

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	Sisters of Charity Hospital Transit Rd Infusion Center Move
2. Name of Applicant	Catholic Health System, Sisters of Charity Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions Kim Hess , COO khess@monroeplan.com Howard Brill , SVP Population Health Management and Quality hbrill@monroeplan.com Colleen Boyle , Product Manager cboyle@monroeplan.com Todd Glanton , SVP Technology and Analytics, IT tglanton@monroeplan.com Sylvia Yang , Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	7/16/2024
6. Date the HEIA concluded	9/16/2024

7. Executive summary of project (250 words max)

The project involves relocating the Transit Road Infusion Clinic from 6199 Transit Rd, Depew, to 6350 Transit Rd, Depew. The new location is at the same site where the infusions are prepared, reducing drug instability and the potential loss of complex, high-cost medications. It also creates more space for oncology, specialty care, and infusions, including additional exam rooms and space for infusions.

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

The project involves a short relocation for a clinic that comprises a small proportion of the service area's utilization of infusions. It is located in a suburban region of the service area that has a profound and complex pattern of racial segregation, which concentrates poverty in urban neighborhoods, creating a pattern of micro-communities. As such, the project is expected to have minimal impact on health equity or systemic barriers.

However, about 14% of the clinic's patients reside in majority-minority high-poverty zip codes. Over 20% of the patients surveyed at the clinic indicated they had social needs, which principally concerned food security.

Community Stakeholders had a neutral perspective on the project based on its narrow scale and scope. Direct consumer engagement through a survey of the clinic's patients was strongly supportive of the project. The patients generally viewed the clinic's relocation as having minimal impact in their open-ended responses, although some appreciated greater space and privacy in the new building. The strong support for the project seemed to reflect positive feelings about the clinic and its staff.

Community stakeholders noted a systemic need for outreach and services in the underserved neighborhoods of Buffalo. The relatively high proportion of patients indicating social needs in the clinic points to a need for a more proactive approach to social needs recommended in the literature for patients receiving treatment for cancer care, autoimmune conditions, and other needs.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

The Transit Rd Infusion Center, located at 6199 Transit Rd, Depew, is moving to 6350 Depew, 0.4 miles away, across the Rehm and Transit Road intersections. The center's Certificate of Need service area is Erie County, and the project location is in zip code 14043, in the North-central portion of the county.

Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau 2022 5-year estimates for ZCTAs. Racial and ethnic distributions by ZCTA are displayed in Figure 1. There are 67 ZCTAs in the service area.

Erie County includes the major city of Buffalo. Buffalo has historically been characterized by prominent residential segregation, with the black population concentrated in distinct areas. The Infusion Center is east of Buffalo, in a suburban area. The county also includes rural areas in its south and eastern areas. The city of Buffalo is an HRSA-designated medically underserved area. There is also a medically underserved area in the southwestern portion of the county. The neighboring counties of Chautauqua, Cattaraugus, Wyoming, and Genesee are medically underserved or health professional shortage areas.

Erie County ranks 15 in New York State poverty in 2020 (NYS Office of State Comptroller 2023). The city of Buffalo has one of the highest poverty rates in the United States, ranking seventh (DePietro 2021).

The project site is about five to ten miles from Buffalo neighborhoods with a high proportion of racial minorities and high poverty rates. It is twenty miles or more from the rural area of Erie County.

An analysis was done of the location of patients seen in 2023. The facility's primary service area, defined as the top 80% of the ZCTAs by population, includes areas of Buffalo with a high proportion of race and ethnic minorities and poverty rates. They comprise about 14% of the clinic's patient population in the primary service area. The primary service area does not include the southern half of the county, which is rural. A map of patient contributions by ZCTA by the top 80% of ZCTAs is shown in Figure 2.

Sources:

ACS 2022 Five-Year Estimates.

DePietro, Andrew. 2021. "U.S. Poverty Rate By City In 2021." *Forbes*. Retrieved August 30, 2024
(<https://www.forbes.com/sites/andrewdepietro/2021/11/26/us-poverty-rate-by-city-in-2021/>).

NYS Office of State Comptroller 2023. [New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller \(ny.gov\)](#) Accessed 12/11/2023

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
- ☒ X Low-income people
 - ☒ X Racial and ethnic minorities
 - ☐ Immigrants
 - ☒ X Women
 - ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 - ☒ X People with disabilities
 - ☐ X Older adults
 - ☐ Persons living with a prevalent infectious disease or condition
 - ☐ Persons living in rural areas
 - ☒ X People who are eligible for or receive public health benefits
 - ☐ People who do not have third-party health coverage or have inadequate third-party health coverage
 - ☐ Other people who are unable to obtain health care
 - ☐ 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?

Low-income people, Racial and Ethnic Minorities, People who receive public benefits

As noted in Item 1, the service area has a profound and complex pattern of racial segregation, resulting in diverse micro-communities. With a total population of 951,533, the racial distribution of the service area is 75.4% White, 12.9% Black, 4.6% Multi-race, 4.3% Asian, and 2.8% other categories. Six percent of the service area identifies as Latino. The project site's ZCTA, which has a population

of 24,901, is 91.7% White, 3.1% Multi-race, 2.8% Black, 1.4% Asian, and 1.0% other categories. 3.1% identified as Latino.

However, patients seen in the Center are more widely distributed. The primary service area is a concept used to describe where the top 80% of the patients of a facility live. The patients in the primary service area of the Center live across the northern and central parts of Erie County and parts of the south of Niagara County, as seen in Figure 2. (Note that this is a different area than the service area in the certificate of need.) We are emphasizing this difference in this assessment because of the complex pattern of racial segregation in Erie County. Because the Infusion Center is located in a predominantly white suburban ZCTA the community stakeholders we spoke with expected that there would be little contact with the most underserved neighborhoods in Erie County. But there is utilization from those neighborhoods at the Infusion Center.

In Table 1 the number of patients in the top 80% of the ZCTA's are shown, along with the racial distribution of those zip codes. (The race and ethnicity of the patients seen at the Center are unavailable from the EPIC data used for this analysis. The SPARCS data does not distinguish between the Sisters of Charity Hospital and its extension clinics like the Infusion Center.) Minority-majority ZCTAs are highlighted in the table. These are the ZCTAs 14207, 14211, 14212, 14213, and 14215. They comprise 14% of the patients in the primary service area. The 14215 ZCTA was the fifth largest source of patients. The Open Buffalo community-based organization interviewed for the assessment is located in the 14215 zip code, the largest black-majority zip code in Erie County.

The poverty rate in Erie County is 5.1%, and 5.0% at the project site. The majority-minority ZCTAs in the primary service area have poverty rates ranging from 24.9% to 33.5%. The median income for Erie County is \$67,641 compared to the majority-minority ZCTAs which were from \$31,841 to \$47,558.

For Erie County the service area has public insurance coverage of 42.0% of the population. Again, compared to the majority-minority ZCTAs, the public insurance coverage ranged from 58.7% to 71.2%.

For the service area, only 5.3% of households lacked a vehicle. Similarly, for the project site's ZCTA 5.1% of households were without a vehicle. Using ZCTA 14215 as an example, 24.0% of households lacked a vehicle but it was even higher in 14212 where 31.7% lacked a vehicle.

Table 1 Top 80% of ZCTAs for Infusion Center Patients and ZCTA Race & Ethnicity Distribution, 2023

ZCTA	Patients	ZCTA Race & Ethnicity Distribution								Total
		White Not Latino	Black Not Latino	Asian Not Latino	Multi-race Not Latino	Native American Not Latino	Native Hawaiian Not Latino	Other Not Latino	Latino All Races	
14225	68	74.2%	12.8%	2.8%	5.2%	0.2%	0.1%	0.9%	4.0%	100.0%
14221	55	84.5%	1.6%	7.8%	2.9%	0.0%	0.0%	0.2%	3.0%	100.0%
14075	50	93.9%	1.1%	0.4%	2.0%	0.1%	0.0%	0.2%	2.2%	100.0%
14120	48	92.5%	2.0%	0.8%	2.7%	0.1%	0.0%	0.2%	1.7%	100.0%
14215	44	15.1%	70.0%	5.1%	4.7%	0.0%	0.0%	0.2%	4.8%	100.0%
14227	43	83.0%	8.8%	2.2%	0.8%	0.1%	0.0%	0.0%	5.1%	100.0%
14150	36	87.3%	4.3%	2.0%	2.3%	0.0%	0.0%	0.1%	4.0%	100.0%
14224	35	92.4%	1.7%	0.5%	1.9%	0.1%	0.0%	0.0%	3.4%	100.0%
14086	34	94.8%	1.5%	0.7%	1.0%	0.0%	0.0%	0.2%	1.9%	100.0%
14217	33	83.0%	6.0%	1.0%	4.5%	0.4%	0.0%	0.1%	5.0%	100.0%
14094	33	84.4%	6.1%	0.7%	5.1%	0.2%	0.0%	0.3%	3.1%	100.0%
14043	33	91.1%	2.8%	1.4%	1.2%	0.1%	0.0%	0.2%	3.1%	100.0%
14226	31	72.7%	9.6%	6.3%	5.3%	0.5%	0.0%	0.2%	5.3%	100.0%
14223	30	84.2%	4.5%	4.9%	3.4%	0.1%	0.0%	0.4%	2.4%	100.0%
14211	30	11.1%	60.0%	16.6%	2.7%	0.3%	0.0%	0.3%	8.9%	100.0%
14216	27	70.4%	15.3%	1.2%	3.1%	0.4%	0.0%	0.1%	9.4%	100.0%
14127	27	92.0%	1.4%	0.2%	1.7%	0.3%	0.1%	1.8%	2.5%	100.0%
14228	26	70.8%	7.3%	14.0%	1.6%	0.3%	0.0%	0.0%	5.9%	100.0%
14218	26	73.2%	14.8%	0.5%	3.7%	0.3%	0.0%	0.1%	7.3%	100.0%
14206	25	70.4%	11.8%	3.7%	3.0%	0.4%	0.0%	1.4%	9.2%	100.0%
14207	23	40.5%	15.1%	13.8%	6.5%	0.3%	0.0%	0.3%	23.6%	100.0%
14220	23	81.4%	3.4%	1.7%	2.2%	0.3%	0.0%	0.0%	11.0%	100.0%
14051	23	83.0%	2.1%	9.2%	2.3%	0.1%	0.0%	0.0%	3.4%	100.0%
14031	23	91.1%	0.5%	0.1%	3.2%	0.0%	0.0%	2.7%	2.3%	100.0%
14213	21	43.0%	18.1%	14.4%	3.4%	0.7%	0.0%	0.1%	20.3%	100.0%
14052	17	95.2%	0.3%	0.5%	1.5%	0.0%	0.1%	0.0%	2.4%	100.0%
14072	17	89.3%	2.3%	2.0%	3.2%	0.1%	0.0%	0.1%	3.1%	100.0%
14212	17	35.8%	30.4%	20.5%	4.1%	0.4%	0.0%	0.5%	8.3%	100.0%
14210	16	79.4%	7.2%	1.0%	4.6%	0.0%	0.0%	0.0%	7.8%	100.0%
14004	16	90.9%	5.8%	0.8%	1.1%	0.1%	0.0%	0.0%	1.2%	100.0%
14219	13	88.7%	0.8%	1.3%	3.8%	0.2%	0.1%	0.4%	4.6%	100.0%

Sources:

Sisters of Charity Hospital, 2024 (2023 data), EPIC System

ACS 2022

Women

The utilization analysis showed a higher proportion of women than men receiving general infusion services, 60.0% versus 40.0%. (Although for higher complexity infusions, the proportion was 53.0% for women compared to 47.0% for men.)

This difference may be due to the greater prevalence of autoimmune conditions affecting women than men.

Source:

SPARCS 2022.

Older Adults

Infusion treatments are more common for older persons. In the utilization analysis for the Erie County service area, the average age of person receiving chemotherapy infusions was 62.3 years although the age of persons receiving all infusions was 48.8 years. The risk of cancer also increases as people age.

Source:

ACS 2022

Persons with Disabilities

Persons receiving infusions may have disabling conditions, such as cancer and immunological conditions. The rate of persons with a disability in the ACS data for the service area was 13.7% compared to 13.2% for the project site and 16.2% for the 14215 zip code.

Sources:

ACS 2022.

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

Since the project is a short move – less than ½ mile -- of the current infusion center its net impact is negligible. Because it does include an expansion of space for oncology, specialty services and infusion services it is expected to benefit patients who need those services but the impact is not expected to be large. In 2022 the number of patients the Infusion Center saw in the service area was 893, which increased to 1187 during 2023.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The SPARCS data cannot separate the Transit Road Infusion Center from other Sisters of Charity Hospital activity. The specific utilization by underserved groups at Transit Road cannot be analyzed beyond the geographic analysis described in Item 3. Instead, this section will look at the utilization by underserved groups in the Erie County service area across all providers represented in the SPARCS data. Not all infusion activity will be reflected in SPARCS data, since some outpatient infusion facilities are not required to submit to SPARCS.

The infusions performed at Transit Road include both general infusions and more specialized chemotherapy infusions. The project is expected to increase the relocated Center's capacity to perform chemotherapy infusions. This Item's analysis will include all infusion codes and chemotherapy infusions.

During 2022, 120,454 infusion-related discharges were reported in the service area at outpatient facilities, as represented in the SPARCS data, involving 68,337 unique individuals. General infusion codes capture a very broad range of activity and in this context the 893 to 1187 individuals seen in 2022 and 2023 are a small component. For this reason, the analysis of chemotherapy codes later this section may provide greater insight.

For all infusion codes, 64.8% of the patients were White, 22.9% were Black, 9.4% were classified as Other, 2.5% were Asian, and less than 0.5% were in other categories. 6.5% of the patients identified as Latino. This compares to a service area population that was 75.4% White and 12.9% Black. The average age of patients was 48.8 years. 57.7% of the discharges had primary coverage by a public program. 60.0% of the persons receiving infusions were women compared to 40.0% men.

The chemotherapy codes, a subset of all infusion codes and representing more complicated treatments for cancer and immune conditions, had 25,445 discharges during the same period for 3,894 individuals. Public coverage was 37.0% of the discharges. The age of patients was older than all infusions, with the average age of 61.4 years, and nearly half, 49.5% were age 65 or older. The racial distribution was 78.4% White, 10.1% Black, 9.0% Other, 2.3% Asian, and less than .2% in other categories. 2.2% of the patients identified as Latino. The proportion of women to men for these more complex procedures was 53.0% women and 47.0% men.

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

For this Item, two types of similar sites were examined – National Infusion Center Association (NICA) registered infusion sites, and acute care facilities providing infusions in the SPARCS data. Table 2 shows the NICA-registered facilities, also indicating which ones provide oncology infusions. Eighteen facilities are within fifteen miles. Table 3 are acute care facilities providing outpatient infusions near the project site. Of these facilities, Roswell Park, Millard Fillmore, John R. Oishei, and Erie County Medical Center provide chemotherapy infusions.

Table 2 Distance of Project Site to Alternative NICA Infusion Sites within 15 miles of the project site

Facility Name	Distance (Miles)
Dent Infusion Center - Buffalo, NY	2.1
Kinkel Neurologic Center	2.7
Brain and Spine Center	3.7
Rheumatology Wellness Care	4.5
Dr. Carlos L. Martinez	5.3
Dent Infusion Center - Amherst, NY	5.8
Buffalo Rheumatology and Medicine	6.5
Michael C. Moore, MD	7.5
Southtowns Neurology of WNY - West Seneca	7.5
Rheumatology Consultants of WNY	7.7
Baird Multiple Sclerosis Center	8.7
Buffalo Rheumatology and Medicine - Orchard Park	8.9
Amber Specialty Pharmacy - Buffalo, NY	9.1
Tonawanda Medical Practice	9.1
Coram CVS Specialty Infusion Services	9.4
Southtowns Gastroenterology	10.1
Dent Infusion Center - Orchard Park	10.1
Option Care - Orchard Park	11.3

Source: National Infusion Center Association. 2024. "Infusion Center Locator." Retrieved September 10, 2024 (<https://locator.infusioncenter.org/>).

Table 3 Distance of Project Site to Acute Care Facilities within 15 miles of the project site;

Facility Name	Distance (Miles)
Millard Fillmore Suburban Hospital	4.9
Erie County Medical Center	6.8
Sisters of Charity Hospital	7.6
Mercy Hospital of Buffalo	8.0
Buffalo General Hospital	8.7
Roswell Park Cancer Institute	8.7
John R. Oishei Children's Hospital	8.8
Kenmore-Mercy Hospital	10.0
Degraff Memorial Hospital	10.8

Source: SPARCS 2022

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

The market share for all infusions in the SPARCS data for outpatient acute care utilization in the service area is shown in Table 4. Utilization for chemotherapy infusions is in Table 5. Note that the Sisters of Charity entry, which includes the Infusion Center, represents a very small share of specialized infusions in the area.

Table 4 Market Share of Acute Care Facilities for All Infusion Service Area Utilization, 2022

Facility Name	Discharges	Percent	Cumulative Percent
Roswell Park Cancer Institute	26429	21.9%	21.9%
Millard Fillmore Suburban Hospital	18379	15.3%	37.2%
Erie County Medical Center	11762	9.8%	47.0%
Mercy Hospital of Buffalo	10384	8.6%	55.6%
Buffalo General Medical Center	9919	8.2%	63.8%
Kenmore Mercy Hospital	9907	8.2%	72.1%
Sisters of Charity Hospital	9532	7.9%	80.0%
John R. Oishei Children's Hospital	5584	4.6%	84.6%
Mercy Hospital - Orchard Park	4929	4.1%	88.7%
Sisters of Charity - St. Joseph's	3816	3.2%	91.9%
Degraff Memorial Hospital	3094	2.6%	94.4%
All Others	6700	5.6%	100.0%
Total	120435	100.0%	

Source: SPARCS 2022

Table 5 Market Share of Acute Care Facilities for Chemotherapy Infusion Service Area Utilization, 2022

Facility Name	Discharges	Percent	Cumulative Percent
Roswell Park Cancer Institute	19851	78.0%	78.0%
Millard Fillmore Suburban Hospital	4361	17.1%	95.2%
John R. Oishei Children's Hospital	725	2.8%	98.0%
Erie County Medical Center	252	1.0%	99.0%
Strong Memorial Hospital	103	0.4%	99.4%
Sisters of Charity Hospital	87	0.3%	99.7%
All Others	66	0.3%	100.0%
Total	25445	100.0%	

Source:

SPARCS 2022

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The Applicant provided the ICR Exhibit 50 for 2023. The Hospital met its obligations, receiving \$1,075,843 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051). The relocation of the Infusion Center, and greater space is not expected to affect the indigent care pool obligations.

Source:

ICR Sisters of Charity Hospital 2023. "Exhibit 50".

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

The project is expected to result in one additional registered nurse per diem, two additional medical assistants, and the reduction of one nurse-practitioner per diem.

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

One complaint was made to NYS DHR regarding failing to provide a language interpreter to a patient during the past ten years. The case was dismissed in March 2023 with the finding of no probable cause after it was found that it was filed in error. The case involved other parties in a location not owned by the Applicant.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The Applicant has not relocated an Infusion Center in the past five years.

STEP 2 – POTENTIAL IMPACTS

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

The project involves a site relocation of less than ½ miles on the same road. It is not expected to significantly impact health equity for the underserved groups identified in this assessment. Although the new building will have expanded space for infusions, oncology services, and other specialty services, the change is not expected to measurably affect the services available in the service area.

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.

Although transportation is a potential concern in any relocation the current site and future site are both distant from public transportation schedule stops – there is no stop at the current location. There are no unique barriers in the future location for on-demand transportation.

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:
\$3,863,384 (ICR 2023, Exhibit 50, ICR Line Code 001)

The relocation is not expected to have a material effect on the amount of indigent care.

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.

There is public transportation through NFTA-Metro for both Erie and Niagara Counties. <https://metro.nfta.com>. There are no scheduled stops near the original or new location for the Infusion Center. NFTA-Metro has an on-demand point-to-point "paratransit" service for persons whose disabilities make scheduled routes inappropriate.

Medicaid provides transportation through MAS. <https://medanswering.com>

The County Department of Senior Services provides a "Going Places Transportation Program." 716-853-RIDE

There are several private transportation services available in the area.

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

The site is designed to ADA-compliant standards.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

The project's services are not applicable to reproductive and maternal health care services.

Meaningful Engagement

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

Erie County Department of Health

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

Yes

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

See attached.

From a health equity perspective, the project has minimal impact. The Infusion Center is in a suburban neighborhood and is moving a short distance within that neighborhood. The purpose of the relocation is to provide greater safety for complex infusions that can be prepared onsite and provide more space, particularly for oncology. The increased capability and space do not appreciably impact availability in the service area.

In this context, the community stakeholders were neutral about the project. The community stakeholders described the kind of activities that could potentially have greater impact on underserved communities, particularly underserved Black neighborhoods in Buffalo. They also discussed how outreach could be more

effectively performed. They situated these discussions in long-term structural barriers and historical injustice in the Buffalo area.

Direct Consumer Engagement: Onsite Survey

An Onsite Direct Consumer survey was conducted in the clinic's waiting room during the week of September 9, 2024. The survey provided a description of the project, a project support question, demographic items, HRSN items regarding housing, food, and transportation, and open-ended questions about the clinic's services. Project support was assessed by a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree for a support statement. A score of five indicated strong agreement with project support, and a score of one indicated strong disagreement.

There were 23 responses to the survey. Twenty-two of the responses were from persons receiving infusions, and one response was ambiguous (the respondent checked that they were receiving an infusion and waiting for a person receiving an infusion). The average project support response was 4.6. Several of the surveys included statements that the short move did not affect them. There were also written responses that stated they would appreciate more space in the clinic and improved privacy. (The Applicant noted that the current space is crowded and "busting at the seams.")

Of the 23 respondents, two indicated "Other" race and one respondent was Multi-race. The rest of the respondents, 87%, were White. The two respondents who checked Other, also identified as Latino, a percentage of 8.7%. The one respondent who identified as Multi-race, checked the Black and White race categories.

The average age of the respondents was 55 years. 69.6% were women, and 30.4% were men, a higher female proportion than in the service area utilization analysis which was 60:40.

For the HRSN items, the highest rate of need was reported for food problems. Four of the respondents, or 17.4% indicated they were sometimes worried about food. Only one indicated a transportation problem, and another respondent marked that they did not have a place to live. Slightly over 20% of the respondents had a social need.

Sources:

Community Stakeholders.

Direct Consumer Onsite Survey.

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

Based on the project's small scale, its primary impact is on current patients of the Infusion Center. A direct consumer survey was conducted in the clinic's waiting room. The survey results were supportive of the project. In the written comments on the open-ended questions, most patients indicated that the project would have little effect. There were a few comments concerning tight space in the current clinic and how having more space and privacy would be an improvement. Most of the open-ended responses involved the importance of staff interactions and were highly appreciative of the nursing staff at the clinic, which is not affected by the project location.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The engagement with community stakeholders emphasized that Buffalo is made up of neighborhood micro-communities. Connecting with those communities requires multiple outreach strategies and consideration of ways to provide services in those neighborhoods. For example, with oncology, screening and health education need to take place within those neighborhoods.

The Applicant has primary care and OB/GYN practices in underserved neighborhoods.

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.

Not applicable.

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?

In addition to the general guidelines we recommend below, we want to emphasize the need to develop culturally sensitive and aware strategies to reach the Black communities in Buffalo. We want to draw attention to non-traditional communication strategies and the importance of sustained attention. We have

heard in the meaningful engagements for this assessment and others that traditional communication media is ineffective.

While the settings will vary from community to community, churches, grocery stores, barbershops, block clubs, street events, and non-traditional patient navigators are approaches that have been used to communicate and link with underserved communities. Patient navigators include public librarians, staff who reside in and are members of underserved communities, local clergy, and community health workers. These must be part of a long-term strategy and not one-off events. Community stakeholders emphasized that past experiences of interactions with medical institutions have created distrust.

The Assessor recommends the following guidelines to improve communication with persons of limited English-speaking ability:

- Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, track encounters in the 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.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- Outreach events with sign-language interpreters, written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
- The following specialized services may be appropriate for the hospital or scheduled video or web conferences:
 - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
 - VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.

- VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
 - Visual impairment: Provide qualified readers at the hospital, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
 - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
 - Speech disabilities: For general situations, have pencil and paper available, and in some circumstances, a qualified speech-to-speech transliterator.
- Staff training on available resources

Catholic Health currently uses interpreter services throughout its system. For example, in 2023, 3741 patients utilized professional medical interpreters for their visits with clinicians. In addition, 9522 items were interpreted: admission, paperwork, assessments, consents, discharges instructions, education materials, and plans of care. The top six languages requested by patients were: Spanish, Arabic, Bengali, Burmese/Karen, Nepali, and American Sign Language.

Source:

Applicant

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

For All Groups:

Transportation Support

An issue raised by the community stakeholders is how to get people from the poorer areas of Buffalo to suburban areas where many medical services are located.

The Applicant provides transportation support. There are examples of hospital systems that have developed more intensive transportation programs that the Applicant may consider (American Hospital Association 2017).

Sources:

American Hospital Association. 2017. "Transportation and the Role of Hospitals"
Retrieved December 26, 2023.
(<https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>).

Community Stakeholders

For Black Underserved Communities:

Community stakeholders' recommendations focused on enhancing the interaction between the health system and Buffalo's underserved neighborhoods. One area of interest was how relevant services could be located in the community, recognizing that there are limitations to locating physical facilities. This could, for example, include screening and health education activities.

Diverse and Culturally Responsive Workforce

Community stakeholders pointed to recruiting from underserved communities to improve trust and build relationships. Workforce development is a leading recommendation in the recent National Academy's (2024) publication on health equity. Hiring from underserved communities is an important component of effective outreach.

The Applicant has several workforce development programs aimed at increasing workforce diversity and recruiting from underserved neighborhoods. The Applicant also has multiple initiatives to train on cultural sensitivity, unconscious bias, behavior and attitudes.

Health Literacy and Health Education

Reworking and developing materials in culturally sensitive forms and finding non-traditional settings (for example, churches and street fairs) for their delivery are important strategies. The Applicant has a Faith Community Nurse Program and non-traditional patient navigators.

HRSN – Social Determinant of Health Screening

Winkfield et al. (2021) recommend a highly proactive approach to SDOH screening and response. Interestingly, the HRSN questions in the onsite survey showed that five or 21.7% of the respondents had a social need, with food concerns being the most common.

Sources:

Community Stakeholders.

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

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

National Academies of Sciences, Engineering, and Medicine. 2024. *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All*. edited by G. C. Benjamin, J. E. DeVoe, F. K. Amankwah, and S. J. Nass. Washington, D.C.: National Academies Press.

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

The Applicant should consider establishing a regularly meeting Community Advisory Board for health equity at Sisters of Charity Hospital.

The Infusion Center does see patients from high-poverty zip code areas in Buffalo. The Center should consider a focus group with patients from those areas to more broadly understand their needs beyond the impact of this project.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project's scale is very small and is not intended or expected to alter systemic barriers. As described in Item 2, the health system can address systemic barriers through enhanced transportation support, providing services in neighborhoods such as mobile screening and health literacy, and workforce development. The Applicant has programs in these areas.

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 Applicant collects data on race and ethnicity, and health-related social needs through EPIC and is currently developing dashboards for this information. These include dashboards for targeted disparity areas. There are currently processes for referral linkage and warm-handoffs to CBOs when a patient is identified having a social need. There are department-level plans for meeting health equity goals that are aligned with enterprise goals.

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

The Applicant should consider how these monitoring plans can be adapted to outpatient settings like the Infusion Center involved in this project.

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 was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). 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 the accuracy, completeness, currency, or suitability of the information provided here.

Appendix 1: Figures

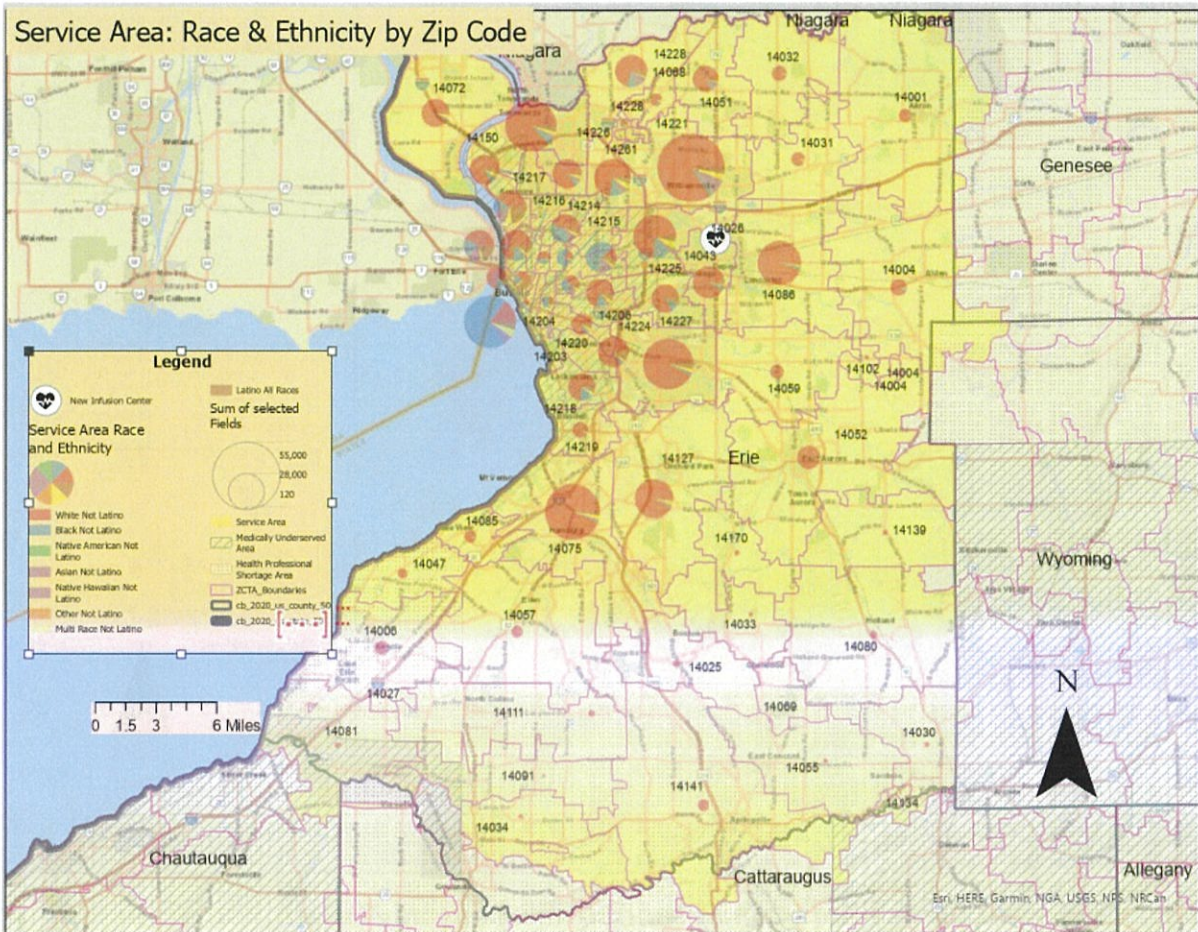


Figure 1 Service Area: Race & Ethnicity by Zip Code

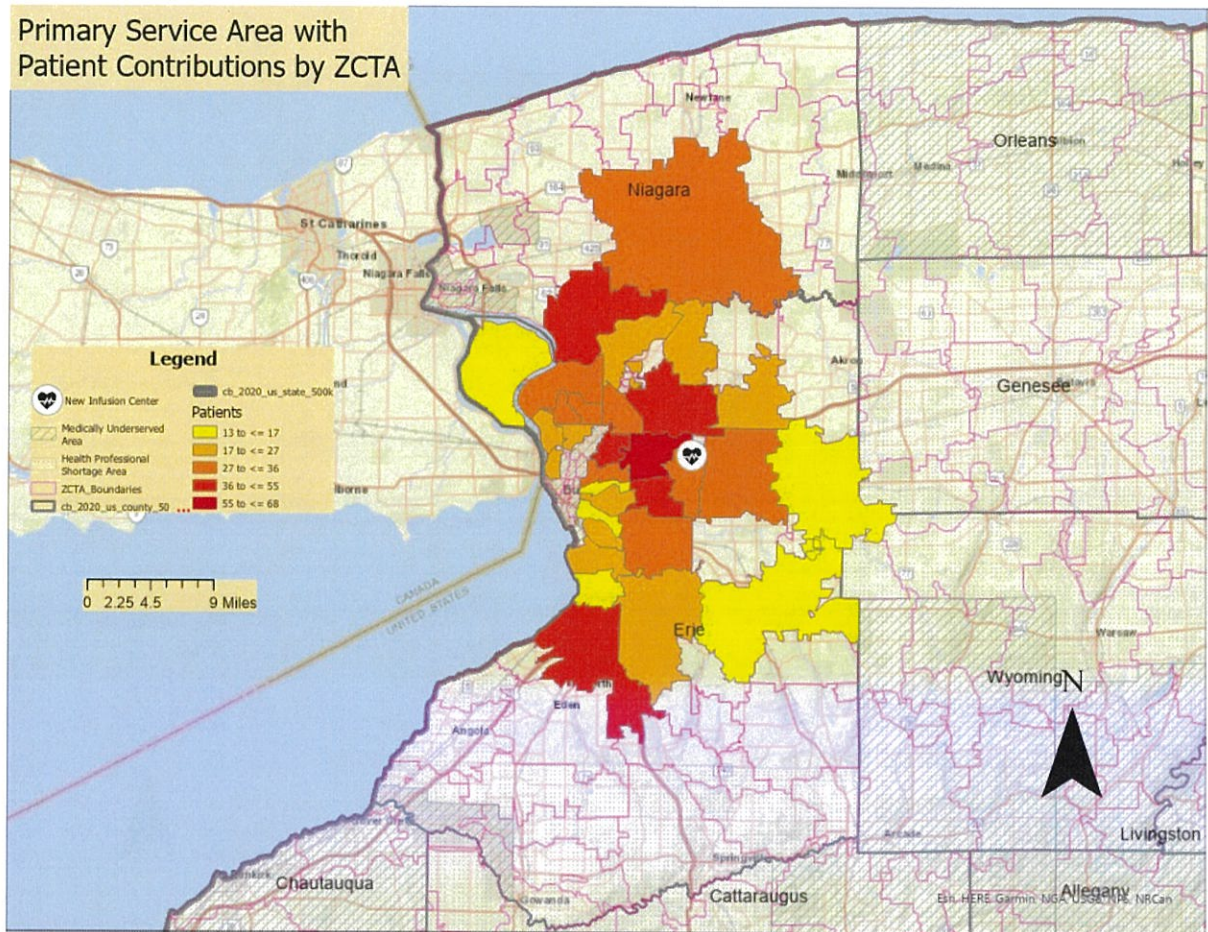


Figure 2 Primary Service Area with Patient Contributions by ZCTA

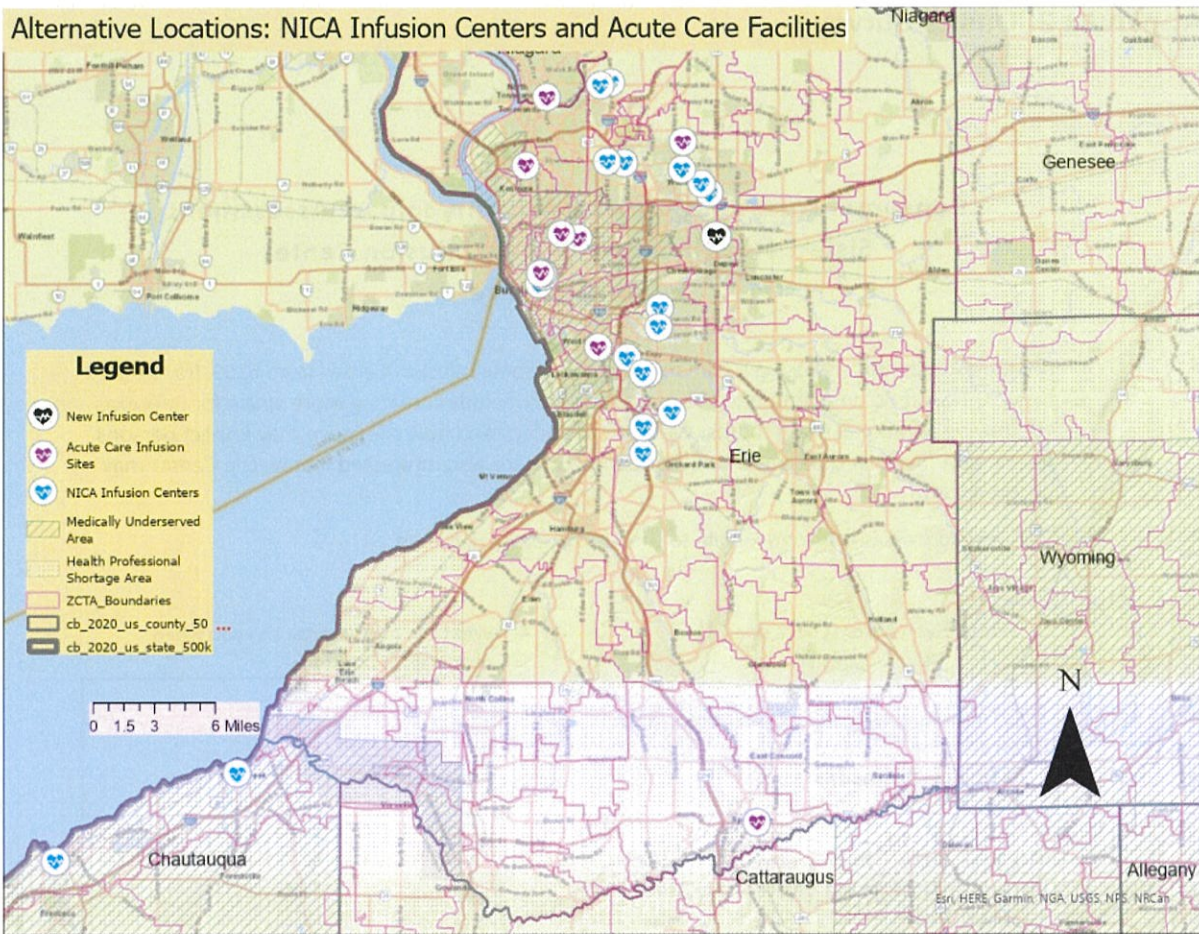


Figure 3 Alternative Locations: NICA Infusion Centers and Acute Care Facilities

Appendix 2: Onsite Survey

Consumer Questions for Health Equity Impact Assessment Sisters Health Center Depew Infusion Center Questionnaire

MP CareSolutions is assessing a plan to move the Depew Infusion Center from 6199 Transit Rd to 6350 Transit Rd. In addition to the move, the plan includes creating more space for infusions and having additional exam rooms. We want to understand how the move may impact persons receiving services at the Depew Infusion Center. We are also interested in how the Center may be enhanced.

The new address is less than ½ mile to the north, across Rehm Rd.

1. Why are you here? (Check one)

- ☐ I'm here to receive an infusion.
☐ I'm waiting for a patient who is receiving an infusion.
☐ I'm here for another reason.

2. Please indicate your agreement: I support the plan to move the Center and expand its space. (Check one)

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

4. What is most important to you when receiving an infusion?

(Please turn over for questions on the back .)

3. How might these changes affect you?

5. What do you need that would make it easier to be healthy?

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

- ☐ No
☐ Yes

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

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

8. Age in years? (Enter number)

9. Gender? (check one)

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

- _____
☐ Not sure
☐ Prefer not to answer

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

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

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

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

- ☐ Often true
☐ Sometimes true
☐ Never true

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

- ☐ Yes
☐ No

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

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

Appendix 3: Interview and Meeting Guide

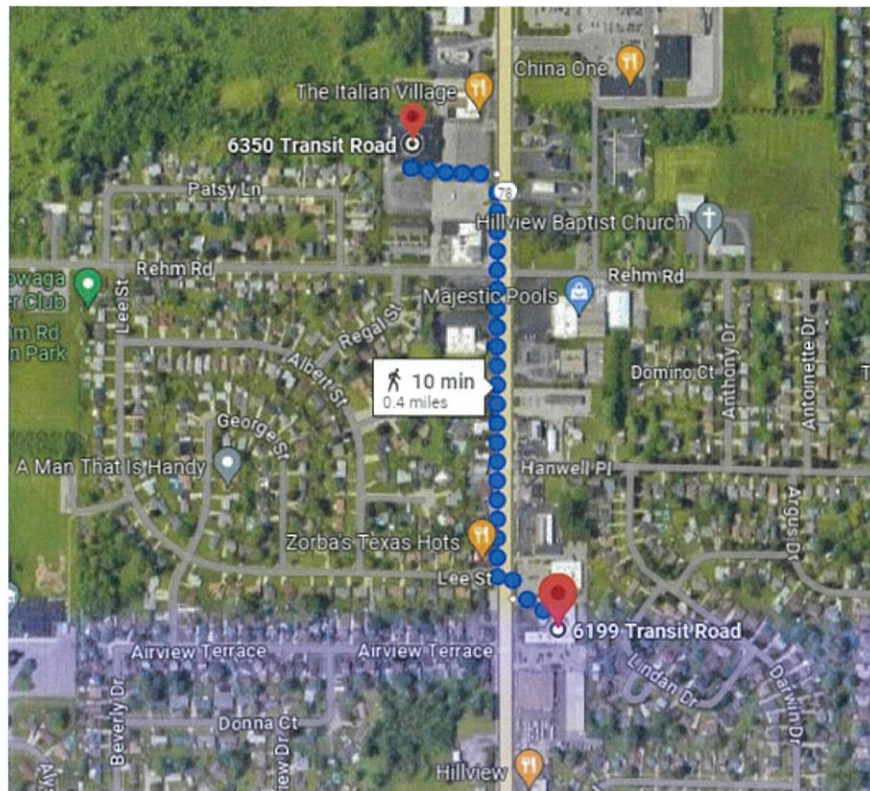
Discussion Guide for Community Meaningful Impact for HEIA Sisters of Charity Hospital – Transit Rd Infusion Center

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes.
- New York State wants to engage the communities in health equity and involve them in the planning processes for hospital changes.

Background:

- Brief Overview of the planned changes:
 - Focus area is the move of the Transit Rd Infusion Center. There is also a small increase in capacity for the Center.
 - The infusion center treats many medical conditions including ms, migraines, immunoglobulin deficiency, and oncology
 - The move is from 6199 Transit Rd, Depew to 6350 Transit Rd, a distance of 0.4 miles.
 - Because the change itself is limited, we like to place it in the context of community needs for infusion services, particularly for underserved and vulnerable persons.
 - Stress the importance of community input in shaping healthcare services and how other hospitals, providers or community-based organizations providing those services can improve them within the community and other ways.



Understanding Healthcare Needs:

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

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

Impact Assessment

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

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

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

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

Improving Services:

Question 3: How might infusion services be enhanced to benefit underserved communities or vulnerable persons?

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

Wrap-Up

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

Closing Remarks

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

----- 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, CHS Sisters of Charity Hospital, attest that I have reviewed the Health Equity Impact Assessment for the Sisters of Charity Hospital Transit Rd Infusion Center Move that has been prepared by the Independent Entity, MP CareSolutions.

Charles J. Urlaub

Name

SVP, Strategic Growth & New Partnerships

Title



Signature

October 23, 2024

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

The project expands services in an adjacent location with no negative impacts. That said, Catholic Health is working to improve health equity in the community with initiatives in community outreach, workforce development, and social needs screening and referrals to community-based organizations. Catholic Health has primary care and OB/GYN practices embedded in underserved Buffalo and Niagara Falls neighborhoods, serving high-need populations with 60% Medicaid enrollment.

Community outreach activities focused on communities of color in 2024 included events with the NAACP, Urban League, Buffalo Black Nurses, Juneteenth, Puerto Rican & Hispanic Heritage Parade and events at Martin Luther King Park and Johnnie B. Wiley Stadium.

Other outreach programming includes the use of Community Health Workers, Doulas, and Peer Advocates from communities of color and the Faith Community Nursing Program. Catholic Health trains churches to develop their health ministries and to bring health screenings and presentations to congregations and the surrounding area. The program assesses a congregation's health needs and develops a tailored education program.

Catholic Health has a cross-functional Health Equity Workgroup that reports to the system's Chief Nursing Officer and is led by the Vice President Government Relations & Health Equity Initiatives.