

## 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	<b>Advanced Imaging Relocation</b>
2. Name of Applicant	<b>Glens Falls Hospital</b>
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions <b>Kim Hess</b> , COO <a href="mailto:khess@monroeplan.com">khess@monroeplan.com</a> <b>Howard Brill</b> , SVP Population Health Management and Quality <a href="mailto:hbrill@monroeplan.com">hbrill@monroeplan.com</a> <b>Andrea Indiano</b> , Project Manager Manager <a href="mailto:cboyle@monroeplan.com">cboyle@monroeplan.com</a> <b>Todd Glanton</b> , SVP Technology and Analytics, IT <a href="mailto:tglanton@monroeplan.com">tglanton@monroeplan.com</a> <b>Sylvia Yang</b> , Health Systems Analyst <a href="mailto:syang@monroeplan.com">syang@monroeplan.com</a>
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	1/24/2025
6. Date the HEIA concluded	2/25/2025

7. Executive summary of project (250 words max)

The project is a relocation of an imaging center from 22 Willowbrook Road, Queensbury, to the main campus of Glens Falls Hospital at 100 Park Street, Glens Falls. The distance of the relocation is 2.7 miles. In addition to the relocation there will be renovations to the space for the imaging center and equipment replacement and updating. The 3D mammography and DEXA scanner will be replaced and updated.

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

The project is a 2.7 mile relocation of an imaging center that provides a large proportion of the service area's mammograms and DEXA scans. The poverty rate for the service area is a relatively low 6.5%, but the rates range from 3.0% to 10.1%. The service area is predominantly White, with 93.7% of the population reported as White. The local county Community Health Assessment identified breast cancer screening as a priority intervention. The counties in the service area have a higher incidence rate of female breast cancer than in New York State. Portions of the service area are rural, and transportation is the service area's most significant access barrier.

The current and proposed locations are on a central transportation corridor with public transportation routes. The proposed location is located in a zip code with the highest number and proportion of Black residents, accounting for 41.9% of the Black population in the service area. The proposed location has a higher poverty rate than the current location and the highest proportion of households without vehicles in the service area. In this respect, the proposed location provides improved access for low-income persons without vehicles and Black residents in the relatively central area of the current and proposed locations. The change does not impact current transportation barriers for rural and low-income residents living outside of these two zip codes. Stakeholders from community-based organizations believed that the project would have minimal impact and were mostly indifferent or neutral about the project from a health equity perspective.

On average, surveyed direct consumers responded negatively to the project. In open-ended responses, several expressed concerns about parking, traffic congestion, and the atmosphere at the hospital campus. It's challenging to determine where patient dissatisfaction becomes an access barrier. The health equity balance between parking and closeness to underserved persons without vehicles weighs more heavily on those without transportation resources. The project does not change barriers for persons living outside of public transportation routes. Overall, as the project is a short relocation in a relatively central area, it is expected to have minimal impact on health equity in the broader service area.

## **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 Advanced Imaging Center, which provides mammography and DEXA scanning, is moving from 22 Willowbrook, Queensbury, to the campus of Glens Falls Hospital at 100 Park Street, Glens Falls, a distance of 2.7 miles. The primary service area, determined using CMS criteria on SPARCS discharge data, is shown in Figure 1, and includes portions of Saratoga, Warren, and Washington counties. The project site is in Warren County.

The service area is geographically diverse. It has urbanized hubs but also extensive rural farmland and remote mountainous areas. Healthcare services are concentrated in the urbanized hubs, one of which is the small city of Glens Falls and surrounding suburbs, with poor transportation to remote areas.

Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau 2022 5-year estimates for ZCTAs. Racial and ethnic distributions by ZCTA are also displayed in Figure 1. The current location is in the 12804 zip code and the proposed location is in 12801.

Saratoga has one of the lowest poverty ranks in New York State, ranking 59<sup>th</sup> out of 62 counties. Warren ranks 54<sup>th</sup>. Washington County is in the mid-range, at 37<sup>th</sup>.

The poverty rate for the service area is a relatively low 6.5%, but the rates range from 3.0% for zip code 12845 to 10.1% for zip code 12839. The 12804 zip code, where the current site is located, has a poverty rate of 4.6% compared to 6.3% for the 12801 zip code, where the proposed site is located.

The service area is predominantly White, with 93.7% of the population reported as White, compared to 3.8% multiracial, 1.0% Black, 0.8% Other, 0.5% Asian, and 0.2% Native American. The 12804 zip code is 93.4% White, with 0.8% of the population Black. The 12801 zip code is 91.0% White, with 3.2% of the population Black. 3.0% of the population in the service area is estimated to be Hispanic or Latino.

Most of the service area is an HRSA-designated Health Professional shortage area. While Warren and Washington Counties include Medically Underserved Areas, these are outside the service area. Portions of the eastern side of the service area are federally identified as rural areas – zip codes 12832 and 12887.

Because population density is very low in the more remote areas of the North County, large portions of Warren County are not in the primary service area as defined by utilization. For these residents, the transportation barriers described throughout this report are even more severe.

The Community Health Assessment for Warren County identified breast cancer screening as a priority intervention (Durkee 2022). The counties in the service area have a higher incidence rate of female breast cancer than in New York State, as seen in Table 1.

*Table 1 Breast Cancer Incidence, Mortality, and Screening Rates in Service Area Counties.*

Indicator	New York State	Saratoga	Warren	Washington
Age-adjusted female breast cancer incidence rate per 100,000 (2018-2020)	134.5	147.0	141.9	157.6
Age-adjusted female breast cancer mortality rate per 100,000 (2018-2020)	18.1	17.6	16.2	16.2
Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines (2022)	78.2	91.7	77.1*	76.0
Percentage of women (aged 50-74 years) who had a mammogram between October 1, 2019 and December 31, 2021 (2021)	64.7	62.6	64.1	56.1

Notes: \* unstable/unreliable estimate

Source: New York State Department of Health 2024

Sources:

American Community Survey 2022 “Five-Year Estimates.”

Durkee, Dan. 2022. *Warren County Community Health Assessment 2022-24.*

New York State Department of Health. 2024. “New York State Community Health Indicator Reports Dashboard.” Retrieved February 17, 2025 ([https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/chirs/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county)).

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
- X Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- 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
- X 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): Behavioral Health Impact

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?

Low-income people

Low-income status is associated with lower rates of mammography screening and a higher probability of late-stage breast cancer diagnosis.

Source:

Yedjou, Clement G., Jennifer N. Sims, Lucio Miele, Felicite Noubissi, Leroy Lowe, Duber D. Fonseca, Richard A. Alo, Marinelle Payton, and Paul B. Tchounwou. 2019. "Health and Racial Disparity in Breast Cancer." *Advances in Experimental Medicine and Biology* 1152:31–49. doi: 10.1007/978-3-030-20301-6\_3.

Racial and Ethnic minorities

Non-Hispanic Black women have the highest breast cancer death rates, with a 41% higher death rate than non-Hispanic White women.

Source:

Ellington TD, Henley SJ, Wilson RJ, Miller JW, Wu M, Richardson LC. Trends in breast cancer mortality by race/ethnicity, age, and U.S. Census region, United States—1999–2020. *Cancer*. 2023;129(1):32–38.

### Women

Breast cancer is the most common cancer in women and the leading cause of cancer mortality.

Source:

Bray, Freddie, Jacques Ferlay, Isabelle Soerjomataram, Rebecca L. Siegel, Lindsey A. Torre, and Ahmedin Jemal. 2018. “Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries.” *CA: A Cancer Journal for Clinicians* 68(6):394–424. doi: 10.3322/caac.21492.

### Older Adults

The counties in the service area have an aging population, with Warren County having one of the oldest populations in New York State. Breast cancer incidence and mortality increase with age, with most deaths occurring at age 65 years or older (BCRF 2025; Shacar, Hurria, and Muss 2016). Rates of cancer incidence are expected to increase as the population ages.

Sources:

Aging Studies Institute. n.d. “N.Y. State Population Aging Trends.” *Aging Studies Institute*. Retrieved February 18, 2025 (<https://asi.syr.edu/n-y-state-population-aging-trends/>).

Community Stakeholders.

BCRF. 2025. “Breast Cancer in the Elderly | BCRF.” *Breast Cancer Research Foundation*. Retrieved February 17, 2025 (<https://www.bcrf.org/about-breast-cancer/breast-cancer-elderly/>).

Shachar, Shlomit Strulov, Arti Hurria, and Hyman B. Muss. 2016. “Breast Cancer in Women Older Than 80 Years.” *Journal of Oncology Practice* 12(2):123–32. doi: 10.1200/JOP.2015.010207.

### Persons living in rural areas

The service area includes rural zip codes. Rural women have a small but statistically significant disparity of the cancer stage at diagnosis (LeBlank et al, 2022). Community stakeholders note that difficulty in access due to transportation may lead people living in rural areas to delay or avoid screenings. Warren County includes areas of low population density that do not provide sufficient utilization to be included in the primary service area, but for whom the disparities related to rural conditions are likely even greater.

Source:

Community Stakeholders.

LeBlanc, Gabrielle, Inkoo Lee, Henry Carretta, Yi Luo, Debajyoti Sinha, and George Rust. 2022. "Rural-Urban Differences in Breast Cancer Stage at Diagnosis." *Women's Health Reports* 3(1):207–14. doi: 10.1089/whr.2021.0082.

### People who receive public program health benefits

55.2% of the discharges for mammography and DEXA scans in the service area have public programs as the primary payer. Community stakeholders also identified persons receiving public health benefits as a major group.

Sources:

Community Stakeholders

SPARCS 2023

### People who do not have 3<sup>rd</sup> party coverage or have inadequate 3<sup>rd</sup> party coverage

Community stakeholders identified problems with insurers as affecting access.

Sources:

Community Stakeholders

Cavanaugh, Sean. 2024. "Local Hospitals Drop Humana and United Health-Leaving Customers at a Loss." Retrieved February 18, 2025 (<https://cbs6albany.com/news/local/local-hospitals-drop-humana-and-united-health-leaving-customers-at-a-loss>).



## Behavioral Health Impact

Breast cancer has a major impact on mental health and may exacerbate existing mental health conditions.

Source:

Fortin, Justine, Méli ssandre Leblanc, Guillaume Elgbeili, Matthew J. Cordova, Marie-France Marin, and Alain Brunet. 2021. "The Mental Health Impacts of Receiving a Breast Cancer Diagnosis: A Meta-Analysis." *British Journal of Cancer* 125(11):1582–92. doi: 10.1038/s41416-021-01542-3.

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

The project is a short move of 2.7 miles and is expected to have a negligible impact on underserved groups. The new location is more central and slightly more accessible to the limited public transportation in the area. It is also in a zip code with a greater number and proportion of Black residents, both compared to the original location and all other zip codes in the service area. The poverty rate is also higher in the new location, although the differences are not statistically significant. However, the current zip has a larger population 65 years and older than the new location in 12801. Both locations are similarly distant from rural parts of the service area and zip codes with the highest poverty rates.

The project's proposed location on the Glens Falls Hospital campus allows for immediate access and coordination with other services. The Applicant views the project as a step toward a more comprehensive center with significantly greater coordination of services.

As discussed in the meaningful engagement section, direct consumers expressed concerns about parking and traffic congestion in the proposed location. Several also mentioned disliking the hospital environment on the Glens Falls Hospital campus.

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?

An analysis of the SPARCS data for the service area showed 9,680 discharges for mammography and DEXA scans. Medicare was the primary payer for 41.1% of these discharges, with Medicaid the primary payer for 14.1%.

There were 846 discharges from persons residing in the rural zip codes of 12832 and 12887. This represented 8.7% of the discharges.

The discharges reflected 8,106 distinct individuals. 39.9% of the patients were 65 years or older, with an average age of 60. 97.4% of the patients were White, 1.2% Other, and less than 1% of each of the other racial categories. Less than 1% were identified as Hispanic or Latino. The minority racial and ethnic distribution of the patient population is lower than the overall service area population. This may reflect the older age of the patients or lower use of screening services.

98.3% of the patient population was female.

Source:

SPARCS 2023.

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

For mammography and DEXA scans, the Applicant is the only site in the service area. Saratoga Hospital, which provides a much smaller number of services for service area residents, is close to the service area. Alternative sites are shown in Figure 2, and Table 2 lists the sites within fifty miles of the current site (and with at least 10 discharges from the service area). Based on the utilization described in Item 7, these are not meaningful alternatives to the Applicant's site.

Irongate Family Practice which is an alternative provider for DEXA scans is planning on eliminating its DEXA service. (Their utilization will not be available in SPARCS data, which is why it does not appear in the tables.)

*Table 2 Distance of Project Site to Alternative Sites within Fifty miles of the Project Site*

Facility Name	Distance (Miles)
Saratoga Hospital	16.9
Ellis Hospital - Bellevue Woman's Care	36.2
Samaritan Hospital - St. Mary's Campus	39.5
St. Peter's Hospital	45.5
Albany Medical Center Hospital	45.5
Albany Medical Center - South Clinical Campus	46.0

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

The market share for mammography and DEXA scan codes in the SPARCS data for outpatient utilization in the service area is shown in Table 1. Almost all of the activity in the service area, 96.1%, is performed by the Applicant.

*Table 3 Market Share of Facilities for Mammography and DEXA Scans for Service Area, 2023*

Facility Name	Discharges	Percent	Cumulative Percent
Glens Falls Hospital	9305	96.1%	96.1%
Saratoga Hospital	137	1.4%	97.5%
Albany Medical Center - South Clinical Campus	67	0.7%	98.2%
St. Peter's Hospital	53	0.5%	98.8%
Ellis Hospital - Bellevue Woman's Care	25	0.3%	99.0%
Albany Medical Center Hospital	20	0.2%	99.2%
Samaritan Hospital - St. Mary's Campus	18	0.2%	99.4%
All Others	55	0.6%	100.0%
Total	9680	100.0%	

Source: SPARCS 2023

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 Applicant provided the ICR Exhibit 50 for 2023. The Hospital met its obligations, receiving \$1,002,076 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051). The project is not expected to affect the indigent care pool obligations.

Source:

Glens Falls Hospital 2023. "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.

There are no changes in staffing other than relocation to the new site.

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

The Applicant provided a description and status of twenty civil rights complaints for Glens Falls Hospital over the past ten years. Nineteen of the complaints were employee complaints and one was from a consumer. The status of the complaints is shown in Table 4. One employee complaint and the consumer complaint remain open. One employee complaint had a settlement but no corrective action, and the remaining seventeen employee complaints were either dismissed or had a finding of no probable cause.

*Table 4 Status of Complaints*

	Agency	Total	Dismissed and Closed	No Probable Cause and Closed	Settlement	Open
Employee	EEOC	11	9		1	1
	DHR	8	3	5		
Consumer	OCR	1				1

The consumer complaint alleges age discrimination due to being prescribed the not most appropriate medication based on age.

*Table 5 Types of Employee Complaints*

Type	Frequency
Disability Accommodation	8
Covid Vaccine Religious Accommodation	7
Age and/or Sex Discrimination	2
Race Discrimination	1
Sexual Harassment	1
Total	19

The types of employee complaints are analyzed in Table 5. The most common complaint involved disability accommodations, followed by complaints related to the COVID-19 vaccine mandate and religious accommodations. The remainder involved age and sex discrimination, race discrimination, and sexual harassment. None of the complaints resulted in corrective actions.

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.

The Applicant has not relocated the Advanced Imaging Center in the past five years.

## 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

The project is a 2.7-mile relocation due to lease termination and is expected to have minimal impact on access, health equity, and health disparities for all the identified underserved groups. The current and proposed locations are both on a central transportation corridor with public transportation routes. The proposed location is located in a zip code with the highest number and proportion of Black residents, accounting for 41.9% of the Black population in the service area. The proposed location has a higher poverty rate than the current location and the highest proportion of households without vehicles in the service area. In this respect, the proposed location provides improved access for low-income persons without vehicles and Black residents in the relatively central area of the current and proposed locations. The change does not impact current transportation barriers for rural and low-income residents living outside of these two zip codes.

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.

As described in more detail in the meaningful engagement section, direct consumers have concerns about parking, traffic congestion, and the experience of receiving services on a hospital campus. The current location is seen by these consumers as more convenient than the hospital campus. As potential access barriers these factors may have an unintended negative impact on health equity, particularly for older consumers.

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:  
\$25,799,355 (ICR 2023, Exhibit 50, ICR Line Code 001)

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.

Capital District Transportation Authority CDTA is the main provider of public transportation. Navigation services is provided through Access Transit Services.

STAR is on-demand transportation for those who cannot use fixed routes due to disability or impairment. <https://www.cdta.org>

The local Community Action Agency, LEAP, provides transportation for non-Medicaid individuals age 60 years or older who do not have any other mode of transportation.

Medicaid transportation is provided by MAS <https://www.medanswering.com>, and the Warren County DSS also provides transportation assistance.

Uber and Lyft is available in Glens Falls. There are several private transportation companies and GoGo Grandparent, provides private low-cost private transportation for older persons.

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

The project meets ADA requirements.

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 impact the availability or access to 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.

Warren County Public Health, Saratoga County Department of Health, and Washington 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?

As the current and proposed locations are in Warren County, we contacted and received an email and phone responses from Warren County Public Health.

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.

The meaningful engagement involved meetings with an FQHC, Hudson Headwaters, Adirondack Employee Assistance Program, and Ascend. We contacted other Community-Based Organizations but did not receive responses from the Breast Cancer Coalition, United Way, American Cancer Society, Open Door Mission, Community Action, Salvation Army, YWCA, LEAP, and several other organizations. In addition, we contacted but did not receive responses from private primary care practices that would refer patients to the Applicant. An onsite survey of direct consumers was also conducted.

Stakeholders from the FQHC and CBOs believed that the project would have minimal impact and were mostly indifferent, neutral, or supportive of the project. The service area's most significant barrier is transportation for rural residents, and the availability and access to primary care services are problematic. The project does not affect either.

#### Direct Consumer Engagement: Onsite Survey

An Onsite Direct Consumer survey was conducted in the facility's waiting room during the weeks of February 3<sup>rd</sup> and 10<sup>th</sup>, 2025. The survey provided a description of the project, a project support question, demographic items, HRSN items regarding housing, food, and transportation, and open-ended questions about the facility's services and project impact. Project support was assessed by five-point Likert scale, ranging from Strongly Disagree to Strongly Agree for a support statement. A score of five indicated strong agreement with project support, and a score of one indicated strong disagreement.

There were 28 responses to the survey. The average project support response was 2.6, indicating average disagreement with project support. Thirteen of the responses were disagree or strongly disagree, six of the responses were agree or strongly agree, and nine responses were neutral. There were extensive written responses to the open-ended questions. Six of the written responses focused on parking difficulties at Glens Falls Hospital. Two of the responses mentioned traffic congestion. There were five responses that were directed at the experience in the hospital – these were very diverse, referring to a less calm atmosphere, too many sick people, bad check-in experiences, and other less specific comments. There were also six written responses that it would have minimal impact.

All but one respondent indicated White as their race, with one responding Other. There were no respondents who identified as Hispanic or Latino. The average age of the respondents was 67.9 years and all but one of the respondents was female.

One respondent indicated they were sometimes worried about food and one indicated transportation difficulties.



Sources:

Community Stakeholders.

Direct Consumer Onsite Survey.

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?

Because the project is a short relocation of 2.7 miles from a suburban location to a hospital campus in a small city, it has minimal impact on underserved groups. The most significant concern for the project was expressed by surveyed direct consumers, who had negative opinions about parking, traffic congestion, and the atmosphere at the hospital campus. One of the persons interviewed from a community-based organization is a consumer at the current location and concurred that parking at the hospital campus is difficult and the experience is less convenient. She also stated that she did not think this had a significant impact on underserved groups or vulnerable people. Another CBO interviewed thought the new location was closer to housing and in balance was a better location despite the parking difficulties.

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?

Overall, the project's health equity impact is minimal. From a health equity perspective, the proposed location is closer to a higher concentration of Black, lower-income residents, and persons without vehicles. However, the original and new locations were relatively close and on public transportation routes. Both are also distant from rural and low-income areas in the service area.

The new location is perceived as less convenient and less comfortable for surveyed direct consumers. It's challenging to determine where patient dissatisfaction becomes an access barrier. The health equity balance between parking and closeness to persons without vehicles weighs more heavily on those without their own transportation resources.

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.

As noted in Item 9, the Assessor contacted community-based organizations that serve or advocate for low-income residents but did not receive responses. These organizations were United Way, Open Door Mission, Community Action, Salvation Army, YWCA, and LEAP.

### 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 Applicant'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)?

### **For All Groups:**

#### *Parking and Check-in Process*

The surveyed Direct Consumers were concerned with parking and perceived a more anxiety-provoking environment for checking in at the hospital campus. As noted in Step 2 of this report, it is difficult to determine whether these concerns translate into potential access barriers. The Applicant explained that free valet parking is available. Communication to patients about parking options and the check-in process are advisable.

#### *Transportation Support*

Community stakeholders emphasized that transportation was a significant barrier in the service area. An approach in areas with inadequate public transportation is to have a navigator or coordinator to assist patients in arranging transportation. Also, some facilities in the North Country are planning on ambulette or similar transportation services to provide more direct assistance.

#### *Use of Mobile Units to Improve Cancer Screening*

One approach to overcoming transportation and cultural barriers to access healthcare services is to use mobile cancer screenings within community settings rather than to have screenings occur in a centralized location.

Source:

Community Stakeholder

## **Persons Eligible or Receive Public Benefits, Persons who do not have Third-Party or Have Inadequate Third-Party Coverage:**

### *Partnership with FQHC*

An approach taken in other areas to improve referral processes for persons receiving public benefits without health insurance coverage or with inadequate insurance coverage is to partner with FQHCs to improve access and connection to screening services. Hudson Headwaters, the FQHC that participated in the meaningful engagement for this assessment, encouraged taking this approach.

Sources:

Community Stakeholder

NYC Community Cares Project

## **Racial and Ethnic Minorities:**

### *Health Literacy and Health Education*

Lopez-Suarez (2023) recommends modifying patient education materials for imaging services to be culturally sensitive and in appropriate languages for the patient population.

### *Patient Navigation*

Navigation by culturally sensitive patient navigators is an important supportive function for underserved communities. Peer navigators and community health workers are particularly recommended.

Sources:

Lopez-Suarez, Nikki, Peter Abraham, Madeline Carney, Arlin A. Castro, Anand K. Narayan, Marc Willis, Lucy B. Spalluto, and Efrén J. Flores. 2023. "Practical Approaches to Advancing Health Equity in Radiology, From the AJR Special Series on DEI." *American Journal of Roentgenology* 221(1):1–10. doi: 10.2214/AJR.22.28783.

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

Winkfield, Karen M., Jeanne M. Regnante, Ellen Miller-Sonet, Evelyn T. González, Karen M. Freund, and Patricia M. Doykos. 2021. "Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations." *JCO Oncology Practice* 17(3):e278–93. doi: 10.1200/OP.20.00630.

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

A standard approach to improve stakeholder engagement is through a Community Advisory Committee, perhaps in the context of other cancer services provided at Glens Falls Hospital.

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 project has minimal impact on systemic barriers, with transportation the most important barrier in the service area. The project slightly improves accessibility for people living in Glens Falls, which has a higher proportion of Blacks, people living below the poverty rate, and households lacking vehicles. The service area's most significant barrier is transportation for rural residents, and the relocation does not change accessibility for those residents.

The Applicant states that they have a longer-term plan to provide more comprehensive services at the new location, which was limited to screenings in the current location. The Applicant is the predominant provider of breast cancer screenings and DEXA scans in the service area and, consequently, is critical to these 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?

Five core SDOH measures were first collected in 2024, as the hospital was also implementing the EPIC EMR, which was completed in November 2024. With the EPIC implementation, the SDOH measures were expanded to twenty. The collection of demographic data for equity purposes began in 2025 but is a new process. Data entry into these fields is not required. The process started with data for sexual orientation and gender identity and is being expanded to race, ethnicity, and other equity-relevant demographic categories.

The measures for Health-Related Social Needs include Financial Resource Strain, Food Insecurity, Health Literacy, Housing Stability, Intimate Partner Violence, Safety and Environment, Utilities and Transportation Needs. Other screens are available for a variety of physical, mental health and social conditions including postpartum depression, stress, physical activity, depression, and adolescent substance use.

The data is available through a dashboard that provides system-wide to patient-level views and includes departmental and clinic-level views. It is primarily

implemented for inpatient and emergency departments and is being rolled out to outpatient services but has not yet been deployed for Advanced Imaging.

Processes for responding to positive screens or triggers of SDOH measures are in development and will involve consultations with social workers and care managers to connect patients with community resources.

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 screening and monitoring processes are in a relatively early stage of implementation for Advanced Imaging. Governance is crucial to the effective use of data. It is important to clarify the linkages between community needs, clinic goals and accountability, data collection processes, patient-level responses, and interventions.

For example, transportation barriers were the major concern of Community Stakeholders. A roadmap to address transportation barriers may have the following pattern:

- Set target response and referral levels to the transportation screening question.
- Compare the actual response level to the target. Modify data collection processes to achieve the target level.
- Assess positive screens to the transportation barriers metric. How many of the positive screens were referred to community resources? Modify response processes.
- Review transportation to other health-related social needs with a community advisory committee. Should priorities be modified? Are there other actions to make the process more effective in reducing barriers?

## **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 1: Figures

## Service Area: Race and Ethnicity by Zip Code

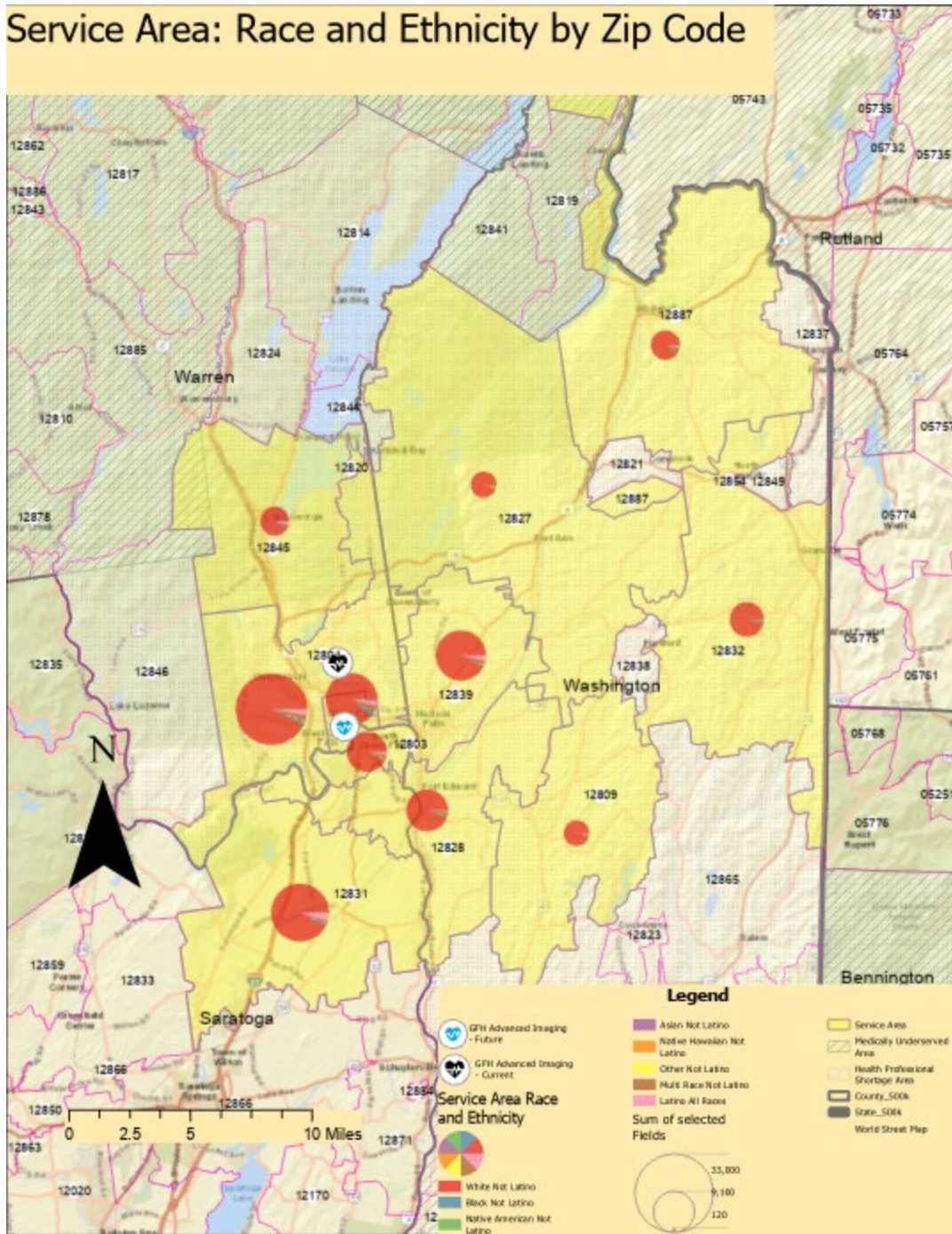


Figure 1 Service Area: Race and Ethnicity by Zip Code

# Alternative Sites

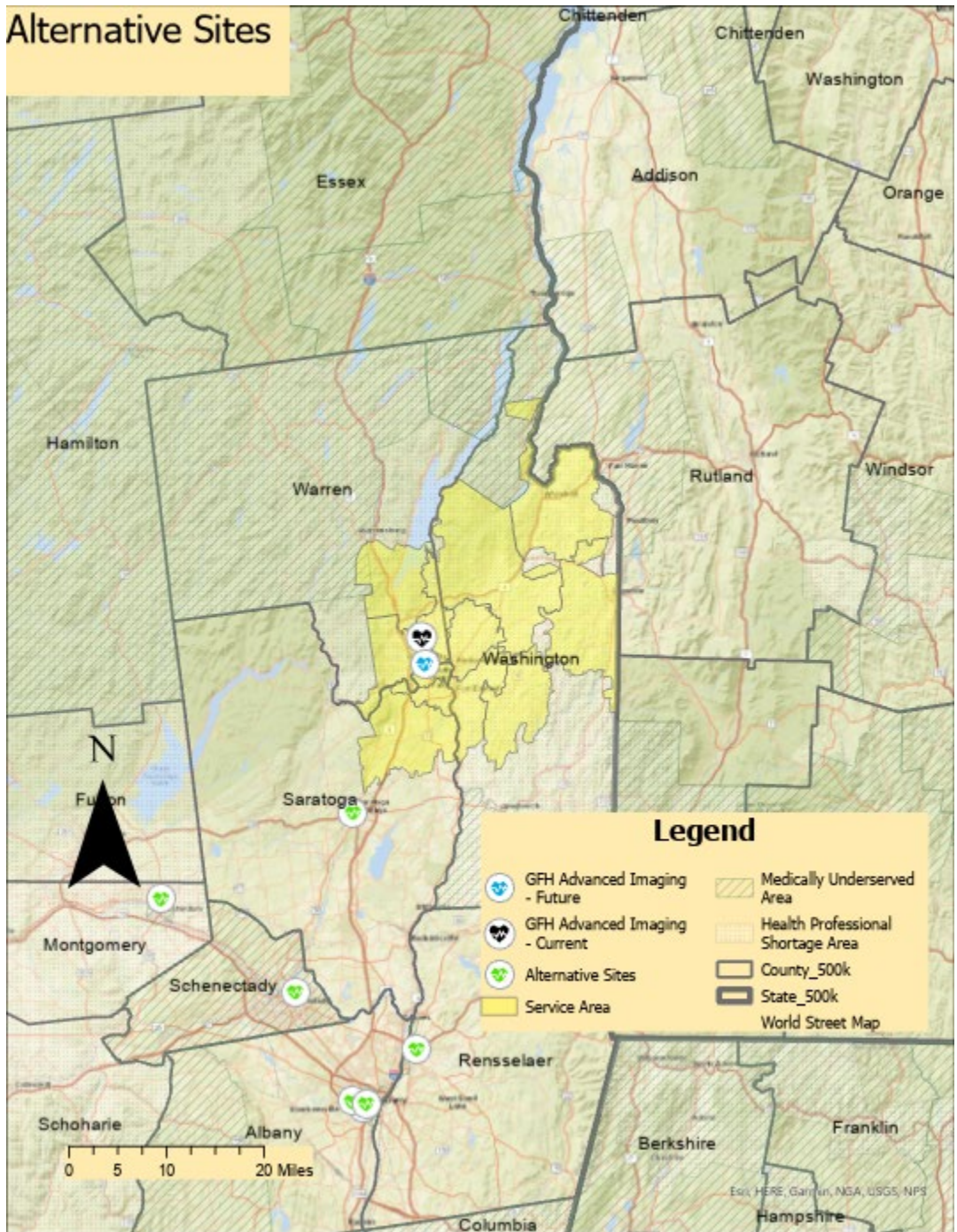


Figure 2 Alternative Imaging Sites



## Appendix 2: Meaningful Engagement Guide

### Discussion Guide for Community Meaningful Engagement for HEIA Glens Falls Advanced Imaging Center

#### Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor

#### Background:

- Brief Overview of the planned changes:
  - MP CareSolutions is assessing the relocation of the Advanced Imaging Center from 22 Willowbrook Rd, Queensberry to 100 Park St, Glens Falls. In addition to the relocation, which is about 2.7 miles, there will be updated equipment and improved space. The new location colocates the imaging services with other services.
  - Because the change itself is limited, we like to place it in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

#### Understanding Healthcare Needs:

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for underserved communities?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

#### Impact Assessment

Question 2: What impacts should be considered with the move?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Question 4: Support Question: Do you support the move?

#### **Improving Services:**

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services.

#### **Wrap-Up**

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

#### **Closing Remarks**

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

## Appendix 3: Direct Consumer Onsite Survey

### Consumer Questions for Health Equity Impact Assessment Mammography Services at Glens Falls Hospital Questionnaire

MP CareSolutions is assessing the relocation of the Mammography/DEXA Services from 22 Willowbrook Rd, Queensbury to the Breast Imaging Center at Park St, 100 Park St, Glens Falls a distance of 2.7 miles. In addition to the relocation there will be new and updated equipment, refreshed space, and colocation with other healthcare services. We want to understand how the move may affect persons receiving services at the Center. We are also interested in how the Center may be enhanced.

1. Please indicate your agreement: I support the relocation of the Center. *(Check one)*

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How might these changes affect you?

3. What is most important to you when receiving care at the Center?

4. Do you have any barriers to being healthy, and what are they?

(Please turn over for questions on the back .)

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5. Are you Hispanic, Latino/a/x, or Spanish Origin? (Check one)

- No
- Yes

6. What is your race? (One or more categories may be selected)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

7. Age in years? (Enter number)

\_\_\_\_\_

8. Gender? (check one)

- Female
- Male
- Transgender female
- Transgender male
- A gender identity not listed:

- \_\_\_\_\_
- Not sure
  - Prefer not to answer

We would like to ask about some specific needs you may have.

9. What is your living situation today? (Check one)

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live.

10. Within the past 12 months, you worried that your food would run out before you got money to buy more. (Check one)

- Often true
- Sometimes true
- Never true

11. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Check one)

- Yes
- No

Thank you for your time today answering these questions. If you would like to submit a written statement, you may do so by sending an email to [mpheia@monroeplan.com](mailto:mpheia@monroeplan.com)

MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in Upstate New York.

----- 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, Paul Scimeca, attest that I have reviewed the Health Equity Impact Assessment for the Advanced Imaging Center Relocation that has been prepared by the Independent Entity, MP CareSolutions.

PAUL Scimeca

Name

President / CEO

Title

Paul Scimeca

Signature

02-27-25

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.*

**Glens Falls Hospital  
HEIA Mitigation Statement  
February 2025**

Mammography and DEXA scan services (Advanced Imaging at Baybrook) located at 22 Willowbrook Road in Queensbury will be consolidated at the Breast Center at Glens Falls Hospital. This has generated some slight concern from patients. However, there are numerous benefits that come along with the consolidation including the following:

- Advanced 3D mammography technology on brand new equipment. With 3D mammography cancers can be detected sooner and with greater accuracy than ever before.
- Earlier detection means better outcomes and more options for treatment. Because the image clarity of 3D mammography leads to more accurate breast cancer detection, there are fewer false positives, so patients don't experience the worry of follow-up tests and unnecessary biopsies. This improved detection can lead to greater peace of mind.
- On-site free valet parking for patient convenience.
- The same staff patients know and trust from Willowbrook Road will be caring for them at the Breast Center at Glens Falls Hospital.
- Centralizing services will lead to more streamlined processes, shorter wait times and enhanced overall patient satisfaction.
- The center is equipped to handle various other breast health services, providing patients with a one-stop destination for their needs.

In conclusion, the consolidation of mammography and DEXA scan services to the Breast Center at Glens Falls Hospital presents numerous advantages that outweigh initial concerns. This consolidation is a positive step toward providing better breast health services for the community.

Thank You