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	Jones Memorial Alfred Primary Care
2. Name of Applicant	Jones Memorial Hospital
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	2/6/2024

7. Executive summary of project (250 words max)

The project is a Primary Care practice site in Alfred, New York. It will have the capacity for 300 patient encounters per month. It will be staffed with one (0.6 FTE) physician, one advanced practice professional (1 FTE), two LPNs (1.6) FTEs, one receptionist (1 FTE), and one office manager (0.3 FTE).

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. As a rural service area, transportation is a barrier for low-income, aging and disabled persons because of 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.

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, Casa Trinity, ProAction community advocates, and the Ardent Solutions network and coalition.

All of the interviewed community stakeholders supported the project. The increased availability of primary care services has broad benefits for the communities in the service area. The community stakeholders are particularly concerned about low-income persons, persons with disabilities, and older adults. The project will benefit those groups. The project site is located in the one zip code in the service area with a significant proportion of racial and ethnic minorities. However, this is due to the presence of a State College and its students, who likely already have access to college health services.

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. 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 project provide care coordination that includes support for utilizing transportation services and consider supporting transportation alternatives. Using community health workers to support consumers may help address SDOH needs and create entry-level positions for the healthcare workforce. 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 primary care office is located in Alfred, New York. The assessment service area is based on a service area centered in Hornell, NY, that includes portions of Steuben and Allegany Counties. Alfred is on the western side of the service area in Allegany County. On the northwest and southeast sides, the service area borders but does not include HRSA-designated medically underserved areas. Both counties are HRSA-designated health professional shortage 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. That is the zip code for the primary care office, which is the subject of this assessment. 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. There are zip codes in the area with poverty rates above 20%, 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
   - ❑ X 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.

   The primary care office is located in the 14802 zip code, the only zip code in the service area with a significant racial and ethnic minority population due to the presence of Alfred College. It is a young population with a low poverty rate. The college provides health services to its students. An additional primary care office in the town provides an alternative to students, although the Assessor believes the health equity impact will be small for the student population.

   Community stakeholders identified disabled persons and older adults as concerns for this area.

   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 each medically underserved group (identified above)?

Low-income, Persons living in rural areas,

Primary care is the entry point and foundation to healthcare (RHIHUB 2023). Nationally there are significant disparities in access to primary care between rural and urban residents (Bolin et al. 2020). The decreased access to primary care in rural areas is associated with higher costs of receiving care, delayed treatment, and worse outcomes. Primary care availability significantly affects the difference between rural and urban life expectancy in the United States (Sharma and Basu 2022). Gizaw, Astale, and Kassie (2022) write that "strengthening primary health care is the most comprehensive, reliable and productive approach to improving people's physical and mental well-being and social well-being …" Primary care reduces inequities in the healthcare system (PCDC 2022).

The University of Wisconsin County Health Rankings estimates that in 2020 Allegany County had 2400 residents per primary care physician and that Steuben County had 1930 residents per primary care physician. That compares to 1310 residents per primary care physician nationally and 1170 residents per primary care physician for New York State.

Improving access and availability of primary care services is foundational to effective healthcare and is expected to reduce adverse disparities in health outcomes for persons living in conditions of rural poverty.

Transportation is an access barrier to primary care in rural areas, as reduced availability requires more distant travel. Distance to care has a greater effect on low-income communities in rural areas because of lower vehicle ownership and the need to take off work for travel time. Increasing the availability of local services eases geographic barriers.

Persons receiving public health benefits

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.

Racial and Ethnic Minorities

Generally, access and availability problems are aggravated for racial and ethnic minorities living in rural areas. As noted throughout the assessment, the minority

groups in the service area are predominantly drawn from a young college student population served college health services.

People with Disabilities, Older Adults

The health needs 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

In general, Amish people will likely prefer and use healthcare closer to their community.

Sources:

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

Bolin, J. N., G. Bellamy, A. O. Ferdinand, B. A. Kash, and J. W. Helduser. 2015. “Rural Healthy People 2020 Vol. 1.” College Station, Texas: Texas A&M Health Science Center School of Public Health, Southwest Rural Health Research Center.

Gizaw, Zemichael, Tigist Astale, and Getnet Mitike Kassie. 2022. “What Improves Access to Primary Healthcare Services in Rural Communities? A Systematic Review.” BMC Primary Care 23:313. doi: 10.1186/s12875-022-01919-0.

Ford, M. M., A. Allard, A. Simonetti, A. Smith, A. M. Eldoyati, L. Goldberg, J. Harris, M. Summers. 2022. “Access to Primary Care in New York State.” New York, NY: Primary Care Development Corporation. https://www.pcdc.org/wp-content/uploads/Access-to-Primary-Care-in-New-York-State_FINAL_August-2022.pdf Accessed 1/16/2024

RHIHUB 2023. “Healthcare Access in Rural Communities Overview” https://www.ruralhealthinfo.org/topics/healthcare-access#primary-care Accessed 1/16/2024.

Sharma, Arjun, and Sanjay Basu. 2022. “Does Primary Care Availability Mediate the Relationship Between Rurality and Lower Life Expectancy in the United States?” Journal of Primary Care & Community Health 13:21501319221125471. doi: 10.1177/21501319221125471.

University of Wisconsin 2023. “Primary Care Physicians,” Allegany, New York | County Health Rankings & Roadmaps Accessed 1/16/2024

University of Wisconsin 2023. “Primary Care Physicians,” Steuben, New York | County Health Rankings & Roadmaps Accessed 1/16/2024

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?

   The response to this question is based on SPARCS data for utilization in Article 28 acute care facilities, which is a very limited source for this purpose. Primary care services delivered in Article 28 facilities will only be a small fraction of all primary care utilization. The data analysis uses a combination of provider specialty and billed services to identify primary care utilization. Specialty is based on NPI taxonomy codes and the set of services uses a CPT-4 procedure codes. Based on the facilities returned, which includes one cancer hospital, it appears that some of the encounters may have occurred during specialty-service episodes although the provider and procedure were primary care.

   Using this data and primary care utilization definition, there were 1,039 encounters during 2022. These encounters involved 722 unique individuals. The average of the individuals was 48.9 years and 24.5% of them were 65 years or older. Medicaid was the primary payer for 35.7% of the encounters and Medicare comprised another 21.5% -- in this setting public benefit programs were the majority payer. The individual users were predominantly White, with 91.4% identified as White, and 5.8% as Other Race. Less than 2% were reported as Black. As discussed above, the zip code with a large racial and ethnic minority population is associated with a college and it is expected that college students will be going to a college-based health service rather than an Article 28 facility clinic.

   It is not possible with this data to identify disabled persons.

   This assessment uses the New York State Prevention Agenda “Adults who have a regular health care provider” indicator for expectations about use for this project. For Allegany County, this indicator, based on 2021 was estimated at 81.5 compared to a 2024 Objective of 86.7. The dashboard indicated a “High” concern level. For Steuben County, the indicator was at 85.5, with a “Moderate” concern

level. In sum, the Prevention Agenda shows an unmet need for primary care services which the project can address.

Sources:

NYS DOH. 2023. “New York State Prevention Agenda Dashboard – Allegany County.” Prevention Agenda Tracking Dashboard (ny.gov) Accessed 1/16/2023.

NYS DOH. 2023. “New York State Prevention Agenda Dashboard – Steuben County.” Prevention Agenda Tracking Dashboard (ny.gov) Accessed 1/16/2023.

SPARCS 2022.

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

   Primary care providers in the service area are displayed in Figure 2, from the NYS Medicaid Enrolled Provider Listing. (There may be other providers who are not enrolled with NYS Medicaid, but for the purposes of a Health Equity Assessment, these providers are more relevant.) The area has 131 providers, with most located near Hornell, New York, along Route 36, which is in the center of the service area. The new primary care site in Alfred is on the western side of the service area. There are three primary care providers currently in the vicinity of the project site. The Alfred location is about nine miles from Hornell.

   Several Article 28 facility clinics outside the service area provide primary care services. These are Noyes Memorial Hospital, Arnot Ogden, Jones Memorial, Livingston Health Services, and Ira Davenport. (Other clinics are identified in Table 1 in Rochester and Buffalo. These may reflect more complex care needs since the travel time to them is around two hours.) Jones Memorial is the closest to the project site at about thirteen miles, Noyes is about 20 miles away, while Davenport is around 25 miles, and Livingston is nearly 40 miles.

   The service area and surrounding areas are HRSA health professional shortage areas. The northwestern and southeastern portions of the service area border HRSA underserved areas.

   Sources:

   Community Stakeholders

   HRSA 2023. Shortage Areas (hrsa.gov) Accessed 1/15/2024.

Medicaid Enrolled Provider Listing 2023. Medicaid Enrolled Provider Listing | State of New York (ny.gov) Accessed 1/15/2024

SPARCS 2022

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

   As noted in the response to Question 5, the SPARCS data used to evaluate utilization will be incomplete for primary care services. The market share of encounters, for the available data, is shown on Table 1. The table lists the Article 28 facilities, the number of service area encounters during 2022 for them, and the percentage of total encounters. Over half of the encounters occurred at Noyes Hospital, in Dansville, which is about twenty miles from the new site. Noyes is north of and outside of the service area.

Table 1 Market Share of Article 28 Facility Primary Care Utilization, 2022

Facilities	Encounters	Percentage of Encounters
Nicholas H. Noyes Memorial Hospital	545	52.5%
Arnot Ogden Medical Center	154	14.8%
Strong Memorial Hospital	89	8.6%
Roswell Park Cancer Institute	77	7.4%
Jones Memorial Hospital	42	4.0%
St. James Hospital	36	3.5%
Livingston Health Services	31	3.0%
Ira Davenport Memorial Hospital	23	2.2%
All Others	42	4.0%
Total	1039	100%

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.

It is expected that the impact on indigent care pool reimbursement will be minimal.

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.

Jones Memorial Hospital 2022, Institutional Cost Report. “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 site is expected to involve the placement of one (0.6 FTE) physician, one (1 FTE) advanced practice professional, two LPNs (1.6) FTEs, one receptionist and one office manager (0.3 FTE).

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.

    Andover Primary Care, June 2023

    After years of declining availability of services, these projects reflect a reinvestment in healthcare services in the area. The service area is health professional shortage area 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

For all of the identified groups, increased local availability of primary care services reduces the transportation requirements which limits access in rural areas. This access barrier is exacerbated for low income persons, persons with disabilities, and older adults. Transportation requires vehicles and results in lost income due to travel time (for supporting persons). Local services reduce inequity among low-income families and for persons who have reduce mobility.

The challenges of geographic barriers are compounded for the Amish community due to culture.

In general, as referenced in Step 1, Question 4, primary care is foundational to health outcomes and is the entry to the healthcare system. Primary care has been demonstrated to improve overall health outcomes and reduce health inequities. Access to primary care is a disparity that impacts rural communities and vulnerable groups in those communities. The benefits are summarized for each group, except for racial and ethnic minorities, in Table 2.

As noted above, the project site is in a zip code that has a relatively high proportion of racial and ethnic minority population for the service area. In general, access and availability disparities are exacerbated for racial and ethnic minorities living in rural areas. A local site would be expected to be highly beneficial. However, in this area, it reflects a college student population that receives care from college health services. The project site provides increased choice but is not expected to have the same benefit as it would in a more typical environment.

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 travel / transportation	Reduces transportation and monetary barriers	Reduces disparities in primary care access. Improves overall health outcomes.
Persons receiving public health benefits	Improves local availability and reduces access barriers due to travel / transportation	Reduces transportation, monetary barriers, access limits to providers not accepting new Medicaid patients	Reduces disparities in primary care access. Improves overall health outcomes.
People with Disabilities	Improves local availability and reduces access barriers due to travel / transportation	Reduces transportation and monetary barriers	Reduces disparities in primary care access. Improves overall health outcomes.
Older Adults	Improves local availability and reduces access barriers due to travel / transportation	Reduces transportation and monetary barriers	Reduces disparities in primary care access. Improves overall health outcomes.
Persons living in rural areas	Improves local availability and reduces access barriers due to travel / transportation	Reduces transportation and monetary barriers	Reduces disparities in primary care access. Improves overall health outcomes.
Amish community	Improves local availability and reduces access barriers due to travel / transportation	Reduces transportation, monetary, and cultural barriers	Reduces disparities in primary care access. Improves overall health outcomes.

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.

   Community stakeholders noted that there is a need in the underserved communities to increase awareness of preventative care. Reducing barriers to accessing primary care may help to develop that awareness.

   Source: Community Stakeholders

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 the impact of the project on indigent care reimbursement will be minimal.

   Source:

   Jones Memorial Hospital 2022. Institutional Cost Report. ”Exhibit 50”

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?

   The project does not have any negative impact on maternal health care services and comprehensive reproductive health care services. By increasing primary care access and availability it may provide improvements for reproductive and maternal health service access and availability and continuity of care.

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. Although specialty services was a greater concern, the availability of primary care services is also problematic.

   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 supported the project. They provided many suggestions regarding enhancements and improvements related to transportation, communication and at-home supportive services.

   The Allegany County Health Department of Health commented on the location of the project site in Alfred rather than other areas. They would have preferred a location in other areas, such as Houghton (which is an HRSA-designated underserved area). However, they are supportive of the additional availability that the site brings to Allegany County residents.

   (Based on the road network, Alfred is more centrally located than the HRSA-designated underserved areas in Allegany County. It provides a sufficient population base to ensure economic viability.)

   Source:

   Community Stakeholders

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?

    Rural poverty is a major characteristic of the service area.. The community stakeholder interviews emphasized the vulnerabilities of the low-income population, persons with disabilities, and older adults. The increased availability of Primary Care services in this service area will benefit these groups but also has a broader positive impact on the communities.

    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 managed Medicaid plans in the area. That is not an issue for Jones Memorial Hospital. An additional primary care practice accepting Medicaid managed care insurance and open to new patients may be a benefit to persons having difficulty accessing primary care practices not accepting new patients. (We were not able to find information about how prevalent this situation may be in the service area. It does appear in the literature for New York State primary care access (Ford et al. 2022).)

    As a rural service area, transportation is a critical resource and is a barrier to access. Transportation is difficult for disabled persons and older adults, often requiring supportive family or friends. Public transportation is limited and problematic. Even considering the limitations of the SPARCS data, the analysis for Step 1, Question 6, shows that over half of the Article 28 encounters required travel outside the service area, at least thirty to forty minutes from the new location.

    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 lack of cultural support for preventative care was noted by several of the community stakeholders. An orientation to treatment rather than preventative care may also reflect the practical problem of accessing care when it does not appear immediately necessary. Reducing barriers to access may help promote increased use of preventative care.

Several stakeholders brought up the Amish community as an underserved group. The mitigation section discusses how the project could be enhanced to improve access to these and other services by the Amish community.

Sources:

Community Stakeholders

Ford, M. M., A. Allard, A. Simonetti, A. Smith, A. M. Eldoyati, L. Goldberg, J. Harris, M. Summers. 2022. “Access to Primary Care in New York State.” New York, NY: Primary Care Development Corporation. https://www.pcdc.org/wp-content/uploads/Access-to-Primary-Care-in-New-York-State_FINAL_August-2022.pdf Accessed 1/16/2024

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. Those who face transportation difficulties will have the greatest benefit, as well as those who support them who would be impacted by wage loss. It may help those in Medicaid managed care who could not find Primary Care practices accepting new patients.

    Although the project site is located in an area that has a relatively high proportion of racial and ethnic minorities compared to the overall service area, that is due to a student population. They will likely receive college-based health services, although they may benefit from increased choice.

    Source:

    Community Stakeholders

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 practice's 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. 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 by community health workers to support social needs.

Community stakeholders identified social needs 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

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 site 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 them.

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. The project provides increases locally available services. 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 affected 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 five domains that are now standard requirements for inpatient settings. While transportation was a common theme in stakeholder meetings, because of the broad range of primary care services, we recommend that the Applicant assess the most common SDOH issues for its project users and develop further population health reporting based on those identified priorities.

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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Appendix: Figures

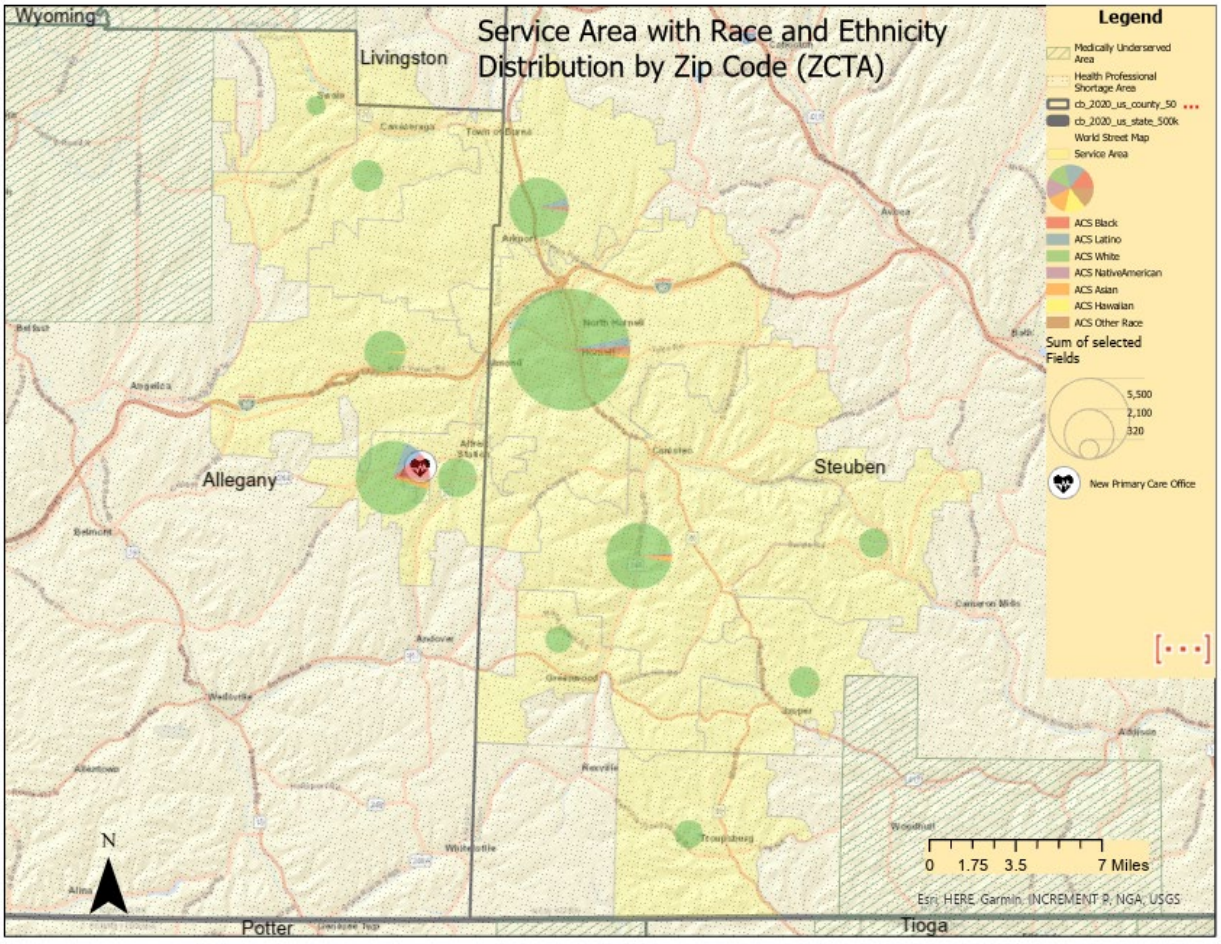

Figure 1 Service Area with Race and Ethnicity Distribution by Zip Code

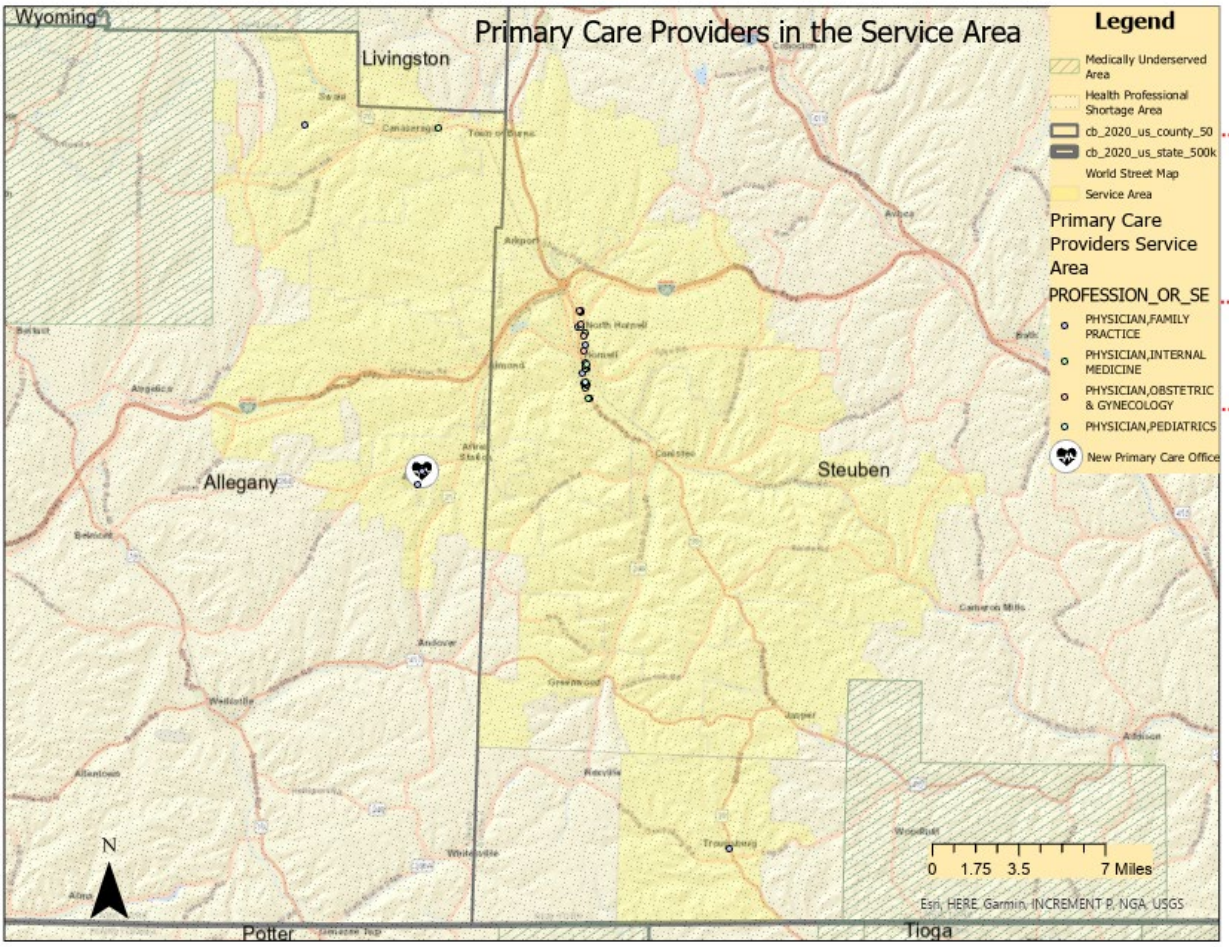

Figure 2 Primary Care Providers in the Service Area

---------- 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 ALFRED PRIMARY CARE that has been prepared by the Independent Entity, MP CARESOLUTIONS.

Boyd Chappell

Name

Chief Financial Officer

Title

Boyd Chappell
Boyd Chappell (Feb 6, 2024 15:13 EST)

Signature

02/06/2024

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.

Under the Rural Health Clinic model an advisory committee is charged to complete a program review to include access, efficiency, and quality. Our intent is to seek Rural Health Clinic designation once Article 28 designation is approved.

The provider within this location provides situational in-home services when warranted. This includes all populations within the provider services area to include the Amish community.

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 Alfred Primary Care

Final Audit Report 2024-02-06

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By:	Howard Brill (hbrill@monroeplan.com)
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