

MINUTES  
ORANGE COUNTY BOARD OF HEALTH  
October 29, 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** October 29, 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, Lee Pickett, Shilda Rodgers, and Rachel Royce. Aparna Jonnal arrived later.

**BOARD OF HEALTH MEMBERS ABSENT:** Davia Nickelson.

**STAFF PRESENT:** Quintana Stewart, Health Director; Dana Crews, Community Health Services Director; Dr. Stephanie George, Dental Services Director; Victoria Hudson, Environmental Health Director; Ashley Rawlinson, Compliance Manager; Frederick Perschau, Financial and Administrative Services Director; Libbie Hough, Communications Manager; Thomas Privott, Environmental Health Supervisor; Alexandria Rimmer, Environmental Health Supervisor; Kimberlee Quatrone, Business Officer II; Patricia “Trish” Grayson-Phillips, Accounting Tech II; Brandy Wickline, Public Health Nurse II; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

**GUESTS/VISITORS PRESENT:** Ben Bruster, Heather Aponte, Linda Killian, Katherine Li, Jiwoo Kim, Jaewon Moon, and Sonya Petty.

**I. Welcome New Employees**

Quintana Stewart, Health Director, introduced the two new employees in attendance: Patricia “Trish” Grayson-Phillips – Accounting Tech II and Brandy Wickline – Public Health Nurse II.

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

**III. Board Comments:**

Dr. Bruce Baldwin

Dr. Baldwin shared that he had received his copy of the News of Orange newspaper earlier that day, and the front page said that the Board of County Commissioners (BOCC) have chosen a design for the Behavioral Health Urgent Care Center currently under development. He added that it's an exciting project and construction should only take about one year after it officially begins. Commissioner Fowler shared that the Commissioners agonized over several options before settling on one that was \$1M less than the original design while still maintaining all proposed functionality. She said that it will be within walking distance of UNC Hospital's Hillsborough location and that it will provide behavioral health urgent care services and have beds available for both pediatric (as young as four) and adult patients. In response to Dr. Baldwin's comment, Commissioner Fowler noted that Sheriff Blackwood is prioritizing development of the center over other renovations to help reduce incarceration costs.

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Dr. Royce asked if there would be any studies to determine the impact of the center on Emergency Room (ER) use and on incarceration rates, to which Commissioner Fowler said she believes they will have performance measures to assess the impact and determine whether they are able to reduce law enforcement presence.

In response to Mr. Whitaker's question, Commissioner Fowler said that the center would be staffed by contracted agencies who are familiar with doing this kind of work and know how to do it well.

Commissioner Amy Fowler

Commissioner Fowler commented that current Supplemental Nutrition Assistance Program (SNAP) funding will be insufficient to fund the program into November given the government shutdown. She encouraged everyone present to donate to local food pantries if they have the ability. Dr. Stuebe shared that Family Success Alliance (FSA) is currently hosting a food drive to benefit Orange Congregations in Mission (OCIM) and suggested that Board members could donate their per diem to benefit the drive or that they could donate directly to the OCIM website.

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

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

Dr. Rodgers provided the update for the Access to Care Committee. The committee recently met to discuss the results of the summer Photovoice project. The summer Photovoice focused primarily on two priority populations, individuals with limited English proficiency and individuals who are living unsheltered. A major finding was that there is an unmet need for urgent healthcare appointments, meaning that wait times feel too long to address healthcare needs and leave patients feeling discouraged. For individuals living unsheltered, there were major themes of societal depravity, cynicism with the system, high prevalence of substance use, systemic disenfranchisement, and bias against people who are homeless. For those with limited English proficiency, there was a lack of feeling cared for by healthcare workers and a variety of barriers to accessing care, including systemic and interpersonal barriers. Several limited English proficiency participants mentioned feeling mistreated or even experiencing cruelty from Spanish-speaking staff, leading to anxiety about even seeking care. The committee is interested in using this information to support future customer service training within the Health Department to address such concerns, particularly ensuring that all patients are treated with kindness and respect. The committee will next meet in mid-January.

In response to Dr. Stuebe's question, Ms. Stewart clarified that the photos a participant shared of a clinic where they had been mistreated were not from the Health Department; Dr. Rodgers added that the committee agreed that the Health Department was a good starting place to begin making changes, as it is a location where many vulnerable populations may initially connect to care. Dr. Stuebe noted that she would love to do a "secret shopper" style survey and see how many after-hours healthcare practices have phone trees that offer easily accessible Spanish translation. Dr. Rodgers commented that even with an interpreter, healthcare providers often can't provide as much detail to a patient who has limited English, to which Dr. Stuebe agreed.

#### Behavioral Health Committee

Commissioner Fowler provided the update for the Behavioral Health Committee. The committee tabled at the September Hillsborough Last Friday event, where they shared magnets, bracelets, coloring books, and handouts to help people talk to their friends and peers about suicide and where to get help when needed. Commissioner Fowler, Dr. Nickelson, and Dr. Baldwin helped run the booth along with some interns from Orange Partnership, and Dr. Royce and Tom Stevens, the former mayor of Hillsborough, came by the booth. Dr. Baldwin applauded Jean Phillips-Weiner, Board of Health Strategic Plan Manager, for her practical support in getting the event set up. The committee will next meet in early November.

#### Connections to Community Support Committee

Dr. Stuebe provided the update for the Connections to Community Support Committee. The committee will present their final resolution draft in support of promoting affordable/attainable housing during the meeting tonight. The committee will next meet in early January.

#### Ad Hoc Committee on Well Rules

The committee will reconvene after the Board has received updates on the implications of the recent adjudication hearing decision.

### **V. Approval of the October 29, 2025, Agenda**

Dr. Royce requested the addition of an action item for discussion of the vacant At-Large seat.

***Motion to amend the agenda of the October 29, 2025 BOH meeting was made by Commissioner Amy Fowler, seconded by Mr. Tony Whitaker, and carried without dissent.***

***Motion to approve the amended agenda of the October 29, 2025 BOH meeting was made by Commissioner Amy Fowler, seconded by Dr. Bruce Baldwin, and carried without dissent.***

### **VI. Approval of September 24, 2025 Meeting Minutes**

***Motion to approve the minutes of the September 24, 2025 meeting was made by Commissioner Amy Fowler, seconded by Dr. Lee Pickett, and carried without dissent.***

### **VII. Consent Agenda**

***Motion to approve the consent agenda for the October 29, 2025 meeting was made by Mr. Tony Whitaker, seconded by Commissioner Amy Fowler, and carried without dissent.***

## VIII. Educational Sessions

### A. Social Connectedness and Loneliness

Ben Bruster, former Public Health Intern, presented on social connectedness, loneliness, and the impact of third spaces in Orange County. Some highlights of his presentation are below:

- While social isolation and loneliness are often conflated, they have some subtle differences; social isolation is more objective and is marked by having few social relationships and infrequent social interaction, while loneliness is more subjective and is marked by perceived isolation or perceived lack of meaningful connections.
- “Third Spaces” are places outside of home (first place) and work (second place) where people gather to primarily enjoy each other’s company. Communities with more third spaces (e.g., parks, community centers, green spaces, churches) are healthier than communities with fewer third spaces.
- As technology and delivery services advance, it is increasingly easy for people to stay at home. There are some benefits to the increased ability to connect online, particularly for those who may have disabilities, but nothing can replace in-person connection.
- Social isolation does not exclusively affect older adults and in fact impacts people of all ages and demographics. Loneliness has tangible physical consequences, including higher rates of cancer, heart disease, depression/anxiety, and increased premature mortality. Loneliness and social isolation also negatively impact the community – it is harder for individuals to contribute to community well-being when they are isolated or lonely, and providing care and support for people dealing with the physical effects of loneliness and social isolation can be costly to a community.
- In Orange County, the estimated prevalence of loneliness for adults is 29.4%, while the estimated prevalence of social isolation in adults is 19.1%. Some risk factors for social isolation and loneliness include lack of reliable transport, being in the 18-24 age group, and being of certain minority races, such as Black, due to racism.
- Mr. Bruster suggested some ideas for ways to innovate and help get people out of their homes, including partnering with local chambers of commerce and/or [Triangle on the Cheap](#). He also suggested generally spreading awareness of social isolation and third spaces as well as trying to decrease barriers such as lack of reliable transportation.
- In response to Commissioner Fowler’s question, Mr. Bruster explained that the measure for loneliness/isolation that he used was based off CDC’s “Places” data, which is census-tract level estimates for forty different health metrics, including social isolation and loneliness, drawn from responses to the behavioral risk factor surveillance system (BRFSS). He added that this data is limited to only people 18 years of age or older, which means that youth under 18 may have different challenges or worse outcomes. He clarified that the measure used is based on people’s perceived experiences of social isolation and loneliness, rather than an objective count of interactions in a certain period. Dr. Royce pulled up and read the specific survey item: “How often do you feel lonely – always, usually, sometimes, rarely, never.”
- Commissioner Fowler noted that the Board has observed that screen time may be a contributing factor to perceived social isolation and wondered if young people in the 18-24 group may be spending more time on their phones and less connecting in person. She also observed that this age can be a time of great change in a person’s life and that itself may lead to young people feeling unmoored and isolated even if they objectively are still experiencing healthy levels of social connection.

- Dr. Rodgers applauded the study and said that she has previously conducted research on social isolation and loneliness among minority students on white campuses and found that Black students are more likely to report isolation and loneliness on majority-white campuses. She said that this can be addressed in part by building community and programming to help connect Black students to community. She noted that this is an ongoing problem even many years after her initial study and that there may be fewer third spaces for Black and minority populations due to systemic barriers.
- In response to Dr. Crandell's question about why there wasn't an increased effect for older adults, Mr. Bruster said that he wasn't certain but that his instinct is that it was in part because Orange County is very well resourced, especially in support of older adults. He added that education and financial status can serve as protective factors against loneliness and social isolation.
- Mr. Bruster recommended the book *Palaces for the People: How Social Infrastructure Can Help Fight Inequality, Polarization, and the Decline of Civic Life* by Eric Klinenberg in response to Dr. Stuebe's question about ways to build on existing public places to help create new third spaces.

## IX. Actions Items

### A. Orange County Groundwater Protection Rules

Thomas Privott, Environmental Health Supervisor, presented a selection of options to move forward with the Orange County Groundwater Protection Rules after the results of the recent adjudication appeal. Some highlights of his presentation are below:

- Mr. Privott provided a brief recap of the history of the Gurlitz appeal, the decision, and the basis of the decision. He reminded the Board that the main point of contention for the appeal was the phrase "subject to termite treatment," particularly that there was a lack of meaning attributed to this phrase.
- Based on this context, there are many potential policy options for the Orange County Groundwater Protection rules moving forward, including but not limited to:
  - Implementing case-by-case enforcement, which would be administratively enforced by Environmental Health staff.
    - This would not change the existing rules but would require either an administrative policy in the department or a position statement from the Board of Health defining what "subject to termite treatment" means.
    - There is precedent for this kind of enforcement; the Environmental Health Division of the North Carolina Department of Health and Human Services (NC DHHS) implements a similar system after a change in law.
    - In response to Mr. Whitaker's question, Mr. Privott affirmed that this would be an administrative change rather than a rule change and that it would need a specific definition of what would be considered subject to termite treatment and what would not.
    - Mr. Privott shared that this is what Environmental Health Staff are currently doing for well applications near buildings with foundations subject to termite treatment given that the court decision invalidated the well rule related to the setback requirement.
  - Keep the existing rules but clarify/define the phrase "subject to termite treatment."

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- This would retain the current setback requirement but would require external research to clarify or define the phrase – Mr. Privott commented that building codes do explicitly define the terms “termite treatment” vs. “termite control,” but that this is outside of his field of expertise.
- Mr. Privott estimated that clarifying/defining the phrase “subject to termite treatment” would take 1-2 months.
- Amend the local rules to reflect the decision of the case.
  - This could be a technical amendment or may involve a partial repeal of the affected rule. Mr. Privott noted again that the rule in question is currently invalid and cannot be enforced without further action.
  - Any amendment to local rules would require that the Board adhere to the full rulemaking process, including a public comment period. Mr. Privott estimated that an amendment to the rules would take at least 2-4 months to implement.
- Rewrite the local rules, as much or as little as the Board wishes.
  - Rewriting the local rules would also require a comment period and may require additional research to obtain evidence to justify any rules that are more stringent than the state’s rules.
  - Mr. Privott estimated that a major rewrite would likely take at least 6-12 months to do well, especially if evidence to support the more stringent rules needed to be gathered.
- Repeal the rules entirely.
  - Mr. Privott commented that doing this would also strike several policies that are unique to Orange County and not in the state rules, such as: requiring a longer casing length for new wells; requiring well owners to use a specific method of chlorination; mandating that Environmental Health Services staff inspect geothermal wells; providing protections for households that use off-property shared wells; and requiring that landlords provide potable water to their tenants.
  - Orange County only has two setback requirements that differ from the state’s: 1. The required distance from wells to buildings with a foundation subject to termite treatment (which is currently invalidated by the hearing decision) and; 2. The required distance from a well to the property line (to create adequate setback between an on-property well and septic tanks that may be on outside properties).
  - If the Orange County Groundwater Protection Rules were repealed entirely, the Board of Health would no longer be responsible for adjudication hearings related to groundwater rules in Orange County, as these would be handled by the state instead.
  - Mr. Privott estimated that a repeal of the rules would likely take 2-4 months to implement, as it may require a public comment period. In response to Dr. Royce’s question, Mr. Privott said that in his experience no one ever opposes repealing a rule.
- Dr. Pickett asked about rewriting the rules and what kinds of evidence would be needed to support those rewrites, to which Mr. Privott replied that there is unfortunately very little scientific evidence to support setback requirements made by any government body. He noted that North Carolina’s Statewide Groundwater Protection Rules were not implemented until 2008, and prior to that each county was mandated to have their own rules. Mr. Whitaker commented that the state’s rules are not required to provide scientific evidence to justify their rules, just the counties that implement more stringent requirements, which Mr. Privott affirmed. When Dr. Royce asked why that is, Mr. Privott

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said that this is a question for the county attorney or the UNC School of Government. He added that questions about what specific evidence would be needed to support the more stringent rules are also best directed to the county attorney or UNC School of Government. Dr. Royce said that an expectation of randomized controlled trials for evidence seems like an unreasonable bar to clear, and several board members noted that, again, this is a good question for the county attorney. Mr. Whitaker commented that documented cases of well contamination could likely be used as evidence.

- Mr. Whitaker commented that he feels that the amount of speculation and admissions made by Board members that they did not know something during the hearing harmed the case. He said that in the event of a future appeal he believes that if the Board took a strong stance and didn't waver from it then, even in the absence of clear scientific support for the rules, the case would be stronger.
- Victoria Hudson, Environmental Health Director, commented that Environmental Health Services rarely receives appeals about any rules other than setbacks. Regarding Dr. Royce's question about casing requirements, Ms. Hudson explained that when the rules were originally drafted back in the 1980s, the staff who wrote the rules used basic epidemiology to determine that wells with less than 40 feet of casing which did not go into consolidated rock were more likely to be contaminated; because the pipes come in 21 foot lengths, they set the casing requirement at 63 feet, or three lengths of pipe, for wells that do not go into consolidated rock. Mr. Privott clarified that the state rule requires wells to have 42 feet of casing (two lengths of pipe) or to be set into consolidated rock, whichever is deeper.
- In response to Dr. Crandell's question about the possibility of state legislature striking all local rules, Mr. Privott commented that this possibility has been an ongoing conversation since before 2019. Ms. Hudson noted that this is the first year that it has made it into writing in a legislative session, though the bill did not pass. Mr. Privott added that inertia does seem to be moving towards eliminating local rules.
- Dr. Stuebe noted that she would like to keep some of the rules that feel like common sense, such as the potable water requirement and the shared well easement requirements, so she was inclined to support a partial revision option.
- Recalling the adjudication hearing, Dr. Royce asked what giving meaning to the phrase "subject to termite treatment" might look like, to which Mr. Whitaker commented that from a public health perspective, this really looks more like whether a building is likely to be treated for termites rather than what the building code says, as the concern is about termiticide getting into the groundwater through the well. Dr. Baldwin noted that termite-treated wood is only guaranteed for thirty years and that landscaping decisions, such as heavily mulching a garden, could lead to termite treatment down the line regardless of the materials used to construct the building. Mr. Privott noted that it would be important to define what is considered to be not subject to termite treatment and said that questions about the science required should be directed to the county attorney.
- Dr. Crandell commented that in the committee's previous review of other state's well rules, he had seen states that had both rules and recommendations and that he thought this may be an option for items without adequate science to support them.
- Regarding how to proceed, Dr. Baldwin noted that Environmental Health Staff are subject matter experts and that he would like to hear recommendations from them. Dr. Rodgers added that it seems legal representation needs to be involved, and Dr. Royce said she'd like to see some pros and cons. Mr. Whitaker observed that it is important for the Board to direct staff in terms of how to involve them in any decision making. Dr. Stuebe suggested reconvening the Ad Hoc Committee on Well Rules to review the options and collaborate with staff and the county attorney to determine how to proceed.

Dr. Jonnal arrived during this conversation.

***Motion to reconvene the Ad Hoc Committee on Well Rules and refer this decision to them for action was made by Dr. Rachel Royce, seconded by Dr. Aparna Jonnal, and carried without dissent.***

B. Resolution on Affordable Housing Supply

Ms. Phillips-Weiner presented the Resolution Promoting the Development of Adequate Affordable Housing on behalf of the Connections to Community Support Committee.

***Motion to approve the Resolution Promoting the Development of Adequate Affordable Housing was made by Dr. Shielda Rodgers, seconded by Dr. Aparna Jonnal, and carried without dissent.***

C. Resolution on Access to Care

Ms. Phillips-Weiner presented the Resolution on Immigration Enforcement and Access to Public Health Resources on behalf of the Access to Care Committee.

***Motion to approve the Resolution on Immigration Enforcement and Access to Public Health Resources was made by Dr. Lee Pickett, seconded by Dr. Aparna Jonnal, and carried without dissent.***

D. Present Chair/Vice-Chair Slate

Dr. Stuebe introduced the proposed Chair/Vice-Chair Slate for 2026. Currently, Mr. Whitaker is nominated for chair in 2026, and Dr. Crandell is nominated for vice-chair in 2026.

Dr. Baldwin commented that he had hoped to nominate Dr. Crandell for vice-chair and that he is pleased that Dr. Crandell is being considered for the role.

***Motion to approve the proposed Chair/Vice-Chair Slate was made by Dr. Bruce Baldwin, seconded by Commissioner Amy Fowler, and carried without dissent.***

The board will vote to approve the Chair and Vice-Chair at the November meeting.

E. Discussion of Vacant Board Position

Dr. Stuebe provided an update on the status of the open At-Large board position. There are about fourteen applicants, and committee members have been reviewing applications to identify 3-4 candidates for interviews.

In response to Dr. Pickett's question, Ms. Stewart clarified that Board members who are not on the committee will not be invited to weigh in on the full panel of applicants due to time constraints; the committee will conduct interviews, share the results with the full board, and then the board will vote on their recommendation based on the committee's recommendation. Dr. Stuebe said that if Dr. Pickett knows anyone who has applied, she should feel free to share any thoughts or information that she may have with the committee.

Dr. Stuebe thanked Dr. Royce for helping keep the vacant board position in top of mind.

## **X. Reports and Discussion with Possible Action**

### **A. Media Items**

Libbie Hough, Communications Manager, presented the media packet to the board. Topics included: a new affordable housing tracker in Chapel Hill, advocacy by health care organizations opposing Medicaid cuts, expansion of a holistic crisis response team, and bird flu tracking efforts.

Board members applauded the format in which Ms. Hough now organizes the media items.

***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**

Jean Phillips-Weiner, BOH Strategic Plan Manager, presented the Bi-Annual Advisory Board Summary Report. She explained that activities of all programs in the Community Health Services division have been added to this iteration of the report, including Family Success Alliance (FSA), Family Home Visiting (FHV), and Formerly Incarcerated Transitions (FIT). This addition has increased the number of boards and broadened some of the reach; Ms. Phillips-Weiner added that funding cuts have affected the activities of a handful of boards.

In response to Dr. Royce's question, Ms. Phillips-Weiner explained that the report is meant to serve as a resource for Board members which keeps them informed of existing partnerships and connections that the Health Department has with local organizations. She added that if Board members are aware of local organizations that the Health Department is not working with, they should feel free to make suggestions and promote additional potential partnerships.

### **C. Health Directors Report**

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

- Ms. Stewart reiterated that the funding for SNAP will be running out at the beginning of November, and some states have been declaring a state of emergency in anticipation so they can access additional emergency funds and help keep benefits available. Additionally, she noted that it's important to keep food banks stocked. In response to Dr. Royce's question, Ms. Stewart affirmed that SNAP benefits will be cut by 25% in 2027 regardless of the outcome of the current government shutdown, a cut which will cost Orange County \$900K. Commissioner Fowler commented that these are not good times and that the BOCC will work to do what they can to prioritize people's ability to access food. Dr. Stuebe commented that Orange County is better resourced than other areas of the state and country, meaning that it's bad here but terrible in other places, to which Commissioner Fowler agreed, noting that rural communities will be hit particularly hard. She added that for years the state government has been paying less towards public services and now the federal government is doing so too, leading to more and more burden on local governments. Dr. Rodgers observed the parallels to the Jim Crow South and how there are people working without being paid and people who cannot access food, saying that it is heartbreaking that kids are going to be going hungry over political

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ideology. Dr. Stuebe reminded everyone of the importance of voting and that the municipal elections are next week.

- Ms. Stewart shared that though the Orange County Health Department provides a space for Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, the program is administered by Piedmont Health Services, a local Federally Qualified Health Center. In the past week, their Chief Executive Officer, Daniella Jaimes-Colina, informed Ms. Stewart and Congressman Price that Piedmont is committed to continuing to fund WIC staff beyond November 15<sup>th</sup> regardless of the status of the government shutdown.
- Ms. Stewart and Crystal Kelley, Family Success Alliance Supervisor, recently visited DC to present on the Thriving Hearts project and discuss the impact and importance of Community Health Workers. Ms. Stewart noted that DC has a completely different feel during the shutdown and expressed her appreciation for the Federal workers who are continuing to show up for work despite not being paid.
- On October 24<sup>th</sup>, the Health Department had a site visit for the Breast and Cervical Cancer Control Program which went very well, and Ms. Stewart applauded Deb Wright, the nurse managing the program, for her thoroughness and Kim Quatrone for her attention to detail in managing the financial side of the site visit.
- COVID-19 is back, but overall case numbers and emergency room visits are currently low. Ms. Stewart shared that the Health Department does have some free COVID vaccines available for youth and adults that were purchased using state funds. She added that the Health Department is in the process of purchasing additional COVID vaccines with private funds, and that there will likely be a fee update for the Board to approve at the November meeting as the costs of the COVID vaccines have changed since the budget was initially approved in February.
- Ms. Stewart shared that construction of the Dental Clinic should be wrapping up in the next few weeks and applauded the use of the Mobile Dental Unit to allow staff to continue to see patients throughout the time of construction.

#### **XI. Closed Session to Discuss Health Director's Annual Review**

***A motion to enter closed session at 8:46 p.m. to discuss the health director's annual review was made by Commissioner Amy Fowler, seconded by Mr. Tony Whitaker, and carried without dissent.***

During the closed session, the Board of Health discussed Quintana Stewart's job description and annual performance review.

***A motion to end the closed session at 9:46 p.m. was made by Commissioner Amy Fowler, seconded by Dr. Lee Pickett, and carried without dissent.***

#### **XII. Adjournment**

***A motion was made by Commissioner Amy Fowler to adjourn the meeting at 9:46 p.m., was seconded by Dr. Lee Pickett, and carried without dissent.***

**The next Board of Health Meeting will be held November 19, 2025, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.**

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Respectfully submitted,

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