New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Infusion Center, Hornell
2. Name of Applicant	Jones Memorial
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions **Kim Hess**, COO khess@monroeplan.com **Howard Brill**, SVP Population Health Management and Quality hbrill@monroeplan.com **Colleen Boyle**, Product Manager cboyle@monroeplan.com **Todd Glanton**, SVP Technology and Analytics, IT tglanton@monroeplan.com **Sylvia Yang**, Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	11/1/2023
6. Date the HEIA concluded	1/19/2024

7. Executive summary of project (250 words max)

The project is an outpatient infusion center in Hornell, New York, providing infusion services for rheumatology, oncology, and neurology. There will be six chairs. It includes an onsite rheumatology specialist; in addition to the current rheumatologist in the system, a new rheumatologist will spend time at the center. (The rheumatologists will split their time between the new center and the older center in Olean.) Having two rheumatologists serving the center increases specialty provider availability from one to four days a week – from the capacity to see 16 patients to 80 patients a week at the new center.

8. Executive summary of HEIA findings (500 words max)

The service area includes portions of Allegany and Steuben Counties. Allegany County is one of the poorest counties in New York State. The service area has historically experienced a decline in the availability of medical and dental services, especially specialty services. As a result, accessing healthcare services may require long-distance travel to the major urban areas of Buffalo and Rochester. Long-distance travel creates a barrier for low-income, aging and disabled persons through the cost and time involved in travel, limitations in vehicle ownership, and inability to travel independently. A large percentage of service area residents, 45.6%, are on public health insurance coverage. In addition, Allegany and Steuben Counties include an Amish community for whom the impact of long-distance travel to urban areas is compounded.

The service area is predominantly white, with 93.1% of the population white, 2.2% Black, and 3.0% Latino, with a total population of 30,465. The overall poverty rate for the service area is 9.4%, calculated as a weighted average from the ACS zip code estimates. However, there was wide variation in poverty rates across the service area, with two ZCTAs having poverty rates above 25% (with a high margin of error). Transportation is a critical barrier for persons who lack vehicles in rural areas. For the service area, 10.2% of the households had no vehicles available.

The Independent Assessor was able to engage multiple community stakeholders for input on the project, including, Allegany and Steuben County Departments of Health, the Say2 Network/Pivital public health network, the Finger Lakes Community Health Center, the Oak Orchard Community Health Center, Jones Hospital employees, Casa Trinity, ProAction community advocates, and the Ardent Solutions network and coalition.

All of the interviewed community stakeholders strongly supported the project. The project is expected to improve availability and access to infusion services and rheumatology specialty care, with positive health equity impacts for the identified underserved groups. The medical literature finds that the local availability of infusion services and rheumatology specialists improves patient acceptance of treatment and reduces disparities in treatment and outcomes for rural underserved groups.

Community stakeholders noted that local transportation is a significant barrier within the service area. The underserved groups also experience problems with food and housing insecurity. Substance abuse is a serious problem within the community. Stress from social conditions may worsen autoimmune diseases and limit the effectiveness of rheumatological treatment. A lack of communication about service availability within the provider community also may limit the impact of new services. The area suffers severe healthcare worker shortages, which has a general impact on access and availability.

To address these concerns, the Assessor recommends that the new infusion center provide care coordination that includes support for utilizing transportation services and consider supporting transportation alternatives. Using community health workers to support social needs may increase the benefit of these services and create entry-level positions for the healthcare workforce. Telehealth services in local schools and libraries or telehealth consultations with primary care providers may help extend the reach of the new specialists. Communicating the availability of services in Allegany County to non-system providers may help ensure that the new services are fully accessed by those needing the services.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

   The infusion center is located near St. James Hospital, which is part of the same system as Jones Memorial. The assessment service area was defined using the St. James service area. It includes portions of Steuben and Allegany Counties, with the infusion center and St. James Hospital located in Hornell, New York in Steuben County. On the northwest and southeast sides, the service area borders but does not include HRSA-designated medically underserved areas. Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau 2022 5-year estimates for the ZCTAs. Racial and ethnic distributions by ZCTA are displayed visually in Figure 1. Allegany County ranked seventh highest in New York State poverty in 2020, and Steuben 26th highest (NYS Office of State Comptroller 2023).

The service area is predominantly white, with 93.1% of the population white, 2.2% Black, and 3.0% Latino, with a total population of 30,465. The zip code with the highest proportion of racial and ethnic minorities is 14802, which is the location of Alfred College, which has a population of 4431. For this college location, the percentage of Blacks is 12.0% and Latinos 8.6% with a White population of 79.6%. The poverty rate in this zip code is strikingly low, at only 0.7% (with a 3% margin of error). Hornell's zip code, 14843, is the most populous in the service area, with 12,569 persons or 41% of the service area, is composed of 94.3% Whites, 0.9% Blacks, and 1.0% Asians, and 2.5% Latinos. The poverty rate in this zip code is 11.3%. All other zip codes in the service area are 95% White.

The overall poverty rate for the service area is 9.4%, calculated as a weighted average from the ACS zip code estimates. The Hornell zip code (14843) has a poverty rate of 11.3%. Hornell's food stamp benefit rate is 18.4%. However, the median income is $53,247, suggesting significant income inequality. There are other zip codes in the area with higher poverty rates, although with the small population size, the margin of error indicates that these estimates have weak credibility. The highest is zip code 14819, with a 28.9% poverty rate, 14803, with a 25.5% rate, 14855, with a 16.8% rate and 14884, with a 13.4% rate. The 14819 zip code also had a Food Stamp benefit rate of 20.1%. The 14819 zip code has a population size of 740 persons.

A large percentage of the service area's population, 45.6% are on public insurance coverage. In the 14803, 14823, 14843 zip codes over half the residents receive public health benefits.

Transportation is a critical barrier for persons who lack vehicles in rural areas. For the service area 10.2% of the households had no vehicles available. The 14802, 14819, 14823, 14843, 14855, and 14855 zip codes had at least 9% of households without vehicles. The Hornell zip code had 13.5% of households without vehicles. Stakeholders described transportation as a significant barrier for underserved persons in the area.

The disabled population, according to ACS survey data, was 15.9% of the total population for the service area.

Sources:

NYS Office of State Comptroller 2023. New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller (ny.gov) Accessed 12/11/2023

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
   - ❑ X Low-income people
   - ❑ Racial and ethnic minorities
   - ❑ Immigrants
   - ❑ Women
   - ❑ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - ❑ X People with disabilities
   - ❑ X Older adults
   - ❑ Persons living with a prevalent infectious disease or condition
   - ❑ X Persons living in rural areas
   - ❑ X People who are eligible for or receive public health benefits
   - ❑ People who do not have third-party health coverage or have inadequate third-party health coverage
   - ❑ Other people who are unable to obtain health care
   - ❑ X Not listed (specify):

     Amish community

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

   The service area is in two rural counties, and the ACS data shows that several zip codes have high poverty rates. For these reasons, the low-income and rural underserved categories were selected. In sum, the area is characterized by rural poverty. The area also has high utilization of public health insurance coverage.

   Persons with disabilities and older persons are expected to be higher utilizers of an infusion center and related rheumatology, oncology, and neurology treatments. In addition, community stakeholders identified both groups as concerns.

   Community stakeholders and the Allegany and Steuben County Departments of Health discussed the Amish community as an underserved group. A recent estimate of the Amish population in the service area counties is 2,965.

   Sources:

   ACS, 2022 Five-Year Estimates

Burdge, Edsel. 2023. “Amish Population in the United States by State and County, 2020.” Retrieved December 22, 2023 (https://groups.etown.edu/amishstudies/files/2020/10/Amish_Pop_by_state_and_county_2020.pdf).

Allegany County Department of Health

Steuben County Department of Health

Community Stakeholders

4. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

   <u>Low-income, Persons living in rural areas, Persons receiving public health benefits</u>

   Low-income persons in rural areas are less likely to have vehicles, which impacts health equity in multiple ways (Braveman et al. 2022). Even with vehicle access the long distances and travel times create barriers to access. Community stakeholders indicated that consumers are sometimes reluctant to seek medical services that require travel to Rochester or Buffalo.

   Several studies have found disparities in treatment for rheumatological disorders when access to providers requires long-distance travel (Barnabe 2020). Living in rural areas increases the risk of adverse outcomes from rheumatoid arthritis. There are differences in assessment, treatment options, and follow-up available to patients depending on distance to rheumatology providers. This project increases access and availability to rheumatology providers and creates local treatment options.

   Community stakeholders commented that some providers in the service area do not take Medicaid insurance and persons receiving Medicaid coverage have difficulties arranging appointments. Jones Memorial Hospital accepts Medicaid insurance.

People with Disabilities, Older Adults

The quality of life issues discussed for low-income persons living in rural areas are applicable and magnified for people with disabilities and older adults..

Amish Community

Transportation as a barrier to access is also applicable for the Amish community. Having shorter travel times to services has a positive impact for this group. In general, Amish people are likely to prefer and use healthcare closer to their own community and support networks compared to distant large urban areas.

Sources:

Barnabe, Cheryl. 2020. “Disparities in Rheumatoid Arthritis Care and Health Service Solutions to Equity.” Rheumatic Disease Clinics 46(4):685–92. doi: 10.1016/j.rdc.2020.07.005.

Braveman, Paula, Julia Acker, Elaine Arkin, Katrina Badger, and Nicole Holm. 2022. “Advancing Health Equity in Rural America.”

Community Stakeholders

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

   Using available data, it is difficult to determine the number of low-income persons who are currently or are expected to use infusion services. The available data also makes it difficult to determine disability status. There is no data on service use by the Amish community.

   There were 371 outpatient discharges in the service area at acute care facilities for 98 unique individuals. As expected, individuals will experience more than one treatment per year for infusions. For these individuals, 35.7% were age 65 or over. The average age was 53.6 years. With respect to primary coverage for discharges, the majority were paid by public benefits programs: 42.1% were reimbursed by Medicare, and Medicaid covered 14.0% of the discharges.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

   Within the service area, as shown in Figure 1, infusion services are available at St. James Hospital and UR Jones – Hornell. Noyes Memorial Hospital, Ira Davenport Memorial Hospital, and Jones Memorial Hospital in Wellsville are outside the service area but about twenty miles away. Corning Hospital

(Guthrie), Olean General Hospital, and UR Jones – Olean are about forty miles away. As noted by community stakeholders, and confirmed by the analysis in Step 1, Question 7, the majority of users travel two hours or more to receive services in Rochester or Buffalo.

The Southern Tier Arthritis and Rheumatism practice was acquired by the UR Jones system, which includes Jones Memorial Hospital; those are now referred to as UR Jones – Hornell and UR Jones - Olean. The Hornell site of the former Southern Tier Arthritis and Rheumatism will close, with services moving to the new infusion center (it is 150 feet away in the same building). The Olean site will remain. Some outpatient infusion services will be moving from St. James to the new center.

Sources: SPARCS 2022, NICA 2023

Community Stakeholders.

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

   The majority of utilization for infusions requires long-distance travel to Rochester and Buffalo. As seen in Table 1, almost two-thirds of utilization in the service area occurs at Strong Memorial and Roswell Park in Buffalo. Although Corning Hospital (Guthrie), the second largest provider, is within Steuben County, it is nearly forty miles from the new center and over fifty miles from the western side of the service area.

Table 1 Market Share for Infusions for Acute Care Facilities, 2022

Facility	Discharges	Percent	Cumulative Percent
STRONG MEMORIAL HOSPITAL	205	55.3%	55.3%
CORNING HOSPITAL	45	12.1%	67.4%
ROSWELL PARK CANCER INSTITUTE	34	9.2%	76.6%
NICHOLAS H. NOYES MEMORIAL HOSPITAL	27	7.3%	83.8%
ST. JAMES HOSPITAL	19	5.1%	89.0%
ARNOT OGDEN MEDICAL CENTER	13	3.5%	92.5%
All Others	28	7.5%	100.0%
Total	371	100.0%	

Source: SPARCS 2022

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community

services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The Hospital provided the ICR Exhibit 50 for 2022. The Hospital met its obligations, receiving $907,303 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051). The Assessor also reviewed the Community Service Society (CSS) literature, which defined performance measures as the percentage of financial aid application approvals, financial aid applications per certified bed, and liens per certified bed. There were no red flags reported in 2012. However, the statistics from 2012 are not comparable to 2022 for this hospital.

This project may increase the indigent care pool obligations.

Sources:

Benjamin, Elisabeth R., Arianne Slagle, and Carrie Tracy. 2012. “Incentivizing Patient Financial Assistance: How to Fix New York’s Hospital Indigent Care Program.” New York: CSS.

ICR Jones Memorial Hospital 2022, “Exhibit 50”.

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

   The project is expected to increase staffing and require some staff to move or travel from the Olean location to the new location in Hornell. The project will increase the rheumatology medical staff by one (which is a major benefit of the project). Also expected is an increase in two registered nurses, two to three licensed practical nurses, and two front-end receptionists. A nurse manager and officer manager who work at multiple locations will provide support at this new location.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

    None reported.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

    Olean Infusion Center Build, June 2020

Olean Infusion Center Renovations, June 2023
Andover Primary Care, June 2023

After years of declining availability of services, these projects reflect a reinvestment in healthcare services in the area. For the identified underserved groups, locally available services are highly beneficial since they avoid long-distance travel. Particularly in specialty services, the service area is underserved and will require many projects like this one to fill existing needs

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
    a. Improve access to services and health care
    b. Improve health equity
    c. Reduce health disparities

As described in Step 1, response to Question 4 and summarized in Table 2, for all of the identified groups there is limited local availability of infusion and related specialty services, requiring long-distance transportation which limits access. By providing locally available services, the project improves access and availability. Since long-distance transportation requires vehicles and results in lost income due to travel time (for supporting persons), local services reduce inequity among low-income families. Since infusions are often experienced as physically draining, improving local access and availability may also improve treatment acceptance by consumers deterred by long travel.

The challenges of long-distance travel to urban areas are compounded for the Amish community due to culture.

In the medical literature, the role of geographic factors can be difficult to disentangle from other social determinants. For severe rheumatological disorders, such as rheumatoid arthritis, and systemic lupus erythematosus, there are disparities in treatment and outcomes between urban and rural areas (Barnabe 2020; Hasan, Fike, and Hasni 2022; Yip and Navarro-Millán 2021). Reduced access to treatment alters the treatments offered to consumers and acceptance of treatments is impacted by stresses and difficulties involved in travel. Based on this information, improved local access to infusion services and rheumatology specialty care, may decrease disparities for the identified groups.

Sources:

Barnabe, Cheryl. 2020. “Disparities in Rheumatoid Arthritis Care and Health Service Solutions to Equity.” Rheumatic Disease Clinics 46(4):685–92. doi: 10.1016/j.rdc.2020.07.005.

Hasan, Bilal, Alice Fike, and Sarfaraz Hasni. 2022. “Health Disparities in Systemic Lupus Erythematosus—a Narrative Review.” *Clinical Rheumatology* 41(11):3299–3311. doi: 10.1007/s10067-022-06268-y.

Yip, Kevin, and Iris Navarro-Millán. 2021. “Racial, Ethnic, and Healthcare Disparities in Rheumatoid Arthritis.” *Current Opinion in Rheumatology* 33(2):117–21. doi: 10.1097/BOR.0000000000000782.

Community Stakeholders.

Table 2 Impact of Project on Identified Underserved Groups

Underserved Group	Impact		
	Access & Availability	Health Equity	Health Disparities
Low-income	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation and monetary barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.
Persons receiving public health benefits	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation and monetary barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.
People with Disabilities	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation and monetary barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.
Older Adults	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation and monetary barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.
Persons living in rural areas	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation and monetary barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.
Amish community	Improves local availability and reduces access barriers due to long-distance transportation	Reduces transportation, monetary, and cultural barriers	Possible reduction in disparities in outcomes and treatment for autoimmune disorders.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

   No unintended negative impacts can be inferred for the identified groups.

   The increased availability of rheumatologists in the area may shorten the time to diagnosis. Based on the medical literature reviewed in Step 2, Question 1, shifts in treatment practice – the particular disease-modifying medications that are used – may also occur. These changes are expected to affect all of the identified groups.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

   Total hospital costs incurred in rendering services to uninsured patients: $1,478,067 (ICR 2022, Exhibit 50, ICR Line Code 001).

   It is expected that indigent care reimbursement will increase with the project changes. With the data available it is not possible to estimate the amount of the increase in hospital costs or indigent care reimbursement from the new infusion center.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

   Several public transportation systems in the service area provide interconnection across counties, navigation assistance and have mobility management services. Community stakeholders were concerned that low-literacy residents and consumers have difficulty navigating the services. They also discussed that consumers complain about the reliability of the services and worry they may be stranded or miss appointments.

   Access Allegany https://www.accessallegany.com

   Hornell Area Transit https://www.hatrides.com

   Steuben Transit https://ridesteuben.com

   NeedARide (Mobility Management) https://www.needaride.info

   Institute for Human Services (211 Helpline service)

Medicaid provides transportation through MAS. MAS 2.0 (medanswering.com)

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

   The building meets current building codes.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

   Not applicable. The project does not impact maternal health care services and comprehensive reproductive health care services.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

   Steuben County Department of Health

   Allegany County Department of Health

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

   Yes

9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.

   See attached.

   In summary, the community stakeholders concurred that access and availability of medical and dental services was a significant deficiency in the service area, particularly for specialty services. The availability of rheumatology and neurology was a particular area of concern. As a result, transportation to Buffalo or Rochester, which may take two hours, is necessary for receiving services.

Transportation is a barrier for low-income groups, persons with disabilities, and older adults.

In the service area, mental health and substance abuse are important health problems. Social determinants of health that exacerbate health conditions include food insecurity, low literacy, and cultural resistance to preventative healthcare.

There has been a history of declining local healthcare services in the service area. These have been worsened post-Covid pandemic by severe workplace shortages. Structurally, there is a split in health care systems between Buffalo versus Rochester-based systems. One of the effects of this split is a lack of communication among providers about the availability of services.

All of the interviewed community stakeholders strongly supported the project and the additional local services that would be available. They provided many suggestions regarding enhancements and improvements related to transportation, communication, and post-discharge care.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

    Based on the demographic data analysis and community stakeholder interviews, the groups most impacted by the project are the low-income population, persons with disabilities, and older adults. Rural poverty is a major characteristic of the service area. Rheumatological disorders are severely disabling and the project will both impact currently disabled persons and persons who may become disabled without adequate treatment. The utilization analysis for the service area also supports that older adults will be likely users of the project's services.

    Because of the lack of availability of the services in the area, long-distance transportation is necessary. Transportation is difficult for disabled persons and older adults, often requiring supportive family or friends. Because of the travel distances involved, the cost of lost wages is a major barrier to family and friends. Public transportation is limited and problematic. The community stakeholders support increased availability of infusion services in the area to reduce the need for long-distance travel.

The community stakeholders were concerned about the impact of social determinants of health. These include food and housing insecurity, social isolation, lack of cultural support for preventative care, low literacy, and poor communication about available healthcare services. The medical literature reviewed in Step 2, Question 1, noted that food and housing insecurity and other stresses due to home conditions worsen autoimmune conditions and need to be considered in rheumatological care.

One of the community stakeholder organizations brought up a lack of health insurance as a concern. This was generally not supported by the ACS data review of the service area – health insurance coverage was over 95% of the population. (Allegany and Steuben Counties, which are larger than the service area, could include low insurance coverage areas.) Other stakeholder organizations stated that some providers did not accept Medicaid insurance. The problem may be that some local primary medical or dental providers do not accept insurance or new patients from the major managed Medicaid plans in the area. That is not an issue for Jones Memorial Hospital.

Several stakeholders brought up the Amish community as an underserved group. As a community, it is not specifically affected by the project, although persons in the community can potentially benefit from the services. The mitigation section discusses how the project could be enhanced to improve access to these and other services by the Amish community.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

    All of the stakeholder interviews were supportive of the project. The main benefit is increasing the availability of local services and reducing the barriers created by long distance transportation. Those who face transportation difficulties will have the greatest benefit, as well as those who support them who would be impacted by wage loss.

    The community engagement also identified that social determinants of health experienced at home will impact the health of persons receiving the project's services and limit its benefits.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

While we interviewed other organizations that represent the disabled we were not able to engage OPWDD in Allegany and Steuben Counties.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The Assessor recommends the following guidelines to improve communication with persons of limited English-speaking ability:

- Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, track encounters in the EPIC EMR with persons with limited English-speaking ability and provide reporting on those encounters.
- Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.
- In written communications, include contact information for bilingual staff or contracted language lines.
- Include translated material in the public website and social media.
- Plan outreach events at locations for persons with limited English-speaking abilities.
- In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
- Staff training on language access resources.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- Outreach events with sign-language interpreters, written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
- The following specialized services may be appropriate for the hospital or scheduled video or web conferences:

    - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
    - VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.
    - VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
    - Visual impairment: Provide qualified readers at the hospital, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
    - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
    - Speech disabilities: For general situations, have pencil and paper available, and in some circumstances, a qualified speech-to-speech transliterator.
- Staff training on available resources.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

Applicable to all identified underserved groups:

Establish a Community Advisory Committee

A permanently established community advisory committee, which meets regularly, will provide the Hospital with insight and support to enhance its services. Many of the enhancements and improvements recommended below are active areas of advocacy and implementation by the community stakeholders engaged for this project.

Sources:

National Academies of Sciences, Engineering, and Medicine. 2016. Systems Practices for the Care of Socially At-Risk Populations. Washington, DC: National Academies Press.

Community Stakeholders

Care coordination including transportation

The underserved groups have multiple social and economic needs, such as food and housing insecurity. Substance abuse is a significant problem in the service area. These social determinants of health will limit the benefits of much needed

rheumatology and infusion services. Care coordination that assists with social needs will be a valuable enhancement to the project.

Although the project reduces the long-distance transportation burden, local transportation will still be required. Community stakeholders indicated that underserved persons will need support in navigating available local transportation resources.

Sources:

RHIHub. 2023. “Care Coordinator Model - Rural Care Coordination Toolkit.” Retrieved December 14, 2023 (https://www.ruralhealthinfo.org/toolkits/care-coordination/2/care-coordinator-model).

Consider supporting transportation alternatives

Several community stakeholders discussed limitations to local public transportation. In Allegany and Steuben Counties there is a lack of trust in existing rural public transportation. Buses may not arrive when scheduled. Since walking several miles to get to a bus stop is common, becoming stranded is a fear. Medicaid-supported transportation also has a reputation for not being reliable, resulting in missed appointments and rescheduling that can cause long delays in treatment.

Transportation alternatives would be an improvement to services. Ardent Solutions (one of the community stakeholder organizations) has a transportation program in Allegany County. Ardent Solutions is looking at building out mobility-on-demand with wheelchair vans.

There are several innovative models for transportation alternatives in rural areas. These include (RHIHub 2023, “Rural Transportation Toolkit”):

- Ride-sharing and Volunteer Models
- Taxi Vouchers
- Mobility-On-Demand
- Care Coordination and Patient Navigation for Mobility

Sources

American Hospital Association. 2017. “Transportation and the Role of Hospitals” Retrieved December 26, 2023. (https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf).

RHIHub. 2023. “Models to Improve Access to Transportation” Retrieved December 14, 2023

(https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-improve-access).

Community Stakeholders

Utilize home visitation post-discharge by community health workers to support social needs.

Social needs increase health risks for persons with autoimmune diseases and limit the benefits of treatment. Community stakeholders identified these social needs as involving food insecurity, social isolation, lack of cultural support for preventative care, low literacy, and poor communication about available healthcare services. Substance abuse is a serious problem in the service area.

Home visitation by community health workers is a means to improve the availability and access to social needs support. In addition to the direct benefits of community health workers providing home visitation, developing community health workers provides entry into the healthcare workforce.

Sources:

Braveman, Paula, Julia Acker, Elaine Arkin, Katrina Badger, and Nicole Holm. 2022. “Advancing Health Equity in Rural America.” Robert Wood Johnson Foundation.

National Academies of Sciences, Engineering, and Medicine. 2016. Systems Practices for the Care of Socially At-Risk Populations. Washington, DC: National Academies Press.

RHIHub. 2023. “Module 1: Introduction to Community Health Workers” Retrieved December 14, 2023 (https://www.ruralhealthinfo.org/toolkits/community-health-workers/1/introduction).

Community Stakeholders

Utilize Telehealth to extend the reach of specialty providers

Community stakeholders advocated more extensive use of telehealth in the area. In the medical literature (see Step 2, Question 1), identified disparities between urban and rural rheumatological care include delays in diagnosis and differences in treatment. One means of extending specialty services is to increase access of primary care providers to specialty consults using telehealth services.

Home-based telehealth and in-home monitoring may be less useful for these conditions than others, but if appropriate could improve access. Community stakeholders noted that utilizing schools and libraries in the area may be a better option than in-home telehealth due to computer literacy and broadband access.

Sources:

RHIHub. 2023. “Rural Telehealth Toolkit - RHIhub.” Retrieved December 22, 2023 (https://www.ruralhealthinfo.org/toolkits/telehealth).

Allegany County Department of Health

Steuben County Department of Health

Community Stakeholders

Communicate the availability of services in Allegany County to non-system providers

In Allegany County, there is a split between the western and eastern sides of the county with regard to Buffalo versus Rochester-based health care systems. There may be a lack of awareness of the availability of the project’s new services in portions of the county. Ensuring that providers across systems are aware of the new services may help all persons in need of those services access t hem.

Sources:

Allegany County Department of Health

Support using IT Interoperability tools and Regional HIT among providers

The Allegany County Department of Health noted there is a lack of information exchange regarding testing and medical history between healthcare systems. They encouraged improved exchange of information, citing the Regional Health Information Organization (RHIO) HealtheLink as an example of a way to improve the exchange of information.

Sources:

Allegany County Department of Health

For the Amish community:

The published literature, community stakeholders and County Departments of Health all concur that the Amish community experiences cultural, transportation, and monetary barriers to access. Based on the ethnographic literature, consider the following approaches to improve access:

Provider information to local bishops about services.

The Allegany Department of Health mentioned providing communication to local school headmasters.

Include Amish representatives in a community advisory board.

Emphasize in-home visitation services, when appropriate.

Sources:

Anderson, Cory, and Lindsey Potts. 2020. “The Amish Health Culture and Culturally Sensitive Health Services: An Exhaustive Narrative Review.” Social Science & Medicine 265:113466. doi: 10.1016/j.socscimed.2020.113466.

Anderson, Cory, and Lindsey Potts. 2021. “Research Trends in Amish Population Health, a Growing Literature about a Growing Rural Population.” Journal of Rural Social Sciences 36(1):6.

Community Stakeholders

Allegany Department of Health

Steuben Department of Health

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

   As recommended, a regularly meeting community advisory board would provide a means for engaging and consulting with stakeholders.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

   The service area has experienced a reduction in medical and dental services over several decades, particularly for specialty services. The project provides locally available services that otherwise require long-distance transportation. Transportation acts as a systemic barrier for low-income, older, and disabled persons. By adding local services and reducing the transportation burden, the project addresses a systemic barrier.

   As described in the preceding items, additional support for local transportation will enhance the project. Underserved groups will likely be effected by multiple social determinants of health and additional support for those needs will improve the benefits of the project’s services.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Hospital provides standard quality of care monitoring and has the capability for collecting SDOH metrics through the EPIC EMR system. CMS is mandating the collection of SDOH metrics for inpatient starting on January 1, 2024, with reportable metrics for screening and number of patients reporting positive for a screening domain. However, this is an outpatient site, and there are no standard procedures for what should be acquired at intake.

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

   The Applicant should include SDOH screening in its intake process for the outpatient infusion center for the five domains that are now standard requirements for inpatient settings. Because transportation was the most significant barrier impacted by the project we recommend the following additional steps:

   - Provide population-based reporting on the number of infusion center users who report a transportation problem.
   - Collect information on the percentage of persons reporting a transportation problem who received follow-up.
   - Report on those individuals who indicated a transportation problem at intake and were able to acquire reliable transportation on discharge.

Sources:

CMS 2022. “A Guide to Using The Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights.” Washington, DC: Centers for Medicare and Medicaid Services.

National Association of Community Health Centers 2022. “PRAPARE: Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences. Implementation and Action Toolkit.” Full-Toolkit_June-2022_Final.pdf (prapare.org) Accessed 1/4/2024.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

Disclaimer:

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December 2023

Appendix: Figures

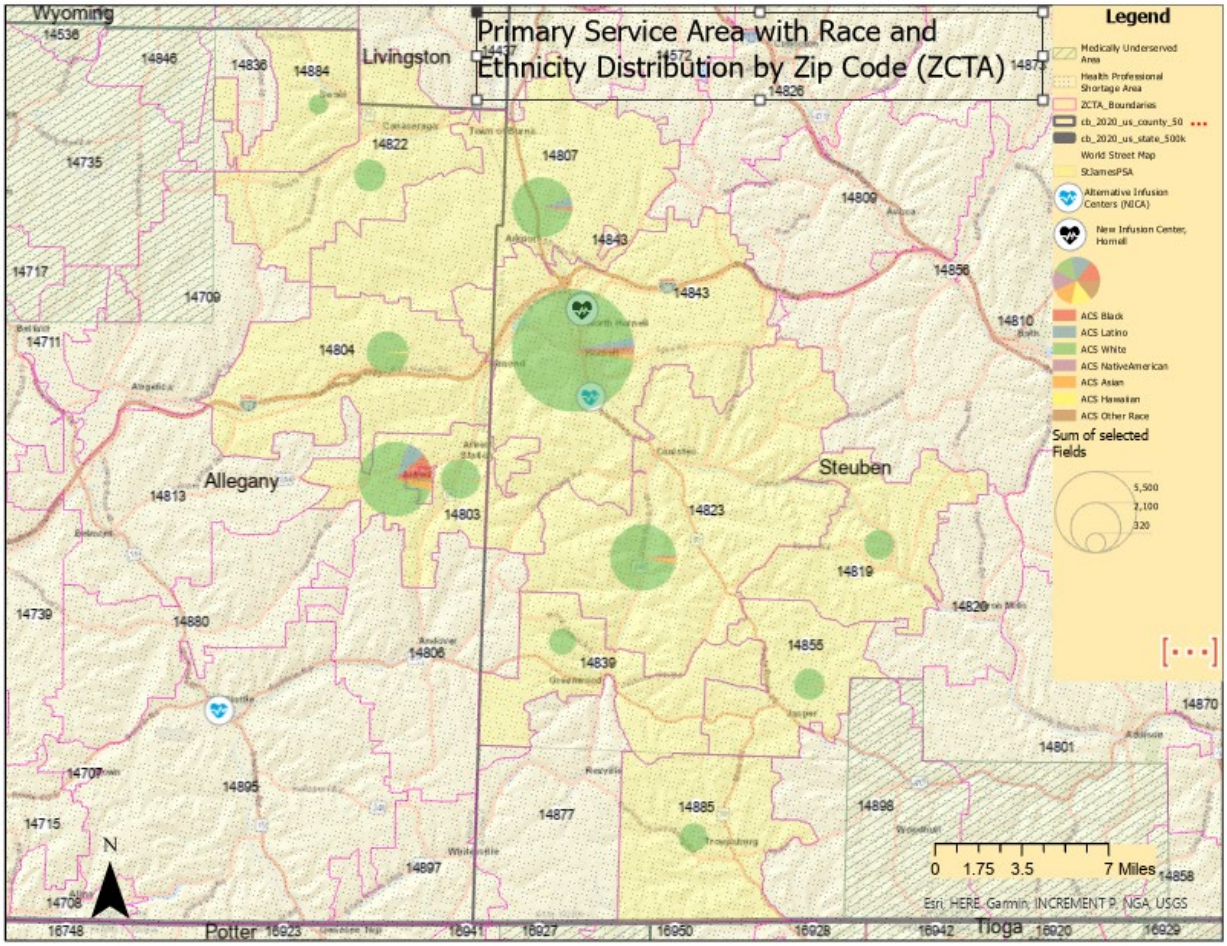

Figure 1 1 New Infusion Center Primary Service Area with Race and Ethnicity Distribution by Zip Code

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, BOYD CHAPPELL, attest that I have reviewed the Health Equity Impact Assessment for the INFUSION CENTER, HORNELL that has been prepared by the Independent Entity, MP CARESOLUTIONS.

Boyd Chappell

Name

Boyd Chappell

Title

Boyd Chappell

Boyd Chappell (Jan 19, 2024 11:54 EST)

Signature

Jan 19, 2024

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

As part of the mitigation plan for this project, there are numerous action plans/interventions that will be put into place. Each patient of this department will be assessed for Social Determinants of Health using the existing assessment tool that is embedded within the EMR system. The assessment tool includes a questionnaire regarding food insecurity, housing stability, utilities, transportation needs, domestic abuse and neglect screening, physical activity, financial resource strain, stress, and

social connections. The department will have the support of a Social Worker to respond to patient needs as determined by the Social Determinants of Health assessment tool. Partnerships with local agencies and resources will be established and/or strengthened to support the social needs of the community served. There are actions/interventions that will be put in place to mitigate potential barriers to effective communication. We will leverage the use of existing technology, including access to Cyracom translation software/devices, providing written patient instructions from the EMR in the patients preferred language, and all staff will be trained on the available resources. The staff within this department and the Social Worker will work collaboratively with local resources within the community as well as exploring alternative transportation resources to mitigate local transportation barriers. Furthermore, telehealth capabilities will be utilized when clinically appropriate. When needs are identified, appropriate referrals will be made for home visitation by community health workers. Care coordination amongst providers and specialties will be improved with existing interoperability of the Epic EMR with other healthcare systems using the CareEverywhere feature, as well as the existing interfacing of RHIO and Healthelink functionality.

HEIA Jones Memorial Hornell Infusion Center

Final Audit Report 2024-01-19

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