

## 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	<i>Albany Med Pulmonary Clinic Relocation</i>
2. Name of Applicant	<i>Albany Med</i>
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<i>Crescendo Consulting Group</i> <i>Katelyn Michaud, MPH</i> <i>Managing Principal</i> <a href="mailto:katelynm@crescendocg.com">katelynm@crescendocg.com</a>
4. Description of the Independent Entity's qualifications	<i>Crescendo Consulting Group is a boutique woman-owned consulting firm specializing in conducting community health needs assessments, community needs assessments, and strategic plans for hospitals and health systems, FQHCs, CCBHCs and behavioral health organizations, community action agencies, and other non-profits across the United States.</i>
5. Date the Health Equity Impact Assessment (HEIA) started	<i>October 1, 2025</i>
6. Date the HEIA concluded	<i>November 30, 2025</i>

7. Executive summary of project (250 words max)
<i>Albany Med Pulmonary Care is relocating from its current location at 16 New Scotland Avenue to 2 Clara Barton Drive in Albany, which is approximately a 1-mile move. The new location will have a parking lot, which is not available at its current location, and the practice will be located on the first floor.</i>
8. Executive summary of HEIA findings (500 words max)

*Respiratory conditions can affect any medically underserved groups or community residents and there are several risk factors, such as environmental factors, socioeconomic status, gender, race/ethnicity, and lifestyle choices that may increase a person's likelihood of developing a respiratory condition that would require a pulmonologist.*

*Albany Med Pulmonary Care is one of three providers in the Capital Region and one of the only providers that accepts Medicaid patients. Providers have seen an increase in referrals and are projecting over 7,000 patient visits in 2025.*

*By relocating the practice to Clara Barton Drive, the patients will have better access to parking, and the clinic will be more accessible for people with mobility challenges. The new clinic location is a bit further away from a bus stop for patients utilizing public transportation. However, the relocation should have minimum impact on the medically underserved groups and community at large.*

## **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.**

*Please reference the separate HEIA Data Tables document for the demographic data.*

- 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):

**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?**

*Publicly available demographic data was collected on each of the above medically underserved groups and augmented with qualitative and internal deidentified Albany Med Pulmonary Medicine patient data to determine which medically underserved groups will be impacted by the relocation of the clinic from its current location at 16 New Scotland Avenue in Albany to 2 Clara Barton Drive in Albany.*

*Publicly available data from the US Census Bureau was used.*

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

Medically Underserved Groups	Impact on Unique Health Needs or Quality of Life
Low-Income people	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided \$3,031.87 in charity care for patients at the clinic. Additionally, 34% of patients from January 2025 to August 2025 were Medicaid or Medicaid Managed, indicating that at least one in three patients may be considered low-income.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Low-income people may experience a greater impact on the relocation of practice if they do not have reliable transportation. While the new location is near a bus stop, not everyone lives on a public transportation route and must rely on personal transportation or other transportation options.</i></p>

	<p>Research studies show an association between low-income households and pulmonary conditions, such as COPD and other respiratory diseases.<sup>1</sup></p>
<b>Racial and ethnic minorities</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics. However, some studies have identified potential disparities with certain conditions. For example, Black or African Americans with pulmonary fibrosis are diagnosed, hospitalized, and die younger than White and Hispanic patients.<sup>2</sup></p> <p>While a majority of patients at the clinic are White (73%), 11% identify as Black or African American, 11% as Other, and 2% as Asian from January 2025 to August 2025.</p>
<b>Women</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. From January 2025 to August 2025, 55% of the patients at the clinic identified as a woman.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics; however, gender is a risk factor for certain conditions. Over half the patients (55%) at the clinic from January 2025 to August 2025 identified as female.</p>

<sup>1</sup> Socioeconomic Inequity in Respiratory Health in the US from 1959 to 2018.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2780281>

<sup>2</sup> Racial Disparities in Pulmonary Fibrosis Outcomes. <https://www.nih.gov/news-events/nih-research-matters/racial-disparities-pulmonary-fibrosis-outcomes>



	<p>Women have higher incidences of asthma, COPD (co-occurring with asthma), idiopathic pulmonary hypertension, and non-smoking-related lung cancers.<sup>3</sup></p>
<p><b>Lesbian, gay, bisexual, transgender, or other-than-cisgender people</b></p>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>The LGBTQ+ population does have a higher risk for respiratory diseases such as asthma and COPD due to environmental exposures such as air pollution and smoking.<sup>4</sup></p>
<p><b>People with disabilities</b></p>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>COPD is considered a SSDI qualifying disability depending on severity. Studies have also found that people living with a disability are more likely to have COPD compared to people without disabilities.<sup>5</sup></p>

<sup>3</sup> Gender-specific Care for Women with Pulmonary Diseases. <https://www.brighamandwomens.org/lung-center/advances-newsletters/gender-specific-care-program-for-women-with-pulmonary-diseases>

<sup>4</sup> Queering Environmental Justice: Unequal Environmental Health Burden on the LGBTQ+ Community. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8713623/#:~:text=The%20LGBTQ+%20population%20is%20at,smoking%2C%20stress%2C%20and%20victimization.&text=However%2C%20environmental%20conditions%2C%20such%20as,complications%20by%20increasing%20lung%20inflammation.&text=Some%20other%20health%20outcomes%20related,pollution%20has%20not%20been%20studied.>

<sup>5</sup> Growing Disparity in the Prevalence of Chronic Obstructive Pulmonary Disease between People with and Without Disabilities. <https://www.nature.com/articles/s41598-023-39319-8>

<b>Older adults</b>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. From January 2025 to August 2025, 44% of the clinic's patients were 65 years or older, which suggests that nearly half of the patients are considered older adults.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics; however, increasing age is a risk factor. Older adults are at a greater risk for COPD and idiopathic pulmonary fibrosis.<sup>6</sup> They may also be more likely to be homebound with limited transportation options, which can be a barrier of care for them.</i></p>
<b>Persons living with a prevalent infectious disease or condition</b>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Persons living with a prevalent infectious disease or condition may have HIV/AIDS or another auto-immune disease that impacts their immune system and make them more susceptible to pulmonary conditions that require ongoing care from a specialist.</i></p>
<b>Persons living in rural areas</b>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current</i></p>

<sup>6</sup> Aging and Lung Disease. Clinical Impact and Cellular Molecular Pathways.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6137674/>

	<p>location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>The biggest barrier for people living in rural areas is transportation. The public transportation system in the area does not extend into the rural communities. Some patients drive nearly an hour to the current practice. While most people in the survey supported the relocation of the practice, several people said the new location is not as convenient for them.</p> <p>Additionally, there may be people living in rural communities that don't have a personal vehicle or reliable transportation and will experience a much harder time accessing pulmonary services regardless of the location of the practice.</p>
<b>People who are eligible for or receive public health benefits</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided \$3,031.87 in charity care for patients at the clinic. Additionally, 34% of patients from January 2025 to August 2025 were Medicaid or Medicaid Managed, indicating that at least one in three patients may be considered low-income and possibly eligible for public health benefits.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>People who are eligible for or receive public health benefits likely also fall into at least one other medical underserved groups, like low-income or older adults. People who are eligible or receive Medicaid will likely have similar impacts of low-income people. However, people who are either on Medicaid or Medicare often have more options for transportation, which will help increase their access to care. By increasing access to pulmonary services, health outcomes for this population may improve.</p>



	<p>From January 2025 to August 2025, 34% of the patients were on Medicaid or Medicaid Managed plans and 20% were on Medicare.</p>
<p><b>People who do not have third-party health coverage or have inadequate third-party health coverage</b></p>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided \$3,031.87 in charity care for patients at the clinic. This suggests that some patients may not have health insurance or high-deductible health plans.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>People who identify as this medically underserved group likely fall into other medically underserved groups. People who are uninsured experience more barriers to access to care, especially around ability to pay and may put off their care. Albany Med does provide charity care to patients who are eligible. Awareness of this program may be a barrier. An uninsured person generally has poor health outcomes that negatively impact their health.</i></p>
<p><b>Other people who are unable to obtain health care</b></p>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>People who are unable to obtain health care are likely to experience worse health outcomes than other medically underserved groups for a variety of reasons. The ability to pay is typically one of the top barriers for people when it comes to obtaining health care</i></p>



	<p>services. Transportation and available hours or wait times are other common barriers to accessing care.</p> <p>Albany Med provides charity care for patients who are eligible as discussed above</p>
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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?

*All medically underserved groups may need pulmonary care currently or in the future. The patient panel demographics from January 2025 to August 2025 are as follows:*

	Percent
<b>Gender</b>	
Female	55%
Male	45%
<b>Race</b>	
White	73%
Black or African American	11%
Other	11%
Unknown	2%
Asian Indian	1%
Other Asian	1%
<b>Ethnicity</b>	
Not Hispanic, Latino/a, or Spanish origin	88%
Unknown	8%
Other Hispanic, Latino/a, or Spanish origin	3%
Puerto Rican	1%
Decline to Answer	1%
<b>Age</b>	
0-17	0%
18-64	56%
65+	44%

*It is expected that the patient volume will continue to grow with the new clinic location that provides easier parking. The projected full-year patient visits for 2025 are 7,327. While there are pulmonary providers in the Capital Area, Albany Med Pulmonary Care is one of the few that accepts Medicaid patients. One provider at the clinic stated that they get a lot of referrals from other specialists who don't accept Medicaid.*

*One clinic provider said they have seen an increase in demand for services and consultations with other specialists. He said the increase may be due to the lack of*

*specialist providers in the community and also the shift to mid-level providers at many primary and specialty cares that may not have the experience to treat pulmonary disease that would have historically been taken care of by a physician.*

*While the patient volume is projected to continue to grow, it is expected that there will be no impact to the medically underserved groups discussed above, which include Low-income people, racial and ethnic minorities, 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, and other people who are unable to obtain health care. It is expected that these medically underserved groups will continue to use the pulmonary services at the same rates as they do today.*

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

*There are at least three pulmonary clinics in the Capital Area, including Albany Med. St. Peter's Health Partners Pulmonary and Critical Care Services (Albany), CapitalCare Pulmonary Medicine (Niskayuna) both provide pulmonary care.*

*Some pulmonary conditions, such as asthma, may also be managed by primary care providers in the area.*

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

*While the share of patients is unknown, it is one of only a few pulmonary practices in the Capital Area. Patients from the region in need of pulmonary care visit Albany Med's clinic more than 7,000 times each year.*

*Albany Med projects its visit volume to remain the same or grow slightly.*

**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.**

*Albany Med provides financial assistance to patients that qualify. In 2024, Albany Med provided \$3,031.87 of charity care at the Albany Med Pulmonary clinic. Access to financial assistance for patients at the pulmonary clinic will not be impacted by the clinic's relocation.*

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

*The relocation of the clinic is not expected to impact physician or professional staff at the clinic. However, there is a shortage of pulmonologists in the United States. Research estimates that over 5.6 million Americans live in a "pulmonology desert."<sup>7</sup> In the future, based on demand, Albany Med Pulmonary may hire a new provider.*

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

*No, there are no civil rights complaints against 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, this is the first project.*

## **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**

*By relocating the pulmonary clinic from 16 New Scotland Avenue to 2 Clara Barton Drive, it will help increase access to the clinic for most medically underserved groups. The clinic will be located on the first floor of the building, which will help people with mobility limitations and there is ample parking in the attached parking lot. The current location at New Scotland Avenue does not have parking and patients must utilize valet parking.*

*Unfortunately for patients who utilize the CDTA (local public bus service), the closest bus stop on Holland Avenue is a four-minute walk through a parking lot to the new clinic building. For patients who utilize public transportation, the new location could be less accessible than the current location.*

*The pulmonary clinic is vital in providing specialty care in the community, especially for patients on Medicaid and rural patients. Patients who live in rural communities outside of Albany often travel for an hour or more for care due to provider shortages. Albany*

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<sup>7</sup> Mapping Pulmonology Deserts in 2025: Where Area American Having Trouble Getting Lung Care?  
<https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?srsId=AfmBOopBvgNH6iUCSUK4z3xM3ftN5S8bEXT9fIU19smNSaYpOYIQui>

*Med Pulmonary will continue to provide care to all medically underserved groups identified in Step 1 Question 2 to improve access to services and health care, improve health equity, and reduce health disparities in the Capital Region.*

**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.**

*Moving the pulmonary practice to a new location approximately 1 mile down the road from its current location should have no or minimum negative impact to health equity for all medically underserved groups, which include low-income people, racial and ethnic minorities, 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, and other people who are unable to obtain health care.*

*The only identified potential negative impact is to people who utilize the public transportation system may need to walk approximately four minutes to the clinic due to the location of the bus stop.*

*There are only three pulmonary clinics in the region and members of the identified medically underserved groups are expected to continue seeking services at the new location.*

**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 amount of indigent care is not expected to change with the relocation of the practice.*

**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.**

*The new location at 2 Clara Barton Drive does not have a bus stop directly in front of the building. The closest Capital District Transportation Authority (CDTA) is located on Holland Avenue in front of the New York State Office for People with Developmental Disabilities. Patients can walk through the parking lot of the New York State Office for People with Developmental Disabilities to the new pulmonary clinic, which is approximately a four-minute walk.*

*For seniors, ACCESS Transit Services will provide door-to-door transportation to non-emergency medical appointments. Special Transit Available by Request (STAR) is available for people with disabilities. It is a door-to-door transportation service.*



*The new location is easily accessible by private transportation and has ample parking at the location for patient vehicles.*

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

*The Americans with Disabilities Act (ADA) requires that all health care entities provide full and equal access for people with disabilities. The new pulmonary location meets all ADA requirements, and no major renovations are proposed for the project. Additionally, the new clinic location will be on the first floor of the building.*

**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 proposed project is not related to the provision of maternal health care services and comprehensive reproductive health care services. Pulmonary does not provide any of these services, and therefore, will not impact the services in the community. However, pregnant women may access pulmonary care for non-pregnancy related issues.*

**Meaningful Engagement**

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

*Albany County Department of Health, 175 Green Street, Albany, NY 12202*

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

*Yes, they participated in a key informant interview.*

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

*Please see the table in the separate document for the required information.*

**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?**

*All key informants and the organizations and/or medically underserved groups they represent may be impacted by the project. No one has expressed major concern for the project.*

**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?**

*A short online survey was distributed to Albany Med Pulmonary current and past patients via email. A total of 478 people took the survey between October 10, 2025 to November 4, 2025. Nearly 90% of the respondents identified as White. The respondents self-identified as the following medically underserved groups (please note: not everyone answered the question and some people selected multiple options):*

<b>Medically Underserved Group</b>	<b>Number of Respondents</b>
Low Income	37
Immigrant or Migrant	0
Woman	198
LGBTQIA+	14
People Living with a Disability	99
Person Living with an Infectious Disease or Condition	23
Person Living in a Rural Community	45
Person Who is Eligible for or Receives Public Health Benefits	26
Person Who Does Not have Health Insurance	0
None of These	161

*When asked if the respondents supported the relocation of the pulmonary clinic, 79.9% (n=382) answered yes. Only 23 respondents said "no." For those respondents that answered "no," the most common reasons why they did not support the move was that the clinic is at a convenient location to them already or they did not want it to move further away from the hospital in case they need diagnostic testing.*

*When asked about current challenges or barriers to accessing the current location of the pulmonary current, the lack of parking was the major challenge followed by the second floor location, and traffic.*

*Key informant interviews were also completed with people or organizations that represent medically underserved groups in the Capital region. All key informants supported the relocation of the pulmonary clinic. More information can be found in the Meaningful Engagement table.*

**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.**

*It is unknown if immigrants or persons with no health insurance participated in the survey as not everyone chose to answer the question about medically underserved groups. It is possible that individuals in these medically underserved groups received the survey but chose not to participate.*

**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?**

*Albany Med Pulmonary is affiliated with Albany Med, a not-for-profit hospital system that must accommodate patients who may have limited English proficiency, or a language-based disability or impairment. Albany Med providers and staff have access to translation services and interpreters through its Language Line services available as needed to help assist people with limited or no English-speaking ability and people with speech, hearing or visual impairments.*

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

*No additional changes are suggested as current processes are adequate for the community.*

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

*As the relocation progresses, Albany Med can continue to communicate with stakeholders, community members, and patients on the relocation date and new address of the practice to mitigate any confusion. For patients who utilize public transportation, Albany Med can provide detailed directions on how to get to the new clinic location.*

- 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?**

*A study estimates that over 5.6 million Americans live in a "pulmonology desert," which is a county in which more than half of its resident live at least one hour away from the*

nearest pulmonology provider.<sup>8</sup> Access to pulmonology care is critical for people living with COPD, asthma, and other respiratory conditions.

Albany Med is one of the only pulmonary providers in the Capital Region that accepts Medicaid patients, thus it is critical for providing specialty services for low-income people and people on public insurance programs. Albany Med also provides charity care for patients who may need financial assistance.

The new location of the clinic is at an existing Albany Med medical building with ample parking in the attached parking lot, which was missing from the clinic's current location. The pulmonary clinic will be located on the first floor, which may increase accessibility for people with mobility challenges.

The two most common barriers that people experience when accessing health care services is financial (ability to pay) and transportation. The new location addresses both barriers.

#### **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?**

Albany Med currently conducts patient satisfaction surveys on an annual basis and after each patient visit for all their clinics. Additionally, the Hospital also has a formal complaint process that requires review and follow-up for any patient complaint at any of its practices.

- 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?**

None are recommended at this time.

#### **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.

Albany Med intends to post the HEIA on the website as required.

**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)

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<sup>8</sup> Mapping Pulmonology Deserts in 2025: Where Are Americans Having Trouble Getting Lung Care?  
[https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?srsId=AfmBOoqSRpJw1fMDb3Mru8jP0BpNHC8Ezt7\\_BmaY2p\\_BulmoPHEuCO\\_B](https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?srsId=AfmBOoqSRpJw1fMDb3Mru8jP0BpNHC8Ezt7_BmaY2p_BulmoPHEuCO_B)



----- 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, JASON MOUZAKES, M.D., attest that I have reviewed the Health Equity Impact Assessment for the ALBANY MED PULMONARY CLINIC RELOCATION that has been prepared by the Independent Entity, CRESCENDO CONSULTING GROUP.

\_\_\_\_\_  
Jason Mouzakes, MD

Name

\_\_\_\_\_  
EVP & Hospital General Director

Title

\_\_\_\_\_  


Signature

\_\_\_\_\_  
1/5/26

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.***

*If approved, deliberate steps will be taken to ensure the relocation of the pulmonology clinic does not negatively affect medically underserved groups. The move is not expected to alter service capacity or clinical offerings; however, measures will be implemented to safeguard access and minimize disruption.*

*Mitigation strategies include clear, multilingual communication about the new location and changes to parking or building access. Staff will be available to provide wayfinding support.*

*Following the relocation, the clinic will monitor utilization patterns, no-show rates, and patient feedback, with particular attention to underserved groups. Any identified gaps will be addressed through operational adjustments, enhanced communication, or additional patient support to ensure continuity of timely pulmonary care.*