

MINUTES
ORANGE COUNTY BOARD OF HEALTH
February 26, 2025

ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To promote and protect health, enhance quality of life, and preserve the environment for everyone in Orange County.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON February 26, 2025, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Alison Stuebe – Chair, Tony Whitaker – Vice Chair, Bruce Baldwin, Brian Crandell, Commissioner Amy Fowler, Davia Nickelson, Shilda Rodgers, and Rachel Royce.

BOARD OF HEALTH MEMBERS ABSENT: Keith Bagby, Aparna Jonnal, and Lee Pickett.

STAFF PRESENT: Quintana Stewart, Health Director; Erica Pettigrew, Medical Director; Dana Crews, Community Health Services Director; Victoria Hudson, Environmental Health Director; Carla Julian, Public Health Nursing Director; Ashley Rawlinson, Compliance Manager; Frederick Perschau, Financial and Administrative Services Director; Libbie Hough, Communications Manager; Thomas Privott, Environmental Health Supervisor; Caroline Shumaker, Dental Office Manager; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

GUESTS/VISITORS PRESENT: Abigail Beliveau.

I. Welcome New Employees

Quintana Stewart, Health Director, shared that there were no new employees in attendance this evening.

II. Public Comment for Items NOT on Printed Agenda: None.

III. Board Comments:

Dr. Brian Crandell

Dr. Crandell commented on the current measles outbreak in Texas and expressed that this shouldn't happen in a world where we have safe and effective vaccines. Commissioner Fowler added that there has been one death due to the measles outbreak. In response to Dr. Royce's question about vaccination rates in Orange County, Ms. Stewart said that she didn't know offhand, but she would look into the data.

Dr. Stuebe echoed Dr. Crandell's concerns about vaccine hesitancy and noted that she has had three patients hospitalized with the flu this year, and only the one who was vaccinated stayed out of the Intensive Care Unit. She reiterated that vaccines work, and that if someone who is vaccinated still contracts an illness, it is usually milder than it would have been if unvaccinated.

Commissioner Fowler shared that at her practice she is seeing vaccine hesitancy among some, while others rush to get vaccines (such as the HPV vaccine) while they are available. She added that her practice requires that patients get certain vaccines, or they will no longer be their provider to ensure patient safety.

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Dr. Stuebe mentioned a pertussis outbreak in North Carolina and Commissioner Fowler explained that pertussis is most likely going around frequently, but it is not always tested for. She added that the adult vaccine for pertussis, TDAP, is only administered every ten years but the pertussis component is only good for about two years, providing limited protection for adults.

Dr. Rachel Royce

Dr. Royce mentioned that she saw a news article suggesting that the flu has peaked nationally and that cases seem to be coming down. Erica Pettigrew, Medical Director, shared that the flu peaked in Orange County two weeks ago. Ms. Stewart shared that flu cases in North Carolina continue to decrease, with 160 cases statewide detected last week and a total of eight flu deaths this year at UNC. She added that RSV and COVID case numbers are also declining.

Dr. Stuebe noted that vaccine messaging on a national level is primarily negative and wondered how the board of health can combat this at a state or local level. Ms. Stewart shared that the Measles Symposium is being rescheduled due to the inclement weather last week. She added that there is a desire for an ongoing communications plan at the health department, focusing in part on vaccine-preventable illnesses. Dr. Royce commented that local communication may be more effective, as it may be perceived as more credible. Dr. Stuebe mused about the possibility of getting local opinion leaders to endorse the flu shot, for example Roy Williams or Bill Belichick. Ms. Stewart mentioned that there was a similar campaign during COVID, and we may be able to get local elected officials to endorse vaccines, such as against the flu.

IV. Priority Committee Updates

Behavioral Health Committee

Dr. Crandell provided the update for the Behavioral Health Committee. The committee has continued to discuss the impact of screens and social media on mental health and ways to address phone and screen use. Dr. Crandell shared that in May, Chapel Hill-Carrboro City Schools (CHCCS) will be hosting their annual Screen Free Week, in conjunction with National Screen Free Week. The committee discussed expanding this week to the entire county and is working on a resolution warning about the potential harms of social media and screens and supporting screen free week. He added that the committee is hoping to reach as many people in the county as possible to promote Screen Free Week and plan to share information at Hillsborough's Last Fridays events. The committee will next meet in late April.

Dr. Royce clarified whether Screen Free Week is meant to be truly screen free, or just to minimize digital use. She noted that much of her son's schoolwork is digital and all her son's communications about sports go through his phone and asked if the issue is social media or screens themselves. Commissioner Fowler explained that social media is the biggest concern for mental health, but screens in general do carry risks and the goal of Screen Free Week is to encourage people to unplug and engage in real life – for example, playing board games, spending time outside, or talking to friends or family. Dr. Nickelson added that the messaging is to try to spend as much time as reasonable that week away from screens – it is meant to present an alternative, not a ban. Dr. Crandell agreed that the potential scope is enormous and it's important to be specific in the messaging.

Commissioner Fowler said that the message is intended to be short and memorable, and there isn't room for a lot of nuances to explain 'minimize your screen use as much as reasonably

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possible' in an information campaign. Dr. Rodgers noted that screen time includes TV, cell phones, iPads, and computers, and said that some of these recommendations to spend less time using screens may feel contradictory, especially to young people – for example, schoolwork may require a screen and take a long time to complete, and it feels unfair for screens to be considered “okay” for working but not playing.

Access to Care Committee

Dr. Rodgers provided the update for the Access to Care Committee. The committee has pivoted slightly regarding the Photovoice project and is now collaborating with students from UNC Gillings to pilot the Photovoice project. The committee is also seeking a Practicum student to assist with additional data collection over the summer. The group is in the process of rank-ordering the priority populations to help determine the order for data collection and, once they have completed this ranking, is exploring how to connect with the populations. Dr. Royce added that there will be a digital presentation of the photographs and that the group is looking into making a photobook with the collected data. Dr. Rodgers shared that the committee is also concerned with reassuring community members about precautions that the health department is taking to protect immigrants. The committee will next meet in late March.

Dr. Stuebe asked whether the health department would be distributing red cards – which have instructions in multiple languages on one side, and on the other say “I am not opening my door without a warrant” – for undocumented folks. Ms. Stewart shared that these have been ordered but have not arrived yet.

Ad Hoc Committee on Well Rules

Mr. Whitaker provided the update for the Ad Hoc Committee on Well Rules. He shared that the litigation case remains ongoing, and that the committee is working within that context. At the most recent meeting, Environmental Health Staff gave a very thorough presentation regarding well setback requirements and regulations in other North Carolina counties and in states across the USA. Mr. Whitaker shared that the regulations are very diverse across regions, are often specific to local geography, and that there may not be a lot of science behind them. There was not a clear pattern across the regulations that the committee was able to use as guidance. He said the committee is not planning to meet again until after the litigation case is resolved, as the results of the case may influence any actions that the committee takes.

Connections to Community Support Committee

The Connections to Community Support Committee will next meet in early March.

V. Approval of the February 26, 2025, Agenda

Motion to approve the agenda of the February 26, 2025, BOH meeting was made by Commissioner Amy Fowler, seconded by Dr. Shilda Rodgers, and carried without dissent.

VI. Approval of January 22, 2025, Minutes

Dr. Royce requested that one of her comments be stricken from the minutes, as it did not seem pertinent to the conversation.

Motion to approve the minutes of the January 22, 2025, BOH meeting as amended was made by Commissioner Amy Fowler, seconded by Mr. Tony Whitaker, and carried without dissent.

VII. Educational Sessions

A. Vision Zero Chapel Hill

Kurt Stolka, Vision Zero Coordinator for the Town of Chapel Hill, presented on the Vision Zero Chapel Hill program.

Some highlights of his presentation are below:

- In the past five years, there have been six deaths and thirteen serious injuries related to traffic in Chapel Hill alone. This is entirely preventable.
- Vision Zero is a global strategy that aims to increase safe, equitable, and healthy travel for all. To accomplish this, they look at crash data and try to improve safety in areas of concern (i.e., places where there are high numbers of injuries and deaths). Areas of concern tend to overlap with communities of color and areas of low English proficiency. The goal is to reach zero deaths and injuries in Chapel Hill by 2030.
- Multi-lane roads and higher speed limits encourage people to drive more quickly, which allows for less time to react when a pedestrian enters the road. Additionally, Mr. Stolka shared that there are concerns around electric car safety, specifically highlighting that the large rechargeable batteries increase the weight of vehicles, thus increasing the likelihood of serious injury or death upon collision.
- There is an outreach plan aiming to connect with those who are experiencing homelessness and are more vulnerable to traffic violence.
- Mr. Stolka shared some infrastructure improvements (“tactical urbanism”) that can provide traffic calming and improve traffic safety, such as quick-build curb extensions, separated or protected bike lanes, or turn calming through installing minor speedbumps. He explained that the goal is multilayered infrastructure that encourages safer driving and reduces the severity of traffic accidents when mistakes do occur.
- Mr. Stolka also referenced supporting the development of a bus rapid transit system (RTS), as public transportation helps get people out of private vehicles and reduces the risk of traffic violence.
- Vision Zero is working to put in protected bike lanes with bollards and to create “road diets” where bollards narrow the lanes to naturally slow traffic, but bollards are expensive (approximately \$100 apiece). However, Vision Zero’s Federal grants have been frozen and so these improvements have also been paused. In response to Dr. Royce’s question, Mr. Stolka explained that there is not a hard rule for bollard spacing, but they typically install them in roughly 20ft increments.
- Some other goals of the coalition are to improve public transit, thus getting people out of personal vehicles, to collect and create a broader data picture (that is, collecting data about near-hits as well as unifying data about crashes and long-term health outcomes), and to conduct “walk audits” in areas where staff or residents have expressed concerns about safety. Mr. Stolka shared that there is a long backlog of sidewalk improvements.
- Vision Zero is also working to roll out their Wheels of Wellness mobile bike program, which goes into communities of concern to educate and promote safe biking habits.

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- Dr. Stuebe asked if there was any effort to improve snow removal on the sidewalks and bike paths to which Mr. Stolka explained that town hall has a mini-sweeper that may be usable to clear sidewalks and bike paths, but there is only one and there may not be enough staff to operate it – North Carolina is not really equipped to deal with snow.
- Mr. Whitaker asked if the Department of Transportation (DOT) is a good partner, since their primary goal is to move traffic efficiently, to which Commissioner Fowler commented that elected officials are pushing DOT to consider both efficiency and safety.
- Dr. Nickelson asked about standing scooters, and Mr. Stolka replied that they are trying to get them to use the bike lanes. Dr. Rodgers commented that scooter users and cyclists don't always obey traffic laws and that this can be a cause of near-hits.
- Mr. Stolka mentioned that there are some issues with the timing of traffic lights and crosswalks (for example, starting the crosswalk signal a few seconds before a left turn light to allow pedestrians more time to cross) that need to be addressed. The goal is to keep traffic moving, just at slower speeds, which can be just as efficient and is safer.
- In response to Dr. Stuebe's question, Mr. Stolka said that the Board of Health can help by spreading messaging about safe speeds and about timing lights to help encourage driving at the speed limit as well as spreading the word about upcoming events.

VIII. Actions Items

A. FY2025-2026 Budget and Fee Schedule

Frederick Perschau, Finance and Administrative Services Director, presented on the 2025 – 2026 Proposed Health Department Budget and proposed updates to the fee schedule. Some highlights of his presentation are below:

- Mr. Perschau reviewed the materials relevant to the budget request and provided an overview of the annual budget timeline, including creating the budget workbook beginning in early December, receiving the base budget from the County Manager's Office in January, reviewing the base budget and workbook with the division directors, and putting together the budget request during February. Once the budget request has been approved by the BOH at the end of February, it is reviewed by the County Manager in March before the BOCC reviews it in conjunction with the total county budget request in a series of working meetings during April and May. The total county budget, including the health department budget, is approved in June. Once approved, the budget is monitored throughout the new fiscal year and reported on at least quarterly, though the leadership team reviews the budget monthly. He added that it is especially important to keep on top of things that the health department can influence, such as service revenue.
- Most of the county funds in Orange County come from property taxes; regarding the health department budget, service fees are the largest source of revenue, followed by state funding. Mr. Perschau commented that an increase in industry in the county would help increase county funds.
- People costs (e.g., salaries, benefits) are one of the largest expenses for the health department. Mr. Perschau shared that the health department is requesting six new full-time equivalent (FTE) positions, including a new full-time Spanish interpreter so that each clinic is staffed with one. He explained that this will save a considerable amount of money, as there is currently a temporary part-time interpreter who would not be needed if there was a full-time interpreter, and interpreter services are contracted with an outside service when a staff interpreter is not available and that this is expensive. In response to Dr. Stuebe's question, Mr. Perschau clarified that certain providers are considered

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“billing providers” and others are not, and revenue estimations are partially generated by the Epic system. Ms. Stewart added that the proposed revenue generation figures for the Interpreter role factor in the cost savings for not using outside contractors. Mr. Perschau noted that the revenue generation estimate for the Family Planning Nurse could be revisited, as it looks low in comparison. Dr. Baldwin asked why the Certified Medical Assistant positions have such high estimated revenue generation, to which Mr. Perschau explained that they each permit an additional 2-4 visits per day due to the amount of work they save advanced practitioners. Mr. Perschau added that the health department requested a Mobile Dental Clinic Coordinator position last year, but it was not approved – however, now there is more evidence of how impactful such a position would be and how much it would help with clinic maintenance and event coordination. Dr. Nickelson asked if the mobile clinic has its own providers, and Caroline Shumaker, Dental Office Manager, said that the mobile clinic is staffed by regular dental clinic staff. Dr. Nickelson suggested applying for another dentist in the future.

- Mr. Whitaker applauded the deep view of the budget process and noted the need for the Board of Health to be mindful of budget limitations, especially for ideas that are more long-term and may need sustained funding. He asked how much reallocation can happen due to unexpected expenses, to which Ms. Stewart replied that there is some funding allocated for Board of Health projects and that they can also lean into the Finance and Administrative Services division to cushion unexpected costs. Mr. Whitaker observed that the board needs to be proactive about creating and giving feedback on the budget.
- In response to Dr. Stuebe’s question about Federal cuts to Medicaid, Ms. Stewart explained that we haven’t seen any yet, but that there may be some effects next year. Ms. Stewart clarified that these effects would be related to how much revenue the health department receives from Medicaid reimbursement.
- Dr. Royce asked why the county had asked the health department to increase their Medicaid settlement contribution, to which Commissioner Fowler replied that it is a tight budget year. Ms. Stewart added that the health department had some savings intended for a future capital improvement project but were asked to use these savings to help support ongoing operations due to tight budget times.
- Mr. Perschau reviewed the revenue by each division: Dental Health Services had no net change; Community Health Services had a \$10K net increase in revenue due to a new Formerly Incarcerated Transitions (FIT) program grant; Environmental Health Services had a \$63K net increase in revenue owing primarily to increased state funding and service fee changes; Personal Health Services had a \$121K net increase in expenses due to increased demand for language services and labs as well as an end to COVID funds; and Finance and Administrative Services had a \$6K net increase in expenses due to an upcoming HIPAA audit.
- Proposed Fee Changes for the 2025-2026 fiscal year include: Environmental Health Services is adding a fee and deleting a fee; Dental Health Services is in their second year of benchmark fee increases to bring their costs in alignment with national standards; and Personal Health Services has 462 new fees, 9 fee changes, 165 fee increases, and 72 fee deletions.
- Commissioner Fowler asked if the overall budget request has decreased from last year, to which Ms. Stewart replied yes, because of some vacant positions and turnover. Dr. Stuebe asked about the amount of the overall county budget, to which Commissioner Fowler replied it is a couple hundred million dollars. Dr. Stuebe noted that this helps keep the health department budget of \$9M in perspective. Dr. Rodgers added that the health department also generates revenue, allowing for a smaller budget request.

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- In response to Dr. Crandell's question, Ms. Stewart explained that the budget zeroes out at the end of each fiscal year and the health department starts over with a new budget. Commissioner Fowler added that the budget does not reflect the previous year's spending, so if a fund is not fully used it will not then receive less funding the next year.
- Dr. Royce asked about the ability to increase the health department's client base to increase service revenue. Ms. Stewart said that the health department is working with an outside consultant to assess the department and gauge its capacity to grow.
- Dr. Baldwin asked if there is data comparing the budget of health departments in other counties to Orange, to which Ms. Stewart explained that the Orange County Health Department is more supported by county funding than most county health departments in North Carolina, allowing Orange County to offer more variety and more robust services than most county health departments in the state can offer. For example, Dental Services are not available at many county health departments in North Carolina.

Motion to approve the total budget requested in the amount of \$9,152,248 for FY 2025-2026 as presented, and approve an increase in the personnel budget by \$74,071, and forward to the Board of County Commissioners for action was made by Dr. Shilda Rodgers, seconded by Dr. Rachel Royce, and carried without dissent.

Motion to approve all fee changes for FY 2025-2026 as presented, and forward to the Board of County Commissioners for action was made by Dr. Bruce Baldwin, seconded by Mr. Tony Whitaker, and carried without dissent.

B. Board Appointments

Three current board members have terms ending on June 30th, 2025. The Board of Health voted to recommend Dr. Davia Nickelson to her 1st full term, Dr. Brian Crandell to his 2nd full term, and Dr. Aparna Jonnal to her 3rd full term. To allow each appointee to vote, the Board decided on three different motions for the reappointment of the members with each of them abstaining from the vote in regard to their own reappointment.

Motion to recommend the reappointment of Dr. Davia Nickelson and forward to the Board of County Commissioners was made by Commissioner Amy Fowler, seconded by Dr. Shilda Rodgers, and carried without dissent. Dr. Davia Nickelson abstained.

Motion to recommend the reappointment of Dr. Brian Crandell and forward to the Board of County Commissioners was made by Commissioner Amy Fowler, seconded by Dr. Rachel Royce, and carried without dissent. Dr. Brian Crandell abstained.

Motion to recommend the reappointment of Dr. Aparna Jonnal and forward to the Board of County Commissioners was made by Commissioner Amy Fowler, seconded by Dr. Alison Stuebe, and carried without dissent.

IX. Reports and Discussion with Possible Action

A. Media Items

Libbie Hough, Communications Manager, presented the media packet to the board. Topics included: a Daily Tar Heel article about the rising costs of groceries, and a New York Times

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article regarding the blocks to communications by the Center for Disease Control (CDC) in which Dr. Stuebe was quoted.

Media items were in the packet, which focused on Orange County's events, our involvement in various efforts, and various public health topics.

B. Health Directors Report

Ms. Stewart presented her report to the Board. Below are brief highlights of her report.

- Federal funding to the North Carolina Department of Health and Human Services is currently ongoing, and the temporary restraining orders blocking the freeze of Federal funds remain in place.
- Ms. Stewart shared that she recently received a phone call from an attorney related to the Coronato's Pizza/Oasis Cigar Bar lawsuit, and that she is awaiting a subpoena.
- Thriving Hearts is ending their planning year, and the first cohort, including Chatham County, Johnston County, and Cumberland County, will begin the program soon. Ms. Stewart reminded the board that Orange County will be in the second cohort.
- The Orange County department heads are working on resources related to immigration enforcement. Additionally, they learned that Orange County is not projected to hit sales tax revenue goals; the county has instated a hiring freeze for the rest of the fiscal year, along with freezing conference and training funds and reviewing discretionary contracts.
- Ms. Stewart reiterated that, due to inclement weather earlier in the month, the Measles Symposium is being rescheduled.
- There are still no documented cases of human-to-human transmission of bird flu and so far in North Carolina no known human cases of bird flu, though there have been several instances of infected bird flocks in the state.
- Ms. Stewart reviewed several state legislative updates, including a new bill promoting phone-free schools, a bill restricting Diversity, Equity, and Inclusion (DEI) activities in state and local governments, a bill to create a committee to address Medicaid sustainability if Federal funds are reduced, and an act seeking to protect the borders of North Carolina and requiring law enforcement to comply with ICE. She added that Renee Price is co-sponsoring a bill to provide funding for local public health departments to continue their foundational capabilities work. Mr. Whitaker asked if costs around litigation come from the health department to which Ms. Stewart replied no.
- Dr. Royce asked about the potential impact of the bill to protect North Carolina borders on health department operations; Ms. Stewart explained that it could restrict the health department's ability to provide care to those who are not citizens, especially those who are not living in the US legally. Carla Julian, Public Health Nursing Director, commented that there has been an increase in no-show appointments since the new administration began. Mr. Whitaker asked if there is a burden on the health department to check citizenship status, to which Ms. Stewart replied not currently, but if this bill passes then it may become required. Mr. Whitaker expressed dismay and said that this was an inappropriate task to assign a healthcare facility, to which the rest of the group agreed. Dr. Rodgers commented that people go to the Emergency Room specifically because they know that they can get treatment there without having to pay upfront, and Dr. Stuebe added that Emergency Rooms have an obligation to stabilize people in crisis – would they be expected to check immigration status before providing treatment?
- Dr. Stuebe said that state legislation regularly invites public comments and that board members could comment in opposition to some of these bills. Ms. Stewart agreed that advocacy is important and that she could draft a form letter. In response to Dr. Royce's

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question about doing something as a board, such as taking a stance or collaborating with other local boards of health, Dr. Crandell pointed out that there is a risk of blowback, with legislators already considering the possibility of getting rid of local boards of health. Ms. Stewart agreed that it would likely be safer if board members sent letters as individuals rather than as a group. Dr. Rodgers noted that legislators may also receive more comments if they are sent individually, which could be more impactful. Dr. Stuebe shared a story of a time in the past when she sent a letter to Senator Tillis about the fact that midwives are not authorized to prescribe breast pumps to their patients and that he was receptive to addressing her concern, and that advocacy can yield positive results.

- Ms. Stewart concluded by reminding the board members of the upcoming Board Retreat on Saturday, March 15th. The retreat will be held at the Cedar Grove Community Center, 5800 NC 86N., and will begin at 9am.

X. Adjournment

A motion was made by Commissioner Amy Fowler to adjourn the meeting at 9:14 p.m., was seconded by Dr. Rachel Royce, and carried without dissent.

The next Board of Health Meeting will be held March 26, 2025, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Quintana Stewart, MPA
Orange County Health Director
Secretary to the Board