

**CABELL-HUNTINGTON HEALTH DEPARTMENT**  
*Board of Health Regular Meeting – February 26, 2020*

**Board Members Present:**

Robert Sweeney  
Kevin Yingling, MD  
Danny Porter  
Fred Kitchen

**Board Members Absent:**

Daniel Konrad  
Donna Rumbaugh

**Staff Members Present:**

Tim Hazelett, Administrator  
Kathleen Napier, Nursing Director  
Jack Mease, Accountant  
Elizabeth Adkins, Health and Wellness Director  
Kim Lockwood, Epidemiologist  
Laura Johnson, Secretary  
Teresa Mills, Prevention Coordinator  
Tonya Chaney, Regional Epidemiologist  
Rodney Melton, Chief Sanitarian  
Jaclyn Johnson, Threat Preparedness Coordinator  
Heather Wood, Nurse Practitioner  
Michelle Perdue, Harm Reduction Program Coordinator

**Phone Conferenced In:**

Michael Kilkenny, MD, MS, Physician Director

**Visitors:**

Kim Thomas, CDC PHAP  
Kristee Montgomery, Appalachian Pharmaceuticals, LLC  
Anastasia Baber, MU Intern  
Jason Frame, BPH  
Alayna Romer, MU Intern  
Kent Bryson, CCPA

Dr. Yingling called the Board of Health meeting in order at 5:00pm.

**Opening Comments:**

Dr. Yingling stated he felt the meeting last month, in rush of process in election of officers the board did not fully appreciate Mrs. Rumbaugh's role as Board of Health Chair for the past year. Dr. Yingling requested the Board and staff to express their appreciation of service to Mrs. Rumbaugh when she attends the next meeting.

Dr. Yingling stated he will be taking the time to walk through and highlight areas he believes the Health Department does well and should keep in our minds as we move towards working with the community

to have the levy passed again. I have appreciated over my time as serving on the Board that there has been an enhancement in the pride you all have and the work that you do. The culture here has significantly changed. When I first joined the Board, I think you should be proud of that success. There is not anyone that can justify the reason why the levy should be passed again more than the people that work here and do such good work. We as a Board need to continue to recognize that. We as a Board need to work as we hear about these things plan in our minds what we should be telling the community on the value of the health department and its advancement of public health in the community.

**Speakers:**

Dr. Yingling introduced Kristee Montgomery who requested to speak to the Board in the public comment period on matters of medical marijuana and marijuana legislation in the state. Mrs. Montgomery is the owner of Appalachian Pharmaceuticals. We have applied for a medical cannabis permit to Cabell County. We currently have Appalachian Cannabis Company which is has been a company since the inception of that program with the Department of Agriculture. We have been 100% compliant in the program since we started. We are a vertically aligned industrial company, which means we grow, process and extract ourselves. We spent time on education across the communities we currently serve. Students from Marshall University, WVU, and St. Mary's complete rotations with our company for training. We wanted to let you know about who we are and what we have been doing. We pride ourselves on education and it separates us from others. We work with the WV Agriculture Program. Each farm team is veterans who have some array of PTSD. Mrs. Montgomery stated they are asking for a formal decision to be made on whether or not the Board of Health will allow us in Cabell County.

Dr. Yingling commented tonight is the first time the Board has formally addressed that, which we plan to do in Executive Session since it is the first time we have had the time to think about it collectively. We can't say at this time if a decision will be made at this particular meeting.

Dr. Yingling asked if, when she says a permit, if it means a permit to be a dispensary in Cabell County or how do you view that permitting process? Mrs. Montgomery stated there are four types of permits: growers, processors, dispensaries, and laboratories. For Cabell County, we have applied for a dispensary permit. We have applied for three of the four permits, growing processing and dispensary since we are vertically aligned. We are very proud that we have a quality control of our product and able to know exactly every implement about it. We do our own in-house testing as well as third party testing.

Dr. Yingling asked if the dispensary part would include some adaptation of the current law in West Virginia that you could dispense what type of products. Mrs. Montgomery stated currently the law has been passed to have medical cannabis available in West Virginia. Our role as a dispensary is a very limited list of what is available. It limits who is allowed to receive medical cannabis.

Dr. Yingling asked what the products that would be dispensed. Appalachian Cannabis Company is currently allowed to do topicals, tinctures, and nebulization. No flower or edibles are allowed.

Mr. Kitchen asked if they dispense directly to consumer or to the physician to dispense. The way it is set up right now, the physician has to recommend medical cannabis based on the patient having a qualifying condition on the limited list. They are not writing a prescription, only giving a recommendation, so they are protected federally. The patient comes to us and goes through a registration process to receive a card. The card is the gateway to medical cannabis. The patient is buzzed through a protected system to enter building. We conduct a full check of the card, which tells us what kind and amount allowed and if filled elsewhere. It is like a pharmacy control system.

Mr. Kitchen inquired if every physician in the state will participate in or only certain physicians. Mrs. Montgomery stated they have the option to participate or not.

Dr. Yingling thanked Mrs. Montgomery for the information and insight.

Mrs. Montgomery stated the application has already been submitted. Once the application has been reviewed by the state board, the county health department board receives a phone call and is required to respond at that time.

Mr. Sweeney inquired on what the limited timeframe is and how long we as a board we have to act. Mrs. Montgomery stated a date has not been given to her by the state and that question should be directed to Mr. Frame.

Dr. Yingling stated Mr. Frame is the state government representative of this program. Mr. Bryson, our legal council, and Mr. Frame will be able to inform us as to what the actual statutory requirements are according within the legislation and how we would go forward in thinking about doing that.

A motion to approve the agenda was made by Mr. Sweeney, seconded by Mr. Kitchen and approved.

#### **Approval of Minutes:**

A motion to approve the January 2020 Board of Health meeting minutes with the modification of COPD on page 4 was made by Mr. Porter, seconded by Mr. Kitchen and approved.

#### **Environmental Health:**

Rodney Melton presented the Environmental Health report.

As of July 1<sup>st</sup> of this year, every establishment that preps food that is permitted by this facility will be required to have a certified food manager on payroll. The course is currently offered online. We are looking into offering a more in-depth course here at this facility. The pros to offering the course here is we will have more controls in reducing the risk of foodborne illnesses and have the opportunity to enhance our relationship with the facility. In Cabell County, there are 450 establishments who will be required to have a certified food manager on payroll. We are also tracking compliance hearings of the establishments to assist in meeting minimum recommendations of the food code. We schedule hearings to have the facility on-site to discuss challenging areas and on how to reach compliance. Mr. Kitchen inquired on if the course will be offered one-time only or ongoing. Rodney Melton plans to offer the course beginning a few months prior to the requirement change, mid-May. Mr. Sweeney inquired on the impact of the staff, if there are 450 establishments how long does the training last. Three proctors will be required with 60 people per class. The expected timeframe is 5-6 months. Dr. Yingling stated the community assesses this particular aspect of what the health department does to be highly valuable. The Board also thinks this is a highly valuable program. Anything that improves the community relationships with these restaurants to advance public health, their knowledge and understanding of application of this upcoming law requirement is excellent. It is also a safety net in the sense that no one in the community can come back and say, "I didn't do it because". They have multiple avenues and multiple opportunities to keep the restaurant in compliance. Dr. Yingling commended Environmental Health for providing that access point to those food handlers and encouraged the course to be offered.

#### **Threat Preparedness:**

Jaclyn Johnson presented the Threat Preparedness report.

Tim Hazelett stated there is a worldwide virus that is an eminent threat. This agency continues to train for any threat that may come. A full-scale Point Of Dispensing (POD) exercise has been scheduled to help test our response on April 25<sup>th</sup>. We will be testing our throughput as well as staff response and communication. We will assess our gaps and be able to make our plan/response more efficient. This is just part of our process as we train. We are training for any eminent threat that may come that we as a health department must respond to. There is plans and processes in place. This is a very fluid situation that is changing very rapidly.

Dr. Yingling opened the floor up to discuss the Coronavirus matter. Dr. Yingling stated, today the state of New York announced it has 83 people that are currently under observation for the infection and they

described how they were doing that. Dr. Yingling requested a walk through of the process in which would be followed if he diagnosed a person in his practice arriving from China who has a runny nose. Dr. Kilkenny apologized for not being in attendance due to the convening at the White House on this matter. The observation has been in place under guidance for quite some time. People have been flying through 11 screening airports for weeks. Those people are going to their homes under voluntary sequester, where they are isolating themselves. The health departments are assisting in the process. There is a ranking of low to high in risks, depending on where they flew from and what kind of symptoms the person is experiencing. There is a protocol in place for which we go by to assist them in their isolation. They are advised to take their temperatures regularly and other factors. The health departments across the nation could have people in this category. New York is not unique in having people under observations. The health departments will help give advice to the people during their isolation and will advise when the isolation is up. Also, during the isolation if person becomes ill, the Health department will assist in getting to an appropriate provider, notifying the provider to implement indicated isolation techniques and help make the transfer be as effective as possible. There are quite a few protocols in place and health departments across the nation are implementing them.

Kim Lockwood stated this is not the first time we used these procedures/protocols. They were used with Ebola. Mr. Sweeney inquired on the reporting mechanism of a suspected case. Dr. Kilkenny stated once you go through a screening airport, the person is put on a list and their residence county/state is notified of their presence. The local health department would then contact the individual to provide education and advice. A simple runny nose will not trigger a case, we are looking more for fever or symptoms of a more severe nature. The patient would notify their local health department contact if other or more symptoms occur, at which time additional medical assistance would be set up. The health department would set up transportation and communicate with the hospital to set up their negative pressure room and their personal protective equipment. The patient would receive a full evaluation and appropriate care for their illness at minimal risk to the healthcare workers. Dr. Yingling stated many practices have prepared kits readily with the protective equipment incase at risk or suspects illness patient enters healthcare facility. This emphasizes that there are many plans in place, if this erupts across our country, that people will be ready to take care of the response and it is entirely different than other countries we've heard about. There will be uncertainty, but it is in the hands of good people.

Tim Hazelett stated we participate in many calls with CDC in regard to this virus.

Jaclyn Johnson stated Medical Reserve Corps, our group of volunteers, are also being trained on the POD. We received a NACCHO grant to provide the training.

### **Epidemiology:**

Kim Lockwood presented the Epidemiology report.

Dr. Yingling stated the zero number of Acute Hepatitis C cases is worth noting. Those who have chronic hepatitis c there is now a mechanism within the Internal Medicine department of the medical school to address those patients. Dr. Kilkenny stated the finding of zero cases of Acute Hepatitis C is a remarkable achievement. The work of the health department to attempt to achieve that has been great. That does not mean the epidemic is over, but it does demonstrate the effectiveness of our planning, preparation and our execution of interventions to make that occur. We look forward to curing the chronic cases and ending this epidemic, which is a goal that was established at our last meeting by the Board.

### **Regional Epidemiology:**

Tonya Chaney presented the Regional Epidemiology report, which included regional epidemiological trainings and meetings held in the past month, field and partner education that was completed, and disease investigation and surveillance undertaken was submitted. The case definition for Acute Hepatitis C has changed. Prior to 2020, you had to be symptomatic in order to be considered acute. Now if you have jaundice or elevated LFTs.

Dr. Yingling stated as with the Coronavirus, case definitions have changed as we move along to try to make sure we capture individuals who may have the disease. There is nothing nefarious or inappropriate about changing the case definition if the intent is to make sure you are highly sensitive in picking up every person who has Hepatitis C so you can treat them.

Tonya Chaney stated she has been working with all the hospitals in the region on their response plans in regard to Coronavirus.

### **Nursing:**

Kathleen Napier presented the Nursing report. We have finalized our protocols for treatment of Hepatitis C. Heather Wood has been completing training through the University of Washington. We are working with Marshall Infectious Disease and Pharmacy to establish concept protocols and preauthorization protocols. We will be able to house some of the medication here. The goal is to start the service within the next few weeks. Dr. Yingling stated that is an incredible service; you are saying this is a point of contact care program initiated at the health department with the option that if compliance is enhanced with the drug onsite, the drug can be onsite. Dr. Yingling inquired on how difficult it has been for the uptick in PrEP. Kathleen Napier state it is extremely difficult. We have 5 clients who have started on PrEP. Dr. Yingling stated recently in the city of Pittsburgh they are trying to roll out PrEP and have not found a way to get anyone into PrEP. Dr. Yingling also stated this is an incredibly important service and thanked the department for their work in continuing to provide this challenging service.

Dr. Kilkenny stated Huntington has done a great job. We were able to work with CDC while they were here and able to work with our partners to roll PrEP out in primary care practices across Cabell County. That work will be highlighted in an abstract published later this summer by CDC. We have a long way to go to get PrEP to all that need it, but we are doing a good job. Our position in the community with our partners is very effective. Our partners are great and the Cabell-Huntington Health Department has done a wonderful thing in advancing PrEP in our HIV Outbreak. Mr. Sweeney inquired on what the census is on who should be on PrEP. Dr. Yingling stated it is in the thousands in this county, anyone that has been put at risk is a candidate. Dr. Kilkenny stated it would be many hundred and possibly two thousand who would be candidates for it. The uptake has not been as robust as we would like, but in starting out expanding the access is the first step. Then building uptake into that access is our ongoing process.

Tim Hazelett stated the population study conducted in 2018 will be replicated this year to assess where we are at and where we are moving to. Tim Hazelett commended Kathleen and Michelle in hiring a MRC volunteer who has extensive experience in HIV an interventions, as a Prevention Specialist to assist in the PrEP uptake. The gentleman has a Masters in Public Health and has worked with the Atlanta Health Department. Dr. Yingling stated leadership earns trust and respect on difficult ground. This is difficult ground and you are earning the trust and respect of that population in the community by continuing to battle to make it better.

### **Harm Reduction Program**

Michelle Perdue presented the Harm Reduction report. We now have two Community Health Workers that will be specifically working with HIV. They are previous Recovery Coaches from the Harm Reduction Program that have established relationships with the participants of our program. They are now getting to know their role and understand what is expected of them as Community Health Workers. Mr. Sweeney inquired on how to respond to the criticism that we only count the number of needles going out and only disclose the poundage of what is coming back in. We do not count the number of needles that come back in because it is not safe.

### **Information and Technology:**

Tim Hazelett presented the Information and Technology report. The difference in the projected and actual cost savings in switching to internal IT, is the 10% reduction due to one of the processes being a monthly charge versus a yearly charge. Tim Hazelett informed the Board on the outdated phone system we currently have. In the future, we will be presenting the Board with a request to upgrade the phone system to an internet-based system at the March meeting. The upgrade would be an upfront cost, but long-term cost savings, paid through the cost savings from IT switch. The system we have now is outdated, no available parts and no software upgrades available. We are about 99.5% functional. We were back online at that capacity in 6 weeks. Mr. Kitchen stated that with the internet upgrade the proposed phone system should work flawlessly. Tim Hazelett stated it will also give us expansion capacity.

### **Health & Wellness:**

Elizabeth Adkins presented the Health and Wellness report.

Mr. Kitchen stated the BullsEye Analytics report is amazing. Elizabeth Adkins stated it is the first report from BullsEye since we implemented our contract on January 1<sup>st</sup>. Over the next few months we will include charts to watch trend. It will be presented differently in the upcoming months, which will include the increases and decreases.

Elizabeth Adkins introduced two Marshall Interns and the third who is not in attendance who will be completing a total of over 700 hours this semester through meetings and projects in the Health and Wellness Department.

Elizabeth Adkins highlighted sections of her report. We have an Active Southern WV Grant to enhance our employee wellness. Casey Napier, prevention coordinator, is overseeing the employee initiatives, which include improving the stairwell conditions to encourage staff to take the stairs.

In the Tobacco Prevention Trend Level chart, the January additions are highlighted in yellow. The Governors Vaping Policy Task Force report based on vaping in the community was released on January 23, 2020 and provided to the Board of Health. Two of our employees, Teresa Mills and Tonya Chaney participated in creating that report. Teresa Mills was invited and accepted the invitation to assist in updating the State Tobacco Plan. Dr. Yingling stated that this Health Department and the Board authorized the request to the health department to continue to fund the Tobacco Cessation position at a time when the state decided not to put money or enough money into those particular services. It was not because there wasn't an urgent need for it, but because they decided to allocate money elsewhere. I am highlighting something as to why this county needs to understand the Levy is important so we can continue to battle on a matter that is significant in this county. It is still in the top 5 number causes of death. The Board appreciates your participation and to the fact that again your expertise is recognized around the state.

The Tobacco Cessation chart has also been updated by month versus year to date. An Advisory Council section was added to the report. We are working on obtaining a timeframe for the different initiatives we are working on with the Board of Education. Dr. Yingling stated that according to Dr. Slempp's report the youth in this county is vaping at a higher rate than the rest of the United States. The information about where the products are purchased from shows it is from friends and the internet. That heightened my attention to the fact that the Board had asked you to help us understand how we can get to a better place regarding the enforcement of the laws that are in place. I realize that T21 is not going to pass the state legislature this time. However, we still have a responsibility to do that, whether it be education to families, education regarding the use of the internet around middle school and high school students who are vaping at a rate higher than the rest of the United States. That is an extreme public health challenge. Dr. Yingling requested the agency to help the Board understand that as we move from our proclamation regarding vaping to the enhancement of the Indoor Clean Air Regulation to how do we enforce better the laws that are in place to reduce the use of these products.

Elizabeth Adkins stated we have received over 46 million earned media impressions. The national impressions were through over 78 outlets across 19 different states.

An internal Levy Committee, including Dr. Yingling and Mr. Kitchen has been formed. Amy Frasier, BullsEye representative is also on the committee to assist with branding and messaging. We are on the ballot for May 12. We do a lot of work to educate the public on what the health department does. Elizabeth requested the Board for approval of \$35,000 to fund the Levy campaign. The proposed budget from BullsEye was distributed for the Board of Health to review. Most importantly, we are boots on the ground presenting our story to as many groups and at as many meetings as we can. Dr. Yingling requested as chair, to hold a motion on this matter until after all departmental reports have been heard and approved. The Levy generates \$7.5 million over 5 years. Elizabeth consulted with BullsEye to identify what is needed to get the levy passed. This is an opportunity to provide community education. There is a huge social media side to this campaign. We also plan to do live FaceBook meetings, videos and interviews. There is a variety of ways we plan to advertise. In response to the question, Elizabeth states she does think this funding will cover the costs to get the levy passed. Mr. Sweeney inquired if we have the information or have access to the information on what the public's consensus is through polling. Elizabeth stated we have requested precinct data from City Hall. Mr. Sweeney stated in terms of telephone polling, trying to get an assessment on what the public's sentiment is towards the health department so the more carefully taper the advertising program. Tim Hazelett stated we do have the information, but it is hard to put it into a document. Social media does not drive our message. When we put a message on social media, we can test its marketing impact through google analytics. This agency has transformed how it does business in a very short period. We didn't test media impressions until about 3 years ago. We didn't know what impact our messages were having. Part of Elizabeth's role now is to focus on the impact. In terms of the levy, if our community is giving us this type of resource, we owe our community. We must tell our story. Our message doesn't start May 12<sup>th</sup>, it goes the entire year. It is up to us to get that message out. \$35,000 will not get that message out there, but we have people that will go out into the public to educate on what we do. The board reports are one way of showing the Board and community what we do and how we do them. We do it in accordance to medical standard, evidence-based standards and CDC recommendations. This is a highly professional agency that will do it the right way. We will respond to criticism with positivity. Mr. Sweeney stated in regard to the levy, data is king; my point being if you don't have enough data you figure out how to get more data to ensure your efforts are going to be successful and put a price tag on it and request additional funding. Mr. Kitchen inquired if there is anything missing or a need to make this successful. Dr. Yingling stated as a point of clarification, when he joined the board there was no talk of anything like this. It was the medical director going to certain public events stating the levy is coming up. There is no comparison between then, and the levy that was passed, to now. There have also been several areas that would create community conflict or concern that are present now that wasn't present then. This is a very organized strategic look at how the health department moves to get the information in the right people's hands to make decisions. There were two questions in this discussion that weren't answered:

1. Is there an opportunity to seek poll data, call data, that would help solidify the message is getting out or that there is a concern in the community that needs addressed?
  2. Are there other things that were taken off the list that you and the expert think could be useful?
- The Board is willing to entertain a request for additional funding.

Elizabeth responded to these questions. Yes, we can work with BullsEye to monitor. Mr. Sweeney inquired if polling data is wanted to help craft the message. Tim Hazelett stated the short answer is yes, but not now. We are going to start this at the right time. We have a plan in place. If we go into this working off the data we have and see it's not working, we will come back to the Board with a proposal. We have the ability to adapt quickly. Mr. Sweeney stated he just wants to verify the agency has every tool needed. Elizabeth Adkins stated when the original proposal was received, we looked at it realistically and changed the quantity of items. My only suggestion is to add TV advertisement. We get a big amount of media impressions from local news. It is something we can look at. I am very confident in BullsEye's ability to monitor the situation and identify where we need to add additional messaging. We are also competing for space, for example there was very limited availability for

billboards due to the upcoming election. We are very limited on the days available to place ads in the Herald-Dispatch. Elizabeth is very confident in this proposal and plan. We will watch very closely. We will respond to criticism with professional messaging. Tim Hazelett stated we have the ability to be fluid in the budget. We are not locked in to each line item. If we see something that is more positive than another, we will push more funding to that resource. Dr. Yingling requested the Board to hold a motion until after all departmental reports are presented and approved.

Elizabeth Adkins distributed the 2020-2021 Tri-State Regional Public Health Collaborative strategic plan. We have applied and received a Pallottine Foundation grant with four other counties. Grant partners are Cabell and Wayne County, West Virginia; Ashland-Boyd and Lawrence County, Kentucky; and Lawrence County, Ohio. The group has been meeting a lot since December. Elizabeth Adkins presented to the Pallottine Foundation Board today to request \$276,000 to go towards substance abuse, tobacco prevention, and to build a data set between the three states for surveillance. This is a huge project. If approved, additional staff will be hired just for this project. A decision will be announced on March 17<sup>th</sup>.

A motion to approve the departmental reports was made by Mr. Sweeney, seconded by Mr. Porter and approved.

### **Financial Report:**

Jack Mease presented the January 2020 financial reports.

A motion to approve the invoices and receipts for January 2020 as presented was made by Mr. Sweeney, seconded by Mr. Porter and approved.

### **Administration:**

Tim Hazelett presented the Administration Report.

We have generated 2300 hours of student work in less than six months. The interesting part is that about five of my fellow colleagues are now entertaining student interns. The students provide us with the area they would like to work and we connect them with the expert in the agency. I am very pleased we have expanded this.

Tim Hazelett distributed the grants management document. The outstanding balance is from grants that will be paid in the next six to nine months. The money is there and will come in. We can still function at a high level in public health because of the support of our community. The levy provides us the ability to continue the work required.

### **Physician Director's Report:**

Dr. Kilkenny presented the Physician Director's Report.

Coronavirus Update:

The coronavirus is rapidly evolving. This is a very serious threat. It is challenging to us. We are very well trained in dealing with pandemic situations and actually a lot of our staff has exercised in dealing with H1N1. To deal with a disease that is new, no one has known natural immunity to, no vaccine, no specific treatment, has the ability to be as simple as a cold or to take a life is a serious threat that takes us back to pre-vaccine concepts and 1918 Spanish Flu concepts. We are moving very collaboratively and cooperatively with state and federal partners on this. We will work with our partners. We have a great deal of trust and communication system with the state and CDC. We expect to go by their guidelines and recommendations.

Dr. Yingling thanked Dr. Kilkenny on the Board's behalf for his availability in Washington, advocating for us, understanding what this is about and bringing the information back. It is not every local health department in the country that has that kind of access to the information. We appreciate your service in that matter.



Dr. Yingling opened up the floor to the Board for a motion regarding the Levy budget request. Dr. Yingling stated the Board would like the agency to consider coming back, in addition to this, with some other ideas if they arise, in matters as seeking polling information and any other items might be fortuitous for the Board to consider in the future.

Mr. Sweeney made a motion to approve the \$35,000 Levy Budget. Mr. Porter seconded the motion and it was approved.

A motion to move to Executive Session was made by Mr. Sweeney and seconded by Mr. Porter. Cabell-Huntington Board of Health went into Executive Session at 6:35pm.

A motion to return to regular session was made and approved.

Board of Health returned from Executive Session to Regular Session at 8pm.

No action was taken in Executive Session.

Dr. Yingling stated no decisions or actions will be made at this time in regard to medical marijuana. The laws are vague and without guidance. The Board of Health will engage with Cabell County Commission on this matter to seek guidance.

A motion to adjourn was made by Mr. Kitchen.

Meeting adjourned at 8:01 p.m.


The next regular Board meeting is scheduled for March 25<sup>th</sup> at 5:00 p.m.

Respectfully submitted,



Michael Kilkeny, MD, MS  
Physician Director, Cabell-Huntington Health Department

Approved:



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Kevin Yingling R.Ph., MD, Chair  
Cabell-Huntington Board of Health