

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	Construction of an ambulatory surgical center in the Greene Medical Arts building in Jefferson Heights, NY
2. Name of Applicant	Columbia Memorial Hospital, an affiliate of Albany Med Health System
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>The Chartis Group, LLC (Chartis Center for Health Equity and Belonging)</p> <ul style="list-style-type: none">• Kathy Poston (kposton@chartis.com)• Alexis (Roxy) Mayo-Tapp
4. Description of the Independent Entity's qualifications	<p>We are experts in health and racial equity consulting. Chartis is one of the first national consulting firms with a mission that includes the advancement of social and racial justice, health equity, and belonging. Through Chartis' March 2022 acquisition of Just Health Collective (founded in 2020), The Chartis Center for Health Equity and Belonging (CCHEB), is focused on creating a liberated healthcare system free of bias, discrimination, and disparities – resulting in equitable health for all.</p> <p>Our market research and insights indicate that healthcare is evolving to address a more comprehensive picture of health and wellness, which includes a focus on racial and health equity, population health, social drivers of health, diverse consumer market segmentation, cultural care program development, and community alignment. Our health equity practice has dedicated resources to help clients create equitable and inclusive organizations for their workforce; equitable access, experience and quality for their patients; and equitable health status for their communities. Our engagements integrate both quantitative and qualitative insights from data and internal and community stakeholder engagement. Engagement approaches include interviews, focus groups, traditional written surveys, and audio interview surveys.</p>

	<p>This, coupled with our team's depth and breadth of experience in healthcare operations, racial equity, and patient and community engagement, gives us a deep understanding of the implications of health equity. When considering engagements with health equity and/or community health focus, Chartis has led more than 45 engagements in the past five years. These engagements have resulted in transformative impact for underserved communities and patient segments across the country.</p> <p>The leader on this engagement has more than 20 years' total healthcare experience with areas of strength in equitable access to care, hospital and medical group operations, performance improvement, disparities mitigation, patient experience, compliance, and diversity, equity, and inclusion education. CCHEB's President and Chartis' Chief Health Equity Officer, Duane Reynolds, is an advisor on this project and has 25 years' total healthcare experience. He has been recognized twice by Modern Healthcare as an 'up and comer' to one of the nation's top diversity leaders in healthcare.</p> <p>Disclaimer. In no event does Chartis take any position or offer any guarantee on whether: (i) an entity is required to perform a Health Equity Impact Assessment; or (ii) the Services will lead to any particular result.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	03/10/2024
6. Date the HEIA concluded	04/10/2024

7. Executive summary of project (250 words max)
<p>As the only hospital serving the residents of Greene and Columbia counties in upstate New York, each designated as a medically underserved area, Columbia Memorial Health desires to transform the way healthcare is provided to the communities it serves. Columbia Memorial Health seeks to construct a new ambulatory surgery center in the Greene Medical Arts building in Jefferson Heights, NY, consisting of four large, state-of-the-art operating rooms (ORs) and two endoscopy suites with support spaces and entryway for patient convenience and easy access.</p> <p>An ambulatory surgery location in Greene County would be the only one of its kind in the region and will improve local patient access and convenience to services needed in these and surrounding communities, allowing patients and staff to realize increased</p>

throughput and efficiency while maintaining the high-quality standards currently experienced by patients in our service area.

The Columbia Memorial Hospital believes this construction is necessary to enhance easily accessible and timely services and to prioritize quality of care and patient experience. Additionally, The Columbia Memorial Hospital (CMH) believes a revitalized Greene Medical Arts building would support staff and provider recruitment and retention efforts and attract patients who are seeking similar services further away.

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

The IE assessed data and information from publicly available and proprietary resources, data and information provided by the Applicant, as well as insights from meaningful engagement of the community to complete an independent, evidence-based market and community assessment to understand the health equity impact of the proposed construction of the Applicant's ambulatory surgery center.

Market Assessment

This assessment focuses on the primary service areas of Columbia and Greene Counties. As the only hospital in the geographic region it serves, 95% of the patient volume at Columbia Memorial Hospital comes from these two counties.

Although the Applicant has primary and specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of the community must travel outside of the county to obtain these services.

Based on 2022 SPARCS claims level submissions, residents from Columbia County sought care for nearly 20,000 outpatient ambulatory surgery procedures. Columbia Memorial Hospital reported nearly 20,000 outpatient cases from residents of. Greene County residents do not significantly utilize Columbia Memorial Hospital for their outpatient surgery needs and sought care at other facilities totaling over 20,000. 42% of Columbia County residents utilizing Columbia Memorial Hospital were age 65 or older and 19% were insured by Medicaid. 43% of Greene County residents were age 65 or older and 14% were insured by Medicaid.

Community Assessment

120 participants engaged in individual and group interviews and responded to survey questions to share their perspectives on the impact of the proposed ambulatory surgery center in Greene County. Individuals are represented from nearly every medically underserved group. 87% of all participants indicated their support of the proposed project.

Health Equity Impact

Themes from the IE's meaningful engagement activities reveal that **all** medically underserved groups recognize and can experience a positive impact on health and

health care because the project expands capacity and offers greater access to outpatient surgical services. Benefits of a revitalized building, enhanced efficiencies, larger operating rooms and new equipment will result in individuals from both counties realizing improved quality of care, outcomes and patient experience.

The project will have varying levels of impact on medically underserved groups. The greatest area of impact on health equity is transportation. Individuals living in Greene County would see an alleviation of transportation challenges specifically for people with disabilities, older adults, low-income and persons with limited or no access to transportation. Individuals living in Columbia County may need to travel longer distances to reach ambulatory surgical care services in Greene County, depending on their residential location.

The Applicant understands the transportation challenges that some members of the service area face and currently has partnerships and contracts in place to support individuals in need, including offering transportation vouchers. The Applicant is continuing its evaluation of opportunities to reduce transportation challenges of vulnerable patients.

Based on market and evidence-based data as well as information from meaningful engagement of the community, the impacts are described in more detail in this Health Equity Impact Assessment.

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.

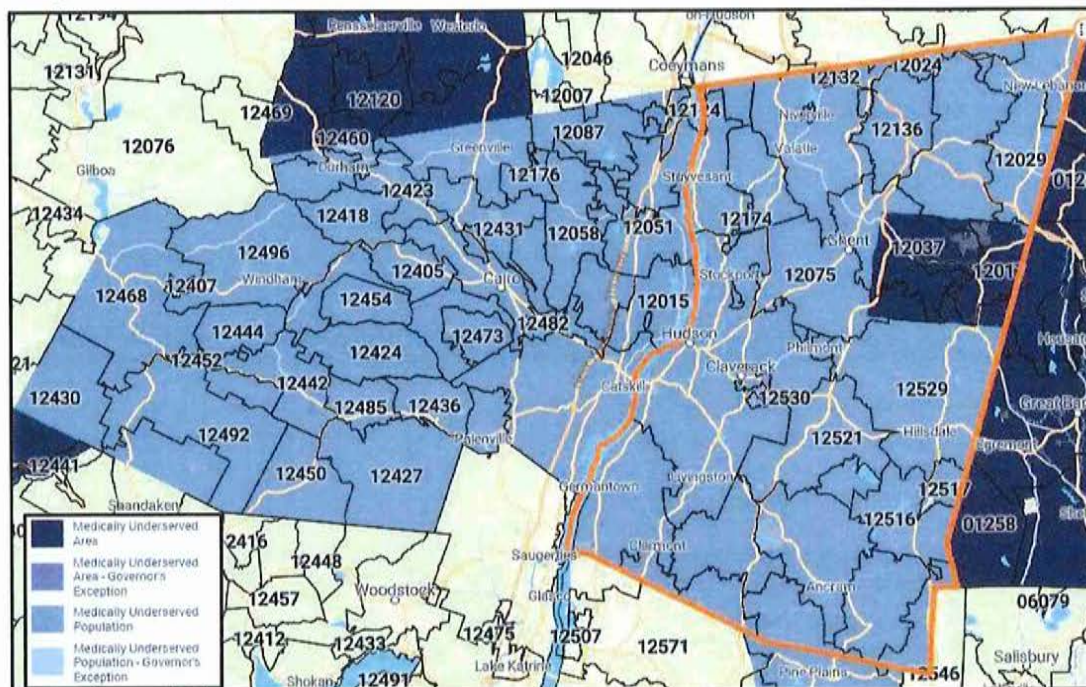
This file has been completed for all zip codes in Columbia County and Greene County which are considered by the Applicant as their primary service area.

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:
 - ✓ Low-income people
 - ✓ Racial and ethnic minorities
 - ✓ Immigrants
 - ✓ Women
 - ✓ Lesbian, gay, bisexual, transgender, or other-than-cisgender people

- ✓ People with disabilities
- ✓ Older adults
- ✓ Persons living with a prevalent infectious disease or condition
- ✓ Persons living in rural areas
- ✓ 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
- ✓ Not listed (specify):
 - Individuals with no vehicle or limited/no access to other transportation
 - Individuals with limited English language proficiency

Medically underserved areas and populations were also assessed by the IE's review of designated medically underserved populations. Figure 1 below illustrates the HRSA-designated medically underserved areas and populations for the Applicant's defined service area.

Figure 1. Medically Underserved Areas and Populations for Greene and Columbia Counties



Source(s): [PolicyMap](#), American Community Survey, 2021; 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital

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: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Racial and ethnic minorities: [PolicyMap](#), American Community Survey (2021); 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Immigrants: [PolicyMap](#), American Community Survey (2021)
- Women: [PolicyMap](#), American Community Survey (2021); 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people: meaningful engagement responses by demographic breakdown
- People with disabilities: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Older adults: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Persons living with a prevalent infectious disease or condition: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital
- Persons living in rural areas: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown

- People who are eligible for or receive public health benefits: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- People who do not have third-party health coverage or have inadequate third-party health coverage: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- Other people who are unable to obtain health care: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- Not listed: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown; information provided by the Applicant

The following medically underserved groups were difficult to assess or compile due to lack of reporting of this data by the U.S. Census and lack of reporting by county governmental or public health offices:

- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- Immigrants

Similar impact to individuals in these groups have been assumed based on other demographic group review.

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

Individuals accessing outpatient surgical services in **any** group from the service area will benefit from the proposed ambulatory surgery center model due to convenient access, upgraded equipment and enhanced process efficiencies that will improve quality of care and experience.

Although the Applicant has primary care, specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of the community must travel outside of the county to obtain these services.

An ambulatory surgery center located in Greene County would serve to alleviate access and transportation challenges for residents living in the County including people living in more rural areas, those in vulnerable socioeconomic positions, those with disabilities, older adults, and persons with no access to transportation.

Overall, 4% of the population in Greene County is uninsured. 27% are uninsured in zip code 12422 and 28% in zip code 12450. 8%-10% of individuals are uninsured in zip codes 12473, 12444 and 12492. 39% - 43% of the population who identify as Black or African American and reside in zip codes 12051, 12058,

Figure 2. Distribution of Columbia & Greene County Services Rendered for Medically Underserved Groups

Medically Underserved Group	Claim Percent	
	Columbia County	Greene County
Adults aged 65 years or older	44.5%	40.9%
Medicare as Primary Payor	45.6%	41.1%
Medicaid as Primary Payor	12.0%	7.7%
Patients who identify as non-White	15.5%	12.7%
Black/African American	3.8%	2.5%
Asian	0.7%	0.5%
Other	11.1%	9.6%
Patients who identify as Hispanic or Latino	2.1%	1.6%

Current use of services

In 2022, the Applicant had a total of 19,828 claims for outpatient services rendered during calendar year 2022 from Columbia County residents. Greene County residents did not significantly utilize Columbia Memorial Hospital for outpatient surgical services. Utilization by county by facility is noted in Figure 3³ below.

Figure 3. 2022 Claim Volume by County for Ambulatory and Outpatient Services Rendered by Top Three Facilities

Patient Origin County	Facility Name	2022 County Claim Percent
Columbia	COLUMBIA MEMORIAL HOSPITAL	47.9%
	ALBANY MEDICAL CENTER HOSPITAL	17.3%
	ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	10.2%
Greene	ALBANY MEDICAL CENTER HOSPITAL	37.1%
	ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	20.0%
	OTHER	19.2%

Analysis of data from services rendered for the years 2018-2022 shows 43% of Columbia County residents who utilize Columbia Memorial Hospital outpatient surgical services are aged 65 or older and 47% have Medicare as the primary payor. Medicaid is the primary payor for 19% of Columbia County residents.

³ The results shown in Figure 3 use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center outpatient claims for services rendered during calendar year 2022. This analysis is limited to facilities with >=1,000 claims during period and is based on patient county origin located in Columbia and Greene counties. Small cell sizes have been aggregated into 'Other' categories in order to maintain required small cell size confidentiality.

Additionally, 86% identified as White, 5% identified as Black/African American; almost 1% identified as Asian or Other Pacific Islander; and around 8% as Other. 3% identified as Hispanic or Latino.

Expected use of services

The additional access to and availability of multi-specialty outpatient services using an ambulatory surgery center model is expected to increase utilization.

The Applicant expects to retain a majority of its current volume performed at Columbia Memorial Hospital in Columbia County. By establishing a location in Greene County, where no similar services exist, the Applicant expects to attract Greene County and other surrounding county patients that are currently traveling outside of the county for outpatient surgical procedures. Additional utilization is expected to reach almost 3,000 procedures annually.

The Applicant can expect continued or greater use of outpatient services by older adults, those who have Medicare as the primary payer and individuals that have notable health, wellness, socioeconomic and transportation risk indicators, as well as those suffering from chronic conditions. Further, since the Applicant anticipates attracting Greene County residents, they can expect an increase in individuals relying on Medicaid insurance. For the period 2018-2022, 14% of Greene County resident patient claims were insured through Medicaid as the primary payor.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data, data/information provided by the Applicant

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

Disclaimer: The data used to produce the response to this question in this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center and outpatient claims for services rendered during calendar years 2018-2022. This analysis is limited to facilities with $\geq 1,000$ claims during that 5-year period and is based on patient county origin located in Columbia and Greene counties.

Although the Applicant has primary care, specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of this and surrounding communities must travel outside of the county to obtain these services.

Currently, Greene County community members are primarily utilizing outpatient surgical services at two Albany Medical Center Hospital locations, two HealthAlliance Hospital locations, Northern Dutchess Hospital, Capital Region Ambulatory Surgery Center, St. Peter's Surgery and Endoscopy Center. Distance to travel to these specific locations from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial challenges due to the age, health status indicators, economic and transportation indicators of the population.

Figure 4 below provides a summary of the facilities utilized by patients within Columbia and Greene Counties with ambulatory surgery center and outpatient visits based on 2022 claims. The Figure also provides each facility's claim distribution by patient origin.

Figure 4. 2022 Claim Volume by County for Ambulatory Surgery Center and Outpatient Services Rendered

Year 2022 Ambulatory Surgery and Outpatient Claims		
Facility Name County Name	Claim Count	County Claim Percent
000146: COLUMBIA MEMORIAL HOSPITAL	19,828	47.9%
000001: ALBANY MEDICAL CENTER HOSPITAL	7,150	17.3%
000002: ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	4,241	10.2%
999999: OTHER	4,005	9.7%
000192: NORTHERN DUTCHESS HOSPITAL	2,093	5.1%
006405: ST. PETER'S SURGERY AND ENDOSCOPY CENTER	871	2.1%
000181: VASSAR BROTHERS MEDICAL CENTER	616	1.5%
000990: HEALTHALLIANCE HOSPITAL BROADWAY CAMPUS	512	1.2%
006304: ALBANY REGIONAL EYE SURGERY CENTER	488	1.2%
001458: NEW YORK-PRESBYTERIAN HOSPITAL - NEW YORK WEILL CORNELL CENTER	440	1.1%
001139: WESTCHESTER MEDICAL CENTER	404	1.0%
001464: NEW YORK-PRESBYTERIAN HOSPITAL - COLUMBIA PRESBYTERIAN CENTER	286	0.7%
006214: CAPITAL REGION AMBULATORY SURGERY CENTER	283	0.7%
001453: MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	208	0.5%
Columbia County	41,425	100.0%
000001: ALBANY MEDICAL CENTER HOSPITAL	7,631	37.1%
000002: ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	4,104	20.0%
999999: OTHER (Columbia Memorial Hospital included in this category)	3,951	19.2%
000990: HEALTHALLIANCE HOSPITAL BROADWAY CAMPUS	1,257	6.1%
000192: NORTHERN DUTCHESS HOSPITAL	620	3.0%
006405: ST. PETER'S SURGERY AND ENDOSCOPY CENTER	520	2.5%
006214: CAPITAL REGION AMBULATORY SURGERY CENTER	498	2.4%
000746: MARY IMOGENE BASSETT HOSPITAL	410	2.0%
006304: ALBANY REGIONAL EYE SURGERY CENTER	380	1.8%
000181: VASSAR BROTHERS MEDICAL CENTER	297	1.4%
000989: HEALTHALLIANCE HOSPITAL MARY'S AVENUE CAMPUS	272	1.3%
000739: A.O. FOX MEMORIAL HOSPITAL	236	1.1%
006013: BASSETT HEALTHCARE ONEONTA SPECIALTY SERVICES	218	1.1%
000170: MARGARETVILLE HOSPITAL	156	0.8%
Greene County	20,550	100.0%
Grand Total	61,975	100.0%

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data

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

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Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center and outpatient claims for services rendered during calendar years 2018-2022. This analysis is limited to facilities with >=1,000 claims during that 5-year period and is based on patient county origin located in Columbia and Greene counties.

A review of 2022 data shows the Applicant has the majority of the market share, 47.9%, of patients from Columbia County seeking outpatient surgical services which is an increase of 8.3% since 2018. 17% of Columbia County residents are shown to utilize Albany Medical Center Hospital locations in 2022, down by .4% since 2018. Projections based on observations of growth over the last five years indicate the Applicant's market share will continue to grow to approximately 50% by 2027.

The majority of Greene County residents currently utilize outpatient surgical services at two Albany Medical Center Hospital locations or other locations. The Applicant anticipates an increase in volume from Greene and other nearby county residents of almost 3,000 procedures at the proposed Greene County ambulatory surgery center location due to more convenient access and closer transportation which would result in an increase in market share.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data, data/information provided by the Applicant

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.

Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool)

The IE conducted a review of the Applicant's most recent Projected Ending Receivable Balance report as of December 31, 2023, issued by the New York State Department of Health's Office of Health Insurance Programs as well as the

Monthly Distribution Statement for 03/2024. The Applicant appears to be meeting its obligations stated under Public Health Law § 2807-k.

These obligations are not expected to be affected by the project.

Community services

Columbia Memorial Hospital, the Columbia County Department of Health, and the Greene County Public Health Department, collectively known as the Columbia-Greene Planning Partners, work collaboratively to address health disparities in the communities. A broad stakeholder group, the Columbia-Greene Healthy People Partnership, has been convened to review reports, monitor progress, and share feedback on three priority areas of health improvement activities.

Priority Area #1: Prevent Chronic Disease (obesity-related illnesses)

Priority Area #2: Promote Well-being and Prevent Mental/Substance Use Disorders

Priority Area #3: Prevent Communicable Disease (namely, COVID-19)

The Applicant, in conjunction with the other members of the Columbia-Greene Planning Partners, provides screening, outreach, nutrition and other programmatic partnerships, with the following organizations in Figure 5 below:

Figure 5. Community Resources

• A.B. Shaw Fire Department	• Columbia County Sanctuary Movement	• Independent Living Center of the Hudson Valley
• Alliance for Better Health	• Columbia County Sheriff's Office	• Matthew 25 Food Pantry
• American Foundation for Suicide Prevention-Capital Region Chapter	• Columbia Opportunity	• Mental Health Association of Columbia-Greene Counties
• Ancramdale Neighbors Helping Neighbors Association Food Pantry	• Columbia-Greene Addiction Coalition	• Mobile Crisis Assessment Team, a program of the Mental Health Association
• Apogee Center	• Columbia-Greene Community College	• National Alliance on Mental Illness
• Athens Community Food	• Columbia-Greene Suicide Prevention Coalition	• Northeast Career Planning
• Berkshire Farms	• Community Action of Greene County	• Olana Partnership Wellness Series
• Bryant Nutrition	• Community Action of Greene County	• Operation Unite
• Cairo Food Pantry	• Cornell Cooperative Extension of Columbia and Greene Counties	• Perfect Ten
• Catholic Charities Food Pantry	• Cocksackie Community Food Pantry	• Pharmacies (Various)
• Catholic Charities of Columbia and Greene Counties	• Elizaville Food Pantry	• Philmont/Mellenville Food Pantry
• Catskill Food Pantry	• Germantown Community Cupboard	• Prabhuji Mission Food Pantry
• Charlie's Pantry-Immaculate Conception Church	• Ghent Food Pantry	• Project Safe Point (a program of Catholic Charities Care Coordination Services, Albany)
• Chatham Area Silent Pantry	• Greater Hudson Promise	• Questar
• Christ Episcopal Church Food Pantry	• Greene County Department of Human Services	• Rock Solid Church Food Pantry
• Church of St. Joseph Food Pantry	• Greene County Department of Social Services	• Roe Jan Food Pantry

• Columbia & Greene County Participating Health Plans	• Greene County Family Planning	• Rolling Grocer 19
• Columbia and Greene County Department of Social Services	• Greene County Mental Health Center	• Salvation Army
• Columbia and Greene County Department of the Aging	• Greene County Public Health	• St. Mark's Lutheran Food Pantry
• Columbia and Greene County Senior Centers Wellness Series	• Greene County Public Health Department	• Sylvia Center
• Columbia County Community Services Board	• Greene County Rural Health Network	• The Mental Health Association of Columbia and Greene Counties
• Columbia County Department of Health	• Greene County Women's League	• Twin County Recovery Services
• Columbia County Department of Human Services	• Hannaford Supermarket Eventbrite Classes	• Vaccination POD Host Sites (Various)
• Columbia County Economic Development Corporation	• Hawthorne Valley	• Valatie Ecumenical Food Pantry
• Columbia County Healthcare Consortium	• Hudson City School District	• Water Street Studio (a program of MHA)
• Columbia County Mental Health Center	• Hudson Out of School Time	• YMCA
• Columbia County Pathways to Recovery	• Hudson Rotary	• Youth Clubhouses (a program of MHA)
• Columbia County Recovery Kitchen	• Columbia County Sanctuary Movement	• Zion Community Pantry

In addition to the programs and partnerships listed above, the Applicant provides the following services to address certain social drivers of health:

- Breast Cancer Support Groups
- Diabetes Education & Eye Screenings
- Patient Transportation Vouchers
- Osteo Arthritis Education Program

Medicaid Population

Figure 6 below reflects an estimate of the Medicaid population as a percentage of the population in each of the two counties in the service area. 17% of the Applicant's current patients utilizing outpatient surgical services are insured through Medicaid. It is projected that 15.3% of patients utilizing an ambulatory surgery center in Greene County would be insured through Medicaid.

Figure 6. Medicaid Enrollees as a % of County Population

County	Medicaid Enrollment, December, 2023	Population, 2020	Medicaid Enrollees as a % of Population
Columbia	16,498	61,570	26.8%
Greene	13,829	47,931	28.9%

Source(s): 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital; New York

State Department of Health; Census Bureau Data; information provided by the Applicant

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.

An ambulatory surgery center model would optimize resources through more efficient, standardized and streamlined processes. The Applicant does not anticipate any reduction or redeployment of staff and anticipates the project supporting staff and provider recruitment and retention efforts.

Source(s): data/information provided by the Applicant

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

There are no civil rights access complaints against the Applicant.

Source(s): data/information provided by the Applicant

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.

No similar projects/work have been undertaken. The Columbia Memorial Hospital applied for Statewide Health Care Facility Transformation Program (SHCFTT) III funding for the Greene County Ambulatory Surgical Center (ASC), for which a \$5 million grant was awarded and an application has been submitted to repurpose the funds for this new site of service at the Greene Medical Arts building in Jefferson Heights, NY.

Source(s): data/information provided by the Applicant

STEP 2 – POTENTIAL IMPACTS

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

The project is proposing a new ambulatory surgery center in Greene County. Construction would include four state-of-the-art operating rooms (ORs) and two endoscopy suites at the Greene Medical Arts (GMA) building with support spaces

and entryway for patient convenience for easy access. The proposed construction will have a positive impact on the quality of care afforded to patients undergoing surgical procedures. Surgeries offered and performed in an outpatient setting allow for improvements in overall efficiencies and the patient experience while maintaining high quality outcomes. Standardizing procedures and streamlining OR scheduling allows for an opportunity to maximize OR utilization, improvement in percent of cases starting on time, decreased average operating room turnover time, and decreased cancellation rates.

As described in Section B, Question 4, an ambulatory surgery center located in Greene County would serve to alleviate access and transportation challenges specifically for residents living in Greene County, including people with disabilities, older adults, and persons with limited or no access to transportation. For individuals in these same groups from Columbia County, traveling to this proposed location to utilize services may present travel challenges due to transportation access, distance and cost of transit, depending on the individual's home location.

Collectively, the impacts of convenient access, high quality, efficient procedures and overall improved patient experience, are expected to improve health outcomes and reduce disparities for all residents of Columbia and Greene Counties, especially those with chronic conditions, high health risk factors and individuals in the following medically underserved groups:

- older adults
- individuals with disabilities
- people who are eligible for or receive public health benefits
- people who are racial and ethnic minorities, including immigrants and those with limited English proficiency
- low-income people

As outlined in Question 2 below, there is the possibility of unintended impacts to health equity and disparities for specific medically underserved groups that may occur as a result of this project.

Source(s): data/information from the Applicant; meaningful engagement activities

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 noted in Question 1 above, the project is proposing a new ambulatory surgery center at the GMA building in Jefferson Heights, NY.

There is the possibility of unintended impacts to health equity and disparities for specific medically underserved groups that may occur as a result of this project. These impacts are related to transportation, language access and accessibility. Costs are also an important consideration for the most vulnerable of populations.

Considering transportation, an unintended negative impact may include the inability for local community members to access or obtain reliable, cost-effective transportation. The Applicant is evaluating how to expand partnerships and services to mitigate this challenge.

When communication challenges exist due to patients with limited English proficiency, patients may have decreased comprehension and less comfort in performing follow-up activities to maintain or improve their health, such as taking medications and completing post-discharge care regimens, which can impact their recovery and outcomes⁴.

Another unintended impact may occur if services and staff are shared across two locations, there could be an impact to timely access, provider capacity and availability of appointments based on greater demand in one location versus the other.

The project can help to improve health equity and reduce disparities by continually addressing these impacts.

Unintended positive impacts may include performing necessary procedures on individuals within Columbia, Greene and surrounding communities that might have declined or deferred procedures due to location and transportation-related challenges getting to and from other facilities. Also, growth in volume may be realized if members of surrounding communities, residents with second homes in the region or individuals vacationing in the area choose to access the services in Greene County.

Source(s): data/information from the Applicant; meaningful engagement activities

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.

The Applicant has indicated that the project will increase the amount of indigent care support proportional to the increase in revenue. Community Benefit support for Albany Med Health System, in aggregate, is reported on Schedule H of Form

⁴ [How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? | Journal of Ethics | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org/journal-of-ethics)

990 from 2022 and is noted in Figure 7 below. The Applicant reports its portion of section 7a Financial Assistance at cost to be \$2,011,534.

Figure 7. Community Benefit

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23961212.	3223774.	20737438.	.88%
b Medicaid (from Worksheet 3, column a)			424575212.	279623136.	144952076.	6.14%
c Costs of other means-tested government programs (from Worksheet 3, column b)			240,024.		240,024.	.01%
d Total, Financial Assistance and Means-Tested Government Programs			448776448.	282846910.	165929538.	7.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9095747.	5316465.	3779282.	.16%
f Health professions education (from Worksheet 5)			77969196.	12573692.	65395504.	2.77%
g Subsidized health services (from Worksheet 6)			79799987.	75012410.	4787577.	.20%
h Research (from Worksheet 7)			11161497.	1667612.	9493885.	.40%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			35,203.	0.	35,203.	.00%
j Total, Other Benefits			1780616309.	94570179.	83491451.	3.53%
k Total, Add lines 7d and 7j			6268380783.	377417089.	249420989.	10.56%

Source(s): 990 for FY Ending December 2021, Schedule H

- 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.

Transportation options to an outpatient surgical location in Greene County include personal/private transit by car, contracted transportation services and public transportation.

Zip codes 12029,12060,12534,12565 in Columbia County report between 10% and 13% of the population with no available vehicles. Between 11% and 15% of Greene County residents in zip codes 12058,12176,12405,12414,12485,12496 report no vehicle available and between 21% and 32% of residents in zip codes 12442,12452,12463,12468,12470 have no vehicle.

The Applicant understands the transportation challenges that some members of the service area face and currently has partnerships and contracts in place to support individuals in need. These partnerships include a contract with [The Healthcare Consortium](#)'s Children and Adults Rural Transportation Service (CARTS) program, which provides service to any Columbia County resident with a need for non-emergency medical transportation. The service retrieves

individuals from any location in Columbia County and will deliver people to locations throughout the county, but also well beyond it. Those clients who are enrolled in Medicaid must call a company called MAS at 1-855-360-3546 to confirm eligibility for Medicaid transportation and receive prior authorization for the trip. CARTS operates 8:00am-4:00pm Monday thru Friday excluding holidays. This service is expected to continue if outpatient surgical services are performed in Greene County. Ambulette services are available for individuals requiring more assistance.

Ambulance services would continue to be used to transport patients from a Greene County outpatient surgery location to Columbia Memorial Hospital if medically necessary or in the event of an emergency.

Columbia County Transportation Planning Committee conducted research and analysis for the [2023 Columbia County Transportation Coordination Plan](#) to better meet the transportation needs of county residents, particularly persons with limited incomes, older adults, and individuals with disabilities. Implementation of components of this plan is ongoing and may provide improved transportation opportunities for residents.

[Columbia County Public Transportation](#) provides Monday-Friday services from Columbia to Greene as noted in Figure 8 below. There is not currently a stop near the proposed location of the ambulatory surgery center. Seniors aged 60 and over who are unable to drive, have no means of travel or are restricted from driving due to medical reasons can make a scheduled appointment for pickup.

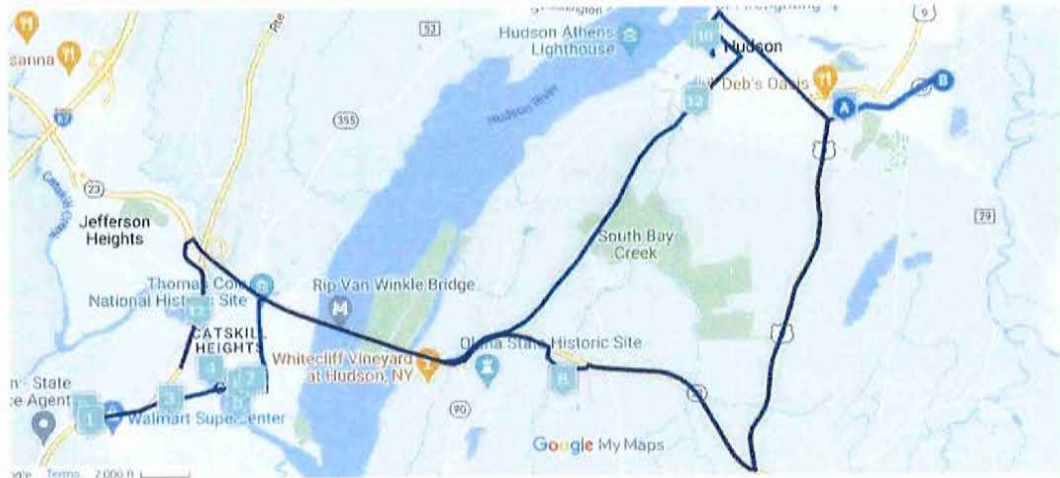
[Greene County Transit](#) provides public transportation services throughout Greene County. For individuals that are 60 years or older, rides are fully subsidized once registered for the program. A stop at the proposed location of the ambulatory surgery center is currently considered an 'on request' stop and must be scheduled 2 days before the ride is needed. The bus runs daily excluding holidays.

A 2018 [Greene County Coordinated Transportation Plan](#) includes assessment findings, recommendations and strategies to improve transportation opportunities and experience for Greene County residents

Transportation was mentioned frequently in meaningful engagement responses as a challenge for the older population and more rural home locations citing both inadequate public transportation and the distance individuals currently must travel. The Applicant currently provides transportation vouchers and other access to transportation services through the Columbia County Healthcare Consortium. The Applicant is continuing its evaluation of opportunities to reduce transportation challenges of vulnerable patients.

Public transportation stops directly in front of the proposed ambulatory surgery center location for Columbia County Public Transportation and a regular stop by Greene County Transit, rather than a pre-scheduled on request stop, would provide more convenience to individuals using these methods as transportation options.

Figure 8. Columbia Public Transport Catskill Route



Source(s): data/information provided by the Applicant; IE's public transportation research; meaningful engagement activities

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

The Applicant intends to follow the ADA guidelines and current construction guidelines when implementing the project.

The Applicant has indicated the proposed project will be a revitalization of the GMA building, a former hospital, located at 159 Jefferson Heights, NY. A new entrance canopy located on the Jefferson Heights (Main Street) side of the building will be added. The canopy will be visible from the entry drive into the parking lot so the ASC will be easy to find. Automobiles have the option to drop patients off under the canopy or go directly into the parking lot. There will be spaces in the parking lot designated for ASC patient use.

Patients will be escorted to a dedicated departure door under a covered exterior door where their transportation will be waiting for patient pick up.

Source(s): information provided by the Applicant

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?

N/A, this project will not provide reproductive or maternal health services.

Meaningful Engagement

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

Columbia County Department of Health
325 Columbia Street, Suite 100
Hudson, NY 12534
(518) 828-3358

Greene County Public Health Department
411 Main Street
Catskill, NY
(518) 719-3600

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

The IE engaged Robert Gibson, Commissioner Columbia County Department of Social Services and Dan Almasi, Director of Community Services, Columbia County Department of Human Services in focus group sessions. In consideration of other public health and community leader engagement, input was not requested from representatives of Columbia County Department of Health or Greene County Public Health Department.

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

This document has been completed.

In addition to the Meaningful Engagement tab of the HEIA Data Table file, the Applicant has been provided a redacted copy of all survey responses.

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

Stakeholders most affected by this project are **all** individuals in Columbia and Greene Counties which are considered, in their entirety, medically underserved areas.

The IE engaged 120 individuals through focus groups, interviews and surveys, with over three-quarters indicating they lived in the service areas of Columbia or Greene County. Except for individuals that identified as immigrants, all groups are represented.

Several community leaders, community partners and public officials offered relevant input and are considered representatives of the impacted individuals and communities for this assessment.

Through feedback, the IE heard the majority of individuals support the proposed project and indicated that having a service location in Greene County would result in a positive impact, including access to these types of services and a reduction in transportation-related challenges like distance and cost to travel out of county.

Concerns were shared that individuals with no vehicle or with a reliance on public transportation within Greene County and individuals in Columbia County may continue to experience transportation challenges, which could include public transportation logistics, travel time and expense of travel. Some individuals noted a general concern about the ability to hire and compensate the appropriate number of staff for a new service location, while others shared concern about the ability to recruit physicians and other clinical provider staff.

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?

The IE believes input from community engagement to be an important component of the Health Equity Impact Assessment. 120 participants engaged in interviews, focus groups and survey questions to share their insight and perspectives on the impact of the proposed ASC. Nearly 90% of participants indicated their support of the project, around 9% indicated they required more information or did not respond and less than 1% indicated their opposition. Participants include members of each required stakeholder group. The group category "*Other*" includes former and current patients and general community members.

The terms benefit and burden are subjective and individuals will be impacted differently based on individual circumstances. Positive impacts will be closer access to services and improved quality of care, outcomes and patient experience. Potential impacts to health equity are noted in responses throughout Step 2, Question 2. Continued communication at the organization and in the community, especially those who identify as individuals from the impacted medically underserved groups, will be important.

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.

Stakeholder input was received from individual and small group interviews and two survey options, (1) an audio or written survey accessed through a URL address or QR code. Surveys were made available to read in English, Spanish, French, Dutch, Italian, simplified Chinese, Japanese, Korean, Hindi, and Haitian Creole and participants were encouraged to speak in their preferred native language if using the audio survey.

Survey links were distributed to current and former patients, clinical providers and donors.

Individuals self-identified in all underserved groups except immigrants and refugees.

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 IE recommends information, updates and all community impact mitigation and resolution strategies be communicated multiple times via multiple channels in a clear, transparent manner.

The IE's meaningful engagement activities revealed a need and preference to deploy a very broad range of communication methods including direct, in-person communication and various print, radio, television and social media platforms. Participants acknowledged the need to provide communications other than those accessible through computers, laptops or cell phones for individuals that are older or may not have access to reliable internet service or the ability to use

electronic devices. Translated communications, written and audio, should be made available for community members that speak languages other than English.

It is advised that any communications on the Applicant's website include easily identified language translation options and any written content is made available for the predominant spoken languages other than English in the service area.

It is also advised that any written or video content published to the Applicant's website accommodate vision or hearing impairments and any televised communications include closed captioning.

The Applicant has several community partnerships in place as identified in Step 1, Question 8. The IE recommends leveraging these community partnerships as an additional communication channel to inform medically underserved members of the communities.

Activities should also include monitoring and responding to incoming inquiries on the Applicant's website and social media posts.

The Applicant is developing a communications strategy identifying communications objectives, messaging points, target audiences and the geographic reach, which will include the primary service area as well as extended and secondary counties.

The Applicant's communications intent is to develop *"a robust communications plan that will cover all available media platforms for market saturation in Columbia and Greene counties. It will include television, radio, digital, print, out-of-home, and social media strategies to ensure the widest possible audience and number of touchpoints. The plan will transparently and accurately describe the proposal set forth and seek to educate the community on the investment the state, Columbia Memorial Hospital (CMH), and Albany Med Health System (AMHS) are making in Columbia and Greene counties as well as how to access all medical and surgical services.*

CMH and AMHS will leverage numerous written, audial, and visual platforms to ensure each individual can access information how they best consume it. Digital communications may be easily translated to other languages. Interpretation services are also available."

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

The IE recommends the Applicant convene local community leaders and public transportation representatives to consider adding a public transportation stop and pickup directly in front of the proposed ambulatory surgery center location for Columbia County Public Transportation and a regular stop and pickup by Greene

County Transit, rather than a pre-scheduled on-request stop. This change would provide more convenience to individuals using these methods for transportation.

Additional strategies to mitigate and address impact to patients in medically underserved groups or areas are provided in this section, numbers 1, 3-4.

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

The IE recommends the Applicant leverage current partnerships with community organizations to ensure information regarding the new service location and the impact of those services is distributed to individuals in medically underserved groups in appropriate languages. The IE also recommends publishing an FAQ sheet, also translated in predominant community languages other than English, which begins by defining what an *ambulatory surgery center* is.

Communication priorities should include:

- Utilize 'trusted sources of communications,' which may include community organizations, community and public leaders, faith-based leaders, current provider relationships
- Sharing information, using short sentences without overly technical medical terms, about the proposed construction and reiterating transportation options for individuals with limited or no access to a vehicle, in appropriate languages and suitable for individuals with vision and hearing impairments

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?

Systemic barriers are obstacles that place unequal value on individuals and communities. Addressing these barriers requires the participation and engagement of multiple stakeholders internal and external to the organization.

As noted in Step 1, Question 6, Greene County community members are primarily utilizing outpatient surgical services at other service locations. Distance to travel to these specific locations from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial challenges due to the age, health status indicators, economic and transportation indicators of the population. A closer location to utilize these services would reduce access challenges concerns for members of these groups.

For individuals in these same groups from Columbia County, traveling to the proposed location to utilize services may present travel challenges due to

transportation access, distance and cost of transit, depending on the individual's home location. The Applicant understands the challenges that some members of the service area face and has active partnerships and contracts in place to support individuals in need, and continues to evaluate opportunities to reduce transportation limitations.

Below are recommendations for actions the Applicant can take related to this project to address systemic barriers to equitable access:

- **Access:** Continue to expand services to support transportation for individuals in need (outlined in Step 2, Question 4); offer sliding scale and no charge options for transportation for individuals who demonstrate financial need; increase signage and wayfinding support and offer clear information in other languages; use uniform symbols on signage; and consider parking directors, especially at busy times, who are strategically deployed in key parking lots and intersections to improve circulation and support wayfinding
- **Language Access:** Ensure interpretation services are provided for limited English proficiency patients and families for both pre- and post-procedure instructions. Review education on culturally and linguistically appropriate services and demonstrate the impact/improvement on responding to individual's health needs and preferences; partner with the community to design; implement; and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
- **Patient Costs:** Ensure all billing and financial policies and documentation are provided at the appropriate health literacy levels, offer transparency in pricing, ensure pre-authorizations are completed in a timely manner; inform patients of estimated costs for services, review assistance or other options; and translate financial services and billing information in other languages

The IE recommends a review of the Applicant's internal diversity, equity and inclusion education to ensure all staff can access specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities.

The IE recommends the Applicant review training and scripting material for call center and front-end staff for the continued collection of self-reported race, ethnicity, language, sexual orientation and gender identity and social needs information to ensure patients from any medically underserved group have equitable access, experience and quality.

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?

Evaluating quality and outcomes data by demographic characteristics is important to identify health equity impacts and reduce disparities. Columbia Memorial Hospital monitors various metrics to evaluate the quality of care, patient outcomes, and patient experience of the surgical patient population. These measures are balanced between process and outcome measures and rely on nationally recognized measurement standards when available.

The Applicant has the following existing mechanisms and measures in place to monitor health equity related impacts:

- Surgical quality outcomes monitored through participation in the National Surgical Quality Improvement Program (NSQIP)
- Ongoing monitoring of the following indicators is in place and will continue with the transition to an Ambulatory Surgery Center model: Mortality and Morbidity rates, Unplanned Reoperations, Unplanned Readmissions, Postoperative Complication rates (e.g., renal failure, sepsis, surgical site infections, unplanned intubation, prolonged ventilation, cardiorespiratory)
- Surgical quality outcomes are monitored and reported as part of the CDC's National Healthcare Safety Network (NHSN) with a focus on reporting of surgical site infections for specific surgical procedure types
- Process metrics specific to surgical services are monitored to evaluate surgical throughput and efficiency
 - Average Operating Room Turnover Time
 - Operating Room Utilization Rates
 - Cancellation rates
 - Percent of Surgical Cases Starting On -Time
- Compliance with all aspects of the surgical safety checklist (i.e., Universal Protocol) is monitored monthly and reviewed with surgical leadership
- Patient experience for outpatient surgical patients is currently monitored via Outpatient and Ambulatory Surgery (OAS) CAHPS Surveys
- Monitoring specific to unique aspects of an Ambulatory Surgery Center will be evaluated to include required elements of the Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- Participation in the Collaborative Community Health Needs Assessment
- Creation of a Community Services Plan
- Participation in efforts to support the Prevention Agenda, New York State's Health Improvement Plan
- Partnerships and programs with community organizations to address patient needs

- Language assistance services

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?

- Stratify and report all survey data, reports, and dashboards by race, ethnicity, language, social needs and zip code to better understand and respond to the needs of individuals in medically underserved groups. When available, integrate sexual orientation and gender identity data into stratification
- Evaluate demographic data collection categories used for reporting, ensure the categories are reflective of the patients/community served
- Regularly share information on data collection with all leadership levels and front-line staff; measure increased level of awareness and understanding and regularly monitor performance
- Share appropriate demographically stratified reports with community partners to continually evaluate needs
- Monitor delivery experiences and outcomes for patients from medically underserved groups and promote conversations with community members
- Expand tracking to other partners, such as transportation partnerships and programs for continued program efficiency and alignment
- Review current diversity, equity and inclusion training and expand to incorporate specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities
- Provide ongoing training and resources to staff for compassionate and culturally appropriate data collect practices

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)

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

The purpose of Section C is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. Additionally, the Applicant must provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment.

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 by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable.

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, Dorothy M. Urschel, attest that I have reviewed the Health Equity Impact Assessment for the construction of an ambulatory surgical center in the Greene Medical Arts building in Jefferson Heights, NY, that has been prepared by the Independent Entity, The Chartis Group, LLC.

Dorothy M Urschel

Name

President and CEO

Title



Signature

5/9/2028

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)

The Columbia Memorial Healthcare system (CMH) is the sole provider of the medically underserved in both Columbia and Greene counties. Columbia Memorial Health is the only hospital supporting the needs of Columbia and Greene counties. The interdependence of all projects is of importance to protect continued access to critical health services for the counties' residents that we serve. This project will create a sustainable system of care. CMH will provide a robust plan to allow ease of access to the Greene Medical Arts facility to include transportation and improve efficiency of patients' accessibility to healthcare services. CMH will provide access points for scheduling appointments, communicating with the healthcare team, language support and health education. CMH's focus on primary care, ambulatory care and mental health management is key to caring for the medically underserved communities. The Greene Medical Arts proposed site will offer high-demand service offerings, will be freestanding and easily accessible from Interstate 87. It will alleviate the need for long distance travel for many of Columbia and Greene counties' residents. The site will offer a patient-friendly environment that is less stressful, convenient, and cost-effective. CMH will continue to provide care at our major sites; Hudson, Valatie, and Catskill; as well as our expansive primary care outpatient sites across Greene and Columbia counties. Residents of our counties currently utilize several modes of transportation, including contracted transportation through CMH, public transportation, and EMS. CMH is evaluating how to expand partnerships to mitigate any transport challenges. CMH has a plan with local County EMS for interfacility medical transportation. CCEMS will act as a provider of Transportation Services for CMH patients requiring such transportation Services, 24 hours per day, 7 days per week. Transportation services consist of a response by CCEMS to the facilities, treatment and other pre-transport activities, appropriate care and treatment during transport, and one-way transportation to the patient's designated destination. CMH is also working with Greene County EMS providers to provide supportive transport as well. CMH also contracts with the Healthcare consortium. The Consortium's role is currently designated for non-emergency, livery type services. CMH utilizes the Columbia and Greene County NYS DOT website and public transportation. CMH is engaging Greene County town executives to advocate for a bus stop in front of the Greene Medical Arts building. Project communications will occur through various channels to ensure the communities stay informed utilizing various visual and hearing impairment technology, and language preferences. Communication methods will include email, patient and employee portal notifications, website updates using both written and video options, social media campaigns, newspaper announcements, in-office communication, and handouts. Proactive media relations and direct mailing will also be leveraged to ensure community awareness and understanding. CMH provides ongoing outreach to all community

residents, including the uninsured/underinsured beneficiaries, regarding the services provided by CMH across Columbia and Greene counties. The organization extensively uses direct marketing activities to create awareness of available services and has processes in place to identify uninsured/underinsured patients when they access care and help them navigate insurance applications if eligible. CMH also offers enrollment fairs for the uninsured/underinsured beneficiaries within the community, partnering with regional managed care companies, facilitated enrollers, and directly employed financial counselors. CMH is committed to the adherence to the NY State Patients' Bill of Rights. Among the rights of a patient who is cared for in a hospital in NY State, consistent with the law, is the right to receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age, or source of payment. We look forward to our ongoing partnerships with patients and community residents of Greene County.

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.