

Cincinnati Health Department

Budget, Finance & Governance Committee

March 30, 2026

Agenda

- Mission Statement and Services
- Budget and FTE History
- FY26 Performance Agreement
- FY26 Performance Measures
- FY27 Proposed Performance Agreement Measures
- FY27 Budget Reduction Impact on Performance
- Other Service Delivery Challenges
- Accomplishments

Mission Statement and Services

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

- Communicable Disease Surveillance and Prevention
- Emergency Preparedness & Safety
- Environmental Health Services
- Health Education and Promotion
- Healthcare Delivery
- Lead Prevention Program
- Maternal and Child Health
- Support Services
- Vital Statistics
- Accreditation
- Epidemiology

Budget and FTE History

Cincinnati Health Department - Cincinnati Health District Fund 416*	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Personnel Compensation	11,971,330	13,018,010	14,136,310	14,754,920	14,714,230
Fringe Benefits	4,671,500	4,972,360	5,171,080	5,443,520	5,418,580
Non-Personnel Expenses	1,299,270	1,339,840	1,384,460	1,547,190	1,744,930
Cincinnati Health District Fund Total	17,942,100	19,330,210	20,691,850	21,745,630	21,877,740

* Does not include property expenses.

Cincinnati Health Department - Principal Restricted Funds	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Community Health Center Activities Fund 395	24,520,120	25,779,410	26,705,110	27,889,400	29,085,020
Principal Restricted Funds Total	24,520,120	25,779,410	26,705,110	27,889,400	29,085,020

Cincinnati Health Department - FTEs by Agency	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
261 - Office of the Commissioner	25.00	28.00	26.00	26.00	26.00
262 - Technical Resources	24.00	25.00	25.73	26.00	26.00
263 - Community Health and Environmental Services	72.00	74.00	76.00	77.00	77.00
264 - Primary Health Care - Programs	86.40	87.45	87.95	89.15	89.25
265 - Primary Health Care - Centers	194.25	210.28	209.48	215.28	215.28
266 - School & Adolescent Health	173.81	165.41	169.21	163.61	163.41
FTE Total	575.46	590.14	594.37	597.04	596.94

FY26 Performance Agreement

City Goal	Service	Performance Goal
Public Safety and Health	Environmental Health Services	80% of mold CSRs closed timely within 90 days
	Health Education and Promotion	Meet at least 90% of demand for cribs to eligible clients who contacted CHD
	Communicable Disease Surveillance and Prevention	90% of outbreak reports uploaded within 30 days of outbreak being resolved (2 incubation periods)
	Maternal and Child Health	75% of newly enrolled prenatal clients will receive a face-to-face within 30 days (Community Health Worker)
	Healthcare Delivery	50% of providers have 3rd next available appointment within desired range
	Lead Prevention Program	80% of lead risk assessments have first contact with occupant made within 3 business days

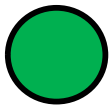
FY26 Performance Measures

Environmental Health Services

Q1: July-September

321

Mold Complaints



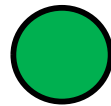
84%

80% of mold CSRs closed timely within 90 days

Q2: October-December

208

Mold Complaints



92%

CHD has been actively examining our Healthy Homes processes and collaborating with the Law Department for some of our more complex challenges.

The resulting improvements in enforcement, resources for gathering more homeowner information, and updated software systems have contributed to this performance.

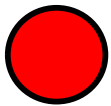
FY26 Performance Measures

Health Education and Promotion

Q1: July-September

121

Cribs Distributed



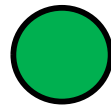
80%

Meet at least 90% of demand for cribs to eligible clients who contacted CHD

Q2: October-December

285

Cribs Distributed



100%

Q1 performance reflects running out of cribs. The Cribs for Kids grant covers the cost of 1,141 cribs, which was reached at the end of August. Thirty cribs were requested in September, accounting for 100% of the performance gap.

Q2 performance improved as the grant funding cycle renewed and funds for cribs were once again available.

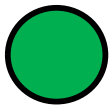
FY26 Performance Measures

Communicable Disease Surveillance and Prevention

Q1: July-September

7

Diseases Reported



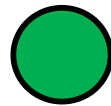
100%

90% of outbreak reports uploaded within 30 days of outbreak being resolved (2 incubation periods)

Q2: October-December

1

Diseases Reported



100%

We have made improvements to the reporting process, resulting in the high performance.

Since previous issues appear resolved, the performance is high, and the numbers are low, we anticipate revising this measure.

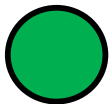
FY26 Performance Measures

Maternal and Child Health

Q1: July-September

44

Newly Enrolled
Prenatal Clients

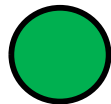


96%

Q2: October-December

41

Newly Enrolled
Prenatal Clients



83%

75% of newly enrolled prenatal clients will receive a
face-to-face within 30 days

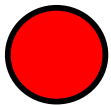
This is a measure that reflects performance in an important service CHD provides as part of a broader community strategy to support maternal and infant vitality.

FY26 Performance Measures

Healthcare Delivery

Q1: July-September

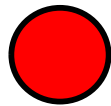
26,408
Patients Seen



24%

Q2: October-December

22,112
Patients Seen



32%

50% of providers have 3rd next available appointment within desired range

- This is a measure of availability of our health services.
- Generally, we would like to be able to get new patients in within 2 weeks, and existing patients in within 1 week.
- We have taken steps to streamline our appointment process and continually re-evaluate staff distribution and productivity.
- Increasing FTE is the primary way we will be able to address this, however changes to Medicaid in 2025 have made this challenging.
- We are in the process of retaining a consultant to evaluate our strategy.

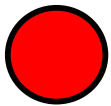
FY26 Performance Measures

Lead Prevention Program

Q1: July-September

17

Referrals for
Elevated BBL



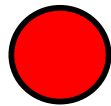
76%

80% of lead risk assessments have first contact with occupant made within 3 business days

Q2: October-December

27

Referrals for
Elevated BBL



70%

- Primary failure reason is because of incorrect contact information received on the referral.
- Many of these are for children who are in the custody of JFS; as a result, we are currently engaging with JFS and with primary care physicians to get correct information in a timely manner.
- We propose adjusting to 5 days based on feedback from JFS to give JFS more time to respond to our requests.

Proposed FY27 Performance Measures

Environmental Health Services	Health Education and Promotion	Environmental Health Services	Healthcare Delivery	Lead Prevention Program
No Change	No Change	New	Modification	Modification
Why: Core to operations. Still the correct goal. Measure: 80% of mold CSRs closed timely within 90 days.	Why: Core to operations. Still the correct goal. Measure: Meet at least 90% of demand for cribs to eligible clients who contact CHD.	Why: Core to operations. Measure: 80% of food complaints will be investigated within 5 days.	Why: Currently measuring the wrong indicator for this service. Measure: 80% scheduling efficiency (slot utilization) for Primary Care services.	Why: Better alignment with the program operations. Measure: 80% of lead risk assessments have first contact with occupant made within 5 business days.

Budget Reduction Impact

A 5.1% budget reduction for Health is equivalent to \$1.2M. This will have a performance impact on FY27 service delivery in the following ways:

- **Slower Communicable Disease Response**

Reduction in the Health Department's capabilities in communicable disease response. Our ability to conduct timely communicable disease investigations, coordinate with facilities, and respond to outbreaks will be reduced.

- **Decreased Community Outreach and Engagement**

Decreased responsiveness to community health needs (for example, participation in the Black Family Wellness Expo, Live Work and Play Coalition). Decreased activities in response to the overdose crisis, participation in community engagement, and Family Health. Increase in operational gaps to meet accreditation, grant-funded initiatives, leading to decreased engagement of priority programs such as food equity, infant vitality and required tobacco cessation education.

- **Decreased Coordination of Care for Medically Vulnerable Children**

Slower enrollment, decreased responsiveness, and fewer touchpoints for care coordination for medically vulnerable children, as well as decreased revenue generation.

Other Service Delivery Challenges

- **Challenge 1: Cribs for Kids**

Our Cribs for Kids program routinely runs out of cribs to hand out in the last quarter of the grant. Between July and September 2025, 151 cribs were requested but we only had 121 available. Given the spike in infant mortality and sleep-related deaths in the City and County, we would like to have safe sleep options available to community members who cannot otherwise afford it.

- **Challenge 2: Facilities Maintenance**

We continue to have challenges with the condition and maintenance costs of our facilities. We appreciate the support provided by the City Council and the City Manager for necessary facilities renovations or replacement.

- **Challenge 3: Federal Landscape**

Changes to Medicaid insurance rules and challenges to the 340B pharmacy program both threaten our service delivery model. While our uninsured rate remains very high (31%), for the moment we continue to demonstrate fiscal stability with our healthcare delivery revenue.

FY26 Accomplishments

- **Accomplishment 1: Cincy Freeze and Feed**

The Cincy Freeze & Feed program expands access to nutritious food while reducing food waste through partnerships between the Cincinnati Health Department, Cincinnati Recreation Commission, CareSource, La Soupe, Hamilton County Resource, and Food for the Soul. In its first year, sites at Hirsch, Millvale, Hartwell, and Winton Hills distributed 46,505 meals and diverted 55,805 pounds of food from landfills, providing convenient, stigma-free access to healthy food.

- **Accomplishment 2: Technology Update: Transition to CAGIS Edge**

Food program transition from Permits Plus / paper to CAGIS Edge (all electronic) including money collection. The system will lead to more efficient service and better service tracking. This is the first successful program of our environmental health programs to transition. Lead Poisoning Prevention, Technical Environmental Services, Waste, and Healthy Homes to follow.

- **Accomplishment 3: \$4.4 Million awarded from HUD for Lead Remediation of Housing**

Awarded new HUD grant, \$4.4 million. Last grant award, we remediated 172 properties.

- **Accomplishment 4: Healthcare Quality Awards**

Over several years of focused quality improvement work, we reduced the proportion of CHD patients with uncontrolled diabetes from 31% to 17%, while increasing the percentage of patients with controlled HbA1c levels from 70% to 83%. Our clinical program has also received national recognition, including the HHS Heart Health Badge, Gold Quality Leader certification, and Advancing Health Information recognition.

Questions?