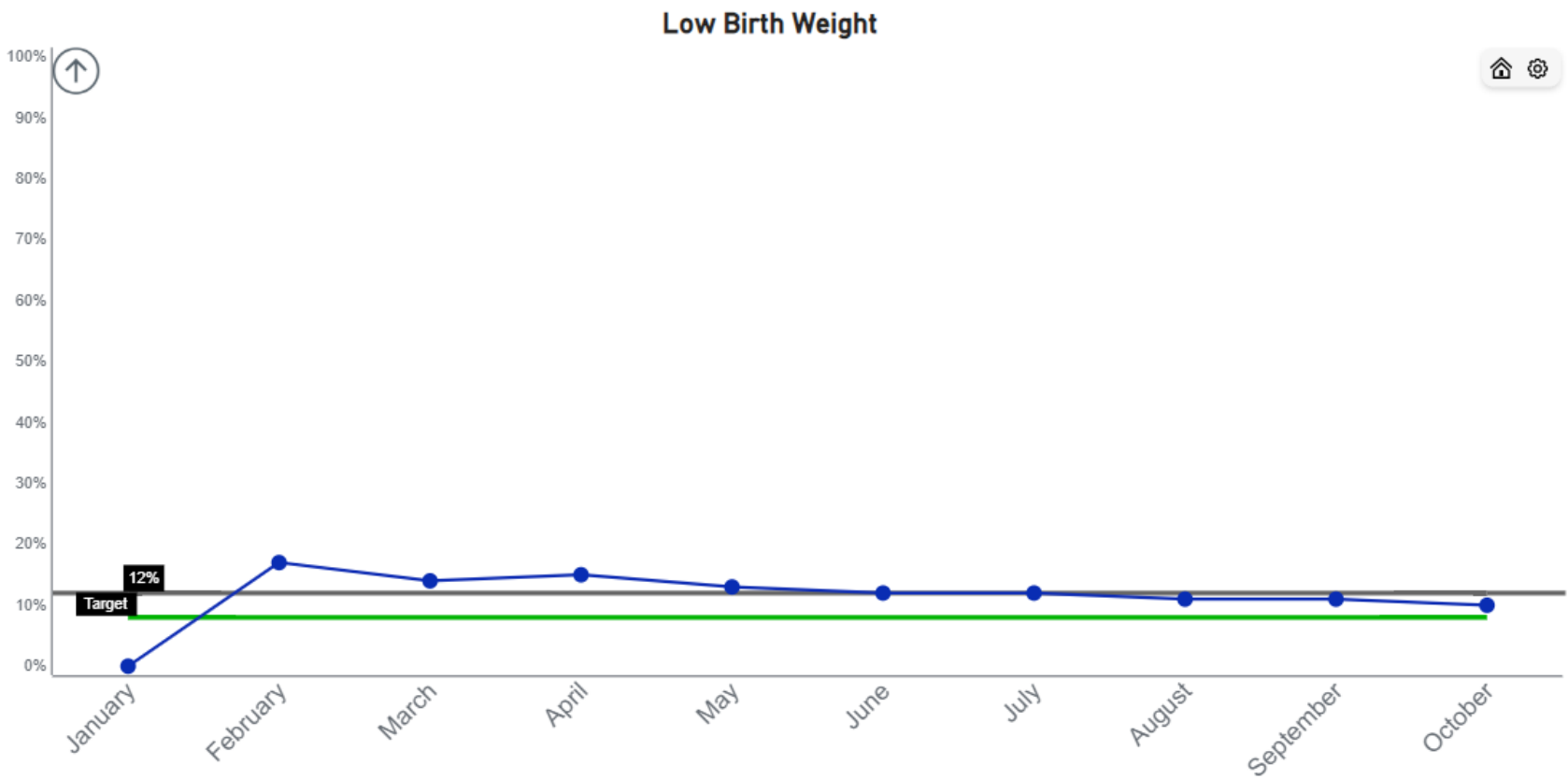


This fits into a city performance management framework

City Goal	City Objective	Services	Volume Measures	Performance Measures	Performance Goals	FY25 Performance Agreement Volume Measures
1 Public Safety and Health	1.4 Health-Protective	Environmental Health Services (Inspections)	# restaurant complaints	% of restaurant complaint CSRs are closed within 90 days	80% of restaurant complaint CSRs closed timely within 90 days	# of providers
			# mold complaints	% of mold CSRs closed within 90 days	80% of mold CSRs closed timely within 90 days	# of lead referrals for elevated blood lead levels
5 Excellent & Equitable Service Delivery	5.6 Auxillary Support	Support Services (eg HR, Finance, Public Relations, IT, Epidemiology, Facility Management)	# of IT ServiceNow requests	% of All incident and catalog task tickets to be completed withing 10 business days.	80% of All incident and catalog task tickets to be completed withing 10 business days.	# of Universal Data System measures
1 Public Safety and Health	1.4 Health-Protective	Healthcare Delivery (Primary Care, Womens Health, Dental, etc, Title X reproductive Health)	# of patients seen	% of providers with 3rd next available appointment within desired range	50% of providers with 3rd next available appointment within desired range	# of tobacco retailers
				% of UDS measures meeting goal	75% of quality performance measures meeting goal	# of customer service requests entered (Environmental Health Services)
1 Public Safety and Health	1.4 Health-Protective	Communicable Disease Surveillance and Prevention	# of reportable diseases reported	% of outbreak reports uploaded within 30 days of outbreak being resolved (2 incubation periods)	90% of outbreak reports uploaded within 30 days of outbreak being resolved (2 incubation periods)	
1 Public Safety and Health	1.4 Health-Protective	Health Education and Promotion (Cribs for Kids, Tobacco 21)	# of tobacco licenses	% of inspections completed each quarter	25% of TRL inspections completed each quarter	
				% of tobacco retailers will pass standards for not selling to underage buyers within the previous year	90% of tobacco retailers will pass standards for not selling to underage buyers within the previous year	
			# of cribs distributed	% of cribs distributed to eligible clients	meet at least 90% of demand for cribs to eligible clients	
5 Excellent & Equitable Service Delivery	5.2 Customer Experience	Vital Statistics (Birth and Death registries and certificates)	# of birth and death certificates issued	% of birth certificates issued for web orders within 5 days	80% of birth certificates issued by web orders are issued within 5 business days	
1 Public Safety and Health	1.4 Health-Protective	Maternal and Child Health (CMH, Community Health Worker visits, school nursing and Supplemental Nutrition for Women Infants Children)	# of CHW visits	% of newly enrolled prenatal clients receiving a face to face visit within 30 days	75% of newly enrolled prenatal clients will receive a face to face within 30 days (Community Health Worker)	
			# of school nurse encounters			
			# of WIC visits			
			# of WIC participants			
1 Public Safety and Health	1.3 Emergency Readiness	Emergency Preparedness & Safety	# of emergency prep safety audits	% of surveys conducted for all facilities each quarter	50% of facilities will have one survey conducted each quarter	
			# of safety drills (i.e. severe weather/ fire)	% of facilities conduct safety drills quarterly	25% of facilities conduct safety drills quarterly	
1 Public Safety and Health	1.4 Health-Protective	Lead Prevention Program	# lead referrals for elevated BLL	% of lead orders on lead cases	90% of lead risk assessments have first contact with occupant made within 3 business days	
			# of units remediated or mitigated	% of lead referrals with risk assessments scheduled within 15 business days	75% of lead referrals have a lead risk assessment scheduled within 15 business days	
			# case management referrrals from ODH (3.5 ug/dL and above	% of Elevated Blood Lead cases have declined below original EBL level	80% of cases referred for case management observe decline in Blood Lead Level within 4 month	

CHD QI Celebration, 2024

- Thank you, to all of our project leaders and participants in our QI process! You are directly helping us achieve our mission.

1. Aaron Vincent

city of
CINCINNATI
HEALTH DEPARTMENT

Safety incident Reporting

How does this work support Public Health in Cincinnati?

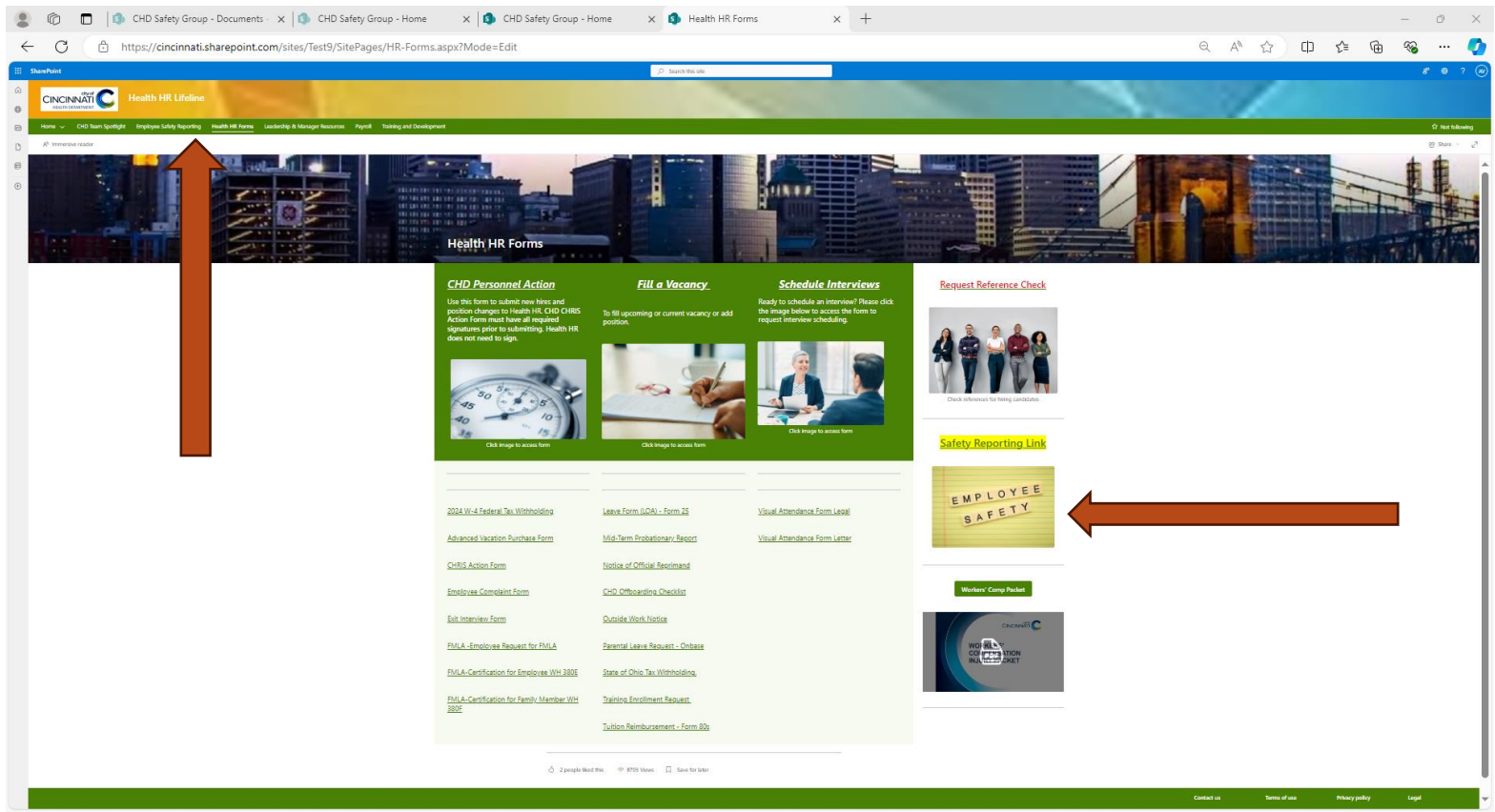
An easy-to-use online safety incident reporting tool for the timely reporting of Incidents, near Miss, Injuries, or Auto Accidents

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

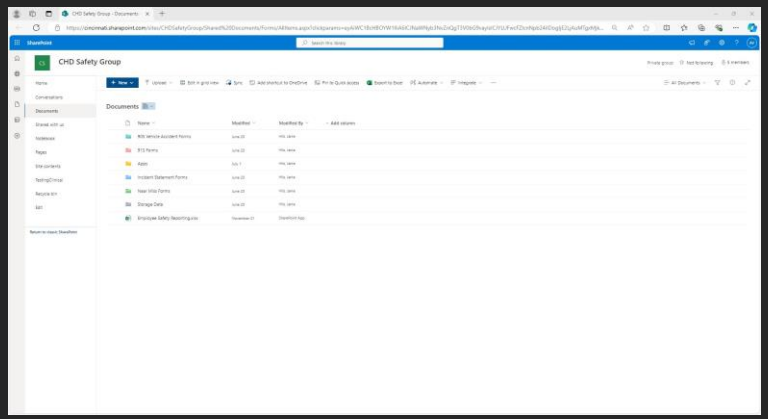
Landing Page/ Access for Users

Employee Safety Reporting



CHD Quality Steering Committee End of Year Celebration

December 11, 2024



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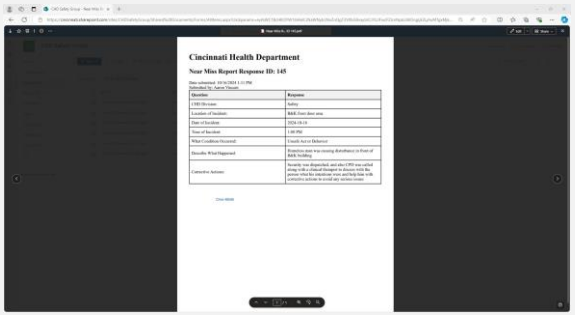
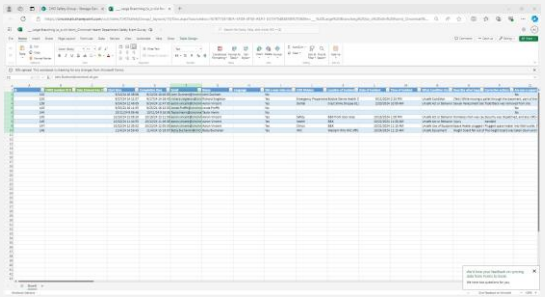
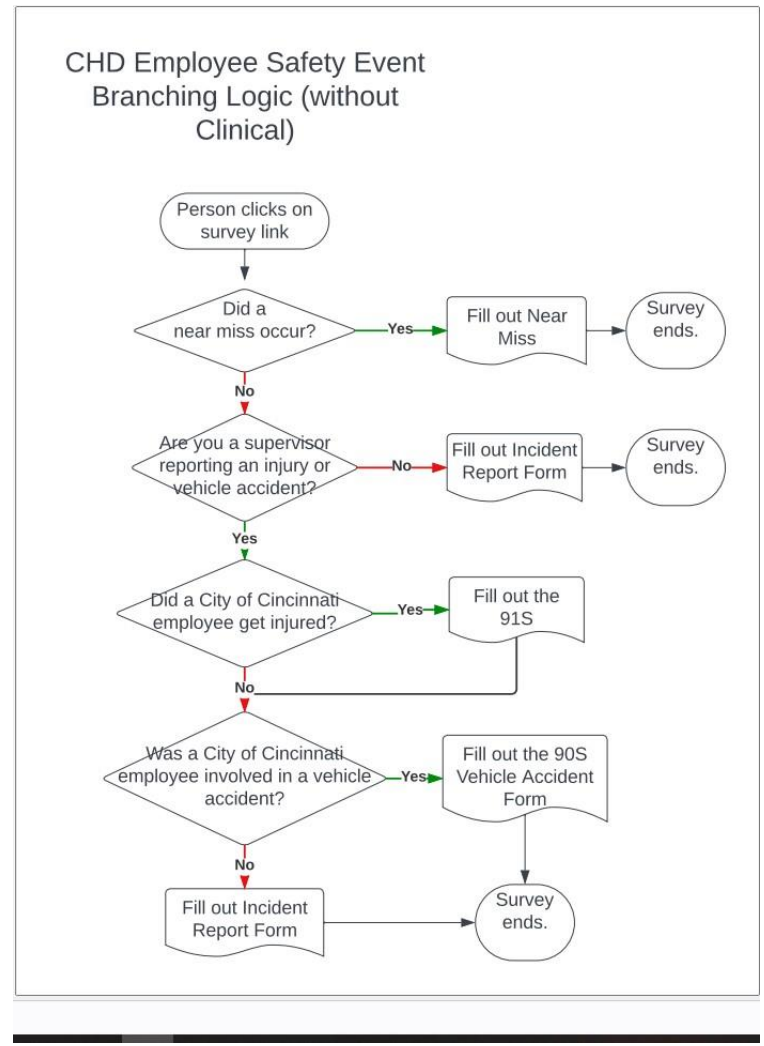




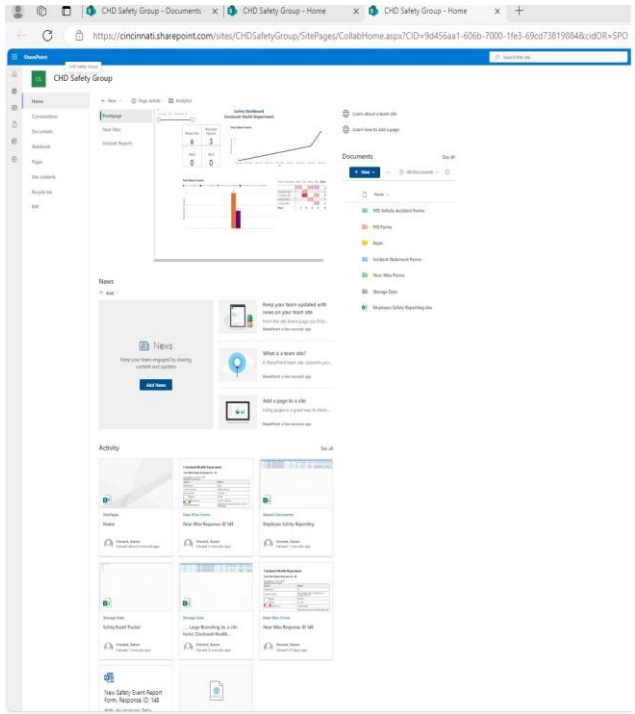
- Easy to use and understand filing system
- Record keeping completed
- Easy to print hard copy reports

Branch Logic



Tools Created

[CHD Safety Group – Home]



-Automatic filing System broken down but categories
-Easy to use at a glance Dash
-Communication and teamwork
-Understanding the importance of incident reporting moving forward.

KEY SUCCESSES AND CHALLENGES

Key Successes

- Incidents reported on time to Safety
- Easy to use
- Responsive
- Automatic filing
- Easy to read Dashboard

Challenges

- Logic network with Forms
- Power BI automation
- Keep Moving Forward over 2 year period
- Halfway through taking a step back to move forward

KEY NEXT STEPS

- Training for Supervisors and users
- Full Integration
- 2025 Start on Clinical Reporting

TEAM

- Team Leader: Aaron Vincent
- Team Members: Janie Hils, Andrew Lovell, John Dunham
  - Sonya Williams, Angela Mullins, Maryse Amin,
  - Michelle Daniels, John Vincent

Questions?????

2. Ashanti Salter

city of
CINCINNATI
HEALTH DEPARTMENT

Building a Better Connection: Streamlining CHD's Phone System for Improved Service Delivery

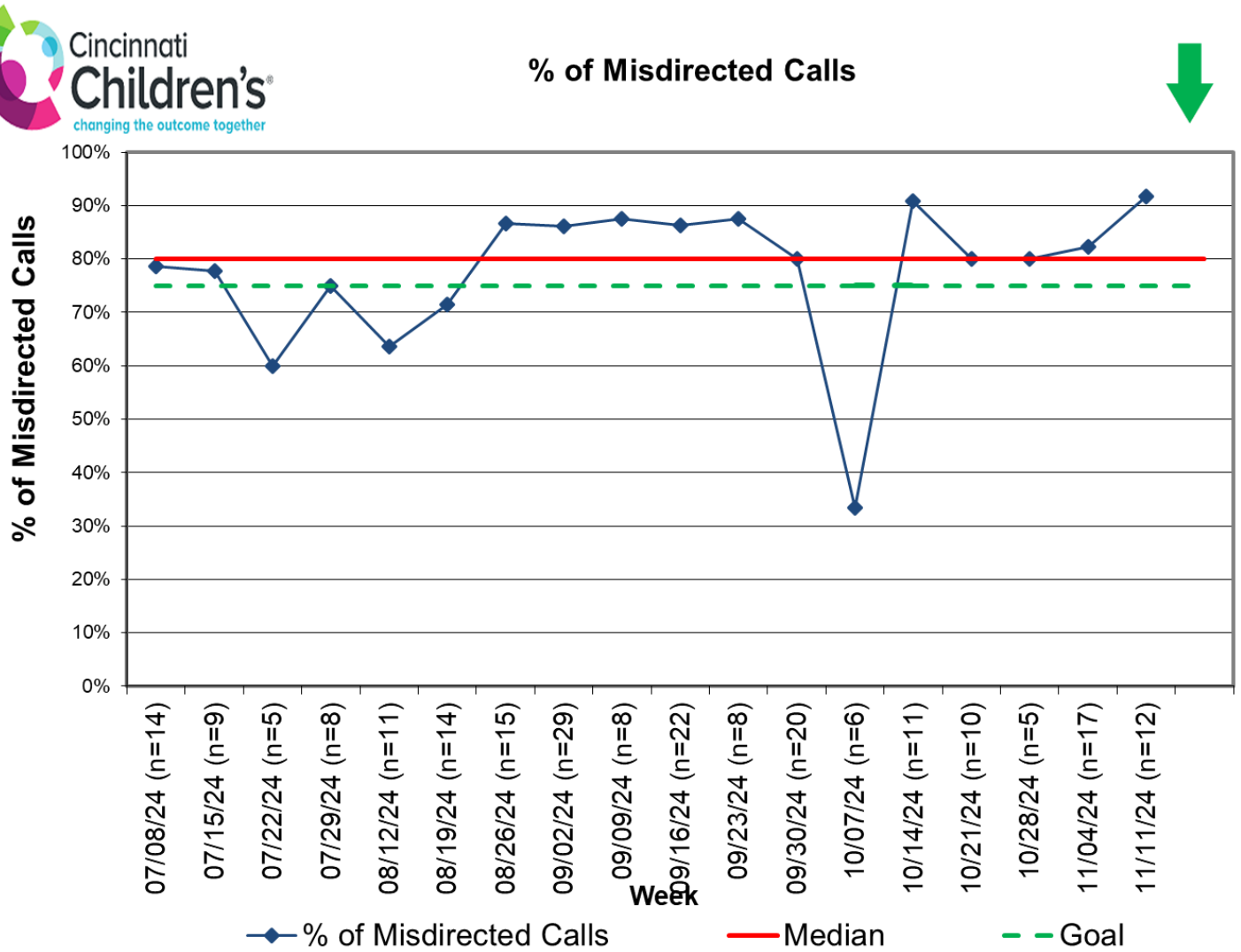
How does this work support Public Health in Cincinnati?

A streamlined phone system directly strengthens Cincinnati's public health by improving access to care through reduced wait times and efficient connections to services. Enhanced communication ensures residents receive critical information about programs and resources.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run/Control Chart



KEY SUCCESSES AND CHALLENGES

Key Successes

- Collaborating with the team to analyze their current call handling procedures.
- Developing and implementing targeted interventions to address identified challenges and optimize the call handling process.

Challenges

- Lack of call source identification within the phone tree system.
- Manually entering the data may not reflect other issues that may impact the variations of the data
- Lack of clear ownership and communication regarding the call routing system's maintenance and updates.

KEY NEXT STEPS

- ❑ Conceptualize intervention test
- ❑ Meet with team members

TEAM

- ❑ Team Leader: Ashanti Salter
- ❑ Team Members: Brian Gearing (IT), Tunu Kinebrew, Dr. Grant Mussman, & Antonio Young

3. Malina Harris

city of
CINCINNATI
HEALTH DEPARTMENT

Cribs For Kids

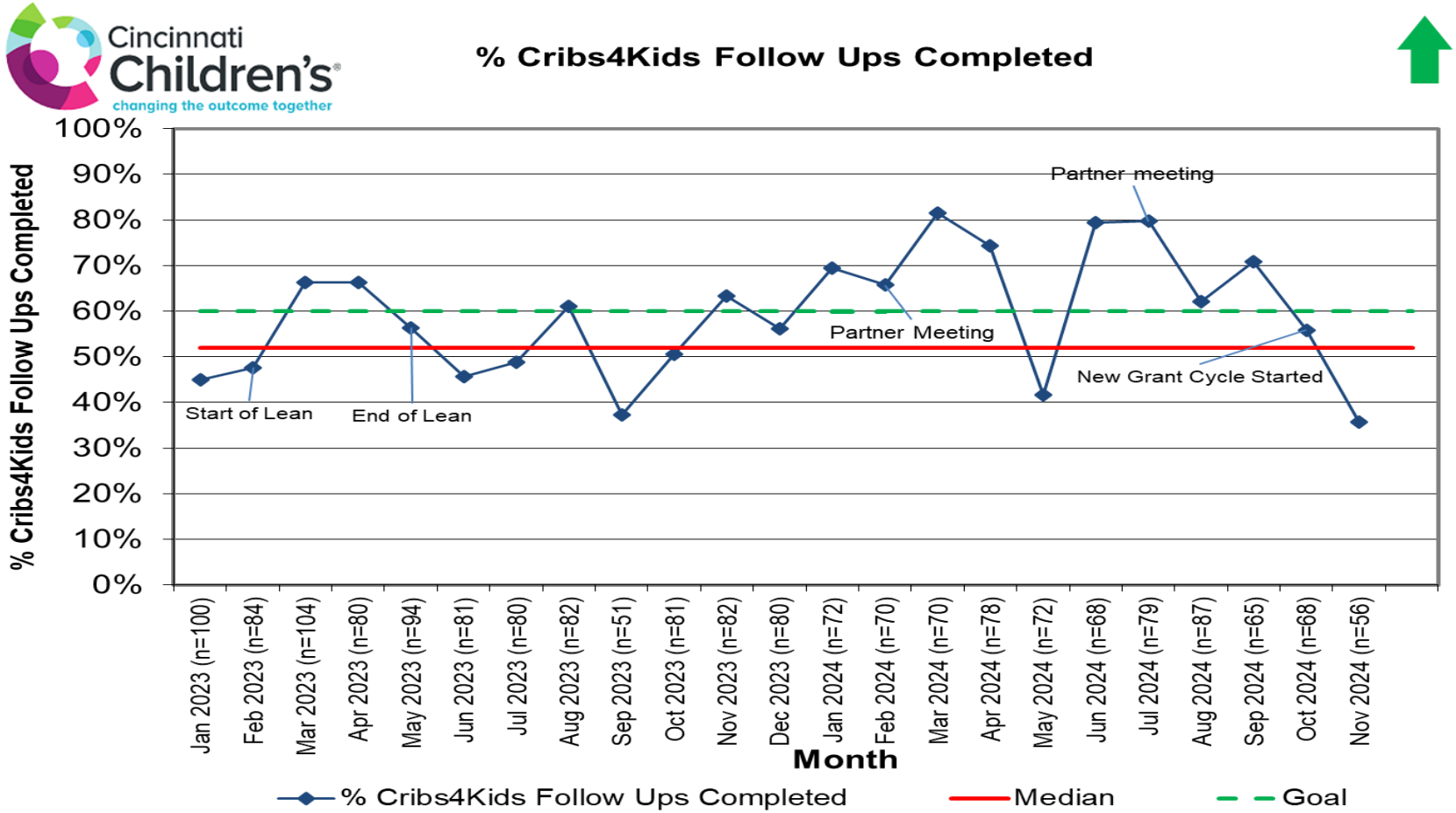
How does this work support Public Health in Cincinnati?

Decreasing the infant mortality rate in Hamilton County

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run/Control Chart



CHD Quality Steering Committee End of Year Celebration

December 11, 2024

KEY SUCCESSES AND CHALLENGES

Key Successes

- Increased number of follow up submissions
- Improvement of workflow
- Standardizing process in reporting such as:
  - Identifying agency names in REDCap
  - Creation of SOP & Protocol

Challenges

- Streamlining communication between 20+ partnering agencies
- Removing assumed knowledge
- Reducing waste by using learned processes and methods from LEAN Collaborative

KEY NEXT STEPS

- ❑ Identify pathways for additional support of the Infant Vitality Program
- ❑ Strengthen current partnerships and develop new ones
- ❑ Quarterly Newsletters
- ❑ Quarterly Development Trainings

TEAM

- ❑ Team Leader: Tiffany White
- ❑ Team Members: Malina Harris, Eric Washington, Jasmine Robinson, William Scott Dean

city of CINCINNATI

4. Janie Hils

city of
CINCINNATI
HEALTH DEPARTMENT

Optimizing the Dailies Process in the Childhood Lead Poisoning Prevention Program (CLPPP)

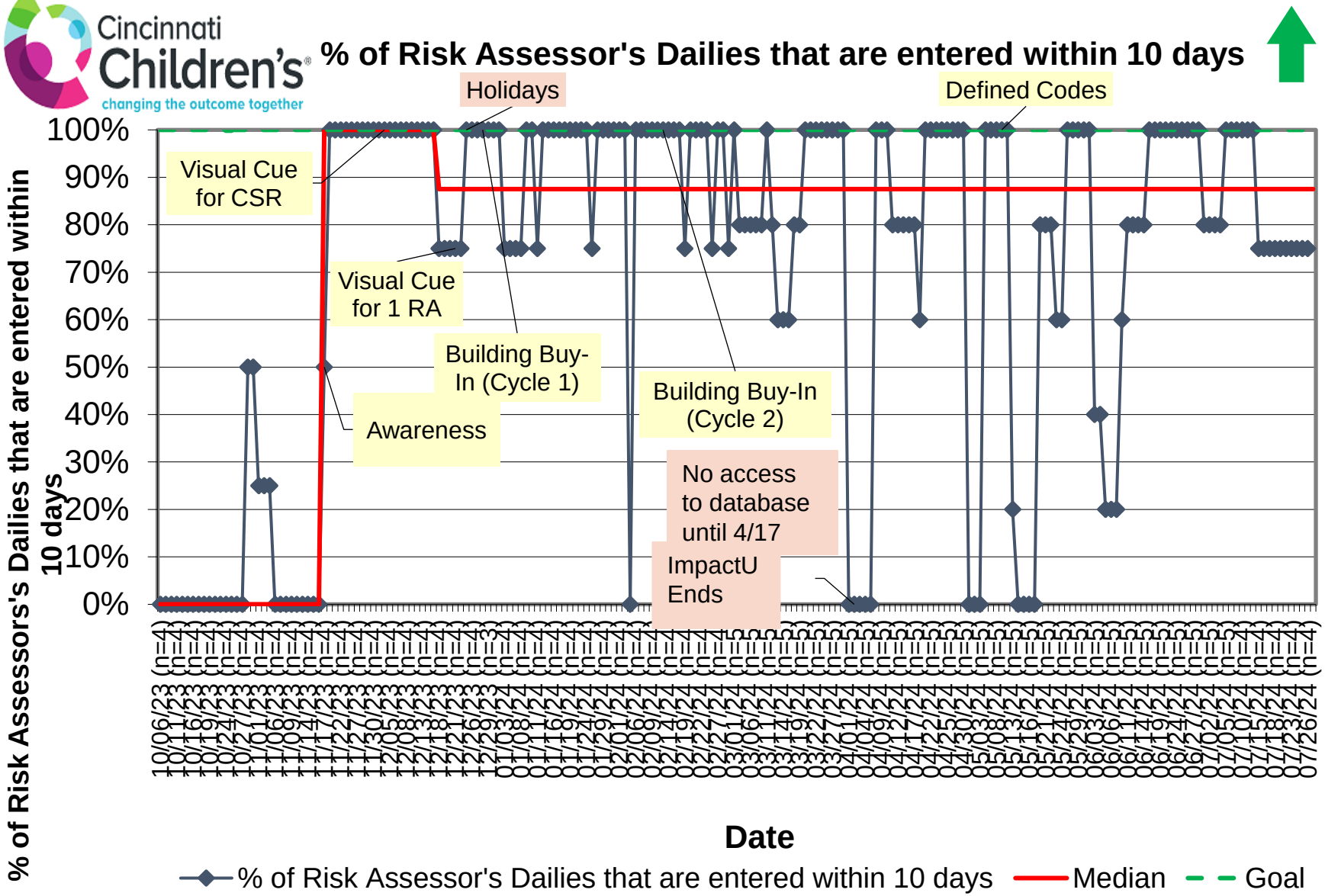
How does this work support Public Health in Cincinnati?

It will provide the lead risk assessors with more time to focus on providing lead risk assessments, leading to a healthier Cincinnati population, as well as allow the Customer Relations Representative to work less on manual entry.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

% of Risk Assessor's Dailies that are entered within 10 days



KEY SUCCESSES AND CHALLENGES

Key Successes

- Has improved
- Though not shown here, variation between risk assessors decreased.

Challenges

- Finding time and justifying focus

KEY NEXT STEPS

- ❑ Stay up-to-date with data
- ❑ Continue to improve or move to sustain? Spread package?
- ❑ Work on another project that has the same global aim.
- ❑ Encourage and focus team

TEAM

- ❑ Team Leader: Janie Hils
- ❑ Team Members: Haley Tobler, Sandi Spears, CLPPP, Mindy Corcoran, Dr. Maryse Amin

5. Denise Saker

city of
CINCINNATI
HEALTH DEPARTMENT

Increasing Lead Screening

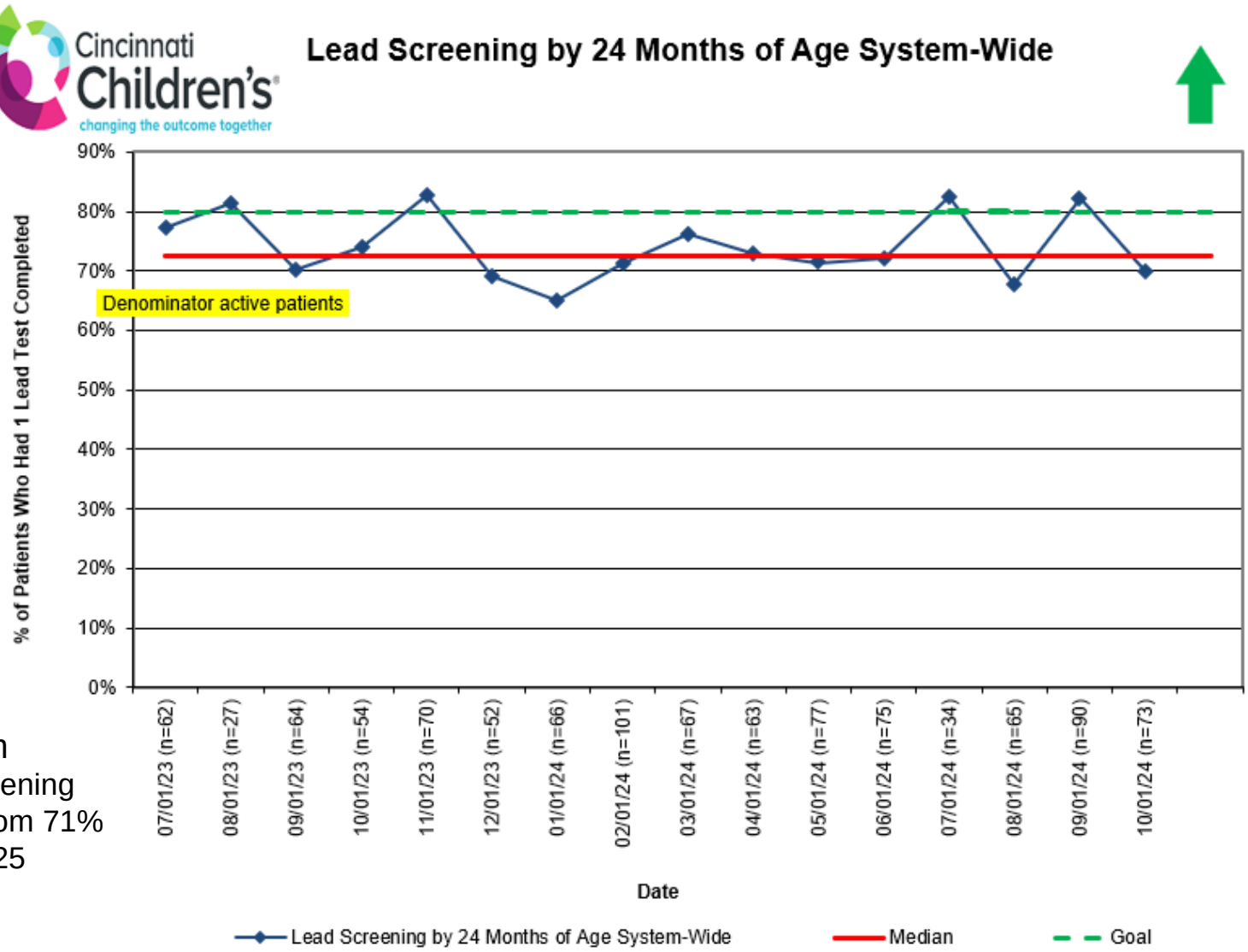
How does this work support Public Health in Cincinnati?

Lead poisoning continues to be common in Cincinnati's young children. Because lead poisoning can have few or no symptoms, universal screening is the best way to identify the problem and remediate the environmental sources.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run Chart



Smart Aim

Increase lead screening in CHD patients from 71% to 80% by July 2025

KEY SUCCESSES AND CHALLENGES

Key Successes

- Current state analysis has been informative
- Failure modes identified
- Data reporting is automated and accurate

Challenges

- Permutations in the system are occurring in real time
- Beginning interventions system-wide will be challenging
- Communication and feedback between providers and staff will need to be consistent

KEY NEXT STEPS

- ❑ Meet with each site's pediatrics teams to discuss
- ❑ Create PDSA charts
- ❑ Get started!

TEAM

- ❑ Team Leader: Denise Saker, MD, MPH
- ❑ Team Members: Charice Johnson, RN; Joseph White, MPH; Maryse Amin, PhD; Ngozi Ndekwu, MBBS, MHA, (QI coach); health center pediatric providers and staff

6. Yury Gonzales

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CHD Diabetes Mellitus Quality Improvement Initiative

How does this work support Public Health in Cincinnati?

- *Improving diabetes care and diabetes related complications*
- *Reducing racial disparities in the care of diabetic patients*

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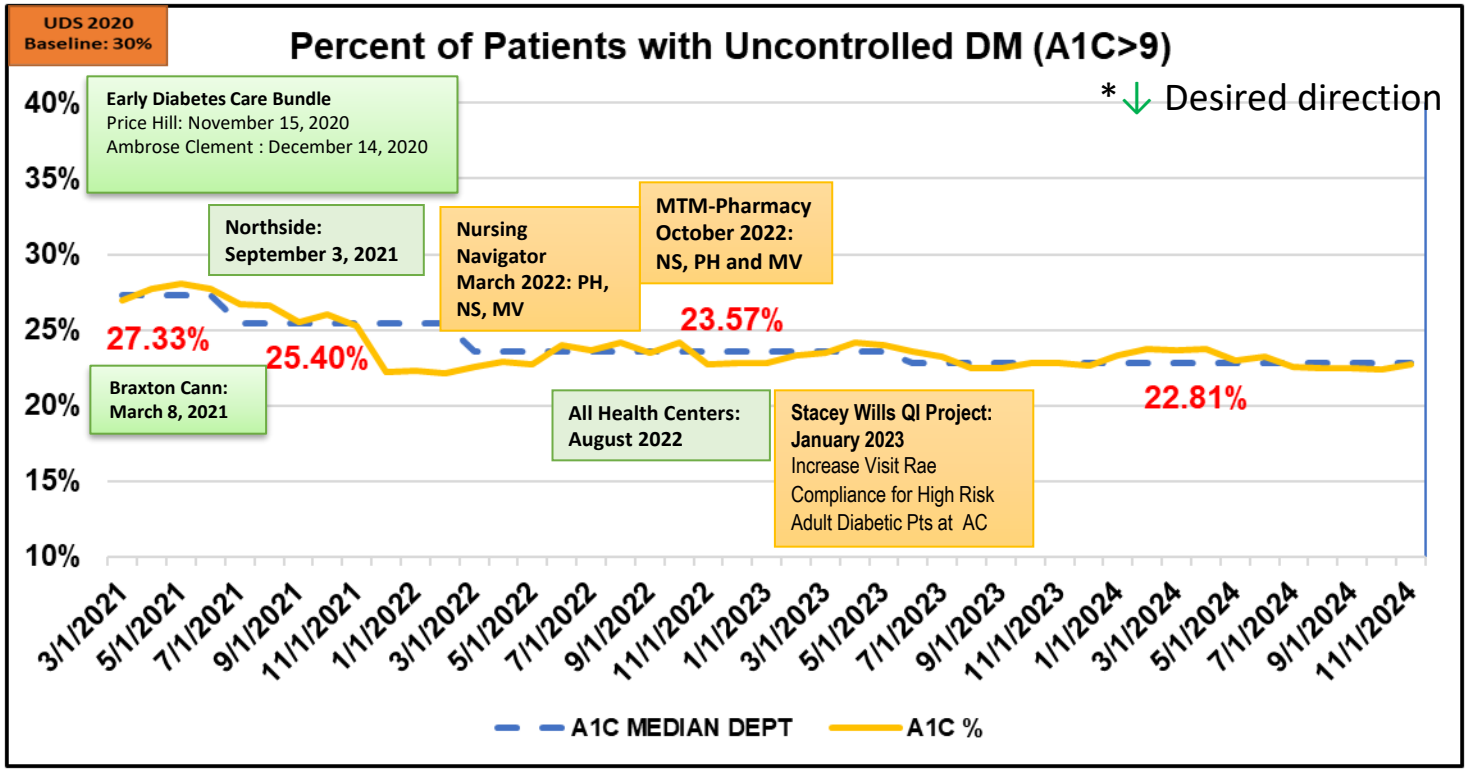
December 11, 2024

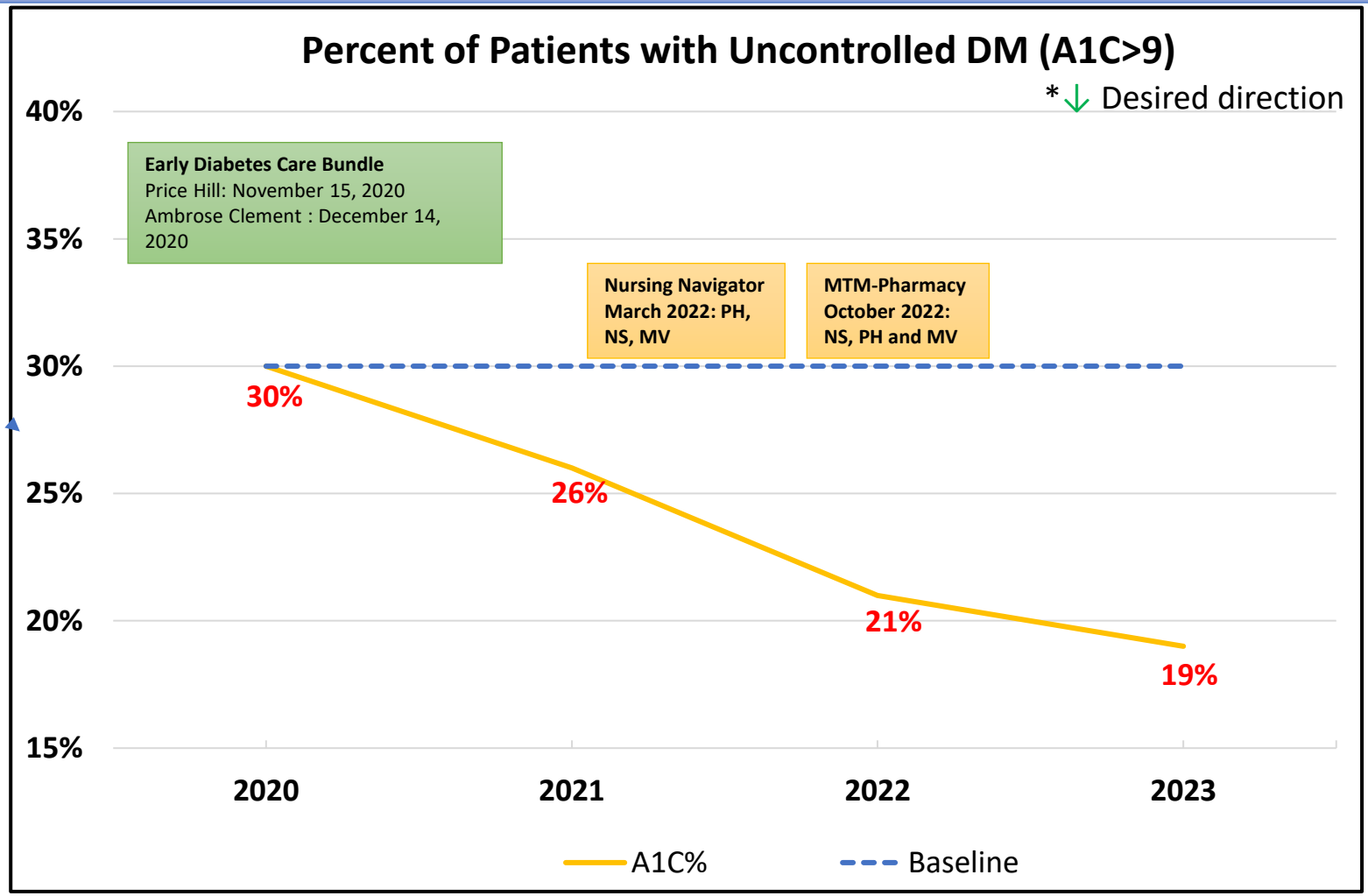
System Level – All Health Centers, All Races, All Genders



Date	A1C MEDIAN DEPT	A1C %
3/1/2021	27.33%	26.97%
5/1/2021	27.33%	28.07%
7/1/2021	25.40%	26.73%
9/1/2021	25.40%	25.51%
11/1/2021	25.40%	25.29%
1/1/2022	25.40%	22.30%
3/1/2022	23.57%	22.51%
5/1/2022	23.57%	22.69%
7/1/2022	23.57%	23.66%
9/1/2022	23.57%	23.52%
11/1/2022	23.57%	22.76%
1/1/2023	23.57%	22.79%
3/1/2023	23.57%	23.45%
5/1/2023	23.57%	23.96%
7/1/2023	22.81%	23.22%
9/1/2023	22.81%	22.47%
11/1/2023	22.81%	22.79%
1/1/2024	22.81%	23.31%
3/1/2024	22.81%	23.63%
5/1/2024	22.81%	23.01%
7/1/2024	22.81%	22.53%
9/1/2024	22.81%	22.43%
11/1/2024	22.81%	22.71%

CCPC SYSTEM LEVEL UDS PERFORMANCE																
Optimal Direction	2020	2021	2022	2023	CCPC Goal	Jan. 2024	Feb. 2024	Mar. 2024	Apr. 2024	May 2024	June 2024	July 2024	Aug. 2024	Sept. 2024	Oct. 2024	Nov. 2024
↓	30%	26%	21%	19%	22%	20%	20%	20%	20%	19%	20%	20%	19%	19%	19%	19%

CCPC System Level Performance 2020-2024



System Transformation Approach: DM Control Across All CHD Clinics with Population Level Data

CCPC SYSTEM LEVEL UDS PERFORMANCE					
Optimal Direction	2020	2021	2022	2023	2024 (Nov.)
↓	30%	26%	21%	19%	19%

- Improved UDS Diabetes Mellitus Control system wide from 30% to 19% in 4-year period.

KEY SUCCESSES AND CHALLENGES

Key Successes

- Sustaining the system level improvement of outcome measure: A1C >/=9%
- Closing the gap on race at the system level
- Successful implementation of Diabetes Care Bundle
- Collaboration with Nursing Navigator program
- Collaboration with pharmacy MTM program
- Engagement of providers, patients and support staff

Challenges

- How to engage patients who are not taking the medications or keeping appointments
- Activated providers leaving the organization or transferring to school health
- Training new providers

KEY NEXT STEPS

- ❑ Expand the Nursing Navigator program to other health centers.
- ❑ Expand Pharmacy-led Medication Therapy Management (MTM) to other health centers.
- ❑ Increase the use of CGM and try to get a grant for the un-insured patients.
- ❑ Coach new provider(s) and continue to engage current providers
- ❑ Outreach and create access for patients who have not been seen within 6 months.
- ❑ Engage Nursing managers to support and monitor the compliance of this QI initiative

TEAM

- ❑ Team Leader: Yury R. Gonzales, MD, FACP
- ❑ Team Members: David Miller, Pharm D
  Tanara Ellis, Pharm D
  Eva Miller, RN
  Janie Hils, MPH
  Stephanie Courtney, DrPH

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Cincinnati Health Department Blood Pressure Control Initiative

How does this work support Public Health in Cincinnati?

Improving rates of hypertension control among CCPC patients reduces our patients' risk for heart disease and stroke, two leading causes of death for Americans.

CHD Quality Steering Committee End of Year Celebration

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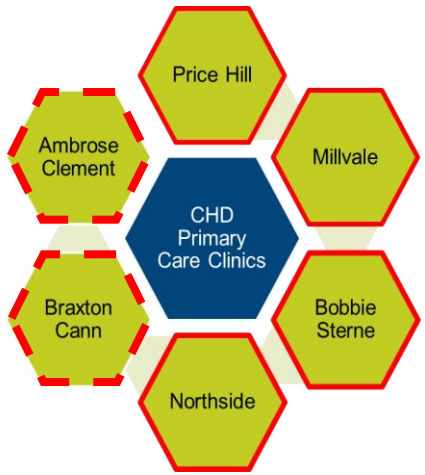
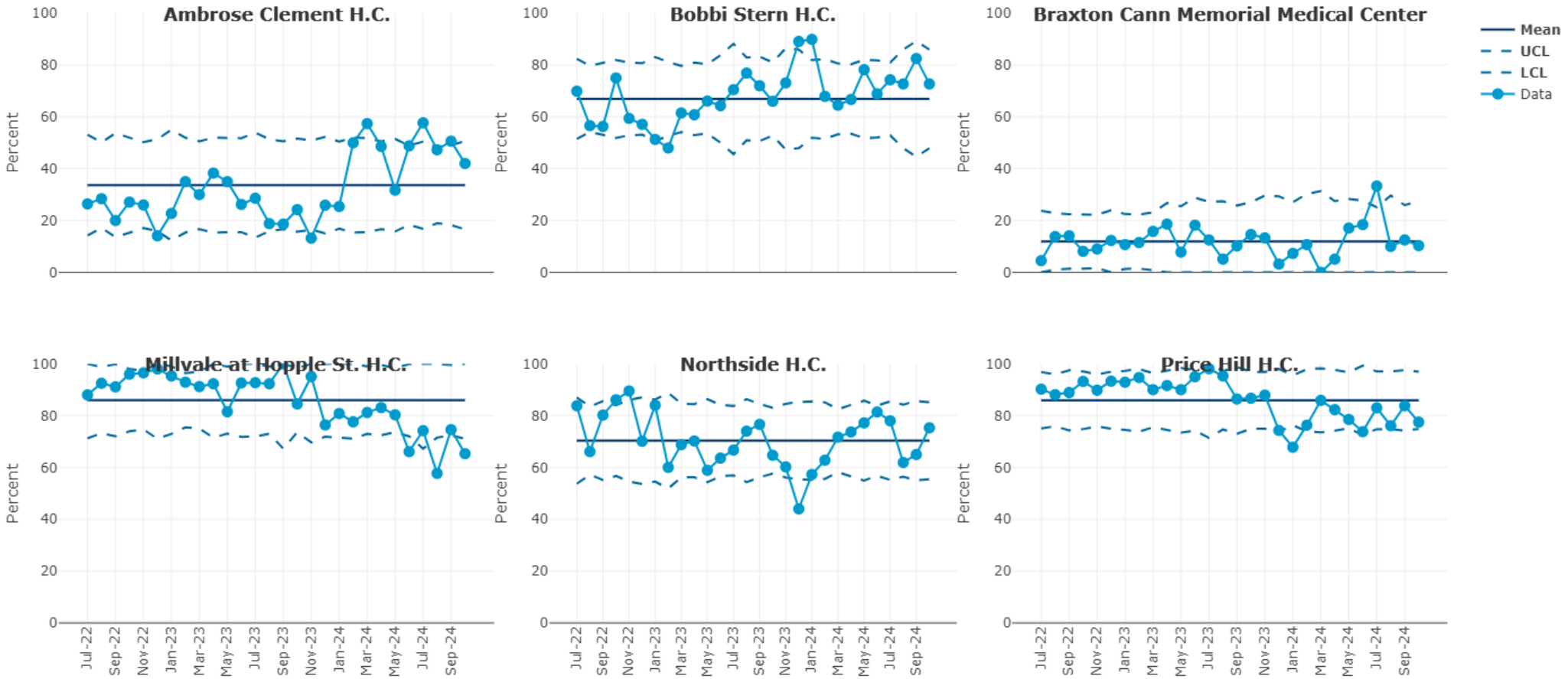
Change Package

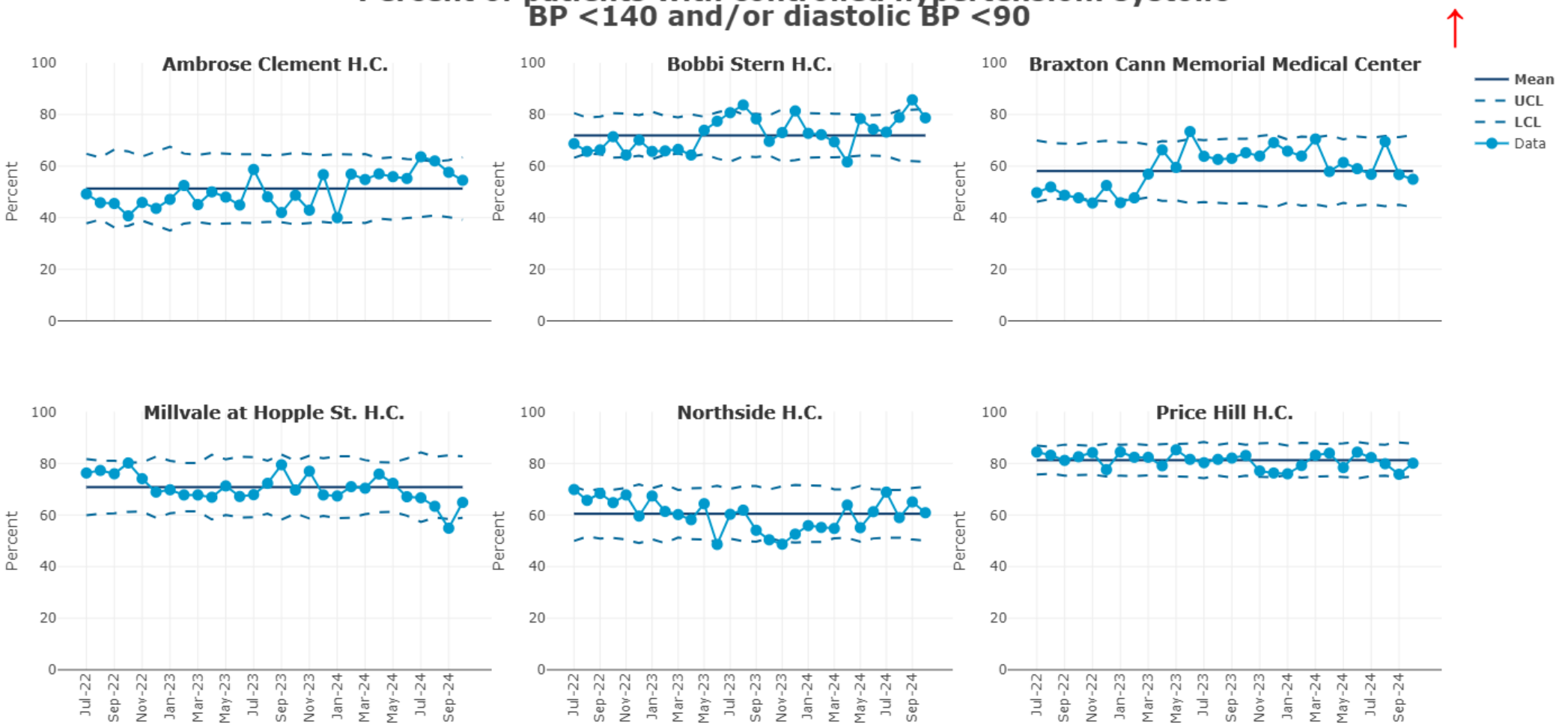
- 1. Repeat Elevated BP (**M**easure Accurately)
- 2. Address Uncontrolled HTN at each visit (**A**ct Rapidly**)**
- 3. Frequent follow up (**A**ct Rapidly**)**
- 4. Incorporate self-measured blood pressure (SMBP) and healthy lifestyle changes to improve BP control (**P**artner with patients)



Percent of patients with systolic BP >= 140 and/or diastolic BP >= 90 with documented BP recheck

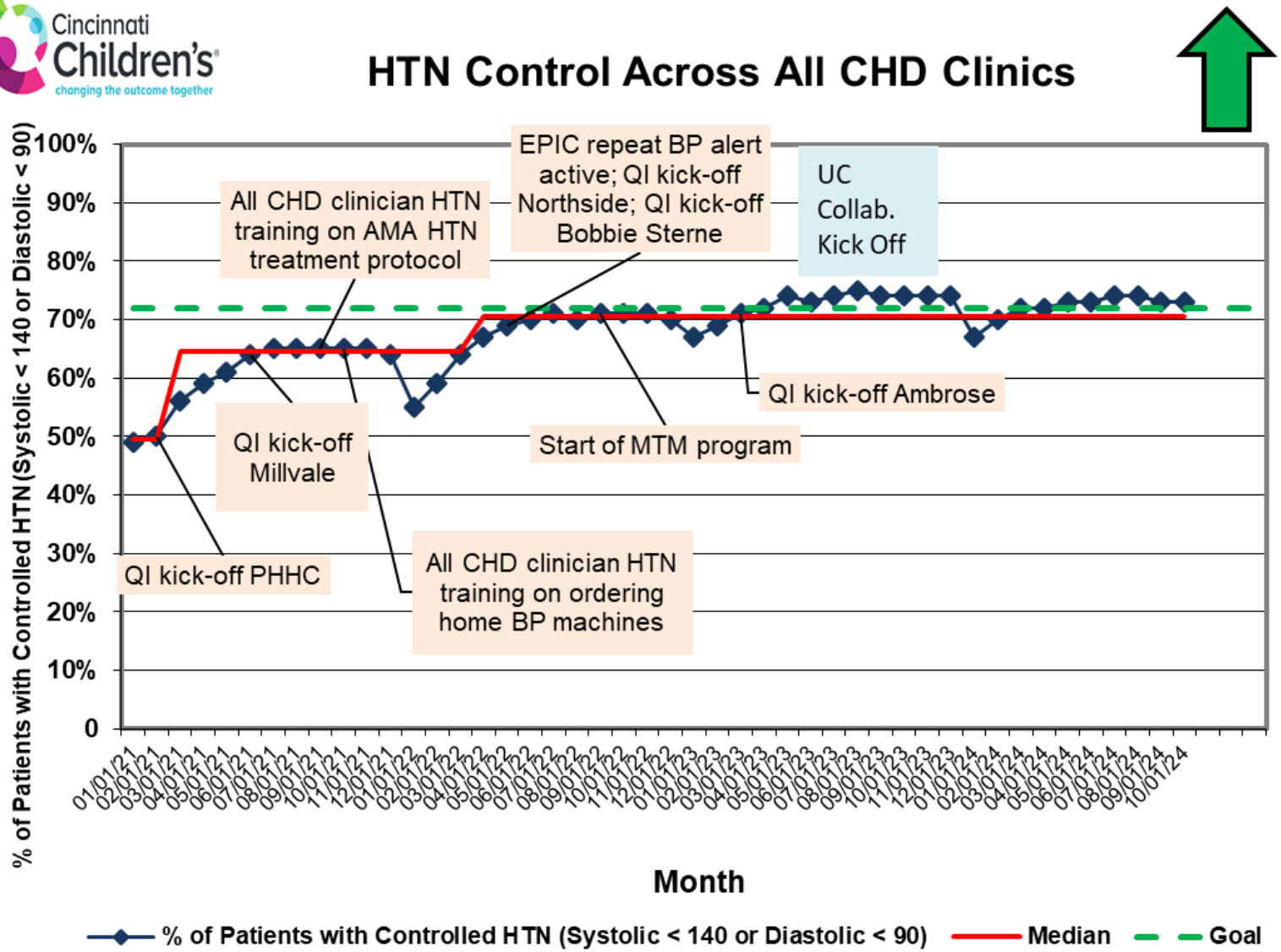


Percent of patients with controlled hypertension: systolic BP <140 and/or diastolic BP <90



Cincinnati Children's
changing the outcome together

HTN Control Across All CHD Clinics



System Transformation Approach: HTN Control Across All CHD Clinics with Population Level Data

CCPC SYSTEM LEVEL UDS PERFORMANCE					
Optimal Direction	2020	2021	2022	2023	2024 (Oct.)
↑	58%	65%	71%	74%	73%

- Increased UDS Hypertension Control system wide from 58% to 73% in 3-year period.

KEY SUCCESSES AND CHALLENGES

Key Successes

- Achieve CCPC goal for HTN control
- Sustaining progress and control measures in most clinics despite absence of QI project leader
- Collaboration with pharmacists on MTM program with focus on SMBP
- Continuous engagement with providers and support staff is key to sustaining change

Challenges

- Staff turnover
- Identifying and training new members of the care team
- Finding time and efficient ways to assess progress using daily/weekly cycle time
- Challenging to activate patients to participate in self management behaviors/lifestyle modifications (insurance coverage for SMBP)
- Ensuring patients have close follow up

KEY NEXT STEPS

- ❑ Continue with spread from 4 to all health centers
- ❑ Continue with UC MedTAPP QI Hub Collaboration
- ❑ Engage Nursing managers to support and monitor the compliance of this QI initiative
- ❑ Coach new provider(s) and continue to engage current providers

TEAM

- ❑ **Team Leader: Tanara Ellis, PharmD/Meron Hirpa,MD/ Yury Gonzales, MD**
- ❑ Team Members:
  - Stephanie Courtney, DrPH
  - David Miller, PharmD
  - Jonathan Burns, PharmD
  - Janie Hils, MPH

7. David Miller

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Pharmacy Chronic Disease State Management Formulary Medication Therapy Management

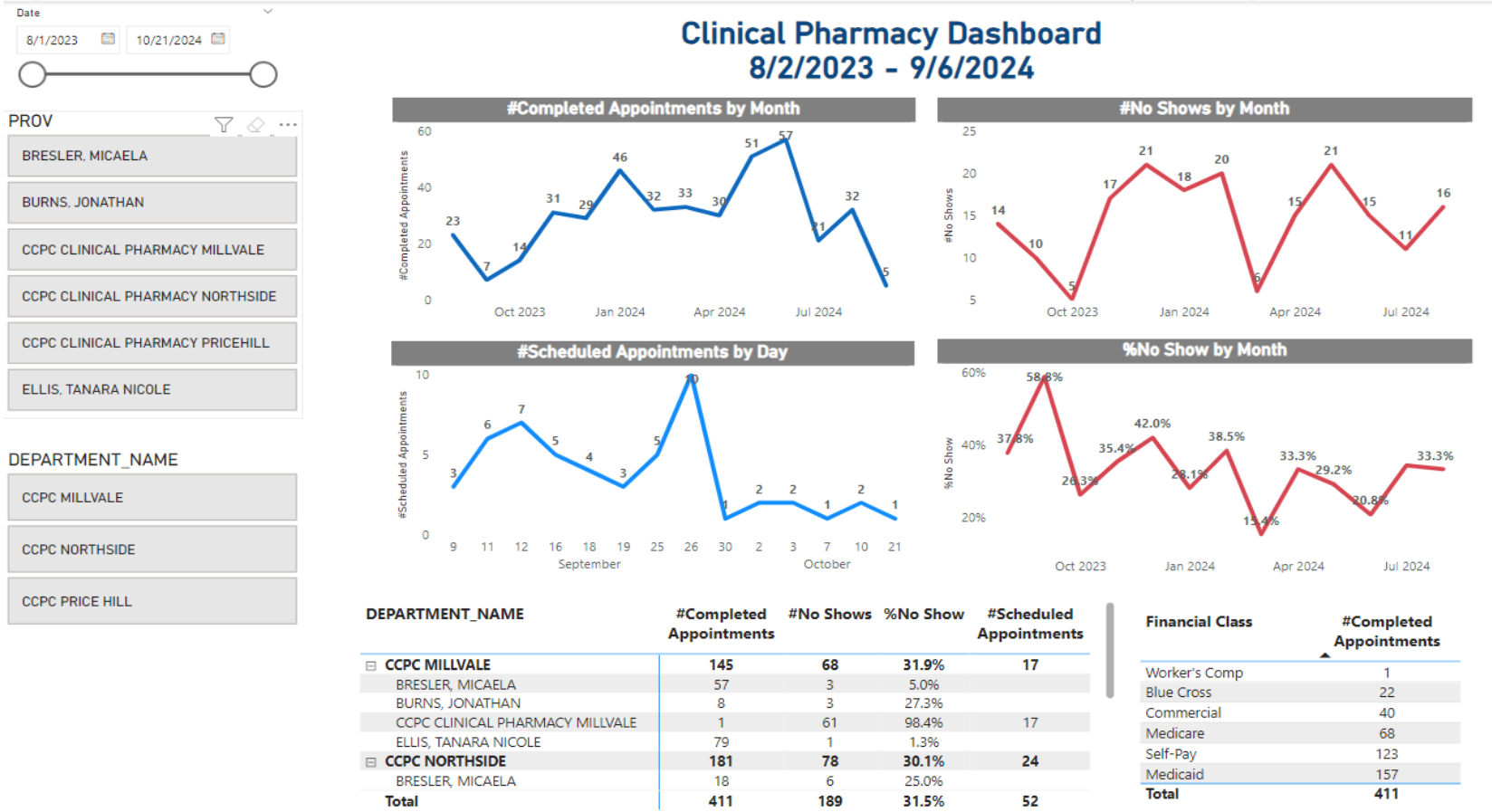
How does this work support Public Health in Cincinnati?

Access to the Cincinnati Health Department clinical pharmacist program contributes to the best possible health outcomes for CCPC patients providing a consistent process of patient care that ensures the appropriateness, effectiveness, and safety of the patient's medication use.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run/Control Chart



Programmatic KDD in Clinical Pharmacy

- **1. Operations**
- **Data Collection**: Gathering patient data, medication records, and clinical outcomes.
- **Data Integration**: Combining data from various sources (e.g., electronic health records, pharmacy databases).
- **Workflow Optimization**: Streamlining pharmacy operations through data-driven insights.

- **2. Funding**
- **Grants and Research Funding**: Securing financial support for KDD projects.
- **Cost-Benefit Analysis**: Evaluating the financial impact of KDD initiatives.
- **Resource Allocation**: Efficient distribution of funds to maximize project outcomes.

- **3. Quality**
- **Data Quality Assurance**: Ensuring accuracy, completeness, and reliability of data.
- **Outcome Measurement**: Tracking clinical outcomes to assess the effectiveness of interventions.
- **Continuous Improvement**: Using data insights to drive ongoing improvements in clinical practices.

Diabetes KDD

Key Driver Diagram – Diabetes

- Team Leader – Tanara Ellis, PharmD
- Team Members – Stephanie Courtney, PhD, Janie Hils, MPH, Yury Gonzales, MD, David Miller, PharmD, Jonathan Burns, PharmD
- QI Project Start Date: **December 2024**

- Global Aim: To reduce morbidity and mortality caused by poorly controlled diabetes and to improve the quality of life for patients living with diabetes.

- Smart Aim: To reduce the percentage of CCPC patients living with poorly controlled diabetes by 10% by expanding the clinical pharmacy program and increasing touchpoints with providers (physicians/nurse practitioners, clinical pharmacy, nurse navigators)

- Population: Patients >18 with a diagnosis of diabetes who had at least one outpatient primary encounter with a physician or nurse practitioner and were referred to clinical pharmacy during the measurement year

- Key Drivers
  - Patient Satisfaction
  - Patient Knowledge and Understanding
  - Therapeutic Outcomes
  - Clinical Interventions
  - Healthy, Equitable environment of Care
  - Service Utilization
  - Pharmacist Collaboration

- Interventions (LOR #)
  - LOR 1 – educate team members on the referral process and the importance of creating proper referrals; provide a document outlining the process by 12/31/24
  - LOR 2 – educate patients at each visit about their respective disease state, relevant comorbidities, and how it relates to their medications
  - LOR 2 – order relevant labs for the patient's disease state (POC A1C, microalbumin to creatine ratio, POC glucose)
  - LOR 2 - ensure the patient is up to date on diabetic foot and eye exams – request referrals from primary care provider if not
  - LOR 3 – quantify and assess interventions (medications added/discontinued, dose changes, therapeutic interchanges, A1C reduction, etc.) of clinical pharmacy visits via clinical pharmacy dashboard
  - LOR 2 - identify and measure race/ethnicity and standardize/screen referral processes for SDOH to assist with patient needs, provide resources, and provide comprehensive support.
  - LOR 3 – systematically expand the clinical pharmacy service to the 3 remaining health centers (Elm Street, Ambrose, Cann) and see 6-8 patients per day at each site by 12/31/25
  - LOR 2 – continue to collaborate with physicians/nurse practitioners on managing patients with diabetes-relevant comorbidities (or at the discretion of the provider)
  - LOR 1 – assist with clinical questions or services related to medication use, devices or services provided by clinical pharmacy

Operations and Finance KDD

KDD for Clinical Pharmacy Operations

Specific: Show the financial value of the Clinical Pharmacist (CP)

Measure: Track the amount of revenue earned over fiscal 2024-25 third and fourth quarters and fiscal 2025-26 first and second quarters

Attainable:

1. Track Physician referrals to CP
2. Track weekly clinical pharmacy visits
3. Track the amount of prescriptions CP refers to CHD pharmacies vs Contract pharmacies
4. Track monthly 3rd party CP visit reimbursement

Relevant: Ensures proper reimbursement and financial stability.

Time-based: Achieve this by December 31st, 2025.

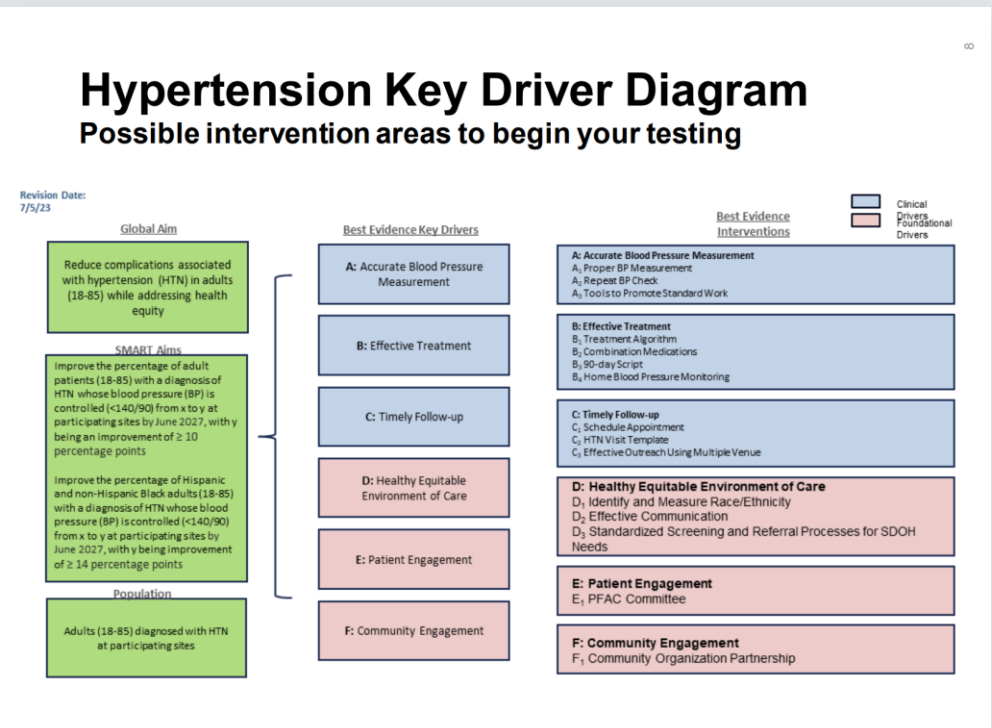
Key Drivers:

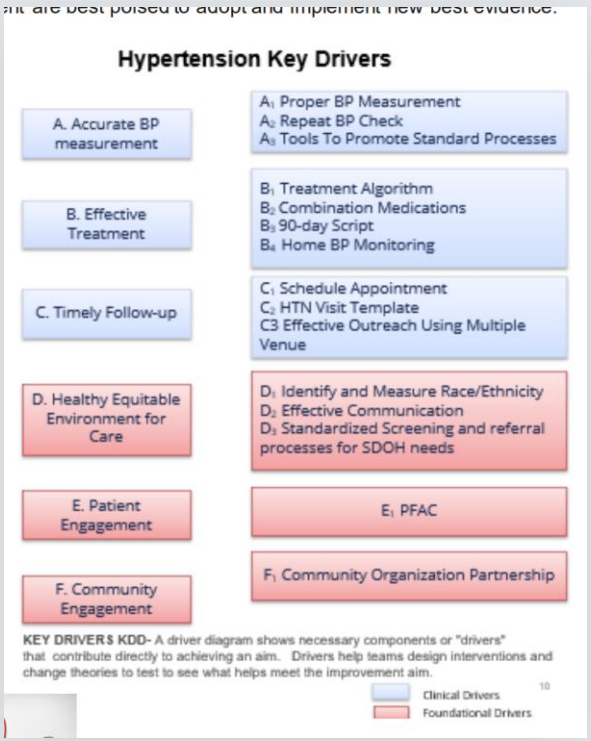
1. **Tracking Physician Referrals to CP**:
    - **System Integration**: Utilize Epic to capture and track the number of referrals from physicians to clinical pharmacists.
    - **Referral Protocols**: Review protocols for physicians on how to refer patients to clinical pharmacists, ensuring consistency and ease of tracking.
2. **Tracking Weekly Clinical Pharmacy Visits**:
    - **Scheduling Software**: Utilize Epic to log and monitor weekly clinical pharmacy visits.
    - **Visit Documentation**: Track outcomes of no-show visits vs scheduled.
3. **Tracking Prescriptions Referred to CHD vs. Contract Pharmacies**:
    - **Prescription Management System**: CP manually track prescriptions referred to CHD pharmacies versus contract pharmacies and report to Director weekly.
    - **Data Analysis**: Regularly analyze the data to identify trends and opportunities for increasing referrals to CHD pharmacies.
4. **Tracking Monthly 3rd Party CP Visit Reimbursement**:
    - **Billing System**: Review third party billings from EPIC system to accurately track and report third-party reimbursements for CP visits.
    - **Reimbursement Audits**: Conduct monthly audits to ensure all eligible visits are billed and reimbursed correctly.

Interventions:

1. **Enhanced Referral Process**:
    - **Referral Training**: Conduct training sessions for physicians at the monthly staff meeting on the new referral process to ensure consistency and efficiency.
    - **Staff Training** Work with Medical assistants, Nurses managers to make sure patient referrals are entered properly
    - **Pharmacy Engagement** Track the number of pharmacists I'd referrals for patients with uncontrolled HTN (greater than 140/90) and A1C's greater than 9.
2. **Prescription Management**:
    - **Tracking System**: Track weekly each health centers electronic prescription "captured rate"- prescriptions filled at CHD pharmacy vs outside "Contract pharmacies."
    - **Tracking System**: Track the number of prescriptions filled daily at each health center pharmacy
    - **Tracking**: Track monthly prescriptions filled at contract pharmacies
3. **Billing and Reimbursement**:
    - **Tracking System**: Track monthly the percentages of visits billed to Medicaid, Medicare, Private insurance and Non-insured
4. **Data Analytics and Reporting**:
    - **Analytics Tools**: Utilize data analytics tools to generate insights and reports on tracked metrics, such as revenue earned and referral patterns.
    - **Regular Reporting**: Provide monthly reports to medical director to track progress and financial impact.
5. **Interdepartmental Collaboration**:
    - **Accurate Billing**: Review billing system monthly to ensure accurate tracking and reporting of third-party reimbursements for CP visits.
    - **Tracking System**: Track number of Medicaid visits not reimbursed and work with billing department to research reasons for not getting payment.

HTN KDD


Hypertension Key Driver Diagram
Possible intervention areas to begin your testing
Revision Date:
7/5/23
Global Aim
Reduce complications associated with hypertension (HTN) in adults (18-85) while addressing health equity
SMART Aims
Improve the percentage of adult patients (18-85) with a diagnosis of HTN whose blood pressure (BP) is controlled (<140/90) from x to y at participating sites by June 2027, with y being an improvement of ≥ 10 percentage points
Improve the percentage of Hispanic and non-Hispanic Black adults (18-85) with a diagnosis of HTN whose blood pressure (BP) is controlled (<140/90) from x to y at participating sites by June 2027, with y being improvement of ≥ 14 percentage points
Population
Adults (18-85) diagnosed with HTN at participating sites
Best Evidence Key Drivers
A: Accurate Blood Pressure Measurement
B: Effective Treatment
C: Timely Follow-up
D: Healthy Equitable Environment of Care
E: Patient Engagement
F: Community Engagement
Best Evidence Interventions
Clinical Drivers
Foundational Drivers
A: Accurate Blood Pressure Measurement
A1 Proper BP Measurement
A2 Repeat BP Check
A3 Tools to Promote Standard Work
B: Effective Treatment
B1 Treatment Algorithm
B2 Combination Medications
B3 90-day Script
B4 Home Blood Pressure Monitoring
C: Timely Follow-up
C1 Schedule Appointment
C2 HTN Visit Template
C3 Effective Outreach Using Multiple Venue
D: Healthy Equitable Environment of Care
D1 Identify and Measure Race/Ethnicity
D2 Effective Communication
D3 Standardized Screening and Referral Processes for SDOH Needs
E: Patient Engagement
E1 PFAC Committee
F: Community Engagement
F1 Community Organization Partnership


Hypertension Key Drivers
A. Accurate BP measurement
A1 Proper BP Measurement
A2 Repeat BP Check
A3 Tools To Promote Standard Processes
B. Effective Treatment
B1 Treatment Algorithm
B2 Combination Medications
B3 90-day Script
B4 Home BP Monitoring
C. Timely Follow-up
C1 Schedule Appointment
C2 HTN Visit Template
C3 Effective Outreach Using Multiple Venue
D. Healthy Equitable Environment for Care
D1 Identify and Measure Race/Ethnicity
D2 Effective Communication
D3 Standardized Screening and referral processes for SDOH needs
E. Patient Engagement
E1 PFAC
F. Community Engagement
F1 Community Organization Partnership
KEY DRIVERS KDD- A driver diagram shows necessary components or "drivers" that contribute directly to achieving an aim. Drivers help teams design interventions and change theories to test to see what helps meet the improvement aim.
Clinical Drivers
Foundational Drivers

KEY SUCCESSES AND CHALLENGES

Key Successes

- *Now we can track our clinical visits by our smart phrase and interventions vs. referral codes*
- *Implementing a better job of contacting our no-show patients. There is more consistency on how to complete this procedure.*

Challenges

- *How do we get no show rates down.*
- *Development of KPI's*

KEY NEXT STEPS

- **Continue to build up the Clinical Pharmacy program at other**
- ***T*rying to increase our numbers of patients getting referred to clinical pharmacy**
- ***Keep working toward KPI indicators and dashboard***

TEAM

- Team Leader: David Miller
- Team Members: Stephanie Courtney, Janie Hils, Tanara Ellis Taylor Harris, Jonathan Burns, Andrew Lovell

8. Monal Mehta

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HEALTH DEPARTMENT

Colorectal Screening Quality Improvement Project

How does this work support Public Health in Cincinnati?

This work allows our patients easy access to a quality colon cancer screening test that will improve the quality of the lives of our patients and improve our colon cancer screening rates to meet the **Healthy People 2030 guidelines**.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Colo Guard Quality Metrics

Orders – **196**

Completion Rate – **25.4%**

KEY SUCCESSES AND CHALLENGES

Key Successes

- We are offering a superior product!
- Company follow up is Amazing!
- Patients are getting their colorectal screening completed!

Key Challenges

- Patient Education
- Team Engagement
- Process of collecting a stool sample can be unpleasant and patients may decide not to perform the test

KEY NEXT STEPS

- Dedicating **more team members** for colorectal cancer referral follow up to improve completion success rates.

- Develop or enhance **financial assistance programs** to help lower-income patients afford the test.

- Provide **training and resources to healthcare providers** to ensure they can effectively explain the test to patients and integrate it into routine screening practices and to integrate patients with no insurance in Epic and allow for referrals for this test.

- **Team Leader:**
- **Monal Mehta MD**

- **Team Members:**
- **Elizabeth Bobst, NP**
- **Adult Ancillary Staff**

9. Megan Meyer

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HEALTH DEPARTMENT

Depression Remission

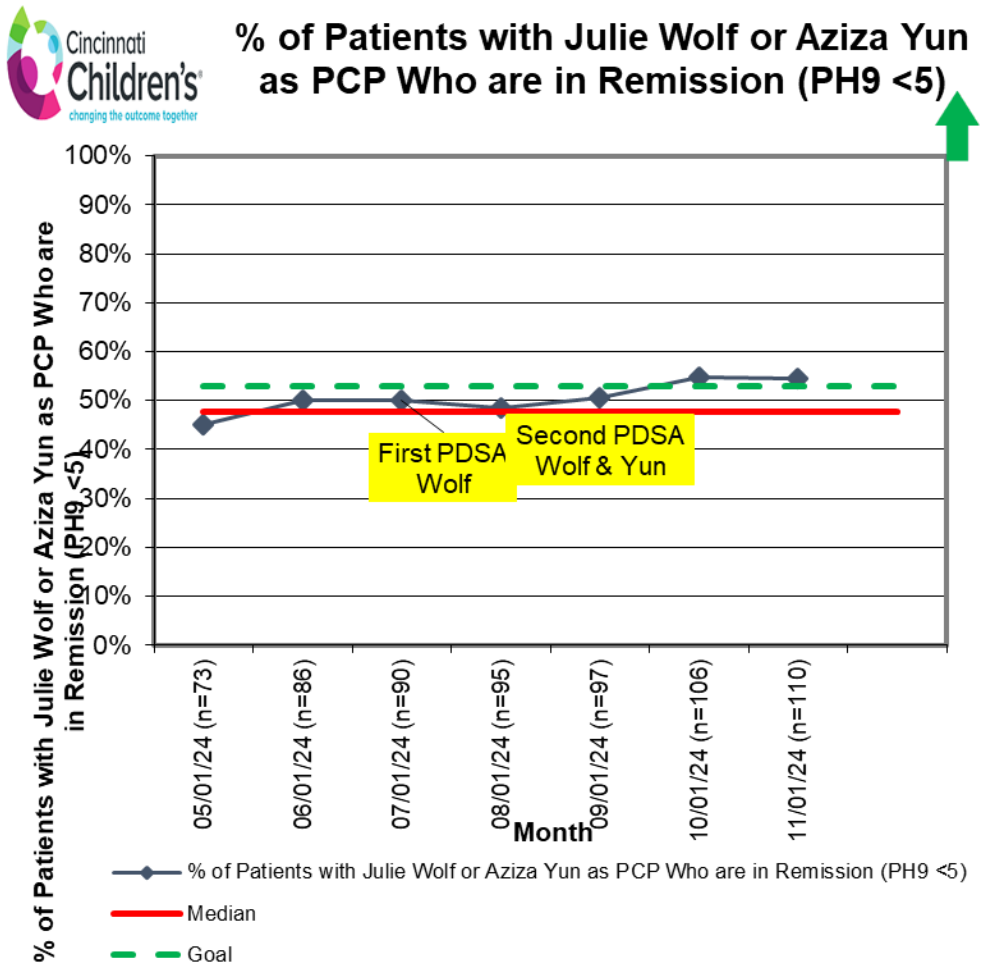
How does this work support Public Health in Cincinnati?

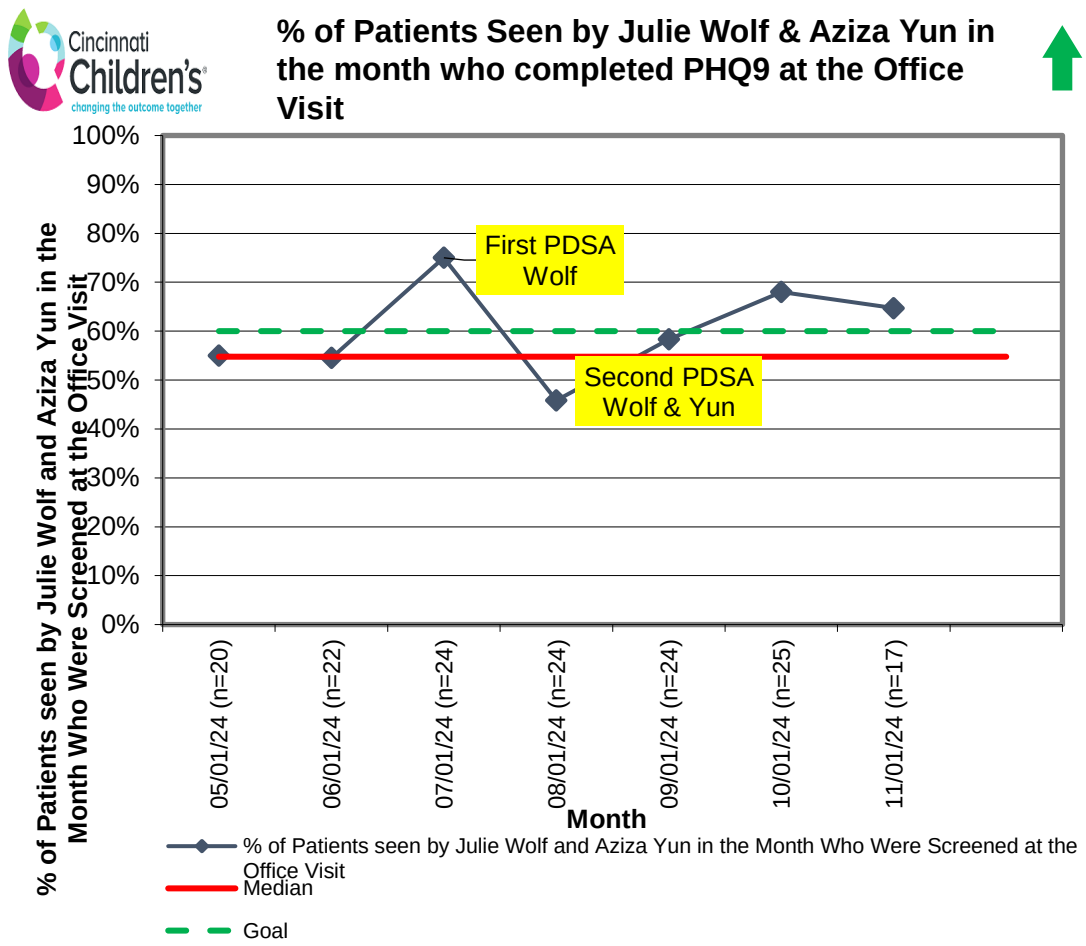
Improving mental health outcomes and access to care for patients with a diagnosis of major depressive disorder or persistent depressive disorder.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run/Control Chart





KEY SUCCESSES AND CHALLENGES

Key Successes

- Engaged providers and staff at Ambrose Clement Health Center
- Supportive EPI team and mentor
- First PDSA

Challenges

- Depression registry versus UDS measure
- Change in primary care providers
- Approach to clinical care bundle will differ from pediatric versus adult patients.

KEY NEXT STEPS

- ❑ Customize clinical care bundle for pediatric and adult patients
- ❑ Provider input on barriers to timely follow up for patients
- ❑ Engage behavioral health team with a focus on improved access

TEAM

- ❑ Team Leader: Megan Meyer APRN
- ❑ Team Members: Julie Wolf APRN, Aziza Yun APRN
- ❑ Janie Hils MPH, Joe White MPH
- ❑ Yury Gonzales MD

10. Emily Haas

city of
CINCINNATI
HEALTH DEPARTMENT

QI Maternal Mental Health and Food Insecurity

Team Leader: Emily Haas, MD

Team Members:

Janie Hils

Joseph White

Marc Driscoll

Tosha Moore

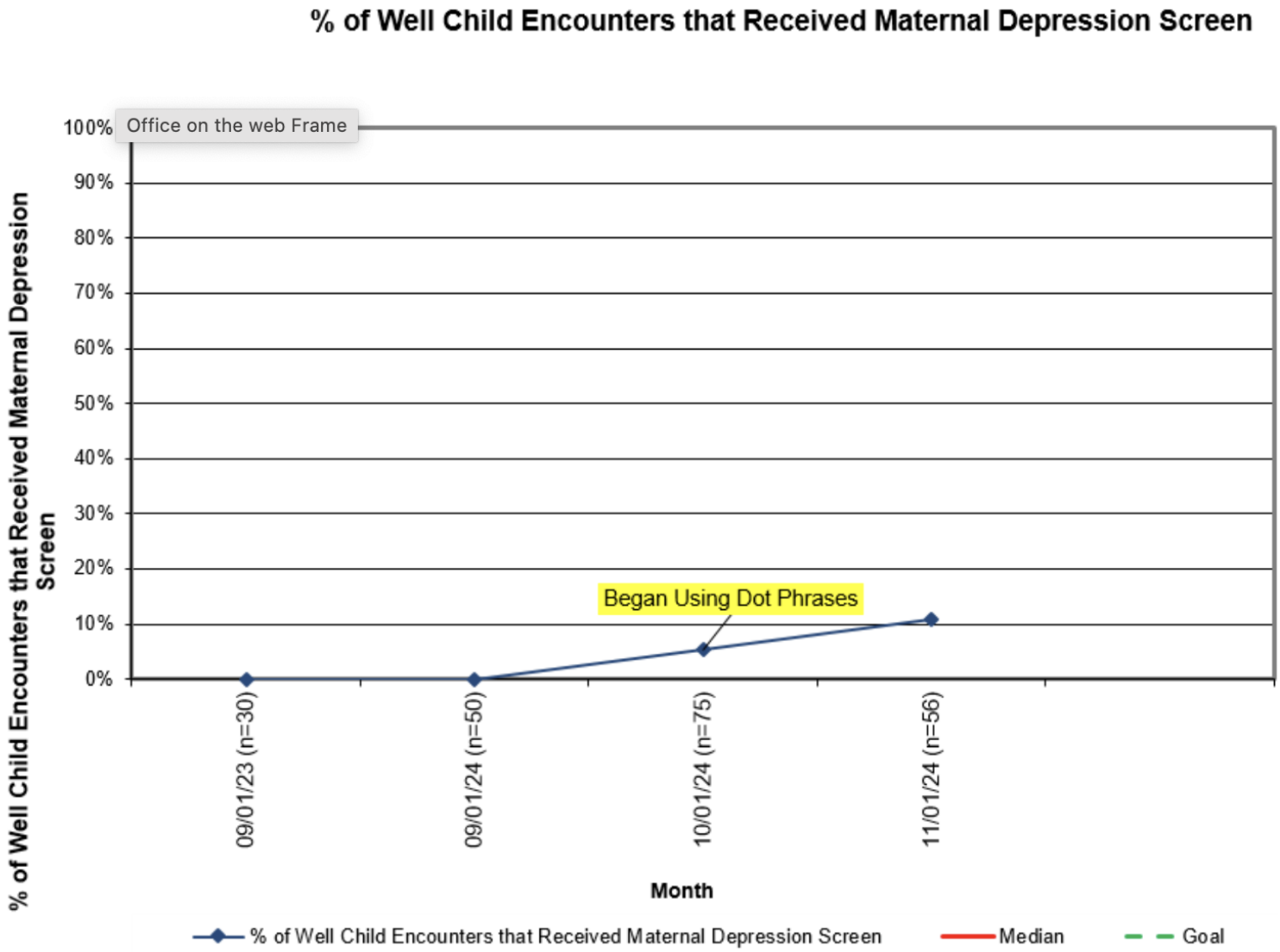
QI Project Start Date: Sept 2024

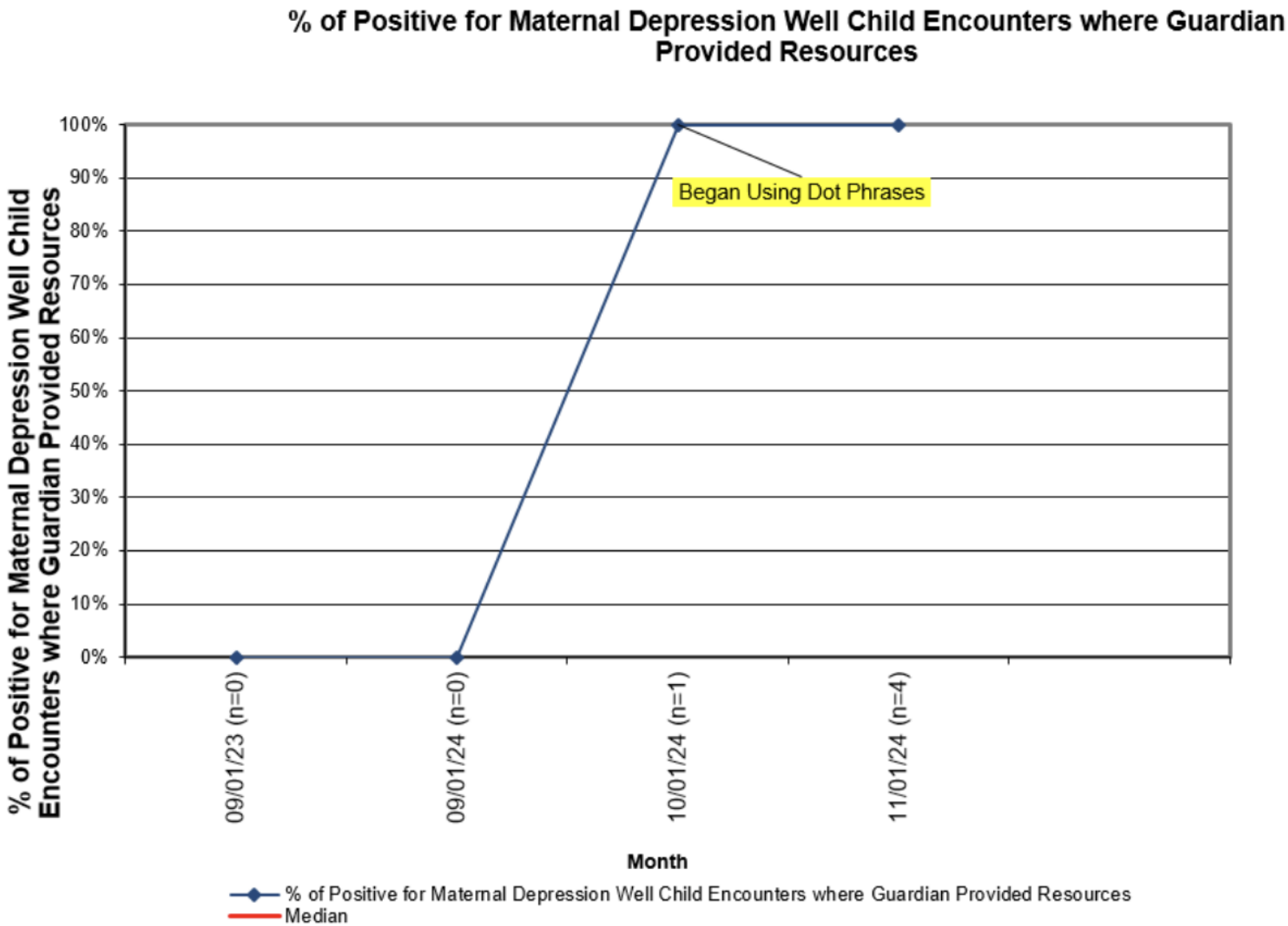
CHD Quality Steering Committee

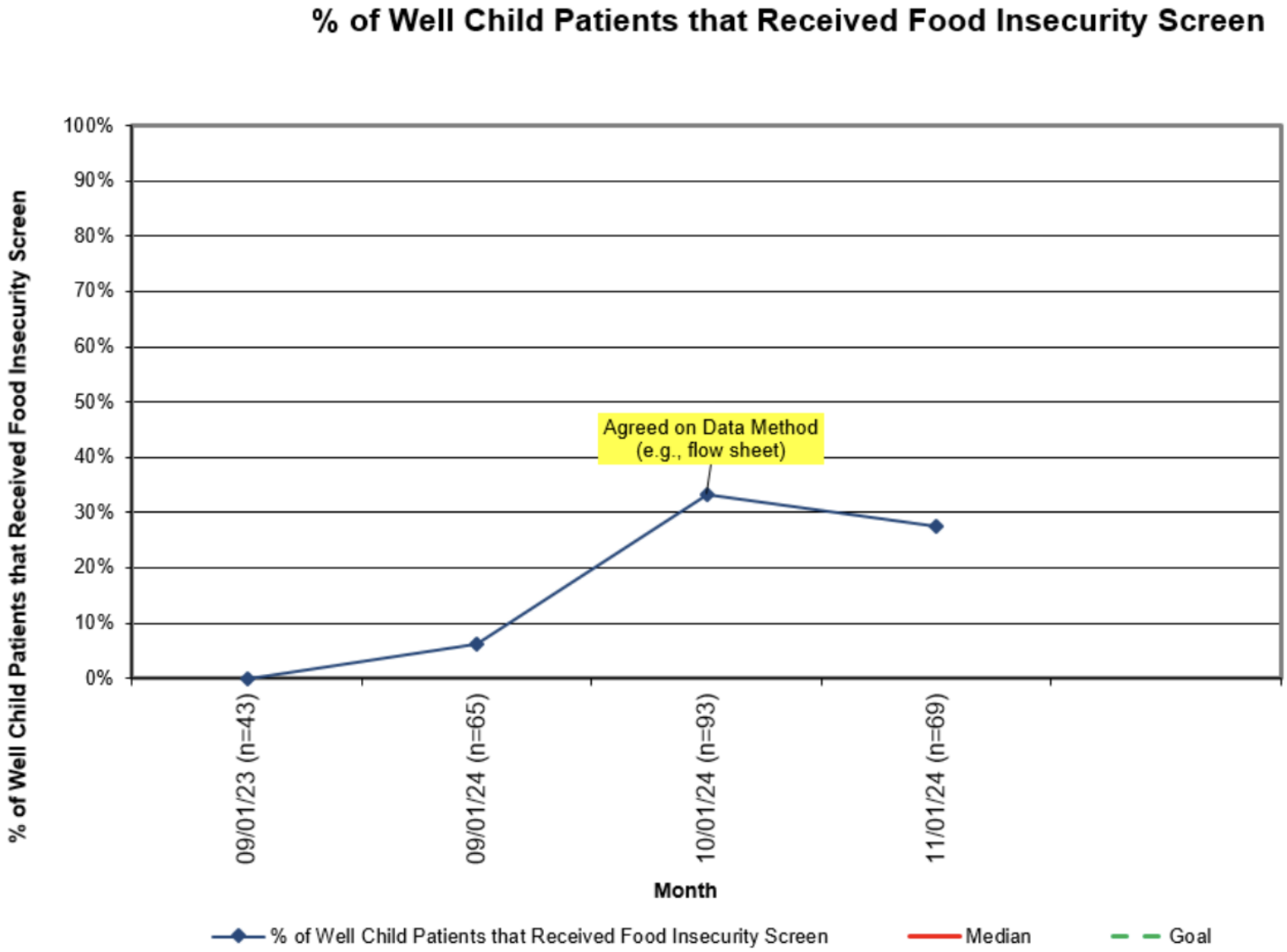
Oct 23, 2024

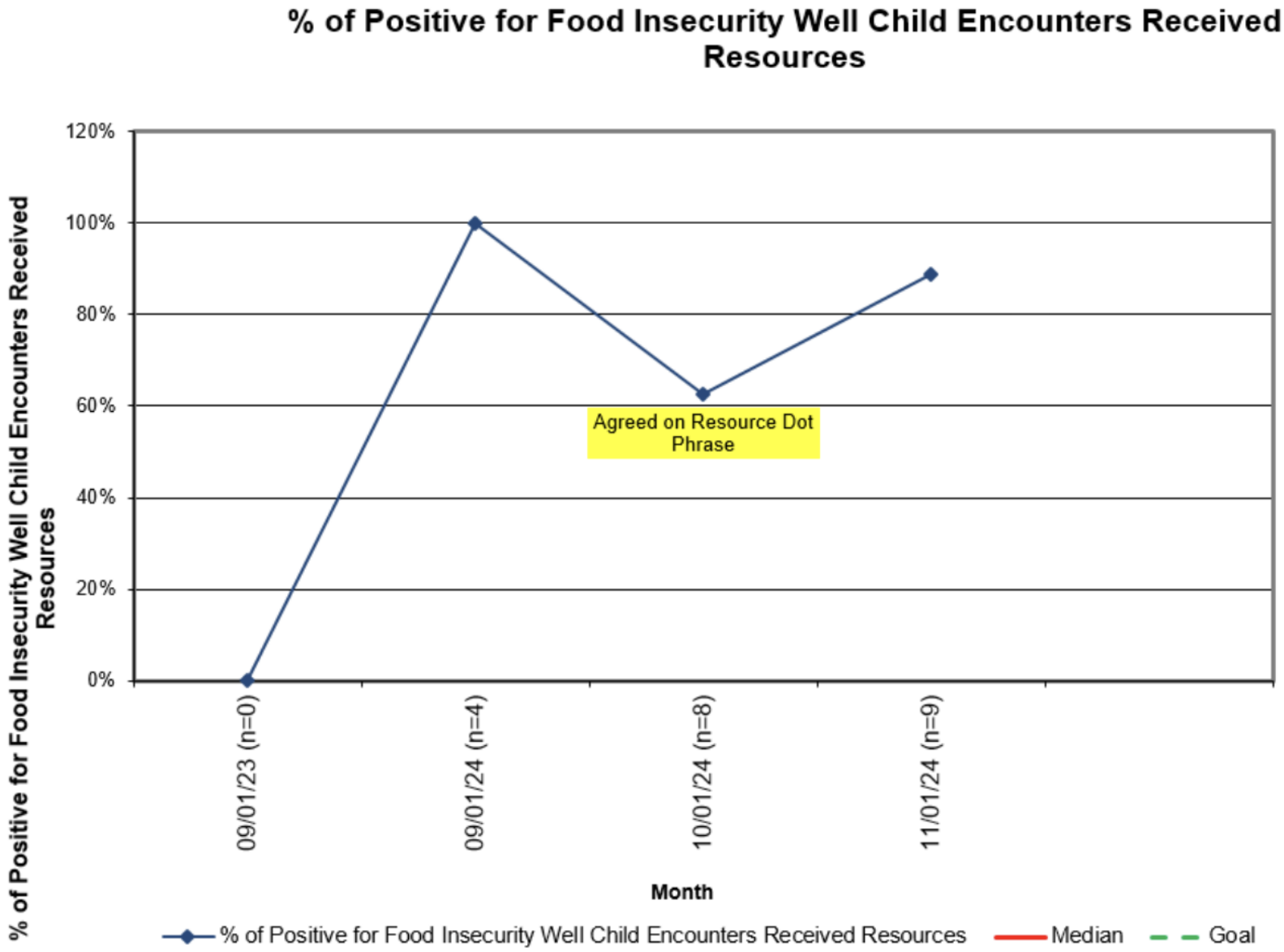
How does this work support Public Health in Cincinnati?

This QI project will impact child health in Cincinnati by addressing maternal mental health and food insecurity effecting our youngest patients.


% of Well Child Encounters that Received Maternal Depression Screen
Office on the web Frame
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% of Well Child Encounters that Received Maternal Depression Screen
Began Using Dot Phrases
09/01/23 (n=30)
09/01/24 (n=50)
10/01/24 (n=75)
11/01/24 (n=56)
Month
% of Well Child Encounters that Received Maternal Depression Screen
Median
Goal


% of Positive for Maternal Depression Well Child Encounters where Guardian Provided Resources
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% of Positive for Maternal Depression Well Child Encounters where Guardian Provided Resources
Began Using Dot Phrases
09/01/23 (n=0)
09/01/24 (n=0)
10/01/24 (n=1)
11/01/24 (n=4)
Month
% of Positive for Maternal Depression Well Child Encounters where Guardian Provided Resources
Median


% of Well Child Patients that Received Food Insecurity Screen
% of Well Child Patients that Received Food Insecurity Screen
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Agreed on Data Method
(e.g., flow sheet)
09/01/23 (n=43)
09/01/24 (n=65)
10/01/24 (n=93)
11/01/24 (n=69)
Month
% of Well Child Patients that Received Food Insecurity Screen
Median
Goal

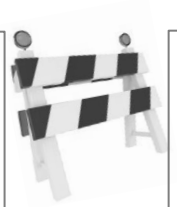

% of Positive for Food Insecurity Well Child Encounters Received Resources
120%
100%
80%
60%
40%
20%
0%
% of Positive for Food Insecurity Well Child Encounters Received Resources
Agreed on Resource Dot Phrase
09/01/23 (n=0)
09/01/24 (n=4)
10/01/24 (n=8)
11/01/24 (n=9)
Month
% of Positive for Food Insecurity Well Child Encounters Received Resources
Median
Goal

Reflections and Key Next Steps

Reflections over the last 90 days:

What are your biggest QI learnings to share?

- *Figured out how to document food insecurity questions in SD(r)oH section of EPIC*
- *Learning how to query using dot phrases*



Challenges/Barriers worked through over the last 90 days:

- *Having 2 quality measures at the same time.*
- *How to document EPDS?*

Help Needed?

- *Process for collecting SDoH information.*

Share 3 Key Next Steps you will take over the next 90 days:

- *Meetings to see how we will begin to collect Social Drivers of Health data in the coming year*
- *Print paper copies in the meantime to look for*
- *Meet to make a key driver diagram*

IHI Project Assessment Scale

Move circle over # and description of where you assess your project to be at the time of the presentation

Assessment/ Description	Definition
1 Forming team	• Team has been formed • Target population identified • Aim determined • Baseline measurement begun
2 Project planning begun	• Team is meeting • Discussion is occurring • Key drivers identified • Plans for the project have been made
3 Activity, but no changes	• Team actively engaged in development, research, discussion but no changes have been tested
4 Changes tested, but no improvement	• Components of the model being tested but no improvement in measures • Data on key measures are reported
5 Initial Signs of Improvement	• Initial test cycles have been completed • Early signs of improvement as evidenced by measure(s) moving toward goal and/or a reduction in variation
6 Modest Improvement	• Some improvement in measure(s) (3 – 5 consecutive data points shifting or trending toward goal) • PDSA test cycles in ramps
7 Significant Improvement	• Successful interventions adopted; implementation begun • Evidence of improvement in measure(s) (8 consecutive data points toward goal)
8 Sustainable Improvement	• Reliable process as evidenced by sustained improvement in measure(s) (data meeting special cause rules and data sustained in desired direction) • At least some data at goal • Spread to larger population has begun to be considered
9 Outstanding sustainable results	• Adopted interventions implemented, Aim has been accomplished (outcome measure(s) at or above goal), and outcome measures at national benchmark levels

city of CINCINNATI HEALTH DEPARTMENT

11. Barb Keefe

city of
CINCINNATI
HEALTH DEPARTMENT

Improving Cycle Time for Well-Adolescent Exams at Withrow SBHC

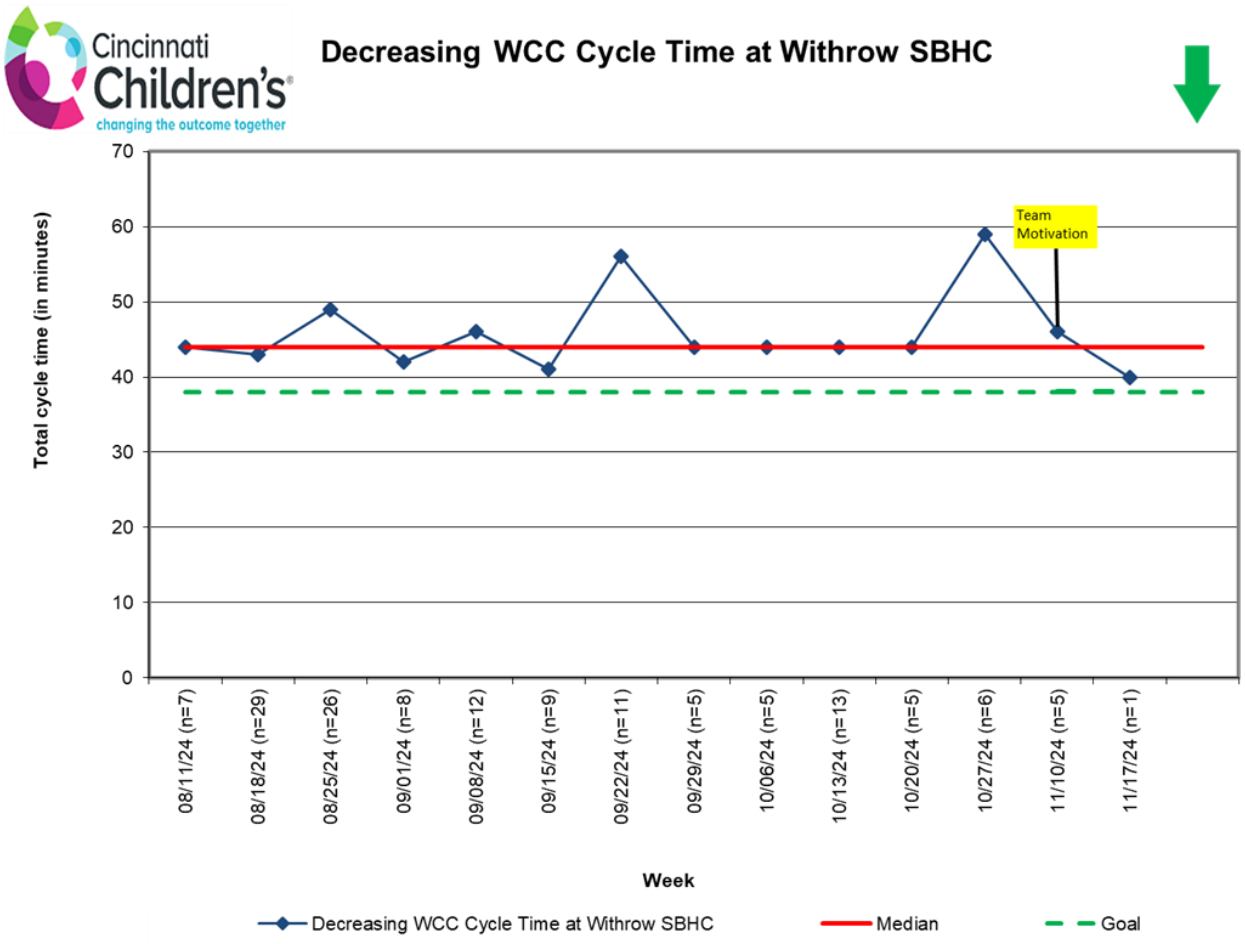
How does this work support Public Health in Cincinnati?

This project helps to optimize learning for the children in Cincinnati Public Schools by reducing missed classroom time. Additionally, our hope is that more efficient visits will improve productivity, allowing for the health needs of a larger student group to be addressed.

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

Annotated Run/Control Chart



city of CINCINNATI

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

KEY SUCCESSES AND CHALLENGES

Key Successes

- Did not expect a qualitative PDSA to feel like such a big win – but it does. Improvement on team motivation helps the overall project feel.
- The opportunity to discuss processes with different SBHC organizations in Ohio was enlightening. Fostered partnership with other SBHCs.
- Working with two other CHD NPs on revision of intake paperwork was very helpful. Collaboration fosters mutual respect and empathy.

Challenges

- Data – filtering data by "visit type" found to be inaccurate. Trying to get this filtered by dx code instead.
- Barriers to translation services. Specifically, difficulty getting forms translated in multiple languages.
- Balancing different personalities within the team with varying levels of motivation.

KEY NEXT STEPS

- ❑ Implement revised intake form with new Epic dot phrase (for MA)
- ❑ Update data in run chart with new filter (by dx code)
- ❑ Begin PDSA #3 to minimize disruptions, improve focus during intake process.

TEAM

- ❑ Team Leader: Barb Keefe, FNP
- ❑ Team Members: Andrew Lovell, MHI, Megan Wilson, CWA
  Melissa Bilkasley, MA, Withrow Student Focus Group,
  Intake Revision Panel

12. Adrienne Sirbu

city of
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HEALTH DEPARTMENT

Asthma Management In Schools

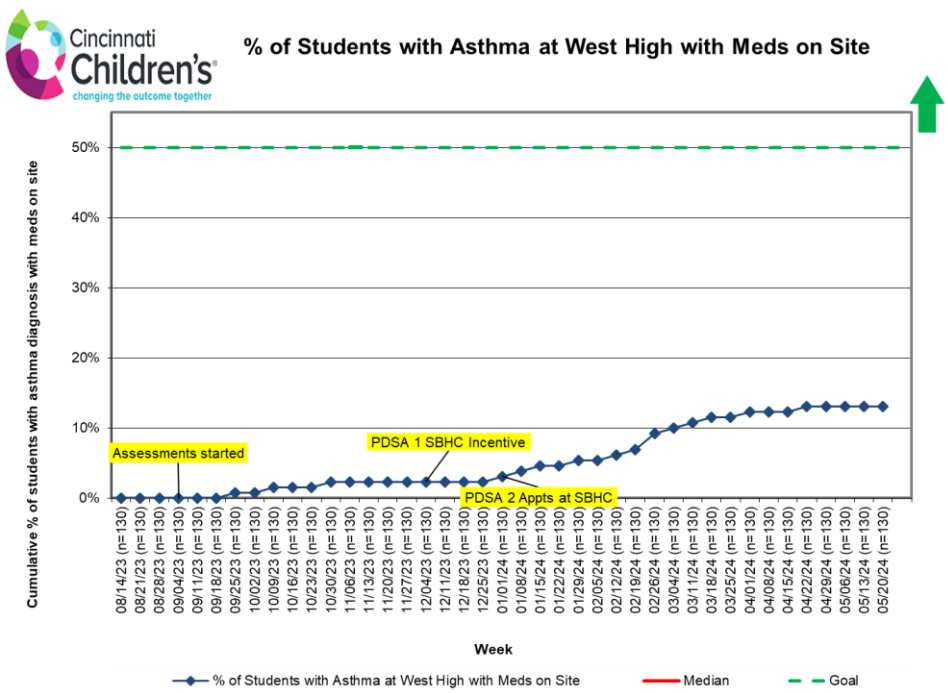
How does this work support Public Health in Cincinnati?

Improving the health of children in the City of Cincinnati diagnosed with asthma by increasing the opportunity for care and follow up during the school year

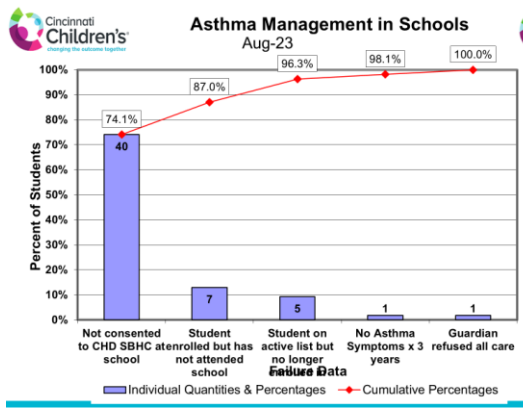
CHD Quality Steering Committee End of Year Celebration

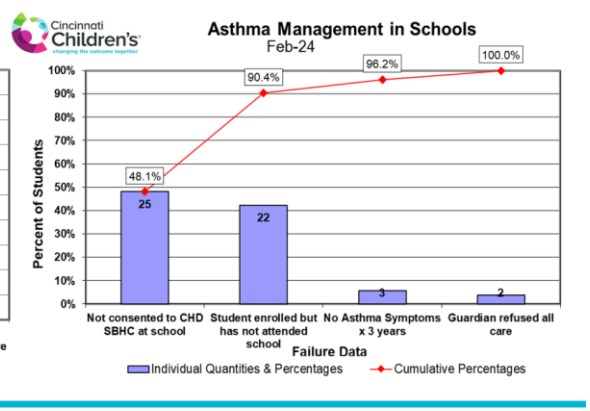
December 11, 2024

Annotated Run/Control Chart



Pareto Charts





James M. Anderson Center for Health Systems Excellence

impactU Improvement Science Leadership

Cincinnati Children's changing the outcome together

city of CINCINNATI

CHD Quality Steering Committee End of Year Celebration

December 11, 2024

KEY SUCCESSES AND CHALLENGES

Key Successes

- Continue to receive SBHC consents for students at West High
- New SBHC RN addition who can complete nurse visits specific to asthma

Challenges

- New staffing at both West High and SBHC
- New Electronic Student Record launched by CPS-no ability to obtain consent information and chronic illness information
- Staffing concerns at SBHC site
- Changes to security decreasing student access to SBHC

KEY NEXT STEPS

- ❑ Work with new CHD staff at West High and SBHC to restart process established during project
- ❑ Monitor SBHC consents obtained from West High with Asthma in Health History- process measure

TEAM

- ❑ Team Leader: Adrienne Sirbu
- ❑ Team Members: Karen Stephenson NP, Michelle Kennedy RN, Lindsey Hartmann RN, Carlos Blair Principal

13. Antonio Young

city of
CINCINNATI
HEALTH DEPARTMENT

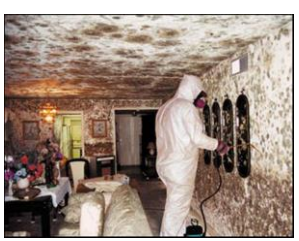
Reducing Environmental Hazards in the Living Space of Asthmatic Children

(A Space to Breathe Easy)

Beginning September 21, 2022

How does this work support Public Health in Cincinnati?

Create safe (CLEAR) home environments for Cincinnati children with asthma to improve a healthier outcome.



The Problem: Initial data showed only a 40% access rate into homes following a CLEAR referral (No issues with regular complaints), but 100% remediation rate once inspectors gained access.

Theory: By increasing access to homes, CHD will better protect the public's health and increase capacity to eliminate harmful triggers in living environments of families with asthmatic children.

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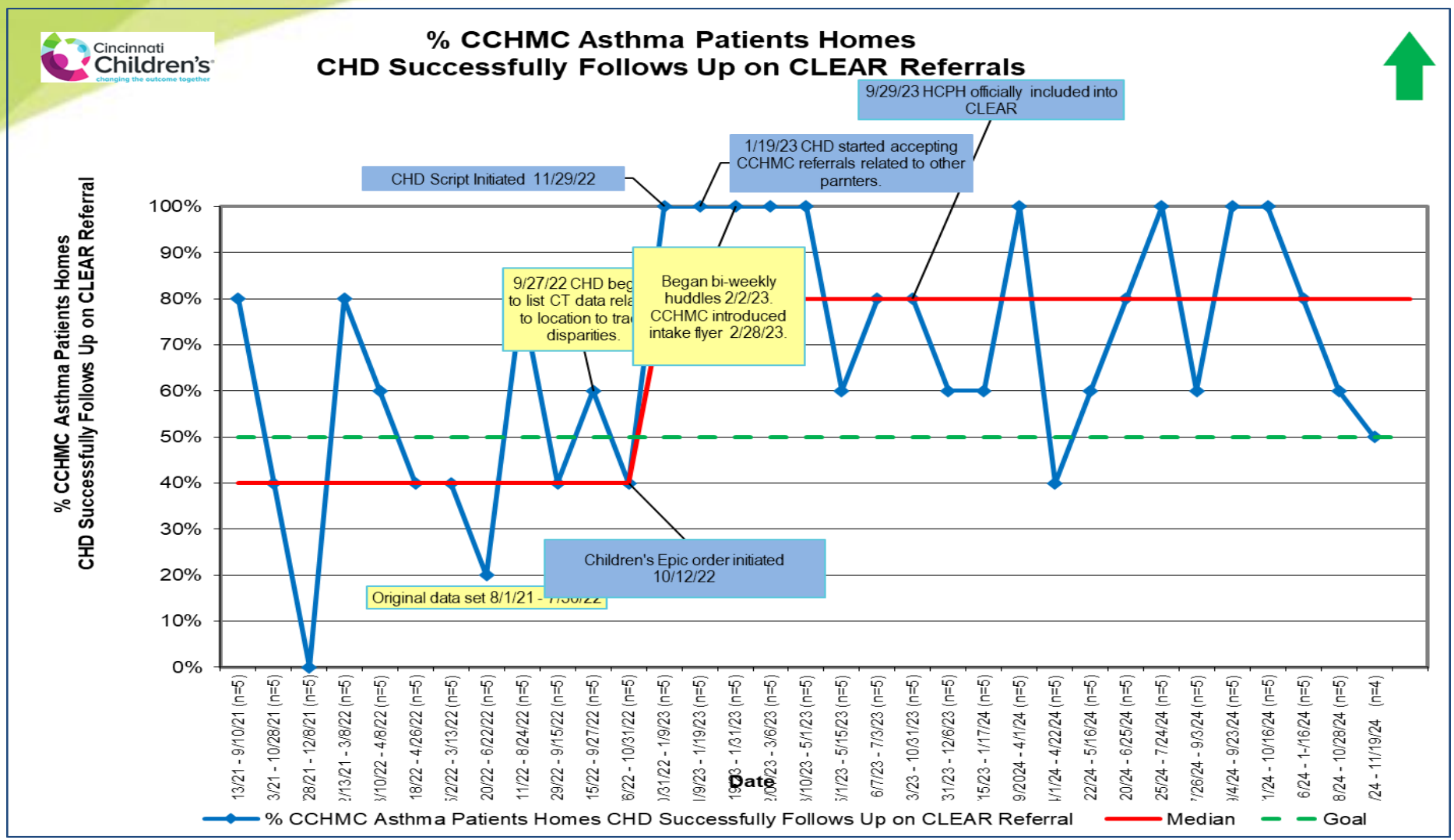
PLANNING & BUILDINGS

Annotated Run/Control Chart



KEY SUCCESSES AND CHALLENGES

Successes	Challenges
✓Initial increasing access rate from 40% to 100% and currently sustaining an average of over **80%** access to help families with asthmatic children. ✓Expansion with other partners (PWC & HCPH – Northern Kentucky just joined).	✓Sustaining cumbersome data collection process via manual entry on a spreadsheet. ✓Need uniformed way of capturing data.

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PLANNING & BUILDINGS

KEY NEXT STEPS

Continued testing and broadening:

- ✓Keep focus more on partnerships with other agencies.
- ✓Begin to lay the framework for capturing CLEAR data in the new CAGIS Edge system.
- ✓Explore ways of collecting more demographic data.

Team Leader/Organization: Antonio Young, CHD, Environmental Health

Team Members:

CHD:

- Dr. Maryse Amin (Sponsor)
- Angela Uran (Supervisor - Office that conducts inspections)
- Stefani Doherty (Follows up on referrals)
- Damali Gaskin (Front line worker/inspector)
- Andrew Lovell (Epidemiologist/technical support)

CCHMC:

- Dr. Andy Beck (Clinical subject matter experts/advocate)
- Adrienne Henize (Management of referrals)
- Zachery Pitkowsky (Resident/ disparity experience)

city of CINCINNATI PLANNING & BUILDINGS

14. Sonya Williams

city of
CINCINNATI
HEALTH DEPARTMENT

Improve Environmental Quality of Life

How does this work support Public Health in Cincinnati?

This work supports Public Health by reducing Cincinnati residents' exposure to harmful environmental hazards within the home.

CHD Quality Steering Committee End of Year Celebration

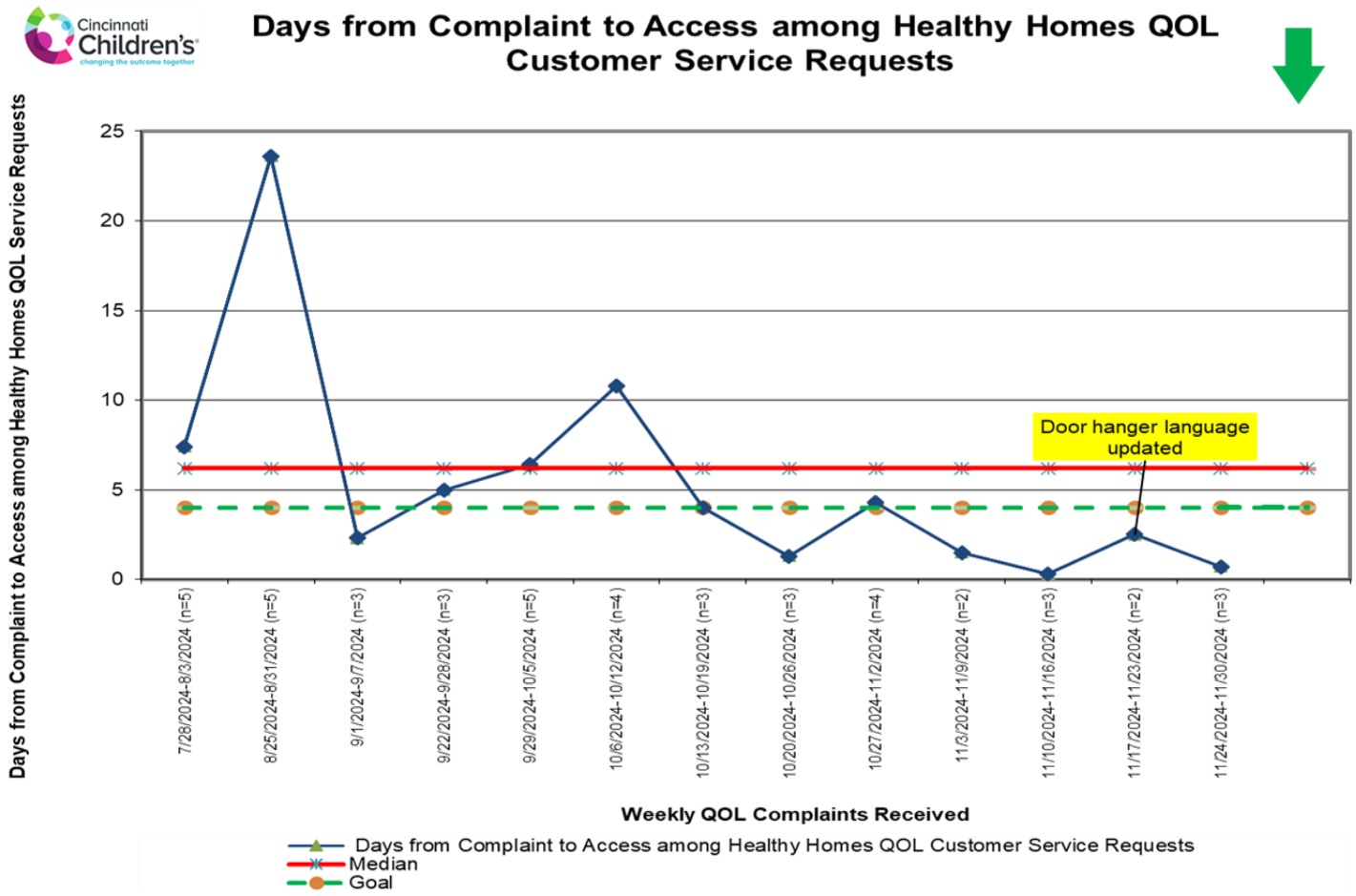
December 11, 2024

SMART Aim (updated 12/6/24)

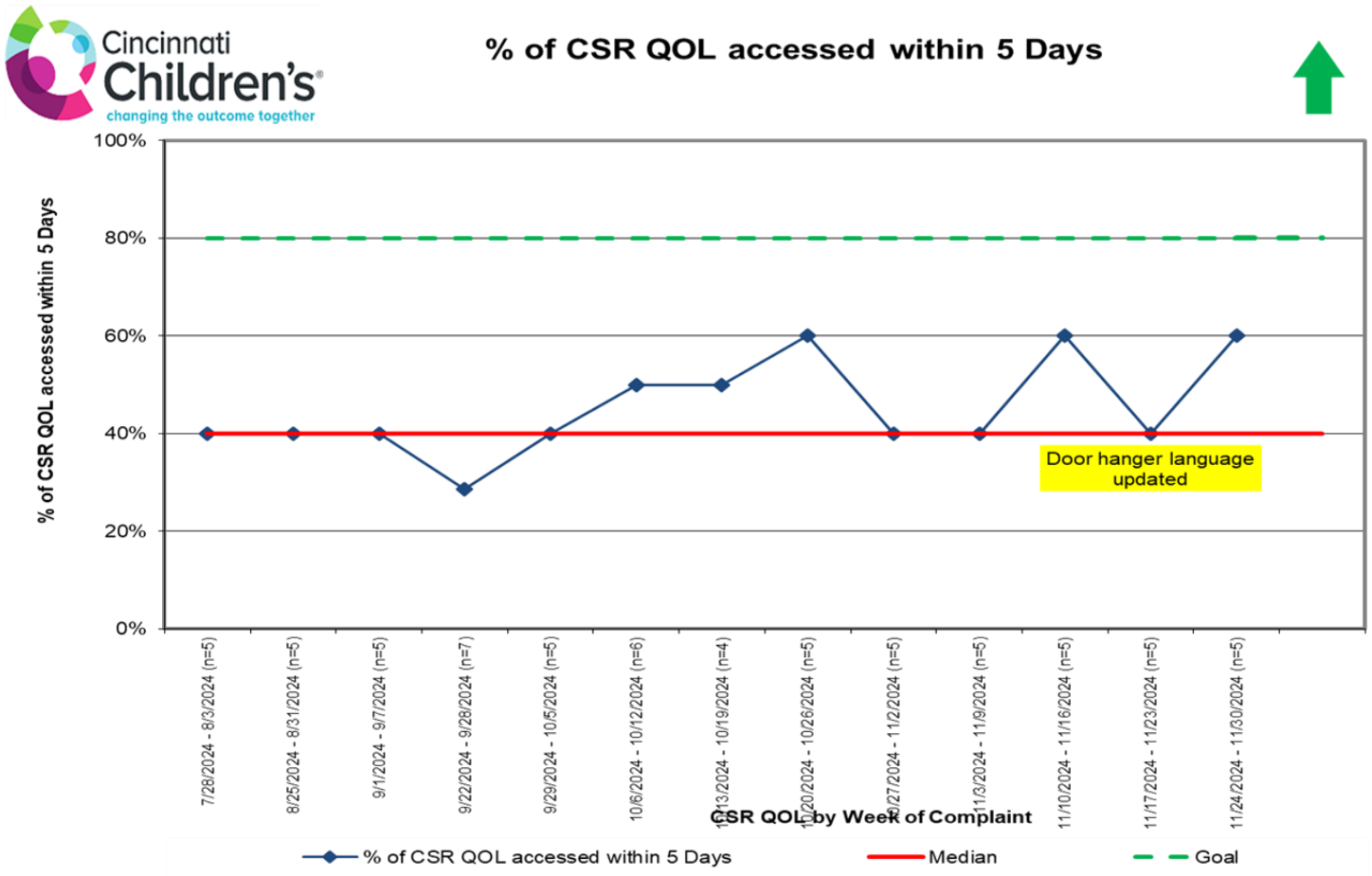
We will increase access to abate homes within 5 days from conditions affecting the "Quality of Life" of our residents, such as, mold, roaches, and rodent infestations, from 45% to 80% by March 31, 2025.

(Ultimate goal of decreasing Years of Life Lost by 20% by 2030)

Annotated Run/Control Chart



Annotated Run/Control Chart



KEY SUCCESSES AND CHALLENGES

Key Successes

- Establishing Baseline Data
- Tenant Resources (Deanna White, CM Office)
- First round of PDSA testing

Challenges

- Establishing Baseline Data
- Voice of the Customer
- Technology

KEY NEXT STEPS

- ❑ Continue to implement PDSAs
- ❑ Develop/recognize short-term & long-term opportunities

TEAM

- ❑ Team Leader: Sonya Williams
- ❑ Team Members: Angela Uran, Stefani Doherty, Damali Gaskin, Andrew Lovell, Antonio Young (advisor)

15. John Sanders

city of
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HEALTH DEPARTMENT

QI PROJECT TITLE
Food License Renewals

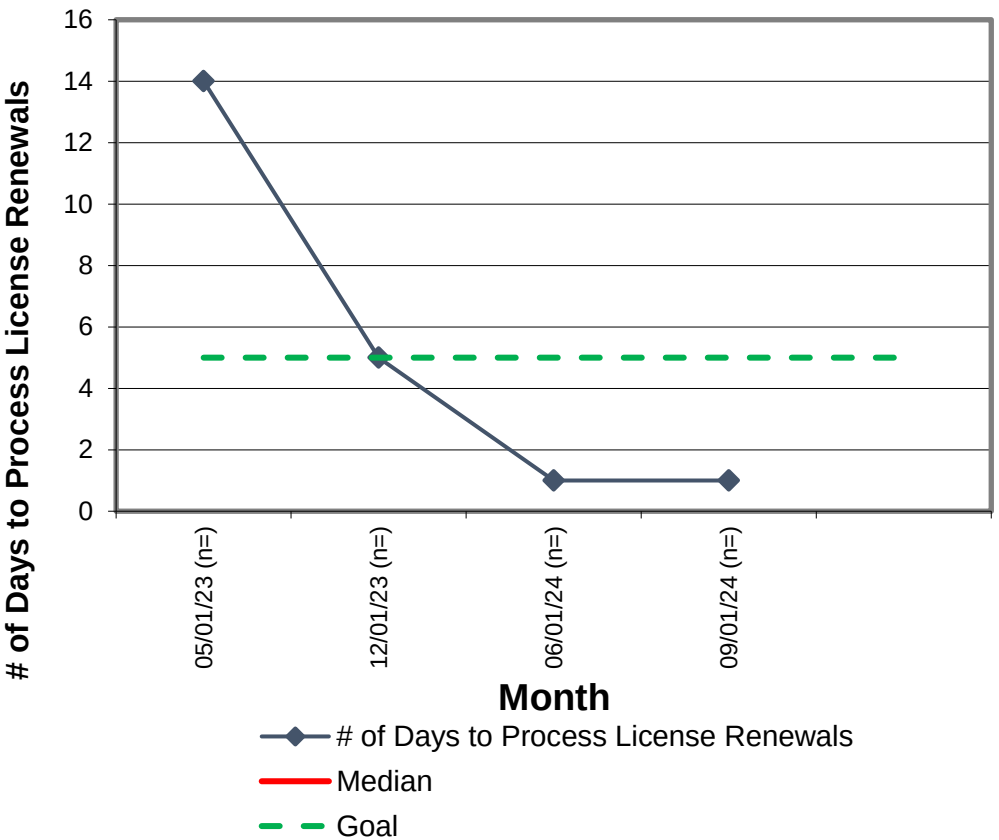
How does this work support Public Health in Cincinnati?

This will ensure each food facility in Cincinnati obtain their food license in a timely manner, which will allow them to operate in compliance with the Ohio Uniform Food Code.

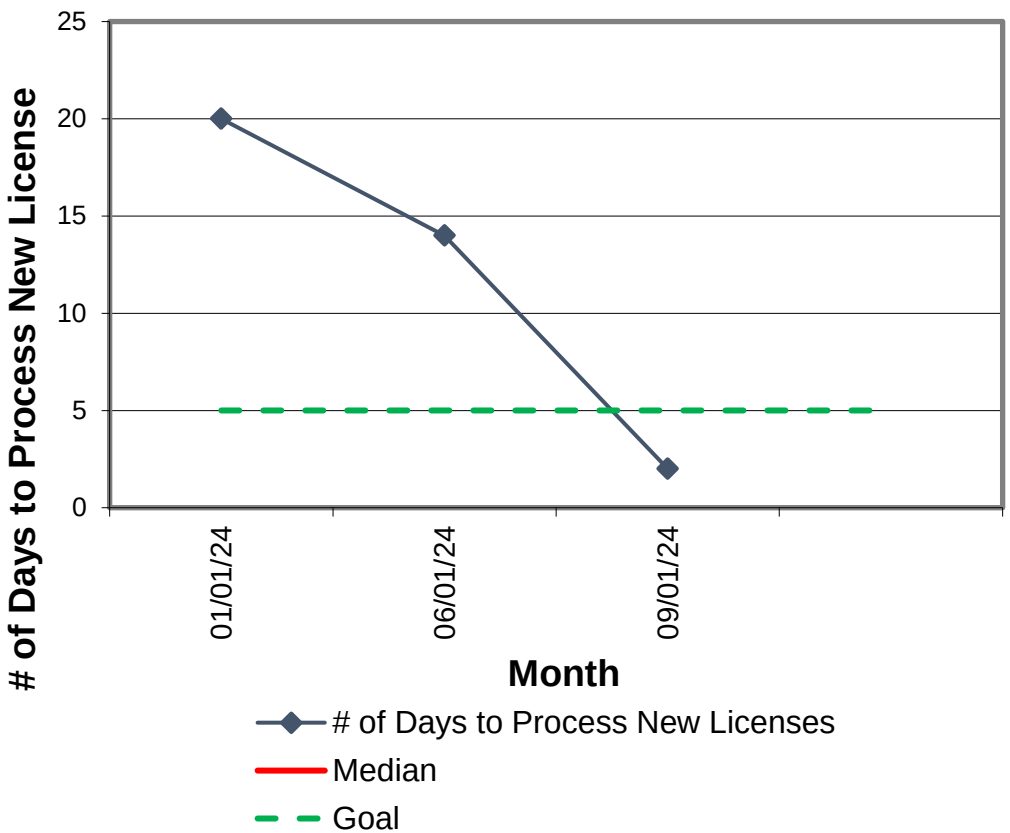
CHD Quality Steering Committee End of Year Celebration

December 11, 2024

of Days to Process License Renewals



of Days to Process New Licenses



KEY SUCCESSES AND CHALLENGES

Key Successes

- License renewal process reduced from 5 days to 1 day
- 90 % of all licenses renewed on time (EzTract on-line payment system)

Challenges

- EzTrak user errors – Public buy in
- CAGIS Edge / Accela issues (staff)
- Y

KEY NEXT STEPS

- ❑ A. Creating protocol for dealing with chargebacks and failed echeck payments
- ❑ B. Completing Food Safety Program's CAGIS Edge system migration
- ❑ C. ServSafe , PIC, Food Facility Reviews, and Cost Methodology (license fees)

TEAM

- ❑ Team Leader: John Sanders
- ❑ Team Members: Trisha Blake, Torri Webb, Andrew Lovell

THANK YOU!

Thank you to all who presented today and this year!

Aaron Vincent, Adrienne Sirbu, Angela Uran, Antonio Young, Ashanti Salter, Barb Keefe, David Miller, Denise Saker, Emily Haas, Janie Hils, John Sanders, Malina Harris, Megan Meyer, Monal Mehta, Sonya Williams, Stephanie Courtney, Tunu Kinebrew, and Yury Gonzales!

city of
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HEALTH DEPARTMENT

Date: January 28, 2025
To: Board of Health
From: Grand Mussman, MD, Health Commissioner
Subject: Health Commissioner's Report, Reflects December 2024

WIC Updates December 2024

1. The WIC caseload in December was 15,338, down 2% from the previous month. Women:3,505 Infants:3,848 Children:7985
2. December breastfeeding initiation rate for WIC infants was 64.6%. Breastfeeding at 6 months was 36.7%. Breastfeeding rates have been steady. WIC continues to offer on-line and in-person breastfeeding classes along with walk-in hours for breastfeeding assistance.
3. WIC distributed 32 manual breast pumps and loaned 64 electric pumps in the past quarter.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 1.28.2025

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
- 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)

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)

2022 Annual Lead Report:

2022-LEAD-ANNUAL-REPORT-FINAL.pdf (cincinnati-oh.gov)

Epidemiologic Infant data:
These numbers are provisional for 2021-2024:
**** May 2024's report is delayed due to ODH data warehouse update**

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 = 34
Total Hamilton County 2024 = 67

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of 1.21.25):
City of Cincinnati = 4,086
Hamilton County births outside of the City limits = 5,880
Hamilton County inclusive of the City = 9,966

The provisional infant mortality rate for 2024 based on our current numbers:
City of Cincinnati IMR = 8.08 per 1,000 live births
Hamilton County outside the City limits = 5.78 per 1,000 live births
Hamilton County IMR = 6.72 per 1,000 live births (inclusive of the city numbers)

Communicable Disease

COVID-19 Summary

Cincinnati Health Department continues to participate in weekly conference calls with the Ohio Department of Health in which routine COVID-19 updates are provided. Our Command Center and Communicable Disease Unit staff continue conducting positive case investigations and working with ODH for active monitoring of positive cases as well as follow up regarding outbreak investigations. CHD closed the vaccination operations at our main building March 31, 2023, and Hamilton County Public Health closed the

vaccination operations as of June 2, 2023. Community members can seek vaccination with local pharmacies as well as our City of Cincinnati Primary Care Health Centers. We extend great appreciation to the entire CHD team for all their tremendous efforts. Our CCPC sites will be providing COVID-19 vaccinations for the Pfizer 6 months to 4 years of age. The new COVID-19 vaccine is available this Fall at our CCPC sites in limited quantity, our COVID-19 Command Center is prepared to assist callers with locations of how to get the vaccine at local pharmacies.

CCPC UPDATE

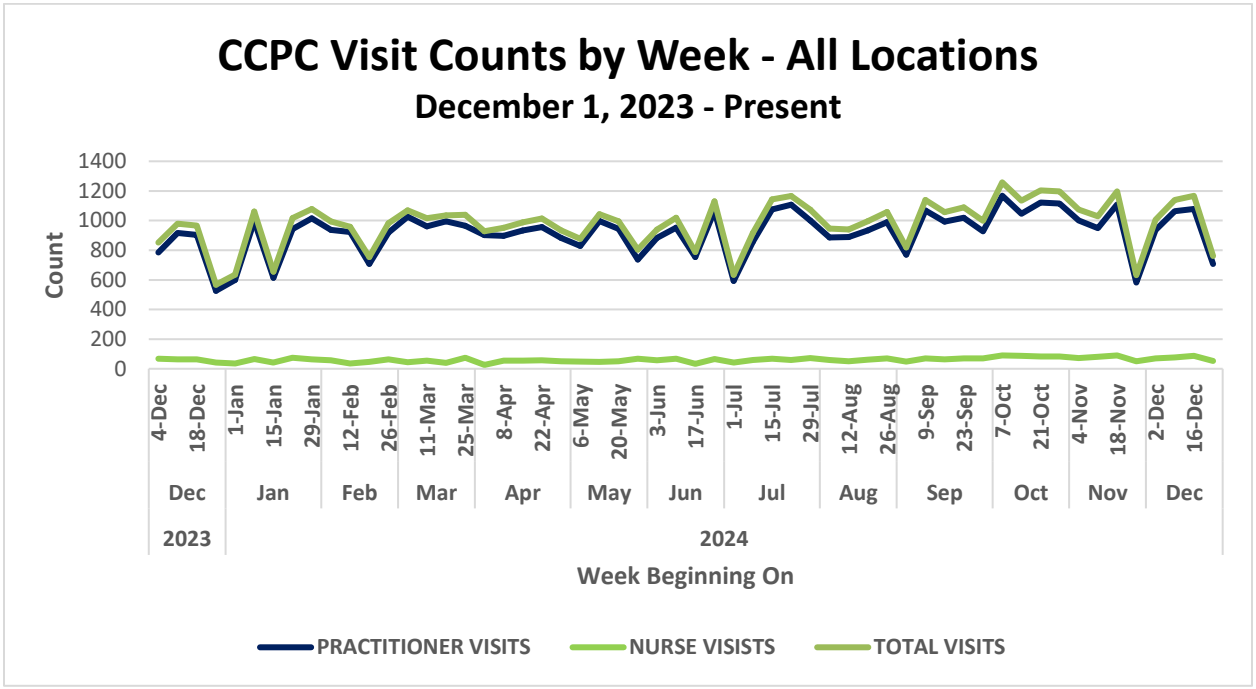


Figure 1. Number of Completed Patient Visits to All CCPC Community Health Center Sites

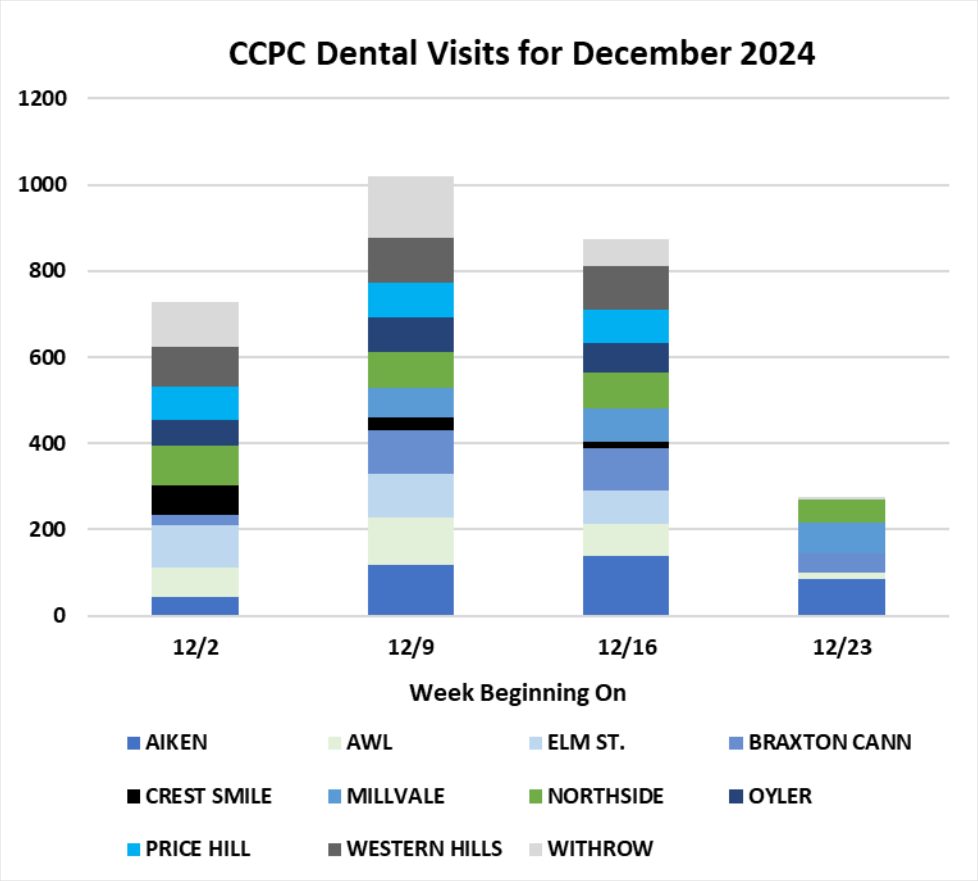
Table 1. Number of Completed Patient Visits by Location for December 2024 and FYTD

CCPC Community Health Centers	12/2	12/9	12/16	12/23	Dec 2025 Total	Dec 2024 Total	2025 FYTD Total	2024 FYTD Total
VISITS	**935**	**1063**	**1078**	**708**	**3784**	**3130**	**24982**	**22305**
AMBROSE CLEMENT	115	128	70	70	383	172	2870	1002
AMBROSE CLEMENT BH	20	34	36	12	102	63	740	512
BRAXTON CANN	97	56	107	69	329	282	2326	2312
BRAXTON CANN BH	6	6	4	3	19	0	32	0
ELM ST. BH	7	8	10	4	29	13	298	80
ELM ST.	147	188	187	112	634	573	4105	4195
MILLVALE	144	170	136	115	565	500	3238	3387
MILLVALE BH	6	11	10	7	34	41	230	317
NORTHSIDE	162	159	163	103	587	458	3934	3421
NORTHSIDE BH	11	11	21	11	54	12	115	246
PRICE HILL	191	261	292	184	928	884	6340	5927
PRICE HILL BH	29	31	42	18	120	132	754	906
NEW PATIENTS	**66**	**74**	**66**	**68**	**274**	**183**	**1653**	**1262**
AMBROSE CLEMENT	16	16	16	19	67	13	279	73
AMBROSE CLEMENT BH	0	0	0	0	0	0	8	10
BRAXTON CANN	7	10	8	8	33	14	203	156
BRAXTON CANN BH	0	0	0	0	0	0	0	0
ELM ST. BH	0	1	0	1	2	0	3	1
ELM ST.	9	10	7	7	33	28	210	182
MILLVALE	12	9	7	6	34	52	259	317
MILLVALE BH	0	0	0	0	0	0	0	0
NORTHSIDE	11	14	8	13	46	29	280	217
NORTHSIDE BH	0	0	0	0	0	1	0	7
PRICE HILL	11	14	20	14	59	45	406	292
PRICE HILL BH	0	0	0	0	0	1	5	7

Table 2. Number of Pharmacy Fills for December 2024 and FYTD

CCPC PHARMACY LOCATION	12/2	12/9	12/16	12/23	Dec 2025 Total	Dec 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	2535	2530	2407	1896	9368	9999	55674	54620
AMBROSE CLEMENT	508	440	292	246	1486	1277	8895	6979
BRAXTON CANN	350	231	343	265	1189	1510	7103	7946
ELM ST.	346	467	483	325	1621	2350	10390	12745
MILLVALE	474	368	330	339	1511	1369	8521	8325
NORTHSIDE	275	432	303	281	1291	1221	7369	6732
PRICE HILL	582	592	656	440	2270	2272	13396	11893

Figure 2. Number of Completed CCPC Dental Visits for December 2024 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 2024 – 2025

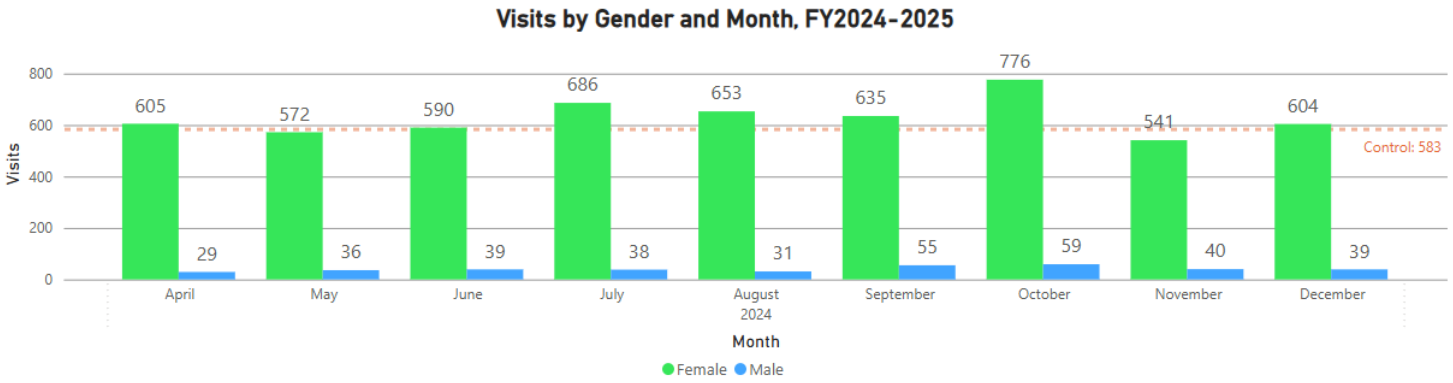
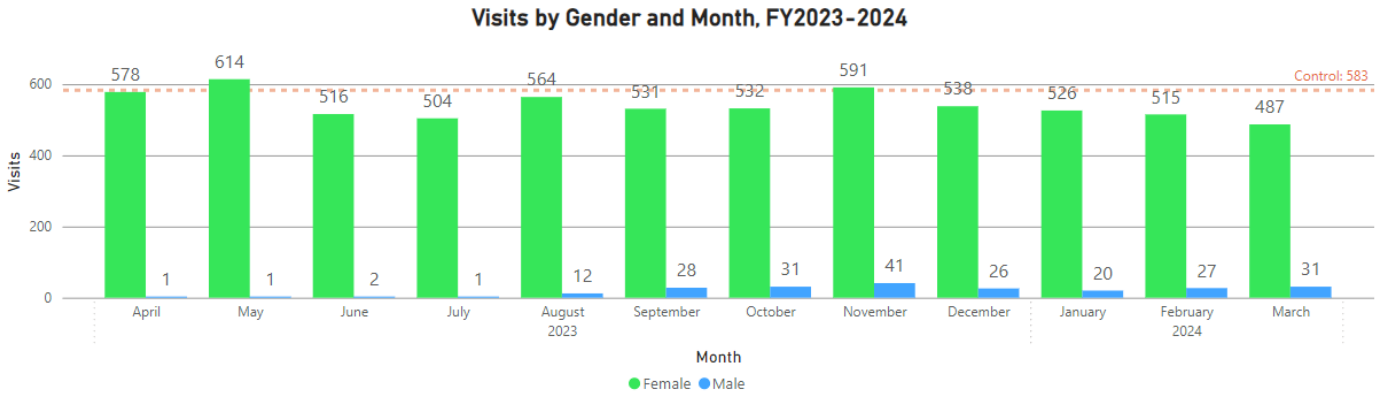


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2023 – 2024



FY23/24 Visits with Men: 221 patients
FY23/24 Visits with Women: 6496
patients
FY23/24 Visits Combined (men/women): 6717
patients
FY23/24 Control (Expected) Visits: 7000 patients
FY23/24 Visits as % of Control Total: 96.0%
FY24/25 Visits with Men: 366 patients
FY24/25 Visits with Women: 5662
patients
FY24/25 Visits Combined (men/women): 6028
patients
FY24/25 Control (Expected) Visits: 5247 patients
FY24/25 Visits as % of Control Total: 115.0%

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 2024 – 2025

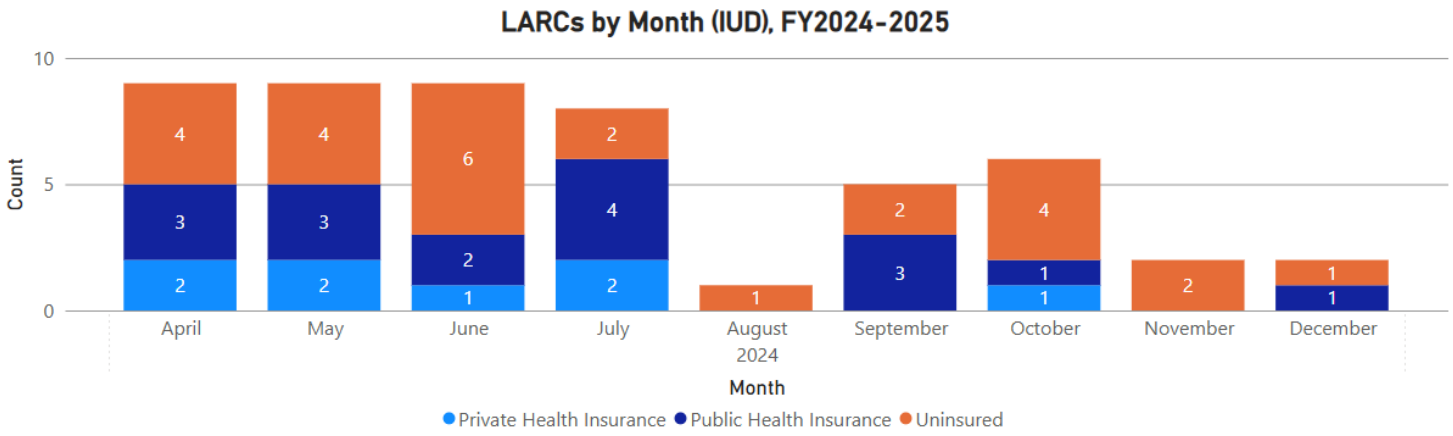


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 – 2024

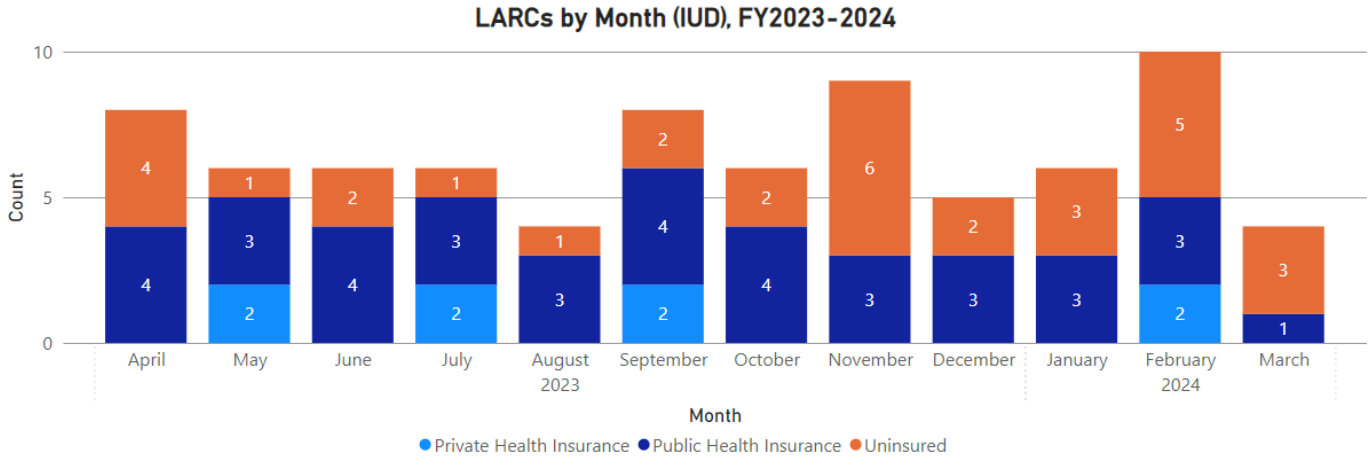


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

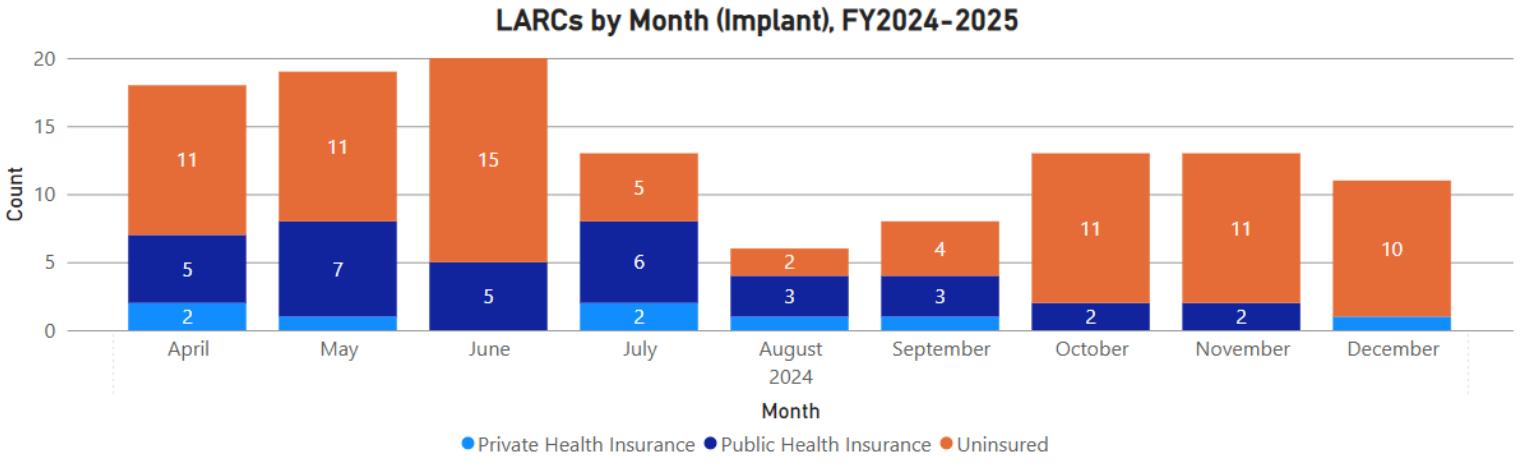


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 - 2024

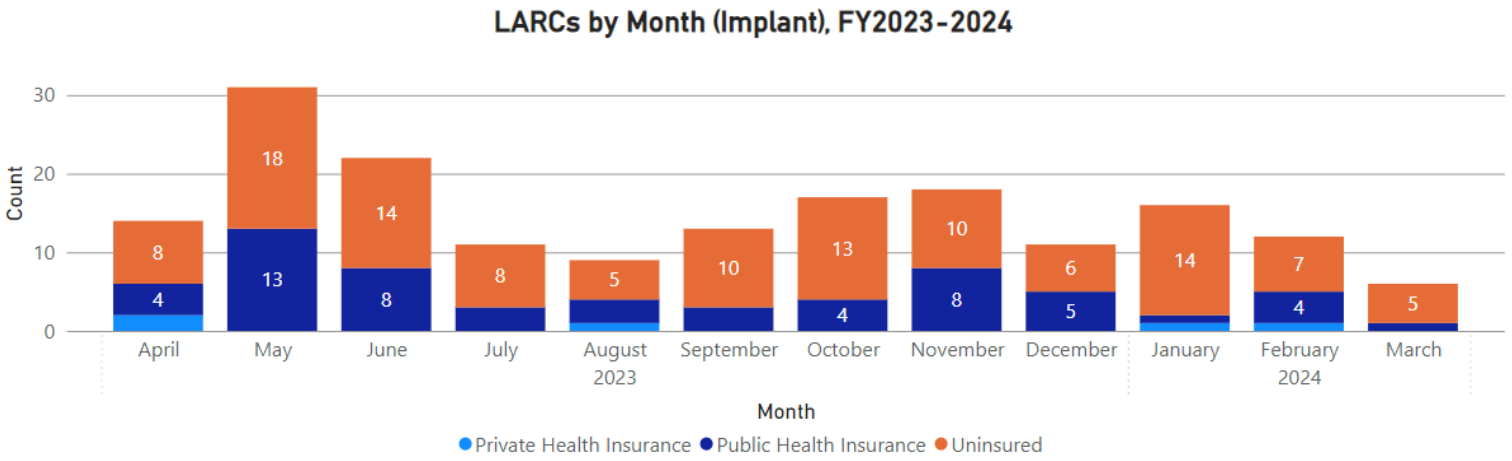


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, December 2024

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	13	2.15%		0.00%	13	2.02%
Asian	15	2.48%	1	2.56%	16	2.49%
Black	305	50.50%	29	74.36%	334	51.94%
PI/HN	12	1.99%		0.00%	12	1.87%
Unknown	76	12.58%	1	2.56%	77	11.98%
White	183	30.30%	8	20.51%	191	29.70%
Ethnicity						
Hispanic	221	36.59%	1	2.56%	222	34.53%
Non-Hispanic	383	63.41%	38	97.44%	421	65.47%
Income						
<=100% FPL	516	85.43%	25	64.10%	541	84.14%
101-249% FPL	75	12.42%	12	30.77%	87	13.53%
>=250% FPL	13	2.15%	2	5.13%	15	2.33%
Insurance						
Private	59	9.77%	4	10.26%	63	9.80%
Public	236	39.07%	11	28.21%	247	38.41%
Uninsured	309	51.16%	24	61.54%	333	51.79%
Age (years)						
<15	0	0.00%		0.00%	0	0.00%
15-49	566	93.71%	32	82.05%	598	93.00%
>50	38	6.29%	7	17.95%	45	7.00%
Limited English						
No	355	58.77%	37	94.87%	392	60.96%
Yes	249	41.23%	2	5.13%	251	39.04%

Table 2. Unduplicated RHWP Patients by CCPC Health Center, December 2024

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	79	13.08%	19	48.72%	98	15.24%
Braxton Cann	29	4.80%		0.00%	29	4.51%
Bobbie Sterne	123	20.36%	5	12.82%	128	19.91%
Millvale	51	8.44%	1	2.56%	52	8.09%
Northside	128	21.19%	13	33.33%	141	21.93%
Price Hill	194	32.12%	1	2.56%	195	30.33%

* 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 PHAB annual report was submitted for 2024, it focused on the foundational capabilities of the health department surrounding quality improvement efforts. 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 2026.

CHD CHA Update:

Cincinnati Health Department has completed the CHD Community Health Assessment (CHA). The CHA was posted on the CHD website, and the public comment period has closed. CHD will continue to seek feedback from the community through our partnerships by attending several community events throughout the year.

Cincy CHIP Update:

The Cincy CHIP focus areas for the upcoming Cincy CHIP cycle are as follows:

- Access to Care
- Behavior and Mental Health
- Infant Vitality
- Nutrition and Food Access
- Housing

The CHIP Behavioral Health Action Team:

The Sources of Strength instructor training is being conducted by our partners at 1N5 starting on January 16, 2025. Xavier MSW students and Santa Maria staff will be trained during this first wave of training in preparation of facilitating this 12-week curriculum to the five Cincinnati Public Schools third grade classes selected to participate in the training.

Regional CHNA and CHIP Update:
The Regional CHNA lead by The Health Collaborative (THC) was released January 2022. CHD is participating in the Regional Behavioral Health Continuity of Care group, 2024 Regional CHNA Advisory committee, and 2024 CHNA Public Health Task Force.

Quality Improvement/ Quality Assurance

Clinical QI committee has resumed meeting. Public Health QI is working with CCHMC to build the systems dashboard for public health programs. QI training sessions have completed their training for the Healthy Homes and Lead Programs and are in monitoring stages. Through our continued partnership with Children's Hospital, several CHD staff members have completed session one of their ImpactU improvement science course. Our CHD QI Steering Committee continues to meet monthly to review progress on highlighted projects and provide feedback to colleagues.

GET VACCINATED GRANT- MONTHLY DATA TABLE 2024-2025										
MONTH	**RM 0-18 Years**	**RC 0-18 Years**	**IQIP Initial Site visit With office**	**IQIP 2 M Follow up**	**IQIP 6 M Follow up**	**IQIP 12 M Follow up**	**MOBI**	**TIES**	**PERI HEPB NEW CASES**	**PERI HEPB CLOSED CASES**
July	570	642	0	0	0	0	0	0	0	2
August	906	1124	0	0	6	2	10	10	0	0
September	786	1176	1	0	5	5	17	15	2	3

October	822	1214	6	1	0	4	5	6	1	0
November	909	1329	3	0	0	2	5	3	2	0
December	687	1120	1	6	0	5	1	2	1	0
January										
February										
March										
April										
May										
June										
TOTAL										

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, (7/18) and IQIP (7/30) required ODH training completed. ..training required PRIOR to initiating MOBI,TIES,IQIP outreach**

October -Immunization Coverage Disparities report submitted

December- Immunization Coverage Disparity Education Plan submitted

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**
N/A	**No meeting was held in January d/t the first Wednesday falling on a holiday.** **First monthly newsletter sent to 120+ members 1/13/2025.**	**Next meeting is February 5, at** 2533 Kemper Ln., Cincinnati, OH 45206 **Meeting frequency: 1st Wednesday of each month.**

Infant Vitality – Malina Harris

ODH- 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**
91 families	**Partners:** 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 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 --- **Status: Active**	**Plan:** Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign. **Meeting frequency: ODH TA Meetings are Quarterly.** Last meeting 12/3/24 Meetings are Quarterly Next Meeting 3/4/25
DCY		
# distributed since	**Project Partners and Status**	**Next Steps**

last report		
50 diapers have been distributed since the last BOH report.	**Partners:** Sweet Cheeks Diaper Bank HCAN, Mercy Health, Health Vine, UC Women's Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC --- **Status: Active**	**Plan:** **Families have been referred to other agencies to receive diapers** Planning Diaper drive at one of the CHD Health Centers during a health fair. Facility has moved to Walnut Hills. **Meeting frequency:** Annually Next Meeting scheduled for: TBD
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**
1-Last Meeting: 10/24/24	**Partners:** **Hamilton County** --- **Status: Active**	**Plan:** Discuss the results of the Maternal & Child Health Survey. The work Group is being reconfigured and will meet on a quarterly basis. **Meeting frequency: Quarterly** TBD
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**
12/12/24	**Partners:** **Ohio Department of Health** --- **Status: Active**	**Plan:** 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. **Meeting frequency:** Quarterly Next Meeting 3/13/25

Program supported projects/ meetings:

12/14/24- City of Cincinnati Social Services Day Event
12/18/24- National Association Of City and County Health Officials (NACCHO) Meeting
1/10/25- Meeting w/CareSource
1/14/25- Sweet Cheeks Annual Partnership Meeting
1/15/25- Cribs for Kids Development Training
1/15/25- QI Measure Updates Meeting
1/15/25- NACCHO MCH 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 increasing nutritional/cooking knowledge in hundreds of Winton Hills community members.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
N/A – FEQ OOO	Produce Perks, CMHA, and Mustard Seed Farm --- **Status: Active**	Plan for 2024 distribution and events. Find community champion **Meeting frequency:** as needed for planning

CHD Healthy Communities Freezer
The Cincinnati Health Department (CHD) Healthy Communities Program will partner with 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
N/A – FEQ OOO	COC Office of Environment and Sustainability, CRC, La Soupe, and Hamilton County ReSource --- **Status: Active** (award received)	Complete contracts with Caresource and plan kick-off event. **Meetings frequency:** as needed based on contract needs and 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
N/A – FEQ OOO	CCHMC, Freestore Foodbank, Hamilton County ReSource, La Soupe, and more. --- **Status: Active**	Network planning for food distribution in the City of Cincinnati; current project funding covers works in Avondale, East and Lower Price Hill **Meeting frequency:** 3rd Thursday of every month --- Stakeholder meeting to report on organizational updates, events, and needs working towards food equity in Cincinnati. **Meeting frequency:** 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

N/A – FEQ OOO	Newsletter sent to community members and partners by the 2nd Tuesday of each month. --- **Status: Active**	Continue to update newsletter content and layout to meet the reader's needs **Meeting frequency**: 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

Program supported projects/ meetings:
N/A - FEQ OOO

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**
Total Amount of Students Educated: 25	**Partners:** H.O.P.E. Coalition --- **Status: Active**	**Plan:** **To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.** **Meeting frequency:** As Needed

Program supported projects/ meetings:
12/14/24: Meeting with Director of the Promise Center About Implementing INDEPTH to CPS Students.
12/14/24: TFOA Steering Committee Meeting
12/15/24: Cancer Center Community Advisory Meeting
12/20/24 Work Strong Training (City HR)
12/23/24: Vape Education to Parents w/ CPD Shop with a Cop Program
12/23/24: Vape Presentation w/ H.O.P.E. Coalition
01/09/25: Parent Advisory Board meeting with Stanford University
01/10/25: Eviction Prevention meeting with Council Woman Meeka Owens
01/10/25: CHIP Housing Meeting

Tobacco 21/Tobacco Retail License (TRL) - Pending

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**
	234 - Retailers Licensed 301 - Identified retailers 100% of 2024 inspections Completed 79 Underage Buy Attempts Completed, 89% Compliance	**Plan:** • Continue Inspections/Compliance Checks until further notice. • Begin Issuing Citations for Non-licensed Retailers after Education • Hire additional underage buyer(s).

Worksite Wellness & Active Living – Scott Dean

Healthy Eating Active Living (HEAL) Capacity Building Grant for Carthage Increased capacity for Carthage residents to engage in Healthy Eating and Active Living (HEAL) projects by conducting the PSE assessment and identifying 1 priority health strategy.		
# of Meeting since last report	**Project Partners and Status**	**Next Steps**
2	**Partners:** Identified 36 partner agencies --- **Status: Active** Working with community on neighborhood improvements. Procuring wayfinding signage and traffic calming measures in the near future, so working with community to make selections.	• Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues • Push out completion of Neighborhood Physical Activity survey **Meeting frequency: Monthly with additional meetings as needed**
Y.E.S on Bike & Pedestrian Safety 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.		
# of Meeting since last report	**Project Partners and Status**	**Next Steps**
1	**Partners:** Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team --- **Status: Active** Finalized pilot curriculum and began presentations. Continuing to find partners to present to Working with Roll Hill to establish new Traffic Garden	• Meeting to with school partners to conduct engagement on design and selection of traffic garden. • Continue work on developing a comprehensive curriculum. **Meeting frequency: Monthly**

Program supported projects/ meetings:
12/16/24 – Traffic Garden Meeting
12/16/24 – Carthage Civic League Meeting
12/19/24 – CHC Toole Design Advisor Meeting
12/20/24 – Healthy Communities QI Overview Meeting
12/30/24 – CHC Group Weekly Meeting
1/06/25 – ODH Health Promotion Networking Call
1/07/25 – CHC ODOT Active Living Presentation Application
1/09/25 – CHD Meeting with HomeBase
1/09/25 – Winton Hills Plan
1/10/25 – Wayfinding Contract Discussion
1/11/25 – Eviction Prevention Meeting
1/11/25 – CHIP Housing Team Meeting
1/16/25 – Meeting to discuss CPS Bike Ed Curriculum
1/21/25 – CHC Group Weekly Meeting
1/21/25 – ODH Health Promotion – Active Living Networking Calls (Public Transit)
1/21/25 – Wayfinding Signs (Carthage)

Men's Health – Eric Washington

Project/ Meeting Title: Buckeye Health Plan and Men's Health

# of Meetings Since Last BOH Meeting	Project Partners and Status	Next Steps
1 Meetings	**Partners:** Buckeye Health Plan – "What's Your Numbers." **Status: Ongoing**	**Plan:** • Start Planning Jan '25 • Planning to add churches, Salons, Etc. **Meeting frequency:** Monthly
Project/ Meeting Title: Brother You're on My Mind		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps**
1 Meeting	**Partners:** Omega Psi Phi – Barbershop Talk Series (Mental, Physical and Spiritual Health **Status:** (Ongoing Monthly)	**Plan:** • Adding CRP and Men's Health -Chronic Disease in '25 • Conversation dealing w/ Mental Health and Youth Mentorship **Meeting frequency:** Monthly x1
Project/ Meeting Title: Men's Health Partnership/Resource (Maple Towers)		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps**
1 Meeting	**Partners: Maple Towers** Awareness, Education and Prevention **Status: Ongoing**	**Plan:** • Programming on Chair Yoga. Meditation, Exercise – • T.Davis will provide a follow up regarding other organizations will teach -Pending • Add a Nutrition/Healthy • Music Component • Starting 2025 TBA **Meeting frequency: Monthly x1**
Project/ Meeting Title: Recovery \Ohio Drug Trends Monthly Meeting		
# of Meetings Since Last Meeting	**Project Partners and Status**	**Next Steps**
	Partners: State of Ohio Partners (200+) **Department of Mental Health and Addictive Services:** The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails. **Status: Ongoing - State Reporting**	**Plan:** 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 **Meeting frequency: Monthly x1**

Program supported projects/ meetings:

12/17/24 – Recovery \Ohio Drug Trends Monthly Meeting
12/20/24 – Ohio Narcotics Intelligence Center (ONIC)/RecoveryOhio Monthly Drug Trends
12/19/24 – Robert A. Taft – Parent and Men's Health Presentation
2/24/24 - Evaluation Session Wm. E Washington W/ T. White
12/24/24 - HEAL - Community Scan Interview Review
12/30/24 - CHD CHC Group Weekly Meetings
12/31/24 – UMADOP – Unofficial Juvenile Court Meeting

1/2/25 – CAA-Fatherhood Meeting – Fatherhood Meeting
1/7/25 – CHD CHC Group Weekly Meetings
1/7/25 – Presentation Application w/ T. White
1/8/25 - OneOhio Local Forum Prep Call
1/8/25 - UMADOP – Unofficial Juvenile Court Meeting/ Parent Group Meeting
1/9/25 - CHD & HomeBase Monthly Meeting
1/10/25 - Wayfinding Contract
1/10/25 - QI and SDOH [In-person]
1/10/25 - CHD CHC Group Weekly Meetings
1/13/25 - OneOhio Local Open Forum - CAB - 605 Conference Room (Todd B. Portune Center)
1/14/25 - HRC Meeting
1/14/25 - Monthly Update Meeting - Men's Health Program
1/7/25 – Mt. Airy Afterschool Meeting

Other Focus Areas:

-CHD partnering with Hamilton County Public Health One Ohio Funds- Ongoing
- Creating Health Communities Grant 24-25
- Healthy Eating and Physical Active/Active Living

Fatherhood Training

The training is evidence-based, and has a pre-training survey on the attitudes, practices and beliefs of staff around serving fathers. The survey is designed for child welfare staff, so we'll see how applicable it is with your group. It's an engaging, interactive 2.5-hour training with individual and group activities, and fatherhood case scenarios for groups to work on near the end. The topics covered are:
Scheduling for January 23, 2025 Burnet and King

- The Importance of Fathers
- Services, Systems & Fathers
- Engaging Fathers
- Fathers Mental Health
- Fatherhood Scenarios

Fatherhood Committee/Group

- Job and Family Services – Fatherhood Collaborative
- Talbert House – Fatherhood Project
- Community Action Agency - Fatherhood Male Involvement

Community Outreach – Justin Berry

Project/ Meeting Title – Community Outreach Details/ description		
# of …	**Project Partners and Status**	**Next Steps**
4 Meeting and Community Members reached) 46	**Partners:** 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, **Status: (Ongoing)** Nacarn- 6 kits passed out in community	**Plan:** **Meeting frequency:** (Monthly and Bi-Monthly) The month of December was a lot of trying to prepare clients for the cold weather that was coming. There was a lot of hand warmers, that was giving away. Also trying to get people into shelters so they will not have to be on the streets during the cold.

MONTH: (2024)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open cases:	97	92	97	86	83	84	84	87	87	85	82	84
3.5-9 µg/dL case mgt & follow-up: *	22/22	22/24	20/20	16/20	8/10	16/7	27/15	41/12	29/14	19/14	18/14	9/12
10+ µg/dL case mgt & follow-up:	4/15	2&18	3/15	4/12	2/20	3/11	6/12	3/10	3/13	5/15	3/9	3/11
Risk assessments:	4	1	2	2	3	1	5	3	3	5	1	4
Orders issued:	0	2	0	4	2	0	5	2	2	2	1	5
Clearances EBL:	1	1	1	3	4	1	1	1	1	1	1	0
Clearances HUD:	0	0	1	2	0	0	6	2	6	6	9	11
Owner meetings EBL:	1	3	0	0	3	0	0	0	1	1	1	4
Owner meetings HUD:	1	1	0	0	4	1	1	1	1	0	1	3
Compliance checks EBL:	23	25	19	22	21	62	26	20	24	27	9	30
Compliance checks HUD:	0	0	3	0	1	0	1	1	3	2	3	1
Contractor mtgs EBL:	0	0	1	0	0	0	2	0	0	0	2	1
Contractor Meetings HUD:	3	5	4	3	1	9	5	7	4	1	8	3

Filed for prosecution:	0	0	0	0	0	0	0	0	0	0	0	0
LIRAs:	8	4	8	4	6	5	5	4	2	6	3	1
Grant apps uploaded (ODH /ODD/HUD)	7/2	11	1/2	5/1	4/0	2/0	13/0	3/4/1	3/1/0	1/0/0	1/0	2/0
Case Update w/ Lead Clinic:	10	12	13	10	11	9	7	11	8	9	8	11

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.

November/December 2024 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety
Attended the Southwest Ohio Public Health Region (SWOPHR) Emergency
Attended City-wide Safety Meeting November 6.
Attended CHES Core Staff Meeting November 27.
Attended TriState Disaster Preparedness Coalition meeting December 6.
Attended SWOPHR Emergency Response Coordinator meeting December 13.
Attended a Technical Assistance call with ODH for the Cities Readiness Grant MCM Action Plan December 18.

Training, Exercises and Improvement Plans
Staff conducted an Emergency Response Plan review at Millvale/Hopple Health Center November 6.
Attended Chempack Initial Planning Meeting for the scheduled Chempack Tabletop Exercise (March 2025) on December 13.
Attended the BioWatch Tabletop Exercise After Action Report conference call December 19.

Response/Preparedness Activities
November 21-December 2
Staff responded to a large mercury spill in the Camp Washington neighborhood to assist Ohio EPA and USEPA remedial actions. Multiple individual exposures were investigated and their homes were cleared of contamination by USEPA.

Staff provided assistance to the Communicable Disease Unit's response to a human rabies case investigation in December.

Cincinnati Vital Records and Statistics Program
Monthly Dashboard for December 2024

Vital Records received payment for 30 affidavits, staff assisted customers with birth certificate corrections using the affidavit process.

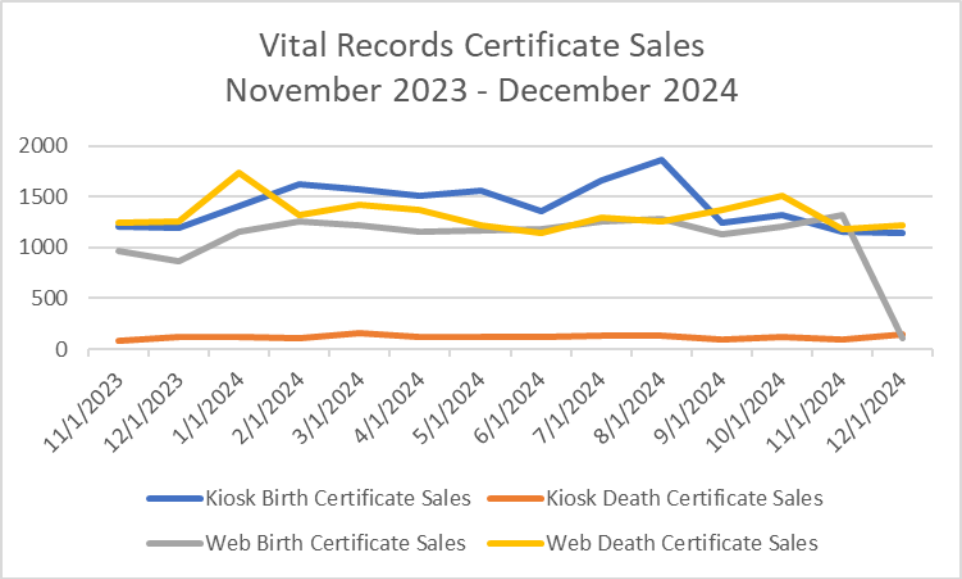
Vital Records staff assisted 6 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received 151 payments for permits (burial, cremation, transport, or entombment).

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

Dec-24	Kiosk	Web	Vitalchek.com	Mail
Birth Certificates	1144	1003	219	46
Death Certificates	140	1219	80	0

Total Payments	$29,020	$55,450	$6,990	$1,026



Monthly Infectious Disease Surveillance Summary, December 2024

city of CINCINNATI HEALTH DEPARTMENT

Reportable Condition is by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.)	2024 December	2024 YTD	2023 December	2023 YTD	2023 Rate	Cincinnati 5 Year Average Rate (2019-2023)	Ohio 5 Year Average Rate (2015-2019)
Food- or Waterborne	***9***	***145***	***9***	***222***	***46.22***	***47.32***	***12.32***
Amebiasis				2	0.33	0.19	0.10
Brucellosis						0.06	< 0.001
Botulism						0.06	0.10
Campylobacteriosis		26	3	63	10.0	10.65	18
Cryptosporidiosis	1	19	1	29	7.43	3.25	7.50
Cyclosporiasis		1		2	0.66	0.84	0.50
E. coli, Shiga Toxin-Producing O157:H7	1	8	2	18	4.52	3.76	0.70
Giardiasis	2	14		19	4.20	4.22	3.70
Hepatitis A (also vaccine-preventable)				2	0.66	2.86	6.10
Legionellosis - Legionnaires' Disease	2	9	1	17	3.88	3.96	5.90
Listeriosis						0.52	0.30
Salmonellosis	2	34	1	28	6.78	9.42	12.70
Salmonella Typhi (travel associated)		1		1			
Shigellosis		21		30	5.17	6.30	5.80
Vibriosis (not cholera)		2	1	1	0.33	0.32	0.30
Yersiniosis	1	10		10	2.26	0.91	0.60
Vectorborne		***17***	***1***	***11***	***3.24***	***2.92***	***0.60***
Chikungunya Virus Disease*		1				0.13	<0.001
Dengue		2		1		0.13	0.10
Lyme disease		5		2	0.66	1.30	2.30
Malaria*		8	1	8	2.58	1.17	0.50
Spotted Fever Rickettsiosis						0.13	0.30
Ehrlichiosis-Ehrlichia chaffeensis						0.06	0.10
Anaplasmosis-Anaplasma phagocytophilum		1			0	-	
Vaccine-Preventable	***30***	***377***	***57***	***168***	***43.62***	***86.37***	***91.00***
Hemophilus influenzae, invasive disease		7		10	3.23	3.05	2.10
Influenza-associated hospitalization	24	279	50	94	23.9	67.34	77.30
Mumps		1		1		0.26	0.40
Pertussis	3	39		6	1.62	3.12	7.20
Meningococcal disease – Neisseria meningitidis				1	0.33	0.13	-

S. pneumoniae, invasive (abx susceptible/unknown)	2	28	7	46	11.63	9.68	-
S. pneumoniae, invasive (abx resistant)	1	10		4	0.97	2.79	-
Varicella (chickenpox)		13		6	1.94	2.39	3.90
Reportable Condition[2] by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.)	**2024 December**	**2024 YTD**	**2023 December**	**2023 YTD**	**2023 Rate**	**Cincinnati 5 Year Average Rate (2019-2023)**	**Ohio 5 Year Average Rate (2015-2019)**
Viral Hepatitis	***43***	***461***	***41***	***645***	***144.76***	***178.58***	***193.12***
Hepatitis B, acute *(also vaccine-preventable)*	1	8		3	0.33	1.56	2.80
Hepatitis B, chronic, newly identified *(also vaccine-preventable)*	8	89	7	111	24.23	25.91	20.62
Hepatitis B, perinatal						0.13	-
Hepatitis C, acute		1	1	4	0.33	2.47	2.68
Hepatitis C, perinatal		3	1	2	0.33	0.52	<0.001
Hepatitis C, chronic, newly identified	34	359	32	524	119.54	147.99	167.02
Hepatitis E		1		1			
Other Conditions[#]	***421***	***5853***	***1256***	***10062***	***2511.39***	***-***	***2.34***
Carbapenemase-Producing Organisms (CPO)		35	5	91	14.86	5.58	Not Yet Reportable
Candida Auris	7	106	5	261	38.45	18.44	<0.001
COVID-19	407	5635	1236	9610	2432.21	5,793.38 (4-year rate)	Not yet Reportable
Coccidioidomycosis	1	3		1	0.33	0.65	0.20
Creutzfeldt-Jakob Disease		1				0.06	0.10
Hemolytic uremic syndrome (HUS)						0.06	<0.001
Meningitis, aseptic	1	19	1	16	4.85	5.06	5.40
Meningitis, bacterial (not *N. meningitidis*)	2	13	1	8	2.26	2.60	1.10
MPOX		3	1	3	0.97	1.50 (2-year rate)	Not Yet Reportable
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19						1.17 (4-year rate)	Not Yet Reportable
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)						0.06	0.10
Streptococcal, Group A, invasive	3	35	7	65	15.51	9.29	4.80
Streptococcal, Group B, newborn		3		4	1.29	0.84	-
Toxic Shock Syndrome (TSS)				3	0.66	0.39	<0.001
Typhus Fever						0.06	-
TOTAL CONFIRMED AND PROBABLE CASES	***503***	***6853***	***1364***	***11108***	***2749.23***	***-***	***299.38***
Dermatologic	1	5		10	3.86	0.93	
Gastrointestinal		4		5	1.62	1.46	
Respiratory	1	44	11	86	27.46	25.61	
Other		9		1	0.66	0.65	
Outbreaks (Investigation started)	**2**	**62**	**11**	**102**	**33.60**		

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).
2) 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.
3) All data was provided through the Ohio Disease Reporting System – All data is provisional and subject to change.

*Acquired through international travel

^CP-CRE (Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae) is a multi-drug resistant condition newly reportable as of March 2018.

#Note that sexually-transmitted infections, Human Immunodeficiency Virus (HIV) infections (including AIDS) and Tuberculosis are investigated and reported by Hamilton County Public Health and are not included here.

- Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents

  Any dash (-) indicates there was no available data at the time this report was published due to either lack of cases in the last 10 years, or age restrictions when calculating rates with population.

CITY OF CINCINNATI COVID-19 REPORT

Updated 1/24/2025

KEY METRICS

TOTAL CASES	TOTAL DEATHS	Total Hospitalized	Median Age	Age Range
95141	817	3633	34	0 - 107
74233 Confirmed / 20908 Probable	699 Confirmed / 118 Probable	Males: 40211	Females: 54051	Onset of Symptoms: 1/5/2020 - 1/18/2025

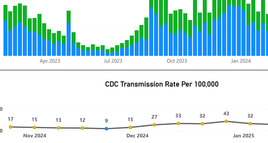
Active Cases	Recovered Cases	7 Day Cumulative New Cases Per 100,000
242	94062	19.7

DATA SHOWN FOR TODAY REFLECTS PAST 24 HOURS
*DATA IS PROVISIONAL AND CONTINUOUSLY UPON COMPLETION OF CONTACT TRACING AND CONFIRMATION OF JURISDICTIONAL RESIDENCE
**IN ACCORDANCE WITH THE NEW CDC GUIDELINES, THE CDC EXPANDED (PROBABLE) CASE DEFINITION IS INCLUDED IN THIS REPORT. SEE: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html
***Presumed recovered cases is defined as cases with a symptom onset date/test date >21 days prior who are not deceased. Active cases are defined as cases with a symptom onset/test date <21 days.
****Jurisdictional transfers added based on the date they were originally reported to the local health department. These are not classified as new cases.
*****For more information including detailed maps of City of Cincinnati data, please visit https://insights.cincinnati-oh.gov/stories/s/VHF-5X85
******Transmission indicator based on CDC defined criteria
STATE DATA SOURCE: OHIO DISEASE REPORTING SYSTEM (ODRS)

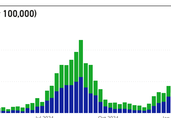
city of CINCINNATI HEALTH DEPARTMENT

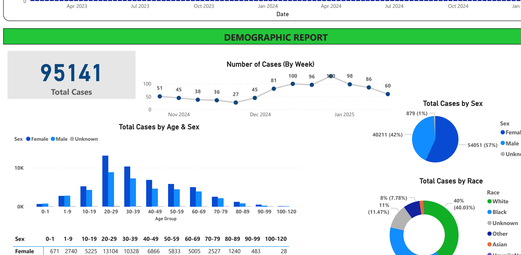
WEEKLY NEW CASE INFORMATION

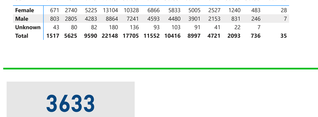
Total New Cases	37 New Confirmed	23 New Probable
60		

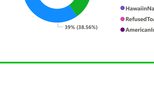


Sex	0-1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	90-99
Female	1	1	2	7	2	7	5	8	4	
Male	2	3	3	2	6	3		2	1	1
Total	3	4	5	9	8	10	5	10	5	1

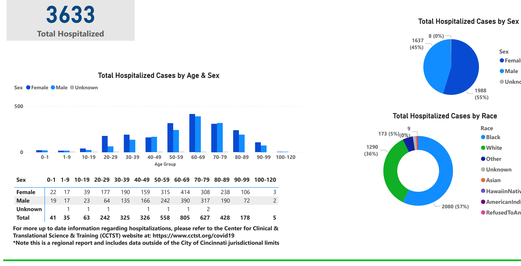






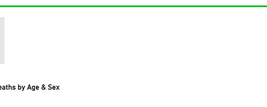


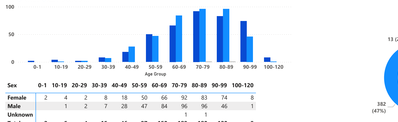
*Transmission rate graph represents the last 3 months



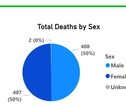
DEMOGRAPHIC REPORT

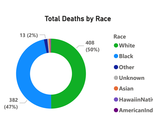
95141
Total Cases



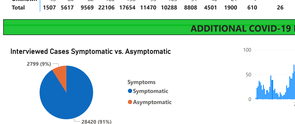


Sex	0-1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-120
Female	671	2740	5225	13104	10328	6866	5833	5005	2527	1240	483	28
Male	803	2805	4283	8864	7241	4593	4480	3901	2153	831	246	7
Unknown	43	80	82	180	136	93	103	91	41	22	7	
Total	1517	5625	9590	22148	17705	11552	10416	8997	4721	2093	736	35



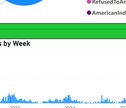


3633
Total Hospitalized

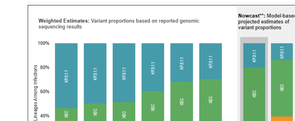


Sex	0-1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-120
Female	22	17	39	177	190	159	315	414	308	238	106	3
Male	19	17	23	64	135	166	242	390	317	190	72	2
Unknown	1		1	1		1	1	1	2			
Total	41	35	63	242	325	326	558	805	627	428	178	5

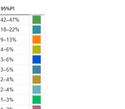
For more up to date information regarding hospitalizations, please refer to the Center for Clinical & Translational Science & Training (CCTST) website at: https://www.cctst.org/covid19
*Note this is a regional report and includes data outside of the City of Cincinnati jurisdictional limits

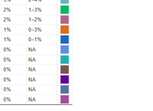


817
Total Deaths



Sex	0-1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-120
Female	2	4	2	8	18	50	66	92	83	74	8	
Male		1	2	7	28	47	84	96	96	46	1	
Unknown							1	1				
Total	2	5	4	15	46	97	150	189	180	120	9	





94062
Total Recovered

Sex	0-1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-120
Female	664	2737	5210	13072	10297	6824	5760	4911	2419	1150	406	20
Male	800	2800	4277	8854	7221	4553	4425	3906	2042	729	197	6
Unknown	43	80	82	180	136	93	103	91	40	21	7	
Total	1507	5617	9569	22106	17654	11470	10288	8908	4501	1900	610	26

ADDITIONAL COVID-19 INFORMATION

%Hospitalized

3.8%
of Total Cases

0.9%
Case Fatality Rate

Regional COVID-19 Variant Report

The graphic below represents genomic surveillance by the CDC for the United States
Variant proportions can be found at https://covid.cdc.gov/covid-data-tracker/#variant-proportions
*Updated 1/24/2025

Weighted and Nowcast Estimates in United States for 2-Week Periods in 9/29/2024 – 1/18/2025

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

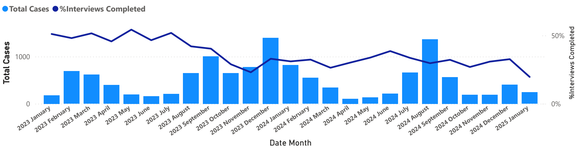
Nowcast Estimates in United States for 12/22/2024 – 1/4/2025

USA

WHO label	Lineage #	%Total	95%PI
Omicron	XEC	44%	42–47%
	KP.3.1.1	20%	18–22%
	LP.8.1	10%	9–13%
	MC.1	5%	4–6%
	MC.10.1	5%	3–6%
	LF.7	4%	3–5%
	XEK	3%	2–4%
	LB.1.3.1	3%	2–4%
	XEC.4	2%	1–3%
	KP.3	2%	1–3%
	JN.1.18.6	1%	0–3%
	MC.19	1%	0–1%
	KP.2.3	0%	NA
	KP.1.1.3	0%	NA
	LB.1	0%	NA
	JN.1	0%	NA
	KP.2	0%	NA
	LP.1	0%	NA

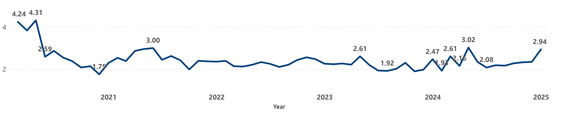
KEY METRICS

Total Cases and %Interviews Completed by Month



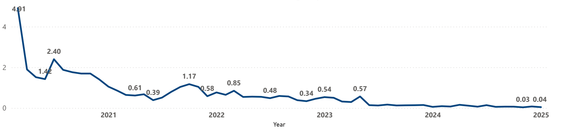
Year	%Interviews Completed	Total Cases
2020	57.1%	17113
2021	30.8%	32806
2022	27.7%	31805
2023	39.7%	7620
2024	31.3%	5553
Total	**35.2%**	**95141**

Symptom Onset to Test Average by Month



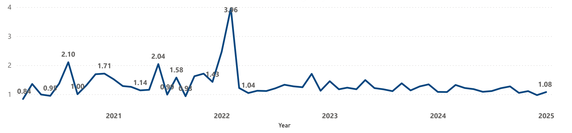
Year	Symptom Onset to Test Average
2020	2.43
2021	2.41
2022	2.30
2023	2.12
2024	2.26
2025	2.94
Total	**2.34**

Test to Result Average by Month



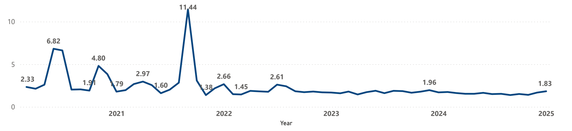
Year	Test to Result Average
2020	1.69
2021	0.83
2022	0.63
2023	0.25
2024	0.08
2025	0.04
Total	**0.83**

Result to LHD Average by Month



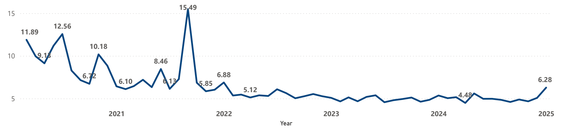
Year	Average of Result to LHD
2020	1.55
2021	2.07
2022	2.24
2023	1.59
2024	1.37
Total	**1.95**

LHD to Monitoring Average by Month



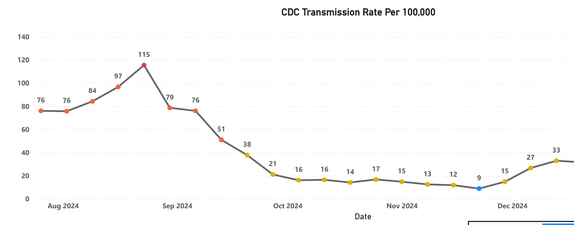
Year	Average of LHD to Monitoring
2020	4.16
2021	3.06
2022	2.09
2023	1.76
2024	1.57
Total	**2.87**

Symptoms to Monitoring Average by Month



Year	Average of Symptoms to Monitoring
2020	9.67
2021	7.32
2022	5.72
2023	4.90
2024	4.98
Total	**6.88**

CDC Transmission Rate Per 100,000

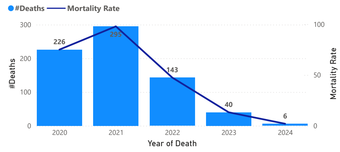


COVID-19 Mortality Data

710
#COVID-19 Deaths

39.26
Total Pop. Mortality Rate

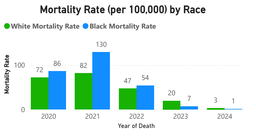
COVID-19 Deaths and Mortality Rate (per 100,000) by Year



37.27
White Mortality Rate

46.33
Black Mortality Rate

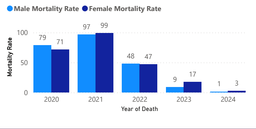
Mortality Rate (per 100,000) by Race



38.95
Male Mortality Rate

39.55
Female Mortality Rate

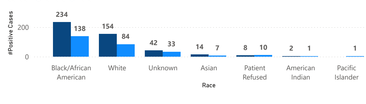
Mortality Rate (per 100,000) by Sex



Data Source: Ohio Department of Health, Office of Vital Statistics
Note the difference between total deaths from vital statistics and the Ohio Disease Reporting System. This can be due to a variety of factors including: time lag of death certificate reporting, difference in residential address, and ICD coding.
Mortality data updated monthly

City of Cincinnati Primary Care COVID-19 Information

Positive Cases by Race and Sex

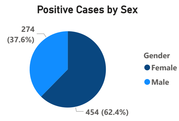


728
Total CCPC Confirmed Cases

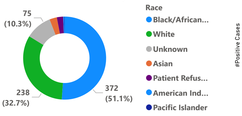
5258
Total CCPC Tested

13.8%
CCPC Positivity Rate

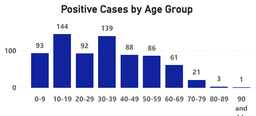
Positive Cases by Sex



Positive Cases by Race

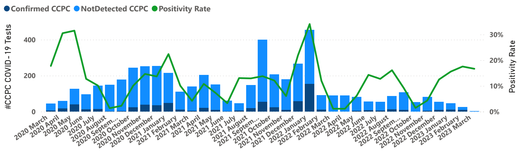


Positive Cases by Age Group



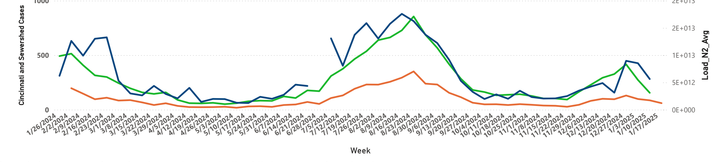
***CCPC data updated monthly**
***Data is provisional Contingent Upon Completion of Contact Tracing and Confirmation of Jurisdictional Residence**
***Data Source: Epic EMR for City of Cincinnati Primary Care**

Total CCPC Tests and Positivity Rate



Wastewater Data

Average N2 Levels and COVID-19 Cases (Last 12 Months)



***The graph above represents the number of reported cases in the City of Cincinnati, reported cases in each greater Cincinnati sewershed (Little Miami, Mill Creek, Muddy Creek, and Taylor Creek), and compared to the wastewater data (Load N2 Average).**
****On 9/25/22, a new method was implemented to improve extraction efficiency (from an average of 15% to about 50%) resulting in about 50% higher gene copies/L.**
****Sample collections paused for the month of September 2023**
***Note the date differences for each variable (all grouped by week)**
***Sewershed cases based on symptom onset date**
***Cincinnati cases based on case report date**
***Load N2 Average based on sample collection date**

****Updated Weekly**
Source: Ohio Disease Reporting System (ODRS), https://coronavirus.ohio.gov/dashboards/other-resources/wastewater

CITY OF CINCINNATI ENVONMENTAL HEALTH REPORT

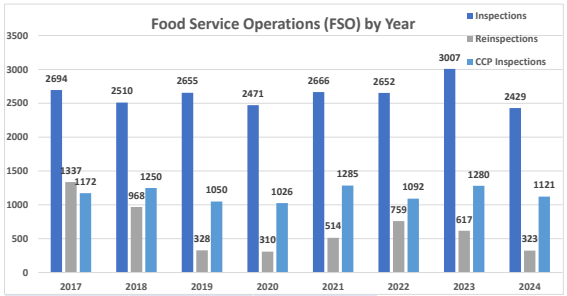
Environmental Health

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.

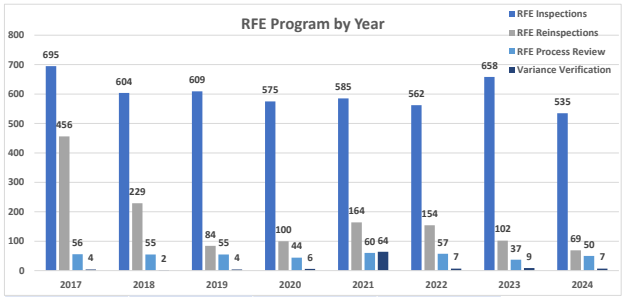
*Averages for each category are based on the last five years average for the same month.

FOOD INSPECTION PROGRAM

The Food Safety Program completed an Ohio Dept of Agriculture audit and completed T21 inspections for 2024.



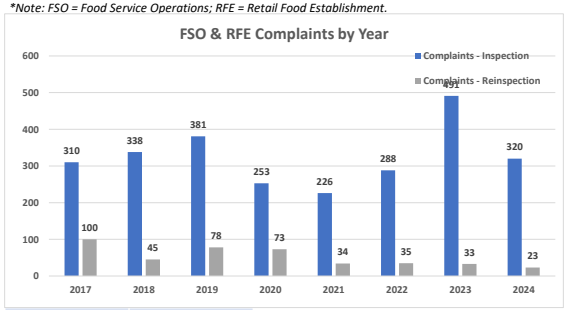
Inspections		Reinspections		CCP Inspections	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
226	179	40	19	89	85



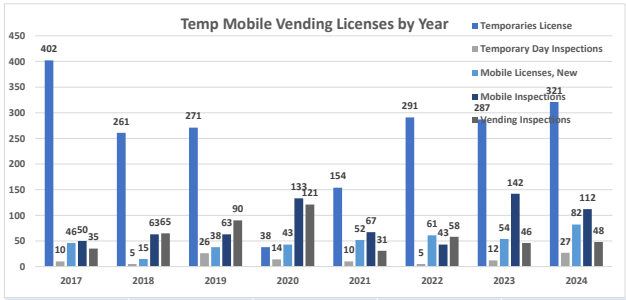
RFE Inspections		RFE Reinspections		RFE Process Reviews		Variance Verifications	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
36	27	10	5	4	2	0	0

*Note: CCP = Critical Control Point Inspections.

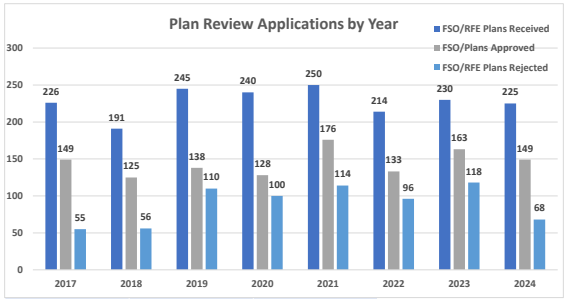
*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.



Complaints - Inspection		Complaints - Reinspection	
DEC Average	Total Last Month	DEC Average	Total Last Month
30	14	3	4



Temporaries Licenses		Temporary Day Inspections		Mobile Licenses, New		Mobile Inspections		Vending Inspections	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
1	0	0	0	1	4	2	11	0	0

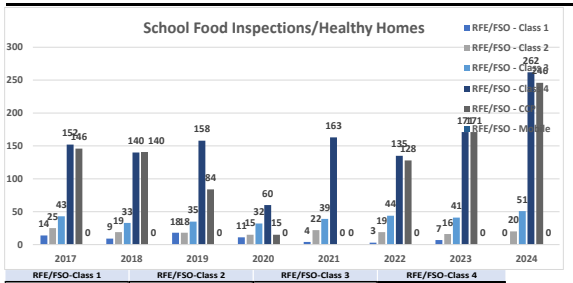


FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
20	10	11	10	6	3

ServSafe Training Classes		PIC Training Classes	
DEC Average	Total Last Month	DEC Average	Total Last Month
0	0	1	0

HEALTHY HOMES PROGRAM

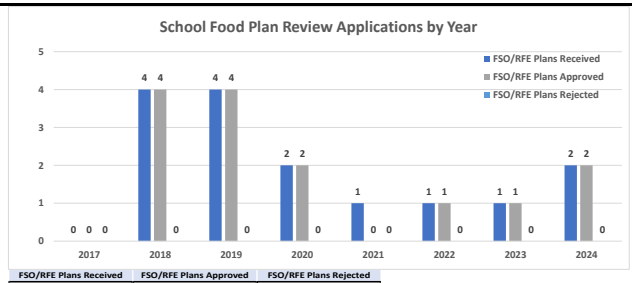
The Healthy Home team conducted the last quarterly inspection for Job Corps for 2024. We are making excellent progress in building the platform for the merge into Cagis Edge for our complaints.



RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
1	0	1	2	4	3	26	29

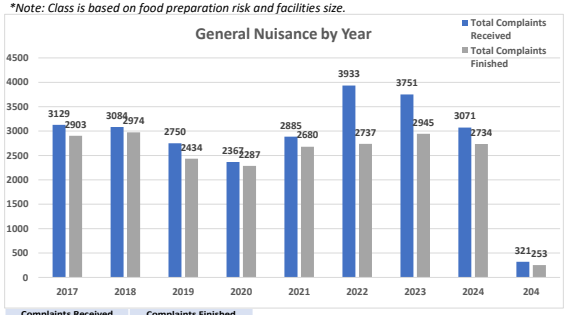
RFE/FSO-CCP		RFE/FSO-Mobile	
DEC Average	Total Last Month	DEC Average	Total Last Month
15	29	0	0

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

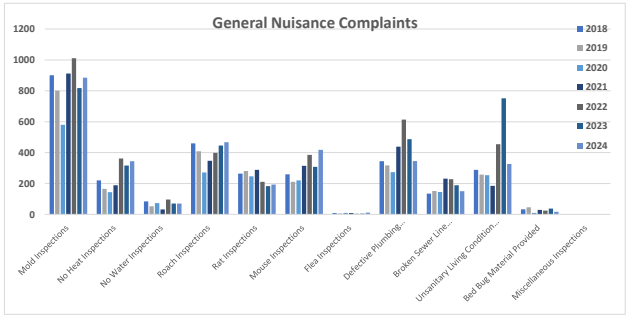


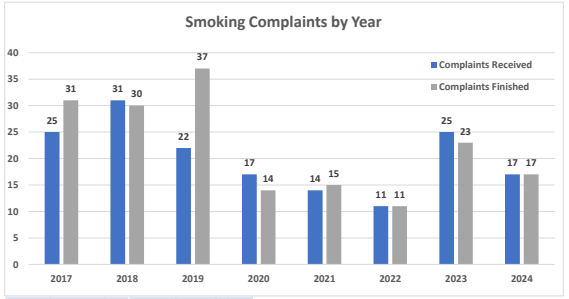
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
0	0	0	1	0	0

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



Complaints Received		Complaints Finished	
DEC Average	Total Last Month	DEC Average	Total Last Month
245	0	232	0



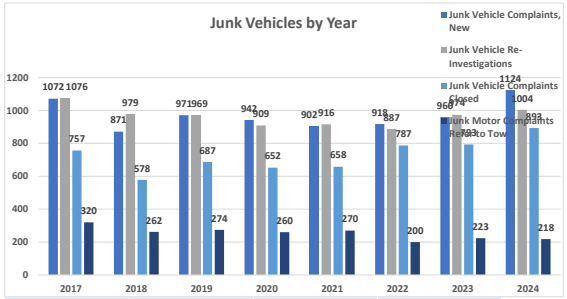


Complaints Received		Complaints Finished	
DEC Average	Total Last Month	DEC Average	Total Last Month
1	1	2	2

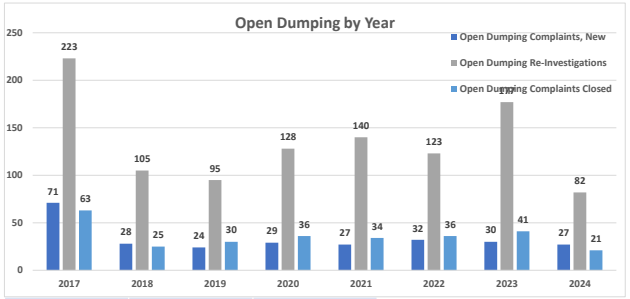
**Note: This data reflects the number of complaints received for the entire city*

ENVIRONMENTAL WASTE PROGRAM

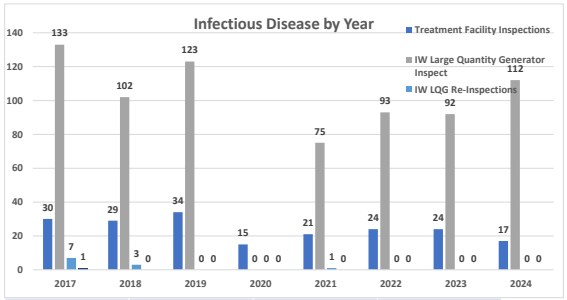
The Waste Unit licensed one new body art establishment. We prepared court paperwork for two problem property owners.



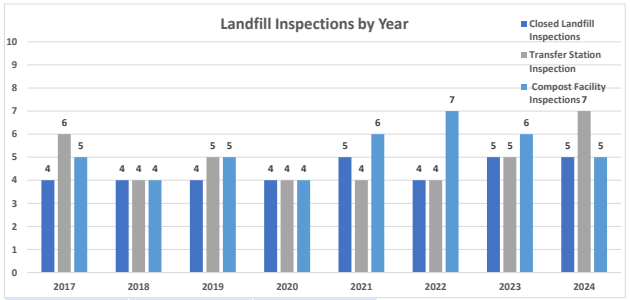
Junk Vehicle Complaints, New		Junk Vehicle Re-investigations		Junk Vehicle Complaints Closed		Junk Motor Complaints Refer to Tow	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
55	31	59	47	40	29	21	9



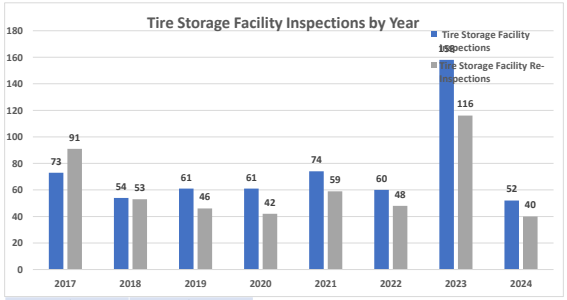
Open-Dumping Complaints		Open-Dumping Re-Investigations		Open-Dumping Complaints Closed	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
2	2	6	10	1	1



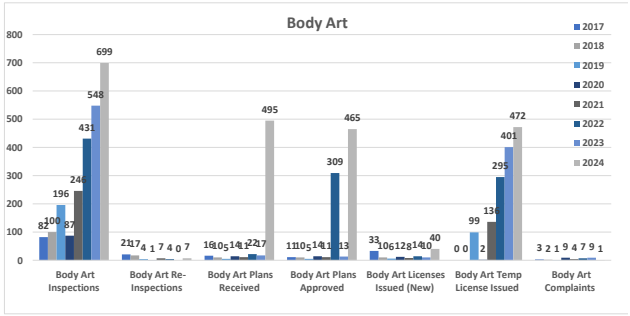
Treatment Facility Inspections		IW Large Quantity Generator Inspections		IW LQG Re-Inspections		IW Complaints	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
5	2	6	0	0	0	0	0



Closed Landfill Inspections		Transfer Station Inspection		Compost Facility Inspections	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
0	0	1	1	1	0

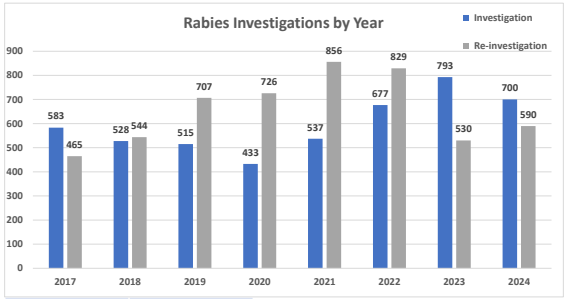


Tire Storage Facility Inspections		Tire Storage Facility Re-Inspections	
DEC Average	Total Last Month	DEC Average	Total Last Month
1	1	1	0

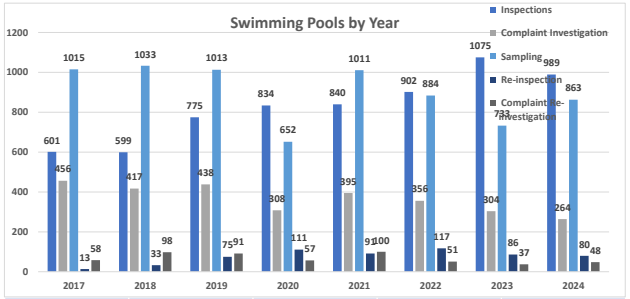


TECHNICAL ENVIRONMENTAL SERVICES (TES)

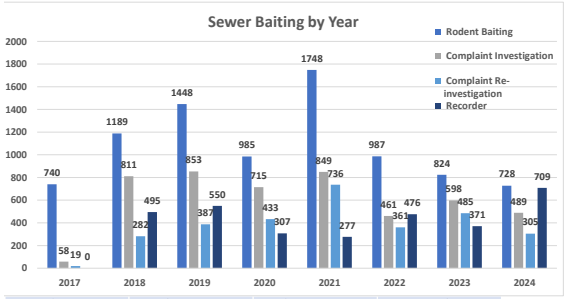
The Technical staff conducted a sewer baiting project in the neighborhood around Findlay Market. An inspection and final approval was given for a new NPDES sewage treatment system in Mt. Airy.



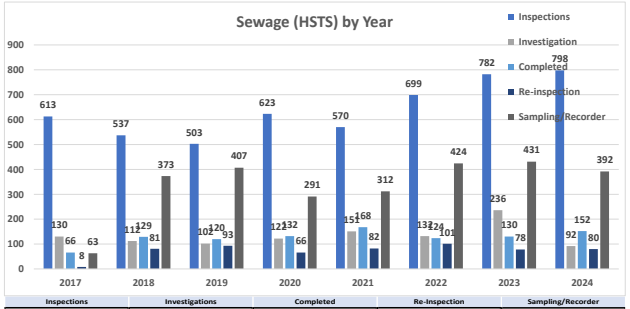
Investigations		Re-Investigations	
DEC Average	Total Last Month	DEC Average	Total Last Month
35	68	47	43



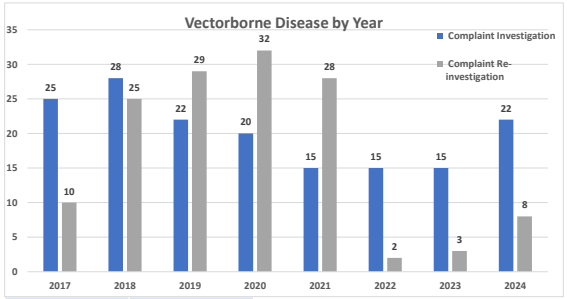
Inspections		Complaint Investigations		Sampling		Re-Inspections		Complaint Re-Investigations	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
46	89	1	1	0	0	4	6	4	2



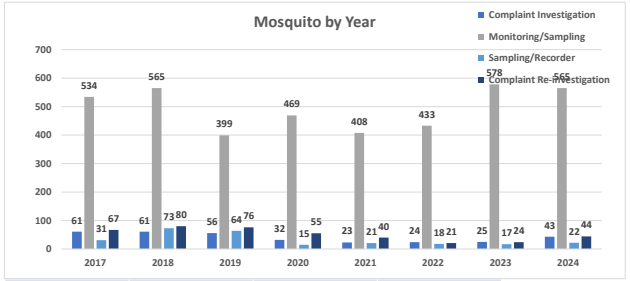
Rodent Baiting		Complaint Investigations		Complaint Re-Investigations		Recorder	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
50	73	29	0	17	42	12	68



Inspections		Investigations		Completed		Re-Inspection		Sampling/Recorder	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
97	131	5	0	3	2	11	2	44	21



Complaint Investigations		Complaint Re-Investigations	
DEC Average	Total Last Month	DEC Average	Total Last Month
1	2	1	0



Complaint Investigations		Monitoring/Sampling		Sampling/Recorder		Complaint Re-Investigations	
DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month	DEC Average	Total Last Month
0	0	0	0	0	0	2	0