**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

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| 1. Title of project | Rural Emergency Hospital Conversion |
| 2. Name of Applicant | Ira Davenport Memorial Hospital |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | **Rural Health Redesign Center Organization, Inc. (RHRC)**<br>- *Janice Walters, Executive Director*<br>- *Anna Anna, Program Director*<br>- *Susan Aft, Lead Compliance and CoP Specialist*<br>- *Autum Martin, Compliance and CoP Specialist*<br>- *Bill Bizzaro, Finance Supervisor of Client Services*<br>- *Tracey Dorff, Executive Assistant III* |
| 4. Description of the Independent Entity's qualifications | Rural Health Redesign Center Organization, Inc. (RHRC), the *Independent Entity,* is a 501(c)3 non-profit located in Harrisburg, Pennsylvania, founded in 2020. RHRC is committed to addressing the challenges faced by rural hospitals and communities across the nation. With a dedication to health equity and helping rural communities to thrive, the RHRC supports equitable care within rural communities for all residents, including but not limited to racial and ethnic minorities; members of religious minorities; lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) persons; persons with disabilities; and persons adversely affected by persistent poverty or inequality. The RHRC team consists of rural-relevant subject matter experts, with expertise in hospital administration, finance and operations, hospital profiling, community profiling, innovative payment models, value-based care, data analytics and visualization, quality improvement, regulatory compliance, and human-centered design that encourages and supports healthcare services through a diversity and health equity lens. Through the work of the RHRC, this team has supported over 100 facilities across 39 states, to date. |
| 5. Date the Health Equity Impact Assessment (HEIA) started | 10/1/2023 |

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| 6. Date the HEIA concluded | 5/7/2024 |

**7. Executive summary of project (250 words max)**

Ira Davenport Memorial Hospital (IDMH), a facility within the Arnot Health system, is a 35-bed, non-profit acute care hospital located at 7571 State Route 54, Bath, New York in Steuben County. This facility is seeking approval for hospital designation conversion from an acute care hospital to a Rural Emergency Hospital (REH) designation and decertify an outpatient dental clinic.

If approved for conversion, IDMH would be required to eliminate inpatient and swing-bed services, but would provide emergency department, observation, and outpatient services. The REH designation would not impact the operations of their skilled nursing facility. The Applicant included decertification of an outpatient dental clinic in their Certificate of Need; this service has not been provided in over 10 years.

The Rural Health Redesign Center (RHRC) is conducting the Health Equity Impact Assessment which includes evaluating potential impacts of conversion to a REH and decertification of the dental clinic, particularly on vulnerable or medically underserved groups within the service area.

IDMH has provided quality, community healthcare services for the residents in the surrounding communities of Steuben County since 1959. Rural hospitals have struggled to remain accessible within their communities, particularly post-pandemic. The REH conversion allows IDMH to continue to provide emergency services and outpatient care within the local community. Patients needing inpatient or swing-bed services will be transferred; this is expected to have the greatest impact on lower income populations without transportation.

The decertification of the dental clinic is not expected to impact the community since the service has not been provided.

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

IDMH requested RHRC to serve as the Independent Entity for the Health Equity Impact Assessment (HEIA) completion. The HEIA evaluates the impact of the changes in healthcare services on the vulnerable and medically underserved populations. RHRC compiled data across various government platforms and outside databases. IDMH included in the project, decertification of outpatient dental clinic, which has not been operational for over 10 years; decertification of this service is not expected to impact the community. Hospital administration, in conjunction with RHRC, held the community forum and invited key stakeholders as required by statute; the forum was open to all community members and stakeholders.

Qualitative data was obtained through the comments from the forum, surveys, one-on-one interviews with hospital staff, patients, community agencies, governing officials, stakeholders or those representative of minority populations within the service area. The goal was to obtain feedback on the project, positive or negative. The most common concern was the impact on people with low-income particularly without transportation. Evaluation of inpatient and swing bed volume over the last several years indicates a trended outmigration. Participants said they would rather have an operating hospital providing emergency department and outpatient services than closure of the facility. They expressed concern that closure would significantly impact access to care for the entire community at large, with the most impact on vulnerable populations. Stakeholders expressed concern that closure of the hospital would impact the financial stability of the area, including the loss of employment.

RHRC analyzed ZIP code level data related to the hospital service area' according to CMS' service area for IDMH; this includes twelve (12) ZIP codes: 14424, 14755, 14801, 14809, 14810, 14815, 14830, 14840, 14809, 14873, 14879, 14887, and 14901. ZIP code data for 14887 was unavailable from US Census due to it being a Post Office Box ZIP code for the town of Tyrone. All other ZIP codes, along with data for Steuben County were assessed for impact to medically underserved populations in this rural county. Information analyzed included but was not limited to income, race and ethnicity, language, age, gender, sexual orientation, vehicle status, number of households with and without insurance, and number of households underinsured, and prevalence of disabilities. Demographic data analysis indicates a significant portion of the population is aged 65+ and disabled.

RHRC incorporated quantitative and qualitative data for the HEIA. Older adults, socioeconomically disadvantaged, ethnic/religious minorities, and those without transportation are likely to be negatively impacted by the discontinuation of inpatient and swing bed services. While discontinuation of services affects the community, closure of the facility would have a detrimental impact on vulnerable populations, as

well as the entire service area.

RHRC provided recommendations to IDMH mitigation strategies to reduce the impact on the community such as community outreach, monitoring of quality, patient safety patient satisfaction and health equity metrics, partnership and/or outreach with EMS services, and collaboration with facilities receiving transfers. IDMH developed a mitigation plan to reduce negative impacts on residents of the service area and maintain or improve health equity.

## 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**

a. 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. *Completed.*

*Please reference excel document: heia_data_tables_IDMH_FINAL2*

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

- ☒ Low-income people
- ☒ Racial and ethnic minorities
- ☒ Immigrants
- ☒ Women
- ☒ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☒ People with disabilities
- ☒ Older adults
- ☒ Persons living with a prevalent infectious disease or condition.
- ☒ Persons living in rural areas.
- ☒ People who are eligible for or receive public health benefits.
- ☒ People who do not have third-party health coverage or have inadequate third-party health coverage.
- ☒ Other people who are unable to obtain health care.

☒ Not listed (specify): persons with none or limited transportation

**c. 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?**

I. *To identify the impact on each medically underserved group given above, various first source verifications were utilized to assess and determine for evidence about the quantitative data regarding community and the population. Sources for county level data were obtained from U.S. Census Data, U.S. Census Data-American Community Survey, and University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps for related groups which include low-income people, racial and ethnic minorities, older adults, persons living in rural areas, and people with limited transportation. Additionally, people with public health benefits, without third-party coverage or inadequate coverage, and those unable to obtain healthcare were observed through these sources, as well.*

II. *Further source verification from Poverty, Racism, and the Public Health Crisis in America. Front Public Health (Beech BM, et.al. 2021) identified potential impacts on low-income people, and racial and ethnic minorities.*

III. *REaL data was used for evaluation of women and older adult population considerations, while discharge data evaluated for both older adults and persons living in rural areas.*

IV. *Facility-level data provided for indigent care was also evaluated for low-income populations, and public health benefit patients.*

V. *Qualitative data from stakeholder interviews and questionnaires was evaluated from low-income people, older adults, persons living in rural areas, race and ethnic minorities, and people with limited transportation or those representing those groups to address the impact within the subpopulation of the service area provided by the hospital. Additionally, representatives from each were invited to participate in the community forums held, which culminates for a whole representation of the medically underserved groups discussed.*

VI. *Although no county-level data was available for LGBTQ+ there was New York State level data for this medically underserved population. This data, along with information regarding transportation were among the more difficult medically underserved populations to stratify across this county and*

*hospital demographics specifically. Data given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 provided supporting documentation for potential health equity concerns and accessibility issues.*

VII. *Data collected regarding persons with no or limited access to transportation were indicated in county reporting from University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps. Transportation issues and concerns, including private personal, commercial, emergency land and air, were discussed at length with the participating hospital and included in survey notes. Furthermore, data on the New York State Community Health Indicator Reports for Steuben County showed that 0.5% of the population used public transportation for work, while another 79.7% of the work population drove alone.*

VIII. *Considerations for persons living with a prevalent infectious disease or condition were taken from New York State Community Health Indicator Reports (CHIRS), CDC (Centers for Disease Control) and University of Wisconsin. Data would indicate that Steuben County has a higher incident of Communicable Disease Indicators in pneumonia/flu hospitalizations rates; pertussis; haemophilus influenza, and Hepatitis A rates than compared to local communities and aggregated against New York State averages. Other Communicable Disease Indicators and HIV/AIDS and STI (Sexually Transmitted Infection) Indicators were below averages for aggregated New York data and local community measures.*

IX. *RHRC utilized Health Resources and Services Administration (HRSA) websites HPSA Find and MUA find to evaluate Health Professional Shortage Areas (HPSA) and Medically Underserved Area(MUA) and Medically Underserved Populations (MUP) to evaluate healthcare professional shortages and vulnerable populations.*

X. *Other resources included surrounding healthcare facility websites to evaluate their services such as FQHCs, dental clinics, hospitals, etc.*

XI. *Resources for Amish Communities included Elizabethtown College references on Amish populations by state and county. The American Amish website was also utilized regarding religious/healthcare practices.*

XII. *In addition, RHRC provided a references/works cited resource*

**d. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?**

***I.*** **Low income**

i. *According to the Steuben County Community Health Needs Assessment (CHNA), an estimated 1 in 7 individuals (about 14%) within the County are living below the poverty level. Census data identifies 12.8% of the population of Steuben County are persons in poverty. Recognizing that lower socioeconomic status is linked to higher incidence of chronic disease, shorter life expectancy, and lower rates of good social, emotional, and physical health, the impact of the project on this population has been taken into consideration. This project seeks to impact this population by maintaining accessible outpatient care in the community.*

ii. *Additionally, lower socioeconomic status populations tend to have more support from public health benefits, unable to obtain healthcare, or who do not have third-party coverage, or inadequate coverage. Understanding the interconnectedness of these issues, this project will allow those with public health benefits to continue to seek care within their community. Referrals to the local indigent clinic are also continuing to promote accessibility for this patient population. An estimated 3.7% of adults in Steuben County did not receive medical care because of cost, according to CHIRS Steuben County.*

iii. *Those of low income will be impacted by the need to travel to other facilities offering inpatient and swing services. Family members traveling to visit transferred patients will either have to arrange for overnight accommodations, shorten visitation times, or not visit at all particularly if they are unable to afford transportation costs, accommodations or other expenses.*

iv. *The cost of ambulance services whether ground or air can also have a significant impact on low-income groups. These high-cost services can have potentially devastating effects on patients and family's financial status. It is unclear if air ambulance memberships are available, but this may not be something that low-income populations can afford, or they might not be aware of such services. RHRC asked a stakeholder if there was a membership service for air ambulances; she was not aware of this type of membership for Steuben County and surrounding areas.*

## *II.* Racial and ethnic minorities/Immigrants/language

i. *The community and service areas surrounding Ira Davenport tend to be homogeneous in nature, and only vary slightly during the summer months with vacationers, including international visitors. The population in the county in which services are provided includes 1.6% Black, non-Hispanic, 0.3% Native American or Alaskan Native, 1.6% Asian, 1.8% Hispanic, and 93.3% Non-Hispanic, White.*

ii. *The immigrant population within Steuben County is minimal, with the variation showing through in the local tourist sites during the summer months. The discussion with hospital administration regarding the need to ensure cultural adaptability when encountering travelers has been addressed and agreed to continue cultural diversity training and language translating services.*

iii. *According to REaL data, Spanish and German are among the highest non-English speaking needs. While interviewing IDMH administration, clarification was given that German has not been a preferred language of patients during their encounters. She clarified that here is a transient population from Canada and New York City who have second homes in the area also speak German. Religious populations include Amish and Mennonite in the Applicants service area. Amish speak a variation of German known as Pennsylvania Dutch. The Administration also clarified that these populations do not often utilize healthcare services but typically prefer to speak English during their encounters.*

iv. *One community leader for Steuben County provided information regarding Amish and Mennonite populations in the county. In researching, these groups are considered a religious minority but sometimes considered an ethnic minority. These populations were included in the Community Health Assessment for Finger Lakes including Steuben County. Information on the Amish and Mennonite populations is a challenge as they often do not participate in US Census surveys.*

    1. *The Elizabethtown College Amish Studies, The Young Center, collects data annually on the Amish population. New York has the fifth largest Amish population in the United States. In 2020, there are four Amish settlements listed for Steuben County: 1) Addison, 2) Hammondsport, 3) Jasper/Woodhull, and 4) Plattsburg. The Addison settlement was established in 1990 and has 3 districts with a total of 440 people. The Hammondsport settlement was established in 2012 and has one district with 90 people. The*

*Jasper/Woodhull settlement was established in 1983 and has six districts with 840 people. The Prattsburgh settlement was established in 1979 and has one district with 110 people. This totals 1,480 Amish in Steuben County. According to Amish America, a settlement is a geographical location where a group of Amish are found. Within the settlements are districts which typically consist of approximately 30 families who adhere to a common set of Ordnung, rules and guidelines for living.*

2. *Resources and a stakeholder interview identified that some Amish would ride in a car with community members but will not actually drive it themselves. However, they tend to travel via horse drawn buggy and/or bicycles.*
3. *The data above does not include information regarding the Mennonite population. Research identified a Mennonite congregation, Community Mennonite Fellowship of Corning locating 25 miles southeast of Bath in Corning, New York; there was not a specific congregation listed for Bath.*
4. *Cultural practices often include homeopathic and natural remedies related to healthcare. The decision(s) regarding care is often based on the practices and beliefs of their church/district leaders. This population is susceptible to farm and transportation related accidents. They also tend to not seek prenatal care and often have home births.*

## *III.* Women & Lesbian, gay, bisexual, transgender, or other-than-cisgender people

i. *Data compiled by University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps indicated that women represent 49.9% of the population in Steuben County. Women were approximately 58.7% of the patient population for Ira Davenport Memorial Hospital, according to REaL data. IDMH currently provides primary care services for women; however, they do not provide obstetrics and gynecology services. Women specifically seeking these services must utilize an alternate facility. Accessibility to obstetrical and gynecology is not anticipated to change for women with the change in REH status; these services continue to dwindle in rural areas. Studies have shown that rural women experience poorer health outcomes and have less access to care than women living in urban areas. The discontinuation of inpatient and swing bed services could negatively impact access to care for women in the service area.*

ii. *Literature has identified that women are less likely to survive certain*

*types of events, such as an acute myocardial infarction with an out-of-hospital cardiac arrest. Women tend to be older, less likely to present to with a shockable rhythm and less likely to receive standard of care therapy such as dual antiplatelet therapy, beta-blockers, etc. This has often resulted in higher odds of dying compared to men. This is not specific to rural areas, but rather gender as predictor of clinical outcomes and treatment interventions. The risk would continue to be present for women; consideration should be given to the increased risk of less access to EMS and longer transport times. However, the Applicant, with the change in status, will still provide ED care; the challenges with transfer would continue and could be exacerbated by an increase in the need for transfers for inpatients and swing-bed patients who might have qualified to stay at IDMH.*

iii. *Lesbian, gay, bisexual, transgender, or other-than-cisgender persons were difficult to stratify across the patient population and service area population. Insight given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 showed that approximately 7.9% of the New York State residents identify as "lesbian, gay, bisexual or something else/other sexual orientation." The brief also concluded that there is a centralized statistically significant portion of that population located in New York City, compared to other areas in the state. In addition, there are approximately, 22% of LGBTQ+ individuals who are raising children in New York. The stratification of LGBTQ+ are stratified by the following race and ethnicity: 58% white, 20% Hispanic/Latino/a, 12% Black, 5% more than one race, 3 % Asian and 2% other races.*

***IV.*** **People with disabilities**

i. *According to statistical data provided by University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps the most prevalent disabilities in Steuben County are cognitive and living difficulties (11%),ambulatory difficulties (~20%), and hearing difficulties (14%). Additionally, these rates are impacted by the homogeneous, older population of this county.*

ii. *The census data identifies 10.7% of the population of Steuben County under the age of 65 has a disability.*

iii. *The veteran population in Steuben County according to Census data is 6,463. The Bath VA Medical Center located in Bath, New York provides services to disabled veterans, though all care is outpatient, with no emergency services. The infrastructure of the*

*VA allows for referrals to larger VA Hospitals or care for their patients in acute care hospitals or critical access hospitals.*

iv. *According to the CDC, studies have shown that people with disabilities are more likely to have less access to care, have poorer overall health, are smokers and physically inactive. They are also more likely to have a secondary condition including obesity, mental health/depression, pain, pressure ulcers, fatigue, and bowel and bladder issues. These indicators place this population at risk for more intensive healthcare services.*

v. *Those with disabilities may be impacted by the discontinuation of inpatient and/or swing services as these would have to be provided at an acute care hospital or critical access hospital. This population may be impacted by the conversion to REH if the disabled person's medical condition cannot be cared for at Ira Davenport Memorial Hospital requiring transfer to another hospital.*

***V.*** **Older adults**

i. *Over 21% of the population of Steuben County is 65 years and over. In addition, those living with a disability in Steuben County are 65 years of age or older and is about 68%. Additionally, 28% of the population aged 65 years or older are living alone. However, within the next few decades, the 65+ population is expected to increase. As this population grows, there will be a greater demand for health care needs and services, including chronic disease. Older adults require more frequent medical encounters, are more prone to illness, falls and unintentional injuries, and often experience more co-morbid conditions than younger adults and children. In addition, aging adults may not have access to a vehicle and rely on family, friends, or public transportation for accessing basic needs and medical appointments. The strain of caring for an elderly adult may also negatively affect the caregiver. There is no anticipated impact on accessibility for the older population, but considerations for transportation have been made.*

***VI.*** **Persons living in rural areas & People with limited transportation.**

i. *The Department of Health and Human Services states that 35% of Steuben County's population is living in a Health Professional Shortage Area (HPSA) compared to 27% of New York State residents. Furthermore, according to University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps, 60.4%, or 59,761 residents, in Steuben County are considered rural. This project would allow for these rural populations to access their local communities for healthcare options.*

ii. *In evaluation of the Medically Underserved Area, there is only one data point which includes the Tuscarora Town. This township is south of Bath. That service area is classified as a Medically Underserved Area with an Index of Medical Underservice Score of 59.7 for primary care. There are no other scores for Bath or other areas of Steuben County. Of note, the heaviest populations of Steuben County include the towns of Bath, Hornell, and Corning.*

iii. *Data for Steuben County showed that out of all occupied housing units, about 9% have no vehicles available and an additional 34% have access to only one vehicle. When comparing across the Finger Lakes Region, 211-assistance calls within the past year regarding transportation assistance were highest within Steuben County with 947 calls, followed by Monroe County with 741 calls. Approximately 88% of those transportation request calls were for medical transportation, and another 8% were for public transportation. Although there is no direct impact on transportation, anticipated travel to facilities farther from their locality would put additional strain on already hindered accessibility for these populations. There is currently public transportation available throughout the county. There is a specific Hornell Area Transit (HAT) to assist with public transportation in that area, due to, in part, the necessity for the population within the town. The HAT runs to the towns of Alfred, Almond, Bath and Canisteo and has bike and wheelchair accessibility, as well as having multiple public routes weekdays, and offers transfer points to other area transit systems. They do not operate on holidays and have limited availability on weekends. There are also challenges with hours of operation are standard business hours; working family members of patients who have been hospitalized at another facility would have difficulty with public transportation after business hours.*

iv. *For contextual purposes, ZIP code 14424 for Cheshire, Canandaigua, and Hopewell Center, New York has 7.5% of housing units without a vehicle available for use. ZIP code 14755 for Little Valley, New York has 5.6% of housing units without a vehicle available for use. ZIP code 14801 for Addison, New York has 13.1% of housing units without a vehicle available for use. ZIP code 14809, for Avoca, New York has 7.6% of housing units without a vehicle available for use. ZIP code 14810 for Bath, New York has 14.6% of households without a vehicle available for use ZIP code 14815 for Bradford, New York has 5.3% of households have no vehicle available for use. ZIP code 14830 for South Corning, New York has 9.8% of housing units with no vehicle*

*available for use. ZIP code 14840 for Hammondsport, New York has 2.2% of households without a vehicle available for use. ZIP code 14873, for Prattsburgh, New York has 5% of households without a vehicle available. ZIP code 14879 for Savona, New York has 3.5% of households without a vehicle available to them. Lastly, ZIP code 14901 for Elmira, New York has 23.9% of households without a vehicle available.*

v. *The Amish and Mennonite communities hold beliefs that lead them to be with transportation limitations. A drawback of these data sets given above is that it is unclear if the data includes this subpopulation within the given areas. Additionally, these communities do not always complete census surveys, which potentially impacts the reliability of the data. ZIP code 14424 for Cheshire, Canandaigua, and Hopewell Center, New York has 3% of residents that walked to work. ZIP code 14755 for Little Valley, New York has 1.6% of residents walked to work. ZIP code 14801 for Addison, New York has 4.6% of residents that walk to their place of employment. ZIP code 14809, Avoca, New York, reports that 3.2% of the population walked to work. ZIP code 14810, Bath, New York, reports 2.2% of residents walking to work. ZIP code 14815, Bradford, New York, reported no percentage of residents walking to work. ZIP code 14830, South Corning, New York, reported 3% of residents walking to work. ZIP code 14840, Hammondsport, New York, data indicated that 5.7% of residents walked to work. There is an Amish district here with 90 residents, which may be a reason for the increased percentage of walking to get to work. ZIP code 14873, Prattsburgh, New York, reported 10.1% of residents walking to work. This higher percentage of people walking to work could be accounted for due to the Amish district located here, with approximately 110 residents. ZIP code 14879, Savona, New York, indicated that 1.3% of residents of this area walk to work. Data for ZIP code 14901, Elmira, New York indicates that 6.8% of residents walked to work.*

***VII.*** **Persons living with a prevalent infectious disease or condition.**

i. *Infectious disease reports from CDC and New York State datasets were reviewed when considering potential impacts on these community health issues. Previously discussed specified portions of this community have higher risks than others and would need to have access to local healthcare availability. Additionally, through coordinated efforts, referrals to primary care and community health clinics can be made.*

***VIII.*** **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.**

i. *For considerations for the significance of impact to patients that receive public health benefits, Health Status and Social Determinants of Health for New York State Community Health Indicator Reports revealed that 12.2% of households receive Food Stamps/SNAP benefits in the last 12 Months, 45.2% of enrolled students are eligible for free or reduced priced lunch, and there is 26.3% of the population with Medicaid public health coverage. Additionally, 95.6% of children 18 years or younger and 93.2% of adults aged 18 to 64 years old have health insurance coverage. According to census data, 5.7% of the Steuben County population is without health insurance under the age of 65 years old. IDMH with the conversion to an REH, will continue to offer assistance for indigent care. However, those who are self-pay or have inadequate coverage will have to adhere to the financial policies of other organizations including those set forth by contract.*

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

I. *IDMH has not offered dental clinic services in over 10 years. The medically underserviced group(s) has not used the dental services and so are not impacted by the dental clinic's decertification. There is a credentialed dental provider on the medical staff, but they only have privileges for the long-term care facility. Evaluation of Healthcare Provider Shortage Assessment (HPSA) data there is a dental provider shortage in Steuben County for the Medicaid Eligible Population of 6.85. There is no current HPSA data specifically for Bath, New York including the FQHC located in Bath. Market share data for dental services outside of the Applicant was not retrievable by RHRC.*

II. *All patients have the opportunity regardless of income, race, gender, ethnicity, LGBTQ identification, language, age, disability, transportation, etc. utilize inpatient and swing services. However, rural residents and older populations are more likely to utilize these services.*

III. *Data provided by the Applicant indicates that Average Daily Census has been less than 2 over the last 5 years with IDMH securing 1.3% of the inpatient market share. The swing bed market share numbers are*

*too small to obtain. Their ADC has been less than 1.0 for the last 5 years.*

**a. Low income**

- ***i.*** *The Applicant provided information that the low-income, un-insured population has increased for those without primary care seeking services in the Emergency Department. Charity care and bad debt dollars over the last three years was provided by IDMH. The data does not reflect a rise in bad debt and charity care. However, 2020 most likely was elevated due to COVID.*
- ***ii.*** *The low-income population will continue to have access to emergency services, observation, and other outpatient services. Financial assistance will continue to be available under the organizational Financial Assistance policies.*
- ***iii.*** *The low-income population has not utilized the dental clinic as it has not been operational for 10 years. There is an FQHC in Bath that provides primary care services. According to their website, there are plans to provide dental services within the Bath clinic. However, there is a dental clinic FQHC 25 miles northeast where comprehensive services are offered in accordance with FQHC requirements for the low-income population.*

**b. Persons living in rural areas & people with limited transportation.**

- ***i.*** *Persons living in rural areas are currently utilizing IDMH for services; however, there has been an outmigration of inpatient and swing bed services as evidenced by the outmigration report in this document. Rural residents will be impacted by the change in status to an REH due to the lack of inpatient and swing services. They will have continued access to emergency department observation and outpatient services. Any inpatient services will require transfer to another hospital. The Applicant predicts that the closure of inpatient and swing bed services will result in approximately 100 additional transfers annually. Concern was raised by multiple stakeholders that this may result in a high rate of patients that leave against medical advice (AMA) because of the need for transfer. This could adversely affect the patient outcome(s) and potentially increase morbidity and mortality.*
- ***ii.*** *People with limited transportation will be impacted by the conversion to a Rural Emergency Hospital (REH) due to the need for transfer and the challenges with transportation to the receiving hospital for family members and support networks. There are some resources for public transportation but with some limitations in hours of operation as well as routes.*

***c. Older adults***

i. *The group with higher utilizer of inpatient and swing services are those of advanced age and comorbid conditions. However, analysis of inpatient and swing bed average daily census over the last five years provided by the facility indicates low utilization of both services. Financial analysis of outmigration indicates that the Applicant captured 1.3% of the Medicare Fee for Service (FFS) county market share for inpatient services in 2022. The volume of swing encounters in the market analysis is too small to determine outmigration and percentage of market share. Ira Davenport Memorial Hospital also has provided inpatient surgical services, but analysis of data indicates a significant underutilization of these procedures.*

ii. *In one stakeholder interview, there was information conveyed regarding EMS transports in which EMS may bypass IDMH with patients that are more acutely ill to avoid an additional transfer. Information from a one-on-one interview also provided that patients that are more acutely ill may bypass the Applicant due to the reduction of services. This would be more likely to impact older adults as they have more comorbidities and chronic illnesses.*

iii. *The Applicant will continue to provide long-term care and skilled nursing services with the nursing home. However, with the conversion to an REH the inpatient qualifying stay for long-term care placement would have to be done at another hospital. This would require the patient to be transferred for that encounter. This would be more likely to impact the older population.*

***d. Racial and ethnic minorities***

i. *Rural health data identifies that historically rural communities, including Steuben County, have greater disparity of racial and ethnic minorities, although the populations are small.*

ii. *The Amish and Mennonite populations, according to the Administrator and other interviewed stakeholders, do not typically utilize hospital services. The Administrator provided clarification that services utilized are the Emergency Department with farming accidents or significant illnesses such as Septic Shock. She stated that these patients are transferred to a high level of care due to the limited services at Ira Davenport Memorial Hospital; this would continue to be the case, though the community would still be impacted by challenges with transportation resources. There is anticipation that these outpatient services will still be utilized by these groups in a similar fashion post conversion.*

***e. People with disabilities***

***i.*** *Stratification of people with disabilities treated at IDMH is not currently available. However, services are available to patients*

*regardless of disability. In accordance with national data, people with disabilities are more likely to utilize inpatient and swing services due to the complexity of their conditions. However, the low utilization of inpatient and swing services at IDMH may indicate this population has sought services elsewhere particularly if they are more comprehensive.*

***f. Women & Lesbian, gay, bisexual, transgender, or other-than-cisgender people.***

***i.*** *The REaL data indicates that over 57% of the patient population utilizing IDMH are women. That information is not delineated by service line. Inference can be made that women have used inpatient and swing bed services with a slightly higher percentage than men. Utilization of outpatient services including observation and the Emergency Department are expected to remain post conversion. However, women are more likely to receive specialized services at other facilities.*

***ii.*** *There is not facility specific data related to LGBTQ+ utilization of inpatient and swing services. Emergency department and outpatient services would be available to the population post-conversion.*

***iii.*** *The market share data reflects that the ED and other outpatient services are over 10%. This would be expected to continue post conversation with services offered by IDMH.*

| Avg. Daily Census (ADC) | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| Inpatient ADC | 1.66 | 1.19 | 0.86 | 1.35 | 1.15 | 1.28 |
| Swing Bed ADC | 0.33 | 0.84 | 0.74 | 0.45 | 0.80 | 0.99 |

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

*Note: There are four (4) hospitals located in Steuben County. which includes Guthrie Corning Hospital, Ira Davenport Memorial Hospital, St. James Mercy Health System and Vath VA Medical Center.*

*The following hospitals are located in the surrounding area(s) and evaluated for the HEIA:*

1. *Bath VA (Veterans Affairs) Medical Center, 76 Veterans Ave. Bath, NY 14810 is located 5 miles from IDMH. Bath VA Medical Center is an acute care facility under the Veterans Administration. This facility offers the following services: outpatient behavioral health including addiction and substance use, primary care, cardiology, chiropractic services, dental/oral care including surgery, dermatology, maternity services, gynecology,*

*laboratory, optometry, orthopedics, palliative and hospice, rehabilitation services such as physical and occupational therapy., radiology, urology, urgent care, telehealth. They also have programs for veteran minorities and Lesbian Gay, Bisexual, Transgender, Queer/Questioning or related identify (LGBTQ+).*

2. *Guthrie Corning Hospital, 1 Guthrie Drive Corning, NY 14830 is a level III hospital with 65 beds, located 22 miles southeast of the Applicant by car. This facility offers the following services: inpatient care Including critical care, maternity, emergency services, laboratory, radiology, rehabilitation, surgical services, endoscopy, pediatrics, and primary care. Evaluation of maternity services indicates this facility performs over 542 births annually. They also have a primary care office, eye clinic and laboratory services/clinics in Bath, NY.*
3. *St. James Mercy Hospital, 7329 Seneca Road N Hornell, NY 14843 is an acute care facility with 15 beds located 25 miles west of IDMH by car. This acute care facility provides the following services: inpatient maternity, emergency services, laboratory, radiology, surgical services radiology, dialysis, primary care. and urgent care. Evaluation of maternity services indicates that this facility performs approximately 228 births annually.*
4. *Schuyler Hospital, 220 Steuben Street, Montour Falls, NY 14865, is a critical access hospital about 27 miles east of the Applicant; the facility provides inpatient services, swing beds, emergency services, laboratory, radiology, rehabilitation, and primary care.*
5. *Nicholas H Noyes Memorial Hospital, 111 Clara Barton Street, Dansville NY 14437 is a 72-bed acute care hospital located 31 miles northwest of IDMH. Services offered include inpatient with critical care, emergency services, surgery, obstetrics, gynecology, cardiology, radiology, laboratory services, rehabilitation, specialty clinics and primary care.*
6. *Arnot Ogden Medical Center 600 Roe Ave. Elmira, NY 14905 is 266-bed acute care facility 45 miles southeast of IDMH. This facility is part of the Arnot Health System, which the applicant is also affiliated with. They have approximately 300 staffed beds with the following services: inpatient with intensive care, obstetrics, Neonatal Intensive Care Unit (NICU), surgical services, dialysis, psychiatric inpatient, interventional cardiology, surgical services, and other outpatient services.*
7. *St. Josephs's Hospital 555 St. Joseph's Boulevard Elmira, NY 14901 is 125-bed acute care hospital located 46 miles southeast of IDMH. This organization is also part of the Arnot Health System. They offer the following services: inpatient behavioral health including chemical dependent rehabilitation and withdrawal, outpatient behavioral health including chemical dependent, emergency services, dialysis, ambulatory surgery, radiology, laboratory, dental services, specialty clinics and primary care.*
8. *Soldiers & Sailors Memorial Hospital, 418 Mian Street, Penn Yan, NY*

*14527 is a critical access hospital approximately 25 miles northeast of the Applicant. This facility offers the following services, inpatient swing bed, emergency services, laboratory, radiology, and primary care.*

*The following organizations are the closest Level 1 Trauma Centers:*

1. *Strong Memorial Hospital-University of Rochester 601 Elmwood Ave. Rochester, NY 14642 is an acute care facility located 81 miles from Applicant. This level 1 trauma center has 516 staffed beds. Services available are inpatient including intensive care units, obstetrics, interventional cardiology services with cardiac surgery, oncology/chemotherapy, and other services.*
    i. *The Applicant has a transfer agreement with Strong Memorial Hospital University of Rochester. This facility receives most of the applicant's trauma, stroke, and cardiology transfers.*
2. *State University of New York Upstate Medical University 750 East Adams Street Syracuse, NY 13210 is a level 1 trauma center with 735 beds. It is approximately 94 miles from the Applicant.*
3. *Geisinger Medical Center 100 North Academy Avenue Danville, PA is a 574-bed level 1 trauma center approximately 134 miles south of IDMH.*

*The following healthcare entities provide dental services:*

1. *Bath Community Health 6890 County Route 113 Bath, NY 14810 is a EQHC which is part of Finger Lakes Community Health, offers the following services. Primary care, behavioral health including counseling and telepsychiatry, routine reproductive care, patient navigators, and community health workers. Dental services are not currently offered at the Bath location, but the FQHC can refer to other locations that offer dental services. The closest referral location is Dundee Dental I 25 miles northeast of Bath.*
2. *Eaves Family Dental 355 West Morris Street Suite 105 Bath, NY 14810. This dental clinic offers the following services: this clinic offers dental examinations, emergency services (appointments within 24 hours), restorative dental care such as dentures and bridges, cosmetic dentistry, and oral cancer screenings. They have resources to finance dental services.*
3. *Bath Dental Professionals 6892 County Route 113 Bath, NY 14810 is a dental clinic that offers the following services: dental examinations, emergency services (appointments within 24 hours), restorative dental care such as dentures and bridges, cosmetic dentistry, orthodontics, and oral cancer screenings. They have resources to finance dental services.*
4. *VA Medical Center Bath, Bath Building 76, Bath, NY 14810. This*

*facility offers the following dental services: dental screenings, X-rays, cleaning, and fillings. They also provide root canal, restorations, oral and facial reconstruction surgery, and dentures to veterans.*

5. *Dundee Dental Clinic 6 Troll Street Dundee, NY 14837. Is a and part of Finger Lakes Community Health located 25 miles northeast of Ira Davenport Memorial Hospital. By car, the drive is 45 minutes. This dental clinic is a full-service dental clinic for adults and pediatrics. Services include dental examinations, x-rays, fillings, extractions, root canals, crowns, bridges and dentures and tele-dental services.*

*Source(s): Google maps; review of area hospital websites, NY Department of Health - State Trauma Centers. American Trauma Society website, CMS Care Compare, NYS Health Profiles website.*

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

*Due to Applicant not providing dental services, there is no projected market share for dental services. Dental care is provided by 4 dental providers in the area, listed above in the service area with an FQHC dental clinic located 25 miles northeast.*

*According to an outmigration report developed from 2022 hospital claims data, the Applicant has a 7.0% Medicare Fee for Service (FFS) market share of services being delivered within its service area. Specific to inpatient services, which would be eliminated upon implementation of this project, the Applicant's Medicare FFS market share is 1.3%, as only 26 inpatient encounters occurred in the 2022 calendar year. Swing bed volume for 2022 is too low to measure the outmigration. This provides evidence of significant outmigration of residents to other hospital providers in the service area. Therefore, the conversion of Ira Davenport Memorial Hospital to an REH facility and loss of these inpatient and swing bed services will have minimal negative impact on the community.*

| Service Type | Count of Services | | |
|---|---|---|---|
| | At Hospital | Elsewhere | Hospital's Market Share |
| **Inpatient** | **26** | **1946** | **1.3%** |
| **Swing Bed** | **DS** | **12** | **N/A** |
| **Outpatient [1]** | **13984** | **185401** | **7.0%** |
| Ambulance | DS | 18 | N/A |
| Clinic | 251 | 20309 | 1.2% |
| Emergency | 1667 | 12326 | 11.9% |
| Imaging | 762 | 8743 | 8.0% |
| Infusion and Drugs | DS | 10630 | N/A |

| | | | |
|---|---|---|---|
| *Lab* | *9222* | *76675* | *10.7%* |
| *Major Surgery* | *DS* | *2838* | *N/A* |
| *Minor Surgery* | *DS* | *851* | *N/A* |
| *Other* | *491* | *15575* | *3.1%* |
| *Rehab and Therapy* | *1515* | *37436* | *3.9%* |
| **Total [1]** | **14010** | **187359** | **7.0%** |

**DS indicates data suppression due to small number*

**h. 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 project's implementation will not result in any planned or anticipated non-compliance with Public Health Law obligations. Financial assistance and/or charity care will continue to be available to persons who have received healthcare at IDMH in accordance with the organization's Community Assistance Policy. IDMH will provide, without discrimination, care of emergency medical conditions to all individuals regardless of their eligibility for financial assistance or for government assistance. Per organizational policy, the following health care services are eligible for charity care: 1) emergency medical services provided in an emergency room setting; 2) services for a condition which, if not promptly treated, would lead to an adverse change in health status of an individual; 3) non-elective services provided in response to a life-threatening circumstances in a non-emergency room setting; and 4)medically necessary. Eligibility for the program is for individuals uninsured, underinsured, ineligible for any government health care benefit program and unable to pay for their care, based on an individualized determination of financial need. The organization will not consider, age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. The organization will make available to the patient in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect as of July 1 of each calendar year.*

*The applicant has also partnered and will continue to partner with the following organizations to provide community services and education to the public:*

a. *Bath School District*
b. *Stueben County Office of Mental Health*
c. *Steuben County Alcoholism & Substance Abuse Services (SCASAS)*
d. *Snell Farm/Hillside*
e. *Steuben County Sheriff Department*
f. *AIM Independent Living Center*

g. *Steuben Prevention Coalition and Opioid Committee*
h. *Arnot Behavioral Science Unit*
i. *Arnot Addiction Recovery Unit*
j. *Keuka Family Practice*
k. *Arnot Spiritual Care*
l. *Compeer*

*Source(s): information provided by the Applicant.*

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

*There are no planned or anticipated staffing issues related to the project included in the conversion to a REH or the decertification of the dental clinic. The applicant does not have a dental provider on staff that provides dental services in the outpatient setting; there is a provider with privileges to care for long-term care patients. However, with the decertification of the clinic, there is no projected impact on providers or staff since it was not operational. The Applicant currently employs the following staff: full time 169, part time 27, and per diem 47. The facility anticipates all will be retained; however, with the conversion, there may be some loss of staff who voluntarily leave. IDMH has implemented a strategy to cross-train staff members to work in different departments as appropriate. This plan for cross training will continue post-conversion. Furthermore, there is anticipation for funding for a Patient Navigator position to address access to healthcare services, community access and Social Determinants of Health (SdoH). This position will work in conjunction with the hospital and primary care to assist with navigation of healthcare services.*

*In addition, the organization currently has 149 credentialed medical staff and allied health practitioners. IDMH plans to retain all current providers on staff. The plan for coverage of observation patients will continue to be provided by hospitalists. The Emergency Department coverage will be provided by allied health practitioners and physicians. The Emergency Department standard staffing is primarily with AHP providers with physician oversight. There are no additional plans for recruitment at this time.*

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

*There are no civil rights access complaints against the Applicant to the Office of Civil Rights (OCR), Quality Improvement Organization (QIO), State Agency (SA) or Accrediting Organization (AO).*

**k. 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 undertaken similar projects in 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:
    a. Improve access to outpatient services and health care.
    b. Improve health equity.
    c. Reduce health disparities.

**I. Low-Income People**

***a. Improve access to outpatient services and health care***

*i. For low-income people, access to local outpatient healthcare will be maintained versus closure of the IDMH. Access to outpatient care will be improved through the Applicant's use of the Fixed Facility Payment to be provided upon conversion to a Rural Emergency Hospital (REH). This additional payment to the facility is approximately $3.2 million dollars annually that will be reinvested in outpatient service lines and contribute to ongoing hospital operations. The organization will evaluate the community health needs assessment as part of the strategic planning for additional outpatient services.*

***b. Improve health equity***

*i. For low-income patients, there is improved health equity, as patients within this group are often restricted by their ability to travel and resources. While inpatient and swing bed services will be eliminated, data shows that these services were underutilized over the last 5 years according to internal facility data. Through conversion to an REH, outpatient services such as chronic disease management, emergency department, surgical services, and other outpatient services, will remain local and accessible within the community.*

***c. Reduce health disparities***

*i. This project will continue to reduce health disparities for low-income people regardless of ability to pay for healthcare services as IDMH provides care regardless of ability to pay. Additionally, upon REH conversion, IDMH developed a strategy to reduce the impact of social determinants of health and increase accessibility for low-*

*income populations.*

ii. *These resources include but are not limited to the following strategies:*

1. *Continued access to outpatient care such as emergency department, surgical services, rehabilitation/therapy, surgical services, observation care;*
2. *Reinvestment of the monthly facility payment into operations and expansion of outpatient services;*
3. *Implementation of patient navigator program planned for Q1-2024. The organization has applied for a grant with the state of New York to assist with support of the navigator program;*
4. *Analysis of internal healthcare disparity data and reporting to administration, medical staff leadership and Board of Directors;*
5. *Referral of patients to Health on Demand program to facilitate placement with a primary care provider;*
6. *Referral of patients to Bath Community Health Center which serves the lower income population/uninsured/underinsured;*
7. *Continuance of Health Equity/Language Assistance Committee to proactively address the organizational Health Equity Plan;*
8. *Ongoing education and training on healthcare disparities for providers and staff;*
9. *Continued charity care policy/procedure to aid with those who need adjustments; and*
10. *Activation of the Ethics Committee to evaluate situations that include discrimination or other cases of healthcare equity concerns; requests may be received from patients, family members, staff members and/or providers.*

***II.*** **Racial and Ethnic Minorities/Immigrants/Language**

***a. Improve access to outpatient services and health care***

i. *IDMH remaining operational and providing outpatient services will ensure racial and ethnic minorities living in Steuben County will benefit from access to services and health care. A key access to care includes the emergency department, surgical services, and primary care.*

***b. Improve health equity***

i. *With the conversion to an REH, the hospital is actively looking to implement mitigation strategies to improve communication between patients and doctors, through translation services and interpreters. Please refer to Step 3-Mitigation, Section 1.a. for details regarding these strategies.*

***c. Reduce health disparities***

i. *By keeping IDMH operational, racial, and ethnic minorities will continue to have access to outpatient care that will not require travel to access these services.*

**III. People with Disabilities**

**a. *Improve access to outpatient services and health care***

i. *IDMH continuing to provide outpatient services ensures people with disabilities living in Steuben County will benefit from access to health care.*

**b. *Improve health equity***

i. *With the conversion to an REH, the hospital is actively looking to implement mitigation strategies to improve communication between hospital staff and patients with speech, hearing, or visual impairments. Please refer to Step 3-Mitigation, Section 1.b. for details regarding these strategies.*

**c. *Reduce health disparities***

i. *The IDMH facility is ADA compliant, which will not be impacted by implementation of this project. In addition,*

ii. *IDMH provides ongoing diversity/healthcare equity education and training to providers and staff; this ongoing education is focused on providing strategies to reduce health disparities for all vulnerable populations.*

***IV.* Older Adults**

**a. *Improve access to outpatient services and health care***

i. *Like the other underserved populations impacted by the project, older adults living in Steuben County will also benefit from IDMH remaining open and able to provide health care in the community.*

**b. *Improve health equity***

i. *With IDMH remaining in the community, many older adults living in the service area will not have to travel to other facilities for care to access the outpatient services – often a burden to this population. REH conversion will improve health equity for older adults by preserving outpatient quality care closer to home.*

c. ***Reduce health disparities***

i. *With the conversion of IDMH to an REH, older adults will continue to have access to outpatient care and services that will not require travel outside the community. Additionally, the addition of patient navigation will help to improve coordination of care management and resources as well as access to healthcare resources locally for this population.*

***V. Persons living in rural areas/issues with transportation***

**a. *Improve access to outpatient services and health care***

i. *Those living in rural areas within the service area will continue to have access to the services provided by IDMH. In addition, access to outpatient care will be improved through the Applicant's use of*

*the Fixed Facility Payment that will be provided upon conversion to a Rural Emergency Hospital.*

**b. *Improve health equity***

i. *For rural populations, there is improved health equity, as patients within this group are often burdened by lengthy travel distances to access care. While inpatient services will be eliminated, data shows that these services are not heavily utilized at IDMH. Through conversion to an REH, outpatient services, such as chronic disease management, will remain local and accessible within the community. Also, transfer to a higher level of care will be available for those needing inpatient services. Transfers will be coordinated with EMS (Emergency Medical Service), and as indicated with air transport. In addition, commercial ambulance services are also available for transfers and discharges.*

**c. *Reduce health disparities***

i. *As noted earlier, IDMH patients are from primarily rural areas, confirming the facility's importance as part of a rural healthcare delivery network. Ensuring the outpatient services provided by the facility remain local will prevent increased disparities for rural populations. The Applicant will evaluate additional services lines that will increase access to care and reduction of requirements for travel outside of Steuben County.*

**2. *For each medically underserved group identified in Step 1 Question 2, describe any unintended <u>positive and/or negative</u> impacts to health equity that might occur as a result of the project.***

*I.* ***Low-income people***

i. *Positive impacts from this project for low-income people include continued access to emergency medical care and outpatient services within the community, with additional indigent care options close to home. Furthermore, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences. With continued availability of local care, there may be an increased likelihood of obtaining healthcare altogether, rather than delaying care due to distance or cost of care available.*

ii. *Negative impacts from this project for low-income people include*

*lack of inpatient care and swing bed services close to home. This could cause issues for those transported to another facility for inpatient care and lack funding to pay for the transfer. An additional consideration for this group is that oftentimes low-income people tend to not seek care because of associated costs, which could compound the transfer consideration for those patients that are unsure of the level care they may need. According to National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division: Board on Health Care Services: Committee on Health Care Utilization and Adults with Disabilities, "Failure to receive needed medical care because of cost was equally likely in families below the poverty level and those whose income was 100–199 percent of the poverty level." Furthermore, the data supported that "Despite the high utilization of health-care services by low-income people, adults under the poverty level reported greater rates of not receiving or of delaying medical care, obtaining prescription drugs, and receiving dental care because of costs than adults who were at 400 percent of the poverty level." Additional considerations should be made that there could be a reduction in patient health outcomes due to potentially reduced family involvement upon transfer to another facility for inpatient care. According to Mackie, Mitchell and Marshall, "Allowing patients and family members to partner in intervention design may enhance uptake and improve outcomes." Moreover, information published by Agency for Healthcare Research and Quality elaborates further stating that:*

> *"Engaging patients and families through improved communication and other practices also has a positive effect on patient outcomes — specifically, emotional health, symptom resolution, functioning, pain control, and physiologic measures such as blood pressure and blood sugar levels. In addition, strategies that promote patient and family engagement can help hospitals reduce their rate of preventable readmissions."*

II. ***Racial and ethnic minorities***

i. *Positive impacts from this project for racial and ethnic minorities include continued access to emergency medical care and outpatient services within the community, along with indigent care options close to home. Additionally, positive impacts include continued job opportunities within the community and local access to preventative care to address specific local health concerns and foster the well-being of residents in the service area. Another positive impact is maintenance of local services which would mitigate transportation and costs barriers for routine, emergency,*

*and outpatient care and allow for access to local physicians and healthcare professionals who understand the unique healthcare needs of patients, and enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences. IDMH fostering relationships with Amish and Mennonite communities and leaders would enhance these cultural sensitivities for staff and could begin mitigating the need for critical care when they seek services, possibly reducing emergency department over-utilization rates.*

ii. *Negative impacts from this project for racial and ethnic minorities include lack of inpatient care and swing bed services close to home. If the patient transfers to another facility for inpatient care, family members and/or caretakers may be unable to visit due to distance needing to be traveled. This could impact patient health outcomes, as previously discussed. Also, considerations for language barriers for these groups must be addressed with the transporting EMS organizations and relayed to any facility accepting the transfer.*

III. ***Immigrants***

i. *Positive impacts from this project for immigrants include continued access to emergency medical care and outpatient services within the community, along with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address specific local health concerns and foster the well-being of residents in the service area. Maintenance of local services would allow for some mitigation of transportation and costs barriers for routine, emergency, and outpatient care. Furthermore, access to local physicians and healthcare professionals who understand the unique healthcare needs of patients creates an enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts because of this project for immigrants include lack of inpatient and swing bed services available. Immigrants that seek care in the emergency department, may have to be transferred upon level of care required to aptly care for the patient, and feasibility for payment may be a concern, as well as potential lack of insurance coverage may impeding the potential immigrant patients' ability to pay. Furthermore, immigrants may have limited access to ability to travel to hospitals further away, which could reduce the transfer patient's health outcomes.*

IV. ***Women***

i. *Positive impacts because of this project for women include continued access to local emergency medical care and outpatient services within the community, as well as indigent care options*

*close to home. Additionally, positive impacts include continued job opportunities and improved preventative care to address local health concerns and foster the well-being of residents in the service area. Maintenance of local services would mitigate transportation and costs barriers for routine, emergency, and outpatient care. Access to local physicians and healthcare professionals who understand the unique healthcare needs of local patient populations and enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for women include loss of inpatient and swing bed services. Women within the community may have to be transferred to another facility for necessary inpatient stays that require a higher level of care than what would be available at Ira Davenport Memorial Hospital post conversion. This may impact women patients' health outcomes due to potential reduction of family engagement and support. Also, because no OB-GYN care is offered at IDMH, there is no impact to that sub-population of women that are pregnant or may become pregnant. A female participant gave feedback that she knew these services have not been available "for quite some time, which is unfortunate" but indicated she recognized those services were being sought elsewhere by that specific population.*

V. ***Lesbian, gay, bisexual, transgender, or other-than-cisgender people***

i. *Positive impacts because of this project for lesbian, gay, bisexual, transgender, or other-than-cisgender people include continued access to emergency medical care and outpatient services within the community, along with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area. Maintenance of local services would mitigate transportation and costs barriers for routine, emergency, and outpatient care, and access to local physicians and healthcare professionals who understand the unique healthcare needs of patients and the staff's enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts because of this project for lesbian, gay, bisexual, transgender, or other-than-cisgender people include loss of inpatient care and swing bed services. Due to this loss, lesbian, gay, bisexual, transgender or other-than-cisgendered people may have to be transferred to another facility. The transfer may inhibit family engagement and support due to the possible distance from those individuals upon transfer, which has been shown to reduce patient health outcomes.*

VI. ***People with disabilities***

i. *Positive impacts from this project for people with disabilities include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for people with disabilities include loss of inpatient care and swing bed services. The implications of the loss of these services include reduced patient health outcomes. According to the CDC, a disabled patient is more likely to also have co-morbidities, increasing the likelihood and frequency in which these patients will be transferred to another facility with higher level of care. With transfer to another facility, patient health outcomes deteriorate, and could exacerbate and/or compound health issues for this already medically fragile and underserved population.*

VII. ***Older adults***

i. *Positive impacts for older adults include continued access to local emergency medical care and outpatient services within the community, along with indigent care options close to home. Additionally, positive impacts include continued job and volunteer opportunities within the community. Improved preventative care to address specific local health concerns and foster the well-being of residents in the service area, as well as maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care, would be beneficial to the community. Access to local physicians and healthcare professionals who understand the unique healthcare needs of patients, along with enhanced cultural awareness, as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for older adults include loss of inpatient care and swing bed services. According to the CDC, 47% of adults aged 55 or older have two or more chronic health conditions. Due to this increased likelihood that older adult patients may also have co-morbidities, the probability that the frequency in which these patients will be transferred to another facility with higher level of care is increased. Transfer to another facility, which could reduce*

*the family engagement, and thus, potentially deteriorate patient health outcomes. This could exacerbate and/or compound health issues for this already medically fragile and underserved population. Furthermore, this consideration for older adults was discussed, in part, by volunteers and older adult patients interviewed throughout the assessment process, but in a context of social engagement for support and encouragement for their friends and family receiving inpatient care. To summarize one participants' thought is that older adults don't like to drive long distances, nor in the city, so visiting wives, husbands, or friends "which aren't many at my age" is more of a challenge. When patients are left alone, it can be difficult to keep morale high.*

VIII. ***Persons living with a prevalent infectious disease or condition***

i. *Positive impacts for persons living with a prevalent infectious disease or condition include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for persons living with a prevalent infectious disease or condition include loss of swing bed services and inpatient care. According to the CDC, there is an increased likelihood that patients living with a prevalent infectious disease or condition may also have co-morbidities. There is a probability of increased frequency in which these patients will be transferred to another facility with a higher level of care. With transfer to another facility, patient health outcomes deteriorate, and could exacerbate and/or compound health issues for this already medically fragile and underserved population.*

IX. ***Persons living in rural areas***

i. *Positive impacts for persons living in rural areas include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique*

*healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for persons living in rural areas, which includes the entire population of the service area being evaluated, includes loss of inpatient and swing bed services. Because of the nature of being rural, residents are restricted in the number of health care facilities available to them. When being transferred to another facility for inpatient or trauma-level care, these rural residents should anticipate that there will be more travelled involved for that level of care. This may result in family engagement reduction, and in turn, reduce patient health outcomes.*

X. ***People who are eligible for or receive public health benefits***

i. *Positive impacts for people eligible for or receiving public health benefits include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for people eligible for or receiving public health benefits include loss of swing bed services and inpatient care. This medically underserved population is typically also low-income status by inherent nature of requirement for qualification of public health benefits and has similar implications to that population of people. The implications include reduction of seeking health care and dental services, and prescription drugs due to cost, in addition to high utilization of emergency services compounded with increased likelihood of poor health. Furthermore, this medically underserved population is likely to experience similar reduction in patient health outcomes as other populations when family engagement deteriorates upon transfer to another facility due to distance from the supportive individuals.*

XI. ***People who do not have third-party health coverage or have inadequate third-party health coverage***

i. *Positive impacts for people who do not have third-party health coverage or have inadequate third-party health coverage include continued access to emergency medical care and outpatient services within the community with indigent care options close to*

*home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts of this project for people who do not have third-party health coverage or have inadequate third-party health coverage include loss of swing bed services and inpatient care. These individuals may also have reduced likelihood of seeking healthcare and dental services and prescription drugs based on associated cost. This group may or may not qualify for indigent care programs through hospital policy but would also need to be capable of completing the necessary paperwork that would qualify the patient.*

XII. ***Other people who are unable to obtain health care***

i. *Positive impacts for other people unable to obtain health care include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for other people who are unable to obtain health care include loss of inpatient care and swing bed services. Other people who are unable to obtain healthcare may be less likely to go farther away to seek care, especially when accounting for their established rurality. This population may not be low-income, but rather self-employed, unemployed, or in between jobs; however, it is likely this medically underserved population is less likely to seek care due to associated costs. In addition to the burden of associated cost in delay in obtaining health care, possible exacerbation of condition due to inability to obtain health care may exist. Additionally, concurrent costs associated if transfer to another facility is required for higher level of care for patient need, reduction of family engagement and thus, patient health outcomes deteriorate.*

XIII. ***Persons with none or limited transportation***

i. *Positive impacts for persons with no or limited transportation include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as IDMH is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for persons with no or limited transportation include considerations when the patient must be transported to another facility. There is currently a limited availability of EMS services, which poses potential exacerbation of disparity among populations with limited access to transportation. Additionally, if there were no hospital in the area, transportation to the nearest hospital would prove difficult at best, and consideration of cost may impede patient from receiving care. The Applicant may need to consider evaluation of additional commercial ambulance services for facility-to-facility transfers.*

iii. *There is an inherent initial increased risk of lack of family engagement due to limited transportation and availability, as this population has a reduction in availability by default of the grouping, as established for this local hospital. If this medically underserved population is transferred to another facility, or if they had to go directly to another facility due to unavailable services, the probability of family engagement is exacerbated and further reduced, and inherently and concurrently could impact patient health outcomes.*

iv. *The research and data collected through public health publications indicates all residents within this service area qualify for at least one of these medically underserved populations, being rural residents. Research demonstrates that positive health outcomes are more likely with a hospital remaining intact within the community, rather than possible loss of care altogether if remaining on the current hospital designation status. Research, along with community input, both laypersons and administrators, collected through survey and formal interviews, would suggests positive and sustaining impacts to health equity from IDMH converting to an REH, when considered against the alternative of possibly closing their doors due to outmigration and deterioration of financial support through available means at their current status. This*

*conversion will allow continued access to the hospital for residents, and adequate emergency services. However, due to this newness of the REH designation, unintended positive or negative impacts are yet to be discovered by organizations who have converted. Considerations for the level of care necessary seems to be the highlight of interviews and concerns for administrators in the area, and is also being accounted for in real-time already, as discussed with several administrators.*

v. *In preparation for the Applicant's conversion, stakeholders were asked to share their perspective in this regard. Most responses related to the public perception of the Applicant upon implementation of this project. Specifically, employees shared their concern of being seen as a "band-aid" station, decreasing morale and rapport within the organization and community. This sentiment was also reiterated by Steuben County EMS Coordinator during his interview regarding transportation and concern for possible bypass due to the level of care needed by the person being transported. However, it was also indicated that these judgement calls are already being used in the field for adequate patient care. Using an example of judging whether to send a burn patient directly, via life flight, to a trauma center burn unit hospital initially, rather than being transported to the Applicant's hospital, with the eventual same result and time loss and quality of patient care reduced.*

vi. *From the community perspective, thorough education and transparent communication regarding the project is needed as there is potential for misunderstanding that the organization has limited resources rather than a reduction of no inpatient and swing bed services. Observation status is still available for limited acute care needs for patients being held for an average of less than 24 hours. Lastly, the possibility of negative impacts related to financial stability was also mentioned. For example, there is potential for government spending adjustments that may affect reimbursement for the applicant. Conversion to a REH does not implicitly address all the financial difficulties of small rural hospitals; however, it does provide an infusion of funding into the organization.*

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

   *The discontinuation of inpatient and swing bed services is not expected to increase uncompensated care. RHRC surmises that uncompensated care will, in fact, decline due to a declination of inpatient services, as these are typically associated with having the highest associated cost within a facility, and closure of that service line due to conversion could result in a reduction of indigent care.*

*Financial assistance, per IDMH policy, will continue to be available to individuals who have received or are going to receive emergency or medically necessary are at IDMH.*

*The following is the Applicant's bad debt and charity for the past three years:*

| 2020 | 2021 | 2022 |
|---|---|---|
| $1,483,273 | $1,3445,807 | $1,105,427 |

*The higher amount in 2020 was related to COVID encounters during the pandemic. Generally, there has been a consistent level of bad debt and charity 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.**

*As previously discussed, of the 211-assistance calls within Steuben County, approximately 88% of transportation request calls were for medical transportation, and another 8% were for public transportation.*

*Existing transportation services available in the service area include:*

- *Steuben County Transportation System – a public transportation service dedicated to providing safe, convenient, and affordable transportation within Steuben County.*
- *Steuben Area Rides (a.k.a., Arc Allegany–Steuben) – a service providing transportation to Arc programs and other human service agencies, and non–emergency medical services.*
- *Various non-emergent transportation services are also available through Medicaid Transportation Management.*
- *Hornell Area Transit – public transit system connecting residents in Hornell to various parts of the county, as well as connecting to transit points to travel outside the county.*

*During interviews with stakeholders, there was discussions about where care, treatment and services were accessed which included the VA Medical Center, St. James Mercy in Hornell, New York and Corning Guthrie in Corning, New York. Bath is the county seat. Review of public transportation routes include a route from Bath to Corning, the Village of Bath and the last is Bath to Hammondsport. There are limitations of public health transportation in other areas of Steuben County. The schedules in order are from 6:40 am-6:45pm, 7 am to 5:30, and 7:45 to 6:15 respectively. There are also variations in pickup and drop off times. These times may be challenging for people working and visiting patients who have been transferred to another healthcare facility.*

*There is also a transit system in Hornell, New York. The Hornell Area Transit*

*links public transportation in Hornell to other transit services such as Steuben or Corning.*

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

   *The IDMH facility currently is ADA compliant; the facility anticipates a minimal remodel to accommodate a new CT scanner. This remodel is not associated with the REH conversion but will adhere to healthcare facility building codes, laws, and regulations, including ADA requirements.*

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

   *IDMH currently does not offer obstetrical services other than those emergency services provided in the Emergency Department. Emergency services will continue with conversion to a REH maintaining access. Any individual with an Emergency Medical Condition would be transferred in accordance with law and regulation to a facility with capability and capacity.*

   *Their primary care clinic services will also not be impacted by the conversion. Converting to a REH will not disrupt any of the reproductive services provided by the Applicant including contraception and other types of reproductive outpatient care.*

   *While not part of the REH and dental clinic project, RHRC identified that Twin Tier Women's Health Team per their website was providing obstetrical, reproductive, and gynecologic services at Ira Davenport Memorial Hospital. The IDMH Administrator clarified that the physician who was providing outpatient obstetrical services in Bath, NY retired January 2024. This was an independent physician, but he practiced at both Ira Davenport Hospital and Arnot Ogden Medical Center. He did not provide obstetrical services but performed outpatient hysterectomies. There are plans to provide outpatient services in the future; however, there is not a specific timeline. Implementation of outpatient obstetrical and reproductive services by an obstetrician-gynecologist in Bath, NY would increase access to care.*

   *There are two hospitals in Steuben County that provide maternity services: St. James Hospital and Corning Hospital. Corning Hospital performs over 540 births*

*annually, and St. James performs over 220 births annually. Interview with stakeholder(s) indicates that utilization of services is typically based on the location of the resident within Steuben County and proximity to the facilities. There are other facilities such as Arnot Ogden Medical Center that provide obstetrical and reproductive services but are 45 miles from Bath, NY*

**Meaningful Engagement**

7. **List the local health department(s) located within the service area that will be impacted by the project.**
    a. *Steuben County Public Health Department*

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**
    a. *The Public Health Director, Darlene Smith partnered with RHRC on October 25. 2023 to provide information and feedback on the impact of IDMH conversion to a REH on the community and healthcare disparities.*
    b. *Ms. Smith stated that the project will allow for the "hospital to remain financially stable" and make the "organization sustainable and reliable." She stated that the community's most vulnerable populations would not be impacted by conversion but rather would continue to have access to outpatient services. She recommended community education on the REH conversion, and the continuation of services provided by IDMH.*
    c. *The Director did not have additional recommendations for data sources, people, or organizations to include in the HEIA. RHRC accessed the most recent available community needs report and included the resource in this HEIA evaluation.*

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table." Refer to the Instructions for more guidance.**
    a. *The "Meaningful Engagement" table in the HEIA Data Table has been completed in alignment with the provided instructions.*

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?**
    a. *Based on the stakeholder engagement activities conducted, and the RHRC's expertise, the stakeholders most affected by the project are all community residents and patients of the hospital. This will come with the termination of inpatient and swing bed services. After assessment of the hospital's average daily inpatient census, swing bed utilization and outmigration reports, both have been trending negatively as previously discussed. The loss of inpatient and swing beds may be of minimal affect*

*to these stakeholders due to trends in outmigration. With the fixed facility payment, the Applicant's goal is to focus on improving population health and meeting community needs through the provision of outpatient services and focus on reducing the impact of social determinants of health.*

b. *Various community members and patients participated in the stakeholder activities conducted by the RHRC and provided relevant input into this assessment. The greatest concern of stakeholders present for the activities was regarding transportation barriers for older adults, low-income populations, and those with limited or no transportation. Several stakeholders thought that the limited EMS access was a current challenge which could be impacted by additional transfers. Concern was raised on the impact of travel to other facilities for family members to support their loved ones. Not having an advocate/family member in the hospital setting to engage in discharge planning, promotion of communication and transitions of care can have negative impact. This impact is particularly challenging for older adults, those is disabilities or complex illnesses with comorbidities.*
c. *In addition, the consensus of community members on the REH conversion was retaining hospital operations and access to care in the community. These stakeholders were vocal in recommending ongoing education and transparent communication regarding availability of services throughout implementation of this project.*
d. *When stakeholders were asked about the dental clinic, no concerns were raised since the clinic has not operated in over 10 years.*

**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 RHRC engaged with community members through public town hall forums, survey distributions, phone interviews and virtual interviews. Ira Davenport Memorial Hospital placed RHRC contact information for individual interviews on their website for a week to allow for anyone in the community to reach out to provide direct feedback on the project and be interviewed by RHRC staff. There was only one person that reached out from the website and social media posting. Additional outreach to minority population representatives and leaders was completed, and feedback was incorporated into this report. This informed the HEIA, specifically the identification of who will benefit and be burdened most by the project. Through these interactions, it became evident that community members believe this project will be of greatest benefit to both patients and employees by ensuring the hospital remains open, employment opportunities are sustained and access to healthcare is preserved.*

*The most significant concerns identified through all these resources are*

*related to those with limited transportation means and socioeconomically disadvantaged. Stakeholders and community members further stated that those most impacted would include those with limited access to transportation and family support particularly for those transferred for inpatient services. This concern comes from limited access to public transportation and the potential for longer commutes to facilities providing inpatient care. This will be compounded for groups that do not have transportation or financial means but also qualify for other categories such as minorities, older adults, etc. Older persons will also be impacted as they typically have more chronic conditions and comorbidities resulting in a higher likelihood of be transferred for inpatient services.*

*The most significant benefit of the REH conversion is related to the infusion of financial assistance to the Applicant and the continuance of providing emergency services, observation, and other outpatient services. If IDMH reinvests the financial assistance from CMS in the expansion of outpatient services, the community, including vulnerable and medically underserved populations, would significantly benefit. The decision to convert to a REH by IDMH and Arnot Health was related to financial hardships and avoidance of closure of the hospital. Employees and providers would benefit from the continued operation and securement of employment including benefits such as health insurance. The community would benefit from IDMH continued operations in the form of economic support and infrastructure.*

*The decertification of the dental clinic will not burden the community since the services have not been offered in over 10 years, and those services are readily available from other providers within the area.*

**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.**

a. *RHRC provided various forums for participation in this HEIA. Input was provided by community members, employees, patients, board members, public health experts, community leaders and other stakeholders. Ira Davenport Memorial Hospital posted requests for feedback on their website and on their social media page with contact information of two employees of RHRC to capture additional stakeholder interviews. This was posted for one week to allow for opportunity for engagement. One community member contacted RHRC contacted multiple times via phone and email; RHRC interviewed this individual on May 7, 2024 who conveyed it was vital to keep the hospital open even with the reduction of inpatient and swing services.*
b. *While the feedback gathered included information at the community forum,*

*one on one interviews, and questionnaires, the RHRC recognizes that some relevant stakeholders may have been unable to participate such as low income, limited transportation, religious minorities, Limited English Proficiency, or those with disabilities.*

c. *RHRC contacted the Federally Qualified Health Center in Bath, NY regarding the impact of the project. This clinic provides services to those of this category. They will also be providing dental services at their location; however, the date of implementation is currently pending. They are part of a larger FQHC network with a dental clinic in Dundee, 25 miles northeast of Bath that is also a FQHC.*
d. *Racial and Ethnic Minorities, in particular, the Amish and Mennonite populations in Steuben County, often do not have access to the internet or phone. Therefore, those community members did not provide feedback. RHRC did contact a Mennonite congregation, Community Mennonite Fellowship in Corning, NY. No response was received from that congregation as of May 8, 2024.*
e. *There were not any patients who identified as a racial and ethnic minority that gave direct feedback.*
f. *Given that these requests for feedback were primarily taken through in-person or electronic means, stakeholders with limited access to the internet or transportation may have had difficulty accessing the requests for feedback. Questionnaires were also not developed in Spanish.*
g. *Given the consideration of these populations and those who could participate, the RHRC feels that this HEIA accurately portrays the community's concerns and feelings particularly for those with low-income or limited/no transportation.*

**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
        i. *The marketing team is responsible for distributing marketing materials to the community on the status of a Rural Emergency Hospital, the discontinuation of inpatient and swing and continuance of outpatient services available locally.*
        ii. *To foster effective communication about the resulting impacts to service and care availability with individuals of limited English-speaking ability, the applicant intends to leverage its existing infrastructure. The organization provides the following resources for persons of Limited English Proficiency: telephone interpretation utilizing contracted service Language Line, in-person interpretation*

*for planned encounters, video interpretation, and translated documents in most common languages. During the registration process throughout the organization, patients or their designee(s) are assessed for their preferred language. This provides the opportunity to offer language services based on need. Language services are also provided to family members in accordance with the Affordable Care Act (ACA) and other regulations.*

iii. *The applicant has a Healthcare Equity/Language Assistance Committee responsible for evaluating the organizational processes, resources, and utilization of services. In addition, education and training is required for providers and staff on the organizational Language Assistance Program and processes. This is incorporated into the organization's Healthcare Equity Performance Improvement Plan.*

b. People with speech, hearing, or visual impairments
   i. *In addition to interpretation devices and services, the applicant also provides video and/or in-person American Sign Language (ASL) services. Additional resources are available including visualization cards for language identification and communication of language needs. These services will be utilized throughout the duration of the project to ensure effective communication on the impacts to service and care with people of speech, hearing, or visual impairments.*

c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?
   i. *As indicated in the responses above, the applicant will continue to leverage its existing infrastructure to foster effective communication. The organization is committed to implementing performance improvement activities to improve language services if identified. In addition to these readily available services, the RHRC recommends for consideration that marketing and public-facing materials regarding the project be adapted to meet 508 compliance standards, whenever feasible. RHRC also recommends developing education and information about the conversion to an REH, and outpatient services offered in Spanish to provide to those community members with Limited English Proficiency (LEP).*

2. **What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?**
   a. *To better meet the needs of each medically underserved group(s) identified above, the Applicant intends to develop a patient navigator program. The goal of this program will be to address Social Determinant of Health (SDoH) needs, as well as behavioral health and substance use disorder, and coordination of services; the Applicant anticipates*

*implementation Q2-2024. The patient navigator responsibilities will be a resource for the emergency department. Given the overlap between SDoH, low-income populations, and those faced with transportation barriers, the RHRC believes that the development of this patient navigator program will be a valuable addition to the services delivered by the Applicant. This program can mitigate the project's concerns by bridging the gap between these underserved populations and community resources.*

3. **How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?**
    a. *To engage and consult with impacted stakeholders on forthcoming changes to the project, the Applicant intends to continue monthly meetings with the local EMS stakeholders. These sessions will focus on providing ongoing education to EMS leaders, share applicable data/analysis of ED (Emergency Department) encounters and efficiency, assess the project impact particularly related to transfers, identify alternative options for transfers of patients if needed, and strengthen relationships with EMS as community partners. In addition to engaging with the EMS stakeholders, the Applicant's marketing team will provide community education the REH designation and care, treatment and services offered by IDMH within the local community.*
    b. *The Applicant will also continue to foster open communication and appropriate referrals with the following entities:*
        i. *Bath Community Health is an FQHC offering services low income, uninsured, underinsured*
        ii. *Community Mental Health Center for outpatient behavioral health referrals.*
        iii. *Dundee Dental Health, Finger Lakes Community Health is an FQHC that offers dental services to low income, uninsured, underinsured*
        iv. *Steuben County Department of Health*
        v. *Steuben County Department of Social Services*
        vi. *ProAction of Steuben and Yate, Inc.*
    c. *RHRC Recommendations*
        i. *Post-conversion assessment to be conducted with relevant community stakeholders on any potential impacts with the termination of inpatient and swing services. This will provide an opportunity for open communication and foster meaningful relationships throughout the community.*
        ii. *The Applicant formerly had a Patient and Family Advisory Council prior to the COVID pandemic. RHRC recommends IDMH consider*

*reinstating a Patient and Family Advisory Council to allow for director community member feedback as well as assistance with communication on the potential conversion.*

iii. *Periodic and frequent marketing of the facility services to the public including any expansion of services*

iv. *Engage with the Amish and Mennonite community leaders regarding the conversion and the services offered as an REH including any impact on the residents.*

v. *Utilize the patient navigator and case management/discharge planning to engage with the case management departments of the receiving facilities of transfers. Establishing relationships may assist with improved communication and transition of patients back into the community after receiving care, treatment and services from other facilities.*

vi. *Periodic engagement/partnership(s) with the other health or government entities such as ProAction of Steuben and Yates, Bath Community Health (FQHC), Steuben County Department of Health, etc.*

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

   a. *The intent of this project, as perceived by the RHRC, is to maintain access to local outpatient healthcare for all residents in the service area. IDMH like many rural hospitals has encountered significant financial challenges with decline in utilization of inpatient and swing services, shifting of surgical procedures from inpatient to outpatient, Medicare FFS payment structure and staffing challenges. Lack of access to services exacerbates barriers of the underserved populations. The conversion to an REH would eliminate inpatient and swing bed services which would increase the challenges for older, rural and minority populations; however, conversion would allow IDMH to receive facility payments from CMS of $3.2 million dollars paid in monthly installments, and a 5% increase in Outpatient Prospective Payment Reimbursement for outpatient encounters. Conversion would allow IDMH to offer emergency department services, laboratory, radiology, rehabilitation, and primary are services. The additional reimbursement would allow the organization to stabilize the financial status, reinvest the payments and continue to provide much needed outpatient services for the community. The leadership of IDMH stated that without conversion to an REH the facility would not be able to sustain operations requiring the organization to close.*

   b. *The decertification of the dental clinic would not impact access to care as IDMH has not provided outpatient dental services in over 10 years. To*

*operate the clinic, the organization would have to either partner with an organization, recruit a dental provider, recruit office staff and dental hygienist, and purchase or lease of equipment, purchase of supplies and marketing of reimplementation of the service. According to HPSA, there is a 6.85 dental provider shortage for the Medicaid eligible population for Steuben County. However, this score may not be specific to the IDMH service area. If the organization were to maintain the clinic, RHRC would recommend application for a new HPSA score specifically for their organization and service area to determine if there is a provider shortage.*

**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?**
    a. *The Applicant has the following existing mechanisms in place to monitor the project's potential impacts. Data elements currently being collected and analyzed for potential delays include but is not limited to:*
        i. *transfers including reason for transfer, location of receiving facility, and issues with timely transfer*
        ii. *left against medical advice (AMA)*
            1. *according to facility specific data for 2022, 117 of 8845 patients (1.3%) left AMA. This data will serve as a baseline for 2023 and 2024 trends.*
        iii. *left without being seen (LWBS)*
        iv. *patient experience in ED and other outpatient departments*
        v. *patient and family complaints/grievances*
        vi. *patient efficiency*
            1. *OP-18 Median Time of ED Arrival to Discharge for ED patients data under the Outpatient Quality Reporting Program indicates a median time of arrival to discharge for ED patients to be 131 minutes*
            2. *Measure will be terminated upon conversion-similar measure will be required reporting for REH facilities*
        vii. *REaL data*
    b. *The Applicant will continue to evaluate and analyze these data elements to identify any trends or impact. Identified trends will be reported to administration, medical staff leadership, the Board and shared with staff.*

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?**
    a. *To ensure the Applicant addresses the findings of this HEIA, specifically those related to low-income populations, the elderly, and individuals with limited access to transportation, community transit resources will be*

*provided. The patient navigator or other designated staff will provide those contacts to patients/families in need.*

b. *The Applicant will monitor the following items quarterly:*
    i. *Referrals to swing beds*
    ii. *Transfers for 3-day inpatient qualifying encounter*
    iii. *Additional SDoH elements for all ED and observation patients*
    iv. *Appropriate utilization of observation patients*
    v. *Time of arrival/encounter until discharge for observation patients*
    vi. *Rural Emergency Hospital Quality Reporting Program (REHQR) Program*
        1. *Median Time from ED Arrival to ED Departure for ED Patients*
            a. *Stratified by the following populations*
                i. *Overall*
                ii. *Patients excluding mental health diagnoses*
                iii. *Patients with mental health diagnoses*
                iv. *Transfers*
            b. *The benchmark for REH facilities is pending*
            c. *This measure is similar to the OP-18 ED Arrival to Discharge measure*

c. *The patient navigator's effectiveness will be reviewed within 6 months of completion and then annually thereafter.*
d. *IDMH will evaluate potential expansion of services to consider post conversion.*
e. *Engagement in Rural Emergency Hospital Technical Assistance (REH TAC) Peer Network*
f. *All data elements will be reported to administration, medical staff leadership/Patient Care and Evaluation Committee and the Board. Any identified trends will be analyzed and addressed through performance improvement methodology. In addition, data will be shared with employees and the medical staff as appropriate.*

**STEP 5 – DISSEMINATION**

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

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

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

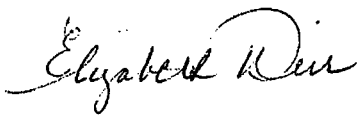
## SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

*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, IRA DAVENPORT MEMORIAL HOSPITAL, attest that I have reviewed the Health Equity Impact Assessment for the (URAL EMERGENCY HOSPITAL CONVERSION that has been prepared by the Independent Entity, RURAL HEALTH REDESIGN CENTER.

_Elizabeth Weir_____
Name
__Site Administrator_____
Title



_____
Signature
__May 8, 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.*

***Ira Davenport Memorial Hospital Mitigation Plan for Inpatient and Swing-Bed Closure***

*Ira Davenport Memorial Hospital (IDMH) was opened in 1960, after combining the Bath Hospital and the Ira Davenport Home for Girls. It continues today in Bath, NY as a part of Elmira-based Arnot Health. Mission Statement – Ira Davenport Memorial Hospital is dedicated to enhancing the quality of life within our rural community by providing local high-quality primary care, acute care, and restorative and residential health services. Vision Statement – Ira Davenport Memorial Hospital is a recognized provider of high-quality health and wellness services to our community. Excellence is achieved by ongoing performance improvement, effective management of resources and continued development of strategic alliances. The providers and staff of IDMH are dedicated to providing access to a full range of acute and ambulatory services to the people who depend on the facility for appropriate and timely care when illness or injury occurs. To achieve this mission, Ira Davenport has continually upgraded and expanded its services over its 63-year history. It has also established formal or informal affiliations with other area providers – such as medical specialists, trauma centers, and helicopter and ambulance patient transport organizations – to ensure that its patients have access to specialty services that are available only in larger institutions.*

*Ira Davenport Memorial Hospital is the only hospital in rural central Steuben County, and as such is the primary provider of acute, outpatient, and long-term care services to a population of 29,210 people in the municipalities of Bath, Hammondsport, Campbell, Prattsburg, Avoca, Savona, Bradford, Cameron Mills, Cameron, Wayne and Pulteney. Overall, Steuben County has a population of approximately 92,600 – 21% of whom are 65 and older. The population has several challenges that IDMH, as the healthcare safety net for the region, works with its community partners to address. This includes 16% of residents living with a disability, and a Socioeconomic Status (SES) score of 1 – the lowest rating on the SES scale – for central and southern Steuben County. Steuben County also has high rates of food insecurity, COPD, depression, and transportation needs as compared to other counties in the Finger Lakes region. Obesity, smoking, hypertension, lack of access to broadband, and a low ratio of primary care and mental health providers make the services provided by IDMH more important than ever. Located near the southern end of Keuka Lake, IDMH also serves a seasonal population*

*of cottage owners or renters along Keuka Lake and provides emergency and trauma care for travelers on busy I-86 or secondary roads in the area who may be injured or become seriously ill. The 120-bed Fred & Harriet Taylor Health Center, a skilled nursing facility located on the Ira Davenport campus, is owned, and managed by the Hospital. Outpatient rehabilitation services within the IDMH system are provided at the Joseph F. Meade Jr. Outpatient Rehabilitation Center, also on the Ira Davenport campus. The hospital serves an ever-increasing number of low-income or uninsured residents who have no doctor of their own and come to the IDMH Emergency Department seeking primary medical care. These patients include members of the Amish and Mennonite communities, who are farmers or craftspeople who tend to present themselves at IDMH only when illnesses or injuries are particularly acute. Each year, the hospital also cares for many Medicaid patients. Since the beginning of the pandemic, there has also been a substantial increase in behavioral and mental health conditions presenting to the Emergency Department. IDMH is committed to promoting wellness in its service area to address some of the social determinants of health previously discussed. While delivering primary and ambulatory care, physicians and nurses in the Emergency Department are often the first to diagnose a chronic condition such as diabetes or heart disease, as well as mental and behavioral health issues, and connect patients to needed resources and services to address their conditions.*

*IDMH is seeking a Rural Emergency Hospital (REH) designation from the Centers for Medicare and Medicaid Services (CMS). With that designation comes the requirement to eliminate acute care and swing bed care for patients, measure length of stay for outpatient and observation visits, and maintain critical outpatient services to the community such as radiology and laboratory. These requirements will not materially affect the patient's experience or access to services. Pharmacy, social work, and care management are well established at the IDMH campus and will be maintained.*
*A Certificate of Need will be submitted to the New York State Department of Health for the closure of inpatient and swing beds, as required to meet the REH status criteria. To mitigate the impact on the community, IDMH has long standing transfer agreements with Arnot Ogden Medical Center and St. Joseph's Hospital in Elmira, NY, both part of the Arnot Health System to which IDMH also belongs. In addition, a formal transfer agreement has been enacted with University of Rochester Medical Center in Rochester, NY, which is a Level One Trauma Center, for higher risk, critically ill or injured patients.*
*Notification to regional hospitals will be made alerting the discontinuation of swing bed availability upon the establishment of REH status. Any referrals for swing bed patients will be declined.*

*The closure of inpatient beds at IDMH will result in approximately 100 additional transports on an annual basis. Because Emergency Medical Services transportation challenges have been ongoing for many years, IDMH administrators are continuing their monthly meetings with the commercial ambulance service that have taken place for*

*over two years to help improve and streamline transfer processes. Preliminary talks of creating an ambulance base at the hospital to facilitate additional timely transfer will begin in December 2023. LifeNet and Mercy Flight are currently valued partners for transport of critically ill and injured patients, and these relationships will continue.*
*The Emergency Department is established with core healthcare team members. The Emergency Department is well connected to community services such as Steuben County Alcohol and Substance Abuse Services, County Mental Health Services, and County Department of Social Services. Long-standing supportive relationships with local primary care providers, and Arnot Medical Services will also continue.*
*Attaining REH designation by CMS will allow for the continuation of vital emergency and outpatient services to be delivered to the community of Steuben County, with, as previously noted, no material impact on access to care. Protocols are in place for the transfer of patients needing acute inpatient care, and patients needing short-term observation of medical status will continue to be cared for at IDMH. Only swing bed patient requests will be deferred.*

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