

MINUTES  
ORANGE COUNTY BOARD OF HEALTH  
March 26, 2025

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**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** March 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, Keith Bagby, Bruce Baldwin, Brian Crandell, Commissioner Amy Fowler, Davia Nickelson, Lee Pickett, Shilda Rodgers, and Rachel Royce. Aparna Jonnal arrived later.

**BOARD OF HEALTH MEMBERS ABSENT:** None.

**STAFF PRESENT:** Quintana Stewart, Health Director; Erica Pettigrew, Medical Director; Dana Crews, Community Health Services Director; Dr. Stephanie George, Dental 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; Brenna McManus, Advanced Practice Provider I; Claudia “Gaby” Castro, Bilingual Medical Office Assistant; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

**GUESTS/VISITORS PRESENT:** Samantha Luu, Sierra Elrahal, Judith Rivera, and Aaron Bindman

### **I. Welcome New Employees**

Quintana Stewart, Health Director, introduced the two new employees in attendance: Brenna McManus – Advanced Practice Provider I, and Claudia “Gaby” Castro – Bilingual Medical Office Assistant.

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

### **III. Board Comments:**

Dr. Davia Nickelson

Dr. Nickelson shared that two NC counties, Union County and Lincoln County, have banned fluoride from their local water supplies. In response to Commissioner Fowler’s question, Dr. Nickelson affirmed that both counties have at least one dentist, but that there are three other NC counties that do not have any dentists. Dr. Royce asked about data and surveillance methods regarding the impact of removing fluoride from local water, and Dr. Nickelson explained that though there was no official surveillance that she was aware of, Juneau, Alaska, removed fluoride from their water in 2007 and even as soon as 2010 there had been a noticeable increase in cavities and tooth decay among the community. Dr. Pickett asked if Juneau had since refluoridated, to which Dr. Nickelson replied that they had not. Dr. Stuebe commented that the Orange County Board of Health was investigating the public health impact of fluoride when she joined the board which Ms. Stewart affirmed, saying that in 2020 the board assisted the Orange Water and Sewer Association (OWASA) in investigating fluoride, producing an

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extensive report on the positive public health impact and low risks associated with fluoridating local water.

Dr. Rodgers asked if water from private wells is typically fluoridated, to which Commissioner Fowler replied that it depends on the levels of fluoride in the groundwater. Victoria Hudson, Environmental Health Director, said that there is not much fluoride in the groundwater for Orange County. She shared that there are records of healthcare providers referring their patients' households for well water testing so that they would know whether to recommend fluoride supplementation; she added that this program can be resumed at any time.

Dr. Baldwin commented that he attempted to share the final 2020 report from the fluoride committee with the board in advance of this meeting, but that it was a 150-page PDF and was too large to attach it to the email. He shared that some of the concerns related to fluoride were due to a past incident where OWASA inadvertently overfluoridated the water after a water main break, and Ms. Stewart clarified that, while the water was overfluoridated, it was tested, and the mistake was identified and corrected before the water went out to the public.

Dr. Bruce Baldwin

Dr. Baldwin apologized for having to leave the Board Retreat early – he shared that his home is undergoing renovations, and the contractors showed up unexpectedly.

Commissioner Amy Fowler

Commissioner Fowler commented that there was a measles case identified in Washington D.C., which does not bode well for the rest of the nation. Dr. Stuebe asked if there was room for the Board of Health to submit a resolution in support of vaccines and vaccine funding, to which Commissioner Fowler explained that vaccine funding is primarily at the state level, rather than the Federal level, though that unfortunately doesn't mean vaccine funding is protected.

Keith Bagby

Mr. Bagby shared that his last day on the Board of Health will be June 30<sup>th</sup>, 2025. He explained that he had notified the County Clerk's office directly and that they told him no further action was needed to oversee his departure. He added that he will be moving into a house with a private well and septic system for the first time in his life, which he feels serving on the board has helped prepare him for.

Dr. Alison Stuebe

Dr. Stuebe shared that she had recently spoken with a member of the Chapel Hill Planning Board regarding the land use plan, and that they had discussed "conservation districts" – building houses more densely together to preserve existing farmland or untouched land – and she had directed questions she received to Ms. Hudson. Dr. Stuebe suggested that perhaps Ms. Hudson could present to local boards, including the BOCC, about health and land use.

Commissioner Fowler agreed that the BOCC are interested in the intersection of health and land use. She noted that the land use plan had largely kept development out of the rural buffer, which is where OWASA would operate. Dr. Stuebe said that she believed that in a later page of the land use plan there was a suggestion to include development in the rural buffer, though Orange County Planning was not able to make direct recommendations as they don't have

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jurisdiction there. Commissioner Fowler said that she knows private wells are allowed but that she was unsure if community wells are permissible in these rural buffer zones as she hasn't read the agreements in detail, to which Ms. Hudson said it depends on the size of the lots, but that wells and septic systems can also be put in green spaces.

#### **IV. Priority Committee Updates**

##### **Access to Care Committee**

Dr. Pickett provided the update for the Access to Care Committee. The top priority populations for the Photovoice project have been selected from a list of 10-12 identified populations. The top four are: individuals living in low income and public housing; individuals eligible for Medicaid and expanded Medicaid; individuals who are immigrants and those with low English proficiency (LEP); and individuals living unsheltered. Dr. Pickett reminded board members that the committee is currently piloting the Photovoice project with a group of graduate students from UNC Gillings who are examining access to care with a group of individuals who have experienced incarceration. She added that Jean Phillips-Weiner, Board of Health Strategic Plan Manager, is in the process of interviewing potential practicum students to assist with the project over the summer. Dr. Pickett concluded her update by sharing that the committee is working on a resolution about barriers to care access in light of immigration enforcement and warrant service, which they hope to have ready to present to the board at the April meeting. The committee will next meet in mid-May.

Mr. Bagby asked whether residents of rural Orange County would be represented in the Photovoice project, to which Dr. Pickett clarified that they are still on the list, but the initial prioritization was largely based on perceived vulnerability. Dr. Royce chimed in to say that practically, the group wanted to begin with some of the more accessible populations while learning about the methodology and then build on that. Dr. Rodgers assured Mr. Bagby that the rural populations would not be forgotten, as they are also a priority for her.

##### **Connections to Community Support Committee**

Mr. Whitaker provided the update for the Connections to Community Support Committee. The committee continues to focus on affordable housing as a public health issue and spent most of their most recent meeting distilling information and coming up with action items. One such action item includes making concerns around housing as a public health issue publicly known, particularly to the BOCC and those involved in updating the land use development plan (which guides and informs policy and zoning). Mr. Whitaker shared that he met with Cy Stober, Orange County Planning Director, to hear his thoughts on affordable/attainable housing. He shared that Mr. Stober had recommended that the Board of Health submit a resolution related to the land use plan and its health impact to the BOCC between May and September, though he's since received notice that presentation of the land use plan may be delayed. The committee will next meet in early May.

Commissioner Fowler encouraged the committee to still aim for the May-September window, as the BOCC is already thinking about the land use plan, even if there may be delays in its presentation. Mr. Whitaker stated that he and Dr. Stuebe also attended a recent BOCC meeting where the current draft of the land use plan was presented and that they were comforted by the realization that the BOCC are already carefully considering the importance and the challenges of providing affordable housing. Dr. Stuebe said that the committee would aim to present a draft

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of their resolution at the April or May Board of Health meeting and asked Commissioner Fowler if the BOCC would prefer a position statement regarding housing as a public health issue vs. specific recommendations, i.e., the top five most important housing action items for health. Commissioner Fowler said that specific recommendations of items that the board believes are highly relevant to health would be helpful. Dr. Stuebe also referenced the importance of primary prevention, secondary prevention, and tertiary prevention for evictions and homelessness.

Dr. Royce asked about housing repairs for those who are living in unsafe or inhumane housing – for example, housing with inadequate heating or broken windows. Commissioner Fowler shared that there are programs for this and that they have increased the funding for repairs of existing housing stock. Dr. Stuebe commented that one of the speakers for the Connections to Community Support Committee mentioned that it is important to preserve existing affordable housing, such as bungalows built in the 1950s, as new construction cannot be built at the same price point. She noted that multiple strategies will be needed to solve the affordable housing crisis.

Dr. Rodgers commented that she liked the term “attainable housing,” as it feels more precise than “affordable housing.” She also wondered what impact the recent revaluation of property values and property taxes might have on people’s ability to retain their housing, noting that her own property value more than doubled. Commissioner Fowler clarified that the value increases will not be reflected 1:1 in the increase in property taxes, as property taxes will reflect only what the county needs for the budget. She added that there is a long-term homeowner’s assistance program to help those with a fixed income afford property tax increases, and that people can also appeal their property revaluation if they disagree with it. Dr. Stuebe noted that this is an opportunity for education, since if board of health members do not understand the nuances of property tax increases, then it is likely that the public does not know either and might find the value increases stressful.

#### Behavioral Health Committee

The Behavioral Health Committee has submitted a resolution for the board’s consideration. The committee will next meet in late April.

#### Ad Hoc Committee on Well Rules

Committee activities are on hiatus until after the ongoing litigation case is resolved.

### V. Approval of the March 26, 2025, Agenda

***Motion to approve the agenda of the March 26, 2025, BOH meeting was made by Commissioner Amy Fowler, seconded by Dr. Lee Pickett, and carried without dissent.***

### VI. Approval of February 26, 2025, Minutes

***Motion to approve the minutes of the February 26, 2025, BOH meeting was made by Commissioner Amy Fowler, seconded by Mr. Tony Whitaker, and carried without dissent.***

## VII. Educational Sessions

### A. NC Navigator Consortium and Legal Aid NC

Sierra Elrahal, Navigator, Judith Rivera, Navigator, and Aaron Bindman, MAT Supervising Attorney, presented on the NC Navigator Consortium and Legal Aid NC programs.

Some highlights of their presentation are below:

- Ms. Elrahal explained that the NC Navigator Consortium is a grant-funded project within the Legal Aid NC Program that helps provide health insurance options for people living in North Carolina. The program assists North Carolinians with any health insurance option other than Medicare and refers individuals who need assistance with Medicare to State Health Insurance Program (SHIP) counselors.
- The program provides education and practical assistance to community members and does a lot of outreach activities, including tabling, flyering, and partnering with community organizations.
- Ms. Rivera shared that the Navigator Consortium has been active since the Affordable Care Act (ACA) passed in 2013 and has touched over 7 million North Carolinians with information about health insurance.
- Ms. Rivera specifically highlighted the Premium and Copay Assistance Program (PCAP) program, which connects individuals living with HIV with affordable health insurance to cover the cost of their Anti-Retroviral Therapy and other medications.
- Mr. Bindman spoke about the NC Legal Aid program, which is a statewide entity providing legal representation to low-income households on topics such as domestic violence defense, eviction defense, fighting for humane housing conditions, defense against foreclosure, debt collection, and repossession, and Medicaid advocacy. Regarding Medicaid advocacy, the program assists those who have been denied or terminated but have reason to believe they are still eligible. They also assist with medical debt relief. Clients are referred to Legal Aid through multiple channels, including the NC Navigator Consortium and the Medicaid Helpline.
- Ms. Rivera shared that they have partnered with the UNC Sheps Center to assess the impact of navigators in the community and to determine who hasn't yet been reached by Medicaid expansion. It's estimated that statewide, around 20% of people who are eligible have not enrolled. In response to Commissioner Fowler's question, Ms. Rivera explained that it is likely due to gaps in data collection that many counties have such low estimates of unreached eligible population (that is, >95% of Medicaid-eligible individuals have enrolled), and there is likely more unmet need than the projections indicate. She said that so far, the data analysis has been focusing primarily on clusters, meaning there is less data about trends in more rural areas, and that they are encouraging the Sheps Center to add a qualitative component to paint a more complete picture.
- Dr. Stuebe asked what trends navigators are seeing regarding why some populations have waited to enroll, to which Ms. Elrahal said that there are a variety of reasons someone may have waited to enroll, including not knowing that they are eligible, not needing health insurance, and not wanting to work with the Department of Social Services (DSS), often due to a negative experience in the past. Ms. Elrahal added that many people are used to the Health Insurance Marketplace, which is generally set to auto-reenroll each year, meaning newly eligible people may have missed that they are eligible because they did not submit a new application. Ms. Rivera noted that many of the people whom they are now seeing enrolling are burdened on multiple dimensions – for example, they may be both experiencing homelessness and lacking transportation.

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- Commissioner Fowler asked if providers can refer patients directly to the NC Navigator Consortium, to which Mr. Bindman recommended directing people to the ePASS website, [epass.nc.gov](http://epass.nc.gov). Ms. Elrahal said that patients can also apply on [healthcare.gov](http://healthcare.gov), and Ms. Rivera added that ePASS is a portal for people to access many public benefits, such as EBT/WIC, energy assistance, Tanf, and it can be used to bypass the phone trees at DSS.
- Dr. Stuebe commented that negative Medicaid experiences can influence an individual's likelihood of voting and otherwise being civically engaged and that the work Legal Aid does is so important, as not all County DSS are as good as Orange County's.
- Dr. Royce said that the Legal Aid team are superheroes and asked what the Board of Health can do to help. Mr. Bindman said that funding at DSS is the biggest need that he sees. Ms. Rivera commented that providing flyers and referrals to people is useful, though they cannot be referred to through EPIC (they use EveryAction). Ms. Elrahal added that it would be helpful for them to be more integrated in the healthcare system to help people differentiate between Legal Aid and potential scams.
- Dr. Stuebe asked if there was a way to notify people alongside their state tax returns that they may be eligible for Medicaid, an idea which the Legal Aid team all applauded but agreed that they likely did not have the influence to make it happen. In response to Dr. Baldwin's question about the submission of 1095 forms, which provide proof of health insurance throughout the year, Mr. Bindman explained that these are no longer required after the Supreme Court removed the ACA condition that penalized those without health insurance.
- Dana Crews, Community Health Services Director, shared that several Family Home Visiting and Family Success Alliance Navigators are currently being trained as Medicaid Ambassadors.

B. Campus Community Coalition (CCC) Update

Samantha Luu, Director of the Campus Community Coalition (CCC), presented the annual update on the CCC program.

Some highlights of her presentation are below:

- In response to Dr. Stuebe's question, Ms. Luu shared that BORGs (Black-Out Rage Gallons) continue to be used by students on campus.
- The CCC emerged from their strategic planning process with goals organized in five "buckets" targeting environmental change. Polysubstance use (that is, intentional or unintentional use of two or more substances at the same time) is emerging as an area of concern.
- CCC recently conducted a social norms campaign to promote engaging in harm reduction practices as normal and acceptable (e.g., only having one drink the night before big study days, drinking lots of water and eating when consuming alcohol).
- Based on EMS injury data, about half of campus area 911 calls related to alcohol use were for individuals who were under 21 years of age. A lot of the injuries were in areas with a high concentration of individuals involved in Greek life (e.g., Fraternity court, Granville towers). Black students were disproportionately affected by alcohol-related injuries, particularly motorized vehicle accidents. Ms. Luu also mentioned that there has been an increase in EMS calls about THC overdoses related to consuming cannabis-infused gummies.
- Ms. Luu shared a map of youth access to vaping products and other substances provided by Orange Partnership and explained that retailers often cluster in areas of less privilege (e.g., lower income areas, communities of color). She explained that "flagged

retailers” were retailers who had failed a compliance check and were considered “problem retailers” who were likely to sell to minors or fail to appropriately check ID.

- The outgoing Surgeon General released a report at the beginning of the year outlining the link between alcohol consumption and cancer risk and stating that there is no safe amount of alcohol that can be consumed without elevating cancer risk. Women experience greater risk of developing cancer from alcohol exposure compared to men, even at low to moderate rates of drinking. The Surgeon General recommended updating the alcohol warning labels to reflect this new awareness of associated cancer risk.
- Legalization of cannabis is most likely coming, and Ms. Luu underscored the importance of good policy. Commissioner Fowler noted that when she contacted mayors about updating their municipal Unified Development Ordinances (UDOs) to restrict the opening of vape shops within certain distances of schools, parks, and residential areas she got some pushback which she believes may have been because there are concerns about instead shunting these shops into lower income areas and increasing justice-involvement of already marginalized individuals. Ms. Luu said that she recommends applying a harm-reduction lens to this issue – the importance is in promoting safer sales as much as possible. She added that currently, there is no regulation and no state guidance, no age limits set or enforced in NC, and that products being sold are often not congruent with what is on the labels, so protective policy is necessary.
- Ms. Luu shared some health equity highlights, including increasing language access to programming and arrest deflection/diversion programs. She reminded the board that pursuing environmental-level change is the best way to impact the largest number of people.
- In response to Dr. Crandell’s question, Ms. Luu explained that opioids and cannabis are two other substances of concern. One harm-reduction strategy is to make naloxone easily accessible in bars, house parties, and local retailers; Ms. Luu shared that CCC has also been pairing the responsible server trainings with bystander intervention trainings, and that she wants to add naloxone training.
- Dr. Nickelson asked about mobile IDs (i.e., IDs that can be displayed on a smartphone screen) to which Ms. Luu explained that, while the idea behind them is to allow people to always have their ID on them as most people always have their phone with them, they ultimately present an issue for enforcement, as the technology to verify them is prohibitively expensive and really only accessible to organizations like TSA.

Dr. Jonnal arrived during this time.

### **VIII. Actions Items**

#### **A. Health Department Strategic Plan**

Ms. Stewart presented the updates to the Strategic Plan since its initial presentation to the board at the Board Retreat on March 15<sup>th</sup>, 2025. Specifically, the organizational chart was revised based on the board’s feedback. In response to Dr. Royce’s question about further feedback, Ms. Stewart assured her that she considers a strategic plan to be a living document, so it can always be revised.

Dr. Royce applauded the goal of collecting more data, and Ms. Stewart shared that efforts are already underway to address data access issues.

***Motion to approve the Orange County Health Department Strategic Plan was made by Dr. Aparna Jonnal, seconded by Dr. Shilda Rodgers, and carried without dissent.***

B. Resolution Addressing Social Media Use, Screen Time, and Youth Mental Health

Jean Phillips-Weiner, Board of Health Strategic Plan Manager, presented the resolution draft on behalf of the Behavioral Health Committee and requested feedback.

Dr. Royce expressed trepidation about the resolution endorsing a specific book, The Anxious Generation, in part due to potential accessibility issues. Ms. Phillips-Weiner assured her that copies of this book are available at both public libraries in Orange County and that there is also an associated website with relevant data and information. Dr. Jonnal suggested making copies of the book available at schools, as teens may also benefit from reading it. Ms. Stewart said that the health department can help make some copies of the book available, especially during events such as Screen-Free Week.

Several other board members echoed concerns about endorsing a specific book. After some discussion, the board agreed to instead “encourage parents and young people to explore the resources listed below” (that is, at the end of the resolution), which include The Anxious Generation. To ensure clarity, the board recommended also numbering the pages of the resolution as “1 of 2” and “2 of 2.”

Dr. Stuebe suggested adding a QR code so that anyone with a printed copy of the resolution can still access the resources digitally.

Dr. Rodgers noted that this resolution gets pretty specific and, though we can’t guarantee that all these things will happen, it is useful to make the board’s stance known as the resolution can be used in the future to help guide health department programming.

Dr. Royce asked about the intended audience for the resolution, to which Commissioner Fowler explained that it can be sent to multiple audiences – the BOCC, the school boards, and the NC General Assembly – as they are relevant to the expressed goals of the resolution. She added that the items relevant to parents can be shared through the health department and BOCC websites, as well as through the schools. Mr. Whitaker noted that, because there isn’t a clear intended audience, there is more flexibility in how the resolution can be used to support future initiatives and requests. Dr. Rodgers agreed, saying that this is a statement of the board’s position that can be used for future advocacy as needed. She noted that often resolutions serve just to make a unified opinion publicly known, sharing that some faculty at UNC recently passed a resolution opposing negative comments about a staff member involved in DEI programming.

Dr. Jonnal wondered if we could add a request for the establishment of a task force to work on screens and young people, as the Board of Health will not be able to do all the work on this. She added that enforcement and monitoring would need to be considered over time. Dr. Rodgers said that she wasn’t sure if a resolution should have that level of specificity, since a resolution containing dozen actions for the board may never be passed and likely will never be executed, as the bandwidth of the Board of Health is limited. She noted that collaboration is needed.

Dr. Stuebe expressed support for collaborating with libraries, as people can borrow many screen-free activities from the library for free, including board games and books.

Dr. Royce suggested trying to engage with kids and teens and host listening sessions to help get buy-in and representation from young people.

Mr. Bagby suggested several other organizations with whom to share copies of the resolution, such as Grow Your World, Efland Voices, Boomerang, Orange Partnership, the Chamber of Commerce, and local media. Dr. Crandell also expressed support for youth programming such as Boomerang, which provides youth with options for low-screen activities. Dr. Royce said that someone from the Board of Health could appear on WHUP Radio to talk about the resolution; Dr. Stuebe recommended Commissioner Fowler and Dr. Jonnal. Dr. Baldwin said he could take a copy down to News of Orange to share. Dr. Royce recommended someone also give a public comment at the local school board meetings and sharing with other local boards of health.

***Motion to approve the resolution as amended was made by Commissioner Amy Fowler, seconded by Dr. Lee Pickett, 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: Lincoln County removing fluoride from the water supply, uncertainty in nonprofits related to federal funding delays, and the potential impact of Medicaid cuts on rural NC counties.

***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.

- New legislation was passed in late 2024 by the NC Legislature prohibiting the enforcement of new local zoning ordinances, preventing further amendments to local UDOs.
- Federal funding for vaccines is in flux, with COVID funds being reclaimed by federal agencies even though these funds are already due to expire in June 2025. Ms. Stewart encouraged board members to consider a resolution supporting vaccines and ongoing vaccine funding for Orange County.
- Ms. Stewart shared that there is growing support for adopting Tobacco 21 (T21) policies at the state level, which the Board of Health submitted a resolution in favor of back in January 2023.
- The measles symposium has been rescheduled for Friday May 31<sup>st</sup> at 8am in the Donna Baker Meeting Room of the Whitted building.
- Ms. Stewart concluded her report by reminding board members that the BOCC will be hosting a reception honoring volunteers and members of local boards on April 1<sup>st</sup> in the Donna Baker Meeting Room of the Whitted building from 6-7pm.

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**X. Adjournment**

***A motion was made by Commissioner Amy Fowler to adjourn the meeting at 9:07 p.m., was seconded by Dr. Aparna Jonnal, and carried without dissent.***

**The next Board of Health Meeting will be held April 23, 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