Board of Health Meeting

Tuesday, September 23, 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 August 26, 2025, Board of Health Meeting.

6:10 pm – 6:20 pm Commissioner's report – Dr. Grant Mussman

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

6:20 pm – 6:30 pm Food License & Facility Review Fees for License Year 2026-2027 Presentation Resolution 2025-004: Reading #3—Mr. Antonio Young

- Vote: **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.

New Business

6:30 pm – 6:40 pm Finance Committee – Ms. Kiana Trabue

- Vote: **Motion to Approve** Department of Children and Youth – Contract 65x10817
- Vote: **Motion to Approve** Forvis Mazars, LLP – Contract 65x10818

6:40 pm – 6:50 pm Finance Update – Mr. Mark Menkhaus Jr.

6:50 pm – 6:55pm Personnel Actions—Dr. Grant Mussman

- Vote: **Motion to Approve** Personnel Actions dated September 23, 2025.

6:55 pm – 7:05 pm Elections of Officers

- Vote: **Motion to Elect** nominee Ms. Ashlee Young as Board Chair
- Vote: **Motion to Elect** nominee Dr. Jennifer Forrester as Board Vice Chair

7:05 pm – 7:15 pm **Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee(s).

7:15 pm – 7:20 pm Public Comments

[Mission]

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

7:20 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 October 28, 2025

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
August 26, 2025

Ms. Ashlee Young, Chair of the Board of Health, called August 26, 2025, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. **ROLL CALL:**

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

Absent: Ms. Raynal Moore, Mr. Ken Patel

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

AGENDA PACKET → AUGUST-BOH-AGENDA-PACKET-8.26.25.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.	Ms. Sa-Leemah Cunningham	**Motion**: Dr. Jennifer Forrester **2nd:** Mr. Jagdish Bhati **Action: 6-0 Passed**
Old Business			
Food License & Facility Review Fees for License Year 2026-2027 Presentation: Reading #2	**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 second reading is the public hearing forum, where the public was invited to express any concerns in this meeting—no one from the public emailed concerns or attended in person to express concerns. • 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. • Final adoption is scheduled for September 23, 2025.		
Smokefree Workplace Act Delegation of Authority Resolution 2025-005	**Discussion Items:** Document included in the agenda. Mr. Antonio Young Discussed the Smokefree Act Delegation of Authority Resolution 2025-005. • Mr. Young explained that the Healthy Homes Office currently responds to smoking complaints at public facilities. • He Noted that enforcement capacity is limited under the current system, allowing only the issuance of fines. • Mr. Young Presented the proposed resolution, which would: ○ Grant the authority to seek injunctions against violators. ○ Provide the department with an additional enforcement tool to escalate actions when necessary. ○ Be supported and facilitated by the Law Department. • Mr. Young also stated that if approved, the resolution would go into effect at the earliest period allowed by law. **Questions/Comments:** • Dr. Herzig briefly asked about the wording in the motion that referenced "other authorities." ○ Mr. Young explained that the process is designed so the Health Department will pursue enforcement up to its authority, then refer the matter to the Law Department. The Law Department would seek the injunction and provide any further recommendations at that time. This resolution gives the department the ability to escalate enforcement beyond fines and provides another tool in the enforcement toolbox. **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-005. Vote: **Motion to Approve** Resolution 2025-005, granting authority to the Health Commissioner of the City of Cincinnati (the "Commissioner") and the Commissioner's designees to enforce the provisions of Ohio's Smoke Free Workplace Act by issuing warnings, imposing civil fines, and exercising all other authorities delegated to the	Mr. Antonio Young	**Vote: Waive 3x readings for Resolution 2025-005** **Motion**: Ms. Kiana Trabue **2nd:** Dr. Mary Carol Burkhardt **Action: 7-0 Passed** **Vote: Approve resolution 2025-005** **Motion**: Ms. Kiana Trabue **2nd:** Dr. Jennifer Forrester **Action: 7-0 Passed**

	Board of Health in accordance with the Ohio Revised Code and the Ohio Administrative Code.		
New Business			
Finance Committee	**Discussion Items:** Documents included in the agenda. Ms. Kiana Trabue presented the contract that was discussed and presented at the Board of Health Finance Committee Meeting to the Board. **Hamilton County Public Health—Contract 55x10812** • Hamilton County Public Health will pay the City of Cincinnati Health Department the cost of the laboratory fee for removable appliances fabricated for low-income (under 200 percent poverty) patients. These appliances include dentures and partials (including flippers). The City of Cincinnati Health Department will submit to Hamilton County Public Health an invoice with attached laboratory bills on a quarterly basis for reimbursement. There is no limit on the amount to be reimbursed throughout the course of the agreement. The proposed term is from January 1, 2025, through December 31, 2025. **LabCorp—Contract 65x10806** • This is an agreement between CHD and LabCorp to provide laboratory services to CHD patients. Clinical and anatomic laboratory testing includes but is not limited to analysis in the areas of clinical chemistry, hematology, serology, microbiology, cytogenetics, immunology, endocrinology, toxicology, histology, mycology, virology, cytology, and urinalysis. An emergency purchase request was approved on 7/3/25. The specifications and supporting documents for a new RFP are currently being revised by CHD staff. **Cincinnati Children's Behavioral Services—Contract 35x10555, 1st Amendment** • This is an agreement between CHMC and the CHD for CHMC employed Psychologists, Licensed Independent Social Workers (LISWs), and/or Licensed Professional Clinical Counselors (LPCCs) ("Behavioral Health Providers") to provide behavioral health care for CHD patients at Price Hill Health Center. CHD will bill, collect, and retain all professional fees for services rendered by the Behavioral Health Provider and pay them to CMHC. The term begins upon execution and continues for one year. It will auto-renew annually. The first amendment adds Schedule B to the agreement (data submission requirements). Terms and amounts do not change. **Ohio Job and Family Services Refugee Program—Contract 45x10593, 1st Amendment** • This is a grant agreement between the Ohio Department of Job and Family Services (ODJFS) and the Cincinnati Health Department. Compensation will be paid upon the completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation	Ms. Kiana Trabue	**Vote:** Contract 55x10812 **Motion:** Ms. Kiana Trabue **2nd**: Dr. Edward Herzig **Action: 7-0 passed** **Vote:** Contract 65x10806 **Motion:** Ms. Kiana Trabue **2nd** Ms. Ashlee Young **Action: 7-0 passed** **Vote:** Contract 35x10555, 1st Amendment **Motion:** Ms. Kiana Trabue **2nd** Mr. Jagdish Bhati **Action: 6 yes, 1 abstain, passed** **Vote:** Contract 45x10593, 1st Amendment **Motion:** Ms. Kiana Trabue **2nd** Mr. Jagdish Bhati **Action: 6 yes, 1 abstain, passed**

	services at $500.00 for each complete screening. The Cincinnati Health Department will bill Medicaid directly for the cost of the exam. ODJFS estimates a total of 288 screenings will be completed during the grant period. The term will begin on July 1, 2023, and end on June 30, 2024, with optional extension through 9/30/2025. The 1st amendment extends the agreement through 6/30/27 with no additional funding. **Motion to Approve** Hamilton County Public Health – Contract 55x10812 **Motion to Approve** LabCorp – Contract 65x10806 **Motion to Approve** Children's Hospital Medical Center (CCHMC) – Contract 35x10555, 1st Amendment **Motion to Approve** Ohio Department of Job and Family Services: Refugee Program – Contract 45x10593, 1st Amendment		

Finance Update	**Discussion Items:** Memo and materials were included in the agenda.
	
	Mr. Menkhaus gave an update on CHD Financials for July 2025 and Year over Year.
	
	Highlights
	• Mr. Menkhaus discussed the impact of ending the contract with Cincinnati Public Schools and the expected increase in property costs due to capital projects.
	• Revenue total was $4,242,517.51, decreased 2.15 %.
	  ○ Private Pay Insurance increased by 6.38%.
	  ○ Medicare increased by 8.26%.
	  ○ Medicaid increased by 46.24%.
	  ○ Medicaid managed care decreased by 17.85%.
	  ○ Self-Pay patients increased by 2.33%.
	  ○ Board of Ed Svcs (School Nurse's Salary) increased by 13.79%.
	  ○ Grants/Federal decreased by 35.57%.
	• Expenses were $4,084,243.33, a increase of 0.83%.
	  ○ Property expenses increased by 1980.24%.
	  ○ Personnel expenses decreased by 0.83%.
	  ○ Contractual costs decreased by 7.73%.
	  ○ Material costs decreased by 57.65%.
	  ○ Fixed costs increased by 19.64%.
	  ○ Fringes increased by 4.55%.
	
	The total available is $315,274.18, decreased by 87.25%.
		Mr. Mark Menkhaus Jr.	**n/a**

Cincinnati Health Department	**Discussion Items:** Presentation included in the agenda.		

Accreditation Strategic Plan	Dr. Mussman presented the Cincinnati Health Department Accreditation Update: Strategic Plan with the board.
	
	Purpose & Context
	• Dr. Mussman presented the draft Cincinnati Health Department (CHD) Strategic Plan (2025–2030).
	• He stated the plan is required for public health accreditation and is designed to:
	  ○ Build upon the Community Health Assessment (CHA) (What's happening").
	  ○ Align with the Community Health Improvement Plan (CHIP) ("what community partners will do").
	  ○ Define the CHD's role ("what the department will do").
	• He explained that the plan incorporates lessons from COVID-19 and prior planning efforts.
	
	Department Overview (snapshot)
	• Dr. Mussman shared an organizational overview of CHD, including Board governance and reporting relationships through three Assistant Health Commissioners.
	• He noted the FY budget was $71M (≈$68M spent):
	  ○ $28M revenue, $20M grants/fees/contracts, ≈$20M general fund.
	  ○ CCPC budget: $37.8M, largely from clinical revenue.
	• He highlighted a financial challenge: Medicaid coverage declines caused $1.5M revenue loss while patient visits increased.
	• CHD engaged Forvis to review billing, the He stated business model, and strategic planning support.
	
	Strategic Planning Process
	• Dr. Mussman explained the process included inputs from:
	  ○ CHA and CHIP findings.
	  ○ Employee survey (Dec 2023).
	  ○ SWOT analysis and stakeholder engagement.
	• He emphasized the importance of aligning all CHD activities under a shared framework.
	• He credited Cincinnati Children's/Anderson Center with providing planning support.
	
	Core Framework — "The Big Dots" (Strategic Domains)
	• Dr. Mussman described five strategic domains guiding the plan:
	1. **Health Outcomes**		

	- Focus on cardiovascular disease (leading preventable cause of death). - Establish a community cardiovascular group, conduct a community scan, and implement a unified action plan. <ol start="2"> **Employee & Client Experience** - Regular patient and employee surveys used to inform improvement. **Access to Services** - Use Jensen facilities assessment; prioritize urgent clinical needs (e.g., Bobby Sterne, Millvale, Northside). **Operational Excellence** - Standardize metrics and dashboards; integrate with the City's performance budget. **Employee & Client Safety** - He reported a new electronic incident reporting system has been implemented. - Plans to develop safety-related improvement projects. **Roll-Up Metric & Goal** - Dr. Mussman emphasized the central goal: a 20% reduction in excess years of life lost (life expectancy disparities) by 2030**.** - He clarified this measure reflects preventable deaths**,** such as cardiovascular disease, and serves as the benchmark for CHD success. **Performance Management System** - Dr. Mussman outlined the performance dashboard linking: - High-level Commissioner/Board measures. - Service line and programmatic measures. - Frontline project indicators. - He explained measure owners are assigned at multiple levels, ensuring accountability. - He stated this system integrates the strategic plan, quality improvement (QI), and performance budgeting. **Next Steps** - Dr. Mussman requested Board feedback over the next month. - He proposed that the Board adopt the plan in September, he noted that adoption is required for accreditation. - He added that priorities must be measurable, time-bound, resource, and linked with CHIP and performance management. **Questions/Comments:**		

	• Mr. Bhati asked if the $6.7 million from the general fund for CCPC was part of the $19 million shown or in addition to it.
	  ○ Dr. Mussman responded that it is a subset; everything under primary care is part of the same categories shown on the left.
	• Ms. Trabue asked whether some self-pay patients may have commercial insurance but are not using it.
	  ○ Dr. Mussman replied that the department works hard to track down insurance coverage and bills patients when coverage exists. While such cases have been reported, it is not a trend he is aware of.
	• Dr. Jones asked about the mission statement language, specifically the use of "citizens" versus "residents."
	  ○ Dr. Mussman answered that he does not recall discussion around that phrasing. The current wording ties back to the previous strategic plan, but the Board could revise the vision statement if desired.
	• Ms. Trabue asked whether the patient and employee surveys are pre-existing tools or newly developed each year.
	  ○ Dr. Mussman explained that the survey is internally developed and adjusted each year.
	• Dr. Jones asked if the performance management system relates to the prior five-year performance management plan.
	  ○ Dr. Mussman stated that measures were developed based on the new domains, but essentially everything measurable is incorporated within the system, organized in the context of the domains.
	• Dr. Jones also asked whether there is a general citywide approach to using AI tools and agents.
	  ○ Dr. Mussman responded that there are currently no official city policies, procedures, or strategic objectives for AI at this time, though development may be forthcoming.
	• Ms. Young commended the team for their excellent work on the strategic plan and encouraged Board members to share any additional questions or considerations before the next meeting. She highlighted the importance of distinguishing between reducing life expectancy disparities and increasing overall life expectancy, noting that each requires different strategies and both should remain priorities. Mr. Bhati agreed with this point and emphasized that the department must continue efforts to keep the community healthy, cautioning that excluding		

	certain populations from treatment for transmissible diseases could allow illnesses to spread. Dr. Mussman agreed with the concerns raised, stressing the importance of focusing on health outcomes while avoiding unnecessary political controversy, and reaffirmed that the department's primary mission is to maintain a healthy community.		

Personnel Actions	• Dr. Mussman directed the Board to the personnel actions included in the board packet.
	• Personnel actions included employee promotions
	  ○ Two promotions to health clinic coordinator role.
	  ○ One Promotion to Supervising Behavioral Health Specialist.
	  ○ One Promotion to Customer Relations Representative.
	
	Motion to Approve the personnel actions dated August 26, 2025
		Dr. Grant Mussman	**Motion:** Mr. Jagdish Bhati
			2nd: Dr. Jennifer Forrester
			Action: 7-0 passed

Chair and Board Chair Nominations	**Ms. Ashlee Young Accepted Nominations for Board Chair and Vice-Chair Roles** **Board Chair Nominations** • Mr. Jagdish Bhati nominated Ms. Ashlee Young to be re-elected as Chair. • Ms. Young accepted the nomination and expressed appreciation. • No further nominations were made for Chair. **Board Vice-Chair Nominations** • Mr. Jagdish Bhati and Ms. Kiana Trabue nominated Dr. Jennifer Forrester to be re-elected for Board Vice-Chair. • Dr. Forrester accepted the nomination. • No further nominations were made for Vice Chair. Ms. Young stated that the nominations will remain on the table and be formally voted on at the next Board meeting on September 23, 2025.	Ms. Ashlee Young	**n/a**
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 dismissal for the employee discussed in the executive session.	Ms. Ashlee Young	**Vote:** Enter Executive Session **Motion:** Dr. Edward Herzig **2nd:** Mr. Jagdish Bhati **Action: 6-0 passed** **Vote:** Adaptation of the recommendation of HR of dismissal for the employee discussed in executive session **Motion:** Ms. Ashlee Young

			2nd: Ms. Kiana Trabue **Action: 6-0 Passed**
Additional New Business and Public Comments	**Announcements from Board Chair** • Ms. Young announced plans for the October Board meeting to be held in person. She encouraged members to mark their calendars, noting that additional information and context will be provided. ○ She emphasized the importance of creating a regular cadence of in-person meetings to strengthen connections among Board members and with the Health Department team. • Ms. Young also shared that the Board is planning a Board orientation session in November, and members should be on the lookout for forthcoming "Save the Date" information. **Public Comments** • There were no public comments.	Ms. Ashlee Young	n/a

7:13 p.m. adjourned.

Next meeting: Tuesday, September 23, 2025, at 6pm, via Zoom.

Meeting can be viewed at: https://archive.org/details/boh-8-26-25

Minutes Approved by:

_____
Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

_____
Ashlee Young
Chairperson, Board of Health

August 26, 2025 Meeting Attendance/vote sheet

Board Members	Roll Call on 8.26.25	7.22.25 BOH Meeting Minutes	Waive 3x readings for Resolution 2025-005	Approve Resolution 2025-005	Hamilton County Public Health – Contract 55x10812	LabCorp – Contract 65x10806	Children's Hospital Medical Center (CCHMC) – Contract 35x10555, 1st Amendment	Ohio Department of Job and Family Services: Refugee Program – Contract 45x10593, 1st Amendment	Personnel Actions Dated 8.26.25	Motion to move into Executive Session to discuss a personnel action	Adaptation of the recommendation of HR of dismissal discussed in executive session
Mr. Jagdish Bhati	x	2nd					2nd	2nd	M	2nd	
Dr. Mary Carol Burkhardt	x		2nd				abstain				
Dr. Jennifer Forrester	x	M		2nd					2nd		
Dr. Edward Herzig	x				2nd					M	
Dr. Christopher Lewis	x										
Ms. Raynal Moore											
Mr. Ken Patel											
Ms. Kiana Trabue	x		M	M	M	M	M	M			2nd
Ms. Ashlee Young - Chair	x					2nd					M
Motion Result:	Quorum	Passed	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
Ian Doig	x
Mark Menkhaus Jr.	x
Antonio Young	x
Dr. Ashanti Salter	x
Kim Wright	x
Harry Barnes	x
Dr. Camille Jones	x
Jose Marques	x
Marla Fuller	x
Dr. Nick Taylor	x
Joyce Tate	x
Chante Randolph	x
John Sanders	x
Dr. Michelle Daniels	x

DATE: September 19, 2025

TO: Board of Health Members

FROM: Dr. Grant Mussman, Health Commissioner

SUBJECT: Health Commissioner Executive Summary

CHD Strategic Plan

- Thank you to those who had comments on the CHD strategic plan. We don't have any edits that were suggested. Tonight, I am asking the board to decide whether to adopt the strategic plan.

Board of Health Training Session

- A Board of Health Member Training is scheduled for Saturday, November 8, 2025, from 10:00 a.m. to 12:00 p.m. at the 3101 Burnet Avenue facility. A calendar invite has been sent out to all board members.

Ohio Association of Community Health Centers (OACHC) Fall 2025 Conference

- Many of our clinical leaders will be attending the OACHC annual fall conference, which will be held **on September 25th – 26th**. The OACHC is the primary care association for the state of Ohio. OACHC advocates for issues concerning the vitality of health centers and their ability to provide high-quality, comprehensive health care to the residents of Ohio.

Ohio Public Health Fall Meeting

- I will be attending the Ohio Public Health Fall Meeting, which will be held in Columbus on September 22-24. The event will cover topics like infectious disease, substance use, health disparities, and environmental health, offering insights and networking opportunities for public health professionals.

October Board of Health Meeting will be live

- We are planning a live event for our next Board of Health meeting.
- Food will be provided for our volunteer board members

Cincinnati Board of Health
Resolution No. 2025-___

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

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

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

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

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

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

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

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

§00079—Fees Retail Food Establishments; Food Service Operations

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

(A) Retail Food Establishment/Food Service Operation Fees

1) < 25,000 ft.^{2}

Risk Class Level 1	~~$323.00~~ $331.00
Risk Class Level 2	~~$364.00~~ $374.00
Risk Class Level 3	~~$700.00~~ $719.00
Risk Class Level 4	~~$889.00~~ $914.00

2) ≥ 25,000 ft.^{2}

Risk Class Level 1	~~$468.00~~ $481.00
Risk Class Level 2	~~$493.00~~ $507.00
Risk Class Level 3	~~$1,760.00~~ $1,809.00
Risk Class Level 4	~~$1,867.00~~ $1,918.00

(B) Fees for Temporary Food Service Operations / Retail Food Establishments (per single event, not to exceed a maximum of five consecutive days) ~~$220.00~~ $175.00

(C) Fees for Mobile Food Service Operations

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(D) Fees for Mobile Retail Food Establishments

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(E) Fees for Vending Food Service Operations ~~$13.89~~ $14.29

(F) Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).

1) < 10,000 ft.^{2}

Risk Class Level 1	$200.00
Risk Class Level 2, 3 & 4	$400.00

2) ≥ 10,000 ft.^{2}

Risk Class Level 1	$300.00
Risk Class Level 2, 3 & 4	$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have_not been operated in over a year as a food service).

1) < 10,000 ft.^{2}

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

2) > 10,000 ft.^{2}

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

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

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

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

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

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

ADOPTED: _____, 2025

_____
Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

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

New language underscored. Deleted language indicated by strikethrough.

city of CINCINNATI
Interdepartment Correspondence Sheet

Date: July 22, 2025

To: Members of the Board of Health

From: Grant Mussman, MD, MHSA, Health Commissioner

Subject: Food License and Facility Review Fees for LY 20265-2027

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

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

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

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

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

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

Attachment 1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last updated September 3, 2024 at 8:59 AM

Attachment 2

Analysis of LY 2026-2027 License Fees and Projected Revenues

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

 # Vending is limited to last year's fee + CPI. In this case $13.89x2.9%=.4028, $13.89+.4028=14.29

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

Cincinnati Board of Health
Resolution No. 2025-___

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

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

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

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

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

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

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

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

§00079—Fees Retail Food Establishments; Food Service Operations

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

(A) Retail Food Establishment/Food Service Operation Fees

1) < 25,000 ft.^{2}

Risk Class Level 1	~~$323.00~~ $331.00
Risk Class Level 2	~~$364.00~~ $374.00
Risk Class Level 3	~~$700.00~~ $719.00
Risk Class Level 4	~~$889.00~~ $914.00

2) ≥ 25,000 ft.^{2}

Risk Class Level 1	~~$468.00~~ $481.00
Risk Class Level 2	~~$493.00~~ $507.00
Risk Class Level 3	~~$1,760.00~~ $1,809.00
Risk Class Level 4	~~$1,867.00~~ $1,918.00

(B) Fees for Temporary Food Service Operations / Retail Food Establishments (per single event, not to exceed a maximum of five consecutive days) ~~$220.00~~ $175.00

(C) Fees for Mobile Food Service Operations

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(D) Fees for Mobile Retail Food Establishments

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(E) Fees for Vending Food Service Operations ~~$13.89~~ $14.29

(F) Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).

1) < 10,000 ft.^{2}

Risk Class Level 1	$200.00
Risk Class Level 2, 3 & 4	$400.00

2) ≥ 10,000 ft.^{2}

Risk Class Level 1	$300.00
Risk Class Level 2, 3 & 4	$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have_not been operated in over a year as a food service).

1) < 10,000 ft.^{2}

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

2) > 10,000 ft.^{2}

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

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

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

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

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

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

ADOPTED: _____, 2025

_____
Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

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

New language underscored. Deleted language indicated by strikethrough.

Attachment 4

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

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

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

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

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

Respectfully,

Grant Mussman, MD, MHSA
Health Commissioner

NOTICE OF
BOARD OF HEALTH
PUBLIC HEARING

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

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

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

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

Food Protection License Fees 2026-2027

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

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

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

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

BOH Resolution 00079

Antonio Young, REHS
Director, Environmental Health

7/22/25

Food Fee Resolution Timetable

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

city of CINCINNATI HEALTH DEPARTMENT

Factors Considered in Cost Methodology

Methodology calculates maximum allowable fees for:

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

Calculation are based exclusively on personnel costs for:

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

city of CINCINNATI HEALTH DEPARTMENT

2025-2026 Projected Fees/Revenues

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

Q and A

city of
CINCINNATI
HEALTH DEPARTMENT

Projected Fees in Detail

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

 # Vending is limited to last year's fee + CPI. In this case $13.89x2.9%=.4028, $13.89+.4028=14.29

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

CHD 6 Year Fee Chart

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

city of CINCINNATI
HEALTH DEPARTMENT

Current Fee Comparison

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

city of CINCINNATI HEALTH DEPARTMENT

City of Cincinnati Board of Health Finance Committee

Mr. Mark Menkhaus of the Board of Health Finance Committee, called the Tuesday, September 16, 2025 Finance Committee meeting to order at 5:05 pm.

Roll Call

Members present: Mr. Jagdish Bhati, Dr. Edward Herzig, Dr. Camille Jones, Mr. John Kachuba, Mr. Mark Menkhaus Jr., Dr. Grant Mussman, and Ms. Joyce Tate

Topic	Discussion	Action/Motion
Approval of Minutes	Mr. Menkhaus asked Committee members if everyone had the opportunity to review the minutes from August 2025. Motion: That the Board of Health (BOH) Finance Committee approves the minutes from August 2025.	**Motion:** Herzig **Second:** Mussman **Action:** Pass
Review of Contracts for BOH Approval:	Mr. Menkhaus began reviewing contracts going to BOH for approval. **Department of Children and Youth - 65X10817** Tiffany White provided a presentation and explanation regarding the current contract, noting that revisions may be necessary due to the existence of both a First and Second Amendment. She explained that the original contract was established with the Ohio Department of Health (ODH), but the agreement has since transitioned to the Department of Children and Youth (DCY). As such, the original grant terms were under ODH, while both the First and Second Amendments are now under DCY. Tiffany clarified that the First Amendment should reflect a funding amount of $190,650, bringing it in line with the original contract amount. The total funding across the original contract and both amendments is $428,962.50**.** The term of the First Amendment began on October 1, 2024, and the Second Amendment begins on October 1, 2025**,** extending through December 31, 2025**.** The Second Amendment, which was presented at this meeting, supports the continuation of the Cribs for Kids program. This initiative provides cribettes to eligible families, safe sleep education, and a range of other deliverables. The Second Amendment represents one quarter of the total funding, with an allocation of $47,662.50. Tiffany also noted that they were informed this week that another amendment will be issued to extend the program through June 30, 2026**.** During the meeting, Mr. Menkhaus requested clarification regarding the contract amounts**.** Tiffany reiterated that: • **Original contract**: $190,650.00 • **First Amendment**: $190,650.00 • **Second Amendment**: $47,662.50	**Motion**: Herzig **Second**: Bhati **Action**: Pass

	• **Total**: $428,962.50 **Motion**: That the BOH Finance Committee recommends approval. **Forvis Mazars, LLP – 65x10818** Mr. Menkhaus presented a new contract for board approval. This is an accounts payable contract with Forvis Mazars, and the proposed initial amount is $30,000. He noted that this amount may increase through future amendments if the department chooses to proceed with additional phases of work. Mr. Menkhaus mentioned that this contract had been discussed previously during its conceptual stages. The intent is to bring Forvis Mazars on as a consulting partner to conduct a comprehensive review of the organization's financial operations. Their scope of work will include: • Reviewing billing and coding practices • Identifying unrealized revenue streams • Evaluating reimbursement rates • Assessing clinical productivity • Analyzing month-end processes, including journal entries and ledger accounts • Reviewing recordkeeping practices related to HRSA and other grant requirements The goal is to strengthen financial systems and ensure that potential revenue opportunities and compliance standards are fully optimized. Mr. Bhati inquired about the background of the company. Mr. Menkhaus responded that Forvis Mazars specializes in healthcare finance. He noted that the department has previously engaged with the Ohio Association of Community Health Centers (OACHC), which hosts an annual forum where Forvis Mazars regularly delivers educational sessions on finance-related topics tailored to community health centers. He emphasized that they are well-regarded experts in this field. Dr. Jones asked how many hours of work are expected to be covered by the $30,000 contract amount. Mr. Menkhaus responded that the exact number of hours has not yet been determined, as the scope is still under negotiation. He noted that, at this stage, it's too early to provide a precise estimate, but the team will gladly share more detailed information once the terms are finalized. He also clarified that no contract is currently in place and this presentation is simply to seek the board's approval to move forward with contract negotiations. **Motion**: That the BOH Finance Committee recommends approval.	**Motion**: Herzig **Second**: Bhati **Action**: Pass
Review of Contracts for BOH Information:	Mr. Menkhaus began reviewing the following contract, going to BOH for information. **UC College of Medicine Agreement – 35x10546 – 1st Amendment**	

	Dr. Amin explained that this contract represents an opportunity to collaborate with the University of Cincinnati College of Medicine to host a student each summer. Through this partnership, the organization has been able to offer a stipend to participating students. The current action is to extend the terms of the contract for the next three years, allowing continued support for this arrangement. She clarified that while the contract is technically with the University, this is solely for administrative purposes to facilitate payment. The stipend itself goes directly to the student. This program is designed to give medical students hands-on public health experience and is similar to arrangements the university has with other institutions. Dr. Mussman added that it's helpful to think of this as a paid internship. While the stipend isn't large, typically a few thousand dollars, the students are given a specific body of work and are expected to produce a tangible deliverable by the end of their time. He emphasized that this is not part of an academic curriculum or clinical rotation from UC, but rather a work-based learning experience managed by the host organization. Dr. Jones noted that the health department has greatly benefited from hosting students through paid internship opportunities like this. In fact, much of the department's early and innovative work was carried out in collaboration with such students. She highlighted that offering paid opportunities is especially important as it ensures access for students who cannot afford to work unpaid over the summer.	
Financial Update	Mr. Menkhaus provided an overview of the financial statement for the period ending in August 2025. **Total Revenue:** Revenue at the end of August was $9,509,718.20. Which is a 10.66% increase from August of 2024. Expenses as of August 2025 totaled $8,824,267.18 which is a 1.27% decrease from August 2024. Total net gain after the capital revenue transfer was $842,451.02. **Total Expenses**: o 7100—Personnel- Increased by 1.42%. 7500-Fringes saw an increase of 3.94%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). o 7200-Contractual- Services saw a decrease of 11.78% (7.73% decrease in the prior month), and 7300- Materials & Supplies decreased by 39.82% (57.65% 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 August, yet in FY25 we paid Cross Country Staffing $61,225.23 as of August. In FY26 we paid Cardinal Health $88,383.99 of August, yet in FY25 we paid Cardinal Health $455,756.75 as of August. We also expensed $73,294.73 to Patterson Dental Supply in FY25, yet in FY26 we have expensed $105,233.13 as of August. o 7400-Fixed Cost: Costs increased by 28.69% (19.64% increase in the prior month). The increase is the timing of invoices paid. In FY26 we paid Ochin $145,592.39 as	

	of August, yet in FY25 we paid Ochin $63,223.36 as of August. We also expensed $25,000 to Hamilton County FY26 that was not expensed in FY25. ○ 7600-Property: Increased by 340.33%. The increase is due to the renovation at the Price Hill Health Center and the sink hole at the Bobbie Sterne parking lot. **Total Available: $842,451.02**	
New Business	No new business for this new meeting.	
Public Comment	Mrs. Mitchell stated that as of 5 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 5:31 pm
Next Meeting: **Wednesday, October 15, 2025, 5 p.m.**
Minutes prepared by Shurdina Mitchell
The meeting can be viewed and is incorporated in the minutes: https://fb.watch/pD-N3kOzkN/

Board of Health Finance Committee Roll Call for September 16, 2025:

	Roll Call	**Minutes**	Ohio Department of Health 65x10817	Forvis Mazars, LLP 65x10818	UC College of Medicine 35x10845 - 1st Amendment (Board Information)
Mr. Jagdish Bhati	Y	-	2Y	2Y	-
Dr. Edward Herzig	Y	MY	MY	MY	-
Dr. Camille Jones	Y	Y	Y	Y	-
Mr. John Kachuba	Y	Y	Y	Y	-
Mr. Mark Menkhaus Jr.	Y	Y	Y	Y	-
Dr. Grant Mussman	Y	Y	Y	Y	-
Ms. Joyce Tate	Y	Y	Y	Y	-
Ms. Kiana Trabue	-	-	-	-	-

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

Others present: Shurdina Mitchell (Clerk), Dr. Maryse Amin, Dr. Ashanti Salter and Tiffany White

Interdepartmental Correspondence Sheet

Date: 9/23/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for September 23, 2025 BOARD of HEALTH MEETING

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

SHANIYA CHEATHAM	**DENTAL ASSISTANT**	**CCPC**
(Retirement vacancy)		
Salary Bi-Weekly Range:	$2,154.85 to $2,276.35	Revenue Fund

Shaniya Cheatham has over 6 years of dental experience as a dental assistant. She has worked in pediatrics and general dentistry. Ms. Cheatham has a strong background in emergency dental services and is currently working at Emergency Dental of Cincinnati. She has experience as a chair side dental assistant with endo and restorative dentistry as well as front desk registration and scheduling experience. She has a wide range of experience and we think she will be a great asset to the Cincinnati Health Department dental program.

MARIA DICKSON-ALARCON	**ENVIRONMENTAL HEALTH SPECIALIST-IN-TRAINING**	**CHES**
(Retirement vacancy)		
Salary Bi-Weekly Range:	$2,477.48 to $2,477.48	Revenue Fund

The Cincinnati Health Department Food Safety Program is proud to announce Maria Emilia Dickson Alarcon as a new employee in our department. Ms. Dickson Alarcon has a degree in Public Health from Miami University (Oxford) and since graduation has had a strong background in case management and prevention education. We are excited to have her as part of our team!

CIARA RINFROW	**BREASTFEEDING PEER**	**WIC**
(Resignation vacancy)		
Salary Bi-Weekly Range:	$773.14 to $773.14	Grant Fund

Ciara Rinfrow has previously been a Breastfeeding Peer counselor for Hamilton County WIC and is now returning. Ciara is positive and creative and truly loves promoting breastfeeding and supporting breastfeeding families. She helped develop breastfeeding videos for the WIC program that are still used currently. We are excited to have Ciara back and look forward to working with her again.\

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

SARAH SCHUH **DIETITIAN** **WIC**
(Retirement vacancy)

Salary Bi-Weekly Range: $2,090.43 to $2,878.53 Grant Fund
Sarah Schuh is a licensed and registered dietitian in the state of Ohio. She received her bachelor's degree at the University of Cincinnati. Sarah has one year's experience in a clinical setting at TriHealth where she performed nutritional assessments with multidisciplinary teams on the cardiac, ICU, surgical, and neurological floors. Sarah expressed interest in pediatric nutrition and feels her goals align with the WIC program goals and who we serve.

MELISSA SHORES **BREASTFEEDING PEER** **WIC**
(Resignation vacancy)

Salary Bi-Weekly Range: $773.14 to $773.14 Grant Fund
Melissa Shores is currently a Certified Lactation Specialist (CLS) and participates in community agencies that support breastfeeding families. She has a variety of personal breastfeeding experiences. She is bilingual in Spanish and English and can assist in leading the Spanish breastfeeding classes for the WIC program. We are excited to work with Melissa and feel she will be a good fit for our program

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.

Preparation Date September 3, 2025

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Forvis Mazars, LLP**

Contract # **65x10818**

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

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

Division Head & Phone # **Mark Menkhaus, Jr., 513-357-7469**

Division **Health**

Type of Contract/Agreement X Accounts Payable ____ Accounts Receivable

___ Service Contract (no $) ____ Lease

Funding Source X General Fund ____ Grant Fund ____ Other Funding

Action Required: X Board Approval ____ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$30,000**

TERM

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

EXECUTIVE SUMMARY

Forvis Mazars, LLP will provide strategic consulting to CHD in the area of 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.

city of CINCINNATI HEALTH DEPARTMENT

DATE: September 16, 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 – AUGUST

2026 August Highlights:

- Revenue at the end of August was $9,509,718.20. Which is a 10.66% increase from August of 2024. Expenses as of August 2025 totaled $8,824,267.18 which is a 1.27% decrease from August 2024. Total net gain after the capital revenue transfer was $842,451.02.

Year over Year:

- As of August, we had $32,819.01 in overtime compared to August of 2024's total of $36,390.30. Neither year as of August 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 1.42%. 7500-Fringes saw an increase of 3.94%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%).

- 7200- Contractual Services saw a decrease of 11.78% (7.73% decrease in the prior month), and 7300- Materials & Supplies decreased by 39.82% (57.65% 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 August, yet in FY25 we paid Cross Country Staffing $61,225.23 as of August. In FY26 we paid Cardinal Health $88,383.99 of August, yet in FY25 we paid Cardinal Health $455,756.75 as of August. We also expensed $73,294.73 to Patterson Dental Supply in FY25, yet in FY26 we have expensed $105,233.13 as of August.

- 7400-Fixed Costs increased by 28.69% (19.64% increase in the prior month). The increase is the timing of invoices paid. In FY26 we paid Ochin $145,592.39 as of August, yet in FY25 we paid Ochin $63,223.36 as of August. We also expensed $25,000 to Hamilton County FY26 that was not expensed in FY25.

- 7600-Property increased by 340.33%. The increase is due to the renovation at the Price Hill Health Center and the sink hole at the Bobbie Sterne parking lot.

city of CINCINNATI HEALTH DEPARTMENT

Cincinnati Board of Health Financial Statement for the period of August

	FY26 Actual	FY25 Actual	Variance
Revenue			
8236-Pools/Spa	$3,151.25	$105.25	2894.06%
8237-Household Sewage System	$445.00	$880.00	-49.43%
8239-Tatto/ Body, Environmental Waste License Fee	$1,500.00	$450.00	233.33%
8241-Food Service (Mobile-Temporary)	$11,931.00	$32,084.44	-62.81%
8242-Vending Machine Licenses	$0.00	$0.00	0.00%
8244-Food Establishments	$23,875.25	$19,823.50	20.44%
8249-Food, NOC	$20,894.50	$13,355.25	56.45%
8432-Vending Machine Proceeds	$0.00	$0.00	0.00%
8536-Grants\State	$450,657.47	$121,014.64	272.40%
8556-Grants\Federal	$1,609,941.42	$2,084,663.96	-22.77%
8563-Bd of Ed Svc (School Nurses Sal.)	$20,499.36	$26,709.15	-23.25%
8564-Ham Co Service	$60,440.36	$55,945.26	8.03%
8571-Specific Purpose\Private Org.	$6,000.00	$155,502.85	-96.14%
8617-Non-Department Fringe Benefit Reimbursement	$0.00	$0.00	0.00%
8618-Overhead Charges Indirect Costs	$0.00	$61,340.00	-100.00%
8731-Birth & Death Certificates	$118,901.62	$90,078.72	32.00%
8732-Vital Stats - Other	$1,517.85	$537.36	182.46%
8733-Self-Pay Patient	$181,389.32	$150,408.85	20.60%
8734-Medicare	$1,022,450.73	$916,660.29	11.54%
8736-Medicaid	$1,073,090.89	$433,384.58	147.61%
8737-Private Pay Insurance	$206,957.15	$184,253.75	12.32%
8738-Medicaid Managed Care	$1,329,012.64	$1,108,474.66	19.90%
8739-Misc. (Medical rec.\smoke free inv.)	$249,222.77	$202,382.18	23.14%
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	$3,096.35	$52,488.83	-94.10%
% That is attributable from 416	$3,114,443.27	$2,882,499.18	8.05%
Total Revenue	$9,509,718.20	$8,593,269.30	10.66%
Expenses			
71-Personnel	$4,219,200.06	$4,159,979.41	1.42%
72-Contractual	$1,188,606.44	$1,347,391.21	-11.78%
73-Material	$492,670.92	$818,724.08	-39.82%
74-Fixed Cost	$403,804.80	$313,784.48	28.69%
75-Fringes	$2,348,347.34	$2,259,318.39	3.94%
76-Property	$171,637.62	$38,979.02	340.33%
Total Expenses	$8,824,267.18	$8,938,176.59	-1.27%
Net Gain (Losses)	**$685,451.02**	($344,907.29)	-298.73%
8936-Transfer	**$157,000.00**	**$2,187,000.00**	
Total Available	**$842,451.02**	**$1,842,092.71**	-54.27%

DATE: September 15, 2025,

TO: Cincinnati Health Department Board of Health

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

SUBJECT: September Communicable Disease Report

Suspected measles (vaccine strain) investigated

Early in September a lab reported a positive pcr result for a hospitalized Cincinnati resident who was recently vaccinated. CDC reports about 5% of recently vaccinated persons develop symptoms of rash and fever, but who are not contagious. The lab specimen was requested to ship to the state lab for whole genomic sequencing in order to confirm the patient did not have a wild-type measles strain. The patient denied any recent exposures to measles.

Hospital-associated Legionnaires (LD) investigated

CHD was notified by Clermont Health Department of a resident who developed LD and who had spent some of the 14-day exposure period at local hospital. CHD is working with the facility to rule out risk of illness.

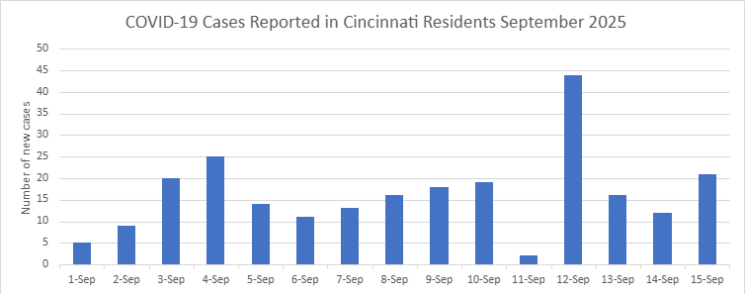
Respiratory Activity as of 9/15/2025

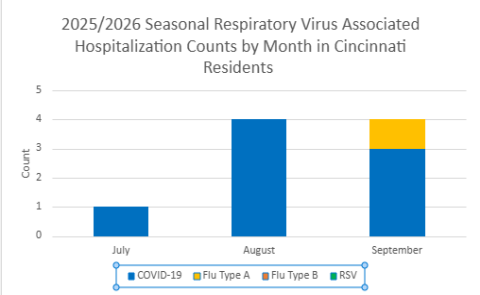
- Nationally, CDC reports as of September 12, 2025, COVID-19 activity is peaking in many areas of the country with elevated emergency department visits and hospitalizations nationally.
- Cincinnati also has seen a rise in COVID-19 cases, with several cough and respiratory anomalies reported 9/3-9/4.
- 2 LTCF COVID-19 outbreaks were reported in August, compared to 3 reported in August 2024.
- CHD received 4 COVID-19 hospitalization reports in August. There have been 3 COVID-19 hospitalization reports and 1 Influenza Type A hospitalization report received in Cincinnati residents as of 9/15/2025.
- The Ohio Seasonal Influenza Activity Report will resume in October, and RSV and COVID-19 associated hospitalization data will be reportable in Ohio. Individual cases of COVID-19 will no longer be reportable after October 1, 2025.

Wastewater Viral Activity Levels Updated 9/15/2025

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

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





Communicable Disease Investigations in August

CHD investigated 79 communicable disease reports in August 2025. You can find the cases meeting confirmed and probable case definitions included in the August 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 2 new outbreaks (OB) in August:

- 2 Respiratory OBs in LTCFs

Ohio Communicable Disease Rule Changes October 1, 2025

Ohio Department of Health sent an alert to providers and health departments through the Ohio Public Health Communication System (OPHCS) on September 4, 2025 to notify all of changes to the state rules. A copy of the documents that were attached have been included in the boards packet.

Updates to Ohio Administrative Code (OAC) rules 3701-3-01, 3701-3-02, 3701-3-03, 3701-3-04, 3701-3-07, 3701-3-08, and 3701-3-13 will become effective on Oct. 1, 2025. A summary of key updates for communicable disease reporting are summarized in the attached "Dear Colleague Letter" and updated "Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio." Thank you for your ongoing collaboration to protect Ohioans from communicable diseases.

city of
CINCINNATI
HEALTH DEPARTMENT

Communicable Disease Prevention and Control
What's Bugging Us

Board of Health Presentation
9/23/2025

Ohio Administrative Code (OAC)

Communicable Disease Rule Updates

Effective October 1, 2025

Officials from the Ohio Department of Health (ODH) shared a summary of the changes with local health departments and healthcare providers.

Changes were applied to Ohio Administrative Code (OAC) rules 3701-3-01, 3701-3-02, 3701-3-03, 3701-3-04, 3701-3-07, 3701-3-08, and 3701-3-13

The Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio was updated and the ODH Infectious Disease Control Manual updates will follow.

Ohio Department of Health

city of CINCINNATI HEALTH DEPARTMENT

Class A Reportable Disease

Class A:
Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax.
- Botulism.
- Diphtheria.
- Free-living amoeba infection.
- Influenza A - novel virus infection.
- Measles.
- Meningococcal disease.
- Middle East Respiratory Syndrome (MERS).
- Plague.
- Rabies, human.
- Rubella (not congenital).
- Severe acute respiratory syndrome (SARS).
- Smallpox.
- Tularemia, inhalation.
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever.

Any unexpected pattern of cases, suspected cases, deaths, or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard, or act of bioterrorism.

Ohio Department of Health

city of CINCINNATI HEALTH DEPARTMENT

Class B Reportable Disease

Class B:
Diseases of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - o Chikungunya virus infection.
  - o Eastern equine encephalitis virus disease.
  - o La Crosse virus disease (other California serogroup virus disease).
  - o Powassan virus disease.
  - o St. Louis encephalitis virus disease.
  - o West Nile virus infection.
  - o Western equine encephalitis virus disease.
  - o Yellow fever.
  - o Zika virus disease.
  - o Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- Giardiasis.
- Gonorrhea (*Neisseria gonorrhoeae*).
- *Haemophilus influenzae* (invasive disease).
- Hantavirus.
- Hemolytic uremic syndrome (HUS).
- Hepatitis A.
- Hepatitis B (non-perinatal).
- Hepatitis B (perinatal).
- Hepatitis C (non-perinatal).
- Hepatitis C (perinatal).
- Hepatitis D (delta hepatitis).
- Hepatitis E.
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Legionnaires' disease.
- Leprosy (Hansen disease).
- Leptospirosis.
- Listeriosis.
- Lyme disease.
- Malaria.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- Rubella (congenital).
- *Salmonella* Paratyphi infection.
- *Salmonella* Typhi infection (typhoid fever).
- Salmonellosis.
- Shigellosis.
- Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF).
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA).
- Streptococcal disease, group A, invasive (IGAS).
- Streptococcal disease, group B, in newborn.
- Streptococcal toxic shock syndrome (STSS).
- *Streptococcus pneumoniae*, invasive disease (ISP).
- Syphilis.
- Tetanus.
- Toxic shock syndrome (TSS).
- Trichinellosis.
- Tuberculosis (TB):
  - o Active disease.
  - o Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- Varicella.
- Vibriosis.
- Yersiniosis.

Class C Reportable Disease

Class C:
Report an outbreak, unusual incident, or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks

- Community.
- Foodborne.
- Healthcare-associated.
- Institutional.
- Waterborne.
- Zoonotic.

Except when it falls under Class A:

Class A:
Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

Any unexpected pattern of cases, suspected cases, deaths, or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard, or act of bioterrorism.

Ohio Department of Health

city of CINCINNATI HEALTH DEPARTMENT

Infectious Disease Control Manual (IDCM) Section 3

- Reporting Information
- Agent
- Case Definition
- Signs and Symptoms
- Diagnosis
- Epidemiology
- Public Health Management
  - Case
  - Contacts
  - Prevention and Control
  - Special Information

Ohio Department of Health

city of CINCINNATI HEALTH DEPARTMENT

References

Ohio Department of Health Infectious Disease Control Manual (IDCM) Sections

IDCM: Section 1 | Reporting Guidance

IDCM: Section 2 | Ohio Administrative Code and Ohio Revised Code Content Applicable to Communicable Diseases -

IDCM: Section 3 Disease and Outbreak Response Guidance

IDCM: Section 4 Microbiology Services

IDCM: Section 5 | Limitations on movement and infection control practices to prevent the spread of infectious diseases

IDCM: Section 6 | Ohio-specific rules regarding isolation or exclusion of persons diagnosed with the disease.

Thank you

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

city of
CINCINNATI
HEALTH DEPARTMENT

Date: September 23, 2025
To: Board of Health
From: Grand Mussman, MD, Health Commissioner
Subject: Health Commissioner's Report, Reflects August 2025

WIC Updates August 2025

1. The WIC caseload for August was 15,568 with.
   Women: 3,474 Infants: 3,774 Children: 8,320
2. August Breastfeeding:
   a. Initiation rate- 64.41%
   b. Breastfeeding at 6 months- 40.36%
   c. Breastfeeding at 12 months- 33.69%
   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 August WIC provided 390 women education regarding urgent maternal warning signs during the perinatal period.
4. The WIC Farmer's Market program provided 5oo participants with $30 of coupons to purchase fresh fruit and vegetables from local farmers. One market was at the Roselawn WIC location, and the other was at Findlay Market.
5. WIC celebrated World Breastfeeding Week with a gathering for breastfeeding moms. Many agencies were present, and all enjoyed a fun game of BINGO.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 9.23.2025

Community Health and Environmental Services (CHES) updates:

- 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)

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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 = 27
County (minus the city) 2025 = 24
Total Hamilton County 2025 = 51

The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 9.17.25):
City of Cincinnati = 2,708
Hamilton County births outside of the City limits = 3,886
Hamilton County inclusive of the City = 6,594

The provisional infant mortality rate for 2025 based on our current numbers:
City of Cincinnati IMR = 9.97 per 1,000 live births
Hamilton County outside the City limits = 6.18 per 1,000 live births
Hamilton County IMR = 7.73 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

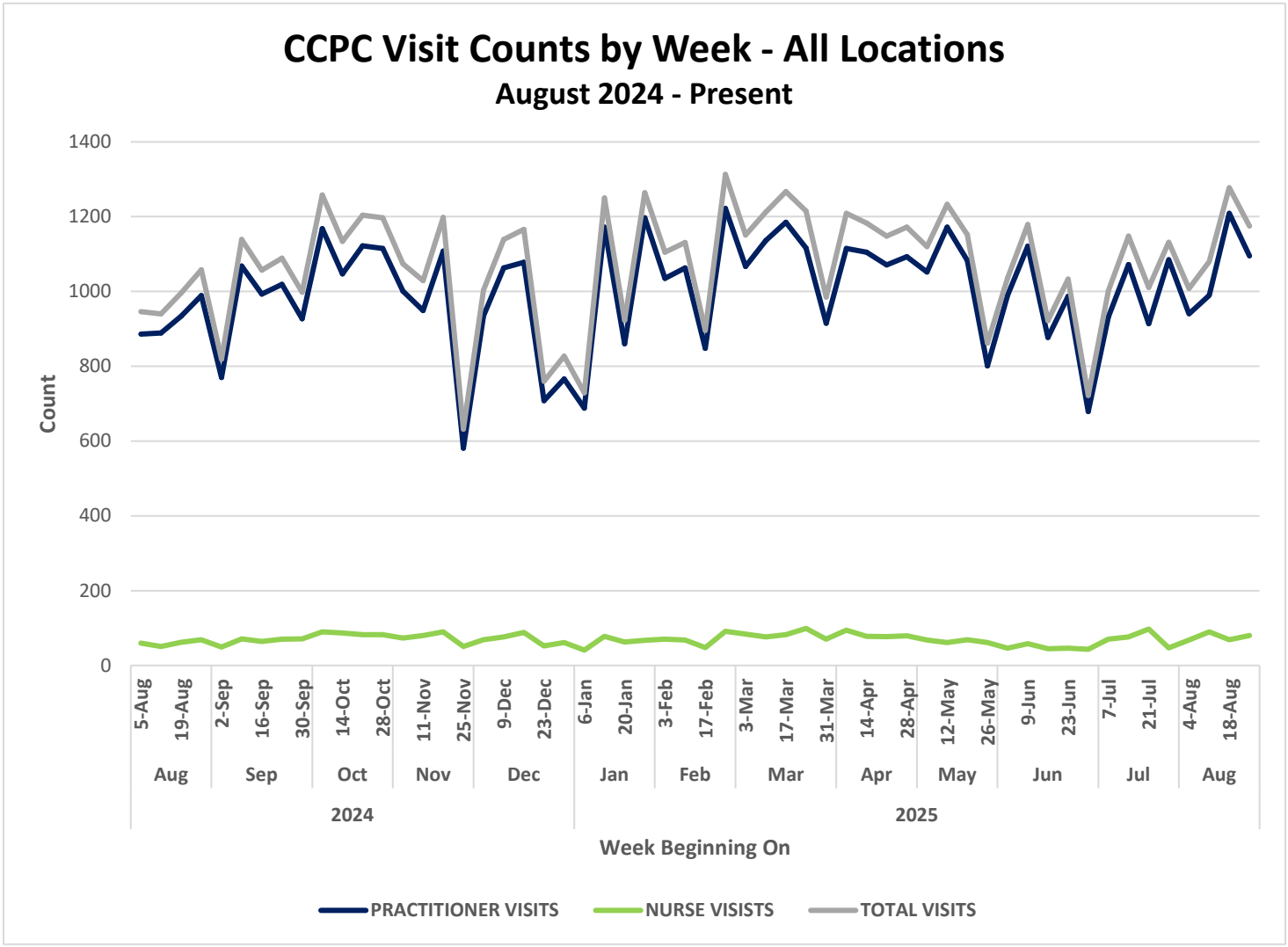


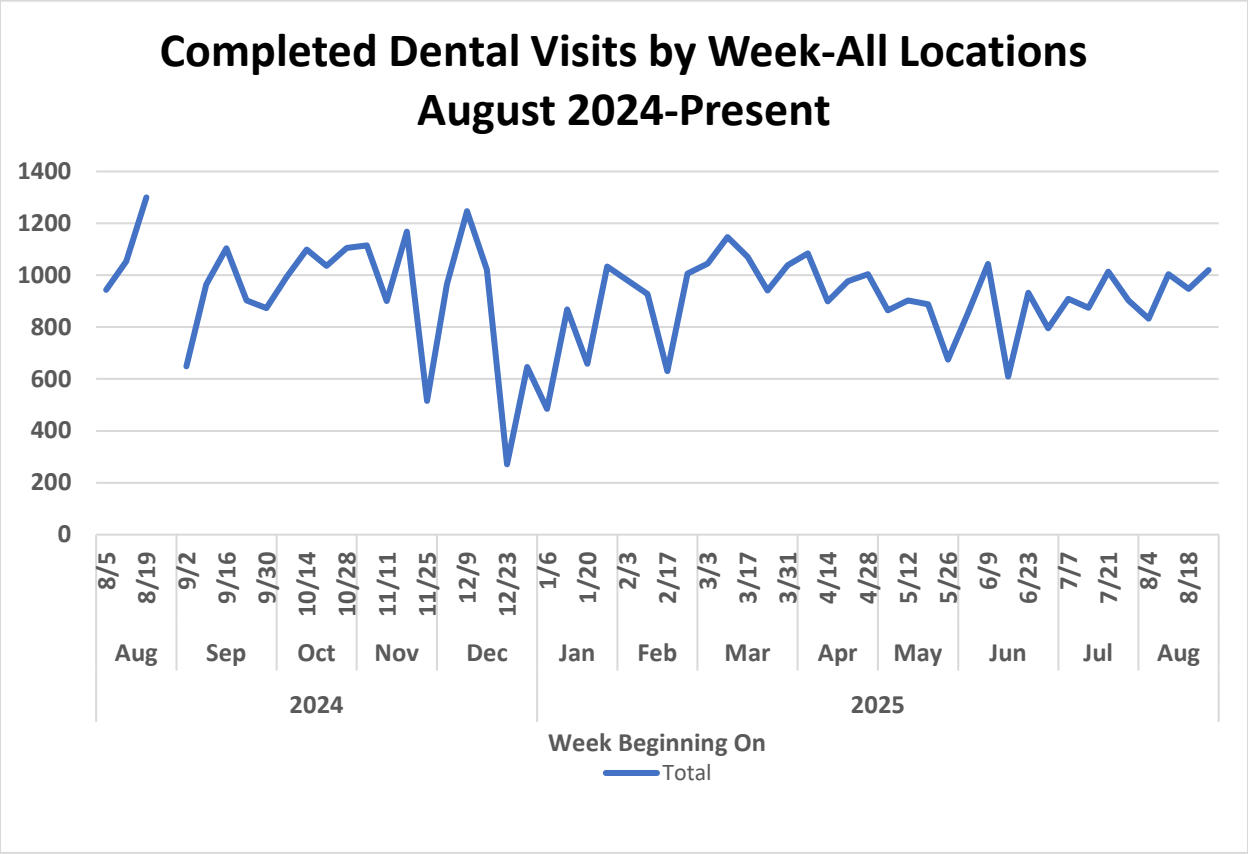
Table 1. Number of Completed Patient Visits by Location for August 2025 and FYTD

CCPC Community Health Centers	8/4	8/11	8/18	8/25	Aug 2025 Total	Aug 2024 Total	2025 FYTD Total	2024 FYTD Total
VISITS	**940**	**990**	**1209**	**1095**	**4234**	**3698**	**8916**	**8330**
AMBROSE CLEMENT	79	55	101	85	320	518	743	1070
MBROSE CLEMENT BH	32	29	35	18	114	137	284	278
BRAXTON CANN	56	91	92	86	325	322	674	796
BRAXTON CANN BH	4	4	6	1	15	0	28	0
ELM ST. BH	7	6	13	3	29	48	62	98
ELM ST.	194	198	235	215	842	488	1609	1320
MILLVALE	119	136	160	141	556	394	1138	882
MILLVALE BH	8	8	11	0	27	16	77	78
NORTHSIDE	192	180	210	185	767	603	1589	1334
NORTHSIDE BH	21	20	23	23	87	9	186	17
PRICE HILL	201	236	286	304	1027	1046	2260	2189
PRICE HILL BH	27	27	37	34	125	117	266	268
NEW PATIENTS	**51**	**48**	**71**	**67**	**237**	**241**	**304**	**524**
AMBROSE CLEMENT	5	4	6	8	23	52	32	99
MBROSE CLEMENT BH	0	0	1	0	1	2	0	6
BRAXTON CANN	3	8	8	6	25	23	24	50
BRAXTON CANN BH	0	0	0	0	0	0	0	0
ELM ST. BH	0	0	0	0	0	1	0	1
ELM ST.	15	9	13	14	51	20	72	69
MILLVALE	8	7	7	9	31	16	34	54
MILLVALE BH	0	0	0	0	0	0	0	0
NORTHSIDE	11	9	17	12	49	45	66	93
NORTHSIDE BH	0	0	1	0	1	0	2	0
PRICE HILL	9	11	18	18	56	82	74	150
PRICE HILL BH	0	0	0	0	0	0	0	2

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

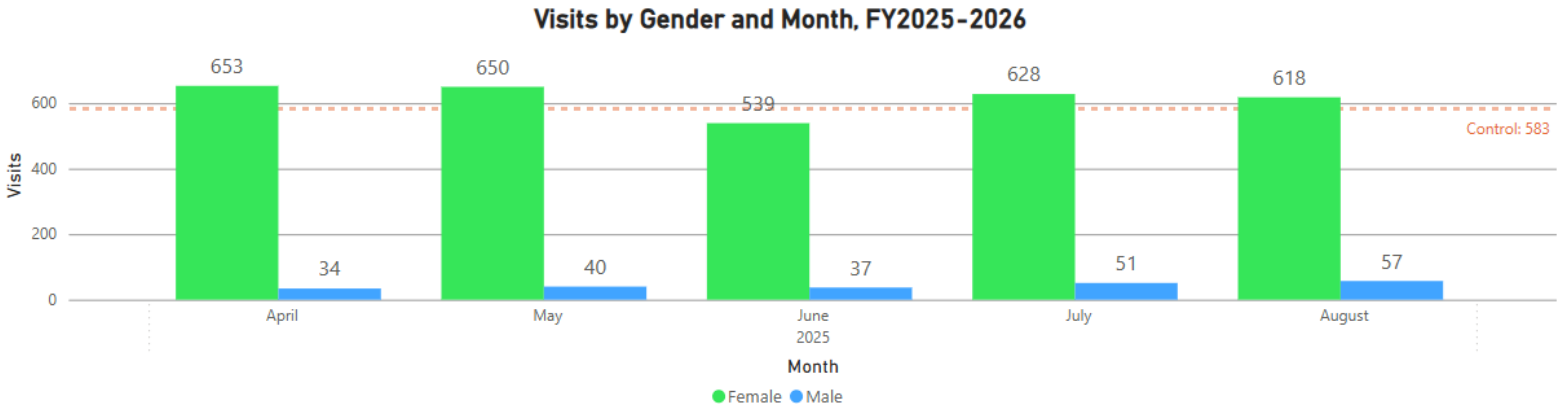
CCPC PHARMACY LOCATION	8/4	8/11	8/18	8/25	Aug 2025 Total	Aug 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	**1982**	**2182**	**2451**	**2459**	**9074**	**8010**	**19502**	**18435**
AMBROSE CLEMENT	293	238	331	295	1157	1281	2659	2965
BRAXTON CANN	158	323	225	314	1020	1148	2116	2516
ELM ST.	367	427	475	490	1759	1542	3578	3522
MILLVALE	309	318	388	376	1391	1114	2966	2595
NORTHSIDE	324	334	392	337	1387	1024	2953	2462
PRICE HILL	531	542	640	647	2360	1901	5230	4375

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



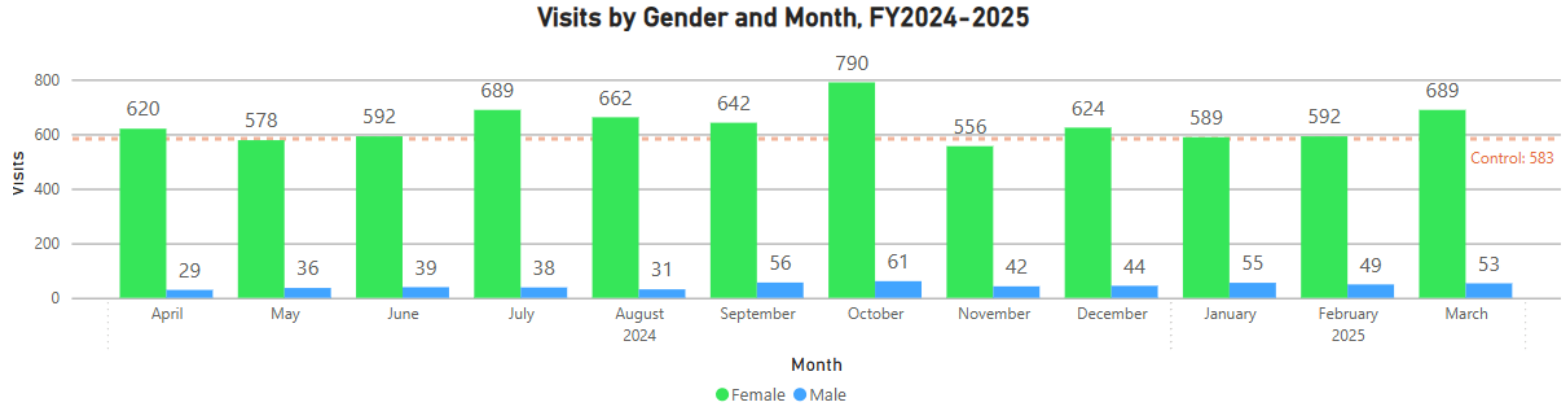


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025
FY24/25 Visits with Men: 533 patients
FY24/25 Visits with Women: 7623 patients
FY24/25 Visits Combined (men/women): 8156 patients
FY24/25 Control (Expected) Visits: 7000 patients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

Fiscal Year 2025 – 2026
FY25/26 Visits with Men: 219 patients
FY25/26 Visits with Women: 3088 patients
FY25/26 Visits Combined (men/women): 3307 patients
FY25/26 Control (Expected) Visits: 583 patients
FY25/26 Visits as % of Control Total: 113.4%

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

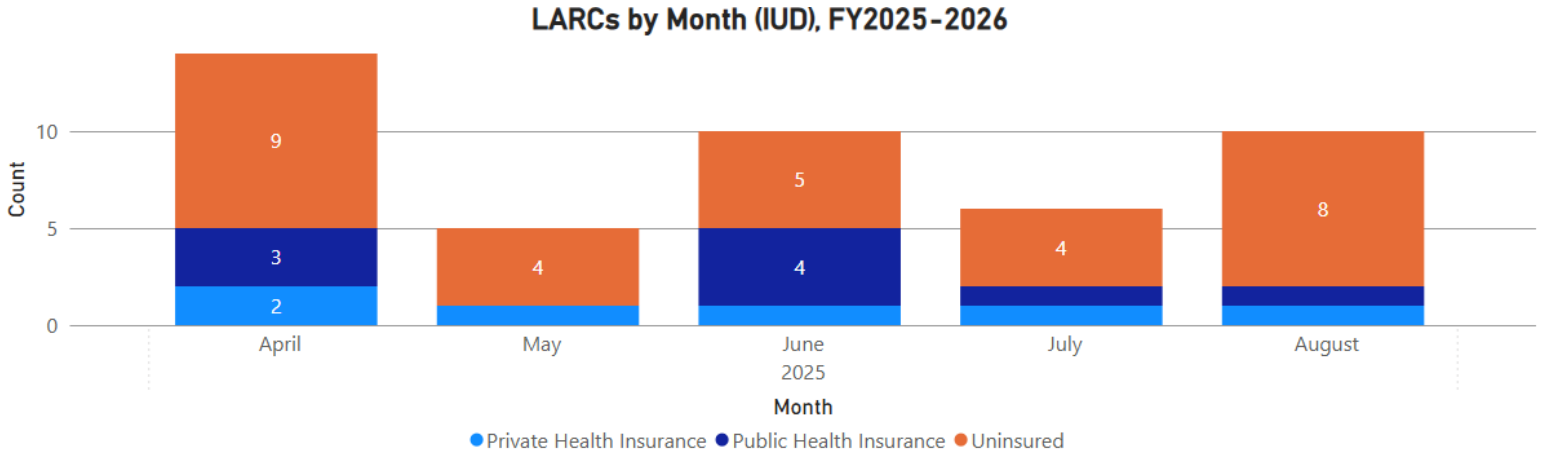


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

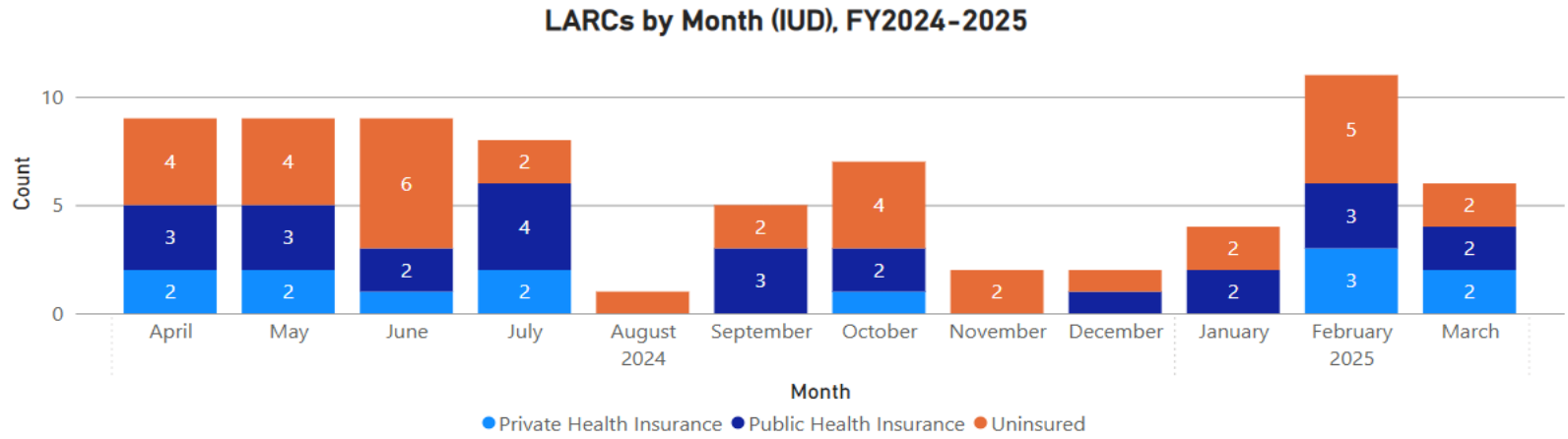


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

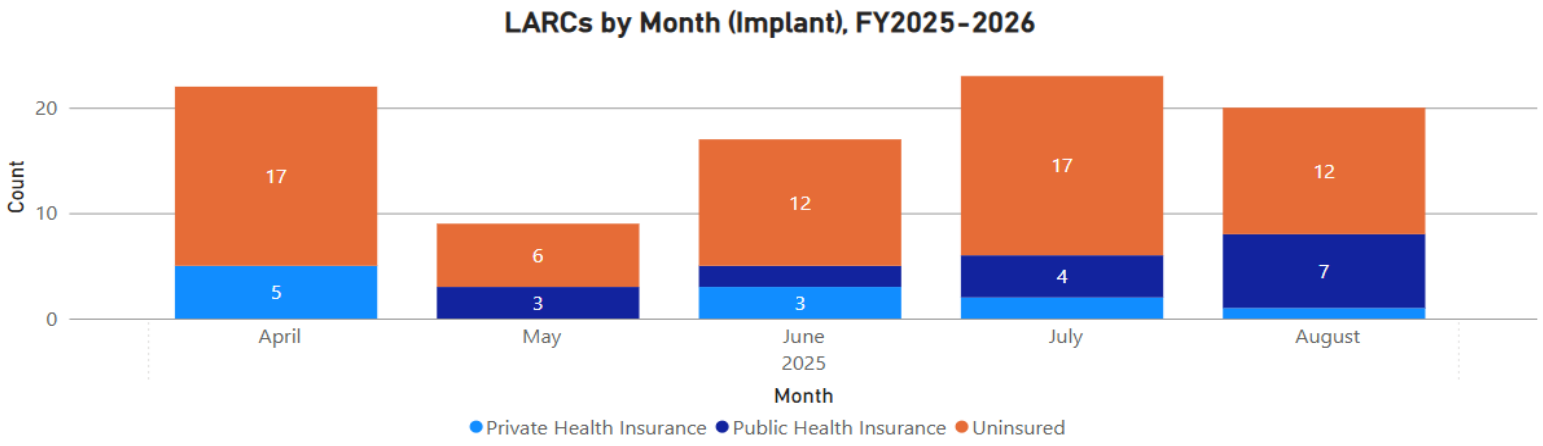


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 - 2025

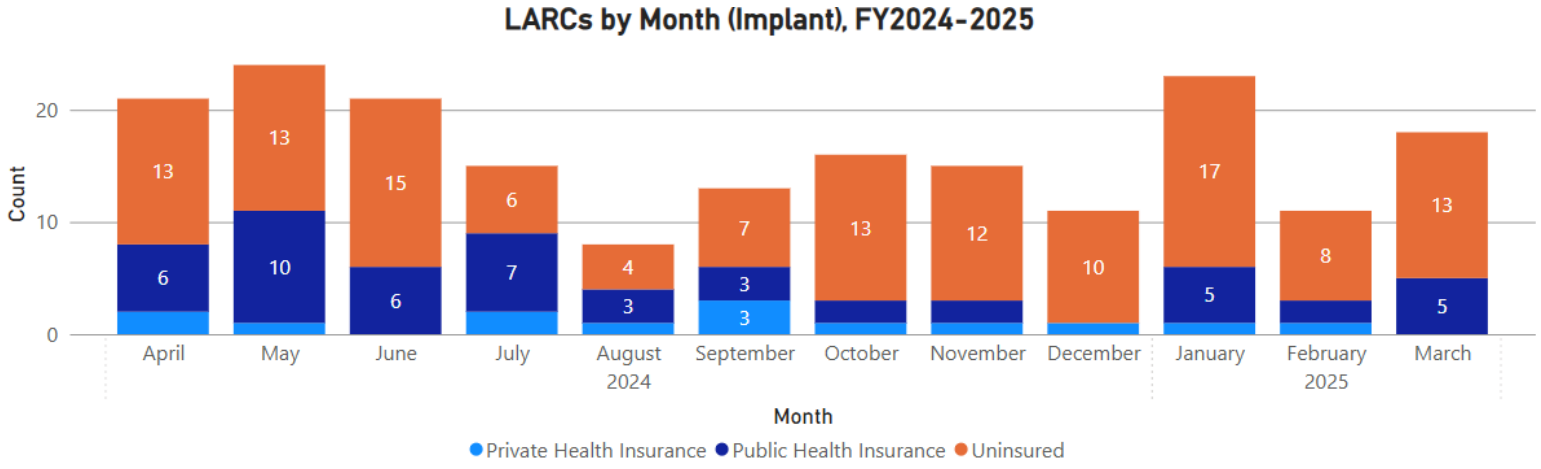


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, August 2025

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	6	0.97%	0	0.00%	6	0.89%
Asian	8	1.29%	1	1.75%	9	1.33%
Black	285	46.12%	49	85.96%	334	49.48%
PI/HN	13	2.10%	0	0.00%	13	1.93%
Unknown	90	14.56%	2	3.51%	92	13.63%
White	216	34.95%	5	8.77%	221	32.74%
Ethnicity						
Hispanic	260	42.07%	1	1.75%	261	38.67%
Non-Hispanic	358	57.93%	56	98.25%	414	61.33%

Income						
<=100% FPL	535	86.57%	41	71.93%	576	85.33%
101-249% FPL	71	11.49%	9	15.79%	80	11.85%
>=250% FPL	12	1.94%	7	12.28%	19	2.81%
Insurance						
Private	70	11.33%	10	17.54%	80	11.85%
Public	217	35.11%	16	28.07%	233	34.52%
Uninsured	331	53.56%	31	54.39%	362	53.63%
Age (years)						
<15	1	0.16%	0	0.00%	1	0.15%
15-49	571	92.39%	51	89.47%	622	92.15%
>50	46	7.44%	6	10.53%	52	7.70%
Limited English						
No	331	53.56%	54	94.74%	385	57.04%
Yes	287	46.44%	3	5.26%	290	42.96%

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

	Female	**% in col.**	**Male**	**% in col.**	**Total**	**% in col.**
Health Center						
Ambrose Clement	91	14.72%	37	64.91%	128	18.96%
Braxton Cann	25	4.05%	1	1.75%	26	3.85%
Bobbie Sterne	119	19.26%	6	10.53%	125	18.52%
Millvale	53	8.58%	0	0.00%	53	7.85%
Northside	125	20.23%	12	21.05%	137	20.30%
Price Hill	205	33.17%	1	1.75%	206	30.52%

* 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										

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**

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,	**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

	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**	
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: 27 97 **Students TOTAL** **Total Amount of Attendees at Community Events** 1 (50 Participants)	**Partners:** Orion Academy (teachers) Mercy McCauley (Students) Forever Kings back to School Bash	**Plan:** **To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.** **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. **Status:** Ongoing	**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

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.

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

August 2025 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety

Staff Attended the Ohio Department of Health Integrated Planning and Preparedness Workshop in Columbus Ohio August 4.
Attended the SWOPHR ERC Workgroup Meeting August 8
Attended the BioWatch Full Scale Exercise Final Planning Meeting August 12.
Attended the Hamilton County EMA Community Organizations Active in Disasters (COAD) meeting on August 19.

Training, Exercises, and Improvement Plans
Staff provided injury reporting training to School-based health staff August 18.

Response/Preparedness Activities
Staff performed water sampling at Bobbie Sterne Health Center August 29.

Monthly Dashboard for July 2025

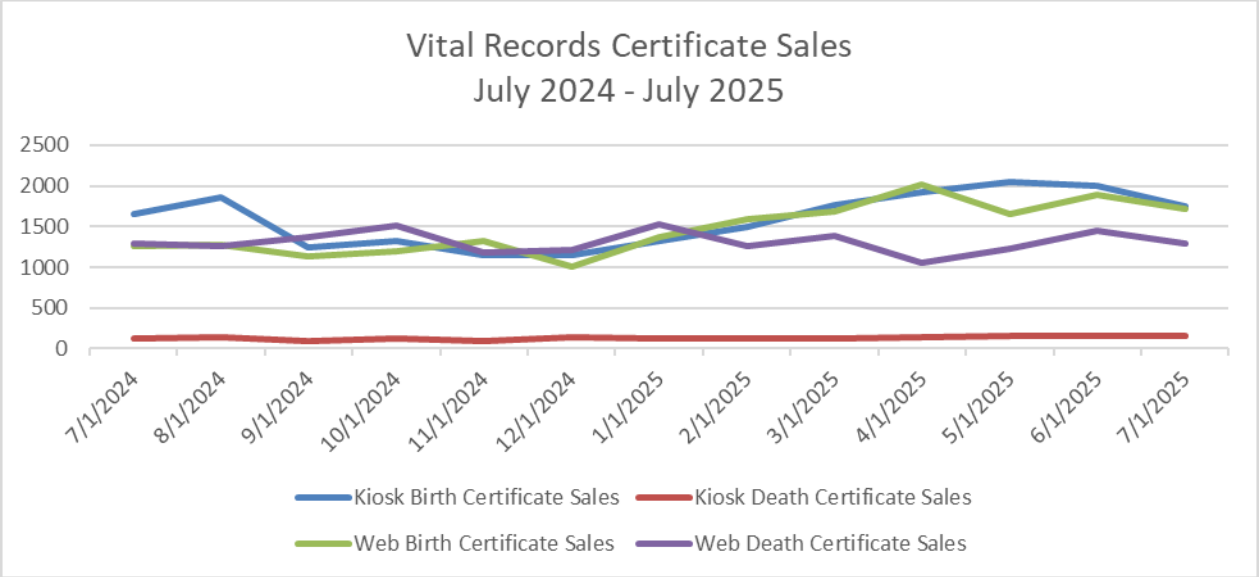
Vital Records received payment for 47 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

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

Vital Records received payments for 166 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.

July 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificates	1744	1715	393	0
Death Certificates	150	1287	64	0
Total Payments	$42,509	$73,049	$10,374	$0



Cincinnati Vital Records and Statistics Program

Monthly Dashboard for August 2025

Vital Records received payment for 33 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

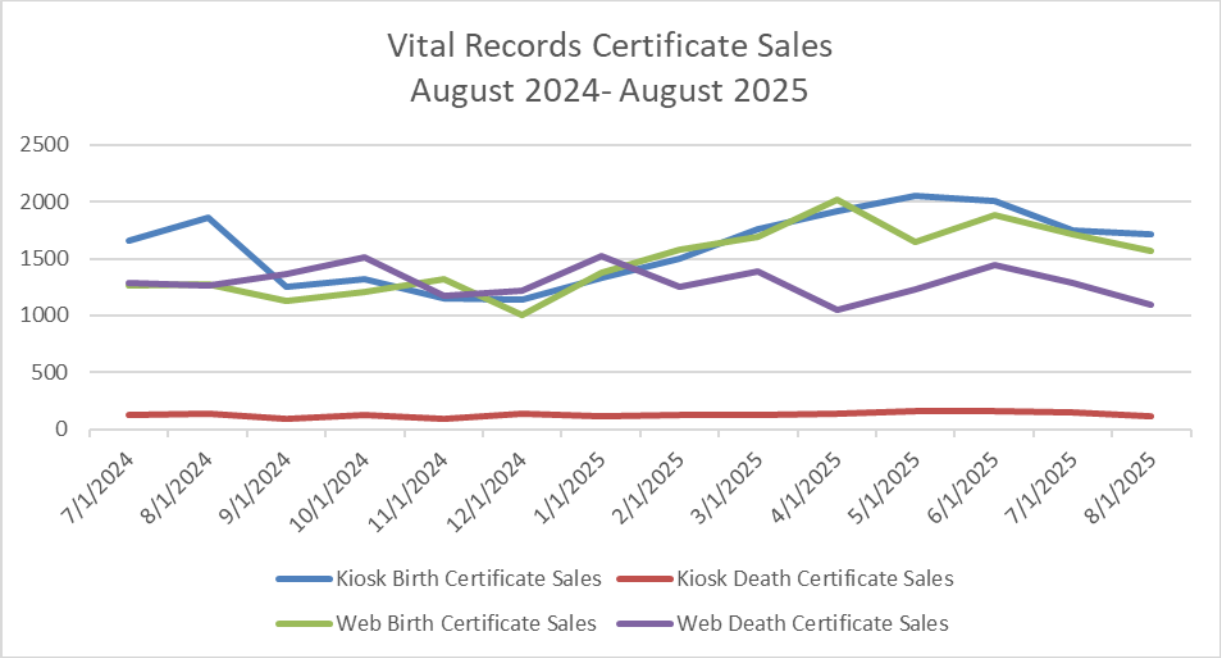
Vital Records staff assisted 11 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 140 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.

August 2025	Kiosk	Web	Vitalchek.com	Mail

Birth Certificates	1718	1574	357	10
Death Certificates	113	1100	85	0
Total Payments	$40,898	$64,796	$10,149	$220



CITY OF CINCINNATI ENVONMENTAL HEALTH REPORT

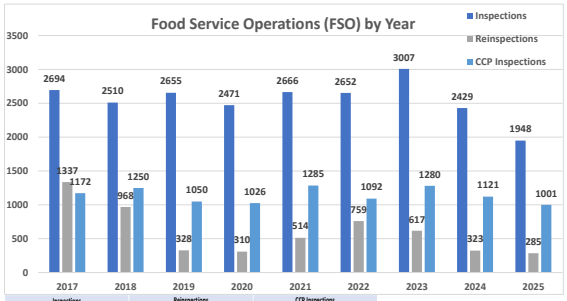
Environmental Health

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.

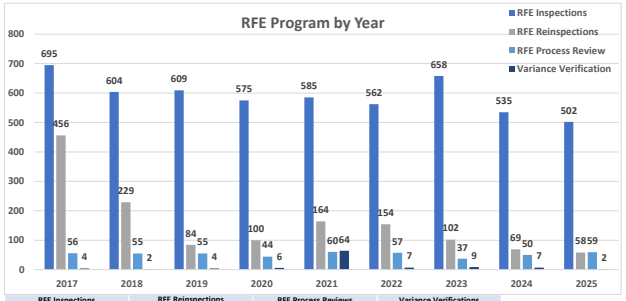
*Averages for each category are based on the last five years average for the same month.

FOOD INSPECTION PROGRAM

The Food Safety Program had 1 Environmental Health Specialist (EHS) retire and another EHS accept a promotion into the Lead Program. We also hired a new EHSIT , who will be starting soon. We issued 11 temporary licenses for 5 special events (Redbull Flutag, The Longest Yard Sale, Black Family Reunion, St. Mary's Fest, and Riverfest).



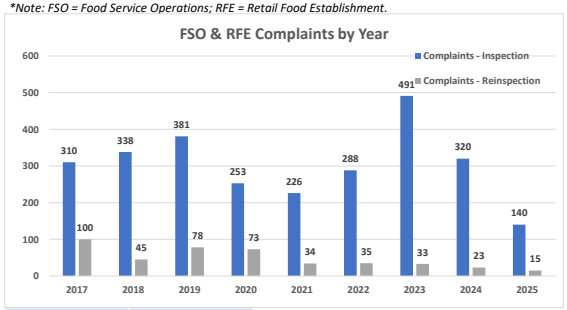
Inspections		Reinspections		CCP Inspections	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
250	252	62	63	112	104



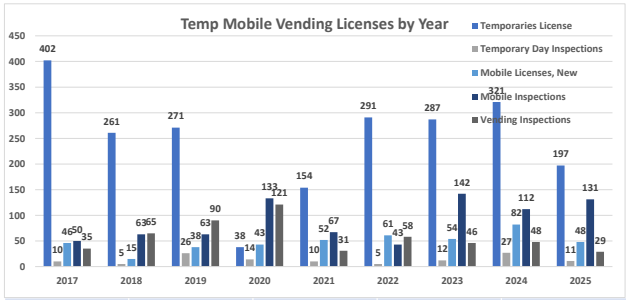
RFE Inspections		RFE Reinspections		RFE Process Reviews		Variance Verifications	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
51	44	12	5	6	8	1	0

*Note: CCP = Critical Control Point Inspections.

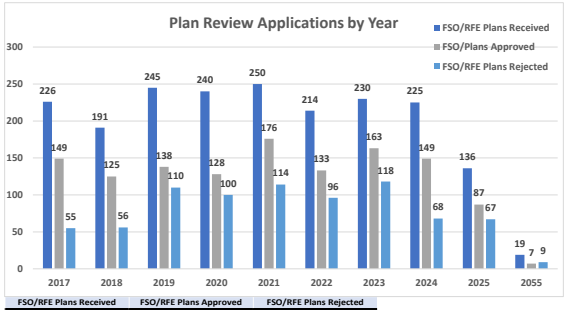
*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.



Complaints - Inspection		Complaints - Reinspection	
AUG Average	Total Last Month	AUG Average	Total Last Month
25	17	4	3



Temporaries Licenses		Temporary Day Inspections		Mobile Licenses, New		Mobile Inspections		Vending Inspections	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
23	11	1	0	6	4	5	4	0	0

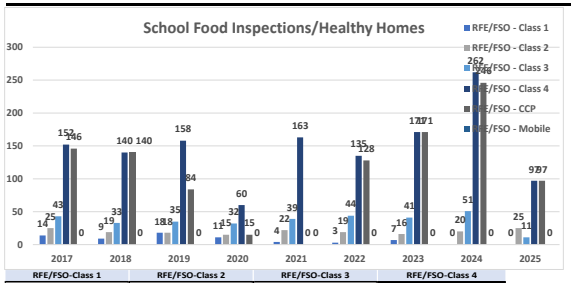


FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
21	25	14	16	8	18

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

HEALTHY HOMES PROGRAM

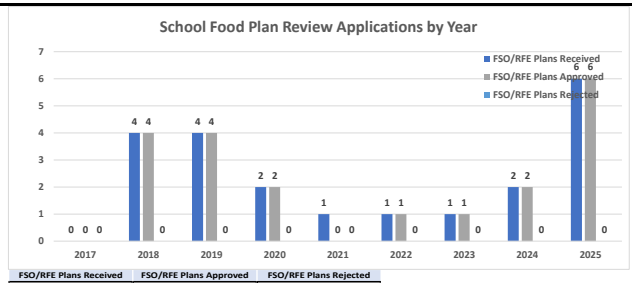
Healthy Homes hired William Pointer as our new Senior EHS. We conducted the sweep/Cert inspections. Healhty Homes also continues to work with cagis on the Acella platform. We also conducted a joint inspection with B&I at a nursing home.



RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
0	0	0	1	0	0	1	0

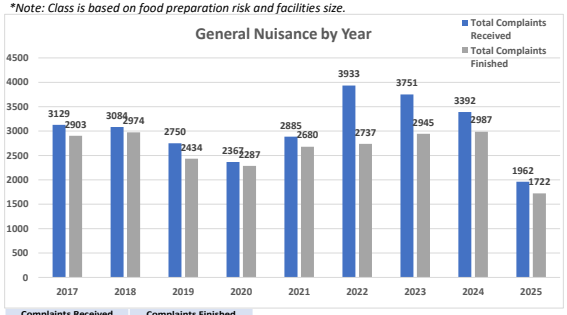
RFE/FSO-CCP		RFE/FSO-Mobile	
AUG Average	Total Last Month	AUG Average	Total Last Month
0	0	0	0

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

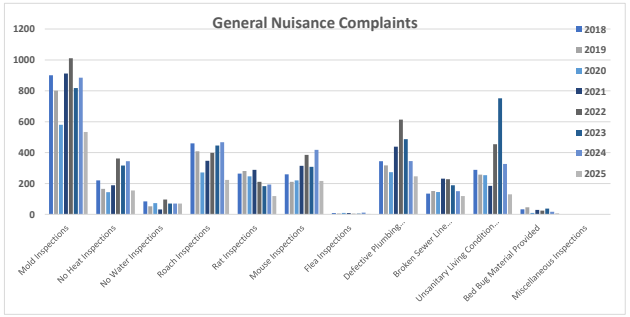


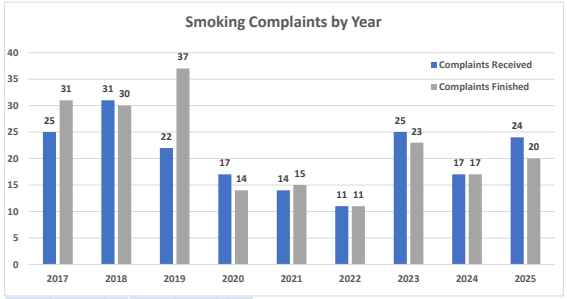
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
0	0	0	0	0	0

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



Complaints Received		Complaints Finished	
AUG Average	Total Last Month	AUG Average	Total Last Month
318	230	253	185



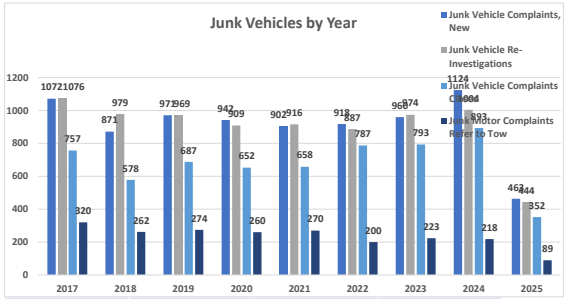


Complaints Received		Complaints Finished	
AUG Average	Total Last Month	AUG Average	Total Last Month
3	3	2	3

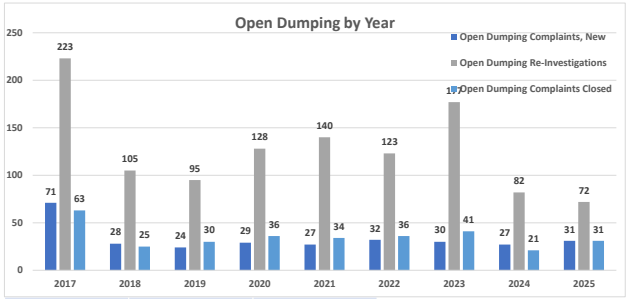
*Note: This data reflects the number of complaints received for the entire city

ENVIRONMENTAL WASTE PROGRAM

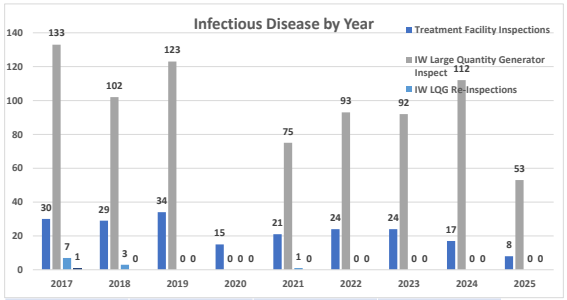
The Waste Unit licensed one new body art establishment. One temporary body art event took place at a downtown hair salon. Two inspections were conducted at Whitton Container & Recycling (C&DD Processing Facility). Multiple CERT Inspections were conducted this month.



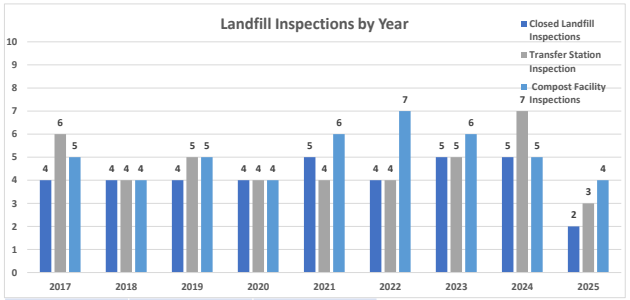
Junk Vehicle Complaints, New		Junk Vehicle Re-investigations		Junk Vehicle Complaints Closed		Junk Motor Complaints Refer to Tow	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
91	63	86	42	68	28	23	10



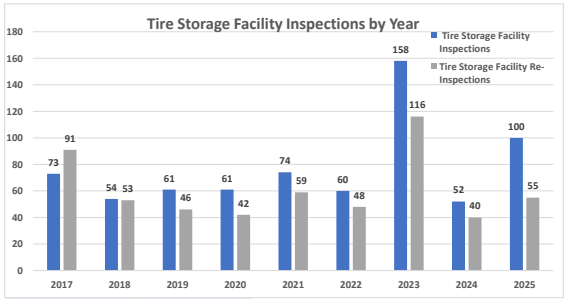
Open-Dumping Complaints		Open-Dumping Re-Investigations		Open-Dumping Complaints Closed	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
4	3	15	10	4	3



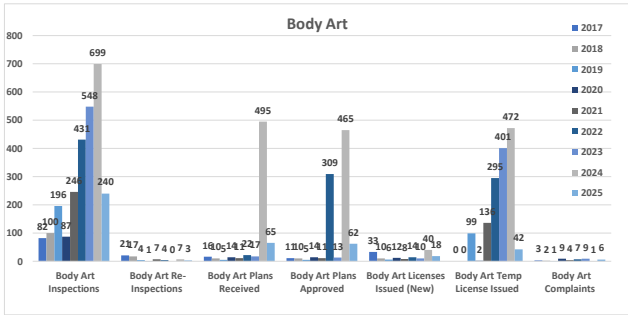
Treatment Facility Inspections		IW Large Quantity Generator Inspections		IW LQG Re-Inspections		IW Complaints	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
0	0	6	0	0	0	0	0



Closed Landfill Inspections		Transfer Station Inspection		Compost Facility Inspections	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
0	0	0	0	0	2

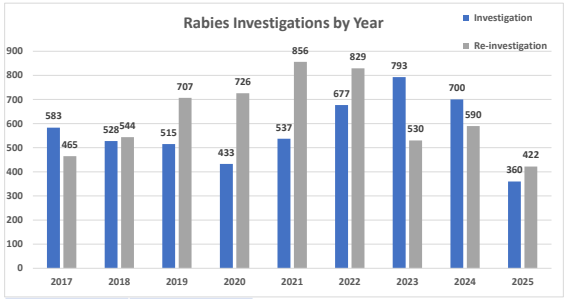


Tire Storage Facility Inspections		Tire Storage Facility Re-Inspections	
AUG Average	Total Last Month	AUG Average	Total Last Month
8	18	8	14

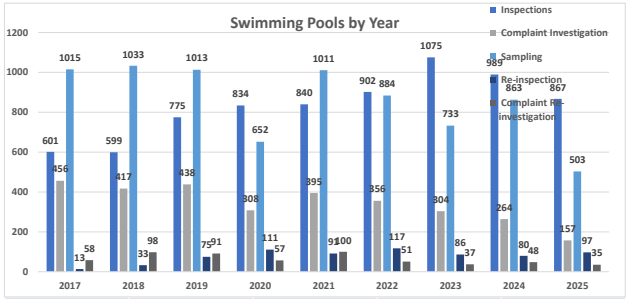


TECHNICAL ENVIRONMENTAL SERVICES (TES)

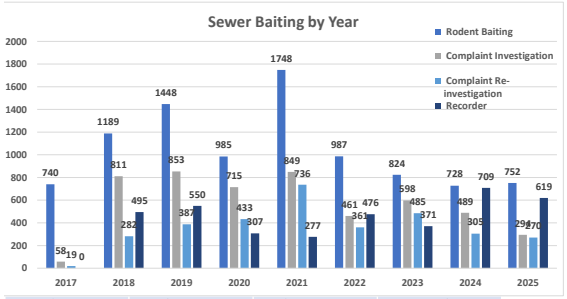
The Technical summer swimming pool techs finished their work assignments having tested and sampled hundreds of recreational water facilities. The supervisor met with representatives from MSD and Hamilton County Public Health to discuss prioritizing areas to eliminate sewage treatment systems.



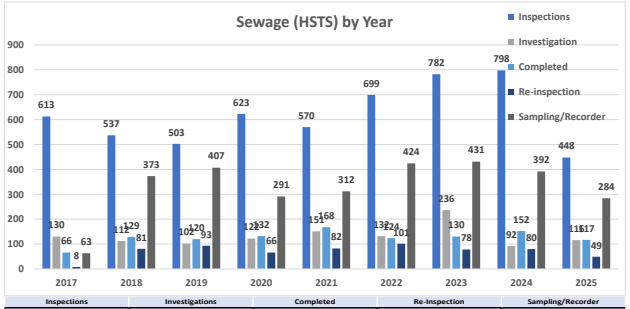
Investigations		Re-Investigations	
AUG Average	Total Last Month	AUG Average	Total Last Month
55	53	59	61



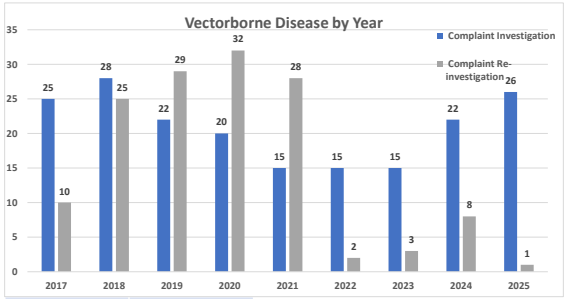
Inspections		Complaint Investigations		Sampling		Re-Inspections		Complaint Re-Investigations	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
157	170	77	5	230	43	14	16	6	3



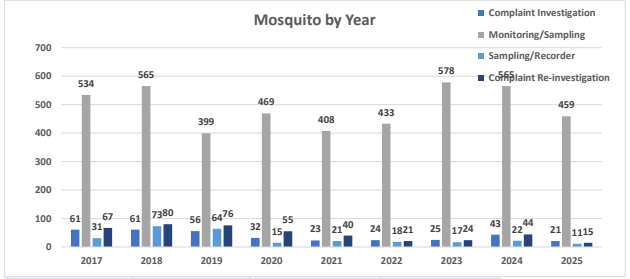
Rodent Baiting		Complaint Investigations		Complaint Re-Investigations		Recorder	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
50	28	44	2	28	19	8	0



Inspections		Investigations		Completed		Re-Inspection		Sampling/Recorder	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
9	20	1	0	2	0	2	0	6	24



Complaint Investigations		Complaint Re-Investigations	
AUG Average	Total Last Month	AUG Average	Total Last Month
3	10	1	0



Complaint Investigations		Monitoring/Sampling		Sampling/Recorder		Complaint Re-Investigations	
AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month	AUG Average	Total Last Month
8	11	125	157	4	2	7	6

September 3, 2025

Dear Colleagues:

Updates to Ohio Administrative Code (OAC) rules 3701-3-01, 3701-3-02, 3701-3-03, 3701-3-04, 3701-3-07, 3701-3-08, and 3701-3-13 will become effective on Oct. 1, 2025. A summary of key updates for communicable disease reporting are summarized below and in the attached "Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio."

OAC 3701-3-02

- The following conditions are newly specified as Class A reportable conditions and should be reported immediately via telephone:
  - Infant and wound botulism, in addition to foodborne botulism.
  - Free-living amoeba infection.
  - Tularemia, inhalation.
- The following conditions were added as Class B conditions and should be reported by the end of the next business day:
  - Carbapenemase-producing organisms (replacing carbapenemase-producing carbapenem-resistant Enterobacteriaceae, CP-CRE).
  - Cholera.
  - *Cronobacter*, invasive infection in infants less than 12 months of age.
  - Melioidosis.
  - Mpox.
  - Latent tuberculosis (TB) infection in a child 2 years of age or younger.
  - Tularemia, non-inhalation.
- The following conditions were removed as reportable conditions:
  - Amebiasis.
  - Aseptic meningitis.

OAC 3701-3-04

- This rule requires submission of isolates and patient specimens that were previously solicited under ODH's "Request for Bacterial Isolates or Patient Specimens."
  - Note: sending isolates does not constitute a report of the positive findings.

OAC 3701-3-07

- This rule requires syndromic surveillance reporting from emergency departments (EDs).
  - EDs that submit data to ODH electronically will be considered "in compliance" with the syndromic surveillance portion of the rule. ODH has contracted with Health Monitoring Systems, Inc. (HMS) to collect syndromic surveillance data in Ohio.
  - Local health departments will continue to access syndromic surveillance data through the EpiCenter system which is managed by HMS.
- The following health conditions were moved from 3701-3-02 to 3701-3-07 and are still reportable by the end of the next business day as Class B conditions:

    - Hemolytic uremic syndrome (HUS).
    - Influenza-associated hospitalization.
    - Influenza-associated pediatric mortality.
    - Toxic shock syndrome.
- The following health conditions were added and should be reported by the end of the next business day as Class B conditions:
    - Acute flaccid myelitis (AFM).
    - Hospitalizations of:
        - Coronavirus disease 2019 (COVID-19).
        - Respiratory syncytial virus (RSV).

Reporting

- Reports should be made to the local health department in which a patient resides. If patient residence is unknown, report to the local health department in which the reporting healthcare provider or laboratory is located.
- The Ohio Department of Health (ODH) is working closely with CliniSync, the state's Health Information Exchange (HIE), to facilitate reporting of influenza, COVID-19, and RSV hospitalizations. CliniSync will be submitting reports to ODH unless a hospital opts out of relying on CliniSync. If a hospital opts it, it is required to manually report to the local health department. If a hospital opts out, ODH will notify the impacted local health department.
    - Local health departments should contact the ODH Bureau of Infectious Diseases for access to supplemental surveillance databases for COVID-19 and RSV reporting.

For More Information

- Healthcare facilities should contact their local health department with any general questions or to report a communicable disease.
- For questions on reporting through Electronic Laboratory Reporting, contact the ODH Office of Informatics, Data, Epidemiology, and Analytics (IDEA) at ELR@odh.ohio.gov.
- Syndromic surveillance questions can be directed to the ODH IDEA at SMED@odh.ohio.gov.
- Please visit ODH's Shipping Resources and ELIMS webpages for information on submitting isolates and patient specimens to the ODH Laboratory.
- Local health departments should report cases and suspect cases to ODH and contact the Bureau of Infectious Diseases with any questions: 614-995-5599 or ORBIT@odh.ohio.gov.

Thank you for your ongoing collaboration to protect Ohioans from communicable diseases.

Sincerely,

Kristen Dickerson PhD, MSN, MPH, RN, MLT (ASCP)
State Epidemiologist

Mary DiOrio, MD, MPH
Medical Director

Guidance on Reporting for Local Health Departments
Updates to Communicable Disease Rules

The table below serves as a quick reference for local health departments on mechanisms of reporting following the updates to communicable disease reporting under Ohio Administrative Code rules 3701-3, pending release of the modernized Ohio Disease Reporting System (ODRS). Note: this table only specifies reporting for conditions that were newly added or modified as a part of the five-year rule review. All other reportable conditions should continue to be reported through established mechanisms.

Reportable Condition	Reporting Mechanism	Notes
Acute flaccid myelitis (AFM)	Contact VPDEpi@odh.ohio.gov.	Class B: Currently evaluated in conjunction with the Centers for Disease Control and Prevention (CDC).
Botulism (including infant, foodborne, wound)	**Report in ODRS using existing reportable conditions.**	**All forms of botulism are Class A reportable conditions; cases are to be reported immediately via telephone.**
Carbapenemase-producing organisms (CPOs)	Report in ODRS using existing reportable condition.	
Cholera	Report in ODRS using existing reportable condition.	Class B: notification via telephone is no longer required; report by close of the next business day.
COVID-19-associated hospitalization	Data obtained through CliniSync. Reports collected within REDCap.	Contact VPDEpi@odh.ohio.gov if your health department would like access to the COVID-19-associated hospitalization project.
Cronobacter, invasive infection in infants 12 months of age or younger	Report in ODRS using existing reportable condition.	
Free-living amoeba infection	**Report in ODRS as "Any unexpected pattern of cases, deaths or diseases (call health department immediately)."**	**Class A: cases are to be reported immediately via telephone.**
Melioidosis	Report in ODRS using existing reportable condition.	
Mpox	Report in ODRS using existing reportable condition.	
RSV-associated hospitalization	Data obtained through CliniSync. Reports collected within REDCap.	Contact VPDEpi@odh.ohio.gov if your health department would like access to the RSV-associated hospitalization project.
Tularemia, inhalation	**Report in ODRS using existing reportable condition.**	**Class A: cases are to be reported immediately via telephone.**
Tularemia, non-inhalation	Report in ODRS using existing reportable condition.	Class B: notification via telephone is no longer required; report by close of the next business day.
Tuberculosis, latent infection in a child 2 years of age or younger	Report in ODRS using "Tuberculosis" reportable condition.	Class B: report by close of the next business day.

Department of Health

Know Your ABCs:
A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective October 1, 2025

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax.
- Botulism.
- Diphtheria.
- Free-living amoeba infection.
- Influenza A - novel virus infection.
- Measles.
- Meningococcal disease.
- Middle East Respiratory Syndrome (MERS).
- Plague.
- Rabies, human.
- Rubella (not congenital).
- Severe acute respiratory syndrome (SARS).
- Smallpox.
- Tularemia, inhalation.
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever.

Any unexpected pattern of cases, suspected cases, deaths, or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard, or act of bioterrorism.

Class B:

Diseases of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection.
  - Eastern equine encephalitis virus disease.
  - La Crosse virus disease (other California serogroup virus disease).
  - Powassan virus disease.
  - St. Louis encephalitis virus disease.
  - West Nile virus infection.
  - Western equine encephalitis virus disease.
  - Yellow fever.
  - Zika virus disease.
  - Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- Giardiasis.
- Gonorrhea (*Neisseria gonorrhoeae*).
- *Haemophilus influenzae* (invasive disease).
- Hantavirus.
- Hemolytic uremic syndrome (HUS).
- Hepatitis A.
- Hepatitis B (non-perinatal).
- Hepatitis B (perinatal).
- Hepatitis C (non-perinatal).
- Hepatitis C (perinatal).
- Hepatitis D (delta hepatitis).
- Hepatitis E.
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Legionnaires' disease.
- Leprosy (Hansen disease).
- Leptospirosis.
- Listeriosis.
- Lyme disease.
- Malaria.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- Rubella (congenital).
- *Salmonella* Paratyphi infection.
- *Salmonella* Typhi infection (typhoid fever).
- Salmonellosis.
- Shigellosis.
- Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF).
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA).
- Streptococcal disease, group A, invasive (IGAS).
- Streptococcal disease, group B, in newborn.
- Streptococcal toxic shock syndrome (STSS).
- *Streptococcus pneumoniae*, invasive disease (ISP).
- Syphilis.
- Tetanus.
- Toxic shock syndrome (TSS).
- Trichinellosis.
- Tuberculosis (TB):
  - Active disease.
  - Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- Varicella.
- Vibriosis.
- Yersiniosis.

Class C:

Report an outbreak, unusual incident, or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks

- Community.
- Foodborne.
- Healthcare-associated.
- Institutional.
- Waterborne.
- Zoonotic.

NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts, and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Know Your ABCs: Alphabetical Order

Effective October 1, 2025

Name	Class
Acute flaccid myelitis (AFM)	B
Anaplasmosis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	A
Botulism, wound	A
Brucellosis	B
Campylobacteriosis	B
Candida auris	B
Carbapenemase-producing organisms (CPOs)	B
Chancroid	B
Chlamydia trachomatis infections	B
Chikungunya virus infection	B
Cholera	B
Coccidioidomycosis	B
COVID-19-associated hospitalization	B
Creutzfeldt-Jakob disease (CJD)	B
Cronobacter, invasive infection in infants less than 12 months of age	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
E. coli O157:H7 and Shiga toxin-producing *E. coli* (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis	B
Free-living amoeba infection	A
Giardiasis	B
Gonorrhea (*Neisseria gonorrhoeae*)	B
Haemophilus influenzae (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus infection	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
La Crosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Melioidosis	B
Measles	A
Meningitis, bacterial	B
Meningococcal disease	A
Middle East Respiratory Syndrome (MERS)	A
Mpox	B
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Respiratory syncytial virus (RSV)-associated hospitalization	B
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonella Paratyphi infection	B
Salmonella Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
Streptococcus pneumoniae, invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis, active disease	B
Tuberculosis, latent infection in a child 2 years of age or younger	B
Tularemia, inhalation	A
Tularemia, non-inhalation	B
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus disease	B