

**DEKALB COUNTY BOARD OF HEALTH MEETING**  
**MEETING MINUTES**  
**DATE: May 28, 2024**

**BOARD OF HEALTH MEMBERS PRESENT**

Derryl Block, RN, PhD  
Kellen Bosma, DMD  
Lorraine Daly, Secretary  
Carlos Dominguez, DVM  
Karen Federici  
Mark Mattson, Vice President  
Jill Olson  
Michael Thornton, MD  
Anita Zurbrugg, President

**BOARD OF HEALTH MEMBERS ABSENT**

Rukisha Crawford  
Kimberly Heinisch

**STAFF MEMBERS PRESENT**

Lisa Gonzalez, MPH, *Public Health Administrator*  
Stacia Runge, MSW, *Director of Community Health and Prevention*  
Greg Maurice, LEHP, *Director of Health Protection*  
Adriana Milan, MPA, *Director of Administrative Services*  
Erin Frye, MPH, *Administrative Support and Marketing Manager*  
Melissa West, *Accounting Assistant*

**CALL TO ORDER**

The DeKalb County Board of Health meeting of May 28<sup>th</sup>, 2024 was called to order at 6:02pm by Ms. Zurbrugg, President.

**AGENDA**

On a motion by Dr. Thornton, seconded by Ms. Olson, the Board of Health Meeting Agenda of May 28<sup>th</sup>, 2024 was approved. Motion carried.

**APPROVAL OF MINUTES**

**Full Board**

On a motion by Dr. Federici, seconded by Ms. Daly, the Board of Health Meeting Minutes for March 26, 2024 were approved. Motion carried.

**COMMITTEE REPORTS**

## **PERSONS TO BE HEARD FROM THE FLOOR**

None.

## **PRESENTATION**

### **1. Vital Records Program**

Mrs. West presented on the Health Departments' Vital Records Program. She explained the Illinois Department of Public Health (IDPH) appoints local registrars to work with local funeral directors and hospital staff to register births and deaths that occur in DeKalb County. She shared the health department administrator, Lisa Gonzalez, acts as a Local Registrar for DeKalb County and that Deputy State Registrar are authorized to sign on behalf of the local registrar to register/certify birth and death records.

Mrs. West explained there are two web-based vital record storage systems, the Illinois Vital Records System (IVRS) and DevNet. She shared IVRS is a web-based application designed to create and process, or certify, birth and death records online and DevNet is a records database which contains vital records created prior to 2010.

Mrs. West shared for birth records, hospital staff initiate birth records for hospital births and the record is routed electronically to the local registrar once completed. She stated the local registrar reviews the birth record for completion and can either reject it, sending it back to the hospital for corrections, or sign and date it, certifying the birth record.

Mrs. West explained for children born at home in DeKalb County, a Certificate of Live Birth must be completed either by the attending mid-wife or doula, or by an individual greater than 18 years old that is not the mother or father. She stated if the mother and father are not married, a Voluntary Acknowledgement of Paternity must also be completed. She shared the paperwork for a home birth must be submitted prior to the child's first birthday and the Deputy State Registrar enters the Certificate of Live Birth information into IVRS.

Mrs. West stated funeral directors, physicians, and the County Coroner enter information into IVRS to initiate a death record. She shared once the funeral director completes the death record, it is routed electronically to the local registrar. She iterated the local registrar then reviews the death record for completion and can either reject it, sending it back to the funeral home for corrections, or sign and date it, certifying the death record.

Mrs. West explained the differences between medical, temporary and permanent death records; a medical death record indicates that a physician has certified the cause of death, a temporary death record indicates the record is temporary "pending investigation" by the County Coroner and a permanent death record indicates an investigation has been completed by the County Coroner and a cause of death determined. She clarified, once certified, a permanent death record cannot be amended by anyone other than the County Coroner.

Mrs. West explained fetal death records are not entered into IVRS, instead, if the gestation of the fetus is 20+ weeks, and when the mother elects in writing to arrange for the burial or cremation of the fetus, a certificate must be filed by the hospital and a Fetal Death Form must be filled out with

signatures from the physician, funeral director and local registrar. She stated the original Fetal Death Form is mailed to the Illinois Department of Public Health (IDPH) and copies are distributed to the County Clerk and County Coroner.

Mrs. West shared minor corrections to birth records can be completed by the registrar within the first year and major corrections cannot be completed by the registrar and require an Affidavit and Certificate of Correction Form be mailed to the IDPH Department of Vital Records as well as any pertinent supplemental forms. She stated minor corrections include the child's first and/or middle name, sex, time of birth, mother's address, parent's first or middle names, parents date of births, parents place of birth and parents last name but only when due to a spelling error.

Mrs. West shared minor corrections to death records can be completed by the registrar within the first year and major corrections cannot be completed by the registrar. She explained minor corrections include the decedent's first and/or middle name, date and place of birth except for country, social security number, decedent's residence, informant's relationship and mailing address, date doctor attended the deceased, coroner contacted, time of death, decedent's ethnicity, occupation and industry, place of death, armed services, education and Hispanic origin. She shared major corrections include the decedent's last name, the surviving spouse's first, middle and/or last name, parents' last name(s), method, place and/or date of disposition and the funeral home name, address and/or license number.

Mrs. West explained that only the person themselves, if of legal age, the birth mother or father, or other legal representative with a valid identification are allowed to request and obtain a birth certificate. She shared the person listed as "informant", the funeral home on the record, or a person with a personal or property right interest with the decedent are allowed to request an obtain a death certificate.

Mrs. West shared the fee schedule for birth and death records; birth certificates are \$16.00 for the first copy and \$8.00 for each additional copy or free to those experiencing homelessness and that death certificates are \$21.00 for the first copy and \$17.00 for each additional copy or for veteran's, free for the first copy and \$6.00 per additional copy.

Mrs. West reviewed the revenues and fees for birth and death records from 2020 through 2023. She also reviewed the number of birth and death certificates issued from 2015 through 2023.

Ms. Daly asked if a father or coparents needs to be listed on the birth certificate. Mrs. West shared that a coparent must be listed only if the coparent is married to the birth mother and in all other cases that section may be left blank. Ms. Daly inquired if there was a reason Hispanic origin is listed on a death certificate. Mrs. West did not know the answer but presumed it was because of census-related reasons. Mrs. Gonzalez asked how often a birth record is rejected back to the hospital prior to certification. Mrs. West replied that a birth record is rejected approximately once a month or so.

## **COMBINED REPORT**

Mrs. Gonzalez offered to answer or clarify any questions regarding the combined report included in the Board of Health packets. No questions were posed.

## **FINANCIAL DATA**

On a motion by Dr. Thornton, seconded by Dr. Bosma, the Financial Statements for the months of March and April 2024 were approved. Motion carried.

On a motion by Ms. Daly, seconded by Dr. Federici, the Check Disbursements for the months of April and May 2024 were approved. Motion carried.

## **OLD BUSINESS**

## **NEW BUSINESS**

### **1. 2023 DCHD Financial Statement (unaudited)**

Mrs. Gonzalez explained the analysis of the 2023 financial statement compares the 2023 budget as adopted to 2023 budget actuals.

Mrs. Gonzalez explained the Budget column was originally budgeted in the summer of 2022. She shared the 12 Month Projected Budget column is the 2023 projected budget estimated in July 2023 with 6 months of actual data. She shared the Year-to-Date Actual column are the unaudited totals for 2023. She shared the PCNT column depicts the year-to-date amount divided by the budget.

Mrs. Gonzalez stated the property tax revenue was close to expected with a 100% PCNT. She explained that the property tax revenue was slightly lower than budgeted as it was down by approximately \$25.

Mrs. Gonzalez explained the Licenses and Permits category had lower than budgeted revenue in the amount of \$27,600. She shared this might be due to a decline in cat tag revenue. She shared Septic Inspections (3551) and Well inspections (3552) revenue is now reported in line 3554 – Real Estate Inspections.

Mrs. Gonzalez explained the grant revenue was higher than budgeted due to uncertainty in funding regarding COVID-19 response efforts. She noted during the budgeting period it was unknown if there would be additional funding from COVID-19 grants. She stated the grant revenue was higher than budgeted in the amount of \$2,461,593. She explained that Medicaid revenue received was greater than budgeted by approximately \$36,594.

Mrs. Gonzalez shared the Fees revenue was greater than budgeted to the amount of \$45,859 due to private pay immunizations being higher than budgeted due to administration billing of the 2023-2024 COVID vaccine and increased administration of travel related vaccines. She shared the Non-operating Revenue was higher than budgeted in the amount of 100,321 due to higher than budgeted interest revenue.

Mrs. Gonzalez stated the total revenues for 2023 was higher than budgeted in the amount of \$811,538. She iterated this is primarily due to higher than expected Medicaid, Private Pay and Interest revenue and greater than anticipated grant revenue

Mrs. Gonzalez shared the salary expenses were lower than expected in the amount of approximately \$146,676. Mrs. Gonzalez explained the Capital Outlay expenses were higher than budgeted in the amount of \$7,991. She clarified the expenses were higher than expected due to the purchase of office furniture and small equipment such as computers, headsets, WIC signature pads, printers, IdentiSys badging, and exit and directional signs.

Mrs. Gonzalez shared Commodities and Services were higher than projected at \$378,471. She shared for Training, Public Notices and Vaccines the health department spent more than projected by the amounts of \$16,760, \$262,745 and \$74,427, respectively. She noted these were grant-covered expenses.

Mrs. Gonzalez shared the total expenditures for 2023 were \$239,786 greater than budgeted. She reiterated this is primarily due to greater than budgeted expenses in capital outlay, grant related media, travel and training expenses and COVID-19 vaccine expense.

Mrs. Gonzalez summarized the actual 2023 unaudited budget had higher than expected revenues in the amount of \$811,538 due to higher the expected Medicaid, Private Pay and Interest revenue and greater than anticipated grant revenue. She shared the actual 2023 unaudited budget had higher than expected expenses in the amount of \$239,786 primarily due to greater than budgeted expenses in capital outlay, grant related media, travel and training expenses and COVID-19 vaccine expense.

Mrs. Gonzalez shared when the budget was created in August of 2022, a shortfall of \$139,220 was budgeted. She shared the actual 2023 unaudited budget ended with a surplus of \$432,533.

Mrs. Gonzalez provided a fund balance update. She shared the Health Department began 2023 with \$2,877,527 and ended the year with \$3,310,060. She shared Restricted Funds, which are a portion of three months cash flow, accrued time-off, \$200,000 for an extreme event, and \$100,000 to stabilize from lost revenue, are subtracted from the year-end balance to calculate the remaining available funds. She shared the restricted funds totaled \$1,354,308 which resulted in an available balance of \$1,995,752.

Mrs. Gonzalez shared a 10-year history depicting a mid-term plan to drawdown the health department's Fund Balance. She explained the plan was established primarily because revenues have not kept up with expenses, especially since the recession of 2008. She shared this is largely due to decrease in property tax levy (2010 – 2018) and grant revenue that has remained level or decreased over the last many years as well as an increase in Expenditures, primarily due to health insurance. She also shared 10-year history of property tax levy.

Ms. Olson asked who determines where the fund balances are invested. Mrs. Gonzalez shared the fund balances are invested by the County Treasurer.

## **2. 2022-2027 IPLAN – Community Health Needs Assessment (CHNA) Overview**

Mrs. Gonzalez presented an overview of the draft CHNA for DeKalb County. She explained the CHNA aims to identify prevalent health needs among residents in DeKalb County, illuminating

health disparities that particularly affect medically underserved, low-income, and uninsured populations and that CHNA insights will inform the development of new strategies with the goal of advancing public health and well-being within our communities.

Mrs. Gonzalez shared in lieu of an Organizational Capacity Assessment, the DeKalb County Health Department (DCHD) completed a Strategic Plan, an allowed acceptable alternative, according to the Illinois Administrative Code, Section 600.410. She stated the needs assessment was conducted using an adapted process from the Assessment Protocol for Excellence in Public Health (APEX-PH) Model. She explained with this model, through a comprehensive three-part process, local health departments (LHDs) assess internal capacity, identify priority community health issues through a community-based process, and complete the cycle by developing action plans to address the priority community health issues.

Mrs. Gonzalez explained the CHNA consists of a variety of primary and secondary sources with primary sources coming from community resident surveys, community focus groups, key informant interviews, and the CHNA survey and secondary sources coming from reputable sources such as the Centers for Disease Control, County Health Rankings, IDPH, Institute for Health Metrics and Evaluation and the US Census Bureau.

Mrs. Gonzalez provided a brief overview of select data from the CHNA report on the following categories: demographics and socioeconomics, general health and access to care, maternal and child health, chronic disease, infectious disease, environmental/occupational/injury control and sentinel events.

Mrs. Gonzalez mentioned the empty data spaces in the report, noting that Northwestern Medicine (NM) contracted with Metopio for CHNA data needs but due to data sharing restrictions, Metopio could not provide the data to the DeKalb County Health Department (DCHD) and NM's legal representation advised that they also not share the data with DCHD so DCHD reached out to IDPH to try to obtain the data and is currently awaiting a response. She explained that ultimately, the data may not be included as part of the final CHNA report.

Mrs. Gonzalez explained the Community Engagement Council (CEC) is a collection of community members and organization representatives whose goals are to review, discuss and analyze the primary and secondary data collected in the CHNA process, identify prevalent health needs among residents in DeKalb County, and prioritize the identified community health needs. She stated the CEC met virtually twice via Zoom meetings to review and discuss the Northwestern Medicine Kishwaukee Hospital 2024 CHNA Databook and Northwestern Medicine Valley West Hospital 2024 CHNA Databook and to identify community health problems/needs.

Mrs. Gonzalez shared CEC participants met for a third time in-person to prioritize the identified health needs through a forced stack ranking process – a pairwise comparison that takes two ranking options at a time and puts them in a head-to-head pair vote. She stated the priorities chosen by the CEC, ranked from 1 (most important) to 10 (least important) were behavioral health, access to care, cardiovascular disease, substance use disorders, cancer, diabetes, obesity, food access, homelessness and housing and transportation.

Mrs. Gonzalez shared the 2022-2027 IPLAN priorities for DeKalb County were determined to be behavioral health, access to care, and substance abuse. She explained the CHNA has been drafted for Board of Health (BOH) review and feedback and the next steps are to draft the Community Health Improvement Plan (CHIP) for CEC and BOH review and feedback, for the BOH to review and approve the IPLAN, and for the DeKalb County 2022-2027 IPLAN to be submitted to the State.

Ms. Olson asked if accidental deaths include overdoses and Mrs. Gonzalez replied yes. Ms. Zurbrugg asked if there is a known “why” for DeKalb County cancer rates being higher than those of the State of Illinois and Mrs. Gonzalez replied no. Ms. Olson asked if the States attorney office would work with Northwestern Medicine’s attorneys to receive data. Mrs. Gonzalez shared that she would look into it, but that it is unlikely the health department would receive the data in time to include in the IPLAN. Ms. Daly made some suggestions for formatting of the charts in the CHNA section of the IPLAN.

## **EXECUTIVE SESSION**

### **1. Collective Bargaining**

The Board of Health entered into Executive Session at 7:04pm for the purpose of discussing Collective Bargaining under Subsection Number 21 of Section 2 (c) of the Open Meetings Act.

On a motion by Mr. Mattson, seconded by Dr. Block, the move into Executive Session for the purpose of discussing Collective Bargaining, under Subsection number 21 of Section 2 (c) of the Open Meeting Act was approved. Motion carried.

Anita Zurbrugg stated the Board of Health entered Open Session at 7:52pm.

On a motion by Mr. Mattson, seconded by Dr. Federici, the adoption of Proposal A, in accordance with the recommendations provided by the independent contractor, GovHR USA, and as discussed by the Board during executive session, was approved. Motion carried.

## **CORRESPONDENCE AND NEWS**

## **ADJOURNMENT**

On a motion by Ms. Olson, seconded by Ms. Daly, the Board of Health adjourned at 7:53pm. Motion carried.

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Lorraine Daly, Secretary  
DeKalb County Board of Health