

MINUTES
ORANGE COUNTY BOARD OF HEALTH
April 23, 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 April 23, 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, Davia Nickelson, Lee Pickett, Shielda Rodgers, and Rachel Royce. Aparna Jonnal arrived later.

BOARD OF HEALTH MEMBERS ABSENT: Commissioner Amy Fowler.

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; Aniyah Girtman, Public Health Nurse I; Kevin Alston, Family Success Alliance Navigator; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

GUESTS/VISITORS PRESENT: Abigail Beliveau, Paddy Qui, Nicolette Rojas, and Brian Allen.

I. Welcome New Employees

Quintana Stewart, Health Director, introduced the two new employees in attendance: Kevin Alston – Family Success Alliance Navigator and Aniyah Girtman – Public Health Nurse I.

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

III. Board Comments:

Dr. Rachel Royce

Dr. Royce commented that she is feeling shellshocked about the Federal dismantling of public health programs and shared that she is feeling the impact personally. She added that several of her friends have lost RO1 grant funding or been laid off from public health organizations such as the National Institute of Health (NIH), FHI 360, Environmental Protection Agency (EPA), and RTI International. She concluded by saying that she is not sure how we are going to move forward.

Dr. Pickett said that she feels sorry for the people of the country, as she recently read about a norovirus outbreak on a cruise and the staff at the Center for Disease Control (CDC) who were investigating it were laid off during the investigation. Dr. Royce added that the ongoing Women's Health Initiative longitudinal study was cancelled earlier that day, and that we are losing our public health surveillance systems.

Dr. Stuebe agreed that it is really challenging to wrap her head around what's going on and how to fix it. She then asked if anyone other than Utah has pulled fluoride from the water supply, to

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which Dr. Nickelson said as of yet no other states other have pulled fluoride from the water, but several localities have. Dr. Baldwin said that he recently reviewed the paper that is causing fear around fluoride and said that the lowest level of fluoride that potentially produces adverse effects is about ten times higher than the levels of fluoride used by OWASA. He shared that he hopes that this fact will help circumvent fears about fluoride in the water supply in Orange County. Ms. Stewart agreed and said that since the BOH and OWASA have previously done a deep dive into fluoride, she hopes it will not be withdrawn from the water here.

Dr. Alison Stuebe

Dr. Stuebe shared that a committee in the general assembly is working on NC House Bill 519, the Parents Medical Bill of Rights, which would restrict the healthcare available to minors, allowing no healthcare other than prenatal care without parental consent. She expressed deep concern about the potential ramifications of this bill for public health, as it would prohibit provision of contraceptive, behavioral health, and sexually transmitted infection (STI) treatment without parental consent. She shared that there will be a hearing on Tuesday April 29th regarding this new bill. In response to Dr. Royce's question, Erica Pettigrew, Medical Director, explained that currently a healthcare provider is permitted to assess a young person's medical decision-making capacity and may provide care if the young person indicates that they are able to understand and make decisions about their care. She added that teens are currently treated at the Orange County Health Department every day for things like STI care and tobacco cessation, and while they are always encouraged to talk to their parents, it's not a requirement. Dr. Stuebe noted that this bill would also give parents unfettered access to all their children's medical records until the age of eighteen; currently, medical records involving some sensitive care (e.g., reproductive care, mental health and substance use care) are confidential and require the child's written consent before they can be accessed by parents.

Dr. Stuebe requested that the board schedule time during the meeting to discuss this new bill and a potential response to it, such as a resolution or letter of opposition.

Dr. Jonnal arrived during this time.

Dr. Aparna Jonnal

Dr. Jonnal thanked Ms. Stewart for recommending her to speak at a recent meeting of the North Carolina Medical Society. She shared that at the event, she spoke to future healthcare workers about leadership in healthcare, and that she underscored how the US healthcare system is broken, for-profit, and not working. She said that most healthcare providers are burnt out, people are dying, and insurance companies are running things. She encouraged future healthcare providers to speak the truth about the system throughout their career and to become activists. In response to Dr. Royce, Dr. Jonnal said that the reception to her speech was positive overall, especially from the younger providers.

Ms. Stewart added that the feedback she received was that Dr. Jonnal was very relatable and personable. Mr. Whitaker commented that speaking to future healthcare providers about changing the system could be a new form of activism for Dr. Jonnal.

IV. Priority Committee Updates

Behavioral Health Committee

Dr. Baldwin provided the update for the Behavioral Health Committee. The committee planned an event on Friday April 25th to promote the recent resolution passed by the BOH on screen time and social media as well as National Screen-Free Week, which takes place May 5th-11th, to community members in Orange County. The event will overlap with the April Hillsborough Last Friday event. For Screen-Free Week planning, the committee wanted to ensure that they provide accessible alternatives to using screens – things that don't cost much or anything – to ensure that the event is equitable and accessible to all. Additionally, in response to a prompt from Commissioner Fowler, committee members discussed their support for the Board of County Commissioners (BOCC)'s continued funding for the establishment of a behavioral health urgent care center in Orange County. The committee spent time during their meeting discussing the current unmet need for behavioral health care, especially for vulnerable populations such as justice-involved individuals, and the potential impact of such a facility. Dr. Baldwin encouraged other members of the BOH to reach out to the BOCC and express their support for continuing funding for this project. The committee will next meet in early June.

Ms. Stewart clarified that the vendor's market will not be taking place at the April Hillsborough Last Friday's event, so the table for the event will be hosted outside the West Campus Offices at 131 W. Margaret Lane. Dr. Royce asked if the event could be used to promote other public health topics, such as Medicaid expansion or measles awareness, which Ms. Stewart affirmed. In response to Dr. Jonnal's question, Ms. Stewart explained that the resolution is on the consent agenda at the May 6th BOCC meeting, meaning it is not slated for formal discussion, though it may be pulled from the consent agenda and discussed in more detail as the county manager had a lot of questions about it. She added that she has been in discussion with the county manager about Orange County Schools (OCS), and they have not formally adopted any new policies around screen time as of yet. Dr. Jonnal suggested that she or Dr. Crandell could make a public comment about screen time at a future school board meeting to help raise awareness. Dr. Royce agreed and suggested that school nurses could be a good resource to help share information about screen time. She added that all the individual schools do have policies around cell phones, though the district may not have an official policy. Ms. Stewart clarified that neither district is opposed to regulations limiting phone and screen time, OCS has simply not participated in formal policy action and campaigns to support this. Like Chapel Hill-Carrboro City Schools (CHCCS).

Dr. Royce asked about ordering name tags for BOH members to wear at community events, which Ms. Stewart said could be ordered, but would not be available in time for Friday's event.

Regarding the planned Behavioral Health Facility, Mr. Whitaker commented that he thinks it's a great idea and added that he hopes as the county plans new buildings that appropriate staff will be involved in the planning and maintenance of the facility. Ms. Stewart shared that she previously sat on a committee that did some of the initial planning for this behavioral health urgent care facility. This planning has been underway for several years with ongoing questions about funding and construction. Dr. Stuebe asked if it would be useful for the board to hear more about the project, and Ms. Stewart shared that Cait Fenhagen, Deputy County Manager, is spearheading the project.

Access to Care Committee

The Access to Care Committee will next meet in mid-May.

Connections to Community Support Committee

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

Ad Hoc Committee on Well Rules

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

V. Approval of the April 23, 2025, Agenda

Motion to add time for the consideration of the Parents Medical Bill of Rights (NC HB 519) to the meeting agenda was made by Dr. Davia Nickelson, seconded by Mr. Tony Whitaker, and carried without dissent.

Motion to approve the amended agenda of the April 23, 2025, BOH meeting was made by Dr. Lee Pickett, seconded by Dr. Bruce Baldwin, and carried without dissent.

VI. Approval of March 26, 2025 BOH Meeting and March 15, 2025 Board Retreat Minutes

Motion to approve the minutes of the March 26, 2025 BOH meeting and the minutes of the March 15, 2025 Board Retreat was made by Dr. Shielda Rodgers, seconded by Dr. Davia Nickelson, and carried without dissent.

VII. Approval of Consent Agenda

Dr. Crandell asked to clarify the meaning of the term "Consent Agenda," to which Ms. Stewart explained that the consent agenda is for items that the board has reviewed prior to the meeting and have come ready to approve with no questions or clarifications needed. Dr. Rodgers said that it is a way to move through business quickly. Mr. Whitaker added that, from a process standpoint, the appropriate time to pull something from the consent agenda for further discussion is at the time of agenda approval.

Motion to approve the consent agenda was made by Dr. Shielda Rodgers, seconded by Dr. Bruce Baldwin, and carried without dissent.

VIII. Educational Sessions

A. Photovoice Pilot – Access to Care for Formerly Incarcerated Individuals

Abigail Beliveau, second year PhD nursing student, Paddy Qui, second year MPH student, and Nicolette Rojas, first year MPH student, presented on the results of the Photovoice pilot conducted in partnership with UNC Gillings examining access to care for formerly incarcerated individuals. Community partners (those who shared their stories with the researchers) were also in attendance and were invited to comment.

Some highlights of their presentation are below:

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- Ms. Rojas provided an overview of the Photovoice process and results. She shared that, in partnership with community partners, the team developed questions around why access to healthcare is a problem. The three Photovoice discussion sessions focused on how housing and job opportunities serve as barriers to accessing healthcare and the differences in care provided inside incarceration vs. outside. Ms. Rojas underscored that the community partners focused on issues related to social determinants of health more so than issues with the healthcare system itself.
- The results included three main themes: 1. Support Inside vs. Struggle Outside; 2. All for One and One for All; 3. Employment Opportunities. These are explained in more detail below.
 - Support Inside vs. Struggle Outside focused on the need for support around system navigation and advocacy outside of the carceral setting, as care within incarceration is structured and standardized, whereas outside the system is bureaucratic, complicated, and confusing, with the ability to access it often dependent on the individual's support system. Ms. Rojas commented that much of the standardized healthcare within the carceral setting comes from a need for control of the incarcerated individuals and not from a place of genuine care.
 - All for One and One for All centers the idea that community support is mutually beneficial, and that failing to support one member of a community can be harmful to other members of the community. Community partners showed a desire to give back to their community and support others who have been through what they have.
 - Employment Opportunities underscored that there are not a lot of opportunities for employment for individuals with a history of incarceration, and that finding employment opportunities often depends not on what you know, but who you know. Community partners emphasized a desire to give back to others around employment opportunities, for example by starting their own business that is friendly to hiring formerly incarcerated individuals or through starting a bridge housing program with fewer restrictions than existing bridge housing programs.
- Ms. Rojas emphasized the importance of hearing from community members, because they know what they need, of making sure that the things that they consider to be their healthcare needs are met, and of ensuring that those who are making decisions are considering what the community members say that they need.
- Dr. Jonnal asked about integrating more local stories and Photovoice evidence with the broader existing data to provide better support for the existing data and improve the likelihood of receiving funding for programs. Ms. Beliveau shared that the student team initially did some research into the literature and found that it was largely not aligned with what is heard when working with the actual populations. Ms. Beliveau asserted that it is important to hear directly from the impacted individuals, as often things are only considered valid if they've been documented. She shared that earlier that day she had been considering [Maslow's Hierarchy of Needs](#) and how individuals who are worried about where they are going to sleep are not likely to be thinking about longer-term things like diabetes care. Dr. Royce added that she feels it's important to center people's stories and that focusing too much on the quantitative data could distract from the importance of these stories.
- Dr. Royce asked for more information about the process of data collection, to which Mr. Qui shared that their original presentation for their class was 45 minutes long, and there was not time to go into the level of detail that they would have preferred. The students said that they would share a copy of their original presentation with the board.

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- One of the participants shared that he is lacking community support, with little support from family and friends to help him during his transition out of incarceration, and that he has severe mental health issues that require ongoing medication support. He said that the Department of Social Services (DSS) does what they can, but as an individual with a history of incarceration it can be challenging to get things he needs, like appointments and medications, and it feels like an uphill fight to obtain care and to access basic social supports.
- Dr. Rodgers commented that the important thing is to give people what they ask for, because they know what they need. She added that while quantitative data matters, all good research starts with a qualitative component.

B. Measles Update

Dr. Erica Pettigrew, Medical Director, presented an update on measles in the United States. Some highlights of her presentation are below:

- The dramatic increase in life expectancy since the early 1900s is related to clean water, immunizations, and antibiotics, rather than advances in medical treatments.
- Dr. Pettigrew reviewed the data around the sharp decrease in vaccine-preventable illness transmission after the introduction of the relevant vaccines.
- Measles is one of the most transmissible and most contagious infections that we know of, and it can be transmitted through airborne, droplet, or touch. The three C's of measles are cough, coryza (nasal congestion), and conjunctivitis (pink eye). Koplik spots (spots in the mouth) do not always occur with measles, but when they do occur, the patient almost always has measles. The familiar rash does not typically appear until several days into infection, and measles initially presents as a cold.
- There is no specific treatment for measles. Though some hospitals may use vitamin A as a treatment, Vitamin A in high doses can lead to toxicity and liver damage, so it should be used sparingly, typically only for hospitalized individuals in low-resource areas where children are more likely to have vitamin deficiencies. Vitamin A is not an effective prevention strategy for measles.
- After the measles vaccine was introduced in 1963, measles cases plummeted. In 1989, there was a resurgence of measles cases, and it was recommended that children receive two doses (granting 97% effective generally lifelong immunity to measles). Currently, it is recommended that school-aged children and those at high risk receive two doses of the measles, mumps, and rubella (MMR) vaccine, while everyone else is recommended to receive one. Dr. Pettigrew added that they are advocating to change this to everyone receiving two doses regardless of age, as explaining the distinction is a hassle and the risk related to receiving an extra dose is negligible.
- The term "eradication" in relation to communicable disease means that there is not ongoing community transmission for twelve months or longer. Measles was declared eradicated in the US in 2000, but this status may be revoked.
- As of April 23rd, 2025, there are more than 800 cases of measles in the US, primarily concentrated in Texas or New Mexico.
- In NC, there are two types of exemptions available for required vaccines for school-aged children: medical and religious. There are very few medical exemptions granted, while religious exemptions have been steadily increasing.
- For herd immunity against measles, 95+% of the population needs to be vaccinated. As of 2023, only 92.5% of all kindergarteners in NC are in compliance with their MMR vaccines. In private/religious schools, around 9% of kindergarten students are

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unvaccinated due to religious exemption. It is likely that this is where an outbreak will occur in NC.

- To prepare for a potential measles outbreak, the Orange County Health Department is trying to be immediately available to provide MMR vaccines to any who want them. However, there are concerns about sustained funding due to the federal climate regarding public health. In response to Dr. Royce's question about vaccine stockpiles, Carla Julian, Public Health Nursing Director, said that there are some reserves at the state level in the event of an outbreak, while private supply is purchased by the Health Department based on demand. Dr. Pettigrew added that there is no guarantee of continued funding for vaccines at the state or federal level, including for vaccine reserves.
- Dr. Pickett asked how one gets a religious exemption from a vaccine, to which Dr. Pettigrew explained that in NC only an attestation of religious objection is required to obtain a religious exemption, it does not need to be sanctioned by anyone, and it is not allowed to be reviewed. She added that medical exemptions to vaccination are more complex and require documentation from a medical provider. In response to Dr. Pickett's follow-up question, Dr. Pettigrew explained that no major religions have a blanket objection to vaccines, but there is a legal precedent allowing people to refuse treatment due to their religious beliefs. She added that some people may object to certain vaccines due to their ingredients – some vaccines were developed using fetal cells or use bovine/porcine ingredients – but that no religion she is aware of objects to vaccinations on principle. Dr. Pettigrew shared that the [Children's Hospital Philadelphia Vaccine Education Center](#) is a great resource for discussing religious objections to vaccines. She added that at UNC, they require anyone with a religious objection to a vaccine to specify which vaccine(s) they object to and why.
- Dr. Jonnal observed that many people may reject vaccines due to misplaced fears about vaccines causing autism, and a religious exemption may serve as a convenient way to avoid vaccinations. Dr. Royce noted that if this is the case, understanding people's fears about autism and vaccination is critical to addressing the problem. Dr. Pettigrew shared that some of her colleagues are researching vaccine hesitancy, though their ongoing funding is not guaranteed.
- In response to Dr. Crandell's question about targeting outreach to those who are not up to date on their MMR vaccines, Dr. Pettigrew explained that Orange County is doing well at reaching these populations, so it's harder to address gaps in vaccination.
- Dr. Royce asked if certain groups may need to be revaccinated, to which Dr. Pettigrew explained that anyone born before 1957 is most likely naturally immune due to the pervasiveness of measles before the vaccine was introduced. She added that those who were vaccinated in the 1960s may need to be revaccinated as there was a live and a killed version of the vaccine being used then, and the killed vaccine proved less effective than the live version. However, Dr. Pettigrew said that she is most concerned about young children and their parents being influenced to forgo vaccination because of non-evidence-based information on social media.
- Dr. Pickett mentioned that when she was growing up, they would have communicable disease parties (e.g., chicken pox parties, measles parties) to spread immunity. Dr. Pettigrew shared that some parents are doing this today instead of vaccinating.
- Jean Phillips-Weiner, Board of Health Strategic Plan Manager, recommended reading the book *On Immunity* by Eula Biss to get more perspective on the concepts of vaccine hesitancy and how people think about illness and purity.
- Dr. Pettigrew invited board members to attend the upcoming measles symposium on May 30th, 2025.

C. BOH Retreat Evaluation

Ms. Phillips-Weiner presented the results of the Board of Health Retreat Evaluation. Some highlights of her presentation are below:

- The percentage of complete responses for the 2025 Retreat Evaluation increased compared to the 2024 Retreat Evaluation, with nine out of eleven board members responding to the survey. Ms. Phillips-Weiner noted that having the evaluation available by QR code during the retreat likely helped improve the response rate.
- Overall, responses to the Board Retreat Evaluation were positive. All respondents agreed or strongly agreed that the board retreat met its major objectives (such as allowing board members time to get to know each other better and providing useful training for board of health members). Most respondents were happy with the amount of time devoted to various retreat activities, though a few respondents expressed that certain activities, such as resolution planning or the tour of the Cedar Grove Community Center, could have been longer or shorter.

IX. **Actions Items**

A. Ad-Hoc Nominating and Operating Procedures Committee

Dr. Stuebe called for the formation of an Ad-Hoc Nominating and Operating Procedures Committee to help fill Mr. Bagby's at-large seat after he moves to Virginia. Ms. Stewart reminded the board that the executive committee (that is, the current and former chair and the current vice-chair) serve on this committee by default. Dr. Royce volunteered to also serve on this committee.

Regarding applicants, Dr. Royce shared that she has reached out informally to El Centro Hispano, but recommended conducting official notifications. In response to Dr. Stuebe's question, Ms. Stewart affirmed that there are existing templates for recruitment, which she will share. Dr. Pickett said that she periodically receives emails about vacancies on local government boards and asked if the Board of Health will be added to that after Mr. Bagby leaves, but Ms. Stewart explained that because there is already a pool of applicants for the seat, it will not be publicly posted or advertised as vacant.

Dr. Stuebe asked if there are any alumni from FSA who may be interested in applying, to which Dana Crews, Community Health Services Director, replied that she could do some outreach.

Dr. Jonnal commented that there is a geographic distribution problem and an education distribution problem on the current board, and it would be nice to recruit a new at-large member who may not have an advanced degree, as several of the positions require the representative to have an advanced degree.

Motion to approve the creation of the Ad-Hoc Nominating and Operating Procedures Committee was made by Dr. Aparna Jonnal, seconded by Dr. Rachel Royce, and carried without dissent.

B. Consideration of the Parents Medical Bill of Rights (NC H509)

The Parents Medical Bill of Rights (NC H509) is currently in committee for the NC General Assembly and will be considered by the NC House on Tuesday, April 29th, 2025.

Dr. Baldwin expressed that before any action be taken on the bill, he would like to read it, to which several board members agreed. Mr. Whitaker clarified that this is an amendment to existing legislation and not entirely new legislation, which Dr. Stuebe affirmed.

Dr. Stuebe suggested that she could draft a resolution after the meeting and send it to the board for an electronic vote, but Ms. Phillips-Weiner commented that there would need to be an emergency meeting called to hold a vote, as the board must abide by public meeting laws and a quorum would be required to pass a resolution.

Mr. Whitaker noted that the bill has not been passed in either the North Carolina House or Senate yet, and there will still be time to respond to it after the vote on Tuesday. Dr. Stuebe said that it is easier to stop a bill while it is still in committee, and that once legislation goes to the floor it tends to gather support and become harder to stop. Dr. Baldwin noted that the board members can reach out directly to the representatives to express opposition individually, which Ms. Stewart affirmed is an important part of advocacy as a board member.

Ms. Stewart commented that one of the committees could draft a resolution and bring it to the board for a future vote. Dr. Stuebe said that once everyone has had a chance to review the legislation, with the board's support, she would be happy to draft a resolution in response to the bill and bring it to the May meeting for a vote. In the meantime, she encouraged other board members to read the bill and consider contacting state representatives with their thoughts.

X. Reports and Discussion with Possible Action

A. Media Items

Libbie Hough, Communications Manager, presented the media packet to the board. Topics included: a recent presentation by Blake Rosser, Orange County Housing Director, about housing as a healthcare strategy. Ms. Hough also shared that she has updated the measles webpage and is running a social media campaign promoting vaccination. She added that, with the support of Ms. Stewart and Ms. Phillips-Weiner, she is working on a press release about the recent Resolution Addressing Social Media Use, Screen Time, and Mental Health.

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

B. Bi-Annual Advisory Board Summary Report

Ms. Phillips-Weiner presented the Bi-Annual Advisory Board Summary Report, which serves as a resource and reference for board members. She explained that this iteration of the report incorporated boards that are attended by the Environmental Health Services staff, which nearly doubled the number of boards and led to a dramatic jump in the number of boards doing equity/justice work (from two to fifteen). Most boards in the report are working to address multiple priority areas, with the largest percentage (53%) working on Connections to Community Support, about half (46%) working on Behavioral Health, and a quarter (25%) working on

Access to Care. She added that the next report will incorporate boards attended by other branches of the Community Health Services division, as currently the report primarily covers activities of the Health Promotion Education Services team.

C. Health Directors Report

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

- Earlier that day, the Health Department hosted its annual training during the Spring All-Staff Meeting, which was attended by 104 staff members and was a good, if long, day.
- Ms. Stewart shared that she has submitted an affidavit related to the Coronato Pizza/Oasis Cigar Bar lawsuit, but that new legislation (SL 2024-41) now allows for cigar bars to not be freestanding so long as they do not sell prepared food on the premises.
- The T21 bill (H430/S318) appears to be stalling out in congress – Ms. Stewart encouraged board members to reach out to the Speaker for the House, Destin Hall, and express support.
- There is legislation in development to allow for a personal/conscientious objection to vaccines (H380). Additionally, legislation that would restrict local well rules (H376) is still in development.
- Ms. Stewart highlighted the Rolling Ink Act (H830), which would more strictly regulate mobile tattoo parlors. In response to Dr. Rodger's question, Victoria Hudson, Environmental Health Services Director, said that it is no different to regulate than a food truck.
- NC S205 would do away with minimum safety requirements for private pools, related to previous controversy around the pool share app Swimply.
- Ms. Stewart applauded the clinical staff for their recent collaboration with UNC, pilot testing provision of STI screening by the Health Department on UNC's campus. In response to Dr. Rodger's question, Ms. Stewart said it was hosted in the Student Union. In response to Dr. Royce, Ms. Julian affirmed that it was held in a discreet area of the Student Union, but the overall turnout was poor, perhaps because the location was too discreet.
- To conclude her report, Ms. Stewart highlighted two community events from the back of the agenda related to the upcoming Screen-Free Week.

XI. Adjournment

A motion was made by Dr. Aparna Jonnal to adjourn the meeting at 9:11 p.m., was seconded by Dr. Lee Pickett, and carried without dissent.

The next Board of Health Meeting will be held May 28, 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