

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 May 28, 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, Aparna Jonnal, Davia Nickelson, Lee Pickett, Shilda Rodgers, and Rachel Royce.

BOARD OF HEALTH MEMBERS ABSENT: Keith Bagby.

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; Shannon Barnes, Family Home Visiting Services Manager; Tonya Stancil, Harm Reduction Coordinator; Michael Chapman, Environmental Health Services Specialist; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

GUESTS/VISITORS PRESENT: None.

I. Welcome New Employees

Quintana Stewart, Health Director, introduced the new employee in attendance: Michael Chapman – Environmental Health Services Specialist.

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

III. Board Comments:

Dr. Aparna Jonnal

Dr. Jonnal commented that one of the hospitals that she works for is owned by a private equity group and that this company is being investigated by the senate. A previous senate investigation concluded that it is bad for patients when private equity corporations own hospitals and leads to worse outcomes. Dr. Jonnal said that she has been trying to advocate for adequate resources for hospitals for years now, and that it is challenging as a doctor when the exiting CEO receives an extravagant retirement package while there are not enough medical supplies to perform basic healthcare for patients. She said that, if things do not improve, she feels like she may have a moral duty to go directly to the equity firm but added that, should that happen, she would like to approach it in a very constructive way without shaming or blaming. She invited other board members to help contribute as she plans out how to approach this over the next several months and added that she may request time to present to the board on this topic in the future.

Commissioner Fowler said that adding a third party to healthcare intrinsically complicates the process and harms quality of care and that she doesn't understand how making hospitals for-

profit could ever be good for health. She added that this is very timely, as there are accounts of hospitals no longer offering certain types of care because they are not considered profitable, and this is a particular concern for those who live in rural areas. She added that, should Medicaid be substantially cut, things are likely to get worse.

Dr. Stuebe noted that the book *Switch* by Chip & Dan Heath is about persuasion and uses a metaphor of a person riding an elephant to discuss decision making and change. She said that when the elephant (emotions) and the rider (logic) are in conflict, the elephant will always win, and that it necessary to appeal to emotions when trying to change minds. She gave an example from the book where a hospital ordered supplies from different factories and each factory charged a different amount for the same products; after repeatedly attempting and failing to explain the problem, hospital staff set out gloves across a conference room table, each labeled with the different amount they cost, finally convincing the board of directors to make changes. Dr. Stuebe referenced the Photovoice method and suggested that Dr. Jonnal take photographs of empty supply bins, concluding by saying that data doesn't move hearts. Dr. Pickett agreed, but Mr. Whitaker commented that perhaps hearts aren't what need to be moved, and a different approach may be needed.

Commissioner Amy Fowler

Commissioner Fowler shared that the Board of County Commissioners (BOCC) are in the middle of budget season and have several amendments on the table. She said that they are considering hiring for two new positions, and the relevant amendments can be found online. Dr. Stuebe asked if there was anything the Board of Health can do to be helpful, but Commissioner Fowler wasn't sure.

Dr. Bruce Baldwin

Dr. Baldwin thanked the health department staff for all that they do to improve health in the county and applauded the gallery members who regularly attend the monthly Board of Health meetings.

Dr. Davia Nickelson

Dr. Nickelson shared an upcoming Health Fair at Piney Grove Missionary Baptist Church on June 21st. She said that there will be free medical and dental services available, as well as a resource fair. Dr. Nickelson explained that they will offer basic dental services, such as extractions, fillings, and cleanings. In response to Dr. Royce's question, Dr. Nickelson affirmed that services will be available by appointment only, but that appointments are still available.

IV. Priority Committee Updates

Behavioral Health Committee

The Behavioral Health Committee hosted an event at Hillsborough's Last Fridays event in April promoting the Board's recent Resolution on Social Media, Screen Time, and Youth Mental Health as well as Screen-Free Week (which took place May 5th-11th). Dr. Crandell has also been collaborating with Libbie Hough, Communications Manager, to further promote the resolution and maintain momentum, potentially through collaborating with a local media outlet. The committee will next meet in early June.

Dr. Jonnal asked about the status of any pending NC legislation on smartphones in schools, noting that this could be an opportunity for advocacy over the summer. Ms. Stewart said that the legislature has sent the decision to regulate phones in schools back down to the individual school districts, and that the Health Department connected with the Orange County Schools (OCS) and Chapel Hill-Carrboro City Schools (CHCCS) Systems around Screen-Free Week. Commissioner Fowler added that both districts do have phone policies, which are based on verbiage from other districts, but largely allow individual principals to set the rules for their own schools. Dr. Jonnal added that she generally hears from parents and young people that they like limits on screen use, and that people may respond favorably to someone else being “the bad guy” and putting limits on cell phone and screen use.

Dr. Crandell commented that for future Screen-Free Weeks, it might be good to try to involve students in planning and developing Screen-Free Week materials, such as posters or banners.

Access to Care Committee

Dr. Royce provided an update for the Access to Care Committee. A practicum student from UNC Gillings, A Wheeler, has begun working on the Photovoice for the summer. Recruitment has begun for the project and the committee will meet to check in about the Photovoice project in early June. Additionally, Dr. Royce shared that Medicaid Expansion (MXP) enrollment numbers have leveled off, though the committee is not sure yet why this is. She added that the committee is also working to finalize a draft of a resolution on immigration enforcement’s impact on healthcare and is gathering some additional data.

Dr. Royce invited board members to share feedback about the presentation on the Access to Care Photovoice pilot with individuals who had been incarcerated that was given at the April meeting. Dr. Jonnal applauded the project and said that she felt it was especially powerful to hear directly from community members. Mr. Whitaker agreed, saying it was very compelling and authentic to hear directly from real people. In response to Dr. Crandell’s suggestion about potentially sharing the audio recordings of the quotes (with participant permission) to increase the feeling of authenticity, Dr. Stuebe suggested that the quotes be re-recorded by actors (likely Health Department staff) after the fact to help provide a level of dramatization while still protecting participant privacy.

Connections to Community Support Committee

Dr. Stuebe provided the update for the Connections to Community Support Committee. She shared that the committee had engaged in a rich discussion about approaches to addressing affordable housing and increasing housing supply. In particular, the committee discussed a lack of municipal sewers in rural areas and a need for public education around shared/communal septic systems. Mr. Whitaker said that communal septic systems are typically more highly regulated than single-family systems and can provide better sewage treatment and maintenance but added that they work best on a larger scale. He recommended embracing these systems, but intentionally and thoughtfully. Dr. Stuebe added that this need for public education offers an opportunity for collaboration between Environmental Health Services and the Board of Health. The committee will hold a working meeting in late June to draft a resolution on public health approaches for land use and promoting affordable housing.

In response to Dr. Stuebe’s question about the status of the land use plan, Commissioner Fowler shared that consideration by the BOCC has been pushed back to allow time for more

education around topics such as communal septic systems. Dr. Stuebe asked what the Board of Health could do to be helpful, and Commissioner Fowler suggested submitting a letter with data and perhaps providing a three-minute public comment at a future BOCC meeting.

Ad Hoc Committee on Well Rules

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

V. Approval of the May 28, 2025, Agenda

Motion to approve the agenda of the May 28, 2025, BOH meeting was made by Commissioner Amy Fowler, seconded by Dr. Rachel Royce, and carried without dissent.

VI. Approval of April 23, 2025 Meeting Minutes

Dr. Pickett requested a modification to a comment that she had made on page one of the minutes, as she felt it was captured imprecisely in the minutes. Dr. Royce also requested a revision to one of her comments on page one, as she felt the way it was documented did not reflect her intent.

Motion to approve the amended minutes of the April 23, 2025, meeting was made by Dr. Aparna Jonnal, seconded by Dr. Brian Crandell, and carried without dissent.

VII. Educational Sessions

A. Annual Child Fatality Task Force Report

Shannon Barnes, Family Home Visiting Supervisor, presented the annual Child Fatality Task Force Report and the recent revisions to North Carolina's annual child fatality reporting procedures and requirements.

Some highlights of her presentation are below:

- Ms. Barnes shared that the Child Fatality Prevention Teams are now called "Local Teams," and that the goal of these teams is to strengthen the child fatality prevention system. To that end, there is a new system for case reporting.
- Beginning in July 2025, Local Teams will no longer be required to review Child Protective Services (CPS) cases or every single death – teams will instead focus on nine specific categories of cases, including deaths from: undetermined causes; unintentional injury; violence; motor vehicle incidents; sudden unexpected infant death; suicide; deaths not expected in the next six months; deaths related to child maltreatment or child deaths involving a child or child's family who was reported to or known to child protective services; and a subset of additional infant deaths that fall outside of the above categories, according to guidelines set by NCDHHS. Dr. Crandell noted that overdose/poisoning was not included in any of the categories, but Dr. Baldwin pointed out that "deaths not expected in the next six months" should cover the vast majority of child fatalities. Ms. Barnes added that the team will always have the option to review any child fatalities at their discretion.
- The [Child Fatality Review Tool](#) has been expanded from a single page to about 25 pages, with a significant increase in detail. However, Ms. Barnes affirmed that

caseworkers are only required to fill out the sections of the tool related to the specific category of death. The data from this form will be aggregated and used to determine how to prevent future deaths and to help educate policy makers and the general public. Dr. Royce asked who will use the data, to which Ms. Barnes replied that the goal is for there to be access to county-level data for each county in North Carolina. Commissioner Fowler commented that it sounded like someone may be doing research, leading to the increase in detail. In response to Mr. Whitaker's question, Ms. Barnes said that while there may be a goal to create a national database of child fatalities, an agreement would be needed for everyone to access the data.

- The Orange County Local Team met five times in 2024 and reviewed ten cases. There was robust discussion about water safety and pool signage, though there were no systemic causes identified, and most cases were related to birth defects or perinatal conditions, which are no longer required to be reviewed. Dr. Royce expressed concern at this decision, saying that birth defects are often related to environmental exposures, may be preventable, and that not investigating them could represent a gap in data. She recommended revisiting the decision to stop reviewing birth defect and perinatal cases. Dr. Pickett asked why review of perinatal and fetal deaths is no longer required and if they are still being reviewed by some other committee, echoing that this could still reflect a systemic issue. Ms. Barnes affirmed that the local team will always have the option to elect to review a case and that it is likely that they will continue to review these cases as barriers to prenatal care is a topic of concern in Orange County. Dr. Stuebe commented that uncontrolled diabetes during pregnancy can be a big risk factor for birth defects or prenatal death and added that the State Birth Defects Monitoring Program does collect data and perform analysis on deaths related to birth defects.
- Over the past year, Child Fatality Task Force funding provided car seats for families that were in need, Pack N Plays to help reduce the likelihood of sudden infant death syndrome (SIDS), and in collaboration with Family Success Alliance (FSA) provided life jackets, vouchers for swim lessons, and hosted a water safety class in May of 2025.
- Dr. Nickelson asked who specifically will decide which cases to review, to which Ms. Barnes replied that it will most likely be her. Dr. Nickelson suggested there should be a system of continuity established so that if Ms. Barnes should ever leave her current position there won't be a significant change in case management. Ms. Stewart commented that the culture of the committee should help with continuity.

B. Opioid Settlement/Harm Reduction Update

Tonya Stancil, Harm Reduction Coordinator, presented an update on the Opioid Settlement and harm reduction efforts at Orange County Health Department.

Some highlights of her presentation are below:

- The Opioid Advisory Committee has been charged with discussing opioid-related health concerns and issues impacting the residents of Orange County; advising the Board of Commissioners on options to expend funds to prevent opioid abuse and remedy opioid impacts; and planning and hosting an annual meeting open to the public to receive input on proposed uses of the settlement funds and to encourage collaboration between local governments. The next annual meeting will be held on August 16th at Freedom House.
- The Committee is made up of members from many local organizations and community groups, including healthcare providers, education and employment service providers, healthcare payers and funders, stakeholders with lived experience, members of law enforcement, and directors from the Health Department, Emergency Services, and the Department of Aging.

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- Regarding settlement funding, in North Carolina the State receives 15% of settlement funds while the 100 individual counties receive 85% of settlement funds, with allotments varying based on projected need for each county.
- Counties have a choice of two options for their Memorandum of Agreement, Option A (a very structured spending plan emphasizing high-impact abatement and prevention) or Option B (a less structured plan that requires more planning but allows for more freedom in selecting treatment and prevention approaches). Orange County chose Option A and will receive a total of \$12,296,286 over 18 years. Ms. Stancil commented that this seems like a large sum, but when you consider that it will be used to fund dozens of programs for many years, it is not that much money.
- For Fiscal Year 2024-2025, Orange County funded four programs: Freedom House – an Evidence Based Treatment program; the Formerly Incarcerated Transitions (FIT) Program – a Reentry Program; the Lantern Project – a Recovery Support Services program; and PORT – the Post-Overdose Response Team, a subset of emergency services.
- For Fiscal Year 2025-2026, Orange County received fourteen applications and will be funding five programs: Freedom House; UNC Student Health Action Coalition (SHAC); Piedmont Health; El Futuro; and Reintegration Support Network. Funding will begin on July 1st, 2025.
- Orange County Health Department provides several harm-reduction services, including a syringe support program and naloxone kits. Orange County Health Department also collaborates with several student programs at local Universities to provide education and prevent opioid misuse.
- Ms. Stancil concluded her presentation by speaking about the new Trauma Informed Counties in Practice program, which provides stronger internal supports for staff and improved services for community members by applying a trauma-informed lens to all Orange County Government operations and services, including for Health Department operations. She emphasized that applying a trauma-informed lens to care provision benefits not just external partners, but staff as well.
- Dr. Jonnal thanked Ms. Stancil for her work and asked how the Board of Health and Health Department can help measure effectiveness of the settlement efforts. Ms. Stancil explained that in North Carolina programs that receive settlement funding are required to periodically report metrics for accountability and data purposes. Dr. Jonnal noted that there is often a lag in tracking epidemiological improvements and Ms. Stewart shared that, per the opioid dashboard, there has been a significant decrease in substance use disorder in North Carolina. She added that, in addition to data, the programs share stories and testimonials to round out the picture of their impact. Dr. Rodgers commented that it's likely too early to determine whether the settlement is working. In response to Dr. Stuebe's question about viewing program impact reports, Ms. Stancil said that the goal is to make them publicly available.
- Dr. Royce noted that there is a difference between considering process measures (e.g., number of people served by the program) and outcome measures (e.g., number of opioid deaths in the county). Ms. Stewart explained that the opioid settlement report considers three measures of performance, including both process and outcome measures. She added that some of the programs that were funded for FY2024-2025 were funded again in FY2025-2026 after proving efficacy.
- Dr. Baldwin commented that if there is a reduction in opioids being illegally imported into the USA then that should impact opioid outcomes, too.
- In response to Dr. Royce's question, Ms. Stancil said that because of the funding limitations she has been primarily focused on what can be realistically funded and would

have a positive impact, and that she does not really have a “dream program” that she would like to see funded if money wasn’t an object.

- Dr. Crandell asked about the possibility of using Opioid Settlement Funds to support the Behavioral Health Urgent Care facility that is in development in Orange County, but Commissioner Fowler explained that there is not enough settlement funding to support the facility. She added that the commissioners are trying to smooth out the distribution of opioid funds from year to year, as the funding tapers off over time.
- Dr. Stuebe noted that there seemed to be more direction for how to use the Opioid Settlement Funds compared to the Tobacco Settlement Funds. Ms. Stewart agreed, saying that a lot of lessons were learned from the tobacco settlement and that she would share some additional materials, including impact reports, with the Board after the meeting.

VIII. Actions Items

A. Fee Update

Carla Julia, Public Health Nursing Director, and Victoria Hudson, Environmental Health Director, presented new fee update requests to the board.

The proposed new Personal Health service fees were primarily Behavioral Health related, creating new fees for existing mental health services. In response to Dr. Jonnal’s question, Ms. Stewart confirmed that the Health Department will still offer sliding scale and have the option to waive fees for those with need, but creating billing codes will allow the Health Department to charge the insurance of those who have it for these services.

The proposed Environmental Health service fee also creates a new fee for an existing service, which will better cover the cost of staff time. Ms. Hudson explained that the new fee applies to the permitting of complex septic systems for large homes, which are required by the state to be re-permitted every five years, as they require more monitoring and maintenance than regular septic systems. Dr. Royce asked if the fee will consider potential increases to cost over time, to which Ms. Hudson explained that the primary goal of this new fee is to adjust the existing septic permit fee amount for larger systems to recover the cost of staff time, as inspecting and completing paperwork for complex septic systems presents a substantial time commitment. She added that the fee can always be increased in the future if needed.

In response to Dr. Baldwin’s question, Commissioner Fowler confirmed that fee approvals go before the BOCC for final confirmation and will most likely appear on a future BOCC consent agenda.

Motion to approve the fee updates as presented was made by Dr. Rachel Royce, seconded by Dr. Shilda Rodgers, and carried without dissent.

IX. Reports and Discussion with Possible Action

A. Media Items

Jean Phillips-Weiner, Board of Health Strategic Plan Manager, presented the media packet to the board. Topics included: a Behavioral Health Urgent Care/Crisis Diversion Facility that is under development in Orange County; a recent tabletop exercise event held to promote emergency preparedness; an update and discussion of the Parent's Medical Bill of Rights that is being considered in State Congress; a \$25,000 grant recently awarded to Orange County Animal Services to support programs such as low-cost spay and neuter services and pet food pantries; a series of Mental Health Mondays events being held in Carrboro; and two articles discussing legal ramifications related to "Farm Parties" being held in rural Orange County.

Commissioner Fowler thanked the other board members for taking time to discuss the Parents Medical Bill of Rights and its potential impact on youth care at the previous meeting. Dr. Stuebe encouraged board members to contact their representatives to express opposition to the bill.

Mr. Whitaker asked Commissioner Fowler if the BOCC can do anything to curtail the farm parties, to which Commissioner Fowler responded that Sheriff Blackwood recently brought criminal charges against a landowner for renting his land for a farm party, which she believes will discourage future rentals. Dr. Rodgers noted that someone received a citation for impeding the flow of traffic and that someone recently died at one of these parties.

Mr. Whitaker explained that agrotourism is about the use of land, is often liberally interpreted and applied, and that it can permit individuals to circumnavigate certain zoning restrictions but added that it typically applies to consistent use of a property and that special events such as parties wouldn't necessarily fall under this umbrella. Commissioner Fowler noted that in Chapel Hill people are required to register their parties and can be held liable if underage drinking occurs, but this doesn't seem to be the case for these farm parties. Ms. Stewart commented that Sheriff Blackwood would love to regulate these parties more effectively but feels limited.

Ms. Hudson said that there is a conflation of agrotourism and "agrotainment," and added that legitimate agrotourism typically mandates certain requirements, such as appropriate sanitation facilities, sufficient egress on the roads, and adequate parking. Those who are causing trouble are typically not going through legal channels nor applying for appropriate permits.

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.

- In advance of the meeting, Dr. Royce shared a social media post about tobacco control funding cuts. Ms. Stewart referenced this and said that there have been substantial cuts to tobacco funding and that the State Department of Public Health has been impacted. She said that there has been a loss of a lot of institutional knowledge due to furloughs and layoffs. However, the state has been very intentional about supporting local health department programs and the Juul Settlement Funds are now being used to support local and regional health department work on tobacco. She said that the NC Quitline is continuing to operate at a reduced capacity and will no longer be able to offer Nicotine Replacement Therapy (NRT).
- Ms. Stewart highlighted several items from the NC House's proposed budget, including raises for teachers, increased school funding, redirection of state Diversity, Equity, and Inclusion (DEI) funding, and prioritization of replenishing savings reserves post-Hurricane Helene. She also shared that the NC Health Director Association requested

\$25,000,000 in additional public health funding for counties statewide, and in response \$2,000,000 was redirected from the Nurse Family Partnership for public health work, which was very disheartening.

- The BOCC is in the midst of budget season and there have been many budget proposals and work sessions. Ms. Stewart said that the Health Department is in a quandary about staffing, as there are significant vacancies in the clinic's staff and there has been a surge of maternal health patients, pushing the clinic beyond its capacity. She thanked Dr. Stuebe and Dr. Pettigrew, who have been providing assistance with referrals, and added that they are working with neighboring counties to reduce patient load, for example by encouraging residents of other counties to seek services at their local county health department.
- Ms. Stewart said that the Health Department is in the early stages of a capacity assessment to determine if the department is appropriately staffed, and that they have received four applications from outside providers and are working to select a vendor to conduct the assessment. In response to Dr. Jonnal's question about hosting residents, Dr. Pettigrew said that there are adequate healthcare providers, but not enough of everything else. Ms. Julian added that there is not enough space. Dr. Jonnal observed that there is a national nursing shortage, as nurses are underpaid and overworked. Dr. Rodgers said that the environment needs to be changed in order to retain nurses, as currently nursing is an exhausting job – patients are sicker than they used to be, there's so much paperwork, there is a lack of mentorship as senior nurses are largely burned out, and it's just too stressful to provide care long-term. Dr. Stuebe referenced the book *Why We Revolt: A Patient Revolution for Careful and Kind Care* by Victor Montori. Ms. Stewart added that she's hopeful about the results of the evaluation and added that there are some funds that have been set aside for a future renovation to expand the clinic space.
- Dr. Royce asked about Mr. Bagby, as he was not present this evening. Ms. Stewart said that she hoped he would attend the June meeting, as it would be his last before his resignation and she has a plaque to honor him. Dr. Stuebe confirmed that Mr. Bagby was an at-large board member and encouraged everyone to promote the soon-to-be open position to their friends and colleagues, saying that the search to find a new at-large board member would begin soon.

X. Adjournment

A motion was made by Commissioner Amy Fowler to adjourn the meeting at 8:56 p.m., was seconded by Dr. Shielda Rodgers, and carried without dissent.

The next Board of Health Meeting will be held June 25, 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