

**COLUMBIA/BOONE COUNTY BOARD OF HEALTH  
MEETING MINUTES  
March 13, 2014**

The Columbia/Boone County Board of Health met for a regularly scheduled meeting at 5:30 p.m., Thursday, March 13, 2014. The meeting was held at the Columbia/Boone County Department of Public Health and Human Services, 1005 W. Worley St. Public Health & Human Services Assistant Director, Scott Clardy represented the staff. Senior Administrative Support Assistant, Brittany Klusman recorded the minutes of the meeting.

**MEMBERS PRESENT:**

David Sohl  
Jean Sax  
Dr. Sally Beth Lyon  
Mahree Skala  
Dr. Colin Malaker  
Harry Feirman  
Ilalyn Irwin  
Dr. Michael Szewczyk  
Lynelle Phillips  
Dr. Beth Hussey

**MEMBERS EXCUSED:**

Denise Stillson

**MEMBERS NOT  
EXCUSED**

**CALL TO ORDER**

Chair Dr. Michael Szewczyk called the meeting to order at 5:30 p.m.

**APPROVAL OF AGENDA**

The agenda was approved as written.

**APPROVAL OF MINUTES**

Ms. Skala made a motion to approve the minutes which Mr. Feirman second. Motion carried.

**DIRECTOR'S REPORT**

Scott Clardy gave an update on the Community Health Assessment and Community Health Improvement Planning process. The community group involved has come up with the five strategic issues. There has been a working group assigned to each one of those issues to develop goals and strategies on how to address the issue. Those goals and strategies were presented to the larger community group last week, who suggested changes which will be brought to the attention of the working groups. Once those changes are approved, that phase will be complete. Action Teams are being developed to address each one of the strategic issues and will start meeting next week. The Community Health Assessment document is in the final stages of review and will be completed soon. The Community Health Improvement Plan will be finished at the end of May.

Mr. Clardy discussed current influenza illness trends being observed the Health Department. He noted that locally we mirror what is being seen nationally and the illness is on a downward trend. The 25-49 year olds are the majority of the population that is affected both nationally and locally. There have been 568 cases reported in Boone County; 183 of them were in the 25-49 year range, 88 in the 5-14 range, 85 in the 15-24 range and lastly 22 in the 65 and older range. In the past few weeks, there have been two confirmed influenza cases, plus another suspected case, among the Department's staff. Boone County has predominately seen Influenza A and sub type H1N1. It was clarified that the diagnosed staff was vaccinated. One was vaccinated in early September while the other one's vaccination date was not certain. It was asked if the Department should start vaccinating later in the year to provide immunity into February and March. Mr. Clardy explained that the CDC starts promoting use of the vaccine as soon as it is available. There was more discussion on the waning of antibody titers. Mr. Clardy noted that you don't want to miss an opportunity to vaccinate someone.

Mr. Clardy also mentioned that the Department received a grant from the National Association of County and City Health Officials (NACCHO) in the amount of approximately \$12,500. This grant will allow the Department to develop a workforce development plan. The Department is looking at adopting core competencies for all staff and also looking at gap analysis from where staff competencies are currently and where they need to be. The Department is working with a University graduate student who is doing most of the leg work. This will be completed at the end of May.

## **NEW BUSINESS**

### **Adoption of 2009 FDA Model Food Code – Kala Wekenborg**

Kala Wekenborg, Environmental Public Health Supervisor for the Department, presented information on the adoption of the 2009 FDA Model Food Code. Ms. Wekenborg joined the Department in 2001, after the 1999 food code was already adopted. In preparation to adopt the 2009 code, staff has been working with the Law Department for a year. The FDA Food Code is a science-based guideline to mitigate different risk factors that cause food borne illness. The purpose and intent of the Food Code is to have the same type of uniform standards across the nation. Before it could be adopted in Columbia, the State of Missouri needed to adopt the revised code so that it could be used as a minimum standard for the City. It was noted that the City can be stricter than the State code, but cannot be less strict. Additionally, the City cannot have regulations that contradict the State regulations. The Department has chosen not to adopt the 2009 State Code as written, but instead will mirror the original 2009 FDA Code. The State chose not to adopt all parameters of the FDA Model Food Code.

Ms. Wekenborg explained that she will be going over the comparison between the 1999 Columbia Food Code, which the city is currently using, versus the 2009 FDA Model Food Code and the 2009 State Code. She first went over the changes from the definitions section. Mr. Feirman asked what the Board would be expected to do with this information. Dr. Szewczyk explained that the Health Department would like the Board's input and, if we agree with the revised code, the Board can put their stamp of approval on it. Mr. Feirman suggested the Board should see the entire 1999 Food Code document before making any kind of comment. Mr. Clardy clarified that the idea behind this presentation was that the Board previously approved the 1999 Food Code, so this presentation is just to explain the differences from the 1999 Food Code and see if the Board has any concerns with those changes. Mr. Clardy asked the Board if they need to see the entirety of the document in order to do that. Dr. Lyon mentioned the handout highlights those changes, but it may be helpful to see those changes in the context of the whole document. Ms. Skala mentioned that the Board needs to realize that Ms. Wekenborg has summarized those changes because the Food Code is a

large document. It was observed that a complete review would include the 1999 FDA Code, the 2009 Code as adopted by the State of Missouri and the current code being used by Columbia. It was noted that would comprise hundreds of pages. Dr. Szewczyk suggested Ms. Wekenborg continue her presentation highlighting the changes and asked that an electronic copy of the Food Codes be sent out to the Board members for review. Any Board member comments or questions could be directed to Health Department staff.

Ms. Wekenborg touched on the changes made to Chapter Two, which deals with management and personnel responsibilities. It was clarified that the Department of Labor doesn't require food establishments to provide sick leave, it depends on the employer and what fringe benefits they offer their employees. Mr. Feirman asked how someone can expect an individual who doesn't have sick leave to report their sickness and miss work. Mr. Clardy noted that if it is put into the Food Code, than that employee can be held liable if they don't report their illness and could be prosecuted. Ms. Wekenborg clarified further details dealing with which employees are restricted from working due to illness, and which employees would have restricted job duties, but still able to go to work. She discussed Chapter Three, which deals with food and had quite a few significant changes. Some of these changes were items that were previously considered non-critical violations, but are now critical violations and vice-versa. Dr. Szewczyk asked Ms. Wekenborg to explain critical versus non-critical violations. She explained that a critical violation for a restaurant is something that could lead to a food borne illness. The non-critical items usually deal with the physical facility and its upkeep. Chapters four, five and six had few changes which were discussed. Chapter Eight, the Compliance and Enforcement chapter, explains how a food establishment's operating permit can be suspended.

Ms. Wekenborg explained that the number of times her staff inspects restaurants is based on risk. Staff uses a check list that determines what the risk level of the food establishment: high, medium or low risk. A high risk food establishment prepares a lot of food from scratch, cooks a large amount of food, lets it cool and will reheat it for later service, for example Jack's Gourmet. A medium risk has potentially hazardous food, does some hot holding but they do not keep any of the food at the end of the day and do not cool or reheat, for example Subway. A low risk would be a gas station, since they do not make anything or they have something as simple as a hot dog roller. Ms. Wekenborg explained they currently inspect a high/medium risk food establishment three times per year and a low risk two times per year. In order to be fair, environmental health staff evaluated and adjusted the number of critical and non-critical violations a food establishment would have to get in order to be shut down. They made changes to these numbers so they are not treating a low risk establishment the same as a high risk establishment. There have been positive comments from industry on the change.

Ms. Wekenborg provided a list of non-critical items from the 1999 Food Code that now are critical violations in the 2009 Food Code. She explained that these changes mirror the FDA 2009 Food Code, but not the State. Dr. Szewczyk recommended that, after reviewing the full documents, if any board member has a comment they can e-mail Ms. Wekenborg and copy Mr. Clardy. This should be done by the end of March. Mr. Clardy clarified that some language makes the Code specific to Columbia; particularly, the number of violations that allows an inspector to revoke a permit. Ms. Skala made a motion to approve the adoption of the 2009 Food Code and Ms. Hussey second the motion. The motion passed.

### **Animal Ordinance – Molly Aust**

Mr. Clardy explained there have recently been two citizens that spoke during the public comment period at City Council meetings about the barking dog language in the current City ordinance. Both of the citizens had been cited under the ordinance. The first citizen commented that the ordinance was too vague and provided suggestions on changes. The other citizen had a concern that her

dog was barking because it was being provoked by the neighbor. Overall, both individuals felt the ordinance needed more specificity and the Council asked Animal Control to look into the issue.

Molly Aust, Supervisor of Animal Control, handed out recommendations made by staff. Suggestions and/or changes from the Board of Health were requested. Ms. Aust explained the ordinance was purposely vague, but right now it takes only one person to file a complaint. It was felt that this can lead to the said, he said situations and that a "barking dog" complaint can be a manifestation of a larger neighbor to neighbor dispute. After reviewing ordinances from other communities, there should be more than one person with a complaint. To accomplish this, Ms. Aust noted that the ordinance was changed to add "neighbors or neighborhood" and take out "person". She noted that in looking at the barking dog language from forty other ordinances, a third of those used language that required more than one person concerned for a complaint to be filed. Mr. Feirman observed that since "neighbor" and "neighborhood" is defined in the same way, both are not needed. The Board agreed that the word "neighborhood" should be removed.

Mr. Clardy clarified how the ordinance works. If someone complains about a barking dog, they have to be willing to go to court and testify. If they are willing to testify, Animal Control will cite the individual and the court date is set. He explained that testimony is based on the court appearance of the neighbor that complained and not on whether a Police Officer or Animal Control Officer witnessed the dog barking. Mr. Clardy mentioned the first citizen that commented on the ordinance wanted to add a time frame to the dog barking. Mr. Clardy made it clear that even with such a change, it would still not be necessary for an officer outside the property to witness the dog barking. It will still rely on a testimony, so adding a timeframe still leaves the neighbor vs. neighbor issue. There was a discussion on what would happen if there is only one neighbor on the street. It was observed that the definition of neighbors, for the purpose of the ordinance, doesn't have anything to do with proximity and the second person could be a visitor.

It was clarified that the Municipal Court judge will not accept hand-written documentation such as affidavits, that he wants first person testimony. Dr. Hussey mentioned if it doesn't bother you enough to go testify and make your complaint, than maybe it doesn't bother you that much at all. There was a discussion about the portion of ordinance that addresses a dog chasing a pedestrian or vehicle, and whether or not it was necessary.

Dr. Lyon made a motion to approve three changes to the ordinance, adding, "owner's" between "dog's" and "property" in the second paragraph. Deleting, "or neighborhood" in the first paragraph and, "and neighborhood" in the third paragraph. Dr. Malaker seconded the motion. The motion carried. The resulting suggested ordinance language is as follows with the words in bold and underlined being added and the word being removed with strikethrough.

No person shall own, keep or harbor any dog which, by loud, continual or frequent barking, howling or yelping, shall annoy or disturb any **neighbors** ~~neighborhood or any person~~, or which habitually barks at or chases pedestrians, or vehicles, whatsoever, to the annoyance of such pedestrian or drivers of such vehicles; provided, however, that this section shall not apply to the city dog pound, veterinary offices and hospitals, or licensed kennels, or pet shops, **or dogs purposely provoked into barking, by a person taunting or teasing that occurs adjacent to or on the dog owner's property.**

**For the purpose of this ordinance, neighbors shall be defined as any two people not related and not residing in the same household.**

## **OLD BUSINESS**

Dr. Szewczyk noted that the Dental Health Education Committee meeting, held last month, was quite productive. Given the time, he asked Board members if we should hold off discussion until the next meeting. The Board was in agreement. Dr. Lyon mentioned she will not be able to attend the April Meeting due to a school event. The Dr. Szewczyk suggested we hold off until the May meeting.

## **ADJOURN**

There being no additional business, there was a motion to adjourn the meeting at 7:15 p.m.

## **NEXT SCHEDULED MEETING DATE**

April 10, 2014