

DEKALB COUNTY BOARD OF HEALTH MEETING

MEETING MINUTES

DATE: March 28th, 2023

BOARD OF HEALTH MEMBERS PRESENT

Derryl Block, RN, PhD, President
Rukisha Crawford
Lorraine Daly
Karen Federici
Mark Mattson
Anita Zurbrugg
Carlos Dominguez, DVM
Erik Englehart, MD, Vice President
Kellen Bosma, DMD
Patricia Faivre
Jill Olson

STAFF MEMBERS PRESENT

Lisa Gonzalez, MPH, *Public Health Administrator*
Melissa Edwards, MPH, *Director of Health Promotion & Emergency Preparedness*
Greg Maurice, LEHP, *Director of Health Protection*
Adriana Milan, MPA, *Director of Administrative Services*
Stacia Runge, MSW, *Director of Community Health & Prevention*
Erin Frye, MPH, *Administrative Support and Marketing Manager*

CALL TO ORDER

The DeKalb County Board of Health meeting of March 28th, 2023 was called to order at 6:02 pm by Dr. Block, President.

REVIEW OF VIRTUAL MEETING GUIDELINES

Lisa Gonzalez provided a review of virtual meeting guidelines.

AGENDA

On a motion by Mrs. Faivre, seconded by Ms. Zurbrugg, the Board of Health Meeting Agenda of March 28, 2023 was approved. Motion carried.

APPROVAL OF MINUTES

Full Board

On a motion by Ms. Daly seconded by Mr. Mattson, the Board of Health Meeting Minutes for January 19, 2023 were approved. Motion carried.

On a motion by Mr. Mattson seconded by Ms. Daly, the Board of Health Meeting Minutes for January 24, 2023 were approved. Motion carried.

COMMITTEE REPORTS

PERSONS TO BE HEARD FROM THE FLOOR

None.

PRESENTATION

1. Food Safety Code Enforcement Program

Mr. Maurice introduced the services provided by the Health Protection department's Food Safety Code Enforcement program as tasks related to food permits, inspections, plan reviews, consultations, and the cottage food registry.

Mr. Maurice explained services provided by environmental health inspectors are required by State law and local ordinances, which require 85% field work and 15% office setting work. He shared these services protect the health and safety of the general public and provide technical oversight and resources to food establishments. Mr. Maurice stated health protection inspectors have a minimum Bachelor of Science degree and receive ongoing technical training.

Mr. Maurice shared the categories of food-service facilities. He shared class A facilities includes risk category I (high-risk) multi-department retail grocery stores. He stated class B facilities includes all other risk category I (high-risk) facilities, class C facilities includes all risk category II (medium-risk) facilities and class D facilities includes all risk category III (low-risk) facilities.

Mr. Maurice explained class A facilities include large grocery stores which receive two to three routine inspections per year, class B facilities include full-service restaurants which receive two to three routine inspections per year, class C facilities include made-to-order restaurants which receive one to two routine inspections per year, and class D facilities include bars and convenience stores which receive one routine inspection per year. He shared bed and breakfast facilities receive one routine inspection per year. He explained for shared kitchens, the number of routine inspections per year are varied as they are based on the methods of preparation and cooking. Mr. Maurice stated for cottage food there are no inspections and that such businesses are required to provide labeling stating they are not regulated by their local health department. He identified Northern Illinois University as receiving two routine inspections per year.

Mr. Maurice shared the Health Department oversees approximately 565 food establishments in total with the majority being medium-risk facilities.

Mr. Maurice explained new food service establishments require proper plan review and construction. He shared a change of business ownership allows the health department to bring existing establishments up to current food construction code which may include requirements such as structural, layout, and plumbing changes. Mr. Maurice explained a routine inspection is

conducted thirty days after an opening inspection and that additional inspections occur as needed when there is smoke, fire or water damages and/or discharge of fire suppression systems.

Mr. Maurice shared Illinois adopted the FDA Food Code to provide uniformity throughout the state and to initiate and maintain effective programs for prevention of foodborne illness. He stated the FDA Food Code provides scientifically sound technical and legal basis for regulating the retail food industry. He explained the FDA Food Code chapters and annexes provide regulators and industry with comprehensive food safety information and assistance in determining public health reasoning and how to apply the provisions uniformly and correctly. He shared retail food establishments in Illinois, such as restaurants, bakeries, and grocery stores, fall under the jurisdiction of the certified local health department.

Mr. Maurice explained each violation is categorized and marked in the FDA Food Code. He shared a priority item (P) contributes directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. He stated a priority foundation item (Pf) supports, facilitates or enables one or more priority items and a core item (C) relates to general sanitation, operational controls, sanitation standard operating procedures, facilities or structures, equipment design, or general maintenance.

Mr. Maurice shared items reviewed during food inspections include maintaining proper food temperatures, cleanliness and sanitation, employee health, handwashing procedures, sewage disposal, improper chemical storage, and presence of rodents and/or insects. He explained common cleaning violations include unclean pop/soda nozzles, coolers and fryers. He shared common plumbing violations include improper connections, sewage back-up, and plumbing in poor repair. He stated other common violations include failing to properly cover food items when not in use, use of a bowl without a handle as a scoop, smoking inside the facility, improper extension cord use, improper food temperatures, moldy chicken batter mix, dented cans, and rodent droppings.

Mr. Maurice explained a shared kitchen is a commercial kitchen, approved by a health department, who rents out space to multiple businesses operating at different times. He stated shared kitchens must follow the FDA code and receive and pass inspections. He explained shared kitchens are often opened to test production and due to budget constraints.

Mr. Maurice shared the health department's food data management program, HealthSpace, allows for the conduction and tracking of inspections, issuing of permits, and logging of complaints. He explained data from HealthSpace is exported to excel and can be further analyzed based on risk to create monthly, quarterly, and annual goals.

Mr. Maurice explained in January 2023 two full-time and two part-time staff were able to complete inspections for 100% of high-risk facilities, 127% of the medium-risk facilities, and 118% of low-risk facilities. He explained that in 2020, there were significantly less inspections completed due to the COVID-19 pandemic but that more inspections have occurred each year since.

Mr. Maurice shared the most recent Cottage Food Operation law changes took effect January 1, 2022 due to the passage of the Home-to-Market Act (Public Act 102-0633 amending 410 ILCS 625/4) and the law allows certain foods made in home kitchens to be sold directly to consumers

with limited regulation. He stated the law does not allow these homemade products to be sold in any type of retail food establishment and the products must meet specific labeling requirements.

Mr. Maurice elaborated that as of January 1, 2018, all food and drink are permitted, except for what is specifically prohibited in the law including meat, poultry, fish, seafood, and shellfish, as well as eggs and dairy, except as an ingredient in a non-potentially hazardous baked good or candy or as an ingredient in a baked good frosting, such as buttercream.

Mr. Maurice explained food and drinks produced by a Cottage Food Operation must be sold directly to consumers for their own consumption and not for resale. He shared sales directly to consumers include sales at or through farmers' markets, fairs, festivals, public events, online, pickup from a private home or farm of a cottage food operator, delivery to the customer and pickup from a third-party private property with the consent of the third-party property holder.

Mr. Maurice shared food service activities performed by health department staff include presentations to the public or restaurants on new regulations, food safety, and how to properly set up for temporary events. He explained staff follow FDA code standards for inspection of temporary events and seasonal/mobile permit events.

Mr. Maurice asked if there were any questions. Ms. Daly asked what happens when a facility fails an inspection and the timeline for returning for another inspection after a failure. Mr. Maurice answered that it depends on the severity of the violation(s) that occurred. He explained if it is something that is serious and may cause a food borne illness, for example a sewage backup or broken refrigeration, the facilities license is suspended immediately. Health Department staff works with such facilities to get them reopened as soon as possible. He explained for minor violations the facilities are not shut down but revisited after a period of time to ensure any issues were fixed. He stated typically it would be between a few days to a week before staff would inspect the facility again.

Ms. Zurbrugg asked if the data for food inspections is available to the public and also what role the Health Department plays in reporting food poisonings that may occur in the area. Mr. Maurice responded the data is available but that it is primarily requested via a Freedom of Information Act request. He explained the goal is to make the data more readily available in the future. Mr. Maurice stated the staff would investigate reports to determine if a food poisoning event occurred and if it is determined to be a food borne illness staff would conduct in-depth interviews with complainants and the public.

Dr. Block asked if the food establishments know when the Health Department will be conducting their inspections. Mr. Maurice responded that the inspections are not pre-planned, they are spot checked, and staff try to vary when they conduct inspections.

COMBINED REPORT

Mrs. Gonzalez shared communicable disease department updates. She explained staff continued to monitor for Invasive Group A Strep in four long-term care facilities with a total of seven cases

identified. She stated staff monitored thirteen suspect cases of GI illness within an area school and monitored one long-term care facility with six cases of influenza-like illness.

Mrs. Gonzalez provided updates on COVID-19 response, stating that in January and February a total of 121 vaccinations were administered. She shared in January there were COVID-19 outbreaks in eight long-term care facilities totaling 104 cases and in February there were outbreaks in five long-term care facilities totaling 33 cases.

Mrs. Gonzalez shared the Health Department applied for, and received, the new COVID-19 Vaccination grant. She stated funds from this program will help offset costs associated with administration of COVID-19, Influenza, Mpox and other vaccines. She shared the funding period for the new COVID-19 Vaccination grant is October 1, 2022 through December 31, 2023. She explained the Health Department would be billing the grant January 2023 and onward as the County's budget is now closed for October through December 2022.

Mrs. Gonzalez shared the Health Department reconvened and hosted the DeKalb County Emergency Preparedness Community Partner Committee on January 27th where over 35 agencies were represented and the Health Department's COVID After Action Report was summarized.

Mrs. Gonzalez provided a strategic planning update stating the Health Department is collaborating with NIU Center for Governmental Studies to conduct strategic planning. She explained all interviews and focus groups were scheduled and the initial survey was sent to BOH members. She stated the strategic planning workshop for the Health Department leadership team is scheduled for mid-May.

Mrs. Gonzalez explained she met with Northwestern Medicine (NM) to discuss possible partnership to complete the 2022-2027 IPLAN. She shared NM will begin their Community Health Needs Assessment process in the Fall of 2023 and anticipate completion by mid-year 2024. She stated in order for the Health Department to partner with NM, all extensions allowable under the IDPH rules will need to be used.

OLD BUSINESS

1. Procurement/Purchasing Policy

Mrs. Gonzalez explained in April 2022, DeKalb County adopted a new procurement policy to provide additional guidance on purchasing limits, competitive bidding and emergency purchases to comply with the State's statute. She stated an original discussion with County Administration, County Finance and the State's Attorney during Fall 2022 indicated it was recommended that the Board of Health adopt a policy to provide similar purchasing/procurement guidelines for the Health Department. Mrs. Gonzalez shared the more recent opinion of the State's Attorney's office is that the Health Department would need to follow County policy.

Mrs. Gonzalez shared for procurement of goods and services less than \$5,000, the Public Health Administrator will continue to sign off on purchases as it is currently done where the claims for

such purchases will be initialed by the Public Health Administrator and processed by purchase order or credit card.

Mrs. Gonzalez shared for procurement of goods and services greater than \$5,000 but less than \$30,000, quotes should be documented from at least three vendors, if they are available. She explained the Public Health Administrator will sign off on the purchase and the Public Health Administrator or the Director of Administrative Services will prepare an internal memo to be submitted with the claim to the County Comptroller outlining the selected vendor, price, justification for selection and funding source.

Mrs. Gonzalez explained for procurement of goods and services greater than \$30,000, the Public Health Administrator will present the Board of Health with anticipated expenditures that are expected to exceed the \$30,000 threshold and will request approval to forward the request to the County Board for approval of the purchase or purchase order. She shared the request will then go to the County Board for review and approval and procurement can proceed after approval at both Board levels.

Mrs. Gonzalez shared in order to comply with State statute, if the Health Department is paying a single vendor more than \$30,000 annually, procurement must be done according to the policy and reoccurring purchases to one vendor exceeding the \$30,000 threshold will also require preapproval. Mrs. Gonzalez explained examples of Public Health expenses that may meet the \$30,000 threshold include media, fleet vehicles, vaccines, and service contracts.

FINANCIAL DATA

On a motion by Ms. Zurbrugg, seconded by Ms. Daly, the Financial Statements for the months of January and February 2023 were approved. Motion carried.

On a motion by Dr. Bosma, seconded by Dr. Federici, the Claims for the months of February and March 2023 were approved. Motion carried.

Mrs. Gonzalez shared in the county fiscal year of 2023 the Health Department anticipates there will be grant-related media expenses paid to Shaw Media that will exceed >\$30,000. She explained grant-related media expenses are most often paid to the Health Department on a reimbursement basis meaning the Health Department receives grant approval for the media expenses during the application/amendment process, procures and pays for the media and is reimbursed by the related grant program. She stated examples of CFY2023 grant-related media expense include Federal Navigator expenses at \$48,000, Child Lead Prevention expenses at \$2,000, COVID-19 Vaccination expenses at \$16,000, and IL Tobacco Free Communities expenses at a total of \$82,000.

On a motion by Ms. Zurbrugg, seconded by Mrs. Faivre, the forwarding of a request to the DeKalb County Board for an Open Purchasing Order for fiscal year 2023 with Shaw Media not to exceed \$200,000 for marketing campaigns to promote Health Department programs and services under funding from the Federal Navigator, Childhood Lead, COVID-19 and Illinois Tobacco Free Communities grant programs was approved. Motion carried.

NEW BUSINESS

1. Draft 2022 Annual Report

Mrs. Gonzalez recapped the Board of Health (BOH) Bylaws which states the Health Department is to publish an annual report stating the Health Department's activities and expenditures for the past year no later than June 30th of each year. She explained according to the Bylaws, the BOH should review draft content for discussion and feedback. She stated the final annual report will be approved at the May 2023 meeting and published before the end of June.

Mrs. Gonzalez shared Mrs. Frye made changes to the format of the annual report for 2022. She shared the annual report will continue to have a year in review page with a letter from the administrator and a list of Board of Health members. She explained the new format will include a page on data highlights and that the data shown in the example may not be the final data used.

Mrs. Gonzalez shared the annual report will include a page for spotlights of 2022 highlighting items such as family planning's prevention of unintended pregnancies, bat activity, Mpox, maternal and child health, and the National Public Health Week personal hygiene supplies drive. She shared an additional full page of spotlights will showcase the COVID-19 response efforts and the COVID-19 After Action Report.

Mrs. Gonzalez shared the data pages were changed slightly but will still provide a three-year snapshot of data across various Health Department programs. She shared look of the financial statement page is changed but the data reported would remain the same.

Mrs. Gonzalez shared the last page was previously blank but for 2022 Mrs. Frye had the idea to highlight the longevity of staff at the Health Department. She also explained there would be a section in memoriam of Cindy Graves to honor the significant role she had and work she performed for the Health Department.

Ms. Daly expressed satisfaction with the layout and the content of the last page especially. Dr. Block asked where the Annual Report is sent or posted. Mrs. Gonzalez answered that the report is sent to administrators in the region and posted to the website and social media platforms. Mrs. Edwards added the report is shared with Public Information Officers in the region, with media, and to those signed up to the Health Department email newsletter.

2. 2022 Solid Waste Program Report

Mr. Maurice reviewed achievements of the solid waste program stating the Electronic/Textile Collection was held on June 25, 2022 with over 380 cars served, filling 4 semi-trailers, 32 tons of electronic waste, 125 aerosol cans and 63 mini propane tanks recycled. He shared the Household Hazardous Waste Collection was held on June 4, 2022 with over 75 cars served.

Mr. Maurice shared residents of Sycamore, Genoa and Kirkland had the option of disposing household hazardous waste through the At Your Door program with Waste Management and for

residents of the City of DeKalb, LRS offers a household hazardous waste collection from April to October of each year.

Mr. Maurice explained a second Electronic/Textile Collection was held on September 24, 2022 with approximately 450 cars served, filling 4 semi-trailers, 29 tons of electronic waste, 508 aerosol cans, 73 mini propane tanks, 234 quarts, 587 gallons, and 39 5-gallon containers of latex paint recycled.

He shared the Solid Waste Practitioner presented on recycling at community events and continued to participate with waste industry partners such as the Illinois County Solid Waste Managers Association for networking, sharing ideas, staying informed of legislation and advocacy efforts.

Mr. Maurice stated rural recycling program goals are to increase community awareness of the availability of rural recycling sites in order to encourage rural residents to utilize and to continue talks to expand Rural Recycling by creating a drop off site location within the city of DeKalb.

Mr. Maurice explained the Commercial/Multi-Unit Housing Recycling program goals are to work with Municipal leaders to advocate for stronger recycling ordinances and encourage commercial and multi-unit owners to voluntarily institute recycling policies.

Mr. Maurice shared other solid waste program goals are to host the annual Household Hazardous Waste drive, Electronics Collection, Holiday Lights collection, and tire collection for townships and increase public awareness about recycling and food scrap collection through social media at community festivals and events. He stated another goal is to work with municipal leaders to increase waste diversion from the landfill.

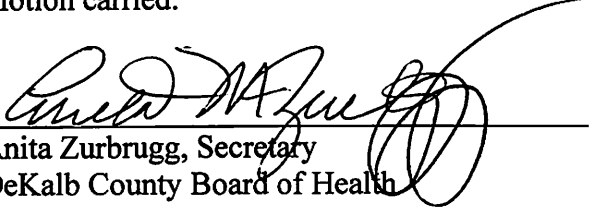
Mr. Maurice explained other goals are to participate with waste industry partners including the Illinois County Solid Waste Managers Association and Citizens Environmental Commission and to attend webinars for IL PSC, IL Recycling Association, IRF/IRA, for networking, sharing ideas and staying informed of legislation and advocacy efforts. He shared other goals are to reintroduce recycling programs within the Sycamore school district and rejoin membership for the Sycamore Sustainability Committee.

EXECUTIVE SESSION

CORRESPONDENCE AND NEWS

ADJOURNMENT

On a motion by Ms. Daly, seconded by Ms. Zurbrugg, the Board of Health adjourned at 7:05pm. Motion carried.



Anita Zurbrugg, Secretary
DeKalb County Board of Health