



# CATTARAUGUS COUNTY BOARD OF HEALTH

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**Public Health**  
Prevent. Promote. Protect.  
**Cattaraugus County**  
Health Department  
*Established 1923*

*Mayor David L. Smith, President*

*Legislator Kelly Andreano, Vice-President*

*Joseph Bohan, MD*

*Zahid Chohan, MD*

*Thomas Spigel, MD*

*Kathryn Cooney Thrush, NP, MSN*

*Shane Pancio*

*Theresa Raftis*

*Legislator Ginger D. Schroder, Esq.*

## MINUTES

September 3, 2025

The 935<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on September 3, 2025.

### *The following members were present:*

Kelly Andreano, Legislator

Joseph Bohan, MD

Zahid Chohan, MD

Shane Pancio

Ginger Schroder, Legislator

Mayor David Smith

Kathryn Thrush

### *Also present were:*

Kevin D. Watkins, MD, MPH, Public Health Director

Ashley Smith, County Attorney

Bob Clarke, Olean Times Herald

Richard Helmich Jr., Legislator (Virtual)

Ray Jordan, Senior Public Health Sanitarian (Virtual)

Debra Lacher, Secretary to the Public Health Director

James Lawrence, Emergency Preparedness Director

Lynne Moore, Director of Nursing

Adam Packer, Resource Specialist

Dave Porter, Hearing Officer

Robert Ring, Environmental Health Director

Gilbert Witte, MD, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, and roll call confirmed that a quorum was established. Mayor Smith recognized Board Member Shane Pancio, who had recently returned from serving in the reserves in Kuwait, Jordan, and Syria. Mr. Pancio reflected on his experiences abroad, noting that witnessing widespread poverty provided a deeper appreciation for the opportunities and quality of life in the United States. He also shared his admiration for the resilience and vitality of Syrian children, who were constantly active and engaged, suggesting there are lessons we might take from their example. Mr. Pancio concluded by expressing how good it feels to be back with the Board.



Congratulations were extended to Legislator Schroder on her recent appointment as Vice Chair of the Legislature.

Mayor Smith then called for a motion to approve the August 6, 2025 BOH meeting minutes. A motion was made by Dr. Bohan, seconded by Dr. Chohan, and unanimously approved.

**ENFORCEMENT REPORT:** Mr. Porter reported that there was one enforcement case, Docket # 25-014, the administrative hearing was held on 8/12/25 at 9:40AM.

**Respondent:** Jai Bali, Inc., P.O. Box 1853, located at 27 Jefferson St., Ellicottville, New York, 14731, Edelweiss Lodge.

**Violations:** The respondent violated the Sanitary Code of the Cattaraugus County Health Department (SCCCHD), Subpart 8.4, by repeatedly failing to submit completed monthly operation reports for their public swimming pool by the 10th of the following month, as required under the conditions of their operating permit.

**Recommendation:** Amend the original \$75.00 stipulation to a \$75.00 fine, which will be doubled to \$150.00 for failure to appear at the August 12, 2025 administrative hearing. The fine must be paid on or before September 30, 2025. A per diem penalty of \$10.00 per day will be assessed for each day the violation remains unresolved.

During discussion, Legislator Schroder inquired whether permits are typically issued when facilities are in violation and what procedures apply in such cases. Mr. Ring clarified that if a public health hazard exists, a permit would not be issued. Legislator Schroder further asked whether a permit would be granted for 2026 if the facility remained in violation. Mr. Ring responded that all outstanding fines must be paid before a new permit would be issued.

A motion to accept the recommendation by Mr. Porter was made by Dr. Bohan, seconded by Legislator Schroder, and unanimously approved.

**DIRECTOR'S REPORT:** Dr. Watkins informed the Board that the Public Health Accreditation Board convened on August 28th to review the department's reaccreditation status. While a decision has probably been reached, the official outcome will not be released until tomorrow, September 4, 2025. The department remains optimistic and anticipates a favorable result.

Budget preparations are now underway, and Dr. Watkins noted that a draft proposal should be ready to present to the Board by the next meeting.

Dr. Watkins also referenced a recently published report, "The Doctor is...Out", which highlights the shortage of health professionals across 16 rural counties in New York. The report emphasizes the urgent need for an action plan to strengthen recruitment efforts in our communities. Specific provider shortages were noted in primary care, pediatrics, family/general practice, obstetrics/gynecology, mental health, nurse practitioners, physician assistants, and dentistry. Among the 16 counties studied, Cattaraugus represents the westernmost County, with Washington County marking the eastern boundary.

In its assessment of health care access in Cattaraugus County, the report considered geographic size, population, and population density. Cattaraugus County spans 1,308.2 square miles, with a population of 75,457 and a population density of 57.68. Population density was further analyzed in connection with key indicators, including disease surveillance and control, access to care, resource distribution, hospital and provider availability, and emergency medical services and response times.

Dr. Watkins explained that physician-to-population ratio guidelines were first established in 1990 by the Graduate Medical Education National Advisory Committee (GMENAC) and continue to serve as a national benchmark today. According to these guidelines, Cattaraugus County should maintain seven primary care providers for every 10,000 residents. Currently, the county has only 4.5 providers per 10,000, which falls significantly below the recommendation and is nearly half the rate of New York State overall (8.1) and the Rest of State average (8.5).

The report also highlights federally designated Health Professional Shortage Areas (HPSAs). Cattaraugus County is classified as a shortage area, with a score of (16) on a (0–25) scale, where higher scores reflect more severe shortages. HPSA designations are determined by the availability of providers within a specific geographic area, among certain population groups (such as Medicaid-eligible or low-income residents), or within designated types of health care facilities. In Cattaraugus County, approximately (21,579) residents - about (29%) of the total population—are enrolled in Medicaid. Of these, an estimated (19,944) individuals are considered underserved for primary care under the county’s HPSA designation.

When examining specialty care, the GMENAC benchmarks further highlight disparities:

- Pediatrics: Recommended at 1.2 physicians per 10,000; Cattaraugus County has only 0.4, compared to 2.8 statewide.
- Family/General Practice: Recommended at 2.5 physicians per 10,000; Cattaraugus County exceeds this with 3.5, compared to 2.5 statewide. This success reflects ongoing recruitment of family practice physicians who can provide care for adults, children, and obstetrics/gynecology patients.
- OB/GYN: Recommended at 1.0 per 10,000; Cattaraugus County has only 0.4. Notably, four of the 16 counties included in the report have no OB/GYN providers at all.
- Nurse Practitioners: Cattaraugus County has 9.0 per 10,000, compared to the state’s 16.4.
- Physician Assistants: Cattaraugus County has 8.4 per 10,000, close to the state average of 9.2, likely supported by St. Bonaventure University’s Physician Assistant program.
- Dentists: Cattaraugus County has 4.7 per 10,000, compared to 8.3 statewide.
- Mental Health Practitioners: Cattaraugus County has 7.0 per 10,000, less than half of New York State’s 16.1.

Suggestions to strengthen the healthcare workforce in the community include a continuation of implementing rural loan repayment programs to incentivize physicians to practice in underserved areas—though a noted drawback is that many providers leave once their loans are repaid.

Additional strategies include establishing satellite programs with four-year institutions, such as D'Youville University, to expand access to advanced degree opportunities through hybrid models that combine online coursework with in-person instruction at local community colleges; partnering with medical schools to create rural residency tracks, clinical rotations, and internships; offering competitive salary packages and housing assistance to improve recruitment and retention.

Dr. Chohan emphasized that one of the primary factors driving physicians out of New York State is the high cost of malpractice insurance. While many states have enacted caps on malpractice expenses, addressing this issue in New York would require legislative action. Legislator Schroder noted that during a recent NYSAC conference, one seminar highlighted a model where groups such as county governments, school districts, and other local organizations collectively fund primary care practices to reduce healthcare costs. This approach has proven successful in attracting and retaining physicians motivated by service to the community. She requested that Dr. Watkins provide additional details on this company's model in a future meeting.

Dr. Bohan further noted that when considering relocation, physicians and their families often evaluate the quality of local education systems, and the county's high school education has been perceived as subpar—representing another barrier to recruitment.

#### Influenza Vaccine Updates:

There are new recommendations for the upcoming influenza season. For most individuals, only one dose of influenza vaccine is needed, with the optimal time for vaccination being September or October. This year's vaccine is a trivalent vaccine, containing three components: H1N1, H3N2, and B/Victoria strains. The primary difference from last year's formulation is the inclusion of two updated influenza A (H3N2) components.

#### Key recommendations include:

- General population: Routine vaccination is recommended for everyone 6 months of age and older.
- Adults 65 and older: A high-dose or adjuvanted influenza vaccine is recommended for better protection.
- Children 6 months–8 years: Those who have not received at least two prior doses of trivalent or quadrivalent influenza vaccine before July 1, 2025, should receive two doses during the 2025–2026 season. Ideally, the first dose should be given in July or August, with the second by the end of October.
- Flu Mist: Recommended for self-administration in individuals aged 18–49 years, or for caregiver administration to children and adolescents aged 2–17 years.
- Expanded FDA Approval: Flublok has been approved for use in children aged 9–17 years.
- Special populations: For children 18 and younger, pregnant women, and adults receiving single-dose formulations, vaccines without thimerosal are recommended.

**Masking Requirements:**

The NYS flu mask regulation requires that all healthcare facilities, agencies, and hospices licensed under Articles 28, 26, or 40 annually document the influenza vaccination status of personnel who could potentially expose patients or residents. During influenza season (as declared by the NYS Commissioner of Health), any unvaccinated personnel must wear a surgical or procedure mask while in areas where patients or residents are present.

Dr. Watkins announced that the county's community flu clinics will begin Monday, September 29, and continue through Thursday, October 27.

**Update on Ischua Creek discharge:** The Department is working in coordination with the New York State Department of Health (NYSDOH) and the New York State Department of Environmental Conservation (NYSDEC) to monitor a discharge from the Great Lakes Cheese Factory. The department was notified on August 27, 2025, of this incident, which resulted in a significant die-off of fish and other aquatic life. Out of an abundance of caution, the NYSDEC has advised the public to avoid all contact with Ischua Creek downstream of Franklinville until further notice. This advisory includes refraining from recreational activities such as fishing, fish consumption, boating, and swimming.

The Great Lakes Cheese facility operates under an NYSDEC-issued permit that authorizes the discharge of up to 900,000 gallons of treated water per day. NYSDEC field teams are actively monitoring water quality, tracking the movement of the discharge, and assessing the ecological impact on the creek.

The Department, in collaboration with the NYSDOH, is conducting surveillance of nearby private wells to ensure the safety of local water supplies. Public water systems in the area have been notified and are performing precautionary monitoring as well. While the incident has had a substantial impact on fish and wildlife, there is currently no evidence of any effect on public or private drinking water sources.

The Health Department will continue to monitor the situation closely, with the safety of residents remaining the highest priority.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Ring reported that the Environmental Health Division anticipates no impact to the public or private water supply as a result of the Ischua Creek discharge, noting that the environment has a natural capacity to filter out bacteria, provided that wells were properly developed.

Dr. Witte inquired whether there would be any changes in how discharges enter the stream. County Attorney Smith clarified that this matter falls under the jurisdiction of the New York State Department of Environmental Conservation (DEC), not the County.

Mr. Ring announced that there are (4) rabies clinics scheduled throughout September.

To date this year, staff have completed (283) real property transfer inspections for wells and septic systems (excluding public water and sewer systems) and have designed (152) septic systems for residential properties.

The Community Development Block Grant (CDBG) program for wells, septic, and sewer line replacements or repairs is a two-year initiative, currently about ten months in. Thus far, (9) projects have been approved, with a goal of completing (25). This program is targeted to low- and moderate-income households who may not otherwise have the resources to replace failing systems.

Similarly, the Lead Hazard Reduction Grant focuses on assisting low- and moderate-income families, with priority given to households with children under six years of age who have elevated blood lead levels (BLL). The first approved project involves a family with a young child with high BLL's; remediation will address lead-based paint hazards in the home. In addition, the department has applied for a new four-year, (\$4 million) Lead Capacity Grant. A decision on the application is expected within the next several weeks.

**NURSING DIVISION REPORT:** Mrs. Moore reported that the current homecare census is (220). In August, the division recorded (71) admissions and (65) discharges.

The Homecare Division currently has two Quality Assurance and Performance Improvement (QAPI) nurses. One nurse has accepted another position within the County, and her role will be filled by reassigning one of the field nurses. QAPI staff play a key role in assisting with State Surveys, which are anticipated to return in November 2026. At present, four nurses have expressed interest in the position.

**Lead Program Update:**

In August, (87) lead tests were conducted. The highest level recorded was a child with an elevated blood lead level (BLL) of (44.7 µg/dl), up from (26 µg/dl) in June (normal is < 5 µg/dl). This child, who has been followed by the program for two years, experienced their lowest level in March 2024 at (12.5 µg/dl). Another home inspection is planned to help isolate the source of exposure.

The second highest level was (17.8 µg/dl), down from (30.2 µg/dl) one year ago. Additional results included:

- (2) children with BLLs of (12.6 µg/dl) and (11.4 µg/dl).
- (4) children with BLLs between (5.0–5.2 µg/dl).
- The remaining (79) children tested within the (0–5.0 µg/dl) range.

**Community Vaccination Clinics:** The fall vaccination clinics are scheduled to run from September 29 through October 27.

**Updated CDC COVID-19 vaccine eligibility includes:**

- All individuals (65) years and older
- Individuals ages (5–64) with at least one underlying condition that places them at higher risk for severe illness.
- Children ages (6 months–4 years), in emergency-use situations only.

**Staffing Updates:** Brooke Schnell, Supervising Community Health Nurse, resigned effective August 8 to accept another County position.

In addition, Christen Bidwell, Nurse Practitioner, has also resigned, with her final day on September 11. This departure impacts the Family Planning Program, as staff nurses can continue testing but are not qualified to perform procedures.

Communicable Disease Testing: In August, HIV testing was conducted for (13) individuals in Olean, (2) in Salamanca, and none in Machias. All results were negative. The clinic has not identified a positive HIV case in several years.

Rabies prophylaxis:

- Pre-exposure: (1) individual received the series.
- Post-exposure: (10) individuals received the vaccine series, prompted by (8) bat exposures in sleeping quarters, (1) cat bite, and (1) possum bite.

Reportable diseases (August):

Chlamydia: (6) cases; Gonorrhea: (1) case; Hepatitis B: (1) case; Chronic Hepatitis C: (3) cases; Babesiosis (parasitic, tick-borne): (3) cases; Anaplasmosis (bacterial, tick-borne): (1) case; Ehrlichiosis (bacterial, Tick-borne); (1) case; Campylobacteriosis, (4) cases; Cryptosporidiosis: (1) case; COVID-19: (70) cases; Respiratory Syncytial Virus (RSV): (1) case; Lyme disease (83) cases of which, (1) was classified as suspected (82) as probable.

At last month's meeting, questions were raised regarding the classification of Lyme disease as "probable," "suspected," or "confirmed." As Cattaraugus County is considered a low-incidence jurisdiction, the definitions are as follows:

- Probable case: A clinically compatible illness that has laboratory evidence of infection.
- Suspected case: A case presenting with an erythema migrans (EM) rash but without laboratory evidence of infection.
- Confirmed case: A case of EM rash with laboratory evidence of infection.

Mayor Smith expressed appreciation to Mrs. Moore for providing clarification on this issue and extended congratulations to James Lawrence on the birth of his son.

**Old/New Business:** No old or new business. The next meeting will be held on Wednesday, October 1, 2025.

A motion was made by Mrs. Thrush to adjourn the meeting, the motion was seconded by Dr. Bohan and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.  
Secretary to the Board of Health