



Board of Health Meeting

Tuesday, June 27, 2023

Agenda

Amar Bhati, M.D.	Surmeet Bedi, M.D.	Carrie Douglas
Jennifer Forrester, M.D.	Joe Hackworth, M.D.	Edward B. Herzig, M.D.
Monica Mitchell, Ph.D, MBA	Raynal Moore	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 May 23, 2023, Board of Health Meeting

Old Business

6:10 pm – 6:25 pm Commissioner's report & Community Health Needs Assessment data—Dr. Grant Mussman

6:25 pm – 6:35 pm COVID-19 Update – Dr. Maryse Amin

6:35 pm – 6:45 pm Finance Committee Update – Ms. Ashlee Young

- Vote: **Motion to Approve**-Jensen Partners-Contract 35x10573
- Vote: **Motion to Approve**-EyeMed Vision Care-Contract 45x10580
- Vote: **Motion to Approve**-Ohio Department of Commerce-Contract 45x10575
- Vote: **Motion to Approve**-Ohio Department of Health-Contract 45x10582
- Vote: **Motion to Approve**-Hamilton County General Health District; Cities Readiness Initiative-Contract 35x10511

6:45 pm – 6:55 pm Finance Update – Mark Menkhaus Jr.

6:55 pm – 7:00 pm Personnel Actions—Dr. Grant Mussman

- Vote: **Motion to Approve** Personnel Actions dated June 27, 2023

New Business

7:00 pm – 7:15 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 employee discipline.

7:15 pm – 7:20 pm Additional New Business and Public Comments

7:20 pm Adjourn

Next Meeting – July 25, 2023

[Mission]

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

[illegible]

Yay

Nay

Absent

Didn't vote but present

M *Move*

2nd *Second*

Dr. Grant Mussman-Health Commissioner
Sa-Leemah Cunningham (Clerk)
Antonio Young
Ian Doig
Mark Menkhaus Jr.
Dr. Camille Jones
Tim Collier
Hannah Back
Ashanti Salter
Kim Wright
Joyce Tate
Jose Marques
Chante Randolph
Harry Barnes
Dr. Maryse Amin
Meriel Vigran
Angela Mullins
Dr. Anna Novais
Dr. Michelle Daniels
Robert Brown

[illegible]

DATE: June 23, 2023

TO: Board of Health Members

FROM: Dr. Grant Mussman, Interim Health Commissioner

SUBJECT: Health Commissioner Executive Summary

Community Health Assessment

- A draft copy of the community health assessment (CHA) report was included in the board packet for review. The 2023 CHA is an update to the 2020 CHA. The CHA illustrates the key health issues faced by City of Cincinnati residents along with relevant health disparities affecting community health. The 2023 update shows our continuous effort in ensuring the most current data and information is available for effective decision-making and health planning.

Cincinnati Public Library

- The Cincinnati Public Library will be partnering with us to catalog our historical documents. The goal is to ensure that these documents are preserved and made accessible to the public.

Expanding our Visibility in the Community

- Met with the members of the East Price Hill community council to discuss our data-driven approaches in improving health outcomes in the areas of infant mortality, life expectancy, and behavioral health.
- Media interest to discuss precautionary efforts in preventing tick- and mosquito-borne illnesses, the CHA, and the proposed Ohio law that would require schools to have on-site AEDs.
- CHD staff attended the summer 2023 all children thrive conference that was held at the Sharonville convention center. The theme for this year's conference was "Onward Together: The Impact of Community Collaboration," which featured keynote speaker City Manager Sheryl Long. Our clinical and environmental team in partnership with Cincinnati Children's hospital presented on their QI work in improving health outcomes.
- CHD staff participated in the annual Pride Day event that was held downtown this past weekend.

Federal COVID Vaccine Mandate and BOH Resolution

- The federal COVID vaccine mandate is expected to be rescinded on August 8th, which impacted employees who work in our federally qualified health centers to be fully vaccinated or have an approved request for an exemption. We are working with legal to rescind the current board resolution to enforce this mandate.



2023-2028 Community Health Assessment

JUNE 2023-2028

This report is produced by the City of Cincinnati Health Department.
For more information and updates, please call 513-357-7272 or visit
<http://www.cincinnati-oh.gov/health>

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Chapter 1: Introduction

Purpose

The purpose of the Community Health Assessment (CHA) is to learn about the health of the Cincinnati population, identify contributing factors to higher health risks or poorer health outcomes, and determine what assets and resources are available to improve the population health status.

2023 CHA Update and Addendum

In 2020, the Cincinnati Health Department (CHD) initiated this assessment process to develop a comprehensive CHA for the residents of Cincinnati. Over time, the health of the population and the broad range of factors that impact health may change. It is important to continually monitor and update the CHA to better understand the ongoing health of our community. This 2023 update is our continuous effort to ensure the best and most current data and information is available for decision-making and health planning.

Ongoing Monitoring and Updating the CHA

All Ohio local health departments (LHDs) and tax-exempt hospitals are required by statute to submit assessments to the state on an established cycle (Ohio Revised Code 3701.981). This assures that the CHA, the Community Health Needs Assessment (CHNA) required by tax-exempt hospitals, and the State Health Assessment (SHA) are in alignment. By October 1, 2023, all LHDs shall submit their completed CHA to ODH, and every three years thereafter. Tax-exempt hospitals will follow the same schedule for their CHNAs. With this 2023 update of our CHA, the Cincinnati Health Department is on track to meet these established intervals and will have a fully revised CHA every three years.

Between the 3-year intervals established above, ongoing analyses will be conducted to assure that the most current data is available to better understand the health of Cincinnati residents. Ongoing monitoring includes revising existing data in the CHA, as well as furthering our analyses of specific neighborhood data and information with an emphasis on health inequities and socioeconomic factors.

Collaborative Process for Sharing and Analyzing Data

The CHA was developed through a collaborative process of collecting and analyzing data, involving many sectors of the community (local government, for-profits, non-profits, community foundations, health care providers, academia, and human service agencies); and ensuring representation of populations that are at higher health risk or have poorer health outcomes. All these partners have committed to using the assessment, in which they have highlighted areas for improvement, identified resources, and prepare to adopt priorities and policies and develop plans to address community health outcomes.

Community Health Needs Assessment (CHNA)

The Cincinnati Health Department participates in an ongoing partnership of the Regional Community Health Needs Assessment (CHNA) group convened by the Health Collaborative of Cincinnati in 2021; 36 hospitals, 22 local health departments, 26 counties, and 3 states share data for the whole region as well as detailed county-level data. This approach provides another source of data describing health needs locally and regionally and recognizes the impact of the region on local health. CHD utilizes this partnership data to augment and inform its CHA and to support data analyses in specific areas, such as access to health care. A full list of stakeholders can be found in Appendix A.

Data and Information Sources Contributing to the Assessment

Sources of data for this report include the Cincinnati Health Department (CHD), the Ohio Department of Health, Hamilton County Public Health, Ohio Department of Job and Family Services (ODJFS), the Center for Disease Control and Prevention (CDC), the Bureau of the Census' American Community Survey (Census: ACS), the Ohio Department of Public Safety (ODPS), the Ohio Development Services Agency (ODSA), the Ohio Mental Health and Addiction Services (OMHAS), the Health Resources and Services Association (HRSA), the United States Department of Agriculture Economic Research Service (USDA ERS), and the Robert Wood Johnson Foundation.

Report Structure

This report illustrates the key health issues faced by City of Cincinnati residents along with relevant health disparities affecting community health. Data in this report are organized into topic areas, which can be located by referring to the table of contents. The structure of this report includes: this introduction and description of the process; a demographic discussion of the population; an analysis of the Social Determinants of Health; a community health status report based on four of the Foundational Public Health Areas (Communicable Disease, Chronic Disease, Maternal & Child Health, and Access to Care); summaries of focus group sessions; and a summary of the key findings and conclusions. This report compiles primary (newly collected data) and secondary (existing) data to paint a detailed picture of the city and compares the area's status to state and national data where possible, highlighting critical areas of public health concern.

Contributing Causes of Health Challenges

The City of Cincinnati has its share of health challenges. The city has seen some progress in reducing infant mortality, but there is still significant work to be done. Leading causes of death vary by gender and race, but we continue to see heart disease, cancer and injury deaths topping the list. The emergence of COVID-19 has impacted the entire city, becoming the fourth leading cause of death in Cincinnati in 2021. Drug overdoses and the opioid epidemic have a significant impact on our neighborhoods as well. Finally, there is a growing concern about mental and behavioral health and the stigma associated with seeking needed help.

A large and growing body of evidence tells us that many factors impact our health outcomes, especially socioeconomic status indicators such as income, education, and even the neighborhood we live in. This update to our Community Health Assessment (CHA) provides a deeper look at those factors that contribute to our health and well-being at a neighborhood level. Where we live has a significant impact on our health and tells us more about what we can do as a community to improve.

The CHA contains many color-coded neighborhood maps, identifying data specific to a particular neighborhood. This information will be invaluable for health department programs, Cincy CHIP (Community Health Improvement Plan), hospitals, healthcare, and community organizations to better target high need areas. For example, those organizations that are concerned about heart disease will not only see heart disease deaths but identify the neighborhoods where those deaths are highest. The hypertension prevalence by neighborhood map compliments the heart disease map by showing where to intervene to reduce hypertension: a contributing cause of heart disease. Overlaying maps for age, gender, race, and ethnicity provides additional help in determining interventions that are culturally appropriate for a particular neighborhood.

Across this assessment, trends and patterns appear throughout the data, emphasizing different health disparities. For example, maps showing poverty levels across neighborhoods often mirror maps for access to care, life expectancy, and high-risk factors related to disease and disability (such as food deserts or tobacco use). These issues are highlighted throughout the report. These health concerns, while challenging, can be prevented through public health action and collaboration with community stakeholders and state and federal partnerships.

Vision and Values Statements

In the development of the 2017 CHA, Cincinnati Public Health Department stakeholders developed vision and value statements. The Health Department still uses the vision, mission, and core values revised in 2020, as shown below. This guiding image of a healthy Cincinnati is supported by value statements that define what is important to this community as it carries out this public health vision.

VISION

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

MISSION

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

CORE VALUES (GUIDING PRINCIPLES)

Collaboration

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

Commitment

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

Accountability

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

Quality

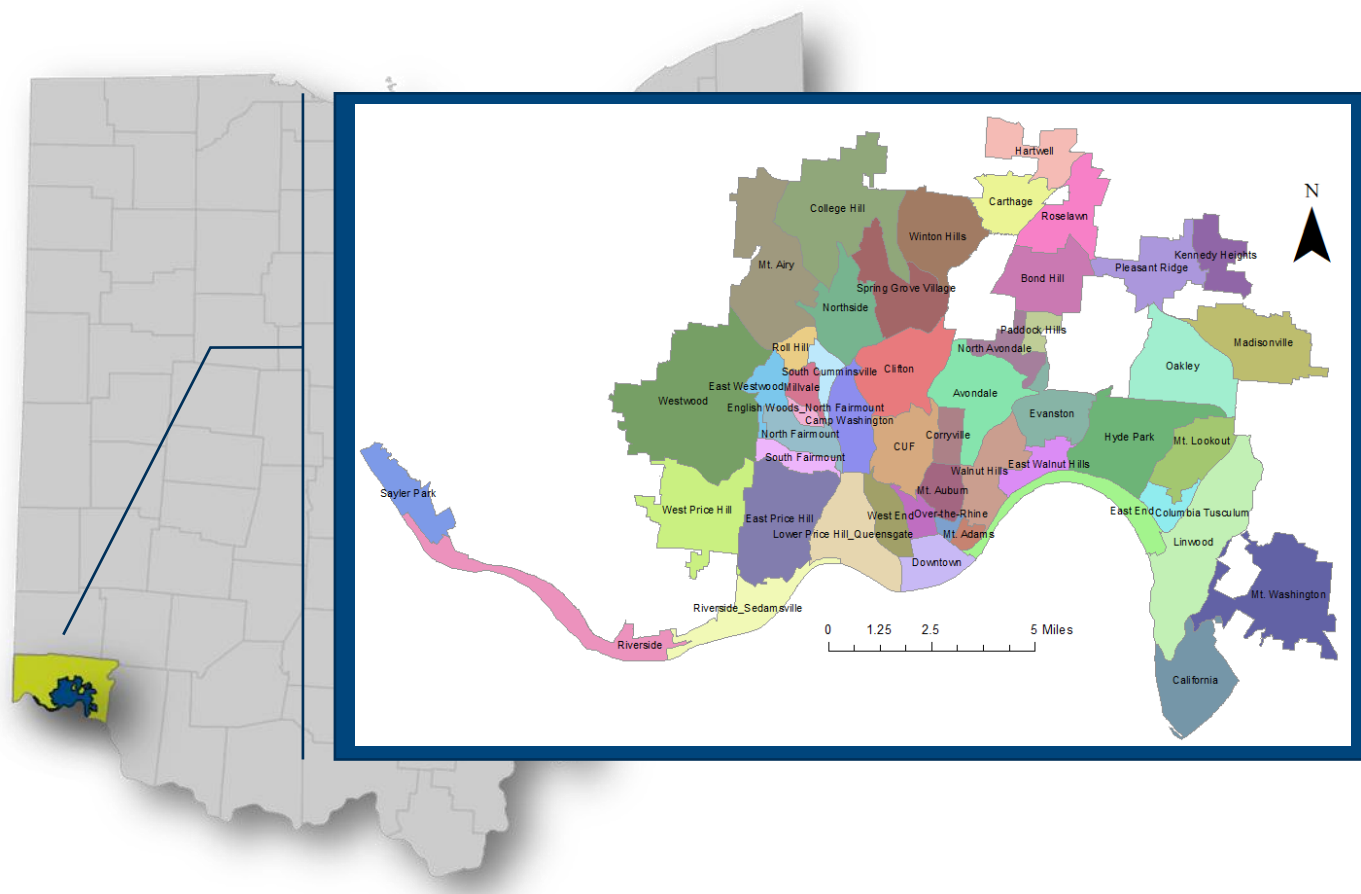
We honor our mission by upholding excellence in personal, public health and patient care services. We strive to be the model for public health practice to continuously improve health and social equity for the people of Cincinnati. We measure performance outcomes and social determinants of health through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

Health Equity & Access

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

Definition of the Community Served

Map 1: Cincinnati, Ohio



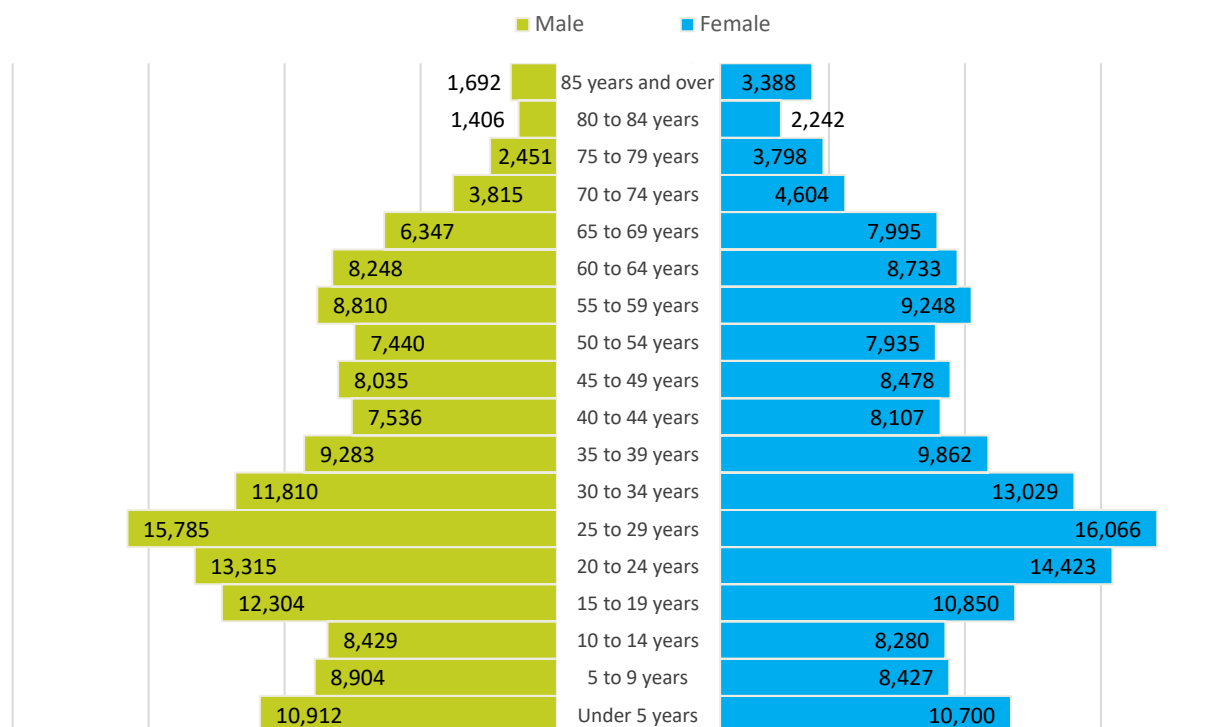
The City of Cincinnati lies in the most southwestern county of the State of Ohio, Hamilton County. Both I-70 and I-71 are major north–south interstate highways running through Cincinnati and Hamilton County. The City of Cincinnati is mostly urban, with over 76.2% of its land area being developed.¹ The city has a vibrant and diverse population, with strong healthcare, educational, and business institutions. It is the largest city in the region and is comprised of 52 distinct neighborhoods (Map 1). As of 2020, Cincinnati had 309,317 residents with 51.6% identifying as female and 48.4% identifying as male; this ratio is similar to Hamilton County and of Ohio. Cincinnati’s age distribution trends toward young adults, with the highest percent of males and females between the ages of 25-29 years old. (Figure 1) Of all Cincinnati residents, 50.6% are White and 40.3% are Black or African American², a racial distribution that is much more diverse than Hamilton County (White 67.3%; Black 26.6%) and the State of Ohio (White 81.2%; Black 13.2%). (Figure 2) Age, education, and income distributions also differ between the city and the rest of the country. 37.4% of Cincinnati children live in poverty, compared to 18.6% of Ohio children, and 17.0% of children nationally.³ These and other social and economic factors affect the health status of the residents. For this reason, a Cincinnati specific profile is included to identify unique Cincinnati needs and challenges.

¹ U.S. Geographic Survey

² American Community Survey, 2020: ACS 5-Year Estimates Data Profiles

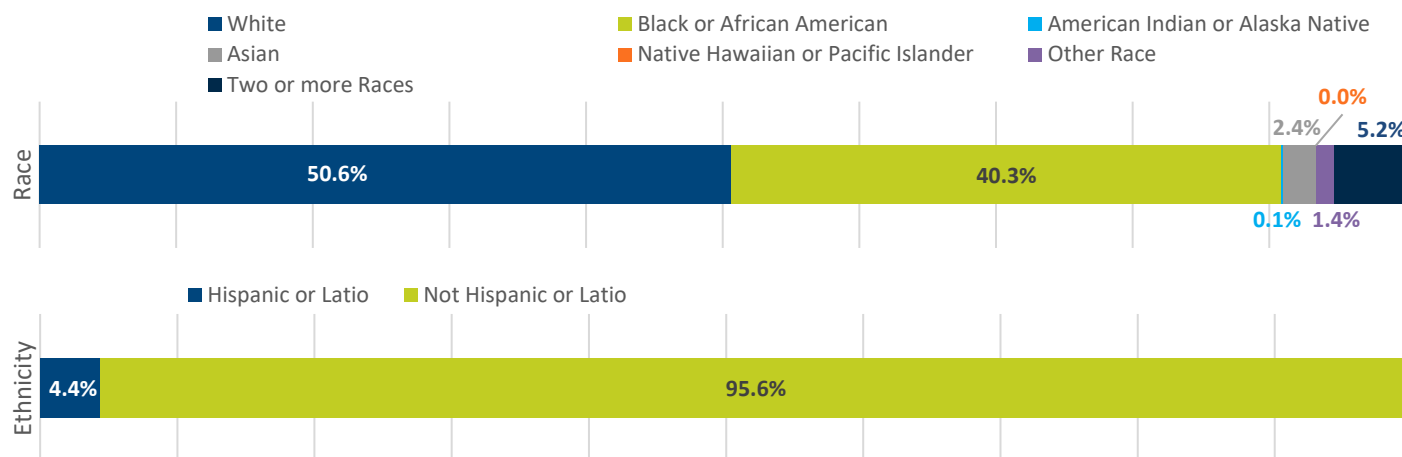
³ American Community Survey, 2020: ACS 5-Year Estimates Data Profiles S1701 – Poverty Status in the Past 12 Months

Figure 1: Cincinnati Population Pyramid (2020)



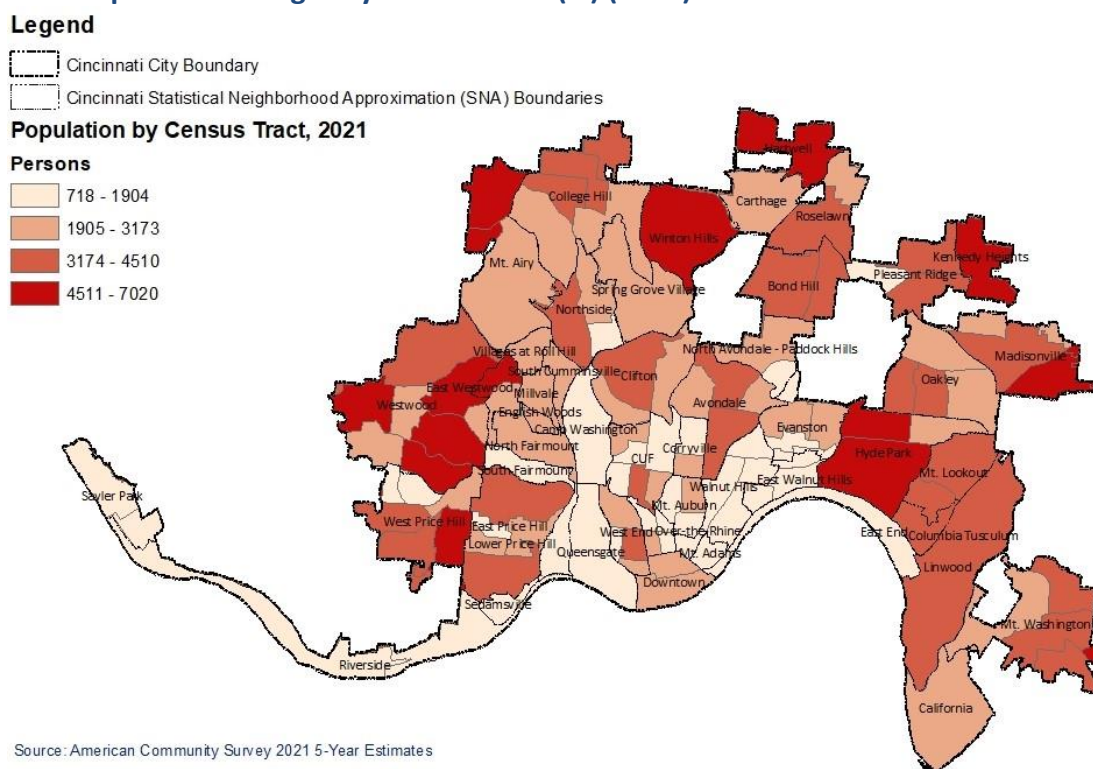
Source: American Community Survey, 2016-2020 Ohio Development Services Agency

Figure 2: Cincinnati Race and Ethnicity (%) (2020)

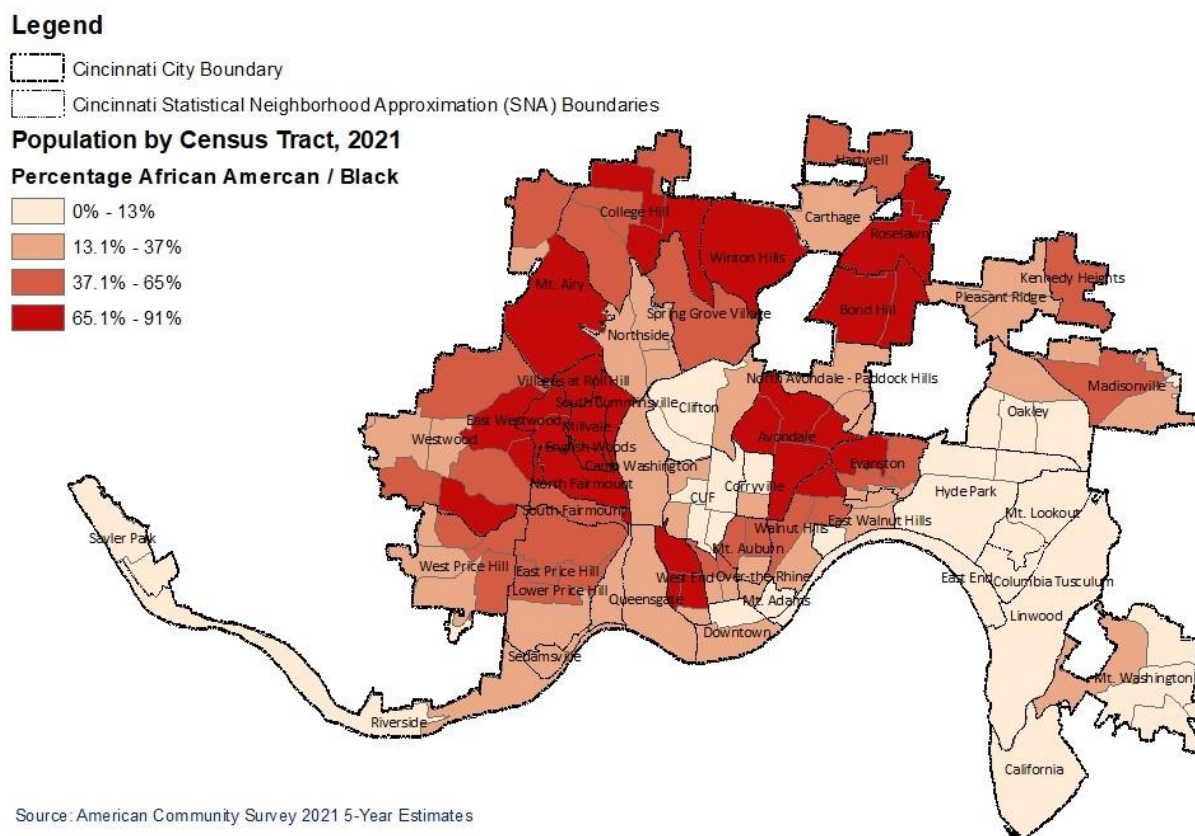


Source: American Community Survey, 2020

Map 2: Cincinnati Population All Ages by Census Tract (%) (2021)



Map 3: Cincinnati African American Population All Ages by Census Tract (%) (2021)



Chapter 2: Significant Health Needs of the Community

Maternal and Infant Executive Summary

The Healthy People 2030 (HP 2030) goal for maternal and child health is to prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy. Maternal and infant health includes infant and maternal mortality, birth outcomes and related risk factors impacting preconception, pregnancy, and infancy such as teen pregnancy.

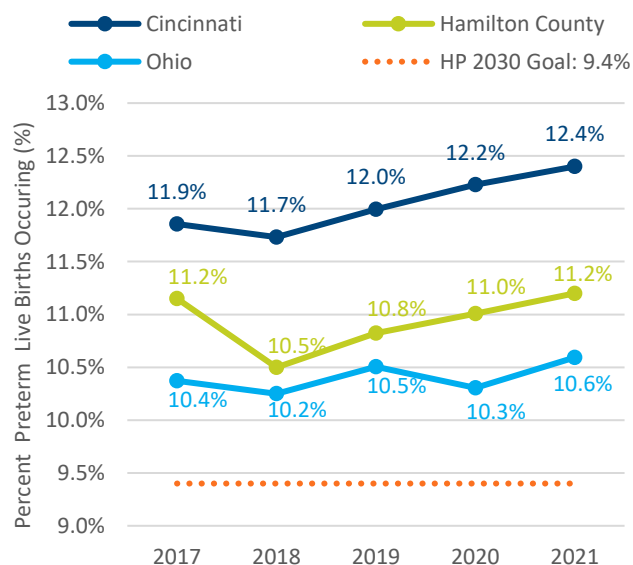
Public Health Importance: The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy), prenatal (during pregnancy), interconception (between pregnancies) care, and avoiding risky behaviors.

-Healthy People 2030



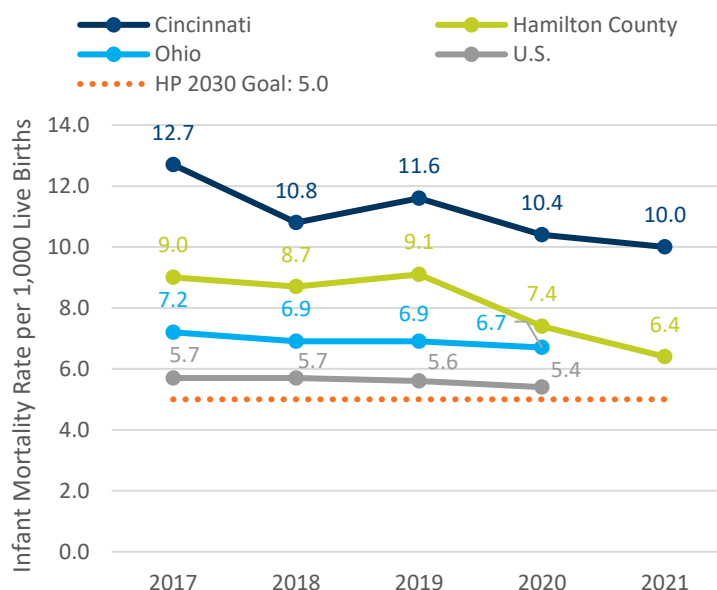
Image Source: Kidstock: Getty Images

Figure 3: Preterm Live Births (<37 weeks gestation) (%) (2017-2021)



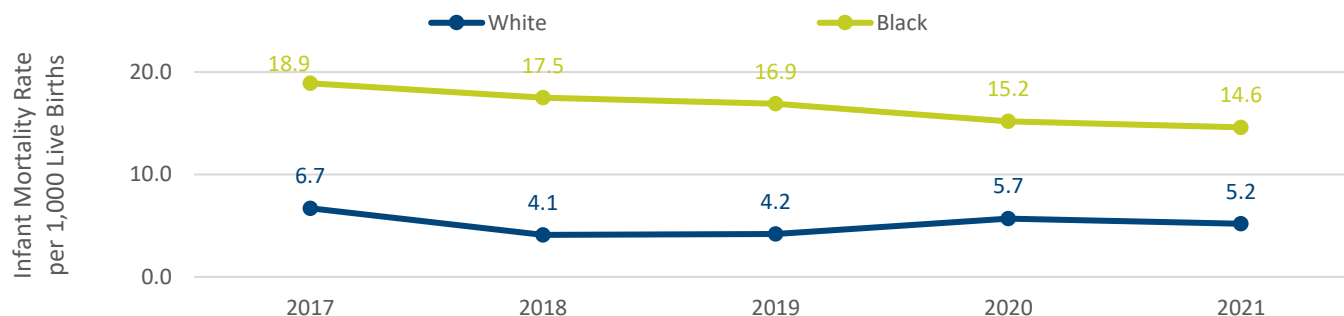
Source: Ohio Department of Health, Office of Vital Statistics

Figure 4: Infant Mortality Rate (2017-2021)

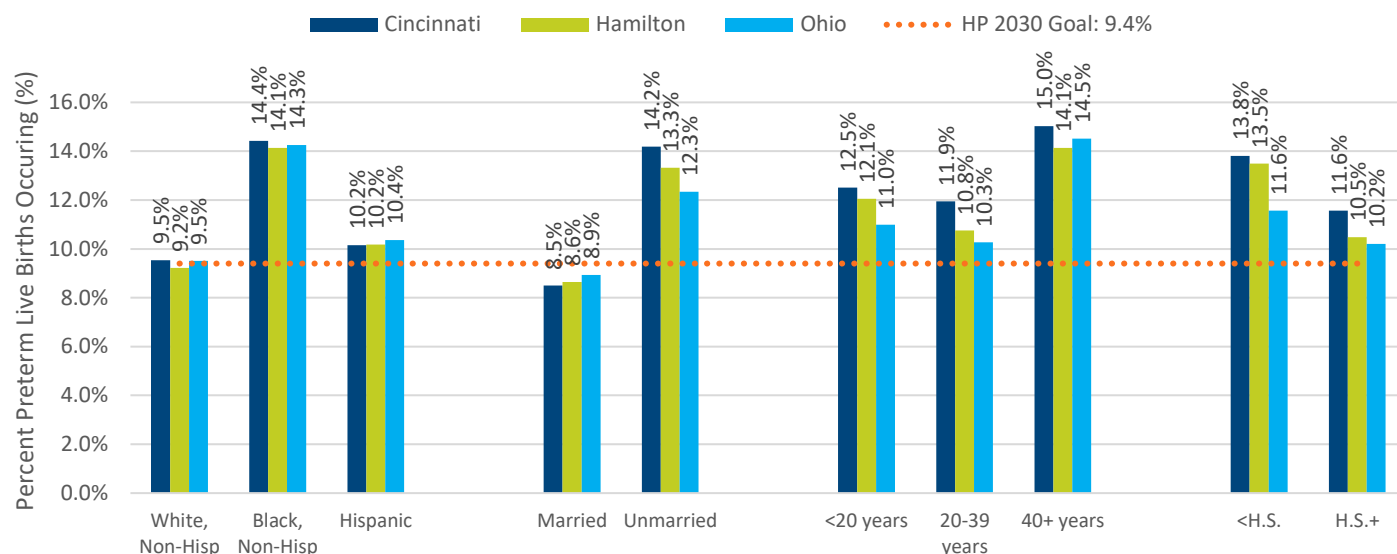


Source: Ohio Department of Health, Office of Vital Statistics

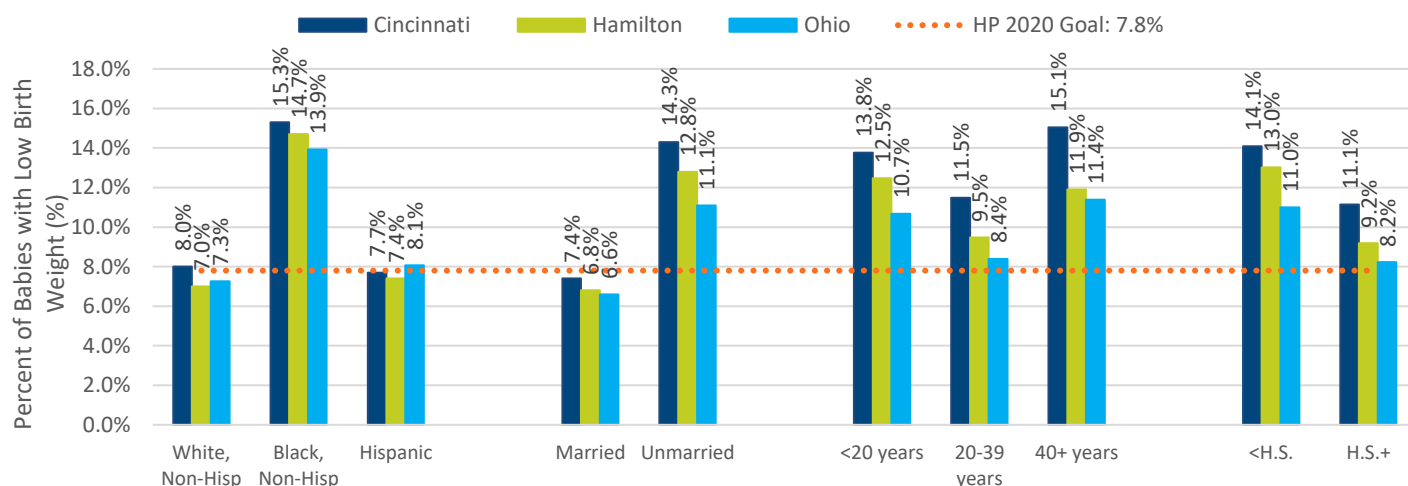
Figure 5: Cincinnati Infant Mortality by Race (2017-2021)



Source: Ohio Department of Health, Office of Vital Statistics

Figure 6: Preterm Live Births (<37 Weeks Gestation) by Demographics (%) (2016-2020)

Source: Ohio Department of Health, Office of Vital Statistics

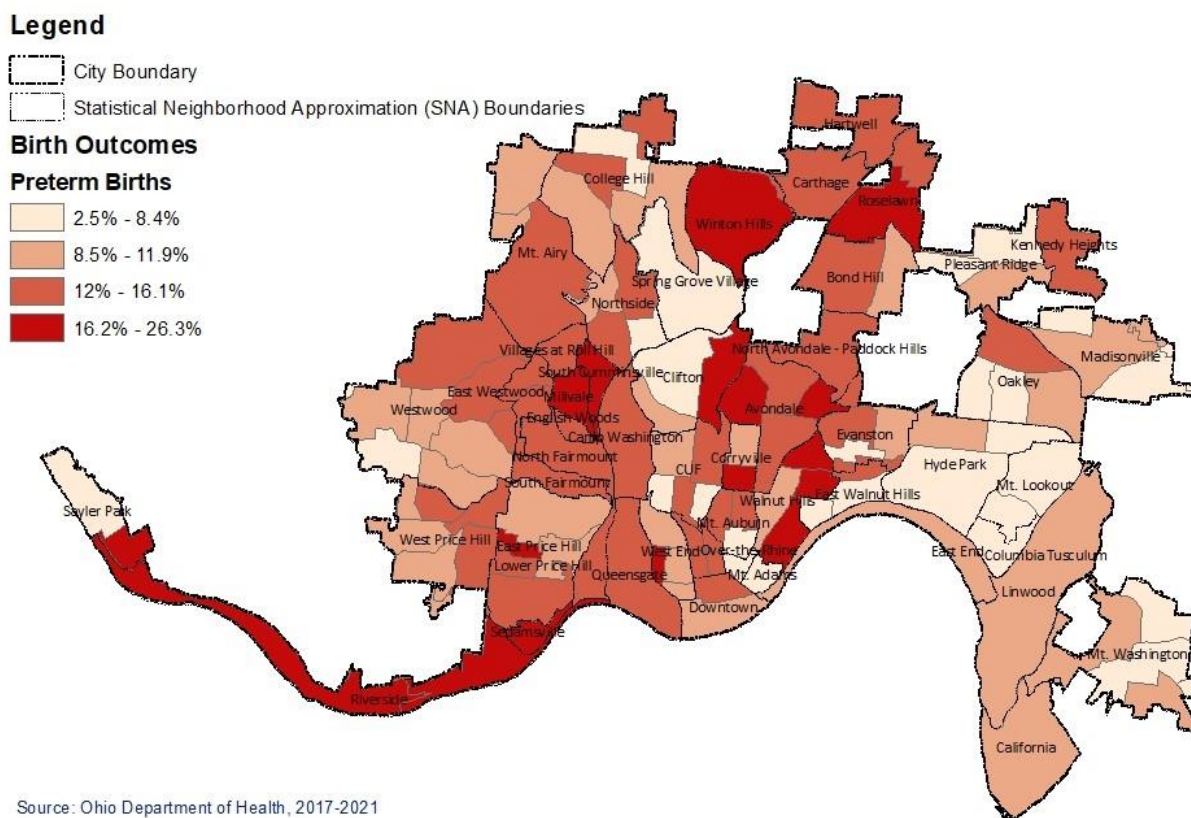
Figure 7: Low Birth Weight (<5lb 8oz or 2500g) by Demographics (%) (2016-2020)*

*Note: Healthy People 2030 does not have a specific objective goal for low birth weight.

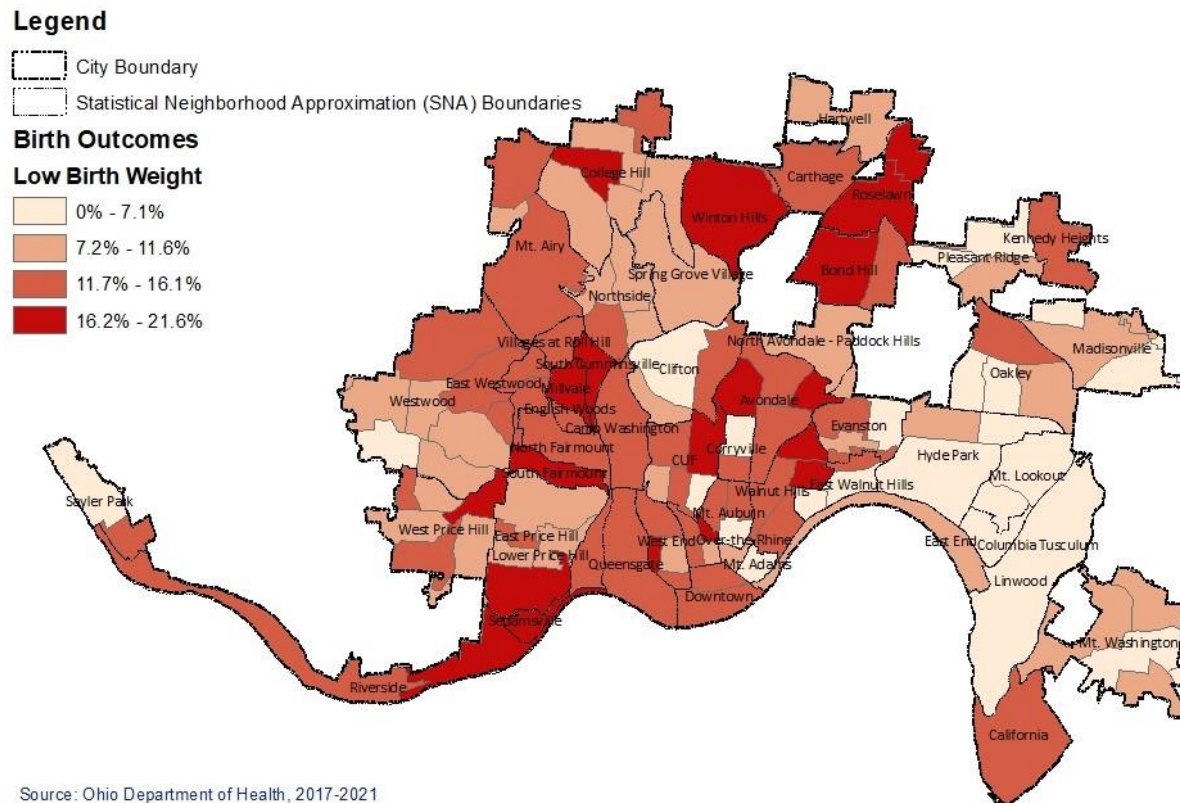
Source: Ohio Department of Health, Office of Vital Statistics

Key Research Findings: According to the literature, socioeconomic status, and poverty are predictors of infant mortality (infant death before age one). Nationally, Black/African Americans have a significantly higher rate of low birth weight (babies born under 5 pounds 8 ounces or 2500 grams) and preterm births (babies born before 37 weeks gestation) (Figures 3, 6 & 7). These indicators are associated with infant mortality, which is higher in Black/ African American population compared to the white population (Figures 5, 6, & 7). Infant mortality is also higher among mothers in the youngest and oldest age groups (Figures 6 & 7). Additionally, there are geographic differences where preterm births are highest, particularly in the following neighborhoods, the West End (26.3%), Avondale (21.4%), and Walnut Hills (21.4%) neighborhoods. Low birth weight newborns are more prevalent in the Walnut Hills (21.6%), CUF (21.4%), and Millvale/South Cumminsville (21.1%) neighborhoods (Maps 4 & 5).

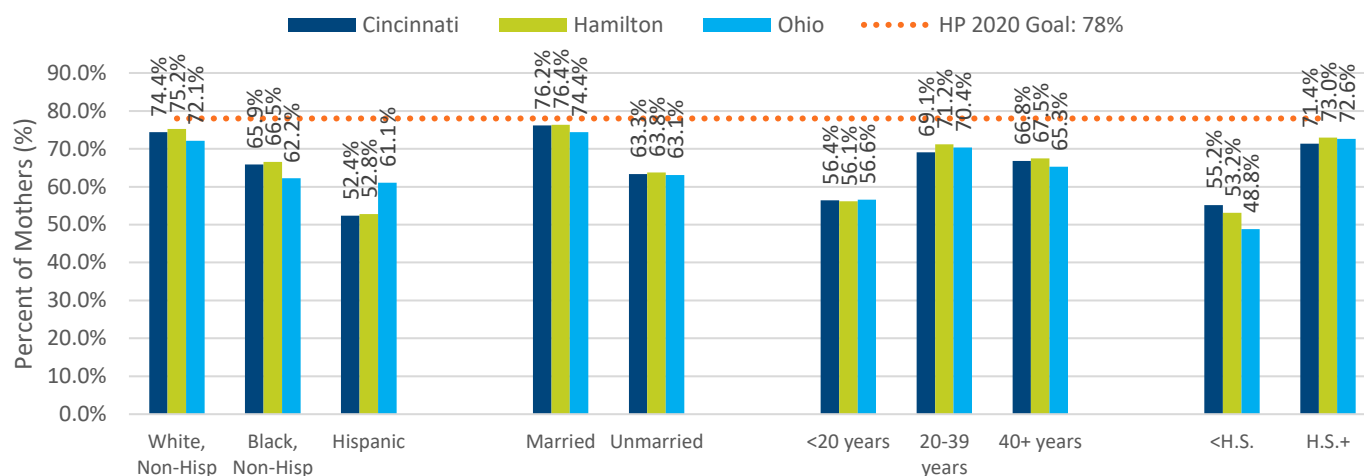
Map 4: Cincinnati Preterm Births (<37 Weeks Gestation) (%) (2017-2021)



Map 5: Cincinnati Low Birth Weight Infants (<5lbs 8oz or 2500g) (%) (2017-2021)



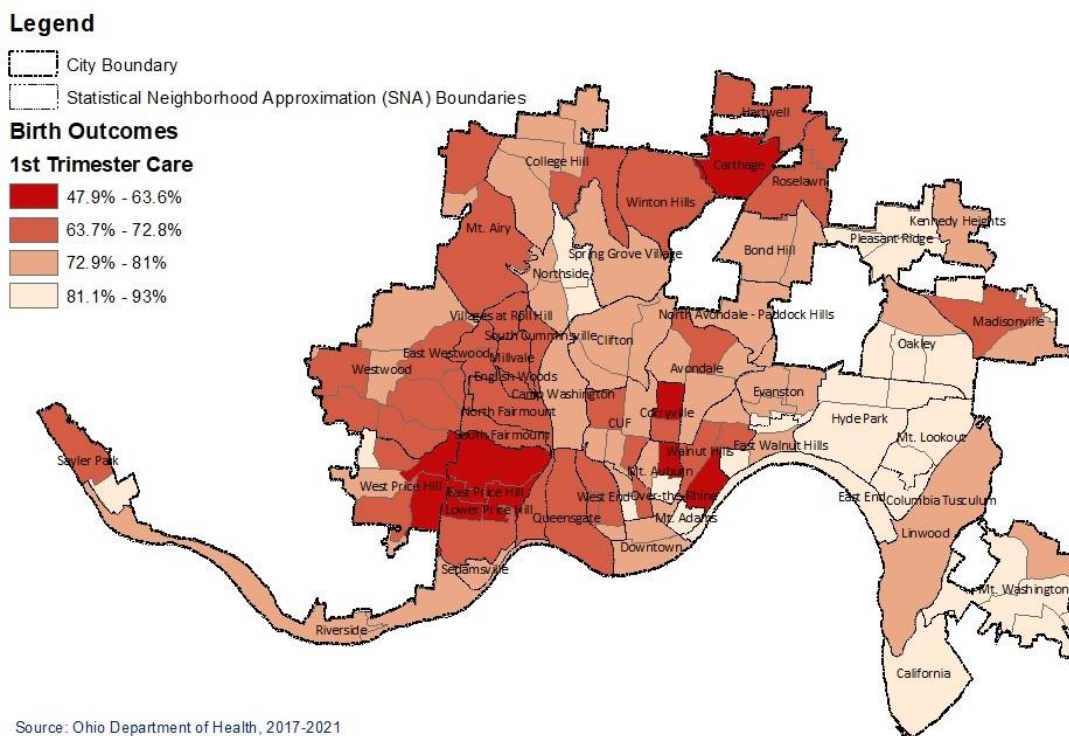
Health Disparities

Figure 8: Mothers Receiving First Trimester Care by Demographics (%) (2016-2020)*

*Note: Healthy People 2030 does not have a specific objective goal for first trimester care.

Source: Ohio Department of Health, Office of Vital Statistics

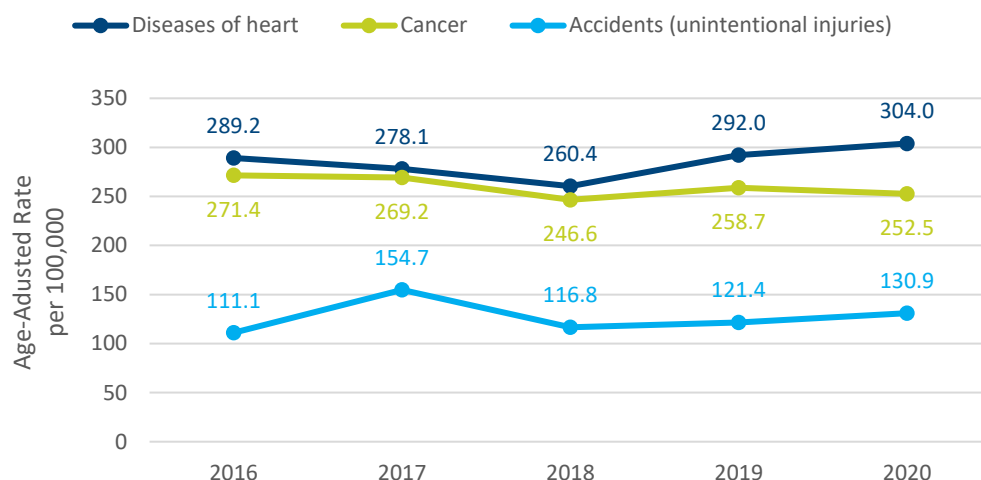
Key Research Findings: Early prenatal care is essential to improve mother and child health and reduce associated unwanted outcomes. We observe pronounced disparities in obtaining early prenatal care in Cincinnati. Both Black (65.9%) and Hispanic mothers (52.4%) are less likely to access first trimester prenatal care than white mothers (74.4%) (Figure 8). Unmarried mothers (63.3%), young mothers under 18 years old (56.4%), and mothers who have not completed high school (55.2%) are also less likely to access early prenatal care (Figure 8). Neighborhoods where more than one-third of mothers do not access first trimester prenatal care include West End (44.2%), East Price Hill (42.1%), and Mt. Auburn (41.1%) (Map 6).

Map 6: Cincinnati Mothers Receiving First Trimester Care (%) (2017-2021)

Source: Ohio Department of Health, 2017-2021

Chronic Disease Executive Summary

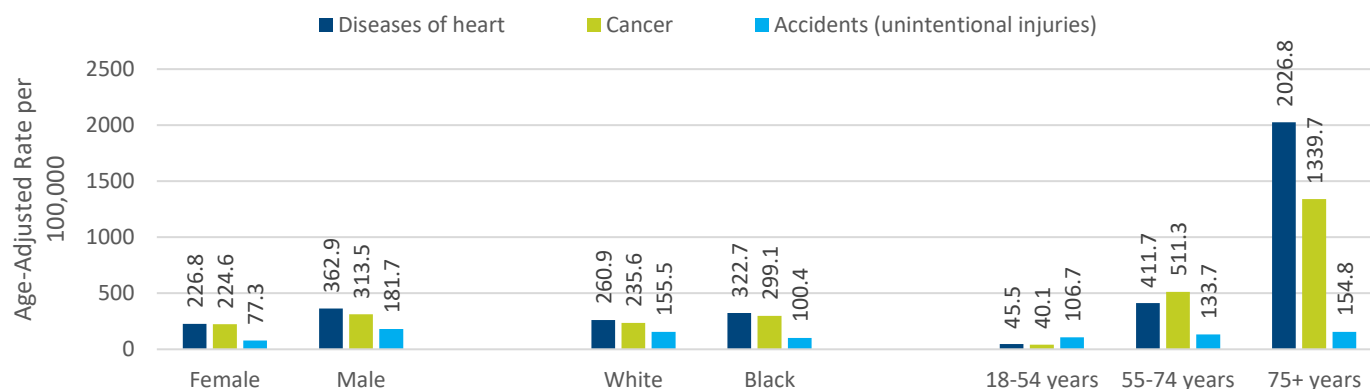
According to the CDC, about half of all adults had one or more chronic health conditions and a quarter of adults had two or more chronic health conditions. Heart disease and cancer (malignant neoplasms) account for almost half (48%) of the deaths in the United States.

Figure 9: Cincinnati Top 3 Leading Causes of Death in Adults 18+ Years (2016-2020)

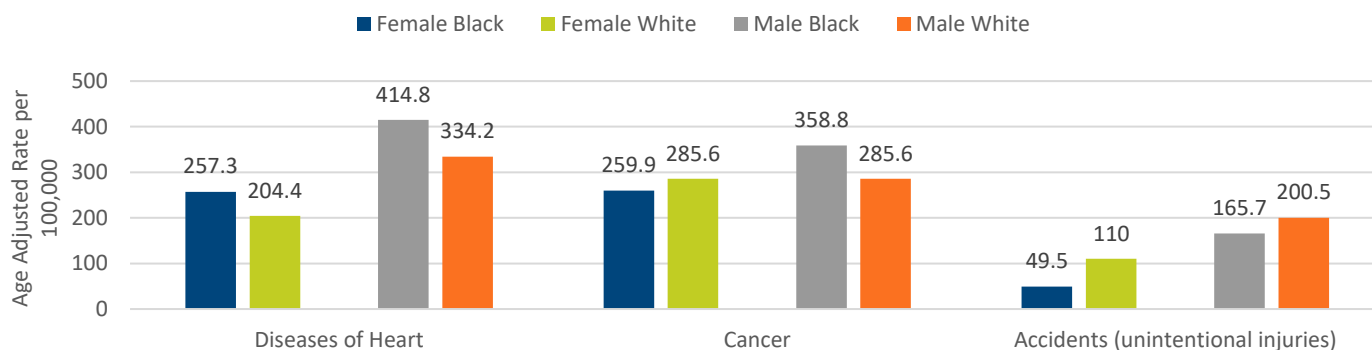
Source: Ohio Department of Health, Office of Vital Statistics

Key Research Findings:

Chronic diseases, including obesity, cardiovascular disease, and cancer stand out as concerns for Cincinnati. Obesity and hypertension, for example, are highly prevalent conditions in Cincinnati, affecting more than one-third of the population (Figures 9, 10 & 11).

Figure 10: Cincinnati Top 3 Leading Causes of Death in Adults 18+ Years by Demographics (2016-2020)

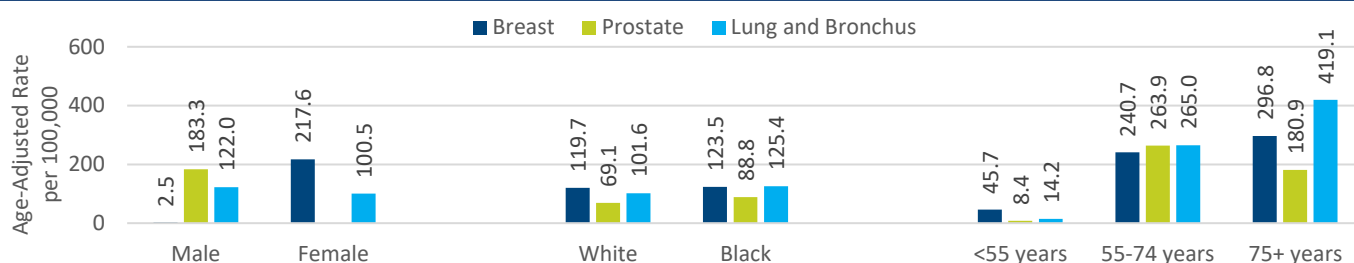
Source: Ohio Department of Health, Office of Vital Statistics

Figure 11: Cincinnati Top 3 Leading Causes of Death in Adults 18+ Years by Cause of Death (2016-2020)

Source: Ohio Department of Health, Office of Vital Statistics

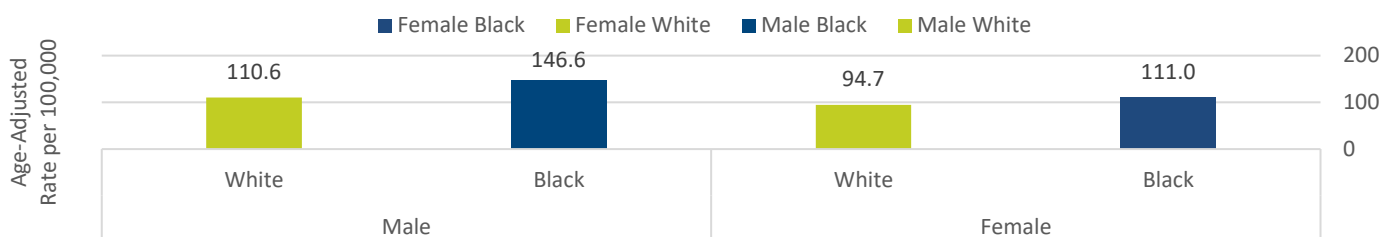
Figure 12: Cincinnati Cancer Incidence in Adults 18+ Years by Demographics (2017-2021)

Cincinnati Public Health Department Community Health Needs Assessment, 2023



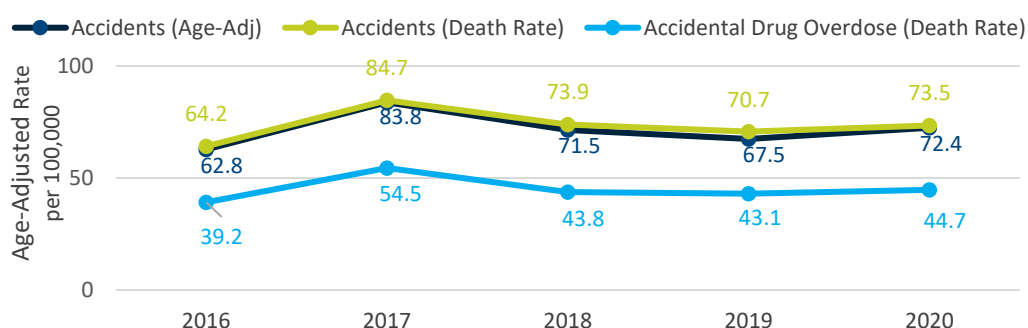
Source: Ohio Department of Health, Office of Vital Statistics

Figure 13: Cincinnati Lung & Bronchus Cancer Incidence in Adults 18+ Years by Race (2017-2021)



Source: Ohio Department of Health, Office of Vital Statistics

Figure 14: Hamilton County Accidents (Unintentional)* and Accidental Drug Overdoses in Adults 20+ Years (2016-2020)**

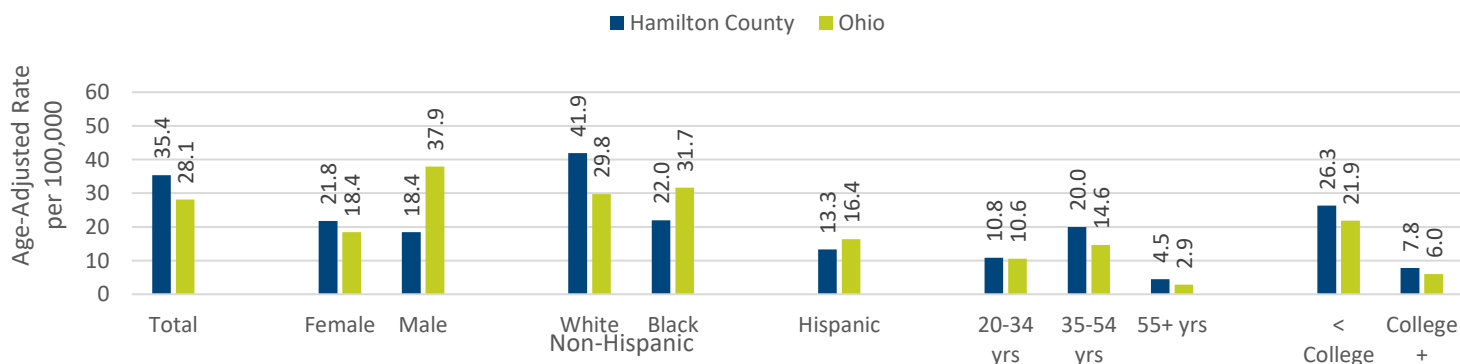


*Accidents includes (from highest to lowest rate): Accidental poisoning and exposure to noxious substances, falls, motor vehicle accidents, other and unspecified non-transport accidents, accidental drowning and submersion, accidental exposure to smoke fire and flames, water/air and space, other land transport accidents, accidental discharge of firearms.

**Accidental poisoning and exposure to noxious substances (drug overdoses) account for 59% of total accidents.

Source: Ohio Department of Health, Office of Vital Statistics

Figure 15: Hamilton County Accidental Drug Overdose Deaths in Adults 20+ Years (2010-2019)*



Source: Ohio Department of Health, Office of Vital Statistics

*Data has not changed from previous publication

Key Research Findings:

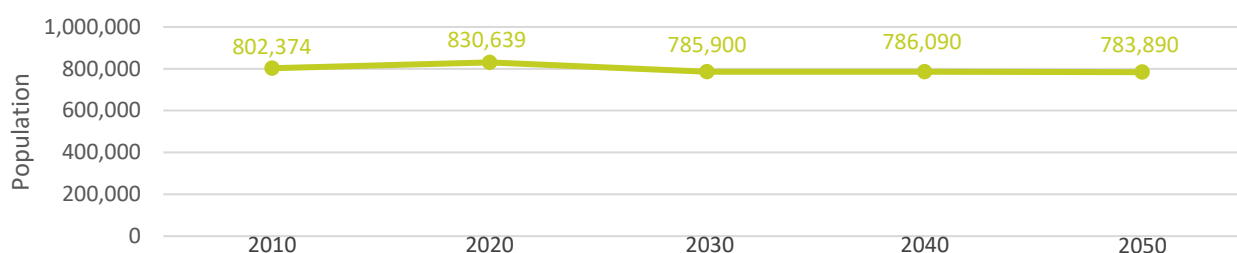
Cincinnati observed high rates of mortality due to cancer, accidents, and heart disease among males (Figure 10, 11). Mortality from heart disease and cancer is higher among the Black population than those who are white (Figure 10, 11). Adult accidental (unintentional) drug overdoses are more than double the rate for Hamilton County males than females. This is also true for white adults and adults between the ages of 35-54 years compared with all other age groups combined (Figure 15). Adults who have less than a college education are three times more likely to overdose than adults who do have a college education (Figure 15).

Chapter 3: Demographics of the Population and Social Determinants of Health

Population Demographics

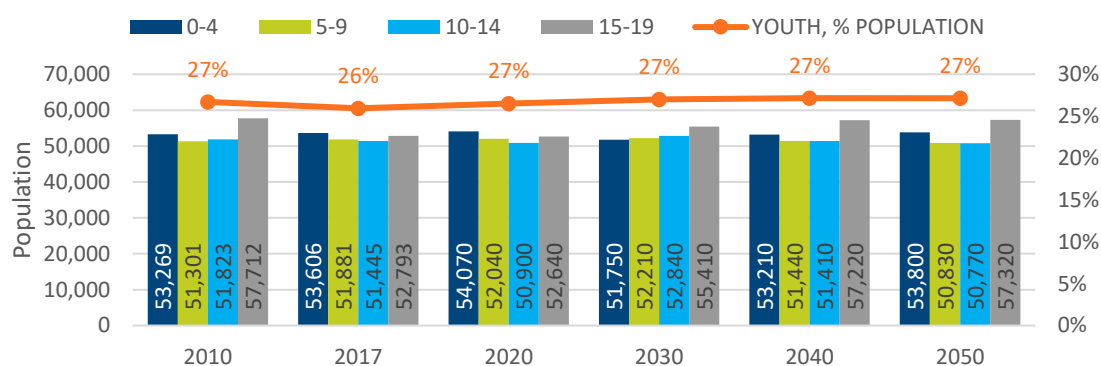
All information presented in this section is for the City of Cincinnati unless specified otherwise. A large and expanding body of evidence shows that sociodemographic factors – such as age, race, ethnicity, and socioeconomic status (SES) influence health outcomes.

Figure 16: Hamilton County Population Projection (2010-2050)



Source: American Community Survey, 2016-2020 Ohio Development Services Agency

Figure 17: Hamilton County Youth Population Projection by Age Group (Years) (2010-2050)

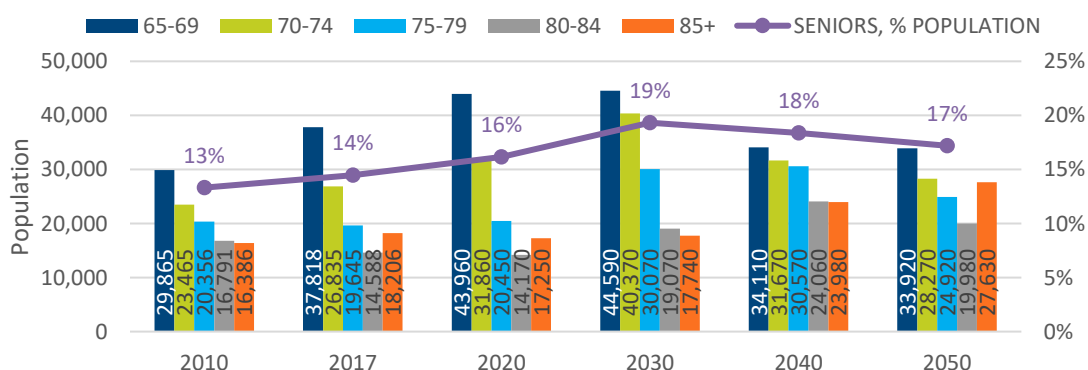


Source: American Community Survey, 2013-2017 Ohio Development Services Agency



Image Source: CDC/ Amanda Mills

Figure 18: Hamilton County Senior Population Projection by Age Group (Years) (2010-2050)

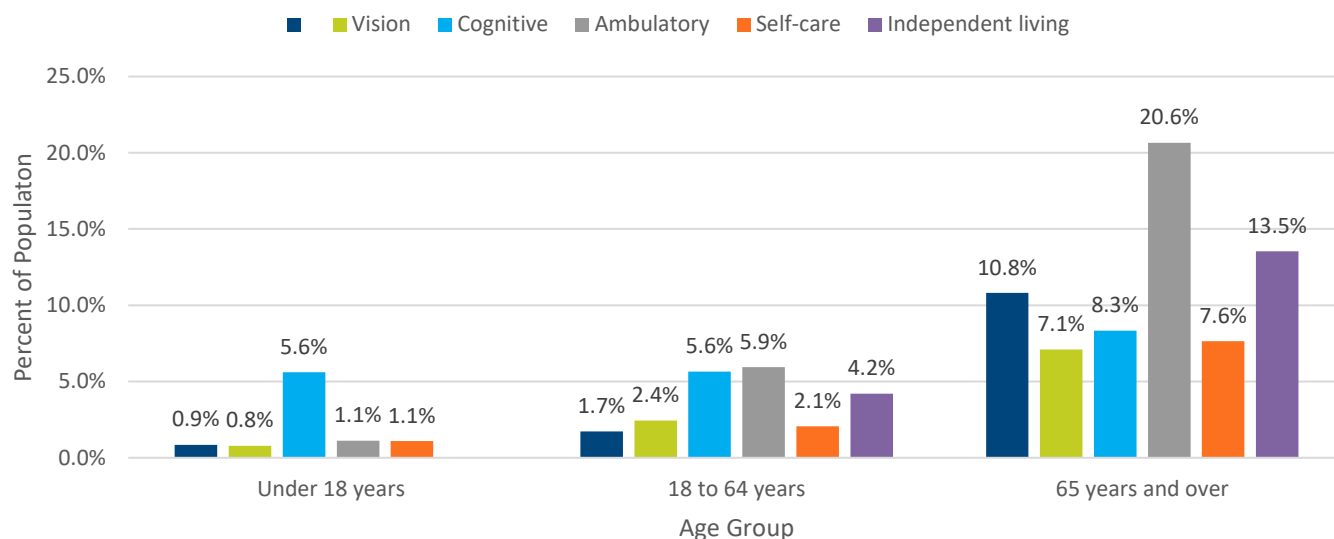


Source: American Community Survey, 2013-2017 and the Ohio Development Services Agency



Image Source: CDC/ Dawn Arlotta

Cincinnati's projected population is predicted to stay stable to 2050 (Figure 16, 17, & 18).

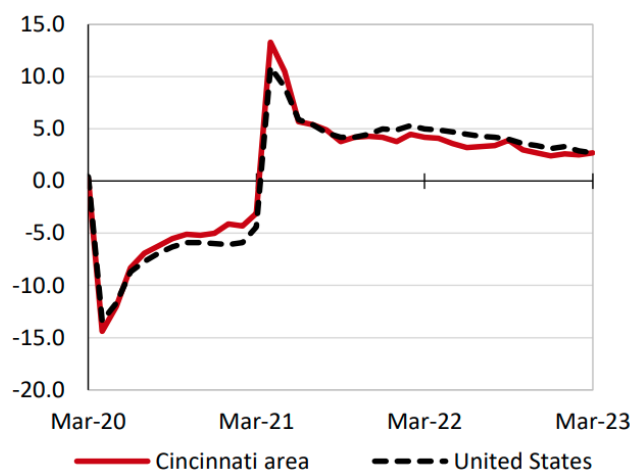
Figure 19: Hamilton County Population with Disabilities by Age Group (%) (2020)

Source: American Community Survey, 2016-2020

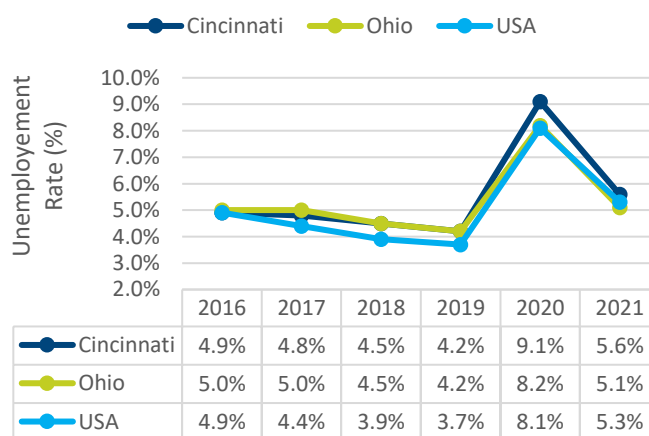
Social Determinants of Health⁴

Social determinants of health (SDOH) are conditions in the environment in which people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five parts of the HP 2030 SDOH definition that will be touched upon in this chapter: economic stability, education access and quality, social and community context, health care access and quality, and neighborhood and the built environment.

Economic Stability

Figure 20: 12-Month Percent Change in Employment (%) (2020-2023)

Source: U.S. BLS, Current Employment Statistics – Cincinnati Area Economic Summary, March 2023

Figure 21: Annual Unemployment Rate (%) (2016-2021)

Source: Ohio Dept. of Job & Family Services, Local Area Unemployment Statistics (LAUS) Program

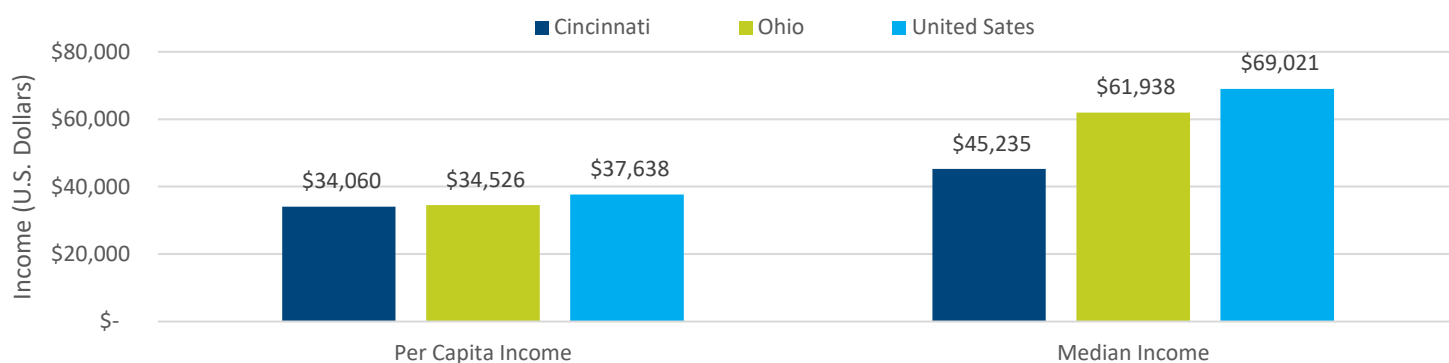
In recent years 2017-2021, we witnessed a relatively higher unemployment rate in Ohio and Cincinnati compared to national figures. The job growth rate for Cincinnati has lagged in comparison to the state and national rates especially in 2020, due to the COVID-19 pandemic (Figures 20 & 21).

⁴ Healthy People (HP) 2030 Social Determinants of Health

Public Health Importance: A person's health is linked to their economic and educational status. Economic stability is influenced by employment, food insecurity, housing instability, and poverty.

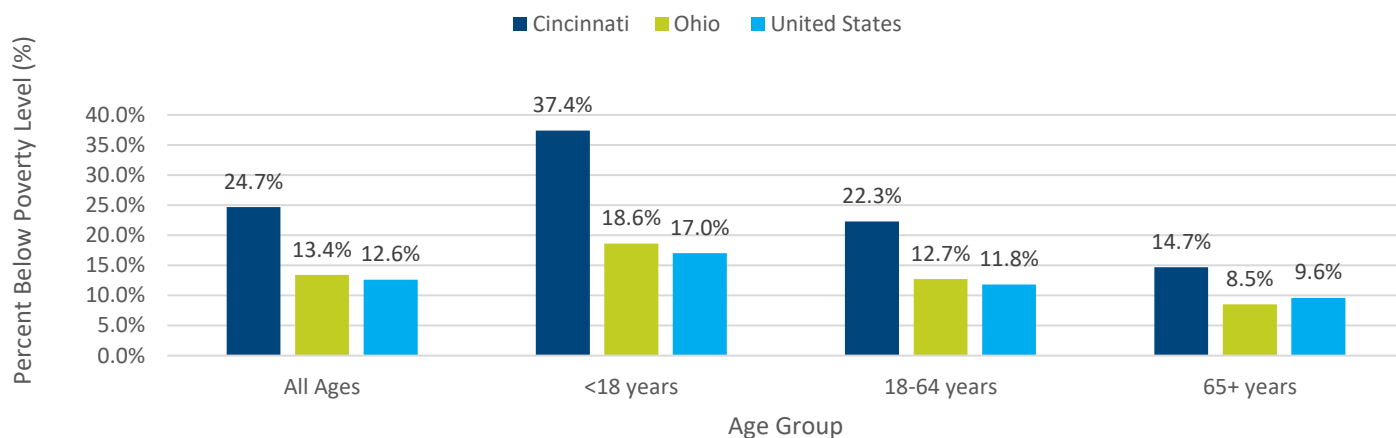
-Healthy People 2030

Figure 22: Per Capita and Median Household Income (2021)



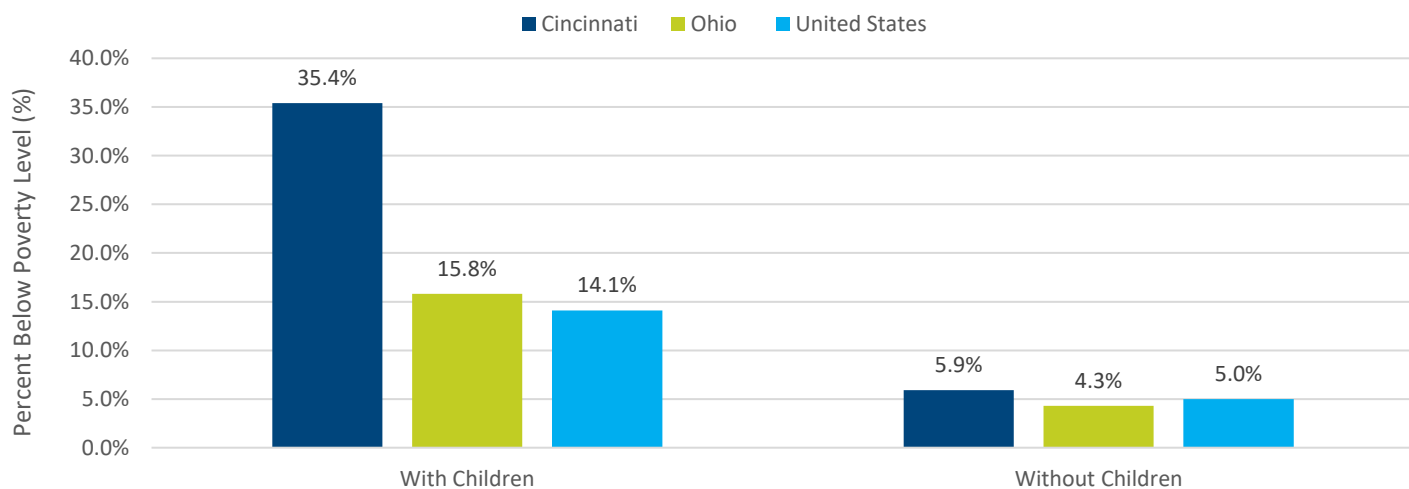
Source: American Community Survey, 2021

Figure 23: Individuals Below the 100% of the Federal Poverty Level by Age Group (%) (2021)



Source: American Community Survey, 2021

Figure 24: Families Below 100% of the Federal Poverty Level by Children (%) (2021)



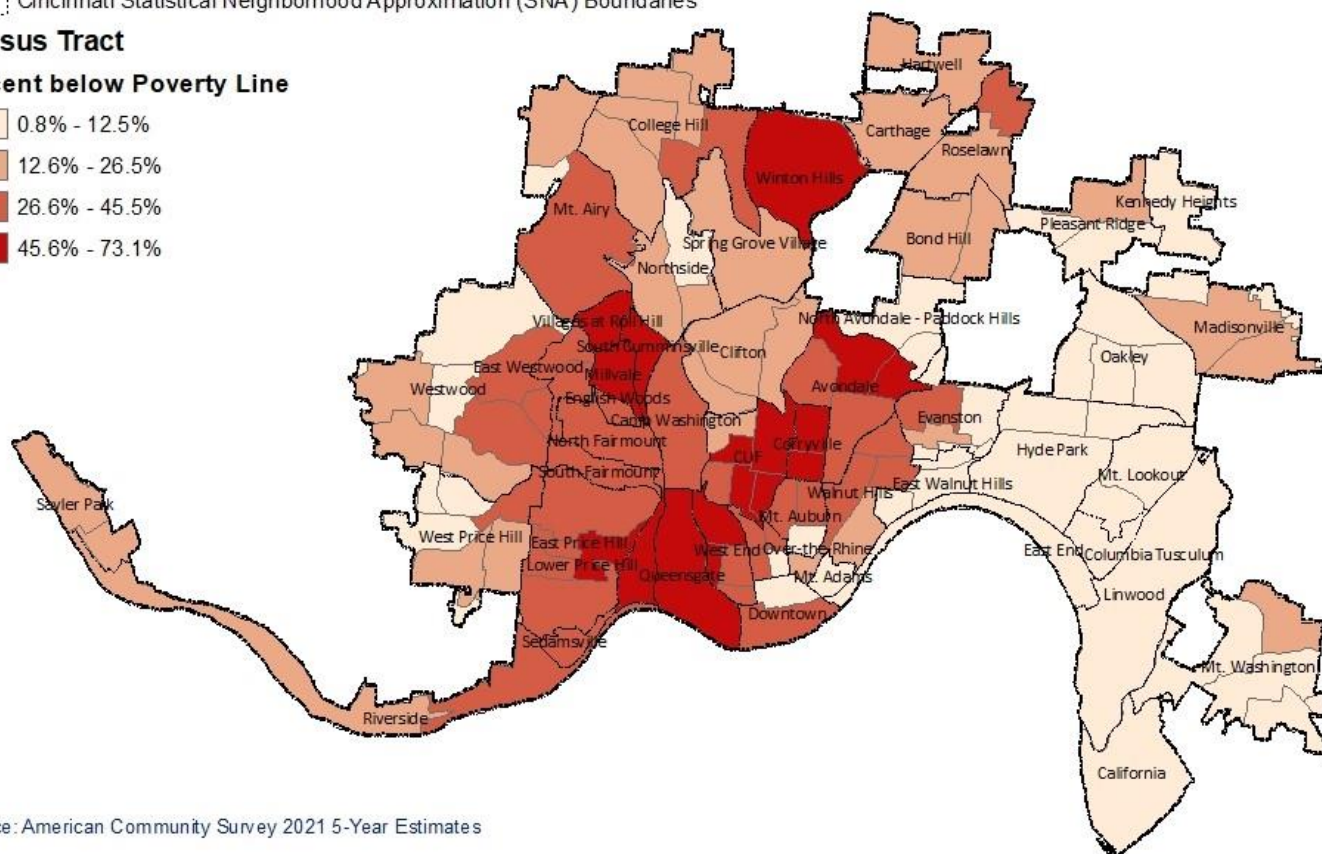
Source: American Community Survey, 2021

Map 7: Cincinnati Residents Below 100% of the Federal Poverty Level by Census Tract (%) (2021)**Legend**

-  Cincinnati City Boundary
-  Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

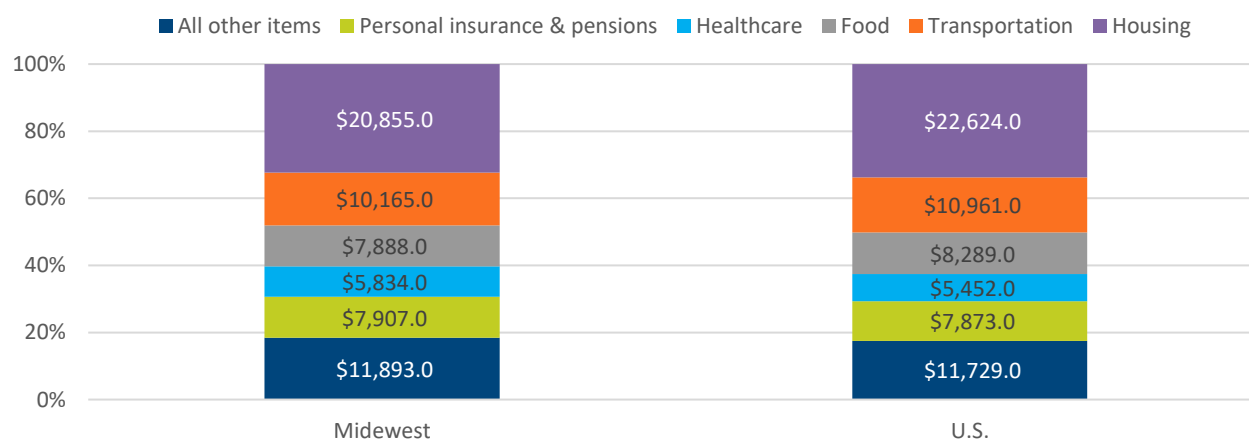
Census Tract**Percent below Poverty Line**

-  0.8% - 12.5%
-  12.6% - 26.5%
-  26.6% - 45.5%
-  45.6% - 73.1%



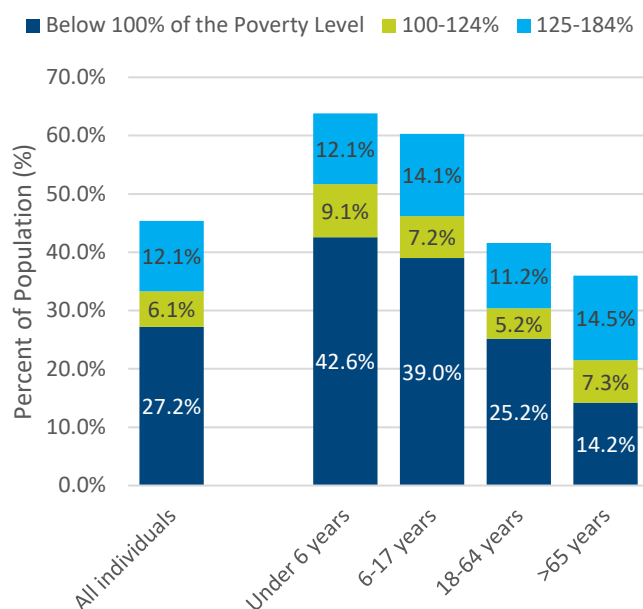
Source: American Community Survey 2021 5-Year Estimates

Key Research Findings: In Cincinnati, 24.7% of individuals are living below the poverty line (Figure 23). More children (37.4%) than adults (22.3%) and seniors (14.7%) are living in poverty (Figure 23). Overall, Cincinnati has a higher proportion of residents living below the poverty line compared to Ohio and the U.S (Figure 23). Poverty is highest in Census Tracts found in Roll Hill (73.1%), Lower Price Hill (69.4%), and the West End (66.9%) (Map 7).

Figure 25: Average Annual Spending and Percent Distribution of Households (%) (2021)

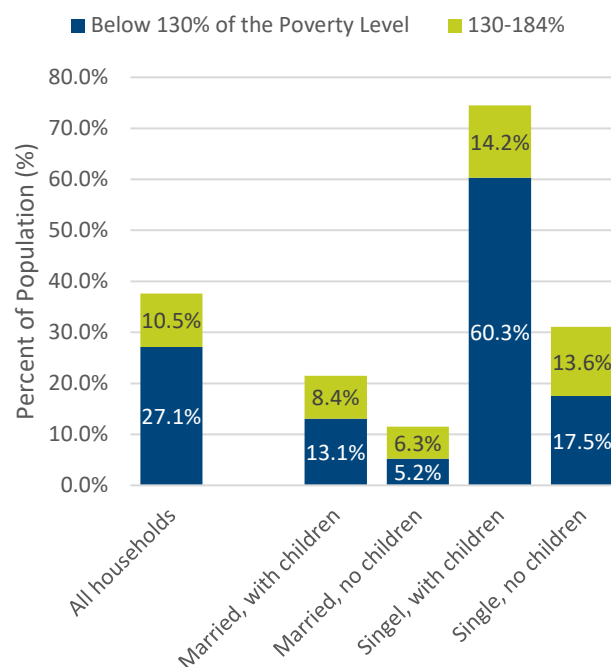
Source: U.S. BLS, Consumer Expenditure Survey—Cincinnati Area Economic Summary, March 2023

Figure 26: Cincinnati Residents Qualifying for Most Public Assistance Programs (%) (2013-2017)*



*Data has not changed from previous publication
Source: American Community Survey, 2013-2017

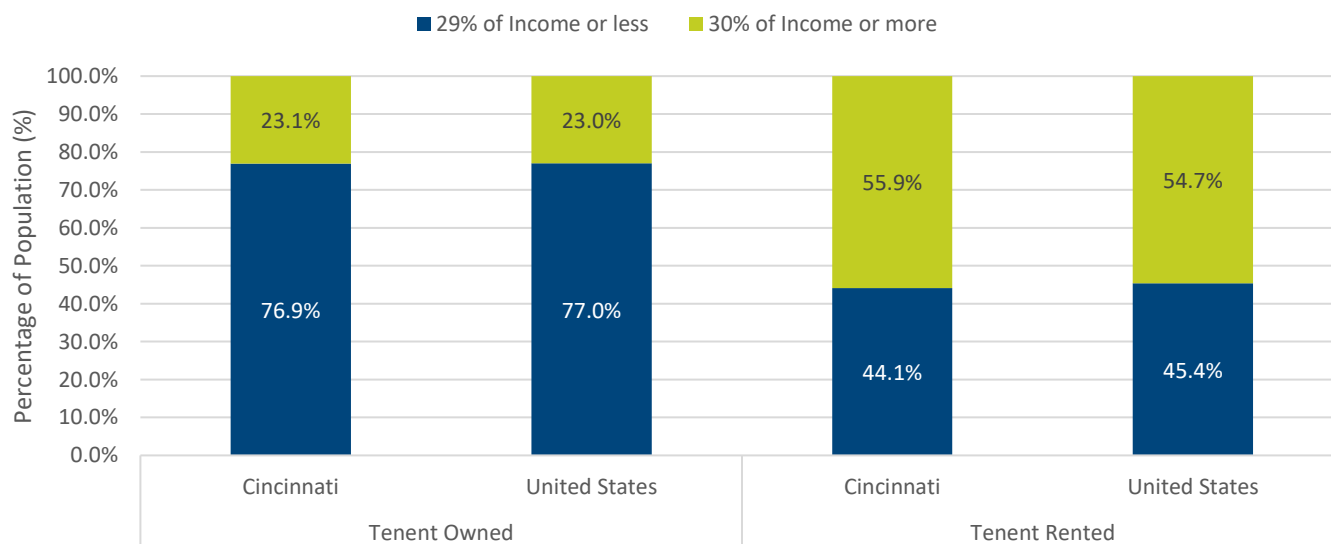
Figure 27: Cincinnati Households Qualifying for Most Public Assistance Programs (%) (2013-2017)*



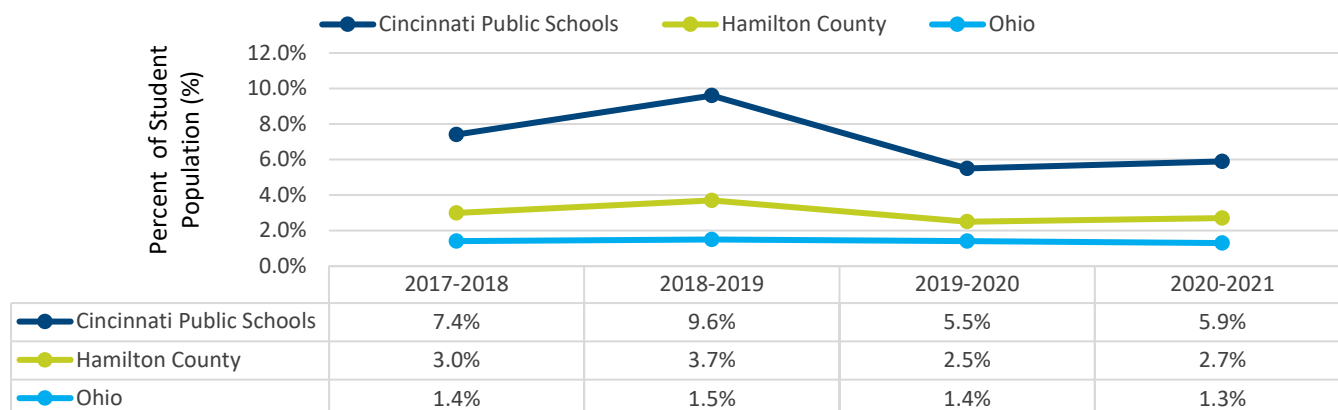
*Data has not changed from previous publication
Source: American Community Survey, 2013-2017

Key Research Findings: Among all individuals qualifying for public assistance, 27.2% are below the poverty level, 6.12% are at the poverty level or a little higher, and 12.1% are at 125%-184% of the poverty level (Figure 26). Among all households, a greater proportion of those qualifying for public assistance programs are single heads of households (Figures 26 & 27).

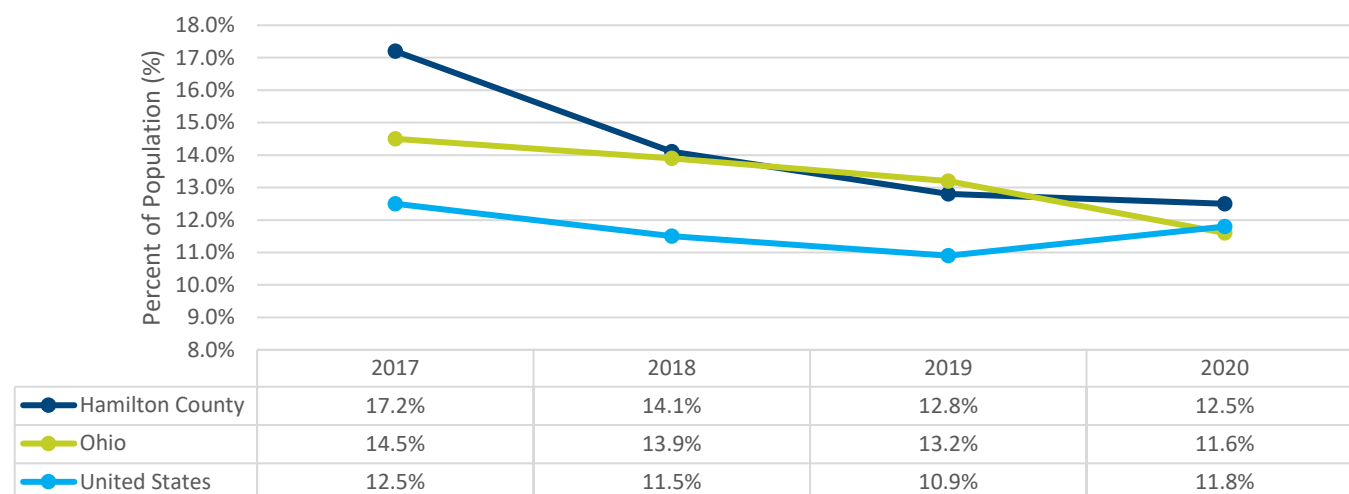
Figure 28: Cincinnati Monthly Housing Cost as a Percentage of Household Income (%) (2021)



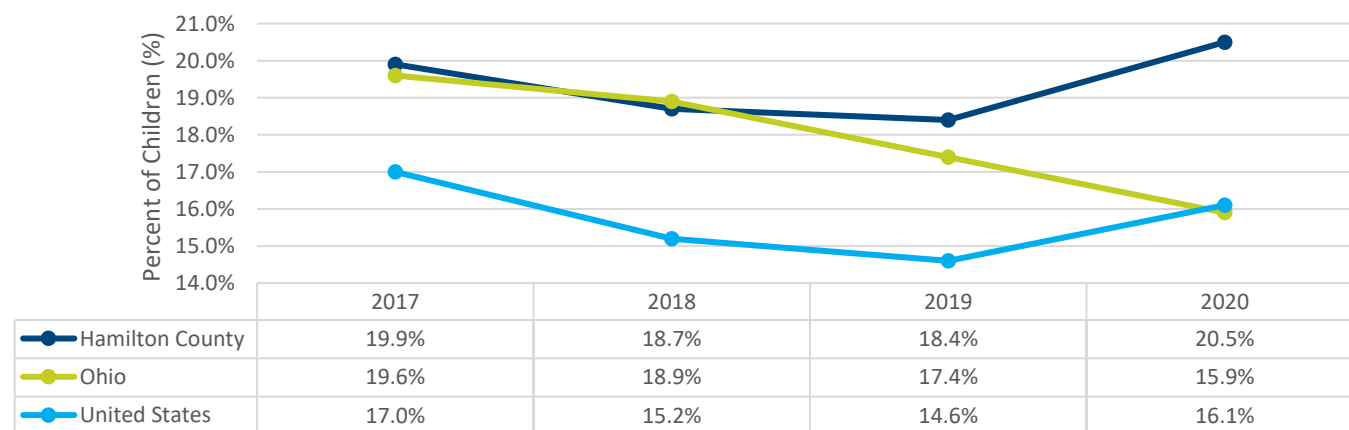
Source: U.S. Department of Housing and Urban Development (HUD) Office of Policy Development and American Community Survey (ACS) S2503 – Financial Characteristics

Figure 29: K-12 Students Enrolled who are Homeless (%) (2017-2021 School Years)

Source: Ohio Department of Education, 2017-2021

Figure 30: Overall Food Insecurity Rate (%) (2017-2020)

Source: Feeding America, 2017-2020

Figure 31: Childhood Food Insecurity Rate (%) (2017-2020)

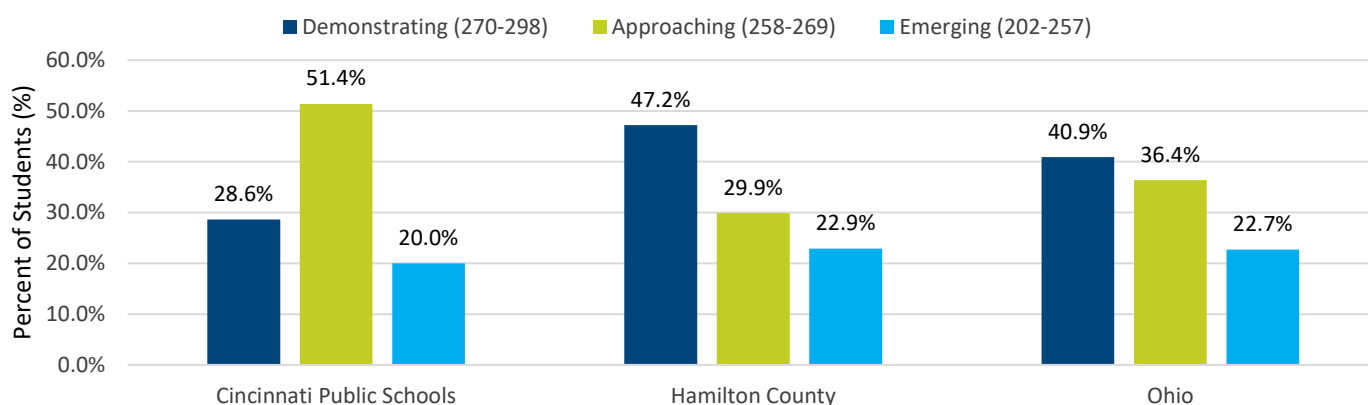
Source: Feeding America, 2017-2020

Education

Public Health Importance: Level of education is one of the greatest predictors of individual health. Early childhood education provides a foundation for children's academic success, health, and general well-being. Higher educational attainment allows for better paying jobs with resources like health benefits, paid leave, retirement accounts, easier access to healthy foods and services, and more time for exercise.

-Healthy People 2030

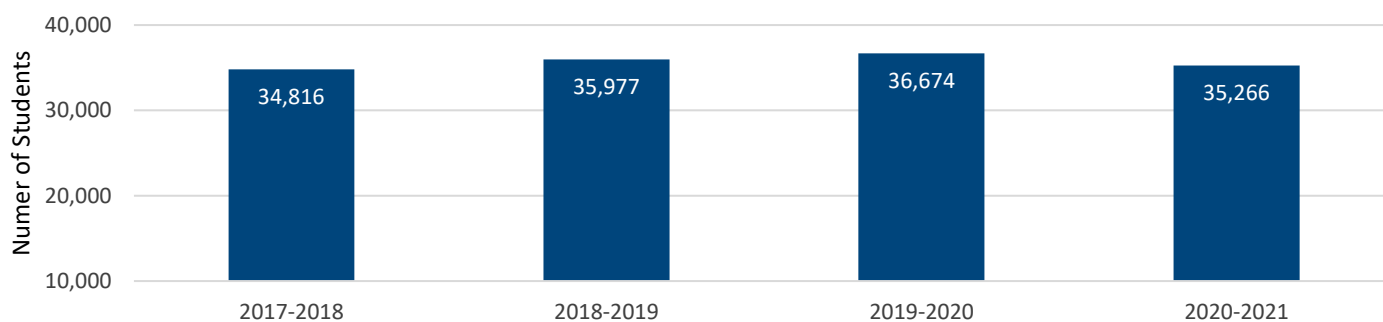
Figure 32: Kindergarten Readiness Assessment (2020-2021 School Years)



Source: Ohio Department of Education, 2020-2021

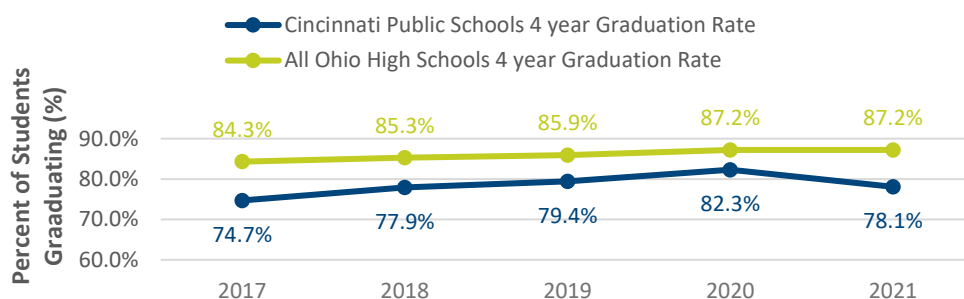
About 28.6% of Cincinnati Public School's kindergartners were assessed as kindergarten ready (demonstrating experience in language and literacy, mathematics, social foundations, physical well-being and motor development); this is low compared to county and state levels (Figure 32).

Figure 33: Cincinnati Public Schools Enrollment K-12 (2017-2021 School Years)



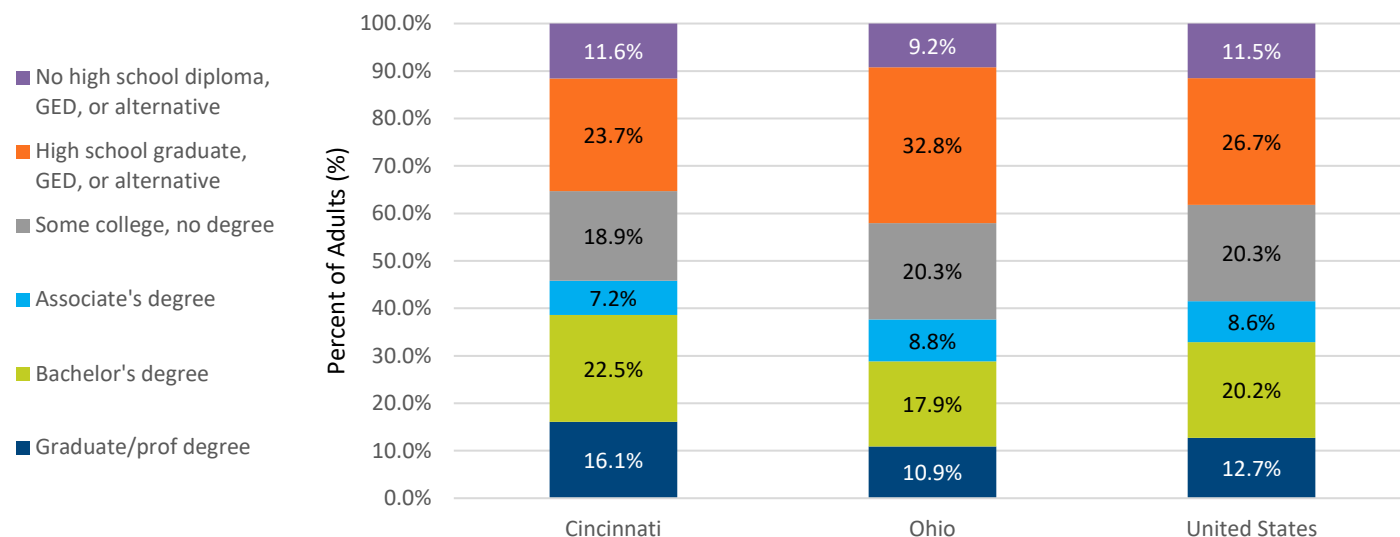
Source: Ohio Department of Education, 2017-2021

Figure 34: Local 4-Year High School Graduation Rate (%) (2017-2021 School Years)



Source: Ohio Department of Education, 2017-2021

Cincinnati Public Schools (CPS) have been working to close the gap in graduation rates compared to Ohio; however, a sharp decrease in graduation rates can be seen from 2020 to 2021 (Figure 34). A higher proportion of the adult population in Cincinnati has college degrees compared to the average for Ohio and the U.S. (Figure 35).

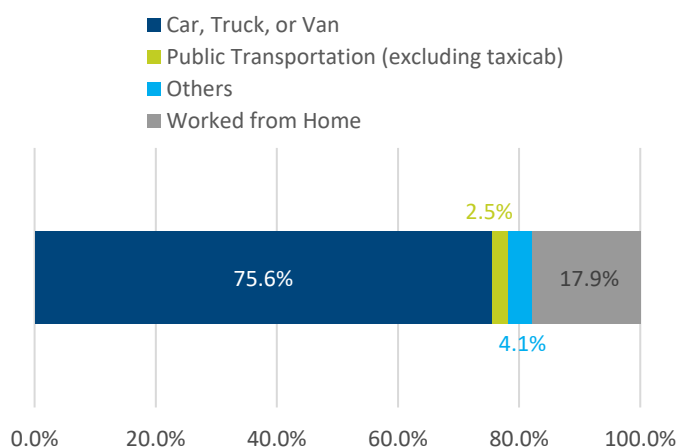
Figure 35: Educational Attainment for Adults 25+ Years (%) (2020)

Source: American Community Survey, 2020

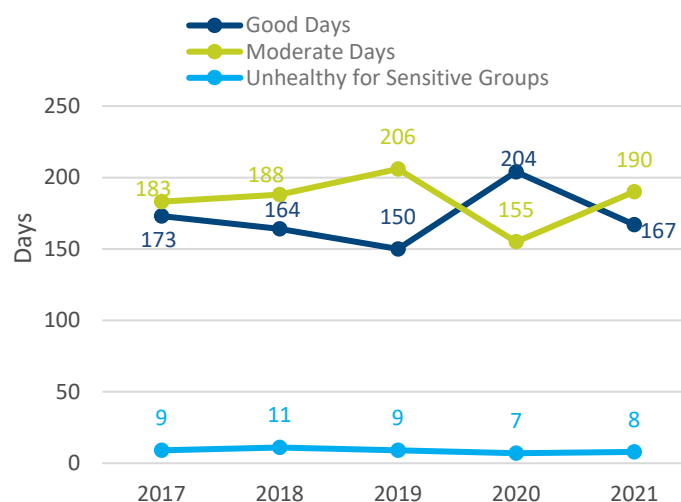
Neighborhood and the Built Environment

Public Health Importance: The built environment includes all the physical aspects of where we live and influences a person's level of physical activity. Access to healthy foods, quality of housing, environmental conditions, crime, and violence are all aspects of the built environment that can affect an individual's health.

-Healthy People 2020

Figure 36: Cincinnati Means of Transportation (%) (2020)

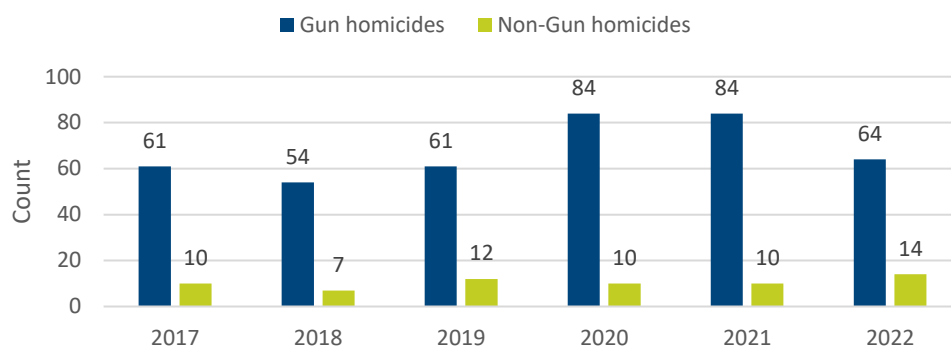
Source: American Community Survey, 2020

Figure 37: Cincinnati Air Quality Index (2017-2021)

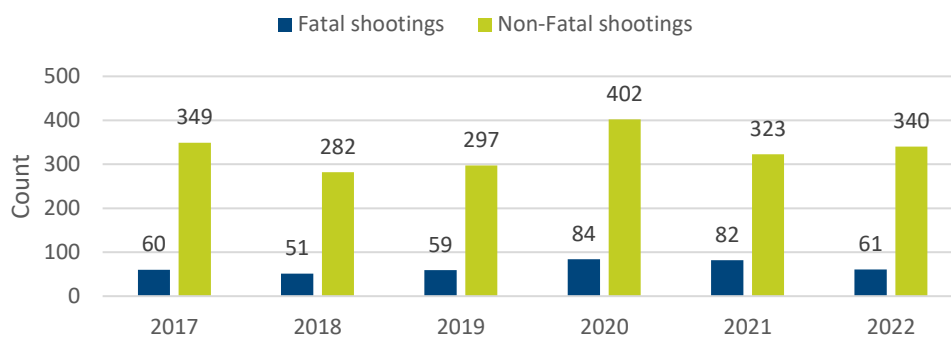
Source: Environmental Protection Agency, 2017-2021

Key Research Findings: An individual's built environment directly impacts their health. Most individuals in Cincinnati rely on cars, trucks, or personal vehicles to get to work, with 6.6% of residents relying on others or public transportation to get to work, making 20,000 people reliant on quality and reliable access to transportation (Figure 36). Cincinnati has mostly good to moderate air quality days with an average of only 2.5% of days over the last five years being unhealthy for sensitive groups (Figure 37).

Crime in Cincinnati

Figure 38. Gun vs. Non-Gun Homicides in Cincinnati by Year (2017-2022)

Source: Cincinnati Police Department, 2023

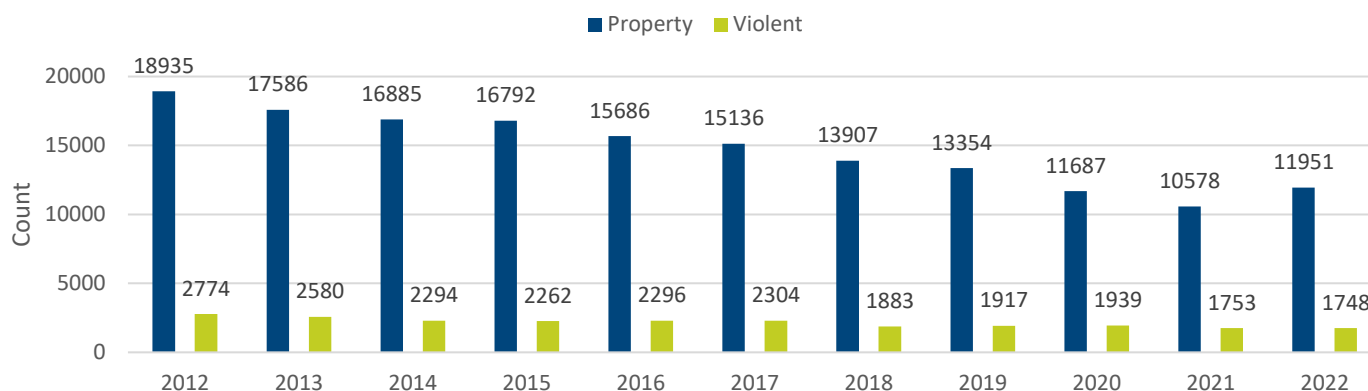
Figure 39. Fatal vs. Non-Fatal Shootings in Cincinnati by Year (2017-2022)

Source: Cincinnati Police Department, 2023

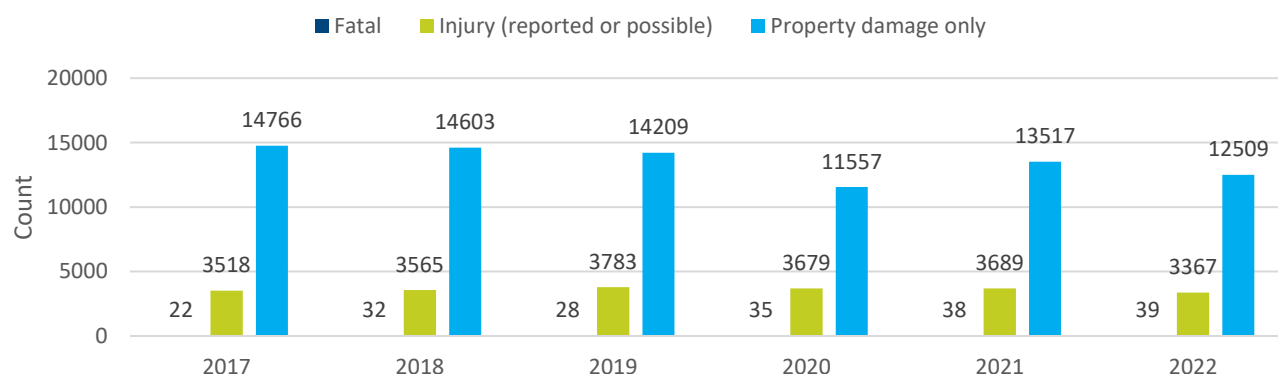
Table 1. Cincinnati Violent Crime by Year and Type (2021-2022)

Type of Crime/Year	2021	2022	% Increase or Decrease
Homicide	94	78	-17.0%
Rape	232	293	+26.3%
Robbery	647	654	+1.1%
Aggravated assault	874	801	-8.4%
Total	1847	1826	-1.1%

Source: Cincinnati Police Department, 2023

Figure 40. Violent vs. Property Crime in Cincinnati (2012-2022)

Source: Cincinnati Police Department, 2023

Figure 41. Automobile Crashes in Cincinnati by Outcome (2017-2022)

Source: Cincinnati Police Department, 2023

Key Research Findings: Gun violence is a significant and growing public health crisis in the U.S., where it is a leading cause of premature death. In Cincinnati, gun homicides were elevated in 2020 and 2021 with 84 recorded for both years, respectively. In 2022, gun homicides remain slightly raised from pre-pandemic counts (Figure 38). Violent crime, however, has consistently decreased from 2012 to 2022 (Figure 40). Property crime follows a similar decreasing trend but did increase between 2021 and 2022 by approximately 13% (Figure 40).

In the U.S., there are striking health disparities related to violence, poverty, the built environment, and crime. On a neighborhood level, residential segregation, particularly along racial and economic lines, is linked to higher crime rates.⁵ Inadequate housing and limited access to healthcare services, healthy food, quality education, and economic opportunity contribute to poor health outcomes in segregated neighborhoods.⁶ Marginalized populations often encounter a higher burden of violence and may be more susceptible to health inequities resulting from stress and trauma.⁷

⁵ Harcourt, B. E., & Ludwig, J. (2019). "Reducing crime through environmental design: Evidence from a randomized experiment of street lighting in New York City." *The Review of Economics and Statistics*, 101(4), 609-618.

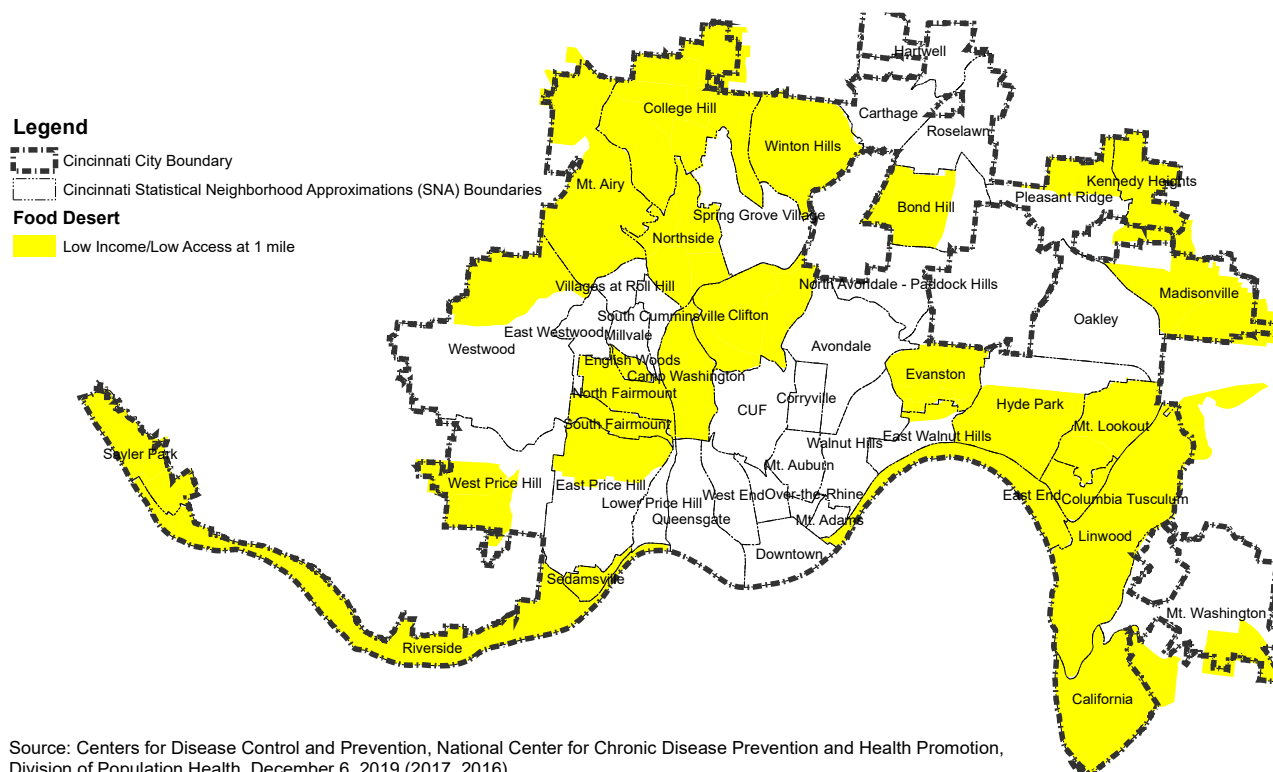
⁶ Braveman, P., et al. (2017). "Social determinants of health: An Institute of Medicine consensus statement." *JAMA*, 315(16), 1675-1686.

⁷ Macy, R. J., et al. (2019). "Violence against women: Advancing the role of trauma-informed care." *Journal of Women's Health*, 28(9), 1177-1184.

Factors that contribute to poorer health outcomes: Neighborhoods without access to quality, healthy food frequently rely on what is available at local convenience stores. Many of the foods provided in convenience stores are high in calories and low in nutrition, contributing to future health complications such as obesity, diabetes, heart disease, and hypertension.

- Healthy People 2020

Map 8: Cincinnati Food Deserts by Census Tracts (2017)

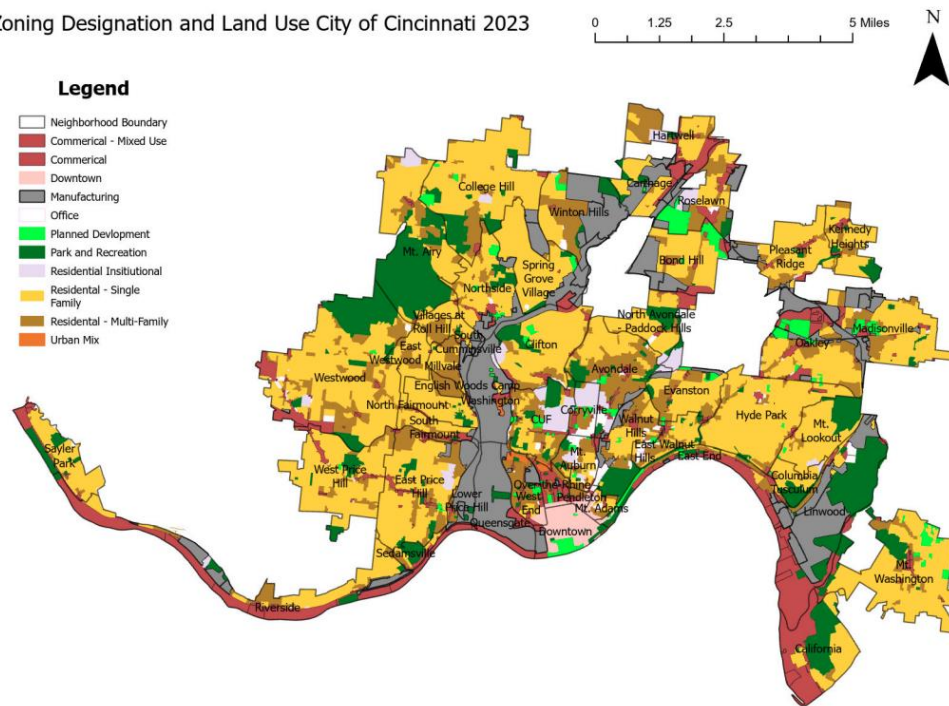


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 6, 2019 (2017, 2016)

Key Research Findings: Low-income census tracts often have a significant number or share of residents living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket. There are 31 Low Income/Low Access Census Tracts highlighted on the map (Map 8). These food deserts lack stores that sell healthy and affordable food. The lack of store access in these communities may contribute to poor diet, obesity, and other diet-related illnesses. Unfortunately, CHD does not have updated information about the spatial distribution of food deserts for this CHA and therefore this information may be out of date (Map 8).

Map 9: Cincinnati Land Use (2023)

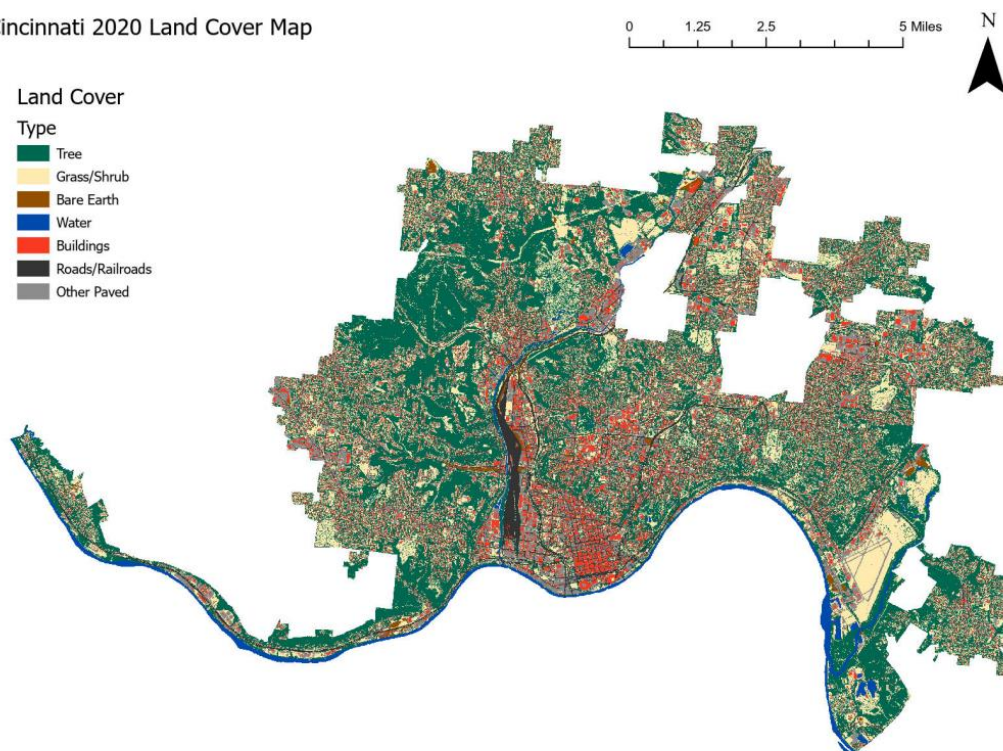
Zoning Designation and Land Use City of Cincinnati 2023



Data Source: CAGIS & City of Cincinnati Planning Department // CINC_CINC_ZONING.gbd
2023

Map 10: Cincinnati Land Cover (2020)

Cincinnati 2020 Land Cover Map



Data Source: CAGIS & Cincinnati Park Board 2020 Tree Canopy Assessment

Cincinnati Public Health Department Community Health Needs Assessment, 2023

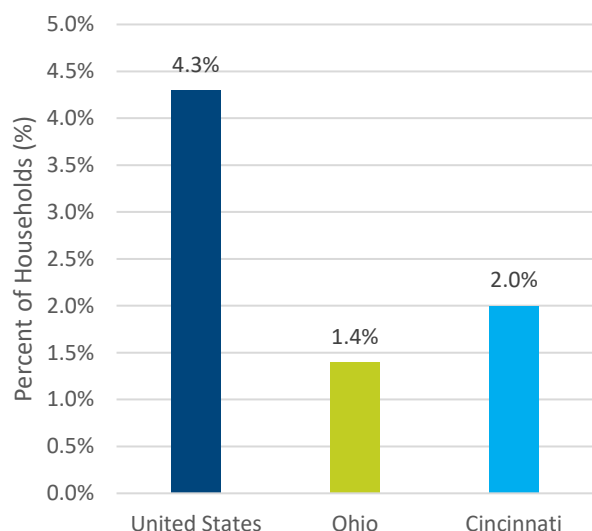
Social and Community Context

Public Health Importance: Social isolation predicts morbidity and mortality from cancer, cardiovascular disease, and a host of other causes. Civic participation, incarceration, and social cohesion are the main elements for this determinant.

- U.S. Department of Health and Human Services, Administration for Children and Families 2010

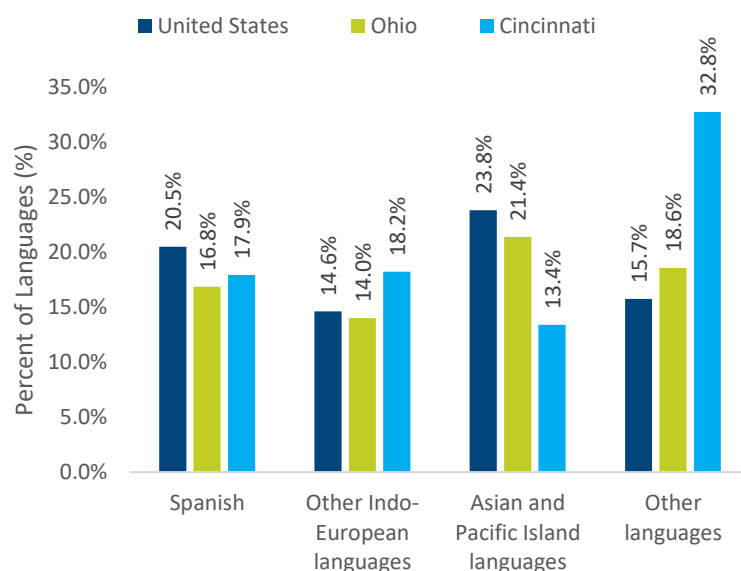
Social and Community Context is part of the Social Determinants of Health definition. This section looks at households that may experience isolation due to language barriers, and incarceration trends as a measure of community safety.

Figure 42: Limited-English Proficiency Households (%) (2016-2020)



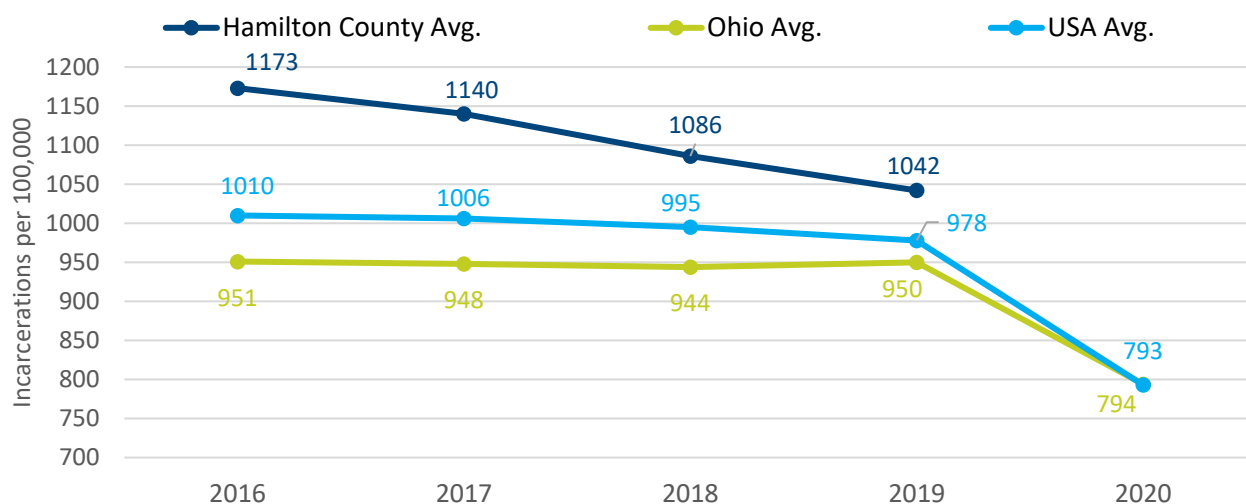
Source: American Community Survey, 2016-2020

Figure 43: Language Spoken at Limited-English Proficiency Homes (2016-2020)



Source: American Community Survey, 2016-2020

Figure 44: Incarceration Rate for Adults 18-64 Years (2016-2020)



Source: Vera Institute, 2020

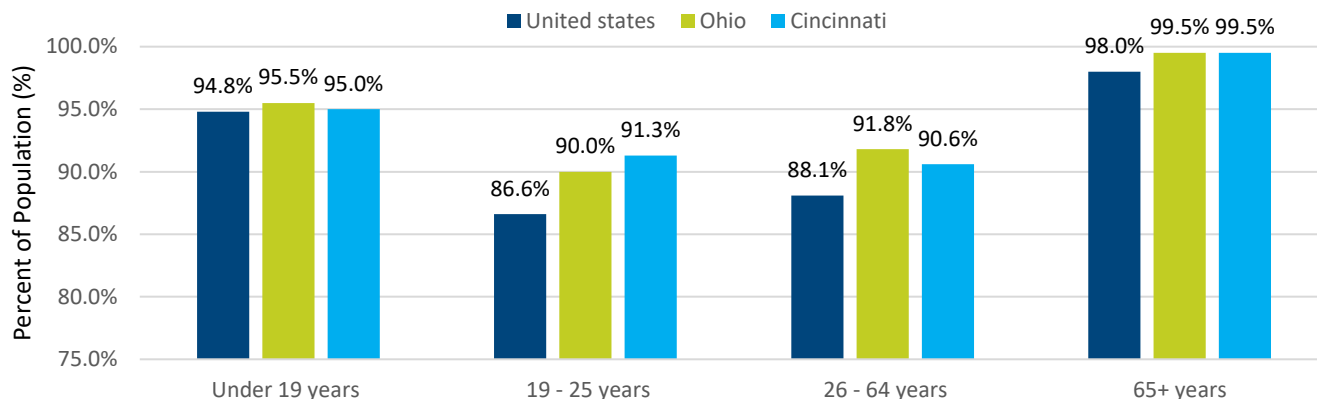
Cincinnati Public Health Department Community Health Needs Assessment, 2023

Health and Health Care

Public Health Importance: Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a financial burden for them and their families.

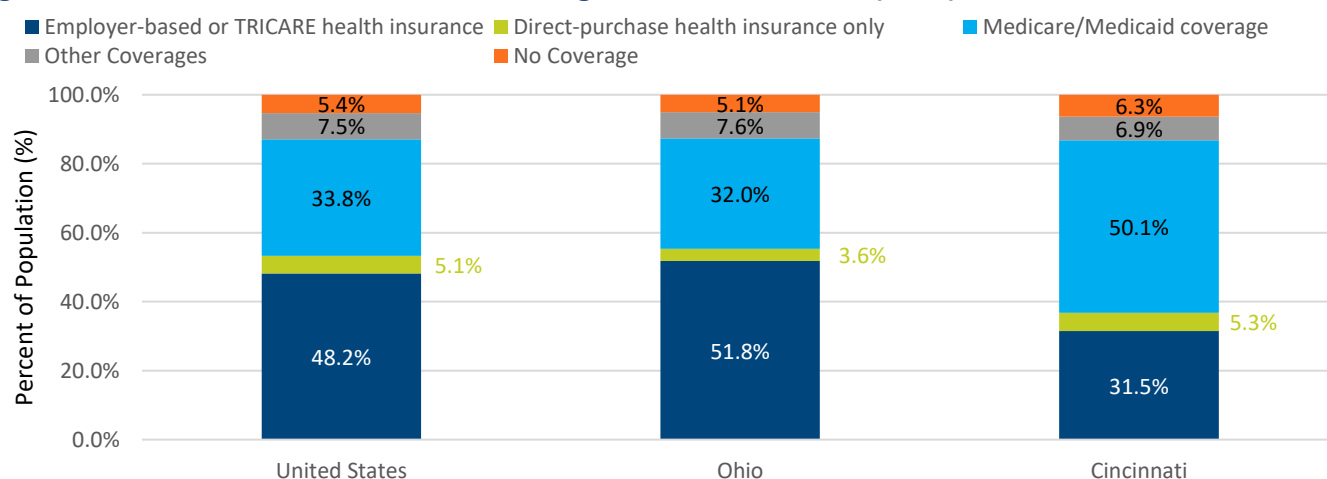
- Urban Institute

Figure 45: Health Insurance Coverage by Age Group (2020)



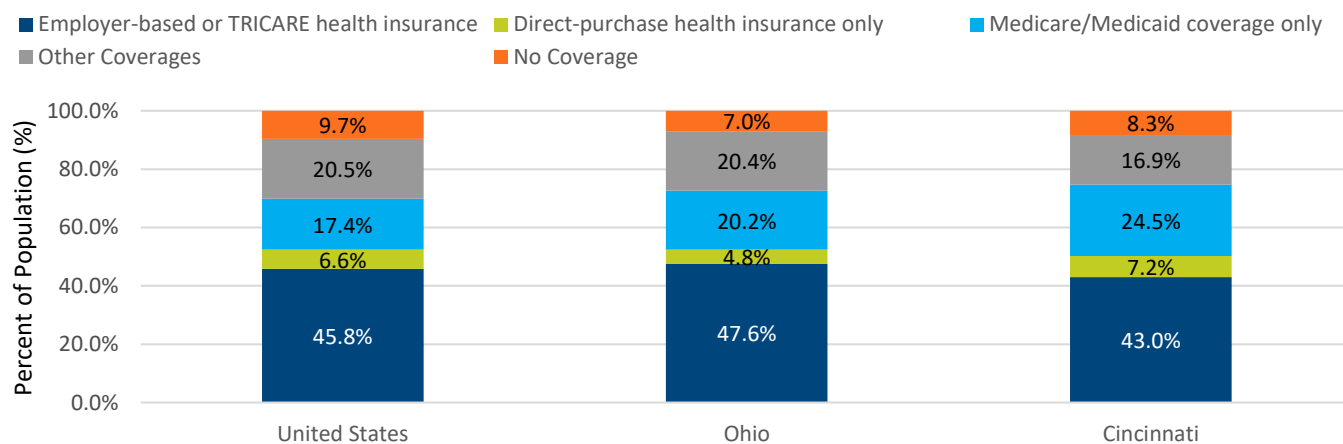
Source: American Community Survey, 2016-2020

Figure 46: Cincinnati Health Insurance Coverage of Youth <18 Years (2020)



Source: American Community Survey, 2016-2020

Figure 47: Cincinnati Health Insurance Coverage of Adults 18+ Years (2020)



Source: American Community Survey, 2016-2020

Chapter 4: Population Health

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. This section of the report will present health outcomes for groups of individuals in Cincinnati, Hamilton County, Ohio, and the United States. The distribution within these groups is also examined by demographics.

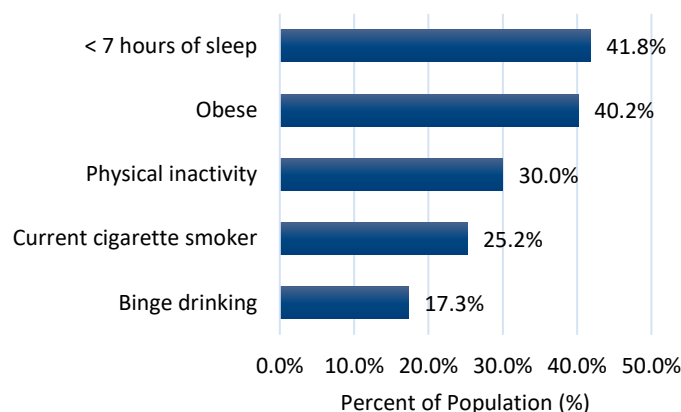
Behavioral Risk Factors

Examples of behavioral risk factors include tobacco use, alcohol consumption, obesity, physical inactivity, and unsafe sexual activity.

Public Health Importance: Risk factors include any particular behavior or behavior pattern which strongly yet adversely affects health. It increases the chances of developing a disease, disability, or syndrome.

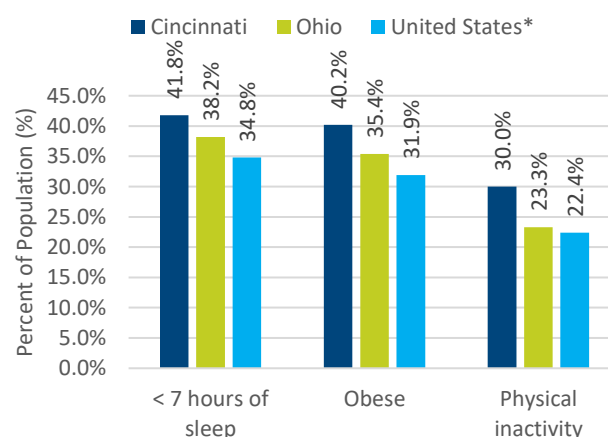
- Centers for Disease Control and Prevention

Figure 48: Cincinnati Adults 18+ Years Behavioral Risk Factors (2020)



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Figure 49: Comparison of the Top 3 Adult Behavioral Risk Factors (2020)

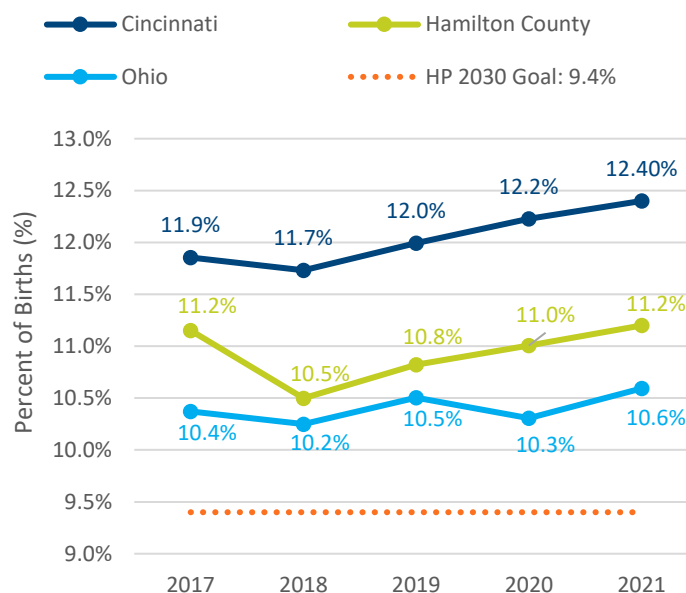


*U.S. values are crude rates

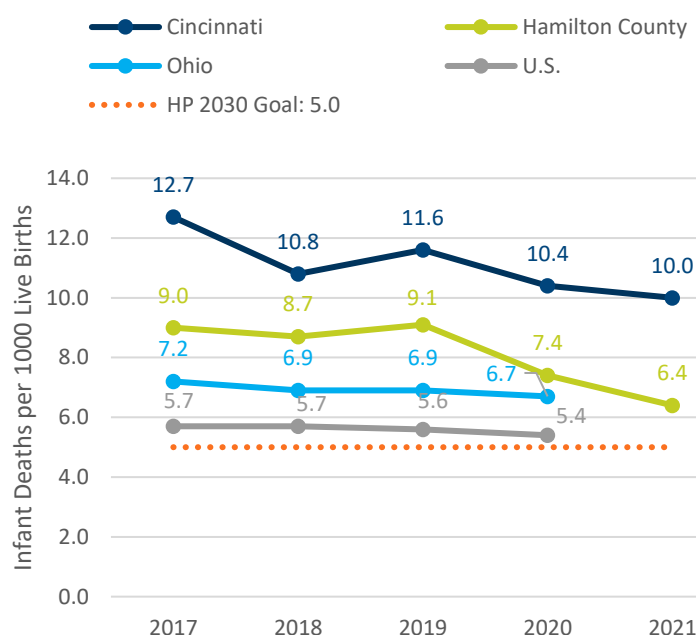
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Key Research Findings: Behavioral risk factor data is from 2020. Sleep deprivation is more prevalent among Cincinnati adults than in Ohio and the U.S. (Figures 48 and 49). As for physical activity and obesity, Cincinnati has a higher prevalence of both relative to Ohio and the U.S. (Figure 49).

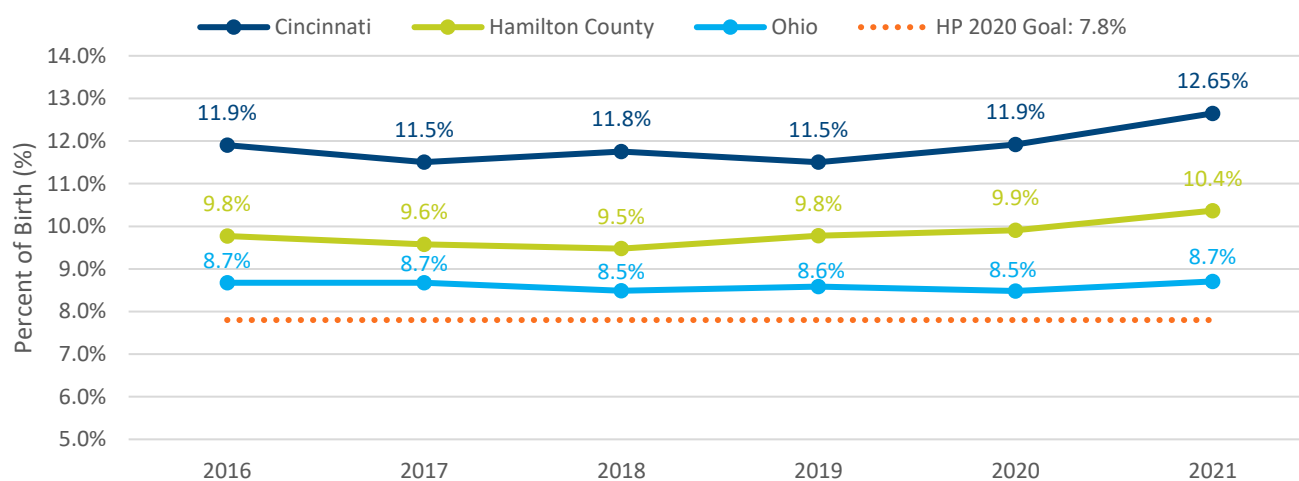
Maternal, Infant, and Child Health Issues

Figure 50: Preterm Live Births (<37 weeks gestation) (%) (2017-2021)

Source: Ohio Department of Health, Office of Vital Statistics, 2017-2021

Figure 51: Infant Mortality Rate (2017-2021)

Source: Ohio Department of Health, Office of Vital Statistics, 2017-2021

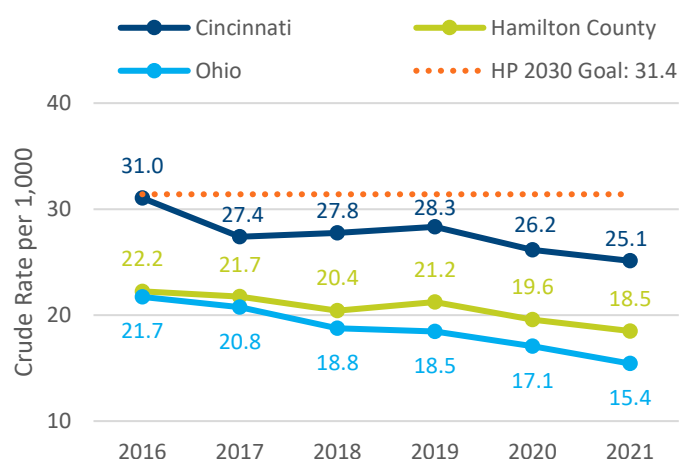
Figure 52: Low Birth Weight (<5lbs 8oz or 2500g) (2016-2021)

Source: Ohio Department of Health, 2016-2021

Key Research Findings: Prevalence of preterm births has consistently increased in Cincinnati and Hamilton County from 2018 to 2021. In 2021, Cincinnati and Hamilton County's preterm percentages are 12.4% and 11.2%, respectively. Cincinnati, Hamilton County, and Ohio all exceed the 2030 target of 9.4% (Figure 50). Cincinnati also has a higher infant mortality rate (IMR) relative to Hamilton County and Ohio at 10 per 1000 live births – this is double the Healthy People 2030 goal (Figure 51). Since 2017, IMR in Cincinnati has decreased approximately 21% (Figure 51). In Cincinnati and in Ohio, low birth weight is more common among births to Black/African American mothers and women aged 40 years and older (Figure 7). Breastfeeding and receiving prenatal care are protective factors for infant mortality (Figure 51).

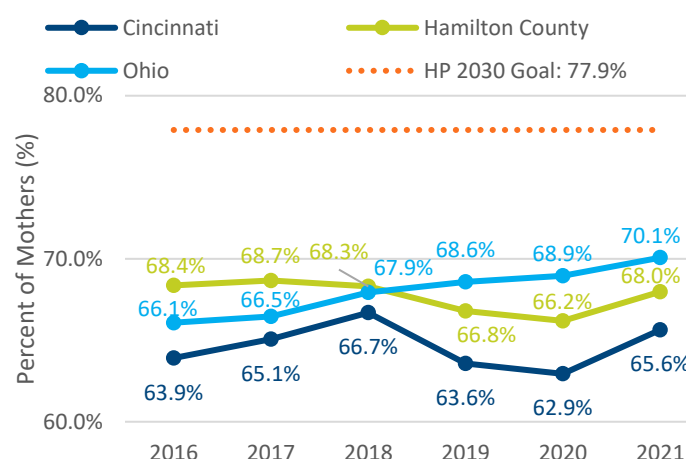
Cincinnati Public Health Department Community Health Needs Assessment, 2023

Figure 53: Births to Teen Mothers Aged 15-19 Years (2016-2021)



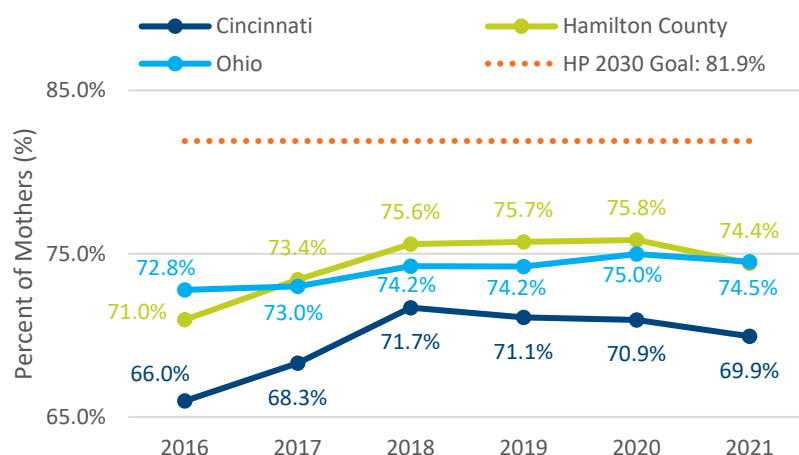
Source: Ohio Department of Health, 2016-2021

Figure 54: Birth Rates of Mothers who Received First Trimester Care (%) (2016-2021)



Source: Ohio Department of Health, 2016-2021

Figure 55: Breast Feeding at Hospital Discharge (2016-2021)



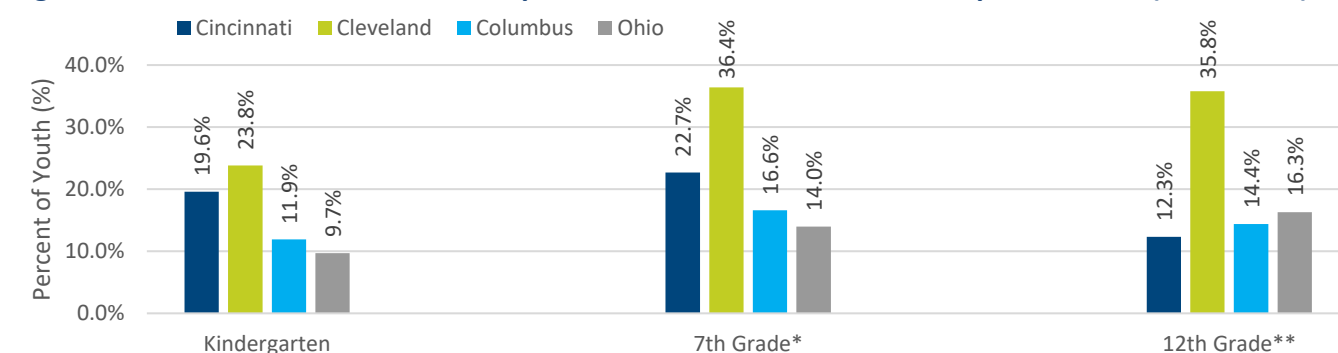
Source: Ohio Department of Health, 2016-2021



Image Source: 5540867 from Pixabay

Key Research Findings: Cincinnati has a higher rate of births to teen moms than Hamilton County but is below the target set by HP 2030 (Figure 53). This metric continues to improve, however there is still much room for improvement for linking expectant mothers to prenatal care. Cincinnati lags Hamilton County and Ohio by approximately 3 and 5% respectively (Figure 54). HP 2030 target is 77.9% and Cincinnati is at 65.6% (Figure 54).

Childhood Immunizations

Figure 56: Youth <18 Years with Incomplete Immunizations and No Exemption on File (2022-2023)

*ODH assesses only MMR, Hep B, Tdap, and Meningococcal for 7th grade

**ODH assesses only Meningococcal for 12th grade

Source: Ohio Department of Health, 2022-2023

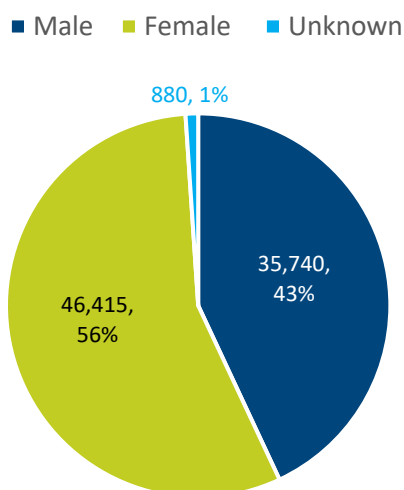
Public Health Importance: On-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

- Centers for Disease Control and Prevention

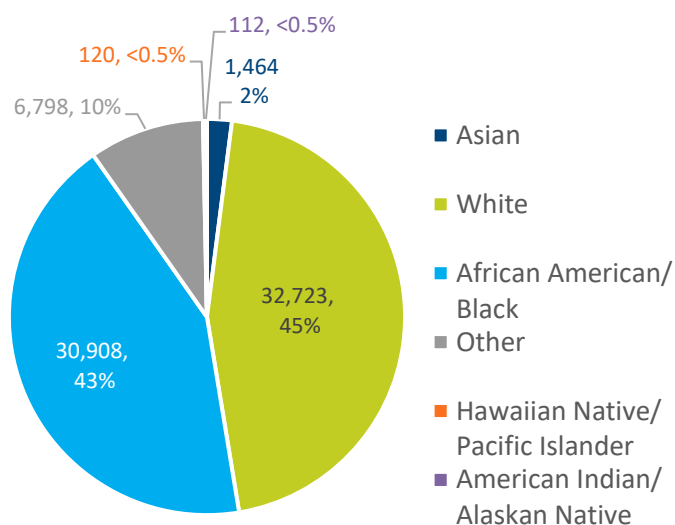
Infectious and Chronic Diseases

Infectious Diseases: COVID-19

COVID-19 is a respiratory disease caused by a new coronavirus identified in 2019, called SARS-CoV-2. COVID-19 caused a global pandemic which impacted all populations regardless of race, sex, and geographic location. The virus can induce a wide variety of symptoms including loss of taste or smell, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

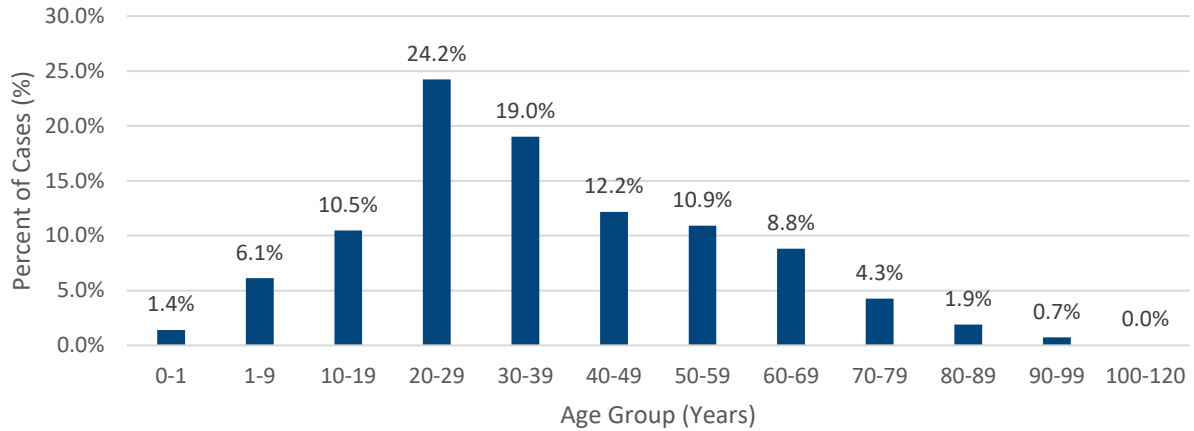
Figure 57: Cincinnati COVID-19 Cases by Sex (2020-2023)

Source: Ohio Department of Health, 2020-2023

Figure 58: Cincinnati COVID-19 Cases by Race (2020-2023)

Source: Ohio Department of Health, 2020-2023

Figure 59: Cincinnati COVID-19 Cases by Age Group (2020-2023)



Source: Ohio Department of Health, 2020-2023

Map 11: Cincinnati COVID-19 Rate by Census Tract (2020-2023)

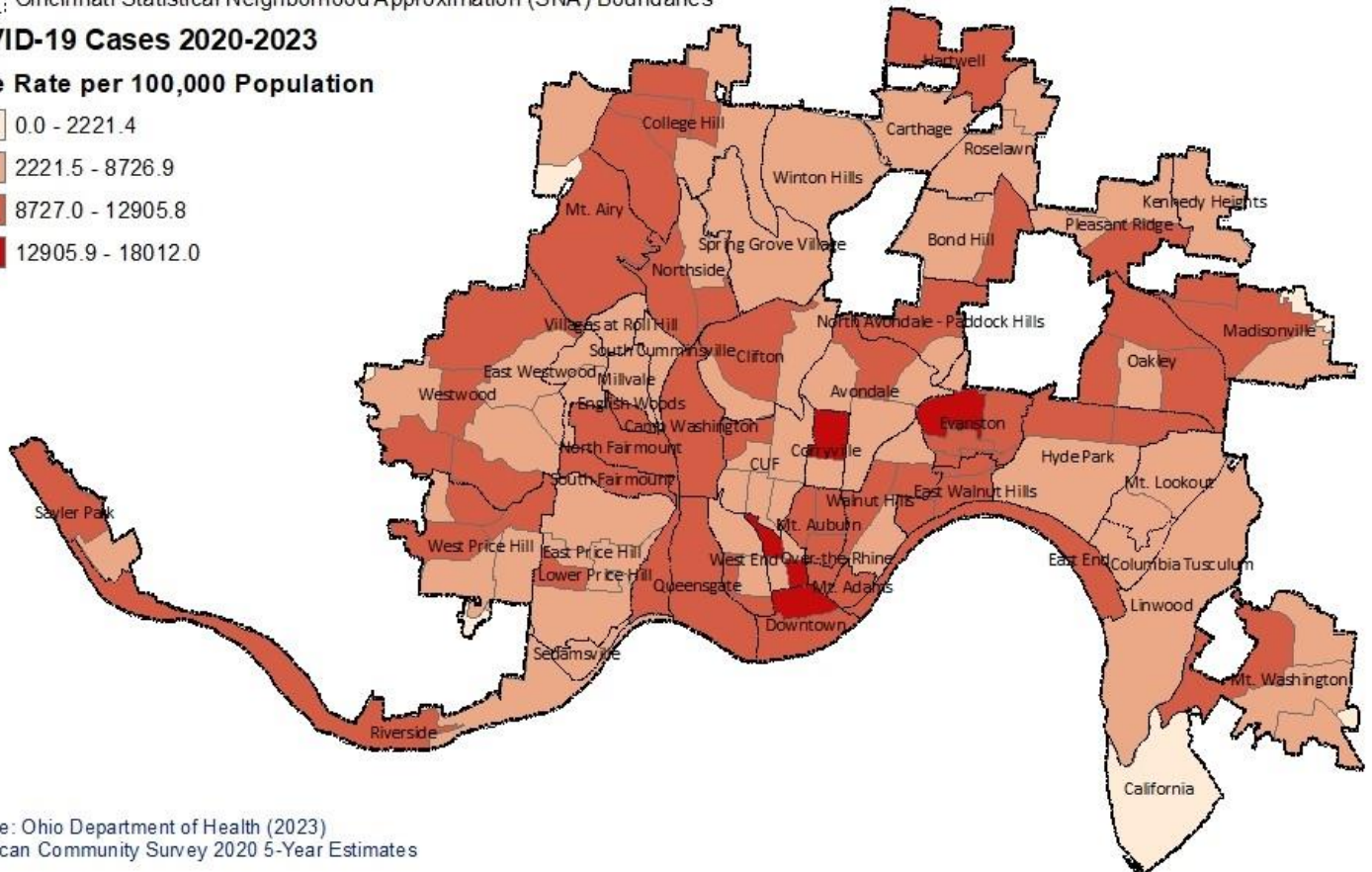
Legend

- Cincinnati City Boundary
- Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

COVID-19 Cases 2020-2023

Case Rate per 100,000 Population

- 0.0 - 2221.4
- 2221.5 - 8726.9
- 8727.0 - 12905.8
- 12905.9 - 18012.0



Source: Ohio Department of Health (2023)
American Community Survey 2020 5-Year Estimates

COVID-19 Cases

In March 2020, the first case of COVID-19 infection was reported to the Cincinnati Health Department. Three years later in March 2023, the City of Cincinnati had a total of 83,608 cases reported. There have been 3,220 total hospitalizations and 759 total deaths reported. COVID-19 testing options varied throughout the pandemic. Cincinnati residents previously may have received testing in the hospital, clinic, or pharmacy settings. Widespread use of home testing kits became available soon after.

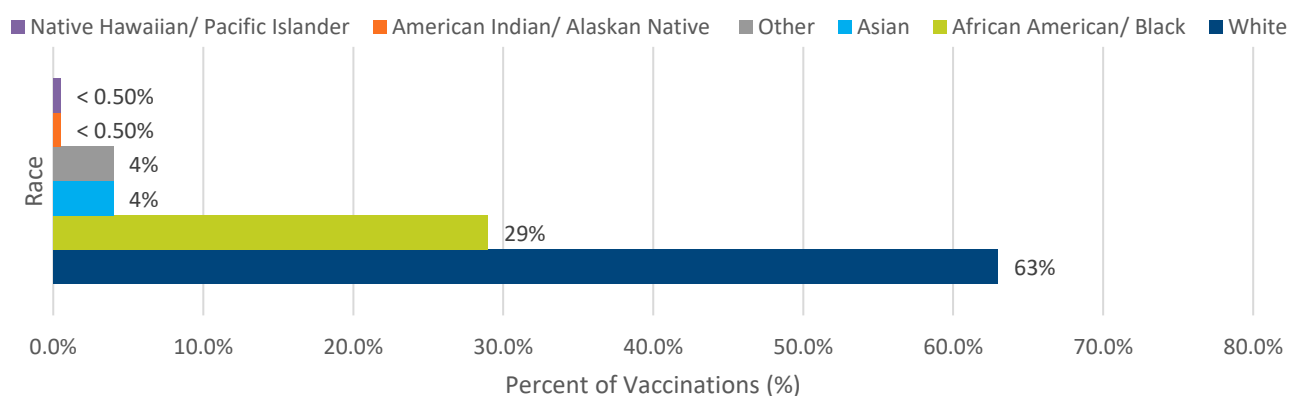
Based on Cincinnati reported cases, females were 56% of total cases and males made up 43% (Figure 57). White individuals were the majority of cases at 45% and closely after are Black individuals at 43% (Figure 58). Additionally, the 20-29 age range experienced more cases of COVID-19 infection (Figure 59).

The neighborhoods that experienced the highest case rates are Roselawn with 18,012 cases per 100,000 individuals. Following is Corryville with a case rate of 17,784.5 per 100,000 and Over-the-Rhine with a case rate of 15,773.3 per 100,000 individuals (Map 11). Case rates for COVID-19 infection are subject to potential limitations due to socioeconomic disparities relative to geographic location. Impacts on case rates may include lack of testing in under-resourced areas and reduced case reporting for positive at-home testing.

COVID-19 Vaccinations

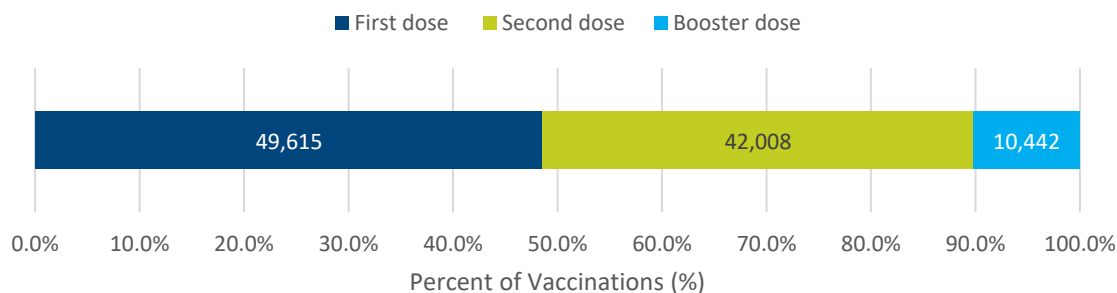
In December 2020, COVID-19 vaccine rollout began in the United States. Since the initial introduction of the vaccine, the series has been updated to include a primary and secondary dose along with follow up booster doses. Individuals who are immunocompromised are eligible for additional doses relative to the public.

Figure 60: Cincinnati Health Department COVID-19 Vaccinations Given by Race (2020-2023)



Source: Ohio Department of Health, 2020-2023

Figure 61: Cincinnati Health Department COVID-19 Vaccinations Given by Dose (2020-2023)



Source: Ohio Department of Health, 2020-2023

Map 12: Cincinnati COVID-19 Vaccination Rate by Census Tract (%) (2020-2023)

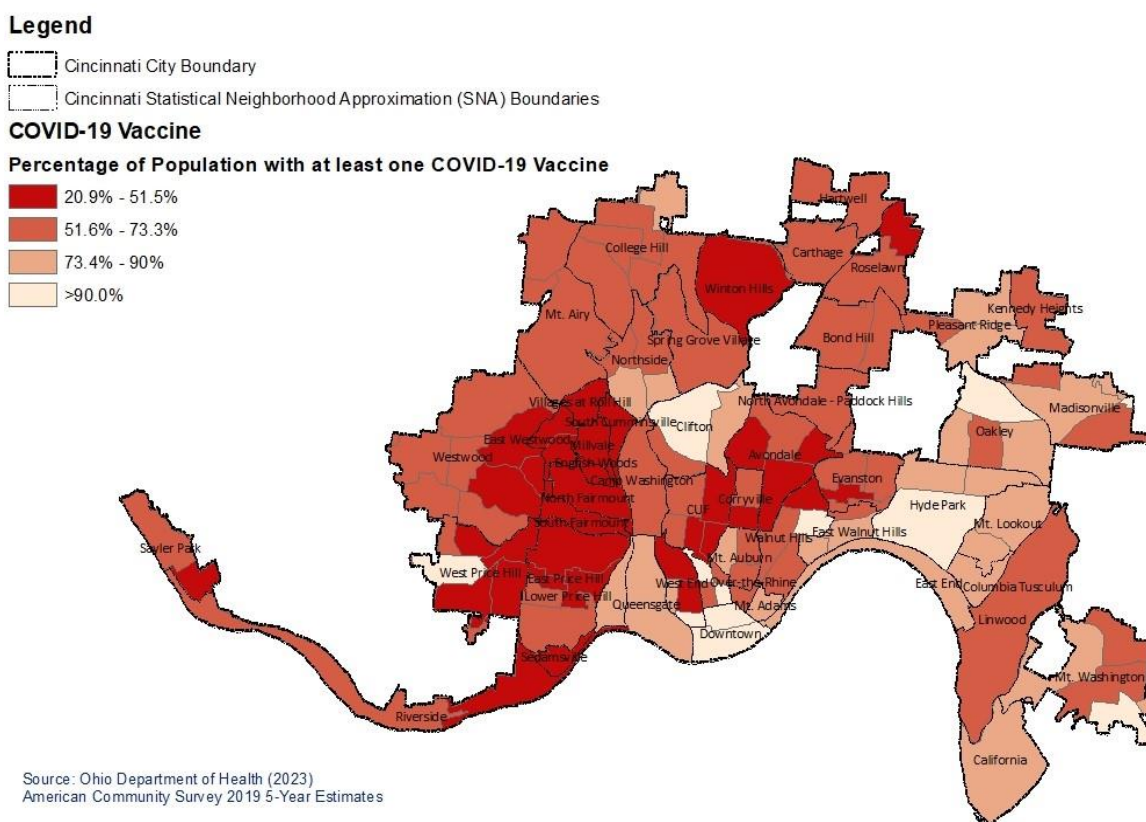
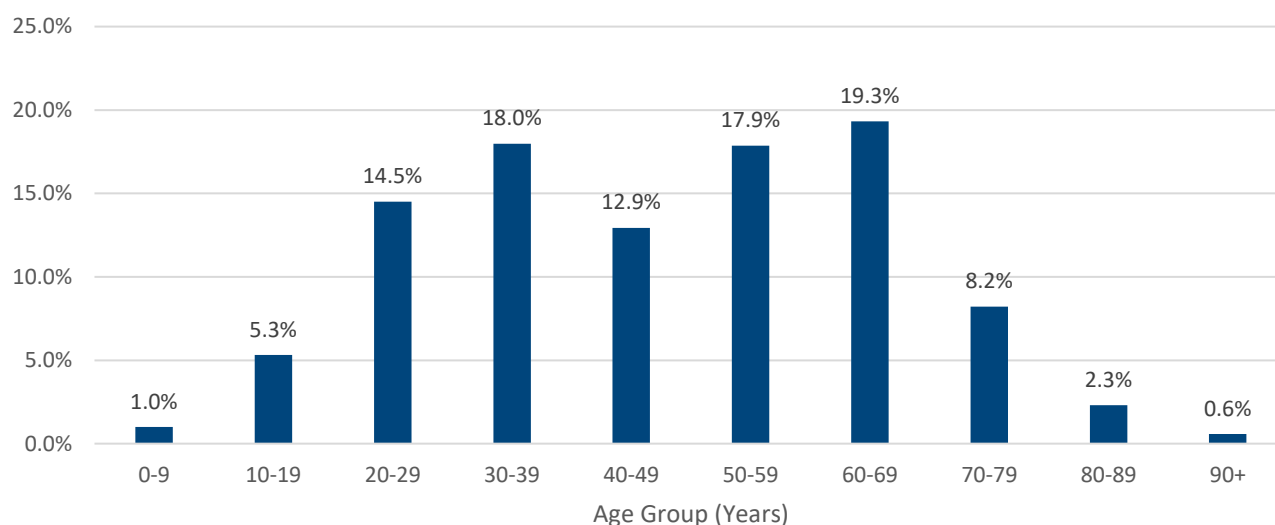


Figure 62: Cincinnati Health Department COVID-19 Vaccinations by Age Group (2020-2023)



Source: Ohio Department of Health, 2020-2023

Key Finding: The Cincinnati Health Department administered a total of 102,065 total vaccinations. Of these total doses, 49,615 are first doses, 42,008 second doses and 10,442 booster doses (Figure 61). Generally, eastern areas of the city have higher vaccination uptake. The Clifton and Downtown area have higher rates relative to the surrounding areas. Downtown, Oakley, and Over the Rhine had the highest uptake, with each exceeding 90% of the population with at least one vaccine. The neighborhoods with the lowest vaccine uptake are Roll Hill (20.9%), Winton Hills (26.9%), and CUF (31.1%) (Map 12).

Infectious Diseases: Sexually Transmitted Disease

Sexually transmitted diseases (STDs) are a large public health concern. In 2019, more than 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported in the US. This was the sixth consecutive year where reported STDs have reached an all-time high and comprises an approximately 30% increase in cases between 2015-2019⁸. The burdens, costs, and complications associated with STDs were exacerbated by the COVID-19 pandemic as funding and resources shifted from STD prevention and control to COVID-19. STDs cause many harmful, often irreversible, and costly clinical complications, such as:

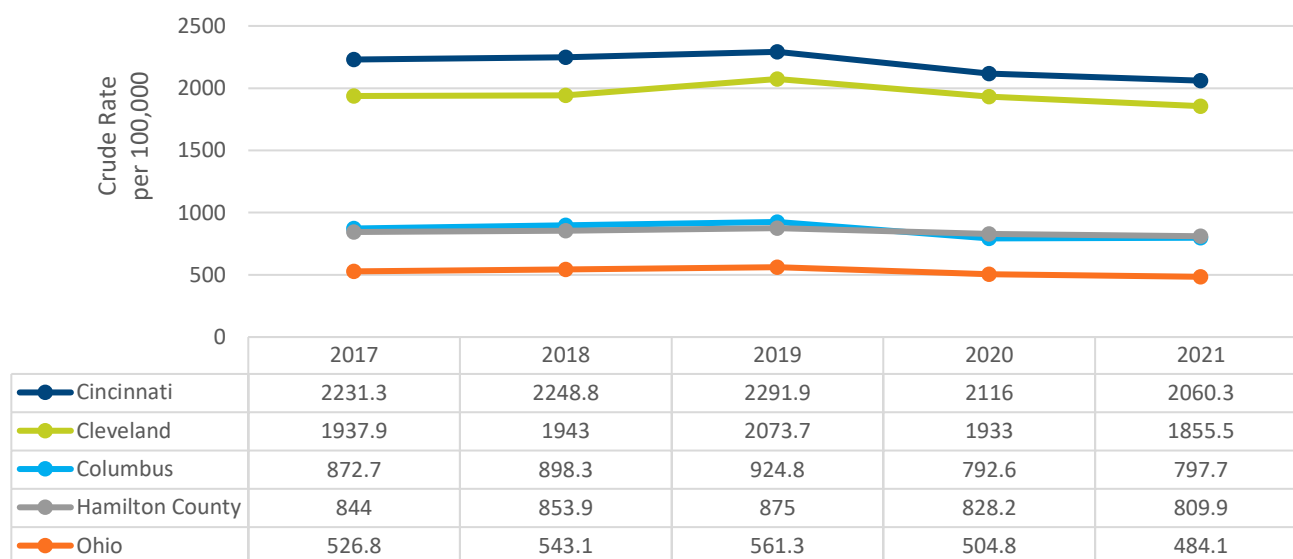
- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection⁹

STDs, including HIV, are preventable and treatable.

Public Health Importance: STDs go undetected and untreated, but STDs that do not show symptoms can still cause harm and spread to others. Untreated STDs can lead to infertility in women; they can also complicate pregnancy and lead to serious health consequences for a mother and her baby. Having an STD also increases a person's risk of contracting HIV through sexual contact.

- Healthy People 2020

Figure 63: Chlamydia Case Rates by Health Jurisdiction (2017-2021)

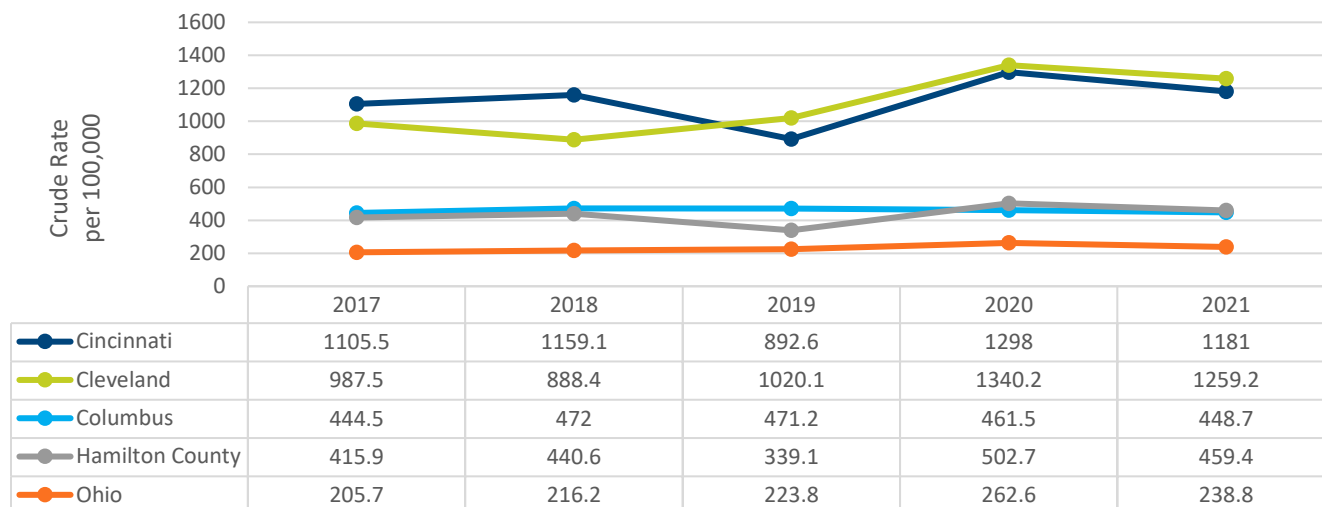


Source: Ohio Department of Health, 2017-2021

Overall, chlamydia rates increased from 2017 to 2019, but decreased in 2020. The decrease in chlamydia cases may be due to the reduction in screening that occurred during the onset of the COVID-19 pandemic. Chlamydia is often asymptomatic, particularly in males, so less screening means that many may not be aware they are infected. Cincinnati has a higher rate of chlamydia compared to Cleveland and Columbus (Figure 63).

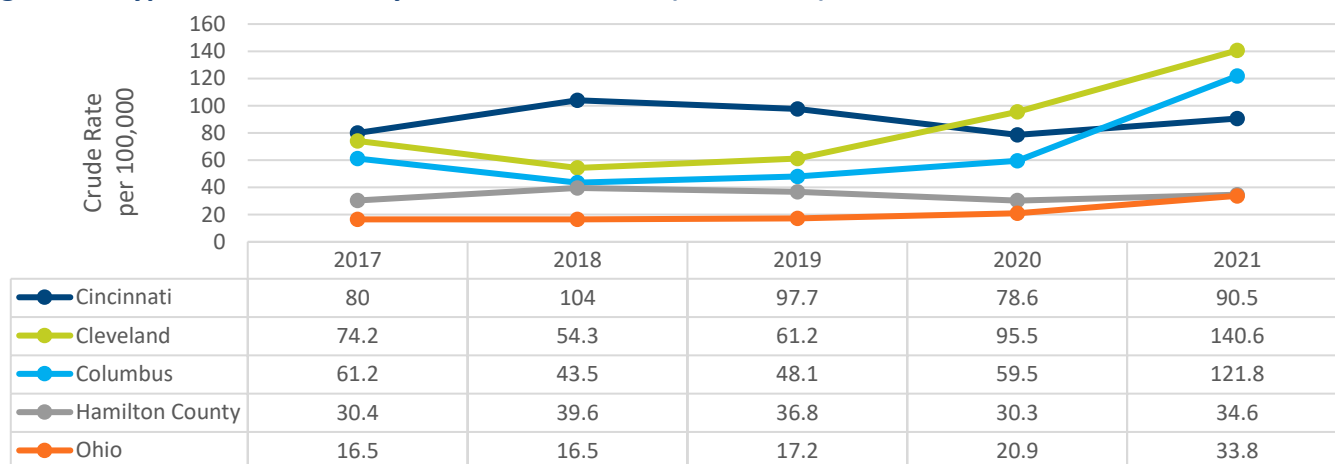
⁸ Centers for Disease Control and Prevention. (2021, April 13). New CDC study: STDs continue to rise in the U.S. [Press release]. Retrieved from <https://www.cdc.gov/media/releases/2021/p0413-stds.html>.

⁹ St. Louis ME, Wasserheit JN, Gayle HD, editors. Janus considers the HIV pandemic: Harnessing recent advances to enhance AIDS prevention. Am J Public Health. 1997; 87:10-12. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>.

Figure 64: Gonorrhea Case Rates by Health Jurisdiction (2017-2021)

Source: Ohio Department of Health, 2017-2021

Gonorrhea cases in Cincinnati saw a significant decrease from 2018 to 2019 but rebounded sharply in 2020. An increase in cases between 2019 and 2020 was also recorded in Cleveland, Hamilton County, and Ohio generally. Cases in Columbus have consistently decreased from their 2019 peak. Cleveland has a slightly higher rate of gonorrhea cases in 2021 at 1,259 per 100K relative to Cincinnati at 1181 per 100K in 2021. Gonorrhea generally presents with uncomfortable symptoms in both males and females, leading people to seek care; this may be why gonorrhea cases did not drop off in the same way that chlamydia cases did during the onset of the pandemic (Figure 64).

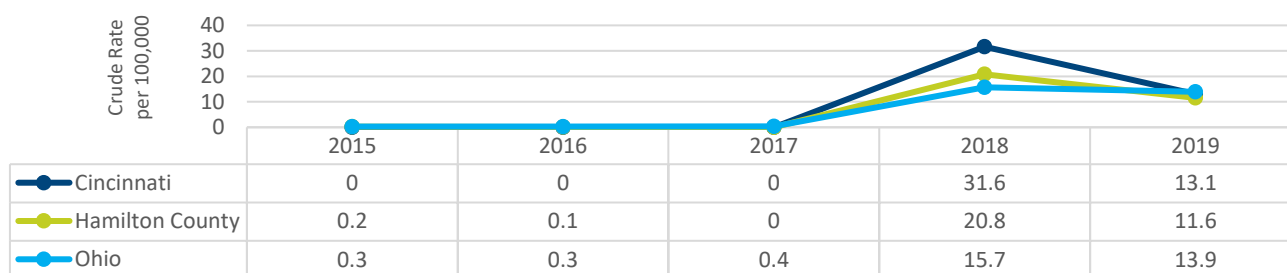
Figure 65. Syphilis Case Rates by Health Jurisdiction (2017-2021)

Source: Ohio Department of Health, 2017-2021

Syphilis cases have slowly decreased from 2018 to 2020 in Hamilton County and Cincinnati but have started to increase from 2020 to 2021. However, Cleveland and Columbus began seeing sharp increases in Syphilis cases starting in 2019, ultimately exceeding Cincinnati's higher initial rate. Hamilton County and Cincinnati appear to be lagging just behind the large rise in cases in Cleveland and Columbus (Figure 65). The rise in syphilis cases in recent years is largely among MSM, although cases have increased in among all demographic groups. Congenital syphilis, where a pregnant mother infected with the disease passes it to their child, is increasing in the US (CDC).¹⁰

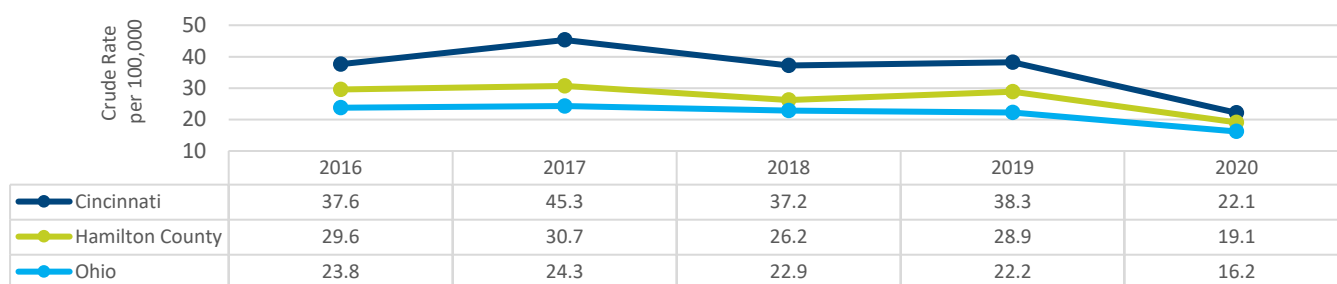
¹⁰ Impact of COVID-19 on Sexually Transmitted Diseases (cdc.gov)

Other Infectious Diseases

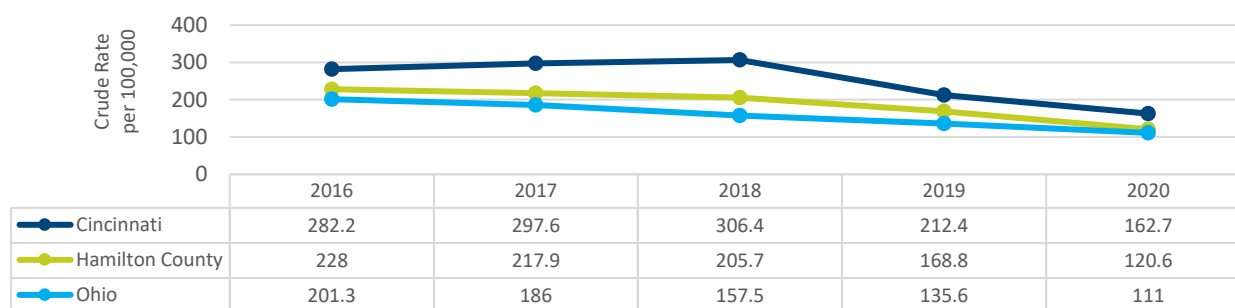
Figure 66. Hepatitis A Virus Case Rate by Health Jurisdiction (2015-2019)

Source: Ohio Department of Health, 2015-2019

Key Research Findings: In 2018, there was a Hepatitis A outbreak that affected many regions of Ohio. CHD targeted interventions to the populations most affected in Cincinnati by opening Hepatitis A vaccine clinics in soup kitchens, homeless shelters, parks, faith-based institutions, substance abuse centers, and correctional centers. CHD also hosted syringe exchange events and conducted training for several groups of homeless shelter workers.

Figure 67. Hepatitis B Virus Case Rate by Health Jurisdiction (2016-2020)

Source: Ohio Department of Health, 2016-2020

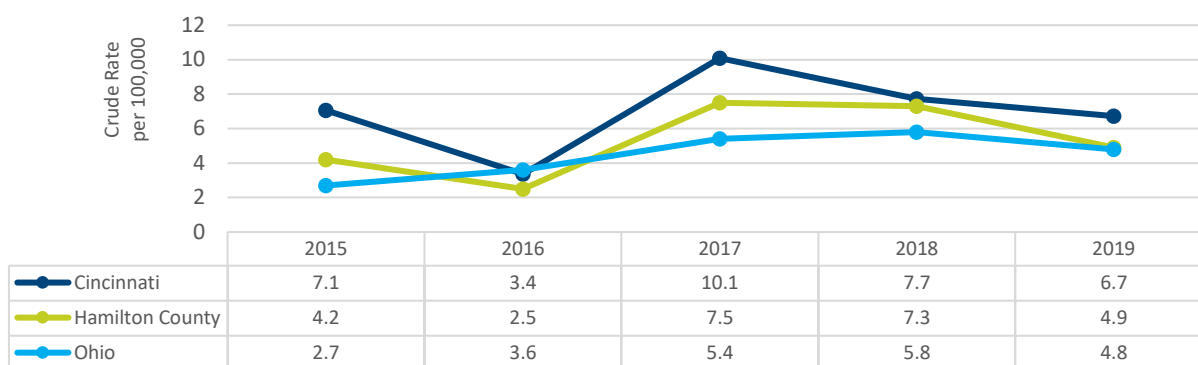
Figure 68. Hepatitis C Virus Case Rate by Health Jurisdiction (2016-2020)

Source: Ohio Department of Health, 2016-2020

Hepatitis B is caused by the Hepatitis B Virus (HBV), which infects the liver. A perinatal case of HBV occurs when an infection occurs in a pregnant person and the infant is born infected with HBV. The decrease in 2020 of HBV and HCV is likely due to a reduction in screening efforts that occurred during the pandemic (Figure 67 and 68).

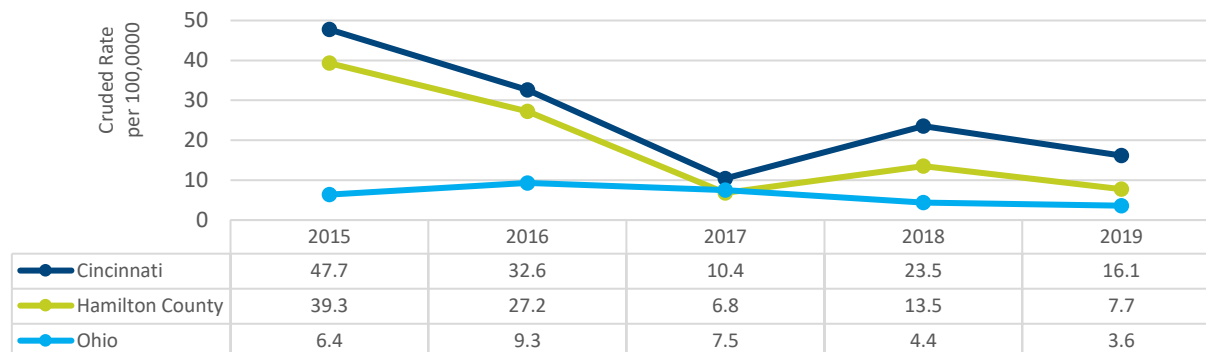
Hepatitis C is caused by the Hepatitis C Virus (HCV), which also causes liver infection. HCV cases are classified into two categories: acute and chronic. Cases are indicated as “acute” when an individual has short term illness within the first 6 months of exposure. Chronic cases are categorized as infections that last longer than 6 months. Rates of HCV remain higher in Cincinnati than in Hamilton County and Ohio but follow the same decreasing pattern (Figure 68).

Infection with any viral hepatitis increases the risk of developing complications such as liver cancer. Hepatitis A and B have vaccines that can prevent infection. HCV, while not having an approved vaccine available, is one of the only viral infections that is curable through treatment.

Figure 69. Invasive Streptococcus Group A Case Rate by Health Jurisdiction (2015-2019)

Source: Ohio Department of Health, 2015-2019

Invasive Streptococcus Group A can result in several different types of bacterial infections such as strep throat, scarlet fever, or rheumatic fever. This category of Streptococcal Group A is severe and can be life threatening. Strep A cases increased in 2017 and have remained relatively consistent through 2019 (Figure 69).

Figure 70. Shigellosis Case Rate by Health Jurisdiction (2015-2019)

Source: Ohio Department of Health

Shigellosis is an infection caused by the bacteria *Shigella*. This bacterium is spread person to person through high-touch surfaces, food, or water contaminated with the *Shigella* bacteria. From 2017 to 2018 the sudden increase rate of Shigellosis is due to several different outbreaks in daycare settings around Cincinnati (Figure 70). In more recent years, there has been an increase in shigellosis cases in MSM where sexual contact has been identified as the primary mode of transmission.

Figure 71. *Candida auris* Case Rate by Health Jurisdiction (2020-2021)

Source: Ohio Department of Health

Key Findings: *Candida auris* is a fungal disease that was first diagnosed in Cincinnati in 2020. It is most often spread in healthcare facilities or long-term care nursing facilities where individuals generally have weaker immune systems. *Candida auris* is often multidrug resistant in addition to being difficult to treat and identify. It causes outbreaks quickly in healthcare facilities and requires several infection prevention techniques to control it.

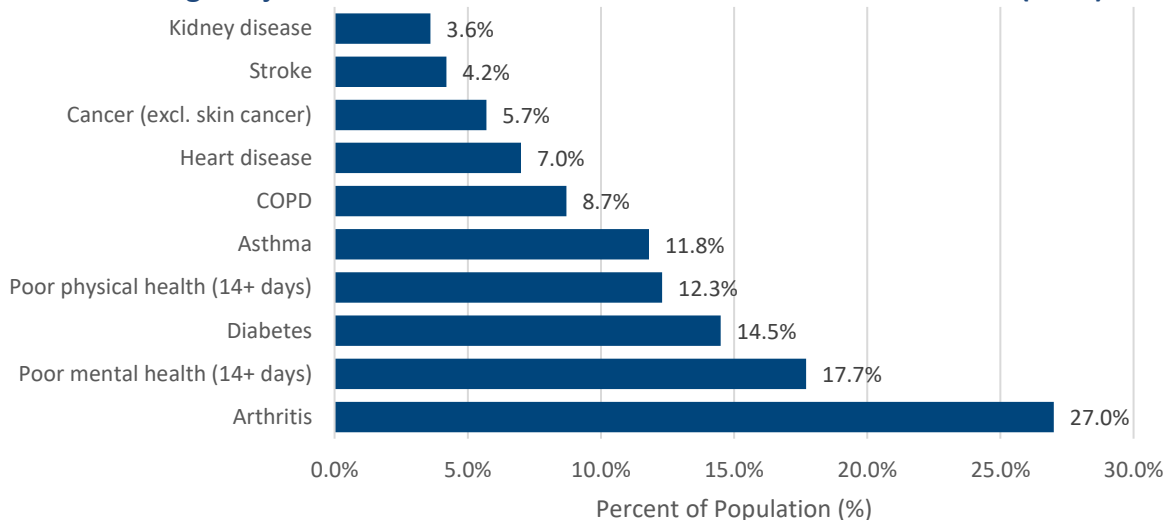
Chronic Diseases

Chronic disease includes heart disease, stroke, diabetes, cancer, chronic obstructive pulmonary disease/chronic lower respiratory disease, asthma, and arthritis. It also includes related clinical risk factors (obesity, hypertension, and high cholesterol), as well as behaviors closely associated with these conditions and risk factors (nutrition, physical activity, and tobacco use). Refer to the Behavioral Risk Factors section earlier in the chapter for more information.

Public Health Importance: About half of all adults in the U.S. have one or more chronic health condition and one in four adults have two or more chronic health conditions. Two of the top ten causes of death account for almost half (48%) of deaths in the U.S. – heart disease and cancer.

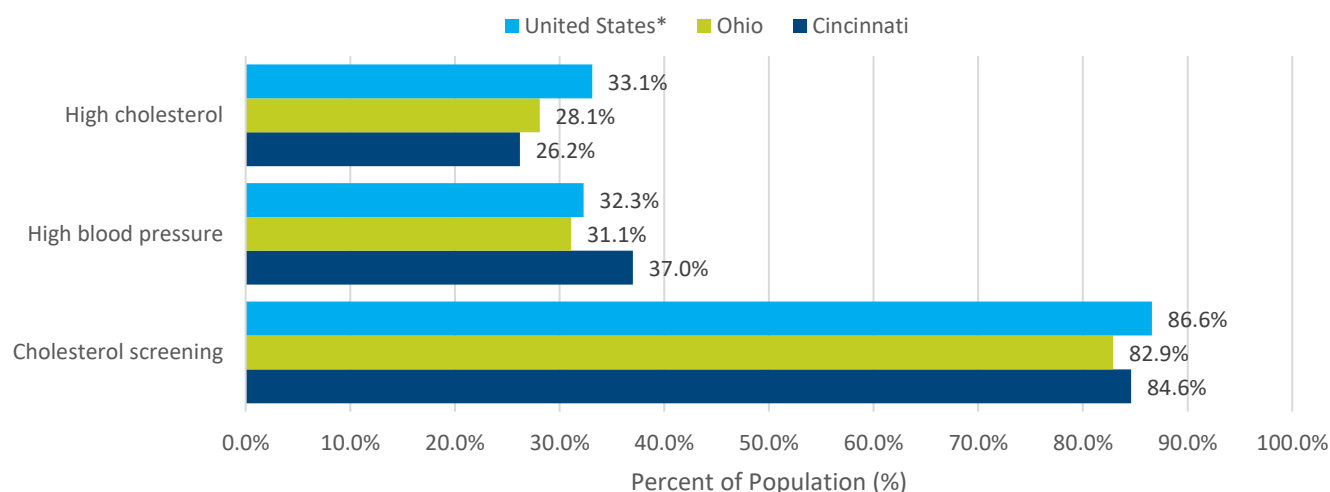
- Centers for Disease Control and Prevention

Figure 72: Cincinnati Age-Adjusted Prevalence of Chronic Disease in Adults 18+ Years (2020)



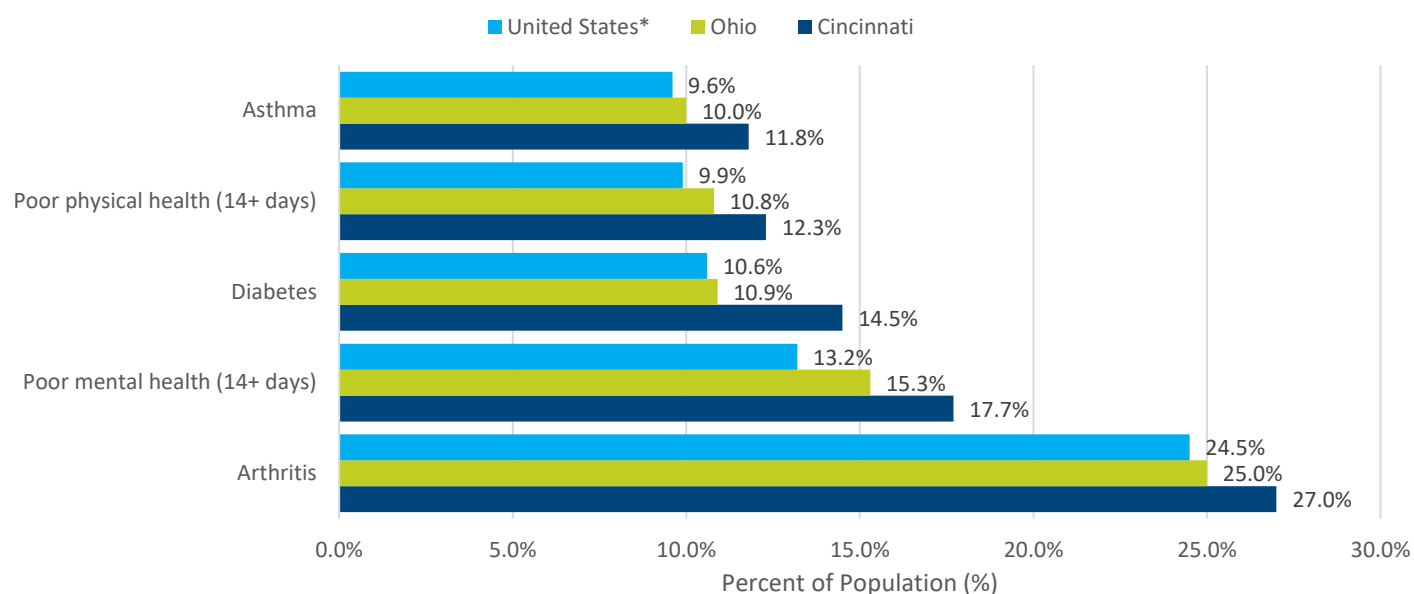
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Figure 73: Age-Adjusted Prevalence of Cholesterol Indicators in Adults 18+ Years (2019)



*U.S. values are crude rates

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Figure 74: Age-Adjusted Prevalence of Top Five Chronic Conditions (2020)

*U.S. values are crude rates

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Key Research Findings: Cincinnati residents have comparatively higher rates of high blood pressure, poor physical health, and poor mental health than the rates for Ohio and the U.S. (Figure 73 and 74). The percentage of Cincinnati residents with high cholesterol is lower than Ohio and the US – however, Cincinnati does have a lower percentage of individuals screened for high cholesterol (Figure 73). Disparities are also consistently evident among residents in Census Tracts of the Roselawn, Bond Hill, College Hill, West End, and Avondale neighborhoods.



Image Source: CDC/ Amanda Mills

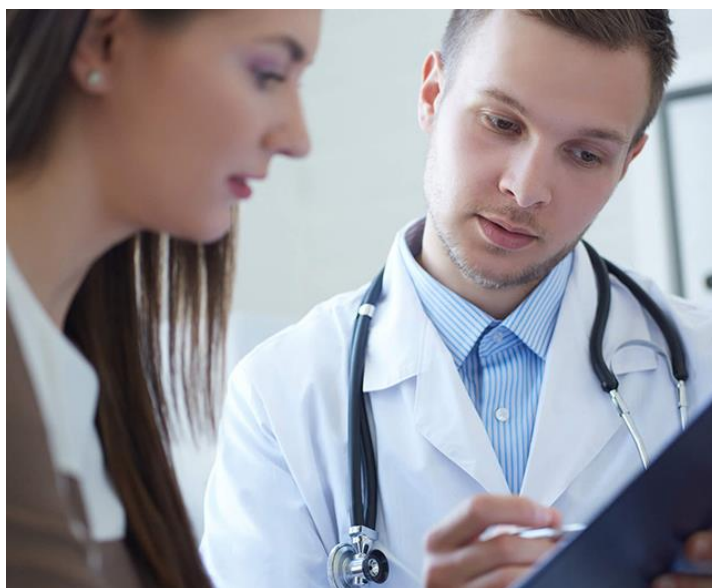


Image Source: American Heart Association

Map 13: Cincinnati High Blood Pressure (>130-139/80-89 mmHg) in Adults 18+ Years (2019)

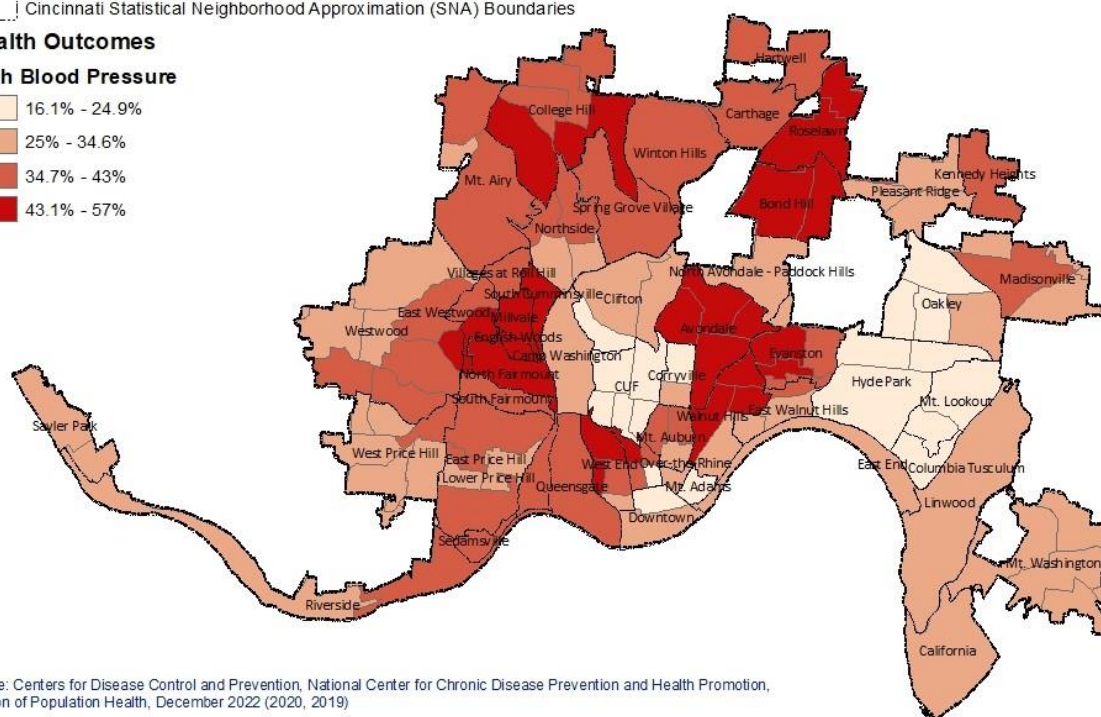
Legend

-  Cincinnati City Boundary
-  Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Health Outcomes

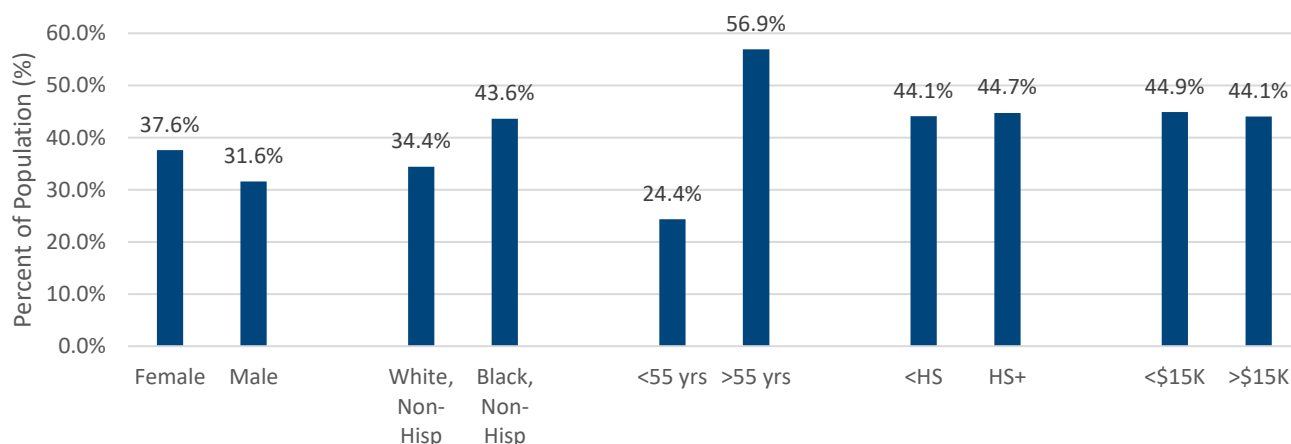
High Blood Pressure

-  16.1% - 24.9%
-  25% - 34.6%
-  34.7% - 43%
-  43.1% - 57%



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Figure 75: Ohio High Blood Pressure (>130-139/80-89 mmHg) in Adults 18+ Years by Demographics (2019)*



*Local data not available

Source: Centers for Disease Control and Prevention, 2019

Key Research Findings: Individuals over the age of 55 and Black Non-Hispanic individuals are more commonly diagnosed with high blood pressure (Figure 75). Neighborhoods with higher blood pressure incidence include Walnut Hills (57.0%), Avondale (53.3%) and Roselawn (52.6%) (Map 13).

Map 14: Cincinnati High Blood Cholesterol (>200 mg/dL) in Adults 18+ Years (2019)

Legend

- Cincinnati City Boundary
- Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Health Outcomes**High Cholesterol**

- 11.6% - 20.4%
- 20.5% - 25.9%
- 26% - 29.6%
- 29.7% - 33.5%

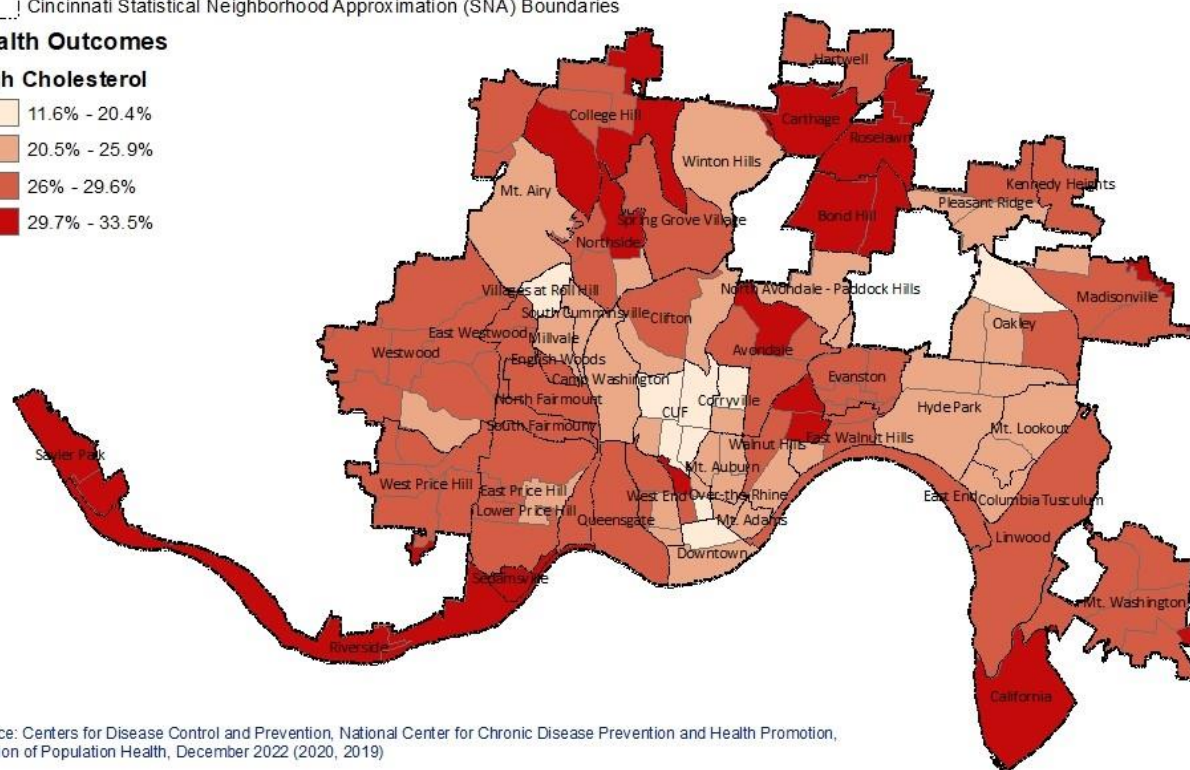
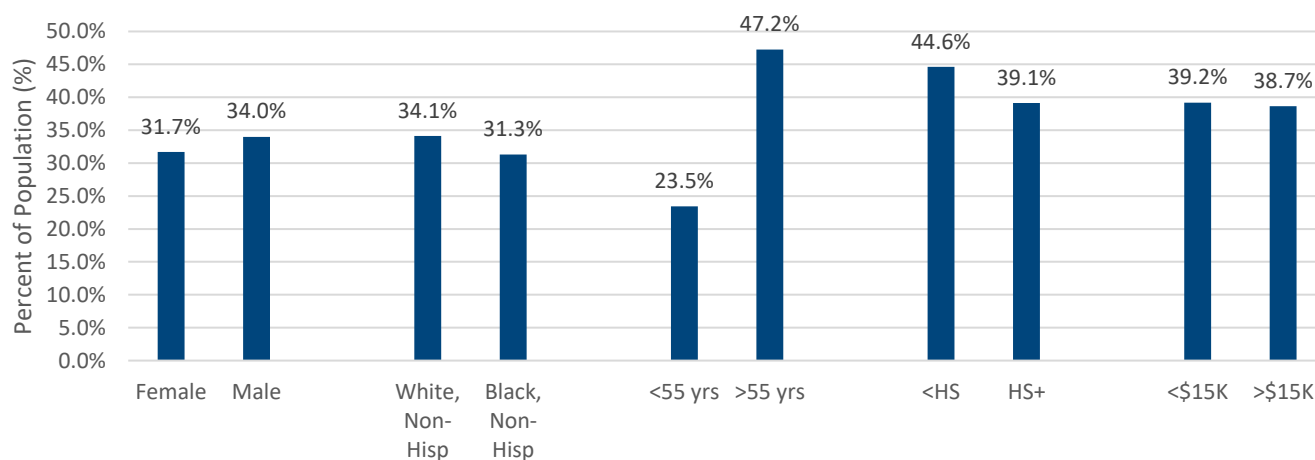


Figure 76: Ohio High Blood Cholesterol (>200 mg/dL) in Adults 18+ Years by Demographics (2019)*



*Local Data not available

Source: Centers for Disease Control and Prevention, 2019

Key Research Findings: Individuals over the age of 55 are more commonly diagnosed with high blood cholesterol (Figure 76). Neighborhoods with higher blood cholesterol incidence include College Hill (33.5%), Roselawn (33.2%), and Walnut Hills 32.9% (Map 14).

Map 15: Cincinnati Arthritis in Adults 18+ Years (2020)

Legend

-  Cincinnati City Boundary
-  Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Health Outcomes

Arthritis

-  8.6% - 20.7%
-  20.8% - 26.2%
-  26.3% - 30.4%
-  30.5% - 40.5%

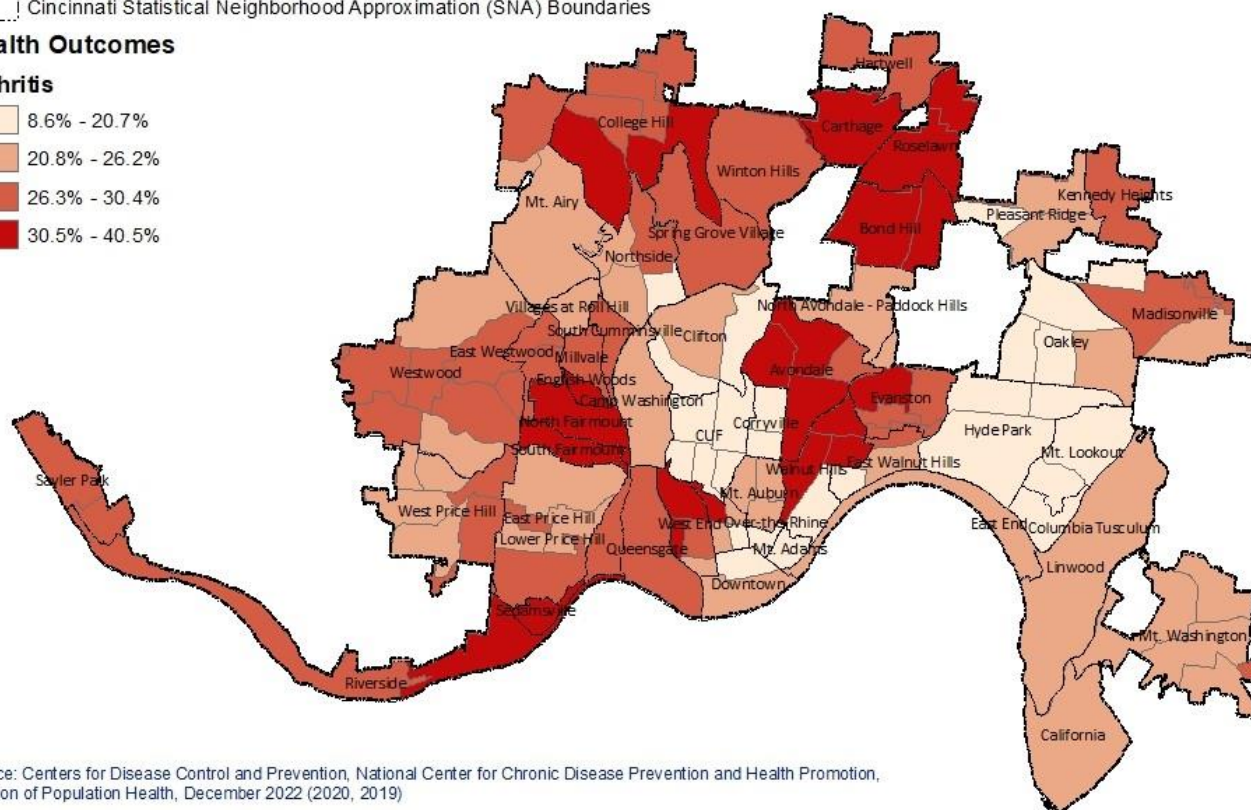
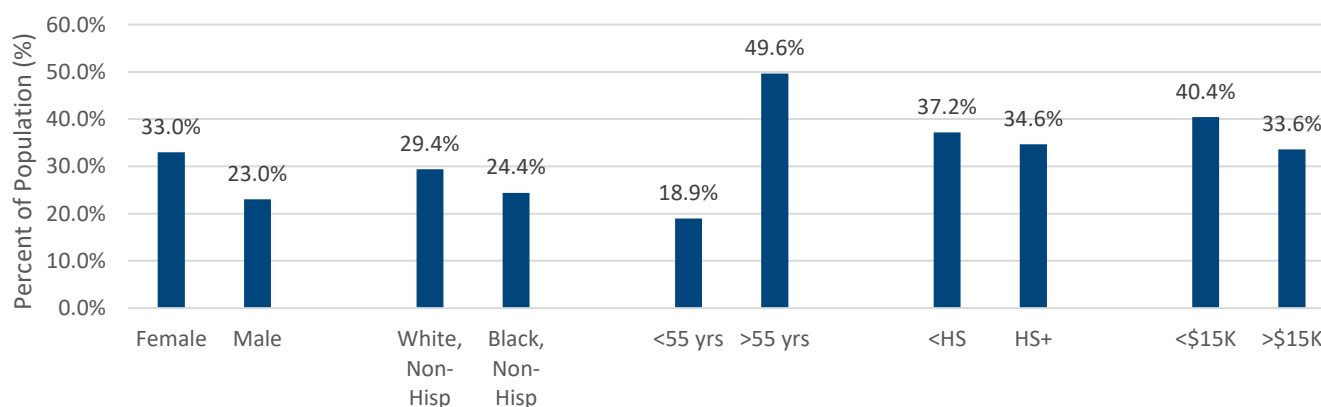


Figure 77: Ohio Arthritis in Adults 18+ Years by Demographics (2020)*



*Local Data was not available

Source: Centers for Disease Control and Prevention, 2020

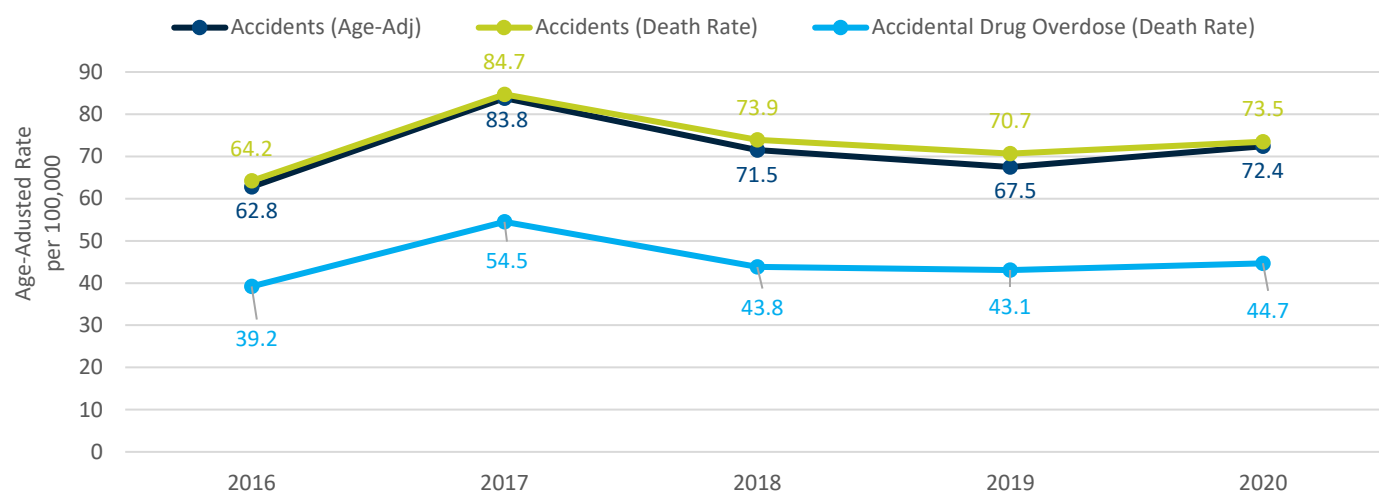
Key Research Findings: When reviewing arthritis diagnoses, females and White, Non-Hispanic residents have a higher rate of arthritis incidence (Figure 77). Most arthritis occurs among those over the age of 55 (Figure 76). Neighborhoods with higher arthritis incidence include Walnut Hills (40.5%), Roselawn (37.6%), and College Hill (37.5%) (Map 12).

Injury and Injury Prevention

Public Health Importance: Injuries result in more deaths than all other cases for people aged 1 to 44 years. Injuries are an enormous threat to our communities, a threat for which we have an array of effective prevention strategies.

- Centers for Disease Control and Prevention

Figure 78: Hamilton County Accidents (Unintentional)* and Accidental Drug Overdoses in Adults Age 20+ Years (2016-2020)**



Accidents includes (from highest to lowest rate): Accidental poisoning and exposure to noxious substances, falls, motor vehicle accidents, other and unspecified non-transport accidents, accidental drowning and submersion, accidental exposure to smoke fire and flames, water/air and space, other land transport accidents, accidental discharge of firearms.

**Accidental poisoning and exposure to noxious substances (drug overdoses) account for 59% of total accidents.

Source: Ohio Department of Health, 2016-2020

Key Research Findings: Accidental deaths include motor vehicle accidents, falls, and poisoning are all completely preventable. Drug overdoses are also considered accidental deaths and the rate of mortality from drug overdoses drives the accidental death rate in Cincinnati (Figure 78).

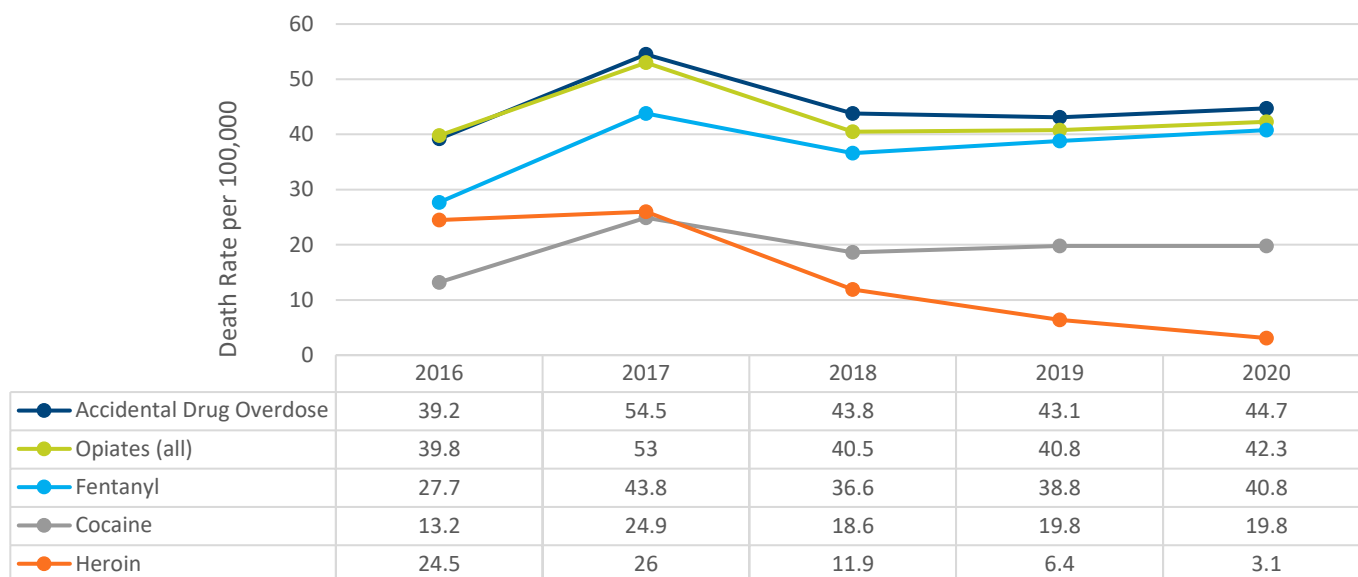
Mental Health and Substance Use Disorders

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Public Health Importance: Linked to physical health, mental health can affect work productivity, quality of life, social interaction, diseases, treatments, and outcomes. People who maintain positive mental health are more likely to succeed in life, and more likely to increase their chances of living longer, healthier lives.

- U.S. Department of Health & Human Services

Figure 79: Hamilton County Accidental Drug Overdose of Selected Substances in Adults 20+ Years (2016-2020)



Source: Ohio Department of Health, 2016-2020

Key Research Findings: Accidental drug overdoses from 2018-2020 remained below the 2017 level. Heroin has continued to decrease to 3.1 deaths per 100,000 since the height of its rate in 2017 of 24.5 deaths per 100,000. Other accidental drug overdose deaths (from all opiates, fentanyl, and cocaine) have remained relatively steady or slowly increasing from 2018-2020 (Figure 79).

Alcohol Use: Excessive alcohol consumption is associated with numerous health problems. Unintentional injuries, such as motor vehicle crashes, falls, burns, and drowning are often tied to alcohol use. Intentional injuries associated with alcohol use include firearm injuries, sexual assaults, and domestic violence. Long-term health risks include liver disease, depression, anxiety, high blood pressure, stroke, heart attack, cancer, and uncontrollable diabetes. Pregnant women who drink risk having a child born with fetal alcohol spectrum disorders.

Tobacco use: Smoking is linked to almost half a million deaths each year in the U.S. Smoking can cause cancer almost anywhere in the body and increases the risk of developing heart disease and stroke. Women who smoke while pregnant are at an increased risk for having a preterm baby, stillbirth, and infant death.

Addiction: Drug use and misuse continue to create public health challenges in the United States, leading to overdose deaths, HIV and hepatitis C infections, and other chronic health conditions (APHA Policy Statement).

Chapter 5: Description of Health Disparities and High-Risk Populations

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.¹¹ Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

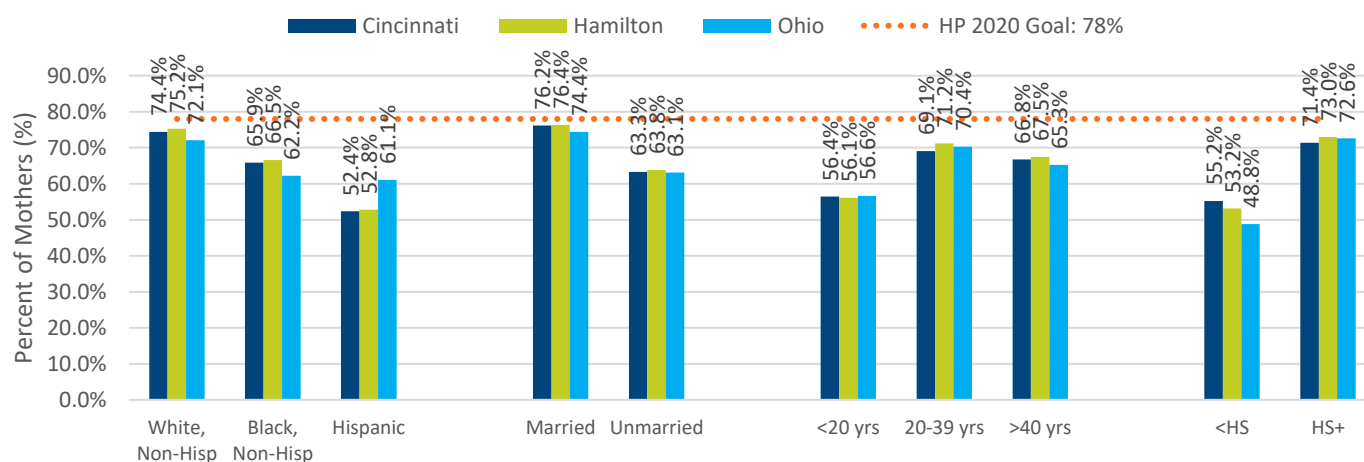
Maternal and Infant Health Disparities

Premature Birth

Public Health Importance: Factors that contribute to poorer health outcomes: babies born prematurely can suffer from many lifelong medical conditions that affect their heart, lungs, intestines, kidneys, and eyes. As these babies mature, developmental delays and learning disabilities often appear.

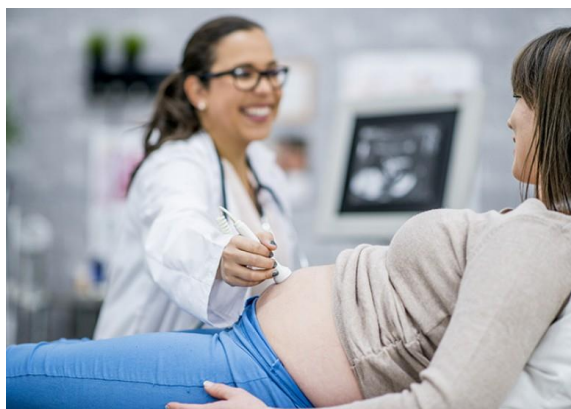
- March of Dimes

Figure 80: Mothers Receiving First Trimester Care by Demographics (%) (2016-2020)



*Note: Healthy People 2030 does not have a specific objective goal for first trimester care.

Source: Ohio Department of Health, Office of Vital Statistics, 2016-2020



Key Research Findings: Although there is little difference between Cincinnati and the county when securing first trimester care, differences in trends can be seen for Black and Hispanic populations. This is also true for young mothers, unmarried mothers, and mothers without higher education (Figure 80). Disparities also exist in Cincinnati's neighborhoods, where mothers in the neighborhoods of Carthage, East Price Hill, Corryville, and Winton Hills are the least likely to obtain first trimester prenatal care (Map 16).

Image Source: Community health Network, 2023

¹¹ CDC. Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. Atlanta: U.S. Department of Health and Human Services; 2008

Map 16: Cincinnati Mothers Receiving First Trimester Care (%) (2017-2021)

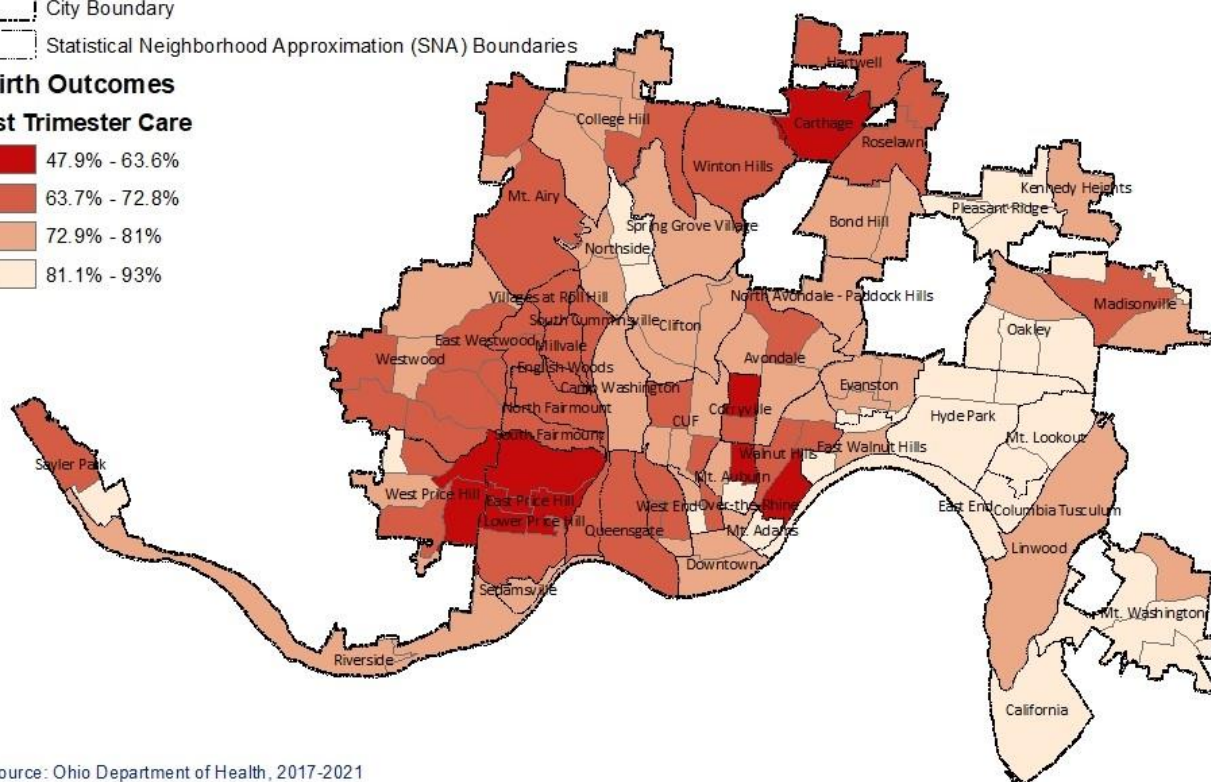
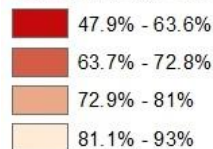
Legend

City Boundary

Statistical Neighborhood Approximation (SNA) Boundaries

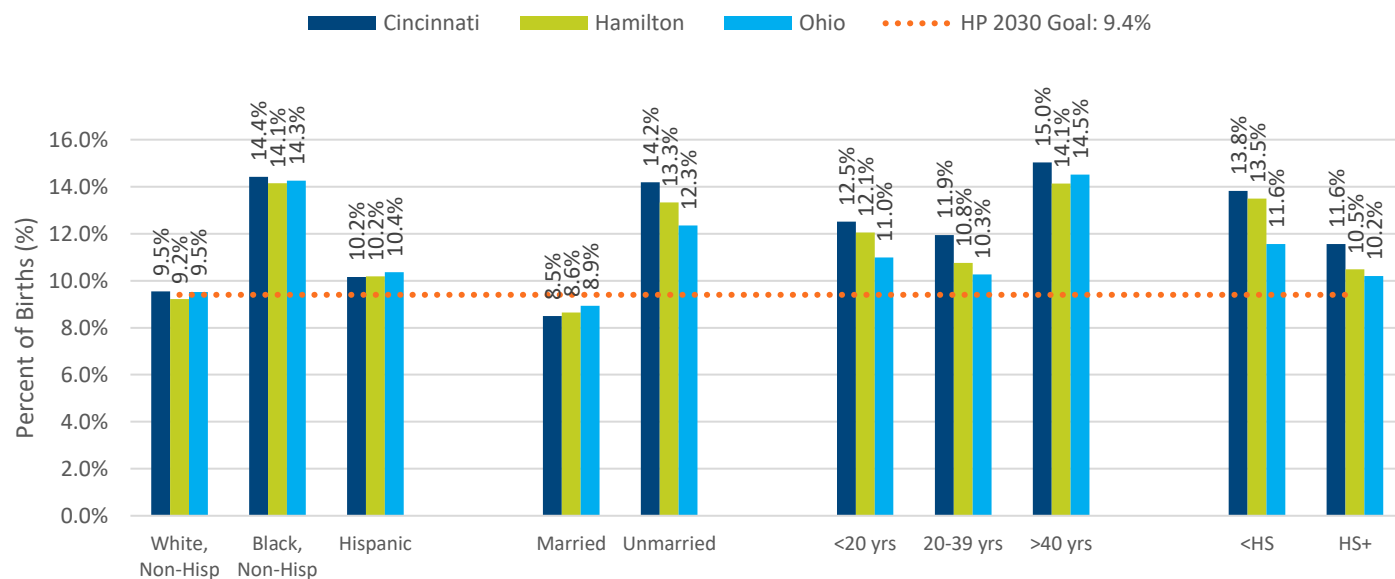
Birth Outcomes

1st Trimester Care

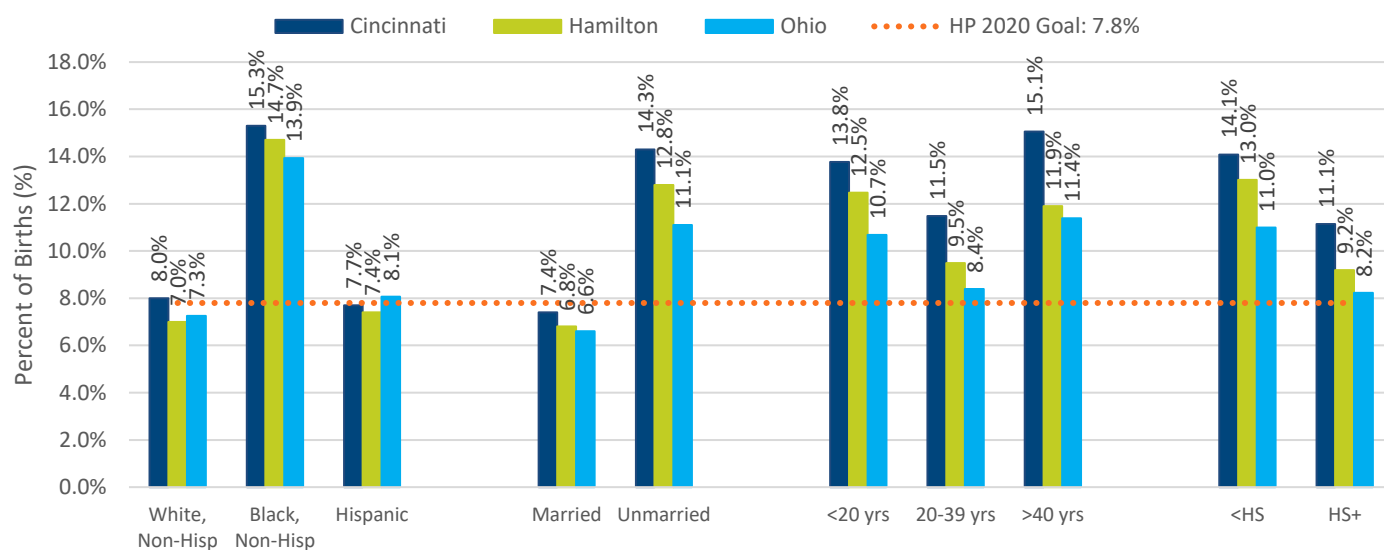


Source: Ohio Department of Health, 2017-2021

Figure 81: Preterm Live Births (<37 weeks gestation) (%) (2017-2021)

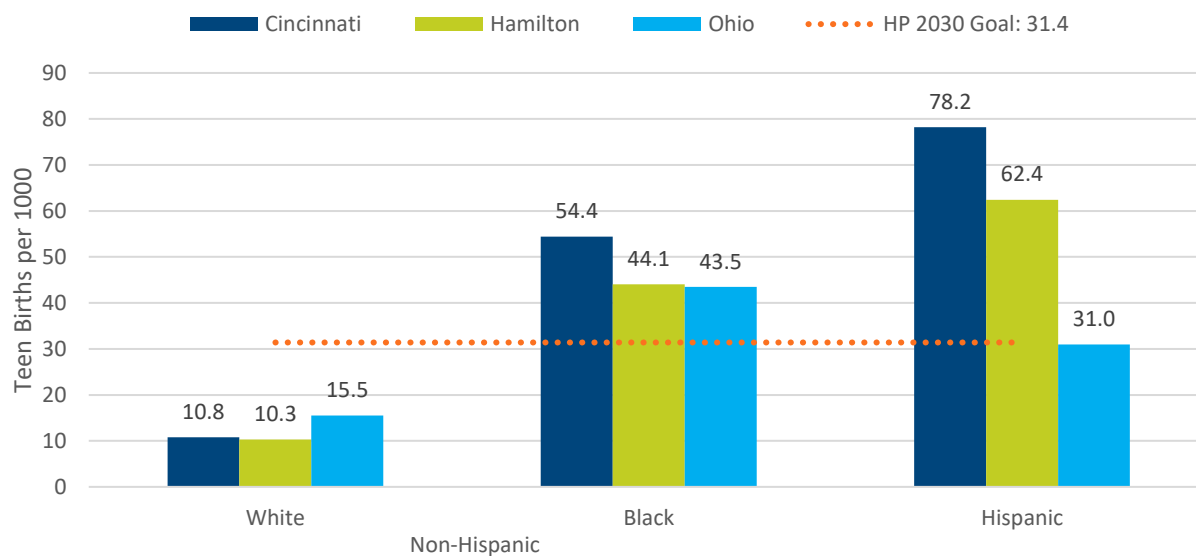


Source: Ohio Department of Health, Office of Vital Statistics, 2017-2021

Figure 82: Low Birth Weight (<5lbs 8oz or 2500g) by Demographics (%) (2016-2020)

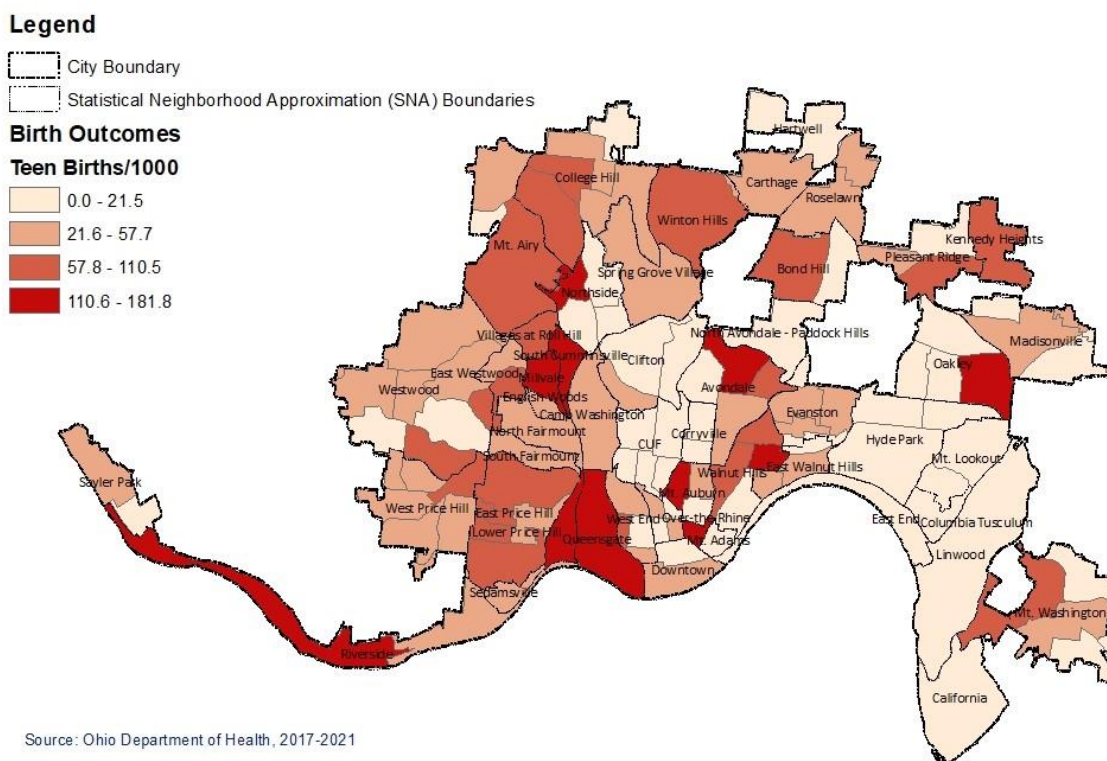
Source: Ohio Department of Health, Office of Vital Statistics, 2016-2020

Key Research Findings: Studying health disparities for maternal and infant health reveals trends of wider prevalence of preterm birth and low birth weight for Black mothers and for mothers over the age of 40 (Figure 80, 81). Breastfeeding and first trimester care are less common for Black mothers, unmarried mothers, and younger mothers (Figure 79, 83).

Figure 83: Births to Teen Mothers Aged 15-19 by Race and Ethnicity (2016-2020)

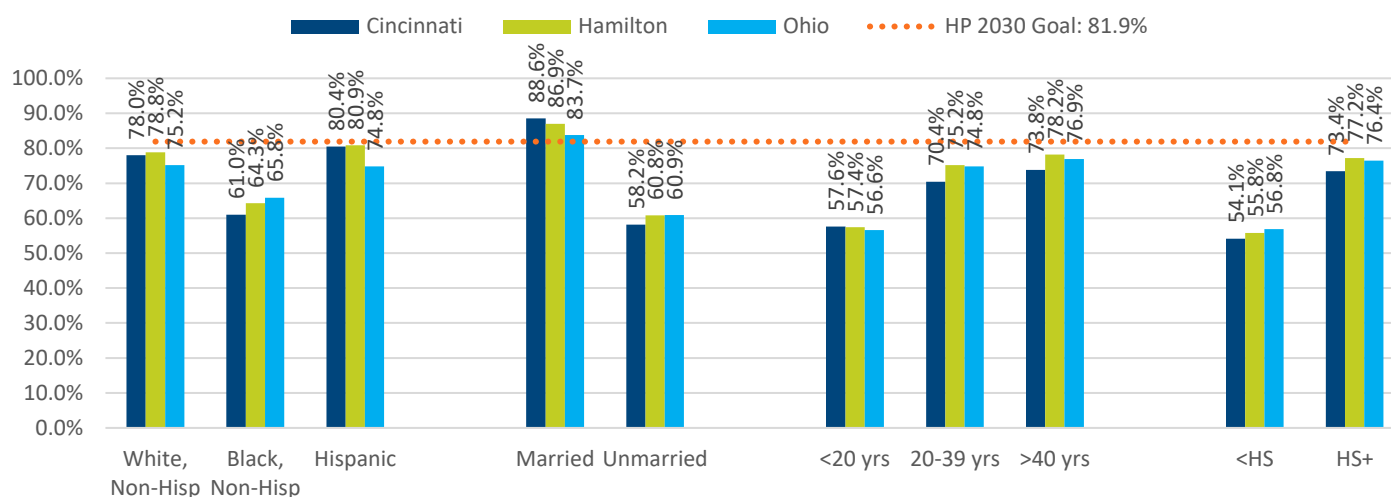
Source: Ohio Department of Health, Office of Vital Statistics, 2016-2020

Map 17: Cincinnati Births in Teen Mothers Aged 15-19 Years (2017-2021)



Key Research Findings: Teenage mothers are more likely to experience complications during pregnancy. Disparities exist at a higher rate for Black and Hispanic mothers compared to White mothers. The highest rates (per 1000 live births) of births to teen mothers occur in the neighborhoods of Pendleton (150), Lower Price Hill (139.2), Millvale (126.4), and Roll Hill (110.5) (Map 17).

Figure 84: Mothers Breastfeeding at Hospital Discharge by Demographics (2016-2020)



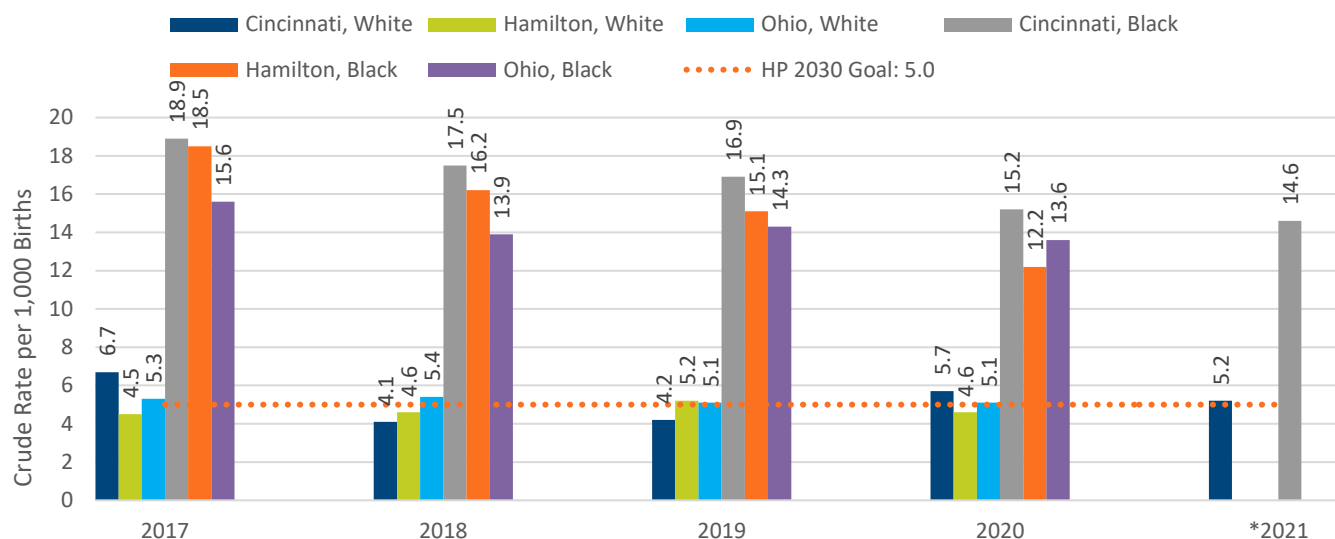
Source: Ohio Department of Health, Office of Vital Statistics, 2016-2020

Legend



Breastfeeding offers a range of benefits to babies which has been demonstrated by numerous scientific studies. Overall, breastfeeding promotes healthy growth, as it contains vital nutrients and offers immunological protection that reduces risk of infection.¹² It also offers benefits for mothers, with research has demonstrating a protective effect against risk of breast and ovarian cancers.¹²

49

Figure 85: Infant Mortality Rate by Race (2017-2021)*

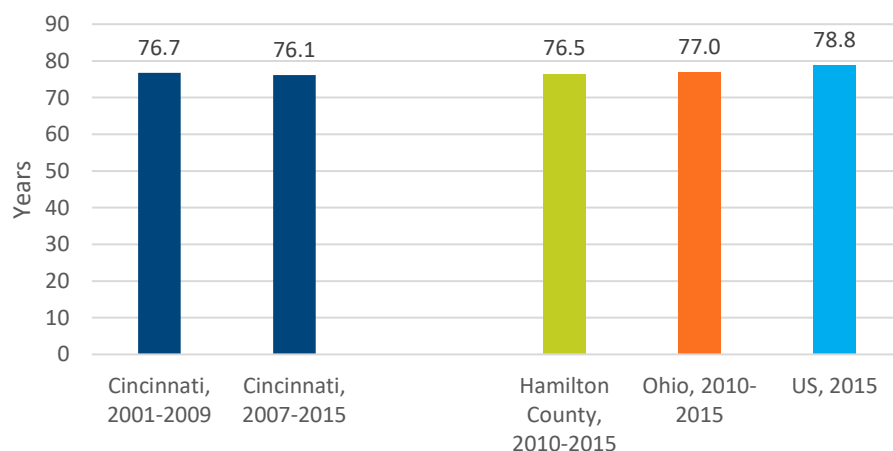
*2021 data for Ohio and Hamilton County not available

Source: Ohio Department of Health, 2017-2021

Key Research Findings: Infant mortality among Black babies in Cincinnati has decreased by 22.7% from 2017 to 2021 (Figure 85). However, 14.6 per 1,000 live births is still roughly 3 times higher than white babies and the HP 2030 goal.

Life Expectancy

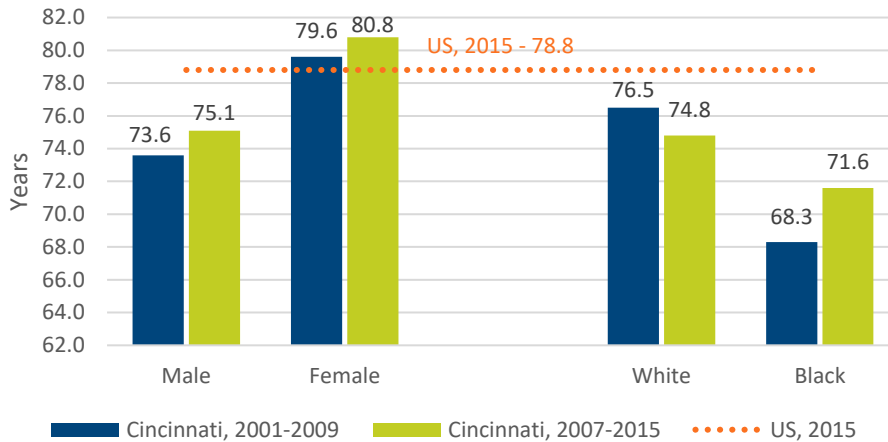
According to Healthy People 2020, life expectancy is a summary mortality measure often used to describe the overall health status of a population and as presented below is the average number of years a population from birth would be expected to live.

Figure 86: Life Expectancy (in Years) by Jurisdiction (2001-2015)

Key Research Findings: In Cincinnati, an infant born between 2007-2015 is expected to live on average 76 years and 1 month (Figure 86). Females are expected to outlive males in Cincinnati by 5.85 years on average (Figure 87). The life expectancy for African American residents in Cincinnati is expected to be 3.2 years shorter than White counterparts (Figure 87).

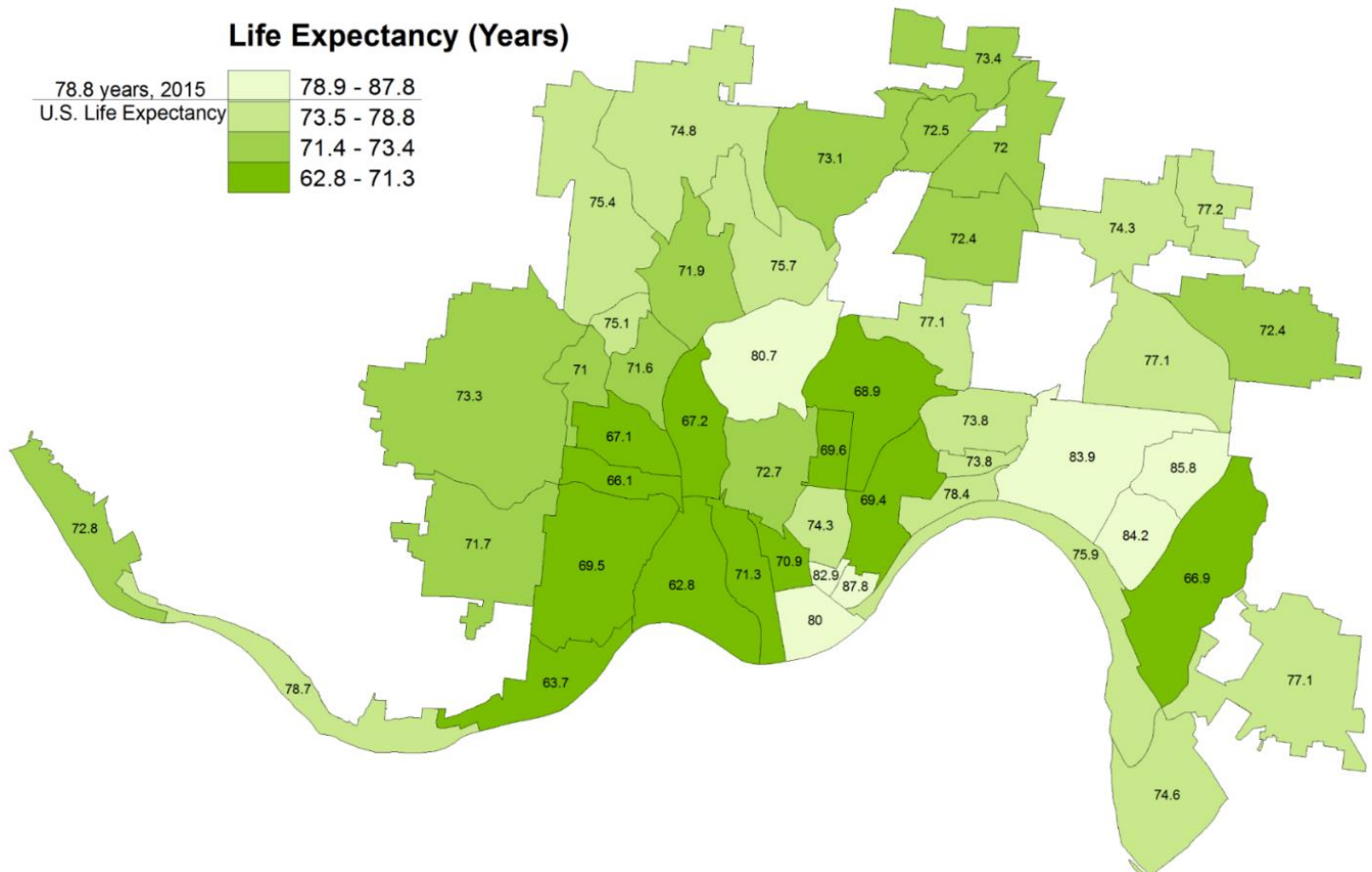
Hamilton County and Ohio Life Expectancy – Source: National Center for Health Statistics - Mortality Files. Pulled from: 2020 County Health Rankings, Life expectancy.

Cincinnati Life Expectancy – Source: Updated Life Expectancy by Neighborhood in Cincinnati, 2007-2015. Pulled from Source: Ohio Department of Health, Vital Statistics and Cincinnati Health Department Office of Vital Records and Statistics, 2007-2015; National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

Figure 87: Life Expectancy (in Years) by Demographics (2007-2015)

Source: Updated Life Expectancy by Neighborhood in Cincinnati, 2007-2015. Pulled from Source: Ohio Department of Health, Vital Statistics and Cincinnati Health Department Office of Vital Records and Statistics, 2007-2015; National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

Life Expectancy in Cincinnati neighborhoods varies greatly, from 62.8 to 87.8 years. The neighborhoods with the poorest life expectancy outcomes are clustered around the downtown and southern industrial areas of the city and include Over-the-Rhine, Corryville, East Price Hill, Walnut Hills, Avondale, Camp Washington, North Fairmont, English Woods, Linwood, South Sedamsville/Riverside, Lower Price Hill, Fairmont, and Queensgate (Map 19).

Map 19: Cincinnati Life Expectancy (2007-2015)

Source: Ohio Department of Health, Vital Statistics and Cincinnati Health Department Office of Vital Records and Statistics, 2007-2015.

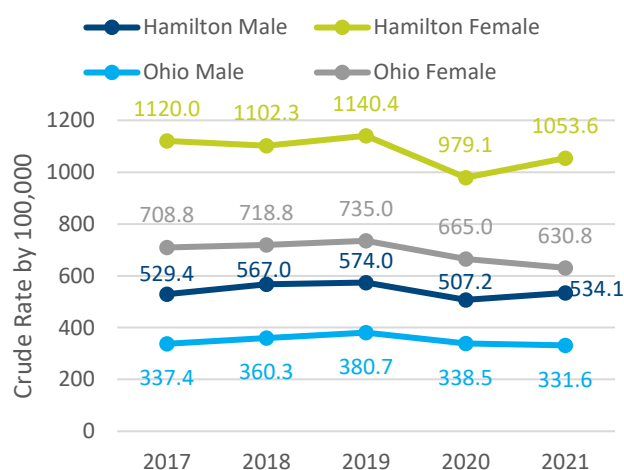
Infectious and Chronic Disease Health Disparities

Infectious Diseases

Public Health Importance: CDC estimates that there are approximately 20 million new sexually transmitted infections (STIs) each year – almost half among young people ages 15 to 24. Reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the burden of STIs in the U.S due to many STIs not being diagnosed, and common viral infections, such as Human Papillomavirus (HPV) and genital herpes not being reported.

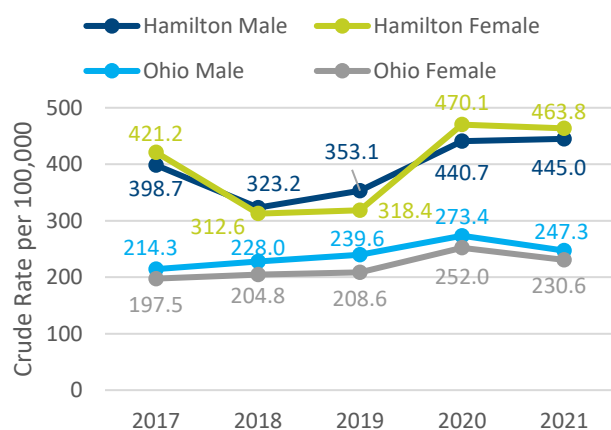
- HP 2030

Figure 88: Hamilton County Chlamydia Case Rate by Sex (2017-2021)



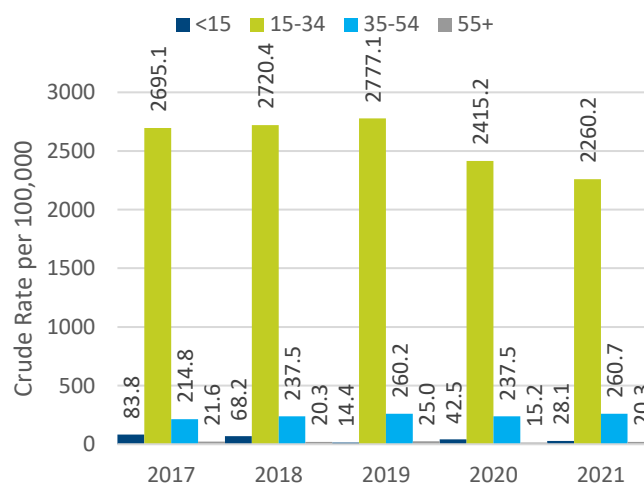
Source: Ohio Department of Health, 2017-2021

Figure 90: Hamilton County Gonorrhea Case Rate by Sex (2017-2021)



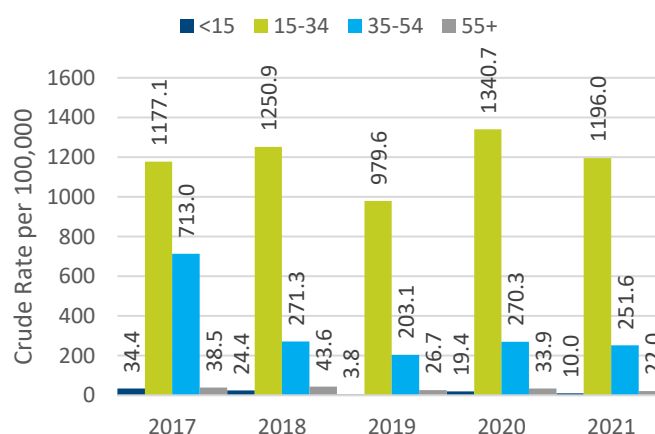
Source: Ohio Department of Health, 2017-2021

Figure 89: Hamilton County Chlamydia Case Rate in by Age Group (2017-2021)



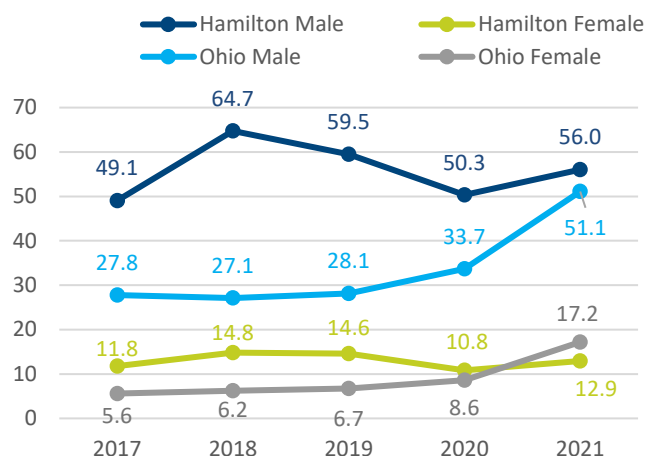
Source: Ohio Department of Health, 2017-2021

Figure 91: Hamilton County Gonorrhea Case Rate by Age Group (2017-2021)



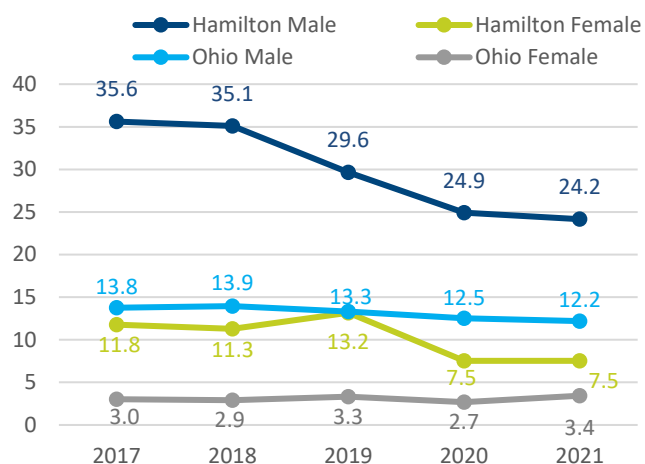
Source: Ohio Department of Health, 2017-2021

Figure 92: Hamilton County Syphilis Case Rate by Sex (2017-2021)



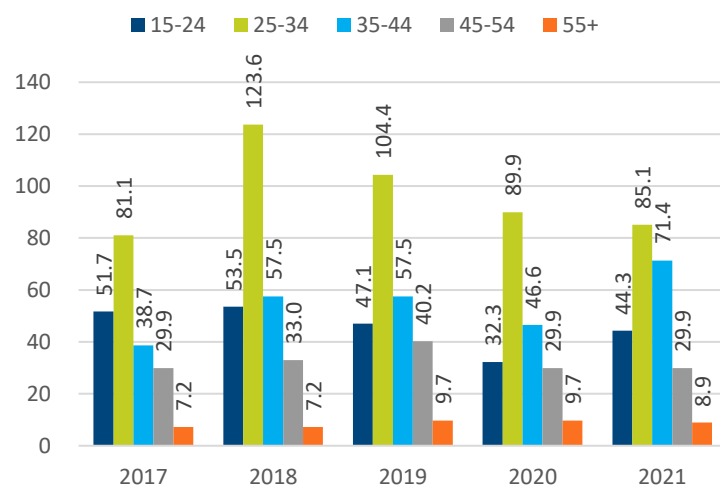
Source: Ohio Department of Health, 2017-2021

Figure 94: Hamilton County HIV Case Rate by Sex (2017-2021)



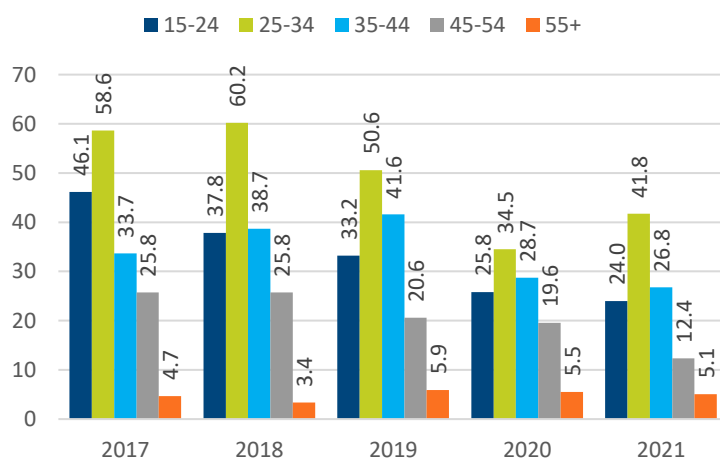
Source: Ohio Department of Health, 2017-2021

Figure 93: Hamilton County Syphilis Case Rate by Age Group (2017-2021)



Source: Ohio Department of Health, 2017-2021

Figure 95: Hamilton County HIV Case Rate by Age Group (2017-2021)



Source: Ohio Department of Health, 2017-2021



Key Research Findings: Health disparities for STI's are present at the county and state level. Females and individuals 15-34 have higher rates of STI's (Figures 88, 90, 92, and 94). Both Chlamydia and Gonorrhea have shown decreases in the total number of new cases in recent years (Figures 88 and 90).

Image Source: stdcheck.com

Chronic Diseases

Several protective factors that have registered substantial average increases (e.g., physical activity among adults, high blood pressure control, and human papillomavirus vaccination among adolescent females) have stalled in recent years.¹³ Many protective factors, even those with impressive relative gains, still represent only a minority of the U.S. population (e.g., control of high cholesterol at 29.5%).

Factors that contribute to poorer health outcomes: Age-adjusted rates for most of the leading causes of death are declining, but in some cases, the number of deaths is increasing—heart disease, cancer, or accidents are the leading causes of premature death.

- Gardner JW, et al. Epidemiology

Map 20: Cincinnati Adults 18+ Years with Obesity (2020)

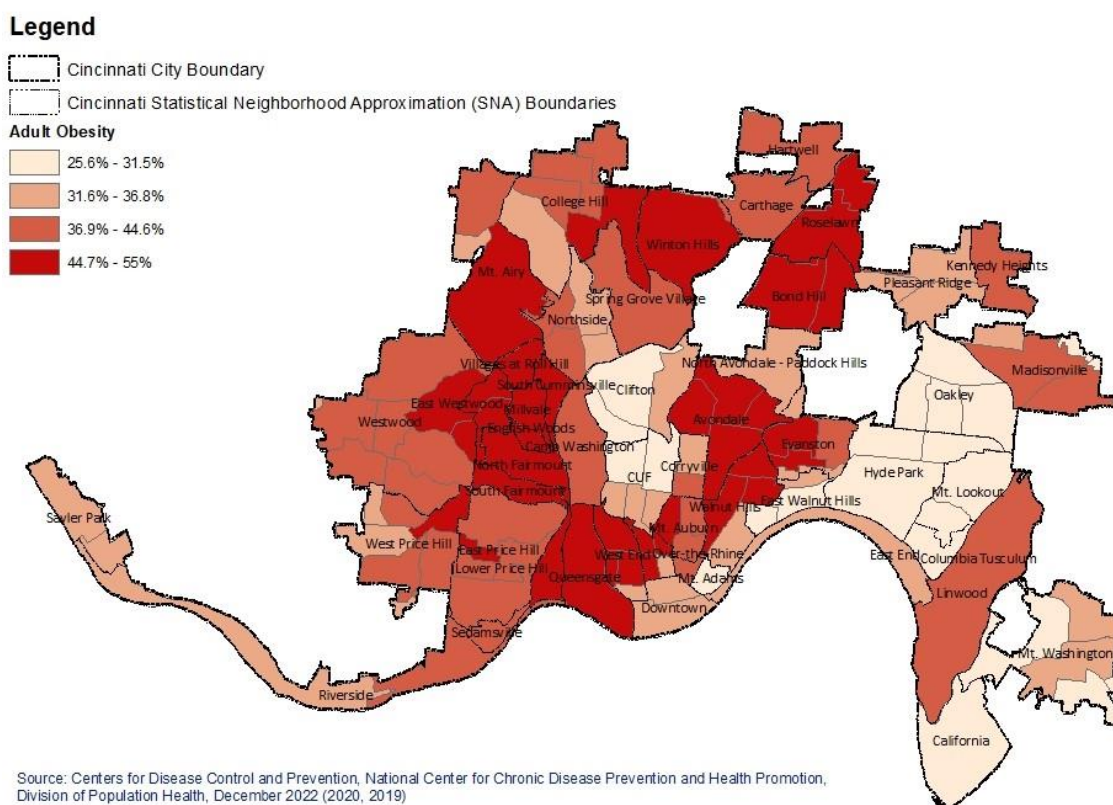
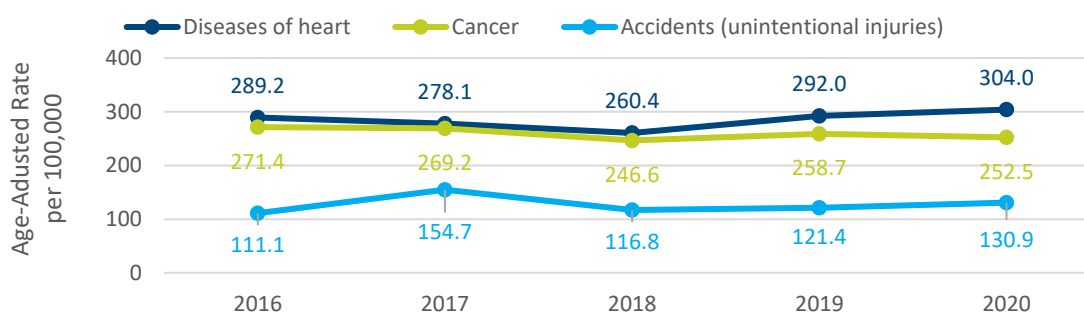


Figure 96: Cincinnati Adults 18+ Leading Causes Death (2016-2020)



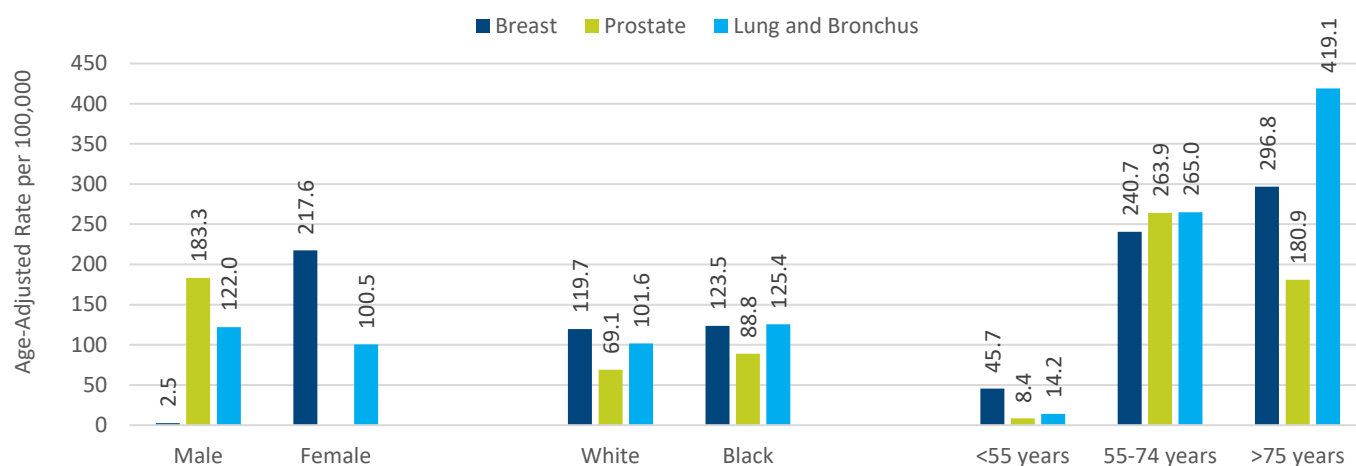
¹³ CDC National Health Report: leading causes of morbidity and mortality and associated behavioral risk and protective factors--United States, 2005-2013.

Cancer

Factors that contribute to poorer health outcomes: Daily habits like smoking, poor diet, and little physical activity increase the risk for cancer. Education, housing, income, and occupation are factors that can contribute to cancer. For example, stomach and cervical cancers are higher in lower socioeconomic groups, as is lung cancer.

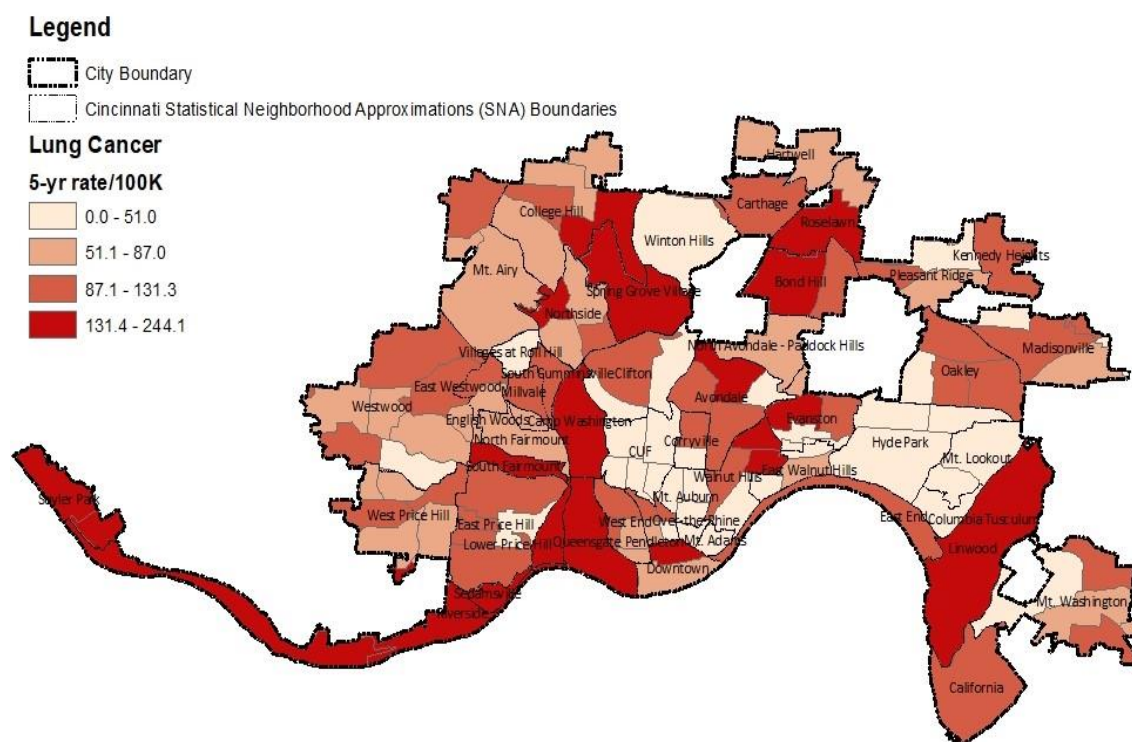
- American Cancer Society

Figure 97: Cincinnati Adults 18+ Years Top 3 Cancers by Demographics (2017-2021)



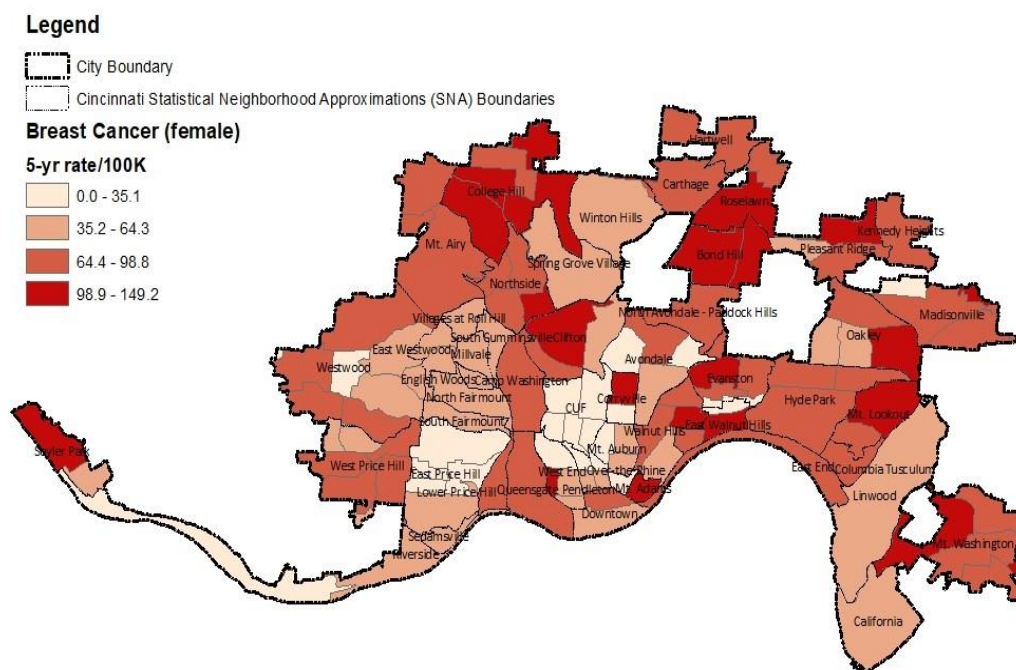
Source: Ohio Department of Health, 2017-2021

Map 21: Cincinnati Adults 18+ Years with Lung Cancer (2016-2020)



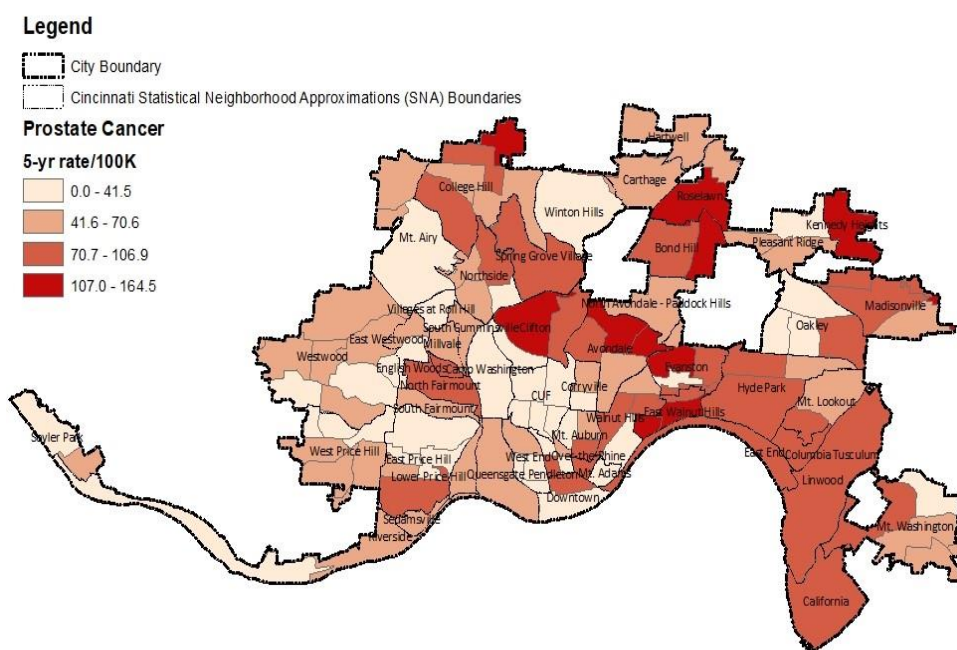
Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System (OCISS), 2016-2020

Map 22: Cincinnati Adult Females 18+ Years with Breast Cancer (2016-2020)



Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System (OCISS), 2016-2020

Map 23: Cincinnati Adult Males 18+ Years with Prostate Cancer (2016-2020)



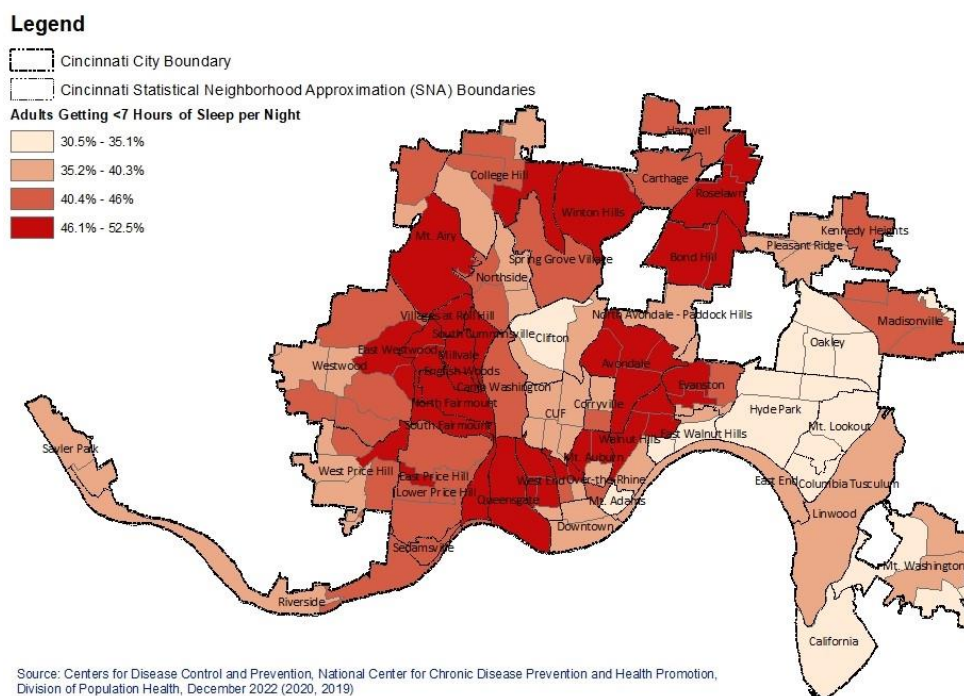
Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System (OCISS), 2016-2020

Key Research Findings: Cancer rates are much higher among older adults. Lung and bronchus cancer is more common among males. Prostate Cancer is more prevalent on the east side of Cincinnati which can most likely be explained by the higher elderly population. (Figure 97).

Mental Health and Addiction Disparities

Mental Health

Map 24: Cincinnati Adults 18+ Years Sleeping Fewer than 7 Hours per Night (2020)



Addiction

Map 25: Cincinnati Adults 18+ Years Current Smoking (2020)

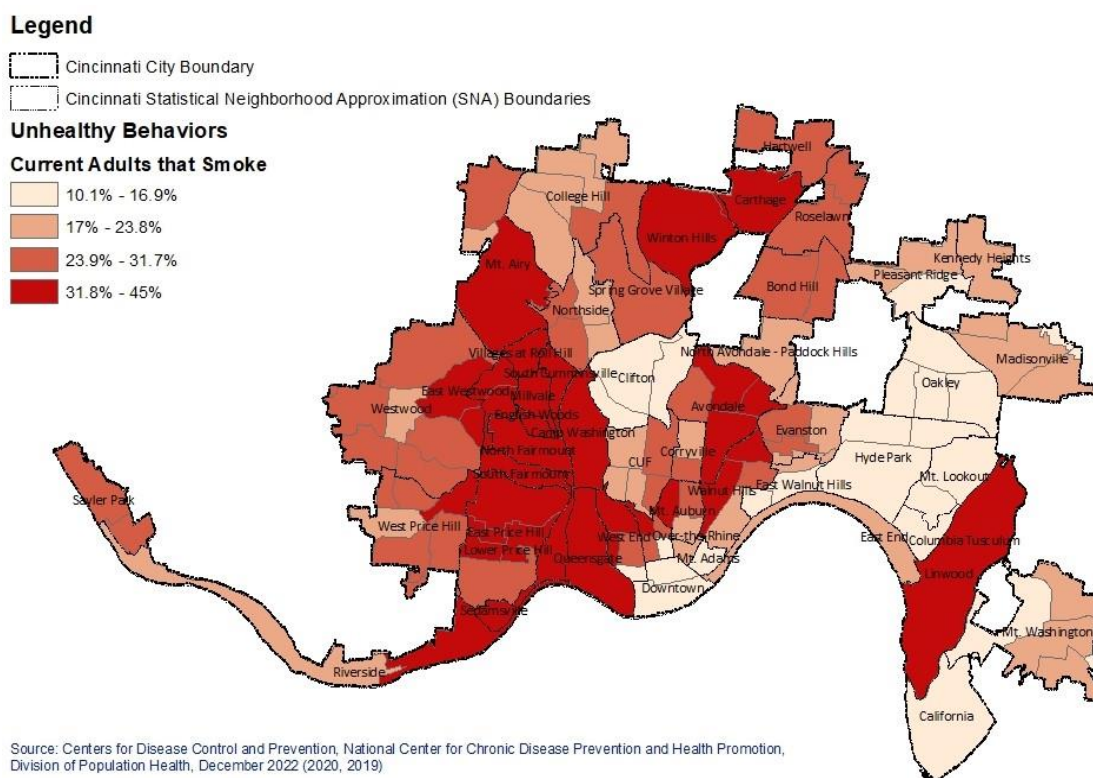
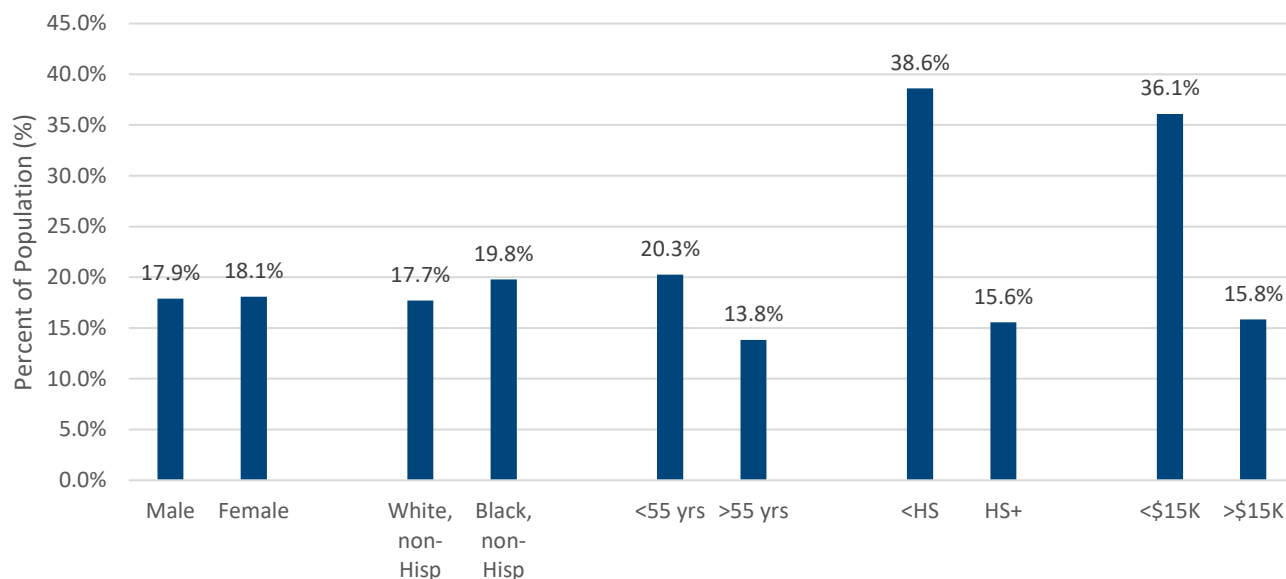
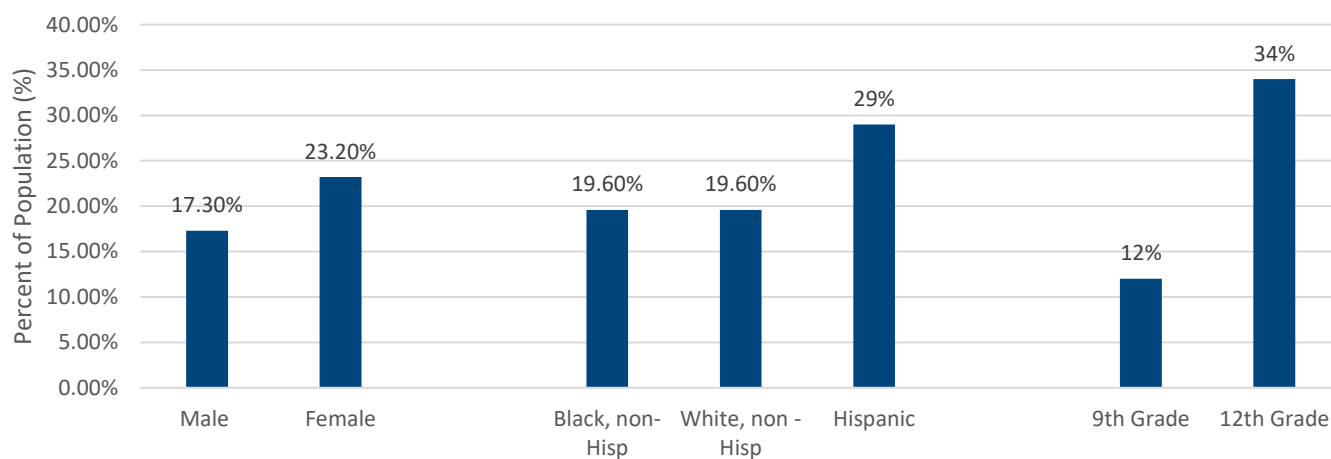


Figure 98: Ohio Tobacco Use in Adults 18+ Years by Demographics (2021)

Source: Centers for Disease Control and Prevention, 2021

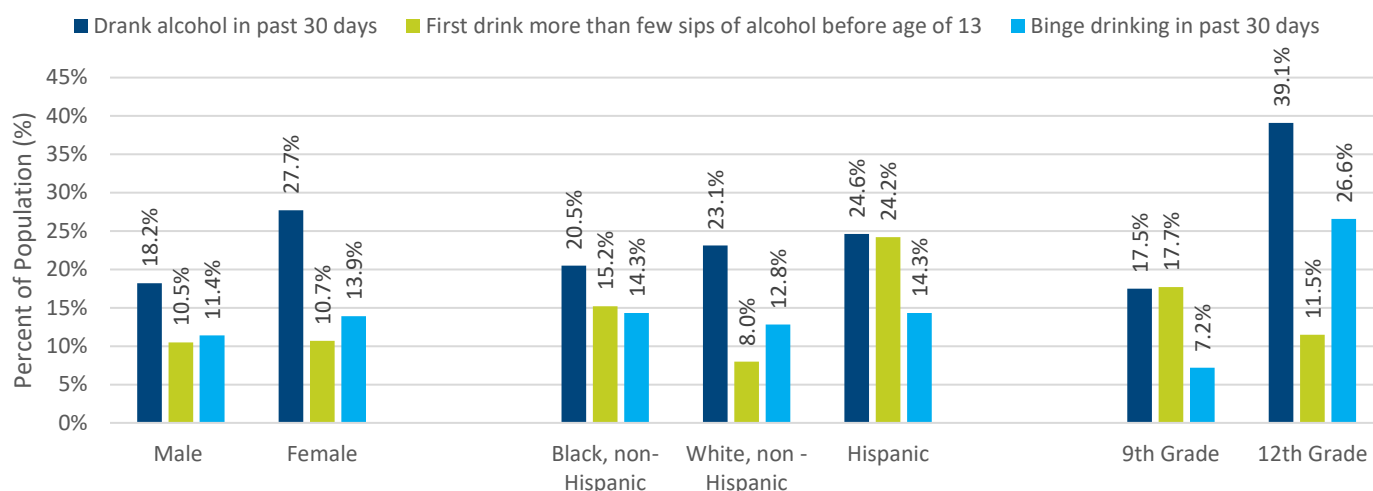
Figure 99: Ohio Tobacco or Vape Use in Youth <18 Years by Demographics (2021)

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2021

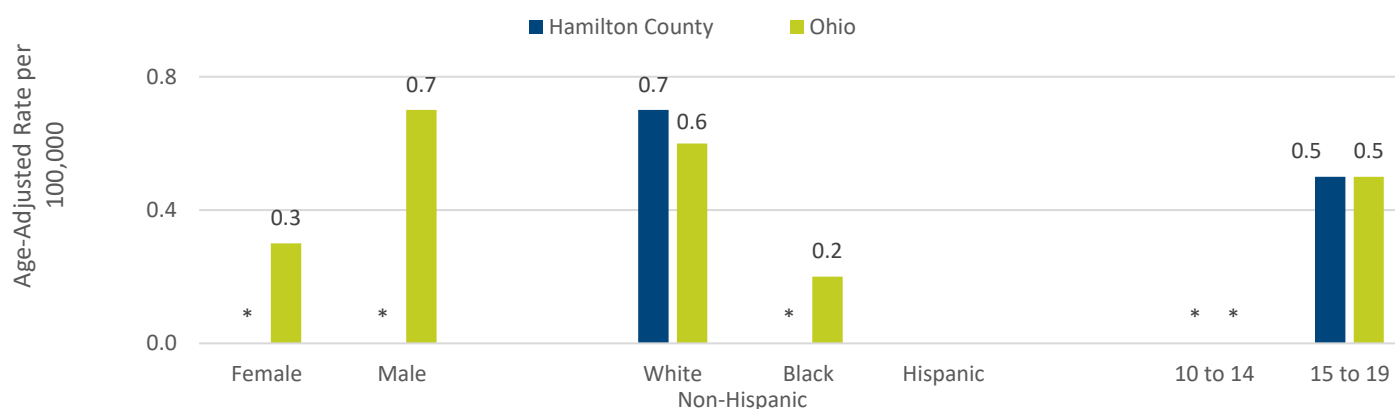


Image by Gerd Altmann from Pixabay

Key Research Findings: A study of the mental health and addiction disparity patterns shows that minorities, younger adults, those with lower educational attainment, and lower income have higher rates of sleep deprivation, tobacco use, and binge drinking.

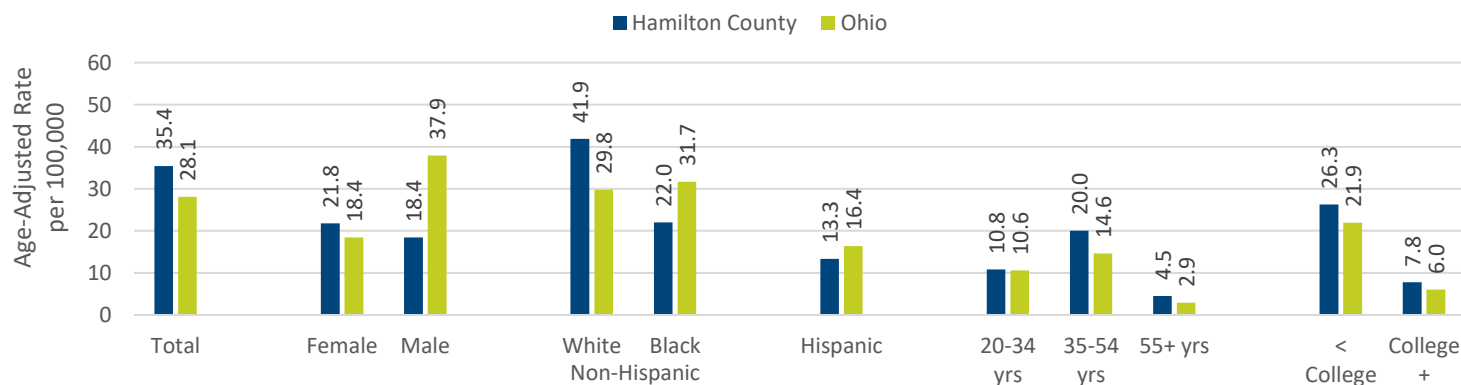
Figure 100: Ohio Alcohol Use in Youth <18 Years by Demographics (2021)

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2021

Figure 101: Hamilton County Unintentional Drug Overdoses in Youth 10-19 Years by Demographics (2010-2019)

* Indicates rates have been suppressed for counts < 10 or where population counts are not avail., rates based on counts <20 are considered unreliable.

Source: Ohio Department of Health, 2010-2019

Figure 102: Hamilton County Unintentional Drug Overdoses in Adults 20+ Years by Demographics (2010-2019)

Source: Ohio Department of Health, Office of Vital Statistics

*Data has not changed from previous publication

Chapter 6: Resource Distribution and Community Assets

Access to Health Care

Access to quality medical professionals and facilities is crucial in maintaining and promoting good health, preventing, and managing various disease states, reducing avoidable and preventable sickness and death, and providing equality in health care for all. Perceived and true barriers to accessing providers and care may include geographic location, socioeconomic status, insurance coverage status, high cost of treatment, lack of service availability, sex, race, ethnicity, disability status, sexual orientation, and lack of cultural competence in care. These barriers exacerbate unmet health, contributing to future health complications.

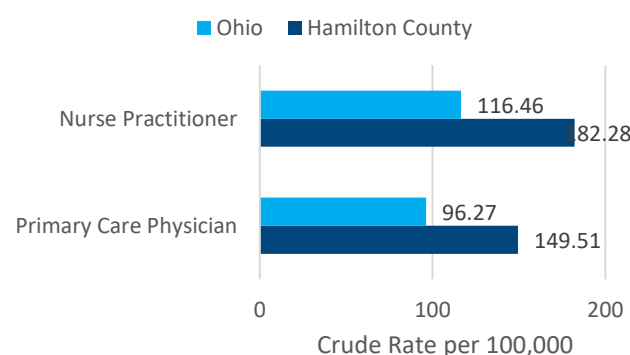
Figure 103: Hamilton County Healthcare Professional Shortage Areas



Source: HRSA.gov

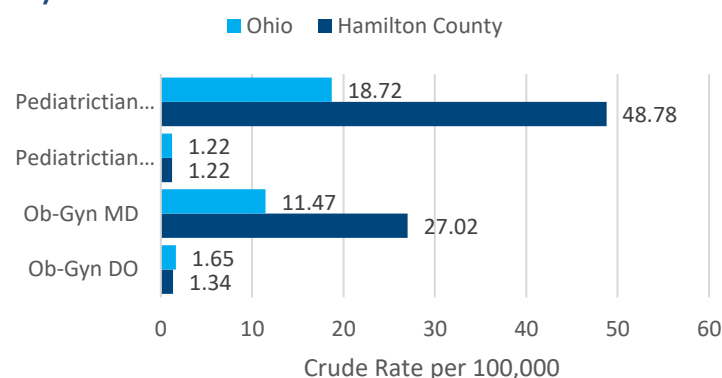
Healthcare professional shortage areas (HPSA) can be geographic areas, populations, or facilities. These areas have a shortage of primary, dental, or mental health care providers.

Figure 104: Clinicians per Population (2020-2021)



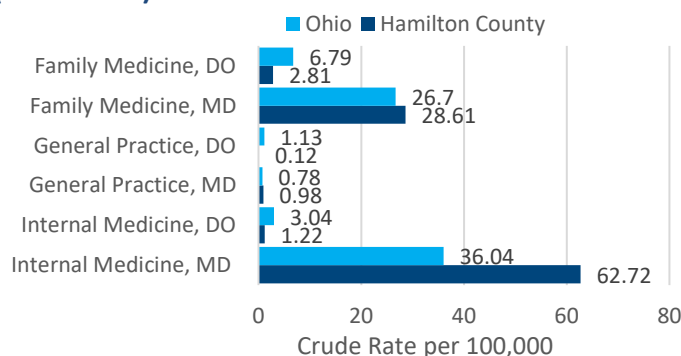
Source: HRSA.gov, 2020-2021

Figure 105: Ob-Gyn & Pediatricians per Population (2020-2021)



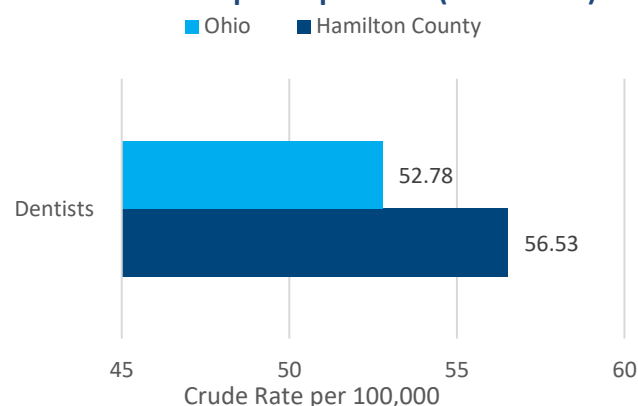
Source: HRSA.gov, 2020-2021

Figure 106: Adult Care Clinicians per Population (2020-2021)



Source: HRSA.gov, 2020-2021

Figure 107: Dentists per Population (2020-2021)



Source: HRSA.gov, 2020-2021

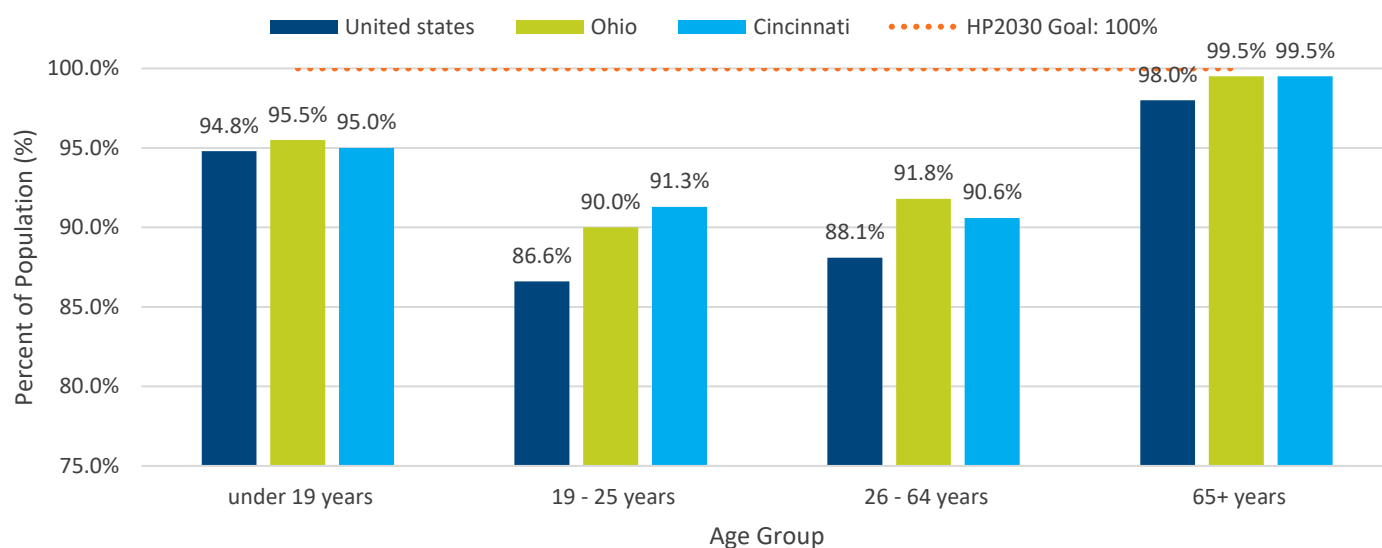
Key Research Findings:

Hamilton County has a higher rate of nurse practitioners and primary care physicians than the state of Ohio (Figure 104). In the categories of Ob-Gyn, pediatricians, adult care clinicians, and dentists Hamilton County has a higher rate of health professionals per the population than Ohio. The only category where the rate of health professionals is higher in Ohio are adult care clinicians who are Doctors of Osteopathic Medicine (D.O) (Figures 104, 105, 106, and 107).

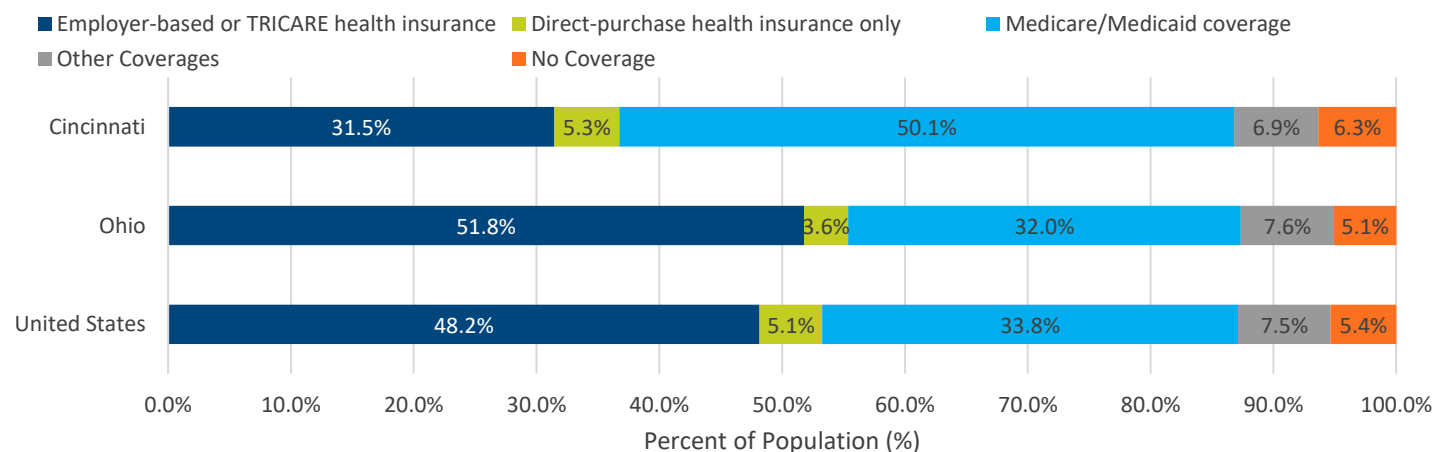
Health Insurance

The increasing size and prevalence of high deductibles and copayments in private health plans, including employer-based plans, are leading many people with low and moderate incomes to avoid or delay needed health care.

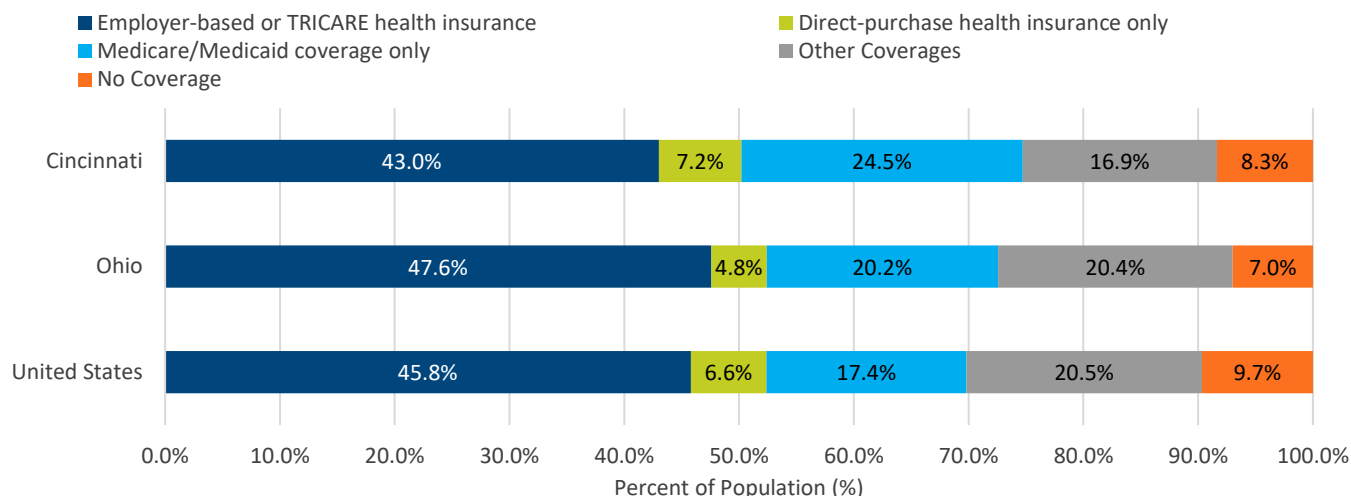
Public Health Importance: Health Insurance is important for several reasons. Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a financial burden for them and their families.

Figure 108: Health Insurance Coverage by Age (2021)

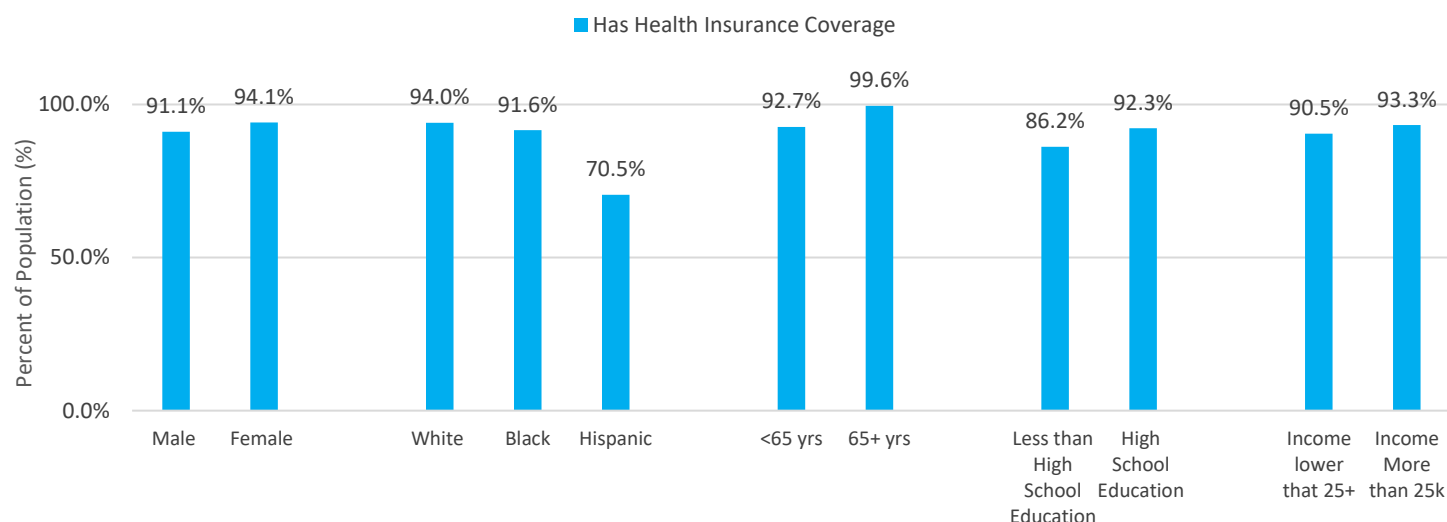
Source: American Community Survey, 2017-2021

Figure 109: Health Insurance Coverage for Youth <19 Years (2021)

Source: American Community Survey, 2017-2021

Figure 110: Health Insurance Coverage for Adults 19+ Years (2021)

Source: American Community Survey, 2017-2021

Figure 111: Cincinnati Health Insurance Coverage by Demographics (2021)

Source: American Community Survey, 2017-2021

Key Research Findings:

In Cincinnati there is an overall high number of people with health insurance, the percentage of age groups covered matches the percentage of the population with health insurance in Ohio, the only significant difference in percent of the population with health insurance coverage is age 26–64 years in Cincinnati is 1.2% less than the rest of Ohio (Figure 110). In Cincinnati, less of the population under the age of 19 is covered by employer provided health insurance (parent employers insurance) and 50.1% of the population covered by either Medicare or Medicaid (Figure 109). In Cincinnati only 70.5% of the Hispanic population have health insurance, compared to 94% of white and 91.6% of the Black population who have health insurance (Figure 111).

Map 26: Cincinnati Adults 18-64 Years Lacking Health Insurance (2020)

Legend

Cincinnati City Boundary

Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Unhealthy Behaviors

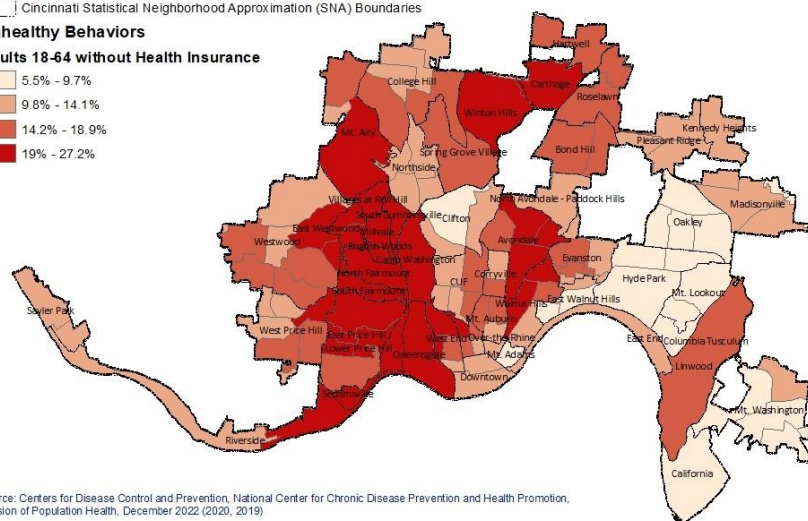
Adults 18-64 without Health Insurance

5.5% - 9.7%

9.8% - 14.1%

14.2% - 18.9%

19% - 27.2%



Key Research Findings: According to the Census Bureau, City challenges in health insurance coverage occur for Hispanics, non-citizens those with less than a high school education, those who have below a high school education, those with lower income, and adults under the age of 65. Neighborhoods with the highest non-coverage include Villages at Roll Hill (27.2%), Lower Price Hill (26.8%) and Walnut Hills (24.6%) (Map 26).

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Health Care Utilization

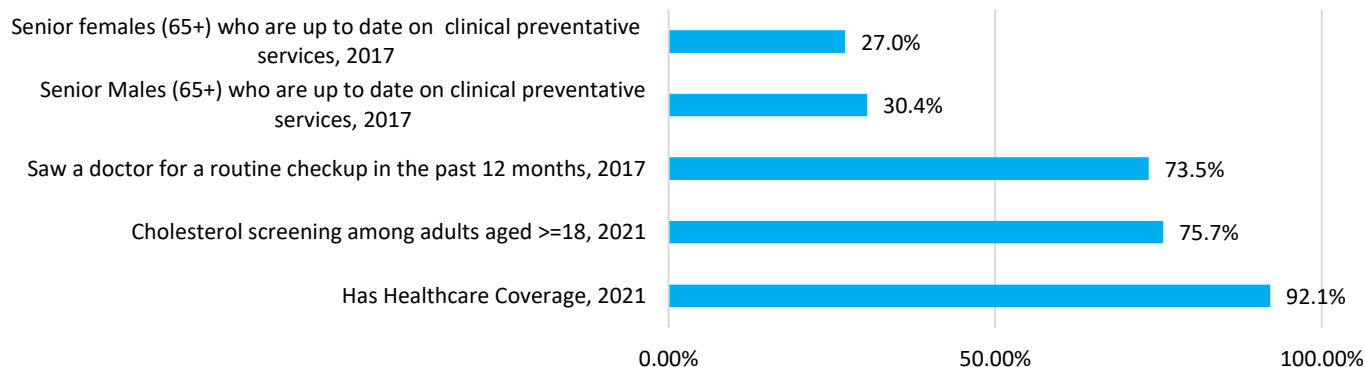
Health Care Facilities and Professionals

Factors that contribute to poorer health outcomes: Health professionals play a central and critical role in improving quality health care for the population. They provide essential services that promote health, prevent diseases, and deliver health care services to individuals, families, and communities. Health care facilities should reflect the needs and values of the communities in and around them. Effective hospitals are designed for their users, with attention to the needs of special populations, such as children and the elderly.

- Healthy People 2030

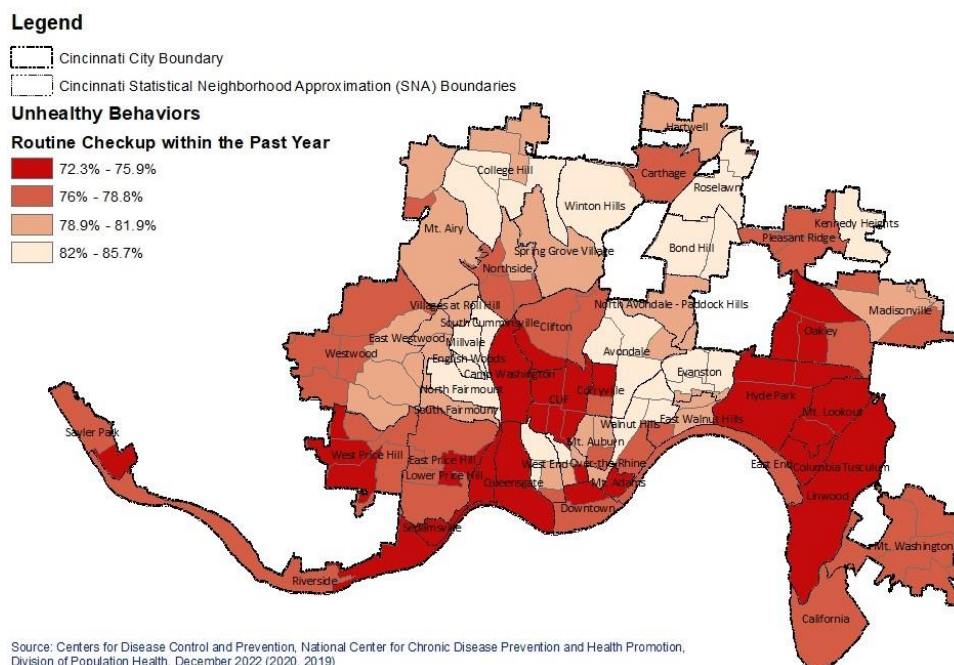
Figure 112: Cincinnati Adults 18+ Years Access to Health Care Professionals (2017-2021)

Access to Healthcare Professionals

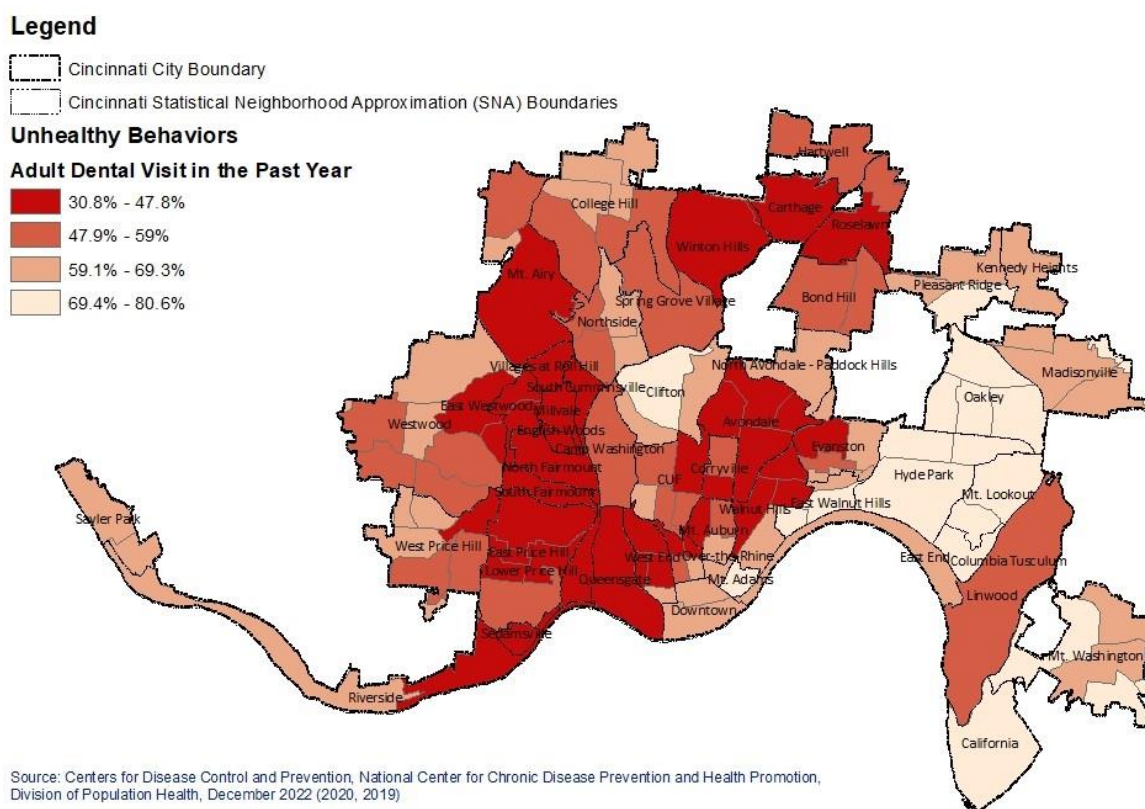


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2019

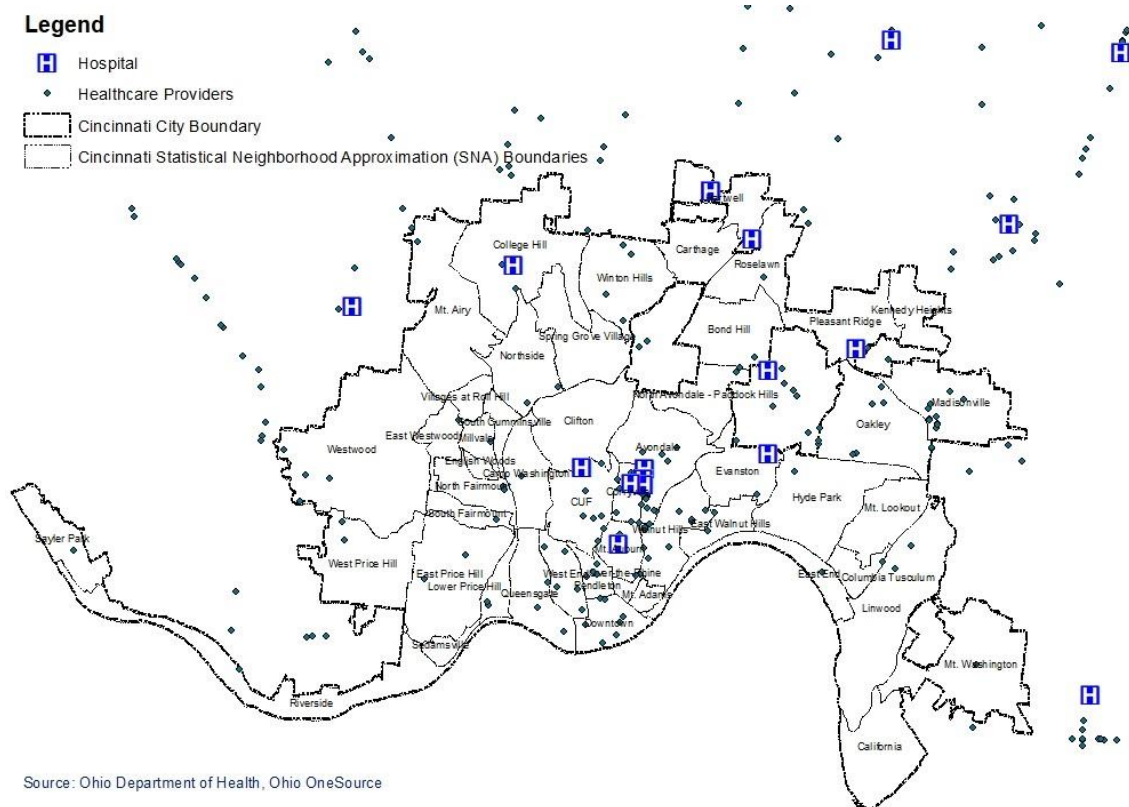
Map 27: Cincinnati Adults 18+ Years Received a Routine Checkup within the Past Year (2020)



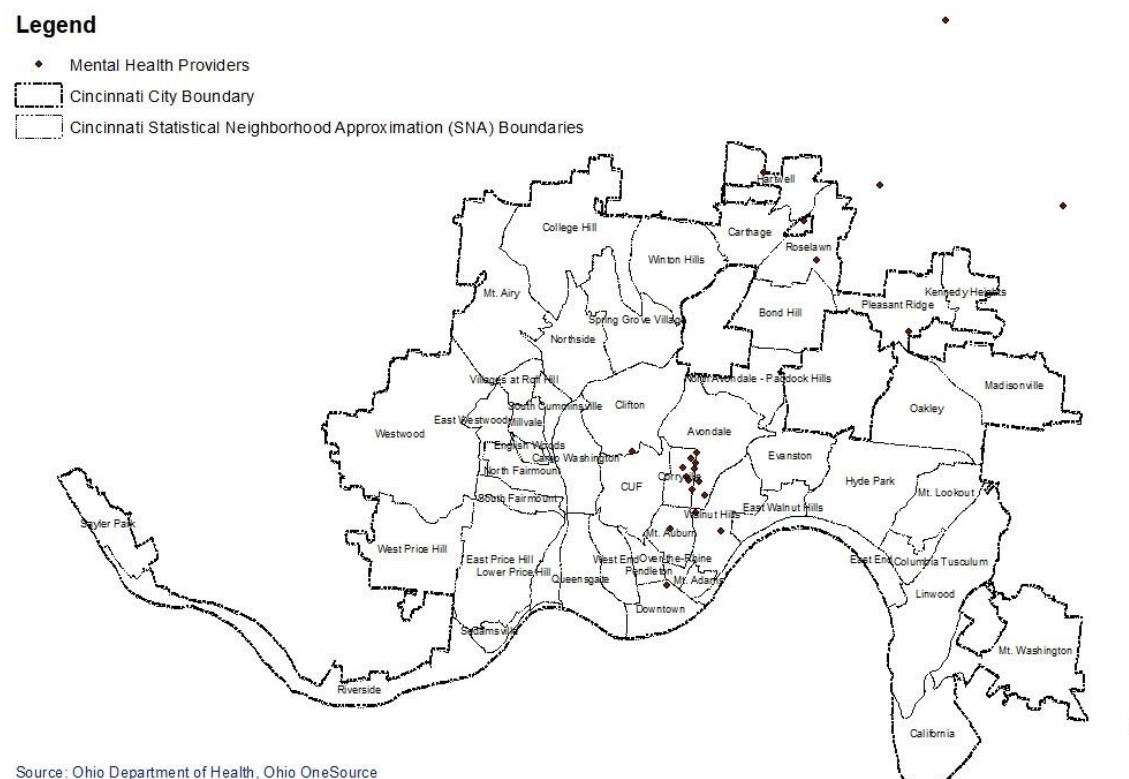
Map 28: Cincinnati Adults 18+ Years Received Routine Dental Checkup within the Past Year (2020)



Map 29: Cincinnati Health Care Providers (2023)



Map 30: Cincinnati Licensed Mental Health Service Providers (2023)



Chapter 7: Discussion and Conclusion

Summary of Favorable and Unfavorable Data Trends and Comparisons

City and County Trends or Comparisons to the State and/or Nation (actual data point or HP2030)		
	Unfavorable	Favorable
Maternal and Infant/Child Health	First trimester care	Births to mothers ages 15-19 is decreasing
	Preterm births	School immunization rates
	Low birth weight	
	Infant mortality	
	Breast feeding	
	Maternal and infant/child health has a significant impact on the well-being of the community. Cincinnati has seen unfavorable trends in recent years compared to state and national levels. Amongst city residents, unhealthy birth outcomes are generally higher for Black moms and babies relative to those that are White. One of the most severe disparities in Cincinnati is in infant mortality, where Black babies were nearly three times more likely to die than White babies in 2021. Furthermore, Cincinnati and Hamilton County have seen an increase in the amount of safe sleep-related infant deaths, emphasizing the importance of safe sleep education. Although trends in births to teen mothers have been decreasing in Cincinnati, rates are still higher than Hamilton County and Ohio. Disparities in maternal and infant health are a complex and multifactorial problem that require a wide range of interventions. A few key strategies that can contribute to enhancing the health of both the mom and the baby start with access to quality prenatal care, education and awareness, and community support.	
Chronic Disease	Obesity	High cholesterol
	High blood pressure	
	Cholesterol screening	
	Arthritis, diabetes, asthma	
	Mortality: Heart disease and accidental deaths	
	Poor physical health (14+ days)	

City and County Trends or Comparisons to the State and/or Nation (actual data point or HP2030)		
	Unfavorable	Favorable
	Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention and/or limit activities of daily living. They often develop slowly and can be caused by a combination of factors such as genetics, lifestyle, and environmental factors. Among adults, Cincinnati residents have higher rates of high blood pressure and poor physical health relative to Ohio and the U.S. Also, Cincinnati has lower rates of high cholesterol relative to Ohio and the U.S. Differences in chronic disease metrics by demographics are present and are often disproportionate. For example, among adults with high blood pressure in 2019 in Ohio, 43.6% are Black while 34.4% are White, despite there being a larger White population.	
Mental Health and Addiction	Poor mental health (14+ days) Drug overdoses Risk Factors: Sleep deprivation (adults), obesity, physical inactivity Mental health affects multiple aspects of an individual's life, from quality of life, work productivity, social interaction, and physical wellness. Mental health concerns are seen in a variety of behaviors such as substance abuse, sleep patterns, and persistent days of self-reported poor mental health. Cincinnati residents have higher rates of poor mental health relative to Ohio and the U.S. Additionally, the west side of Cincinnati has a higher quantity of adults who report sleeping fewer than seven hours a night and who report poor mental health in the past 14 days. Additionally, overdose rates are higher for Hamilton County residents compared to Ohio and U.S averages.	
Infectious Disease	STD rates (chlamydia, gonorrhea, and syphilis) Congenital syphilis <i>Candida auris</i> Invasive Streptococcus Group A Hepatitis B & C Shigellosis Hepatitis A	

City and County Trends or Comparisons to the State and/or Nation (actual data point or HP2030)		
	Unfavorable	Favorable
Infectious Disease Cont.	Overall, rates of sexually transmitted diseases are increasing in the U.S. From 2017-2021, Cincinnati experienced increased rates of gonorrhea and decreased rates of chlamydia and are both above the rates of Hamilton County and Ohio. The decrease in chlamydia cases may be due to lower screening activities and testing during the pandemic, as chlamydia is often asymptomatic and COVID-19 activities were prioritized by local health authorities. Syphilis cases increased from 2018-2020 in both Hamilton County and Ohio but decreased from 2020-2021. There is a concerning rise in congenital syphilis rates in the U.S., emphasizing the need for regular screening, especially among those who are pregnant. In 2020 the first case of <i>Candida auris</i> was reported in Cincinnati and has since increased to the point where Cincinnati reports the most cases in all of Ohio in 2023. Hepatitis B, Hepatitis C, Streptococcal Group A and Shigellosis rates are decreasing in Cincinnati but remain higher than the rest of Hamilton County and Ohio. Hepatitis rates have decreased from 2018 to 2019 in Cincinnati but are still higher than the rest of Hamilton County. COVID-19 Summary: The COVID-19 virus was the fourth leading cause of death in Cincinnati during 2021, with a broad range of negative impacts on Cincinnati residents. Overall, these impacts can be seen in physical health outcomes, unemployment/poverty rates, and reduced healthcare access. Demographically, White residents in Cincinnati comprised the majority of reported COVID-19 cases at 45%. Black/African American residents were the second largest group, making up 43% of total cases. Generally, the west side of Cincinnati had the lowest rates of COVID-19 vaccination. Cincinnati also experienced an elevated unemployment rate of 9.1% in 2020, which was higher than Ohio and the U.S averages.	
Access to Healthcare	Higher rates of OB-GYN adult, pediatrics, and dental care providers in Hamilton County than in Ohio High percentage of health insurance coverage for all age groups Access to healthcare is essential for reducing health disparities and ensures that the population can thrive. Since 2021, Hamilton County has had higher rates of practicing OB-GYN, adult, pediatrics, and dental care providers relative to Ohio. Cincinnati is home to several large hospital systems with a broad spectrum of specialty care. Cincinnati also has high health insurance coverage amongst the population, which is comparable to coverage rates seen in Ohio and the United States.	

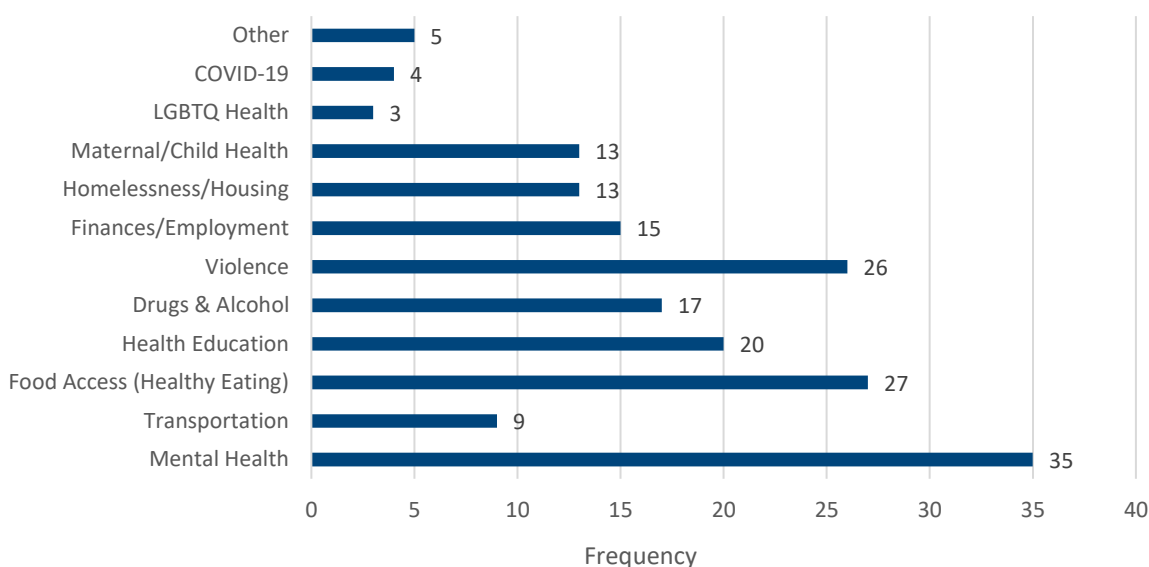
Local Conversations on Minority Health

The Cincinnati Health Department continued their tradition of surveying the community for their opinions on health concerns and services. This survey and associated community events were titled, “Local Conversations on Minority Health” and began in 2008. Data shown in this chapter is compared to data from the 2016 Local Conversations.

A link to the web-based survey hosted through REDCap was placed in each CHD health center and advertised during community events, beginning on February 8th, 2023. The results were analyzed May 26th, 2023. The Local Conversations

on Minority Health event was hosted at the Community Action Agency located at 1740 Langdon Farm Rd, Cincinnati, OH 45237 on Saturday, May 13, 2023, to engage stakeholders in a dialogue around health needs in the community. About half of the questions from the web-based survey were asked during the meeting. A total of 70 people responded via the web-based survey and 12 people responded during the in-person event. Several themes were common throughout the responses and are reviewed in this section. Note that respondents were able to have several responses to the questions.

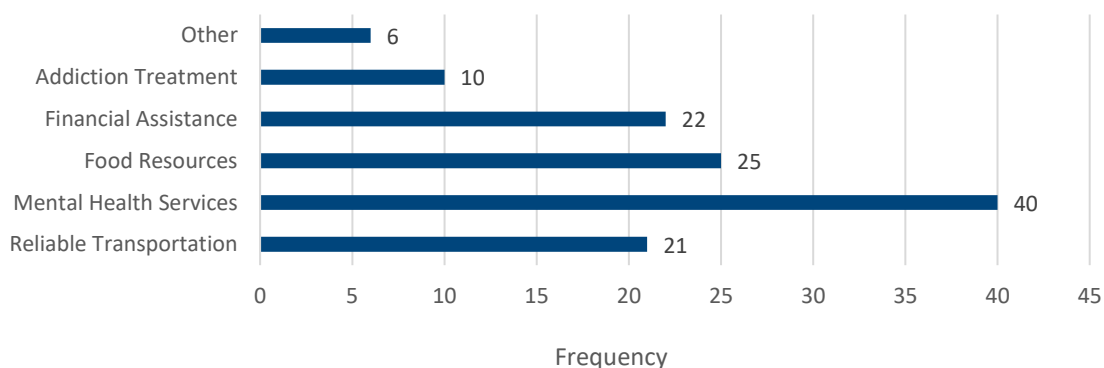
Figure 113. What is the most important health issue to you and your family? (n=70)



Mental health (50%) was the most important health issue to respondents and their families, with food access (38%) and violence (37%) close behind (Figure 113). These main concerns are similar to the top five priorities voiced at the 2016 Local Conversations on Minority Health, which were mental health, healthy eating, childhood poverty, finances/employment, and health insurance.

For participants of the in-person event, “Other” comments were most common (43%) and centered on the issue of prevention and primary care (17%). Another “Other” topic regarded racism in healthcare (9%). Further, access to healthy food was a common topic among in-person respondents (13%) and web-based participants (39%).

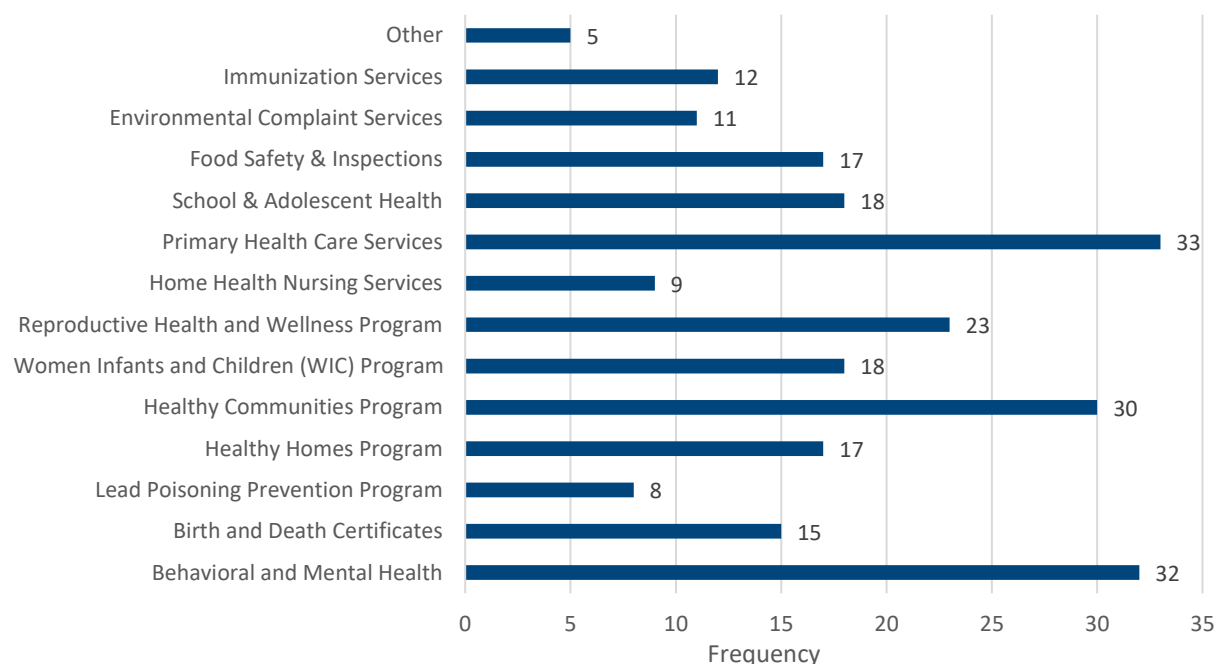
Figure 114. What type of services are most important to you and (or) your family? (n=69)



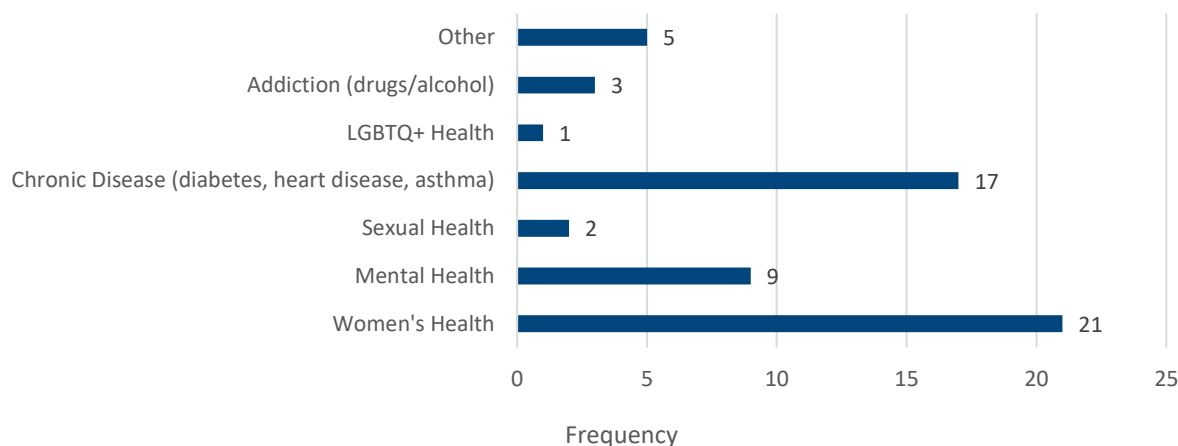
The most important service to participants and their family was mental health services (58%) (Figure 114). For the Local Conversations event, the most common response was “Other” (67%). Several of these responses revolved around increasing trust and quality of care (20%), as well as job opportunities and trainings (12%). Of the responses that mirror the web-based survey, 12% of responses identified Financial Assistance as most important followed by Food Resources at 9%.

A similar question was asked during the 2016 Local Conversations: “What services are needed or are your health service needs being met by the Cincinnati Health Department?” Like the responses seen in Figure 114, mental health services and food resources were two of the top five priorities at the 2016 Local Conversations.

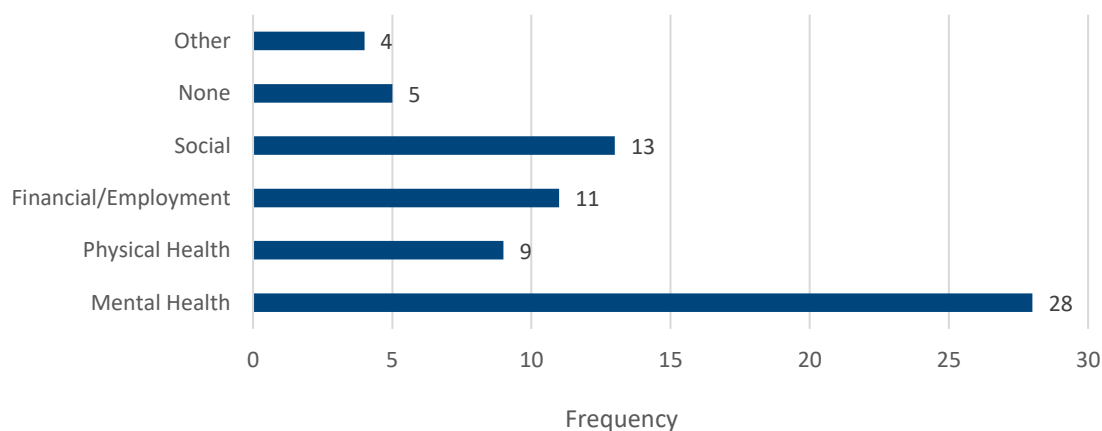
Figure 115. What services offered by the CHD are most important to you and your family? (n=69)



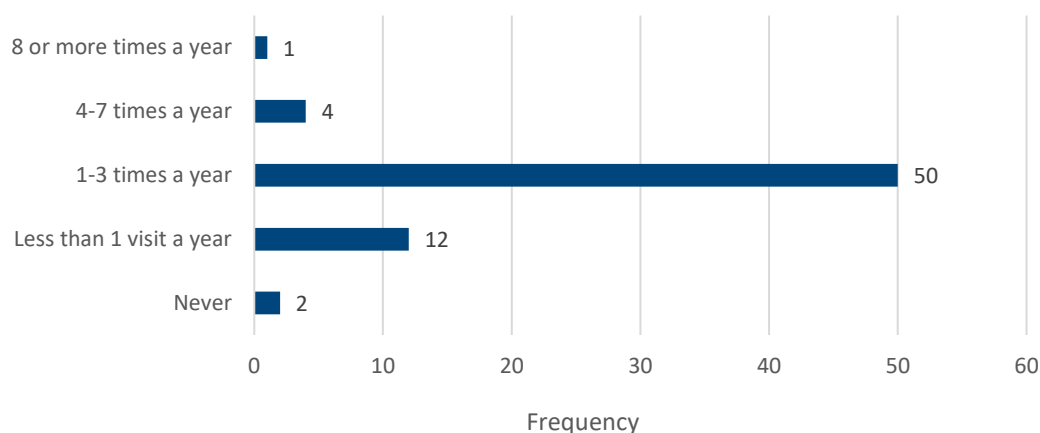
Primary Health Care Services (48%) and Behavioral and Mental Health Services (46%) ranked as the two most important services offered by CHD to the online respondents (Figure 115). The in-person discussion centered on behavioral and mental health services (29%), while also reiterating that increasing trust and quality of care (24%) are important.

Figure 116. What topic within health education is most interesting or useful to you? (n=58)

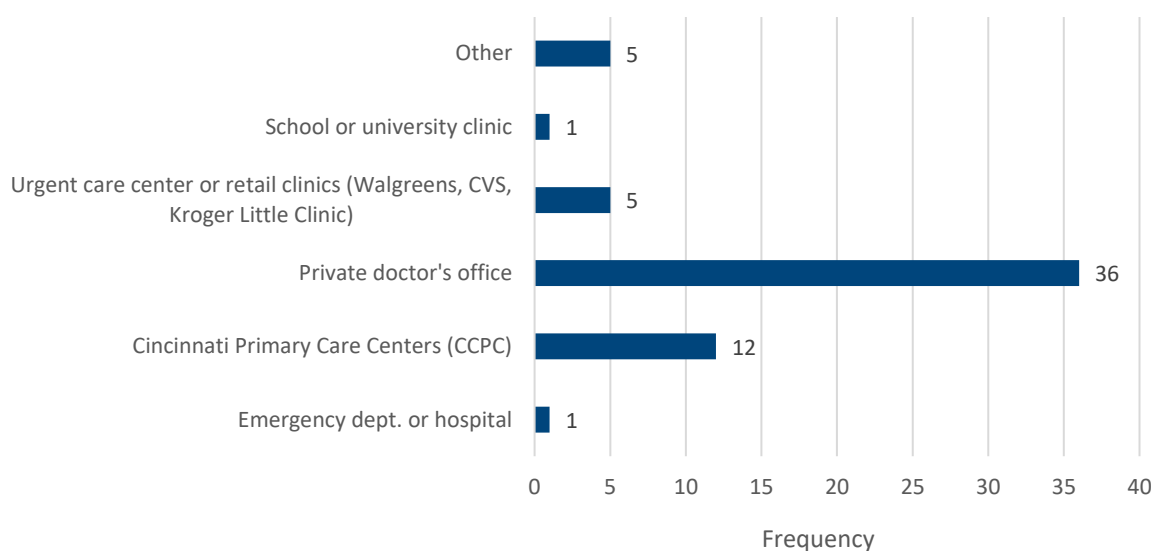
Respondents reported Women's Health (36%) and Chronic Disease (29%) as the top two areas of interest for health education (Figure 116). However, in-person responses to this question, were mainly concentrated on Addiction (20%) and Mental Health (15%).

Figure 117. What aspect of your life was most impacted by the COVID-19 pandemic? (n=70)

Online survey respondents reported Mental Health (40%) as the aspect of life most impacted by the COVID-19 pandemic. Impact on Social activities (19%) was the second most reported (Figure 117). In-person respondents focused on the mental health and social impacts by discussing not being able to spend time with family (29%).

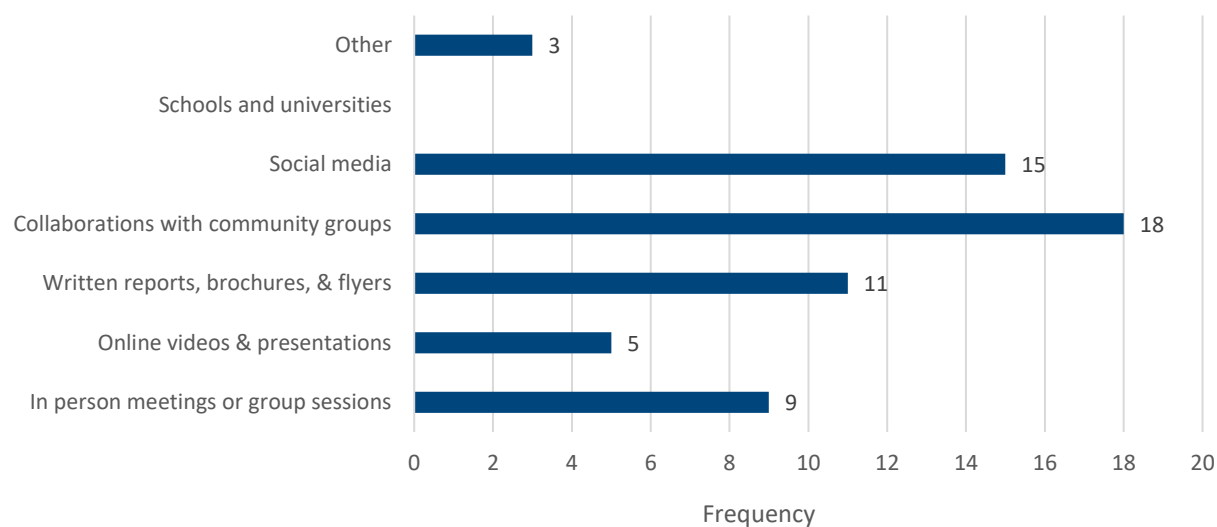
Figure 118. How often do you visit a primary care provider? (n=69)

Among online survey respondents, most (72%) reported visiting a primary care provider 1-3 times a year (Figure 118). In-person respondents mirrored these results and detailed that in addition to seeing a primary care provider, many also regularly see the dentist, eye doctor, and OB/GYN.

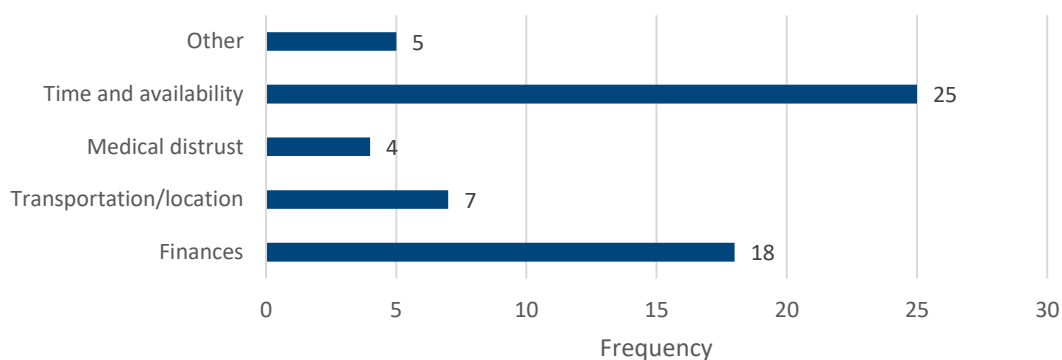
Figure 119. Where do you usually receive your healthcare services from? (n=60)

Among online respondents who listed their primary care provider, 60% indicated they receive care from a private doctor's office while 20% use CCPC clinics (Figure 119).

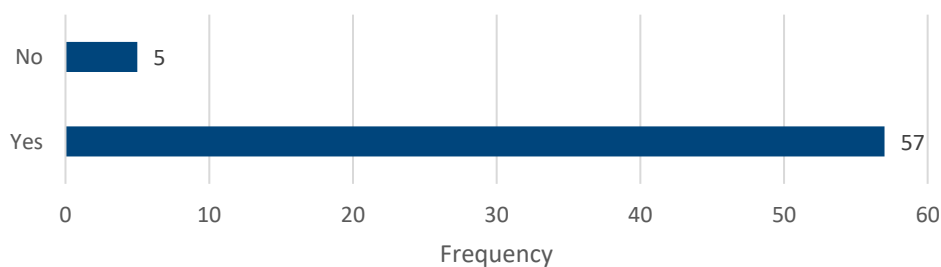
Overall, when asked about the level of trust in the CHD on a scale of zero to 100, online respondents reported a median of 75% and average of 71% trust.

Figure 120. How can CHD best share health information with the community? (n=61)

The desired method for the CHD to share health communication varied amongst survey respondents. About 30% suggested the CHD collaborate with community groups. Alternatively, other respondents indicated social media (25%) or written reports, brochures, and flyers (18%) would be the best way to share health information (Figure 120).

Figure 121. What is the largest barrier to receiving healthcare for you and your family? (n=59)

Most survey respondents had difficulty receiving healthcare due to time and availability constraints (42%). Finances were also a common barrier, with approximately 31% of respondents reporting difficulty receiving care due to cost (Figure 121).

Figure 122. Did you receive the COVID-19 vaccination? (n=62)

More than 90% of survey respondents reported receipt of a COVID-19 vaccine (Figure 122).

A few additional questions were asked during the in-person event that were not asked on the web-based survey. When asked what kinds of programs attendees would like to see in the future, the four suggestions were: “Lupus,” a “barbershop trial approach to improve Black and community health,” “generational trauma and how it affects our current generation,” and “how people can become homeowners after being in the system.” The second question assessed whether respondents wanted to learn more about any specific CHD programs. The four responses were as follows: “men’s programs,” “community outreach programs,” “mental/behavioral health programs,” and “food insecurity and advocacy for work programs.” The last in-person question assessed whether there are community health topics they are concerned about. Most responses were surrounding the built environment and affordable healthy housing (44%).

The demographics of the web-based questionnaire respondents showed a variety of age groups were reached who were predominantly non-Hispanic (89%) and female (76%) (Figure 123, Figure 124 & Figure 126). Fifty-four percent were Black, 42% White, 1% Asian, and 3% other (Figure 125). Respondents also recorded their residence ZIP codes, with 45202, 45206, and 45229 having the most representation (Map 31). The reported household income was also varied with \$50,000 - \$74,999 being selected the most by 20% of respondents (Figure 127).

Map 31. Residence ZIP Code of Community Health Survey Respondents (n=72)

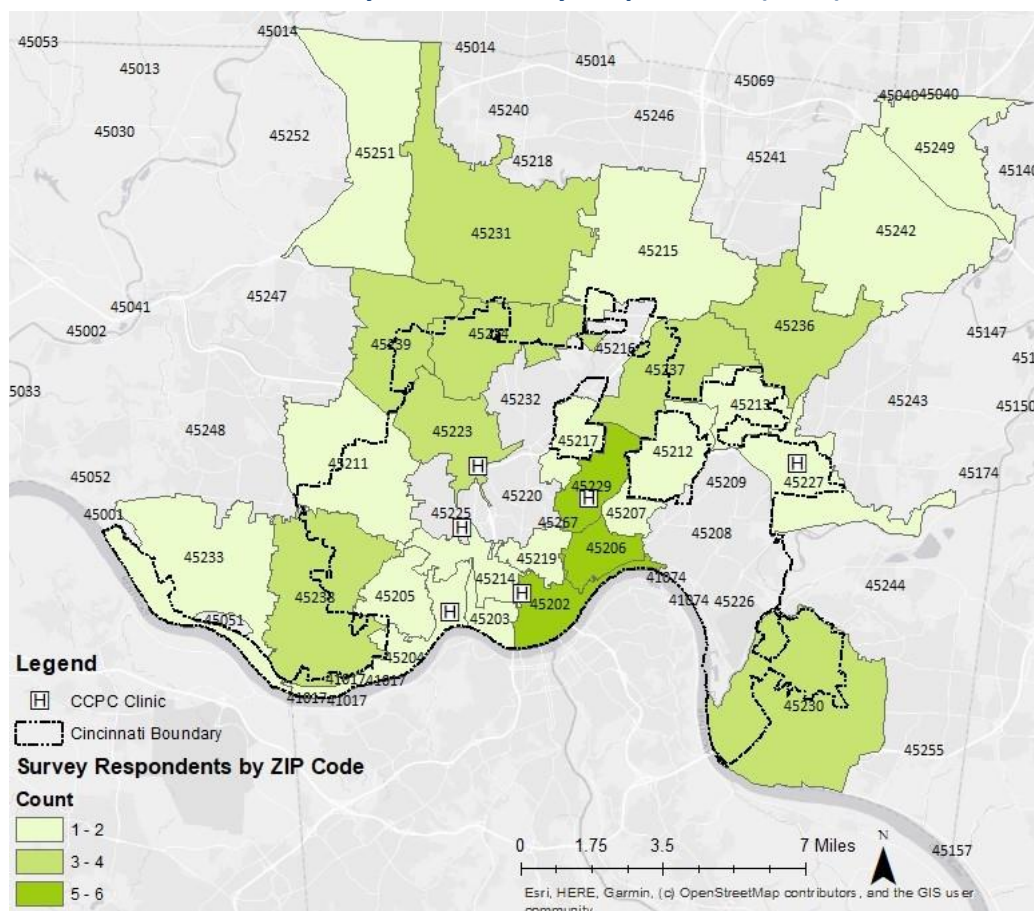


Figure 123. Age Distribution of Community Health Survey Respondents (n=56)

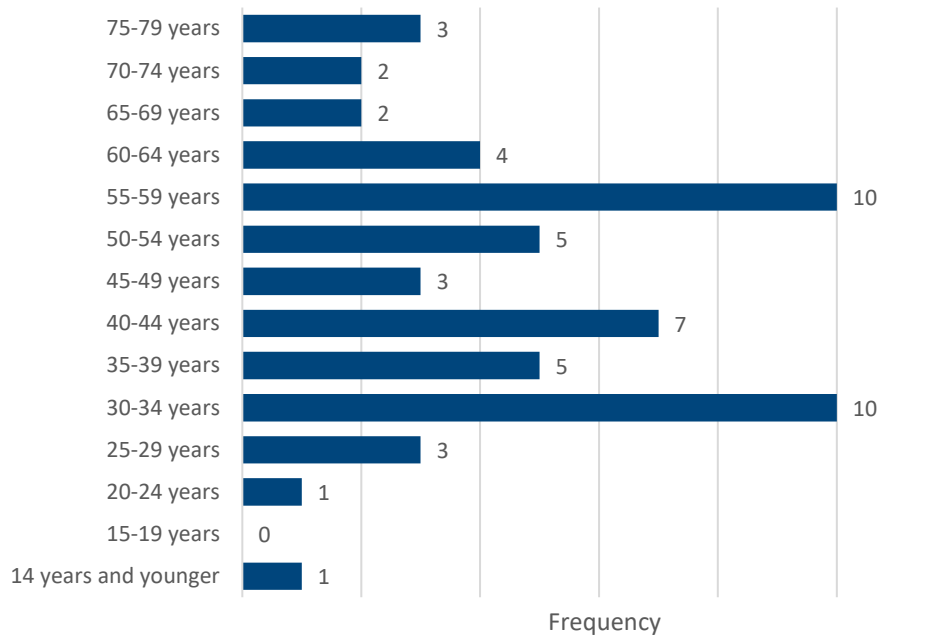


Figure 124. Gender Distribution of Community Health Survey Respondents (n=63)

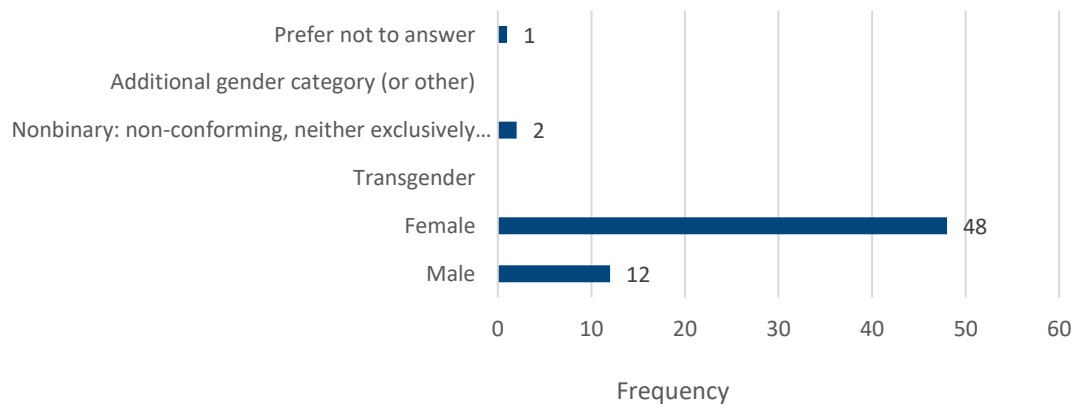


Figure 125. Race Distribution of Community Health Survey Respondents (n=69)

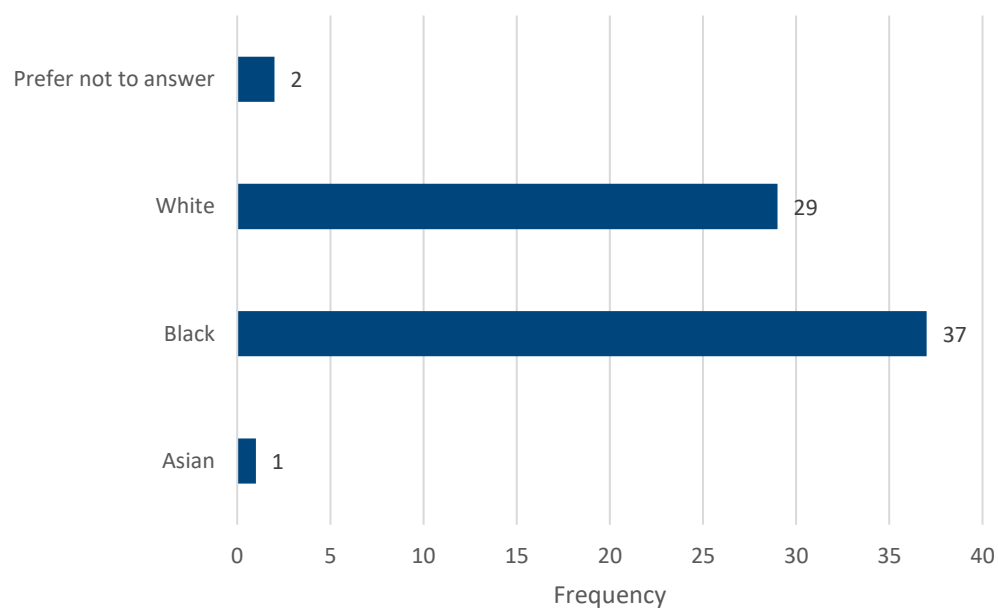


Figure 126. Ethnicity Distribution of Community Health Survey Respondents (n=66)

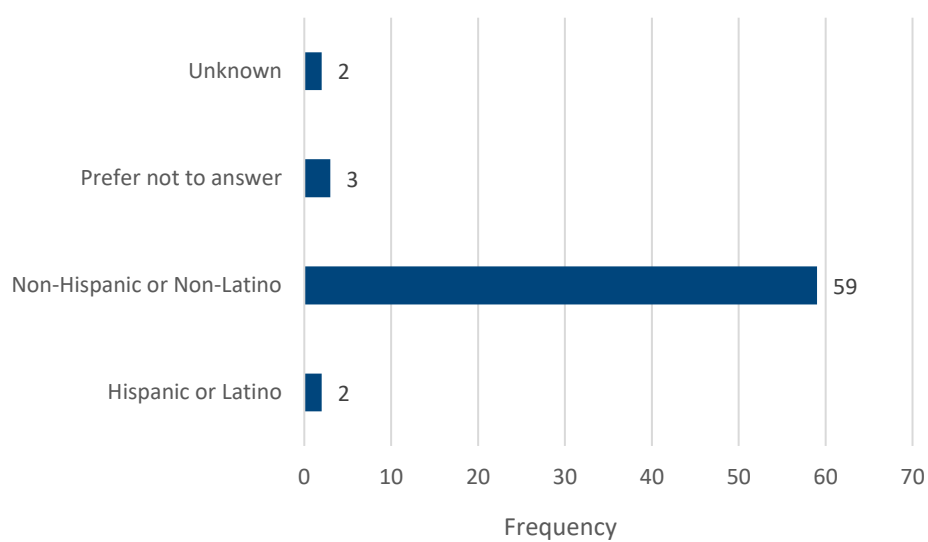
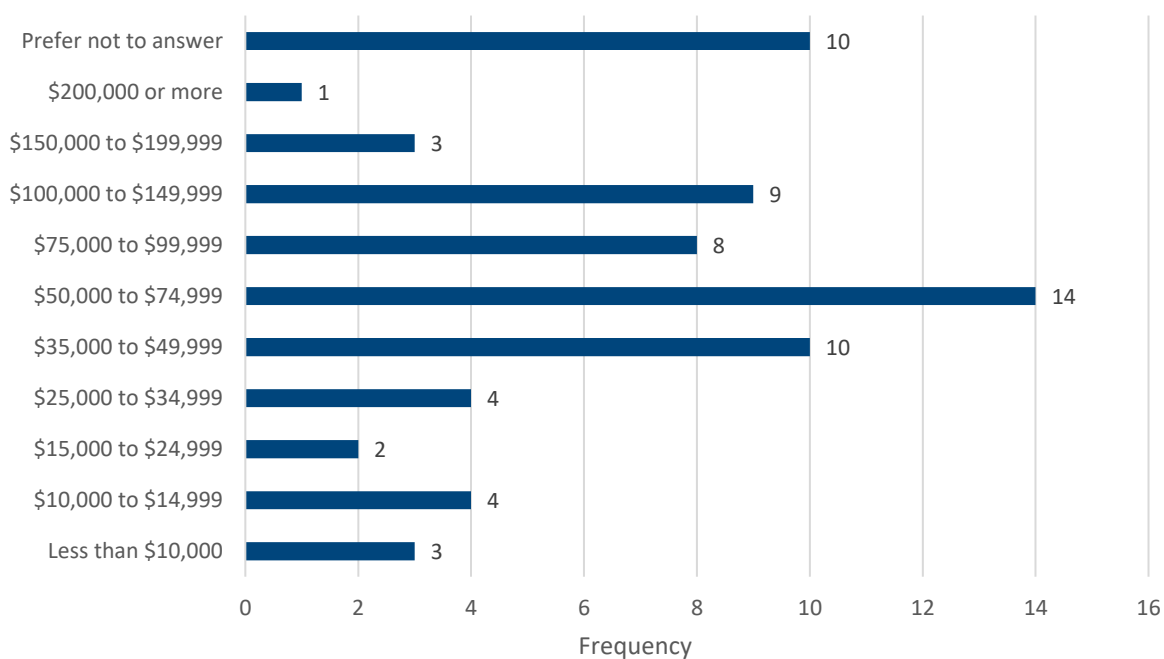


Figure 127. Distribution of Household Income among Community Health Survey Respondents (n=68)



Appendix A: List of Stakeholders

Hospitals and Health Systems

- Bon Secours Mercy Health
 - Bon Secours Mercy Health Anderson Hospital
 - Bon Secours Mercy Health Clermont Hospital
 - Bon Secours Mercy Health Fairfield Hospital
 - Bon Secours Mercy Health Jewish Hospital
 - Bon Secours Mercy Health West Hospital
- Cincinnati Children's Hospital
 - Cincinnati Children's Burnet Campus
 - Cincinnati Children's Liberty Campus
 - Cincinnati Children's College Hill Campus
- The Lindner Center of HOPE
- The Christ Hospital, Mt. Auburn
- TriHealth
 - TriHealth Good Samaritan Hospital
 - TriHealth Good Samaritan Evendale Hospital
 - TriHealth Bethesda North Hospital
 - TriHealth Bethesda Butler Hospital
 - TriHealth McCullough Hyde Memorial Hospital
- UC Health
 - UC Health University of Cincinnati Medical Center
 - UC Health West Chester Hospital
 - UC Health Drake Center for Post-Acute Care
- Greater Dayton Area Hospital Association (GDAHA)
 - Kettering
 - Kettering Medical Center
 - Sycamore Medical Center
 - Kettering Behavioral Medical Center
 - Grandview Medical Center
 - Southview Medical Center
 - Soin Medical Center
 - Greene Memorial Hospital
 - Fort Hamilton Hospital
 - Premier
 - Miami Valley Hospital
 - Atrium Medical Center
 - Upper Valley Medical Center
 - Miami Valley Hospital South
 - Miami Valley Hospital North
 - Wilson Memorial Health
 - Wayne Healthcare
 - Mercy Health Springfield Regional Medical Center
 - Mercy Health Urbana Hospital
- Adams County Regional Medical Center

- Margaret Mary Health

Local Health Departments:

- *City:* Cincinnati, Hamilton (City), Norwood, Piqua, Springdale
- *County:* Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Shelby, Warren

Counties:

- *Indiana:* Franklin, Dearborn, Ohio, Ripley, Union
- *Kentucky:* Campbell, Boone, Grant, Kenton
- *Ohio:* Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Shelby, Warren

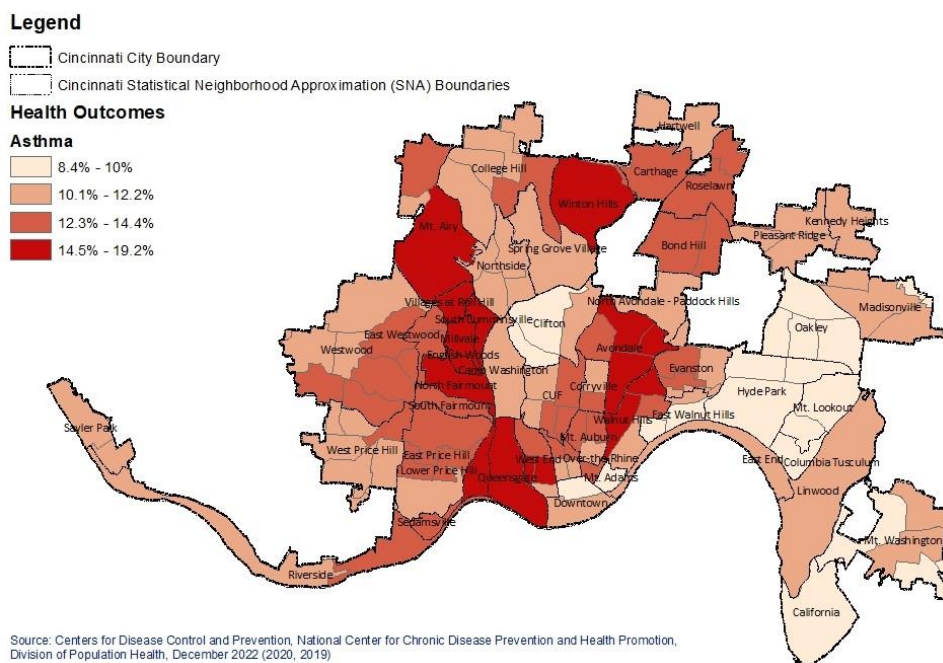
Notes/Limitations:

- 4 Kentucky counties are managed by 1 Northern Kentucky Health Department and did not officially participate. These counties are however in the services areas of participating hospitals (Christ, CCHMC) and therefore are included in the county number.
- 5 Indiana counties do have their own health department/county but did not officially participate. They are included in multiple hospital service areas (GDAHA, MMH, CCHMC) and therefore were included in the county number
- 5 additional city health departments were engaged, all located within participating counties in Ohio

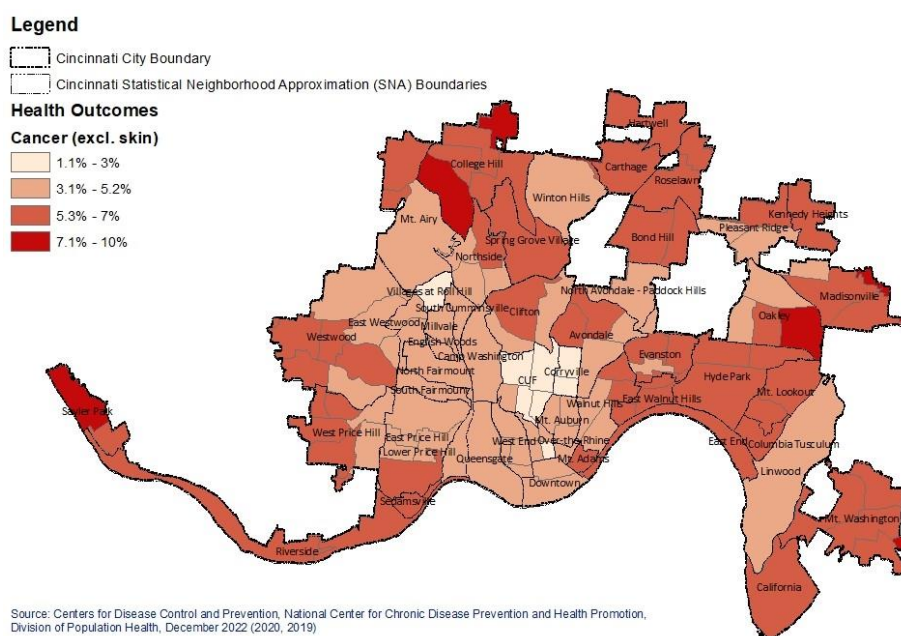
Appendix B: Identifying Geographic Disparities in Adult Health Outcomes

Data were provided by the Centers for Disease Control and Prevention (CDC), Division of Population Health, Epidemiology and Surveillance Branch. There are 27 measures at the census tract level. There are 7 measures (all teeth lost, dental visits, mammograms, Pap tests, colorectal cancer screening, core preventive services among older adults, and sleep less than 7 hours) in this 2022 release from the 2020 BRFSS data for 25 measures and 2019 data for 4 measures (high blood pressure, taking high blood pressure medication, high cholesterol and cholesterol, and cholesterol screening). The census tract shapefile was extracted from the Census 2010 Tiger/Line database and modified to remove portions of census tracts that were outside of city boundaries.

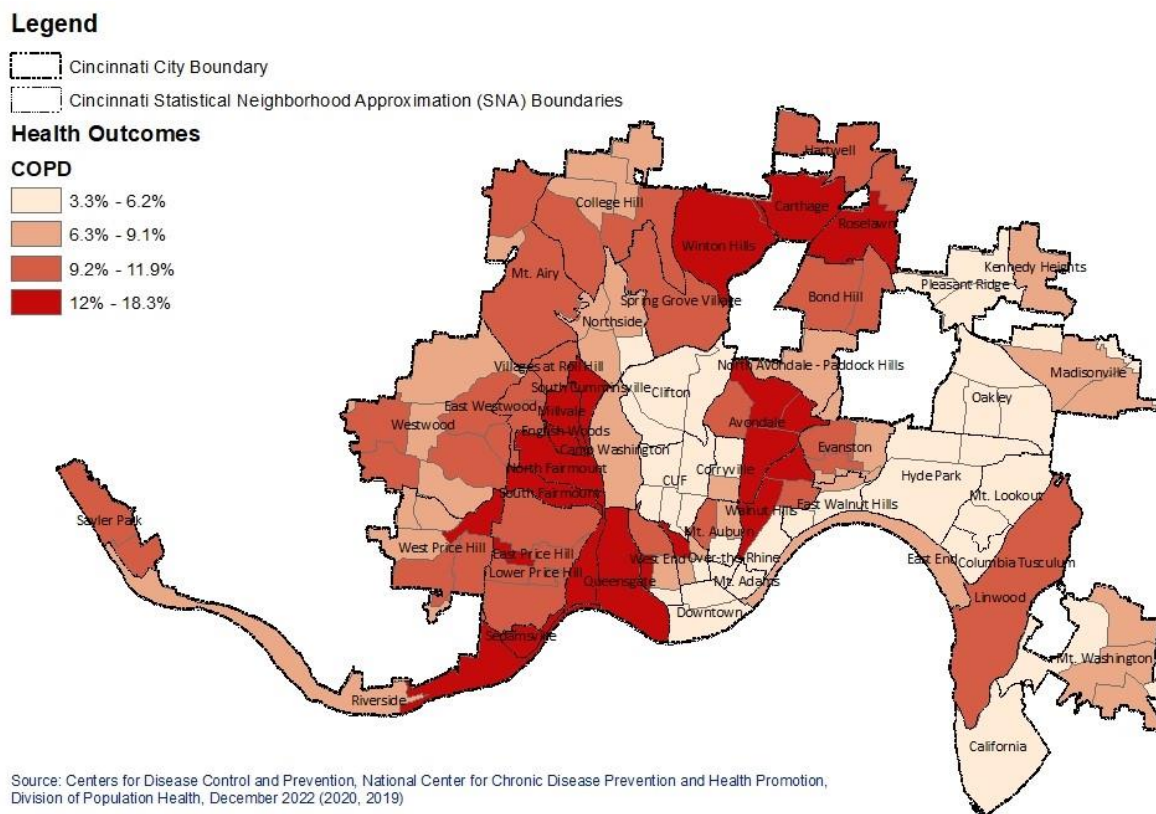
Map 32: Cincinnati Adults 18+ Years with Asthma (2020)



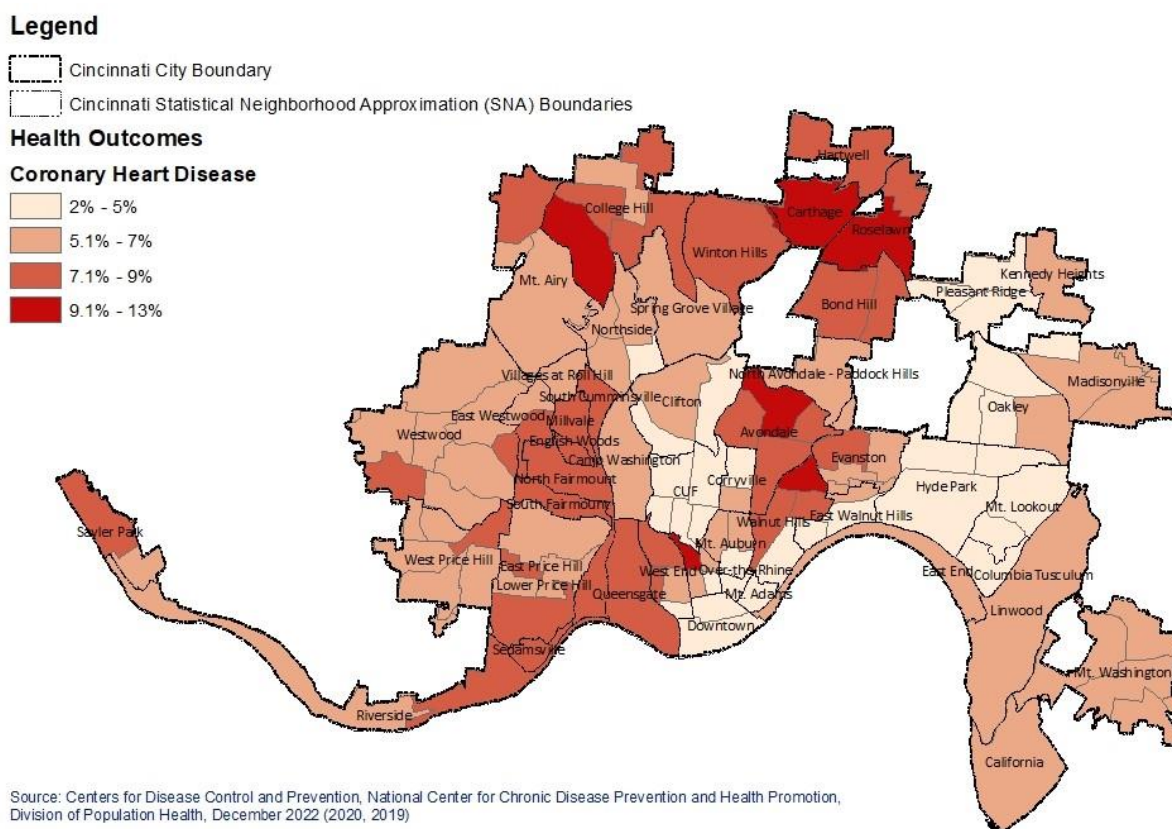
Map 33: Cincinnati Adults 18+ Years with Cancer (2020)



Map 34: Cincinnati Adults 18+ Years with COPD, Emphysema, and Chronic Bronchitis (2020)



Map 35: Cincinnati Adults 18+ Years with Coronary Heart Disease (2020)



Map 36: Cincinnati Adults 18+ Years with Diabetes (2020)

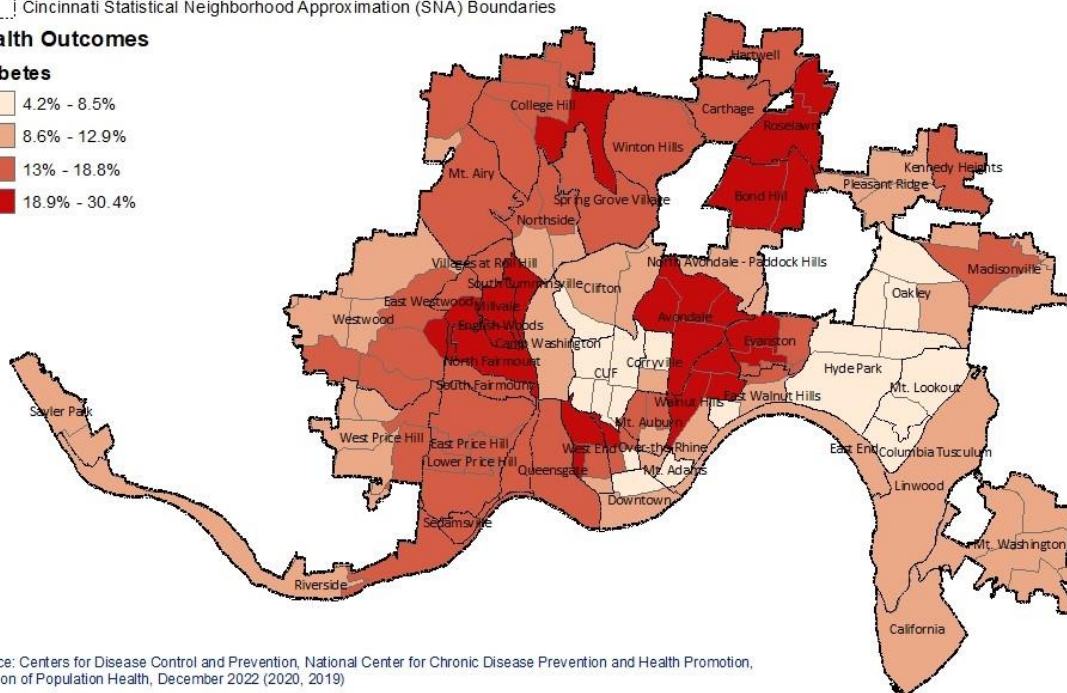
Legend

-  Cincinnati City Boundary
-  Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Health Outcomes

Diabetes

-  4.2% - 8.5%
-  8.6% - 12.9%
-  13% - 18.8%
-  18.9% - 30.4%



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

Map 37: Cincinnati Adults 18+ Years with Kidney Disease (2020)

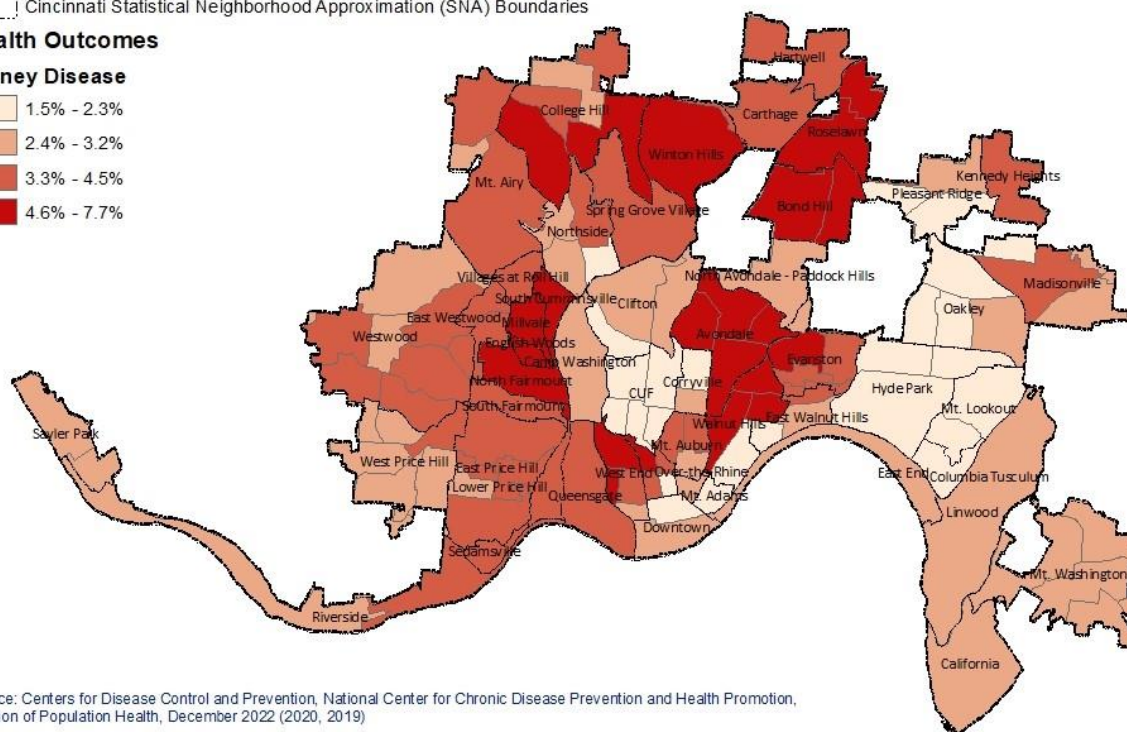
Legend

-  Cincinnati City Boundary
-  Cincinnati Statistical Neighborhood Approximation (SNA) Boundaries

Health Outcomes

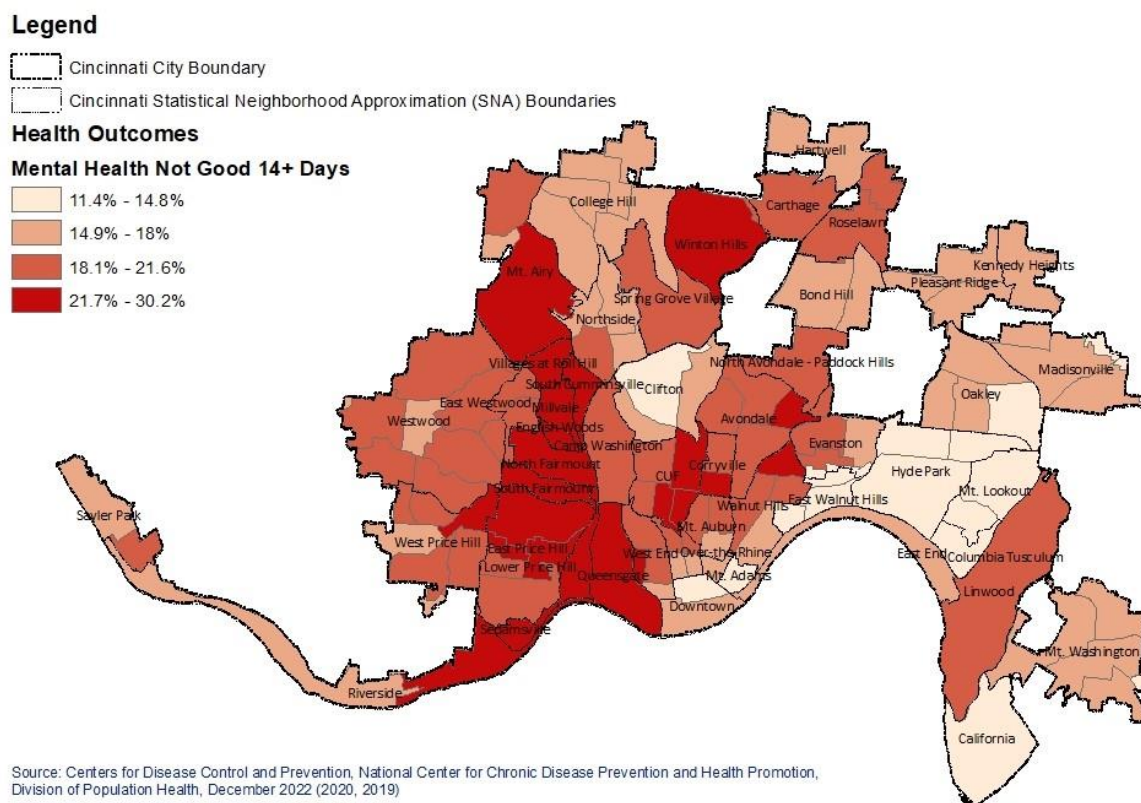
Kidney Disease

-  1.5% - 2.3%
-  2.4% - 3.2%
-  3.3% - 4.5%
-  4.6% - 7.7%

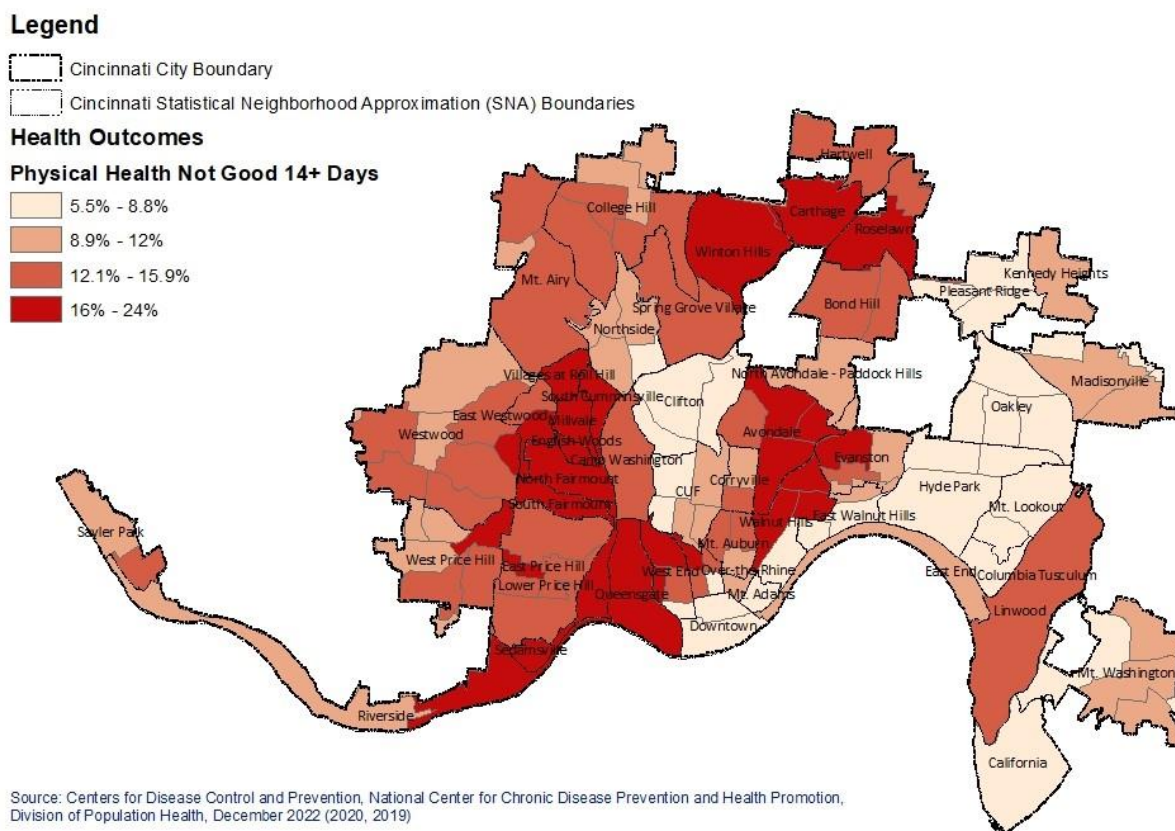


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, December 2022 (2020, 2019)

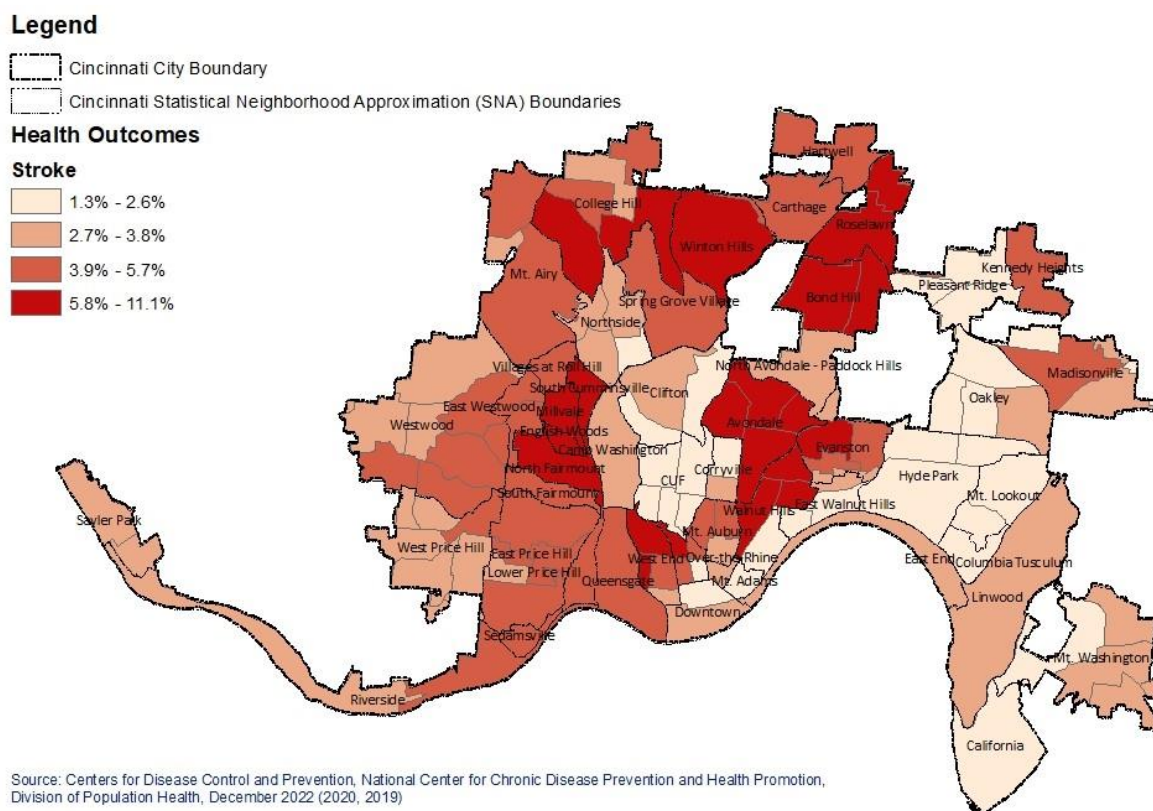
Map 38: Cincinnati Adults 18+ Years with Poor Mental Health in the past 14 days (2020)



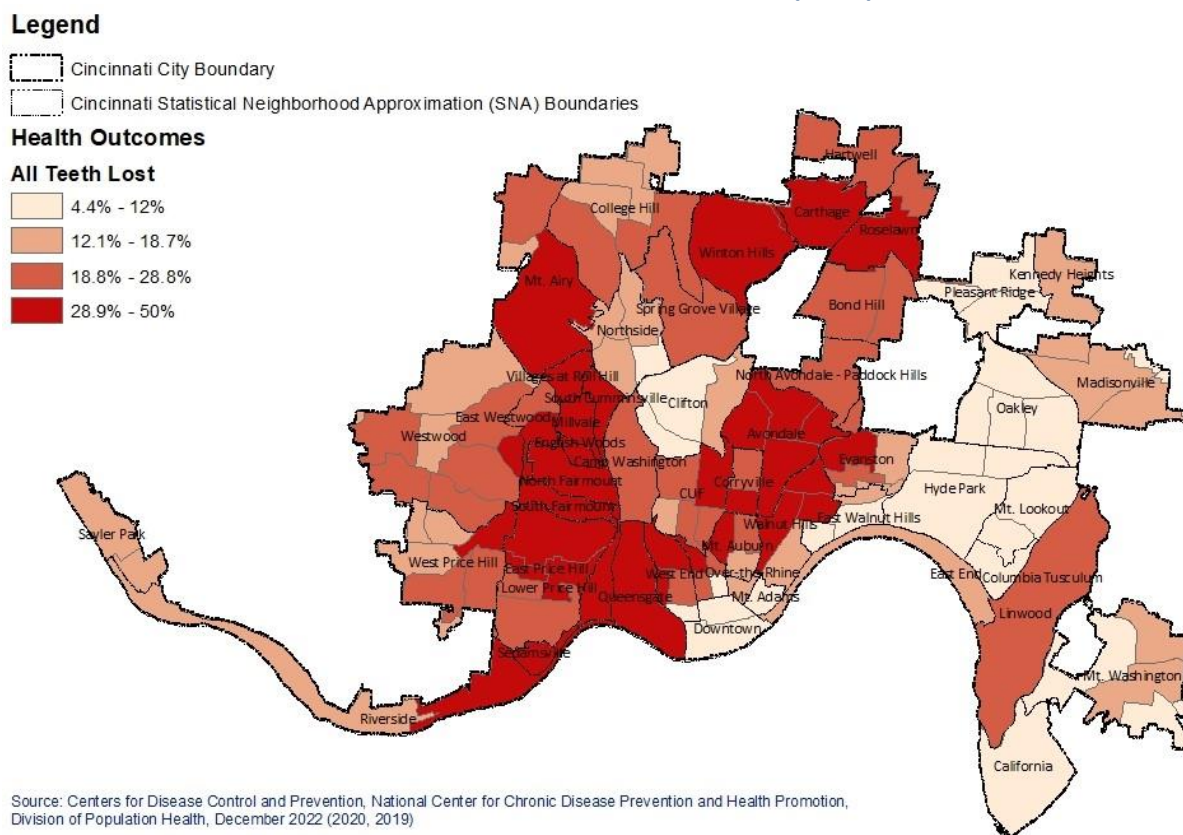
Map 39: Cincinnati Adults 18+ Years with Poor Physical Health in the past 14 days (2020)



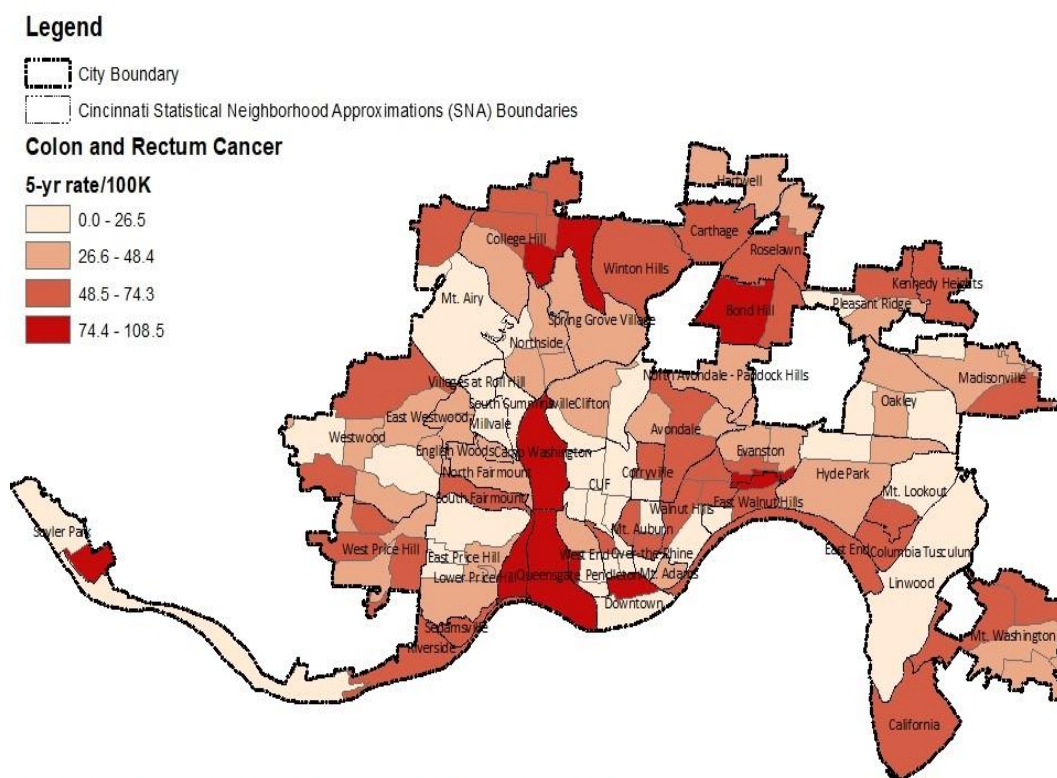
Map 40: Cincinnati Adults 18+ Years who have had a Stroke (2020)



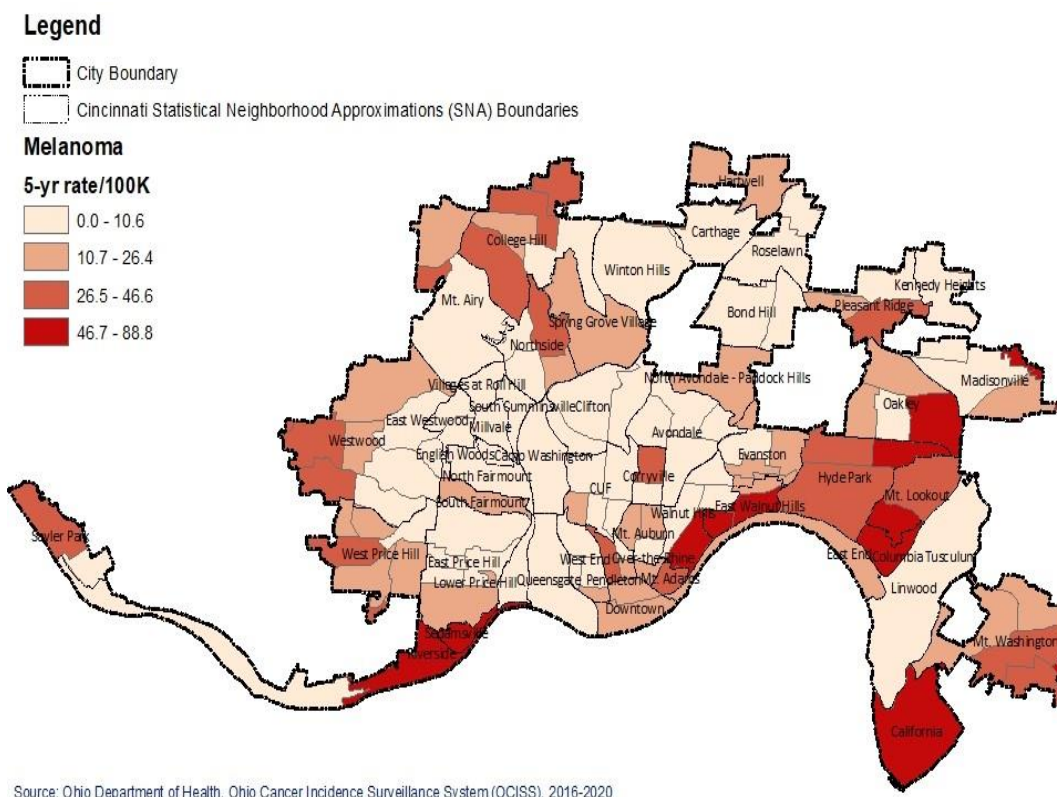
Map 41: Cincinnati Adults 18+ Years who Lost or Removed All Teeth (2020)



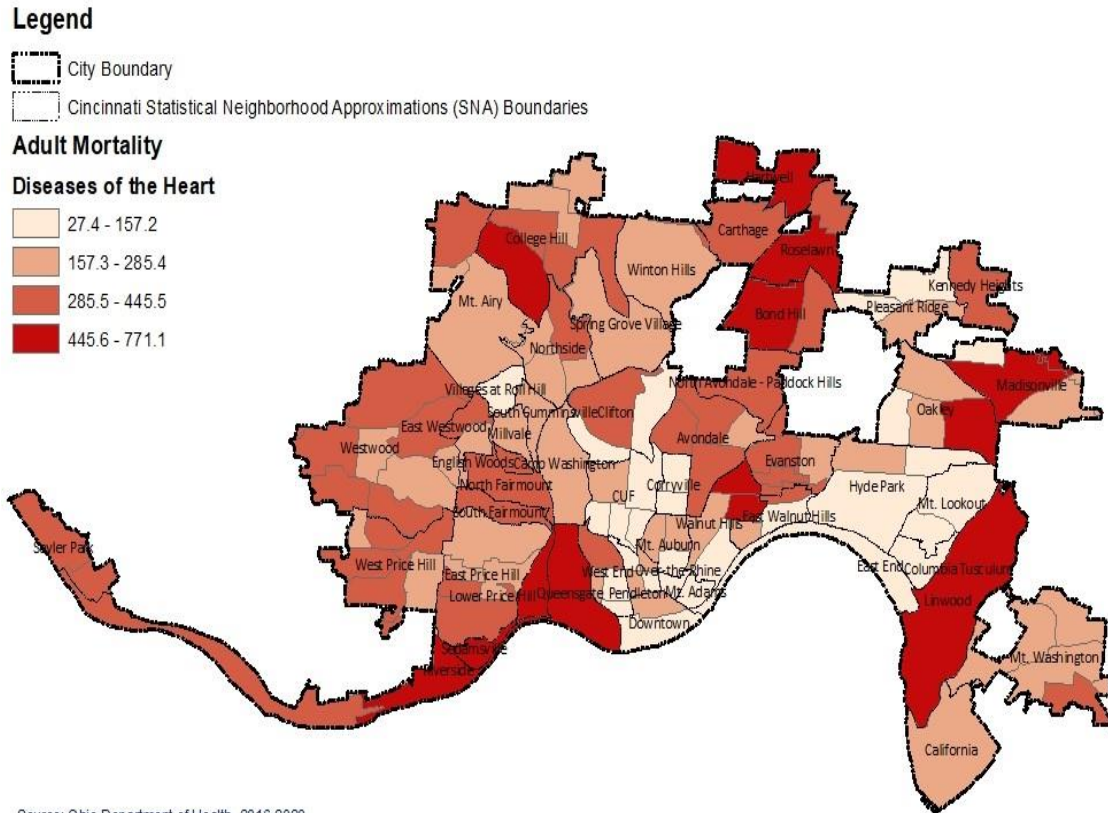
Map 42: Cincinnati Adults 18+ Years with Colon and Rectum Cancer (2016-2020)



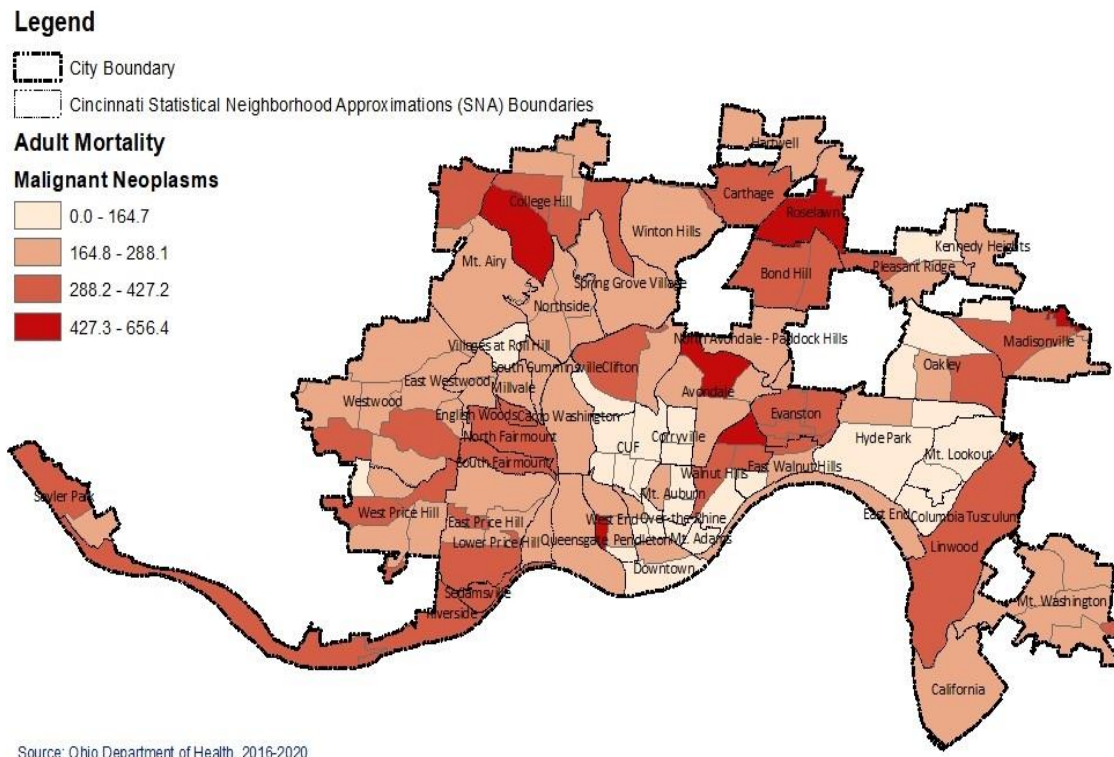
Map 43: Cincinnati Adults 18+ Years with Melanoma of Skin (2016-2020)



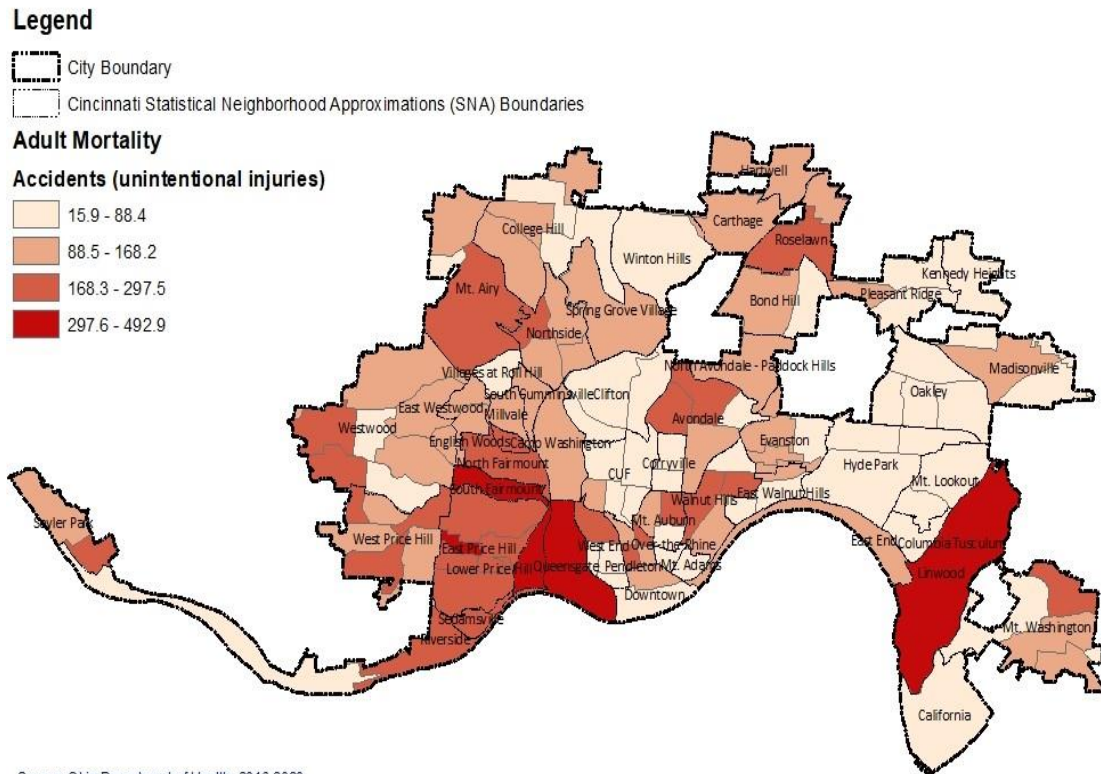
Map 44: Cincinnati Adults 18+ Years Adult Mortality from Diseases of Heart (2016-2020)



Map 45: Cincinnati Adults 18+ Years Mortality from Malignant Neoplasms (Cancer) (2016-2020)

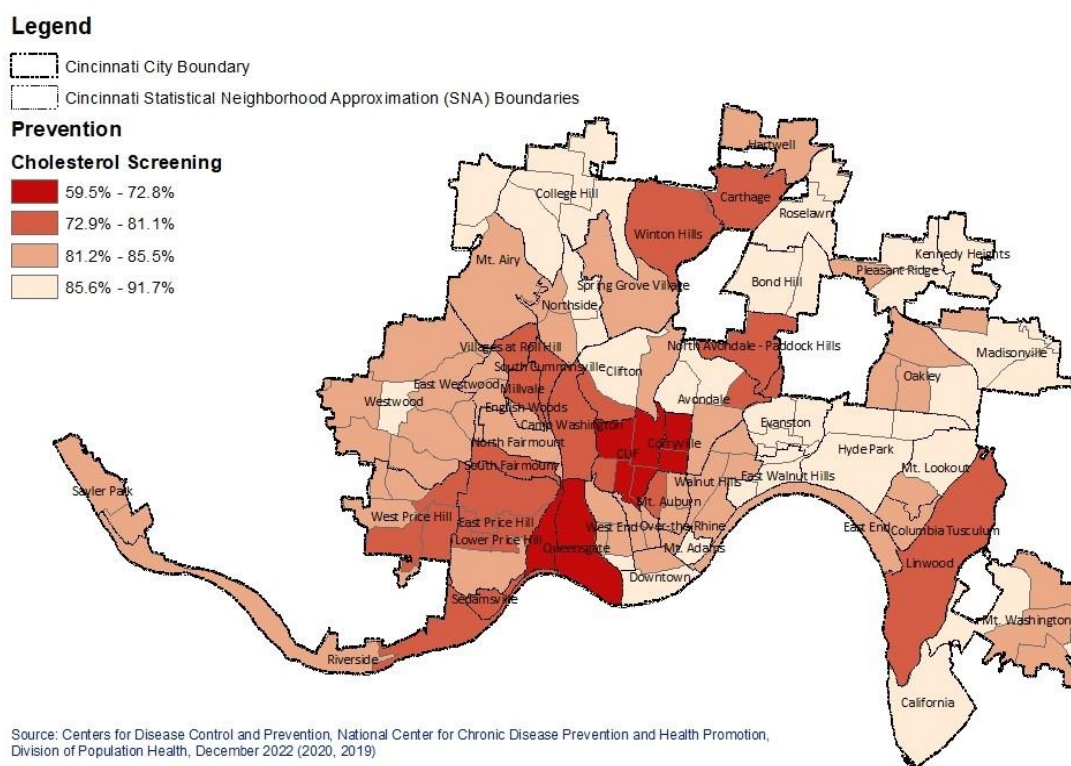


Map 46: Cincinnati Adults 18+ Years Mortality from Accidents (unintentional injuries) (2016-2020)

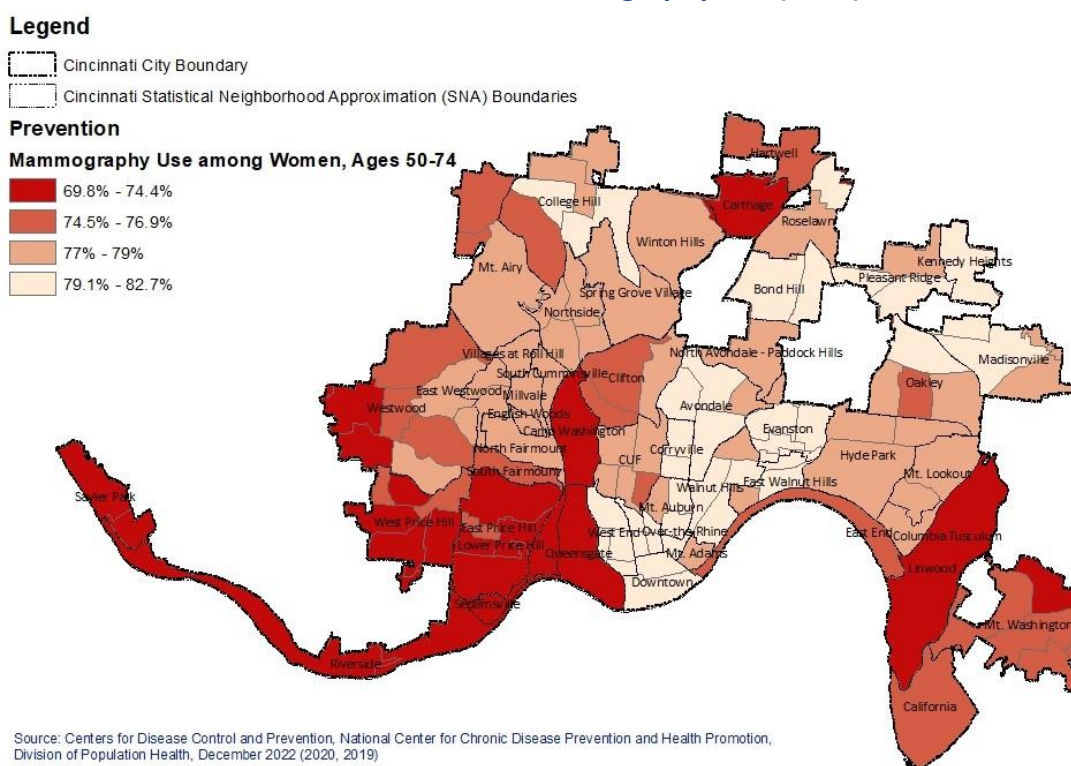


Appendix C: Identifying Geographic Disparities in Adult Chronic Health Prevention

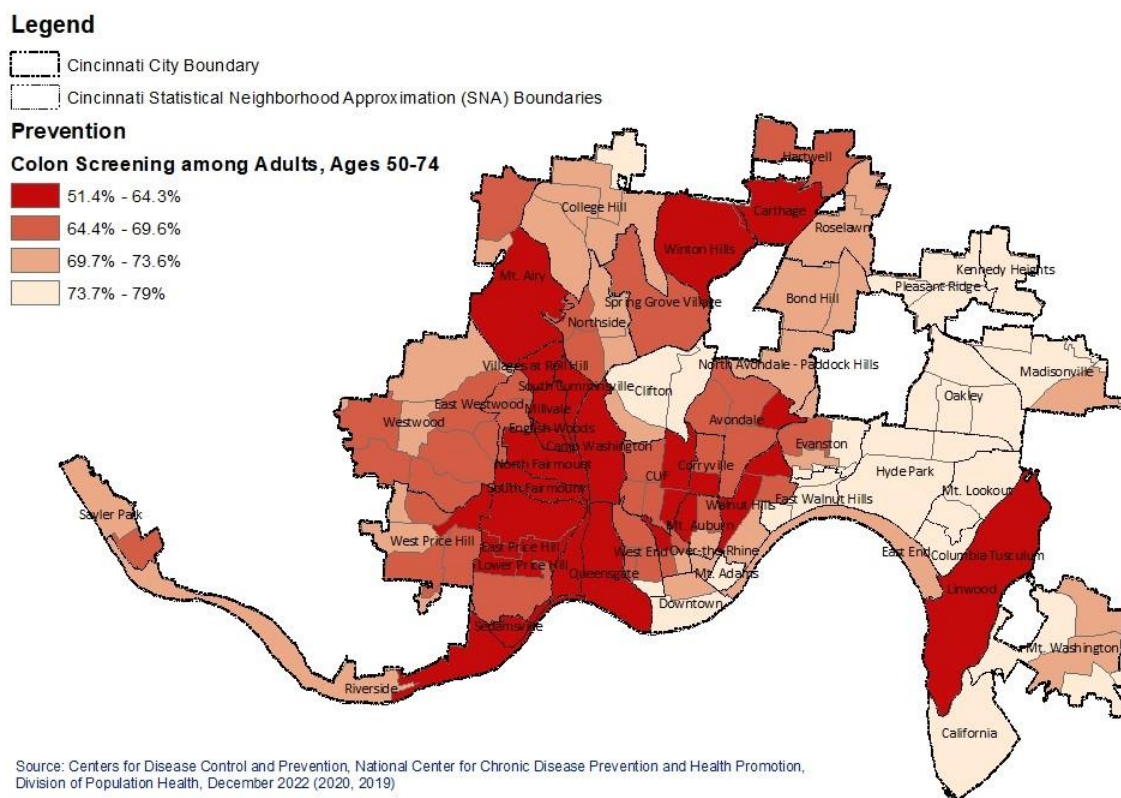
Map 47: Cincinnati Adults 18+ Years with Cholesterol Screening within the Past Year (2019)



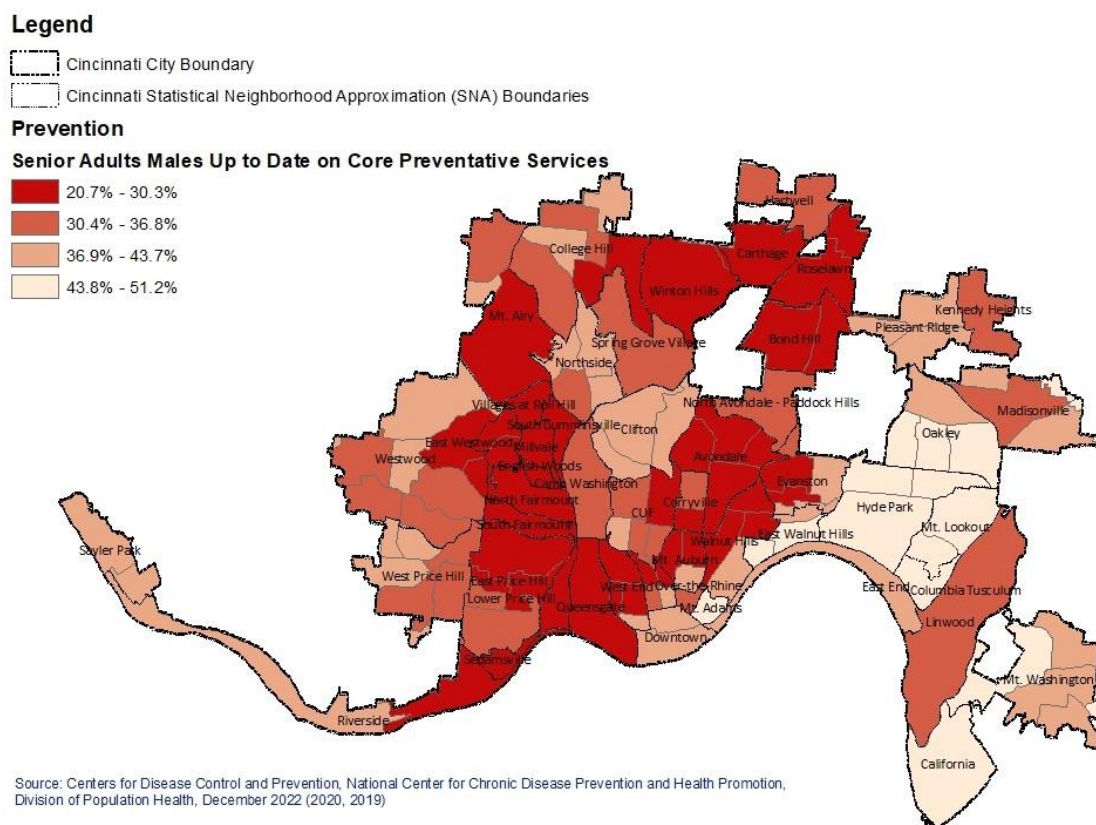
Map 48: Cincinnati Adult Females 50-74 Years with Mammography Use (2020)



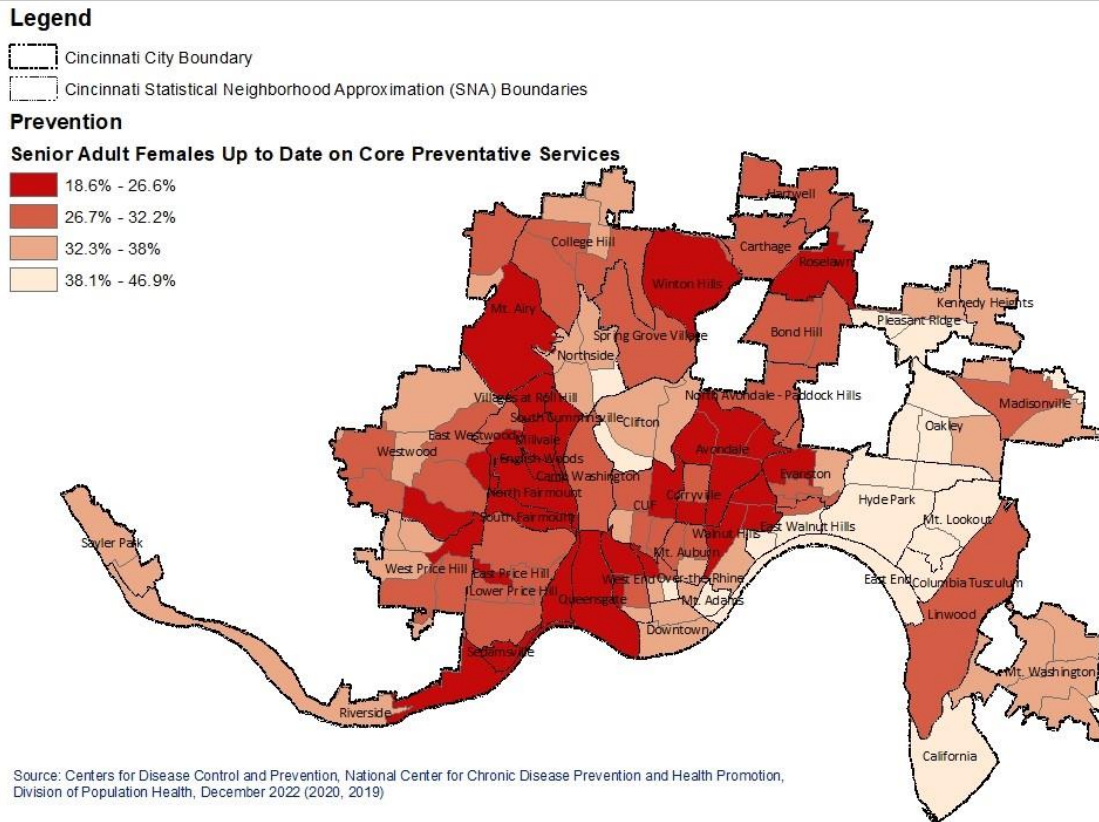
Map 49: Cincinnati Adults 50-75 Years with Colon Screening (2020)



Map 50: Cincinnati Senior Adult Males 65+ Years Up to Date on Core Preventative Services (2020)

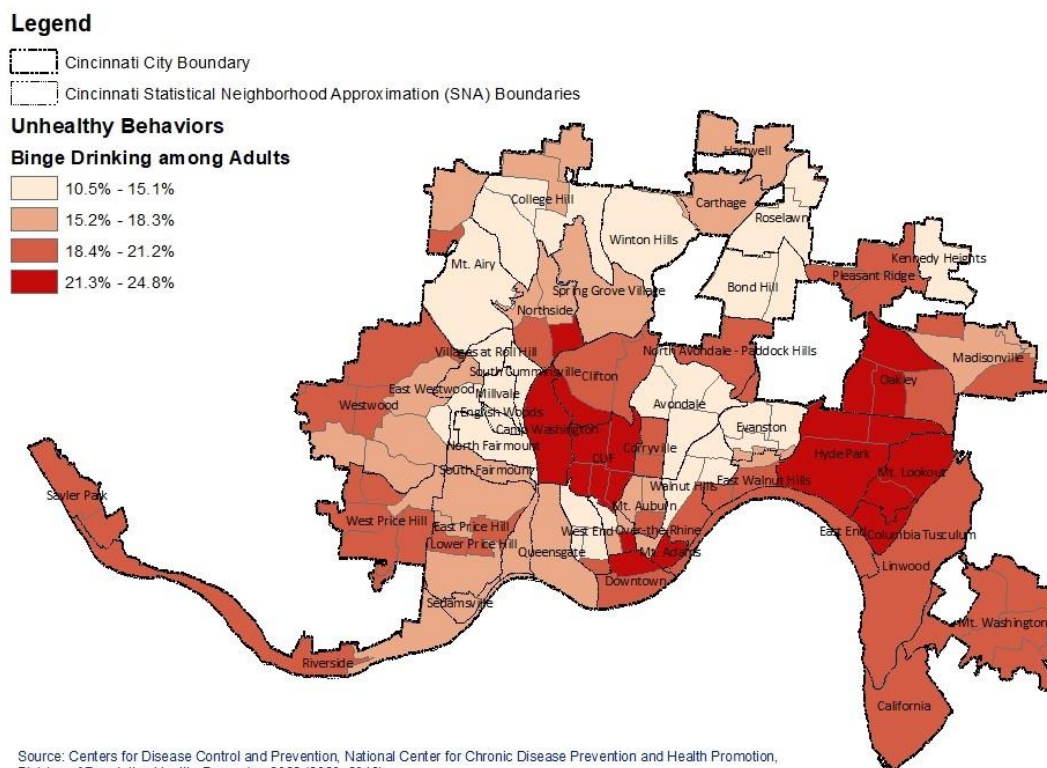


Map 51: Cincinnati Senior Adult Females 65+ Years Up to Date on Core Preventative Services (2020)

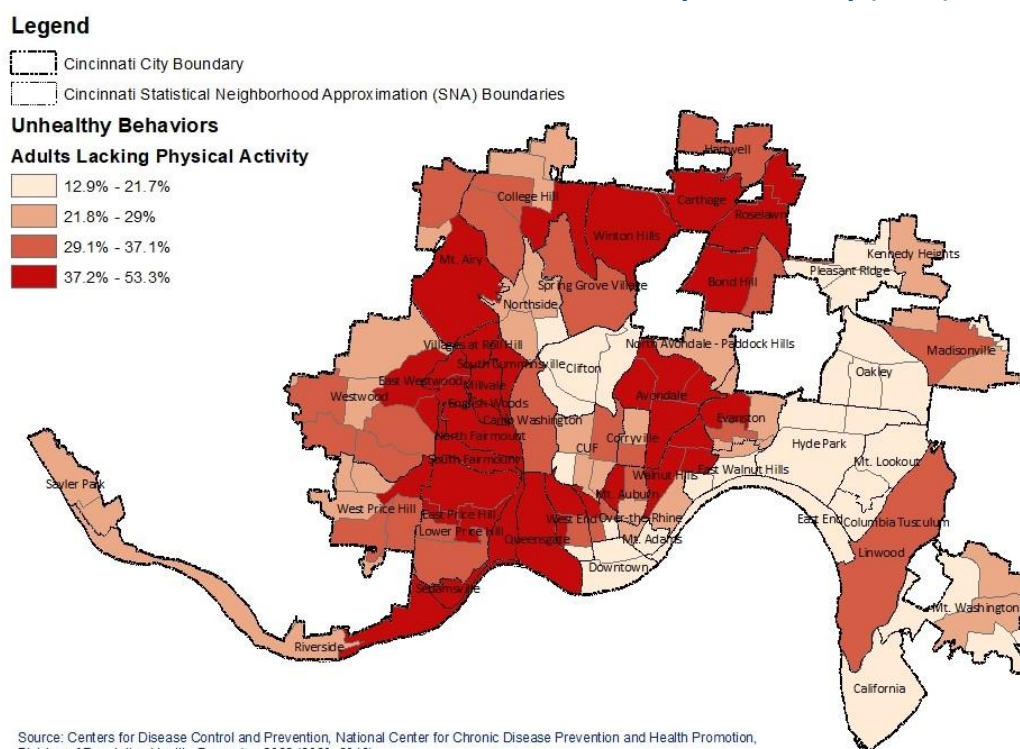


Appendix D: Identifying Geographic Disparities in Adult Unhealthy Behaviors

Map 52: Cincinnati Adults 18+ Years with Binge Drinking (2020)



Map 53: Cincinnati Adults 18+ Years with Lack of Leisure-Time Physical Activity (2020)



DATE: June 23, 2023

TO: Cincinnati Health Department Board of Health

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

SUBJECT: June COVID-19 and CDU Update

Cincinnati COVID-19 Data Highlights:

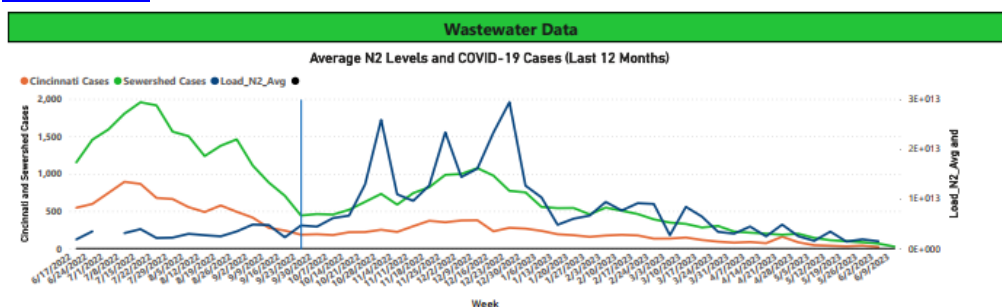
- As of June 15, 2023, CHD reported a cumulative total of 84,544 COVID-19 confirmed and probable cases (83,983 were reported last month), 3248 (3235) COVID-19 hospitalizations, and 766 (763) COVID-19 deaths.
- The Cincinnati community transmission level is low, at 6.6 (16) cases per 100,000.
- As of the June 8, 2023, Greater Cincinnati COVID-19 Situational Awareness update Hamilton County was reporting 45 (45) cases per 100,000. The age groups in the Southwestern Ohio region with the highest seven-day cumulative number of new cases per 100,000 continue to be 80+ at 60 (82) and 70-79 at 31 (57), though they continue to decline, as deaths are declining overall. Their total populations are 67,947 and 121,882. The 0–19 year-old population continues to have the lowest seven-day cumulative number of new cases per 100,000 at 6 (13) with a total population of 467,641, according to the Greater Cincinnati COVID-19 Situational Awareness update.
- As of June 1, due to the changes in COVID-19 test result reporting requirements, the regional positivity rate is no longer available.

Hamilton County Hospitalization Level

- CDC reports the [COVID Hospitalization Level by County](#) and that continues to be Low in Hamilton County as of June 10, 2023.

COVID-19 Wastewater Monitoring Reports

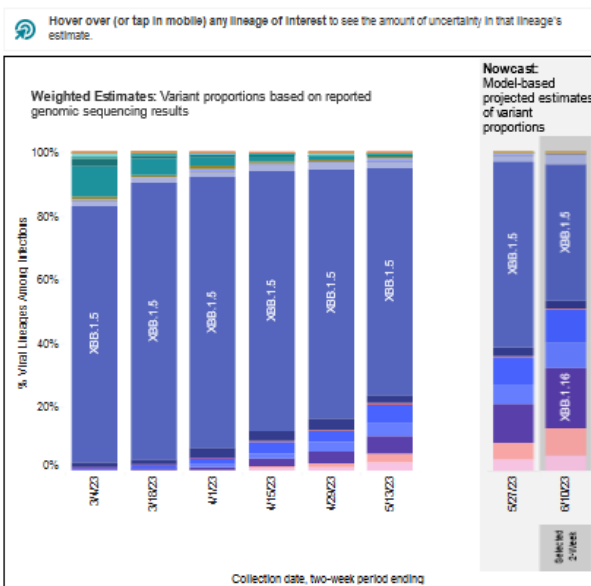
- CHD reports the Greater Cincinnati Wastewater COVID-19 levels below on the City of Cincinnati COVID Report and this data is also available to the public on the CHD website. ODH analysis of Greater Cincinnati Wastewater sewer sheds show steady N2 COVID levels over the time period from May 21 – June 6, 2023, on the [ODH WW Dashboard](#).



COVID-19 Variant Reports

- CDC is projecting Omicron Variant XBB.1.5 is responsible for as much as 42.8% (72.8%) of the virus circulating in Region 5. Variant XBB 1.16 is the second leading cause of COVID-19 illness, responsible for as much as 18.8% (20.0%) of cases as of May 13, 2023. Nine other variants are currently being detected in the United States. For more variant analysis please visit <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Weighted and Nowcast Estimates in HHS Region 5 for 2-Week Periods in 2/19/2023 – 6/10/2023



Nowcast Estimates in HHS Region 5 for 5/28/2023 – 6/10/2023

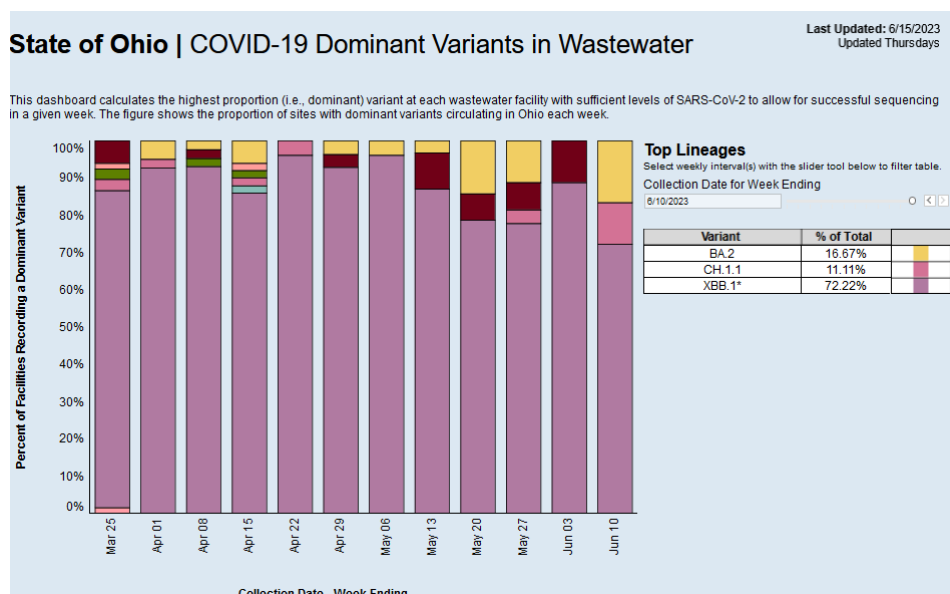
Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	42.8%	38.3-47.4%
	XBB.1.16	VOC	18.8%	14.7-23.7%
	XBB.1.9.1	VOC	10.5%	8.5-12.9%
	XBB.1.16.1	VOC	8.5%	4.1-16.2%
	XBB.1.9.2	VOC	8.0%	4.9-12.8%
	XBB.2.3	VOC	5.0%	3.0-8.2%
	XBB	VOC	3.4%	1.7-6.6%
	XBB.1.5.1	VOC	2.3%	1.5-3.6%
	XBB.1.5.10	VOC	0.2%	0.1-0.5%
	CH.1.1	VOC	0.1%	0.1-0.2%
	FD.2	VOC	0.1%	0.1-0.2%
	BQ.1.1	VOC	0.0%	0.0-0.1%
	BQ.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	BA.5	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BN.1	VOC	0.0%	0.0-0.0%
	BF.7	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.2.75.2, CH.1.1 and BN.1, BA.2.75 sublineages are aggregated with BA.2.75. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except the lineages shown and their sublineages, sublineages of XBB are aggregated to XBB. Except XBB.1.5.1, XBB.1.5.10 and FD.2, sublineages of XBB.1.5 are aggregated to XBB.1.5. Except XBB.1.16.1, sublineages of XBB.1.16 are aggregated to XBB.1.16. For all the other lineages listed, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5.10 was aggregated to XBB.1.5. Lineages BA.2.75.2, XBB, XBB.1.5, XBB.1.5.1, FD.2, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.1.16.1, XBB.2.3, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6, BQ.1.1 and XBB.1.5.10 contain the spike substitution R346T.

- The ODH [variant monitoring graph](#) illustrates the dominant circulating variants detected in wastewater samples collected in Ohio, shown below as of June 15, 2023.



CDC Guidance Links updated 5/11/2023

- [Isolation](#)
- [Exposure](#)
- [Schools and Early Care and Education](#)
- [Homeless Shelters and Confinement Settings](#)

CHD COVID Response

- The CDC Isolation and Exposure Calculator has been added to the CHD website: <https://www.cincinnati-oh.gov/health/covid-19/>.

COVID-19 Vaccination and Testing POD at B&K Closed

- Friday, March 31, 2023, was the final day of operation for the Burnet Avenue Point of Distribution (POD) free COVID-19 testing and vaccination site.
- Hamilton County Public Health plans to cease their onsite POD in June.
- Currently <https://healthcollab.org/testandprotectcincy/> and <https://aspr.hhs.gov/TestToTreat/Pages/default.aspx> provide information about the available resources in the community.

COVID-19 Vaccination Data

- As of March 31, 2023, 4316 partially vaccinated individuals have received vaccination from CHD, and 45,292 fully vaccinated individuals. 135 3rd doses have been provided to the moderately to severely immune-compromised, 8,351 1st boosters have been administered, 782 2nd boosters, and 1,449 pediatric doses of Pfizer have been administered by CHD. A grand total of 100,872 COVID-19 vaccination doses have been administered by CHD to date.

COVID Command Center Highlights

- CHD is currently fielding approximately 100 calls per week from residents seeking vaccination or testing opportunities in Cincinnati, having questions about isolation and quarantine or in need of a replacement vaccination card.
- On-site contractual staff make approximately 75 (150) calls per week. This includes investigations, and returning calls made after regular business hours. They are completing approximately 50 new case investigations per week, identifying clusters, and monitoring the COVID email folders supporting schools, daycares, long term care facilities and city employees with COVID-19 related questions.
- As of June 16, 2023 CHD has mailed 45,389 COVID-19 Initiation of Isolation, Exclude/Return to Work letters, and other related documents at a cost of \$38,791.00 supported by grant funding.
- Designated Command Center Staff communicate weekly with congregate setting facilities, in support of the LV23 and CF23 grant funded activities and resources that can be offered.
- CHD continues to also assist residents with proof of COVID-19 vaccination or testing results as needed for work, school, and/or travel.

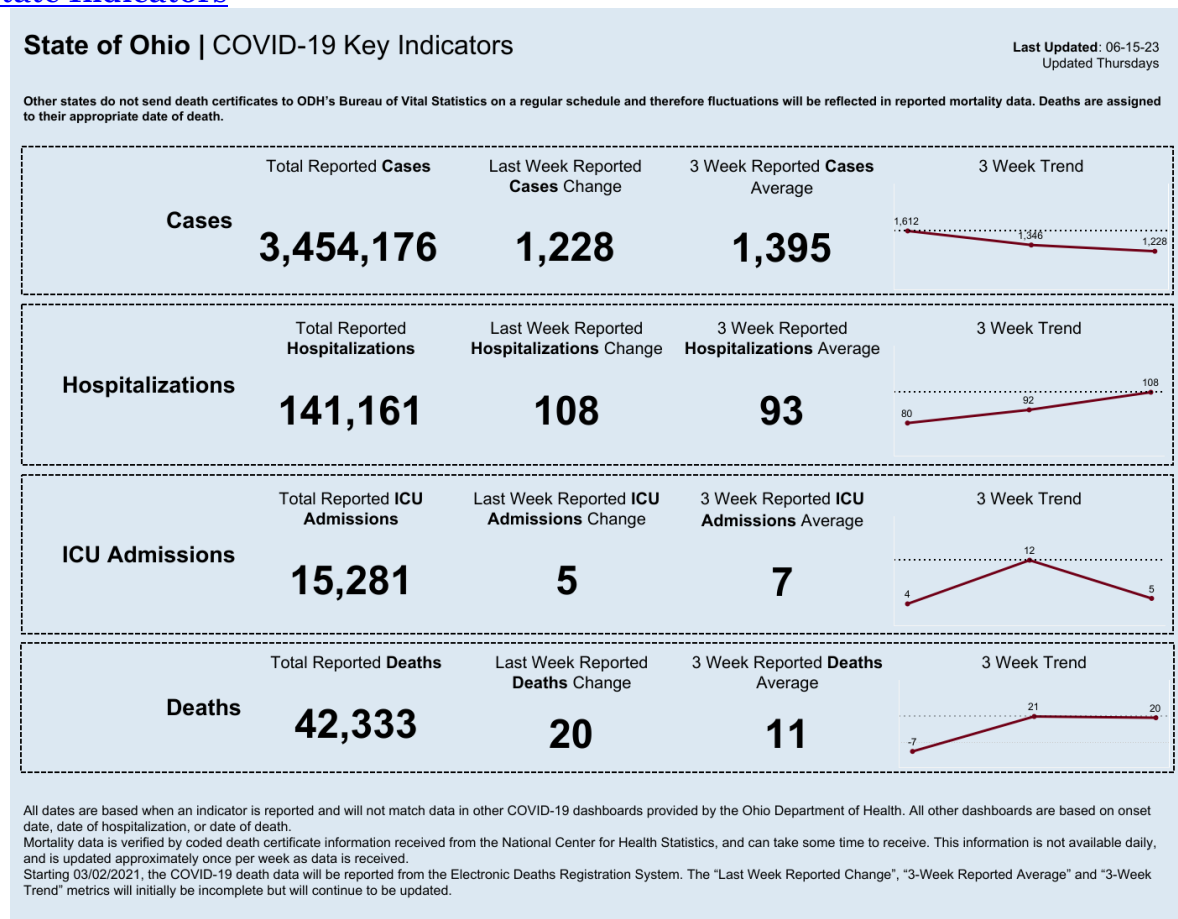
Communicable Disease Prevention and Control Unit

- CHD CDU continues to focus on COVID-19 outbreak prevention and control, congregate settings and infection control consultation as needed.
- CDU updated the Congregate Living Settings, Homeless Shelters, and Confinement Centers guidance to align with the most recent CDC COVID-19 Guidance changes

and is completing the resource guide expected to be distributed to Cincinnati facilities in the coming month.

- Long term care COVID-19 reports submitted by CHD are still required by ODH. Cincinnati LTCFs reported 2 residents and 1 staff positive during the week of June 4 through June 10, 2023.
- In addition to the COVID-19 pandemic work, the CDU staff are also responding to the many other reportable diseases (please refer to the Monthly Communicable Disease Report in packet). Also, in the works are:
 - Cincinnati long term care facility resource guide
 - Cincinnati confinement setting and shelter resource guide
 - HAI/AR Epi Brief
- Regional Candida auris transmission prevention efforts are ongoing with regional healthcare providers and the Health Collaborative actively engaged. Additional CDU staff support (Mph and Medical student volunteers) are assisting with case investigations and response. Through a grant from NACCHO CDU staff will additionally be receiving training and certification in infection control. The unit will begin onsite education for long term health care workers and hospital staff in July.
- No new cases of hospital-acquired Legionella have been reported related to a recent cluster. Mitigation efforts are ongoing with continued joint CDU, EH, and ODH support and facility cooperation.
- Please find the Monthly Communicable Disease Report included in the packet to view all reportable disease investigations in the month of May.

Key State Indicators



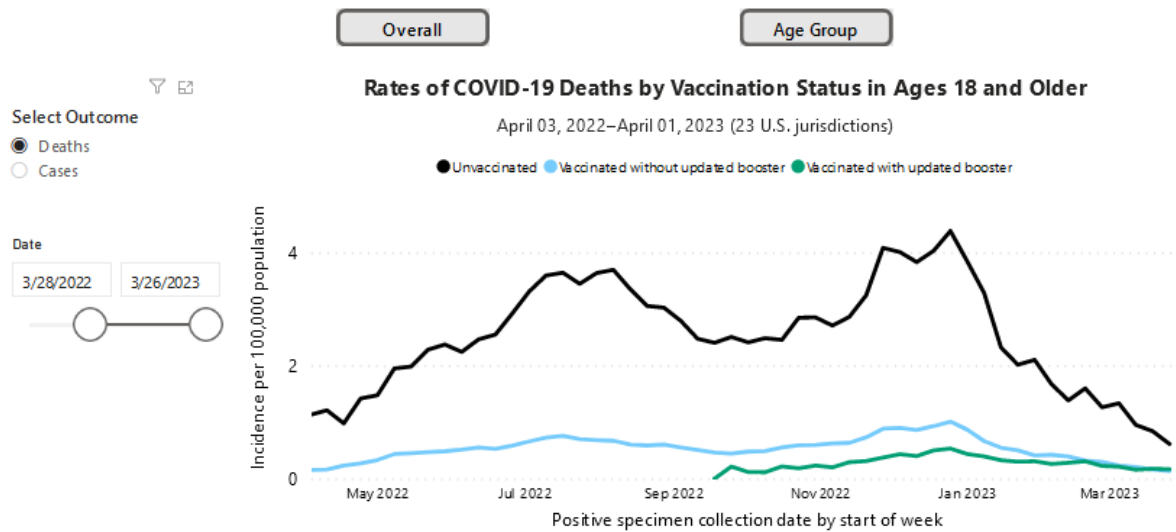
CDC COVID-19 [Data Tracker](#) 6/14/2023

Weekly Update for the United States



CDC | Hospitalization data through: June 10, 2023; Death data through: June 10, 2023; Vaccination data through: June 14, 2023. Posted: June 15, 2023 7:30 PM ET

CDC COVID-19 Vaccine Effectiveness – [US Deaths by Vaccination Status](#)



In March 2023, people ages 18 years and older and vaccinated with an updated (bivalent) booster had:

5.3X
lower risk of dying from COVID-19

compared to unvaccinated people, and

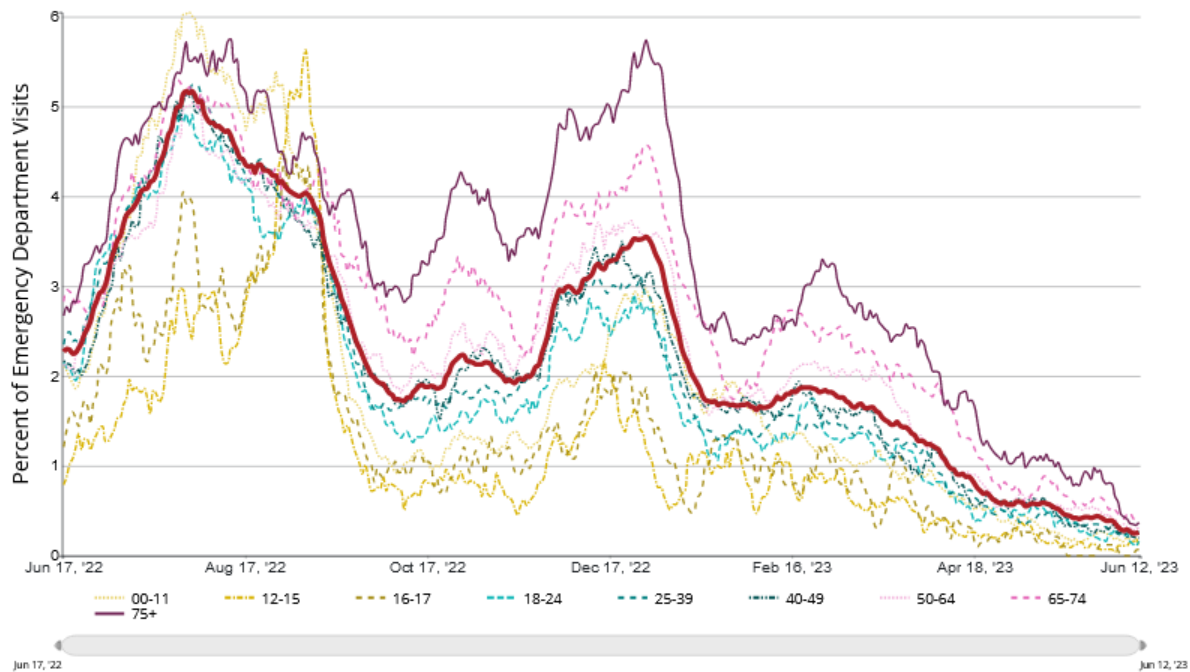
1.1X
lower risk of dying from COVID-19

compared to people vaccinated without the updated (bivalent)

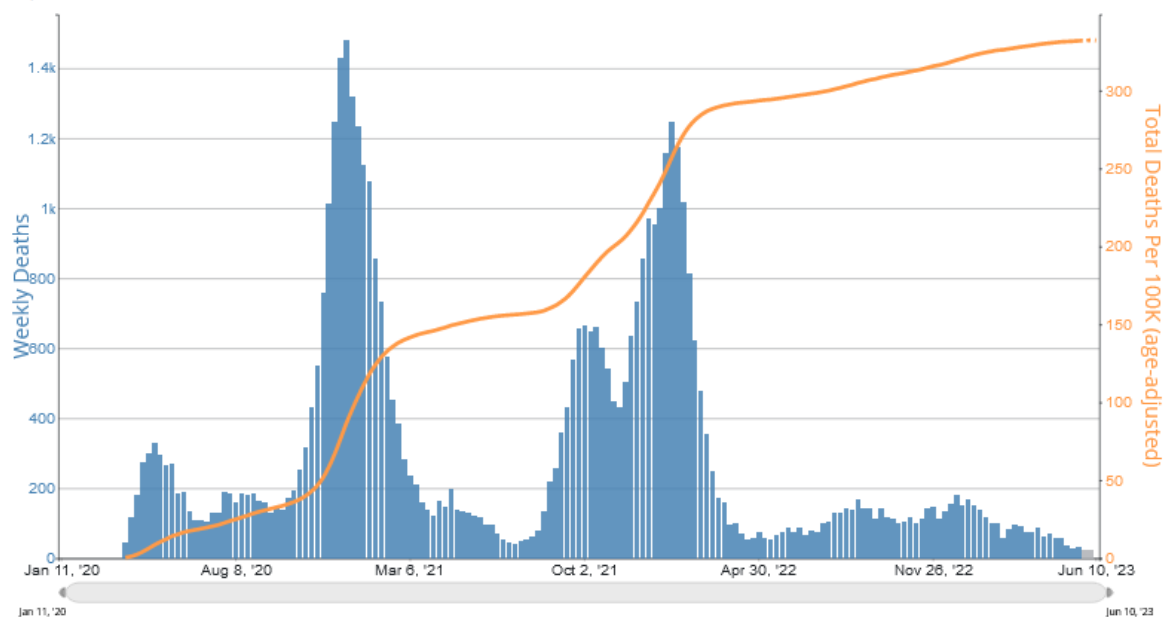
Ohio COVID-19 Emergency Department Visits and Deaths

More COVID-19 hospitalization data is available from the CDC [here](#). More COVID-19 death data is available [here](#).

Percentage of Emergency Department visits with Diagnosed COVID-19 in Ohio, by Age Group



Weekly Trends in Provisional COVID-19 Deaths and Total COVID-19 Death Rate per 100,000 Population (Age-adjusted) in Ohio Reported to CDC



More COVID-19 hospitalization data is available [here](#). More COVID-19 death data is available [here](#). Map of hospitalization levels nationwide:

COVID-19 Public Health Emergency ends

- The COVID-19 national emergency and public health emergency (PHE) were declared by the Trump Administration in 2020. These ended May 11, 2023. The World Health Organization on Friday, May 5, 2023 also lifted the Public Health Emergency of International Concern (PHEIC) for COVID-19, that had been declared on January 30, 2020.

COVID-19 Searchable Resources

Test to Treat

ASPR Administration for Strategic Preparedness & Response

English Español 简体中文

45229, Cincinnati, OH, USA

10 mi 250

Results: 186

Locations with testing, medical visits, and medication (Test-to-Treat)

Walgreens Store #07435

4605 Montgomery Rd, Norwood, OH 45212

[Book an appointment at WALGREENS STORE #07435](#)

(2.34 mi)

Home delivery of medication available for site (additional costs may apply).

This site participates in the CDC Increasing Community Access to Testing (ICATT) program, which supports no-cost COVID-19 testing for people who are experiencing symptoms related to COVID-19 or have been exposed to someone with COVID-19.

Kroger Pharmacy 01400359

53 Donnermeyer Dr, Bellevue, KY 41073

[Book an appointment at KROGER PHARMACY 01400359](#)

(3.09 mi)

Telehealth available for site.

Kroger Pharmacy 01400355

Vaccine and Testing Sites

+ PUBLIC HEALTH VACCINATION SITES
+ REGIONAL VACCINATION SITES
+ TESTING INFORMATION

Print
Excel
CSV
Copy

Show 25 entries
Search:

HOURS & APPOINTMENT INFO	PROVIDER	LOCATION	COVID-19 VACCINE INFO	
By appointment: Call for scheduling information City West: (513) 233-7100 CAA: (513) 631-7100 Winneste: (513) 242-1033	Win-Med	City West: 1019 Linn St., Cincinnati, OH 45203 CAA: 1740 Langdon Farm Rd., Cincinnati, OH 45237 Winneste: 5275 Winneste Ave., Cincinnati, OH 45232	Varies	
By appointment: Monday-Friday 8am-5pm (513)584-DOSE (3673) or schedule through MyChart	UC Health	3130 Highland Ave, Cincinnati, OH 45219 or 222 Piedmont St. Ste 2000, Cincinnati, OH 45219	Ages 5+	
By appointment: Schedule online	Kroger	Various Locations	Varies	
By appointment: Schedule online or call local pharmacy phone #	Walmart	Various Locations	Varies	
By appointment: Schedule online or CVS Pharmacy App	CVS	Various Locations	Varies	
By appointment: Schedule online or text "COVID" to 75049	Meijer	Various Locations	Varies	
By appointment: Schedule online, through Walgreens Pharmacy App or Call 1 (800) 925-4733 or your local pharmacy phone #	Walgreens	Various Locations	Varies	

Showing 1 to 7 of 7 entries



City of Cincinnati Board of Health Finance Committee

Ashlee Young, Chair of the Board of Health Finance Committee, called the Tuesday, June 20, 2023 Finance Committee meeting to order at 5:00 p.m.

Roll Call

Members present: Robert Brown, Tim Collier, Dr. Edward Herzig, Mark Menkhaus, Jr., Commissioner Dr. Grant Mussman and Ashlee Young.

Topic	Discussion	Action/Motion
Approval of Minutes	The Chair asked Committee members if everyone had the opportunity to review the minutes from the May meeting. <u>Motion:</u> That the Board of Health (BOH) Finance Committee approves the minutes from May 16, 2023.	Motion: Brown Second: Collier Action: Pass
Review of Contracts for BOH approval: <u>Jun. 27, 2023</u>	The Chair began reviewing contracts going to BOH for approval. Jensen Partners – 35x10573 Mr. Mark Menkhaus, Jr. presented the contract for the Master Plan for Cincinnati Health Department (CHD) facilities. The Master Plan will help CHD prioritize projects for the allocation of capital funds. \$242,000 is the correct amount, not the \$230,000 listed on the information sheet. The original amount did not include \$12,000 in travel funds for the consultants. The contract is for 1 year, but the actual timeframe is 4-5 months. Mr. Robert Brown asked if the Master Plan was for a specific site. Mr. Menkhaus replied that the plan is for all CHD health centers and administrative offices. Mr. Brown asked if the Crest Smile Shop relocation would be covered by capital funds. Mr. Menkhaus answered no because that location is leased. Dr. Camille Jones asked if the contract included projections for climate change, like flooding events. Mr. Menkhaus replied that one location has had flooding in the past, and the Master Plan will consider such site-specific concerns, but is not taking climate change specifically into account. Motion: That the BOH Finance Committee recommend approval. EyeMed Vision Care – 45x10580 Ms. Lauren Thamann-Raines shared information about the contract. EyeMed is an insurance carrier for vision center patients. The carrier is new with Anthem and Humana Medicaid, their subcontracted vision provider. It is also a common commercial insurance. This contract will allow CHD's vision centers to serve EyeMed members and be reimbursed for services provided. Motion: That the BOH Finance Committee recommend approval.	Motion: Herzig Second: Collier Action: Pass Motion: Young Second: Herzig Action: Pass

	Ohio Department of Commerce – 45x10575 Mr. Antonio Young explained this routine contract allows CHD to conduct inspections at the one manufactured home park within the jurisdiction. CHD is paid \$175 per inspection, with a \$20,000 cap. Motion: That the BOH Finance Committee recommend approval. Ohio Department of Health – 45x10582 Mr. Young provided context for this routine contract which allows the Ohio Department of Health (ODH) to reimburse CHD for conducting Tobacco enforcement and smoke free investigations at public locations in the Cincinnati jurisdiction. CHD will receive \$175 per investigation. The term will begin on July 1, 2023, and end on June 30, 2025. Commissioner Dr. Grant Mussman inquired if this program was different from CHD's tobacco retail inspection program. Mr. Young explained that the retail program, Tobacco 21, takes a more proactive approach to compliance investigations regarding tobacco sales. The ODH Tobacco Free program requires CHD to investigate citizen complaints about smoking activities. Mr. Brown asked Mr. Young to elaborate on the investigation and enforcement process. Mr. Young replied that investigators will look for evidence of smoking activities in prohibited areas and will hold the owner responsible. CHD can issue fines. After so many charges, more severe penalties through ODH can occur. But CHD investigators have reported cooperative business owners, so CHD has never had to escalate a complaint to the state. Motion: That the BOH Finance Committee recommend approval. Hamilton County General Health District – Cities Readiness Initiative – 35x10511 Mr. John Dunham shared information about this contract which supports the position of Regional Public Health Coordinator. That position covers the Cincinnati Metropolitan Statistical Area (MSA) and is a requirement of the City Readiness Initiative (CRI) that was granted to CHD through ODH. CRI funding recipients have agreed year-over-year to support the position housed at Hamilton County Health by paying a share of the salary, per capita. Dr. Edward Herzig asked Mr. Dunham to confirm that these funds are not for supplies. Mr. Dunham confirmed, saying the coordinator assists CHD with deliverables, but no equipment. Motion: That the BOH Finance Committee recommend approval.	Motion: Young Second: Mussman Action: Pass Motion: Young Second: Herzig Action: Pass Motion: Young Second: Brown Action: Pass
Review of Contracts for BOH information: Jun. 27, 2023	The Ohio State University (Government Resource Center) – 35x10576 Dr. Mussman shared information about this partnership with The Ohio State University (OSU) where CHD will participate in a quality improvement collaborative on hypertension. CHD will provide data, receiving analysis and quality improvement mentorship for staff in return. Benefits to the department include further improving care of hypertension in patients, increased education and engagement of staff and a new partnership with OSU.	

	Dr. Herzig asked what kind of analysis is provided. Dr. Mussman explained they will provide CHD with process control charts and help identify failure causes. The information will be sent directly from the Electronic Medical Record (EMR) without Protected Health Information. ConferMED, P.C. – 35x10565 Dr. Mussman explained that this contract allows for telehealth subspecialty consultations for patients with difficult to control diabetes. CHD sees a drop-off in the number of people referred to endocrinology and the number of people who actually go, and this contract seeks to improve that gap. Ohio Environmental Protection Agency (OEPA) – 35x10574 Mr. Young provided context for this grant in its fifth year, which provides \$11,763.78 for CHD’s Mosquito Surveillance and Control Program. This program is primarily for West Nile Virus, but also enables analysis of the types of mosquitos in the area and surveillance of emerging diseases. A seasonal employee will trap, count, and package mosquitos for testing. Dr. Herzig asked if the amount in the contract is only for one year. Mr. Young confirmed the amount is for one year, but this grant is ongoing, year-over-year, and he does not anticipate any major changes. Hamilton County Public Health – 45x10578 Mr. John Dunham explained that this is the second offering from the U.S. Department of Homeland Security (DHS) Office of Countering Weapons of Mass Destruction (CWMD)’s BioWatch program. CHD received initial funds earlier in the spring, and now they have offered more. The funds are for activities that CHD performs for the local BioWatch Advisory Committee.	
Financial Update	Mr. Menkhaus began reviewing the financials through May 2023, comparing them to last year’s numbers through May 2022. First, Mr. Menkhaus highlighted the revenue category 8736-Medicaid. CHD received Medicaid Maximization in the amount of \$5.2 million early in May. The \$16.5 million showing in the row includes two maximization payments because the FY ’22 payment was received this year. He explained that for a better comparison, you can imagine last year’s amount of \$4.8 million carried over to the prior column. That would put a truer comparison at \$12 million in FY ’23 versus \$9 million in FY ’22. Revenues: • 8239-Tattoo/Body is up because of the tattoo convention that was held for the first time since the start of the COVID-19 pandemic. • 8563-School Nurse Salaries are up 30% due to the timing of the invoices and payments. • 8733-Self-Pay Patient revenue is down about 19%; this figure may be impacted by a change in the third-party billing specialists’ platform. The accounts receivable is further out than usual, which is likely negatively impacting the figure. 8734-Medicare revenue is up 20%. 8737-Private Pay Insurance is down 13.73%, potentially tied also to the	

	change in the OCHIN billing system platform. That may level out in the months to come. 8738-Medicaid Managed Care is relatively flat. • 8932-Prior Year Reimbursement figure will also throw off the year-over-year comparison: \$1.286 million. This is money that was due to CHD for reimbursement from the previous year. Most of it is FEMA reimbursement and some is from the Lead Program. Placing this figure in the FY '22 column would provide a more accurate comparison. • With about \$7 million for FY '22 received in FY '23, a better comparison of Total Revenue would be \$61 million in FY '23 vs. \$59 million in FY '22. Expenses: • 71-Personnel has increased 1.85%, which is less than expected due to significantly lower overtime expenses in FY '23. • 72-Contractual is up 6% due to service contracts (ex. security services). • 73-Material is down 12% because FY '22 required more materials to address the COVID-19 pandemic. • 74-Fixed Cost increase of 32.34% is almost entirely due to a single contract with Talbert House. A grant program with them provides additional revenues, but also increased expenses. • 76-Property expenses significantly increased (226.18%) due to projects at Price Hill and Bobbie Sterne Health Centers. Net Gain: \$13.4 million before capital funds transfer, \$19.6 million after. Mr. Brown asked if the Medicaid Maximation funds were earmarked for the health centers. Mr. Menkhaus confirmed that health center revenues go directly to the health centers. In response to his next question, Mr. Menkhaus explained that the funds will not time out or go back into the General Fund. Mr. Young inquired about the 8249-Food, NOC category. Mr. Menkhaus responded that is, "Not Otherwise Classified." Dr. Herzig asked if the fluctuations in the timing of payments affected the budget and Mr. Menkhaus replied that it did not.	
Review Action Items	No action items.	
Public Comment	Ms. Back stated that as of 5:00 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 05:35 p.m.

Next Meeting: **Tuesday, July 18, 2023, 5:00 p.m.**

Minutes prepared by Hannah Back.

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

Board of Health Finance Committee Roll Calls for June 20, 2023:

	Roll Call	Minutes	Jensen Partners – 35x10573	EyeMed Vision Care – 45x10580	Ohio Department of Commerce – 45x10575	Ohio Department of Health – 45x10582	Hamilton County General Health District – Cities Readiness Initiative – 35x10511
Dr. Amar Bhati	-	-	-	-	-	-	-
Robert Brown	P	MY	Y	Y	Y	Y	2Y
Tim Collier	P	2Y	2Y	Y	Y	Y	Y
Dr. Joe Hackworth	-	-	-	-	-	-	-
Dr. Edward Herzig	P	A	MY	2Y	Y	2Y	Y
Mark Menkhaus, Jr.	P	Y	Y	Y	Y	Y	Y
Commissioner Dr. Grant Mussman	P	Y	Y	Y	2Y	Y	Y
Joyce Tate	-	-	-	-	-	-	-
Ashlee Young	P	Y	Y	MY	MY	MY	MY

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

Others present: Dr. Michelle Daniels, John Dunham, Dr. Geneva Goode, Dr. Camille Jones, Ashanti Salter, Lauren Thamann-Raines and Antonio Young.

Preparation Date 5/23/2023

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Jensen Partners**

Contract # **35x10573**

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

Initiator Person & Phone # **Mark Menkhaus, Jr., 513-357-7469**

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

Division **Health**

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

Funding Source ☒ General Fund ☐ Grant Fund ☐ Other Funding

Action Required: ☒ Board Approval ☐ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$230,000**

TERM

Original Term Start Date **Upon Execution** End Date **1 year from execution date**

EXECUTIVE SUMMARY

In order to more fully understand the capital improvement needs of CHD based on current conditions and plans, it is necessary to obtain consulting services. These services include an assessment of all CHD facility needs, examining buildings and sites to assess their condition, and identify the urgency of needs, preferred solutions and costs. In addition to site visits and analysis, the assessment would include a review of records, plans and the CHD's Capital Improvement Program. Jensen Partners will provide all services necessary to develop the Facilities Plan which will serve as the CHD's "Road Map" for the next five to ten years and which will drive budgets, levels of need and priority, and phasing. The scope of services includes the following:

- Establish a CHD Strategic Master Plan and Capital Improvement Program
- Review capital budget requests and priorities
- Review infrastructure records and needs
- Review ADA facility and site assessments and ADA Transition Plan
- Conduct site visits and assess the needs/urgency/costs for:
 - Circulation systems (parking, walkways, steps)
 - Utility systems (water, electric and sewer lines, lighting, electric service)
 - Structures (retaining walls)
 - Buildings (exterior, interior)
 - Landscape (horticultural/beautification needs)

- Furnishings (benches, trash cans, signs, fencing/railings, gates)
- Perform a Market Analysis to review the location of the existing Cincinnati Health Department (CHD) Federally Qualified Health Centers (FQHCs) and analyze whether the location, space allotment and services provided at the CHD FQHCs are appropriate within the broader network of FQHCs (including locations and services provided) within CHD's service area.
- Analyze whether the administrative functions of CHD (including all public health functions and FQHC administrations) can be centralized within existing CHD facilities or if a new facility will be required.

The analysis would include criteria for selecting the level of need/urgency so that costs could be assigned and phased for most urgent need vs. lower level of need. The consultant team would have to determine how much life was left in various building elements (roofs, heating systems and so on) as part of this analysis. The consultant team will likely include architects, engineers, cost estimators, contractors and landscape architects, all preferably with experience of similar facilities.

The amount for this agreement is \$230,000 and the term of the resultant Agreement will be for one year based on the needs of the Cincinnati Health Department and the duration of the project.

Preparation Date 6/8/2023

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **EyeMed Vision Care**

Contract # **45x10580**

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

Initiator Person & Phone # **Lauren Thamann-Raines, 513-357-7383**

Division Head & Phone # **Joyce Tate , 513-357-7361**

Division CCPC/Vision

Type of Contract/Agreement	<u>Accounts Payable</u>	<u>X</u>	Accounts Receivable
	Service Contract (no \$)		Lease

Funding Source	General Fund	Grant Fund	Other Funding
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Action Required:	X	Board Approval	Board Information
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CONTRACT DOLLAR AMOUNT

Original Amount **Varies**

TERM

Original Term	Start Date	Upon Execution	End Date	1 year after effective date, yearly auto-renew
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EXECUTIVE SUMMARY

EyeMed Vision Care is the vision subcontractor for both Anthem Medicaid and Humana Medicaid as well as a common commercial vision insurance plan. This contract will allow the Cincinnati Health Department's Vision Centers to serve EyeMed members and be reimbursed for services provided.

The amount varies and is based on the number of vision visits. The term begins upon execution and will automatically renew annually.

Preparation Date 6/1/2023

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Ohio Department of Commerce**

Contract # **45x10575**

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

Initiator Person & Phone # **Antonio Young, 513-357-7202**

Division Head & Phone # **Maryse Amin, 513-357-7213**

Division **Health**

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

Funding Source ☐ General Fund ☐ Grant Fund ☐ Other Funding

Action Required: ☒ Board Approval ☐ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$20,000**

TERM

Original Term Start Date **7/1/2023** End Date **6/30/2025**

EXECUTIVE SUMMARY

This is a contract between the Cincinnati Health Department (CHD) and the Ohio Department of Commerce, Division of Industrial Compliance, delegating the authority to conduct enforcement activities at the manufactured home park located in Cincinnati to the Cincinnati Health Department (CHD). The contract, which has been performed annually, is an important component of public health and ensures local health department oversight for manufacture home parks in the Cincinnati jurisdiction.

The CHD will enter into this agreement to conduct and complete all inspections for our jurisdiction during the timeframe from July 1, 2023, through June 30, 2025. Specifically, inspections will be performed between:

- July 1, 2023, and October 31, 2023, acknowledging that the invoice(s) for these inspections must be submitted to the Ohio Department of Commerce by November 30, 2023
- July 1, 2024, and October 31, 2024, acknowledging that the invoice(s) for these inspections must be submitted to the Ohio Department of Commerce by November 30, 2024.

The inspections will be completed by our Healthy Homes office to be reimbursed at \$175.00 per inspection, and a potential fee for re-inspections, if necessary. Note: There is currently only one manufactured home park located in Cincinnati.

Preparation Date 6/20/2023

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Ohio Department of Health**

Contract # **45x10582**

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

Initiator Person & Phone # **Antonio Young, 513-357-7202**

Division Head & Phone # **Maryse Amin, 513-357-7273**

Division Environmental Health/CHES

Type of Contract/Agreement	<u>Accounts Payable</u>	<u>X</u>	Accounts Receivable
	Service Contract (no \$)		Lease

Funding Source	General Fund	Grant Fund	Other Funding
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Action Required:	X	Board Approval	Board Information
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CONTRACT DOLLAR AMOUNT

Original Amount **\$175 per investigation**

TERM

Original Term	Start Date	7/1/2023	End Date	6/30/2025
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EXECUTIVE SUMMARY

This contract is between the Ohio Department of Health and the Cincinnati Health Department to conduct Tobacco enforcement and smoke free investigations at public locations in the Cincinnati jurisdiction.

CHD will receive \$175 per investigation. The term will begin on July 1, 2023, and end on June 30, 2025.

Preparation Date 6/5/2023

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Hamilton County General Health District – Cities Readiness Initiative**

Contract # **35x10511**

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

Initiator Person & Phone # **John Dunham**

Division Head & Phone # **Maryse Amin, 513-357-7273**

Division **Health**

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

Funding Source ☐ General Fund ☒ Grant Fund ☐ Other Funding

Action Required: ☒ Board Approval ☐ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$11,242.00**

TERM

Original Term Start Date **7/1/2023** End Date **6/30/2024**

EXECUTIVE SUMMARY

This agreement is made and entered into by and between the Hamilton County General Health District DBA Hamilton County Public Health (HCPH), and the City of Cincinnati Health Department. The Ohio Department of Health has awarded CHD a Cities Readiness Initiative (CRI) planning grant as part of the Cincinnati Metropolitan Statistical Area (MSA). CRI provides federal funding to enhance preparedness in the nation's largest population centers, to effectively respond to large scale public health emergencies needing life-saving medications and medical supplies; and all local health jurisdictions within the Cincinnati MSA use federal funding to locally and regionally develop, test and maintain plans to quickly receive medical countermeasures (MCM) from the Centers for Disease Control and Prevention's (CDC) Strategic National Stockpile (SNS) and distribute them to local communities.

All CRI jurisdictions in the region have agreed to include regional CRI coordination functions and responsibilities under the auspices of the Regional Public Health Coordinator (RPHC) job role. CHD agrees to pay HCPH \$11,242.00 as compensation for the services of the RPHC. Administrative regulation No. 23 was approved on June 12, 2023.

The term of the agreement is from July 1, 2023, to June 30, 2024.

DATE: June 20, 2023

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2023

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2023 – MAY

2023 May Highlights:

- Revenue as of the end of May was \$67,293,166.77. Which was a 28.9% increase from May of 2022. Expenses as of May 2023 totaled \$53,888,722.12 which was a 2.86% increase from May 2022. Total net gain after the capital revenue transfer was \$19,626,444.65.

Year over Year:

- Tattoo/Body saw a huge increase. This was due to the tattoo convention in September. The fee was \$100/participant. Due to Covid this event was cancelled for the past few years.
- We received the FEMA payment from January through October of 2021 in the amount of \$1,152,775.01. Those funds were deposited to the City's account in August, and we moved the funds into the Health Departments account. The Health Department's share of the reimbursement totaled \$868,072.08. We also had reimbursements for our LEAD grant from FY21 and FY22.
- We received our Medicaid Maximization for FY21 (these funds should have been received in FY22). The total amount of the maximization payment was \$4,831,974.95. The Medicaid Maximization for FY22 was received in the beginning of May in the amount of \$5,284,823.51.
- As of May, we had \$177,497.79 in overtime compared to May of 2022's total of \$851,298.59. The total in overtime is partially due to Covid-19 and Monkey Pox activities with \$28,888.79 in disaster overtime. A percentage of the overtime is eligible for reimbursement from FEMA. Any overtime associated with Covid-19 after 6/1/2022 will be reimbursed at 90%. We submitted Covid-19 costs through June 2022 to FEMA for reimbursement. This reimbursement could take up to 9 months to receive. The total amount requested for reimbursement for the entire City of Cincinnati is \$3,756,031.00 with Health's reimbursement amount of \$1,529,525.87.
- FEMA sent out an email in early February stating that FEMA will not reimburse any COVID related expenses incurred after May 11, 2023. We are expecting a final deadline for any expenses incurred up to May 11, 2023, to be sent out soon.
- 7100-Personnel increased by 1.85%. With negotiated COLAs the increase should be over 3% higher than the previous year. However, due to FY22 having expensed more overtime the percentage increase is lower. 7500-Fringes also had a corresponding increase of .75%.
- 7600- Property increased from April of 2022. The increase is due to projects at Price Hill and Bobbie Sterne being near completion.

- We did have \$400,000 removed from our Capital revenue transfer. The funds were removed from Capital and added to our operating budget. We asked for this transfer so that we could proceed with our master plan for facility renovations.
- 7400 – Fixed Costs saw a huge increase in the amount of \$572,680.61 or over a 32% increase from the prior year. This increase was due to a contract with Talbert House using grant income in the amount of \$587,250. 7200 – Contractual services saw a 6.39% increase that is due in part to the increased security guard costs from the prior year. 7300 – Materials saw a 12.01% decrease.

Cincinnati Board of Health Financial Statement for the period of May

	FY23 Actual	FY22 Actual	Variance
Revenue			
8236-Pools/Spa	\$63,638.75	\$63,099.50	0.85%
8237-Household Sewage System	\$47,359.00	\$47,639.04	-0.59%
8239-Tatto/ Body, Environmental Waste License Fee	\$72,329.69	\$19,400.00	272.83%
8241-Food Service (Mobile-Temporary)	\$1,169,437.63	\$1,133,546.75	3.17%
8242-Vending Machines	\$928.14	\$796.44	16.54%
8244-Food Establishments	\$252,474.41	\$246,628.50	2.37%
8249-Food, NOC	\$55,689.73	\$63,459.05	-12.24%
8432-Vending Machines	\$36.42	\$0.00	0.00%
8536-Grants\State	\$774,660.85	\$1,355,090.98	-42.83%
8541-Grant Community Development	\$0.00	\$0.00	0.00%
8556-Grants\Federal	\$13,108,540.25	\$12,036,404.23	8.91%
8563-Bd of Ed Svc (School Nurses Sal.)	\$5,326,471.36	\$4,075,332.88	30.70%
8564-Ham Co Service	\$114,937.75	\$180,822.65	-36.44%
8571-Specific Purpose\Private Org.	\$142,085.57	\$642,441.40	-77.88%
8617-Non-Department Fringe Benefit Reimbursement	\$3,561.97	\$96.77	3580.86%
8731-Birth & Death Certificates	\$495,763.70	\$496,312.76	-0.11%
8732-Vital Stats - Other	\$2,350.51	\$18,869.05	-87.54%
8733-Self-Pay Patient	\$901,976.26	\$1,116,927.71	-19.24%
8734-Medicare	\$4,626,738.30	\$3,855,300.21	20.01%
8736-Medicaid	\$16,574,036.84	\$5,694,935.52	191.03%
8737-Private Pay Insurance	\$1,112,260.78	\$1,289,279.35	-13.73%
8738-Medicaid Managed Care	\$5,538,600.27	\$5,603,000.80	-1.15%
8739-Misc. (Medical rec.\smoke free inv.)	\$1,061,760.80	\$459,954.18	130.84%
8784-Private Lot Litter & Weed	\$0.00	\$0.00	0.00%
8811-Unclaimed Remains	\$0.00	\$3,162.90	-100.00%
8914-Bond/Note Proceeds	\$0.00	\$125,000.00	-100.00%
8917-Deferred Sewer Assessment Collections	\$1,832.73	\$1,565.77	17.05%
8932-Prior Year Reimbursement	\$1,286,622.78	\$2,959.15	43379.47%
% That is attributable from 416	\$14,559,072.28	\$13,674,015.97	6.47%
Total Revenue	\$67,293,166.77	\$52,206,041.56	28.90%
Expenses			
71-Personnel	\$29,111,355.80	\$28,583,013.51	1.85%
72_Contractual	\$7,817,498.83	\$7,347,742.39	6.39%
73-Material	\$2,926,801.97	\$3,326,203.17	-12.01%
74-Fixed Cost	\$2,349,030.40	\$1,776,349.79	32.24%
75-Fringes	\$11,337,418.23	\$11,252,951.13	0.75%
76-Property	\$346,616.89	\$106,263.94	226.18%
Total Expenses	\$53,888,722.12	\$52,392,523.93	2.86%
Net Gain (Losses)	\$13,404,444.65	(\$186,482.37)	7288.05%
8936-Transfer	\$6,222,000.00	\$524,000.00	
Total Available	\$19,626,444.65	\$337,517.63	5714.94%



Date: 6/27/2023

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD, MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for June 27, 2023 BOARD of HEALTH MEETING

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

EMILY HAAS
(Resignation vacancy)

PEDIATRICIAN

CCPC

Salary Bi-Weekly Range:

\$5,605.12 to \$7,566.92

Revenue

Emily Haas, MD is a pediatrician with years of experience caring for the underserved. She graduated from the University of Mississippi School of Medicine and completed her pediatrics training there. Her work at Crossroad Health Center focused on social determinants of health, early childhood development, behavioral health, and asthma. She has taught family medicine residents and University of Cincinnati medical students. She is board certified in Pediatrics and has a valid Ohio Medical License

MEGAN LEEN

**CUSTOMER RELATIONS
REPRESENTATIVE**

CHES/VITAL RECORDS

(Promotional vacancy)

Salary Bi-Weekly Range:

\$1,915.83 to \$2,023.85

General Fund

Megan Leen was selected for the Customer Relations Representative position. Megan Leen joins the Vital Records and Statistics program from 5/3rd Bank. Megan Leen has worked in customer service settings for over 15 years.

MAGGIE SANTEN
(Resignation vacancy)

DIETITIAN

WIC PROGRAM

Salary Bi-Weekly Range:

\$1,915.83 to \$2,023.85

Grant Fund

Maggie Santen is a registered, licensed dietitian with a bachelor's degree from the University of Kentucky. She experienced WIC in her internship and loved the mission of WIC. She has provided a variety of nutrition counseling. She will assist the WIC program in providing services to eligible families.

PERSONNEL ACTIONS for June 27, 2023 , BOARD of HEALTH MEETING

Page 2 of 2

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

KIDIST TEGEGNE

(Transfer vacancy)

NURSE PRACTITIONER

CCPC

Salary Bi-Weekly Range:

\$3,201.57 to \$4,302.64

Revenue Fund

Her preceptors describe her as compassionate and hard-working. Her training in adult medicine and gerontology has prepared her to provide comprehensive care to the underserved and potentially complicated patients in our health care system. Ms. Tegegne has a stated commitment to providing comprehensive, whole-person care. As a native Amharic speaker, she will relate well to the immigrant experience. She is licensed as an APRN-CNP by the Ohio Board of Nursing, and is Board Certified as an Adult Gerontology-Primary Care Nurse Practitioner.

PROMOTIONS

ASHISH SHAKYA

(Resignation vacancy)

SENIOR ACCOUNTANT

FINANCE

Salary Bi-Weekly Range:

\$2,968.79 to \$3,989.81

General Fund

Date: June 27, 2023

To: Board of Health

From: Grand Mussman, MD, Health Commissioner

Subject: Health Commissioner's Report, Reflects May 2023

Acronyms

CHD- Cincinnati Health Department

ODH- Ohio Department of Health

CCPC- City of Cincinnati Primary Care

WIC Updates May 2023

1. Caseload in May was 15,211. The WIC caseload has increased each month since October 2022.
2. The Federal Government continues to provide waivers for the WIC Program due to COVID-19. These waivers eliminate obtaining participant signatures, heights, weights, and hemoglobins. WIC is starting in-person visits again and should be back to all in-person by the end of July 2023.
3. May breastfeeding initiation rate for WIC infants was 63%. Breastfeeding at 6 months was 35%. Breastfeeding at 12 months was 27%.
4. The formula shortage continues to affect WIC families. Breastfeeding is encouraged to all women and a virtual breastfeeding class is provided monthly.
5. WIC continues to add videos to the Hamilton County WIC YouTube site.
6. WIC's goal for FY23 is to inform all women of the Urgent Maternal Warning Signs. WIC will review and provide a handout to all pregnant and postpartum women during their visit. In May WIC provided this education to 318 women participants.

Date: June 27, 2023

To: Board of Health

From: Grant Mussman, MD, Health Commissioner

Subject: Health Commissioner's Report, Reflects May 18, 2023 – June 21, 2023

Acronyms

CHD- Cincinnati Health Department
ODH- Ohio Department of Health
CCPC- City of Cincinnati Primary Care

Media Monitoring

Story Title	Date	Media Outlet
19 for a Cure: How to prevent a stroke from happening	May 19, 2023	WXIX
Free Women's Health Expo empowers women, benefits YWCA	May 21, 2023	WXIX
Three Cincinnati nursing homes close, 200 residents displaced, as tensions rise to find them new homes	May 22, 2023	WCPO
Senior SNAP recipients now have access to fresh, low-cost produce	May 22, 2023	WVXU
CPD undergoing training to improve interactions with people who have Alzheimer's, dementia or autism	May 22, 2023	WVXU
FDA pens warning to Green Twp. bakery over rodent pellets and dead insects found	May 23, 2023	WCPO
Are mental health days working in schools?	May 23, 2023	WCPO
Forest Park nursing home added as candidate for poor performance list	May 23, 2023	Cincinnati Enquirer
The pandemic emergency is over. What does that mean for hands and elbows, vaccines, more?	May 23, 2023	Cincinnati Enquirer
FDA warning letter issued for unsanitary conditions at Gary's Cheesecakes	May 23, 2023	Cincinnati Enquirer
Madtree, health department team up to offer free fentanyl test strips	May 24, 2023	WXIX
Greg Landsman Gives Blood at Riverview East	May 25, 2023	Cincinnati Public Schools
We're in a national emergency' Cincinnati Children's prioritizing mental health care for all its residents	May 25, 2023	WCPO
Measles, mpox, Marburg virus, oh my! Here's why we're seeing so many emerging infections	May 25, 2023	Cincinnati Enquirer
The infant mortality rate in Hamilton County increased slightly in 2022	May 25, 2023	WVXU
United Way's 211 helpline at risk without ongoing state funding Opinion	May 26, 2023	Cincinnati Enquirer

Hamilton County bars offering fentanyl testing strips through health department	May 29, 2023	WLWT
Measles vaccinations down in the Tri-State	May 29, 2023	WXIX
Health inspectors spend Memorial Day weekend keeping Taste of Cincy diners safe	May 29, 2023	Spectrum News
Long COVID is defined by these 12 symptoms, research shows	May 30, 2023	WVXU
Cincinnati Mayor Pureval proposes pilot guaranteed income program, erasing medical debt for citizens	May 30, 2023	Cincinnati Business Courier
The anxiety is so high': Here's how Cincinnati Children's is helping Tri-State students with mental health	May 31, 2023	WCPO
Teen girls have a mental health crisis. How did we get here?	May 31, 2023	Cincinnati Enquirer
Public health is warning of ticks and Lyme disease. Here's what you should know	May 31, 2023	Cincinnati Enquirer
Tick-borne diseases on the rise in Ohio	May 31, 2023	WXIX
Farmer Family Foundation awards record \$2.5 million grant to People Working Cooperatively	May 31, 2023	Cincinnati Business Courier
Tick-borne illnesses are on the rise across the Tri-State; here's why	June 1, 2023	WCPO
Does your teen need a mental health evaluation? 7 reasons to get them assessed	June 1, 2023	Cincinnati Enquirer
Ohio Department of Health issues tick warning as cases of Lyme disease increase	June 1, 2023	WKRC
Your child could be in a Cincinnati Children's clinical trial of mpox vaccine	June 4, 2023	Cincinnati Enquirer
Parents push for insurers to cover pediatric hearing aids	June 5, 2023	WCPO
Hidden horse farm in Cincinnati's Price Hill to be 'a pearl in the city,' help kids	June 5, 2023	Cincinnati Enquirer
Potentially record summer travel + low housekeeping staff = bed bug nightmares	June 5, 2023	Cincinnati Enquirer
Medical debt relief needed for families in city Opinion	June 5, 2023	Cincinnati Enquirer
Two more deaths linked to recalled baby lounger still for sale on Facebook Marketplace	June 6, 2023	Cincinnati Enquirer
Cincinnati startup aims to revolutionize health care	June 6, 2023	Soapbox
Most children injured by firearms don't get timely mental health care	June 6, 2023	WCPO
Ohio's Air Quality Advisory extended as Canadian wildfire smoke spreads into US	June 7, 2023	WXIX
Health risks come with poor air quality	June 7, 2023	WKRC
Particulate matter' from Canadian wildfire smoke triggers Air Quality Alert for most of Tri-State	June 8, 2023	WCPO
Cincinnati and Southwest Ohio have air quality issues. Here's what to know	June 8, 2023	Cincinnati Enquirer
Smoke from Canada wildfires spreads over US: what does that mean for your health?	June 8, 2023	WLWT
Substance abuse is taking a toll on workers and companies, yet a disconnect remains	June 8, 2023	Cincinnati Business Courier
Officials warn of health effects from poor air quality caused by Canada's wildfires	June 8, 2023	Spectrum News

East Price Hill asks city for wellness center to help combat violence in community	June 8, 2023	WCPO
Tick-borne diseases on rise in Ohio: What officials want you to know	June 8, 2023	WLWT
Difficult to avoid:' Air pollutants present challenges to vulnerable	June 11, 2023	Cincinnati Enquirer
New program from Habitat for Humanity offers critical repairs for veterans in need	June 12, 2023	WCPO
Supreme Court reinforces that Medicaid beneficiaries can sue states if their rights are violated	June 12, 2023	WVXU
Proposed legislation in Ohio would regulate social media for children	June 12, 2023	WXIX
More working age Ohioans dying, institute's research shows	June 12, 2023	Journal-News
Tri-State woman says Apple Watch saved her life	June 13, 2023	WXIX
People Working Cooperatively aims to use \$2.5M grant to keep more greater Cincinnati residents in homes	June 13, 2023	Spectrum News
DeWine pushes proposal to require parental permission for teen access to social media	June 13, 2023	Spectrum News
Foul smell has Avondale apartment residents concerned for health	June 13, 2023	WKRC
Hospitals launch new initiative to curb high maternal mortality rates	June 14, 2023	WCPO
State support needed to stem children's mental health crisis Opinion	June 14, 2023	Cincinnati Enquirer
Ohio lawmakers near a vote to increase Medicaid reimbursement rates, but will it be enough?	June 14, 2023	WVXU
Cincinnati Children's acquires former TriHealth medical office in Avondale for \$2M	June 14, 2023	Cincinnati Business Courier
Report shows how COVID-19 pandemic impacted child well-being	June 14, 2023	Spectrum News
Ohio House votes to mandate defibrillators in schools, sports venues after collapse of Bills' Hamlin	June 14, 2023	Spectrum News
The color of your child's swimsuit could save their life	June 15, 2023	WCPO
Xavier's medical school won't fix doctor shortage Opinion	June 15, 2023	Cincinnati Enquirer
Ohio House votes to mandate defibrillators in schools, sports venues after collapse of Bills' Hamlin	June 15, 2023	WXIX
Twitter worst among major social media platforms when it comes to LGBTQ safety, GLAAD says	June 15, 2023	Spectrum News
Hamilton County leaders view Juneteenth as 'call to action' to improve life of all residents	June 15, 2023	Spectrum News
East Palestine residents plea for disaster declaration following train derailment	June 15, 2023	Spectrum News
Study: Nearly 1 in 5 U.S. adults diagnosed with depression	June 15, 2023	Spectrum News
Pickleball injuries spike as the sport gains popularity, doctors say	June 16, 2023	WXIX
Concierge programs can help manage care for those with chronic conditions	June 16, 2023	WKRC

Sunscreens dispensers now in place at more than a dozen area pools	June 16, 2023	WKRC
Biden taps Mandy Cohen — former North Carolina health secretary — to lead CDC	June 16, 2023	WVXU
Tostitos recall issued due to potentially harmful unlisted ingredient	June 17, 2023	WKRC
19 For a Cure: Staying safe in, around water	June 19, 2023	WXIX
19 For a Cure: Water safety advice for parents	June 19, 2023	WXIX
Inaccessible, expensive child care contributing to well-being of kids, data shows	June 19, 2023	Spectrum News
More than 1 million dropped from Medicaid as states purge rolls	June 19, 2023	Spectrum News
Take charge of your health to continue Juneteenth celebrations	June 19, 2023	WKRC
Report: Loneliness is considered the biggest predictor of suicide risk	June 19, 2023	WKRC
Why men should embrace a nursing career and the benefits that come with it	June 20, 2023	Cincinnati Enquirer
Here's how Hoxworth and Community Blood Center are responding to updated blood donation guidelines	June 20, 2023	WVXU
More gay and bisexual men will now be able to donate blood under finalized FDA rules	June 20, 2023	WVXU
The impact of maternal stress on infant brain development	June 20, 2023	WVXU
Preparing for Disaster: How THC's Jill Ernst Sets the Region up for Safety and Success	June 20, 2023	The Health Collaborative
New therapeutic day program for children opens in Cincinnati	June 20, 2023	WKRC
Cases of HPV-related cancers on the rise	June 20, 2023	WKRC
Cincinnati Children's ranks No. 1 kids hospital for 1st time by U.S. News & World Report	June 21, 2023	Cincinnati Enquirer
Cincinnati Children's catapults to No. 1 on U.S. News & World Report best hospitals list	June 21, 2023	Cincinnati Business Courier
Cincinnati Children's named top pediatric hospital in U.S. for 1st time	June 21, 2023	Spectrum News
Cincinnati Anxiety Center halts ketamine treatments amid nationwide shortage	June 21, 2023	WKRC
US News & World Report: Cincinnati Children's Hospital #1 in country	June 21, 2023	WKRC

Social Media

Outlet	Followers	Reach*
Facebook	9,775	5,528
Twitter	6,232	4,597
Instagram	1,863	348

***Reach** = The number of Accounts Center accounts that saw any content from your Page or about your Page, including posts, stories, ads, social information from Accounts Center accounts that interact with your Page and more. Reach is different from impressions, which may include multiple views of your posts by the same Accounts Center accounts. This metric is estimated.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 6.27.2023

Community Health and Environmental Services (CHES) updates:

- COVID-19 wastewater surveillance pilot project continuing collection in the third month.
- CHD held a Local Conversation on Minority Health, Saturday, May 13th to gain community feedback on the health needs of the city, theme – From Input to Action. This data has been analyzed and incorporated into the Community Health Assessment (CHA) draft. Upon incorporation of community feedback, the Cincinnati CHA will be finalized in the coming month.
- City of Cincinnati partnership to address Violence Prevention.
- Alternative Response to Crisis (ARC) pilot diverting low acuity 911 calls to a behavioral health and EMT team is continuing in the Cincinnati community, more information can be found with the link below:

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

Epidemiology

Epidemiology Data Briefs and Educational Guides:

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

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

Epidemiologic Infant data:

These numbers are provisional for 2021, 2022, and 2023:

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)

The 2020 IMRs may change slightly when births are geocoded.

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 = 46

County (minus the city) 2022 = 43

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 6.16.23):

City of Cincinnati = 4,105

Hamilton County births outside of the City limits = 5,973

Hamilton County inclusive of the City = 10,078

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

City of Cincinnati IMR = 11.2 per 1,000 live births

Hamilton County outside the City limits = 7.2 per 1,000 live births

Hamilton County IMR = 8.8 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2023:

City 2023 = 11

County (minus the city) 2023 = 12

Total Hamilton County 2023 = 23

The provisional number of births for 2023 (births extracted from Ohio Resident live births database (by residence city/county) as of 6.16.23):

City of Cincinnati = 1745

Hamilton County births outside of the City limits = 2629

Hamilton County inclusive of the City = 4374

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

City of Cincinnati IMR = 6.3 per 1,000 live births

Hamilton County outside the City limits = 4.6 per 1,000 live births

Hamilton County IMR = 5.3 per 1,000 live births (inclusive of the city numbers)

Communicable Disease Novel Coronavirus (COVID-19) Summary

Cincinnati Health Department continues to participate in weekly conference calls with the Ohio Department of Health and regular briefings of the Cincinnati Health Department's COVID-19 Incident Command Team. Our Command Center and Communicable Disease Unit staff continue conducting positive case investigations and working with ODH for active monitoring of positive cases and close contacts as well as follow up regarding outbreak investigations. CHD closed the vaccination operations at our main building March 31, 2023. Community members can seek vaccination with our partner Hamilton County Public Health through June 2, 2023, 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.

CCPC UPDATE

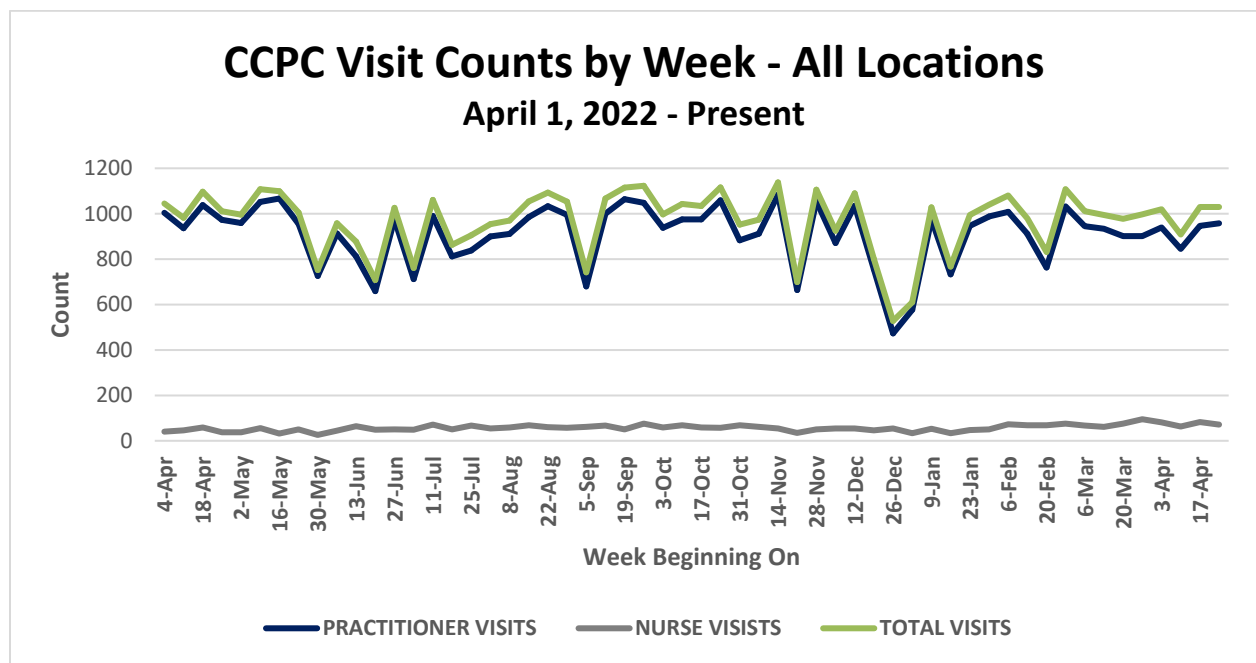


Figure 1. Number of Completed Patient Visits to All CCPC Community Health Center Sites

Table 1. Number of Completed Patient Visits by Location for April 2023 and FYTD

CCPC Community Health Centers	4/3	4/10	4/17	4/24	Apr 2023 Total	Apr 2022 Total	2022 FYTD Total	2021 FYTD Total
VISITS	939	845	946	958	3688	3951	38952	40600
AMBROSE CLEMENT	39	56	6	60	161	299	2266	3581
AMBROSE CLEMENT BH	22	21	27	24	94	109	991	1168
BRAXTON CANN	109	120	89	96	414	407	4159	4047
BRAXTON CANN BH	0	0	0	0	0	2	8	23
ELM ST. BH	3	6	6	3	18	30	217	346
ELM ST.	135	181	221	200	737	770	7194	8223
MILLVALE	143	87	109	130	469	557	5664	5344
MILLVALE BH	6	10	10	12	38	7	65	60
NORTHSIDE	149	90	150	141	530	577	5721	5967
NORTHSIDE BH	29	16	34	17	96	95	1091	673
PRICE HILL	282	236	260	245	1023	1035	10917	10656
PRICE HILL BH	22	22	34	30	108	63	659	512
NEW PATIENTS	40	35	48	45	168	171	1966	1900
AMBROSE CLEMENT	2	1	0	2	5	20	108	269
AMBROSE CLEMENT BH	0	0	1	0	1	4	36	15
BRAXTON CANN	7	5	4	5	21	18	206	156
BRAXTON CANN BH	0	0	0	0	0	0	1	1
ELM ST. BH	0	0	0	0	0	0	2	5
ELM ST.	6	3	10	10	29	25	277	281
MILLVALE	3	10	14	13	40	23	432	271
MILLVALE BH	0	0	0	0	0	0	0	3
NORTHSIDE	13	9	12	7	41	22	307	248
NORTHSIDE BH	0	0	2	0	2	2	12	11
PRICE HILL	9	7	5	8	29	57	581	637
PRICE HILL BH	0	0	0	0	0	0	4	3

Table 2. Number of Pharmacy Fills for April 2023 and FYTD

CCPC PHARMACY LOCATION	4/3	4/10	4/17	4/24	Apr 2023 Total	Apr 2022 Total	2022 FYTD Total	2021 FYTD Total
NUMBER OF FILLS	2010	2228	2160	2103	8501	10483	98879	111628
AMBROSE CLEMENT	200	287	234	272	993	1395	11423	13207
BRAXTON CANN	254	370	297	338	1259	1524	14186	18029
ELM ST.	477	481	516	528	2002	2562	24634	28889
MILLVALE	325	308	252	273	1158	1579	14693	17368
NORTHSIDE	277	283	284	279	1123	1320	11469	11282
PRICE HILL	477	499	577	413	1966	2103	22474	22853

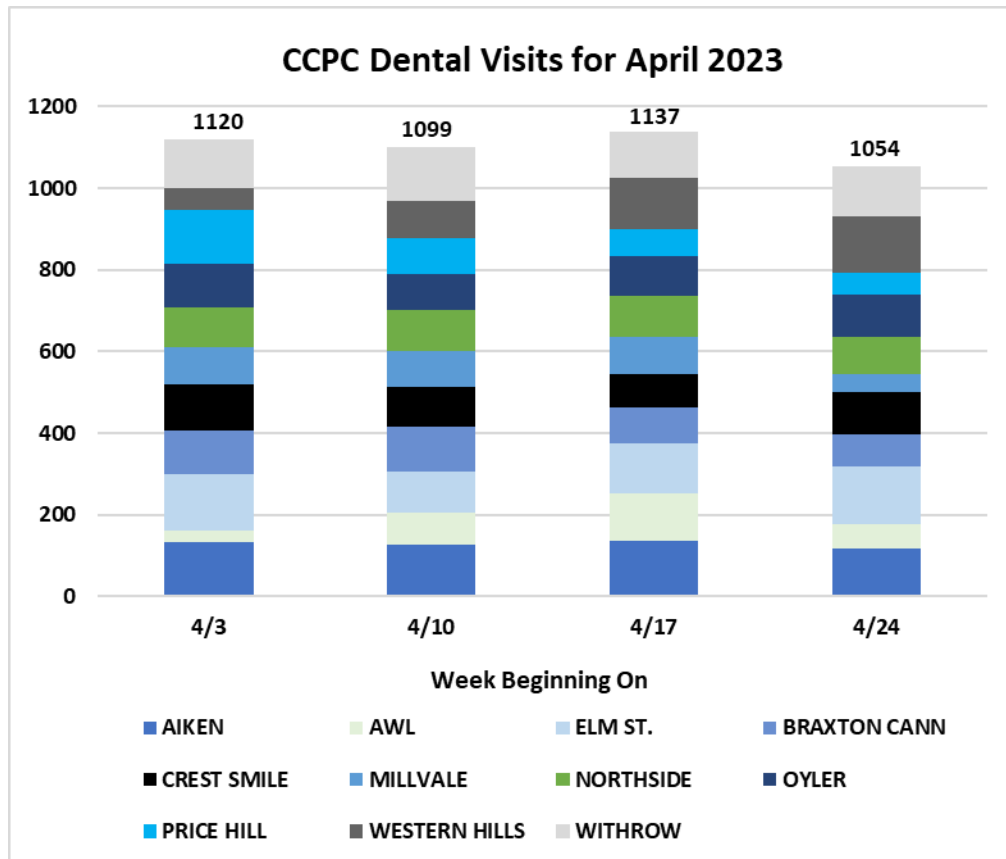


Figure 2. Number of Completed CCPC Dental Visits for April 2023 by Location

Reproductive Health and Wellness Program (RHWP) Data Report: FY 2022

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

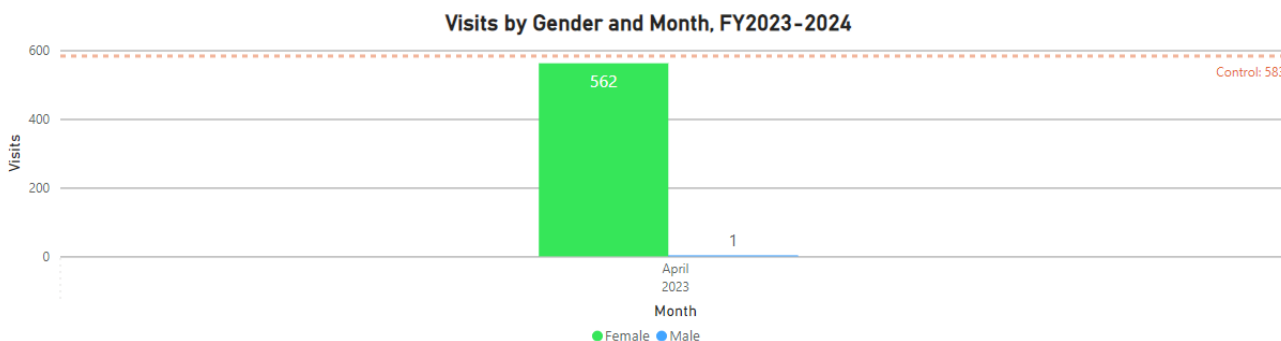
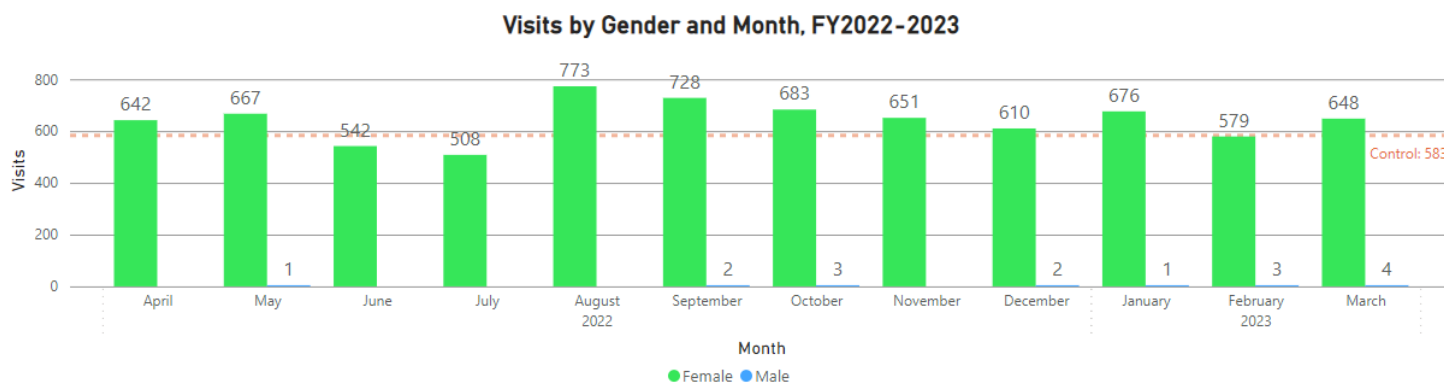


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2022 – 2023



FY22/23 Visits with Men: 16 patients
 FY22/23 Visits with Women: 7650 patients
 FY22/23 Visits Combined (men/women): 7666 patients
 FY22/23 Control (Expected) Visits: 7000 patients
 FY22/23 Visits as % of Control Total: 109.5%

FY23/24 Visits with Men: 1 patient
 FY23/24 Visits with Women: 562 patients
 FY23/24 Visits Combined (men/women): 563 patients
 FY23/24 Control (Expected) Visits: 583 patients
 FY23/24 Visits as % of Control Total: 96.6%

Figure 2a. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2022 – 2023
 *LARC data is currently undergoing data validation and it will be updated next month.

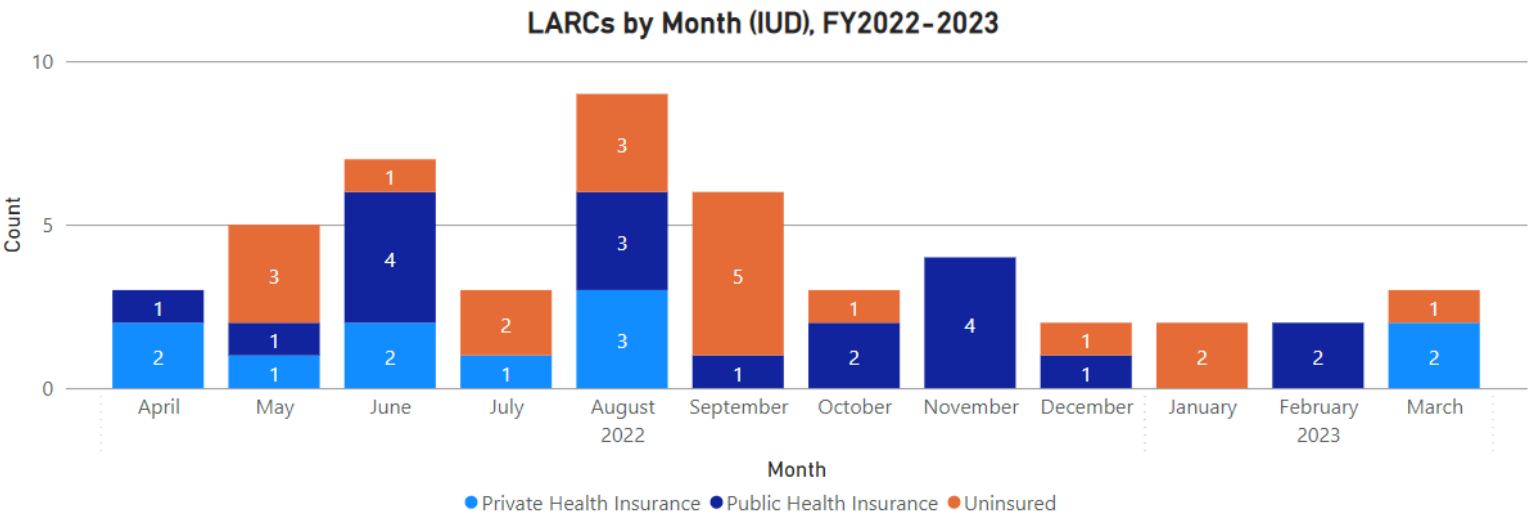


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2021 – 2022

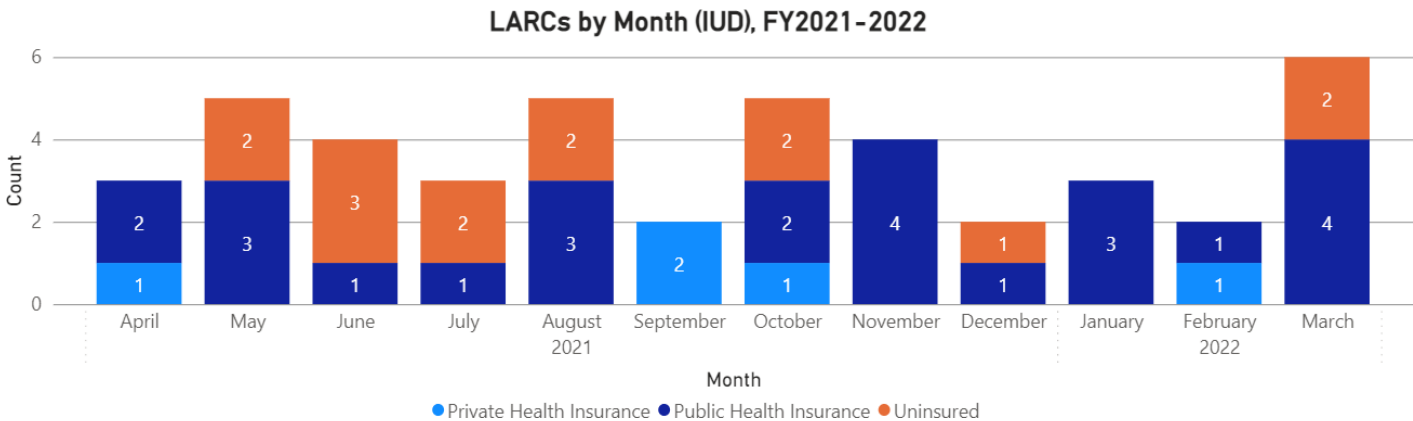


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2022 – 2023
 *LARC data is currently undergoing data validation and it will be updated next month.

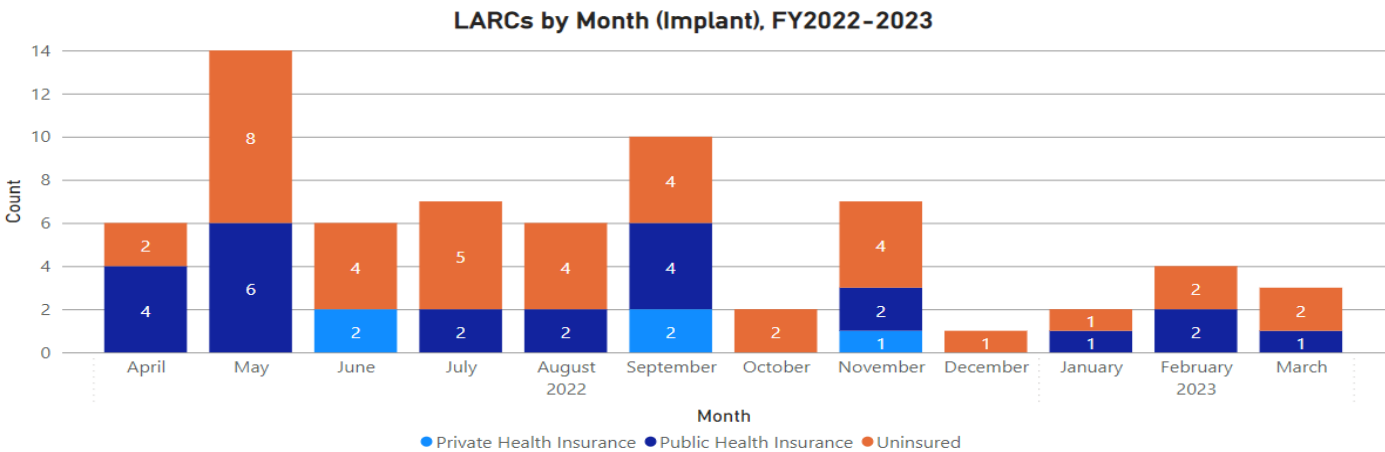


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2021 - 2022

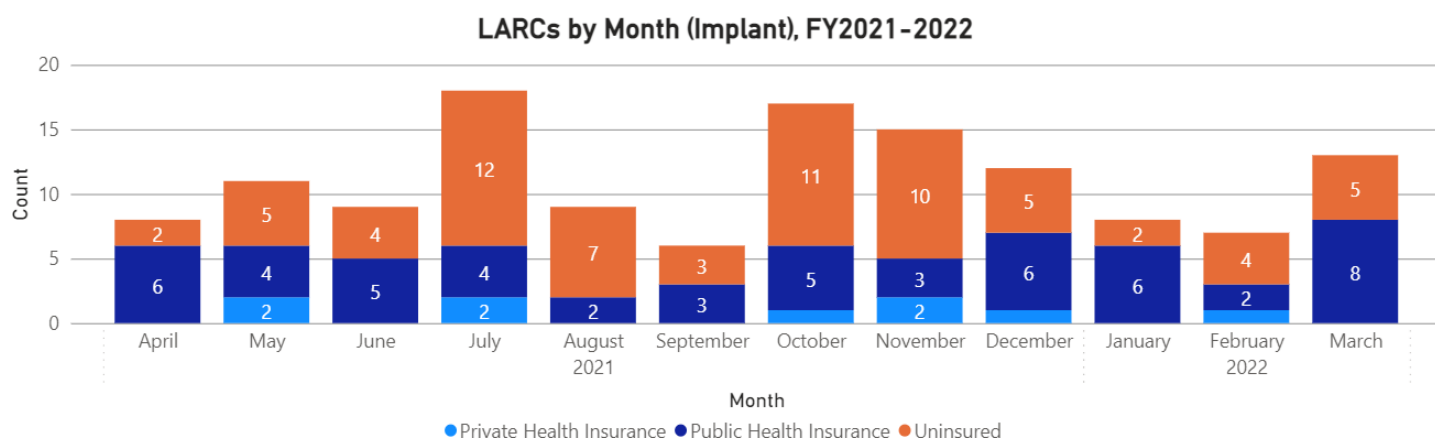


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, May 2023

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	8	1.39%		0.00%	8	1.39%
Asian	4	0.69%		0.00%	4	0.69%
Black	309	53.65%		100.00%	309	53.55%
PI/HN	3	0.52%		0.00%	3	0.52%
Unknown	71	12.33%	1	100.00%	72	12.48%
White	181	31.42%		0.00%	181	31.37%
Ethnicity						
Hispanic	181	31.42%	1	100.00%	182	31.54%
Non-Hispanic	395	68.58%		00.00%	395	68.46%
Income						
<=100% FPL	504	87.50%		0.00%	504	87.35%
101-249% FPL	69	11.90%	1	100.00%	70	12.13%
>=250% FPL	3	0.52%		0.00%	3	0.52%
Insurance						
Private	55	9.55%		0.00%	55	9.53%
Public	301	52.26%		0.00%	301	52.17%
Uninsured	220	38.19%	1	100.00%	221	38.30%
Age (years)						
<15	1	0.18%		0.00%	1	0.18%
15-49	518	92.17%	1	100.00%	519	92.18%
>50	43	7.65%		0.00%	43	7.64%
Limited English						
No	365	63.37%		0.00%	365	63.26%
Yes	211	36.63%	1	100.00%	212	36.74%

Table 2. Unduplicated RHWP Patients by CCPC Health Center, March 2023

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	41	7.12%		0.00%	41	7.11%
Braxton Cann	45	7.81%		0.00%	45	7.80%
Bobbie Sterne	118	20.49%	1	100.00%	119	20.62%
Millvale	67	11.63%		0.00%	67	11.61%
Northside	130	22.57%		0.00%	130	22.53%
Price Hill	175	30.38%		0.00%	175	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 CHD PHAB Annual Report for 2023 is in progress.

CHD CHA Update:

Cincinnati Health Department has completed the CHD Community Health Assessment. It will be shared on the CHD website and open for public comments.

Cincy CHIP Update:

The Cincy CHIP Plan is completed, and implementation began January 1, 2020. The CHIP Plan is posted on the Cincinnati Health Department website and disseminated to our community partners. The CHIP Action Team Chairs will meet to discuss progress with the projects and resume Cincy CHIP updates.

Regional CHNA and CHIP Update:

The Regional CHNA lead by The Health Collaborative (THC) was released January 2022. CHD is participating in the Regional CHIP action groups – Access to care, Access to food and housing committees.

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. Three CHES programs have been accepted to the LEAN Collaborative training for QI and completed graduation in May 2023. Additionally, the ImpactU project has completed to improve Asthma referrals to the Healthy Homes office, with commencement that took place April 2023. The teams who have gone through ImpactU and LEAN are presenting at the All Children Thrive meeting to discuss the positive outcomes.

GET VACCINATED GRANT- MONTHLY DATA TABLE 2022-2023

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	543	780	0	2	0	1	0	0	1	1
August	495	697	1	0	0	0	16	16	1	0
September	781	961	0	0	0	0	8	6	1	0
October	733	895	8	1	3	3	11	2	1	3
November	847	841	3	2	3	2	1	9	0	1
December	633	948	1	5	0	1	2	3	0	0
January	633	1011	2	4	0	0	6	7	1	1
February	626	931	1	1	1	0	5	4	2	0
March	639	997	3	2	5	3	4	4	3	1
April	690	1065	1	0	5	0	4	4	0	0
May	778	1281	0	0	4	1	4	0	0	0
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, IQIP required ODH training/ COVID outreach project

November-Disparity Immunization Data Report submitted

January- Disparity Immunization Education Plan submitted

February 2023-6 on site School Validation audits

March- 2 school immunization webinar trainings for 294 Hamilton County Schools:2023-2024 Get Vaccinated grant application submitted

May- Disparities Education Strategies Report submitted; Avondale Community outreach event

Healthy Communities Program – Live-Work-Play-Cincinnati Coalition
Healthy Communities Program – Wm. Eric Washington, Interim Program Manager
Live-Work-Play-Cincinnati Coalition

The LWPC meeting was held Wednesday, June 14, 2023, from 10:00 am – 11:30pm (Virtually-Microsoft Teams) with 35 Attendees

Featured Presentations:

Men's Health Month – June

Cincinnati Health Department

Wm. Eric Washington, B.A.

AAMC Building Trust in Vaccines:

Health Champions Program

Jack Kues, PhD

Professor Emeritus UC

The next meeting is scheduled for Wednesday, July 12, 2023, 10:00 – 11:30 (Virtual)

Cribs for Kids (Infant Vitality) – Malina Harris

- # cribs distributed- 109 within Infant Vitality program and partnering agencies
- # Diapers distributed - 3,450
- # Menstrual kits distributed - 27

5/18/23- CIAG (Child Injury Action Group) meeting via Zoom

5/19/23- Safe Spaces team Meeting via Zoom

5/20/23- Ambrose Health Center Fair

5/23/23- Meeting with Andrew Lovell to discuss REDCap and Cribs for Kids forms via Teams

5/24/23 All Families Thrive Meeting in person

5/24/23- The Air We Share meeting via Zoom

5/26/23- Safe Spaces team meeting via Zoom

5/31/23- Team meeting to review QI measures

6/1/23- ODH Quarterly Meeting via Teams

6/2/23- Safe Spaces team meeting via Zoom

6/5/23- Walkthrough of Food For Thought Outreach Ministries

6/5/23- Meeting with Lean Rep to discuss All Children Thrive storyboard via Teams

6/6/23- Community Health Worker Day Event at Mercy Health

6/9/23- Safe Spaces meeting via Zoom

6/12/23- Meeting with UC Health Hoxworth Community Health worker to discuss partnership via Teams.

Food Equity (Healthy Eating)- Jasmine Robinson

5/17/23: AFT Communications Huddle

5/18/23: Cradle Cincinnati Learning Collaborative Webinar

5/18/23: Collaboration with Produce Perks Midwest for ROC/ Winton Hills Produce Pop Up

5/19/23: AFT| Safe Spaces Team Meeting

5/22/23: Collaboration with CAA/ Tried Stone Mobile Food Pantry

5/23/23: Cradle Cincinnati's 2022 State of Hamilton County Maternal and Infant Health Webinar

5/24/23: All Families Thrive- Child Abuse & Neglect Quarterly Community Conversation

5/24/23: The Air We Share Workgroup Meeting

5/25/23: Carthage Food Pantry meeting

5/23/23: Collaboration with Produce Perks Midwest for ROC/ Winton Hills Produce Pop Up

5/30/23: CITI Camp Facilitator Training

5/31/23: AFT Communications Huddle

5/31/23: CITI Camp: Welcome and Orientation

6/1/23: Collaboration with Produce Perks Midwest for ROC/ Winton Hills Produce Pop Up

6/2/23: AFT/CAN | Safe Spaces Team Meeting

6/5/23: Team Tour of Food for Thought Outreach Ministries

6/5/23: Meeting with Lean Rep to discuss All Children Thrive storyboard via Teams

6/5/23: GCRFPC F2S Project Management Team Meeting

6/6/23: Community Health Worker Day Event at Mercy Health

6/7/23: All Families Thrive - Child Abuse and Neglect | Communications Team Meeting

6/8/23: Price Hill Community Partners meeting

6/8/23: Carthage Food Pantry meeting

6/8/23: Collaboration with Produce Perks Midwest for ROC/ Winton Hills Produce Pop Up

6/9/23: AFT/CAN | Safe Spaces Team Meeting

6/12/23: SWOBC Monthly Meeting

6/13/23: All Children Thrive Learning Session Facilitator Agenda Walkthrough

6/13/23: NEOBHC Healthy Food Committee Meeting

6/14/23: AFT Communications Huddle

6/15/23: Greater Cincinnati Regional Farm to School Advisory Board Meeting

6/15/23: Collaboration with Produce Perks Midwest for ROC/ Winton Hills Produce Pop Up

6/16/23: CMHA Resource Fair at Stanley Row Towers

Tobacco Free Living (TFL) – Courthney Calvin

May 17- Endgame Coalition meeting with American Heart

May 17- Black Lives Black lungs at Sinclair Community College

May 22- Vape Presentation at Shroder High School

May 22-Quantum Leap Leadership Development Program

May 23- Tobacco Free Ohio Alliance steering committee meeting

May 24- CODE Board meeting

May 24-TFOA Youth engagement meeting.

May 24- Air We Share workgroup meeting.

May 25-CODE Health Department member meeting

May 29- Quantum Leap Tobacco Leadership Development Program

May 30-Local Conversation Meeting

May 30-Air We Share meeting with co-chair Vanessa Denier

May 31- Citi Camp parent meeting

June 1-Smoking cessation meeting with CHD pharmacy

June 1-White House tobacco control news conference

June 2- No Menthol Sunday Debrief with Cleveland City officials.

June 2-INDEPTH discussion with Butler County

June 5-Tour of Food for Thought Ministries

June 5-Meeting with Northeast Ohio Black Health Coalition

June 5- Quantum Leap Tobacco Leadership Development Program

June 6-Cincinnati/ODH grant discussion.

June 6-Fatherhood Collaborative meeting

June 7- CODE Health Department member meeting

June 8-Meeting with American heart (Recess in the Stadium)

June 12- Quantum Leap Tobacco Leadership Development Program

Tobacco 21/Tobacco Retail License (TRL) – William Pointer

TRLs issued to date (#% of identified retailers)

Underage Buy Attempts conducted (#% violation rate)

Worksite Wellness – Scott Dean

Hydr8 Challenge – Earn \$25 on Healthy Lifestyles Scorecard

For 1 month you must consume 64oz of water at least five days every week. Below is link to challenge packet.

[Hydr8 Challenge Packet 2021.pub \(mcusercontent.com\)](#)

Declutter and Organize Challenge – Earn \$25 on Healthy Lifestyles Scorecard

Choose 4 areas you want to declutter and organize and track. Below is link to challenge packet

[Declutter Organize Challenge.pdf \(mcusercontent.com\)](#)

Weight Management Program Incentive – Earn \$50 on Healthy Lifestyles Scorecard

Documented completion (minimum of 12 weeks) of a 3rd party program. Some approved programs: Weight Watchers, Noom and healthy meal delivery services

Upcoming Webinar: Mindfulness for Depression - June 22, 12 p.m.– Excelling at Work & Life Webinar Series

Send in pictures of your garden to [Healthy Lifestyles](#) by Friday, June 2nd in order to be eligible to win a \$50 gift card to Kroger. Show off those gardening skills. No garden is too big or too small. See attached for more details and for pictures of last year's submissions!

This is open to ALL City of Cincinnati employees and spouses/equal partners.

New Healthy Path Wellness App:

The Healthy Path app is designed to be connected to and in sync with your existing Wellness account. The app gives you access to your Wellness program tools directly on your mobile device. You can now participate with your program on the go.

Active Living – Scott Dean

May 16 – CPS Outside Impact Team Meeting

May 19 – Tobacco Endgame Coalition

May 22 – CAA/Tried Stone Mobile Food Pantry

May 22 – CROWN Mill Creek Greenway working group Meeting

May 23 – Meeting with Price Hill Will

May 31 – Communication and Engagement Action Team Meeting

June 2 – Youth Education Class Reproductive Health

June 5 – Tour Outreach Ministries

June 8 – Northside Pedestrian Safety & Traffic Enforcement Working Group

June 12 – Health Champions meeting

June 15 – Green Schoolyards Action Network

Men's Health – Wm Eric Washington

Community Partnership

Hamilton County Fatherhood Mobilization Design Team

To establish a leadership team with local community agencies and organize and host a community conversation supported by data and implement a specific action plan geared for fathers. **Fatherhood Community Conversation** - Purpose: to complete a process, by June 30th, that involves data collection, community input and participation, resulting in an Action Plan being developed and submitted to the Ohio Commission on Fatherhood to receive a \$10,00 grant to fund our chosen fatherhood activity. The group looked at excerpts from the 2013 Action Plan (barriers for fathers, ideas on activities); and the 39 items in the Kids County Data for Ohio and Hamilton County; some of the Kids Count data will likely be in our Action Plan

Meeting Date: TBA

Next Event/Update: Reviewer and Revisions, the project plan is due June 30, 2023.

Fatherhood Collaborative of Hamilton County and Talbert House

The Fatherhood Collaborative of Hamilton County is open to individuals, programs, institutions, agencies, and businesses that have an interest in the wellbeing of fathers and their children in Hamilton County – Ongoing

Meeting Date(s): June 6, 2023

Barbershop Talk – Local Barbers Conversation

Men's Health Program, AHA and local barber (Positive Vibes) in the planning process for health education curriculum for barbers to launch: Hypertension, Diabetes, and Overall Men's Health Campaign to address health conditions most men face. - Ongoing

Next Event: Education Series - Brother You're On My Mind – Mind over Matter June 19, 2023 7:00pm -8:00pm

MONTH: (2023)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open cases:	121	116	111	104	105							
5-9 µg/dL case mgt & follow-up:	1 & 13	5 & 21	5 & 11	4 & 15	5&13							
10+ µg/dL case mgt & follow-up:	5 & 9	4 &12	3 &12	3 & 20	5 &18							
Risk assessments:	3	2	2	4	1							
Orders issued:	3	4	2	1	1							
Clearances EBL:	2	2	1	3	5							
Clearances HUD:	0	2	1	8	10							
Owner meetings EBL:	1	1	1	2	1							
Owner meetings HUD:	1	2	1	0	1							
Compliance checks EBL:	20	22	16	13	20							
Compliance checks HUD:	0	0	0	2	2							
Contractor mtgs EBL:	2	1	0	2	1							
Contractor Meetings HUD:	4	1	0	3	0							
Filed for prosecution:	0	0	0	0	0							
LIRAs:	9	8	6	3	2							
Grant apps uploaded:	27	4	1	3	4							
Case Update w/ Lead Clinic:	17	27	27	19	21							

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.

Public Health Preparedness

2023

Meetings, Grants, and Employee Safety

Attended CHD/Employee Safety Monthly update meeting May 4.
CHD Safety Staff attended the City-Wide Safety Task Force Meeting May 10.
CHD Safety Staff conducted a Facility Audit at Northside Health Center May 16.
Attended Southwest Ohio Regional Public Health Region Emergency Response Coordinator's Meeting May 11.
CHD Safety Staff met with CFD Emergency Management Assistant Chief to review City-Wide Emergency planning strategies May 17.
CHD Preparedness Staff attended a City-Wide meeting to discuss Immigration/Refugee emergency needs May 22.
CHD Emergency Preparedness Staff attended quarterly Medical Countermeasures Technical Assistance Call with ODH May 23.

Training Exercises and Improvement Plans

CHD Safety Staff conducted a Safe Sharps Collection Training for the Waste Unit May 11.
CHD Safety Staff attended BioTech IQ Course May 16.
CHD Preparedness Staff Attended the Initial Planning Meeting for BioWatch Exercise to be conducted in October 2023, on May 30.

Response/Preparedness Activities

No response activities for May 2023

Cincinnati Vital Records and Statistics Program

Monthly Dashboard for May 2023

Vital Records staff assisted 97 customers with corrections to birth certificates through the ODH Service Now center.

Vital Records received payment for 32 affidavits, staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 8 families with paternity affidavit process to add the father to a birth certificate.

Vital Records approved and processed 7 unclaimed decedent in May 2023 six males and one female.

Of that total 1 was homeless

Of that total 0 were Veterans

Vital Records received payment 138 permits (burial, cremation, transport, or entombment).

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

Kiosk Birth Certificates Sales	1490
Kiosk Death Certificates Sales	121
Web Birth Certificates Sales	897
Web Death Certificates Sales	1434
Kiosk total payment Amount	\$36,120
Web Total Payment Amount	\$58,911

*Monthly dashboard is not an account of dollars paid thru the fiscal department and does not reflect refunds, mail, and Vital Chek payments.

Cincinnati Influenza Annual Report: Weeks 22-40 - 23-20 (10/02/22 to 5/20/23)

Background

The US influenza surveillance season runs from the 40th week of the year through the 20th week of the next year. For the 2022-2023 season, week 40 (22-40) began on 10/02/22 and reporting for week 20 will end on 05/20/23 (23-20). All data in this report is preliminary and subject to change.

Influenza, by itself, is not a reportable disease, meaning that it is not one of the diseases that Ohio law mandates be reported to public health authorities. This means that public health authorities do not have a single simple data source to measure the incidence (occurrence) and impact of influenza. For this reason, influenza surveillance is conducted by looking at different factors and data sources. In Ohio, pediatric deaths due to influenza and hospitalizations of persons of any age due to influenza are reportable.

Pediatric Deaths (2022-2023 season to date)

- Cincinnati: 0
- Ohio*: 6
- United States*: 154

**As of week 23-20,*

Hospital Admissions During the 2022-2023 Influenza Season

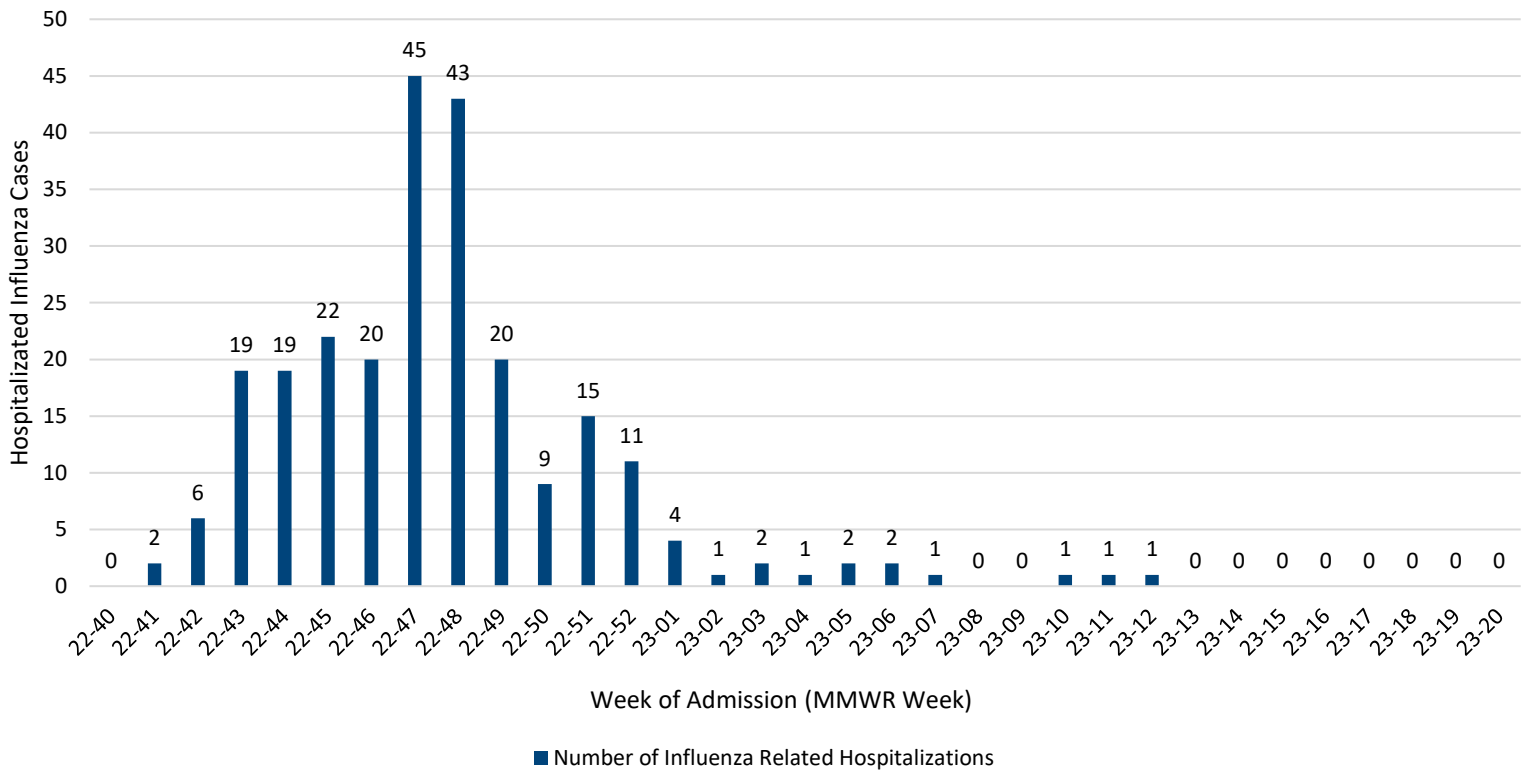
- From 10/02/2022 through 5/20/23, 247 Cincinnatians have been hospitalized for influenza (Table 1).
 - This season's total cases were greater than last year's influenza season. By the end of the 2021-2022 season, 54 Cincinnati residents had been hospitalized for influenza.
 - Statewide, there have been 9,134 hospitalized Influenza cases from MMWR week 40 through week 20 (5/20/23).

Table 1: Hospitalizations Due to Influenza by Month in Cincinnati to Date

<i>Month</i>	<i>Number of Hospitalized Influenza Cases</i>
October	31
November	128
December	72
January	9
February	4
March	3
April	0
May	0

- Figure 1 below shows the number of cases of influenza associated hospitalization among Cincinnati residents reported to the Cincinnati Health department by week of admission. This influenza season reported 247 hospitalized influenza cases.

Figure 1: Epidemic Curve of Hospitalized Influenza by Week of Admission, 2022-2023



Demographics of Hospital Admissions During the 2022-2023 Influenza Season

Figure 2: Influenza Related Hospitalization By Sex, 2022-2023

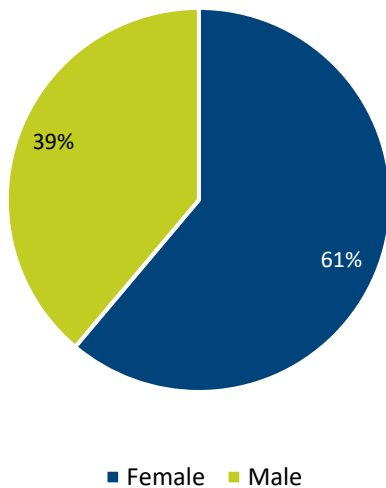


Figure 3: Influenza Related Hospitalization By Race 2022-2023

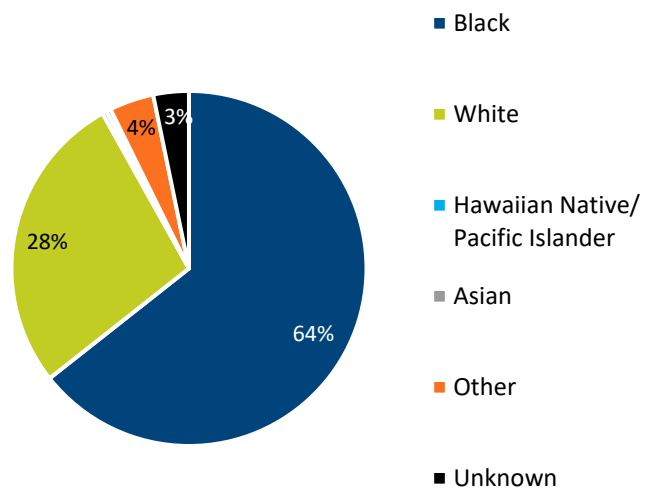
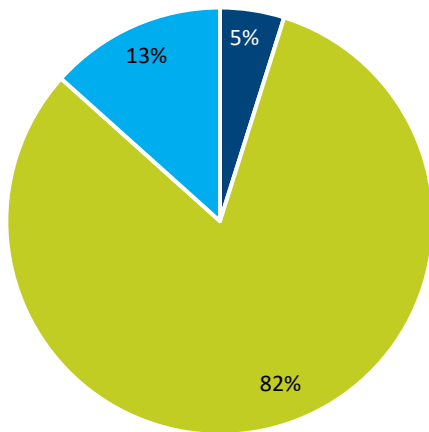
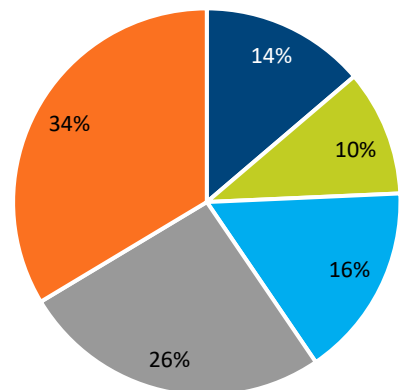


Figure 4: Influenza Related Hospitalization By Ethnicity, 2022-2023



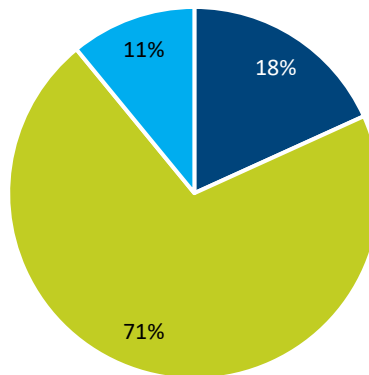
■ Hispanic Or Latino ■ Non Hispanic Or Latino ■ Unknown

Figure 5: Influenza related Hospitalizations by Age Group, 2022-2023



■ 0-4 ■ 5-24 ■ 25-49 ■ 50-64 ■ 65 and Older

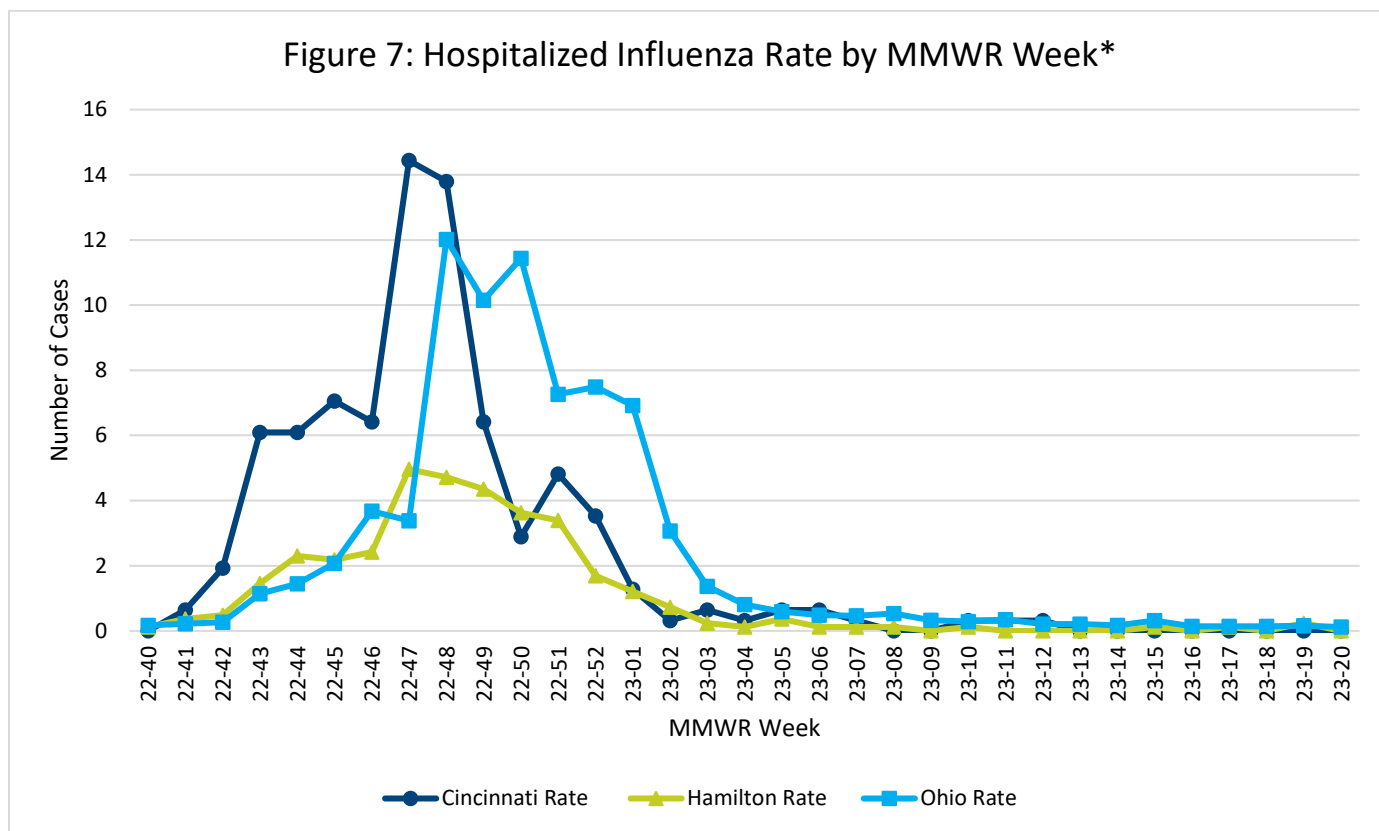
Figure 6: Influenza Related Hospitalizations of Vaccinated Individuals, 2022-2023



■ Vaccinated ■ Not Vaccinated ■ Unknown

Comparing Hospitalized Influenza Rate in Ohio, Hamilton County and Cincinnati:

The figure and table below show a breakdown of the hospitalized Influenza rate for the state of Ohio, Hamilton County and Cincinnati City by MMWR week. Cincinnati experienced a sharp increase of hospitalized influenza weeks 22-27 to 22-28, the rate was higher than Hamilton County and the rest of Ohio. After week 22-28 Cincinnati's rate of hospitalized influenza and dropped below the rate of hospitalized influenzas for the rest of Ohio, but the rate remained higher than Hamilton's County.



*Population is based on U.S Census Bureau 2021 - 1-year estimates.

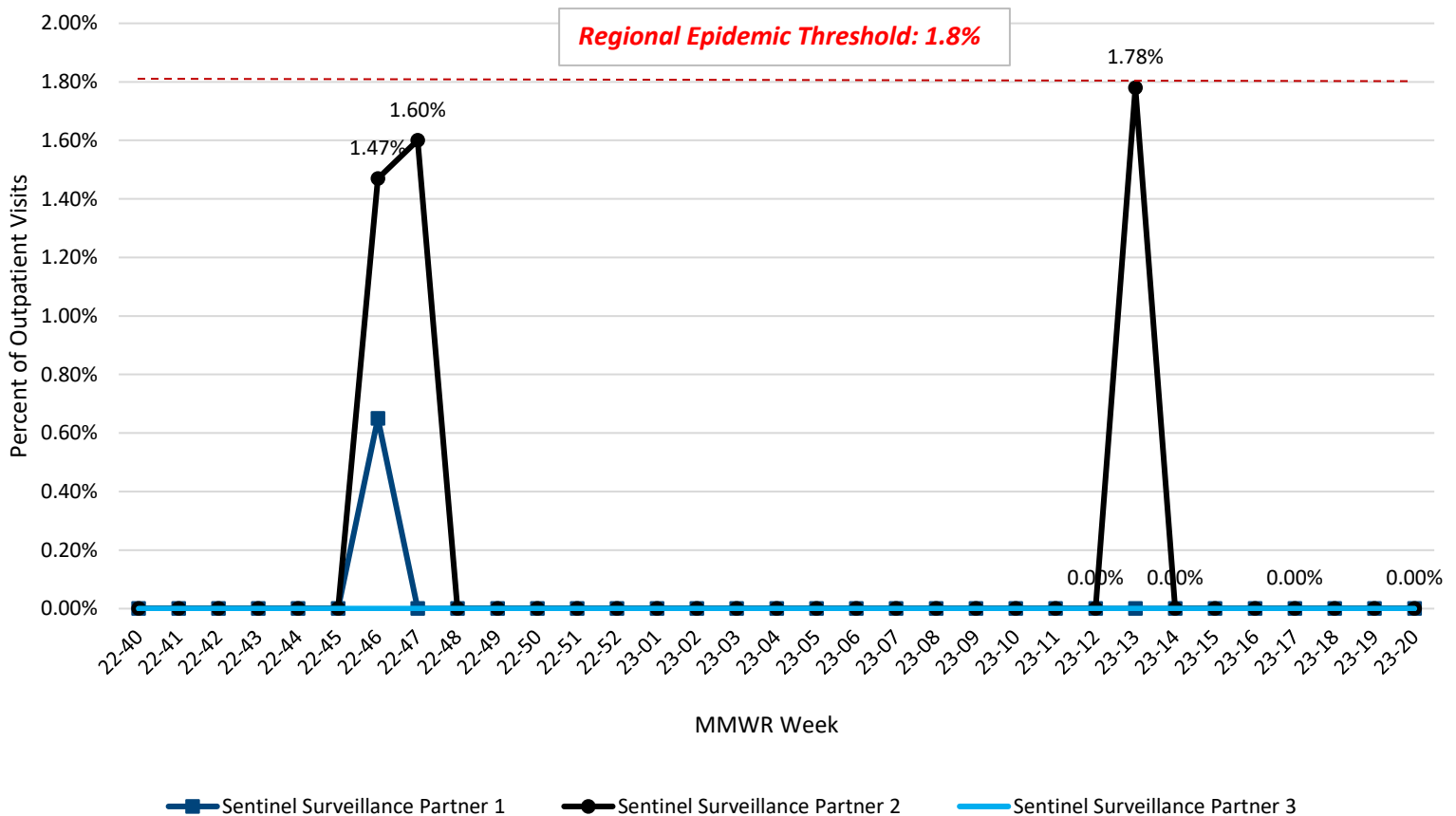
Table 2: Hospitalized Influenza Cases by Month for Ohio, Hamilton County and Cincinnati City.

<u>Month</u>	<u>Hospitalized Influenza Cases in Ohio</u>	<u>Hospitalized Influenza Cases in Hamilton County</u>	<u>Hospitalized Influenza Cases in Cincinnati</u>
October	211	8	27
November	1245	98	106
December	5696	147	98
January	1432	19	8
February	340	7	5
March	139	1	4
April	116	2	0
May (through 21 st)	50	2	0
Total	9134	295	247

Outpatient Visits: Sentinel Influenza Program

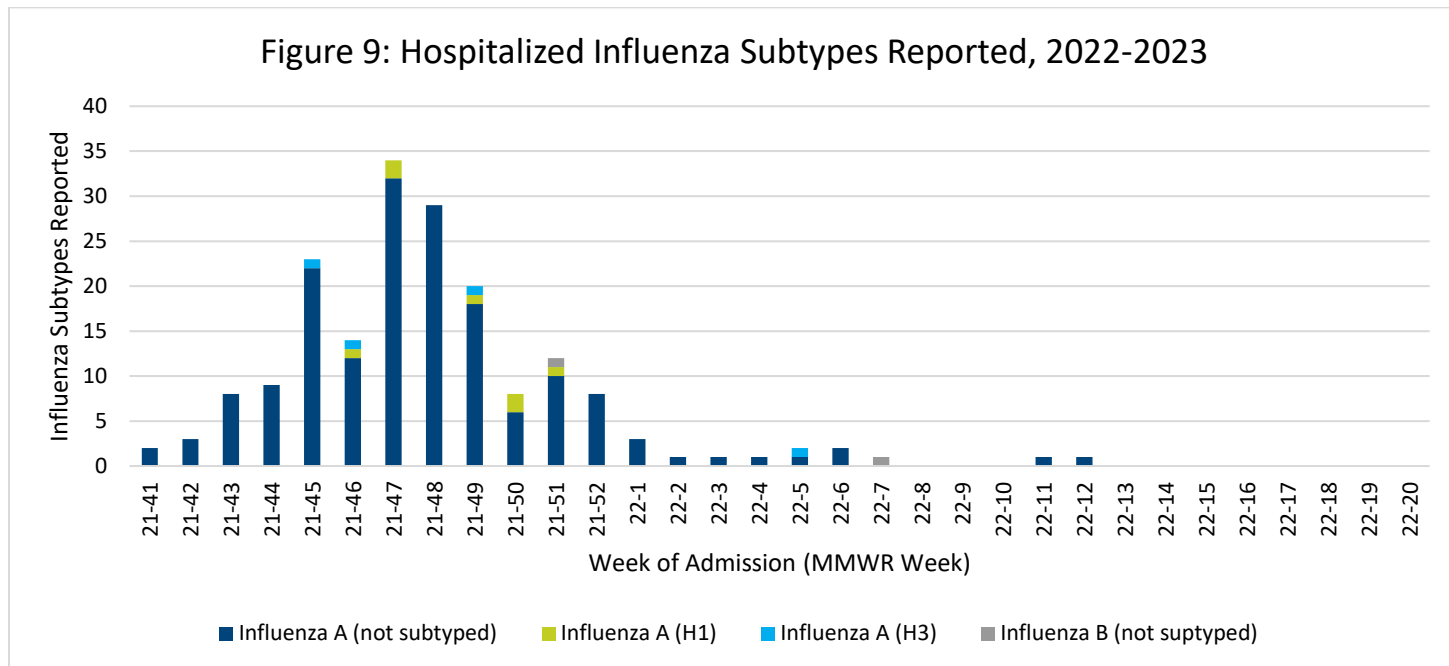
To get a broader picture of the impact of influenza on the community, the Centers for Disease Control and Prevention (CDC) partners with clinics and medical practices in a voluntary program called ILINet, through which the number of individuals with certain symptoms similar to influenza ("Influenza-Like-Illness, or ILI")¹ are reported weekly, along with the total number of patients seen at the clinic or practice. This voluntary (sentinel) reporting allows the calculation of the percentage of outpatient visits attributable to ILI. Within Cincinnati, three sites participate in this program, with the three coordinated through the Cincinnati Health Department (CHD). The three sites in Cincinnati are two full-scale primary care health centers, and one school-based health center at a high school.

Figure 8: Percent of Outpatient Visits Due to ILI by Week



Influenza Types Circulating in Cincinnati

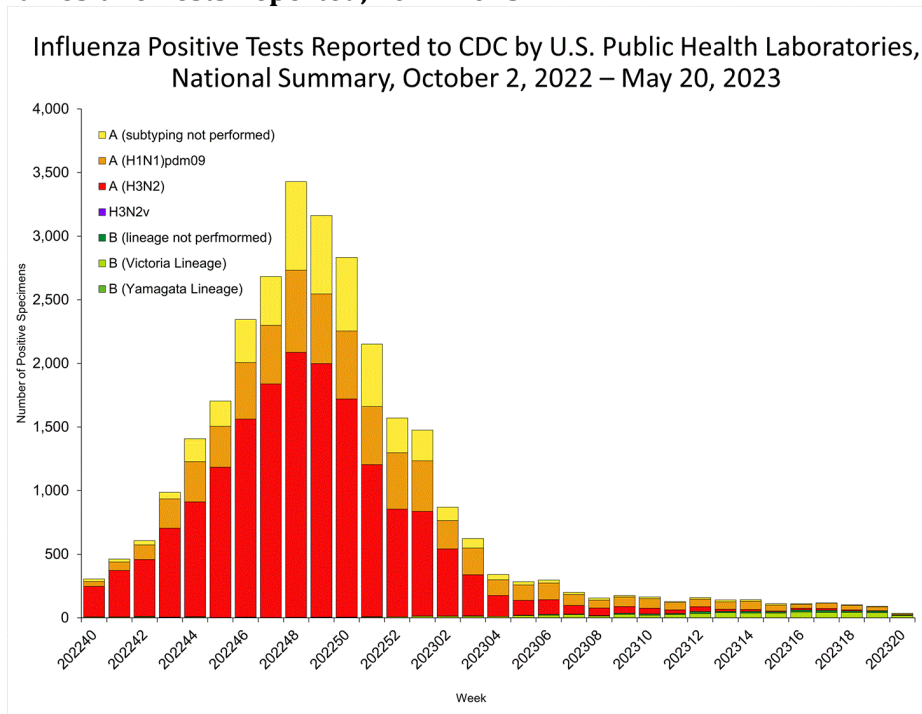
Below on *figure 10* is a breakdown of types and subtype of Influenza that was tested, identified, and reported throughout the 2022-2023 Influenza season. Most of the specimens tested were subtyped as some kind of Influenza A.



Influenza Types Circulating in the U.S

Like Cincinnati, the U.S saw a majority of Influenza A circulating in the U.S this year. Very little Influenza B was identified in hospitalized cases of Influenza during the season. Shown below on the graph are Influenza positive tests that were reported to CDC during 2022-2023 Influenza season.

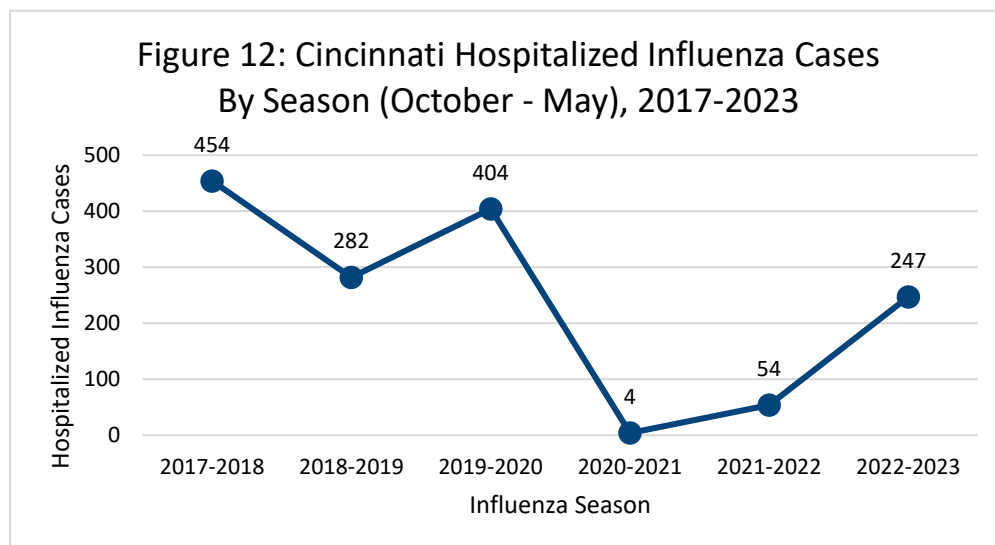
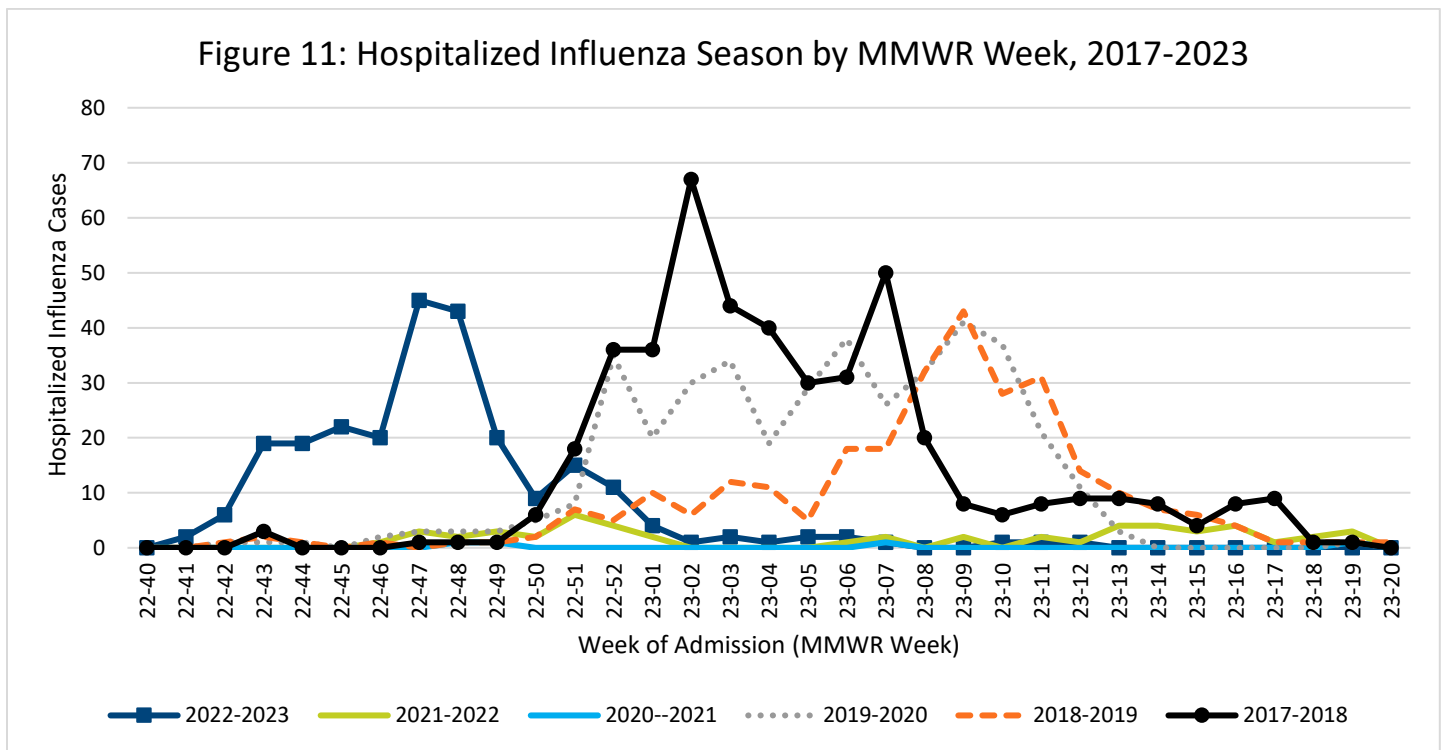
Figure 10: Influenza Positive Tests Reported, 2022-2023



Hospitalized Influenza Trends from 2017-2023

The 2022-2023 Influenza season saw a return to typical Influenza numbers that had been reported before the COVID-19 pandemic. The city has also returned to some pre-pandemic practices, most masking protocols are optional and social distancing in public is no longer enforced. Schools are open at full capacity and most workers have returned to in person work if they were offsite during COVID-19.

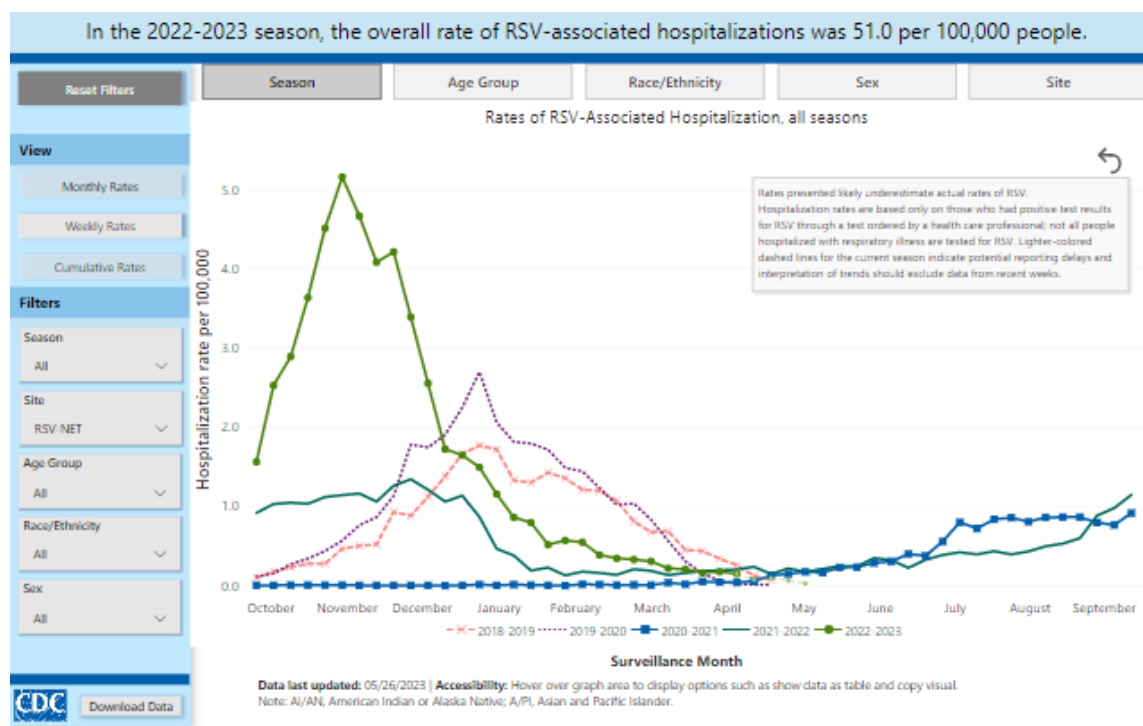
According to *Figure 6* above, 82% of those hospitalized for Influenza had either not been vaccinated or status was unknown for the seasons influenza virus. There was slow uptake in influenza vaccines in September and October combined with the early arrival of the influenza season gave Cincinnati a high number of hospitalizations earlier in the influenza season than has been seen in the past. This slow uptake in vaccine could be attributed to a vaccine fatigue with many individuals getting several COVID-19 vaccines or boosters around the time the influenza vaccine is normally offered.



RSV in the 2020-2023 Season

RSV is a common virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, however for infants and older adults it can be serious. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than 1 year old in the United States. RSV season normally runs from September through May, RSV usually hits its peak around December and lasts through February. However, due to the COVID-19 pandemic this season has been disrupted, in 2021 RSV hit its peak in July.

In the 2022-2023 the U.S has experienced an increased rate of RSV than has not been experienced this time of year in the past. This increased rate can be seen in the below graph (green line with dots) provided by the CDC's RSV-Net surveillance system. The overall rate of RSV associated hospitalizations for the season is 51.0 per 100,000 people. RSV rates in the U.S continue to decrease to low rates.



Footnotes

Interpretation

- The Respiratory Syncytial Virus (RSV) Hospitalization Surveillance Network (RSV-NET) hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospitalizations are subject to lag. Lag for RSV-NET case identification and reporting might increase around holidays or during periods of increased hospital utilization. As data are received each week, prior case counts and rates are updated accordingly. Hospitalization rates are updated weekly as data becomes available, but reporting delays may be increased during May-September.
- Data is incomplete for May and June 2022.
- Data presented in the RSV Interactive Dashboard might differ from RSV-NET publications since different datasets or methods might have been used. Small numbers for some topics or filters might make year-to-year changes difficult to interpret.
- Surveillance for the 2022-2023 season began October 2nd and additional data points will be added as data are available.

Data Overview

- Incidence rates (per 100,000) are calculated using the National Center for Health Statistics (NCHS) vintage 2020 bridged-race postcensal population estimates for the counties included in the surveillance area. These rates are likely to be underestimated as some RSV-associated hospitalizations might be missed because of undertesting, differing provider or facility testing practices, and diagnostic test sensitivity. Rates presented do not adjust for testing practices which may differ by age and race.
- The NCHS bridged-race population estimates used as denominators for race provide data for children ages 0-1 year. To calculate rates of hospitalization among children ages <6 months and 6 months to <12 months, the population estimate for children ages 0-1 year is halved.
- The area of the surveillance network has changed over time. Details by season can be found on the RSV-NET Overview and Methods page.
- Prior to the 2018-2019 season, RSV-NET surveillance was only conducted among adults (18 years and older).
- Black, White, American Indian/Alaska Native, and Asian/Pacific Islander people were categorized as non-Hispanic; Hispanic people could be of any race. If Hispanic ethnicity was unknown, non-Hispanic ethnicity was assumed.
- Rates presented by race and ethnicity are calculated using records with known race. Those with missing or unknown race are excluded from specific estimates but are included in overall estimates.
- Previously reported hospitalization rates for 2016-17 through 2018-2019 were lower than those currently shown due a change in the catchment area that was not previously noted. As of data published April 20, 2023, cumulative hospitalization rates for adults in 2016-17 increased from 8.5 (previously reported) per 100,000 adults to 8.8 per 100,000 adults. In 2017-2018 rates increased from 8.6 to 13.0 per 100,000 adults and in 2018-2019 rates increased from 24.3 to 24.7 per 100,000 population (all ages).

End of Season Summary

Influenza activity during 2022-2023 for both Cincinnati City and the State of Ohio was higher than the 2021 - 2022 influenza season. This Influenza season, six pediatric deaths have been reported in Ohio by the Ohio Department of Health (ODH). ODH reported a total of 9,134 hospitalized cases of influenza this season. After weeks 22-50 through 23-01, the number of hospitalized influenza cases dropped sharply in Cincinnati, Hamilton County and across Ohio (figure 7). After this decrease, influenza cases consistently remained low and below the season baseline for Ohio for the remainder of the season. All the indicators of this influenza season show a more “typical” influenza season than Cincinnati has had in the last two influenza seasons due to COVID-19. However, the threshold for influenza activity was not reached this season, and the total number of cases reported was below the cases reported for the past five influenza seasons. (figure 11)

This influenza season saw slow uptake in influenza vaccines, this could have led to the sharp increase of hospitalized cases early in the season. It is always important to encourage everyone older than 6 months old to receive their influenza vaccine before or early in the influenza season. (begins October)

References and Links

- US Influenza Activity: <https://www.cdc.gov/flu/weekly/index.htm#Clinical>
- Ohio Flu Activity Reports: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/seasonal-influenza/influenza-dashboard/influenza-dashboard>
- Past Cincinnati Influenza Reports: <https://www.cincinnati-oh.gov/health/community-health-data/seasonal-influenza-activity-reports/>
- CDC RSV Surveillance: <https://www.cdc.gov/rsv/research/rsv-net/dashboard.html>

Monthly Infectious Disease Surveillance Summary, May 2023



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.)	2023 May	2023 YTD	2022 May	2022 YTD	2022 Rate	Cincinnati 5 Year Average Rate (2018-2022)	Ohio 5 Year Average Rate (2015-2019)
Food- or Waterborne	7	52	4	25	24.88	57.40	12.32
Amebiasis				1	0.33	0.13	0.10
Brucellosis						0.13	< 0.001
Campylobacteriosis		13	6	14	6.30	10.35	18
Cryptosporidiosis	2	4	0	5	1.33	2.65	7.50
Cyclosporiasis						1.30	0.50
<i>E. coli</i> , Shiga Toxin-Producing O157:H7	1	5	1	3	2.65	3.25	0.70
Giardiasis	2	5	2	5	0.66	5.24	3.70
Hepatitis A (also vaccine-preventable)						11.36	6.10
Legionellosis - Legionnaires' Disease	0	5			2.65	4.58	5.90
Listeriosis					0.33	0.53	0.30
Salmonellosis	2	7	2	3	5.97	10.02	12.70
Shigellosis		6	2	6	3.65	9.69	5.80
Vibriosis (not cholera)					0.33	0.40	0.30
Yersiniosis		3	1	1	0.66	0.60	0.60
Vectorborne	0	2	0	0	0.66	3.18	0.60
Chikungunya Virus Disease*						0.13	<0.001
Lyme disease					0.66	1.19	2.30
Malaria*	0	2				0.93	0.50
Spotted Fever Rickettsiosis						0.13	0.30
Ehrlichiosis-Ehrlichia chaffeensis						0.06	0.10
Vaccine-Preventable	6	44	12	66	96.88	110.02	91.00
<i>Hemophilus influenzae</i> , invasive disease	2	8	3	3	4.31	3.52	2.10
Influenza-associated hospitalization		14	6	34	72.33	86.40	77.30
Mumps						0.60	0.40
Pertussis						3.38	7.20
<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	3	18	2	16	12.28	9.09	-
<i>S. pneumoniae</i> , invasive (abx resistant)	1	2		5	2.32	4.11	-
Varicella (chickenpox)		2	1	5	2.99	2.39	3.90

<i>Reportable Condition² 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.)</i>	2023 May	2023 YTD	2022 May	2022 YTD	2022 Rate	Cincinnati 5 Year Average Rate (2018- 2022)	Ohio 5 Year Average Rate (2015-2019)
<i>Viral Hepatitis</i>	32	186	32	194	134.38	217.52	193.12
Hepatitis B, acute (<i>also vaccine-preventable</i>)				1	0.99	2.19	2.80
Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	5	28	9	40	22.23	26.94	20.62
Hepatitis B, perinatal				1	0.33	0.13	-
Hepatitis C, acute				3	1.33	3.32	2.68
Hepatitis C, perinatal					0.33	0.80	<0.001
Hepatitis C, chronic, newly identified	27	158	23	149	109.50	184.21	167.02
<i>Other Conditions[#]</i>	241	2774	1938	19,736	10,367.50	-	2.34
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) [^]	1	9		4	3.32	2.32	Not Yet Reportable
<i>Candida Auris</i>	9	45	3	40	30.87	11.48	<0.001
COVID-19	223	2682	1931	19,675	10,325.02	8,806.63 (3-year rate)	Not yet Reportable
Coccidioidomycosis	1	1	2	2	0.33	0.33	0.20
Creutzfeldt-Jakob Disease						0.06	0.10
Hemolytic uremic syndrome (HUS)						0.06	<0.001
Meningitis, aseptic	3	8	1	5	2.99	6.24	5.40
Meningitis, bacterial (not <i>N. meningitidis</i>)					1.66	2.52	1.10
MPOX					6.64		Not Yet Reportable
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19				2	0.33	1.13 (3-year rate)	Not Yet Reportable
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)						0.06	0.10
Streptococcal, Group A, invasive	4	27	1	6	6.64	7.50	4.80
Streptococcal, Group B, newborn		1		1	0.33	0.80	-
Toxic Shock Syndrome (TSS)						0.13	<0.001
Typhus Fever						0.06	-
TOTAL CONFIRMED AND PROBABLE CASES	273	2960	1970	19930	10,624.30	-	299.38
Dermatologic	1	3			0	0.93	
Gastrointestinal		4	1	3	2.32	1.46	
Respiratory		6	1	33	64.03	25.61	
Other		2			0.33	0.65	
<i>Outbreaks (Investigation started)</i>	1	15	2	36			

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 ENVIRONMENTAL HEALTH REPORT

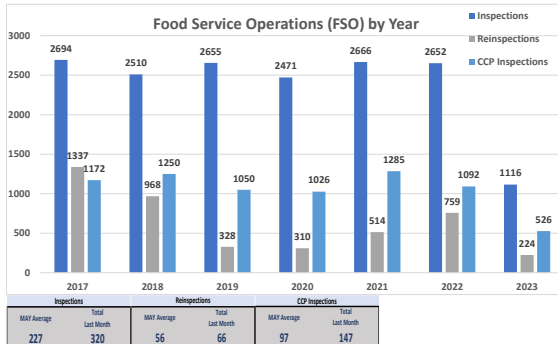
Environmental Health

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

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

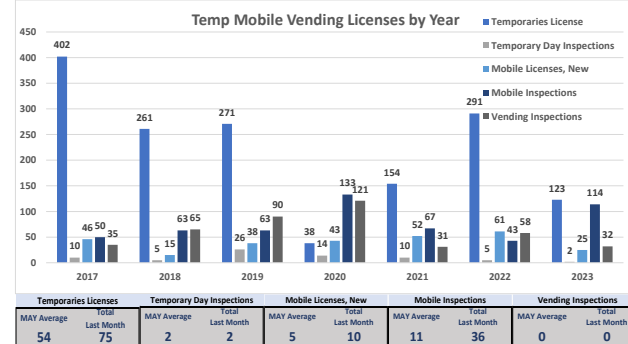
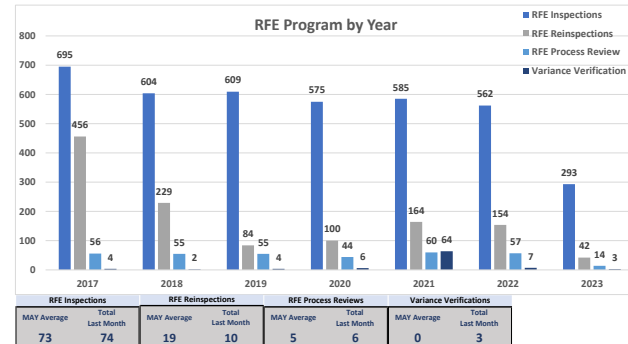
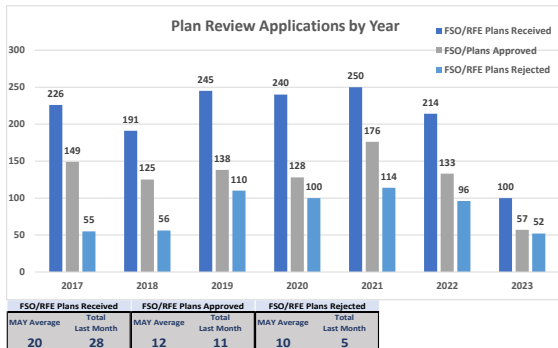
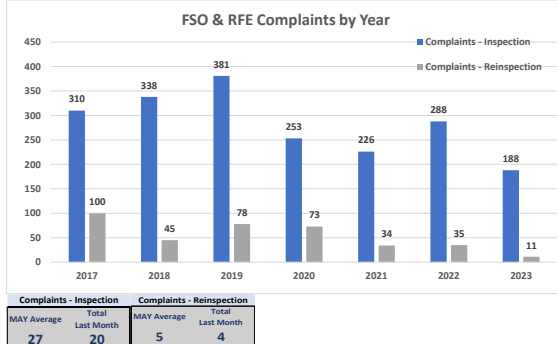
FOOD INSPECTION PROGRAM

Food Safety Program issued 75 Temporary Food licenses for 5 Special Events listed: Westside Market (5/6/23), Cincy Cinco (5/6/23 - 5/7/23), Appalachian Festival (5/13/23 - 5/14/23), Real Taco Festival (5/13/23 - 5/14/23), Taste of Cinti (5/27/23, 5/28/23 & 5/29/23)



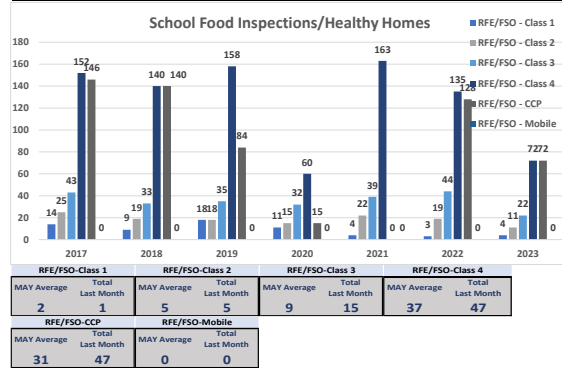
*Note: CCP = Critical Control Point Inspections.

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

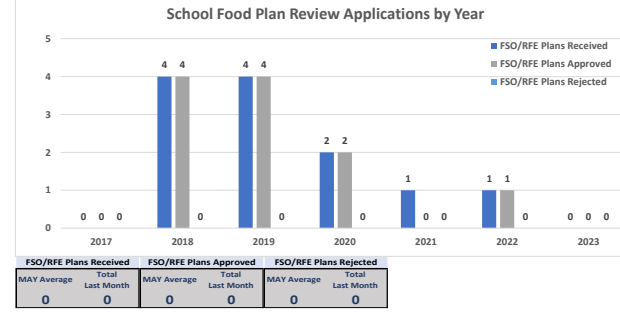


HEALTHY HOMES PROGRAM

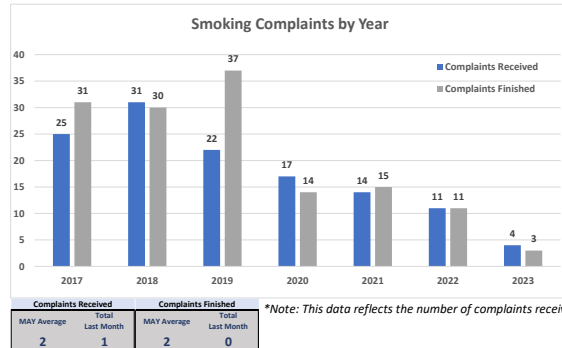
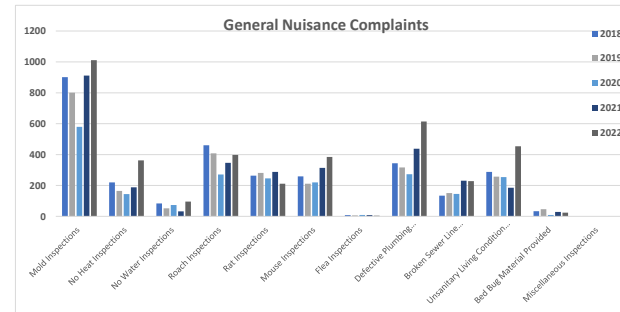
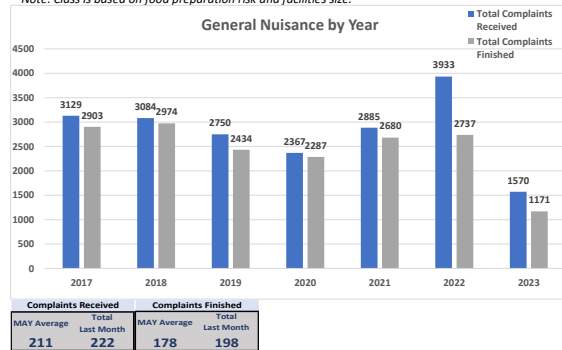
Healthy Homes has been assisting the Law Department with Williamsburg case in providing documents and discovery meeting. Staff worked the Taste of Cincinnati Events, providing presence on PIVOT sweeps, and continues efforts the CLEAR collaborative with Childrens Hospital.



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



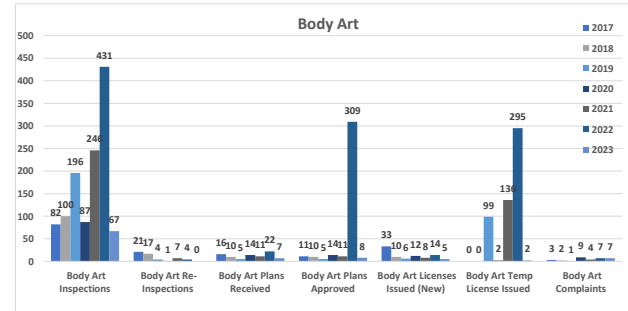
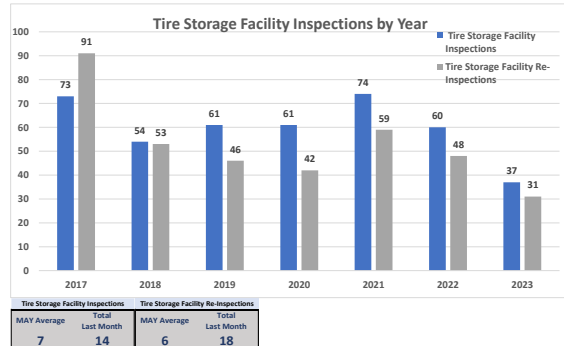
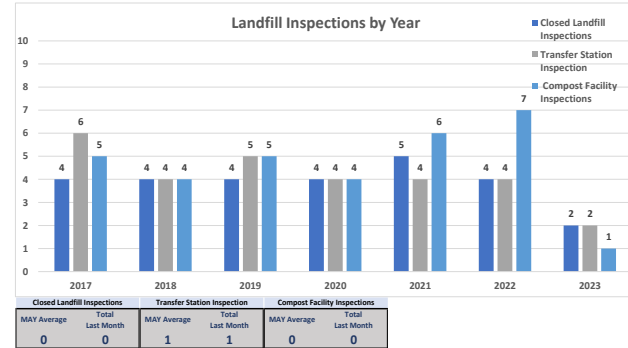
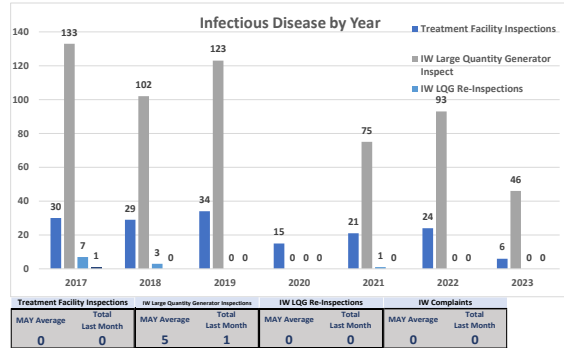
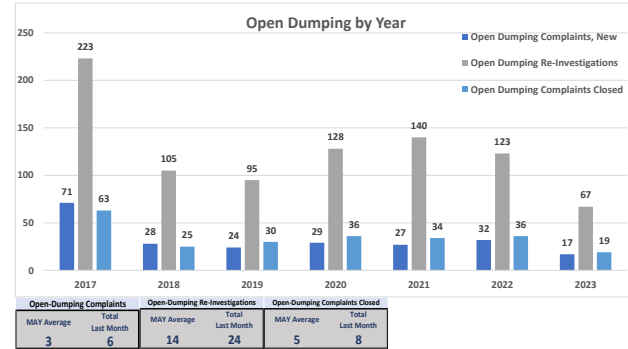
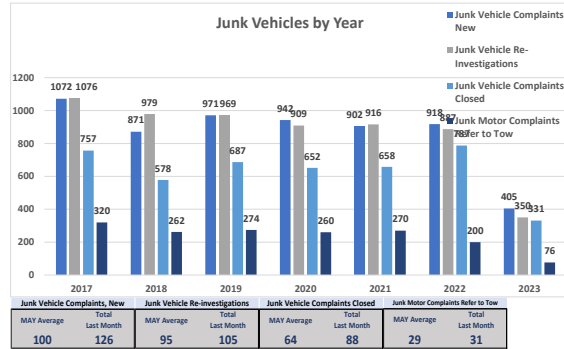
*Note: Plan Reviews are only completed when there is a new facility or renovation



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

ENVIRONMENTAL WASTE PROGRAM

The Waste Unit licensed two new body art establishments this month. We continue to monitor our three court cases working toward compliance. Attended CERT Meetings and inspections.



TECHNICAL ENVIRONMENTAL SERVICES (TES)

Staff completed the annual downtown sewer baiting project in the central business district. We also met with ODH to conduct plan review inspections for three swimming pools, and scheduled 14 pre-prosecution hearings for household sewage treatment system owners who have not renewed their licenses. respirators.

