

MINUTES
ORANGE COUNTY BOARD OF HEALTH
January 21, 2026

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 January 21, 2026, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Tony Whitaker – Chair, Brian Crandell – Vice Chair, Aparna Jonnal, Davia Nickelson, and Rachel Royce.

BOARD OF HEALTH MEMBERS ABSENT: Bruce Baldwin, Commissioner Earl McKee, Lee Pickett, Shielda Rodgers, and Alison Stuebe.

STAFF PRESENT: Quintana Stewart, Health Director; Dr. Erica Pettigrew, Medical Director; Dana Crews, Community Health Services Director; Dr. Stephanie George, Dental Services Director; Victoria Hudson, Environmental Health Director; Frederick Perschau, Financial and Administrative Services Director; Ashley Rawlinson, Compliance Manager; Marcy Williams, Health Promotion and Education Services Manager; Chinyere Ekenna, Public Health Nurse II; Vanessa Lozano, Medical Office Assistant; and Jean Phillips-Weiner, BOH Strategic Plan Manager.

GUESTS/VISITORS PRESENT: Fnu Vrinda, Tom Antenuchi, Shelly Goomber, Madeline Lillich, Grace Tabov, Christian Cook, Thomas Watson, Lindsey Molina, Michala Patterson, Blair Wright, Sandra Okeke Bates, Marvin A. Meza Jarquin, Angelica Lackey, Linda Council, and Srinidhi Iyer.

Because a quorum was not present, Board members were unable to make or vote on any motions but still met and discussed relevant topics. Though not formally approved, Tony Whitaker, Chair, elected to follow the agenda as written.

I. Welcome New Employees

Quintana Stewart, Health Director, introduced the new employee in attendance: Vanessa Lozano – Medical Office Assistant.

II. Approval of the January 21, 2026, Agenda

Because there was not a quorum present, the agenda could not be approved. Tony Whitaker, Chair, elected to follow the agenda as written.

III. Approval of November 19, 2025, Meeting Minutes

Because there was not a quorum present, the November 19, 2025, minutes could not be approved. These minutes will be reviewed and voted on at the February 25, 2026, meeting.

IV. Public Comment for Items NOT on Printed Agenda

None.

V. Board Comments

Dr. Aparna Jonnal

Dr. Jonnal welcomed the medical students in attendance and told them that part of being a doctor is advocating for system change to improve health outcomes.

Dr. Jonnal also reminded everyone that there will be a forum held at the Whitted Human Services Center at 7pm on Wednesday, January 28th on the rising costs of healthcare related to the passage of the One Big Beautiful Bill and encouraged those who are able to attend.

Tony Whitaker

Mr. Whitaker shared that he met with the Water Resources Committee of the Orange County Commission for the Environment on December 30th to discuss board activities and how the two boards can collaborate in the future. The Water Resources Committee is currently conducting inventory of wells in the county and assessing water quality.

Dr. Rachel Royce

Dr. Royce requested adding an agenda item to a future meeting to discuss the veterinary board member seat, as Dr. Lee Pickett will be moving out of Orange County in the future and has requested not to be considered for reappointment. Mr. Whitaker shared that Dr. Pickett has been working to find a potential replacement representative before her term expires.

Dr. Royce also commented that the Board has recommended Dr. Natalicio Serrano for the vacant At-Large seat, which will be considered by the Board of County Commissioners (BOCC) at their working meeting on February 10th.

VI. Priority Committee Updates

Access to Care Committee

Dr. Royce provided the update for the Access to Care committee. Due to unexpected conflicts, the committee is in the process of rescheduling their meeting and hopes to meet in February. Dr. Royce shared that the committee is continuing to focus on Medicaid, and that Medicaid expansion enrollment numbers continue to slowly increase in Orange County. Currently, 5.3% of all Orange County adults have insurance through Medicaid expansion.

Behavioral Health Committee

The committee will next meet in early February.

Connections to Community Support Committee

Dr. Jonnal provided the update for the Connections to Community Support committee. Dr. Jonnal shared that the committee discussed other ways to address affordable housing after passing their resolution on affordable housing, particularly by collaborating with local elected officials and planning boards to help support the realization of recommendations from the resolution. Some additional ideas that were discussed include possibly exploring some grant writing in partnership with the Housing Department and engaging in community education at future Hillsborough Last Friday Events. The committee will next meet in early March.

Ad Hoc Committee on Well Rules

The committee will reconvene in late January to discuss next steps regarding the well rules.

VII. Educational Sessions

A. Youth for Rare Diseases and Newborn Screening for Metachromatic Leukodystrophy

Vrinda, founder of the nonprofit Youth for Rare Diseases, presented on the importance of adding Metachromatic Leukodystrophy (MLD) and Duchenne Muscular Dystrophy (DMD) to the NC Newborn Screening Panel Program. Some highlights of her presentation are below:

- Despite advances in scientific knowledge, young people are still suffering from complications related to rare diseases due to systemic issues; Youth for Rare Diseases is a youth-led nonprofit effort seeking to advocate for change.
- Metachromatic Leukodystrophy (MLD) is a rare inherited disorder that attacks the nervous system – despite effective preventative gene therapy treatments being available, undiagnosed infants still hit their regular developmental milestones but are accumulating nervous system damage over time. By the time symptoms appear and they are diagnosed, the damage is permanent and cannot be reversed.
- Duchenne Muscular Dystrophy (DMD) is a similar degenerative disease that affects muscle function. Though preventative therapies are available, and symptoms begin to appear around the age of two, due to the rareness of the condition it is typically not diagnosed until around four or five, meaning a lot of damage occurs before the disease is identified, and the damage cannot be reversed.
- Though there are effective, validated screening tests and therapies available for both MLD and DMD, these diseases are so rare that most doctors have never seen a case before and are not familiar with the symptoms, which also overlap with a lot of other possible conditions. This lack of familiarity increases the typical length of time between the onset of damage and the time of clinical diagnosis, allowing more harm to occur.
- In late 2025, the Federal Recommended Universal Screening Panel (RUSP) added MLD and DMD to their newborn screening panel, giving NC up to three years to add both conditions to the NC Newborn Screening Panel Program. However, there have been past cases when NC experienced substantial delays between the mandate to add a condition to the screening panel and when the condition was finally added, such as with Pompe, where there was an eight-year delay. There is a substantial disconnect between clinical research achievements and public health policy implementation.
- Everything needed to improve outcomes for newborns with MLD or DMD already exists, including validated screening tests, FDA-approved therapies, and clinical studies proving

early treatment drastically improves outcomes. NC is poised to lead reforms due to an existing DMD screening pilot program and scientific expertise at both Duke and UNC.

- Pressure from local governments and community members influences state priorities, increasing the speed of action from state lawmakers. The sooner NC adopts MLD and DMD as a part of their newborn screening panel, the better outcomes will be for babies born with MLD and DMD. Ms. Vrinda urged the Board to consider passing a resolution in support of adding MLD and DMD to the state's newborn screening panel program as soon as possible. Dr. Jonnal asked if Ms. Vrinda would be willing to help draft a resolution for the Board to review, as she is the subject matter expert and would be able to draft the most compelling document, to which Ms. Vrinda agreed.
- In response to Dr. Crandell's question, Ms. Vrinda explained that there is a lab fee of about \$5 per newborn for the screening tests, but that she wasn't sure if or where insurance might come into the system. Dr. Jonnal commented that, by law, all tests on the newborn screening panel are covered by all insurance companies and Erica Pettigrew, Medical Director, added that the panel is standardized by state government and that medical and insurance providers are not allowed to choose individual tests.
- In reply to Ms. Stewart's comment, Ms. Vrinda affirmed that she has been in contact with several lawmakers about this issue, including Orange County Commissioner Jamezetta Bedford, NC Representative Allen Buansi, and Chapel Hill Mayor Jess Anderson.
- Dr. Royce said that it would be nice to know the frequencies of some of the other diseases on the panel as a point of comparison, to which Ms. Vrinda explained that the majority of the diseases already on the newborn screening panel are rare and are only added to the panel if there are existing effective diagnostic tests and therapies. She added that DMD occurs in 1 in 5,000 to 1 in 9,000 births and MLD occurs in 1 in 40,000 to 1 in 160,000 births. Dr. Nickelson wondered if the rareness of MLD could be a factor in why there's a delay, as it might seem adding it to the panel won't help many babies. Dr. Jonnal said that screening ultimately benefits parents and insurance companies, as early treatment reduces the costs of long-term care for individuals with MLD and DMD.
- Mr. Whitaker applauded the presentation and said that the Board would like to support the work of the Youth for Rare Diseases nonprofit in raising awareness of the importance of universal newborn screening for MLD and DMD.

B. Immigrant/Refugee Health Update

Chinyere "Chi" Ekenna, Public Health Nurse II, presented the annual update on immigrant/refugee health. Some highlights of her presentation are below:

- Refugees are individuals who have fled their homes due to violence, religious or political strife, and fear; they are often afraid to go home and have fled to camps where they live for a long time until they receive health screening and can be resettled elsewhere.
- Health screening is completed by the International Organization for Migration (IOM) in partnership with the Centers for Disease Control (CDC) Division of Global Migration Health. Initial health screening includes a physical exam, treatment, and vaccinations where appropriate. Once refugees arrive in the area where they are settling, local health departments finish the health screening and refer refugees to a local health provider for ongoing care. There have been some updates to the screening panel, including changes to tuberculosis (TB) screening procedures, updates to sexually transmitted infection (STI) screening procedures, and changes to vaccine requirements. All children under the age of eighteen also now have their lead levels tested.
- Forty-five refugees arrived in Orange County during the 2024-2025 fiscal year; the majority were from either Syria (22) or Myanmar/Burma (15). No new refugees have

arrived in Orange County since April 2025, and there has been a reduction in reimbursement rates to provide refugee health services as well as in funding available to support refugees. In response to Dr. Jonnal, Ms. Ekenna explained that this is because the current Federal administration is restricting refugee immigration at the national level. Dr. Royce asked what this might mean for the Health Department's funding for refugee health services, and Ms. Stewart explained that if the state allocated funds are not being used, then the state will likely reduce the allocation provided in future years, affecting the overall health department budget.

- The Orange County Health Department assists refugees with their I-693 applications to receive permanent residency. In 2025, they assisted 49 refugees with residency applications. Ms. Ekenna also provided a correction to a typo on her slides – in 2025, they assisted eight refugees from Venezuela and four from Iran with I-693 applications.

C. 2nd Quarter Financial Report and Billing Dashboard

Frederick Perschau, Financial and Administrative Services Division Director, presented the 2nd Quarter Financial Report and Billing Dashboard. Some highlights of his presentation are below:

- There have been many improvements to the clinics over the past six months, including refinished floors, more comfortable chairs, and new windows. The hope is for patients to have a better experience and to feel more cared for. In response to Mr. Whitaker's question, Ms. Stewart explained that some of the improvements were covered by countywide capital improvement funds, and some were covered by Medicaid cost settlement funds, which can only be spent in support of the program in which they were generated. Mr. Perschau added that, due to having multiple clinics and/or mobile units, the Health Department has been able to make improvements while still offering services.
- Due to some lag in service revenue, current earnings are at 35% rather than the 50% expected at the midpoint of the fiscal year. By division, Environmental Health's service revenue is about even with last fiscal year, Dental Health's revenue is evening out after the challenges caused by last year's data breach, Community Health has higher service revenue compared to last year, and Personal Health's service revenue is in a bit of a deficit owing to challenges related to clinic renovations and major staffing turnovers. Dr. Royce asked if there have been no-shows related to fears of immigration enforcement and whether that might be a factor in the Personal Health deficit. Dr. Pettigrew explained that this was more of a concern in the few weeks when Immigration and Customs Enforcement (ICE) was more active in the area, but that during that period Health Department staff were very proactive about reaching out to patients and rescheduling or switching to telehealth, so there was not a meaningful increase in no-show appointments. Ms. Stewart added that there have been multiple factors in play around the Personal Health Services deficit, including clinic renovations, a provider going out on Family Medical Leave Act (FMLA) leave, and several significant staff members leaving.
- It is budget season, with the proposed budget presentation forthcoming at the February BOH meeting, and the hope is to keep the fiscal year 2026-2027 budget 'flat', or about the same as the budget for fiscal year 2025-2026.
- Mr. Perschau also introduced the proposed changes to the delinquent accounts policy, which would increase the amount of time before a delinquent account is considered uncollectible from 12 to 24 months, as well as increasing the frequency of sending delinquent accounts to debt set off (state collection agencies) to twice rather than once a year. Because there was not a quorum present, the Board was not able to consider and vote on this policy change at this meeting.

- In response to Mr. Whitaker's question, Ms. Stewart explained that there is an ongoing hiring freeze and that new or vacant positions are still being approved on a case-by-case basis. Mr. Perschau agreed that staffing may be a bit of a moving target in next year's budget, to which Mr. Whitaker requested that staff be transparent with the Board about any assumptions factored into the upcoming budget request.

VIII. Actions Items

A. Amendment to 2026 BOH Schedule

The Board discussed the possibility of calling a special meeting to reschedule the March meeting for earlier in the month, as Dr. Stuebe and Ms. Stewart may have trouble making the meeting due to a scheduling conflict where they inadvertently scheduled an all-day Thriving Hearts event. Because a hybrid meeting would also be an option to accommodate the issue, the Board elected to keep the schedule as-is for now and did not call for a special meeting.

B. Policy Review – Inactive Accounts

Because there was not a quorum present, the changes to the Inactive Accounts policy could not be approved. This policy will be reviewed and voted on at the February 25, 2026, meeting.

IX. Reports and Discussion with Possible Action

A. Media Items

Marcy Williams, Health Promotion and Education Services Manager, presented the media packet to the board. Topics included: local families avoiding using food bank services due to fear of ICE, an upcoming reproductive healthcare event, federal funding granted to Hillsborough to assist with water treatment services, a recent pediatric flu death in Western NC, a new Medicaid plan that allows children in the foster system to remain enrolled and receive services even when they move between counties, a measles exposure at the RDU airport in December, and a new website developed by the UNC Eshelman School of Pharmacy called NaloxoneNearMe.org.

Dr. Royce asked if Ms. Williams knew anything about the Erasing Medical Debt program, which she recently saw had forgiven \$2.5M in medical debt in NC and offered easement to anyone with less than \$96K in medical debt. Mr. Whitaker commented that he has heard of the nonprofit Undue Medical Debt (formerly RIP Medical Debt), which buys medical debt for pennies on the dollar and then forgives it. Dr. Jonnal added that medical debt forgiveness programs have been going on for several years, and Dr. Royce clarified that this was a new agreement between the hospitals and the NC state government, though she doesn't know much about the specifics and hopes to learn more in the future.

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.

- Dr. Dorothy Cilenti, former Interim Health Director, was recently named associate dean for practice at the UNC Gillings School of Global Public Health.
- There are currently eleven cases of measles in NC – six in Buncombe, two in Polk, two in Cabarrus, and one in Rutherford counties – all related to the outbreak in South Carolina. Buncombe County has changed their vaccine recommendations to allow infants as young as six months to get their first dose of MMR (typically recommended at twelve months). Currently, Chapel Hill wastewater data shows no cases detected and there have been no documented exposures to residents of Orange County, but the Health Department remains in a state of readiness. Health Department staff are reviewing immunization records and conducting outreach. While no quarantine or isolation orders have been issued yet, templates are ready. Orange County is considered a high-coverage county in terms of elementary-age measles, mumps, and rubella (MMR) vaccine coverage, but there are two elementary schools – Emerson Waldorf School and Ephesus Elementary – with low coverage. Immunization data does not include Hillsborough Christian Academy or homeschooled students.
- There is still no approved state budget for NC, and cuts to Medicaid provider rates led to a flurry of lawsuits ultimately resulting in those cuts being rescinded. The financial uncertainty is affecting everyone statewide, limiting any expansion of services and forcing everyone to operate on assumptions and guesswork. There are fears that Medicaid will run out of funds in early 2027; Ms. Stewart shared that she does not know what will happen if they run out of funding, but it will likely be a disaster and put more burden on local governments to compensate. Dr. Jonnal commented that Governor Stein is attempting to do a rebase to help balance the shortfall, and asked Dr. Pettigrew for her thoughts. Dr. Pettigrew said that, to her knowledge, NC is the only state that has not passed a budget yet and that things are not looking good.
- Regarding respiratory illnesses, Flu is very active, while COVID rates are low and RSV rates are very low. Staff are encouraged to stay home if they are not feeling well.
- Dr. Royce asked about the update on the Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP) programs. Ms. Stewart explained that the NC Division of Health Benefits (DHB) announced that care management programs would be administered through Advanced Medical Home (AMH) Tier 3 Providers beginning July 1st, 2026. Though news of the cuts has not yet been formally conveyed in writing, if the decision stands, county health departments that do not offer primary care, will no longer be able to offer these care management services. In response to Dr. Royce's question, Ms. Stewart replied that since the Orange County Health Department does offer primary care, existing staff can most likely be transitioned under the primary care umbrella and continue offering services, but it will depend on the reimbursement rate.

X. Adjournment

Because there was not a quorum present, Mr. Whitaker adjourned the meeting at 8:58pm.

The next Board of Health Meeting will be held February 25, 2026, 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