

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	Mount St. Mary's Hospital reduction of surgical and delivery services
2. Name of Applicant	Catholic Health Services
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions Kim Hess , COO khess@monroeplan.com Howard Brill , SVP Population Health Management and Quality hbrill@monroeplan.com Colleen Boyle , Product Manager cboyle@monroeplan.com Todd Glanton , SVP Technology and Analytics, IT tglanton@monroeplan.com Sylvia Yang , Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	9/6/2023
6. Date the HEIA concluded	1/26/2024

7. Executive summary of project (250 words max)

Catholic Health Services has eliminated its surgical, labor and delivery services at Mount St. Mary's Hospital due to a shortage of anesthesiologists in the area. These changes were communicated to the community via mailings, news media, social media, community meetings preceding the change, and follow-up meetings after the changes occurred. All existing patients were contacted directly. This closure occurred before the Certificate of Need submission and was effective on 6/26/2023. Surgeries were moved to other sites in the Catholic Health System and to the Niagara Ambulatory Surgery Center, which the Hospital also began to operate June 2023. The Hospital continues to provide prenatal and postpartum outpatient services at three sites in the county – Lewiston, Niagara Falls and Lockport (as of October 2023). The closure was expected to reduce the availability of maternity delivery services in the service area. The Hospital primarily mitigated that impact through its existing OBGYN privileges at Sisters of Charity Hospital (18 miles away), a Level III site. Its prenatal care patients were supported individually during the transition. Open communication with nearby Niagara Falls Memorial Medical Center also supported the four Mount St. Mary's patients who choose to deliver there, and prepared that facility for the change in available services in Western Niagara County.

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

The primary impact of the closure was on maternity (labor and delivery) services at the hospital. (Community stakeholders were asked about the impact on surgical services but were less concerned due to the ability to schedule elective procedures at nearby hospitals, particularly Sisters of Charity. Emergent events are triaged to other hospitals.) The medically underserved groups impacted by the closure are women – pregnant persons and mothers – who may have additional vulnerabilities, including racial and ethnic minority or Native American identity, low-income status, disabilities, behavioral health disorders, and/or residing in rural areas.

The Independent Assessor was able to engage multiple community stakeholders for input on the project, including the Niagara Falls Health Equity Task Force, a consortium of multiple organizations, the County Department of Health, Mount St. Mary's Hospital Patient Advisory Council, Community Health Workers, other community stakeholders and individually interviewed consumer/residents of the service area.

Community stakeholders noted persons disconnected from healthcare and not engaged in prenatal care were at higher risk due to the project change. Notably, persons with disabilities and severe behavioral disorders are especially vulnerable. Also, communicating the program change and planned mitigation was difficult due to a decline in trusted communication partners in the area. Community stakeholder meetings highlighted transportation as a barrier to underserved groups, especially for underserved communities in the city of Niagara Falls, rural persons, and individuals with disabilities or severe behavioral disorders. Stakeholders also raised concerns regarding cultural sensitivity, loss of choice of delivery location, rural isolation, and the availability of primary care services.

The demographic and market share analysis was largely consistent with the concerns of community stakeholders. Mount St. Mary's provided less than 17% of the utilization in the service area, although 35% of the discharges for residents of the city of Niagara Falls. Over 28% of maternity discharges at Mount St. Mary's were for black women.

In reviewing the literature, the Assessor noted that there is a least fifty-year trend in the regional consolidation of maternity services, which accommodates declining birthrates and argues to improve care quality through a tiered approach to service delivery. In recent years, that trend has been criticized for creating maternity care deserts and continued persistent racial disparities in maternal and birth outcomes. (The service area is not in a maternity care desert.) While well-planned consolidation might enhance care quality, policy considerations must address the causes of persistent inequities and disparities including transportation obstacles, social determinants of health, racism in healthcare settings, and culturally effective service provision.

In addition to continued improvements in communication and transportation coordination, the Assessor recommends various mitigation strategies for improving maternal healthcare equity, emphasizing outreach approaches and culturally effective service delivery. It is also important to ensure that there is effective screening and outreach for persons at high-risk due to disabilities and severe behavioral disorders, and to consider care management, collaborative and integrative care models with behavioral health providers. Mount St. Mary's and the Catholic Health System employ many such strategies.

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.

For the assessment, and consistent with the Certificate of Need, the service area was defined using a primary service area definition of the ZCTAs (zip codes) with the largest number of discharges for 2022, containing up to 80% of the total discharges for the year. Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau 2022 5-year estimates for the ZCTAs. Racial and ethnic distributions by ZCTA, along with the 2022 discharges, are displayed visually in Figure 1. The service area, as defined by 80% of discharges, is in Niagara County but does not include all of Niagara County. The northeastern portion of Niagara County, which is outside of the primary service area but was discussed by several community stakeholders, is characterized by white rural poverty and high rates of disability. The southwestern portion of Figure 1 is the city of Niagara Falls and includes federally designated medically underserved areas. The service area includes the Tuscarora Indian Nation in the 14092 and 14132 zip codes. Mount St. Mary’s is in Lewiston, north of Niagara Falls. Another hospital, Niagara Falls Memorial, is in Niagara Falls.

The Niagara Falls-Buffalo urban area has historically been characterized by prominent residential segregation, with the black population concentrated in distinct neighborhoods in Buffalo and Niagara Falls. The entire service area is 85.6% White, 7.1% Black, and 3.4% Latino. The Native American population is less than 1% of the total service area population, but the historical legacy of injustice is significant. Because of the levels of residential segregation, the racial and ethnic distribution sharply differs in Niagara Falls. For example, zip codes 14301, 14305, and 14303 in Niagara Falls are 30.0%, 27.9%, and 16.9% Black, respectively. Poverty rates follow a similar pattern, with zip codes 14301, 14305, and 14303 having rates of 31.6%, 27.8%, and 18.5%, respectively. These zip codes also have food assistance rates 25% or greater. Rural areas, such as zip code 14132 in the service area, also have high poverty rates, which is 10.1% for that zip code. The Niagara Falls zip codes also have a high proportion of households without vehicles, for the zip codes of 14301, 14303, and 14305, the rates are 32.4%, 26.4%, and 18.0%, respectively. Transportation concerns were frequently voiced in meetings with community stakeholders.

The disabled population, according to the ACS survey data, was 15.0% of the total population for the service area. For the zip codes 14301 and 14303, the disabled population exceeded 20% of the total. Overall, for the service area, 43.3% of the population was on public coverage. For the 14301, 14303, and 14305 zip codes, public coverage exceeded 60% of the total.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

X Low-income people

X Racial and ethnic minorities

Immigrants

X Women

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

X People with disabilities (see (3))

Older adults

Persons living with a prevalent infectious disease or condition

X 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

X Not listed (specify): Native Americans, Persons with severe behavioral health disorders (see (3))

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?

Both Hospital management and community stakeholders identified the closure of maternity services (labor and delivery) as having the project's largest impact. (Community stakeholders were asked about the impact on surgical services but were less concerned due to the ability to schedule elective procedures at nearby hospitals, particularly Sisters of Charity, and other ambulatory facilities. Emergent events are triaged to other hospitals.) Note that the Hospital continues to provide

outpatient prenatal and postpartum care. Clearly, women are impacted by the elimination of deliveries at Mount St. Mary's. As noted in the demographic analysis, sections of the service area have a high proportion of low-income and race and ethnic minorities, with transportation frequently raised as a challenge to those groups by community and hospital stakeholders. There is a high association nationally with maternal and infant mortality with blacks and low-income status generally. The Native American groups were selected because Mount St. Mary's is the closest hospital to the Tuscarora Nation and the long-standing inequities they have experienced. (Niagara Falls Memorial Hospital operates a clinic on the Tuscarora Nation and runs the Tuscarora Community Health Worker program, which services Tuscarora women and infants. Mount St. Mary's delivered less than ten Native babies in 2022.) Community stakeholders identified rural poverty as a serious issue in Niagara County.

At community stakeholder meetings, disabled persons and persons with severe behavioral disorders were identified as being highly vulnerable in the community. Expectant mothers, with disabilities or severe behavioral disorders, should be considered particularly vulnerable to project impacts. However, it is difficult to quantify the number of persons who are pregnant and are disabled or have severe behavioral disorders from the available data.

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

Women

Since the main project impact is on the closure of maternity delivery services, women are the primary impacted demographic group, with other identified groups being women with additional vulnerabilities. As described elsewhere, the hospital continues to provide outpatient prenatal and postpartum care, coordinates transportation to appointments when needed and coordinates delivery services at neighboring hospitals, particularly Sisters of Charity. The persons at greatest risk are those who are not actively engaged in prenatal care and lack transportation resources. Continuity of care for postpartum services may be disrupted if delivery was the first perinatal encounter and the hospital location is not local.

In Step 2 the assessment discusses how the project change occurred in the context of a multi-tiered maternity services system. Mount St. Mary's provided Level 1 Maternity Care, with deliveries requiring a higher level of care occurring at either Sisters of Charity Hospital (Level 3) or Oishei Children's Hospital (Level 4). The change affected low-risk deliveries, with prenatal, postpartum, and high-risk deliveries not affected.

We understand that not all pregnant persons and mothers will identify as women.

Low Income

Low income increases transportation difficulties and is associated with maternal mortality and adverse birth outcomes.

Racial and ethnic minorities

Black women face a significantly higher risk for maternal mortality and adverse birth outcomes.

Persons living in rural areas

Problems with transportation are magnified in the rural communities in Niagara County. Community stakeholders emphasized the impacts of rural isolation, the lack of trusted sources for medical information, and cultural barriers to seeking preventative care.

Although unrelated to the program change, on October 10, 2023, the Catholic Health System opened Lockport Memorial Hospital, a campus of Mount St. Mary's, a new hospital and outpatient facility designed to serve rural health needs.

Disabled / Persons with severe behavioral health disorders

Disability increases medical risks and complicates transportation. Persons with severe behavioral health disorders may experience increased distress in unfamiliar inpatient settings.

Native Americans

Native Americans have high rates of maternal mortality and adverse birth outcomes. Mount St. Mary's Hospital is the closest hospital to the Tuscarora Nation. However, the Hospital delivered less than ten Native American babies in 2022. Niagara Falls Memorial Hospital operates a clinic on the Tuscarora Nation and runs the Tuscarora Community Health Worker program, which serves Tuscarora women and infants.

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?

Both the Hospital and community stakeholders identified the most concerning impact of the change was maternity delivery services. This assessment focuses on that impact.

Discharge data from 2022, found in Table 1, shows that 82 or 28.6% of the total discharges were of black women. Latina women comprised 21 or 7.3% of the discharges. There were eight discharges of Native American women, or 2.8% of

the discharges. All other racial minorities accounted for 38 or 13.3% of the discharges.

The available data does not allow for an accurate assessment of how many of the women were disabled or had severe behavioral health disorders. In addition, the number of low-income women from rural zip codes cannot be quantitatively assessed from the discharge data.

Since the discharges were consistent over three years, the expected demand for delivery services in the service area are projected to be similar to the 2022 levels.

Table 1 Discharges for Vaginal or Cesarean Delivery at Mount St. Mary's Primary Service Area, 2022

Race or Ethnicity Category	N	Percentage
All Discharges	286	100%
Black	82	28.6%
Latino (All Races)	21	7.3%
Native American	<10	<4%
Other Racial Minorities	38	13.3%

Source: SPARCS 2022

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

Several hospitals in the service area provide maternity delivery services (labor and delivery). Table 2 displays the distance from Mount St Mary’s Hospital to those hospitals. The hospitals selected for this table had at least ten percent of the delivery discharges from the service area. One of the alternatives, Niagara Falls Memorial, is four miles from the Hospital. The next three alternatives are within twenty miles. A map of the service area, with all 2022 discharges graduated-colored, and the alternative locations is in Figure 2 (map appendix). As can be seen in the map, the Hospital is located on the west-central boundary of the service area – the Canadian border marks the end of the western boundary.

The Hospital, located in Lewiston, is close to the city of Niagara Falls. Due to long-term residential segregation the Black communities in the service area are concentrated in the Niagara Falls zip codes. As noted in Question 1, Niagara Falls has high rates of poverty. Niagara Falls Memorial Medical Center, which offers labor and delivery services, is located in the 14301 zip code and is directly adjacent to zip code 14303. Mount St. Mary’s Neighborhood Health Center, which offers primary care, behavioral health, OBGYN, prenatal and postpartum services, is located in zip code 14305 and inside the Harry S. Jordan public housing neighborhood operated by the Niagara Falls Municipal Housing Authority. The Health Center is also adjacent to zip code 14303.

Large sections of the service area to the east are closer to alternative locations, which is important when planning transportation for several rural zip codes with comparatively high poverty rates.

Table 2 Distance to Alternative Locations from Mount St. Mary's Hospital

Alternative Locations	Distance (Miles)
Niagara Falls Memorial	4.3
Sisters of Charity Hospital	18.1
Millard Filmore Suburban Hospital	18.9
Oishei Children's Hospital	19.4

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

Table 3 shows the number and percentage of discharges of persons living in the service area from the hospitals identified in Question 6. The hospital with the largest number of discharges – 656 – during 2022, comprising 38.4%, was Millard Fillmore Suburban Hospital, which is to the south of the central portion of the service area. Second is Mount St. Mary’s, which had 16.8% of the area’s discharges and accounted for 286. Sisters of Charity, which is outside of the service area, has a similar percentage of discharges from service area residents at 16.1%. Niagara Falls Memorial, which is four miles south of Mount St Mary’s, in the city of Niagara Falls, had 14.1% of the discharges. Oishei Children’s Hospital, also outside of the service area, had 12% of the discharges of residents. A few other hospitals, including two in Rochester, New York, and United Memorial, had the remaining 3% of resident discharges.

Table 3 Market Share Analysis - Maternity Discharges (Deliveries)

Hospitals	Number of Discharges from the Service Area	Percentage of Discharges from the Service Area
Millard Fillmore Suburban Hospital	656	38.4%
Mount St. Mary’s Hospital	286	16.8%
Sisters of Charity Hospital	274	16.1%
Niagara Falls Memorial	241	14.1%
Oishei Children’s Hospital	205	12.0%
Others	45	2.8%
Total	1707	100%

Notes: Discharges for vaginal and cesarean deliveries in the service area, 2022.

Source: SPARCS 2022

The percentage of market shares was comparable, within 1 to 3%, for the years 2020 and 2021.

The relative impact is more significant when focusing on the city of Niagara Falls. For the downtown Niagara Falls zip codes, Mount St. Mary’s provided 35.2% of the deliveries or 135 during 2022, compared to 37.2% or 143 for Niagara Falls Memorial. Mount St. Mary’s activity for downtown Niagara Falls was 47% (135/286) of its total deliveries. For these reasons, the recommendations in this assessment will emphasize the Niagara Falls communities.

- Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs

receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The Hospital provided the ICR Exhibit 50 for 2022 and an audit report. The Hospital met its obligations and did not have material adverse audit findings. The Assessor also reviewed literature from the Community Service Society (CSS), which defined performance measures as percentage of financial aid application approvals, financial aid applications per certified bed, and liens per certified bed. While the data from comprehensive CSS analysis is a decade old, Mount St Mary's Hospital did not have any red flags.

Mount St. Mary's has a charitable mission and covers the cost of care provided to people in need; subsidizes care and services to low-income, elderly and underserved communities; and continuously invests in many community health initiatives. This mission remains unchanged and investments will continue. The total amount reported in 2021 IRS form 990 Schedule H by Mount St. Mary's was \$14,000,000. For the Catholic Health System as a whole, the total amount reported in 2021 IRS 990 Schedule H was \$214,000,000.

Sources:

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

ICR Mount St. Mary's Hospital 2022.

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.

Yes. the project was initiated due to a shortage of anesthesiologists. There are also staffing impacts with reducing delivery and surgery services. The Catholic Health System operates four hospitals on six campuses, four nursing homes, three home care agencies and more than 75 outpatient sites, at which jobs were offered for any displaced staff.

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

There are currently no civil rights access complaints against Catholic Health Services and Mount St. Mary's Hospital.

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.

Mount St. Mary's has not undergone any similar projects within the last five years.

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 a reduction of services due to a shortage of anesthesiologists. The most major impact is on the closure of maternity delivery services. (Prenatal and postpartum care continue in the outpatient setting for the hospital.) As a reduction of services, it does not improve access to services and was not expected to improve health equity or reduce disparities for any underserved groups, but rather to accommodate critical staffing shortages.

The project change occurs in the context of a multi-tiered maternity services system. Mount St. Mary's was a Level 1 Maternal Level of Care program, delivering about 24 babies per month. Sisters of Charity is a Level 3 program that delivers an average of 275-300 babies per month. Sisters of Charity has a more robust infrastructure of social work, wraparound services and referrals available. High-risk pregnancies have always been transferred from Niagara County, which only has Level 1 programs to Sisters of Charity (Level 3) or Oshei Children's Hospital (Level 4).

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.

The trend in maternity service consolidation and regionalization is long-standing. In the health planning literature, for fifty years, it's been argued that with planning, regional consolidation can improve the quality of care (see Russell, Gardiner, and Nichols 1975, Ryan 1975, Minker and Wallace, 1977, and Holnam et al. 2023). The logic of the argument is that in the absence of consolidation, the long-term decline in birth rates will result in smaller hospitals having unsustainably low numbers of births to support high-quality labor and delivery services. Health planners argued that a tiered approach to maternity services and risk-stratifying mothers to the appropriate level of service improves quality.

More recently, there has been growing concern about the emergence of maternity care deserts due to inpatient consolidation and obstetrics and gynecology specialty shortages impacting outpatient services (Brigance et. al., 2022). (Mount St. Mary's is not in an area that is identified as a maternity care desert.) Profound racial disparities in maternal and birth outcomes persist in spite of extensive changes in the organization of perinatal care and development of medical science (Hill, Artiga, and Ranji 2022). These concerns have led to increased attention to improving access for communities at high-risk, reducing racism in healthcare settings, seeking more culturally effective means of providing services, and addressing broader social determinants of health. Planning must address health equity and systemic SDOH barriers (such as transportation) for the consolidation of services to improve quality.

Meetings with community stakeholders echoed these concerns and added the following:

- Transportation can be a serious obstacle in high-risk communities and particularly for persons with disabilities and severe behavioral disorders.
- Mentioning other hospitals in the area, community stakeholders shared experiences of or concern for a lack of cultural sensitivity.
- Loss of an ability to have choice in the place for delivering a baby.
- Deep issues in rural isolation and disconnect with health care systems and long travel distances.

Table 4 summarizes these concerns by underserved groups. Note that there is overlap between groups and that the severity of concerns can be considerably different. Community stakeholders stressed that disabled persons and women with severe behavioral health problems are at much greater risk.

It is also important to understand that the closure was not of outpatient prenatal and postpartum services provided by the Hospital. This network remains intact, and the OB/GYNs provide their services in three sites in Niagara County, two that are in the service area in neighboring hospitals. The Hospital does assist with transportation. The greatest level of risk is with women who experience barriers to engagement in prenatal care, which is more likely to occur with low-income, isolated, minority, and women with behavioral health disorders.

For those for whom community stakeholders raised the highest level of concern - women with disabilities and severe behavioral health disorders – the level of care and infrastructure at higher-tier hospitals are a better location for deliveries. The critical health equity question concerns barriers to engagement for women with high risks.

Table 4 Unintended Positive and Negative Impacts by Underserved Groups

Underserved Group	Unintended + Impacts	Unintended - Impacts
Women	Consolidation of maternity services can, with appropriate planning, improve the quality of care	Reduced access to care Reduced choice
Low-income	Planning needs to consider transportation obstacles and other SDOHs. Access to Sisters of Charity Hospital's more robust social care infrastructure.	" Lack of access to transportation could increase risk of adverse events.
Racial and ethnic minorities	Planning needs to consider transportation obstacles, racism in healthcare settings, culturally effective means of providing services, and other SDOHs. Access to Sisters of Charity Hospital's more robust social care infrastructure.	" Lack of access to transportation could increase risk of adverse events. Reduced ability to access local culturally sensitive care.
Native Americans	Planning needs to consider transportation obstacles, racism in healthcare settings, culturally effective means of providing services, and other SDOHs.	" Lack of access to transportation could increase risk of adverse events. Reduced ability to access local culturally sensitive care.
Persons living in rural areas	Planning needs to consider severe transportation obstacles, the effects of isolation, and the breakdown of healthcare communication. To serve rural Niagara County residents, including prenatal care, a Mount St. Mary's campus – Lockport Memorial Hospital – was opened on October 10, 2023.	" Lack of access to transportation could increase risk of adverse events.
Disabled Persons	Planning needs to consider transportation obstacles and other barriers to access to care.	" Increases barriers to care.
Persons with Severe Behavioral Disorders	Planning needs to consider transportation obstacles and ways to improve outreach and care coordination. Greater connection to Sisters of Charity Hospital: It provides a best-practice care model for pregnant women on medication-assisted treatment (MAT) and has a NICU and private rooms designed to serve this population. Both Mount St. Mary's and Sisters of Charity have inpatient behavioral health units that care for pregnant women.	" Exacerbates challenges to connect with perinatal care.

Sources:

Brigance, C., R. Lucas, E. Jones, A. Davis, M. Oinuma, K. Mishkin, and Z. Henderson. 2022. "Nowhere To Go: Maternity Care Deserts Across the U.S. (Report No. 3)." March of Dimes.

Hill, Latoya, Samantha Artiga, and Usha Ranji. 2022. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them." Retrieved December 3, 2023 (<https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>).

Holman, Carly, Annie Glover, Kaitlin Fertaly, and Megan Nelson. 2023. "Operationalizing Risk-Appropriate Perinatal Care in a Rural US State: Directions for Policy and Practice." *BMC Health Services Research* 23(1):601. doi: 10.1186/s12913-023-09552-y.

Minkler, Donald H., and Helen M. Wallace. 1977. "Maternity and Perinatal Services in an Urban-Suburban Area." *Western Journal of Medicine* 127(1):69–76.

Russell, K. P., S. H. Gardiner, and E. E. Nichols. 1975. "A Conceptual Model for Regionalization and Consolidation of Obstetric-Gynecologic Services." *American Journal of Obstetrics and Gynecology* 121(6):756–64.

Ryan, G. M. 1975. "Toward Improving the Outcome of Pregnancy: Recommendations for the Regional Development of Perinatal Health Services." *Obstetrics and Gynecology* 46(4):375–84.

Community Stakeholder meetings.

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

Total hospital costs incurred in rendering services to uninsured patients:
\$840,187
(ICR 2022, Exhibit 50, ICR Line Code 001)

With the data available it is not possible to estimate the impact of the closure of maternity services on amount of indigent care.

Mount St. Mary's has a charitable mission and covers the cost of care provided to people in need; subsidizes care and services to low-income, elderly and underserved communities; and continuously invests in many community health

initiatives. This mission remains unchanged and investments will continue. The total amount reported in 2021 IRS form 990 Schedule H by Mount St. Mary's was \$14,000,000. For the Catholic Health System as a whole, the total amount reported in 2021 IRS 990 Schedule H was \$214,000,000.

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.

Niagara Falls County currently has the NFTA-Metro as their public transportation [Metro Bus & Rail \(nfta.com\)](http://nfta.com)

Union Transportation is also available and located in Lockport. Union Transportation is a Medicaid-approved wheelchair transportation service.

Medicaid provides transportation through MAS. [MAS 2.0 \(medanswering.com\)](http://medanswering.com)

Mount St. Mary's coordinates transportation services for patients who indicate difficulties. They also provide vouchers to patients for those services.

For all prenatal and postpartum appointments, Mount St. Mary's coordinates transport by Aries medical transport or with Lyft vouchers.

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

Not applicable to this project.

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 most major impact of the project is on the closure of maternity delivery services. For the service area, this comprised 16.8% of the discharges. Maternity delivery services for patients have been transferred to another hospital in the system and service area, Sisters of Charity. Prenatal and postpartum care continue in the outpatient setting for the hospital.

There is no change in the provision of contraception, sterility, and abortion services. These services were never offered. In Niagara County, all abortion services are directed to Planned Parenthood.

The primary mitigation conducted by the Applicant has been the transfer of delivery services to the Sisters of Charity Hospital. The Applicant communicated

the changes through several routes and community meetings. The Assessor recommends additional mitigations, in Step 3, Question 2. The Hospital does have multiple programs that address many of the recommended mitigations. These in summary, are:

- Improved communication and the development of trusted communication partners.
- A transportation program for women in prenatal care who identified transportation difficulties.
- Coordination between hospital systems particularly for the Emergency Room to Prenatal Care linkage.
- Multiple Outreach and Engagement Strategies to Improve Maternal Care in Underserved Communities of Color.
- Improve Cultural Competency among staff.
- To address persons with disabilities and severe behavioral disorders through Screening and Integrated Care Models of care.

Meaningful Engagement

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

Niagara County Department of Health.

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

The Niagara County Department of Health met with the Independent Assessor on October 23, 2023, to discuss the community's challenges and changes within Mount St. Mary's Hospital.

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

Meaningful Engagement was conducted with multiple community members and organizations including the Niagara County Health Equity Task Force, Department of Health, Patient Advisory Committee, and community members within Niagara County. Each of these meaningful engagement sessions were conducted with a series of open questions on the changes occurring within

Mount St. Mary's as well as questions garnering feedback on the community needs as a whole and how health equity impacts those needs.

Attached is the Meaningful Engagement workbook.

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

Based on interviews with Hospital Management, Community Stakeholders, review of the "grey literature" for the area and quantitative analysis of the utilization data in the service area, the groups most affected by the project are pregnant women, including those persons who are additionally vulnerable due to low-income status, racial or ethnic minority identity, living in rural areas, having disabilities or severe behavioral health disorders and Native Americans. Community Stakeholders representing these groups expressed concern about transportation, communication, and provider choice.

Community Stakeholders expressed concerns about the community's aging and the increased difficulty older people have in arranging transportation and care. However, the project changes did not principally impact older persons.

Communication challenges were raised both by the Hospital Management and Community Stakeholders. Emblematic of these challenges is that at a community stakeholder meeting, concern was still expressed about the general closing of the hospital. The Hospital Management noted that this perception had come up in the early stages of communication. Another hospital in the County, Eastern Niagara, had been closed during 2023. However, the Catholic Health System, of which Mount St. Mary's is a part, opened a new hospital, Lockport Memorial, in the same town later in 2023. A theme in multiple interviews was that there was a lack of trusted communication partners with the decline of primary care practices in Niagara County and the reduced reach of traditional media. The pandemic exacerbated this problem.

The idea expressed about trusted communication partners is that primary care physicians had in the past served as key and trusted sources of information for healthcare services for consumers. With less access to primary care physicians, consumers have to rely on other, less reliable sources of information. As a result, it becomes more difficult to communicate about changes in service delivery successfully.

As shown in Figure 3, between 2017 and 2020, there has been a small decline in primary care availability in Niagara County (University of Wisconsin, 2023). Perhaps more importantly, the long-term ratio of population to primary care providers is high (lower indicates greater availability), over double the New York State average. Whether the reduction in availability is the cause, the key point is that community stakeholders believe communication has become more difficult.

Multiple community stakeholders spoke of transportation difficulties. These concerns are likely broader than the project change and reflect a structural barrier. The project change only affects services on the delivery date and not prenatal or postpartum care. The downtown Niagara Falls zip codes have relatively high rates of no vehicle ownership, as do some of the rural zip codes in Niagara County. We interviewed Community Health Workers who also expressed difficulties with the Medicaid transportation provider.

Community stakeholders and the County Department of Health mentioned rural poverty and isolation, especially in the eastern portion of Niagara County. Communication issues, as are transportation and cultural barriers to preventative care, are particularly severe and likely to impact prenatal care. For example, Mount St. Mary's is about 27 miles from Barker Township, a low-income rural community, so transportation difficulties are particularly acute. However, concerning the project change, there were no Mount St. Mary's maternity discharges from residents of this zip code during 2022.

(Lockport Memorial Hospital, a campus of Mount St. Mary's Hospital, opened on October 10, 2023 to address rural health needs in eastern Niagara County. This hospital is the closest hospital (17 miles) to Barker, and hospital access was specifically designed to expedite ambulance travel times from the most areas of the county, including specifically Barker.)

The problem of provider choice came up stakeholder meetings. The concern was particularly around having birthing options at a Catholic facility. The Hospital continues to provide prenatal and postpartum care and its associated Ob/Gyn providers have privileges at the Sisters of Charity Hospital.

Sources:

University of Wisconsin, Population Health Institute 2023. "Explore Health Rankings." <https://www.countyhealthrankings.org/explore-health-rankings/new-york/niagara?year=2023> Accessed 1/11/2024

Community Stakeholders

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?

Because the project reduces services, it is not expected to benefit community members, without mitigation efforts.

Note that the assessment was conducted after the change occurred. The engagement with community members informed the Assessment particularly about community members at high-risk and the long-term needs of the underserved communities.

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.

The Independent Assessor was able to engage multiple community stakeholders for input on the project including the Niagara Falls Health Equity Task Force that includes multiple organizations, Department of Health, Mount St. Mary's Hospital Patient Advisory Council, other community stakeholders and individually interviewed consumer/residents of the service area. The independent assessor was also able to attend the Tuscarora Nation Luncheon held at Mount St. Mary's but did not have the opportunity to discuss the changes in services. This was an opportunity to listen to the social and health needs and concerns within the Tuscarora Nation as well as the many interventions they have implemented, including perinatal care.

STEP 3 – MITIGATION

Note that where the template questions refer to “if the project is implemented” or “suggested changes” that the project occurred June 26, 2023, and the assessment is retrospective. Mitigation suggestions and recommendations made in this section are based on the perspective that maternity disparities involve long-term structural barriers and improving health equity will require sustained multiple interventions. Mount St. Mary’s Hospital and the Catholic Health System implement several of these interventions in multiple forms. The responses to the questions will include current interventions. The effectiveness of these interventions will also benefit from ongoing dialogue and collaboration with the affected communities and identified groups.

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 Hospital provided direct communications to all patients who were affected by the project change. Translation services provided appropriate language use based on the language indicated in the medical record.

Public communications were in English. For future projects, it is recommended that public communications utilize the following guidelines to improve communication with persons of limited English-speaking ability:

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

The Hospital did provide radio announcements; however, we also recommend that the following approaches be followed for future projects for persons with speech, hearing, or visual impairments, when appropriate.

- Outreach events with sign-language interpreters and written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
 - The following specialized services may be appropriate for the hospital or scheduled video or web conferences:
 - TRS (711) service which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
 - VRS, video relay service, which provides relaying between people who use sign language and person using standard video communication (smartphone) or phone communication.
 - VRI, video remote interpreting for video conferencing meetings.
 - Accessible Web Sites
 - General considerations
 - Visual impairment: Provide qualified readers at the hospital, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
 - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
 - Speech disabilities: For general situations have pencil and paper available, and in some circumstances a qualified speech-to-speech transliterator.
 - Staff training on available resources.
2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

For all medically underserved groups, including low-income and rural persons:

Improved communication and the development of trusted communication partners

A recurring theme among the community stakeholders was the issue of sources of trusted health and healthcare communication that affected all of the underserved groups. This was sometimes connected to a decline in primary care practices in Niagara County. As noted above there has been a small decline in primary care availability in Niagara County. (Catholic Health has maintained and expanded its primary care access to Niagara County.) Traditional channels of

communication and media, like local newspapers, television, or radio, no longer have the penetration they once did. Also mentioned was that the Covid pandemic either exacerbated or revealed how much trust had declined. Whether or not any of these reasons are adequate explanations of why communication is more difficult, community stakeholders emphasized that this is a problem.

Symptomatic of this problem is a concern that the Hospital as a whole was closing or will close in the future, despite repeated assurances by the Hospital that this was not the case.

Several of the community stakeholders recommended using alternative sites for communication like grocery stores, fire halls, barbershops, churches, and food pantries. A particularly interesting observation was that Hospital staff were an informal but trusted and credible source of information. This observation is supported in the literature (National Academies, 2016, p. 33), that found that hospital staff residing underserved communities were effective in communication and outreach to at-risk persons. This suggests that a more deliberate effort to engage staff who reside in underserved communities to serve as trusted communication sources will enhance communication.

Source:

National Academies 2016. "Systems Practices for the Care of Socially At-Risk Populations," Washington: National Academies

A transportation program for women in prenatal care who identified transportation difficulties.

A general best practice is to have an office, program, or hotline accessible to both providers and patients that can provide additional assistance and support to arrange transportation.

The Catholic Health System does have this service, including for women in prenatal and postpartum care. The Hospital's EMR supports identifying and responding to transportation difficulties. Transportation is provided through Aries and Lyft vouchers.

Community health workers who were interviewed stated that navigating transportation resources can be difficult and frustrating even for providers and can be an obstacle for patients with behavioral disorders. These statements were not specific to Mount St. Mary's but were about healthcare in Niagara County. These experiences emphasize the importance of the transportation support provided by the Hospital.

Coordination between hospital systems / Emergency Room to Prenatal Care linkage

Community stakeholders are concerned about high-risk mothers who may be disconnected from regular healthcare. Disconnection could be due to multiple reasons, ranging from primary care availability, behavioral health disorders, or social isolation. For these mothers, the emergency room may be the main entry to healthcare. Developing systems for linking women to regular outpatient prenatal care from the emergency room is a means of mitigating the effects of disconnection.

Race and Ethnic Minorities and Native Americans:

Multiple Outreach and Engagement Strategies to Improve Maternal Care in Underserved Communities of Color

Zephyrin et al. 2021 find that several new models of care reduce racial health inequities. We recommend considering one or more of these models, with advice from community stakeholders and considering New York State Medicaid reimbursement policies. Brief summaries of each approach are described from Zephyrin et al. 2021 and others. The Catholic Health System and Mount St. Mary's have implemented several of these programs.

Community-based doulas and Community Health Workers

“Community-based doulas are trusted individuals, often from local communities, who are trained to provide psychosocial, emotional, and

educational support during pregnancy, childbirth and the postpartum period.” Zephriyin et al. 2021

“Community-based doulas and perinatal community health workers intentionally share the ‘same background, culture, and language,’ provide services at low or no cost [to the clients], and are most often situated outside health care institutions, strengthening their position as advocates for those most at risk of adverse maternal outcomes.”
Institute for Medical Innovation 2023

The 2023-24 New York State enacted budget increased reimbursement for doulas.

Midwives

“Midwives provide reproductive health care and attend births in multiple settings including at home, in a birth center, or in the hospital. They oversee the spectrum of maternity care, helping birthing people to identify their labor preferences and the appropriate site of delivery.”
Zephriyin et al. 2021

Group prenatal care

“Group prenatal care is a model of prenatal care facilitated by a trained healthcare provider, but delivered in a group setting, which integrates health assessments, education, and skills building and peer social support.” Prenatal-to-3 Policy Impact Center

“There is evidence that group prenatal care is particularly helpful for improving health outcomes among Black people with low income, suggesting the model could help reduce racial disparities in maternal and infant mortality.”
Zephriyin et al. 2021

New York State supports a pilot, grant-funded program.
[New York State Doula Pilot Program \(ny.gov\)](#)

Pregnancy Medical Homes

“The pregnancy medical home (PMH) provides comprehensive perinatal health care. PMHs provide early prenatal care in the first trimester, expand patient access through increased office hours, and engage patients in shared decision-making.”

Zephryin et al. 2021

Home Visits for Perinatal Care

There are a variety of models for home visitations. A comprehensive model may include basic screenings, assessments, education, and case management by teams involving nurses, social workers, and community health workers.

Manatt Health 2022

New York State requires MCOs to provide home visits when medically necessary.

Programs that are implemented:

- Catholic Health operates the Nurse Family Partnership (NFP) in Erie and Niagara Counties; NFP provides specially educated nurses to regularly visit first-time moms, starting early in the pregnancy and continuing until the child's second birthday. It is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality.
- Mount St. Mary's is currently recruiting for the open position of Certified Nurse Midwife; Sisters of Charity Hospital has laborists and midwives on staff; doulas received certification and education to join the Sisters of Charity care team.

Sources:

Institute for Medicaid Innovation 2023. "Key Learnings from the Doula and Perinatal Community Health Worker in Medicaid Learning Series." Institute for Medicaid Innovation.

Manatt Health 2022. "State Strategies to Improve Maternal Health and Promote Health Equity Compendium." Robert Wood Johnson Foundation.

Prenatal-to-3 Policy Impact Center 2023. "Group Prenatal Care." Group Prenatal Care - Prenatal-to-3 Policy Impact Center (pn3policy.org) Accessed 12/3/2023.

Zephyrin, Laurie C., Shanoor Servai, Corinee Lewis, Jodie G. Katon 2021. "Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity." The Commonwealth Fund. Community-Based Models Improve Maternal Outcomes and Equity | Commonwealth Fund accessed 12/3/2023

Improve Cultural Competency among staff

The literature supports a multi-pronged approach to improving cultural competency:

- Implicit bias and racism training.
- Workforce hiring targeting underserved communities.
- Adjusting clinical algorithms for biases.
- Increasing community stakeholder engagement.

Mount St. Mary's has implemented a cultural competency program for its staff.

Source:

Manatt Health 2022. "State Strategies to Improve Maternal Health and Promote Health Equity Compendium." Robert Wood Johnson Foundation.

Persons with Disabilities and Persons with Severe Behavioral Disorders:

Screening for Mental Health and SDOH

As discussed in Step 4 Monitoring, the Hospital includes screening questions in its EMR and monitors their usage. We are recommending continued work with screening for disabilities, mental health problems and SDOH for perinatal care, monitoring their usage and follow-up.

Integrated Care or Collaborative Care Models

While the cited literature universally recommends screening for mental health and SDOH problems, it also notes that obstetrics and gynecology practices frequently lack the training and resources to respond to identified problems. Consequently, they also recommend some form of integrated care or collaborative care between OB/GYN offices and psychiatric providers. One approach that has been taken that is less intensive is to provide psychiatric telephone consultations for OB/GYN offices.

The community stakeholders noted that persons with severe behavioral disorders may be disconnected from care. Consequently, interventions that depend on adequate prenatal care connection may not be successful. The recommendations made above about having trusted communication sources in alternative locations and using community-based outreach are extremely relevant for this group to create the conditions for integrated care.

Programs that are implemented:

- "Screening brief intervention and referral treatment" (SBIRT) access in its primary care settings, which is mental, emotional and behavioral disorder screening to ensure better coordination of mental health and substance abuse services
- Employing the most OB/GYNs on staff in the region who are certified to provide medication-assisted treatment. Its obstetric clinics are trained to screen for substance use disorders so that women can enter treatment early, and the system employs Opioid Use in Pregnancy Navigators to support women one-on-one. Single-patient, private NICU rooms at Sisters of Charity Hospital enable best practices for mothers and neonates under the care of its substance use disorder team.

- Support groups for pregnant women with substance use disorders who take buprenorphine; healthy meals, items to support newborns, educational materials, transportation, and lock boxes for medications are all provided. The hospital's Niagara Falls clinic also provides at-risk families with resources to care for newborns, such as Pack-N-Play's to prevent unsafe related sleep deaths, diapers, formula, bottles, blankets, wipes, shampoo and soap. Clinic patients receive a home visit to assess needs
- Mount St. Mary's and Sisters of Charity Hospitals both have inpatient substance use disorder treatment programs that serve pregnant women

Sources:

Ayala, Nina K., Adam K. Lewkowitz, Anna R. Whelan, and Emily S. Miller. 2023. "Perinatal Mental Health Disorders: A Review of Lessons Learned from Obstetric Care Settings." *Neuropsychiatric Disease and Treatment* 19:427–32. doi: 10.2147/NDT.S292734.

Byatt, Nancy, and Kimberly A. Yonkers. 2021. "Addressing Maternal Mental Health: Progress, Challenges, and Potential Solutions." *Psychiatric News*. doi: 10.1176/appi.pn.2021.4.7.

Howard, Louise M., and Hind Khalifeh. 2020. "Perinatal Mental Health: A Review of Progress and Challenges." *World Psychiatry* 19(3):313–27. doi: 10.1002/wps.20769.

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

Continue the Patient Advisory Committee, schedule regular updates with Niagara Falls Health Equity Task Force, continue to update communication to community stakeholders. The County Department of Health recommends synchronizing communications for preventative care.

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?

As a reduction in services, the project does not address systemic barriers.

The Buffalo-Niagara Falls has significant residential segregation of its Black communities in urban neighborhoods. Mount St. Mary's is nearby to a Native American community with a deep history of exploitation and oppression.

Step 3 Question 2 above describes several different maternal health care strategies for mitigation, including programs already implemented by the Hospital and Catholic Health.

The Health Research & Educational Trust (2016) summarizes several approaches hospitals can take to address systemic barriers through partnerships with a variety of private, public, and community organizations. The Niagara Falls Health Equity Task Force provides links to multiple organizations – it is recommended that the Hospital continue building its relationship with the Task Force.

Sources:

Blatto, Anna. 2018. "A City Divided: A Brief History of Segregation in Buffalo." Buffalo: Partnership for the Public Good.

Health Research & Educational Trust. 2016. "Creating Effective Hospital-Community Partnerships to Build a Culture of Health." Chicago: Health Research & Educational Trust.

Taylor, Henry-Louis, Jin-Kyu Jung, and Evan Dash. 2021. "The Harder We Run: The State of Black Buffalo in 1990 and the Present." Buffalo: School of Architecture and Planning, U.B. Community Health Equity Institute.

Wallace, Anthony F. C. 2012. Tuscarora: A History. Albany: SUNY Press.

STEP 4 – MONITORING

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

The Hospital currently utilizes its EPIC EMR system for collecting quality and social determinant of health (SDOH) metrics. The SDOH metrics include identification of transportation difficulties, which are relevant to the program change and mitigation. In its current state, the individual provider is responsible for collecting the SDOH metrics and following up on any issues identified. The

roadmap for these metrics includes a current effort to evaluate how many patients the SDOH metrics are collected.

The Hospital's EPIC system integrates with the UniteUs community-based organization network. Hospital staff are able to refer patients to CBOs for additional support. The UniteUs system provides the capability (if programmed) to also return the outcomes of referrals.

The Hospital's system includes a dashboard for population-based reporting of how many patients receiving prenatal care report transportation difficulties and how many were referred to support services or received transportation vouchers. The dashboard includes other SDOH measures.

In addition, the Hospital reports on patients receiving prenatal care who are identified with severe behavioral disorders.

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

The Hospital has a very extensive system for identifying, following up, and providing population-based reporting on SDOH measures and metrics related to maternal health risks. With these capabilities, the Hospital should consider periodically presenting these metrics to its Patient Advisory Council and the Niagara Falls Health Equity Task Force, especially in the context of its intervention programs. This information would facilitate further feedback and collaboration on health equity.

STEP 5 – DISSEMINATION

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

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

Disclaimer

This document used New York State Department of Health (NYSDOH) SPARCS data provided by Mount St. Mary's Hospital through the HANYS Data Warehouse. However, the calculations, metrics, conclusions derived and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to its accuracy, completeness, currency, or suitability of the information provided here.

Appendix: Additional Figures

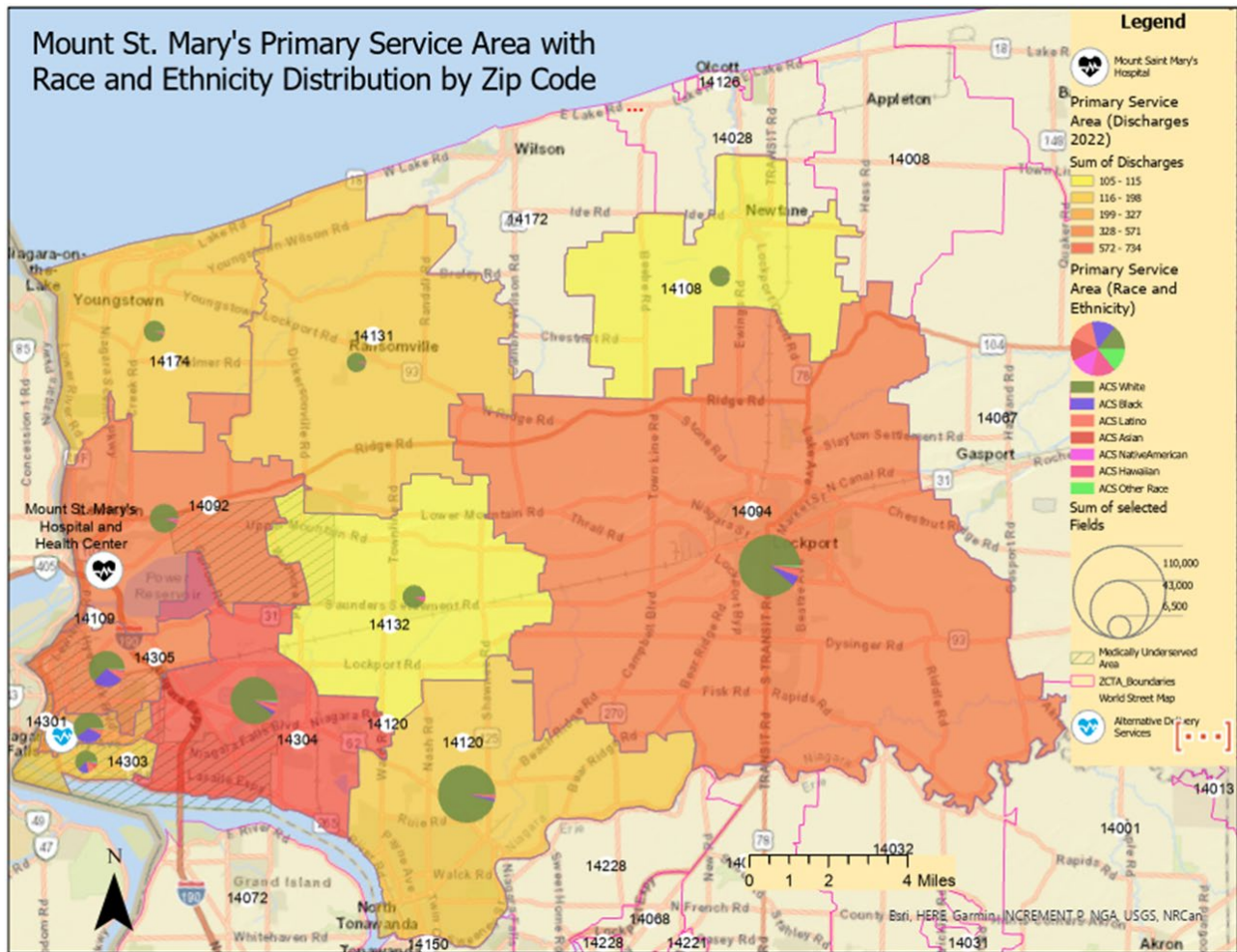


Figure 1 Hospital Discharges and Race and Ethnicity Distribution for Service Area by ZCTA

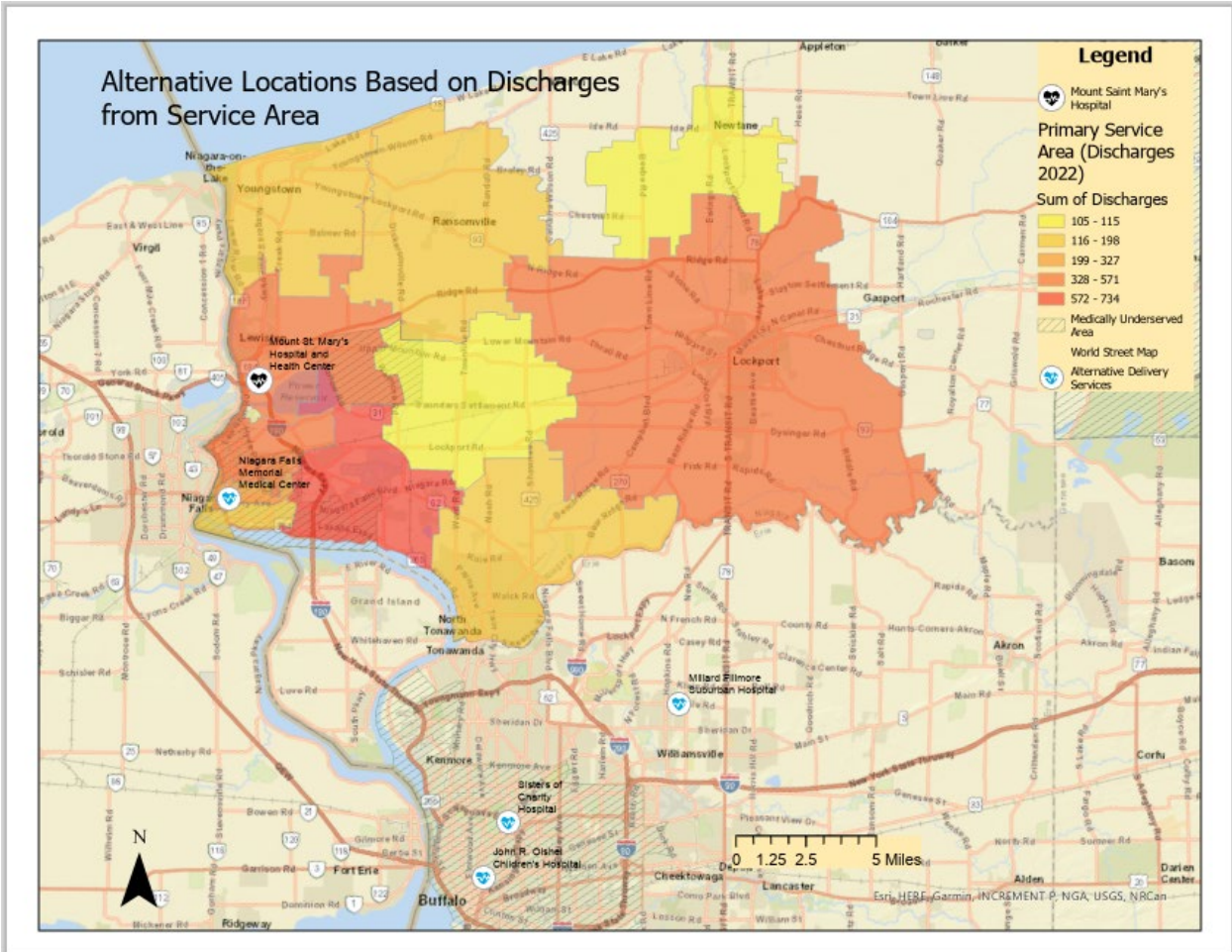
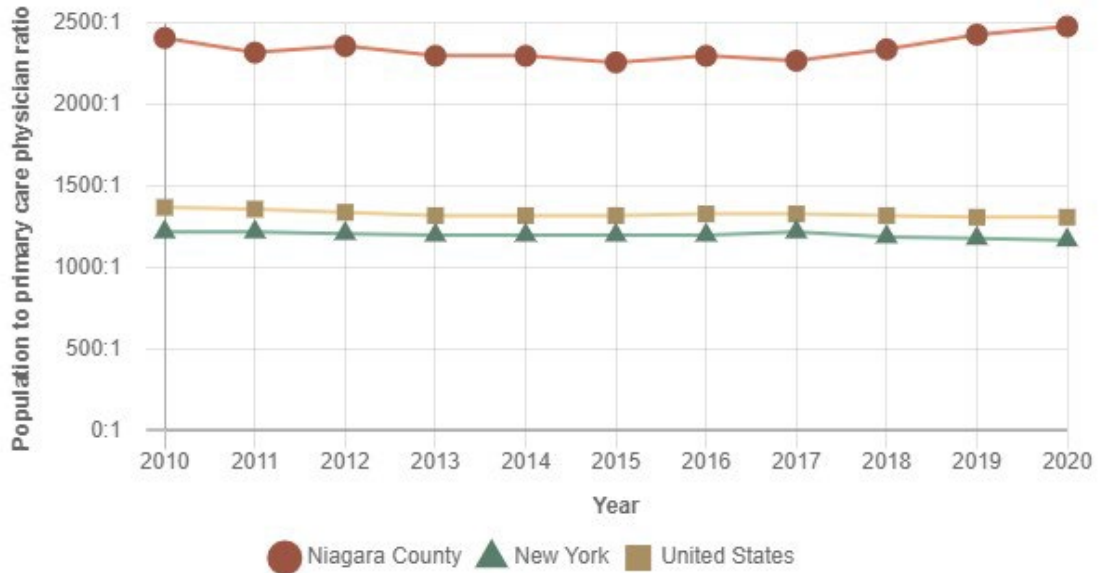


Figure 2 Alternative Locations in Service Area

Primary Care Physicians in Niagara County, NY County, state and national trends

No significant long term trend was found in Niagara County for this measure. However, in recent years the trend has worsened.



Notes:
The data in this table reflect the average population served by a single primary care physician.

Figure 3 Primary Care Physicians in Niagara County, NY. Source: University of Wisconsin, Population Health Institute 2023. <https://www.countyhealthrankings.org/explore-health-rankings/new-york/niagara?year=2023> Accessed 1/11/2024

----- 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, C. J. URLAUB, attest that I have reviewed the Health Equity Impact Assessment for the “Mount St. Mary’s Hospital reduction of surgical and delivery services” that has been prepared by the Independent Entity, MP CARESOLUTIONS.

CJ Urlaub

Name

SVP + President

Title



Signature

4/9/24

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.

The tactics listed below were employed by Catholic Health to mitigate potential impacts, such as those raised in the HEIA and identified during internal project planning. They also reflect the health system’s ongoing commitment to improve health equity. Mitigation measures undertaken prior to the project’s implementation and that are on-going include:

- Surgeries were scheduled for the Niagara Ambulatory Surgery Center (a department of Mount St. Mary's hospital which opened June 2023) or another Catholic Health hospital with expertise in the procedure. All patients were contacted directly, and translation services were available if needed (2019 data shows 3.6% of patients spoke a language other than English).
- Two OBGYN clinics in the service area are operated by Mount St. Mary's (Lewiston and Niagara Falls) and continue to provide prenatal and postpartum care. Prenatal and postpartum care has not been disrupted by this project. In addition, Mount St. Mary's began operating a third OBGYN clinic in Niagara County at the site of the new Lockport Memorial Hospital, which opened October 2023. Catholic Health also continues to recruit OBGYNs and Midlevels to serve the women of Niagara County, as part of its broader vision to serve residents in both the east and west high-need areas of the county.
- Education classes on delivery, safety, car seats, breastfeeding and more are offered at two sites in the service area and also virtually.
- Any patient with transportation needs had rides coordinated by Catholic Health; transportation to and from prenatal and postpartum appointments is provided via contract with Aries Transportation and Lyft vouchers.
- Labor and delivery was primarily provided at Sisters of Charity Hospital (18 miles from Mount St. Mary's), through existing OBGYN privileges at that Level III Maternal Level of Care site. Sisters Hospital has full-time neonatologists, laborists and residents, employs midwives and operates a certification program for doulas. All prenatal care patients were supported individually during the transition and offered tours and visits of the hospital. Open communication with nearby Niagara Falls Memorial Medical Center also supported the four Mount St. Mary's patients who chose to deliver there, and prepared that facility for the change in available services in western Niagara County.
- The Emergency Departments at Mount St. Mary's sites in Lewiston and at Lockport Memorial Hospital underwent training in preparation for the project, to serve patients who might present with imminent delivery.
- Given Sisters of Charity Hospital delivers an average of 275-300 babies per month, compared to 24 at Mount St. Mary's as of 2022, and is a Level III Maternal Level of Care program – compared to Level I at Mount St. Mary's – there is a more robust infrastructure of social work, wraparound services and referrals available. Mount St. Mary's patients have been connected with all services deemed appropriate. High risk pregnancies in Niagara County have always been delivered at Sisters of Charity Hospital, or Oshei Children's Hospital (Level IV).
- Catholic Health employs "Screening brief intervention and referral treatment" (SBIRT) in its primary care settings, which is mental, emotional and behavioral disorder screening to ensure better coordination of mental health and substance abuse services.

- Screenings for social determinants of health such as food security, transportation and housing are collected via Catholic Health's Epic EMR.
- Mount St. Mary's and Sisters of Charity Hospitals both have inpatient substance use disorder treatment programs that serve pregnant women; Sisters of Charity Hospital is one of NY's largest providers of methadone and counseling at three outpatient clinics.
- Catholic Health employs the most OBGYNs on staff in the region who are certified to provide medication-assisted treatment. Its obstetric clinics are trained to screen for substance use disorders so that women can enter treatment early, and the system employs Opioid Use in Pregnancy Navigators to support women one-on-one. Single patient, private NICU rooms at Sisters of Charity Hospital enable best practices for mothers and neonates under the care of its substance use disorder team.
- Mount St. Mary's Neighborhood Health clinic, in Niagara Falls (in the 14305 distressed zip code, and adjacent to and accessible from 14301 and 14303, which were highlighted in the HEIA,) provides primary care and OBGYN services to at-risk families, and provides resources such as Pack-N-Play's to prevent unsafe related sleep deaths, diapers, formula, bottles, blankets, wipes, shampoo and soap. Clinic patients receive a home visit to assess their needs. The clinic also offers support groups for pregnant women with substance use disorders who take buprenorphine; healthy meals, items to support newborns, educational materials, transportation and lock boxes for medications are all provided.
- Catholic Health operates the Nurse Family Partnership (NFP) in Erie and Niagara Counties; NFP provides specially educated nurses to regularly visit first-time parents, starting early in the pregnancy and continuing until the child's second birthday. It is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality. Catholic Health Community Health Fellows have been working directly with women in Niagara County to increase enrollment in the program.
- Mount St. Mary's is currently recruiting for the open position of Certified Nurse Midwife.
- Translator services were used to communicate directly with all Mount St. Mary's patients who required it and are a permanent offering available at all Catholic Health sites (2019 data shows 3.6% of Mount St. Mary's patients spoke a language other than English).
- Mount St. Mary's was a founding member of the Niagara County Health Equity Task Force and key contributor to coordinating various services to the community.
- Though the primary service area of this project does not include rural areas of Niagara County, Catholic Health's commitment to addressing the health equity of rural residents is evident in its opening and operation of Lockport Memorial Hospital and outpatient center.