Board of Health Meeting

Tuesday, October 28, 2025

Agenda

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

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

Old Business

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

- Vote: **Motion to Approve** the Minutes of September 23, 2025, Board of Health Meeting.

6:10 pm – 6:40 pm Commissioner's report and Strategic Plan Discussion – Dr. Grant Mussman

- Vote: **Motion to approve** the adoption of the Cincinnati Health Department Accreditation Update: Strategic plan.

6:40 pm – 6:50 pm Resolutions for Approval– Mr. Antonio Young

Revocation or Suspension of License for Pool Resolution 2025-007

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-007.
- Vote: **Motion to Approve** Resolution 2025-007, amending Board of Health Regulation No. 00047-3, "License Fees for the Operation of Public Swimming Pools and Spas," to provide notice of the procedures for the appeal of the suspension or revocation of pool licenses, and granting authority to the Health Commissioner of the City of Cincinnati (the "Commissioner") and the Commissioner's designees to enforce such procedures, issue notices, suspend or revoke licenses, and take all other actions necessary to implement this regulation in accordance with the Ohio Revised Code and Ohio Administrative Code.

2026 Solid Waste Transfer Station Licensure for Republic Services (CSI) Resolution 2025-008

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-008.
- Vote: **Motion to Approve** Resolution 2025-008, granting Republic Services of Ohio Hauling LLC a license for the year 2026 to operate a solid waste transfer station at 5701 Este Avenue, Cincinnati, OH.

2026 Whitton Waste & Recycling License Resolution 2025-009

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-009.
- Vote: **Motion to Approve** Resolution 2025-009, approving Whitton Waste & Recycling, LLC, a license for the year 2026 to operate a Construction and Demolition Debris (C&DD) Processing Facility located at 2000 State Street, in accordance with the Ohio Revised Code and the Ohio Administrative Code.

New Business

6:50 pm – 7:00 pm Finance Committee – Ms. Kiana Trabue

- Vote: **Motion to Approve** Ohio Department of Health – Contract 65x10811
- Vote: **Motion to Approve** Greater Cincinnati Dental Lab – Contract 65x10819

7:00 pm – 7:10 pm Finance Update – Mr. Mark Menkhaus Jr.

7:10 pm – 7:15 pm Personnel Actions—Dr. Grant Mussman

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

7:15 pm – 7:20 pm Farewell to Dr. Herzig – Ms. Ashlee Young

7:20 pm – 7:25 pm Board Training Reminder & Public Comments

7:25 pm Adjourn

Documents in the Packet but not presented.

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

Next Meeting December 2, 2025

[Mission]

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

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
September 23, 2025

Ms. Ashlee Young, Chair of the Board of Health, called September 23, 2025, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. **ROLL CALL:**

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

Absent: Dr. Edward Herzig, Mr. Ken Patel

Others Present: Dr. Grant Mussman-Commissioner, Ms. Sa-Leemah Cunningham-Clerk, Dr. Maryse Amin, Mr. Jonathan Ford, Mr. Antonio Young, Mr. Mark Menkhaus Jr., Dr. Ashanti Salter, Ms. Kim Wright, Dr. Camille Jones, Mr. Jose Marques, Ms. Marla Fuller, Dr. Nick Taylor, Ms. Joyce Tate, Dr. Michelle Daniels, Ms. Chante Randolph,

AGENDA PACKET → SEPTEMBER-BOH-AGENDA-PACKET-9.23.25.PDF			
ITEM	**TOPIC**	**RESPONSIBLE PARTY**	**ACTION/MOTION**
Minutes	**Motion** that the Board of Health approves the minutes from July 22, 2025, Board of Health Meeting. *(Dr. Lewis joined after this vote)*	Ms. Sa-Leemah Cunningham	**Motion**: Ms. Kiana Trabue **2nd:** Mr. Jagdish Bhati **Action: 6-0 Passed**
Old Business			
Commissioner's Report	**Discussion Items:** Memo included in the agenda packet. Dr. Grant Mussman presented his commissioner's report to the Board. **Association of Ohio Health Commissioners Conference** • Dr. Mussman shared that the conference took place earlier in the week and included many interesting and informative sessions. • He mentioned that he'll put together some highlights from those sessions to share at the next Board meeting. **October Board of Health Meeting will be live** • Dr. Mussman reminded everyone that the October Board of Health meeting will be held in person at the Burnet and King campus. • He informed that food will be provided for Board members and staff who attend.	Dr. Grant Mussman—Commissioner	**n/a**

	• Dr. Mussman added that he's looking forward to having everyone together for an in-person session again. **Board Member Training** • Dr. Mussman noted that the Board training session is coming up on Saturday, November 8th. • He confirmed that he'll be attending the training as well. • Dr. Mussman emphasized that the session will be a great opportunity for newer Board members to get familiar with their roles and responsibilities. • He added that it's also a good time for everyone to connect and strengthen the Board's overall commitment. **Ohio Association of Community Health Centers (OACHC) Fall 2025 Conference** • Dr. Mussman mentioned that the OACHC conference was September 25-26, 2025. • Several members of the department's clinical leadership team will be attending that conference. • While he didn't attend, he'll gather highlights from the event and share them at the next meeting. **CHD Strategic Plan** • Dr. Mussman revisited the Strategic Plan that he presented at August board meeting. • He reminded everyone that the plan reflects community engagement efforts and the health priorities identified by residents, which are now being tied into the department's overall strategy. • He shared that a few comments and suggestions had come in since the presentation, including some received at the last minute. • Dr. Mussman then turned the discussion back to Chairperson Young to determine how the Board would like to move forward by reviewing the plan. **<u>Q&A:</u>** **Dr. Lewis** • Dr. Lewis Expressed appreciation for the Strategic Plan submitted by Commissioner Mussman. Suggested that the Board could play a more active role in discussing the department's goals and direction for the next five years. • Shared an interest in digging deeper into some of the plan's elements and possibly having a broader conversation to flesh out specific areas. • Indicated that it might be helpful to start with the overall framework or "skeleton" of the plan and add detail over time through continued discussion. ○ Dr. Mussman agreed with Dr. Lewis's suggestion and proposed presenting an		

	update on the Community Health Improvement Plan (CHIP) at an upcoming meeting. He explained that the Strategic Plan draws from the Community Health Assessment and the CHIP, which guides community health efforts over the next five years. Dr. Lewis also noted that it is still early in the CHIP's implementation but sharing a current-state summary could help provide context for the Board's discussion. ○ Ms. Young Suggested exploring ways to break the Strategic Plan into sections or focus areas for deeper review. ○ Recommended establishing a regular cadence for these "deep dive" discussions, like how the Board reviews specific departmental areas. ○ Emphasized that this approach would provide more context behind strategic goals and allow for ongoing feedback and engagement from the Board.		
Food License & Facility Review Fees for License Year 2026-2027 Presentation: Reading #3	**Discussion Items:** Document and Presentation included in the agenda. Mr. Antonio Young Discussed the Food License & Facility Review Fees for License Year 2026-2027 and BOH resolution 2025-004. • This is the FINAL reading of this resolution. Mr. Young asked the board to approve the Food License Facility Review Fees for License Year 2026-2027 Resolution 2025-004. • Mr. Young reviewed Food Fee Resolution 3 reading timeline: ○ July 22, 2025: Proposed Food fees document presented to BOH for discussion - **1st Reading**. Mail proposed fees schedule and public notification letter to license holders August 6, 2025, inviting their comments at the August 26, 2025, BOH meeting. ○ August 26, 2025: Public comments and **2nd reading** of the proposed Food Fees document. ○ September 23, 2025: **3rd Reading** of the proposed fees by staff. BOH resolution of 2026-2027 fees. **Motion to Approve** Resolution 2025-004, amending Board of Health Regulation No. 00079, "Fees Retail Food Establishments; Food Service Operations," to establish the fees for inspection of food establishments and food service operations.	Mr. Antonio Young	**Motion**: Mr. Jagdish Bhati **2nd:** Dr. Jennifer **Action: 7-0 Passed**

<table>
<tr><th colspan="4">New Business</th></tr>
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<td>Finance Committee</td>
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Discussion Items: Documents included in the agenda.

Mr. Mark Menkhaus Jr. presented the contracts that were discussed and presented at the Board of Health Finance Committee Meeting to the Board.

Department of Children and Youth—Contract 65x10817

The Cincinnati Health Department has been awarded the Cribs for Kids and Safe Sleep grant from the Ohio Department of Health in the amount of $190,650.00. The goal of the Safe Sleep program is to decrease infant mortality by ensuring infants have a safe sleep environment and that families are educated about safe sleep practices. This is accomplished by providing funding to organizations that promote safe sleep practices and distribute cribs in Hamilton County. Cincinnati Health Department must demonstrate experience in the delivery of safe sleep education and evaluate program objectives.
The term of the grant begins on October 1, 2023, and ends on September 30, 2024.
The 1st amendment extends the contract for one year.
The 2nd amendment extends the contract for three additional months and increases funding by $47,662.50, bringing the total grant amount to $238,312.50.

Forvis Mazars LLP—Contract 65x10818

Forvis Mazars, LLP will provide strategic consulting to CHD in health care finance and billing improvements. The proposed scope of services includes the following:

Review of current billing and coding practices to identify training opportunities for revenue cycle team members.
Costs being incurred versus related revenue streams, with the goal of identifying revenue streams that are available but not being captured.
Review of City of Cincinnati Primary Care (CCPC) reimbursement rates received and how those rates were established. Priorities will be as follows: Medicaid and the Medicaid Maximization available to government operated FQHCs, Medicare and Medicare Advantage, and then commercial payors as needs identify.
Detailed review of the financials and productivity of CCPC's 19 physical locations.
Review of month end processes including journal entries recorded monthly to close financial records, reconciliations of general ledger accounts, and financial statements presented internally and externally.
Review of prior year audit report and findings.
Review of support and record keeping related to HRSA and other grant funding

Motion to Approve Department of Children and Youth – Contract 65x10817
</td>
<td>Mr. Mark Menkhaus Jr.</td>
<td>
Vote: Contract 65x10817
Motion: Mr. Jagdish Bhati
2nd: Dr. Mary Carol Burkhardt
Action: 7-0 passed

Vote: Contract 65x10818
Motion: Mr. Jagdish Bhati
2nd Ms. Raynal Moore
Action: 7-0 passed
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	Motion to Approve Forvis Mazars, LLP – Contract 65x10818		

Finance Update	**Discussion Items:** Memo and materials were included in the agenda.
	
	Mr. Menkhaus gave an update on CHD Financials for August 2025 and Year over Year.
	
	Highlights
	• Mr. Menkhaus cautioned that last year's lower figure was due to a temporary interruption in Medicaid payments, which makes this year's total appear higher than normal.
	• Overall, the current month represented a typical revenue cycle for Medicaid.
	• Revenue total was $9,509,718.20, increased 10.66%
	  ○ Private Pay Insurance increased by 12.32%.
	  ○ Medicare increased by 11.54%.
	  ○ Medicaid increased by 147.61%.
	  ○ Medicaid managed care decreased by 17.85%.
	  ○ Self-Pay patients increased by 20.60%.
	  ○ Board of Ed Svcs (School Nurse's Salary) decreased by 23.25%.
	  ○ Grants/Federal decreased by 22.77%.
	• Expenses were $8,824,267.18, decreased by 1.27%.
	  ○ Property expenses increased by 340.33%.
	  ○ Personnel expenses increased by 1.42%.
	  ○ Contractual costs decreased by 11.78%.
	  ○ Material costs decreased by 39.82%.
	  ○ Fixed costs increased by 28.69%.
	  ○ Fringes increased by 3.94%.
	
	The total available is $842,451.02, decreased by 54.27%.
		Mr. Mark Menkhaus Jr.	**n/a**

Personnel Actions	• Dr. Mussman directed the Board to the personnel actions included in the board packet.
	• Personnel actions included employee promotions
	  ○ One Dental Assistant
	  ○ 1 Environmental Health Specialist in Training
	  ○ 2 Breastfeeding Peers
	  ○ 1 Dietitian
	
	Motion to Approve the personnel actions dated September 23, 2025
		Dr. Grant Mussman	**Motion:** Ms. Ashlee Young
			2nd: Ms. Kiana Trabue
			Action: 7-0 passed

Election of Officers	Ms. Ashlee Young and Ms. Cunningham Facilitated the Vote for Election of Board Chair and Board Vice-Chair nominees.	Ms. Ashlee Young & Ms. Sa-Leemah Cunningham	**Vote:** Board Chair election for Ms. Ashlee Young **Motion:** Mr. Jagdish Bhati **2nd:** Ms. Kiana Trabue

	Re-Election of Nominee Ms. Ashlee Young for Board Chair • **Motion to Elect** Nominee Ms. Ashlee Young as Board Chair • After a unanimous 7-0 vote, Ms. Young was voted Chair of the Board of Health. Board members and staff expressed appreciation. • Ms. Young expressed her gratitude, appreciation, and excitement to continue to serve as chair. **Re-Election of Nominee Dr. Jennifer Forrester for Board Vice-Chair** • **Motion to Elect** Nominee Dr. Jennifer Forrester as Board Vice-Chair • After a unanimous 7-0 vote, Dr. Forrester was voted Vice-Chair of the Board of Health. Board members and staff expressed appreciation. • Dr. Forrester expressed her gratitude, appreciation, and excitement to continue to serve as vice-chair.		**Action: 7-0 passed** **Vote:** Board Chair election for Dr. Jennifer Forrester **Motion:** Ms. Raynal Moore **2nd:** Mr. Jagdish Bhati **Action: 7-0 passed**
Executive Session	**Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee. **Motion to approve** the adaptation of the recommendation of HR of 8-hour suspension for the employee discussed in the executive session.	Ms. Ashlee Young	**Vote:** Enter Executive Session **Motion:** Ms. Ashlee Young **2nd:** Ms. Raynal Moore **Action: 7-0 passed** **Vote:** Adaptation of the recommendation of HR of 8 Hour suspension for the employee discussed in executive session **Motion:** Ms. Ashlee Young **2nd:** Dr. Jennifer Forrester **Action: 7-0 Passed**

6:48 p.m. adjourned.

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

Meeting can be viewed at: https://archive.org/details/boh-9-23-25

Minutes Approved by:

_____
Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

_____
Ashlee Young
Chairperson, Board of Health

September 23, 2025 Meeting Attendance/vote sheet

Board Members	Roll Call on 9.23.25	8.26.25 BOH Meeting Minutes	Approve Resolution 2025-004	Department of Children & Youth – Contract 65x10817	Forvis Mazars LLP – Contract 65x10818	Personnel Actions Dated 9.23.25	Motion to Elect nominee Ms. Ashlee Young as Board Chair	Motion to Elect nominee Dr. Jennifer Forrester as Board Vice Chair	Motion to move into Executive Session to discuss a personnel action	Adaptation of the recommendation of HR of 8 hours suspension discussed in executive session
Mr. Jagdish Bhati	x	2nd	M	M	M		M		2nd	
Dr. Mary Carol Burkhardt	x			2nd						
Dr. Jennifer Forrester	x		2nd							2nd
Dr. Edward Herzig										
Dr. Christopher Lewis	x									
Ms. Raynal Moore	x				2nd			M	2nd	
Mr. Ken Patel										
Ms. Kiana Trabue	x	M				2nd	2nd			
Ms. Ashlee Young - Chair	x					M			M	M
Motion Result:	Quorum	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed

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

STAFF	
Dr. Grant Mussman-Commissioner	x
Sa-Leemah Cunningham (clerk)	x
Dr. Maryse Amin	x
Mark Menkhaus Jr.	x
Antonio Young	x
Dr. Ashanti Salter	x
Kim Wright	x
Dr. Camille Jones	x
Jose Marques	x
Marla Fuller	x
Dr. Nick Taylor	x
Joyce Tate	x
Chante Randolph	x
John Sanders	x
Dr. Michelle Daniels	x
Jonathan Ford	x
John Kachuba	x
Annie Mincey	x

DATE: October 24, 2025

TO: Board of Health Members

FROM: Dr. Grant Mussman, Health Commissioner

SUBJECT: Health Commissioner Executive Summary

Board of Health Training Session

- There is an in-person training session for the Board of Health on Saturday, November 8th from 10-12
- The Training will be by Mr. Joseph Durham, of Eastman & Smith in Columbus, who has expertise in Board of Health requirements
- As it is limited to training, it will not be a public meeting

Rep. Greg Landsman visit to Ambrose Clement Health Center

- Brief visit on Friday, 10/24/25
- We shared our successes with high care quality, increasing patient volume, and benefits of the 340b program for our patients, as well as challenges including our high uninsured rate (31%) and dependence on Medicaid

Funds awarded for Trans Mental Health

- In response to increased pressure on the transgender community, CHD worked with the City of Cincinnati to identify funding for mental health support for transgender youths
- The city engaged in a thorough and efficient process with multiple advisory partners to identify funding priorities, including providing safe spaces for Transgender/nonbinary youth; removing barriers to participation in health care, support, and community; educating providers and the public on transgender needs; and increasing opportunities for transgender youth to participate in affirming activities.
- 9 organizations were ultimately awarded this month, with a total award of $250,000 per year for two years.

Maternal home visit program success will be presented at the American Public Health meeting

- In partnership with HealthCare Access Now (HCAN), the Cincinnati Health Department works with expectant mothers of high need to connect them to community resources to promote a safe and healthy pregnancy and delivery
- This is work in support of infant vitality, a key public health priority for CHD.
- Andrew Lovell, epidemiologist, worked with the HCAN team to develop an analysis of the program
- He combined vital statistics data and program data to compare birth outcomes between mothers who participated in the program versus the baseline rates for the county in an analysis that also controlled for available risk factors.
- He found that the program was significantly associated with a lower risk of infant death and preterm birth.
- The findings were remarkable enough that his abstract was selected for a platform presentation at the conference, which he will give in collaboration with Bettie Johnson from HCAN.

CHD Strategic Plan

- The CHD strategic plan was presented at the August 26th board meeting
- The Strategic plan should reflect the internal effort to meet the needs of the community
- Tonight we will take a deeper dive into the outcomes and performance management aspect

Strategic Plan

Grant Mussman, MD MHSA

Health Commissioner, Cincinnati Health Department

October 28,2025

Agenda

- Finalizing the Strategic Plan
- Discuss strategic plan execution
  - Overview of identified strategic domains
  - Proposed plan of action for domains
- Board guidance on proposed actions
  - Modifications
  - Additions
  - Other feedback

Background

- **Current Strategic Plan will cover 2025-2030**
  - Fully implements and refines foundational framework
  - Inputs so far into developing the actions presented in the August meeting
  - Activities are organized according to five functional domains (“Big Dots”, also termed “Strategic Domains” to align with PHAB terms) derived from our planning process
    - Health Outcomes
    - Employee & Client Experience
    - Access to Services
    - Operational Excellence
    - Employee & Client Safety

  - The strategic plan includes establishment of 1-2 actions per domain

Objectives for Strategic Domain 1 Health Outcomes

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

Background for Health Outcomes

- **Population Health roll-up Measure: Excess Years of Preventable Life Lost**

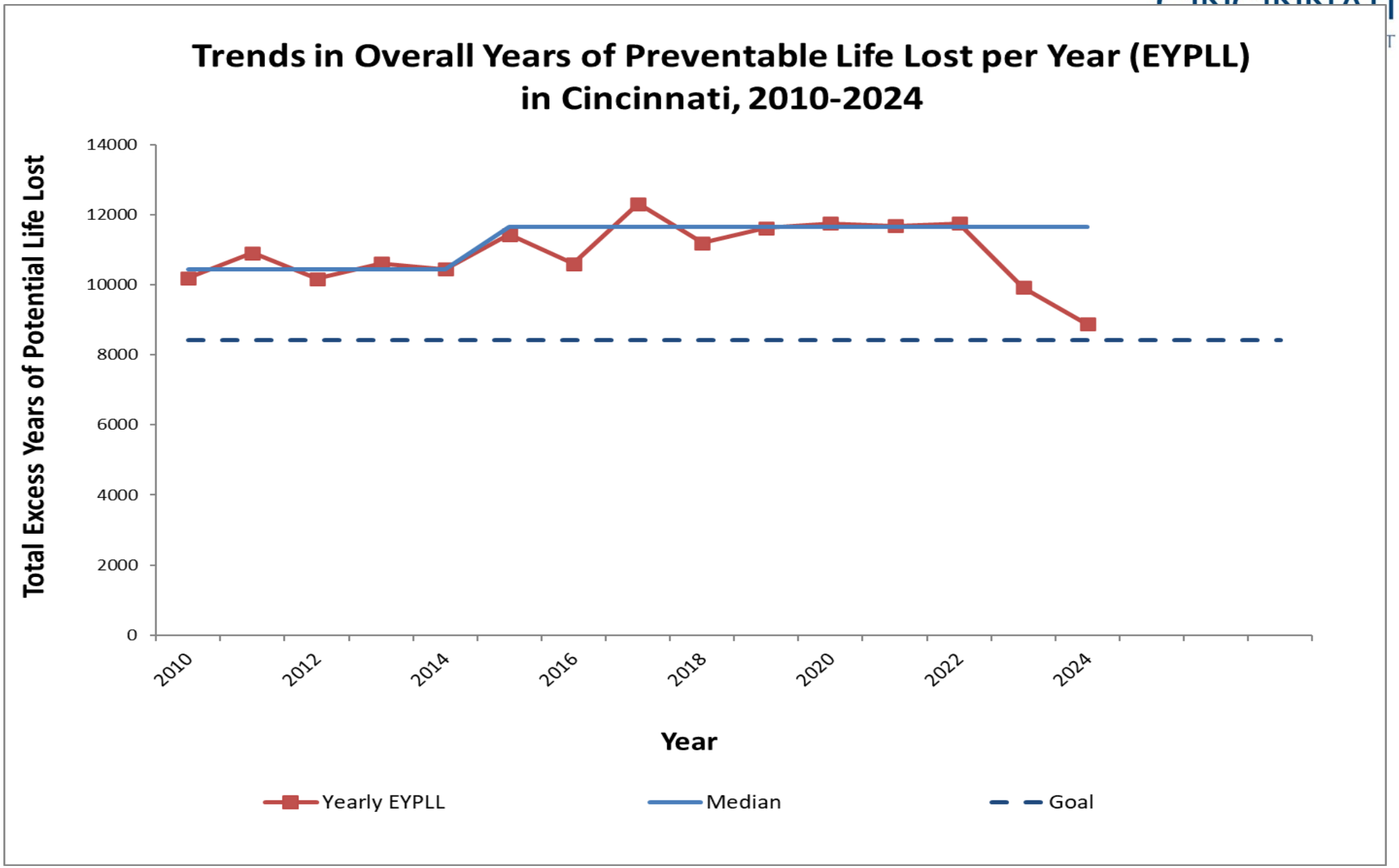
- **Goal: Reduce life expectancy disparities as measured by preventable years of life lost**
  - Target: 20% reduction in excess years of life lost by 2030
  - Method of analysis: Statistical Process Control

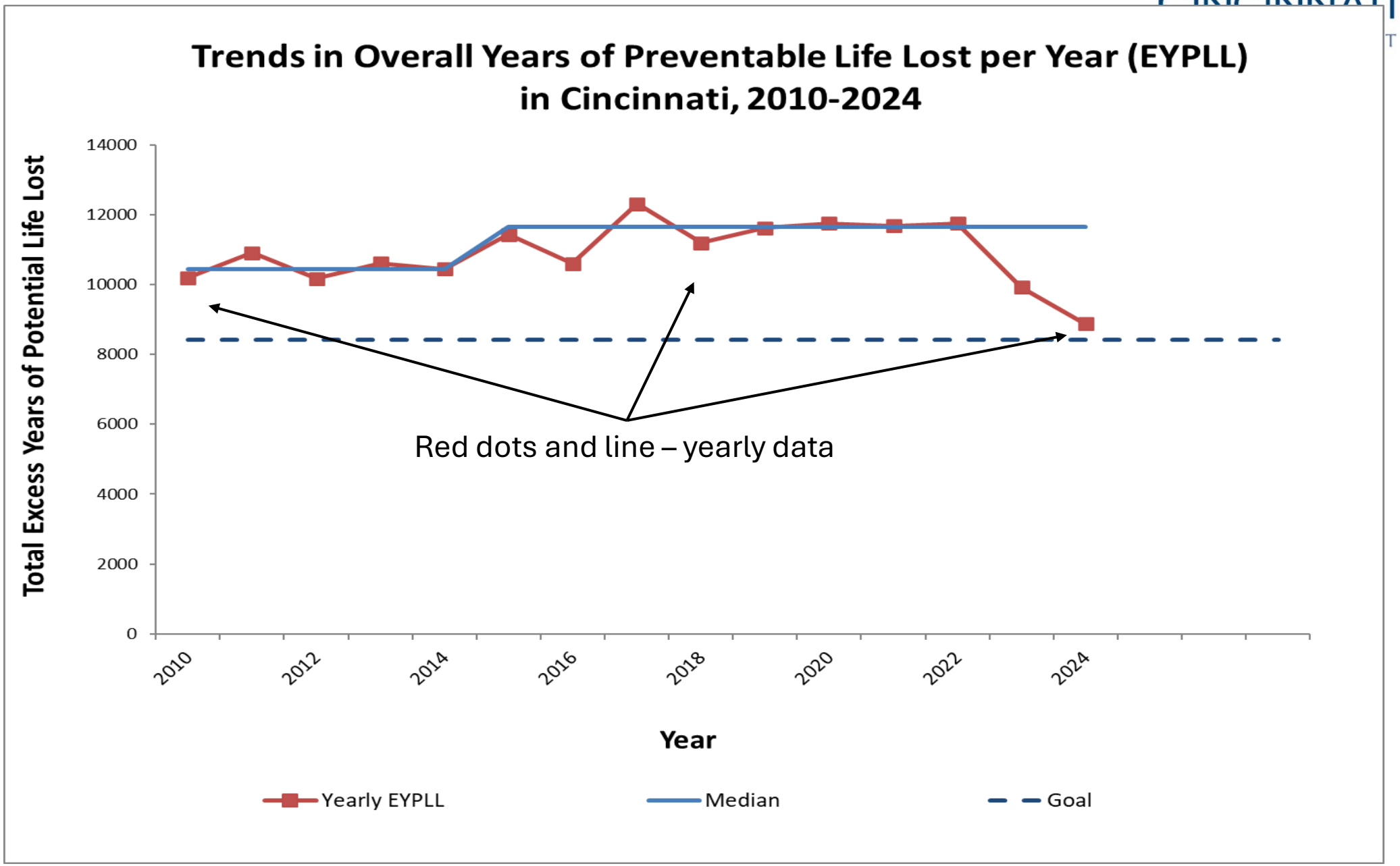
- **Measure review: Why are we using excess years of potential life lost?**
  - Geographic disparities in life expectancy are an equity problem
  - Local geographic variation identifies major causes of preventable early deaths in Cincinnati (supported by literature), helping establish new public health priorities
  - It is measurable

Background for Health Outcomes

- **Why are we using statistical process control?**
  - Excellent for measuring and understanding change over time
  - Helps track population health trends and needs
  - Distinguishes random variation from actual changes in the system

- **Current Performance**
  - Median EYPLL prior to 2015: 10,529 preventable years of life lost per year
  - Current Median: 11,648 EYPLL per year
  - Goal: 8,423
  - Current: 8,881
    - 16% decrease from pre-opioid epidemic
    - 24% decrease from recent median


Trends in Overall Years of Preventable Life Lost per Year (EYPLL) in Cincinnati, 2010-2024
Total Excess Years of Potential Life Lost
14000
12000
10000
8000
6000
4000
2000
0
2010
2012
2014
2016
2018
2020
2022
2024
Year
Yearly EYPLL
Median
Goal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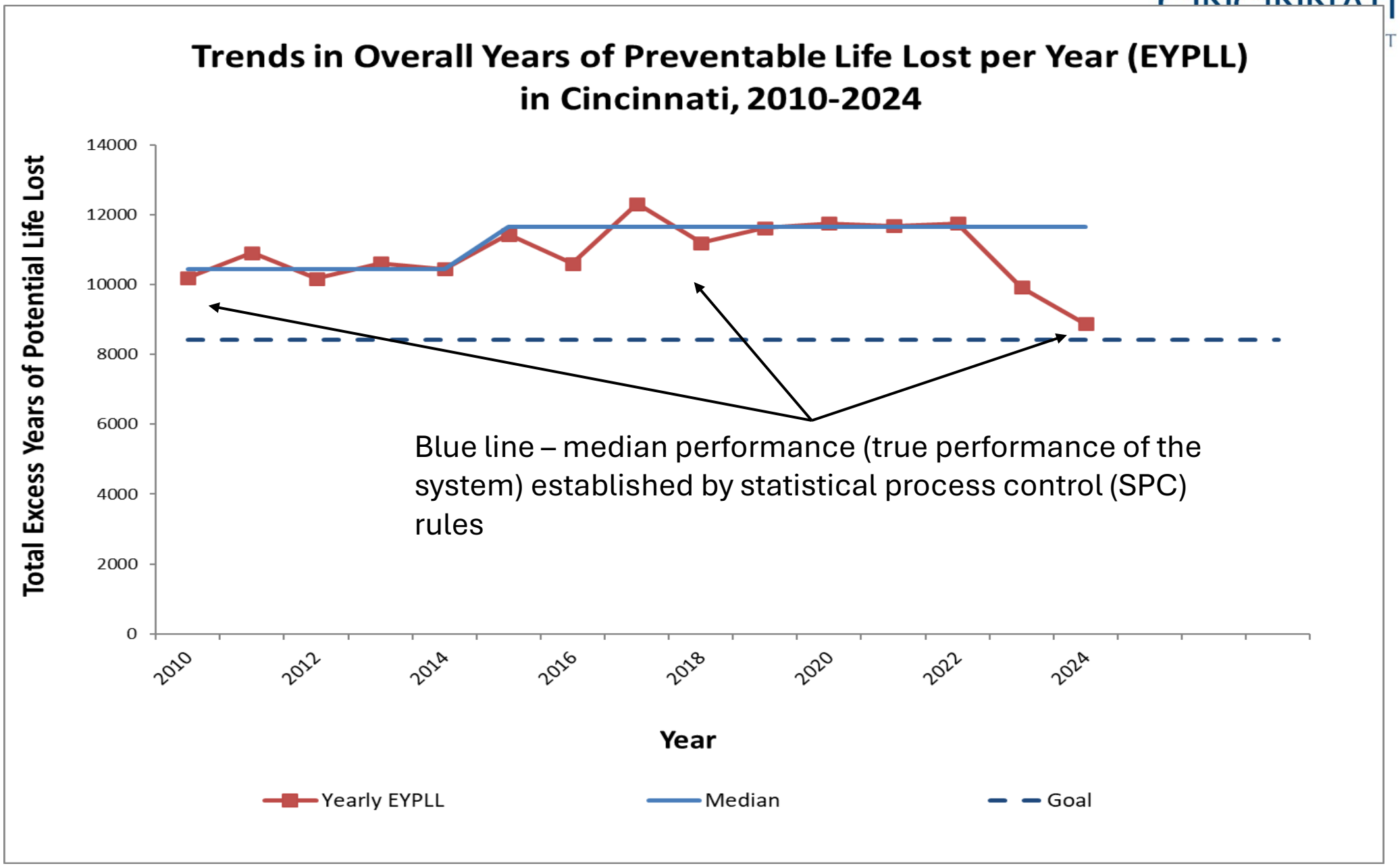
Total Excess Years of Potential Life Lost
14000
12000
10000
8000
6000
4000
2000
0
2010
2012
2014
2016
2018
2020
2022
2024
Year
Red dots and line – yearly data
Yearly EYPLL
Median
Goal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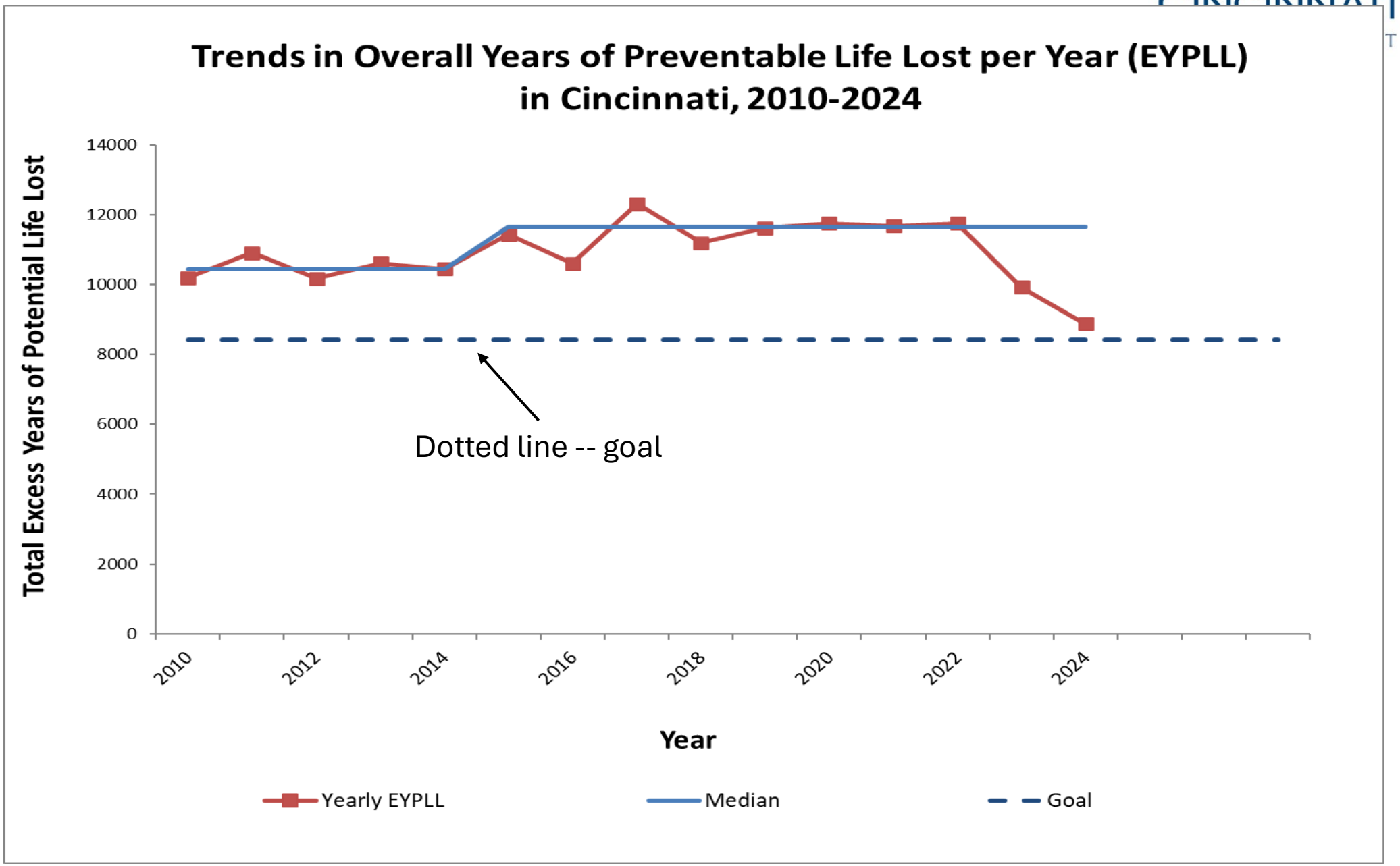
14000
12000
10000
8000
6000
4000
2000
0
2010
2012
2014
2016
2018
2020
2022
2024
Year
Blue line – median performance (true performance of the system) established by statistical process control (SPC) rules
Yearly EYPLL
Median
Goal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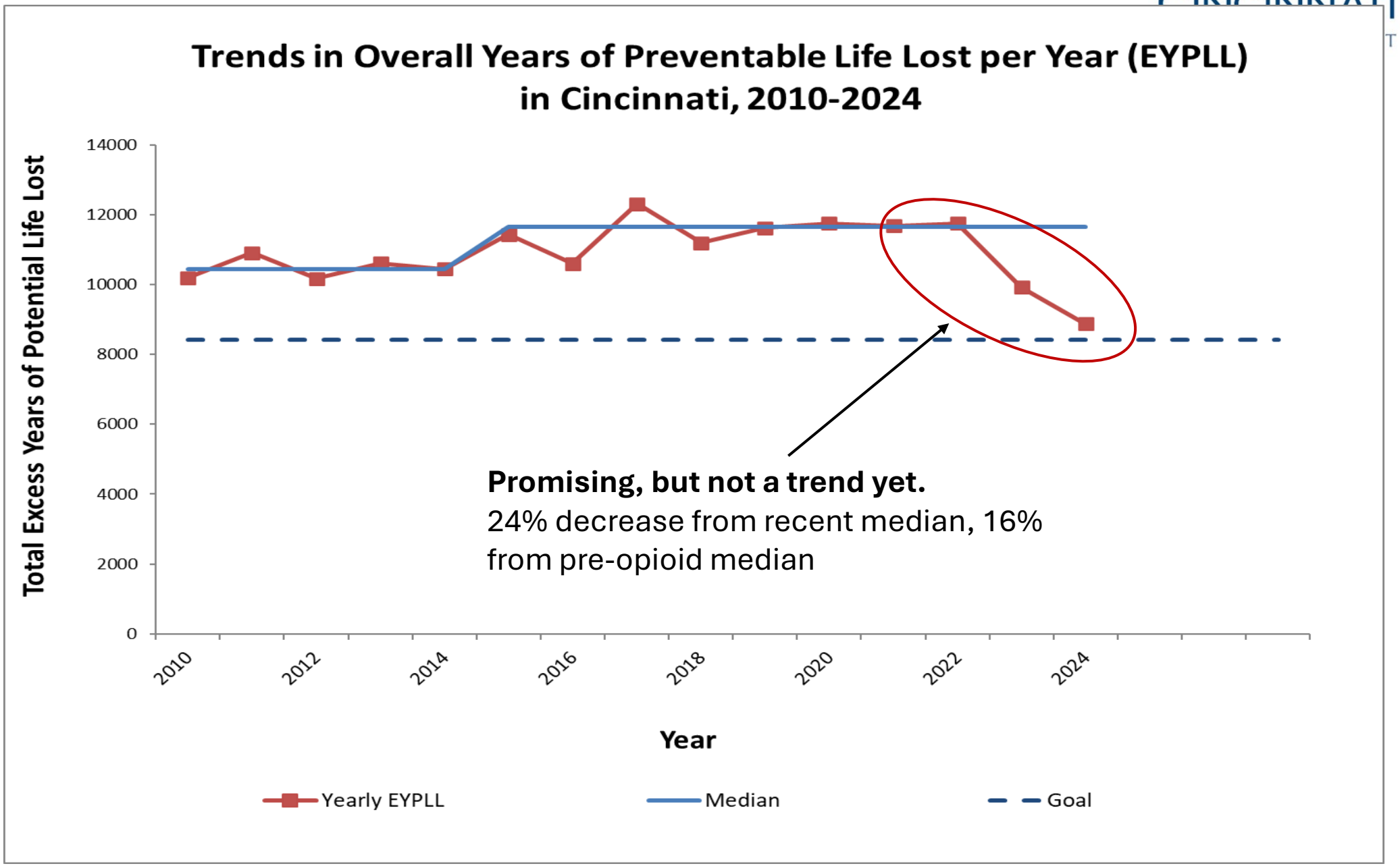
Total Excess Years of Potential Life Lost
14000
12000
10000
8000
6000
4000
2000
0
2010
2012
2014
2016
2018
2020
2022
2024
Year
Dotted line -- goal
Yearly EYPLL
Median
Goal


Trends in Overall Years of Preventable Life Lost per Year (EYPLL) in Cincinnati, 2010-2024
Total Excess Years of Potential Life Lost
14000
12000
10000
8000
6000
4000
2000
0
2010
2012
2014
2016
2018
2020
2022
2024
Year
Promising, but not a trend yet.
24% decrease from recent median, 16% from pre-opioid median
Yearly EYPLL
Median
Goal

Temporal Associations

- **Starting in 2015, the Opioid epidemic drove a huge increase in neighborhood life expectancy disparities**
  - It was already among the worst in the nation at 25 years difference
  - Last formal study was in 2015
  - COVID continued the trend
- **Neighborhood life expectancy disparities have decreased significantly over the last two years**
  - Infant mortality
  - Opioid overdose deaths
  - COVID deaths
- **CHD has been very active in all three areas that have decreased**
- **Cardiovascular disease, Homicide, and Cancer account for a large portion of the remaining preventable deaths**

Current Activities

- **Infant Mortality interventions**
  - Partnership with CRADLE Cincinnati – establish and maintain community focus and alignment
  - CHD focus areas
    - Cribs for kids
    - Community health worker program
    - Tobacco Control
    - WIC

- **Opioid Epidemic interventions**
  - SAFER Services Contract with HCPH
    - Unfortunately, we have recently lost our partner host sites in Price Hill, one of our most affected communities
  - OneOhio Region 2 stakeholder funding (CHD is a board member)
  - Local grant distributions totaling $1.9 million so far

Background: Developing Activities

- **Health Equity and Achievable Life Expectancy (HEAL)**
  - Current Focus: Cardiovascular disease

- **Stakeholder collaboration to eliminate cardiovascular death disparities through a focus on neighborhood-specific causes**
  - Information sharing and collaborative goal setting
  - Development of measurable outcomes
  - Support for ongoing activities

- **Current work: Early-stage stakeholder engagement**
  - defining a workable structure
  - securing academic support
  - identifying startup and sustainability funding

Objectives for Strategic Domain 1 Health Outcomes

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

Objectives for Strategic Domain 1 Health Outcomes

- CHD has collaborated with the city to award approximately $150,000 to The Health Collaborative over the last two years to help establish a local cardiovascular collaborative in the model of Cradle Cincinnati.
- Activity #1: Established a stakeholder group and met in June 2025
- Activity #2: Neighborhood scan and comparisons are in board packet
- Activity #3: Next meeting is November 5th and will include continued development of the Collective Plan of Action.

Objectives for Strategic Domain 2 Customer and Employee Experience

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

Strategic Domain 2
Customer and Employee Experience

- **Customer Experience**
  - Our last patient survey was for 2024, with results analyzed in May 2025 and presented to the CCPC board this summer
- **Areas of Success:**
  - Ease of Getting Care: Mostly positive
  - Staff (Front Desk, Nurses, and Medical Assistants) and Provider(s): very positive
  - Facility: Very positive
  - Experience: Mostly positive
- **Areas of opportunity**
  - Ease if getting care – same day appointments, medical advice when closed
  - Experience – getting medications
  - General – not always able to see the same provider
- Follow up: Work on making sure patients know they can call after hours, pharmacy efficiency (not formal QI projects, which is OK)

Strategic Domain 2
Customer and Employee Experience

- **Customer experience:**
  - The current patient satisfaction survey will be completed in December 2025.
- **Employee experience:**
  - The City's annual survey was last conducted in 2024
  - We recently surveyed Bobbie Sterne Staff on their experience with our facilities
  - We are continuing to develop plans for gathering staff feedback

Strategic Domain 2
Customer and Employee Experience

- **Conduct at least 1 QI project per year based on feedback**
- **To address patient responses re: medication access**
  - "Enhancing pharmacist clinical time through workflow optimization"
  - Lead: David Miller, Pharmacy Director
  - Venue: Impact-U at CCHMC
- **Other areas opportunity being addressed, but not with formal QI projects**
  - "Not everything needs to be a QI project"

Objectives for Strategic Domain 3
Access to Services

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

Strategic Domain 3
Access to Services

- **Jensen report was shared with the board in early 2024**
  - Continuing to explore replacing 3101 Burnet to consolidate administrative and public health functions (per the "universal cluster" recommendation)
  - Assessing patient and staff experiences at the Bobbie Sterne Health Center, which faces high repair needs, neighborhood changes, and declining patient volume
  - This engagement will be complemented by an analysis of the possible impact of Medicaid changes by a consultant, which has been retained

Objectives for Strategic Domain 4 Operational Excellence

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

Strategic Domain 4
Operational Excellence

- **Performance management system**
  - Currently live
  - Not comprehensive – yet
  - Presented at August Board meeting
    - See also supplemental slides
- **High level review**
  - Currently in the planning stage
  - Frequency? Group size?

Objectives for Strategic Domain 5 Safety

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

Objectives for Strategic Domain 5 Safety

- **Electronic Safety reporting – *now live!***
  - Previous process was to have different reporting pathways for different types of safety events, and what needed to be reported and where was not always clear.
  - We have gone live now with a coherent, single electronic pathway for all safety events
  - Now, with any type of event, there is one portal, and the safety directors for clinical/patient safety and employee safety are automatically contacted as appropriate when events are reported.

Objectives for Strategic Domain 5
Safety

- **Safety-Related Improvement projects**
  - Not currently a formal part of the strategic plan as written, but intention is to use our safety data to identify areas of need
  - First project may be just to increase report frequency

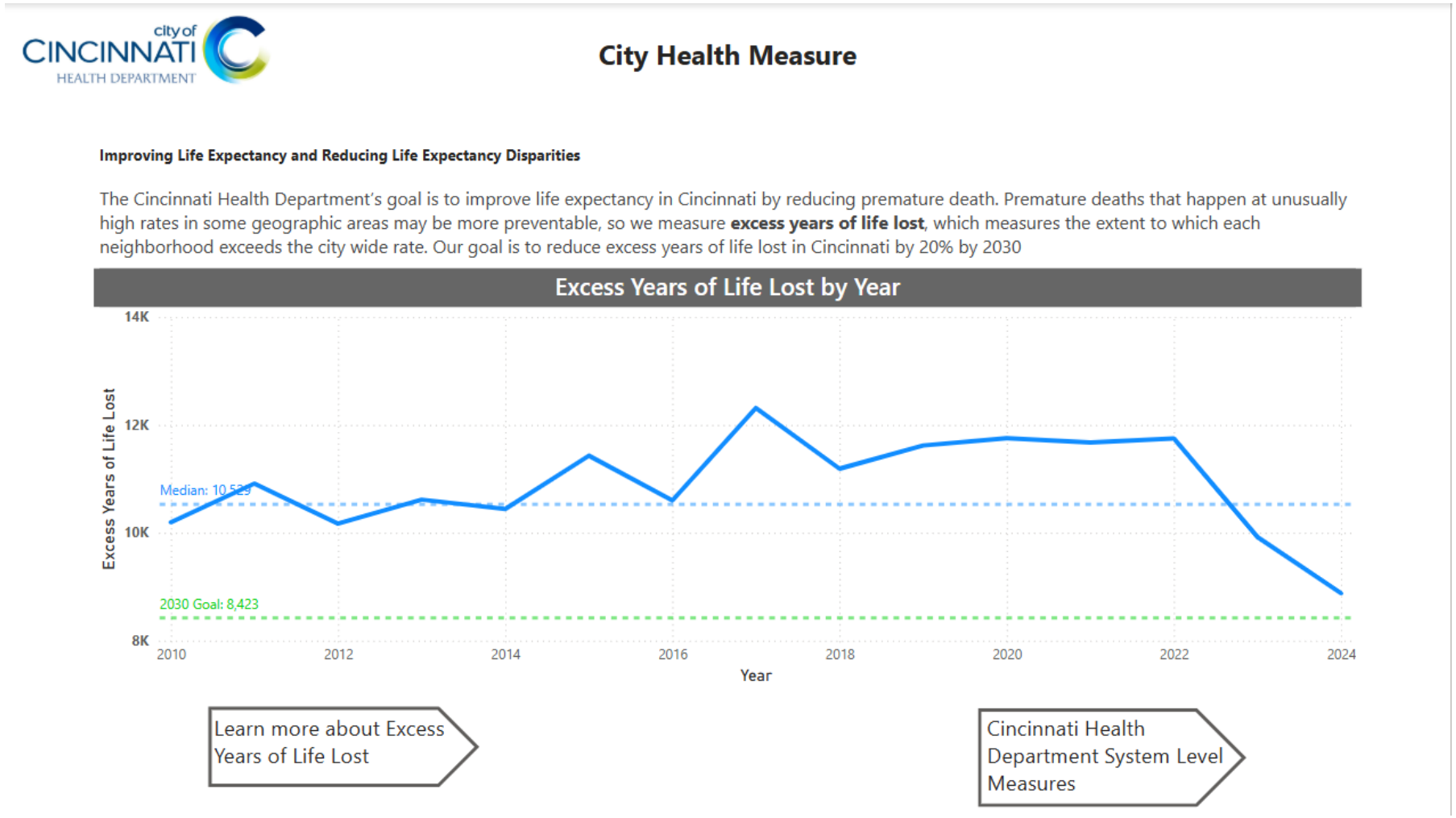
Thank you! →Further input needed

- **“Big Dots” –**
  - Purpose is to reflect what we do and organize it conceptually to identify areas of need.
    - (eg – we realized safety was a strategic need, so we developed projects there)
  - Living document – always able to be edited. Are there activities or areas of need that fall outside of this organizational scheme?
- **Domain activities**
  - Are our new planned activities adequate?
  - What is missing?

Supplemental slides

- 30-33: Performance management dashboard (current state)
- 34: City performance management system measures

Performance management dashboard



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

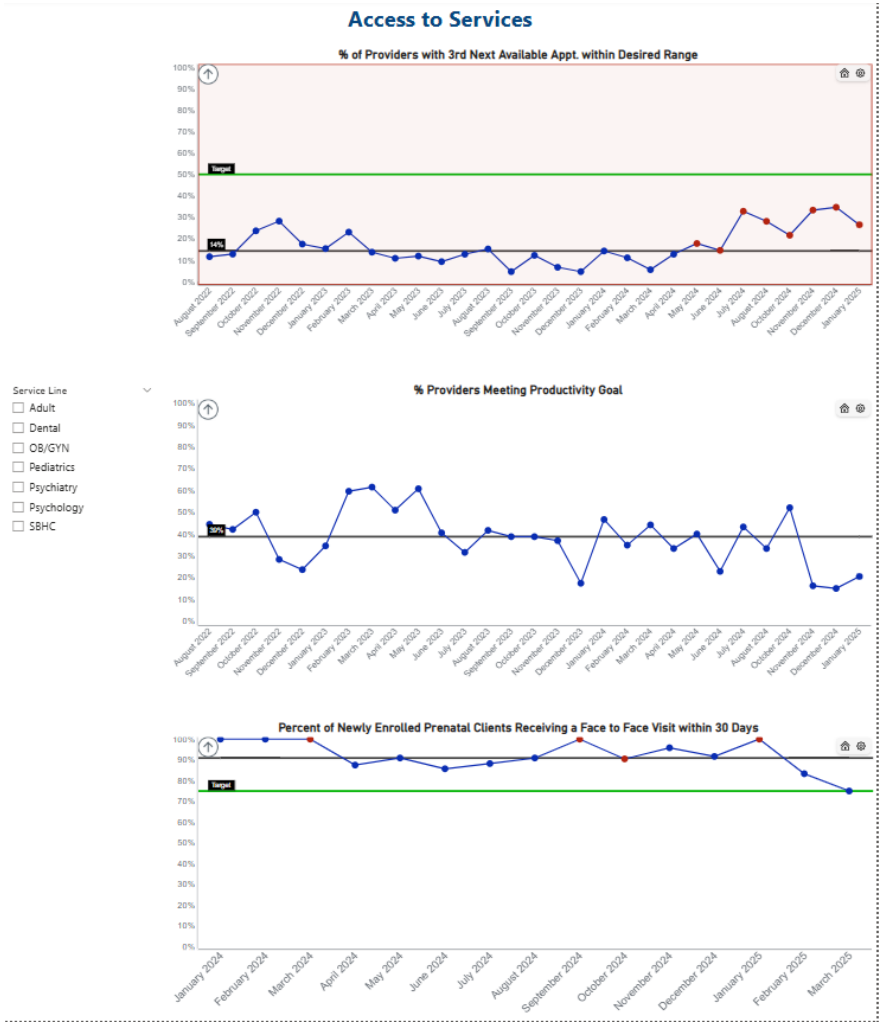
System level: Departmental

Owner: Health Commissioner

System Level: Service Line

Owners: Senior Leadership (measure dependent)

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



Performance Management next steps

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

City Performance Measures

- FY 25 operational accomplishments
  - Opening of Roberts Dental Center
  - HRSA Gold award for medical care quality
  - Attracting new medical and dental providers to improve access
- Strategic Projects
  - Facilities Modernization: Complete due diligence and planning for administrative building
  - Opioid Abatement: During FY 26, will review and evaluate quarterly progress assessments from grantees receiving $3.9 million in OneOhio dollars distributed in conjunction with Hamilton County during FY 25.

- Performance Measures
  - Healthy Homes: 80% of Mold CSRs closed within 90 days
  - Healthy Communities: Distribute cribs to 90% of those requesting
  - Communicable Diseases: 90% of outbreak reports completed (closed) within 30 days of resolution
  - Maternal and Child Health: 75% of newly enrolled prenatal
  - Healthcare Delivery: 50% of providers have available appointments (3rd next available) within desired range
  - Lead Poisoning Prevention: 80% of lead risk assessments have first contact with occupant made within 3 business days

THE HEALTH COLLABORATIVE

The Health Collaborative Health Equity and Attainable Life Expectancy Cincy

Final reporting for July 1, 2024, through June 30, 2025

This document specifies The Health Collaborative's methodology and progress for a one-year project created to support the City of Cincinnati Health Department's ongoing efforts to reduce hypertension and stroke in the region. This is the final report outlining progress and achievements for the date range July 1, 2024, through June 30, 2025.

Contract No. PSC 101 55X10731: The Health Collaborative Health Equity and Attainable Life Expectancy Cincy

Funded time-period: July 1, 2024 - June 30, 2025

Prepared For: Cincinnati Health Department

City of Cincinnati – Health Commissioner
3101 Burnet Avenue
Cincinnati, Ohio 45229

Prepared By: The Health Collaborative

Date: 06/30/2025

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Abstract

A one-year discovery period has allowed The Health Collaborative (THC) to explore and plan for efforts to improve cardiovascular care and address heart disease in Cincinnati. The objectives were to learn from Ohio's successful community collaborations, assess local efforts to improve cardiovascular care, identify high-risk neighborhoods, and propose the establishment of a dedicated Cardiovascular Collaborative aimed at reducing heart disease and hypertension. Key successes in the past 12 months include gathering best practices from Ohio community collaborations, producing an environmental scan report from over 20 stakeholder interviews, and creating 2 profiles with neighborhood-level health data. However, challenges such as organizing deliverables, stakeholder capacity, data limitations, and securing funding remain consistent, particularly with the uncertainty and political climate. Moving forward, the Health Collaborative aims to refine strategies with a Cardio Collaborative, describe what is needed to continue producing neighborhood-level data comparisons, and apply for funding to support a collaborative effort for reducing heart disease and hypertension in Cincinnati.

Contents

Project Background

Life expectancy is a fundamental indicator of a population's overall health, and differences in life expectancy between groups reflect the most basic form of health inequity. Addressing the specific neighborhood-level factors that contribute to these disparities can both increase the average life expectancy and improve community health as a whole. In Cincinnati, there is a striking 25-year gap in life expectancy between neighborhoods, a disparity that has persisted for decades. This is one of the largest gaps in the country, ranking as the 14th worst nationally. Among Ohio's major cities, Cincinnati fares worse than Cleveland, which has a 14-year gap, and Columbus, with a 10-year gap (City of Cincinnati Health Department, 2025).

Many of the leading causes of death contributing to this gap are preventable, as shown by their much lower occurrence in other neighborhoods. The extent of these preventable deaths can be measured by comparing the relative years of life lost, yielding a value for the "excess years of life lost" in a given neighborhood due to specific causes. Diseases of the heart are among the top four contributors to this premature mortality (City of Cincinnati Health Department, 2025).

The Health Collaborative (THC) received funding to launch a one-year discovery and planning initiative with goals including 1) learn best practices from community collaboratives in Ohio, 2) identify local efforts underway to drive change in connecting people to cardiovascular care, 3) to identify neighborhoods most in need of cardiovascular attention to address overall life expectancy across Cincinnati, and 4) propose the launch of a Community Collaborative for Heart Disease.

This year of discovery aims to yield information to support the creation and launch of a Cardiovascular Collaborative with representation from healthcare, community partners, and neighborhood champions, and a shared goal of reducing heart disease and hypertension in our most impacted neighborhoods.

Table of Deliverables

Deliverable	*Complete (Yes/No)	Expected Completion Date	Actual Completion Date
Deliverable 1: Form Community Collective Cardiovascular Group	In progress	June 30, 2025	June 5, 2025
Deliverable 2: Establish community and collaborative scan	Yes	April 2025	May 2025
Deliverable 3: Neighborhood Comparisons	Yes	May 2025	June 2025
Deliverable 4: Sustainability / Implementation Options	Yes	June 30, 2025	June 30, 2025

(Deliverables described in Appendix I: Statement of Work Deliverables - Exhibit A)

*Work finished according to standards and guidelines set forth in the Statement of Work and submitted to City of Cincinnati Health Department

Successes and Challenges

As we reflect on the implementation of our grant-funded project, this section outlines the key successes we achieved, as well as the challenges we encountered along the way. These lessons provide insights to inform future efforts.

Successes:

Grant Management

- Built and organized a cross-functional team at THC to ensure progress on grant deliverables and manage external relationships.

Meaningful Insights

- Successfully integrated more than 250 publicly available census-tract and ZIP code-level healthcare and demographic data into a unified neighborhood-level dataset, enabling clear comparisons of health disparities across two neighborhoods to potentially support targeted community health interventions
- Created a user-friendly, Neighborhood Comparison final report showcasing key differences across both neighborhoods and the city of Cincinnati.
- Synthesized interview responses from 14 standardized questions into meaningful insights

Stakeholder Engagement and Relationships

- Brought together 19 people across 12 organizations to review findings from this discovery year and discuss opportunities for collaboration
- Conducted 20+ interviews with local healthcare and community organizations
- Built and strengthened relationships with local stakeholders, healthcare providers, and community organizations

Awareness and Call to Action

- Generated awareness and built momentum about the state of cardiovascular health within Cincinnati
- Declared a Call to Action for healthcare and community providers to prioritize cardiovascular health
- Identified key gaps and primary recommendations that are critical to the successful implementation of a cardiovascular collaborative
- Identified consensus among stakeholders of a shared desire to move toward action beginning with hypertension

Challenges:

Difficulties in Finding Census-Level Healthcare Data

- Data Availability and Accessibility
    - Limited granularity: Many healthcare datasets (e.g., CDC, CMS) are aggregated at the state or county level, not census tracts or blocks.
    - Restricted access: Detailed data are often protected due to privacy laws (e.g., HIPAA), requiring special permissions or data use agreements.

    - Siloed sources: Healthcare data may be scattered across agencies (federal, state, local), hospitals, insurers, and NGOs, making comprehensive access difficult.
- Lack of Standardization
    - Inconsistent geographies: Different datasets may use different geographic boundaries (ZIP codes, census tracts, hospital service areas), complicating alignment.
    - Variable definitions: Health indicators (e.g., “access to care”, “chronic disease prevalence”) can be defined and measured differently across datasets.
- Timeliness
    - Outdated data: Some public-use microdata or survey-based health indicators (e.g., BRFSS at small geographies) lag several years behind.
    - Irregular collection: Data may not be collected annually or at consistent intervals at the neighborhood level.
- Challenges of Aggregating to Neighborhood-Level Results
    - Geographic Resolution Issues
    - Mismatch of units: ZIP codes do not neatly align with census tracts or neighborhoods; crosswalking between them introduces error.
    - Small area estimation: Estimating reliable health statistics for small areas (e.g., neighborhoods) often requires complex modeling due to sample size limitations.
- Privacy and Suppression
    - Data suppression rules: To protect privacy, data may be withheld or aggregated when population counts or case numbers fall below a threshold.
- Sampling Error and Bias
    - High variance: Surveys like the American Community Survey (ACS) have high margins of error at small geographies, affecting the reliability of health indicators.
    - Nonresponse bias: Marginalized communities may be underrepresented, skewing neighborhood-level estimates.
- Aggregation Assumptions
    - Ecological fallacy: Assumptions about individuals based on group-level data can lead to incorrect conclusions.
- Interoperability and Linking Data
    - Joining datasets: Combining health data with demographic or socioeconomic data (from the Census, for instance) requires careful geocoding and consistent identifiers.
    - Temporal mismatch: Datasets may cover different time periods, leading to incongruent comparisons if not adjusted properly.
- Implications for Comparison and Policy Analysis
    - Reduced statistical power: Sparse or noisy data at the neighborhood level limits robust statistical inference.
    - Uneven coverage: Some neighborhoods (e.g., rural or high-poverty areas) may be data deserts, hindering equitable comparisons.
- Interpretation risks: Incomplete or biased data can lead to misinterpretation of health disparities, misallocation of resources, or ineffective policy recommendations.

Competing priorities with partners

While this work was and is a priority for THC because of this grant funding and a regional priority with the community health needs assessment and collective health agenda, external partners and stakeholders are managing a series of competing priorities on a daily basis. Key examples below.

- Hospitals and other healthcare providers are direct service, consistently tending to patients and clients in real time and ensuring that their staff and employees have the capacity and resources to provide high quality care to the people they serve.
- Public health and social service providers were quickly impacted with the change in administration, and are similarly focused on direct service for their community and clients around urgent and immediate needs (e.g., environmental hazards, food and housing, maintaining compliance in other areas for public health essential work).
- Other partners, like local philanthropy, are trying to navigate the evolving landscape while maintaining their commitment to past and current grantees. While they understand that heart disease is a leading cause of death, there are more urgent capacity support and funding needs of community organizations that require immediate attention.

Evolving and changing federal landscape of policies and legislation

With the new administration's launch in January of 2025, immediate uncertainty arose around future funding, policies, and processes that many partners rely on for their day-to-day activities. Whether related to healthcare, social services, or education – our desire to engage with a cross-sector group of partners around heart disease was tempered by the urgent and immediate attention needed to better understand the decisions being made by the federal government. Similar to the challenge above, this became an immediate priority for many, including THC.

Deliverable 1: Form Community Collective Cardiovascular Group

THC will recruit stakeholders representing various sectors of the community, such as hospital leaders and clinicians, health departments, the American Heart Association (AHA), and community engagement experts (Urban League, Closing the Health Gap, etc.) to participate in the Community Collective Cardiovascular Group (the "Group"). THC will organize and conduct one meeting with stakeholders towards the end of the grant period to review findings from the community and collaborative environmental scan, Years of Life Lost Life Data, and priority neighborhoods analysis. The goals of the meeting are to enhance awareness by sharing findings, garner collective interest and elevate urgency of mobilizing an ongoing community collective cardiovascular group.

- Number of Stakeholder Organizations
- Number of Community Collaborative meetings

Performance Measure	Total Number as of 06/05/2025
Number of Stakeholder Organizations	20
Number of Community Collaborative meetings	1

Narrative:

The Health Collaborative hosted a 2.5-hour cardiovascular collaborative convening session on June 5, 2025.

Agenda:

- Welcome and Purpose for the Day
- Setting the Stage- Cardiovascular Health

- Cardiovascular Disease (CVD) Discovery +Findings
- Discussion & Collaboration
- Looking Forward

Objectives:

- Create a shared understanding- learn about the state of CVD in Cincinnati and review key findings from the Environmental Scan
- Learn & Share- Hear about complementary and supportive activities underway at THC and discuss how to complement existing efforts and fill gaps
- Collaborate for Action- align on a purpose to drive long-term collaboration and identify key opportunities for action

In attendance were stakeholders representing various sectors of the community. The American Heart Association kicked off the session by emphasizing the criticality of collective focus on cardiovascular disease and the urgency of mobilizing collective and individual efforts. The Cincinnati Health Department set the stage by sharing local data reflecting years life lost across various neighborhoods in Cincinnati before sharing about the collective impact efforts already in place for infant mortality, violence, and overdose, emphasizing the gap in collective effort for cardiovascular disease. The Health Collaborative shared findings from the Environmental Scan, Neighborhood Comparison and highlighted complementary efforts with the Collective Health Agenda.

Attendees were provided with time for quiet reflection and initial reactions about the shared findings multiple times throughout the morning. We wrapped up the session by facilitating a lively and engaged discussion focused on moving to action based on shared purpose and possible opportunities for collective focus. Dr. Mussman from the City of Cincinnati health department concluded the meeting by encouraging a 'call to action' from stakeholders to explore the most appropriate organization to lead a cardiovascular collaborative moving forward, replicating ideas from the success of Cradle Cincinnati and the Hamilton County Addiction Response Coalition, and assessed interest for continued engagement.

The primary outcomes of this meeting included:

1. **A shared desire to move toward action and clarity.** Stakeholders emphasized the need for a formative next step that feels feasible, timely, and reflective of local context. One key idea was to focus efforts within one specific neighborhood, using a pilot approach similar to models like Cradle Cincinnati—testing focused interventions, building trust, and evaluating what works.
2. **A need to better define "ownership" and leadership.** Participants raised important questions about who should lead and where funding and coordination efforts should stem from- whether with public agencies, health systems, or a neutral convener. The group acknowledged that no single entity can solve this issue alone.
3. **Broad agreement on hypertension as a starting point.** Multiple stakeholders named hypertension as a practical, high-impact entry point—given its role as a modifiable risk factor and the ability to focus both clinical and community-based strategies around it.

4. **Importance of investing in community capacity.** Attendees underscored the need for funding to support community partners for their time, leadership, and expertise, as well as better data on the lived experience of cardiovascular risk.
5. **Recognition of the multi-faceted nature of the problem** and therefore the need for different levels of solutions. *For example: heart disease is partially an outcome of behaviors and differences in the opportunity landscape available in different neighborhoods. We need to better understand, using the neighborhood profiles, those opportunity differences.*
6. **Call for ongoing engagement and communication.** The team committed to reconvening this group in the fall and discussed the importance of continuing to elevate this issue in alignment with the Collective Health Agenda and diverse partners.

We will reconvene in Fall 2025 using the recommendations listed in the sustainability section (deliverable 4) below.

Deliverable 2: Establish community and collaborative scan

2a: Connect with other health collaboratives in Columbus, Ohio and Cleveland, Ohio to learn how they are doing this work (partners, funding, project plans, etc.).

2b. Conduct a local environmental scan by engaging in one-on-one conversations with healthcare providers, public health leaders, local cardiovascular associations, and community-based organizations.

THC will:

- Document best practices for community collaboratives focused on heart disease with particular focus on Ohio Collaboratives
- Document current community efforts by health providers, health systems and other key healthcare stakeholders.

Performance Measures:

- Number of community collaboratives profiled
- Number of health provider practices profiled

Performance Measure	Total Number as of 06/30/2025
Number of community collaboratives profiled	2
Number of health provider and community organizations profiled	19

Narrative:

Collaboratives Profiles:

To date, we have engaged with 4 different key stakeholders and experts in this space to learn from them on how they advanced collaborative work around heart disease and/or life expectancy in their communities.

Those collaboratives include:

1. Franklin County Hypertension Network in Columbus, Ohio
2. Heart Healthy Cuyahoga in Cleveland, Ohio
3. Ohio Department of Health
4. Dr. Anthony Iton, CEO, The Health Trust, UC Berkely School of Public Health, former Senior Vice President of Programs & Partnerships at The California Endowment

As discussed in the interim report, we met with the **Franklin County Hypertension Network in Columbus** (see Appendix II: Franklin County Hypertension Network Description) where we learned about the need for a diverse network of partners, a strong commitment from community leaders, an opportunity to leverage the community health needs assessment (CHNA), creating a shared measurement system, and ensuring community voice and equity are central in every phase.

We applied successes from the Franklin County Hypertension Network in Columbus to our local efforts. The Cardio Collaborative we formed provides us with a network of diverse partners, and the completion of the 2024 Regional CHNA and Collective Health Agenda outlined a key set of strategies and shared long-term measures to track progress.

In the last few months we have also spoken with two additional stakeholders in Ohio: a collaborative in Cleveland, OH, called Heart Health Equity Cuyahoga, (Better Health Partnership, 2025) and the Ohio Department of Health (ODH).

CLEVELAND

In Cleveland, OH, the collaborative Heart Health Equity Cuyahoga was recently awarded a Centers for Disease Control and Prevention (CDC) grant to work on adults aged 18 and older with uncontrolled hypertension living within census tracts with a hypertension prevalence of 53% or higher. This collaborative includes the local regional health improvement collaborative, Better Health Partnership, Cleveland Clinic, University Hospitals, Case Western University, and several other community-based partners. Key takeaways from this meeting include:

- Tracking and monitoring data at the census tract level has been helpful to localizing the issues
- Partnership is multisector across hospital, RHIC, public health, and community organizations.
- Blood pressure is a central component of their work
- Must include health related social needs and social determinants of health
- Having a champion (or multiple) is key to success

OHIO DEPARTMENT OF HEALTH

In our conversation with ODH, we learned that they are currently in the second year of a five-year CDC-funded cardiovascular disease (CVD) initiative focused on hypertension and cholesterol control, as well as screening and referrals for social needs. Their work aligns closely with Cleveland's model but is deployed across high-need counties statewide. Key efforts include a quality improvement (QI) project

led by The Ohio State University (OSU) Government Resource Center (GRC), which works with primary care practices—two of which are Mercy locations in Southwest Ohio—to improve detection and management of hypertension and cholesterol. ODH is also supporting the expansion of UniteOhio in partnership with CliniSync, the statewide health information exchange (HIE) and is launching a statewide CVD learning collaborative to foster coordination and reduce duplication. Additionally, they are promoting a blood pressure self-monitoring program adapted from the YMCA model and preparing to launch a separate stroke prevention initiative focused on census tracts with disproportionately high stroke prevalence, including several in Cincinnati.

DR. ITON - CALIFORNIA

Finally, we connected with Dr. Anthony Iton from California. His Ted Talk from 2016, called "Change the odds for Health" describes how he used local data to determine that zip codes were more important to predicting people's health than their genes. In his work with the California Endowment, he managed multi-million-dollar large partnerships to change the odds for people's health through systems change work. Our conversation with him helped inform our collaborative meeting in June 2025, and we plan to continue engaging with Dr. Iton as a subject matter expert in this work.

We will continue to engage with those locally and around the country who are doing similar work to learn best practices, challenges, and solutions. For example, we recently heard about a hypertension project taking place in Boston through Duke University and will be connecting with them in August 2025.

Environmental Scan Results

An environmental scan was conducted using a standardized set of questions and a consistent documentation process. This ensured that all stakeholders, 20 organizations across 8 sectors, were asked the same 14 questions. The questions were grouped into five broad functional domains. These were:

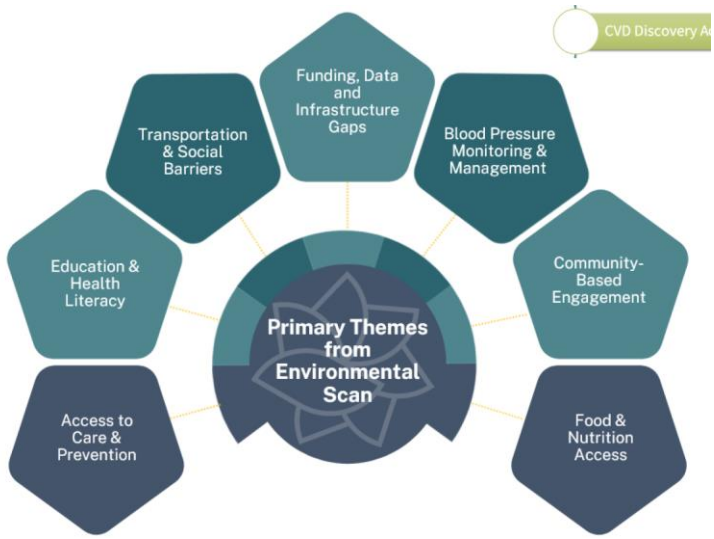
- Equity & Disparities
- Activities & Interventions
- Barriers to Care
- Community & Collaboration
- Future Vision & Leadership Engagement

We identified themes from the responses which helped synthesize the data more effectively, allowing for cross-question comparisons and strategic grouping of recurring ideas. This aggregation of themes made it easier to identify patterns, align sector-specific concerns, and distill insights into actionable areas for the cardio collaborative to prioritize.

		Primary Themes by Domain						
		Access to Care & Prevention	Transportation & Social Barriers	Funding, Data and Infrastructure Gaps	Food & Nutrition Access	Community-Based Engagement	Education & Health Literacy	Blood Pressure Monitoring & Management
Domain	Equity & Disparities	7	10	2	7	1	2	
	Activities & Interventions	26	15	29	27	27	16	18
	Barriers to Care	17	18	21	11	8	8	5
	Community & Collaboration	20	18	4	10	6	18	13
	Future Vision & Leadership Engagement	6	5	4	4	7	5	
	TOTAL MENTIONS	76	66	60	59	49	49	36

Primary Themes

Primary themes identified through analysis of responses from the Environmental Scan: 1) Access to Care & Prevention 2) Food & Nutrition Access 3) Community-based Engagement 4) Blood Pressure Monitoring & Management 5) Funding, Data, and Infrastructure Gaps 6) Transportation and Social Barriers 7) Education and Health Literacy.



Themes by Sector

We organized respondent organizations into sectors, to help better understand primary themes and associated activity by sector. We identified 8 sectors: 1) Community 2) Mental Health 3) Public Health 4) Professional 5) Federally Qualified Health Center 6) Hospital/Health System 7) Public Health (State) 8) Philanthropy

Sector	Primary Themes by Sector						
	Access to Care & Prevention	Education & Health Literacy	Transportation & Social Barriers	Funding, Data and Infrastructure Gaps	Blood Pressure Monitoring & Management	Community-Based Engagement	Food & Nutrition Access
Community Organization	24	25	20	13	15	19	10
Mental Health Organization	12	12	11	13	5	9	12
Public Health	12	17	6	5	14	6	5
Professional Organization	12		9	12	14	10	4
FQHC	9	5	15	10	10	5	5
Hospital/Health System	13	3	7	5	4	4	6
Public Health (State)	6	4		6		4	
Philanthropy		4		3		3	
TOTAL MENTIONS	88	70	68	67	62	60	42

One question, specific to collaborating for impact, and shared with the cardio collaborative was, *if a group were created to address cardiovascular health in the area, what would that group focus on*? Responses to this question were organized by the System, Community and Individual level.

- System: Systems coordination and early prevention
- Community: hypertension detection & control and multigenerational education and prevention
- Individual: access to blood pressure cuffs and related tools and peer navigations and community health worker workforce

Summary of Collaboratives and Cincinnati Environmental Scans: The environmental scan revealed several consistent and cross-cutting insights that provided a strong foundation for strategic planning. The totality of the responses to the interview questions were clear that many stakeholders and the populations they serve are confronting similar challenges, most notably, **issues related to access, prevention, and the broader social determinants of health.**

Several core themes emerged from the data, including **limited access to care and preventive services, food and nutrition insecurity, transportation barriers, and a lack of community-level education and health literacy**. These issues are not isolated but are deeply interconnected, and they reflect the need for a more holistic and coordinated approach to improving health outcomes related to cardiovascular health. Community-based engagement and infrastructure gaps were also significant findings. Many organizations emphasized the **need for a stronger presence of community health workers, improved data systems, and more sustainable funding mechanisms. Hypertension and blood pressure management surfaced as a top priority** across the system, community, and individual levels. Stakeholders expressed clear interest in developing a collaborative effort focused on early detection, education, and access to **tools such as blood pressure cuffs**. **Multigenerational approaches** were also emphasized, highlighting the importance of sustained education and prevention efforts that go beyond clinical settings.

The discussions with Columbus and Cleveland revealed the need for a diverse network of partners, a strong commitment from community leaders, an opportunity to leverage the community health needs assessment (CHNA), creating a shared measurement system, and ensuring community voice and equity are central in every phase. While these are critical initial steps, this work can only continue to progress if more community leaders from other sectors (hospitals, city government, corporations) make this a priority, and if additional funding and resources are secured to ensure support of backbone organizations and payment of community members.

Deliverable 3: Neighborhood Comparisons

THC will:

- Review data on prioritized Cincinnati neighborhoods experiencing high years of potential life lost for cardiovascular disease, as described in 3B of Exhibit A.
- Compare prioritized neighborhoods across 20-40 metrics* in alignment with national health frameworks (e.g., Healthy People 2030 leading health indicators). **Note: metrics will be analyzed pending availability at census/zip code level across publicly available data sets.*

Performance Measures:

- Number of neighborhoods profiled
- Number of measures presented
-

Performance Measure	Total Number as of 06/30/2025
Number of neighborhoods profiled	2
Number of measures presented	*273

**data pulled as available*

Narrative:

It is well researched that understanding hyperlocal data is critical to changing health outcomes. From documentation on the way zip code is more predictable to life expectancy than genetic code (Robert Wood Johnson Foundation, 2024), to the concept that "place matters" and a clear relationship between community conditions and health outcomes (PolicyLink, 2007) it is important for community leaders to understand this research to make informed decisions. However, the analysis and methodologies for capturing this data are challenging due to **definition of neighborhood** (census tract vs. zip code), and **limitations in data availability** at those geographic levels. Many publicly reported data sets do not report on such local levels, or data at that level are estimates. This work will allow us to accurately compare neighborhoods across key metrics, and identify which measures are harder to compare because of data availability issues, showcasing an opportunity to invest in data infrastructure and data capacity. Moreover, the ability to learn with communities about their neighborhoods provides a mechanism for deeper, more meaningful community engagement over time. For example, if we can compare two neighborhoods on food access, but struggle to compare them on access to transportation, we can engage with community members more intentionally to see if we are correct in our comparisons for food (are their experiences aligned with the data or not) and explore ways to learn more about what is missing (ask questions about transportation access).

To date, we have successfully:

1. Completed one final Neighborhood Comparison, a single document that showcases data across both prioritized neighborhoods and compares to the City of Cincinnati.
2. Developed a comprehensive literature review and background on the purpose, goals, and methods of this work.

3. Finalized our excel sheet with data from secondary sources for the neighborhood profiles.
4. Shared the preliminary findings with the cardio collaborative Group on June 5, 2025.

As we move into the next year of this initiative, we hope to more broadly share the completed profiles with appropriate audiences (e.g., city council, neighborhood councils), streamline our data collection, analysis, and visualization process internally, and complete comparative profiles for other neighborhoods. Moreover, we see these tools as excellent collateral for engaging with community around existing health challenges and potential solutions and aligning partners around a common goal.

Deliverable 4: Sustainability / Implementation Options

THC will take the following steps to facilitate long-term continuation of the Program:

- Description of possible implementation options with basic framework, estimated budget and key outcomes desired
- Establish framework outlining how the collaborative partners continue work together for a pilot 12-18 post with particular focus on innovative funding streams.
- Identify additional funding sources.

Performance Measures:

- Number of future Key Outcomes Recommended
- Number of Collaborative Partners agreeing to continue the Collaborative
- Number of Funding opportunities identified

Performance Metrics	Number to be achieved	Number achieved as of 06/30/2025
Number of key outcomes recommended	3	5
Number of Stakeholders continuing in Cardiovascular Collaborative	6	20
Number of funding opportunities identified	2	4

Limitations to Sustainability:

Sustainability for this work hinges directly on many of the challenges explained in the successes/challenges section above. Specifically, continuation of this work is impacted by competing priorities of partners, accessing hyperlocal data, and funding – for backbone support, partner engagement, and implementation of activities.

Narrative:

Each component of this discovery year helps inform a potential larger strategy for addressing heart disease in our community through collective action. A short summary of each element is below.

- **Environmental Scans:** Over the course of the planning grant, we conducted a series of interviews and listening sessions with community-based organizations, clinical leaders, and

health system partners to better understand the cardiovascular health landscape in Cincinnati. These conversations surfaced key themes around local barriers, strengths, and opportunities—particularly related to hypertension prevention and management—and helped shape the priorities and framing for the collaborative moving forward.

- **Neighborhood Comparison**: each neighborhood has unique characteristics both environmentally and socially that must be considered when conducting root cause analyses on issues like hypertension and heart disease. Moreover, the social networks of these communities are a critical factor to understanding *why* outcomes are different and how the opportunity landscapes are different that change the odds for people living in those neighborhoods. However, ultimately while there is diversity of the neighborhoods, "we" are still one city overseen by one set of administrators (government, public health, etc.) and there must be a commitment to a shared narrative that embraces the entire community and the future of the entire city.
- **Community Collaborative reviews and Interviews with key Subject Matter experts:** Across our local, regional, state, and national networks, we've been able to engage with other experts in the field of cardiovascular disease to learn more about their work, challenges, and opportunities to bring to Cincinnati. These range from clinical quality improvement projects to a shared focus on hypertension, to ensuring that community is centered and an ecological approach is taken (e.g., individual factors and systemic factors). Additionally, we learned that providing role clarity and transparency about what can be done and by who is important to producing action.
- **Best Practices/Current Initiatives**: heart disease has been the leading cause of death for years, and there are many great initiatives to learn from as we work to create a more regional collaborative effort. Some key projects we've reviewed include the Surgeon General's report on hypertension, the 2024 Regional Community Health Needs Assessment, and Cardi-OH, a statewide collaboration that shares best practices to improve cardiovascular and diabetes outcomes and eliminate disparities. Key learnings from these include focusing on hypertension, addressing social drivers of health, and intentionally and authentically engage community in the review of data and development of solutions.

Action Steps:

After reviewing all information from the neighborhood comparisons, environmental scans, discussions with other community collaboratives and key subject matter experts, and documenting best practices or current activities, **we recommend a phased approach** to sustain this work**, leveraging a modified collective impact model framework** (common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, backbone organization).

- **Phase I: confirm/align prioritized neighborhoods and identify community champions**
  - *Use neighborhood profiles for prioritization*
  - *Use environmental scans for champions*
  - *Engage with other sectors who are prioritizing neighborhoods (hospitals, government, health plans)*
- **Phase II: organize and mobilize a cross-sector collaborative**
  - *Use partners from environmental scans and initial collaborative meeting held*
  - *Leverage lessons from other collaboratives profiled.*
  - *Engage with / align to other existing work and priorities.*
- **Phase III: focus on hypertension, with intentionality in prioritized neighborhoods**

    - *Review 2024 community health needs assessment*
    - *Review neighborhood comparisons (showing pockets of hypertension)*
    - *Review recommendations from environmental scans and community collaborative practices around the state*
- **Phase IV: implement evidence-based tests of change**
    - *Review recommendations from environmental scans and community collaborative practices around the state*
- **Phase V: monitor progress and communicate impact**

To financially support the activities recommended above, THC has identified the following as possible funding for sustainability.

- Local philanthropy *(concept papers being developed to distribute and communicate to local funders)*
- Federal demonstration or quality improvement projects *(National Institutes of Health applications in progress)*
- Private bank foundation *(Bank of America grant submitted in June 2025)*
- National foundations (*e.g., RWJF*)

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Glossary of Terms

Term	Definition
Backbone organization	An organization that helps coordinate a group effort by managing meetings, communication, data, and overall strategy.
Cardiovascular care	Medical care that focuses on preventing, diagnosing, and treating conditions related to the heart and blood vessels.
Cardio Collaborative	A proposed group made up of healthcare providers, community members, and local leaders working together to reduce heart disease and high blood pressure in Cincinnati neighborhoods.
Cardiovascular disease (CVD)	Cardiovascular diseases (also known as heart disease) are a group of disorders of the heart and blood vessels. They include coronary heart disease; cerebrovascular disease; peripheral arterial disease; rheumatic heart disease; congenital heart disease; and deep vein thrombosis and pulmonary.
Census-level data	Information collected by the U.S. Census Bureau or other sources that is organized by small geographic areas, like census tracts (neighborhood-sized zones used in statistics).
Cincinnati Health Department (CHD)	A Federally Qualified Health Center (FQHC) that operates six primary care health centers, offering medical, ob/gyn, pediatrics, and behavioral health services. CHD also runs 13 full-service school-based health centers located within Cincinnati Public Schools.
Collective impact	An approach where different organizations work together on a shared goal—such as improving heart health—using a common plan and shared data.
Community collaboratives	Groups of people, agencies, organizations, and businesses make formal, sustained commitments to work together to accomplish a shared vision.
Community-based efforts	Community-based efforts refer to programs and initiatives that aim to improve the health and well-being of specific population groups within a defined local community.
Community-based Organization (CBO)	A non-profit organization that works to improve the well-being of a community. CBOs are usually local and focus on addressing the needs of the community they serve
Community Health Needs Assessment (CHNA)	A process that involves collecting and analyzing data to identify the needs of a community or population
Community Learning Collaborative	A group of people who work together to achieve shared goals, using shared resources and accountability
Ecological fallacy	A mistake that happens when assumptions about individuals are made based on data from a larger group (like a neighborhood or county).
Emergency department (ED)	Hospital department that provides immediate medical care for patients with urgent or life-threatening conditions. EDs are also known as emergency rooms (ERs)
Environmental scan	A method of gathering information about a specific issue by reviewing reports, interviewing people, and analyzing what is already being done locally or elsewhere.

Term	Definition
Ethnicity	A social construct that categorizes people based on shared cultural experiences, such as language, religion, traditions, and ancestry.
Environmental Scan	A process that examines internal and external factors that may impact an organization, project, or activity. It can be a snapshot in time, or it can be an ongoing effort to identify trends
Excess years of potential life lost (YPLL)	A measure of premature deaths that occur in excess of what's expected in a normal year
Health care utilization	Quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis
Health Equity	The fair and just opportunity for all people to achieve their optimal health, regardless of their race, ethnicity, socioeconomic status, gender, sexual orientation, disability, or other factors
Health Equity and Attainable Life Expectancy (HEAL) - Cincy	Established in 2024, a program developed by the City of Cincinnati Health Department to improve overall life expectancy by identifying and reducing deaths which account for the largest excess years of life lost across Cincinnati neighborhoods
Hypertension	Also known as high blood pressure. It's a common condition where the force of blood against your artery walls is too high, which can increase the risk of heart disease and stroke
Life expectancy	The average period that a person may expect to live
Modifiable risk factor	A health condition or behavior that can be changed or controlled—like high blood pressure, poor diet, or smoking.
Neighborhood	Immediate geographical area surrounding an individual's, or a family's, place of residence
Nonresponse bias	When some groups of people are less likely to respond to surveys or data collection, which can skew the results.
Percentage of use	The percentage of people who use a certain service over those eligible for it.
Race	A social construct that categorizes people based on physical traits, such as skin color. Race is often inherited as an identity.
Regional Health Improvement Collaborative (RHIC)	A neutral platform that helps healthcare stakeholders work together to improve their health care system. RHICs bring together key stakeholders, such as hospitals, physicians, patients, employers, and health plans, to develop solutions to healthcare problems.
Small area estimation	A statistical method used to estimate health or social data for small geographic areas, especially when not enough data is directly available.

Term	Definition
Temporal mismatch	When data being compared are from different time periods, which can lead to confusion or inaccurate conclusions.
Years of Life Lost (YLL)	A public health measure showing how many years of life are lost when people die earlier than expected.

Appendix I: Franklin County Hypertension Network Description

American Heart Association.

Franklin County Hypertension Network

In 2018, the Central Ohio American Heart Association launched the Franklin County Hypertension Network in collaboration with Franklin County Public Health. This collective group of over 30 community-based and health care organizations continue to work together to address high blood pressure by providing resources and funding in support of evidence-based strategies to improve blood pressure control across the community. Achievements include:

- **Establishing self-measured blood pressure programs**
- **Adopting validated blood pressure measurement device policies**
- **Addressing transportation barriers through funding for public transportation**
- **Providing access to staff for training of proper blood pressure measurement**
- **Funding for patient blood pressure monitors**
- **Health care organizations reporting increased number of patients with controlled hypertension**

Community Health Center Members

Center Street Community Health Center
Compass Community Health
Equitas Health
Grace Clinics of Ohio
Heart of Ohio Family Health
Knox Community Health Center
Lower Lights Christian Health Center
LSS Health Center
Ohio Association of Community Health Centers
OSU Total Health and Wellness
Physicians Care Connection
PrimaryOne Health
Southeast Healthcare

Health System Members

Central Ohio Primary Care
Holzer Health System
Mount Carmel Medical Group
Nationwide Children's Hospital
OhioHealth Physician Group
The Ohio State University College of Nursing
The Ohio State University Wexner Medical Center

Community-Based Organization Members

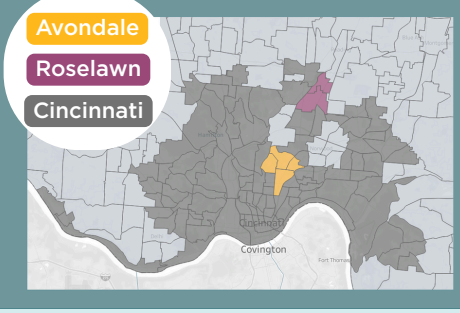
A Cut Above the Rest Barber Shop
Charitable Pharmacy of Central Ohio
Columbus Black Nurses Association
Columbus Metropolitan Housing Authority
Franklin County Public Health
Franklin County Office on Aging
Health Impact Ohio
Mid-Ohio Food Collective
Ohio Department of Health
Ohio University CHW Program
The Ohio State University CHW Program
UnitedHealthcare

For more information on the Franklin County Hypertension Network, please contact Diana Briggs.
Diana.Briggs@heart.org | 614.332.3768

THE HEALTH COLLABORATIVE

Health Equity and Attainable Life Expectancy

Comparing Neighborhoods in Cincinnati, Ohio: Avondale and Roselawn



DEMOGRAPHICS

% Population by Age, 2023

Age (years)	Avondale	Roselawn	Cincinnati
Under 5	5.2%	3.02%	6.3%
5-9	4.1%	4.1%	5.4%
10-14	8.1%	10.9%	5.9%
15-19	9.6%	7.7%	7.6%
20-24	10.6%	4.8%	9.4%
25-34	11.4%	9.0%	18.6%
35-44	10.9%	17.7%	12.5%
45-54	7.9%	7.1%	10.1%
55-59	6.4%	9.0%	5.4%
60-64	7.9%	9.3%	5.7%
65-74	10.2%	11.5%	8.2%
75-84	5.7%	3.9%	3.3%
85+	2.0%	1.8%	1.6%
Total	12,825	7,449	316,105

(U.S. Census Bureau, 2023)

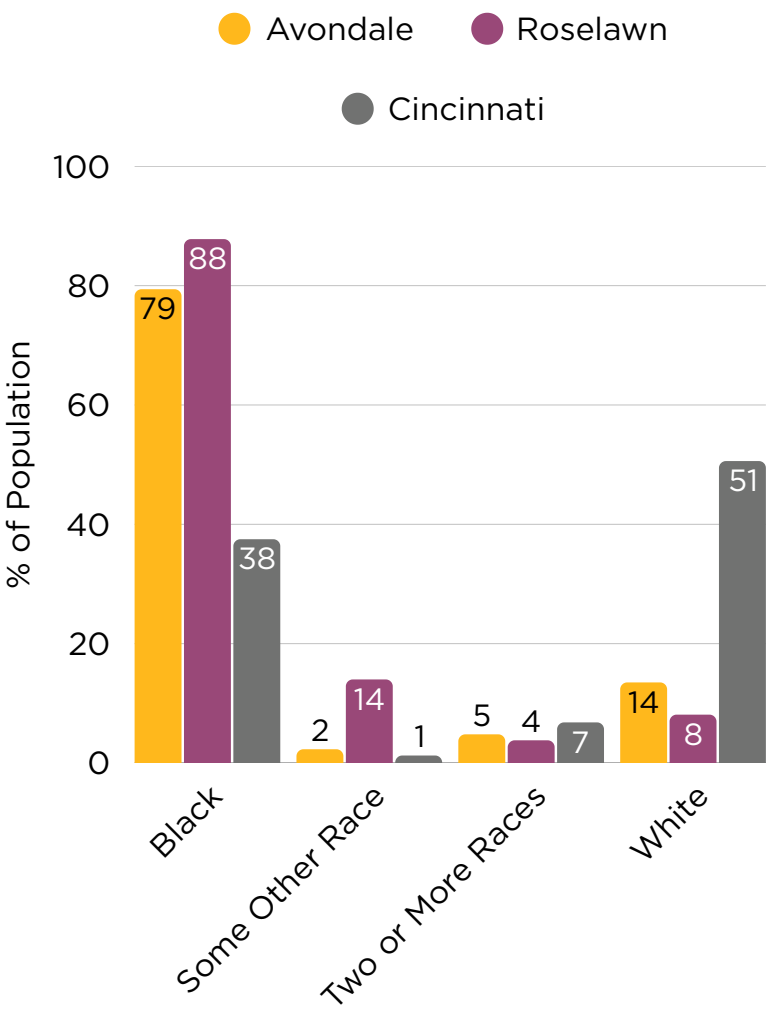
% Population of Neighborhoods, 2023

Age (years)	Avondale	Roselawn
% of Cincinnati	4.1%	2.4%

(U.S. Census Bureau, 2023)

Avondale and Roselawn have lower racial diversity than Cincinnati overall. One in four residents is over 60, compared to one in five citywide

% Race of Neighborhoods, 2023



(Ohio Department of Health, DataOhio, 2025)

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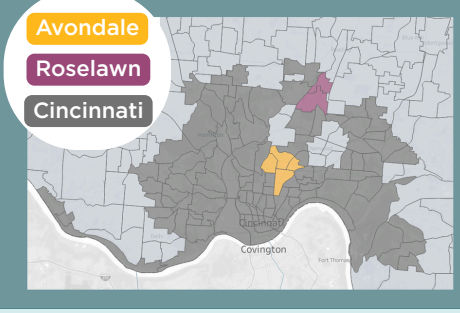
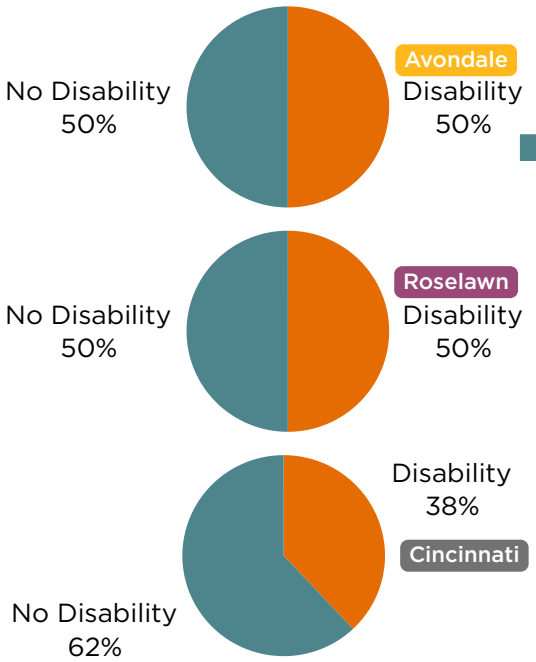


DEMOGRAPHICS

Half of the Residents in the Neighborhoods are Disabled, 2022

% of adults who self-reported a disability



(Centers for Disease Control and Prevention, 2024)

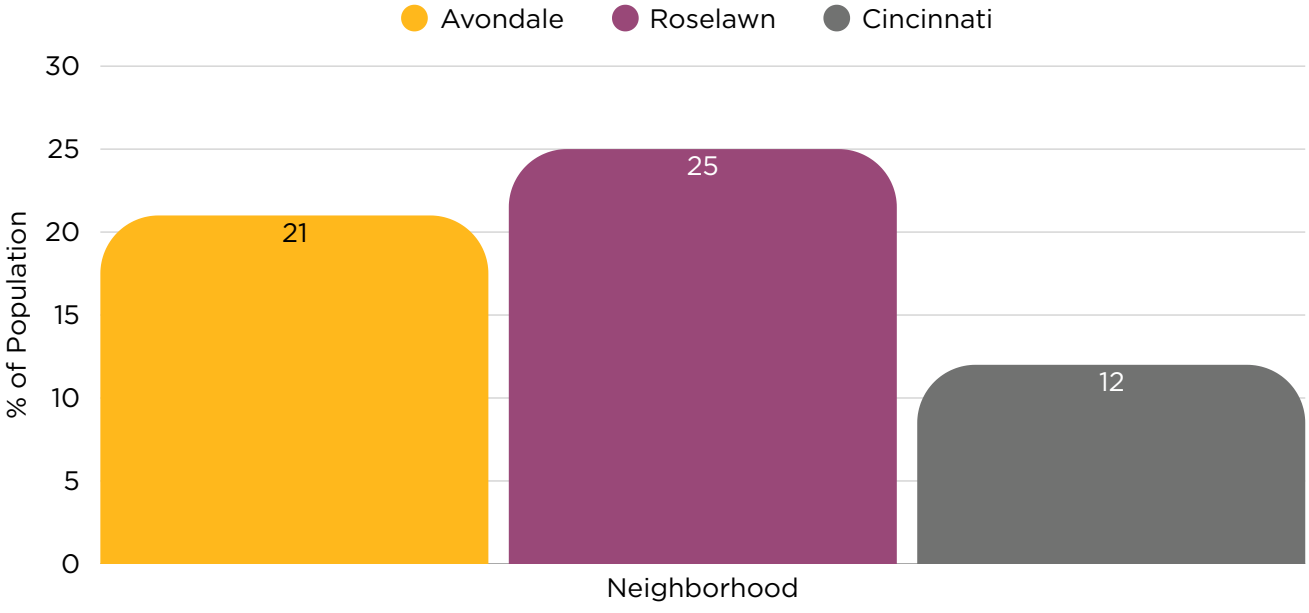
Types of Disability, Among Adults

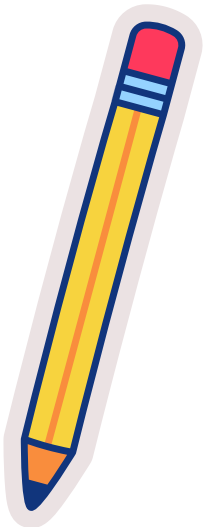
Type	Avondale	Roselawn	Cincinnati
Cognition	25%	23%	19%
Independent Living	18%	18%	12%
Self-care	11%	11%	8%
Vision	14%	14%	8%
Hearing	7%	7%	6%

(Centers for Disease Control and Prevention, 2024)

The neighborhoods of Avondale and Roselawn in the city of Cincinnati have higher disability rates and lower high school graduation rates than the city's overall average.

Twice the Number of Residents Have Less than a High School Diploma, 2021





(Social Areas of Cincinnati Project Coalition, 2025)

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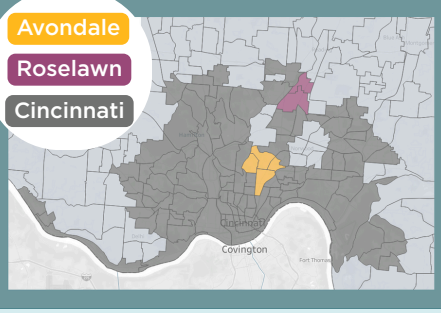
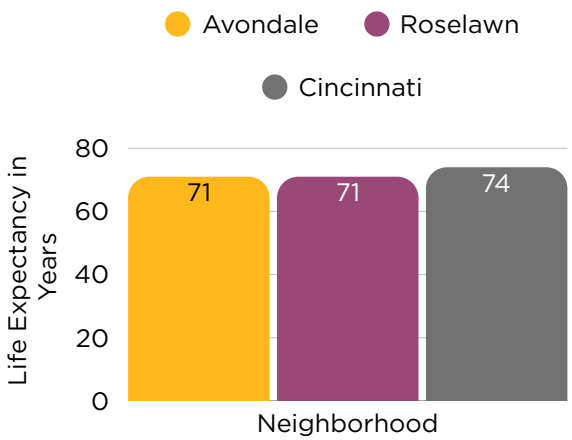


HEALTHY BEHAVIORS AND OUTCOMES

Living Shorter Lives, 2023



(Ohio Department of Health, DataOhio, 2025)

Leading Causes of Death in Cincinnati, rate per 100,000 population

Diseases of the heart	**206**
Malignant neoplasms (Cancer)	**204**
Accidents (unintentional injuries)	**65**
Chronic lower respiratory disease	**47**
Cerebrovascular diseases	**32**

(CincyInsights, 2022)

High Blood Pressure Sends Everyone to the Hospital

Top 5 Hospital Admissions via the Emergency Department, 2024

Rank	Avondale	Roselawn	Cincinnati
1	Other Sepsis	Other Sepsis	Other Sepsis
2	Acute kidney failure	Hypertensive heart and chronic kidney disease	Hypertensive heart and chronic kidney disease
3	Hypertensive heart and chronic kidney disease	Hypertensive heart disease	Acute kidney failure
4	Type 2 diabetes mellitus	Type 2 diabetes mellitus	Hypertensive heart disease
5	Hypertensive heart disease	Cerebral infarction	Type 2 diabetes mellitus

(The Health Collaborative, 2025)

Across the city and in these neighborhoods - **3** out the Top **5** reasons for hospital admissions have high blood pressure as one of the underlying causes.

Percent of People with High Blood Pressure, 2023

Avondale	**50%**
Roselawn	**53%**
Cincinnati	**37%**

(Ohio Department of Health, DataOhio, 2025)

Percent of People with High Cholesterol, 2023

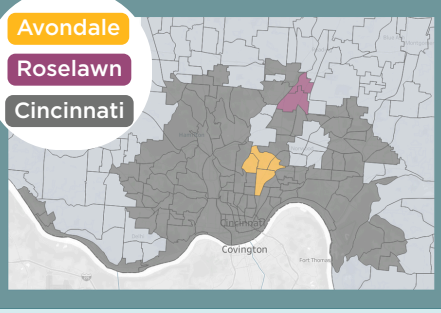
Avondale	Roselawn	Cincinnati
34%	**37%**	**30%**

Ohio Department of Health, DataOhio, 2025)

THE HEALTH COLLABORATIVE

Health Equity and Attainable Life Expectancy

Comparing Neighborhoods in Cincinnati, Ohio: Avondale and Roselawn



HEALTHY BEHAVIORS AND OUTCOMES

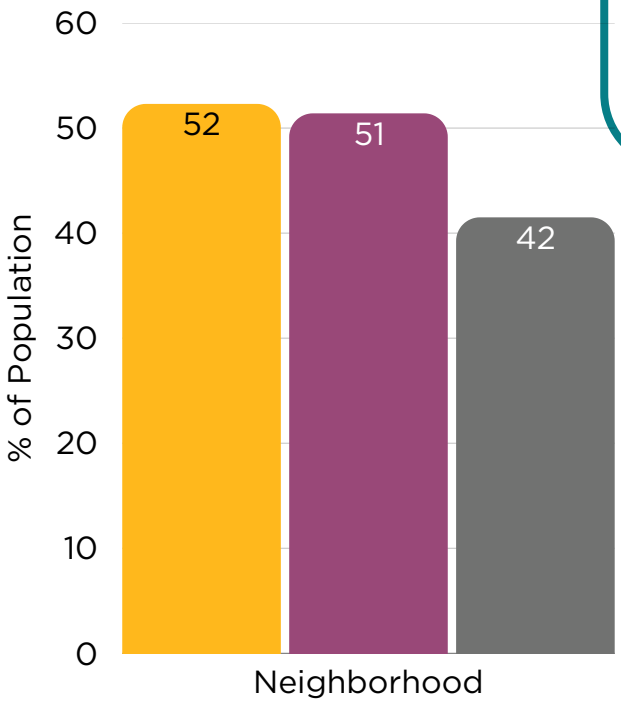
Avondale and Roselawn

- **1** out of **4** adults have **diabetes.**
- **More than half** are **obese**.
- > **1** out of **4** smoke

	Avondale	Roselawn	Cincinnati
Adults who have ever been told by a doctor or other health professional in 2023 that:			
they have **cancer (non-skin)**	4.9%	6.3%	6.0%
they have **coronary heart disease**	9.8%	10.9%	7.0%
they have **depression**	25.1%	23.9%	26.1%
they have **diabetes**	23.8%	26.0%	14.9%
they have had a **stroke**	7.4%	7.9%	4.3%

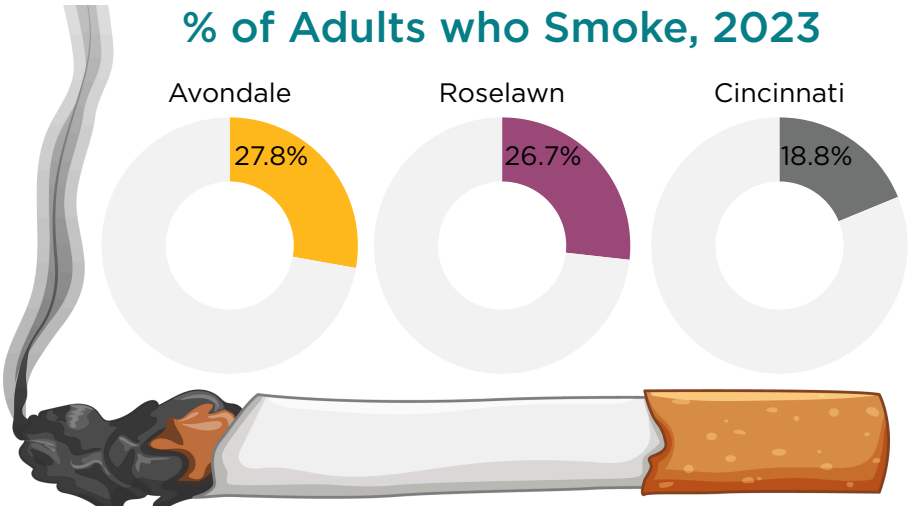
(Centers for Disease Control and Prevention, 2024)

% of Adults that are Obese, 2023



(Centers for Disease Control and Prevention, 2024)

% of Adults who Smoke, 2023

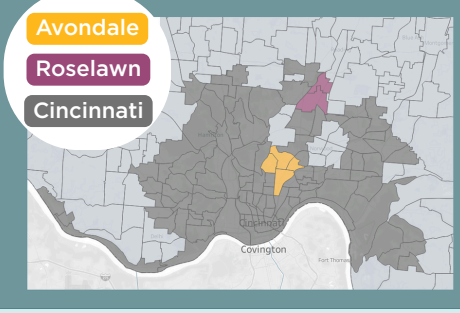


(Ohio Department of Health, DataOhio, 2025)

THE HEALTH COLLABORATIVE

Health Equity and Attainable Life Expectancy

Comparing Neighborhoods in Cincinnati, Ohio: Avondale and Roselawn



SOCIAL DETERMINANTS OF HEALTH

More than 1 out of 3 Experience Food Insecurity, 2023

Adults who, in the last 12 months, have:

	Experienced food insecurity	Received food stamps
Avondale	40%	54%
Roselawn	36%	47%
Cincinnati	23%	29%

(Centers for Disease Control and Prevention, 2024)

Reliable Transportation Isn't Always Reliable, 2023

	Avondale	Roselawn	Cincinnati
Households without a vehicle	1 out 3	1 out of 4	1 out 6
Adults with a lack of reliable transportation in the past 12 months	1 out of 4	1 out of 5	1 out of 7

(Ohio Department of Health, DataOhio, 2025)

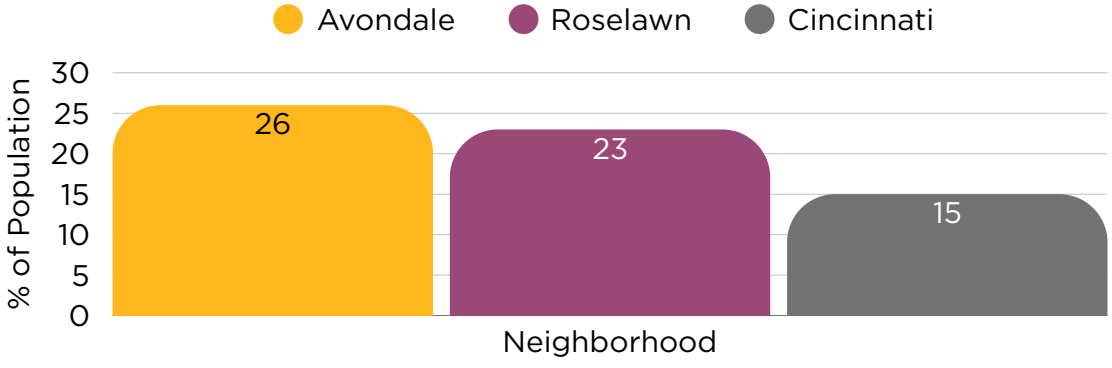
(Centers for Disease Control and Prevention, 2024)

More than 1 out 4 Residents of the Neighborhoods Are at Risk for Homelessness, 2023

	Adults who experienced housing insecurity, such as eviction or inability to pay rent, in the past year.	Living in Rental Housing Rate	Paying Greater Than 50% of Income on Rent Rate
Avondale	32%	78%	41%
Roselawn	28%	68%	30%
Cincinnati	19%	60%	27%

(Ohio Department of Health, DataOhio, 2025)

Adults who were threatened with or experienced a shut-off of utility services, such as electricity or water, in the past year.



(Centers for Disease Control and Prevention, 2024)

THE HEALTH COLLABORATIVE

Health Equity and Attainable Life Expectancy

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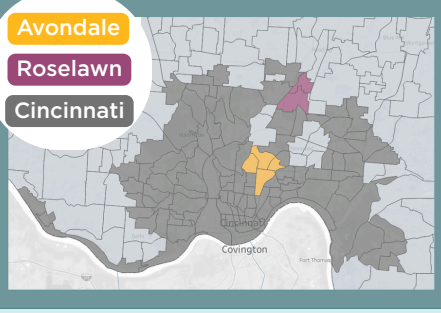
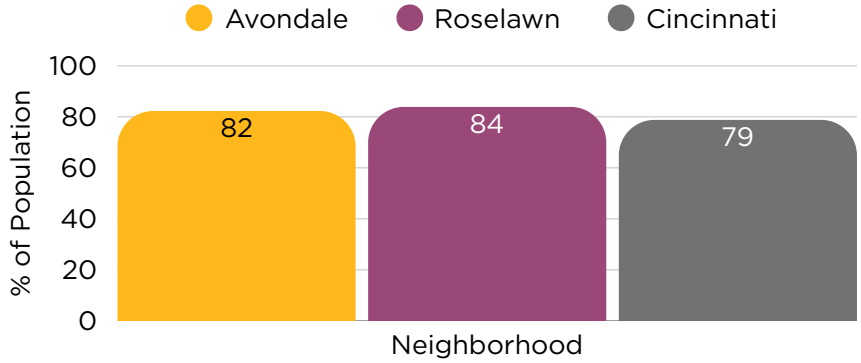


SOCIAL DETERMINANTS OF HEALTH

Visits to Doctor for Routine Checkup within the Past Year among Adults, 2023



(Centers for Disease Control and Prevention, 2024)

Income and Unemployment

Median Household Income, 2023

Avondale	$24,591
Roselawn	$37,297
Cincinnati	$55,261

(Ohio Department of Health, DataOhio, 2025)

Unemployment, 2023

	Unemployment Rate	without High School Diploma	with High School Diploma	with Some College or Associate Degree	with Bachelor's Degree or Higher
Avondale	12.6%	27.4%	12.9%	20.6%	4.4%
Roselawn	7.1%	31.2%	9.9%	7.6%	8.4%
Cincinnati	6.8%	11.2%	3.1%	6.7%	2.6%

(Ohio Department of Health, DataOhio, 2025)

Cincinnati Board of Health
Resolution No. 2025-007

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati, **AMENDING** Board of Health Regulation No. 00047-3, "License Fees for the Operation of Public Swimming Pools and Spas," to provide notice of its procedures for the appeal of the suspension or revocation of pool licenses.

WHEREAS, Ohio Revised Code ("R.C.") 3749.04 requires all public swimming pools, public spas, and special use pools in Cincinnati to obtain an annual license from the Board of Health of the City of Cincinnati (the "Board of Health"), which issues new licenses and renewals through the Cincinnati Health Department ("CHD"); and

WHEREAS, R.C. 3749.05 and Ohio Administrative Code 3701-31-03(B)(4) permits the Board of Health to suspend or revoke a public swimming pool, public spa, or special use pool license, in accordance with R.C. Chapter 119, for failure to comply with the requirements of R.C. Chapter 3749 and the rules adopted thereunder; and

WHEREAS, the Board of Health has determined that its procedures for licensing in Regulation 00047 should be amended to provide notice of its procedures for the suspension or revocation of a license to operate a public swimming pool, public spa, or special use pool; now, therefore,

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

Section 1. That the Board of Health Regulation No. 00047-3 is hereby amended to read as follows:

§00047-3— License to operate a public swimming pool, public spas or special use pool.

(A) No person shall operate or maintain a public swimming pool, public spa, or special use pool without a license issued by the Health Commissioner ~~health commissioner~~. Before a license is issued for a public swimming pool, public spa, or special use pool, such pool shall be in compliance with all ~~board of health~~ Board of Health regulations, ~~the COBBC, this code~~ the Cincinnati Municipal Code, and all other applicable laws of the ~~city and state~~ City of Cincinnati and State of Ohio.

(B) Every person who operates or maintains a public swimming pool, public spa, or special use pool shall, during the month of April of each year, apply to the Health Commissioner ~~health commissioner~~ for a license to operate the swimming pool, ~~or~~ public spa, or special use pool.

(C) Within thirty days of receipt of an application for licensure of a public swimming pool, public spa, or special use pool, the Health Commissioner shall process the application and either issue a license or otherwise respond to the applicant regarding the application. Each license issued shall be effective from the date of issuance until the last day of May of the following year.

(D) The Health Commissioner ~~health commissioner~~ may refuse to grant a license or may suspend or revoke at any time any license issued to any person for failure to comply with this Regulation or with the requirements of ~~RC Ch.~~ Ohio Revised Code Chapter 3749 or the rules adopted thereunder~~.~~, consistent with the following:

1) Suspension. The Health Commissioner may suspend a license for any violation of Chapter 3701-31 of the Ohio Administrative Code that constitutes a substantial hazard to public health, safety, or welfare, including, but not limited to, any critical operational violation under OAC 3707-31-04(B)(1).

2) Revocation. The Health Commissioner may revoke any license for chronic or repeated violations of Chapter 3701-31 of the Ohio Administrative Code that constitute a substantial hazard to public health, safety, or welfare, including, but not limited to, any critical operational violation under OAC 3707-31-04(B)(1).

3) Emergency Suspension or Revocation. When a violation constitutes an immediate and substantial hazard to public health, safety, or welfare, the Health Commissioner may order the pool to be closed immediately until such time as the hazard has been corrected and approved to reopen by the Health Commissioner.

4) Signage. When a public swimming pool, public spa, or special use pool license is suspended or revoked, the licensee shall conspicuously post signage at each entry point stating "DANGER - POOL CLOSED BY ORDER OF THE CINCINNATI HEALTH DEPARTMENT."

5) Notice and Appeals. Except as provided in subsection 3, whenever the Health Commissioner suspends or revokes a license, such suspension or revocation shall not take place until the Health Commissioner has provided written notice to the licensee of the violation, and afforded the licensee a reasonable time and opportunity to correct. If such notice is not complied with in the time period specified, then the Health Commissioner may suspend or revoke such license after an opportunity for an administrative hearing to contest such suspension or revocation is afforded to the licensee in accordance with R.C. 119.01 to 119.13. Any appeal shall be first heard by the Health Commissioner.

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

Section 3. That this Resolution shall take effect and be in force from and after the earliest period allowed by law.

ADOPTED: _____, 2025

Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

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

New language underscored. Deleted language indicated by strikethrough.

Cincinnati Board of Health
Resolution No. 2025-008

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati granting to Republic Services of Ohio Hauling, LLC a license for the year 2026 to operate a solid waste transfer station at 5701 Este Avenue, Cincinnati, Ohio.

WHEREAS, by September 30, 2025, the Board of Health of the City of Cincinnati received an application from Republic Services of Ohio Hauling, LLC to renew its license to operate a solid waste transfer station for the year 2026 at 5701 Este Avenue, Cincinnati, Ohio; and

WHEREAS, Ohio Administrative Code ("OAC") Section 3745-37-03 provides that the Board of Health shall not issue a license to operate a new solid waste facility unless the facility is adequately prepared for operations and has been inspected, and the operator of the facility is competent and qualified to operate it in substantial compliance with Ohio Revised Code Chapter 3734, "Solid and Hazardous Wastes," Chapter 3767, "Nuisances," Chapter 6111, "Water Pollution Control," and Chapter 3704, "Air Pollution Control," as well as OAC Chapters 3745-27 and 3745-37; and

WHEREAS, in accordance with the terms of OAC 3745-37-03, Republic Services of Ohio Hauling, LLC's solid waste transfer station at 5701 Este Avenue, Cincinnati, Ohio has met the requirements for such a facility under Ohio law; now, therefore,

BE IT RESOLVED by the Board of Health of the City of Cincinnati, State of Ohio, that a license to operate a solid waste transfer station at 5701 Este Avenue, Cincinnati, Ohio, is hereby granted to Republic Services of Ohio Hauling, LLC for the year 2026.

ADOPTED: October 28, 2025

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

_____
Grant Mussman, MD, MHSA
Interim Health Commissioner, Cincinnati Health Department

Date: October 28, 2025

To: Members, Cincinnati Board of Health

From: Grant Mussman, MD, MHSA, Interim Health Commissioner, Cincinnati Health Department

Copies to:

Subject: **2026 Solid Waste Transfer Station Licensure for Republic Services (CSI)**

Background: Under 1996 State of Ohio rules, local health departments on the OEPA-APPROVED list are authorized as the licensing authorities for Solid Waste Facilities. The Cincinnati Health Department (CHD) is an OEPA approved health department and, therefore, will provide a recommendation regarding licensure for the Cincinnati Transfer Station solid waste transfer facility in accordance with Ohio Revised Code (ORC) Chapter 3734 and Ohio Administrative Code (OAC) Chapter 3745-37. The Facility is operated by Republic Services of Ohio Hauling, LLC.

This facility completed their application for the license year 2026 which was received prior to September 30, 2025.

2025 Compliance Record – Cincinnati Transfer Station

There were no complaints from community members on file for 2025.

Inspections: CHD has performed 5 facility inspections through October 7, 2025.
Inspection dates are as follows:

March 20, 2025
April 9, 2025
June 24, 2025
September 8, 2025
October 7, 2025

Current Status: The Facility is idle and is not accepting solid waste or recycled material at this time.

Summary: The CHD staff recommends that the Board of Health renew the 2026 license for this facility.

Date: October 28, 2025

To: Members, Cincinnati Board of Health

From: Grant Mussman, MD, MHSA, Health Commissioner, Cincinnati Health Department

Copies to:

Subject: **2026 Construction & Demolition Debris Processing Facility License for Whitton Recycling**

Background: Under 1996 State of Ohio rules, local health departments on the OEPA-APPROVED list are authorized as the licensing authorities for Solid Waste Facilities. The Cincinnati Health Department (CHD) is an OEPA approved health department and, therefore, will provide a recommendation regarding licensure for the Whitton Recycling Construction & Demolition Debris Processing Facility in accordance with Ohio Revised Code (ORC) Chapter 3734 and Ohio Administrative Code (OAC) Chapter 3745-37. The Facility is operated by Whitton Waste & Recycling, LLC.

New regulations for C&DD Processing Facilities which previously had not been regulated went into effect on July 4, 2022.

This facility completed their application for the license year 2026 which was received September 5, 2025.

2025 Compliance Record – Whitton Recycling

There were no complaints from community members on file for 2025.

Inspections: CHD has performed 8 facility inspections through October 7, 2025.
Inspection dates are as follows:

07/01/2025
07/17/2025
08/01/2025
08/12/2025
08/29/2025
09/12/2025
09/26/2025
10/07/2025

Current Status: The Facility has met all PTI requirements and is ready to be licensed. The Facility is accepting C&DD material for processing and recycling currently.

Summary: The CHD staff recommends that the Board of Health issue a 2026 license for this facility.

Cincinnati Board of Health
Resolution No. 2025-009

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati granting to Whitton Waste & Recycling, LLC a license for the year 2026 to operate a C&DD Processing Facility at 2000 State Street, Cincinnati, Ohio.

WHEREAS, by September 5, 2025, the Board of Health of the City of Cincinnati received an application from Whitton Waste & Recycling, LLC to renew its license to operate a C&DD Processing Facility for the year 2026 at 2000 State St, Cincinnati, Ohio; and

WHEREAS, Ohio Administrative Code ("OAC") Section 3745-37-03 provides that the Board of Health shall not issue a license to operate a new solid waste facility unless the facility is adequately prepared for operations and has been inspected, and the operator of the facility is competent and qualified to operate it in substantial compliance with Ohio Revised Code Chapter 3734, "Solid and Hazardous Wastes," Chapter 3767, "Nuisances," Chapter 6111, "Water Pollution Control," and Chapter 3704, "Air Pollution Control," as well as OAC Chapters 3745-27 and 3745-37; and

WHEREAS, in accordance with the terms of OAC 3745-37-03, Whitton Waste & Recycling LLC's C&DD Processing Facility at 2000 State St, Cincinnati, Ohio has met the requirements for such a facility under Ohio law; now, therefore,

BE IT RESOLVED by the Board of Health of the City of Cincinnati, State of Ohio, that a license to operate a C&DD Processing Facility at 2000 State St, Cincinnati, Ohio, is hereby granted to Whitton Waste & Recycling, LLC for the year 2026.

ADOPTED: October 28, 2025

_____
Ashlee Young, MPH
Chairperson, BOH

_____
Grant Mussman, MD, MHSA
Health Commissioner,
Cincinnati Health Department

City of Cincinnati Board of Health Finance Committee

Kiana Trabue, Chair of the Board of Health Finance Committee, called the Tuesday, October 21, 2025 Finance Committee meeting to order at 5:02 pm.

Roll Call

Members present: Kiana Trabue, Jagdish Bhati, Dr. Edward Herzig, John Kachuba, Mark Menkhaus Jr., Grant Mussman, and Joyce Tate

Topic	Discussion	Action/Motion
Approval of Minutes	The Chair asked Committee members if everyone had the opportunity to review the minutes from Motion: That the Board of Health (BOH) Finance Committee approves the minutes from September 16, 2025.	**Motion:** Kachuba **Second:** Bhati **Action:** Pass
Review of Contracts for BOH Approval:	The Chair began reviewing contracts going to BOH for approval. **Ohio Department of Health – 65x10811** Mr. Dunham explained that this funding continues long-standing support for preparedness activities. Though it arrived later than usual the notice of award wasn't received until July 9th, after the grant period had already started. Additional delays occurred due to the council's summer recess, which postponed ordinance approval. The grant supports preparedness efforts through two specific work plans under one grant: the Public Health Emergency Preparedness (PHEP) program and the Cities Readiness Initiative (CRI). **Motion**: That the BOH Finance Committee recommends approval. **Greater Cincinnati Dental Lab – 65x10819** Ms. Thamann-Raines explained that a new contract period has begun for dental laboratory services, covering removable and fixed dental appliances such as crowns, bridges, partials, and full dentures. The contract, estimated at approximately $190,000 annually, was awarded to Greater Cincinnati Dental Lab, with whom the department has contracted in previous years. This continues an ongoing partnership, and costs are reimbursed through patient billing. Mr. Bhati asked why a specific dollar amount is being committed so early and whether this is a competitive contract or simply a continuation of an existing relationship. Dr. Menkhaus explained that the contract goes through a formal RFP process periodically. In this case, four proposals were submitted and evaluated by a committee led by Dr. Taylor, the dental director. Greater Cincinnati Dental Lab received the highest score, making this both a continuation of an existing relationship and the result of a competitive selection process. **Motion**: That the BOH Finance Committee recommends approval.	**Motion**: Herzig **Second**: Mussman **Action**: Pass **Motion**: Bhati **Second**: Herzig **Action**: Pass

Review of Contracts for BOH Information:	The Chair began reviewing the following contract, going to BOH for information. **Chamberlain College of Nursing, LLC – 75x10187** Dr. Daniels explained that this amendment updates the existing affiliation agreement between the Health Department and Chamberlain College of Nursing. The agreement allows nurse practitioner students to gain field experience in public health settings. The amendment expands the agreement to include both Master of Science in Nursing and baccalaureate nursing students. There are no funds involved with this agreement. Mr. Bhati asked how this agreement differs from a previous arrangement with the University of Cincinnati, where the Health Department was paying UC for medical students to participate. He noted that, in that case, the department paid UC for three students, whereas this new agreement with Chamberlain College does not involve any payment. Mr. Mussman explained that the UC contract was specifically for summer interns and included a stipend tied to a deliverable. In contrast, the agreement with Chamberlain College allows nurse practitioner students to gain experience while completing their degrees, without any financial compensation involved.	
Financial Update	Mr. Menkhaus provided an overview of the financial statement for the period ending in • **Total Revenue:** Revenue at the end of September was $14,912,447.59. Which is a 19.28% increase from September of 2024. Expenses as of September 2025 totaled $14,378,916.02 which is a 1.55% increase from September 2024. Total net gain after the capital revenue transfer was $690,531.57. **Total Expenses**: • 7100 - Personnel increased by 8.39%. 7500-Fringes saw an increase of 5.77%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME employees received at the end of September. • 7200 - Contractual Services saw a decrease of 25.59% (11.78% decrease in the prior month), and 7300- Materials & Supplies decreased by 11.3% (39.82% decrease in the prior month). The differences are due to the timing of invoices paid. In FY26 we paid Cross Country Staffing $9,760.10 as of September, yet in FY25 we paid Cross Country Staffing $109,105.61 as of September. In FY26 we paid Cardinal Health $353,943.79 as of September, yet in FY25 we paid Cardinal Health $498,992.88 as of September. We also expensed $115,595.95 to Patterson Dental Supply in FY25, yet in FY26 we have expensed $113,374.31 as of September. • 7400 - Fixed Costs decreased by 5.64% (28.69% increase in the prior month). The increase is the timing of invoices paid. In FY26 we paid Ochin $210,388.24 as of September, yet in FY25 we paid Ochin $291,924.11 as of September. We also expensed $25,000 to Hamilton County FY26 that was not expensed in FY25.	

- 7600 - Property increased by 242.93% (340.33 increase from the prior month). The increase is due to the renovation at the Price Hill Clinic and the sink hole at the Bobbie Sterne parking lot.

  Total Available: $690,531.57

Mr. Menkhaus provided an overview of temporary staffing expenditures for FY26.
He noted that, so far this fiscal year, the Health Department has spent approximately $87,000 on temporary services. He clarified that much of this relates to managing credentialing exceptions, which are unusual cases where claims accrue unexpectedly.

A historical review shows that temporary staffing costs have steadily declined, from $1.2 million in 2022 to significantly lower levels in recent years. The FY26 figure only reflects spending since July and is not a full-year total.

Mr. Menkhaus addressed a key question about whether temporary services are being used to supply nurses, especially in light of the discontinued contract with Cincinnati Public Schools. He confirmed that temporary nurses are no longer being used for CPS, aside from $1,200 paid to cover invoices from last school year. Current temporary staffing primarily supports roles like pharmacists, pharmacy technicians, pool techs, mosquito techs, dentists, dental assistants, and medical assistants.

He added that only four staffing vendors have been used in FY26, with contracts awarded based on specialty. Overall, the department's reliance on temporary staffing has declined significantly.

Mr. Menkhaus provided an update on the Facility Master Plan projects.
He began with background, noting that in 2023, the board was presented with a comprehensive facilities master plan outlining consultant recommendation for building improvements. The update addressed the status of key projects identified as priorities.

- **Crest Smile Shop Relocation:** The most advanced project involves relocating the Crest Smile Shop to co-locate with the Ambrose Health Center. The design phase is now complete, and the team is preparing a bid package for construction.
- **Administrative Consolidation:** The department's administrative functions are currently spread across multiple buildings, mainly 3101 Burnet. The city has been evaluating options for a consolidated location over the past six months, and that process is ongoing.
- **Northside Health Center:** Plans are underway for renovations to improve ADA accessibility and add exam rooms.
- **Price Hill Health Center:** A conceptual meeting was held earlier in the day to explore expanding the clinical footprint and increasing exam room space. Additional parking options are also being considered for this location.

	• **Bobbie Sterne Health Center:** Structural foundation repairs are currently in progress. • **Parking Lot Improvements:** Resealing and re-striping have been completed on three parking lots in the past two months. Mr. Menkhaus emphasized that real progress is being made, with capital funding from the city being used strategically to address both immediate needs and long-term growth goals.	
New Business	N/A	
Public Comment	Mrs. Shurdina Mitchell stated that as of 5 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 5:28 pm
Next Meeting: **Tuesday, November 18, 2025 5 p.m.**
Minutes prepared by Mrs. Shurdina Mitchell
The meeting can be viewed and is incorporated in the minutes: https://fb.watch/pD-N3kOzkN/

Board of Health Finance Committee Roll Calls for **October 21, 2025**:

	Roll Call	**Minutes**	Ohio Department of Health – 65x10811	Greater Cincinnati Dental Lab – 65x10819	Chamberlain College of Nursing, LLC – 75x10187 **(Information Only)**
Mr. Jagdish Bhati	Y	2Y	Y	MY	-
Dr. Edward Herzig	Y	Y	MY	2Y	-
Dr. Camille Jones	-	-	-	-	-
Mr. John Kachuba	Y	MY	Y	Y	-
Mr. Mark Menkhaus Jr.	Y	Y	Y	Y	-
Dr. Grant Mussman	Y	Y	2Y	Y	-
Ms. Joyce Tate	Y	Y	Y	Y	-
Ms. Kiana Trabue	Y	Y	Y	Y	-

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

Others present: Shurdina Mitchell (Clerk)
Dr. Maryse Amin, Dr. Michelle Daniels, John Dunham, Angela Mullins, Lauren Thamann-Raines, and Dr. Ashanti Salter

Preparation Date 7/17/25

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 # **65x10811**

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

Initiator Person & Phone # **John Dunham, 513-357-7207**

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

Division **Health CHES/Emergency Preparedness**

Type of Contract/Agreement ___ Accounts Payable **X** Accounts Receivable

___ Service Contract (no $) ___ Lease

Funding Source ___ General Fund **X** Grant Fund ___ Other Funding

Action Required: **X** Board Approval ___ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$225,406**

TERM

Original Term Start Date **7/1/2025** End Date **6/30/2026**

EXECUTIVE SUMMARY

This grant provides pass-through funding for Public Health Emergency Preparedness (PHEP) support from the Ohio Department of Health under the Centers for Disease Control PHEP Grant. The grant supports preparedness planning requirements set forth as deliverable-based service. CHD will receive Budget Period 2 (FY '26) grant funds totaling $225,406 paid through completion of service deliverables. PHEP funding is $145,711. This grant also includes the Cities Readiness Initiative grant fund amount of $79,695 which represents level funding from the last budget period.

Preparation Date September 22, 2025

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Greater Cincinnati Dental Lab**

Contract # **65x10819**

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

Initiator Person & Phone # **Lauren Thamann – Raines, 513-357-2809**

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

Division **Primary Health Care**

Type of Contract/Agreement X Accounts Payable ____ Accounts Receivable

____ Service Contract (no $) ____ Lease

Funding Source ____ General Fund ____ Grant Fund X Other Funding

Action Required: X Board Approval ____ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$760,000 (approx. $190 annually)**

TERM

Original Term Start Date **Upon execution** End Date **1 year after execution w/3 add 'l 1-year renewals**

EXECUTIVE SUMMARY

Greater Cincinnati Dental Laboratory provides dental laboratory services for the Cincinnati Health Department's Dental Centers. Dental Lab work includes removable and fixed dental appliances (crowns, bridges, partial and full dentures). CHD patients typically present with missing teeth; dental lab services are essential to restoring oral health and function to the patients.

Patients pay up front for their portion of the laboratory bill. The minimum fees are set at a level that covers the cost of the lab services. The cost of this contract, therefore, is covered by the minimum payments or insurance payments from the patients. This contract is essential to providing comprehensive dental care to CHD dental patients.

city of CINCINNATI HEALTH DEPARTMENT

DATE: October 21, 2025

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2026

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2026 – SEPTEMBER

2026 September Highlights:

- Revenue at the end of September was $14,912,447.59. Which is a 19.28% increase from September of 2024. Expenses as of September 2025 totaled $14,378,916.02 which is a 1.55% increase from September 2024. Total net gain after the capital revenue transfer was $690,531.57.

Year over Year:

- As of September, we had $39,646.23 in overtime compared to September of 2024's total of $48,283.66. Neither year as of September had any disaster overtime.

- We received capital revenue transfer for FY26 in the amount of $157,000. In FY25 we received a total of $2,187,000.

- 7100-Personnel increased by 8.39%. 7500-Fringes saw an increase of 5.77%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME employees received at the end of September.

- 7200- Contractual Services saw a decrease of 25.59% (11.78% decrease in the prior month), and 7300- Materials & Supplies decreased by 11.3% (39.82% decrease in the prior month). The differences are due to the timing of invoices paid. In FY26 we paid Cross Country Staffing $9,760.10 as of September, yet in FY25 we paid Cross Country Staffing $109,105.61 as of September. In FY26 we paid Cardinal Health $353,943.79 as of September, yet in FY25 we paid Cardinal Health $498,992.88 as of September. We also expensed $115,595.95 to Patterson Dental Supply in FY25, yet in FY26 we have expensed $113,374.31 as of September.

- 7400-Fixed Costs decreased by 5.64% (28.69% increase in the prior month). The increase is the timing of invoices paid. In FY26 we paid Ochin $210,388.24 as of September, yet in FY25 we paid Ochin $291,924.11 as of September. We also expensed $25,000 to Hamilton County FY26 that was not expensed in FY25.

- 7600-Property increased by 242.93% (340.33 increase from the prior month). The increase is due to the renovation at the Price Hill Clinic and the sink hole at the Bobbie Sterne parking lot.

Facility Master Plan Projects Update

Temporary Services Spending

Row Labels	2022	2023	2024	2025	2026	Grand Total
EXPENSE	**1,265,131.64**	**1,089,111.41**	**833,172.83**	**412,258.08**	**87,381.55**	**3,687,055.51**
7297 - Temporary Services	**1,265,131.64**	**1,089,111.41**	**833,172.83**	**412,258.08**	**87,381.55**	**3,687,055.51**
22nd Century Technologies, Inc		14,581.10	15,590.30	5,634.42		35,805.82
Cross Country Staffing		50,339.51	200,709.93	183,227.23	9,760.10	444,036.77
Eight Eleven Group, LLC	97,296.50					97,296.50
ENVIRONMENTAL & SAFETY SOLUTIONS, INC.	34,909.84	103,903.38	128,255.15	5,860.80	1,221.00	274,150.17
JLK Global Enterprises, Inc				31,302.13	21,683.24	52,985.37
Rockglade Government Solutions, LLC					54,717.21	54,717.21
Tri-City Staffing Services	81,485.46	23,482.29				104,967.75
Trustaff Personnel Services, LLC	273,622.41	45,202.54				318,824.95
WESTERN NURSING SERVICES	790,313.34	868,854.14	488,617.45	186,233.50		2,334,018.43
(blank)	-12,495.91	-17,251.55	0.00			-29,747.46
Grand Total	**1,265,131.64**	**1,089,111.41**	**833,172.83**	**412,258.08**	**87,381.55**	**3,687,055.51**

city of CINCINNATI
HEALTH DEPARTMENT

Cincinnati Board of Health Financial Statement for the period of September

	FY26 Actual	FY25 Actual	Variance
Revenue			
8236-Pools/Spa	$3,151.25	$856.50	267.92%
8237-Household Sewage System	$1,395.00	$1,205.00	15.77%
8239-Tatto/ Body, Environmental Waste License Fee	$1,650.00	$450.00	266.67%
8241-Food Service (Mobile-Temporary)	$19,630.00	$40,070.44	-51.01%
8242-Vending Machine Licenses	$27.78	$13.44	106.70%
8244-Food Establishments	$36,990.25	$32,461.00	13.95%
8249-Food, NOC	$27,194.50	$18,204.50	49.38%
8432-Vending Machine Proceeds	$0.00	$0.00	0.00%
8536-Grants\State	$584,092.47	$175,725.59	232.39%
8556-Grants\Federal	$2,134,112.84	$2,417,229.15	-11.71%
8563-Bd of Ed Svc (School Nurses Sal.)	$304,330.12	$439,542.39	-30.76%
8564-Ham Co Service	$80,032.51	$89,885.27	-10.96%
8571-Specific Purpose\Private Org.	$6,000.00	$170,502.85	-96.48%
8617-Non-Department Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges Indirect Costs	$60,700.00	$61,340.00	-1.04%
8731-Birth & Death Certificates	$158,169.34	$138,052.84	14.57%
8732-Vital Stats - Other	$1,890.71	$769.52	145.70%
8733-Self-Pay Patient	$275,878.26	$236,283.56	16.76%
8734-Medicare	$1,599,432.61	$1,343,986.80	19.01%
8736-Medicaid	$1,726,932.62	$490,148.35	252.33%
8737-Private Pay Insurance	$303,147.09	$260,480.88	16.38%
8738-Medicaid Managed Care	$2,399,811.28	$1,462,964.86	64.04%
8739-Misc. (Medical rec.\smoke free inv.)	$344,392.85	$649,059.08	-46.94%
8784-Private Lot Litter & Weed	$0.00	$0.00	0.00%
8811-Unclaimed Remains	$300.00	$0.00	0.00%
8914-Bond/Note Proceeds	$0.00	$0.00	0.00%
8917-Deferred Sewer Assessment Collections	$0.00	$226.60	-100.00%
8932-Prior Year Reimbursement	$5,076.82	$125,847.40	-95.97%
% That is attributable from 416	$4,838,109.29	$4,346,523.68	11.31%
Total Revenue	$14,912,447.59	$12,501,829.70	19.28%
Expenses			
71-Personnel	$7,544,279.90	$6,960,111.50	8.39%
72-Contractual	$1,628,980.88	$2,189,307.73	-25.59%
73-Material	$871,776.43	$982,807.59	-11.30%
74-Fixed Cost	$588,979.26	$624,181.26	-5.64%
75-Fringes	$3,534,087.83	$3,341,337.32	5.77%
76-Property	$210,811.72	$61,474.26	242.93%
Total Expenses	$14,378,916.02	$14,159,219.66	1.55%
Net Gain (Losses)	**$533,531.57**	($1,657,389.96)	-132.19%
8936-Transfer	**$157,000.00**	**$2,187,000.00**	
Total Available	**$690,531.57**	**$529,610.04**	30.38%

Interdepartmental Correspondence Sheet

Date: 10/28/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD, MHSA, Health Commissioner

Copies: Leadership Team, HR File

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

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

DESIREE BRANSON	**EXPANDED FUNCTION DENTAL ASSISTANT**	**CCPC**
(Other)		
Salary Bi-Weekly Range:	$2,813.22 to $2,967.55	Revenue Fund
Desiree Branson has over 7 years of dental experience as a dental assistant; for 3 of those years Ms. Branson has worked as an Expanded Function Dental Assistant. She has worked in both pediatrics and general dentistry. Ms. Branson has a strong background in public health and previously worked with the Cincinnati Health Department as a dental assistant. She has experience as a chair side dental assistant with endo and restorative dentistry. She has a wide range of experience, and we think she will be a great asset to the Cincinnati Health Department dental program.		

BEMNET MELAKU	**PUBLIC HEALTH EDUCATOR**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,813.22 to $2,967.55	General Fund
We are excited to welcome Bemnet Melaku as the new Public Health Educator for the Tobacco Free Living Program. In this role, she will play a key role in advancing our efforts to reduce tobacco and vaping rates in Cincinnati through community education and policy, systems, and environmental changes. Bemnet brings an exceptional blend of education and experience, holding a bachelor's degree in neuroscience and a master's degree in public health. Her background in health education and program evaluation, coupled with her ability to adapt materials for diverse audiences, makes her an outstanding fit for this position and a valuable addition to our team.		

KEARA WILLIAMS	**DENTAL HYGIENIST**	**CCPC**
(Transfer vacancy)		
Salary Bi-Weekly Range:	$3,385.82 to $3,906.72	General Fund
Ms. Williams is a Registered Dental Hygienist with an associate's degree in dental Hygiene Technology. She is also certified to administer local anesthesia and monitor nitrous oxide sedation. Ms. Williams has experience working with population groups with traditionally high disease rates and unmet dental needs. She was previously employed by the Cincinnati Health Department as a dental assistant and left to pursue her hygiene degree. We are excited to join our dental team.		

PROMOTION

CATHERINE LANZILLOTTA	**PUBLIC HEALTH EDUCATOR**	**CCPC**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,295.94 to $3,085.55	Revenue Fund
Mrs. Catherine Lanzillotta is a graduate of Mt St. Joseph's University and has over 18 years' experience as a registered nurse. She has been employed by the Cincinnati Health Department since January 2019 as a School Health Nurse and is currently serving in the CLPPP as a Lead Case Manager. She is a Lieutenant Colonel in the Ohio Military Reserve where leadership, communication, and teamwork are core values.		

OLUWASEUN OLADIMEJI	**ENVIRONMENTAL SAFETY SPECIALIST**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,577.67 to $3,464.17	Grant Fund
The CHES Employee Safety/Emergency Preparedness work unit wishes to promote Oluwaseun Oladimeji to the position of Environmental Safety Specialist. Mr. Oladimeji was selected from a large pool of applicants and was chosen for his education, previous work experience, and his current performance in the CHD Food Safety Program. We fully anticipate Oluwaseun to continue our employee safety efforts and provide excellence in service.		

TRANSFER

LATOYIA WILSON	**SENIOR HUMAN RESOURCES ANALYST**	**HUMAN RESOURCES**
(New Position)		
Salary Bi-Weekly Range:	$2,784.15 to $4,232.79	General Fund
LaToyia Wilson comes to the Health Department as a Senior Human Resources Analyst, bringing extensive experience in public sector and nonprofit HR operations. She provides strategic guidance in workforce planning, recruitment, benefits administration, and labor compliance. Known for her professionalism and discretion, Ms. Wilson has led initiatives that improve efficiency, strengthen employee engagement, and ensure organizational compliance. Currently pursuing a Master of Public Administration, she combines analytical rigor with a people-centered approach to support the City's mission and leadership priorities.		

DATE: October 21, 2025

TO: Cincinnati Health Department Board of Health

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

SUBJECT: October Communicable Disease Report

Mpox updates

CHD is reported 2 new cases of mpox during the month of September. Specimens from both cases were forwarded to Centers for Disease Control (CDC), where both cases were confirmed clade II mpox, the same type of mpox that caused the global outbreak in 2022.

On October 17, 2025 California Department of Health issued a health advisory to local health departments and health care providers after identifying local transmission of clade I mpox. Previously all cases of clade I mpox reported in the United States were associated with international travel.

According to the CDC the risk of mpox to the public in the U.S. remains low.

Presumptive healthcare-associated Legionnaires Disease (LD) investigations

At the beginning of October CHD was notified by the Ohio Department of Health (ODH) of a new presumptive healthcare-associated LD case who developed symptoms while hospitalized at a local hospital. CHD Environmental Health and Communicable Disease are working with ODH and the hospital to rule out risk of illness to others.

CHD also continues to work with the long-term care facility that had a presumptive healthcare-associated LD case in August, as they continue remediation efforts.

Respiratory Activity as of 10/20/2025

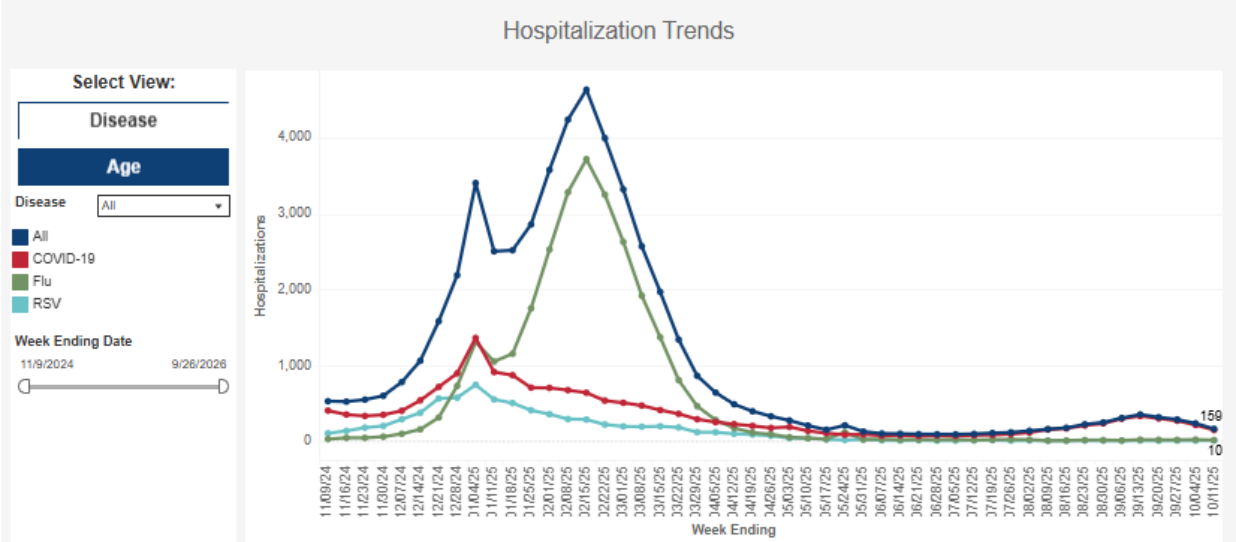
- Nationally, respiratory activity has not been updated on the CDC website since the government shutdown at the end of September.
- ODH is reporting Low (decreasing) COVID-19, Low Influenza, and Low RSV levels in wastewater as of 10/20/2025.

Wastewater Viral Activity Levels Updated 10/20/2025 in Ohio. US date not available.

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

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

- CHD received a total of 10 COVID-19 hospitalization reports for Cincinnati residents and 1 Influenza hospitalization report in September. There has been 1 COVID-19 hospitalization, no Influenza and no RSV hospitalizations reported in October as of 10/17/2025.
- The Ohio Department of Health Respiratory Dashboard as of 10/16/2025 is displaying hospitalization trends state-wide as illustrated below.



Communicable Disease Investigations in September

CHD investigated 89 communicable disease reports in September 2025, including 2 suspected measles reports and 1 suspected botulism report. You can find the cases meeting confirmed and probable case definitions included in the September Monthly Infectious Disease Surveillance Summary in the board's packet. This data is also updated each month on the Communicable Disease Dashboard that is located on the website: Communicable Disease Unit - Health.

Outbreak Response

CHD's Communicable Disease Control and Prevention Unit investigated 7 new outbreaks (OB) in September:

- 4 Hand, Foot, and Mouth Disease OBs in daycare settings
- 1 COVID-19 OB in a LTCF
- 1 Pertussis OB in a university
- 1 MRSA OB at a school, that was determined not to be an outbreak

Date: October 28, 2025
To: Board of Health
From: Grand Mussman, MD, Health Commissioner
Subject: Health Commissioner's Report, Reflects September 2025

WIC Updates September 2025

1. The WIC caseload for September was 15,668.
   Women: 3,478 Infants: 3,778 Children: 8,412
2. September Breastfeeding:
   a. Initiation rate- 64.45%
   b. Breastfeeding at 6 months- 40.21%
   c. Breastfeeding at 12 months- 32.88%
   d. The WIC Lactation Center is open for walk-in appointments daily. WIC offers virtual and in-person breastfeeding classes monthly including a Spanish virtual class.
3. In September WIC provided 457 women education regarding urgent maternal warning signs during the perinatal period.
4. WIC provided 13 manual and 18 electric breast pumps to mothers. WIC loaned 59 breast pumps in the past quarter.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 10.28.2025

Community Health and Environmental Services (CHES) updates:

- Dr. Amin served as a panelist for the Civic Academy of Leadership talking about the role of the Board of Health and the overall role of the Health Department in the field of Public Health on September 13, 2025.

- Dr. Amin served as a panelst for the Portman Fellows Panel: Public Health and Policy in Cincinnati on October 1, 2025.

- Cincinnati Health Department is continuing he partnership with The Health Collaborative to conduct the Cardiovascular Collaborative with City of Cincinnati Leveraged Support Funding related to identifying next steps aimed at increasing life expectancy with cardiovascular disease.

- Cincinnati Health Department partnered with the City Manager's Office to launch a medical debt relief project in response to Mayor Pureval's Financial Freedom Blueprint. With the launch, thus far $219,849,397.57 in debt has been relieved for 107,546 individuals.

- Cincinnati Health Department continues to meet with the Cincy CHIP action teams on the five priorities set for the next three years. 1) Access to Care, 2) Mental and Behavioral Health, 3) Nutrition and Food Access, 4) Infant Vitality, 5) Housing. More information in the Accreditation section.

- Alternative Response to Crisis (ARC) pilot diverting low acuity 911 calls to a behavioral health and EMT team is continuing in the Cincinnati community, more information can be found with the link below:

Alternative Response to Crisis (cincinnati-oh.gov)

Epidemiology

Epidemiology Data Briefs and Educational Guides:

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

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

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

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

2023 Annual Lead Report:

2023-LEAD-ANNUAL-REPORT-FINAL-(2).pdf

Epidemiologic Infant data:
These numbers are provisional for 2023-2025:

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

The finalized number of births for 2020 (births extracted from Ohio Resident live births database (by residence city/county) as of 9.20.22):
City of Cincinnati = 4,220
Hamilton County births outside of the City limits = 6,110
Hamilton County inclusive of the City = 10,330

The finalized infant mortality rate for 2020 based on our current numbers:
City of Cincinnati IMR = 10.4 per 1,000 live births
Hamilton County outside the City limits = 5.4 per 1,000 live births
Hamilton County IMR = 7.5 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2021:
City 2021 = 41
County (minus the city) 2021 = 24
Total Hamilton County 2021 = 65

The provisional number of births for 2021 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.9.23):
City of Cincinnati = 4,111
Hamilton County births outside of the City limits = 6,154
Hamilton County inclusive of the City = 10,265

The provisional infant mortality rate for 2021 based on our current numbers:
City of Cincinnati IMR = 10.0 per 1,000 live births
Hamilton County outside the City limits = 3.9 per 1,000 live births
Hamilton County IMR = 6.3 per 1,000 live births (inclusive of the city numbers)

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

The provisional number of births for 2022 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.28.24):
City of Cincinnati = 4,155
Hamilton County births outside of the City limits = 6,034
Hamilton County inclusive of the City = 10,189

The provisional infant mortality rate for 2022 based on our current numbers:
City of Cincinnati IMR = 11.3 per 1,000 live births
Hamilton County outside the City limits = 7.0 per 1,000 live births

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

Provisional deaths for 2023:
City 2023 = 29
County (minus the city) 2023 = 29
Total Hamilton County 2023 = 58

The provisional number of births for 2023 (births extracted from state database (by residence city/county) as of 10.28.24):
City of Cincinnati = 4,122
Hamilton County births outside of the City limits = 5,912
Hamilton County inclusive of the City = 10,034

The provisional infant mortality rate for 2023 based on our current numbers:
City of Cincinnati IMR = 7.04 per 1,000 live births
Hamilton County outside the City limits = 4.91 per 1,000 live births
Hamilton County IMR = 5.78 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2024:
City 2024 = 33
County (minus the city) 2024 = 35
Total Hamilton County 2024 = 68

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of April 2025):
City of Cincinnati = 4,099
Hamilton County births outside of the City limits = 5,894
Hamilton County inclusive of the City = 9,993

The provisional infant mortality rate for 2024 based on our current numbers:
City of Cincinnati IMR = 8.05 per 1,000 live births
Hamilton County outside the City limits = 5.94 per 1,000 live births
Hamilton County IMR = 6.80 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2025:
City 2025 = 32
County (minus the city) 2025 = 29
Total Hamilton County 2025 = 61

The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 10.22.25):
City of Cincinnati = 3,108
Hamilton County births outside of the City limits = 4,550
Hamilton County inclusive of the City = 7,658

The provisional infant mortality rate for 2025 based on our current numbers:
City of Cincinnati IMR = 10.30 per 1,000 live births
Hamilton County outside the City limits = 6.37 per 1,000 live births
Hamilton County IMR = 7.97 per 1,000 live births (inclusive of the city numbers)

CCPC UPDATE

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

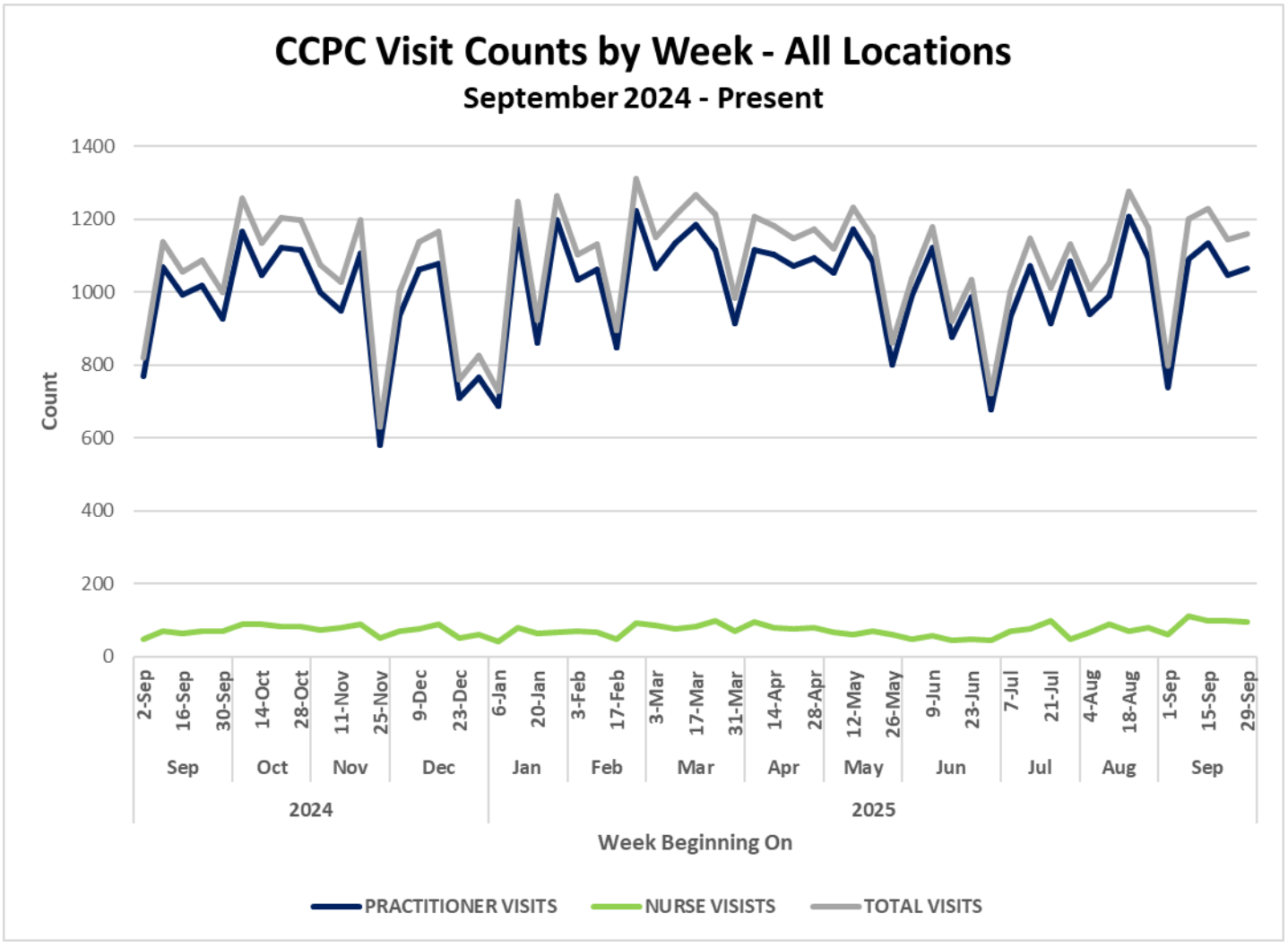


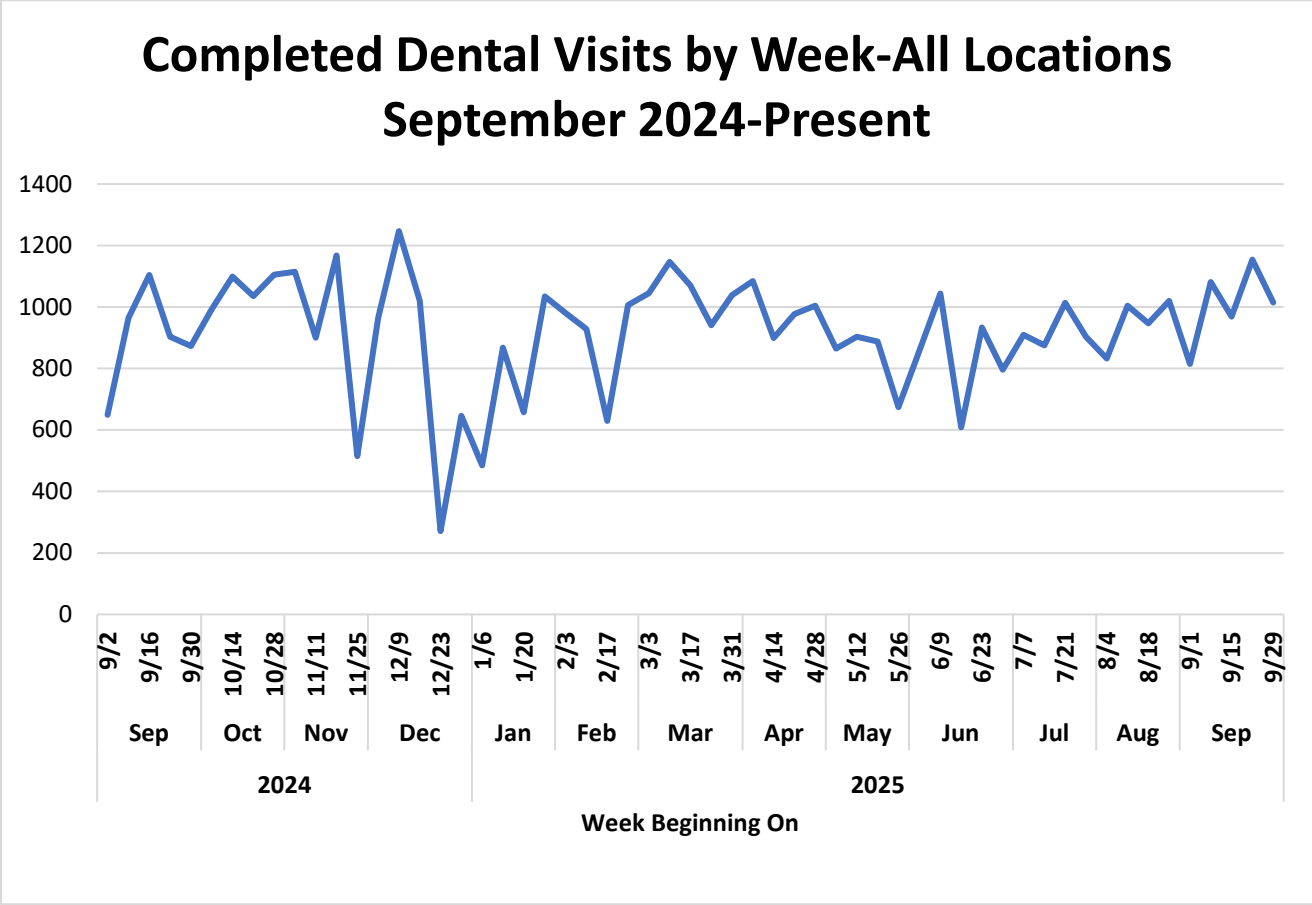
Table 1. Number of Completed Patient Visits by Location for September 2025 and FYTD

CCPC Community Health Centers	9/1	9/8	9/15	9/22	9/29	Sep 2025 Total	Sep 2024 Total	2025 FYTD Total	2024 FYTD Total
VISITS	**738**	**1092**	**1134**	**1047**	**1065**	**5076**	**4777**	**13992**	**13107**
AMBROSE CLEMENT	65	122	102	119	122	530	579	1273	1649
AMBROSE CLEMENT BH	9	34	25	26	26	120	136	404	414
BRAXTON CANN	65	99	102	82	88	436	476	1110	1272
BRAXTON CANN BH	1	7	8	1	2	19	0	47	0
ELM ST. BH	3	13	9	14	5	44	65	106	163
ELM ST.	142	190	209	197	202	940	788	2549	2108
MILLVALE	113	134	126	114	108	595	621	1733	1503
MILLVALE BH	7	9	10	0	3	29	34	106	112
NORTHSIDE	107	147	190	143	172	759	781	2348	2115
NORTHSIDE BH	19	27	14	23	10	93	11	279	28
PRICE HILL	178	271	304	289	295	1337	1171	3597	3360
PRICE HILL BH	29	39	35	39	32	174	115	440	383
NEW PATIENTS	**35**	**53**	**64**	**59**	**60**	**271**	**327**	**761**	**851**
AMBROSE CLEMENT	1	7	9	7	5	29	73	79	172
AMBROSE CLEMENT BH	0	0	0	0	0	0	1	1	7
BRAXTON CANN	4	6	5	6	4	25	44	71	94
BRAXTON CANN BH	0	0	0	0	0	0	0	0	0
ELM ST. BH	0	0	0	0	0	0	2	0	3
ELM ST.	11	12	9	10	12	54	37	162	106
MILLVALE	7	3	8	5	6	29	42	86	96
MILLVALE BH	0	0	0	0	0	0	0	0	0
NORTHSIDE	4	6	16	11	14	51	56	155	149
NORTHSIDE BH	0	0	0	0	0	0	0	3	0
PRICE HILL	8	18	17	19	19	81	72	202	222
PRICE HILL BH	0	1	0	1	0	2	0	2	2

Table 2. Number of Pharmacy Fills for September 2025 and FYTD

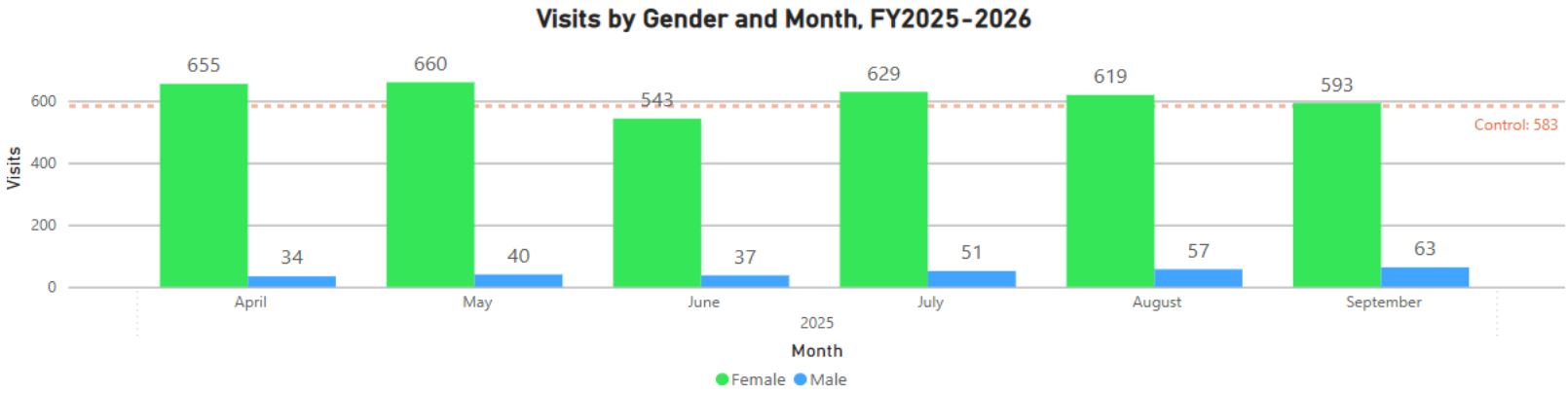
CCPC PHARMACY LOCATION	9/1	9/8	9/15	9/22	9/29	Sep 2025 Total	Sep 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	**1828**	**2361**	**2417**	**2296**	**2327**	**11229**	**10604**	**30731**	**29039**
AMBROSE CLEMENT	325	339	376	439	361	1840	1709	4499	4674
BRAXTON CANN	145	249	234	229	259	1116	1392	3232	3908
ELM ST.	293	375	508	360	417	1953	1912	5531	5434
MILLVALE	309	384	314	271	243	1521	1680	4487	4275
NORTHSIDE	252	353	286	303	352	1546	1442	4499	3904
PRICE HILL	504	661	699	694	695	3253	2469	8483	6844

Figure 2. Number of Completed CCPC Dental Visits for All Locations



Reproductive Health and Wellness Program (RHWP) Data Report

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



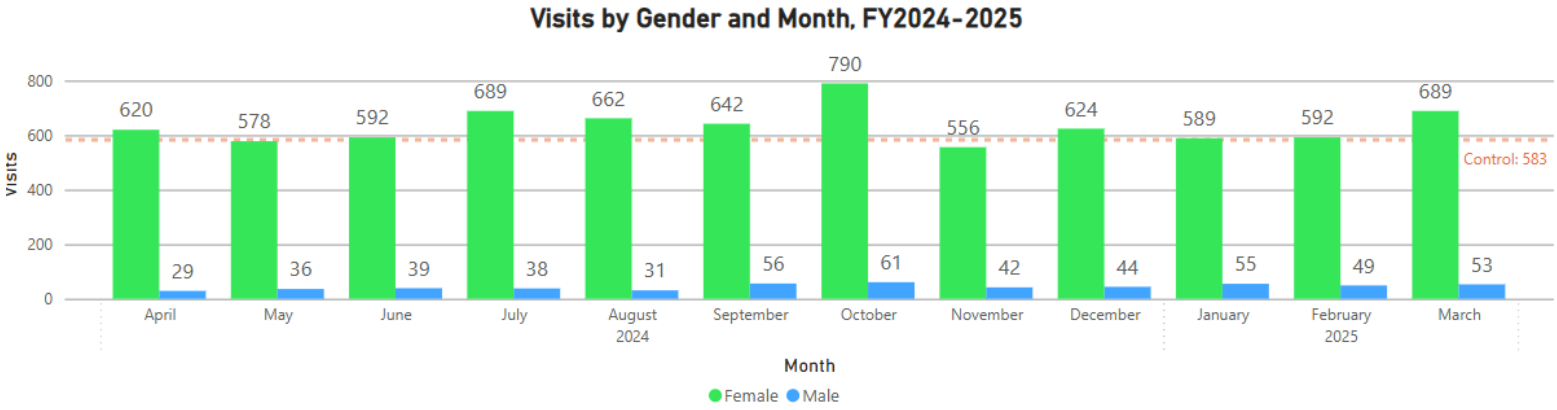


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025
FY24/25 Visits with Men: 533 patients
FY24/25 Visits with Women: 7623 patients
FY24/25 Visits Combined (men/women): 8156 patients
FY24/25 Control (Expected) Visits: 7000 patients
FY24/25 Visits as % of Control Total: 116.5%

Fiscal Year 2025 – 2026
FY25/26 Visits with Men: 282 patients
FY25/26 Visits with Women: 3699 patients
FY25/26 Visits Combined (men/women): 3981 patients
FY25/26 Control (Expected) Visits: 583 patients
FY25/26 Visits as % of Control Total: 105.7%

Figure 2a. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

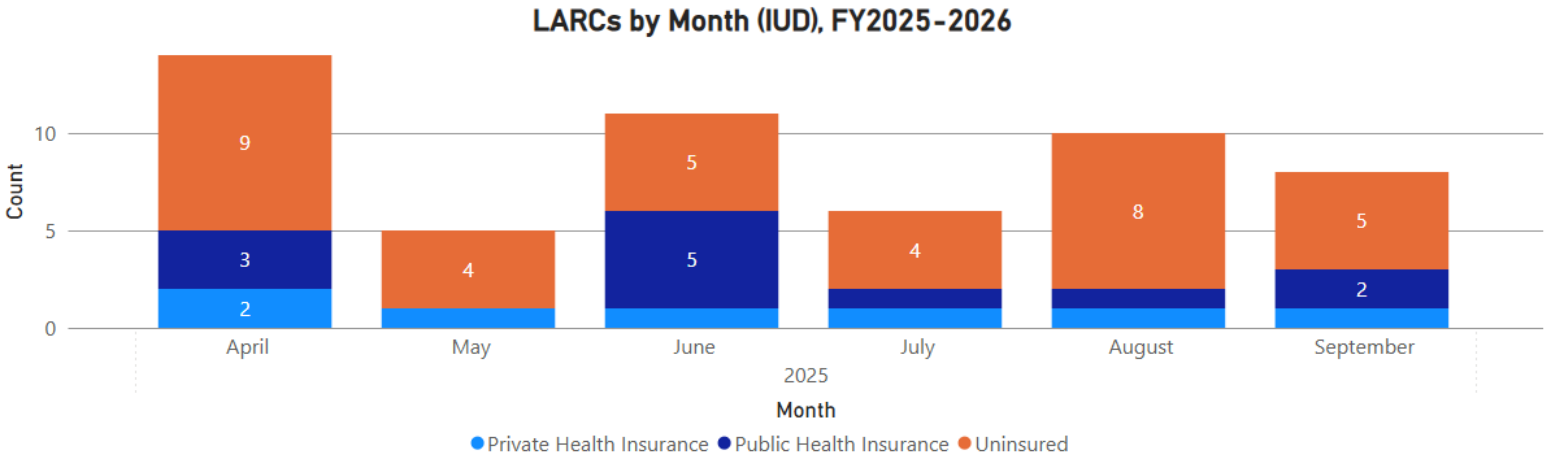


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

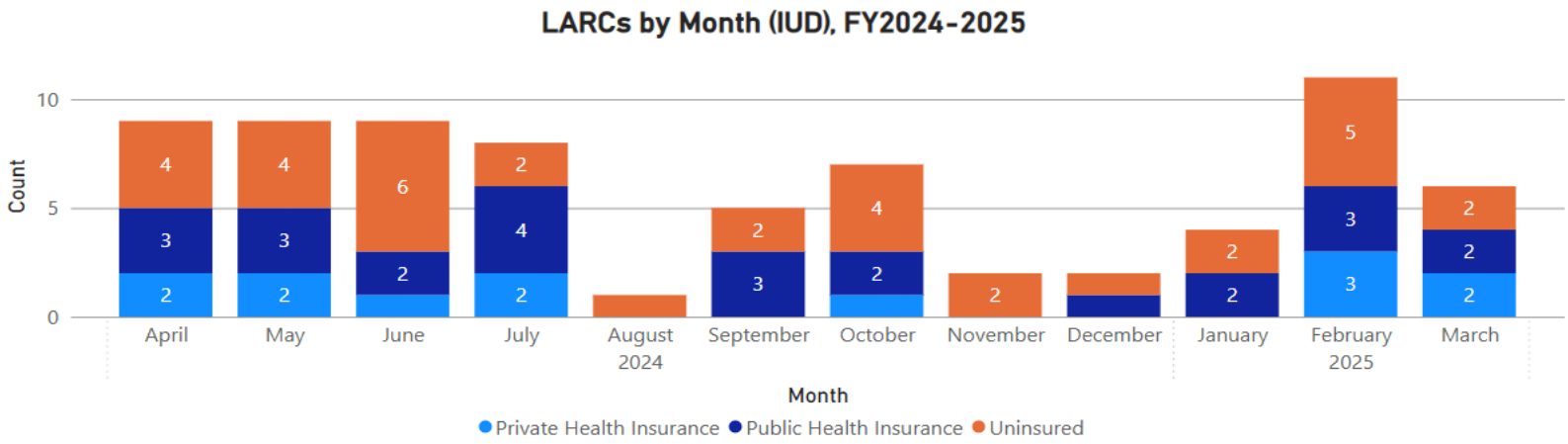


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

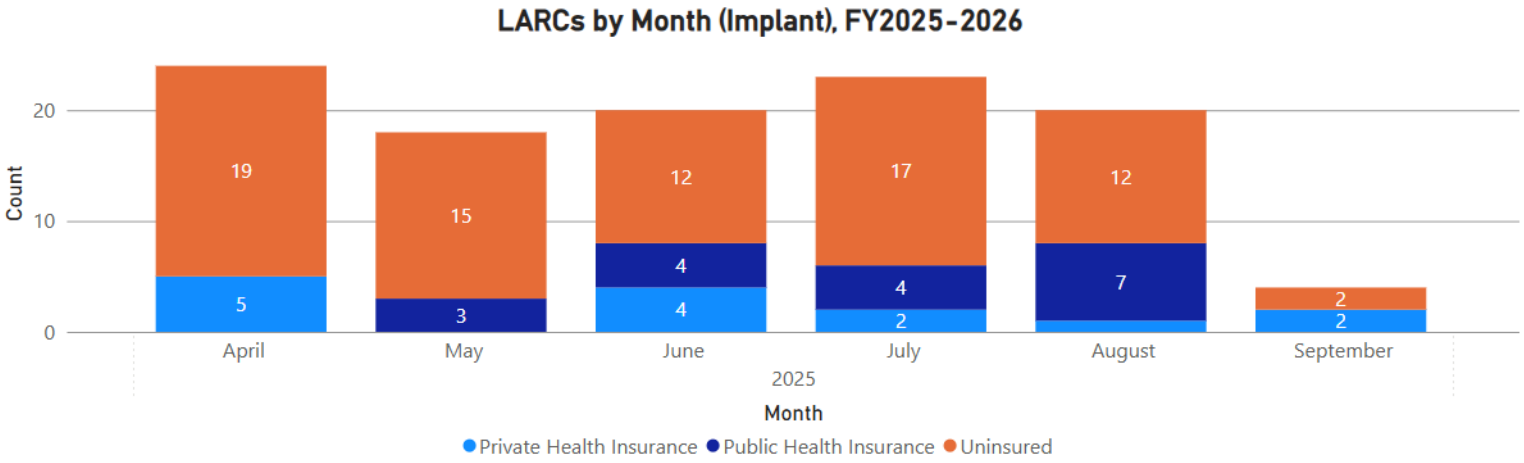


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 - 2025

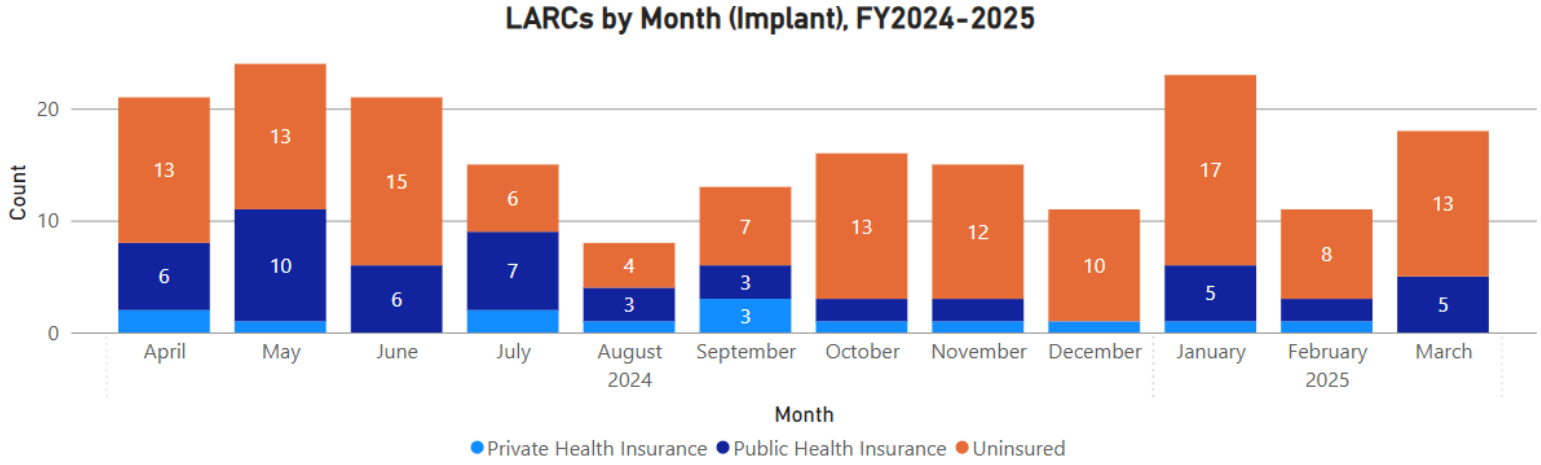


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, September 2025

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	8	1.35%	0	0.00%	8	1.22%
Asian	14	12.36%	0	0.00%	14	2.13%
Black	269	45.36%	50	79.37%	319	48.63%
PI/HN	9	1.52%	1	1.59%	10	1.52%
Unknown	102	17.20%	3	4.76%	105	16.01%
White	191	32.21%	9	14.29%	200	30.49%
Ethnicity						
Hispanic	235	39.63%	4	6.35%	239	36.43%
Non-Hispanic	358	60.37%	59	93.65%	417	63.57%

Income						
<=100% FPL	514	86.68%	46	73.02%	560	85.37%
101-249% FPL	69	11.64%	10	15.87%	79	12.07%
>=250% FPL	10	1.69%	7	11.11%	17	2.59%
Insurance						
Private	63	10.62%	8	12.70%	71	10.82%
Public	216	36.42%	21	33.33%	237	36.13%
Uninsured	314	52.95%	34	53.97%	348	53.05%
Age (years)						
<15	4	0.67%	0	0.00%	4	0.61%
15-49	543	91.57%	48	76.19%	591	90.09%
>50	46	7.76%	15	23.81%	61	9.30%
Limited English						
No	334	56.32%	58	92.06%	392	59.76%
Yes	259	43.68%	5	7.94%	264	40.24%

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

	Female	**% in col.**	**Male**	**% in col.**	**Total**	**% in col.**
Health Center						
Ambrose Clement	97	16.36%	51	80.95%	148	22.56%
Braxton Cann	33	5.56%	0	0.00%	33	5.03%
Bobbie Sterne	100	16.86%	3	4.76%	103	15.70%
Millvale	56	9.44%	1	1.59%	57	8.69%
Northside	103	17.37%	8	12.70%	111	16.92%
Price Hill	204	34.40%	0	0.00%	204	31.10%

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

Accreditation

PHAB Action Plan Update:

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

CHD CHA Update:

The Cincinnati Health Department has completed the CHD Community Health Assessment (CHA). The CHA was posted on the CHD website and can be accessed at CHD Reports & Publications - Health

Cincy CHIP Update:

The Action Teams continue to work towards advancing their initiatives in the community.

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

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

Regional CHNA and CHIP Update:

The Regional CHNA lead by The Health Collaborative (THC) was released in February 2025. The Greater Cincinnati Tri-State regional priorities identified are:

- Mental health treatment and prevention
- Homelessness prevention and housing stability
- Heart disease and stroke prevention and treatment

The Greater Cincinnati Tri-State Region 2025-2027 Collective Health Agenda was released July 16, 2025. To access the full report, click the link below:

https://healthcollab.org/wp-content/uploads/2025/07/SWOhio_CollectiveHealthAgenda_Final.pdf

Quality Improvement/ Quality Assurance

Clinical QI committee has resumed meetings. Public Health QI Steering Committee continues to showcase commitment to improvement across all five system domains demonstrated by the monthly Qi presentations.

GET VACCINATED GRANT- MONTHLY DATA TABLE 2024-2025										
MONTH	**RM 0-18 Years**	**RC 0-18 Years**	**IQIP Initial Site visit With office**	**IQIP 2 M Follow up**	**IQIP 6 M Follow up**	**IQIP 12 M Follow up**	**MOBI**	**TIES**	**PERI HEPB NEW CASES**	**PERI HEPB CLOSED CASES**

July	785	872	0	2	2	0	4	1	0	0
August	868	922	0	0	4	0	1	1	2	3
September	950	1261	0	0	5	1	14	14	0	0
October										
November										
December										
January										
February										
March										
April										
May										
June										
TOTAL										

RM=reminders to families for immunizations now due

RC=recalls to families behind on immunizations

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

MOBI=Maximizing Office Based Immunization education presentation for providers

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

Peri HEPB=Peri-natal Hepatitis

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

September- 41 in person school trainings

Healthy Communities Program – Tiffany White

Live Work Play Cincinnati Coalition A multi-sector coalition that works to improve health outcomes by addressing health-related social needs and social determinants of health at the community level.		
Date of Meeting	**Location & Presentations**	**Next Steps**
No August Meeting September 3, 2025	September newsletter	Next meeting is December 3rd, 10:00 AM – 12:00 PM MSD Admin Building NEW meeting frequency: in-person all coalition meetings will be quarterly (March, June, September, and December) on the first Wednesday of each month. Subcommittees will be held virtually each month.
Creating Healthy Communities Grant Implementation of strategies to improve healthy eating and active living in multiple Cincinnati neighborhoods. Strategies include: 1 pedestrian infrastructure strategy in Carthage, 1 food pantry strategy in Hartwell, 1 recreation/playground in Roll Hill/E. Westwood, and 2 Policy, System, and Environmental assessments in the Beekman Corridor.		
# of Meetings	**Status**	**Next Steps**
4 See Food Equity and Active Living Sections for more details.	Carthage – Finalizing heritage walk install and traffic calming strategies Hartwell – Placed freezers. Roll Hill – Traffic garden installed 9/11/25; planning kick off event.	Carthage - Finalize installation for heritage walk with DOTE. Work with DOTE for remaining traffic calming strategies. Hartwell – Cincy Freeze & Feed kick scheduled for September 24th Roll Hill – Host kick off event and develop curriculum plan with Roll Hill PE teacher.

Infant Vitality – Malina Harris

DCY- Cribs for Kids Subgrantee The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health is partnering with Cribs for Kids® and local organizations throughout Ohio to provide Cribettes® and safe sleep education to eligible families.		
# of families served since last report	**Project Partners and Status**	**3** **Next Steps**

102 families	**Partners:** All In Cincinnati, Bethany House Services, Cherished Hearts CPR Family, Community Action Agency, Cradle Cincinnati Connections (CCC), Crossroad Health Center, First Step Home, Greater Cincinnati Behavioral Health Services, Healthcare Access Now (HCAN),Healthy Homes: Block by Block (Community Matters),Healthy Moms & Babes, Helping Young Mothers Mentor, Inc., Home Health/CHD, Interfaith Hospitality Network of Greater Cincinnati (IHNGC),Mercy Health – Perinatal Outreach Program, Nurse Family Partnership/ECS-Pathways to Home, Rosemary's Babies Co., Santa Maria Community Service, Sigma Gamma Rho Sorority, Inc. Su Casa Hispanic Center, The Children's Hospital/ECS, The Children's Home of Cincinnati/ECS/Costars, The Christ Hospital, The Community Builders (TCB),TriHealth, The Salvation Army, University of Cincinnati Medical Center (UCMC)/Hoxworth/Women's Center, WIC, Women's Center of Ohio, TriHealth --- **Status: Active**	**Plan:** Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign. **Meeting frequency: ODH TA Meetings are Quarterly.** Last meeting 9/3/25 Meetings are Quarterly Next Meeting TBD
Sweet Cheeks Diaper Program		
# distributed since last report	**Project Partners and Status**	**Next Steps**
100 diapers have been distributed since the last BOH report.	**Partners:** Sweet Cheeks Diaper Bank HCAN, Mercy Health, Health Vine, UC Women's Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC --- **Status: Active**	**Plan:** **Families have been referred to other agencies to receive diapers** Agency is currently going through restructuring the program, so diaper ordering Is currently on pause. **Meeting frequency:** Last Meeting: 1/11/25 Next Meeting: 1/2026

CAT- The Cincinnati-Hamilton County Community Action Team The mission of the Cincinnati-Hamilton County Community Action Team is to optimize equitable health outcomes for women, infants, children, and families in Cincinnati-Hamilton County through collaboration, education, and action. This group meets monthly.		
# of meetings since last report	**Project Partners and Status**	**Next Steps**
3-Last Meeting: 6/26/25	**Partners:** **Hamilton County** ---------- **Status: Active**	**Plan:** Discuss the results of the Maternal & Child Health Survey. The work Group is being reconfigured and will meet on a quarterly basis. **Meeting frequency: Quarterly** Next Meeting: 9/25/25
OIPP/CIAG- Ohio Injury Prevention Partnership: Child Injury Action Group The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified focus areas to address in their five-year strategic plan including teen driving, traumatic brain injury, safe sleep, youth suicide and child passenger safety.		
# of meeting since last report	**Project Partners and Status**	**Next Steps**
5	**Partners:** **Ohio Department of Health** ---------- **Status: Active**	**Plan:** Strategic Plan Update Shared progress on the standardized data presentation the subcommittee members will be able to brand as their own and share within their respected communities. The presentation includes quantitative and qualitative data from multiple reporting sources (OPAS, CFR, etc.), representing all of Ohio. Presented on current work being done in the Infant Vitality Program. **Meeting frequency:** Quarterly Next Meeting TBD

Program supported projects/ meetings:
8/14/25- Meeting with Buckeye Health Plan
8/14/25-Hamilton County Infant Safe Sleep Work Group
8/14/25- Winton Hills Produce Drive
8/19/25- Tabling event at Mt Airy Elementary School
8/20/25- Hamilton County Safe Sleep Workshop Planning
8/20/25- Cultivating Connections: Building Partnerships to Address Hunger, Nutrition & Health Confirmation
8/22/25- Avondale Respite Center Resource Fair
8/26/25- CIAG Quarterly Meeting
8/27/25- Building Policy, Supporting Families: Advancing Breastfeeding Initiatives Together Webinar
8/28/25- Cradle Cincinnati: Community Partner Meeting
8/28/25- AmeriHealth Stakeholder Engagement Luncheon
8/28/25- Community Action Agency Family Service Meeting
9/9/25- DCY TA Call
9/9/25- Hartwell Freezer Soft Launch
9/10/25- Infant Vitality Program Quarterly Development Training
9/11/25- CIAG – Quarterly Meeting
9/11/25- Winton Hills Produce Drive
9/12/25- JDQ Overview meeting
9/13/25- Social Services Day Event
9/15/25- Caresource Quarterly Engagement Meeting

Food Equity (Healthy Eating)- Jasmine Robinson

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

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps

1	Produce Perks, Winton Hills Community Church and Council, Mustard Seed Farm, and Last Mile Food Rescue. --- **Status: Active (began 5/15/25- 21 families signed up)**	Weekly produce distributions to enlisted families and other community members. **Meeting frequency:** as needed for planning
Cincy Freeze & Feed The Cincinnati Health Department (CHD) Healthy Communities Program will partner with the Cincinnati Recreation Commission (CRC) Hirsch and Millvale locations to implement a pilot community freezer program.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
1	CRC, La Soupe, CareSource, Food for the Soul, and Hamilton County ReSource --- **Status: Active**	Soft launch completed on 9/9/25 and grand opening scheduled for 9/24/25. Programming discussions scheduled with Winton CRC staff for planning of launch. **Meetings frequency:** standing weekly meetings for contract negations, promotion discussions, and general project updates.
Systems to Achieve Food Equity (SAFE) Network a sub-network of All Children Thrive made up of individuals and organizations committed to improving food security in Cincinnati to ensure that all children have the food that they need to grow, develop, learn, and thrive.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
2	CCHMC, Freestore Foodbank, Hamilton County ReSource, La Soupe, and more. --- **Status: Active**	Network planning for food distribution in the City of Cincinnati including non-instructional school day initiatives; communications team discussions' current project funding covers works in Avondale, East and Lower Price Hill (expansion into Roll Hill coming soon) SAFE Summit planning **Meeting frequency:** 3rd Thursday of every month ---

		Stakeholder meeting to report on organizational updates, events, and needs working towards food equity in Cincinnati. **Meeting frequency:** 1st Thursday of every month
Food Equity Program Newsletter Each month, the Food Equity Coordinator sends a newsletter that includes local food related events such as food/produce distribution sites, pop ups, cooking improv learning sessions and more.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
0	Newsletter sent to community members and partners by the end of the 2nd week of each month. Posted on FEC site routinely --- **Status: Active** (last sent on 9/12/25 to 253 individuals)	Continue to update newsletter content and layout to meet the reader's needs **Meeting frequency**: included in monthly program meeting with HCP program manager and health counselor supervisor as well as needed meetings scheduled with SAFE's SSF Communications team for discussion/ review
Department Engagement Champions Engagement Champions play a crucial role in shaping the city's culture. Engagement Champions will be at the forefront of driving meaningful change within the city's engagement practices.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
0	Meet with other department champions, stay informed on city-wide engagement updates, and share resources with colleagues --- **Status: Active (missed August meeting- next meeting on 9/25/25)**	**Meeting frequency:** standing monthly meetings with full group and additional meetings as needed based on active projects or requests

Program supported projects/ meetings:

8/18/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
8/19/25: Mt. Airy Back to School Bash
8/21/25: Count the Kicks Ohio Webinar: Empowering Moms, Saving Babies webinar
8/21/25: Avondale Respite Center Ribbon Cutting event
8/22/25: CRC: Millvale freezer cleaning and stock check
8/22/25: CRC: Hartwell pantry cleaning and stock check
8/22/25: CRC: Hirsch freezer cleaning and stock check
8/22/25: Avondale Respite Center Resource Fair
8/25/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
8/26/25: CPS Curriculum Partners Meet-up
8/28/25: Presentation to Community Action Agency/ CPS Family Service Workers
8/29/25: CRC: Millvale freezer cleaning and stock check
8/29/25: Beekman Corridor Community Garden Discussion with WIN (CHC funded strategy)
8/29/25: CRC: Hartwell pantry cleaning and stock check
8/29/25: CRC: Hirsch freezer cleaning and stock check
9/3/25: Live Work Play Cincinnati Coalition Meeting
9/4/25: Weekly Winton Hills Fruit and Vegetable Distribution (Produce Perks)
9/5/25: CRC: Millvale freezer cleaning and stock check
9/5/25: CRC: Hartwell pantry cleaning and stock check
9/5/25: CRC: Hirsch freezer cleaning and stock check
9/11/25: Weekly Winton Hills Fruit and Vegetable Distribution (Produce Perks)
9/12/25: CRC: Millvale freezer cleaning and stock check
9/12/25: CRC: Hartwell pantry cleaning and stock check
9/12/25: CRC: Hirsch freezer cleaning and stock check
9/13/25: Social Services Day-City of Cincinnati event
9/15/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
9/15/25: Beekman Corridor Community Garden Discussion with Lick Run (CHC funded strategy)
9/16/25: Cincinnati State - Student Health Fair

Tobacco Free Living (TFL) – Courthney Calvin

Project/ Meeting Title: Youth Vape Presentation **Educate Cincinnati youth on the dangers of e-cig use.**		
Date and # of Students	**Project Partners and Status**	**Next Steps**

Total Amount of Students Educated:	Partners:	Plan:
27 97 **Students TOTAL**	Orion Academy (teachers) Mercy McCauley (Students)	**To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.**
Total Amount of Attendees at Community Events 1 (50 Participants)	Forever Kings back to School Bash	**Continue to build a partnership with the senior population in Cincinnati. Presenting information about the harmful effects of tobacco and educate about smoking in homes/apartments**

Program supported projects/ meetings:

08/15/25: Forever Kings Back to School Bash Tobacco Table display
08/19/25: Vape Education to Orion Academy School Staff
08/20/25: Vape Education at Mercy McCauley High School
08/25-08/29 National Tobacco Conference in Chicago
09/02/25: Vape Education at Gamble HS
09/03/25: Vape Education at Gamble HS
09/05/25: Vape Education at New Richmond High School

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

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

	269 - Retailers Licensed 302 - Identified retailers 189 – 2025 TRL Inspections Completed 293 Underage Buy Attempts Completed, 81% Compliance PASSED REHS exam	**Plan:** • Continue Inspections/Compliance Checks until further notice. • Continue Issuing Citations for Non-licensed Retailers after Education • Hire additional underage buyer(s)

Worksite Wellness & Active Living – Scott Dean

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

# of Meeting since last report	Project Partners and Status	Next Steps
10	**Partners:** Identified 36 partner agencies --- **Status: Active** Working with community on neighborhood improvements. Procuring wayfinding signage and traffic calming measures in the near future, so working with community to make selections. Selected an Artist and working on contract.	• Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues • Push out completion of Neighborhood Physical Activity survey • Zebra Striping intersection completed • Location and Orientation of Heritage Walk signs finalized and slated for installation in September • Successfully completed the Carthage End of Summer Bash 8/9. Street mural has been installed and worked with over 300 residents. • Additional traffic calming measures to be installed by September • Distributed 10 bicycle helmets to residents and gave bicycle safety education.

		Meeting frequency: Monthly with additional meetings as needed
Y.E.S on Bike & Pedestrian Safety and ODH Creating Healthy Communities grant The aim of this education series is to increase youth knowledge around the responsibilities of pedestrians, cyclists, and drivers to create a culture of safe transportation in neighborhoods. The goals of the CHC grant are to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity. We also are trying to increase the proportion of community members that engage in aerobic and muscle strengthening activity.		
# of Meeting since last report	**Project Partners and Status**	**Next Steps**
5	**Partners:** Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team --- **Status: Active** Finalized pilot curriculum and began presentations. Continuing to find partners to present to Working with Roll Hill to establish new Traffic Garden Working on finalizing procurement contracts so Traffic Garden design can proceed	• Continuing work with principal to secure bicycles from Ethel Taylor • Continue work on developing a comprehensive curriculum. • Conducting comprehensive community engagement with students and parents. • Received updated contract proposal from PES which is being reviewed by procurement. • CPS completed prefabrication work on playground surface filling cracks. **Meeting frequency: Monthly**

Behavioral Health and Recovery Services - Eric Washington
Men's Health – Eric Washington

Project/ Meeting Title: Recovery Ohio Drug Trends		
# of Meetings Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Continue to utilize shared information to better serve communities through emerging trends, patterns, insights, and

		outcomes related to Ohio's drug epidemic.
1 Meetings	**Partners:** Recovery Ohio Drug Trends Monthly Meeting **Status:** Ongoing	**Plan:** The meeting was created to provide decision makers across diverse public sectors with information sharing opportunities and actionable intelligence on emerging trends, patterns, insights, and outcomes related to Ohio's drug epidemic. **Meeting frequency:** Monthly x1
Project/ Meeting Title: Brother You're on My Mind and Youth Mentoring Program		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Monthly safe and supportive space to address topics around: Mental, Spiritual, Physical Health, Chronic Disease, Child Support, Resources
1 Meeting	**Partners:** Omega Psi Phi – Barbershop Talk Series and Youth Mentoring **Status:** Ongoing	**Plan:** Continue to provide a safe and supportive space for men to meet monthly to have open conversations and to provide mentorship to The Youth Mentorship Program **Meeting frequency:** Monthly x1
Project/Meeting Title: Harm Reduction Committee		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Monthly meeting with community partners to discuss Harm Reduction efforts
1 Meeting	**Partners:** Monthly **m**eeting with community partners **Status:** Ongoing	**Plan:** To continue to provide update on Harm Reduction in Hamilton County **Meeting frequency:** Monthly x1
Project/ Meeting Title: Recovery \Ohio Drug Trends Monthly Meeting		
# of Meetings Since Last Meeting	**Project Partners and Status**	**Next Steps:** Continue to share and provide updates as needed
	Partners: State of Ohio Partners (200+) Department of Mental Health and Addictive Services: The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails.	**Plan:** Monthly Drug Update - The ONIC consists of criminal intelligence analysts and computer forensic specialists providing investigative, analytical, and data management support to local law enforcement agencies and drug task forces throughout Ohio **Meeting frequency:** Monthly x1

	Status: Ongoing	

Recovery Services/Community Outreach – Justin Berry

Project/ Meeting Title – Community Outreach Details/ description		
# of …	**Project Partners and Status**	**Next Steps**
2 Meeting and Community Members reached) 53	**Partners:** GCB, City Gospel, Heroin Coalition Team, CCRC, Step Stone and DeCoach, First Step Home, Treatment Team, CRC Rec Center, Our daily Bread), God Sam's, UC Hospital, 20/20, Brightview, LIT, **Status: (Ongoing)** Nacarn- 11 kits passed out in community	**Plan:** Coaching Boys Into Men (CBIM) Training scheduled for November. **Meeting frequency:** (Monthly and Bi-Monthly) This month, I focused on helping people prepare for the colder months by working to get them situated with safe shelter and resources. I also assisted individuals in entering treatment programs, giving them the support they need to move toward stable housing and long-term employment. By connecting them with both immediate care and opportunities for growth, I aimed to provide a foundation for stability and a better future.

MONTH: (2025)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open cases:	84	78	76	68	68	70	64	59	68			
3.5-9 µg/dL case mgt & follow-up: *	7&17	12/10	18/12	17/15	25/12	22/12	19/12	14/10	26/12			
10+ µg/dL case mgt & follow-up:	5&10	3&10	1/10	5/7	6/11	4/13	3/10	2/9	4/8			
Risk assessments:	5	2	5	0	3	3	2	1	7			
Orders issued:	3	1	1	0	3	5	1	0	4			
Clearances EBL:	2	1	2	0	1	0	3	0	2			
Clearances GRANT:	9	13	10	13	11	4	8	4	0			
Owner meetings EBL:	1	0	1	0	1	1	0	2	3			
Owner meetings GRANT:	1	1	2	2	2	1	2	2	0			
Compliance checks EBL:	38	32	30	28	30	14	17	25	13			
Compliance checks GRANT:	3	3	5	4	4	1	6	2	2			
Contractor mtgs EBL:	0	0	0	0	0	0	0	1	1			
Contractor Meetings GRANT:	0	2	3	1	1	1	0	4	5			
Filed for prosecution:	0	0	0	0	0	1	0	0	0			
LIRAs:	1	0	1	3	3	0	0	3	2			
Grant apps uploaded (ODH & ODD / HUD)	0	0/1	0/3	1/0	0/1	0/3	0/2	0/0	0/0			
Case Update w/ Lead Clinic:	9	8	7	6	7	8	5	5	7			
Affidavit of Fact	0	0	0	0	0	0	0	0	0			

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

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

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

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

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

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

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

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

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

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

September 2025 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety

Attended the BioWatch Full Scale Planning Meeting September 2.
Attended the City Emergency Operations Planning Meeting for Oktoberfest September 15.
Attended the SWOPHR ERC Workgroup Meeting September 16.

Training, Exercises, and Improvement Plans
Staff conducted respirator fit testing at Cann Health Center September 3. This was the final session for 2025 which included a total of 226 respirator fit tests for CHD staff across all Health Center sites, School Based Health Centers, and CDU.

Response/Preparedness Activities
None to report.

Cincinnati Vital Records and Statistics Program

Monthly Dashboard for September 2025

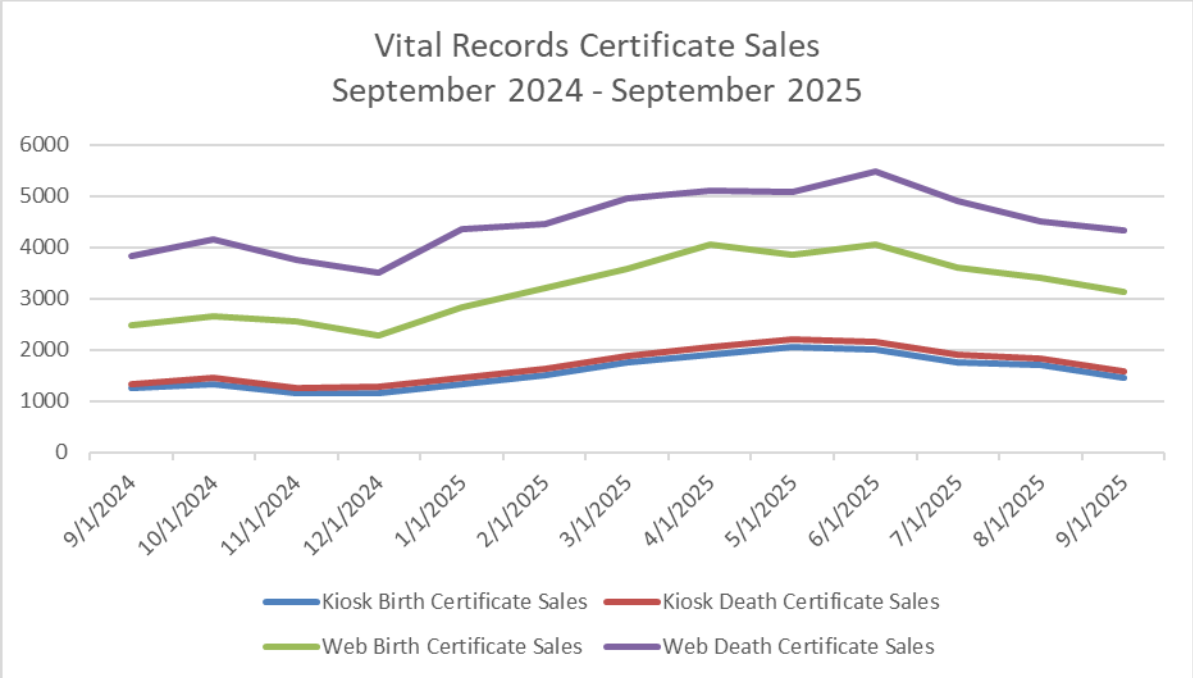
Vital Records received payment for 36 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 7 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 147 permits (burial, cremation, transport, or entombment).

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

September 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificates	1445	1553	359	32
Death Certificates	145	1188	130	75
Total Payments	$35,705	$66,242	$11,408	$2,025



Monthly Infectious Disease Surveillance Summary[1,2], September 2025

city of CINCINNATI HEALTH DEPARTMENT

Reportable Condition by Category[3]	2025 September	2025 Year to Date (YTD)	2024 September	2024 YTD	2024 Rate	Cincinnati 5 Year Average Rate (2020-2024)	Ohio 5 Year Average Rate (2019-2023)
Food- or Waterborne	**7**	**101**	**15**	**119**	***46.92***	***239.48***	***284.02***
Amebiasis					-	1.93	0.56
Brucellosis					-	-	0.12
Botulism					-	0.32	0.01
Campylobacteriosis	3	25	2	20	8.36	54.32	91.71
Cryptosporidiosis		9	3	17	6.11	20.89	20.73
Cyclosporiasis		1		1	0.32	1.29	3.68
E. coli, Shiga Toxin-Producing O157:H7		4	1	7	2.57	19.29	21.71
Giardiasis	1	6		12	4.50	24.43	16.49
Hepatitis A (*also vaccine-preventable*)		1			-	1.61	16.82
Hepatitis E				1	0.32	0.64	0.06
Legionellosis - Legionnaires' Disease		11		5	2.89	19.93	28.18
Listeriosis	1	3			-	2.25	1.42
Salmonellosis	1	18	4	30	10.93	52.72	59.04
Salmonella Typhi (travel associated)			1	1	0.32	0.64	0.36
Shigellosis	1	16	4	16	6.75	29.25	13.48
Vibriosis (not cholera)		5		2	0.64	1.93	2.55
Yersiniosis		2		7	3.21	8.04	7.10
Vectorborne		**6**	**1**	**14**	***5.46***	***16.38***	***34.07***
Chikungunya Virus Disease*			1	1	0.32	0.32	0.15
Dengue				2	0.64	0.96	0.31
Lyme disease		3		5	1.61	6.43	28.52
Malaria*		2		6	2.57	7.07	2.74
Spotted Fever Rickettsiosis		1			-	0.96	1.43
Ehrlichiosis-Ehrlichia chaffeensis					-	0.32	0.63
Anaplasmosis-Anaplasma phagocytophilum					0.32	0.32	0.29
Vaccine-Preventable	**10**	**446**	**14**	**323**	***121.18***	***474.12***	***323.84***
Hemophilus influenzae, invasive disease	1	4		6	2.25	14.46	11.19
Influenza-associated hospitalization		372	1	255	89.68	360.66	279.59
Mumps				1	0.32	1.29	1.20
Pertussis	7	33	10	20	12.54	16.07	20.79
Meningococcal disease – Neisseria meningitidis		2			-	0.32	0.44

S. pneumoniae, invasive (abx susceptible/unknown)	1	24	1	22	9.00	56.25	-
S. pneumoniae, invasive (abx resistant)		8	1	8	3.21	14.14	-
Varicella (chickenpox)	1	3	1	11	4.18	10.93	10.63
Viral Hepatitis	**40**	**325**	**41**	**334**	***147.86***	***1266.8***	***601.08***
Hepatitis B, acute *(also vaccine-preventable)*		2	2	6	2.57	8.36	5.58
Hepatitis B, chronic, newly identified *(also vaccine-preventable)*	10	68	3	65	28.61	189.33	81.84
Hepatitis B, perinatal					-	0.32	0.03
Hepatitis C, acute		4		1	0.32	13.18	8.93
Hepatitis C, chronic, newly identified	30	250	36	259	115.40	1050.15	504.70 (combined chronic and perinatal rate)
Hepatitis C, perinatal		1		3	0.96	5.46	
Healthcare Associated Infections (HAIs)[4]	**3**	**58**	**10**	**87**	***45.32***	***288.34***	***33.35***
Carbapenemase-Producing Organisms (CPO) (includes colonization screenings)	1	17	2	16	11.25	55.29	26.32
Candida Auris (includes colonization screenings)	2	41	8	71	34.07	233.05	7.03
Other Conditions	**390**	**2550**	**713**	**4935**	***1839.93***	***37132.45***	***31129.23***
COVID-19	385	2496	705	4868	1811.33	36976.57	31053.01 (3-year rate, 2020-2023)
Coccidioidomycosis		2	1	2	0.96	4.82	1.02
Creutzfeldt-Jakob Disease					0.32	0.64	0.96
Hemolytic uremic syndrome (HUS)							0.23
Meningitis, aseptic/viral	2	16	3	14	6.11	22.82	17.15
Meningitis, bacterial (not *N. meningitidis*)		3	1	10	4.18	14.14	5.76
MPOX	2	2	1	3	0.96	10.29	3.57
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19					-	6.11	3.65
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)					-	0.96	0.20
Streptococcal, Group A, invasive	1	24	1	27	11.25	71.04	34.40
Streptococcal, Group B, newborn		1		3	0.96	5.14	2.73
Toxic Shock Syndrome (TSS)					-	0.96	0.06
Tuberculosis[2]		6	1	8	3.86	18.64	6.49
Typhus Fever					-	0.32	-
Sexually Transmitted Infection[2]	**516**	**4302**	**510**	**4377**	***1859.87***	***14579.68***	***4121.60***
Chlamydia infection	318	2759	319	2628	1109.62	8511.81	2465.52
Gonococcal infection	184	1370	162	1311	570.88	4704.96	1083.04
Human Immunodeficiency Virus (HIV)	8	108	16	115	46.93	334.62	344.30
Syphilis - congenital		4		4	1.61	7.71	2.27
Syphilis - early	5	45	10	72	28.93	262.62	-
Syphilis - primary	1	16	3	32	11.89	122.79	

Syphilis - secondary	5	29	5	49	19.61	194.79	67.56 (primary and secondary combined rate)
Syphilis – stage unknown	6	41	5	53	23.79	142.08	158.91 (total syphilis rate)
Syphilis – unknown duration or late	14	110	10	113	46.61	298.30	
TOTAL CONFIRMED AND PROBABLE CASES	**966**	**7788**	**1784**	**10189**	***4066.58***	***53996.66***	***36527.13***
Outbreaks (Investigation Started)	**2025 September**	**2025 YTD**	**2024 September**	**2024 YTD**	**2024 Rate**	**Cincinnati 5 Year Average Rate (2020-2024)**	
Dermatologic	1	5		3	2.25	7.39	
Gastrointestinal		6	1	4	1.29	6.43	
Respiratory	4	29	1	36	23.79	315.98	
Other		1	3	8	2.25	2.57	
Unknown					-	0.32	
TOTAL OUTBREAKS (INVESTIGATION STARTED)	**5**	**41**	**5**	**51**	***29.57***	***332.69***	

1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).
   *Cases acquired through international travel
2) Sexually transmitted infections, human immunodeficiency virus (HIV), and Tuberculosis cases are investigated and reported by the Hamilton County Public Health Department.
3) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual
4) Healthcare Associated Infections (HAIs) are infections that patients get while or soon after receiving health care. More information about HAIs can be found at https://www.cdc.gov/healthcare-associated-infections/about/index.html

- All Cincinnati data is provided through the Ohio Disease Reporting System – **All data is provisional and subject to change.**
- Case rates use the U.S Census Bureau's 5-year average population estimates for Ohio and Cincinnati and are per 100,000 residents.
- Ohio case counts were obtained from DataOhio's Summary of Infectious Diseases in Ohio dashboard: https://data.ohio.gov/wps/myportal/gov/data/view/summary-of-infectious-diseases-in-ohio?visualize=true and Ohio Department of Health's Data & Statistics page: https://odh.ohio.gov/explore-data-and-stats
- Any dash (-) indicates there was no available data at the time this report was published due to lack of cases from 2019-2024.

CITY OF CINCINNATI ENVONMENTAL HEALTH REPORT

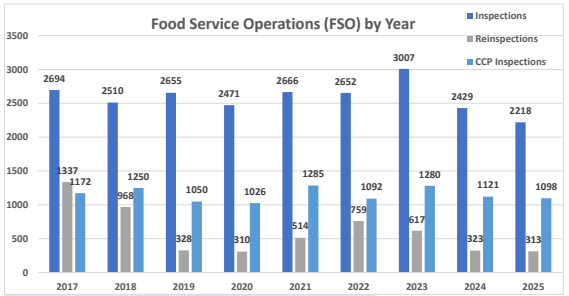
Environmental Health

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

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

FOOD INSPECTION PROGRAM

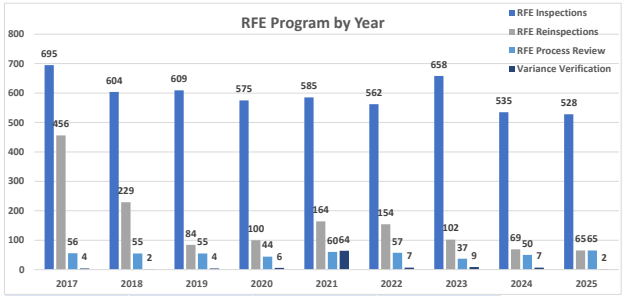
The Food Safety Program attended the River Roots meeting & began the Citywide Classification and Compensation study. We issued 43 Temporary licenses for 3 Special Events (Jerk Fest, Saylor Park Fest, and Oktoberfest).



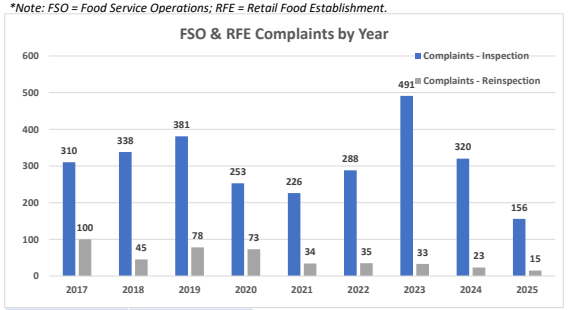
Inspections		Reinspections		CCP Inspections	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
233	270	68	28	105	97

*Note: CCP = Critical Control Point Inspections.

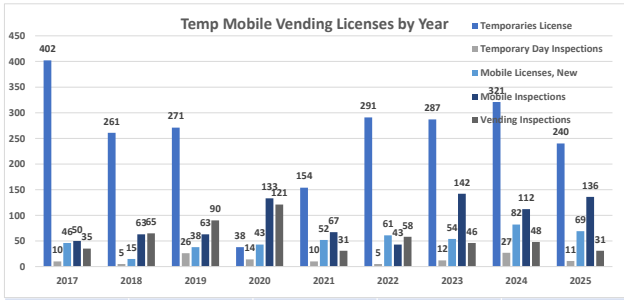
*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.



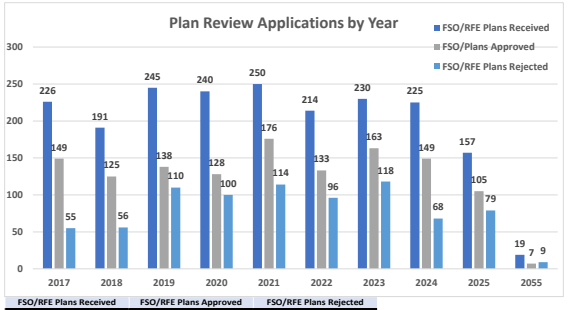
RFE Inspections		RFE Reinspections		RFE Process Reviews		Variance Verifications	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
39	26	16	7	4	6	0	0



Complaints - Inspection		Complaints - Reinspection	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
27	16	3	0



Temporaries Licenses		Temporary Day Inspections		Mobile Licenses, New		Mobile Inspections		Vending Inspections	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
42	43	2	0	6	21	4	5	0	2

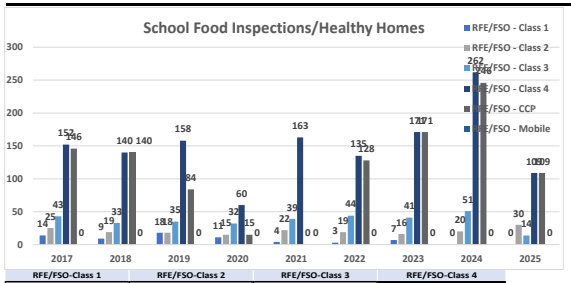


FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
18	21	15	18	8	12

ServSafe Training Classes		PIC Training Classes	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
1	1	1	1

HEALTHY HOMES PROGRAM

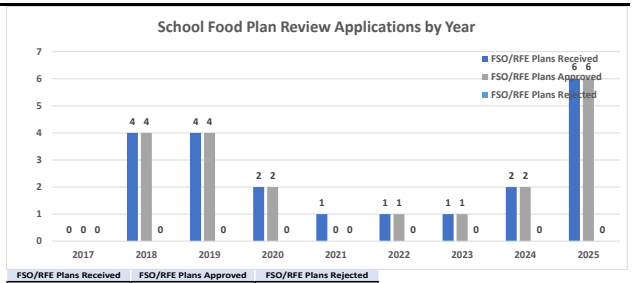
Healthy Homes conducted an inspection of Job Corps, and also completed a combined complete inspection of Shelton Gardens apartment complex with the Building Department per CERT request. Staff participated in a community outreach along with AmeriHealth and Office of Placed Based Initiative office.



RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
1	0	1	5	4	3	13	12

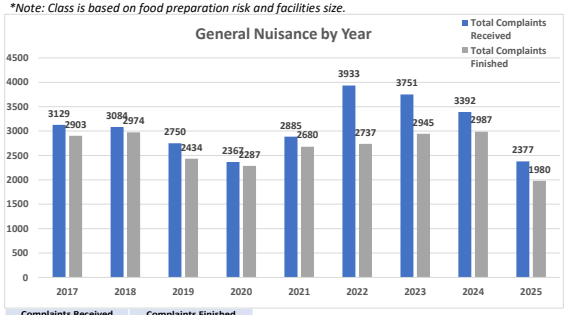
RFE/FSO-CCP		RFE/FSO-Mobile	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
11	12	0	0

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

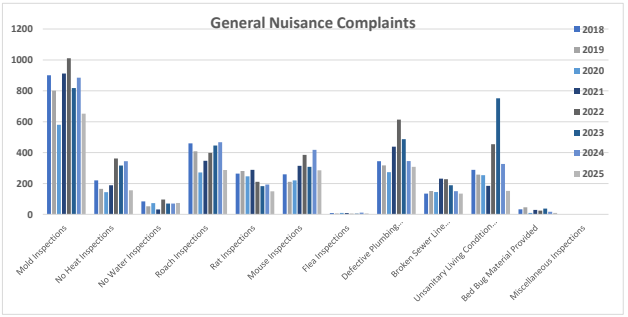


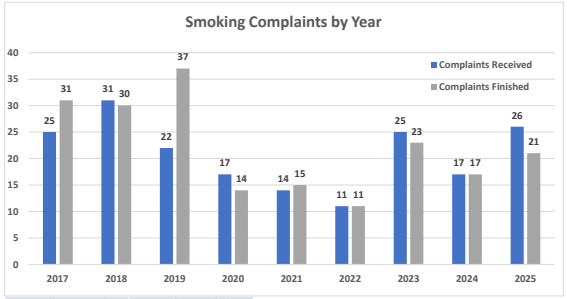
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
0	0	0	0	0	0

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



Complaints Received		Complaints Finished	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
322	415	237	258



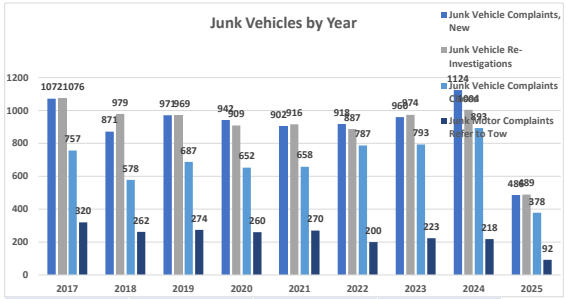


Complaints Received		Complaints Finished	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
1	2	2	1

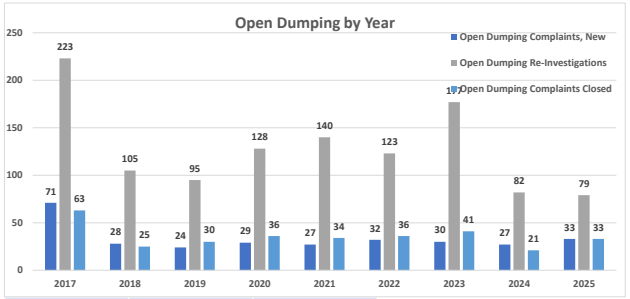
*Note: This data reflects the number of complaints received for the entire city

ENVIRONMENTAL WASTE PROGRAM

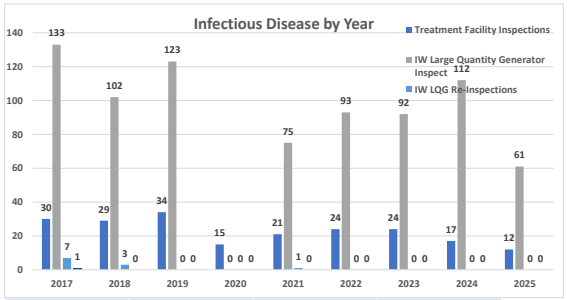
The Waste Unit licensed two new body art establishments. One temporary body art event was licensed at Rhinegiest Brewery. Two inspections were conducted at the newly licensed Whitton Container & Recycling (C&DD Processing Facility).



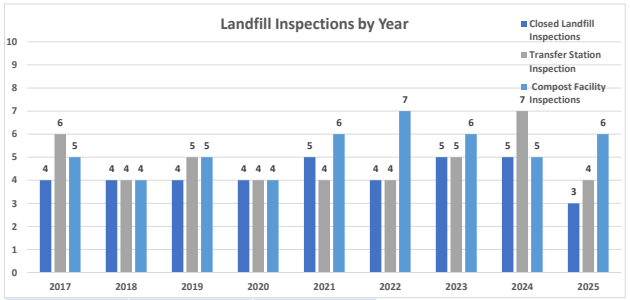
Junk Vehicle Complaints, New		Junk Vehicle Re-investigations		Junk Vehicle Complaints Closed		Junk Motor Complaints Refer to Tow	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
77	23	79	45	61	26	17	3



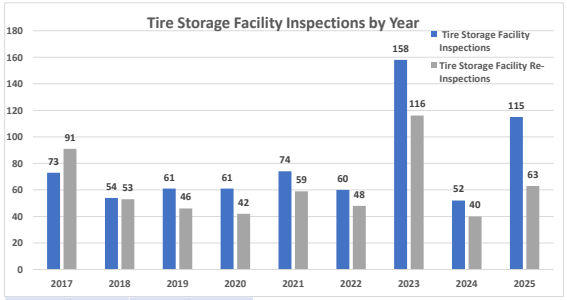
Open-Dumping Complaints		Open-Dumping Re-Investigations		Open-Dumping Complaints Closed	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
2	2	12	7	3	2



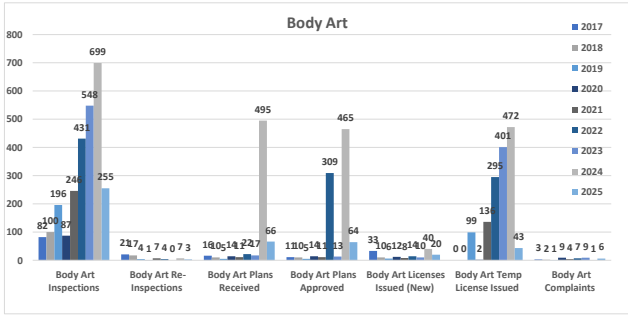
Treatment Facility Inspections		IW Large Quantity Generator Inspections		IW LQG Re-Inspections		IW Complaints	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
6	4	9	8	1	0	0	0



Closed Landfill Inspections		Transfer Station Inspection		Compost Facility Inspections	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
1	1	1	1	1	2

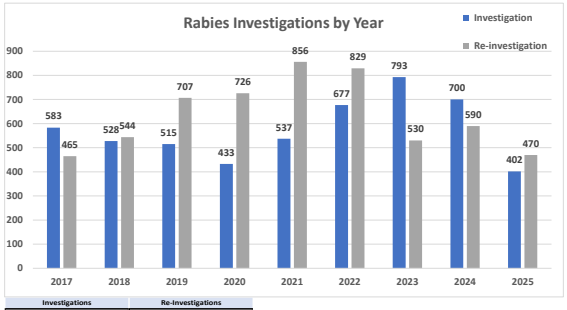


Tire Storage Facility Inspections		Tire Storage Facility Re-Inspections	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
9	15	6	8

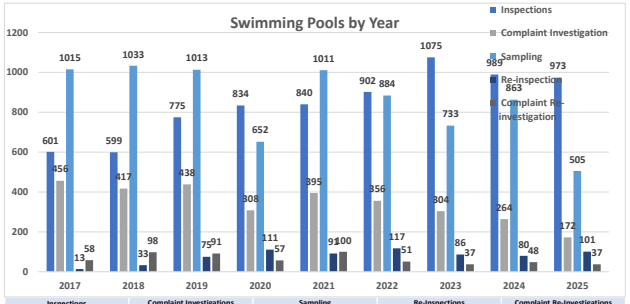


TECHNICAL ENVIRONMENTAL SERVICES (TES)

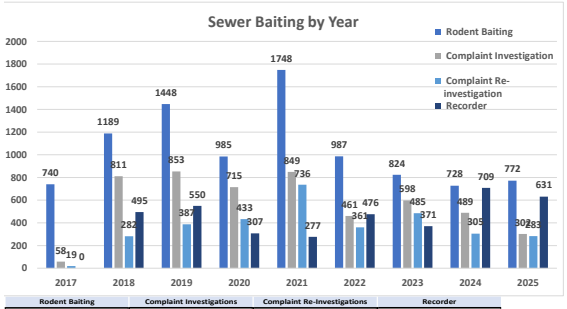
The Technical Unit completed mosquito surveillance activities for the season as our mosquito tech finished her work assignment with us. The supervisor and one EHS met with representatives from CRC for a swimming pool season wrap-up meeting.



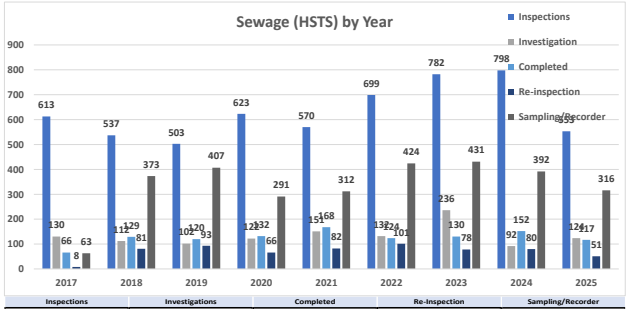
Investigations		Re-Investigations	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
49	42	52	48



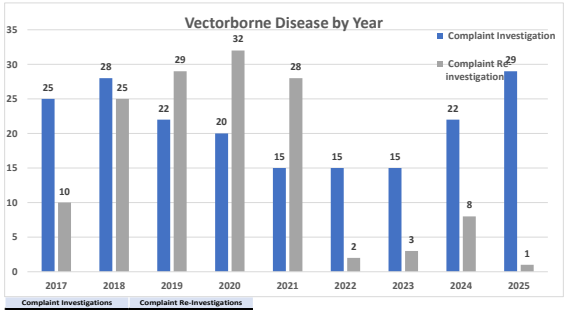
Inspections		Complaint Investigations		Sampling		Re-Inspections		Complaint Re-Investigations	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
58	106	7	15	22	2	4	4	4	2



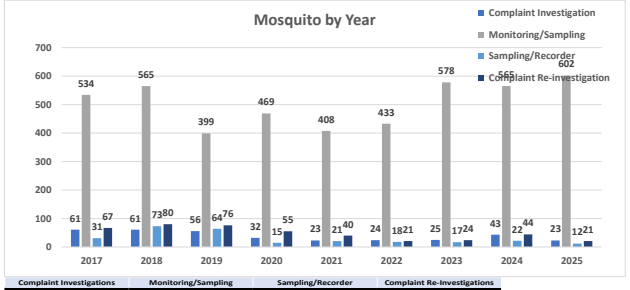
Rodent Baiting		Complaint Investigations		Complaint Re-Investigations		Recorder	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
108	20	83	8	59	13	43	12



Inspections		Investigations		Completed		Re-Inspection		Sampling/Recorder	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
67	105	4	8	2	0	1	2	27	32



Complaint Investigations		Complaint Re-Investigations	
SEPT Average	Total Last Month	SEPT Average	Total Last Month
2	3	2	0



Complaint Investigations		Monitoring/Sampling		Sampling/Recorder		Complaint Re-Investigations	
SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month	SEPT Average	Total Last Month
7	2	100	143	6	1	7	6